

## Top 9 questions to ask when evaluating mobile applications for Medicaid populations

Whether you are looking to increase Medicaid members' adherence to medications or to reduce unnecessary and costly hospital visits, there's increasingly a mobile app for that.

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*These {digital health} tools have the potential to improve {Medicaid} member engagement, care management, and the exchange of health and health care information between patients and providers.*

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- Deloitte 2018 Survey of U.S. Health Care Consumers

But how can you determine which Medicaid market apps will truly deliver on their “effective, efficient and engaging” promises to drive better member care at a lower cost? Look to the app's core features.

The features will separate the “likely to be effective” apps from the “likely to be ineffective” ones (i.e., low download rates, inactive users). To help you clearly and quickly identify these must-haves when evaluating competing apps, we've compiled some key questions to ask their developers.

## Question #1: Can Medicaid members use the app offline?

Some of the hardest-to-reach Medicaid members cannot access or afford the internet, data plans and wi-fi required to use apps. So an app must work offline, too.

If it does not, members who lack a consistent internet connection and have to wait until they are in areas with free internet will be excluded, invalidating the touted benefits of anytime, anywhere convenience.

At Cell-Ed, a customizable messaging platform that closes health equity gaps, half of our low-income users cite experiencing spotty coverage and data connectivity issues as barriers to accessing content.



**64%**

of Cell-Ed users choose to call in to our automated programming instead of using the online app.

**Only an app that also works offline can address the reality that members have unique pain points around accessibility and usability.**

## **Question #2: Is the app's content written to each member's level of literacy?**

If an app's content is written above members' levels of literacy, they will (obviously) be unable to absorb the information, leading to poor engagement and compliance.

The majority of adults in the U.S. cannot read and understand information such as how to monitor and manage a chronic health condition and the side effects of medications.

For Medicaid members, who have lower average health literacy than adults covered by other types of insurance, these struggles are even more pervasive.

**To ensure any app you select contains content that members can easily comprehend, it should assess - not assume - each individual member's literacy levels and adapt content accordingly. This will lead to increased engagement and compliance.**

States, organizations and employers we speak with often assume their members would pass basic literacy tests. But in the majority of cases, these low-income adults fail Cell-Ed's literacy pre-assessments.

These results drive home some sobering statistics: one in two adults cannot read at the level of an 11-year old, and one in six cannot read at all.

### **Question #3: Does the app require that members possess only minimal digital literacy skills?**

Although 86 percent of adult Medicaid members own smartphones, according to the Deloitte 2018 Survey of U.S. Health Care Consumers, that does not mean they know how to navigate an app and engage with its content.

Some members, such as the elderly and less educated, grow frustrated and abandon apps during the log-in process. Others get stuck between screens and steps. At the same time, some members just feel more comfortable and confident calling or texting, nearly ubiquitous skills for phone owners.

**A simple, straightforward app that requires minimal digital skills, combined with a low-tech call-in option, ensures that members' lack of digital literacy is not a barrier.**

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*The simplicity of the {Cell-Ed} technology allows for accessibility by any learner of any age, of any resources, and of any technological literacy.*

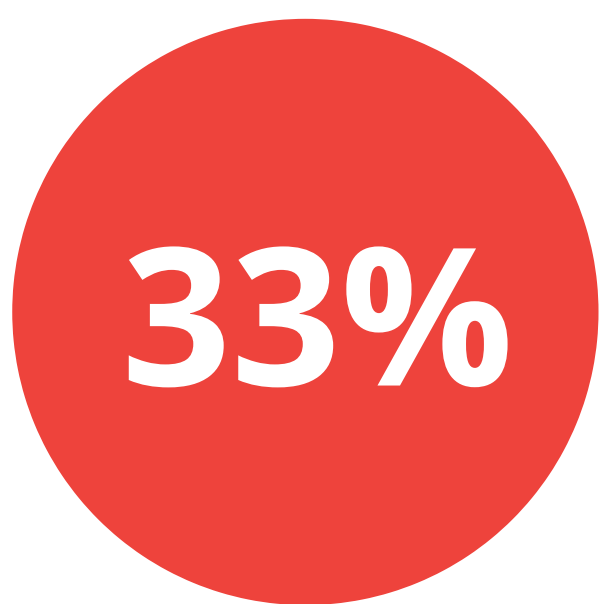
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- Dr. Laura Gonzalez-Murphy, New York State Office for New Americans

## Question #4: Does the platform work on basic feature phones, as well as smartphones?

Another must-have when it comes to providing maximum accessibility is to ensure that any engagement platform works on both smartphones (e.g., iPhone) and feature phones (e.g., basic Nokia), which are more affordable.

Any platform that fails to work on feature phones automatically (and dangerously) shuts out Medicaid members with low income and resources.



of adults with a high school education or less use basic feature phones, according to Pew Research.

