

“How much is this worth?” Humana’s Chief Innovation Officer Explains Why This is the Wrong Question

By
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“The first, and most often wrong, question is, ‘How much is this worth?’”

Chris Kay, the Chief Innovation Officer at the \$50B health and wellness company Humana, shared his perspective on the criteria in selecting innovation ideas. Business leaders have a tendency to examine how much an innovation is worth in the early phases of innovation, but Kay argued organizations should focus measurements on customer desirability.

During a one hour interview Kay discussed a number of interesting innovation topics including why asking “How much is this worth?” is the wrong question to ask early in the innovation process. Kay confirmed that the majority of value is created in understanding the customer experience and innovating around it. At Humana early metrics concentrate on experiential measures of member health. Experiential measures are driven by research and based on customer insights and unmet needs.

Kay also discussed the importance of Co-creation, an innovation approach where Humana partners with smaller startup companies on

new ideas. Humana’s innovation team seeks the best and brightest venture capital backed start-ups to form partnerships. Creating a shared view of success allows both the partner and Humana to capture knowledge, build value, and learn from failures. Decisions on these disruptive innovation ideas are typically made

by a team of external partners, advisors, and leaders outside of Humana’s established lines of business.

Innovation at Humana also occurs internal to the organization. Humana is a diverse health and wellness company with lines of business including health in-

surance, health data analytics, pharmacy, and healthcare service providers. Kay highlights the importance of working across horizontal lines of business in such a large organization to minimize the effects of innovating in silos. Working off of horizontal platforms allows the company to take advantage of diverse resources to gain synergies when pursuing innovation ideas. Innovation across horizontals also increases transparency and allows Humana to build a portfolio of innovation ideas.

Chris Kay, Humana’s Chief Innovation Officer, shares insights into the innovation decision-making process, including strategies employed to bring consumer insights to action and examples of the development of innovation ideas.

Keywords: Humana, Innovation, Disruptive Innovation, Co-creation, Chief Innovation Officer

Introduction

“The first, and most often wrong, question is, ‘How much is this worth?’” Chris Kay, the Chief Innovation Officer at the \$50B health and wellness company Humana, shared his perspective on selecting innovation ideas.

Executives leading organizations continuously seek new and innovative ideas in hopes that the products and services developed will improve company financials and increase shareholder value. It seems natural to ask for financial projections on early stage innovation ideas. Kay shared a counterintuitive thought. Decisions on innovations at Humana should first focus on desirability from the customer. Once desirability is established, an idea should be tested for viability and then feasibility before scaling a new product or service for market launch.

Earlier this year Kay agreed to share his thoughts on innovation during a one hour interview. The questions sought to uncover how innovation leaders should select ideas. Kay discussed specific strategies Humana employs to bring consumer insights into action via innovative business models, products, and services. He shared examples of recent innovation ideas in development, including the method of idea selection and how decisions are made.

Chris Kay

Chris Kay is Senior Vice President and Chief Innovation Officer at Humana, a Fortune 100 health and wellness company. In this role, he works closely with internal business leaders, as well as outside partners, to design, test, and operationalize game-changing innovations. Kay is a keen innovator with a passion for creating new businesses in large global organizations and for launching products and services that enhance the consumer experience.

He most recently served as Managing Director and CEO of Citi Ventures, Citigroup’s global corporate venturing arm. Prior to joining Citi in 2007, Kay held several leadership positions at Target over a 12-year period, ranging from leader of large merchandising departments to store operations and property development. Kay holds a J.D., magna cum laude, from the University of Minnesota and a B.A. in French and Economics from the University of Wisconsin-Madison.

The Interview with Chris Kay

Q1: How do you define innovation?

It’s an empty term because it’s so often used, like the term “consumer experience.” I think the fundamen-

tal definition of innovation is “insights to action.” Insights are rooted in unmet needs of consumers. Action is about leveraging innovation to develop solutions to those needs in a disciplined, structured, and creative way. Innovation equals insight to action.

Q2: What excites you about working on innovations?

