Commercializing Consumer Engagement

A Blueprint for the Healthcare Industry

Excerpt - Chapter 1

ROBERT J. YURKOVIC

Studio IQ, LLC
Basking Ridge, NJ

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This publication is meant to provide a point of view as well as share conceptual material to help healthcare businesses engage consumers. It does not provide legal, health, and financial advice. The health conditions and examples are used for demonstration purposes only and not meant to provide medical advice. If you have a health condition, speak with your health professional.

Chapter 1

Understanding Healthcare

"We are what we eat, we are what we do, and we are what we accept … we are unhealthy." - Bob Yurkovic

THE SEVEN COMPONENTS OF HEALTH

Before we can engage consumers on a path to better health, we need to understand what health is and how it affects us. How the consumer sees health and all the various influences are important, since shifts on how we perceive health have occurred over the last 10 years. It is also important to understand the health industry as a whole, and the turmoil it is undergoing because it influences how consumers view health.

Our health is a combination of several key components of life that need to stay in balance in order to remain healthy. We need to feed our bodies and mind, we need to flex our bodies and mind, we need to rest our bodies and mind, and we need to manage the internal and external forces that affect us.

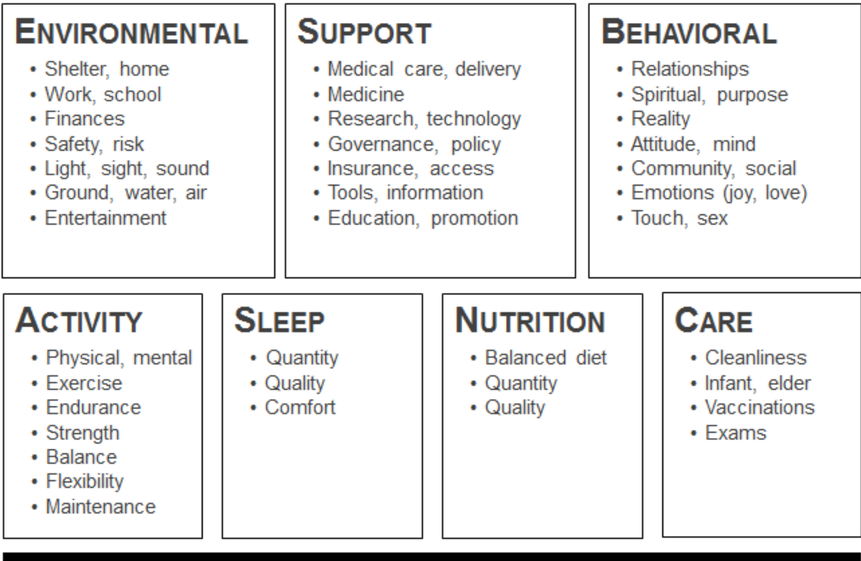

Figure 1 - Balancing the Seven Components of Health

We are a complex system of engines and parts that needs to be maintained. If we are out of balance, chronic diseases and other disorders may occur and we are no longer at our optimal performance level.

Health is so much more than just taking care of ourselves when we are sick or need care. We need to eat well, sleep well, and exercise, as well as obtain treatment from physicians. Other areas that impact our health are the environment around us and our internal behavioral components. Environmental attributes affect our health on a physical and emotional level. Our work, financial situation, social relationships, attitude, and even our purpose in life all impact our overall health. So many things affect our health, and *they* must be in balance if we are to remain in balance. Yet, does the average consumer see all the things that make up their health? What do we focus on and in what priority? Do we acknowledge this or remain in denial?

Some people I know boast they can sleep only 5 hours a night, and yet studies show adults need 8 hours, and children and young adults need even more. We do not seem to mind abusing our bodies until the long-term effects surface as a serious complication. Try eating French fries and greasy hamburgers every day for 6 months. You may not witness near-term daily effects, but after 6 months, you may earn a stay in the hospital due to accumulated damage resulting in long-term effects. This is not a time to boast how we deplete our health and injure our bodies and minds. It is time to understand what affects our health and how to manage it.

Let's take one component of our health, sleep, and look at the impacts on our health that studies proven. The risks associated with sleep deprivation include obesity, diabetes, heart disease and hypertension, immune system issues, and the common cold. One study found people who regularly sleep fewer than six hours a night tend to be overweight (Neal D. Kohatsu, et al., 2006). Other studies found more sleep can influence blood level sugar control to manage type 2 diabetes (Peter M. Nilsson, 2004). A study in 2008 showed reduced sleep was directly linked to an increased risk of coronary artery calcification (King CR, 2008). Reduced sleep increases our susceptibility to infections, which in turn can affect our quality and quantity of sleep (Opp MR, 2003). It was found in a study that people who had less than 7 hours of sleep a night were three times more likely to get a cold than those who got 8 or more hours of sleep. Not only the quantity of sleep, but it's also the quality of sleep that changes our susceptibility to the

common cold (Sheldon Cohen, William J. Doyle, Cuneyt M. Alper, Denise Janicki-Deverts, & Ronald B. Turner, 2009).

To understand our health, we need to first understand all the things that we interact with on a daily basis. In reality, there are many things that affect our health. So if we want to treat the causes rather than just the symptoms, we need to understand where the roots of the causes are coming from. It may be we have high stress work-related issues, which may result in poor sleep and even more stress. Using sleep aids treats the symptoms for short-term help, though it does not treat the actual causes. We may find that many causes are emotional and mind-related. Several experts have noted that emotional pain can manifest itself to surface as physical back pain (John Sarno, 1998). The mind and body are connected, making the identification of causes much more difficult, as symptoms can be different from person to person. We need to look at a person as a whole system and dig deeper than a simple 5-minute consultation with a physician. It is important to take the time necessary to understand what is happening to our body and aim care at the causal points. If the average consumer is equipped with relevant information, they can then begin to change their habits and start the healing process, hopefully before severe illness occurs.

HOW FAR OUT OF BALANCE ARE WE?

As a nation, our general health is not stable or improving; it is deteriorating, and the deterioration is growing year over year. We see this in the rise of chronic diseases as reported by the CDC. Sometimes the facts are difficult to accept, so many people lounge in a state of denial about our degrading health while complaining about rising medical costs. The paradox is disturbing. The CDC states that 86% of our health care dollars are related to the treatment of chronic diseases (CDC, 2014). The unhealthier we get, the more it costs us as a nation and the more premiums we have to pay for health insurance.

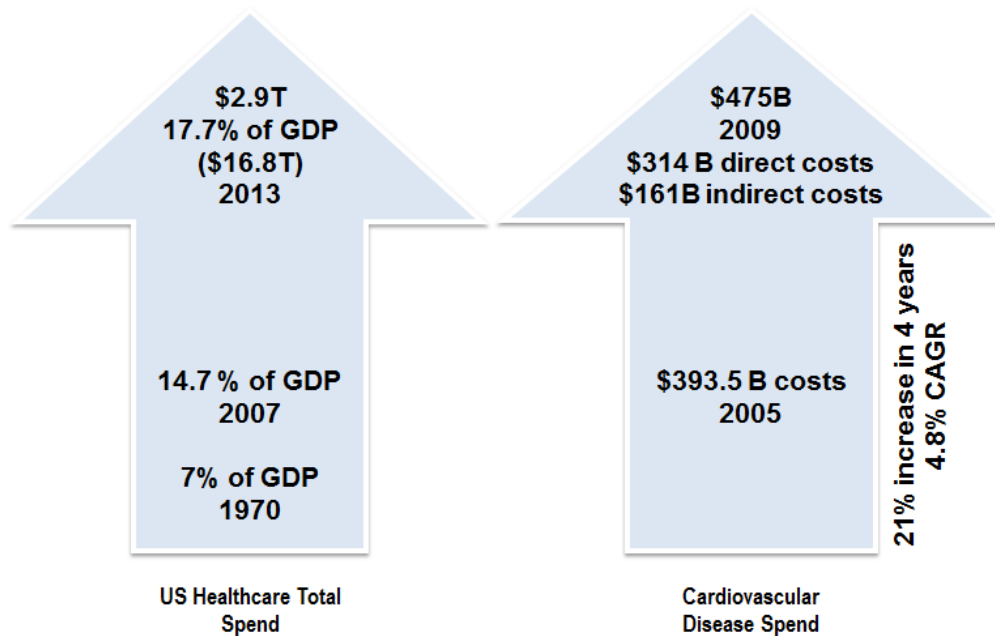

Figure 2 - Growing Health Care Spend in U.S.

