

**Intro:** [00:00:01.29] Welcome to the Collective Intelligence podcast from IPG. We deliver marketing insights that help modern brands thrive. In this episode, you'll hear about the latest perspectives featured at [intelligence.interpublic.com](https://intelligence.interpublic.com). Listen, then log on to find new opportunities for your brand to stand out.

**Paul P (Host):** [00:00:22.] Hi there. I'm Paul Parton and we have a great guest today by the name of Chris Bevolo from a specialist healthcare agency called Revive. And he's going to talk about a new book he's written with some quite striking predictions for the near term future of health care. Hey, Chris, great to have you here. Do you want to start by telling us a little bit about your background and the Revive Agency?

**Chris B:** [00:00:42] Yeah, love to do that. Thank you for having me. So, yes. Hey, everybody. Chris Bevolo, I'm Chief Growth and Brand Officer at Revive. Revive is a health care focused, integrated marketing agency that works with brands that are trying to lead the way in health. We do everything from branding to advertising to public relations, experience, development. Our primary clientele are hospital and health systems, though we do work with other health care organizations. I have been personally focused on hospitals and health systems for over 20 years now. I have worked with other clientele, but primarily hospitals and health systems in the ways of consumerism, marketing, consulting, strategic planning, all that great stuff. So the book we're going to talk about is a passion project, but also just kind of an amazing way to look at our industry. So looking forward to diving in.

**Paul P (Host):** [00:01:34] Well, it sounds like, you know, your subject matter and your book is called Joe Public 2030. I understand that's the the second Joe Public book. Can you tell us where the original idea came from and why it's time for a sequel?

**Chris B:** [00:01:48] Yeah, so it actually is a series. This is the fourth one called There Are Only Two that have gotten a lot of attention. So it's fair to say there's two is the first one, which is Joe Public doesn't care about your hospital. So we put that out in 2011 and that was really a call to the industry to change their approach to marketing and branding and how they engage with consumers. It was very old school, just hadn't caught up to where the rest of the industry had come in terms of those disciplines. So so that got a lot of attention for the title and also for the for the things that we asked folks to do. And so we wrote a couple of other books over the last ten years. And then

this was and is going to be the final. I swear, I have cut my thumb and drawn a drop of blood to swear there will be no more Joe Public books. But this is a look over the next ten years and specifically how consumers will engage health care. So it even goes beyond where we have focused before, which was on branding and marketing and communications and really looks at the industry at a higher scale. It's definitely a great title and it really kind of provocative lead into the topic.

**Paul P (Host):** [00:02:51] And the book centers around five big predictions for the health care marketplace. I wonder maybe we could just take them one by one and dive into each in terms of that. That sounds good. Maybe we could start off with your prediction on the Copernican consumer.

**Chris B** [00:03:11] All right. Yes, the Copernican consumer. So obviously, if you're an astronomy fan, you took astronomy classes, you'll recognize the name of Nicolaus Copernicus, who's a gentleman centuries ago, who predicted that the sun was the center of the universe. That, of course, is completely wrong. But we love the idea of everything orbiting around the consumer. And also, obviously, we're making predictions a decade out. So we thought we would celebrate somebody who also try to take a stab at figuring out the world. And what we mean by this is as we move forward in this decade and obviously beyond, everything is going to start to come to and center around the consumer in terms of our health and our health care. So that's in terms of data both coming to her through things like blockchain data from her in terms of monitors devices that she has health care services. So we talk a lot now about virtual care. Obviously, the pandemic really accelerated the idea of virtual care, but it goes far beyond that to health in the home, to hospital care in the home. Some of the people we talked to would say that in a decade, the vast majority of health care that you get today in a doctor's office or retail center, the hospital will actually happen wherever you're at. So that could be a retail setting that could be at work or most importantly, at home. So if all of that comes to fruition and it will is just to the degree to what degree will it come to that level and when? That will have huge implications for how people receive health, what their level of health is and can be. And obviously for the people that deliver care and health care services in the industry.

**Paul P (Host)** [00:04:47] and is this the health care industry or the health care system recognizing the importance of the consumer, or is this an efficiency play that actually is

going to make them much more money if they get rid of hospitals and work out of homes?

