Competitive Differentiation Through Innovation

How Healthcare Providers Can Build an Innovation Strategy
As vice president of marketing, I'm responsible for building our hospital’s competitive advantage in the market. For the most part, our system offers relatively the same types of clinical services as the other acute-care players in town, though we have a few clinical advantages here and there. But whenever a new technology is introduced, like the 64-slice CT scanner, even if we’re the first to implement it, that advantage is usually short-lived. We have a number of organizational-wide initiatives aimed at helping us optimize the service and care we provide our patients. While they are important to the long-term success of our organization, they won’t provide us a sustainable competitive differentiation in our market, as everyone is working on safety, service and process improvement at some level. We need to be looking at new, innovative ways in how to serve our market. How can we develop an innovation strategy to help us establish competitive differentiation in our market?
In January 2005, our firm published a white paper titled *The New Competition*, which looked at the impact of new entrants into the healthcare provider market, such as Best Buy and Steve Case’s Revolution. In that paper, we advocated for innovation as a key to competing in a new healthcare world, stating, “The greatest leaps of success come from innovative change.” The paper went on to highlight three healthcare provider organizations who, in our eyes, were taking the necessary steps to compete in a changing market place: the Mayo Clinic and its SPARC innovation lab, Park Nicollet Health Services in Minneapolis, and Memorial Hospital & Health System in South Bend, Ind.

Of course, new competition in the healthcare provider arena is only one of the forces that is changing the market. Global competition continues to increase, with overseas surgical centers gaining a foothold as a mainstream alternative for U.S. patients. Healthcare consumers are becoming more empowered every day, thanks to their access to information, the growing choices they’re presented within the market, and the spread of consumer-driven health plans. With more and more consumers spending more and more of their own money through HSAs, HRAs and other high-deductible plans, they will become even more demanding.

All of these forces combine to make innovation an even more critical strategy for traditional providers of healthcare to provide value to consumers and stand out from the competition. Many leaders understand the need to find new, innovative ways to differentiate themselves in the market, but are often unsure where to begin. Other organizations aren’t quite there yet. How can they develop an innovation strategy to help them establish competitive differentiation in our market?

This paper is an attempt to answer that question.

In the first part of the paper, we look at the role innovation can play in competitive strategy, and, more importantly, what kind of innovation is best suited for competitive differentiation.

In the second part, you’ll find case studies on the three organizations cited in our previous paper focused on one simple question: How? How did they develop their approach to innovation? We went back to these organizations and talked with key executives, all of whom were enthusiastic about sharing their stories. (Disclosure: None of the three organizations featured is, nor have ever been, clients of GeigerBevolo, and none received any compensation for their participation in this paper.) Following the case studies, we look at what healthcare providers can learn from these three organizations in implementing their own innovation strategies.

In the last part of the paper, we provide an alternative for those organizations that may need to start with a simpler approach to innovation.

We hope this paper can serve as a catalyst for traditional providers of healthcare to embrace innovation in building competitive differentiation.

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**Reader’s Guide**

This paper is written to provide an overview of how to pursue innovation in provider healthcare to achieve competitive differentiation. But, depending on where your organization stands in that pursuit, you may find parts of the paper more valuable than others. Use this guide to focus on the areas that best fit your situation.

1. If innovation as a strategy is new to you or your organization, or you’re open to any approach in building an innovation strategy, start with **Part One**.

2. If your organization has taken significant steps in understanding and pursuing innovation, and you’re interested in how other leading healthcare providers have built organization-wide innovation strategies, focus on **Part Two**.

3. If you know an organization-wide innovation strategy is still out of reach for you, but you would like to get started with innovation in a smaller way, focus on **Part Three**.
Innovation seems like just the latest buzzword. What does it really mean, and how does it apply to healthcare? Is there a certain kind of innovation I should focus on from a business development or marketing perspective?
Innovation and Competitive Differentiation

There is, or at least should be, no doubt as to the critical role innovation plays today for U.S. businesses. Unless someone has been living under the proverbial rock, it would be hard to miss the position “innovation” has taken as one of the top buzzwords in today’s business circles. In 2006, BusinessWeek introduced “In,” a quarterly supplement to the magazine focused solely on innovation. In the inaugural issue, editor Bruce Nussbaum stated, “making innovation work is the single most important business challenge of our era.” Business magazines, marketing gurus and consultants galore tout the inescapable idea that success in today’s global economy is impossible without innovation.

In healthcare, traditional providers face an increasingly turbulent market. New entrants with non-traditional models, such as MinuteClinic and other mini-clinics, and global competition are applying pressure to an already competitive market. Healthcare consumers are becoming more empowered every day, thanks to their access to information, the growing choices they’re presented with in the market, and the spread of consumer-driven health plans. With more and more consumers spending more and more of their own money through HSAs, HRAs and other high-deductible plans, they will become even more demanding – all of this in an increasingly tight reimbursement environment. All of this points to the need to find innovative ways to provide care.

There are many ways for innovation to provide a competitive differentiation for healthcare providers. Offering a new clinical program, technology or surgical technique are just a few. Before we see how our three featured organizations approach innovation, it’s helpful to define what type of innovation healthcare marketing leaders should focus on to build stronger positions, provide differentiated and compelling services, and move the markets they serve.

“Making innovation work is the single most important business challenge of our era.”

– Bruce Nussbaum, Editor, BusinessWeek
Service Innovation in Healthcare

At the 2006 Society for Healthcare Strategy and Market Development Annual Conference, keynote speaker Tom Kelly, a partner at leading design firm IDEO, perhaps captured it best: Focus on the kind of innovation where you “passionately pursue new ways to serve your customers.”iii In business, what Kelly was referring to has been termed “service innovation” to distinguish it from “product innovation.” Rather than innovation related to a tangible product (like four-wheel drive technology on a car), service innovation is related to the business of how the car is sold (like no-haggle pricing first introduced by Saturn).

