



# Coproducing with disruptive patient: Ongoing revolution in healthcare

Industryforum Healthcare, Stockholm

October 4th 2017

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www.publicspace.nl



# The Public SPACE Foundation, founded in 2004, (www.publicspace.nl/English)



#### The ThinkTank

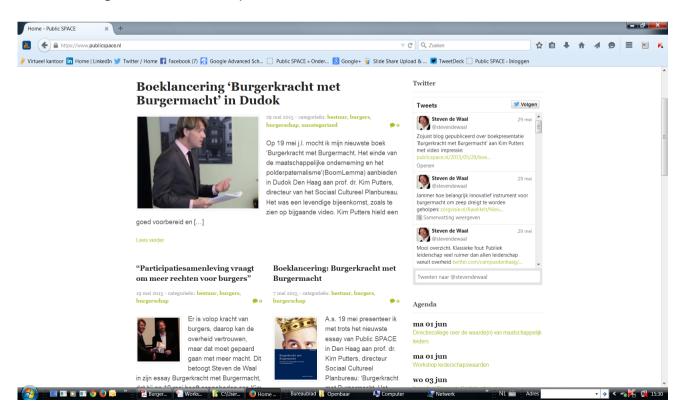
Our ThinkTank has evolved into a Think Network.

This consists of prominent executives, academics, opinion leaders and decision makers operating in strategic frontiers of public/private corporations. They have backgrounds in all domains of public interest and in a broad range of organizations.

#### **Our Mission**

Contribute to 'Winning strategies for the common good' by means of an open non-ideological inquiry, an active international outlook for best practices and an interdisciplinary approach. The main mission is promoting active citizenship and social entrepreneurship in public services. Contribute

Main messages and archive of publications on our website





#### **Outline**

- 1. Common knowledge: Disruption as a strategic phenomenon in markets
- 2. Lack of strategic thinking in politics and public services: The Disruptive Citizen
- 3. The power and tools of the disruptive patient
- 4. Revolutions in healthcare provision and organization



# Common knowledge: Disruption as a strategic phenomenon in markets



#### Most important issue in strategy: Disruption

- Most recent definition:
  - Rise of new and unexpected competitors, from outside current market, innovative in and through their direct access to and exchange with customers
- Common Conclusion until recent: CEO's see it last
- Direct Exchange and Real Time Information & Communication is key
- Economy and Competition dominated and dictated by Platforms
- Competition between Platforms is on:
   sympathy, belonging, community-feeling, hands-on service, feeling of being 'in charge' and easy tools for self-steering
- The market now teaches its customers these values



#### What customers now learn and learn to expect

- Direct realtime exchange of private assets (AirBnB, Uber)
- Direct exchange of pictures, movies, prices, references, reputations (Booking.com) as support in personal choice and decisionmaking
- Reputation of firms and ownership of assets no advantage in exchange platform
- Rely on and trust peerreviews
- New name of the game: ownership of personal data

Increased self-management and power: Information, knowledge, friends, allies and colleagues available and realtime at your fingertip (Feeling of) direct observation, direct information, direct choice





#### Platformeconomy has already won:

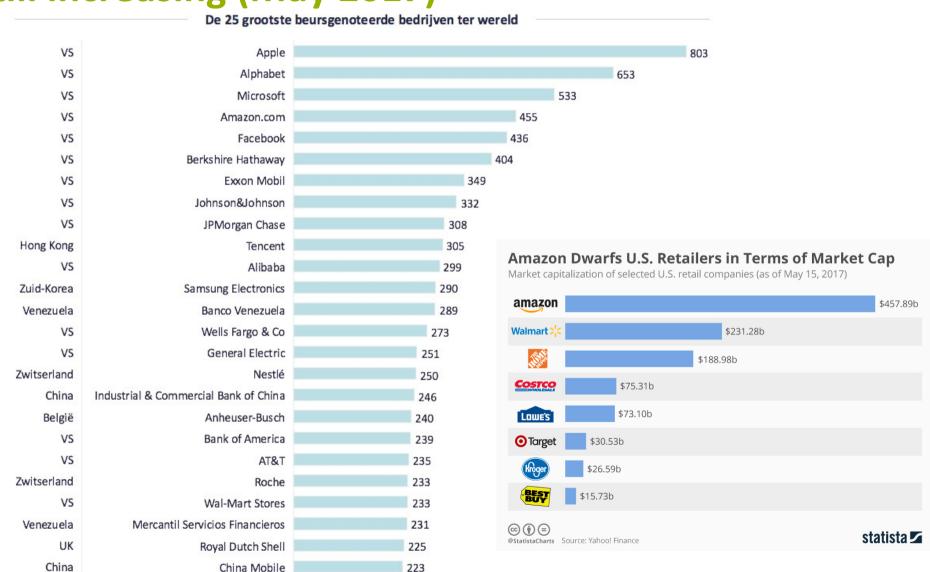


Economist.com

Also Theme Issue of Harvard Business Review, April 2016



#### Still increasing (May 2017)





# Not just markets: Rise of the disruptive citizen



#### The Disruptive Citizen

It's not just technology ('stupid'), it's power- and informationtools and impact on mentality!

