



Customer Potential Management Marketing Group
Clarity Group, Inc.

CREATING CONSUMER- DRIVEN HEALTHCARE ORGANIZATIONS

A WHITE PAPER

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SECTION 1:

EXECUTIVE SUMMARY

Two profound forces are transforming healthcare: empowered patients and disruptive technologies. Disruptive technologies are those that continue to evolve in ways that will radically alter the field and thus “disrupt” the status quo design and operation of the healthcare industry.

Either force alone is enough to redefine the provider landscape. Together, their combined impact will be dramatic and presents an added challenge for providers to align their strategies in anticipation of these events. This paper examines the process for adoption and the actual design of a strategic plan intended to address these market forces and to create a consumer-driven health system.

Read on to learn about the strategic, operational and technological implications for healthcare organizations.

SECTION 2:

THE RATIONALE FOR PURSUING A CONSUMER- DRIVEN ORGANIZATION

These are very challenging times for healthcare providers. The industry is being rocked with revenue cut-backs in Medicare and Medicaid, severe shortages of qualified clinical and support personnel, complex administrative simplification and privacy regulations via HIPAA, sudden increases in malpractice premiums, payer and managed care mergers that have spawned U.S. antitrust scrutiny, and the relentless efforts to create disruptive technologies and clinical innovations. It is no wonder that healthcare organizations are losing sight of the patient and are questioning the value of pursuing a consumer-driven culture on one hand and the need to engage in Customer Relationship Management (CRM) activities on another.

Despite the relentless challenges in the industry, the time has never been more critical to adopt a patient-centric view. Studies indicate that customer service is actually more effective than marketing, promotion or advertising in enhancing the bottom line, according to author John Tschohl, in “Customer Service Breeds Customer Loyalty” (Service Quality Institute).

Also consider that:

- Return on service for retail companies is 100 percent (every \$1 spent equates to \$2 to the bottom line).
- Return on service for banking is close to 170 percent.
- A recent study by the Technical Assistance Research Program (TARP) found that each problem a customer

encounters causes, on average, a 20 percent decline in long-term loyalty.

- Patronage by loyal customers yields 65 percent of return for a typical business.
- Poor service is responsible for 40 percent of customer defections.

While the principles of retail and banking cannot automatically be applied to the uniqueness of healthcare, some lessons can be learned and adapted from these industries. In an era of increasing consumerism, fueled largely by the aging of the boomer generation, the need to respond and change has never been more critical. The *experiences* that this emerging class of patients will come to expect as routine will rival those that are commonplace in other sectors of the economy, and other parts of their daily lives.

The need to fully understand the growing expectations and service requirements of this group is key to the continued growth of healthcare. This will require investments in service excellence training; ongoing efforts to measure satisfaction and loyalty; a dynamic and interactive CRM capability; and a willingness to redesign the patient care process to achieve a more memorable and powerful experience.

Such investments and strategy are not insignificant; however, a commitment to deliver on this shift will indeed separate the leaders and achievers from the followers.

A fundamental starting point in this process of adopting a more consumer-driven culture and operational focus starts with an initial assessment of where the organization is today and where it seeks to be in three to five years.

SECTION 3:

CREATING THE RIGHT CONTEXT FOR CHANGE

“Remember that the consumer is your competitor: what are you doing for him that he cannot do for himself?”

-- Evans & Wurster, “Blown to Bits”

The healthcare industry is squarely in the middle of the “age of consumerism!” Driving this fundamental movement is the public’s demand for *speed, information, and empowerment*. This in part, has been fueled by such activities as: Direct to Consumer (DTC) drug advertising, the explosive growth of Internet sites, the increasing availability and use of outpatient treatment and alternative therapies, as well as the ever pervasive managed-care backlash. Unfortunately, the concepts of speed, information, and empowerment are not typically used to describe the operation of most hospitals and doctors’ practices -- *not yet, anyway*.

Responding to these “consumer-driven” expectations necessitates a very different way of seeing and interacting with patients. It may also affect the design of clinical services, billing and registration systems, websites, and facilities design. In fact, “consumerism” seems to have touched all facets of the healthcare industry.

Instituting a patient satisfaction program, although a noble place to begin, should not be the only initiative. To realize the fullest potential of “healthcare consumerism,” one must view patients as equal partners in the healing process, and in so doing, involve them in ways that may seem foreign and possibly threatening to healthcare organizations and clinicians.

