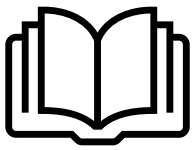

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HEALTHCARE MUST EVOLVE TO INCLUSION AND INDIVIDUALITY

POSITION PAPER

by Glenn Llopis

available at Forbes

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available at Forbes

VALUE-BASED HEALTHCARE MODELS DEMAND INCLUSION AND INDIVIDUALITY

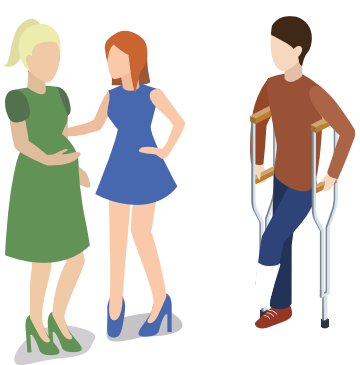
If you're paid by the test, you'll conduct more tests. Your business model will be centered around performing tests more efficiently, with various departments perfecting their own specialized tests. There will be billing codes, skills training, and benchmarks marking the milestones toward a higher volume of tests.

This is not a judgment of character, this is simply the result of a system performing according to its own rules. Healthcare providers have spent decades building business models focused on increasing volume. It's no wonder we have a system that treats a 24-year-old diagnosed with breast cancer the same way it would treat a 50-year-old with the same diagnosis.

The system is built in a way that makes it hard for institutions to see and treat people as individuals. No matter how much an individual doctor or nurse may care for patients as the unique people they are, those same doctors and nurses (and all care providers) still have to function within a system built around billing codes and line items and volume.

But the industry is changing, or at least trying to. A big challenge in healthcare now is how to shift entire enterprises that are organized around that volume-based, fee-for-service model to a model that focuses on value—in other words, one that rewards providers for keeping people healthy. The goals of value-based healthcare are to improve the health of a population and provide a better experience for patients, employees and communities—while managing costs efficiently.

Given these systemic problems, this shift to value-driven care is an enormous challenge.



THE IMPORTANCE OF THE POPULATION IN ADDRESSING VALUE-BASED MEDICINE

We can't talk about improving the health of a population without talking about the population itself. I have discussed population health from a few different angles in the past: how population health offers critical lessons for the future, **part 1**[1] and **part 2**[2]; and how to make **population health a brand strategy**[3].

Simply put, in the United States we're in the midst of a Cultural Demographic Shift that is affecting all industries — especially healthcare, where cultural differences affect how people seek care and where they get their health information. The Cultural Demographic Shift is what happens when large cultural segments of the population reach critical mass or numbers sufficient to have a significant effect on what we do and how we act. According to the **U.S. Census Bureau**[4], the United States is projected to become a majority-minority nation for the first time in 2043. While the non-Hispanic white population will remain the largest single group, no group will make up a majority.

But don't let that future date fool you. The impact is being felt now. According to a report published by the **Selig Center for Economic Growth**[5], minority groups are making the fastest gains when it comes to buying power in the United States: since 2000, the buying power of Asian-Americans increased 222%, for Hispanics it increased 181%, for Native Americans it increased 164%, and for African-Americans buying power increased 98%. For comparison, during that same period the buying power of whites increased 79%. Hispanics alone have accounted for nearly half the U.S. population growth since the 2010 census.

Why does any of this matter? Addressing the Cultural Demographic Shift goes hand-in-hand with addressing population health management. In fact, you can't even begin to bring value to a population of people you don't even know.

Shift populations do not always feel welcomed by the healthcare industry. They tend to associate doctors with hospitals and hospitals with a place to die, not a place to get better. This is why many first-generation Hispanics would rather have a major surgical procedure performed back in their mother countries than in the United States. Patients want to see people who look like them, can communicate with them, and understand their unique needs (which are influenced by their cultural heritage) when they go to the doctor's office.

THE IMPORTANCE OF THE INDIVIDUAL IN ADDRESSING VALUE-BASED MEDICINE

But, ultimately, healthcare is about the patient in the room. The influence of the Cultural Demographic Shift is telling us that growth strategies are becoming less about the business defining the individual, and more about the individual defining the business.

Returning once again to those challenges mentioned above: how can we change the fact that a 24-year-old with breast cancer gets the same treatment as a 50-year-old, even though they have very little else in common? Or, what if those two patients have different cultural backgrounds that influence how they respond to a diagnosis? The volume approach doesn't take that into consideration. The value approach should, or it's really not creating value at all.

Individuality is changing the ways businesses operate. This shouldn't be surprising. You already experience this in many ways—think of the personalized experience of buying and getting recommendations from Amazon, or requesting a rideshare that shows up within minutes, after showing you a picture of the driver and the car beforehand so you can feel comfortable about the service you are about to use. This is starting to happen in healthcare, as people have more say in how and when they access care and where and from whom they get health and lifestyle information. They can choose a clinic or telehealth over a hospital, and they can find culturally relevant information via online resources like **Healthy Hispanic Living**[6].

The key is to get out of the frame of mind that sees diversity and inclusion as an expense and embrace it for what it is: it's a strategy for growth. It's an investment strategy that is especially important for healthcare organizations moving toward value-based care. The population changes and the healthcare industry's response to this cultural diversity is a significant paradigm shift and must be addressed in the core strategy of each industry participant, whether provider, payer or physician.

How else can a healthcare organization really know its populations and why there are gaps in participation or compliance? How else can an organization know how people feel about its services? How else can an organization know how to manage costs in a way that doesn't diminish the experience for patients, employees or communities?

This isn't about legal compliance to a diversity standard, which often involves outdated tactical approaches and departments functioning as siloes. This is about transformation. And transformation requires a commitment to inclusive cross-functional and cross-pollinated departments that create an ecosystem that builds upon the required intellectual capital and know-how to better serve individuals within shift populations — and, in turn, better serve everyone.

It really boils down to this: listening to and recognizing people as individuals. It sounds simple, but it requires an act of courage, vulnerability, and wisdom. It demands **inclusive leadership**[7].

Making Healthcare Inclusive (Part 1)

An Industry In Transition

Our nation's demographics are shifting, and with those shifts come challenges and—more important—opportunities for growth.

No industry feels it more than healthcare.

The Cultural Demographic Shift (CDS) is my term for what happens when segments of the population reach critical mass or numbers sufficient to have a significant effect on what we do and how we act. It is the most significant shift of the 21st century—especially for an industry like healthcare, where cultural differences affect how people seek care and where they get their health information.

I refer to the audience that is directly influencing the CDS as shift populations™. Historically, they have been called minorities or underrepresented populations. But given the magnitude of the CDS, shift populations are defining and introducing new ways ALL populations want to be led and served. People don't want to assimilate—they want to be and be known for who they really are. This means that we have to get to know each other all over again.

Last fall I wrote about[8] the CDS and the corresponding need for the healthcare industry to listen to and recognize people as individuals. Today's article kicks off a two-part series that digs deeper into how to treat people as individuals within large, complex healthcare organizations.

Individuality is at the core of every burning issue in healthcare today: precision medicine, population heath, big data, value-based medicine, reduction in admittance, mergers and acquisitions, reimbursements, consumerism, etc. Individuality is also at the core of every solution that will influence the industry's future.

Organizations know they need to account for diversity, but the first step they take is usually tactical. It's usually focused on diversity initiatives managed separately in various silos of the organization, all based on achieving compliance. But where diversity is about compliance (which is important), inclusion and individuality can solve for both compliance and growth.

In fact, inclusion and individuality should become business competencies—at the center of the organization's growth and transformation strategy.

In healthcare, the big focus right now is the shift from volume to value-based-care[9], but the reality is we can't examine that shift without the context of the cultural demographic shift. Two massive shifts are happening simultaneously:

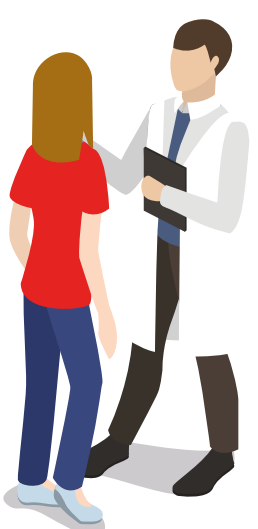
- **A shift to value**—making us more accountable for individual health outcomes.
- **A shift in demographics**—a shift in the very populations of individuals whose health we're accountable for.

How can we improve the health of people if we don't even know them?

How can we know them if we don't see them as individuals?

The process of finding ways to better understand cultural segments of the population helps organizations gain skills and methods for being better able to adapt to all individuals and their unique health needs. That's important, because the key is this: seeing and serving people as individuals. Then, designing systems to make sure those individuals are included at every level.