In healthcare, that means distinguishing between innovations related to the clinical care (the product) and innovations related to the business of providing healthcare. For marketers, these innovations also must provide a distinct competitive advantage. We call these types of innovations “Market Moving Innovations.”

For an innovation to be considered a true Market Moving Innovation, it must:

1. provide a radical change to how customers/patients are served

2. provide a competitive advantage for the organization

Let’s look at each of these qualifications in more depth.
Market Moving Innovation: Innovation vs. Optimization

The emergence of innovation as a ubiquitous strategy has led to a watering-down of its meaning. The description we’ve found that best captures the true meaning of innovation comes from the late, great business guru Peter Drucker, who in 1992 defined innovation as “change that creates a new dimension of performance.”

There are two critical aspects of this definition: First, Drucker's definition includes the word “performance.” This speaks to the fact that innovation is about more than a great idea or creative thinking; it’s a great idea or creative thinking that’s actually put into use and can demonstrate performance. Second, the phrase “new dimension” relates to radical change, not incremental change. Yet healthcare is predominantly focused on incremental change, or, if you prefer, optimization. Six Sigma, safety efforts and medical error reduction, quality improvement – the list goes on and on.

Recently, Newsweek magazine ran an article titled “Fixing America's Hospitals,” which stated, “...we found 10 (organizations) that are using innovation, hard work and imagination to improve care, reduce errors and save money.” Nearly all of the hospitals cited were performing some kind of optimization - such as reducing medical errors, or improving communications - not innovation. Only a select few (related to designing the healing environment) could fit the definition of Market Moving Innovation. Michael Porter, a widely recognized thinker on competitive strategy, best summed this point up at a recent presentation given at the Mayo Clinic. He said, in essence, “If you're looking at ways to improve how you perform surgery, it's not enough.” Not only would that be an incremental as opposed to radical change, it’s focused on the product, not the service.

Market Moving Innovation: Market Moving vs. Industry-Moving

When we hear about innovation in healthcare, it’s usually centered on “industry-moving” innovation, those innovations that either a) improve or fix “the system” or b) improve or save lives. Not that these are bad, of course. They’re just of little use to healthcare marketers fighting in competitive markets. For example, pharmaceutical breakthroughs such as Viagra™ or Claritin™ fit the traditional definition of innovation, but they do nothing for individual hospitals or health systems as far as competitive differentiation. The same goes for medical technology devices, biotechnology or genetic advances.

Taking this idea further, innovations in treatments (alternative medicine), surgery (minimally invasive), or medical technology used within provider settings (64-slice CT scanners) only give short-term, if any, competitive advantage. These are innovations that are available to the market as a whole and early adoption can give an advantage, but only for a short while. This is why the Electronic Medical Record, a service innovation that is potentially advantageous for those who are able to implement it earlier in a market, isn't really a Market Moving Innovation. The DaVinci Robot™ could be considered a product innovation, but if every hospital in a market offers it, it will do little to move an individual hospital’s competitive advantage. In short, if it’s available to everyone, it’s an advantage to no one.
Our leadership team has made pursuing innovation a strategic priority across all disciplines. We’ve dedicated funding for innovation and are exploring the best means to embrace the concept. How can we approach innovation on an organization-wide basis?
Three Approaches to Innovation

Now that we’ve given a name to the type of innovation that can provide competitive advantages (Market Moving Innovation), how exactly can your organization embrace innovation? Following are case studies that look at how three leading healthcare provider organizations have explored and implemented innovation as a core strategy. While their pursuit of innovation often leads to breakthroughs in clinical care (the “product”), their approaches can also serve as roadmaps for organizations wanting to leverage innovation for competitive differentiation or Market Moving Innovation.

Case Study One: Mayo Clinic

When W.W. Mayo and his sons Charlie and Will founded their group practice in the late 1800s, they used what was then a totally new concept, what is now referred to as “integrated care.” That means everything a patient needs would be provided in one place by teams of physicians and specialists working together. Since then, the Mayo Clinic has continued to build a global reputation for innovation in clinical care. Like all other healthcare organizations, Mayo is continuously looking for ways to better serve its patients and meet their needs. With the creation of the SPARC lab (SPARC stands for their homegrown design methodology of See, Plan, Act, Refine and Communicate), the organization has made a commitment to care delivery innovation – enhancing the experience of being a patient.

The SPARC lab was established by Mayo’s Department of Medicine, and is housed in the internal medicine wing of the Mayo building in Rochester, Minn. The lab was designed as a place to develop and test ideas. One of SPARC’s first projects was to evaluate the exam room and recommend reconfigurations to achieve greater flexibility to address patient needs. SPARC also looks for ways to help patients after they have returned home from their visit to Mayo, such as encouraging compliance with prescribed patient treatment regimes.

A particularly fascinating project was one in which the SPARC team studied the concept of providing decision aids to help physicians explain treatment options, and real-time, point-of-care systems to share results of examinations and other diagnostic information. It is possible that in the future patient results will be digitally projected right into the treatment room where notes can be added and then given directly to the patient.
When the SPARC team reviewed Mayo’s patient education center, and their recommendations were implemented, usage increased by 15% over the previous year. They even convinced management to move a pillar that was obstructing the view of the center from a heavily traveled corridor.

“We knew if we could successfully link design principles to research methodology, we would have a powerful model for care delivery innovation,” said Ryan Armbruster, director at the SPARC lab.

Innovation from People and Process
When you walk into the SPARC lab, you immediately feel the energy and creativity. It’s not just the décor – the state of the art furniture and glass walls. It’s not only the floor-to-ceiling white boards filled with bulleted lists of ideas, scribbled with lines and checkmarks connecting themes and defining priorities. It’s the mindset of the people who work on the many projects being evaluated at the lab.

Armbruster explained that the first step in the SPARC lab is getting bright people from all disciplines and viewpoints to collaborate. Everyone is then encouraged to think beyond the traditional ways of doing things into innovative new ways. User needs are researched and observations are shared, often in the form of stories. This becomes fertile ground for identifying opportunities to create new value for patients. The team discusses how patients check in, for example, or how they progress through the clinic and interact with their physicians. The goal is to understand patient needs that are often hidden, which informs us about better ways of doing things to meet those needs.

