



Integration of E-CRM in Healthcare Services: A Framework for Analysis

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ABSTRACT

The quality of service which could be delivered by the U.S. healthcare system is in contrast with the customer's perceived expectations and reported levels of satisfaction. Due to the uncertainty about stakeholder views and the anomaly of the third-party payment system, healthcare service providers are accused of not relating to their patients. This article examines how—by using an analytical framework—a healthcare provider can develop competitive advantage through implementing electronic customer relationship management (e-CRM) systems that create perceived customer value for its patients. This framework allows the firm to systematically look at points where the customer interacts with specific organizational assets. By examining individual interactions and understanding how the customer perceives an interaction, the firm may then develop specific e-CRM systems to maximize the value a customer may realize through that interaction. Due to the in-depth and lengthy nature of most patient relationships with a healthcare provider, the healthcare industry is used as an example of how this framework can be used by all service providers.

Keywords: e-CRM; healthcare; strategy

INTRODUCTION

In different times, perhaps 50 or more years ago, the neighborhood grocer was able to anticipate the demands of his customers. His product offerings would be based on intimate knowledge of his customers, their families, lifestyles, and preferences. These insights were gathered through a series of personal interactions with his customer base. The value of the relationship was clear to both the grocer and the customer in terms of appropriate inventory

levels and availability of products. In modern times, with restructured societies, increased customer anonymity, and the use of electronic transactions, maintaining a close and personal relationship with the customer is extremely challenging, if not impossible, for most businesses. Whether operating in a business-to-business (B2B) or a business-to-consumer (B2C) environment, relationships must be restructured, rekindled, and managed in new ways—hence the renewed popularity of CRM.

The concept of CRM is based on value maximization. The core concept of CRM is that value creation between the firm and the customer is related in such a way that an increase in customer value leads to an increase in firm value (Mithas, Krishnan, & Fornell, 2005). In the words of Payne and Frow (2005, p.168):

CRM is a strategic approach that is concerned with creating improved shareholder value through the development of appropriate relationships with key customers and customer segments. CRM unites the potential of relationship marketing strategies and IT to create profitable, long-term relationships with customers and other key stakeholders. CRM provides enhanced opportunities to use data and information to both understand customers and co-create value with them. This requires a cross-functional integration of processes, people, operations, and marketing capabilities that is enabled through information, technology, and applications.

With the increase in use of electronic B2B and B2C commerce, our ability to further the cross-functional integration of firm resources and the customer has grown tremendously. In this context, CRM efforts are often labeled e-CRM, since they typically involve improving relationships via the Internet—including e-mail, the Web, chat rooms, e-forums, and so forth (Lee-Kelley, Gilbert, & Robin, 2003). An excellent roadmap to CRM research can be found in Boulding, Staelin, Ehret, and Johnston (2005).

While the need for CRM tools seems to have been well understood by many organizations, it appears the tools have not yet been widely implemented. A recent study of Irish companies documented a severe lack of access to information needed to answer vital business questions such as “who are your best customers?” (McGarry, 2006). The author found that the majority (67%) of these companies had no mechanism for recording, managing, and analyzing vital customer information.

The expectations regarding the value of CRM and e-CRM programs are well documented. Tsiriktsis, Lanzolla, and Frohlich (2004) found that an increase in expected performance benefits leads to an increase in the adoption of e-CRM. Gupta, Lehmann, and Stuart (2004) found that a 1% improvement in customer retention can increase firm value by 5%, further motivating development of new tools to capture (and improve) the customers’ value. In addition, Mithas et al. (2005) found that for a cross section of U.S. firms, the use of CRM applications is positively associated with improved customer satisfaction. By using customer knowledge as a mediator for customer satisfaction, their study suggests that in addition to implementing CRM, managers should also ensure that customer knowledge is disseminated across customer “touchpoints” in order to gain benefit in terms of customer satisfaction. Thus, managers need to institute measurement systems to capture the gains in customer knowledge following the implementation of CRM applications.

While the aforementioned studies provide positive motivation to develop e-CRM applications, other research has shown that there are challenges associated with CRM. “Although companies are investing record amounts of money ... in customer relationship management (CRM) technology ..., most of these initiatives end in disappointment” (Beaujean, Davidson, and Madge, 2006). Band, Kinikin, Ragsdale, & Harrington, 2005, report that over half of completed CRM projects do not meet or exceed expected business benefits. Tafti (2002) reports CRM project failure rates of up to 70%. There are several reasons for such disappointing results. On one hand, the methods for developing CRM systems have not, until recently, been well defined. Further, developing and implementing useful CRM systems depends on a deep understanding of firm resources and processes, as well as customer perceptions, and these are complex issues for which structured tools are largely not available.

