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The Low Cost/High Value Health Care from the Value Chain to the Dynamic Capabilities

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ABSTRACT

Low cost high value companies have shifted their view of the individual sector business to the value system in which all stakeholders, internal and external, should work to create share value. Business to Low Cost/High-Value health care are the first mover and have started their business in a new field. In the paper this field is explored, with the aim of reinventing the value for new activities or to reinvent the value chain for the existing activities. Business strategies must be adapted to the ability to catch the opportunities presented by the external environment. The needs of the population in quality health sector have increased, and it's necessary to ensure an appropriate response to the needs with the highest productivity in terms of overall service rendered. The health services must adapt to changing needs in order to develop, manage, measure and control the flow of knowledge and intangible. Businesses Low Cost/High Value health care have the ability to sense the needs (ex-ante) and the satisfaction (ex-post). The economic and monetary sacrifice is opposed to the benefits derived from the service received and the satisfaction of the proposed requirements. The final objective of the study is to analyze the different strategic choices from the value chain to the dynamic capabilities developed by two companies that have adopted Low Cost High-Value: the Centro Medico Santagostino and OdontoSalute allocated in northern Italy. By comparing the two case works we will highlight their business model.

Le aziende low cost ad alto valore hanno spostato la loro visione del business del singolo settore verso il sistema di valori in cui tutti gli stakeholder, interni ed esterni, dovrebbero operare per creare valore per le azioni. Il business per l'assistenza sanitaria di alto valore a basso costo è il primo motore e ha iniziato la propria attività in un nuovo campo. Nell'articolo viene esplorato questo campo, con l'obiettivo di reinventare il valore per nuove attività o reinventare la catena del valore per le attività esistenti. Le strategie aziendali devono essere adattate alla capacità di cogliere le opportunità presentate dall'ambiente esterno. I bisogni della popolazione nel settore sanitario di qualità sono aumentati, ed è necessario garantire una risposta adeguata ai bisogni con la massima produttività in termini di servizio complessivo reso. I servizi sanitari devono adattarsi alle mutevoli esigenze al fine di sviluppare, gestire, misurare e controllare il flusso di conoscenza e asset intangibili. Le aziende low cost ad alto valore sanitario hanno la capacità di intuire i bisogni (ex-ante) e la soddisfazione (ex-post) degli utenti. Il sacrificio economico e monetario che viene loro richiesto viene bilanciato dai benefici derivanti dal servizio ricevuto e dal soddisfacimento dei requisiti proposti. L'obiettivo finale dello studio è analizzare le diverse scelte strategiche dalla catena del valore alle capacità dinamiche sviluppate da due aziende che hanno adottato low cost ad alto valore: il Centro Medico Santagostino e OdontoSalute ubicati nel nord Italia. Confrontando i due casi di studio evidenzieremo il loro modello di business.

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1 – Introduction

The global social and economic changes have induced companies to innovate more quickly and to administer business costs, from supplies through production and logistics, so as to reduce and contain inefficiency. The purpose is to offer consumers goods and services with high levels of real and perceived value, at fair prices. In the health sector in Low Cost High-Value, we note that the introduction of new methodologies or revision of existing ones have a central role in all stages of the programming and management control for value creation and variables from which this depends (Mella & Gazzola, 2017). The economically excellent enterprise must also be socially able to "take such action goal and daily practice as the joint pursuit of economic and social value of value" (Butera, 2003). The creation of the health value can be regarded as a return on invested capital, which must be measured in terms of health outcomes obtained.

The conditions necessary to create health value are varied. The conditions involve different stakeholders and there are sometimes conflicting objectives including access to services, profitability, high quality, cost containment, safety, convenience, patient centeredness, and satisfaction (Porter 2010). The growth of new business ventures is very important; new entrepreneurs and new ideas entering into an economic-productive system, lead to new goods and production techniques and encourage the interaction between people, ideas and capital that results in the inception and development of new fields of business. This, in turn, sparks a virtuous cycle, leading to the growth of technical and organizational skills that makes it possible to recreate the pattern in other businesses operating in the same field.

