

ITAPA

— Workshop

November 21 2023

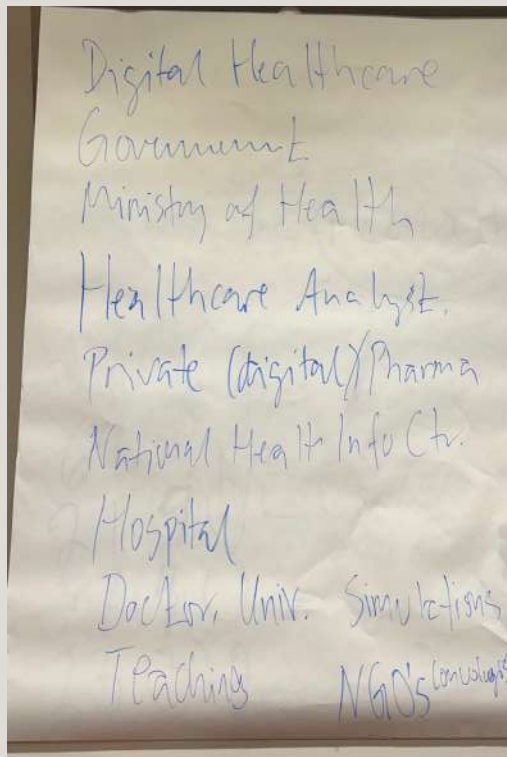
Summary

not a box



Summary

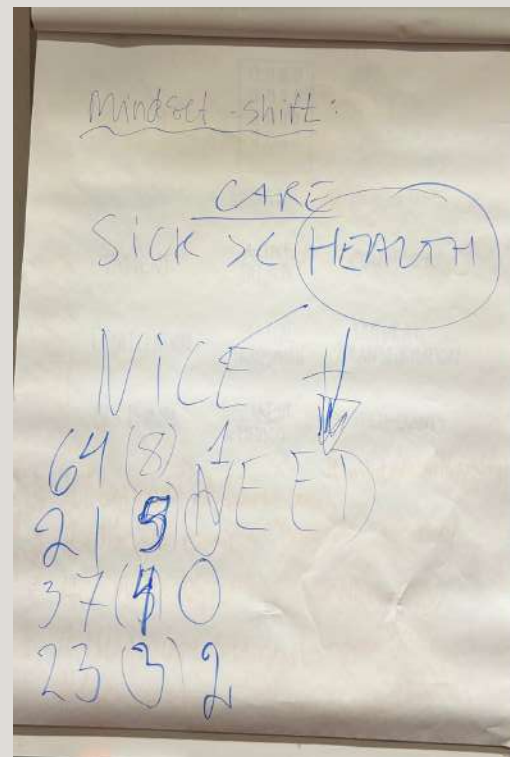
Participants



Shift in mindset

Sick -> Health care

Nice -> Need



Think slow, act fast

Start with the future.

Each strategy is based on more or less conscious assumptions about the future.

We often find that these are less conscious and often just projections of previous developments.

And thus the strategy becomes a reaction to the past and without a look for breakthroughs and new opportunities.

Take time to be curious. Share experiences and pictures + develop a common language.

Today's session – *what to expect*

Methodology

Scenario planning is a useful tool for exploring possible futures and preparing for it. It helps to imagine different possibilities and how they might affect your goals, strategies, and actions. By creating scenarios, we can test your assumptions, identify opportunities understand the potential impact of specific variables, and identify potential risks and prepare from different perspectives.

Scenario planning can provide a competitive advantage by enabling leaders to react quickly and decisively.

Value

To understand the magnitude and impact of digital transformation it is important to take a strategic approach and draw the picture of what it will require. The Scenario workshop offers a *new language* for the participants to approach investments and transformation in a strategic manner.



about

not a box is an advisory consultancy driven by former executives in the healthcare and public sector



HENRIK SCHØDTS, CEO + partner

For 9 years Deputy CEO at a General hospital. The visionary lead and head responsible for organising the greenfield hospital in Hillerød and co-founder of *Nordic Health Lab*.

HENRIK@NOTABOX.DK



ARENDSSE MOESGAARD, Sr Consultant

Arendse is a designer engineer. She has been leading the user process in a close collaboration with the clinical staff designing a green field hospital in Denmark.

ARENDSSE@NOTABOX.DK

Our experience ranges from executive positions at hospitals, large-scale transformations, advising on mega-hospital projects, assisting life science organisations, + developing Danish, Nordic and EU healthcare initiatives

With our experience from Denmark and the Nordic countries, designing new healthcare facilities and investments in infrastructure is an opportunity for transformation. We believe in the value of planning and design processes, and *we offer our expertise to bring initial ideas to project completion*



New North Zealand Hospital

Setting a new standard for acute general hospitals where architecture, art and nature seeks to contribute to effectiveness, healing and well-being.

Winning multiple awards.



Glostrup Neurologic Centre

Planning a new rehabilitation unit with multi-purpose state of the art facilities, integrating healing architecture to ensure the best possible treatment.



Mary Elizabeth's Hospital

Designing a world leading children's hospital uniquely dedicated to healing, learning and play. Supported and co-created by LEGO.



Helsingborg Hospital, Sweden

Supporting the client in planning a new greenfield general hospital from the early beginning to completion.

Designing infrastructure and facilities is *more than bricks!*

Our guidance and insights on transformation and change management have provided a significant impact for various stakeholders in the healthcare sector



Life Science Organisations

Facilitating scenario workshops to create new business models, enter new ecosystems, new digital solutions and partnerships.



New Hospitals

Stress-testing hospital project visions and infrastructure investments against future scenarios in Denmark, Norway and Sweden.



Community Centres

Planning new social housing projects, where local community centres integrate health and hospital-at-home services.



C-level Advising

Advising and facilitating the recruitment of senior management at a Danish top-level hospital.

A Welfare Initiative

not a box have developed, in collaboration with the Realdania Foundation and our 8 partners (hospitals, municipalities and national social housing association etc.), a national welfare initiative for healthcare and social impact with the intention of creating a new program for mental health and well-being.

Reaching beyond the confinements of hospitals and envisioning the future of health as an integral part of our everyday life, encompassing well-being and the overall quality of life. The program is set to mobilize public and private companies, NGO's and civil society to conceptualise new solutions in order to scale and become an international showcase.



Learn more about the initiative in the publication [here](#) (in Danish).

not a box

not a box was established in
2021 to unlock healthcare
potentials.

We are practitioners
and collaborators.

We explore habitual
thinking.

We believe in next practice.

For people



SØREN SÜNKSEN, partner

Søren is specialized in risk and project management, data analytics and designing sustainable solutions. He is also a successful facilitator and an expert in motivating teams. Søren works across industries and sectors.

Søren has senior management experience from planning the greenfield hospital project in Hillerød, north of Copenhagen, and from top-tier management consulting.

Søren has a background in finance functions across industries and has proven records in building the right organizations complying with risk, finance and chasing the vision.



PER CHRISTIANSEN, ass. partner

Per is one of the heavyweights of Danish healthcare. Until February 2023 CEO of Rigshospitalet (National Hospital) for +8 years, the biggest and most specialized hospital in Denmark, and he is the former CEO of the Region Nordjylland with the responsibility of planning and operating 4 regional hospitals.

Per has been executive on several megaprojects at Rigshospitalet (New children hospital, Neuro center, extension of main hospital).

Per has a significant role in advising the broad field of healthcare actors and broadly within the welfare areas and assisting in designing transformational solutions that create visible value for both citizens, commercial parties and the public healthcare system.

Team



STEINAR EGGEN KRISTENSEN,
associate partner

Steinar is an accomplished executive with decades of experience, overseeing the management of large public organisations, being CEO and COO for welfare services, social and healthcare.

With a background as a chief consultant at Rambøll, he has subsequently held C-level positions in various municipalities, emerging as a trailblazer in the field of social well-being and actively integrating innovative methods and initiatives to drive positive change.



PETER MANDRUP JENSEN,
associate partner

Peter has a significant role in advising the broad field of healthcare actors and broadly within the welfare areas and assisting in designing solutions that can create visible societal value for both citizens, commercial parties and the public healthcare system.

Peter has in-depth insight into the public sector and has extensive experience from leading positions in the healthcare system.

Peter has most recently been deputy director at Nordsjællands Hospital and before that CFO in the Capital Region and director in Frederiksborg County.



