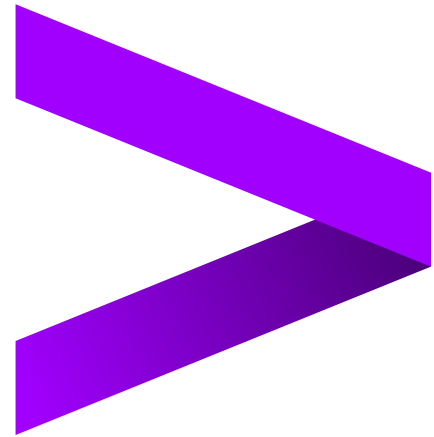


Closing the Consumer Experience Gap and Winning Back Switchers in Challenging Times



AUDIO TRANSCRIPT

Host: Hello, and welcome to today's webinar, **Intelligent Payer: Closing the Consumer Experience Gap and Winning Back Switchers in Challenging Times.** Before we get started, I'd like to review a few housekeeping details. Today's webinar is being recorded and an online archive of today's event will be available a few days after the session.

If you have any trouble seeing the slides at any time during the presentation, please press F5 to refresh your screen. You may ask a question at any time during the presentation by typing your question in the Q&A box, which is located on the right side of your screen, and then pressing enter. And finally, I'd like to remind you of AHIP's antitrust statement and ask that you to reference it in the handout section at the bottom of your screen. The antitrust statement prohibits us from discussing competitively sensitive information.

We're fortunate to have with us today, Anoop Bhogal, Loren McCaghy, Cayla Meinert and Stacy Byers.

Anoop is a senior manager in the health marketing offering, focused on digital health and consumer experience. Anoop has more than 23 years of experience and is a passionate advocate for design-led engagement and improved health through digital channels.

Loren is director of consumer engagement and product insight in Accenture's health payer consulting practice with a focus on assisting healthcare organizations execute the strategic front office initiative. He is also responsible for coordinating Accenture's payer consumer experience research. Loren has more than 33 years of experience working in the healthcare industry, across national and regional payers, federal and state marketplaces, health delivery systems and healthcare banking solutions.

Cayla is a management consultant in Accenture's health payer practice, with a focus on helping organizations execute front office strategy. Cayla has been working for more than five years at the intersection of business, technology and healthcare for large payer and provider clients.

She's passionate about using interactive design thinking methods to engage clients and help solve complex problems.

Stacy is vice president of customer experience at Highmark Health and leads a team dedicated to defining a differentiated customer experience and helping employees across the enterprise deliver on that vision. Stacy and her team use design thinking, benchmarking and problem-solving frameworks to help Highmark employees deliver healthcare in a more customer centric way.

At this time, I'd like to turn the floor over to our speakers.

Anoop Bhogal: Thank you, Chris. Welcome everybody. Thank you for joining us today. I'd like to start with a special thank you to Stacy for bringing her own unique perspective and experience from Highmark.

We're going to discuss a few points during the session, starting with the changing landscape of healthcare and how payers are faring when it comes to consumer expectations. We'll highlight some of those gaps and discuss what's needed to tackle them. We'll also spend some time looking at a particular group of consumers called switchers, and the factors that influence it. And we're going to place all of this in the context of the COVID-19 pandemic that has had an impact on everyone. We'll also review your questions throughout the session and take some time to answer them along the way. This content is informed by three pieces of Accenture research.

The first is our CMO research, where Accenture analyzed perspectives of health payer leaders, including chief marketing officers, as part of a global cross-industry survey of more than 1,400 marketing and other senior executives. Second, we have annual consumer research that specifically addresses the payer industry and covers

14,000 consumers. Finally, we have our very recent COVID-19-related research that covers both the payer and provider spaces.

Before we dig into the research and the findings from it, we'd like to start with a quick poll of this group. We all recognize we're living in a "new normal" now, and we'd like to get some input from this audience on how this pandemic is impacting our ability to enable a digital experience. On your screens, you'll see a poll. We'd like you to read through your options. I'll read through the question in a moment and announce your top three answers.

