



New Strategy for Enterprise Competitiveness

Christopher S. Rollyson and Associates

Strategy | Marketing | Innovation | Knowledge | Technology

How Social Networks Are Growing In Healthcare

The Golden Opportunity to Support Reform

Background: Chris Rollyson, 20 Years of Experience with Enterprise Transformation

- **Web 0.1** Human capital: people
 - Coached executives to thrive on economic changes
- **Web 1.0** Technology: Internet/enterprise software
 - Leading role, launching Java as an enterprise solution
 - One of Midwest's first corporate Internet businesses
- **Web 1.0** Business process: e-business/knowledge
 - Corporate change agent at Big Four consultancy
 - Built websites, intranets and extranets to change business processes
 - Principal and subject matter expert at (another) Big Four consultancy
 - Led strategy engagements with auto, energy, CPG, financial services and others on creating the "real-time enterprise"
 - Business strategy for start-ups: transform industries with innovation
- **Web 2.0** Marketing & relationship: consumer empowerment
 - Customer-led communications revolution: what creates value and how
 - Globalization of colleagues/customers: P2P technology, relationships
 - What will stay the same, what will change



Adoption Indicators: Can this Patient be Saved?

“U.S. patients get the right healthcare 50% of the time.. the U.S. spends twice as much per capita as other developed countries”

— Ian Morrison, Ph.D., Healthcare Futurist, 2008

“Healthcare administration accounts for \$906 billion, 6.6% of U.S. GDP. It adds no value to quality; it's the cost of doing business”

— Christopher Rollyson, Global Human Capital Journal, 2008

“In the U.S., 7,000 people die from medical errors each year, while there are 1.5 million preventable medical errors”

— Robert L. Parkinson, CEO, Baxter International, 2008

“People (get) copayment but (not) benefits, which are too complex; they only understand half of the equation”

— John A. Edwardson, CEO, CDW, 2008

Adoption Indicators: Root Causes

- Too much complexity: balkanized care environment
 - Silos of information generated by tribes of specialists
 - Little collaboration, extensive duplication
- Accountability gap: pushing costs to each other
 - Payers ↔ Providers ↔ Patients
 - Healthcare administrative costs average one third of total cost
- Collaboration no longer local to a hospital or a city
 - Global medical specialists: telemedicine, medical tourism
 - Patients' families widespread and mobile
- Complex financial/care situations
 - Economy: threat to employer-sponsored insurance
 - Questionable long-term health of Medicare/Medicaid



Adoption Indicators: Immediate Drivers for Social Networks in Healthcare

- Impending financial crisis
 - Medicare insolvency & lack of Boomer retirement savings
 - The need to shift from intervention to prevention
- Consumer (patient) empowerment
 - Expectations shifting to more collaboration, real-time sharing
- Health-Wealth
 - Caring for aging Boomers
- Globalization of supply and demand
 - Medical tourism, telemedicine



Adoption Indicators: Web 2.0 Is Practical



- Connections emerge where they need to form
 - Peer-2-peer/cross-boundary
 - Reduce transaction costs
 - Finding, connecting, relating and trusting
 - Information & employees, clients, partners...
- “Social” has a personal connotation, but it’s all business
 - Knowledge is social: people develop and use it together
 - Collectively evaluating opportunity and mitigating risk
- Imagine if Web 2.0 boosted productivity 20%..
 - What would it mean to have your staff 20% more effective?
 - Or if competitors were doing it and you weren’t?
- Web 2.0 is emergent, coexists with other systems, processes
 - Modest investment compared to enterprise or Web 1.0

Case Studies: Social Networks in Healthcare, a Wide Range of Application

- Government, education and community
- HCO efficiency
- Employee and patient experience
- Personal Health Information/Records
- Administration and payments
- Innovation
- Patient community
- Physician community

meritocracy

efficiency

accountability

Case Studies: Education & Community



Highlights

- Broad Web 2.0 program focuses on user-generated content and tools
- Participation in virtual worlds: Second Life and games
- Many-to-many communication and education
- Mobility and security

Key insights

- CDC collaborates with citizens for:
 - Disease and biocrisis prevention/education
 - Supporting seriously ill people
- CDC has an explicit enterprise 2.0 mission:
 - Using blogs, wikis, video to help employees to help/train each other inexpensively
 - Training combined with social tools, so employees can comment and share seamlessly

“There (has been much) talk about re-inventing government. But we now have the opportunity, the ideas and the technology to change things. Web 2.0 is a tipping point.”