MIE HEINFELT,
director

Mie has extensive management experience from education and training institutions. She has been a leader at all organizational levels, from middle manager to manager to deputy director and most recently as director of Mercuri Urval.

Mie has several years of experience in advising managers and developing organizations as a consultant, which means that Mie's advice and courses are tailored just for you and your organization.

Mie is an expert in getting teams to perform together, creating direction and motivation to set the bar high.

not a box



SUSANNE TONNESEN,
associate

Susanne is an anthropologist by training.

Susanne has worked to develop a (greenfield) hospital of the future and innovative partnerships.

Since 2013, Susanne has worked with health innovation and how people – doctors, nurses, researchers, patients and citizens – can create new solutions together.

Susanne has been responsible for the overall user process (7 years) on the hospital project with the involvement of companies, user and interest organizations, clinical staff, patients and relatives as well as all construction parties.



KRISTOFFER MØLLER,
junior consultant

Kristoffer is a student at the University of Copenhagen, where he is studying for his master's degree in Applied Cultural Analysis.

Through his education, Kristoffer has experience in creating insights into habitual thinking and how we as people are shaped by our culture. It offers new ideas on how to implement design thinking and qualitative methods.

Kristoffer works across our projects with e.g., interview design, analysis and summaries.



ANNE-SOFIE ANDERSEN,
junior consultant

Anne-Sofie is studying a bachelor's degree in business economics and project management at Copenhagen Business School.

Through the program's project-based approach, Anne-Sofie specializes in using qualitative and quantitative methods for financial and project management-related issues in organizational contexts.

Anne-Sofie helps with handling and analyzing data in our projects, as well as preparing reports and presentations for clients.

Garageband

As collaborators (and as a small consultancy team) we, when needed, bring extraordinary people together with relevant and diverse perspectives and aspiring personalities.

We call it the *garageband*.

Our garageband consists of talented and highly esteemed friends and professionals from the fields of anthropology, sociology, design, architecture, data analytics, media, healthcare and tech + fundraising and art curation.

We involve the garageband to ensure that our solutions are sustainable and holistic. And comes with a *twist!*

We believe this is what drives solutions that matter.

Endorsements

”....a rare combination of vision and the persistence to turn ideals into reality. The New North Zealand Hospital, which Henrik led with a team he build and supported, was pioneering a radically more thoughtful and sensitive way to provide care to patients....”

- Dr. Atif, Oxford University

”It is very seldom you get a chance to meet and work with a true visionary - and furthermore a visionary that has the capacity to turn visions into reality!”

Henrik Schødts is such a person - one of the most impressive cross discipline thinkers/realizers I have encountered in my over 30 years as director of some of the world's major art museums”

**- Lars Nittve, Chairman,
curator + advisor**



workshop

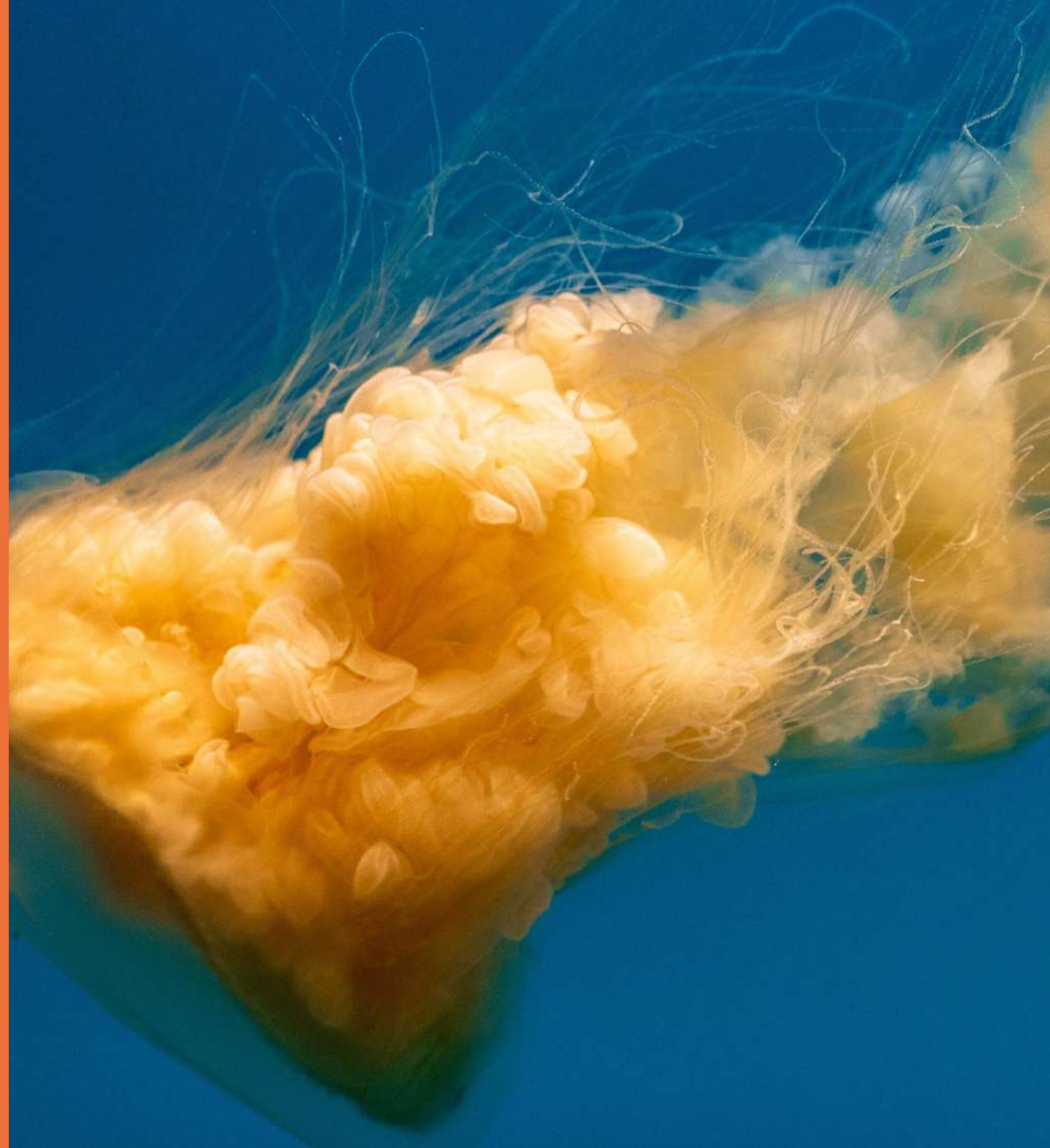
ITAPA

— *Workshop*

November 21 2023

Agenda

1. Introduction
2. Pre-Exercise – Future Health 2040
3. Healthcare transformation
4. Forecasting + Backcasting
5. Scenarios



Today's dilemma

Is it sufficient to optimize the existing business
or *is it time to reinvent it?*



Would you buy an electrical car *made in 2023* to be *delivered in 2035*?



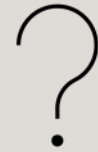
Future health 2040

Pre-exercise (questionnaire before ws)

Future Health 2040



What are you **certain** about in
the Future Health 2040?



What are you **uncertain** about in
the Future Health 2040?

What are you certain about in the Future Health 2040?

“ The fact that in 2040 the demographic situation will worsen meaning that there will be more older patients and patients with chronic diseases while at the same time number of health personnel will not be sufficient. ”

“ More digital tools for healthcare. More personal decisions made by AI. ”

“ SaMDs will become common practice across different types of healthcare institutions, as well as more countries would add it to their reimbursement systems. ”

“ Challenges and problems will be even more complex and wicked. ”

“ Accessible healthcare services, simplified patient journey, Digitalised system of ambulatory care and hospital care and most standardised processes. ”

What are you uncertain about in the Future Health 2040?



Whether the majority of healthcare personnel will be able quickly adapt on new tools and processes that will emerge and become necessary for managing the patient.



