



The Leadership Institute

April , 2017

Running a High Reliability Business Today Can Undermine Creating the Business of Tomorrow

You must create ambidextrous leadership to harness this tension to innovate

Dr. Chris Wasden
Executive Director



**Sorenson Center
for Discovery & Innovation**

THE UNIVERSITY OF UTAH

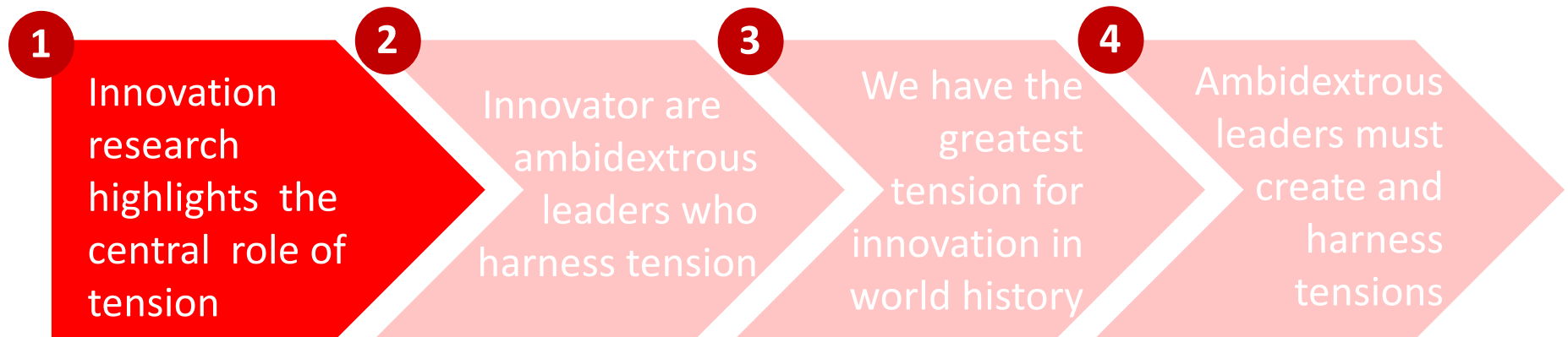
A Division of the David Eccles School of Business

Our focus on high reliability causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

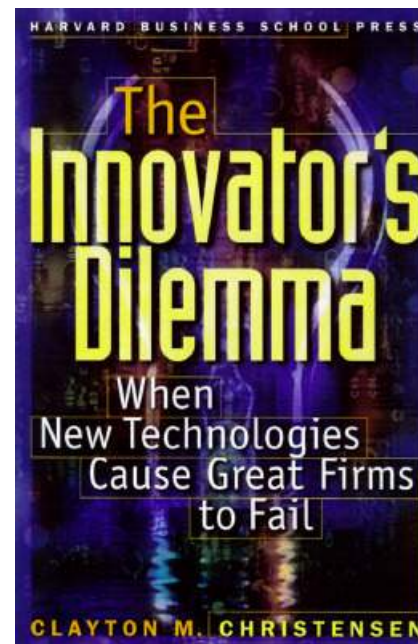
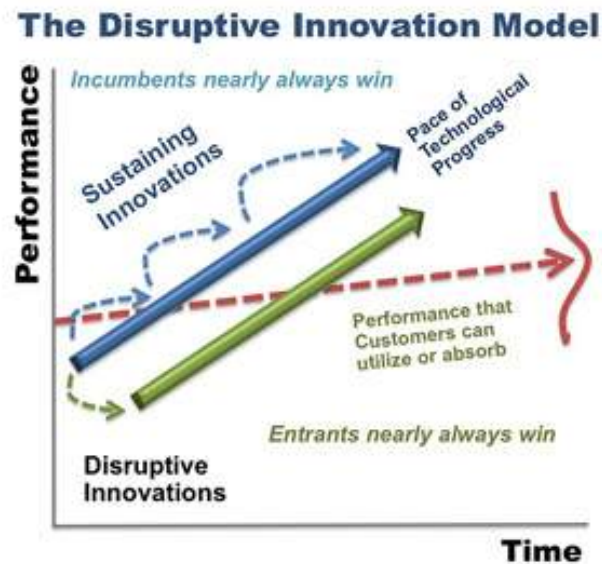
Our focus on high reliability causing us to fail to innovate and adapt in a turbulent market



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Tension between incrementally improving the status quo and disrupting it

Disruptive Innovation

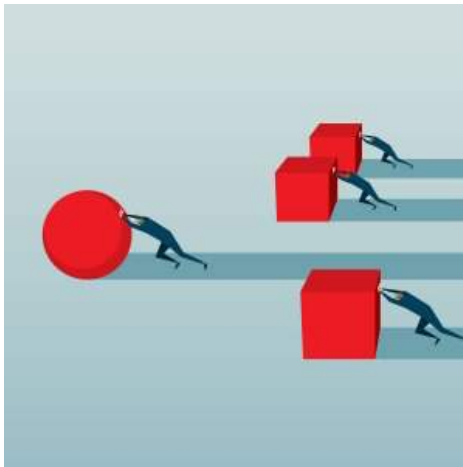


Sustaining Engineering



Tension between adding new technologies and creating new business models of value creation

Business Model Innovation

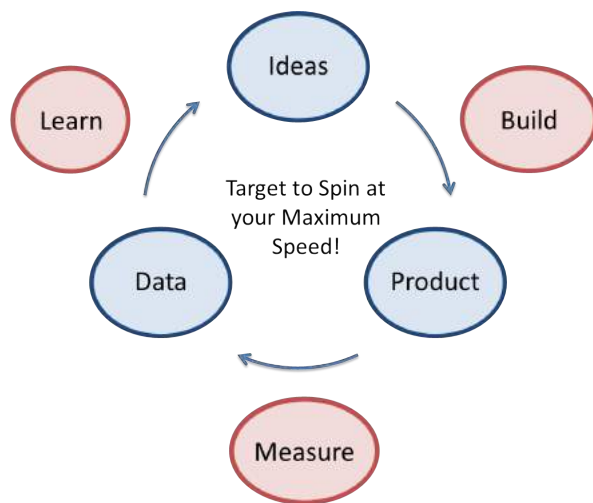


Technological Innovation

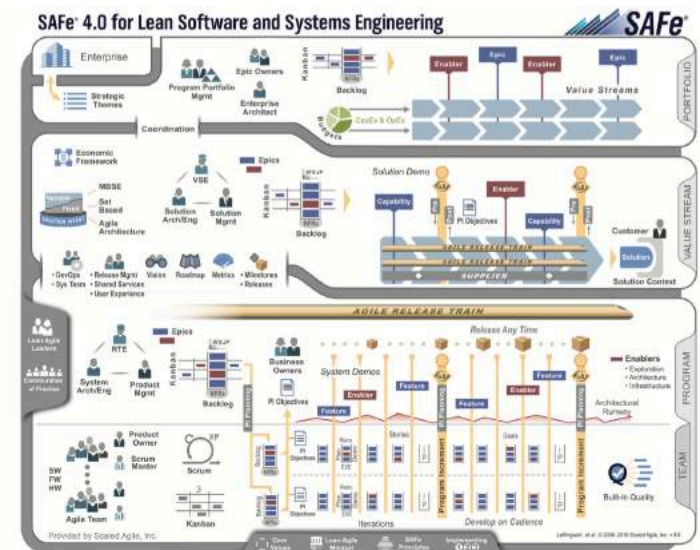
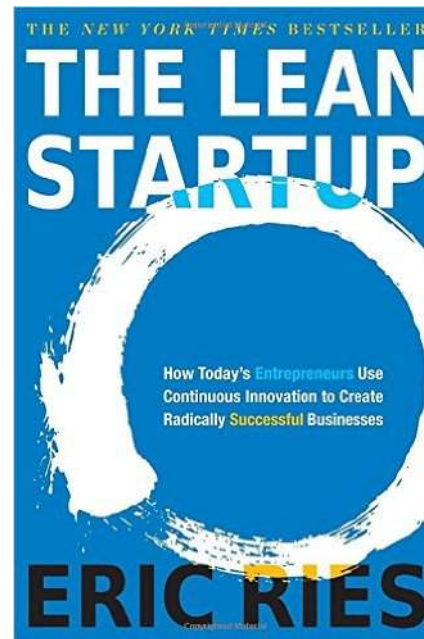


Tension in how you regard and manage failure

Lean Startup



Lean Scaled

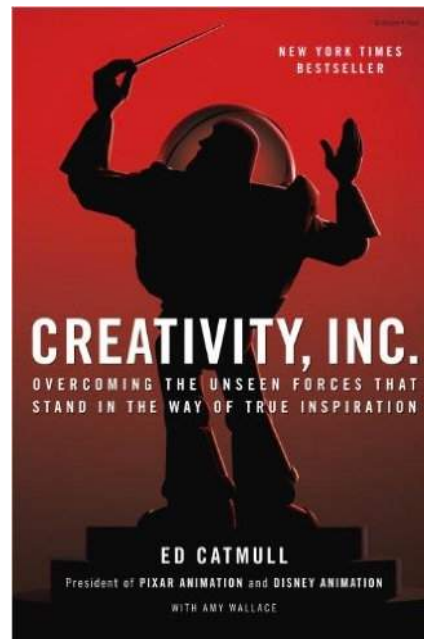


Tension between nurturing the ugly baby and feeding the hungry beast

Ugly Baby



Hungry Beast

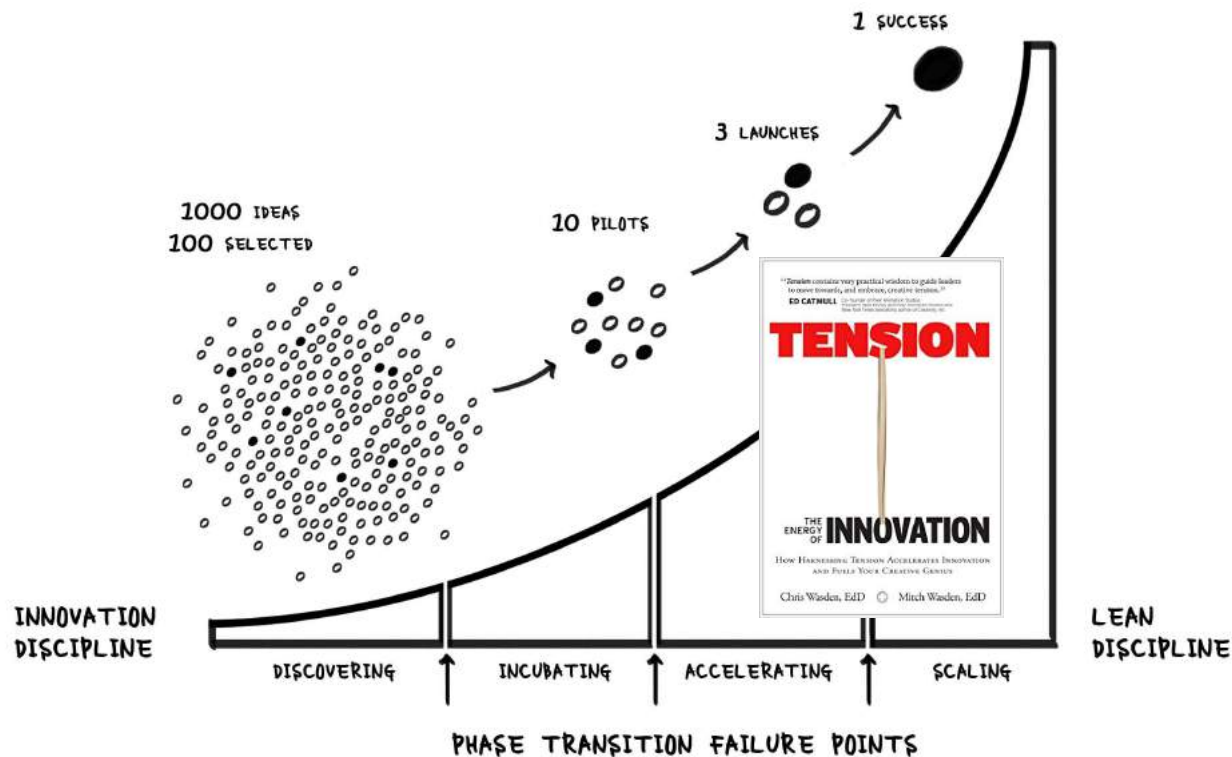


Experience and research indicates a huge difference in the way that established companies and startups deal with innovation



Tension paradox is that all innovation is born at the edge of chaos but only succeeds by approaching the edge of equilibrium

MINDFULLY
Creating Tomorrow
EDGE OF CHAOS



MINDLESSLY
Running Today
EDGE OF EQUILIBRIUM

Innovation Lifecycle

High reliability organizations struggle to innovate because of their fear of failure



Moto: “Failure is not an option”

If failure is not an option

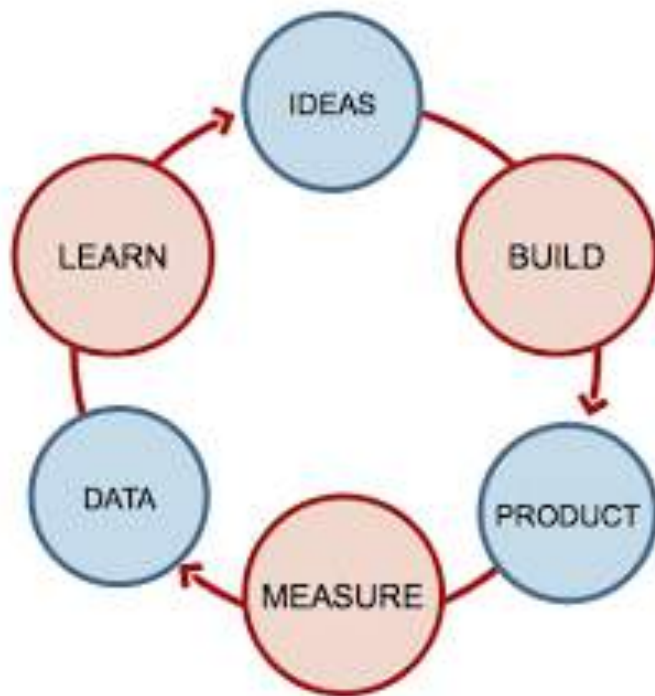
Then neither is innovation

The problem is that lean six sigma discipline eliminates the raw materials of innovation – **variation, interaction and selection**



Failing 3
times in
1 million
attempts

Innovation requires a different discipline that enables a mindful and efficient and effective way for **fast, frequent, frugal failure**

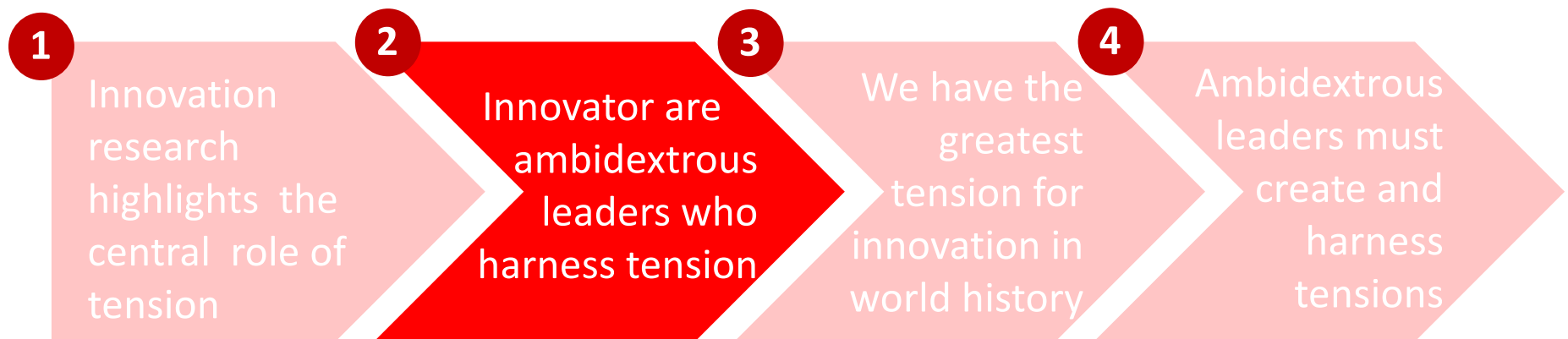


Failing
about
90%
of the time

Simplicity doesn't precede
complexity , it follows it.

