



# Why AI-Driven Member Engagement Breaks Without Closed-Loop Infrastructure



## Executive Summary

The United States leads the world<sup>1</sup> in healthcare spending per capita, yet consistently underperforms on long-term health outcomes. Preventive services are underutilized, care gaps are rampant, institutional trust is waning, and preventable medical costs total roughly \$79 billion each year<sup>2</sup>. Health plans and other at-risk healthcare groups know that stronger member engagement is crucial to closing this gap, yet even with significant investment in engagement programs and digital tools, many plans struggle to drive sustained performance and outcomes.

In recent years, artificial intelligence (AI) and automation have made it easier to deploy large-scale, omnichannel outreach campaigns that satisfy the demand for seamless, digital-first experiences<sup>3</sup>. These tools enable healthcare organizations to tailor healthcare experiences<sup>4</sup> to individual preferences, needs, and goals while improving member relationships and business outcomes. However, most existing platforms were not designed for healthcare and cannot connect engagement

at the top of the funnel to measurable health outcomes or program enrollment, lacking the closed-loop infrastructure needed to generate insights from unstructured data. As a result, leaders lack clear insight into what drives behavior change, where members disengage, and which programs deliver true value.

PromptWell addresses this challenge with AI-powered outreach, purpose-built for healthcare complexity. Trained on years of healthcare data, the platform deploys individualized campaigns aligned to each member's unique care needs, tracking engagement from first touch through program enrollment while mapping outcomes, including health plan enrollment and adherence. At-risk healthcare groups can gain visibility into care gaps, program performance, and what actually works—leveraging closed-loop attribution to optimize the healthcare consumer experience, improve outcomes, and minimize preventable costs.

## The Healthcare Engagement Challenge

In the United States, the cost of healthcare continues to climb. Healthcare spending has more than tripled since 2000<sup>5</sup>, reaching \$5.6 trillion<sup>6</sup> in 2025 with a projected growth rate that far outpaces economic growth. Each year, avoidable medical expenses total roughly \$79 billion<sup>2</sup> while the rate of preventive care utilization lags<sup>1</sup> that of peer nations. Nine in 10<sup>7</sup> Americans delayed preventive care in 2025, with 59% skipping at least one recommended screening, and over half of all Gen Z and millennial patients relying on emergency department visits to meet their health needs. Combined with persistent labor shortages<sup>8</sup>, declining institutional trust<sup>9</sup>, and consistent underperformance on long-term health outcomes<sup>10</sup>, these figures signal a clear disconnect between dollars spent and value delivered across the US healthcare system.

Health plans and at-risk healthcare organizations understand that member engagement plays a central role in this dynamic: stronger engagement shifts utilization upstream, enabling earlier intervention, better care plan adherence, more efficient use of covered services, and fewer unnecessary emergency department visits. As these organizations face increasing pressure to do more with less, AI has the potential to reshape<sup>4</sup> how (and when) consumers engage with medical service offerings, helping organizations scale and deploy individualized engagement journeys that have a meaningful impact on member behavior. But this is easier said than done.

## The Barriers to Behavior Change

Member engagement is difficult to achieve and even harder to sustain. Social determinants of health (SDoH)<sup>11</sup> including age, income, education level, and other nonmedical factors play a significant role in whether members are aware of their options, trust the guidance they receive, and act on that information in a timely manner. These factors influence not only access to care but also how members interpret outreach and whether they feel supported navigating complex health decisions.

Emotional drivers<sup>12</sup> such as anxiety, anger, and confusion also have meaningful influence. When member journeys feel complex, impersonal, or fragmented, trust and satisfaction erode. For consumers, care navigation is often confusing, time-consuming, and frustrating. Payers can be hard to reach, coverage is difficult to understand,<sup>11</sup> and one-quarter<sup>4</sup> of US healthcare consumers report difficulty accessing care when they need it. Likewise, members with lower health literacy,

limited digital readiness, or heightened financial stress face greater friction at every step. To effectively engage members, outreach must accurately and consistently reflect these realities. Otherwise, at-risk care groups may fail to drive meaningful action and disproportionately miss vulnerable populations.<sup>13</sup>

To build durable relationships and motivate behavior change in value-based care models, organizations must design engagement with an understanding of how these forces intersect. In practice, this means showing up with empathy, clarity, and consistent support—tailoring communication to different levels of literacy, readiness, and access. Engagement that accounts for human psychology, social context, and digital readiness is better positioned to earn trust, sustain participation, and improve outcomes over time.

