

The background of the slide features a close-up of a lit sparkler against a dark night sky. Bright, golden sparks are captured in mid-air, creating a dynamic and celebratory atmosphere. The sparks vary in length and brightness, with some appearing as long, thin streaks and others as more concentrated bursts of light.

BCG

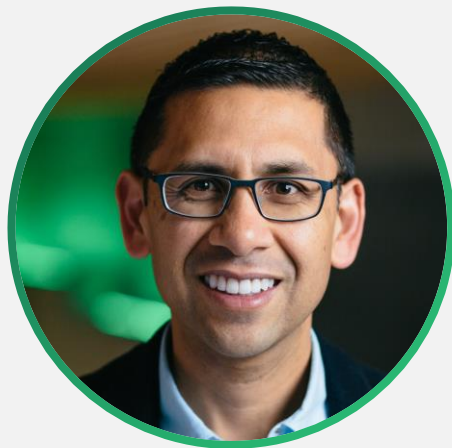
THE BOSTON CONSULTING GROUP

Personalization: Moving to a "Segment of One"

The Leadership Institute

OCTOBER 18 2018

Introductions



Sanjay Saxena, MD

Senior Partner and Managing Director

Global Healthcare Leader: Payer, Provider, Services

- 20+ years of healthcare consulting and industry experience
- Led >100 engagements with hospitals / health systems, national / regional payers, services companies
- Extensive experience working with Boards / management teams on strategy, capability building and transformation



Brett Spencer, MD

Partner and Managing Director

North America Lead: Provider Sector

- Two decades of healthcare consulting experience
- Founder and CEO of multi-specialty physician group; practiced as a Board-certified internist for 18 years
- Specialist in M&A evaluation, post-merger integration, system strategy, care model and payment innovation
- Extensive experience with consumer centric growth strategies, with both payer and provider clients
- Deep expertise in payer-provider collaboration

Objectives for today

1. Review how segmentation has evolved rapidly in the digital age
2. Discuss how personalization is being used today
3. Identify value creation opportunities and critical success factors for use in healthcare

Imagine a
world where ...



Segmentation evolution—what we often see



Age



Payer type



Gender



Disease type

Segmentation evolution - behavioral segmentation



Cost sensitive to health plan contributions



Drug coverage sensitive



Cost sensitive to major health issues



Access seekers



Insurance brand loyal

% of respondents

40

27

13

13

7

Key differentiated preferences

- Low costs (premium, OOP max, deductible)

- High quality physicians
- Drug coverage
- No limitations on spec./PCPs
- Referrals

- Low cost hospital stay/ER visit

- No limitations on access
- High quality physicians
- No referral needed

- Insurance brand
- No limitations on hospitals
- Low cost hospital/ER visits

Least important factors

- Insurance brand
- Referrals
- Limitations on access
- High quality Dr

- Referrals
- No limitations on specialists/PCPs
- High quality Dr

- Low costs (ER visit, copay, hospital visit, coinsurance, deductible, OOP max, premium)

- Low deductible
- Good drug coverage
- Low premium

Segmentation evolution - behavioral segmentation



Prestige seekers



Price shoppers



Experience optimizers



Convenience seekers



Recommendation seekers

% of respondents

25

21

20

18

16

Key differentiated preferences

- Physician affiliation
- Ability to see a doctor
- Located in medical facility

- Price
- Distance

- High clinical quality
- Patient experience
- Recommended: doctor

- Same/next day appt.
- Convenient appt. times
- Distance

- Recommended: friends/family
- Located in a medical facility

Least important factors

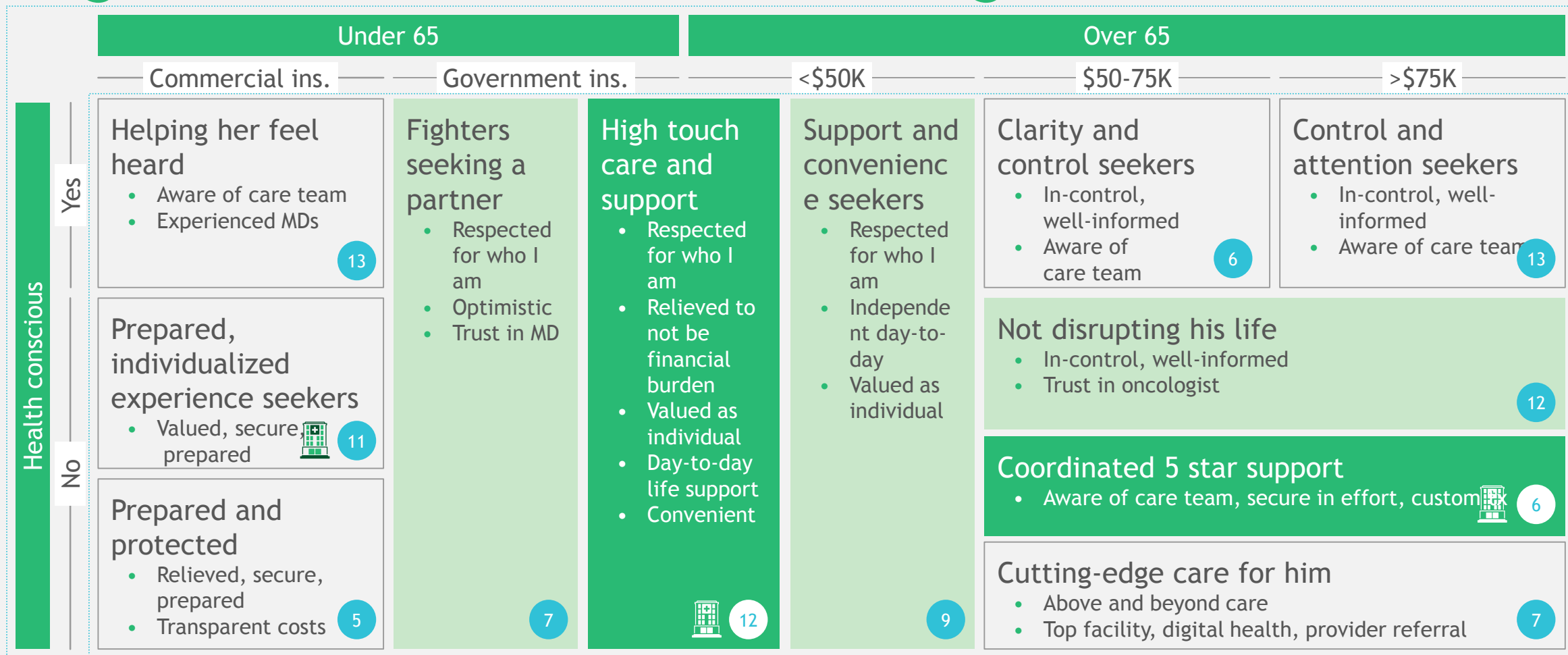
- Recommended: friends/family
- Distance
- Same/next day appt.
- Price

