

# My View of the Future of Health Care

| BY LELAND R. KAISER

We essentially face two major health care challenges in the next decade. The first challenge is to make our existing medical care delivery system available to all of our citizens regardless of their ability to pay. The second challenge is to reduce the amount of disease, disability, and accidental injury in our population.

Unless we can reduce the amount of morbidity in our population, we cannot as a nation afford to pay for it. This is one of the major reasons our current efforts at health-care reform are experiencing such limited success. We have too much sickness in our population.

Our past and current efforts at national health reform have fallen short of what is needed, but they are a step in the right direction. Even slow change is very expensive; and cost estimates always prove to be on the low side. There are too many vested interests and powerful lobbies in health care—it is difficult to change anything. Every contemplated change means that someone's ox will be gored. They don't like that and will try to prevent it from happening; thus, future legislative reform will be slow at best.

Meeting the second challenge goes beyond our current human will and social capacity. First, we must convince people to live healthier lifestyles and then we must support them in their efforts to do so. Second, we must learn how to design healthier living environments. This is often referred to as habitat design; and it is a very high priority in America. The evidence is clear—sick environments produce sick people. We have a lot of pathology-generating environments in the United States.

## Critical Health Care Issues

There are diseases of poverty and diseases of affluence. Both cause untold suffering; and both are often fatal. Both are greatly affected by the life environment. People



living in poverty do not have the money to buy good food and, therefore, cannot eat well. By contrast, very affluent folks may make very poor food choices. And it is not just a matter of education. Well-educated folks do not necessarily eat what they know is good for them.

We are frequently encouraged through social norms and media advertising to live unhealthy lifestyles. Since we can get away with it for many years, there often is little incentive to change our behavior until it is too late to do so.

Look around you. The amount of morbidity we are currently generating with the problem of obesity in young people will culminate in national health-care costs that are sobering. The fast food industry is little help in this regard. Their reply is that they just supply what people want and pay for. This is all too true. If you want to see a preview of the health bill in the next few decades, examine the school lunch program in your community. The schools, when criticized, often reply they can't afford to buy more expensive food and, even if they did, the kids would not eat it.

Then we have the matter of our aging population. Older people use more medical care even if they have lived relatively healthy lifestyles. With fewer young people to support the bill for this additional care, a huge financial burden is created. The bottom line is—more government aid will be needed and, in all likelihood, greater rationing of health services will occur as a result. When it is no one's fault in particular and everyone's fault in general, we pass the buck—often to our children's generation. It is hard to assign accountability in the matter of healthy living.

Passing the buck is a very common excuse for many misdeeds that negatively affect people's health and well being. It always takes the form of—"it's really not my fault. It is because of someone else who is acting badly." As many of you know, I have tried for years to get competing community hospitals to work together to help the uninsured. The answer is always the same—"the other hospitals would take advantage of us if we tried to work with them." Since no one wants to make the first good faith move, the *status quo* prevails.

Now, I don't want you to think I have a negative attitude about all of this or that I am a fatalist. I am not. I know full well that when things get bad enough, we as a society will do something about it. Extremity forces remedial action. The question is—do we have to hit bottom before we act? The answer to that question is not in yet.

## Living Laboratories

I think the answer is to create a number of powerful demonstration communities across our nation where we do things the right way. These demonstration communities would have to be a combined effort of government, business, and the volunteer community. Waivers and enabling legislation will be necessary to permit this to happen.

We need living laboratories where we can systematically experiment with a number of different approaches to improving the health and well being of residents. To the degree possible, these demonstration communities should be self-sustaining, green communities. They must be real human communities and not "hot house" demonstrations that cannot maintain themselves economically or politically. Some of the communities could come from new towns while other communities could take the form of renewal of existing communities.

The point is simple—to greatly improve the health

and well being of community residents, you have to do a lot of things the right way. This requires a holistic systems approach and cannot be achieved in any piecemeal manner. Of course, fragmented efforts in this direction are all that we have experienced in our lifetime. To do more will require a very special effort at all levels of our society. We need models for our future; and I know of no other way to develop them.

To attain healthier communities in the future we must: (1) leave behind our destructive competitive mindset, our pursuit of unbridled materialism, our destruction of the environment, our exclusive focus on disease, and (2) develop a new mental model of health care characterized by new patterns of organizational collaboration, community and personal empowerment, and the capacity to dream great dreams. This is a design challenge for our generation—to escape the old and create the new. This is not a matter of adapting to what is, however bad it may be. It is a matter of creating something new and better—what I often term potentiation—liberating the inherent potential in any person or environment.

The only limitation we face as human beings is the limitation of our own consciousness. What we cannot imagine, we cannot achieve. Imagination becomes the limiting parameter of our societal possibilities. We must expand our minds and hearts to reach out and touch great things that wait for our reaching.

## A New Mental Model

We do not presently live in the fullness of God's universe. We live in a restricted mental model handed down by previous generations. This limiting model, often unconscious, restricts what we can perceive and cognize. It is high time to build a new mental model of ourselves and our relationship to the universe. It will be a model rooted in holism, relationships, and interdependence. It will synthesize science, spirituality, and business. It will stress social networking and virtual teams. It will build bridges across all the existing chasms in our society. The new mental model views community as a living organism and sees every organization as an organ in that collective body.