I grew up as a guy running businesses. In my formative years, at Target, I worked with incredible designers and I got to invent. I got to see how inventiveness and creativity were not only a core competency, but actually drove business results. I’ve always been a person that is inspired by transforming the business while you run it. The role of chief innovation officer is a hard role because the job is not only to have a team that can accelerate the pipeline of innovation, but also to help change the dialogue and stitch together the strategy to take it in one direction. I love it. It’s an important time to be innovating and Healthcare is ripe for it. The amount of friction that is present in Healthcare provides a huge amount of potential for disruptive innovation.

Q3: Tell me about what leads up to selecting an innovation idea?

It’s really important to frame this around the type of innovation we’re talking about. The majority of big companies struggle with the taxonomy. Core, or sustaining, innovation is all about being the best in class every day. Adjacent inno-

vation is about extending your capabilities into new markets or new customers. Disruptive innovation is about creating a new customer experience or new business model.

What’s really interesting is that the majority of dollars in innovation are spent on process and product innovation. That’s why there are so many different flavors of Pantene on the shelf. The majority of value is created in innovating around customer experience. Humana is moving from a company bending the trend on health care costs to a health care company which is bending the trend on health. We are helping people avoid trips to the ER or to Urgent Care. That’s good for the consumer, that’s good for Humana; it drives cost out of the system.

That shift towards health introduces some interesting questions. To innovate around health you need a view into the health journey of the customer. We approach health innovation by starting with ethnography research on people with chronic conditions. We ask ourselves a lot of questions. What is it like for a person who’s on the path or newly diagnosed with diabetes? What is the interaction like at the doctor’s office? Do they leave that doctor’s office with bricks

Chris Kay is Senior Vice President and Chief Innovation Officer at Humana, a Fortune 100 health and wellness company.

on their shoulders that they didn't have walking in? Are they aware of their current condition? How are they going to manage their lifestyle and take care of themselves? How are they going to create ongoing sustainable change? We use those questions because every person that's diagnosed with a chronic condition experiences those barriers. What do I need to change in my life and how do I sustain that change? How do I get access to the community of resources I need? It was by seeking answers to these questions, using customer driven insights that we began to understand some of the real barriers to health for people with chronic conditions.

Q4: That helps set the context to drive innovation at Humana. Is there a specific innovation that's either underway or that has already been implemented that you can share?

Let me talk about some of the diabetes pilots we're doing. We started to look at our members that have metabolic syndrome; they are moving quickly towards diabetes. 10% of our members are moving towards diabetes every year. Once they are diagnosed, 15% progress from low severity to medium severity. This is a pandemic; it's just rolling through. We started trying to answer the question: How can we help members on the path towards diabetes and how can we do that at some level of scale?

We're not talking about what we do to the clinical system, but what we can do differently to engage members in real time. We did a lot of solutioning and concept development, and we came to a couple of insights. First, this is rooted in behavior change. We know they are talking to their doctor and that they're talking to their friends about behavior change. We built a number of concepts that we stitched together and went out to talk to consumers. At the same time we used our Humana team in Silicon Valley to find out what emerging entrepreneurs are doing in the space. I'll call them digital, first line therapeutics for chronic conditions, which are just now emerging. It's a big area of innovation with a lot of venture capital funding.

We came upon a very early stage company called Omada. Omada is focused on digitally scaling a clinical Diabetes Prevention Program (DPP) that has been validated over the last two decades in YMCA's. This presented an opportunity to test our hypothesis that a DPP could work for an elderly population. As part of our prototyping and learning process, we partnered with Omada. We picked an elderly population to test. We didn't know if they were going to be predisposed to digital or not. We launched

the Omada digitally-based *Prevent* program with Humana Medicare Advantage members. A cohort of 491 participants with an average age of nearly 70 completed a digital, social journey around behavior change. What did Omada need? Omada needed a partner that could help their innovation launch and we needed insight and connectivity to our strategy.

I'm probably not going to talk as much to you about what we should build at Humana because co-creation is the way. I'd argue that it's rare in today's world given the speed of change and given the access to smart people, that any company should be innovating alone. Our pre-disposition is that we understand an unmet need, we have a hypothesis that is driven out of research, and we partner to prototype. We did that with Omada. Six months after beginning, 85% of participants remained active in the program, and more importantly, graduates lost an average of 8.7% of their body weight. That represents a 71% reduction in type 2 diabetes risk. Now we have an extensible, scalable, digital solution, that's the first line of digital therapeutics to help people with pre-diabetes.

