



Centre on Strategies for Public and Civil Entrepreneurs

# Disruption of Healthcare: Power of patients and impact on leadership

StrategyCircle Gesundheitswesen

Munchen, December 6th 2017

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@stevendewaal



[www.publicspace.nl](http://www.publicspace.nl)

# Public SPACE Foundation (since 2002) ([www.publicspace.nl/English](http://www.publicspace.nl/English))

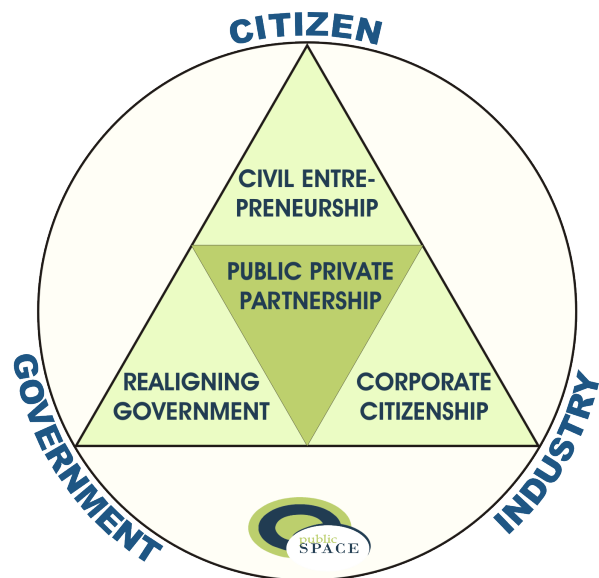
## ThinkNetwork

ThinkTank has evolved into a Think Network. Prominent executives, academics, opinion leaders and decision makers operating in strategic frontiers of public/private corporations

## Mission

**'Winning strategies for the common good'**. Open non-ideological inquiry, active international outlook for best practices and interdisciplinary approach.  
The **main mission is promoting active citizenship and social entrepreneurship in public services**

## Core Concept since 2002



## Opinion, blogs and archive on website



The screenshot shows the Public SPACE website with a blog post titled "Boeklancering 'Burgerkracht met Burgermacht' in Dudok". The post is dated 19 mei 2015 and is categorized under "bestuur, burgers, burgerschap, uncategorized". The text of the post discusses the book "Burgerkracht met Burgermacht" by Kim Putters, director of the Sociaal Cultureel Planbureau, and its presentation in the Dudok building in The Hague. The post includes a photo of Kim Putters and a video player. To the right of the blog post is a Twitter feed showing tweets from Steven de Waal (@stevendewaal) related to the book launch. The website footer includes a navigation menu with links to "Home", "Bureaublad", "Openbaar", "Computer", "Netwerk", "NL", and "Adres".

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## Outline

1. **Common knowledge: Disruption is a strategic phenomenon in markets**
2. **Surprise: Same technologies have also disruptive impact on politics and public services: Power of Disruptive Citizens**
3. **Upcoming disruptive revolutions in healthcare provision and organization**
4. **Impact on your leadership in healthcare**

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# **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**
- It's a real revolution: CEO's often see it last
- **Direct Exchange and Real Time Information & Communication is key; Customers on platforms**
- **Competition between Platforms is on:**
  - sympathy, belonging
  - community-building
  - actual, real-time hands-on service; (feeling of) **direct observation, direct information, direct choice**
  - being 'in charge' and self-steering and -choice
- **The market now teaches customers these values**



