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At-scale digital personalization

A pragmatist's guide to personalized experiences in health care

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For the past decade, digital teams across health care organizations have looked to personalization to improve their customer experiences. However, few have developed the organizational capability to create personalized engagement across experiences. Customers face disparate and generic experiences—from choosing providers and plans, to engaging in health, to pricing and paying for services—all leading to an inefficient use of resources.

The challenge we see, and the focus of this series, is getting ahead of what happens when the vision of making connected, personalized experiences runs into the reality and inertia of large health care organizations. While every company is different, our experience has uncovered a set of patterns that can help streamline the development of these capabilities and translate them into more valuable customer interactions.

The case for personalization

Health care organizations are accelerating a fundamental change in the cadence of care and how consumers navigate their health choices through greater use of telehealth, secure text, and messaging. These frequent, brief interactions are creating a more connected, continuous level of interaction, which is evident in payer, provider, pharmaceutical, and even MedTech enterprises. Health care organizations are establishing the orchestration of automated digital interactions as a core capability in supporting this continuously engaged interaction model in health care.

Personalization inherently cuts across an organization, but progress in health care to date has been largely defined by individual teams working within constraints of the experiences and channels they directly manage. For example, care management teams may optimize around clinically driven outreach while marketing may push messaging across a myriad of channels. Yet, each of these disconnected experiences may put wins on the board, without ever approaching the customer's expectation of a seamless experience, across channels that build on every touchpoint.

We are now at a place where technology can help organizations work through silos and replace homegrown or purpose-built tools with more unified systems. While this brings great promise, leaders championing personalization should approach these opportunities with the awareness that technology alone can't create connected health care experiences. It will require new models for measuring value, unifying fragmented teams and technology, and delivering customer interactions rather than brand communications.

Four foundational elements of personalization

This series will focus on four key elements that can be challenging for organizations but will ultimately help leaders deliver personalization at scale:

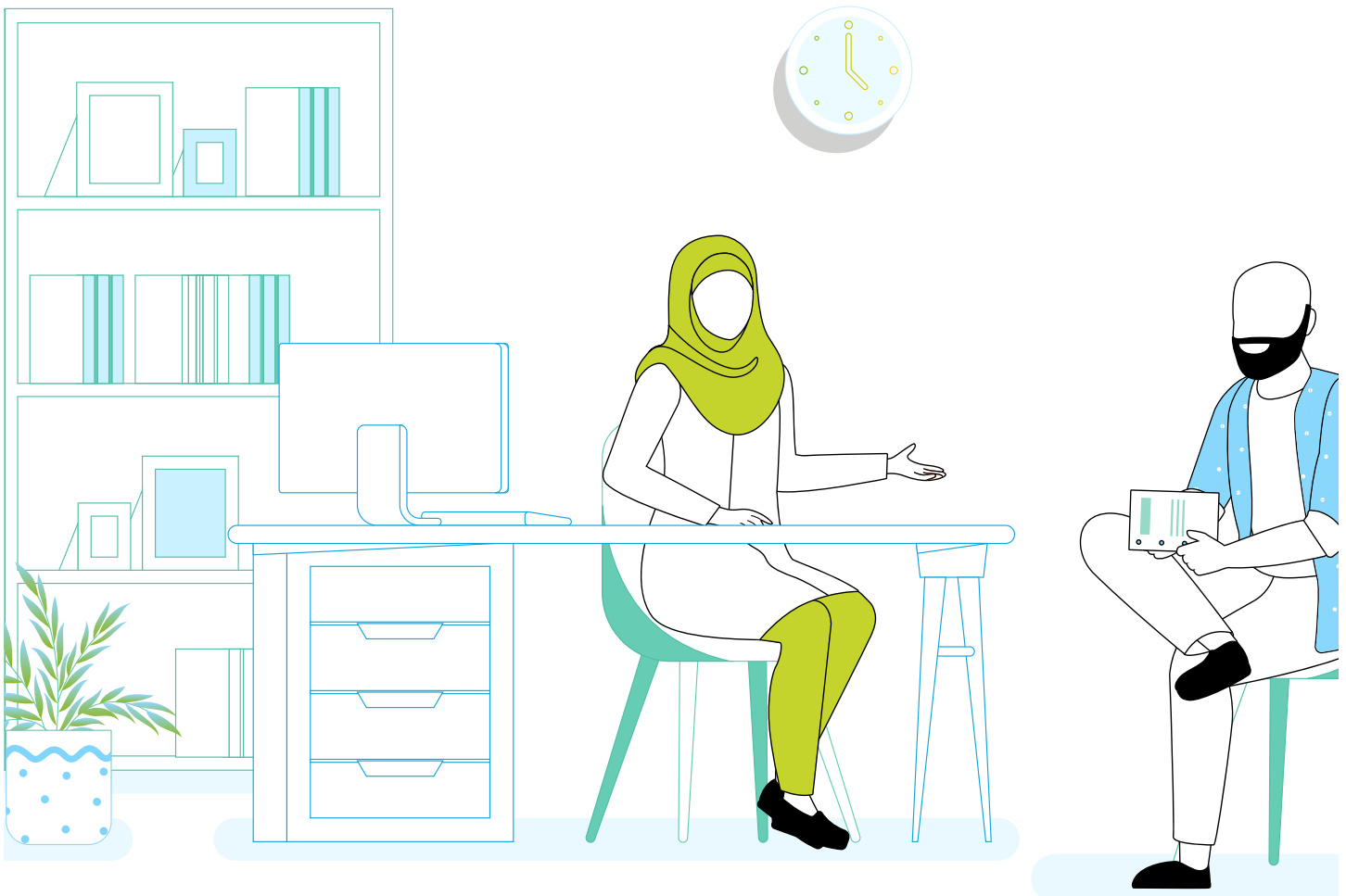1. **Personalization's value model:** Start with value creation in mind