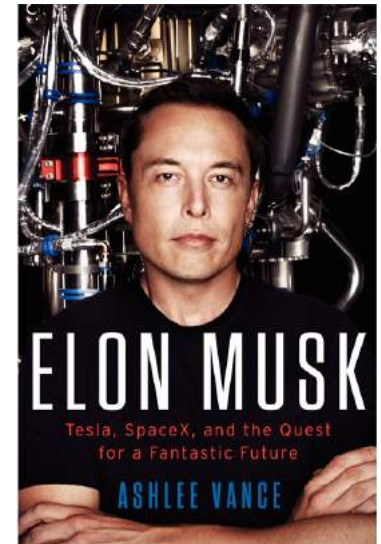
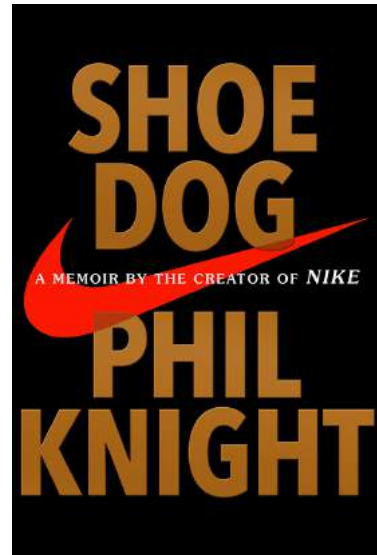
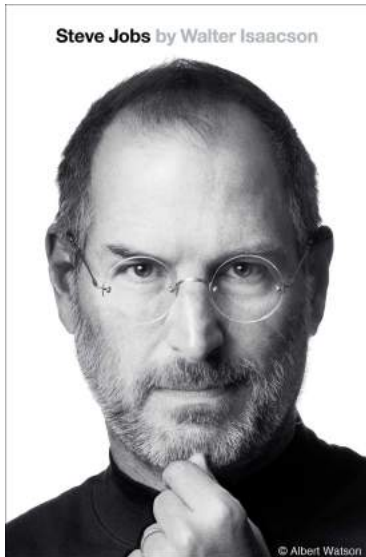
Alan Perlis, First Recipient of the Turing Award in Computing

Our focus on high reliability causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

Iconic innovative leaders are masters at harnessing tensions to power disruptive innovations



Great innovation leaders create, enable and harness creative tension to power the innovation processes



“My job as a leader is to create discord and to impose deadlines.”

Eric Schmidt, Chairman, Alphabet (Google)

These three process enable spontaneous order to emerge from chaos!

Is tension good or
bad?

How would you answer these three tension questions:

- How many of you enjoy and seek out tensions?
- How many of you create tensions to get other people to act?
- How many of you think that we can eliminate tensions in our lives?

Innovative leaders create and harness tension as the energy source to power creativity, but ...

What kind of tension do you harness?

Maladaptive Tension

- Fear and doubt
 - Threats
 - Reactive
 - Belittling
 - Mindless failure
 - Emergent
-
- **Painful**

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Adaptive Tension

- Tweaks and modifications
- Incremental improvement
- Sustaining engineering
- Six sigma innovation
- Rewarding
- Planned, directed

- **Predictable**

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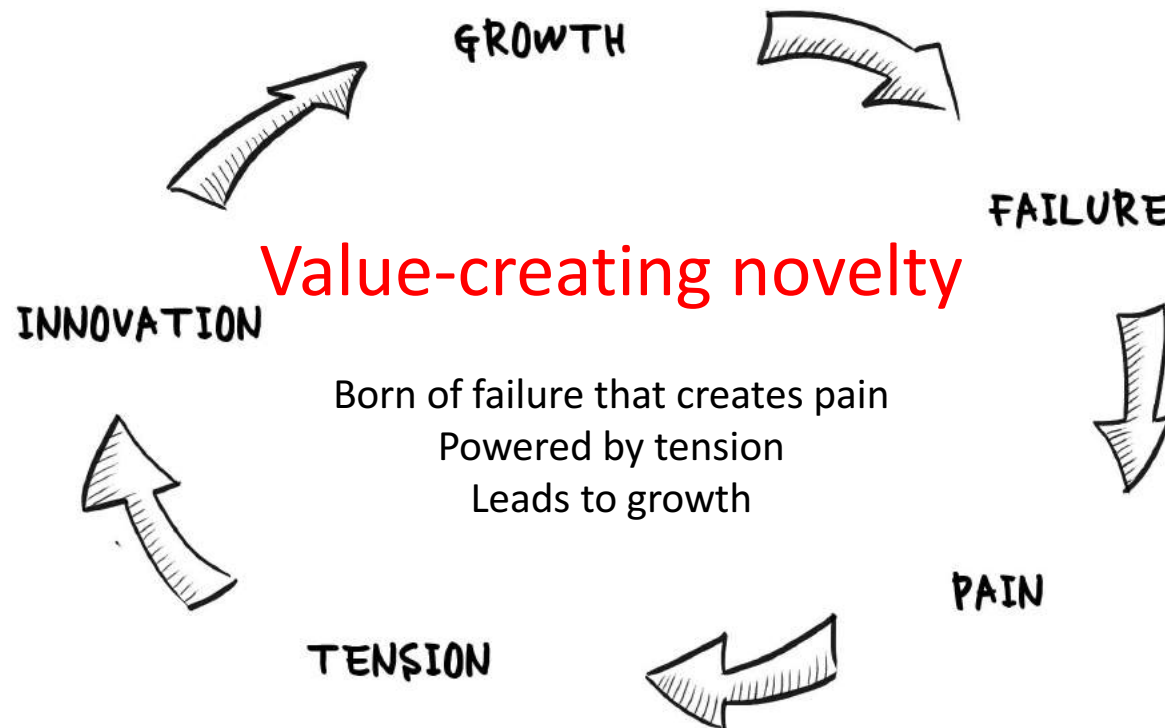
- **Predictable**

Creative Tension

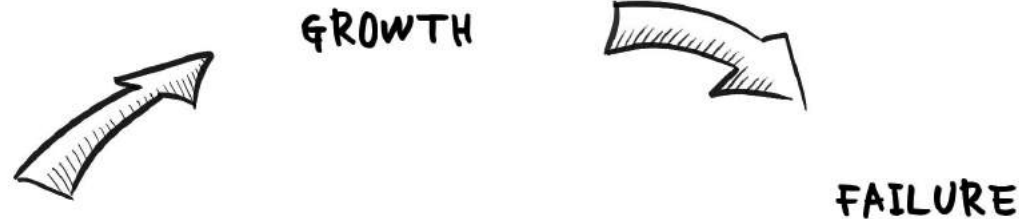
- Radical and disruptive
- Free will, agency
- Transformative
- Powerful
- Inspired by faith and hope
- Self-organizing

- **Possible**

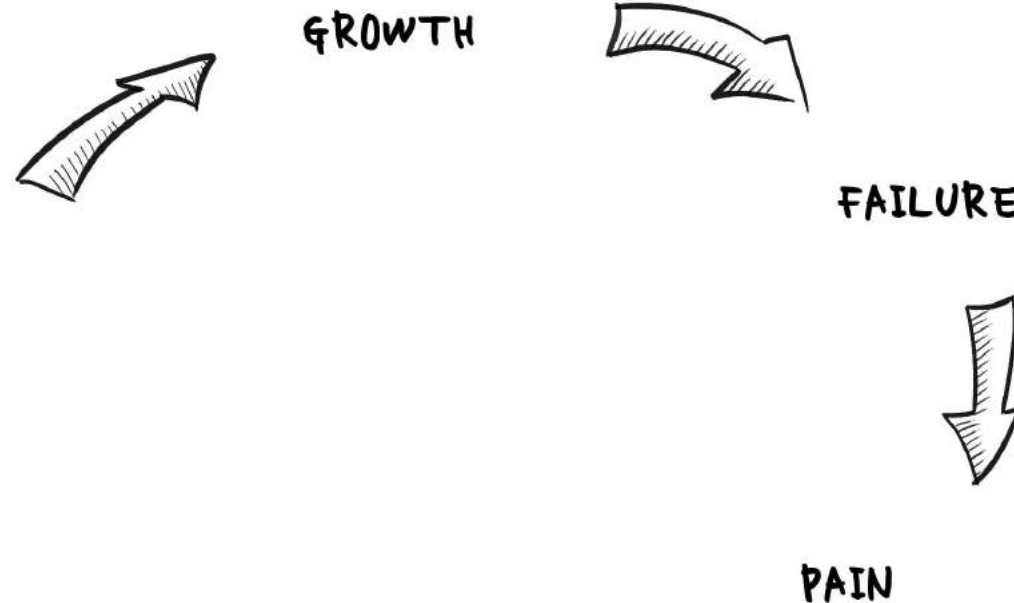
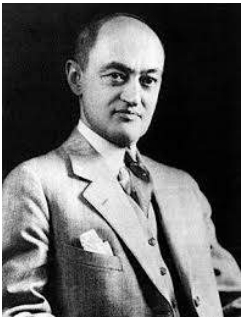
These leaders apply the **innovation cycle** to create new sources of value



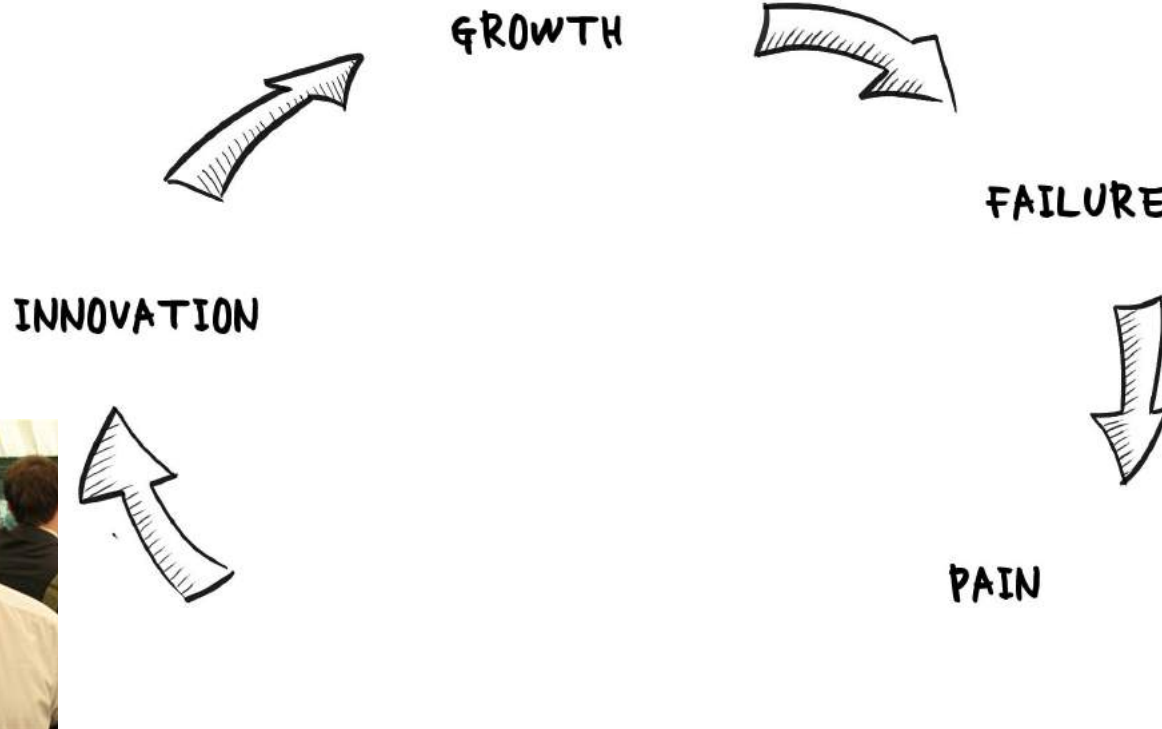
Joseph Schumpeter's Theory of Creative Destruction says that new order spontaneously emerges from the failure of the old



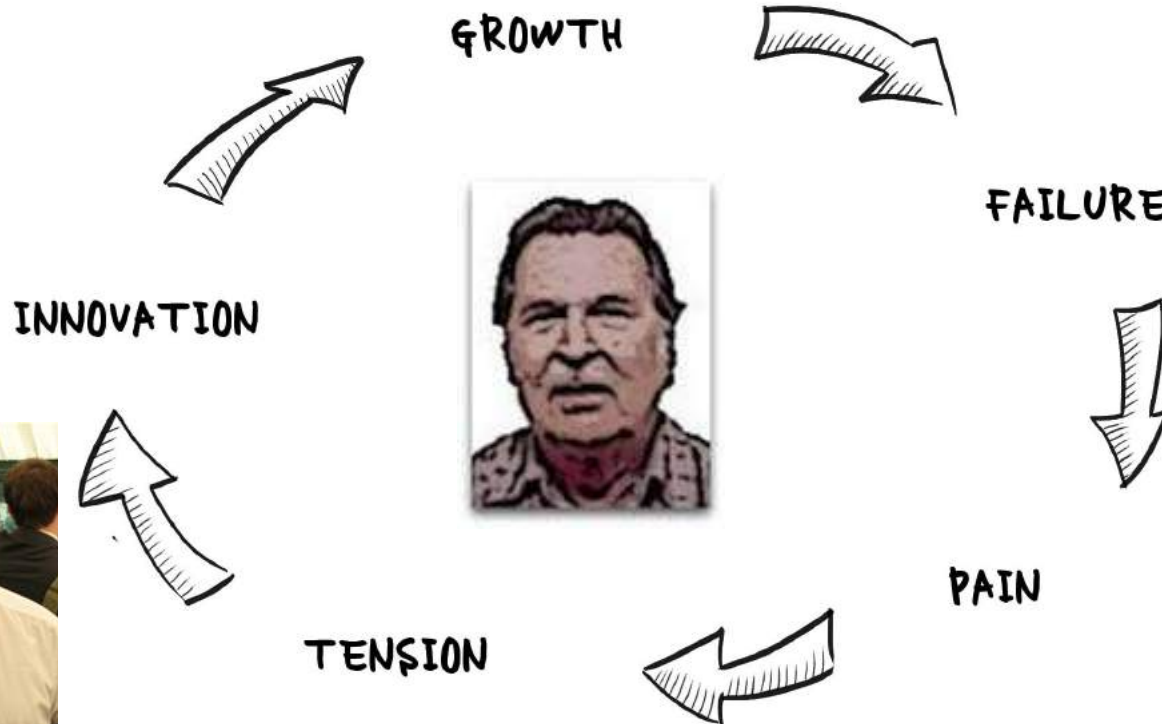
Karl Weick's Theory of Sensemaking says that we only learn and improve through experience failure and pain



