

MOBE® | Special Report

The Critical Role of Health Engagement in Improving Outcomes and Reducing Health Care Costs

New data from MOBE® demonstrates the powerful link between member and employee engagement and lower costs.

[Research has shown](#) that as individuals become more engaged in their health, outcomes improve and costs are reduced. By engaging people in their health care decision-making, health literacy and behavior change, and their involvement deepens, leading to significant benefits:

- **Improved decision-making:** More people, including those with chronic conditions, make better health care decisions.
- **Preventive measures:** Health plan members and employees adopt preventive measures and seek intervention earlier for health issues.
- **Reduced readmissions:** Enhanced discharge planning and more available information lower readmission rates.
- **Increased medication adherence:** People adhere to their medication regimens more consistently.

All of these benefits are leading indicators for reducing overall health care costs while improving health outcomes.

The flawed binary approach to engagement.

Despite these clear benefits, the health and well-being industry often measures engagement as a binary metric (like an “on/off” switch) rather than along a continuum. This simplistic view overlooks the nuances of engagement, leading to two limited outcomes; full participation or passive observation. A binary perspective also fails to capture the varying degrees of engagement necessary to achieve optimal health outcomes and accelerate cost savings.

Adding to the problem is the fact that most condition-specific solutions don't invest in engagement capabilities. They often view

engagement as an expense rather than a valuable contributor to lower costs and better health outcomes. As a result, these solutions engage less than 10% of the people they are designed to serve.

The industry-wide impact of viewing engagement as a binary metric is evident. For instance, the number of Medicare Advantage plans receiving high CMS Star Ratings has dropped significantly— [from 74 plans in 2022 to only 31 plans receiving five stars in 2024](#). Experts attribute this decline to health plans' failure to develop robust, lasting member engagement strategies.

The importance of sustained engagement.

Initiating health engagement is an enormous threshold to cross, yet it is only the beginning. Unfortunately, once a member or employee begins to engage in a health and well-being program, the efforts to deepen this engagement often stall. This neglect means opportunities to build deeper, more sustained health engagement are left untapped.

Fortunately, a shift in mindset is underway within the health care industry. In 2024, more plans and employers are focusing on meaningful and consistent participation to enhance short and long term engagement. Driving this shift is a growing understanding of the importance of engagement as a primary measure of effective health programs. Industry leaders are also increasingly realizing that there is tremendous value gained from promoting more meaningful engagement with health plan members and employees.

Several key developments within the public arena and private industry are also reflecting this shift, including:

- **New CMS regulations:** Medicare Advantage plans must now alert policyholders to unused supplement benefits by the middle of each year
- **Re-evaluating Workplace Benefits:** Employers are reassessing their benefits programs to re-engage employees and reduce costs

Research, empirical results, and industry developments make it clear that health engagement must be measured on a spectrum of desirable actions over time, not as a binary metric. To achieve this, plans and employers must deploy strategies that move beyond specific conditions to influence and motivate desirable behaviors.

Identifying engagement clues.

Even though health engagement is multifaceted, most people move along a similar spectrum. Identifying any sign of participation, no matter how small, is an important first step toward deeper, more sustainable engagement. These are the “clues” that help shape strategies for stronger long-term member and employee experiences.

It's vital to pay attention to crucial details by asking the right questions:

- **Channels of Engagement:** Which platforms are people using? Is their interaction changing?
- **Content Interests:** What topics capture their attention? What information do they continue to read over time?
- **Timing of Engagement:** How and when are they engaging? Do they engage with different channels and content at different times

Small signs can demonstrate a person's readiness for deeper engagement and help inform personalized outreach methods.

Successful strategies recognize engagement as a spectrum and help plans and employers understand where each person is on that spectrum today. From there, approaches can be developed to accommodate everyone's varying needs and levels of involvement. Personalized strategies like these motivate people to move toward more meaningful, sustained engagement.

The financial benefits of deeper, sustained engagement.

