THE FUTURE OF WORK: EMBEDDING TECHNOLOGY IN COMPASSIONATE HEALTHCARE

an AMS Healthcare Conference

In only a few short months, artificial intelligence has moved to the centre stage. New tools like ChatGPT are on everyone's mind and many of us are, for the first time, considering how technology will impact our work, our relationships, and our communities. As healthcare emerges from the pandemic with an urgent need for solutions and a tired and depleted workforce, the accelerating pace of technology feels like both an unprecedented opportunity, and a potential new source of risk and complexity.

It is against this backdrop that AMS hosted more than 200 leaders from across healthcare, including patients and caregivers, to talk about The Future of Work. The event was timely and the room was abuzz with conversation and debate from the start. Everyone was ready to lean in to the big questions of the day: How could technology help us leapfrog current healthcare pressures? How will we equip and support our workforce? Who will lead the changes ahead?

BIG IDEAS

Redesigning and re-valuing the work of health professions

KEYNOTE ADDRESS: THE WORKFORCE OF THE FUTURE

Christoph A. Meier, Director of Internal Medicine at the University Hospital Zurich and member of the editorial board of the Future of Health group delivered the keynote with a comprehensive overview of what's changing and our collective readiness to keep pace. Meier set the stage with a sober reminder that technology transformation is coming at a time when the healthcare workforce is under pressure from all sides: shrinking from retirement and attrition, but also because of burnout and low job satisfaction. The future is now: AI-powered clinical assistants, diagnostic tools and decision aids are already a reality in healthcare. Startups are entering the mainstream and gaining the attention of governments with new technologies that are easier, faster, and sometimes more accurate than humans. But as other industries sound the alarm about AI's impact on jobs, healthcare systems have been relatively silent. Meier stressed the importance of frank conversations about what functions will be replaced by technology, and highlighted the need for policy modernization enabling task shifting and doubling down on team-based care as a way to support pathways for new healthcare professions.

Israel-based UltraSight, which makes it possible to do cardiac diagnostic exams without the need of a medical professional, recently received approval in the European Union and can connect directly to existing point of care ultrasound systems

CHANGING MINDS, CHANGING CULTURE

Moderator Cameron Love hosted a panel that included Brian Hodges, Gillian Strudwick and Tazim Virani, challenging the audience to think about the mindsets and culture that hold us in our current patterns and discussed success factors for enabling new thinking about roles.

Giving new purpose to healthcare professions. Meier encouraged leaders to use technology to give new purpose to work, addressing

job satisfaction and re-centring on patient relationships and patient needs. Traditional healthcare roles are deeply rooted in ideas about who makes decisions about care, and providers will resist change unless they buy into a new vision for their roles and a better experience at work.

Whose work do we value? New technologies will be about the full experience of health and wellbeing, not just the clinical interaction. Workforce roles will expand and diversify as care moves outside the walls of traditional institutions, creating many new opportunities but also challenging long held norms and hierarchies in how we organize work.

Maintaining the public trust. The changes ahead go far beyond the healthcare workforce – people and communities will shape and be shaped by new health-related technologies. Panelists voiced concerns about the erosion of trust during the pandemic and called for more public conversation about the guideposts, both for new technologies, and on the path to adoption.

> "People want a trusted relationship - it doesn't need to be a doctor. I need advice, a plan, a place to ask questions - but where that voice sits could be in multiple places."

BIG IDEAS

> "The worst thing we could do is digitize a broken system"

A CALL TO ACTION FOR GOVERNMENTS

Panelists argued that governments need to drive change, and encouraged policy makers to prioritize structures that stifle innovation. The panel also questioned whether Canada could continue to maintain siloed provincial systems, warning that "technology companies are the new drug companies" and would require a coordinated approach when it comes to everything from procurement to privacy.

