

Creating Preferred Futures of Australian Health Care

Colin Russo
Engaging Futures
Australia

According to a compilation of 2019 health data from World Health Organization (WHO), United Nations Population Division and the World Bank, Spain and Italy are the top two healthiest countries. Their healthy cultures are attributed to a Mediterranean diet and high-quality preventative and chronic health diagnosis and treatment services. Australia, with multiple tiers of healthcare services, is seventh in world health rankings. This ranking is bittersweet – sweet for being in the top ten. A high health ranking is understandable from a cultural worldview. Australia is known internationally as a sporting nation with active involvement in a wide range of codes around the country and with leagues for regional areas. From a systems perspective, Australia has well developed junior and senior education systems to grade 12. Then, universities have become increasingly accessible geographically and online. Education systems provide the groundwork for the successful operation of the healthcare system. Professional healthcare administrators operate all of the facilities, including primary healthcare services. The bitterness of international healthcare ranking as seventh is because it signifies that there is still much more work to be done. It flags that some Australian communities are at much higher risk than others. Health problems compound when Australians live away from services, in rural areas. People living in peri-urban zones are also less likely to access the same level of patient care afforded to those in larger cities. There is a ten-year life gap between indigenous and non-indigenous Australians; nearly two-thirds of Australians are obese, while 60% of Australians have low levels of health literacy. Also, some youth groups are in high-risk categories with depression and anxiety. Does the future offer a haven from all ills or at least a promise of hope that continuous efforts will create a better 2030 for the healthcare sector than we have today?

At a Futures Thinking workshop for a primary health network in Brisbane, I presented trends and analyses to generate discussion about preferred futures. Primary health networks look for gaps between healthcare providers and community members, to analyse, support and create an efficient and effective operation of high needs health services. The Australian government funds its Primary Health Network program to link health providers to those at risk of poor health outcomes, including Australian minority groups. Futures Thinking is very helpful to strategy leaders of Australian health programs and services for addressing longstanding issues and multiple preferred futures and strategies. The group of 60 leaders mapped existing and preferred futures for themselves as individuals and business areas. A Futures Thinking question during the workshop was, how do we think a decade in advance about preferences, possibilities and emerging health issues? Their responses would help to align their strengths with emerging issues and the long-term futures of their client groups. They needed Futures Thinking tools and methods to shape their ideas into strategies with actions. Futures Thinking would then help to create a narrative to sustainably manage the cultural and technological epidemic of change and population growth they are experiencing in Brisbane. I presented a keynote and then workshopped The Futures Triangle, developed by UNESCO Chair of Futures Studies, Professor Sohail Inayatullah. The Futures Triangle's three areas are the allure of the future and its contested images, current issues that push toward the future, and past contentions or weights that hold back on change. Participants, including the CEO of the Network at the time, responded with their thoughts, that follow.

The Pull of The Preferred Future

1. Person-centred and consumer-led choices is a highly alluring image of the future. Rather than “the doctor knows best”, the consumer is afforded more choice and customised services.
2. In the preferred future, AI and technology will serve to coordinate patient records, community research and consumer alerts to avoid the underlying causes of problems before they happen. Patient privacy will be respected. Personal data will only be used with the consent of the patient.
3. With high accuracy, people will be able to pre-empt and monitor for diseases such as cancer, diabetes and heart conditions.
4. Partnerships will assist with collaboration and will encourage innovation across the medical sector. There is hope that collaborative research will boost successes from developing health technologies linked to global knowledge industries.
5. Affordable and responsive personal insurance systems will guide people to remedial treatments, fitness club access and basic health care, e.g. for dentistry and optometry.
6. Equitable access – city and regional availability of affordable, family-friendly services (able to manage a range of issues across age groups and situations) is a fundamental requirement of an effective health sector.
7. Living longer and better – creating better health systems will help people to be productive longer.

Responses given during the workshop about participant images of the future were mapped for the most part, in terms of two archetypes - evolution and progress, and social collaboration and partnerships creating better healthcare futures.