The importance of individuals moving along the engagement spectrum is clear. When an entire population begins to move along the engagement spectrum, however, plans and employers can realize extraordinary cost savings.

MOBE's value proposition is based on a guarantee to successfully improve population health while generating concrete, quantifiable cost savings for our clients. So far, the results are compelling. Across any given targeted population, MOBE typically saves clients 7.5% in claims costs within the first year. This correlates with an average engagement rate of 30% for MOBE programs. MOBE's engagement statistics reflect the number of people directly participating in the health improvement program. Rather than

viewing this number as a binary metric, however, MOBE continues to measure and improve the depth and breadth of desirable health activities throughout the entire program as part of a dynamic engagement spectrum.

Moving people and whole populations forward on the engagement spectrum is the key to optimizing savings for plans and employers. This means offering more valuable content and more meaningful experiences, delivered in the right way, at the right time, to participants who are less engaged. The goal is to provide as much value as possible while moving members and employees across increasingly higher engagement thresholds.

“MOBE's engagement strategies are informed by a more nuanced understanding of the overall population. This helps us create health programs that improve participation by meeting people wherever they are, to help them better engage with ways to improve their health.”

– Anne Denato, MOBE Chief Marketing Officer

Achieving results through data-driven engagement.

MOBE's approach leverages data to drive deeper engagement with the right behaviors. The following is the first published analysis of real MOBE data, demonstrating cost reductions experienced by actual subgroups within a targeted health plan population. The results are presented in aggregate form, maintaining member confidentiality.

People are selected for MOBE programs based on a proprietary algorithm that identifies specific behaviors and utilization patterns. Once the program is initiated, MOBE measures cost savings by

comparing the claims cost per member per month (PMPM) for the targeted group to a benchmark PMPM.

By moving people further along the engagement spectrum, MOBE enhances individual health outcomes and achieves substantial cost savings for our clients. MOBE's powerful data-driven strategies and personalized outreach methods foster deeper, more sustained engagement, ultimately transforming health behaviors and financial performance across entire populations

A case study: A clear link between engagement thresholds and lower PMPM costs.

For this program, approximately 25,000 health plan members across a range of age groups, demographics, and health conditions were chosen. Health metrics were assessed six months prior to and six months after MOBE intervention, which is defined as the first interaction with or exposure to the MOBE program.

Participants were divided into five subgroups based on the duration and depth of engagement. They were measured by reaching specific engagement thresholds within 12 months of the first MOBE intervention. All levels of engagement included people who demonstrated actual program engagement, beginning with those

who completed initial engagement activities and followed by groups demonstrating increasing amounts of program activities.

Measurements were calculated by comparing utilization for various factors, including hospital admissions, outpatient visits, prescription claims and supplies, lab and imaging costs, and other provider visits.