The next step in human consciousness is the ability to think collectively as well as individually. We see evidence of a hive mentality in bees and ants, but they evidence little respect for the good of the individual member of the

hive or colony. In our modern health-care marketplace, we see evidence of extreme individuality among healthcare providers but little regard for community and the greater social good. The holistic mental model creates a shared mind field which permits us to consider the well being of the whole as well as the good of all the individuals that make up the whole. In good health-care design, each part prospers as does the whole. You see this composite strategy in the design of the human body where each organ prospers at the same time the organism as a whole thrives. A well-designed health-care system generates no losers. Patient, provider, and payer are integrated in a win-win strategy. What is good for one, is good for all.

With accelerating rates of change, left-brain function begins to falter. Reliance on logic, language, linearity, and predictability give way to the need for a new brain function that can deal with high levels of chaos and ambiguity and low levels of order and predictability. Non-linear brain processes, such as intuition become essential to survival. Images of possibility, large emergent patterns, and impending events will be sensed by the right brain and then transferred to the left brain for

analysis, strategy, action, and implementation. Full-brain function replaces the old reliance on left-brain function. Since many health-care professionals have received little training on the right side of the brain, courses in nonlinear thinking will be in great demand.

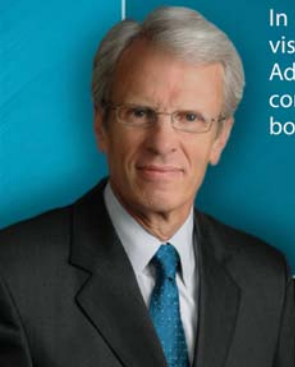
With the increasing advance of computers and telecommunication technologies, humanity will develop global consciousness. The Internet will forever change the face of health care. In a global marketplace, local service areas are less important. The real global challenge for existing health-care providers is global health tourism. People will fly to the location that has the best price and best clinical outcomes. E-commerce will attract health-care buyers by the millions. Medicine is moving into cyberspace—the race is on to see who can develop the most popular consumer health web page. Anything on that web page, including advertisements for your clinical services, will be available to the entire planet in a matter of a few hours or days. Patients seeing your ad have only to purchase an airline ticket and fly in for your service. Therefore, innovative and cost-effective products become a primary strategy for all health-care organizations.

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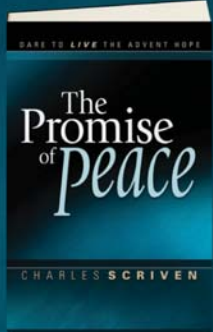
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C H A R L E S   S C R I V E N

## Knowledge Management in Health Care

Knowledge management is currently a matter of survival in the corporate world and will soon achieve the same status in the health-care world. Knowledge management looks at how you manage your internal knowledge base and how you access external knowledge bases that affect your health-care services and products. In an age of information, your organization must know what is known. In your area of competence, who on this earth can rightfully boast “best in world practice”? Can they do anything you cannot do? How many site visits have you made to them? Do you do regular computer searches in all of your relevant knowledge areas? Are you systematically monitoring breakthroughs in instrumentation and technology? Most health-care organizations lag far behind industry in the area of knowledge management. This is a habit that must be overcome if health-care providers want to prosper in the future.

To significantly improve the health and well being of our nation, we must go upstream to the point where morbidity is being generated in people’s lives. As valuable as they are, physicians and hospitals do little to improve the health status of a population. Other institutions in our society face this same upstream issue. Prisons do not significantly reduce crime. Having more churches does not make us more spiritual. Spending more money on colleges and universities does little to improve the average literacy level of the nation. It is time to face up to the fact that most of our institutions do not accomplish what we had hoped they would. Because we catch everything too late, our problems do not appear solvable. We work too far downstream to make a real difference.

It is now time to begin moving upstream. With genetic engineering, we can design out diseases rather than trying to treat them. With better neighborhoods and greater social justice, we will reduce the number of criminals, not simply build more prisons. A focus on new media and the Internet will put higher education in reach of the masses. A new spirituality will transcend the differences that now separate religious congregations.

I believe our current century will be known by future historians as the design age, when humanity collectively assumed responsibility for its social outcomes and began redesigning itself to produce a healthier, better educated, more affluent, and evolved population.

## Body, Mind, and Spirit

Currently, the spiritual dimension of health care is virtually ignored. Existing health-care providers often mistake the religious orientation of the facility for spirituality as an alternative healing modality. We talk about body, mind, and spirit; yet, we ignore spirit. In the future, we will explore the power of soul-based therapies that enable patients to release their inherent healing potentials. These therapies involve viewing disease as an opportunity for personal transformation. They include the creation of sacred areas in the hospital such as a labyrinth and a healing garden. They utilize music and art as therapeutic agents. They focus upon fostering a greater sense of meaning in the patient’s life. They explore the healing potentials of forgiveness and acceptance. They empower patients to better incorporate events in their past and to create a preferred future. In the future, we will do physical, emotional, mental, and spiritual scans to determine the locus of disease and generate a multi-dimensional approach to treatment for all of our patients.

In this century, areas of knowledge and effort once separated will begin to come together. We will develop integrative medicine which will be a synthesis of allopathic, complementary, and alternative modalities. Care will be provided by multidisciplinary teams; and the appropriate mix of modalities will be determined for each patient. All patient interventions will be evidence based and grounded in commonly accepted best practice models. The three domains of government, the marketplace, and the voluntary sector will also come together—no single domain can meet the total challenge. We cannot increase taxes enough to provide necessary health services to the whole population. The marketplace sector cannot serve those with no money. The civic sector can provide lots of volunteer help, but not enough to meet the total need in our country. All three domains working together, however, could do the job without vastly increasing taxes, taking business from the marketplace, or exhausting volunteer resources. Together, we can accomplish what we cannot accomplish separately.

The future of health care is indeed bright. We are entering a virtual Renaissance of thought and practice. It is a great time to be in this field! ■

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