



Transforming the six zones of consumer experience

Strategies for engagement, loyalty, market share and margin growth



Introduction

With cost pressures increasing and new competitors in the marketplace, health organizations have to work even harder to attract and retain customers. Despite COVID-19 adjustments, many health organizations are still not used to treating members or patients like consumers. And many employers are grappling with a disjointed set of tools to support their employees' health.

Leaders recognize the value of customer insight: Gaining knowledge about their customers' preferences, health literacy, access to services, response to care, medications and trust in the system. They want to understand the impact of these factors on engagement, adherence and loyalty across an individual's health journey. They also see the need to address health inequity and the value of integrating more data across the ecosystem.

This e-book highlights key dynamics and disruptions in each phase of the consumer's journey. Each chapter explores shifts in consumer behaviors and offers practical actions leaders can take in response to these shifts. It also discusses how you can measure growth in loyalty, market share and margin growth.

"Health care has been slower to understand what 'consumer focused' and 'patient centric' are. Both are important words that we've been using for a decade. But we had not really known how to translate a retail-like experience into health care."

— **Kristi Henderson, SVP,**
Center for Digital Health and Innovation,
Optum

Adopting the consumerism mindset

Every consumer is different — with disparate conditions, needs and expectations of the care they receive. To meet these diverse demands, health organizations can take several key strategic approaches.

The Consumer Health Journey

Shopping for benefits



Staying well



Choosing care



Receiving care



Managing conditions



Saving and paying for care



Attract ▶

- Seventy-two percent of consumers have expressed concern about at least one type of health care expense.¹ That means health plans and providers need to address issues of affordability up front.
- Convenience is the second major factor for consumers, with 51% saying convenience and access to care are the most important factors they consider when choosing care.² The easier health organizations make it to find the right care with robust digital tools, superior communication, and transparency, the more comfortable consumers will feel with an organization's options.

Engage ▶

- Sixty-eight percent of Americans are affected by at least one social determinant of health (SDOH), such as stability of living arrangements, access to transportation, access to healthy food, and more.³ That's why it's critical to identify barriers to health engagement that are prevalent in your populations.
- Creating consumer personas and mapping out their experience is a smart, sophisticated way to understand what's needed at each point of engagement. It helps focus programs, improve target outreach and maximize any investment.
- Be able to answer questions like: How often are consumers using the system year to year? How can we use human-centered design principles to optimize our service offerings? What does that consumer actually need? Does your network reflect the diversity of your customers? Have we designed the process to be convenient for us or for the consumer?
- The bottom line: Adopting a consumerism mindset leads to better health care outcomes for the people we serve.

Retain ▶

- Engaging with consumers naturally leads to higher retention rates. Eighty-two percent of patients say that quality customer service is the most important factor they consider when choosing care, while 62% said good communication and continuous engagement mattered the most.⁴
- To foster transparency and communication, organizations can leverage surveys via email and phone to ensure every patient is heard.



CHAPTER 1

Shopping for benefits

There's no doubt that consumers want the most convenient, affordable, friction-free experience they can find. Cost considerations for benefit buyers is a perennial concern. It has been brought into sharper relief during the pandemic as populations shift, budgets are strained and health concerns continue to rise. Whether they are covered by an employer or through a state exchange or a government plan, consumers recognize they are assuming more financial responsibility. They want to know more about an ever-changing array of choices and coverage. They want easy access, low-cost medicine and transparent pricing — and they want recognition at every encounter.

“Health care is incredibly personal, just like banking. Each individual needs to have the tools to easily find, select, consume and engage with the health care system based on their preferences and needs.”

— Kristi Henderson, SVP, Center for Digital Health and Innovation, Optum

Innovations to watch for

Consumers are comfortable with a digital-first approach. And today's leaders are putting consumers in control of their information, choices, payment preference and engagement channels. Some innovative health plans can offer consumers up-front price transparency for clinical services before they pick their plan. Market innovators are already employing data analytics to create personalized profiles for every member. They can anticipate questions consumers have about their plans and offer multiple pathways for consumers to connect.

