



2017 DIGITAL HEALTH TECH VISION WEBCAST TRANSCRIPT

Jane Sarasohn-Kahn: Good morning everyone. Welcome to the discussion webcast of the 2017 Accenture Health Technology Trend Forecast for 2017. It is my pleasure to midwife this session with three of my great friends, big thinkers in healthcare technology. First, I am Jane Sarasohn-Kahn, health economist advisor to the industry. I blog at Health Populi and I tweet @healthythinker. Let me introduce now Mike Redding from Accenture. He is Managing Director for Accenture Ventures. I love that little rhyme. Accenture Ventures is the company's portfolio where Mike looks hither, thither and yon for great investments for the company across all industries. And he has been in this business for over two decades so he's got great perspectives to share. Next, oh and he tweets @michaeljredding. Next in line for the webcast is Lisa Suennen, Senior Managing Director at GE Ventures where she oversees GE's portfolio in all things healthcare: Medical device, life sciences, health services and health IT. Lisa also is a great blogger, must-read blog at Venture Valkyrie. She also cohosts the podcast Tech Tonics with David Schavitz available on iTunes and in full disclosure, Lisa Suennen is a great friend of mine. Finally, another great friend from Accenture is Dr. Kaveh Safavi who is Senior Managing Director for Accenture's Healthcare practice where Kaveh serves globally Accenture's clients across all, the whole healthcare sector, health services, health plans and governments all over the world from Finland to Singapore. We never know. It's like Where's Waldo. Where's Kaveh? So, getting these three here together live in Chicago right now with me was a tough thing to plan and we are delighted you are all here to talk about technology. The five great trends. As we launch into this discussion, let me remind everybody, let me remind everybody what those five trends are and then we are going to start weaving them. The first is AI is the new UI and we'll explain all of these throughout the webcast. The second is ecosystem power plays, going beyond platforms. The third is the workforce marketplace. The fourth, designed for humans and finally, uncharted, looking for new business models, new standards. So, let's start with our big hats on, my friends, thinking about technology in healthcare. Healthcare, the sector, has often been called a laggard in technology but I'd like to ask Kaveh who takes a broad view on these things, is the healthcare industry a laggard when we look at technology?

Dr. Kaveh Safavi: When you think about technology for things like productivity and personalization, probably more like an adolescent. When it comes to medical technology, diagnosis and treatment, healthcare has been a voracious consumer of technology and even doctors themselves are early adopters of personal technology. We've tended to think mostly about technology to make care safer not so much to make it more productive or economically efficient unlike some of the other industries. So, from that perspective people would say we're lagging, but I think the priorities will catch us up.

Jane Sarasohn-Kahn: Lisa, what do you think?

Lisa Suennen: Well I think, to what Kaveh said, it's quite interesting. Clearly the primary motivator in healthcare has not been efficiency, it's been volume creation. And as such a lot of the technologies that improve and optimize efficiency and productivity have not been well adopted, and I think they won't be until there is a significant alignment of financial incentives between the patient, the payer and the provider which is just beginning really. And we have barely scratched the surface on the whole concept of value base care. You know, I do think also the technology adoption and healthcare has been limited by the fact that there is not really a concept of a consumer in the traditional sense of the word. And so, you don't have that pull either really except in very limited circumstances.

Jane Sarasohn-Kahn: That's great. So, Mike, when you look at other industries and technology adoption what are their approaches to adopting especially these new, new things?

Mike Redding: Well, and I think there are some very analogous examples where other industries that aren't maybe as traditional as healthcare where like healthcare the easy problems has been solved, and so now you're getting into the tough stuff. And so, one of the sectors I look at as, you know, as an example is in natural resources especially in oil and gas exploration, because the easy stuff has been dug up already. And so, now when you go to find a new oil or gas you're got to go around stuff, through stuff, sideways, you know, left, right, and it's something where, you know, a normal human operator can't make those split-second precision decisions. So, they've started to incorporate in the concept of precision drilling the idea of artificial intelligence to augment the operator and to help really unlock the potential that's deep there waiting for us, but we just haven't gotten there through historic means. Or another example, same industry sector, is augment reality. Right? Things like Microsoft HoloLens or Metta where you still see the real world but you now can enhance it digitally. And we've see some early examples in healthcare like with Google Glass where doctors have used it

in the operating theaters or on rounds. And I really think that because there's these early adopters in industry they'll actually be what drives the overall marketplace for augmented reality forward because they can really show how this technology helps them do their job, do it better, go to that efficiency and as a result that will drive the scale which will then find its way home to healthcare.