**Chris B** [00:05:01] That's a great question and it depends who you're talking about. So a lot of hospitals and health systems, for example, are really trying to connect with consumers wherever they're at. But first of all, it's very, very expensive to build brick and mortar facilities. So way more efficient, way more effective if you can deliver something for virtual or in home, but also from if you're talking about like the health plans, they would much rather all of this happen in that setting because it's cheaper for them. And after all, they're looking to cut costs out of the system wherever they can. And also, there's a huge argument to be made that there will be some new kind of company that comes forward, that has a model that allows for this, that both makes them money and delivers all of the kind of promise that I'm talking about. And it's not going to be a health plan or health system. But if I had to pick somebody today who would do that, I would think of somebody like Amazon. I would think of somebody like Apple or like Optum, which is the provider side of UnitedHealth Care who has both the means, the data and the incentive to do it.

**Paul P (Host)** [00:06:08] Fascinating. Does this require a would this require us as consumers to embrace our own health care in a way that we haven't so far? Or is this actually a reaction to the fact that we are embracing it in a way that we didn't used to?

**Chris B** [00:06:19] No. In fact, we have on our website and we can provide links, if you like. We have we have a series of blog posts that kind of takes opposing views to our predictions from our own CEO. And that is the number one point he raises. And I think it's very fair, you know, even if you enabled all of us in a far greater way through a Copernican consumer future, to have better health care access, to have better data, to make it easier on us, would we actually act on that? Right. It's very hard for us to follow a diet. It's hard for us to exercise regularly. So just because all of this is in front of us, would it be easier? But then I think of things like the Apple Watch, which I just got my own Apple Watch like two weeks ago, and I don't have to do anything but put it on my wrist. And it reads all kinds of data for me. And if that data can be leveraged and given back to me in a way that says, Hey, Chris, you're not sleeping very well, and you may think you are, but you're not, you ought to go see a sleep specialist that makes it a lot easier for me to act on my health than before. So there is a degree of how far can

consumers go with this? But the promise of this is that it makes it so much easier and the data is so much more accessible from all kinds of sources that it's a little bit due to yourself from that standpoint.

**Paul P (Host)** [00:07:34] I love the fact that you're having the debate actively within the agency. And this second prediction seems to lean into one side of that debate that your idea around constricted consumerism. Can you tell us something about that?

**Chris B** [00:07:49] I think it's worth noting, you know, the first line in the book says you will not agree with all the content in this book. We set out to write this book to drive debate around the issues we thought were most important. So we not only expect differences of opinion on this stuff, we invite it and relish it. That's how we get through all of this. Right. And you can even think about the second prediction, constricted consumerism as sounding a little conflicted with the first one. Right. So we just got done talking about all the ways that things are going to be brought to the consumer and it's going to be this amazing land of hospital and home and apple watches and all this great stuff. Yet here we are saying that there could be a world where consumerism is constricted. So what do we mean by that? Essentially what we mean is the idea of consumerism is that the individual, through having more choice in the market, through having more information about those choices and by spending her own money is going to drive the kind of change that you would want in health care. So things like better experiences, better quality, lower costs, better convenience, all of that. And that's the promise of consumerism. And what we came to realize in this prediction, both from our own study and from the experts we talked to, is not only has that not taken route because we've been talking about this for about 20 years now near to the degree that people wanted or hoped it would, it's only going to get worse. And what we're talking about here is primarily with higher level, higher acuity care. So think about things you would need to go to the hospital for you will have any number of places you can go get your COVID 19 vaccine, right? A lot of people go to the grocery store now, they go to the drugstore, they go to their doctor. That kind of thing will be more and more choice. But where you get to go for your knee surgery is actually going to become far more limited for you, for all kinds of different reasons. And that's what we mean by constricted consumerism.

**Paul P (Host)** [00:09:41] It's interesting. It's almost like it's almost like the way that globalization has affected commerce in general, where very, very specialized things have become increasingly specialized and offered by fewer and fewer companies, whereas just regular consumer goods are just made and available everywhere and offered by everyone.

