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## Marlin Hawk Industry Pulse

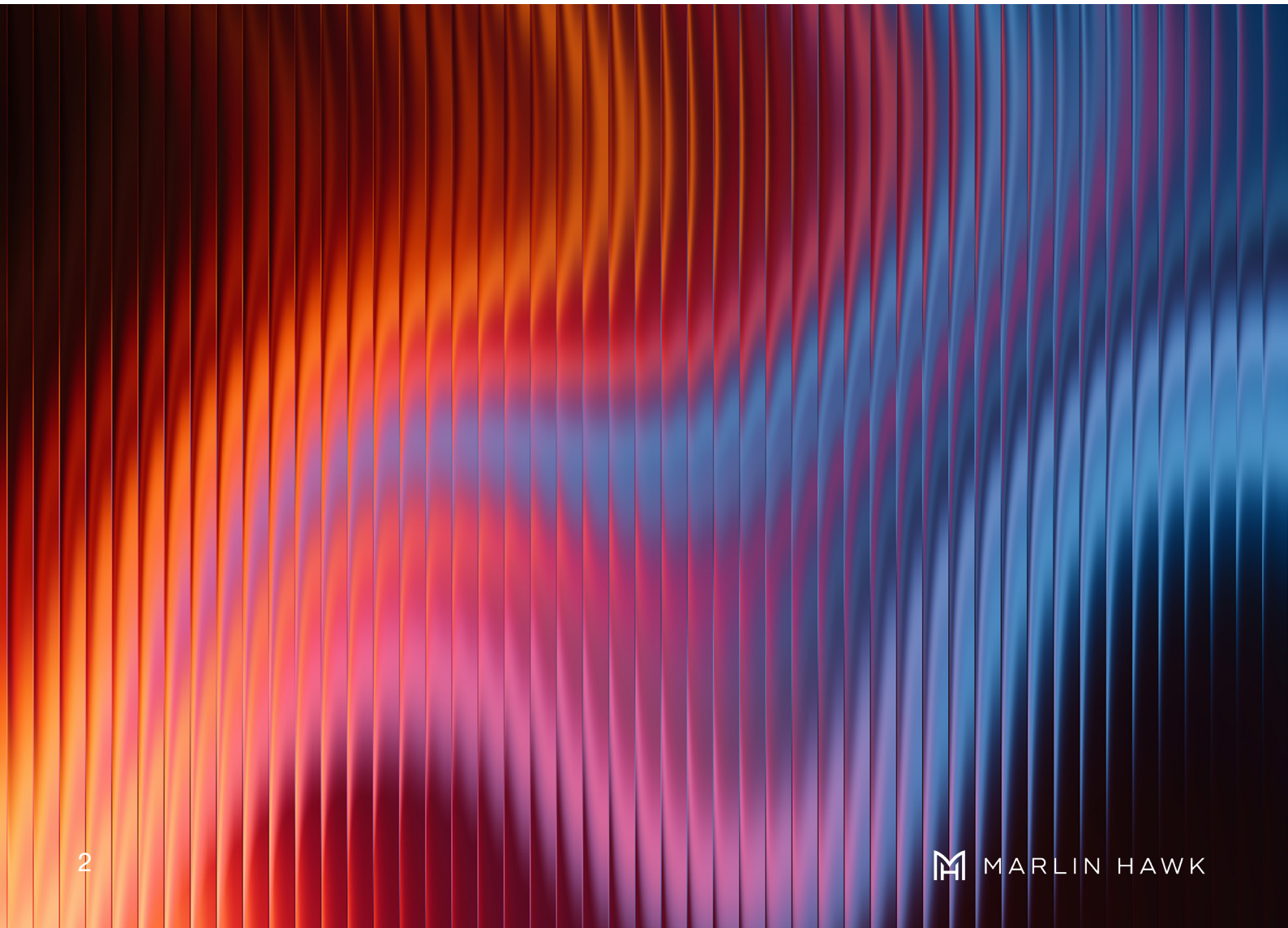
# **The Digital Imperative in Health Insurance:** The Talent Question Nobody's Answering Correctly

# Introduction: Why This Conversation Matters Now

Health insurers are operating in an environment defined by rising healthcare costs, growing affordability pressure, and increasingly complex member needs across Medicare, Medicaid, commercial, individual, and family plan populations. At the same time, the expectations, behaviors, and demographics of healthcare consumers have changed materially. Members are navigating care differently, making more decisions digitally, seeking greater transparency, and expecting simpler, more personalized engagement from the organizations that finance and coordinate their care. Yet much of the healthcare ecosystem still operates through legacy models that were not designed for this level of consumer complexity, cost pressure, or demand for real time engagement.

