

Rising expectations among health care consumers: How to lead the consumer-centric transformation



Today's health care consumers – any individual who has used, currently uses, or will use health care services – are responsible for 28% of health care costs, behind only the federal government, which carries 33% of the share.¹ This means health care consumers now represent the second largest payer in the country. And they have growing expectations about how and where they spend their health care dollars.

This group includes most everyone reading this now, and our economic clout has shifted the dynamics of shopping, expectations around services, and how we are willing to engage with providers. Many of us also have growing concerns about cost. In fact, one report lists rising health care costs as the second-highest area of concern for voters.² Eighty-two percent of voters prioritize their health and wellness in their everyday lives, which is driving 5%-10% annual growth in the health and wellness category.³

Health care is personal, critical to our livelihood and now a significant part of our monthly budget. Navigating a complex, fragmented system is a lot of work for the average individual to take on, especially under the weight of emotional stress that health conditions and the burden of any treatment bring. Many health care organizations believe they understand what their consumers want. Yet, many consumers have not had experiences that satisfy them. People are financially pinched, and many remain unconvinced about the value of their health care spending.

Holding significant economic power, health care consumers can influence how care is designed, delivered and financed through their care and spending choices.⁴ Organizations that respond can enhance satisfaction and engagement among their populations, which in turn can benefit their workforce and overall outcomes.

This white paper is designed to provide both a foundational review of best-in-class approaches to consumer needs. We then discuss how these needs may impact future operations along 5 key vectors. We aim to provide health care leaders with the key steps you can take, both big and small, to create a more responsive – even predictive – environment for their consumers and one that includes clinical quality, financial transparency and the personalized services consumers want.

Start by bringing consumers into focus

We trust our health care providers – mission-driven organizations built on duty-of-care – and we have reasonable expectations that they use analytics and automation to customize health information and services.⁵ Yet, health care is still underusing the data they have to build competitive consumer health care experiences.

Health care organizations should begin with a broad perspective, appreciating the shared expectations and prevalent needs common to all consumers. Regardless of age or health concerns, all people engaging in health care services prioritize finding care, understanding costs and simplicity in scheduling and payments.

Having solved those needs, the next step is to look at broad demographics that begin to segment preferences. For example, individuals in acute situations make decisions differently from how they manage chronic conditions. Identifying which populations favor face-to-face conversations, and those that instead prefer 24/7 digital access is another place to focus.⁶ Cultural beliefs may also influence health care decisions, while social determinants can impact accessibility, trust, literacy and social support.

The turning point toward whole-person, integrated care

A variety of factors coalesce into a person's overall health. These factors include the interplay between mental and physical well-being, along with potential underlying conditions or comorbidities. They also involve the individual's ability to access, afford, comprehend and coordinate their health care.

Social determinants of health account for between 30% and 50% of people's health outcomes, and most Americans have multiple social determinants of health impacting their wellness.⁷ Health organizations can start by collecting the data they need to track this impact. Then apply the data to home in on the key segments they serve.

We all desire to stay well. We avoid procedures, surgeries and hospital visits when we can. However, for decades, the health system has been organized to address illness, not prevent it. To effectively serve people as they increasingly bear the cost of health care, the industry must align around wellness and prioritize the experience of engaging with the health care system. Additionally, health organizations need to ensure that their services offer competitive value.

Value-based arrangements incentivize providers to focus on preventive medicine, care coordination and patient satisfaction – some of the core principles of integrated care. Many health organizations already have integrated care models, multidisciplinary teams and technology that bring together disciplines to provide comprehensive care.



It all comes down to prioritizing consumer needs – whether it’s affordability, managing a chronic disease, provider preference or time constraints. By viewing the care journey through various prisms, grounding our approach in empathy, and seeking to understand the whole person, we can innovate and test solutions quickly.”

– **Tricia Purdy**

SVP, Head of Strategy and Product, Optum Rx

But several barriers still limit progress. Fragmented health systems and data silos impede collaboration and coordination among providers. Limited interoperability diminishes the potential for a well-informed and seamless experience. Fee-for-service models lack incentives for an integrated approach.

People have reasonable expectations for the value they receive from their health care investments. They seek an integrated and comprehensive health experience that encompasses several key elements.