2. **Personalization's operating model:** Connected experiences take connected teams

3. **Personalization's technical and data models:** Data is everywhere, but the capability to use it is not

4. **Personalization's omni-channel delivery model:** Contextualized experiences do more with more

Chapter 1: Value models

Start with value creation in mind

Personalization is a capability that can be applied anywhere in the customer life cycle. While that adaptability is a good thing, deciding where to start isn't always obvious. But it can be. On path one, you have the more tried and true metrics (operating expenses, clinical costs, growth, and retention). On path two, you have newer and often less CFO-proven experience-oriented metrics (e.g., NPS, TrustID).

Path two often feels more precise but often creates a shaky foundation. Said differently, your peers may be willing to give you a chance to start there but inevitably (especially as investment amounts increase) people will start to question why you get a pass on the traditional metrics everyone else uses. Pivoting too late and without the right baseline can raise questions and roadblocks.

Starting with just path one creates a risk that you are dragged into an endless debate with actuaries or your peers over who drove what value. Did your personalized campaign deliver member growth or was it because of a strong provider network? This path risks that you will never get off the ground. Chapter 1 will take a deep dive into the thoughtful combinations of a "year one" investment case, how you work to establish new baselines, and how you build bridges into more traditional value in your quick wins.

Chapter 2: Operating models

Connected experiences take connected teams

Personalization inevitably exposes the organizational cracks between siloed health care enterprises. The systems to orchestrate customer data, decisions, and delivery are often adopted from fragments of the customer experience as ad hoc initiatives. When organizations recognize this fragmentation, they may mistakenly think that reorganization and technical centralization are roadblocks to making progress.

Personalization champions can help build consensus for unified processes across the siloed environments most organizations begin with. When many groups within an enterprise each believe they "do personalization," simply bringing them together with a shared playbook is a prerequisite for taking the first steps toward a more unified operating model.

This chapter considers how to use your value story (established in chapter 1) to increase collaboration and advance customer engagement toward measurable goals. There are two accelerators to this: (1) narrowing the responsibility for building scalable, adaptive capabilities, and (2) the need to gain clarity on the operational changes or roadblocks that must be addressed and the factors that have kept them in place. It's one thing to just install a new capability. But it's quite another for people to adapt existing processes to fit these new capabilities. Establishing a service blueprint for how these pieces combine can help establish this new alignment and show the level of change it will take to align around customer experience. For example, if units maintain their own customer data and contact permissions, updates may not be shared across the enterprise, which will force customers to adapt to the company's structure.

