Jean-Manuel De Bané, MBA Ivey
Outhiink
jm@outhiink.com

We Can Fix Healthcare

The roadmap to maintain a sustainable healthcare system

The demand on the healthcare system has been growing at a higher rate than the economy. Over the last 20 years, total healthcare spending has doubled, net of inflation, and it is still not enough. The pressure to constantly add more healthcare capacity will remain until we start working on making some of the demand go away. It can be done.

An aging population is taxing for healthcare. An aging population in bad health is many times more taxing. The primary determinant of healthcare spending is the population general health condition. Americans have poor health hygiene. Less than 10% of the US adult population observe the minimal guidelines known to protect from most common chronic diseases and about 40% of cancers.

This is the N#1 healthcare problem. It leads to a catastrophic level of preventable illnesses such as the current diabetes epidemic, now afflicting 30%[1] of the population. These trends are not going in the right direction. Over the last 30 years, youth obesity tripled, and diabetes went up by 50%.

> ***We have reached a point where more than 70% of healthcare spending[2] is dedicated to address problems directly caused by our poor lifestyle habits.***

How can we get out of this downward spiral?

[1] Including prediabetic conditions

[2] The American CDC estimates 80% of healthcare spending in the US pertains to lifestyle related diseases.

By creating the conditions to embark on an opposite, upward vortex. The cornerstone of the solution to fix healthcare is to nudge society to develop a viral passion for health. Health has to become something each of us value, take ownership of, and be actively involved in its preservation.

The healthcare system must also embark on a fundamental paradigm shift and recenter its effort on population health management where all parts of our healthcare system are working together to prevent the occurrence of chronic diseases and better management of patients at risk of illness escalation and complications. To solve healthcare biggest problem will also require going beyond healthcare and involve other ministries, notably Family and Education.

We need to set ambitious goals over a 10 to 15 year horizon such as achieving 50% of our population meeting the minimum physical activity guidelines or maintaining target healthy weights (BMI). Not only would the achievement of these ambitious goals contain cost growth, it could lead to a significant structural reduction in healthcare spending, net of any investments required to reach these targets.

This is the challenge of a generation. Let's aim to be recognized as one of the countries that best respects the human maintenance guidelines. We also need to take a step back and realize that we will never get ahead of the curve as long as we continue to invest pennies in addressing the root cause of these problems for every $1,000 we spend in acute medical care dealing with the medical problems these lifestyle choices cause.

This white paper presents a practical ten-point roadmap to get there. It's all very doable and within our reach. All we need is the political will and inspiring leaders who will stick with the journey long enough to make it happen.

Jean-Manuel De Bané, mba Ivey
Canada

Fixing Healthcare: Let's just do it

The roadmap to maintain a sustainable healthcare system

Apart from access to care, the debate and main ideas on how to address our healthcare challenges are mostly gravitating around strategies to improve the efficiency of healthcare delivery and address the cost pressures from the continued expansion of supply to meet the needs of an aging population. This is not the right way of framing our healthcare challenges. The primary problem of our healthcare system is not one of efficiency, it is one of effectiveness.

"We should worry less about how much more medical care we can get for our money than the necessity to bring demand down for unnecessary, preventable medical care."

Lack of proper policies to effect a downward trend on lifestyle driven chronic diseases is the primary factor causing the significant pressure to continue expanding supply.

"We have reached a dangerous threshold where more than 70% of medical care spending goes towards repairing problems that should not exist if each of us would follow the minimal health preservation guidelines."

Historically we separated the mandate for health preservation from the medical practice. Public Health held the charge for health preservation with a focus on infectious disease prevention and the medical practice side of healthcare focused on addressing individual health problems (human repairs). This segregation of duties leaves a void with no one really responsible to effectively address the N#1 healthcare sustainability challenge: the continued rise in preventable chronic diseases.

We need healthcare to pursue a mission of health preservation and secondly, we need healthcare to strive for excellence in key processes that impact requirement for complex care:

- Every time we miss screenings for clienteles at risk of major diseases, we drive future demand for avoidable complex care.