My organization's research[10] was shared with a handful of healthcare senior executives to learn how they're approaching these shifts within their own organizations. The challenges of inclusion and individuality are big, but companies are taking steps and making progress.



Leadership Acknowledges Importance Of Inclusion

To achieve inclusive enterprise leadership, leaders throughout the organization must know what it means to be inclusive and be equipped to carry it out. Leaders need training and tools, they need access to inclusion-based metrics and systems for measuring them, they need processes in place to help the organization evolve as its patient, employee and community populations evolve. That's a tall order.

Carl Armato, president and CEO of Novant Health, reported that he is excited that one of his company's "inclusion metrics shows that individual team members believe that our organization values people from different backgrounds." It ranked in the 91st percentile.

Inclusion metrics are not common. To have identified "believing our organization values people" as important, and then to have a way to measure it across the organization, is the first step to being able to address it.

That's one way to know how far along your own organization is when it comes to inclusion. If you can't easily put your hands on some data from across your own organization that tells you whether or not people feel included or valued, then there's your starting point.

Novant Health's commitment to measurement leads to a specific and significant example of how effective you can be when you're paying attention. According to Armato, Novant Health segments its "clinical, patient satisfaction and team member engagement data by race/ethnicity, language, age, gender, payer source, etc."

The company identified a disparity and developed an intervention to close the gap. Armato explains: "In 2015, there was a 39% point difference in re-admission rates between African American and Caucasian patients. We narrowed the gap in 2016 where there is only a 20% point difference, and we continue to make progress."

Armato attributes the improvement in re-admission rates to the high use of care coordinators in case management and wellness and clinical programs, such as disease management programs for diabetes.

Diverse Workforce Today And Into The Future

Several leaders acknowledged the importance of making sure their clinical and non-clinical workforces reflect the diversity of the populations they serve. And in a few cases, organizations have created their own graduate school programs to ensure a workforce into the future.

"To meet the needs of our patients, we must address workforce shortages, particularly with physicians and nurses," said Carrie Owen Plietz, EVP & COO of the Hospital Division for WellStar. "At WellStar, we have two Graduate Medical Education programs, where we train the next generation of physicians who will hopefully stay in the area to practice. Additionally, we have programs with local nursing schools to cultivate and grow nursing talent."

Southern California-based City of Hope also has a graduate school, the Irell & Manella Graduate School of Biological Sciences, and actively seeks[11] to increase the diversity of the graduate students accepted into the Ph.D. program. Initiatives include expanding the roster of local universities at which they actively recruit (to make sure they're targeting diverse students), increasing recruiting at large conferences geared toward underrepresented minorities in science, and offering opportunities for high school and undergraduate students to have on-campus research experience.

Beyond a healthy pipeline, to achieve inclusion and individuality organizations also need to proactively measure how current employees feel about their individual impact, their ability to reach their potential, and their ability to collaborate across the organization.

Getting Beyond Episodic Care And Into Continuous Care

In the area of patient experience, several companies mentioned strategies that involve getting beyond a system of treating people simply when they're sick—in the middle of an episode—to helping people better manage their health on an ongoing basis.

Gyasi Chisley, Senior Vice President for strategy and payment policy and innovation for UnitedHealthcare, said his organization is starting to change the ways it engages with patients as well as providers, in order to move toward continuous care. For example, last year UnitedHealthcare launched a program called Navigate for Me, which offers a life coach—not just a health coach—for members suffering from two or more chronic diseases.

"There's opportunity for us to keep healthcare at the forefront," said Chisley, "Not just when you've made a New Year's resolution and you're trying to lose weight. Not just when you've been most unfortunately diagnosed with cancer. Not just when you've got that annual checkup. But you're thinking about your healthcare just like you're thinking about 'I've got to go buy groceries this week.'"

Tim Huval, Chief Human Resources Officer for Humana, also acknowledged the importance of this strategy: "The right mix of data analytics, in-home care and personalized solutions can improve health and reduce friction. By predicting who might suffer from a diabetic foot wound, and intervening appropriately, we can prevent an amputation. In-home weight monitoring can head off a congestive heart failure-related trip to the emergency room. It's all about tending to a person's whole health, removing pain, hardship and cost before they even occur."

Gary S. Kaplan, MD, Chairman and CEO of Virginia Mason Health System put it this way: "We have moved from the old healthcare mindset of 'We're the experts – it's all about us' to "It's all about you.'"

I will dive deeper into patient experience in part two of this Making Healthcare Inclusive series.

Proactive Prevention By Understanding Social Determinants

The key with preventive care is making sure people throughout an organization are equipped to know their community well enough to understand the factors that have the biggest influence on the health of the populations they serve. Organizations need partnerships and processes in place to learn about how a particular population approaches health and wellness, and to share that knowledge throughout the enterprise—so insights don't get stuck in a silo, but instead get shared across the organization.

Several leaders mentioned the importance of understanding, as Tim Huval from Humana put it: "Health happens outside the doctor's office."

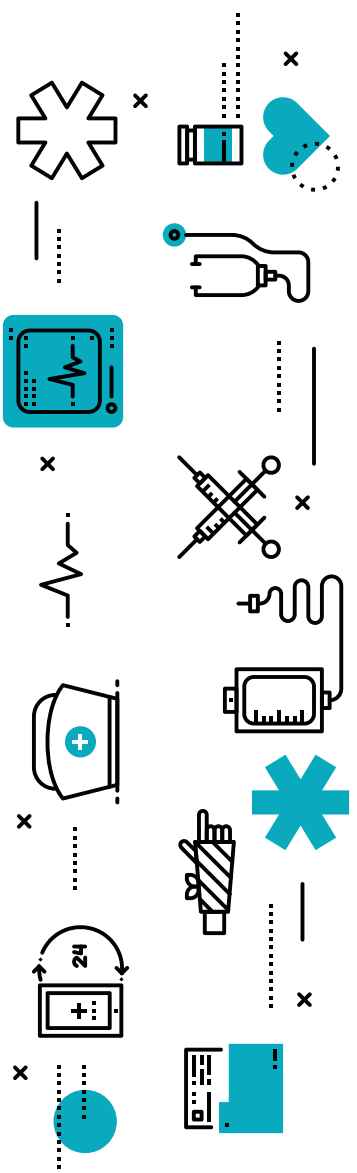
UnitedHealthcare is proactively expanding the scope and quality of the data made available to health providers—with a goal of improving the conversations that providers and patients can have with each other while in the room. In addition to patient data, there's also demographic data based on zip code, or even as granular as city blocks in some markets.

"We equip our providers with this data so they can have a meaningful, sustained conversation with our members," said Chisley. "We're also engaging our members a little differently too."

Chisley explained that they're using that granular neighborhood data to better understand each individual patient. "That's going to give us a peek around the corner as to what we need to do for that specific member. Regardless if you're 9 or 99. Regardless if you're black, white or green. We can try to make sure your care is customized, is dignified, and has a different slant in terms of its delivery. We're using that data to start a conversation, to start a relationship."

The process of investing in the Cultural Demographic Shift at every level— enterprise leadership, workforce representation, patient experience and preventive care —creates a way to operationalize inclusion and individuality throughout your organization to drive growth. Not only will you connect better with shift populations, but you create a way for all individuals to gain the influence they seek.

> "The right mix of data analytics, in-home care and personalized solutions can improve health and reduce friction.
>
> – Tim Huval
> Chief Human Resources Officer, **Humana**



Making Healthcare Inclusive (Part 2)

Patients Are Now Consumers

In Part 1 of Making Healthcare Inclusive, I addressed the importance of preparedness and readiness to the Cultural Demographic Shift and why there is a sense of urgency in how healthcare organizations respond to it. I introduced the idea that the key is seeing and serving people as individuals.

One step toward seeing people as individuals is to acknowledge that patients are now consumers—and by that I mean patients have expectations and will choose to go elsewhere if those expectations are not met. Organizations that don't grasp the significance of this change will get left behind.

We've seen how thoroughly technology innovation can disrupt the status quo of everything from taxis to grocery shopping. It usually involves making something much more convenient for consumers by putting the focus on the people using the service rather than on the service itself.

In the past, when hailing a cab, we were at the mercy of the drivers—we had to call or wait for one to drive by, flag them down, give our destination and hope they were willing to drive us there. Today, with Uber and Lyft, the consumer has the control.

Consumerism is coming to healthcare.

