

Synopsis

Make Health Care My Care! Seven Routes to a Healthy Health Care System

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Translation synopsis by Marceline Kroon



Civil Leadership in Health Care: Seven Transformative Routes to Innovation

Dr. **Steven P.M. de Waal** has a clear **message** for anyone willing to lead innovation in health care:

Currently the health care system in many countries is stuck in bureaucratic inertia and political indecisiveness—true innovation requires civil leadership from professionals, patients, and communities.

Rather than waiting for top-down reforms, **leadership must arise from within society**. We need health care professionals, social entrepreneurs, and empowered patients who see the urgency of transformation and show initiative at the front lines.

In his latest book, *Make Health Care My Care! Seven Routes to a Healthy Health Care System* (published in Dutch), De Waal identifies **seven routes** that civil leaders are already taking to create meaningful innovation:

1. **Encouraging Civil Leadership**
Empowerment of professionals and citizens who step up as local change makers, moving beyond institutional roles.
2. **Promoting Health**
A shift from illness-focused care to proactive, lifestyle-based health promotion.
3. **Financing Added Health Value**
Funding models that reward real value (patient outcomes), not just volume or compliance with administrative rules.
4. **Organizing Health Care Using the Practical Wisdom of Professionals**
Trusting professionals to shape care delivery based on their frontline experience, minimizing bureaucratic constraints.
5. **Developing Health Care Platforms and Platform Organizations**
Leveraging technology to decentralize and personalize care delivery.
6. **Providing Home Care with Patient Autonomy**
Bringing health care closer to where people live—through neighborhood models, group living, and community organizing.
7. **Encouraging Courageous Leadership**
Boards and leaders must have the moral courage to break old habits and empower bottom-up innovation.

What This Means for Aspiring Leaders in Health Care Innovation:

- **Start local:** real innovation often originates in a community or team, not in a government department.
- **Have faith in others' professional judgment:** encourage professionals to organize their own work and co-create with patients.
- **Be a civil leader:** use your voice, your position, and your network to initiate change—even without formal authority.
- **Build platforms, not pyramids:** think digitally, decentralized, and user-oriented.

Core Leadership Mindset:

"Don't ask permission to lead—start by solving real problems with the people affected. The system will follow when civil courage leads the way."

This message aligns with global trends seen in the work of people like **Atul Gawande**, **Don Berwick**, and **Paul Farmer**, who all emphasize the importance of **grassroots professionalism**, **moral leadership**, and **systemic empathy** in health innovation.

This is why De Waal highlights and puts the spotlight on individual civil leaders, mentioning them by name and describing their approach, showing the real leadership that is necessary for health care innovation. These examples of civil leadership are also meant to inspire individuals currently working in health care to become civil leaders themselves!

Transforming and improving the health care system requires exceptional leaders who are willing and able to go against the current and put their ideas into practice. The following **civil leaders in health care** are among those who have made their mark with exemplary innovations:

1. **Foeke de Jong – Skewiel Trynwâlden**
Converted traditional intramural nursing homes into community-based assisted living models, providing care-close-to-home and placing the patient's environment at the center of care delivery.
2. **Paul Baan – Vita valley – Entrepreneurial Health Innovations**
Introduced entrepreneurial platforms and projects in health care delivery, fostering innovation. Started a collaborative health innovation hub and real estate complex bringing together start-ups, health care providers, and patients to co-create preventive and digital health solutions.
3. **Igor Tulevski – HartWacht (Cardiologie Centra Nederland)**
A remote monitoring platform for cardiac patients enabling proactive, home-based care, giving patients 24/7 access to a health care professional.
4. **Bas Bloem – ParkinsonNet**
A groundbreaking, nationwide network empowering multidisciplinary teams and patients to improve the treatment of Parkinson's disease and conduct research tailored to the patients' needs.
5. **Jan Smelik – Austerlitz Zorgt – Health care initiative in a Dutch village**
A community-led program focusing on integrated care delivery in local neighborhoods, based on solidarity between citizens, informal caregivers, community services, and health care institutions.
6. **Peter Prak – Knarrenhof**
Innovative housing communities designed to support self-management and well-being in group living arrangements for the elderly.
7. **Jolanda Buwalda and Frido Kraanen – Omring – Regional Care Organization**
Reorganized services to prioritize delivering care close to patients' homes, embodying

practical professional wisdom. An innovation based on *living-care* models providing health care at home.

