

Master of Health Care Delivery Science (MHCDS)

Ralph So, intensivist and medical chief quality officer



Jonkoping, februar 27th 2020

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"Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it"

Paul Batalden (2007)



"Everyone in healthcare really has two jobs when they come to work every day: to do their work and to **improve the system**"

Paul Batalden (2007)

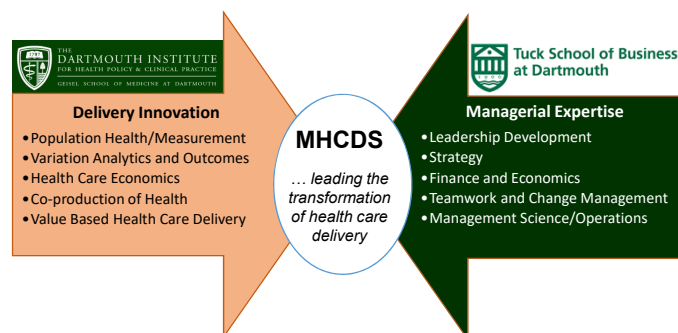


Health Care Delivery Science (HCDS)

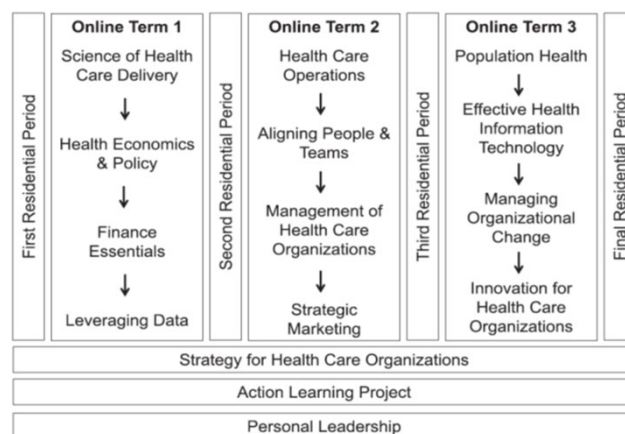
- study of the provision of health care and the development of frameworks and theories to improve health and health care services provided to individuals, communities and populations.
- concepts, methods and tools from medicine, the social sciences, public health, population health, engineering, and business



MHCDS: "...Best of both worlds...."



18-month 15-h-per-week hybrid online/ residential program

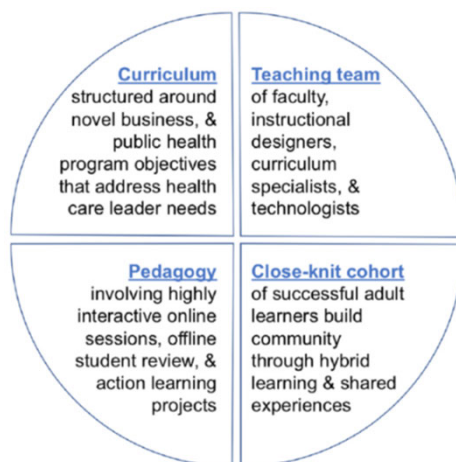


Demographic characteristics of students

Description	Statistic
Cohort size	
Class of 2013	45
Class of 2014	45
Class of 2015	41
Class of 2016	53
Class of 2017	44
Class of 2018	49
Class of 2019	41
Class of 2020	40
Gender (% Female)	39%
Health Care Delivery Segments	
Physicians	56%
Hospital/Health System Executives/Nurse	25%
Policymakers/Regulators	9%
Payers (Health Plans/Insurance)	10%
Other (Medical Device/HIT/Consulting/Home Care)	10%
Years of Work Experience (Mean)	23



Key features of Master Health Care Delivery Science



Class 2019

July 2017
Residential 1



Feb 2, 2019
Investiture



June 9, 2019
Commencement



Oct 22, 2019
Alumni trip Netherlands

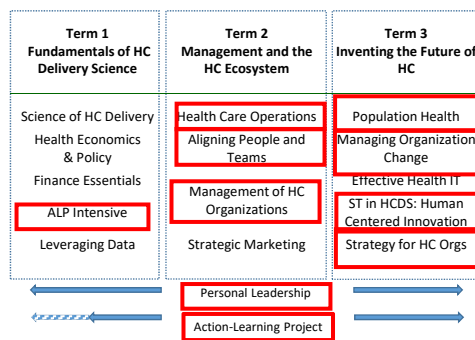


Question

Which components of any HCDS program are most valuable ?