- Ability to see a doctor
- Located in a medical facility

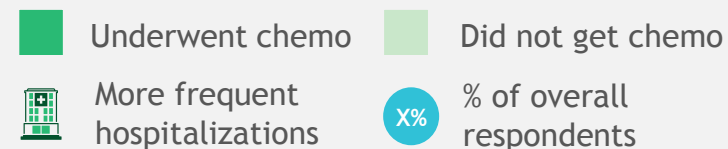
- Located in a medical facility
- Distance
- Ability to see Dr
- Same/next day appt.
- Price

- Located in a medical facility
- Physician affiliation
- Ability to see Dr
- High clinical quality

Segmentation evolution - DCG segmentation



Each of the demand spaces represents a group with distinct emotional and functional needs



Next step -- Personalization: Right service or experience to the Right person at the Right time

For the PATIENT/CONSUMER, this means ...

I get a *curated, concierge* experience

This health system really knows me ...

- My interests and preferences
- My current context
- My health journey with them

I trust them with my information and they respect my boundaries



For the HEALTH SYSTEM, this means ...

We *engage with individuals* rather than segments

We have a cross-channel view of consumers

We can tailor messages and experiences at 1:1 level

We *don't waste resources*

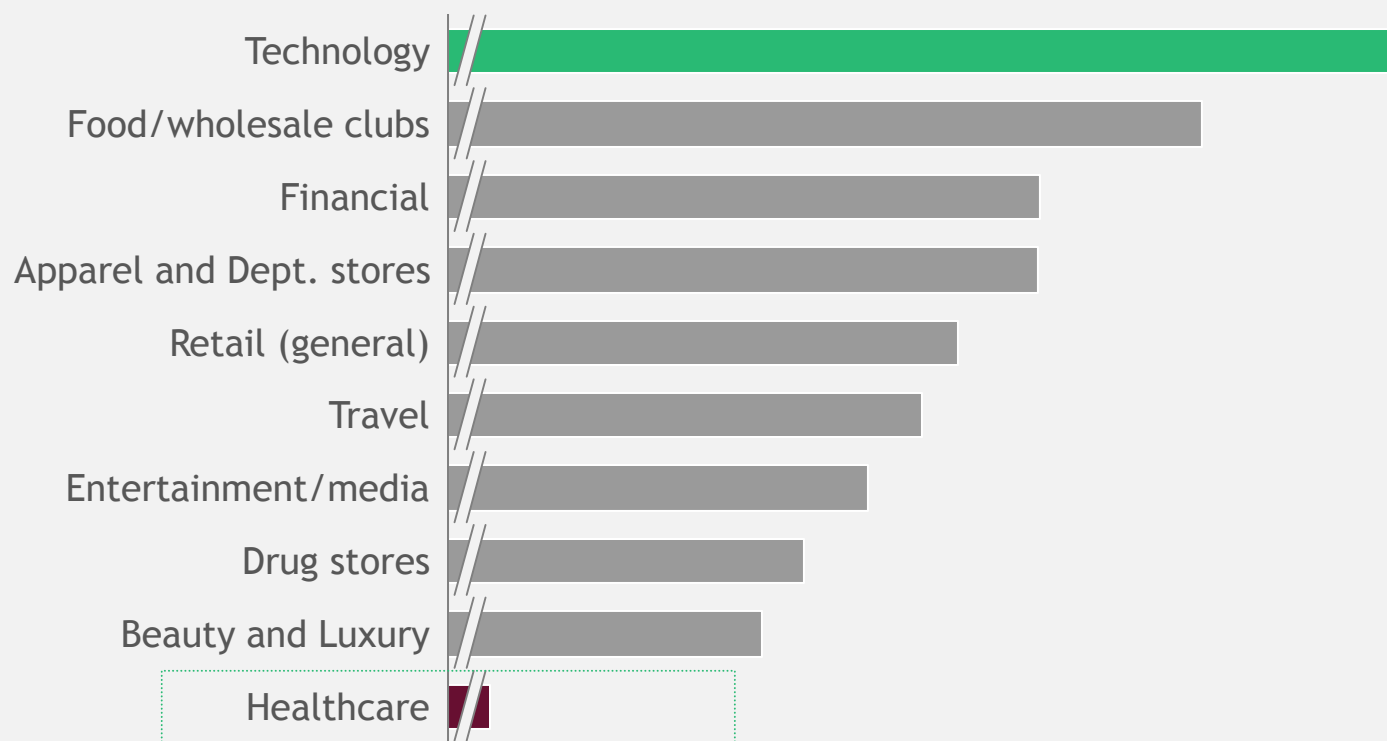
Personalization is applicable in many industry verticals