Shortage of personnel, financing and senior care (Aging of population)



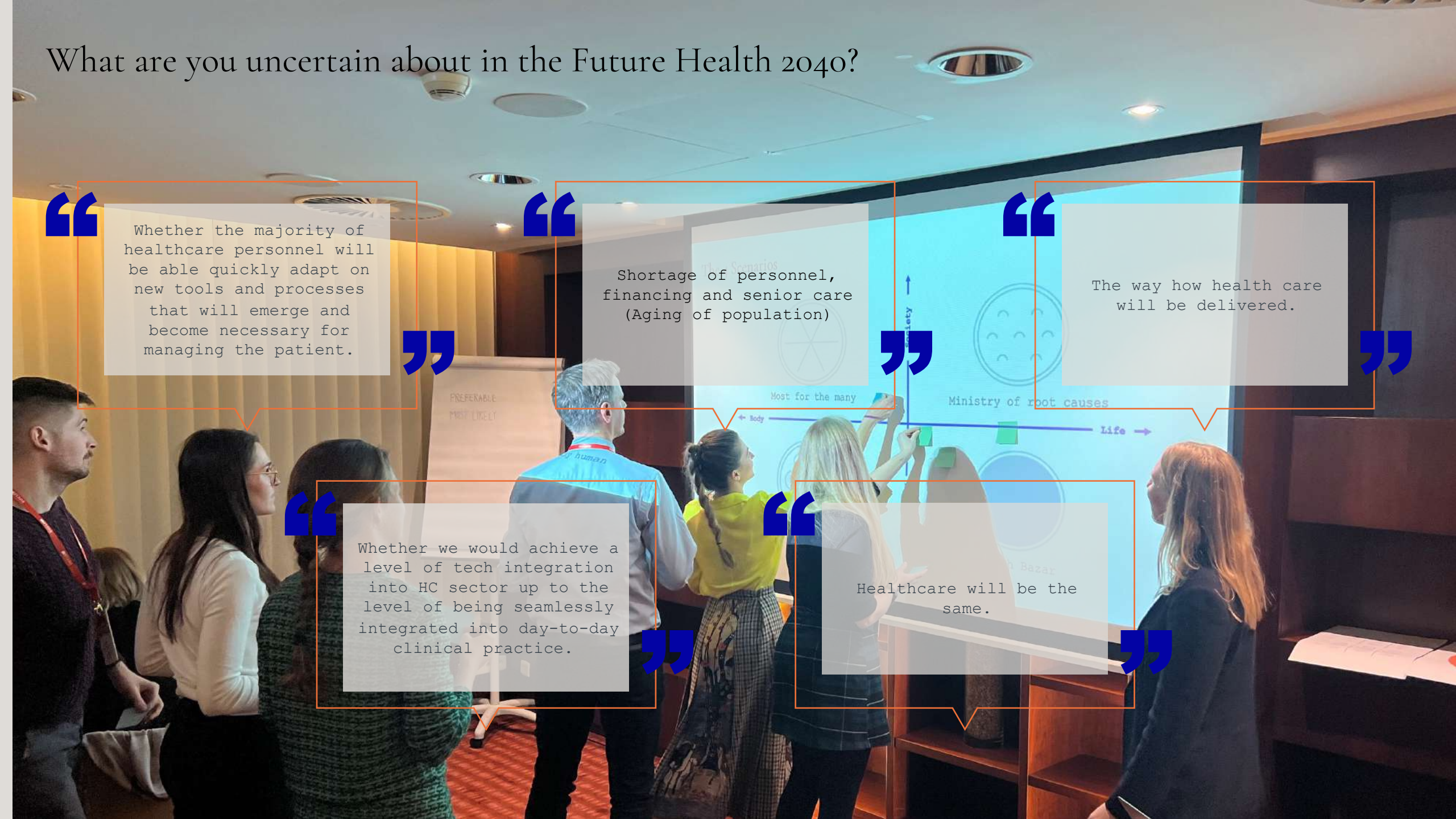
The way how health care will be delivered.



Whether we would achieve a level of tech integration into HC sector up to the level of being seamlessly integrated into day-to-day clinical practice.



Healthcare will be the same.



What are we certain about in the Future Health 2040? (Danish ecosystem)

“

In 2040, health is far more individualized with a pronounced focus on prevention. It's far too resource-intensive to become and remain ill.

I am certain that in 2040, there will still be people who fall ill and need some form of treatment. But I am also certain that there will be a much stronger focus on prevention.

”

“

Health will be viewed differently and more holistically.

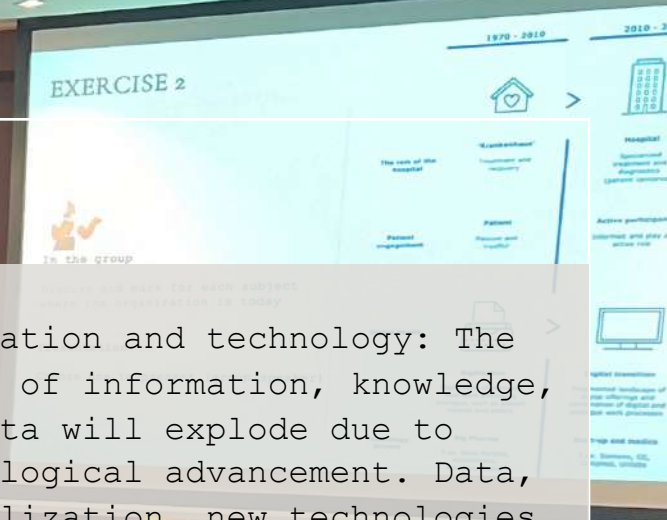
Demographic changes: More elderly, more chronic conditions and multiple illnesses = increasing demand for healthcare services and thus rising healthcare expenses... We will be significantly advanced in personalized medicine, and several types of cancer will have become chronic conditions that we try to manage by establishing local communities of healthcare providers, making home treatment and monitoring a natural part of our lives.

”

“

Information and technology: The volume of information, knowledge, and data will explode due to technological advancement. Data, digitalization, new technologies, and innovation will be inevitable factors when developing and implementing new solutions for the benefit of society, healthcare, and the individual patient - the uncertainty lies in how this development will occur.

”



What are we uncertain about in the Future Health 2040? (Danish ecosystem)

“

I am very uncertain about what the entire system around treatment and prevention will look like, and will we still refer to individuals as 'patients'?.....

”

“

Can the public healthcare system keep pace with technological advancement?

Will the healthcare system face even greater pressure because the population will be constantly monitored clinically, or will it alleviate some pressure as patients are diagnosed earlier and thus have milder illness trajectories?

”

“

I am unsure about how trust in the public healthcare system and its role will evolve and the magnitude of the gap in society (health inequality) concerning the advent of technology and digitalization (how does digitalization affect trust and confidence).

”

Leadership – dare to doubt. And be curious.

“

People who are
right a lot
listen a lot,
and they change
their mind a lot

”

Jeff Bezos, founder Amazon

WHAT DO YOU THINK OF?

