

Opening the Digital Doors

Expanding Access and Health Equity





Digital gateways — the new social determinant of health

Rapid adoption of telehealth services is reshaping delivery of health care. At the same time, the health inequity exposed by COVID-19 is redirecting action and decision-making across communities. Both dynamics offer great potential for improving consumer engagement in all channels — and for meeting the mission of good health for all people. But as these market forces intersect, they may be correlated to widening differences in access to and use of digital devices and services.

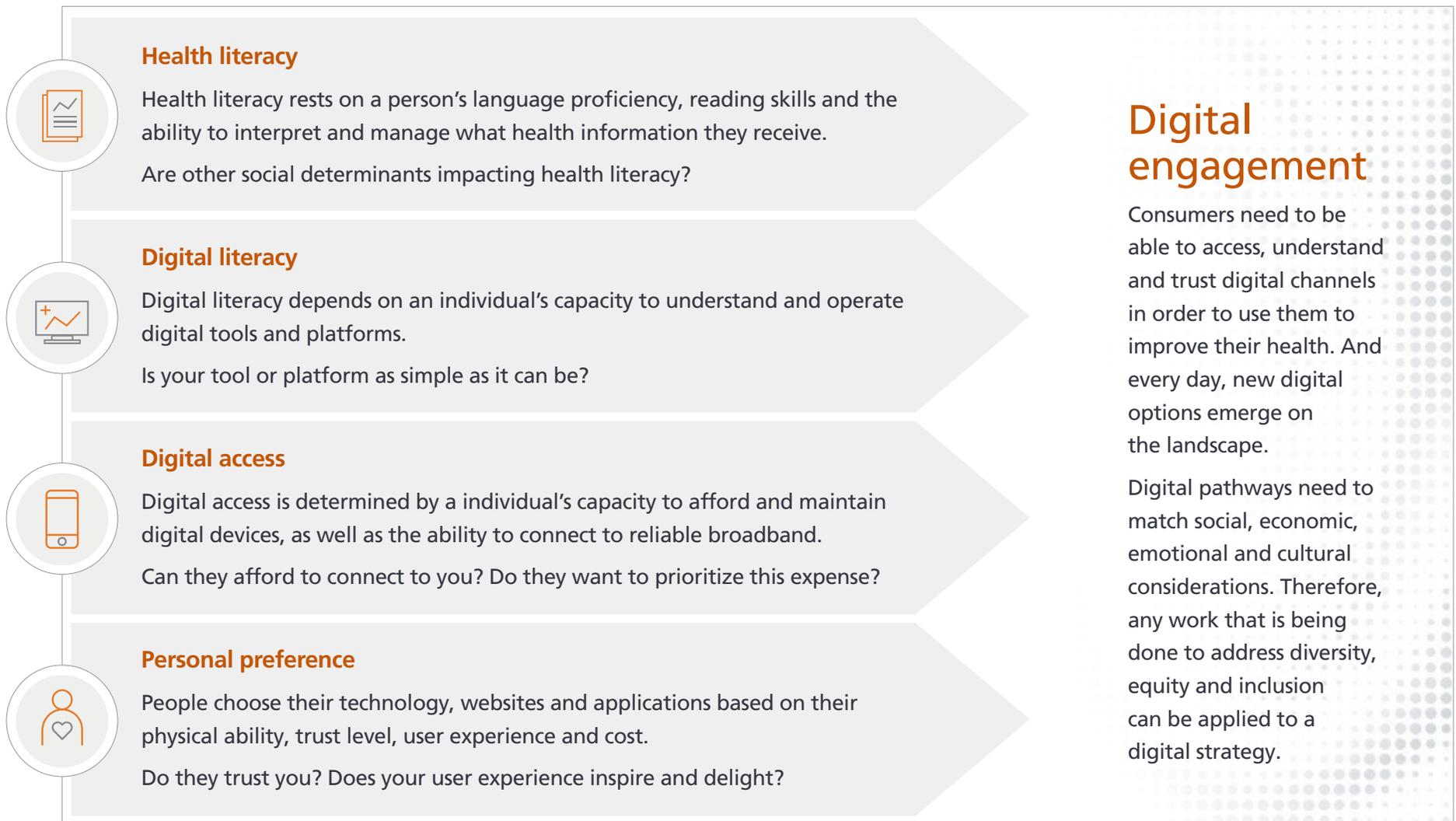
For employers and health leaders, the challenge can feel daunting. As with other social determinants, digital access, affordability

