



Take on Board

Transcript – Zoe Wainer

Helga Svendsen 0:00

Today on the take on board podcast, I'll be speaking with Zoe Wainer about being an effective board member, governance challenges and in particular about value based health care. First, let me tell you about Zoe. Zoe is the chair of the board of Dental Health Services Victoria and also a board member of the Victorian Responsible Gambling foundation. She was formerly on the boards of AMA Victoria and Tobacco Free Portfolios. So she is a medical doctor with a clinical background in cardiothoracic surgery, and she's the head of Public Health and Medical Director at BUPA. Welcome to the Take on Board podcast.

Zoe Wainer 0:35

Thank you for having me.

Helga Svendsen 0:36

It's fantastic. And I'm really looking forward to our conversation. But before we get to that, I would love to hear a little bit more about you and I'm sure our community would love to hear a bit more about you. Can you tell me something from the last month or so that you're proud of?

Zoe Wainer 0:51

I'd love to share something I'm proud of in the last month we've just had published in medical journal of Australia. An article that I did in collaboration with the Georgia Institute, looking at sex and gender differences right across the continuum and healthcare. And the fact that we've kind of missed this really crucial area in health in Australia. And it's being picked up in the US and Europe, but Australia really is lagging behind

Helga Svendsen 1:19

Good work on getting it published and be on dragging us up into the place we should be in that and and championing it for us.

Zoe Wainer 1:27

Thanks.

Helga Svendsen 1:28

And can you tell us just a bit about your upbringing, maybe about some lessons that you learned or some leading influences on a thought and what you've got up to?

Zoe Wainer 1:37

Yeah, absolutely. So I had two incredibly passionate and committed parents who worked in social justice and I think they very strongly influenced my vision and view about how I approach my work and and life and so that I always have this view of how can I contribute my skills and capabilities to the best benefit of my community?

Helga Svendsen 1:58

It seems to be a common theme in people I've talked to about and it's unsurprising I guess, about making that contribution. And of course, the influence that our parents or other family members have on people in, in making that. So well done to the parents out there that both inspiring that in their kids and those who are parents doing it for their own kids. Just before we get into the the crux of the conversation, you're on the board of mental health services and Victorian Responsible Gambling foundation. Can you just give us the elevator pitch for what both of those organizations are about?

Zoe Wainer 2:29

Absolutely. So the Victorian Responsible Gambling foundation is a statutory authority created by the Victorian Parliament. And it really its role is to address the challenge of gambling, harm and Victorian community. So it's really both an advocacy but also public health role. And it's basically working with our communities and government to deliver effective evidence based initiatives and innovative approaches to prevent gambling harm, and provide support for those who are seeking help. Dental Health Services Victoria is the statewide public oral health service for Victoria. So it both is the Royal dental hospital, which is based in Swanston Street in Canton but also purchased the services through more than 50 community services around the state.

Helga Svendsen 3:14

So unsurprisingly, given your professional career, I'm also already hearing a bit of a theme around prevention in there, like your former role on tobacco free portfolios, your role with the Victorian Responsible Gambling Foundation, your role in health services professionally and your board roles is a real theme of prevention in there.

Zoe Wainer 3:33

And certainly in public health. Yes. How do we bring that public health intervention to the fore because we know that you get a lot better outcomes if you can actually engage in the prevention and public health elements of healthcare?

Helga Svendsen 3:44

Absolutely, which is a beautiful segue to the conversation we're having today. So in thinking about being an effective board member or bad governance challenges, I know part of your expertise is around value based healthcare. So can you maybe just start By telling us what that is about and why it might be important to board directors to know about it.

Zoe Wainer 4:06

Great question. And I could talk about it for a long time, I'll try and give you the the snapshot of it. So there's lots of different versions of value based healthcare. And as you and I were having a bit of a chuckle beforehand, some people put an S on the end of values based healthcare, which is something different, again, the value based healthcare that I am working with dental health services, and actually with a hat on as well, is really this idea that came out of Harvard Business School and around about 2006, born of the thinking of Professor Elizabeth Kreisberg, and Professor Michael Porter, who were thinking about what are the challenges that healthcare are facing? Why does it seem to be this global issue around sustainability? And they did a lot of work in this space and came up with conclusions. Firstly, I mean, Professor Porter, who's obviously a bit of a demigod when it comes to business came to this conclusion that we interviewed 200 senior executives and healthcare And I would all say, Michael, you don't understand healthcare is just different to business. It's just a different industry. And his eventual conclusion was part of the reasons that's different is it hasn't learned anything from business in 200 years. And he didn't mean anything disrespectful by that he in the sense that he absolutely recognized that commitment and dedication of the people who work in health care. But it has only ever been able to respond to the immediate need. It's never actually been strategically designed for the future requirement. So what would health care look like? If we were able to take a step back? Think about what the need is, and how do we design that for the actual consumer who requires us as business stuff? So that's part of the idea of it is how do we really genuinely pivot the healthcare system to be designed around what consumers need?