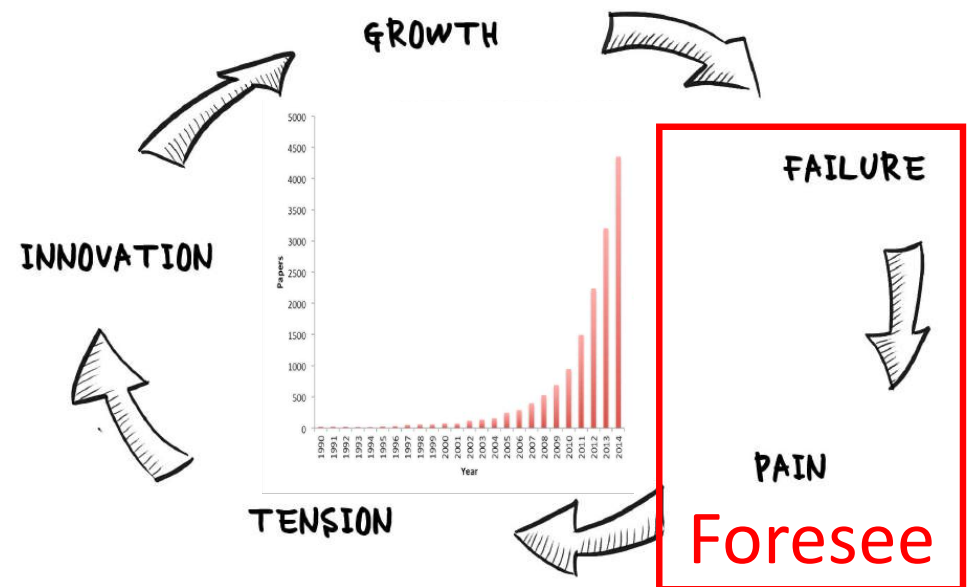
Rob Stone's Theory of Strong Structuration describes how we must have create structures and practices to innovate



Walter Buckleys' Theory of Complex Adaptive Systems identifies "tension as the go" in all self organizing systems



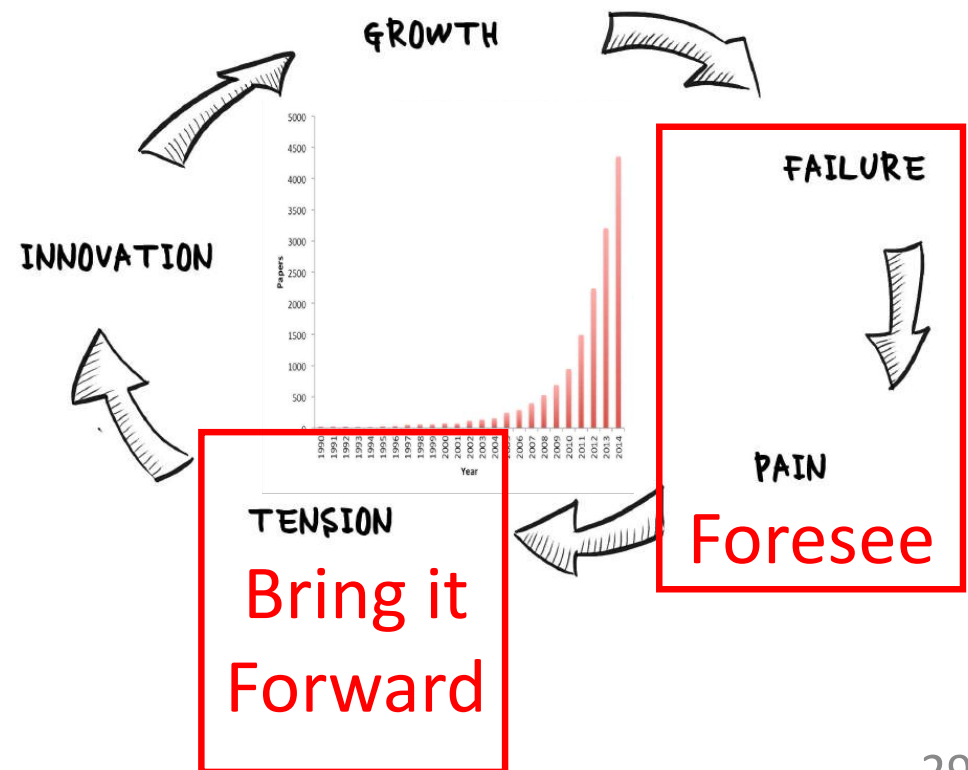
The difference between managers and innovative leaders is how they apply the **innovation cycle and lifecycle**



The difference between managers and innovative leaders is how they apply the **innovation cycle and lifecycle**



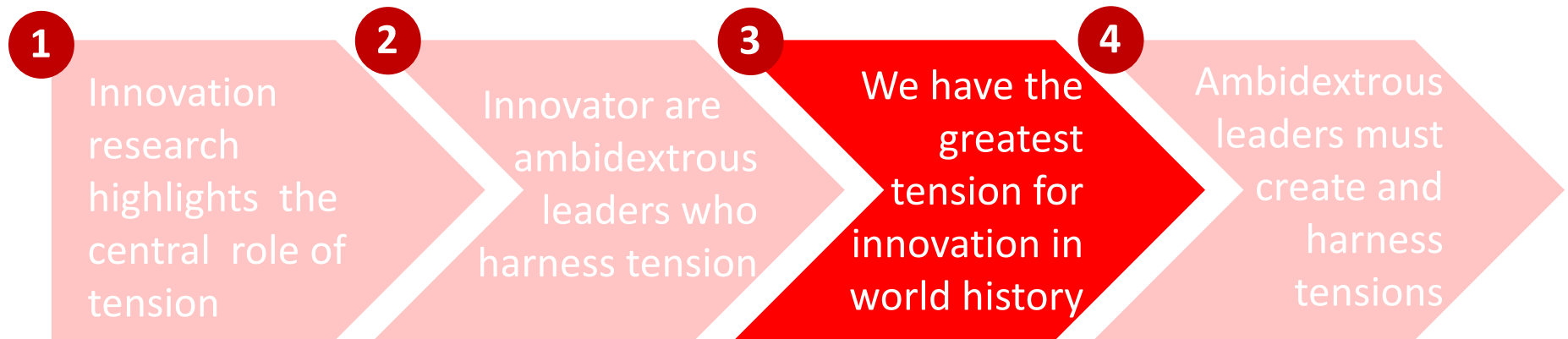
**Harness Creative Tension
to change the world**



The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.

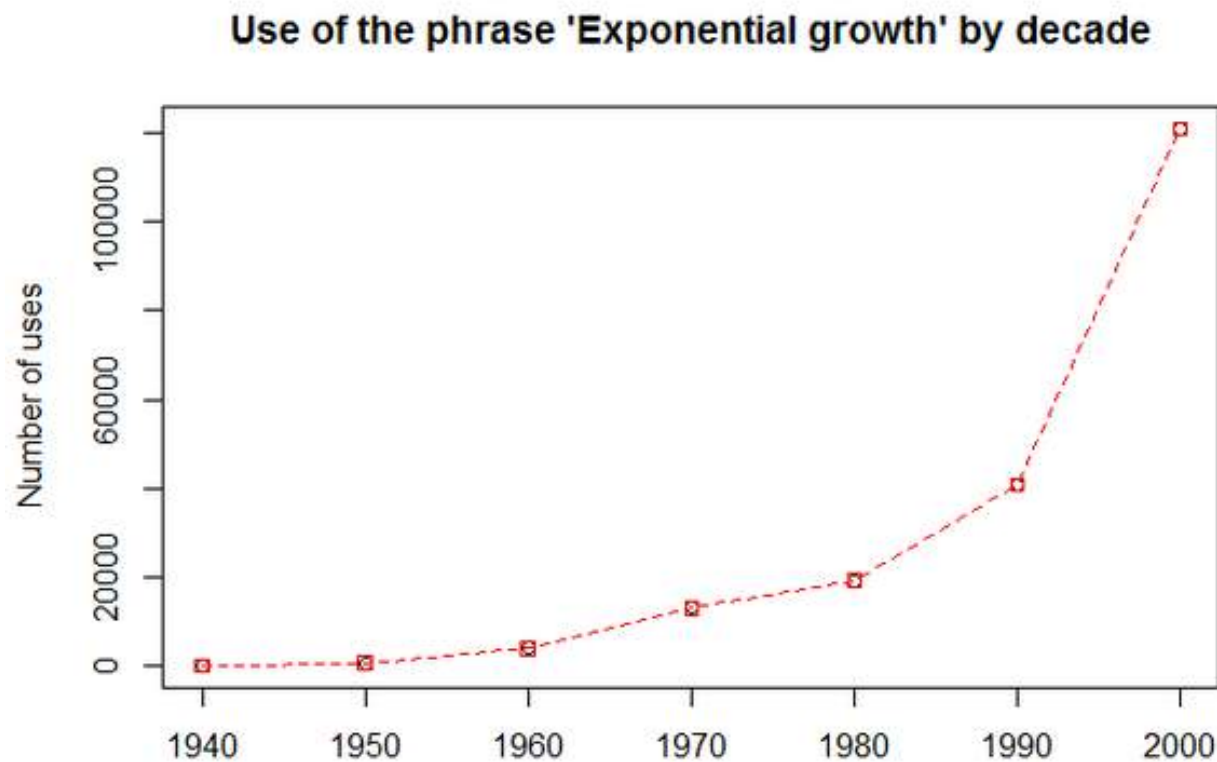
George Bernard Shaw, author

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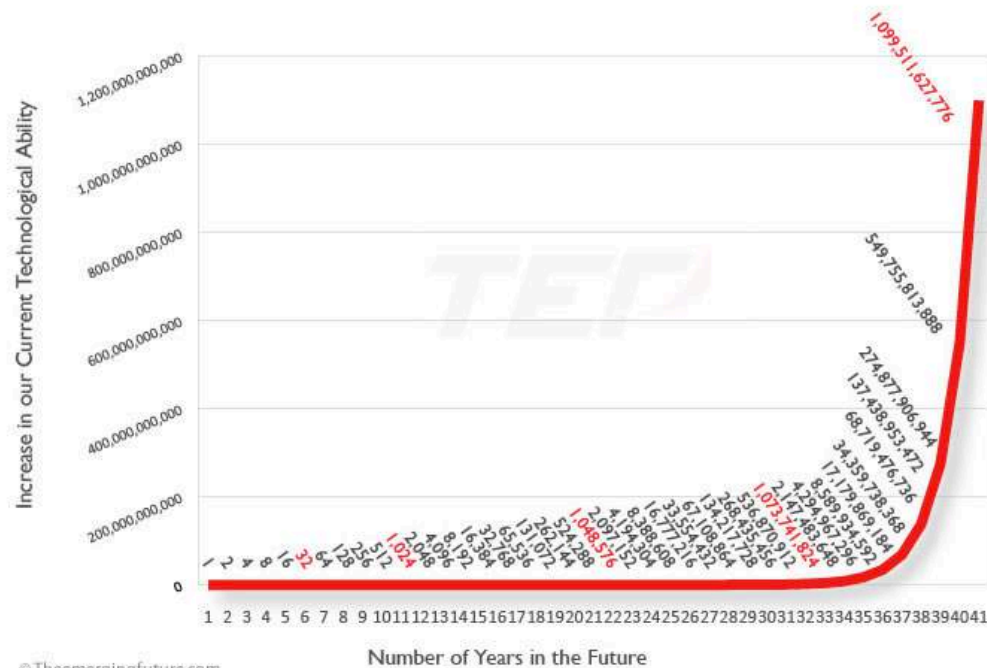
Exponential changes occurring in society are the leading indicators of emerging tensions



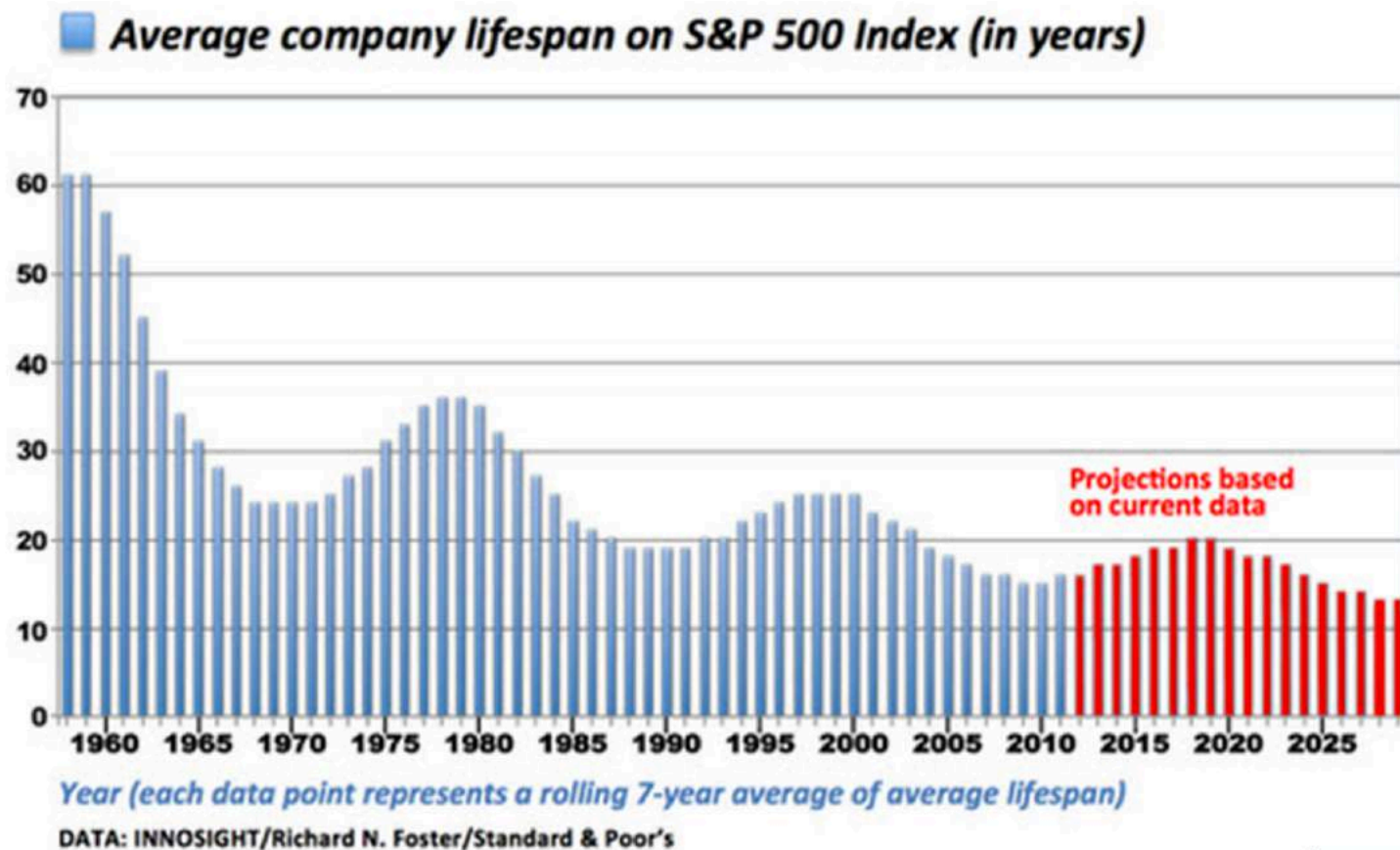
These tensions will create 200 centuries of change in just the 21st Century

Human Intuitive Perspective of Technological Advancement in Forty Years

A Trillion Times More Advanced



These tensions power creative destruction that is decreasing the life of the S&P 500 to just 12 years

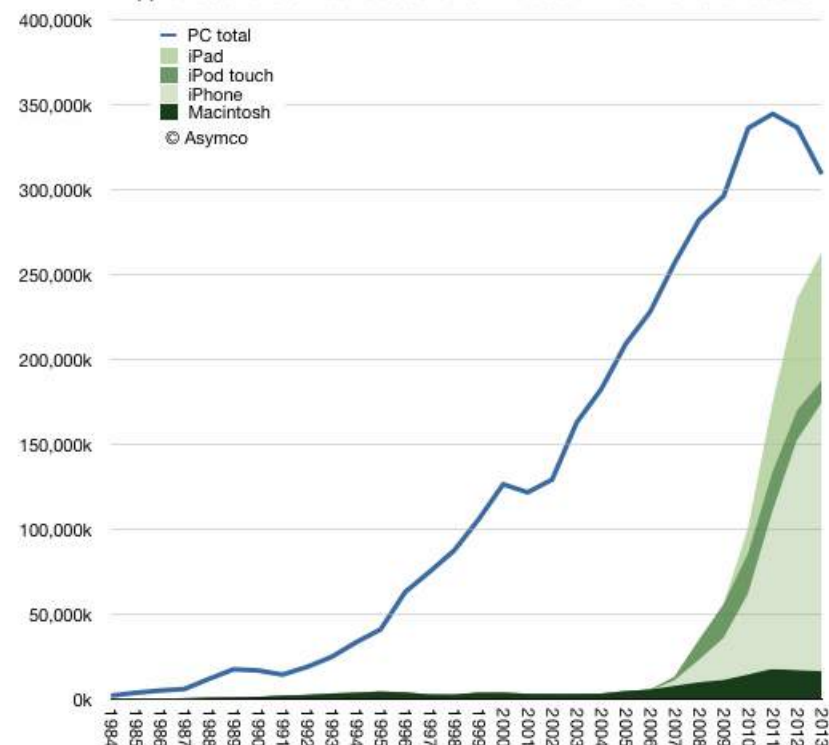


The emergence of mobile technology has completely changed the landscape for greater convenience in healthcare