The CDC estimates that in 2013, our expenditure on health care was $2.9 trillion. The health expenditure is 17.7% of the U.S. GDP, and with a GDP of $16.8 trillion in 2013, this equates to $2.97 trillion in U.S. health spending (World Health Organization National Health Account database, 2014). According to the CDC, total health care spending was $2.2 trillion in 2007, a 35% increase in spending over 5 years. This shows an alarmingly high Compound Annual Growth Rate (CAGR) of 6.2%. According to Forbes, total annual spending on health care in the U.S is $3.8 trillion dollars and they believe costs are underestimated (Forbes, Dan Munro, 2014).

The statistics on cardiovascular disease are equally alarming. The cost of coronary heart disease in the U.S. is about $109 trillion per year, according to the American Heart Association. The CDC states that about 1 in 4 people that die annually will die of heart disease (CDC, 2014). Other factors contributing to heart disease are diabetes, obesity, poor diet, lack of exercise, and alcohol use. About 47% of sudden cardiac deaths occur because people did not act on the warning signs such as chest pain, shortness of breath, and lightheadedness. If people had understood

the warning signs, they possibly could have received care in time. If people took a proactive position in regards to their health and had a low-salt and low-fat diet, exercised, and did not smoke, their risks for heart disease would drop rapidly (CDC).

Rising healthcare costs are unsustainable, and the medical community, government, and business leaders are working on ways to reduce costs and engage consumers. The trends in obesity and diabetes are growing at high rates. Many cases of chronic diseases can be managed through behavioral changes. In order to create a behavioral change in consumers, they need to be engaged in their health and understand their condition. Engaging consumers in better health to slow or reverse chronic diseases requires immediate attention if we are to have reasonable medical costs and a healthy population.

So let's take a look at two chronic diseases: obesity and diabetes. This will help us understand the impact of chronic diseases, not only on our health as a population, but also as a means to explain why medical costs and medical plan premiums increase every year.

Obesity

About 1 in 3 people are obese in America. This figure includes adults and children. The disturbing statistic has increased from 15% of the population being obese in 1990 to 34% in 2013. The figure rises about 6% year over year.

A study in 2010 by the Organization for Economic Cooperation and Development predicts that 75% of Americans will be overweight by 2020 (OECD, 2010).

Obesity is responsible for 5 - 10% of total health expenditures per year in the United States. An obese person incurs 25% higher health expenditures than a person of normal weight in any given year. In the United States, obese people are 76% more likely to suffer short-term disability, adding production losses to health care costs that account for over 1% of the GDP. Inevitably, the costs will rise as obesity-related diseases develop.

In 2008, according to researchers at Johns Hopkins Bloomberg School of Public Health, the Agency for Healthcare Research and Quality and the University of Pennsylvania, School of Medicine, 86% of Americans could be overweight or

obese by 2030 with related annual health care spending projected to be over $956 billion. That is 5 times what we spent in 2013. Our economy may not be able to support those increased costs.

Obese men spend about $1,152 more per year than non-obese men in medical spending. Obese women spend about $3,613 more per year than non-obese women. Prescription drugs account for most of the excess costs (Sharon Begley, 2012). Obesity accounts for 21% of all health care costs in the U.S., or $190 billion per year (John Cawley, 2012).

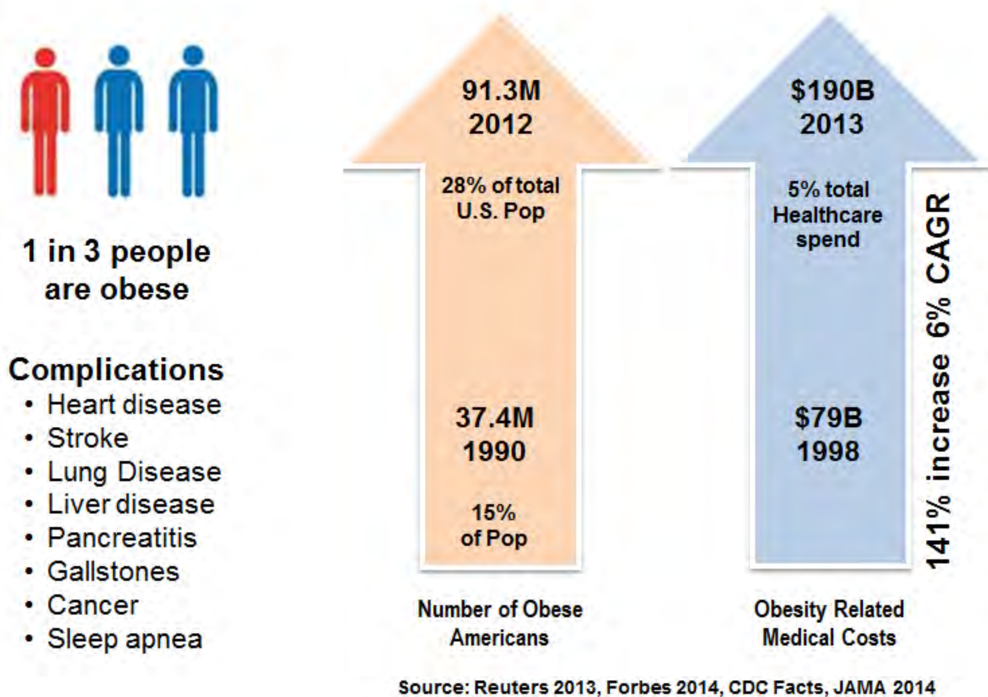

Figure 3 - Obesity Facts

There may be multiple causes for obesity so treatment may include a mix of diet, exercise, drugs, and behavioral programs. Untreated, obesity elevates the risk for Type II diabetes, heart disease, hypertension, cancer, stroke, and osteoarthritis (HHS: National Institue of Diabetes and Digestive and Kidney Diseases, 2012).

Indirect Costs Related to Obesity	
Heart disease	$6.99 billion
Type 2 Diabetes	$63.1 billion
Osteoarthritis	$17.2 billion
Hypertension	$3.2 billion

Americans spend $33 billion on weight management products per year (Scott, 2014).

Obesity has an enormous impact on our overall health care spending, as well as on our economy. If we want to reduce medical costs and improve our quality of life, we must address obesity in America.

DIABETES

About 7% of the population has been diagnosed with diabetes. Alarmingly, about 26% of Americans are either on the verge of diabetes or undiagnosed. Complications due to diabetes lead to more serious diseases such that the related costs were $245 billion in 2012 (American Diabetes Association, 2013).

According to the CDC, 1 in 3 adults could have diabetes by 2050 if current trends continue. The International Diabetes Federation predicts as many as 438 million people in the world will have diabetes by 2030, most of them in developing countries (Federation, 2009).

