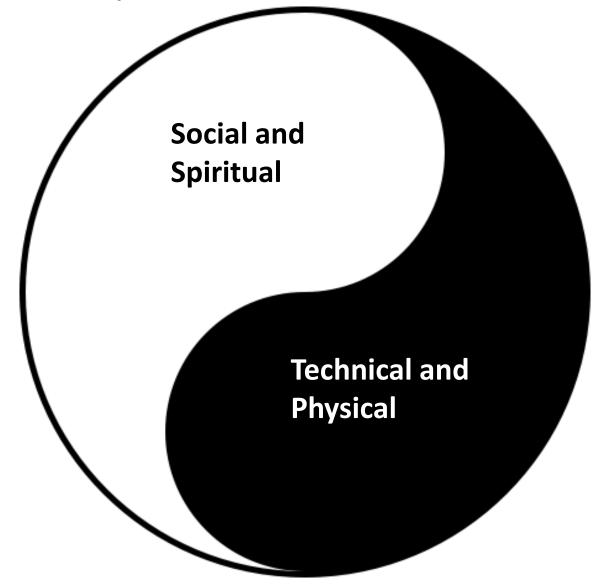
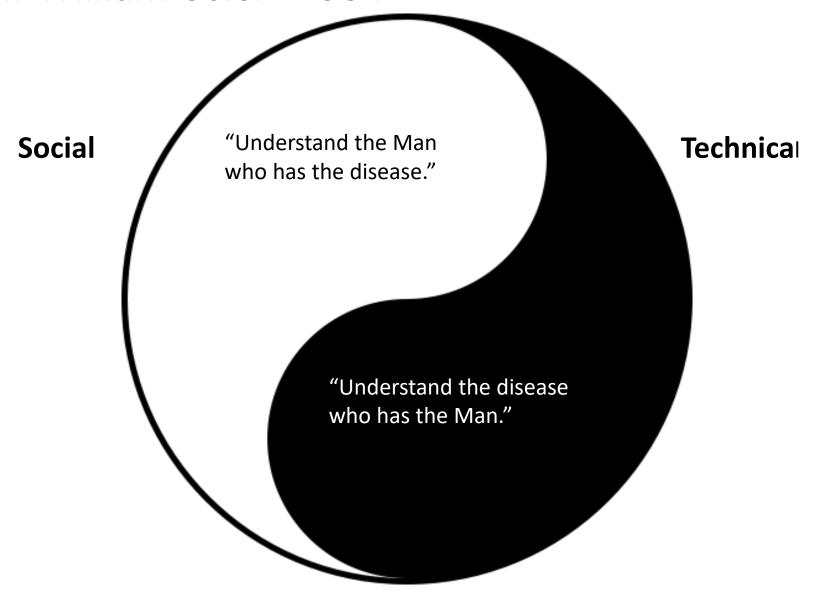
# Achieving *Purposeful* Movement to a *Sustainable* Health System