*DIFFERENT PERCEPTION AND COMMON LANGUAGE -
CELEBRATE DIVERSITY (AS LONG AS YOU ARE
AWARE OF IT)*

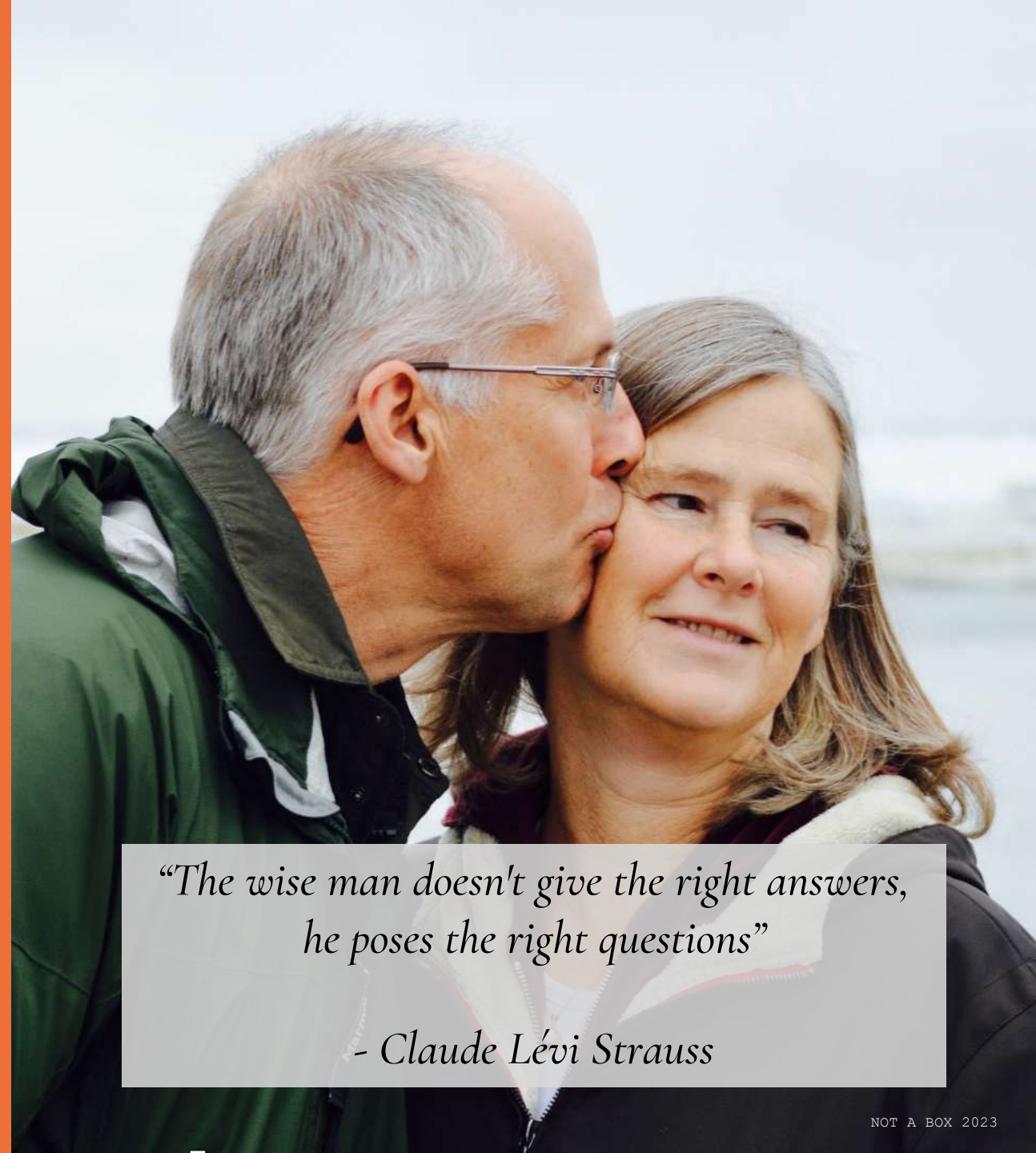
145 WORDS, 2 IN COMMON (HEALTH + NATURE)



The Future

Patients in 2050 have a different approach to healthcare than today. The playing field is highly challenged. And highly contested. We must look for differentiation outside the traditional healthcare playing field.

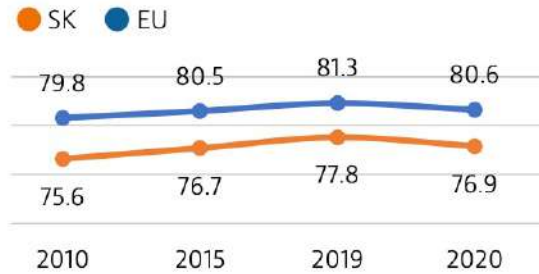
What will healthcare world look like in 10-30 years?



*“The wise man doesn't give the right answers,
he poses the right questions”*

- Claude Lévi Strauss

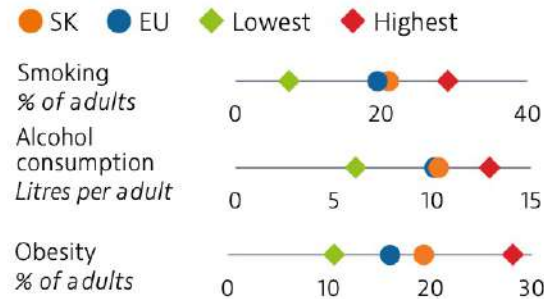
State of health (in the EU) Slovakia 2021



Life expectancy at birth, years

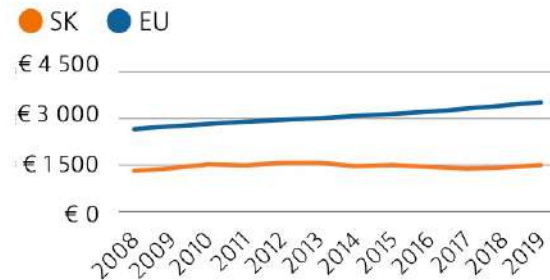
Health Status

Life expectancy in Slovakia increased by more than two years between 2010 and 2019, only to fall by almost one year in 2020 due to COVID-19 deaths. It remains nearly four years below the EU average. Disparities in life expectancy by socioeconomic status remain among the largest in the EU. Slovakia also has one of the highest cancer mortality rates in the EU.



Risk factors

While adult tobacco consumption declined in most countries over the past decade, in Slovakia it remained stable and is currently above the EU average. Alcohol consumption is comparable to the EU average. Obesity rates among adults and adolescents are on the rise and higher than the EU average, due in part to poor nutritional habits and limited levels of physical activity.



Per capita spending (EUR PPP)

Health system

Slovakia spends less than half the EU average on health, at EUR 1 513 compared to EUR 3 521 per person in 2019, adjusted for differences in purchasing power. Around 80 % of health spending is publicly financed, and out-of-pocket payments accounted for almost 20 % of health expenditure in 2019 compared to 15.4 % in the EU.

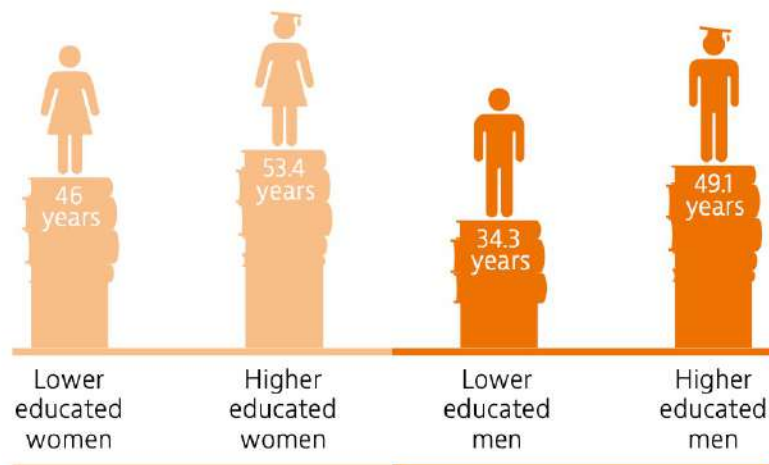
State of health (in the EU) Slovakia 2021

Inequalities in life expectancy by education level are substantial

Disparities in life expectancy exist by both gender and socioeconomic status. At age 30, Slovak men with high levels of education live on average almost 15 years longer than the least educated – one of the largest gaps in the EU (Figure 2). While the education gap among women is only half as large (more than seven years), it remains much greater than in most EU countries. These differences can be at least partly explained by differences in lifestyles and exposure to risk factors, including higher smoking rates and poorer nutrition among men and women with low levels of education (see Section 3). They may also be attributed to differences in income levels and standards of living.

Disparities in life expectancy also exist by region, given large differences in social and labour market indicators. Eastern regions of Slovakia report comparatively poorer results across indicators such as unemployment levels, numbers at risk of poverty and levels of social exclusion, as well as educational outcomes of secondary students (European Commission, 2020a).

Figure 2. The education gap in life expectancy at age 30 is almost 15 years for men and 7 years for women



Education gap in life expectancy at age 30:

Slovakia: 7.4 years
EU18: 3.4 years

Slovakia: 14.8 years
EU18: 6.9 years

Note: Data refer to life expectancy at age 30. High education is defined as people who have completed tertiary education (ISCED 5-8) whereas low education is defined as people who have not completed secondary education (ISCED 0-2).

Source: Eurostat Database (data refer to 2017).