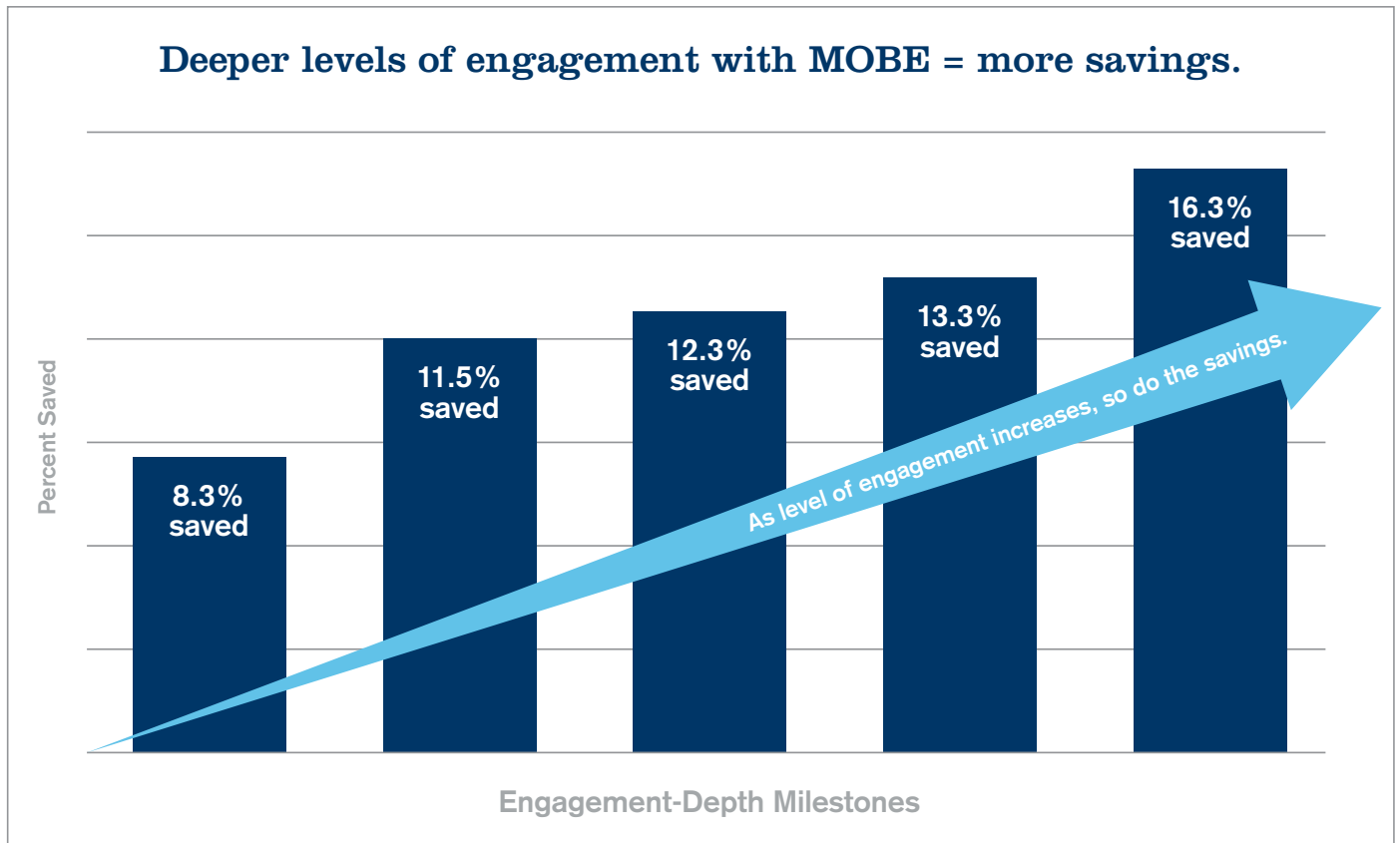
Top actuarial firm Milliman validated MOBE's methodology for measuring savings. [Read the Milliman report here >](#)

Measuring cost savings from deeper, more sustained engagement.

MOBE meticulously calculated the impact of MOBE interventions on health costs by comparing the PMPM costs before and after the interventions. Significant cost savings were achieved from this program based on notable declines in health care service usage, including emergency room visits, hospital admissions, outpatient and professional visits, and imaging services.

Analysis of aggregate data from this MOBE program demonstrated a clear link between engagement thresholds and lower PMPM costs:

- The subgroup with the highest engagement experienced a **remarkable 16.3% reduction in cost**.
- Even participants at the lowest threshold **demonstrated an 8.3% reduction in cost**.



Per member per month savings occur across multiple categories.

| Percent Saved PMPM: | Engagement Depth | | | | |
|---------------------------------------|------------------|--------|--------|--------|--------|
| | -8.3% | -11.5% | -12.3% | -13.3% | -16.3% |
| Cost-reduction rate by care category: | | | | | |
| Inpatient | -28.3% | -39.5% | -47.6% | -41.7% | -50.0% |
| Outpatient | 5.5% | 3.8% | 0.2% | 4.8% | -7.7% |
| Professional | -1.7% | -2.1% | -1.7% | -1.0% | -1.9% |
| ER | -11.3% | -20.5% | -17.4% | -11.6% | -20.9% |
| Lab | 6.0% | 5.9% | 2.3% | -0.7% | -8.9% |
| Imaging | 2.5% | 0.0% | 6.3% | 4.5% | -2.4% |
| Radiology | 0.7% | 5.5% | 12.1% | 18.8% | 8.6% |
| Family Medicine | -2.4% | -4.0% | -2.7% | -2.4% | 3.6% |
| General Practitioner | -19.8% | -50.0% | -5.3% | -7.7% | 0.0% |