The Push of The Present

1. By 2030, existing personal wearable technologies will be better coordinated with hospital use technologies. Possible outcomes include better preventative and diagnostic health backed by improved monitoring equipment, patient records management systems, and surgery equipment.
2. AI, virtual reality and augmented reality systems increasing hope that healthcare will continue to improve with specialist medical sector advances. Use of AI could help with the identification of symptoms and viral outbreaks. Coupled with patient records, AI could help to speed prevention. Customised solutions and faster recovery times mean fewer contagions.
3. Digital technologies such as video visit technology are already bringing doctors and patients together in the home.
4. Evidence of what works by comparison to existing practices, cost, resource use and required skills drives innovations. Clear benefits push behavioural change.
5. Drivers of change toward the possible and preferred futures include increasing populations, better health in every age group and increased benefits from private health insurers.
6. Ageing populations will increase requirements for medical services, as people over the age of fifty require more services.
7. Health sector social media campaigns are seen to be de-fragmenting the industry, but they are also educating with healthy and ethical food and lifestyle choices.
8. Antibiotic-resistant strains of disease and climate change may bring increased risks by 2030. AI may assist by matching biological mechanisms with patient symptoms to speed alternative treatment plans and solutions.

Current healthcare technology trends are merging with social and economic realities. While technology like wearable technology, AI and virtual reality maps and scans and digital technology are emerging, their effectiveness depends on client needs and localities. As these technology trends are recent, administrators want to see evidence of positive outcomes of particular technologies. New health issues of ageing populations, diseases caused by climate change, food choices, exercise and other health regimens will build the expectation for much higher funding, effort, growth systems and international collaborations. New technologies, partnerships and systems are improving the management of the healthcare system. Social infrastructure, such as health and knowledge precincts are desirable, as they offer learning, assessment of technology and ongoing support networks. In cities outside of health precincts, knowledge of how best to coordinate administrator and patient services is key to successful outcomes.

The Weights of The Past

1. Lifestyle trends – more medical services are available to people at home, with many medical services now able to be passed from doctors to nurses, and from nurses to patients.
2. Family – families need to adopt whole-of-life standard practices of fundamental health care - diet, exercise, rest, before being exposed to the array of health care products on social-media
3. Culture – A knowledge of cultural preferences, values and needs of at-risk and micro-cultures is required to service them better
4. Education – schools, universities and ongoing education is needed to strengthen healthy family choices, while professionals need access to workshops, short courses and reports
5. Health sector culture – patient-doctor/administrator trust is critical, as is the advice from the medical system. The weight is change fatigue that can stifle creativity and willingness to innovate and adapt.
6. Availability – available technology relies on staff skills to acquire and operate continually changing technologies. When doctors' clinics are busy, patients have to redirect to other clinics and reduce the time taken in patient-doctor consultations. The traditional practice of telephone, manual bookings and referrals are still dominant, especially in all regional and city areas.
7. A fragmented healthcare system requires constant integration to achieve the best health outcomes. This fragmentation means that a partnership approach to healthcare is needed.
8. Empowerment – the convenience of online information empowers self-evaluation, however open access to information can also be misleading for patients. Self-determination is a 'two-way street' where patients must accept and act on both formal and informal medical advice to see long-term health changes. Consumers must be empowered to pursue health through a sometimes-fragmented array of services to achieve maximum results.

The weights of the past are of patients having minimal knowledge and experts having to lead in every situation. There is a slow shift toward trends, cultures and behavioural practices of patient empowerment, medical and administrator staff knowledge of systems effects of decisions, and more in-depth systems knowledge. All are trying to make sense of complexity and change and are very reliant on executive choices for systems and medical equipment procurement. There is now a more defined group of empowered patients, but with many in a transitional knowledge-zone struggling to make sense of how to improve self and expert diagnoses, treatments regimes and networked knowledge. Progress relies on continued management of workplace disruptions that place staff and patients at risk. Using foresight is crucial to help avoid disruptions while attempting to make progress.



