



May, 2017

Ten Digital Health Tensions Provide Energy of Innovation

Powering us towards the medicine and healthcare of tomorrow

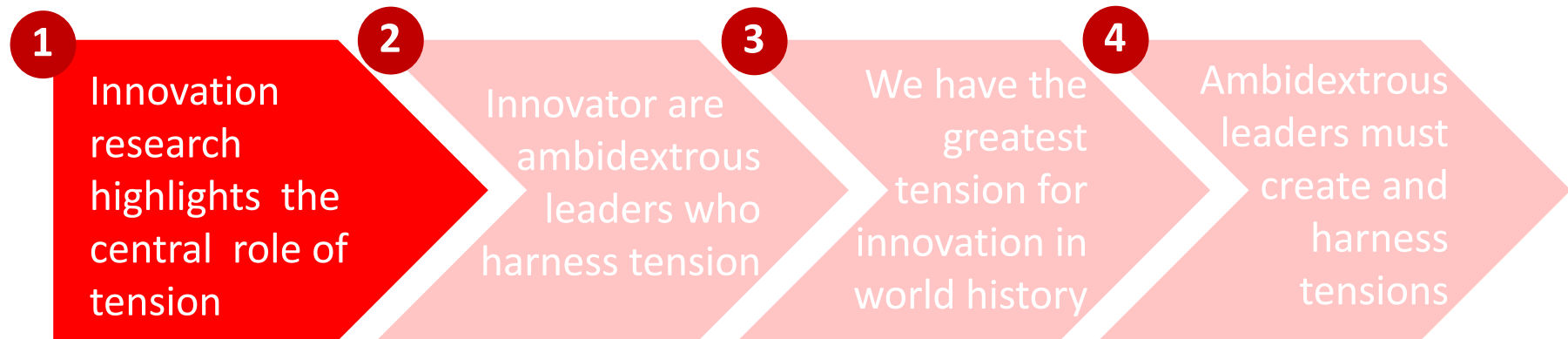
Dr. Chris Wasden
Executive Director

Our focus on high reliability and medical practices of the past are causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

Our focus on high reliability and medical practices of the past are causing us to fail to innovate and adapt in a turbulent market

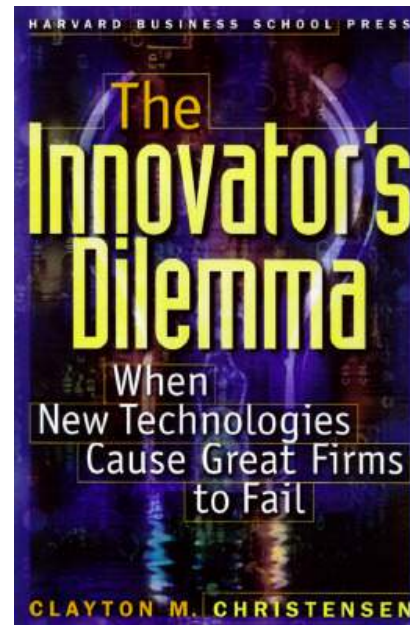
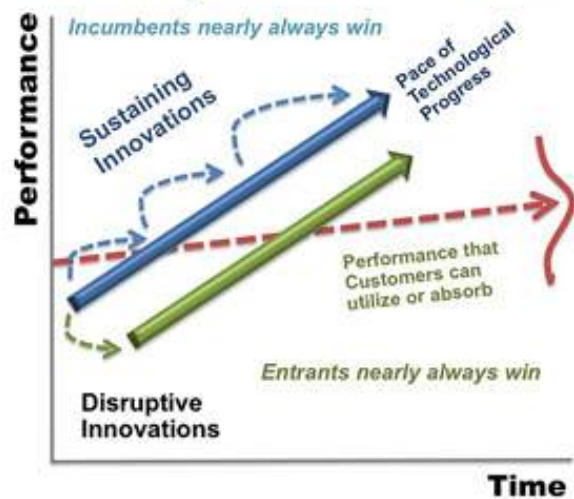


We must apply Complexity Science to overcome our failure to innovate!

Tension between incrementally improving the status quo and disrupting it

Disruptive Innovation

The Disruptive Innovation Model

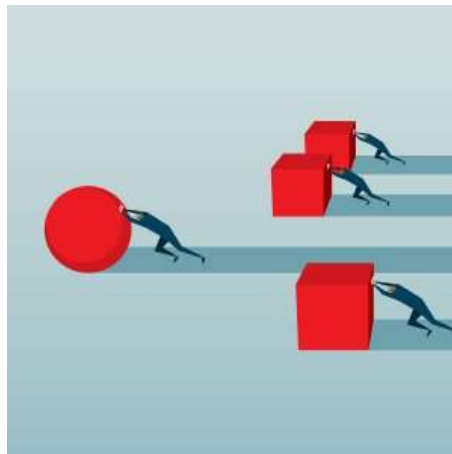


Sustaining Engineering



Tension between adding new technologies and creating new business models of value creation

Business Model Innovation

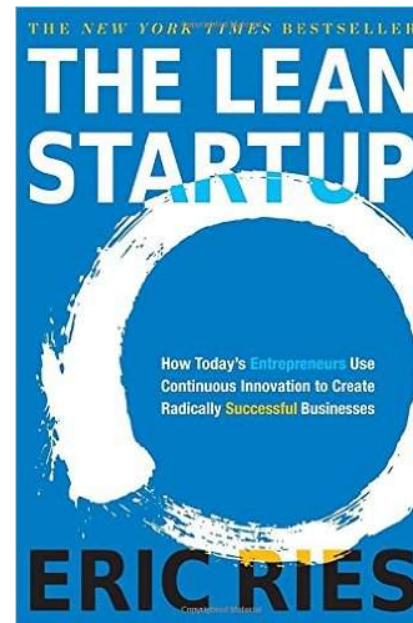
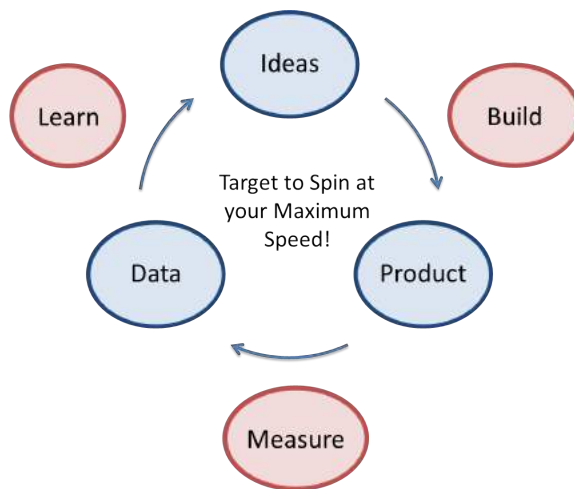


Technological Innovation

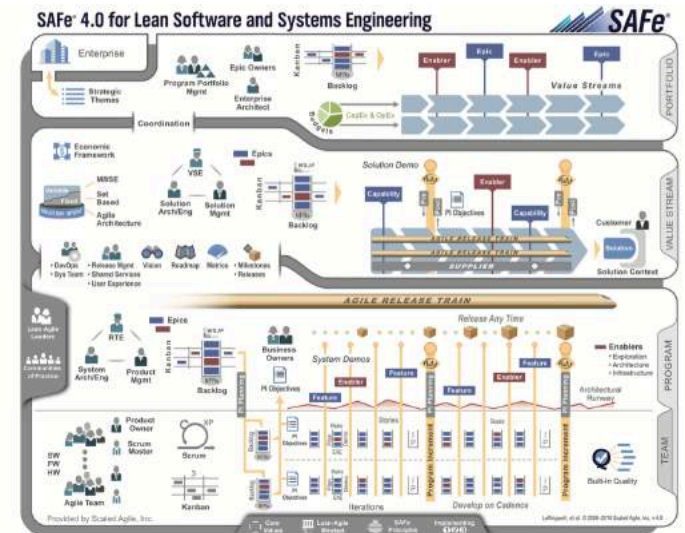


Tension in how you regard and manage failure

Lean Startup



Lean Scaled

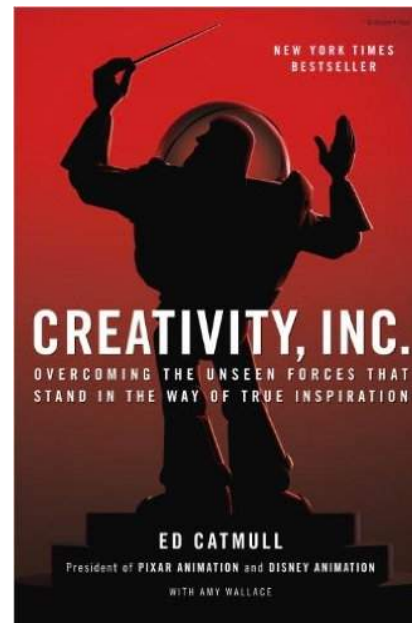


Tension between nurturing the ugly baby and feeding the hungry beast

Ugly Baby



Hungry Beast

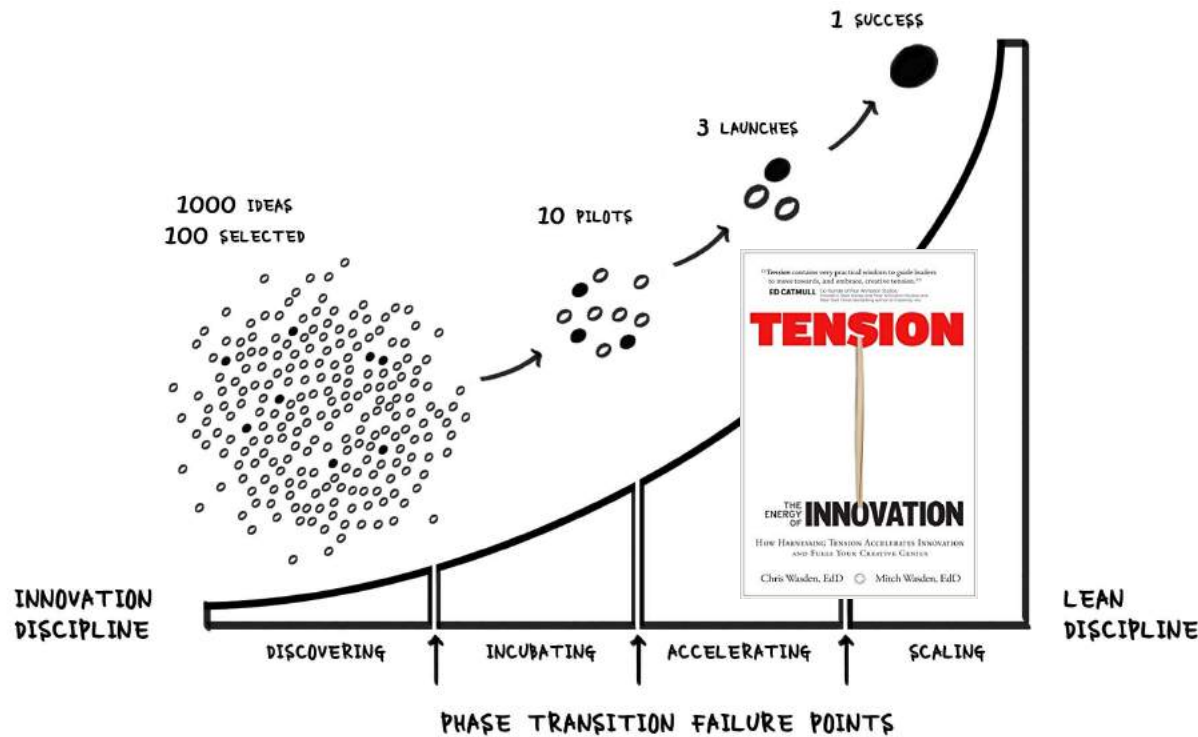


Experience and research indicates a huge difference in the way that established companies and startups deal with innovation



Tension paradox is that all innovation is born at the edge of chaos but only succeeds by approaching the edge of equilibrium

MINDFULLY
Creating Tomorrow
EDGE OF CHAOS



MINDLESSLY
Running Today
EDGE OF EQUILIBRIUM

Innovation Lifecycle

High reliability organizations struggle to innovate because of their fear of failure



Moto: “Failure is not an option”

If failure is not an option

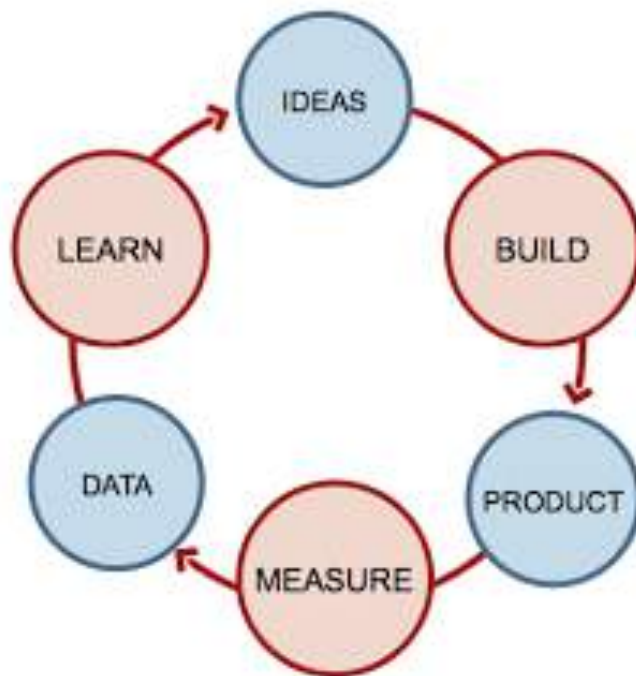
Then neither is innovation

The problem is that lean six sigma discipline eliminates the raw materials of innovation – **variation, interaction and selection**



Failing 3
times in
1 million
attempts

Innovation requires a different discipline that enables a mindful and efficient and effective way for **fast, frequent, frugal failure**

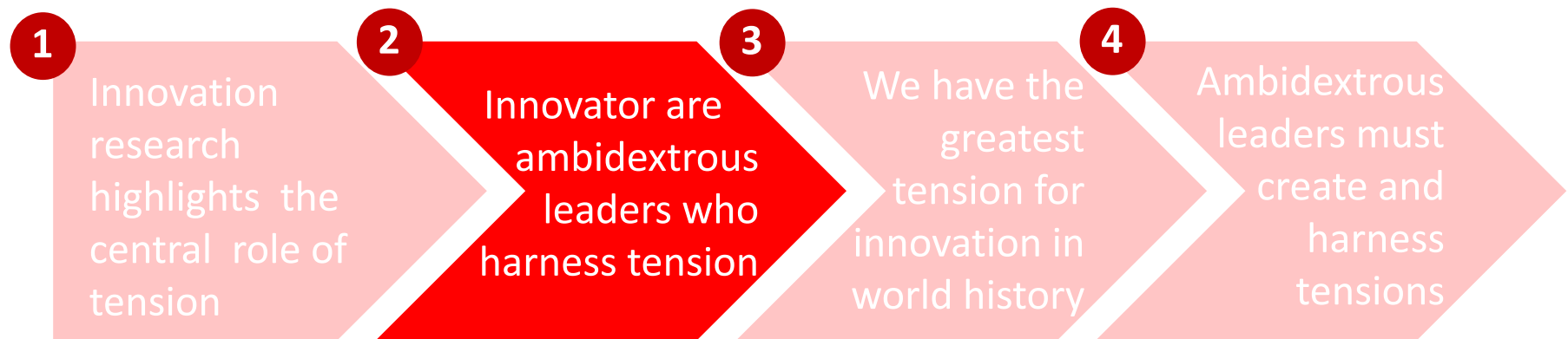


Failing
about
90%
of the time

Simplicity doesn't precede
complexity , it follows it.

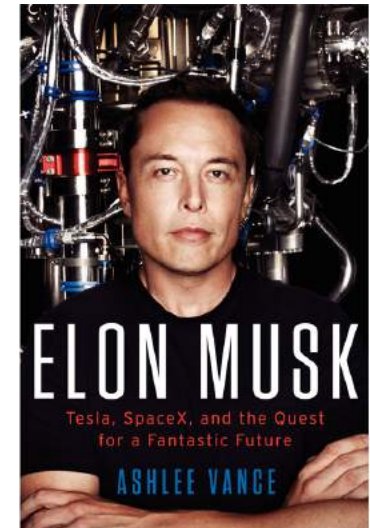
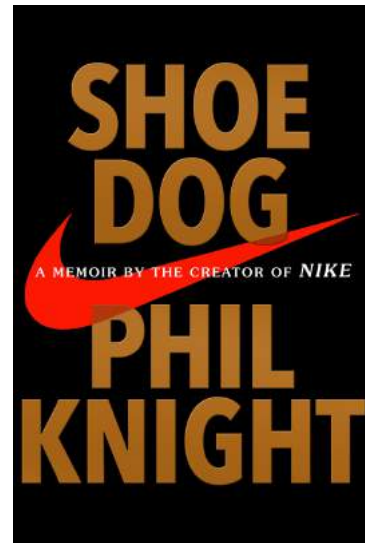
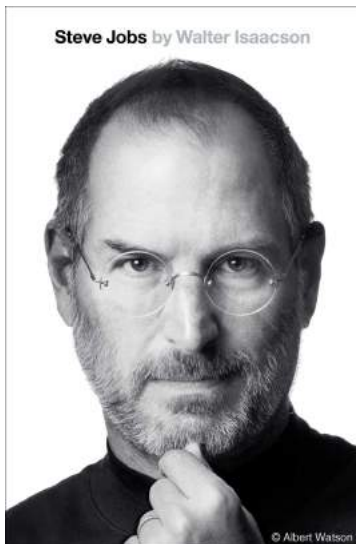
Alan Perlis, First Recipient of the Turing Award in Computing

Our focus on high reliability and medical practices of the past are causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

Iconic digital innovative leaders are masters are harnessing tensions to power disruptive digital innovations



Great innovation leaders create, enable and harness creative tension to power the innovation processes



“My job as a leader is to create discord and to impose deadlines.”

