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Regence Answers: “What do Users Want?” with Industry Leading Transparency Suite

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Healthcare consumers have been demanding more information about not only who provides their care, but also what the cost of that care is. Simplifying the complexities of health insurance and helping members understand their coverage was one of the driving forces behind the launch of myRegence.com. Many health insurers have developed online tools for members, but Regence BlueCross BlueShield, an independent Blue Cross and Blue Shield Association licensee, chose not to copy what other insurers provide. Instead, the organization, which serves 2.6 million members across Oregon, Washington, Utah, and Idaho, wanted to exceed member expectations. Regence has done it so well that Forrester Research recognized the efforts, saying they’ve “cracked the transparency code.” In

fact, researcher Elizabeth Boehm noted, “Sixty percent of transparency solution users agree that Regence helps them control their health care costs, compared with only 29% of non-tool-users.”¹



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It started eight years ago, when then-new CEO Mark Ganz and the leadership team realized that the web would play a huge role in consumer-focused care and information. To assure their online solution boasted leading edge technology and methods, the organization reached beyond the insurance and healthcare realm to hire directly from the high tech industry. Web developers and online experts brought the processes familiar to them into the Regence environment. “We wanted to provide solutions to members that empower and engage them, to help them move beyond being just a card holder,” said Torben Nielsen, vice president of eBusiness strategies and services. “But if we wanted them to be informed consumers of a very complex system, then we needed to give them the tools they wanted and needed.”

That attitude led to the creation of a 400-member

user group who contributed to the initial development of the transparency suite, and who continue to be involved. “We ping them on a regular basis to find out how the tools are working or need to be tweaked,” Nielsen explained, pointing out that, “These are users who have raised their hands and want to help us develop tools that meet the broader membership’s needs.”

The first tool was Patient Reviews, out for four years now and developed purely from member feedback. “They wanted to know how other members felt about a particular provider or hospital system,” he continued. “The difference between our Patient Reviews and the usual online rating systems is that our member-provided rating and feedback are tied directly to a claim experience – so it’s real and it’s relevant.”

Enabling providers, originally leery of the rating tool, to respond to reviews and engage more directly with patients has helped build a better relationship between patient and provider, improving patient (aka member) satisfaction. As Nielsen said, “Providers enjoy being drawn into the experience, now. They update their individual provider profiles with rich information, and then link it to their own web site.” Depending on how health IT savvy they are, doctors can share information about what tools they provide: online appoint-

ment scheduling, EMRs, e-mail from providers.

Ultimately, the organization found that users needed the site to be as relevant to their personal health journey as possible. For instance, members emphasized that they needed to know what a particular treatment would cost, based on their benefit plan, deductible and so forth. The very popular treatment cost estimator tool allows comparison between treatments, delivery system or provider rating, as well as what costs are for those treatments. To help members decide on treatment and provider, they can refer to the over 60,000 posts from fellow members on providers and delivery systems.

As Nielsen said, it’s not a one-way discussion – often provider offices respond directly to particular comments, acknowledging varying feedback and providing solutions. “One patient commented that they loved their physician, but the subtly scented candles in the waiting room bothered their asthma. The provider’s office quickly responded, explaining that they hadn’t realized the impact to asthma patients, so would remove them when the patient came in for an appointment.”

Regence hasn’t left itself out of the feedback loop. Members can rate the insurance plan, as well as share information about what they like or don’t like about the myRe-

gence.com site. Members log on regularly to exchange information with others in similar life situations, sharing experiences with medications, doctors, even checking in with myRegence.com online experts on how to cook healthy for their families or how to train for a marathon.

The community model has worked so well that other Blues plans are adopting it, and soon it will be nationwide. With a new release of some sort each month and regular feedback from user teams, the transparency suite is an active, ongoing project, sporting a development methodology tightly integrated with the IT groups working in a “cross functional, agile manner.” And with the explosion of mobile technology, the Regence group is working harder than ever to assure its place with mobile users.

“As we look at mobile, we’re working closely with members and user groups to understand their needs and how they plan to use this technology to manage their care,” said Nielsen. “There’s plenty of hype around mobile, but we’re developing our road map with our member users’ input so funds are used where it really makes sense.”

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¹http://news.regence.com/article_display.cfm?article_id=4689

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