Jane Sarasohn-Kahn: It's interesting. I think about Google Glass has announced a new generation for healthcare just in the last week or two. Something to keep in mind, but always to Lisa's point the tyranny of the business model in healthcare which has been volume versus value and your health economics lesson to remember throughout this discussion, because business models count in healthcare and how we get paid in healthcare. Romer's Law from economics 101 in healthcare, a built bed is a filled bed is a billed bed. And until we move from volume to value that bed is going to get filled, the MRI will get used. This is called supply induced demand. We still have that problem in healthcare. So, we can talk about technology all we want, but the business model is still the business model. So, let's dig into our AI is the new UI trend. Artificial intelligence, a lot of hype, a lot of holy grail promise about it. So, I'll start again with Kaveh for this question. AI, is there any low hanging fruit or is this really a tough nut?

Dr. Kaveh Safavi: Well, the reason that we pick this category which is that artificial intelligence is the new user interface is a recognition that even though artificial intelligence itself is a new category largely we thought about it as replacing the work sort of think about the back end of the work that was being done. And the recognition is that that intelligence itself is going to move into the way people interact with the technology to make it smarter and more adaptive. And so, from health perspective there's a couple of examples that come to mind immediately. One is that all of the work that's going on right now to allow consumers to interact with technology using speech and voice like what Amazon and Google are doing really is an AI based application, and in health one of the greatest sources of friction is the interaction with electronic health record for staff. So, that area is ripe for the application of these sorts of technologies. Something that's available today and you're starting to see it as a consumer is taking chat based information and replacing the way a person interacts with technology by informing it through the previous chat conversations. So, for example a company called Health Tap has five or six years of chat based interactions between patients and doctors. They've taken that and they've trained the user interface now so that when you as a consumer beginning to engage based on the learnings that have come from the millions of conversations previously there is a refined set of questions and answers that helps a consumer get a little bit more precisely to the question they want to answer. That makes that experience a more intelligent one than the traditional way people interact with it. So, there's a lot of upside here.

Jane Sarasohn-Kahn: Great. From an investor's standpoint, Lisa, because you've got to place bets on these things with real money what are you thinking about AI in this early stage? Hype? Not hype?

Lisa Suennen: Well, that's interesting because I think 98 percent of all business plans say AI now. It's the word you've got to say in every venture pitch. Really there have been three areas I think that we've looked at where the applicability seems to be soonest for value. One is in the whole clinical trials and identification of patients for trials, identification of drugs for, you know, the discovery of drugs more rapidly types of stuff. Company like Clinithink and Deep Six are using these types of approaches. Certainly, in the imagining area, an area near and dear to GE's heart, you know, where I work working with companies like Arterys that's using AI for advanced visualization really improving the workload of the radiologists so they can focus on the important diagnostic stuff and not just the marking up and drawing on images. And then lastly, I'd say the predictive analytics side which will probably take the longest in some ways to reach full adoption, but companies like Health Reveal using AI and deep learning to identify patients who are likely to have major adverse clinical events so you can intervene quickly, reduce the cost and the, you know, risk to the patient in those categories. So, that's what we're seeing that's most interesting in those areas right now, but we're seeing I mean we've seen everything from, you know, how to pick a better beer to how to pick the right dog on the AI front.

Jane Sarasohn-Kahn: I kind of like the sound of those from a consumer, a direct consumer standpoint.

Lisa Suennen: Exactly.

Jane Sarasohn-Kahn: Mike, AI is, you talked about it a little earlier today, what is your view on how other industries are using it and how that could translate to healthcare?

