

# Leadership Tools That Work in Times of Rapid Change

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# What Leaders Do

- Establish a vision that can inspire others
  - Environmental assessment of opportunities, risks, challenges
- Translate the vision into strategies & tactics
- Make the assignments to the right people
- Hold the assigned people accountable

# What Leaders Do

- Establish a vision that can inspire others
  - Environmental assessment of opportunities, risks, challenges
- Election of Barack Obama as President
- Health 2.0
- A Disruptive Solution for Health Care

## Schneider paraphrase of Cardozo

“The great tides and currents which engulf the rest of men, do not turn aside in their course and pass the doctors by.”

# Dr. Alan Greene's Healthcare Bubble

- Trade at high volumes
- Prices at variance with intrinsic values
- Market prices are unsustainably high
- Misallocation of resources into non-optimal uses
- Destined to come to an end

# Ezekiel Emanuel's \$2 Trillion

<http://blog.lib.umn.edu/schwitz/healthnews/182728.html>

- 1 million seconds: less than 2 weeks ago
- 1 billion seconds: 1974
- 1 trillion seconds: 30,000 BC

# American Journal of Medicine

August, 2009

- Medical problems contributed to 62.1% of personal bankruptcies in 2007
- Most had health insurance, homeowners, and gone to college
- “Unless you’re Warren Buffett, your family is just one serious illness away from bankruptcy.” David Himmelstein

# The Conciliator

Larissa MacFarquhar, *New Yorker*, May 7, 2007

“If you’re starting from scratch then a single-payer system would probably make sense. But we’ve got all these legacy systems in place, and managing the transition, as well as adjusting the culture to a different system, would be difficult to pull off. So we may need a system that’s not so disruptive that people feel like suddenly what they’ve known for most of their lives is thrown by the wayside.”

# Atul Gawande

<http://healthbeatblog.com/2009/06/gawande-calls-on-new-doctors-to-join-the-battle.html>

- Told graduates of University of Chicago Pritzker School of Medicine to join in “the battle for the soul of medicine.”
- “The idea that we can proceed oblivious to the economic conditions around us is folly... We in medicine have partly contributed to these troubles.”

# Atul Gawande

<http://healthbeatblog.com/2009/06/gawande-calls-on-new-doctors-to-join-the-battle.html>

- “Our country’s health care is by far the most expensive in the world...The financial burden has damaged the global competitiveness of American businesses and bankrupted millions of families...It’s also devouring our government at every level -- squeezing out investments in education, our infrastructure, energy development, our future.”

# The Cost Conundrum

Atul Gawande, The New Yorker, June 1, 2009

- McAllen, TX CMS spent \$15,000 per enrollee, twice the national average
- Income per capita is \$12,000
- McAllen, TX ranks worse on 23/25 metrics of quality of care than in El Paso, TX
- “Come on. There is overutilization here, pure and simple.”

# The Cost Conundrum

Atul Gawande, The New Yorker, June 1, 2009

- “A few leaders of local institutions took profit growth to be a legitimate ethic in the practice of medicine.”
- “Along the banks of the Rio Grande, in the Square Dance Capital of the World, a medical community came to treat patients the way subprime-mortgage lenders treated home buyers: as profit centers.”

# Money Talks

Ryan Lizza, The New Yorker, May 4, 2009

“He became obsessed with the findings of a research team at Dartmouth showing some regions...spend far more money on health care than others but that patients in those high-spending areas don't have better outcomes than those in regions that spend less money”

# Money Talks

Ryan Lizza, The New Yorker, May 4, 2009

“If spending more on health care has no correlation with making people healthier, then there must be enormous savings that a smart government, by determining precisely which medical procedures are worth financing and which are not, could wring out of the system.”

# Money Talks

Ryan Lizza, The New Yorker, May 4, 2009

“At the core of both the stimulus bill and the Obama budget is Orzag’s belief that a government empowered with research on the most effective medical treatments can, using the proper incentives, persuade doctors to become more efficient health-care providers, thus saving billions of dollars.”

