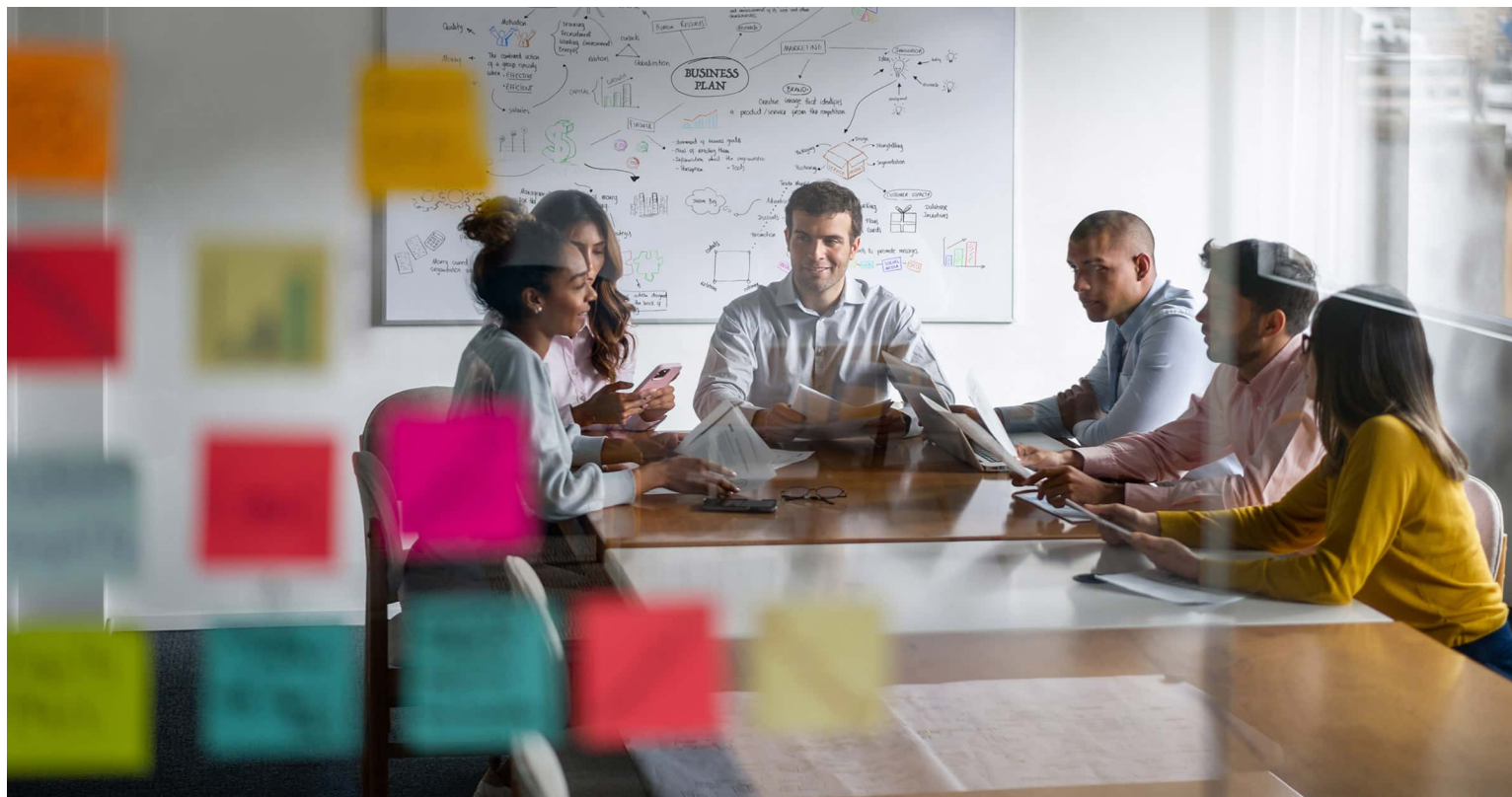


## 4 Steps for Payer Marketing to Thrive in Today's Consumer Era



**In an increasingly consumer-connected era, payer marketing teams can connect with consumers to deliver a cohesive brand experience. Marketers—and the communication materials they produce and the channels they use—can make a difference to a payer’s success.**

Until insurance companies began advertising using animated characters like a quacking duck and talking lizard, few consumers thought of insurers as fun or relatable. It took marketers in these organizations to make their brands more interesting to consumers.

