10 Healthcare Communication Mistakes to Avoid:
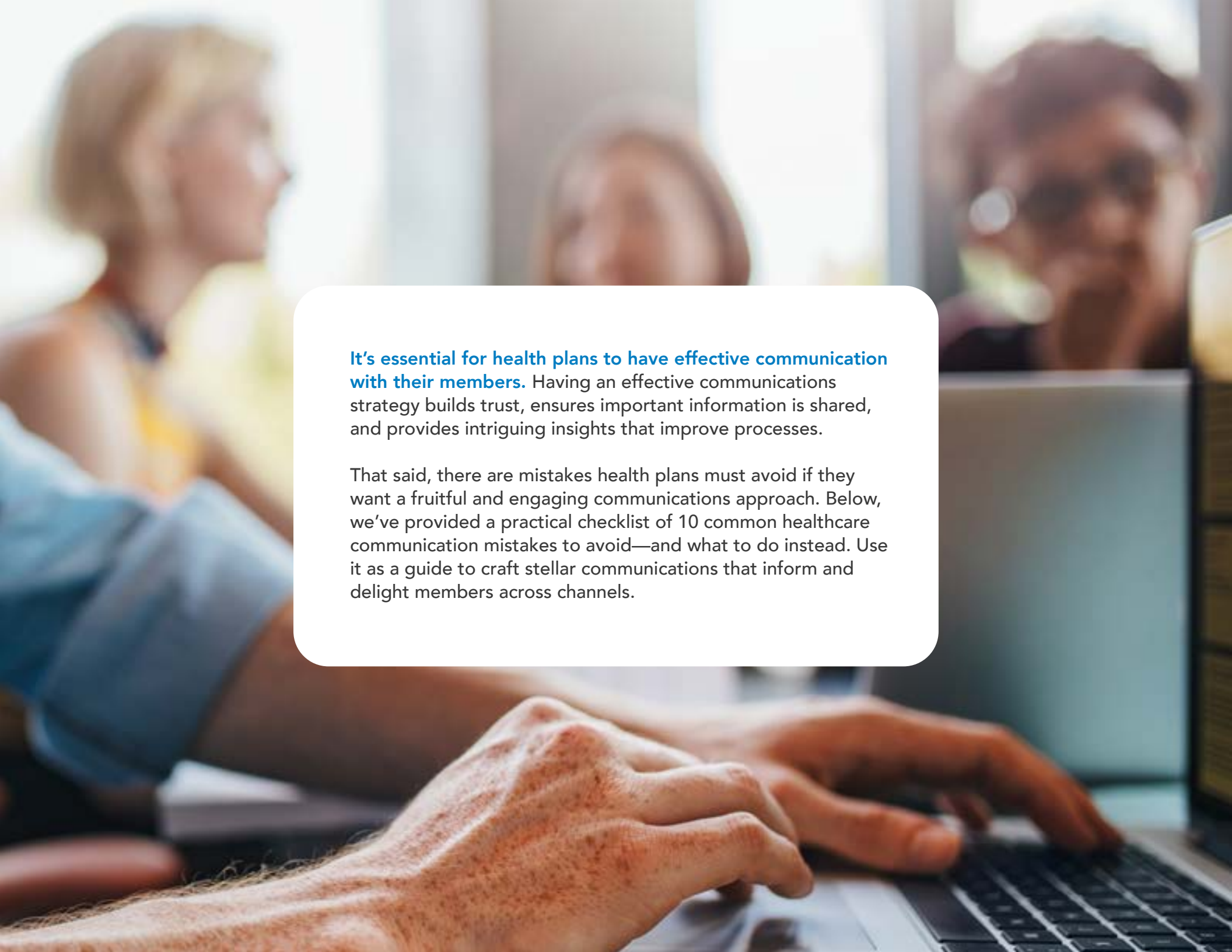## A Practical Checklist

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It's essential for health plans to have effective communication with their members. Having an effective communications strategy builds trust, ensures important information is shared, and provides intriguing insights that improve processes.

