



Strategic positioning and service design in the changing healthcare market

A case study of LähiTapiola-Group, OP Financial Group and If
Vahinkovakuutusyhtiö Oyj

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<p>Sammandrag:</p> <p>Syftet med forskningen var att utreda hur de tre största skadeförsäkringsbolagen i Finland strategiskt har positionerat sina bolag och designat sin service för att passa in i den föränderliga offentliga sjukvårdsmarknaden. Dessutom utvärderades bolagens interna tänkesätt. Målet var att jämföra bolagen och deras service genom en kvalitativ jämförande fallstudie. Forskningen begränsades till att behandla endast sjukvårdsförsäkringen i det finska socialskyddssystemet samt vårdkostnadsförsäkringar för privatpersoner i de privata försäkringsbolagen. Teorin inkluderade strategisk positionering, strategisk passform, strategiskt tänkesätt samt servicedesign. Den empiriska teorin behandlade information från årsrapporter mellan åren 2012–2016. Information om bolagens service hämtades också från deras nätsidor. Materialet samlades in genom en källstudie och bearbetades genom en innehållsanalys. Resultatet visade att bolagen har specialiserat sig i olika marknader och i olika delar av den finska hälsovårdsmarknaden. Två av de tre bolagen har proaktivt utvecklat sina bolag för att passa in i sjukvårdsmarknaden också i framtiden. Alla bolag har utvecklat sin service att täcka en ännu större del av den finska befolkningen och de nya servicen möjliggör en snabbare vårdkedja till följd av sjukdom eller olycka. Idéer för fortsatta studier inkluderar en undersökning om huruvida försäkringsbolagen kan hålla sina löften om en effektiv hälsorådgivning och vård.</p>	
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<p>Abstract:</p> <p>The purpose of this study was to investigate how the three largest non-life insurance companies in Finland have strategically positioned their businesses and designed their services to fit in the changing healthcare market. Additionally, the mindset of the companies was studied. The aim was to compare the businesses and their services, and the research method was a qualitative comparative case study. The study was limited to cover only the healthcare insurance of the Finnish social and healthcare services and the healthcare insurance services for private individuals of the private insurance companies. The main theories included strategic positioning and fit, strategic mindset and service design. The empirical theory consisted of the annual reports from 2012-2016. Additionally, information on the services was gathered from the webpages of the case companies. The collection method was a source study and the material was processed through content analysis. The results show that the companies have specialized in different markets and in different aspects of the Finnish healthcare market. Two out of three companies have proactively developed their businesses to fit in the healthcare market. All three have developed their services to cover a larger part of the population than before and the new services enable a faster path of recovery in case of a personal illness or injury. Ideas for future studies include research on whether the insurance companies can keep their promises regarding efficient health counselling and medical care or not.</p>	
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<p>Tiivistelmä:</p> <p>Tämän tutkimuksen tarkoituksena oli selvittää, miten Suomen kolme suurinta vahinkovakuutusyhtiötä ovat strategisesti sijoittaneet liiketoimintaansa ja suunnitelleet palvelunsa vastaamaan muuttuvia terveydenhuollon markkinoita. Lisäksi tutkittiin yritysten ajattelutapaa. Tavoitteena oli verrata yrityksiä ja niiden palveluita. Tutkimusmenetelmä oli laadullinen vertaileva tapaustutkimus. Tutkimus rajoittui kattamaan vain sairausvakuutuksen suomalaisen sosiaaliturvasta ja vakuutusyhtiöiden yksityishenkilöille suunnattuja hoitokuluvakuutuksia. Tutkimuksen teoreettinen viitekehys rakentuu strategisesta paikannuksesta ja sovituksesta, strategisesta ajattelutavasta sekä palvelumuotoilusta. Empiirinen teoria koostui case-yritysten vuosien 2012-2016 vuosikertomuksista. Aineistoa palveluista kerättiin myös yritysten kotisivuilta. Keräysmenetelmä oli lähdetutkimus ja materiaali käsiteltiin sisällönanalyysin avulla. Tulokset viittaavat siihen, että yritykset ovat erikoistuneet eri markkinoille sekä eri alueille Suomen terveydenhuollon markkinoissa. Kaksi kolmesta yrityksestä ovat aktiivisesti kehittäneet toimintaansa terveydenhuollon markkinoille. Kaikki kolme ovat kehittäneet palvelujaan kattaakseen suurempi osa väestöstä kuin ennen. Uudet palvelut mahdollistavat nopean hoitoon pääsyn sairauden tai tapaturman satuessa. Jatkotutkimusta ajatellen tutkimusta voisi suorittaa siitä, voivatko vakuutusyhtiöt säilyttää lupauksena tehokkaasta terveysneuvonnasta ja sairaanhoidosta.</p>	
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To Matilda and Eric

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1 INTRODUCTION

There was a time in the Finnish history, when the population cared for themselves and their families in terms of income and health. In case of illness or accident, the family had to seek medical care, which at that time was rather expensive. During the time they were ill, they would not be able to work and was left without an income. The Finnish people being ill had caused a tremendous financial loss for the country, which is why the government decided to create a solution to the issue. (Niemelä 2014 p.82,90)

The first part of solving the problem came in the 1950's when a minimum income support was created by the government. In the 1960's the growing economy enabled the development of a social welfare that the whole population had access to. (Ihalainen & Kettunen 2016 p.24) On April 1, 1964 the Health Insurance Act (Sairausvakuutuslaki) came into force as part of the new social and healthcare services. The act included a healthcare insurance, a daily allowance insurance and a maternity insurance plus the prevention of illnesses and the rehabilitation of the insured. (Niemelä 2014 p.110-111)

The growing economy led to an increased income for the municipalities and the state during the 1960's to 1980's. However, the social expenses grew faster than the income and in 1985 the net social expenditure was 25% compared to 10% in 1950. The era of a growing economy ended in the economic recession of the 1990's. The economic crisis led to the reduction in tax income and an increase in the social expenditures. (Ihalainen & Kettunen 2016 p.24-26) The state and the municipalities were forced to cut down on the social benefits and it became more difficult to receive benefits. (Aaltio 2013 p.29) The personnel of the healthcare centers encountered an increase in workload, they had less time per client than before and the waiting times and lines for the services grew. By the mid-1990's, the net social expenditure had increased to ca 35% and the discussion on the inefficiency of the welfare state began. (Ihalainen & Kettunen 2016 p.24-26)

The life expectancy of the Finnish population has increased by almost ten years for women and by ca six years for men between 1980 and 2016. Additionally, the population ages 65 years older has risen from 13,5% to 21,4% between 1990 and 2017. According to the population forecast the percentage of people ages 65 and up will continue to rise to 26% by 2030. (Suomen virallinen tilasto 2015; Suomen virallinen tilasto 2018). This means that the Finnish population is not only ageing, but that there is a permanent change

in the age structure and that the number of people requiring social and healthcare services is increasing. (Ihalainen & Kettunen (2016 p.26-27,164,198) In addition, the calculation of the working population in relation to the people not working, called the economic dependency ratio, is also increasing. (Suomen virallinen tilasto 2017)

When people get older, they eventually become pensioners and their contribution to paying taxes is decreasing. This means that the tax money, which is used to fund the social and healthcare services, is decreasing and will not be sufficient enough to pay for all expenses of the social and healthcare services. It has become clear that the welfare state must become more efficient to keep at least the same level of service that there is today. As of today, there is room for improvement in the quality, service structure, cooperation, and flexibility. (Ihalainen & Kettunen 2016 p.26)

The issues of the 1990's are still a reality. The public healthcare is still experiencing long waiting lines, insufficient number of doctors, the rapid change of staff and the poor quality of the care. In the beginning of the 21st century, these issues were somewhat discussed in the media. It became clear that in some municipalities, the healthcare could not offer their clients any appointments to specialists. Other issues that never seem to be solved are the delay of paying out compensations and an insufficient coverage of the compensations. Additionally, there is a lack of a functional collaboration between the municipal and the private healthcare services and the population are doubting the credibility of the healthcare insurance. (Hiilamo 2015 p.28; Niemelä 2014 p.155-156,227)

The government had over the years made several unsuccessful attempts to solve the above mentioned issues. However, on March 23rd, 2014 the government came to a decision regarding the renewal of the social and healthcare services and the framework for which it would function in. The plan was to organize all social and healthcare services into five areas of regional organizers, created around the five University Hospitals in Finland. The university hospitals are located in Helsinki, Turku, Tampere, Kuopio and Oulu. (Alueuudistus 2018) With this type of distribution, the government hoped to achieve a strong national control, a regional equality in specialized care and a financial efficiency. The idea was also to make the services more efficient and add cooperation between municipalities and private instances. The management model was suggested to be led and arranged by the joint municipal and that the communities would fund the services. Within

the social and healthcare areas the population would be arranged according to their age or morbidity. (Niemelä 2014 p.234; Ihalainen & Kettunen 2016 p.28; Hiilamo 2015 p.61-62)

The issues concerning the public healthcare has created a market for the private insurance companies to grow in and the people that can afford private insurances, have started using them more. From the citizens point-of-view, the private insurance offers an alternative to the public healthcare services. The private insurance offers the customers quality medical care without having to wait in line, and without customer charges. (Hiilamo 2015 p.91)

1.1 Purpose of the study and research questions

The purpose of this study is to compare how the three largest insurance companies in Finland have strategically positioned their businesses in the changing healthcare market. The focus of the study will also lie on how the companies have designed healthcare services for their customers. The aim is to find similarities and/or differences between the companies and their services.

The two research questions in the study are:

- 1) How have the selected insurance companies changed their strategic positions due to the changes in the healthcare market? What strategic mindset have they chosen to focus on?
- 2) What kind of healthcare services have the selected insurance companies designed for their customers?

1.2 Limitations

In line with the research questions and purpose of the study, the study will only cover the healthcare insurance part of the Finnish social and healthcare services system and leave out other insurances such as the daily allowance coverage and the maternity insurance.

Since the background of the thesis focuses on the public healthcare and the social welfare and healthcare reform, it is relevant to only compare the insurance policies for private individuals, which include an expense cover for illnesses and accidents. Also, possible

additional optional covers are also left out of the discussion due to the restricted research areas of the thesis subject. Because the premiums of the insurances are dependent on several different aspects, the comparison of premiums are left out from the study.

1.3 Structure of the thesis

The thesis is divided into six chapters. The first chapter introduces the background and need of the study, the purpose and research questions in addition to the statement of the problem. The method is briefly presented, and the limitations are also elaborated. The core subject of the background is the change in the age demographics and the complete renewal of the social and healthcare system in Finland.

The second chapter discusses the insurance system in Finland, consisting of the compulsory statutory security and the optional insurances provided by privately-owned insurance companies. The chapter consists of an overview of the insurance market, a presentation of the privately-owned insurance companies and common insurance policies that are offered to the customers. Also, the motivation to buying additional insurance is discussed.

The third chapter will cover the literature framework, which is the base for the research and where alternative models for the research are discussed. The main subjects are strategic positioning, strategic fit, strategic mindset, and service design.

The research method of the study is discussed in chapter four. Since the research is made through a qualitative case-study, the strategies and healthcare services of the case companies are presented in chapter five. The companies are analyzed through content analysis.

In the remaining two chapters, chapter six and seven, the results of the case companies are compared and analyzed, and the findings are discussed. Chapter seven also includes recommendations for further research and provides conclusions for the thesis.

2 INSURANCE IN FINLAND

The fundamental idea of private insurance is to gather money from a group of people through insurance premiums and with this money cover incidents that occur to people in

the same group. (Jokela et.al. 2009 p.19) Jokela et.al. (2009 p.67) have created a 4-stage model on how the Finnish social and healthcare services is built and especially to which extent the Finnish social and healthcare services cover its population and at what point the population should consider additional coverage or insurances (figure 1).

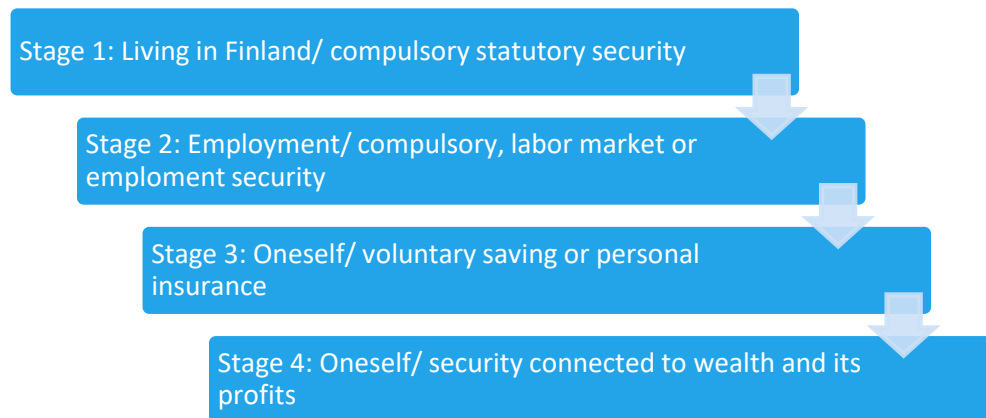


Figure 1: The four-stage model of financial security (Jokela et.al. 2009 p.67)

The first stage of the model consists of a compulsory statutory security for the people living in Finland and the security includes for instance public healthcare and retirement pension. The second stage is based on the laws of the labor markets, and this security is provided to the working population through a contract of employment. These are for instance occupational healthcare service and a statutory accidents insurance. The two remaining stages, stages three and four, are widely determined by the persons own actions. The third stage includes optional personal insurances such as a traveler's insurance, a private healthcare insurance or an individual pension insurance, but also the persons own savings for the future. The fourth stage includes the financial security that the person has through their own wealth and property and the possible profit that these could create. (Jokela et.al. 2009 p.20,67)

The whole idea of the Finnish social and healthcare services is to minimize the effects of a personal risk on a personal and a family level. The problem is that the social and healthcare services rarely are adequate to protecting the individuals from the financial effects caused by personal accident, illness or becoming incapacitated. Also, there are some risks that are not covered at all and sometimes the cover is only partial. The social and healthcare services cover a satisfactorily basic healthcare within the public

healthcare, but there are still some services that are completely missing, and some specific type of service can take years to get. (Jokela et.al. 2009 p.77-78,88)

The personal risks that people face are either unpredictable and unwanted or unavoidable and a part of the life cycle. A risk in this context is an incident, a circumstance or a physical issue that occur to the insured, which causes discomfort and a financial burden. These risks are for instance illness, unemployment, disability, or death. In addition to the Finnish social and healthcare services, the population can choose to buy insurance from a private insurance company to cover possible risks. However, some risks cannot be covered at all and some risks are too predictable, which leads to the premiums of the insurance being very high. Also, the age and health of the insured can restrict the signing of personal insurances. (Jokela et.al. 2009 p.51-53,62)

2.1 Compulsory statutory insurance and private insurance

A universal health insurance is based on stage one in the four-stage model (figure 1) and includes a healthcare insurance for the population living within a specific area. The members in the group function as both the payer and the recipient and the insurance also cover the people that do not pay taxes or social insurance fees. Since the insurance is funded in the form of taxes from the income, basically all adults pay for the social insurance. (Hiilamo 2016 p.72)

The Finnish universal healthcare insurance is funded by Finnish employers and from tax payers and cover all people that permanently live in Finland. The insurance consists of a coverage for medical expenses, for instance medical care and treatment, medicine prescribed by a physician, laboratory- or X-ray images, travel costs and dental care. The expenses are covered after a verified deduction and are paid by The Social Insurance Institution of Finland (Kansaneläkelaitos). (Jokela et.al. 2009 p.71)

The idea of the optional personal insurances, such as healthcare and disability insurances, is to complement the compulsory healthcare insurance and so cover for expenses that compulsory insurances do not cover. To create the right kinds of products and services for the population, the insurance companies are forced to follow up on the phenomenon in the changing world. The changes which have been the most discussed in Finland are the ageing population who live longer, the people who are studying longer than before,

and the healthcare is getting more efficient but also more expensive. Other phenomenon are inflation, travelling and the risks that come with travelling but also changes in the family dynamics. (Jokela et.al. 2009 p.78-82)

