



DRIPS EXECUTIVE
ADVISORY COUNCIL

The Member-Centered Path to Sustainable Performance

Aligning outcomes,
experience, and margin



Executive Summary

In the spring of 2026, healthcare executives from ten leading insurer, provider, and pharmacy organizations gathered for a closed-door session to explore market dynamics and strategies to overcome shared challenges.

Health plans have been operating under sustained pressure for years, and conditions are expected to continue. In this environment, siloed decisions will not withstand the durable value needed to perform in the market. If the consumer is not at the center, those decisions can make the way plans do business more efficient, but not more effective.

Part of the issue is that the industry still lacks a clear definition of outcomes. The most important outcomes are not touches or internal efficiencies. They are the member actions that change cost of care—the ~90 cents of the premium dollar where the greatest economic value sits, not just the ~10 cents tied to administration.

What your peers are saying

- 1. The operating model still does not follow the person.** Members moves across lines of business and within products across organizational units, but the experience still resets at each handoff. That creates waste, weakens continuity, and makes it harder to influence cost-driving behaviors.

56% of executives are not prepared to manage change among; systems, data, and people to align integration between Medicare and Medicaid.¹

- 2. Hard cost decisions are unavoidable; weakening the member experience is not the answer.** The next round of product and cost mitigation will shape which organizations remain competitive. Cost levers that reduce access, benefit value, or member experience solve one problem while creating another.

60% of executives agree that GLP-1s are having the largest impact on their pharmacy utilization trend.¹

- 3. AI can create value when it strengthens both the member experience and financial performance.** *Gut-check your decisions;* does it help teams and members act earlier and consistently in ways that improve member actions and plan performance?

70% of executives agree that the biggest impact AI will have in healthcare in the next 12-18 months will be ChatGPT-style medical advice; followed by managing total claims cost.¹

¹EAC leaders pre-event survey



The industry isn't under-investing—it's investing heavily and not seeing returns where it matters

Health plans are investing across outreach, operations, and technology, but too much of that spend still does not change what the member does next—where cost of care, retention, and plan performance are won or lost.

If investment does not change member action, it is unlikely to improve the part of the business where the biggest performance change sits.

Plans see the financial pressure but rarely view member action as a means to improve performance.

Utilization and retention are real challenges. Yet often, the response defaults to benefit reduction and tighter utilization controls. The larger opportunity is to help members take actions that improve cost of care and stay engaged long enough for value to be realized.

"How do you improve the LTV and hold on to that member until year 4+?"

"\$1.3B spent on members who hadn't been seen by a provider in 36 mo."

Leaders should treat member action as **part** of the economic answer, not just the operational backdrop.

High activity still does not guarantee member action.

Outreach effort remains high, yet so much of it is still tied to awareness and sentiment. If the member does not act, the effort may be visible, but the return is limited.

"We change the color of our direct mail thinking it will increase our connection with members. Meanwhile, we have a room full of undeliverable mail."

"Our care managers are paid to dial-out, but members still don't pick up."

Leaders should reprioritize activity that cannot be **tied** to a clear member action.

AI creates value when it improves what the member does next.

AI can improve speed and consistency, but it does not fix broken processes or systems on its own. It has the most value when it helps teams act earlier, with better context, and gives time back to teams to spend quality interaction time with the member.

"We've spent billions on technology, yet nothing's improved."

"Pulling the admin lever won't be enough to improve margin."

Leaders should focus AI functions where it improves decisions, timing, and follow-through for both the member and the business.

Market sustainability hinges on what leaders prioritize next

The margin equation is forcing harder choices.

Plans still need near-term discipline. But the larger opportunity sits in the cost-of-care side of the business. That is where earlier action, better guidance, and stronger member follow-through can change performance more meaningfully than admin savings alone.

Recent CMS updates reinforces that shift. Plans are being pushed to improve clinical performance, outcomes, and experience at the same time.

"These changes refocus the program on clinical care, outcomes, and patient experience..."
- [CY2027 Medicare Advantage and Part D Final Rule Fact Sheet](#)

The 90/10 reality

The premium dollar makes the choice visible. Admin efficiency matters, but the bigger performance opportunity sits in the portion tied to care delivery and utilization. That is why member action belongs at the center.



External pressure will remain. Utilization, acuity, and cost trend are not temporary. Plans cannot remove those forces, but they can decide where to place effort.

Admin savings matter, but alone they are not enough.

You can:

- Reduce duplicate outreach
- Remove avoidable service effort
- Improve coordination across teams and channels

The larger opportunity sits in cost of care.

You can:

- Get members to preventive and primary care sooner
- Intervene earlier when needs, diagnoses, or medications change
- Improve post-acute follow-through and next-best actions
- Retain and activate the members most tied to long-term value

The answer is not more outreach. It is more effective outreach tied to financial implications.

Plans improve performance when they work through the member: helping people understand what to do and giving them the means to do it through actionable outreach.

Sustainability depends on shifting effort toward the moments that influence medical and pharmacy spend, retention, and trust—and away from fragmented activity that creates work without changing behavior.

A New Path for Performance

No more scaling activity without impact

What matters now are the priorities leaders choose to execute. Centering efforts on the member and tying to the right actions they can reasonably take can improve both margin and mission.

But that only happens when actions consistently drive better decisions—not just more activity. Technology plays a role, but only when it capture member’s mind-share, gets them to do the right actions at the right time.

Sustainability requires a **shift away from recovering missed actions after the fact, and toward guiding decisions earlier**—where costs, utilization, and outcomes are still shaped. This is how plans move from short-term savings to measurable, compounding economic impact.

Influence Member Behavior Early

Focus on root causes shifts effort from recovering missed actions to guiding decisions before costs are incurred.

In practice: A high-risk member is guided to schedule preventive care before a gap appears in reporting.

When Utilization Inevitably Occurs, Recover Thoughtfully

When trigger events occur (e.g., ER visit, post-acute discharge, high-cost imaging, or missed refill), follow-up is timely, coordinated, and drives a clear next step—rather than just a required touchpoint.

In practice: A member discharged from a post-acute stay receives a message within 24 hours with real guidance: “It looks like you need to schedule a follow-up visit with your primary care doctor, I can help you get this scheduled.”

Member Clarity and Navigation as an Economic Advantage

When navigation is simple and well-timed, members do the right things with minimal effort, strengthening retention, appropriate utilization, and overall plan performance.

In practice: A member is guided to exactly where to go for labs and how much it costs— not just reminded to “complete testing”

Member-centered is not a brand posture. It is where performance is won.

Health plans are running out of room to rely on the same playbook.

Administrative discipline still matters. But it will not be enough to offset pressure from utilization, acuity, retention, and rising expectations. The larger opportunity sits in the decisions members make every day—and whether plans are equipped to influence them early enough to matter.

This is not a case for more outreach or more activity. It is a case for better intervention in the moments that shape cost, experience, and long-term value.

The organizations that get this right will be better positioned to improve cost of care, retention, experience, and long-term margin.

Improve the member actions that shape cost, retention, and experience—both a noble endeavor and a financial imperative.



Drips helps healthcare organizations convert outreach into measurable outcomes by guiding members to complete high-value actions—improving quality performance, capturing revenue and reducing avoidable costs.