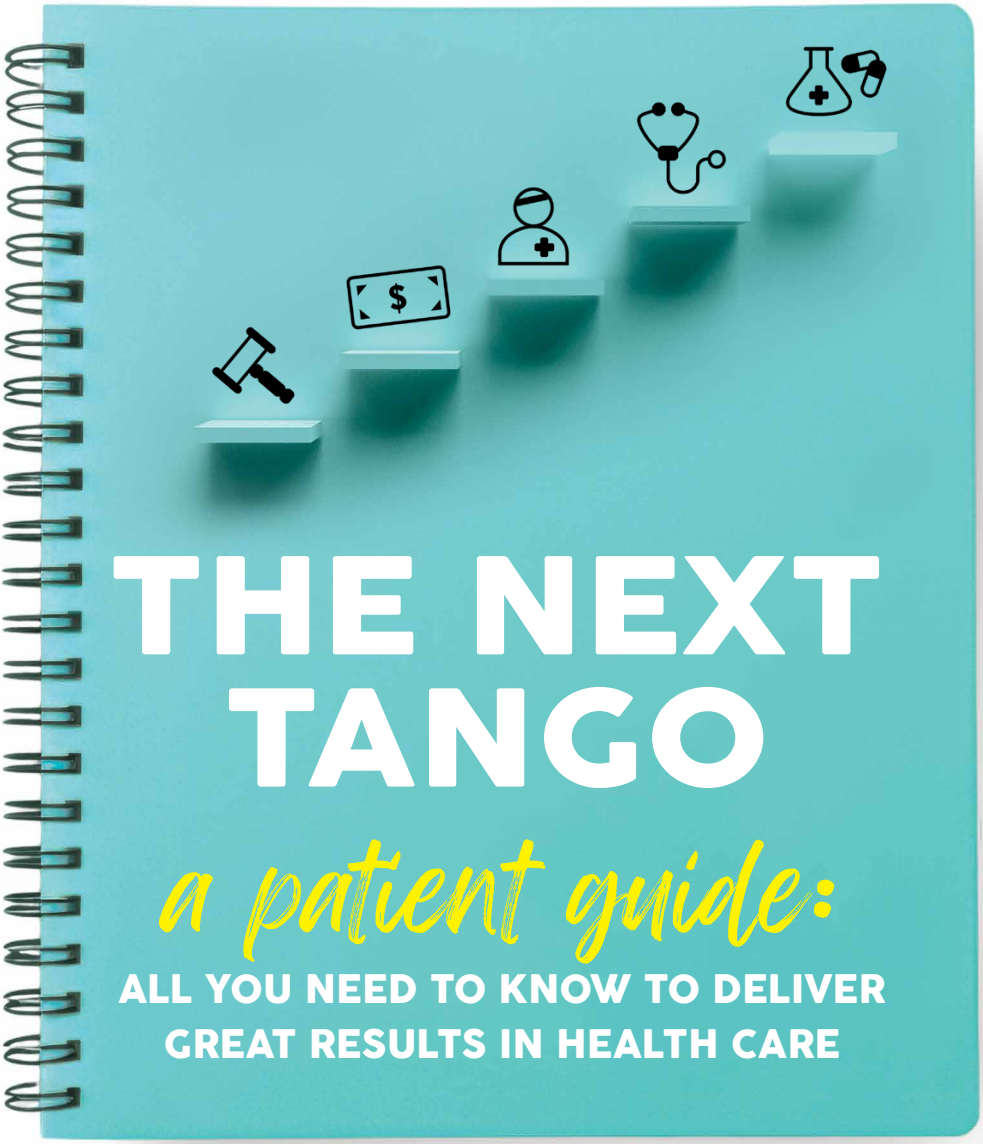


THE NEXT TANGO

a patient guide:

ALL YOU NEED TO KNOW TO DELIVER GREAT RESULTS IN HEALTH CARE

HANNA BOËTHIUS &
DR VERENA VOELTER
EDITORS

THE NEXT TANGO

A PATIENT GUIDE

THE NEXT TANGO

All you need to know to deliver
great results in health care

HANNA BOËTHIUS
VERENA VOELTER, MD
(EDITORS)

GRAMMAR
FACTORY
— EST° 2013 —

TESTIMONIALS

This book is essential reading for both patients and healthcare professionals. With their unique ability to weave personal patient stories alongside evidence-based, data-driven research, Dr Verena Voelter and Hanna Boëthius reimagine our healthcare system with clarity and insight. As an ER doctor myself, I'm often reminded that one day, I will navigate this system as a patient—a dreadful thought given the dysfunction I see today. This book is a vital guide for all of us. It shows how we can work together toward the real solutions that *The Next Tango* authors propose. Amid the challenges we face, their hopeful vision is precisely what we need right now.

Andrea Austin, MD
Author of *Revitalized: A Guidebook to Following Your Healing Heartline*
Podcast host of *Heartline: Changemaking in Healthcare*

Verena and Hanna's focus on patient-centered partnerships that involve all actors across health care is spot on. Only a well-coordinated dance between pharma, payers, policymakers, healthcare professionals, and patients can catalyze the much-needed shift from reactive care systems to proactive, predictive, and preventive health systems that keep people healthy. The symphony of today's vast amounts of health data, combined with advanced analytical capabilities, has the potential to provide the rhythm for this dance.

