



Driving Empathetic Change

An interview with Sutter Health Chief Design and Innovation Officer Chris Waugh



Chris Waugh joined Sutter Health in 2015 as its first chief design and innovation officer. With his extensive experience in human-centered design, he guides the organization's innovation strategy. Waugh came to Sutter Health with 10 years of entrepreneurial leadership at IDEO, a globally regarded Bay Area design and innovation consulting firm serving many high-profile companies including Nike,

Google, Walmart, and the Centers for Disease Control and Prevention. He also served as vice president of design at One Medical Group in San Francisco, where he helped create a culture of innovation. He will be presenting at AMGA's 2019 Institute for Quality Leadership: Embracing Disruption, September 26–28 in Las Vegas. *Group Practice Journal* interviewed him about his work at Sutter Health, his perspective on embracing disruption, and how groups can incorporate human-centered design into their strategies for future survival.

GPJ: *Joining Sutter Health in 2015, you became the organization's first chief design and innovation officer. A title like that seems to lend itself to various interpretations. What is your day-to-day really like?*

Waugh: The day-to-day is about listening—understanding what's going on in the environment around us, technologies that are changing, and what companies are moving in different ways—and, most importantly, listening to users and their families. At Sutter, we pay a

lot of attention to people and their families, and what their latent and expressed needs might be. We listen to providers and the care teams about the needs they have. We also listen to the economics of health care and how we might line that up with user, family, and provider needs to reimagine how care is delivered—more efficiently, affordably, and personally.

The day-to-day is also about partnering, getting creative, and thinking in a more unconstrained fashion about things that we

should explore. We spend a lot of time brainstorming and thinking about various concepts that might come to life in different ways. The most important day-to-day aspect is implementing, because if you're not bringing anything to the light of day or making it happen, you're not providing value. Last but not least is scaling—making sure the things that we know to be proven, measured, and performing get adopted and transferred among different parts of our integrated health system.

Some lesser-known activities are listening and paying attention to things that are going on outside of health care, cross-fertilizing ideas, and asking what the implications are for those things in our industry moving forward. Paying attention to what's going on around us, new technologies, looking at how human behavior and interactions are changing—and the implications for health care—are important.

GPJ: *Your approach to leadership revolves around what you refer to as a "human-centered design." What does that entail and how do you place it into real-world practice?*

Waugh: Human-centered design, or user-centered design, is a simple concept. It's a human way to be,

so it's very intuitive. The elements of user-centered design are deep empathy for the context in which you're trying to solve for. It's understanding the problem and using empathy to unpack that problem and then synthesizing that into the most important elements of opportunity. You get really creative within that opportunity space and start to prototype the various mechanisms to get a sense of how it might possibly work, and then move on to the beginnings of final concepts and implementation.

We look at a lot of data in health care and that's extremely important. We need more data, and we need to make more sense of data, but data doesn't always provide the inspiration that's needed to get really creative. So, if we're looking at a particular challenge area, for example primary care or even patient billing, as designers we want to deploy empathy. We go out into the field and we talk to users about their experience—not for them to give us the answers, but to listen, observe, and see what the opportunities might be. Human-centered design is a great complement to data and findings. Data gives us a direction, and observation gives us the inspiration. With that, we can get really creative. We've seen great results in user-centered design in health care when we take the time to talk with patients and their families about their experiences and observe them in their own context. Empathy and patient-centered care are really inspiring and can provide a lot of insight around a patient's true challenges and needs.

GPJ: Your keynote at this year's AMGA IQL is titled "Using a Silicon

Valley Mindset to Drive Innovation in Health Care." What is it that start-ups and tech entrepreneurs are doing differently that those in the health industry need to be paying attention to and adopting?

Waugh: I think there are some positives, and also some learnings around things that have not gone as well in Silicon Valley.

Let me start with the positives and what I think health care can take a page from. First and foremost, its incredible ambition and unlimited thinking. Silicon Valley's ability to think really, really big and not be intimidated, to take on whole industries or entire former ways of working, are part of the fuel of the Valley, and it's very contagious and provides a lot of enthusiasm and a much bigger stretch target for what can be done. When you listen to Jeff Bezos share what he is thinking about, on the surface it seems like that's really a big stretch. But when he unpacks it and explains it, it's pretty compelling.

The ambition and thinking are really compelling, and I think health care can learn from that.

Step two is to move really fast. This can also fall into the liability side of the equation, but the benefit is that Silicon Valley mindset moves so fast that it doesn't lose sight of the original goal, and it chips away at that goal in an agile and sprinting format. This agile process breaks things down into really small chunks and goes really fast. It's not unusual to see Silicon

Valley try to make a bold move in a matter of weeks, whereas health care thinks in terms of years and sometimes decades from concept to implementation.

I think the Silicon Valley mindset also understands the power of information, data, and the correlation of data to more quickly inform



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what could be, how to iterate, and how to change. The Valley thinks ambitiously, puts something out very quickly, works really quickly, and then uses data to constantly inform itself on whether its hypotheses and theses were right or wrong. It then changes and iterates until you get it right.