51% of consumers

believe convenience and access to care are the most important factors in their decision making— above insurance, reputation and even quality.⁵

Success drivers: Helping consumers shop for benefits

- ✓ **Use data and analytics to understand your membership** potential at the ZIP-code level and tailor offerings to match those demands.
- ✓ **Don't wait for consumers to come to you.** Consumers are often confused about what options are available to them. Use early outreach to identify questions, concerns and other barriers to membership.
- ✓ **Offer access to financial, clinical and other health-related services** through digital tools and communication platforms such as wearables, personalized plans and 1:1 services.
- ✓ **Some consumers shop by who is in their network.** Are you showing information about your providers, such as what languages they speak?



Questions the C-Suite should answer

CEO

1. How do you know how relevant your offerings are to your members and prospects?
2. What tools are you using to help consumers make the most informed decisions?
3. What partnerships are you employing to strengthen your shopping experience?

CFO

1. How can your digital capabilities reduce costs while making you more price competitive?
2. How easy is it for prospects to recognize the value of your offering? What tools can help them?
3. Can consumers find and choose the services that match their needs, their level of accessibility and their ability to pay?

CMO

1. What could make your services easier to understand and more convenient to access?
2. How can you offer personalized services for every member?
3. Where else are your consumers shopping and purchasing health services?

PARTNERSHIPS TO CONSIDER

New market entrants are building digital tools to help customers better understand their benefit options and engage service in new ways. But they are not integrated across a health ecosystem. Are there entities emerging in your region that could quickly boost your digital capabilities?

Shifting your organization



Fast actions

Create a best-in-class shopping experience.

Benchmark your shopping experience from a consumer point of view. Run consumer testing to replicate the experience and see how easy it is for shoppers to compare your plans against your competition. Is the experience easy to access and simple to understand? Will it expand seamlessly once they become a member and will it become a conduit to an entire ecosystem with them at the center?



Measuring progress

A simplified shopping experience can help consumers take control from the beginning. By aligning benefits with their personal profiles, they can help reduce the barriers to treatment and better control costs. For more information, see [The Patient Portal Handbook](#).



CHAPTER 2

Staying well

The COVID-19 pandemic has caused people to delay their health care — from putting off an annual checkup to postponing major surgery. But nutrition, maintenance medications, vaccinations and health screenings are perennial priorities. Personalized outreach can help consumers prevent disease advancement and avoid unnecessary hospitalization.

Leaders can use momentum for digital engagement to amplify existing wellness programs and personalize engagement strategies. But true success still depends on understanding each consumer — their preferred technology, health concerns and ability to take preventive actions. For health organizations that are growing their ability to manage more risk, this is a business imperative.

Resolving the impact of health inequity on wellness

The first step in staying well is access to adequate housing, nutrition and transportation services. As populations feel the impact of COVID-19 and move into Medicare or Medicaid, the impact of social determinants of health (SDOH) comes sharply into view. By studying SDOH data down to the ZIP-code level, leaders can collaborate with their community network to put highly targeted strategies in place.

Innovations to watch for

Connect wellness programs with annual wellness visits. Employers wanting to improve employee health can build a culture of health and use incentives to help drive engagement. No matter what approach you pursue, it's important to keep it simple, fun and socially rewarding. Only engagement leads to improved medical outcomes and reduced costs.

In one year,

hospitalizations primarily due to dehydration incur **health care costs in excess of \$5 billion.**⁶ What educational materials, tools and services can be used to address known scenarios and keep people well at home?

Success drivers: Helping consumers stay well

- ✓ **Build wellness factors into your individual consumer profiles.** This might also include information such as propensity to take ownership of their health, healthy lifestyle preferences, technologies they engage, and resources they need.
- ✓ **Repackage or reprice services** to match consumer financial consideration and access preferences.
- ✓ **Create pathways for integrating wellness data** from the home or workplace into a consumer's health record.
- ✓ **Actively measure the increased engagement in screenings,** behavioral health and disease prevention programs that are occurring through lower cost channels.



Questions the C-Suite should answer

CEO

1. How has COVID-19 changed your view of wellness?
2. How precisely have you mapped your wellness and prevention initiatives with the needs of your consumers?
3. How could you shift priorities and infrastructure to increase early screenings, vaccinations and virtual health services?

CFO

1. Which wellness strategies have proven to reduce admissions or disease spread?
2. What is the impact wellness strategies can have on your value-based care contracts?
3. What is the financial impact virtual health, remote monitoring and in-home care can have on reducing the cost of care?