Here's an extreme example that was featured in an article by Sheila Marikar in *The New Yorker* ("**The Apple Store of Doctors' Offices?**"[12] January 16, 2018). A start-up called **Forward**[13] wants to "remake the way patients take control of their health" by bringing "the Silicon Valley bag of tricks to bear on the traditional medical exam—A.I., technology, proprietary gadgets, open and shareable data," according to Forward CEO Adrian Aoun.

As reported by Marikar, Forward uses a body scanner to measure height, weight and body temperature in 45 seconds; replaces the doctor's clipboard with a six-foot-long flat-screen monitor; frees the doctor from detailed notetaking with a system that listens and takes notes along the way; and replaces the universally hated paper gowns with what the article refers to as "athleisure apparel."

That definitely sounds like an improvement over the typical visit to the doctor's office.

Leaders of healthcare organizations (providers and payers) know that a certain level of consumerism is coming. But it's obviously a challenge to make such big changes on the scale required to really shake up such a complex industry.

According to a **Modern Healthcare CEO Power Panel Survey**[14], reported by Maria Castellucci, December 9, 2017: "Hospitals and health plans are increasingly investing in consumer-oriented services" and "most healthcare executives currently focus at least part of their strategic plan on consumerism." But the headline sums it up well: "The consumer is wielding greater power, but hospitals aren't ready."

What would "ready" look like? An organization would have methods for getting feedback from patients and their families (while care is being provided), about how they feel about the care they receive and how they're treated. The organization would have processes in place to get to know patients as individuals, along with processes to share that knowledge with caregivers across the continuum (as appropriate, while maintaining patient confidentiality).

Consumerism is a fancy word for putting people first. It's a process of learning about the people you serve—How do they feel about your services? How do they want to use your services?—and then adapting to them, rather than forcing them to adapt to you.

This is a natural follow-up to my previous article on how health organizations are responding to the Cultural Demographic Shift—my term for what happens when segments of the population reach critical mass or numbers sufficient to

have a significant effect on what we do and how we act. In that article I shared responses from various industry leaders about how they are **transforming their organizations to meet the challenges of inclusion and diversity**[15].

Some of those examples of transformation seem to be taking on this consumerism trend head-on, so the topic seemed to warrant its own exploration. The people quoted here didn't necessarily frame their examples in the context of consumerism, but the intention is clear: they're looking for ways to make healthcare work for the individual.

A Series of Consumer-Friendly Features

Novant Health is adopting consumer-friendly aspects in the electronic health record through its patient portal MyChart. That includes turning on features that appeal to consumers, like "integrating the application with FitBit and Apple HealthKit data so physicians and patients can track fitness goals together," said Carl Armato, President and CEO of Novant Health.

Armato also said they conduct convenient electronic and video visits "that save a trip to the physician's office, but still take care of our patients." The organization also has opened additional medical clinics in underrepresented communities.

Novant Health also employs Transcultural Health Managers to serve as navigators. According to Armato, these individuals work with clinical teams to increase their cultural competence in addressing the demographic shifts occurring in the Novant Health footprint.

"As patients increasingly become savvy consumers of healthcare, they are looking for their healthcare provider to understand not only their practical needs but their personal and cultural needs as well," said Armato. "And to provide care when and where they want it and at a price they can afford."

A New Approach to Caregiver Relationships

Last year, UnitedHealthcare launched a new clinical model for the Medicare population. It includes a program called Navigate for Me, which offers a life coach—not just a health coach—for members suffering from two or more chronic diseases.

This program was mentioned in the previous article, with the life coach as an example of ways to look beyond episodes to provide continuous care. I mention it here as well because it's an example of a company identifying a population of individuals—those with more than one chronic condition—and providing them something that goes beyond seeing people as patients (which implies a medical setting) and moves toward treating them as consumers (which acknowledges the fact that they're doing things every day that affect their health in ways good and bad).

UnitedHealthcare also implemented a new hospitalizations program that includes putting people inside hospitals and skilled nursing facilities to work with providers and specialists—looking at labs, looking at reports, looking at discharge instructions—making sure there's a coordinated approach to a member's care, and communicating with patients and their families throughout.

"Everything goes back to our mission of helping people live healthier lives," said Gyasi Chisley, Senior Vice President for strategy and payment policy and innovation for UnitedHealthcare. "It's an opportunity to make the health system work better for everyone. It's not just a race to see if UnitedHealthcare can do it. It's a race to see if we can actually transform healthcare for the betterment of the United States and its people."

Turning a Consumer Experience Into a Health Experience

CVS Health launched CVS y más, a version of a CVS pharmacy designed specifically with the Hispanic consumer in mind. Beyond a bilingual staff, the stores also offer features like a fully staffed fragrance counter; an authorized dealer and payment center for utility, phone and cable bills; 2,500+ brands and products that are popular with Hispanic consumers; and a redesigned pharmacy area with dedicated space for picking up over-the-counter products covered by their health insurance.

The idea is to make Hispanic consumers feel welcome and comfortable enough in the store, so they'll use the pharmacy services more and begin to see the pharmacist as a resource for health information. Ultimately, CVS y más wants to earn the role of Latina Mom's health destination.

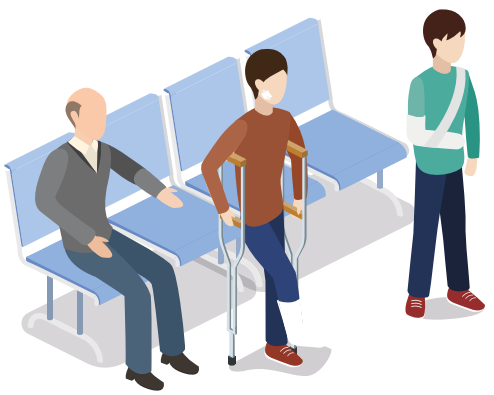
In an interview for **Healthy Hispanic Living**[16], CVS Health Vice President, Chief Merchant - Tailored Offerings Vince Urrutia explained what the organization is trying to do: "One of our biggest goals is to connect Hispanic consumers into healthcare long-term."

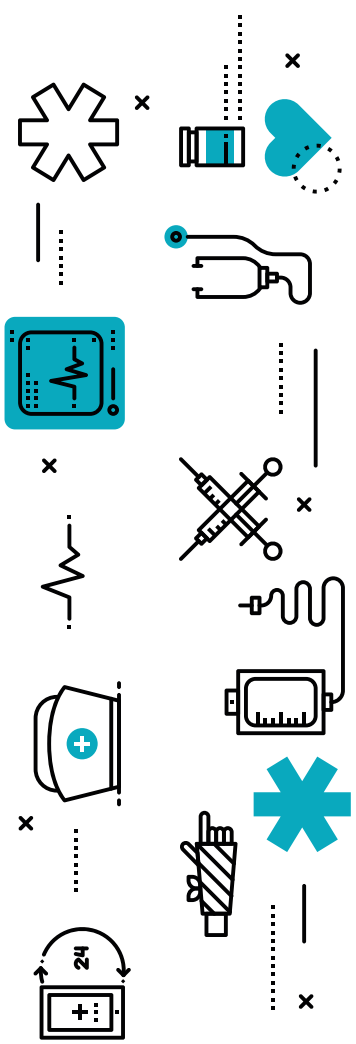
But he emphasized that it doesn't stop with one community. "This applies across the board [with all communities]," said Urrutia. "When a company gets to know its customers on a deeper level and personalizes a store environment to a community, there's power there."

Separately, when CVS Health and Aetna announced in December their intention to merge, CVS Health President and CEO Larry J. Merlo said they intend to "remake the consumer healthcare experience" and "create a healthcare platform built around individuals."

Throughout this two-part Making Healthcare Inclusive series, I outlined four core areas of focus within an organization: enterprise leadership, workforce representation, patient experience and preventive care. All four areas are interconnected and interdependent. In many organizations, the journey toward inclusion begins in the human resources department. But for it to truly be successful, ultimately it needs to be owned and governed by every department and functional area.

When we start responding to the Cultural Demographic Shift by solving for the unique needs of the individual at a broader, more holistic enterprise level, that's when a new growth mindset starts to permeate the organization.





Individuality In Healthcare (Part 1)

Pair It With Inclusion To Achieve Better Outcomes

In May I attended the inaugural **HLTH: The Future of Healthcare**[17] conference in Las Vegas, and it is generating a lot of discussion around some exciting innovations in healthcare.

If you're a regular reader of this column, you know how strongly I believe in the power of the individual – and the benefit this power provides for organizations that lead inclusion and individuality as a growth strategy. When you allow the individual to influence more, you drive better results. I've stated often that **healthcare must evolve to inclusion and individuality**[18]. Here's how I define each of those terms:

- Individuality requires a concerted effort to know and account for the realities and the values of individual patients and employees.
- Inclusion is a system for making sure the organization is welcoming at every level to every individual.