Mike Redding: Well, I think that it is the fact that it is being embedded so that ultimately the end user whether it is a consumer or a patient in the case of healthcare or an employee or a doctor or health provider, the expectation is the interface of a system should be smart. It should be intuitive. It shouldn't be every time, vanilla and dumb and I think we are starting to see that find its way into the real world and you can say well, it is only going to happen in super high tech, you know, cutting edge stuff. Well, there are actually some great examples, like one of my favorites is in Italy where the Italian government has deployed a bot, a chat bot, text and voice where your Italian grandma can call up to ask about her pension check and can talk to a bot and as a result know that it is coming, feel good, you're happy because grandma is happy. And as a result, they've had over 70,000 people use this automated system, over 15 percent, 100 percent self-serve and overall government service levels have improved over 30 percent through making it an intelligent interface. So, if Italian grandmas can make it happen, then we know that this is going to find its way into all sectors.

Jane Sarasohn-Kahn: Great. The power of the Italian grandmother cannot be underestimated. Trust me, I know. One of my favorite places, Galileo and DaVinci are smiling down on this, the great old scientists. Information. Healthcare is an information industry at its roots. You can't do healthcare without creating information, analyzing it. Last year the Accenture forecast talked about platforms. This year, that trend pillar has evolved into ecosystems. I'd like to start with Lisa on this because she and I met through health IT circles. What's your take on looking at this emerging ecosystem concept in healthcare and how can the healthcare industry come to a kumbaya for an ecosystem which I know has challenges. Lisa.

Lisa Suennen: Well, you know, this whole idea of coopetition has become very popular. It is right up there with AI and I think that, but it is really interesting because the cooperation amongst groups in healthcare is pretty limited to groups that are not directly competitive. Right, and where in other industries you see the actual collaboration among competitors in the straight tech industry. So, and I think the point of that or the reason for that is that data is considered such a tightly held asset, maybe the only asset that allows you to keep control of patients in healthcare that is very difficult for health systems repairs and others to let go of that and collaborate and as they haven't, fundamentally. But you are seeing really interesting collaborations among folks that might not have worked together before. For instance, I think about American Heart Association's program, the One Brave Idea and it is to promote the rapid acceleration of developments in precision medicine and that was a joint venture between AHA, Google, Astra Zenica and partners. They are all different industries, all different areas but they all are healthcare companies that traditionally didn't really collaborate in a business sense and are now for that endeavor. So, you are seeing that those, you know, interesting bed fellow connections come together and I imagine it will take regulation to force the sharing of actual data, you know, amongst payors, amongst providers in a different kind of way.

Jane Sarasohn-Kahn: Awesome. Mike, ecosystem building and other industries, there must be this issue of ownership of data, holding data close to the vest. What can we learn from what you've seen in other industries about loosening up?

Mike Redding: Well, and I think that it picks up on the themes that Lisa just talked about around coopetition but you know, one example is all the financial institutions when it comes to block chain. Right? You know, because they recognize that in some cases yeah, you want to do it all yourself, but you also understand that for certain digital technologies they're predicated on network effects and so it comes down to it is only going to work if everyone figures it out together and so with block chain, we've seen with the Enterprise Ethereum Alliance, with the Open Hyper Ledger project that we helped sponsor. We are also in the Theorem program as well. You have hundreds of competitors coming together to say we need to define the standards and the technology because the core isn't what's going to be, what differentiates, it's how we exploit it and how we leverage it to our business and to our customers. Seeing this a lot also in automotive, right, strange bed fellows coming together because, for example, GM partnering in investing in Lyft because they've said, if the future of cars is people don't own them, they just ride in them, I want to make sure that it's a GM that they are riding in so let's make sure that we've got that close tie. Or Mercedes and Uber because Mercedes says we're going to build self-driving cars but we don't want to be a scheduler but Uber is already a scheduler so let's get together. We'll bring the cars, they will bring the riders and the net result is that is how we'll compete in whatever the transportation market of the next decade looks like. So, again, it is coming together at crossing traditional industries and new digital industries but to create new business propositions.

Lisa Suennen: I think it is so interesting that healthcare hasn't recognized that the network effect, the ATM backbone, you know, technologies or the standards in cellphones have created massive increase in the size of the industry and that they haven't taken advantage of that and recognized that to share data so you can expand the opportunity instead of fearing the collaboration to keep it where it is.

Jane Sarasohn-Kahn: Kaveh, what's your take on this?