Before embarking on this challenging course of making healthcare organizations more consumer-driven, it is

helpful to have a realistic perspective of what type of operating environment will shape the healthcare field in the next 7 to 10 years. Many market forces could influence the demand for, as well as the design of consumer-driven services and enterprises.

BUILDING SCENARIOS TO SHAPE THE FUTURE:

In the chart that follows, a set of four scenarios is established from two principle variables that could fundamentally change the healthcare field: the extent to which the patient or end-user of services will directly pay for healthcare services (i.e. become a true “buyer”) and the extent to which technology will continue to evolve in ways that will radically alter the field and thus become “disruptive” to the status quo design and operation of the industry.

When these two variables are pitted against one another, four potential scenarios emerge that will likely shape the future delivery of healthcare services.

<i>Patient</i>	<i>Patients Drive Change</i>	<i>Redefinition of Power</i>
<i>Change in Buyer</i>		
<i>3rd Party</i>	<i>Status Quo Continues</i>	<i>Technology Drives Change</i>
	<i>Incremental Change</i>	<i>Disruptive Change</i>

Impact of Technology

THE FOUR SCENARIOS:

Factors that occur in each of the four scenarios illustrated in the chart on the previous page are defined below:

Status Quo Continues Scenario:

- Traditional success will be challenged
 - Intense competition
 - Other systems investing in technology
- More governmental regulation
- Frustrated consumers: Far more demanding
 - Especially “boomers”
- Labor pool will be challenged
- Shortages of clinical personnel, particularly nurses
- Physicians on sidelines increasingly frustrated
- Continued pressure to cut costs
- Medicare/Medicaid squeeze/ they become bigger players
- Pharmacy/Biotech driving cost

Technology Drives Change Scenario:

- Technology companies rule
 - Pharmaceutical
 - Internet
 - Information brokers
- Payment decrease/profitability pie is no bigger
- Niche players:
 - Physicians
 - Patients themselves
- Lose sight of patient care/continuum threatened
- Human touch is threatened
- Government can't afford all the care
- Frustrated customers: Who's educating the patient?
- Provider and payer consolidation

Patient Drives Change Scenario:

- Patients become more knowledgeable
 - Want more input into type and management of care
 - Want access to patient care data
 - Demand more service and amenities
- Potential to eliminate providers

- Potential to drive price down / increase hospital costs
 - Flat fees
 - Change in pricing strategy
- Consumers demand more convenience; willing to shop around for:
 - Traditional Services
 - Alternative Services
- Potential to change treatment protocols
- Need to focus on aesthetics, the patients' experience
- Intense competition from several sources
 - Traditional
 - Alternative
- Physicians will expand service base
- Need to recognize different classes of customers in terms of their expectations and economics
- Insurance seeks to differentiate
 - Decrease margins
 - Increase volumes

Redefinition of Power Scenario:

- Where are healthcare systems? What is their role?
- High margin services are gone
- Spot pricing is likely
- Plenty of capacity -- declining demand
- Government as FAA for patient safety
- Consumer expectations are high
 - Well educated
 - Impatient
- Segmented healthcare services
- Changing role for physicians
 - Educators
 - Consultants
- Labor force = Registered Nurses who are critical
- Tight capital.

While no one can state with certainty what the future will hold, signals and possible scenarios emerge with striking frequency. Clearly, elements of each scenario will likely play out in the next decade. The intent of this exercise is not to “state a prediction” as much as it is a call for which scenario is your preference and how you will shape your organization’s design and operating systems to accommodate the evolving market place(s).

Without question, both of these variables—how you perceive your scenario and how you shape your organization’s design based on it—will continue to undergo significant change over the next several years. Both their independent, as well as interdependent evolution will have a profound influence on the strategic and operational layout of your healthcare organization. The key is to capitalize on this insight to develop a more patient-centric operational model.

OVERCOMING THE MYTHOLOGY:

In addition to a formalized process to build alternative and likely scenarios, providers must come to terms with the mores and operating assumptions that drive their day-to-day performance. To create a successful “consumer-driven” culture, providers must be willing to recognize and overcome the grip of this powerful “mythology” that limits the typical healthcare executive’s worldview, and the extent to which shifts in attitude and partnership might need to be challenged. These myths include:

- **Better quality costs more.** There is every reason to be obsessed with the need to lower the cost of care, but to what extent are these efforts designed to increase consumer value, satisfaction, and clinical outcomes to improve the patient’s interaction with the system?
- **We know what is best for you.** By virtue of their training and experience, clinicians have a significant base of knowledge, but to what extent are patients recognized as partners in the healing process and given opportunities to assume responsibility for their health, not to mention a meaningful choice of treatment options?
- **People will always come to the doctor.** Most individuals trust their doctor, but they now have choices. To what extent is your organization cognizant of the alternatives available to the residents of your community? Do your patients frequently switch their primary care physicians to establish a more responsive relationship?

