A UNIVERSITY-WIDE INTERDISCIPLINARY FACULTY OPEN DISCUSSION

US Healthcare Policy as a “Wicked Problem”
Improving healthcare by *simultaneously* addressing multiple social determinants

Organized and hosted by the Buffett Institute Wicked Problems Working Group
with support from David L Paul

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**Wednesday, March 14, 2018 12 PM to 3 PM**
Buffett Institute, 1902 Sheridan Rd. (Evanston)

Lunch will be provided

Although the US currently pays more for healthcare, outcomes are worse by most statistical measures compared to peer countries. Healthcare is a classic “wicked problem” characterized by high complexity, extensive interconnection with other problems, multiple causes, lack of consensus among diverse stakeholders on problem or solution definition, changing underlying dynamics (moving target), and the fact that “solutions” reveal or create new problems. Addressing healthcare policy issues requires engaging relevant non-healthcare professionals, and broader than usual analysis and policies.

There is no shortage of claimed causes for the high cost and poor outcomes of US healthcare ranging from poor coordination in the use of technology to stress on treatment rather than more efficient and more effective earlier diagnosis and prevention. But there is also growing recognition that healthcare cannot be viewed in isolation from social and behavioral determinants including, among other key areas, education, poverty, and community/environment. Addressing interconnected problems in an integrated way may lower costs, increase effectiveness and impact, and allow budget reallocation.

In this event, **an evolving concept and solution set will be briefly offered as a starting point to stimulate broader and deeper interdisciplinary discussion.** The unproven “Coordinated Solution Concept” (CSC) suggests all solutions to a wicked problem should be evaluated against interrelated problems. Thus the positive and negative effects that a solution may have on related problems may make a solution feasible or conversely a feasible solution undesirable. Also if multiple solutions for interrelated problems are implemented simultaneously, the negative effects of the solutions may be offset by the positive effects created by other solutions making the combination of solutions more feasible and desirable than if solutions are implemented individually and at different times. We will look at real world examples but will also consider a provocative solution set simultaneously targeting healthcare, education, affordable housing and universal basic income. In open discussion we will attack the concept and this multi prong approach to refine/bring out potential value, and consider alternatives and next steps to meaningfully improve healthcare policy.

**Participation is limited to a diverse group of 25 faculty, grad students and post-docs** from strategic planning, operations, analytics, policy, engineering, health, social justice, economics, political science, sociology and education, along with discussion enriching representatives from NU Osher Lifelong Learning Institute (OLLI).

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