The next step of the process is unlike a medical model, in which clinical ideas must be more fully developed before any testing can begin. The SPARC team puts their ideas in front of end-users as quickly as possible to generate immediate insights and receive feedback. Simple and inexpensive prototypes often are used. The prototypes might be developed out of paper and cardboard, or a sketch of a computer screen might be used to pilot an idea.
Observation is key. The prototype gives patients something to react to, something tangible, however prototypes also take the form of processes, interactions and communications.

“In the past we were not as open to the idea of putting out a rough prototype or presenting something to the public that was not in a fairly finished form,” said Armbruster. “But now, rapid prototyping is understood as a valuable tool in the process.”

After the prototype is created, the ideas are tested by actually observing physicians and patients interacting in a real-world scenario in the SPARC lab’s exam rooms or other setting (some of which are created from scratch). The lab space is very flexible: walls, furniture, computers, etc. can all be moved. Rooms are equipped with small cameras. Real patients see real Mayo doctors in the SPARC lab (patients are asked if they want to participate and are briefed first). When the reactions of the patients are seen firsthand, needed changes or updates become apparent. The prototypes can be adjusted quickly until everyone is satisfied with the results and ready to move forward.

“When the patients experience it, they provide you with the information you need. It is a position of action,” said Alan Duncan, M.D., the SPARC lab’s medical director. “Just like a clinical trial, the way physicians are used to gathering information, there is evidence to back up the decision and a reason to move forward in a certain direction. When our physicians can actually see how our patients react to these ideas, and can actually experience the patient’s excitement or change in behavior, Mayo’s medical staff becomes the biggest advocates for change.”

Dr. Duncan and Armbruster both agree that with rapid prototyping, the best ideas are generated and come to the forefront. Decisions can be made with a higher level of confidence and the amount of risk is greatly reduced. “You have the confidence and buy-in you need early in the process and the data to know you are investing your resources wisely,” Dr. Duncan added.

The SPARC lab’s six full-time project staff members agree. In the past, if someone had an idea at Mayo, the next step often would be to hire a vendor and get a working model made or update systems and processes. This took time and resources and the project would often take on a life of its own. “We would be so far along in the project,” said one of the SPARC lab innovators, “that if we needed to make a change, or wanted to go in a different direction, that wasn’t really an option… we just had to make it work. Now we have the ability to be much more flexible and innovative. We can adapt as we go and because of that, we are much more likely to design services of optimal value for our patients.”

The SPARC lab was recently asked to look at reducing wait times for patients checking in to the clinic. Their answer? Electronic check-in kiosks, much like the type of e-ticket check-in kiosks that now dominate airport terminals. The first prototype was a sketch of a computer screen. As adjustments were made and the idea refined, the team moved to a fully functioning touch screen model. More than 87% of patients who tried the kiosk said they would use it again to save time and to keep them from getting tired from standing in line. The kiosks are being developed for several applications across their campus.

When asked how other healthcare organizations could embrace the philosophy of the SPARC lab, Armbruster said that he often hears others say, “Of course Mayo can be innovative – they have plenty of resources to commit to any project.” In fact, he said, the Mayo Clinic is very large and complex, which can make innovation more difficult to pursue. By following a process involving observation, brainstorming, prototyping and implementation, any organization can achieve innovation.

Armbruster adds that it all starts with finding someone who has a vision. It could be an individual or a team of leaders, as long as they have a commitment to “making it happen.”

The Mayo Clinic’s SPARC lab continues to grow with well over 500 workshop participants to date and dozens of projects in the pipeline. It continues to be a strategic priority for the Board of Governors at Mayo Clinic, along with several other activities at Mayo focused on innovation. Its goal is innovation that will improve patient care and ultimately improve people’s lives.
Case Study Two:
Park Nicollet Health Services

Park Nicollet Health Services has had a taste for innovation since its inception in 1921. Founded at a time when single specialty physician groups were the norm, Park Nicollet became the first multi-specialty group practice in the Twin Cities area. The clinic was established based on a model that allowed physicians to be in clinical practice and still have time that they could devote to research and education, attracting the type of clinician who wanted to follow both paths.

“Since our founding, our culture has encouraged new ways to examine and improve the quality of medicine. Administrators and physicians work together to brainstorm the best solutions – to try new things,” says Vice President of Marketing for Park Nicollet, Carol Greenland. “Park Nicollet was built on a foundation of innovative thinking.”

Innovation Drives Early Adoption and Partnerships
Another example of Park Nicollet’s innovative mindset is the early adoption of a retail line of business. The clinic expanded its retail effort in 2002, adding kiosks, an online store, and additional in-clinic locations. The stores offer a broad selection of products and services recommended by Park Nicollet physicians. Specially trained store employees often work closely with physicians to serve patients’ complete care needs.

More recently, the organization created a joint venture between Park Nicollet, the University of Minnesota Physicians and The Orthopaedic Center to open TRIA, a $60 million cutting-edge orthopaedic clinic in the Twin Cities that features its own brand identity. Park Nicollet also was a strategic partner with Best Buy in the development and launching of eq life, a concept store aimed at helping women manage their family’s health.

Leveraging Lean
Recently, Park Nicollet started using Toyota’s Lean Production Principles to formalize their improvement process even more. They first learned how Lean was being applied to healthcare from Virginia Mason Medical Center in Seattle, one of the first healthcare organizations to try Toyota’s quality improvement methods. Hearing of their success, Park Nicollet began using Lean in 2003.

Park Nicollet is using “Lean” thinking to focus on patient service enhancements in addition to the traditional goals of quality and efficiency improvement.

For example, when Park Nicollet recently designed and opened a new clinic, they used the standard Lean tools dubbed “3-P” or “production, preparation and process” to look at how patients flow through the clinic. They used team members from many different areas and included patients using the formal Lean workshop process. One exercise revealed that the typical patient had to walk on average 736 feet for treatment from the time they entered the clinic until they left. The team mapped out the steps with string, created flow charts, and looked at several floor plans and furniture arrangements until the flow was efficient.

