Humans of Healthcare: Centering Strategy, Design, and Execution around Those We Serve

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How could we ever forget about our patients? They are right there, sitting inside our buildings, pictured on our billboards, and enshrined in our mission statements. And they should be, as they are the human core of healthcare. Therefore, the patient is at the center of all we do, yes? Why then do most patients feel left out of the picture? Ask them: they feel alone, confused, and separated from the decision making of their care—an afterthought in their own experience.[1] How could this be?

To answer, we must look top-down inside the typical healthcare organization: from the board and CEO to the ground floor. Conscious of it or not, senior leadership often engages in what is known as "systems thinking." Originating from IT, the term systems thinking, also referred to as system-centered design, focuses on organizing the functionality of the system to craft a product or service. Systems thinking asks: what are the top system problems to solve? Where can the system be optimized for efficiency? How can the system generate more profit? On face, these seem like the right questions to ask. And this thinking isn't limited to IT, nor any one department. Its influence stretches into many strategic and tactical corners of an organization. In fact, systems thinking can dominate an organization without ever being called by its name.

Systems thinking:
What are the system's problems and how can we fix them?

Humans thinking:
What are our patients' problems and how can we fix them together?

In IT, the opposite of system-centered design is user-centered design. Defined as "the process of developing systems or products that are profoundly influenced by the broad inherent qualities of human psychology and perception."[2] The user's beliefs, expectations, and needs are placed highest. "User" best fits a technical world, so let's call this contrast of systems thinking by a fresh name: humans thinking. Distinct from systems thinking, humans thinking asks us to solve problems *with* people instead of *for* people.

Systems thinking doesn't ignore humans, but too often it gradually sidelines them to focus and solve the problems *of the system*. This is entirely normal and may feel like the right thing to do—if I want to fix the problems of the system, shouldn't I focus on the system? But problems of the system become problems *of the people*. In healthcare, what motivates us more: fixing systems or helping people? Humans want to help humans. Therefore, humans must be at the center of all we do, especially in the three critical phases of strategy, design, and execution. As leaders and board members, it's imperative we explore how each phase benefits from humans thinking.

Systems vs. Humans in Strategy

Strategic planning in healthcare is in a word: intermittent; plans form every three to five years. Due to infrequency, it's easy to encapsulate strategic planning as a seasonal, self-contained process—important but essentially done on an island. I have attended many board retreats focused on strategic planning. Until recently, I would be asked to speak on branding or consumerism, and then politely asked to leave. As I walked out, a strategic firm would walk in.

At a recent board retreat, I was asked to stay. As I painted a portrait of the frustrated and frazzled healthcare consumer—and by extension healthcare worker—the CEO asked me to provide input on their five strategic pillars for the next five years. My humans thinking was allowed to integrate with the systems thinking that followed. As the strategic firm laid out its points, I chimed in on how patients would be affected. For example, a new urgent care clinic would need to be clearly named and explained extensively to avoid confusing it with neighboring points of care, including competitors. This back-and-forth interlacing of humans and systems thinking seemed illuminating to the strategic firm as well. By staying in the room, I was stretching systems thinking into the human domain. Forcing the system to bend to the user, not the other way around. This is beneficial to both the user and the system they will use.

››› KEY BOARD TAKEAWAYS

- Balance systems thinking with humans thinking and ensure their outside-in perspective is heavily considered in strategy and design, thus creating a consistent, well-rounded system of care.
- Invite humans to join the conversation—if not actual patients than patient representatives who can cast a human light on issues and problems within the system.
- Reject data-only representations of execution in favor of insight, actual patient communications and comments, and patient-centered strategic plans and priorities. Breathe life into your data.
- Continually ask: how does this affect our patients? Our employees? Does this help our humans? If not, why should we do it?

Systems vs. Humans in Design

Design is both aesthetic and operational. In healthcare, unfortunately, the two rarely meet. How much time does your Chief Operating Officer spend with your Chief Marketing Officer? Both Operations and Marketing set the tone for the design of the experience, but these departments often do it separately and disparately. Patients notice the difference.

As an example, an operations team may work with facilities to introduce more greenery into patient waiting areas, warmer colors, and perhaps even a water feature across their handful of hospitals. Meanwhile, the marketing team, taking direction from the CEO and a vocal physician, re-emphasizes advanced technology in a new system-wide advertising campaign. These initiatives do not flow together. Are we the advanced technology brand with sleek, sophisticated settings alluding to powerful technology that awaits in care delivery? Or are we re-introducing nature inside and fresh surroundings that denote a softer side

1 NRC Health, Market Insights Surveys.
2 Cornell University, "The Human Element in User-Centered Design."

of healthcare and a living, nurturing environment? It's tempting to simply say both and pursue at the same time, but it's important to choose a priority because patients crave simplicity and can only take in so many core attributes at a time. Are we hoping they first understand our technology or our environment? If we choose environment, they may begin to see and enjoy the green living spaces around them. Then, we can introduce the advanced surgical system behind the livery that will allow them to heal and nurture their own selves. But we do it carefully, in phases, with the patient's perspective in mind. If we just pursue multiple ideas, from different parts of the system, the collective output is a confusing system and a fragmented experience.

Systems vs. Humans in Execution

Execution is the trickiest step, both for systems thinking and humans thinking. Because of a steady flow of patients, execution in healthcare often just happens. A patient shows up and we care for them. It can be easy to leave strategy and design behind. As for examples, a PA may ditch protocol due to a patient's demeanor. A physician may create a workaround to order a test or administer care. A tired nurse may skip questions on their post-discharge follow-up. No matter how well a system is designed, execution in healthcare is imperfect.

Yet humans trusting their own instincts and intuition is a vital component of care. Systems thinking may miss this vital point because it frames humans as a risk to optimal system execution. It sees human behavior as something for the system to fix—or avoid entirely. Yet the execution of the system will still be carried out by humans, and the recipient of the system's care will themselves be human. Should the system not be designed to encourage humans to help humans? Especially in healthcare?

Even the best systems, steeped in strong strategy and design, can fail to account for the nuances of human behavior: the fears of a patient, the emotional state of a caregiver, the deeply felt needs of humans both giving and receiving care. This cannot be scaled. Therefore, humans must replace systems at the core of strategy, design, and ultimately execution. This may be difficult for entrenched leaders to see or believe, and therefore we must consider the board's unique and indispensable role in advancing humans thinking into the organization. A simple question that should be uttered in each board meeting: how is this project or initiative helping humans?

If we tire of this approach, or the change in perspective it begs, we must then ask ourselves: are we okay with systems designed simply for themselves? Or should we reconsider systems thinking in favor of placing humans first in all that we do? Even if you gravitate toward systems thinking, which much of healthcare does, it's clear our systems need help and a new perspective might be the spark we need to achieve our goals. Remember, our goals haven't changed, and our dedication hasn't wavered, but how we choose to approach our crucial work must shift. From one future patient to another, when choosing between systems and humans, please choose carefully.

TGI thanks Ryan Donohue, Strategic Advisor, NRC Health, and Governance Institute Advisor, for contributing this article. He can be reached at rdonohue@nrchealth.com.