We are transforming Humana to be more of a health partner for life by taking our clinical chassis and enhancing it to be more dynamic. We are moving our view of the customer from one based on our members' use of the healthcare system to being based on a longitudinal understanding. When we do that, you can create a whole new set of solutions

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to help people manage their health. That's what a health care company does; it looks at needs driven by insights. We had a hypothesis based on consumer interactions. We created a prototype solution. We looked for external technology to get access to the best entrepreneurs. We provided our capabilities to figure out how to scale the technology.

Q5: How do you decide who you're going to partner with? Are there metrics? Is there a checklist?

It's a great question. I think partnering is hard because there's not always alignment. All of our partnerships are rooted in a clear understanding as to what the problem is and the job to be done. We want to partner with entrepreneurs with potential, who we feel are brought into mutual value. We're not partnering with them to make them great and they're not partnering with us to make us great. We're partnering together towards a shared view of success. Some people may challenge us and say: "You could go build the diabetes prevention digital therapeutics yourself." We probably could, but I bet there is a quarter billion of venture capital dollars invested in some of the smartest behavioral scientists and

technologists that are already building solutions. We have to break through that orthodoxy that we should build it. When we partner, we start to learn about the capabilities we need as a company to bring a solution to scale.

It's a very outside-in view of innovation. A lot of corporate leaders don't think this way. Why is partnering so important? The differentiation over time is in the ability to integrate partners into a horizontal platform. We need to be generous about not needing to own everything and we need to have enough insight to think horizontally. Imagine that we can have a dynamic, real-time, evolving clinical model. If we design that right, you can plug in any solution. I think that's the business we're going to be in 10 years from now.

Q6: What are some of the criteria that you're thinking about as you progress in the innovation process from a small pilot?

The first and most often wrong question is: "How much is this worth?" Early stage pilots should be about experience metrics. Do people use it? When and how do they use it? It is about interaction based learning. Attrition in health programs is high; it's generally hard for people to sustain another thing when they're not feeling well. If you're managing diabetes, you have to stick yourself and you have to watch what you're eating... you have enough problems. Our job is to empower people and take the complexity away. Our job is to create solutions that make life easier. People need things to be simple and easy. Early metrics are about engagement. They're about sustainability. They're about usability.

Some of this stuff you know when you see it, but a lot you don't. The process moves from concept phase to prototype phase, and then to pilot phase before we go to market calibration and scale it. Each stage we have a different set of predetermined gates. When we start building prototypes with consumers, we're focused largely on desirability. Is this something people want? Is this something people love? Once you get through desirability, we start to go into piloting, where we are testing for viability. Can you stitch this together in a way where we can close the feedback loop, or in a way where we can solve for some of the unknowns in a system? In market calibration we look to understand the feasibility. If it's desirable and viable, then how do you scale it? We determine if there is a way to build the capability such that we can support this at scale.

Each gate is predefined. If you get to a gate and it's not working, there has to be some way to kill it

and take the findings back into the portfolio. That's hard... to kill an innovation in the process.

Q7: For the gate reviews who makes the decision?

The real answer is that it depends. If it's something that's disruptive, there will not be a business sponsor in the early stages. In that case, it consists of an innovation team of external folks and some advisors. If it's a business led innovation, absolutely the business is at the table. The process of going from desirability to viability to feasibility is incredibly new and incredibly enlightening for the business team. I started this conversation by saying the wrong question to ask upfront is "How much?" The right question is: "Are we clear about what we're trying to solve?" Innovation always starts with focus. Ideation doesn't happen first in the innovation process because you start with real focus about understanding the problem we're trying to solve. Then we go validate the underlying insights and needs.

Q8: Why doesn't ideation start at the beginning?

Every concept starts with the concept brief, which outlines a problem to be solved. What's happening? Why do we care? Who else is thinking about this?

The process of going from desirability to viability to feasibility is incredibly new and incredibly enlightening for the business team.