The question is: given the resulting situation from the COVID-19 pandemic, what are the top barriers to enabling a digital service experience that your organization faces?

The options are:

- Low consumer adoption
- Data complexity and lack of tools
- Lack of accountability
- Budget constraints
- Remote workforce enablement
- Competing strategic priorities
- Other

If everybody could take a few seconds and select your top three responses, we should see those results shortly.

Just as a rhetorical observation, while those results are coming in, it would have been interesting to see how these responses may have varied a few months back, maybe four or five months ago. Which responses might have jumped to the surface? We're seeing some responses coming in now.

Low consumer adoption is getting around 19% now, which is pretty interesting. Jumping to the leaders, data complexity and lack of tools are at 25% now. Also in the running are competing strategic priorities at 16%. Consumer adoption has come up a little bit to 20%. Interestingly enough, not so much around remote workforce enablement- perhaps a lot of companies have figured that out over the last three or four months or so.

Data complexity, a lack of tools and low consumer adoption have come to the surface. These findings will probably underline some of the points we'll get to on the next few slides. Thank you for those responses.

When we think about how experience influences our competitive landscape, there are three layers that help define expectations and standards of customers, starting with direct competitors. All of us in the payer space are familiar with these players, the nationals, a lot of the regional plans and a lot of the Blues as well. There are also some new entrants, plans like Oscar and Bind. On the experiential layer there are lots of examples as well.

I recently saw a couple of articles about two interesting brands that are making their way into the healthcare space. Walmart is launching a Medicare insurance product, I think this year, in certain states. They are also starting a service this year inside their retail stores called Health Care Begins Here, designed to help people navigate healthcare options. Another example is Best Buy Health. I'm sure many of you have probably heard of this as well, which offers analytics and in-home services related to health. The company apparently sees it as a major area of exploration for Best Buy as a brand.

Then finally, you have the perceptual influences: big hotels, rideshare companies like Uber, credit card companies—you can pick your

game-changing company. This is really where consumer expectations are being set. And it's safe to say that everybody on this webinar has probably interacted with at least one of those types of brands.

All these competitive layers shape how payers are adapting to stay relevant. What's more, many of these recognized brands are known for something specific, which means they can provide a product or service reliably.

To expand on that point, Stacy has some other insights.

Stacy Byers: Thanks, Anoop. I think it's really interesting when you start to look at what influences consumers and their expectations. When you think about the healthcare space, particularly the payer space, it's tempting to start thinking about changes. We all know the thought pattern: "How do I get to this shiny thing that looks interesting? It's new and innovative!"

However, we've often found the widest gaps in satisfaction and experience occur where we don't show up to meet expectations reliably for the things that consumers thought they were hiring us to do. They sign up for health insurance because they want to make sure their healthcare is paid for—the kind of clear-cut service they get from their auto insurance provider or bank. Instead, when they receive healthcare, they find they're paying a lot of the bill or they get surprise charges. They don't feel like they've gotten value for what they've paid for, and they get frustrated. We didn't show up to pay that claim and they thought that's what they were entitled to from the service. As we look at evolving expectations, we have to consider consumer starting points and how we deliver their basic needs, and then start to introduce some of those more innovative things and expectations, because we'll have earned the right and the trust from consumers at that point.

Cayla Meinert: Thanks, Stacy. As we examine the consumer journey, this visual shows the top drivers of the net promoter score across the touch points of the consumer journey. As you can see, it's pretty evident not every consumer's needs are the same. Their experience is going to differ based on who they are and the type of plan they have.

Some touch points are more important to certain individuals, who could differ from what the group values or what MA members might value. This heightens the importance for payers to be able to understand these various consumer needs and control the experience across these touch points.

As we go throughout the presentation today, we'll discuss the importance of this experience and what role it plays in gaining consumer trust and loyalty.

We started to uncover results from the marketing survey that Anoop made reference to previously and began to analyze different perspectives of CMOs and other health payer leaders. We found some interesting results that pointed to a gap between the perception of what experience payers are delivering versus the reality of what consumers see.

