

Leadership and the Successful Brain in 21st Century Healthcare

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You've got to take your brain out of your head every once in a while and jump on it."

Mark Twain

Healthcare in the 20th century thrived on improving quality and increasing cost. Healthcare in the 21st century will thrive on providing more and better care and continually *lowering* cost.

Unfortunately, the brains of most successful people are not wired to respond well to a change in how to thrive. Recently I visited the clinic of a successful orthopedic group and was taken aback by a motto prominently displayed on the office wall: "All change is bad, even if it makes things better."

In changing times, a more fitting slogan for healthcare leaders might be Mark Twain's suggestion to take "your brain out of your head every once in awhile" and let go with a few sound jumps. Or here's a less dramatic approach to changing how people think.

Documented, dissected, and discussed time and time again is the reality that successful people are often the least likely to accept change. In his book *Collapse* (2005), Jared Diamond describes the challenge: "The values that people cling to most stubbornly under inappropriate conditions are those that were previously the source of their greatest triumphs."

In healthcare across the country, I see Diamond's quote playing out in this scenario: We standardize successful processes, create "best practices," hire and train similar people to work in stable organizational structures, and optimize strategies around past success. *Don't reinvent the wheel.*

That's a problem when the opportunity is to reinvent the wheel.

Many of us, convinced that hour is here, fully intend to 'seize the day.' *Carpe diem* is as wise now as when the Roman poet Horace wrote it 2000 years ago. The facts--and the stars--are aligned to indicate great opportunity in healthcare. To succeed, we must face up to three challenges:

- (1) The demands on healthcare are greater than ever.
- (2) The drivers for success have changed.
- (3) Thriving means *thinking and acting* differently – *better* care for *less* cost.

But better care for less cost is not a “best practice” nor is it a new technology. It’s truly new. It’s innovation, a new wheel, if you will. That’s more care for less cost and a wonderful opportunity. Let’s “seize the day” by looking at the opportunity from both the leadership and brain-science point-of-view.

As a Visiting Scholar at Harvard Business School, I became immersed in research on “seize the day” leadership by studying the very few organizations able to successfully transform to create a new level performance in their industry. Here’s what I discovered.

The first question the successful leaders asked: “Will what got us here get us there?” The successful, “seize the day” leaders all answered, “No.” That allowed them to surmount the major barrier in “seizing the day” – traditionally managed, historically successful companies commonly fail to make the jump when a new level of performance changes their industry. Why? – They don’t think that way.

Moving away for “what got us here” and thinking differently is much easier said than done. For example, these recent examples come to mind:

- (a) Historically successful, GM and Chrysler; New performance leaders, Toyota and Honda
- (b) Historically successful, American, Delta and United; New performance leader, Southwest
- (b) Historically successful, IBM, Microsoft; New performance leader, Apple

My studies identified three key differences between unsuccessful innovators and their successful counterparts.

The contrasts were never a matter of more resources, smarter people, better technology or “trying harder.” Without exception, the successful innovators made conscious choices that the unsuccessful companies missed, overlooked or avoided. The Table below contrasts dead-end traditions with creative thinking answers to three questions about innovation:

Innovation Questions	Traditional “Thinking” Innovation	Adaptive, Experiential “Action” Innovation
1. How are innovations acquired or developed?	Current mindsets, methods, strategies and structures make, make, buy or copy innovations.	Management charters new innovation incubators with a strategic purpose to discover.
2. How and where are innovation decisions made?	Gather and move data up to people in meetings who analyze, predict and implement.	Rapid, discovery-based decision-making is moved close to where information is generated.
3. What’s the method of innovation?	Analytic, data-based, “thinking” innovation	Experiential, discovery-based, “action” innovation

New discoveries in the neurophysiology of human decision explain the differences between *thinking* vs. *action* innovation.

Counter-intuitively, the brains of successful people are perfectly designed to miss the opportunity for transformative innovation. Why? - When things are going well, leaders are unlikely to *think* about a need for change and, instead, build on past success. “Innovations” are best practices imported from other successful systems or new technologies available in the market place. The mantra is, optimize current systems and *don't reinvent the wheel*.

But providing more and better care at continually lower cost is a *new wheel*, something that has not existed before, an *innovation*. Best practices and technology are, by definition, not new. They have been tried, tested and proven worthy someplace else. They are valuable. But they are *not* innovative.

In the Adaptive Design mindset, best practices are freely available to anyone in the marketplace and therefore offer *no true competitive advantage*. As such, implementing best practices and buying technology have never helped anyone seize the day!