I use the words "realities" and "values" deliberately because those are two distinct aspects of a person's individuality – whether we're talking about patients or employees – and those aspects are not always obvious or easy to identify and account for. That why I also deliberately use the words "system" and "concerted effort." That's what

it takes – a system of processes to help people within the organization learn about the individuals they serve, and also processes for sharing that insight across the organization (while maintaining patient confidentiality, of course). These are processes that need to be understood, embraced and accessible to everyone within a healthcare organization – clinical and non-clinical, leaders and employees.

There were some great examples of these methods in place at the HLTH 2018 Conference.

INDIVIDUAL REALITY – YOUR GENOME

One of the big announcements involved genome sequencing for patients. Since the words genome and DNA get thrown around together a lot, I turned to the National Institutes for Health (NIH) for some clarity: "A genome is an organism's complete set of DNA, including all of its genes. Each genome contains all of the information needed to build and maintain that organism."

It doesn't get much more individual than your own genetic code.
Dr. David Feinberg is president and CEO of Geisinger, a health service organization that serves more than 3 million people in Pennsylvania and New Jersey. At the conference he announced that DNA sequencing would be offered to every Geisinger patient, at no cost to the patient. Along with your cholesterol, you can get your DNA sequenced, and that will help doctors see if you have any genomic variants that increase risk of early cancers or heart disease, allowing doctors to detect and treat those conditions before any clinical symptoms become present.

Dr. Feinberg told the story of a 16-year-old who came into the hospital dehydrated from soccer practice. They did the full sequencing and found both of the genes associated with failed cardiac arrhythmias in young athletes. As he put it: "When you hear about the young kid dying in football practice – this patient has both of the genes." She now has a defibrillator and a beta blocker, and won't die from a fatal cardiac arrhythmia because of her genetics.

That's care that accounts for her individual realities, thanks to a process that Geisinger put in place to make sure they are aware of those individual realities.

INDIVIDUAL VALUE – YOUR EMOTIONS

But as I said earlier, individual realities are just one part of the equation. What would it look like for an organization to have a process in place for getting to know and account for the values of individual patients?

I love this example shared by Sutter Health chief innovation officer Chris Waugh, in a session on "Consumer Orientation: A New Concept for the Healthcare Industry."

Sutter Health, a large health system in Northern California, had been looking for ways to get people more engaged in their care. Obviously that's good for the patient, but it's also a good way to reduce the cost of care overall. Waugh's background includes time with IDEO, an innovation firm known for its practice of using human-centered design as a creative approach to problem-solving. His work using that process to help people build a stronger emotional connection with their care and other consumer products helped him see that it's the emotional breakthroughs that allows someone to be more engaged.

And, to me, emotional breakthroughs happen once you've been able to identify and account for an individual's values.

Waugh shared one way Sutter Health is seeking ways to make those emotional connections. When a patient gives birth, someone from Sutter Health captures the day the baby was born through the lens of the partner. Unbeknownst to the mother, the Sutter Health employee talks to the partner: "Tell us what happened. What was the weather like? What did it sound like? What did this feel like? What were you doing before you came in?"

Then Sutter Health sends the birth story to the mother 30 days later. According to Waugh, tears run every time. "That's how we're measuring the results: does it make people cry? And every time it makes people cry, because people can't believe that they missed elements of that story. And they're so glad it's captured."

That's a powerful way to tap into an individual's values.

A COMBO: INDIVIDUAL REALITY AND VALUE – FOOD

From Nutrino Health I interviewed CEO Yael Glassman, Chief scientist and Co-founder Yaron Hadad. They really brought home the challenge of individuality when it comes to health, nutrition and food.

"I really think personalized nutrition is the first frontier for personalized medicine, because food is medicine," said Glassman. "But food is also very personal, it's very cultural. It's something that people use as a part of their joy in their life."

Think of all the devices available to you today to track everything from sleep patterns to activity levels to health indicators like heart

rate, blood pressure, glucose and even genetics. Nutrino's platform, FoodPrint, pulls data from more than 100 different services and devices and uses machine learning and AI to give you insights on how your body responds to food.

Hadad described the level of individuality at play: "There's interpersonal variability – two people are going to have different effects from foods. There's also intrapersonal variability – meaning that if I eat an apple twice on different occasions – say after I went jogging or after I slept poorly – the responses will be very different. There isn't necessarily a simple answer to the question, is this healthy for me? It's broader. The question is: is it healthy for me now?"

TURNING INDIVIDUALITY INTO BETTER OUTCOMES WITH INCLUSION

Healthcare organizations are being asked to embrace individuality and you're being given some amazing innovative tools to start making that happen. Now the question becomes: how?

The parallel challenge for organizations is to make similar advancements when it comes to inclusion. If you're asking people to trust you with their DNA, with stories about their lives, with the biological data – first, they have to trust you enough to be willing to share.

> "There's interpersonal variability – two people are going to have different effects from foods. There's also intrapersonal variability – meaning that if I eat an apple twice on different occasions – say after I went jogging or after I slept poorly – the responses will be very different. There isn't necessarily a simple answer to the question, is this healthy for me? It's broader. The question is: is it healthy for me now?"
>
> – Yaron Hadad
> Chief Scientist and Co-Founder,
> **Nutrino Health**

Then once they do, is your organization ready? If the individual defines the business, the business needs to be ready to allow the individual to influence. Right now most organizations are not ready.

The individual is influencing where healthcare can go, but it will be up to leadership to take it across the finish line to convert individuality into transformative outcomes.

To proactively create an environment of inclusion for patients, an organization needs more than talk. It's easy to say we see people as individuals and want them to feel included. What really makes a difference is operationalizing individuality and inclusion.

- Do you have processes in place to get to know patients as individuals, and to make sure that knowledge is shared across the continuum of care?
- Do you have strategies for engaging with patients in a way that invites them to tell you their whole story – beyond how they're feeling that day?
- Do you have organizational processes to make sure your patients and their family members feel seen, heard and respected by everyone they come into contact with?

Thought provoking questions to answer, right? These are just a few examples of what leaders need to start thinking about in order to be ready to turn individuality into better outcomes through inclusion.

What is your readiness to lead inclusion as a growth strategy?

Go to www.gllgassessments.com/cds and find out.

In the next article of this series, I will explore how to embrace individuality without exposing an individual's vulnerabilities.

Individuality In Healthcare (Part 2)

Does It Expose An Individual's Vulnerabilities?

This is the second article in a series on individuality in healthcare, pulling largely from interviews I conducted and sessions I attended at the HLTH: The Future of Healthcare conference in Las Vegas in May.

In the first article I shared my own definition of what it takes to achieve individuality in healthcare: a concerted effort to know and account for the realities and the values of individual patients and employees. I shared a few examples of organizations that are using innovative ways to get to know individual realities and values, and I closed the article with a challenge to the industry: a call to turn individuality into better outcomes with an approach that embraces inclusion. Individuality is here.

But is your organization ready for it?

This article will explore that a little further and dig into why the inclusion piece is so important. First, here's how I define inclusion in this context:

- Inclusion is a system for making sure the organization is welcoming at every level to every individual.

"Every individual" encompasses patients and employees of a healthcare organization, though I'll keep this discussion focused on patients for now.

To be able to account for the realities and values of individuals, organizations have to build enough trust so people will accept – and even welcome – being known on that level.

I had an interesting conversation on this subject with Maayan Cohen, CEO of Hello Heart, a company that empowers people to understand and improve their heart health using mobile technology. Hello Heart provides participants with an FDA-approved Bluetooth blood pressure monitor and a mobile app that tracks blood pressure, activity, sugar and weight. The app also supports clinically based digital coaching, medication adherence algorithms, and auto-imported lab results from clinics.

"Giving people tools to improve their own health in between doctor visits is becoming more and more critical, especially with chronic disease," said Cohen. "When a patient is diagnosed with diabetes or hypertension, that's one thing. What he does with that from that moment on is the critical part. Is he exercising the way he should? Is he eating the way he should? Does he have the tools to identify risky situations and get to the doctor in time when he's in between the yearly doctor visits? That is the critical part in managing chronic disease like diabetes and hypertension."

But here's where this level of individuality – giving people the tools to take charge of their own health – meets with the challenges of inclusion.

Hello Heart works with large employers to make the app available to employees. Cohen said that making it a mobile app and deciding how they would manage the data were decisions made expressly with inclusion in mind.

As she put it: People feel safer when they are not forced to expose their vulnerabilities.