Eric Schmidt, Chairman, Alphabet (Google)

These three process enable spontaneous order to emerge from chaos!

Is tension good or
bad?

How would you answer these three tension questions:

- **How many of you enjoy and seek out tensions?**
- **How many of you create tensions to get other people to act?**
- **How many of you think that we can eliminate tensions in our lives?**

Innovative leaders create and harness tension as the energy source to power creativity, but ...

What kind of tension do you harness?

Maladaptive Tension

- Fear and doubt
- Threats
- Reactive
- Belittling
- Mindless failure
- Emergent

- **Painful**

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- **Painful**

Adaptive Tension

- Tweaks and modifications
- Incremental improvement
- Sustaining engineering
- Six sigma innovation
- Rewarding
- Planned, directed

- **Predictable**

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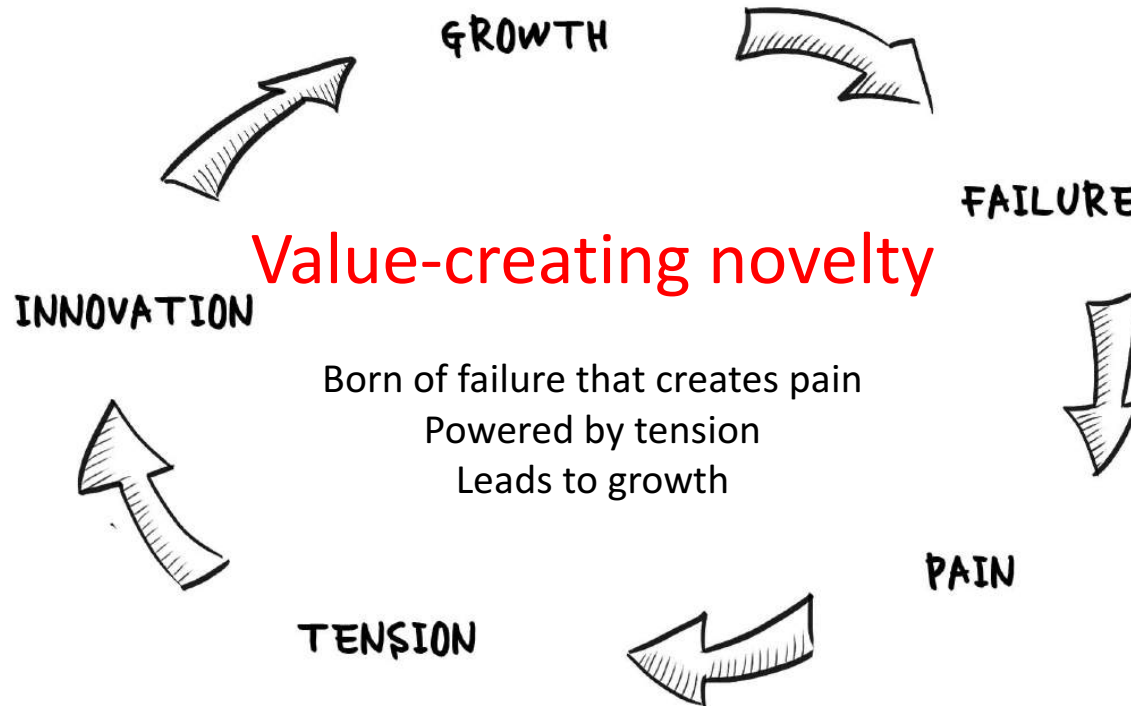
- **Predictable**

Creative Tension

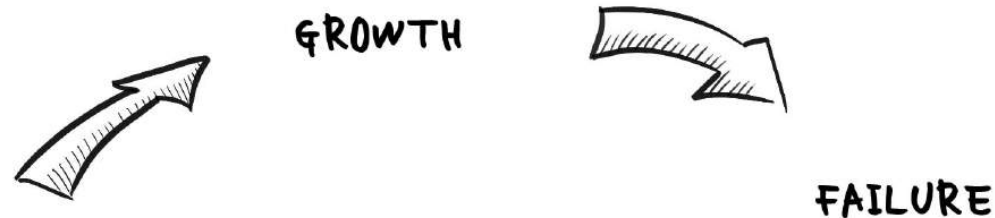
- Radical and disruptive
- Free will, agency
- Transformative
- Powerful
- Inspired by faith and hope
- Self-organizing

- **Possible**

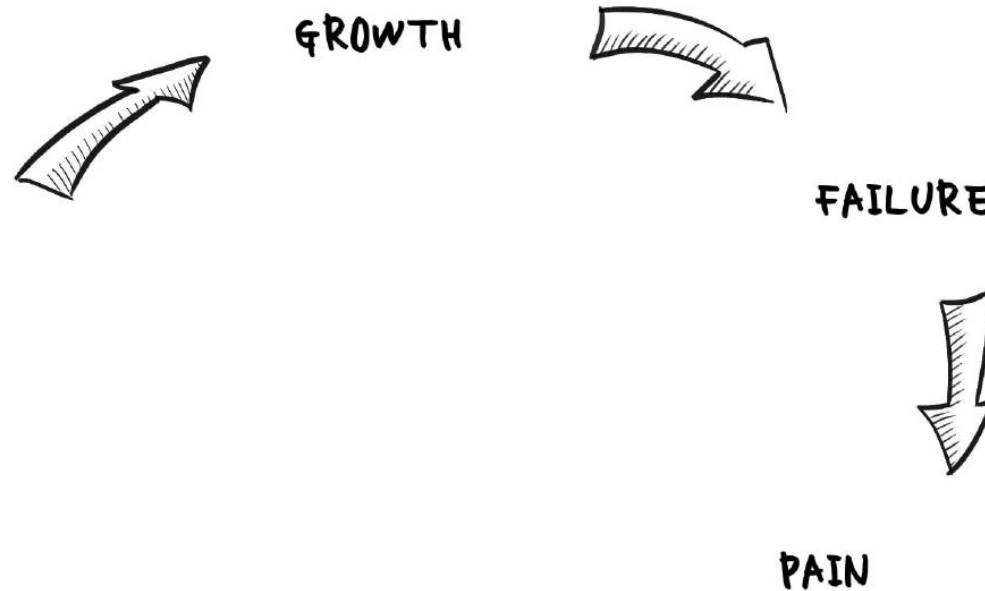
These leaders apply the **innovation cycle** to create new sources of value



Joseph Schumpeter's Theory of Creative Destruction says that new order spontaneously emerges from the failure of the old



Karl Weick's Theory of Sensemaking says that we only learn and improve through experience failure and pain



Rob Stone's Theory of Strong Structuration describes how we must have create structures and practices to innovate



INNOVATION

GROWTH

FAILURE

PAIN



Walter Buckley's Theory of Complex Adaptive Systems identifies "tension as the go" in all self organizing systems



INNOVATION

GROWTH

FAILURE

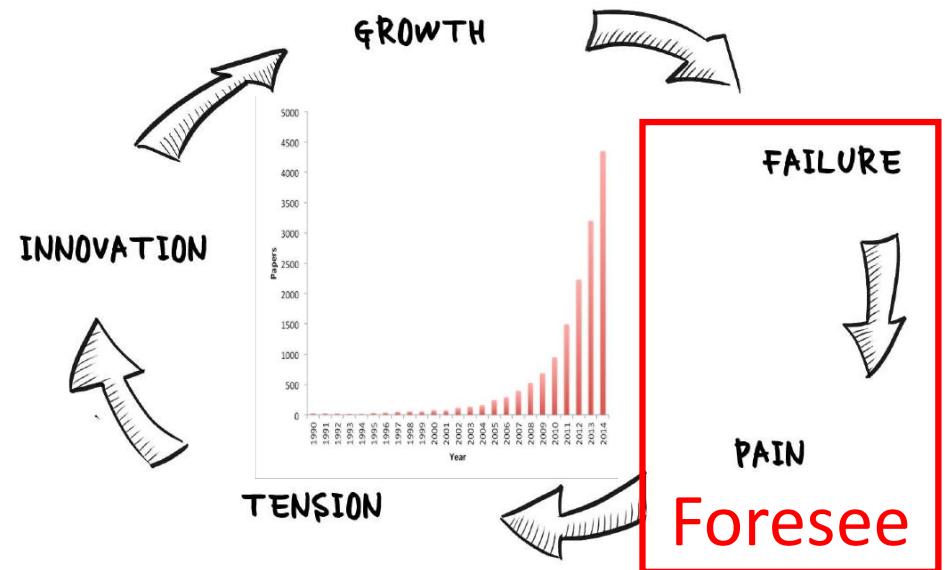


PAIN

TENSIION



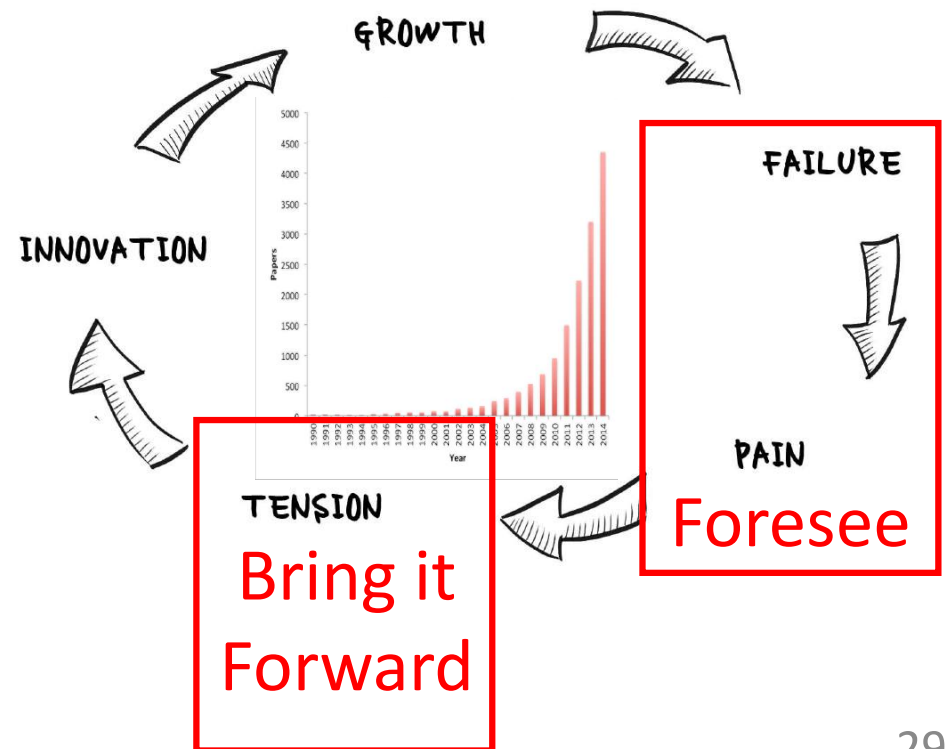
The difference between managers and innovative leaders is how they apply the **innovation cycle and lifecycle**



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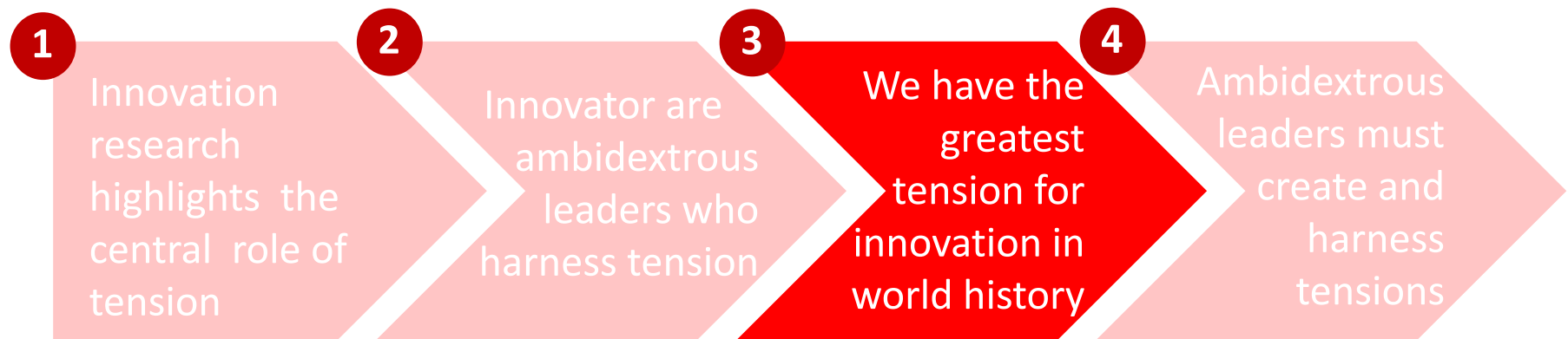
**Harness Creative Tension
to change the world**



The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.

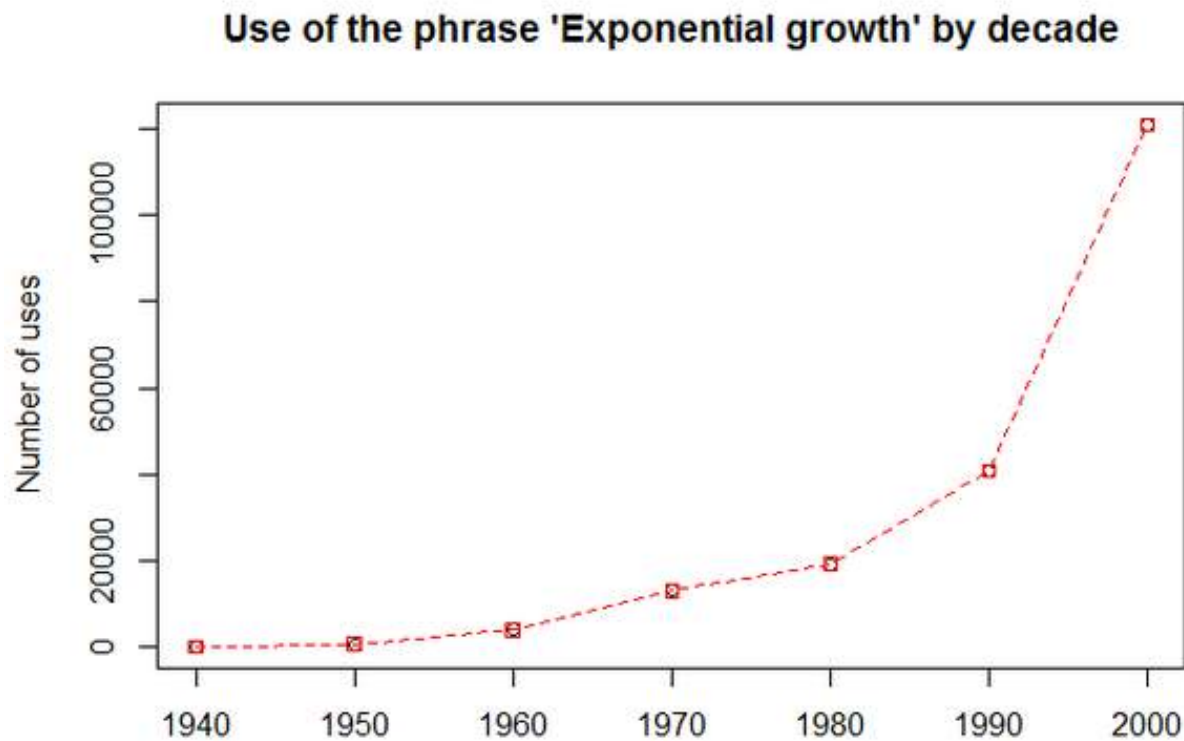
George Bernard Shaw, author

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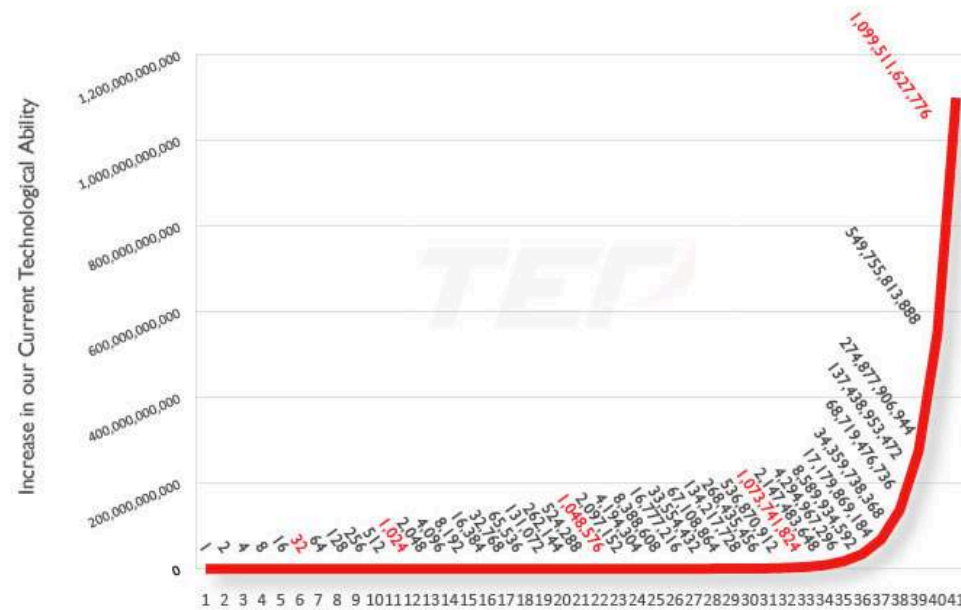
We must apply Complexity Science to overcome our failure to innovate!