The private insurance companies in Finland are founded either as limited or mutual companies. The private insurance companies work under several laws, of which the Insurance Company Act (Vakuutusyhtiölaki) and Insurance Contracts Act (Vakuutusopimuslaki) are the most vital. The statutory insurances additionally have their own laws to follow. The instance Finance Finland (Finanssivalvonta) monitors that the laws are being followed. There are three types of insurance; non-life, life, and employee pension insurance. According to the law, insurance companies can only offer one type of insurance in their companies. However, insurance companies usually establish separate companies within an insurance group, to be able to offer different types of insurances from the same company. (Finanssiala 2016)

At the end of 2016 there were 52 national insurance companies in Finland. The 52 companies consisted 36 non-life insurance companies, 10 life insurance companies and six employee pension insurance companies. Additionally, 17 foreign insurance companies had side branches in the insurance market in Finland and over 700 foreign companies had announced that they would start offering insurance services to Finland. (Finanssiala 2017a p.5)

The 36 national non-life insurance companies at the end of 2016 were the following: LähiTapiola-ryhmä plus their 20 regional insurance companies, OP Vakuutus Oy, If Vahinkovakuutusyhtiö Oy, Keskinäinen Vakuutusyhtiö Fennia, Keskinäinen Vakuutusyhtiö Turva, Pohjantähti Keskinäinen Vakuutusyhtiö, A-Vakuutus Oy, Folksam Vahinkovakuutus Oy, Försäkrings Ab Alandia, Vakuutusosakeyhtiö Eurooppalainen, Suomen Vahinkovakuutus Oy, Ålands Ömsesidiga Försäkringsbolag, Vakuutusosakeyhtiö Garantia, Osuuspankkien Keskinäinen Vakuutusyhtiö, Suomen Keskinäinen Lääkevahinkovakuutusyhtiö and Valion Keskinäinen Vakuutusyhtiö. (Finanssiala 2017a p.12)

In the middle of 2017 almost 1,17 million Finnish people had a voluntary healthcare insurance of which ca 40% were insurances for children. (Finanssiala 2017b) The respondents of a survey stated that the important reasons for buying a private insurance were

related to the issues in the municipal healthcare: they receive a faster and better quality of the treatment from a private healthcare center and a wider range of services. (Hiilamo 2015 p.89)

2.2 Private insurance policies

There is a wide variety of insurances offered by private insurance companies. Among these are a variety of personal insurances, which can function as an addition to the Finnish healthcare insurance:

Critical illness insurance

A critical illness insurance is usually sold as an insurance package consisting of a life insurance and a critical illness insurance. The critical illness insurance includes an in advances determined compensation amount to be paid to the insured if the insured becomes ill in any of the illnesses stated in the insurance terms. The idea behind the insurance is that the insured can use this compensation however the insured chooses, for instance to pay for the medical expenses caused by the illness or use it to cover for the loss of earnings when being incapacitated. The insurance usually covers illnesses like cancer, cardiac arrest, clot on the brain and paralysis. The compensation is only paid once, even though the insured can fall ill to several of the diseases above. (Jokela et.al. 2009 p.160-161)

Hospital insurance

The hospital insurance is a cover for whenever the insured would require hospitalization due to an illness or an accident. The insurance usually has either a stated compensation per day or a specified compensation amount, which the insured can choose when buying the insurance. In these insurances there is also usually a deductible period and the insurance has a limit for how long it is paid. The differences between the insurances is usually in the terms, and especially in older insurances the terms can be interpreted in different ways depending on what type of care the insured has received in the hospital. Since the healthcare has evolved and new forms of healthcare have been introduced, the insurance companies have tried to specify the terms as much as possible, so that they are clearer both to the insured and the insurance companies. (Jokela et.al. 2009 p.161-163)

Healthcare insurance

The healthcare insurance products sold by the Finnish insurance companies are usually all risk insurances. This means that they normally cover all expenses linked to an illness or accident. A healthcare insurance consists of a cover for expenses related to medical examination and treatment for an illness and the insured can receive this care in the privately-owned clinics in Finland. The insurance works as an addition to the Finnish social and healthcare services, since the insurance usually covers expenses which are not compensated for from the public healthcare insurance. In countries where the social and healthcare services are less extensive than the one in Finland, private insurance companies offer a wide range of personal insurances to their customers. From these, the insured can choose the covers and build a package which suit their need the best. In Finland the personal insurances are usually sold as complete packages, with a limited choice of additional coverage. (Jokela et.al. 2009 p.164-165)

The level of compensation from the healthcare insurance depends on several different aspects; what year the insurance was bought, what insurance company has sold the insurance and the amount of deductible set for the policy. The newer insurance terms are more detailed than the older products and might not include all covers which are included in the older products. The basic principle and coverage of these insurances are still the same, which is to compensate for the financial loss caused by the treatment and care of an illness. The expenses are paid from the private insurance unless the statutory social service has covered for them. These expenses include: medical examination and treatment performed by a doctor or a healthcare professional and medicine for the care of the defined illness, prescribed by a doctor. However, all insurances have restrictions of what kind of expenses they pay for and these restrictions should be examined and considered before buying an insurance. (Jokela et.al. 2009 p.165-167)

Usually the products have different deductibles and an upper limit to which the expenses are compensated. The deductibles can be set as either a specific amount or as a percentage of the compensation paid, or even a combination of both. The deductible can also be connected to the times the insured files a claim, linked to a certain illness or on a yearly basis. The purpose of the deductible is that the insurance companies only process actual, larger events and that the insured controls the amount of the treatments and examinations.

Likewise, the upper limit of the compensation paid can be either according to the calendar year, per illness or accident or one limit for the entire insurance. (Jokela et.al. 2009 p.168)

Accident insurance

The accident insurance cover medical expenses caused by the insured becoming injured in an accident. An accident is described as a sudden, external incident in which the insured unwillingly encounters a physical damage to his/her body. The descriptive words of an accident are further elaborated to clarify what is considered an accident. For the incident to count as sudden, the accident must occur in a short period of time. External means that some external factor must be present when the injury occurs, for instance an impact from a foreign object. The incident must create a physical damage to the body to be treated as an accident. (Jokela et.al. 2009 p.180-181)

In addition to the above-mentioned factors, there are some incidents that can be considered accidents even without filling the requirements. These are for instance drowning and sunstroke. The policy holder can choose the accident insurance to cover either full-time or only the spare time. The full-time insurance is usually more expensive and sometimes even priced according to the profession of the insured. The accident insurance can also be extended to cover disability or permanent disability and death caused by an accident. (Jokela et.al. 2009 p.181-185)

The accident insurance usually covers examinations and treatment expenses, travelling expenses and physiotherapy. The insurance usually has an upper limit to which the expenses are compensated for in addition to some form of deductible. The different insurance policies usually contain restrictions for coverage, in which some activities and events and sports would be left out from the coverage. (Jokela et.al. 2009 p.187-188)

3 BUSINESS DEVELOPMENT IN A CHANGING MARKET

As the external environment is changing, businesses are required to develop and evolve to stay competitive and remain in the market. The external competitiveness of a company is created from the vision and mission. The vision explains what the company wants to become in the future. The mission should clarify to the owners and to the society why the company is existing. (Lindroos & Lohivesi 2004 p.20-21,26)

In general, the combination of products and markets lead the change. There are four different types of strategies which can be used depending on the market-product situation. The penetration strategy is used for increasing market share in an existing market with existing products. Market development strategy consist of moving into a new market with existing products and the geographical expansion strategy is taking the existing product into a new market. The final strategy is the product development strategy. This means bringing new products into an existing market. (Mintzberg et.al. 2002 p.122-126)

Three core elements create a strategy: goals or objectives, policies, and programs. The goals of a strategy should give the organization an understanding of “what” and “when” they are doing in their businesses and the goals should be reflected in the results of the operations. Policies are the rules and guidelines for the organization. The programs answer to the question of “how” something should be done and includes a step-by-step line of actions which are created to reach the expected results. The strategic goals, strategic policies and strategic programs include the core ingredients of what the strategy should look like and these affect the overall direction of an organization (Mintzberg et.al. 2002 p.10)

3.1 Strategic positioning

Strategic positioning describes how organizations place themselves in a market. Companies choose what markets to position themselves in, depending on the company’s ecological, economic or management needs. All organizations must adapt to their environment to stay competitive. They can either be passive and “go along for the ride” or be proactive and impose themselves and influence the market. Companies can find a place in the environment to fit in or be part of the environment and fill a function therein. By creating strong values, a mission and a vision, companies can be connected to the environment, create a value and function in society. Another alternative for positioning is the collective strategy, which is developed to create a collaboration between organizations. (Mintzberg et.al. 2002 p.6-7; Normann 2001 p.146)

Normann (2001 p.149) sees that there are three parts that together create consonance in an environment; the external environment, the offering of the company and the internal factors. The external environment consists of what the need in the specific environment

is. The offering of the company is the product of service which the company can offer to fill a gap in the environment. The internal factors are the companies' capabilities to function, for instance organizational structure, knowledge, and equipment. The core idea is to create new ideas that fit to the development of the environment and connect these ideas to the business strategy and operations.

Since technology has developed and markets have grown larger, it is nowadays more difficult for companies to strategically position in a specific market. Instead, organizations need to evaluate what position should be best for their strategic goals and what they need to do to get there. There are several activities, through which organizations can position themselves in a specific market; through operational effectiveness, unique activities, or trade-offs. Operational effectiveness includes creating different solutions, such as products or services, than the competitors or the same solutions in a different way. The core idea is to design the operations so that they create a better value for the customers. (Mintzberg et.al. 2003 p.15-17)

An organization can also decide to do completely different or unique activities, and so position themselves in a separate market from their original competitors. The first type of positioning is called a variety-based positioning. This is when the organization concentrates on producing a specific product or service without taking the customer too much into consideration. The second type of positioning, the needs-based positioning, is created with the customer in mind, since the aim is to fill the needs of a specific type of consumer or target group. The third category is called access-based positioning. This type of positioning is similar to the needs-based positioning since the goal is to meet the needs of a target consumer group. The difference is that the positioning is limited to a specific area, to which the consumers have access. (Mintzberg et.al. 2003 p.18)

Every organization can determine which position they want to be in, but for creating a lasting or long-term positioning, the organizations must make certain trade-offs. Trade-offs can evolve from three different aspects; from within the company, from activities of the organization or from inconsistencies of image or reputation. If the internal control of a company is inconsistent or if the image of an organization is questionable, the company might be forced to reconsider their strategy and make trade-offs to create a better positioning. The organization can choose to reposition itself either completely, by matching

a successful organization in a separate environment or by adapting new products or services, while keeping the core business the same. Trade-offs can also evolve from creating new products or services, if there is need for new skills, equipment, and management systems from the development of the new offers. (Mintzberg et.al. 2003 p.19)

3.1.1 Strategic positioning through value discipline

As discussed in the previous chapter, positioning a company in the surrounding environment depend on many variables and can be done in many ways. Lindroos & Lohivesi (2004 p.67-69) highlight that the market competition is getting tougher and that the pace of change is even faster than before. To stay in the competition, companies must decide on what value they want to bring to their customers. These values can be either lower prices, new benefits and customer solutions or new and better products and services. In the new tough global market, it is not possible for companies to concentrate on all three values, but they must choose one value to focus on. Even though the focus should be on one value, the other values should still be at decent level.

When market leaders create more value to their customers, the customers start expecting even more of the things they value. The market leaders who create the extended value also raise the bar of the market and might even eliminate competitors whose business is not competitive enough. (Treacy & Wiersemsa 1995 p.4)

Treacy & Wiersema (1995 p.9) explain that the world of competition has changed, and companies are forced to do business in new ways to become or remain successful. There are four areas in which the competition has changed. The first is in a situation where certain costs within the business get higher, and companies have to create ways of lowering the costs rather than raising the prices. Second, the standard of services can no longer be only good, but have to be excellent as in fast, easy, and efficient. When the quality of services rises in one industry, customers automatically start demanding it from other industries. The third characteristic involves the level of service, which companies must increase to excellence when a basic level of service is no longer enough. The fourth characteristic is linked to the quality and product capabilities. Companies can no longer compromise on these but must create products that meet the requirements of innovativeness and excellence.

Treacy & Wiersema (1995 p.30,41) have identified three value variables, which would bring different kinds of value to customers. Companies should choose and concentrate on one value, to stay competitive as a market leader. The companies can only choose one value to concentrate on, since the value also defines the business all the way to its operations and business structure. Also, if trying to concentrate on all valuables simultaneously, the company can only become a mediocre in the market and not a leader.

The three disciplines are categorized by what value the company wants to provide to their customers. The variables can be separated from each other in terms of processes, operations or business structure, management, and culture. The three variables are operational excellence, customer intimacy and product leadership, which can also be seen from the figure below (Treacy & Wiersema 1995 p.29,34-35).



Figure 2: The value variables of Treacy & Wiersema¹

Treacy & Wiersema (1995 p.29) would concisely explain operational excellence as “providing customers with reliable products or services at competitive prices, delivered with minimal difficulty or inconvenience”. Operational excellence can also be explained in a combination of low price, good quality and easy service. The variable is characterized by a centralized management of strict norms and high efficiency and a culture which encourages to only do right. The processes are basic and functional but also cost effective and the operations are centrally planned and standardized. (Peelen 2005 p.49; Treacy & Wiersema 1995 p.34-35)

¹ Model inspired from Lindroos & Lohivesi 2004 p.68, translated from Finnish

The main goal of product leadership is “providing products that continually redefine the state of the art.” (Treacy & Wiersema 1995 p.29) This can be elaborated into the willingness of always providing the best product possible in the market. Innovativeness and product development are some of the core processes and the operations are created to fit every new innovation or direction of the company. The management system and culture encourage to innovativeness, results, and imagination, but does not punish possible failures of experimentation. (Treacy & Wiersema 1995 p.37-38)

The third variable is called the customer intimacy variable and is explained as “selling the customer a total solution, not just a product or a service.” (Treacy & Wiersema 1995 p.29) The name of the variable says it all; the focus is on the customer, what they want, who they are and how the product or service can be developed to best fit the customer. The core processes include solution development, results and relationship management. The business structure is created so that the people closest to the customer can make necessary decisions regarding the customer relationship. The culture concentrates on building long-term relationships through the specific solutions for chosen customers. The management strives for making results through the relationship of the selected customer groups. (Treacy & Wiersema 1995 p.38-41)

3.1.2 Strategic fit

In addition to strategic positioning through operational effectiveness, unique activities and trade-offs, organizations can use a strategic fit to position themselves in the right environment. Mintzberg et.al. (2003 p.20-21) state that “While operational effectiveness is about achieving excellence in individual activities, or functions, strategy is about combining activities.” The idea of strategic fit is to combine the different activities and create a functioning whole in the environment that the organization is positioning itself. Strategic fit creates competitive advantage when the value-creating activities are enhanced and supported with the chain of activities. Because of this, managers of today have started to look at and treat their companies as a compilation of several important core competences and key success factors, rather than a complete whole. (Mintzberg et.al. 2003 p.20-21)

According to Mintzberg et.al. (2003 p.21), there are three types of fit: first-order fit, second-order fit and third-order fit. The first-order fit is classified as consistency between

the activities of the organization and its strategy. The second-order fit is created when all activities work together, and the third-order fit is created through the optimization of the separate activities. To create a sustainable strategic fit for competitive advantage, the organizations must acknowledge the activities of their organization. It is important to enhance the three types of fit, because the collaboration of the activities is more important than any separate activity.