The scope of this study focuses on:

– a selection of the basic concepts and theories from the theoretical framework, as indicate in the existing body of literature, which analyze the data and to obtain a background photo and competitive environment in which the health services of high value low developed costs;

– a comparison of the basic theoretical research strategies of the value that constitute the business model of the health services of high value at low cost;

– a transversal analysis of the case of two companies operating, in this sector, with particular knowledge of the area in which they operate and their dynamic capabilities.

2 – Organization of the work and Research Method

The specific objective and final aim which we will pursue through the study of these cases, is to create a benchmark analysis that can be used as a guide by anyone wishing to follow it, or to improve their company's business policies aimed at low cost high value. The general purpose of reported research is to formulate a theory, specifically aimed at describing the main points of a problem, rather than merely clarifying alternatives, or studying the relationship between two or more alternatives. Using case studies in research focused on quality is a rather recent approach for which two authors, K. Eisenhardt (1989) and R. Yin (1981), laid down the guidelines. They judged this the preferable form of research to determine "why and how" certain phenomena develop and evolve in specific contexts. Yin (1981), in particular, described a case study as a

> research strategy, the distinguishing a characteristic of the case study is that it attempts to examine: (a) a contemporary phenomenon in its real-life context, especially when (b) the boundaries between phenomenon and context are not clearly evident. Experiments differ from this in that they deliberately divorce a phenomenon from its context. Histories differ in that they are limited to phenomena of the past, where relevant informants may be unavailable for interview and relevant events unavailable for direct observation.

Hartley (1994) states that research based on a case study represents

> a detailed investigation, often with data collected over a period of time, of one more organization, or groups within organizations, with a view to providing an analysis of the context and processes, involved in the phenomenon under study.

When it is deemed useful to use more than one case study, each one should be developed separately. This makes it possible both to evaluate the final results and to determine the diverse elements that confirm the original hypothesis. In our case the "literal replication" model was chosen, since two companies operating in low cost high value health services were analyzed for their similarities, in order to outline a low cost high value business model for health services. In the business model we want to see some value propositions who may be innovative and represent a new or disruptive offer or may be similar to existing market offers, but with added features and attributes (Osterwalder & Pigneur, 2009). The case works studied are the "Centro Medico Santagostino" in Milan and the "OdontoSalute" in Gemona, Friuli-Venezia Giulia, in Italy. These are companies that have adopted the low cost high value philosophy by concentrating on improving their internal organization and they use scale economies to lower their costs, thus making health services accessible to a wider variety of people.

3 – By value chain to dynamic capabilities

In the approach the competitive strategy is action to achieve a defensible competitive advantage in the medium - long term. The strategy is a response to environmental stimuli, perceived in terms of threats and opportunities, by taking advantage of the strengths and of weaknesses. Through the strategy the company, with aware of strengths and weaknesses, dynamically adapts to environmental turbulence and analyzes the competition and anticipate the moves. So the forecast analysis of weak signals and the harmonization conduct of enterprise external environment play a prominent role in identifying the necessary capacity to respond to or anticipate change. (Ansoff, 1974).

Porter with his work exceeded the analysis of product-market towards the identification of the sources of competitive advantage. His model is considered as a bridge between the previous strategy studies that focus on the competitive spaces and the different types of competitive advantage. Although focused on industrial activities (Porter, 1980), Porter's work develops a dynamic theory of strategy can explain how the success in business over another through the analysis of the links between environmental circumstances and behavior held by the company is. The theory is focused on the maximization of the value generated by the performance of its economic activity through a specific value chain. The company's strategic planning has found in Porter's value chain (1985) the most appropriate tool for the analysis and breakdown of the value creation process. The value chain aims at identifying the costs, in a context of overall enterprise strategy, highlighting the costs broken down by elementary activities. The division of tasks allows the processing of alternative decisions in terms of efficiency and effectiveness.

