

MEMBER AND

CONSUMER ENGAGEMENT



OUR SOLUTION

Activate members by empowering them to make informed decisions:

- Get the right preventive care and recommended care for chronic conditions
- Learn about relevant health topics
- Monitor out-of-pocket expenses
- Understand potential savings opportunities
- Maximize health benefits

Consumer Advantage Helps You Raise Satisfaction With Increased Member Engagement

Challenged by pressures from legislative reform, employers, consumers, and the current economy, health plans are looking for ways to better engage their members and help them understand their healthcare. With more effective and engaging communication, health plans can help members better comprehend their benefits and highlight opportunities to stay healthy and save money. Engaging your members with helpful, personalized information delivers value, raises satisfaction, and builds loyalty to your plan.

So how do you engage your members? “Activation” is the process of helping consumers become more informed and involved in the critical issues affecting their health. The member activation solutions from Truven Health AnalyticsSM give consumers the information and resources they need to manage their health throughout the year, resulting in improved outcomes, lower costs, and better member retention.

Higher Levels of Engagement

People respond best to information that is personal and relevant to the issues they face. In the past, health plans have implemented health portals as part of a well-intentioned effort to inform members about their benefits, healthcare topics, and plan policies. The reality is that information on these portals is highly underutilized because people find them impersonal, overwhelming, and irrelevant to the specific questions they have at a particular point in time.

Our member activation solutions are designed to provide consumers with the right information at just the right time — and to do so in a way that is engaging, informative, and drives action. They deliver highly relevant, personalized information designed to help people make smart decisions.

With consumers paying more significant portions of their healthcare costs than ever before, they need personalized and relevant decision

education information. They can search the health encyclopedia, drug information, health centers, and alternative medicine guides, or use the actionable tools to weigh options, make decisions, and assess their healthcare. Your health coaches and care managers can leverage this trusted health library in educating your members. This knowledge enables members to have effective discussions with their care providers and be more confident in their healthcare decisions.

Reliable Data

Our member activation solutions leverage a variety of reliable data sources to provide relevant, personalized information to members. Rather than using only self-reported data that is often incomplete and of questionable accuracy, our solutions use the member's medical and pharmacy claims data as their foundation, and add other data sources to fill in the details. This model allows us to assemble an intricate, holistic picture of the member's health history — information that is then used to help them make informed decisions about their healthcare.

Analysis of the claims data can also determine if a member is overdue

on receiving care recommended for chronic conditions such as asthma, coronary artery disease (CAD), and diabetes. Our solutions alert the person to the care they should be receiving, remind them why it's important, and provide links to relevant health education information.

Enhancing Care Management

Our member activation solutions further enhance your care management programs by expanding care managers' reach, allowing segments of the population to self-serve, and improving the efficiency of care managers. Care managers can use member activation tools to keep members on track and help make health a priority. Because multiple constituents have access, opportunities can be communicated consistently and can be better coordinated. This collaborative effort helps health plans work more efficiently and effectively.

Clear Results

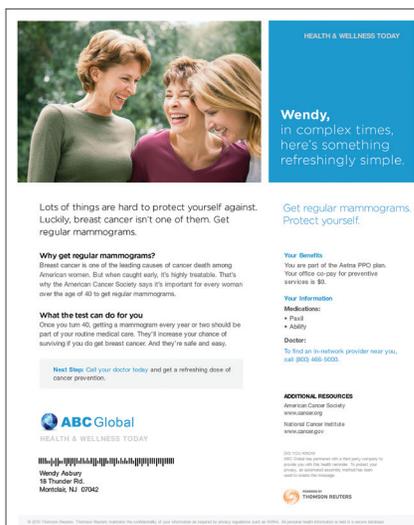
Every aspect of our member activation solutions is designed to help you understand how your population is performing relative to important measures of cost containment. Analytics from the Value Realization Reporting module provide a clear

Figure 2: Personalized Messaging



Member activation helps consumers monitor their health throughout the year

Personalized messages are available in print, Web, email, or text messages



9 KEYS TO ACTIVATION

1. **Be relevant** – provide interactive sites and messages with pertinent, personalized information
2. **Get personal** – supply health information specific to each member
3. **Integrate** – offer a holistic view with integrated clinical and financial information
4. **Make it actionable** – give people a “to-do” to emphasize opportunities to improve their health
5. **Highlight ways to save** – provide information on potential savings based on current healthcare use
6. **Engage** – reach out to consumers to help them manage conditions and control costs
7. **Remind** – provide dynamic reminders throughout the year when care is missing
8. **Educate** – incorporate health content to inform employees while they’re engaged
9. **Make it understandable** – translate medical terms into more common “layperson” terminology

measurement of your program’s performance and return on investment. The process begins with a baseline assessment, taken before the implementation of the solution. This assessment shows how your population is performing against key metrics:

- How are different segments of your membership adhering to recommended preventive care and chronic care guidelines?
- How do these metrics compare with industry norms?
- What are the prime opportunities for members to control costs?

As the member activation program is rolled out to the population, these baseline metrics are continually monitored to see how behavior is being affected. For example:

- What percentage of members received preventive care after receiving tailored health communications at key points in the year?

- What percentage of members received recommended care for their chronic conditions after viewing the alerts and related health education information?
- Did users of the Treatment Cost Calculator receive care in optimal care settings?

Clients using our member activation solutions have seen impressive results of 10-25 percent increased adherence to preventive and chronic care guidelines.

Our solution provides a comprehensive set of analytic reports to measure consumer engagement, including information about healthcare cost, utilization, preferences, risk, and use of information. The ability to understand and assess the effectiveness of health benefit programs gives health plans a competitive edge — helping them achieve healthcare objectives and refine benefit programs for better efficiency.

FOR MORE INFORMATION

To learn more about our Consumer Advantage suite of solutions, please contact us at **1.734.913.3000** or **consumer@truvenhealth.com**



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Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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