HUMAN EXPERIENCE 2030:
A Vision for the Future of Healthcare

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About The Beryl Institute

The Beryl Institute is the global community of practice committed to elevating the human experience in healthcare. We believe human experience is grounded in experiences of patients & families, those who work in healthcare and the communities they serve.

We define patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

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InMoment™ helps organizations deliver more valuable and inspiring experiences to their customers, patients, and employees at every moment in their journey. Our clients gain the wisdom of our experts—who bring deep domain knowledge in experience design and delivery—coupled with our award-winning Experience Intelligence (XI)™ platform that continually analyzes and evaluates enterprise experience data and feedback. Recognized as a leader and innovator in our sector, we collaborate with the world's leading brands to attract, engage, and retain their customers, patients, and employees. We are fiercely proud that our clients continually tell us they love the experience of working with our company, as we constantly stretch to exceed their expectations.

LAYING THE PATH FORWARD

Eleanor Roosevelt is attributed as saying, "The future belongs to those who believe in the beauty of their dreams." That may be no more apt then as we look at the topic of the Future of Human Experience and namely that future over the next decade.

The Future of Human Experience 2030 (HX2030) reflects the insights of a global community of patients, family members and care partners, healthcare professionals in all roles, who represent the shared voices of possibility for healthcare overall. It is also critical we recognize the very prescient nature of this group to understand, even before the full extent of the current health crisis hit, what was going to be necessary to lead us forward and its critical relevance to the moment in which we find ourselves today.

As we return to the words above, about believing in what our dreams call us to see, we also assert that the future itself is built on our very willingness to dream. In order for us to step forward, to look beyond the horizon in front of us, we have to have that capacity to think bigger than ourselves, to think beyond the boundaries of what we might even know is possible.

When we started this process, I don't think we'd have ever dreamed we would find ourselves where we are today in healthcare, where we are as a global community in terms of what we're trying to accomplish for healthcare overall, what we're facing in terms of a health crisis and what we are now tackling to break the hold of health disparities and the systemic racism in healthcare and beyond that this moment in history has unleashed in a bold call for understanding and action.

This inquiry was grounded on a central purpose, to identify the key points of focus that will ensure an unwavering commitment to the human experience in healthcare over the next decade. Our intent was to identify the ideas and actions that would not only drive our efforts, but more holistically guide us forward. With that, the future of human experience is not just deemed a place we will eventually arrive, but rather it is an awareness of what we must do and what it will take starting in this moment to lead us through the days, months and years ahead.

This linking of dreaming with the broad voices of our community ensures this exercise was both forward-looking but practical, grounded yet committed to vision, inclusive and willing to challenge the conventional ideologies gripping healthcare overall. What you will see in this bridging of ideas with the diversity of voices committed to this cause is a clear, concise and intentional commitment to a future we all will contribute to building and aspire to achieving. The Future of Human Experience 2030 is not a model to be copied; it is a collectively framed trajectory for an essential journey. It is now up to all of us to begin laying the path forward together.

PROCESS AND METHODOLOGY

The Future of Human Experience 2030 Framework was built from the contributions of hundreds of individuals around the globe. The process was layered in a set of diverse focus groups framing the initial ideas, a global validation and feedback survey and structural guidance by a global steering team who helped polish the findings overall.

Phase 1 of the process began in December of 2019 and ran through mid-January of 2020 with a series of 15 community conversations. Community conversations were comprised of individuals from the global community at-large to engage in a conversation on what people saw the future of human experience in healthcare to be. Each conversation session was transcribed and the data from these sessions reviewed to generate key thematic concepts for review and validation by the community. The three guiding questions that framed the community conversations included:

- What do you think the future human experience in healthcare (in 2030) should look like? What will healthcare be doing, what practices and processes will be in place, how will patients, families and healthcare consumers be involved, etc.? Share your picture of the future and build on what you hear from others.
- What are the key milestones we need to establish and what are the actions we will need to take over the next ten years to realize that vision?
- What are the resources will we need to achieve this future vision, i.e., skills, technology or other resources, and do they exist, or will we need to create them? Do not be limited by what we think is available today.

The conversations were framed as opportunities for co-creation and followed a very simple and clear set of ground rules.

- This is an opportunity to dream
- We listen with respect
- We build on (vs detract from) people's contributions
- No idea or thought is a bad idea or thought

Through those conversations, 130 participants from 11 countries shared their thoughts. They looked forward and built on one another's ideas. They were willing to dream. And from those contributions, pages of transcripts were created revealing a powerful consistency in what people deemed essential and a strong alignment on where it was believed the future of human experience needed to go.

The data generated through these conversations ended up reflecting a set of 15 core action statements calling for an examination on how healthcare would need to act going forward. These 15 key themes framed the core of the next step of the process, a global validation survey in early February 2020. The survey had 986 overall participants and 651 fully completed responses representing 27 countries across 6 continents. The breadth of the input in both validating the statements and building on and refining them represented a true global voice, not bounded by local systemic constraints, but rather elevated by the global commonalities that will drive a universal commitment to human experience forward.