- Every time we fail to diagnose prediabetic conditions, we drive up unnecessary future complex care.

- Every time we fail to remotely monitor chronic disease patients we set the stage for preventable health degradation requiring complex care.

- Every time we discharge a Chronic Obstructive Pulmonary Disease (COPD) patient only to see the patient readmitted quickly with

  acute COPD because of poor community care coordination, we create unnecessary complex care.

- Every time we fail to systematically follow appropriate or complete evidence-based care protocols, we drive demand for unnecessary complex care.

Managing demand does not imply reducing access to care. To the contrary, it may create breathing room to consider expanding services. The idea is to start paying more attention to the causal drivers of acute care. If we do, the health system will achieve better health outcomes for everyone at a much lower cost.

Diagnosing Healthcare

What is fundamentally wrong with healthcare as we know it?

Healthcare should be about health. Its biggest problem is that it isn't.

Our current healthcare system is repair centric, we should call it Repaircare. My spellchecker has a problem with this term and we should too. Of course, providing medical care is central to what we expect from a healthcare system, but what about creating the conditions for humans to need fewer repairs? The solution is to turn healthcare focus to Population Health Management (PHM). The goal of PHM is to fight the spread of chronic diseases, and illness escalation through robust systemized community-level interventions.

We currently invest pennies in chronic disease prevention for every thousand dollars we spend on chronic disease medical care (repairs).

We have not achieved a proper balance to give ourselves a chance to succeed and alter this perverse dynamic. Healthcare has to turn into something more than simply a system designed to achieve repair excellence.

In many respects, our healthcare model has adopted the automobile repair industry model and we use the same metrics: the cost, the quality and the wait time to get the repair. There are other metrics we don't pay nearly enough attention to, such as whether we could have prevented the need for the fix or potentially provide a simpler fix if we had intervened earlier.

We should initiate a 180$_0$ degree pivot and adopt the avionic maintenance model. In the avionic industry, the goal is to never have to repair anything of significance; all systems and processes are squarely focused on preventive maintenance activities and earliest point detection / intervention. No one would ever consider applying car repair industry metrics in this space e.g. how much did it cost to repair an engine that caught on fire or how long was the wait time to get it repaired.

Applying avionic maintenance way of thinking to healthcare would have a profound impact on all moving parts of the system, on its fundamental economics and health outcomes.

A cancer diagnosed at stage III or IV would be deemed, in most cases, a significant preventable failure. The same would apply to chronic disease patients admitted to ER due to lack of remote vital signs monitoring or the failure to identify prediabetic patients before they develop the irreversible disease. **These types of metrics would now be front and center in how we measure the effectiveness of the healthcare system.**

The core focus would shift to earliest detection/intervention & effective support strategy for citizens with lifestyle challenges.

> **This is Population Health Management (PHM) 2.0 and the only sensible strategy to bring healthcare spending under control.**

We have many levers to deliver a structural & significant reduction in demand, without reducing access to care. Here are some of the key ones:

- Make *Passion for Health* a national *can't fail priority*. Develop a multi-facet strategy to steer a national passion for health preservation.
- Develop an effective strategy to engage the population in self-health management by providing them with appropriate health wellness tools and health monitoring dashboards.

- Enforce systematic early detection protocols for individuals at high risk of developing a chronic disease and deliver effective means to convince a large percentage of them to embark on an illness avoidance trajectory.
- Embrace remote patient monitoring and deliver better care coordination across the continuum of care to prevent unnecessary admissions, readmissions or complications especially for chronic disease patients.
- Achieve excellence in systematic screening and medical protocol adherence to deliver medical care at the earliest and most affordable stage: do the right things, do it at the right time, do it consistently and do it for all.
- Engage in a national reflection on the evolution of the medical profession to make health preservation & wellness important dimensions of formal medical training.

THE ROADMAP TO PIVOT HEALTHCARE FROM A REPAIR TO A HEALTH FOCUS MINDSET

Here's a practical and doable roadmap to successfully pivot from a system that repairs people to one that tries to keep people away from requiring complex medical care.