**Paul P (Host)** [00:10:02] Yeah, that's that's exactly right. So when you think about the provider side of this conversation, so hospitals and health systems, they're restricting more choice through the consolidation that's happening in the industry. So two health systems get together and in many times that limits the number of options that were there before. So you may have two health systems in your market. You only get to pick from two of those. And of course, you've got the health plan side of things who insurance companies exist in first and foremost to save costs. So they use things like steering patients to their own care options that you don't get to go to the doctor, you have to come to our virtual care or they have tiering, which is involves, you can pick where you want to go, but if you don't pick tier one providers, you're going to pay more for the tier two or two or three providers. So they are really kind of constricting where you can go based on how much it costs, what's in-network, what's out of network, all of that stuff. And that's only going to increase as time goes on.

**Paul P (Host)** [00:11:02] You can have any tier you want as long as a tier one.

**Chris B** [00:11:04] you can have any tier. That's right. Or if you want to pay the \$100,000 out of pocket yourself, go for it. But obviously, vast majority of people don't really have that as a choice. So it's not a real a real choice. Perfect example of this. You look at on the market, the public market for health insurance now. And there's a lot of people who say, hey, look at all the choices you have through the ACA to go out and buy your own insurance. So I helped my dad last year try to find a medicare Advantage plan and he had 20 plus choices he could have picked from. It sounds like. Great. Look at all of those. Only two of them included his doctors. So he's got a lot you know, he's 82. He's got a lot of specialists. He's not going to switch his doctors. So all of that choice was really just two choices. That's about as minimal choices you can get. Right? One's not a choice. So the lowest choice you could have is two. And that's what he had.

**Paul P (Host)** [00:11:59] So that's that brings us to the issues of hospitals and health care systems and the way that they're changing. And that leads to your third prediction, the funnel wars to talk about that one.

**Chris B** [00:12:10] Yeah, so the funnel wars first we got to understand what we mean by the funnel. So in the health care industry, if you think of a funnel, so think of kind of like a triangle like your typical funnel shape. Patients usually go through the health care system starting at the top of the funnel with lower acuity issues. So think of things like virtual care, primary care, retail care, even health and wellness is up there. And then if things get worse, they move down the funnel to medical care, surgical care, or what's called tertiary or quaternary care, which is where you get into an academic setting. Right. So when you think about that funnel most legacy. Hospitals and health systems have most of their revenue come from the middle of the funnel. Right. That's they need that business to stay afloat financially. They need those knee surgeries as an example. But to get that middle of the funnel, you have to bring people into the top of the funnel. We have research that shows, right, if you want more surgeries, you need more primary care. Patients need more urgent care visits, right? That's how a funnel works. You pour stuff in the top and it flows down. So what we're talking about in the funnel wars are all of these new entrants that are coming in. And we just heard about a big one last week we should talk about in terms of Amazon, but from everyone from Amazon to Apple to Best Buy to CVS to Walgreens to Walmart to insurance companies, they're all aimed at the top of that funnel. That's where they want to build a relationship in terms of health. And if they're successful there, they could cut the funnel off for legacy hospitals and health systems, meaning those entities would be dependent on somebody else for the referrals to that important surgical business, for example. So if that happens, we could see hospitals and health systems shrink and size kind of go back to where they were 100 years ago, which is basically the the last place you go for care in patient only smaller, still lucrative business, but very, very different than where most health systems are today. So that battle for the patient relationship at the top of the funnel is why we call it the funnel wars.

**Paul P (Host)** [00:14:12] Yes. That's that is really interesting. It's a little bit inside baseball for the layperson. The minute that you start talking about Amazon, then I think we all have a sense of fascination and a mild sense of dread. Do you want to talk about it?

**Chris B** [00:14:28] Yes. So it's interesting because depending on who we talked to in the book, some people said the biggest disrupter in this space could be Apple. Some people said it's Optum, which again is a huge part of UnitedHealth Care, which is now the largest health system in the United States. If you count the number of physicians that are employed, the biggest health system is Optum. It's not HCA or Providence or any of the other health systems you would think of. Right. Amazon is also the one cited. And last week they announced that they were acquiring one medical, which is a growing primary care company. And this was we said it's like a huge shot across the bow in the funnel wars because this is just another way that Amazon has come in there. So is that good? Is that bad? Is that sounds scary. If you're a consumer at first you might be like, well, why would I want to see a doctor through Amazon? But imagine everything else we get through Amazon. Imagine Amazon Prime includes free virtual care. I imagine that Amazon can help pair your suggested purchases with your health situation, right? There's all kinds of things Amazon could do. And a lot of times we'll hear from the legacy hospital and health system. People like Pshaw, these guys can't really threaten us. This is way too complex of a business. They don't understand us. Why would anybody want to go to an Amazon doctor or a Walmart doctor? And my answer is, first of all, there's a lot of people who would go to a Walmart doctor because it may be the only doctor they can see within 100 miles of where they live. The second thing I said was, if Apple opened a clinic in my neighborhood and I can go see an Apple doctor, sign me up, does that not sound amazing to go see an Apple doctor? Like it must be probably the best doctor in town because Apple's brought them in. And imagine all the things that you would get. We're seeing an Apple doctor, right? So there's a lot that could be compelling for consumers to move to these new entities, which could be devastating for the legacy hospital and health systems if that relationship gets disconnected.

