

Healthcare Is a One-Way Street (and Nobody Knows How to Drive)

By Ryan Donohue, NRC Health

Do you remember the first time you drove down a one-way street? I do. I was a college freshman and I didn't realize it was a one-way street. I felt a stinging confusion, immense tension, and a deep desire to simply survive. Sound familiar? It also sounds a lot like healthcare.

Chances are your last healthcare journey was tense, confusing, and at times: never-ending. Healthcare lays down a gauntlet and places the pressure squarely on the patient to travel "one way," to somehow successfully navigate a barrage of information, instruction, appointments, and outcomes—with little to no practice in doing so, and often alone.

Telltale signs of one-way healthcare include:

- Responsibility to seek care falls almost entirely on the patient.
- Patients must navigate any and all points of care—before, during, and after the core experience.

"Understanding is a two-way street."—Eleanor Roosevelt

- Hospitals and health systems remain passively involved, known mostly as backstops for health emergencies.
- Hospitals and health systems blast messages into the community, hoping it reaches future patients.

Examples of One-Way Healthcare (Each Way)

One-Way (Consumer to Hospital): new surgical services wing is built, celebrated among surgeons, seen by public walking/biking/driving by with no understanding of what it is or how it might be used.

One-Way (Hospital to Consumer): previously out-of-network hospital has been restored to in-network for a large employer but there is no messaging outside of a memo during open enrollment.

Like traffic, one-way healthcare is at its worst when everyone hops to it. The post-COVID access crisis has created a truly untenable situation. People aren't receiving the care they need. Wait times are excruciating. Patient expectations—after waiting three, six, or even 12 months—are understandably through the roof. Waiting on the other side is a physician or nurse who is still burnt out. One-way care affects both sides, and it has taken its toll.

The Great Brand Blur

Ready to add another crisis into the mix? Last June in the *Boardroom Press* I argued that we are at a crossroads.¹ Our unified COVID messaging was effective at reaching our communities but now what? When we don't communicate our value *outwardly* to the community, learning what our patients want and aligning our brand to those desires, then we miss an opportunity to shine. Our patients default to our most basic services. We may simply be an emergency department to them. Meanwhile, Amazon provides one-click telehealth, urgent cares pop up on every corner, and more convenient primary care options pull patients in.

Two-Way Healthcare

Enter two-way healthcare. Instead of waiting for patients to show, proactive hospitals and health systems are openly considering what their future patients want. They are resourcing faster, more efficient pathways to care that don't always require a physician. Where they can't

build, they are partnering, and putting their brand first. Hospital-at-home is being firmly pursued. They are humble enough to take a learning approach to pre-experience issues like access and post-experience issues like affordability. Their boards are reconsidering their role in the community and rejecting the idea that hospitals are simply service stations for the sick.

Consider the push/pull dynamic already present in healthcare. Patients must push through barriers to seek care, and hospitals and health systems pull



KEY BOARD TAKEAWAYS

- **One-way healthcare isn't working** anymore—not for patients and not for us—so we must audit our main offerings to understand just how one-way we are right now.
- **Our future patients are looking for a sign** from us, some kind of gesture that shows we are willing to come to them and partner with them through their journey of care.
- **Two-way healthcare creates more understanding** between healthcare organizations and patients, more predictable outcomes due to better communication, and stronger trust, which keeps patients from staying home or straying to other care options.
- **We don't need to be perfect;** we need to be patient-centric by viewing our patients as a focal point for learning and evolving our experience to better meet their needs.

in patients to stay in business. Patients pull in as much information and guidance as they can get, and hospitals and health systems push out messages to the community. Busy on both ends, but do the two connect?

How to Build Two-Way Healthcare

Two-way healthcare benefits both parties. It also already exists and at least part of your business model already demonstrates it. Here are three ideas to build it further:

- Extend COVID outreach mechanisms into today. For example, keep telehealth going. It's not just a substitute for the physical experience, but a healthcare service that travels toward the patient, not the other way around.
- Push for hospital-at-home as your stretch goal. One recent example that includes a blueprint is the partnership between Mass General Brigham and Best Buy.²
- Leverage increased outpatient/long-term-care services. We have quietly extended our experience and it's time to fully promote.

¹ Ryan Donohue, "Branding Is Back: Revisiting Who We Are After Three Years as the COVID Care Provider," *BoardRoom Press*, The Governance Institute, June 2023.

² "Best Buy Health and Mass General Brigham Collaborate to Meet Patients' Growing Healthcare-at-Home Needs" (press release), November 8, 2023.

My favorite question from that one board member in the back is, “What if we do nothing?” Well, patients will continue to wait until they are sick (or really sick) to come see us. Or they will go through our red emergency door. Some will defer care and never come at all. The health of America will remain tenuous at best.

We reject this version of the future. Two-way healthcare is not a pipe

Two-Way Example Outside of Healthcare: Uber Eats

Your favorite restaurant didn’t get that way solely because of the food. Chances are it provides a unique experience and holds countless memories. And now, in many places, you don’t always have to travel there to enjoy the food (and the memories). With a few taps, Uber Eats will bring your favorite food to you, to enjoy when you want, wherever you want. The core product doesn’t change but how I experience it, and the direction it travels, does. It also doesn’t mean you never go there again, but rather you know the relationship you have with your go-to restaurant goes both ways.

dream—it’s already happening. We must audit how “one-way” we are and seek out our patients and give them opportunities to engage us more easily. If we aren’t sure how to do this, we must ask them and partner with them. After all, the best thing about a great relationship is that it benefits both parties. Both ways.

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