8. **Paul Habets – General Practitioner – Primary Care Innovation**

Brought about fundamental change in primary care.

9. **Jos de Blok – Founder of Buurtzorg**

Pioneered self-managed nursing teams, eliminating bureaucratic hierarchy. Buurtzorg is a health care organization with a nurse-led model of holistic care that revolutionized community care in the Netherlands. Today, it is the largest home-care organization in the Netherlands, and it is expanding internationally.

10. **Linda Terpstra & Anke van Dijke – Fier! Center of expertise in the field of (sexual) violence, exploitation, and honor-related issues.**

Combined social-pedagogical care for women who are victims of domestic violence with public activism to put domestic violence high on the political agenda.

11. **Marcel Canoy – Caring Neighborhoods (Zorgzame buurten)**

Advocated integrated care approaches embedded within the community.

12. **Albert Jan Kruiter – New Solutions in Care (Institute of Public Values, IPW)**

Advanced a fresh approach to structural health care challenges. His broader and quantitatively substantiated perspective on the actual problems citizens face opposes the current compartmentalization in health care delivery and health insurance.

Six of these leaders also participated in the lecture series at the University of Amsterdam about *transforming the health care system*, organized by Steven de Waal. They presented the health care innovations they pioneered and the way they made them work, inspiring other health care professionals to follow in their footsteps.

These leaders have all followed one or more of the seven transformational routes De Waal proposes. Their innovations demonstrate a shift **from top-down structures to bottom-up, community-embedded leadership** in Dutch health care. Below, the seven routes are described in more detail.

Throughout Steven de Waal's 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]

Former Dutch Secretary of Health **Martin van Rijn**, who implemented major reforms in health care and was later specifically tasked with the Dutch response to the COVID-19 pandemic, kindly wrote the **Foreword**. He endorses the call for transforming the health care system: "Anyone who wishes to contribute to the solution [of the problems in our healthcare system] is cordially invited to continue reading this inspiring book."

The seven **chapters that each** address one of the seven routes describe examples of groundbreaking innovations in health care, with specific mention of the civil leaders who made them possible.

The **introductory chapter** sketches a roadmap to a true and realistic vision of the future and transformation of health care in the Netherlands, which requires moving away from:

- The mythical belief in systems and structures
- An equally mythical belief in the necessity – and the existence! – of rational and sensible central control, which is expected to be delivered by national politics and government, even though the opposite seems to have been proven.
- The aversion to personal leadership, personal courage and a willingness to take risks, which goes with these mythical beliefs

These beliefs are two sides of the same coin. On the one hand, if you don't want to put your trust in individuals, personal efforts, and leadership, then you must rely on formal and anonymous systems and structures. On the other hand, if you rely on systems and structures, you do not need individuals who, based on personal beliefs and courage, are willing to go the extra mile or initiate changes.

Route 1: Encouraging Civil Leadership

Which strategic vision shows us the way to better health care, and more importantly, what finally moves things in the right direction? The answer: we need more civil leaders.

Fortunately, already many civil leaders have been actively steering health care in the right direction. We must find and encourage them. Let's certainly not obstruct them because of

procedures, protocols, previous agreements, or endless discussions. Otherwise, we'll be waiting forever.

Dr. Igor Tulevski is such a pioneering civil leader. He co-founded Cardiologie Centra Nederland to improve outpatient cardiovascular care with innovations such as e-health wearables and 24/7 remote cardiological care. Another fine example of civil leadership can be found in Omring Regional Care Organization, where Jolanda Buwalda and Frido Kraanen transformed long-term care, emphasizing self-reliance and prevention and prediction of disease.