- Affordable services that meet their full range of health needs
- Transparent coverage and costs
- Seamless access and navigation throughout the care continuum
- Comprehensive and integrated health records to support informed decision-making
- A culturally empathetic experience

Health care users expect the same level of personalization, convenience and choice that they enjoy in other sectors. Yet most do not feel that they are receiving the value they expect for the money they are spending.

The good news for health leaders is that value-based contracts, technology innovations, workforce shifts, regulatory changes and cost pressures all align around a consumer-centric experience.

Digital tools are meeting consumer expectations and providing valuable insight

We want to find services that match our needs, our level of accessibility and our ability to pay. Eighty percent of people prefer to enter the health system digitally – whether through a website, a portal, an email, a chat or some combination.^{8,9} This is an enormous opportunity to help consumers feel heard and supported. Digital tools can guide, inform and support the individual at every stage of their health journey. They can also be used to collect data-driven insights to better understand the channels people prefer for each task or encounter. These insights can also reveal their payment preferences and what their next likely engagement will be.

Even with the virtual health gains made since COVID-19, health care lags other industries in using digital platforms to serve consumers well. A lack of digital, data-driven connectivity can have an immediate and measurable impact.

Health care consumer data will continue to grow exponentially. Legacy health organizations will either need to grow their own digital capabilities or build partnerships that can provide consumer relationship management capabilities. Ideally, these capabilities would be able to track an individual's health history, manage health and wellness, predict future needs and sustain omnichannel communications.

The result would be a simple, transparent and connected health system with a digitally driven framework of complete, real-time information, securely shared with the consumer and across integrated care teams. Leaders can begin this effort by focusing on fundamental objectives of improving access to care and information.

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We can address many health care challenges, including those related to the workforce, by prioritizing consumer expectations. By leveraging technology and redesigning processes with consumer needs at the forefront, we can deliver care more effectively and meet their demands more efficiently.”

– Rita Khan

Chief Consumer Officer, Optum

Shape the future experience by being brilliant at the basics

Organizations across the health care ecosystem will need to place the health care consumer at the core of each interaction, from selecting benefits to engaging with care services or making payments. Let's look at 5 inflection points in the health care consumer journey and how organizations can positively impact them.

5 areas of the health care consumer journey



Shopping for care and coverage



Staying well



Choosing services



Receiving care and managing conditions



Saving and paying for health care



Sometimes, simple solutions are the key to solving complex problems. However, without understanding the root cause of the issue through the right data, we risk missing the mark and failing to create effective solutions.”

— **Melissa Urrea**
VP Medical Affairs,
Optum Health

1. Shopping for care and coverage

When looking for coverage, we bring our financial concerns and a desire to improve our health to the shopping experience. We're looking for quality, accessibility, convenience, affordability and choice, and we're becoming more discerning. One in 3 Americans view insurance companies as a barrier to their health journey.¹⁰ And a full 70% are open to leaving their current providers if they find a better option.¹¹

While all consumers may not have a choice in their benefit provider, many people who seek health care services will begin their shopping experience online. Ninety percent use social media to search for health care information.¹² Ninety-four percent of patients use online reviews to evaluate providers.^{13,14} And many are so dissatisfied with their health care experience that they are willing to go outside their network to engage a provider with strong online reviews.¹⁵ This is something for plans to consider as they design and promote their provider networks.

Many health plans are expanding their benefits with rich and diverse offerings. However, many people are unaware that things like fitness, food and over-the-counter drug rewards are available. Health organizations must have a robust presence in every setting. They need to provide clear, actionable information in the languages their current and potential consumers understand and consistent education on available resources.

Leading the way: Digitally advanced health plans are harnessing multiple data sources to develop personalized care plans. These plans are tailored to provide support and resources to meet the unique needs of each member. Benefits can include integrated care coordination, preventive care and wellness programs, telehealth and remote monitoring, and personalized dashboards. The goal is to improve outcomes and patient satisfaction.

The core question to ask: How well does your offering align with consumer preferences for quality, convenience, pricing and personalization?

Does your plan include:

- Consumer reviews and quality ratings
- Symptom checkers, medical information and associated care services
- Pricing tools that compare costs for coverage options
- Remote monitoring and personal health coaching
- Mental and behavioral health coverage
- Wellness incentives
- Inclusive benefits for LGBTQ+, ethnic and ability groups
- Flexible spending options
- Financial education and support
- Mail-order pharmacy and prescription management tools
- Language options

How this leads to satisfaction and growth: Consumers have the information they need, the coverage they prefer and the care they can trust and afford.