Eric Topol



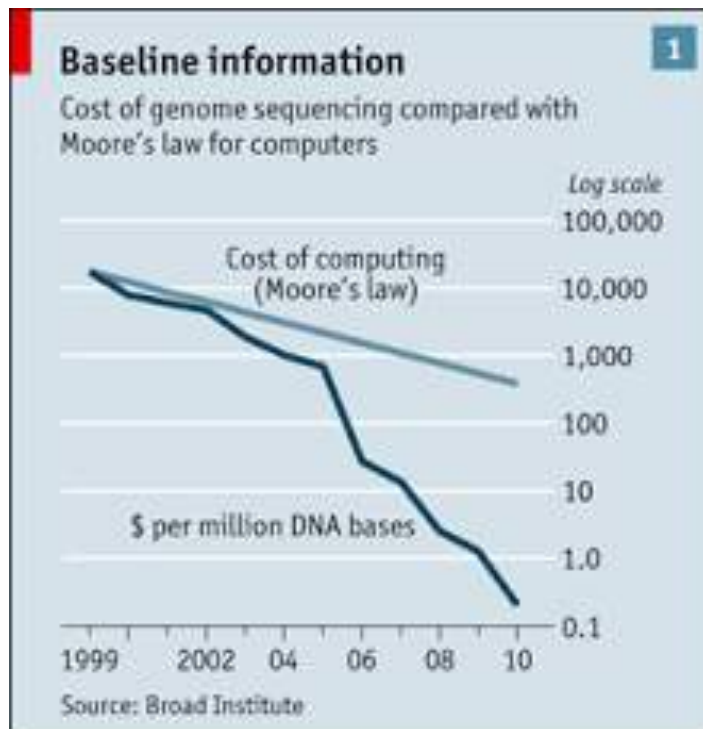
The Rise of Mobile Technologies



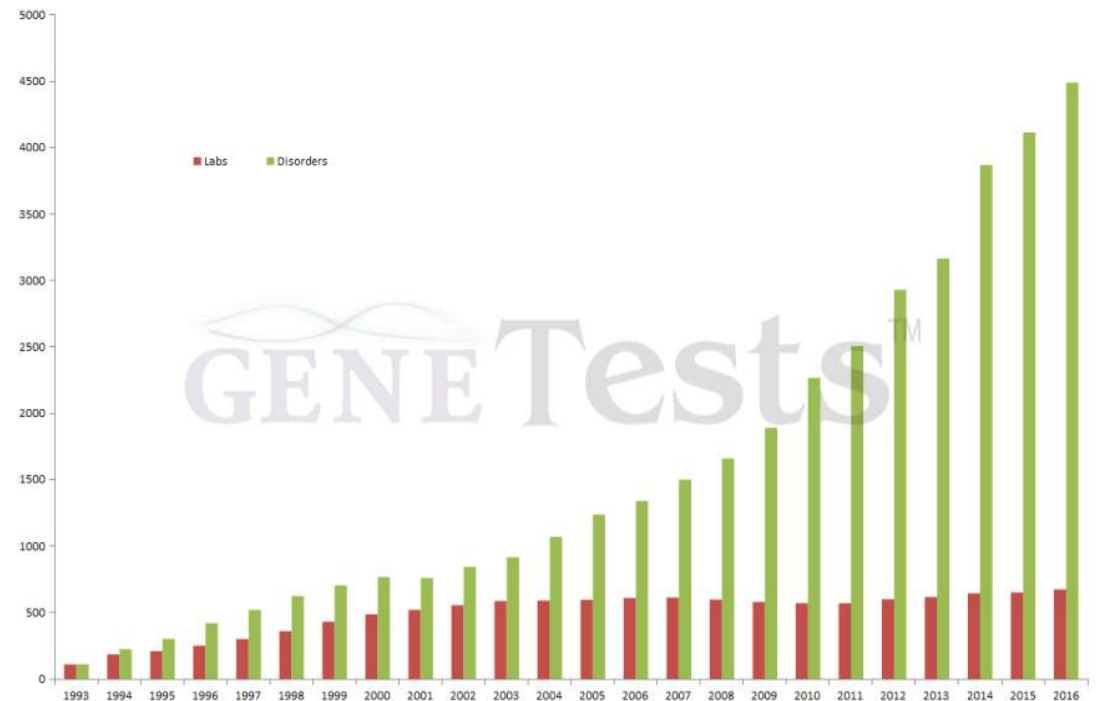
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

The double exponential decline in genomic costs has led to an exponential increase in genetic test - creating a new problem

Cost of Genome Sequencing



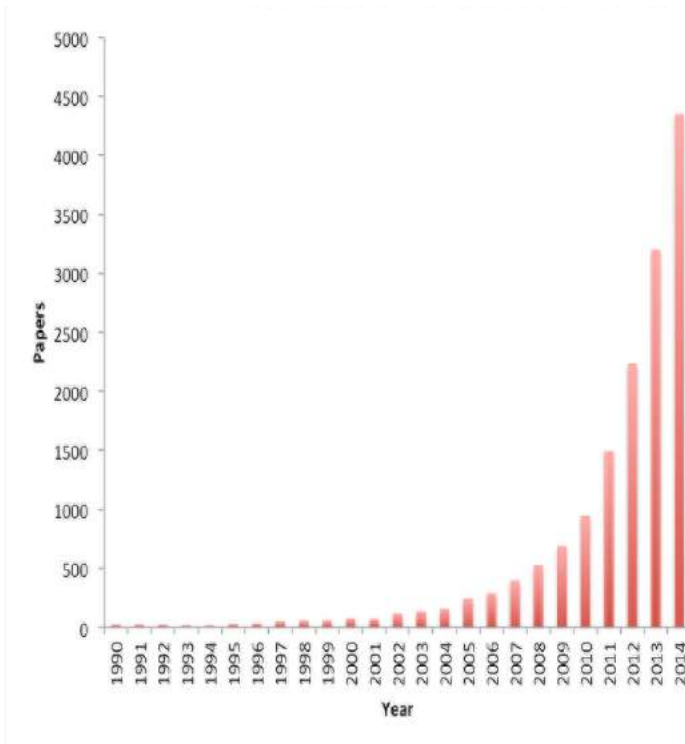
Number of Gene Tests



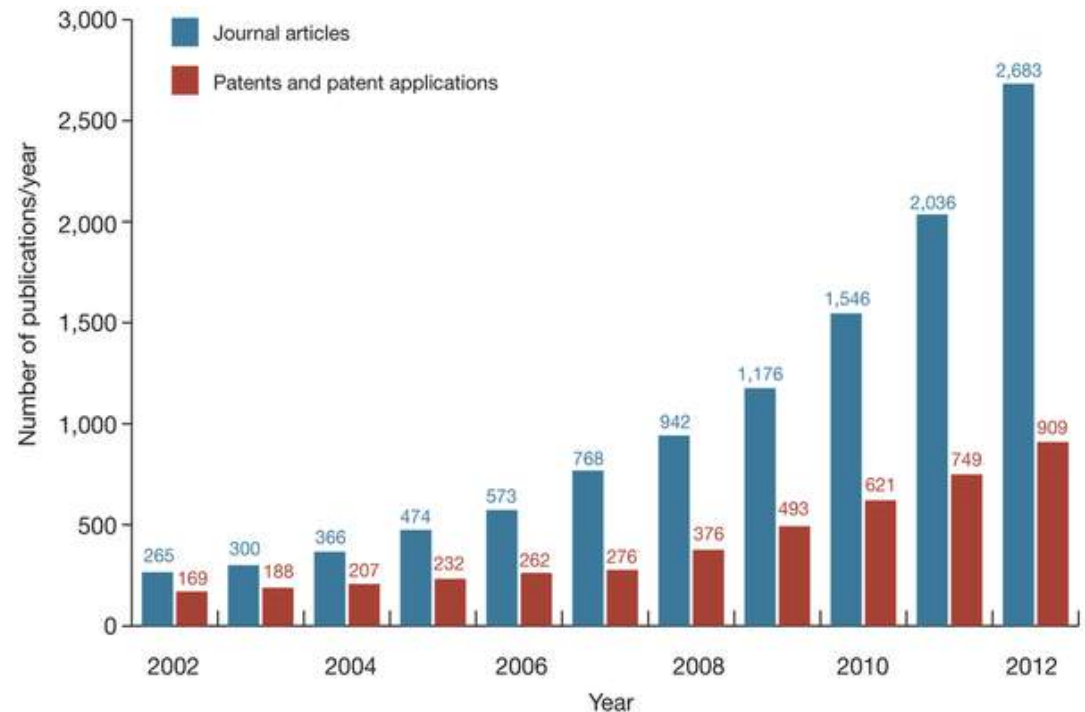
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

One of the largest emerging problems is making sense of the microbiome, which appears more important than the genome

Microbiome Mentions



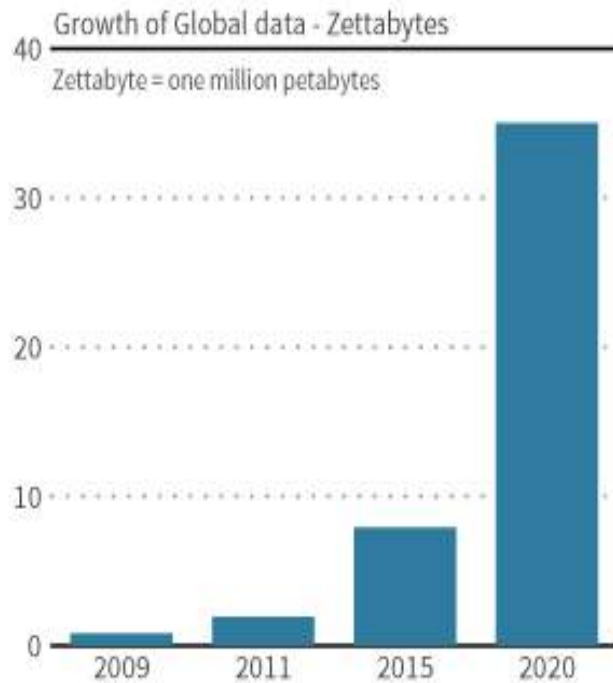
Microbiome Journal Articles & Patents



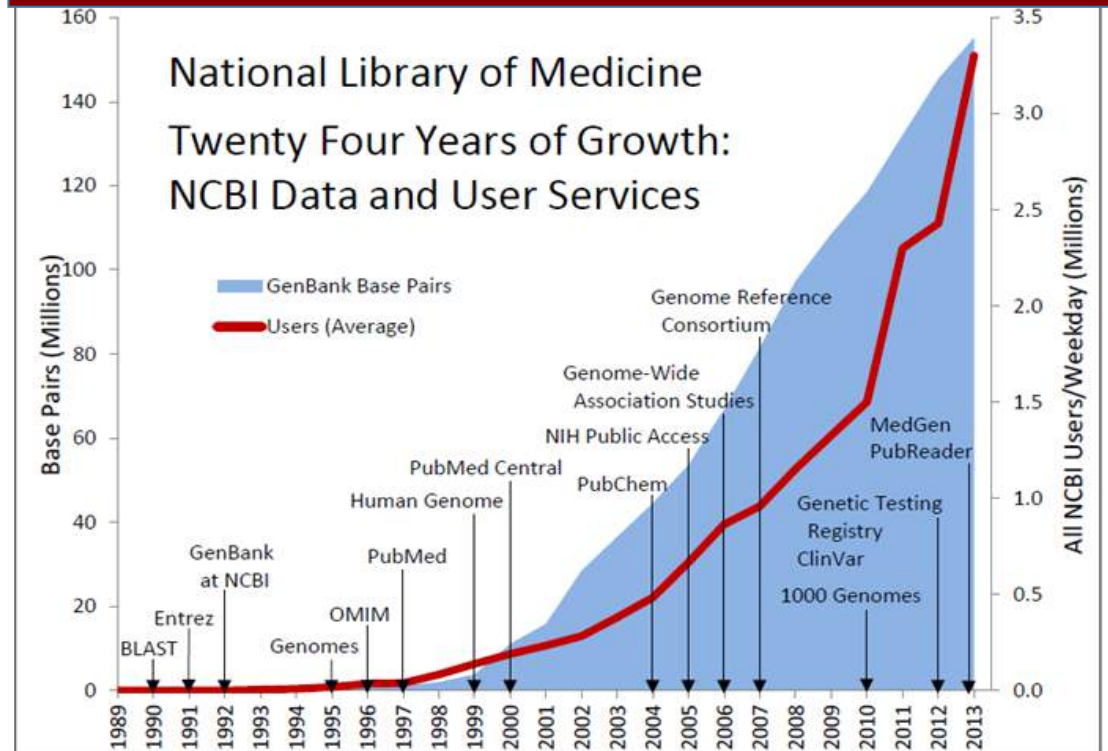
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Healthcare organizations are drowning in data, much of which comes from new types of testing

Growth in Big Data



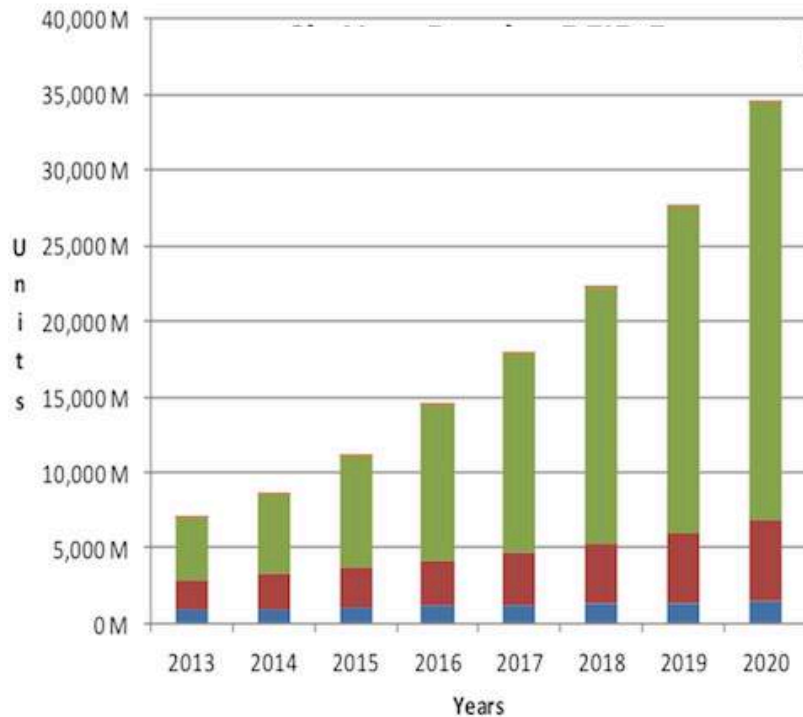
Growth in Healthcare Related Data



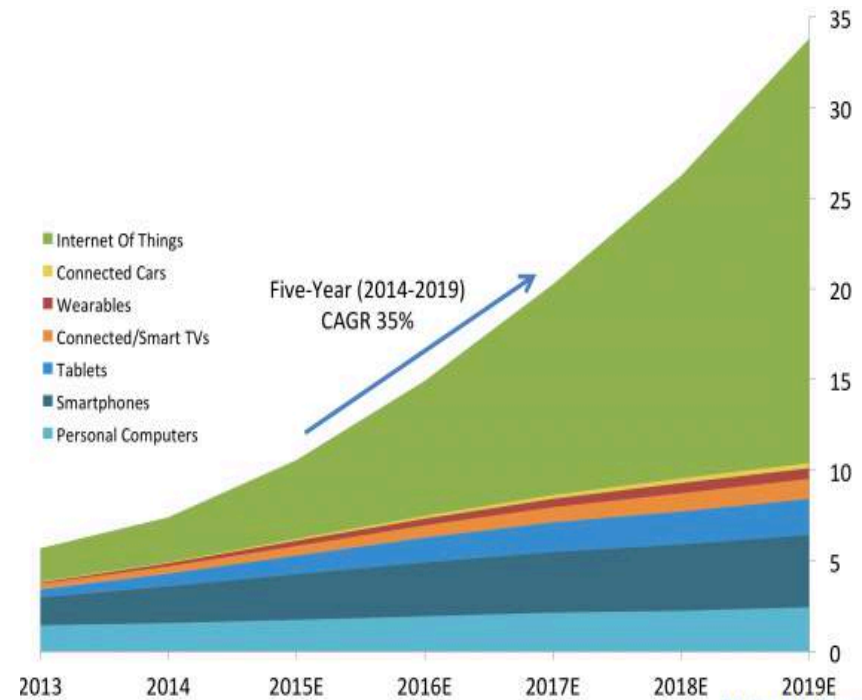
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RFID and the IoT are exploding and will revolutionize global sourcing, requiring new capabilities

