

A TIME TO IMAGINE THE POSSIBILITIES

DFMCH ReCHARGED: Blue Sky III – Dialogue with a Futurist Thursday, May 14, 2015 12:30-1:30pm



Rebecca Ryan is a human sparkplug. Part futurist, part economist, and always engaging, Rebecca is one of America's most influential thought leaders, helping cities and companies think around the corner to what's next.

As founder and co-owner of Next Generation Consulting, Rebecca Ryan leads the team that best-selling author Richard Florida calls, "One of the most reliable sources for leaders who want to attract and retain the next generation of creative workers. Ryan is the Resident Futurist at the Alliance for Innovation and a Senior Fellow at CEOs for Cities. Rebecca serves on the board of the World Academy for Entrepreneurship & Enterprise (WAE2) and has also been named: Top 100 Most Influential People, Accounting Today; Communicator of the Year, Women in Communication; Woman of Influence, Business Journal of Greater Milwaukee; Entrepreneur of the Year, U.S. Association for Small Business and Entrepreneurship.

Introduction

- Rebecca explained that she was here to discuss future trends and how they might influence future care and our department. Her goal is to provide us with skills on how to think about the future
- Strategic planning is insufficient; planning holds us in the past – "rear view mirror focused."
- She likes to refer to "Strategic Foresight" – thinking (20-40 years) into the future:
 - What is plausible based on trends?
 - What do we need to do as a result?
 - What is coming and are we future ready?
- A quote Rebecca shared with us:
"If we are to better the future, we must disturb the present." – Catherine Booth

Myths about strategic foresight

- The future cannot be predicted.
- Futurists predict "the" future. In actuality, they work out what the plausible future might be, including multiple futures.
- The future is out of our control.

Presentation

- Strategic planning is insufficient in "era change" and we are going through an era change now.
- There are four forces that define an era change
 1. *Resources*: Air, water, access to energy. What resource challenges do we have in family medicine?
 2. *Technology*: Things that make life more convenient. Rule-based and linear; can be roboticized. We should look at it from the point that what is left for humans are things such as compassion, bedside manner.
 3. *Demographics*: Changing of family demographics is much different now than in the 1980s. Many people are getting divorced. Half of kindergarteners are raised by single

parents. People in large urban areas are more likely to live alone than with someone. How do we navigate these changes skillfully?

4. *Governance*: The Affordable Care Act has created an era change in health care.

Question and Answer

1. **In regards to the bar about health care expenditure, do you know of any time a group of people or industry voluntarily scaled back its footprint in society?**
 - We cannot outrun our humanity. There are generational cycles. About every 80 to 100 years we go through what is known as a “Winter Cycle.”
 - The most compelling change to an organization comes from the outside; typically it does not come through internally. Rebecca does not know of any models that a system self-organizes to consume less money.
2. **An attendee remarked that she doesn’t agree with Rebecca’s comment that everything but compassion can be roboticized.**
 - Robots and data systems are getting good at doing and executing anything that is rules-based. It is about the pattern recognition. Rebecca agrees that we still have to give advice as humans, and there are pieces where robots could never replace humans.
3. **In the future one thing we are going to have is a population that is even more diverse than we are now. What do you see as the U.S. becomes more diverse? How are we going to provide medical care and other services to populations in need?**
 - In the near term: painful. America hasn’t gone through such a demographic change in hundreds of years. It is what we in Madison and the country are experiencing right now.
 - We will start to see cross-silo cooperation – real effort into it. In the longer term: our families are becoming mixed and we will see more acceptance as a result of this.
4. **How should the department make international change if not through strategic planning?**
 - Strategic planning can be the fuel; it can get us part of the way there. We need to turn strategic planning into strategic doing. We need to think about how we make decisions.
5. **What does the Spring era look like? How do we move from Winter to Spring?**
 - They estimate that we will get to Spring around the year 2020. It is text book “Winter” in America right now. There are skills that we need to develop that are required to navigate through winter than spring/summer/fall. This will cause us to have a different mindset; we need to feel uncomfortable.
 - In spring, new combinations are required. The way we describe “we” changes. There will be more collaboration.
6. **If health care won’t voluntarily cost less, have you seen examples of a merger where we could become something different to serve the population?**
 - It is hard for a system to reinvent itself. One way to help make your shift is to ask, “Where are your weirdos?” We need some new and innovative ways of thinking and doing things. You can’t put all of you in a room and say “make something new.” You need outside perspectives. Think about patients and others to get innovative ideas.

In Conclusion

- The Steering Committee has done great job of structuring events and outside speakers that relate directly to the mission and vision of the department.
- Think about: What is your why?
 - Mission: What do we do and how to we do it differently?
 - Vision: Where do we want to be?
 - The question to ask yourself is why? Why do you do what you do?