Strategy #1 Nudge to Steer a National Passion For Health
The secret weapon: a personal health index

We need to nudge society a little so healthy habits become part of what we all aspire to. The silver bullet may pretty well turn out to be a private individual health Index.

Everyone should have an individual health scorecard and a composite health index to make health goals something each of us can measure, influence, and hopefully develop a sense of pride from. The links between the **health *drivers*** under our control and our **health index** would be made very clear to us. You want to bring your health *score* up, you know exactly which levers to push and how much depending on your personal health goals.

It's a continuous feedback and reward system to influence everyone to make the right decisions and strive towards a higher index.

Why a Health Index? Look at what the GPA does for academic excellence. As a student you know that if you're going out with friends every night your GPA will take a hit. When young people think about their future career, they know their GPA matters. An enviable GPA is a leading predictive indicator of future financial stability. You can't aspire to a great career if your GPA is 1.5, you must aim higher. We develop a sense of pride in achieving an ambitious GPA; we get respect from our family, from our friends, it opens employer doors and it certainly does not hurt us in our quest to find a life partner. In short, a great GPA is socially recognized as something we should all aspire to.

The health index could play a similar role in helping everyone manage these daily trade-offs. A great health score leads to a great life, a life full of energy, a mostly medical trouble-free life, a life we should all aspire to. It also sends a signal that I am a great potential life partner; we'll live longer together and have a higher quality of life, especially in our later years.

A personal Health index, like the GPA, is a powerful motivational tool to help manage the daily dilemmas and trade-offs between "short term pleasures" and long-term goals.

Any change initiative, especially on this scale, is difficult. This being said, when the upside clearly outweighs any momentary headwind, we should find the political courage to steer ahead. After a few years, our personal health index will be part of what people pay attention to, appreciate and can't live without. Any potential initial headwind would be long forgotten and we'd be on our way to appreciable gains in our national level health index.

We need to involve the very best cognitive behavioral experts to get this right. A lot rides on this.

I can also imagine the incredible momentum that could be achieved if our Prime Minister and provincial premiers would challenge one another to improve their health score by, let says, 5% and periodically talk about their journey and how better they feel. I'm sure CEOs from large corporations would follow suite and challenge their employees to join them. School principals would embark and so on. Very soon, the whole country would be in an unstoppable upward vortex on our way to achieving a national passion for health.

Strategy #2 Start Young

As stated earlier, health has to become a *national priority*. Priorities play an important role in guiding our future decisions and government budgetary arbitrage moments. Today our youth has very poor health scores. Over 26% are overweight or obese and more than 80% do not meet the minimum physical activity recommendations.

Generally, the lifestyle habits we develop during our youth carry on into adulthood. Until we address this problem, we will face a never-ending supply of future chronic disease patients.

We must set an *ambitious national goal* for our children to achieve a respectable health index. How to do it from the state perspective is the job of the Ministry of Education, school boards and school directors with support from Public Health. We can alter the curriculum, increase play time, seek community help to provide healthy food for children in need, etc. We have many levers at our disposal. The only thing that is not negotiable is the goal. Let's redesign our approach from the goal backward.

Strategy #3 Every Adult Needs to Play an Active role in the Preservation of Their Health

Citizen engagement and participation in managing one's health becomes an important cornerstone of this new strategy. Eventually, strategy #2 will trickle down into a healthier adult community. Our current baseline is a good indication that we have not dedicated enough effort to improve the lifestyle dimensions driving demand for healthcare. In the USA, 70% of the adult population is overweight or obese and 85% do not meet the minimum physical activity guidelines. Again, a never-ending supply of diabetes and other forms of chronic disease clienteles requiring lifelong complex medical care.

> **Currently we're framing the healthcare problem in terms of securing enough acute care capacity to meet the demand from a population with poor health characteristics. This is not the right way to frame the fundamental problem of healthcare.**

What if we had an effective national strategy to reduce these statistics by half, what would be the impact on our future healthcare fiscal challenges?