The representation of the model of the value chain has the shape of an arrow where the primary activities are placed in sequence technique. The verse that assumes the arrow graphically represents the path of raw materials and semi-finished goods to be valued on the market and in the consumption of end-users, without feedback mechanisms or control materials declared. The process of generating value, or margin, is decomposed into *primary* and *support* activities. Primary activities describe the process of acquisition of inputs, processing, distribution and after-sales product while the support activity have the task of supporting the process of integration and linking mechanisms between the primary activities. The competitive forces interacting in the company's structural dynamics are five: competitors, potential entrants, producers of substitutes, customers and suppliers. The value chain helps to represent the range of activities undertaken by a company to acquire, design, manufacture, sell, distribute and

support its products and reflects the history, considering their competitive advantage and therefore the value generated in its chain, with activities better than their competitors.

Profitability of the activity improved means getting a lower cost for the same output, or get a more palatable output on the market. In 2011, Porter and Kramer exceed the enterprise-centric approach, promoting a vision in which the production of value is determined by the synergy of a constellation of actors (other companies, local and national institutions, civil society, the supply chain components, etc.) that they operate in a territorial ecosystem.

The context in which the company operates is characterized by a strong segmentation and diversity of these territories, so it becomes crucial to the construction work (or qualification) of networks between the different stakeholders that operate in the territories, giving them a necessary focus. This approach emphasizes that the firm is in a context of relationships with its stakeholders that determine, to the outside, the ability to create value for the territory and, inland, the effects on the value chain of ' firm itself, in fact businesses need of a territory and a prosperous community, in terms of infrastructure, services, application, talents, etc. Conversely, a social and territorial context in health depends on the presence of companies able to provide jobs, provide adequate wages and salaries, buy quality goods and services, pay taxes, protect the environment, use resources efficiently, etc. Companies, says Porter, must take steps to reconcile business and society along the road of creation of *shared value*, economic and social, while addressing the needs of the company and the social needs of the territory. The focus is therefore on the utilization of the know-how of the company and the reconfiguration of relationships along the value chain: companies have to create or strengthen the bond with the territory and the communities that surround them, also by promoting new and closer forms of cooperation with the other actors of the territory, so as to allow an increase of social progress.

The company can make its levers of value available (such as know-how, infrastructures, management systems, etc.) by creating bidirectional logics towards corporate stakeholders in a multidirectional logic (business, partners, stakeholders, companies), focusing on 'openness and informal processes that activate collective intelligence and collaborative economies.

In summary, there are three main ways according to Porter and Kramer with which companies can create shared value opportunities: redefining products and markets, redefining productivity in the value chain and enabling the development of local clusters: the tune with the evolution of the environmental context is the Resource Based Theory (later referred to as RBV).

The rapid success of the RBV paradigm is indicated as a reaffirmation of influential past work (Penrose, 1959; Ansoff, 1965; etc.) to take back the role of resources and organizational and relational capabilities (Teece, Pisano & Shuen, 1997). Over the last twenty years, many theories and analysis perspectives have created a set of knowledge aimed at pointing out and eliminating elements of ambiguity or confusion in terminology and concepts (Nelson and Winter 1982; Day and Wensley 1988; Dierickx and Cool 1989; Mahoney and Pandian 1992; Eisenhardt & Martin 2000; Barney 2001a, b; Priem & Butler 2001a, b; Barney et al 2001: Zollo & Winter 2002; Zahra & George 2002;).

The evolution of the RBV goes from a substantially static approach, where resources and opportunities are given, and the strategy is to identify the use of resources more coherent with opportunities, to a more advanced RBV. For the resource-based view, the reasons for the competitive advantage must be sought in the possession and availability (not necessarily ownership) of resources, with certain characteristics. Wang and Ahmed (2007) argue that an enterprise with higher levels of dynamic capacity focuses on development capability from its strategic choices. Conversely, when adopting a cost leadership strategy, the company can focus on high production and cutting overall costs. Eisenhardt & Martin (2000) state that the common characteristics of dynamic capabilities across firms are identifiable and dynamic capabilities demonstrate the nature of "*commonalities in key features, idiosyncrasy in details*", arguing that there

are three the main component factors of dynamic capabilities, namely *adaptive* capability, *absorptive* capability and *innovative* capability.