How strategically fit an organization is, depends on the organization, the product or service, the market, and the competition. Products and services can be created or modified for a strategic fit and can be differentiated in the characteristics of price, image, support, quality, or design. Upon this strategic fit, organizations may create a strategy for selling more products and services by evaluating the fit between the product or service and the market. The strategies might include the penetration strategy, in which both the product and market are the same, but the concentration is put on penetrating the market regularly with the product. The bundling strategy includes putting two products together and selling it in one package. Market development strategy is selling the same product in new markets. In the product development strategy there is a new product, which is sold to the same market as before. Diversification strategy is selling several, different products to different markets. (Mintzberg et.al. 2003 p.127-130)

The market to which the products of the organization should fit, can vary in size and divisibility, location, and stage of evolution. The size of the market can vary from a mass market, to a fragmented market that requires many niche products or a segmented or even thin market. The geographic location of the market determines both the supply and demand of products and services. The stage of evolution of the market, including emerging, mature, eroding, and erupting markets, determine the need for products and services. (Mintzberg et.al. 2003 p.131-132)

Strategic fit is created when a product or service match with the market. The relation or fit between the market and the product can be divided into the four following strategies; commodity strategy, segmentation strategy, niche strategy and customization strategy. The strategies are separated from each other in terms of market and product and are dependent on different types of customers. The fit can either be natural or forced and vulnerable. Natural fit is created when the product and market automatically fit each other,

with the product creating the market or the market encouraging the creation of the product. The natural fit is normally sustainable compared to the forced or vulnerable fit that seldom leads to a durable fit. (Mintzberg et.al. 2003 p.133-134)

When the organizations have reached a strategic fit, the next thing is to keep the position on the market. Mintzberg et.al. (2003 p.134) recognize three strategy types that organizations can use to protect their position on the market: the burrowing strategy, the packing strategy, and the fortifying strategy with learning strategy as a sub strategy. In the burrowing strategy the organization aim to strengthen the brand and customer loyalty by digging deeper into the position. The packing strategy includes the organizations filling up their positions by offering value-adding side products to the core product. The fortifying strategy aims at building barriers to the position through for instance patents or long-term contracts, and the learning strategy aims at improving the position by learning about the product, the market, and the fit.

When the product is wrong for the market or vice versa, there is a misfit. There might be a too large product offering for the market, called a capacity misfit, or the competence of the producer does not match the need of the market, also called a competence misfit. Sunk misfit is created when organizations are stuck in a market due to exit barriers and myopic misfit means that the producer cannot see the market. Location misfit is when the producer is in the wrong place and cannot reach the market and sometimes the design of the product or service is wrong for the market, causing design misfit. (Mintzberg et.al. 2003 p.135) In order to create a fit between the product or service and the market in a design misfit, the organization is forced to redesign their products for example through service design.

3.2 Strategic mindset

Strandvik et.al. (2018 p.10) refer to strategic mindset as a map of the business environment. The market environment of today is disrupting due to new market regulations, a change in customer behavior and the development of artificial intelligence. Information technology, globalization, or environmental concerns also change the market and society. These set the guidelines for how businesses should change their thinking, in order to survive in the changing environment. For established companies and their managers, it is

critical to first assess and understand the changes in the market, to understand what strategic changes need to be made. (Strandvik et.al. 2018 p.4-10)

Strandvik et.al. (2018 p.7) have created a tool for understanding the mindset of the personnel in a business in case of a market disruption. Because of the increasing importance of the separate individuals in the companies, the tool can be used by any employee. The results will present the employees personal mindset of the business strategy. The tool evaluates the business in terms of strategic scope and focus in three business elements: offering, customer, and market. When understanding where the business stands and in what way the business should change, the company will have to strategically position themselves in the new market environment.

A disruptive market also enables the entry of new innovative companies to the market. These innovative companies and entrepreneurs do not have preconceptions of the business environment. They tend to be open for creating their businesses for the specific market in terms of capabilities, value drivers and the key business elements of offering, customer, and market. (Strandvik et.al. 2018 p.4-10)

With an overlook in history, Strandvik et.al. (2018 p.4-5) conclude that there are companies that have encountered a market disruption and changed their companies' strategy accordingly. What these companies have in common, is that they have a clear vision of the company and can see the present and the future and use this to rethink and reframe their businesses. In addition to a clear vision, these companies tend to have strong key individuals that believe in and work towards the vision. The individual thinking in a dynamic and complex business environment is emphasized, since the more dynamic the environment, the larger diversity in thinking and ideas, or mindset, is required.

The mindset diagnostic tool is a list of eight statements (appendix 1), which all start with the statement "When markets disrupt, I believe that.." The person who answers the statements should pick the alternatives that correspond his/her personal view of the company. The response of the two first questions give the scope and focus of which strategic mindset is grounded in and the following six questions create the core competences of focus and scope of the strategic mindsets. (Strandvik et.al. 2018 p.19,25)

As seen in figure 3 and 4, statements 1,3,5 and 7 give the ground for the company’s focus, which is either in the company, interaction, or customer. Statements 2,4,6 and 8 answer to what scope the company should have when markets disrupt, and the three alternatives are systems, relationship, or transaction. The focus and scope statements can create nine different strategic mindsets. If the business strategy is focused on the company, the alternatives are transaction/company view, relationship/company view or systems/company view. In situations when the focus of the business strategy is on interaction, the strategic mindsets can be a transaction/interaction view, relationship/interaction view or a systems/interaction view. The customer focus of strategy, will give strategic mindsets of transaction/customer view, relationship/customer view or systems/customer view. (Strandvik et.al. 2018 p.25)

Strategic mindset grounded in

SCOPE Statement # 2	f) Systems	Systems/ company view	Systems/ interaction view	Systems/ customer view
	e) Relationship	Relationship/ company view	Relationship/ interaction view	Relationship/ customer view
	d) Transaction	Transaction/ company view	Transaction/ interaction view	Transaction/ customer view
		a) Company	b) Interaction	c) Customer
		FOCUS Statement # 1		

Figure 3: Strategic mindsets (Strandvik et.al. 2018 p.25)

The different mindset models have according to Strandvik et.al. (2018 p.25) different views on customer, offering and market, which they refer to as core business elements. Figure 4 presents the main ideas of the nine different mindset models in terms of customer, offering and market.

SCOPE Statements # 4, 6, 8	f) Systems	Customer as target Seller-defined solution Seller-defined market/system	Customer as contributor Co-created solution Seller-negotiated market /system	Customer as orchestrator Customer-defined solution Customer-defined market/system
	e) Relationship	Customer as target Repeated buying/ contract and added relationship features Seller-defined market	Customer as participant Repeated buying/ contract embedded in negotiated relationship features Seller-negotiated market	Customer as designer Repeated buying/ contract and customer valued features Customer-defined market
	d) Transaction	Customer as target Seller-defined products/services Seller-defined market	Customer as participant Customer-perceived products/services Seller-defined market	Customer as integrator Customer-valued products/services Customer-defined market
		a) Company	b) Interaction	c) Customer
FOCUS Statements #3, 5, 7				

Figure 4: The main ideas of the strategic mindsets (Strandvik et.al. 2018 p.25)

As seen from figure 4, the customers have a different role depending on the mindset. They can be for instance a target, contributor, participant or even designer. The solutions or offerings are defined through what value they can bring, and depending on the mindset, the values can be defined or perceived by either the sellers or the customers. Likewise, the market can be either seller or customer-defined, depending on the mindset. (Strandvik et.al. 2018 p.25)

The transaction/company mindset is characterized by the customers being targets and the general market being faceless and homogenous with a range of products, customers, and competitors. Value is created from company designed products and services. Company marketing works in a separate division and the main business goal is to increase revenue and cut costs. The transaction/interaction view see the customers as participants and the value is created from the interaction between the company and the customers. Markets are faceless and homogenous but are led by the range of customer service. The main goal lies within creating customer-perceived quality and interaction, which is aimed at by the service directed marketing and business culture. (Strandvik et.al. 2018 p.20)

In the transaction/customer view mindset, the understanding of the customer is the main goal and a necessity, since the value is created from customers' use of products and

services. Markets are created around these products and services, which is why the marketing is centralized within the company. The relationship/company view mindset has the goal of initiating and maintaining customer relationships but activating the target customers through marketing. The value is created from the customer relationship in the customer relationship and competitors' markets. The relationship/interaction view mindset includes the relationship with the customer and their perception of quality and value. The customer is the center of the markets and the marketing is developed to support the ongoing customer service and support. The main goal is to initiate and maintain customer relationship, and through the long-term relationships increase profitability and eventually stability and reduced costs. (Strandvik et.al. 2018 p.20-22)

The relationship/customer view mindset has a goal of understanding different customer logics and activities and to add value through the right kinds of relationships, products, and services. Markets are created around the products and services and the marketing is centralized in the companies' activities and goals. In the systems/company view, the customer is perceived as a target and the companies design, build, and deliver services to the customers in solutions or platforms. The homogenous markets are created by systems and platforms and these are marketed to customers from specific marketing departments. The goal of the systems/company mindset is to increase market share by building solutions that are better than the single service or current solutions on the market. (Strandvik et.al. 2018 p.22-23)

The systems/interaction view include the customer in the development of solutions, which also creates the value. The markets are perceived as systems and solutions which compete for the customers and the marketing process is created from the cooperation of several different departments within the company. The main goal is to develop processes and solutions for a successful customer interaction. The systems/customer view aims at understanding customer logics and activities and match the solutions to the customer to create a high value. The marketing is centralized, and the markets emerge around the solutions with the customer logic in focus. (Strandvik et.al. 2018 p.23-24)

3.3 Service design

To understand the concept of service design, first the concept service should be elaborated. Both Lindberg-Repo & Dube (2014 p.71) and Mudie & Pirrie (2006 p.3-5) characterize services as intangible and heterogenous, but Mudie and Pirrie also add the two characteristics inseparability and perishability to the list. The characteristic of intangibility means that a service is untouchable and cannot be seen or smelled before being consumed. The variability characteristic can also be called heterogeneity and refers to the fact that the service outcome depends on the person or company that provides the service, and that the service can look different every time. Inseparability can be explained that the service is produced before sold compared to a product that is first sold and then produced and consumed. Perishability means that services cannot be stored and that the unused service perishes. Services are perishable due to their vast differences and uncertainty. (Mudie & Pirrie 2006 p.4-5)

In any service situation it is important to establish the three logics of the service for understanding the situation; customer logic, technical logic, and employee logic. The customer logic includes the customers' expectations, behavior, wants and needs. The employee logic consists of how the employee perceives for example the workplace, working conditions and working methods. The technology logic is the logic for how the service operations are created through technology. (Mudie & Pirrie 2006 p.61)

Mudie and Pirrie (2006 p.47-48) explain that "Service is a process where people interact with the production and delivery of an experience". The design of services should cover all aspects of that service, of which marketing, human resources management and operations can be stated to be the most important functions. To understand the service process, companies can use different tools to evaluate the process and acknowledge how the different parts of the service are connected. Tools like this can be called blueprinting or service mapping. (Mudie & Pirrie 2006 p.47-48)

Reason et.al. (2016 p.2-3) identify that service design is relevant today because of three specific themes; economic, social, and technical aspects. Services stand for approximately 70-80% of the economy in any mature country and bring value to regular manufacturers. The social trend is that customers receive, require, and expect more from the services across industries, which is why it is relevant for companies to understand

customers and their wants even more than before. The digital revolution has opened many new doors of how to do business, both for old businesses and new. Services that were before provided by a human being, could today easily be exchanged into a technological solution.

3.3.1 Types of service design

There are different types of services and Mudie & Pirrie (2006 p.48-49) have presented an idea of a classification of services; equipment-based services or people-based services. Equipment-based services are services that are automated, and the monitoring of the equipment is done by people. Depending on the equipment, the service personnel can be either unskilled or is required to have certain skills for the assignment. In the people-based services, the people are the core ingredient and depending on the service, there are a range of unskilled and skilled people but also professionals.

Service design thinking can be divided into five types of service design; User-centered, co-creative, sequencing, evidencing and holistic. A user-centered principle holds the customers as the center of attention, evaluated their wants, needs and experiences and the service is created in a collaboration with the service provider and the customer. A user-center principle highlights the importance of understanding habits, culture, and social context of the customer. Co-creative or co-creation is creating a new service or developing an old one with the insight and ideas of different user perspectives. The idea of co-creation is that the customer can give information of what parts of a service brings true value to the customer. The third principle of service design is that a service is always sequencing and includes three periods in the service process; the pre-service period, the actual service period, and the post-service period. (Stickdorn & Schneider 2011 p.36-41)

Evidencing is the fourth principle of service design thinking and includes showing the customer the background job of the service, which might make them appreciate the service more. The idea is to create positive service moments and an afterward positive experience to ensure customer loyalty and added recommendations. The principle of holistic is that the service and the surroundings of where the service is produced, should be open for the customer to see and created to fit the customer's need. Also, the customer base

should determine the holistic principle, since everyone is unique, and the service should fit their chosen customers. (Stickdorn & Schneider 2011 p.42-45)

Reason et.al. (2016 p.88) explain market changes as a starting point for a change in businesses. The current market changes in technology, competition and government policy has created a development in three different directions. These directions are: creating a digital business, a business with higher customer performance, or launching and adopting new products or services. The businesses, that concentrate on becoming a more digital business, aim at creating value to their customers through the reduction of waste and faster and easier connections to the services. The new digital services should first be created and integrated into the regular services and then a plan should be created on how to migrate the customers to the digital channels.

A new business model of higher customer performance can be seen from the company's point of view. The company develops the high-performance services, which are reflected in the business goals and then design a support service for the customers to use. The key aspects are to inspire the customers, enable the service and support the customers when needed. The successful launch and adoption of a new product or service is the third alternative of solution in the changing market. In designing a new product or service, companies first need to establish what customer value they aim at creating, by clarifying who the current customers are. Second, the barriers and opportunities of the new product should be monitored throughout the process, which can be done by using existing data from similar developments. The third and last part is to design the service. This should be done by planning the design in detail so that it functions without obstacles and that the use of the service is explained to the users. (Reason et.al. 2016 p.113-122)

3.3.2 Creating and designing services

When the service companies have understood what a service is and the different logics in a service situation, it is time to start designing the services. Lindberg-Repo and Dube (2014 p.70) cite Moritz (2005) for the description of service design: "Service design is the design of the overall experience of a service as well as the design of the process and strategy to provide that service." Other characteristics of service design is a personal

approach, customers with individual needs, a holistic approach and a system of experiences. (Lindberg-Repo & Dube 2014 p.70)

According to Reason et.al. (2016 p.17), there are three critical factors which characterize service design: movement, structures, and behavior. By studying and understanding customer experience through these three factors of service design, businesses can design and improve their services according to the customers' experiences.

The customers' movement can be divided into four stages; before, in the beginning, during and after. The before service experiences of the customer are interesting to the company in terms of how to design the service for this specific customer. In the beginning part of the service, the customers create their opinion on what value the service creates and how well the service company performs. During the service the customer will experience positive and negative aspects of the service. The customer's opinion continues to develop in terms of how good the service providers handle these aspects, especially the negative ones. The after part is relevant since every past customer is a potential new customer and by keeping in touch with them afterwards, they might come back later. (Reason et.al. 2016 p.17-22)

Since all customers are different in terms of preferences, choices, and behavior, it can sometimes be of interest to businesses to create services that fit as many customers as possible. Customers experience services through their individual needs and expectations; the need should be met by a specific service and the service should look a specific way depending on customer and market expectations. Movement can be divided into information, interaction, and transactions parts and should be designed for the specific needs of the individuals. (Reason et.al. 2016 p.28-31)

Structure in service design is the second critical factor and includes the customer channels, business architecture and organizational structure. In service design, these aspects are put together in a service blueprint or customer journeys, to understand how they are connected to each other. Customers can then be divided into different groups, depending on their specific customer journeys; human, consumer, customer, and user. Companies can use these customer journeys as a tool to visualize their services from the customers point of view. The human life cycle is used to identify what kind of services a person would need during their lifetimes and how they would perceive the services depending

on their life situation. The consumer life cycle can also be called the market need and is useful when designing the service positioning in the market. The customer life cycle can be identified as a customer relationship, where the business process is developed from the focus of the customer. The user life cycle tool can be used when the company is trying to find ways of cutting costs and create a new user behavior. (Reason et.al. 2016 p.32-36)

Behavior is the last key aspect of service design and by understanding the behavior, the businesses can create services that fit the market and customers. Customer behavior is directed by their personal experiences, which are created from the two aspects: actors and factors. Actors are for instance the people surrounding the customer, while factors can be for instance changes in demographics and trends. (Reason et.al. 2016 p.44-46)

From a business perspective, the business behavior can be seen from three different aspects; product-driven behavior, brand-driven behavior, and service-driven behavior. The business of a product-driven behavior has a specific and clear product, which is designed for a specific customer need. The key ideology of a brand-driven behavior is that the brand is the value of the service and this should be communicated to the customers. A service-driven behavior concentrates on the service and the relationship with their customers over the period of a lifetime. The main goal of a service-driven behavior is met when the company has followed the customer through the whole service process. (Reason et.al. 2016 p.49-50)

Grönroos (Lindberg-Repo & Dube 2014 p.79) has identified three ingredients of service design, which he believes are the three core components of a successful service design process. These ingredients are the service concept, the customers, and the process. The idea behind these components is that companies should manage all three objectives when designing a service, while keeping the customers perception of the service in focus.