Exponential changes occurring in society are the leading indicators of emerging tensions

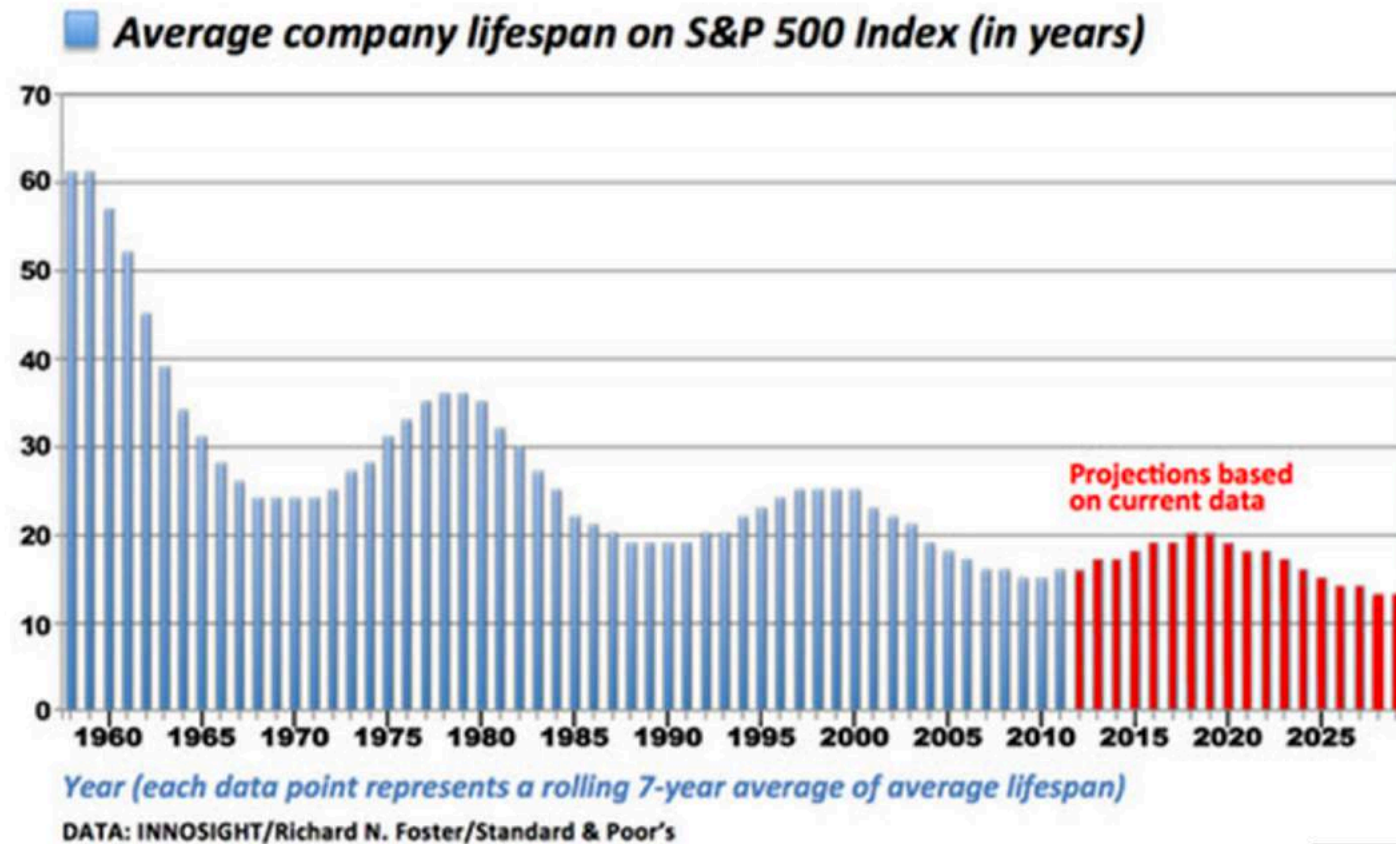


These tensions will create 200 centuries of change in just the 21st Century

Human Intuitive Perspective of Technological Advancement in Forty Years
A Trillion Times More Advanced



These tensions power creative destruction that is decreasing the life of the S&P 500 to just 12 years

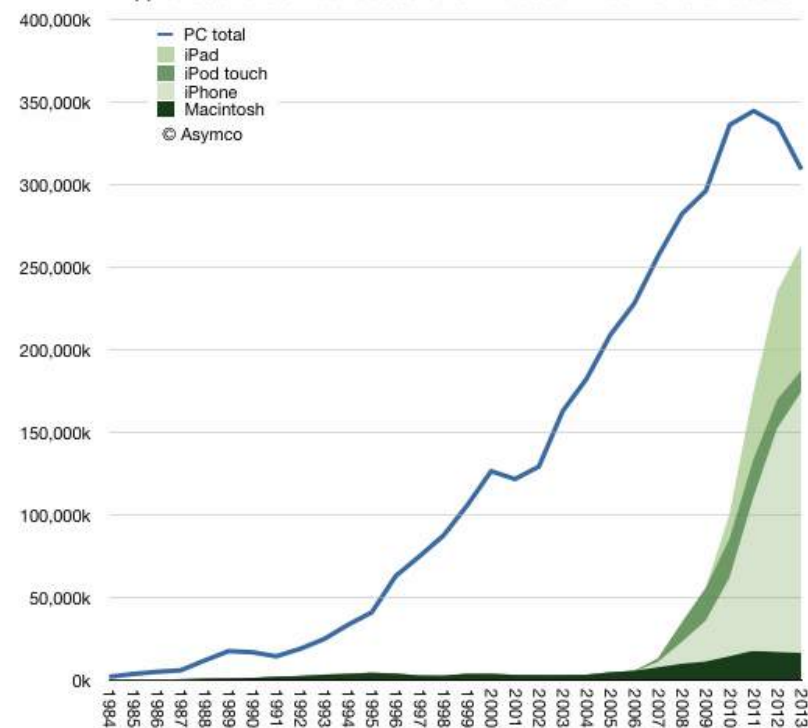


The emergence of mobile technology has completely changed the landscape for greater convenience in healthcare

Eric Topol



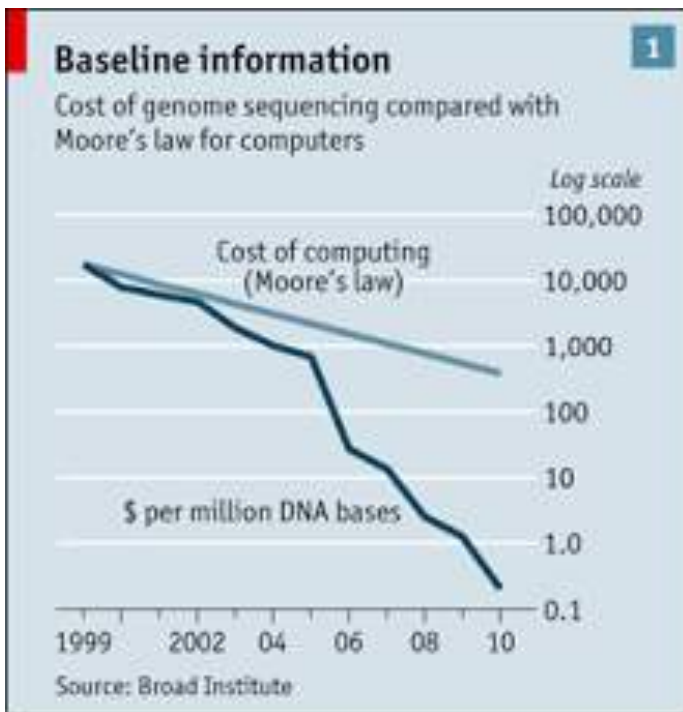
The Rise of Mobile Technologies



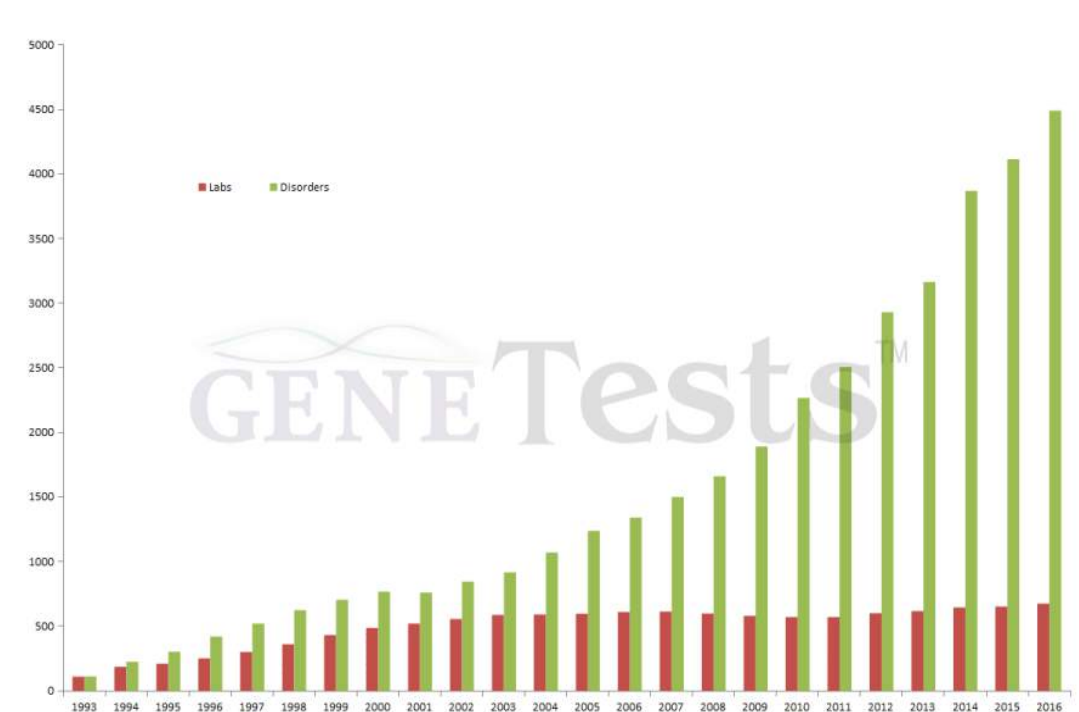
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

The double exponential decline in genomic costs has led to an exponential increase in genetic test - creating a new problem

Cost of Genome Sequencing



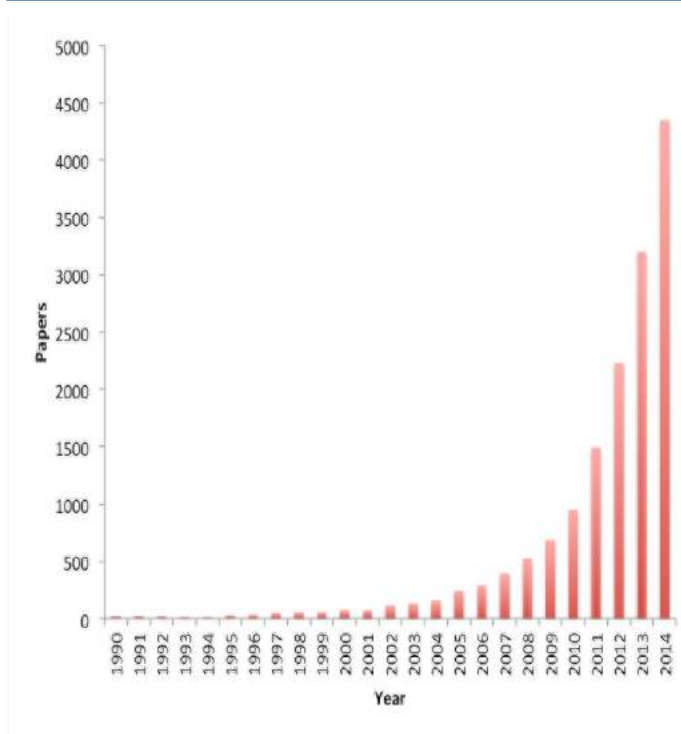
Number of Gene Tests



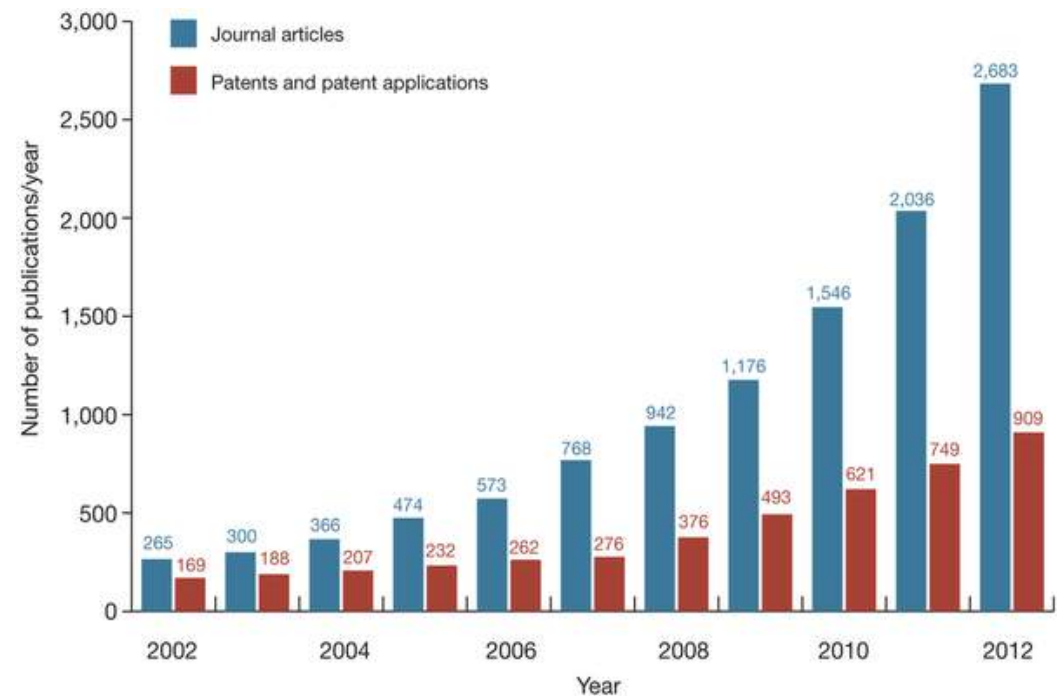
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

One of the largest emerging problems is making sense of the microbiome, which appears more important than the genome

Microbiome Mentions



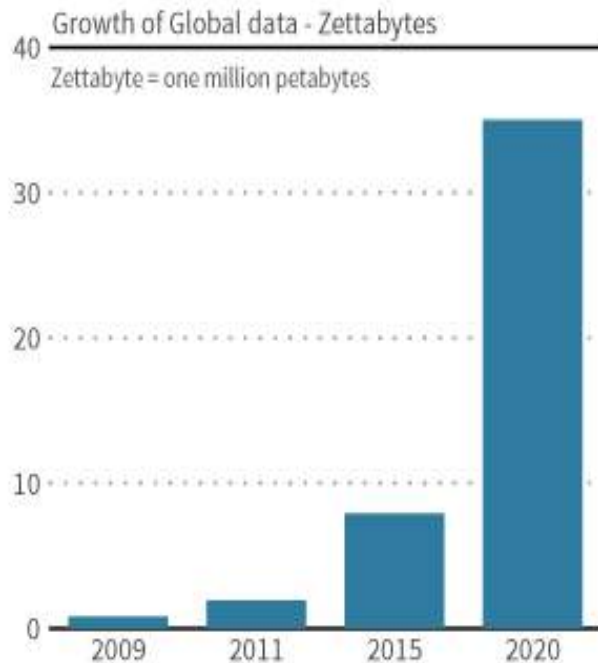
Microbiome Journal Articles & Patents



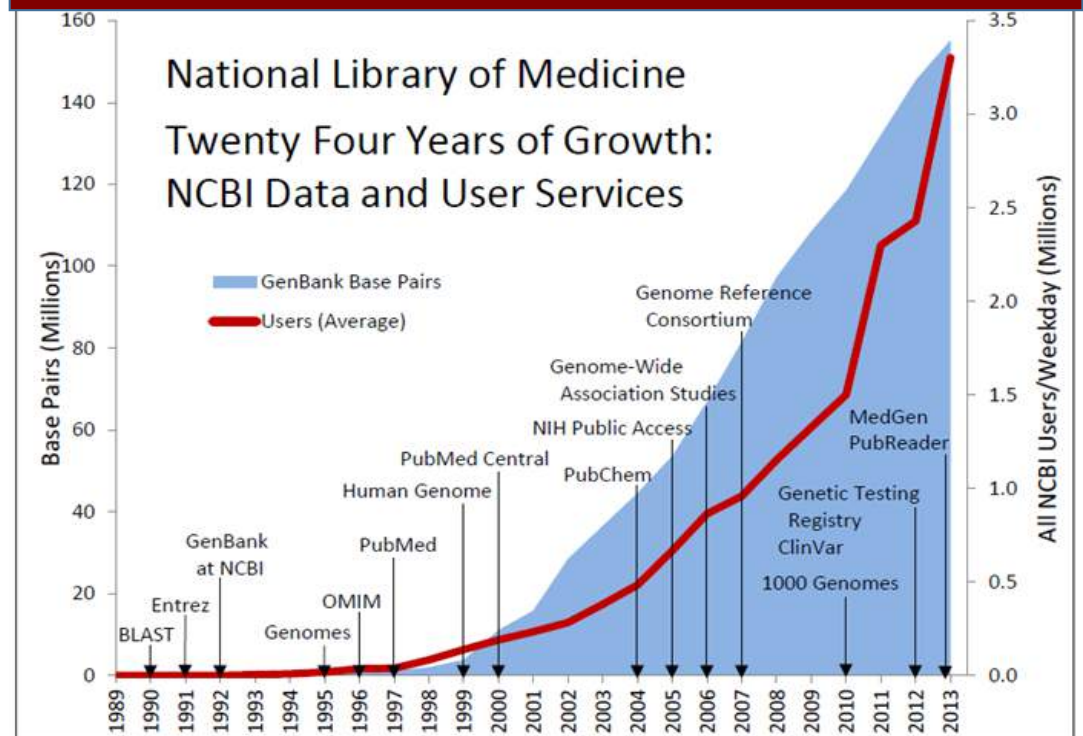
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Healthcare organizations are drowning in data, much of which comes from new types of testing