On the methodology side, Bose (2002) proposed an 8-phase CRM development

cycle very similar to the standard SDLC used in software development. A more extensive implementation method was recently proposed by Chalmeta (2006). Chalmeta describes a formal methodology for directing the process of developing and implementing a CRM system that considers and integrates several aspects, such as defining a customer strategy, re-engineering customer-oriented business processes, human resources management, the computer system, management of change, and continuous improvement. Many of these tasks, such as defining a customer strategy, are perhaps driven more by business process understanding than IT systems understanding.

This leads us to believe that CRM development methods should be guided by frameworks or methods that frame the CRM into the firm's strategic processes. For example, gap analysis is a framework that can be used to determine the steps necessary to improve IT processes and other strategic functions. Gap analysis is useful when the desired outcome is known. However, for CRM implementations, when goals are unclear, gap analysis will not be appropriate. Recently, Payne and Frow (2005) proposed a strategic framework for CRM, where they stress the cross-functional integration of processes, people, operations, and marketing capabilities through information, technology, and applications. Both of these frameworks provide a methodology or process for strategy implementation. Gap analysis and Payne and Frow's strategic framework are tools for implementing strategy once a desired target or goal is known. However, what is necessary is a process to identify or reveal strategic opportunities.

In the light of the previous, this paper proposes a framework that aids managers in improving services by using e-CRM to understand what is important to the customer. In line with the premise of Payne and Frow (2005), this framework promotes a cross-functional integration of organizational assets (processes, people, operations) with customers' interests via technology. The utility of this framework can best be illustrated by examining a service industry with multiple touchpoints over a

longer customer interaction period such as the healthcare industry.

HEALTHCARE AND E-CRM

In the service economy, a direct relationship exists between the customer and the provider of the service. Sales revenue is the final proxy indicator of customer satisfaction, and if dissatisfied, customers can vote with their feet. This is true for the healthcare industry, where customers now are changing health plans every 24 months, and even dropping out of the healthcare insurance system altogether (U.S. Census Bureau, 2004). Complicating the relationship in healthcare is the fact that there is no price transparency. Neither customers, nor in many cases the healthcare providers, are able to determine a specific price for service—before the service is rendered. From the customer's point of view, there is no direct relationship between the price and the service, and therefore, measuring the value of their transactions—the quality of service against price—is difficult at best.

In "Crossing the Healthcare Chasm: A New Health System for the 21st Century," the Institute of Medicine reported (2001, p. 4):

(H)healthcare has safety and quality problems because it relies upon outmoded systems of work. Poor designs set the workforce up to fail, regardless of how hard they try. If we want safer high quality care, we will have to redesign systems of care including the use of information technology to support clinical and administrative processes.

The report argues effectively that the current inefficiencies of the healthcare service industry need to be rectified. These inefficiencies contribute both to lowered healthcare organization performance as well as higher costs to the consumers. The report further suggests that the healthcare services industry could benefit by customizing its service offerings to fit the patient's needs and values (Institute of Medicine, 2001).

The cost of healthcare rose sharply during the 1980s and 1990s—as much as five times

the rate of inflation. According to the Kaiser Family Foundation (2003), the cost of employer-sponsored health plans—which covered 60% of all Americans—increased by 13.9% in 2003, 12.9% in 2002, and 10.9% in 2001.

Rising healthcare costs clearly contribute to an increasing number of Americans having dropped out of the healthcare coverage system. According to data from the U.S. Census Bureau, as of 2004, 44 million Americans had no healthcare insurance at all. This suggests that customers no longer perceive healthcare insurance to have value commensurate with the rising costs, or simply cannot afford it. Today's \$359 per month average is too high a cost for most families (Kaiser Family Foundation, 2003). A recent study by Mercer (2003) found that employee contributions especially for family coverage rose sharply in 2003. In response, in smaller companies, only 48% of employees currently elect family coverage, down from 51% in 2002, and 60% in 1999 (Kaiser Family Foundation, 2003). As expenses rise, employees opt out.

In addition to failing to control rising costs, healthcare providers appear to be out of touch with their consumers. Due to regulation and privacy concerns, the healthcare field moved at a pace much slower than online advertisers in organizing its efforts around available customer information. In fact, Zablach, Bellenger, and Johnston (2004) argued that all parties to the healthcare equation need to utilize information technology more effectively and manage their relationships in a meaningful manner.