Designing a successful service design might sometimes need a strategy of its own. Lindberg-Repo & Dube (2014 p.79-80) have included the service design strategy of prof. Bo Edvardsson, which is a five-step model to develop an efficient service design. The first step is the objective of the service design, in which the company is required to decide on what the goal of the service design is. Second, the companies should design what value they want to create with the design. The third aspect is to create a detailed system on what the service should look like and how the service should be designed in practice. When the

goal, value and system is decided on, the business should include the detailed information of the resources required for the service system to function properly. The last step of the strategy is to design the service to fit the larger environment in which it functions in. Edvardsson believes that by following these five steps, companies can develop an efficient service design, while improving customer experience and reducing costs.

4 METHOD

The research questions of this study included the following:

- 1) How have the selected insurance companies changed their strategic positions due to the changes in the healthcare market? What strategic mindset have they chosen to focus on?
- 2) What kind of healthcare services have the selected insurance companies designed for their customers?

The purpose of the research was to understand how the companies have changed their strategic positions and to explore similarities and differences between the companies. Because of this purpose, a qualitative study method was the best alternative for this research. Jacobsen (2007 p.57) explains that the qualitative research method is useful when the study aims at finding much information from only a few objects. The qualitative research method is also characterized by depth and the understanding of details, which can be connected to the type of research questions. Because of the vast information of a few instances, a generalization was neither relevant nor possible.

Since the research aimed at finding deep information on a few subjects, rather than wide information on many objects, an intensive research was relevant for this study. By conducting a deep or intensive design, the researcher aimed at either finding as many details as possible or understanding a certain context. One of these research designs is the case study. (Jacobsen 2007 p.60-63) Because of the aim of exploring and finding much information of three insurance companies, the case study is relevant for this study.

4.1 Selection of insurance companies

The choice of participants² for a study is dependent on the research questions and design of the study and includes a selected form of sampling and a presentation of the participants. For a qualitative research, the sampling plan be either a convenience or purposive sampling. (Bui 2014 p.143-144)

Because of the qualitative case research of this thesis, a purposive sampling plan was used to select the companies that would meet the criteria for the study. The case companies were selected based on the market share of non-life insurance companies in terms of premium income from direct insurances. As it turned out, there are three non-life insurance companies that together cover almost 81% of the Finnish non-life insurance market. The difference in market share between the third and the fourth largest companies was over 13%, which is why the selection fell on the three largest insurance companies LähiTapiola-Group, OP Financial Group and If Vahinkovakuutus Oyj. (Finanssiala 2017a p.8)

These companies have been the three largest non-life insurance companies in terms of market share since 2012, when Lähivakuutus and Tapiola merged into LähiTapiola and If Vahinkovakuutus Oyj acquired Tryg insurance. (Finanssialan Keskusliitto 2013 p.6) The case companies are discussed in detail in chapter six, where the strategy and healthcare services are also presented.

4.2 Measurement instruments

Bui (2014 p.147-149) explains that the measurement instrument presents to the reader what instruments have been used to collect the data of the research subject. The choice of instrument is determined by the research design and research questions of the study, much like when choosing participants for the study. Jacobsen (2007 p.92-117) lists three types of measurement instruments for collecting data, which can be used when conducting a qualitative research; interviews, observation, or a source study.

There are three reasons for choosing a source study as a data collection method. The first situation is when the collection of primary data is impossible, and the second reason is

² In this study a participant is a company

when the researcher wants to find out how someone else has interpreted a situation or event. The third reason would be when the researcher wants to map what people have said or done. In a source study, the researcher must decide on what types of documents can be used and evaluate if they are credible. Types of documents can be both numbers such as statistics, and texts such as magazines and annual reports. (Jacobsen 2007 p.113-114)

Source study was chosen as the measurement instrument of this study. The use of source study would help the researcher meet the purpose of the study of comparing the strategic position and service design of the three largest insurance companies. By conducting a source study, the information was collected the same way any customer would access it, which helped the researcher stay objective.

4.3 Data collection and content analysis

After choosing a measurement instrument of collecting data, the choice of what information to collect comes next. There are different kinds of information which can be gathered in a source study. These are for instance primary sources, where a person directly has documented the source or secondary sources, where the information is documented from somebody else. Sources can be either public or private, depending on who the intended receiver of the information is. Additionally, the sources can be personal or institutional, depending on who the sender of the information is. (Jacobsen 2007 p.126-130)

The data collected for this research included annual reports of the selected companies between 2012 and 2016 and information from their web pages. The first year of comparison was 2012, since this was the year when the selected companies became the three largest on the market. The last annual reports were from 2016 because at the time of writing, this was the newest annual report published of two out of the three selected companies. Newer information of the selected companies and of their services was retrieved from their webpages. Due to technical issues concerning the webpages of the annual reports of LähiTapiola of the fiscal years 2012-2013 these reports were rarely accessible online. Because of this, the annual brochures of these years were used instead.

It was also relevant to study the development of the insurance market in Finland over the same years, and this information was retrieved from the website of the Financial Supervisory Authority (Finanssiala) in form of published reports.

The choice of method for data analysis depend on the research design, research questions, method of data collection and type of data. (Bui 2014 p.154) The idea is to structure the data to see the larger picture of the content. Qualitative data can be analyzed through three types of analysis. The first one is content analysis, in which the data is categorized and then the idea is to find similarities between the categories. The narrative analysis treats the data as elements, which are connected to each other as a coherent story. The contextual analysis embraces the different perspectives of the data and aims at highlighting the many different aspects of the information. (Jacobsen 2007 p.134-135)

Jacobsen (2007 p.49,139-140) explains the process of content analysis in five steps; 1) categorizing the information, 2) filling the categories with content and citations, 3) count how many times a theme or problem is mentioned, 4) compare and search for similarities and differences and 5) search for reasons of the differences. When using the content analysis for analyzing the data, inductive reasoning for collecting the data should be used. This way the researcher will remain open-minded and open for finding surprises in the information.

In this research the collected data was processed through content analysis, since the aim of the research was to compare three case companies to each other and find differences and similarities between them. The data was analyzed with Jacobsens five step-model as a guideline. Steps one and two were used to create key categories of the annual reports and step four was used when comparing the companies' categories to each other and searching for differences in the analysis. Since the data of this research was rather extensive, Jacobsen's third process of counting a theme was irrelevant and would not bring depth into the study. The key categories were created by reading the annual reports and reflecting over which themes were discussed the most. The categorizations were gathered into diagrams, which can be found in the appendices. The results were compared to each other in the analysis.

In analyzing the strategic positioning and mindset of the companies, models from Treacy and Wiersema (figure 2) and Strandvik et.al. (figure 3 and 4) were used. The strategic

positioning through value variables was created by analyzing the strategic vision, mission, and key focus areas of the companies. The vision and mission were used for the analysis, since they reflect the external competitiveness of a company (comp. Lindroos & Lohivesi 2004 p.20-21,26). The key focus areas explain what the companies are focusing on to meet their predetermined goals, which is why these were used for the analysis. Additionally, the key categories created from the annual reports were added to the analysis to create a better understanding of the market positioning. The original model consists of three value variables, of which the company must choose on to focus on and keep a good quality on the two others. (comp. Treacy & Wiersema 1995 p.30,41)

The author was interested in understanding which value variable the companies had chosen to focus on. It was also of interest to evaluate in which order of importance the companies placed the two remaining variables, since both value variables should be at a decent level (comp. Lindroos & Lohivesi 2004 p.67-69). As a result of this, the author created a figure of a scale of five, three and two of the value variables. The companies received five points for the main value variable. Three points was given for the second largest valuable and two being the variable which the companies had the least focus on in the operations.

The mindset and core business elements models of Strandvik et.al. are originally created together with a mindset diagnostic tool (appendix 1). The idea is that any of the personnel in a company could answer the questionnaire, and so create their own opinion on what mindset and core business elements the companies should focus on. In this research, however, the mindset diagnostic tool was not used. Instead, the strategic values and key categories were used to analyze and position the companies in the model.

It is important to understand that the value variable scale and categorizations were made solely on the author's perception of the empirical material. The author could also have used experts to evaluate and categorize the companies, and this way might have received different results.

5 PRESENTATION OF THE CASE COMPANIES

The insurance market in Finland is regulated by many laws, of which the most central are the Insurance Companies Act (Vakuutusyhtiölaki) and the Insurance Contracts Act (Vakuutus sopimuslaki). In addition to these, all statutory insurances are regulated by additional Acts. The insurance businesses in Finland are controlled by the Financial Supervisory Authority (Finanssivalvonta). (Finanssiala 2016)

The market share of the non-life insurance market in Finland is calculated from the premium income from direct insurances. Over the time of comparison, the premium income was at its lowest in 2012 with 3924 million euro and its highest in 2014 with 4404 million euro. In 2016 the amount was 4347 million euro. (Finanssialan Keskusliitto 2013 p.7; Finanssialan Keskusliitto 2015 p.7; Finanssiala 2017a p.6)

The Financial Supervisory Authority yearly publishes a report in which they for instance present the amount of insurance companies in the Finnish market at the end of the year. In 2012, there were 43 national insurance companies, of which 23 were non-life and re-insurance companies, 13 were life insurance companies and seven pension insurance companies. Additionally, there were 57 non-life insurance associations on the market. The amount of insurance companies grew drastically, much because of the merger of Tapiola and Lähivakuutus, in which 19 new mutual insurance companies were formed. (Finanssialan Keskusliitto 2013 p.6) In 2016 the number of national insurance companies had increased to 52, of which 36 were non-life and reinsurance companies, ten life insurance companies and six pension insurance companies. (Finanssiala 2017a p.5)

The market share of the case companies between 2012 and 2016 can be seen in the table below (Table 1). LähiTapiola had its peak in market share in 2012 and its lowest in 2014 but has turned the company's market share into a rise in 2015 and 2016. Over the years, LähiTapiola's market share has still decreased with 0,9%. The market share of OP has steadily increased and the total increase of market share over the past six years is 3%. IF, on the other hand, has continuously lost market share and over six years their share has decreased by 3,4%. The case companies have kept their place positions during these years.

Table 1: Market share of the three largest non-life insurance companies³

Company/ Year	LähiTapiola	OP	IF	Total
2012	26,7%	29,4%	26%	82,1%
2013	25,6%	30,7%	25,5%	81,8%
2014	24,9%	31,7%	24,7%	81,3%
2015	25,4%	31,8%	23,6%	80,8%
2016	25,8%	32,4%	22,6%	80,8%

The market share percentages presented in the table above compares the premium income from direct insurances within the selected companies. The knowledge of the market share is rather interesting from a market analysis point of view, but this information still does not answer why the companies have increased or decreased their market share. During these five years, the selected insurance companies have together stood for over 80% of the Finnish market shares, even though the percentage has gone a little down.

To understand and evaluate the strategic positioning, strategic mindset and service design of the companies, the vision, mission and key focus areas of the strategy are presented in the case presentations below. The key focus areas highlight which focus areas the companies are focusing on, while the vision and mission explain the external competitiveness of the companies (Lindroos & Lohivesi 2004 p.20-21,26).

5.1 Case LähiTapiola-Group

LähiTapiola Group (later: LähiTapiola) is a Finnish mutual group of companies, which offers insurance services to private customers, farmers, entrepreneurs, corporate customers, and organizations. The group offers their customers life, non-life, and pension insurances in addition to investment and savings services. The group consists of 20 regional mutual insurance companies in addition to the four national companies LähiTapiola General, LähiTapiola Life, LähiTapiola Asset Management and LähiTapiola Real Estate Asset Management. (LähiTapiola-ryhmä 2017 p.2)

LähiTapiola has about 1,6 million owner-customers, to whom they offer insurance service in a variety of service channels. In about the 250 offices customers can receive face-to-

³ Finanssialan Keskusliitto 2013 p.9; Finanssialan Keskusliitto 2014 p.8; Finanssialan Keskusliitto 2015 p.8; Finanssialan Keskusliitto 2016 p.8; Finanssiala 2017a p.8

face personal service or connect with the insurance company by phone, internet, mobile or chat services. In 2016 LähiTapiola established their first office of lifelong security in Espoo and aim at establishing some 40-60 similar offices in the following years. The voluntary non-life insurances are issued by the 20 regional mutual companies of LähiTapiola. The independent companies have a strong knowledge of their operating environment and customers and can independently create services according to the local needs. (LähiTapiola-ryhmä 2017 p.2-4,11,25)

5.1.1 Strategy

LähiTapiola was founded in 2012 as a result of a merger between Lähivakuutus and Tapiola and on 1st January 2013 the new company officially started its operations. The year 2012 ended the companies Lähivakuutus' and Tapiola's operations together with Tapiola's three-year strategy. (LähiTapiola-ryhmä 2013 p.2,9)

During 2013 when LähiTapiola made large changes in the corporation structure that would fulfil the merger, the core goal was to at all times serve the customers at least as good as before. (LähiTapiola-ryhmä 2014 p.4) Between 2013 and 2015 LähiTapiola continued to build the new company structure. The organization structure was additionally renewed by incorporating LähiTapiola Palvelut Oy and LähiTapiola Pääkaupunkiseutu. Additionally, a merger between LähiTapiola Bank and S-Bank was decided on and followed through and the Bonus-cooperation with S-Group started. (LähiTapiola-ryhmä 2014 p.2; LähiTapiola-ryhmä 2015 p.4,9) Additional changes concerned the renewal of the boards of the non-life and life insurance companies, the change of management team work and the clarification of the group control. (LähiTapiola-ryhmä 2016 p.6)

In 2015, LähiTapiola presented that the company had created a new strategy for the following three-year period 2016-2018. The outline for the strategy was to renew the company of LähiTapiola's own accord and anticipation, for the company to be ready for the competition of customer loyalty and pricing. (LähiTapiola-ryhmä 2016 p.9) Additionally, the aim of the strategy was to expand the company from being an insurance and financial group into a lifelong security company. This was planned to be done through a four-step strategy; renewal with a customer focus, grow in growing centers, intensifying operations

by standardizing processes and offering a safer and healthier life. (LähiTapiola-ryhmä 2017 p.10)

Table 2: The vision and mission of LähiTapiola 2012-2016⁴

Year	Vision	Mission
2016	“To offer Finnish people a safer and healthier life.”	“To safeguard its owner-customers’ lives and success”
2015	“To make the lives of Finns more secure and healthy.”	“To safeguard its customers’ lives and success”
2014	” Be the leading partner in safety, wellbeing, and finances in Finland, close to our customers”	
2013		
2012		

As seen in the table above, LähiTapiola has had a similar mission throughout the years 2012-2016 and the vision was changed in 2015. The CEO Erkki Moisander (LähiTapiola-ryhmä 2016 p.6) commented that the first strategy period mainly was about creating a new company from the merger of Lähivakuutus and Tapiola through a series of compromises. This can also be an explanation for the yearly changes in vision of the years 2014-2016.