RFID Forecast

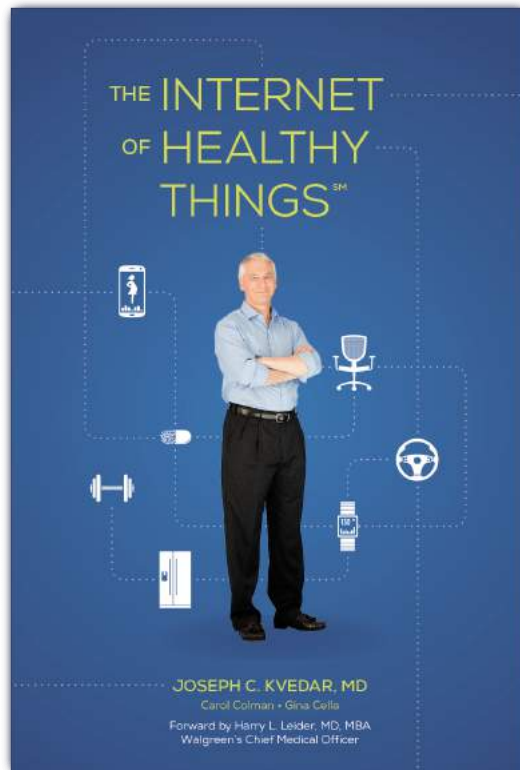


Billions of Connected Devices



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

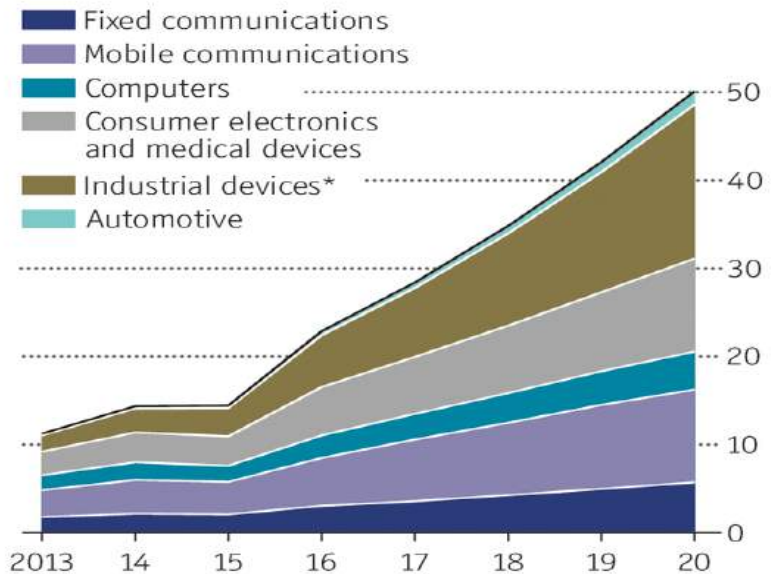
IoT will be more disruptive than the internet to all aspects of business operations



Industrial Devices - Largest

The 50 billion question

Worldwide number of internet-connected devices, forecast, bn



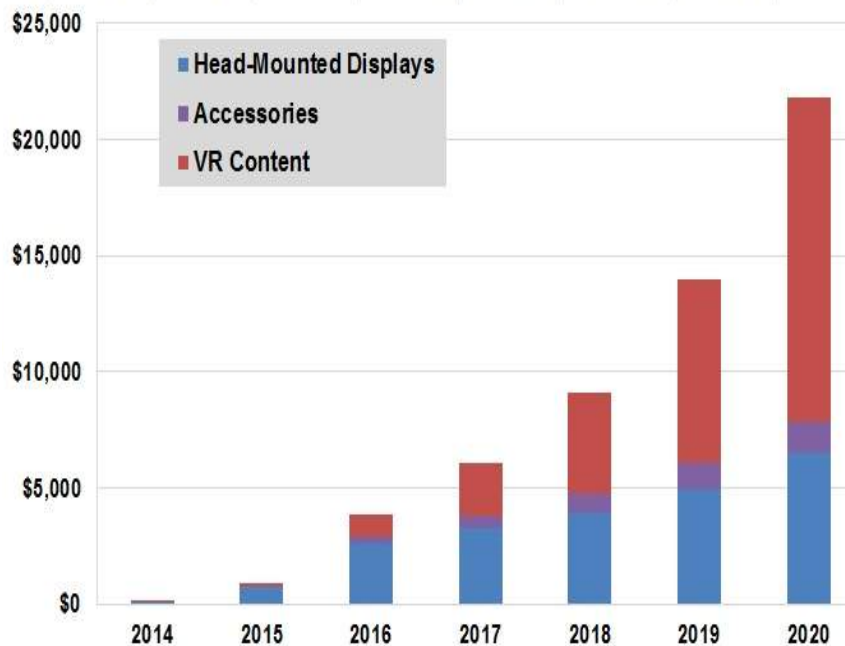
Source: Cisco

*Includes military and aerospace

Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Virtual reality is a new way of thinking and applying IoT in consumer, commercial and industrial applications

VR Revenue (M)



UCLA Neurosurgery

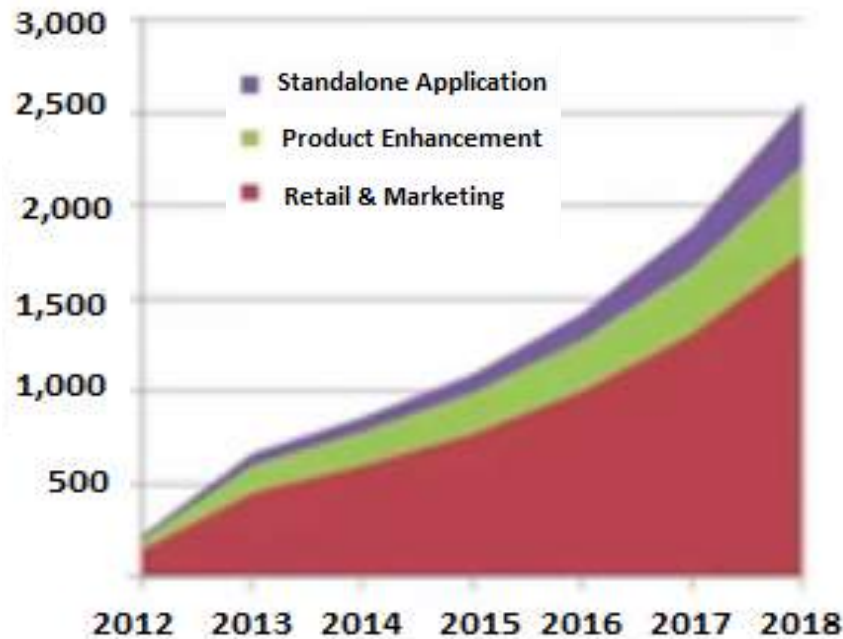


Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

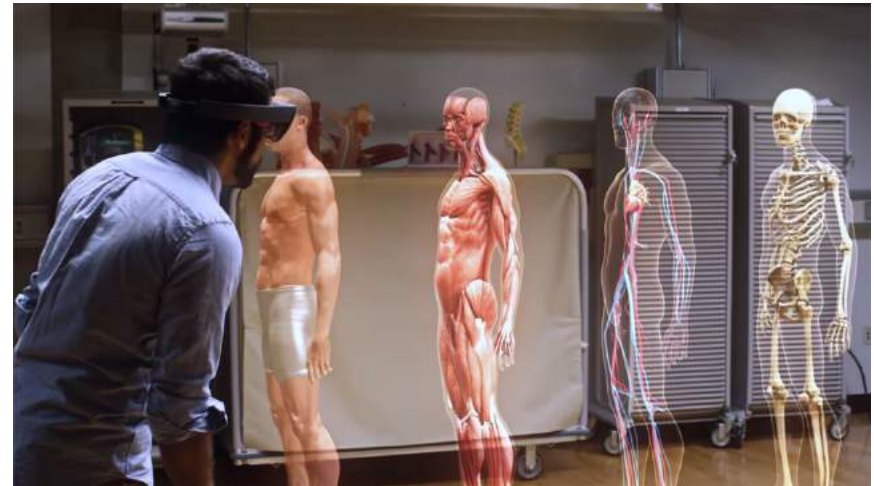
And similar growth in augmented reality will enhance products, marketing and retailing

Societal Problem

AR Revenue (M)



Case Western Anatomy



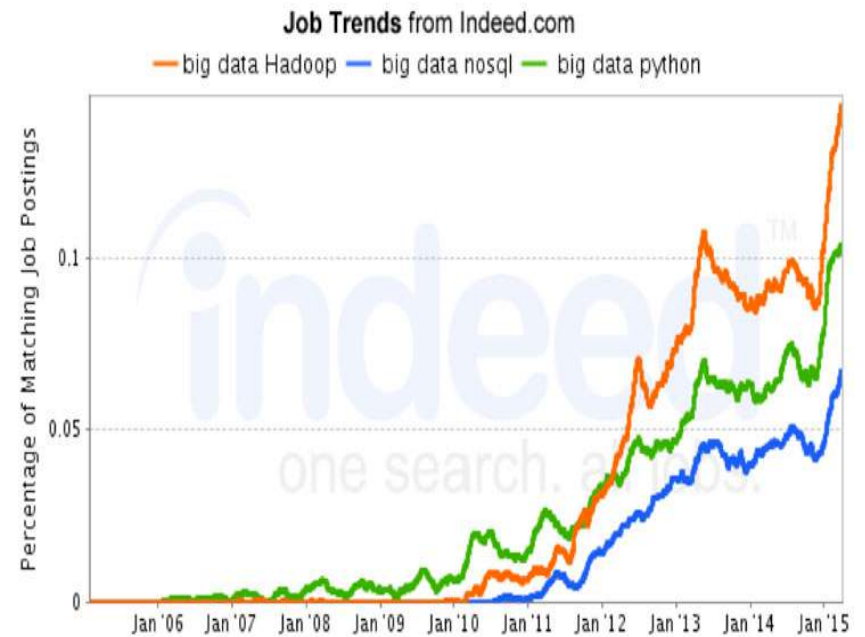
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

IoT, Social Media, and Big Data are driving demand for analytics to predict, prevent, prescribe new behaviors

Data Scientist Jobs



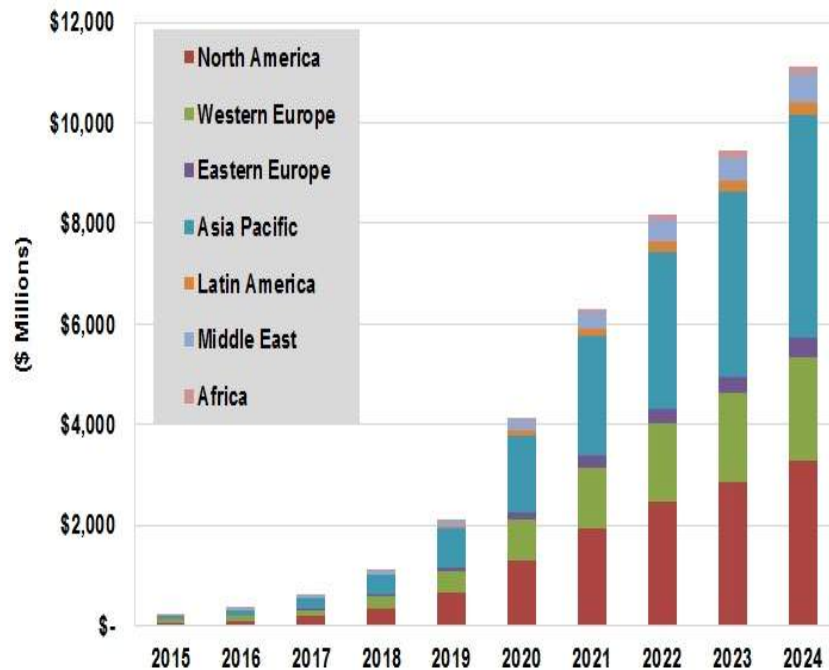
Big Data Tools Jobs



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Artificial Intelligence (AI) and chatbots are considered the next big thing to predict, prevent, and prescribe behaviors

Artificial Intelligence Revenue



Alexa Your Virtual Doctor

Amazon Alexa Can Now Be Your Doctor



Lee Bell, CONTRIBUTOR

I cover the latest tech and health innovations [FULL BIO](#)

Opinions expressed by Forbes Contributors are their own.

Just when you thought Amazon's virtual assistant knew enough already, WebMD – the hypochondriac's favorite website – has teamed up with the retail giant to give Alexa medical diagnosis capabilities.

The integration will allow Amazon Echo, Echo Dot and Fire TV users to ask Alexa basic health queries, such as "Alexa, ask WebMD what are the symptoms of a heart attack", or "Alexa, ask WebMD how to treat a sore throat."

