Synopsis

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It will be MY CARE: 7 routes to a healthy healthcare system

Dr. Steven P.M. de Waal

It will be MY CARE: 7 routes to a healthy healthcare system

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Throughout the book, the following leadership principles apply:

Leadership is an activity, not a position.

Anyone can lead, anytime, anywhere.

Leadership starts with you and must engage others.

Your purpose must be clear.

It's risky.

[Principles of the Kansas Leadership Center]

In the **foreword by Martin van Rijn**, the same call is made as in the introduction of the book: let yourself be inspired, take guidance from the outlined 7 routes, and get to work as a 'civil leader.'

In **all the chapters of the book** that address the 7 routes (see the summaries below), you will also find current examples of innovations in these directions, with specific mention of the social leaders who made them possible (see the detailed table of contents below).

In the **first chapter**, it is explained that, for a true and realistic vision of the future and transformation of healthcare, the Netherlands must move away from:

- The mythical belief in systems and structures
- An equally mythical belief in the necessity of (and the existence of!) rational and sensible central control, which, of course, remains unproven (in fact, the opposite seems to have been proven!) and is expected to be delivered by national politics and government
- The aversion to personal leadership and personal courage with personal risks that accompanies these mythical beliefs. These are two sides of the same coin. On one side: if you don't want to trust individuals, personal efforts, and leadership, then you must rely on (formal, anonymous) systems and structures. On the other side: if you trust in systems and structures, there is no need for individuals to act independently, based on personal convictions and courage, to do more or take the lead in making changes.

Route 1: Encouraging civil leadership

Which strategic vision points us in the direction of better healthcare, and more importantly, what finally moves things in the right direction? My key conclusion: we need more social leaders. Fortunately, there are already many 'civil leaders' actively steering healthcare in the right direction. We must find and encourage them. Let's certainly not obstruct them by pointing to procedures, protocols, previous agreements, or endless discussions. Otherwise, we'll be waiting forever.

Route 2: Promoting health

There is a shift towards promoting healthy behavior among all people, both sick and healthy. The goal of any healthcare system is to contribute to a longer, healthier lifespan for patients. We are now in the third developmental phase, where people's own lifestyle makes an important contribution to a healthy lifespan. Good facilities and spatial planning in neighborhoods are essential, along with proper education and information. It is about new information that answers the real questions of patients and their families. This enables people to make informed choices for themselves.

This transformation of healthcare breaks down silos and has significant consequences. Promoting health is a threat to much of the existing healthcare offerings under the current financial-economic models. It also widens existing gaps between rich and poor, which even our current solidarity-based and professional healthcare system has been unable to avoid. The real challenge is the shift to good health through genuine human attention to what people themselves want and can do.

Route 3: Financing added health value

Shift: from output to outcome financing

For some time, attention has been focused on a different way of valuing healthcare. In 2006, Michael Porter successfully introduced the concept of Value-Based Healthcare. It focuses more and more on the outcome of care and the added value for the life of this specific patient. In this, the patient's experience is central.

Although this fine concept has been verbally embraced for years, it is now time to fully implement the consequences for the economy and the operation of healthcare organizations. Otherwise, financial-economic incentives will continue to mislead, and this positive direction will never become a reality throughout the healthcare system. Money and economic survival inevitably guide actions more strongly than good intentions and fine words. This chapter discusses the disadvantages of the current P(production) x Q(quantity) system and highlights the emergence of innovative financing instruments. The possible outcome is more trust and more focus on health returns from both the public (public health) and individual perspectives.

Route 4: Organizing based on the practical wisdom of healthcare professionals

No overregulation stemming from mistrust or bureaucratic certainty, but organizing care based on the practical wisdom of the most essential factor: the professional. Their judgment is key. But this must come from 'care, cure, and core.' This requires a different quality assessment and a fundamentally new vision of organizing, work culture, and leadership. The current labor market shortage, especially concerning highly trained healthcare professionals,

will greatly promote this route: ‘good employment practices’ are currently the distinguishing factor between competitors in that labor market.

Route 5: Developing healthcare platforms and platform organizations

Thanks to new ICT and media technologies, markets, politics, and public services are dealing with the disruptive power of consumers and citizens. Healthcare must also learn to respond to this ‘disruptive power of patients.’ Digitalization leads to platforms, and these handy tools and apps also give decision-making, organizational, and informational power to citizens, clients, and patients. The Netherlands has gained 17.5 million journalists. Therefore, it is wise to consider three types of new power that citizens gain through this technological revolution: power over public opinion, the power of quick and massive mobilization (‘swarm leadership’), and the power to gather and share knowledge themselves.

At the same time, new opportunities arise thanks to the new data infrastructure. Variants of the electronic health record are emerging.

Platforms thus have an enormous ‘disruptive’ influence on the economy and the market mechanism, but also on other macro systems, such as exchange mechanisms in and around healthcare. At the same time, this same technology, and the familiarization and training with these ‘tools,’ will also lead to organizations becoming platforms. This provides many opportunities for decentralized decision-making and coordination at the (professional) workplace. It thus leads to much more self-management and a different style of management, with consequences for organization and governance. However, it is a misconception to think that managers will become redundant.