## Why Current Methods Fall Short

Despite continued investment<sup>14</sup> and innovation surrounding AI-powered engagement tools, many at-risk healthcare groups struggle to draw a clear link between vanity metrics (e.g. open rates, click-through rates) and real-world outcomes such as downstream utilization of emergency services. While these platforms can solve for speed and scale, they often over index on surface-level insights and underdeliver on impact.

There are several core reasons why current engagement tools fall short:

### Broken Attribution

Because most engagement platforms were not designed for healthcare-specific needs, they lack the ability to connect outreach to real member behavior or care utilization. Without the right data, plans cannot see where members disengage, understand what drives action, or link top-of-funnel outreach to enrollment and follow-through.

### Generic Design

Engagement platforms often originate outside healthcare and are retrofitted for payer use. They struggle to accommodate healthcare-specific requirements such as consent, privacy, clinical nuance, benefit complexity, and multistep care journeys. This limits their ability to support meaningful engagement or integrate into broader care and operational workflows.

### Disconnected Outreach

Many tools rely on static segments, rules-based logic, or surface-level message customization. As a result, outreach remains generic and poorly timed, failing to account for individual behavior, health literacy, or prior engagement.

### Data Limitations

Data is often disjointed across systems, and many tools lack the capability to extract valuable insights from unstructured data, synthesize fragmented records, and curate experiences that are highly attuned to member preferences, needs, risks, and goals.

### Poor User Experience

Most platforms are designed to optimize efficiency for the organization, not clarity and ease for the member. They fail to account for health literacy, emotional context, and technological ability when tailoring journeys, and they often frustrate members with slow, convoluted, or burdensome next steps.

## Business Impact

When engagement tools do not utilize a closed-loop approach and fail to drive meaningful action, the downstream impacts undermine the value of digital investments and compromise program performance in several ways:

### Increased medical spend

Underutilization of preventive and early-care services results in an unexpected increase of higher-acuity, higher-cost services, ultimately leading health plans to raise costs over time and threatening affordability for members.

### Poor member retention

When engagement feels impersonal or disconnected from care experiences, loyalty erodes and churn increases.<sup>11</sup>

### Missed performance goals

Low engagement contributes to gaps in preventive care, medication adherence, and program participation, putting satisfaction scores, value-based performance, and regulatory metrics at risk.

### Financial pressure

Manual campaign execution requires additional headcount, creating operational inefficiencies and raising the cost of labor.<sup>15</sup>

Together, these challenges highlight a critical gap in healthcare engagement: the need for adaptive, data-driven systems that translate outreach into measurable action and sustained performance improvement.

## THE MISSING FOUNDATION

# Closed-Loop Infrastructure for AI-Driven Outreach

At-risk healthcare groups face growing pressure to control costs, scale outreach, and implement digital engagement solutions with provable ROI. While most AI tools can support these goals, few can actively help achieve them. The distinguishing factors are how a model is built and whether the system on which it runs supports continuous attribution.

Closed-loop infrastructure provides that foundation. It connects top-of-funnel activity to downstream conversion and outcomes by capturing what happens after engagement—whether members schedule care, enroll in programs, adhere to treatment, or disengage—and feeding those signals back into the system. This creates a consistent feedback loop that allows organizations to evolve engagement strategies based on real behavior, drive continuous improvement, and optimize every touchpoint for the greatest impact.