In this environment, digital can no longer be treated as a narrow function focused on apps, websites, portals, or online transactions. For health insurers, digital engagement has become an enterprise strategy with direct implications for member experience, care access, care navigation, price transparency, quality, affordability, and health outcomes. Done well, digital creates a more direct connection between the health plan and the member. That connection can influence how members choose care, when they seek support, whether they adhere to recommended interventions, how they manage chronic conditions, and whether they access the right care in the right setting at the right time.

This is why digital leadership in health insurance matters now. The strategic value of digital is not simply that it makes interactions easier, although that remains important. Its greater potential is that it helps health insurers drive member action at scale. Better engagement supports improved Star Ratings, stronger quality performance, better care coordination, lower avoidable utilization, and more effective management of total cost of care. As affordability pressures intensify, the question for health insurers is no longer whether digital matters. The question is whether digital is being led, structured, and governed as a core enterprise lever capable of improving both business performance and health outcomes.



# The Evolving Mandate of Digital in Health Insurance

Digital in health insurance is no longer defined by an app, a portal, a website, or a set of online transactions. It is also no longer simply a product discipline or a technology build. Those capabilities remain important, but they are no longer sufficient. The mandate has expanded. Digital must now be understood as an enterprise strategy that shapes how members enroll in coverage, navigate care, engage with their health plan, understand their options, receive personalized support, and connect with clinicians and care resources across their health journey.

This evolution is particularly important in health insurance because the member journey is fragmented, complex, and often emotionally charged. Unlike many consumer categories, members are not simply seeking convenience. They are trying to make decisions about care, cost, access, quality, and trust, often at moments when the system is difficult to understand. A mature digital strategy can help simplify that experience. It guides members toward the right care setting, support medication adherence, enable earlier intervention, improve care management, and create more personalized journeys that reflect a member's health status, benefit design, preferences, and needs.

At the same time, digital strategy in health insurance cannot assume that every member, provider, broker, caregiver, or internal stakeholder is equally ready to adopt new tools or change established behaviors. This is particularly true in Medicare Advantage, where member populations may include individuals who are less digitally native, more dependent on caregivers, more skeptical of new technologies, or more likely to require high-touch support alongside digital engagement. The mandate, therefore, is not simply to build better digital capabilities. It is to design digital experiences that can earn trust, reduce friction, support adoption, and meet members where they are.

That same adoption challenge exists inside the organization and across the broader healthcare ecosystem. Digital transformation often requires new ways of working for care management teams, clinical leaders, customer service organizations, distribution partners, providers, and community-based stakeholders. A strong digital strategy must therefore address both the external member experience and the internal change required to make that experience real. The most effective digital leaders understand that technology adoption is not automatic. It must be designed, communicated, operationalized, and reinforced across the populations and stakeholders the health plan serves.

The implications reach far beyond customer satisfaction. For health insurers, digital effectiveness influences affordability, quality, equity, utilization, and outcomes. In Medicare Advantage, for example, stronger digital engagement can support better care management, improved member action, and stronger performance against quality measures that contribute to Star Ratings and bonus payments. Across government programs, commercial populations, and individual markets, the same broader principle applies. Digital is not just a channel through which members interact with their health plan. It is a mechanism through which health plans can drive activation, behavior change, and measurable improvement in both business and clinical performance.

The expanding mandate requires digital leadership that can connect strategy, product, technology, data, operations, clinical engagement, and consumer behavior. The role must also have sufficient authority, visibility, and cross-functional access to influence how the enterprise works, rather than operating as a specialist function at its margins.

The objective is not simply to replicate the ease and personalization consumers experience elsewhere. It is to apply those expectations in a healthcare context where the stakes are materially higher: making the system easier to navigate, more responsive to member needs, and more capable of improving quality and affordability.

# The Four Archetypes of Digital Leadership

Not all Chief Digital Officer roles are created equally. Although organizations may use the same title, the mandate, authority, capabilities, and expected outcomes of the role can vary substantially. In practice, the design of the position usually reflects the business problem the organization is trying to solve, as well as the functional background and experience of the executive selected to lead it.