# Money Talks

Ryan Lizza, The New Yorker, May 4, 2009

“Paul Ryan and other Republicans had seized on health-cost controls as the issue they believed would bring down Obama’s health-care plan and, with it, they surely hoped, his Presidency.... Orzag’s obsession with ‘comparative effectiveness’ ...will lead to vast government intrusion into the doctor-patient relationship.”

# Money Talks

Ryan Lizza, The New Yorker, May 4, 2009

“Obama is in effect betting his Presidency on Orzag’s thesis.”

# Obama Interview

D. Leonhardt, After the Great Recession, NY Times Magazine, May 3, 2009

“There’s always going to be an asymmetry of information between patient and provider. And part of what I think government can do effectively is to be an honest broker in assessing and evaluating treatment options. And certainly that’s true when it come to Medicare and Medicaid, where taxpayers are footing the bill.”

# Obama Interview

D. Leonhardt, After the Great Recession, NY Times Magazine, May 3, 2009

“So when Peter Orzag and I talk about the importance of using comparative-effectiveness studies as a way of reining in costs, that’s not an attempt to micromanage the doctor-patient relationship. It is an attempt to say...we’ve looked at some objective studies...concluding that the blue pill, which costs half as much as the red pill, is just as effective, and you might want to go ahead and get the blue one. And if a provider is pushing the red one..., then you should at least ask some important questions.”

# Obama Interview

D. Leonhardt, After the Great Recession, NY Times Magazine, May 3, 2009

“If it turns out that doctors in Florida are spending 25% more on treating their patients as doctors in Minnesota, and the doctors in Minnesota are getting outcomes that are just as good -- then us going down to Florida and pointing out that this is how folks in Minnesota are doing it...--I think that conversation will ultimately yield some significant savings and some significant benefits.”

# The Big Fix

David Leonhardt, NY Times Magazine, February 1, 2009

- “You never want a serious crisis to go to waste.”
- Mancur Olson’s *The Rise and Decline of Nations*
- Interest groups get powerful in successful nations
  - Laws, regulations favor interest group
  - Interest group gets more of pie
  - Growth slows
  - British disease of 1970s (miners, financial traders, farmers)
  - Germany and Japan grew faster; elites wiped out

# The Big Fix

David Leonhardt, NY Times Magazine, February 1, 2009

- Small area variation in Medicare spending
- High spending areas like Miami, Texas, southern New Jersey
- Low spending areas like Minnesota, Iowa, New Mexico, Virginia

# The Big Fix

David Leonhardt, NY Times Magazine, February 1, 2009

- Mitchell Seltzer
- Doctors who spend more don't get better results than their conservative colleagues
- Patients of aggressive doctors stay sick longer and die sooner because of risks of aggressive care

# The Big Fix

David Leonhardt, NY Times Magazine, February 1, 2009

- Mitchell Seltzer
- To turn less efficient docs into more efficient docs need national data from EMRs
- CMS will have to stop reimbursing for some expensive treatments that are not very effective

# Health Care Spending Disparities

## Stir a Fight Robert Pear, NY Times, June 8, 2009

- “He... took that article and put it in front of a big group of senators and said, ‘This is what we’ve got to fix’”
- “There is too much uncertainty about the Dartmouth study to use it as a basis for public policy,” Senator John Kerry
- Senator Bill Nelson of Florida is “adamantly opposed” to the cuts in higher-spending areas

# ICSI Online

- [www.icsi.org](http://www.icsi.org)
- <http://icsihealthcareblog.wordpress.com/>
- ICSI on Facebook
- Twitter
  - ICSIORG
  - Kentbottles
  - Norskedoc

# Health 2.0

- “Community is the killer app in health care” Steve Case, Revolution Health
- Web 1.0 users search for and read information
- Web 2.0 regular people create content on line
  - Photo-sharing
  - Video-uploading
  - Music downloading
  - Personal blogging
  - Podcasts
  - Tom O’Reilly 2005

# Adam Bosworth of Keas

“When the consumers all leave, sooner or later the laggards have to follow or die”

# Docs and Social Media

<http://well.blogs.nytimes.com/2009/06/11/when-your-doctor-is-on-twitter/>

- “I am a physician and find the concept of augmenting patient care through social networking idiotic. Facebook, twitter, and similar venues are not an appropriate place for the sensitive nature of a patient physician encounter.”
- “I have been a Family physician for 28 years. I would be VERY reluctant to start encouraging my patients to communicate with me by email.”