If the healthcare provider does establish a customer relationship, the organization can offer customer service and support on the Web in a confidential manner. Reports traditionally provided in person (e.g., routine tests, blood work analysis, etc.) could be made available through e-CRM. Outside lab reports of X-rays and MRIs can be transmitted to the healthcare provider for face-to-face discussion with the patient and then could be made available electronically to the patient. Frequently asked questions (FAQs) suggesting relevant studies could be displayed

for additional understanding of the results from these tests. This would allow patients time to reflect and develop reasonable questions about the reports either in lieu of personal interaction (which often is redundant) or as a supplement to personal meetings.

Communication through e-CRM—enhanced by personal contact when needed—would build trust, increase satisfaction, and provide the primary care physician with the potential to improve both quantity and the quality of patient handling. Once trust is established, service providers will see that coordinated joint efforts lead to outcomes that exceed what the firm could have achieved if it acted solely in its own best interests (Anderson & Naurus, 1990).

There is no question but that the system is in trouble. Customers' reactions to perceived over-priced services and a suspected decrease in quality are contributing to the decline of the current system. E-CRM offers the potential to substantially change the healthcare system's focus towards its consumers by building and improving long-term customer relationships. In turn, this could potentially lead to higher customer satisfaction and lower costs while possibly leading to greater loyalty and implicit cooperation (Lee-Kelley et al., 2003). Therefore, healthcare managers should seek to increase the role of e-CRM in the healthcare service equation.

FOSTERING POSITIVE CUSTOMER INTERACTION THROUGH E-CRM

The service delivery process for healthcare can be divided into three phases. The initial phase of e-CRM requires encouraging customer contact through marketing and referrals. The purpose is to improve what the firm knows about the customer at inception of the relationship. Information technology can be used to develop insights into the customer's condition, which allows the healthcare professional to work more efficiently through quicker diagnoses. Labor efficiency can be an important

component of a successful healthcare business strategy (Axxelson & Easton, 1991).

The second phase involves the actual service delivery by the healthcare organization. At this point, encouraging communication between the healthcare provider and the patient is the key to customer-perceived quality (Ward, Rolland, & Patterson, 2005). The healthcare service relationship includes interaction with any member of the organization's staff, and the organization needs quality feedback from the patient in order to produce a satisfactory result.

In the third phase, post delivery of the primary service, the organization needs information regarding bill payment, additional service scheduling, and customer feedback. Errors in billing can turn a positively perceived interaction into a negative one. Failure to continually encourage a patient to follow recommended after-care procedures may also cause an initially positive customer interaction to deteriorate. In sum, e-CRM programs can be designed to encourage social relationship exchanges during the length of the relationship (Dwyer, Schurr, & Oh, 1999).

Each of the aforementioned phases can be improved through combining the Internet with CRM activities to create the e-CRM processes. When incorporated appropriately into the daily organizational processes, e-CRM can:

1. reduce the cost of communicating with customers;
2. provide Web-based opportunities for self-service activities, thereby reducing administrative overhead;
3. integrate delivery of services, production, and derive value chain cost savings;
4. boost sales through Internet marketing; and
5. improve customers' interaction with the firm, leading to service improvements.

The use of Web-based services between providers and customers permits companies to be much more efficient in delivering services. E-CRM allows a company not only to keep in contact with its customers, but to extend its

relationships with customers (Tsikriktsis et al., 2004). In fact, it is difficult to find a service provider without a Web-site presence, but the level of customer interaction is still low. Anecdotal evidence certainly suggests that there is a lack of interactive exchanges between customers and service providers, and thus the current e-CRM services are not being used to their full potential. The reasons are manifold, but central to the question is the managers' understanding of what the customer cares about, and what kinds of interaction are indeed possible given a set of organization resources.

A FRAMEWORK FOR DISCOVERY OF E-CRM OPPORTUNITIES

The first step in defining the e-CRM opportunity is to determine the general and specific reporting information necessary to service the clients. Although professionals may be the best judge of their peers, the patient's view is relevant in determining the quality of services delivered in healthcare. This has been amply illustrated in prior literature (Donabedian, 1986).