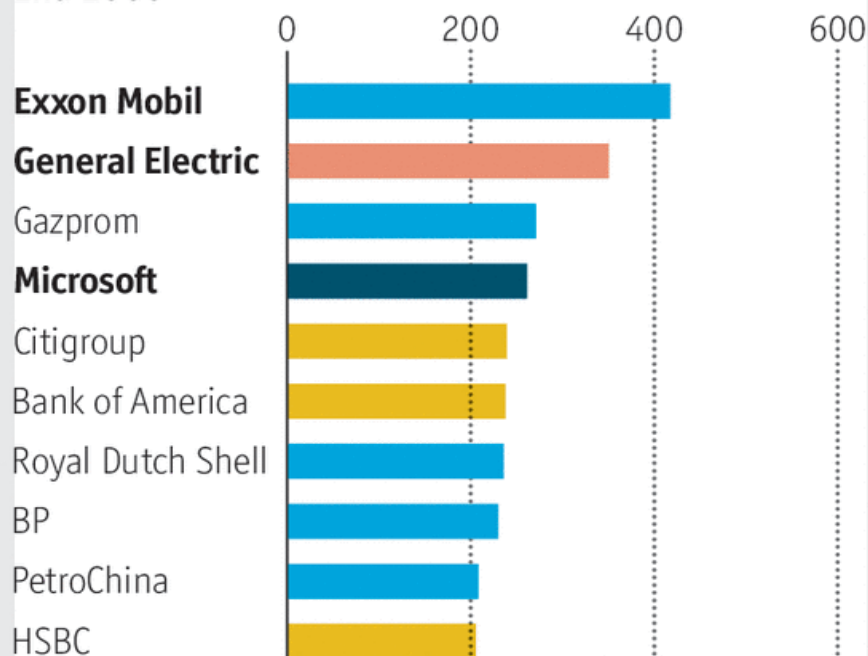
# Platformeconomy has already won:

## A virtually new world

World, largest listed companies by market capitalisation, \$bn

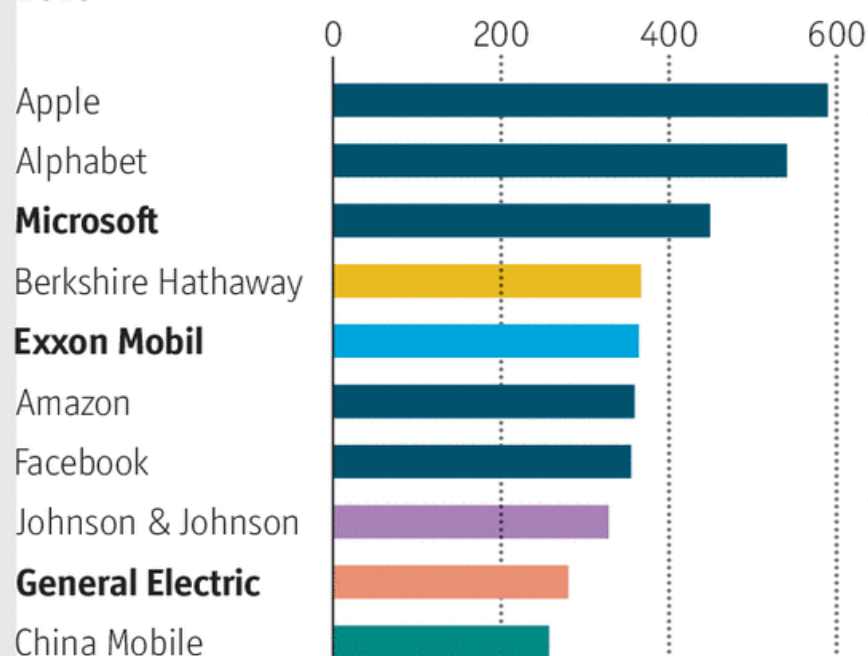
Sector: ■ Energy ■ Financials ■ Health care ■ Industrials ■ IT ■ Telecoms

End 2006



Source: Bloomberg

2016\*



\*At August 24th 2016

Economist.com

Also Theme Issue of Harvard Business Review, April 2016

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# Not just markets: the power of the disruptive citizen

# The Disruptive Citizen

**It's not just technology ('stupid'), it's power- and information tools and their impact on mentality!**

- a. Shift in real power:** data, knowledge, communication, peer-reviews, peer-organization
- b. Shift in mentality:** I personally can gather information and opinions, steer, choose, organize, manage and consult peers