and literacy result from a web of influence that exists within and outside of the health realm. Modernizing health care in an equitable manner will require new thinking and partnerships. It will compel us to use existing resources in new ways and build competencies that were previously unfamiliar to the health industry.

On the following pages, we will look at factors that challenge digital engagement, how leaders can avoid common pitfalls, and ways to map the digital strategies that will have the most impact on access and outcomes — medical, behavioral and social.

Four factors of digital health engagement

Digital tools and platforms can expand geographic reach. They have the potential to dissolve time limitations and expand service hours. And they may help increase capacity — reaching more consumers in more places. Most importantly, they have the ability to address the full spectrum of needs, serving the whole person with one convenient, integrated experience. But to have an impact on medical, behavioral and social outcomes, they require more than smartphone adoption or access to broadband.



These factors impact **more than half** of all health consumers



Personal preference

Smartphones are the device preferred by most.

Ninety-three percent of millennials own one. And while use declines across age groups, even 40% of those ages 74–91 have a smartphone.⁴ Part of the decline in adoption by older people comes from a lack of confidence in how to use them.

The user experience is crucial.

Underserved communities have and use technology. But digital health solutions are not tailored to older people, the physically disabled or those with lower digital or health literacy.

Trust is always a factor.

Sixty-six percent of older adults say they're more comfortable than others sharing personal health information. Others may not be ready to share it at all. Trust needs to be built with each individual.

Trust can be established in virtual, digital and in-person channels.



Digital access

Smartphone penetration is high; at-home access to broadband is not.

Access may be unaffordable.

42 million Americans do not have the financial capacity to purchase broadband internet or unlimited data.¹

Access may be unavailable.

Geographic proximity to reliable broadband can be as limited in lower-income urban areas as it is in rural ones.

• Only **56% of Americans** have broadband access²



Digital literacy

Physical disabilities need accommodation.

People with communication-related disabilities may not be able to use video-based services. And patient portals are not always compatible with assistive technology.

Digital learning is continual.

Even individuals without communication or physical limitations may need education on how to use their smartphone or understand data. And technology is always changing — there is always something new to learn.



Health literacy

Health jargon may be incomprehensible.

Most adults understand basic health information such as their appointment times or conditions. Others may not be able to navigate more complex information such as consent forms, insurance coverage, lab results or medication side effects in a digital self-serve environment.

English can be a second language.

The largest differences in health literacy were observed for participants where more than one language is spoken at home.

• Approximately **one-half**  **of American adults** exhibit low health literacy³



Six steps to digital equity

Many people want to use technology but are inhibited by their physical limitations or disabilities. Rural and urban consumers may wish to engage in virtual visits but experience unreliable or unaffordable broadband. A professor of economics may understand his condition but not his smartphone. Digital health tools need to be simplified to accommodate a diverse set of circumstances and match consumer access, preference and literacy levels.



Digital engagement occurs within broad social economic and cultural influence

Everyone's health journey is a continuum that weaves in and out of care events. It involves families, caregivers, employers, health plans, providers, faith-based groups and community organizations. A common assumption is that broadband alone will bring consumers through digital doorways. But engagement is also shaped by local economics, cultural beliefs, literacy and trust in the platforms and in their health system. And digital inequity is itself a social determinant of health. Leaders can benefit from taking a strategic view of all dynamics occurring across the consumer landscape.