## Measurable Gains Across the Member Journey

Closed-loop attribution transforms engagement from a series of disconnected interactions into a measurable, continuously improving system. By mapping outreach to real member behavior and outcomes, at-risk care groups gain the visibility and learning required to improve effectiveness at every stage of the member journey. At scale, this capability delivers three distinct advantages.



### Accountability

Closed-loop attribution establishes a clear link between engagement efforts and member action. At-risk care groups can see where goals are met and where engagement breaks down, consequently identifying care gaps. This visibility allows leaders to track patterns and understand what actually drives impact, enabling more confident decisions and clearer ROI.



### Adaptation

With continuous access to outcome-level feedback, engagement strategies can evolve in real time. AI learns from member behavior to refine timing, channel, sequencing, and messaging—adapting outreach to different populations, varying health literacy levels, and readiness to act. Engagement becomes more relevant, responsive, and aligned with member needs.



### Acceleration

Closed-loop attribution shortens the path to effective outreach. By quickly identifying what works, at-risk care groups can move more rapidly from testing to execution—scaling successful strategies while maintaining personalization across large populations. The result is engagement that combines speed, scale, and relevance without increasing operational complexity.

Traditionally, the nuanced psychology of human decision-making patterns cannot be easily mapped onto standardized and predetermined touchpoints. But AI that learns from historical data breaks the mold, capturing the insights needed to improve relevance, timing, and next best actions.

## A Stronger Continuum of Care

Closed-loop attribution strengthens the continuum of care by enabling at-risk care groups to intervene earlier, coordinate care more effectively, and sustain engagement beyond a single interaction. By tracking every action from member activation to program enrollment, these tools give healthcare organizations an explicit understanding of member needs at both the individual and population levels. For example, if program enrollment remains low despite consistent, tailored outreach, at-risk organizations can infer that the issue is a gap in understanding rather than awareness. In response, campaign strategy can pivot to lead with more education-focused messaging.

Likewise, closed-loop technology can analyze historical member behavior to tailor outreach across timing, cadence, channel, and tone, enabling proactive strategies such as more timely appointment reminders for members who

have previously delayed care. With provider filing deadlines spanning up to 180 days for private insurers and up to a year for public programs, this extended delay creates a gap in real-time insight, but also a powerful window for proactive intervention, enabling plans to act on predictive behavioral patterns and engage members before claims ever reach payer desks.

By synthesizing historical data, tailoring outreach to SDoH, and seeing which outreach leads to preventive visits, program enrollment, medication adherence, or follow-up care, at-risk care organizations can consistently point members to the right care at the right time. This shifts utilization upstream,<sup>16</sup> away from avoidable emergency department (ED) use and inpatient stays, and improves continuity across preventive, chronic, and acute care.

### Helping Build a Better System

Across the care continuum, AI-enhanced outreach has the power to transform the cost, quality, and impact of care. By harnessing valuable insights from previously inaccessible data and deploying personalized journeys specific to each member, at-risk healthcare organizations can drive meaningful impact across the entire healthcare industry:

**Up to 10%**<sup>4</sup>

of healthcare spending in net savings for payers, physician groups, and hospitals alike

**25-35%**<sup>15</sup>

reduction in ED utilization achieved through early intervention

**20-30%**<sup>15</sup>

increase in medication adherence through AI-supported reminders

**30-50%**<sup>15</sup>

reduction in administrative burden

**\$15 to \$30 million**<sup>15</sup>

in annual savings for Medicaid plans with 100,000 members

**34%**<sup>4</sup>

reduction in missed care appointments

### PROMPTWELL'S APPROACH

## AI-Powered Outreach, Purpose-Built for Healthcare

PromptWell is an AI-powered outreach platform designed to help health plans, at-risk providers, and value-based care organizations turn engagement into measurable action. The platform automates the entire digital marketing stack, launching individualized journeys across multiple channels while continuously learning from member actions and outcomes to improve effectiveness and reduce high-cost care utilization over time.

Most AI-powered outreach platforms struggle to deliver ROI because they lack the infrastructure to connect outreach to outcomes. But PromptWell was designed specifically to solve this problem.