Looking at the graph on the right, we see how payers stack up against some outside industries when it comes to net promoter scores [NPS]. For payers or health plans, the average NPS score is around 19 while the average NPS score for some of what we call more leading industries like media and entertainment or retail, tourism and travel, reach upward to 30.

The ones highlighted in blue are those that responded to our Accenture marketing survey and that we classified as high NPS industries for the purposes of our study, which we will make reference to in the next few slides. But when we compare NPS ratings to how CMOs perceive the

experience, ironically, CMOs—and some of these high NPS industries—are much less confident in the experience they deliver compared with health payers CMOs.

Our research shows 17% of high NPS CMOs feel their organizations are extremely successful in delivering this experience, compared with 33% of payer CMOs. I know we're generalizing health plans here with an NPS score of 19, but we know it could vary based on the payer line of business.

Stacy, would you like to comment on what you see within the industry as it relates to NPS?

Stacy Byers: Absolutely. You're right, we do see a lot of variation—that 19 is just an average. But when you look at Medicare members, for instance, they tend to be much more likely to recommend and much more loyal—switching is a hassle, right? And they've also had years of experience dealing with the complexity of health insurance.

I think one of the other reasons Medicare plans have a higher NPS is that those plan designs tend to be a little bit more straightforward and predictable, especially when it comes to managing your expenses. Whereas when you look at ACA, where people are footing the entire bill themselves, there's a much lower NPS in those lines of business, or even with commercial accounts that have a lot of complexity and tiering in the product designs and complex deductible accumulations. Those complications can cause consumer frustration.

We see a lot of variation by line of business. That's why it's important, when you start to look at how successful you are (or aren't) when it comes to delivering on that experience, to understand some of the nuances within the different segments of your population.

Cayla Meinert: Exactly. Thank you. As we dug into the data a little bit more, another gap that we found concerns accountability. CMOs are being held accountable for customer experience and the data and tools and skills required to manage and make good on that experience. Our research shows that payer CMOs are held even more accountable than some of their peers in high NPS industries for metrics like delivering a strong brand experience or delivering a brand experience that maintains customer relevance.

What we found even more concerning is that over 70% of payer CMOs feel they're held accountable for this performance, but they're not in the driver's seat when it comes to making these decisions. This was significantly higher than some of their peers in other high NPS industries.

The two visuals on this screen show the gap in what we're calling "ability" as it relates to data and skillset. And as important as we know the data is to understanding consumers and delivering on that experience, 96% of payer CMOs agree that gaining access to this data and managing it is increasingly complex. Significantly lower numbers of their CMO peers in high NPS industries feel this way. This was definitely reflected in the first poll you filled out related to data availability. And when it comes to skills, 50% of payer CMOs strongly agree that the skills needed to be successful three to five years from now are not generally held by the current crop of CMOs in the industry, compared with much smaller percentages in some high NPS industries.

These gaps put CMOs and other health leaders in difficult positions when it comes to successfully managing and overseeing customer experience. Stacy, would you like to comment?

Stacy Byers: Sure. I think this is very relevant and interesting data. In my experience, the CMO is responsible for the brand and sometimes indirectly for the experience, but it's not necessarily marketing that's controlling the most significant touch points for customer experience.

The customer experience is happening in the provider's office, or when customers get the bill for the service. It's happening in the plan design or the benefit contract, and CMOs just have influence over decisions like, for example, how much does a plan cost? And what's in the contract? What does the employer agree to cover? When you think about elements of the experience happening way beyond marketing, it puts CMOs in a place where they've got to do a lot of partnerships to try to keep up and attempt to influence those decisions. Those moments are happening outside the marketing experience and the marketing domain.

Cayla Meinert: Exactly. I think we'll touch on bridging that gap in just a little bit. But before we do that, I think it's important to understand and think about what the consequences of an experience gap could be. Obviously, if consumers are not happy with their health plans, they will switch.