Link to rest program





New rules and new
technologies for health care
delivery

Ilirjana Bajraktari



Curriculum topics

- Strategy of Health Care Organizations;
- Health Economics;
- Population Health;

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Healthcare ecosystems

Extreme complexity of managing the cost of care/ highly regulated/
capital-intensive/very low-margin nature of the sector /Players - strong
local-market positions – relationships with key stakeholders

(<https://www.bcg.com/publications/2019/shakeup-health-care.aspx>)



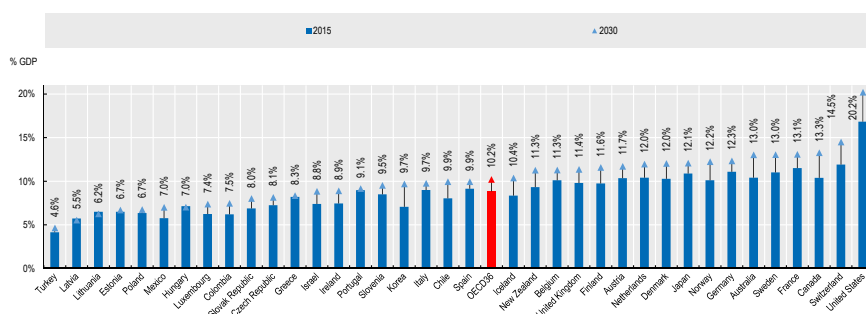
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Economy of healthcare

- Health expenditure as a share of GDP, projection to 2030 (OECD)

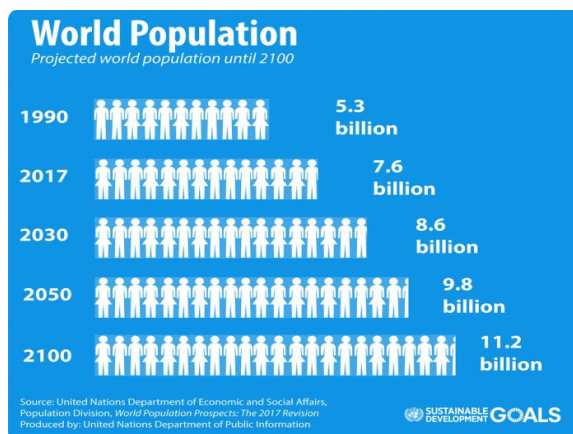


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Population & health

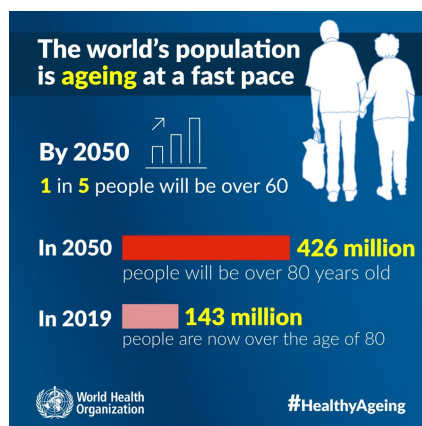
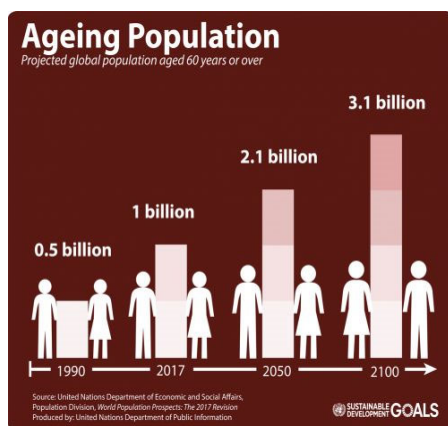