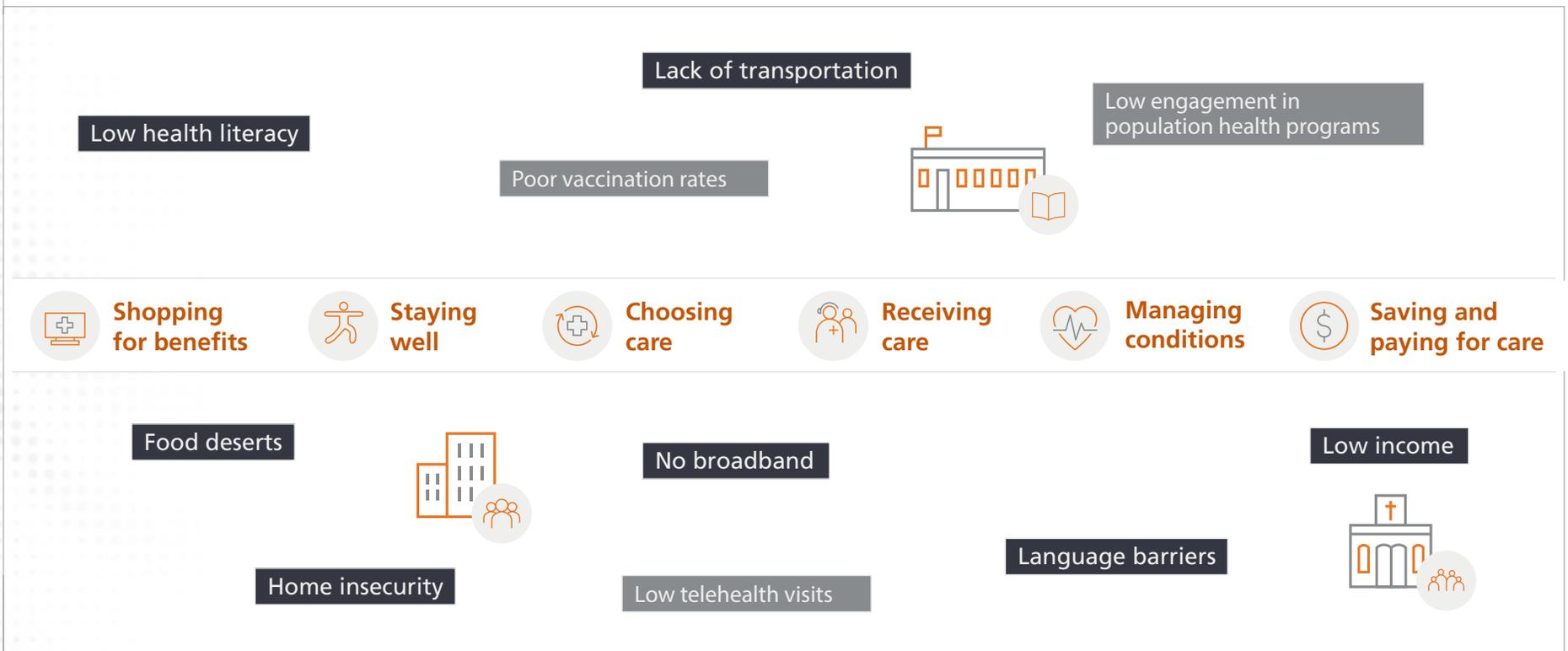
Research will also need to be gathered on an individual level. For example, public data will not tell you if someone cannot understand their smartphone, is too arthritic to use a mobile device or simply does not trust sharing information online or over the phone. But it can reveal hotspots of need, the partners who share your goals and some of the broader root causes of digital disengagement or disaffection. By combining public data with your own insight on digital engagement, you can narrow in on localized areas to learn where and why consumers are falling off the digital map.

