I’m convinced the globe faces two existential threats that demand disruption of our businesses, our policies and indeed our lifestyles: climate change and health assurance for all.

Many have theorized that the increased use of telehealth during the COVID-19 pandemic will become the “iPhone moment” for healthcare, where finally healthcare joins the consumer revolution by bringing care to the home and we begin to build “healthcare at any address.”

But there’s a twist: We have to ensure that the shift to mobile, digital healthcare is ethical, equitable, and sustainable.
alone, health assurance cannot be solved by the healthcare delivery industry alone. The fourth industrial revolution can be defined in a pretty non-threatening way. It’s the blurring of boundaries between the digital, physical, and biological worlds. It’s a fusion of advances in artificial intelligence, robotics, the internet of things, genetic engineering, quantum computing, 5G, and the kitchen sink of exciting new technologies that will blossom in the next decade.

The impact of a digital economy on healthcare will be immense, and I am hopeful that in a few years we will not just be talking about the technology of self-driving cars, but also about how we can use these technologies to create “self-healing humans.”

Just as climate change cannot be solved by the energy industry alone, health assurance cannot be solved by the healthcare delivery industry alone.

Here’s my framework for equitable and sustainable models of change:

1. Start with ethics.
   Trust is more important than technology. Ethics must be injected into product development at the very earliest stage, when values are being assessed. Do not wait until a product is ready for market and then ask marketing to make it trustworthy.

2. Reach across industry.
   We talk and plan in silos, but health assurance only comes when our industry talks with those involved in food, transportation, education, policy, and the creation of jobs. We need to move social determinants of health to the mainstream of clinical operations and global payment models.

3. Intellectual property is the new gold, not data.
   We must understand how IP is derived from the personal data of our patients, and create bright lines for enhanced consent in the use of this data.

4. Never forget the human in the middle.
   As online meets offline (OMO), the excitement tends to focus on the technology. But what’s equally important is focusing on humans, on new roles for clinicians in the OMO world, on new services for patients. And on what I call health assurance, by constructing a system where the primary goal is a healthy and happy life for all.
5. Perhaps, most importantly, there is no such thing as “non-disruptive” disruption.

Disruption, by definition, will be painful to those who don’t want to think differently as new ecosystems are built.

If we are to globally move from sick care to health assurance and bring health into homes and neighborhoods, the home should be the locus of care delivery. It’s time to strip from hospitals everything that can be done in an outpatient setting, leaving hospitals as the location for the very sick and for very complicated therapy. This healthcare “revolution” will require passionate leaders advocating for change—in essence, an army of Greta Thunbergs! Let’s hope the once-in-a-century COVID-19 pandemic of 2020 heralds a new century of global health assurance starting in 2021.

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For those working in the health tech space, this is an incredible time. As wearable devices reach the mainstream, consumers are looking for actionable insights. They are also more health-conscious in the wake of the pandemic. Additional factors include the rollout of 5G networks and relaxed rules on telemedicine and patient record sharing. Innovation teams can develop their visions for the future, using signals and trends to develop plausible scenarios. From this work might come new products, changes in strategic direction, or future business models.

As excitement grows for health tech, corporate R&D teams will be pushed to productize their work. Unfortunately, there has historically been too much emphasis on “D,” without enough on “R.” In 2021, teams will be confronted with antsy boards of directors and enthusiastic chief marketing officers who want to see next-generation health tech in the marketplace. R&D teams can mitigate the need for speed right now by working together with product and marketing teams on their expectations and road maps.

Data collected from health tech and wearables is valuable, and the industry is a target. In 2020, there were numerous cyberattacks on hospital systems. Mercifully, the devices people rely on—pacemakers, insulin pumps—haven’t been hit with attacks. Chief risk management officers and those who work in risk-related positions can play a critical role in making sure that not only are devices safe, but the ancillary systems that collect and distribute data are encrypted and secure.
We recommend using this report to support your strategic foresight activity in the coming year. Every executive team should begin by asking these questions about the futures of health care, medicine, and wearables:

1. Is our company tracking disruptions outside of our immediate industry? What does the Amazon Pharmacy case study tell us about our business?

2. What parts of our business make us a target for disruption? How could new business models introduced by new entrants pose a threat?

3. Are our digital transformation efforts keeping pace with the changes in health, medical, and wearable technologies? What assumptions must hold true for our current strategy to succeed? How will we make needed changes?
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