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Ageing and health



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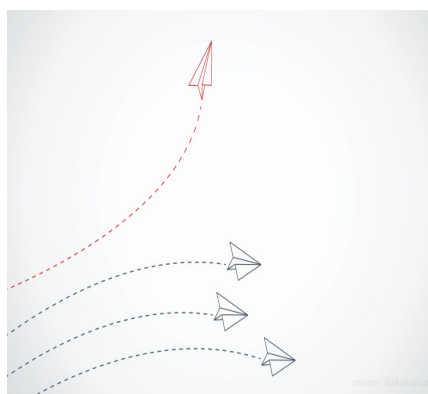
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Challenges in healthcare

- (1) Strategic directions;
- (2) Financial operations & performance improvement;
- (3) Shortage of skilled clinicians;
- (4) Spectrum of health needs;
- (4) Health care delivery ;

(2020 global health care outlook 2019 Deloitte Insights)



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Opportunities – new players

- (1) Giant non-health companies entering health sector to launch healthcare innovative models;
- (2) They're aiming to address healthcare issues of their employees population;
- (3) Amazon, Berkshire and JPMorgan already joint forces to address healthcare for their employees, using technology solutions that will provide employees and their families with high-quality, simple and transparent healthcare at a reasonable cost.
<https://www.businesswire.com/news/home/20180130005676/en/Amazon-Berkshire-Hathaway-JPMorgan-Chase-partner-U.S>

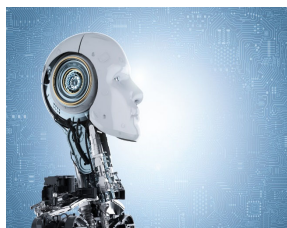
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Opportunities – new technologies

- (1) AI & Machine Learning
- (2) Robotics
- (3) Wearable Tech
- (4) Genomics
- (5) 3D Printing
- (6) Extended Reality
- (7) 5G



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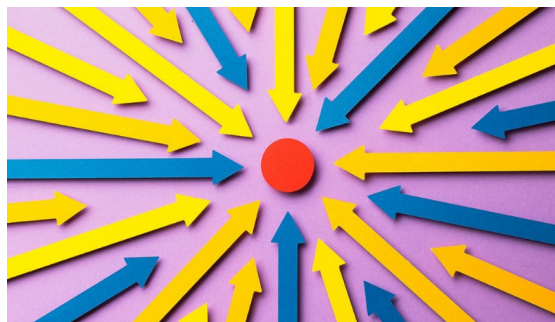
Opportunities – new business models

(1) Multiple forces are combining to lead innovation against profit pool growth in healthcare;

(2) Business models - create significant healthcare value (better cost, quality, and outcomes for lower cost) - old and new players;

(3) Health systems - aligning the continuum of care and reducing reliance on acute care assets to outperform substantially;

(4) Emphasis on Human Centered Innovation – Helix, CFI, CAMTech (<https://hbr.org/2018/03/putting-humans-at-the-center-of-health-care-innovation>)



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” The best way to predict OUR future is to create it“

Abraham Lincoln, 16th President of the US”

“If WE don’t set our own agenda, SOMEBODY else will.”