Helga Svendsen 5:52

And what is interesting in that looking at it from that perspective? What is the real need? What is the consumer perspective? Obviously, we are talking about it in terms of a health, organization and health, you know, the provision of health services. But of course, those questions are key for anybody who's running an organization, what is the need? What is the problem we're trying to solve? And what is the consumer perspective?

Zoe Wainer 6:16

Yeah, absolutely. And so they've sort of made this acknowledgement that many health systems are designed around how they're funded around how clinicians are trained, but they're not designed around what consumers experience or measuring what consumers want is health outcomes. And much of our quality and safety that we do measure is actually the absence of negative outcomes. You didn't get an infection, you didn't get read returns, you didn't go to ICU. Now, none of us have those expectations going into healthcare. We all have a problem we want solved. And that's the good health outcome we're looking for. But we don't systematically measure that effectively in healthcare currently, that alone make those measurements transparent

Helga Svendsen 6:57

With the work that you're doing, what would you say? Are the good things that should be measured.

Zoe Wainer 7:03

So at Dental Health Services Victoria, one of the things we did was partner with Harvard dental school and the International Consortium for health outcome measurement, which is a tripartite not for profit organization started by Harvard when I realized no one was really measuring outcomes with medical patients systematically. And we said, well, we need to develop a data set really that measures what are the oral health outcomes that matter to patients? And it's things like can I eat? Can I sleep? Does my oral health impact my ability to engage in my social interactions? Am I confident to get a job? We certainly don't measure any of those elements of all health today. But these are the things that we want to measure in the future. And we've started measuring now at dental health services Victoria,

Helga Svendsen 7:49

For your board of dental health services. Victoria, can you talk us through I guess the journey that your board has gone on in terms of thinking about all your organization has gone on in thinking about How do we incorporate these sorts of things? Because I imagine that's been quite a complex conversation to have?

Zoe Wainer 8:05

When I joined the board, we pretty quickly after that we're into a new strategic cycle. And part of what we did in that cycle was decided to take a life course approach to the truth. So how do we think about oral health from a life course point of view? And in the process of doing that, in discussions with the CEO and the board, we actually thought this hot way that Harvard was thinking about value based healthcare was potentially the how, how do you do it? It's not the washer, the why, but it is the how we actually could roll out that the strategic plan, and I think it's fair to say that the board pretty quickly supported that. And I've certainly had some very engaged clinicians who are quite excited at the prospect of it because they feel like this is our real opportunity to move the dial on what matters to our patients. I think it's fair to say that we're not alone doing this work that Wales is moving its whole healthcare system. Towards value based healthcare, that there's huge amounts of work in Sweden and the Netherlands as well, that is moving towards value based healthcare or has already implemented it. And they have some amazing examples of successful elements in those countries that are really great to draw on. And I'm happy to provide those resources if your listeners will be interested. That would be fantastic. I would love to you'd mentioned earlier some of the work done by Harvard, and it'd be great to I'll provide links to some of those in the show notes for people to have a bit of a rate of as well.

Helga Svendsen 9:30

So I'm thinking in terms of the dental health services. You know, we want to do this in a slightly different way, having a conversation about how we do things differently looking at some of the International perspectives. Yet the funding system in Victoria is around activity based funding. How did your board manage these issues around the current funding system? Because I heard before that often the funding system is what guides things rather than what is the best So how's your board manage some of those challenges?

