



The Future of Healthcare through a Systems Approach

06-Nov-2018

Alan Ravitz PE, PhD Chief Engineer, National Health Mission Area Johns Hopkins University Applied Physics Laboratory alan.ravitz@jhuapl.edu

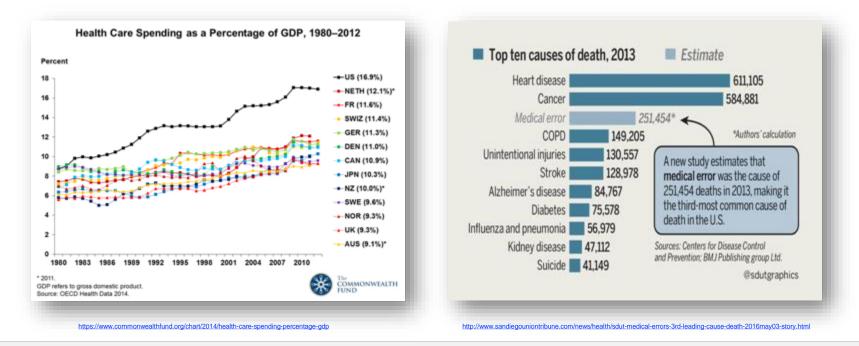
© 2018 JHU/APL - further use and dissemination requires permission of author

The Problem

Lack of reliable safety, access, affordability, and outcomes \rightarrow diminished value

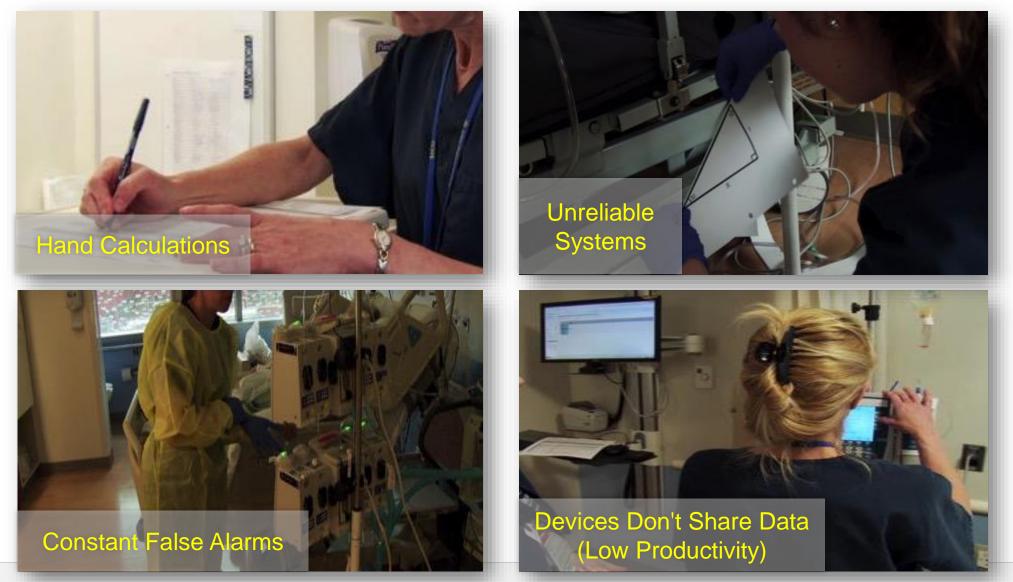
- □ Worldwide, hundreds of thousands of patients die from preventable harms
- □ Significant healthcare costs are wasted
- Hospital-based clinicians spend significant time documenting, hunting for supplies, and other nonproductive work

Healthcare costs constrain investments in other social programs (e.g. education, etc.)