Ann Aerts, MD
Head of the Novartis Foundation

The Next Tango is an inspirational book. It brings real-world examples that showcase the necessity of all the stakeholders to dance a tango that brings patients to the centerstage of care. The book recognizes how legacy business models involving payers, pharma, and providers—if not aligned by value agreements—do actually *not* achieve patient-centered value. However, that *should* precisely be the purpose of those organizations. The book serves as a guide to do it differently. For people who work with healthcare strategy and policy, it makes us travel across healthcare systems' problems and identify opportunities for building better solutions that can impact population health and keep organizations sustainable.

Prof. Dr Ana Paula Beck da Silva Etges
Adjunct Professor at the Federal University of Rio Grande do Sul
Co-founder of the TDABC in Healthcare Consortium
Board member of PEV Healthcare Consulting

With *The Next Tango*, Ms Boëthius, Dr Voelter, and co-authors foster greater understanding among all stakeholders of patient interests in health care—not as the other stakeholders want to understand them, but as the *patients themselves* wish subjectively to be understood. This empathetic appreciation, expressed through each of the other stakeholders' perspectives, is essential to unlock the full potential of a healthcare system that today rapidly evolves with burgeoning change in science, public policy, and finance. A stakeholder who can readily and sincerely inhabit the patient's point of view can not only generate more value for the patient, but enlist the patient's cooperation for the benefit of the whole system. We all thereby raise the standard of care—for one another.

Charles Barker LLM
Managing director of PrimeMover Associates
Collaboration and Conflict Management

Patient centricity is a logical next step for 5P healthcare leaders' collaborative value creation. The focus on patient outcomes is very important for *all-in* health care delivery today, replacing legacy systems and leaders stuck in self-interest and seeking to hang on to the status quo. *The Next Tango* is a highly recommended read for those who want to do the right thing for patients and their loved ones.

Prof. Dr Fred van Eenennaam
President and chairman of VBHC Center Europe
and The Decision Institute

The Next Tango brilliantly captures the shifting landscape of patient-centered health care. It shows how regulatory bodies and policymakers have become strategic partners in an essential, yet complex interplay between rigorous data evaluation and the need to address diverse patient needs. This balancing act can create tension with other stakeholders, such as providers and payers, whose priorities are broad access and cost efficiency. The authors elegantly embrace this dynamic tension—rather than defaulting to criticism—and propose a song sheet to foster collaboration and achieving the best possible outcomes for patients.

Katrin Rupalla, PhD, MBA
Head of global regulatory affairs at Johnson &
Johnson Innovative Medicine and
Former board member of the Cancer Drug Development Forum

What a great book. I really enjoyed how the authors put the emphasis on the patient perspective! Particularly the *partisan perceptions* with empathy toward all five actors—this is central to the understanding of why we all act in different ways in health care. The last chapter provides a blueprint of doing this in real life: putting it together in *The Next Tango*.

Lars Nicklasson
Market access and healthcare
public affairs professional

I love this book! It's a clear agenda for change that will lead to a meaningful and productive dance for the people who seek care as well as those who provide care. All throughout, I see the need for my favorite song about healthcare today—we all need Sia's "*Courage to Change*." It doesn't have to be scary. Change can be creative. It can be liberating. But the one thing change cannot be is incremental. Small, random steps will not create the tango Verena Voelter and Hanna Boëthius imagine. *The Next Tango* they envision is integrated with members of the dance troupe moving in sync. As Sia's song continues, "*You're not alone, I promise. Standing together we can do anything*."

Stephen K. Klasko, MD, MBA
Former CEO of Jefferson Health
Author of *Patient No Longer* and *Feelin' Alright*

The Next Tango is a rare book that is co-authored by diverse stakeholders in health care—including a patient. It asks the crucial question, "*How do we get the 'care' back into health care*?" This timely book contains evidence that while health care is teetering on a global collapse, the system offers little value for suffering patients and beleaguered staff. The authors impart an understanding of the roles of the various actors in health care. *The Next Tango* refreshingly centers on the often-forgotten patient and is a must-read for anybody who advocates for health system improvement.

Sue Robins
Patient advocate and speaker, Author of *Bird's Eye View: Stories of a life lived in health care* and *Ducks in a Row: Health Care Reimagined*

Grammar Factory Publishing
MacMillan Company Limited
25 Telegram Mews, 39th Floor, Suite 3906
Toronto, Ontario, Canada
M5V 3Z1

www.grammarfactory.com

Boëthius, Hanna and Verena Voelter, MD.
The Next Tango: A Patient Guide: All You Need to Know to Deliver Great Results in Health Care / Hanna Boëthius and Verena Voelter, MD.

Paperback ISBN 978-1-998528-17-2
eBook ISBN 978-1-998528-18-9

1. BUS010170 BUSINESS & ECONOMICS / Industries / Healthcare.
2. MED037000 MEDICAL / Health Risk Assessment.
3. MED035000 MEDICAL / Health Care Delivery.