Once the data was collected and consolidated, the HX2030 Steering Team (see Appendix) was convened to review the full data set and begin to refine the core ideas being called for in a focus on the future of human experience. The group identified some fundamental issues:

1. The ideas needed to speak to a commitment that it wasn't a generic "healthcare" that would be acting, but actually the people - patients and consumers of care, healthcare organizations and the communities they serve – that would work together to ensure these outcomes.

2. Framing principles were created, as it was deemed there were some foundational elements to ensuring the success of any future facing roadmap.
3. Simplicity was needed in order to ensure clarity, for all who engage, and practicality, so the ideas were actionable and accessible, not theoretic and more difficult to realize.

The steering team's commitment was to honor the over 1000 voices that weighed in on the process and ensured a clear and forward-looking plan. It was grounded in the realities of the day, acknowledging the first step to any future is one you take in the moment today and recognizing it would need to be able to be acted on and built upon in the years ahead.

The overall process to frame the construct for the Future of Human Experience 2030 in many ways exemplified what you will see HX2030 is calling for us to do itself. That when we engage, listen to and act on the voices of the many, when we honor the diversity of experience and perspective that adds a critical and valuable seasoning and mix to any forward-thinking ideas, we build both a foundation and a vision for a viable and vibrant future. That future, the future of human experience, comes from you.

A CHANGE FOR THE FUTURE

The foundational idea for this whole endeavor is what is essential TO us as human beings is essential FOR us as human beings. That will not change and is of no greater importance than to the work of healthcare and the work of human beings caring for human beings.

This idea, that at healthcare's core we are fundamentally human beings caring for human beings, is a key starting place for this conversation. It is why this work focuses on the future of human experience. It calls on us to understand the breadth of people engaged in the healthcare equation from patients and family members/care partners to healthcare practitioners and professionals to the very communities healthcare serves. These components are inextricably linked and are only best served when seen for their connected versus disparate nature.

This idea, of thinking of healthcare from this holistic and multi-perspective lens, calls for a shift in some of the very fundamentals on how healthcare itself operates. Framing the future of human experience in healthcare will ultimately require transformational change. This exploration revealed and this framework for the future calls on us to consider three essential changes.

A change in perspective **from siloed and specialized to integrated and systemic.**

Healthcare for all its complexities and dynamics has worked diligently to establish processes and protocols to manage its intricacies and breadth of scope. This perfect combination of distance between points of work has driven the establishment of specializations, critical for clinical expertise and ensuring positive outcomes from that expertise, but damaging to a living system that relies heavily on collaboration, shared information and evidence, and communication

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to ensure overall success. Healthcare has built itself as a collection of silos, not just clinically, but more so operationally, that have caused literal turf battles for resources and prominence and caused fracturing and ultimately weakness at the very seams of a system trying to weave itself together.

This calls on us to consider what a true systems perspective on healthcare could and should look like. In the 2005 report *Building a Better Delivery System: A New Engineering/Health Care Partnership,*[1] it was recognized,

> The health care delivery system was described as a "cottage industry." The main characteristic of a cottage industry is that it comprises many units operating independently, each focused on its own performance. Each unit has considerable freedom to set standards of performance and measure itself against metrics of its own choosing. Indeed, this is an apt characterization of the current health care delivery system. Even in many hospitals, individual departments operate more or less autonomously, creating so-called "silos." Many physicians practice independently or in small groups, and ambulatory clinics, pharmacies, laboratories, rehabilitation

clinics, and other organizations—although part of the delivery system—often act as independent entities. We often call this arrangement a "health care system," even though it was not created as a system and has never performed as a system. Moving from the current conglomeration of independent entities toward a "system" will require that every participating unit recognize its dependence and influence on all other units.

Eight years later, in the 2013 discussion paper, *Bringing a Systems Approach to Health,*[2] also from The National Academies of Medicine, this call for action was sustained in providing a working definition for a systems approach to health:

> A systems approach to health is one that applies scientific insights to understand the elements that influence health outcomes; models the relationships between those elements; and alters design, processes, or policies based on the resultant knowledge in order to produce better health at lower cost.

This reality holds true today, even with the best attempts at policy and programmatic changes. If we are to truly address the issues that will support the best in human experience, we need systemic solutions where the pieces of the systems work with, through and for one another, not in competition with or against. This requires collaborative conversations from all perspectives engaged in healthcare and from all operational lenses that drive it forward. This remains a daunting task, but a fundamental one to achieve a fully realized future for human experience.