They then took the process a step further to see how they could create something better than what currently existed in the market. The result is that when patients check in, they are given an exam room number and are told to go directly back to their exam room. That is, patients no longer need to go to the waiting room. Not only is this a more direct and convenient method for patients, it saves nurses the time it takes to walk to the front waiting area and back to the exam areas. If the patient needs lab services, the phlebotomists now come to their exam room number and are told to walk to the front waiting area and back to the exam areas. If the patient needs lab services, the phlebotomists now come to their exam rooms for the procedures, saving the patient an additional walk to the lab, which is usually on a different floor. If questions arise, the doctors and nurses are still close. Surveys have shown that the patients like this flow much better, and the staff does as well. The overall perception at this clinic is that Park Nicollet is more efficient, and they offer something different from everyone else.

Out in Front on EMR
While the move to Electronic Medical Records (EMR) has been ongoing for years, the EMR took on iconic status when President George W. Bush first said he wanted all Americans to have an electronic patient record by 2014. The penetration of such systems remains discouragingly low in the United States, with less than 20% of doctors having fully automated their offices. Park Nicollet was the first major health system in the Twin Cities to use an
integrated paper record so it's not surprising they also were the first to implement electronic medical records between its hospital and its clinics. Now, they’re on the front edge of online physician/patient communications. Greenland’s team recently launched “Patient Online,” a secured Web service that provides patients with confidential access to parts of their medical records and allows patients to e-visit with their physician, nurse practitioner or physician’s assistant. Patients can send secure messages to their clinician’s office and access their medication, allergy and immunization lists online, as well as their lab results. “The team was able to use Lean tools to show Patient Online can benefit both Park Nicollet staff and patients,” said Greenland.

Shortly after its launch, more than 12,000 patients had already registered for the new service (the online service is free; the charge for an e-visit is $35 and is covered by several insurance companies).

The Lean process has been rolled out to nearly all Park Nicollet staff. More than 170 of their employees have already earned or are on track to earn certification so far. Every leader in the organization is trained in Lean principles, including physician leaders. This includes intensive training periods, attending classes and lots of reading. Leaders receive additional training at manufacturing facilities in Seattle and Japan, participating in educational tours at Toyota’s plant. Multiple Lean improvement workshops are conducted on a monthly basis. Staff members are empowered to suggest improvement ideas. At the end of each Lean workshop, employees “report out” data and ideas from their workshops to a larger review group, sharing what they have learned. One by one, members of each team introduce themselves and explain how their team solved a problem. Implementation is most often immediate.

The Lean process has been working so well in patient care areas that Park Nicollet recently added a specific focus on the areas that support the clinical process such as IT, marketing, business services, finance, research and patient education.

Patient safety has been improved, service enhanced, waste removed and waiting times reduced. Using Lean methods is one more example of how Park Nicollet has leveraged a history of innovative thinking to differentiate themselves from their competitors.

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Carol Greenland, Vice President of Marketing, Park Nicollet
Case Study Three: Memorial Hospital & Health System

When you log onto the website for Memorial Hospital & Health System in South Bend, Indiana (www.qualityoflife.org), you’ll notice that one of the main tabs on the home page navigation bar is labeled “Innovation @ Memorial.” Clicking on the tab takes you to a message from President and CEO, Phil Newbold, where he outlines, “At Memorial, we feel that creating a culture of innovation is the best way to maintain a world class service leadership position, attract and retain the best staff, attract resources and build a financially stable organization and most importantly, provide quality care for our patients and physicians.” His message and the several headers you can click on from that location offer insights into the organization’s dedication to creating a culture of innovation.

Memorial’s commitment to innovative thinking started several years ago, according to Diane Stover, vice president of marketing and innovation strategy. “It felt as though other people were controlling our future,” she explained. “A change would come from Medicare or some other agency or organization and the leadership at Memorial found itself reacting rather than choosing its own path.” The CEO wanted more control over the organization’s future so he looked to healthcare industry leaders for answers.

One of the leaders Newbold talked to in his early discussions was Leland Kaiser, from the Kaiser Institute. He challenged Memorial to think about their funding for special programs so they would have more control over them. As a result of the discussions with Kaiser, Memorial became one of the first hospitals to establish a “tithing” program. Each year a portion of Memorial’s excess revenues are set aside to help develop innovative programs that address community health issues, especially prevention.

Searching for more answers, Newbold and Stover decided to look to the business community. In early 2001, they began talking to and visiting with organizations from several different industries for advice. Soon others from Memorial began to join them on their visits. A team called the “Idea Propulsion Leaders” was formed with key individuals from their foundation; the quality, HR, marketing, and strategic alliance departments; and the COO of the health system. This team continued to meet with organizations such as DuPont, Motorola, Whirlpool, 3M, Nike, Proctor and Gamble, Microsoft, and many others.

The team asked questions and with each visit, they gained a new perspective. Stover said that the team even started subscribing to non-traditional magazines from several other industries, such as Fast Company, Red Herring and others, so they could learn what other organizations were thinking and doing. Most importantly, they learned what the business community already knew – that the key to creating and embracing change and controlling the future was through research and development (R&D).

But the learning didn’t stop there. While the team was visiting with other organizations Newbold and Stover began talking with Tom Peters, co-author of one of the best selling business books, “In Search of Excellence” and author of several other books including “The Circle of Innovation” and “The Pursuit of WOW.”
“At Memorial, we feel that creating a culture of innovation is the best way to maintain a world class service leadership position, attract and retain the best staff, attract resources and build a financially stable organization and most importantly, provide quality care for our patients and physicians.”

Phil Newbold, President, CEO, Memorial Hospital & Health System

Stover said that all hospitals claim to be “the best” and most offer great clinical care, but Peters stressed that it wasn’t enough for organizations to just be efficient. In order to achieve long-term success, in order to stand out, organizations also have to be different. The Idea Propulsion Leaders adopted the Tom Peters “WOW” project tools (adapted to healthcare) to do just that. Using Peters’ ideas and tools, they put a process in place so they could more formally continue their efforts with a focus on R&D.