Across industries, Chief Digital Officers and comparable digital leaders generally align with one of four archetypes: the Transformer, the Customer Experience Leader, the Product Expert, and the Technologist. Each brings a distinct set of strengths. Each is also most effective in a different organizational context. Understanding these distinctions is critical because selecting the wrong archetype can create a mismatch between the leader's capabilities and the outcomes the enterprise expects the role to deliver.

| | CORE MANDATE | BEST FIT | PRINCIPAL RISK |
|---|---|---|---|
| THE TRANSFORMER | Enterprise transformation, strategic alignment, and operating-model redesign. | Health plans that need coordination, prioritization, and a common roadmap. | May influence the agenda without owning execution or measurable outcomes. |
| THE CUSTOMER EXPERIENCE LEADER | Consumer insight, journey design, personalization, trust, and omnichannel engagement. | Health plans seeking better adoption, simplicity, and member behavior. | Strong concepts may not become scalable products without product and delivery rigor. |
| THE PRODUCT EXPERT | Product ownership, prioritization, agile delivery, adoption, and continuous improvement. | Organizations building durable digital capabilities tied to user and business value. | Product discipline alone may not address trust, accessibility, or healthcare behavior. |
| THE TECHNOLOGIST | Architecture, platforms, engineering, integration, and technical scalability. | Organizations constrained by legacy systems, fragmented data, or technical debt. | A sophisticated platform may not solve the right member problem or drive adoption. |

In our experience, most organizations don't choose the archetype the business problem demands, they default to whichever archetype matches the last leader's background, or the CEO's comfort zone. That mismatch is the single biggest cause of underperforming digital mandates.

## Archetype 1: The Transformer

The Transformer typically enters the role with a mandate centered on enterprise transformation, strategic alignment, and operating model redesign. This leader helps the organization determine where digital capabilities can create value, establishes priorities across competing initiatives, and coordinates transformation across functions that may otherwise operate independently. The Transformer may also lead efforts to digitize internal processes, modernize ways of working, and establish the governance and investment framework required to advance a broader digital agenda.

This archetype is often well suited to organizations that are early in their transformation or lack enterprise-wide coordination. The Transformer can create clarity where priorities are fragmented, align leaders around a common ambition, and build the roadmap that connects digital investment to enterprise strategy.

The trade-off is that the role frequently depends on influence rather than direct ownership. Transformers may define the agenda without controlling the product, technology, operational, or commercial resources required to execute it. Without clear decision rights, operating authority, or accountability for measurable business outcomes, the role can become advisory rather than transformational. During periods of financial pressure, these positions may also be particularly vulnerable if the enterprise views them as strategic overhead rather than as owners of capabilities, products, or performance.

## Archetype 2: The Customer Experience Leader

The Customer Experience Leader begins with the needs, behaviors, and expectations of the consumer. This archetype typically brings depth in customer insight, journey design, personalization, behavioral engagement, and omnichannel experience. These leaders often emerge from customer experience, design, marketing, digital engagement, or consumer-oriented product functions.

The Customer Experience Leader is particularly effective when an organization needs to improve trust, simplify complex interactions, increase adoption, or create a more coherent experience across digital and non-digital channels. In health insurance, this can include redesigning how members enroll, understand benefits, locate providers, access care, receive support, and engage with their health plan throughout the year.

This archetype recognizes that a digital capability creates little value if members do not understand it, trust it, or use it. The Customer Experience Leader is therefore often strong at translating consumer needs into intuitive journeys and designing engagement strategies that encourage adoption and behavior change.

The potential limitation is that experience design alone does not guarantee enterprise execution. Without strong product management, technology partnership, and accountability for delivery, the organization may create compelling concepts or redesigned journeys without building the operating capabilities required to deploy, scale, and continuously improve them.

## Archetype 3: The Product Expert

The Product Expert brings the discipline of digital product management to the enterprise. Rather than focusing only on the design of the customer journey, this leader owns the journey as a product: defining the problem to be solved, establishing priorities, allocating resources, sequencing development, measuring adoption, and continuously improving performance based on data and user feedback.

These leaders typically bring experience in product strategy, product management, agile delivery, and cross-functional operating models. They understand how to organize work through empowered product teams, including squad-and-chapter structures, and how to bring together design, engineering, data, operations, and business stakeholders around a shared set of outcomes. They are also more likely to establish clear accountability for adoption, utilization, customer value, and business impact rather than treating the launch of a new capability as the measure of success.

The Product Expert is well suited to organizations seeking to build durable digital capabilities tied to user needs and enterprise value. This archetype can move digital from a collection of projects into a managed portfolio of products with clear ownership, investment priorities, performance measures, and development roadmaps.

The trade-off is that product rigor does not inherently produce customer empathy or deep understanding of healthcare behavior. A leader can be highly capable in product management

while remaining insufficiently attuned to the trust, accessibility, clinical complexity, and population-specific barriers that influence whether members engage with a health insurance product.