1 Build a data-driven map of influence



Eighty percent of health outcomes are driven by factors outside of health care.⁵ A consumer's digital life is intertwined with the local cultural fabric of their life. For any digital strategy to be effective, it must consider the full context of a consumer's environment and social structure. Begin with public and organizational data to build a more integrated view of how health literacy, digital access and social determinants impact digital engagement and outcomes.

- **PUBLIC DATA**
 - ✓ Health literacy levels
 - ✓ Broadband access
 - ✓ Languages spoken
 - ✓ Social determinants of health
- **ORGANIZATIONAL DATA**
 - ✓ Portal engagement
 - ✓ Phone engagement
 - ✓ Population health engagement
 - ✓ Outcomes below benchmarks
- **PARTNER INSIGHTS**
 - ✓ Faith-based organizations
 - ✓ Educational institutions
 - ✓ Cultural centers
 - ✓ Public organizations



2 Frame the **business problem**



This action helps prioritize activities around a specific population and goal. The prevalence of health conditions, low health engagement and poor quality outcomes may reveal the business problem that technology can help to solve. A topline analysis can indicate where digital disconnects are impacting outcomes and costs. Prime areas of opportunity are populations whose lack of digital engagement, poor outcomes and high health care costs intersect.

Poor utilization and outcomes may indicate where health and digital inequities intersect:

- 1) **Fewer primary care visits** may result from lack of transportation, low awareness of need or mistrust of a health system.
- 2) **Undermanaged chronic conditions** can be associated with low broadband access, economic status and a need for more frequent connections with a health provider or caregiver.
- 3) **Unnecessary ER visits** can indicate limited understanding of available care channels, a need for remote monitoring and regular virtual health check-ins.
- 4) **Health outcomes** that are below benchmark can link to poor access to information and services, and mistrust in the system.

Confirm which channels are meeting the highest level of need — or not:

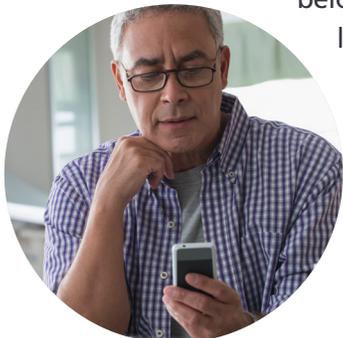
- 1) **Self-serve channels** can build engagement if they are designed to meet the specific health needs of your consumers and are available through channels they prefer. Engagement levels will hinge on how easily these platforms can meet their highest level of need.
- 2) **Accessible design** ensures that vision, hearing impairment and other physical disabilities have been taken into consideration. Options that accommodate a diverse set of user experiences mean everyone has a pathway to connect.
- 3) **Multiple modalities** let consumers confidently choose the channel that works for them that day. This depends on consistent experiences across text, email, web portals and call centers.

Indications of digital separation can include:

- 1) **Low portal engagement** can indicate who has mistrust of the tool, poor broadband access, affordability concerns, unfamiliarity with digital security protocols or an inability to understand the user experience.
- 2) **Appointment abandonment rates** suggest an inability to afford broadband or cell service data plans.
- 3) **Low telehealth engagement** can signify poor broadband access, affordability concerns, unfamiliarity with digital security protocols, limited internet skills and uncertainty about when the channel is appropriate.

Targets, goals and measures

- A defined population that needs expanded access
- Outcomes that are below benchmark
- Potential cost savings to be gained from more efficient channel
- Where population, poor outcomes and high cost intersect
- Priorities ranked by urgency and impact
- The internal teams, expertise and resources to be involved in this effort
- How to share lessons learned



“Leaders can run the risk of thinking too narrowly about digital disconnects. It’s never *just* a broadband issue.”