Our 2020 consumer research shows that 70% of consumers that were in the group market, but recently switched insurers could have chosen to stay with their previous insurer. That means they were not forced to switch—they chose to switch. We'll talk a bit later about the importance of focusing on this experience when formulating your strategy and how to retain and win back switchers by focusing on that 83% that may consider coming back.

One note: this data was pre-COVID-19, so it's reflective of last year's open enrollment. Obviously, we know COVID has had a large impact on the group market and we're expecting even more shifts as hiring might pick up. This is why it's important to focus on your experience strategy and how to retain customers that might be shifting or switching coverages, which we'll touch on in just a bit.

But before we get into the solutioning and how to bridge that gap, we wanted to poll you guys one more time. As we think about moving into the future, what do you think are the most critical skills needed to deliver this experience, this elevated experience that some of our competitors and outside industries deliver?

You should be seeing a poll pop up, similar to the first poll. We're asking you to check the top two that you think apply. I'll read out the answers here:

- Storytelling
- Data analytics & visualization
- Product & service expertise
- Knowledge of cross-industry experience delivery
- Empathy & listening skills
- New experience measurement metrics
- Other

I think we see some results coming in. At the top are empathy and listening skills, competing closely with data analytics and visualization. I think data analytics and visualization are beginning to take the lead, followed closely by empathy and listening skills. Third place goes to experience measurement metrics.

Anoop Bhogal: Thanks, Cayla, some interesting results coming in there. Definitely very interesting that data analytics and visualization are coming to the front as well as empathy and listening skills, two areas that are prioritized by

many of our clients. Access to data and being able to derive insights from it is something that many payers are really trying to focus on. They want the insights analytics can tell them about consumers and seek both internal and external data sources. Then, with the right tools, they can visualize it and take action on what that the data is telling them and what information they can really gather from it.

I'm glad to see empathy and listening skills bubble up to the surface as well. I think that's a message we have been discussing a lot with our clients, being able to truly understand where patients and customers are coming from and who they are as people, not just as consumers.

How can we bridge the gap, now that payers are going to be competing on experience? Those that want to attract and keep members really have no choice but to transform how they manage and measure it. So, we've grouped actions into three categories. As payers developing their future transformation strategies, they should consider these to be part of their fundamental considerations.

The first one focuses on developing a guiding vision and shaping it to align with customer experience. Developing a vision is a vital step. Consumer behavior changes require more virtual options, more transparency, and more flexibility. These requirements need champions.

Someone in a leadership position must champion those consumer needs and demands. And they're going to need to connect with other executives in setting that strategic direction and aligning it to the strategic direction of the business. Stacy, you've got a great example that speaks to this.

Stacy Byers: I have been in my role as VP of customer experience since January 2019—about a year and a half. I actually sit under our CMO, and we are responsible for developing this kind of driving vision, and really beginning to articulate what our ideal customer experience should look like, then getting other leaders on board with what that looks like and how we have to make it happen.

But you can't just have the driving vision. You have to be able to help people apply it. And so, our major focus over the last year and a half, and probably for the next year and a half, is how do we start to make things simple? It's one thing to articulate at the highest level: "What does simple look like in healthcare and what are the tools or technologies that might help us reach this goal?" But it's another thing entirely to think about how an operational team takes that strategy and makes it something that's meaningful for the channel that they own. What does simple look like for a customer calling the call center? That is going to look very different from "simple" when you are designing benefits. Or, what does simple look like when you're building a digital experience?

A lot of our work has been in helping teams apply that overarching vision down in their channels. Helping them build those playbooks that will allow them to articulate what simple looks like in their channel, and then how to measure whether they've been successful at delivering those elements of simplicity.

Anoop Bhogal: Thanks, Stacy. We want to establish an approach for investing in new ideas. We want to right-size the effort and investments around initiatives based on engagement. We're looking to improve our ability to adapt quickly to consumer needs, and we're looking to improve our ability to track engagement and outcomes.

Everybody manages metrics a little differently. To address this, payers can establish a new set of performance metrics that blends the old—or the traditional—and the new. I talked about NPS already today, but it's not just NPS or CSAT that we need to look at.