Figure 1. A thoughtful transformational narrative from the workshop is: “the way we imagine health futures, creates reality, as we work towards creating a healthy lifestyle and knowledge economy”

Four 2030 Scenarios

Four scenarios for Australian health care follow, with the first two about preventative health care with and without foresight and the latter two from medical health diagnosis perspectives, also with and without foresight.

A Traditional Preventative Health Care Scenario: Prevention with limited need for foresight.

In this scenario, the healthcare system is managing for the person with poor health habits, living with limited access to healthcare. In locations and times when change is slow, it is difficult to inspire people to change their usual practices fundamentally. In this scenario, poor-quality health approaches are all that can be expected, by doing less of the wrong things, e.g. smoking, drinking, drugs, poor-quality diet, some exercise, doctors’ visits when you have to, educational minimum from grade 10. This scenario is about living life according to the most straightforward pathway. It is chosen because it is comfortable and affordable in the short-term. There is even advertising that supports short-term thinking, e.g. multiple advertisements in an area saying Coke adds life, or oversized meal eating competitions on TV and also taking celebratory food and treats from birthday parties into the home as the regular diet. This scenario normalises small amounts of exercise that never seem to compensate for continued energy consumption. It is one of the reasons for 60% of

Australians being obese. In this scenario, the Australian health system waits for “consumers” to come to them. It makes the least possible effort to involve Australians in their programs and chooses to save healthy people first anyway. There is no systemic effort because change is not visible in a slow-paced locality or era.

Prevention with Foresight: A Preventative Health Care Scenario.

Along with a digital health focus, Australians need healthcare that closes the gap on health inequities. Improved health care must emphasise people-centred responsibility. It should offer excellent solutions from hospitals, community health services, health insurance and community sporting and health services, on top of services that sustain healthy lifestyles (diet, social care, retirement health and education). The shift here is from Doctor knows best, to patients offering knowledge, experience and support through sharing what has worked best in the systems they use.

In this scenario, prevention with foresight means:

- Communities know about prevention and diagnosis for every stage of life from birth to final days. We know about more areas of the health system that we need by 2030. We understand that prevention means knowing the root causes of diseases such as cancer, diabetes, cardiovascular and lung conditions. We are in support of national screening programs, e.g. the federal bowel cancer screening program which screens people at home every two years from years 50-74.
- Health systems focus on systemic aspects of health futures as they relate to sustainable development goals, including minority groups. It involves researching issues and new possibilities from their emergence on the horizon, helping people in conditions of poverty or without clean water, who are hungry, who are without jobs and can't afford technology or education. Our health systems also include our local environments and personal and family health conditions, lifestyles and opportunities for coping and improving.
- Health systems lower the costs and increase the services available for genetic predisposition, e.g. a strong family history of particular diseases such as breast, bowel and stomach cancer.

Diagnosis/ Management With No Foresight: A Traditional Health Management Scenario.

For health practitioners to properly advise communities, they have to be aware of the multiple issues affecting local sectors. In this scenario, coordinated discussion groups in all industries, avoid the hard work of questioning the relevant current health situation and short-term future (the next 1-3 years). Coordinated health care groups from the energy sector to the food sector share health improvement strategies to assist their manufacturers, clients and their workers to live healthy lifestyles. This strategy works well in small regions and mining towns and isolated communities when times are relatively stable, but not in today's environment of rapid change. In congested cities, government organisations engage corporate staff more regularly to help with the provision of useful guidelines and examples of success stories.

In this scenario, diagnosis and management with no foresight mean:

- Our communities know about many areas of the health system and understand that prevention means scanning for diseases that people may already have, e.g. cancer, diabetes, cardiovascular and lung diseases. The problem remains, in this scenario, that people are only prepared to act on health issues if and when ill health affects them.
- Systems are disconnected from broader community health networks. The health sector does not understand the direct needs of the local industry or its communities. It generally diagnoses problems successfully, but without understanding underlying issues.
- Government health services work directly with very few households, direct mailing information about life-threatening diseases but with no focus on trending or emerging issues or illnesses.

