Evolution Revolution, or Back to the Future

Participants at the 2017 Summer Leadership Summit muse on the future of healthcare and healthcare design

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What do you get when you put a bunch of prominent healthcare architects in a room, and ask them questions about the past, present and future? This may sound like the start of a bad joke...but what if the conversation could lead to predictions about the future of healthcare design?

Polling Activity

Using an interactive polling system, participants were asked to share their personal experiences from 30 years ago and from the present, and predict what they would be 30 years from now. For each topic, the first two questions were multiple choice, and the third was open-ended. For example, question 1A: “How did you stay current with the news in the 1980's?” Majority response: Daily delivered print newspaper. Question 1B: “How do you stay current with the news in 2017? Majority response: News websites. Question 1C: How will you stay current with the news in 2047? Responses included known methods, such as podcasts, email, iPhone notifications and news websites; plus yet-to-be-seen methods, such as pills with data, implant, virtual news and mental telepathy.

Some of the more fanciful predictions were in response to the question, “How will you move great distances in 2047?” Futuristic imaginings included “beam me up,” driverless cars, pilotless airplanes/personal aircraft, hologram, “no need to travel,” virtually, personal pod and hyperloop. There were also a few tongue-in-cheek or dystopian predictions: Wheelchair, walker, drugs, horses, oxen….or maybe these are actually serious responses, come to think of it!

Some of the more intriguing ideas for the future included responses to the healthcare-related questions. To the question, “How will you choose your doctor in 2047?” we received answers such as Yelp, Amazon, Dr. Google, algorithms, no doctor, natural selection, whoever is present, big data, website for personal medicine, no choice, chosen for you, government assignment and by body scan. And, “In 2047 I will do the following for a minor illness:” Answers: Changing business models for healthcare delivery, technology and medical advances, community, character, physical design responses, concerns and challenges, and the role of the architect in all of this.

Stimulation

Participants then had an opportunity to expand their thinking about the past, present and future by hearing several presentations from experts in healthcare-related fields. Dr. Akram Boutros, CEO of MetroHealth Medical Center in Cleveland, OH, posited that, 30 years ago, the doctor was the star of the show; he (and it generally WAS a he) performed his work in a hospital, and fixed what was broken. Today, the patient is at the center, the setting is moving into patients’ lives, and healthcare is more than fixing what’s broken. Dr. Boutros sees in the future that the patient is the star of the show, and the doctor comes to the patient, bringing specialists with, and using amazing devices. Healthcare will be more than about medicine; it will be about the social determinants of health.
Dr. Paul Biddinger, Director of the Center for Disaster Medicine at Massachusetts General Hospital, predicted that the future of patient health will be framed by climate change, and that future construction must anticipate change related to enhanced enterprise emergency planning and investment in energy redundancy/independence.

The transition from great scale to a highly integrated future is predicted by Brian Carlstead and Michael Irwin, of Citigroup’s not-for-profit health care group. Health systems will continue to require substantial capital in their quest for scale and integration, focusing mostly on ambulatory and outpatient activities. Design teams will need to think differently in order to assist clients through the transition to value payments, which requires controlling medical expense.

Loree Sutton, Commissioner for New York City’s Department of Veterans Services, and Dr. James Kelly, Executive Director of the University of Colorado Marcus Institute for Brain Health, spoke about the future of mental health treatment, moving from the stigma of the past, to understanding the unseen wounds of the present, to approaching brain health as a specialty, using strength-focused strategies.

Carrie Shaw of Embodied Labs demonstrated how technology can be used to create a virtual patient experience for healthcare trainees and professionals, enabling them to understand their patient’s perspective and challenges.

**Imagining the Future of Healthcare Design**

Having heard these stimulating presentations, participants formed into a number of small groups, and were prompted by facilitators to reexamine their predictions on the future of healthcare. Here’s a summary of what the collective brainstorming yielded:

**The physical environment: What will we design?**

We will build less. We will be designing houses, since the hospital will be in the home. Most of healthcare will be performed virtually. Much of what is built will be built by 3-D printing. Infrastructure will be designed to be recycled.

**Technology and Medical Advances**

Health and wellness knowledge will be available to everyone in the world. Genomics will show us how to age, and will enable customized diagnoses – no more guesswork. Medicine will be proactive. Health will be continuously monitored, enabling instantaneous intervention. Architects will need to design for caregivers who are not necessarily human, including robots and other technological devices.

**The Business Model**

The typical business model will be dispersed, no longer tethered to a physical setting and no longer subject to artificial boundaries. Treatment will be administered digitally and globally. Teaming and partnerships will be both physical and virtual. There will be complete alignment between design and construction, eliminating unnecessary building. Waste in healthcare will be essentially wiped out. Consumers will have unfettered choice in accessing healthcare.
Community

Healthcare will be ubiquitous and comprehensive, using a needs-based communitarian approach. Distribution, having reached a tipping point, will equalize, and everyone will have the same access to healthcare. We will live longer and healthier lives, and will need to come to terms with what lengthened life means, and what we will do with the “extra” time.

Concerns and challenges

People will be unsettled by constant disruption and the speed of change. Cost will have to come down, to make healthcare sustainable. New diseases will arise, taking the place of those that are eliminated. Insurance companies will cease to exist. Doctors will no longer be essential to healthcare.

The Architect’s Role

Architects will be leaders through the entire healthcare experience, actively engaging in all places that healthcare occurs. Constantly staying informed, the architect will _______.

And here we leave a blank, for you to fill in! Let us know your thoughts by adding your comments here: https://www.surveymonkey.com/r/SLS2018Input.

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