So, where do we start? One of the first steps is to put in place the foundation for self-health management. Let's make sure that every citizen has access to an online health record presenting their personal health score dashboards and associated metrics, inviting them to be engaged in the ongoing monitoring of what matters: **leading indicator of future wellness.**

In comparison, a static personal health record documenting past health history is only useful for the next time you get sick.

As stated earlier, we need well designed engaging interactive tools to motivate everyone to pay attention to their health and track the predictive health indicators under their control. In itself, this may turn into a very powerful weapon delivering a periodic dose of motivational boost. It certainly has been proven to work in the context of hospitalization discharge. Patients involved in post discharge self-monitoring have up to a 50% higher compliance with their treatment plan. Humans pay attention to what gets measured. It's true in business and it should apply with the same effectiveness to health management.

This is a cognitive game. It's all about finding the right strategies to influence humans to engage, in a sustainable way, in behaviors that will benefit them long term.

At the choice of the user, we could also consider providing a virtual AI coach to inject relevant & timely doses of encouragement to keep people motivated to achieve the goals they set for themselves. The best AI coaching tools are selfcalibrating and over time develop a capability to predict what message will be more effective for a given user in a given context. These behavioral support technologies have made significant leap forward in the last few years. They are very effective, they do work.

Strategy #4 Excel at Managing the Healthcare "Moments of Truth"

The moments of truth in healthcare are the interactions when we have an opportunity to prevent unnecessary care and human suffering. Typically, these are the encounters where we have an opportunity to prevent an individual from developing a chronic disease with devastating implications on their future quality of life and the financial sustainability of our healthcare system.

Those moments of truth are currently happening every day in family doctors' offices. These encounters are designed to address your most pressing "now" problem, not avoiding potential future problems.

These fast pace consultations are totally inadequate to engage in possibly life-altering discussions with patients heading headfirst to a future plagued by chronic diseases.

We can't blame the doctors; the system expects them to see 30+ patients a day. There is simply no time to engage in the complex and sustained lifestyle behavior interventions these patients require.

But a lot rides on these moments of truth, though. Every time we succeed in convincing an individual to alter course before passing the "one-way" door to a life with a chronic disease, we prevent considerable suffering and future medical care requirements. In the case of diabetes, convincing just one patient can be worth up to $325,000 in net savings over the person lifetime. Assuming a family doctor has on average four similar moments of truth per day, **there are over $1M in avoidable future spending per family doctor per day riding on the success or failure of these conversations.** We are not organized to succeed at these moments of truth.

In the case of diabetes, we estimate that 70% of citizens with prediabetic conditions will eventually develop the disease. This is nothing short of a preventable national health crisis.

Some will argue that it is a personal decision whether to adopt a more or less healthy lifestyle. I agree. Nevertheless, I think everyone deserves to understand the implications of these personal choices *before* they enter a one-way door towards an irreversible life with a chronic disease. I think it would be quite insightful to conduct a study with long-term chronic disease sufferers and ask them the following two questions:

Question 1: if you had known what you know now of the implications to live with this disease, would you have been willing to change your lifestyle? In other terms, if you could go back in time would you make different decisions regarding your health?

Question 2: What are the arguments that would have convinced you to change your lifestyle before it led to this chronic disease?

Let's be clear, living with a chronic disease such as diabetes is not a desirable life plan. It affects all the organs in your system. There is the daily routine regimen, the significant risk of becoming blind, the risk of amputation, the heightened risk of cardiovascular diseases, renal diseases, strokes, cancer, etc. One must wonder how hard it would be to convince someone to try to alter course before this becomes their new inescapable reality. I suspect that part of the problem is the lack of effort or success in helping these individuals project themselves forward and really develop a deep appreciation for the consequences on their quality of life from living with these diseases.

Strategy #5 Invest in Chronic Disease Prevention

It provides an amazing payback and may pretty well turn into the silver bullet to ensure the sustainability of our healthcare system.

