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OUTSIDE THE LINES

INNOVATE, DISRUPT, BUILD AN ECOSYSTEM OF HEALTH

Today's Top Pick, Curated for Leaders Changing Healthcare

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Everywhere you turn in healthcare today, innovation is the buzz. While initially driven by disruptors – spurred on by the passage of the Affordable Care Act in 2010 – innovative thinking and redesign are at the heart of healthcare transformation. It's complicated, and it's not complicated, all at the same time. Simply put, it starts with – and is ultimately about – the people we serve. If you keep them as the core purpose of your focus, you'll be leading in the right direction.

In this week's Outside the Lines, we are pleased to feature insights from one of our X·CO Partners, Leah J. Vriesman, PhD, MHA, MBA, who is an expert on healthcare innovation and design-thinking.

Disruption In A Parallel Universe

For the last few decades in healthcare, we've borrowed the continuous process improvement motto: "Do the right thing, at the right time, at the right place." While commendable for efficiency, what about effectiveness? We've created ever larger, merged healthcare delivery systems, biopharma companies, insurers, and others to drive economies of scale and scope. Facing inward, we've tasked the front-line producers of services (physicians, nurses, techs, managers) to work harder, with more metrics and volume, but with less time and relationships with the individuals we serve: the patients, people in our communities, and their families.

After a mid-career switch to university professor, I find the vast education system is experiencing a parallel crisis. The accreditation processes required both within the system and by external bodies demand unwieldy amounts of documentation, surveys, review, and committee meetings. And while we do often find opportunities for improvements, the consequence of the bureaucratic system results in neglecting to build and nurture relationships with students … with what really counts.

"Disruptive Innovation" is a commonly-used term these days, and a lot of people don't really know how it's defined. In both cases above, when the people we serve stop being the core purpose of our focus, eventually they rebel. They start to lament: "there has to be a better way!?" Humans are clever. People will find a new way, develop a work-around, or create a groundswell of activities until the traditional systems are disrupted.

We're all hearing about examples of innovation in different industries, whether that be Airbnb disrupting the established hotel industry, or Uber and Lyft working around taxi licensure rules to provide convenient door-to-door transportation. Demanding to be heard, expecting convenience, and calling for experiences tailored to their preferences, the PEOPLE of the system want better options. And the established industry – at first discrediting and demeaning the disruptors – often finds itself playing catch-up to new ideas and technologies to stay relevant.

For years, online education and MOOCs (massive open online courses) were dismissed by elite universities as "lower quality, and professor-would-lose-

control-over-the-classroom style lectures". But people of all ages, from all over the world, wouldn't back down … and demand grew. Now top-tier universities – and top-tier health systems – are running fast to regain market share, partnering with Silicon Valley tech firms for the hope of real growth. Like universities, health systems are realizing that a variety of non-traditional access and convenience options are necessary to meet the real expectations and demands that attract the "modern" consumer of today … whether students or patients.

So how is healthcare being disrupted? These days the feverish trend is "patient-and-consumer-centricity" – an overdue focus on the people who NEED our care and WANT different experiences. And remember, nobody actually WANTS to be a patient. People want their highest achievable health, they need convenience, and they want to have their lifestyle accounted for and understood. Just as we can't expect life-long learning to take place in one delivery spot – for one type of student, and by one type of professor – we shouldn't expect health to be found only inside the hospital or doctor's office, by appointment, for people that 99% of the time are not "patients."

We need to approach the next 10 years as an ecosystem of health, re-designing what we do to understand customer expectations, meeting these demands in new ways, and making health our goal. To be real partners for the people and families in our communities, we're all going to need to think "outside the lines."

X·CO: MEET LEAH, ONE OF OUR EXPERTS

How do you take the steps to activate disruption – the right way – in your organization? How do you spur your executives, physicians, nurses, and teams to open their minds, re-design, engage, and embrace new and different ideas? How do you build your ecosystem for health?

Leah Vriesman, one of the experts on our Strategy Advantage X·CO panel, is a healthcare innnovation and design-thinking expert and facilitator. Leah is available for executive meetings/retreats or for executive-to-executive, short-term consulting and advice, to help drive your success forward. To get started with Leah, email us at XCO@xcoadvantage.com or call to 310/ 416-1400, x4.

Hear From Leah: The X · CO Difference

ADDITIONAL RESOURCES

Read more here about Disruptive Innovation, authored by Clayton Christensen, who originally introduced his thinking on the subject in 1995.

Read more here about the kind of innovation healthcare really needs, to help people manage their own health.

Click here to access other *Outside the Lines* issues.

This bi-weekly e-mail is curated by the expert team from Strategy Advantage and provides a look across the horizon, and outside the lines, of the healthcare industry.

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