Frank Prochaska



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Strategy and Execution

Experiences with “Hoshin Kanri”
in Health Care

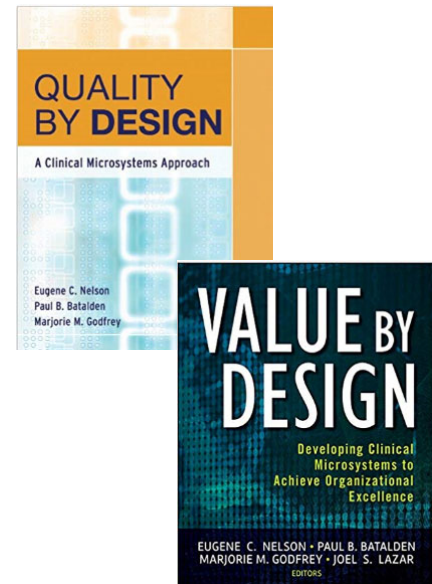
Inger Meland Buene

The Microsystem Festival, Jönköping, Feb. 27, 2020

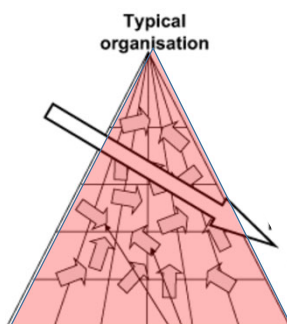


Quality is made by the local system
at points in time,
whereas value is created by
the whole system over time.

(Value by Design, Nelson et al 2011)



Our initiatives and improvement efforts have
to support our shared direction

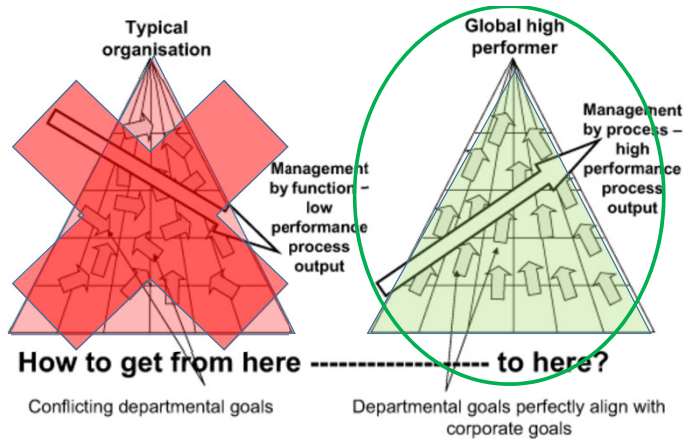


How to get from here

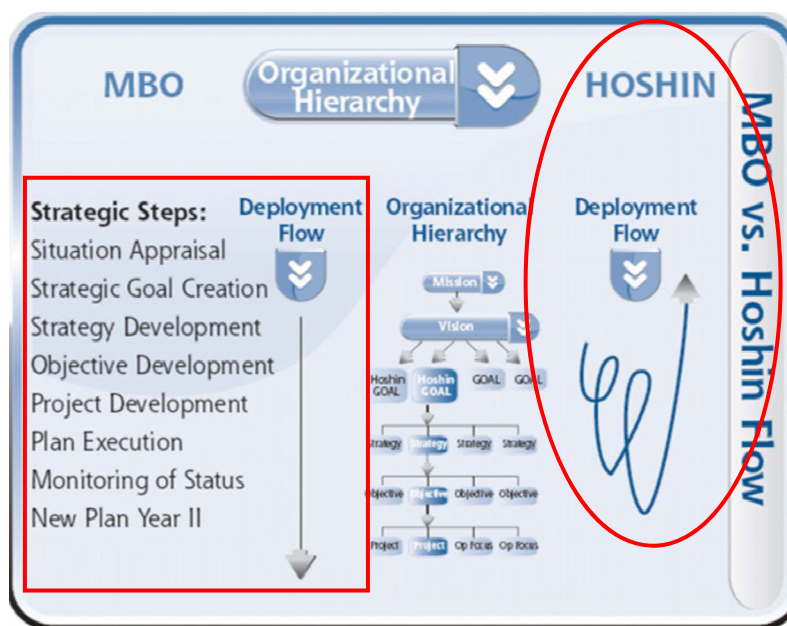
Conflicting departmental goals



Our initiatives and improvement efforts have to support our shared direction



David Hutchins, 2016.



The deployment sequence is the most important part of the strategic planning process.