Healthcare is behind the curve

Healthcare lags other industries in adoption of personalization strategies

Average score by industry on BCGs Global Survey on Personalization



Used at scale, personalization has a transformational effect on business

- 5-15% sales lift on total business
- +100% in marketing efficiency
- 5-10 pt reduction in churn
- +100-200% engagement

Industry leaders are already using technology to tailor messages and experiences at scale



... And needs to catch up quickly



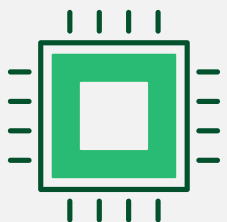
Patients/Consumers

Increasingly "owning" their health, expect experiences tailored to their needs and preferences



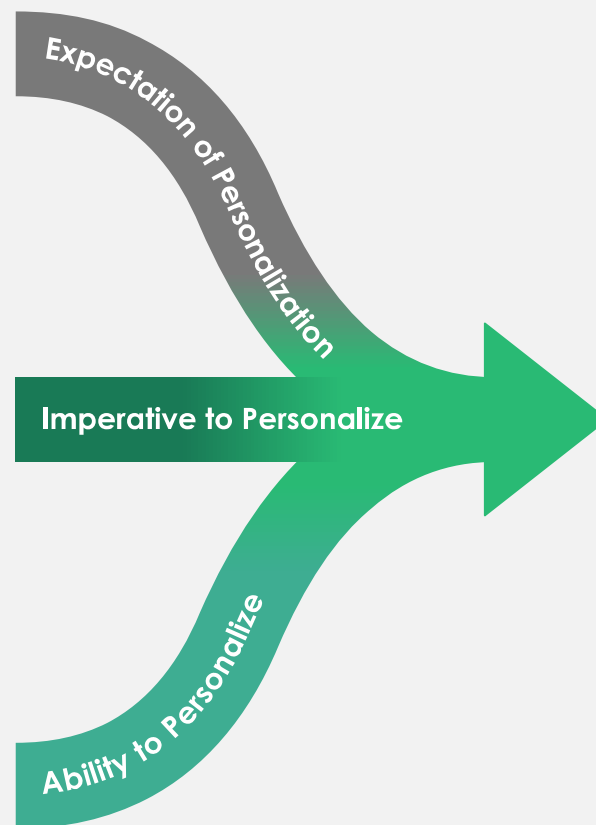
Competitors

Consumer-centric leaders (e.g. Amazon/CVS) actively seeking to disrupt status quo



Technology

Evolution of big data/ analytics capable of connecting disparate systems (EMR, claims, etc), create holistic patient view



Personalization Today

Using technology to tailor messages and experiences at scale, define growth strategy and competitive differentiation

- Core source of competitive advantage for early movers
- Now possible for all healthcare players (not just digital natives)

Personalization State of the Art

Starbucks set out
on a journey to
become the most
personal brand in
the world



Personalization
meant
unlocking
data-driven,
individualized
offers

Which meant a few challenges
had to be addressed:

Highly manual operations

Coarsely segmented, not 1:1
targeting

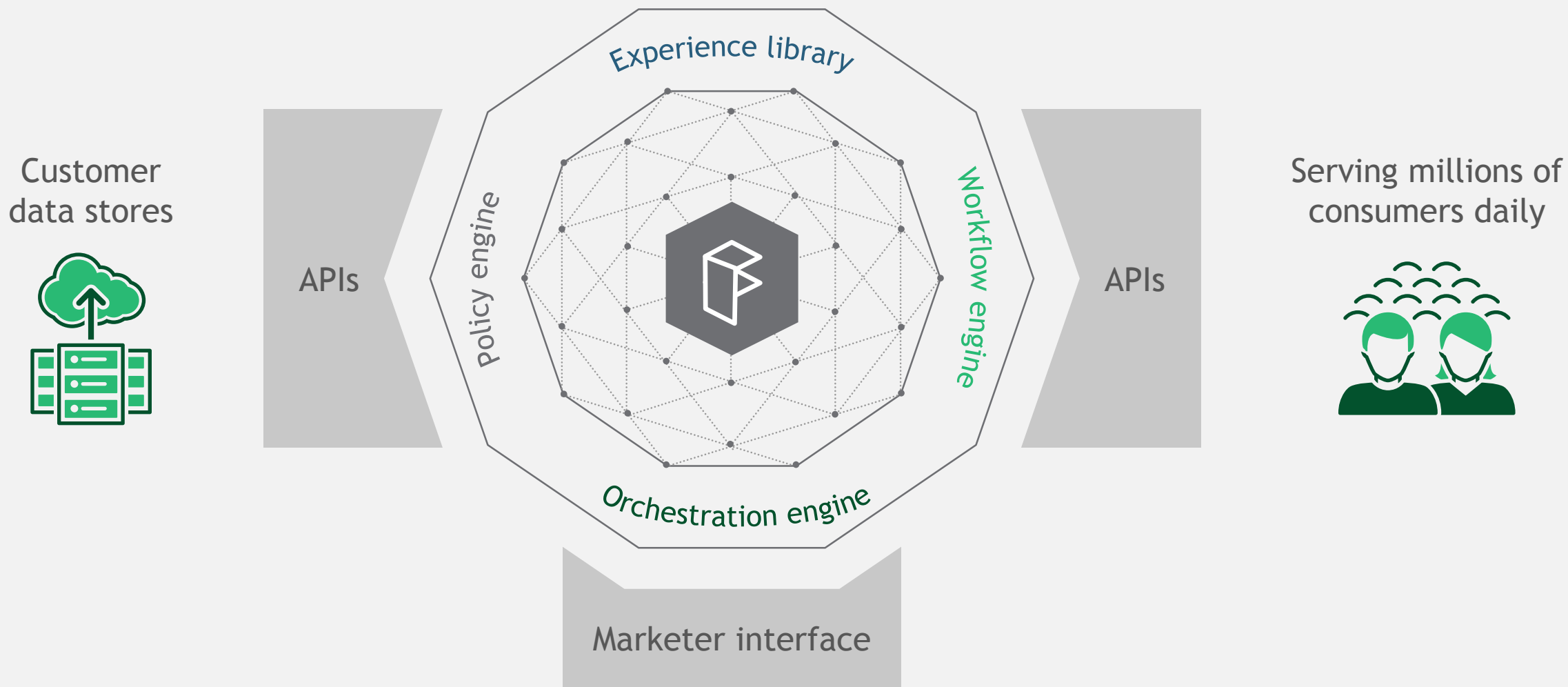
Single channel contact use

Platform inputs

One view of the customer



How the platform works



Formation platform combines artificial intelligence with proven goal-driven experiences and a powerful UI for marketers



\$150M annualized impact delivered in year 1...

~3x

Improvement in
campaign results run rate

2x

Campaign redemption

8%

Member revenue growth (from
traffic & ticket)

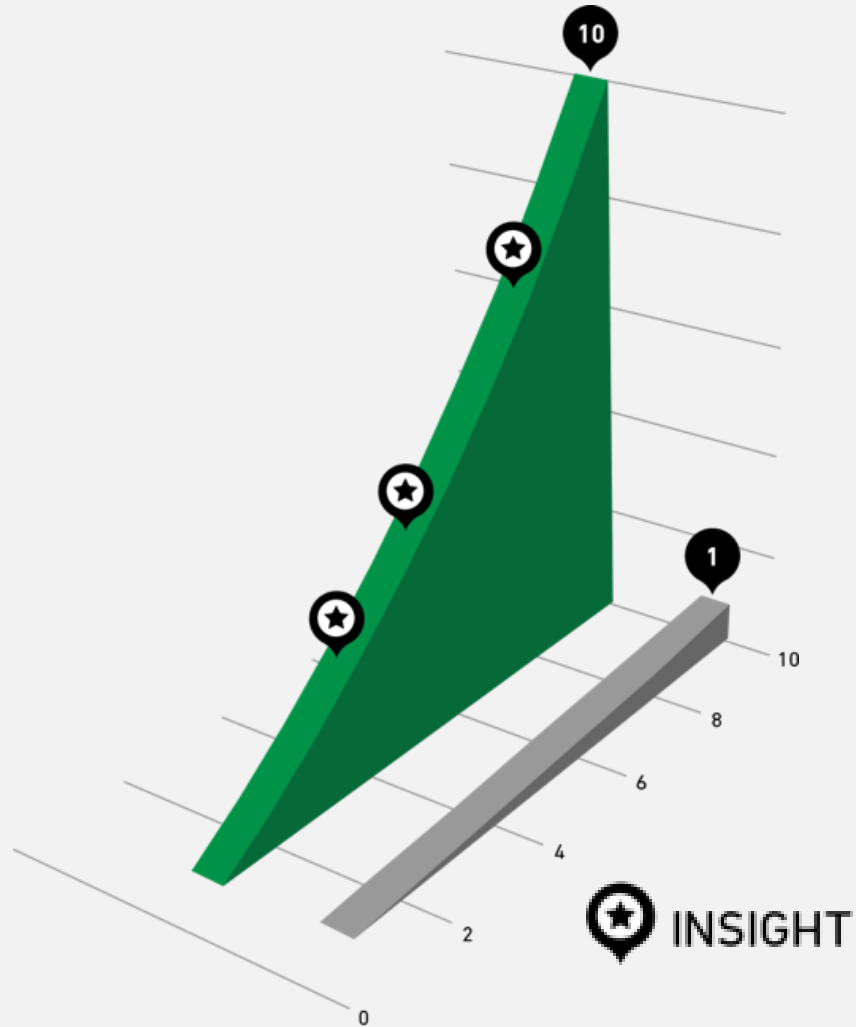
HOWARD SCHULTZ, Chairman

"Our new one-to-one personalized marketing capability...will prove to be a retail industry game changer"

KEVIN JOHNSON, CEO

"The personalized Star Dashes and suggested selling are examples of how we are using personalization to provide a relevant customer experience and to increase engagement...we saw 8% growth, the highest growth rate in average spend per active rewards member over a prior year ever, reflecting both increased ticket and transaction frequency."

Apply lean startup methodology—speed=impact



1%

The 1% rule



“A 1% win every week is worth a 65% win in a year”



Insights developed along the way can lead to step changes



Test and learn



Rapid prototyping, iterative developments make it into production



Continuous improvement and delivery

The Starbucks personalization journey

January 2016

- 2-week lag
- Spreadsheet-driven
- Handcrafted email, max 30 variants



x 30

June 2016

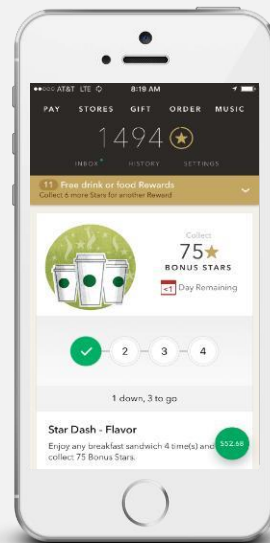
- Real-time
- Personalized Engine
- Hyper-Personalized emails: 400,000 variants/week



x 400,000

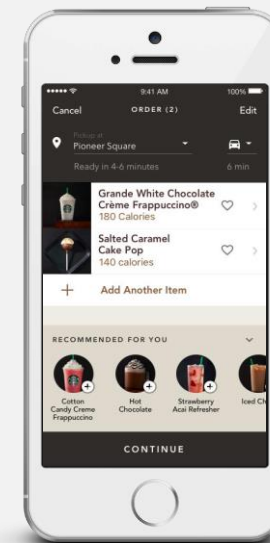
October 2016

- Mobile Offer Card: Offers and tracking in app
- Favorite items and stores



January 2017

- 1:1 Suggestive Selling in App (MOP)

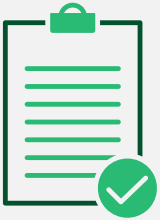


2018 ...