In the outpatient healthcare setting, four dimensions explain the majority of customer-perceived quality (Ward et al., 2005):

1. Interaction and communication. Giving customers the experience of constant, courteous, and caring treatment;
2. Access. Giving customers timely and affordable access to medical care;
3. Tangibles. Providing the customer with physical facilities, equipment, personnel, and credentials that they expect from a healthcare provider; and
4. Outcome. Positively impacting customer health as a function of the care given.

Table 1 shows the quality dimensions found in Ward et al. (2005) as applied to outpatient healthcare providers. These dimensions were developed by examining other healthcare customer quality studies as well as empirical analyses of large healthcare datasets. Other

healthcare service models do exist. The chief among these is the SERVQUAL model, which was adapted from the marketing field to evaluate healthcare service quality. However, researchers have had varying degrees of success in adapting it to the healthcare setting (Clemes, Ozanne, & Laurensen, 2001). While noting that each industry and service provider may develop their own models and/or adopt unique dimensions for perceived quality, the healthcare industry lacks a dominant model for analyzing customer service. Therefore this example uses dimensions from a successful healthcare industry study with which the authors are quite familiar.

Utilizing the previous dimensions and taking advantage of e-CRM, the authors propose a new CRM Strategic Differentiation Model for Competitive Advantage (SDMCA). The intent of this model is to develop a robust understanding of information regarding existing and potential interaction points between the customer and provider, capturing the entirety of the patient's healthcare experience. Healthcare providers may use SDMCA as a method to align organizational assets, the Internet, and customer evaluations of quality in order to develop competitive advantage through improved perceived quality.

Organizational theorists divide the resources of an organization into logical categories

of assets including: providers/staff; processes and procedures; and facilities. Upon this set of organizational assets are placed the four major quality dimensions discussed previously. Figure 1 juxtaposes the quality dimensions (i.e., how the customer perceives service quality) against the organizational assets (i.e., what resources will the firm engage to deliver their services). The framework depicted in Figure 1 enables a manager to understand and link perceived quality to the available organizational assets. The process involves creating an organizational-specific framework along two axes: the first is the various dimensions of quality derived from the customer's point of view (often gathered using survey instruments). The second is the set of organizational assets that produce services for the customer. The intersection points in Figure 1 are collections of one or more opportunities for CRM systems to observe the service product in ways that are meaningful to the customer's perception of quality.

By examining this cross-functional coordination between the customer and the provider, management can determine where in the system service needs to be changed or improved in order to maintain or create a genuine relationship with the customer. The cost savings of retaining customers can in fact offset the whole e-CRM investment (Bygstad, 2003).

Table 1. Quality factors and dimensions in outpatient healthcare

Customer-Perceived Quality Dimension	Statistical Factor	Share of Variance Explained	Share of Variance by Dimension
Interaction & Communication	Provider	35.4%	44.8%
Interaction & Communication	Staff	9.4%	
Access	Scheduling	10.4%	20.6%
Access	Waiting Times	10.1%	
Tangibles	Facility	9.1%	9.1%
Outcome	Referrals	9.9%	9.9%
Total Variance Explained		84.3%	

Figure 1. Outpatient healthcare CRM strategic differentiation model

Organizational Assets	Quality Dimensions							
	Interaction & Communications		Access		Tangibles		Outcome	
	Interaction Point	e-CRM Opportunity	Interaction Point	e-CRM Opportunity	Interaction Point	e-CRM Opportunity	Interaction Point	e-CRM Opportunity
Personeel	1. Physician Interaction 2. Staff interaction	1. Clinical content and intelligent assessment of inperson and e-mail consults 2. Tracking customer follow-up contact	1. Availability of provider of choice	1. Integrate physician schedules into online appointment scheduling	1. Proper board certification for provider	1. post qualifications on web site	1. Referral acceptability and timeliness	1. On-line referral scheduling with key referral network linked to web-based scheduling system
Operational Processes & procedures	1. Billing System 2. Appointment reminder process 3. Situation-specific protocol for customer contact	1. On-line account access 2. e-mail reminders 3. On-line feedback for customer feedback	1. Appointment scheduling 2. waiting times 3. Appointment reminder notices, maps and directions	1. On-line self service appointment scheduling 2. E-mail or phone appointment adjustments just prior to arrival if the appointments are running late 3. E-mail MS Outlook meeting as attachment	1. Process status of key performance indicators are available 24/7	1. Web interface for customer and employee access to key performance indicators	1. Effectiveness of referral process	1. Web blogs for customers to communicate with each other regarding referral effectiveness
Facilities & Operational Assets	1. Automated frequently asked question (FAQ) system	1. Customer log-in and usage monitoring with automated follow-up	1. Available parking 2. Wheelchair access	1. Maps and parking information on the web site 2. Up-to-date accessibility	1. Convenient and clean facilities	1. Inspection reports are posted on-line for customer inspection	1. Remote diagnostics	1. High speed internet transfer of digitized diagnostics such as X-rays, CT scans, and MRI's

USE OF THE FRAMEWORK IN E-CRM

The value of the SDMCA framework can be demonstrated by working through examples based on Figure 1, starting with the top, left-most cell.