David Moen, MD

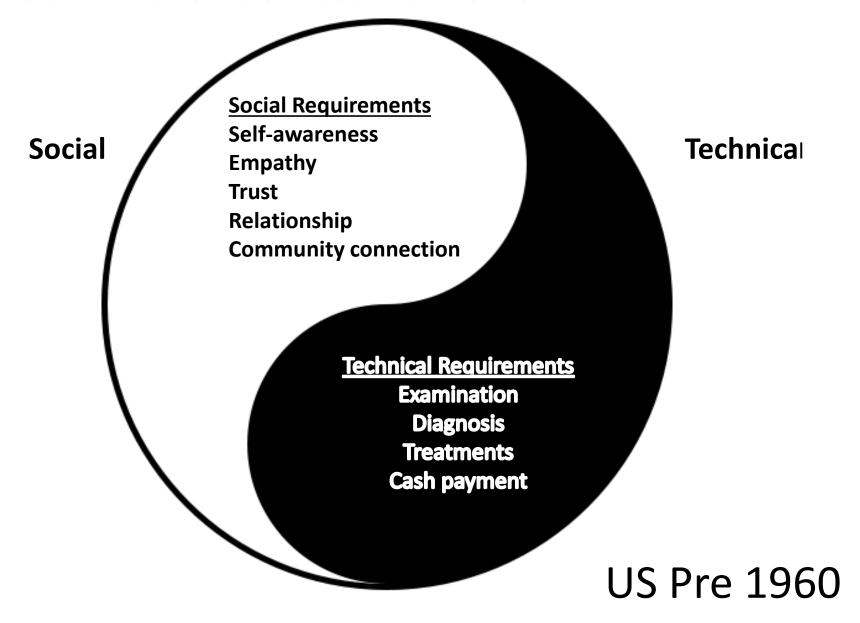
### Systems seek equilibrium



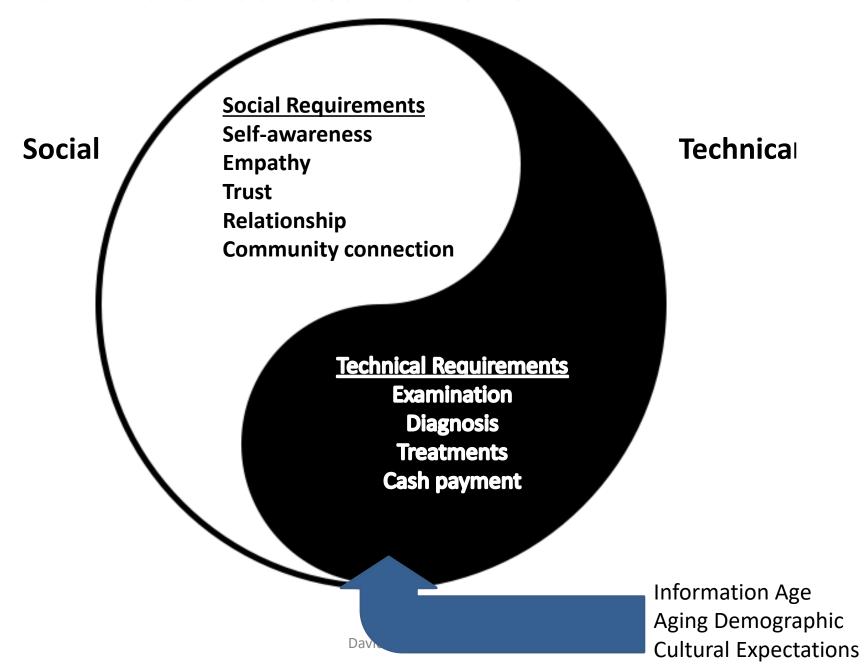
#### Sir William Osler 1934



#### Health Care Business Framework

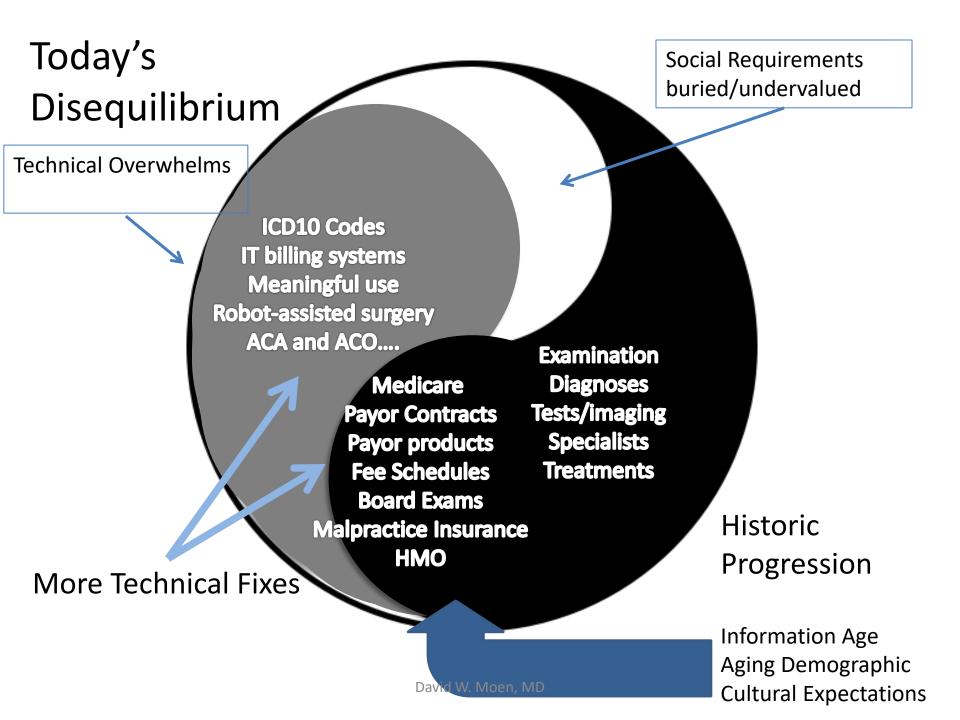


#### Health Care Business Framework



Today's Disequilibrium **Social Requirements Self-awareness Empathy Trust** Relationship **Community connection Examination** Medicare **Diagnoses** Tests/imaging **Payor Contracts Specialists Payor products** Historic **Fee Schedules Treatments Progression Board Exams Malpractice Insurance** 1960's **HMO Technical Fixes** Information Age Aging Demographic David W. Moen, MD

