

New consumer health coaches begin preseason warmup

Consumer-driven health calls for outsourced coaching in provider networks, benefit plan design

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Consumer-driven healthcare has come to the forefront of managed care conference topics and payer agendas. The drivers for change are stronger today than they were 10 years ago when the concept of market-driven healthcare was first introduced. Frustrated consumers, providers and payers are tired of coping with the financial and administrative challenges of managed care, and none of the stakeholders are satisfied with the status quo. All are anxious for change.

One of the principle tenets of consumer-driven healthcare is to provide information and tools to help individuals make financial and healthcare treatment decisions. While that is a noble objective, consumers will need support from some type of healthcare coach to interpret information and maximize technology-based tools.

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The requirements of a healthcare coach include domain expertise in provider network composition, insurance administrative processes, benefit plan design, funding model options, clinical knowledge and research.

Organizations that adopt the healthcare coach strategy must combine technology with touch to help consumers navigate the administrative and clinical maze to ensure they receive the "right" healthcare services.

Payers that wish to compete as a healthcare coach must provide expert services and support processes and information that far surpass today's reactive customer service environment. To compete, they must have:

1) Fully adopted customer relationship man-

agement strategies, including appropriate technology investments;

2) Strong local presence; and

3) Proven consumer health education strategies that include consumer incentives, behavior modification techniques and tracking capabilities.

By 2007, Gartner believes that 10% of healthcare payers will directly provide member coaching. There will be competition for the role of healthcare coach from non-healthcare organizations, and by 2005, at least three organizations will provide healthcare coaching as an outsourced service.

Competitors will include the emerging class of vendors offering customer advocacy products and will further develop through mergers and acquisitions of existing vendors. Consolidated offerings will include a broad range of domain expertise (e.g., health insurance selection, physician selection, management of defined contribution pools, personalized wellness and self-directed care). Contenders for the role of Healthcare Coach include vendors offering concierge services such as Dr. Quality and Health Advocate, as well as vendors such as Subimo, HealthGrades, mydoctor.com and Health Share Technology. With some traction in the market and consolidation into fewer organizations with broad scope, one of these organizations or existing aggregators, such as myhealthbank.com, could get into the business of healthcare coaching services.

Funding for the healthcare coach will be borne by healthcare payers or self-insured employers. With improvements in self-service and automation, users will realize a savings in administrative expenses (though not for several years), which will offset the cost of such activities. Other models for funding might include special interest groups such as AARP or clinical or industry specialty groups.

It will take time to refine the business models to support the healthcare coach. The application of technology must always be balanced with access to individual financial and administrative advisors and healthcare clinicians to provide the high-touch experience. **MHE**

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