As well as the capability to run on all types of phones, the platform should also allow members to switch seamlessly from one device to another. For example, members should be able to use the platform via a web browser at the library and then use it via a flip phone back at home - and pick up right where they left off.

This feature, which keeps content and progress in sync across web and a range of mobile devices, is known as cross-platform compatibility.

## **Question #5: Was the app designed and developed specifically from the ground up for the hardest-to-reach and low-income populations?**

App developers who start out solely focused on understanding the unique challenges, circumstances and complex medical and social issues these populations face are more likely to better address their needs.

Companies should include member participants in an evidence-based design, development and testing process from the beginning to help ensure the app's relevance and usability.

But this painstaking process can take years, as well as significant resources, explaining why some developers choose to tweak an existing app geared toward more financially secure and less vulnerable populations than to start from scratch.

**Instead of this type of non-Medicaid specific app that misses the mark, look for one that has been purpose-built just for these most underserved populations. This is likely to result in an app that members like and use, as well as one that boosts outcomes.**

## **Question #6: Has the app been independently tested via randomized control trials, UX/UI experience assessments and/or pilot results?**

With the proliferation of new Medicaid market apps, it is easy to get hoodwinked by hype.



*Taking what works in the tech sector and applying it to healthcare simply won't cut it. As digital health continues to take off, success will be determined by getting the need right, designing innovative solutions that address stakeholders' top priorities, and then demonstrating that a product provides better results.*



- Dr. Paul Yock, Director, Stanford Byers Center for Biodesign

Because there may be only limited testing of these apps' efficacy, some key questions to pose to developers include:

- Is their approach validated by empirical evidence in terms of:
  - Content?
  - Access?
  - Usability?
- Did they receive third-party validation from researchers and education experts at reputable universities or research centers?
- Was there a randomized control trial? A pilot?
- Any independent surveys, interviews conducted they can cite?

At Cell-Ed, we have been, and continue to be, diehard about completing all of the above steps, and we continue to participate in independent testing.

What users have told us through this research – some of it surprising – has enabled us to continuously adapt our app and platform for maximum effectiveness and an exceptional 91 percent user satisfaction rate.

## **Question #7: Is the app customizable? To what degree?**

Just because mobile technology enables deep customization and personalization of content does not mean all Medicaid market apps deliver on these vaulted promises.

**Confirm if you can customize the app based on your regulatory, clinical or any other types of requirements and preferences, such as a specific city or region.**

Also determine if the app collects information about each member's health priorities and goals, whether through assessments, surveys or two-way interactions between members and coaches.

This will increase the likelihood that the app's content is personalized, hyper-relevant and meaningful, resulting in higher member engagement and utilization rates.



## **Question #8: Does the app provide Medicaid members with on-demand, individualized support?**

Member support associated with apps can take many forms, from automated text reminders to a 25-minute one-on-one call with a live coach.

**At Cell-Ed, we have learned, alongside our partners, that nothing builds trust and boosts engagement and completion rates more than a dedicated coach who helps, nudges and positively encourages users when they need it most.**

These conversations - whether text or voice - build personal relationships that matter. And they are particularly important for low-income populations who may need more support than adults with private insurance due to literacy gaps and social needs related to unstable housing, employment and food insecurity.

Apps that provide on-demand coaches can:

- Answer members' questions and address concerns in real time
- Personalize content to each member's needs
- Provide proactive support to encourage engagement
- Assure members that they are not alone
- Collect direct feedback from members to improve service

Given that 25 percent of the Medicaid population is Latino, it is important to check that an app's coaches also represent these members. By understanding the nuances of culture, as well as language, Latino coaches can better support and motivate members.

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*Caring for Latinos requires more than knowing Spanish.*

- Modern Healthcare

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## **Question #9: Does the app monitor and measure real-time data and provide feedback and results?**

**Real-time visibility into tracking Medicaid member utilization, progress and outcomes is an absolute must to continuously identify problem areas, make targeted improvements and provide a better member experience.**

The app and platform should have the capability to measure - at an individual level, as well as an aggregate one - what's most important to you, whether that's a member's usage patterns per week or member-to-coach interactions.

These monitoring and measuring features can also make it easier for you to demonstrate the value of the app internally.

Armed with the above nine questions, we hope that evaluating various Medicaid apps takes you less time to select the best product

If you would like to learn more about Cell-Ed, please email us at [info@cell-ed.com](mailto:info@cell-ed.com).



## **About Cell-Ed**

Cell-Ed is a customizable messaging platform that helps today's workforce upskill easily and quickly over mobile devices to better workers' lives. They acquire reading, communications and job skills through Cell-Ed's courses, content and coaches in the most convenient way for them - often on flip phones with no internet access.

We enable employers, governments and providers everywhere to more effectively and less expensively reach, retain and upskill these hard-to-reach workers. We are a social enterprise based in Palo Alto, California.

**[www.cell-ed.com](http://www.cell-ed.com)**