*‘Collaborative’
Bringing various people together
to discuss and share*

Healthcare transformation

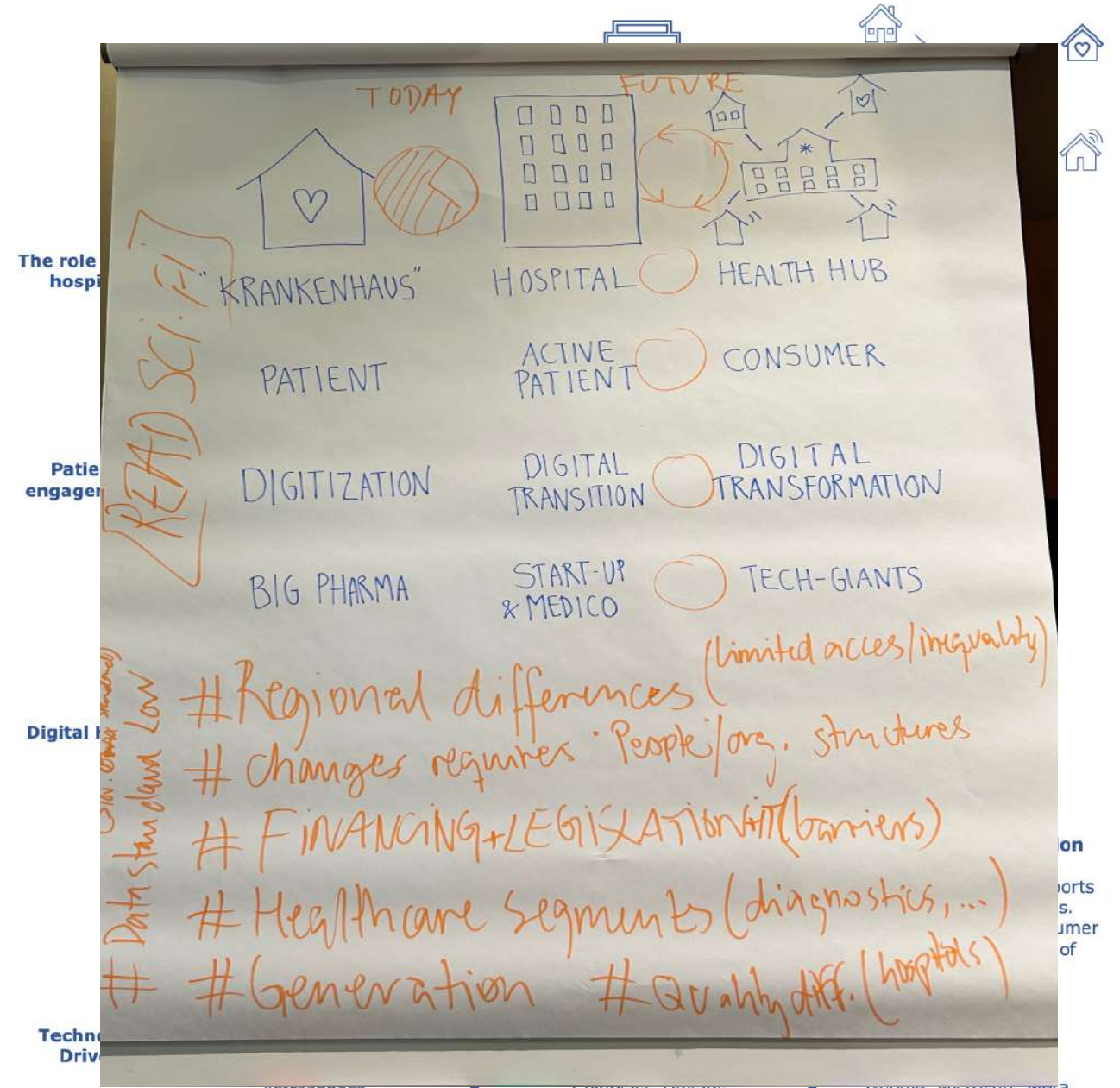
EXERCISE 2

Where do you see your organization? A MATURITY ANALYSIS



OBSERVATIONS

- Regional differences (limited access + inequality)
- Transformation is People first
- Financial, legislative and IT barriers
- Healthcare segments (diagnostics...)
- Generational gap
- Quality differences among services and institutions
- Low data standard



Case

Greenfield hospital in Denmark, *New North Zealand Hospital*

The ambition with the new hospital in Hillerød was to bring forth new interpretations of a more humane hospital, one that *doesn't feel like a hospital*. This means creating a space that's less institutional, a place that fosters a sense of comfort while supporting efficient and competent treatment. Rather than just updating the current physical infrastructure, the goal was to invite new partners to collaborate, focusing on crafting a new vision.

The video represented the client's visual understanding that sought inspiration from various sectors and industries, aiming to establish a new typology for a modern hospital. An invitation to design a hospital of the future.



<https://www.youtube.com/watch?v=F1kr18iNC50>

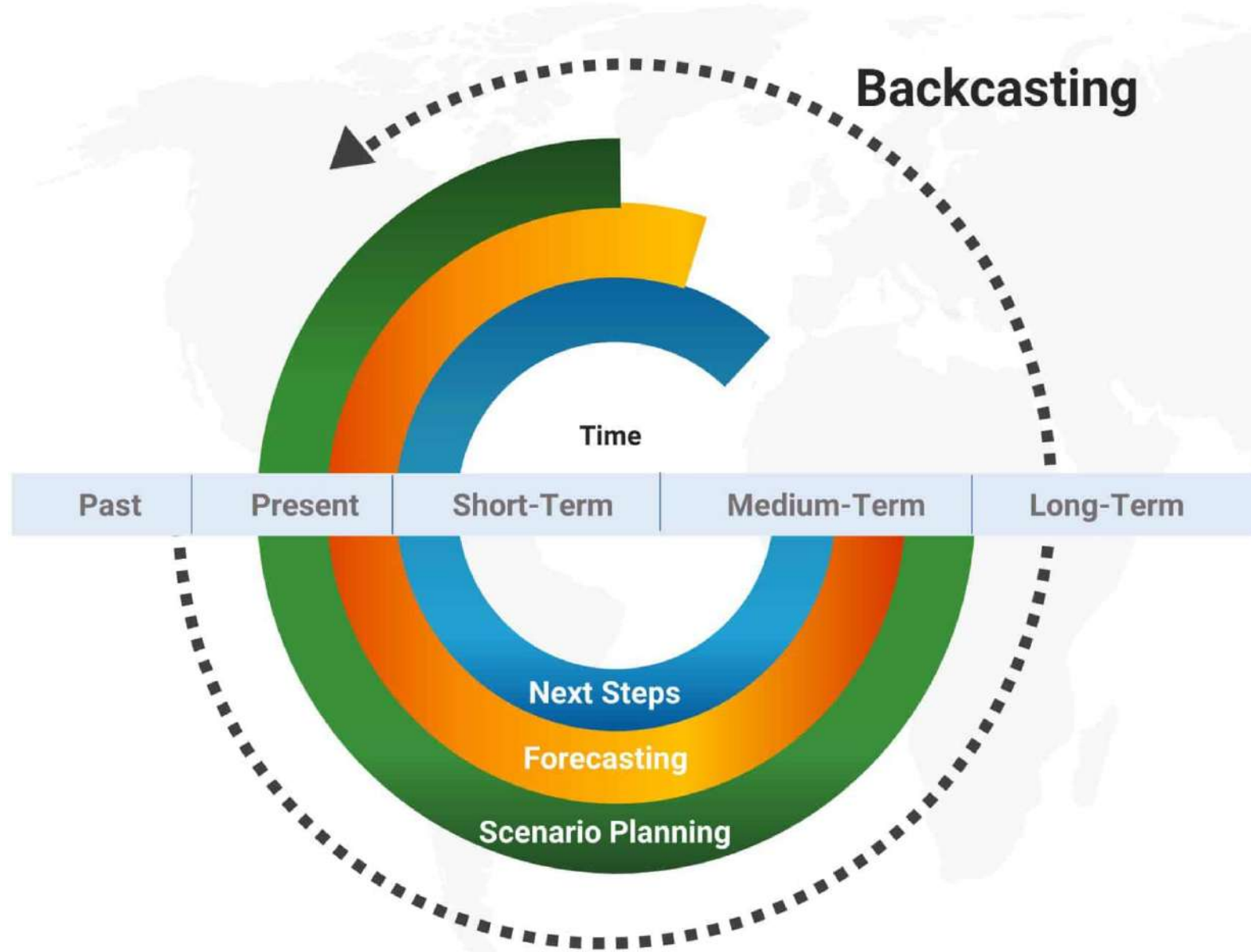
Forecasting + Backcasting

A person wearing a dark hooded jacket and boots is walking away from the camera through a forest. They are carrying a wicker basket in their right hand. The forest floor is covered in dry leaves and twigs. The trees are tall and thin, with some evergreens visible in the background.