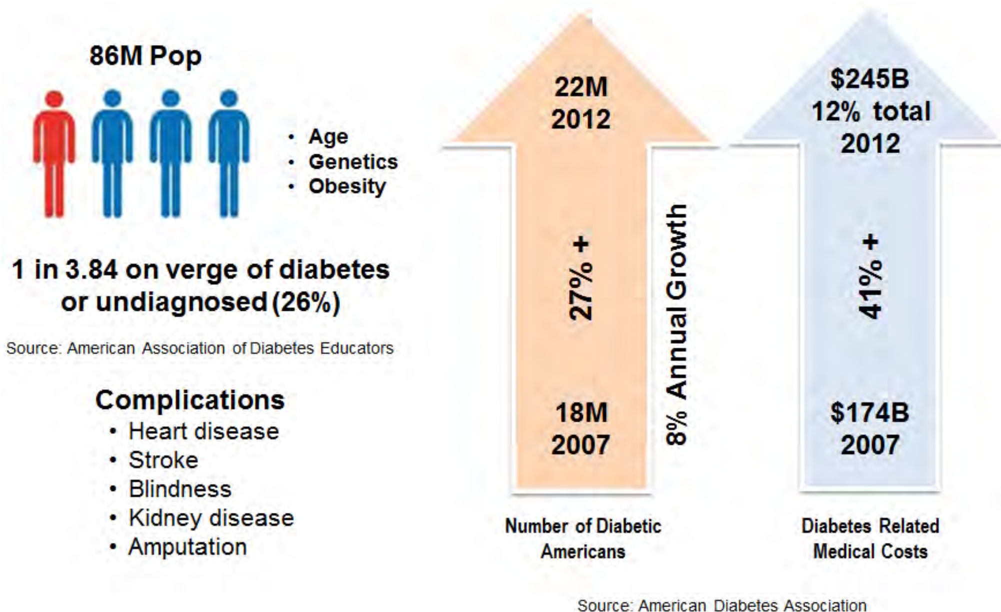

Figure 4 - Diabetes Facts

People with diabetes spend $13,700 per year, and about $5,800 is directly attributed to the care of diabetes. The American Diabetes Association also reports indirect costs related to diabetes.

Indirect Costs Related to Diabetes	
Absenteeism	$5.0 billion
Reduced productivity at work	$20.8 billion
Reduced productivity not in work force	$2.7 billion
Inability to work due to disability	$21.6 billion
Lost productivity due to early mortality	$18.5 billion

Diabetes is impacting our way of life with a heavy burden of medical and indirect costs.

PERSONAL RESPONSIBILITY AND A PAYER/PROVIDER RESPONSIBILITY

We have a personal responsibility to be in good health. Our health affects each other's quality of life through health care spending and the spread of disease. If our society is to prosper, good health becomes more than just a personal responsibility; it is equally a social responsibility. Personal health and personalized medicine is phealth because health care is personal. Accountability for our good health starts and ends with the consumer.

In order to motivate consumers to healthier living, they need information and tools to understand healthy choices, conditions and diseases, the implications of conditions, and to make intelligent decisions regarding their health. A study in 2011 showed that searching online for health information was the third most popular activity. 72% of Internet users looked online for health information as shown in a 2012 survey. However, when consumers had a serious health condition, 70% of them got information and care from a doctor or nurse (PEW Research, 2014). Consumers are searching for help, and the healthcare community needs to provide what they are looking for as opposed to allowing consumers to try and figure it out on their own using search tools where they risk obtaining potentially incorrect information. Payers and Providers have health data on consumers, and with that they can align the consumer needs with their health profile, ultimately empowering the consumer.

HEALTHCARE B2C SHIFTS

Companies launch products and services to consumers with the intent that their product will offer value to the consumer, but they often overlook the bigger picture. It is a holistic view of the consumer experience that matters if consumer centricity is to be attained. The combination of a product's functionality and the experience it offers sets a condition for potential consumer engagement and relationship development. Translating this to health care, it is important for Payers in health care to focus on providing information and tools so members can successfully manage their health while offering a connected experience to simplify and navigate the complex maze of health care.

There is a convergence toward the consumer due to enablers, disruptors, and shifts in behaviors. The Affordable Care Act (ACA) is only one of many factors influencing the alignment to consumers. Amazon and other Internet companies

lead the way to how we buy and make decisions. Consumers now have expectations such as fast delivery, convenient searching, online customer service, and immediate purchasing. Access to information and products has never been so easy. When a consumer is faced with processes and rules during a health event, they become frustrated since their expectations are now a bar or two higher than before. Technology brings new capabilities that are affordable. Mobility offers real-time access to order drug refills or resolve a problem as we press through our busy days. Today, the Internet of Things (IoT) provides monitoring and feedback capabilities over a network of devices supporting health management and medical treatment solutions. Consumerism has changed our behaviors and expectations. The state of health care is chaotic due to many things impacting health all at once.

Figure 5 - Convergence of Attitudes, Disruptors, and Enablers in Health Care

ACA

The Affordable Care Act (ACA) is legislation that attempts to reform the healthcare system by providing affordable, quality health insurance to Americans while lowering healthcare spending in the United States. The concept attempts to help consumers take charge of their health. The ACA is *not* an entitlement to free government-sponsored health care. As you can see in Figure 5, the ACA is only one of many components influencing disruption and change in health.

The ACA introduces a new health insurance marketplace to offer competitive plans through online comparisons. It also introduces new rules for employers and insurance companies, cost sharing subsidies, healthcare delivery, pre-existing conditions, the role of public programs, transparency, addressing chronic diseases, and tax credits. ACA also includes expanding the Medicaid assistance program to include more people who don't have it in their budgets to pay for health care. The ACA is moving the traditional fee for service model to a pay for performance model. Under the ACA, employers with at least 50 employees must provide healthcare insurance for anyone working more than 29 hours a week.

INSURANCE COVERAGE

A deductible is the amount you have to pay for covered services before your insurance starts to pay. A copayment is a fixed dollar amount that you pay for certain health care services. Coinsurance is your share of the costs of a covered health care service. Coinsurance kicks in after the consumer reaches their deductible.

Typically Payers offer one or more of the following plans:

Health maintenance organizations (HMOs)
Preferred provider organizations (PPOs)
Point-of-service (POS) plans
High-deductible health plans (HDHPs) are linked to health savings accounts (HSAs)
Catastrophic health plans cover essential health services with a very high deductible

All insurance plans under the ACA are required to cover ten essential health benefits.

1. Ambulatory patient services (outpatient care you receive without being admitted to a hospital)
2. Emergency services
3. Hospitalization (such as surgery)
4. Maternity and newborn care (care before and after your baby is born)
5. Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)

6. Prescription drugs
7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services

Dental coverage is not an essential health benefit for adults under the ACA, but it is considered an essential benefit for children under 18.

MARKETPLACE

There are 4 types of plans offered in the insurance marketplace and they are based on their actuarial value. The percentages of health care costs you pay for each type of plan:

Bronze	40% - highest out of pocket costs
Silver	30%
Gold	20%
Platinum	10% - lowest out of pocket costs

The higher the cost you pay in a plan translates to lower monthly premiums. Plans are organized by plan type (metal), brand, and health plan type (PPO, HMO, POS, or HDHP).

HOW IT AFFECTS CONSUMERS

While everyone is required to be covered by a health plan or pay a penalty, there are subsidies to help people with low incomes. Insurers can no longer cancel your policy if you get sick. There are no longer life time limits of coverage due to long-term illness. Free preventative care and annual checkups are covered. Young adults can stay on a parent's plan until age 26. Starting in 2014, the federal limit for annual out-of-pocket expense for individuals (not including monthly premiums) was capped at $6,350; the family cap was $12,700. Some plans may have lower out of pocket caps.

If you cannot afford a health plan, you may qualify for a federal subsidy. Qualifications for a subsidy are based on income and number of family members.

There are so many options with different costs that consumers will have a difficult time selecting options and the plan that is best for them. This is an important purchase decision for consumers. They will look to someone for help in understanding their options and to help them chose a plan that is right for them.

