True change happens outside the comfort zone

Our European Health Forum Gastein (EHFG) 2019 conference on "A healthy dose of disruption? Transformative change for health and societal well-being" aims to raise questions which may be uncomfortable to ask, yet need to be addressed if we truly want to counter deadlocks in health systems and move forward.

On the road towards 2030, with the Sustainable Development Goals shining a guiding light, we are at a stalemate in many respects. The EHFG 2019 sessions and related articles in this year’s Special Eurohealth Gastein edition highlight different examples of transformative change, some more and some less disruptive. We invite you to explore key themes related to system change and innovation: what is disruption? And what can disruption look like beyond the field of technology and the concept of digitalisation? How do we make sure that in an area as vital as health, the human touch is not lost in a swirl of efficiency and innovation? What can we learn from climate change movements like Fridays for Future or Extinction Rebellion, and what part does the health sector play when addressing the climate crisis?

At the EHFG, we are used to lively discussions around the annual main theme in the run up to each conference. This year, however, we were intrigued about just how much room for debate there was, both on the terminology and the moral uncertainties surrounding our theme of disruption. The ambivalent concept of disruption has a promising note to it for some and inspires apprehension and fear in others. It has by no means a universally accepted definition, or agreement on whether and in what context it is desirable. There is equally no consensus on whether the more tech-oriented approaches we know from other sectors are transferable to health—an area where the general rules of market economies do not and should not hold.

In many areas, the health of Europeans has stagnated, positive trends are reversing, and stalemates are hardening.1 Decision-makers and citizens alike are exasperated when it comes to issues such as vaccine hesitancy, the nursing crisis or medicine shortages, to name but a few examples. While the current system might not be broken, it features some severe cracks and is failing to address many of the most pressing issues of our time, with severe implications for health and societal well-being. Clearly, transformative change is needed. Now, change comes in many forms and with many labels attached. It can come from within or outside a system, be gradual or abrupt, be wanted or unasked for. In all cases, the process of systems change is complex and challenging. To get us thinking about how complex systems change may be cultivated and supported, we will explore the concept of the Two Loops model at the EHFG, which helps to illustrate why old systems may decline and new systems emerge (see overleaf, Box 1).2 An opening opinion piece in this issue ‘Changing the DNA of Health Care in the Age of Artificial Intelligence’ by our keynote speaker Stephen Klasko gets us to further reflect on how disruptive and transformative change may occur in health systems specifically.

We then invite you to dive deeper and explore the four different EHFG 2019 topic tracks. Clayton M. Christensen, Professor at the Harvard Business School, has famously coined the term “disruptive innovation”.3 He maintains that disruption is a process, not a product, and uses the analogy of the automobile to make his point clear: the invention of the car was not disruptive, because it was a mere luxury good not able to destroy the market for horse-drawn vehicles. However, when Ford introduced assembly line production and made the car affordable to many, this had a disruptive impact, destroying an old market.

3 Christensen Institute. Disruptive innovations web page. Available at: https://christenseninstitute.org/disruptive-innovations/
and creating a new one. Are we witnessing this kind of disruption in health? Should we promote it? The first track on “Disrupting innovation” spans topics related to the digital future of health care, including Artificial Intelligence (AI), the use and safety of (Big) Data, and new health care technologies such as cell or gene therapies. A scene setter for this track and touching on many of the relevant concerns, from data quality to pushing the reset button on traditional professional profiles, is the article by Jan-Philipp Beck, ‘Are we ready for AI? Why innovation in tech needs to be matched by investment in people’.

This leads us straight to the next thematic block of the EHFG 2019, “Systems for change”, which addresses the oft-bemoaned slowness of health care systems and the attached institutional and political machinery. What could a more agile system look like, and how much is cautious diligence required to ensure prudent decisions? Topics gathered in this track discuss themes ranging from the optimisation of health system governance to cross-national disease preparedness, including the challenges posed by shortages of medicines or misinformation. The article on fake news – ‘Facts. Figures! Fiction?’ – by McKee et al., offers a great read on the latter topic.

