

HandHolding® framework might have been inspired by the healthcare management process, yet they differ widely albeit with many similarities and lessons. The comparisons are made in the schedule below.

Factor	Care Management/Consultation	HandHolding	Remarks
<b>Objective</b>	Restore a patient to sound health. Check the medical status of the supposedly healthy and help prevent bad health.	Restore an ailing organization to strong performance; resurrect a dead business or even a dead idea; make a strong firm even stronger	Only the sick goes to hospital except for proactive medical check-up. In handholding, the strong is led to an even stronger performance and dead businesses are revived and given new life. Hospitals do not raise the dead. HandHolding® does.
<b>Role recognition</b>	The care giver is known clearly as such while the patient is also known as the patient	Both the solution provider and the solution receiver melt into one: partners for success. The journey is shared.	Medical experts and patients in a hospital are still separated by a wall in the pursuit of the common purpose of restoring the patient to health. In Handholding it is a shared journey of partners. There are no walls.
<b>Approach to Diagnosis</b>	Usually robust. Tests are conducted; on which basis treatment takes place	Richly qualitative and garnished with equally robust business analytics. In HandHolding, it is referred to as diagnalytics. It is in the very heart of solutions design	In medicare management, verifying the adequacy, differentiability and validity of diagnosis is not always a must. That is not the case with HandHolding®. Even diagnalytics process is subjected to post application evaluation to be sure that we are delivering that which we promised.
<b>Approach to Expert Meet</b>	Doctors converge to examine and interpret the results of tests conducted and on the basis of that conclude on the approach to treatment	In HandHolding®, experts come together to ideate. They review the results of diagnalytics on which basis they design optimal solutions to actualize set intervention objectives	This process is not a must in health consultation and care giving. A supposed expert doctor can pretty much conclude by himself without consulting other medical experts. In handholding ideation is a must. First, because it is a partnership and shared journey which means that the ideas and voice of others count. Second, because it is one tested way of generating sound ideas and solutions that are optimal. Even the ideation process itself is further subjected to additional evaluation to be sure that it truly delivers the result expectation.
<b>Approach to Payment</b>	Except where there exists health insurance, the patient must look for the money to pay for the health services received.	HandHolding® partners recognize that it is a shared journey and therefore the 'handholder' places it upon itself to find adequate financial resources at the right price for the implementation of the agreed intervention solutions.	HandHolding demonstrates a much stronger sense of commitment and partnership to the actualization of the set objectives. The service receiver need not have money for the HandHolding® intervention to go on.
<b>Approach to Treatment and Follow-up</b>	The hospitals ideally should receive payment or a firm promise of same to resume treatment. Of course they normally follow-up patients albeit on limited cases to ensure that the patient is finally up and running.	Financial challenges and associated payments do not obstruct the continuation of intervention in HandHolding®. Oxygenation process continues with appropriate feedback mechanisms to ensure that the HandHeld partner is keyed into the realm of desired performance	