**Paul P (Host)** [00:16:29] A lot of people already get their eye care from Walmart. So this is a pretty natural transition, right?

**Chris B** [00:09:41] That's right. A lot of these like CVS Health, Walgreens, they've already introduced things like diabetes management, diabetes consults, if they have urgent cares in their clinics, mini clinics. So it isn't that far removed from primary care, which is really the center of the relationship. And if you can establish a primary care

relationship with the consumer, you are now helping them manage all of their care. And that's where the real threat would be.

**Paul P (Host)** [00:17:06] But it's probably wasn't that long ago that the idea of going into a CVS to get a vaccination would have been terrifying.

**Chris B** [00:17:14] Yeah, that's right. And now it's just it's everywhere. I think the last booster I got was at a grocery store in my neighborhood called Hive, and I didn't think twice about it. It's the pharmacist, right? I trust the pharmacist anywhere. And all they're doing is poking me with a needle. How hard can it be? And then you just go from there. So it's I would I would sign up for a remote virtual apple doctor to be my primary care doctor in a heartbeat with all the other stuff that would come with it. I think that would be phenomenal and I don't know how far away from that, but it might be tomorrow, it might be five years. But there's a there's a great consultant I follow called Scott Galloway is a podcaster too, if you've heard of him. And he talks about how these giant companies, they have to get into health care because there's nowhere else for them to aim at to grow Amazon, Apple, these folks have conquered so much. For them to have meaningful growth, they've got to pick a huge, huge target, which is one reason why they're moving in health care.

**Paul P (Host)** [00:18:16] You have to imagine that if Amazon could promise access to Amazon branded generic drugs at very cheap prices, if you use an Amazon branded doctor, that would be a pretty compelling way to populate the funnel.

**Chris B** [00:18:30] Yeah, absolutely.

**Paul P (Host)** [00:18:32] Well, that's something to think about. The next one is actually my favorite, which is your your prediction on the rise of the health sector. Do you want to talk to that one?

**Chris B** [00:18:41] Yes. And we always since we're audio is have to spell out SETCS, which is SETCS which looks good in a book. But if you're just hearing it, it might sound different. So basically this is just taking the politicization of everything and applying it to health care. And we have seen this to the Nth Degree in COVID19. So so politicization of health care has been with us forever. And if you go back and you look at this at the



time of the Spanish flu and you look at some articles and newspapers from 1918, you'll see references to like the San Francisco Anti Mask Week. So there's been politicization for a long time, but nothing that comes close to what happened in 2020. And since then, it's almost unfathomable that we could take something that is such a common enemy of all humans, which is this virus that can kill people and make it political. Yet that is what has happened. And if you take it to the extreme, what we're predicting is that you would actually see health care companies, health care providers that would rise up, that would be oriented to targeting those people with a specific political worldview. That's where we think this could go. In fact, for this one is outlandish as that may sound. The biggest surprise to us is that has not happened yet because it's right there. If somebody were to open a politically oriented clinic or a series of clinics, my bet would be there would be people line around the block to sign up.