- **Patients can't judge clinical quality.** The number of consumer-oriented websites focusing on provider performance grows daily. Has your organization embraced the public's desire *and* right to know about clinical outcome information?
- **Healthcare is a local phenomenon.** In the age of the Internet, answers and products are but a click away. How "accessible" is your organization to a public that thirsts for speed, information, and empowerment?

The forces outlined in the previous section have increasingly defined the dimension of healthcare organizations for years. While they are powerful, they are not insurmountable. Concerted effort and understanding are fundamental keys in the ways we respond to these issues.

Clearly healthcare organizations need to change if they are going to be "consumer-driven." As a means of stimulating innovation about how to interact with patients/customers, we have developed an assessment designed to do two things: first, it provides a way of assessing where in the stages of "consumerism" your organization is; and second, it identifies the development required to transition to the next stage based on your responses to specific sections.

The assessment tool will help you determine your organization's current stage of consumerism and define specific actions to either achieve or advance the commitment to being a consumer-driven organization.

A sample assessment is also featured in the Appendix, Section 7, of this paper.

SECTION 4:

ASSESSING YOUR ORGANIZATION'S STAGE OF CONSUMERISM

The very essence of healthcare organizations as we know them are being challenged, and in some respects, openly attacked, by innovations in the fields of information, pharmacology, biotechnology, and minimally invasive treatment. This environment raises fundamental questions of how best to design the delivery process in order to achieve a superior clinical experience. Most importantly, there is a critical need for providers to adopt a completely new perspective of the patient/customer of the future. A new paradigm is emerging replete with new and equally powerful terminology and operating assumptions that will reshape the industry in general, and guide individual institutions into the next century of healthcare delivery.

In our experience, a number of *underlying factors will enhance the opportunity for success* with respect to driving consumers into the center of operational and strategic decisions. With an understanding of these factors, you may create the necessary environment for a successful organizational shift.

Building upon a recent article in *Harvard Business Review* by Prahalad and Ramaswamy,¹ the assessment examines 21 factors that define key components of a “consumer-driven” organization. These are represented in the following table. Although the attributes may appear at first glance to be straightforward, it has been our experience that the organizational and cultural implications of moving from one stage to the next are both subtle and complex. The primary focus of this assessment is to assist organizations in examining the four stages of

C.K. Prahalad and Venkatram Ramaswamy, “Co-Opting Customer Competence,” *Harvard Business Review*, January – February 2002, p. 79.

“consumerism” and to identify their current status within those stages.

The intent is to identify specific components within four categories to answer the question: “*What is needed to achieve success in developing a ‘consumer-driven’ organization?*”

See the next page for a client’s recent score sheet that determined the organization’s current state of consumerism. While clearly a solid “Stage II” enterprise, this company recognized its challenges before pursuing the goal of being a “Stage IV” system by 2005.