Some of the challenging areas of a Silicon Valley mindset include things that we're all observing right now—when ambition creates an atmosphere where an organization

doesn't anticipate the secondary consequences and impact of their innovations. For example, I don't think that when Facebook started, it had any idea that what it was creating might have the potential to create influence over elections. That wasn't on its radar. So, there's a lot to learn about the negative implications of big moon shots, moving really quickly, data—and not thinking through all the consequences of that. Another issue is data privacy and the potential of security being exposed. I don't think Silicon Valley realized just how big this issue was going to be and how much it relied on that data and needed to monetize that data.

The healthcare industry certainly has some good reasons why we're regulated—we're dealing with human lives. That said, there are a lot of ways health care can move forward faster, especially when we're talking about non-clinical elements like digital therapeutics, food, and transportation. These are all things that are a part of the clinical process that may not be as direct as a medication creation or a clinical pathway, and there is a lot we can do to move them along faster.

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GPJ: *What is the hardest part about engaging with innovation and new technology while not letting it overshadow the mission and intent of your goals?*

Waugh: The powerful blend of human-centered design plus innovation keeps us very focused on the intent. The user is at the core of everything we're trying to do. Everyone has had experiences where

technology for technology's sake is irrelevant. It needs a reason for being. The thing that keeps us very focused is the patient's need, the individual user need, and their family need. That's a true north for us. Once we've unpacked those needs in a particular space—let's say it's the reimagining of primary care or even the reimagining of end-of-life care— if your core motivation, driver, and true north are users and their families, then the technology you're looking for is not as distracting. You're looking for the technology that's going to help them.

GPJ: *In your experience, what has been a key component that most health systems seem to forget to implement to improve their quality of care, and what is your advice in course-correcting that mistake?*

Waugh: For any new implementation, you need to speak multiple "languages." It's not literally languages. In any kind of adoption, you need to have fulfilled the language of the user, the technology, the clinician, the economics, the system itself, etc. You need to look through the lens of other languages and ask yourself, "Have we covered our bases?" You have to make sure you're speaking all of them fluently. And I think healthcare systems can learn from that multidisciplinary and multilingual approach with any implementation and innovation, to make sure the bases are covered across all of the stakeholders that are involved.

Another thing is measurement. We think a lot about clinical information and clinical data, and they're really powerful and important, but it's just one feedback loop. You need to understand what you're trying to test, what your hypothesis is, and see whether you

are getting the engagement you're seeking. The way we can measure engagement right away digitally is so powerful. We can see our users coming back to our application on a regular basis. You see pretty clearly right away if what you've made is engaging or not. Then, look at those checkpoint measures that say, "this is cleared to go to the next stage." It's been surprising to me, coming from IDEO, where experimentation was really celebrated, that in the healthcare field "piloting" is often seen as a negative word. I think one of the reasons that piloting may have that connotation is because the pilot never seems to stop. You need an exit ramp for things that aren't working. Cutting off early, making sure you stop, having more complete measures, and speaking all the languages of the adoption to make sure that no one was overlooked in the process are really important.

GPJ: *The theme of this year's IQL is "Embracing Disruption." What has been an example where you had to lean into the disruption that something was causing in your work?*

Waugh: Our team's philosophy is to deploy technologies and digital applications to make a person's healthcare experience more human, not less. For example, a person's body is never closed. It's open 24 hours a day, all the time. But healthcare systems do open and close. So, we've made some pivots in project direction and are shifting some major principles from one-to-one to many-to-many. The idea that you see one patient at a time in one building at a time is inherently inefficient. We're constantly thinking of ways to improve patient access and create "new front doors" for people.

We think health care should come to you; you don't always have to come to it.

GPJ: *From your perspective, what are the most crucial concerns in delivering the kind of organizational performance health systems will need to survive and thrive in the coming years?*

Waugh: The industry has been talking about it as “consumerism.” It's the idea that the user has much more of a say in the process—how health care is paid for, the type of care they want, and the care should and could come to them where they are whenever possible. That's definitely the thing that is going to really dislodge the status quo with whole new mechanisms and ways of delivering care in a way that's far more enabled by technologies

and informed by examples that have already been proven in other industries. I think that the demands of people and their families change depending on what part of the healthcare continuum they're on. For example, when a health-care condition is more serious, you're willing to put up with more inconvenience. But when you're on the healthier side of the equation, there's a lot more consumer discontent with the experience. There's so much dissatisfaction in that experience that it's starting to really dislodge the current delivery system in this country.

Secondly, there is an extraordinary cost. People deserve quality health care at a much lower cost.

Those two drivers are seriously pushing every aspect of health care, including health delivery. And as an

industry outsider coming in, I find these to be very exciting areas of opportunity for improvement.

A third area is we see so many nontraditional players coming into the healthcare space and making big moves. I think Walmart, CVS, and Google are all doing some really interesting things. And obviously, Amazon. We applaud that. From a user's perspective, we think that competition and more sophistication in the industry will drive down costs, improve access, and offer people a more satisfying and human healthcare experience. **GRJ**

Hear more from Chris Waugh at the AMGA 2019 Institute for Quality Leadership: Embracing Disruption, September 26–28, 2019, in Las Vegas, Nevada. For details, visit amga.org/IQL19.

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