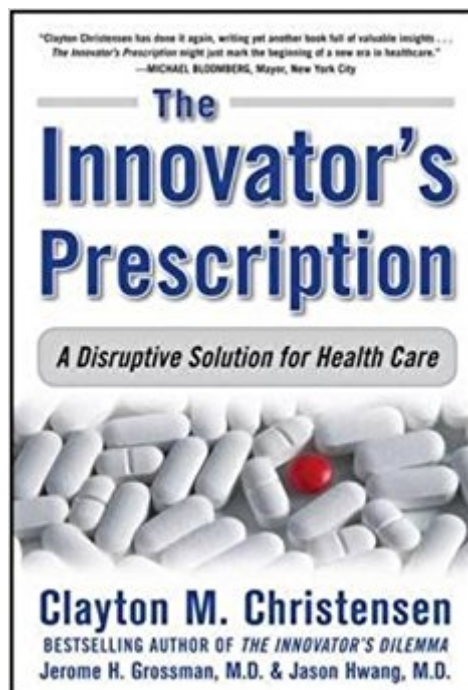




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The Innovator's Prescription: A Disruptive Solution For Health Care (Business Books)



Synopsis

A groundbreaking prescription for health care reform--from a legendary leader in innovation . . . Our health care system is in critical condition. Each year, fewer Americans can afford it, fewer businesses can provide it, and fewer government programs can promise it for future generations. We need a cure, and we need it now. Harvard Business School's Clayton M. Christensen's whose bestselling *The Innovator's Dilemma* revolutionized the business world presents *The Innovator's Prescription*, a comprehensive analysis of the strategies that will improve health care and make it affordable. Christensen applies the principles of disruptive innovation to the broken health care system with two pioneers in the field--Dr. Jerome Grossman and Dr. Jason Hwang. Together, they examine a range of symptoms and offer proven solutions. YOU'LL DISCOVER HOW "Precision medicine" reduces costs and makes good on the promise of personalized care Disruptive business models improve quality, accessibility, and affordability by changing the way hospitals and doctors work Patient networks enable better treatment of chronic diseases Employers can change the roles they play in health care to compete effectively in the era of globalization Insurance and regulatory reforms stimulate disruption in health care

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Customer Reviews

MEET THE CURE TO AMERICA'S HEALTH CARE ILLS "Clayton Christensen has done it again,

writing yet another book full of valuable insights. The Innovator's Prescription might just mark the beginning of a new era in health care." Michael Bloomberg, Mayor, New York City "Clear, entertaining, and provocative, The Innovator's Prescription should be read by anyone who cares about improving the health and health care of all." Dr. Risa Lavizzo-Mourey, President and CEO, Robert Wood Johnson Foundation "Comprehensive in its vision, astute in its diagnosis, and clear in its guidance, The Innovator's Prescription offers strong medicine for a health care system that is far from well." Dr. Harvey V. Fineberg, President, Institute of Medicine "A wealth of insights--with new ideas and revelations in every chapter. Read it, and you will be armed with solid ideas for making health care better." George Halvorson, Chairman and CEO, Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals "The Innovator's Prescription is a well researched, clearly organized road map to a sustainable health care system." Michael O. Leavitt, Secretary of Health and Human Services "The Innovator's Prescription is an important and timely contribution to the national debate on health system reform. We would do well to consider it carefully." Tom Daschle, former Senate Majority Leader and Distinguished Senior Fellow, Center for American Progress "Clayton Christensen has helped many businesses--including our own--find new growth opportunities through deeper insights into the future of health and the health care system. I can think of no one better equipped to lead this comprehensive global assessment." Bill Weldon, Chairman and CEO, Johnson & Johnson Clayton M. Christensen's bestselling books are: "REQUIRED READING." BusinessWeek "ABSORBING." The New York Times "THOUGHTFUL." Fortune "BRILLIANT." Michael R. Bloomberg "VISIONARY." Publishers Weekly

Clayton M. Christensen is the Robert and Jane Cizik Professor of Business Administration at the Harvard Business School. Christensen is also co-founder of Innosight, a management consultancy; Rose Park Advisors, an investment firm; and Innosight Institute, a non-profit think tank. He is the author or coauthor of five books including the New York Times bestsellers The Innovator's Dilemma, The Innovator's Solution and most recently, Disrupting Class. He also serves as a leader in the Church of Jesus Christ of Latter-day Saints. The late Jerome H. Grossman, M.D., was the Director of the Harvard/Kennedy School Health Care Delivery Policy Program. A nationally recognized health care policy expert and a pioneer in health informatics, his leadership spanned business and health care. He served as CEO of a major medical center, chaired the Federal Reserve Bank of Boston, and co-founded four successful companies. Jason Hwang, M.D., is an internal medicine physician and senior strategist for the Healthcare Practice at Innosight LLC, an innovation and strategy consulting firm. He also co-founded and serves as the Executive Director of Healthcare at

Innosight Institute, a non-profit social innovation think tank. Previously, Dr. Hwang was a chief resident and clinical instructor at the University of California, Irvine. He received his M.D. from the University of Michigan and M.B.A. from Harvard Business School.

Christensen and his co-authors have written a clear and compelling guide to putting the healthcare industry on a path to more rapid productivity breakthroughs that deliver increasing value/\$. Their prescription for changing the HC industry has the potential to increase the well being of all Americans while radically lowering costs and increasing quality. It is the first book I have read on the industry that puts all of the pieces together to describe the root causes of current roadblocks and the pathway to improvement. The authors organize their ideas around the "disruptive innovation" and "jobs to be done" theories that Professor Christensen has developed. I recommend this book to anyone who is serious about introducing disruptive technology and business model innovation to the healthcare industry. The examples and well researched footnotes on the industry are thorough and valuable.