Seizing the day means delivering more and better healthcare at continually less cost. That's a combination that has not previously existed—even in most leaders' imaginations. Therefore, the solutions must be new; they must be created. That takes *action* innovation, not *thinking* innovation.

The success of action innovation in Adaptive Design (AD) is explained by recent research in the neurophysiology of human decision-making. Rather than imposing change as a top-down, “big fix,” AD touches and engages everyone in his or her work, every day. By eliminating the common discomfort of a rapid, top-down implementation, AD builds trust and optimism by making innovation everyone's work every day. That's a new and powerful way to change minds and “seize the day.”

Neuroscience shows that our marvelously complex brains have one operating principle (1) minimize danger and (2) maximize reward.¹ In other words, our brains are constantly working to reduce threats and increase gains.

That explains why we often resist innovation. If one has been successful in the past, encountering a new, unknown path to success commonly registers in the brain as a threat. This is not a conscious choice, however. Rather, these threat responses are generated in *non-conscious neural conduits*.

¹ This is the work of Evian Gordon, MD, a clinical neurophysiologist who has used research on the brain as a complex, dynamic, integrated neural network to create new “brain-changing” capabilities. See www.mybrainsolutions.com for more information.

Of our 85 billion neurons, 75% work in non-conscious neuronal pathways to constantly modulate our actions. This non-conscious hardwiring of past success and deep suspicion of anything new makes great sense from an evolutionary point of view. If our ancestors heard an unexpected roar on the other side of the boulder, the successful survivors did not to go see what was there; they ran.

I call those non-conscious brain pathways “beliefs.” Not beliefs in the conscious, “thinking” sense, but non-conscious drivers of behavior. When hardwired by repeated past experience, they are powerfully resistant to change.

For example, thoughts like “stay the course,” “never give up” and “try harder,” arise naturally out of these non-conscious, hard-wired neurologically mediated beliefs, even when a changing environment requires a new approach. Marshall Goldsmith, in his article “Helping Successful People Get Even Better” (2003, *Business Strategy Review*), writes this:

In a positive way, successful people are “delusional.” They tend to see their previous history as a validation of who they are and what they have done. . . While the belief, “I have been successful” has many positive benefits, it can cause difficulty when it is time to change behavior.

In addition, data and logic, although necessary to track progress, are insufficient for changing behaviors.² Modifying behavior and performance requires changing one’s beliefs, both individually and organizationally. And how do leaders change beliefs? By creating for themselves—and those they lead—new experiences that generate value. Successful experiences create new beliefs. New beliefs can then drive more new successful behaviors. It’s a cycle of increasing returns.

For example a very busy nursing unit in Mid-Western hospital used Adaptive Design to create a continuous experience of success and innovation and change the minds of 150 nurses on the unit, dozens of staff and management from other units and support systems and the 350 different physicians who admitted to the unit. The results in one year included:

- 8% decreased length of stay
- 14% increase in RN productivity (FTE’s per adjusted occupied bed)
- 51% decrease in RN turnover
- \$1,700,000 in cost savings
- Most improved Patient Satisfaction in a 17-hospital system

We can provide much more and better care and continually lower cost. It’s just a different way of thinking and doing.

² For example, see Nobel Prize winner Daniel Kahneman’s book *Thinking – Fast and Slow*. It is an excellent description of the development of Behavioral Economics and the science underlying it. Both well written and insightful, you will never look at “being data-driven” in the same way again.

Understanding the neurophysiology of human decision-making helps leaders design more and better healthcare at continually lower cost. Experiences that create new beliefs drive new behaviors that make a difference for patients. The experience of successful *action-innovation* at the point of care decreases the reliance on *thinking-innovation* in meetings. That makes the difference.

We are blessed to work in one of life's essential callings. We cure the sick and grieve when we cannot. Adaptive Design creates the new best practices -- more and better care at *lower* cost through experiential, discovery-based, "action" innovation every day where it matters—with the patient.

Granted, our intelligent, motivated, dedicated, successful brains may cause us to drag our feet when facing change. By making it safe to shift our neurologically, hard-wired focus on past successes to emerging opportunities, our recalcitrant brains become energized by the opportunity for innovation.

That's a wonderful opportunity for all of us. Healthcare organizations of all sizes and in all places will make the future when we shed our comfortable brain's focus on past success and consciously choose to be the change.

If thriving means re-inventing the wheel, so be it. It's a great opportunity. And it's a lot easier and more rewarding than taking your brain out of your head and jumping on it! *Seize the day!*