As stated earlier, every time we prevent a patient from developing a chronic condition we save the healthcare system several $100,000s of avoidable future expenses. These should be framed as investment opportunities. Again, let's take diabetes for example. The investment yields $325,000[3] in benefits. Would investing $10,000 to capture these benefits considered a good investment? Of course. It provides an astronomical 3,000% return. Stated differently for every $1 invested we would save $30 in future medical care.

Whether we need to invest $5,000, $10,000 or $20,000 to secure these benefits, there is enough "benefit room" to pay for an effective demand containment strategy. The challenge is to figure out what will work. An effective strategy could integrate elements such as long-term support from a motivational coach, health club membership, a home cook to teach people how to prepare healthy delicious meals, a connected weight balance to send them automated "thumbs up" when they make improvements, even consider some form of financial incentives when it makes sense. If we can secure the benefits, we'd achieve a substantial reduction in healthcare cost several times more significant than all the money we could potentially throw at these problems.

[3] *American Diabetes Association, Economic Cost of Diabetes -2017. Healthcare costs to treat diabetes type 2 patients estimated at 2.3 times the national average. Incremental costs calculated on the basis of $6,000 average healthcare spending per capita. Difference in spending calculated over 40 years.*

THE SUPPLY SIDE OF HEALTHCARE

In the previous sections, we covered opportunities from the patient side of the equation. Now switching to supply management, the healthcare system, there are also significant opportunities to reduce unnecessary, expensive care.

Strategy #6 Illness Screening, Remote Patient Monitoring and Care Protocol Compliance

In the context of acute care, the key success factors are pretty clear:

- We must aim to intervene as early as possible before avoidable medical complications require more complex care, higher costs and lower probability of positive health outcomes.
- We need to perform systematic screening for 100% of a targeted population based on age, risk profiles and good practice.
- We need to follow proper evidenced-based care delivery protocols, all the time, and for everyone.

In short, nothing should fall through the cracks. Currently, the cracks are worrisome. There are problems across these dimensions.

Screening Every time we miss a required screening, we're exposing ourselves to avoidance complex care. Let's look at one case, colorectal cancer, the second most common cancer. Over 50% of colon cancers are diagnosed at stage III or IV. Clearly, issuing screening guidelines is not enough. We need to manage these processes so more screenings happen. We need to do more to nudge individuals at risk to do the right thing and get screened when they should. Let's also ensure that we don't lag behind advancements in screening & care protocols when it is based on solid evidence (level 4 validation). Often it takes 10 to 20 years to reflect these advancements in our systemic practice of medicine.

In the case of diabetes again, it is estimated that 25% of type 2 diabetics are unaware that they have diabetes[4]. Without treatment, they expose themselves to even more serious problems than diabetes patients under treatment. But there is an even bigger issue here. Let's remember that before they became diabetic,

[4] Canadian Diabetes Association

these people were prediabetic with a totally reversible condition. How can we explain that nothing was done to diagnose these individuals given that we have typically many years to do so? We're not talking about a few outliers that felt through the cracks, this represents over one million individuals, a very large crack. This failure in screening procedure alone will create an additional cost pressure of $325B in avoidable healthcare cost ($325K * 1M) over decades to come. $325B is a big number indeed which should be better spent on public health and prevention initiatives than simply being spent on a problem that should not exist on such a scale.

Better monitoring of patients at risk of health degradation. The next goal is to intervene at early as possible to prevent avoidable health complications. In the context of chronic patients, this involves embracing remote patient monitoring. With the advanced in affordable & secured remote monitoring technology there are no reason to continue admitting to ER a large number of patients requiring urgent acute care due to a worsening of their condition where a customary monitoring of their health metrics would have provided early warning before the patient reach this worsen, and often irreversible, health degradation state.

Consistent evidence-based care for all. There are cultural issues to overcome regarding the systematic application of protocoled evidence-based care. Clinical decisions are still viewed as something that falls under the responsibility/discretion of the caring physician, but we are making progress.