Growth in Big Data



Growth in Healthcare Related Data

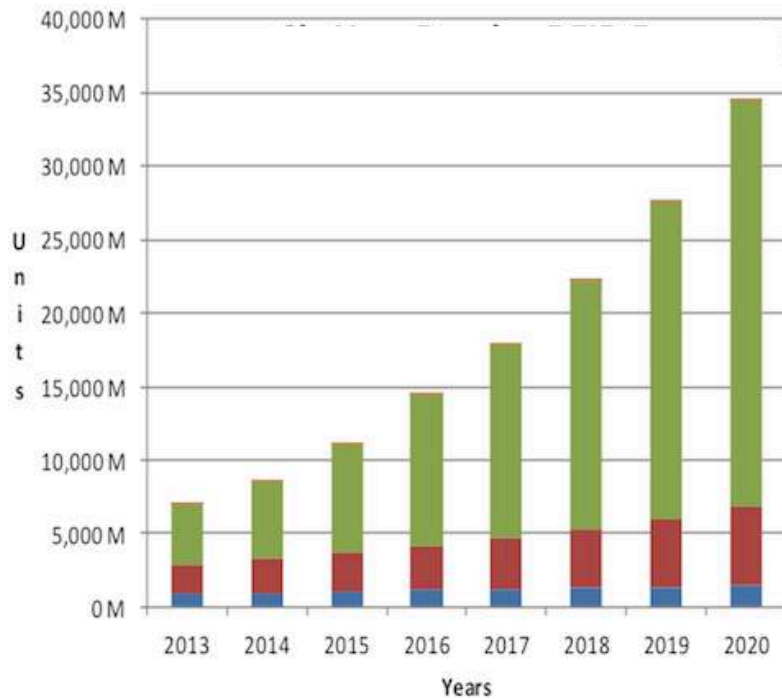


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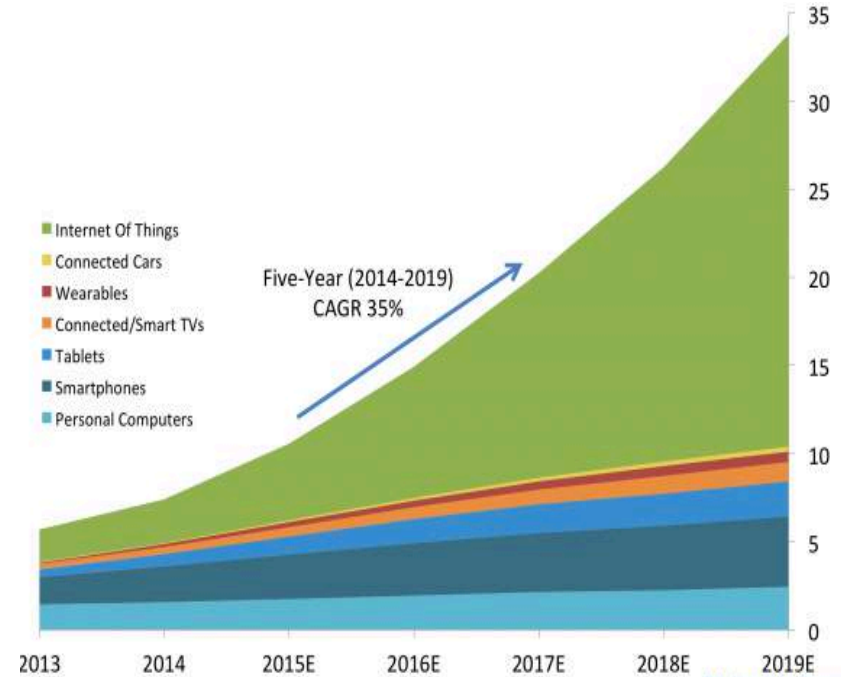
RFID and the IoT are exploding and will revolutionize global sourcing, requiring new capabilities

Societal Problem

RFID Forecast

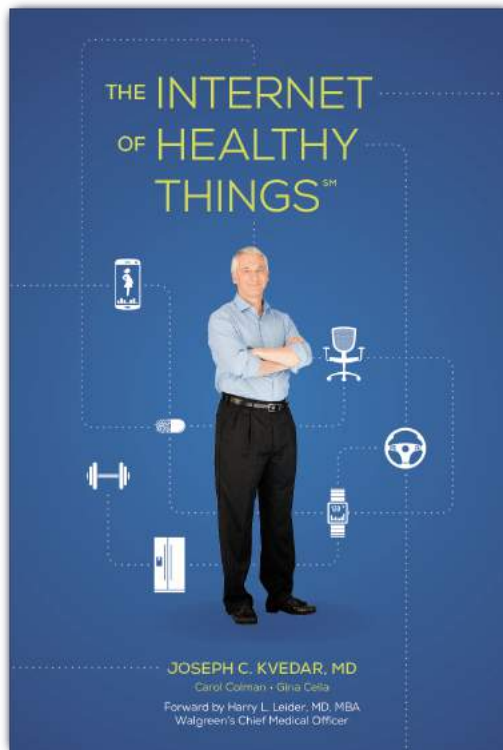


Billions of Connected Devices



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

IoT will be more disruptive than the internet to all aspects of business operations

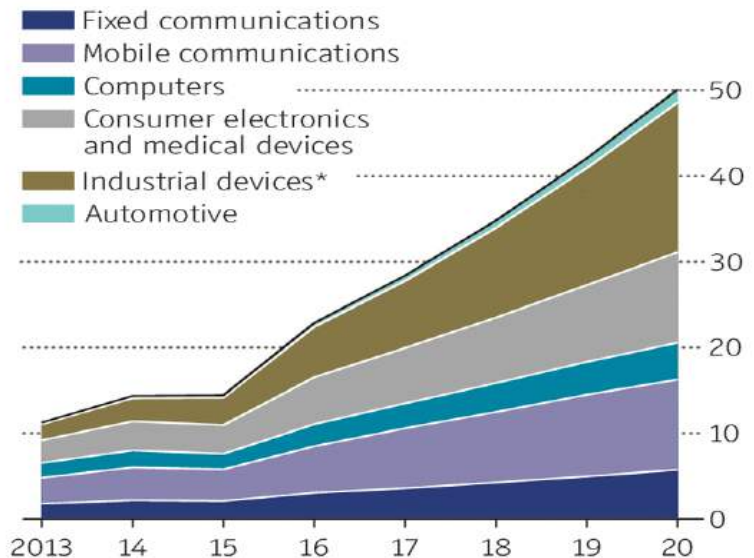


Industrial Devices - Largest

The 50 billion question

5

Worldwide number of internet-connected devices, forecast, bn



Source: Cisco

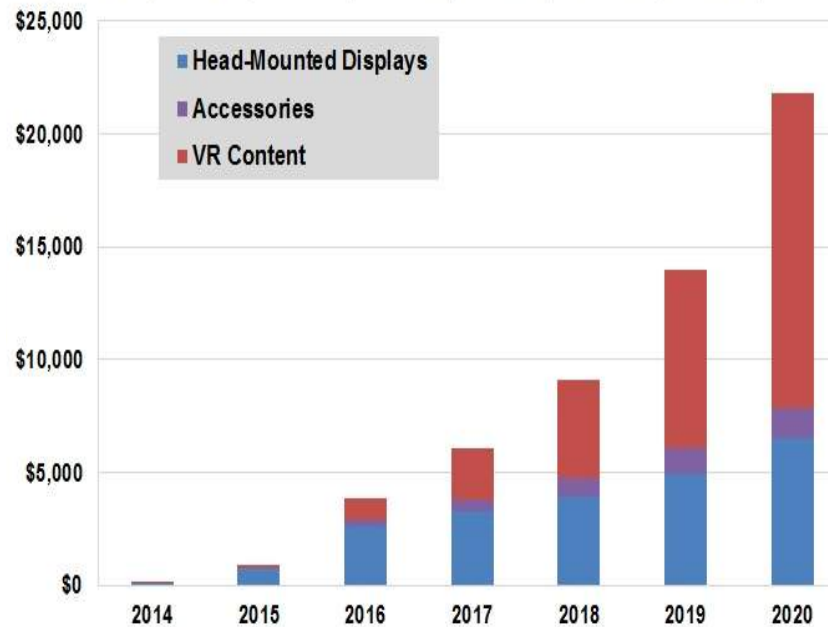
*Includes military and aerospace

Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Virtual reality is a new way of thinking and applying IoT in consumer, commercial and industrial applications

Societal Problem

VR Revenue (M)



UCLA Neurosurgery

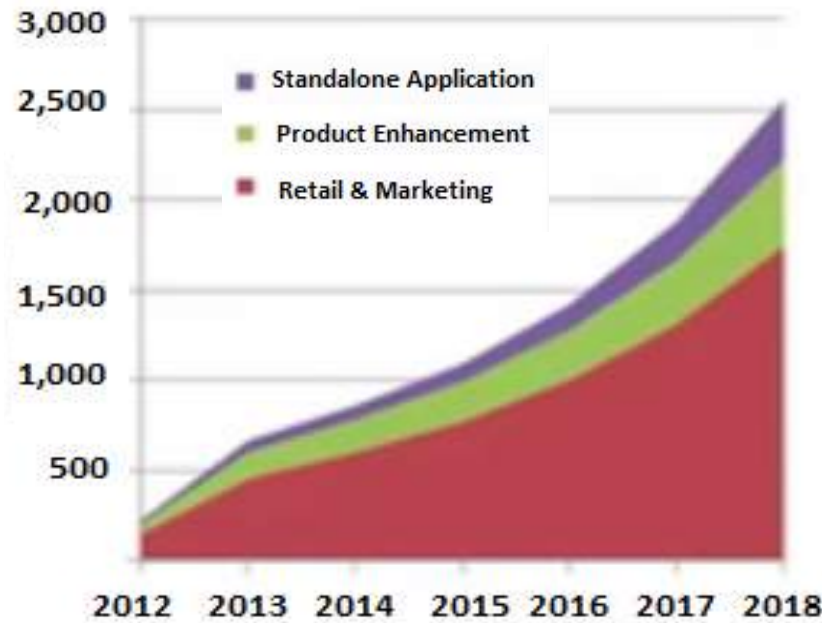


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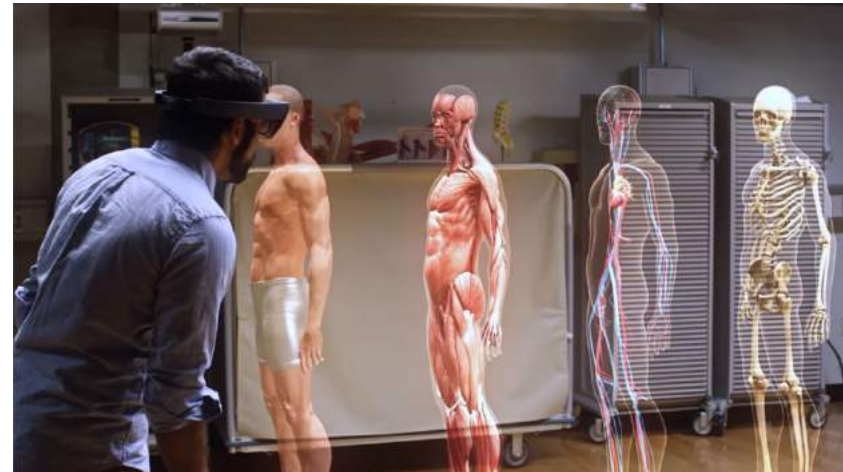
And similar growth in augmented reality will enhance products, marketing and retailing

Societal Problem

AR Revenue (M)



Case Western Anatomy



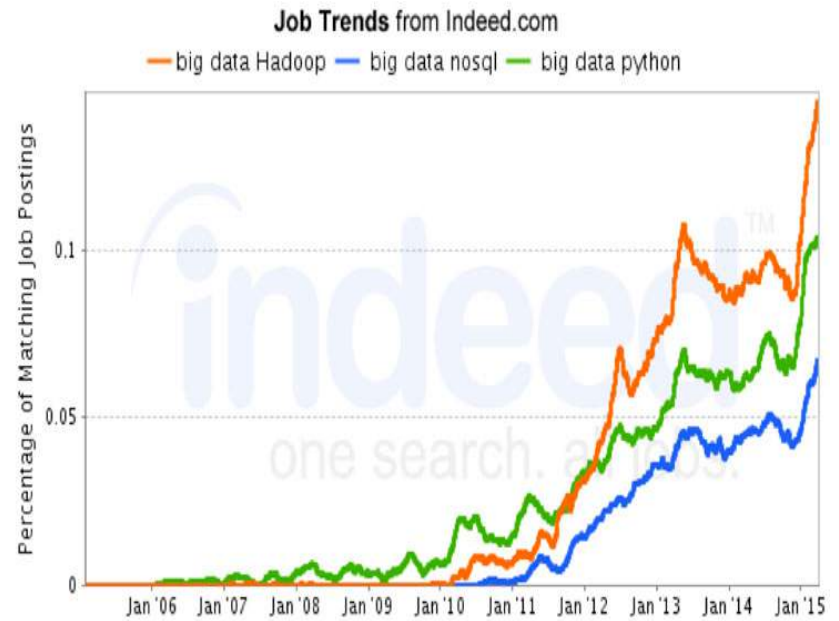
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

IoT, Social Media, and Big Data are driving demand for analytics to predict, prevent, prescribe new behaviors

Data Scientist Jobs



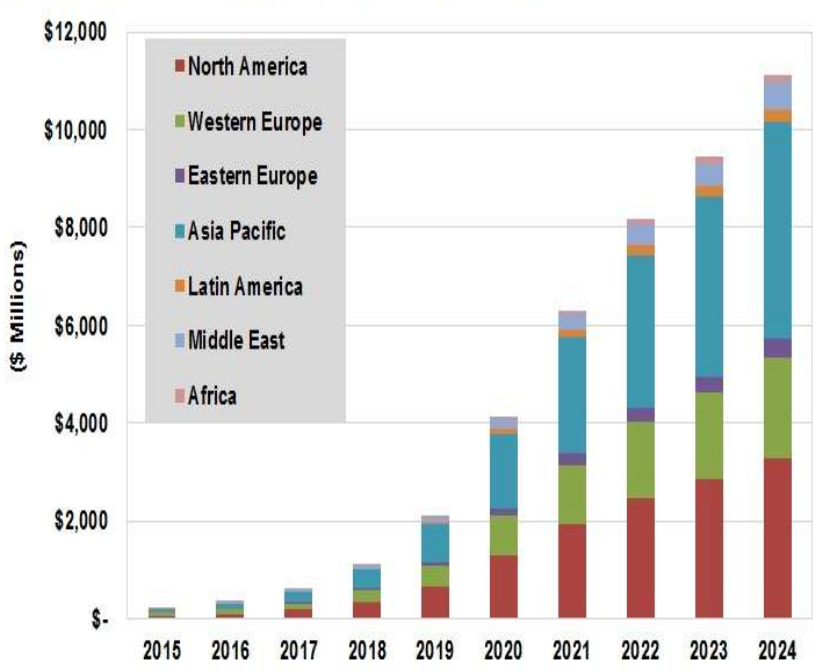
Big Data Tools Jobs



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Artificial Intelligence (AI) and chatbots are considered the next big thing to predict, prevent, and prescribe behaviors

Artificial Intelligence Revenue



Alexa Your Virtual Doctor

Amazon Alexa Can Now Be Your Doctor



Lee Bell, CONTRIBUTOR
I cover the latest tech and health innovations [FULL BIO](#)

Opinions expressed by Forbes Contributors are their own.

Just when you thought Amazon's virtual assistant knew enough already, WebMD – the hypochondriac's favorite website – has teamed up with the retail giant to give Alexa medical diagnosis capabilities.

The integration will allow Amazon Echo, Echo Dot and Fire TV users to ask Alexa basic health queries, such as "Alexa, ask WebMD what are the symptoms of a heart attack", or "Alexa, ask WebMD how to treat a sore throat."