Route 2: Promoting Health

There is a shift towards promoting healthy behavior among all people, healthy or sick. All health care systems are meant to contribute to a longer, healthier lifespan for patients. The development of public health care is now in its third phase. The first phase started at the end of the 19th century with the introduction of vaccination, sewerage networks and other public and private hygiene facilities to prevent disease. The second phase focused on improvements in diagnosis and treatment of diseases and involved the investment of considerable public funds in hospitals, medical equipment, medicines, and medical training. Most Western health care systems are now in the third developmental phase, where the focus shifts back to prevention, emphasizing how a person's individual lifestyle makes an important contribution to healthy longevity. This requires appropriate facilities and spatial planning in neighborhoods, along with proper education and information that answers the actual questions of patients and their families. This enables people to make informed choices for themselves.

This transformation of health care puts an end to compartmentalization and has significant consequences. Promoting health is a threat to much of the existing health care provision under the current financial-economic and revenue models. It also widens the gap between rich and poor that exists even in our current solidarity-based and professional health care system. The real challenge lies in the transition to good health by taking a genuine interest in what people themselves want and can do.

Venture philanthropist Paul Baan's work serves as a good example here. He initiated innovations such as Habitual, a type 2 diabetes reversal program, and VitaValley, a Dutch independent network organization for innovation in health care. Another example of civil leadership in health promotion is Community Health in Chicago, a patient-centered medical home providing free medical care and wraparound services to uninsured and underinsured adults in the city. And finally, we should certainly mention bicycle entrepreneur Cantal Bakker, a young woman who founded a company in Marrakesh, empowering young Moroccans to build a healthier tomorrow.

Route 3: Financing Added Health Value

For some time now, a different way of valuing health care has been gaining momentum. In 2006, Michael Porter successfully introduced the concept of *value-based health care*, shifting the focus to the outcome of care and the added value for the life of a specific patient. Porter lets the patient's experience take center stage.

This shift from output financing to outcome financing has been much admired over the years, but now is the time to fully implement it and face the consequences for the economy and the operation of health care organizations. Otherwise, financial-economic incentives will continue to lead us in the wrong direction, and this positive way forward will never become a reality in the health care system. Money and economic survival inevitably guide actions more strongly than good intentions and fine words. This chapter discusses the disadvantages of the current $P(\text{production}) \times Q(\text{quantity})$ system and highlights the emergence of innovative financing instruments. This may result in a greater trust in and sharper focus on health returns from both a public – public health – and individual perspective.

In this respect, Former Dutch Secretary of Health Martin van Rijn suggested “how to stop talking and start acting”, by experimenting with a budget combining part of the existing funding for housing, health care and welfare. Another example is the reorganization based on *patient care flows* rather than traditional medical departments and specializations by Karolinska University Hospital in Sweden.

Route 4: Organizing Health Care Using the Practical Wisdom of Professionals

Forget overregulation stemming from mistrust or risk averse bureaucratic culture and organize care using the practical wisdom of the most essential factor: the professional. Their judgment is key. However, the starting point should be ‘care, cure, and core’: the very core of healthcare — and indeed the foundation underlying the evolution of humanity itself — lies in the warm, caring attitudes and behaviors of individuals and communities. This requires a different quality assessment and a fundamentally new vision of organizing, work culture, and leadership. The current labor market shortages, making it hard to find highly trained health care professionals, will greatly facilitate this route. ‘Good employment practices’ are currently the distinguishing factor between competitors on the labor market.

Jos de Blok, a pioneering social entrepreneur has proven what can be achieved with this new way of organizing health care: “Professional autonomy has halved the number of hours of home care we provide.” Jos introduced small self-managing teams, revolutionizing the organization of home care. He is the founder of Buurtzorg Nederland, a successful home care company that is now active in 24 countries around the world.

