7 Actions for Positive Change in Healthcare

BY SPRING STREET EXCHANGE
JANUARY 2022

As we launch a new year, at Spring Street Exchange we would like to propose seven actions healthcare leaders can take as part of their everyday work to drive positive change in healthcare. While pundits share a common summary of trends to watch, we see our role in this dialogue as one of action.

The actions we suggest cut across trends and are intended to support both immediate work and long-term planning. We recognize the urgent demands and real limitations faced by healthcare leaders who must do more each year with less. And yet, we know that stepping back to look forward can recalibrate and invigorate thinking and shift how we solve near-term problems.

We hope these ideas resonate with you and look forward to hearing your additions. As always, we are honored to walk alongside you on this journey.

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1 Provide support and tools to address misinformation in healthcare.

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Trust in (and among) healthcare payers, providers, medicine, vendors, and institutions in the US means different things to different people. Trust has been eroding in these areas, and others in the US for decades.[1] More recent politicization of nearly everything in our society, including public health, combined with explicit misinformation and conspiracies related to the pandemic, prevention, vaccines, and medical treatment, have accelerated this trend. Because there is still so much we do not know, science continues to evolve, and smart people can argue about the right course of action, contributing to further trust issues. Angry, fearful patients and community members who earnestly believe their cause to be just can be demanding, intimidating, and threatening.

For many payers and providers, patient engagement has been a double-edged sword. Patients that are more informed are more motivated to get well. The downside is that it takes more time to educate and to dispel bad information (I heard from a friend, social media, conspiracies, etc.) and increases visit times and costs. Payers and providers increasingly find themselves under scrutiny, while the whole industry must work to credibly earn trust and combat misinformation, fear, and cynicism.

What we can do: Those in patient / community-facing roles need both tools and support. We need to develop standards of conduct, provide de-escalation training, and be willing to act to address intimidating behavior. We also can take an empathy-based approach to engagement and dialogue and acknowledge uncertainty and complexity. Personal stories can engage the hesitant as much as data and science.

While trust is built through millions of interactions, we also need to work together as an industry to address distrust of science, medicine, and healthcare. We can work jointly to combat forces sowing distrust and share tools and experiences across sectors and among competitors. We are truly in this together. To this end, personally, we can find time for each other.

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1   https://www.ajmc.com/view/examining-the-current-lack-of-trust-in-health-care

2 Make people, culture, and wages a daily priority.

people

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Reconfiguring the location of work and channels for collaboration is a dramatic shift for almost all healthcare organizations. As employers, many healthcare companies are turning attention inward to define rules for when to be in person, how to apply public health requirements and recommendations, and which platforms to use for connection and productivity.

Burnout and churn are serious issues for clinicians, administrators, customer support, and others working in the healthcare system. Maintaining a healthy workforce will require attention to topics such as leadership, culture, connection, and well-being. Staffing shortages have raised wages for those in many roles, especially nursing and lower-wage jobs. Filling staffing gaps could require a fresh look at the finances and staffing models altogether. Scenarios and visioning work can be helpful for this. Earnest employers seeking to listen to priorities may even find this to be challenging. Finding channels to gather fears, hopes, and needs among

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the workforce can be difficult. Many are cynical of annual surveys and hesitant or too busy to contribute to suggestion channels which few believe are anonymous.

This workplace cultural revolution does not yet have answers, and optimal solutions vary by organization and individual. As people leave their jobs in record numbers[2] the great workplace re-sort could take time to settle, and no one solution will work for everyone.

What we can do. Create more channels for engagement with business purpose that indirectly address workforce challenges. Empower Generations Y and Z as advisors and leaders. Question long-held assumptions and develop scenarios with radically different assumptions to broaden thinking. Cost analysis of churn vs raising wages is already happening across the economy and ultimately healthcare will need to address pay gaps and changing workforce costs.

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2   U.S. Workers Quitting Their Jobs Hit a Record in August, The New York Times (nytimes.com)

3 Think big and systemically with health equity.

Think big and systemically with health equity.

The pandemic laid bare the healthcare disparities due to race, ethnicity, and income. Health inequity for historically underserved and marginalized people has been well-documented and yet persistent. Finally, health equity is a primary goal for many of the health plans, ACOs, and health systems in our orbit, and the commitment is real. *In Just Medicine: A Cure for Racial Inequity in Healthcare*, Dayna Bowen Matthew dives into the underlying causes of health disparities, exploring both implicit and explicit bias. She documents how even well-meaning providers, administrators, policies, and interactions within the healthcare system can serve to create or exacerbate health inequity. As an industry, we need to deepen our understanding of the factors that contribute to health disparities and work together at both the organizational and system level to eliminate them.

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What we can do. Bold action and sustained focus are needed. This means addressing diversity, equity, and inclusion in all aspects of our work, including hiring, retention, culture, workforce dynamics, healthcare delivery, programs, services, and communications. In addition, each of us can advance health equity at a systems level by connecting with others in the broader ecosystem to make lasting change.

Move from pilots to placing large-scale, focused bets in addressing social needs that inform health.