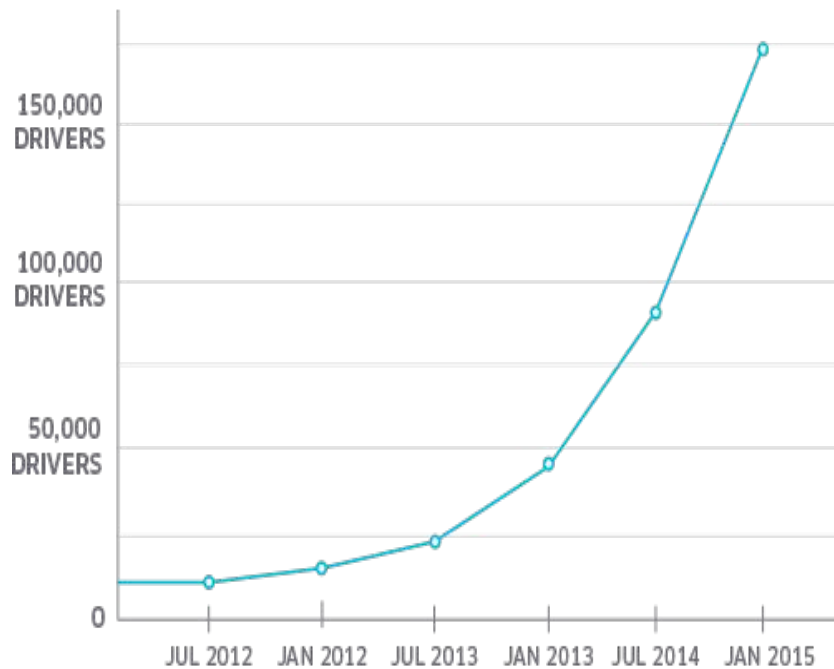


Amazon's Alexa virtual assistant now answers your basic health-related questions

Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

The growth of Uber and its expansion into new markets will likely disrupt other transportation services

Uber Driver Growth



Uber Entering Healthcare

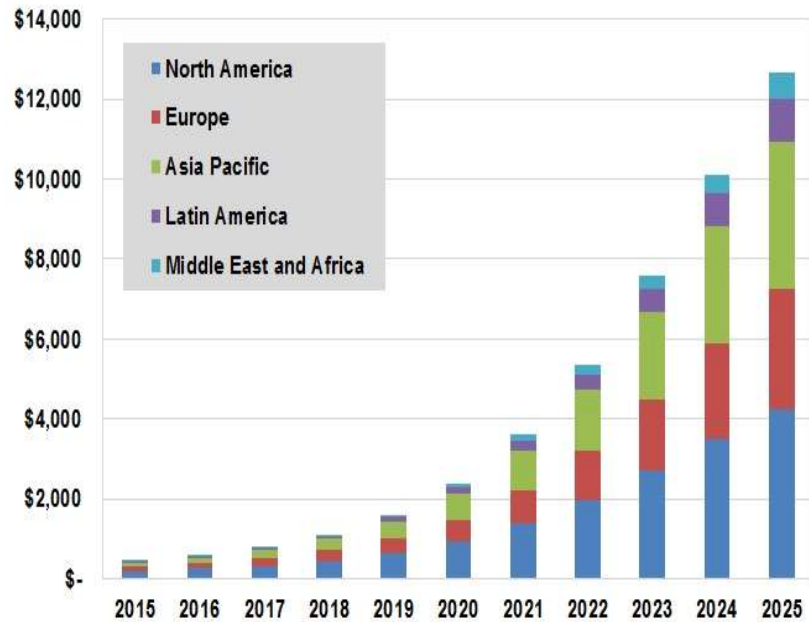
Hospitals Are Partnering With Uber to Get Patients to Checkups

The convenience could greatly reduce the likelihood of missed appointments.

ZHAI YUN TAN | AUG 15, 2016 | HEALTH

Drones represent an additional disruptive force in the global supply chain, but what about healthcare?

Commercial Drone Revenues



Healthcare Drones

Drones will begin delivering blood and medicine in the US

After launching in Rwanda, Zipline brings its fleet of medical drones to three US states
by Amar Toor | @amartoo | Aug 2, 2016, 6:03am EDT

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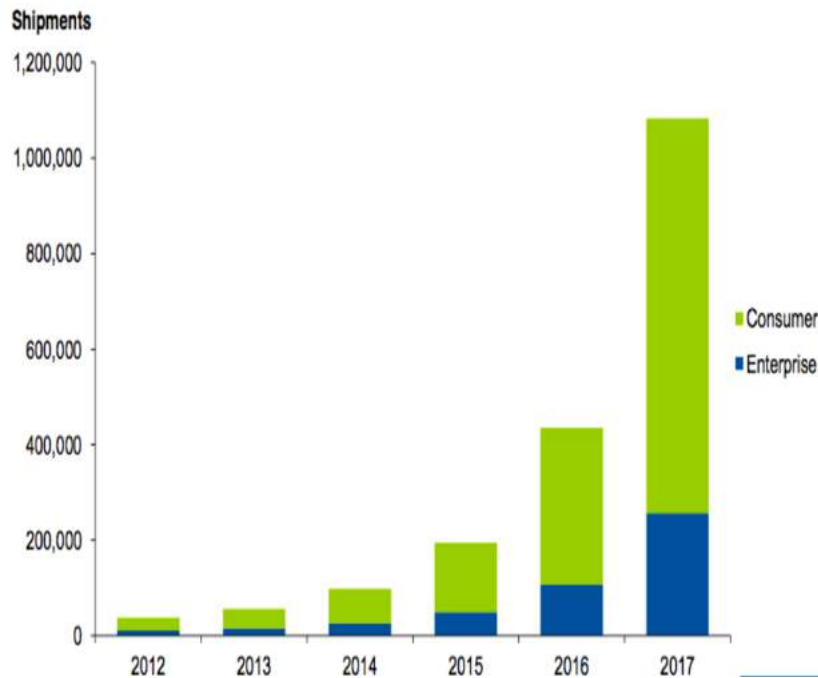


Zipline International

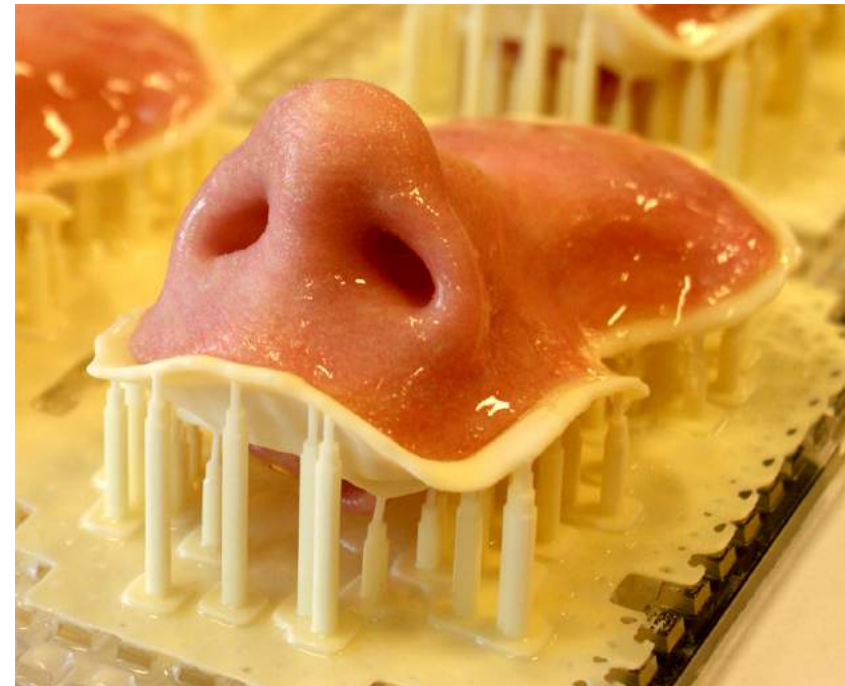
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Automation, AI are further driving changes in Additive Manufacturing (aka 3D printing)

Consumer & Commercial AM



Healthcare 3rd Largest Market



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



Variety in the Internal Environment

Organizations that fail to abide this law fail to survive

Are you living this law?

We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



Variety in the Internal Environment



We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



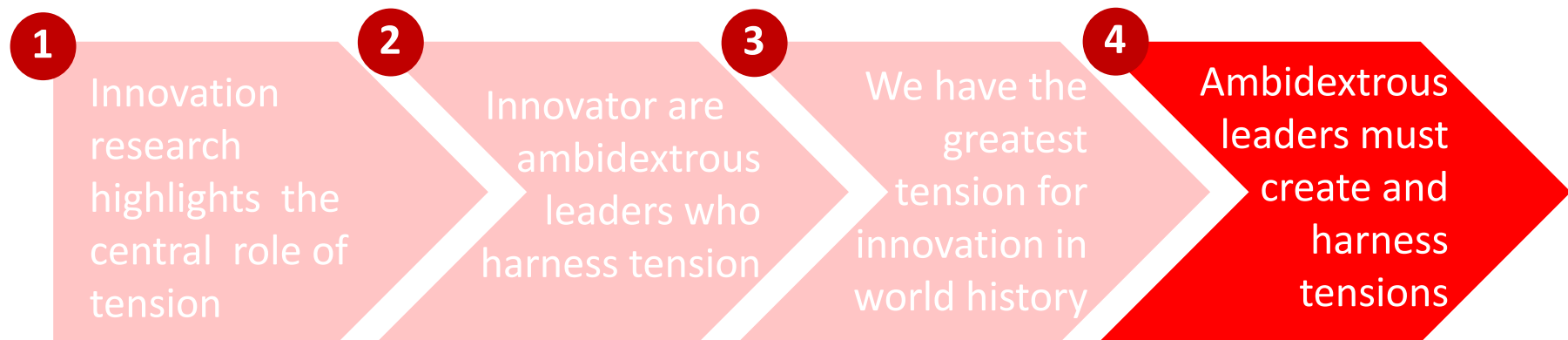
Variety in the Internal Environment



The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.

F. Scott Fitzgerald, author

Our focus on high reliability and medical practices of the past are causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

Life is like a ten-speed bicycle.
Most of us have gears we never
use.

Charles M. Schultz, cartoonist and author

We need to become ambidextrous to enable our people and organization to ride all kinds of cycles



**MOUNTAIN BIKE
DISCOVERING**

Failure
90%



**HYBRID BIKE
INCUBATING**



**ROAD BIKE
ACCELERATING**



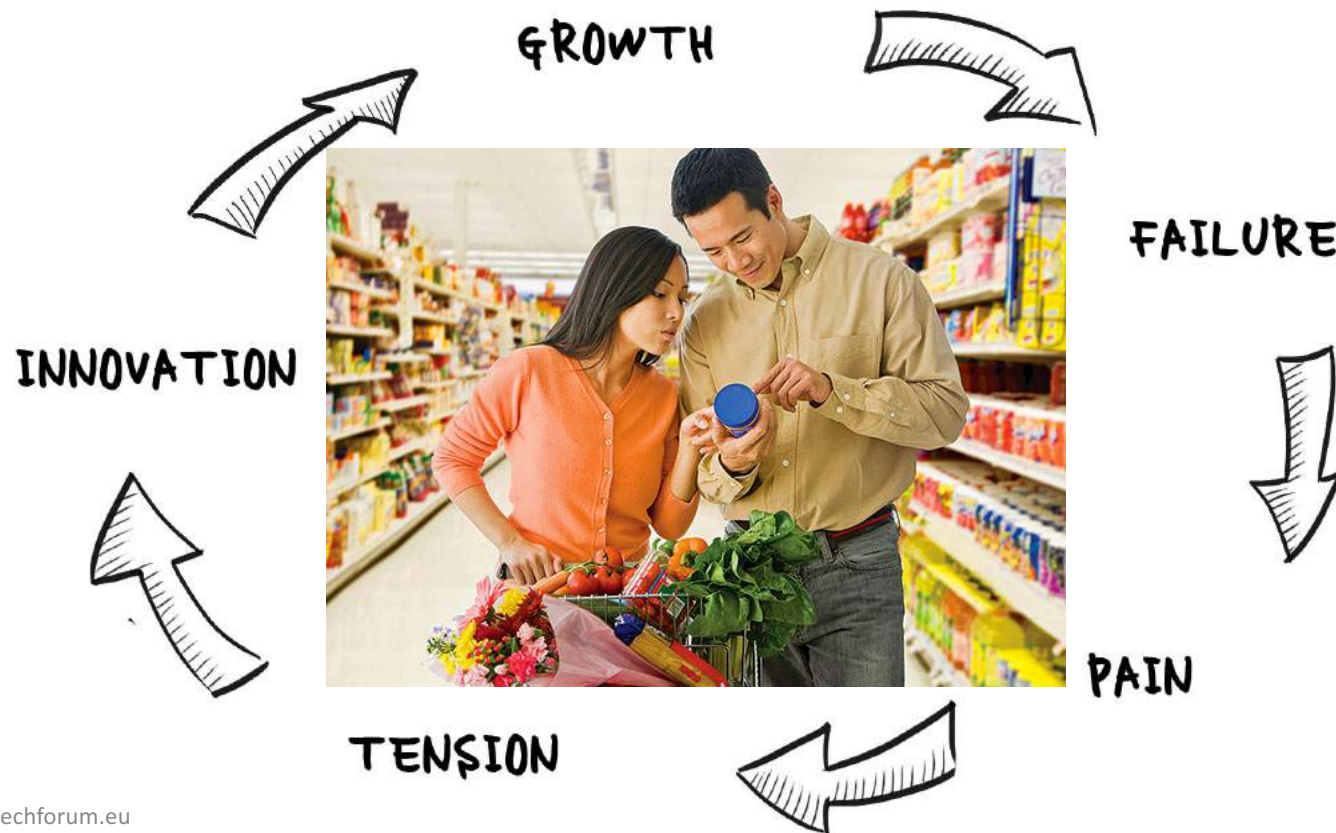
**STATIONARY BIKE
SCALING**

Failure
3 in 1 M

The Law of Requisite Variety requires digital innovation – WE MUST BECOME MORE LIKE **Amazon, Google, Apple**



Original Sin of Healthcare – **Failure** to treat the consumer as customer – digital provides the tools to overcome failure but healthcare struggles due to Ten Tension of Digital Health



Money Tension – Requires new business models



Clinicians and health systems will only adopt Digital Health if they can make more money;

yet the primary value of Digital Health is to improve the triple aim: better outcomes, greater access, affordable care (lower costs).

Money Tension



Billable online medical evaluations ("e-visits")

"E-visits" are defined in the CPT manual, and their billing and coding requirements can be found there. They are billable by primary care physicians (PCPs).

- **99444**, Online medical evaluation - physician non-face-to-face E&M service to patient/guardian or health care provider not originating from a related E&M service provided within the previous 7 days.

Billable visits

The CPT manual defines billing and coding requirements for both the physician and the non-physician qualified health care provider* (QHP) telephone visit.

PCP codes

- **99441**, Telephone evaluation and management service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **99442**, Telephone services (see above), 11-20 minutes of medical discussion
- **99443**, Telephone services (see above), 21-30 minutes of medical discussion

Practice Tension – abandoning analog, outmoded practices



Digital Health must drive creative destruction of medicine and transform the practice of healthcare to one that uses fewer clinicians;

Pharma, medtech, payers and providers must lead this transformation by embedding workflow into their Digital Health solutions.

Practice Tension



Diagnostics

Roche, Qualcomm partner to monitor patients on blood thinners

By: [Jonah Comstock](#) | Jan 29, 2015



Tags: [anticoagulation meters](#) | [blood thinners](#) | [Qualcomm](#) | [Qualcomm Life](#) | [Qualcomm Life 2net](#) | [Roche](#) | [Roche Diagnostics](#) | [warfarin](#) |

Less than a month after **announcing its partnership with Novartis**, Qualcomm is adding another big pharmaceutical company to its list of 2net partners: Roche, who will use Qualcomm Life's 2net platform to capture patient data from connected devices, starting with anti-coagulation meters.

"This collaboration marks a significant milestone for Roche as we launch a new generation of point-of-care solutions that enable healthcare professionals to better keep in touch remotely with patients, whenever and wherever they are," Jeremy Moss, senior vice president of Point of Care at Roche Professional Diagnostics said in a statement. "By combining Qualcomm Life's leadership in powering connected health solutions with our point-of-care expertise, we are taking an important step forward to realize our connected care strategy; ultimately enabling physicians to improve the overall quality of life for patients."



Engagement Tension – engaged in personal health behaviors



Consumers/patients need to be more engaged in making healthy decisions but less engaged in the health system;

Digital Health provides the platforms to enable new and better forms of engagement.

Engagement Tension



[About](#) [Our Team](#) [Product](#) [Services](#) [Blog](#)

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Improve patient engagement through social play

Strategy, design and development

[▶ Find out how](#)

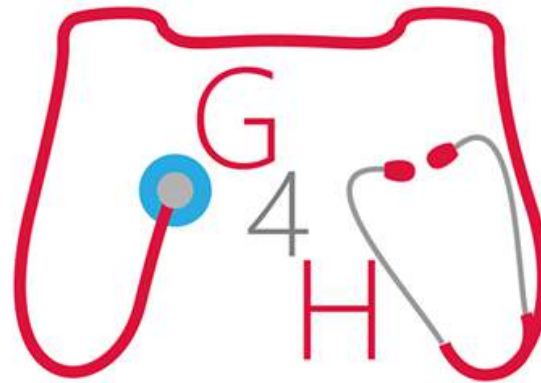


Engagement Tension

SAMSUNG

U Sorenson Center
for Discovery & Innovation
THE UNIVERSITY OF UTAH

400 Students
100 judges
81 universities
14 countries



\$64,000 prize money



Adoption Tension – focus on those who are early adopters



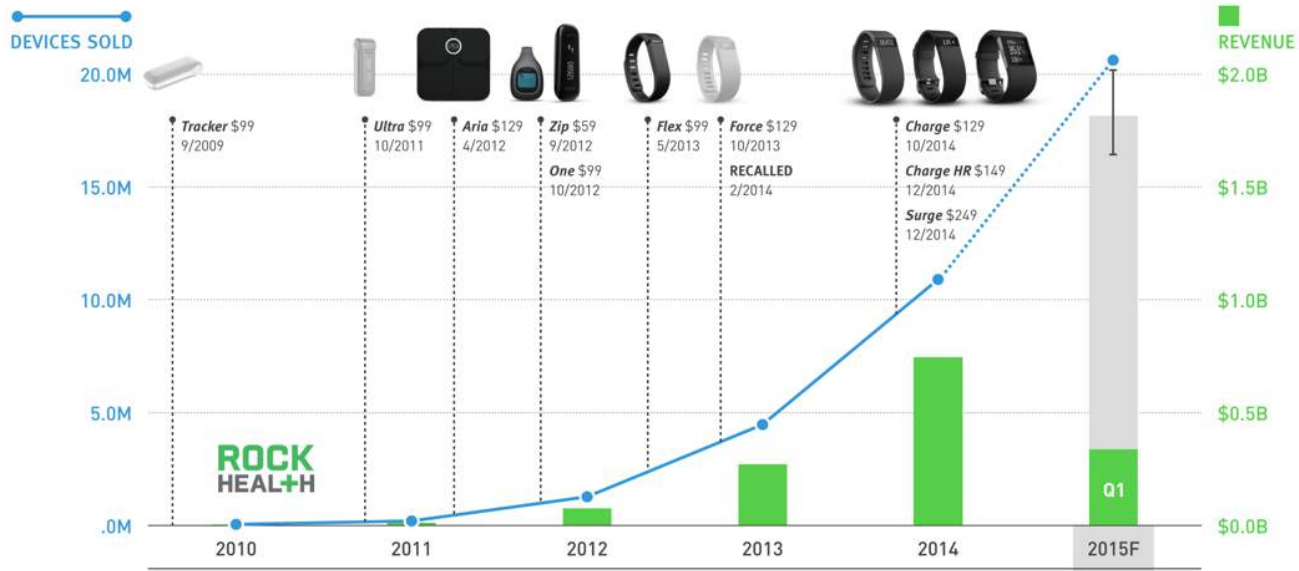
Those that need Digital Healthcare the least are the most likely and willing to adopt it the fastest, while those that need it the most will be slow adopters;

Early adopters provide great tests cases to drive innovation and increase adoption among those with chronic disease.