#### a. Shift in real power

Incumbent politicians see it last, political start-ups already win

#### b. Shift in mentality

Incumbent public services see it last, citizen cooperatives because of new technology win some

Public Services are delaying impact by using protection of state, laws and lobbies. Not sustainable:

- Traditional politics has lost real power and will learn quickly; no re-election without listening to the new public power
- Customers of this public service and can demand change
- Public debate and reputation in the hands of direct channels



#### My introduction in Dutch Financial Times, August 2015



#### Zeggenschap

#### Disruptieve burger richt zijn leefomgeving zelf in

Woningcorporaties kunnen niet langer om de macht van de burger heen: met nieuwe platforms en apps krijgt een bewoner meer greep op de eigen woonomgeving.

#### Steven de Waal

e sector van woningcorporaties is het
afgelopen jaar kritisch onderzocht en
publiekelijk de maat
geenomen. Uiteindelijk
leidde dit tot een nieuwe Woningwet,
met belangrijke maatregelen zoals een
centrale overheidstoezichthouder, meer
formele invloed op het beleid van huurders en gemeenten, en een beperking
van het domein waarin corporaties mogen ondernemen. Ogenschijnlijk is er nu
duidelijkheid. De sector lijkt weer over te
kunnen gaan tot zijn kerntaak. Business
as usual.

Hierin schuilt een groot en gevaarlijk





#### **Disruption of Democracy**

- Indirect democracy is outdated: too slow, too much policy, not personal enough. Urgent need for more direct democracy
- Closed-door powergames need to rethink timing and rhetorics in public debate and direct channels
- Personality (Biography, Emotions, Style) and its Consistency with the message of politicians is crucial (ethos and pathos)\*, because of media at your fingertip, direct observation by citizens,
- Much less important are classical criteria within professional community of politicians: expertise, network, negotiation skills, reasonable attitude (Hillary Clinton was better in all of them!)

<sup>\*</sup> Back to Aristoteles: Three rhetorical elements: Ethos (Visible and consistent connection between speaker, subject and message), Pathos (Appeal on Public) and Logos (Rational Argumentation)



#### Proof of new media arena: New direct channel

#### **Victory Trump:**

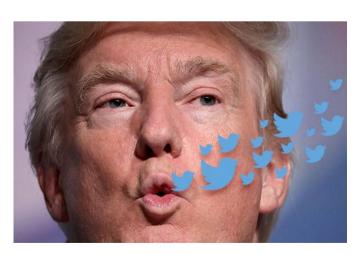
**Step 1: Famous on TV and social media** 

**Step 2: Newspapers had to follow** 

**Step 3: Republican party had to follow** 







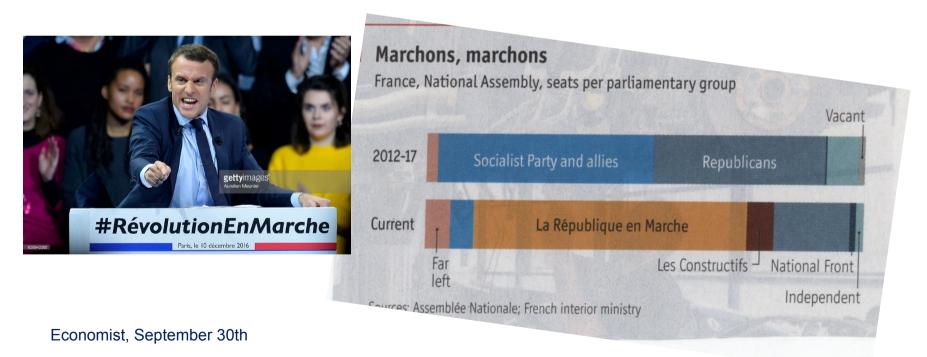


#### **Still stronger example:**

#### **Victory Macron:**

Step 1: Initiate a new party, 5 months before election

Step 2: Big electoral victory with new list of politicians, avoiding professional politicians





# The power and tools of the disruptive patient & main impact on healthcare organization



#### Main impact of Disruptive Patient on Healthcare

#### A. New power:

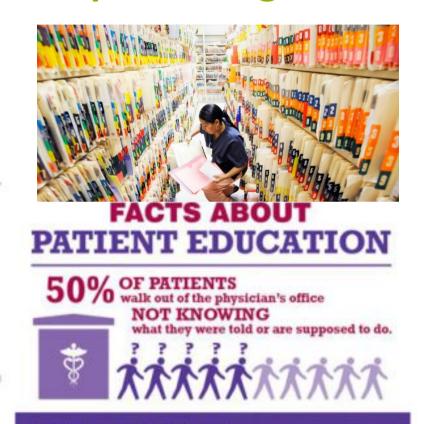
- 1. Independent information gathering (knowledge about disease and treatments, personal data & medical files)
- 2. Choice between providers and even individual professionals based on peerreviews
- 3. Self-diagnosis & Shared Decisionmaking & Individual Co-producing

#### **B. New mentality:**

- 4. Self-Monitoring & Personal management of chain organization (from home to hospital and vv.)
- 5. Collective Patient and Family Organizing & Pressure for co-production