Production Credits
Cover design by Designerbility
Interior layout design by Setareh Ashrafologhalai
Book production and editorial services by Grammar Factory Publishing

Grammar Factory's Carbon Neutral Publishing Commitment
Grammar Factory Publishing is proud to be neutralizing the carbon footprint of all printed copies of its authors' books printed by or ordered directly through Grammar Factory or its affiliated companies through the purchase of Gold Standard-Certified International Offsets.

Disclaimer
The material in this publication is of the nature of general comment only and does not represent professional advice. It is not intended to provide specific guidance for particular circumstances, and it should not be relied on as the basis for any decision to take action or not take action on any matter which it covers. Readers should obtain professional advice where appropriate, before making any such decision. To the maximum extent permitted by law, the author and publisher disclaim all responsibility and liability to any person, arising directly or indirectly from any person taking or not taking action based on the information in this publication.

I dedicate this book to the incredibly inspiring Diabetes Online Community, which has helped me through both good and bad times living with this condition 24/7/365. Also to the amazingly compassionate providers that I have met throughout my "diabetic career."

To my beloved husband, Sebastian, who stands steadily beside me through thick and thin. My family and friends, who cheer me on in all types of weather.

Thank you for dancing the tango of life with me.

HANNA BOËTHIUS

My deepest gratitude goes to my cancer patients.

They have taught me humility and a view on what's essential:

being human and feeling connected. This book is for them.

I feel blessed that I can continue to give back from my various facets of health care experience. With gratitude to my amazing colleagues at 5P Health Care Solutions, and to my tango partner in life, Roger, who balances my mental sanity 24/7/365—I love you.

VERENA VOELTER

Contents

ABOUT THE EDITORS

HANNA BOËTHIUS, MSc

Having lived almost her entire life with type 1 diabetes, Hanna has grown up with "the patient" as part of her persona. This has helped guide her life's mission—to help others live a better and healthier life (with or without a chronic condition in tow), which she has realized through various certifications, projects, and positions as an expert patient voice. In her role as a consultant at 5P Health Care Solutions, she focuses on patient empowerment.

The insight that no stakeholder can be 'the one' to catalyze change in health care was further crystallized when meeting Verena and acting as a sounding board for her first book, *TangoForFive*. Since then, their collaboration has evolved into changing health care together as the ultimate patient-provider duo, helping to choreograph the intricate tango of health care actors. Hanna is profoundly thankful to Verena for enabling her to live her "why," to her family and friends ("type F") who are always supportive of her efforts, as well as to the ever changing world of health care, indicating that change, indeed, is possible.

VERENA VOELTER, MD

As a trained internist and oncologist, Dr Voelter has always seen her role at the side of the patient. Since the publication of her first book, *TangoForFive*, she has participated in numerous conversations with interested readers and members of the 5P ecosystem on how to make this vision of cooperation a reality. Patients, fellow doctors, policymakers, and health insurers, as well as leaders from the pharmaceutical industry and life sciences, have supported her in breaking down silos and championing a *TangoForFive* as the holy grail to fix our ailing health systems.

Verena's encounter with Hanna has been a gamechanger on that journey. This book wouldn't exist without the endless hours they spent together, focusing on how they can help their fellow tango dancers on the health care stage perform better. Verena's deepest gratitude goes to Hanna, to the countless like-minded change agents across the tango of health care who share their vision, and to her family. As the founder of 5P Health Care Solutions, Dr Voelter provides consulting and coaching services to all players in the healthcare ecosystem, and provides motivational keynote lectures and panel moderations, always wearing the hat of the neutral broker to catalyze public-private partnerships in health care with the goal of achieving joint value creation.

PREFACE

Why patient centricity matters

By Hanna Boëthius and Verena Voelter

"Health care is the most difficult, chaotic, and complex industry to manage."

~ PETER DRUCKER

In 2020, I (Verena) wrote *TangoForFive*—a book about the ailings and failings of our current healthcare systems, and ideas on how to make health care a better place through cooperation rather than competition.[1] Having spent three decades providing and developing care myself, I was frustrated with the finger pointing going on around perceived high drug prices, greedy payers, and doctors-turned-robots becoming overly reliant on screens and keyboards. Meanwhile, the ultimate customer in health care—the patient—seemed to fall off the radar altogether.

In 2024, and one pandemic later, we issue *The Next Tango,* integrating the learnings and new trends on the horizon of healthcare system transformation. Together with Hanna Boëthius, a lifelong patient expert and empowerment consultant, we aim to give a voice to the patient by focusing on what matters most: the best outcomes for patients at the lowest cost for the system.

This book, just like *TangoForFive*, includes perspectives from all other actors that make up the fabric of health care: the tango of the 5P value chain. To recap, the 5Ps are:

- **Patients** receiving care
- **Providers** providing care
- **Pharma**, MedTech and life sciences developing care
- **Payers** paying for care
- **Policymakers** providing the regulatory and ethical framework for that care

Patients and doctors interacting and co-creating care plans is the center of gravity in health care, as we see it. No doctor-patient relationship, no health care. Yet, in a legacy system that rewards and pays for procedures, pills, and processes, what you get is more of the same: more procedures, more pills, and more processes. It is generally referred to as fee-for-service (FFS). The problem with it?