### Archetype 4: The Technologist

The Technologist builds the foundation on which digital capabilities depend. This archetype typically brings depth in engineering, architecture, platform modernization, infrastructure, systems integration, technical delivery, cybersecurity, and scalability. The Technologist is often tasked with addressing legacy constraints, modernizing the technology stack, establishing shared platforms, and improving the speed and reliability with which digital capabilities can be developed and deployed.

This archetype is especially valuable in organizations where outdated infrastructure, fragmented data, technical debt, or slow delivery processes are the primary barriers to progress. Without this foundation, even the strongest digital strategy or customer experience vision may be impossible to execute at scale.
The potential limitation is that the Technologist may approach digital primarily as an engineering or architecture challenge. Building a technically sophisticated platform does not necessarily mean that it solves the right member problem, creates an intuitive experience, or drives adoption. The Technologist may therefore be less naturally oriented toward consumer insight, journey design, behavior change, and the commercial or clinical outcomes that digital capabilities are intended to produce.

In some organizations, the Product Expert and the Technologist are combined into a single leadership role. This can create a powerful connection between what the enterprise builds and how it builds it. However, success depends on whether the executive has genuine depth across both disciplines or primarily represents one while overseeing the other.

## What the Market Shows: An Analysis of the Top 50 Health Plans

Given the growing strategic importance of digital in health insurance, Marlin Hawk analyzed the 50 largest U.S. health plans by membership to understand how the industry is structuring digital leadership today. The analysis examined whether each organization has an enterprise Chief Digital Officer or equivalent, where its most senior digital executive sits within the leadership structure, how recently that leader entered the role, and which industries have shaped the executive's prior experience.

An important distinction underpins the analysis. Nearly every large health plan has an executive with some responsibility for digital capabilities. However, that does not necessarily mean the organization has a true enterprise Chief Digital Officer. In some cases, digital leadership is limited to a particular line of business, customer segment, channel, or functional area. In others, digital sits within technology, marketing, product, consumer experience, or transformation and represents only one component of a broader executive mandate. Some organizations also have senior digital leaders whose placement several levels below the Executive Committee inherently limits their enterprise authority and influence.

For the purposes of this analysis, an organization was considered to have a Chief Digital Officer or equivalent only when the role carried meaningful enterprise-wide responsibility for digital strategy, capabilities, products, experiences, or transformation. Separately, Marlin Hawk identified the most senior executive with substantive digital responsibility at every health plan, even when that executive did not meet the definition of an enterprise CDO. This distinction makes it possible to assess both the prevalence of true enterprise digital leadership and the broader ways in which health plans assign digital accountability.

## 1. Enterprise Digital Leadership Remains the Exception

Of the 50 health plans analyzed, 23, or 46%, have a Chief Digital Officer or equivalent with a sufficiently broad enterprise mandate. The remaining 27, or 54%, have digital responsibilities distributed across other executives, confined to narrower areas of the organization, or positioned below the level required to exercise meaningful enterprise leadership.

The finding reflects a central contradiction in the market. Fewer than half the largest health plans in the country have anyone clearly accountable for digital. Most organizations are investing in digital capabilities, but many have not yet aligned the authority, scope, and leadership structure around digital with its growing importance to member engagement, affordability, quality, and outcomes.

This does not mean the remaining organizations lack digital activity. Rather, it means their digital accountability is often fragmented. Technology may own the platforms, marketing may own engagement, product may own individual journeys, operations may own service channels, and clinical teams may own care management interventions. Without a leader capable of connecting these components across the enterprise, digital can remain a collection of initiatives rather than a cohesive strategy.

## 2. Organizational Placement Can Enable or Constrain Impact

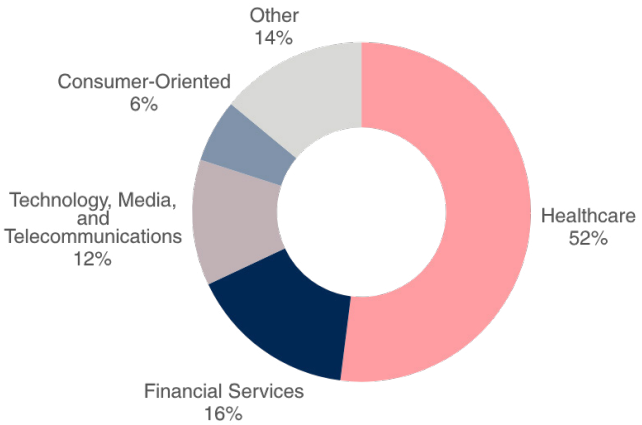
The analysis also demonstrates significant variation in where digital leadership sits. Seventeen of the 50 organizations, or 34%, have a Chief Digital Officer, equivalent leader, or executive with primary digital accountability sitting directly on the Executive Committee. Another 20, or 40%, position their most senior digital executive one level below the Executive Committee, reporting directly to an Executive Committee member. At the remaining 13 organizations, or 26%, the most senior identifiable digital executive sits at least two levels below the Executive Committee.