I couldn't agree more. All the innovation on display at the HLTH conference is exciting, but how can leaders make their organizations ready to use those new ideas and capabilities in a way that leads to evolution rather than mere substitution? There's value in exploring the thought process behind Hello Heart's approach, because it represents the kind of thinking all organizations need to be doing.

BUILD TRUST BY LETTING PEOPLE CONTROL THEIR OWN DATA

Give people tools, but let them have complete control over their data. Employers care about their employees and they also have financial incentives to help their employees live healthy lives. According to Cohen, many solutions and apps offered by employers automatically send the employee's health data to the on-site nurse and to other vendors within the employer ecosystem. After all, it's the employer that's providing and paying for the app. But Hello Heart decided they would not do that. The patient can choose who sees their information.

"Of course there would be a benefit to a physician seeing that information," said Cohen. "But there's a bigger interest for us to get the trust of the patient and have them use the app and educational materials that we provide on a daily and weekly basis – rather than to have a smaller set of users who are willing to share their information with everybody."

CONNECT WHERE THEY ARE

Hello Heart chose mobile technology because it's the most ubiquitous tool that exists today and also because many people rely on mobile devices to access the internet.

According to **Pew Research Center**[19], one in five American adults are "smartphone-only" internet users – meaning they own a smartphone, but do not have traditional home broadband service. Pew said reliance on smartphones for online access is especially common among younger adults, non-whites and lower-income Americans.

DON'T PUT THEM ON THE DEFENSIVE

The words you use can either draw someone in or turn them away. Certain words can put people in a defensive mode unnecessarily. Cohen explained that many people don't perceive diabetes or hypertension as a condition that they need to manage. Even if they've been diagnosed and they know they need to do something about it, they don't perceive it as a condition.

"So if you ask them to participate in a 'disease management program,' they will shy away very quickly," said Cohen.

GIVE THEM TOOLS, BUT DON'T TELL THEM WHAT TO DO

According to Cohen, **people respond positively**[20] when given a tool that gives them ownership by letting them track things like sugar levels and hypertension levels, and information that helps them understand and improve their condition on their own.

If you go further and tell them what to do, said Cohen, "it brings you back to fourth grade and not doing your homework, and the teacher slapping you on the wrist or just shaming you – and people don't want to be judged."

This takes me back to the original discussion of individuality, and the fact that healthcare – and every industry, actually – is moving from an era when the business defined the individual to one in which the individual defines the business.

People have a say in how they want to be served in nearly every aspect of their lives today, and that includes health. They want to have what they need to make informed decisions, and when they do they are much more likely to follow through.

MAKE IT AFFORDABLE AND ACCESSIBLE

I also interviewed Dr. Jessica Grossman, CEO of Medicines360, a non-profit organization working to expand access to medicines for women regardless of their socioeconomic status, insurance coverage or geographic location. Medicines360 is addressing another aspect of inclusion – how to make costly drugs accessible to people who wouldn't otherwise be able to afford them. Right now the organization is focused on providing affordable contraception.

"Today, the most effective forms of contraception are something called long-acting reversible contraceptive," said Dr. Grossman. "They're implants and intrauterine devices, they last anywhere from three to five years. But those types of contraception were the most expensive – about $1,000.

For women who are uninsured and underinsured, that was completely out of reach. And so that set up this disparity around unintended pregnancy. So we got FDA approval for a hormonal IUD called Liletta. And we make it available to public health clinics that serve vulnerable patients, for $50."

Dr. Grossman said something in our discussion that ties back to the imperative of making informed decisions. Decisions can't be informed if a patient doesn't know something exists. The question of access is not just about the price itself, but also about how a high price might influence whether or not a doctor even mentions a certain drug as a possibility.

"Physicians are really still gatekeepers in this space," said Dr. Grossman. "They decide what they talk to their patients about. And I absolutely believe they are doing their best job in a difficult situation. But one of the things that we do is to educate physicians that this product is available at an affordable cost."

She said physicians often tell her: "I've always wanted to offer IUDs, but how am I going to put a thousand dollar product on the shelf in my community clinic?" Now they can put a $50 product on the shelf.

In my first article of this series, I introduced some questions for organizations to consider – indicators of whether or not an organization is operationalizing individuality and inclusion. Here are a few more:

- Do you have strategies, processes or partnerships in place to help you identify and resolve health disparities and inequities in our communities?
- Do you have strategies in place right now to help you better understand the factors that influence the health and wellness choices made by a particular demographic you serve?
- Can you think of an example of when someone at the organization learned something about how a particular population takes action to promote health (or doesn't take action), and then applied that lesson to the way you promote prevention or deliver care?

Thought-provoking questions? Indeed, because these are just a few examples of what leaders need to be thinking about in order to be ready to turn individuality into better outcomes through inclusion.

Are you ready to lead inclusion as a growth strategy?

Go to www.gllgassessments.com/cds and find out.

Coming up in this series in individuality and inclusion in healthcare, I will explore more innovation and the role of the employer.

Individuality In Healthcare (Part 3)

More Insights, Better Experience Across The Continuum Of Care

This is the third article in a series on individuality and inclusion in healthcare, pulling largely from interviews I conducted and sessions I attended at the HLTH: The Future of Healthcare conference in Las Vegas in May.

The first article dealt with how organizations can turn individuality into better outcomes by operationalizing inclusion. The second article examined how we can embrace individuality without making people feel or be vulnerable.

Along the way I've been sharing some of the indicators I use to help companies assess their own readiness to operationalize individuality and inclusion within and throughout their enterprises. I do that because I know from experience that **without strategy, change is merely substitution, not evolution**[21].

In this article I am looking at more innovations that help expand the scope of individuality in the way we deliver healthcare. Once again, we have significant and interesting advancements in technology and creativity in solving the massive

challenges of caring for people's health while keeping costs sustainable. And once again I will look at these advancements through the lens of someone who works with organizations at the leadership level – to help them turn these advancements into change that leads to evolution and better outcomes.

SHARING INSIGHT ACROSS THE CONTINUUM OF CARE – PATIENTPING

One question I ask healthcare leaders is whether or not their organizations have processes in place for getting to know patients as individuals, and then to make sure that knowledge is shared across the continuum of care. This first story involves an innovation designed to do just that – a method that operationalizes that kind of knowledge-sharing.

I met with Jay Desai, CEO and co-founder of PatientPing, a company that connects healthcare providers across the country through a network of real-time notifications to better coordinate care when patients receive ER, hospital, and post-acute care.

Desai used to work at the Center for Medicare and Medicaid Innovation, where he was trying to help providers work toward coordinating patient care across the continuum. But the major pain point for the providers was: how can I coordinate care for 3,000 patients who may be going anywhere on any given day? According to Desai, providers wanted a way to know when a patient checked into a hospital, a nursing home or home health agency, because that's the moment of opportunity to intervene and coordinate care.

As explained on PatientPing's website: The average elderly patient sees seven different providers each year. Those with chronic conditions or serious illness can see more than 25 across unaffiliated facilities like primary care clinics, emergency rooms, hospitals, rehab facilities, and home health agencies.

PatientPing offers two products to address this challenge: pings and stories. Pings are real-time notifications when a patient gets admitted or discharged from anywhere. When a patient shows up at a hospital and then goes from there to a nursing home and then from there to a home health agency, that primary care physician will get pings about each of those transitions in real time.

If pings are where your patients are, stories are where your patients have been. When a patient shows up in the ER, PatientPing will flag all prior providers, tell the ER who the primary care provider is, and list any other resources that may be available to the patient. That becomes a story that's available to the admitting provider.

"We're really trying to think about this system and how it's working for any given patient and stitch things together," said Desai. "Patients should be able to get care from a lot of providers, and they shouldn't have to start over every time they go to a new provider."

In other words, PatientPing is an inclusion enabler for the needs of the individual.

LEARNING AND RESPONDING TO HOW INDIVIDUAL HEALTH IS SHAPED – INTEL

Intel is another company tackling the challenge of helping providers account for the realities of their patients once those patients are outside the walls of the medical facility.

Jennifer Esposito is worldwide general manager of health and life sciences at Intel Corporation. Bryce Olson works with her as a strategist and precision medicine pioneer.

"We are an ingredient company," said Esposito. "You know us as a chip maker. But what we do as a health and life sciences team is work with the industry, with the ecosystem, to understand the unique challenges, the use cases and workloads that are in this industry, and think about how we can apply Intel technology to improve on those things and make it better."