# Nielsen Online: Time on Social Networks

<http://www.physorg.com/news163254287.html>

- Number of minutes Americans spent on social networks grew 83% from 4/08 – 4/09
- Total minutes on Twitter
  - 7.9 million to 300 million
- Total minutes on Facebook
  - 1.7 billion to 13.9 billion
  - 700% increase

# The State of the Blogosphere

## October 2008

- Technorati indexes 133 million blogs
- 7.4 million blogs in last 120 days
- 1.5 million blogs in last 7 days
- 900,000 blog posts in last 24 hours

# The Social Life Of Health Information

Pew Internet and American Life Project, June 2009

- 2000: 46% American adults had internet access, 5% households had broadband, & 25% Americans looked on line for health
- 2009: 74% go online, 57% have broadband, & 61% looked on line for health

# The Social Life Of Health Information

Pew Internet and American Life Project, June 2009

- Where do you get information about health:
- 86% ask health professional, like doctor
- 68% ask a friend or family member
- 57% use the internet
- 54% use books
- 33% consult insurance provider

# The Social Life Of Health Information

Pew Internet and American Life Project, June 2009

- “Just in time someone like me”
- 41% of e-patients read someone else’s commentary on blog, website
- 24% of e-patients consult rankings of docs
- 24% of e-patients consult rankings of hosp.
- 19% of e-patients receive updates
- 13% of e-patients have listened to health podcast

# The Social Life Of Health Information

Pew Internet and American Life Project, June 2009

- Creating new health content themselves
- 6% of e-patients have tagged online health content
- 6% of e-patients have posted comments in online group discussion
- 6% of e-patients have posted comment on blog
- 5% of e-patients have posted review of doc
- 4% of e-patients have shared photos, videos, or audio files about medical issues

# Online, ‘a Reason to Keep on Going’

Stephanie Clifford, NY Times, June 1, 2009

- “I was dying of boredom. Eons, all by its lonesome, gave me a reason to keep on going.” Paula Rice, 73
- “One of the greatest challenges...we face as older adults...is actually about our social network deteriorating on us.” J. Coughlin

# Online, ‘a Reason to Keep on Going’

Stephanie Clifford, NY Times, June 1, 2009

- “The new future of old age is about staying in society, staying the workplace and staying very connected. Technology is going to be a very big part of that, because the new reality is, increasingly, a virtual reality. It provides a way to make new connections, new friends and senses of purpose.” Joseph Coughlin, MIT AgeLab

# Online, 'a Reason to Keep on Going'

Stephanie Clifford, NY Times, June 1, 2009

- MyWay Village in retirement homes
- Eons (online community for Boomers)
- Facebook, Twitter
- One third of people 75 years old and older live alone

# Cell Phones and Medicine

<http://ow.ly/cB41>

- “When the iPhone launched, it was a \$500 piece of crap. Now, with apps, it’s a minicomputer.” Ryan
- Gravitytank
  - Surveyed 804 smartphone users
  - Ethnographically studied 20 app-phones users
  - Interviewed 20 app developers

# Cell Phones and Medicine

<http://ow.ly/cB41>

- Spend two hours per day on phone
- Interact with phone 30 times a day
- Average of 21 applications
- How many apps do you use everyday
  - 1-2: 26%
  - 3-4: 24%
  - 5-6: 21%
  - 6 +: 29%

# Cell Phones and Medicine

<http://ow.ly/cB41>

- Mobile productivity used to mean email and calendar access
- Now applications for nutrition, exercise, finance, shopping, hobbies, access to media content

# Cell Phones and Medicine

<http://ow.ly/cB41>

- 25% of apps are paid
- 69% purchased an app in last month
- Spend about \$6 a month for apps
- “Paying is a no-brainer if you think it’s going to make your life better.”