A change in process **from transactional to relational.**

This next change is directly related to the former in that in order to operate a siloed and distributed network, you need to be constantly managing and coordinating efforts at the boundaries. This requires an intense amount of work that actually draws away from the critical efforts needed in both the clinical and socio-emotional elements at the heart of healthcare. To act at the seams, transactions must be established, processes and protocols put in place simply to try and bind the parts together, to ensure effective transfers of information and communication, of people and

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supplies and more. Patients and families in healthcare feel these transactions daily moving through chains of processes around insurance or registration, referrals or other procedural mazes. In its best attempt, healthcare worked to "humanize" those elements of healthcare by bolstering them with attempts at relational processes. Making admissions more interactive and easier to complete, for example. But these attempts to undergird the transactional system while perhaps making healthcare seem more human, only perpetuates the very transactional system it is and reveals it is often quite the opposite of human at all.

The opportunity this calls on all to tackle is that if there is a desire to create a truly integrated and systemic effort in healthcare, then the primary connective tissue must be relational, built on networks and partnerships, collaboration and seamless processes. Patients and families should not be subject to having to travel a transactional path, but rather should have the opportunity to have a relationship with the system supported by the transactions that expedite and support their journey.

In the paper *To Care is Human,*[3] I offered:

> In an environment now at a constant tipping point due to the rapidly increasing access to information and a rising tide of consumer awareness and choice, healthcare is being called to act differently, but the system itself was not built for this level of dynamism. Healthcare was built as a transactional business of care delivered by providers to patients. And while these structures and roles reflect the realities of healthcare as it operates, what it missed was the essence of healthcare itself. It is fundamentally grounded in human beings caring for human beings. This idea then calls for a consideration that healthcare is in fact a relational business.

> **"Even now with the use of technology, we cannot, and more so must ensure, that the humanity at healthcare's core is not diminished, but rather elevated."**

As we focus on the future of human experience, we must make a dramatic shift to lead with the relational, for the primary means of delivering on care, be it clinical or emotional, is between two people. Even now with the use of technology, we cannot, and more so must ensure, that the humanity at healthcare's core is not diminished, but rather elevated. This is what those who seek care expect and those who chose this path for their life's work chose to do every day.

A change in focus **from aspirational to active.**

In looking at the two needs for change above, in moving to a systemic and relational effort in healthcare, it is clear these are not new calls to action. As seen in the papers from 2005 or 2013, to the long-standing calls for patients' rights or the powerful commitment to employee engagement that blossomed in that same period, the need to connect and care for people has always been called for. It has always been aspirational.

The opportunity now, but even more so the need, is to move beyond aspirations to the actions that it will take to move this idea forward. The future of human experience is not about things that will be nice to do or suggestions for others to ponder in the years to come. In healthcare, more so than in most other industries, the art of great reflection on the known issues, with a lower level of coordinated action in addressing them, remains a challenging characteristic.

This is not to suggest that people or organizations have not raised or are not currently trying to address these ideas. But a call to an idea by a small group of voices can only move it forward so far. The challenge remains changing the flow just enough to set a new direction against the pressures of the currents of momentum. A great example of this has been the recognition of health inequities, disparities and social determinants of health. These issues have been acknowledged for decades, such as by Gibbons in 20054 who wrote, "Over the past decade, a rapidly expanding body of literature has demonstrated the existence of disparities in health and health care," laying out the history of a centuries-old pattern of recognizing the implication of societal distinctions impacting health.

Yet with all noted on this topic, the current health crisis revealed again the horrific implications of the realities of health inequity, particularly seen in the death rates in minority communities. These results were not surprising to most but were sadly reaffirming in the distinction of raising issues as aspiration, tackled by disparate efforts, but lacking coordinated action. It is important to recognize that in all cases there were and remains great efforts to address some of the greatest healthcare challenges of our time. But if action is not coordinated and aligned, it is possible that in another 10 to 15 years, the very same conversations about the need to DO something will remain.

Driving change for the future of human experience in healthcare is fundamentally doing the seemingly simple, but practically complex things to change healthcare overall. It is important we acknowledge the work that many have done, but it is more important to elevate the opportunity that this calls for. To ensure systemic, relational and active efforts to build a shared foundation on which to build the future. There are more brilliant minds and more compassionate hearts in the collection of healthcare voices globally than in any other industry this planet has seen. It is now incumbent on all of us that we ensure they all sing together.

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FOUNDATIONAL NEEDS

In the review of the initial 15 core action statements, based on overall feedback and the analysis of the steering team, three concepts emerged as broader and more foundational needs in moving towards the future of human experience. These ideas frame a conversation of action on what groundwork must be laid to ensure a solid and strong path to the future. These three essential actions touch on larger efforts that will begin to drive the very changes called for above.

They establish that to ground the efforts to lead the future of human experience, there must be a continuous focus on and sustained commitment to:

Advocate, actively and directly, for global and local governmental policies and incentives that ensure expanded access to care, a focus on issues of sustainability, and a commitment to caring and human experience.