- In-store experience
- Geo-tagging



Personalization in Healthcare - Redefining Care Management



Determine who to target

Identify members with health conditions that can be effectively impacted



Decide with what to intervene

Match each member with the right level of intervention to create positive ROI



Identify when to intervene

Intervene at the "trigger points" where members become at higher risk



Member claims database and advanced analytics to help us radically rethink our client's care program

Who: Expanded client's basic 4-quadrant segmentation

Many limitations to client's segmentation

Segmentation included only 2 factors: Disease burden and functional deficit

Saw a lot of variation within each segment—but client did not know why



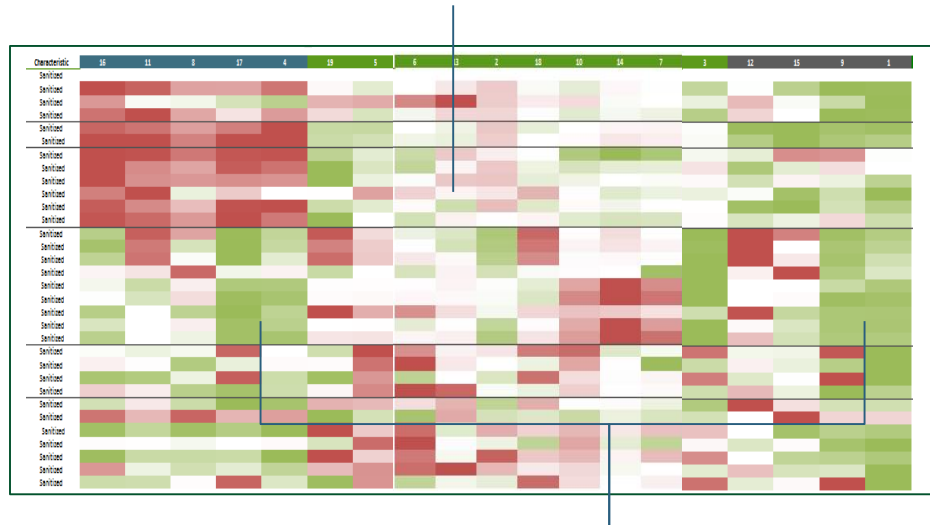
Addressed through more nuanced, 19-cluster segmentation—with greater predictive power

Cluster	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Disease burden	Palliative	SMI/ SUD	High					Moderate						Low					
Functional deficit																			
Severe mental illness																			
Substance use disorder																			
Anxiety and depression																			
Alzheimer's / Dementia																			
Limited support																			

What: Shifted to flexible, front-loaded, dynamic approach

Developed “propensity-matching” methodology to evaluate effectiveness of current interventions

Prioritized redesign for high cost, underserved members



Preserved interventions that were working well

Key learnings

Many members getting no benefit from current program

- Need **stricter entry requirements** and program size reduction

Biggest impact was in first few months

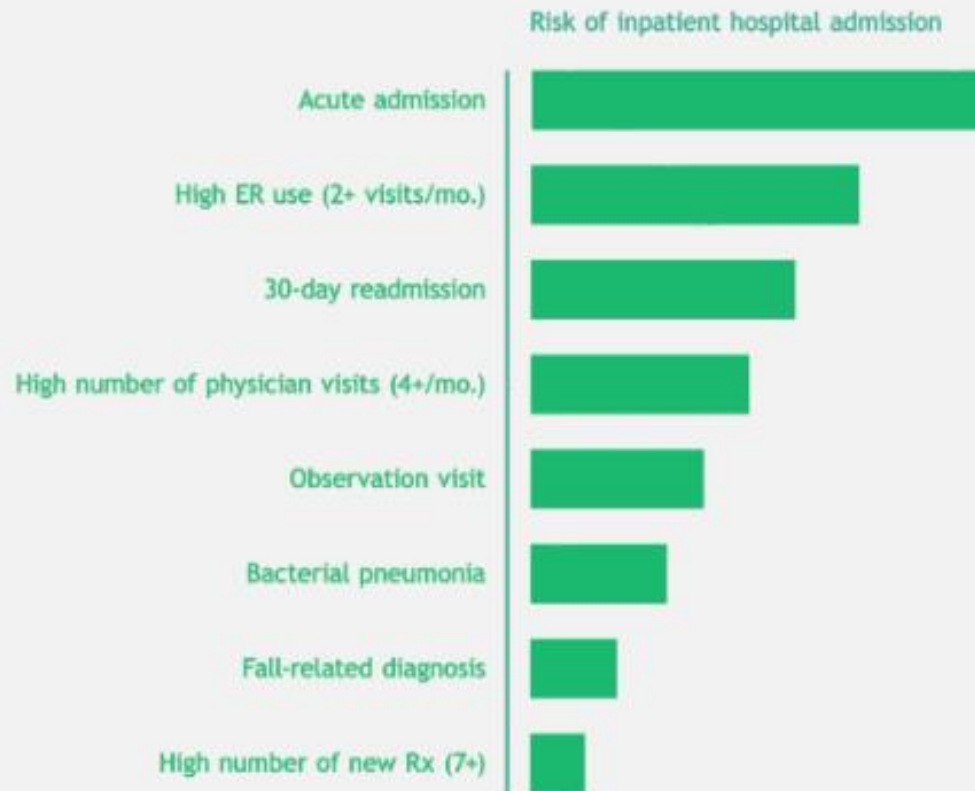
- Need to **front-load interventions**

Member needs change over time, but program does not adapt

- Need to empower clinicians to **dynamically adjust care**

When: Moved away from static, "in for life" model to event-triggered intervention system