HOW IT AFFECTS THE HEALTH INDUSTRY

A major risk of the ACA is that potentially 30 million Americans will look for health care from a medical system that may not be able to carry that extra burden. More new entrants obtaining insurance are older, resulting in a higher risk group with higher medical costs, as young people obtaining insurance are lagging. Many young people do not get sick very often so they do not see the need for health insurance. They are also starting their lives with little money to spend on a monthly premium. Health professionals are typically concentrated in urban vicinities, leaving Americans in rural areas with little access to health care. There is a growing shortage of physicians and nurses as educational institutions are unable to graduate the number of physicians to manage the load. An increase in paperwork will strain the current system and shift time and money from care to administration. Pharmaceutical manufacturers will see a rise in annual government fees.

NOTHING IS FREE

While the per capita cost of health care is still growing, it's not as fast as in previous years. Some politicians say the ACA has caused the slowdown, but some economists argue it's really because of the economic slowdown and a drop in prescription drug costs due to patent expiration (The Wire, 2014).

In a recent Time article, Steve Brill sums it up nicely. "Put simply, with Obamacare we've changed the rules related to who pays for what, but we haven't done much to change the prices we pay" (Steven Brill, 2014). Since consumers continue to pay high costs for medical care and the ACA has added administrative costs to the healthcare system, the ACA has not lowered healthcare costs as some think. Instead, it has attributed to rising healthcare costs in the United States. The ACA, our declining health as a nation, and rising medical costs are ultimately causing health care costs to continually spiral upward.

CONSUMERISM

Our lives have been reshaped due to a consumer world that has embraced online convenience and simplicity. It started with the web in 1993 and accelerated when marketers saw the value of online to its consumer base. As consumers, we are now able to simply go online using a mobile device to search for something we want and then go through product and business reviews to support our buying decision. This capability brings uncomplicated convenience to our hurried, frenzied lives. We find what we want, validate it is the right item, and then hit a button which sets in motion a process that has a product delivered in 1 or 2 days. Our expectations for making decisions and obtaining products and services have changed in the last 20 years.

Current processes in healthcare businesses have not kept up with the consumer goods world we live in. Processes are cumbersome, there is little information exchange with businesses, and usability issues are endemic in consumer interaction points. Consumers are always searching for simple, convenient services and products. Our decision-making behaviors are different than they were 20 years ago. This is a reason we are starting to see new market entrants in the health industry with a strong focus on delivering a good customer experience with their offers. Apple, Google, and CVS Health are a few examples of businesses offering new products in the healthcare space.

How we have adapted to the consumer goods world is probably the largest influencer in how we make decisions for our health and engage in healthy living.

TRENDS

SELF-SERVICE TREND

Consumers now prefer to interact with a company through a system as opposed to talking to a person through a call center. The main reason consumers prefer self-service is convenience and most of what needs to be done can be accomplished on a mobile phone. In a consumer survey commissioned by Nuance Enterprise, it was found that 67% of consumers preferred self-service over talking to company representatives (Nuance, 2012). This is a major shift as in the past, consumers have been used to picking up a phone and calling a toll free number. Part of the

reason for the shift could be poorly designed Interactive Voice Response (IVR) systems in which you may have to press multiple numbers after listening to a menu of options for each step, only to find it leaves you at a dead end at the last step. The fact is, consumers migrated to a method that is easier, more effective, and more convenient to them.

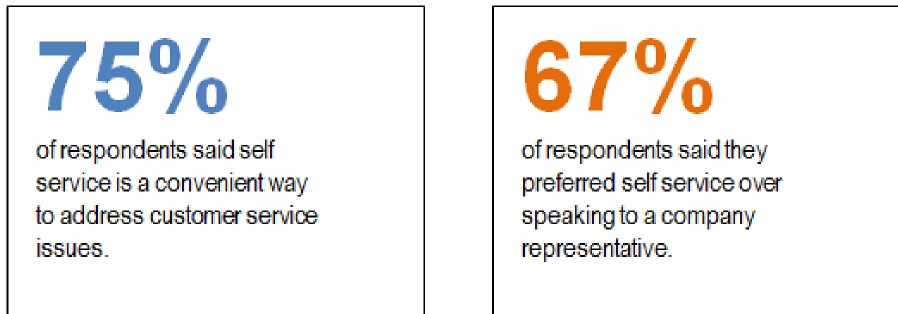

Figure 6 - Self-Service Preferences

SOCIAL ASPECTS OF EXPERIENCE

Companies need to create a wonderful experience and it has to be a proactive, shareable experience as well. Both a good and a bad experience will be shared. The risk of not creating a proactive good experience is there will be additional effort reacting to, responding to, and resolving negative experiences. This impacts the business' brand, consumer loyalty, and business costs while taking away focus to grow the business.

In a recent study conducted by ClickFox, 52% of unsatisfied consumers communicated their unhappiness about bad services they received (www.clickfox.com, 2014). Those communications can end up on social channels at the same place other consumers are searching to validate vendor or product value. This can directly influence a consumer's decision.

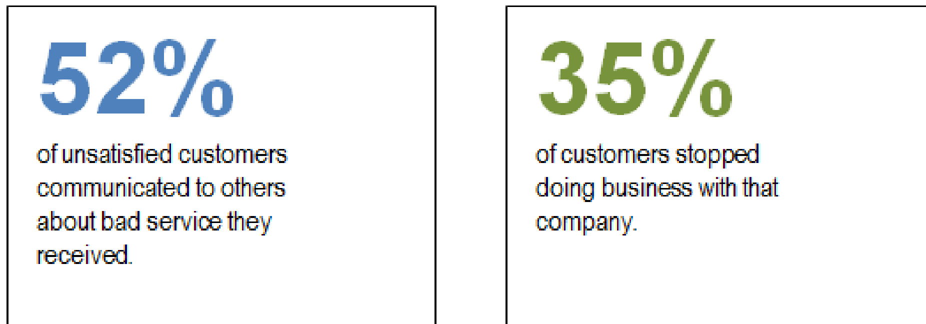

Figure 7 - Customers Communicate Unhappiness

INDUSTRY ADAPTABILITY

Some authors write about the lack of ability in major companies to adapt their offers to how consumers live and work. Companies, which fail to adapt and align with consumers, may find their strategies are ineffective, so they shift to reactive tactics to stay viable. Reactive tactics are short-term fixes to a long-term industry shift.

Change in the healthcare industry is rapidly altering consumer expectations around interactions and engagement. Consumers want simple and convenient. Companies are scurrying to understand what this means to them and attempting to adapt to new business models while burdened with old technologies, products, and processes. Meanwhile, new businesses that are consumer-oriented are entering the health market, offering consumers interesting options to traditional healthcare businesses. Trust will remain a large factor for consumers since health is personal and consumers are leery of what business will do with their personal health information.

The following quotations from reputable sources are alarming and many healthcare companies will be impacted.

> "Digital Darwinism is the evolution of consumer behavior when society and technology evolve faster than our ability to adapt" – *Brian Solis* (Solis, 2013).

> "More than 40% of the companies that were at the top of the Fortune 500 in 2000 were no longer there in 2010" - *Babson College* (Babson College, 2011).

> "… 70% of the Fortune 1000 will be replaced in a few years" – *Forbes* (Furr, 2011).

These all have a common theme … companies must adapt to consumer needs or they will ultimately fail.

PAYER EXPERIENCE VERSUS CONSUMER EXPERIENCE

Let's look at how Payers process claims. Are they doing it for the benefit of themselves and applying efficiencies for better margin? Or are they doing it to support a better customer experience? Both approaches provide a Return on Investment (ROI), but which approach provides lasting and greater value? Undetermined value for ROI from designing processes for a better experience may have more value than the monetary gain used to create efficiencies that are internally focused. ROI for a customer experience may seem unquantifiable so we need to look at the aspects of loyalty and retention as a value indicator. A customer's experience can influence other consumers, so acquisition is now part of the ROI value equation.