Table 3: Key focus areas of LähiTapiola 2012-2016⁵

2016	<ul style="list-style-type: none"> • Digitalization • The prevention of damage and proactive health and wellbeing services
2015	<ul style="list-style-type: none"> • The development of digital services • Building health and wellbeing services
2014	<ul style="list-style-type: none"> • Digitalization • Expanding the health and wellbeing business • Speeding up the life insurance sales • Streamlining the processes • Utilizing partnerships to create growth • Corporate business development
2013	<ul style="list-style-type: none"> • Investing in customer communications by developing processes for multi-channel customer contact
2012	<ul style="list-style-type: none"> • Investing in a local presence

⁴ LähiTapiola-ryhmä 2017 p.2; LähiTapiola-ryhmä 2016 p.2; LähiTapiola-ryhmä 2015 p.3; LähiTapiola 2014 p.1; LähiTapiola-ryhmä 2013 p.1

⁵ LähiTapiola-ryhmä 2017 p.7; LähiTapiola-ryhmä 2016 p.6,15; LähiTapiola-ryhmä 2015 p.5; LähiTapiola-ryhmä 2014 p.18; LähiTapiola-ryhmä 2013 p.3 (freely translated from Finnish by the author)

The key focus areas of LähiTapiola have changed yearly between 2012 and 2016 (table 3). From investing in a local presence and customer communications, the key focus areas became more detailed and evolved in 2014 and then again fewer in 2015 and 2016. The past three years still have the same focus of developing the digital services and creating health and wellbeing services. The author discovered that there were four recurring subjects in the annual reports of LähiTapiola and created key categories surrounding them. These were: The power of partnership, focus on the customer, expansion of the business and the development of services. The key categories were highlighted through citations, which can be seen in the table in Appendix 2.

5.1.2 Health insurance services

In 2014 LähiTapiola renewed many of their insurances policies, including the personal insurances. The new personal insurance can include a medical expenses insurance for illnesses, accidents and travel insurance and can be signed as early as before a child is born and kept active until the policy holder turns 100 years old. The health insurance cover is valid until the policy holder turns 80 years old and the other covers of the personal insurance can be kept active until the policy holder turns 100 years old. (LähiTapiola-ryhmä 2015 p.36,41) The aim of the new personal insurances is to shorten the clinical pathways after an illness or accident. (LähiTapiola-ryhmä 2014 p.17)

Before the merger, when there were still Lähivakuutus and Tapiola, Lähivakuutus had separate insurances for children and adults. The insurance for children included a medical expenses insurance for illness and accidents and was valid until the end of the insurance period during which the insured turned 18 years old. The adults' insurance was valid in medical expenses for illness until the end of the insurance period during which the insured turned 65 years old and 80 years old for accidents. Tapiola's insurance for children, which consisted of a medical expenses insurance for illness and accidents, was valid until the end of the insurance period, when the insured turned 20 years old. (Lokalförsäkring 2010a p.3; Lokalförsäkring 2010b p.3; LähiTapiola 2012 p.5)

The medical expenses and accident insurance of the new personal insurance package covers medical examination and treatment expenses including medicine prescribed by a doctor and the fees of hospitalization. Insurance covers which can be added to the

insurance package are for instance a traveler's insurance, sports insurance and disability or death cover due to accidents. In order to apply for a medical expenses insurance for illnesses, the customer is required to fill out a health declaration and must not be older than 64 years old. The other above-mentioned covers are available without a health declaration and the insured can be maximum 99 years old to sign an insurance policy. There is no deductible for the above-mentioned insurances, except for the medical expenses insurance for illnesses and the sports insurance. There are a couple of alternatives for the deductibles, which also affect the premium of the insurance. (LähiTapiola 2018b)

There are several benefits of the new personal insurance compared to the old personal insurances. The old personal insurances for children were valid until a specific age. When the policy holders would apply for a new health insurance after the first one had ended, prior illnesses would be left out from the new insurance. In the new health insurance, the policy holder can avoid possible restrictions by constantly keeping the cover active. For adults the new insurance cover can be kept active longer than before. (LähiTapiola-ryhmä 2015 p.41)

LähiTapiola has made a strategical cooperation in the health and wellbeing business in the form of a joint ownership of Pihlajalinna. The idea of the cooperation is to create an easy access to the medical and health centers, hospitals, and dental clinics of Pihlajalinna for the customers of LähiTapiola. The medical centers and hospitals offer general and specialist services, diagnostics, surgical procedures, occupational health service and oral healthcare services. (LähiTapiola-ryhmä 2017 p.5) As of February 2018 LähiTapiola owns about 26% of Pihlajalinna. In the summer of 2017 LähiTapiola made another strategical cooperation in the health and wellbeing business by purchasing an about 10% share of the healthcare provider Mehiläinen Oy. (LähiTapiola 2018a)

In 2014 LähiTapiola created a phone and chat service for customers to use in case they fall ill or get in an accident, called Terveysshelppi. Over the phone or chat medical nurses and doctors can identify the need for care and either treat the patient straight over the phone or book an appointment for them to a medical center. During the call or chat, the medical staff are also able to file an insurance claim to LähiTapiola on the customers' behalf. The service is open from 7 to 23 every day and is provided by Mehiläinen Oy. The service is intended for LähiTapiola's private customers, who have a medical expenses

insurance for illnesses, accidents, or a travel insurance. The Terveyshelppi is also available as a mobile application. (Terveyshelppi 2018) In addition to the private customers, the Työkykypalvelu policy is connected to the services of the Terveyshelppi. (Työkykykypalvelu 2018)

In the summer of 2017 LähiTapiola launched a new service, which includes a new health insurance and the Terveyshelppi service. The service is called Terve! service. The health insurance covers expenses from the examination for a diagnosis of an injury caused by an illness or accident. The expenses include only the doctor's fee, laboratory, X-ray, and diagnostic imaging expenses and does not cover the treatment expenses for the diagnosed injury. A possible compensation requires that the injury is being examined for the first time and that the customer has applied for medical care through Terveyshelppi. The insurance is available for customers of all ages without a health declaration or a deductible and without a sports restriction. When applying for the insurance, the customer can choose the upper limit of compensation per insurance period, 500 or 1000 euro. (LähiTapiola 2018c)

5.2 Case OP Financial Group

OP Financial Group (later: OP) is a financial cooperative group which offers banking, insurance, and wealth management services to their customers. OP Group has 1,8 million owner-customers through some 170 group member cooperative banks, which together make OP Group. Additionally, they have some 3,9 million private customers and 440 000 company customers. (OP Financial Group 2017 p.1) In 2015 the amount of member cooperative banks was ca 180, which operated in 450 offices. (OP Financial Group 2015 p.4)

The non-life insurance operations of OP include the insurance companies OP Vakuutus, A-Vakuutus and Eurooppalainen. OP Vakuutus is concentrating on insurances to private customers, which is why the services of OP Vakuutus will be elaborated further. (OP Financial Group 2018 p.26; Insurances 2018) The cooperation group includes several limited business subsidiaries. One of them is the OP Yrityspankki-konserni, in which the non-life insurance company OP Vakuutus functions. The health and wellbeing services

of Pohjola Hospital are also included in OP Yrityspankki-konserni. (OP Osuuskunta 2018a)

OP offers customer service to their customers over the phone, by web conference, in their online webpage, in social media or in an office. (Asiakaspalvelu 2018) Additionally the customers can receive personal, digital, or online and mobile services through for instance the mobile application OP-mobiili, Pivo or chat. (OP Financial Group 2015 p.12) In terms of claims applications, OP has designed new digital services, which include OP Claim-help and an insurance page in the OP-mobiili application. (OP Financial Group 2017 p.27)

5.2.1 Strategy

In 2012 OP (in 2012 the company's name was OP-Pohjola) developed a long-term strategy, which was designed to endure the changes in the operating environment. The main focus was on the customer and their best interests. (OP-Pohjola Group 2013 p.15) The mission and vision of the company would remain the same over the years 2012-2014 which can be seen in table 4. In 2014 OP bought the shares of Pohjola Bank, delisted the company, and integrated the business into OP. In line with the acquisition, OP became yet again a fully customer-owned company. (OP Financial Group 2015 p.12) The new company name and brand was changed into OP and the names of all subsidiaries were changed into beginning with the name OP. The strategical principles in the vision and mission were redefined according to the new company brand. (OP Financial Group 2016 p.9,20) This strategy was implemented in the company in 2015 and 2016 (table 4).

Table 4: The vision and mission of OP 2012-2016⁶

Year	Vision	Mission
2016	"The world's best financial services group owned by its customers."	"By means of our strong capital base and efficiency, we create sustainable prosperity, security and wellbeing for our owner-customers and in our operating region."
2015		
2014	"We are the leading and most successful financial services group in Finland."	"We promote the sustainable prosperity, wellbeing and security of our owner-members, customers and operating regions."
2013		"We promote the sustainable prosperity, wellbeing and security of our owner-members, customers and operating regions through our local presence."
2012		

In spring 2016 OP decided on guidelines for their new strategy for the years 2017-2020. The strategy was designed from the changes in the operating environment and the financial market. The aim was to respond to especially changes in business models from the effects of digitalization, knowledge, and customer experience. (OP Financial Group 2016 p.22) The details surrounding the 2017-2020 strategy are not visible in the table, since the last annual report studied in this research is the one for the fiscal year 2016.

To follow up on the goals of the corporate mission, OP has created a list of key focus areas to concentrate on. These are visible in the table below.

⁶ OP Osuuskunta 2018b; OP Financial Group 2016 p.20; OP Financial Group 2015 p.21; OP Financial Group 2014 p.19; OP-Pohjola Group 2013 p.16

Table 5: Key focus areas of OP 2012-2016⁷

2016	<ul style="list-style-type: none"> • Product and service production → Electronic services and responsibility of partners
2015	<ul style="list-style-type: none"> • Investing assets and lending → Assessment of the responsibility of investment objects
2014	<ul style="list-style-type: none"> • Sales and marketing of products and services → Product responsibility, financial literacy, and responsible marketing • Use of products and services → Functioning payment transfer and non-life insurance infrastructure (channels, accessibility, data security) loyalty benefits for our owner-members • Inclusive design of products and services → Product innovation, responsible products, and services • Funding → Skillful risk management (responsible evaluation, ensuring capital adequacy)
2013	<ul style="list-style-type: none"> • Helsinki Metropolitan Area • Continuing the integration of banking and non-life insurance services
2012	<ul style="list-style-type: none"> • Corporate customer business • Wealth management services • Electronic financial services • Payment transaction services

The main focus over the five years have lied in design and development of products and services. Additionally, the company focused on the experience of market changes, focus on the customer, change in the business model and the development of services, which are the key categories (appendix 3) created from the annual reports. The key focus areas and the key categories fit together especially on one point, which is the development of services. This seems to be the aspect of business that OP have put their main focus on. The new health insurance services of OP are presented in the following chapter.

5.2.2 Health insurance services

All subsidiaries and operations are developed in accordance with OP's strategy, and so is also the non-life insurance OP Vakuutus. The strategy of OP Vakuutus includes ensuring a versatile and comprehensive insurance cover for their private customers, by for instance developing the claims services and product offering. (OP Financial Group 2017 p.27) In line with the strategy, OP Vakuutus created in 2013 a new personal insurance, which

⁷ OP Financial Group 2017 p.20; OP Financial Group 2016 p.24; OP Financial Group 2015 p.33; OP Financial Group 2014 p.22; OP Financial Group 2013 p.18

would enable customers to select an even better coverage for their health. The name of the insurance is Terveysvakuutus. (OP-Pohjola Group 2014 p.44)

In their new personal insurance products, OP Vakuutus offer four different healthcare and accident insurance packages, from which the customer can choose the one that suit their life situation best. Depending on the extent to which the insured needs cover, the packages can include a medical treatment cover for either accidents, accidents and illnesses specified in the terms or all illnesses and accidents. There is also a health package for illness and injury to supplement occupational healthcare, which includes a cost cover for specific expenses. All packages also include specific therapies and rehabilitations and different varieties of dental cover. Additionally, the packages have optional covers, which can be included in the health insurance for instance psychotherapy and home healthcare. (OP Osuuskunta 2017 p.4-5)

The medical treatment cover includes doctor's consultations, examinations, and special examinations such as X-ray, MRI and laboratory, and surgery. The cover also includes medication and daily hospital charges of a public or private hospital. The customer applying for a medical treatment cover can be maximum 85 years of age and the cover is valid until the insured turns 100 years. The cover is granted based on a health declaration when the customer applies for a cover in case of illnesses or if a customer of 15 years or more applies for a cover of accident and a cover for specific illnesses. If customers over 57 years would like to apply for a coverage in case of accidents, they must also fill out a health declaration. The health insurance has an insurance period specific deductible and the different covers have their own deductibles. (OP Osuuskunta 2017 p.6-10)

Before the new healthcare insurance was designed to the product selection of OP, the product offerings for illnesses and accidents consisted of three health insurance products. These were the medical treatment expenses insurance, medical expenses insurance and medical treatment insurance (I got suddenly ill, 2018). These insurances had different age restrictions than the new insurance, and the insurances expired at the end of the year when the insured turned 65 years. (OP Osuuskunta 2016 p.3-4)

OP Claimhelp is a website in which OP customers can receive instructions for when an accident has happened and find a partner to help with the loss or damage. (What happened? 2018) In the case of a personal illness or accident, the website helps the customers

to identify if their insurance would compensate a doctor's consultation. On the website, the customer can choose the type of illness or accident they have and the OP Claimhelp will offer the five most suitable and closest doctor partners for the specific case. The service is available for personal insurance customers with any of the above-mentioned insurance policies. (I got suddenly ill 2018)

In 2013, OP expanded into the health and wellbeing market by opening their fully-owned orthopedic hospital called Omasairaala in Helsinki. In 2014, OP decided to expand the Omasairaala concept to cover all of Finland and into new areas of specialties and occupational healthcare. (OP Financial Group 2015 p.25) The second hospital was built in Tampere and opened in 2016 and at the same time the name of the hospital network was changed into Pohjola Health Ltd (OP Financial Group 2017 p.28). The third and fourth Pohjola Hospitals were opened in 2017 in Oulu and Kuopio. All four opened hospitals provide healthcare services, examinations, surgery, and rehabilitations for their clients. In 2018 the Pohjola Health Ltd will be complete when the Pohjola Hospital in Turku is expected to open in May. (OP Financial Group 2018 p.33)

Except for their own hospital network, OP has created a nationwide service network for their personal insurance customers. According to OP, their doctor partners are committed to offer a fast process even for the most difficult type of treatment. According to the list of medical partner doctors, OP mainly cooperates with Terveystalo, in addition to a few smaller medical healthcare centers. (Hoitolaitokset ja yhteistiedot paikkakunnittain 2018)

The goal with Pohjola Health Ltd is to offer a fast treatment chain with excellent customer satisfaction. (OP Financial Group 2016 p.30) If a customer chooses to go to a Pohjola Hospital in case of an accident or illness, the customer can file a claim at the hospital and seldom need to spend their own money for the treatment. The customer will also receive a claim settlement instantly at the hospital. In case the customer chooses to go to a partner hospital, the expenses must first be paid for and the customer can afterwards file a claim for the expenses. (I got suddenly ill 2018)

5.3 Case If Vahinkovakuutusyhtiö Oyj

If Vahinkovakuutus Oy (later: IF) has until October 2017 been a limited company in Finland and one of the subsidiaries of the Swedish corporation If P&C Insurance Holding

Ltd. Since October 2017, IF has operated as a branch company of If P&C Insurance Holding Ltd. If P&C Insurance Holding Ltd is owned by the Finnish company Sampo Group, together with subsidiaries as Mandatum Henkivakuutusyhtiö, Nordea Bank AB and Top Danmark. IF has divided their business into four business areas; private customers, corporate customers, major customers and Baltia. Depending on the business area, there are different kinds of product offerings in form of insurance. (Sampo Group 2017 p.13; Tietoa meistä 2018)

IF has a total amount of 3,7 million customers in all Nordic and Baltic countries and businesses it operates in, of which three million are private customers. (Sampo Group 2017 p.10) Depending on the customer segment, there are different kinds of customer service directives. Private customers who want customer service in insurance matters are directed to call, log on to the customer website of IF or visit one of the seven insurance offices in Finland. In claims matters, the customers are directed to call the nationwide customer service or report the damage online. (Toimipaikat ja yhteistiedot 2018) Corporate customers can receive customer service over the phone, in an online meeting or in the insurance office. Compared to the private customers, the corporate customers (with up to 500 employees) have a larger variety of personal customer service, since there are 30 offices for corporate customers in Finland. However, these customers are encouraged to book an appointment for a personal meeting in advance. (Yritysasiakkaiden asiakaspalvelu 2018; Kaikki yrityskonttorit 2018)

5.3.1 Strategy

The parent company of IF, Sampo Oyj, highlight that they do not have any strict corporate level strategy, but that the subsidiaries have clear separate financial strategic goals. IF as a group has a focus on underwriting and the goals of the business are a Return On Equity (RoE) of at least 17,5% and a combined ratio of maximum 95%. These have been the same financial targets during all five years of comparison.⁸

⁸ Sampo Group 2017 p.9; Sampo Group 2016 p.8; Sampo Group 2015 p.8; Sampo Group 2014 p.8; Sampo Group 2013 p.8

In addition to the financial goal, Sampo Group⁹ presents the long-term strategic goal of IF. In 2012 and 2013 the goal was a better profitability and customer satisfaction compared to their customers, in addition to a good creditworthiness. In 2014 the long-term strategic goal changed and would remain the same in 2015 and 2016. This goal included having and maintaining a better risk assessment and pricing than the competitors and thus providing the best product range for the customers. In 2015 the company added “providing the best service range” to their strategic goal, which remained in 2016.

