Is it time for Radical Redesign?

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Paradigm Shifts

Paradigm

new paradigm

anomalies \rightarrow \text{incommensurability}

paradigm

normal science

normal science

revolutionary science
A shift

- New Thinking
- New Processes
- New Ideas
- New Methods
The new health care environment?

- Ageing of the population
- Growth in chronic disease and multi-morbidity
- Economics
- Workforce challenges
- Globalization, Consumerism and personalization
- Health care and social care everywhere
- Wellness
And in South East Asia?

Meet the over 65s in ASEAN – by 2020 they will number 46 million – 7.8% of ASEAN Population – one in every 3:
6 Singaporeans
14 Indonesians
26 Laotians

Nurture the under 14-year-olds – 26% of ASEAN’s population in 2013 with ongoing decline through 2020. Lowest rate in Singapore (16%), highest rates in Philippines and Laos (34, 35%).

Source: Deloitte 2015 Report; A perspective of future healthcare landscape in ASEAN and Singapore
By way of comparison, in the 15 years from 2015 to 2030, China’s elderly will rise from 11 percent to 18 percent of the population, according to World Bank data. However, it took Germany 25 years to make that leap. The elderly will rise from 11 percent to 20 percent of Singapore’s population over this period, but it took France 49 years to do the same. South Korea will move from 13 percent to 23 percent, a rise that took Italy 40 years.
Chronic disease

Chronic diseases due to sedentary lifestyles are becoming more prevalent as ASEAN nations get richer: Type 2 diabetes, and obesity - over 190mil with diabetes in Asia Pacific - however pain, antibiotics and hypertension still dominate developing markets.

Cardiovascular diseases are predominant concern in ASIA because of tobacco, hypertension and obesity - Asia Pacific will have greatest number of NCD (non-communicable diseases) deaths among all global regions by 2020.

Source: Deloitte 2015 Report; A perspective of future healthcare landscape in ASEAN and Singapore
Necessary but not sufficient?
How do we address these challenges?
More of the Same?

William Pollard

Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.
We cannot solve our problems with the same thinking we used when we created them.

-Albert Einstein
You guessed it…….
Leadership Alliance – Radical Redesign (from the inside out)

Change From the Inside Out
Health Care Leaders Taking the Helm

Even as politicians and pundits continue to debate the merits of the Affordable Care Act (ACA), it is time to look beyond it to the next phase of US health care reform. Although many physicians contributed to the development and implementation of the ACA, the forces that have steered it so far have been primarily governmental. Leaders from within health care should now more firmly take the tiller. To borrow a phrase contributed by Spline and colleagues, it is time to move from change forced from the “outside in” to change led from the “inside out.”
• **Change the Balance of Power**
  - Co-produce health and wellbeing in partnership with patients, families, and communities

• **Standardize What Makes Sense**
  - Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care

• **Customize to the Individual**
  - Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of “what matters” to the person in addition to “what’s the matter”
Promote Wellbeing
- Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care

Create Joy in Work
- Cultivate and mobilize the pride and joy of the health care workforce

Make it Easy
- Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians
- **Move Knowledge, Not People**
  - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

- **Collaborate/Cooperate**
  - Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

- **Assume Abundance**
  - Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities

- **Return the Money**
  - Return the money from health care savings to other public and private purposes
1. Change the Balance of Power

*Introducing Christian*

*The Old Way*

- Ryhov Hospital, Jönköping, Sweden had traditional hemodialysis and peritoneal dialysis center.
- In 2005, a patient, Christian, asked about doing it himself.
Co-Design of Dialysis Care
From patient to employed
From patient to patient support

2009  2010  2012

Patrik
Self-Dialysis

• Now 60% of Ryhov Hospital dialysis patients are on self-dialysis
• Their aim: 75% of patients
Self-Dialysis Results

• Costs reduced 50%
• Complications dramatically reduced
• Measuring success by “number of patients working”
2. Standardize what makes sense
2. Standardize what makes sense
3. Customize to the Individual

What Matters.....