**Public services have more time to adjust by the protection of state, laws, public finance and lobbies**

**Not sustainable:**

- **Traditional politics will learn quickly:** no re-election without listening to the new public power
- **Customers of public service will demand change and choice;** have a direct and public channel to voice their opinions
- **Public debate and reputation in these direct channels**



# Main new power-source: Independent & Direct Channel

## Revolution in personal ICT (Information & Communication & Media):

- ***Smart*** Enormous, still increasing computing power
- ***Small and Mobile*** Close to person, always at hand
- ***Not just data, all media*** Real time vivid actual observation- and face-contact
- ***Mass use and (!) so expected*** Connection anyplace on the earth, anytime
- ***Platforms*** Develop and support exchange services

A new and independent, local and global, ICT and media-channel of, to and between citizens.

No selection, reframing or censorship outside citizens themselves and algorithms!

Getting used to the new manipulation: New bubbles instead of old filters (experts, professors, journalists, PR industry).

## My introduction in Dutch Financial Times, August 2015

 Anders denken

**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

**D**e sector van woningcorporaties is het afgelopen jaar kritisch onderzocht en publiekelijk de maat genomen. 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 misverstand. De hypesfeer, de hoge toon



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# **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 peer reviews
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:



### FACTS ABOUT PATIENT EDUCATION

**50%** OF PATIENTS  
walk out of the physician's office  
**NOT KNOWING**  
what they were told or are supposed to do.



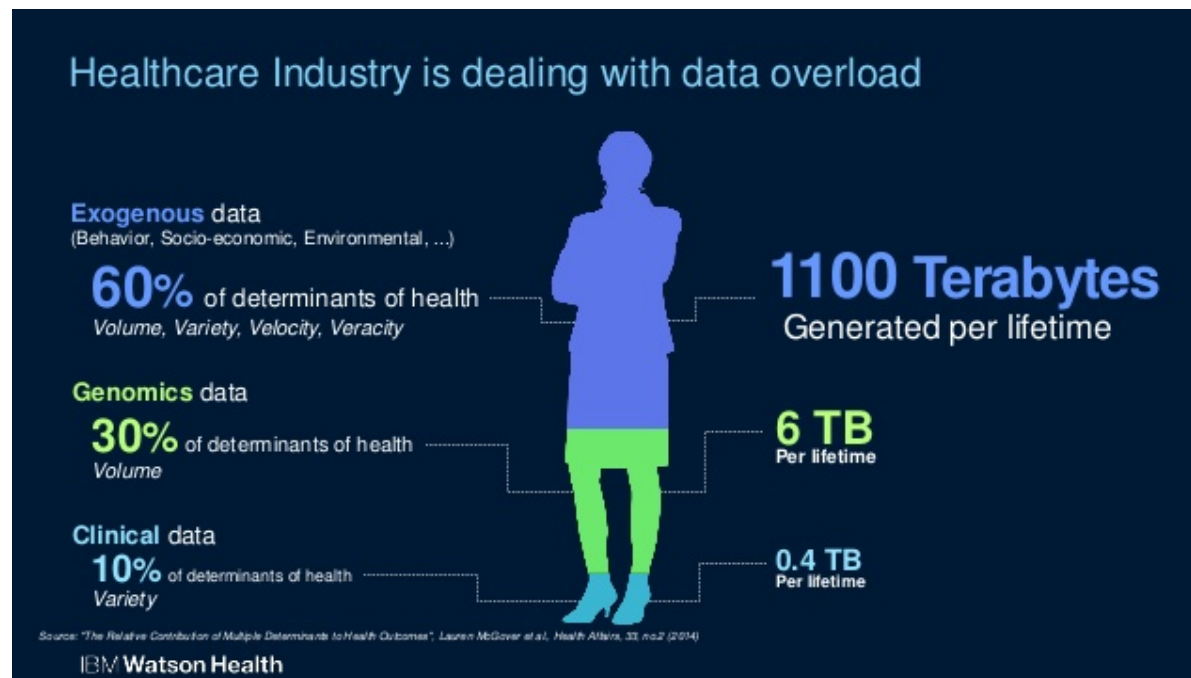
#### RESEARCH SHOWS THAT:

- 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



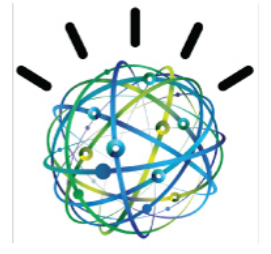
**The answer?** IBM Research and the Cleveland Clinic are bringing IBM® Watson™ to medical school to create a learning application for students.