4 – The low cost high value Health care from the value chain to the dynamic capabilities

The demand to health care will increase in the future due to an ageing population and new treatment possibilities. The consequent rising costs have increased the attention to find more efficient ways for delivering health care. Innovation can play a vital role in this challenge to deliver qualitative health care more efficiently to patients. Due to the persistent economic system crisis, in Italy there is a situation of limited resources for health care and the Italian National Health Service is struggling to deal with many problems like inadequate treatments due to insufficient staff and long waiting lists, mainly caused by lack of hospitals, inefficient bureaucracy, poor management and general disorganization which all contribute to cost increases. Opening up to private providers as a supplement to the NHS is a trend towards privatization implemented on a global scale to the shift from the National Health Service to the private sector and to the trends towards privatization occurring on a global scale.

This has led to an attempt to overcome the economic downturn due to the privatization of assets and services, through the creation of new areas of market and the expansion of existing ones by increasing their profitability (Querci, 2014). The new market areas and the expansion of existing ones ensure long-term profitability for the new one's entrances, mainly guaranteed by the substantially unchanged demand for public health services. Market access has been opened to a third type of health care, defined as "private private" (out of pocket), positioned between the public and accredited private. It is an alternative to the National Health System, especially in those sectors where care is not fully covered by the public system such as dental care, mental health, etc. (Querci, 2014). Low cost healthcare companies, encouraged by the opening of new market areas, stand between accredited private operators and the National Health Service itself. These companies are preferred correspondents of voluntary health care funds and of corporate agreements. Newcomers offer innovative services such as online reservations short waiting lists, pleasant environments and with low and competitive costs of health services (Pessina *et al.*, 2011).

The cost and quality of a healthcare benefit include a component of the product (for ex., the clinical outcomes of a medical treatment regime) and a service component (for ex., delivery of treatments, ease of access to care and possibility of choice), so "good value" can be defined as an optimal point on a cost and quality curve. The creation of a "value-based healthcare system" implies a significant restructuring of the delivery of health care and not incremental improvements. Set the goal as "value for patients", not containing costs, so the quality improvement is the key driver of cost containment and value improvement, where quality is health outcomes. Care delivery should be organized around the patient's medical over the full cycle of care shown in Figure 1, (Porter, 2006)

In these areas Dynamic Capabilities are focused on an *innovator* or *service* company. It is a fact that innovation does not occur in isolation. Many of the dynamic capabilities are related to other system actors, such as *users* or *partner organizations*. It is therefore fundamental that interaction with other actors is identified as important for the development of new services (Den Hertog, 2010). From this point of view, the success of an innovation depends on many organizations and the dynamic service capabilities they involve. In the healthcare organization, the consumer/patient has shifted from a *passive* subject of care to an *active* subject situation thanks to the access to information provided by Information Technology. So, the patient has to take into account, for the future, different hierarchical implications. The different participants complement each other in the innovation process by collaborating. the integration at the access

to information around healthcare options, costs, and quality will empower healthcare consumers to make better-informed choices around care delivery channels and providers and the alternative in the offer between public and private health care, as shown in Table 1.