# Cell Phones and Medicine

<http://ow.ly/cB41>

- 50% of app users: apps are essential tools to get more done and stay organized
- Gender balanced and highly educated
- Use computers, TVs, MP3 less and less
- Time pressed
  - 78% never enough hours in day
  - 77% always looking for ways to manage time

# Cell Phones and Medicine

- [www.personalpediatrics.com/](http://www.personalpediatrics.com/)
- “A national network of dedicated physicians who are reinventing the lost art of pediatric house call medicine using wireless technology and state-of-the-art recordkeeping software.”

# Cell Phones and Medicine

<http://mobilehealthnews.com/2401/interview-dr-hodge-the-first-iphone-doctor/>

- Natalie Hodge, MD (first iPhone Doctor)
- 3 years of experience in St. Louis
- “We intend to be an entirely mobile platform – there is no need for an office, at least for pediatricians.”
- “Everything I need for my practice could fit in the trunk of my car.”

# Cell Phones and Medicine

<http://mobilehealthnews.com/2401/interview-dr-hodge-the-first-iphone-doctor>

- Hodge's office had 5 employees
- \$200,000 a year in overhead
- \$50,000 a year in overhead for Personal Pediatrics new model of home visits
- “Revenue is about the same”

# When the Cellphone Teaches Sex Education

Jan Hoffman, NY Times, May 3, 2009, ST 1

- Anonymous teens in NC text sex questions
- Adolescent Pregnancy Prevention Campaign within 24 hours text reply that is nonjudgmental
- Birds and Bees Text Line
- Similar programs in Washington, DC, SF, Chicago, Toronto

# When the Cellphone Teaches Sex Education

Jan Hoffman, NY Times, May 3, 2009, ST 1

- “Technology reduces the shame and embarrassment,” Deb Levine of ISIS
- “Technology can be used to connect young people to trusted, competent adults who have competent information.” Dr. Bull
- “Lack of oversight is what galls Bill Brooks, NC Family Policy Council

# When the Cellphone Teaches Sex Education

Jan Hoffman, NY Times, May 3, 2009, ST 1

- “If you take a shower before you have sex, are you less likely to get pregnant?”
- “I don’t believe in having sex does that make me gay?”
- “Can you get rid of a baby under a week old without anybody asking for your name?”

# Patient Social Networking Sites

- Diabetesmine
- I'm Too Young For This! Foundation
- Patientslikeme
- Resolution Health
- Daily Strength
- Sophia's Garden
- iMedix
- Disaboom
- MedHelp
- HealthCentral Network

## Migraine: Cause Statistics

Cause	No	Yes
Stress	7 (6%)	105 (94%)
Not enough sleep	23 (22%)	82 (78%)
Dehydration	17 (18%)	77 (82%)
inhaling smoke and other strong odours	26 (29%)	65 (71%)
Too sunny with no sunglasses	26 (29%)	64 (71%)
flourescent lights	30 (32%)	63 (68%)
Change in barometric pressure	19 (25%)	57 (75%)
Staring at a computer/screen too long	30 (33%)	61 (67%)
food triggers	38 (39%)	60 (61%)
Heat	37 (40%)	55 (60%)
Low blood sugar	36 (40%)	54 (60%)
Stuffy atmosphere	35 (41%)	50 (59%)
Hormone Imbalance	40 (43%)	52 (57%)
Too much alcohol	40 (43%)	52 (57%)
low pressure systems	26 (38%)	42 (62%)
Loud Music and/or TV	11 (27%)	30 (73%)
MSG	43 (47%)	49 (53%)
Strobe Lights	8 (28%)	21 (72%)
Genetic	5 (23%)	17 (77%)
Not enough exercise	40 (48%)	43 (52%)

# Health 2.0 Connecting Patients to Doctors

- Angie's List Medical
- Emphasis Search
- American Well
- ZocDoc
- Health World Web

# Few are using HMSA's Online Care

<http://www.honoluluadvertiser.com/apps/pbcs.dll/article?AID=2009905210310>

- Fewer than 10 people daily using in April
- 800 consults in 3.5 month period
- 4,000 have signed up to use service (0.3%)
- 85% of those who used say excellent or good
- “I have grave concerns about the safety of Online Care,”  
Dr. Josh Green