Joseph Coletti 2013



A self-controlled organisation becomes a flexible learning organization because all the problem-solving cycles are linked

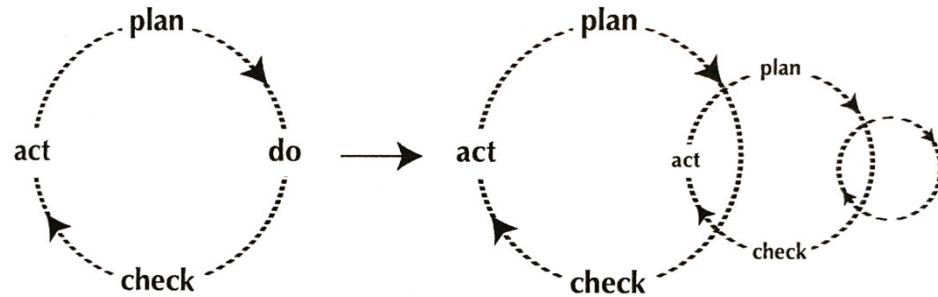
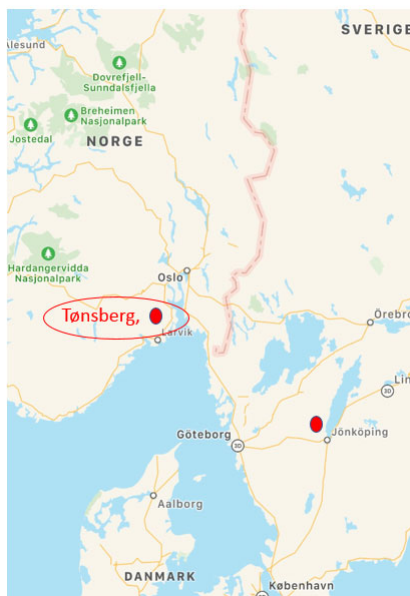


Figure I-1. Nested Deming Cycles

Thomas Jackson 2006



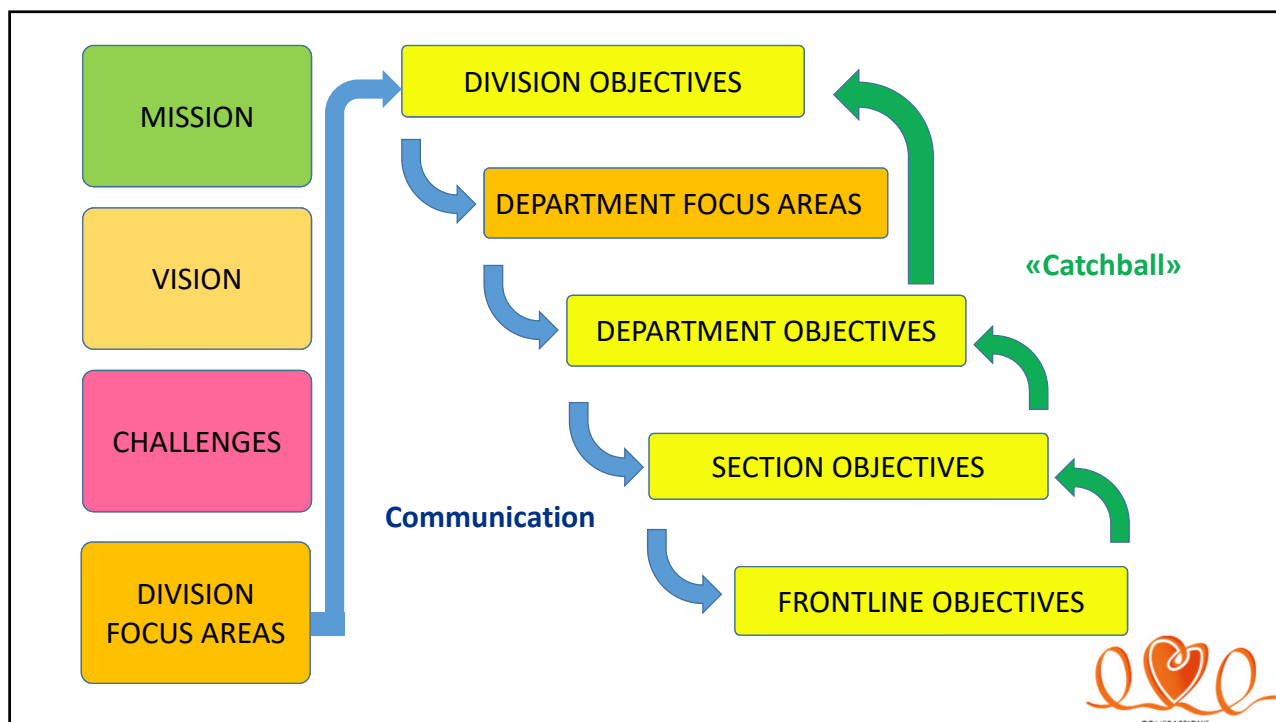
Framework for leadership and direction, to create..