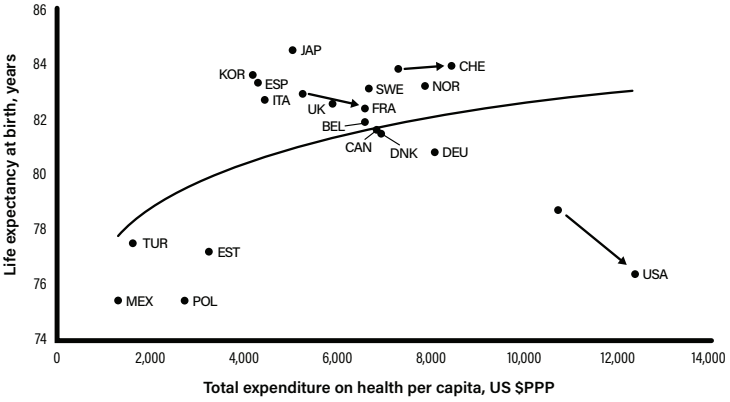
The patient isn't part of that vocabulary, nor are best outcomes for patients part of those incentives!

The consequences are clearly spelled out in today's headlines: hospitals and health systems failing and going bankrupt, and countries claiming that medicine overall is too expensive.[2] All while health care workers turn away from their original jobs and passion, due to burnout—exacerbated by the pandemic—and the pressure to produce in *relative value unit* (RVU) systems. Rather than living in a system that favors the time spent with patients, providers are expected to see even more patients, and complete more procedures

per time unit, in order to make the money equation work. It's no surprise, then, that neither patients nor providers feel valued.[1]

On a global scale, health care is one of the most—if not *the* most—inefficient industry overall. To depict this, the much referred to OECD (Organisation for Economic Co-operation and Development) two-way graph in figure i shows a recent update of healthcare spending per capita versus life expectancy in a purchasing power normalized plot per country.

Figure i: The broken balance between innovation and affordability: life expectancy versus healthcare spending (per capita and purchase power corrected) in selected OECD countries; available at www.oecd.com—data last accessed August 2024. Arrows depict changes since 2019 for three countries: the USA, Switzerland, (CHE), and France (FRA). Note: Since 2021, UK data has been unavailable in the OECD database, so an alternative data source was used.



Sources[3, 4]

While there is a wide range from Poland (slightly less than seventy-six years of life expectancy for about 3,000 dollars spent per person) to the US (slightly more than seventy-six years of life expectancy but more than 12,000 dollars per person), the dimension you do not see in this graph is the third one: the one of time. The overall growth of healthcare spending per GDP (gross

domestic product) year over year is reaching an average of 9.2 per cent compared to 8.8 per cent five years ago, now with a range of 2.9 per cent (India) to 16.6 per cent (US).[1, 2] It keeps deepening the schisms of health care with continued cost pressures on all actors of the value chain, leading to provider and hospital inefficiencies, health plans with skewed budgets, pharma pressure on topline and drug discovery pipelines, tightened patient out-of-pocket premiums, and country policymakers scratching their heads on how to deliver innovative and effective care while keeping it all affordable. In sharp contrast, life expectancy has been stalling for over a decade, and has even taken a reverse trend in recent years. Even before COVID-19, the world's top economy, the US, had been experiencing shortened lifespans each year since 2015.[5]

In no other industry would such a negative margin on a balance sheet of topline free-falling outcomes versus bottom-line skyrocketing cost be acceptable.

If you are a general manager and showing this margin, you are likely to get fired.

What we have noticed since *TangoForFive*, and one pandemic later, is that while there are positive trends on the horizon, with lots of new initiatives and pilot projects, some gaps and traps still continue to grow larger. On the one hand, what is commonly referred to as Value-Based Health Care (VBHC)—in other words, putting incentives upside-down and rewarding outcomes that matter to

patients instead of paying for pills and procedures—is clearly on the upward trend, powered by the potential of the digital revolution. We have had the honor of interviewing twelve visionary organizations embarking on this transformation, from FFS to VBHC, worldwide.[6] In short, among the top five focus areas for action—organization, people, resources, data, implementation—clearly, the overarching theme identified was the importance of executive leadership. Mingling with teams, understanding both patients' and doctors' concerns on a daily basis, and empowering grassroot initiatives has shown to bring true progress. Coupled with holding everyone accountable, including incentives on quality for all employees (starting with the C-suite!), this is what will help executives of hospitals, pharma companies, insurers, and health authorities become more successful. We believe that a focus on patient outcomes will inject more care into healthcare.

When it comes to the feasibility of making an executive VBHC transformation happen, one of our role models is Dr Stephen K Klasko, who has demonstrated exactly that as the former CEO at Jefferson Health. Recently, Dr Klasko summarized that industry leaders must start thinking about changes that will truly transform health care, a vision of "*health care at any address*."[7, 8] Demonstrating the need for cross-sector collaboration, he equally dedicates his effort to get payers, providers, and tech companies to partner further to help patients more. In his latest book, *Feelin' Alright: How the Message in the Music Can Make Healthcare Healthier*, which is a must-read for all healthcare change agents, the theme of music deeply resonates with our tango steps approach to healthcare transformation.[9]

On the other hand, more often than not, patients are still not consistently at the center of the proverbial round table and care team—with hospitals being built and billed around siloed departments that suit the administrative flow better than a patient's journey.

