

## Join in online

If you're interested in writing an op-ed style article for the Sciana website, either this week or after you've returned home, please let Oscar Tollast from Salzburg Global know or email your submission directly to him: [otollast@salzburgglobal.org](mailto:otollast@salzburgglobal.org).

If you intend to write for your organisation's or your own website, please make sure to observe the Chatham House Rule (information on which is in your Welcome Pack).

We'll be updating the website with daily meeting summaries and interviews with Sciana members, throughout the meeting and afterwards:

[www.ScianaNetwork.org](http://www.ScianaNetwork.org)

You can also join in on Twitter with the hashtag [#sciana](https://twitter.com/sciana) and find all your fellow members and their organisations on Twitter via the list [twitter.com/sciananetwork/lists/sciana-2017-cohort](https://twitter.com/sciananetwork/lists/sciana-2017-cohort)

Throughout the meeting we will be taking photos. These will be available on the Sciana Network Facebook page:

[facebook.com/ScianaNetwork](https://facebook.com/ScianaNetwork)

shortly after the meeting.

If you need non-watermarked images for your own publications, please contact Oscar. Please credit photos to Salzburg Global Seminar/Katrin Kerschbaumer.



## Aiming high: Behavioural insights in practice

In an age where there's no time to think, setting long-term targets can be a difficult task. How we define success is also subjective. We can't pinpoint a date in our head where we will solve one challenge before we can move onto the next. Change is incremental, and solutions are often only delivered after a method of trial and error.

Following an introduction to behavioural economics and behavioural psychology on Wednesday, members of Sciana's 2017 cohort started yesterday's programme with a closer look at behavioural insights in practice.

The presentation began with an introduction to the four main components of a Behavioural Insights Team project: T.E.S.T. Target, explore, solution, and trial. Define the outcome, understand the context and end-user perspective, design the intervention, test, learn, and adapt.

Members previously heard how behavioural economics provided an opportunity to tackle issues in public health where previous studies had failed. Split into three groups, members attempted to tackle three problems by setting feasible and specific objectives.

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Using the S.M.A.R.T. acronym, members had to consider whether their objectives were specific, measurable, assignable, realistic, and time-related. The process is not about changing attitudes, opinions, or beliefs. It's about changing behaviour.

Members were presented with an example which stated, "The objective is to: Improve health of our employees." This objective lacks clarity as the improvement isn't defined, the demographic group isn't specific, and the behaviour around health hasn't been identified. Members were reminded to ask themselves: What behavioural change do I want to see? If I see this change, will I have succeeded in achieving my objective?

One group targeted ways to reduce the number of patients with back pain who underwent unnecessary surgery. The group came up with a couple of attractive offers, one of which involved offering a discount if the patient had received a second opinion. Alternatively, a patient who gets a second opinion could be entered into a lottery.

The second group was keen to identify ways in which to increase the detection of first and second stage cancers. Members hoped to increase diagnosis at primary care by 50 per cent by 2025. The group discussed framing a primary message through household surveys and social media platforms such as Facebook. A website could also communicate the shock value of losing family and friends alongside

the gain of the early detection of cancer.

The third group explored new ways of increasing the percentage of A&E doctors who consider the mental health needs of a patient presenting a physical health problem. The first step could involve giving patients devices in waiting rooms to screen for illnesses such as depression. The next step would involve giving doctors a selection of hospital-connected services to turn to if the patient requires further support.

After a short break, members were asked to redirect their focus to Sciana: The Health Leaders Network. Again, split into three groups, members considered different questions concerning the Network's future. Members asked themselves where Sciana could stand among different sectoral groups and how members could take greater advantage of the network opportunities that currently exist.

A third group asked, "What would it be like to completely recreate a consumer-centred health care system?" This system would prioritise wellness and consider innovation beyond technology. Several members suggested a Sciana Statement could be formulated, and that there needed to be a shift away from evaluating the current health care models with a new focus on the individual consumer.