This organizational placement matters. Digital requires coordination across product, technology, operations, marketing, clinical functions, customer experience, analytics, and individual business lines. A leader positioned several levels below the Executive Committee may be able to oversee digital products or execute defined initiatives, but will often have less ability to establish enterprise priorities, redirect investment, resolve competing functional interests, or hold the organization accountable for shared outcomes. Reporting level alone does not determine effectiveness. An Executive Committee title without resources, decision rights, or operating ownership can still produce a constrained mandate. However, when digital leadership sits two, three, or four levels below the senior leadership team, its influence is structurally limited. If digital is intended to function as an enterprise strategy, the leader responsible for it must have sufficient access, visibility, authority, and organizational standing to operate across traditional boundaries.

## 3. Healthcare Experience Continues to Dominate

The backgrounds of the most senior digital leaders across the 50 organizations reveal another important pattern. The industry that lags furthest behind in digital keeps hiring its digital leaders from itself. That's not a neutral talent pattern, it's a big part of why the lag persists. Twenty-six, or 52%, came primarily from healthcare. Eight, or 16%, came from financial services. Six, or 12%, came from technology, media, and telecommunications. Three, or 6%, came from consumer-oriented companies. Two, or 4%, came from industrial organizations, and one, or 2%, came from life sciences. The remaining leaders had backgrounds that did not fit neatly within those categories or reflected experience across multiple sectors.

**Industry Origins of Senior Digital Leadership**




Healthcare experience offers clear advantages. Leaders who understand regulated insurance products, clinical complexity, payer economics, government programs, provider relationships, and the challenges of engaging members across varied populations can enter the role with important context and credibility. Yet the industry's continued preference for healthcare experience also raises a strategic question.

Health insurance has historically lagged many other sectors in digital adoption, customer engagement, personalization, and ease of use. If the industry draws predominantly from its own talent ecosystem, it risks replicating the same assumptions, operating models, and limitations it is trying to overcome. The capabilities required to lead digital transformation should therefore be evaluated functionally, not solely through the lens of industry experience.

Financial services represents a particularly relevant external talent market. Like health insurance, it operates in a highly regulated environment, manages sensitive personal data, requires strong security and risk controls, and serves customers with differing levels of financial and digital fluency. Yet many financial institutions have advanced further in building intuitive digital experiences, personalizing engagement, integrating digital and human channels, and driving widespread adoption of self-service tools. Consumer and technology companies may offer additional capabilities in product management, experimentation, personalization, platform development, and customer-centered design.

The objective is not to dismiss healthcare experience. It is to avoid treating it as a prerequisite when the more important consideration may be whether the executive has successfully built products, changed consumer behavior, increased adoption, navigated regulation, and translated digital engagement into measurable business outcomes.

## 4. The Leadership Model Is Still Relatively Nascent

Tenure data further suggests that digital leadership in health insurance remains in an early stage of development. Twenty of the 50 most senior digital executives identified, or 40%, have been in their current roles for two years or less.

This is an encouraging signal in that health plans continue to establish, elevate, or refresh digital leadership roles. It suggests that the market is moving toward greater recognition of digital as a strategic capability. At the same time, it means many of these leaders and mandates have not yet had sufficient time to demonstrate sustained enterprise impact. In some cases, the organization may still be defining the role, establishing decision rights, building teams, or determining how digital should intersect with product, technology, operations, clinical leadership, and customer experience.

Taken together, the data describes an industry in transition. Digital responsibility exists across nearly every major health plan, but true enterprise ownership remains inconsistent. Fewer than half of the organizations analyzed have a clearly defined enterprise CDO or equivalent. Only one-third position the most senior digital leader directly on the Executive Committee. Healthcare remains the dominant source of talent despite the opportunity to import more mature digital capabilities from adjacent sectors. And a significant proportion of the leaders are still relatively new in their roles.

