

Three Steps to Navigating the Digital Care Continuum

How Healthcare Payers Can Help Their Members Live Better



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FOREWORD

The population of the United States, and across the developed world, is aging.

By the year 2035 the number of Americans aged 65 and over is expected to outnumber those under the age of 18 for the first time in U.S. history.¹

But just because there are more people to serve, doesn't mean that there are more people to serve them.

Thus members and payers need an open line of communication that allows easy access to claim status, smoother prior authorization, and access to resources that can cut down on re-admittance rates. They also need improved and frictionless care management across the care continuum.

Read on to discover three steps to helping members live better while improving care plans and delivery effectiveness.



¹ "Older People Projected to Outnumber Children for First Time in U.S. History," United States Census Bureau, <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>, (March 13, 2018)

HELP MEMBERS UNDERSTAND COSTS

Often the biggest pain healthcare members deal with isn't in the exam room, but navigating care cost choices pre-service and the billing process post-service.

Healthcare payers must eliminate confusion around out-of-pocket costs in order to increase member satisfaction.

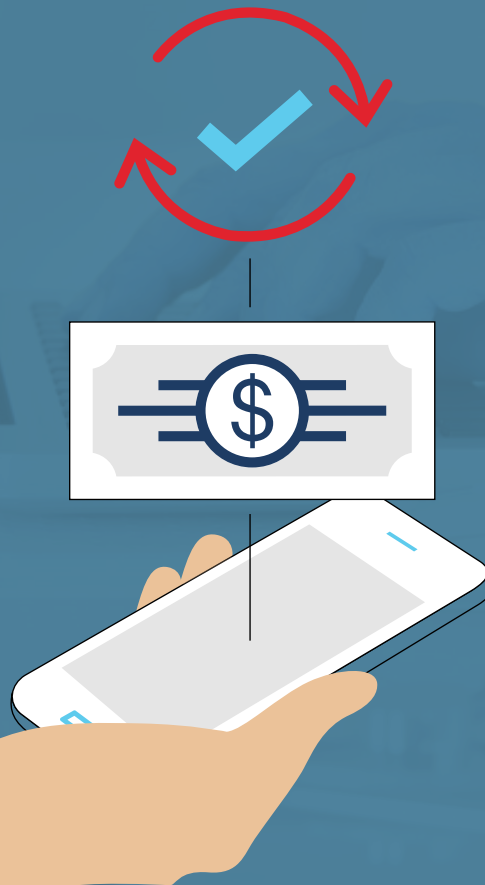


By making cost information more accessible to members, health plans can work more closely with members on receiving the most appropriate treatment for their individual needs and estimating their budget costs. When payers use a mobile-native interface with drillable information, it helps promote member self-service while satisfying cost concerns.

The right technology makes it possible to provide cost transparency in intuitive member portals and increase payment accuracy.

HELP MEMBERS UNDERSTAND COSTS

The Technology Intersect



Healthcare payers using an agile, unified platform can aggregate important prior authorization and cost information to reduce administrative expenditures and improve provider satisfaction.

Automating key steps removes additional friction and waste from the overall process, thus saving more time and money for the health plan.

Plus, because all necessary information has been considered before authorizations have been decided, instances of denials are reduced as well, and members are aware of their out-of-pocket costs sooner.

IMPROVE OUTCOMES ALONG THE CARE CONTINUUM

What happens when a patient is discharged from the hospital or leaves their doctor's office?

How do healthcare payers track members and ensure care is delivered continuously throughout the continuum?

Each member may have different goals, whether it's having a clear medication plan to follow for those with a chronic illness, or being able to live independently and do simple tasks like take trips to the grocery store for those in an older age group.

The right technology can help coordinate the necessary care for members to achieve their quality of life goals.

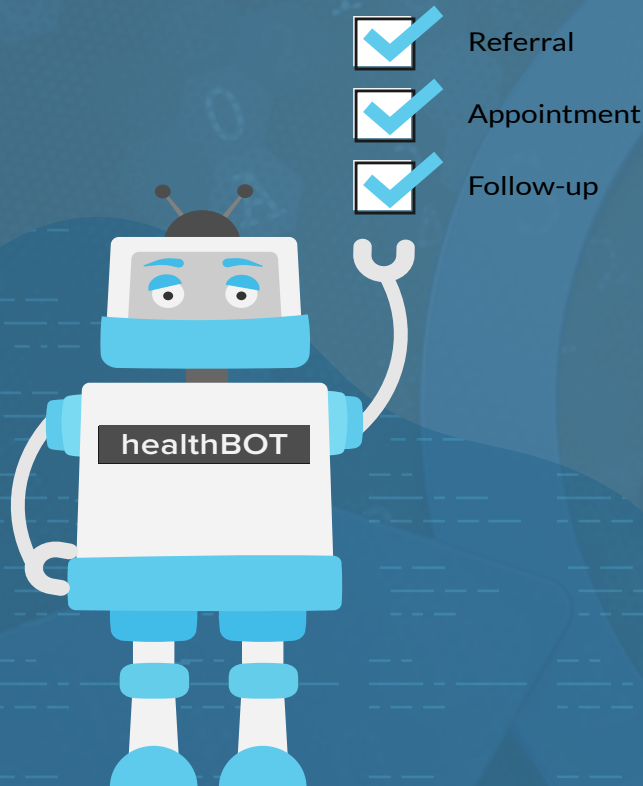


The goal of healthcare is to enable you to lead the life you want despite the challenges the body may offer.