Dr. Kaveh Safavi: Well, I think no question that meaningful business innovation requires both the technologies to plug and play as well as the business models and we used to talk about platforms and it appeared that it was really about technology and the technology is getting good enough that that excuse has fallen away exposing what Lisa's point is, which is, in many cases it is actually the businesses that historically have been the resistance. That being said, the examples of cooperation just like the examples outside of healthcare, Lyft for example, with care more focusing on transportation for senior services shows us that in many cases, these ecosystem participants tend to be a healthcare participant and a nonhealthcare participant because they have less likely to have competitive business issues. And the other thing that's interesting is many of these are first being expressed around things that would look more like they would be consumer expenses as opposed to traditionally reimbursed by third parties, again, because that introduces more complexity in the business model. So, that's where I would look first to see where these ecosystems work, but I think there is a general recognition by most participants in the healthcare system that the future is much more about not just about technologies but companies working together. It is too hard and too complicated for anyone to try and do it by themselves.

Jane Sarasohn-Kahn: And we can even see Amazon, who appears to be doing a lot by themselves still partnering on the outside looking to Whole Foods, looking to technology partners to build on Alexa, atop of it. So, on the retail health side where I spend a lot of time that's very consumer driven, as you were talking about, Kaveh, when people are paying out of pocket, they want a bundled kind of experience, a retail type of experience. So, we are seeing these ecosystems coming together through grocery, pharmacy, clinics, on the out of pocket spending which may force pressure going up to the legacy healthcare players, hospital systems and such. So, I introduced this last segment looking at the importance of information in healthcare, hither, thither and yon and now we want to talk about the labor component in healthcare that is a huge cost. So, I am always looking through that (inaudible) to see if we can improve quality and reduce cost. We want to talk now about the workforce marketplace trend in this forecast that's very powerful in other industries. Mike, where are we seeing workforce marketplace deploying and coming out?

Mike Redding: Well, I think we are starting to see, you know, a transition thanks to digital technologies where we are going from historically from business process outsourcing where an enterprise would tap into hundreds or thousands of supplemental labor pools to help them transact or process to know where thanks because we can address people digitally, it is becoming efficient to just to hit spots of talent where you need to supplement one or several and as a result, because it is a challenge, that's why it's become a marketplace saying I've got great talent in my organization but there's also great talent out there and if I can only reach out and touch it and bring it in easily, then that unlocks a lot of efficiency and effectiveness and a great example of this is Proctor and Gamble did a side by side study where they took teams with equivalent business missions, you know, bringing out some new products or new concepts and they took teams that were 100 percent P&Gers and some that were using a platform called Upwork to actually pull in supplemental talent. And what they found was that the blended teams 60 percent of the time beat, you know it is kind of AB testing, beat the internal only team, 60 percent of the time on time and budget. Right, so and quality. So, net result was, the triple bottom line you're talking about because they could pull in so I think that that's the idea of saying how do I always have access to the best or the most appropriate as opposed to what I have here locally.

Jane Sarasohn-Kahn: And also diversity and thinking, do you avoid that group think which is at a P&G or any big company.

Mike Redding: A little catalyst verse a fresh look. It can't hurt.

Jane Sarasohn-Kahn: Love that. So, Lisa, what are you thinking about this workforce marketplace in healthcare?

Lisa Suennen: It is interesting, this whole gig economy, you know, concept has been actually active in healthcare for some time when you think about the outsourcing of ER docs, the outsourcing of nurses and outsourcing hospitalists. So, certain categories which I think are generally considered, although they should not be, on the fringe, right. At the core healthcare relationships have not yet moved into this marketplace model. And I think most healthcare systems believe that their people, especially their physicians, are their biggest asset, you know, and not the relationships that they have real or imagined with consumers and patients are a fundamental relationship. They don't want to give to the marketplace concept. That's a really, it's a really interesting challenge because if you just look at the way the caregiver need, for instance, is expanding in the US. You know, the number of caregivers needed is expected to outstrip the number of caregivers available by something like a million people over the next ten years and that's right for that gig economy model. You are seeing companies trying to affect that caregivers' services, honor, etc. but it is a real challenge in terms of matching I think the quality and the credentialing the types of underlying issues that may not be as essential on the regulatory side and other industries when you are matching talent to serve a need. So, I think it is going to take a while. We aren't seeing a lot of marketplace companies in the healthcare front yet.