The market is moving in the right direction, but the leadership architecture has not yet caught up with the strategic importance of digital. The challenge for health insurers is no longer simply to assign someone responsibility for digital. It is to determine whether that leader has the mandate, capabilities, authority, and enterprise reach required to turn digital investment into member action, business performance, and better health outcomes.

## Marlin Hawk's CDO or equivalent key findings in the 50 largest U.S. health plans by membership:

- **Only 23 of the 50 health plans analyzed, or 46%,** have a true enterprise CDO or equivalent.
- **Just 17 organizations, or 34%,** position their most senior digital leader directly on the Executive Committee.
- **Another 20 place the leader one level below it,** while the remaining 13 position the most senior digital executive at least two levels below the Executive Committee.
- **40% have been in their current roles for two years or less,** suggesting that the leadership model remains relatively nascent.

# The Profile Most Likely to Drive Impact in Health Insurance

For health insurers seeking broad, sustained enterprise impact, the strongest default profile combines deep product management capability with a strong customer and experience orientation. This is not the only viable model: an organization constrained by core technology, for example, may appropriately prioritize a Technologist, while one lacking enterprise alignment may initially require a Transformer. But where the objective is to connect digital investment to member engagement, behavior, and outcomes, the blended product-and-experience leader is most likely to close the gap between insight and execution.

Healthcare particularly rewards this combination because success depends on understanding where members encounter friction, what prevents action, and how trust shapes engagement, then converting those insights into products that can be prioritized, funded, deployed, measured, and continuously improved.

Product discipline provides the mechanism for execution. It creates clear ownership of the member journey, establishes priorities across competing needs, aligns cross-functional teams, and connects investment to measurable business value. Human-centered design ensures that the resulting products reflect how members actually think, behave, and make decisions. In health insurance, both are essential. Product rigor without customer empathy can produce sophisticated capabilities that members do not understand or use. Customer experience without product ownership can produce compelling concepts that never become durable, scalable enterprise capabilities.

The distinction is especially consequential in healthcare, where members often engage during moments of uncertainty, vulnerability, or financial stress. Whether they are understanding a diagnosis, locating a provider, comparing the cost of care, or deciding when and where to seek treatment, the experience must do more than feel easy; it must help the member make a better decision.

Trust, simplicity, and navigation are therefore central to the mandate. Members must understand the action being requested, believe the information is credible, and move easily between digital and human support. This is particularly important for populations that may be less digitally native, more reliant on caregivers, or more resistant to new technologies. The goal is not to force every member into a digital channel, but to create the most effective journey for each member.

Digital success in health insurance must therefore follow a clear progression: experience must lead to engagement, engagement must lead to action, and action must lead to better outcomes. A well-designed digital experience has limited strategic value if members do not adopt it. Adoption has limited value if it does not change behavior. And behavior change has limited enterprise value if it cannot be connected to better quality, more appropriate utilization, improved affordability, stronger retention, or better health outcomes.

The blended leader is accountable for more than digitizing existing processes or launching new features. The role must redesign experiences around members, build the products that support those experiences, and demonstrate whether the resulting capabilities help close care gaps, improve adherence, guide site-of-care decisions, strengthen care-management engagement, and make the system easier to navigate.

The alternatives each carry a predictable gap. A Technologist may build the enabling architecture without sufficient depth in behavior and journey design. A Transformer may establish the strategy and governance without owning the products and teams required to execute it. A Customer Experience Leader may understand the member deeply without the product discipline needed to convert insight into scalable capabilities. For the broad mandate described here, the strongest profile integrates these dimensions while retaining particular depth in product management and customer experience.

# Looking Beyond Healthcare for the Best Talent

Health insurers have historically placed a premium on direct healthcare experience when selecting senior leaders. That preference is understandable given the industry's regulatory complexity, clinical environment, government program requirements, and distinctive economics. However, it can also constrain the talent pool and reinforce the same operating models the industry is trying to change.