This was a hard one to read. A bloody hard slog. If I see the word 'disruption' one more time I'm going to throw up. There is valuable insight in the first half of the book which I recommend. However the last 3-4 chapters were severely repetitive with a lot of prescriptive comments about what innovators 'must' do. If you are a doctor, this is an interesting read. It opens your mind to what could be, and suddenly nothing seems as safe and cosy. If you are a businessman, you'll need a lot more than what this book has to offer. You'll probably look at the entrenched systems of health, throw your hands in the air and decide to tackle some other industry.

Good book, this author is very aware and intelligent, worthy of a 2017 revision, but in medical space he'd have to revise every year. Still, good info to think about.

Prof Clayton Christensen is a genius. The book is not only valuable to those who are in the health industry; it is also valuable to everyone who is interested in entrepreneurship. If I try to summarise Clay's work, I will be short changing the reader. Please buy the book and tap into the genius' mind. This is the best investment you can ever make as most of can not afford to study at Harvard but we can access the Harvard materials from Clay.

As a 23-year healthcare industry veteran and the author of [...], I thought the authors did an

excellence job of identifying many of the critical issues facing healthcare and providing a roadmap for change. The problems with our healthcare system are complex and have many root causes. The authors provide insights on how three elements of disruptive innovation can make healthcare more accessible and affordable. These three elements are: 1. Technology enablers 2. Business model innovation 3. Value networks. Anyone who has worked in healthcare realizes that the regulatory framework and reimbursement scheme often drives much of the behaviors and constraints that adversely impact access and affordability. The authors do a nice job of discussing the regulatory and reimbursement reforms needed to enable disruptive solutions for healthcare. In full disclosure, I'm a fan of Mr. Christensen. I've read many of his books and have seen him speak a number of times. This book is an excellent contribution to helping solve our healthcare crisis.

I (St. Paul) have become all things to all people, so that I might by any means save some. I do it all for the sake of the gospel, so that I may share in its blessings. - 1 Corinthians 9:23. Willingness to be all things to all people may be a good strategy for spreading the Gospel, but it doesn't work in business including the business of health care. At least that is the way I would summarize the basic message of *The Innovator's Prescription* by Clayton Christensen, Harvard Business School Professor. It's a message that rings true with me based on personal experience in a company struggling with management of both specialty and commodity businesses. Christensen's focus is on disruptor-driven innovation, and he has applied the same theories to education reform in *Disrupting Class*. Words analogous to those of St. Paul quoted above could well be uttered by general hospital managements and physician practices who would say something like this: To those with serious life threatening injuries, we have become a trauma center so that we might save their lives. To those with bad colds, we have become a dispenser of aspirin and advice. To those with terminal illnesses, we have become very expensive anti-hospices doing whatever we can to prolong life. To those with chronic illnesses we have become providers of routine and ordinary treatments at high cost and great inconvenience. To those with undiagnosed illnesses we have become expensive providers of trial and error testing to try to figure out what is wrong. To those needing operations, we have become a surgery center. We do it all for the sake of health care so that we may share in the revenues available from it. The problem with that lack of focus is that it assures a high cost structure and impossibility of providing such services efficiently or for charging appropriate and fair prices for them. Christensen argues that there are three basic tasks to be provided to customers of the health care system and that the three are so different in nature that it is impossible for a single integrated institution to provide all three efficiently and effectively. In lay terms, I would say the three basic

tasks are: 1. Diagnosis and problem solving 2. Application of standard one-time treatment based on the diagnosis 3. Ongoing management of chronic diseases

The first task requires the best specialized education and technology and is most expensive and can be paid for only with a fee for service system. Probably most people never need such service. The second task is process oriented and can be standardized with written procedures describing best practices. Such standardization will allow primary care physicians to displace specialists and nurse practitioners to displace primary care physicians for many tasks thus increasing availability and reducing cost and time required. Pay can be based on results. The third task is best managed by facilitated networks of persons with the same diseases to enable sharing of best practices and improve communication and access while reducing costs. Pay can be based on participation.

Christensen discusses the normal business development cycle that begins with evolution of vertically and horizontally integrated companies at the front end followed by a process of dis-integration as those big companies gradually outsource the least value adding parts of the business to smaller companies. All the steps in that process make economic sense for the large company giving up something, for the small company gaining something, and for the customer getting a better deal in cost and quality. This cycle is playing out in small ways in the health care industry such as in development of independent surgery centers and nurse practitioner staffed retail clinics but is severely slowed and restricted by the government imposed system of fixed reimbursement for procedures. Physician practices and general hospitals are helpless to change the system because they are trapped in it and dependent on it. Rapid change must come from external disruptors.

He also discusses a normal technology development cycle which begins with everybody having to go to experts to access a new technology and proceeds to wide dispersion of and easy access to the technology even for novices. A medical example cited is Dialysis, which is now so simple that it can be done at home more effectively and at lower cost but normally is not because congress guarantees Medicare reimbursement for clinical dialysis for anyone suffering from end stage renal failure.

This is a rich text, full of examples from medical and non-medical businesses, to which I cannot do justice in a post of a few hundred words. For any who believe that a government single payer system is the best approach for US health care, this text will explain clearly why smart people who have spent years studying the system think otherwise.

I offer this quote from near the end of the text: We hope, however, that the concepts in this book can give government officials a language and a deeper understanding of how the world works, so they can sort self-serving arguments from public-serving ones. In particular, we hope we've provided convincing theory and evidence that the solutions cannot come simply from demanding that existing providers operate more efficiently or compete

against each other more intensely...The health-care industry needs to be disrupted.Now, if government officials would only read the book...as soon as they get through reading the self-serving argument based 2000+ page bill that they are about to pass and try to implement.

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