CMO

1. How are you using data, AI or machine learning to identify and prioritize consumers for preventive services?
2. How are you building health literacy and increasing access to wellness programs, screenings and supporting technology?

PARTNERSHIPS TO CONSIDER

Build an approach to refer to community networks and resources to address health equity. This is another opportunity to gain relevance and address costs. Identify partners that can expand your capacity for in-home diagnostics, virtual health screenings, coaching and therapy.

Shifting your organization



Fast actions

Innovation task force: Create a team dedicated to challenging traditional notions of how to address wellness and prevention. They can collect consumer wellness profiles, integrate health data from a growing array of consumer devices, map the areas of greatest need, and repackage or reprice services. They also can develop small, quick, controlled pilots to identify areas to scale.



Measuring progress

Wellness is the holy grail of managing health. Building resilience to stave off disease, helping seniors live well at home and giving every consumer tools to manage their own health keeps cost out of the system, improves outcomes and satisfies consumers. For more information, see [Leading out of crisis: Lessons learned in remaining resilient](#).



CHAPTER 3

Choosing care

COVID-19 has changed the way consumers make decisions about care. Many are still apprehensive about entering a physical care site; many elective services have been put on hold. Those who do require care want to understand their financial liability before accepting services. And everyone wants 24/7 access.

“It’s one thing to do surveys and get ratings. It’s another to watch the behavior of your consumers. If they’ve touched your system once, did they ever come back? I think there’s a lot we need to do around understanding those we are serving in a market and make sure that we can retain them and attract the new patients in the area.”

— Eric Larsen, President, Advisory Board

Innovations to watch for

Imagine a health organization that allows patients and their families to quickly access an on-demand network of nurses, labs, pharmacists and other specialists. Imagine being able to follow patients with complex health and social needs in their homes to prevent emergencies and hospitalizations. Patients who can easily, conveniently take control of their scheduling, site of service, and payments have more reason to choose to engage.

The health care industry may soon be

80% service and 20% physical location. Many facilities and organizations are reimagining how they’re designed to become a retail-based wellness hub of sorts with enhanced ambulatory services.⁷

Success drivers: Helping consumers choose the right care

- ✓ **Trust is important.** A patient will likely be more receptive to hearing from a physician or health organization they know. Personalize communication by drawing on a rich database of insight and information.
- ✓ **Understand your consumer’s communication preferences.** Find out if they prefer text, web-based or telephone conversations so you have the channels that they prefer.
- ✓ **Offer a digital front door.** A web portal can give people more access to information about a practice and their health. Offer online scheduling tools so they can see if somebody is available or if it’s the provider type that they’re looking for.
- ✓ **Give them complete information.** Offer tools such as symptom checkers or nurse lines where they can answer a few questions and be told how and where to get the services they need. Include the most cost-effective services with any recommendation but do not make it a mandate.



Questions the C-Suite should answer

CEO

1. Do you know why consumers choose your services?
2. Can you tell when they are leaving your ecosystem?
3. What innovative methods are you employing to build their trust?

CFO

1. How will you enable your organization to develop a digital front door or afford the technology to speed access, scheduling and prior authorizations?
2. Can you provide consumers with upfront, accurate information about their costs? Can they access services that match their ability to pay?

CMO

1. How do you know that your delivery channels and services are a match with the needs and desires of your consumers?
2. How aware are your physicians of the cost, time or travel obligations they are passing along to consumers when they make care recommendations?

PARTNERSHIPS TO CONSIDER

When patients navigate health concerns, their experience extends well past acute-care settings — from inpatient to outpatient to ambulatory to retail to urgent care to home to virtual care. Recognize your place in this referral chain. Partner with those who can help create a complete ecosystem that offers consumers the full range of options. Identify which partners can provide the technology to facilitate this expansion of care sites and the shift toward the home environment.

Shifting your organization



Fast actions

- Map existing referral patterns and track changes.
- Identify new market entrants that may better serve your consumers in ambulatory, retail or in-home settings.
- Determine how this might be impacting engagement. Tracking the volumes leaving your ecosystem can help rationalize new partnerships or investment.