To achieve the kind of long and lasting change this vision calls for, it is clear that that policies that dictate and the incentives that focus action must garner critical attention. These conversations at a global, national and local level will need to align on core priorities to ensure fundamental issues are considered, such as equitable access to care, incentives aligned with actions that support an elevation of the human experience and more. There are great efforts underway here and more opportunities revealed, more so as the issues of systemic racism and health disparities have been elevated in the current health crisis. The social awareness and action on the very issues of race and discrimination societally will call for broader and more sweeping actions that will influence healthcare itself. We have long said we cannot have a complete conversation about the human experience in healthcare globally if we do not work to ensure that all people who choose to seek care can access it. There remains great work to do in this area.

Reframe how experience is measured from lagging to real-time indicators, ensuring a holistic assessment of safety, quality, service and engagement to demonstrate the value of care.

Measurement has long been a challenging question for healthcare especially when it comes to experience. While conversations have evolved from measures of satisfaction to broader measures of what experience is and encompasses, there are still opportunities for alignment around all experience encompasses and how to measure it both from the perspectives of patients and care-partners and what matters to them on their care journeys. Important as well are the perspectives of those who deliver or support the delivery of care to ensure they have the insights and information needed to make positive change. There is a much deeper and broader conversation to be had here, not about incremental change in how measurement is currently done, but about the transformational shift that will be needed to get measures that are more telling of impact and outcomes that are universally translatable across geographies and systems. While systemic and cultural differences will remain lenses that draw distinctions among people, it can be suggested there may be - and perhaps must be - some universally accepted experience measures that provide practical, holistic, immediate and actionable insights that can lead to outcomes, shared lessons and collective improvement opportunities for all experiencing healthcare globally.

Expand **partnership and collaboration**, between and within healthcare systems in the sharing of essential ideas and proven practice and by openly and actively seeking to learn from industries outside healthcare to more effectively address consumers' needs and drive better outcomes.

The need for partnership and collaboration in healthcare was framed earlier in exploring the need to think systemically and act relationally as we work toward the future of human experience. This calls for healthcare organizations to first and foremost break down the barriers historically built between them from a sense of competition and, dare I say, brand pride. One incredible emergence from the current health crisis has been a new sense of local collaboration among organizations from shared public statements on public health, to coordinated campaigns to reinforce the safety to return to care, to alignment on such critical issues such as visitation policy to ensure consistency in action and a common and shared public health message about the critical nature of this pandemic. This sense of collaboration was elevated during this crisis in how work was done as well, from the sharing of actual staff to meet the volume of care providers needed in hot spots like New York or Milan, to the reassignment of people within organizations to address immediate needs, seeing internal silos broken and more functional and agile interdisciplinary and interprofessional teams stood up to tackle immediate needs.

The call here reaches beyond breaking down the interior walls of healthcare to the willingness of healthcare organizations to learn together from outside industry. From rapid response to procurement, speed to innovation to product development and implementation, healthcare can and must be willing to learn from other industries. This cannot only be seen as the efforts of those organizations with a commitment to and investment in innovation. Rather, it must be a collective effort of healthcare taking steps to ask difficult questions of itself overall as a system and then seek potential answers from places where perhaps answers were not traditionally sought. Yes, healthcare is a unique and uniquely human industry. One with a very delicate commitment and responsibility: to care for human life at its most vulnerable moments. But there remains things

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healthcare in general can and must learn about how it treats people, the processes it implements and more, that can be informed by a commitment to collaboration. As the world rapidly evolves, healthcare will be called to learn quickly from others with open minds and thankful hearts in order to keep up.

In considering these foundational needs, it is unquestionable these ideas alone will call for greater clarification and alignment and even greater focus and effort to address. Yet it is essential that these ideas not be overlooked to address the items that may seem "easier" or more tangible to tackle. This happens at great risk. The very reasons outlined for the need to move from aspirational to active will be fueled by these foundational efforts. Policy, measurement and partnership are not foreign ideas or just a loose framing; they are critical efforts that will require commitment and heavy lifting to ensure they are addressed, the difficult conversations happen, the best plans formed, and action encouraged and sustained. The road to the future of human experience, led by the fundamental actions that follow, requires this foundation on which to build.

FUNDAMENTAL ACTIONS FOR THE FUTURE OF HUMAN EXPERIENCE

In building a vision for the future of human experience as a community, it remains important to note this is not, nor is it intended to be, a fixed model. This is not as simple as a checklist for the future, but rather it represents a dynamic framework. What this moment in history has shown us and taught us is that now more than ever what is needed is an unprecedented level of agility for healthcare. It requires the ability to respond, to rapidly reconfigure, to see things in front of us in ways we never have before and to act with that knowledge and insight, blended with passion and commitment, to address the needs of this time and set the foundation for the future.

The future of human experience and the actions it calls for are steps to take on a dynamic and enlivening journey that we will take step by step over the next decade together. With that, it is recognized that circumstances change, environments shift, and innovations emerge that may make one path obsolete or not as effective as new ones that appear. It is critical that the conversation on these actions not be lost in seeing these as the only things to do, for as a plane must make constant calculations and adjustments on its flight path due to conditions, air traffic, weather and more, so too will this effort. Its strength emerges by not providing itself as a final static model, but in serving as guideposts for what so many affirmed was essential to realize the best in human experience overall.