Watson will help students navigate medical information and make the best decisions for **improving patient care.**



Students will also be able to **teach and train Watson** to advance its knowledge.



**WATSON.**

<sup>1</sup> William Shad, IOM Meeting, October 8, 2007 Growth in facts affecting provider decisions versus human cognitive capacity  
<sup>2</sup> University of Oulu, Finland January 16, 2009

## General impact on Public Services:

1. **Need/Demand for Co-Production and Co-creation;** No longer just voice and passive consumer service, but co-choice, co-production, partnering with 'amateur'-cooperatives
2. **Reputation based on peer-reviews on direct channel, be there!**
3. **Monopoly is gone: civil initiatives and cooperations are here to stay; simple supplyside attitude won't work**
4. **Quality standards are not only based on technical/professional and bureaucratic paradigm, add peer-review and reputation**

### NEW CIVIL LEADERSHIP

## The end of professional monopoly like in energy



Main scenario for current supply will be: **Grid Function:**  
co-production, partnering, emergency backup, facilitating of civil initiative



# Direct access patientdata, before the doctor:

## Patientenportal

[Home](#)
[Meine Gesundheit](#)
[Meine Krankenkarte](#)
[Communities](#)

Speichern und Freigeben:






[Diagnosen](#)
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Übersicht

gehen Sie zu:

[Community für Koronare Herzkrankheit](#)

[Community für Diabetes mellitus](#)



Omron ICK Classic, Blutdruckmessgerät zur

Holen Sie sich die neuesten iPhone Programme zum Thema Gesundheit

Medikamente einnehmen!

**Kostenlos:**  
Erinnerung Ihre

Studie räumt mit Vorurteilen auf:  
**Betablocker schützen Herz vor Stress**  
Eine große Patientenstudie belegt, dass Betablocker ein bewährtes Herz-