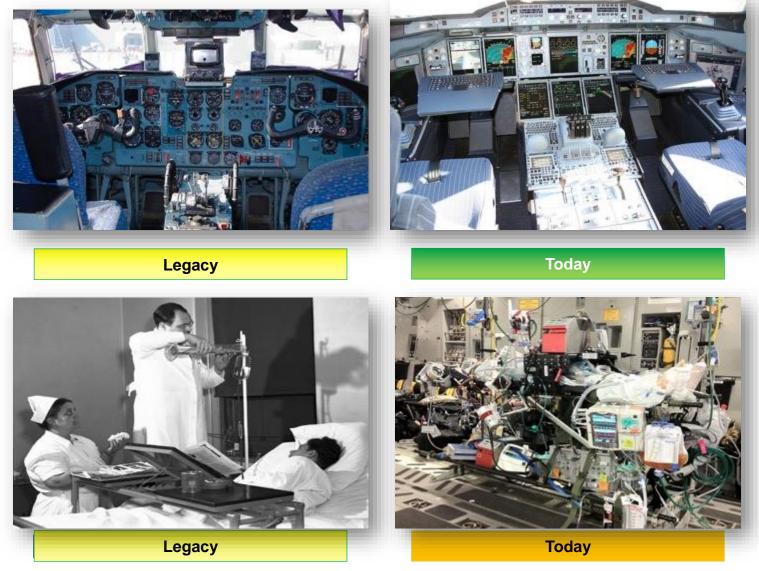
Symptoms of the problem

Current-state: in-patient





Aviation



Healthcare

Recognition of the problem

Engineering approaches to resolve the problem



- Rapid advances have outgrown the capacity of any one individual or even a group of individuals to comprehensively absorb and apply new knowledge to the benefit of patient care
- Cottage-industry origins counter to today where healthcare is a complex partially interconnected myriad of services that relies heavily on technology, influenced by markets, and is implemented in any one of a number of different provisioning models subject to statutory laws, policies, licensing, and regulation
- Persistent underinvestment by the healthcare delivery sector in information/communication technology

Systems must be designed from the start to ensure seamless integration between culture, workflows, and technology

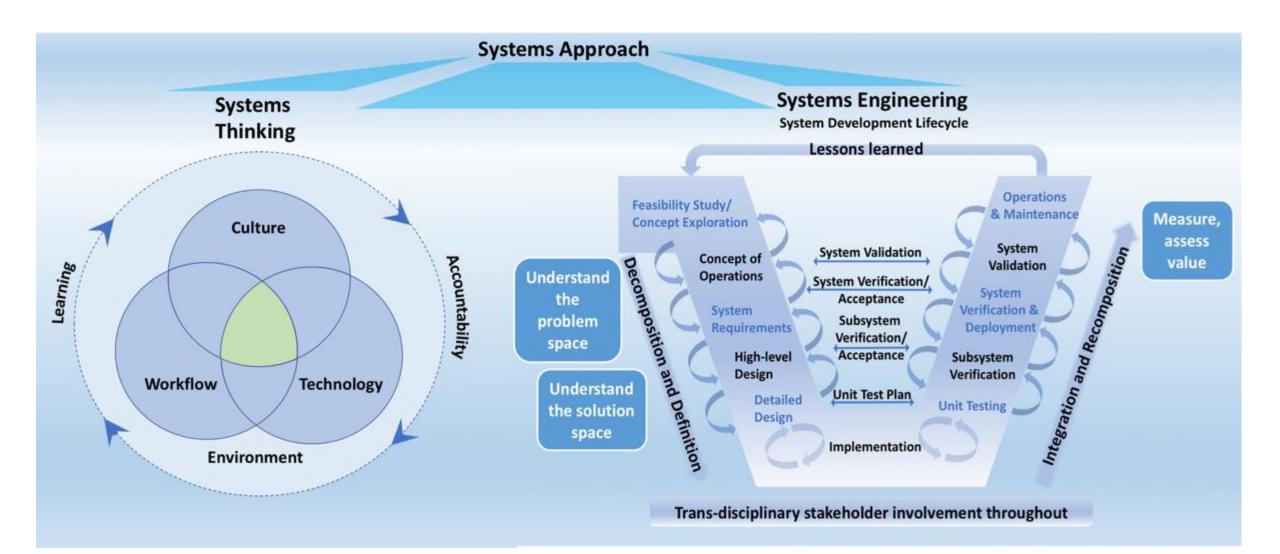
5

Healthcare SoS Characteristic System of Systems Operational Operational dependencies exist between healthcare Independence entities in terms of continuity of patient care, exchange of data, insurance claim processing, payment, and regulations, etc. It is difficult to consider this degree of interdependence operational Macro-tier – National, Regional independence. Managerial Each healthcare entity has its own management **Payers** Independence structure where each is managed for its own purpose rather than for the purpose of the overall SoS. **Policy makers** Arguably, this lack of cross-dependency adversely Regulators impacts the ability of the healthcare SoS to achieve desirable safety, outcomes, and value. Geographic A matter of context: At the macro-level, there is little Set **Meso-tier - Facility** Clinics **Hospitals Pharmacies** Labs **Primary Care** En Be Micro-tier – Point-of-Care Ev De Sensors, Devices, IT Healthcare Family Professional Patient

