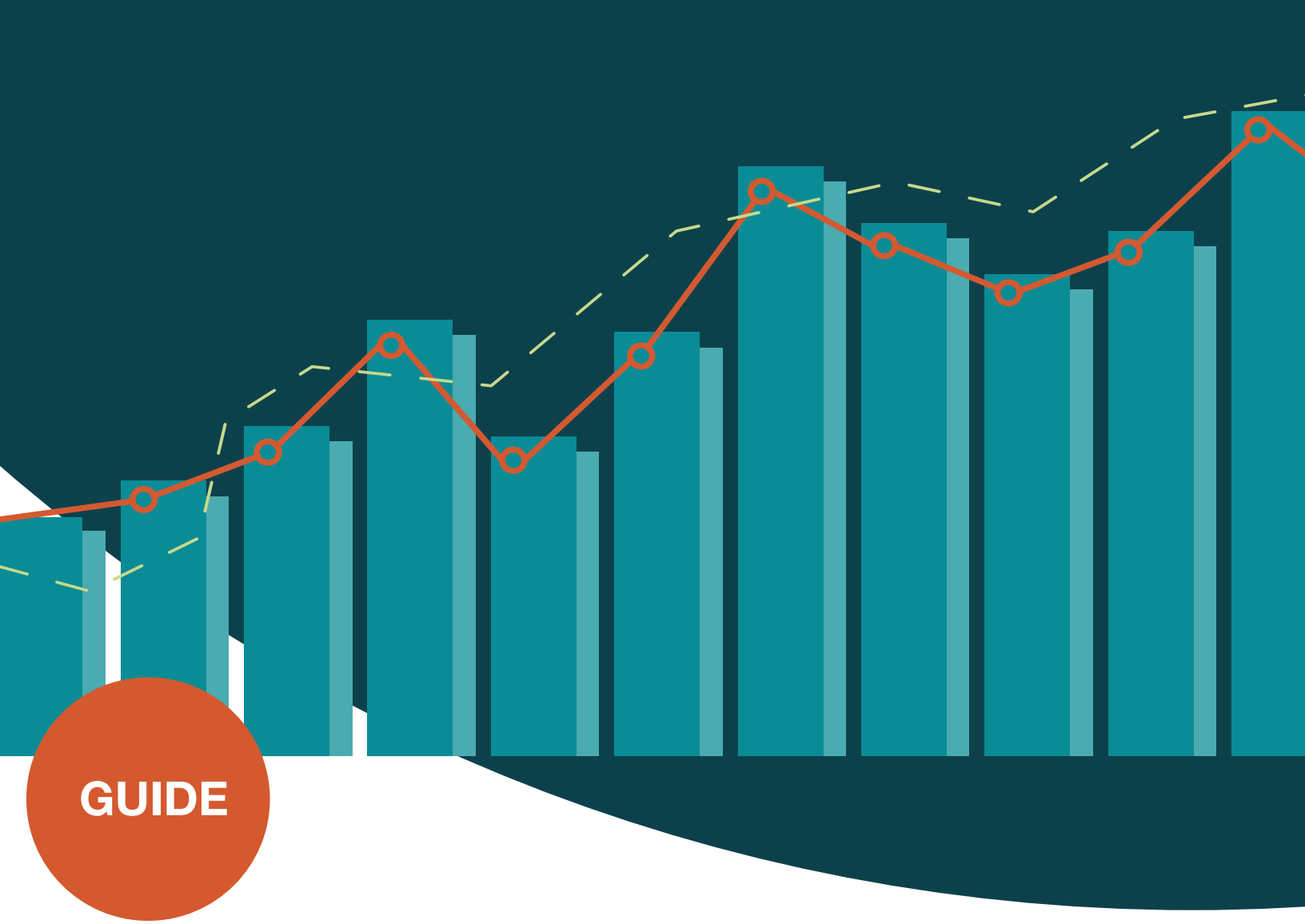

GUIDE

HRA Data to Increase Medicaid Engagement: 5 Strategies

A Diverse Population to Serve, and Generic Approaches That Aren't Effective

Every year more than $572 billion[1] is spent on Medicaid programs. With over 71 million individuals[2] enrolled in Medicaid Programs, the population represents an incredibly broad cross-section of individuals. What this means is that your population could run the spectrum from the very young to the very old, from those suffering from chronic disease to those who are in good mental, physical, and emotional health.