Jane Sarasohn-Kahn: What are you seeing globally, Kaveh, on this?

Dr. Kaveh Safavi: Well, what's interesting is that when we first proved that it's possible for people to work together without having to be next to each other. Then, the next logical step was that my people are all over in different locations and people ask well, they why do they need to work for me? So, the hierarchy of control over the labor market is affected. Health is interesting because we have both physical and cognitive tasks so it is really more the cognitive tasks that are first subject to this sort of the marketplace because if people have to be physically together then it often changes the dimensions. What's also interesting though is that this conversation around the labor marketplace is, appears to be limited only to people but it is really not just people. You're beginning to see the substitution of machines for people. And to Lisa's point, it is not just a theoretical concern, recently there was an economist in Finland who did a, published an article that suggested that given the fact that they are the fastest aging population in Western economy, that by 2050, every single person entering the labor workforce would have to be in healthcare in order to meet the labor, the healthcare needs of their society, assuming they did it the way they do it today. This isn't just about saving money, there's a practical reality there is not enough people to do the work and so the next order question is robots. And interestingly enough, if you go to a conference in the Western hemisphere about automation, you see software but if you go to that same conference title in the Eastern hemisphere you see a lot of robots. With the idea that the physical robots replace the tasks of human beings. So, the next iteration of this kind of a workforce is a combination of people who aren't in your hierarchy as well as machines. And some combination of people plus machines. So, there is a lot of dimensions to this.

Lisa Suennen: I think before all of us are replaced by robots, we'll probably see, which might be next week, we'll probably see a lot more virtual care. I think that's the interim step in healthcare, is you know, matching people with physicians or clinicians or services they don't have a personal connection to but they can get at easily as particularly in rural communities where people are desperate for services, etc. and so we are starting to see that move more rapidly I think and that sort of drives a lot of this marketplace thinking.

Dr. Kaveh Safavi: Lisa, you will never be replaced by a robot. I might, but...

Mike Redding: I, for one, welcome our robot overlords.

Jane Sarasohn-Kahn: I love that. You heard it here first. Something I should mention in healthcare as we segue to thinking about designing for humans is that in the annual gallop poll every December they ask who are the most honest and ethical professions in the United States and the top three every year for ten, 12 years are nurses, pharmacists and doctors with members of congress, car salespeople and insurance salespeople at the bottom. I use this a lot in my talking and speaking because it gets to the point that doctors, nurses and pharmacists are really this valued, trusted, labor force that bring empathy and trust. Trust is a precursor for health engagement which segues me to ask these folks about this key trend, really a central tenant amongst the five which is designed for humans and design that can inspire healthy and new behaviors, positive behaviors. So, let's unpack it with Mike, because you get this. You live this.

Mike Redding: Sure. Well, so I think the key here is that because of the power of technology, the compute power, the devices, artificial intelligence, the next result is for the first time instead of having the human bend to the technology we can bend the technology to the human and we can make it that empathetic human centric experience, so we can focus on what they're doing or what they need as opposed to saying you need to go to six weeks of training so you can learn data entry on how this system works. Instead you can just live or do, and I think that that is very, very powerful and a great example, you know, analogous to the healthcare industry where you think about like the bill you get. Think about your telecom bill, your mobile bill. It might as well be written in Sanskrit. Who knows what it says? Well, three telecomm scrapped the bill, said what does our customer want to know, what do they want to do? They designed a mobile app, and they have their bill which is a 4.5 star rating in the Apps Store and it has people engaging with it multiple times a month as opposed to a bill that you don't even want to look at, because they went from serving the business to serving the end user and changed what was a horrible thing into something very positive. And it has actually lead to customer retention and actually gaining new customers, because it's a better way to interact.

Jane Sarasohn-Kahn: Can you imagine a health insurance EOB, explanation of benefits, that would empathize with the patient?

Mike Redding: That you'd give four and half stars to.

Jane Sarasohn-Kahn: That, I mean please.

Lisa Suennen: Let's not talk fiction here people.

Mike Redding: Telecoms can do it.

