Welcome to Government Futures, and our fourth “See the Future” report – Public Health 2.0: Spreading Like a Virus. Along with my co-founder Margaret Anderson, I hope you enjoy this report.
So what IS Public Health 2.0? It is a specific implementation of a broader concept, Government 2.0 – mission-driven, agile, collaborative, networked, and results-oriented. Strong forces such as budget, technology, complexity, demographics, and policy are pushing government in this direction.

This change will disrupt the relationship between government and the industry that surrounds it.

Buying power will shift away from IT people to program and mission owners. And substantial project risk will be put onto industry participants.

Protecting the public health is a broad governmental mission, which includes public education and medical research. In this report we are paying particular attention to population health management, i.e., monitoring and assessing health and disease indicators to protect and promote the health of US residents.

In this context, Public Health 2.0 is the coordinated real-time prevention, diagnosis, and response to disease outbreaks. This transformation will create new opportunities. Solutions are needed to enable information sharing across diverse platforms and to host and manage work across jurisdictional and organizational boundaries. This latter challenge has been called “governing by network”.

[Diagram of Public Health 2.0 – What Is It?]
Government Futures bases its predictions on the opinions of a nationwide community. We work with people from government and industry who are broadly knowledgeable about government mission performance and industry’s contribution to it. For this report, we collected the views of over 100 people in our community on what the future holds for the public health mission. Here’s what we found. First, there is a high likelihood that the great majority of the American people will benefit from the increased protection that a coordinated public health information sharing network provides. Today, the states that are connected to a prototype of this network are seeing disease reporting time slashed from weeks to hours.

Second, there is also a strong likelihood that information sharing across federal agencies will be greatly improved from its current state.

Third, Congress will make more money available to pay for these improvements.

Fourth, there will be consolidation in the industry structure surrounding this market.

Finally, key challenges remain: assuring patient privacy, and going beyond information sharing to true collaboration.
Public Health Mission is at a Tipping Point

Characteristics that are driving public health to a transformation in mission performance

1. Funding will be available
2. There is political support for change
3. There is the threat of a crisis or serious disruption
4. Coordination is required across multiple actors
5. Tools will be available to make 2.0 possible in this domain
6. Stakeholders and workforce are ready to adopt 2.0

These six forces must be present in enough quantity to enable Government 2.0 to push aside the old ways of governing.

Our surveys, polls, and interviews confirm that the tipping point to a new way of working will come early to the public health mission.

In our earlier research, we determined that Government 2.0 will open up new kinds of collaboration, and will require industry to work with government in new ways. We are now looking at the question of where these changes will happen first.

Our research on public health and other government missions has led us to a set of six forces that must be present in sufficient quantities to lead to a 2.0 way of doing business.

The six forces are fundamental properties of the environment that can be readily evaluated by reasonably knowledgeable observers. We use our collective intelligence tools to help us see the future in these areas.

We call this technique “ForceMapping.”
Here is our ForceMap that arrays the presence of the six forces in the public health space.

First, increasing multi-jurisdictional/public-private funding is available. Second, about half of our respondents believe a pandemic flu outbreak is likely in the United States by 2012. Third, coordination among States, cities, counties, hospitals, pharmacies, physicians and the federal agencies is a major force in this mission area. This requires governing by network. Fourth, web-enabled information sharing and collaboration tools are emerging, but are not mature. Fifth, the general professionalism and collaborative spirit of the public health workforce make it ready to adopt this new approach. Finally, while there is an emerging political consensus for action on the public health front, more leadership is needed.

This ForceMap shows that all six forces are present in sufficient quantity to create a high likelihood of transformation. However, the weak areas – in this case, the level of political support and the maturity of the technology – provide particular opportunities to shape the future for those who are paying attention.
In summary, our research has led us to five key conclusions about the way the public health market and mission will evolve between now and 2012. It is an important opportunity for government and industry to shape the future together.

These conclusions suggest actions that firms and government should take to accelerate and strengthen this promising trend.

We at Government Futures stand ready to assist you in anticipating and shaping your future in this and other mission areas.

Thank you for listening.