It gives real focus to the problem. Start with focus and then look at how others have solved similar problems. You do research. You do research with consumers and you get to a level of insight around defining the problem. That's when you ideate.

If you ideate without clear definition of what you're solving for, and what the consumer mandate is, then you end up with a bunch of sticky notes. A lot of companies will start with ideation, but real innovation starts with a super focused question to be solved.

Q9: You have shared that co-creation is where a lot of the big benefits come from. What does decision making internal to Humana look like versus partnering with other companies?

Well let's go from both angles. I think for internal innovation, which is largely self-generated, motivators such as wanting to be successful or fear of failure come into play. There are a number of cultural elements in companies that prevent innovations from stopping. Typically teams do not understand what they're trying to learn. "Let's go build a website." If that comes out of an ideation session and the team goes off and builds a website, how do you measure whether you should and shouldn't go forward? Does that sound familiar? There are great companies that don't define the problem first.

On the other hand, when you're starting with an unmet need and you look for a partner, you're not making a decision as to whether you are going to build, buy, or partner. What you're doing is you're accelerating the learning to get to the requirements to make that decision. We may partner with somebody and have an incredible insight that the idea doesn't work. Remember, in this case we didn't build it, but we learned a ton. We can bring back the learning into the system. That's a great model and it's great for entrepreneurs because they say: "Holly molly, this didn't work." It's great for us because we have accelerated the speed to insight and learning.

The underlying reason we partner is to create value and to understand the capabilities we need to have in the future. We always have the option to partner differently, and to buy or to build ourselves. Oftentimes, we will make a capital investment in the partner. If we are scaling them and they are growing the value to the company, then we get an option value. We invested in Omada. Where we see the best companies that have potential to win (which we are getting access to largely because we have a great team in the valley) then we use our capital to help them scale for mutual advantage.

We have great teams at Humana, but we are aware of the risk that somebody may already be working on the same solution. They could come in from a different side and just wipe out the whole opportunity. This is happening in health care.

Q10: Thinking about building internally, are there organizational factors that come into play outside the typical gate system? Are there other reasons for killing a project?

We've come to the realization when you look at our enterprise innovation strategy, that we need to be focused on defining the transformational health, or trend benders, of the future. You know the role the trend benders play in our business; it's to help us manage health and cost. If we can help people manage their health, guess what--they'll stay with us! We can provide stable benefits or better benefits at a better price and that grows membership.

We have a platform view of things like slowing disease progression and avoiding acute events. We work on those horizontally. One reason innovations fail is because they're rooted in a silo. For example, the pharmacy team may be innovating around some incredible work on adherence, but the clinical organization is not connected in. What does it look like when a pharmacy meets our clinical business? If you're innovating in silos, you'll never get to answer

that question. Our job as a company is to turn ourselves sideways, and manage innovation along the platforms that extend across all businesses and then build portfolios around those.

Q11: How do you do that [innovate across business lines]?

A lot of the innovation strategy work we've done, in partnership with the Humana business lines, has allowed us to get to a platform view. The question on how you do that is largely a design question for the organization. Anybody that shows up to a platform conversation is going to view that it represents only 15% of what they do. We have to create working teams that have horizontal responsibility. We've assembled those teams at Humana. Then we go through a vetting period. We must get everybody to trust that we're going to accelerate innovation in the organization. We get everybody to put their stuff out and make it visible. That's hard.

We have to create a generous environment for people to want to share and gain alignment. If the first question is how much, people aren't going to come forward with innovation because they don't know the answer. We need to create a forum to build trust.

We need to be focused on defining the transformational health, or trend benders, of the future.

As we manage the portfolio, we then have to have an active group of decision makers that are focused on accelerating the health and the impact of that portfolio. Oftentimes companies misalign business accountability with horizontal accountability. If I

were running a business, how much should I invest in something that's going to create enterprise value, but no P&L value? That tension is there. The third thing you have to do is align investment with accountability. If we are investing capital on something that a leader is building, that leader needs to be held accountable. We manage all that through discipline portfolio process and then that becomes integrated into the planning. Through integration we avoid the chasm between innovation in the business and accountability in the operations.

