

Disruptive Innovation in Healthcare

The theory of *disruptive innovation* was first proposed in 1995 by Clayton Christensen, a Harvard Business School professor, to describe innovations that allow smaller market participants, with relatively few resources, to challenge large, established incumbents.¹ While often misapplied, in its original conception, disruptive innovation refers to the process wherein smaller players meet the demands of consumers that established incumbents have overlooked in their quest to provide for the most profitable customers.² In these cases, the smaller players are often able to provide more-suitable functionality to mainstream consumers, at prices that are lower than those offered by the larger competitors.³ The theory of disruptive innovation operates similarly in the healthcare industry. Instead of requesting complex, expensive institutions and specialized professionals to move down-market, disruptive innovation allows the provision of healthcare to be done in more cost-effective and convenient ways.⁴ For instance, prior to 1980, diabetics could accurately test their blood glucose levels only by visiting a doctor who drew a blood sample and then measured the glucose level using expensive laboratory equipment.⁵ Today, diabetics instead possess the ability to have a portable blood glucose monitor with them at all times.⁶ Although disruptive innovations may threaten the economic viability of established institutions, professionals, and investments (as portable blood glucose monitors did for some endocrinologists and manufacturers of laboratory equipment), they can ultimately improve the quality and accessibility of healthcare.⁷ This Health Capital Topics article will discuss the current environment for disruptive innovation in the healthcare industry and will examine the potential effects that disruptive innovation may have for patients and providers.

Competition in the healthcare industry may be examined through the lens of Michael Porter's *five competitive forces*, i.e.: (1) the threat of new market entrants; (2) the bargaining power of suppliers; (3) threats from substitute products or services; (4) the bargaining power of buyers; and, (5) rivalry among existing firms.⁸ Disruptive innovation incorporates elements of two of Porter's five forces, specifically, the threat of new market entrants and the threat of substitute products or services.

The threat of new entrants to a market is determined, in part, by the barriers to entry extant in that market.⁹

Porter described seven key sources that may bar entry into an industry: (1) supply-side economies of scale, which can force a new entrant to produce a similar product at higher cost than the established competition; (2) demand-side benefits of scale, which describes consumers' preference for established products, forcing new entrants to sell at lower prices in order to compete; (3) customer switching costs, which are expenses that consumers incur when switching suppliers (e.g., retraining employees to use a new vendor's product), thus making those customers more likely to stay with the established producers; (4) capital requirements, which are the initial investments necessary in order for a new entrant to the market to compete (e.g., the cost of research to develop a new product); (5) advantages of incumbents independent of their size, such as proprietary technology or preferential access to resources; (6) inequalities in access to distribution channels, which require new entrants to displace the established competition in order to distribute their product to customers (for example, a new food item must replace an established product on grocers' shelves in order to be purchased by consumers); and, (7) restrictive government policy, which can directly hinder (or help) new market entrants, or indirectly influence markets by amplifying or nullifying other barriers to entry.¹⁰

The cost-effective nature of many disruptive innovations¹¹ may mitigate the impact of the first two sources of barriers to entry, which typically force new entrants to accept reduced profits in comparison to the competition, either through relatively high production costs or relatively low prices.¹² However, other barriers to entry may present major challenges to entrepreneurs in the healthcare industry. For example, the inventor of a highly accurate, portable, and low-cost x-ray machine was unable to dislodge conventional x-rays as a result of multiple barriers to entry, including: (1) opposition by radiologists who control licensing standards, who feared that the new, highly accurate product would negate their specialty's usefulness to other providers (i.e., an advantage of incumbents independent of their size); (2) lack of hospitals' interest in purchasing the new x-ray machine, due to the hospitals' incentive to funnel business to their existing investments in traditional x-ray machines (i.e., customer switching costs); and, (3) the refusal of large-scale x-ray equipment suppliers to deal with the inventor, because the newer, cheaper

product threatened their business model (i.e., an inequality in access to distribution channels).¹³