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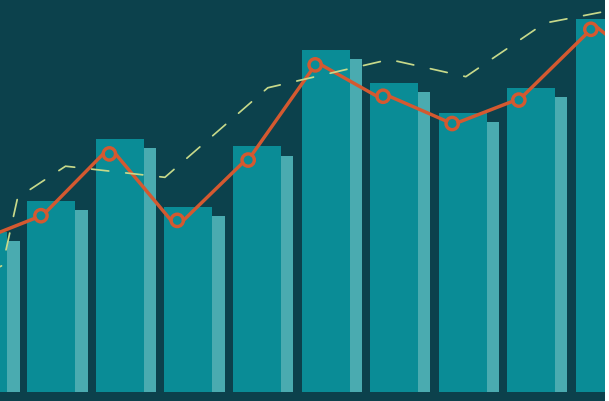


When it comes to understanding your Medicaid population and their health risks, there is no one-size-fits-all solution. To best engage Medicaid populations, personalized programs that speak to an individual's specific health risks will ultimately yield the best health outcomes.

...and to build personalized programs at scale, you need data.

THE HEALTH RISK ASSESSMENT:

Providing the Data You Need for More Effective Programs

Health Risk Assessments (HRAs) play an integral role in health and wellness programs, providing not only insights into health risks, but also the data you need to fuel targeted, personalized wellness interventions. An HRA can give your population and plan administrators health risk information that goes beyond what you may find in a patient care chart. An HRA will uncover information on an individual's lifestyle, habits, and readiness to change—details that speak to an individual's current and future outlook on health.

Understanding the needs of your population at this individual level means you can better segment your approaches, leading to more personalized outreach that speaks to the right person, with the right information, at just the right time. In the following pages, we will explore the ways you can use insights gathered from HRA data to more effectively target and engage Medicaid members.

[1] https://www.medicaid.gov/state-overviews/scorecard/annual-medicaid-chip-expenditures/index.html

[2] https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html

[3] https://www.who.int/social_determinants/en/

Use Social Determinants of Health Data to Provide More Personalized Outreach

It's said that your ZIP code may be a better predictor of your health than your genetic code.

Defined by the World Health Organization as the conditions in which people are born, grow, live, work, and age, Social Determinants of Health (SDoH) are a way of recognizing that a person's social and economic conditions have an impact on their health. Some common SDoH include where a person lives, their income, their social support, access to nutritious food and healthcare services—all factors that may be difficult to track in a patient's chart, but that are critical for addressing a person's full physical, mental, and social health.

When designing wellness programs, accounting for SDoH means fully understanding your population so you can create more informed programs that meet them where they are in their health journey.

How Data Informs This Strategy

HRA data can help you identify key SDoH that may impact your Medicaid population.

Since Medicaid populations represent a diverse set of individuals, it's important to understand the unique social determinants that impact them. A well-designed HRA should provide data that gives you better insights into an individual's outlook on health, their readiness to change, and the resources they have available to pursue healthier lifestyles. It can also help you identify segments of your population that are facing additional hardships.

Depending on your population, not every individual will be experiencing the same SDoH, but you can use the data gathered to create broad groupings of individuals with similar risks, then provide personalized resources to these individuals. Some examples of the type of data you may be able to gather:

- Whether people are eating unhealthy food on a regular basis.
- If individuals are having trouble accessing preventive medical care.
- An individual's risk for specific health concerns, and their readiness to change health habits that contribute to this concern.

Implementing This Strategy Within Your Population

Depending on the specific SDoH concerns of your population, you can build personalized programs. Some examples:

Set up an opt-in email/text message reminder system for things like vaccinations or annual physicals.

Work with local organizations to set up easily accessible farmers' markets to address food scarcity.

Partner with local groups such as a community center to create a positive association with healthy activities.

Target Programs for Participants Who Indicate They're Ready to Change

Once you've identified some of the obstacles that are standing in the way of your population's health, you can work to overcome them.

Focusing your program on individuals who indicate they're ready to make a change is one way to further personalize their experience.

How Data Informs This Strategy

Readiness to change data empowers wellness professionals to make educated decisions about where their resources will be best spent. Behavior change models help us think of improving health outcomes as stages in a journey. Being able to identify when an individual is most open to making changes in their lifestyle habits means you can focus your intervention efforts on areas where you are most likely to have success.