 Bilder

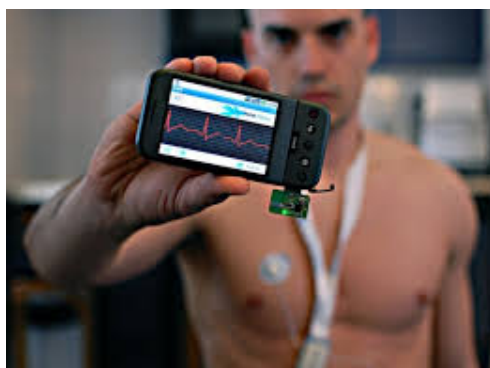
Sie haben **5** Bilder





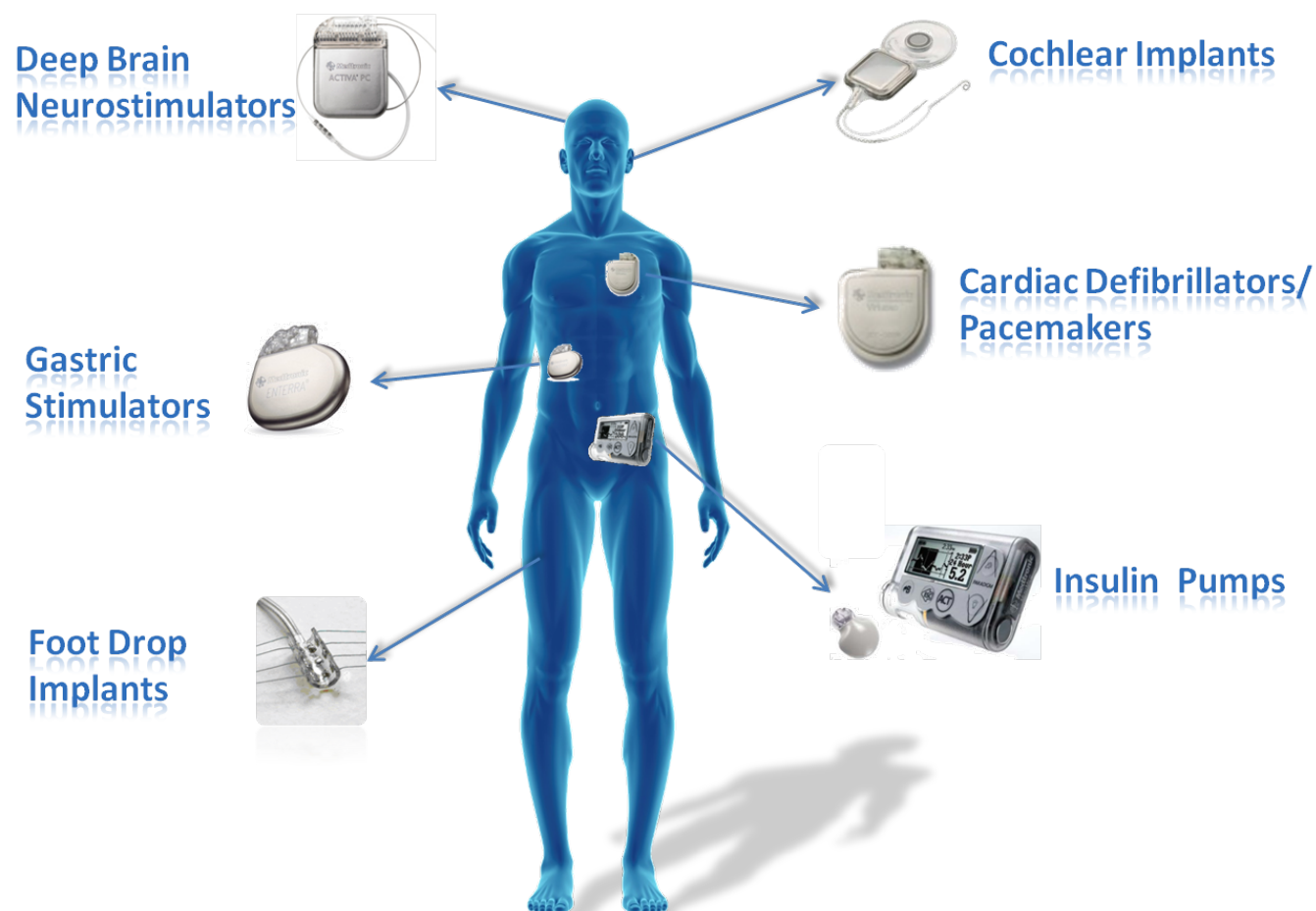

 Bild Hinzufügen

## 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



Source: Philips

THE WALL STREET JOURNAL



## Enormous logistical centres to plan and manage total chain + self-management patients



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# How it changes leadership in healthcare

# Leadership

## Leadership is about:

- **Authority** (not formal power or (management-) position)
- **Character and Capacities**
- **Rhetorics and Charm** (spontaneous followers)

## Roots for leadership: personal passion, values and biography\*

- a. No leadership without context and reasons: resistance is normal
- b. Leaders must be as clever in powergames as anybody with a vision or position (good character and good intentions are not enough)
- c. Rules, codes, protocols are not enough to get the right things done; hiding behind them is often first step in resistance

\**'The Value(s) of Civil Leaders', Dr. S.P.M. de Waal (Eleven 2014)*

## Disruption: Impact on Leadership in Healthcare

**MAIN impact: domain of your leadership (authority, character, followership) is patients and their families as much as your professional personnel and protocols!**

- A. Treating them equally: bridging instead of opposition, hierarchy or neglect**
- B. Learn to be as supportive AND critical towards civil action and self-organization as to the professional organization**
- C. Partnership is necessary: less professional power: knowledge and references are shared and publicly available; shared decisionmaking**