In the US, studies have shown that about 50% of asthma and cardiac patients receive either incomplete or inappropriate care[5]. This is more than a sentence in a long document. In the case of surgery, a third of complications are due to a lack of preoperative checklist verification[6]. Let's improve the measurement of standardized care practice. Every point of improvement saves lives and costs.

Strategy #7 Public Health Needs to Declare War on Bad Human Food

Poor nutrition is the second-largest cause of preventable illnesses such as cardiac diseases, diabetes or cancer. Over the last 30 years, we declared war on the tobacco industry, and as a result, social acceptance and usage are on the decline. While we were busy fighting the tobacco giants, the junk food industry went on the offensive and had tremendous success: **youth obesity tripled, and diabetes went up by 50%.** The average occidental diet now contains about 50% of these "not really designed for human" food types.

The scientific consensus is there: excessively sweet & salty food stimulate dopamine production and trigger our brain reward system in a very similar fashion to tobacco and cocaine. As a result, our brains become easily addicted and develop strong craving for these kinds of food. It's no surprise that many of the tobacco players shifted to the junk food business as it shares the same fundamentals: the name of the game is to get the youth hooked early and then it is repeat business for decades to come. For the health system, it leads to a very predictable and steady influx of new chronic disease patients.

The only difference between drug and junk food addictions is that the latter remains socially acceptable. We have allowed multinational junk food companies with deep pockets to do pretty much whatever they felt effective in getting us hooked early on these health-damaging food.

> **Let's remember that when we feed humans large quantities of food not designed for them, our organs struggle. Overtime, this leads to predictable bad health outcomes.**

That is essentially what is going on with diabetes. The human body is designed to absorb very little sugar every day, about 38 gr while we maintain our average consumption above 100gr. We have let an industry brainwash us in believing that it is ok to maintain our intake of bad food at excessive levels.

How would we explain this to someone from another galaxy? "*On earth you're allowed to advertise addictive food not designed for humans and the result is 25% of our specie is very sick. These sick people spend a lot of time in hospitals and we're running out of money to keep up with the number of new people who get sick.*" The visitor from another galaxy would probably respond: "*Why don't you make it harder for them to advertise and sell food that makes your specie sick*?" Looking from a distance, everything becomes clearer. He has a point.

We are fighting an industry which possesses the most sophisticated marketing artillery and we respond with slingshots. It's time to fight back with the same intensity that we deployed against the tobacco industry. All other health metrics will improve if we can make some inroads here. On the public health front, healthy food allocations is something we should consider to help families in need. As stated previously, if the incremental annual cost of caring for a diabetes patient is $8,000 (rich or poor), we should have enough room to do something for those who really can't afford it.

[4] How do we heal medicine, Dr. Atul Gawande TED Talk

[5] The Checklist Manifesto Dr. Atul Gawande - Harvard

Strategy #8 Improve Circle of Care Coordination

The shift from a curative model to one aiming at preserving health will also require a much higher degree of coordination between healthcare providers. In the policy space, it's a popular theme but not enough has transpired into concrete improvements in the systemic coordination of acute care, the family physician and community care.

Again, this lack of coordination causes unnecessary increase in supply costs, typically avoidable care complication costs. Case in point, there is strong evidence that better post-discharge coordination could reduce Chronic Obstructive Pulmonary Disease (COPD) emergency visits by up to 50%. Such a reduction is not a trivial improvement; COPD ER visits represent 20-25% of total ER workload and a large proportion of hospital admissions.

The problems tend to gravitate around some recurring themes, just different health problems, here's a few:

Case 1: The "Post Repair Maintenance Problem"

Joe went for a repair (hospital) and once it was done he needed maintenance for a period of time. Maintenance was not done, or not consistently done, or not effectively done, with the result that the repaired part broke again but now it's more serious. Back in repair.

Case 2: The "Should Not Have Required Repair Problem"

Mark is at risk of needing a repair but he won't need it if a few leading indicators stay in the safety zone. His indicators have been all over the map for some time; unfortunately, there is no automated alert for someone to intervene, he's going in for repair.