*"What we are familiar with
we cease to see"*

- Anaïs Nin

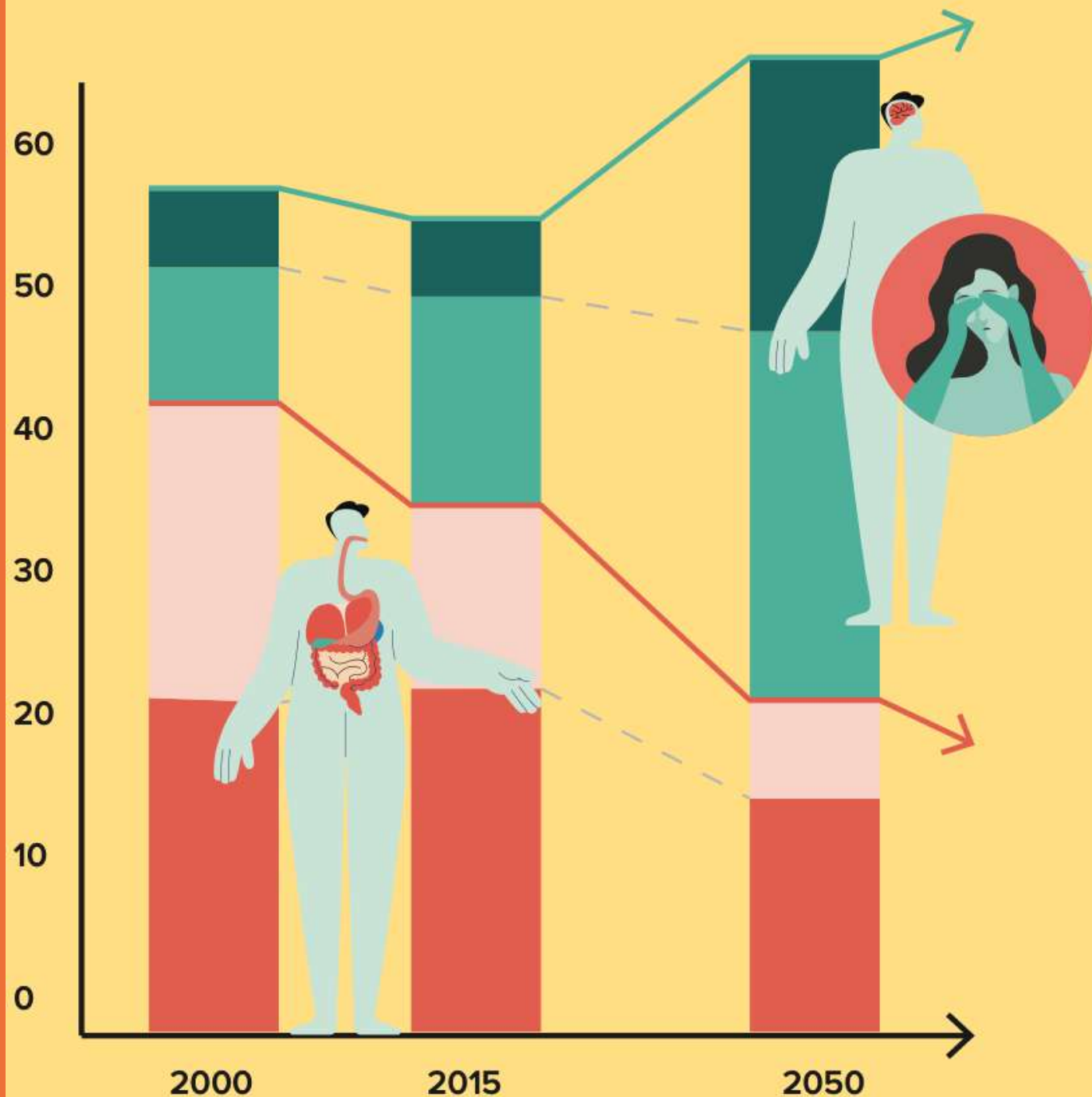
Look 3-times back in time



The world is dynamic.
Forecasts made 15 years ago is
not necessarily right today...

The disease burden towards 2050 will shift (from cancer and cardiovascular) to neurological and mental diseases.

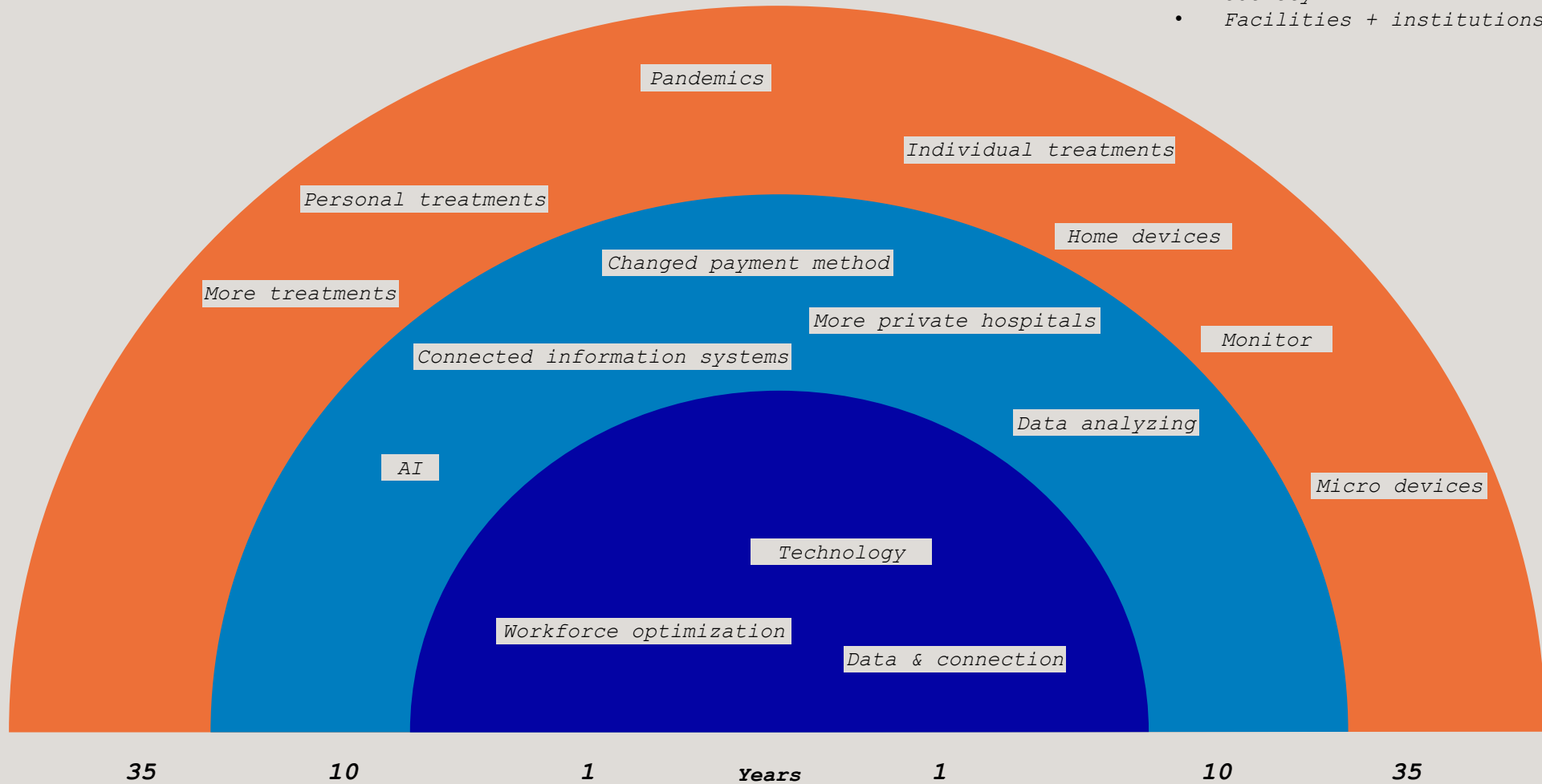
Stress, anxiety, loneliness, technology and how the world impacts you will be changemakers.