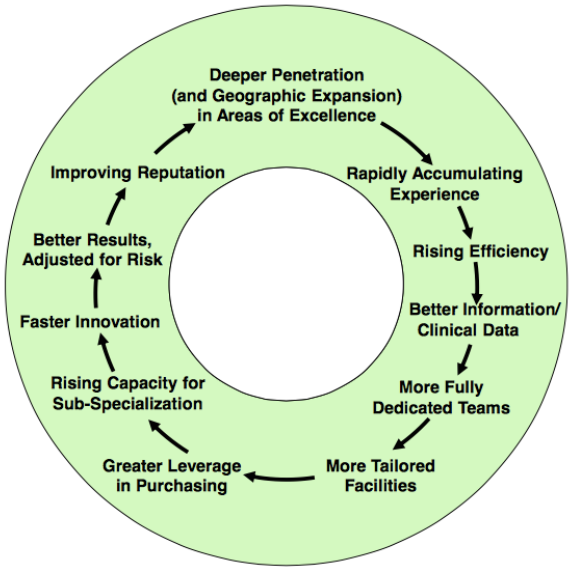

Fig. 1 – The Virtuous circle in Health care Delivery (source: Porter, 2006)

In a new vision of health care market Low Cost- High Value health care companies are new entries in those areas of the competitive system left vacant by the welfare state and they meet the consumer/patient's new needs to safeguard health out of pocket payment (Lombrano & Iacuzzi, 2020). In many cases they are prime mover companies that launch innovations, invest in the development of new products, and accept the risk of exploring unknown territory. The demand for active consumers is always evolving (Gazzola *et al*., 2017), particularly in the sectors of healthcare; with regard need care, there is a widespread need for new services, ranging from psychological treatments to plastic surgery, and it is necessary to find a balance between public and private costs, (Ramadorai & Herstatt, 2015). Their company mission is to provide low cost quality health care while at the same time meeting the commitment for company health funds to provide the required services to their members. Normann (2002) calls "prime mover innovator/inventor" those individuals that he considers "*creators of sleeping assets markets*". Given the fact that some capacity can become obsolete, low cost high value companies are characterized new opportunities for growth or capacity change (Helfat & Peteraf, 2003). The prime mover transforms these assets into liquidity that can be advantageously employed in a different context. In this sense the prime mover makes all the players richer, leading others to identify untapped assets to be exploited, such as, in the realm of low cost high value health services, short waiting lists, comfortable accommodation and convenient geographical locations. Prime movers have a new approach as "*subjects capable of impacting on the outside environment. They are organizations that don't only understand the changing market but, in some ways, implement or direct the change itself*" Normann & Ramirez (1998). The world of low cost high value mainly takes place in mature environments where the innovation involves changing an old business. When a company carries out a gradual improvement, where an already existing product or procedure is improved or made faster or more economical, we talk about ambidextrous capacity. Those with ambidextrous capacity use profitable elements of production along with existing procedures to recombine them so as to create new opportunities. Once having faced that hurdle it will be necessary invest and to train company employees in order to ensure a repeatable procedure, (O'Reilly & Tushman. 2004).

Summary of Healthcare 2015 recommendations by stakeholder.