The Tom Peters Group came to Memorial and started teaching key employees about “WOW projects.” According to the group’s definition a “WOW” project has high impact for the customer or the organization. It’s a project that matters to patients, their families, physicians, or to the health of the community. A WOW project could entail redesigning a form or establishing a new product line or service. The key is that the idea stretches conventional thinking, even if it moves the organization into unfamiliar or uncomfortable territory. According to Peters, it’s the type of project that the organization will still be bragging and chortling about ten

years from now. Projects that may have a high risk of failure are encouraged as these often provide the best opportunities to adjust, reframe and design. The best ideas for WOW projects usually come from a mix of people thinking differently and sharing wild ideas to try to come up with unconventional approaches.

Combining what they had learned from these organizations and from working with Peters, the Idea Propulsion Leaders began to form strategic alliances with the organizations they had been talking with. The team even approached venture capitalists for additional learning. The alliances gave them access to many different types of prototypes.

The “skunk” and “platypus” rooms, part of the Idea Propulsion Lab, were designed for quick and easy prototyping. These “unfinished” rooms reinforce Peter’s belief that prototyping a project doesn’t have to be expensive or require a finished product. During the training, the employees learn that prototyping can uncover issues with new projects early in the process, which reduces expenses and risk. In 2004, Memorial began work with IDEO, a leading product and strategy design firm, to apply experience design methods to Memorial’s new heart and vascular center utilizing many different kinds of prototypes.

Close to 1,100 employees out of Memorial’s 3,500-person workforce (clinical and non-clinical) have been trained. The organization has 12 WOW project power users (employees who have received additional WOW training) and by the end of the year there will be a trained power user for each department. Money has been budgeted so that any employee with a good idea can get funding to begin the testing process. Larger projects or cross-departmental initiatives are coordinated to plan for the best use of resources. Projects that grow and become significant (more than $50,000) are moved to a separate project track and given additional trained staff to serve as mentors. While most projects are done as part of the employee’s regular job duties, some staff members have been given as much as 120 or 180 days off from work as part of the “WOW projects.”

Seeing success, Memorial’s Board of Trustees and Directors approved an “Innovation Policy” in August of 2002, complete with funding. The Idea Propulsion Leaders knew from talking with so many successful organizations that in the long term they would be more successful if they had a complete culture of innovation. In March of 2003, they began to encourage employees to attend the “WOW Wizard School,” a one-day training session offered at Memorial three days a month to learn about “WOW” projects and how to implement them. Needing a place to hold the training, the “Idea Propulsion Lab” was designed to help stimulate creative thinking and provide employees with an on-site meeting location that is unique and different from the typical conference rooms usually found at Memorial.

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The “skunk” and “platypus” rooms, part of the Idea Propulsion Lab, were designed for quick and easy prototyping. These “unfinished” rooms reinforce Peter’s belief that prototyping a project doesn’t have to be expensive or require a finished product. During the training, the employees learn that prototyping can uncover issues with new projects early in the process, which reduces expenses and risk. In 2004, Memorial began work with IDEO, a leading product and strategy design firm, to apply experience design methods to Memorial’s new heart and vascular center utilizing many different kinds of prototypes.

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their regular jobs to work full-time developing the business plans for their project. Once the project is approved past a certain point, the employee returns to his or her former job. All ideas are required to have an owner or champion(s) and serve the customer’s point of view.

One of the first WOW projects Memorial completed was the HealthWorks Kid’s Museum. The museum offers interactive displays in a fun “Discovery Zone” type atmosphere designed to teach kids about health education. The museum is open to the public and visited by many classes of schoolchildren each year. The museum helps provide needed information to the community and shows that Memorial is a community partner. “Everyone feels welcome here, it sets us apart,” said Stover.

Memorial became a test hospital for Underwriters Laboratories and for DuPont, testing many different types of products and equipment. They worked with Wal-Mart to offer their version of an in-store medical clinic. They even converted a Hummer into a traveling “edu-tainment center” on wheels, sporting huge eyes, a big grin and a cool Hummer-sized brain, smartly covered by a bigger-than-life helmet. Kids learn everything from the “Fumes of Doom” hazards of smoking to how the amazing body “Hums” along.

“Memorial’s WOW project model taught us to think fast and move fast. We learned how to be nimble, and we now have a bigger arsenal to deal with change and challenges as they come our way,” said Stover. “We sometimes joke about who might be flying in this week to work with us.”

Memorial has had so much success that other organizations are now asking Memorial to teach them how to become more innovative. When an on-site restaurant was no longer going to be used, Newbold saw an opportunity for his own WOW project and turned it into the “Innovation Café,” a learning lab with a cafeteria theme and décor. Here, they provide unique educational experiences for other businesses. “We were getting so many requests from other hospitals and other organizations to share our processes with them,” said Stover. “It was just easier to hold classes rather than answering so many calls.” Organizations from across the country have traveled to Memorial to attend classes at the Innovation Café. (The classes are detailed on their website.)

By developing a culture of innovation, Memorial has learned how to control its future, has set itself apart in many ways, and has become a recognized leader of healthcare innovation.

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Diane Stover, Vice President of Marketing and Innovation Strategy, Memorial Hospital & Health System
Five Key Takeaways

The three case studies highlighted in this paper represent three distinct approaches to innovation at healthcare organizations, and there are undoubtedly many others (see Part Three for a more focused approach). But what can organizations take away from these examples? How can they learn from the processes these organizations have put in place? Here are five observations we’ve made from the stories.