Olson said many healthcare delivery organizations initially want to improve costly, potentially preventable things: say, identify who's most at risk of needing a rapid response team while in the hospital, or who's at risk of getting sepsis. He described those initial goals as transforming the electronic medical record from serving as primarily a system of record into a system of insight.

That sounds like an obvious goal but it's not always immediately possible. Esposito emphasized that they have to assess how technically capable an organization is, from an infrastructure perspective and also from the perspective of the manpower. Do they have data scientists, and are those data scientists open to learning new analytic methods? Not all organizations are ready.

Beyond using data for individual insight while in the hospital, Intel is also working with organizations to gain and integrate insight about patients' lives outside hospital walls. Esposito and Olson shared innovations that are underway now in Chile – working with AccuHealth to do remote patient monitoring. As outlined in more detail **here**[22], AccuHealth, a Chilean-based startup, uses wearable sensors linked to a smart Intel-based monitoring device. Patients perform five-minute checkups throughout the day from their home or office, and that data is sent in real time to a data center where processors apply data mining and predictive modeling to identify and anticipate health concerns that need to be addressed. AccuHealth has what it calls a virtual hospital, which is a nurse who can take care of 50 patients at a time in this remote monitoring environment.

And there's even more in store for the future. Olson said eventually people might be able to make requests from home, like an ultrasound to examine their stomach. "That's a big image," said Olson, "so today it's not realistic. But in the future you'll have this immersive conversation where you can almost feel like you're in the doctor's office but you're at home, in real time sharing big data files – whether it's imaging files or even some personal genomics thing that you've done and can send it over. It will really transform things."

Ultimately the benefits include better health and lower costs, because problems can be detected earlier and ER visits can be avoided. What Intel is solving for is the role that data plays in bringing together the healthcare ecosystem to cut costs, to better manage health, to allow the individual to become their own self advocate for their own care.

REDUCING COSTS WHILE ENHANCING THE EXPERIENCE – VITALS SMARTSHOPPER

Another question I explore with healthcare leaders is whether or not their organization has processes in place for discovering how to manage costs in a way that doesn't diminish the experience for patients and their families. How an organization tackles that challenge (or not) reveals a lot about its readiness for inclusion.

One of the companies I met with at the HLTH conference is tackling the cost issue in a way that not only doesn't diminish the experience for patients, it actually enhances the experience with lower costs for procedures and incentive payments on top of that.

Rob Graybill is a vice president at Vitals. He oversees market strategy for **SmartShopper**[23], an incentive-driven program that rewards people with cash when they shop for and select lower-cost, high-quality facilities for treatments and procedures. SmartShopper gives people tools to feel empowered to ask questions and shop around.

"We want people to see themselves as consumers in the context of healthcare," said Graybill.

But it's not easy to break long-established patterns.

"At the end of the day, that patient is in the doctor's office by themselves or with someone who is a caregiver with them," said Graybill. "Everything has been set up so they don't really have a voice. They're afraid to ask. They don't know what to ask."

To help people get over that hurdle, SmartShopper is proactive. If you're scheduled to have an MRI at the hospital, a SmartShopper Personal Assistant might call you and say: "Your MRI has been approved. It's $3,000 at the hospital, but there's a high-quality imaging center down the street where you can get the MRI for $750 and you'll qualify for a $150 reward."

Graybill is asking questions like:

What does it take to get people to feel comfortable enough to break through referral patterns? As he put it: "We don't even really know what they're up against, in terms of the inertia of the system."

So they've opted to do a lot of the work for people: SmartShopper Personal Assistants will cancel the original appointment, set up the new appointment, and make sure the claim doesn't bounce (because now the authorization number is different). They offer to help arrange transportation to get to the appointment, and follow up with the patient afterward.

When you consider the various players in any given healthcare relationship – the consumer, the doctor, the employer that provides the insurance, and the insurance company itself – the consumer is the one finding the better deal in this scenario, to make the procedure less expensive for everyone.

"Shop with us, we tell you what your options are, and you decide where you want to go," said Graybill. "That's why we feel the consumer should be rewarded. It's not the doctor. It's not the insurance company. It's the consumer who is making their own decision. We've had the consumer in the center of that from the very beginning."
As you can tell from these stories – which are just a small sampling of what was shared at the conference – there is no shortage of innovation in healthcare. The words I heard the most throughout the event were "connectivity, trust, interoperability, value, quality." Those are lofty concepts. But those things can't happen without the healthcare industry going from silos to inclusion very, very quickly. That also means recognizing that we must bridge quickly from old school healthcare thinking to the 21st century.

Here is a collection of the questions explored in this article, to serve as indicators of whether or not your own organization is ready to lead individuality and inclusion as a **growth strategy**:

- Do you have processes in place to get to know patients as individuals, and to make sure that knowledge is shared across the continuum of care?
- Can you think of any examples of when someone in the organization learned something about how a particular population accesses care, and then applied that lesson to the way the organization delivers care?
- Do you have methods for helping caregivers or other employees understand how an individual's health is shaped by family, community, and lifestyles?
- Do you have processes in place for discovering how to manage costs in a way that doesn't diminish the experience for patients and their families?

Are you ready to lead inclusion and individuality as a growth strategy?

Go to www.gllgassessments.com/cds and find out.

In the next article, I will explore the evolving role of employers as major players in improving health outcomes through individuality and inclusion.

Individuality In Healthcare (Part 4)

The Massive Influence Of Employers

I recently met with C-level executives at a Fortune 100 company. I shared with them what I've learned from experience – that most employers are not as in touch with the healthcare needs of their employee populations as they could be.

I made a bold prediction: "You probably have someone at the executive level who has a chronic disease – or cares for someone with a chronic disease – that is not covered by your insurance. They're probably living in a small apartment, or otherwise struggling to get by – even with an executive salary."

They respectfully disagreed with my prediction. But there was a third person at the table and that person scribbled a note to the executive and the executive said: "Looks like I'm wrong." There was a VP who was living out of his car because he was paying for his mother's cancer treatments and a grandparent's diabetes

My point is that this is more prevalent than people know. And the stakes are higher than simply wanting to maximize the ROI of a benefit plan. The stakes are people's lives.

This is the fourth article in a series on individuality and inclusion in healthcare, pulling largely from in-

terviews I conducted and sessions I attended at the HLTH: The Future of Healthcare conference in Las Vegas in May.

The first article dealt with how organizations can turn individuality into better outcomes by operationalizing inclusion. The second article examined how we can embrace individuality without making people feel or be vulnerable. The third article explored some innovations in individuality across the continuum of care.

Throughout this series, I've been sharing some of the indicators I use to help companies assess their own readiness to operationalize individuality and inclusion within and throughout their enterprises. As I've mentioned before, I do that because I know from experience that without strategy, change is merely substitution, not evolution.

For me, everything comes back to the need to get to know people as individuals, and to structure organizations in a way that is welcoming to every individual at every level.

In this article, I'll explore that theme from the perspective of employers meeting the health needs of their employee populations. The subject ties directly into knowing your employee community well enough to understand the factors that have the biggest influence on the health of the diverse employee populations you serve. And, once again, having strategies in place to get to know employees as individuals and to pair that individuality with inclusion to achieve better outcomes.

MAKING BENEFITS PEOPLE-FRIENDLY

One of the questions I ask leaders is: do you actively evaluate the employee benefit plan design on an ongoing basis? How else will you know if there are gaps that might leave people under-covered? Along with that comes a commitment to making benefits easy to understand, easy to navigate, and easy to access.

While at the conference I met with Rob Butler, founder and CEO of Maestro Health. His mission is to make employee benefits "people-friendly" again. Maestro Health and its all-in, tech-meets-service platform is designed to simplify and personalize how people shop, enroll and live with their benefits. Maestro provides employers with a platform of technology and services that provides complete solutions for all aspects of employee health and benefits.

Butler led Maestro Health's acquisition by AXA earlier this year, choosing to partner because they were both after the same goal: to empower the consumer to make them healthier. From the beginning, Butler's approach with Maestro was to embrace a level of individuality – acknowledging that every employer is different, and populations of employees are different.

"We see if we can meet the employer where they are, rather than where we want them to be," said Butler. "Employers want to be able to solve problems for their people, they want individual solutions, and they want to make it noiseless. They don't want people lined up out their door, and they want this to all work. They want to be focused on the stuff they went to school for – conflict management, developing people, developing culture, not dealing with [healthcare] reporting. That's why we started Maestro."

He predicts even more individuality with employee benefit plans in the next five years: "Employers will be able to let employees all choose differently. Let one vendor have the ability to go to the employer and say, we'll take care of your population."

FROM WELLNESS TO WELLBEING – A CULTURE OF CARING

Another person at the conference used the same language – "meeting people where they are" – when talking about employer benefits.