3 Know the population you wish to engage



Once you've defined your target population, you can assess more specific barriers to engagement as well as the most likely avenues of opportunity. Next consider what channels these consumers prefer and how digital and in-person channels interact in a way that's meaningful for them. Then you can confidently determine how and where digital solutions can expand their health ecosystem and the way you engage them in health services.

1) Build on your existing data. Your own population health initiatives may include valuable insight on patient engagement or what's available in the home. If you have health equity assessments, digital engagement questions are an easy addition. There may be more information available from your call centers, an existing digital front door or any telehealth platforms employed over the past year.

2) Overlay these insights with publicly available maps of broadband access, health literacy and socioeconomic data mentioned previously. Look for gaps in engagement and see if there is any

correlation. This can help you narrow in on very localized geographies and populations for further insight.

3) Include surveys, interviews and individual risk assessments to understand the realities of their daily life, their digital access and where health care does not currently fit in or is not trusted.

4) Bring forward the voices in your own organization most connected to the population you wish to serve. This human dimension will help shape your research and insight. It will also defend against bias and bring forward a healthy challenge to old assumptions.

- These activities will likely challenge long-standing assumptions and the conventional approach. Build your insights with public, organizational and personal insight — including those from the population you wish to serve. Changing levels of digital engagement can happen only when the participants see it as their best and most preferred option.

• Questions to ask

What do you know about the consumer's physical environment?

How can you best integrate a digital/virtual experience into the care journey?

What device and internet access can the consumer afford?

What part is the person willing to use for their health care?

What can you learn about the consumer's cultural, social and personal preferences?

How will you capture this information and share it?