The following six fundamental actions provide an insight into the collective voices of the community and a guiding framework for each step along the way. Each one is built on a cluster of essential concepts to sharpen focus and inspire action. They are grounded in the breadth of perspectives it will take to build and continuously transform a healthcare system globally committed to provide the best in human experience for all engaged within it. It is also important to note these actions are not

presented in an order of importance, but rather grouped around three core areas essential to the future of human experience overall – patients and their care partners, the healthcare workforce and the communities served by healthcare. They are all included with a balanced level of importance, while it is evident and will be discussed further where some may take and require more effort.

The six actions as presented are also clustered in these core areas in groupings of two. The first two touch on the opportunities with patients and care-partners, the next two for the healthcare workforce and the final two for the communities in which healthcare exists and that it serves. They are framed by this initial statement: *In working to elevate the human experience in healthcare over the next decade, patients and consumers of care, healthcare organizations and the communities they serve will work together to ensure that healthcare efforts:*

Reframe consumerism to patient and consumer partnership.

Transform power dynamics by a global commitment to (1) partnership, where patients, families and consumers are actively engaged in co-design and (2) transparency, where both performance metrics and cost of care are accessible and understandable.

It is now increasingly accepted that healthcare is a consumer industry and with that acknowledgement also comes the recognition that healthcare remains unique in that it cares for people often at the most vulnerable time of their lives. This does not make the concept of consumerism bad, and it must no longer be seen that way. Rather, it can be seen that healthcare now recognizes with increasing importance that it must focus on those who engage in it as many other industries already have. Healthcare is no longer just a delivery system organizing itself to ensure effective operations, but a network of partners who engage in its services.

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With that, the future of human experience calls on the perspective of consumerism to move one step further, to the concept of partnership where patients, families, care-partners and communities are active participants in design both at the personal and systemic levels. This conscious shift in power dynamics from a system of "delivery" that has recipients of care, to one of co-creation that builds partnership networks focused on personal plans of care and engaged communities focused on health will be essential to a commitment to human experience.

At the same time, elevating human experience will be built on a new and broad commitment to transparency. This is not simply about sites sharing scores that people may or may not understand or even know how to access to "say" we are transparent. It is about transparency in the process of both creating the metrics used to gauge performance and to understand outcomes and providing a means to access and understand these metrics in making decisions. In addition, more must be done in understanding and ensuring transparency in cost of care as well. While this will be different depending on systems around the world, as in most national healthcare systems care has minimal if any additional direct personal cost, knowing what healthcare spends on its efforts makes systems good stewards of the funds it uses to care for its citizens.

In the United States, in particular, where pricing is often inconsistent for numerous reasons based on such things as negotiated contracts with insurance providers, organizational policy and more, this is not a call simply for the posting of negotiated pricing sheets, but rather a clear and open conversation on how patients are charged, for what they are charged and what the real costs are in their care, both directly out of pocket and supported by insurance. While it is not suggested that patients make healthcare decisions based on price, as there are other factors of greater significance in ensuring the best outcomes, healthcare must rise to the level of all other consumer facing industries who put price forward in any decision-making process for their consumers.

In all cases, information for the sake of information or blanket transparency only works if what is shared is also supported in a way that it is accessible and understandable to all wishing to access this information. In working to ensure not just foundational health literacy but also a clear understanding of metrics, we balance the power in healthcare and level the means by which the best decisions can be made and outcomes achieved. This is where true accountability in healthcare will flourish.

Provide a precision experience through the use of real-time data and decision analytics, including the application of AI and other technologies.

Enable and extend healthcare technology as an enabler and extender of human connection by ensuring simplicity, efficiency and expanded access to care, information and knowledge.

The realities of healthcare technology extending the reach and capabilities of healthcare has long been a commitment and goal. It remains a rapidly evolving component of care, and its application was catalyzed by the current health crisis that saw in-person care delivery rapidly transformed to the full range of telehealth. But technology also emerged and will continue to be needed for much more as it relates to the future of human experience. As the COVID crisis exploded the need to connect people through new means, healthcare saw the implementation of virtual connections that were slow to be implemented just weeks before. This realization that healthcare can move with speed to innovation makes the idea of precision experience all the more possible.

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As participants in the feedback sessions offered, there were some connotations that the concept of "personalized" care rang of privilege in some cultures. But the science of medicine and the commitment to quality has always focused on precision. So the question was posed, "Why then can we not provide a precision experience as well?"

This idea of precision in healthcare is essential when we look at human experience, for it suggests the ability to meet people exactly where they are based on the things they need. It considers environment and choices, history and more. So in the ability to access data, create accessible records, engage decision analytics and even AI technologies, the best decisions can be made not just

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about the delivery of medical care, but around the overall experience each individual is provided.