Cost savings occur across care categories, no matter the condition.

| Percent Saved PMPM: | Digestion | Diabetes | Heart Disease | Hypertension | MSK | Respirator |
|----------------------|-----------|----------|---------------|--------------|--------|------------|
| | | -24.0% | -6.8% | -21.4% | -10.2% | -11.1% |
| Care Categories: | | | | | | |
| Inpatient | -60.0% | -22.2% | -68.0% | 18.2% | -9.3% | -56.1% |
| Outpatient | -17.4% | 5.4% | -12.6% | 5.8% | 4.7% | 2.0% |
| Professional | -15.7% | -4.1% | -12.6% | -5.2% | -5.7% | -4.3% |
| ER | -27.6% | -24.3% | -31.8% | -9.6% | -21.5% | -26.0% |
| Lab | -27.6% | 2.4% | -8.2% | -13.3% | 0.5% | 3.5% |
| Imaging | -7.0% | 6.0% | -16.1% | -1.4% | -4.0% | -6.2% |
| Radiology | 2.6% | -5.4% | -17.4% | 2.0% | 6.8% | 2.4% |
| Family Medicine | -24.1% | -3.1% | -7.9% | -6.2% | -6.6% | -7.4% |
| General Practitioner | -68.9% | -71.4% | -51.0% | -90.0% | -52.8% | -67.8% |

Claims cost reduction occurs across care categories, no matter demographics.

| | Males | Females | 18-34 | 35-44 | 45-64 |
|----------------------------|--------------|---------------|---------------|--------------|---------------|
| Percent Saved PMPM: | -9.6% | -12.5% | -16.9% | -9.4% | -11.0% |
| Care Categories: | | | | | |
| Inpatient | 63.6% | -54.7% | -48.1% | -82.1% | -3.2% |
| Outpatient | -1.6% | 5.8% | -11.8% | 4.5% | 4.9% |
| Professional | -0.9% | -2.6% | -5.7% | 5.6% | -3.1% |
| ER | -28.3% | -17.3% | 6.9% | -26.7% | -22.1% |
| Lab | 8.2% | 5.0% | -8.6% | 16.2% | 5.7% |
| Imaging | 4.0% | -0.7% | 4.7% | 6.3% | -3.0% |
| Radiology | 23.3% | 3.0% | 14.0% | 14.5% | 0.0% |
| Family Medicine | -2.1% | -5.0% | -12.5% | -0.8% | -3.8% |
| General Practitioner | -80.4% | -18.2% | -87.5% | -20.0% | -59.2% |

Proving the value of deeper, sustained engagement.

Regardless of demographics or specific conditions, this MOBE program achieved 9.5% cost savings over one year. This translates to over \$34M in annualized cost reduction for a treatment population size of approximately 25,000.

Findings from MOBE programs like these provide compelling evidence of the effectiveness of targeted engagement strategies for reducing health care costs. Clearly, these outcomes prove the importance of viewing engagement as a dynamic spectrum.

MOBE understands where everyone resides on the engagement spectrum and how they're engaging at that specific point. This informs more powerful engagement strategies and significantly more meaningful outreach. By fostering more profound, sustained engagement, MOBE consistently encourages healthier behaviors among participants and achieves substantial cost savings across the entire population.

“At MOBE, we’ve created the blueprint for health plans and employers seeking to leverage behavioral health insights to produce significant cost savings while fostering healthier, more engaged populations. We believe so strongly in this model that we’ve based our financial success on it.”

– Mike Ott, MOBE Chief Executive Officer