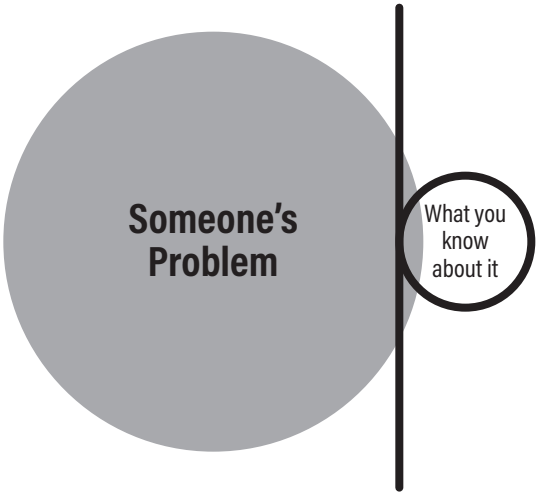
A patient who is trying to navigate what looks like a stressful hurdles race is still more common today than a pleasant customer experience in, for example, a fancy restaurant or a Nike flagship store that revolves all around the consumer's needs, well-being, and enjoyment.

As outlined in *TangoForFive*, the healthcare business model is hyper complex and siloed.[1] During lectures, Verena generally refers to it as a "B2B2B2B2C model"—aligned with the 5P concept. Picture this: although you as the patient are the ultimate customer and beneficiary of the service, you never chose to be sick in the first place. Secondly, you typically don't pick the medicine yourself because you have no idea nor wish for it. Thirdly, you don't directly buy the medicine because someone else does that for you—a provider and a payer. Odd, isn't it? Yet, actors in health care behave in silos and try to reap maximum benefits without looking right nor left in the value chain, nor to the patient's best outcome.

The main barrier to effectively breaking down silos in health care is what we generally refer to as *partisan perceptions* (figure ii). Without going into too much detail at this early stage in the book (it is the topic of the concluding chapter), it is enough to say here

that failure to understand each other's real-life situations and constraints across the 5P value chain is the *number one* reason for lack of progress in health care.

Figure ii: The trap of partisan perceptions. Failing to see behind "the curtain", discovering what is really going on in someone else's life, often holds us hostage. Pulling back that curtain with curiosity opens up new perspectives on the other health care leaders, including their interests, problems, and constraints, and hence fosters collaboration and joint value creation instead of silos and value destruction.



The purpose of this book is to remedy this by giving a voice to each of the five main actors along the value chain and, as a result, starting to understand what their interests and needs are. What is clear is that no one is lacking the motivation and willingness to collaborate! What we are missing is a clear song sheet that allows us to see what is possible together. This involves pulling back that curtain with regard to what other specialty actors in health care (pharma, payer, and policy, for example) want and need, but also going deeper on what is the backbone of health care: the patient-provider relationship and how more participation from both sides can lead to better outcomes for patients.

Today, health care is like a business—
yet they forget about the patient.

Before we go any further, a quick question: What's the difference between *"healthcare"* and *"health care"*?

The former is typically used to describe a healthcare *system* that is governed within a country or a region. The latter is putting the emphasis on the word *"care"*, and therefore alludes to more of an individual context—the patient receiving care and the provider providing care. (Oddly enough, the notion of *quality* of care in a health*care* system rewarding *quantities* of care is not the primary incentive, as stated earlier in the context of FFS pitfalls.)

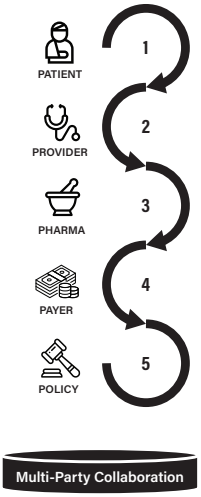
So, the crystal ball question is: How can we inject more *care* into *healthcare*? How can we make it a more individualized, patient-centric system that also brings rewards to all 5P actors equally? In other words, how can we bring that kind of pleasant restaurant or Nike flagship store experience to patients who are in need of health *care*, and for providers delivering that best *quality* care? We believe that a collaborative, outcomes-based system—which incentivizes and rewards the best possible results for patients—is the future for resilient and cost-effective systems. Making that a practical reality is the key topic of *The Next Tango*.

WHAT YOU CAN EXPECT FROM THIS BOOK

The Next Tango is an educational tool. It provides the interested reader with a toolbox of explanations and background information to understand more about the other sectors along the value chain.

It helps to pull back that curtain just a bit more and see beyond our own reality and scope of expertise as we realize that no one actor alone can know everything required to fix those complex issues in health care. This book delivers ample resources and opportunities to pause and reflect. By adding a reflection box with a set of questions at the end of each chapter, it assists readers, including those working in any health care sector, to reflect on what each and every one of us can do differently. Very practically. And very immediately.

Figure iii: Structure of The Next Tango. Following the logic of the health care value chain, the book offers perspectives of Patients in Chapter 1; participative research by Providers in Chapter 2; joint value creation through public-private partnerships by Pharma in Chapter 3; sharing risks and co-creating value contracts with Payers in Chapter 4; and how Policymakers develop frameworks to support patient-centric, coordinated, and smart care in Chapter 5. All of this is anchored in the last chapter, titled "The Fabric of Dancing a Collaborative Tango in Health Care", which outlines seven steps to effective multi-party collaboration (MPC).