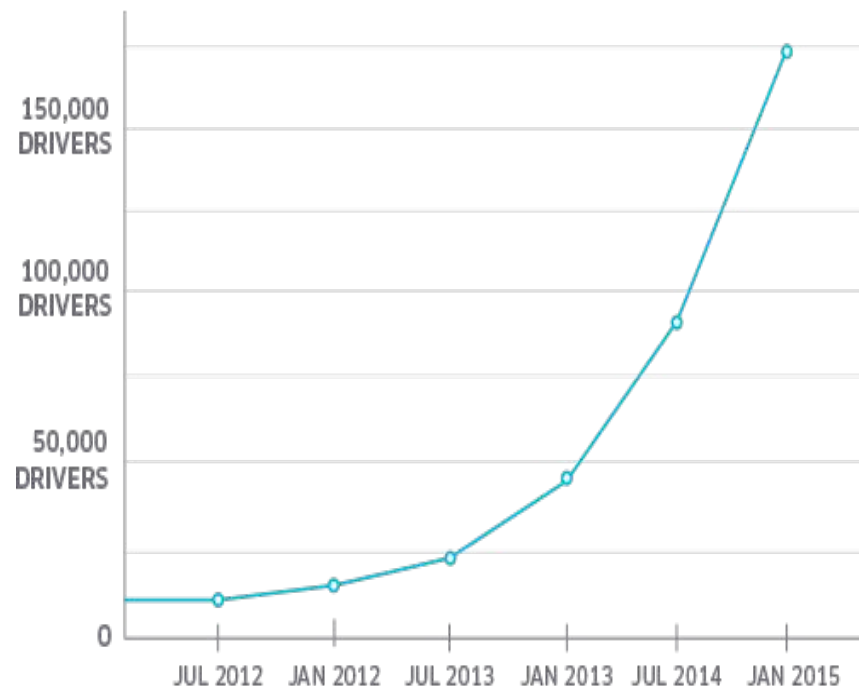


Amazon's Alexa virtual assistant now answers your basic health-related questions

Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

The growth of Uber and its expansion into new markets will likely disrupt other transportation services

Uber Driver Growth



Uber Entering Healthcare

Hospitals Are Partnering With Uber to Get Patients to Checkups

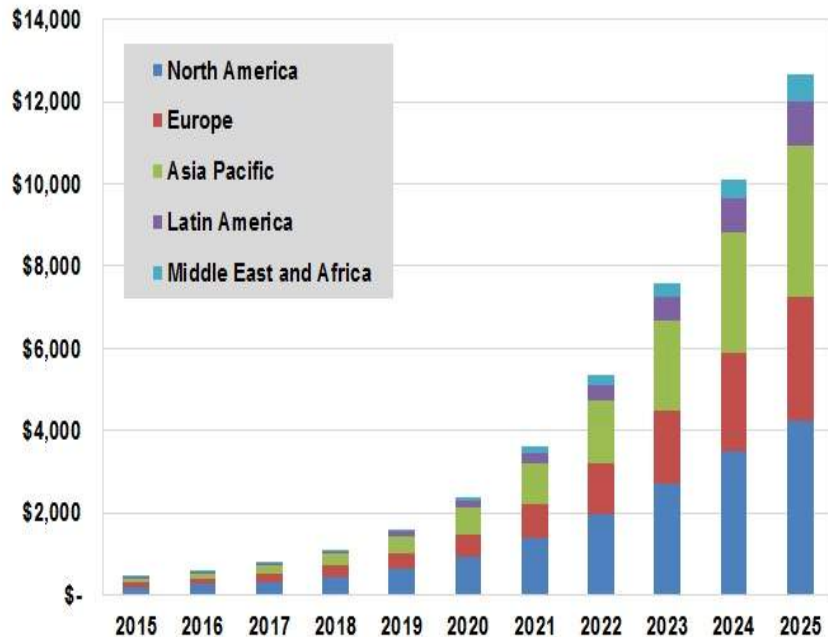
The convenience could greatly reduce the likelihood of missed appointments.

ZHAI YUN TAN | AUG 15, 2016 | HEALTH

Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Drones represent an additional disruptive force in the global supply chain, but what about healthcare?

Commercial Drone Revenues



Healthcare Drones

Drones will begin delivering blood and medicine in the US

After launching in Rwanda, Zipline brings its fleet of medical drones to three US states
by Amar Toor | @amartoo | Aug 2, 2016, 6:03am EDT

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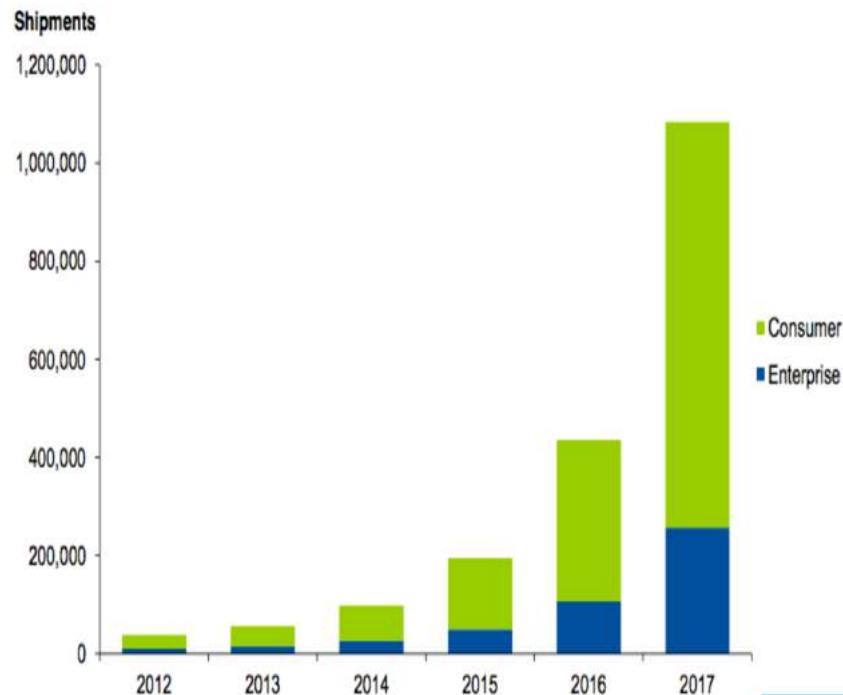


Zipline International

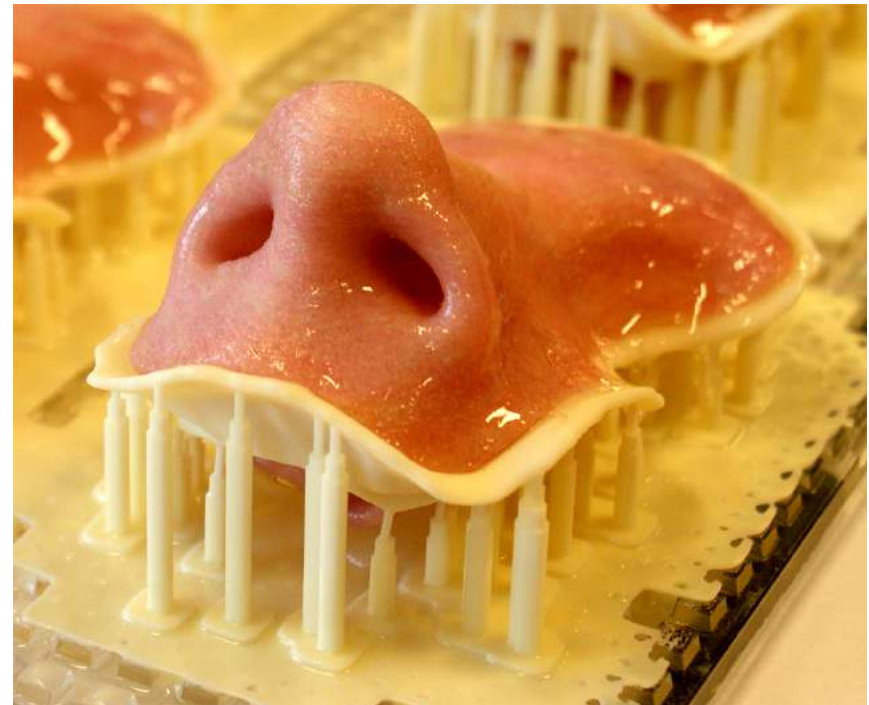
Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

Automation, AI are further driving changes in Additive Manufacturing (aka 3D printing)

Consumer & Commercial AM



Healthcare 3rd Largest Market



Problem Point of View Proposition Position Product Process/Plan People/Partners Possibilities Promotion Profit

We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



Variety in the Internal Environment

Organizations that fail to abide this law fail to survive

Are you living this law?

We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



Variety in the Internal Environment



We must abide the Law of Requisite Variety & Complexity

Variety in the External Environment



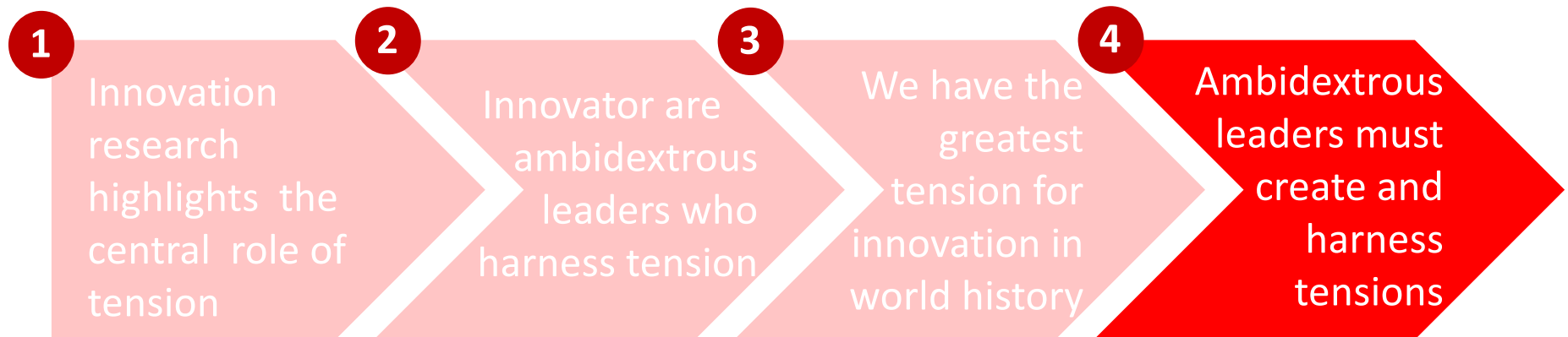
Variety in the Internal Environment



The test of a first-rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.

F. Scott Fitzgerald, author

Our focus on high reliability causing us to fail to innovate and adapt in a turbulent market



We must apply Complexity Science to overcome our failure to innovate!

Life is like a ten-speed bicycle.
Most of us have gears we never
use.

Charles M. Schultz, cartoonist and author

We need to become ambidextrous to enable our people and organization to ride all kinds of cycles

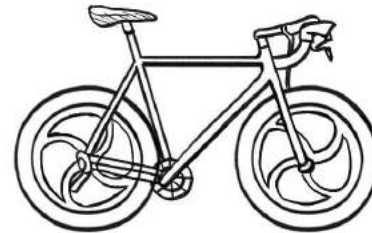


**MOUNTAIN BIKE
DISCOVERING**

Failure
90%



**HYBRID BIKE
INCUBATING**



**ROAD BIKE
ACCELERATING**



**STATIONARY BIKE
SCALING**

Failure
3 in 1 M

The Law of Requisite Variety requires digital innovation - becoming more like Amazon, Google, Apple



Would this create tension in your organization? Could it be a creative tension? Could it be transformational?

How do we eliminate 50% of all clinical visits within 5 years?

Doctors Adamson and Bachman have shown the way in their 2010 research

MAYO CLINIC



ORIGINAL ARTICLE

Pilot Study of Providing Online Care in a Primary Care Setting

STEVEN C. ADAMSON, MD, AND JOHN W. BACHMAN, MD

OBJECTIVE: To study the use of e-visits in a primary care setting.

PATIENTS AND METHODS: A pilot study of using the Internet for online care ("e-visits") was conducted in the Department of Family Medicine at Mayo Clinic in Rochester, MN. Patients in the department preregistered for the service, and then were able to use the online portal for consultations with their primary care physician. Use of the online portal was monitored and data were collected from November 1, 2007, through October 31, 2009.

RESULTS: During the 2-year period, 4282 patients were registered for the service. Patients made 2531 online visits, and billings were made for 1159 patients. E-visits were submitted primarily by women during working hours and involved 294 different conditions. Of the 2531 e-visits, 62 (2%) included uploaded photographs, and 411 (16%) replaced nonbillable telephone protocols with billable encounters. The e-visits made office visits unnecessary in 1012 cases (40%); in 324 cases (13%), the patient was asked to schedule an appointment for a face-to-face encounter.

CONCLUSION: Although limited in scope, to our knowledge this is the largest study of online visits in primary care using a structured history, allowing the patient to enter any problem, and billing the patient when appropriate. The extent of conditions possible for treatment by online care was far-ranging and was managed with a minimum of message exchanges by using structured histories. Processes previously given as a free service or by nurse triage and subject to malpractice (protocols) were now documented and billed.

Mayo Clin Proc. 2010;85(8):704-710

regulatory issues, and concerns over security, privacy, and confidentiality.²¹ Also, electronic consultations to date have generally used online forms or secure e-mail. The information in these formats is unstructured and often lacks sufficient information, prompting the clinician to respond to the patient to request further information, which results in delays.²² Furthermore, the lack of organization in an e-mail makes it difficult to code complexity; consequently, the same fee is often charged for all online consultations, regardless of complexity.²³

Isolated reports of the use of online consultations have been disappointing. For example, despite indications that electronic communication could decrease health care costs²⁴ and provide reimbursement from patients,^{25,26} Fairview Health System has reported only 10 e-visits per week in a system with 400 physicians,²⁷ and Blue Cross of Minnesota processed about 30 e-visits per month in July 2008 and 90 e-visits per month in July 2009 (D. Hiza, MD, written communication, February 2010).

Studies have not described a portal for online patient consultations that has a structured medical history. Structured computerized histories were first described in the 1960s by

**For editorial
comment,
see page 701**

Largest study of its kind to test the idea of pushing more care to the home

2 years (2007-2009)
4,300 patients
56 clinicians in 4 locations
24 hour turn around
Portal technology
2,531 online visits
1,159 were billed
No marketing or promotion

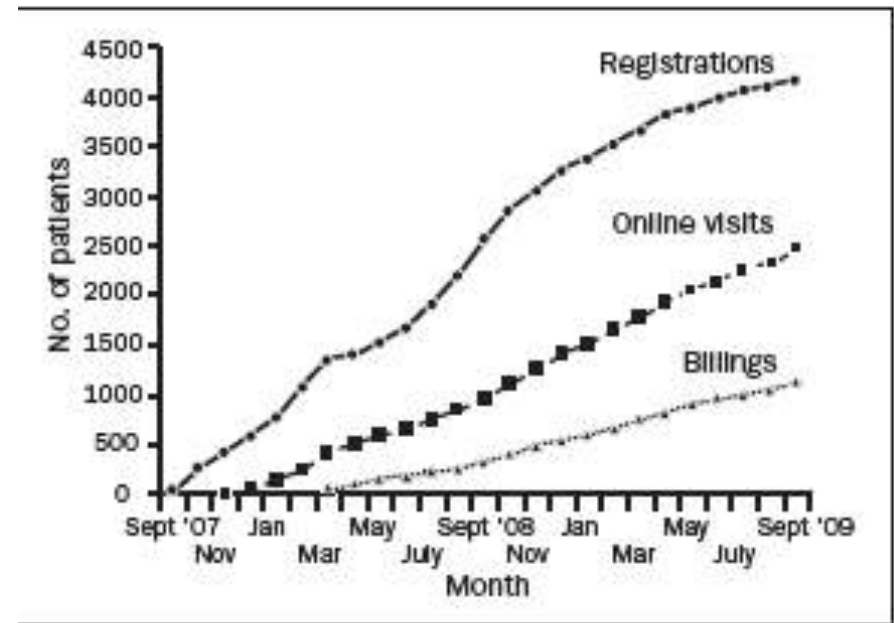


FIGURE 2. Cumulative totals of patient registrations, online visits, and billings at each month during the study period.

There were two primary personas among these online patients, young moms and older daughters



Working Mom

71% women
Monday 25%
Weekend 5%
8 AM to 4 PM

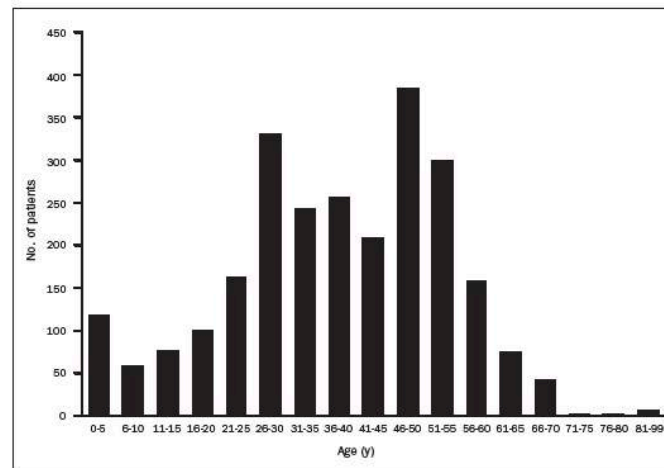


FIGURE 3. Ages of patients receiving online consultations.