**Cultural Expectations** 

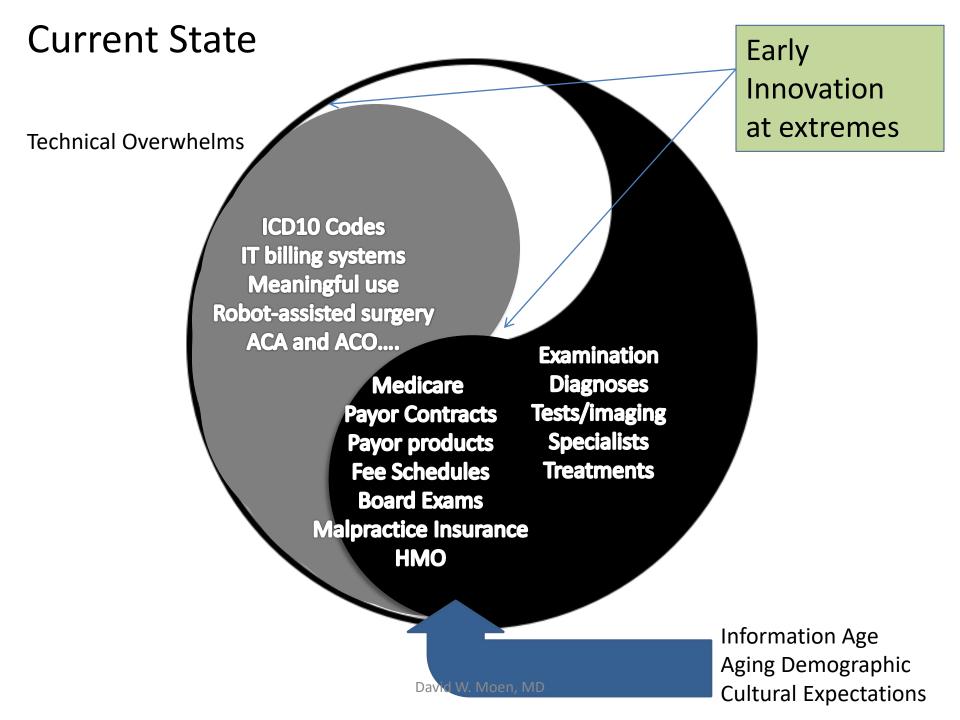


## Symptoms of Imbalance

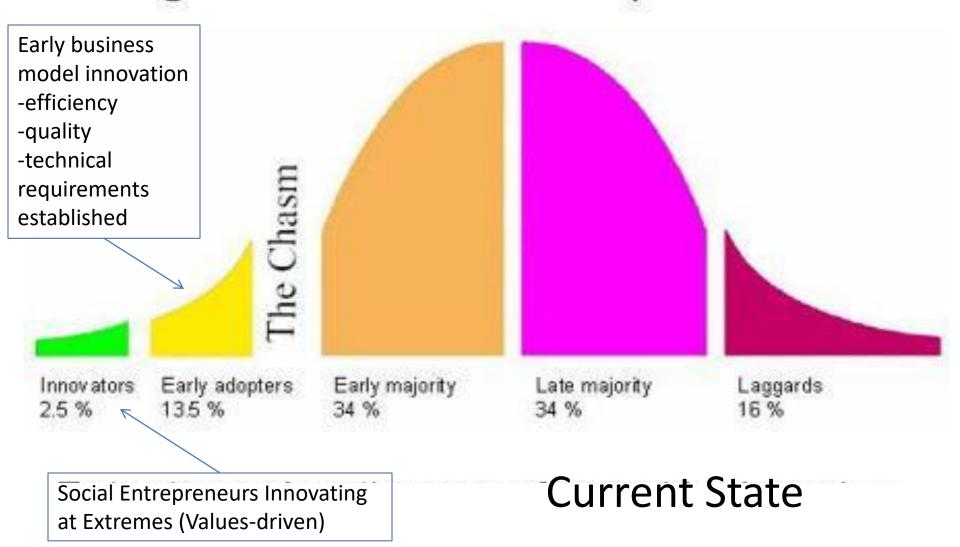
- Health disparities
  - -failure of system to adapt to diverse population
- Poor health outcomes and high costs
  - -WHO comparisons
- Disenfranchised clinicians and patients/families
  - -supported in multiple surveys

## How Complex Systems Adapt

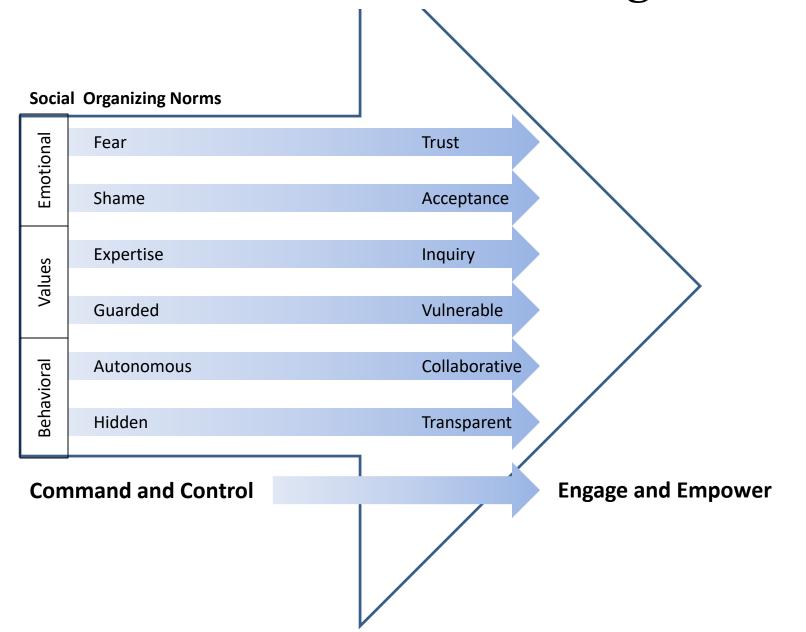
- Burst and start over
  - -housing/mortgage bubble 2008
- Innovation at extremes of systems
  - -response to scarcity promotes innovation (example: AIDS treatment in Haiti)
- Innovations can be scaled if:
  - -broader mindset shifts to lower resistance
  - -sustainable business model emerges



## Roger's Innovation Adoption Curve



## Social Innovation – shifting norms



Restore Equilibrium Purposeful **Application Social Innovations Promote Social Shifts Technical Innovations** 1. Team-based, relationshipcentered care 2. Social Predictive Models 3. Social Health Promotion 4. "Pre-acute" Care Migration 5. Resilient Care Planning 5. Enabling Technology