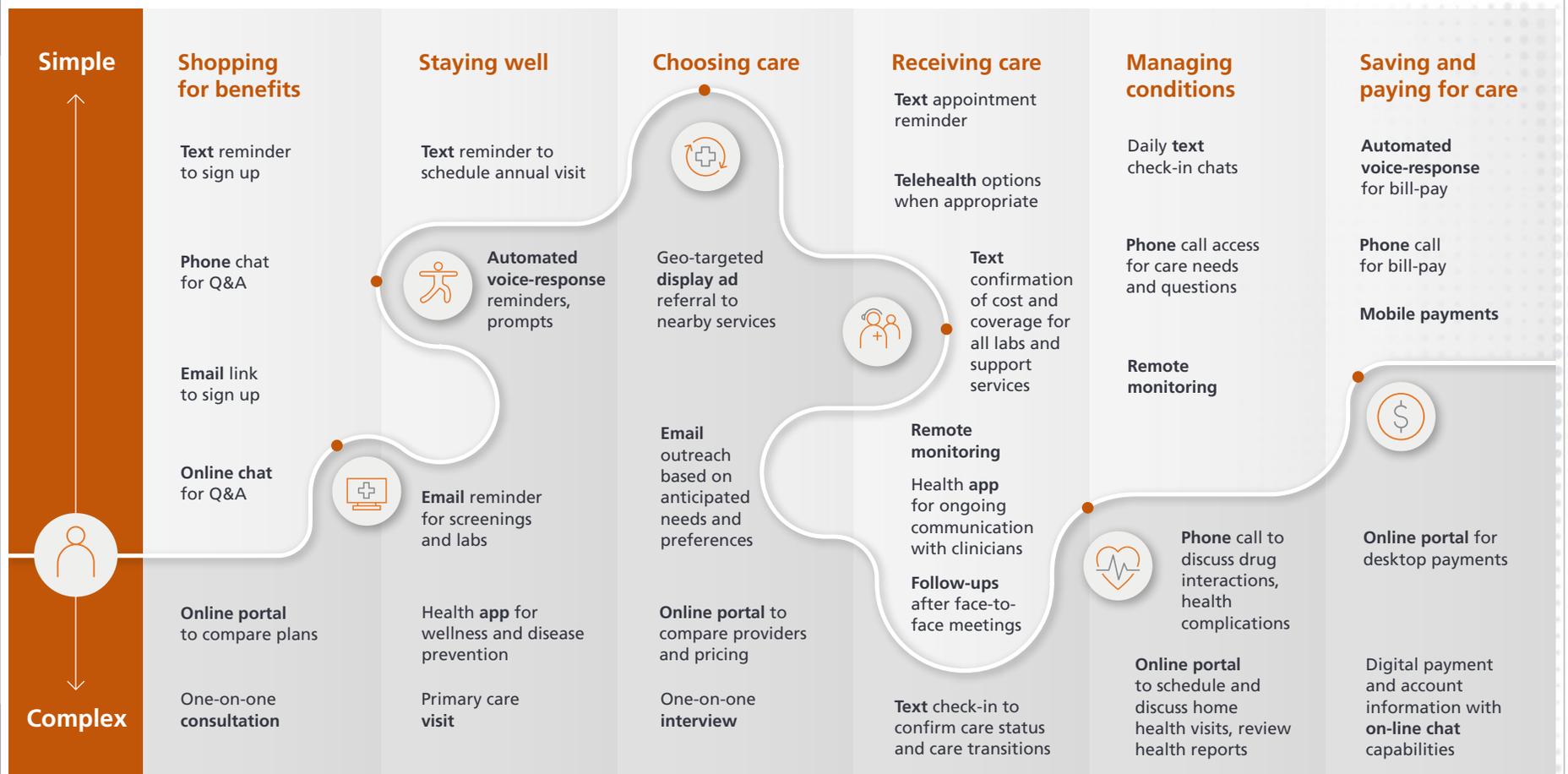


4 Meet consumers **where they are**



Map out the problems you can solve and challenges you can help consumers overcome through digital options. But keep the broader consumer experience top of mind. Consumers need choice, too. What works in one scenario may not work in another. Think about how to offer choice and ensure the experience is consistent and integrated across the experience. Identify ways to keep every communication as simple and easy as possible. Consider ways to offer access to devices, broadband and tech support. Anchor your decisions in the consumer's perspective as they face real-life challenges and travel across the broader health ecosystem.

THE HEALTH JOURNEY



5 Address the root causes of **access** and **inequity**



In the ideal scenario, digital solutions are seamlessly integrated into how a consumer accesses and receives care. When designing new pathways, identify where digital solutions can close gaps, build trust and eliminate inequity. As you work through the exercise, start with what you know about poor outcomes. Next apply your research to uncover the root causes. That should lead you to strong digital options.

Impact on outcomes	Barriers to health	Potential root causes	Potential digital solutions
<ul style="list-style-type: none"> • Unrecognized, untended diseases 	<ul style="list-style-type: none"> • Unwilling to engage with organizations or individuals that don't prove they understand them 	<p>Lack of trust</p>	<ul style="list-style-type: none"> • Collect better insight during member onboarding, patient intake/discharge • Leverage existing data to drive insights at a personal level
<ul style="list-style-type: none"> • Poor utilization • Unrecognized diseases • Increased morbidities and comorbidity • Increased ER/urgent care visits 	<ul style="list-style-type: none"> • Unable to understand <ul style="list-style-type: none"> – Benefits or care program – Drug interaction concerns – Coverage benefits or changes 	<p>Language barriers</p> <p>Education</p>	<ul style="list-style-type: none"> • Phone/text connection in preferred language • More visual cues • Web/apps in preferred language 
<ul style="list-style-type: none"> • Unrecognized diseases • Increased morbidities and comorbidity • Increased ER/urgent care visits 	<ul style="list-style-type: none"> • Cannot receive physical mail about benefits, services or pharmacy • Basic needs are in jeopardy 	<p>Housing insecurity</p>	<ul style="list-style-type: none"> • Daily phone check with social services • Tele-mental health services • Text check-ins with community care teams, pharmacies
<ul style="list-style-type: none"> • Poor utilization • Unrecognized diseases • Increased morbidities and comorbidity • Increased ER/urgent care visits 	<ul style="list-style-type: none"> • Physically unable to access primary, specialty, urgent care or pharmacy • Unable to shop for basic food, hygiene or personal care needs • Inconvenient hours or lack of local clinicians 	<p>Transportation challenges</p> <p>Low/no access</p> 	<ul style="list-style-type: none"> • Call for transportation to in-person screenings, services as needed • Mobile-first, digital front door to care services • In-home labs and remote monitoring • Digital pharmacy/home delivery
<ul style="list-style-type: none"> • Childhood obesity • Advanced diabetes, heart health • Maternal mortality 	<ul style="list-style-type: none"> • Unable to physically access medicine through a bricks-and-mortar pharmacy • Unable to manage nutrition needs 	<p>Food desert</p>	<ul style="list-style-type: none"> • Call and text with pharmacists • Digital Rx/home delivery • Remote monitoring • Nutrition app 