Ben Slocum is CEO of WebMD Health Services, and was on a panel in a session titled "Orchestrating Health for Employees." His comments seemed to go hand-in-hand with another question I ask leaders: How do you show that your organization has a commitment to employee population health that goes beyond legal obligations?

Slocum said they've learned that everyone, but especially Millennials, "want to know that the people they work with are in the business of helping them with their lives, what's going on with them on a daily basis, and not just looking at the ROI of their health plan for their employees. You have to create a culture of caring."

WebMD Health Services empowers individuals to be their best through employer- or health plan-sponsored wellbeing programs, serving 71 million people through a combination of employer group relationships and health client relationships.

According to Slocum, the company will be introducing a new ecosystem called WebMD One, and he described it as a major shift toward a person-first wellbeing journey. "We've shifted from wellness to wellbeing," said Slocum. "We're no longer just trying to track steps and activity. And we're no longer trying to just focus purely on nutrition. We're trying to focus on the entire person."

HOW TO CARE WITHOUT BEING CREEPY

Another question I ask leaders when we are assessing their organization's readiness for individuality and inclusion: Does the organization know its employee community well enough to understand the factors that have the biggest influence on the health of the populations it serves? This is important but can also be tricky, especially if the employees don't feel that the organization is a safe place to be open and vulnerable.

This topic was addressed at the HLTH conference in a panel discussion called "Evolving Role of Employers." There was an interesting conversation among the panelists about the importance of getting to know employees at the individual level – to understand where they're coming from and to know how to motivate them to live healthier – while also acknowledging the challenge of doing that in a way that isn't manipulative.

Panelist Rob Andrews is CEO of the Health Transformation Alliance, which includes more than 40 U.S. employers who collectively are responsible for more than 7 million employees, dependents and retirees and an annual health care spend of $26 billion.

"We believe that the key to a lot of these behavioral questions – whether it's diabetes, or weight control or smoking – is not going to be found in claims data and electronic medical records," Andrews shared in the panel discussion. "This is very much about what makes people tick. And we are interested in an ethically appropriate, HIPAA-compliant, data-secure way to answer questions like: Do people live alone or not? What motivates them to get a physical exam or not? Who influences their life decisions and who does not?"

Another panelist was Glenn Steele, MD, Ph.D., and chairman of xG Health Solutions, an independent venture launched by Geisinger Health System (you probably recognize Geisinger from my first article in this series).

Steele brought up the next thought many of us have: "As I'm sure all of you know, there's an initial paranoia if a company starts to get a little too paternalistic with employees. So what we have to do is convince employees that it is worth their while – both in terms of ease as well as outcome. So there's a big effort in our understanding what the human being, the employee, values."

A third panelist was Jon Kessler, president and CEO of HealthEquity, Inc., a health savings trustee that helps members build health savings by providing health account administration. He mentioned the importance of motivation when it comes to employees choosing their own path to health.

"My first response would be to say, yes it is extremely difficult to modify behavior – and thank God for that," said Kessler. "Consumers want to be healthy, and most of them already know what they need to do. It is not a question of lack of information."

He mentioned that the role that we can play collectively as a system, is in motivation – both financial motivation and also social motivations.

"That's really where the opportunity is with the consumers," said Kessler. "To understand that these are, quite literally, real people."

OUR INDIVIDUAL CAPABILITIES ARE NOT TIED TO AGE

If we're striving to see and treat people as individuals, then we have to consider people's lives from a few different perspectives – from outside the workplace in their communities, and encompassing the spectrum of their lives as they age.

I had a great conversation on this subject with Paul Irving, chairman of the Milken Institute Center for the Future of Aging. He wants to accelerate the conversation about the impacts of aging, and catalyze innovation at the leadership level to make our cities and our companies more accommodating for an aging population.

"Soon there will be more older adults than teenagers and kids," said Irving. "Just think about the impacts of that on the fabric of society and the way our cities and streets look, on the way our homes look."

His work reminds me of another indicator I use to assess a company's approach to individuality: whether or not the organization is active in the community to address wellbeing-related features like walkability or food insecurity. Irving's work of mayors to pay more attention to how the design of their cities can affect the lives of older people is certainly relevant. But he also talked about the opportunity for companies that take older employees into account when designing workspaces and also designing the strategic direction of the company.

"About a third of people over 85 will have dementia, but that means two thirds won't, right?" said Irving. "I argue that older adults are an underutilized human capital asset with the opportunity to add to workplaces, to volunteer, to strengthen our communities, to improve the lives of young people."

Irving said he talks to corporate leaders about the importance of having a longevity strategy focused on two things. One, the creation of products, services and innovations for this rapidly growing cohort of older adults – not just health products, but all products. Two, the human capital factors – how to encourage and enable people to remain in the workforce, so we don't lose their wisdom and knowledge.

“What we really should do is we should stop valuing people based on chronological age,” said Irving. “There are people who are healthier at 70 than others at 50. What we should be doing is thinking about the individual. We should be evaluating people based on who they actually are.”

And there it is. As always, it comes back to the individual. Our capabilities, our health, our wellbeing – so much of that is tied to our individuality. To turn all of these health innovations into better outcomes for employees, organizations need:

- **Individuality** – which requires a concerted effort to know and account for the realities and the values of individual employees.
- **Inclusion** – a system for making sure the organization is welcoming at every level to every individual.

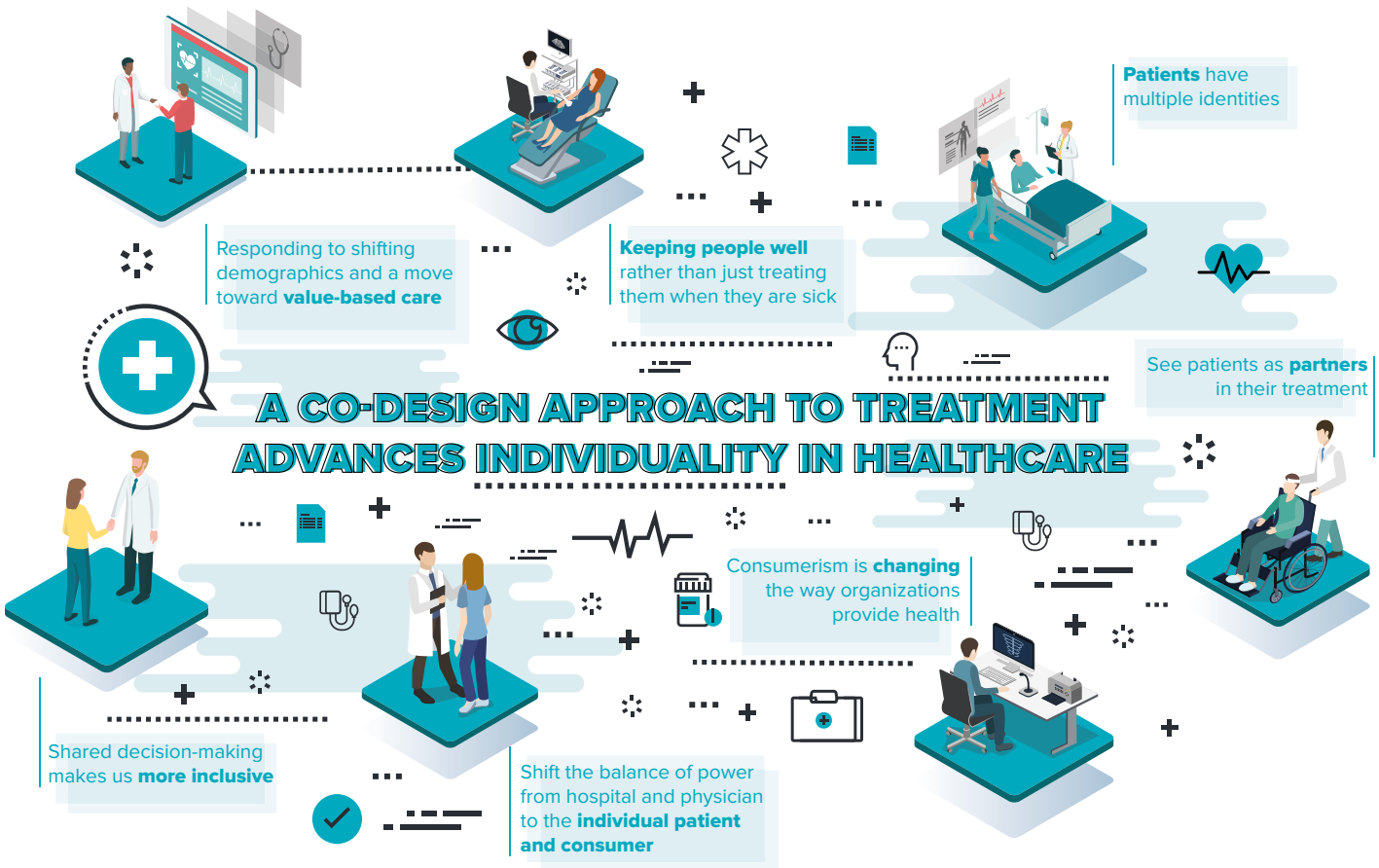
Employers have a great deal of influence when it comes to healthcare in general and the wellbeing of their employee populations.