In 2016, IF had a vision of being the best insurance company in the Nordic and Baltic insurance market, according to the customers. With their business operations, they want to offer attractively priced insurance solutions, that provide customers with security and stability in their business operations, housing, and daily life. (Table 6) The mission has remained rather the same over the five years. The vision has developed into a more general one in 2014, in which the customers are the main focus and the success of the company is reflected from the customers view. The change in vision can be connected to the change in strategic goal mentioned earlier, which also saw a change in 2014.

Table 6: The vision and mission of IF 2012-2016¹⁰

Year	Vision	Mission
2016	“IF is the preferred insurance provider in the Nordic and Baltic markets.”	“Offer attractively priced insurance solutions, that provide customers with security and stability in their business operations, housing, and daily life.”
2015		
2014		
2013	“Be the Nordic and Baltic Region’s leading insurance company with the most satisfied customers, the foremost insurance expertise and the best profitability”	“Offer insurance solutions that provide its clients with security and stability for business, residences and everyday living.”
2012		“Offer insurance solutions that provide its clients with security and stability for businesses and private everyday living.”

As the vision and mission are set, the company have developed a few focus areas, which will guide them in the right strategic direction. In the table below (Table 7) the key focus

⁹ Sampo Group 2017 p.10; Sampo Group 2016 p.9; Sampo Group 2015 p.9; Sampo Group 2014 p.9; Sampo Group 2013 p.9

¹⁰ Sampo Group 2017 p.10; Sampo Group 2016 p.9; Sampo Group 2015 p.9; If P&C Insurance Holding Ltd 2017b p.9; If P&C Insurance Holding Ltd 2016b p.9; If P&C Insurance Holding Ltd 2015b p.9; If P&C Insurance Holding Ltd 2014b, p.9; If P&C Insurance Holding Ltd 2013b, p.9

areas of IF in 2012-2016 are presented. Like the vision and mission, the key focus areas have slightly changed over the years. Digitalization has found its way into the key focus areas in 2015 while the business keeps focusing on creating value to their customers, operational efficiency, and insurance expertise throughout the years 2012-2016.

Table 7: Key focus areas of IF 2012-2016¹¹

2016	<ul style="list-style-type: none"> • Digitalization • Customer value
2015	
2014	<ul style="list-style-type: none"> • Underwriting excellence • Operational efficiency
2013	<ul style="list-style-type: none"> • Most satisfied customers through strong focus on customer value • Europe’s most professional and innovative P&C insurance professionals • Stable profitability through underwriting excellence and operational efficiency
2012	
	<ul style="list-style-type: none"> • Added customer value • Focused insurance expertise • Nordic business platform • Investment strategy with balanced risk

The analysis of the annual reports of Sampo Group and If P&C Insurance Holding Ltd (appendix 4) resulted in four key categories of interest; development of digital services, experience of market change, operational efficiency and focus on the customer. When connecting these key categories to the strategical goals of IF, it can be stated that IF clearly focuses on understanding their customers and creating the right solutions for them. Additionally, IF has a strong focus on the operational efficiency of the company.

5.3.2 Health insurance services

IF offers separate personal insurances for children and adults. In both the children and adult insurances, the policy holder can choose one of three different insurance packages; medical expenses insurance for illness and accidents, extensive accident insurance and normal accident insurance. The different insurances include in general the same covers for both children and adults, but there might be differences in the terms and conditions. The medical expenses insurance covers expenses caused by illness or accident, for instance, the doctor’s fee, examinations, laboratory expenses, prescription medicine and

¹¹ Sampo Group 2017 p.16; Sampo Group 2015 p.9; If P&C Insurance Holding Ltd 2014c p.34; If P&C Insurance Holding Ltd 2013c p.35

physiotherapy. The extensive accident insurance cover expenses caused by accidents in addition to specific listed accidents, for instance muscle rupture and tendonitis, and physiotherapy, among other covers. Both the medical expenses and extensive accident insurance cover sports accidents for people up to 12 years of age. The normal accident insurance is the least comprehensive of the three packages and cover expenses caused by accidents. The insurance includes a terms specific compensation caused by permanent disability or death caused by an accident. (Lapsivakuutus 2018; If Vahinkovakuutus Oyj 2018)

The different children's insurances can be signed when the insured is between the ages of seven days and 14 years. The medical expenses insurance for children can be kept active until the insured turns 80 years old, the expanded accident insurance until the insured turns 65 years old and the normal accident insurance until the insured turns 100 years old. The medical expenses and extensive accidents insurances for adults can be signed between the ages 15 to 69 and can be kept active until the insured turns 80 years old. The normal accident insurance can be signed between the ages 15 to 79 and the insurance can be kept active until the insured turns 100 years old. Unborn children are also possible to insure with a separate baby insurance and all associated insurance covers can be kept active until the insured turns 80 years old. (Lapsivakuutus 2018; Tapaturmavakuutus ja sairausvakuutus 2018; Vauvavakuutus syntymättömälle lapselle 2018)

The babies' and children's insurances signed before 1.1.2018 had a different validation than the new insurances. These insurances can be kept active until the insured turns 25 years old and after this the insurances terminates. This indicates that IF has activated their new children's insurances in 1.1.2018. (If Vahinkovakuutusyhtiö Oyj 2018 p.2)

When the customer signs a children's insurance, the policy holder must add a health declaration to the insurance application. The same goes for adults' medical expenses insurance for illnesses, while applying for an extended or normal accident insurance without added covers does not require a health declaration. However, if applying for an accident insurance provided by an organization customer, a health declaration is necessary. In both children's and adults' insurances the deductible in case of accidents or listed accidents is zero euro. The medical expenses insurance has an insurance period deductible, which the policy holder can choose from a list of deductibles. The vast choice of deductibles is

explained by the choice of using the compulsory statutory insurance for smaller expenses, but still having a private insurance for larger expenses. (Lapsivakuutus 2018; Tapaturmavakuutus ja sairausvakuutus 2018)

IF have developed a few healthcare and wellbeing services for their customers, and the idea is that the customers can receive versatile services and a fast access to a medical doctor. The IF Terveys concept includes If Terveysneuvonta, Etälääkäri and If Suorakorvaus. (If Terveys 2018)

IF Terveysneuvonta is a 24/7 open, free-of-charge health counselling service. The service is available for all customers of IF and can be accessed either by phone or online on the specific webpage. The service is created by IF together with their partners and the phone service is provided by the health counselling provider company Luona Hoiva Oy and the online service is provided by Klinik Finland Oy. (If Terveysneuvonta 2018) At the moment the service is available for the customers who have any of the above-mentioned insurance packages. IF still highlights that the service is a customer benefit offered to the customer groups of IF's choosing, and that the service is not a part of the insurance contract. The company also mentions that they have the right to change the content of the service at any time, including which customer segments it is offered to. (Tapaturmavakuutus ja sairausvakuutus 2018)

The idea behind the service is that the customer can receive information on any symptoms and illnesses they might have and to which medical center they should turn to in the need of medical assistance. If accessing this service over the phone, a nurse would answer the customers' questions, give medical advice and if necessary, book a doctor's appointment on the customers' behalf. On the If Terveysneuvonta website the customers can find information on different symptoms and illnesses. The service offers guidelines for the customers' need for care and contact information of the recommended medical centers. (If Terveysneuvonta 2018)

Another new service of IF is the direct compensation service If Suorakorvaus, which is created for customer with a healthcare insurance. The idea of the service is that the medical staff can file the insurance claim during the visit on the customer's behalf, and the customer only need to pay the deduction of the health insurance at the medical center. The deduction depends on the healthcare insurance. The service is available in the

medical centers of the partner doctors of IF, which are Terveystalo, Mehiläinen and Mehiläinen Digiklinikka. (If Suorakorvaus 2018)

IF has developed their services for the healthcare and accident insurance customers to include compensation for doctor's visits made over the phone, called Etälääkäri. As IF explains on their website (Etälääkäri 2018), some incidents can be managed over the phone and does not require a visit to a medical center. These can be situations when a prescription needs to be renewed, control medical visits or visits for allergy symptoms. The customers can use any distant doctor services, even though IF recommends the use of the distant doctor services of their doctor partners Terveystalo and Mehiläinen Digiklinikka. If the customer uses the doctor partners for their distant visit, they are also able to use the direct compensation service.

6 COMPARATIVE ANALYSIS OF THE CASE COMPANIES

This chapter will compare the results of the insurance companies and present the comparison. In general, the results show that there are similarities and differences between the case companies. Conclusively it can be said, that the case companies have a similar service but differ in focus. In the following chapters the strategic positioning and strategic mindset of the case companies are discussed. Additionally, the services designed for the changing healthcare market are presented.

6.1 Expanding the strategic position and clarifying the strategic mindset

The first research question of this study is:

- How have the selected insurance companies changed their strategic positions due to the changes in the healthcare market? What strategic mindset have they chosen to focus on?

The research question will be answered in two parts. The first part will elaborate the aspect of strategic positioning in the healthcare market and the second part will cover the strategic mindset of the companies.

The fact that the market is changing is not a secret. Both Treacy & Wiersema (1995 p.9) and Strandvik (2018 p.4-10) explain the many changes in the market and that companies need to review and possibly change their businesses to remain competitive. Strandvik also highlights that the companies need to understand how the markets are changing, to make necessary changes.

6.1.1 Expanding the strategic position in the healthcare market

The introduction of the study present that the Finnish healthcare market is in for a change and insurance companies are increasingly becoming part of this market. The study shows that the permanent change in the age structure in relation to the issues surrounding the public healthcare together have created a need for new solutions in the form of healthcare services. The result show that there are three markets, in which the companies position themselves; the geographical, physical and digital markets. The different markets overlap and complement each other, rather than exclude one another.

The case companies indicate in their visions and missions which geographical market they aim at positioning their companies in. The Finnish customer-owned company LähiTapiola state that their vision is to offer a safer and healthier life for the Finnish people, which means their focus is on the Finnish market (table 2). OP has up until 2014 had only the Finnish market in focus but has since 2015 indicated that they are expanding their business outside Finland (table 4). However, OP Vakuutus has their operations only in Finland, which is why it can be stated that the insurance operations of OP focus on the Finnish market. OP experience that the insurance and financial market is changing because of a slow economic growth, technological process, an ageing population, and a change in customer behavior. (key category, appendix 3)

The geographical environment in which IF aims at positioning itself is much larger than the other two case companies. IF operates in the Nordic countries and the Baltics, and they aim at being the “preferred insurance provider in the Nordic and Baltic markets.” (Table 6) As a key category of IF (appendix 4), the company perceive new market entrants and the rising competition as the larger market changers.

LähiTapiola and OP have both taken advantage of the market change in terms of changing their businesses (key category, appendix 2-3) in the direction of the healthcare market.

LähiTapiola is becoming a lifelong security company, with a focus on developing health and wellbeing services and OP develops their business into a diversified financial services group, including health and wellbeing services. By changing their insurance businesses, they position themselves according to a specific need (comp. Mintzberg 2003 p.18) and to fill a gap in the external environment (comp. Normann 2001 p.149). IF, on the other hand, enhances that their core strategy is to focus on the core business of insurance, which is why they are not too much affected by the changes in the market (appendix 4).

From the material it can be stated that all companies offer digital services to their customers. OP and LähiTapiola also have many physical offices in Finland and LähiTapiola even plan to create new lifelong security offices in the future. By this, they focus on offering services to a large variety of customers in a smaller geographical area. IF on the other hand only have a few physical offices left in Finland. They perceive the digitalization as a large market changer (appendix 4) and have chosen to concentrate on the digital services and the customer groups who prefer these. Through their online services, IF is choosing a more specific customer group in a wider geographical area.

The case companies are also positioning themselves in the market by choosing one value variable of the three variables of Treacy & Wiersema to concentrate on (comp. Lindroos & Lohivesi 2004 p.68). The model of Treacy & Wiersema requires companies to choose one of the value variables to concentrate on but keep a decent level of the other two variables. How the case companies are positioned among the values can be seen in the figure below.

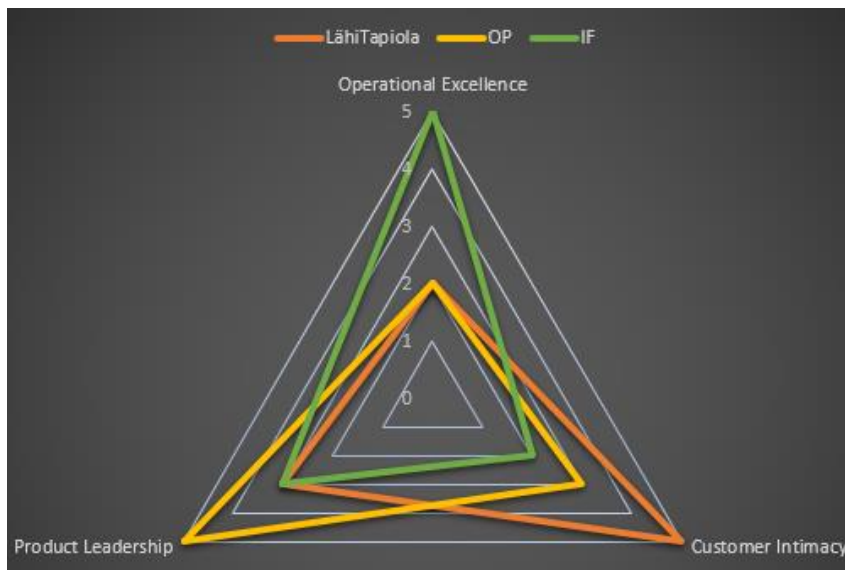


Figure 5: The market focus of the case companies¹²

LähiTapiola has a strong focus on the customer and wishes to build long-term relationships with them through the new business models (comp. chapter 6.1.2). In their key focus areas (table 5), LähiTapiola state that they over the years have concentrated on building health and wellbeing services and expanding into the health and wellbeing business. Other key focus areas are operational efficiency and the improvement of digital services. The development of services is further enhanced in the key categories (appendix 2), which is why the focus variables of LähiTapiola are divided as follows: Five points = customer intimacy, three points = product leadership and two points = operational excellence.

The aim of OP both in their vision (Table 4) and key focus areas (Table 5) surround services. The vision is to be the best financial services group and the key focus areas lie on creating, developing, marketing, and using products and services. From this, the key focus variable can be stated as: product leadership (five points). OP's strong focus on their customers will be further elaborated in the next chapter. New services are developed together with the customer and with the customer in mind, which is why the second focus variable of OP is customer intimacy (three points). Therefore, the operational excellence is the least important value variable (two points) of OP.