## Closed-Loop Attribution

We measure performance beyond vanity metrics. By linking top-of-funnel engagement to downstream enrollment, adherence, and utilization, the platform provides the attribution layer needed to understand what works, where members disengage, and how engagement drives results.

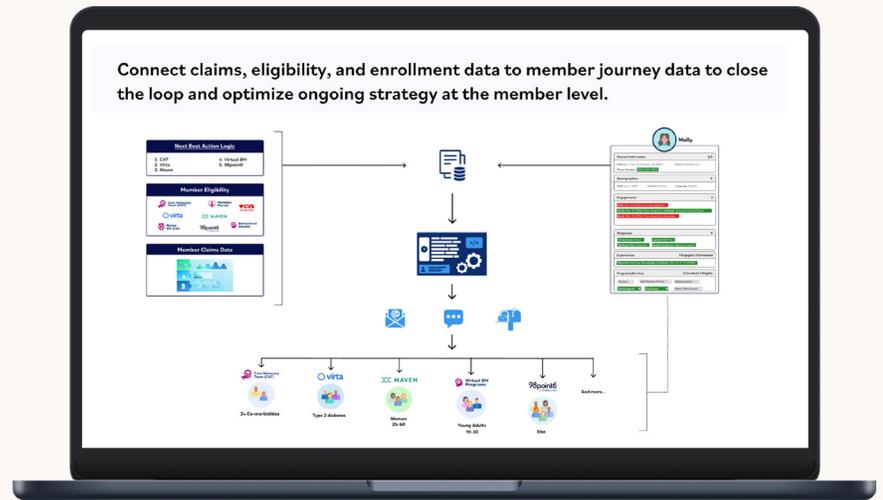
## Made for Healthcare Complexity

PromptWell is healthcare-native—not adapted from consumer marketing tools. It accounts for healthcare-specific requirements and needs, tracking the correct data and ensuring that attribution reflects real-world care pathways and authentic patient experiences.

## Human-Centered Design

Trained on years of validated member behavior, PromptWell's algorithm has learned the patterns of healthcare decision-making and designs every outreach sequence with member demographics in mind, preserving the empathy, nuance, and trust that make healthcare work.

Ultimately, PromptWell reframes engagement as the **outcome** of **effective** outreach, not its **input**. Purpose-built for member engagement rather than adapted from a cross-industry platform, our AI algorithms are designed to evaluate, learn from, and optimize toward real healthcare outcomes. Paired with closed-loop infrastructure, AI-powered orchestration ensures every interaction is accountable to member action, transforming outreach into a continuously learning system with impact at every touchpoint.



## Looking Ahead to the Future of Healthcare Communication

Going forward, the success of healthcare communication will be defined less by how efficiently messages are delivered and more by how effectively they drive action. As costs rise, margins tighten, and expectations for personalization continue to increase, at-risk care groups can no longer afford engagement strategies that operate in isolation from outcomes. Communication must evolve from a broadcast function into a learning system—one that adapts to member behavior, reflects real-world context, and continuously improves over time.

This shift requires rethinking how engagement is measured, designed, and ultimately delivered. As AI-powered communication tools continue to expand and evolve, closed-loop infrastructure must be the gold standard. By linking outreach to enrollment, utilization, and follow-through, these systems give healthcare organizations the keys to a better system: members feel empowered to seek proactive care, avoidable utilization declines, and the continuum gains a cleaner bill of health.

Discover how PromptWell helps health plans, at-risk providers, and value-based care organizations turn AI-powered outreach into effective member engagement with measurable results.