In the same light, it is evident that technology can no longer be seen as an impediment to human connection, but rather it can and should serve as an enabler of experience. Technology should extend connection as it has in the current crisis. It also will require a commitment to simplicity, connectivity and accessibility. Caution must be taken to ensure that an increase in the use of technology does not create new inequities in healthcare, so technology and its role in the human experience will require a broad and systemic view as it evolves. Technology for the sake of technology is not the answer, but using the very resources being developed by innovations globally to align access to information, rapid decision-making, closer connection and greater understanding in healthcare overall can fundamentally shift the experience of all on both sides of the care equation.

Address process burdens and workload issues for healthcare workers to increase opportunities for human connection, reinforce purpose and reduce burnout.

Hire people in healthcare in new ways, selecting not just for greatest skill or clinical ability, but also for lived experience and fundamental behaviors essential to a positive experience.

The reality of burnout in healthcare has been broadly researched[5] for years leading up to the COVID crisis only to see its final layers peeled back in this moment of history. Process burdens have been widely documented, some driven by the very technology issues we addressed above. Many from the volume of work or more so the continued distancing of those who work to provide care being pulled further and further away from the actual work of caring. In many cases, people feel separated from the purpose that called them to the healthcare profession. A commitment to human experience must work to reverse that trend.

By ensuring work processes, co-created in partnership with all key parties, the opportunities for connection can be linked with the needs for process and operational efficiencies. That cannot be a zero-sum game in which improvements arise at the cost of human connection and the capacity to ensure both the best and broadest potential outcomes for all engaged in care. This requires conversations on action around hierarchies and systemic constraints, long standing "ways of doing" and how commitments can be reignited.

At the same time healthcare organizations must remain committed to bringing on people not just for the skills they have, but for the capacity they bring to appreciate, engage with and build from the lived experiences of both their peers and those they serve in healthcare. This is not a new concept, but one that needs to be reinforced and reinvigorated at a time when healthcare is under pressure, needs are increasing and the rush to grow can lead to people issues that create the very ripple effects seeding the cause of burnout itself. These ideas are inextricably linked and must be a focus if the future of human experience is to be realized.

Yet, we can't have a conversation on the future of experience, of human experience, of human experience in healthcare, unless we understand the current and future process burdens and workload issues that will impede the ability of those that deliver care each and every day to provide the best in experience for all that they serve as well. This will require the willingness to have difficult conversations, to break long standing models and to commit to an aligned future together.

Transform professional models for a new healthcare workforce.

Establish new models of education across platforms: in formal academic training and continuing education, for healthcare professionals across disciplines and through health education in communities from primary education to health literacy for consumers of care.

In every community conversation, one theme that consistently emerged was the need to transform how future clinicians and healthcare leaders are trained and

the need for intentional interdisciplinary connections, both in education and practice, that would be vital to success. The future of human experience will call for new models of education both through formal academic training and through continuing education for healthcare professionals across disciplines. This includes ideas such as establishing fully integrated programs versus specialized learning tracks, i.e., spending all your learning time in medical or nursing school or in an administration program, and engaging patients, family members and care-partners as faculty in ensuring learning from lived experience as much as through theories and science.

This idea for interdisciplinary education is not new. Almost 20 years ago, Hall & Weaver[6] suggested there were two issues emerging in healthcare as clinicians faced the complexities of the moment: one being the need for specialized health professionals and two being the need for these professionals to collaborate. In fact, this issue was also raised more than 15 years before in 1985 by Shepard[7] who also called for this effort. This is not to suggest efforts have not been taken, but in now 35 years we have again been provided the perfect example of the aspirational in the face of comprehensive action.

To complement this for practitioners and professionals, a commitment to education on health must be brought into communities. From the beginning in primary education, to expanding health literacy in support of generating better informed patients and care-partners and a commitment to health and well-being. This linkage between how professionals, patients and the community learn and contribute will serve as a vital bridge in the efforts to lead to a future for human experience.

Expand beyond treating illness to addressing the health and well-being of communities.

Social determinants of health and healthcare disparities are acknowledged and addressed to ensure a systemic response to care needs and full access to and equity in care delivery.

Perhaps in reflecting on the moment in which we find ourselves the last few weeks, this statement lacks the power it should have at this point. Yes, the conventional thinking for all engaged in healthcare either approaching it from a lens of ensuring financial sustainability or expanding quality outcomes and increasing overall health is that healthcare overall must expand beyond treating illness to addressing the health and well-being of communities. A focus on health is a powerful and purposeful shift from a system of care that treats disease to one that ensures wellness. This too has been a long-standing conversation of aspiration that requires committed, collective and sustained action.

More so what underlies this conversation is the very hard realities and implications of the disparities seen in healthcare regardless of national system or policy. Healthcare's sustained inability to address disparities and ensure equity in care is not just one nation's problem; it is a systemic illness in its own right that has limited access for some and led to varying outcomes for many, in particular minority communities. The COVID crisis itself revealed with sheer volume and raw numbers the

> **"Healthcare's sustained inability to address disparities and ensure equity in care is not just one nation's problem; it is a systemic illness in its own right that has limited access for some and led to varying outcomes for many."**

imbalance of death found in minority and especially black communities. This was not driven by the disease alone, but by the lack of a health system around people that focused on the very things this action calls for – a systemic solution to health.