1. Take a Cross Functional Approach

No matter which organizational approach is considered, all three apply a cross-functional approach to innovation. Even Mayo Clinic’s SPARC lab, which uses a separate department within the organization to drive service innovation, starts by “getting bright people from all disciplines and viewpoints to collaborate.” Physicians, nurses and other clinical staff are engaged throughout the innovation development process. At Park Nicollet, their Lean process has been introduced throughout the organization, with more than 170 of their employees having earned or are in the process of earning certification so far, and every leader receiving training in Lean principles. At Memorial, nearly a third of their 3,500 employees have been trained in their WOW program. The program itself was the outcome of work done by its team of “Idea Propulsion Leaders,” which included representatives from their foundation and the quality, HR, marketing, and strategic alliance departments.

Why is cross functionality so critical? First, many of the most radical ideas and innovative thinking comes not from the “creative types,” but from those on the front-line who deliver the care everyday. And while they may not always be able to spot a critical opportunity, these frontline staff observations can lead to valuable insights, which leads to innovative thinking.

Just as importantly, even if the focus of your innovation efforts is on service delivery – and not on clinical innovations – those efforts will somehow affect those delivering care. Sometimes that impact is great, sometimes minimal, but either way, clinical staff are generally overworked and under tremendous levels of stress. For a health unit coordinator or critical care nurse to embrace an innovation, they need to be engaged early on and made to feel like an important part of the process. That engagement leads to buy-in and ownership of the final solution. Without this approach, ideas are seen as coming from “on-high” or the “marketing department,” and it becomes very difficult for those touched by the change to believe in it or embrace it.

2. Try Rapid Prototyping

As noted in the Mayo case study, an innovation on the clinical side of healthcare must be fully developed before testing begins. But in driving service innovation, the role of prototyping as a strategy is critical. At Park Nicollet, they created a model using string to help map out the patient flow at a clinic. At Memorial, their Idea Propulsion Lab features specialized rooms set up specifically for prototyping. And at the SPARC lab, the exploration of a patient check-in kiosk started with a sketch of the computer screen that was shown to patients.

All three organizations tout the value of rapid prototyping as an inexpensive, fast way of moving innovations forward. This approach allows innovation teams to explore variations and test them with audiences without committing to a huge investment in time and money. Rapid prototyping would save many organizations from the experience noted by the SPARC staffer in the Mayo case study, where she pointed out that in the past, projects were taken so far down the path before they were tested that it became difficult to change direction if the need presented itself.

The key to embracing rapid prototyping is to get past the idea that new services or experiences must be perfected before they are presented to consumers. Let the market help dictate what works and what doesn’t, and you’ll be able to move much faster to breakthrough innovations.

3. Look Outside of Healthcare

In The New Competition, we implored traditional healthcare providers to look outside of their own industry for ideas on how to improve their experiences. This same tenet holds true in establishing an innovation strategy in your organization. Each of the featured organizations stressed the help they received from outside healthcare in creating their approach to innovation. Often, key consultants were engaged, such as IDEO or Tom Peters and his company. Park Nicollet not only pursued the Lean strategy initiated at Toyota, their leaders receive additional training at manufacturing facilities in Seattle and Japan, participating in educational tours at Toyota’s plant. Memorial Health noted their engagement with organizations such as DuPont, Motorola, Whirlpool, 3M, Nike, Proctor and Gamble, and Microsoft, in exploring innovation.

As with many other new initiatives, it can be very difficult to develop a successful strategy on the scale of innovation when you can’t see the forest for the trees. Those who spend their lives in healthcare are often hamstrung by the inherent challenges in
“The way you find really successful innovation is to release five things and hope that one or two of them really take off.”

Marissa Mayer, Head of Innovation and Product Development, Google

the system, but those on the outside aren’t handicapped by that experience. Look around your local market: What companies are receiving press for their approaches to innovations? What kind of dialogue or partnership could you develop with them? Send someone to a national conference on innovation, where she can learn from leaders in other industries who apply innovation on a regular basis.

4. Fund Innovation and Failure

Without a distinct funding stream to support it, an innovation strategy is likely to flounder. Memorial Health notes how innovative ideas are supported by a separate budget, and the Mayo Clinic funds an entire area – the SPARC lab – to drive innovation. This concept doesn’t just apply to money; it applies to effort as well. At Memorial, while most projects are done as part of the employee’s regular job duties, some staff members have been given as much as 120 or 180 days off from their regular jobs to work full-time developing the business plans for their project. (At 3M, a company renowned for innovation, each employee can set aside 15% of their work time to devote to the pursuit of whatever innovative idea they want.)

According to Leland R. Kaiser, Ph.D. and healthcare futurist, healthcare organizations should set aside at least 1% of annual net operating revenue for research and development, with a primary focus on the development of healthcare products and services.

Why is a separate budget critical to fostering innovation? Because an inherent aspect of innovation is failure – attempts at innovation are bound to generate some (if not many) failures. But failure is the lifeblood of innovation: Failures are what lead to success.

The July 10, 2006 BusinessWeek cover story, “Eureka! We failed!” starts this way: “Everyone fears failure. But breakthroughs depend on it. The best companies embrace their mistakes and learn from them.” The article features a story on Coca-Cola, and how it has rolled out more than 1,000 new products or product extensions worldwide in the past year. The article quotes Coca-Cola Company’s Chairman and CEO E. Neville Isdell at the company’s annual meeting in early 2006: “You will see some failures. As we take more risks, this is something we must accept as part of the regeneration process.”

In another BusinessWeek article, “Best Global Brands,” Google’s head of innovation and product development, Marissa Mayer, is quoted as saying, “The way you find really successful innovation is to release five things and hope that one or two of them really take off.”

Unfortunately, in many provider organizations, this risk-adverse mindset seeps into the business of delivering care as well. This can make it very difficult for marketers and planners in healthcare organizations to pursue innovation, and to accept the inevitable failures that will come. In addition, innovation often takes executives off the beaten path and away from current organizational plans. In the Harvard Business Review article “Innovation: The Classic Traps,” author Rosabeth Moss Kanter notes the danger of punishing those who stray:

“Performance reviews, and their associated metrics, are another danger zone for innovations. Established companies don’t just want plans; they want managers to stick to those plans. They often reward people for doing what they committed to do and discourage them from making changes as circumstances warrant.”