We feel fortunate to be part of this growing author community of real-life health care leaders dancing the tango of collaboration along the 5P value chain. The authors featured in the coming chapters all come with their own individual styles and themes. No one pretends to speak on behalf of all their constituents. We invite you, the reader, to reflect on their perspectives to stimulate your own curiosity and creativity for novel solutions in each area of responsibility.

What makes The Next Tango unique is the wonderful set of voices provided by true experts in their fields.

Who are the authors of *The Next Tango*?

As a trained internist-oncologist and author of *TangoForFive*, Dr Verena Voelter brings her unique views as a provider, while drawing on her pharma executive past and her expertise as a negotiator coach. As stated earlier, she is also the founder and CEO of 5P Health Care Solutions, a boutique health care consulting firm that catalyzes public-private partnerships.

Hanna Boëthius was featured as a core contributor in *TangoForFive* and acts as a patient expert with a scientific and clinical background in diabetes care management. As stated earlier, she also serves as a consultant at 5P Health Care Solutions, with a focus on patient empowerment.

As the co-editors and primary authors of *The Next Tango*, Verena and Hanna role model that ideal tango-like doctor-patient

relationship by bringing an eye-to-eye, respectful spin to the concept of care coordination for outcomes that matter—to patients and to all 5P actors in the system. In Chapter 1, Hanna shares her specialized knowledge and perspective in more detail.

In Chapter 2, Dr Claudia Witt and Claudia Canella bring a unique set of experiences from a promising new field referred to as *participative research*. It brings to life novel tools and perspectives enabling real-life co-creation between actively empowered patients and their families.

In Chapter 3, long-time pharmaceutical leader Nienke Feenstra is the best choice to contribute with her compelling views on how drug development and commercialization play a unique role in powering public-private partnerships toward value creation and better outcomes.

In Chapter 4, accompanied by Verena, Caitlin Masters wraps up the patient-centric journey with deep insights into ways to partner on paying for health care—a much-needed perspective to redirect dead-end pricing conversations toward what matters most: sustainable outcomes for patients and better value for all.

In Chapter 5, which features the critical view of Dr Paul Sherrington, the reader learns about the role of policy in the 21st century, and the numerous initiatives that call for engagement and co-creation by various health authorities around the world.

Lastly, facts and legitimacy are good to understand. But they fall short if we can't bridge our opposing interests. The final chapter shares the expertise of Dr Suzanne Robinson, a fellow alumna

to Verena from the Harvard Negotiation Project, who puts it all into context via the seven steps of dancing a tango of multi-party collaboration (MPC).

The Next Tango is a practical book. It provides you with ample concrete ideas on what you can do differently in your day job, no matter where you are in the 5P ecosystem. We know that only together we become stronger—as no one actor alone can fix the problems that plague health care today.

Ready? Let's continue to dance!

Verena Voelter and Hanna Boëthius
Zürich, November 2024

INTRODUCTION

A song sheet for individual satisfaction and value generation in health care

By Hanna Boëthius and Verena Voelter

"Happy employees ensure happy customers. And happy customers ensure happy stakeholders—in that order."

~ SIMON SINEK

If we use this brilliant quote by Simon Sinek and change the words "employees" to "providers," "customers" to "patients," and "stakeholders" to "payer/pharma/policy," we start to see a pattern. We believe patients are immensely powerful and ultimately determine how health care is delivered.

Let's kick it off with a real-life story from Verena to underpin what we are up to here.

> On a Friday in December, despite watching snowflakes falling outside the window, I am plagued by hot flashes. It is a week before my birthday. Why am I hot when it is so cold outside? Confused, I am sitting in a day-clinic chair, receiving a novel therapy for my chronic autoimmune condition. The therapy lasts four hours, and I am incapacitated by an IV lane on my hand. I'm reflecting. My doctors told me this would be the most modern, most effective

therapy available for my condition, and praised it like a gold bar presented for my birthday.

Yet, no one informed me of the logistics around it: that I'm tied to a chair; that I should have brought audiobooks rather than my computer to work on or books to read; that the pre-medication has potentially more side effects than the innovative remedy itself. (Not to mention the inconvenience in the weeks prior of having two different providers each take their own blood draws because they wouldn't trust each other's reference labs. What was the cost again for that duplication? To complicate things further, those lab results were not available on a centralized electronic health record in Switzerland!) As it turned out, it was the hundreds of milligrams of cortisone flooding my body that resulted in what felt like an LSD trip (I swear, I never had one!). Half a day later, I was released onto the streets. Thankfully I had chosen to take the train in the morning and not my car. I would have crashed it with all that dope! (No one advised me on that—it had been just my own gut feeling.)

I was texting Hanna from the train: "*It's over*."

Suddenly, the pressure and hot flashes released like feathers into the wind as I was pulling my hat and scarf tighter amid the falling snow. "*I feel like I can manage again—there's this power kicking in,"* I wrote to her. *"Now, I think I'll go to Bahnhofstrasse and get myself that overpriced fancy new handbag I've been eyeballing lately—I'll just do it! Screw the money*." And then Hanna said what would turn into the key trigger for this *Next Tango*: "*Verena*, *I love that! Go for it! It's all about self-care—that is so important. I'm a huge fan. Go and get that bag and give yourself a treat! You deserve it.*"

> Bam. There's that word—"care"—again. And "self-care"? What a revolutionary concept. I replied: "*Hanna: we've got our next book*!"

