

Reducing Healthcare Costs *for Employers*

Employee Benefits Series

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Successful HRAs Doggedly Pursue Reluctant Members for Plan Savings

Employers will gain little insight into plan members' chronic disease status if too few have bothered to have a health risk assessment (HRA). A typical HRA program might be used by 25 percent to 50 percent of plan members, but a technology-based HRA strategy can increase this to 70 percent, Berger says.

"Employers want to improve health quality, worker productivity and decrease health care costs, but to do this you have to have employees' participation, which has been a huge challenge for a number of years," says Jan Berger, M.D., chief medical officer of Silverlink Communications in Burlington, Mass. As a technology-based communications company, Silverlink helps health plans design HRA strategies that engage more plan members without using incentives.

"We had one client who used the system to reach its 45 percent of members who were non-responders, the hard-to-gets," she recalls. "We were able to get these people to not only take the call and interact with us, but also to complete the full [HRA]." Silverlink uses telephonic technology to reach plan members. People are called at times of the day and week when they most likely will be found at home.

"We know down to Zip codes when we'll find people to be more likely to respond to the calls," Berger says. "We found that we could improve engagement of the health care consumer if we reached out to them on Mondays."

The telephone calls use computer-generated, interactive voice response (IVR) systems, meaning they have computer voices, and they stick to a simple script. The telephone calls can be combined with e-mails and letters that notify plan members that a telephone call might be coming and they could either answer the call or complete the questions online.

Another key to the IVR calls' success is that the HRA questions are personalized. For example, if the system calls a man, it won't ask him questions about pregnancy or hormone replacement therapy.

The IVR system costs less than live phone calls, Berger says. "The use of live agents can be very costly because you're not maximizing their use," she explains. "Often, you can't get the person on the phone."

IVR systems can be adapted to particular subpopulations. So a male, slow-speaking voice will call plan members who live in a region where people prefer this style.

The voice's gender, speed, tone, accent, etc. are all analyzed and adapted to the needs of any particular population. The IVR system can recognize a wide variety of slang words, including some foreign words that mean "yes."

IVR system can modify questions in response to plan members' answers. A health plan could select only 10 questions to ask members, but since the goal is to obtain enough detailed information to inform health care plan design, this might backfire. So a better range is 25 to 30 questions. "A large percentage of people will complete a telephone survey, but the longer the questions go on, the more the number drops off," Berger says.

People Open Up to a Recording

The technological strategy also obtains more honest answers from plan members about health status, moods, and behaviors since the people being called do not fear being judged. They might hide information, such as their drinking habits or sad feelings, if they were sitting down with their doctor or nurse, Berger notes.

"In one example, we found that 62 percent of plan members called were positively screened for depression," she says. "Then 34 percent of those people who were found in the initial screening scored high on another depression test and needed to be seen by a healthcare professional."

Depression left undiagnosed can lead to lower work productivity and result in other health problems, possibly making a patient's chronic asthma, diabetes or multiple sclerosis worse, Berger says.