Disruptive Digital Technologies... Who should be disrupting whom?

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Disruption – so what are we talking about?

• Disruption generally solves “big” problems
  - for the people who have to make the greatest change!
• And generally at scale
  - LOTS of people have the problem being solved...
• Sometimes solving problems we didn’t even realise we had!
• By implication, ALWAYS massively **changes** the way we “do things”
• Historically, disruption has come from OUTSIDE the industry being disrupted
Let’s talk about change – By Mandate

• Needs no explanation to this audience!
• Often associated with expensive, lengthy “change and adoption programs” staffed by hundreds of external contractors and experts that don’t actually practice the work being changed...
• Generally trying to change people who don’t see any reason to change / don’t want to change...
• Often the benefit of these changes is not immediately or directly seen by the people doing the most change...
Let’s talk about change – By Disruption

• Change is WANTED by a critical mass of parties to the change
• Change generally brings about a sense of “ease”, “delight”, “wow”, and other pleasurable sensations not previously associated with the task
• Generally the following sorts of comments are made post change:
  “it just works”
  “it just makes sense!”
  “how did we do this before xxx?”,
  “you gotta get this app”
  “what, you can still ring for a taxi?”
So what’s the secret?

• What’s in it for me? (WIIFM)
  • Cheaper / More “X” for same financial investment (for me)
  • Less effort / More “X” for same effort investment (for me)
  • Quicker / More “X” for same time investment (for me)
  • Better quality “X” (measured by me)
  • Trendy / Fashionable (to me)
  • Safer (for me?)

• Summary term - Delight? Pleasure?
Does Disruption make EVERYBODY happy?

• Almost by definition, NO!
• The greatest disruption occurs when there is a **WIIFM for MANY** affected parties by changing to the new way of doing things
• This does not mean that ALL parties affected are better off.
• **“Better never means better for everyone... It always means worse, for some.”**
  • Margaret Atwood, The Handmaid's Tale

• Often worse for the doctors, it seems...
WIIFM for many, but not for all...

• David Pencheon’s example - John - QMC NHS - Food Catering

• **Winners**
  • Pollies
  • Community
  • Farmers
  • Unemployed
  • Executives
  • Patients, Staff

• **Losers**
  • Old food outlets
  • The food trucking company and supply chain providers
How do we increase the chance of success?

• Creating great solutions to problems is ideally not just good luck
• Increasingly, science is behind good design, the science of **User or Human Centred Design**
  • Allows those of us that are not “gifted” to achieve great results!
  • Gets around the issues mentioned by Ford and Wachter earlier today
• **Beware of “work as imagined”** aka **“design by expert committee”**
• In the end, whatever the solution is, it has to be
  • **Usable**
  • **Useful** (& Safe and of high Quality etc.)
  • But most importantly – **USED** (preferably by choice, not mandate)
Disruption – “it will never happen to us…”

• Currently you have a lot of control
• Hard to see that changing quickly, but strange things still do happen...
• There is a fair degree of unhappiness with the current service...
• Lots of clever people are looking very closely at what you do for opportunities to disrupt you
• Incentives are changing
  - payment for... outcome, patient experience, healthy behaviour
• Barriers are dropping - My Health Record, FHIR, SMART on FHIR, (HealthKit)
• General public is increasingly thinking
  “this device / digital solution(s) should help me with my health care”
Disruption – so who should drive it?

- The Patient?
- The Government?
- Private Payers?
- The Lawyers? (Jen Morris’ example)
- The nerds? (Engineers, software developers, technicians)
- The people who DO the business of healthcare?
- People we would never think of...
Disruption – if we leave it to the nerds...

• AI - replacing doctors
• Robots - replacing surgeons / procedural clinicians
• Video - replacing face to face consultation
• Chatbots - replacing telephone / text chat support services
• Genomics - answer to all ills
• Personalised Medicine - really? we would never think of this!
• Big Data & Data Analytics - can we really call this disruption?
• PREMs and PROMs - who do you want in charge of this?
• Internet of Things - now we are talking!
Disruption – what can a physician do?

• **Focus on** being clear about what your big **problems** are (not solutions)
• **It’s not all about you** – consider the problems of your patients, their carers, your staff, other organisations you interact with
• **Make everybody aware** of those high priority problems ?RACP role
• Be an active member of the eHealth reference group of the RACP (and maybe change the name to digital health) – **avoid reactivity**
• Shape your materials to the audience – **User Centricity always**
• **Be involved** - in the discussions about new technologies - the innovation conversations, the “chatter” about disruption!
Thought provoker – surely we can do better?

• Making Appointments... Some Examples...

1
2
3
Low Hanging Fruit? Aka things that bug me

• Appointment making process
  • Including pre-, in- and post- practice workflow

• Circle of Care issues
  • Who are the clinicians involved, and why
  • Who are the important social supporters
  • Who comprises the caring team
  • Who are the family members
  • How do I find all the legal parameters of care (AVO/ Guardianship etc.)
    • How do I contact all of the above?
Disruption isn’t the only way…

• A visit to the Dentist...
  • Google search
  • Site with detail of qualifications and experience of clinicians
  • Glass of water on arrival (note almost empty waiting room)
  • Appointment times that correlate with time seen…
  • Screen on the ceiling – movie of my choice
  • Almost painless local anaesthetic
  • Notifications (but note no automation of making appointments)
  • Cameras/Video to show me what is going on
  • Financial transparency
  • Staff that really seemed to care!
  • High quality outcome!
Thank you for your time

• Please ask lots of questions through the RACP Congress app!
  • (I’ll keep an eye on twitter too - @DrJaffleOz racp18)

• And remember as David Pencheon said this morning:

  “Use your collective voice” to be the disruptors, and/or the winners of disruption, but ideally NOT the losers…