Mobile Communication Tools Maximize the Benefits of High-Deductible Health Plans

Robert Oscar

In response to health care reform and the ongoing transformation of the health insurance environment, employers and payers are under growing pressures to contain the costs of health benefits. A number of them have turned to high-deductible health plans (HDHPs), which are designed to reduce the premium for the benefit plans and to give employees greater fiscal responsibility for “first dollar” medical and pharmacy benefit use so that they will make better financial choices.

For example, employees might opt to visit their physician or call a nurse advice line rather than go to the emergency room for a minor ailment if the cost for making the decision is clearly more economical to the employee with a high-deductible plan. To optimize this type of decision-making, and allow members to more quickly realize the benefits of HDHPs, employers are supporting the use of mobile health solutions — better known as mHealth.

According to the Kaiser Family Foundation, 23 percent of companies offering health benefits offer an HDHP, with 17 percent providing health savings account (HSA)-qualified, high-deductible plans and six percent opting for coverage with a health reimbursement account (HRA).1

The number of workers enrolled in HDHPs has risen significantly in recent years. In 2013, 20 percent of covered workers were enrolled in high-deductible plans with savings options such as an HRA or HSA, up from 13 percent in 2010.2 As reform kicks into high gear, that number is expected to grow. Economizing on health care has become one of the biggest trends in U.S. business, which is why Towers Perrin estimated that by 2015, 80 percent of all U.S. businesses will offer a consumer-driven health plan (CDHP).3

In terms of dealing with additional fees imposed by the federal health care law, one study found that 36 percent of large employers considered HDHP plans to be the most effective way to curb costs.4 What’s more, employers see almost immediate savings from HDHPs because of the lower premiums and claims costs.

Going Mobile

As consumers take greater ownership over their health care choices, they are finding new tools and resources to identify ways to reduce costly health care services. By becoming
smarter health care shoppers, they enjoy both better health and increased savings. As tools for jump starting the savings cycle, mHealth solutions enable consumers to maximize the use of their benefits efficiently, thereby enabling employers and health plans to rapidly lower their costs through more informed patient engagement.

Experts predict that health care and medical app downloads will reach 142 million by 2016.5 What’s more, an increasing number of remote symptom checking and condition monitoring apps have been designed to simplify the management of chronic diseases, which presents an effective path for reducing the cost burden of conditions that will continue to plague the ever-increasing aged populations.

Mobile technology enables health plans and pharmacy benefit managers (PBMs) to interact with members and providers anywhere they have their mobile phones — whether it is at the point-of-care, pharmacy, or home — and at any time of the day.

Getting it Right

When choosing a technology platform, employers should look for platforms that offer robust and flexible mobile technology applications that enable their employees to easily interact with the health plans and PBMs responsible for managing the employees and their dependent’s care. The mobile app suite should offer a completely configurable approach to placing mobile decision-support tools in the hands of members: medication history and drug look-up, drug savings calculations and plan benefit options, personalized messages, biometric trackers, and physician office visit preparation applications.

At the moment, health-related apps are used primarily for information retrieval, with some mobile devices providing more one-on-one interaction. For example, a mobile platform could deliver personal drug utilization information for each plan member, including specific money-saving suggestions for better pharmacy benefit use.

With access to a patient’s medical and pharmacy claim data, health plans can empower members to make better, more well-informed choices that can increase prescription drug adherence, reduce costs associated with emergency care, and improve the overall quality and satisfaction with health care. Apps also can serve as decision-support tools for health care providers and PBMs, allowing them to quickly suggest additional prescription drug purchasing channels, such as mail order and retail discount options available through network pharmacies.

Health insurers have developed mobile apps that allow members to use smart phones for a variety of medical management activities, such as:

- displaying electronic ID cards;
- accessing network physician and pharmacy directories and getting directions to the provider locations;
- viewing past medical and prescription claims;
- accessing eligibility, cost-sharing requirements for a given visit;
- seeking the balance on a health savings account;
- viewing medical and pharmacy coverage and out-of-pocket totals;
- looking up drug prices at nearby pharmacies, find generic alternatives and therapeutic alternatives;
- journaling allergy and screening/immunization information;
- buying additional “after-tax” insurance products (e.g., long-term care, pet insurance, et cetera); and
- tracking wellness activities and biometric screening results for sharing with trainers and care managers.

Automated personal mobile application services — combined with reporting applications that measure the appropriate use and effectiveness of health care — inevitably will increase satisfaction for all health and health care stakeholders by: saving time and money across the delivery system; simplifying plan benefit design, understanding, and utilization; enhancing the effectiveness of medication therapy management.
as well as value-based drug benefit designs; and integrating financial data from the HDHP plans for easy reference and point of care purchasing.

Other mHealth Benefits
It is important for health plans to engage consumers using text, email, interactive voice response (IVR), and other communication channels and automate the creation of personalized messaging services to personalize all communication content. Health plans, PBMs, and third-party administrators (TPAs) will begin leveraging daily member pharmacy claims to generate personalized member “nudges” to take their meds and to communicate about specific pharmacy cost-savings opportunities, potential drug interaction alerts, and drug-switching opportunities.

The ability to reduce workflow costs by supporting pharmacy and therapeutic decisions through access to enterprise-wide databases has many key benefits:

- reduction of administrative burden;
- improved response time to market-based requests for new formulary benefit designs and the potential financial impact to plan sponsors;
- cost reductions by fewer formulary errors during claim processing; and
- more efficient process for compliance and documentation to myriad federal and state reporting requirements.

Ultimately, mobile applications enable the health care industry to decentralize the care management process, mobilize millions of patients for accessing relevant health care services information, and personalize their experience with the health care delivery system through diagnostic and health maintenance that can be customized to each person's preference. This transformation will help employers who continue to sponsor health care benefits for their employees to see improved employee satisfaction with their benefits, more productivity from healthier employees, and eventually reduced costs for their self-insured benefit programs.

Robert Oscar, R.Ph., president and chief executive officer (CEO) at RxEOB, has more than 25 years of experience in health care. Throughout much of his career, Mr. Oscar has developed and implemented successful programs to effectively manage pharmacy benefit risk including pioneering work in the Medicare HMO market. Before founding RxEOB more than a decade ago, Mr. Oscar worked in the medical information systems industry, designing, developing, and implementing several different claims analysis tools. Licensed in Virginia and certified in pharmacy-based immunization, Mr. Oscar is a graduate of Ohio Northern University. He can be reached at info@rxeob.com.

Endnotes:
3. Managed Care; March 2013.