Stages of a Consumer-Driven Health Enterprise

Category	Stage 1 (1 point)	Stage 2 (2 points)	Stage 3 (3 points)	Stage 4 (4 points)	Fill In Score
Service Excellence					9.1
Focus on Patient	As a Patient	As a Customer	As a Partner	As a Co-Creator of Value	
Service Excellence Focus	A Fad	A Program Initiative	A Key Strategy	Core to Creating a Peak Experience	
Process Innovation	Sporadic Process/ Externally Driven	Regular Process/ Internally Driven	Core Strategy for the Organization	Core Value of the Organization	
Patient Satisfaction Measurements	Considering the Use of Satisfaction Measures	Surveys Done Regularly	Executive Compensation Tied to Survey Results	Employee Compensation Tied to Survey Results	
Employee Focus					10.1
Hiring Criteria	Skills & Knowledge	Skills & Knowledge that "Match" Our Style	Based on Competencies Supporting Our Strategies	Based on Competencies to Maximize Customer Value	
Measure Employee Satisfaction	Every Two Years	Every Year	Quarterly	Monthly	
Training & Development	Required by Employer	Encouraged by Employer	Actively Sought by Employee	Actively Designed by Employee for Improved Patient Experience	
Performance Metrics	Net Revenue	Market Share	Customer Satisfaction	Customer Loyalty & Retention	
Recognition & Reward	Informal Recognition	Formal Recognition	Employee of the Month Gets Perks	Exemplars Are Regarded as "Heroes"	
Patient Care Process					8.9
Patient Care Design	Designed By Professionals	Designed Around Patient Needs	Designed By Patients	Joint Design to Achieve a Peak Patient Experience	
Clinical Pathways	"To Each His Own"	Protocols Exist but are Used Sporadically	Protocols Are Openly Supported & Used	Designed with Patient Input & Consideration	
Program Development Strategy Objective	Maximize Revenue	Maximize Quality	Maximize Quality & Minimize Cost	Maximize Value as Defined by the Patient	
Complementary Medicine Strategy	Regarded as "Bunk"	Viewed as Alternative Source of Revenue	Have Multiple Partnerships with Alternative Healers	Alternative Medicine is Fully Integrated with Clinical Protocols	
Quality Outcomes Focus	Patient Is Unaware of Quality & Safety Issues	Patients Seek Satisfaction Information	Patients Seek Clinical & Satisfaction Information	Provider Openly Shares Outcomes/Status Information	
Patient Access Philosophy					9.9
Web Site	No Web Site	Passive Web Site	Interactive Web Site	Interactive Web Site Integrated with Care Delivery & Wellness	
Information Strategy	What We Want Community to Know	Community Has Input into Topics & Focus	Community Drives Content	Based on Community Needs to Enhance Health & Patient Experience	
Building Design	Designed by Architects	Designed with Full Employee Input	Designed with Input from Patients/Family	Designed to Maximize Patient Experience & Empowerment	
Medical Records	Property of Provider	Patient Can View Information	Patient Can Get a Copy of the Information	Patient Can Access Via Website	
Patient Scheduling System	Patient Calls to Make Appointments	Provider Calls to Make Appointments	Multiple Appointments Made at One Time	Patient Can Access Via Website	
Market Research	Rarely Do Market Research	Regularly Conduct Market Research	Know Preferences of Psychographic Groups	Design Services Based on Expectations of Psychographic Groups	

Total Score for this organization: 38 points
(Please refer to the Appendix, Section 7, for the scoring key)

CASE STUDY:

Results will certainly vary from one organization to another as to the impact that this type of assessment will have, and more fundamentally, the impact that a commitment to being “consumer-driven” will have on the leadership and staff of the organization.

During a recent strategic planning engagement, a client in the Northeast professed to being committed to these concepts, and in fact, had undertaken numerous initiatives to change the patients’ experience and orient clinical and support operations to be more patient-centric. The organization even developed a “one-page” strategic plan that outlined all the initiatives that it was going to undertake in this pursuit.

As a result of taking this assessment and exploring the implications of the results from the survey, the client realized the magnitude of the undertaking. The organization also came to realize that the original “plan” was too linear and lacked the kind of cohesive integration that would tie the activities together.

What resulted was another “one-page” strategic plan, but now there was no escaping who/what was driving the day-to-day and strategic actions of the health system. The transformation of this health system’s thinking, strategy and organizational focus is represented on the two pages that follow.

Organizational Strategy – *Before* “Consumer-Driven” Commitment

Health Enterprise Strategic Plan Overview

VISION

Making a meaningful difference in the lives of the people we serve through
compassionate and innovative health
Every patient. Every day.

MISSION
[In development]

PURPOSE
[In development]