Measuring progress

You establish competitive value within any health care ecosystem when you radically reduce costs — and the products or services are most relevant to the population served. Learn more about adopting new digital capabilities and securing partnerships to create a consumer-centric experience to meet today's economic realities. Read: [Value chain reorganization: Shifting your organization.](#)



CHAPTER 4

Receiving care

Consumers expect a seamless experience throughout each care event and across the lifetime of their relationship. But inconvenient hours, geographic distance, disjointed care transitions and inadequate sharing of information often produce an unfriendly, costly and challenging care experience.

Find out if a disease is prevalent in a geographic area (example: high diabetes in a particular ZIP code). You can map your care design so that high-risk consumers can navigate to clinics that specialize in managing these conditions.

Patients want to receive care wherever they are

And their rapid adoption of in-home, digital diagnostics and remote monitoring tools are making that a reality. Thinking about the home as the epicenter of care is a big structural shift. Health plans need to reconsider how they regulate and pay for in-home care. Providers need to identify new ways to integrate in-person visits with at-home care.

Innovations to watch for

Those who win with consumers will be able to match other industries in personalized services, cost and convenience. Innovators understand the consumer lifecycle, manage each profile individually, offer digital access and send timely, relevant communications. These leaders automate schedules, provide benefit information, anticipate and coordinate care needs, and help manage the consumers' financial experience. Be sure you have the right set of services that match your segmentation.

Success drivers: Helping consumers receive care

- ✓ **Create consistent outreach methods** that connect consumers before, during and after any care event.
- ✓ **Keep track of consumer sentiment and behavior over time.** Invite your provider network to gather clinical viewpoints on consumer sentiment. Compare and contrast to identify where answers align.
- ✓ **Integrate traditional and virtual health channels with the patient EMRs.** When consumers choose to remain in network, it's a sign that their health outcomes are where they want them to be.
- ✓ **Calculate impact of consumer-centered strategies on costs and outcomes.** When quality outcomes are achieved sooner, costs inevitably decline.



Questions the C-Suite should answer

CEO

1. Does your health ecosystem meet your consumers' complete set of needs, 24/7?
2. Can you view a complete health picture, see the impact of social determinants of health and understand their sentiment about your services?

CFO

1. What investments are required for you to meet consumers where they are?
2. Do you have the data analytic capabilities to measure risk, cost and outcomes at a population level?

CMO

1. Do your provider networks match the diverse needs of the populations you serve?
2. Are your care teams able to share information and work from a holistic view of consumers?
3. How well do your services match the health, social determinants and engagement preferences of your consumers?

PARTNERSHIPS TO CONSIDER

Ensure that all partners can share health information across the ecosystem and that all are working from a holistic patient view. Identify digitally enabled partners that can complement and expand your consumer touch points into urgent, retail, virtual and in-home environments. A stronger technology partner can help you develop better scheduling solutions, referral management, and deeper analytics, which in turn can help your organization measure where it's doing well.

Shifting your organization



Fast actions

Build consumer segmentation profiles that include SDOH, cultural heritage, health literacy and access preferences. Link compensation to development of personalized profiles and expansion of easy-to-use access points.



Measuring progress

Consumer engagement is key to managing risk, achieving adherence and addressing the full spectrum of health needs. Lower-cost, virtual channels increase satisfaction. For more information, see [Reconfiguring delivery models](#).



CHAPTER 5

Managing conditions

Eighty percent of seniors have at least one chronic disease — and an increasing number manage three or more.⁹

Chronic conditions account for 90% of our nation's health care spending.¹⁰ And yet many conditions can be better managed, delayed or avoided altogether with early, longer-term intervention. Costs can be further reduced by offering consumers the services and technologies that support the home as the epicenter of care.

When designing interventions and treatment programs, we need to get a closer look at the people being served. Programs are most effective when they consider the demographics, lifestyle, preferred technologies and attitude about health and health care. Those with chronic conditions often have multiple comorbidities and want to be treated holistically. It's also crucial to define and quantify the impact of social determinants of health (SDOH). These factors define the environment within which consumers manage their lives and have a dominant influence on health outcomes and health costs.

Innovations to watch for

Integrate in-person and virtual health. Sensors, scanners and mobile applications can use facial recognition, gesture recognition, electronic signals, geo-fencing, and data capture to gather information and share it with providers to facilitate near real-time health decisions. The real advancements come from the right blend of virtual and in-person care. New technologies have the power to put diagnostic tools directly in the hands of consumers. But they'll need the dialogue and oversight that comes from in-person visits.