- 400 Teams in 10 Countries
Humanizing Healthcare

**BOX 1. THE DIMENSIONS OF HUMANISATION**

<table>
<thead>
<tr>
<th>Forms of humanisation</th>
<th>Forms of dehumanisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insiderness</td>
<td>Objectification</td>
</tr>
<tr>
<td>Agency</td>
<td>Passivity</td>
</tr>
<tr>
<td>Uniqueness</td>
<td>Homogenisation</td>
</tr>
<tr>
<td>Togetherness</td>
<td>Isolation</td>
</tr>
<tr>
<td>Sense making</td>
<td>Loss of meaning</td>
</tr>
<tr>
<td>Personal journey</td>
<td>Loss of personal journey</td>
</tr>
<tr>
<td>Sense of place</td>
<td>Dislocation</td>
</tr>
<tr>
<td>Embodiment</td>
<td>Reductionism</td>
</tr>
</tbody>
</table>

Source: Todres et al (2009)
4. Promote Wellbeing

Please be upstanding!

This conference is standing friendly. Please feel free to take standing and stretch breaks at the back of the room and break up that sedentary time!
St Ninian’s Primary School
Stirling, Scotland

- 420 Students:
  - 20% of pupils in deciles 1-3
  - 35% of pupils in deciles 4-7
  - 45% of pupils in deciles 8 and 10

At the Start: 45% of Pupils Were Overweight
“The Daily Mile”

“Fit to play, fit to learn”

Three years later, and, of 57 Primary One children, not one is overweight

St Ninians Primary School
Stirling
Scotland
Ms Elaine Wyllie
wyllee48s@stirling.gov.uk
5. Create Joy in Work

Joy is more than the absence of burnout

We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e. sense that life is comprehensible, manageable, and meaningful) and ability to function in the face of changes in themselves and their relationships with their environment.

— Aaron Antonovsky —
Burnout also affects patients

A variety of studies have shown association of provider burnout with:

- Lower levels of empathy
- More mistakes
- Less patient satisfaction
- Reduced adherence to treatment plans
- Overuse of resources

“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.”

L. Leape

How to Create a Joyful, Engaged Workforce

Outcome:
↑ Patient experience
↑ Organizational performance
↓ Staff burnout

1. Ask staff “what matters to you?”
2. Identify unique impediments to Joy in Work in the local context
3. Commit to making Joy in Work a shared responsibility at all levels
4. Use improvement science to test approaches to improving joy in your organization
Critical Components for Ensuring a Joyful, Engaged Workforce

Interlocking responsibilities at all levels

**Real Time Measurement:** Contributing to regular feedback systems, radical candor in assessments

**Physical & Psychological Safety:** Equitable environment, free from harm, Just Culture that is safe and respectful, support for the 2nd Victim

**Wellness & Resilience:** Health and wellness self-care, cultivating resilience and stress management, role modeling values, system appreciation for whole person and family, understanding and appreciation for work life balance, mental health (depression and anxiety) support

**Meaning & Purpose:** Daily work is connected to what called individuals to practice, line of sight to mission/goals of the organization, constancy of purpose

**Autonomy & Control:** Environment supports choice and flexibility in daily lives and work, thoughtful EHR implementation

**Recognition & Rewards:** Leaders understand daily work, recognizing what team members are doing, and celebrating outcomes

**Participative Management:** Co-production of Joy, leaders create space to hear, listen, and involve before acting. Clear communication and consensus building as a part of decision making

**Camaraderie & Teamwork:** Commensality, social cohesion, productive teams, shared understanding, trusting relationships

**Daily Improvement:** Employing knowledge of improvement science and critical eye to recognize opportunities to improve, regular, proactive learning from defects and successes

Happy Healthy Productive People
6. Make it easy

24 participating organizations

375 rules submitted (and counting!)
Rules surfaced

1. Rules related to policies and regulation
2. Rules related to patient and family experience
3. Rules related to workflow and processes
4. Rules related to staff experience
5. Rules related to culture and mindset
7. Move knowledge not people
PEEK: 10,000 Children Screened per Week by Teachers in Kenya
8. Collaborate and co-operate
### Project ECHO