– National E-Commerce Coord. Council, eC3 Annual Conf., Dec. 2007

Case Studies: HCO Efficiency



Highlights

- Blog, "Discussion Group about the World Wide Web," opened discussion to people worldwide
- Wiki adoption "Pfizerpedia" began as a hack, now global
- RSS reduces emails, gives thousands globally granular control over what they receive

Key insights

- Wiki enabled researchers globally to cross boundaries and collaborate—for a very modest investment
- Blog and wiki spread rapidly and virally

"Part of the trick is not to (say) 'Try this new web 2.0 tool,' but instead to ground it in the realities of the average user."

– Simon Revell,
Manager of Enterprise
Technology and
Development, Pfizer

Case Studies: Customer Experience



Highlights

- Facebook site lets patients connect with each other
- Enables patients tell their stories, in their own words
- Digitizes the word of mouth that's always happened "over the back fence"
- Podcasts of doctors talking about diseases

Key insights

- Facebook enables people to affiliate with Mayo as "fans," developing community
- Podcasts are a broad distribution medium
 - Enable listeners to access in small chunks
 - Create additional leverage for costly video content

"This is a new reality...

*It is how people are
communicating now."*

– Lee Aase, Manager,
Syndications & Social
Media, Mayo Clinic

Case Studies: Personal Health Information



Highlights

- SaaS Web solution enables individuals to store and give access to medical record information via their “HealthURL”
 - Continuity of Care Record
 - Personal Health Information/Record
- Create “care teams” with Facebook Group
 - Medical professionals
 - Family members
 - Other patients

Key insights

- Makes individual ownership of medical information actionable
- Patient-controlled access to healthcare professionals, family, significant others
- Facebook is a platform
- Also: Google Health, Microsoft HealthVault

“The Health URL enables a practically unlimited number of participants for team consultation and medical education. Participants can be pre-registered or invited ad-hoc using a PIN.”

– Medcommons

Case Studies: Administration & Payments

change:healthcare

Highlights

- MedBillManager enables patients to share medical bill information anonymously, using “explanation of benefits”
- Information to enable patients to renegotiate medical bills
- Tools to manage myriad bills and compare insurance
- Locate and comment on providers

Key insights

- Increases transparency of arcane medical billing practices
- Billing information about physicians and hospitals before treatment
- Enables patients to be more proactive about costs and procedures
- Enormous cost savings for consumers and companies, 20-30% average savings

“What we do is really simple. We just provide a tool that lets people ask, confidentially, anonymously, ‘Where did you go, what did you pay, and were you satisfied?’”

– Christopher Parks, Co-Founder

Case Studies: Healthcare Innovation



Highlights

- KnowledgeMesh, a healthcare accelerator to drive life science innovation
- Explicitly uses Facebook and LinkedIn strategy as differentiator to shrink the business cycle
- Social network collaboration among industry, government, academie and practitioners
- “The Mesh” infrastructure includes blogs, wikis and social bookmarking as well as a private social network

Key insights

- Social networks can drive strategy and differentiation
- When calibrated correctly, virtual and bricks and mortar can produce strong synergy

“HCAR distinguishes itself (via) a virtual research park that allows experts from around the world to share ideas. It is the nexus for academia, industry, government, and support organizations.”