As described above, in addition to acting as a new entrant to an industry, disruptive innovation may also constitute a rival product or service in an existing industry. Michael Porter argued that the threat posed by a substitute product is high if: (1) the substitute “...offers an attractive price-performance trade-off to the industry’s product” in that the substitute can fulfill a similar function more efficiently than the industry standard product; or, (2) “the buyer’s cost of switching to the substitute is low,” such as the cost to consumers of switching from a brand-name pharmaceutical to a generic version.¹⁴ By their very nature, disruptive innovations meet the first criteria, in that they address the unmet needs of mainstream consumers, typically with relatively low prices.¹⁵ In the healthcare industry, where the cost of services is often prohibitively high, low-cost substitutes provided by disruptive innovation may be critical to the ongoing effort to reform the United States’ healthcare system.¹⁶

In the coming years, continued disruptions within the healthcare industry are anticipated to arise due to a number of factors, such as: (1) the automation of information collection, storage, analysis, and dissemination; (2) the facilitation of access to care; (3) the push for reduction of the cost of care per interaction; and, (4) the increase of decision support services.¹⁷ Perhaps most importantly, many modern consumers of healthcare services (i.e., patients) are demanding transparency and convenience, which the healthcare system has not provided,¹⁸ which may create opportunity for disruptive innovation. As noted above, government regulatory action can either bar entry to an industry, potentially hindering disruptive innovation, or mitigate other barriers to entry, potentially assisting disruptive innovation.¹⁹ With respect to healthcare, governmental actions have created an environment that has allowed for the development of disruptive innovations. For example, the *Health Information Technology for Economic and Clinical Health Act* (HITECH Act), a subset of the *American Recovery and Reinvestment Act of 2009* (ARRA), sought to strengthen the infrastructure for health information technology, such as *electronic health records* (EHRs).²⁰ Building off of this infrastructure, the Blue Button Initiative, created by a collaboration of the *United States Department of Veterans’ Affairs* (VA) and the *United States Department of Health and Human Services* (HHS), grants millions of Americans secure online access to their personal health data,²¹ which has in turn spurred entrepreneurs to introduce novel personal health records based on data from the Blue Button Initiative.²²

In the years since the passage of the HITECH Act, patient access to, and control over, healthcare information has become increasingly widespread. Some companies have targeted developments that simply allow patients to better track their own health, such as Fitbit, which created wearables for health and fitness

tracking, allowing for quantifiable health metrics and guidance.²³ Other companies, such as MedWand, which created a hand-held, multi-function diagnostic tool for basic patient vitals, facilitating more frequent and convenient diagnostic testing at a greater number of locations,²⁴ may provide a much more direct source of competition for established providers of healthcare services. Similarly, Qualcomm, an electronics company, is hosting a \$10 million competition that challenges contestants to create a device that can identify anemia, atrial fibrillation, diabetes, pneumonia, sleep apnea, urinary tract infection, food-borne illness, shingles, and other health conditions.²⁵ Additionally, the devices are expected to keep track of blood pressure, heart rate, oxygen saturation, respiratory rate, and temperature.²⁶ Developments in mobile telemedicine, such as the Babylon application, may cause the most disruption to traditional healthcare providers, as they may provide a convenient alternative to traditional healthcare. Specifically, the Babylon application allows subscribers to quickly receive medical counseling from physicians remotely via smart phone, and in the near future this application may use artificial intelligence to provide diagnoses.²⁷ These types of technologies (i.e., the products produced by Fitbit, Medwand, Qualcomm, Babylon, and other similar developers) bear the hallmark of disruptive innovation, in that they may meet consumers’ needs more efficiently and effectively than the traditional, established suppliers currently are. As such, disruptive innovation in the healthcare industry may lead to greater control for patients and greater competition for providers.