If your HRA collects readiness to change data, the responses can help you understand the specific stage of change readiness for each individual. For example, HRA data might indicate that an individual is interested in becoming more physically active, or that they have recently become more active and are in need of encouragement to continue this new behavior.

By identifying who is actively forming healthy habits and who is likely to make changes in the future, you can deliver messaging and interventions that will resonate.

Implementing This Strategy Within Your Population

If an individual indicates they are ready to change their health habits, it's important to give them a clear path forward with targeted tools and resources that resonate with them. Here are some things to keep in mind when developing more personalized outreach:

Use technology to reach a diverse population, using their preferred means of contact.

Offer generationally appropriate tools, such as apps that gamify physical activity.

Work with influencers to model desired behaviors.

The Stages of the Change Journey

Readiness to change is the measurement of where an individual or population falls on the change journey. Population health professionals use this information to focus intervention efforts on areas where programs are likely to have success.

Change Readiness:

The Critical Component to Wellness Engagement

Download >

Use the Power of Technology

Wellness professionals have all probably heard the phrase "meet them where they are" when it comes to population health management.

While this typically has a lot to do with identifying the unique circumstances of each member in their figurative journey toward health, it can also be more literal: that you should communicate to them using channels they are most comfortable with. For example, if they're on their cell phone, meet them there.

When considering the best way to meet Medicaid populations, access to technology is no longer reserved for a certain income bracket. It's estimated that 95% of Americans with an income of $30,000 or less own a cell phone, and 71% of those respondents own smartphones.[4]

Implementing This Strategy Within Your Population

There are many options when it comes to using technology to engage your population. Some to consider:

Encourage the use of patient portals to keep on top of appointments, lab results, and other timely communications.

Set up text message and email systems to remind your population about routine vaccinations or scheduling annual physicals.

Use email newsletters to provide your population with health and wellness tips, best practices, and up-to-date news and information.

Provide resources on the benefits of using telehealth for non-emergent issues.

When engaging your population, it makes sense to keep your approaches as digital—and mobile—as possible.

For example, digital-friendly programs can use text message reminders for prescription refills and upcoming vaccinations clinics. Activity apps and e-mail newsletters filled with health and wellness tips can increase the likelihood that your population will interact with your materials. And programs can take advantage of the "anytime, anywhere" availability of the Internet to provide 24/7 access to resources, including services like telehealth.

How Data Informs This Strategy

Technology can be a powerful tool in population health management programs, but it's important to understand the segments of your population that are likely to embrace technology, or those who may view technology as another barrier. When it comes to increasing engagement, using technology is one of the most user-friendly ways to do it if your population is tech savvy enough and has proper access to the tech that supports these resources. If they aren't, it can lead to a scenario where your initiatives are falling flat.

An HRA that is offered in a variety of formats—desktop, mobile, paper, etc.—can give you insights into how much of your population is familiar enough with technology to embrace its use when it comes to applying it to their actual health needs. Digital completion rates might indicate, for example, who is most likely to engage with health initiatives on a mobile device.

[4] https://www.pewresearch.org/internet/fact-sheet/mobile/

Accommodate Low Health Literacy and Provide Ongoing Education

One of the best ways to increase engagement within your Medicaid population is to make accommodations for low health literacy. Health literacy is "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions."[5]

It's also an integral piece of the healthcare puzzle, and one that cannot be ignored by care providers.

If an individual doesn't understand or can't talk about diagnoses, risks, treatment options, etc., then they aren't as able to make proactive and informed decisions about their care. Low health literacy can also impact how reliable the self-reported data is, because an individual is able to give better responses to questions when they understand what is being asked.

Along the same lines, when an individual doesn't understand a health recommendation, it's more likely that they will ignore or misinterpret the recommendation.

The Wellsource Health Risk Assessment question set and Personal Report avoid medical jargon, are written in plain language at a fourth-grade reading level, and are routinely tested for usability.

What is it like to take a Wellsource HRA?

Watch the video >

[5] https://www.cdc.gov/healthliteracy/learn/index.html

Implementing This Strategy Within Your Population

Here are some ways you can accommodate for varying levels of health literacy within your population:

Ensure educational materials are accessible and that they present information graphically rather than in long blocks of text whenever possible.