– Laura Butcher,
Executive Director

Case Studies: Patient Community

patientslikeme™

Highlights

- People with terminal illnesses share information to improve quality and length of life
- ALS, HIV/AIDS, MS, Parkinson's, PTSD, Bipolar...
- Enables members to quantify all aspects of treatment
- Since patients provide specific information, the site is actionable, life-changing

Key insights

- Debunks the assumption that people will not disclose personal health information
- Patientslikeme adds value by asking member questions to make data more valuable and actionable
- The structure enables patients to create valuable information—for themselves and research

“Terminal illness’ will apply to a greater portion of the population, with the growth of genetic data. What if people could share information about their health to improve the lives of community members?”

– Ben Heywood,
Co-Founder

Case Studies: Physician Community



Highlights

- Community lets often-isolated U.S. doctors advise each other on any aspect of care, anonymously
- Medicine as it is really practiced
- Offers pharma and government clients limited access to interactions
- Explicitly leverages word of mouth
- "Wisdom of crowds"
- MDs rate responses
- Aggregates and qualifies advice via specialists' opinions

Key insights

- Harnesses wisdom of crowds to enable MDs to ask questions without embarrassment
- Significantly extends MD knowledge

"The community generates 'heat maps' around different subject areas or ideas. This is valuable information to our clients."