We need to consider a multitiered approach to measures like brand health, journey mindsets, digital intensity, and effort score. Naturally, the metrics we use depend on where members are in their journey. We are seeing a broad shift across many industries from typical journey mapping and segmentation to more of a mindset-driven approach.

Segments and segmentation tend to be quite static and they make fairly broad assumptions about everybody in that group. Their mindsets and moments really allow us to focus at the individual level, understand what they're thinking at a given stage in a journey and develop tailored messaging that not only addresses their needs, but also recognizes their state of mind.

And I think that is central to connecting with anybody at an individual level. Stacy, I know you've got some further insights on this around member touchpoints.

Stacy Byers: One of the things we found in our research was that we were really "gapping" on our ability to address emotions. That's true at several touch points. So, we started to dig into the call center experience and work with our partners in the operations area to figure out what that experience looked like, and why we were gapping on the emotions of our customers coming into that experience.

One of the things we found is that when you look at what the call center reps are measured on, you realize they have the hardest job in the organization. They are at the front lines. They are dealing with complex systems. They're trying to learn all the benefits and understand them. They're also trying to deliver quality and accuracy. We found that the significant measurement within the call center was quality and accuracy around the answer. But when you start to listen to the calls—and we do a lot of listening—what you hear is the customer gets an answer and it's the right answer. They may not like the answer. But it's an answer and it's the right one.

They don't feel good about it because we were trying so hard to answer it correctly and spent all our time there. Maybe we didn't take that little bit of extra time to address the emotion. And so we are developing a program within our operations team to focus on empathy, measuring how reps are addressing the emotion of a call.

We believe if we start to look at that and hold the reps accountable while giving them the tools they need to do the job and then measuring them, they will be successful. We can definitely move the needle when it comes to how we're addressing the emotional state of healthcare. And, we know that a lot of the healthcare experience is incredibly emotional because it's your wellbeing and finances. It's the intersection of those two incredibly emotional things. And it's important for us to start to address that.

Anoop Bhogal: Thanks, Stacy. Thirdly, we also started to think about elevating the customer experience. Like we said earlier, expectations around experience are not set inside the healthcare bubble, which means payers should look to other industries that are setting the bar for consumer expectations. Today, uncertainty around basic healthcare needs and access is at a peak.

This is a moment in our industry where empathy, trust, transparency, and reassurance will set payers apart. As an example of uncertainty, we're going to see continued shifts in coverage as economic conditions change. To strengthen the group business, payers typically invest in acquiring new members, not necessarily in building strategies to win back switchers.

We see this as a missed opportunity. According to Accenture research, most consumers in group plans who voluntarily switch are open to coming back. As we heard earlier, it was around 83%. Stacy, I know you've got another great example of how we think in the payer space today and how that might need to shift.

Stacy Byers: Well, it's interesting. We talked a little bit about this before, when we talked about the breakdown of NPS and how different it can look in our space by line of business. Part of that difference is driven by the fact that we often build experiences based on the line of business. When I have Medicare, it seems very different from the experience that I have when I get my coverage from my employer group. But what's interesting about this shifting landscape is that people have the ability or will have the need to move through those different lines of business in their healthcare experience.

They're going to be setting their expectations, perhaps based on some expectation they had before. If that expectation results from a bad experience, why would they choose that payer when they face the choice again? I think we have to look beyond the line of business and start to understand the individual customer and what his or her individual needs are so that we can help them along the way.

I think we also have to look at how we deliver consistent experiences across lines of business, because our brand is our brand, so, it's important for us to be consistent when we look at those experiences.

Loren McCaghy: Let's dive into an example where customer experience really mattered. Let's go back to the switcher conversation we mentioned before. We've touched on this a little bit, but, as we look at our research, we see that it's the younger and more digital consumers who are the ones most likely to switch in that process. One of the things we noticed is that there's a general perception that has existed for as long as I've been in the industry, that younger consumers are far more price sensitive than older consumers. And what we're seeing is, that's not unimportant, but experience is just as important as price. So, when we design products and experiences for consumers, if we're focused totally on price, we're going to look at things through a cost lens. We're going to talk about lower benefit sets. We're going to think about higher deductible plans and all those types of things.