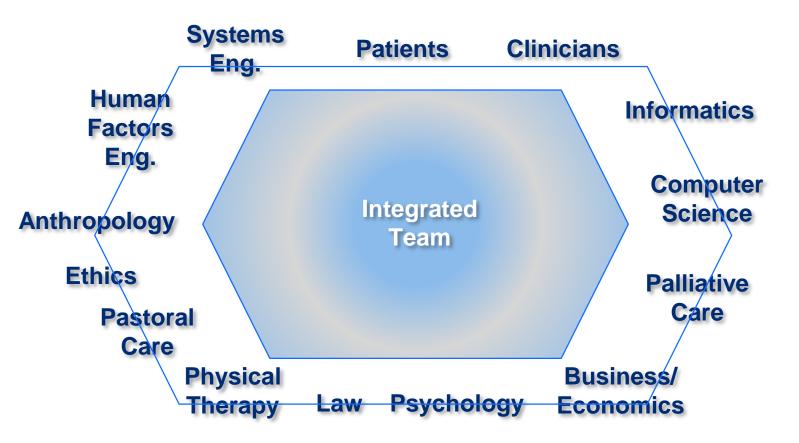
Separation	impact to the overall healthcare SoS that, e.g., regulators are not co-located with other entities. At a more granular level, i.e. at the point of care, various devices, personnel, etc. may be co-located with a room or may be distributed within a unit, office, building, or in the case of information technology, even in the Cloud.
Emergent Behavior	Hospitals, emergency medical services etc. are examples of the ability of diverse subsystems coming together to achieve an end result that any single subsystem could not achieve alone.
Evolutionary Development	Technical advancements clearly impact healthcare but so do developments in policy (e.g. US Affordable Care Act [11]; Turkey's Health Transformation Program [12]), regulation, and care provisioning models and all evolve independently and on their respective timelines through independent funding mechanisms.

Healthcare

Systems Approach = Systems Thinking + Systems Engineering



Culture, Lexicon, and Transdisciplinary Teams



- Challenges
 - Diverse educational background
 - Different value propositions
 - Varying terminology
 - Engineers who think they understand healthcare
 - Clinicians who think they knew systems engineering

• Approaches

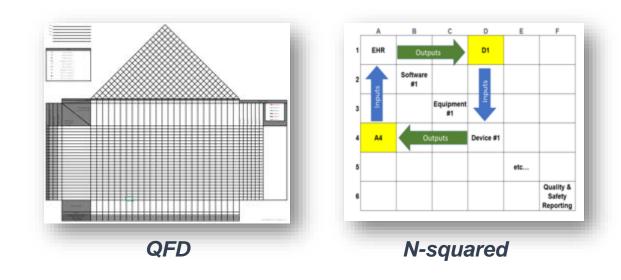
- Shadow healthcare professionals
- Be less rigid in language used
- Identify individuals who can "bridge the divide" between healthcare and engineering
- Stay focused on addressing project objective(s)
- Engineers know they have done their job when healthcare professionals actively speak as if the solution is theirs

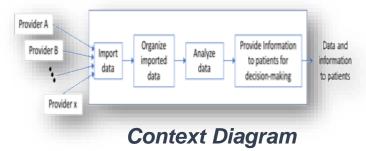
Preventable medical harm: Thousands of lives lost every single year.

 $igvarsim \mathbb{C}$ 2018 JHU/APL – further use and dissemination requires permission of author

Tools of Systems Engineering Applied to Healthcare

- Numerous approaches never one size fits all and often more than one approach needed
 - Systems Thinking tools (Design Thinking, Soft Systems Methodology, etc.) and Systems Engineering tools (e.g. QFD, N-squared, etc.)
- Judge how much non-engineers need to know about technical aspects of systems engineering – make the effort "approachable"
- Remaining agnostic to specific solution can be a challenge for many non-systems engineers







Tools keep focus on holistic, rather than reductionist perspectives

Summary

- Culture of healthcare innovation stems from medicine's hypothesis-driven approach to discovery
 - Approach serves the field well when it comes to understanding the first-principles associated determinants of health and illness
 - Approach has not, however, translated well into the conception, design, development, and fielding of processes, workflow, or technology development that leverage understanding of those health determinants
 - Time for a different approach that can spur the transformation in health needed to yield improved safety, affordability, access, and value
- Critical to define (a) the problem to be solved or opportunity to capitalize upon and (b) the stakeholders involved
 - Human nature tends to leap toward solutions without fully understanding the objective
- Technology is not a panacea
 - Systems Engineers must be disciplined: do not prioritize technology over people

Create a new generation of engineers and healthcare professionals that understand enough of the culture, terminology, and disciplines of both systems engineering and healthcare to lead the way in bringing about revolutionary change

Healthcare Systems Engineering

Master of Science / JHU Whiting School of Engineering – Engineering for Professionals

- Spring 2019
- On-line, part-time study
- Modeled on and derived from WSE EP curriculum in Systems Engineering

https://ep.jhu.edu/



Acknowledgements

- Peter Pronovost¹
- Adam Sapirstein²
- Michael Grant²
- Mark Romig²
- Simon Mathews²
- Cindy Dwyer²
- Nancy Molello²
- Rhonda Wyskiel³
- Noah Barasch²
- Howard Carolyn²

- John Benson⁴
- Scott Swetz⁴
- Grace Tran⁴
- John Barnes⁴
- Bob Stoll⁴
- Conrad Grant⁴

¹University Hospitals
²Johns Hopkins Medicine
³Greater Baltimore Medical Center
⁴Johns Hopkins Applied Physics Laboratory