Case 3: The "I Don't Know Where to Go for Help Problem"

Marie has a condition that tends to flare up from time to time. She does not know where to go and decides to stay home. Eventually the situation gets worse. Urgent avoidable repair required.

Case 4: The "Complex Repair Problem"

This repair requires monitoring and coordination across the circle of care. Coordination does not mean from me to you, and you to them. Coordination means working together on different aspects of the repair for a period of time. In most instances we don't have the systems nor the culture to work this way. The leader, typically the specialist for the complex repair, makes the team plan, sends it over the fence and hopes all goes well.

Strategy #9 Nudge Doctors to Embark on This Journey

Central to the objective of avoiding unnecessary and avoidable acute care acts, physicians must fully embark and play an important role on the new health preservation mission. Currently their reward system is based on the number of repairs they perform and the complexity of those repairs. We are now asking them to do everything they can to reduce the number of required repairs. We need to adjust family doctor compensation to reward them for their successes in saving money and suffering.

Every time, through their persistence and effort, they convince an individual at risk of developing a chronic disease to alter course, and the individual maintains course, doctors should be rewarded for that. They should also get a reward based on their systematic screening/testing score for the population they are responsible for. Looking a few years ahead, once everyone has an online personal record and a personal health Index, maybe it would make sense to even consider rewarding them for their average composite score (adjusted for clientele profiles) and year-over-year trends of their patient group. If their patients are getting healthier that should be the primary indicator that they are doing their job well.

Secondly, we need to adjust physicians compensation to incite them to embrace remote monitoring for chronic disease patients. Significant improvement in health outcomes and reduced complex care could be achieved if the system had advanced signals of potential complications before these avoidable complications lead to complex care and poor health outcomes.

At the end of the day, this is first and foremost about health preservation, not repair excellence.

Strategy #10 Revising Medical Education and Admission Profiles

If the cornerstone of the national strategy is to prevent avoidable illness & emphasize health preservation activities, then more emphasis should be placed on the role of medical practitioners as health coaches who are there to provide encouragement, motivation and support to their patients. This role will require a stronger emphasis on empathy and the need to excel at the "soft side" of care delivery.

In this context it is clear that we need to think seriously about the ideal profiles of admission candidates and undertake the necessary adjustments to the medical school curriculum to reflect a better balance between traditional medical care and a new emphasis on health preservation.

Medical students spend less than a day of their formal four-year medical education learning about nutrition. Doctors must learn how to prevent medical problems not just how to treat them.

Final Words

This white paper on the paradigm shift towards a demand management model makes the case that we need to refocus healthcare towards the achievement of health objectives and do away with the idea that the role of healthcare is limited to a sophisticated and efficient repair factory.

Beyond making the case for redirecting the focus of healthcare, this paper presents a roadmap, a series of concrete, doable steps to successfully steer healthcare in this direction.

This paper also presents the tangible economic benefits we can envision from doing this pivot. For those involved in the management of healthcare, I think we can agree that the supply side of the equation offers no obvious potential improvements of similar magnitude. By continuing to focus exclusively on the supply side, the best we can aim for is dampening the rate of year-over-year cost growth.

If well implemented, this shift from supply to demand management should deliver positive outcomes across all the dimensions that matter: better health outcomes, reduction in unnecessary suffering, reduction in acute care workloads, and deliver a substantial reduction in the structural cost of healthcare.

As mentioned previously, policy decision makers will also need a little nudge to start laying the foundations to initiate this pivot. Establishing a proper baseline and quantifying the very real and substantial structural savings at play should steer health policy executives to initiate the series of maneuvers to realign the slow-moving healthcare cargo ship in the direction it needs to go.

We can combine this vision for demand management with other complementary ideas. What we can't do is let the fiscal pressure continue to increase until more drastic measures become inevitable. We need to find concrete, innovative solutions to ensure we maintain a sustainable healthcare system for generations to come.

Jean-Manuel De Bané, mba Ivey
Canada