Discussing his findings from a new paper commissioned by AMS, John Lavis, Director of McMaster Health Forum, asked "why is it so challenging to take advantage of the opportunities?" Lavis emphasized the importance of re-positioning technology as an enabler of much-needed system changes and called on leadership to articulate a vision, arguing that we need to "get the what right" in order to make a plan for the "how."

SETTING THE CONDITIONS FOR SUCCESS

Whether it is the future workforce or new technologies, we can't design for the current system. Lavis' presentation sparked a spirited conversation as panelists Onil Bhattacharyya, Anna Foat, Tim Rutledge, and Nicole Woods as they considered both the barriers and the opportunities when it comes to adapting and evolving the healthcare workforce.

> "Accountability and incentives are the elephants in the room."

Enabling regulation: How do we rapidly mature our digital policies to set the conditions for a changing workforce? As governments consider modernization of the regulatory environment to facilitate technology adoption, they need to prioritize regulations that facilitate workforce mobility, allowing for a new skill mix and making it easier to shift scope of practice.

Realigning incentives: "I worry that technology is relying on goodwill, they don't incentivize us," commented one presenter. Fee-for-service compensation was repeatedly named as a barrier to innovation, reinforcing silos and prioritizing traditional volume-based, in person models of care.

> "As we consider technology, we will have failed if we don't understand how to extend technology outside of hospitals and into communities. We need to empower more people to use technology and take a distributed approach to knowledge."

Investment and innovation outside hospitals: Panelists expressed concern that hospital-centric approaches to technology adoption would prioritize administration and clinical applications over primary care and community. They called on government to make it easier for these sectors to invest in technology, including access to procurement mechanisms that have traditionally been out of scope for most organizations.

> "Advanced analytics and AI will completely change healthcare. The question is, for who will it change... those who are most vulnerable need to benefit, and that will take planning."

Innovation that benefits everyone: Panelists talked about the risk of technology deepening inequities for people who are already marginalized or vulnerable and emphasized the need to have many voices at the table – in both the ideation and in the implementation of new technologies. They also highlighted the importance of including healthcare roles that have been traditionally undervalued in the current system, and often have predominantly racialized staff, such as personal support workers and home care providers.

Educating for the "why" and not the "what": Panelists discussed the urgency of retooling our education system and weighed in on the skills and competencies of a more collaborative, more connected workforce: people who are good communicators, team players, who understand the power and limitations of data. "We need to train to think, to learn, to listen. We have models for teaching people to sit with ambiguity – we just don't use them in medical school." New roles and skills also have big implications for who and how we recruit.

ONTARIO'S HEALTH HUMAN RESOURCES PLAN

Karima Velji, Chief of Nursing & Professional Practice, ADM, Ontario Ministry of Health, offered an insightful and forward-looking view of Ontario's current workforce priorities. Despite unprecedented pressures, Velji reminded the audience that there are many opportunities if we look beyond the status quo, even in a time of scarcity. She commented that she saw the ministry's role as a catalyst and enabler for local innovation. Vellji highlighted two current areas of focus: pathways for interjurisdictional and international practitioners, and scope of practice expansion. She echoed the need for providers to be working at their full scope of practice and commented that the most immediate opportunities were in pharmacy and nursing, noting the particular importance of nurses working in community settings.

BUILDING A ROADMAP

After lunch the group rolled up their sleeves for a series of breakout discussions on how to embed the opportunities of technology in the healthcare workforce - today and tomorrow. Co-facilitators Bernita Drenth and Alan J. Forster led a rich discussion with panelists Rachel Cooper, Michael E. Green, Adam Hutton, and Carolyn Steele Gray on a roadmap for embedding technology and adapting our workforce.

Panelists challenged the leaders in the room to share their best ideas to accelerate technology innovation and asked questions about how we facilitate compassionate care, how we engage patients and caregivers, and the role of leaders enabling disruptive change.

In a time of many 'wicked problems', where do we start?

Participants grappled with big questions about how to harness technology to leapfrog long-standing challenges in ways that benefit both patients and providers, taking the advice of the morning sessions' speakers to ask "what are the big problems we need to solve?"