The workforce is attracted to a competitive benefit offering.

The business achieves higher member and employee satisfaction, attracts new members, appeals to a diverse population and strengthens its overall market position.

What the future could bring: We will likely see precision medicine tailoring treatment based on genetic, environmental and lifestyle factors. We can also anticipate regulators will continue to expect insurers to use technology to increase access, reduce drug costs, and enhance preventive and wellness programs that lessen the effects of chronic diseases. As such, health plans will take an even larger role in health literacy and provide the proactive assistance and guidance members need to stay physically healthy and financially protected. Using digital technologies, health organizations can provide consumers with more complete information so they can manage their health risks effectively.

2. Staying well

We've lost some confidence in the system that keeps us well. We're frustrated with surprise bills and dissatisfied with a lack of convenience. As we prioritize our health and wellness, with a focus on nutrition, fitness and stress management, we drive growth in wellness movements. The global wellness economy was valued at \$5.6 trillion in 2022. In the U.S., \$1.8 trillion was spent across multiple categories. While this includes the personal care and beauty sector, the sectors with the most spend were physical activity at \$361 billion and healthy eating and nutrition with \$313 billion. Wellness spending is projected to grow at an annual rate of 8.6%, reaching \$8.5 trillion by 2027.¹⁶ Consumers are showing their willingness to go outside of traditional health systems to find more ways to stay well.

But financial wellness is also a primary concern and is seen as a core barrier preventing long-term health and wellness. Many consumers avoid needed medical care due to cost.¹⁷ And as we've previously mentioned, social drivers of health, such as financial status, housing, employment and school or work environments are crucial factors for a consumer's health and well-being.

To help people stay well, health care organizations need to understand and integrate with the life that happens outside the clinic or hospital care setting. These other environments and activities impact 80% of health outcomes.¹⁸ Integration with health advocates, community service organizations, neighborhoods and the caregiving community can help build trust and increase engagement.

The core question to ask: How can your organization shift from a transactional mindset to one that considers someone's holistic health picture?

Leading the way: Today's leaders offer comprehensive wellness programs and services. These include personalized health assessments and guidance on nutrition, fitness and stress management. Resources for prevention, early detection and management of chronic diseases are also available. These can include remote monitoring tools, digital coaching and complimentary therapies such as acupuncture, massage and integrated mental health support.

Addressing social determinants of health now includes ways to integrate social care with medical care, such as platforms that connect patients with community resources. Services can include housing support, job training and enhanced access to healthy food. Some medical schools are even integrating wellness and preventive care into their curriculum.¹⁹

How this leads to satisfaction and growth: The health care consumer can associate support for achieving their goals of living their best life with their payer and provider.

The workforce can make a clear and scientifically based connection between understanding the holistic needs of the consumer and their health outcomes.

The business can stay connected to the consumer throughout their health journey, not just at that moment when they are in an acute or chronic care crisis.



What the future could bring: Consumer demand, technological advancements and a rising focus on holistic health will likely continue to transform wellness and how we define health care. Moving forward, we will likely be able to integrate legacy health services into a multidimensional landscape of personalized wellness experiences. These will support our mental health, work-life balance, community engagement and sustainable living habits.

3. Choosing services

We look for providers who can improve or sustain our health without adding inconvenience, ignoring our personal convictions or adding unexpected costs. This search is more difficult if conducted under the duress of an existing condition. To be a provider of choice, health organizations need to replace our concerns with confidence as we navigate choosing care.

Health organizations can demonstrate their ability to simplify access, address financial considerations and deliver a culturally competent health experience by making their information available on all relevant platforms and channels where their consumers engage.

Health care consumers also need a clear and complete understanding of their covered benefits. Too often, individuals must invest considerable time and effort in comprehending their plan details. This is especially true for the elderly, disabled, or those managing chronic conditions, who may require an advocate to help them work through what is often more complex coverage. Simplifying how benefits are communicated can help people understand their full range of options. Reliable, clear information guides them to the right services and helps to build more trust and more effectively engage in care management.