Analytics: Conducted time-series analysis to identify most critical trigger moments



Enabled an "always on" model that constantly monitors all of our client's members

Implementation
resulted in
significant
financial and
clinical impact



Financial impact

\$350M

In admin savings

\$1B

Projected savings



Clinical impact

Estimated
15%
**reduction
in admits**

in target population

Personalization in Healthcare

Dramatically improving medication adherence

Improving medication adherence is one of the most significant opportunities in health care—three types:

- Primary adherence
- Compliance
- Persistence

Opportunity could be significant... Missed therapies leading to unnecessary complications

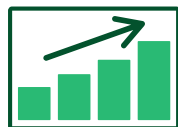
Numerous specific root causes of patient behavior

- e.g., Forget to pick-up, can't afford copay, challenges with side effects, misunderstand how to use, don't believe they need, ...

Key is addressing the right root cause, at the right time, with the right intervention, through the right channel

Three generations of adherence programs

1st generation



"Mass" interventions,
simple targeting

Target simple, recognizable
behaviors (e.g., late to fill)

Intervene on key root causes

Highest ROI tactics rolled-out
broadly in existing channels

System infrastructure built to
deliver, track, measure

2nd generation



Segmented and tailored
interventions

Leveraged program data to-date

Segmented patients / therapies
(not all created equal)

Definitively quantified ROI by
tactic

Combined interventions to
maximize ROI

3rd generation



Personalized interventions,
longitudinal targeting

Dramatically enriched data set

Longitudinal view of behaviors
and interactions

AA/ML to predict *future*
behavior and efficacy of tactics

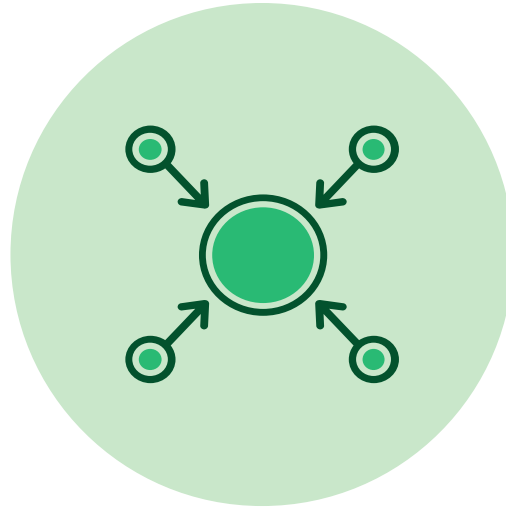
Expanding constituents;
systematizing flexibility

Developed predictive algorithms using a longitudinal view of the patient

Stood up an Advanced Analytics environment



Ingested and aggregated extremely rich data set



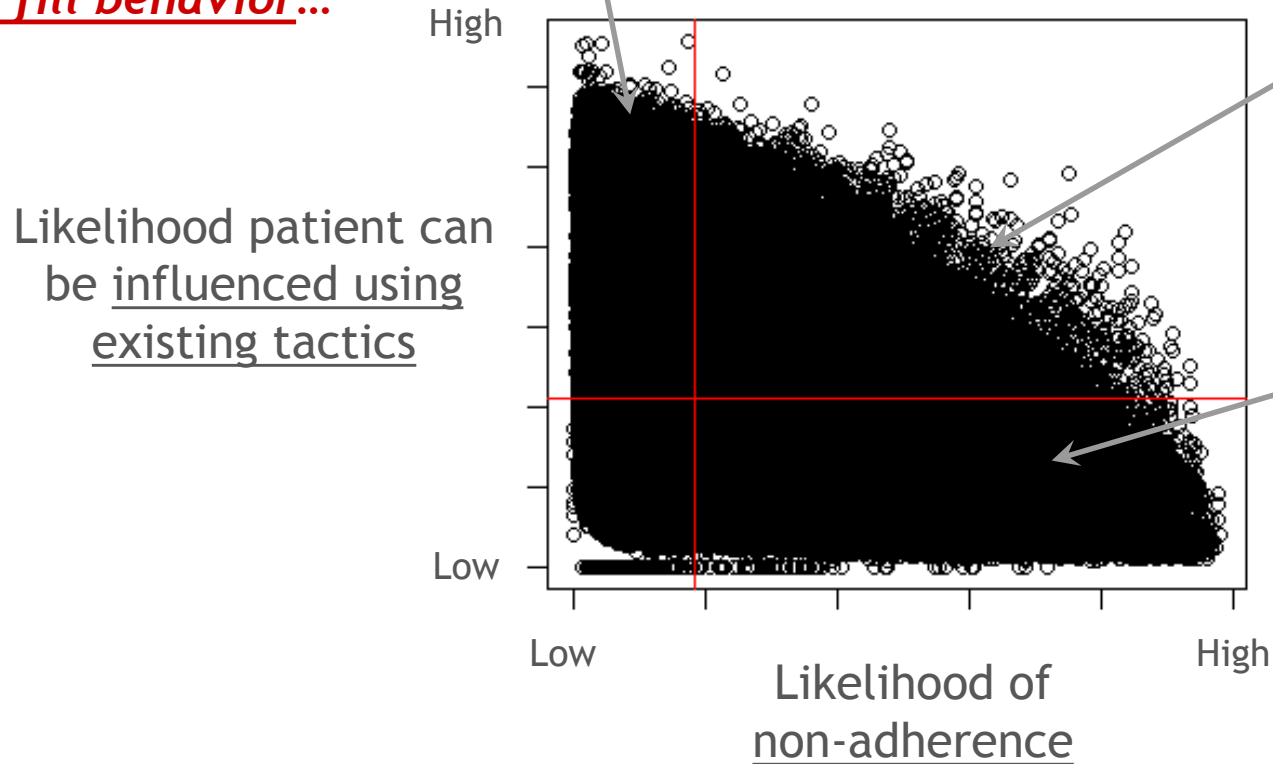
Developed and tested advanced predictive models



One simple example: Predicted likelihood of patient becoming non-adherent & ability to influence

Predictive modeling of next fill behavior...