Jane Sarasohn-Kahn: We aspire. So, Lisa I mean can healthcare be designed for human centric?

Lisa Suennen: Well can it be? Sure. Will it be? That's a great question. I mean we haven't seen healthcare industries really step up their game on this and make it a core principle that consumers enjoy or at least tolerate in a positive way their experience in the system. And I think, you know, in a world where we have to bring more technologists, good technologists to the system in order to improve it that's a real problem. So, you have to make, if you're out there and you're a technologist and you're a young person looking to enter the workforce right now in the tech world you're probably not first thinking of healthcare, because you could A, make a lot more money on the tech side and B, you can be in a place where that consumer empathy issue is more pronounced. I think there's a reason why people in healthcare are very nervous about Amazon and Google and Apple entering the healthcare world in a big way which is clearly imminent or happening already, because they understand the consumer and how to work with them. So, I think, you know, that, that migration in healthcare from the pharma world from the med tech world, from the peer world who don't even today by and large employ data scientists or tech people, they have to start thinking about how to bring those people into the mix and bring people who bring with them that consumer sensibility that user centered designs sensibility or we are going to keep going backwards.

Jane Sarasohn-Kahn: Kaveh?

Dr. Kaveh Safavi: I think that part of the reason that health is lagging might be simply that we don't have the respect that we have for the science of experienced design the way other industries have. Largely because we haven't really come from a legacy of being a consumer oriented business. It is much more of an industry that's been driven by the expertise of the clinician so even the electronic health record is criticized and being difficult to use because it is largely built by the needs of the information rather than the needs of the user putting the information into the system. And what I observe now, primarily, is an evolution of understanding that this is actually a discipline that needs to be brought into the systems and it's not the same as being an expert in healthcare. In fact, it's got virtually nothing to do with healthcare and the second reality is that you can't learn about it by doing focus groups or opinion research which is how we tend to solve problems because we are very analytical. It requires a totally different way of thinking about designing the technology. My sense is that as

we gain respect for that, then you'll begin to see that discipline become infused into healthcare information technology and hopefully it will be a little bit, it will be much better than what we see right now.

Jane Sarasohn-Kahn: I hope so, Kaveh, because I think the most common answer to the question how many customers have you shown this to in designing your product, when I meet with entrepreneurs, the most common answer is zero.

Dr. Kaveh Safavi: That's a reflection though of the fact that there's no respect for it as a discipline.

Jane Sarasohn-Kahn: And from the consumer standpoint, and as consumers around the world start paying more out of pocket, getting more both financially and clinically engaged in their own care, there was a survey that came out a couple of years ago that I think is a real heads up for the legacy healthcare industry, hospitals, pharma and providers and that is that when consumers were asked who do you trust to help you manage your healthcare, what kinds of industries, about the same percent, around 40 percent of consumers said I trust healthcare providers, digitally enabled companies and big retailers. So, Costco, Target, Marks and Spencer, Safeway, my doctor, my hospital, my insurance company and Apple, Google, Microsoft, Amazon. Equal numbers. Why? Transparency of quality, price, accessibility to understand the value proposition. How good will the arthroscopy be from that doctor or this doctor? What does the health plan cover? So, we really have to start thinking about the ethnographic research angle of the healthcare consumer and the clinician who really need to partner in healthcare and engage and I think that then takes us to the final fifth trend which is the uncharted. What is the new, new business model? The new standards? The new paradigm for healthcare that is uncharted? So, I want to start with Kaveh on that for the big hat idea.

Dr. Kaveh Safavi: Well, you know, as now computing becomes part of everything we do, it introduces all kinds of complexity we can't understand. And, first order of conversations, people think about like will the machines become smarter than humans and how do we regulate that. That's sort of out there. But more practical are often issues of governance, like for example within block chain which is by its nature distributed. We don't really have an orderly process for understanding who's in control so that is a whole area of uncharted. One of the really interesting areas, particularly for healthcare because it is a regulated industry, is what standard are we going to allow technology or expect technology to meet before we allow it to participate in our healthcare. And the way to understand this is to look at what's going on right now with autonomous vehicles. The, in the lab, the autonomous vehicle is getting to the point now where some of the cars are almost as safe as the worst driver in the high-risk driver risk pool. Now the question of course, is when would you allow an autonomous vehicle to go on the road? When it is as good as the worst driver in the high-risk risk pool, the best driver in the high-risk risk pool, the worst driver in an average risk pool, the best driver in the world or perfect? Which standard should we use? We don't know the answer to that question. If we pick perfect, we are not going to see autonomous vehicles for a long time. If we pick perfect for a diagnostic technology we are not going to see it for a long time. The negotiation as to what's good enough is completely open area for us and the answer to that question will drive adoption.