Schedule availability is another key consideration for consumers as they choose where to get care. According to one survey, two-thirds of consumers looked elsewhere when faced with wait times they found unacceptable.²⁰ And online platforms reveal that nearly half of appointments are booked only 24 to 72 hours in advance.²⁰ But with today's workforce shortage, there can be an imbalance between health care demand and available supply. Most people want to schedule an appointment within a week of seeking care.¹⁵ But many providers book out weeks or even months in advance. While health care users prioritize health organizations with strong reviews, delays for services drive them to look elsewhere. Providers who can adjust their supply based on where they see a rising need can best allocate resources to accommodate consumer demand. Predictive analytics, dynamic scheduling software and on-demand staffing platforms are emerging to help address fluctuations in patient needs.

People also want to know that they can afford care before they agree to be seen. While it may be a challenge to provide pricing on all services, it is possible to share accurate out-of-pocket cost estimates for many of them. Removing this uncertainty helps individuals keep providers on their short list.

The core questions to ask: How can you ensure people have the information they need to choose care that meets their health needs, is convenient for them to access and is in their financial best interest?

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Tracking where patients go when they leave a provider or a system can be helpful. A consumer can be a highly satisfied patient and have a number of other reasons to leave.”

– **Emily Heuser**

Managing Director, Specialty Care and Consumerism Research, Advisory Board

Leading the way: Today's top-tier care experiences feature comprehensive, user-friendly tools for searching providers and booking appointments. These tools offer real-time updates on provider availability, patient reviews and ratings, insurance compatibility checks, price comparison options and telehealth alternatives. They also feature automated appointment reminders, and integration with patient records and billing systems.

A competitive offering includes a choice of environments that match what consumers prefer. These environments could include in home; telehealth; video; in person; retail locations; and urgent, outpatient and specialty care centers.

How this leads to satisfaction and growth: Consumers can find timely, affordable, convenient and quality care.

A responsive workforce has meaningful engagements with consumers.

The business attracts new consumers, increases satisfaction and improves outcomes that can lead to a competitive advantage in the market.

What the future could bring: Health organizations may have stronger ways to help people anticipate their health care needs. For example, yearly reminders could merge with tailored messages that recommend additional follow-ups or relevant topics for discussion with doctors. Using health care consumer data, automation and real-time scheduling technologies, a payer or provider could recommend care actions and settings. They could provide timeframes that they know best respond to health care consumer preferences. With this, we could help people anticipate their health needs and guide them to the best next action and location.

Automation can help customize outreach with seasonal health tips and lifestyle recommendations such as encouraging walks, meditation or improving sleep times. Empowering health care consumers with easy-to-access digital information enables them to have more focused, proactive conversations with clinicians and get ahead of their evolving health needs.



4. Receiving care and managing conditions

Fifty-eight percent of us indicate that our personal health and wellness is a greater priority than one year ago.⁵ We are researching more information online and coming to our providers more informed, and even advocating for specific treatments. We may endure long wait times, fill out redundant paperwork, drive a great distance, take time off work and perceive our time with providers is limited. We enter the care experience with a desire to feel better, but instead may suffer irritation, disappointment and distrust.

Health care users want to receive care when and where it's convenient. This can be defined in many ways, such as extended hours, in-home and virtual care. This includes care navigators who make engagement with multiple providers seamless and easy. Convenience leads to more timely treatment, greater adherence to care plans, increased preventive care and greater patient satisfaction.

Family caregivers have a growing, vital role in care as well. Over 53 million Americans have responsibility for providing care for the elderly, a child or someone with a disability.²¹ They manage medications, personal care, physical therapy, transportation and interactions with medical professionals. To be effective, they need access to medical information, prescription information and scheduling tools. They need to participate in secure messaging systems, support networks and receive information about the patient's condition, treatment options and caregiving tips.

The core question to ask: How can we foster a culture of patient-centered care across our organization?

Leading the way: Top performers enable health care users to have a multichannel experience that is part of a well-connected, smart ecosystem. This system considers a variety of information about the individual and communicates the most valuable insights back to them and their caregiver.

They are effectively using portals or applications to present comprehensive personalized information, including benefits, care history and available services. They are enhancing personalization to track consumer interests. This strategy, which mirrors successful tactics from other industries, involves substantial infrastructure development and a commitment to a digital-first approach; however, these initiatives may be crucial for advancing personalized health care.