-Dr. Atul. Gawande, Surgeon, Writer, and Public Health Researcher

IMPROVE OUTCOMES ALONG THE CARE CONTINUUM

The Technology Intersect

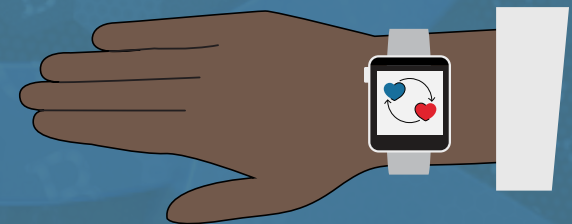


Healthcare payers need intuitive interfaces that can help their members achieve their lifestyle goals, while cutting down on unnecessary costs that come with additional doctor or even emergency room visits.

With member engagement being a top initiative for many payers, new methods of communicating with members such as **voice-enabled devices, wearable and remote monitoring technologies, and artificial intelligence** are leading the way in payer-member alignment.²



Intelligent automation technology—business process management, artificial intelligence, and robotic process automation capabilities—**can be used to alert care managers of referrals, track care, and deliver the right follow-up at the right time.** This helps manage conditions appropriately the first time and reduce instances of re-admittance.



²"Top ways payers, providers use tech to improve care," Modern Medicine Network, <http://www.managedhealthcareexecutive.com/business-strategy/top-ways-payers-providers-use-tech-improve-care>, (October 4, 2017)

TAKE NEW APPROACHES TO CARE COORDINATION

Healthcare is in the midst of an intense transformation, from internal administrative and process optimization to external operations around member and provider satisfaction.

How can payers advance member care and service utilization, including the challenges of an aging population, in the midst of this changing landscape?

New approaches are required. Healthcare organizations are increasingly turning to an agile approach and digital transformation platform technologies to improve care coordination.

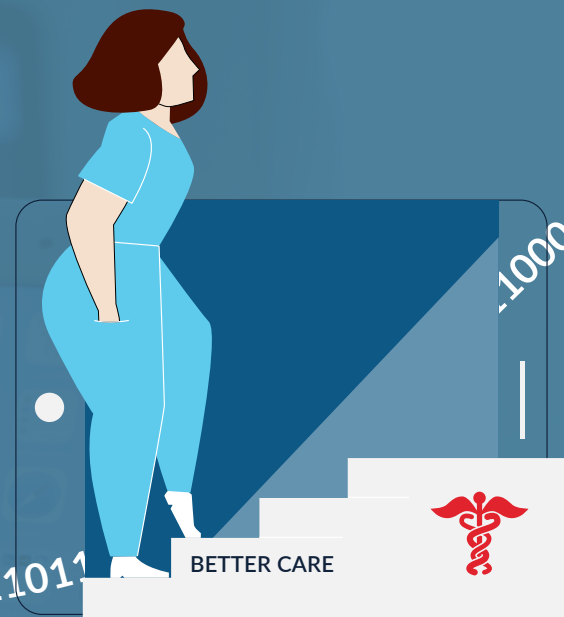
This approach can help members take hold of their own healthcare journey, not only to reduce unnecessary hospital visits, but to improve outcomes as members feel an increased responsibility for their own wellness.



TAKE NEW APPROACHES TO CARE COORDINATION

The Technology Intersect

Data integration capabilities that combine information from all relevant systems into a single interface can allow members to find and schedule the clinicians they need in a timely manner to get the care they deserve.



With a single source of truth on a unified platform, care managers can access relevant information, streamline steps, and intelligently route escalations for determining prior authorizations and ensuring proper utilization management.

Intelligent automation technology provides the power needed to coordinate appropriate and cost-efficient care throughout the continuum.

And, case management capabilities that can treat each member as an individual case make referral tracking and management easier.

CONCLUSION

The Appian digital platform helps drive down costs while improving visibility and making systems more clinician- and member-centric, so that payers can create effective care coordination through member empowerment and clinician engagement throughout the care continuum.

As the number of individuals who need medical services grows faster than those who can provide such services, health plans must look to new ways of communicating with and coordinating care for members. With Appian, organizations can create unique and powerful enterprise applications across the continuum of care that help members to be aware of their own health and the costs that come along with maintaining it, and ultimately, enable members to work alongside their caregivers to achieve the outcomes they want in order to keep living their best lives.

Visit appian.com/healthcare to get started on your technology journey today.