Encourage providers to communicate via phone or in-person when possible so that their patients can ask questions and get an immediate response.

Encourage individuals to keep a list of questions ready for their care providers so that during appointments they're prepared and confident in asking follow-up questions.

Individuals with low health literacy:

- Are more likely to require emergency treatment or be admitted to the hospital.
- Are less likely to take proactive steps to maintain their health, such as regular physician visits or taking medications as prescribed.
- Are more likely to approach decisions on their diet, alcohol, and tobacco use[6] based on not understanding the impacts on their long-term health.

Ignoring health literacy as you design your health interventions can make for poor health outcomes for your population, and wasted time and resources for your program. Addressing health literacy means ensuring your materials are designed to speak to the broadest possible audience. The Wellsource HRA, for example, is written at a fourth-grade reading level so that the greatest number of people will be able to comprehend and interact with the content.

How Data Informs This Strategy

Your HRA provides several key benefits to understanding your population, including indicators that may help you better understand your population's health literacy levels. Health literacy differs from traditional literacy in that it isn't necessarily whether or not an individual has the ability to read the written word. Even individuals who have no issues with reading may find it challenging to read, comprehend, and discuss complex medical information.

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682601/

Track Health Outcomes Over Time

One of the best ways to be able to effectively target and engage your Medicaid population is to use your HRA data to track health starting points, progress, and potential outcomes over time.

How Data Informs This Strategy

It might be more accurate to say that this strategy ***is the data.*** You cannot measure program success without data that tracks changes in predicted health outcomes.

When gathered at regular intervals, HRA data can become a way to track health improvements made over time.

This benefits both the person taking an HRA, and the population health professional. An individual becomes familiar with their current health status the first time they take an HRA, setting initial benchmarks for where they are and what they can expect in terms of health outcomes if their current habits remain unchanged. The next time they take an HRA, they have the benefit of their first experience, and the insights into their health they may have learned the first time around.

They can also see whether their health is improving, staying the same, or getting worse.

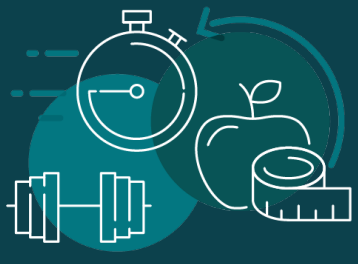
For population health professionals, having year-over-year HRA data to review gives you a clear understanding of the health risks facing your Medicaid population, and over time the success of your wellness initiatives within those groups.

Implementing This Strategy Within Your Population

Here are some ways you can continuously gather and track data for your population:

Administer an annual HRA for your population to complete, ensuring the HRA solution collects the data required.

Select metrics to monitor the progress of your population as a whole, comparing trending and year-over-year results.



Provide incentives for using services that will help people meet their wellness goals, such as gym membership discounts.

When it comes to serving your Medicaid population, data is your key to delivering personalized programs.

A population of Medicaid-covered individuals has extremely diverse needs when it comes to their mental, social, and physical health. Programs that serve these populations are tasked with addressing a variety of risks. Applying a one-size-fits-all approach to wellness initiatives across your entire Medicaid population just won't yield the kind of results you're looking for.

Personalized programs that are targeted to specific health concerns within smaller segments of your population will be more impactful—but it's difficult to pull this off without a wealth of data and a way to analyze the data over time.

The more information you can gather about your Medicaid members, the better you will be able to meet their needs. An HRA can help you see large trends and individual needs and circumstances, allowing you to segment and stratify groups in a more refined—and effective—way.

Additional Wellsource Resources

WELLSOURCE ANNUAL DATA REVIEW

Getting the Full Picture of Wellness

Social Determinants of Health Insights from Health Risk Assessment Data

GET THE PDF >

DOWNLOAD

The Ultimate Guide to HRAs

Everything you want to know about health risk assessments

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Wellsource®

For four decades, Wellsource has been personalizing population health by designing innovative Health Risk Assessments that are grounded in modern evidence-based medicine.

Wellsource uses the power of technology to drive informed decisions with actionable data for health plans, wellness organizations, and companies committed to improving wellness.

Our WellSuite® IV Health Risk Assessments for the Workforce, for Medicare, and for Medicaid are NCQA certified and used for predicting health risks and reducing avoidable costs.

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