That means there is an abundance of opportunities for those who take that role seriously.

Are you ready to lead inclusion and individuality as a growth strategy?

Go to www.gllgassessments.com/cds and find out.

A CO-DESIGN APPROACH TO TREATMENT ADVANCES INDIVIDUALITY IN HEALTHCARE



I've written extensively about the need for individuality in healthcare, as the industry responds to shifting demographics and a move toward value-based care. Earlier this year I had a conversation with a woman who puts a face on why individuality is so important.

Kayla Redig was diagnosed with breast cancer at age 24. Actually, let me be more precise. She diagnosed herself, then had to fight to get someone to make her care and treatment a priority.

She found a lump while doing precisely what doctors tell women to do: self-exams. She told her doctor, who said it wasn't an urgent matter: "You're too young to have breast cancer." Redig ignored her, went to the office anyway and demanded to be seen. When she finally got a mammogram, the doctor's face changed: "You need to see the breast surgeon immediately."

Right off the bat, the industry failed her, because it is designed to see her as part of a group – a group that doesn't typically get cancer – rather than seeing her as an individual.

After diagnosis and once a treatment plan was in place, she was again in a sort of limbo – going from the chemo infusion room filled with people who looked like her grandfather, to a different room decorated with child handprints and balloons on the wall. The very spaces in which she was fighting for her life were telling her: there's no place for you here.

As Redig puts it, in a trailer for a **documentary**[24] she made about the experiences of young adults with cancer: "Getting diagnosed with a life-threatening illness as a young adult sucks. It's like you build all this momentum to start your life, and then it comes to a screeching halt. I was 24 years old. I found there to be a total lack of support from the medical system, and a culture that doesn't know what to do with us."

AN INDUSTRY IN TRANSITION

Healthcare is in the process of a massive shift to value-based care[25] – which essentially means searching for business models that will support the goals of keeping people well rather than just treating them when they are sick. How can we keep people well if we don't even know them? Everything comes back to the need for getting to know people as individuals, and for structuring organizations in a way that is welcoming to every individual at every level. Does that mean every hospital has to have rooms decorated to anticipate every possible age or culture or gender? No. Obviously, that's impossible.

So, then: what does individuality look like?

I spoke with **Jack Cox, MD, MMM**[26]. He is senior vice president and chief quality officer for Providence St. Joseph Health, a health system with more than 50 hospitals and medical centers throughout seven states, including Washington, Oregon and California. He sees individuality, and its corresponding trend toward consumerism in healthcare, as one of the more important challenges that health leaders need to solve.

"We're not only dealing with a growing diversity of populations in the communities we're serving," said Dr. Cox. "But we're also dealing with new expectations within populations. It's not just about my age group or my ethnic group. But it is about what I individually want or need."

Those individual needs are not easy to figure out, even for the patients themselves.

MULTIPLE IDENTITIES

Redig said that throughout treatment, the more she tried to connect with people in the breast cancer community, the more isolated she felt. Other breast cancer patients were at different stages in their lives. It wasn't until she started connecting with other young adults, no matter their type of cancer, that she really felt like she'd found her people.

The challenges of facing a life-threatening illness and going through treatment in your mid-20s are different than they are for someone older. Imagine:

- Living through chemo with a Craigslist roommate.
- Asking your 23-year-old boyfriend of five months to create embryos with you, because the treatment might make you infertile.
- Trying to hang on to your first job out of college so you don't derail your nascent career and so you don't lose your health insurance – all while keeping your illness a secret by wearing a wig and surreptitiously throwing up in the bathroom.

"You constantly feel like you're falling behind in life," said Redig. "If you're lucky enough to be in remission, it's a catch-up game. I watched my friends for a few years just exploring dating and figuring out their love lives, while I was confined at home in a hospital bed, not even knowing what was going on in my own body."

Redig used social media to find other people her age with cancer. She is telling their stories by producing a

documentary film, "**VINCIBLE**"[27]. In the film, Redig and her team of experts wonder: What needs to happen to help young adult cancer patients face an "older person's disease"?

One woman featured in the film was given a terminal diagnosis. She spent the first chunk of time assuming she'd die at any moment. She did whatever the doctor told her to. But then she realized she might actually live a while – maybe up to 10 years. And if that's the case, what did she want her time to look like?

So, instead of just doing what the doctor said, she picked treatments based on her goals, so she could improve the quality of life while she's still here. She started scheduling the more brutal treatments in the winter, so she could enjoy the summer months. She became a co-designer of her own treatment plan.

STEP ONE TOWARD INDIVIDUALITY: CO-DESIGNING TREATMENT

This might be one of the biggest, hardest – yet most effective – steps toward introducing individuality into healthcare: seeing and treating patients as partners in their treatment. It's an approach Dr. Cox wholeheartedly endorses, even while admitting how difficult it can be to operationalize this as a practice within a system built around the entrenched philosophy that doctors know best.

As he said, only half-jokingly: "When I was in medical school, the idea of shared decision-making sounded like this: 'I'm going to share my decisions with you about what's best for you, and then you're going to adhere to that. We good?'"

"Fortunately, that's not what our populations and our consumers want today," he continued. "People want to know that you have a little bit of background about what their culture or their gender or their age group might consider important. And then they want you to sit down with them as a partner, let them know what their options are, and help with a shared decision about what the best care looks like for them."

In fact, the promise at Providence St. Joseph Health is, "Know me, care for me, ease my way." Know me. Dr. Cox said that promise helps their leadership team focus when they're thinking about delivering care to diverse populations and individual consumers. One way his organization has responded to this growing consumerism is by recruiting executives from consumer-oriented industries outside healthcare. The chief financial officer used to be with Microsoft, and the head of their innovation institute came from Amazon.

It's clear that making healthcare more inclusive will become extremely disruptive. It involves shifting the balance of power from hospital and physician to the individual patient and consumer.

Dr. Cox said one way to share decision-making and co-design treatment is to ask people what their goals of care are and document those goals. He said he's seen cases where an individual had a hip replaced, and from the metrics used to measure the outcome it was an absolute success. "The individual had decreased pain. They could ambulate better. They did not get infected. The did not get blood clots in their legs or their lungs. But from the patient's perspective, it was not such a good thing. Because what was most important in his life was the ability to play golf with his sons. And he wasn't able to return to playing golf."

Redig had a similar story from her own experience. At a doctor's appointment years after treatment (she's been cancer-free since 2014), she complained about how her body felt and the quality of life. The doctor's response? "We saved your life, what more could you want?"

True. But this isn't what she thought she'd be feeling as a 29-year-old.

According to Dr. Cox, consumerism is changing the way organizations provide health and healthcare to the communities that they serve, and those changes are not only being driven by patients who want more. They are also partly driven by the employers and the payors who expect more for their money. They want to pay for health, not healthcare.

I've written in the past about the massive influence of employers in this ongoing evolution of healthcare in the United States. Employers can help push individuality further by demanding better results from the providers in their benefit plans. They can also drive individuality by making sure they know their own individual employees well enough to understand the factors that have the biggest influence on the health of the diverse employee populations they serve.

"If you want to make this transition [to individuality] faster, it's not about changing the leaders, it's about changing how the leaders get compensated in the business that they're doing," said Dr. Cox. "And we're still getting paid fee for volume, instead of fee for value – value in the broader sense of, does this procedure really improve the individual's life?"

One way to determine what would be valuable to an individual's life is to ask them and in doing so, allow that individual to co-design his or her own treatment.

As you can see, my discussion with Dr. Cox evolved from how to meet the needs of individuals to organizational preparedness. In other words, right now organizations have processes in place that automatically make the system function a certain way. To change the way it functions, we have to change the processes. That's an easy thing to say and a much harder thing to do. But it's a strategic imperative for any health organization that wants to compete and grow in this evolving industry.

ARE YOU READY TO MAKE INDIVIDUALITY A GROWTH STRATEGY?

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