

INTRODUCTION

Prioritizing health care for the benefit of our economies and societies

*“This is the nature of emergencies. They
fast-forward historical processes.”*

– YUVAL NOAH HARARI

HEALTH CARE IS EVERYONE’S RESPONSIBILITY

When I started writing this book, a single virus had brought the whole world to a standstill. As I stated in the preface, it highlighted how intimately health care is woven into the fabric of our societies, including our economies and livelihoods. Within the first two months of the pandemic, over twenty million people lost their jobs in the US alone, with a majority of these people also failing to maintain their health care coverage.⁴ Very quickly, it became evident that health care is not only about clinical features, but that social determinants of health have an overwhelming impact on our lives. In Chicago, where I am teaching pharmaceutical strategy at Northwestern University’s Kellogg School of Management, a recent report documented the striking disparities.⁵ The risk of dying from COVID-19 is almost four times higher for African-Americans than for whites, accounting for fifty-six percent versus 15.8 percent of all deaths. This is in stark contrast

to the racial make-up of the city, which stands at thirty percent and thirty-three percent respectively.

Health care is both very personal and at the same time globally interconnected.

This virus did not know borders and did not travel with a passport. It did not discriminate between rich and poor, between East and West. It has shown us that we have to work together and break down barriers of collaboration, both real and perceived.

Yes, our health care systems were seriously broken long before the pandemic hit. We are facing a range of issues, including unsustainable costs, poor outcomes, distrust, and frustrated actors, all throughout the ecosystem (patients, doctors, payers, regulators, politicians, pharma and the life sciences sector). But somehow, people may have been thinking that health care is this complicated and specialized “thing” on the side. That it’s something they hopefully “never need to deal with”, or that it’s so broken that “anyway, there is nothing I can do to fix it.”

This pandemic has proven us wrong on both counts. It touches all of us. And there is a way to fix it – through collaborative partnerships across the public and the private sectors.

No single root cause, no single actor alone, is responsible for the issues that are plaguing our systems of health.

WHY IT TAKES MORE THAN “TWO TO TANGO”

During a virtual think tank conference, I stumbled over an eye-opening concept that I immediately knew would become the guiding theme for this book and for the way I look at solution-building for our health care problems in general.

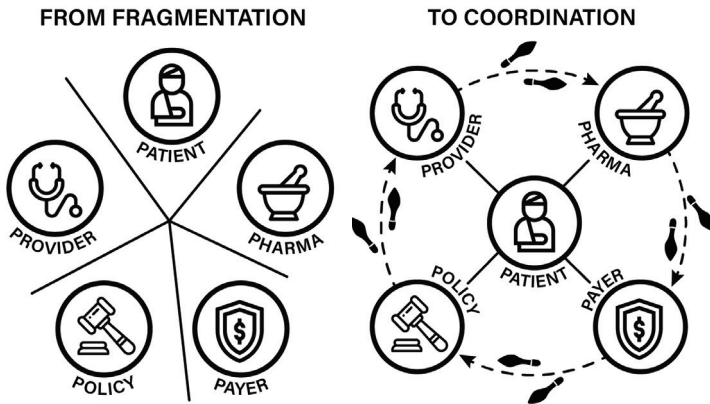
Pablo Pugliese is a renowned tango dancer who has been dancing tango all his life, and who created a leadership institute based on tango principles (I invite you to explore his website).⁶ The particular aspect of tango he brings to his leadership training is the fact that there is no clearly defined set of rules and steps that govern a tango, making it unlike other dances such as a waltz or a cha-cha-cha. Instead, there is a set of *common vocabulary*, or principles, that both dancers use to communicate. Furthermore, what Pablo and his partner Noel exemplify perfectly is the fact that there is no one constant or dominant leader. Both partners can slip into the leader role at any time, without competition, and swap responsibility for the lead back and forth.

By learning a common vocabulary, and by co-owning leadership, both partners co-create innovative new dances every time they get on stage.

In health care, it is even more complex. To solve a problem, it takes not two to tango, but five. If you think about it, it all starts and ends with the patient. Patients receiving care, doctors delivering care, pharma developing care, payers paying for care, and policymakers providing the ethical and regulatory frameworks

for the health care delivery chain. Principles instead of rules, and cooperation instead of competition. How true is this in health care? Among the top five actors – patient, provider, pharma, payer and policymaker – no one is the boss. Every actor is highly inter-connected on every step along the way. All are equitable leaders who have to co-create solutions in a fair manner, and constantly communicate in a dance that juggles all actors, interests and needs.

Figure iv. From fragmentation to coordination in health care.



However, in today's reality, these top five actors rarely conceive themselves as part of one entity or industry with accountability to one another. Unfortunately, they can even see themselves as antagonists, sparring in conflict, or worse, they can pass the accountability 'down' to the patient. What would it take for the five decision makers to feel connected and behave as members of one and the same enterprise or industry, with accountability to one another in the service of the patient?

Truth be told, only a holistic effort between providers, patients and payers, as well as the pharmaceutical industry and policymakers,

will be able to overcome the herculean task of healing our ailing systems and allowing us to move from a fragmented, silo mentality to coordination in a Tango for Five (figure iv).

Health care is not a solo-dancing show; it is not even a tango for two. Instead, it comprises all five main decision makers in health care in an interconnected Tango for Five.