Route 6: Providing care in the living environment with patient autonomy

New developments are making it possible to organize care differently. This happens physically, but increasingly also digitally, in and around the home and the social environment of the patient. Patients and their families can thus take control of their treatment, even with help from the community. Care services come physically closer to home, and at the same time, the patient gains better access to (digital) information. A partnership emerges between the patient and the care provider. This requires understandable and up-to-date information. Chain management throughout the entire chain increasingly needs to be organized from the case of this patient.

ICT infrastructure will expand from healthcare institutions to the patient's home. The primary care organization will (again) be more connected to the social environment of the patient. Additionally, scaling up is taking place, also in primary care, but ideally, with space for the practical wisdom of professionals and not based on overly controlled or pseudo-efficient management logic. However, with the warning that scaling up is now happening too much within the old monodisciplinary silos. That is not the broad and integrated approach desired close to citizens and from the comprehensive perspective of residents and patients.

Route 7: Encouraging courageous leadership

This book is an invitation to the reader to make a difference. Take the steps you can, and do not hesitate to step outside the beaten path. The outlined 7 routes provide a framework for this. Do not hesitate to support others in your environment in their efforts for innovation, especially when they make choices that do not directly fit within the (old) system. Innovation can thrive when we give each other more space and don't hold back. It's like a group of cyclists; together, you go the farthest. Each person takes their place within the group, serving the greater whole. And sometimes, you take the lead, hoping to guide the way along one of these 7 routes.

If we want better healthcare, it's time to innovate. And yes, mistakes are allowed. Without trying and daring to make mistakes, no progress can be made. Let's create an environment where this is possible. Innovation and leadership require courage and are always somewhat 'risky'.

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About Steven de Waal

Dr. Steven P.M. de Waal is a highly sought-after speaker, author, board member of various organizations, and chair of debates and committees.

He made his mark as an organizational consultant and partner at Boer & Croon, a career he concluded in 2004 as chairman of the board. He was also a member of the executive board of the Dutch Labour Party (PvdA) from 2001 to 2005, including serving as chair of the party's committee on 'Vision for the New Healthcare System.'

During his time at Boer & Croon, de Waal founded the think tank Public Space. Upon his departure as partner, he was allowed to take this independent research institute with him, which he then established under the Public Space Foundation. In addition to his work for the Foundation, he became more active in many social organizations, often as chair of the supervisory board. Examples include: the University of the Arts Utrecht (member of the supervisory board), the Dutch Housing Corporation Visitations Foundation (chair of the Audit Board, which developed the system and first chair of the supervisory board), the FC Utrecht Continuity Foundation (chair), Utrecht Development Board (member), ROC Midden Nederland (chair of the supervisory board), the RTV Utrecht Media Council (chair), and the Ella Vogelaar Academy (chair of the program council). He has also been a member of the think tank Transition Program for Long-Term Care, an initiative of the government and social partners to stimulate innovation in the care sector.

Steven de Waal is an expert in healthcare strategy, both nationally and internationally. In 2007, he published the Public Space Foundation's manifesto *Towards an Intelligent and Connected Government.* His contributions to the *Manifest Jeugdsprong* (2021) and earlier brochures on Youth Healthcare (2010) and Decentralization of Youth Care (2011) have brought about fundamental changes in youth care.

He obtained his PhD in 2014 on the topic of social leadership, *Civil Leaders*. He is a sought-after speaker both in the Netherlands and abroad, partly due to his recent English book on the disruptive power of citizens through new media and ICT technology.

Steven de Waal works across the full breadth of the public and non-profit sectors, with a focus on issues of market dynamics, social entrepreneurship, strategy, and corporate governance. These activities are carried out in his role as chair of the think tank and driving force behind the Public Space Foundation.

Steven de Waal writes essays and books and has contributed to publications on governance and entrepreneurship.
His publications originally in Dutch include:

- *Handbook of Social Entrepreneurship*, with Theo Schuyt and Paul Verveen (Bohn Stafleu van Loghum, 1994)
- *New Strategies for the Public Domain. Social Entrepreneurship in Practice* (Samsom, 2000)

- *Towards an Intelligent and Connected Government* (Public Space Foundation, 2007)
- *Strategic Management for the Public Good* (Boom Lemma Publishers, 2008)
- *Youth Healthcare: Are We on the Right Track?* (Public Space Foundation and GGD Netherlands, 2010)
- *Manifest Jeugdsprong*, co-authored with contributions from Thijs Janssen and Maaike van der Aar (FNV, 2021)
- *Better Care for Youth. Decentralization of Youth Care as an Opportunity* (Public Space Foundation and GGD Netherlands, 2011)
- *Citizen Power with Citizen Strength. The End of the Social Enterprise and Polder Paternalism* (Boom Lemma Publishers, 2015)

Books in English:

- *The Value(s) of Civil Leaders. A Study into the Influence of Governance Context on Public Value Orientation* (Boom Lemma Publishers, 2014)
- *Civil Leadership as the Future of Leadership. Harnessing the Disruptive Power of Citizens* (Warden Press/Amazon, 2018)