Zoe Wainer 10:03

If I take a step back, we as a board and with the executive decided that value based healthcare was, was the way that we wanted to look at implementing a new strategy, we then decided to do a proof of concept. And we just started to be honest, we didn't really know what that was going to look like, we didn't feel like we needed to do polish. You know, I think healthcare is great at killing things, three pilots. Yeah, we thought we know that the ideas work, we actually just need to work out how it works in our environment. And so we started that and once the proof of concept was in process, we went to the department to say, we just want to let you know, this is what we're doing. And they were really supportive of the work that we were doing. And as you say, a really core component of that is to think about what funding goes along. And there's two elements to that. There's both What does it cost and understanding the on the ground costs, but then there's also what is it funded for and how do you actually think about different ways of funding So certainly, the thinking that's coming out some of the thinking coming out of high is how do you align the incentives

for the key stakeholders in the system around driving health outcomes that matter for patients. One of the really good examples, I think of this is a pediatric endocrinologist in Holland. And we can share this resource with your listeners afterwards. But he's called his company Diabeter. And he does all the elements of value based healthcare, there are six core components to the framework that he's implemented. But at the heart of it is publishing transparently measuring all the outcomes that matter to patients. And his outcomes are so much better than the population level for kids with Type One Diabetes, that the health insurer has gone into a 10 year profit sharing arrangement with him as long as he keeps his outcomes that good. So that's a way of sort of using a funding mechanism to continue to incentivize good health outcomes. So it dental health services were in the process of and we haven't got there yet, but actually just developing what those funding mechanisms might be. look like. But it's fair to say they may not look like they do today, which is more of an activity based funding mechanism, they might look more like a blended combination of a few different ways of funding. Interesting. So.

Helga Svendsen 12:14

So it sounds like the research is there, you've had a not a pilot, but did proof of concept. You've had some conversations around the funding. It sounds like it's all been incredibly smooth. But my point is there may have been some challenges in there as well.

Zoe Wainer 12:29

Yeah, absolutely. I think one of the crucial parts of this and this is a real challenge, I think for for governments, when they're thinking about how you do this is how do you engage your workplace culture in this space without clinical leadership? This doesn't work. It's got to have frontline engagement and leadership. And I think there's a classic examples around the world that have demonstrated this again and again, where if you don't have the clinicians leading the work, and actively engaged in the work, it actually just doesn't work because it becomes a perceived as a cost cutting exercise as opposed to a innovative model of care approach. And I think part of that is also around when you're talking about funding and costs, it's actually about providing that information to the clinicians, so that they can make informed decisions about where to invest resources to drive the best health outcomes for their patients.

Helga Svendsen 13:23

Okay, so providing that information to them is part of taking them on that journey. Using the taking people on a journey is such a cliché, but it sounds like you're certainly part of it. Can you talk us through her dental health did it how or is doing it might be a better way of putting it? What have you done to engage the clinicians and provide that sort of information? So they are really part of this process?

Zoe Wainer 13:48

So I think there's two elements to that. It's engaging the clinicians but also the consumers. So at the heart of our framework is both the clinicians and the consumers so we have an audience. Say we are learning as we go. There are times we don't get it right. And we learn from not getting right. And that's okay. It's okay not to get it right, as long as you learn from it and develop from it and improve from it. So we certainly are doing that. And we are co-creating with consumers. And it's real co-design. It's not our here we have a model, could you sign off on at all? Give us your opinion? It's if we were to start from the beginning. And this is going out to because we serve people from vulnerable communities. So we go out to people without homes or asylum seekers and refugees and say, what's not working? And what would great look like and how would we get there with you? So that's a core component of designing the model. When we started the proof of concept, we employed internally a fresh team. And we co-design within in the new model with the consumers as well. So we developed right from the beginning with acquisitions and consumers what that proof of concept model would look like.

Helga Svendsen 14:59

What were the high highlights and lowlights of that co-design process with both your clinicians and the community?

Zoe Wainer 15:04

I think one of the interesting things is how, how deep some of the habits are or the learnings are that we have in the traditional ways of doing things. So even though we may co-design and learn how to do the new way, it's very easy to fall back into what we've always done, not because we want to, but just because that's what we've always done. So being kind of vigilant on that is a real challenge and really important. And I think just how powerful it is to have the consumer voice. You know, we have our clinicians now saying, I wonder what consumers would think about this, let's go off them. And that's incredibly powerful shift from the traditional relationship potentially that clinicians and consumers have.

Helga Svendsen 15:47

The community may have already heard, but I interviewed Kelly O'Callahan just a couple of weeks ago about consumer and patient input into healthcare. I mean, it's vital. How can we play in healthcare without having consumers part of that conversation. So it's fantastic that there's a range of different ways that that is starting to happen more and more not that it hasn't happened in the past, but it is increasingly becoming a central focal part of the way work is done. Absolutely. For your board in this conversation, what was key for them in being able to have this as a really positive and constructive conversation and experience?

