Fixing Healthcare: Understanding the (Big) Job We Have to Do

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After a year of debate about reforming, repairing, or repealing the Affordable Care Act (ACA), we don't appear to be getting anywhere. But lack of federal direction makes it even more imperative that we define our own future—that we write the narrative of transformation in healthcare. To me, there are several key questions that you will find throughout this issue of *Healthcare Transformation*.

How do we select and educate the doctors of the future to work in a world of augmented intelligence, where patients are looking for understanding, empathy, and a sense of meaning? We don't need physicians to be better robots than a robot. We need physicians to be human. The head of IBM's Watson initiative in healthcare, **Deborah DiSanzo**, joins me in sharing her "audacious goals." And two physicians debate the role of artificial or augmented intelligence for their own practices.

How do we redesign hospital systems from buildings to consumer-facing entities? Historically, we built hospitals and then set up the entire delivery of healthcare around those hospitals. But what people need is care where they are. We have two calls for a consumer revolution in this issue: one by someone just beginning his career, **Phil Burrell**, and one by me.

How do we address the disparities in healthcare that contribute to the 20-year gap in longevity between two zip codes in Philadelphia? Two health economists recount trends that are defeating, and ways to drive change locally.

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Lastly, the financial new math of sustaining academic health centers gets a deep look by a team led by **Kevin Mahoney**, the Senior Vice President and Chief Administrative Officer of the UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM. This debate takes me back to January 2017. Shortly after **President Trump** was elected, I got to interview **Clayton Christensen**, as I called him, the “boss of innovation and disruption.” I was the host for the ARTS AND BUSINESS COUNCIL OF GREATER PHILADELPHIA, bringing **Christensen** to talk about his new book, *Competing Against Luck*.

In his book, **Christensen** argues that we can understand a product or behavior by understanding the “job it has to do.” A milkshake, he discovered, must be hard to drink quickly—its job is to occupy you through a conversation or a commute drive. It should take 20 minutes to drink.

I asked **Christensen** how it is that the hospital business has escaped the entire **Christensen**-disruption consumer revolution. He laughed. And in talking about the ACA, we came to this conclusion, using his “jobs theory.” The ACA did exactly the job it was meant to do. It gave a lot of people access to a fundamentally broken, fragmented, expensive, inequitable, and occasionally unsafe healthcare system. It did its job. It also hoped the system would self-correct—but no one gave us the job of correcting the system. No one gave us the job of disrupting the system to cut costs while access was increased.

For **Christensen**, the answers lie in two jobs, each of which represents a disruptive change. The delivery system must make money when people are well, not when patients are sick—its job has to be keeping people well. And second, we have to create the job for our patients and communities to become and stay healthy.

Clayton Christensen, the Kim B. Clark Professor of Business Administration at HARVARD BUSINESS SCHOOL in Boston. Credit: Betsy Weber/Flickr

I recommend **Clayton Christensen's** work. I asked him what question he would pose to applicants if he sat on our admissions committee for medical school. He would ask, "What makes you want to become the doctor that I would see instead of seeing a nurse?" In general, he would prefer to see the nurse.

For each job, he argues, we need to see things differently. His parting shot: "The ways we've been traditionally taught to think are wrong, and we have a hard time accepting that." ■■

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