Adoption Tension



FITBIT REVENUE AND DEVICES SOLD
2010-2015 (forecasted)



	2010	2011	2012	2013	2014	2015F
Revenue growth YoY		179%	428%	255%	175%	143%
Device growth YoY		259%	515%	250%	144%	91%
Device ASP		\$69.49	\$59.71	\$60.56	\$68.36	\$87.11

Sources: Fitbit S-1, Rock Health analysis/forecasts

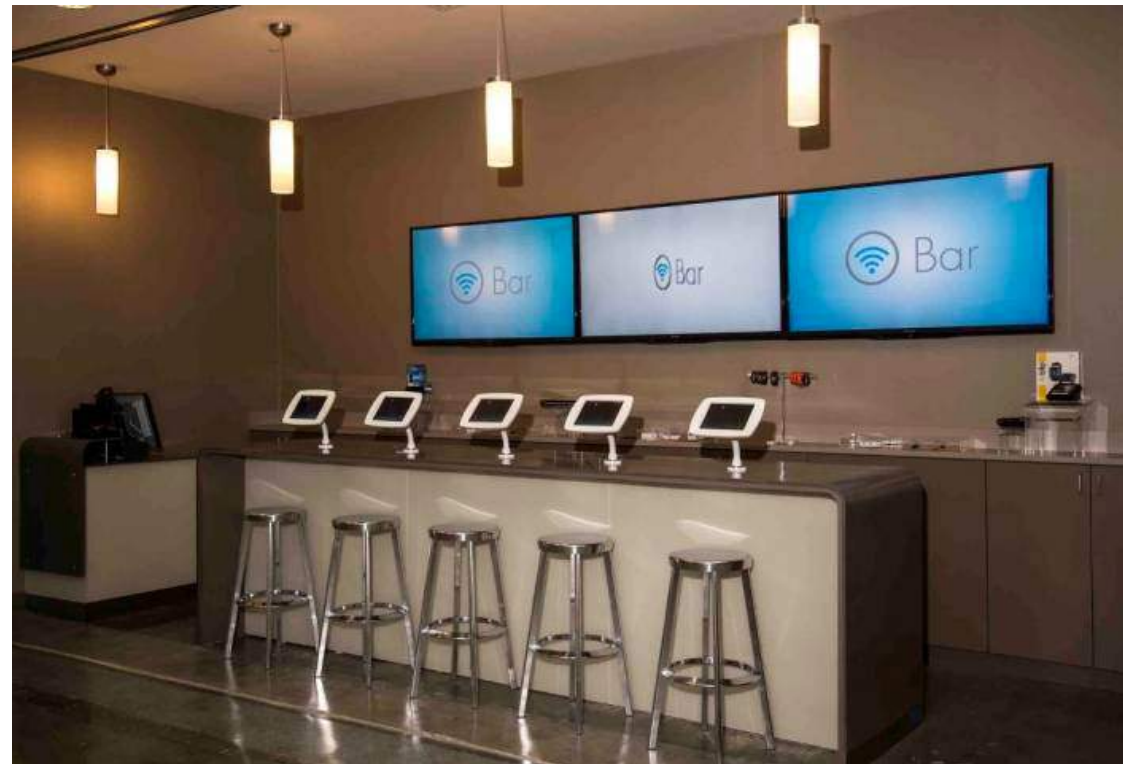
Technology Tension – its NOT about technology but work flow



We have an over abundance of technologies but an unwillingness and inability of clinicians to use them;

Technology adoption must become as simple as writing a drug script and require no more thinking and effort from clinicians.

Technology Tension



Satisfaction Tension – consumers are demanding digital



Nearly every study and survey on Digital Health shows 70-85%+ consumer/patient satisfaction due to significantly better outcomes (shorter hospitalization, fewer admissions and readmissions);

Consumers must become the outspoken revolutionaries demanding Digital Health solutions.

Satisfaction Tension

1

Cost

20% (20%)
reduction in
hospital admissions

25% (14%)
reduction in bed
days of care

3

Confidence

20-57% reduction
in chronic disease
care

46% reduction in
mortality



UK NHS Whole System Demonstrator

*Why isn't it
malpractice to
not use Digital
Health?*

2

Convenience

86% patient
satisfaction

4

Compensation

85+% reduction in
cost of care, \$1600
vs \$13K PCP, \$77K
SNF

Feedback Tension – admit there is NO feedback loop today



There currently is virtually no feedback loop in healthcare for the vast majority of consumers/patients;

Digital Health enables real time feedback, but rarely by the human clinician.

Feedback Tension



The screenshot shows the Partners HealthCare website. At the top is the logo and the text "CONNECTED HEALTH". Below this is a navigation bar with links for "ABOUT", "PATIENT PROGRAMS", "RESEARCH & INNOVATION", "CONSULTING", and "NEWS & EVENTS". The "PATIENT PROGRAMS" link is highlighted in orange. Below the navigation bar is a breadcrumb trail: "Home > Patient Programs > Remote Monitoring > Blood Pressure".

Patient Programs

- Remote Monitoring
 - Heart Failure
 - Blood Pressure
 - Diabetes
 - Activity & Weight Management
 - ROI Calculator
- Mobile Health
- Virtual Care
 - Wellocracy

Blood Pressure

Blood Pressure Connect is a home monitoring program offered to patients by their primary care providers or specialists. The program gives patients and their care providers a way to keep track of their health data and collaborate on a care plan between office visits.

Developed by Partners HealthCare Connected Health and supported by Partners Population Health Management, Blood Pressure Connect is a turn-key service for clinical practices throughout the Partners network.

The program is being offered at primary care practices applying for NCQA recognition as patient centered medical homes.

Using a home blood pressure monitor and a wireless communications device, patients transmit their blood pressure readings to their providers; the data can be viewed via the patients' electronic medical record and the patient portal. Patients and their providers can view data based on time of day or, trends over time, and is displayed in easy-to-read graphs or charts.

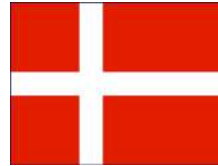
Utilization Tension – increase productivity not activity



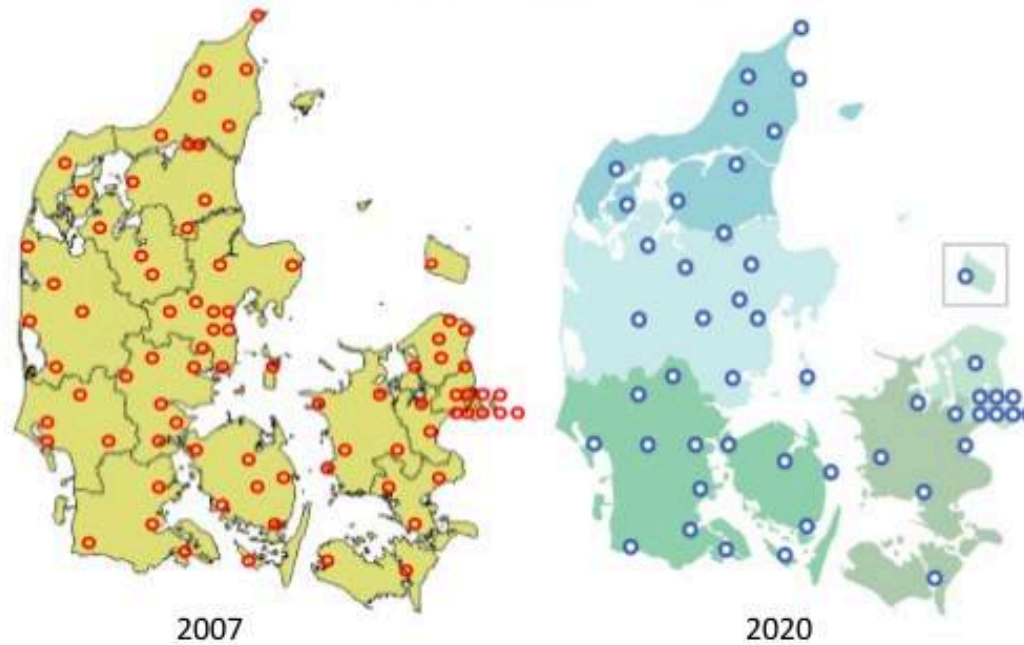
Nearly all studies of Digital Health show 20-40% reductions in health system utilization yet health systems in developed countries can't figure out how to turn that into economic value

Emerging markets and consumer driven systems are creating new Digital Health systems to leapfrog developed markets.

Utilization Tension



**Modernized hospital structure...
.....from appx. 80 to 50 units**



Validation Tension – don't wait for 10 years and everybody else



Despite a plethora of pilots and studies of Digital Health applications and use cases, we lack a systematic way to evaluate and validate which ones work and how effective they are;

we need social and crowd sourced mechanisms to rapidly test and share Digital Health solutions and avoid **Pilotitis**.

Validation Tension



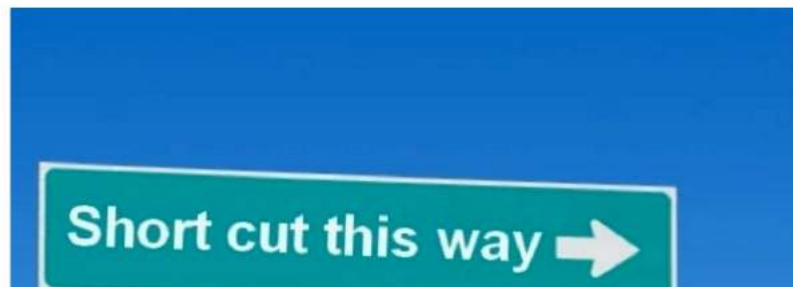
Musings on Connected Health by Joseph Kvedar, MD

[Home](#) [About Me](#)

Headlines, Heuristics and Subtlety in Interpreting Connected Health Studies

MARCH 28, 2016

tags: adherence, connected health, consumer health, engagement, mHealth, mobile health, remote monitoring, smart phones, technology



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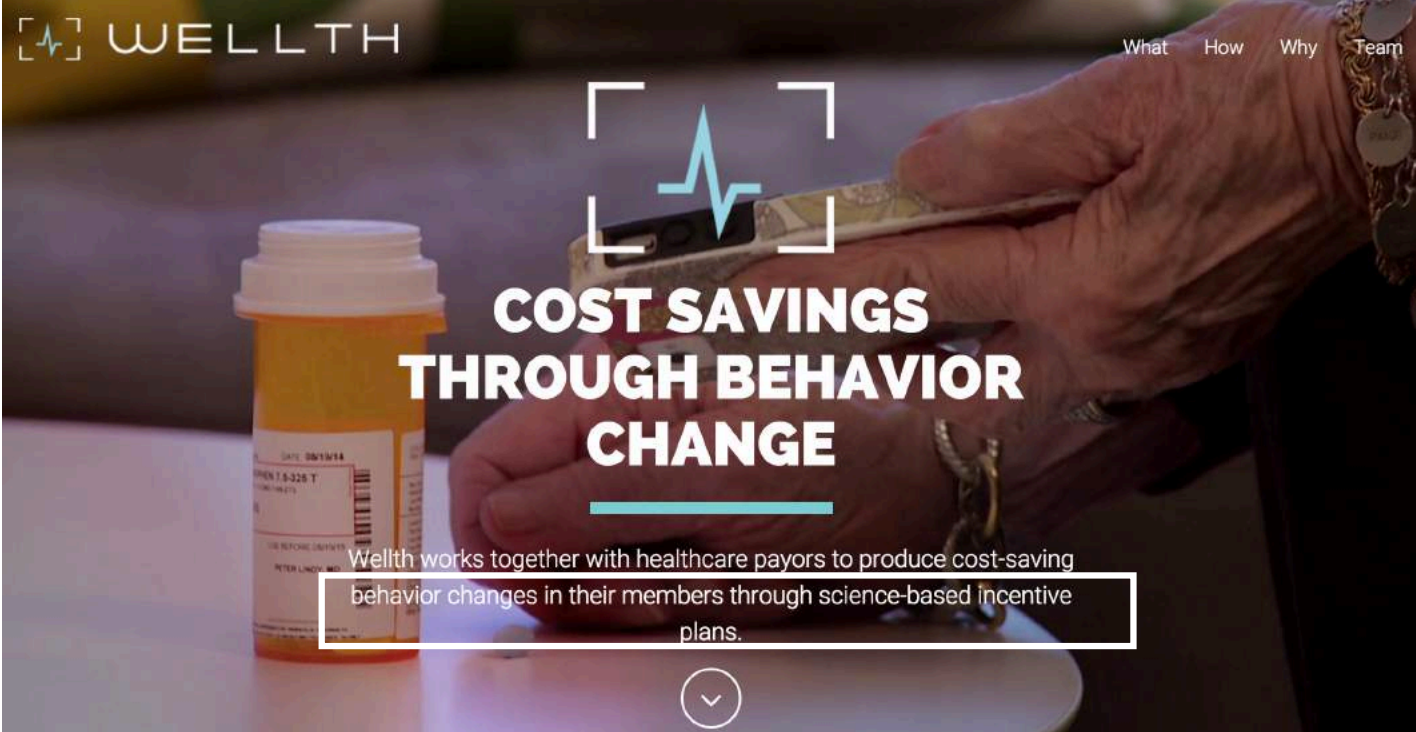
Behavior Change Tension – consumers have right digital behaviors



Digital Health's value only really accrues by changing consumer/patient and clinician behaviors, yet clinicians lack any training in behavioral psychology, economics and change;

Digital Health vendors must incorporate behavior change science into their solutions just as Google, Amazon, Facebook and Apple do in digital technology solutions.

Behavior Change Tension



The image is a screenshot of the Wellth website. The background shows a person's hands holding a smartphone, with a pill bottle visible on the left. The website header includes the Wellth logo (a heart rate line in a square) and the word "WELLTH". Navigation links for "What", "How", "Why", and "Team" are in the top right. The main heading "COST SAVINGS THROUGH BEHAVIOR CHANGE" is centered in large white letters. Below it, a white box contains the text: "Wellth works together with healthcare payors to produce cost-saving behavior changes in their members through science-based incentive plans." A downward arrow icon is at the bottom center.

WELLTH

What How Why Team

COST SAVINGS THROUGH BEHAVIOR CHANGE

Wellth works together with healthcare payors to produce cost-saving behavior changes in their members through science-based incentive plans.

Would this create tension in your organization? Could it be a creative tension? Could it be transformational?

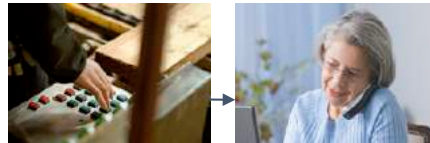
How do we “Own the Disease”
and increase market share by
5X, triple profits, and radically
improve outcomes in five years?

5th place with 10% market share, **-10%** margins, ready to such
down the business – Growth Hormone Therapy



Could we
own the
disease?

A digital health feedback loop dramatically improved results – willing to take risk



*Wireless
Easypod
injection
device records
dosage data
and transmits
to clinicians*

*Nurse call
center
intervenes
when notified
by device of
patient non-
compliance*



Molecular diagnostic mitigate risk, enabled greater risk taking and value creation through digital health



Molecular Dx screening IDs patients who would benefit from treatment



Wireless Easypod injection device records dosage data and transmits to clinicians



Nurse call center intervenes when notified by device of patient non-compliance

Nurses assisting practices provide better risk management with analog care to complement digital care – enhance clinician workflow



Molecular Dx screening IDs patients who would benefit from treatment



Wireless Easypod injection device records dosage data and transmits to clinicians



Nurse call center intervenes when notified by device of patient non-compliance



Clinical nurses in physician's office assist in treating patient

Electronic medical records ensured digital health data capture, improved analytics, and measures of value creation



Molecular Dx screening IDs patients who would benefit from treatment



Wireless Easypod injection device records dosage data and transmits to clinicians



Nurse call center intervenes when notified by device of patient non-compliance



Clinical nurses in physician's office assist in treating patient



EHR Integrates patient information

Would this create tension in your organization? Could it be a creative tension? Could it be transformational?

How do we eliminate 50% of all clinical visits within 5 years?

Doctors Adamson and Bachman have shown the way in their 2010 research

MAYO CLINIC



ORIGINAL ARTICLE

Pilot Study of Providing Online Care in a Primary Care Setting

STEVEN C. ADAMSON, MD, AND JOHN W. BACHMAN, MD

OBJECTIVE: To study the use of e-visits in a primary care setting.

PATIENTS AND METHODS: A pilot study of using the Internet for online care ("e-visits") was conducted in the Department of Family Medicine at Mayo Clinic in Rochester, MN. Patients in the department preregistered for the service, and then were able to use the online portal for consultations with their primary care physician. Use of the online portal was monitored and data were collected from November 1, 2007, through October 31, 2009.