TAKING THE PRESSURE OFF OUR CLINICAL TEAMS

Most tables felt the urgency of current hospital pressures and focused on technologies to directly address issues of administration, workforce capacity and burn out, advocating for:

Administrative burden: AI will change how we think about productivity. As digital assistants become more mainstream, they need to show tangible benefits to reduce low-value activities and help clinicians focus on patients. One table suggested as a first step, mapping every step of documentation and then transitioning out manual work.

Supporting and optimizing our nurses: Enabling new roles in the system will allow nurses to work at their full scope of practice, while remote monitoring technologies like eShift can help our existing nursing resources go farther.

Connecting our systems: Sectors and organizations "need to work in the same ecosystem" in order to bring to life good ideas. While interoperability may seem like table stakes, it is a foundational part of the digital backbone.

ENABLING NEW RELATIONSHIPS AND ROLES

Other tables started with the question "which workforce?" and encouraged the group to think creatively about opportunities that help us strengthen relationships with patients and communities.

Navigation and connection: How do we equip the public – and providers – with better tools to connect to the care they need? One table proposed an eHarmony-style app to match people to the care they need and created easy-to-use communication channels with providers.

Information and decision-making: Fine tuning existing systems like ChatGPT can help fast-track change in primary care, acting as clinical assistants for providers and be harnessed to improve health literacy and self-care for patients.

Compassion and caring in the "user" experience: There are many analogous examples from other industries that have built a sense of community, trust and caring. Healthcare needs to incorporate models in designing the experience that feel familiar; don't reinvent the wheel.

Technology tools for community care: Mental health, community services and homecare are often an afterthought when it comes to technology investment, yet there are many emerging tools aimed at managing chronic illness and helping seniors remain independent.

BIG IDEAS

Compassion by design: the healthcare experience of the future

What are the guardrails for design and implementation? Most tables leaned into the idea of compassionate care as a design issue: technology is just a tool. We can choose how we design our tools, who is involved in that design and what purpose they serve.

Designing for relationships, not transactions: Participants stressed the importance of designing tools that maximized and augmented the relationship between providers and patients, building in human touchpoints where they are most needed.

Designing the healthcare jobs people want: What do providers want from the future experience? Tables noted that beyond addressing the current pain points in the system, there is an opportunity to re-imagine roles and relationships and build the environment for it.

Designing for diversity: Technology allows greater personalization and tailoring directly to the needs of patients and communities. Co-design with equity-seeking groups is critical if we are going to introduce technology that effectively reflects their needs and experience.

Designing for a seamless patient experience: Technology can help overcome fragmentation and silos between sectors, facilitating connecting and helping fill in the gaps with good information and self care options.

Designing for trust: Tables discussed opportunities to use technology to overcome issues of stigma or provide safe environments for care. They raised questions about what happens when trust is lost, and the ways technology can build trust, or erode it.

BIG IDEAS

Who are the future change-makers?

Will the change-makers of the future come from within the current leadership structure? Do we have the skills and mindset needed to incubate new ideas and drive disruptive innovation? Tables discussed how our concept of leadership is changing and the importance of networks of support that foster the boldness, agility and learning needed to realize gains.

Small "l" and big "L" leadership: Tables stressed the importance of building organizational depth, with leadership embodied at multiple levels. One participant noted, "we need to start talking about a leadership matrix, not a leadership pipeline."

Diversity – of ideas, histories, and perspectives – drives innovation: Whose ideas are represented if we don't diversify leadership? "We currently reward traditional ideas about leadership, and at a time of dramatic change, that will stifle innovation."

The power of partnerships: Leadership is about tapping into the collective wisdom, "We'll accomplish more if we harness all the minds in the room." How do we invite the knowledge and skills – of users, communities, and technologists – needed to drive change in the sector?

Making space for a new generation of leaders: Tables discussed the importance of primary care and community leaders having a seat at the table.