How this leads to satisfaction and growth: The health care consumer can integrate the care experience into their lifestyle and trust their engagement with the health system.

The workforce can share the relief and ease sustained by a more human-centered care design and regain more joy in their work.

The business can increase patient engagement and satisfaction, better support value-based care models and strengthen their market position.

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The goal is to ensure that digital experiences reflect the personalized and efficient service typical of traditional channels. By integrating comprehensive resources – medical, dental, vision, pharmacy and beyond – you can not only respond to immediate needs but also proactively enhance the entire customer journey.”

– **Stephanie Meyer**

VP of Product, Advocacy, and Optum Guide, Optum Health

What the future could bring: The growing momentum in biometrics, pharmacogenomics, wearable devices and other remote monitoring tools is generating vast amounts of new data. Health organizations are already using this data to generate real-time insights, alerting both health care consumers and care teams and prompting immediate action. Fully leveraging these insights may make it possible to sustain personalized care plans and meet people where they are in their wellness journeys.

5. Saving and paying for health care

Four in 10 people in the U.S. are unsatisfied with their current state of financial wellness.¹⁷ As we review our monthly and annual health care costs, we consider various expenses such as premiums, deductibles, copays and medication. But we also account for health items that may not be covered such as alternative or nutritional services. We may need medical supplies such as bandages or wound care. We also factor in the cost of assistive technologies like wheelchairs or remote monitors, and we must account for associated costs like transportation, food, vitamins and dietary supplements. The total sum of these costs can create a significant financial burden. In fact, nearly all health care consumers cite money as the biggest barrier to our health.¹⁷

Consumers are looking to better anticipate the complete spectrum of wellness expenses as well as how to most effectively utilize the full range of their existing benefits. A complicated, abstract financial experience can be frustrating, and consumers are looking for transparent, accurate and fair pricing they can review in advance of committing to services.

The core question to ask: How are we providing information that guides health care consumers to the best experience?

Leading the way: Today, payers and providers can help many, if not most people, understand their financial obligations for recommended services up front. This helps eliminate unpleasant surprises and frustration. Interoperable health organizations have begun facilitating a seamless exchange of billing and coverage information. Together, they provide patients with comprehensive cost transparency that includes both cost and coverage details.

Health plans are enhancing benefits with a variety of offerings. Yet many health care consumers remain unaware of benefit innovation that can fund related needs such as fitness, food and over-the-counter medications.

Innovative payers are providing lifestyle rewards linked to health care spending, along with comprehensive financial counseling and support. This support includes detailed explanations of benefits, anticipated out-of-pocket costs, payment options and access to third-party financial assistance. People are also being educated on managing their annual health-related expenses, using payment options and understanding tax-advantaged savings accounts. There is also a focus on making health care financial information accessible to everyone, regardless of their sensory or educational background.

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The more people understand their financial obligations, the better they can prepare. It's essential to educate them about the powerful financial tools available that can aid in saving. Consumers want products that work seamlessly and feel familiar, much like other payment apps and websites they use daily. We must make the financial piece simple, supportive and even rewarding.”

— **Scott Resnick**
VP, Optum Financial

Consumer-centric providers are offering transparent billing practices, explaining why procedures are necessary and offering flexible payment plans, discounts and financial assistance programs. They are also sharing information on the quality of care provided and any potential associated costs to help patients make informed decisions.

How this leads to satisfaction and growth: The health care consumer can anticipate their annual health costs, understand the full range of financial tools and available benefits. They can also choose the services that will deliver the highest quality care in ways they can afford.

The workforce can engage with more informed, satisfied consumers who are more likely to trust and follow their care plans.

The business can achieve higher patient satisfaction levels while improving utilization. They can speed payment and improve outcomes due to increased patient engagement and retention.

What the future could bring: Advancements in real-time adjudication and settlement may transform our health care experiences by providing immediate cost transparency and payment options before procedures. Health care consumers could access their entire financial health status in one digital platform.

This integrated system could also ensure consumers have a unified digital access to their health and financial overview, with estimated monthly health care costs. They could also receive updates in their preferred format and connect with knowledgeable representatives who view their complete profile for assistance or advice.