At long last many parts of the healthcare industry are embracing a broader definition of care that includes the social context of patients. While some organizations are going all-in on addressing social barriers to health, many are still dabbling on the edge. We recognize the need to test-and-learn, but there is a risk that a pilot approach is too small in duration, scope, or scale to produce significant and lasting results. Some healthcare organizations are pouring hundreds of millions of dollars into addressing social needs, and at the same time, others are toe-dipping. Value-based care creates the business case for healthcare's role in addressing social barriers to care. Acting hesitantly can risk funding for frustration rather than funding for results.

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What we can do. Waiting for proven ROI after multi-year pilots could end up being too little too late. Focusing on big impact will require seeking additional sources of funding, dialing up work on partnerships and collaboration, and homing in on an SDOH strategy that will focus resources and deliver the greatest benefit. We know that social factors impact health outcomes, access, and cost of care and that addressing social needs can be critical to addressing health equity. If your organization is not ready to move to bigger steps around social needs, you can engage in these efforts with trade groups, nonprofits, volunteer opportunities, advisory bodies, and through other channels.

5

Use Design Thinking and structured innovation to upend consumer experience.

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Consumers and patients have long been trained to tolerate inconvenience in a healthcare system that reflects the limits and needs of the infrastructure. But as every other service-oriented business on the planet becomes more consumer-centric and experience-obsessed, and as individuals pay a bigger and bigger portion of the tab, consumers are expecting more for their money. Many healthcare industry 'improvements' with the 'consumer-friendly' label still fail to deliver on a truly accessible, high-quality, real-time, empathetic, cost-effective, and convenient patient/member experience. The principles of Design Thinking have revolutionized products and services in other sectors. True consumer-based design is focused on addressing unmet needs and demands a greater change of the system. If healthcare doesn't deliver on this from within the industry, there is no doubt that change will come from new and outside sources.

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What we can do. Organizations that primarily invest in automation of, and incremental improvements to, traditional models risk getting better and better at yesterday's healthcare. In the big picture, healthcare organizations need to engage in fresh approaches to recreate what it means to access care and coverage. Healthcare leaders can get started through workshops or retreats in both strategic visioning and Design Thinking. Innovation groups comprised of contributors from different functional areas and levels of the organization can align around common visions and dive deep into challenges and obstacles. These steps can take place alongside urgent daily demands and can tap and energize the innovation mindset of employees. Those who are further along can build innovation cells that accelerate the launching of 'far from core' businesses.

6

Engage in long-term strategic visioning.

vision

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We see healthcare disruptors operating with a planning horizon of five, ten, and twenty years ahead and traditional healthcare incumbents operating on a one- to three-year horizon. We can no longer bet that the future strategies of United, CVS Health, and other powerful healthcare titans will look like they have in the past. Healthcare has proven to be too complex for outsiders over the years, but that does not mean that Walmart, Amazon, Apple, Google, Best Buy, and upstarts will not be successful in forging into healthcare. Long-term thinking paints a broader, more complex healthcare ecosystem where health and well-being are woven into the fabric of our lives. This can also open the door to identifying partners that can help fill the gaps and expand your current capabilities.

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At SSX we sometimes see healthcare organizations recognizing competitive threats with one side of their brain, and then doubling down on making their performance in the current model more efficient. Every healthcare entity needs to consider how it will productively interact in a healthcare landscape three, five, and ten or more years from now where many more companies are healthcare companies, and a sizable portion of healthcare takes place outside of a traditional care setting.

What we can do. You don't have to blow up your portfolio of strategic, regulatory, and operational initiatives to also spend time to envision the long-term horizon. Engaging in retreats, quarterly scenario planning, and monthly strategic sessions helps leadership teams or boards find the mental space to explore the future and discuss near-term implications together. While it can be tempting to place more 'real' or urgent concerns as a priority, we have found that leaders always find strategy sessions to be high-value, and energizing.

7 Engage in radical collaboration and community-building.

community

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Work with many humans! Engage with a humble mind and open heart. Connect between meetings and within trade groups. Engage in substantive dialogue from other parts of the industry and outside of healthcare. Talk with young people, older people, and everyone in between.

Connect with people who are different from you. Join consortiums, dialogues, workshops. Ask questions. Read full books. Talk about all of it with others. There is so much going on in healthcare; none of us is expert enough to go it alone. And we can't wait for the answers to come in before we start acting.

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What we can do. Set aside more time for engagement. Identify an engagement accountability partner, and text each other every time you engage outside of what is expected. Mourn and celebrate, as appropriate.

The type of engagement outlined in these actions is at the heart of Spring Street Exchange. We participate in both formal and informal dialogue through many channels. We host policy forums, scenario planning events, and learning collaboratives for the industry. We also offer strategic planning and future visioning engagements for boards, leadership teams, and private groups. Our innovative Data Packs and Event Packs drive energy and creative thinking that help push the industry forward.

None of us decided to work in healthcare because we wanted to sustain the status quo. And yet, sometimes at Spring Street, we think that 'busy' is the greatest risk incumbent healthcare organizations face when preparing for the future. Connecting with each other and with our higher selves as we approach challenges and new opportunities creates the energy and drive to true change.

We're ready.