The task of insurance marketers, particularly with health payers, has grown more challenging in recent years. This is primarily due to higher healthcare costs, greater regulatory burdens, increased competition, and heightened consumer expectations. No longer can payers primarily operate “under the radar” as stodgy administrators of premiums, claims, reimbursements and other paperwork. Today, payers are expected to collaborate with providers, employers, government entities and others in a unified effort to help optimize members’ health and

well-being.

In general, today's most successful companies are those that focus on the needs and interests of their customers. In the most recent [State of the Connected Customer report](#), four-fifths of consumers and 85% of business buyers say an organization's "experience" is as important as its product or services.

### **Marketing Leading the Payer Experience Need**

In an increasingly consumer-connected era, payer marketing teams can connect with consumers to deliver a cohesive brand experience. Marketers—and the communication materials they produce and the channels they use—can make the difference to a payer being regarded as an industry "rock star."

The challenge in today's payer marketing, however, revolves around shedding outdated marketing philosophies, structures and programs and embracing today's new consumer-connected era. For example, if you've been told that payers shouldn't be involved with novel thinking about member wellness and active lifestyles because that's not what payers have done in the past, know that's not the case anymore!

### **4 Steps to Achieve Top-Tier Payer Marketing**

Getting a payers' marketing team focused on the needs and expectations of today's consumers often requires a new marketing philosophy, structure and internal partnerships. How to get there? The following four steps offer ways to build a more powerful marketing structure within your organization.

1. **Focus on an integrated member experience** – In many payer organizations, the member experience is disjointed and uncoordinated. Organizations need to view their member experience from their members' point of view and improve accordingly. Here is a typical member experience: single communications from various departments. For example, Clinical Communications about flu shots; Claims about missing ID cards; Corporate Communications with a press release; Pharmacy about a change in mail order drug processing. From a member's viewpoint, these communications are disjointed and disconnected. They do not add value in terms of receiving a consolidated, unified message. Instead, the payer should form an integrated communications team managing ALL outbound communication to members. The integrated team is responsible for reviewing all desired member communications, integrating these messages, determining appropriate distribution channels and measuring performance.
2. **Align internally to mirror the member and group experience** – Most payer organizations are disparate and siloed. Marketing is usually aligned by a line of business or functional area. As a result, there is frequent miscommunication and misalignment between members and their groups. For example, in one organization, member communications were going to members before their employer was notified. From a process and structure perspective, this is a clear misalignment. Instead, the marketing structure should mirror the

member experience. The marketing organization structure might flow from brand marketing (general awareness) to group/employer acquisition (acquire an employer) to member acquisition (getting members to select you as the payer). Then, member engagement (how to use your plan) to member and group retention (ensuring member and group retention).

3. **Measure and improve** – Payer marketing organizations are focused on advertising and brand marketing. While advertising and branding are critical to an organization’s success, they typically do not contribute to targeted marketing campaigns. A targeted marketing campaign appeals to a specific audience to adopt a desired behavior. For example, a targeted marketing campaign to members with diabetes to promote a new diabetes prevention service. The most effective organizations then measure the performance of these targeted campaigns, particularly as they affect member retention, new member acquisition and net promoter scores. The best organizations understand these metrics and use them to realign their marketing strategies accordingly.
4. **Marketing isn’t advertising, it’s data** – Payer marketing organizations need to transform into marketing data organizations. Most organizations have amazing creative talent that can create great visuals and storylines but often lack talent depth in data analytics. The biggest growth opportunity in marketing is using data analytics to measure and improve marketing performance. This may involve hiring new talent, as well as building operational infrastructure to support data aggregation, data mining and reporting and analytics.

### **No Animation, Just Real Results**

Solid, top-tier marketing is foundationally based on setting and achieving measurable results. How do members rate the usefulness of your communications? How have you helped improve your members’ health and well-being? What’s your organization’s latest NPS from members versus your initial baseline?

Through the aggregate efforts of your internal marketing team, your organization can not only better serve the constituencies that matter most to its success but also help lead a new era in health care. It’s an era in which all who are involved with patient care work collaboratively to achieve new standards of measurable success.