But if you think about the experience associated with some of those plans, looking solely at pricing could be as big a detriment as a positive. We need to consider the fact that perhaps these younger, more digital consumers are really looking for those positive experiences that they see in other industries. They want to be treated like they're special.

They want digital ways to engage in virtual options, and these things are as important to them as the price. So, this impulse has grown stronger given the events of recent months, as more consumers leverage virtual and digital and technology solutions to engage in their health. Whether that happens with their payer or their provider, this idea of making sure we're creating an experience that addresses these needs and meets these expectations becomes more critical.

Earlier in the year we ran our annual consumer payer survey, and in June we ran another survey focused on people's perceptions and experience during the COVID-19 crisis. This research reveals an erosion of people's trust and confidence in their payers across the board of about nine percentage points. Overall, we see an even wider gap among younger consumers. One of the trust metrics shows 13% erosion among younger consumers, driven by concerns over their ability to pay for healthcare.

Approximately half of insured people are currently concerned about their ability to pay for healthcare. That jumps to 66% when we talk about millennials. These are people with insurance, not the uninsured. These are people with insurance, concerned about their ability to pay for healthcare today. Consequently, we need to consider that, and that reality really drives home the idea of leading with empathy. We need to engage with these consumers, including switchers, as we approach a period where people are going to be making decisions again.

They're making decisions because many have shifted the types of coverage they've had due to job loss and reemployment, or they're moving from regular insurance to Medicare Advantage because they qualify, or they see their annual decision coming up. The industry needs to be thinking about these sorts of challenges as consumers address what they need in this next cycle.

Stacey touched on this earlier. As we look at the top drivers of payer trust, it really does boil down to doing the basics. At the end of the day, the way to create trust is to do the things people expect you to do the things they pay for.

It also provides the opportunity to do other things. For example, while Amazon may have a good NPS score and high trust, they have that trust not necessarily because they have the greatest recommendation engine, but because when buyers pick something, it's priced the way they expect it to be. And it's delivered when they say it's going to be delivered for the most part. If we put that lens on insurance, it's the ability to do the basics right, consistently.

One of the biggest challenges comes from the multiple channels companies use to interact with consumers, which can generate different types of responses. Being accurate, paying claims quickly and accurately—these characteristics separate consumers who trust their payers from those that are more neutral.

Essentially, doing the basics right makes a huge difference. Stacy, would you like to weigh in on this as well?

Stacy Byers: I'm going back to the example that I shared earlier about the roles that accuracy and quality play when you think about serving people's needs. One of the interesting points when you think about the complexity of benefit design and about people hiring us to cover their healthcare, I think it helps a lot just delivering those basics.

In a scenario where patients want to know whether they can get a preventative exam or some other service, they call to find out if it's covered or go online to find out if it's covered. If you talk to consumers, they see it's covered and assume that means it's paid for because they hired an insurance company to cover their healthcare. The reality of the situation though, is once you factor in the high deductible plans and then probably a copay and then co-insurance that hits on top of that, at the end of the day they get that bill and they don't feel like it was

“very” covered. That creates a scenario where we, the payer, betrayed trust because customers think they hired us to cover the care that they need.

In their minds we didn't do that. I think it's important as we think about accuracy and consistency that we also think about the words we use. Covered might mean something to a lawyer in a benefits contract, but something fairly different to a consumer. How do we start to bridge those gaps to earn their trust?

Loren McCaghy: I think that's really important. In our research we look at what we would refer to as healthcare literacy, and the idea emerges that about half of all consumers with insurance don't really understand the basic terms of their plans. People need the ability to sort out the terms that are thrown out, either in a digital experience or in a verbal experience. Not knowing could create challenges in their understanding and therefore potentially erode their trust.

One more polling question for everyone: as we think about this idea of creating trust, COVID-19 puts it in a unique situation. As you think about the messaging that you have been doing during the pandemic, we want you to weigh in on the top two choices of the types of messaging you've been doing. For instance, virtual options might include: how do I get care outside of a provider's office? What about returning to care if you have a chronic condition or are not getting the care that you should be getting?