The power of relying on professional judgment and initiative was also evident in the case of Shakib Sana and Robin Peeters. These two doctors gave free vaccinations at a market in a disadvantaged neighborhood in Rotterdam, the Netherlands, in an effort to increase vaccination rates at the height of the COVID-19 pandemic. Their unorthodox approach

enabled them to reach many more people than could have been achieved with traditional methods.

Route 5: Developing Health Care Platforms and Platform Organizations

New ICT and media technologies have challenged markets, politics, and public services, giving disruptive power to consumers and citizens. Health care organizations must also learn to respond to ‘the disruptive power of patients’ (De Waal, 2018). Digitalization has introduced platforms, and these handy tools and apps also empower citizens, clients, and patients in terms of decision-making, organization, and information. Ordinary citizens now become ‘journalists’, with their own media channels to publish what they encounter, observe and criticize in real time. Therefore, we should recognize that this technological revolution has given citizens three types of power: the power over public opinion, the power of quick and massive mobilization (*swarm leadership*), and the power to gather and share knowledge themselves.

Platforms thus have an enormous ‘disruptive’ influence on the economy and market forces. They affect other macro systems as well, such as exchange mechanisms in and around health care. However, the new data infrastructure also creates exciting opportunities, including variants of the electronic health record.

One positive example of the use of new technologies in health care is Zuyderland Ziekenhuis in the Netherlands, that puts livestreams of operations online to better inform patients and enable them to make the right choices. Another is an interactive Cancer Atlas, showing the impact of cancer by region in the Netherlands. This was developed by Valery Lemmens of IKNL (Netherlands comprehensive cancer organization).

Moreover, these new technologies will also lead to organizations becoming platforms when staff become familiar with these tools through training. This will create ample opportunity for decentralized decision-making and coordination at the – professional – workplace. Consequently, it allows for much more self-management and a different management style, which will have an impact on organization and governance. However, it is a misconception to think that managers will become redundant, as demonstrated by the example of Jos de Blok’s Buurtzorg in Route 4.

Greet Prins is one of the civil leaders who successfully harnessed the innovative power of platform organizations. As the chair of the board of directors of Philadelphia, a Dutch care institution, she has taken a leading role in the field of working with social robots in disability care.

Route 6: Providing Home Care with Patient Autonomy

New developments, such as the use of social robots mentioned above, have made it possible to organize care differently. Care is provided on-site and in person, but increasingly also virtually, in and around the home and the social environment of the patient. Patients and

their families can thus take control over their treatment and may also receive help from the community. Peter Prak's concept of Knarrenhof is a prime example of group living arrangements for the elderly, where people have access to health care services, but also support each other.

Health care is being provided closer to home, and at the same time the patient has greater access to digital information. A partnership emerges between the patient and the care provider. This requires information that is easy to understand and up to date. Regarding chain management, it means that the case of this patient should become the organizing principle throughout the entire chain.

The ICT infrastructure will expand from health care institutions to the patient's home. Primary care will – again – be closer to the social environment of the patient. Besides, health care, including primary care, is being scaled up. Ideally, this should leave enough space for the practical wisdom of professionals and not be based on an overly controlled or pseudo-efficient management logic. However, scaling up is now occurring too much within the old monodisciplinary organizational silos. This is far from the desired holistic and integrated approach, remaining close to citizens and the perspective of residents and patients.

A good example of the advantages a multidisciplinary approach can bring, is developed by Albert Jan Kruiter at the Institute of Public Values (IPW) in the Netherlands. He demonstrated that families facing problems in various areas can be helped more efficiently by moving beyond bureaucratic silos and adopting an integrated approach. Regarding the use of ICT, Tergooi Medical Center in The Netherlands deserves full praise for their digital services to patients. They recognize the vulnerabilities of digital communication and pay close attention to technical functioning and security.

