

A healthcare value proposition

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Hypotheses:

Ho.1: Transformation of healthcare has been slowed and/or stalled by an interaction of powerful forces and is inherently difficult because of the 'business as usual need' – the A380 re-design and re-engineer while in flight analogy

The A380 analogy



Hypotheses:

Ho.2: In most OECD countries, a tipping point (fitness for purpose, affordability and sustainability) has been reached and profound healthcare transformation is inevitable

Hypotheses:

Ho.3: Although “patient-centered” healthcare has survived as the cornerstone of most health system’s operating models for centuries, it is rapidly being replaced by what is best described as “participatory healthcare”; this model of care will in turn evolve into an era of what will be predominantly self-management and increasingly personalised healthcare

Value proposition – Gorman

***HOW IT WAS NOT THAT
LONG AGO***

Arriving at Heathrow in 1978



Paying for the 'knowledge'



Value proposition – Gorman

HOW IT IS NOW

Arriving at Heathrow in 2018



What am I paying for?



Value proposition – Gorman

HOW IT IS LIKELY TO BE

Arriving at Heathrow in 2025



The autonomous vehicle (taxi)

***The dodo, bank tellers, London taxi
drivers and***



The London taxi analogy

- The London taxi driver and the knowledge
- Google maps
 - What is the value proposition for the London taxi driver?
- The autonomous taxi
 - The London taxi driver as a museum attraction
- The consultative era of medicine
- Participatory healthcare
 - What is the value proposition for health care providers?
- Self-management

Some questions:

How valid for healthcare providers is the London taxi driver analogy?

Auntie's story

Auntie's story in 2018

Another version of
Auntie's story

What are the barriers to
the second version of
this story becoming
business as usual?



Some questions:

How valid for healthcare providers is the London taxi driver analogy?

The Kaiser Permanente experience – 52% of more than 100 million member-physician encounters in 2016/17 occurred virtually

Some questions:

How valid for healthcare providers is the London taxi driver analogy?

The Kaiser Permanente experience – what are the ‘drivers’ of this disruption?

Disruptive drivers

Health care consumers' expectations

Decreasing profits for private health insurers and providers, and increasingly unaffordable public health systems

Technology investment and product development

Technology to replace people

- AI capable Babylon Health phone app
- Dispensing robots
- Compliance phone apps
- Real-time biological monitoring and concurrent AI interpretation and advice
- AI based and automated laboratories and imaging suites
- Surgical robots and robot technicians
- And so on....

Some questions:

Are there some health professions that are more at risk of being disrupted than others (e.g., nurses versus retail pharmacists and midwives versus laboratory technicians) and what is the outlook for the medical profession?

Some questions:

In the context of the time and cost to train them, and the cost to employ them, what value will doctors add as virtual mechanisms become more comprehensive, more accessible and designed for self-interpretation and self-management?

Some questions:

In the context of the time and cost to train them, and the cost to employ them, what value will doctors add in a milieu of purpose trained technicians and as robotics become cheaper and more “dexterous”?

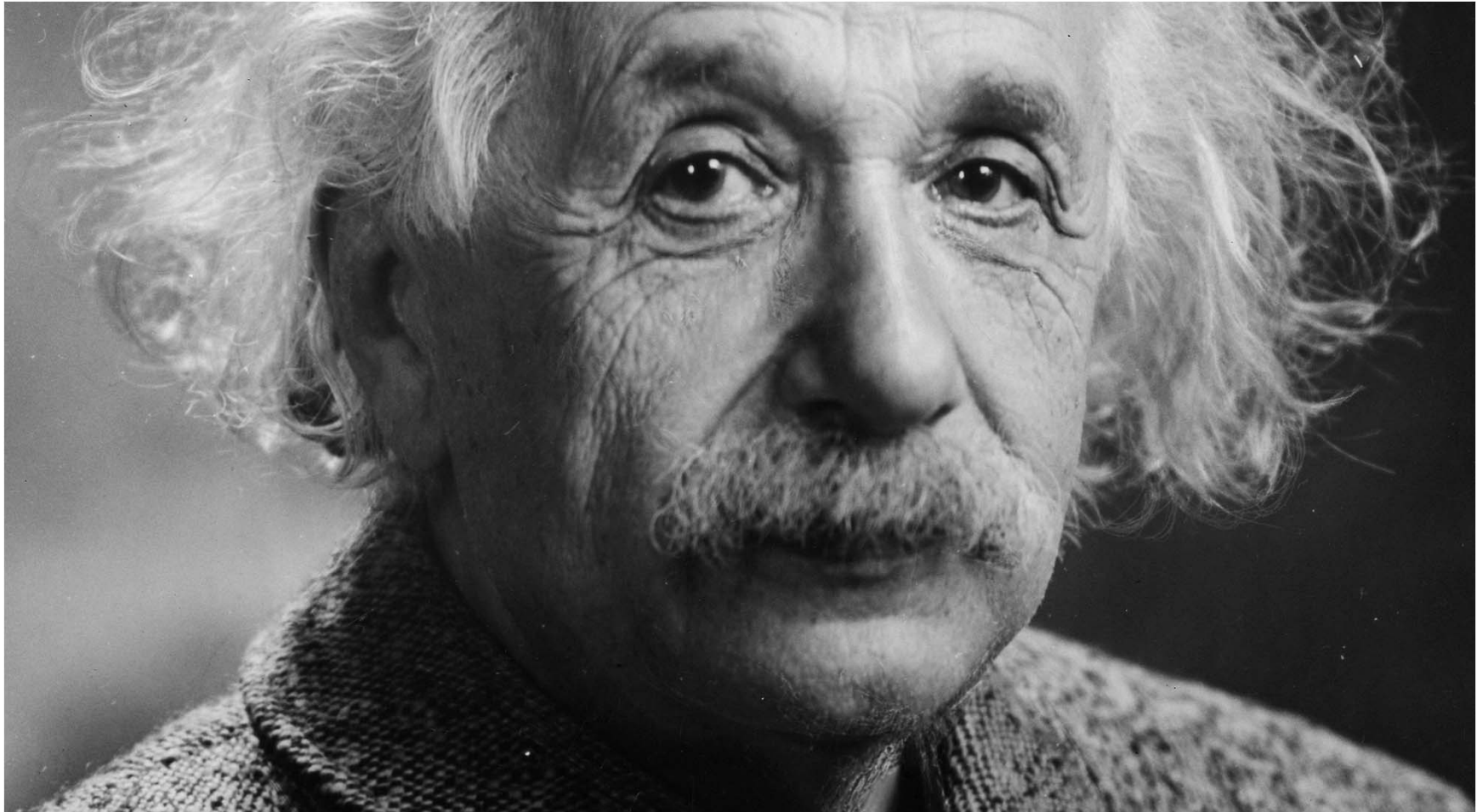
Some questions:

How well are medical students and doctors-in-training being prepared for the current “participatory healthcare” environment, let alone an increasingly citizen-self-managed and personalised healthcare future?

Some questions:

If the medical profession is to avoid the fate of the dodo, bank tellers, and the probable fate of the London taxi driver, what does the medical profession need to do and what are the available options for this (leadership) challenge?

A leadership challenge



A leadership challenge



A leadership challenge