The third track aims to reflect the spirit of a new era for European policymaking in health and beyond, with the appointment of a new EU Commission and new leadership in the World Health Organization Regional Office for Europe. Under the heading of “Future formulas”, sessions will be run on a multitude of topics, be it the changing power relations between global industrial players and public actors, or policy design for the advancement of societal well-being. In this track, we challenge you to reflect on what needs to be done and what we want to fight for. A good example of one of the opportunities available to us can be found in an article by Melsom and Payne on ‘Transforming financial markets for the good of all’.

Finally, we want to discuss “Transforming societies”. As professionals working on health topics, our conference participants and Eurohealth readers will be acutely aware of just how much health is determined by what happens outside the health sector. This is the reason for the final EHFG 2019 track that aspires to shed light on the societal aspects of health, with our closing plenary focusing on the climate crisis. From topics like alcohol policies to HIV responses and health literacy, we hope that you will join us in looking at both the structural aspects as well as the personal experiences that make all the difference between simply being and well-being. The important issue of financial hardship incurred by health care is discussed in an article by Thomson et al., asking us to reflect honestly: ‘Can people afford to pay for health care?’

With this agenda, we do not aim to answer the question of what “true” disruption is. We rather invite you to reflect with us on the discussions and questions we encountered during the formation and refinement of the EHFG 2019. Can we, as part of the same system, be true disruptors, or does disruption always come from an external source? If so, how do we open the door to usher in a healthy dose of disruption? We hope to provide you with a lens through which we, as individuals, patients and professionals, as family members and representatives of institutions, can look at change and rethink the status quo.

The final Eurohealth Monitoring section of this issue reflects on recent European Health Policy. Here, Scott L Greer likens Article 168 of the Treaty on the Functioning of the European Union to a gate with no fence that may appear to provide obstacles to the development of EU health policy, but can instead be ‘opened’ when Member States choose. We are delighted to conclude with a farewell interview with Health Commissioner Andriukaitis who reflects on his mandate as European Health and Food Safety Commissioner and provides his thoughts on the future. Enjoy reading about this and much more in the 7th Gastein edition of Eurohealth!

**Cite this as:** Eurohealth 2019; 25(3).
Box 1: The Two Loops theory of systems change

It can be difficult to have the bigger picture in mind when making decisions, and systems change is the poster child for just how complex life can get. There have been many attempts to illustrate systems change in a way that is accessible to our minds, hearts and business ideas, and which grasps the essence of how transformation happens and how it can be cultivated and nurtured. Among these theories we find the Two Loops model, as developed by Margaret Wheatley, Deborah Frieze and others, during their time together at The Berkana Institute.

The very basis for the Two Loops model is the idea that when a previously dominant system goes into decline, it leaves room for an alternative system to develop. This alternative system is not purposefully constructed but emerges from a growing network of pioneers – proponents of the alternative approach – that become aware of each other and connect. These local and yet isolated hotspots of change spring up while the dominant system is still in its prime, and only gain momentum when combined. The process of transition from one system to the next is rocky and unsettling, for while the new system has not yet reached stability, the old one is no longer able to fulfil its purpose and a gap emerges that needs to be filled.

Accordingly, if we want to ease the way for change and help alternatives prosper from within a community, Wheatley and Frieze identified four components as crucial:
1. “Name” – recognise pioneers with experiences that are of value to others
2. “Connect” – make these proponents of the alternative solution aware of each other
3. “Nourish” – create the conditions for these individual agents of change to exchange knowledge, learnings and practices
4. “Illuminate” – make the network visible to itself, going beyond the act of connecting autonomous pioneers, and instead inviting in a broader community.

From these actions, a new system may emerge, featuring capabilities and capacities that were never found in its component parts. In the field of health and healthcare, have we witnessed developments in line with the theory proposed above? What will the next big systems change be? These issues and more will be discussed at the EHFG 2019.

Graphic illustrating the Two loops theory