Working Daughter

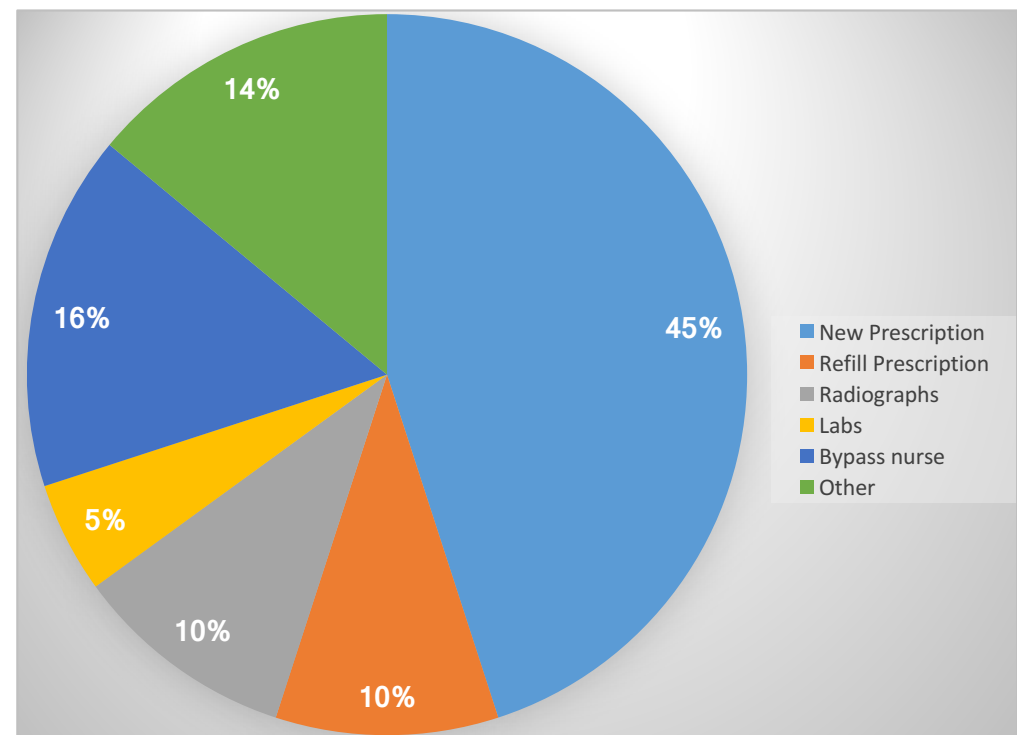
40% of all problems were address WITHOUT an office visit – this was conservative – could easily have been 50%

TABLE 1. The 20 Most Frequent Reasons for e-Visits^a

Reported problem	No. (%) of visits ^b
Sinusitis	218 (8.6)
Depression	134 (5.3)
Back pain	121 (4.8)
Cough	77 (3.0)
Anxiety	75 (3.0)
Hypertension	67 (2.6)
Abdominal pain	66 (2.6)
Headache	65 (2.6)
Urinary tract infection	63 (2.5)
Influenza	62 (2.4)
Allergic rhinitis	57 (2.3)
Dermatitis	55 (2.2)
ADHD	53 (2.1)
GERD	50 (2.0)
Vaginitis	47 (1.9)
URI	45 (1.8)
Insomnia	40 (1.6)
Asthma	39 (1.5)
Contraception	36 (1.4)
Hyperlipidemia	32 (1.3)
Total	1402 (55)

^a ADHD = attention deficit hyperactivity disorder; GERD = gastroesophageal reflux disease; URI = upper respiratory tract infection.

^b Of 2531 total visits.



... but did it make money?

11% just prescription refill

14% sent to the office for an appointment

Many seen in the office previous week or regular follow ups

What is the value of being able to see more patients in office?

TABLE 2. Billings for Patients Without Mayo Clinic Insurance (n=448)

Billed	No. (%)
None	236 (52.7)
Insurance/patient	145 (32.4)
Medicare	
Not billed	29 (6.5)
Billed	14 (3.1)
Medicaid	24 (5.4)

Dr. Erin Clark in Maternal and Fetal Medicine at the University of Utah wants to cut maternal visits by 50%



For nearly 30 years we have been trying to cut the number of visits in half

1989: U.S. Department of Health and Human Services

Caring for our Future: The Content of Prenatal Care
Report of the Public Health Expert Panel on the
Content of Prenatal Care

Proposed reduced frequency prenatal schedule for low-risk parous women based on the timing of specific events and tests that occur in pregnancy.



→ Reduced recommended visits from 14 to 8.

Your Prenatal Care Visit Schedule

Week	Visit Type	Survey
Week 16	Remote Visit	Survey: Remote Care Experience
Week 20	In-Person Visit	Survey: Satisfaction, Preference, Cost
Week 24	Remote Visit	Survey: Cost
Week 28	In-Person Visit	Survey: Cost
Week 30	Remote Visit	Survey: Cost
Week 32	Remote Visit	Survey: None
Week 34	Remote Visit	Survey: Cost & Remote Care Experience
Week 36	In-Person Visit	Survey: Satisfaction, Preference, Cost
Week 37	Remote Visit	Survey: None
Week 38	Remote Visit	Survey: None
Week 39	Remote Visit	Survey: None
Week 40+	In-Person Visit	Survey: Satisfaction, Preference, Remote Care Experience

Visit Checklist

- Before Each Visit
 - Measure your blood pressure, weight & your baby's heart rate
 - Record these measurements in MyChart (<https://mychart.med.utah.edu/mychart/>)
- Remote Visits Only
 - Go to your Doctor's telemedicine room*
- After Your Visit
 - Complete the surveys mailed to you

Contact Info

Study Coordinators

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Phone: 801-587-0975

Alexys Allen
Phone: 801-213-4189

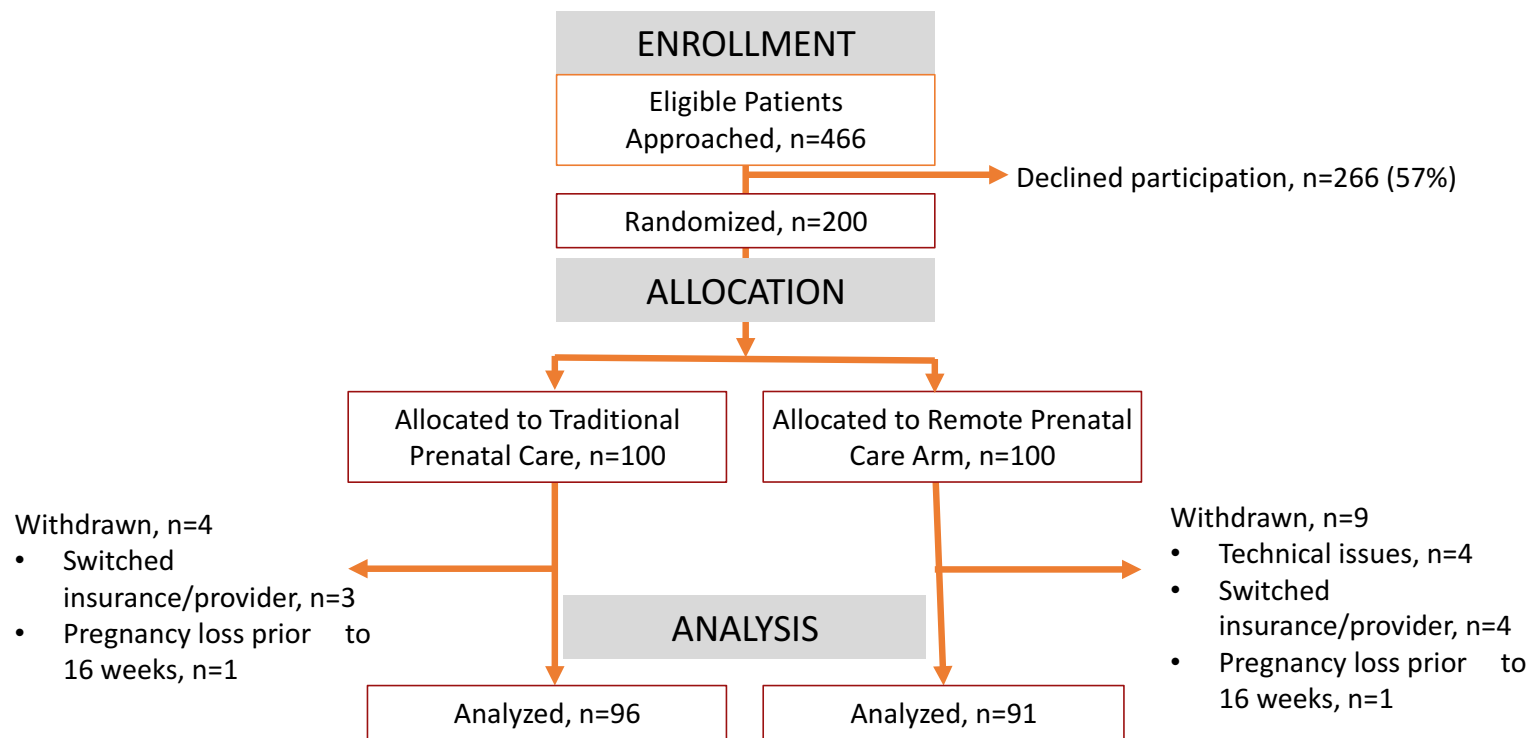
UofU.RemotePrenatalCare@gmail.com

Principle Investigator

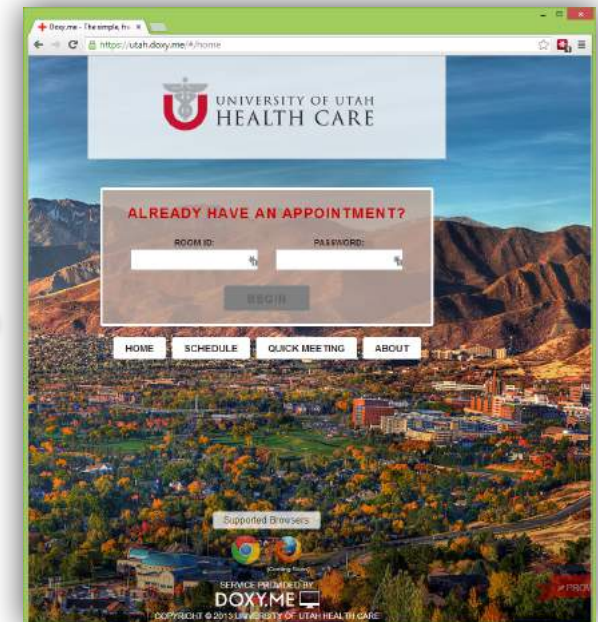
Dr. Erin Clark

*Your Doctor's telemedicine room: <https://utah.doxy.me/>

Dr. Clark ran a clinical study with 200 women to test the idea of cutting visits by 50%



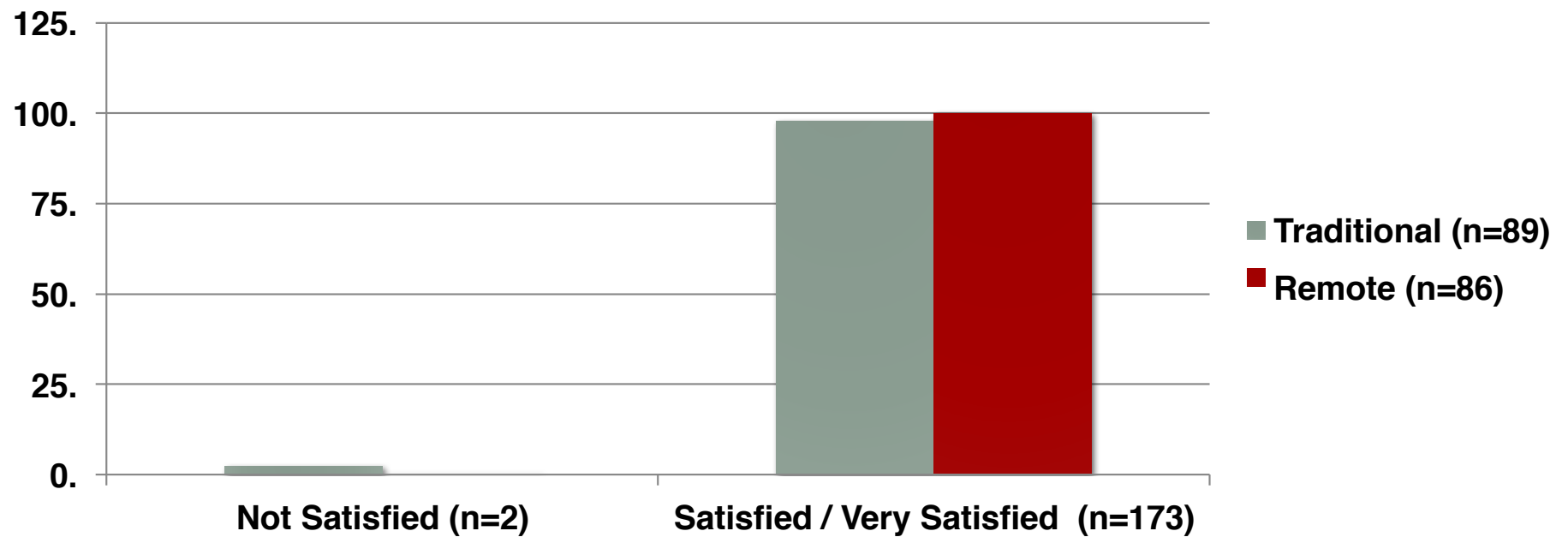
She used digital health devices and applications

A screenshot of the MyChart web application. The header shows the University of Utah Health Care logo and the user's name, Kate Smithson. The main content area is titled 'Add Prenatal Vitals Flowsheet Data' and includes instructions for entering readings. It features input fields for Date, Time, and various vitals (Systolic, Diastolic, Weight, Fetal Heart Rate). A sidebar on the left contains links for Home, Message Center, Appointments, and other patient services.