- .. clear and understandable connection between vision and strategy from top to bottom
- .. common focus, so that initiatives and improvement work are based on the most value-adding

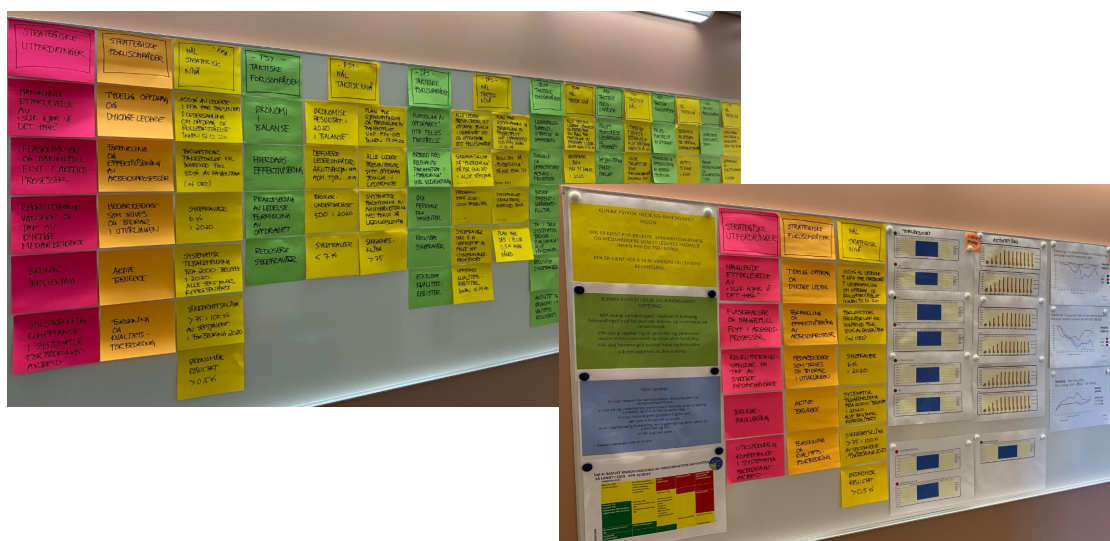


August 2018
Vestfold Hospital, Norway
Division of Mental Health and Addiction





February 2020: A strengthened shared direction



Question

- What competencies should a leader have?

- inger.meland.buene@siv.no



New patients
&
New ways of health
care delivery





My curriculum topics

- Human centered design
- Management of health care organizations
- Action learning project (ALP)



Four megatrends in health care



- Medicine
- Technology
- Organization
- Patient



Investment in buildings and beds...