That said, there are mistakes health plans must avoid if they want a fruitful and engaging communications approach. Below, we've provided a practical checklist of 10 common healthcare communication mistakes to avoid—and what to do instead. Use it as a guide to craft stellar communications that inform and delight members across channels.

Mistake #1: Not being transparent

It's crucial for health plans to be transparent with members about all aspects of their coverage.

Lack of clarity and unexpected costs can diminish trust between members and health plans and can lead to severe member frustration and dissatisfaction.

What to do instead:

Be upfront about members' coverage and benefits right away.

During onboarding, tell them what's covered, what isn't, and how much out-of-pocket healthcare costs. This can increase both trust and engagement among members.

Clarity's platform helps health plans optimize their welcome kits to boost both member comprehension and engagement.

<u>View our solution</u> and explore how to craft more effective communications.

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Mistake #2: Using overly complex language

Health plans may think using high-level language in member communications boosts their brand reputation and provides critical information to members, but it's likely just causing confusion.

Most members aren't familiar with complex medical or scientific jargon, and if it's included in their communications, they'll be left scratching their heads and wondering, "What does that even mean?"

That's the last thing you want members to do. These communications should be crystal clear and leave no guesswork.

What to do instead:

Simplify your messages so they're easy for the layperson to understand.

This will limit confusion and frustration for members and decrease call center volume, while simultaneously encouraging them to engage with your communications.

The more your members understand, the more likely they are to take ownership of their health, be satisfied with your materials, and take action.

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Mistake #3: Not using action-driven language

Payers should use healthcare communications not just to inform members, but also to drive member engagement.

However, if the language in these materials is passive, member response will likely be passive as well.

What to do instead:

Health plans should aim to incorporate compelling calls-to-action (CTAs) that guide members to the next best action.

Be clear with your messaging and include action-oriented language to boost engagement. For example, instead of saying, "You should visit our website for more information," use a more direct CTA like, "Visit our website for more information."

Utilize strong and concise language to encourage members to take a specific action.

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Mistake #4: Not personalizing messages

Some health plans use a generic, one-size-fits-all communication template to send out to their membership at scale.

This strategy misses the mark on communication, as no two members' healthcare journey is the same. Sending out catch-all messages that don't show any understanding or respect for members' specific needs and experiences can come off as insensitive and negatively impact overall satisfaction.

What to do instead:

Personalize your communications as often as possible to create a positive member experience.

Tailor these messages to reflect members' unique situations and preferences. Personalization helps members feel appreciated, respected, and valued, which in turn drives engagement and retention.

Clarity provides customizable and cost-effective ways to deliver personalized member materials.

See how optimizing your ID cards, letters, and other key correspondence can inform and engage members.

Mistake #5: Not tracking or utilizing data

Data is powerful, especially when it comes to healthcare communications.

If you're not tracking and/or using success metrics and data, you're missing crucial insights that can be leveraged in your overall communication strategy.

Sitting on that data leaves opportunity on the table that may not be there for long.

What to do instead:

At scale, performance managed correspondence can yield high return on investment (ROI) with minimal effort.

This allows your plan to track printed communications performance, much like email marketing tracks open and click-through rates on calls-to-action. Leverage your data as much as possible to continuously test, learn, and optimize.

Use these insights to craft highly personalized messages across materials, analyze engagement performance, and constantly iterate your health plan communications strategy.

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Mistake #6: Not using a mix of channels

Some health plans choose to only deliver their communications via certain channels, such as direct mail.

Each communication channel has its own barriers to entry, such as reach, accuracy, regulatory, and timing, which is why a mix of tactics is necessary to overcome accessibility issues and ensure members receive and understand their plan correspondence.

What to do instead:

Multi-channel communications that reinforce a consistent and unified message to the member are becoming the expectation.

In addition to direct mail, health plans should maximize their channel mix to include outbound and automated calls, email, SMS, social media, and more. Offer different types of formats for health plan communications and have members select their preference. Some members may need materials with larger print, whereas others may need an audio option.