A sick care system by its nature cannot provide equitable care, for it is focused on those who can access it, trust it, can pay for it and more. This skews numbers and misrepresents the true impact healthcare has and could have. It is not enough to say things such as social determinants exist. In fact, with the conversations of recent weeks, the term social determinants has been called out for what it does not address; that those distinctions, the inequities healthcare perpetuates are grounded in very real, tangible and long-standing systemic racism and discrimination that has even in the best efforts of those in healthcare to "care for all," ensured people were simply missed, overlooked, left out of what it had to offer.

The reality of human experience has always been recognized to exist, as this statement of action was formed before the elevated conversations and global protests on racism and disparities. The question is, why has it been so difficult to address? This action represents a fundamental idea to the future of human experience. A future for human experience cannot ultimately be achieved if it does not intentionally seek to break these systemic binds and to say unequivocally that a future for human experience only exists if as shared in the statement An Unwavering Commitment to Human Experience, "We cannot stand by in declaring an unwavering commitment to human experience if we cannot ensure that all humans are seen in that light, as people who deserve the same rights, opportunities, freedoms and respect regardless of race, ethnicity, socio-economic status, gender, gender identity or beliefs."[8]

A focus on community health and well-being requires a commitment to ensure equity, erase disparities and tackle the systemic racism that has long lived just beneath the surface of society, acknowledged, but never fully acted on. All engaged in healthcare (and society) will need to aggressively tackle this issue and establish new solutions as the cornerstones on which any true future of human experience will be built.

Meet people where they are, where they need it and follow them where they go, including at home, in their communities, and virtually.

New models of care are established making care journeys more accessible, convenient, and seamless through better care transitions, use of technology and open and easy access to and personal ownership of health information.

As we come to the final of the six fundamental actions, the idea here in many ways feels like a culminating point in the journey to the future of human experience. This connects the voices of those healthcare serves with models that support those who deliver care in a way that ensures the best in care outcomes at the most appropriate time and convenient place. Perhaps this feels idealistic, but it is also what participants again and again called for in our community conversations and feedback. The idea of "healthcare without walls" was a term that repeatedly appeared and feels ever more possible as we move through the current crisis. Healthcare will expand its services well beyond typical bricks and mortar to homes and beyond through technology and innovation. It will ensure open access to information and records, and it will create an educated, informed and engaged user who will push the system in ways it has yet to encounter.

The consumer (and generational) expectations of immediacy, accessibility and ease will all push healthcare overall to change the way it offers services. This has led to rapidly changing business models for healthcare in both where and how it is delivered, observed in just the last couple of years. It too calls for new models of how care is delivered, but perhaps more importantly, redefining what care journeys look like from the perspective of patients and care-partners, the healthcare consumer. Here is where technology meets access, convenience meets quality, scale meets agility and tradition meets an end.

This end is not a bad thing, but it is an inevitable reality for a rapidly changing healthcare environment now forced to think differently even more quickly with the fears and needs generated by all considering how to engage in healthcare as the COVID crisis lingers on.

In all of this, what experience is and what human experience should be will need to be fully examined. While the fundamental ideas of compassion and communication, listening and dignity and respect, quality and safety all will remain essential, how experience is shaped, delivered with consistency and what indicates success will all require a significant review. Participants in the inquiry consistently called for an expansive, but seamless experience in healthcare where the pieces are connected and gaps in which one can fall today are permanently closed. The future of human experience will call on healthcare to turn inside out, to meet people where they are, to provide the infrastructure and support to get care where and in the moment it is needed. This is not an easy transformation, but that is why this is a dynamic framework that will require constant review and revision, all with a commitment that when healthcare shows up for the communities it serves, listens and is will willing to act with a collection of all voices, that is where the true opportunities for change will bloom.

A Dynamic Framework for the Future of Human Experience

THE FUTURE OF HUMAN EXPERIENCE: ALIGNING FOR ACTION

As we look at these six items and the framing around them, it would not be said by most, "Wow! I've never thought about that before." But that is one of the most incredibly magical parts of all the participants and the experience community has built together overall. This idea for the future of human experience represents all the pieces and parts of fundamental conversations, commitments, innovations and hope that have driven healthcare forward through the years past and have laid a foundation for the years ahead.

The dynamic framework that has emerged brought us back to the very framing of human experience by The Beryl Institute which offers, "We believe human experience is grounded in experiences of patients & families, those who work in healthcare and the communities they serve." The framework, through the voices of more than 1000 contributors, quite unintentionally, brought this back to a focus on those three essential components. With that, the dynamic framework helps align the actions needed to co-create what the future can look like; its gives all a place to stand, to make a contribution, to push change in a way that matters, rooted in the essential changes and foundational needs shared above. The power of a dynamic framework is its realization that it's only as strong as its ability to bend. The agility of what has been created together is the ability to continue moving this conversation, not as a definitive declaration of what the future will look like, but rather a commitment to work together to change the nature of healthcare.