What **Makes**
Us Healthy



What We **Spend**
On Being Healthy

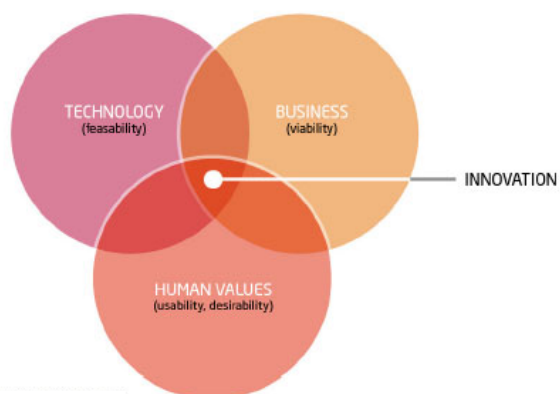


The patient revolution

- From only focus on medical conditions to understanding needs (and hope).
- From understanding problems to identify strenghts
- From Health care oriented to person centered

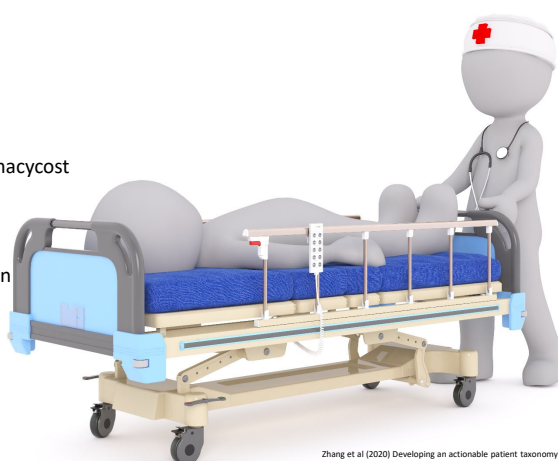


New needs and new innovations



A taxonomy for understanding high cost patients

- Multiple chronic conditions
- Seriously ill,
- Frail
- Serious mental illness
- Single condition with high pharmacycost
- Chronic pain
- End-stage renal disease(ESRD)
- Single high-cost chronic condition
- Opioid use disorder
- Socially vulnerable

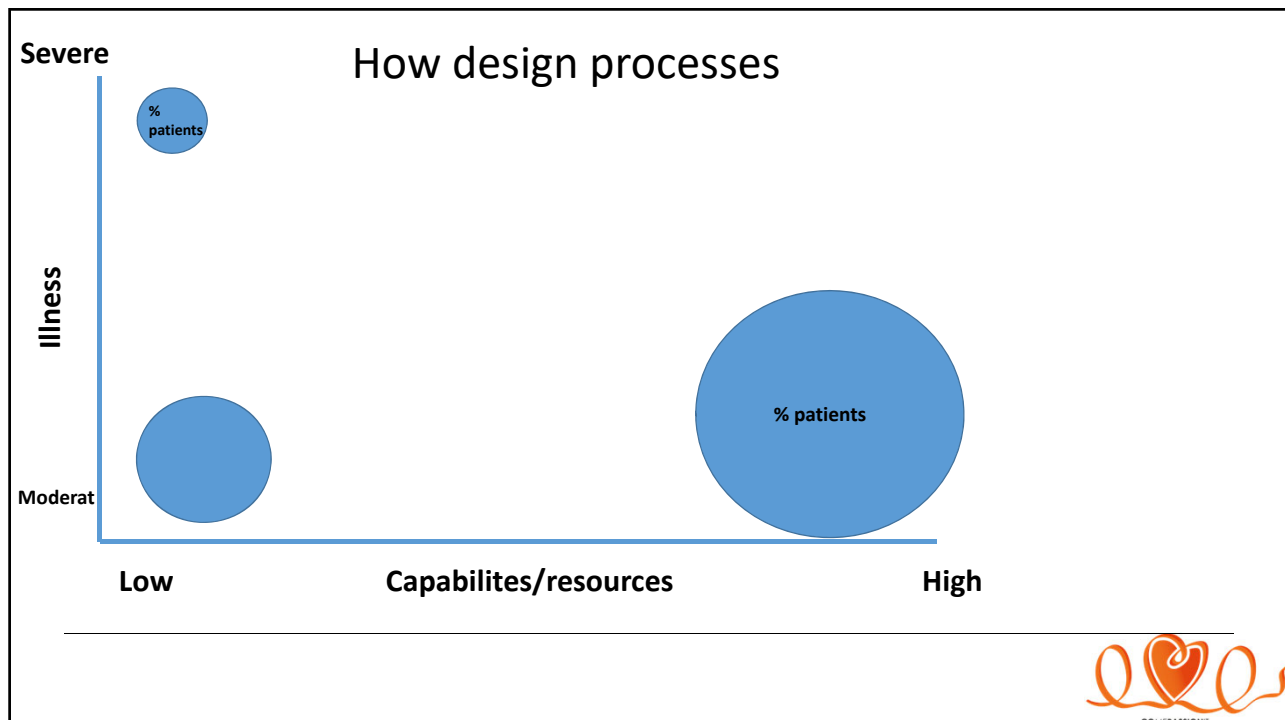
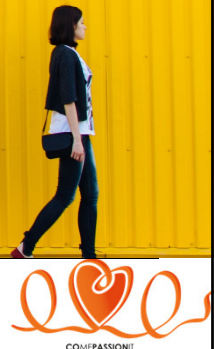


