

PREVENTIVE PROGRAMS SUCCESS STORY

# Diabetes Care Gap Closures



How an innovative health plan teamed up with us to reengage their population diagnosed with diabetes that hadn't been scheduling their condition management screenings. With Icario's help, the plan was able to increase their engagement, resulting in 89.6% of those that engaged completing their diabetes care gap closures.

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The shift from standard phone and mail communication efforts to digital-only outreach drove higher engagement and visit completion rates from a previously unengaged population diagnosed with diabetes.

### Challenge

Helping people manage their diabetes appropriately is the first step to living well with a chronic condition. That means motivating people to be compliant and regularly schedule their diabetes management appointments—alc visits, eye exams, and microalbumin tests—will get them on the path to proper condition management.

A forward-thinking health plan partnered with us to motivate their unengaged commercial and exchange population of members diagnosed with diabetes to complete their critical diabetes management visits. The main challenge?

The health plan hadn't been able to make contact or engage these members all year.

#### **Process**

Historically, this health plan had been utilizing standard outreach channels like direct mail and phone calls to reach their members. This strategy wasn't yielding results, so they were ready to try something new by leveraging a digital-first approach for outreach.

Because the plan had been trying to contact this population all year to no avail, we knew that incorporating new messaging and digital outreach channels would be the best strategy to reengage people in a new way.

We began this program by evaluating the plans existing member contact information and sought ways to enrich the data. After evaluating the health plan's current approach and incorporating our Data Enrichment strategies, we were able to identify and recognize which members had provided cell phone numbers versus landlines. This helped us determine how we could utilize text messaging in our engagement sequences.

After establishing the channels and sequences, we crafted message themes designed to resonate with people at different stages of their diabetes management journey.

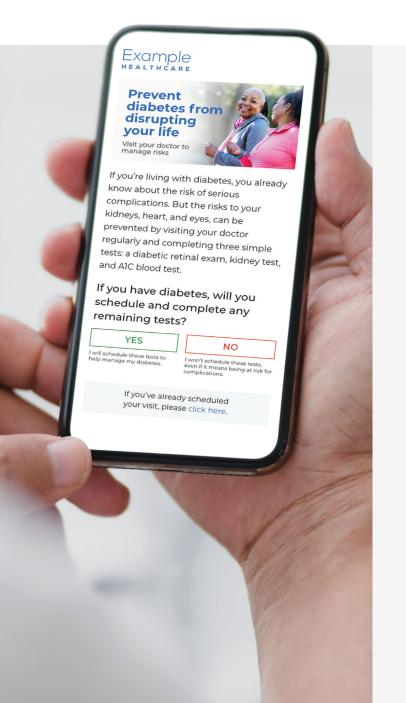
### **Approach**

This program had two equally important goals. The first was to engage members that hadn't been responsive to the plans outreach throughout the past year. The second was to get people to visit their doctor for important diabetes management screenings.

In order to drive the best results for the plan and their members, we began this program by establishing various message themes that would resonate with different populations. Through extensive behavioral research

practices, we've found that understanding individual healthcare attitudes, belief systems, and habits to inform messaging consistently delivers better results.

On top of incorporating various message themes to spark action, we utilized a digital-first, personalized approach incorporating various sequences to understand how members are interacting and prefer to engage with health messages.



## The Member **Experience**

The main benefit to members in this program was the use of digital outreach channels including interactive voice, email, and text messaging. Using these channels has proven to be more effective and be less abrasive than traditional outreach channels, a key goal for the health plan. This resulted in members receiving communications from the health plan in ways they hadn't received before—sparking new action and reengaging members that had previously been unreachable.

The purpose of this program was to get people to make an appointment with their doctor. One of the assumptions that existed before this program was that people knew who to schedule their appointment with. This assumption could have been creating a barrier to schedule the visit so to overcome this, we incorporated a secondary action in our messaging structure to help people find a doctor if they needed one.

#### **Results**

The goal of this program was to engage a previously unengaged population that needed to complete diabetes gap closure office visits with their doctor. The plan was excited with the results of our outreach, so much so that the program is being repeated in the next calendar year with a larger population.

**89.6%** of respondents completed the health action

1/3
of previously
unengaged members
interacted

25% of completions came via text, a new approach for the plan



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