Jane Sarasohn-Kahn: Lisa, what do you think?

Lisa Suennen: Well, it is interesting, I mean the idea of a minimal viable product, right, is a very elusive one. I think, you know, when you are talking about billing systems you can be wrong, when you are talking about pharmaceuticals, you better be right or at least most of the time and at least thoughtful about how you go about that. You know, I think the uncharted territory is that of evidence. You know, I think we are seeing amazing amounts of technology come to the field and every time, you know, in 13 percent of the time they don't say AI and business pitches, they say block chain or you know, 3D printing or VR/AR and the challenge I see is that not only do you need to have a practical application, not only do you need data come out of it, but you have to have a use for that data that you can apply in the moment and you also have to have evidence that makes a difference. Technology for technology sake in healthcare is not ever going to be adopted, I don't believe. It needs to show that it saves money, that it improves outcome or it does both. And I think, you know, companies that are thinking about building products in these areas should be cautioned to think about those things from the very beginning. How do you demonstrate with evidence that you can save money and improve outcome?

Jane Sarasohn-Kahn: Great. So, Mike, what can we learn from other industries in the uncharted in healthcare?

Mike Redding: Well, I think that the uncharted also means besides the adoption of technology is that you're not constrained by the definition of the enterprise as you once were. Like, you know, and so it is like, what is a car company? Right, we use that a little bit and Kaveh just referenced it, but Tesla makes cars and batteries and solar panels and now they are digging holes in the ground

Jane Sarasohn-Kahn: And going up to Mars.

Mike Redding: And going to Mars, oh yeah. You know, and that is more Elon Musk than just Tesla but Tesla is saying we are going to get the energy, we are going to store the energy, we are going to put it in and we are going to move you around and we are thinking of the entire value chain of what makes motion. And, and that's why all the other guys are like whoa, wait, but I make stuff. And they are like well, we may not even make it. So, I think that that's a great example of the boundary, because of digital technologies, and we've, we've seen some of that in healthcare with you know, with Kaiser Permanente where they are mixing you know, the delivery with the insurance and but it is going to go so much further and so it is not being limited by your classic definition and using digital technologies because, again, if you don't, someone else will show up and a couple of the techs have made a run, you know, we've seen Google and Microsoft take an early run at like Health Vault and other, Google Health. First forays, right. And it maybe comes back to the MBP problem that there's a challenge with that but if you imagine some of these other digital companies, again, like Amazon, what are they? I don't even know. But it doesn't matter. Whatever they are doing, they are doing well at. And you see in Alibaba and others coming out of China, same story and I just saw this morning Samsung has released their first drug. So, the cellphone guys are making drugs, right, because it is like whoa, again it is going to be because they are not like we're a cellphone company. No, they are like, we're a company. And we're going to serve the world's population. So, I think that's what the uncharted is all about saying take all these super high-powered technologies and take and examine of what do you want to do and go and make it happen because you can.

Lisa Suennen: New business models are the new black.

Mike Redding: That's right. That's exactly right.

Jane Sarasohn-Kahn: And so, I will riff, in conclusion on what you just said, the value chain for motion, the value chain for health, healthcare. Not healthcare but health. How do we make health? At the end of the day, we have these five trends here. Let me pull out the money quote for me in this study which was when we design tech for humans, that use it, we will redefine the future of healthcare. So, we think about that. Think about Amazon voice first. Voice first for inputting data. Voice first for ordering up a Willie Nelson song for making us happier if we have a mood issue. I think this forecast tells us to think people first, for making health across this ecosystem, that's where the value really is. Let's break down these business models, establish new standards with the consumer patient and the clinician mind at the center and let's all make health together.

Thank you for joining us on this Accenture webcast.

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