

# An Interview with John Hockenberry

John Hockenberry is an Emmy and Peabody award-winning journalist and author, and since 2008 has been host of *The Takeaway*, a live national morning news program created by [Public Radio International](#) and [WNYC](#) New York. For the past 3 years, John has moderated the acclaimed [Mayo Clinic Center for Innovation Transform symposium](#), helping to bring design thinking to healthcare environments and experiences. We recently spoke with him about his thoughts on healthcare design, technology use in healthcare, and the future of the patient experience.

## THE TRANSFORM SYMPOSIUM

Hockenberry's presence as moderator has been crucial to the growth and success of the Transform Symposium, held annually at the Mayo Clinic in Rochester, Minnesota. "I've been moderating for 3 years, this was my third conference in September, and we're moving ahead on the fourth. I've kind of moved from a hired gun into more of a production function, and I've enjoyed that," Hockenberry said. He doesn't have any particular favorite moments from his time moderating, instead emphasizing how each conversation with the talented presenters is a special moment, because the topics they're discussing are so unique and important.

Yet, a few presentations do stand out to Hockenberry. "A conversation I had with a Mayo Clinic oncologist, a Dr. Edward Creagan, simply described his unique sense of responsibility in the moment of his patient dying. He was every bit the physician, he didn't climb out of that role of a traditional doctor, but gave the audience a very patient-centric sense of what goes on."

The diversity of presenters also is a highlight for Hockenberry every year. "I love the shtick sometimes – [Cirque Du Soleil](#) this year was exceptional. It was eye candy in terms of the conference, but it brought up an interesting notion of a circus as a community dedicated to healthcare."

A big takeaway from Transform 2013 that Hockenberry shared with us was the underlying question about what the crisis in healthcare is telling us, not just what we're going to do about it. "That's why these conversations are so important, because they bring diverse perspectives together to get to the root of issues," he said. "For instance, maybe the Emergency Room is telling us we need to optimize it from a design perspective, so people are able to have a front-end place to go that they know about, that they are comfortable with. Elements of the ER that are comfortable to the uninsured shouldn't necessarily go away, as new touchpoints are created via the Affordable Care Act."

## THE FUTURE OF THE PATIENT EXPERIENCE

To that end, we asked about the future of the healthcare experience. "Patients shouldn't be responsible for changes, to be made to feel different. Whether it's chronic care or acute care, the focus needs to be on the idea of health being a continuous exercise of community, family members, providers. Take for example diabetes. There's a reasonable model for care that works for this disease, and it's outside the intense focus on acute care," he explained.

With the ongoing upheaval of the status quo in healthcare, what does the future of patient experience hold? We posed this question to Hockenberry. He explained how he's less concerned with individual situations like the patient room or the emergency room, and focused more upon the migration of healthcare into every experience. Take for example the pharmacy. If they had access to your entire medical history, it'd be a lot easier to notice potential overlaps or problem areas, and it would be quick and efficient to alert you to potentially harmful situations. Additionally, a retail-esque healthcare facility can create longitudinal relationships with their patients, so a kid who comes in with a broken ankle can be also be evaluated for other key details of his life, like helmet wearing and nutrition.

## **TECHNOLOGY IN HEALTHCARE**

The use and influence of technology in healthcare was a natural segue for our conversation. At Steelcase Health we believe that technology is innovating at a rapid pace, and clearly going to be very important to the future of healthcare, and Hockenberry agreed. "In a decade, the mobile phone platform will be the ubiquitous platform for collecting data for care providers," he predicted. When posed with the idea that this increased reliance on technology might increase aloofness among doctors and make it harder to engage with patients, however, he differed. "I see this like the music industry, where the download of music is as easy as washing your hands, and then the live concert experience is like seeing your doctor. It's not somewhere you go to be less engaged - you go to be more engaged. It's an enhanced experience because you have this rich amount of data already collected and you don't have to waste your precious time taking your temp, weight, and blood pressure. It's a higher value encounter with a heightened sense of empowerment."

So while statistics may predict the future of healthcare interactions to be 70% digital, and 30% human, the human interaction will be of higher value because of confidence in the data. The ability of a smartphone to take vitals, shown in the [Smartphone Physical](#), takes away all the basic, repetitive requirements needed to start a doctor visit. Patients can now spend the appointment digging deeper, utilizing more of their doctor's expertise and receiving more of the healthcare that they need.

## **PRIVACY**

We closed our conversation with Hockenberry by touching briefly on concerns over the privacy of one's information. "Concern over the privacy of one's data may end up being a fetish," he said. "Knee-jerk rules and regulations may create too many limitations and restrictions. It's conceivable that less restriction may help expand the knowledge and information base for patient communities, and make sharing best practices and treatment ideas easier. Done willingly, I don't see how that's a bad thing."

Imagine a healthcare environment where your appointments no longer have to begin with the taking of your vitals, you can dig deeper with your physician into the health concerns you are actually having, and there exists a large volume of external data you can benchmark against without the need to jump through so many patient privacy hoops. It's certainly interesting to consider. What do you think?

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