

The Future May Not Be What You Think – And That’s Good

John W. Kenagy, MD

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NOW is a time of great opportunity for healthcare management and physicians; but that may not be what you are thinking.

As a matter of fact, facing “health care reform,” massive IT spending and an increasingly uncertain payment and reimbursement environment, you might be thinking exactly the opposite.

But recent research on how the human brain works suggests that NOW is the time of opportunity for management, physicians and patients. Let’s explore WHY, HOW and WHAT management and physicians can do to really make a difference. It’s probably not what you think.

For starters, I’m a physician who’s thinking changed when, in the midst of a busy, growing vascular surgery practice, I fell out of a tree and broke my neck – fortunately, a non-displaced, C2 cervical spine fracture that did not kill me. Although disabled for 6 months, I made a full recovery.

That experience changed my thinking. Surgical expertise and technology were important – but, as a surgeon, I already knew that. I discovered my recovery depended on something more: the efforts of 100’s people, from housekeepers to senior exec’s, who came out of their silos to use their knowledge and creativity to problem-solve “the system” to get me what I needed. The other realization - “the system” not only didn’t help, it clearly got in the way.

Great outcomes *despite the system?* – And as a physician in my silo, I might be part of the problem!?! That changed my thinking and started me on a path to unexpected places: first, five years as an executive in a multi-state healthcare delivery system and then four years as a Visiting Scholar at Harvard Business School. Here’s some of what I learned along the way.

Let’s start with how “the system” works. Like all successful 20th Century healthcare systems, we executives analyzed data in meetings and implemented solutions, while we physicians focused on getting our work done.

The result: like all successful 20th Century healthcare systems, we increased quality in silos and increased the cost of care. But now, we can’t afford increased costs. That’s part of the NOW opportunity: the success factors in healthcare have changed.

- 20th Century success = increase quality and increase cost.
- 21st Century success = more and better care and decrease cost.

Those who deliver more care for less cost will be uncommonly successful. It's a new basis of competition and that's WHY it's a time of opportunity for all of us.

But that's only part of the story. I'm a surgeon and an executive – I need to know HOW to do it.

At Harvard Business School, my research focused on the few companies who created a new competitive standard others could not duplicate. Apple is a good example.

Studying their success, I discovered that Albert Einstein was right: "You can't solve the problems of the present with the solutions that produced them."

In my research, the leaders who changed the basis of competition all asked, "Will what got us here get us there?" And then answered, "No!"

Therefore, following the path of Steve Jobs and Einstein (pretty good company), I ask, "Will sending more data up to people in meetings while physicians just do their work get us more care at less cost?" The rational answer is, "No!"

Now it gets interesting. More care/less cost means both management and physicians have to *think differently*. That's a problem because, as John Kenneth Galbraith said, "When faced with the choice between changing one's mind and proving that there is no need to do so, almost everyone gets busy on the proof."

Recent advances in neurophysiology explain why. Our brains become physiologically hard-wired to *repeat what we've done successfully in the past* and are non-consciously threatened by what we *don't know* how to do. The drive to *automatically repeat past success and view the unknown as a threat is a non-conscious, neurophysiologic norm for every human.*¹

Paradoxically, the greater our past success, the harder it is for us to think differently when success factors change. For example, in his book *Collapse* (2005), Jared Diamond documents: "The values that people cling to most stubbornly under inappropriate conditions are those that were previously the source of their greatest triumphs."

That, I propose, is a description of our successful management and physician brains: very naturally, "clinging stubbornly."

So this is New Thought #1 – successful executives and physicians share a common problem: the neurologic consequences of hard-won success – we all "cling stubbornly" to what's worked in the past because that's what our brains tell us to do! It's natural. It becomes an opportunity when we realize it and consciously seek to think differently.

Here's New Thought #2 – if management and physicians share a problem, *they can share a solution*. I'll also propose that if management and physicians, together, share a solution, we will all benefit from the different thinking.

New thoughts lead to action. Here's HOW to do it: the Leadership Actions that the latest in management and brain science show lead to success.

Leadership Action #1 – Align with a simple, clear, meaningful Purpose – How about, “Provide more and better care and continually lower cost.” The management team and physicians who deliver on that promise will be uncommonly successful and so will their patients.

Leadership Action #2 – Face the facts: 20th Century management and physicians are deeply suspicious of each other. We need to shed the past. So, remember Steve Jobs and Einstein. Management and some physician leaders must voluntarily decide together “what got us here won't get us there.” That opens the door. No one is at fault. There's no one to blame. The world has just changed. The slate is clean. It's time to do something different.

Leadership Action #3 – Don't do something big; *do something different*. The answer is not another big fix (*e.g.*, another big project, consultant, employment contract or computer system). That's the 20th Century thinking we need to shed.

Solutions must lead to *adaptable, flexible, enduring fitness for everyone* – patients, staff, physicians and management. You can't buy that; you have to make it. That's the 21st Century thinking we need to grow.

Successfully coordinating care across the silos in the new world of bundled payments means *both management and physicians need to move out of our mental and organizational silos* by experiencing success together centered on the patient.

Linking management and physicians to success for patients is the NEW opportunity. The path to creating that link is clear. Start small, prove it works, build trust and optimism and then rapidly replicate success. A specialty or primary care service line is a perfect place to start. Thinking adaptively, here's WHAT happens:

1. Managers become leaders when they discover they can stop hunting data, get out of the meeting room, set direction, take down barriers and coordinate rapid, real-time decision-making.
2. Physicians, nurses and all the frontline become leaders when they discover they can leverage their knowledge and creativity to make improvement and innovation for patients part of everyone's daily work. Pulling people off the frontline to go to more meetings is not the answer; it's part of the problem!

3. We all benefit when we work together to rapidly replicate a *mutual experience of success* that realigns and inspires.

The results speak for themselves – more and better care and continually lower cost.² Capturing the knowledge and creativity of everyone, in real time, there is no ceiling to our potential.

The future is not what we currently think – and that is good for all of us – management, physicians, staff and patients. When we align with a meaningful purpose and experience success together in achieving it, we change our thinking and commit. No ambiguity, no assumptions, no workarounds, no tradeoffs. It's developing people to deliver more and better care at continually lower cost.

It's not the way we currently think – and that's a great opportunity.

Dr. John Kenagy's book *Designed to Adapt: Leading Healthcare in Challenging Times* was awarded 2011 Book of the Year in healthcare management. His speaking and teaching focus on developing people to deliver Ideal Patient Care[®] and continually lower cost. For information contact him at john@johnkenagy.com or see www.johnkenagy.com

¹ The irrationality of the human brain is real and predictable. It is truly “not what we think.” See www.mybrainsolutions.com for a personal and organizational approach to brain science and thinking differently. For a capsule review of the neurophysiology of leadership, see the White Papers “Leadership and the Successful Brain” and “Choosing to Thrive in 21st Century Healthcare: The Adaptive M2S2” at <http://johnkenagy.com/resources.writing.php>.

² The opportunities are well documented. Thinking adaptively, a well-known integrated delivery system improved physician performance >100% compared to traditionally managed physicians *in the same system*. An online management and frontline adaptive learning course designed for any healthcare organization – *Experience Adaptive Design* – is in development. Email john@johnkenagy.com or see <http://johnkenagy.com/news.whatsnew.php> for more information.