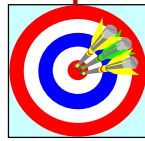
OVERARCHING GOALS



Improve Staff Relationships



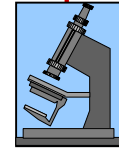
Improve the Patient Experience



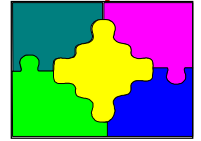
Improve Operational performance



Grow Volume



Enhance Academics & Research

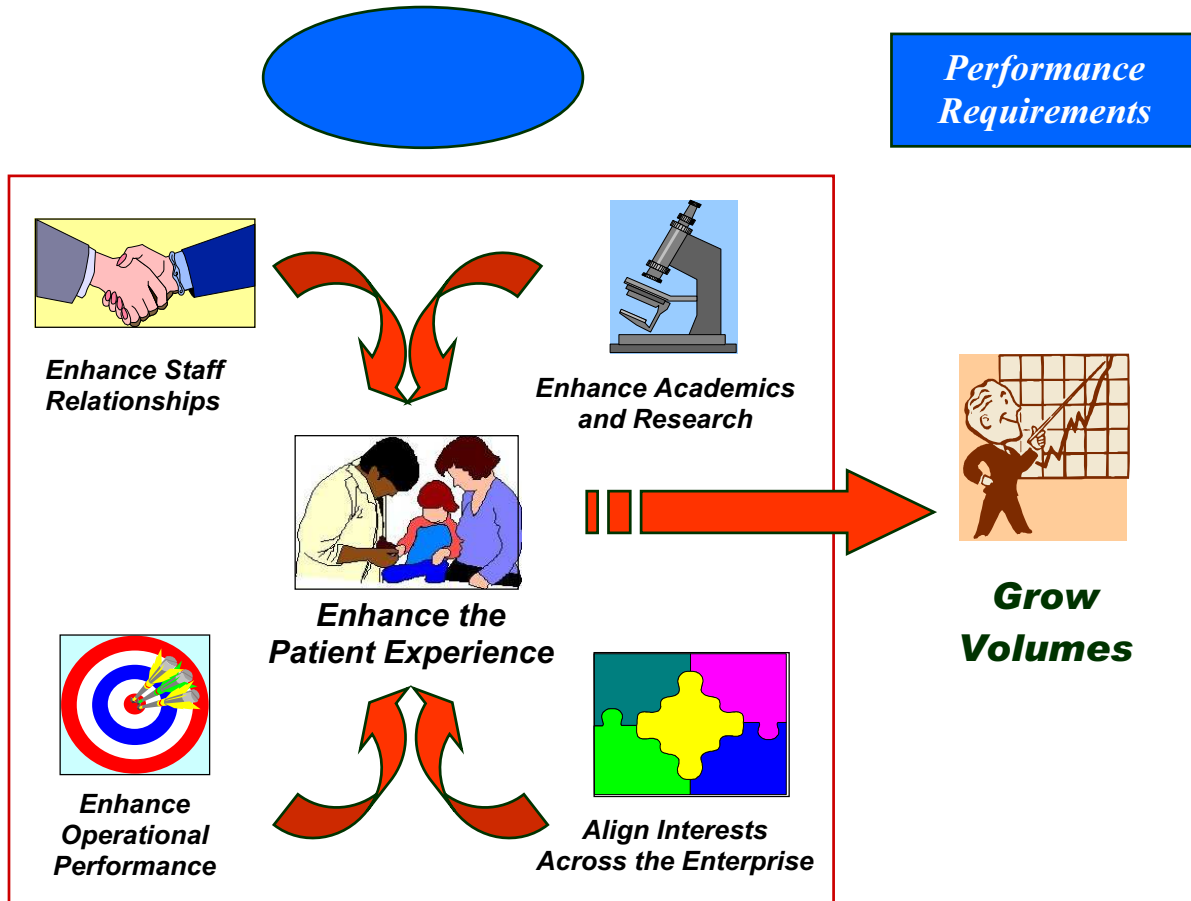


Align Interests Across the Enterprise

STRATEGIC INITIATIVES

<i>Employee Morale</i>	<i>Customer Service</i>	<i>Cost Management</i>	<i>Expand Ancillaries</i>	<i>Med. Education & Clinical Research</i>	<i>Alignment of Enterprise</i>
<p>Conduct Emp. Surveys</p> <p>Develop response plans</p> <p>Develop Leadership Development plan</p> <p>Assess Enterprise</p> <p>Emp. recognition plan</p> <p>Implement Emp/Phys. Communications</p>	<p>Pt. Satisfaction Goals</p> <ul style="list-style-type: none"> > 6 Mo - 70th% > 12 Mo - 80th% > 18 Mo - 95% <p>3 Clinical Benchmarks</p> <ul style="list-style-type: none"> > Preventive > Medical > Surgical <p>Form Enterprise teams:</p> <ul style="list-style-type: none"> > 1-time Pt. Regis. > New pt. appoints. > Central billing inquiry > Feedback to referring 	<p>FISCAL YEAR</p> <p>Monitor corporate compliance</p> <p>Renegotiate payor contracts</p> <p>Grow PPO, direct contracts</p> <p>Inc. profitability of target DRGs</p> <p>Reduce payor rejections</p> <p>Rebuild Behavioral Health</p> <p>Inc. OR efficiency</p> <p>Improve facility infrastructure:</p> <ul style="list-style-type: none"> Reduce AR days Establish/manage cost targets Enterprise global budget, plan Practice mgrs. across clinic 	<p>KEY</p> <p>New ASC</p> <p>Inc. cardiac cases</p> <p>“Joint Camp”</p> <p>Cancer Center</p> <p>Expand service lines</p> <p>Grow ancillary services</p> <p>CHF/Lipid clinics</p> <p>Add regional providers</p>	<p>Hire SVP Academic Affairs</p> <p>NIH oncology application</p> <p>Up surgery Bd. Pass rate</p> <p>Up cancer studies by 30</p> <p>Up clinical research</p> <p>Up clinical trial patients</p> <p>Surgery rotation</p> <p>cDNA library growth</p>	<p>Enterprise Vision, Mission</p> <p>Corporate structure</p> <p>5-year financial plan</p> <p>Communications plan</p> <p>Enterprise IT plan</p> <p>Enterprise marketing plan</p> <p>Refine IDP for physicians</p> <p>Grow relationship</p> <ul style="list-style-type: none"> > Other providers > Employers

Organizational Strategy – After “Consumer-Driven” Commitment



The focus of the organization is clearly directed at the consumer/patient. Strategic and operational decisions are now driven by how that process, that clinical procedure, that set of experiences will lead to a superior patient experience. This depiction totally changed the perspective of the leadership team, and galvanized the employees around the importance of pursuing this strategy. Any doubts the staff had about mixed signals concerning the meaning of being a “consumer-driven” organization were abated when this *strategic plan* was adopted and shared across the enterprise.

SECTION 5:

CONCLUSION

Intense business market forces have sometimes left little time for healthcare providers to focus on patient-centric processes. Yet that is exactly the direction these organizations must consider today in the face of the “empowered consumer” movement and the public’s demand for speed, information and empowerment. In addition, disruptive technologies also will challenge the status quo.