Health Management Using Foresight: Diagnosis/Management with Foresight Scenario

If Australia is to improve its healthcare services, it requires strong political leadership to be updating strategies about progressive and chronic healthcare issues, products and services. We certainly need hospital systems to keep pace with our local health issues and long-term population expansion trends. A foresighted approach would see medical health practitioners working closely with strategy leaders to plan how emerging technologies can help as health needs shift across demographics. In this scenario, the whole of life-cycle efficiencies is discussed with futurists and partners to help businesses to survive and to make products safer when they come to market.

Following stakeholder consultations are first, community consultations, where you can talk openly and publicly, and secondly, private forums where particular issues can be discussed in smaller groups. This latter option of private forums works for health patients who can support each other, with free advice from carers, or health practitioners as requested via a chat styled service. The result is better decision-making about near-term objectives.

In this scenario, health management using foresight means that people are thinking 5-10 years in advance:

- Health systems lower the costs and increase the services available for genetic predisposition and exposure to diseases, e.g. breast and stomach cancer.
- The increase of referrals from GPs to hospitals and from private to public systems increases, to help Australia increase its health and not just the health of Australians in a particular type of health network.
- Australians are engaged more in their homes, and over 50's age groups are asked to see their General Practitioners more often are encouraged into online programs to monitor their overall health needs.

Conclusion

By 2030, the connection between personal, household and local to global health systems will be helping more Australians to access the services they need at the right times and stages in their lives. Every health activity will have its own digital health platform to help engage people regularly and in light of all goals at each level of our health system. The real-time connection between preventative health measures and cost savings converted back into better infrastructure, equipment, services and programs will become better known.

Achieving the right balance of local, international, short and long-term actions requires effective and transparent corporate planning, performance and community engagement. A coordinated vision needs to drive a national culture at all levels of society, in government, businesses and communities. Outstanding issues include the need to align all tiers of governments' strategies. For example, prevention is better than cure, but when managing a person with a disease, it is clear that depression, anxiety and stress substantially increase the burden of illness and of finding solutions. A coordinated and connected healthcare service will facilitate a package of solutions, from local services to State services, not just a focus on immediate and straightforward treatments. Increased funding to a coordinated health sector will reduce the need for hospitalisation, accidents in the hospital while extending everyone's lives across all cultures. Coordinate services will also boost the availability of health and knowledge precincts, all linked by robust data analytics, and transformational health narratives. Australian health care 2030 becomes focused not just on the adage of Australia as "the sporting nation", but also on wholistic cultural happiness, wellbeing, lifestyle, fitness and engaged, well respected and sustainable health and knowledge futures. A thoughtful transformational narrative from the workshop is: "the way we imagine health futures, creates reality, as we work towards creating a healthy lifestyle and knowledge economy".

The participant's engagement and commitment to implementation at this workshop were undoubted. What was new and actionable moving forward? Sue Scheinplflug, CEO of the Primary Health Network at the time of the workshop, gave the following response:

The Futures Workshop and the application of the Futures Triangle was an important catalyst in lifting our thinking from our day-to-day operations and our local environment to a broader perspective on the challenges and opportunities that were potentially ahead of us. The results of our workshop proved to be an effective platform for subsequent work we undertook in developing a sustainability strategy for our organisation.

It is with thanks to the efforts of CEO's like Sue Scheinplflug and Primary Health Networks that Australia can look forward to higher quality customised and coordinated preventative and chronic health diagnosis and treatment services and better rankings on international health indexes, in the future.

Correspondence

Colin Russo
Engaging Futures
Australia
<http://www.engagingfutures.com/futurescourse>
E-mail: colinrusso@engagingfutures.com

References

Miller, L., & Lu, W. (2019, February 24). These Are the World's Healthiest Nations. Retrieved May 20, 2019, from <https://www.bloomberg.com/news/articles/2019-02-24/spain-tops-italy-as-world-s-healthiest-nation-while-u-s-slips>