- 1 “What disruptive innovation means” The Economist, January 25, 2015, <http://www.economist.com/blogs/economist-explains/2015/01/economist-explains-15> (Accessed 12/21/15); “What is Disruptive Innovation?” By Clayton Christensen et al., Harvard Business Review, December 2015, <https://hbr.org/2015/12/what-is-disruptive-innovation> (Accessed 12/21/15).
- 2 Clayton Christensen et al., December 2015.
- 3 *Ibid.*
- 4 “Will Disruptive Innovation Cure Health Care?” By Clayton Christensen, et al., Harvard Business Review, 2000 <https://hbr.org/2000/09/will-disruptive-innovations-cure-health-care> (Accessed 12/21/15).
- 5 *Ibid.*
- 6 *Ibid.*
- 7 *Ibid.*
- 8 “Competitive Strategy: Techniques for Analyzing Industries and Competitors” By Michael E. Porter, New York, New York: The Free Press, 1980, p. 4.
- 9 “On Competition” By Michael E. Porter, Boston, MA: Harvard Business School Publishing, 2008, p. 8.
- 10 *Ibid.*, p. 9-12.
- 11 Clayton Christensen et al., December 2015.
- 12 Michael E. Porter, 2008, p. 9-10.
- 13 The Economist, January 25, 2015.
- 14 Michael E. Porter, 2008, p. 17-18.
- 15 Clayton Christensen et al., December 2015.
- 16 “Seize the ACA: The Innovator’s Guide to the Affordable Care Act” By Ben Wanamaker and David Bean, Clayton Christensen Institute for Disruptive Innovation, September 2013, p. 4-5.
- 17 “Reinventing Healthcare: Non-Healthcare Companies are Initiating a Surge of Innovation Within the Existing Market”

- Frost & Sullivan, July 28, 2015, <http://ww2.frost.com/news/press-releases/reinventing-healthcare-non-healthcare-companies-are-initiating-surge-innovation-within-existing-market/> (Accessed 12/21/2015).
- 18 “The New Health Care Consumer Expects Transparency, Simplicity and Convenience” By Dijuna Lewis, Morning Consult, November 16, 2014, <https://morningconsult.com/opinions/new-health-care-consumer-expects-transparency-simplicity-convenience/> (Accessed 3/23/2016).
- 19 Michael E. Porter, 2008, p. 12.
- 20 “American Recovery and Reinvestment Act of 2009” Pub. L. No. 111-5, § 13001, 123 Stat. 115, 226 et seq. (February 17, 2009); “Electronic Health Records (EHR) Incentive Programs” Centers for Medicare & Medicaid Services, February 26, 2016, <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> (Accessed 3/2/2016).
- 21 “About Blue Button” HealthIT.gov, United States Department of Health and Human Services, March 3, 2016, <https://www.healthit.gov/patients-families/blue-button/about-blue-button> (Accessed 3/23/2016).
- 22 “Health Information Technology: The Work Is Only Beginning” By Mark Frisse, Posted on Health Affairs, March 25, 2011, <http://healthaffairs.org/blog/2011/03/25/health-information-technology-the-work-is-only-beginning/> (Accessed 3/9/2016).
- 23 “The Companies Disrupting Healthcare In 2015” By Reenita Das, Forbes, June 11, 2015, <http://www.forbes.com/sites/reenitadas/2015/06/11/top-companies-disrupting-healthcare-in-2015/>: Figure 2 (Accessed 12/21/2015).
- 24 *Ibid.*
- 25 “Overview” XPrize, <http://tricorder.xprize.org/about/overview> (Accessed 3/7/2016).
- 26 *Ibid.*
- 27 “Could This App Replace Your Doctor?” By Emily Matchar, Smithsonian, March 17, 2016, http://www.smithsonianmag.com/innovation/could-app-replace-your-doctor-180958467/?utm_source=smithsoniandaily&no-ist (Accessed 3/23/2016).




HEALTHCARE VALUATION

THE FINANCIAL APPRAISAL OF ENTERPRISES, ASSETS, AND SERVICES

Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Foreword by Shannon P. Pratt

“...the definitive treatise for the complexities of valuation in the healthcare industry.”

– Chris M. Mellen, President - Delphi Valuation Advisors, Inc.