The population with multiple

chronic conditions is expected to reach 83.4M by 2030.¹¹ Obesity, heart disease, cancer and respiratory diseases plague all age groups. This impacts the workforce, disrupts family life and creates the majority of costs in the health system.

Success drivers: Helping consumers manage conditions

- ✓ **Segment your chronic population to recognize the impact** that demographics, lifestyle, health care attitudes and technology have on their ability and willingness to engage in their health and your programs.
- ✓ **Combine continuous digital touch points with a broader range** of communication channels. Allow consumers to connect via portals, text, online chat or directly through the tools and applications.
- ✓ **Take a digital-first approach.** Allow the digital portal to serve as the hub of the health experience. Consumers can self-report data and care teams can respond immediately.
- ✓ **Allow consumers to see how they are improving their health** and the impact that has on lowering their own costs.



Questions the C-Suite should answer

CEO

1. Which chronic population are you committed to serving? Are you best in class for your offering?
2. Are there other services or populations where you can't effectively compete?
3. How well do your service teams recognize how demographics, lifestyle and attitudes about health impact a consumer's ability to manage their condition?

CFO

1. What do you project the rate of growth of chronic conditions to be in your population over the next 5 years? The next 10 years?
2. How do you calculate and rationalize investment in prevention programs for these conditions?
3. Which disease management programs should be assessed over a 12- to 18-month timeframe versus a 30- to 90-day timeframe?

CMO

1. How able are you to design programs and services using the home as the epicenter of care? Are you able to offer home infusion, home dialysis, hospital at-home?
2. What programs are in place to manage co-morbidities? Are you navigating people to the best sites of service to manage their disease?
3. How can you share information and tools with patients so they can take more control of their health?

PARTNERSHIPS TO CONSIDER

1. Consider a research and database partner that can help you build and maintain rich, personal profiles of individual consumers. This should integrate with your digital front door.
2. Build a network of digital partners that can bring state-of-the-art technology into the patient's home and help you integrate the data it generates into your systems.
3. Identify community partners that can help address the housing, food, transportation and communication challenges these consumers face.
4. Find a partner that can layer artificial intelligence and machine learning into your system to help identify patients at high levels of risk.

Shifting your organization



Fast actions

1. Map your current intervention strategies. Where could you intercept the disease earlier? What diagnostics and screenings can be done more cost-effectively and more often in the home?
2. Determine how virtual visits might support interventions and care management in new ways.
3. Reach out with simple email strategies — the most preferred channel for consumers — to schedule screenings and diagnostics. Then customize based on segmentation and personal profiles.



Measuring progress

Tailored programs using low-cost, in-home methodologies can improve a consumer's quality of life, improve productivity in the workforce and reduce everyone's cost burden. For an in-depth look at how consumer insights can help you stay ahead of health care costs trends, read: [The Rising Tide of Multiple Chronic Conditions](#).



CHAPTER 6

Saving and paying for care

More than 40% of U.S. adults have unstable or inadequate health coverage. More than 30% struggle with their medical bills. And 25% are having to choose between food, rent or medical expenses. Deductibles have grown — in many cases faster than income — making the topic of saving and paying for care crucial to consumers.^{12,13,14}

Consumers need more than coverage. They need to be mentally and financially prepared for health costs. Whether it's a sudden care event or managing a chronic condition, they need access to the budgeting, price transparency and financial tools that match their economic context.

Consider the emotional impact that a financial burden has on someone with a serious or chronic health condition. Their medical condition may require that they adjust their work life. It may cause anxiety or depression or reduce their mobility. They may rely on their family and caregivers to help them manage paperwork and the complexity of the health system.

Innovations to watch for

Modern solutions now include cost estimators, upfront pricing, payment alternatives and long-term saving strategies. Many health organizations — especially new market entrants — are developing more low-cost options, cash-based services, coupons and digital capabilities to make services more affordable.