Zoe Wainer 16:23

To begin with, I made a mistake. And that was I probably moved a bit too quickly with the CEO. And we just thought it made so much sense we kind of cracked on and then realized perhaps we hadn't. Our board was being very trusting and going great auto support, and then they sort of went but by the way, could you let us know what it was what it is that were supporting? So we slowed down a bit and did the right thing by taking you through the whole process. And that was certainly a learning for me that perhaps I'd moved a bit too quickly without getting everybody on board. And I had been very supportive and trusting regardless. So that was certainly one paper about how important it is just to make sure that everybody's got the same understanding about what we're doing and why we're doing it. Certainly we all had the why. But it was just the wash, what actually is it that we're talking about here? You know, and getting that common understanding. And I think then the cultural piece is really important understanding for the board. It's going to be difficult at times, it's going to be challenging, there will be people who in our organization will probably not want to be a part of it, because it's a change in the way we do things. And how do we have those difficult conversations and ensuring that the consumer health outcome is the most important piece in that conversation when we're having those kind of slightly more difficult conversations?

Helga Svendsen 17:41

It's a classic example of making sure that wise front of mind for everybody, it really helps when you get into those challenging situations. Yeah. And I imagined this sort of emphasis, I guess, on value based healthcare and doing things a little bit differently. I'm guessing that the risk appetite of the organization and also some of the people on the board might have had an impact in the way this conversation happened. And any comments around how they might connect together?

Zoe Wainer 18:09

Possibly, I think there's a risk not doing it, to be honest, in the sense of this is a global movement based healthcare. So part of to be honest, I get a bit bemused in in Victoria, when I hear people say, Oh, that's what general health services is doing. I'm thinking well, it's also what Wales sued in the Netherlands oacd, the World Economic Forum. This is where healthcare narrative and systems are moving globally. So I think there is a riskiness not engaging enough. But what Yes, we are at the front, there is always a risk of being at the front, and there certainly are conversations about well, is this quarter where business should we just be looking at how we deliver more, but we genuinely believe that this will allow us to deliver more and better health outcomes, more targeted health outcomes. But the health outcomes that actually genuinely matter to our consumers. And that's a two levels. One is the individual intervention. So that's the one on one clinical intervention. But the other one is the population level interventions. So that brings in sort of, you know, the fluoride treatments and that population level work that we get to do to regional health services as well.

Helga Svendsen 19:21

So it comes in at every level of how things are done in any health service, presumably. Yeah. So for your organization, you've done some of these pre work, you're committed to it. In practice, where is it at in terms of the health care that you're providing for the organization? What's changed so far? And what else do you think will be coming in the future for your organization?

Zoe Wainer 19:43

So we have a proof of concept that's operating in the world dental hospital, we're seeing some really good results already. So it's a different model of care. As I said, car design by the clinicians and the consumers. We've seen a significant drop in fail to attend ratio as a consequence of that model of care. We've seen a significant increase in the prevention messaging as a consequence of that model, okay. And we've also seen a significant increase in clinicians working to the top of their scope of practice as designed by them. So those three factors alone tell you, we are getting economic efficiencies as well as better health outcomes. We're starting to get case studies through that are showing that consumers are getting the outcomes that they want, we actually start every board meeting with a consumer story from the value based healthcare unit. So that's really, you know, helps the board to stay across it. And sometimes they're really interesting stories about where the consumer expectation might not actually be met, because it may be a cosmetic one. And that's not something that just they can deliver. But that doesn't mean we can't have a good conversation about what's the health outcome that the consumer wants. So I think that's a really valuable element to engaging with the board as well about what does expectation versus how outcome look like. We've also starting just starting to get through now the health outcome measurements, but it's early days because of course, in order to have a good understanding of health outcomes, you need to take a baseline measurement and then look at it six months later. So we're just starting to get that daughter now. But it does look like we're having some good improvements in health outcomes for all the consumers going through that unit. We obviously also in the last election, the government announced it was going to roll out the school dental vans, smile squad or dance bands, as we like to call them internally. We're actually going to be putting into those already I in those bands of value based healthcare model. So a model of care that is, again, co designed and looking at how do we actually ensure health outcomes that matter to the kids?

Helga Svendsen 21:49

How fantastic it just sounds like in health, you don't often get a magic wand and it really sounds like this is part of the magic wand that will make real improvements.

Zoe Wainer 21:58

Yes, we feel like That too. It's very exciting times for us.

Helga Svendsen 22:02

Zoe I'm conscious this is such a new area. And I'm really hoping that I've asked some of the right questions, but I just want to throw it open. In some ways, what questions should I have asked you that I haven't already asked that would really help people understand how value based healthcare works or what the governance implications for it might be.