If those hoping to pursue innovation must fund the pursuit from their own budgets, it will be very difficult for them to accept failures along the way. But the acceptance of failure as a natural part of the process is essential for an innovative mindset to take hold.

5. Leadership is Critical

For innovation to take hold as an organizational strategy, it probably goes without saying that leadership support is essential. In each of the case studies featured, leadership’s buy-in is stressed. Along with other initiatives involving innovation, the SPARC lab is seen as a key strategic initiative by Mayo’s Board of Governors. At Park Nicollet, a consistent, stable leadership was cited as vital to its organization’s innovative approach, and every leader – including physician leaders – have been trained in Lean processes. At Memorial Health, President and CEO Phil Newbold first initiated the drive for innovation as a core strategy, and he travels the country today touting the benefits of such a strategy to other organizations and industry groups.

As mentioned early, there are many changes in the market that come together to provide a “burning platform” for the role of innovation in success. If a leader doesn’t recognize those forces, or is focused on optimization or cost-cutting as the primary solution to these changes, then it will be difficult, if not impossible, to generate innovation on an organization-wide level. In addition, it takes courage to break away from the industry, to stop following what everyone else is doing, to accept failure as part of a strategy, to find funds to support innovation.
We have many organization-wide initiatives, but innovation isn’t one of them. I don’t think we’re ready for such a broad approach to innovation. Is there anything I can do to pursue innovation on a more limited basis just to get the concept off the ground?
An Alternative Approach

In addition to the Five Key Takeaways cited in the previous section, one of the key findings from the three case studies is that there is no one right way to pursue innovation. Each of the organizations featured has taken a different approach, and each is finding success in its own way. This should provide comfort to other organizations that are trying to find a way to pursue innovation – there are at least three options to pursue, depending on what’s right for your organization.

But as noted in the last section, these organizations share some key elements that are essential in creating organization-wide innovation: Cross-functional involvement. Financial support. Leadership engagement and support. Without these assets, an organization-wide innovation strategy is likely doomed to failure.

What if your organization doesn’t have one of these key assets? What if your leadership doesn’t understand the need for innovation, or isn’t willing to support it financially? What if your organization is full of silos and political gaming, making cross-functionality next to impossible? What if your organization struggles with the basics, like safety, outcomes or a standard level of service? What if your organization simply isn’t ready for an innovation strategy at the highest level?

Unfortunately, for one reason or another, many healthcare providers find themselves in this situation. While the examples shown in this paper represent proven ways to approach innovation on an organization-wide basis, some organizations may need to take a more incremental approach. Following is one such approach, one which can be managed from the marketing or strategy leadership position, and which can provide a bridge to a broader innovation strategy. And it starts with believing that innovation can spring forth in any organization, regardless of the situation.
Step One: Island Hopping

In a recent Fast Company article, “Basic Training,” author David Lidsky argues that “there are no shortcuts on the road to a great experience.” In the article, Phil Terry, CEO of experience consultancy Creative Good, says, “Are you delivering on the promise of your business? Once you get that right, then you can innovate and do exciting stuff.” The author backs up that premise, saying, “...building an experience before you’ve nailed down the business is like throwing a tarp over a patch of quicksand.”

Where does this leave healthcare providers, many of which would agree that they have a lot of work to do in delivering on the basic promise of their business (great clinical care at great service levels)? Based on this theory, healthcare providers should put the idea of innovation on a very high shelf, and look to revisit the concept in another five to ten years.

However, we would wholeheartedly disagree with the notion of abandoning the pursuit of Market Moving Innovation while the work of patient safety and improved outcomes is ongoing. Why? Because Market Moving Innovation can provide a leap ahead in the market, and without it, marketers face a long, slow slog to get to a place of differentiation.

We look to history to show us how to consider innovation and its role as a competitive differentiator. In World War II, General Douglas MacArthur faced a significant obstacle in the Pacific Theater. In order to reach Japan, his forces had to battle Japanese troops on large number of Pacific island that stretched from the Philippines north to the islands of Japan themselves. To conquer each island sequentially would have taken years and cost the U.S. deep losses in troops and equipment. Instead, MacArthur and the Allied leaders pursued a strategy of island hopping: taking one island, then leapfrogging past the next island to the one behind it. This allowed the Allies to move toward Japan much quicker, and served to isolate the skipped islands, cutting them off from their supply lines (U.S. submarines prevented the Japanese from moving from island to island).

In a way, the healthcare marketing leader faces the same dilemma in pursuing competitive differentiation. To wage the long and tedious war of delivering on the basic promise of service would take years. Instead, the marketer can achieve quick and meaningful victories by launching compelling service innovations in strategically chosen places while the broader war is ongoing. In this way, she will reach her ultimate destination – true competitive differentiation – much sooner than her competitors. Once you’ve bought into the concept of “Island Hopping,” you’re ready for Step Two: Finding the opportunity for innovation.

Step Two: Pick Your Battles

So, where can you find the opportunities to pursue Market Moving Innovation? If an organization-wide innovation strategy is the equivalent of the overall strategy of the U.S. military forces in World War II, then smaller, individual opportunities that lend themselves to innovation are equivalent to the individual “islands” in the Pacific. These small opportunities could include a screening, or a program, or a class, or a service. Instead of focusing on innovating across your entire women and children’s service line, or even labor and delivery, focus on first-time mothers. Or first-time dads. Better yet, first-time Hispanic dads.
Creating innovations “one island at a time” allows you to bring about change faster, easier and with quicker results. Success of one new experience can lead to the development of the next new experience.

Where do you find these opportunities? Start with your marketing plan. What’s critical to the success of your organization? What are your top priorities? Where do you already have a competitive edge that you can build on?

Finding opportunities for applying innovation within your organization is rarely the challenge. There are usually many, many opportunities for change. But keep in mind that innovation isn’t just a great idea; it’s the application of a great idea in the market. That means your approach to innovation has to actually result in a Market Moving service, and that means you’ll need help. Even on a smaller scale, a cross-functional approach is critical. You won’t be able to see your innovation through without the help of those involved in providing the service. And the sooner they’re involved, the more likely you will be successful.