Zhang et al (2020) Developing an actionable patient taxonomy to understand and characterize high-cost Medicare patients/healthcare : The Journal of Delivery Science and Innovation: Articles In Press, p. 100406, 2020.



Coproduction, PCP and Human centered design

- **Co-production** is a practice in the delivery of public services in which citizens are involved in the creation of public policies and services.
- **Human centered design.** A methodology for devising successful **design** solutions. Focus on end-users from the very beginning of product or service creation and have users testing each iteration of a product.
- **Person centered care:** The patients are actively participating in their own medical treatment in close cooperation with the health professionals.



Different ways of delivering health care



Individual consulting
– one-to-one



One-stop-shops



Value chain
– process



Network



Automation

"a process or procedure is performed without **human** assistance".



Table 1. Overview of alternative value configurations

	Chain	Shop	Network
Value creation logic	Transformation of inputs into products	(Re)solving customer problems	Linking customers
Primary technology	Long-linked	Intensive	Mediating
Primary activity categories	<ul style="list-style-type: none"> • Inbound logistics • Operations • Outbound logistics • Marketing • Service 	<ul style="list-style-type: none"> • Problem-finding and acquisition • Problem-solving • Choice • Execution • Control/evaluation 	<ul style="list-style-type: none"> • Network promotion and contract management • Service provisioning • Infrastructure operation
Main interactivity relationship logic	Sequential	Cyclical, spiralling	Simultaneous, parallel
Primary activity interdependence	<ul style="list-style-type: none"> • Pooled • Sequential 	<ul style="list-style-type: none"> • Pooled • Sequential • Reciprocal 	<ul style="list-style-type: none"> • Pooled • Reciprocal
Key cost drivers	<ul style="list-style-type: none"> • Scale • Capacity utilization 		<ul style="list-style-type: none"> • Scale • Capacity utilization
Key value drivers		<ul style="list-style-type: none"> • Reputation 	<ul style="list-style-type: none"> • Scale • Capacity utilization
Business value system structure	<ul style="list-style-type: none"> • Interlinked chains 	<ul style="list-style-type: none"> • Referred shops 	<ul style="list-style-type: none"> • Layered and interconnected networks

Stabell & Fjølstedt: CONFIGURING VALUE FOR COMPETITIVE ADVANTAGE: ON CHAINS, SHOPS, AND NETWORKS *Strat. Mgmt. J.* Vol. 19, 413–437 (1998)



How will the future health care look like?

- How is working there?
- How is health care delivered?
- How do we, as leaders, prepare our self and our employees?



How to prepare our leaders for the future landscape at the strategic macro level?



What kind of research question do we need in this new environment?



Dialogue

- What contribution can we give to support our health care systems?
- How can we align our efforts for making health care landscape sustainable ?



Wrap up

- “All teach all learn”: “best of both worlds” curriculum + peer-to-peer experience + blended learning + teachers different backgrounds
- Healthcare as a business
- Leadership: vision (20%) + implementationpower (80%)
- Co-production with patients

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