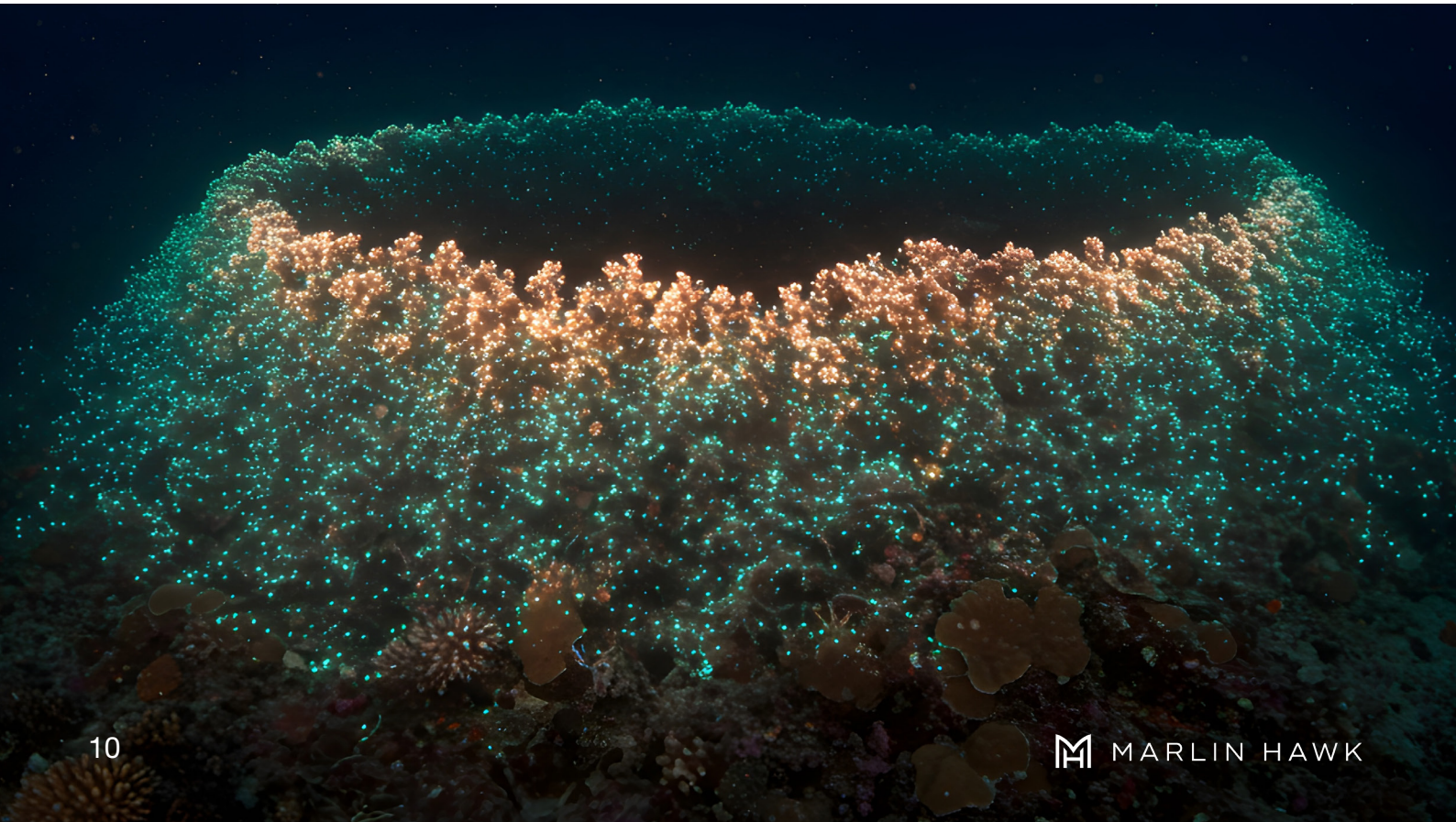
Because healthcare has lagged other sectors in digital product management, personalization, consumer engagement, and ease of use, the strongest candidate may come from outside the industry. Health insurers should evaluate talent first through the lens of functional capability: whether the executive has built and scaled digital products, changed consumer behavior, increased adoption, integrated digital and human channels, navigated complexity, and connected investment to measurable outcomes.

Financial services provides a particularly relevant talent market. Like health insurance, it operates in a highly regulated and trust-dependent environment, manages sensitive personal information, and serves customers with varying levels of digital fluency. Yet many financial institutions have advanced further in creating simple digital experiences, driving self-service adoption, personalizing engagement, and connecting digital platforms with human advice and support.

Consumer and technology companies may also provide valuable talent. These sectors have developed deeper capabilities in product management, experimentation, personalization, journey design, behavioral engagement, and platform development. Executives from these environments can bring new assumptions about how products are built, how customers are understood, and how adoption is measured.

This does not mean healthcare knowledge is irrelevant. An external leader must be capable of learning the industry, understanding its regulatory and clinical context, and building credibility with internal and external stakeholders. But industry experience should not outweigh the functional expertise required to transform how members engage with their health plan and the broader healthcare system.

For health insurers pursuing a broad enterprise mandate, the priority should be a leader who combines product rigor with customer empathy and can connect member engagement to measurable business and health outcomes. That capability should be prioritized wherever it exists rather than assuming the strongest talent must come from within healthcare.