- Leverage lower-cost interventions, where appropriate



- Target with existing tactics
- Reprioritize / accelerate based on specific ROI

- Identify large, actionable micro-segments
- Develop new interventions based on micro-segment needs / expectations
- Mini-test / refine


Personalization in Healthcare - Business Growth

[Patient Care & Health Information](#) > [Diseases & Conditions](#)

Colon cancer

[Symptoms & causes](#) [Diagnosis & treatment](#) [Doctors & departments](#)

Diagnosis

 [Print](#)

Screening for colon cancer


Doctors recommend certain screening tests for healthy people with no signs or symptoms in order to look for early colon cancer. Finding colon cancer at its earliest stage provides the greatest chance for a cure. Screening has been shown to reduce your risk of dying of colon cancer.

People with an average risk of colon cancer can consider screening beginning at age 50. But people with an increased risk, such as those with a family history of colon cancer, should consider screening sooner. African-Americans and American Indians may consider beginning colon cancer screening at age 45.

Several screening options exist — each with its own benefits and drawbacks. Talk about your options with your doctor, and together you can decide which tests are appropriate for you. If a colonoscopy is used for screening, polyps can be removed during the procedure before they turn into cancer.

Diagnosing colon cancer


If your signs and symptoms indicate that you could have colon cancer, your doctor may recommend one or more tests and procedures, including:



Lynparza®
olaparib
tablets, 150 mg

My LYNPARZA
SUPPORT PROGRAM

Support is
just a
click away

**JOIN
TODAY** 

Advertisement

The personalization effort focuses on three fundamental levers to drive growth

1

Demand generation: Transition legacy website from static resource to dynamic, personalized portal—consider partnership to increase traffic

2

Triage and targeting: Use AI and advanced analytics to build prioritization engine: Boost payer mix and service mix

3

Yield: Improve conversion of interested parties to active patients



Personalization value drivers

Improve
status quo



Improve care management and clinical intervention effectiveness, efficiently address specific pain points through sophisticated segmentation

New sources
of growth



Anticipate needs, deliver exceptional experience to minimize leakage, capture "up for grabs" population actively shopping for services

Maintain
relationships



Create loyalty/stickiness with both patient base and referring physicians/multispecialty groups through targeted support

Personalization offers
tangible, near-term
value creation

Critical for health systems to act quickly in this space

Consumer expectations are continuing to grow



Consumer expectations shaped by digital experiences with **innovative companies from other industries**

Competitors—old and new—investing in personalization



Cleveland Clinic investing heavily into patient engagement with digital front door
Amazon launched a team code-named 1492 to develop digital health offerings
CVS/Aetna pursuing personalized offerings