This effort aligns as well with the strategic lenses of the Experience Framework[9] underlying experience overall. This integrated framing of all the elements that encompass experience reinforces why a broad and integrated framework is essential on which to build, for to understand the elements on which experience is built ensures the ability to look at the future actions needed.

"We believe human experience is grounded in experiences of patients & families, those who work in healthcare and the communities they serve."

This look to the future has become even more relevant in the face of the COVID crisis in which speed to change has taken on a previously unseen pace. At the same time, there is a recognition that there is no going back to the way things were, but rather there is a new existence into which healthcare is being pushed to step. This idea of new existence,[10] currently being explored by The Beryl Institute, has revealed some key actions that will also influence the evolution of this work. And in many ways, it expedited the potential for the very parts of this dynamic framework itself.

The current health crisis has pushed for the need to find ways to sustain the practices that matter, to rebalance care models, to re-establish consumer confidence, to lean in on policy changes and capture lessons learned, all while preparing for a potential recurrence, honoring those that were lost and working to recharge the healthcare workforce overall. In looking at what this crisis taught us about what new existence needed to be, it led back to the very things that collectively were important to the future of human experience itself.

It is grounded now in the ability to recognize the realities of the downward pressures on healthcare systems, the real

and valid challenges to society globally on social justice and equity. These are not roadblocks to progress, but rather are catalysts to ensure a commitment to the future of human experience that change the nature of healthcare, and will have ripple effects well beyond healthcare itself.

That calls for a clear declaration for action as well, a commitment to what will be done as this effort unfolds. This declaration offers "We will":

- Ensure the voices of all engaged in healthcare are heard, respected and acted on for what matters to them.
- Advocate for and act to sustain practices, processes, and policies that have supported experience excellence.
- Address the systemic issues that undermine our capacity to support the health and well-being of all global citizens.
- Co-create a future in which new possibilities sprout from the deep roots of human experience.

This effort is not ultimately an invitation to adopt a new model. Rather, it is a call to action around what the community collectively is committed to do about it. Helen Keller once said, "Alone we can do so little, but together we can do so much." That is the foundation on which this framework was built, and it is in the ability to stand together that will drive this effort forward.

So what does that mean in terms of where this goes next. This too calls on a commitment of "We Will". In the coming weeks we will work with the community to:

- Link the shared goals for Future of Human Experience with the realities of our new existence.
- Identify priorities, practices and policies we need to create or change under each fundamental action as we ensure an unwavering commitment to experience.
- Develop practical resources and solutions that support your efforts, drive positive outcomes and acknowledge and elevate all voices.
- Design and shape a future for healthcare and humanity that honors all in idea and action.

Mahatma Gandhi offered, "The future depends on what you do today." That is the call to action for all who have contributed to and committed to this endeavor. It is in contributing to a concept around the future of human experience; it is around supporting the actions of others; it is around taking a stand against inequities and elevating positive practices. Those efforts and more contribute to the broadening ripple effect of a change reflective of this journey now underway.

The future depends on what we do today and tomorrow and the next day and the next day. It depends too on the recognition that at the heart of healthcare overall is our humanity and the human experience that is provided. The most incredibly beautiful thing that I've ever seen in healthcare is the humanity that it elevates. And yet we still have work to do. The future of human experience is not waiting for us to arrive. It is waiting for us to build it together.

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APPENDIX

HX2030 GLOBAL STEERING TEAM

Penny Cook, President/CEO, Pioneer Network

Jocelyn Cornwell, Founder & Chief Executive, Point of Care Foundation, United Kingdom

Janet Cross, Administrative Director, Patient-& Family-Centered Care, Monroe Carell Jr. Children's Hospital Vanderbilt

Alan Dobovsky, Chief Experience Officer, Cedars-Sinai

Sue Hasmiller, National Director, Future of Nursing: Campaign for Action, Robert Wood Johnson Foundation

Karen Luxford, CEO, The Australian Council on Healthcare Standards, Australia

David Medvedeff, CEO, AspenRxHealth

Erin Moore, Parent-Family/Marketing Communications Lead, Shift

Fred Nakwagala, Senior Consultant Physician, Mulago Hospital, Uganda

Joyce Nazario, AVP & Head of Patient Experience, St. Luke's Medical Center, Philippines

Vania Rohsig, Superintendente Assistencial/CNO and Patient Care Services, Hospital Moinhos de Vento, Brazil

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Leslee Thompson, CEO, Accreditation Canada & Health Standards Organization, Canada

Cathleen Wheatley, President System Chief Nurse Executive, SVP of Clinical Operations, Wake Forest Baptist Medical Center, Wake Forest Baptist Health

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