6 Create a community of equity and connection



Civic organizations, health advocates, faith-based groups and businesses can often share an interest in improving the health and well-being of community members. A community partnership for health equity can blend seamlessly with a digital engagement strategy. Find the technology partners that can augment your health care knowledge. Build relationships with community partners that are connected to the consumer in other ways.

Faith-based groups have

- Weekly community connections
- High trust levels
- A shared interest in improved outcomes and reduced cost

Libraries have

- Free access for the community
- Broadband
- Available devices
- A natural learning environment

Schools have

- Ongoing access to families
- Broadband
- A natural learning environment
- Health officials on-site
- A shared interest in improved outcomes

Employers have

- Health programs and benefits
- Established communication channels
- Broadband
- Available devices

Businesses and other health organizations have

- Broadband
- Available devices
- A shared interest in earning consumer trust and affinity



- Shared interest
- Health outcomes
- Nutrition
- Housing security



- Shared interest
- Health literacy



- Shared interest
- Health literacy
- Vaccinations
- Childhood obesity
- Digital literacy



- Shared interest
- Population health
- Primary care



- Shared interest
- Digital literacy
- Health outcomes

- **Prepare to partner**
 - 1) What relationships already exist?
 - 2) Where do your goals overlap?
 - 3) What strengths can you bring to the experience?
 - 4) How can impact be measured?
 - 5) How long can the partnership be sustained?

Take a technologist's perspective: What the future holds

There is a saying, "The future is here. It just hasn't been equally distributed yet."

Today's innovators are dedicated to building digital tools that collect real-time, clinical-level data. And at a cost point that allows access to the most people. These innovators believe technology can reduce the cost of services by making delivery more efficient. They know the digital experience must be so simple and intuitive that anyone could do it and would even enjoy the experience.

We can imagine the possibilities: Digital tools that let each doctor expand their reach tenfold. Using artificial intelligence and genomics responsively to anticipate health needs before they arise. Remote monitoring that offers additional insight to help keep conditions well managed wherever the consumer may be. Efficiently routing clinical data, supplies, counsel and medicine.

Employers, health plans and providers are the enablers for consumers to achieve their health outcomes. Health organizations have the knowledge, resources, services and expertise to help people live their healthiest lives. Digital doorways may offer efficient, ubiquitous access to these resources to all people.

To achieve that goal depends on a deep understanding of the people we serve. It is within our power to design and deliver tools that can connect people to the life-saving forces of the health industry. It's our job to ensure that they are equally available, and digital doors are open for everyone.



● The innovator asks

- What is the ideal state?
- How can you strip away complexity and get down to the core of what you're trying to do?
- What barriers or gaps exist?
 - ✓ Health literacy
 - ✓ Digital access
 - ✓ Digital literacy
 - ✓ Trust in the solution
- What can you offer that your consumers wouldn't want to be without?
- What partnerships can help you open this digital doorway?

"True innovators ground their work in the truth about their audience and build from there."

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