Responding to these challenges requires organizations to change the way they view and interact with patients. It may affect the design of clinical services, billing and registration systems, facilities design, websites and patient relationship management programs.

The “Stages of a Consumer-Driven Health Enterprise” assessment in this paper is designed to stimulate the thinking, direction and design of healthcare organizations committed to becoming more “patient-driven.” The survey can be used as a stimulus for dialogue at leadership and point of service levels. It can also be used to identify the need for specific actions, and to measure the progress that an organization is making over a defined period of time.

The intent is to stimulate organizations to make the necessary steps to enhance the consumer orientation of their operations and to challenge the long-held assumptions about how healthcare services should be designed and delivered.

Organizations that take the time now to study possible future scenarios, and to evaluate and improve their status as consumer-driven organizations will be tomorrow’s healthcare leaders.

SECTION 6:

ABOUT CPM/CLARITY GROUP, INC.

Customer Potential Management (CPM) Marketing Group is a pioneer in the development of Customer Relationship Management (CRM) solutions, including information warehousing technology, delivery systems, and portals. Since its inception in 1981, CPM has achieved international recognition for solving healthcare, financial and telecommunications business problems with this technology and today focuses solely on healthcare.

CPM's CRM integrated solutions allow businesses to maximize their customer relationships through market analysis, strategic planning and targeted personal communications. The foundation is an accessible, customer-centric web warehouse that includes comprehensive individual and household data. CPM's suite of software tools provide easy and secure access to the data for individual snapshots of customers and prospects on a "segment of one" basis.

Our intelligent CRM pieces fit together seamlessly into an application framework that produces a single, top-level business strategy.

For more information contact us:

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CLARITY GROUP, INC. asserts that healthcare providers have the power to transform the delivery of care from a model where patients experience a series of single events to one where they experience the total organization acting in concert to demonstrate excellence every day, ultimately resulting in a superior patient experience. Among the services offered by Clarity are:

- *Evaluation: How Consumer-driven is your Healthcare enterprise?*
- *Developing a Strategic Plan for a Superior Patient Experience*
- *Leadership Preparedness: Creating A Consumer-driven Healthcare Culture*

Committing to superior patient experiences and delivering on those goals are worlds apart. There is a path that organizations can and should take. In fact, we would go so far as to say that excellence must be engineered into the enterprise. Another dimension of our consulting service is to work with the leadership team to design an organization-wide strategy to ensure effective and meaningful results. Upon completion, the leadership team will have an achievable set of action steps that will guide the organization on its path toward superior patient experiences, from both clinical and service dimensions.