We may be able to say they process claims efficiently, so the job gets done but how does it impact the experience with a customer? A Payer may say there is no Customer Experience in this process, that they just process the claims internally. They are right and wrong. They are right in that Payers do not generate a customer experience in this process. They are wrong in that Payers are disconnected with customers and have let the claim experience go unmanaged and open to competitive attack and unknowns. In lieu of a crafted experience, a typical process may look like this: the member will start wondering what happened to their claim. Instead of thinking the process is going well, they may think the worst; we always do. So after a period of time, the member calls the Payer to find out what is going on with their claim, and at this point the member is likely already at a frustrated stage. The call to the Payer's contact center cost the Payer three to five dollars and an unhappy customer. Now think about what this process may look like if we generate the Customer Experience around it; we can stop frustrating the customer and not incur the cost of a call to the contact center.

What if Payers provided a communication using an SMS or email message to advise members where their claim is in the process? Sound familiar? I love to see my tracking information from my Amazon orders and see how the order is progressing. Studies have shown that when a consumer sees progress and knows something is happening, the experience of waiting is better than when the consumer has no idea what is happening. Seeing activity or progress can satisfy the

consumer as they wait for claims processing, resulting in a good experience. If Payers communicated where a claim was as it traveled through the process, the member experience increases. Consumers would know what is going on since the Payer took the action first and generated a dialog around the claim event as opposed to consumer's dreading the worst.

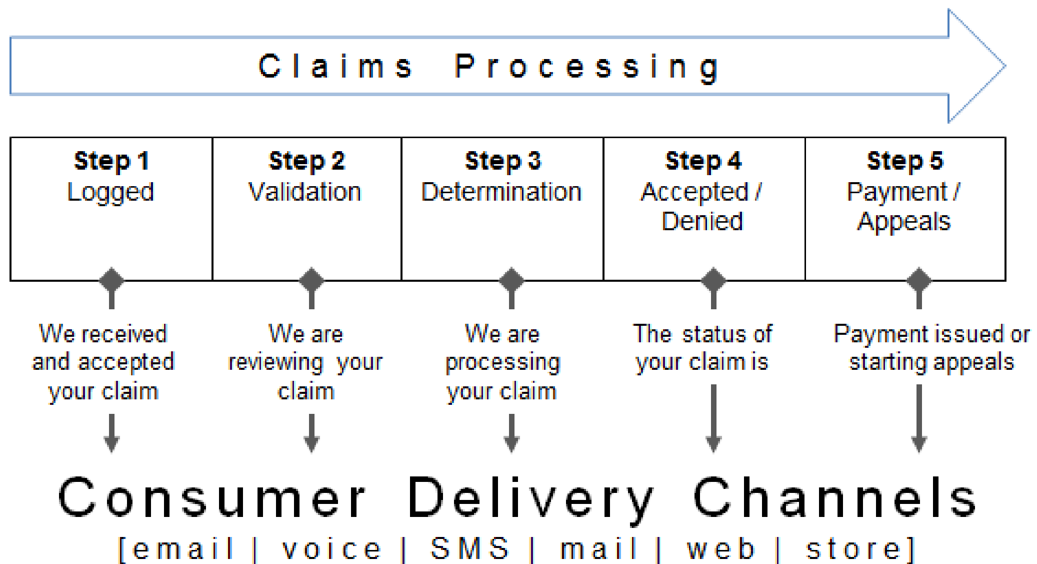

Figure 8 - Claims Communications Concept

This may sound like a reassuring voice such as, "Don't worry, we are providing personalized attention to your claim." Members would get to choose how much information they want and select their channel preference. It's all about "me" in the world of the consumer.

This is just one example of designing a good experience. With a positive experience and products that do the job. Payers can build relationships with members through communications and interactions. This is the area that fosters engagement.

To build useful relationships and trust with consumers, Payers should focus on the following areas for their business:

Offer a product that does the job for consumers

Provide a useful, satisfying experience in two areas; (1) have a well-designed user experience at all user touch points and also (2) have a tuned customer experience so that consumers are satisfied with their interaction with the Payer over the relationship life cycle

Extend the product portfolio to be more than just benefit plans

Provide decision-making tools and relevant information to help consumers pursue healthy living and satisfying lifestyles

Building relationships aids in member engagement and increases retention. It is about the quality of the interaction and not quantity. The consumer and business relationship forms around common goals and information sharing. Consumers align to the common goals through quality interactions that improve their health through targeted programs. If an interaction is pointless and without value, it becomes annoying to the consumer and the interaction experience and relationship deteriorates. Engagement cannot be maintained.

CONSUMER CENTRICITY

Consumer centricity needs to be raised in priority just as cost management is a focus point for Payers. Engaging members in healthy living and using self-service tools is important in lowering health costs and also empowers members in an era of consumer driven health care. So in the end, consumer centricity can ultimately be a sustainable solution to lowering health costs and having a healthy member base over the long-term. This approach takes time and is an investment in the health system and in its members.

If you are looking for low hanging fruit, focus on the customer experience. The fastest road to a good experience is to remove pain points in services and products that touch customers … usability testing can provide shocking results. You can turn an annoyed customer into a satisfied one simply by assessing online assets via a user experience discipline and updating the design based on your findings.

Some ideas are: offer consumer centered products and services aligned to personalized needs; tune customer experiences to build relationships; and engage members in healthy living and decision making with personalized programs. These options would all contribute to lower costs by improving member health and consumer engagement. Payers now can have a raison d'être to remain relevant. Payers can use their big data repositories to help their members by delivering useful information and tools backed by a terrific experience. It works because they took time to build relationships and trust with their members and shifted into a consumer mode of business.

Moving to a consumer view is also a graceful slide toward diversification since Payers can also provide solutions and services that accommodate members when they live the most, in their daily living at a healthy state. New products and services aimed at maintaining a consumer's health not only helps the consumer reach their goals to be healthy, but also provides a rounded portfolio of health services from a Payer, adding stickiness and loyalty being a one stop shop for health services. Extending a Payer's offers beyond health plans enables new products as well as new data to be collected. The data is useful to display a complete health dashboard for the consumer and provides data for analysis.

HEALTHSCAPE

The traditional interaction with Payers has been around transactions. Find a doctor, find a pharmacy, look up my benefits, and look up a claim. This is a transaction layer in the consumer relationship. There is little opportunity to develop a relationship and generate consumer stickiness in this area. Consumers only go to the transaction layer to perform a transaction, which in a large Payer, is about one to two times a year. The main reason that many members perform a transaction is because they are going through a health event, such as an illness or medical condition, so members are already in a stressed state dealing with a personal or family health issue. This is not the best time to generate a relationship.

The next diagram shows a representation of the HealthScape from a consumer perspective. There are three distinct layers around health and consumer involvement with the transaction layer being at the core. Each layer is different in how often consumers interact.