Fortunately, the techniques used to plan personalized experiences can also have a far-reaching effect, building alignment across otherwise disconnected stakeholders. This section will look at how teams with clear leadership, shared maps, and definitions of progress have a greater likelihood of success. And this puts them on the road for experiences that span marketing, customer service, and health care expertise.

Chapter 3: Technical and data model

Data is everywhere, but the capability to use it isn't

For many organizations, personalization suffers from unwillingness to get into the "messy middle" of bringing capabilities together. When envisioning a seamless customer journey, many struggle during execution because centralized capabilities may not line up with the demands of personalized omni-channel experiences. Marketing may view this as an opportunity to optimize a number of desperate systems built up over time. Machine learning and AI will be a key lever to scale personalized algorithms, but as organizations approach these steps they should apply an equity lens into design and training of models. Lastly, channel owners often quickly uncover gaps in their underlying architecture that must be addressed to support the dynamic nature of content personalization.

Personalization unifies stakeholders by aligning them around customers. This influences the selection of technology platforms and plans for their integration. In our experience it is critical to gain alignment early on three dimensions:

1. Framing these capabilities so they span the organizations operational silos

2. Focusing on evolving toward a maturity model while using current assets to make progress and learn from in-market success

3. The capability to define user stories to illustrate what must change and to set the terms of progress so that urgent improvements prove their value

This chapter will explore these dimensions, describing patterns and underlying rationale for why companies choose different paths toward maturity that are specific to their priorities and current state. Personalization champions know they can't design and build from a clean sheet or a static environment. Their capabilities inevitably will get matured alongside parallel programs, and they must tread carefully in relation to challenging major legacy systems. "Big bang" introductions rarely build the kinds of adaptive capabilities that enterprises need, and too often they leave a trail of unmet digital ambitions and neglected systems.

Chapter 4: Omni-channel experience models

Connected experiences take connected teams

Most organizations can point to a handful of embarrassing customer complaints as the event that rallied the energy to fix broken experiences. Health care enterprises have improved their digital experiences and improved their customer capabilities. But they still aren't able to meet the consumer imperative to "know me, know my last interaction, and guide me to the next step in my health journey."

Health care has always required its people to meet the demand to know and tailor health experiences to their members or patients. In order to support and scale these personalized experiences digitally, each system of interaction must mutually inform other channels of the individual patient experience and organizational knowledge. The consumer imperative to "know me" means bringing all the knowledge in the organization about the customer into play on their behalf.

Rather than experiencing digital communication, COVID has accelerated customers' use of ongoing digital interaction: by phone, by text, via AI chat, in-person, and by telehealth. Our research shows this acceleration is transforming the health care system. It is the ability to associate knowledge collected through digital experiences to known customers and through customer data platforms to automatically address their specific needs with the care they deserve.

This requires care to properly handle clinical and non-clinical data, enforcing compliance with HIPAA, and utilizing HITRUST platforms to meet regulatory demands. This chapter looks at how these channels can be orchestrated to create more relevant and trustworthy experiences that benefit customers and health enterprises.

Integrated, mutually informing channels become the visible proof point of digital maturity built on back-of-house investment and care. Personalization isn't a single capability nor a final destination. It's a pursuit to yield customer and business benefits at each step—a core method for engaging customers through feedback loops that drive dynamic personalization of digital experiences.

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Conclusion

For most health care organizations, the personalization journey has begun, though its progress may seem slow and indeterminant. For those leading the charge, especially those in enterprises with legacy systems and structures, the path forward may seem vexingWe know how complexity, inertia, and cultural reluctance can slow change. But we also know that leaders can successfully navigate choices to make progress that is possible. And by advancing the digital customer experience, organizations can build new alignment, focus on results, and commit to unified approaches to customer experience—not as a prerequisite for progress, but as the benefit of this journey to personalization at enterprise scale.

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