An important dimension of **CLARITY'S** consultative service is to evaluate and determine where on the *PatientSafety Zone*[™] continuum your organization lies. The extent to which the patient's experience is managed as an integrated process of Clinical / Service Excellence and Risk Management, the more encompassing its *PatientSafety Zone*[™] is across the organization.

For more information, contact us:

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SECTION 7

APPENDIX

SAMPLE CONSUMER ORGANIZATION ASSESSMENT

(See next page for assessment)

Stages of a Consumer-Driven Health Enterprise

Category	Stage 1 (1 point)	Stage 2 (2 points)	Stage 3 (3 points)	Stage 4 (4 points)	Fill In Score
Service Excellence					
Focus on Patient	As a Patient	As a Customer	As a Partner	As a Co-Creator of Value	
Service Excellence Focus	A Fad	A Program Initiative	A Key Strategy	Core to Creating a Peak Experience	
Process Innovation	Sporadic Process/ Externally Driven	Regular Process/ Internally Driven	Core Strategy for the Organization	Core Value of the Organization	
Patient Satisfaction Measurements	Considering the Use of Satisfaction Measures	Surveys Done Regularly	Executive Compensation Tied to Survey Results	Employee Compensation Tied to Survey Results	
Employee Focus					
Hiring Criteria	Skills & Knowledge	Skills & Knowledge that "Match" Our Style	Based on Competencies Supporting Our Strategies	Based on Competencies to Maximize Customer Value	
Measure Employee Satisfaction	Every Two Years	Every Year	Quarterly	Monthly	
Training & Development	Required by Employer	Encouraged by Employer	Actively Sought by Employee	Actively Designed by Employee for Improved Patient Experience	
Performance Metrics	Net Revenue	Market Share	Customer Satisfaction	Customer Loyalty & Retention	
Recognition & Reward	Informal Recognition	Formal Recognition	Employee of the Month Gets Perks	Exemplars Are Regarded as "Heroes"	
Patient Care Process					
Patient Care Design	Designed By Professionals	Designed Around Patient Needs	Designed By Patients	Joint Design to Achieve a Peak Patient Experience	
Clinical Pathways	"To Each His Own"	Protocols Exist but are Used Sporadically	Protocols Are Openly Supported & Used	Designed with Patient Input & Consideration	
Program Development Strategy Objective	Maximize Revenue	Maximize Quality	Maximize Quality & Minimize Cost	Maximize Value as Defined by the Patient	
Complementary Medicine Strategy	Regarded as "Bunk"	Viewed as Alternative Source of Revenue	Have Multiple Partnerships with Alternative Healers	Alternative Medicine is Fully Integrated with Clinical Protocols	
Quality Outcomes Focus	Patient Is Unaware of Quality & Safety Issues	Patients Seek Satisfaction Information	Patients Seek Clinical & Satisfaction Information	Provider Openly Shares Outcomes/Status Information	
Patient Access Philosophy					
Web Site	No Web Site	Passive Web Site	Interactive Web Site	Interactive Web Site Integrated with Care Delivery & Wellness	
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Building Design	Designed by Architects	Designed with Full Employee Input	Designed with Input from Patients/Family	Designed to Maximize Patient Experience & Empowerment	
Medical Records	Property of Provider	Patient Can View Information	Patient Can Get a Copy of the Information	Patient Can Access Via Website	
Patient Scheduling System	Patient Calls to Make Appointments	Provider Calls to Make Appointments	Multiple Appointments Made at One Time	Patient Can Access Via Website	
Market Research	Rarely Do Market Research	Regularly Conduct Market Research	Know Preferences of Psychographic Groups	Design Services Based on Expectations of Psychographic Groups	

Total Score:

Scoring Key:

Less than 45 Time to rethink your consumer strategy

46– 54 You're on the right path—persevere

55 – 64 Keep it up—you're doing great!

65-74 Outstanding! You are well positioned for empowered consumers.

75 or more Congratulations!! You have a successful consumer-driven health enterprise.

This assessment is the work of Morley M. Robbins, managing director, consulting services at **CLARITY GROUP, INC.**