These innovative financial tools and incentives aim to promote affordable access to care while meeting consumer demands for accessibility, convenience and choice. As new options emerge, individuals will gain even more ability to make informed decisions based on their personal needs and preferences.

Furthermore, infrastructure linking payer and provider payment systems could enable real-time data on payments and facilitate near-instant transactions between consumers, providers and payers.

The consumer-centric transformation

A central challenge to adopting a consumer-first strategy is that the legacy health ecosystem was set up to address illness and not prevention. As people spend more on health, manage their own health and care for others, they will continue to push health organizations to compete for their health dollars. The keystone to earning the health care consumer is trust. And trust is earned through accountability, accessibility and affordability.

The transformation to consumer-centric health care is not a matter of if, or even when, but rather how organizations will evolve to meet the moment. The economic forces related to health care consumer spending, workforce challenges, value-based care and regulatory pressures make it inevitable. The good news is that there are many opportunities to take a step forward on the core goals of increasing access to care and information. Technological developments are creating new opportunities to meet the need. Health leaders who actively pursue advancements in this direction will be in a stronger position to gain a competitive edge while also advancing their mission.

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In an ideal future, consumers will choose their doctor, service and delivery channel based on upfront pricing. Just like in other industries, when it comes to payment, consumers should be able to make simple and informed choices.”

– **Gowri Narayanan**

SVP Innovation, Optum Financial



Begin by perfecting three or four key consumer interactions, making them completely friction-free. Embrace new technology but pair it with empathetic human support that brings compassion and humanity into the process. This blend is the formula for success.”

– **Puneet Maheshwari**

VP, OI Software Network and Data, Optum Insight

Important takeaways to keep in mind when preparing to take action

1. Ground your action in compassion
2. Include health care consumers early and often in your design process
3. Utilize financial, demographic, social, clinical and preference data
4. Keep the solutions simple and measurable
5. Explore ways to align with the broader health care consumer journey

Sources

1. Centers for Medicare and Medicaid Services. NHE Fact Sheet, Historical NHE, 2022.
2. Pew Research Center. Top problems facing the U.S. May 23, 2024.
3. McKinsey & Company. The trends defining the \$1.8 trillion global wellness market in 2024. Jan. 16, 2024.
4. Health Financial Management Association. Measuring what matters to patients is key to hospital ROI. Dec. 19, 2023.
5. Deloitte. Can GenAI help make health care affordable? Consumers think so. Nov. 16, 2023
6. Yasar K. Generational values in the workplace explained. Tech Target. April 1, 2024.
7. Bhavnani SK, Zhang W, Bao D et al. Subtyping social determinants of health in all of us: Network analysis and visualization approach. National Library of Medicine. Aug. 11, 2023.
8. PYMNTS and Lynx. Healthcare In the digital age. December 2022.
9. RedPoint. 80% of patients prefer to use digital communications to interact with healthcare providers and brands. Dec. 7, 2021.
10. Collage Group Health & Wellness October 2023, 18-77 population, weighted data
11. McKinsey & Company. Consumers rule: Driving healthcare growth with a consumer-led strategy. April 15, 2024.
12. Burstin H, Curry S, Ranney ML et al. Identifying credible sources of Information on social media. National Library of Medicine. May 23, 2023.
13. Sener C. Online reviews are becoming more important to patients choosing their care: How to manage your online reputation in health care. Medical Economics. May 2, 2023.
14. Viscomi L. Online reviews can drive patients toward (or away from) your doctors. Healthgrades. March 28, 2022.
15. Keller A. 11 healthcare marketing statistics you need to know now. Healthgrades. Jan. 4, 2023.
16. Global Wellness Institute. 2024 Global Wellness Economy.
17. Damianos G. Pulse check on health in America: Generational consumers. The Collage Group. Oct. 2023.
18. Robert Wood Johnson Foundation. Medicaid's role in addressing social determinants of health. Feb. 2019.
19. Kaiser Permanente Bernard J. Tyson School of Medicine. An integrated curriculum, a cohesive framework.
20. Buchter J, Cordina J, Eckroate J. Consumers rule: Driving healthcare growth with a consumer-led strategy. McKinsey & Company. April 15, 2024.
21. CDC: Alzheimer's Disease and Health Aging Program. Supporting care givers: An emerging public health issue. Last reviewed Nov. 22, 2021.

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