Demand–Driven Customer Experience Management: Solutions for US Healthcare Payers

EXECUTIVE SUMMARY

Consumer expectations are changing in every industry and healthcare is not immune to these challenges. Consumers can now reach a company using many different channels, some of them online channels, in person, or via the phone. They are currently able to communicate at any time from mobile devices and have an expectation that service will be provided 24/7. They increasingly want to decide how and when to engage with their healthcare environment, thus increasing the complexity of customer experience management.

This call for better services and engagement puts significant pressure on healthcare companies (e.g., healthcare insurance payers) to become more demand–driven in order to satisfy the needs of consumers. Healthcare executives understand the importance of having a variety of channels available that customers can use to communicate with their payers; however, recent data analysis shows there is a fundamental disconnect between what channels are provided and what channels customers prefer to use. This white paper will explore some of the changes in the market today as well as provide information on how vital it is for companies to adopt new online and digital solutions to ensure that they retain existing customers while increasing profits.
Are US Healthcare Companies Meeting Consumer Expectations?

The US health insurance market is suffering major transformations mainly driven by the 2010 Patient Protection and Affordable Care Act (PPACA). With this reform, the health insurance sector is expected to rapidly expand with more patients having access to the health system in the United States. The key question is: Are companies in the sector ready to address all customer expectations?

Health insurance payers are already adopting a multiple channel approach in order to interact with their customers, offering on average a total of four different customer service channels. But this multitude of channels does not mean that they have a successful multichannel strategy in place.

Teleperformance Customer Experience Lab (CX Lab) research shows that members mention online and digital solutions such as click-to-chat, e-mail, and social media as preferred channels to interact with health insurance payers. Although click-to-chat appears among the top three most preferred channels by customers, only 40% of payers have implemented this online solution. Roughly 60% of the companies have face-to-face as a customer service channel, despite the fact that less than 0.9% of customers actually mentioned this as their preferred form of contact, as classified under “Others” (including white mail, face-to-face, and others; see figure 1).

Will the Average Hold Times of Today Be Good Enough in the Future?

Over the last decade, payers have endeavored to answer the ever-growing demands of members for better and faster service, resulting in improved hold times and handle times. But will the average service times of today be acceptable in the future?

The CX Lab recently conducted interviews with top health insurance payers in the US and results show that in the voice channel customers had an average hold time of 54 seconds, with 50% of calls transferred to a second agent. The average handle time was 6 minutes 48 seconds.
Having such a high percentage of calls transferred can cause a disjointed experience for customers and could therefore be an area for improvement. Hold and handle times can be shortened if payers can better anticipate the needs of members ahead of time so calls can be routed to the correct agent.

Another channel measured in the benchmark analysis was click-to-chat, which had an average handle time of 2 minutes 54 seconds. These interactions are substantially shorter than voice calls. The research also showcased that none of the click-to-chat interactions were transferred to another agent, thus indicating high levels of ownership.

For less-complex issues, the click-to-chat channel is a cost-effective alternative to voice, offering easier interaction and quicker responses that benefit customer acquisition. As noted earlier, if payers can anticipate which member calls address simpler issues, these can be routed correctly for more efficient service.

In the e-mail channel, the report found that payers were highly reactive, with an 80% response rate and automated replies received 67% of the time. Although these results are impressive, if members demand faster response times in this channel in the future, there is room for improvement.

**Social Media Preferences**

Social media is already a very popular means of communication utilized by US health insurance payers. Many companies now have at least one social media platform. However, payers are not positioning themselves to address customer inquiries in the social media space. The lack of a strategic approach in order to transform social media into a customer service platform can be observed in numbers:

- Only 0.3% of the customers stated to have social media as their preferred customer service channel.
- 53% of the total number of customer posts within the social media space has a negative connotation, showcasing that the platform is strongly used by users to complain.

Although the preference for social media seems low, research shows that Twitter and Facebook are now the most common social media customer service channels within the health insurance sector in the US. Given this information, it stands to reason that preference for this channel will continue to grow in the future.

Overall, Twitter is the preferred channel utilized by people to interact with payers (43%). This preference is explained by the efficient and rapid average response time customers receive in this platform in comparison to other platforms. While the average response time for regular questions sent on Twitter is 6.5 hours, companies took on average 13.5 hours to address the same issues on Facebook.

Customers have therefore learned that in many cases a tweet will be answered quicker than other channels, and a tweet can be sent and forgotten—it doesn’t require the customer to wait for an agent to answer the phone or spend time on hold while an agent researches the detail of the complaint.

**Consumers Now Demand a More Social Service**

More and more customers are turning to social media channels to discuss problems rather than to praise brands. As observed in new sentiment analysis, 53% of the analyzed customer posts had a negative context. Just 12% of comments noted on social media sites were by customers praising their insurance company (see figure 2).

If payers implement an effective strategy for social media, where interactions with members are more successful, percentages of positive posts will likely rise. Early adopters of this approach will benefit in higher levels of customer satisfaction.

![Figure 2: Sentiment Analysis (Teleperformance CX Lab Health Insurance Customer Interaction Benchmark Report, 2013)](image)
Are Demographics Changing?

To gain insight into which channels could be popular with members in the future, a look at preferences by generation is advantageous. As illustrated in figure 3, the phone is by far the preferred contact channel, with e-mail and click-to-chat following in all cases in all age groups. Additionally, some interesting differences in channel preference can be observed with social media and the use of mobile apps.

First, the adoption of social media as a preferred channel is far more evident in Gen Y (10%) when compared to the Baby Boomers (3%), and similarly the desire by Gen Y to use a mobile app (9%) compares to just 1% in the Baby Boomer generation.

No Gen Y customers expressed a desire to use regular mail or face-to-face meetings as a preferred contact channel, yet the Baby Boomer generation still has some people who prefer these communication channels.

In the future, when even younger generations mature and become insurance policy holders, we can anticipate that preferences for click-to-chat, social media, and mobile app channels will continue to strengthen.

The Benefits of Adding Online and Digital Solutions for a Strategic Advantage

There is little doubt that customer experience management will continue to be demand-driven by members. To gain a strategic advantage, health insurance payers should offer a suite of service channels that appeal to multiple generations. In the current healthcare environment, this should include online and digital solutions such as click-to-chat, social media, and mobile apps. This can result in improved levels of customer experience, customer retention and acquisition, and profit increases, to name a few.

As online and digital channels for service continue to evolve, it will be imperative for companies to gather solid intelligence via research data and analytics for a clear understanding of what companies are doing. Teleperformance’s CX Lab brings together skills across disciplines including industry research, analytics, social media, Internet interactions, and mobile. This information is then translated into actions that improve the customer experience. Working together as a team, we can discover solutions that are key for your company to succeed in the healthcare landscape of today as well as tomorrow.
About Teleperformance

Teleperformance, the worldwide leader in multichannel customer experience management, serves companies around the world with customer acquisition, customer care, technical support, and debt collection programs. The company’s innovative solutions for customer data analysis, social media management, hosted contact center, and back office integration improve the customer’s experience. The group operates more than 110,000 computerized workstations with close to 149,000 employees across 230 contact centers in 62 countries and serving more than 150 markets. It manages programs in more than 63 languages and dialects on behalf of major international companies operating in a wide variety of industries.

About Teleperformance Customer Experience Lab

Teleperformance Customer Experience Lab is an innovative center for the research of specific issues related to changing customer behaviors with a focus on major drivers of satisfaction across geographies, channels, and sectors.

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