By looking at the key focus areas of IF (table 6), it is clear the one of the main focus areas lies within operational excellence. Together with operational excellence, the company

¹² Inspired by Lindroos & Lohivesi 2004 p.68

indicates that they aim at creating value to their customers and have also started focusing on digitalization. These three variables together fill the requirements of a market positioning called operational effectiveness. (comp. Mintzberg et.al. 2003 p.17-18) IF aims at becoming the leading company in digital solutions, while having a focus on customer expectation and needs (see chapter 6.1.2). From this information it can be concluded that IF's focus on the three variables is: five points = operational excellence, three points = product leadership and two points = customer intimacy.

As a result, it can be stated that the insurance companies have specialized in different aspects of the market. According to the study, the case companies have chosen one of the three variables each to excel in the market. OP Vakuutus and LähiTapiola both have the geographically restricted Finnish market in focus. Therefore, they are developing their businesses into a new market in order to grow market share and to take more responsibility of their customers. Through their choice of customer service channels, which are mainly online, IF chooses a specific customer segment. This customer segment consists of customers who know and prefer to use the internet or telephone for their insurance business.

From the presentation of the case companies and by comparing the business developments and market share, it can be stated that OP has taken market share from IF. One reason for this might be that OP have developed their business to fit the new healthcare market, while the business of IF has remained the same.

6.1.2 Focusing on different elements of the strategic mindset

As elaborated in the theoretical framework, the strategic core business elements of the strategic mindset model (comp. Strandvik et.al. 2018 p.25) consists of the customer, offering and market. The market situation of the case companies was discussed in the previous chapter. In this chapter, the customer element of the core business elements have been discussed. The offering element is strongly associated with services, which is why this is elaborated further in conjunction with the companies' service design in chapter 6.2.

All three companies actively discussed the customer, which is why the key category "focus on the customer" emerged. All three companies focus on the customer, but in slightly different ways. The companies' strategic mindset views are shown in appendix 5.

LähiTapiola is located in the mindset view of relationship/interaction. The company focuses on creating local and personal service and bringing new benefits to the customer through a series of services. The main goal is to offer a transcendent service and customer experience, but also improve the security of their customers through different events and equipment. The goal of the future is to become the best partner of their customers and be connected to them in all moments of life. (appendix 2) These statements also go hand in hand with their vision; “to offer Finnish people a safer and healthier life” and their mission of safeguarding the lives and success of their owner-customers (table 2). This type of mindset is best related to the relationship/interaction view mindset, since it is characterized by maintaining customer relationship and optimizing customer experience and interactions. (comp. Strandvik et.al. 2018 p.21-22)

The vision of OP has throughout the years remained almost the same with the focus on being a financial services group to their customers. The mission has throughout the five years of comparison been to create prosperity, security, and wellbeing for their customers (table 4). OP puts the customer in focus when developing new services and also engage their customers in the development process. They have noticed that the customers’ needs have changed in line with an added variety of options, which is why their services are developed to withstand sudden changes (appendix 3). Because of OP’s focus on understanding their customers, they are located in the transaction/customer view mindset (comp. Strandvik et.al. 2018 p.20-21)

The vision of IF is to be “the preferred insurance provider in the Nordic and Baltic markets”, while the mission is to create security and stability in the everyday lives of their customers. (Table 6) The customer focus lies in how the customers perceive the company, what their needs and experiences are and how satisfied they are with the services. Additionally, the digital services are developed to best fit the customers’ needs. (appendix 4). The systems/customer view is the mindset which explains IF the best, because of their active focus on the customer (comp. Strandvik et.al. 2018 p.20-21).

From this it can be concluded, that these three companies concentrate on the customer but in different ways. OP and IF have developed their mindsets into understanding the customers’ needs and OP also use the customers to create the best services that they might

need and require. All companies concentrate on creating security to their customers, while LähiTapiola focuses on establishing long-term partnerships with their customers.

Now that part one and two of the strategic mindset variables, market and customer, have been discussed, it is time to move on and elaborate the third and final variable: the offering, meaning service.

6.2 Designing long-term insurance policies and extensive healthcare services

The second research question is:

- What kind of healthcare services have the selected insurance companies designed for their customers?

As concluded in the previous chapter, the insurance companies have chosen certain strategic positions to fit in the changing healthcare market. The development of new services that fit the external market, automatically create a strategic fit for the companies. (comp. Mintzberg et.al. 2003 p.133-134) A change in the business model brings a fit in the market but might also require an update in the services. From the classification of services (comp. Mudie & Pirrie 2006 p.48-49), the services of insurance companies can be divided into two services; the equipment-based insurance policies and the people-based services. In the presentation of the case companies, the health insurance policies and services are explained and in appendix six and seven the same services are listed. From this information, it can be stated that the services of the insurance companies are user-centered, which is one type of service design. (comp. Stickdorn & Schneider 2011 p.36-41)

This chapter compares and analyzes these services designed as an addition to the public healthcare insurance, in two separate sub-headings: insurance policies and healthcare services.

6.2.1 Designing insurance policies for a diversity of customers

All three case companies indicate that they focus on the development of services (appendix 2-4). OP led the way of insurance policy development, when they in 2013 renewed

their personal insurance. According to them, the new insurance package was more comprehensive, and the upper age limit was raised to 100 years. LähiTapiola followed in 2014 when they developed their new personal insurance into a life cycle product, which means that the insurance is developed to cover the customers throughout their lives. Like OP, LähiTapiola also raised their upper age limit for some covers to 100. IF changed their insurances policies and raised the ages of validation (appendix 6) in 2018. By raising the upper age limit of validation, the companies design the services to fit as many customers as possible (comp. Reason et.al. 2016 p.28-31)

The insurance policies are similar in terms of content but are different in offering. OP has developed one insurance policy for all their private customers. IF, on the other hand, has three different insurance policies depending on how old the insured is when signing the insurance. Like OP, LähiTapiola also has one personal medical expenses insurance for all private customers. Additionally, LähiTapiola has developed an insurance policy, which is available for all customers, regardless of age or health.

OP stands out in validation, since the customers can insure themselves for illness and accident expenses until the age of 85 and keep the insurance valid until 100 years old. The corresponding insurances of IF and LähiTapiola insure the customers for illnesses only to the age of 80 years, and the insured must not be older than 69 years (IF) and 64 years (LähiTapiola) to sign the insurance.

From this information it can be stated that the companies have acknowledged that the population in Finland is ageing and thus developed services to serve a larger part of the population than before. Most insurance policies containing a medical expenses insurance are still granted based on the health status of the insured. This means that the already ill people and people over 85 years are still unable to receive an all-inclusive insurance. Among the three case companies, LähiTapiola is the only company who can offer a personal insurance to any person living in Finland, namely the diagnosis insurance. Additionally, OP and LähiTapiola only have one medical expenses policy for their customers, which is a more simplified system from the wider range of policies that they had before.

6.2.2 Designing extensive and personal healthcare services

By being in the service market, it is only natural that the companies concentrate on developing services. Additionally, the development of new services is one out of three directions to develop a business in a changing market (comp. Reason et.al. 2016 p.88). The analysis of the annual reports showed that all three companies discussed the development of services. (Appendix 2-4) LähiTapiola focuses on creating their insurance services as part of their customers' lives, much like the ideology of the service-driven behavior (comp. Reason et.al. 2016 p.49-50). The services that they offer, both help to prevent accidents but also services that help the customer in need.

The healthcare services of the insurance companies are presented in detail in chapter five and collected in a table, which is visible in Appendix seven. From chapter five it is understood that LähiTapiola and IF both offer health counselling services to their customers. IF's service is available 24h, provided by either Klinik Finland Oy (online) or Luona Hoiva Oy (over the phone). LähiTapiola's service is open 7-23 and provided by their co-owned medical center Mehiläinen. LähiTapiola's service include the filing of an insurance claim over the phone. IF offers their customers the service of filing the insurance claim and a direct compensation (IF Suorakorvaus) on the behalf of their customers only if they use the partner doctors for a medical support. OP provide a similar kind of direct compensation service, when their customers use the Pohjola hospitals for medical treatment.

As stated in chapter five, IF has expanded their healthcare insurance to also cover the use of distant doctor services. The phone or digital service is comparable to a physical doctor's visit. From this information it can be considered that the extension of the insurance coverage to distant doctors will remove customers from the long lines of the public healthcare. The services could treat more people in a shorter time and complement or even replace the Finnish healthcare services. Since the insurance policies nowadays can be kept active over a lifetime, it can be concluded that the insurance companies aim at keeping their customers throughout their lives. The customers may get used to the services and the doctor partners, and wish to continue their medical treatments in the services of the insurance companies. There is also no use for customers to switch insurance

policies and companies in case they have former illnesses, which might create restrictions in the new policy.

Both LähiTapiola and OP have a so called user-centered approach (comp. Stickdorn & Schneider 2011 p.36-41) when designing their services. LähiTapiola has developed the Terveysshelppi with the customers' needs in mind and OP develop services with the customers in focus and sometimes include their customers in the design process, meaning co-creation (comp. Stickdorn & Schneider 2011 p.36-41). OP is creating their own hospital network. The service started out as only one hospital but soon extended into a hospital network of five hospitals. LähiTapiola emphasizes the "power in partnership" (key category, appendix 2) and believe that creating services in collaboration with their partners is the key to offering new beneficial services to their customers. This is done by buying shares in medical companies; in the time of writing LähiTapiola owns 26% of the medical company Pihlajalinna and 10% of the medical company Mehiläinen.

In contrast to LähiTapiola and OP, IF focuses on developing only digital services for their customers. (key category, appendix 4) IF is "striving to become a market leader in digital channels" or developing into a digital business, as Reason et.al. (2016 p.88) categorizes the change in business. This means the creation of better electronic interfaces and e-commerce solutions.

What is interesting from the new services and co-operations, is that LähiTapiola has bought a share in Mehiläinen, which is one of the doctor partners of IF. This means that the more the customers of IF use the If Terveysneuvonta, Suorakorvaus and doctor partner services of Mehiläinen, the more LähiTapiola benefits from it. Moreover, the If Terveysneuvonta online service is an open webpage, which means the customers of any insurance company can use the service to find information and guidelines for care of different illnesses.

OP excels by building hospitals which they fully own. This can be a trump card, since the service is not dependent on any other organization except for their own and OP has the possibility to change the service however they like. Additionally, they have placed these hospitals in the same five regions as the social welfare and healthcare reform has announced to build the new social system around. Strategically they have (possibly) built their healthcare services in line with the new statutory healthcare system. OP has the

possibility to use this information when marketing their services and comparing them to the services of the public healthcare.

From this information it can be concluded that all three companies have developed their services for a larger variety of customers than before. The medical expenses insurance policies are granted to older people and the policies can be kept active longer than before. The health counselling services and doctor partners enable a faster and more efficient treatment chain for the customers in need. LähiTapiola stands out as they have a policy which is regardless of age or health. The new services create new alternatives of health security for the population in Finland. This can lead to a decrease in the use of public services and so forth create an ease in the statutory security system financially and operationally. From this, it can be understood that IF has developed similar healthcare services to match the ones of their competitors and to create and withhold an excellent customer service.

It can also be discussed that the companies have different customer orientation because of their service design. OP Claimhelp is only available online, while both Terveyshelpi and If Terveysneuvonta can be used both online and over the phone. It can be stated that the online services address a younger generation, while the policies of all companies are designed to fit the whole population.

7 DISCUSSION

Based on the results of the study it can be stated that OP and LähiTapiola have developed their businesses to fit in the changing healthcare market while IF have continued to improve their traditional insurance business. The three case companies concentrate on different market focus areas, which can be related to the geographical and digital environment in which the companies function. LähiTapiola and OP aim at obtaining market share in the healthcare market, in addition to maintaining market share in the insurance market.

The mindset of the companies was developed from analyzing their views of the market, customer and offering. LähiTapiola have a relationship/interaction mindset view. They have the Finnish market in focus and they aim at serving their customers in physical offices around the country. Their aim is to create lifelong relationships with their customers and design services that not only help in need, but also teach customers how they

themselves can prevent accidents from happening. The mindset of OP, the transaction/customer view, consists of the Finnish market with a mix of physical and digital services. The customer is in the focus of the growing financial services company and the offerings are designed to fit the owner-customers' needs. IF has a systems/customer mindset view. IF's market is larger in a geographical sense and their Finnish market is mainly online. It is important for the company to understand how the customers perceive their services, and the offering is created to fit their chosen customer segment.

All companies have renewed their insurance policies and created a new set of services. The new services are available to more people than before and can cover the wellbeing of the customers even longer than before. OP and LähiTapiola take a larger responsibility for their customers through their own clinical pathways. The new business models and services are designed to function as an alternative to the public healthcare and the companies have chosen their clientele through their different types of services.

The results presented above show that the study was able to answer the research questions set for the study. With different demarcations or choices, the research results could have varied, but the aim was to enhance the reliability by an open reflection throughout the research. Because of the nature of the qualitative research, the study cannot be generalized. However, the original models used in the study and the data collection from annual reports can be used to compare other companies to each other.

Due to the timing of the research, the annual reports of the fiscal year 2017 were not yet published. In today's fast-moving environment, the information from 2016 can already seem old and if I were to do the same research again, I would probably have gone for a longer timeframe. Another thing that I would have done differently is using experts when analyzing the mindset of the case companies. The mindset model included many different aspects and elements of businesses and the surrounding environment, and outside expertise could have been useful.

For future studies, it would be interesting to know the customers' aspects when choosing insurance companies. Relevant questions for this could be: "How important is it for the customer to receive medical treatment near his/her home?" and "How large impact does this have on the choice of insurance company?". The customer experience of the new services presented in this thesis, is also a subject which would be interesting to study. It

would also be interesting to know if the insurance companies are able to keep their promises regarding personal and efficient health counselling and medical care, when the social welfare and healthcare reform takes shape. Or will the already increasing customer flow continue to increase and create a “bottleneck” of the services in which the queues over the phone and to medical treatment become longer?

Even though the three largest insurance companies still hold over 80% of the market share, the percentage has slowly decreased over the five years of comparison. The strategic decision of moving into the healthcare market give the companies new focus areas in their operations, which changes the role of insurance companies to the core. Insurance as we know it seems to change, but what the insurance market will look like in the future is unclear. However, it is clear that the role of the private insurance companies in the healthcare market is growing and that the companies are actively preparing themselves for their new roles.