She found no meaningful difference in outcomes

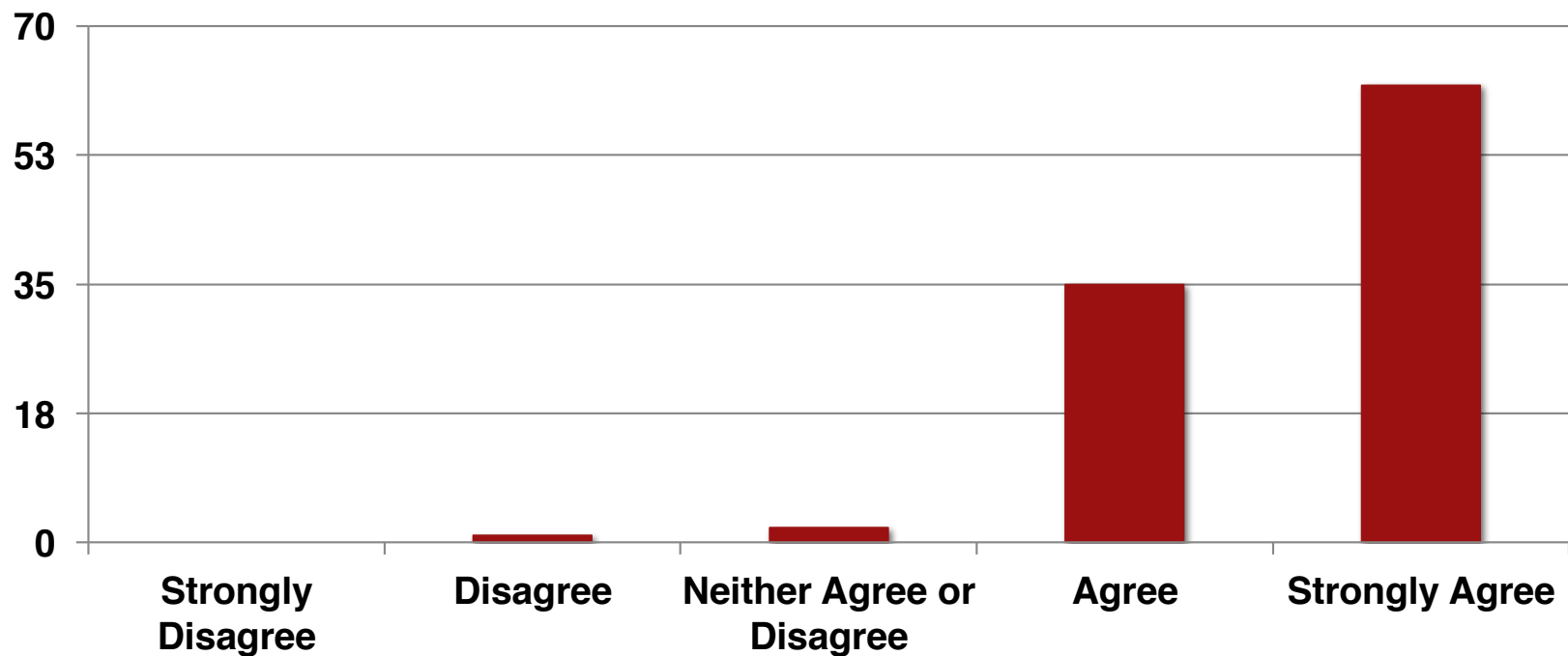
	Traditional (N=96)	Remote (N=91)
Gestational Age at Delivery, wks	39.4	39.4
Preterm Birth	7 (7.3%)	4 (4.4%)
Induction of Labor	39 (40.6%)	41 (45.1%)
Cesarean Delivery	12 (12.5%)	9 (9.9%)
Birth Weight, gms	3427	3345
IUGR	3 (3.1%)	1 (1.1%)
Fetal Demise	1 (1%)	1 (1.1%)

She found patients were just as satisfied



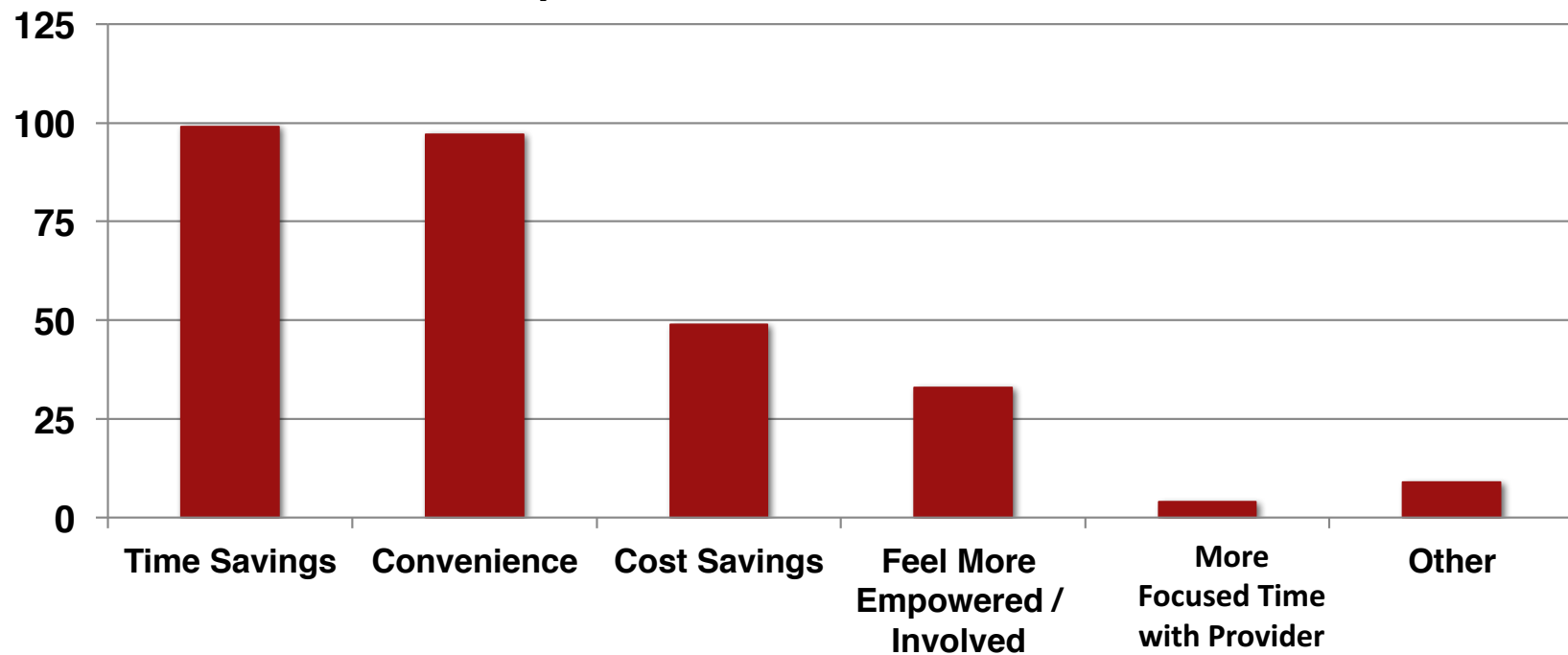
Patients were very happy with digital health remote monitoring

I am satisfied with remote prenatal care for monitoring my health during pregnancy.

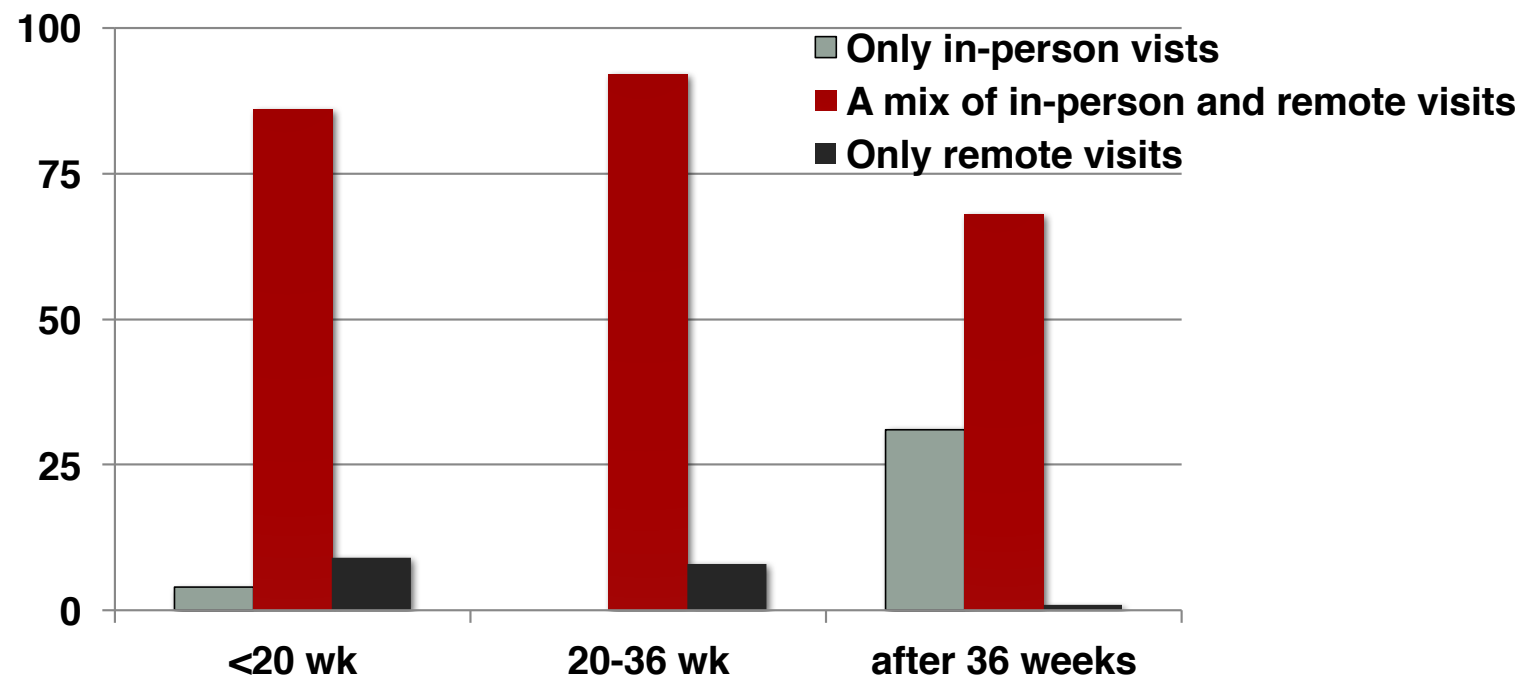


There were many reasons they liked and preferred it to traditional prenatal care

What are the 3 most important reasons you liked receiving remote prenatal care?



They nearly all preferred a mix of digital and analog health



We need bundled digital health solutions that are comprehensive to address the whole problem



*Molecular Dx
screening IDs
patients who
would benefit
from
treatment*



*Wireless
Easypod
injection
device records
dosage data
and transmits
to clinicians*



*Nurse call
center
intervenes
when notified
by device of
patient non-
compliance*



*Clinical nurses
in physician's
office assist in
treating
patient*



*EHR
Integrates
patient
information*



*Value-based
reporting to NHS
demonstrates
compliance and
improved
outcomes*

Market share 10% —> 50%

Margins -20% —> +20%

Our focus on high reliability causing us to fail to innovate and adapt in a turbulent market

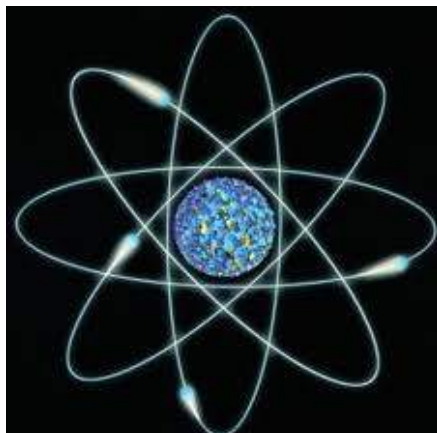
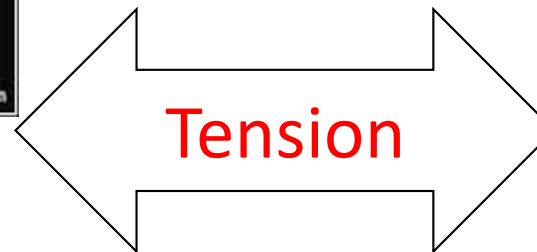
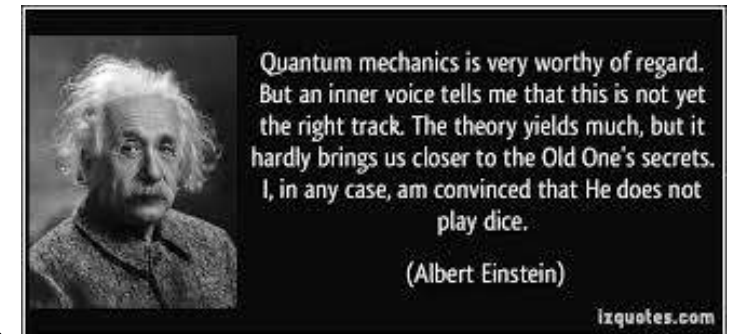
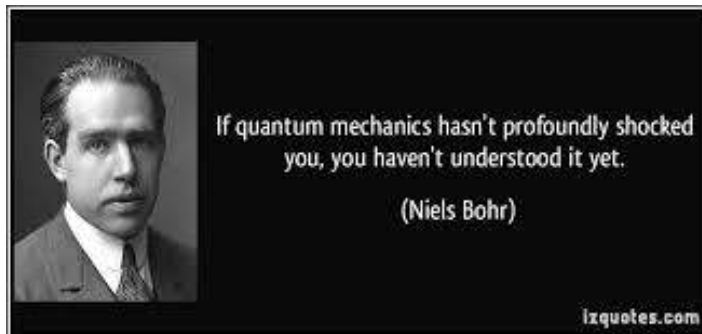


We must apply Complexity Science to overcome our failure to innovate!

I thought of that while I was
riding my bicycle.

Albert Einstein, on coming up with the Theory of Relativity

Physics has struggled to unify the world of the big and the small ... much like organizations do today

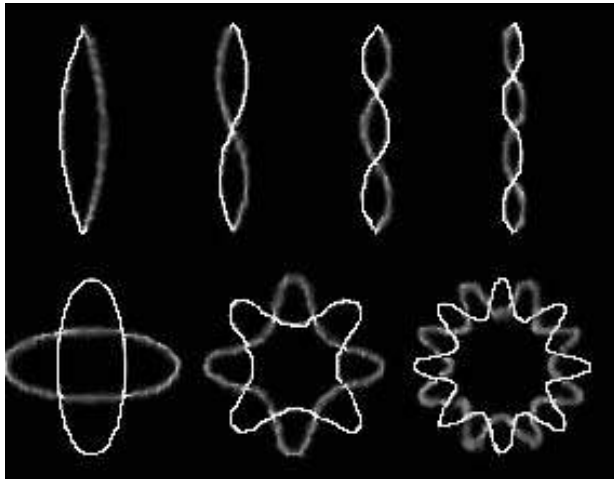


small
probable
uncertain
free will
radical

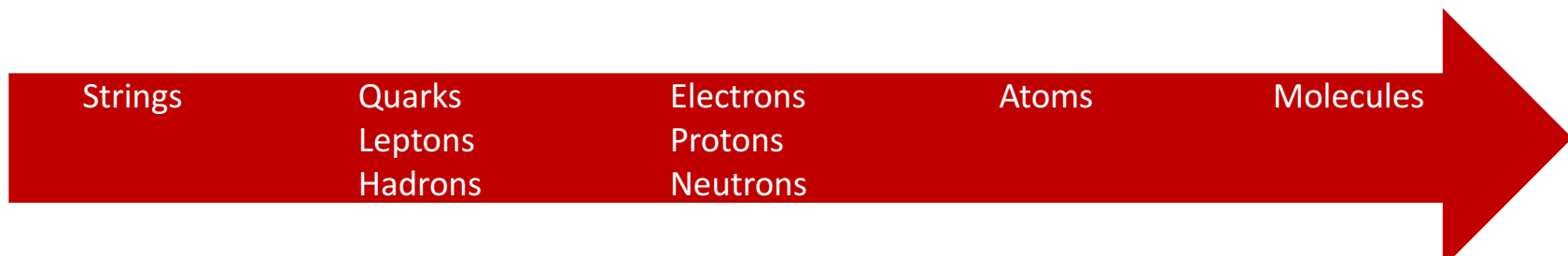
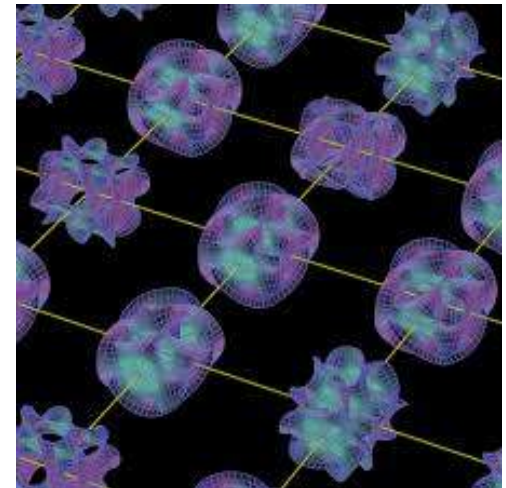
BIG
PREDICTABLE
CERTAIN
CONSTRAINED
INCREMENTAL



String theory has emerged as a crazy idea of how harnessing tension unifies both big and small in Complex Adaptive Systems



Vibrating strings at various tensions to deliver specific frequencies look to be the foundation for all existence and unify General Relativity and Quantum Physics



Is a theory of tensions and complexity crazy enough?



*“We are all agreed that
your theory is crazy.
The question that
divides us is whether it
is crazy enough to have
a chance of being
correct.”*

Niels Bohr