Interaction and Communications

Critical data can be exchanged between the physician's office and the customer on the first contact by e-mail. Instead of calling for an appointment, the customer can make a request and state the level of urgency and nature of their ailment (possibly with the aid of an intelligent automated agent or a well-designed display menu). Often, referrals are made by other physicians, and this process could be automated from one office to the other without the need for patient intervention. The physician and the physician's staff can both scan and review the patient's request. Those needing urgent treatment can be quickly identified, whereas those seeking routine appointments can be queued to the appropriate staff member at the first opportunity. Often an established relationship exists between the patient and physician, and when the patient contacts the physician for an appointment the need and urgency is clearly known by the physician.

A second part of this interaction space involves the staff interaction. Accessing customer information through the data bank and other collateral sources, this information can be merged into the patient's request for a consultation. The staff can develop a reasonable basis to judge relative urgency. This can act as a double check, where cases needing urgent care can be flagged, and nursing calls can be dispatched if needed. E-CRM and the staff thus become part of a method to expedite availability of the physicians, rather than a roadblock to physician access (as seen from the patient's point of view).

The next interaction space is *Personnel* in the *Access* quality dimension. Again, part

of the human process involves the staff or the physician's determination as to the speed in which services must be delivered. By taking advantage of data from multiple sources, the staff can proximately schedule an appointment for care. Much depends on the availability of the physician and the type of patient symptoms experienced.

Turning to the *Tangibles Section* of SDMCA, management may use a Web site to post information—for the customer's benefit—about the physical examination, the indicated results, and protocols for treatment. All of this is hosted in a secure environment, where only the patient has access to the information. This can be a great step forward by healthcare providers as they reach out to patients. The Internet makes information readily accessible to physician and patient alike. We know that patients will often go for "second opinions" after a visit with a physician and providing the health information a priori can help both in diagnosis and treatment.

Diagnostic reasoning systems can also be engaged to aid in diagnosis and treatments. In this way, the information is greatly broadened, and at the same time controlled. If the patient responds by communicating conditions which match an alternate diagnosis, again a clerical staff employee can flag this and bring it to the attention of the responsible healthcare provider immediately.

The *Outcome and Interaction and Communication* interaction space fulfils the expectation of the next step in terms of the physician, nurse, and staff responsibility such as referral to a specialist. The customer has been provided with more information, may be examined by the physician more immediately, and the customer can continue to explore alternate conclusions or other research. As for the provider, staff time spent arranging appointments for patients can be replaced by a more efficient and documented appointment process. The provider also has superior ways to keep in touch with the patient, without consuming hours of expensive professional time.

Operational Procedures

First, we explore the revenue collection function of the provider-patient relationship. Online account access gives both parties the ability to determine cost immediately and speed up collections. If the patient has unpaid bills, this will be known equally—by both parties. It will not come as an unexpected, and often embarrassing, surprise.

E-CRM can also be effectively utilized for appointment reminders, as well as situation-specific protocols for continuing referrals or examination. Operationally, the appointment process with the desired provider can become self-serve. The patient will see and know first-hand the scheduling problems of the desired provider. The customer can regain some control and schedule appointments by balancing their understanding of the provider's availability against their perceived urgency.

If there is need for a referral after consultation, this information can be provided by the physician's staff, and they can insert information about other consultants available in the patient's Web site electronic file. If the process is not to the customer's satisfaction, the patient can communicate the need for additional human service. In quality healthcare, this should trigger a prompt response.

The Web site can also be used to provide the patient with additional information and references to additional sites if other questions arise. Having access to additional information is likely to create relative patient satisfaction with the outcome.

Facilities and Operational Assets

Another way in which e-CRM becomes a part of the service and integrates the provider-customer relationship is to post FAQs. Customer satisfaction should rise as knowledge rises. In addition to healthcare information, provider-specific information can be disseminated, such as directions to the facility and the quality and availability of parking or wheelchair access near the facility.