69% find shopping

for health care services difficult or unproductive. And many — around 61% — say doctors rarely, if ever, discuss the costs of recommended treatments and whether they would be covered by insurance.¹⁵

Success drivers: Helping consumers pay and save for care

- ✓ **Make a health savings checkup available** and relevant for each life stage and lifestyle. Educate your consumers about how health concerns and health costs evolve over a lifetime.
- ✓ **Be ready with a portfolio of financial tools and services** that help resolve the economic side of their health experience. Offer tools that help them make financial decisions based on price, quality and preference.
- ✓ **Ensure they are protected from surprise billing** and out-of-network referrals. Offer pre-service estimates and easy payment options.
- ✓ **Segment your population according to health risk** — healthy and engaged, pre-chronic, and chronic. Help them see the connection between their financial planning and improvements in their health outcomes.



Questions the C-Suite should answer

CEO

1. How well do you communicate to your consumers about how their health and health expense will likely change over time?
2. How do you help them set financial expectations around those changes?

CFO

1. Are you providing price transparency to help consumers navigate to the site of service that matches cost and personal preferences?
2. What services could you offer in lower-cost channels or shorter increments to make them more affordable to your consumers?

CMO

1. How many of your consumers are delaying or refusing treatment because of cost concerns?
2. Can you calculate the correlation between consumer savings and improved health outcomes in your population?

PARTNERSHIPS TO CONSIDER

Consumers want control of their economics and their health. But most don't understand the services available, how to evaluate health services pricing or how existing financial products work. Consider a financial partner that can educate your consumers about:

1. Long-term health considerations and how to financially plan for them
2. Lower-cost alternatives to near-term health services
3. Savings tools and how they work

Shifting your organization



Fast actions

- Segment your consumers by the five stages of health saving and health spending.
- Inform them about costs well before they need a visit.
- Quantify the savings of preventive care for the consumer.
- Educate your provider network and consumers about the correlation between finances, health behavior and health outcomes.



Measuring progress

Anxiety and concern over financial obligations are causing consumers to forgo visits with their physician, decline medication for chronic conditions and abandon preventive services. Offering lower-cost alternatives and simplifying the savings and payment processes will help. But educating physicians and consumers is key. To achieve the best outcomes, consumers need to understand how to plan and save for health-related expenses. They need to know the financial value of proactively managing their own health. They need pricing options that match their economic status. Learn more about [Untangling health finances to drive better health outcomes](#).

Get to know the individuals you serve

Across your population there is a wide spectrum of individuals, all coping with different financial realities, health conditions and social determinants of health. Regardless of coverage, consumers engage with health plans and providers based on their health, wealth and mindset.



THE STRESSOR

Worries about the complicated state of health care. Values clear, direct communication.



THE SPENDER

Willing to pay whatever it takes for top-quality care. Wants comprehensive coverage and excellent customer service.



THE NEEDFUL

Is dependent on their health care. A high-volume patient with chronic health issues who values strong, comprehensive coverage.



THE COPER

Limited in resources — time, attention and money. In reactive mode. Depends on consistent, low-cost care.



THE GO-GETTER

Is a knowledgeable, educated shopper who does extensive research before picking a health care plan. Has high expectations for care and is seeking opportunities to engage with health care providers outside of hospital walls.

These examples show the diverse perspectives consumers can bring to making their health decisions — from selecting benefits and services to choosing when and where to engage.

Consumer metrics ▶

Invest time in understanding your consumers and recognize they have choices about when and where they spend their time, their energy and their hard-earned health dollars.

- ✓ Do you know the demographics of your consumers?
- ✓ Do you know their preferences, and if your services are designed to address them?
- ✓ Are your success metrics tied to enrollment, engagement and follow-up?

If the answer is no, there are likely opportunities to address.

Patients who are satisfied with billing are

5X more likely

to recommend a provider than those who are not²

81% of consumers

are dissatisfied with their health care experience¹⁶

30% of consumers

rely on low-cost retail clinics for primary care¹⁷

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About Optum

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. With approximately 80,000 people worldwide, Optum delivers intelligent, integrated solutions that help to modernize the health system and improve overall population health. Optum is part of UnitedHealth Group (NYSE:UNH).

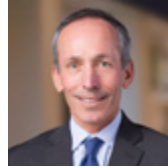
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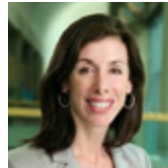
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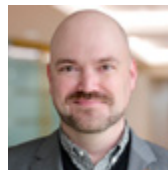
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