RESULTS: During the 2-year period, 4282 patients were registered for the service. Patients made 2531 online visits, and billings were made for 1159 patients. E-visits were submitted primarily by women during working hours and involved 294 different conditions. Of the 2531 e-visits, 62 (2%) included uploaded photographs, and 411 (16%) replaced nonbillable telephone protocols with billable encounters. The e-visits made office visits unnecessary in 1012 cases (40%); in 324 cases (13%), the patient was asked to schedule an appointment for a face-to-face encounter.

CONCLUSION: Although limited in scope, to our knowledge this is the largest study of online visits in primary care using a structured history, allowing the patient to enter any problem, and billing the patient when appropriate. The extent of conditions possible for treatment by online care was far-ranging and was managed with a minimum of message exchanges by using structured histories. Processes previously given as a free service or by nurse triage and subject to malpractice (protocols) were now documented and billed.

Mayo Clin Proc. 2010;85(8):704-710

regulatory issues, and concerns over security, privacy, and confidentiality.²² Also, electronic consultations to date have generally used online forms or secure e-mail. The information in these formats is unstructured and often lacks sufficient information, prompting the clinician to respond to the patient to request further information, which results in delays.²² Furthermore, the lack of organization in an e-mail makes it difficult to code complexity; consequently, the same fee is often charged for all online consultations, regardless of complexity.²³

Isolated reports of the use of online consultations have been disappointing. For example, despite indications that electronic communication could decrease health care costs²⁴ and provide reimbursement from patients,^{25,26} Fairview Health System has reported only 10 e-visits per week in a system with 400 physicians,²⁷ and Blue Cross of Minnesota processed about 30 e-visits per month in July 2008 and 90 e-visits per month in July 2009 (D. Hiza, MD, written communication, February 2010).

Studies have not described a portal for online patient consultations that has a structured medical history. Structured computerized histories were first described in the 1960s by

**For editorial
comment,
see page 701**

Largest study of its kind to test the idea of pushing more care to the home

2 years (2007-2009)

4,300 patients

56 clinicians in 4 locations

24 hour turn around

Portal technology

2,531 online visits

1,159 were billed

No marketing or promotion

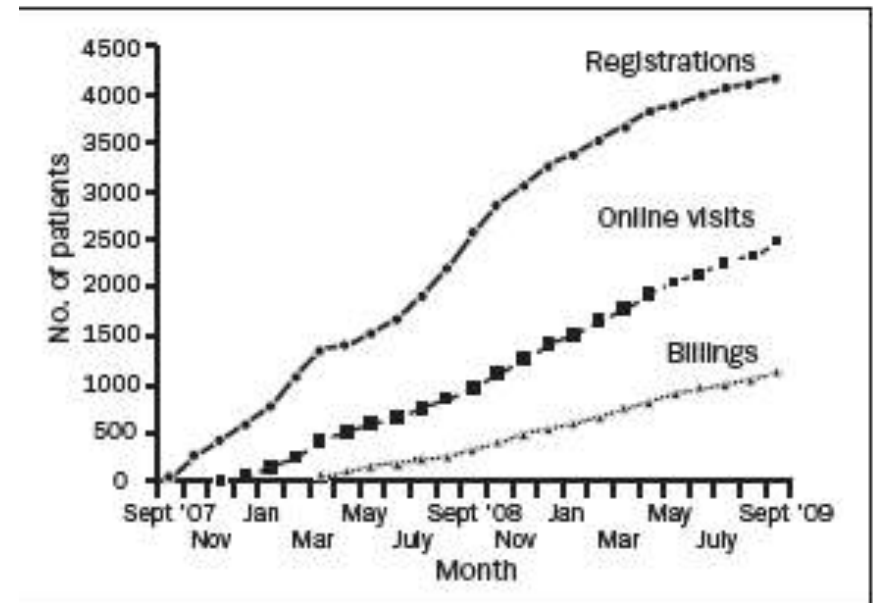


FIGURE 2. Cumulative totals of patient registrations, online visits, and billings at each month during the study period.

There were two primary personas among these online patients, young moms and older daughters



Working Mom

71% women
Monday 25%
Weekend 5%
8 AM to 4 PM

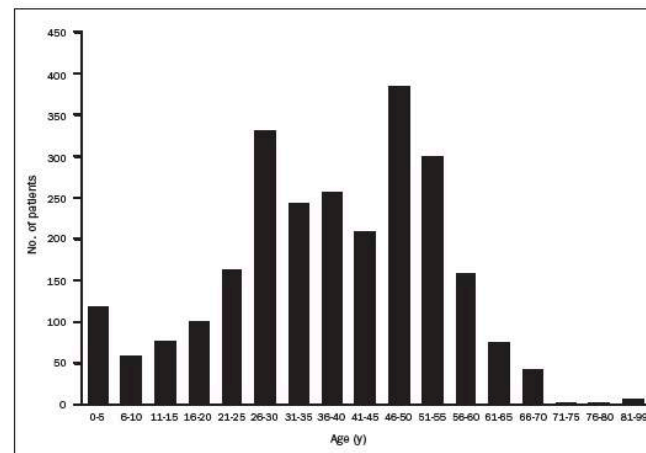


FIGURE 3. Ages of patients receiving online consultations.



Working Daughter

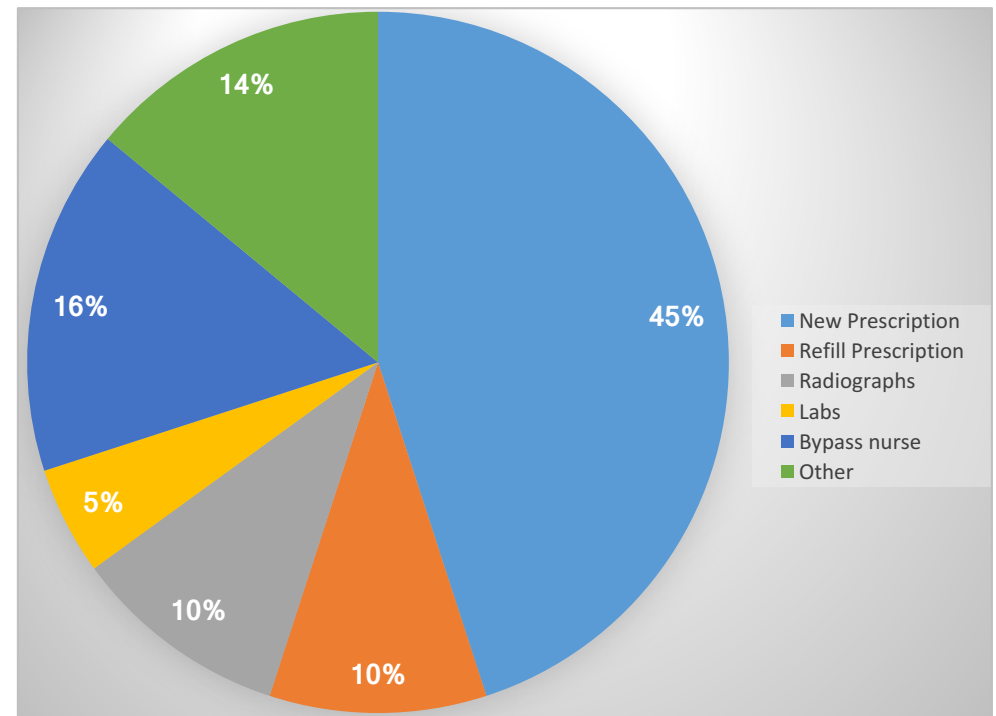
40% of all problems were address WITHOUT an office visit – this was conservative – could easily have been 50%

TABLE 1. The 20 Most Frequent Reasons for e-Visits^a

Reported problem	No. (%) of visits ^b
Sinusitis	218 (8.6)
Depression	134 (5.3)
Back pain	121 (4.8)
Cough	77 (3.0)
Anxiety	75 (3.0)
Hypertension	67 (2.6)
Abdominal pain	66 (2.6)
Headache	65 (2.6)
Urinary tract infection	63 (2.5)
Influenza	62 (2.4)
Allergic rhinitis	57 (2.3)
Dermatitis	55 (2.2)
ADHD	53 (2.1)
GERD	50 (2.0)
Vaginitis	47 (1.9)
URI	45 (1.8)
Insomnia	40 (1.6)
Asthma	39 (1.5)
Contraception	36 (1.4)
Hyperlipidemia	32 (1.3)
Total	1402 (55)

^a ADHD = attention deficit hyperactivity disorder; GERD = gastroesophageal reflux disease; URI = upper respiratory tract infection.

^b Of 2531 total visits.



... but did it make money?

11% just prescription refill

14% sent to the office for an appointment

Many seen in the office previous week or regular follow ups

What is the value of being able to see more patients in office?

TABLE 2. Billings for Patients Without Mayo Clinic Insurance (n=448)

Billed	No. (%)
None	236 (52.7)
Insurance/patient	145 (32.4)
Medicare	
Not billed	29 (6.5)
Billed	14 (3.1)
Medicaid	24 (5.4)

Dr. Erin Clark in Maternal and Fetal Medicine at the University of Utah wants to cut maternal visits by 50%



For nearly 30 years we have been trying to cut the number of visits in half

1989: U.S. Department of Health and Human Services

Caring for our Future: The Content of Prenatal Care Report of the Public Health Expert Panel on the Content of Prenatal Care

Proposed reduced frequency prenatal schedule for low-risk parous women based on the timing of specific events and tests that occur in pregnancy.



→ **Reduced recommended visits from 14 to 8.**

Your Prenatal Care Visit Schedule

Week	Visit Type	Survey Topics
16	Remote Visit	Survey: Remote Care Experience
20	In-Person Visit	Survey: Satisfaction, Preference, Cost
24	Remote Visit	Survey: Cost
28	In-Person Visit	Survey: Cost
30	Remote Visit	Survey: Cost
32	Remote Visit	Survey: None
34	Remote Visit	Survey: Cost & Remote Care Experience
36	In-Person Visit	Survey: Satisfaction, Preference, Cost
37	Remote Visit	Survey: None
38	Remote Visit	Survey: None
39	Remote Visit	Survey: None
40+	In-Person Visit	Survey: Satisfaction, Preference, Remote Care Experience

Visit Checklist

- Before Each Visit**
 - Measure your blood pressure, weight & your baby's heart rate
 - Record these measurements in MyChart (<https://mychart.med.utah.edu/mychart>)
- Remote Visits Only**
 - Go to your Doctor's telemedicine room*
- After Your Visit**
 - Complete the surveys mailed to you

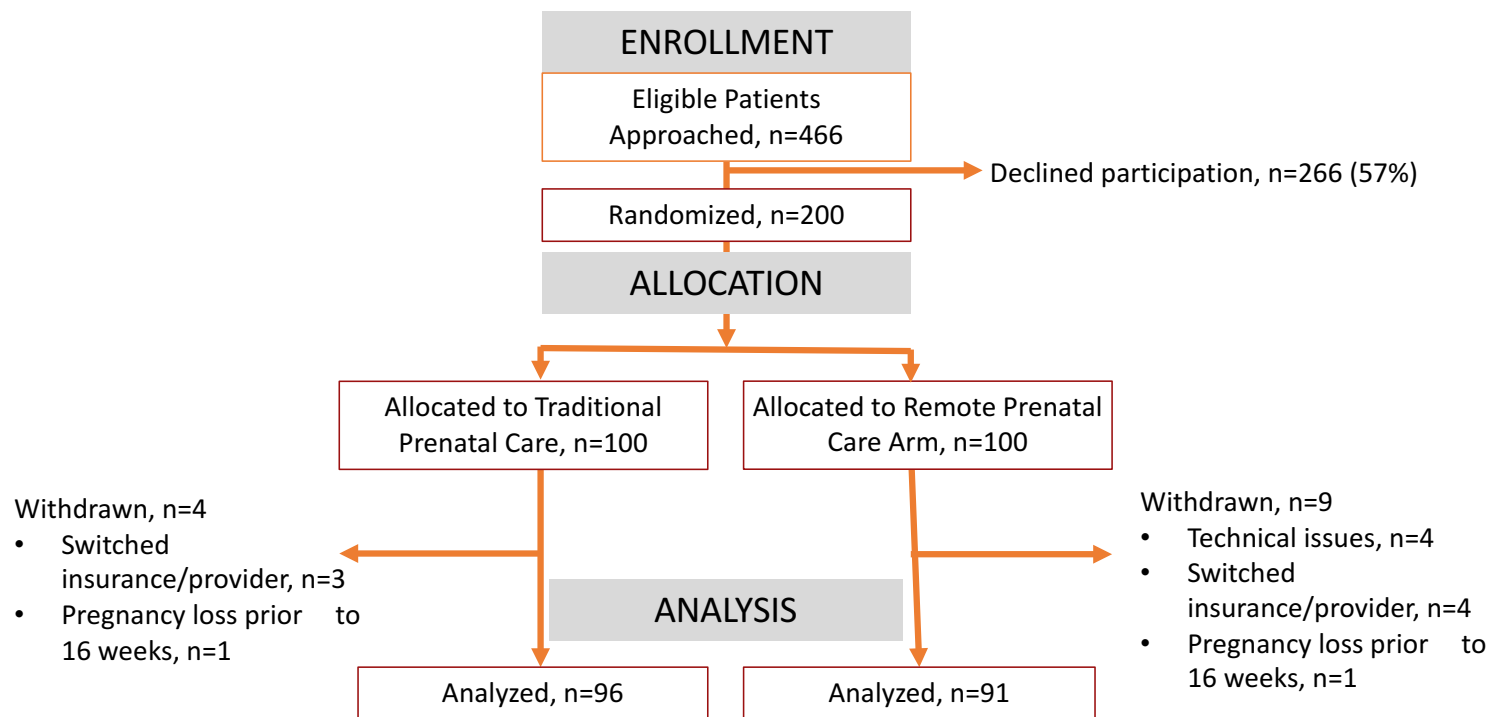
Contact Info

Study Coordinators
Vera Wuensche
Phone: 801-587-0975
Alexys Allen
Phone: 801-213-4189
UofURemotePrenatalCare@gmail.com

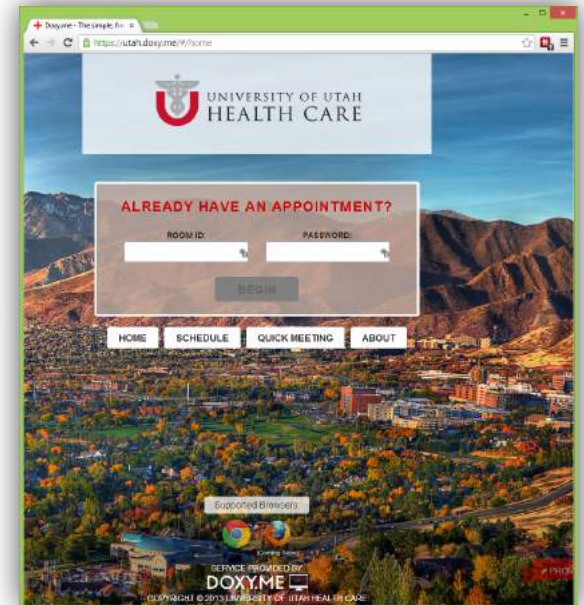
Principle Investigator
Dr. Erin Clark

*Your Doctor's telemedicine room: <https://utah.doxy.me/>

Dr. Clark ran a clinical study with 200 women to test the idea of cutting visits by 50%



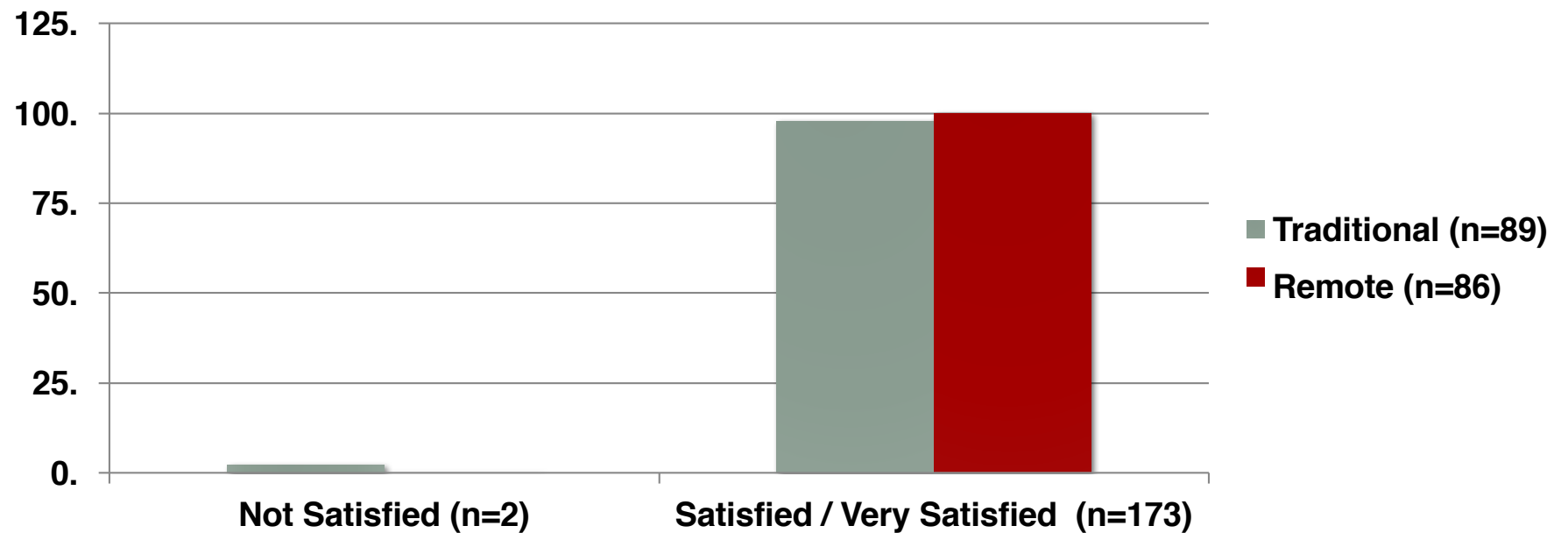
She used digital health devices and applications

A screenshot of the MyChart web application. The page title is "Add Prenatal Vitals Flowsheet Data". It includes a sidebar with navigation options like "Home", "Message Center", and "Appointments". The main content area has instructions for entering readings and a form with fields for "Date", "Time", "Mother's Vitals" (Systolic, Diastolic, Weight), and "Baby's Vitals" (Fetal Heart Rate). There are "Continue", "Add Another Reading", and "Cancel" buttons at the bottom.