So in looking for opportunities to apply innovative thinking, look for others in the organization who have the same spirit. Fellow believers who understand the competitive pressures, the changing market, the need to focus on the patients first. These internal champions could be program managers, nurses, service line directors or physicians. Perhaps they already have ideas for innovative change.

You also will need to be sensitive to the current environment. You may have identified an internal champion in an area that’s critical for marketing success, but if that area is experiencing or has recently experienced upheaval, it might not be conducive to the change that flows from innovation. Examples of this type of “upheaval” can include one or more management changes, significant construction, or a serious issue such as a negative clinical outcome that has everyone focused on the basics of quality and safety (they may be in need of innovation, but not Market Moving Innovation). Avoid these situations and look for areas that are better prepared, or even enthusiastic, to pursue change.

**Step Three: Start at the End**

It should go without saying, but start with the end customer in mind when pursuing Market Moving Innovation. Clearly identify the service around which you’re trying to innovation, then dive in deep to understand the audiences that are affected by that service. Who is engaged? Who influences those users? How many different types of customers engage the service?

Create a customer profile that tells the person’s story from their perspective, starting with a broad lifestyle description and narrowing back down to the specific service in question. What is your profiled customer’s name? Where does she live and work? What are her hobbies? What makes her frustrated or angry? What brings her to the situation where she needs her service? What is she looking for? What doesn’t she like about the way the service is currently offered? Write this profile in a first-person, “diary-entry” fashion, and have others on the cross-functional team do the same. You’ll often uncover how different what you want from this encounter varies greatly from what your customer wants, and how opportunities to serve that customer in a new and better way can present themselves.

Then, look to build in experiential assets that can improve a service dramatically, helping to build that Market Moving Innovation. For example, the idea of simplicity is one that is foreign to provider healthcare as a whole. What can you do to radically simplify the service you’re providing? Valet service? Concierge service? At home service?

Other examples of experiential assets to consider include:

**Personalization**

How can you make the service delivery feel one of a kind?

**Discovery**

How can you build in a sense of discovery?

**Tactile**

What tactile elements can you include to make the experience feel richer?

**Function**

How can you make the service more functional or of more value?

**Extendable**

How can you extend the positive experience beyond the one-time encounter?

**Packaging**

How can you package the service to have more perceived value?

Applying one or a number of these assets to your thinking can help you generate a Market Moving Innovation by starting with the end – the market – in mind first.
A Success Story

An example of how approaching innovation in a focused way can lead to the development of a Market Moving Innovation can be found with North Memorial Health Care in Minneapolis.

In 2004, North Memorial opened a new, freestanding Women's Heart Clinic, the first of its kind in the Twin Cities. One service offering they introduced as part of the new clinic was MyHeart Book, which turned an ordinary screening for women's heart disease into a one-of-a-kind, personalized experience for women. Women who participate in the program receive a personalized, hard-bound copy of MyHeart Book, which contains the results of their assessment, 80+ pages of educational information, and action steps developed in one-on-one interviews with a clinic staff member that include diet and exercise recommendations, stress management techniques and more. Designers worked with the organization's marketing and public relations department, two energized and committed cardiologists, and clinic staff members to prototype and develop the MyHeart Book and the program process.

The results for MyHeart Book were amazing. Within one month of opening, the clinic had booked more than 500 women five months in advance for the MyHeart Book program, which is a self-referred program with 100% of the $85 cost borne by the consumer. The high demand for the service resulted in the clinic expanding to serve patients five days a week, from the original schedule of three days a week when it first opened. Today, the MyHeart Book program continues to be a successful differentiator for North Memorial.

Conclusion

The need for innovation in healthcare from a competitive standpoint is indisputable, but the road to innovation offers many paths. We hope this study of three successful approaches to organization-wide innovation provides a map for other organizations to begin to embrace this critical strategy. And for those not quite ready for such a significant endeavor, perhaps a more focused, incremental “island hopping” approach can provide a start. In any event, we look forward to hearing from other healthcare providers on their approaches to innovation, and we invite readers to contribute ideas, questions, push back and opinions on our website, www.geigerbevolo.com.
About the Author

Chris Bevolo serves as partner and director of client strategy for GeigerBevolo, Inc, a Twin Cities based healthcare branding and marketing firm. His 16 years of experience includes leading the development of patient experience strategies, marketing and advertising plans, and branding campaigns for healthcare clients such as Woodwinds Health Campus, North Memorial Health Care, Foote Health System, Hudson Hospital, BlueCross and BlueShield of Minnesota, Metro Dentalcare and the Minnesota Hospital Association.

Chris has been a keynote presenter and featured conference speaker for the Minnesota Health Strategy and Communications Network, Wisconsin Forum for Healthcare Strategy, the Minnesota Medical Group Management Association, the Nebraska Hospital Association, and other organizations on innovation, patient experience, branding, strategic design and positioning. Chris has served as a judge in local and regional design and marketing competitions, and has published a number of articles and white papers, including last year’s paper, *The New Competition: What new entrants mean to traditional providers of healthcare.*

He is a member of the Minnesota Hospital Association, Minnesota Health Strategies and Communications Network, the Society for Healthcare Strategy & Market Development, and the International Association of Business Communicators. Chris received his bachelor’s degree in journalism and mass communications at Iowa State University and currently is pursuing an M.B.A. at the University of St. Thomas in Minneapolis.
End Notes


ii  BusinessWeek, IN, June 19, 2006, “Inside Innovation”


v  Newsweek, October 16, 2006, “Fixing America’s Hospitals,” Claudia Kelb

vi  American Marketing Association, Minnesota Chapter, 2006 AMA-MN Annual Conference, St. Paul, Minnesota, November 9, 2006 “Ideas That Stick: 3M Post-it® Notes and Other Innovations,” Art Fry, 3M


x  BusinessWeek, August 7, 2006, “Best Global Brands”


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