Zoe Wainer 22:21

There's lots of elements to it. I think one of the pitfalls I see is people who've been in healthcare a long time do one of two things. First of all, they think, well, I've been in healthcare a long time, there's nothing new. So they just sort of dismiss it. And I would say, when you look at value based healthcare, there are absolutely elements that are familiar for people who have been in healthcare for a long time. But I would really challenge people to pause and just take some time to actually read and investigate, investigate a little bit because it is bringing together the knowledge and wisdom that has existed in healthcare for a long time, but it puts it together into a really robust framework that is different that does put the patient at the center in a way that I think hasn't been done before that brings together business principles around how you think about consumers or customers in a way that we haven't really done in healthcare. So I would just, I would counsel people to take the time to actually read the seminal article, and we can give them those details afterwards. And just have an open mind that whilst there may be some elements that are similar, there really are some elements that are different and it does change how you practice healthcare, when you really engage with that. And I've had a colleague of mine at booper, who's had a lifetime and health systems you had very much this all I've, you know, been there seen it all. And she's really had quite kind of her eyes opened around Actually, this is different. It's Simon elements, it's got lean methodology and they are and other quality metrics in there and approaches by how you bring it together is a different approach and how you think about key stakeholders aligning their incentives and Driving all of that around health outcomes that matter to patients really is a different approach. Whilst we're talking about value based healthcare and a health kind of environment, I'm sure they some of the lessons in there that would be useful for a director of any organization.

Helga Svendsen 24:15

Absolutely. We've covered an enormous amount which has been very useful for me as a director of a health service. And I like I say, I'm sure will be incredibly useful for others as well. One of the main points that you want people to take away from the conversation today.

Zoe Wainer 24:29

One of the main points is just start. Everybody's welcome to contact us at dental health services. Victoria, we see this says the future and we want to share all of our learnings positive and negative. The more we can create a community around the learnings, the better as far as we're concerned.

We certainly experienced early on the sense of being frozen. We didn't know what to do. And when we've talked globally with people who've been successful in this space, it really is about start somewhere. And don't go and wait for funding. You've just got to start with a project in a place in your organization and find the collaborators who will help you and support and share what their learnings are like us.

Helga Svendsen 25:15

Well, it's certainly something that we at the real Women's Hospital will be doing, just share with people. We have a half hour session in each of our board meetings to talk about a inverted commas strategic topic. And we have different topics that we map out over the year. And we're getting Zoey to come along to our board meeting in a month or two to talk us through value based healthcare and what impact that might have on us, which is won't be just the start of the conversation, but will certainly be part of the conversation for us, and how can we advance that as well. So we're looking forward to you coming along, Zoe

Zoe Wainer 25:47

And we invite anyone who'd like to come although I can just see the organization smiling at me as I say it, but come and see our work. We actually have a war room where we've mapped out everything that we've done. We've had You know, ministers and bureaucrats and prophets have to come through and actually see the work so that you can touch and feel it. It's not some kind of a theory concept. And so we welcome people to come and do that and share with our learning.

Helga Svendsen 26:12

I would love to see that that would be great. Is there a resource whether it's about value based healthcare are about governance generally, is there a resource that you'd like to recommend for the take on board community, a book, a podcast, a TED talk or anything else?

Zoe Wainer 26:26

There's heaps of resources out there. The the Main article that everybody kind of refers to is one that was published in 2013 in Harvard Business Review by Tom Lee and Michael Porter called strategy to fix healthcare. And if you just Google that, you'll come up with it and I think you can access that's the main one. There are a whole series of papers and case studies done by the economist business intelligence unit on value based healthcare, and that includes while Sweden and the Netherlands there's another really interesting case study today. By the Boston Consulting Group on the sangean Hospital group, which is a Dutch hospital group, and BCG Boston Consulting Group has a few other case studies as well that are worth looking at.

Helga Svendsen 27:11

Fantastic. Well, look, I will dig some of those up and make sure I put links in the show notes for people to have a look at to make it easier for people. That is just fantastic. Thank you so much for joining us today, Zoe. This has been incredibly useful. Well certainly been useful for me, as I say as a director of a health service. And I'm sure it will be useful for the community, whether they are on health services or in other organizations to take some of the lessons and to think about how it impacts them in their roles. So thank you so much for sharing your wisdom with the take on board community today. I really appreciate it and I know others will too.

Zoe Wainer 27:46

Thank you so much for having me.