Pace of change in the digital world accelerating rapidly

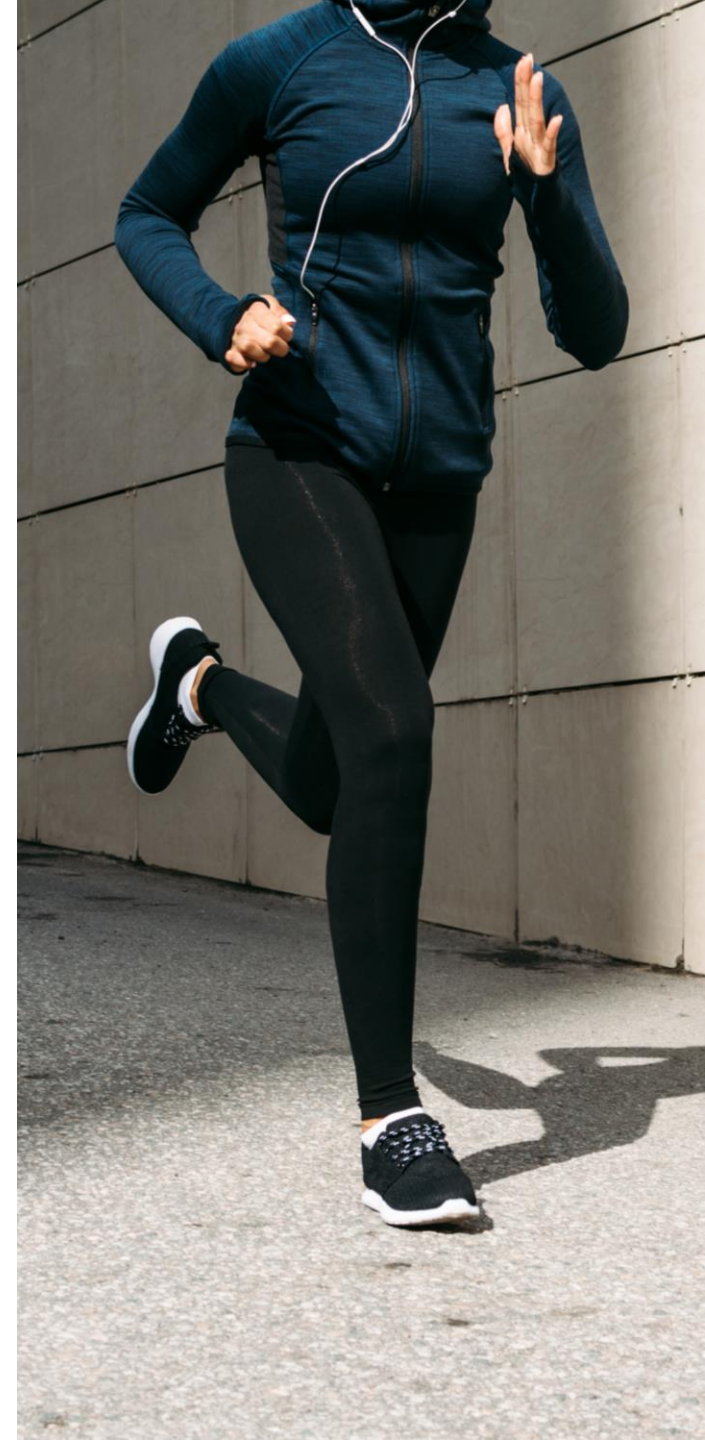


Technologies have **shorter life cycles** and **lower barriers to entry**, leading to more frequent large-scale disruptions and competitive threats

Potential to advance client's strategic position

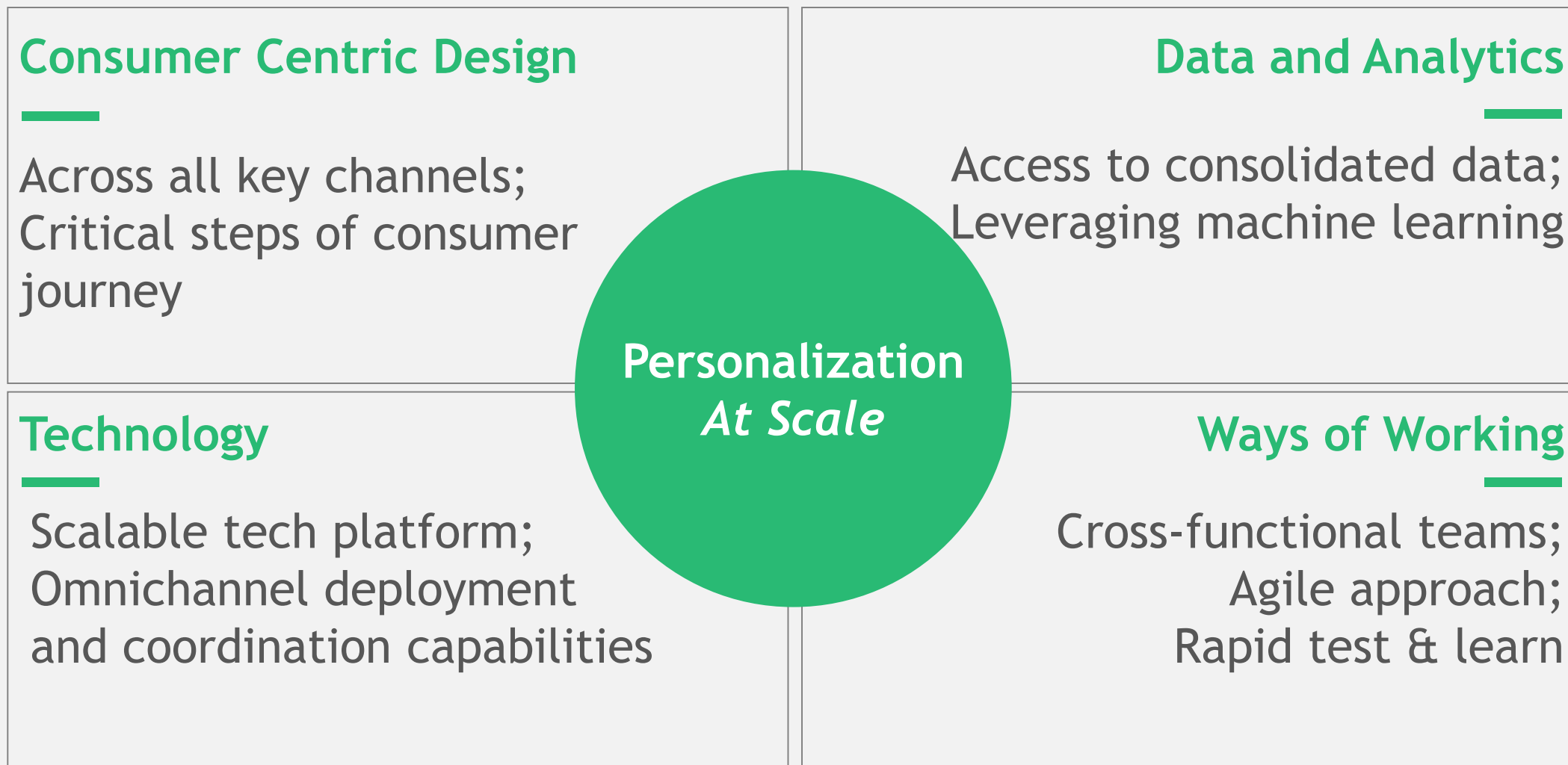


Digital consumer engagement functionalities can give client an **advantage over key competitors**
Need to **move quickly** to development in order to **capture leadership position**



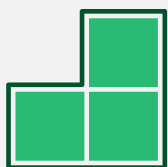


Four building blocks to deliver Personalization at scale



Many solutions to get to "yes" and overcome barriers

Why hasn't this happened yet?



Enough data



The right data



Platform to deliver

Set of partners that can provide the data and / or platform



Consortiums of like minded systems



Payers



Credit cards



Vendors (TeaLeaves, RedVentures)



Search engines (e.g., WebMD)



Retailers: Big Box (Walmart), Virtual (Amazon)



Pharmacies



Wellness (FitBit, Apple)



May be possible to build some capabilities internally, but speed to market, usability increased by exploring range of partners with likely mutual interest

Questions?