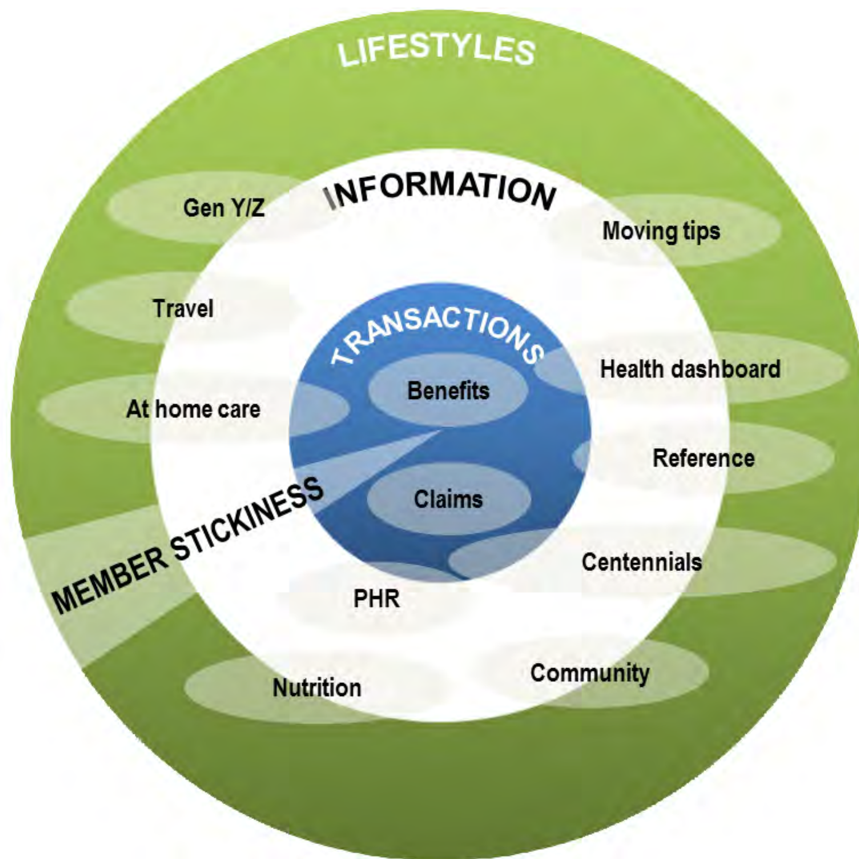

Figure 9 - Diagram of the HealthScape

In the transaction layer, people may interact several times a year with a Payer during a health event in which a transaction is performed such as an office visit. This is a very reactive position for a consumer. Something happens to their health and they act. The best way a Payer can generate a positive experience in the transaction layer is to provide superior support for the consumer when needed. This translates to a flawless experience by offering a caring interaction and coordinated administrative tasks and processes, while performing health event logistics so members can focus on their health instead of where to get care.

In the information layer, members are proactively focusing on getting to a state of wellness, living with a condition, or getting treatment. Consumers are reaching out. They are focusing on health information and tools to minimize the risk of being sick and to lead a productive life. The consumer enters into relationships with wellness Providers and coaches to obtain support for healthy behaviors. Wellness is one of many personal priorities a consumer manages so it may not be

the top priority every day and throughout the day, but it has a place in their schedule. Here consumers interact far more often, such as one to two times a week depending on their personal health plans including nutrition and exercise. For wellness to be embraced a consumer needs to absorb a healthy thinking into their life on a daily basis; it must be part of their lifestyle.

In the lifestyle layer, there is potential for people to be involved in health every day, as it becomes part of their routine. Health is a top priority as it impacts activity, diet, and sleep. Consumers build a lifestyle around good health habits. In the lifestyle layer, a Payer has the potential to achieve relationship nirvana, also known as stickiness. Engagement is a natural occurrence in the lifestyle layer since the consumer has already committed to their health. To build productive relationships, Payers need to go where people live, work, and play at a time they are in a good state of mind. In a lifestyle layer, people interact, work, play, and experience life every day. An example of health engagement in the lifestyle layer is the new health devices that monitor our body activities providing feedback to adjust the consumer's actions and behaviors in order to reach their desired goals. These devices are part of the wearer's lifestyle. If a person is at an office and sitting at a desk too long, an alarm goes off to let the wearer know they need to be more active and move around. If this happens often enough, thinking is changed and a behavior is formed, leading to healthier outcomes.

More sophisticated devices and wearables are emerging with expanded functions so we can monitor more body and mind functions while at work, rest, or play. New entrants such as Apple and Withings are offering health tracking devices and information to the consumer in a way that is fun as well as informative. The growing amount of data can be used for trending and comparing a consumer to a model or another consumer. Health dashboards provide more information on our health. Not only are physical attributes captured such as pulse, heart rate, and weight, but soft vitals such as mood, eating habits, and activities are also tracked in effort to form a complete view of a person.

Solutions in the lifestyle layer focus on supporting consumers in their quest for healthy living. Relationship maturity can blossom in the lifestyle layer, which is good for acquisition and retention of consumers. To assist Payers with diversifying their products, health programs that manage health conditions and health goals can be created and implemented. Providing a personal health dashboard by aggregating data from multiple biometric devices and other sources gives the consumer a way to monitor their health, and when backed with relevant content,

decisions can be made and action taken empowering the consumer. Add a health program over the data and you have an effective method to engage consumers.

The same trend occurred in the banking industry. Years ago, banks solely performed transactions such as check deposits or cash withdrawals. Today, banks offer comprehensive services including financial planning for retirement, college, and family growth; they now support a person and their lifestyle throughout their life. Additionally, most transactions can be completed on a mobile device, which further supports a consumer's lifestyle as easy and convenient.

CONNECTED CONSUMERISM AND TRUST

Brian Solis talks about Connected Consumerism and Generation C in his book "What's The Future of Business" (Solis, 2013). Connected consumerism in healthcare is an investment in product relevance and meaningful relationships to improve the state of a consumer's health. In order to engage your consumers, you must establish a sense of trust. This concept is not only about *being* connected, but is even more so about *remaining* connected with your consumers. A relationship needs to be developed in order to build trust.

Remember that, unlike many consumer goods, health is very personal so the connection should be real and meaningful. Decades ago, doctors had genuine relationships with their consumers. They knew the consumer as they followed them along their life cycle. With increasing medical costs, doctors built larger practices and focused on cost efficiency. Consumers didn't visit the same doctor every time due to availability and scheduling. As doctors lost the personal connection with their consumers over the past few decades, trust eroded and consumers left those practices and joined other practices.

Consumers also began to obtain health advice on the Internet instead of from doctors who were both difficult to get a hold of and expensive. In the consumer's mind, doctors could be replaced easily as long as they could find another doctor covered under their medical plan. Keeping costs down instead of establishing and maintaining a continued relationship with a doctor was now a higher value to consumers. Commoditization for primary care was taking hold as consumers were sacrificing quality over cost. This was exacerbated by employers switching health plans with different in-network doctors as well. Now doctors are fighting to regain that trust and their customer base. Regional health practices are forming to manage costs and drive consumers back to practices.

Many companies are trying to earn consumer trust so doctors have much more competition now. New entrants such as Google and Apple have entered the market and while they are not providing diagnostic services, they are providing information and acquiring health data from devices that support healthy lifestyles. Other companies, such as Wal-Mart and CVS are offering local, affordable basic health care services once provided by primary care physicians. Local urgent care centers are providing care services without the wait and cost issues associated with emergency departments. Doctors and hospitals are left with specialized health services as general health services move to other vendors offering services in clinics and urgent care stores. Retail health is expanding as health care goes local direct to the consumer.

For a consumer, whom do you trust? Trust is a key component to retention and consumer engagement. The path to building trust has dependencies; including providing a great experience, useful products, and relevant information that supports a consumer's lifestyle and goals.

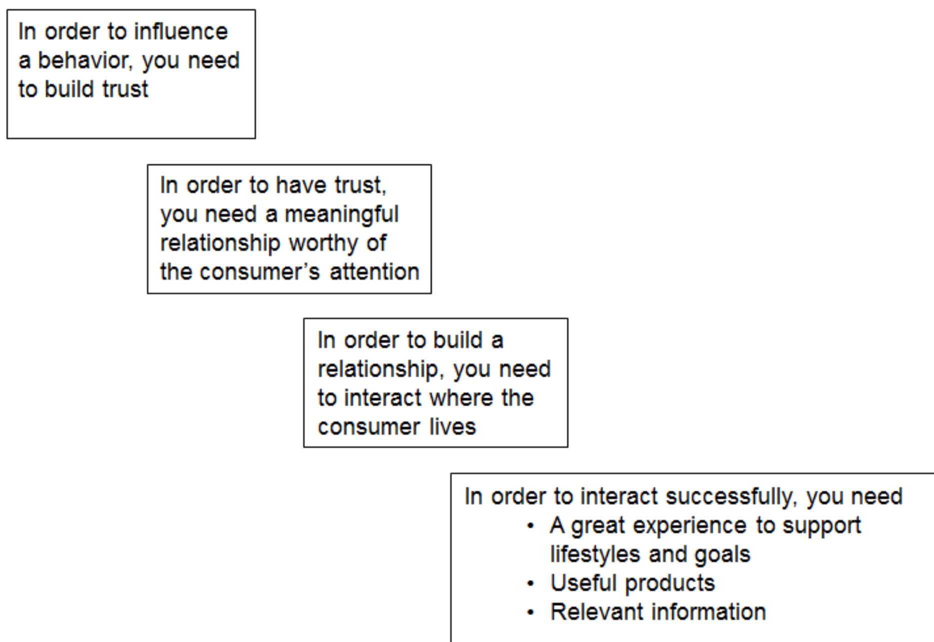

Figure 10 - Behavior, Trust, and Relationship Dependencies

This is a dilemma since we are individuals with different triggers and behaviors. It is increasingly important to understand as much about a consumer as we can if we are going to interact on their turf and ask for a piece of time in their busy schedule. Profiles will have more data to support an understanding of complex, different consumers.