EXERCISE 3

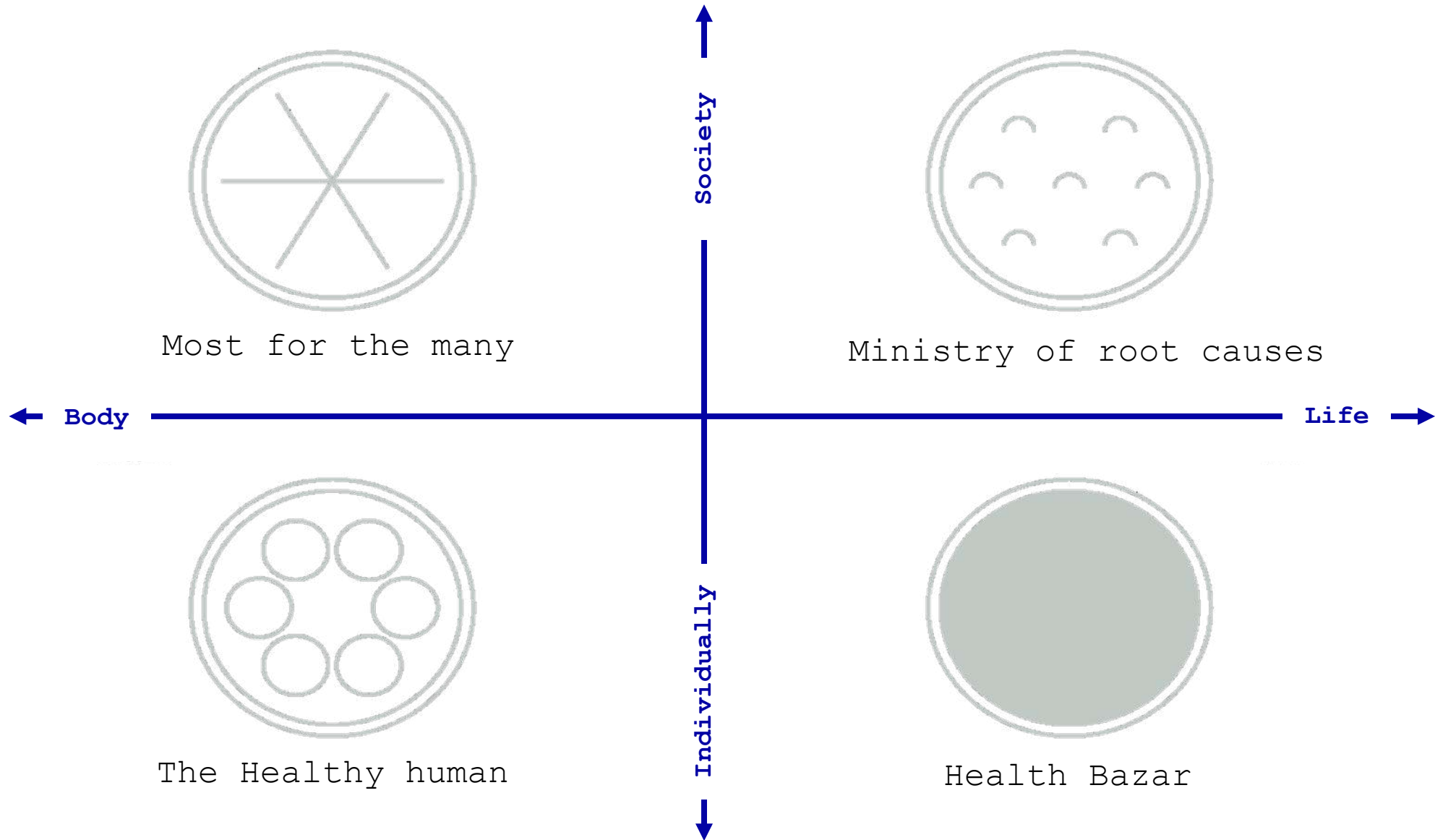
Discuss what *time* means for the selected parameters:

- *Patients*
- *Technology*
- *Organization*
- *Partnerships*
- *Society*
- *Facilities + institutions*



4 *Scenarios*

The 4 Scenarios



The Healthy human

What challenges do you see in this scenario?

all old people less motivated;
pac. , ktorí potrebujú sustavnu osobnu starost.
- cenová dráha pomôcky -
neefektívne

What possibilities do you see in this scenario?

poistovňa bude preplacať pomôcky
self responsibilities / development.
prístup k info o svojom zdrav.stave.

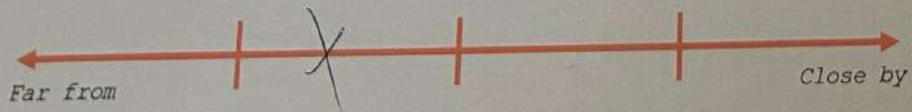
What could be your organization's goal and role in this scenario?

každý má prístup k info. o zdra
benchmarking.

Based on your field of work/discipline, what can you contribute to this scenario?

politics way. → aby motivovali ľudí cez
peniaze
Ignorantnosť pac. o tom koľko stále jeho
zdrav. starostlivosť. → fin. gramotnosť

How close is the scenario on today's health in 2023?



How close is the scenario to your own idea of future health in 2050?



Ministry of root causes

What challenges do you see in this scenario?

- FRAMEWORK DEFINITION & ACCEPTANCE
- STAKEHOLDERS' INVOLVEMENT
- POLICY & FRAMEWORK IMPLEMENTATION

What could be your organization's goal and role in this scenario?

Goal -> Sustainable and profitable business
Role -> Guide & Support acceptance

What possibilities do you see in this scenario?

- ~~CONSENSUS~~
- COMPLIANCE TO
- ACCEPTANCE OF CONSENSUS BASED DECISIONS

Based on your field of work/discipline, what can you contribute to this scenario?

Responsibility development

How close is the scenario on today's health in 2023?



How close is the scenario to your own idea of future health in 2050?



Most for the many

What challenges do you see in this scenario?

boundaries of ~~profit~~ free treatment ^{or in budget}
regarding - efficiency and stability

What could be your organization's goal and role in this scenario?

Goal → Sustainable and predictable ^{healthcare system}
Role → create rules and regulate ecosystem

What possibilities do you see in this scenario?

strate Defining strategies and transparent environment.

Based on your field of work/discipline, what can you contribute to this scenario?

Transparent/predictable environment

How close is the scenario on today's health in 2023?



How close is the scenario to your own idea of future health in 2050?



Health Bazar

What challenges do you see in this scenario?

NEW APPROACHES - RECOGNIZE
- DIGITAL MATURITY
- ADAPTABILITY
- RESEARCH

What could be your organization's goal and role in this scenario?

[PATIENT JOURNEY]
↳
KEEPING INHABITANTS IN GOOD PHYSICAL
MENTAL CONDITIONS AS LONG AS POSSIBLE
↳ PERSONALISATION OF CARE

What possibilities do you see in this scenario?

AWARENESS
EDUCATION
R&D
COOPERATION
INTERDISCIPLINARITY
INTERSECTORAL COOPERATION

Based on your field of work/discipline, what can you contribute to this scenario?

⇒ HIGH LEVEL RESEARCH
⇒ AUTOMATISED DATA-PROCESSING

How close is the scenario on today's health in 2023?



How close is the scenario to your own idea of future health in 2050?

