

Conference Track: Future landscapes of Healthcare.

Track Chairs:

Francesco Schiavone, Associate Professor of Management, University of Naples Parthenope

Marco Ferretti, Full Professor of Management, University of Naples Parthenope

The consequence of health context restructuring saw the emergence of an activity of decentralization and splitting of decision-making power. This new context has therefore increased the complexity of the healthcare system from various points of view such as the subjects involved and also regarding the operational and organizational tools necessary for the marketing authorization of a drug or medical devices. Accessing the healthcare means, therefore, identifying at the regional and local level how the new actors act, understanding the needs of the stakeholders and defining how to interact with the different figures. In order to maximize the effectiveness of access strategies, both at a national, regional and local level, they must develop structures, activities and processes that allow the creation of a valid and convincing value proposition for all the stakeholders involved.

Healthcare industry faced a number of dramatic changes over the last 15 years, such as digital technologies, patient innovations, the shift from output-centric to value-centric products and services, new business models, and the emergence of price-based competition in drugs industry (Christensen et al., 2009; Elton and O’Riordan, 2016; Lettl et al., 2006; Porter, 2010). On one side, such changes lead to an in depth revolution of the concept itself of healthcare. For instance, many European citizens can only guess if their children will benefit of the same national healthcare systems (NHS) available today or if private models of healthcare assistance will emerge in their countries. Budget constraints of healthcare systems and the policies of resource optimization adopted in many countries worldwide might cancel (partially or completely) the concept of universal and free access to care. In the future patients might be obliged to pay out-of-pocket an increasing portion of the health services they need. On the other side, such industry evolutions allow health services and products to be rethought. Now firms and users can develop more easily (together or separately) creative and innovative solutions to improve quality. Health organizations must adapt their strategies, business models, projects and even redefine their mission to face effectively the new challenges about managing the access, value and sustainability of care (Elton and O’Riordan, 2016). It is said that healthcare will be more “human” (Trodes et al., 2009) and its internal processes will be designed to be more user-oriented (Deichmann and van der Heijde, 2016). In few years, patients will have access to more sophisticated and personalised services thanks to new digital technologies. However, they will be obliged to disclose some of their personal data and information (e.g. daily walking time) and/or collaborate more actively with health professionals to obtain these benefits.

Recent studies attested the importance on foresight and futures methods/methodologies in healthcare (Dortland et al., 2014; Johansen and van den Bosch, 2017). Drawing from this research trend, this conference track seeks empirical contributions that are theoretically grounded as well as conceptual contributions that critically discuss concepts and theories of possible and alternative futures of healthcare systems, organizations, professionals and customers. We welcome manuscripts that address the subsequent, non-exclusive list of questions:

- What will be the forthcoming dominant models and meaning of healthcare? Will healthcare be a right for all or a privilege for a few?
- What the dominant innovation strategies of drugs companies be in the mid- and long-term? For example, will they focus on radical innovation and patenting or they will exploit the “biosimilars” wave? How will national governments keep promoting R&D in healthcare?
- What are the various implications of the present growing development of patient-centric services? Will they support the wide adoption of innovative techniques of service design and delivery (e.g. design thinking)? How will public and institutional players react to this industry evolution?
- How might the new role of evaluation and assessment of health technologies and services reshape organizational and institutional processes (e.g., pricing and reimbursement)?
- Can we imagine a day spent in a hospital in 2040? What differences will we find across hospitals from different countries and/or continents?
- Could patient innovation lead healthcare firms and institutions to innovative strategies and policies for the industry development and services optimisation?
- How might the “4th industrial revolution” change healthcare delivery and consumption? Will these new technologies contribute to making the co-creation of health services easier and more effective?

The authors of the best papers presented at this track will be invited to submit for blind peer-review their revised and improved manuscripts to the “Futures” special issue about “The FutureS of Healthcare” (<https://www.journals.elsevier.com/futures/call-for-papers/call-for-papers-the-futures-of-healthcare>).

References

- Canhão, H., L. Zejnilovic and P. Oliveira (2017) “Revolutionising Healthcare by Empowering Patients to Innovate,” *European Medical Journal Innov.*, 1(1): 31-34.
- Christensen, C. M., Grossman, J. H., & Hwang, J. (2009). *The innovator’s prescription. A disruptive solution for health care*. New York: McGraw-Hill.
- Ciani O., Armeni P., Boscolo P.R., Cavazza M., Jommi C., Tarricone R. (2016). De innovatione: The concept of innovation for medical technologies and its implications for healthcare policy-making. *Health Policy and Technology*, 5, 47 – 64.
- Dortland, M. V. R., Voordijk, H., & Dewulf, G. (2014). Making sense of future uncertainties using real options and scenario planning. *Futures*, 55, 15-31.
- Elton, J., & O’Riordan, A. (2016). *Healthcare disrupted: Next generation business models and strategies*. John Wiley & Sons.
- Johansen, F., & van den Bosch, S. (2017). The scaling-up of Neighbourhood Care: From experiment towards a transformative movement in healthcare. *Futures*, 89, 60-73.

Perednia, D. A., & Allen, A. (1995). Telemedicine technology and clinical applications. *Jama*, 273(6), 483-488.

Sharma, D. C. (2004). Technologies for the people: a future in the making. *Futures*, 36(6-7), 733-744.

West, D. (2012). How mobile devices are transforming healthcare. *Issues in technology innovation*, 18(1), 1-11.