#### ECHO Treatment Outcomes:

Equal to University Medical Center

<table>
<thead>
<tr>
<th>Hepatitis C Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=261</td>
<td>N=146</td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 1</td>
<td>50%</td>
<td>46%</td>
<td>NS</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 2/3</td>
<td>70%</td>
<td>71%</td>
<td>NS</td>
</tr>
</tbody>
</table>

SVR = sustained viral response

Arora S, Thornton K, Murata G. NEJM 2011; 364:23
9. Assume abundance
Promoting Independence

Customer feedback

“It makes me feel so much better knowing that I get my postie’s friendly call to check on me three times a week.”
Amy (82 years - living alone)

“I am an independent person but I look forward to my Call & Check.”
Derek (90 years - living alone)

“Knowing my mum gets checked on every day during the week takes some of the pressure off my wife and I, and gives us additional peace of mind.”
Mike (son whose mother lives alone)

“The Call & Check service gives my mother and I a real feeling of reassurance knowing a regular check is being made.”
Danielle (daughter whose mother lives alone)

“Thank you for Call & Check and sorting out for my shopping to be delivered to my home, it makes life a lot easier.”
Alice (lives alone)
10. Return the money
Radical Redesign Principles

1. Change the Balance of Power
2. Standardize What Makes Sense
3. Customize to the Individual
4. Promote Wellbeing
5. Create Joy in Work
6. Make It Easy
7. Move Knowledge, Not People
8. Collaborate/Cooperate
9. Assume Abundance
10. Return the Money
And now for the hard part

HOW TO MAKE A SWITCH

For things to change, somebody somewhere has to start acting differently. Maybe it’s you, maybe it’s your team. Picture that person or people.

Each has an emotional Elephant side and a rational Rider side. You’ve got to reach both. And you’ve also got to clear the way for them to succeed. In short, you must do these three things:

DIRECT the Rider

FOLLOW THE BRIGHT SPOTS. Investigate what’s working and clone it. [Jerry Greenfield in Vietnam, solution-oriented therapy]

SCRIPT THE CRITICAL MOVES. Don’t think big picture, think in terms of specific behaviors. [1% milk, four rules at the Brazilian railroad]

POINT TO THE DESTINATION. Change is easier when you know where you’re going and why it’s worth it. [“You’ll be third graders soon,” “No dry holes” at BP]

MOTIVATE the Elephant

FIND THE FEELING. Knowing something isn’t enough to cause change. Make people feel something. [Placing gloves on the table, the chemotherapy video game, Robyn Waters’s demos at Target]

SHRINK THE CHANGE. Break down the change until it no longer spooks the Elephant. [The 5-Minute Room Rescue, procurement reform]

GROW YOUR PEOPLE. Cultivate a sense of identity and instill the growth mindset. [Brazillia’s “inventors,” junior-high math kids’ turnaround]

SHAPE the Path

TWEEK THE ENVIRONMENT. When the situation changes, the behavior changes. So change the situation. [Throwing out the phone system at Fastlane, 1-Click ordering, simplifying the online timesheet]

BUILD HABITS. When behavior is habitual, it’s “free”—it doesn’t tax the Rider. Look for ways to encourage habits. [Setting “action triggers,” eating two bowls of soup while dieting, using checklists]

RALLY THE HERD. Behavior is contagious. Help it spread. [“Fatski” in Tanzania, “free spaces” in hospitals, seeding the tip jar]
Every paradigm needs a vanguard
And just think……

- No Gutenberg, no mass media
- No Christian and Britt-Mari, no self-dialysis
- No Elaine, no daily mile
- No Sanjeev, no Project Echo
- No (….your name here….), no ………
Let’s just start together on radical redesign

Start now. Start where you are. Start with fear. Start with pain. Start with doubt. Start with hands shaking. Start with voice trembling but start. Start and don’t stop. Start where you are, with what you have. **Just start.**

—Ijeoma Umebinyuo
Thank You!

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