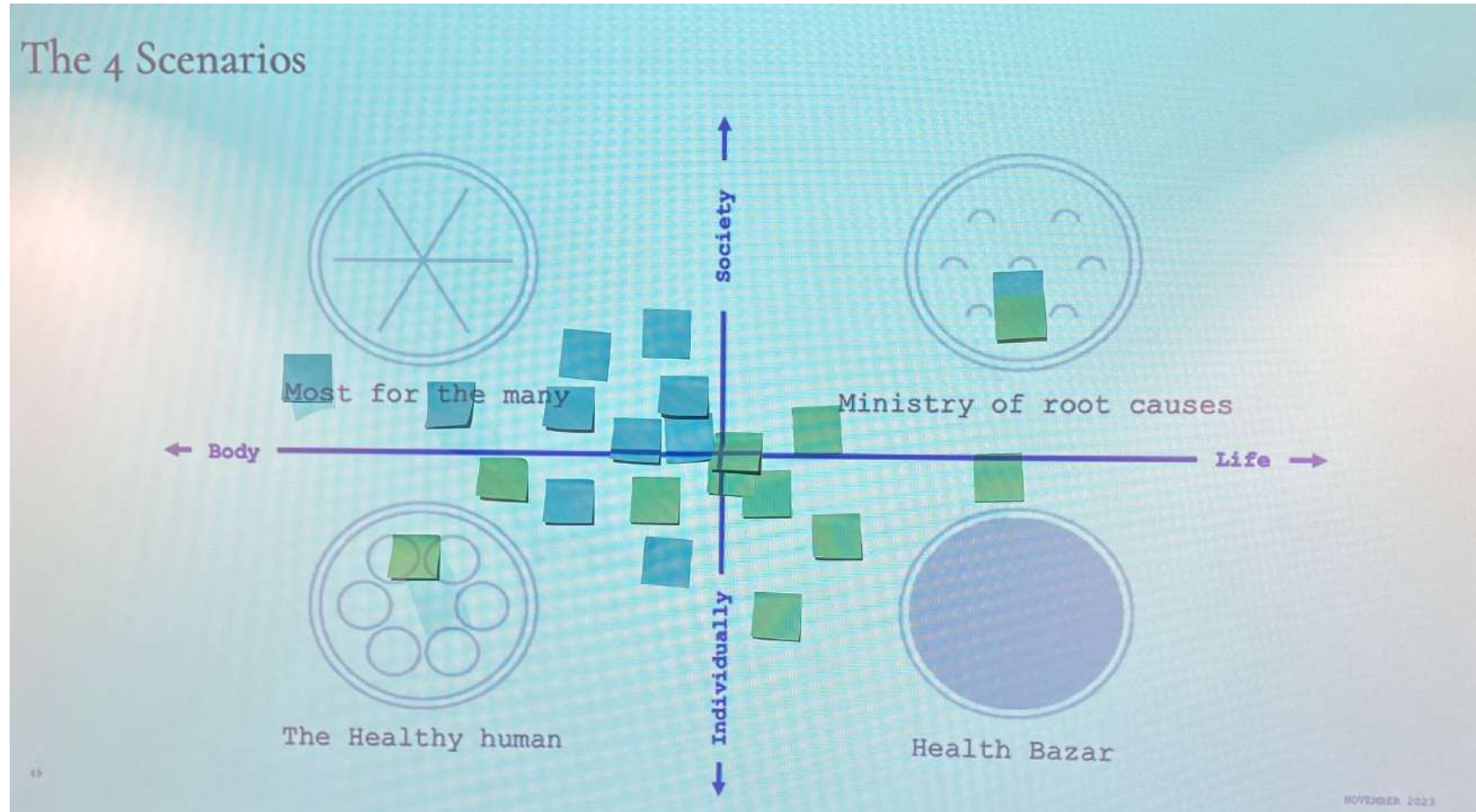


Voting time!



PROBABLE, POSSIBLE + PREFERABLE SCENARIOS	Future is given (THE PROBABLE)	Future is uncertain (THE POSSIBLE)	The future is created (THE PREFERABLE)
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The *most likely* scenario (blue vote)
The *preferred* scenario (green vote)



Mindset – *flip* the lens



BIG VS. THICK DATA

Big data tells us WHAT is happening. It cannot tell us WHY.

Correlation is not causation.



TUNNEL VS. LATERAL VISION

*Making the "strange" Familiar
Listen + observe to understand the minds and lives
of others who are different*

*Making the "familiar" Strange
Outsider view to see ourselves clearly*

*Listening to Social Silence
Ponder the rituals and symbols that shape our
routines*

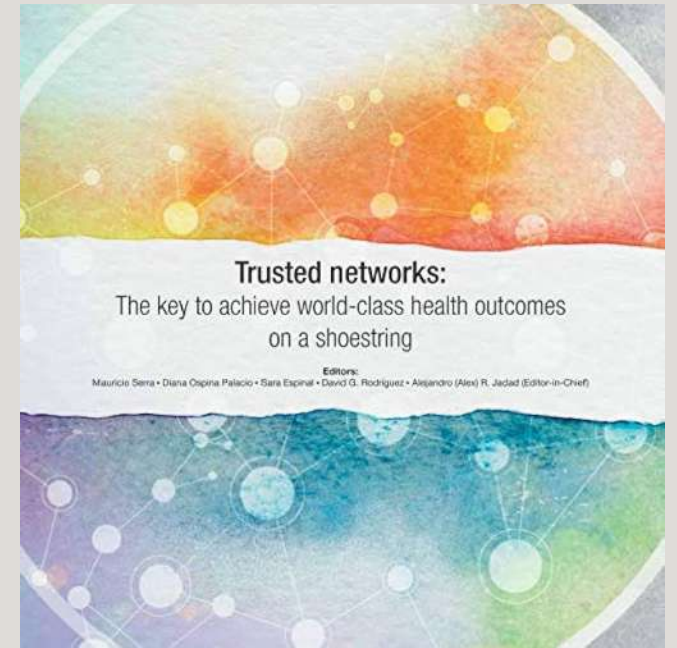
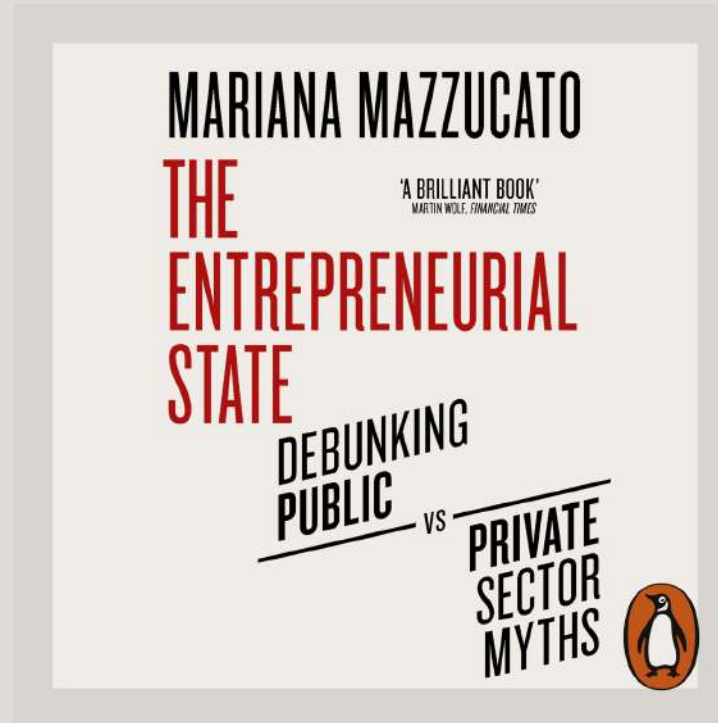
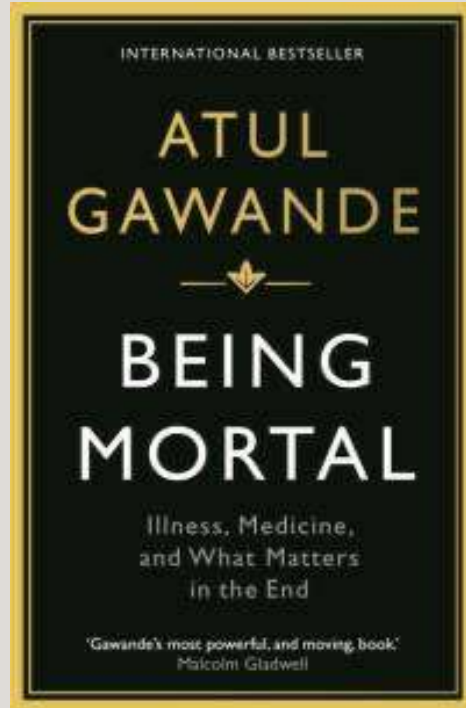
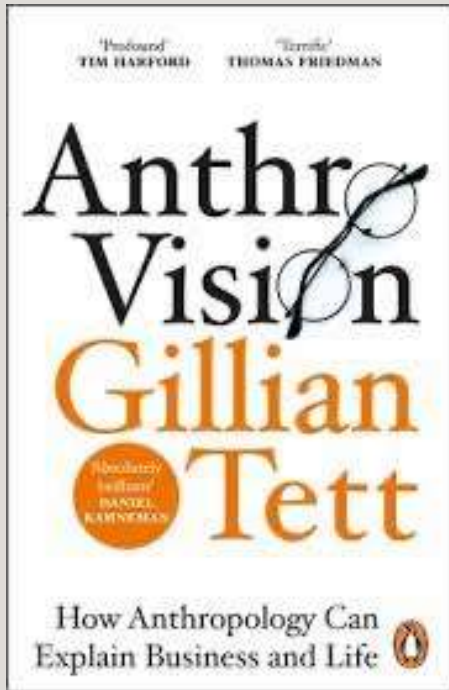


PATIENT PATHWAY VS. LIFE JOURNEY

Healthcare is not just about sickness. It is about life. Do we truly understand diseases, and do we understand people. The individual.

*Life journey comes in different shapes and colors.
In the future the key is to understand and guide
the people journey.*

Readings



The last thing a fish would ever notice would be water

- Ralph Linton



Tak
— *Thank you!*

not a box

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