**Paul P (Host)** [00:20:11] And you can definitely imagine a MAGNA clinic in the villages and. Yeah, in Florida.

**Chris B** [00:20:17] Yes, 100%. In fact, I said this on a podcast when we first started talking about this. I said, if a former president who has a penchant for branding things were to open his own clinic, people would line up for miles. And the podcast host said, Oh, man, I don't know if we want to say that out loud. I don't know if we want to give people that idea. But I mean, it doesn't take much to kind of move forward. And the thing that's scary about it is you think about so we talk a lot about Ivermectin as an example of a politically driven medical treatment that as of today, after repeated research shows no efficacy against COVID19, but still is being held out by a certain political kind of orientation as a solution. Right. You think like, well, you couldn't have clinics that would diagnose people and give them Ivermectin rights, like somebody would stop that. Who would stop that health board's health board's look at doctors, and if they're not performing in the right way, they can yank their license. But then you look at health boards. Health boards in the United States are almost universally political appointees at the state and the county level. So in Idaho, where the capital is Boise, the county that Boise sits in in 2020, the people responsible for forming the health board, they're appointed a doctor to the health board of that county who did not believe COVID was real. So and in my state, I live in Minnesota, the front runner for governor, the nominee for the Republican side of it has come out and said, I'm going to reorient the health board, the Minnesota Health Board, because of how much grief they gave me,

because he's a doctor and he's supported all these unproven approaches to COVID. So it's really not that far removed from reality to see that this could happen. You look at some stuff in Florida and it's already happening in terms of what doctors can and cannot do in terms of a legislative situation.

**Paul P (Host)** [00:22:17] I mean, in some ways, from a consumer point of view, the politicization of health care is just kind of similar to the commercialization, isn't it? If Apple did actually create a health care system, we'd be buying into it because we buy into the value system of Apple, just like we would buy into the belief system of Trump or the MAGA movement, for example. It's not inconceivable at all, is it?

**Chris B** [00:22:40] No. I mean, when you think about tribalism in this country and all the ways that impacts, you know, the car you buy, the clothes you wear, the music you listen to, almost everything can be politicized. So why not this? It already is happening. And you see you know, you see the rise of influencers like Joe Rogan, who obviously had a lot of controversy around his comments around COVID. A lot of people will do whatever Joe Rogan says because he's Joe Rogan to your point, because they believe in his brand. And so this is not it's not farfetched. It sounds crazy, but it's really not. And it's just a matter of time, we think, before we start seeing this. And it's really not a political argument. So it's not about red versus blue or right versus left in terms of who's right. If you are delivering care in this country, you have to think about how do you go out there and advocate for the COVID 19 vaccine when you've got a segment of the population that believes that's a bunch of malarkey? And if they were given another choice in the market, who said, forget the vaccine, you don't need it, come get some ivermectin. You would lose them as patients, which has all kinds of implications. You don't want that and it's not good for you financially. So. So, yeah, it's kind of a it's kind of a dark one. It's kind of a crazy one. But it's here to one degree or another.

**Paul P (Host)** [00:23:04] So here, let's, let's throw out a live and go for the big prediction. Who would create the most successful health care system, Joe Rogan or Gwyneth Paltrow?

**Chris B** [00:24:13] I don't see it go either way. I would say Gwyneth Paltrow, only because she she's already established herself kind of in the health space. I say kind of.

That's my qualifier. I know. I don't know how many people would follow Joe Rogan's medical advice as much as Gwyneth's on the other side, but totally, who knows?

**Paul P (Host)** [00:24:30] So we talked about the politicization of the health care system. Your next prediction is about the social issues that come along with that when you talk about disparity, dystopia.

**Chris B** [00:24:40] Yeah. So I mean, it's not news to say that we suffer from really deep health disparities and health inequities in the United States. And this book was primarily looking at the United States. That's why I keep qualifying it that way. So we kind of paraphrase all that as the health gap. And our prediction is the health gap is bad. It's going to get worse and it's going to get worse because you think of it in terms of a gap, you can think of the haves and the have nots on either side. It's not just the have nots are going to have it worse, which we'll talk about in a second. The haves are going to have it better. Personalized medicine, genomics. Apple watches that Copernican consumer we talked about that fits a lot more if you can afford an Apple Watch and the technology that comes with the Copernican consumer. So these folks are going to get better and better and better health and better care. The have nots are already facing these inequities and disparities. And then on top of that, there are some significant, significant dynamics in our world that disproportionately affect those people that suffer from health disparities. So a great one is climate change. So global warming has an outsized impact on those people who already suffer from health disparities. And it's that's not getting any better. Right. Or the aging of America. So these these big, big social issues we have all also have share a common trait of making it much harder on those people that already suffer in our health system. And so we don't see a lot of. You know, optimism about those things getting solved. At the same time, we see the haves getting far greater access, far greater technology. So it's not it's if we say this a lot of times we talk about the book, we hope we're wrong about some of these predictions. Most importantly, this one, we really hope that, boy, we've just missed something obvious. But when you look at it and most of the experts we talked to agreed, it's not a pretty picture.