Figure 11 - Building Trust in Stages

Payers operate in a transaction mode, such as processing a claim for the consumer. At that point, an interaction is started with the consumer as they submit a claim. A claim is submitted and an Explanation of Benefits (EOB) is sent to the consumer explaining the outcome of the claim. Most EOBs are of little value to the consumer and yet, better communications during the claim processing phase can create a better experience. Additional suggestions on an EOB for improving a consumer's health around a current or upcoming health event can be useful to the consumer. Extending the interaction with useful and relevant content helps the consumer manage their health issue resulting in a maturing relationship as content and data are exchanged with the consumer. As the relationship grows, the Payer becomes a useful partner that coordinates essential health information, tools, and services. As this relationship and continued services and interactions grow, the relationship becomes embedded in the consumer's life and the consumer may look at the Payer as a strategic advisor once trust is established.

HEALTHCARE CHALLENGES

Healthcare Payers face strong challenges as the market shifts due to consumer and government forces. Challenges include rising medical costs, ACA, competition from new entrants, relevancy, and member retention. The need to adopt B2C principles is essential in addressing these shifts as the consumer gains more control of their health. Consumers need information and tools to help them make

intelligent decisions. With medical costs rising at dramatic rates, Payers need members to engage in healthy living and health management practices to lower medical costs.

As Payers' insurance plans transform into commodity products, Payers are looking to develop new offers in the health space as the market shifts so they remain viable. A Payer needs to diversify its offer portfolio for enterprise growth and this may be achieved through new health management products. A consumer centric approach enables Payers to focus on programs and services in the "good health" market such as nutrition, activity, and anti-stress programs. Weight Watchers® and a new type of "gym" or health center, such as LIFETIME and Equinox, are already offering consumers a path to healthy lifestyles by proactively focusing on good health. Payers not only expand their health plan portfolio; they also enable consumers in managing their health, which directly lowers medical costs and premiums.

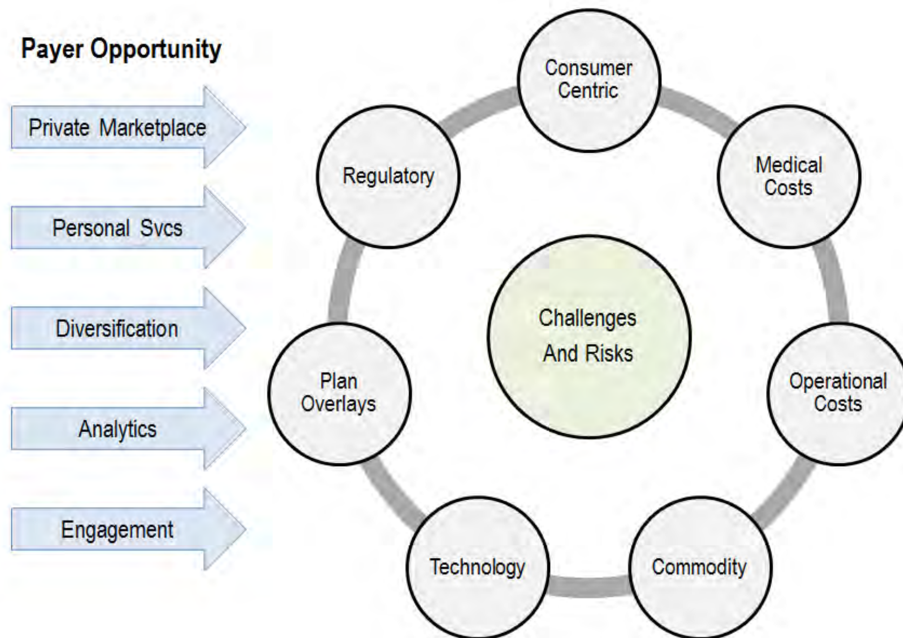

Figure 12 - Payer Challenges

One of the major threats is a plan overlay whereby another company from a different industry provides benefits plans overlaying their competitors. An

example of this is a bank offering Consumer Driven Health Plans (CDHPs) or High Deductible Health Plans (HDHPs) to consumers. Since Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are already managed by banks and act as savings accounts, it is feasible for a bank to offer health plans to provide services for their consumers' financial future. Banks also provide a superior customer experience, so lifting consumers to their new offers is a real threat to Payers.

Health Marketplaces are another threat since they offer plans from a central point and represent multiple Payers forcing many offers to be commodities. In 2014, the risk pool for Health Marketplaces was high since most new entrants were the elderly. Younger consumers are required to level the risk.

Another recent trend found in surveys is employees do not see the value in health benefits as compared with other benefits an employee receives, such as pay compensation. With this in mind, some employers now look to providing a defined contribution to employees so they may buy their own health insurance from Health Marketplaces. By doing so, employers can reduce their cost associated with health plan management and the frustration with rising premiums and less coverage. This trend occurred many years ago when 401Ks replaced pensions, resulting in employers and employees both contributing to a 401K. As group insurance declines and consumers move to individual plans, the opportunity for Payers is in private marketplaces that will offer essential health plan services with an "easy to deal with" and convenient attitude.

Medical risks are a strong threat to Payers with the causes stemming from chronic diseases and the pool of uninsured consumers. If medical risks continue to rise, Payers must either raise their rates or offer less coverage. Employers are frustrated by the continued increase in rates every year while receiving fewer benefits. This situation opens opportunities for new product offers and new market entrants. Health centers focusing on wellness and helping those with chronic diseases could lower medical costs among the population and the relationship with the Payer could shift to the new business.

Payers are the hub for acquiring health data for consumers from claims and tests. Add data from health and medical devices, and the Payer has real-time information about the consumer. Historical data and real-time data with analytics provide information the consumer needs to understand their health in the present as well as how their health has shifted over time. Not only could consumers use

this data, but Providers would be able to receive a complete view of their patients even if the patient is new to the practice. Providers may be willing to pay for this information as a service.

A large risk here, though, is the potential threat to the security of personal health data and what the consumer thinks the Payer will do with this data. Trust plays an important factor to ease the consumer's fears.

Most Payers have not developed strong relationships with their consumers, making it easier for new entrants to provide services and a better experience to those consumers. Relationships and trust must be earned and not taken for granted. A courtship needs to take place to build a foundation on which engagement may be generated.

THE IMPORTANCE OF ENGAGEMENT IN HEALTHCARE

Engagement, at a consumer level, has many benefits, not only for consumers, but also for Payers, Providers, and the health system.

At the engaged stage, Healthcare Payers and Medical Providers can:

- Modify member behaviors to lower causes of chronic diseases
- Promote healthy living behaviors for members
- Offer information and tools to help members make intelligent health decisions

Medical costs are increasing at an alarming rate each year so member health is a priority for Payers and Providers. The Center for Disease Control (CDC) says chronic diseases account for $3 of every $4 spent on healthcare, and chronic diseases are often preventable by modifying consumer behaviors. This is a perfect example of how consumer engagement solutions can help lower costs and decrease chronic diseases, but a relationship must be built for this to work. For Payers to engage their members, they need to focus on two things: (1) the customer and user experience and (2) a product or service that performs how the member expects.

