Gain insight into member needs with social media tools

Even criticism is opportunity to reach out

By Lisa Marshall

CONSUMERS HAVE come to expect connectivity and information at their fingertips, quickly and ubiquitously. Social media, today's emerging connector of people and information, began as a one-way street, but all that is changing.

The connection has gone beyond the simple RSS feeds, says Teresa Bozzelli, vice president of consulting firm Sapient Government Services.

"What differentiates electronic usage as social media is that it becomes interactive," Bozzelli says. "It's not bound by time or place. It's an immediate dialogue and a two-way engagement. That's different from even a few years ago."

Payers must adapt quickly to leverage the power of social networking.

Blue Shield of California integrated social media into its own employee wellness program, Wellvolution, by tapping into the idea that people are social by nature and are influenced by the lifestyle choices of the people around them.

The plan recently offered its Shape Up Shield, an eight-week social-media health challenge, allowing employees to create teams, post comments in forums, set fitness goals, and give each other virtual 'high fives' for encouragement, according to Bryce Williams, director of Wellvolution.

Williams says the programs use the influence and wisdom of the collective employee population for better health, which will help lower the overall costs of care. Participating in Shape Up Shield earned employees a discount on their Blue Shield premiums if they also completed a wellness assessment and biometric screening. During the eight-week challenge, nearly 1,300 employees walked more than 400 million steps, the equivalent of 200,000 miles.

CHRONIC DISEASE TOOLS

Once chronic disease populations are identified, use of social media can have a profound impact, says Paul Marchetti, head of Aetna National Care Management. Aetna leverages its predictive models and algorithms based on claims data, as well as personal health record, lab results, and pharmacy information—much more than shows up on a claims record alone—to identify at-risk populations for its programs, Marchetti says.
A pilot program to communicate through text messaging targeted a group of diabetic patients and those at risk among Aetna commercial membership. All participants received health tips for managing diabetes via text message once a week during the three-month pilot period. The treatment group then received additional call-to-action texts once a month, such as specific reminders for clinical measures like blood draws or medication adherence. Additionally, treatment group participants had the option at the close of the campaign to be connected with a health coach to help them further manage their condition.

One of the challenges will be measuring return on the program. Aetna will have enough data to measure the results of its diabetes texting pilot this fall, according to the company.

"With a diabetic member, six to eight months is enough experience for a sufficient baseline," says Marchetti. "Based on preliminary engagement and satisfaction results, we think this program will show a positive impact on self-care behaviors, participation and clinical outcomes."

It may seem surprising that the texting program was not affected by a generational divide: 65% of participants were older than 55, and 95% of the 2,700 members who opted into the texting pilot have stayed in the program. Men signed up at a higher rate than women did—interesting, Marchetti says, because typically women engage at higher rates. After the pilot concludes and results have been analyzed, Aetna plans to expand the texting effort to additional conditions, cohorts and age groups.

Bozzelli notes that 60% of Americans first turn to the internet for information on health-related issues, and 20% use social media as a source. The trust factor of the available health information on social media is high to very high, she says. "Payers have a wonderful opportunity to use social media to aggregate and become the authoritative source of information for their members," Bozzelli says.

Sue de Leeuw, director for brand marketing and creative services, Blue Shield of California, says Blue Shield uses Facebook to share health and wellness information, provide information on community events, address customer service issues, and gain insights into what members and prospects are most interested in talking about. The company also uses YouTube and Twitter.

"Blue Shield uses YouTube to aggregate its library of content such as the ‘Good to Know’ health video series, TV commercials and company video announcements, and then seamlessly integrates this content with other platforms like Facebook and our company Web site," says de Leeuw.
Knowledge aggregation serves to create brand awareness and value, while member motivation and satisfaction are increased through peer-to-peer support. Bozzelli further links the use of social media to one of the main goals in the federal health IT strategic plan and a key opportunity for payers: empowering the patient.

"Social media is the platform for payers to connect moments of passion and success to create a community of hope. It's not just about money, and that affects the way they are perceived," Bozzelli says.

Blue Shield of California Member Stories, which launched in January, lets members publicly share personal health triumphs and challenges with their own words, pictures and video, says de Leeuw. The plan is making donations to three charities on behalf of members who shared their stories over the past few months.

"Stories serve to inspire others tackling their own health challenges," she says. "Members can tag other members' stories as 'inspirational' and share stories through Facebook."

Payers that are seeing good member uptake note some best practices that other plans can adopt.

"Make it personal," says de Leeuw. "Facebook is about people, not products. On Blue Shield's Facebook page, our moderators sign their names on each wall post and have their photos built into the Facebook profile image. This personalization adds some warmth and humanity."

And, she adds, don't stifle member criticism. On any social media platform, allow the audience to share what they want to share, even if it's negative. Criticism will help guide improvement and allow the plan to address specific issues with respect and transparency.

OTHER SOCIAL MEDIA OUTLETS

De Leeuw says a separate Twitter effort is focused toward an audience of political and regulatory stakeholders, reporters and media outlets. Blue Shield of California also reaches into a community of professionals via LinkedIn.

"LinkedIn, in particular, is very powerful," says Wanda Cole-Frieman, executive recruiter, Blue Shield of California. "We use it to get connected with senior leaders in the healthcare industry and to build pipelines for each of the business units, attract passive talent to our organization, and extend our accessibility to local markets where we have a major presence. We have found a number of senior executives via LinkedIn."

http://managedhealthcareexecutive.modernmedicine.com/mhe/article/articleDetail.jsp?id=741525