Looking at the results as they come in. Interesting—how people can get care outside of a provider's office obviously seems to be a big one along with getting people back to get care. And, the idea of safety, that consumers can keep their families safe. These seem to be the primary messages we're seeing in the polling.

Anoop Bhogal: Just one more comment on this. It's interesting that the messaging around safety is one of the more popular responses. I think we've seen this trend around messaging for more basic needs for some time, but it has really come to the forefront. I think people start to think about their more fundamental needs according to Maslow's hierarchy of needs. How do I stay safe? How do I get food on the table? Those sorts of things. It really come into the front.

One of the surveys that Accenture took a couple of months ago asked a question concerning habits and how they might change from the pre-COVID-19 world to the post-COVID-19 world. And one of the data points that jumped out at me was pretty amazing. It involved the use of technology to engage in healthcare. During the pre-COVID-19 era, around 14% of people said that they would use technology to engage in healthcare. The post-COVID-19 number jumped to 81%, which is staggering but also very telling. People are concerned about safety and they're willing to engage in their healthcare through these technology channels to ensure that. It'll be interesting to see how that trend continues to adjust over the coming months as people adapt to the new normal.

As we think about closing the gap, some additional points to consider. As we mentioned, the bar continues to rise as different industries shape the ways in which consumers interact with companies. Payers should be developing a vision that puts them on that same playing field, measuring the experience and being prepared to adapt continually as consumer demands evolve. At the end of the day, we want to focus on the relationship and on developing trust, and we want that to drive how we make decisions.

How do we rethink the concept of designing for one specific moment and instead design to build trust across a continuum and across the channels? When we can deliver simple, reliable, trusted experiences and apply the right measurements—that's when we will close the gap and create value for everyone involved.

Before we wrap up, we're going to take a look at some of the questions that have been coming in. If you haven't put in a question, please go ahead and do so now and I will try to get to it, but I'm going to start with a question for you, Stacy.

You spoke a little bit about this earlier. Can you speak to the difference in how you approach your role from an experienced view versus a marketing CMO type of view? How does that change your mind set?

Stacy Byers: I think of experience as everything that happens beyond marketing. Like I mentioned before, marketing can only go so far because if marketing isn't necessarily influencing the scripting at the call center or what happens in the doctor's office or some of those other touch points in the experience, then your marketing isn't going to fully serve the needs of your customers.

We actually have to think beyond marketing and partner with other channels with the ability to influence the customer experience like product design, like the operations areas, and even the strategy team. My team spends a lot more time with some of those other areas of the organization than we do with marketing. Our work must address customer needs within the business context. It's one of those areas where we need folks who perhaps don't know how to do marketing

very well but do understand the customer. They can help translate what simplicity looks like in a call center and how you help an operations team enable it. It's a slightly different skill set that you have to hire for as well.

Loren McCaghy: Great. Thanks, Stacy. Next question: Regarding the idea of data, can we speak to how the sources of data needed to identify and drive different experiences are changing, and what are the associated challenges with that?

Anoop Bhogal: Given the availability of data in the payer solution landscape that's a good question. There are lots of different sources of data, and payers naturally want to build a robust profile of their consumers. To do so, they have lots of internal data sources. They include claims information and eligibility information and demographics as well as clinical data. It's all very useful to build a slightly more clinical view, but then there are lots of types of data that can help build more of a "human" picture. There's a very well-known health graphic that shows a person and explains that the information we have in healthcare accounts for less than 20% of the real information about a consumer. The rest of it comes from other places. For instance, we need to know what their preferences are when it comes to shopping. Do they buy healthy foods? What are their living circumstances and their employment situation and what is their access to transportation along with lots of other, socially appropriate data that can help build a more informed picture of who those people are as consumers and as individuals.