	Transforming value	Transforming consumer accountability	Transforming care delivery
Healthcare systems	• Develop a vision, principles, and metrics that enable and reward a shared perspective on value	• Provide universal insurance for core services, including preventive and primary care • Expect and reward good behaviors	• Remove barriers to innovation while still protecting consumers and other stakeholders
Care delivery organizations (CDOs)	• Appropriately focus instead of being "all things to all people" • Develop teams of caregivers to deliver patient-centric, coordinated care • Implement interoperable electronic health records (EHRs) to help enable high-value services	• Help inform and empower consumers by providing transparency into pricing and quality	• Develop channels and care venues that are closer to the patient • Implement interoperable EHRs to support information exchange across new venues
Doctors and other clinicians	• Help develop and appropriately utilize evidence-based, standardized processes and care plans • Help develop meaningful outcomes data	• Develop collaborative partnerships with patients • Help consumers take more responsibility for their health • Expect and monitor compliance	• Expect interoperable EHRs to support information exchange across teams of caregivers • Focus on the opportunities that come with change
Consumers	• Expect CDOs and clinicians to provide pricing and quality information • Learn about the healthcare system and become a smart shopper • Utilize health infomediaries	• Learn about health and take responsibility for living a healthy lifestyle • Create and maintain a personal health record (PHR) to consolidate relevant, accurate clinical and health information • Document advanced directives	• Expect and demand new delivery models and coordination of care across these new models
Health plans	• Work collaboratively with CDOs and clinicians to develop a viable transition plan to value-based reimbursement • Help consumers navigate the health system to get more value	• Help provide personalized information and advice to help consumers maintain and improve their health status	• Align reimbursement and incentives with preventive and proactive chronic care, and with innovative, cost-effective approaches to health and healthcare
Suppliers	• Develop offerings that help provide better longer-term outcomes or lower prices for equivalent outcomes	• Help identify the right patients and providers and then educate them to achieve better results across all steps of the care process	• Help enable new models through simplification and miniaturization; mobile devices; and personalized targeted diagnostic and treatment solutions packages
Societies	• Clearly recognize the need for tough decisions, prioritization, and tradeoffs and the need to reconcile perspectives on value • Actively participate in efforts to improve healthcare	• Stress prevention and personal accountability • Expect and promote healthy lifestyles	• Keep pressure on the healthcare system to change and meet the needs of its customers
Governments	• Emphasize value, accountability, and alignment of incentives in health policy, regulations, and legislation • Require results reporting • Develop a funding strategy for the healthcare infrastructure and for independent research on the comparative effectiveness of alternative therapies	• Help protect security/privacy of electronic health information • Require insurance coverage for everyone, with subsidies for those who need them	• Change and set policies, regulations and legislation in order to remove barriers (e.g., the patchwork of licensure regulations) and to enable and promote the right actions

Tab. 1 – Implications for consumers of the transformed healthcare (Source: IBM Institute for Business Value, 2015)

5 – Case Work

The two cases studied are Centro Medico Santagostino (CMS) and OdontaSalute, though offering different types services, shared certain common elements like business strategies, the organization of their supply chains and customer satisfaction and orientation. The companies are characterized by profit margins based on industrial production; dental prosthesis and

specialties for the Centro Medico Santagostino and dental care and dental prosthesis OdontaSalute. Both companies have adopted the low cost/high quality philosophy by focusing on improving their organization and creating economies of scale to cut costs, thus making health services available to a wider range of consumers.

These companies adhere to the ethical code drawn up by the AssoLowcost and so, while adopting different business strategies, they must follow similar parameters. The ethic code of Assolowcost promotes the principles of Corporate Social Responsibility and, in this case, it is coincident with what is prescribed by ISO 26000, (Cinosi & Rizzo, 2013).

The CMS operates outside the system of accreditation of the NHS and it is stated in the private sector, but in a quasi-market, between profit and non-profit. The CMS, is an innovative project which cannot be separated from economic revenue. In fact, although the primary objective of lenders is not profit, but the exploitation of economically sustainable initiatives for social interest, to start a project of this nature serve specific skills, as well as a substantial capital to invest in the early stage, but also in conservation of a high standard of quality throughout the process of affirmation and development of the initiative (Data & Mariani, 2015). OdontoSalute have thirty-seven locations in Italy, ample parking, near airports, and motorway exits. Seven clinics are owned by other franchise agreement, they have special agreements with hotels, restaurants and transportation companies to ensure a pleasant stay during treatment. Large volumes of sales and narrow margins are the philosophy of all two companies and suppliers have had to conform to this same policy. Just one of the dental clinics of the OdontoSalute group invoices, in one month, what a traditional dental clinic invoices in a year, giving it a strong bargaining position with suppliers, which are never very numerous. The strategies to contain costs benefit patients who are offered quality services at lower prices than those of the competition, with minimum waiting lists and easy access to care.