# Implications for the Future of Digital Leadership in Health Insurance

Digital leadership in health insurance is becoming more strategic, more enterprise-wide, and more consequential. Yet across the industry, role design remains highly inconsistent. Titles are often similar, but mandates, authority, reporting relationships, and expected outcomes vary substantially. As digital becomes more central to member engagement, affordability, competitiveness, and health outcomes, that inconsistency is no longer sustainable.

The starting point for any organization should be clarity on the business problem it is trying to solve. Some health insurers may need enterprise transformation. Others may need modernization of legacy platforms, stronger product management, better member engagement, more effective care navigation, or greater integration across clinical, operational, and consumer-facing functions. The role should be designed around that need, and the leader should be selected based on the capabilities required to address it.

That may require significant change. In many cases, it will challenge existing operating models, redistribute accountability, and force organizations to work differently across traditional functional boundaries. Change management will therefore remain a critical capability, both for the digital leader and for the broader executive team. But organizations should not avoid meaningful strategic bets simply to preserve continuity. In a healthcare system under intense pressure from rising costs, affordability concerns, fragmented experiences, and uneven outcomes, maintaining the status quo is not a neutral decision. It risks compounding the very problems the industry needs to solve.

When positioned effectively, digital leadership can help health insurers simplify access, improve navigation, personalize engagement, support adherence, and influence care decisions. Its value lies in converting those capabilities into better quality, more appropriate utilization, stronger retention, lower cost, and improved health outcomes.

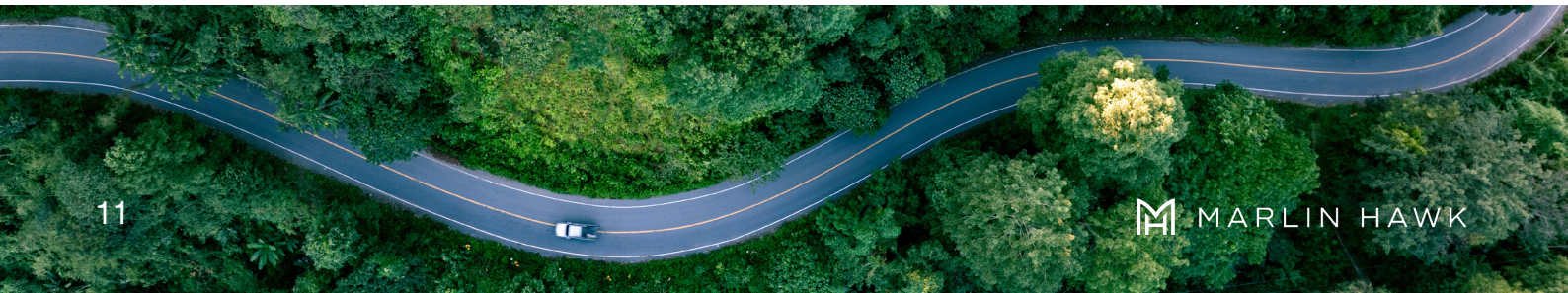
Many health insurers still over-index on legacy technology, infrastructure, and traditional transformation models. Those capabilities remain necessary, but the next generation of leaders must also bring broader product, consumer, behavioral, and enterprise capabilities that connect what is built to how it is adopted and what it ultimately changes.

For that reason, leadership design around digital cannot be accidental. Organizations must be explicit about the mandate before hiring the role. They must determine whether the need is transformation, modernization, product discipline, customer experience, enterprise integration, or some combination of those priorities. They must then match the leader to the challenge rather than relying on title familiarity, industry convention, or a narrow view of relevant experience.

They must also provide the role with the authority and organizational standing required to succeed. A senior title without decision rights, cross-functional access, resources, or accountability for outcomes will limit impact. Digital must operate as an enterprise lever that connects product, technology, operations, clinical functions, marketing, analytics, and customer experience. It cannot remain isolated within a single function or confined to channel performance.

The measures of success must evolve as well. App adoption, website traffic, digital containment, and customer satisfaction remain useful indicators, but they are not enough. Health insurers should also assess whether digital capabilities are improving engagement, closing gaps in care, guiding members toward appropriate sites of care, supporting adherence, strengthening quality performance, reducing avoidable utilization, and improving affordability and health outcomes.

The future of digital leadership in health insurance will not be defined by the number of Chief Digital Officers appointed, but by whether organizations create the mandate, operating model, authority, and accountability required for digital to produce enterprise impact.



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