Allow me (Hanna) to provide some context here.

As I was answering Verena, I was reflecting on my own lifelong journey as an insulin-dependent patient. When you are "the patient," especially of the chronic variety, the reality is that only you can figure out what fits you, your body, and your situation the best. You have to sustain the energy to keep on top of your treatments, including the ever-evolving options that may be available, and when you should interact with what provider (or policy, pharma or payer, for that matter). "You are always your own best doctor," my mother would tell me since the age of two when I was diagnosed with type 1 diabetes (T1D), an autoimmune condition that means the beta cells in my pancreas can't produce any insulin, which happens to be the body's master hormone. How do you navigate a lifetime of energy-robbing illness, perhaps not even due to the condition itself, but rather the exhausting task of navigating a broken healthcare system, where "care" seems to be optional?

To simplify, you need to find glimmers of self-care, as outlined at the end of Verena's story. While it doesn't have to be a bucket list item, such as a handbag, it's important to be kind to yourself when steering through life as a patient. Whether it's as simple as taking yourself out for a coffee, spoiling yourself with a beauty treatment, watching your favorite show or movie, seeing a concert, going for a walk in the forest or on the beach, or, indeed, investing in a bucket list item, it's about acknowledging that you have faced another milestone on your health care journey in the form of a treatment, visit, blood draw, scan... No one is going to pat you on

the back (although amazing lived experience communities, as well as supportive friends and family, can help a lot!).

As a patient, you've only got yourself, and that hero needs to be treated as such.

We'll dive deeper into what you can do as a patient to care for yourself, increase your health literacy (and hence empower yourself more), and boost your listening skills in the upcoming chapters. Here, I want to touch on the idea of the "round table," as it pertains to the most important relationship of patient centricity: the one with your health care provider, aka your doctor and your nurse.

This idea was first introduced in *TangoForFive*, namely in Chapter 3. The proverbial round table, or your medical dream team, is where you, as the patient, have the seat of honor alongside your health care providers in order to co-create and achieve health goals together. This team of experts differs depending on the condition you live with, and you'll get a sense of that complexity in Chapter 1. It's a big team that needs coordination, communication, and collaboration. And guess who normally gets the honor of doing that? Yes, that would be you, the patient (as if living with a condition isn't difficult enough!).

The beauty of care coordination around patient needs and outcomes is that it catalyzes teamwork.

Once you focus on the customer's needs and start working toward solving a problem for them, while creating the best possible experience, you start creating value. In the context of health care, this is individual power turned into system power. Ample examples show us that what is right for the patient is right for the system because it carves out waste such as unnecessary diagnostics, therapies, and repeat exams.[1]

Let's talk about the notion of waste for a minute as it is a cornerstone in the need for change.

Why is this still *the* big elephant in the room, as highlighted in *TangoForFive*? The issue at hand: thirty to fifty per cent of any healthcare dollar or euro spent is wasted, as we will discuss in much more detail in Chapter 4. But just to make it a visual and concrete example here: for a healthcare budget of about 300 billion euros, like in France, that would mean 100 to 150 billion euros are wasted—thrown out the window. How much innovation and patient-centric care could be financed with even 100 million of whatever currency we are asking for?

Tapping into the biggest lever of healthcare expenditure, getting a grasp on waste should be our collective top priority.

The main sources of wasteful spending have been analyzed by many. The most widely cited 2017 OECD report, "Tackling Wasteful Spending on Health", has categorized inefficient healthcare

spending into three main categories (figure iv): *clinical* (over- and under-care); *operational* (duplication of testing and inefficient resource utilization); and *fraud* (administration, corruption, and infrastructure).[10] While we have not been able to identify an update to this landmark analysis—particularly in the aftermath of the pandemic—a US study from 2019 provides additional legitimacy on why handling waste represents an opportunity to bend the curve on spending. This meta-analysis of fifty-four studies projected potential savings from eliminating waste, ranging from 191 billion dollars to 286 billion dollars, representing a potential twenty-five per cent reduction in the total cost of waste.[11]

Figure iv: Three main categories of healthcare waste worldwide.

Source[10]

Back in 2006, Michael Porter and Elizabeth Teisberg introduced a remedy to these inefficient ways of working: Value-Based Health Care (VBHC).

In their seminal book *Redefining Health Care*, they outlined a seemingly simple, yet complex definition: Value = Outcomes / Cost.[12] Simple, because, in only three words, it translates into health care

language what Simon Sinek teaches us from a customer-centric marketing standpoint: focus on the results that matter to your customers, and cost efficiencies will follow. Complex, because there is no one-size-fits-all way to measure an entire cycle of care and related cost across the current 5P patient journey.

This is where we come full circle with the proverbial round table to what we both describe in our own patient-centric life experiences.

VBHC holds the power to break down silos along the patient journey. It pulls together all actors needed to deliver best possible results that matter to patients, and it brings everyone onto the same page.