Route 7: Encouraging Courageous Leadership

This book invites the reader to make a difference. Take the steps you can, do not hesitate to move off the beaten path, and stick to the principles of the Kansas Leadership Center that were cited at the start of the synopsis. The seven routes outlined here provide a framework for doing so. Be ready to support others in your environment in their efforts to innovate, especially when they make choices that do not immediately seem to be compatible with the traditional system. Innovation can thrive when we give one another more elbow room and loosen the reins. It is like a group of cyclists; together you can achieve more. Each person has their place within the group, serving the greater whole. And sometimes someone takes the lead, guiding their teammates along one of these seven routes.

When you are looking for inspiration, the following two civil leaders are a good place to start. The first is Wanda de Kanter. As a pulmonologist at the Netherlands Cancer Institute (NKI), Wanda knew very well that smoking caused lung cancer, COPD, cardiovascular disease, and many other serious illnesses. Once she realized that addiction to smoking was caused by a downright malicious industry, she decided that she had to do more than 'just' treat her patients and help them quit smoking. She became an activist, protesting against the tobacco industry and campaigning to prevent young people from taking up smoking.

The second is Professor Bas Bloem, a consultant neurologist at the Department of Neurology, Radboud University Medical Centre, Nijmegen, The Netherlands. He developed ParkinsonNet, a nationwide network of more than 4,000 healthcare providers specializing in Parkinson's disease. ParkinsonNet contributes to high-quality care by putting people with Parkinson's at the center, improving collaboration between different health care disciplines, and increasing the expertise of health care providers.

If we want better health care, it's time to innovate. And yes, errors are allowed. Without experimenting and daring to make mistakes, there will be no progress. Let us create an environment that allows this to happen. Innovation and leadership require courage and always involve some degree of risk.

About Steven de Waal

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

He made his mark as an organization and strategy consultant and equity partner at Boer & Croon, a career he ended in 2004 as chairman of the board. He was also a member of the executive board of the Dutch Labor Party (PvdA) from 2001 to 2005 and chaired the party's committee on 'Vision for the New Health Care System.' This policy vision was accepted by the national party convention.



While working at Boer & Croon, De Waal founded Public SPACE, a think tank devoted to the study of civil leadership that stimulates and promotes active citizenship and social entrepreneurship. Upon his departure as partner, the ownership rights were transferred to him, allowing him to establish this research institute as an independent entity called the Public SPACE Foundation (<https://publicspace.eu/>). 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 visitation system, and first chair of the supervisory board), the FC Utrecht Continuity Foundation (chair), the Utrecht Development Board (member), ROC Midden Nederland (chair of the supervisory board of this institution for vocational education), the RTV Utrecht Media Council (chair), and the Ella Vogelaar Academy (chair of the program council). He was also a member of the Transition Program for Long-Term Care, a think tank initiated by the government and social partners to stimulate innovation in the care sector.

Steven de Waal is an expert in health care 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 titled Youth Healthcare (2010) and Decentralization of Youth Care (2011) have brought about fundamental changes in youth care.

In 2014, he completed *The Value(s) of Civil Leaders*, his thesis on the topic of social leadership, and obtained his PhD. He is regularly invited as a speaker both in the Netherlands and abroad, especially since the publication of his book on the disruptive power of citizens as a result of new media and ICT (De Waal, 2018).

Steven de Waal's work covers the full breadth of the public and non-profit sectors, with a focus on issues of market dynamics, social entrepreneurship, strategy, and corporate governance. He is chair of and driving force behind the Public SPACE Foundation, writes essays and books and has contributed to publications on governance and entrepreneurship.

His **publications 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)
- *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)
* Referring to the Dutch *polder* model: consensus decision-making and cooperation despite differences
- *Manifest Jeugdsprong*, a manifesto outlining a radical transformation in the organization of youth care, co-authored with Thijs Janssen and Maaïke van der Aar (FNV, 2021)

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)

Books in Dutch with a synopsis in English:

Make Health Care My Care! Seven Routes to a Healthy Health Care System (Public SPACE Foundation, 2023)