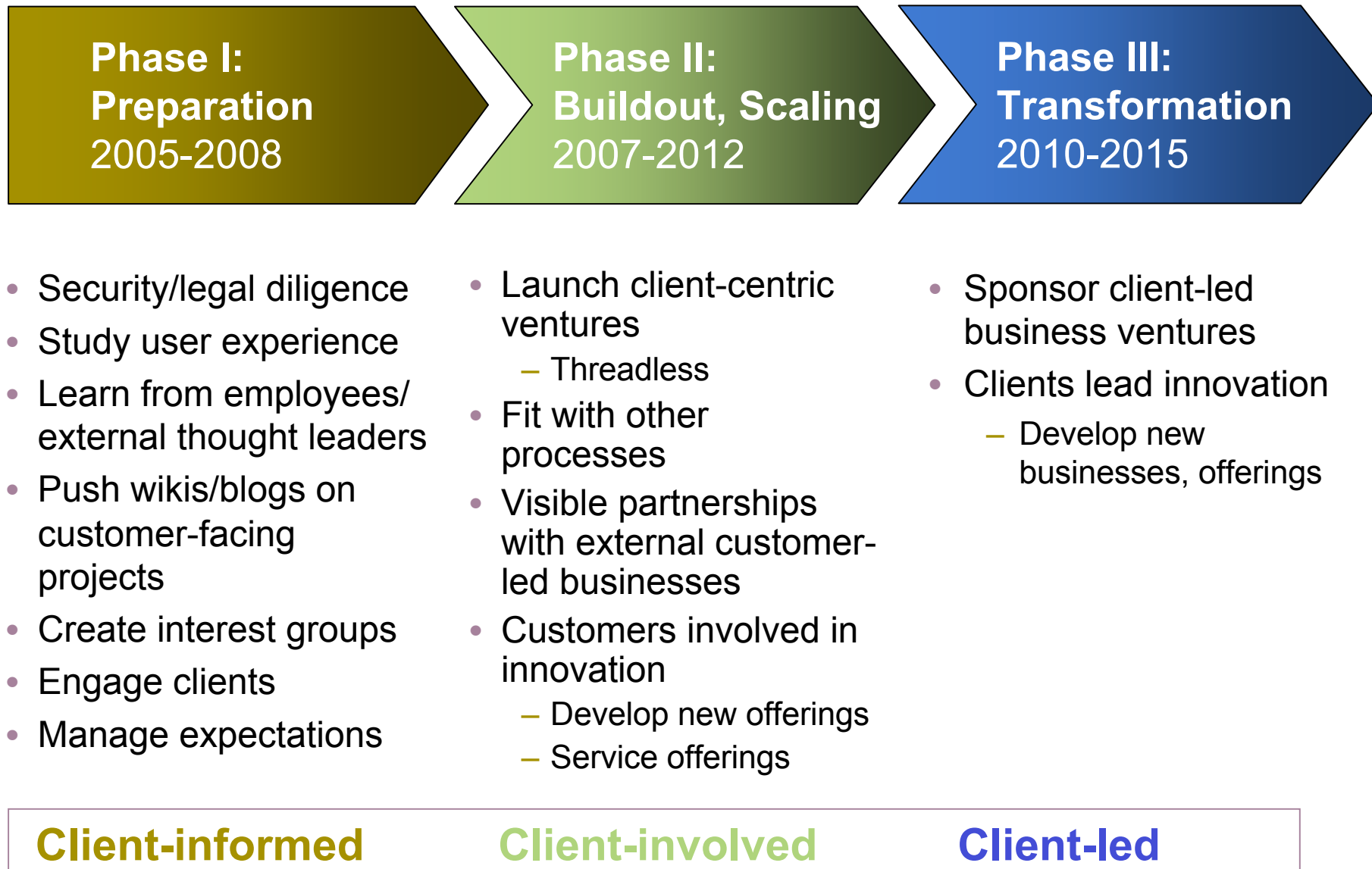
– Daniel Palestrant, M.D.,
Founder

Case Studies: Explanation of Benefits



What Happens	Why It Happens
People find each other, relate and collaborate much more easily	Web 2.0 tools enable but users create own paths based on workstreams
Combine professional/personal: create relationships, leverage into business	Proprietary solutions: impose process on users
Usage expands virally, inexpensively.. tools are social and fun to use	Tools built for social metainformation, which is key in service businesses
Efficiency of sharing increases geometrically	One-click sharing adds value to each user—reused by 1000s: tagging, RSS
Enables intelligent crowds and communities to form and grow	One-click, in-workstream comments that quickly, emergently vet content

Action Steps: Web 2.0 Adoption Roadmap



Action Steps: 2009 Plans for Healthcare Organizations



- Assess & plan
 - Create Web 2.0/social network strategy that aligns business goals with emerging Web 2.0 capabilities
 - Engage businesses that will drive largest tactical benefits with emergent, cross-boundary collaboration
- Act
 - Create programs that leverage employees who are active networkers, bloggers, vloggers and podcast contributors
 - Pilot social networks, forums, blogs and community spaces
 - Clients, partners and your organization's businesses
 - Co-create plans to engage clients in open group interaction
 - Launch programs to leverage relevant public social networks
 - Aggressively pursue using social networks for recruiting

Action Steps: 2009 Opportunities for Healthcare Organizations



- Hospitals: community for professionals
 - Practitioners are frustrated by inefficient bureaucracy that interferes with their ability to treat people
 - Let them share numerous tips on all aspects of running their practices, including fixes for billing and other admin snafus
- Hospitals: deploy wikis for patient-facing representatives
 - They create/maintain a wikipedia of online help for each other, training and mentoring...
 - Explore collaboration with patients and payors
- Payers/Hospitals: medical billing social network
 - Patients present problems, and other patients, hospital and payer representatives advise them
 - Revenue by sponsorship, significant publicity
- Hospitals: use Twitter to enhance communications
 - Patients, families, select hospital/admin/professional staff

Action Steps: Q&A

- Contact information
 - Christopher S. Rollyson, Managing Director, CSRA
 - chris@rollyson.net or +1.312.925.1549
- Health 2.0 thought leadership
 - The U.S. Healthcare System: Can This Patient Be Saved?
 - CDC Web 2.0 Case Study
 - Pfizer Enterprise 2.0 Case Study
 - Mayo Clinic Web 2.0 case study
 - Sermo Web 2.0 case study
 - Healthcare Rating Disruptors Case Study
 - <http://globalhumancapital.org/plugin/tag/healthcare>
- The Social Network Roadmap
 - Framework for adopting aggressively by mitigating risk
 - <http://socialnetworkroadmap.com>