

# WHY A PARTICIPATORY MODEL IS THE FUTURE OF HEALTHCARE

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Article by Mr. Gordon Pitts

To illustrate the daunting challenge of healthcare innovation, Dr. Des Gorman flashed an image of a big black taxi on the screen.

It is one of the vast army of cabs that have traditionally plied the streets of London, England. A driver of one of these taxis, Gorman explained, possesses a hard-earned encyclopedic knowledge of the city's geography. In hailing a cab at Heathrow airport 40 years ago, Gorman, a Professor of Medicine at New Zealand's Auckland University, says he paid for that knowledge.

But today, the London cab driver does not exclusively own that knowledge – and it is not just Google Maps encroaching on this expertise. Next, Gorman displayed what an autonomous-car dashboard will look like 2025. At this point, Gorman says he won't need a cab driver, or any driver at all. “The knowledge” will be available on screen in real time. Gorman asked his audience: Is this cab analogy a valid model for the future of healthcare?



DR. DES GORMAN

As more and more knowledge is delivered through artificial intelligence, robotics and virtual aids, large swaths of national health systems could go the way of extinct or endangered species – the dodo, once ubiquitous bank tellers, or London black-cab drivers.

Gorman was speaking at a recent forum on “Leading Health Systems Innovation” sponsored by the Michael G. DeGroote Health Leadership Academy, a joint venture of the DeGroote School of Business and the Faculty of Health Sciences at McMaster University.

With the onrush of disruptive technology, he emphasized the imperative for health professions to adapt to this new technology, shape its impact, and become much more cost-effective in the process. He cited research that suggests 50 to 80 per cent of healthcare functions could shift from direct human interaction to virtual systems and artificial intelligence.

We are on a transition, he said, from the transactional, doctor-led healthcare to an emerging participatory model – and looking to a future of personalized self-management by citizens. In this shift, Gorman said we should be considering the value proposition for health care providers. “What value will doctors add in a milieu of purpose-trained technicians and as robotics become cheaper and more dextrous?”

He has studied 35 national health systems worldwide and has found none are sustainable long-term; none are affordable into the future; and almost none are “fit for purpose.” That is, there are large unmet needs.

Medical professionals cannot be in denial about the dramatic change that is coming. That change will wash over you and “sweep you out to sea,” he warned, “and all that is left behind you is a pair of shoes.”

Neither can they leave the outcomes to the technologists alone. “We as a profession have a leadership obligation and a responsibility” to shape this emergent disruptive world into a better health experience. It is a challenging issue not the least in Canada where, Gorman said, the healthcare system has gone from a highly regarded model to one of the worst performing among major developed countries.

One of the major reasons is that patient access in the Canadian system – as reflected in wait times – is appalling, said Danielle Fréchette, Executive Director of health systems innovation and external relations for the Royal College of Physicians and Surgeons of Canada.

The situation troubles health professionals themselves, who are open to innovation, she maintained. While they may resent innovations driven purely by political motives, “everyone wants to improve the quality of care.”

Fréchette emphasized the power of smaller changes on the ground, which, taken together, can be highly productive while waiting for the big-bang breakthroughs to happen. She pointed to a co-development model whereby physicians work with patients to reduce ineffective use of testing and medication.

According to Fréchette, some of the victories are not being highlighted enough. For example, the spread of e-consultation among patients, family doctors and specialists “is a success story that is not celebrated in Canada.”

She also cited the College's work to improve work-life balance in healthcare professions. Too often this concern is dismissed as the whining of a younger generation, but Fréchette maintained that a healthy, rested clinician means better quality of care.



DANIELLE FRÉCHETTE

Both Gorman and Fréchette underlined the increasing need for medical professionals to possess adaptive skills and adjust to a rapidly changing landscape. In Fréchette's words, “We are at the beginning of the fourth Industrial Revolution and what are we doing about it?”