We won't break down silos if we continue to promote leadership only in larger institutional settings, it was noted, while leaving community leaders "ignored and underfunded."

Rewarding the competencies we need: One table noted, "we do not differentiate management from leadership," often penalizing risk takers or overlooking leaders that prioritize reciprocity and inclusion. Boards and governments need to create a safe environment for innovation and equip leaders with data, policy and investments to implement emerging solutions.

WHAT MAKES A HEALTH SYSTEM INNOVATIVE?

How do we create space for innovation at a time when much of the healthcare system is preoccupied by pandemic recovery? How do we let ideas fail without allowing organizations to fail? The session ended on the question of whether Ontario is well-positioned for innovation, with Team Unity (Muhammad Mamdani & Amol Verma) facing off against Team Trillium (Dante Morra & Laura Desveaux) in a lively debate. As the two sides volleyed back and forth, a picture emerged of the many factors that contribute to innovation, summing up several of the key themes of the day.

Putting patients, caregivers and communities in the driver's seat

"The democratization of healthcare is already upon us. Technology and analytics will push this further by putting more power in the hands of people."

Tables emphasized the importance of involving the public at every step of the journey and described opportunities for co-creation that shift choice and control to patients, caregivers and communities. They offered advice to leaders and decision-makers about how to meet public expectations with a new take on engagement and co-design.

A clear value proposition to patients: Technology adoption in other sectors is about a reciprocal offer from the provider – online banking offers any-time convenience, Facebook and Instagram offer a sense of community and connectedness. Considering new technologies needs to start with a compelling value to people, and work directly with them to shape the experience.

Moving care upstream: Technology will shift care outside the clinical interaction, with better information, navigation and self-care tools. What is the relationship between providers and patients at all steps of the journey, how is it supported with new communication and care tools, and how are touchpoints optimized (pre-appointment and post appointment tools)?

Build on existing technology experiences: Personalized, connected, supportive technology tools are ubiquitous, and offer many guideposts for how technologies are likely to be perceived - and adopted - in healthcare. It was noted that "we are flush with data but very little of it is patient-driven or about what people want or need."

Tap into the expertise of communities: Traditional patient engagement can't capture the diversity of experiences, needs, barriers and attitudes needed in a world where personalized digital tools are the norm. Marrying community expertise (e.g. faith based groups, newcomer communities) and clinical expertise can fast-track design but can also be crucial for adoption.

> **"Can you feel, touch it? Can you see innovation in the balance sheet?"**

Vision
"Innovation is tied to aspiration. An aspiration to change the game. What are our aspirations and how do we innovate around them?

Diversifying and personalizing care
"If we incentivize standardization, or prescribe how and when something is done, we reward the status quo."

Talent and skills
"We have the talent…and we have the networks and partnerships."

Embracing failures
"There's no shame in trying and failing, but did we learn?"

A culture of learning
"If we can internalize that we have a problem, we can change it."

Scale and diffusion of ideas
"There are so many pockets of innovation in Ontario. But the fact that they are not common knowledge shows us that we aren't unlocking the potential."

Targeted investments
How do we create the space to consider and deploy a new solution? Innovation is hard to do off the side of the desk, people are busy keeping the lights on."

Accelerating the pace
"We're at an inflection point. We need to be constantly challenging our models and scale faster."

> **"Right now, we train for the 'what' – a set of solutions, something to memorize and apply. We have to start training for the 'why'. Understanding social systems, understanding relationships."**

AMS Healthcare would like to thank the dedicated healthcare leaders that took the time to participate in our April 25th Conference. From the speakers to the panelists to the incredibly engaged attendees, together as a community we dedicated our efforts to addressing the future of work.

Central to every conversation were the ideas of compassion and caring. Healthcare is about people and relationships – and technology will fundamentally change those relationships. We are at a crucial moment in technology adoption when we can make choices about how we use these new tools to deepen relationships, creating a better work environment for providers and re-imagining the experience of patients and caregivers.

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