The SDCMA model touches the important interaction points between patient and health-

care provider. It creates operational efficiencies for the providers, it explodes the availability of information, and it promotes the ease of access for relevant treatment.

LIMITATIONS OF THE FRAMEWORK

From the practitioner's perspective, the useful insight into strategic healthcare e-CRM development is understanding how customers will perceive their interactions with the organizational assets as they receive service. The useful insight for e-CRM practitioners and developers is that neither the customer nor the organization can be examined apart from one another.

The usefulness of the proposed framework depends on the creativity of the manager. Alignment of this framework with organizational strategic goals is critical for success. The establishment of an overall strategic plan, as well as an information systems strategic plan prior to the use of this framework is essential. Strategic direction and boundaries on the e-CRM ideas generated by the framework are critical. While the use of this framework may facilitate better strategic planning, it is designed to complement proper information systems strategic planning and CRM development methods that are critical to successful deployment of e-CRM and CRM strategies.

While this framework may create awareness of the potential value of an e-CRM process, it does not assist in developing the process nor in analyzing the cost of developing that process. The organization must consider the cost of measuring and analyzing data as well as the cost in developing e-CRM processes. In addition, the organization must have the skills and abilities to take advantage of the opportunities provided by the framework. Mithas et al. (2005, p.207) concluded that "...CRM applications merely enable firms to collect customer knowledge. Only when firms act on this knowledge by modifying service delivery or by introducing new services will they truly benefit from their CRM applications." Further, Chalmers (2006, p.1019) stated that "Value must be placed on

what is really important for customers, and not the things the company thinks are important.”

CONCLUSIONS: THE REAL VALUE OF E-CRM IN HEALTHCARE

The paper presents a tool to enable improved strategic analysis for the purpose of developing better e-CRM systems. It shows the critical points of quality, from the customer’s perspective, for healthcare services, via the SD-MCA interaction-space framework. However, what is the purpose for this additional effort?

The answer lies in customer-perceived quality, which may lead to a higher rate of customer retention. Studies show a dramatic increase in profits from small increases in customer retention rates (Reicheld, 1996). As little as a 5% increase in retention had impacts as high as 95% on the net present value delivered by retaining customers (Reicheld). Other studies have shown that repeat customers generate over twice as much gross income as new customers (Winer, 2001)

Not only does effective use of e-CRM generate increased profits, the exchange of information demonstrates to the customer a desire to maintain a valued relationship (Moorman, Zaltman, & Deshpande, 1992). Research suggests that relationship commitment is at the core of all successful working relationships and is an essential ingredient in successful long-term relationships (Anderson & Naurus, 1990). A partner committed to the relationship will cooperate with another member because of a desire to make the relationship work (Morgan & Hunt, 1994).

Analyzing the opportunities for e-CRM using the SDMCA framework may give a healthcare provider the ability to communicate effectively and efficiently. This communication—again without a specific price—can create value for the customer; and the firm can increase profits. It is a building block for trust and relationship commitment. There is no course of action more beneficial to the customer

than to follow on with the diagnosis, and e-CRM—when viewed as an integral part of the service being offered—is the key asset.

Many of today’s new technological tools could be utilized to these ends: the Web, kiosks, call centers, and so forth. The paradox of utilizing e-CRM in healthcare to better inform the service provider’s patients is that while it may decrease direct interaction with the staff of the organization, it may create increased patient loyalty as they perceive the value of higher quality access to relevant information regarding their condition and its treatment. It would in fact create more personal involvement from the patient, a higher degree of control over decision making after the analysis is given, and increased reliability in providing healthcare.

E-CRM needs to be integrated into the healthcare service product. Nothing would build trust and improve customer satisfaction as dramatically as the exchange of information through e-CRM. Firms which adopt these approaches will attract and retain new customers due to the exchange of information. The most important point is to identify and address the customer needs. This must be done throughout the entire relationship. Not only can a firm’s e-CRM yield information about a new patient, but search engine companies have already harvested a goldmine of information about their customer’s lifestyles, which could easily be incorporated into e-CRM systems in the healthcare sector.

Measuring quality in healthcare tells the story of successful business practices. No other source of data collection can be more helpful for future competitive efforts and the firm’s survival. Therefore, it is imperative that managers ask the right questions to generate meaningful information about the customer’s healthcare experience based on the dimensions with which they perceive the service. Nothing can propel a nation across the healthcare service “chasm” faster than strategically aligned e-CRM, and e-CRM is the material which will construct the solid bridges of future success.

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