She found no meaningful difference in outcomes

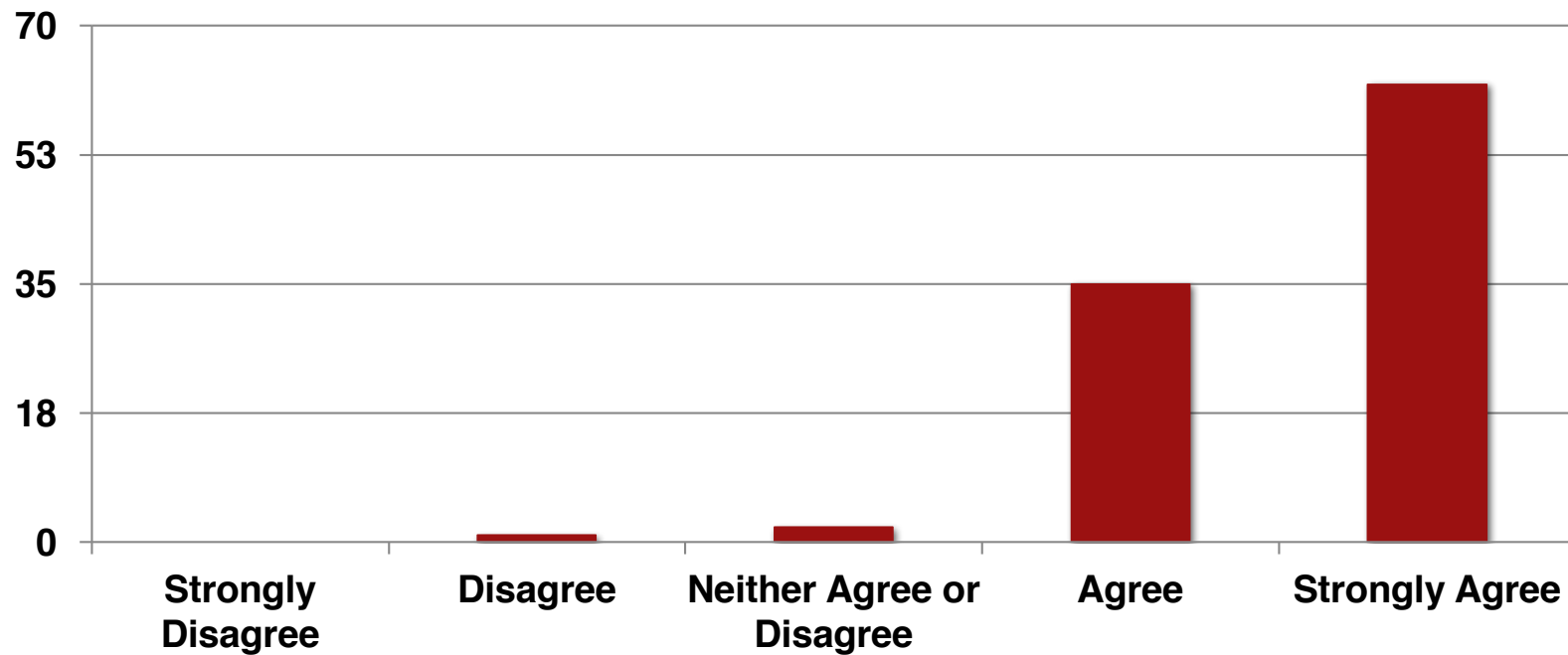
	Traditional (N=96)	Remote (N=91)
Gestational Age at Delivery, wks	39.4	39.4
Preterm Birth	7 (7.3%)	4 (4.4%)
Induction of Labor	39 (40.6%)	41 (45.1%)
Cesarean Delivery	12 (12.5%)	9 (9.9%)
Birth Weight, gms	3427	3345
IUGR	3 (3.1%)	1 (1.1%)
Fetal Demise	1 (1%)	1 (1.1%)

She found patients were just as satisfied



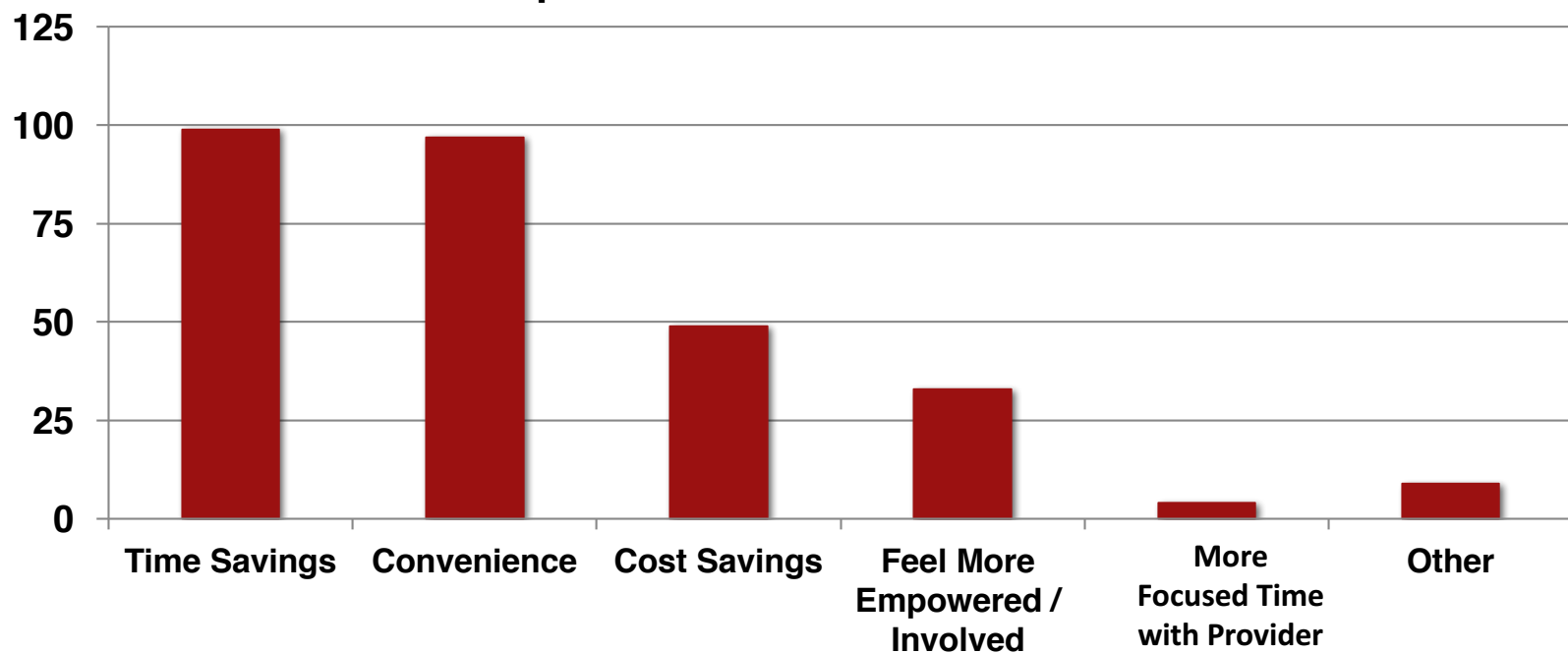
Patients were very happy with digital health remote monitoring

I am satisfied with remote prenatal care for monitoring my health during pregnancy.

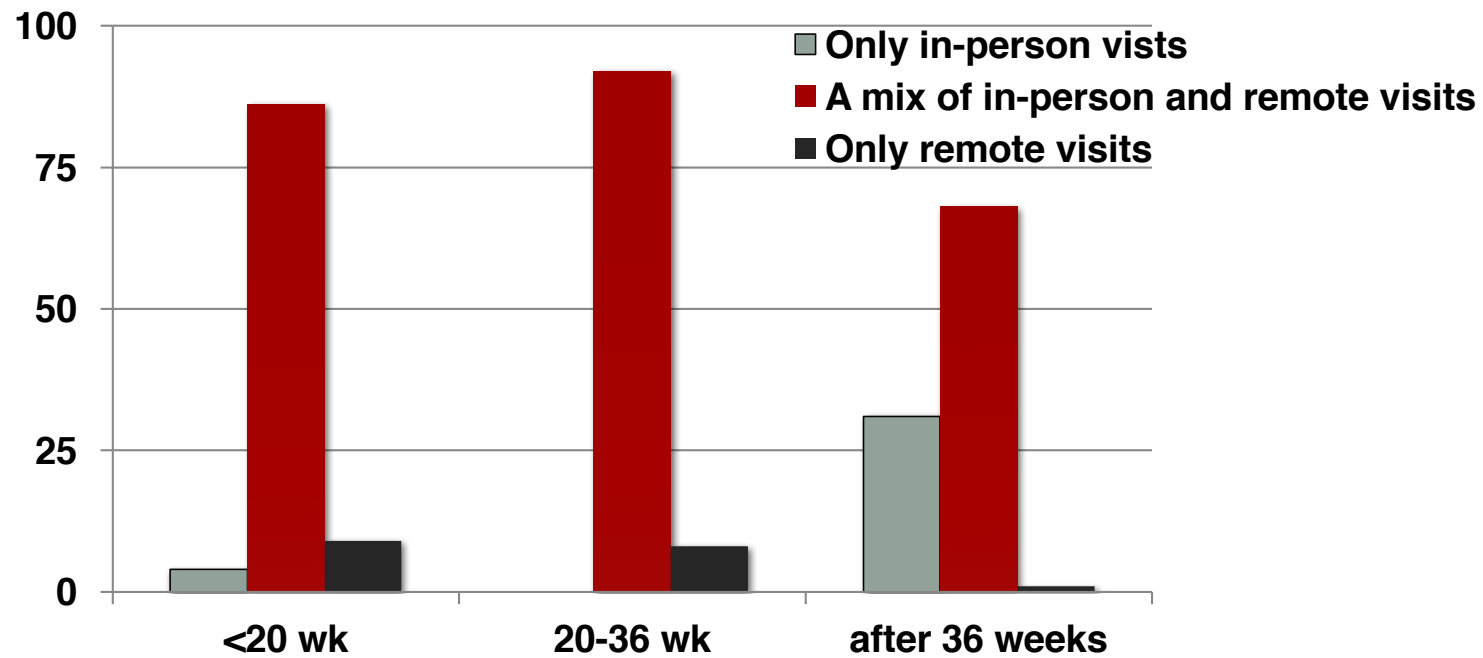


There were many reasons they liked and preferred it to traditional prenatal care

What are the 3 most important reasons you liked receiving remote prenatal care?



They nearly all preferred a mix of digital and analog health



What happens if you harness creative tension to Own the Disease or cut visits by 50% in 5 years?

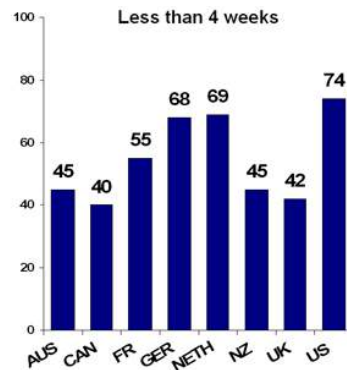
Doctors needed

Shortage in primary care physicians is projected to continue to increase in U.S.



Source: AAMC Center for Workforce Studies
BAY AREA NEWS GROUP

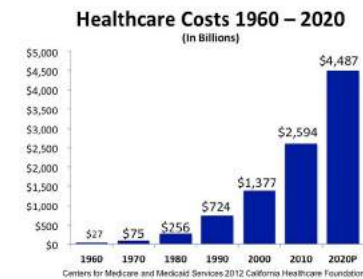
Clinician Shortages



Patient Access



Quality Outcomes



Health Costs

By applying Complexity Science to innovate you enable spontaneous order to emerge!

Our focus on high reliability and medical practices of the past are causing us to fail to innovate and adapt in a turbulent market




We must apply Complexity Science to overcome our failure to innovate!

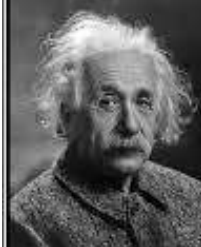
I thought of that while I was
riding my bicycle.

Albert Einstein, on coming up with the Theory of Relativity

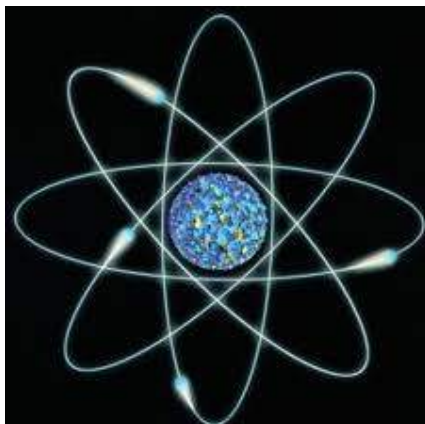
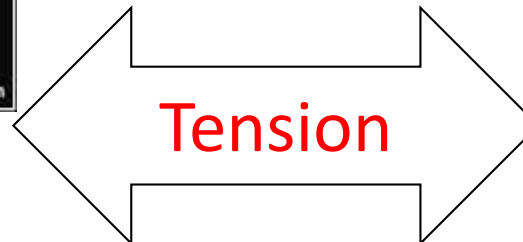
Physics has struggled to unify the world of the big and the small ... much like organizations do today



If quantum mechanics hasn't profoundly shocked you, you haven't understood it yet.
(Niels Bohr)
izquotes.com



Quantum mechanics is very worthy of regard. But an inner voice tells me that this is not yet the right track. The theory yields much, but it hardly brings us closer to the Old One's secrets. I, in any case, am convinced that He does not play dice.
(Albert Einstein)
izquotes.com

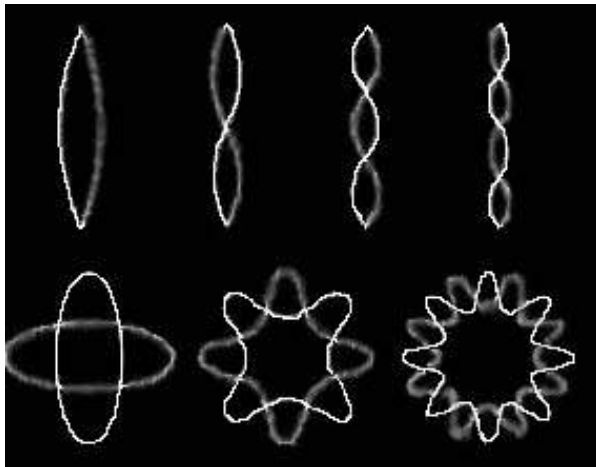


small
probable
uncertain
free will
radical

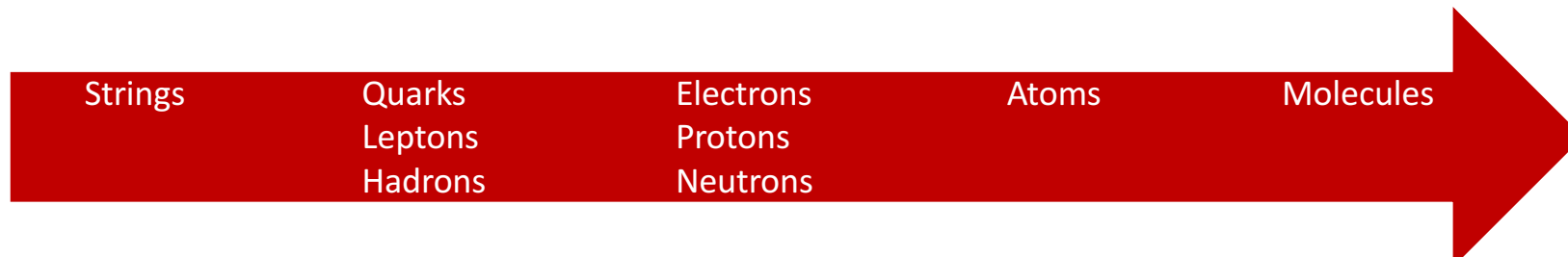
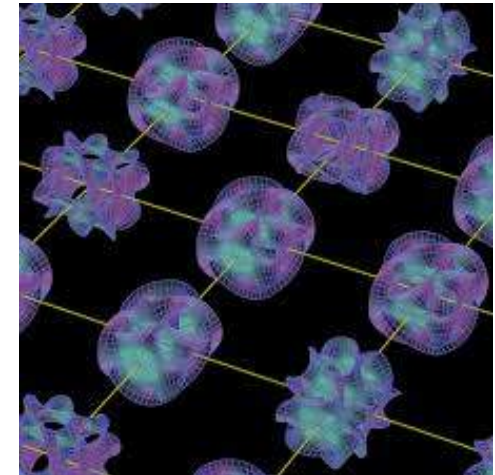
BIG
PREDICTABLE
CERTAIN
CONSTRAINED
INCREMENTAL



String theory has emerged as a crazy idea of how harnessing tension unifies both big and small in Complex Adaptive Systems



Vibrating strings at various tensions to deliver specific frequencies look to be the foundation for all existence and unify General Relativity and Quantum Physics



Is a theory of tensions and complexity crazy enough?



*“We are all agreed that
your theory is crazy.
The question that
divides us is whether it
is crazy enough to have
a chance of being
correct.”*

Niels Bohr