In discussions with the business we've gathered 40 or 50 things that are in pilot phase. That probably represents half of what is actually out there. Next, we map the pilots against the platform. We start to see, for example, that there are three pilots going on in three different parts of the business. They are actually close enough that when grouped together you get a multiple on them. Other pilots, for example, shouldn't be pilots because they're not based on any insight. Pilots that are at a later stage, we need to give the resources to invest to scale. While the innovation team has been working on supporting this health

transformation center--the strategy of the company--we've also been building the enterprise innovation capability to do this across the organization. It's hard work, but I'm really bullish.

Q12: There is a lot of short term focus in organizations. Have you had any challenges with making decisions on innovation taking a short term financial view versus a long term view?

That again is a portfolio question. Where do you want to place your bets? Google is a 70-20-10 company. That is how they pay and how they allocate their time. 70% of Google's work is in their core work. If you worked in search, 70% of your time would be in search, 20% is moving search into adjacent space, and 10% is in disruption. What's our 70-20-10? That's a risk appetite question that the senior leaders of a company need to decide.

Once you do that you can start to value the early stage portfolio over time. Great companies then pay their leaders based on the value of their early staged portfolio. You can see that it's a journey. You get a lot of things in place at the starting line, and think and act horizontally. Let's build the trust, let's accelerate the things that we know are going to be impactful, and then let's start to build this organization pipeline (C. Kay, personal communication, January 20, 2016).

Discussion

It is clear that Chris Kay is driving a unique and interesting approach to healthcare innovation at Humana. Kay provided both contrasting and supporting viewpoints to generally accepted business practices found in both academic and practitioner articles. The following discussion offers comparison with a common definition of innovation and distinguishes Kay's definition. Next, this discussion explores why most business leaders request financial metrics early in the innovation process. Kay states this is not the best approach during the early phases of an innovation idea. Last, this discussion looks at Humana's innovation collaboration model compared to other models described in a recent HBR article.

Innovation Definition & Problem Identification

Kay has developed a succinct definition of innovation that gets to the core of managing innovation in large organizations. Innovation has been defined in numerous ways. Both academic and practitioner literature provide various characterizations. The Product Development Management Association (PDMA) Handbook defines innovation in two ways. First, it is described as "a new idea, method or de-

vice" and next as "the act of creating a new product or process, which includes invention and the work required to bring an idea or concept to final form" (Kahn, 2012). In contrast, Kay simply states innovation is "insights to action." Kay's representation of innovation distinguishes what motivates the innovation: insights that drive action, that then drive development of a new product or service. In Q1, Q3, and Q8 Kay shared the importance of grounding the innovation in consumer research. Unmet needs are identified by studying customers with chronic illness in their daily lives. This is commonly referred to as ethnography or the study of a culture sharing group (Creswell, 2012). The example definition explains what innovation is; Kay's definition explains how to do it.

In Q8, Kay shared that idea generation shouldn't be the first step. The first step should be identification of a problem that needs to be solved. A common mistake managers make when developing an innovative idea is to begin with a blank slate. They mistakenly begin innovation by white boarding ideas with no guardrails and no constraints. Research supports Kay's assertion that this is not the best approach.

Research in fields such as cognitive psychology and creative sciences conclude that starting with a frame of reference results in more creative ideas versus starting with a blank slate (Scopelliti et al., 2014; Sellier & Dahl, 2011). Organizations

need a question to answer, a problem to solve, or, in Kay's words, an unmet need. Starting without a clear direction will result in unfocused ideas, and may lead to a waste of time, effort, and resources.

Early Stage Metrics & Involvement of Business

Education in business focuses on informed decision making in a capitalistic economy that is driven by the motivation to maximize profit. Dr. Alan Balfour and Dr. Sally Fuller share that today's business education is heavily influenced by profit motives. In a recent article, they attribute some of the responsibility to Adam Smith's "invisible hand" and more recently Milton Friedman's argument that "the only responsibility of business is to maximize profits" (Balfour & Fuller, 2010). Managers are taught to use metrics that maximize profit to drive decision making. This has been adopted as conventional wisdom in business.