With VBHC, there is no more left hand not knowing what the right hand does. No more useless duplication of tests and exams because the patient's GP (general practitioner) does not communicate with the patient's endocrinologist. No more costly pills and procedures if the patient only needs a massage to alleviate their pain (a real lived experience by Verena!). There are many more examples to tell here—and you as a reader may have your own to share. What we do see is that a focus on probing, listening, and co-creating solutions that cater to what the patient actually wants leads to substantial team satisfaction, better patient experience, and system efficiencies overall. For the interested reader, we refer you to the great resource center that is Value-Based Healthcare Center Europe, which, every year, awards the most promising new VBHC initiative internationally.[13]

In short, we conclude that *"we don't have a problem of resource shortages in health care—but an issue of resources in the wrong place."*[1] Although this is still a reality broadly speaking, the good news is that we see small, but impactful steps in the right direction to correct the pattern of waste from over- and under-care to a more meaningful approach to spending for outcomes that really matter.

As a carrot for care coordination and collaboration toward outcomes that matter to patients, VBHC comes with a proven benefit for providers as well!

By spending more time with the patient, and by being able to coordinate solutions that really matter to the patient, doctors and nurses are brought closer to their original vocation: to provide care. Legacy FFS with nuisance RVU frameworks and their pressure to produce have stripped providers of their most valuable commodity: time. Time for patients. Time to reflect. Time to care for themselves. The US Surgeon General Dr Vivek Murthy has made it a national priority by issuing a white paper and respective taskforce, titled "Addressing Health Worker Burnout."[14, 15] Praised in the early days of the pandemic as healthcare heroes, the focus on keeping health care workers healthy weaned off quickly as normalcy and pressure to produce kicked back in. Hence, Dr Murthy's advisory is an impressive and comprehensive 5P overview on what everyone in the ecosystem can contribute to safeguard health care workers so they can do their jobs well.

A transformed system built on the principles of VBHC coordinates new ways of working around the true needs of the patient by

carving out wasted resources—money, people, time. That time is given back to where it's needed the most: at the heart of health care, the patient-doctor relationship.

Research has shown that linking your work to your inner self leads to more fulfilling work experiences and happier lives altogether.[17] "*Stop surviving and start flourishing,*" writes Sharee Johnson in her bestseller book *The Thriving Doctor*.[13] This requires time. As a trained psychologist and leader in physician-coaching, Sharee deeply understands the flaws introduced by the system, and the impact of FFS on physician burnout and health care worker shortages. In her work, she co-creates strategies that enable an effective framework of *self-care* for doctors once that quality time kicks back in. It entails building the right habits to strengthen the skill-set of self-regulation, such as clarity of mind, emotional literacy, and self-awareness. Her book comes as a highly recommended practical guide helping doctors to get ahead of stress curves referred to as "HALLTSS" (figure v). Every doctor on a busy ward has experienced at least one of those feelings, if not all of them: hungry, angry, lonely, late, tired, stressed, and becoming sick.

Figure v: HALLTSS—self-care for doctors.

© Sharee Johnson, *The Thriving Doctor*, Source[16]

As a doctor myself (Verena), the notion of cultivating emotional literacy has particularly struck me as I'm reading Sharee's book one more time. "*The idea that doctors can suppress their emotions*" is a real concern as the academic machinery produces a highly competitive workforce that focuses on tech more than humans in delivering laser-focused diagnoses and finding the most innovative medicine.[18] It is refreshing to see the trend of more and more doctors speaking up, caring for themselves, and sharing experiences in the community, such as the latest book by Dr Andrea Austin, titled *Revitalized: A Guidebook to Following Your Healing Heartline*.[19]

However, doctor trainings today don't place enough emphasis on emotions nor aspects of humanistic care, as only a minority of training curriculum is devoted to what is generally referred to as *soft skills*. In light of the digital revolution with chatbots, ChatGPT, and other fancy gadgets that are filling our pockets and wrists, there is a real risk of inter-human basic soft skills becoming more of an afterthought than a front-and-center requirement. "The Future of Jobs Report 2023", issued by the World Economic Forum and based on a survey of 803 companies covering more than eleven million employees across twenty-seven industries, emphasizes the increasingly competitive role of cognitive functions such as creative thinking, resilience, flexibility, agility, motivation, self-awareness, curiosity, and lifelong learning.[20]

It is time to bring these critical human skills back home to the most human of all industries: health care.

Yes, much of health care is chaotic, submitted to megatrends (keyword: pandemic) and wildly interconnected trends from other happenings across borders (keyword: wars). These are vastly outside of our control. What we do have in our control, though, is the focus on ourselves and the direct intersections we navigate on a daily basis. Self-care for patients, self-care for doctors, and care coordination for best outcomes are the foundational steps for a successful tango in health care.

As we've stated several times now, we're all for bringing more *care* into healthcare. And all of it is in our direct reach.

What you will discover in the following chapters is the role that each of the five most crucial actors on the health care scene can play to collectively bring the theme of patient centricity to life. For patients' benefit, front and center. And for the system's benefit as well.

Curious about what you can do to enable this?

Let's move on.

If you enjoyed these sample chapters, please consider supporting the authors by purchasing the complete title from your preferred book retailer.