However, recognizing we need the data is one thing; getting access to that data, getting it into our internal systems and being able to integrate it with your internal data, is another. It is definitely a theme we've seen with many of our clients. It's hard enough getting your own data from different systems from disparate places

and hooking it up inside of a data lake. Internal systems connect internal data, but they also bring in external information, vet it, and make sure it's blinded correctly where appropriate. It presents another entire layer of challenge.

Certainly, we need many different types of data to build the profile that we want to build to understand our consumers more broadly. But then bringing it in and integrating it in a way that builds a true member 360 or "golden record"—those are the challenges many clients are experiencing and that we've helped them address.

Stacy Byers: Yes, I agree. Having been in healthcare for 20 years, I'm way too familiar with all that siloed data. When you have a metric like NPS, which aggregates lots of different things that happen over a period of time, it's a slow metric to move and requires a lot of test-and-learn cycles and incremental effort to make a change. Sometimes, organizations don't have the patience to wait if they don't see a clear financial return quickly. That's one of the other spaces that payers should look at: how do you get the data you need to make the case that this is worth investing in?

Loren McCaghy: Great. Thank you both. One more question, and this is also something you touched on at the beginning regarding measuring and metrics. Stacy, you talked a lot about how adjusting call center metrics is important. Could both of you speak a little bit more regarding some of the other types of metrics and how you get there? For example, in our research, we see things like ease of doing business or trust being even more important predictors of somebody's likelihood to stay than their net promoter or pure customer satisfaction scores. As we think about those new types of metrics, could you speak a little more as to how we would measure even beyond the example you gave, Stacy?

Anoop Bhogal: I think there's a technology-driven approach that involves customers having a digital experience. You can measure where they are going, for instance, on a website or a portal. Are they selecting certain options more frequently than others, and are certain sections not receiving any attention at all? Are they hovering over certain areas without necessarily clicking on them because they're unsure? Analyzing that behavior on a website provides insights into the mindset of consumers. It tells you information about where they are gravitating to, what they regularly select versus what they don't, and what they're clearly not interested in.

That's one approach. Another approach is the good old fashioned, bring people in and have a dialogue and immerse them in the experience you have, or the experience you're looking to provide, and ask for feedback. Ask them to tell you what they're looking for at any given stage of the journey and how they feel at that point.

Responses will definitely vary. For example, somebody searching for providers that have tele-health capabilities will respond differently than somebody of an older generation who might be a little wary about it because telehealth is somewhat new to them. They might feel a little cautious about revealing information about themselves to a new doctor during a video session.

Whereas, a different type of consumer might not have any of those fears. They might be used to chatting online and so for them, it's going to be very different. The way to gather that information is to bring those people in and have that dialogue and gather as much intelligence and insight as possible. Those are two of the options that come to mind for me, Stacy.

Stacy Byers: I think those are both great. And I really think it involves a collection of different ways to look at metrics, use the technology you have to collect them, and get that voice of the customer directly by listening to them.

And then I think the other thing you must think about is how do you then turn the metrics into a story. I'm a writer by training. And one of the things that I have found in my career to be most impactful when it comes to getting the support to change the customer experience involves taking those metrics, whether they're collected at a very specific touch point in a moment or through focus groups or call listening, and actually crafting your customer's story. You can make it meaningful to your internal stakeholders so that they really understand why the metrics matter.

I think, when it comes to storytelling, there's an internal component that's almost as important as being able to manage storytelling externally for your customers. It's how do you advocate for them inside your business so you can do the things that you need to do to better serve their needs?

Loren McCaghy: Great. Thanks. I think we're ready to wrap up. I know there were a couple of folks who asked about the availability of the slides, and I think there will be details at the end here on how you can access the recording. If you're interested in getting these, you can reach out to us.

We will certainly be able to provide a PDF load of these to anybody who's interested in them. I believe at some point they'll probably be posted on accenture.com as well. If you start with our emails here, we will provide these to you offline if you need them in advance of posting anywhere.

I think we can turn it back over to the moderator to close.

Moderator: Thank you to our speakers for that great presentation and for sharing your thoughts and thank you to the audience for participating in today's webinar. This concludes today's presentation. Once again, thank you so much and enjoy the rest of your day.