**Paul P (Host)** [00:26:40] So do you. It sounds like you're seeing a future where health care becomes a privilege rather than a right.

**Chris B** [00:26:45] Well, I mean, to agree. I would argue that it already is that I would argue that the people that have access, for example, to commercial insurance have far better care than the people who have to go out and buy the market or the people who can't afford health insurance at all. Right. And so it is interesting, though, because some of the folks we talk to say, hey, a lot of people think the answer to this is socialized medicine. So government run health care. You look at England and other places that have that and they say that solves a lot, but it also almost locks in this bifurcated system where you have the people that can afford more and they get more because they can afford more. Everybody else is relegated to the lower level of government care. I would argue that that's still better than the situation we have now in this country where you're kind of left on your own. Yes, there there's Medicaid. There's all kinds of social services, but they don't help near to the degree that they need to. We all know that medical bankruptcy is the number one form of bankruptcy in the United States. It's crazy. There was a report by The New York Times that came out a few weeks ago that talked about 100 million people in the country of 330 million deal with significant medical debt. That just does not seem. Like the right path for us, but really hard to figure out how to solve for that without something massive.

**Paul P** [00:22:40] Never heard those statistics. That's awful. Yeah. Yeah. Is there anything that we can do to change course?

**Chris B** [00:28:16] Well, I'll tell you what's interesting is part of the book I had the privilege of interviewing. A long lost relative of mine is Marco Bevelo. He used to be the head of Brand at Philips. He's from Europe. He's a lecturer. He's a futurist. He's lived in Italy, he's lived in Japan, is with the Netherlands. He's studied health systems across the world. And there's a quote we use in the book all the time where he says, essentially, a society gets the health care system it deserves because its health care system is a reflection of your society. And so the challenge here is in the United States, there are a lot of things that we celebrate that make us great as a country, but really don't get us the best. Health care is inarguable that our health care is far more expensive and has is far less effective than other modernized countries. We're like 21 out of 20 and in infant mortality. How can that even be? But it is true. And that's because we value things like money. We have a health system that's okay with one insurance company and that's UnitedHealthcare having a profit of \$12 billion in the first half of 2022. That's a profit, not revenue. That's their profit. Like as long as we're okay

with that, I don't know how we we solve for it. So so that is the problem is we have to have some changes at a societal level to really impact it the right way, which is why it's why it's hard. There's a lot of people that are attacking this hospitals, health systems, health plans themselves, state, federal government, so many people trying to solve for this health gap. But unless we take some kind of moonshot approach to it, it's unlikely that it's going to get solved to the degree it needs to be.

**Paul P (Host)** [00:30:01] I must say that just listening to you talk through all of this today, it makes it seem like we need futurism and forecasting around this topic more now than we needed it before. Why are you so adamant that this is the last book?

**Chris B** [00:30:15] Oh, I don't know, because it's the fourth book. And I think people are done here. And Joe Public, this is a great one. And the truth is, this may be the last book, but just because we put out the book came out in February, we're going to be constantly talking about it. And next month we're launching something called the Predictive Meter, which is going to take each of these five predictions. And every quarter we're going to update it and say, like, on a scale of nailed it, to utterly boost it, we're going to we're going to give it a little ranking about where we think we're at and and give some research and some analysis about, hey, is this really coming true or did we miss the missed the boat completely? So we're going to continue to talk about it. And, you know, it is a very interesting time because we are ten years from the ACA in this country, just gone through COVID. We're still going through it. The disruption right now is real. So this next decade will be very, very interesting to watch, to see where we end up.

**Paul P (Host)** [00:31:12] So it's great work, Chris. I'm really looking forward to tracking along with you on that. Thanks. Thanks again for taking the time to share it with us today.

**Chris B** [00:31:20] Yeah, thank you so much for having me. It was great.

**Outro:** [00:31:22] Thank you for listening to the Collective Intelligence podcast. For more marketing insights and ideas, please subscribe to this podcast or visit [intelligence.interpublic.com](https://intelligence.interpublic.com).