# inter view



## Mathias Binswanger – Nothing happens in the health system in an interest-free space

Maryam Ghaddar

What does happiness mean? To what degree do financial incentives create deep-set contentment? What is the relationship between economics and the health sector? Mathias Binswanger, the author of *Absurd Competitions* (2010) and a member of the 2018 group of Sciana – The Health Leaders Network, spends his time in Switzerland debating the paradox of happiness with relation to income growth in the field of health care.

Binswanger examines what the goal of the economic system is and what motivates people to work from day to day. In essence, what are the economics of happiness?

He said, “The assumption in economic theory is that... people try to do things that make them happy, that make them satisfied. That means happiness is actually at the very heart also of economics because the main goal of most people is to lead a happy life.”

He questioned, however, why people in places which witness high economic growth and continue to get wealthier, cease to “become happier anymore once [they] reach a certain level... We do not actually live in a way to... maximise our happiness or improve our happiness. Instead, we are totally focused still on economic growth.”

*Absurd Competitions* sheds light on what he called “perverse incentives” inherent in the health care system, referring to artificially staged competitions. These attempt to spur performance measures by offering financial incentives.

Binswanger emphasised the ubiquity of economic interests, saying “nothing that happens in the health system happens in an interest-free space.” He added we often neglect this issue when discussing the ideal health system and ways to move forward. “It’s only better actually for the agents in the system if it somehow also pays off to that.

There are also strong economic incentives not to do certain things and to do certain things... I try to raise also a bit the awareness for that, for these economic aspects.”

Health costs, Binswanger suggested, will only continue to climb in the coming years because the health system is already a dysfunctional market.

Binswanger highlighted there is a strong incentive to get as much treatment as possible because each player – hospitals, doctors, pharmaceutical companies, etc. – tries to maximise their own profits. Therefore, improving the system as a whole and taking care of patients’ needs becomes a secondary priority.

Bearing that in mind, Binswanger concluded with his own paradox: “How can we create an integrated system where we think again about the whole health system and not only about single players?”



## What is an objective you have set for healthy behavioural change in your health care system and how will you achieve it?

Jinny Do

“I think my focus will be on encouraging a wider approach to health and wellbeing for the people we provide services for. And what I mean by that is ensuring that people understand that there are other options available rather than necessarily using surgical procedures when you’re going straight into the system - the hospital system. So doing exercise, spending time with people, sharing experiences, and also making it a wider focus on themselves as an individual rather than straight into the sickness service...”

**Samantha Jones**

Director, New Care Models Programme, NHS, England

“I would say the behaviour of doctors will be important in the future. It would be nice to have other ways to influence them, to find the right incentives to influence doctors. On the other side also the behaviour of patients because we have to enable patients to be

more critical and be more active also for their own health. And there we have to find ways and nudges to reach them also in their daily lives.”

**Marcel Napierala**

Co-founder and CEO, Medbase Group, Switzerland

“The objective we set was to increase the percentage of A&E doctors who consider and act on underlying mental health issues when they are faced with a presenting physical condition.

We talked about how we might use screening tools to help highlight an underlying issue. And we looked at using self-assessment tools so we’d get patients in the waiting area to actually fill in a screening tool and then have that information automatically transferred to the A&E doctor so that they would then be aware if it was flagging an underlying mental health issue that may also need some response to it.”

**Ruth Glassborow**

Director of Improvement Support and ihub for Healthcare Improvement Scotland

“We know that there are really big differences between the UK and the other systems, we have more digital opportunities to nudge. So we can put all our guidelines on to clinical systems and make the default the clinical guideline, so it’s much harder to opt away if that’s what a clinical system is telling you... It made me think about how we can use our quality payment systems differently, and it certainly made me think about how we present information that’s really accessible and easy for clinicians to implement...”

**Caroline Clarke**

Chief Finance Officer and Deputy Chief Executive, Royal Free London, NHS Foundation Trust, England