

2016: The year of the HDHP and high engagement?

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Commentary: In our work with large employers, we are able to observe trends in benefit strategy and communications best practices. The following summarizes many of the major developments in employer-sponsored benefits for 2016 and offers our advice for how companies can increase adoption of their related support tools and programs.

In their benefit plans for 2016, employers are, in general, continuing along the path that they've been traveling for the past 10-15 years: Their overarching goal is to offset escalating healthcare costs, while continuing to sponsor quality programs for employees. As a result, many are:

1. Shifting costs via high-deductible plans. High-deductible health plans, offered in conjunction with health savings accounts, are increasingly becoming part of employers' plan options.

2. Gradually narrowing plan choices. In order to simplify both plan selection and benefit administration, a number of employers are phasing out certain plans in favor of newer options plans which include PPOs and HDHPs.

3. Providing decision-support tools. As employers are shifting more of the burden for healthcare costs and decision-making to employees and their families, many are providing tools and resources to support employees in the process. One such tool helps in plan selection by allowing the employee to play "what if" to understand the possible financial implications of various plan provisions. These tools are very helpful to employees who might be attracted to low-premium plans, only to be surprised later as they are faced for the first time with paying more out of pocket.

Also common are price transparency tools that give employees the ability to "comparison shop" for

healthcare visits, tests and procedures, by providers and facilities.

4. Offering value-added programs. To both "sweeten the deal" and help employees and their families manage their health, companies are increasingly offering ancillary services and programs that encourage the appropriate use of healthcare and get people more involved in their own health. These include:

- Telemedicine services through which people can engage in virtual visits with board-certified physicians, 24 hours a day, seven days a week; and
- Second opinion services that connect people with elite specialists to review serious medical cases, confirm diagnoses, and devise or modify treatment plans.

Improving communication and increasing adoption

As healthcare coverage and treatment decisions are becoming more complex, employees must become very savvy in understanding their options. Meanwhile, uptake of employers' value-added solutions — most especially the digital ones — is typically in the single digits. So, what is a well-intentioned employer to do? We recommend:

- Stop trying to accomplish all your goals during open enrollment. Often, knowing that they have employees' attention during open enrollment, companies attempt to use that time to roll out all of their new benefit initiatives. This seems practical, but in reality, it is possible to capture only so much of employees' "brain share" at any one time. If open enrollment is used to introduce new programs, they must be followed by a robust ongoing strategy to make sure people use what's available.
- Communicating throughout the year. Communication that supports a company's benefit goals must be very robust throughout the year. Often,

companies introduce new programs with fanfare, only to let them fade into obscurity the remainder of the year. Employees need constant reminders about what's available so that services are top of mind as the need arises.

- Employing multiple communication channels. Benefit communications, of course, must be provided in writing, but the written word does not suffice. Understanding and engagement is improved dramatically when companies use the full arsenal of channels available, including in-person meetings (which provide for two-way communication), videos, webinars, infographics, workplace displays, and digital media.
- Modeling your efforts after consumer marketing. The discipline and creativity that is applied to educating and persuading consumers in their everyday life can be very effective in spurring engagement in value-added programs. That means devoting sufficient resources to the cause, developing the campaign with a deep understanding of the employee's point of view, using multiple channels, and developing creative concepts that are surprising and memorable.
- Providing an impartial third party to answer questions and provide support. Engagement increases when employees have the benefit of a health navigator/educator/trusted ally to curate the various tools and services available, make recommendations on which ones would be appropriate at any given time, and even orient the employee to the tool or service. Such parties can, in effect, become cross-marketers of the employer's programs.

In their effort to "bend the cost curve," employers are increasingly shifting healthcare costs to employees, while simultaneously offering support tools and special programs. For these supplemental efforts to be successful, employers must think beyond open enrollment and develop year-round, multi-channel communication programs. ■

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