In light of this unprecedented pandemic, breakthrough innovation was possible through an unheard-of coalition of public and private members within the health care ecosystem. Multiple pharmaceutical companies, as well as the US Food and Drug Administration (FDA), European Medicines Agency (EMA), and institutions such as the National Institutes of Health (NIH) in the US and the World Health Organization (WHO), have rallied to develop a series of novel approaches to fighting this virus in astronomically record time – *together*. What usually takes several years, or decades, has been accomplished in under a year.

In light of a crisis, when stakes are high, collaboration works. Even in health care.

However, even outside of a crisis, we should be doing better. Much better. The tools are all there – all we need to do is apply them. Scholars and practitioners have long agreed that a shift from transactional FFS systems toward a patient-centric system that

rewards outcomes and quality of care, usually referred to as value-based health care (VBHC), is the way to go. Other industries have long recognized that a renewed focus on the consumer and the customer experience yields far better business outcomes than only focusing on selling products. Isn't this ironic? Shouldn't health care be all about its ultimate customer, the patient?

Somehow, health care is late to this show. (As you shall see in the next chapters.) In many ways, we have to fix the plane while we fly it. And we have to modernize it at the same time.

This requires a fundamental culture change, with leaders adopting new sets of skills. Gone are the days when a doctor could tell a patient in a patronizing way what treatment to choose. Gone are the days when we could afford to waste resources on lengthy hospital stays and lingering, sequential drug development cycles. Gone are the days when government and payer pockets were deep enough to pay for every new pill and invention in medicine. Gone are the days when we could operate with paper charts and fax machines. We don't have that time and money anymore.

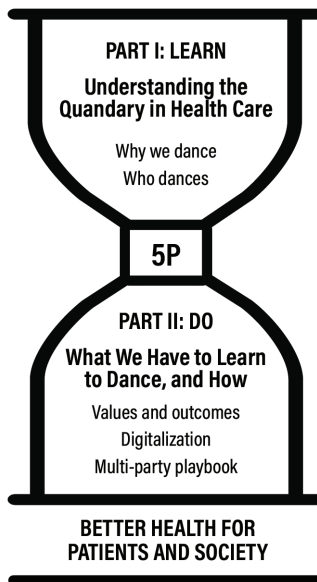
If we don't change, the system will crack. We will not be able to pay for it any longer – not for innovation and not for care. But finding the solution by focusing on each actor in isolation won't be successful in what is a highly interconnected health care ecosystem.

WHAT YOU CAN EXPECT FROM THIS BOOK AND HOW IT IS ORGANIZED

Now is the time to think big and harness the momentum of the

disruption caused by COVID-19. We can only conceive complexity when it becomes personal. This is what I feel is different now. Transforming health care and systems is not easy; it takes time and the problem is so big that it can be intimidating. However, one of the upsides of the pandemic is that it has shown that change is possible. What you'll find in the following chapters are tools and principles that demonstrate that those who decide to be part of the solution can have an impact. By switching from competing in a solo dance to cooperating within a *Tango for Five*, we have a true opportunity to make long-lasting change for the benefit of ourselves, our beloved ones and future generations.

Figure v. What to expect from the book – Part I: learn, Part II: do.



PART I of this book is all about learning and understanding the problem. In order words, *why* we need to change and *who* needs to change (figure v).

If we want to overcome the quandary in health care, we need to truly understand what's broken. The public narrative is wrongly focused on trying to identify who's to blame and is generally lacking imagination on what is feasible. Gaining a deep understanding of who the main actors are, and how their interdependency plays into the root causes of our ailing health care systems, can be enlightening as we seek to identify and co-create novel solutions in order to restore, or replace, what's broken.

Getting the facts right is paramount. Therefore, chapter one analyzes the drivers of our health care expenditure, pinpoints the root causes of our wasteful care delivery, and explores where opportunities for change may lie.

Chapter two focuses on the realities, pressures and objectives that lie behind deeply rooted feelings of frustration, which seem to be so common within the health care ecosystem. But rarely are the various actors aware of the others' frustrations. And often, the reasons for these frustrations are as diverse as the actors themselves. In order to make substantial progress in solving the issues at hand, we must work together. However, we cannot work together if we do not trust each other. Rebuilding trust and forging connections between people starts with understanding and knowing the people behind the problems.

Once we have a full picture of the root causes, we can turn to action.

Part II is about doing and action. Specifically, *what* we need to do to radically switch our incentive structure and *how* we can learn to effectively dance a Tango for Five in a fair, sustainable and

equitable manner. In brief, everything starts with the customer. A solution that isn't customer-focused is a wasted and useless solution. In health care, the ultimate customer is the patient.

The core ingredients for change are already well known and available, so we do not even have to waste time inventing them. That is the good news – ample pilot projects are already underway globally in the following three areas: applying the principles of patient-centered VBHC (chapter three); acquiring the digital toolbox of the Fourth Industrial Revolution (chapter four); and adopting a playbook to effectively orchestrate the multi-party collaboration required between the top five actors in health care: patients, providers, pharma, payers and policymakers (chapter five).

I have personally witnessed the power of all three areas to move the needle on health care. The aim of this book is to share experiences and real-life scenarios, demonstrating how cooperation in health care holds true transformative power to bring us better health outcomes for patients and society more broadly.