LOSS OF LOYALTY: HEALTHCARE CONSUMERISM’S PRICE TAG
Continually increasing healthcare costs sparked health plans and employers to use higher deductibles to transfer responsibility to individual consumers for making optimal shopping decisions about healthcare and coverage.

The notion was that consumers would be more likely to seek out the right care at the right price if they were to bear the financial burden of paying more for services, giving consumers “skin in the game.” The result is that consumers have become frustrated because they perceive that most health plans aren’t providing the necessary information and support to make it easy to find the best care at the lowest price. Health plans are now paying a high price for these unmet consumer expectations in the form of significantly lower loyalty and satisfaction.

**HIGH DEDUCTIBLES AND THE IMPACT TO LOYALTY**

Health insurance deductibles have risen considerably over the past decade. There is a proliferation of high deductible health plans (HDHPs), as well as general growth in average deductibles across the spectrum of insurance products.

In 2018, 90 percent of large employers offered at least one HDHP (not including health savings account-qualified plans), up from 84 percent just the year before. Furthermore, the average deductible for people with employer coverage increased fivefold (from $303 to $1,505) between 2006 and 2017.

Consumers with high deductibles are significantly less likely to promote their health plan’s brand or remain loyal if they are not given the information and support they need to make informed decisions about cost and services. Group insurance consumers with higher deductibles have a Net Promoter Score® (NPS®) of -24, compared to 5 for consumers with lower deductibles. Furthermore, these consumers are 44 percent less likely than those with lower deductibles to say they’ll “definitely” stay with their plan.

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1 Accenture 2017 Consumer Experience Payer Benchmark Survey
4 Net Promoter, Net Promoter System, Net Promoter Score, NPS and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Fred Reichheld and Satmetrix Systems, Inc
5 Accenture 2017 Consumer Experience Payer Benchmark Survey
6 Ibid
Consumers with higher deductibles (more than $2,400) are less likely to agree that their insurers are helping them understand cost and coverage, compared to consumers with lower deductibles (less than $1,200) – See Figure 1. Consumers with higher deductibles are dissatisfied with the information about cost and coverage that insurers provide, and they don’t know how to properly navigate the system.

Interestingly, consumers with high health insurance deductibles have a better understanding of how to navigate the healthcare system—59 percent are expert or proficient in health literacy compared to just 45 percent of lower deductible consumers\(^7\) —yet they struggle to understand their options or how they can save money on care.

Figure 1. Percent of consumers who “strongly agree” with statements about their healthcare insurance provider.

Source: Accenture 2017 Consumer Experience Payer Benchmark Survey

\(^7\)Accenture 2017 Consumer Experience Payer Benchmark Survey
Overall, those who strongly agree with these drivers have an NPS® of 45, compared to -64 for those who strongly disagree.

Because the information and assistance provided is not meeting consumer expectations, it’s dramatically driving down loyalty. Health plans must perform well across these key customer experience drivers as poor performance has a direct impact on NPS®. In fact, overall, those who strongly agree with these drivers have an NPS® of 45, compared to -64 for those who strongly disagree.®

®Accenture 2017 Consumer Experience Payer Benchmark Survey
Health plans must begin to provide true healthcare transparency, using an experience-led approach to change consumer behavior—otherwise membership will seriously suffer. Here’s how:

**Understand what makes consumers tick.** Consumers are not monolithic, and it is critical for health plans to seek to understand how best to engage consumers by offering the tools and capabilities they want. Health plans can take an experience-led approach to changing consumer behavior by understanding the motivation behind it. For instance, the Fogg Behavior Model (FBM) suggests that three elements must converge at the same time for a behavior to occur: motivation, ability and trigger. When it comes to transparency, health plans can use FBM as a guide to identify what prevents members from engaging in desired behaviors.

**Make tools usable.** It is not enough to simply offer transparency tools and capabilities. Consumers must want to use them, so that means developing convenient, accessible and intuitive tools that allow consumers to access information in the way they want. Just having an app isn’t the answer. Tools should be designed for the channel, whether online, mobile or call center.

**Get personal and relevant.** Next-generation transparency solutions will use artificial intelligence (AI) to proactively engage consumers with real-time personalization providing the information consumers need, when they need it, through their preferred channels. For example, when a consumer has a service that is frequently followed by an expensive service, such as an MRI, the health plan AI could provide personalized recommendations based on a member’s benefits, local providers and the member’s past history. These recommendations would be shared via the member’s desired communications channel.

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9Dr. BJ Fogg, http://www.behaviormodel.org
Design differently. Products should be clear and intuitive, designed around consumer needs. For instance, Bind Health has a unique on-demand health insurance product that allows consumers to buy more coverage as they need it. By shifting all consumer costs to copays, it also offers full transparency into the amount a consumer will pay before getting treated.11

Widen the circle. Extend transparency offerings and experiences to the provider setting with shared incentives for engaging consumers in discussion of the price of healthcare service options. For instance, if a provider is recommending a customized treatment plan to a patient, they can use a health plan’s app to share information in real time about the patient’s financial responsibility for that service, and where it is available.

11 Bind website. https://www.yourbind.com
Health plans work hard to provide the products, programs and services that consumers are looking for, but one thing is missing: relevant information about the cost and availability of those offerings. The technology and the tools are there to make it easier for consumers. Now is the time to create transparent experiences that meet consumers’ needs and surpass their expectations.
The Accenture 2017 Customer Experience Payer Benchmark Survey surveyed 10,000 consumers to understand how their insurance companies perform across nine key healthcare consumer experience touchpoints. Respondent data was aggregated and normalized for age, income, region and gender. The survey was conducted online between October and November 2017.

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