The more options you provide, the more inclusive you are with your member communications and the more barriers you can overcome.

This can limit member frustration and provide much-needed solutions for those who need alternative communication formats.

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Mistake #7: Not considering user experience

Health plan communications should be crafted with functionality in mind.

Having a member open a physical letter that directs them to a website, which they have to type into their computer browser, just isn't a very seamless process. Ignoring user experience can hinder your communication efforts and negatively impact member engagement.

Ideally, the process contains as few easy-to-follow steps for the member as possible.

What to do instead:

Implement strategies and behavioral science tactics that create a better overall user experience in member communications.

An example of this is adding QR codes, which take the member directly where you want them to go and circumvent the manual process of typing a URL into a browser.

Streamlining the process and teeing up the desired behavior in easily actionable ways in prominent locations will enhance user experience and encourage greater engagement.

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Mistake #8: Assuming communication preferences

Some members will want their communications on paper and sent to their homes.

Others will want these materials sent via email or in a patient portal they can access on their phones. There are several options for communication delivery, and as such, it's a mistake to assume members will want one form over another.

Sending them materials in the wrong form could leave them frustrated and disengage them from the message that is being sent.

What to do instead:

Payers' onboarding strategy should include allowing members to select their communication preferences.

These may include communicating through an online portal, apps, chatbot, text, email, etc.

Listening to and accommodating members' preferred communication channel(s) will increase the chances of them engaging with the materials and contributing positively to their overall wellness.

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Mistake #9: Not ensuring cohesive branding and messaging

Communications should look like they are coming from the same organization.

If, say, a health plan's ID cards look too different from their Explanation of Benefits (EOBs), or the tone is different, it can confuse members and make health plans look disorganized, which could raise red flags for members.

What to do instead:

Have clear branding and messaging guidelines and ensure they are used when crafting materials, whether that's done internally or by a third-party.

This includes maintaining a consistent design aesthetic, tone of voice, and visual branding across all communication channels. By doing so, you send a clear and unified message to members that all the information they receive comes from the same reliable source.

Consistency in branding and messaging builds trust, reinforces the organization's professionalism, and enhances the overall perception of the health plan.

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Mistake #10: Not collecting member feedback

It's crucial to analyze what's working — and what isn't — within a healthcare communications strategy.

Yes, health plans may have engagement data to analyze (see mistake #5) but hearing from members themselves is crucial to the process. They're the ones receiving the communications after all.

Not collecting member feedback can limit your plan's evolution and hinder overall engagement.

What to do instead:

Collect feedback from members via short surveys.

Ask simple questions that address how they feel about the healthcare communications they've received, such as if they could be improved in any way and if they're happy with the frequency at which they receive materials from their health plan.

These answers should be used to guide the plan's member engagement strategy going forward.

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Conclusion: Avoiding Healthcare Communication Mistakes

When done right, a comprehensive healthcare communications plan offers an excellent bridge between health plans and members. However, as we've said, plans must be diligent about avoiding these common healthcare communication mistakes:

1. **Not being transparent**
2. **Using overly complex language**
3. **Not using action-driven language**
4. **Not personalizing messages**
5. **Not tracking or utilizing data**
6. **Not using a mix of channels**
7. **Not considering user experience**
8. **Assuming communication preferences**
9. **Not ensuring cohesive branding and messaging**
10. **Not collecting member feedback**

Avoiding these mistakes will help health plans craft an elevated communications strategy that's member-focused and gets results. However, health plans shouldn't focus solely on avoiding mistakes. They should also continuously look for ways to improve their communications so their strategy can grow and evolve with members' needs.

The future of healthcare communications will evolve as technology does, and the need for personalized messages on new platforms will only grow. As such, it's critical for health plans to have a healthcare communications system that can evolve and elevate as needed.

That's what we built Clarity's system to do — to make healthcare communications adaptable, engaging, and helpful to those who need them most.

<u>Contact us</u> today to learn how our robust solution will enhance your overall communications strategy while simultaneously accelerating member engagement.

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