The Adviser's Guide to Health Care

Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Todd A. Zgrang, MBA, MHA, FACHE, ASA – President, HEALTH CAPITAL CONSULTANTS


Keep Up With the Changes in Health Care Services and Consulting Practices
Includes Foreword by Leading National Health Care Attorney

David W. Grauer, Esq.
Partner, Jones Day

TWO-VOLUME SET ▶

- Consulting Services
- An Era of Reform - The Four Pillars

To purchase, visit AICPAStore.com/AGHC




ACOs: Balancing Quality and Costs in Healthcare

Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA – CEO, HEALTH CAPITAL CONSULTANTS
Foreword by Peter A. Pavanini, Esq. – Squire Sanders LLP

“A must read and resource for any healthcare industry executive”

– Roger W. Logan, MS, CPA/ABV, ASA, Senior Vice President of Phoenix Children's Hospital

Learn more at  CRCPress.com ▶



(800) FYI - VALU

*Providing Solutions
in the Era of
Healthcare Reform*

Founded in 1993, HCC is a nationally recognized healthcare economic financial consulting firm

- [HCC Home](#)
- [Firm Profile](#)
- [HCC Services](#)
- [HCC Experts](#)
- [Clients & Projects](#)
- [HCC News](#)
- [Upcoming Events](#)
- [Contact Us](#)
- [Email Us](#)

HEALTH CAPITAL

CONSULTANTS (HCC) is an established, nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, Missouri, with regional personnel nationwide. Founded in 1993, HCC has served clients in over 45 states, in providing services including: valuation in all healthcare sectors; financial analysis, including the development of forecasts, budgets and income distribution plans; healthcare provider related intermediary services, including integration, affiliation, acquisition and divestiture; Certificate of Need (CON) and regulatory consulting; litigation support and expert witness services; and, industry research services for healthcare providers and their advisors. HCC's accredited professionals are supported by an experienced research and library support staff to maintain a thorough and extensive knowledge of the healthcare reimbursement, regulatory, technological and competitive environment.



Robert James Cimasi, MHA, ASA, FRICS, MCBA, CVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Master in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Institution of Chartered Surveyors (FRICS – Royal Institution of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, and is the author of several books, the latest of which include: “*Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA]; “*Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services*” [2014 – John Wiley & Sons]; “*Accountable Care Organizations: Value Metrics and Capital Formation*” [2013 - Taylor & Francis, a division of CRC Press]; and, “*The U.S. Healthcare Certificate of Need Sourcebook*” [2005 - Beard Books].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “*Shannon Pratt Award in Business Valuation*” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 20 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 1,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of the “*Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: *The Accountant’s Business Manual* (AICPA); *Valuing Professional Practices and Licenses* (Aspen Publishers); *Valuation Strategies; Business Appraisal Practice*; and, *NACVA QuickRead*. In addition to his contributions as an author, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators and Analysts (NACVA); Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).



John R. Chwarzinski, MSF, MAE, is Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**. Mr. Chwarzinski’s areas of expertise include advanced statistical analysis, econometric modeling, as well as, economic and financial analysis. Mr. Chwarzinski is the co-author of peer-reviewed and industry articles published in *Business Valuation Review* and *NACVA QuickRead*, and he has spoken before the Virginia Medical Group Management Association (VMGMA) and the Midwest Accountable Care Organization Expo.

Mr. Chwarzinski holds a Master’s Degree in Economics from the University of Missouri – St. Louis, as well as, a Master’s Degree in Finance from the John M. Olin School of Business at Washington University in St. Louis. He is a member of the St. Louis Chapter of the American Society of Appraisers, as well as a candidate for the Accredited Senior Appraiser designation from the American Society of Appraisers.



Jessica L. Bailey-Wheaton, Esq., is Senior Counsel of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she conducts project management and consulting services related to the impact of both federal and state regulations on healthcare exempt organization transactions and provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services. Ms. Bailey is a member of the Missouri and Illinois Bars and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law, where she served as Fall Managing Editor for the *Journal of Health Law & Policy*.



Kenneth J. Farris, Esq., is a Research Associate at **HEALTH CAPITAL CONSULTANTS (HCC)**, where he provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services, and tracks impact of federal and state regulations on healthcare exempt organization transactions. Mr. Farris is a member of the Missouri Bar and holds a J.D. from Saint Louis University School of Law, where he served as the 2014-2015 Footnotes Managing Editor for the *Journal of Health Law & Policy*.