Learn More

[www.promptwell.com](http://www.promptwell.com)

## Work Cited

- 1 Peterson-KFF Health System Tracker. (n.d.). *How does the quality of the U.S. health system compare to other countries?* Peterson-KFF Health System Tracker. <https://www.healthsystemtracker.org/chart-collection/quality-u-s-healthcare-system-compare-countries/#preventive-services>
- 2 Peter G. Peterson Foundation. (n.d.). *How can we reduce unnecessary healthcare spending in the US?* <https://www.pgpf.org/article/how-can-we-reduce-unnecessary-healthcare-spending-in-the-us/>
- 3 HealthEdge. (n.d.). *2025 health plan guide: Transforming member engagement & satisfaction.* <https://healthedge.com/resources/blog/2025-health-plan-guide-transforming-member-engagement-satisfaction>
- 4 McKinsey & Company. (n.d.). *Harnessing AI to reshape consumer experiences in healthcare.* <https://www.mckinsey.com/industries/healthcare/our-insights/harnessing-ai-to-reshape-consumer-experiences-in-healthcare>
- 5 Amin, K., Cox, C., Ortaliza, J., & Wager, E. (2025, October 8). *Health care costs and affordability.* KFF. <https://www.kff.org/health-costs/health-policy-101-health-care-costs-and-affordability/?entry=table-of-contents-introduction>
- 6 Pearl, R. (2025, November 17). *US healthcare's biggest problem: Overlooking the \$5 trillion gorilla.* Forbes. <https://www.forbes.com/sites/robertpearl/2025/11/17/us-healthcares-biggest-problem-overlooking-the-5t-gorilla/>
- 7 Littrell, A. (2025, April 28). *90% of Americans delay preventive screenings, Aflac survey finds [Review of 90% of Americans delay preventive screenings, Aflac survey finds]. Medical Economics.* <https://www.medicaleconomics.com/view/90-of-americans-delay-preventive-screenings-aflac-survey-finds>
- 8 McKinsey & Company. (n.d.). *Digital transformation: Health systems' investment priorities.* McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/digital-transformation-health-systems-investment-priorities>
- 9 Heath, S. (n.d.). *Health plans need human touch to boost member experience.* TechTarget. <https://www.techtarget.com/healthcarepayers/news/366630316/Health-plans-need-human-touch-to-boost-member-experience>
- 10 Peter G. Peterson Foundation. (n.d.). *How does the U.S. healthcare system compare to other countries?* <https://www.pgpf.org/article/how-does-the-us-healthcare-system-compare-to-other-countries/>
- 11 Coughlin, S. S., Vernon, M., Hatzigeorgiou, C. H., & George, V. (2021). Health literacy, social determinants of health, and disease prevention and control. *Journal of Environmental Health Science*, 6(1), 3061. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7889072/>
- 12 Press Ganey. (2025, September 4). *New Press Ganey report reveals why health plan members are losing trust—and what it takes to rebuild it* [Press release]. Business Wire. <https://www.businesswire.com/news/home/20250903199353/en/New-Press-Ganey-Report-Reveals-Why-Health-Plan-Members-Are-Losing-Trust-And-What-It-Takes-to-Rebuild-It>
- 13 Sharma, P. (n.d.). *Optimizing member engagement for effective population health management.* Becker's Payer Issues. <https://www.beckerspayer.com/leadership/optimizing-member-engagement-for-effective-population-health-management/#:~:text=Member%20engagement%20lies%20at%20the,nuanced%20approach%20to%20member%20engagement.>
- 14 Engagys. (n.d.). *Survey: Health plans are spending more, using multiple channels to give health care consumers a world-class member experience.* <https://www.engagys.com/insights/survey-health-plans-are-spending-more-using-multiple-channels-to-give-health-care-consumers-a-world-class-member-experience>
- 15 Advisory Board. (n.d.). *Health plans tackle rising admin costs.* Advisory.com. <https://www.advisory.com/topics/cost-control/health-plans-tackle-rising-admin-costs#:~:text=Health%20plans%20face%20high%20administrative,3>
- 16 Fierce Healthcare. (n.d.). *AI poised to slash healthcare costs through enhanced member engagement and social determinants data.* <https://www.fiercehealthcare.com/sponsored/ai-poised-slash-healthcare-costs-through-enhanced-member-engagement-and-social#:~:text=Agentic%20AI%20systems%20have%20the,burden%20by%2035%2D50%25.>