In Q6 and Q7, Kay shares a different perspective. The end result of a new product or service may drive a financial metric (i.e., reduction of cost or increase in revenue). However, in the early stage of an idea it

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is more important to find a product or service that proves desirable to customers. First, determine if there will be a use or market for a new product or service. Business leaders are educated and trained in an environment where “Finance and economics have trumped management as the disciplines guiding decision making” (Balfour & Fuller, 2010). The default questions managers apply will focus on financial metrics and result in, according to Kay, a risk of prematurely killing good ideas. Changing the mindset of business leaders that are not intimately involved in the innovation management process on a daily basis can be difficult. Kay, in Q7, takes the approach of limiting business leader involvement in the early stage of disruptive innovation ideas.

Collaboration in Innovation

It is imperative for leaders to account for changing customer demands in an increasingly complex and interconnected global economy. The days of one organization developing a new product from idea generation through market launch are rare. Very few organizations are successful in repeatedly developing disruptive new products or services within their own four walls. A recent HBR article titled “Which Kind of Collaboration Is Right for You?” provides a good framework for organizations to consider when collaborating on innovation. “It’s now conventional wisdom that virtually no company should innovate on its own” (Pisano & Verganti, 2008). Kay agrees. In Q4, Q5, and Q9 he shared a similar statement as well as an example of how Humana partners with startups in Silicon Valley.

In the HBR article, Pisano describes four basic models of innovation collaboration: elite circle, innovation mall, innovation community, and consortium (Pisano & Verganti, 2008). In elite circle one company selects the participants, defines the problem, and chooses the solution. This model is a good explanation of how Kay and Humana partner with startup companies. Humana works to define the problem, or unmet need, before seeking potential external partners. Once the need is identified, Humana seeks the best and brightest Venture Capital backed startups that are already working on solving the problem. Partnering minimizes the risk of competing companies developing a solution before Humana. It also supplements Humana’s human capital and technical capabilities by partnering with leading subject matter experts and working with cutting edge technologies. All of this is gained at a much lower price tag compared to building a similar capability entirely in house.

Conclusions

Chris Kay, the Chief Innovation Officer at Humana, shared his perspective on innovation in large organizations as well as his philosophy on selecting innovation ideas at Humana. Organizations must be very clear on the problem they are attempting to solve. Ideas must be rooted in customer insights and unmet needs. Generating new ideas, also known as ideating, will prove to be an unproductive practice unless research has defined the problem for an innovative idea to solve. Ideas are then tested for desirability, feasibility, and viability before being scaled and ready for a market launch. Leaders in organizations have a tendency to ask how much an innovation is worth early in the process. Kay reiterated that this is the wrong approach. Instead of financial metrics, organizations should measure how desirable an idea is to customers during its early innovation phase. At Humana those early metrics are concentrated on experiential measures of members.

Kay emphasized the importance of co-creation, an innovation approach where Humana partners with smaller startup companies on new ideas. Based on customer insights and unmet needs identified

Generating new ideas, also known as ideating, will prove to be an unproductive practice unless research has defined the problem for an innovative idea to solve.

through research, Humana’s innovation team seeks the best and brightest venture capital backed startups to form a partnership. Creating a shared view of success allows both the partner and Humana to capture knowledge, build value, and learn from

failures. Humana is able to take advantage of new technology by partnering, and start-ups get access to Humana’s membership and clinical capabilities to test new ideas in anticipation of scaling a solution to the market. Decisions on these disruptive innovation ideas are typically made by a team of external partners, advisors, and leaders outside of Humana’s established lines of business.

Innovation also occurs internal to Humana. The diverse lines of business at Humana consist of health insurance, health data analytics, pharmacy, clinical support, and healthcare service providers. Kay stressed the importance of working across horizontals in such a large, complex organization to minimize the effects of innovating in silos. Working off of horizontal platforms allows the company to take advantage of different resources to gain synergies when developing an innovation idea. Innovation across horizontals also increases transparency of new ideas, and allows Humana to take a portfolio approach to innovation.

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Review

This article was accepted under the **constructive peer review** option. For further details, see the descriptions at:

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