The social report of OdontoSalute highlights its approach with stakeholders to its Corporate Social Responsibility and evaluate the benefits produced by the multiplicity of outcomes that positive relationships are maintained with the communities, or social groups, represented by all agencies, organizations, formal organizations and informs them that they are in contact in various ways with the clinics. OdontoSalute has become 100% owned by the Colosseum Dental Group since July 2020. The owner of Colosseum Dental Group is Jacobs Holding, whose only beneficiary is the Jacobs Foundation, a non-profit foundation dedicated to child development and education. For Jacobs Holding entrepreneurship combined with the creation of value through a charitable cause is a first choice; the only economic beneficiary of Jacobs Holdings is the Jacobs Foundation, one of the leading charitable foundations in the world, dedicated to ensuring development and well-being to children and young people from all over the world. Ethical choices were also made in the sale of the business. It is worth noting that as part of the 2030 Strategy, in the next 10 years, the Jacobs Foundation has decided to invest 500 million Swiss francs, to support schools, so that they offer quality education to students and transform the educational systems of Around the world, with the ultimate goal of equipping students with practical knowledge, skills, attitudes, tools and equal opportunities to exploit their full learning potential and grow together,

These Companies have chosen to adopt low cost/High Value strategies produce goods or services with characteristics which are important for customers like design, environmental safeguards and easy access. Unlike low cost, which is famously no frills, the savings generated by this kind of management are turned into further benefits for customers. Employees are considered human assets, in the broadest sense of the term. The highlighted parts are those which are quite different from plain low cost, so the no frills aspect has been eliminated. A description of the value of goods and services offered, and how user friendly they are, has been included as well as procedures that make it convenient to purchase them, like easy reservations, accessible locations, and a choice of related products; in the cases examined they are the ease

with which appointments can be booked. It must be stressed that, for this model and target segment, it isn't just price that motivates choices, but the perception of the quality of the goods and services offered. As far as costs are concerned, what can be deduced from our research is that it is important to work on all the elements of the chain of value in order to increase the volume of sales and lower profit margins by standardizing supplies and strategies and repeating them in other spheres and enterprises. Human resources are considered an asset, hiring procedures focus on finding professional employees that share the company mission (Normann & Ramirez, 1998).

6 – Conclusions

The two cases work are *prime mover*, apply CRS parameters, are ambidextrous, apply strategies across all the value chain. The cases studied have reached the end of their start-up period and are now part of a solid economic fabric. Being able to look beyond the boundaries of the core business and interact with the main economic players (suppliers, partners and customers), co-operating to generate income, it is the reason for the success of Low Cost/High Value enterprises.

The value of these enterprises has its roots in three strategic ideas.

A) The first is to offer customers/patients an incentive to take advantage of what is being offered, that is a complex variety of goods and services, so that they will be satisfied with their choice. There are many examples in the cases we have studied. At Santagostino the waiting rooms have Wi-Fi, a library and a quiet meditation room; OdontaSalute have special agreements with hotels, restaurants and transportation companies to ensure a pleasant stay during treatment.

B) The second idea is to constantly strive to come up with proposals that involve customers and suppliers, sympathizers and business partners, in an effort to put together new consumer packages something which is possible by constantly re-thinking relationships and business choices.

C) Finally, it is important to consider a competitive advantage as the sum of the efforts of all the people involved, communicating with customers to repeat winning strategies. Value must be aggressively pursued to ensure a "dynamic overhaul of the enterprise" (Kachaner *et al.*, 2010).

It is particularly evident in health care that low cost/high value enterprises offer a satisfactory choice of quality services at substantially lower prices. In a society where welfare is suffering, and political choices are shifting towards multiple providers in health care, the volume of services and turnover of low cost/high value care, indicates that people consider it the answer to their demand for treatment at fair prices. Where the structure of the health services has had a gradual transformation going from a network of professionals to offer substantially characterized by a network of services most industrialized. The dynamic capabilities of CMS and OdontoSalute are related to other system actors, such as users or partner organizations for the development of new services. The different participants complement each other in the innovation process by collaborating. The integration at the access to information around healthcare options, costs, and quality will empower healthcare consumers to make better-informed choices around care delivery channels and providers and the alternative in the offer between public and private health care. Information transparency, large IT space and the possibility of dialogue through social media.

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