#### New processing and access to files:



#### RESEARCH SHOWS THAT:

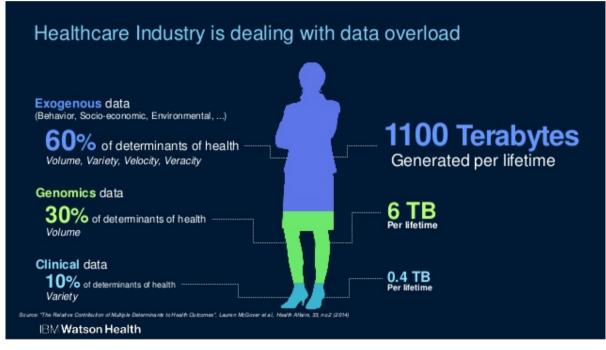
- Physicians often over estimate the topics and duration of what they have talked about with their patients
- Telling patients once is usually not enough to get the patient's attention or buy-in
- Patients filter what they hear from their doctor in a variety of ways that physicians usually know nothing about, i.e., the patient's health beliefs, values, previous experience and illness explanatory models.



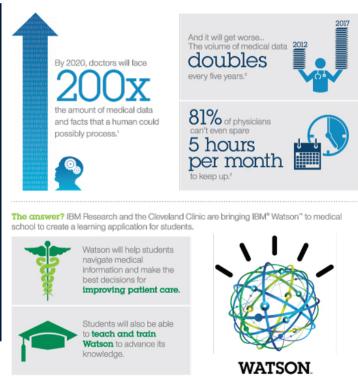
www.alamy.com - JDT4XF



### The rise of AI as a way to access overload in medical data:



#### Too Much Information: The Doctor's Data Dilemma



viniam seaso, com Meeting, consider e, 2001. Grown in laces amening provider decisions versus inclinan cognitive capac Jriversity of Oulu, Finland January 15, 2009.



#### Direct access patientdata, before the doctor:





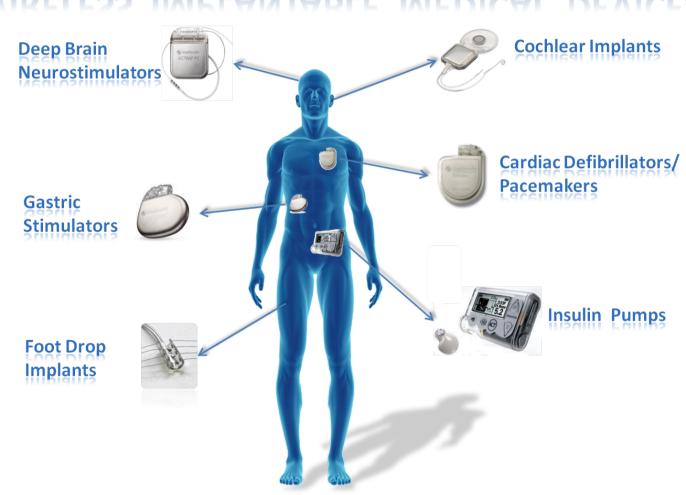
## Self-monitoring leads to minimum of ambulant care and maximum at home digitalization:





#### **Even patientbodies become machine park:**

#### WIRELESS IMPLANTABLE MEDICAL DEVICES

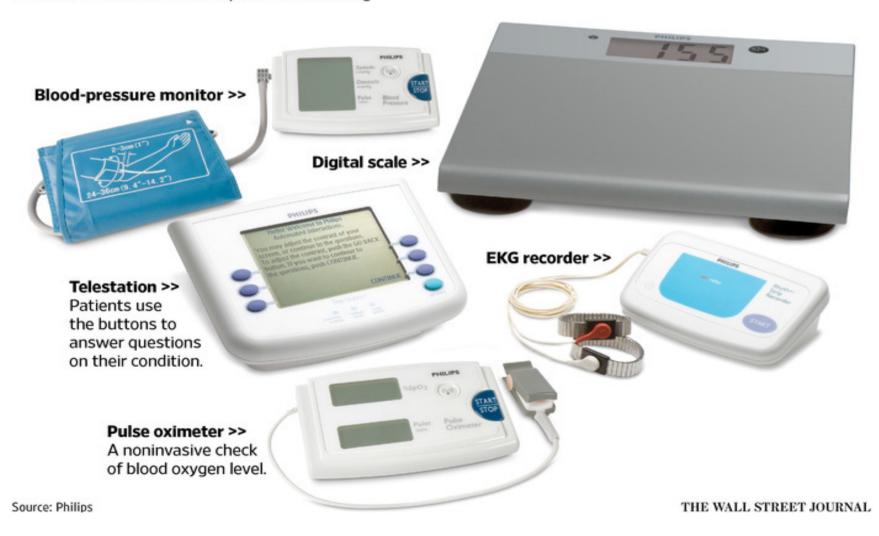




#### Or their homes:

#### **Long Reach**

Wireless devices for remote patient monitoring



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# It means enormous logistical centres to manage and plan the total chain:





#### In love with the new doctor?

