The Medical Revolution You Haven't Heard About … Yet

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Jefferson president and CEO, Stephen K. Klasko, MD, MBA, and Bon Ku, MD, MPP, Associate Professor of Emergency Medicine and Director of College within a College at the Sidney Kimmel Medical College, joined the Knowledge@Wharton show on Wharton Business Radio to talk about why design is important to healthcare's future, and the cool ways Jefferson is harnessing design thinking to catalyze the medical profession. An edited transcript appears below.

Knowledge@Wharton:
Why design?

Ku: I run a design program at Sidney Kimmel Medical College. It's the first design program for a medical school in the country. We take students during their first year and teach them how to solve healthcare problems through design methodology—to really think outside the box and become creative problem solvers.

Knowledge@Wharton: How important is this for future doctors, and how key is it to get to them in that first year?

Klasko: Medical schools accept students based on science GPA, MCATs and organic chemistry grades, and somehow we're amazed that doctors aren't more empathetic, communicative and creative. Under Bon's leadership, we've done a partnership with Princeton University that's really cool because it's going to students and saying "Before we suck

the creativity out of you by forcing you to memorize every organic chemistry formula, go and major in something really cool, take the minimum amount of science courses you need."

Ku: We accept students during their sophomore year in college. We don't make them take the MCAT because we can teach them medicine when they get to medical school. We really want them to use their undergraduate experience to explore and be creative, to take design classes. Less than 5 percent of med school applicants are humanities majors. We traditionally just take biology majors, but we want

to attract a different type of medical student.

Knowledge@Wharton: What really got you going down this path of thinking about design and how it was important for future doctors?

Ku: Just to share a personal story, I work in the emergency department, and I was getting frustrated seeing some of the same problems in healthcare show up at our doorstep. I was frustrated because I felt I could not change the system. A lot of us in medicine become jaded, a little bit cynical. Design affords an opportunity

to really say, "How can we change the system?" And it creates that optimism that we can pivot the needle in healthcare.

Knowledge@Wharton: If we can develop different processes and ideas that are making people healthier, then we've really accomplished something, correct?

Klasko: One of the things that's different about what we've done in our entrepreneurial, academic model is to take things like innovation and design, and put them right in the core. So Bon's in the dean's office. The telehealth people are in my office. The innovation person we just hired to run our Innovation Pillar is one of four people who report to me. In most places, the people who handle the "coolness stuff," are over on the side someplace. Every single one of our conservative pieces has a bond that is basically changing the way they all think.

Ku: Historically, we've outsourced innovation. At Jefferson, we are

trying to develop innovation within by changing how we train doctors, changing how we train students. We want the innovation to come from within the health system.

Knowledge@Wharton: How big of a change is that?

Ku: It's inspiring for many of the physicians and students. For example, we had a healthcare hack-a-thon a few weeks ago. We invited engineers and students and designers and entrepreneurs to Jefferson and, over a weekend, looked at how we could solve these wicked problems in healthcare. We were providing that vehicle for people to think outside the box and create solutions.

Klasko: It's a great example of why having designers and innovators in the core of the organization matters. It started with the $1 million grant from Independence Group for an innovation. In most medical schools, that would have gone to the provost or the head of the hospitals and just gotten put into the overall budget.

We brought it to these guys and said, "What would be the coolest thing we could do?"

Knowledge@Wharton: And the end result, if goes according to plan, is what?

Klasko: What's fun is leading an organization that's actually more optimistic about the future than the past. It was probably a lot of fun working for Apple in 2000 when they were moving from a computer company to a digital company. It might not have been as much fun working at Microsoft and watching Apple do that. We like to view ourselves, in a city that has five academic medical centers, as the young Apple that's looking at things differently.

The end result—selfishly, for Jefferson—is that we become known as a national model for an entrepreneurial academic design model in health education. The end result for the United States of America is that we have doctors who get it.

Read the full transcript of the interview at:

http://knowledge.wharton.upenn.edu/article/why-design-is-cricital-to-the-future-of-health-care/