# Medicalization of Cyberspace

Andy Miah & Emma Rich, London: Routledge, 2008

- Controversy and moral panic
- Auctioning of a kidney on eBay
  - Bidding reached \$5,750,100
  - 69% of respondents to online poll thought should be legal
- Pro-Anorexia online movement
- Von Hagens' Body Worlds exhibition and public autopsy
- [www.ronsangels.com](http://www.ronsangels.com) (ova and sperm for sale)

# Medicalization of Cyberspace

Andy Miah & Emma Rich, London: Routledge, 2008

- “Information obtained from the Internet may conflict with recommendations provided by physicians, thus leading to confusion and uncertainty in the mind of patient. The consequences of this uncertainty may lead to a delay in treatment or the patient turning to inappropriate forms of therapy”  
Henson, 1999
- Anarchic dismantling of established information systems
  - Wikipedia vs. Encyclopedia Britannica
  - Literary prizes for bloggers
  - Physicians losing control of medical information
  - Catholic Church

# Medicalization of Cyberspace

Andy Miah & Emma Rich, London: Routledge, 2008

- “Unlike the classic sick role relationship where the doctor told the patient what was wrong and what s/he had to do or take to get better, in the information age the patient is just as likely to tell the doctor what might be wrong and outline a range of possible risks, treatments or therapies.” Nettleton

# Medicalization of Cyberspace

Andy Miah & Emma Rich, London: Routledge, 2008

- Emergence of networks that might be harmful to the patient
- Eating disorders
- Self-harm
- Cyber-suicide
- Cyber-cannibalism

# Medicalization of Cyberspace

Andy Miah & Emma Rich, London: Routledge, 2008

- Who owns online communities?
- What legal claims can be made over them?
- Who should regulate online communities?
- Does MD consultant to website have ethical/legal obligations to visitors?
- Can traditional therapy be translated to Internet or is it a new form (e-therapy)?
- Should MD licenses be by state?
- At what point is there a patient/provider relationship?



# ICSI Online

- [www.icsi.org](http://www.icsi.org)
- <http://icsihealthcareblog.wordpress.com/>
- ICSI on Facebook
- Twitter
  - ICSIORG
  - Kentbottles
  - Norskedoc

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Disruption in business models makes products more affordable and accessible
  - IBM....DEC....Dell....Iphone
  - Ford....Toyota....Chery
  - Macys....Wal-Mart....Amazon

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Disruption enablers
  - Business model innovation
  - New value networks
  - Simplifying technologies
    - Genetics profiling
    - Imaging
    - Data mining

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Expertise becomes commoditized
  - Experimentation and problem solving
  - Pattern recognition
  - Rules based processes

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Hospitals are expensive combinations of three different business models
- Shops (consulting firms, law firms, diagnostic activities): fee for service
- Chains (manufacturers, education, food services, medical procedures): fee for outcome
- Networks (telecommunications, eBay, Sermo): fee for membership

# The Innovator's Prescription

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- Intuitive requires solution shop
  - Type II Diabetes
  - Epilepsy
  - Asthma
  - Chronic back pain
  - Alzheimer's disease
  - Ulcerative colitis
- Rules based requires individual MD prescribing EBM treatment
  - Type I Diabetes
  - Hypothyroidism
  - Cystic fibrosis
  - CHF
  - Hyperlipidemia
  - Celiac disease
  - Osteoporosis

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Intuitive requires solution shop team of providers
  - Type II Diabetes
  - Epilepsy
  - Asthma
  - Chronic back pain
  - Alzheimer's disease
  - Ulcerative colitis
- Rules based requires individual MD prescribing EBM treatment
  - Type I Diabetes
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  - Hyperlipidemia
  - Celiac disease
  - Osteoporosis

# The Innovator's Prescription

Clayton M. Christensen, et.al., New York: McGraw Hill, 2009

- Who will benefit from disruption of health care industry?
- Integrated fixed-fee providers
  - Mayo, HealthPartners, Intermountain, VA, Kaiser
- Major employers
  - Quad/Graphics (Briggs & Stratton, Rockwell), Perdue Farms, Pitney Bowes, General Mills, Sprint, Qualcomm

# What Leaders Do

- Establish a vision that can inspire others
  - Environmental assessment of opportunities, risks, challenges
- Election of Barack Obama as President
- Health 2.0
- A Disruptive Solution for Health Care