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APPENDIX 1: MINDSET DIAGNOSTIC TOOL

(Strandvik et.al. 2018 p.19)

Instruction: Please choose one of the three options for each statement (numbered 1 to 8) that best corresponds to your personal view concerning the company you work for

When markets disrupt, I believe that

#1 in our business strategies, we should prioritize

- a) Company-internal capabilities*
- b) Capabilities for interacting with customers*
- c) Capabilities for understanding customers*

#2 in our business strategies, we should prioritize

- d) Unique products/services as value drivers*
- e) Customer relationships as value drivers*
- f) A systems view as the value driver*

#3 we should focus on our customers as

- a) Reactive*
- b) Participating*
- c) Dominant*

#4 we should consider our customers' interest to be based on

- d) Unique products/services*
- e) Relationships*
- f) Systems of products and services*

#5 we should focus on developing offerings based on

- a) Company-internal priorities*
- b) Collaboration with customers*
- c) Customer priorities*

#6 we should consider the scope of our offering as

- d) Unique products/services*
- e) Relationships with customers*
- f) Systems of products and services*

#7 we should define our markets on the basis of

- a) Company functions/units*
- b) Customer interaction forms*
- c) Customer activities and reasoning*

#8 we should consider the scope of our market as

- d) Products/services*
- e) Customer relationship types*
- f) Systems of products and services*

APPENDIX 2. KEY CATEGORIES AND CITATION EXAMPLES OF THE ANNUAL REPORTS OF LÄHITAPIOLA-GROUP 2012-2016

(The citations are freely translated from Finnish by the author)

Category	Citation
The power of partnership	<p>”The partner cooperation is a part of LähiTapiola’s stakeholder dialogue and responsible business.” (LähiTapiola-ryhmä 2013 p.20)</p> <p>“Partnership across industries create the conditions to offer new service experiences for the customers.” (LähiTapiola-ryhmä 2014 p.7)</p> <p>”The challenges for LähiTapiola in the coming years are the renewal together with their partners towards a more customer orientation business. In the products and services, we need to improve the personal insurances, health, and wellbeing services in addition to the property insurances and wealth management. For our customers, we need to find a common future together with our partners.” (LähiTapiola-ryhmä 2016 p.6)</p> <p>The investment in Pihlajalinna is also an excellent example of the growing power of cooperation. In cooperation with strategical partners like Elo and S-Ryhmä, LähiTapiola has a better possibility to offer a safer and healthier life for their customers and at the same time succeed in the accelerating competition of the industry.” (LähiTapiola-ryhmä 2017 p.11)</p>
Focus on the customer	<p>”Through our wide network, customers expect and receive better local and personal services. [...] Our goal is to be the predecessor of our industry, when we build multi-channel personal services or new products and added benefits to our customers.” (LähiTapiola-ryhmä 2013 p.8)</p> <p>”We worked towards improving the safety of people and communities in for example fire and exit safety, traffic safety and the safety of traffic at sea. The regional companies arranged events for their customers, for example the almost two hundred events for checking fire extinguishers, and handing out safety gear like reflectors, reflector vests and anti-slip products.” (LähiTapiola-ryhmä 2015 p.33)</p> <p>”The central foundation stone of a welfare society has been insurance. This is not changing. A mutual company can offer the best benefits to their customers, because every customer is also a customer-owner.” (LähiTapiola-ryhmä 2016 p.6)</p> <p>”The goal of LähiTapiola is to offer a transcendent service and customer experience. In the future LähiTapiola wants to be the best partner in life to their customers, their families or their businesses and be</p>

	connected to their customers' lives through the different services. (LähiTapiola-ryhmä 2017 p.34)
Expansion of the business	<p>"In the financial year, we took the first steps towards fulfilling our well-being and health strategy by buying an about 10 percent share in the health service company Pihlajalinna." (LähiTapiola-ryhmä 2014 p.6)</p> <p>"The future is also bringing new types of businesses. It is already clear that the private welfare services market is growing significantly, and that the insurance companies are strongly involved in the health and wellbeing industry." (LähiTapiola-ryhmä 2016 p.9)</p> <p>"In line with their new strategy, LähiTapiola expands from an insurance and financial group into a lifelong security company. We have named the direction of the change to lifelong security, because we want to make the everyday lives of the Finnish people safer, healthier and financially more successful." (LähiTapiola-ryhmä 2017 p.6)</p>
The development of services	<p>"The P&C insurances of LähiTapiola were renewed in the spring of 2014. The personal and travel insurances are now life span products and continue in most covers without interruption up to 100 years. The insurance cover can be chosen completely according to the needs of the customers." (LähiTapiola-ryhmä 2014 p.14)</p> <p>"The customers are taking part in the development of LähiTapiola's services. [...] At the end of 2013 we started a trial, in which the service developers of LähiTapiola cooperate directly with the customers." (LähiTapiola-ryhmä 2014 p.16)</p> <p>"The Terveysthappi phone service, which has received an excellent feedback, is one example of our ways of building health and wellbeing services based on our customers' needs.(LähiTapiola-ryhmä 2016 p.6)</p> <p>"We invest in the prevention of damage and the anticipatory health and wellbeing services. [...] An excellent example of our anticipatory philosophy and responsible thinking is Sankarikoulutus. With the help of Sankarikoulutus, already tens of thousands of Finns have gained free fire-extinguishing skills." (LähiTapiola-ryhmä 2017 p.7)</p>

APPENDIX 3. KEY CATEGORIES AND CITATION EXAMPLES OF THE ANNUAL REPORTS OF OP FINANCIAL GROUP 2012-2016

Category	Citation
Experience of market change	<p>”The weak economic outlook and structural changes will be reflected in the financial market outlook. Changes in customer behavior and cross-industry expansion mean greater needs for reforms and investments in the financial market.” (OP-Pohjola Group 2014 p.26)</p> <p>“The need for structural economic changes is apparent in Finland, too, showing widely in the ability of the public market to produce and finance services. OP is reacting proactively to the increasing demand by improving its wellbeing and health services.” (OP Financial Group 2015 p.16)</p> <p>”Radical changes are ahead for the financial market, with some of them already underway. Change in customer behavior, ongoing technological progress and new agile players require that we too are able to reinvent ourselves on an ongoing basis.” (OP Financial Group 2016 p.7)</p> <p>”The financial market is also challenged by large-scale social changes in the operating environment, which involves, for example, ageing population, increasing inequality between population groups as well as slow economic growth. Service providers must be able to respond to the needs of a variety of customers segments where the customers are.” (OP Financial Group 2017 p.16)</p>
Focus on the customer	<p>”Our products and services are already good, and we are also prepared to develop them further to meet any new needs of our customers. (OP-Pohjola Group 2013 p.7)</p> <p>”OP has an agile service and product development that can quickly respond to changing customer needs. We engage our customers in the development of products and services on an extensive basis.” (OP Financial Group 2015 p.19)</p> <p>”As customers are faced with a growing number of options and switching a service provider is easy, they require smarter and more proactive service – 24/7.” (OP Financial Group 2017 p.16)</p>
Change in the business model	<p>”The plan of the central institution of OP-Pohjola to buy all Pohjola Bank plc shares and delist Pohjola, announced in early February, also lies behind our values. Following the purchase of the Pohjola shares, the idea is to begin to build a new, truly customer-owned, dynamic and agile OP-Pohjola.” (OP-Pohjola Group 2014 p.11)</p> <p>“Population ageing and the change in regional development are reflected in OP Financial Group’s business and group structure. OP aims to take different customer groups as well as the regional coverage and</p>

	<p>availability of financial services effectively into consideration. (OP Financial Group 2015 p.16)</p> <p>”During spring 2016 the Group will define its strategy for 2017-2020. The initiated strategy work concentrates on the major changes in the operating environment identified by OP and the financial-market transformation. The new strategy aims to respond particularly to the impacts that digitization has on business models, expertise and customer experience.” (OP Financial Group 2016 p.22)</p> <p>”In line with our new strategy, OP’s aim is to gradually change from a plain financial services provider to a diversified services company of the digital era. With financial expertise remaining our cornerstone, we will gradually expand OP’s business into new areas, such as Health and Wellbeing Services, Housing-related Services and Mobility Services.” (OP Financial Group 2017 p.1)</p>
<p>The development of services</p>	<p>”Omasairaala hospital, which specialises in orthopaedics and hand surgery, opened its doors in early 2013. It is the first hospital in Finland that is established by an insurance company. Omasairaala provides specialists’ consultations, examinations, surgery, and rehabilitation all under the same roof. The staff can also help customers in any insurance questions. Omasairaala aims to speed up the clinical pathway.” (OP-Pohjola Group 2014 p.44)</p> <p>”The year 2013 also saw the launch of Pohjola Insurance’s new, more comprehensive personal insurance enabling customers to select even better coverage for their health. What’s more, the upper age limit for such insurance was raised to 100. The key things are to ensure people’s wellbeing, to prevent illnesses and to help people recover quickly in the case of an injury.” (OP-Pohjola Group 2014 p.44)</p> <p>“OP Financial Group expanded to the health and wellbeing market from the beginning of 2013 when it opened Omasairaala, its wholly owned hospital in Helsinki specializing in orthopaedics. In 2014 we decided to expand the business of Omasairaala to become a nationwide service provider. The nationwide hospital network is being built under the Pohjola brand. We will open four new private hospitals while branching out into new special fields and occupational healthcare services.” (OP Financial Group 2015 p.25)</p> <p>”We launched innovative comprehensive solutions in, for example, non-life insurance which launched many new products and services during the year, including a health-related challenge offering the policyholder a possibility to lower their premium (OPn Syke).” (OP Financial Group 2016 p.22)</p>

APPENDIX 4. KEY CATEGORIES AND CITATION EXAMPLES OF THE ANNUAL REPORTS OF SAMPO GROUP AND IF VAHINKO-VAKUUTUSYHTIÖ 2012-2016

<p>Development of digital services</p>	<p>“IF’s focus on the Internet was further strengthened during the year and online sales and claims adjustment continued to grow. In 2012, IF developed a number of e-commerce solutions, leading to improvements for customer and more efficient internal processes.” (If P&C Insurance Holding Ltd 2013a p.3)</p> <p>“Digitalization is having an increasing impact and If is striving to become a market leader in digital channels with a focus on developing a better electronic interface and simplifying the sales process on the Internet.” (If P&C Insurance Holding Ltd 2015a p.38)</p> <p>“Lastly, we note that our customers are increasingly demanding modern digital solutions when handling their insurance business. We remain committed to our target of being the market leader in the digital channels used in the Nordic countries and are continuously developing our websites, claims handling and service interfaces, while at the same time utilizing the benefits of big-data analytics. (If P&C Insurance Holding Ltd 2016a p.39)</p>
<p>Experience of market change</p>	<p>“Ever since the financial crisis, competition in the Nordic P&C Insurance market has increased steadily. In certain countries, primarily in Norway for example, a not insignificant number of smaller competitors have established a position. This will be a challenge for the established companies in the years ahead.” (If P&C Insurance Holding Ltd 2015a p.3)</p> <p>“There is increasing competition in the Nordic insurance market and our competitors continue to develop. We have therefore launched extensive programs in all business areas to further increase customer understanding and to provide the best possible service. Both internal and external customer ratings clearly states that we are on the right path.” (If P&C Insurance Holding Ltd 2016a p.2)</p> <p>“Digitalization and adapting to changes in people’s everyday lives have been high on the agenda for some time. It is important to continue these efforts at an undiminished pace, since the operating environment will continue to change at an accelerating rate.” (If P&C Insurance Holding Ltd 2017a p.3)</p>
<p>Operational efficiency</p>	<p>”If is improving its internet offerings to meet the shift in customer behavior resulting from the increased use of the internet. This requires increased cross functional cooperation between product development, product management, marketing, sales and distribution, IT etc.” (Sampo Group 2013 p.17)</p>

	<p>“The investments in IT on a Nordic level enable the coordination of work tasks according to the best expertise and cost efficiency.” (Sampo Group 2014 p.14)</p> <p>“Today, the industry is focusing much more than before on the profitability of the actual insurance operations. For If, this has been the most important strategic theme for more than a decade.” (If P&C Insurance Holding Ltd 2014a p.3)</p>
Focus on the customer	<p>“A core objective for If is to create the best customer experience in all types of contacts, particularly when customers file an insurance claim. Every claims case is monitored, and the claimant is asked to rate and comment on the service he or she received. The results of these are very encouraging.” (If P&C Insurance Holding Ltd 2013a p.3)</p> <p>“To reinforce our competitiveness in the marketplace, If will continue its efforts to improve customer satisfaction. Whenever a customer needs help from If, the customer should experience products and services that live up to our “Relax, we’ll help you” promise. To this end, we’re taking actions to strengthen customer orientation across the business system.” (If P&C Insurance Holding Ltd 2016a p.39)</p> <p>“However, regardless of whether customer contact us by phone, e-mail, Facebook or chat functions, our promise is that they will receive the same excellent service. This, combined with long-term and stable pricing, will ensure that we will attract more customer and retain our existing customers even longer.” (If P&C Insurance Holding 2017a p.3)</p>

APPENDIX 5. THE MINDSET AND MAIN IDEAS OF THE CASE COMPANIES

(figure by Strandvik et.al. 2018 p.25)

SCOPE Statement #2, 4, 6, 8	f) Systems Systems/Company View <ul style="list-style-type: none"> • Customer as target • Seller-defined solution • Seller-defined market/system 	Systems/Interaction View <ul style="list-style-type: none"> • Customer as contributor • Co-created solution • Seller-negotiated market/system 	Systems/Customer View <ul style="list-style-type: none"> • Customer as orchestrator • Customer-defined solution • Customer-defined market/system IF VAHINKOVAKUTUSYHTIÖ OYJ
	e) Relationship Relationship/Company View <ul style="list-style-type: none"> • Customer as target • Repeated buying/ contract and added relationship features • Seller-defined market 	Relationship/Interaction View <ul style="list-style-type: none"> • Customer as participant • Repeated buying/contract embedded in negotiated relationship features • Seller-negotiated market LÄHITAPIOLA	Relationship/Customer View <ul style="list-style-type: none"> • Customer as designer • Repeated buying/contract and customer valued features • Customer-defined market
	d) Transaction Transaction/Company View <ul style="list-style-type: none"> • Customer as target • Seller-defined products/services • Seller-defined market 	Transaction/Interaction View <ul style="list-style-type: none"> • Customer as participant • Customer-perceived products/services • Seller-defined market 	Transaction/Customer View <ul style="list-style-type: none"> • Customer as integrator • Customer-valued products/services • Customer-defined market OP VAKUUTUS
	a) Company	b) Interaction	c) Customer
	FOCUS Statement #1, 3, 5, 7		

APPENDIX 6. INSURANCE POLICIES OF THE CASE COMPANIES

	LähiTapiola	OP	IF
Insurance policy	Personal Insurance Health Insurance	Health Insurance	Children's Insurance Adult's Insurance Unborn Baby's Insurance
Available	2014	2013	2018
Content	<p><u>Personal Insurance:</u> Medical expenses insurance for illnesses and accidents</p> <p><u>Health Insurance:</u> Diagnostics cover, expenses for receiving a diagnosis from an illness or accident</p>	Medical expenses insurance for illnesses and accidents	Medical expenses insurance for illnesses and accidents
Policy validation	<p><u>Personal Insurance:</u> Health declaration required Medical expenses for: - illnesses: granted 0-64 years, valid until 80 years - accidents: granted 0-99 years, valid until 100 years</p> <p><u>Health Insurance:</u> Health declaration not required Granted and valid: No age limit</p>	Health declaration required Granted 0-85 years, valid until 100 years	<p><u>Children's Insurance:</u> Health declaration required Granted: 7 days to 14 years, valid until 80 years</p> <p><u>Adult's Insurance:</u> Health declaration required Medical expenses for illnesses and accidents: granted 15-69, valid until 80 years Medical expenses for accidents: granted 15-79, valid until 100 years</p> <p><u>Unborn Baby's Insurance:</u> Mother's health declaration required Granted before the baby is born, valid until 80 years</p>

APPENDIX 7. HEALTHCARE SERVICES OF THE CASE COMPANIES

	LähiTapiola	OP	IF
Service	Terveyshelppi	Op Claimhelp	If Terveysneuvonta If Suorakorvaus
Service content	Health counselling by chat in application and over the phone Booking a doctor's appointment through the service The filing of an insurance claim through the medical staff	Online Contact information to the doctor partners	<u>If Terveysneuvonta</u> Health counselling online and over the phone Booking a doctor's appointment through the service <u>If Suorakorvaus</u> Direct compensation when visiting a doctor partner
Customers	Private customers of LähiTapiola LähiTapiola company customers with the Work Capacity Service	All insurance customers	<u>If Terveysneuvonta</u> Private customers of IF <u>If Direct Compensation</u> Customers with health insurance
Opening hours	7-23	24h	24h
Provided by	Mehiläinen	OP	<u>If Terveysneuvonta</u> Counselling online: Klinik On the phone: Luona Hoiva Oy <u>If Suorakorvaus</u> See partnership.
Partnership	<u>Co-owned medical services:</u> Pihlajalinna (26% owned) Mehiläinen (10% owned)	<u>Fully-owned medical services:</u> Pohjola Sairaala (100% owned) <u>Partner doctor:</u> Terveystalo	<u>If Suorakorvaus</u> Partner doctor: Mehiläinen Terveystalo Mehiläinen Digiklinikka