

building healthier lives

## The Quest for Full Participation: Modeling the Participant Level Drivers of Engagement

Rebecca Booth, MA  
Peter Dandelides, MD

## The Quest for Full Participation: Modeling the Participant Level Drivers of Engagement

What is the most important, non-clinical factor to improving outcomes? Enrolling participants. Logically, there is no good reason why a chronic patient wouldn't enroll in a free program that will improve their health. Emotionally, there are several. We have identified some of the barriers to getting participants enrolled in the program and how to best manage the business to ensure you maximize engagement of enrolled participants.

### Introduction

HMC currently has an opt-in rate of 80% for contacted participants. In an effort to understand what would be necessary to improve this rate and profile the members that say 'yes', HMC developed models of the DM engagement processes to understand the attributes that lead to successful operational outcomes.

### Methodology

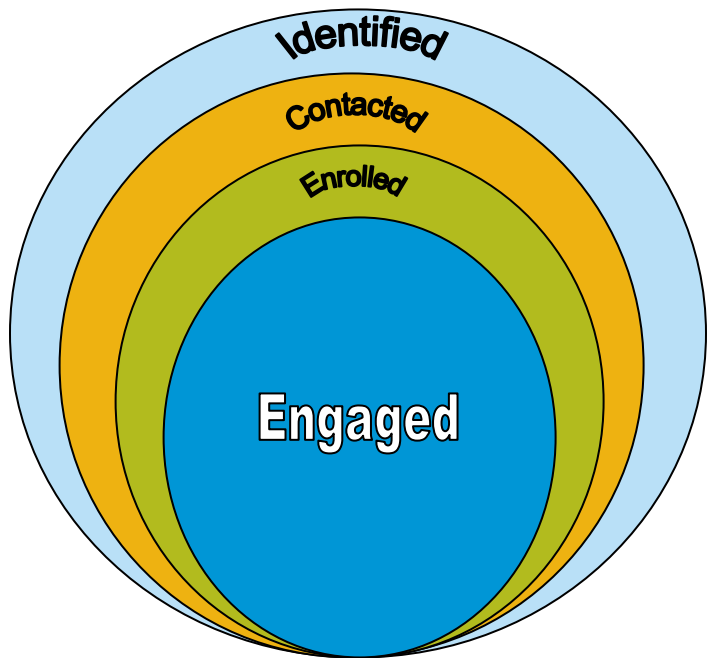
Three binomial logistic regression models were estimated as part of this analysis. The dependent variables were

- Member permission to participate, or enrollment (N = 59,395)
- Member assessment (engagement) following enrollment (N = 13,072)
- Member engagement on the first call following enrollment (N = 13,072)

Independent variables included zip code level demographic factors including minority percentage, average home value, income, education level and urban percentage, internal data such as participant age and gender, operational factors such as staff tenure and the turnaround time required to call and plan factors including funding type and whether the account is a National Account.

### Results

We found that we are most successful at enrolling the types of members for whom our program was created - those with significant barriers to care. We have the best enrollment success with members who have socioeconomic, educational or geographical barriers to regular, proactive care. Once enrolled, the drivers of engagement success largely fall to Operations and include the time needed before member attempts begin and the number of days after enrollment required to reach the participant.



After initial contact is made, the drivers of **Enrollment** are member-level attributes such as Age, Gender, Education Level, and Socio-economic factors. We found that we are most successful at enrolling members with barriers to care.

The drivers of **Engagement** are much more operational in nature. Once a member makes the choice to participate in the program, the responsibility of achieving engagement rests with the

### Conclusion

The results indicate we can identify the magnitude of impact of important participant attributes that relate to engagement with a high degree of statistical certainty. Additionally, by identifying these attributes we can focus on reducing the impact of barriers to enrollment by customizing marketing strategies for certain subgroups to drive stronger operational outcomes. The results of the engagement models are generalizable to HMC's population of 30 million.