Healthcare Payers are focusing on engaging their members and consumers for two primary reasons.

1. To engage them to build relationships with stickiness around personal health for the purpose of consumer acquisition and member retention during the person's entire life cycle, whether it be covered under a benefits plan or not.

2. To engage them to raise the priority of health in order to focus on health management, which includes behavioral modification targeted at the causes of chronic diseases, tools, and information to assist in making good health decisions, and post discharge management to assist in recovery for the purpose of increasing the level of health, which also lowers medical costs.

Understanding the consumer or the member is essential to engaging, communicating, and interacting with them. A relationship has to be developed for engagement to be realized. A relationship is built over time with personalized and relevant member dialogs and tuned customer experiences. Trust develops as the relationship matures and as such, engagement programs are adopted as trust increases. Personas help to understand the audience through segmentation. In the marketing world, personas help companies understand buying behavior, and in the healthcare space, personas can also help understand decision and engagement behaviors.

With the goal of increasing sales and engagement from members, automation is required to manage the interactions with the audience. Marketing automation techniques enable effective engagement campaigns and programs for members using digital technologies. This allows Payers to begin the process of consumer understanding and nurturing interactions using automation methods. Marketing automation provides several benefits to the process such as it: increases customer satisfaction, increases brand image, increases productivity, aligns sales and marketing, enables feedback capture, and enables lead nurturing.

Culture plays an important role in any program that touches consumers. The company's culture constantly radiates who they are and what they do. If the company's culture is not aligned to consumer values, engagement and consumer programs will be impacted and internal and external conflicts will surface.

Engaged Consumers

The concept of consumer engagement, as outlined in this book, involves engaging the consumer at an acquisition and retention level as well as at a health management level.

Engagement is about building bonds through relationships with consumers since engagement requires trust from the Payer. Health care is very personal and consumers must have trust if they are to participate in a health engagement program. Not only is a consumer sharing their health condition with a Payer, they are also sharing information about their condition. The personal interactions that doctors had with patients several decades ago was built on trust through enduring relationships and information shared over time. With the advent of larger regional practices, trust with doctors has diminished as consumers rarely get to see the same doctor during office visits as the goal of a large practice is high volume to manage costs. Doctors practice defensive medicine to minimize malpractice risks, which results in a lack of personalized medicine and consumer trust suffers again. If Payers build relationships by sharing information and focusing on the value to the consumer, trust can be developed so that health engagement programs can be embraced.

Consumer Centric Engagement

Moving to a B2C model is mandatory for Payers and Providers in order to stay relevant and provide value to consumers. A consumer centric approach not only enables a better Customer Experience and value to the consumer, it can also lower medical costs by focusing on member engagement around healthy living and correcting bad health habits.

Consumer centric engagement is the key driver toward true health reform because it all starts with the individual and their attitude and accountability for their health.

From a Payer perspective, a Gartner report shows that out of 2335 CIOs interviewed, 85% state that, following business growth, retaining customers is the most important priority (Robert H. Booz, Steve High, 2012).

COORDINATED, CONSISTENT, AND CONNECTED

Consumer centricity in healthcare requires useful connections with the major players in the health industry. The major players include Payers, Providers, and Pharma, or the triad in healthcare.

There are twelve points that must be considered and aligned in the company for the maximum value of centricity to be realized.

1. Realize that consumers are in **control**
2. Create a company **culture** and values that focus on the consumer
3. Understand the **consumer** and what motivates them
4. Build **relationships** and **trust** for stickiness/loyalty
5. Provide **coordinated** services across business
6. Generate **consistent** experiences across **preferred** delivery channels
7. Offer **usable** tools and content/information to consumers
8. Deliver **relevant** communications and interactions
9. **Partner**, do not collide with other health services and their offerings
10. Health is **personal**, trust is earned and required for engagement
11. Support comes from a **local** community
12. To be truly engaged with a consumer's health, you must interact with them in such a way that it affects and supports their **lifestyle**

THE PATH TO ENGAGEMENT

The path to consumer engagement follows 3 phases that include: Prepare, Implement, and Use. Companies may be in various stages of engagement program maturity. In order to achieve expectations in a B2C strategic business model, it is important to both align to consumer needs and values, as well as look within an organization at their staff, processes, and technology.

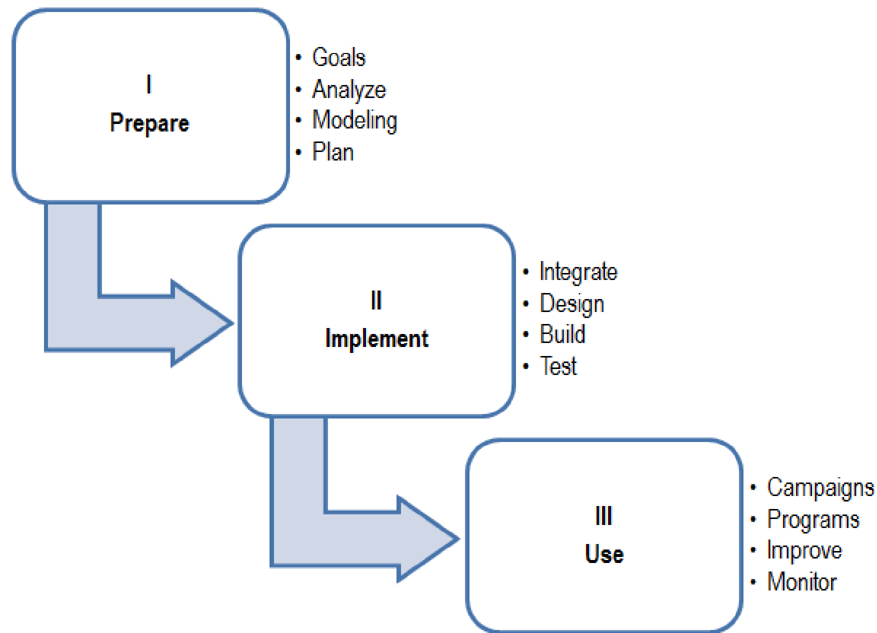

Figure 13 - Three Phases to Engagement

Phase I: Preparation and Analysis

Phase I is an important phase, since you need to prepare before execution takes place. Proper assessment and planning sets the stage for a successful implementation. You need to set a clear direction to minimize wasted time and budget through constant course correction. It is imperative to understand where you are (current state) before you shift the company to a new direction.

The five steps during the preparation phase are: 1) goal definition and stakeholder expectations; 2) assessment of the current state; 3) framework definition to the desired state; 4) readiness planning with a technology solution and gap remediation; and 5) implementation planning.

Phase II: Implementation and Integration

Phase II takes what you have learned in Phase I and uses it to build a foundation platform supporting your programs from the framework and plans you created. If Phase I was done properly, you will see an orchestrated effort toward full

implementation. Constant feedback from stakeholders, project staff, and customers will refine the direction and implementation efforts.

The major steps in a successful implementation are to define, design, and build. Components of implementation include the following: program management, performance management, organization management, process management, interaction management, and technology integration.

Phase III: Uses

Phase III focuses on building campaigns or programs using the foundation platform built in Phase II. Uses can include the following: engagement models, campaign and program design, deployment, content planning, and performance evaluation and optimization.

Before we embark on our journey to consumer engagement, we need to have a common understanding and foundation from which to build upon. We need to understand consumers and behaviors that drive them. We also need to understand what tools we will be using as we build our plans.

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About the Author

Bob is a pioneer in healthcare, driving strategies and operations using customer-focused approaches and digital technology. He is a former Vice President of Customer Experience & Engagement at UnitedHealth Group and held leadership roles at Lucent, Bell Labs, and AT&T supporting business growth. He has three U.S. patents.