Healthcare's Dual Challenge: Inventing the Future and Making It Easy to Use

By Stephen W. Kett

In discussions with healthcare leaders across the past several months, an increasingly common theme I've heard is the challenge of simultaneously managing not one but two tectonic shifts—the shift from individual medical services to population health management *and* the shift from provider-centered systems to customer-centered services. The first of these shifts is well known and much has been written about it—although the realization of its potential still seems very far off. The second, however well known, seems a substantially more distant reality. What has been most striking to me in my conversations is that as difficult as the transition from medical care to health management continues to be, how much more complexity the additional imperative of "ease of use" adds to the overall challenge. Looking through this new customer-centered lens while transforming the longstanding business model is healthcare's dual challenge today, and likely to be for some time to come.

One reason why making customer-centered health a reality is such a challenge is the fact that the healthcare industry has never had to focus seriously upon making its services easy to use. Our model of delivering individual medical services has been the only one available. And as patients need our services—many urgently—making these services customer-friendly and easy to navigate has been viewed as irrelevant. Henry Ford once remarked, "A customer can have a car painted any color that he wants so long as it is black." While Ford's comment was likely made in jest, it is true that customers with no other color options might *not* be dissatisfied with a black car as their only choice. However, as consumer options expand—not just in the sheer number of manufacturers (and colors), but also in the modes of transportation themselves—the industry as a whole is forced to adapt. In fact, if you mention a "black car" to many today, their first thought might well not be about a car at all, but rather about the app-based ride-hailing service Uber. In other words, as the variety of players and models proliferate in the healthcare industry, and as Uber, Airbnb, and others are proving elsewhere, solving this dual challenge is not about adapting or tweaking old business models, but innovatively disrupting them and making them easy to use—simultaneously. Accomplishing this from *inside* existing businesses makes this dual challenge substantially more difficult, largely because the first instinct of legacy businesses is to protect their existing assets and model.

All of that said, certainly one of the first steps in getting this work accomplished is to understand much more clearly and deeply than we do today exactly what our customers want. What are the things that they value most beyond having their individual care needs addressed? What are their other priorities? What else about their lives is important for us to understand? Sophisticated customer research and segmentation based upon it is common in other industries. And of course, health systems do conduct market research today. The difference is that most of the customer data we collect is used largely to drive marketing and advertising campaigns versus redesigning core processes and fundamentally altering the way services are provided to the customer. Further, and as we think more about managing the health of populations outside of our current systems, we will need to learn how to engage patients in the ways and to the extent they want versus assuming that they all need and want the same methods and degrees of engagement.

As we move forward in addressing the ease of use challenge, we also should not confuse the creation of multiple, customer-friendly smartphone or tablet-based applications with an

"easy" customer experience. Many health systems have designed and developed their own sets of apps—the Cleveland Clinic currently has over 20—precisely in the hopes of enhancing the experiences that customers have interacting with their system. Common examples of these are apps that allow direct scheduling of appointments, improving medication adherence, accessing specific test results, etc. And while the intentions behind these efforts are all good, and the customer value they provide can be substantial, they are not a substitute for fundamentally rethinking our approach.

Andy Grove, the former CEO and Chairman of Intel Corporation, used to say, "It is much smarter for us to cannibalize our own products and services rather than wait for others to innovate and do it to us." As we are now seeing in our world of healthcare, the number and variety of players vying to disrupt the business has never been larger or wider. As more health systems struggle with healthcare's dual challenge, Grove's words will likely prove to be very wise counsel.

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