

MAN ON FIRE PRESENTS
**THE COMBUSTION
CHRONICLES**

**EPISODE FOURTEEN
THE PATH OF DISRUPTION**

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GUEST: DR. ZAYNA KHAYAT

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EPISODE FOURTEEN The Path of Disruption

WITH DR. ZAYNA KHAYAT

Disruption ain't easy, but that's precisely why healthcare futurist Dr. Zayna Khayat knows it needs to happen, even when it feels like you're being kicked in the teeth every day. On this week's episode, Zayna recounts her journey from PhD biochemist to disruptor extraordinaire, and the hard-learned lessons along the way. She covers everything from the power of "creative destruction" to why health innovators don't have to worry about job security.



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Zayna Khayat

THEMES & INSIGHTS

1. Solving deeply-rooted issues requires you to dig deep, evaluate what's beneath the surface, and till the soil before seeds of change can take root.
2. You'll never understand a problem until you begin trying to solve it. Even then, your solution will continue to evolve.
3. Before you can shape and influence others, you need to be in the field doing the work.

COMBUSTION QUOTES

🔥 "When you creatively destroy, you literally are taking apart the old and putting it back together in new ways to serve the new business model that's needed. And who creatively destroys? That's what innovators do.... You take it apart and put it back together, test, learn, and then scale what works."

🔥 "You actually don't understand the problem until you start solving it. So it's kind of a never-ending process, right? ... The more you solve it, the more you understand it. Therefore, your solution just continues to evolve, and it'll kind of never be baked no matter what happens."

🔥 "You've gotta be in the field with your sleeves rolled up to inform and authenticate anything.... I think any of us in this field, in this space ... two to three days a week of their capacity has gotta be doing the work."

RESOURCES

[TOLERATING 19TH CENTURY HEALTHCARE](#)

[TALK BOUTIQUE SPEAKER](#)

[THE FUTURE OF AGING](#)

Shawn: Welcome to "The Combustion Chronicles" podcast, where bold leaders combined with big ideas to create game-changing disruption. I'm Shawn Nason, founder of Man on Fire, and your host for "The Combustion Chronicles." Throughout this series, we're bringing together the most unique and influential minds we could find to have honest conversations about not being okay with the status quo, blowing shit up, and working together to influence our shared future. We believe that when bold leaders ignite consumer-centric ideas with passion and grit, the result is an explosion that creates a better world for all of us. I'm here with my co-host Michael Harper.

[00:00:44]

Shawn: On today's episode, we're speaking with Zayna Khayat, future strategist at SE Health, where she is helping to co-create a future where Canadians age with health, vitality, and dignity instead of pain, sickness, loneliness, and dementia. I've known Zayna for several years, met her through a wonderful organization called the ILN, have traveled globally with Zayna, and also been in Canada with Zayna. And Zayna, we just wanna welcome you to this episode of the "Combustion Chronicles" today.

Zayna: Thanks for having me.

Shawn: Absolutely. So, we're gonna get right to this, Zayna. Gonna give you an easy question to answer right away here and talk about with us is, so, Zayna, what is wrong with 19th-century healthcare, and how do we disrupt it? Ready? Go.

Zayna: Okay. That's normally a 13-week MBA course I teach, the answer to that question, but here we go, here's a minute version. Look, 19th-century healthcare, which is largely what we have today, was designed for 19th century needs, you know. It was designed for a young, fairly healthy population. If you got a disease, you either died or got better. There was no staying alive with one, let alone multiple illnesses. We had very little technology. We had very few drugs around at the time we designed our systems that we have today, and we defined what a doctor and a nurse and a pharmacist does based on what we knew they could do at the time. The problem is all that got institutionalized. And when you institutionalize something, it's never supposed to change, right? Institutions last forever. And that's the tension, is, we don't need to be reactive, you know, and waiting for the problem. We don't need a one-size-fits-all paradigm. We don't need to go to buildings and clinics and be so facility-centered, you know, and make patients come to the care. We don't need to be so episodic and intermittent anymore. You know, you get a 15-minute visit every three months if you have a certain disease. We don't need to do that anymore. And we don't need to be so paternalistic with patients anymore because they're pretty smart now and savvy and have all the data. So, all those things are 19th century, and the exact opposite of them is the direction we're going.

Michael: So, if that's the what Zayna, what's your magic bullet, if there is one, or you can get it down to that, to at least get us started in the disruption?

Zayna: So, I use the language creative destruction of medicine or healthcare, and that was the name of the book that Dr. Eric Topol, who's kind of the guru of this space, wrote, geez, it didn't age very well, quite a while ago. And all that, that word got coined by Schumpeter when, you know, the whole word "entrepreneurship" came up and "startups" and all this, because when you creatively destroy, you literally are taking apart the old and putting it back together in new ways to serve the new business model that's needed. And so, that's the...it's just a process. It's a methodology of creatively destroying and putting back together. And who creatively destroys? That's what innovators do. We're the people who do this stuff, and we have methods to do this. And I think we're becoming a little bit of an army that's not only doing it all by ourselves. We're, you know, we're a bit of a group that's learning from each other doing that, and that's how Shawn and I met, and it makes us better and better at it. So, the point is, there is a method. You take it apart and put it back together, test, learn, and then scale what works.

[00:04:16]

Shawn: Yeah. So, Zayna, you and I have had several conversations in our time of being friends around innovation disruption, what I would say are these fluffy words that, I think, all of us are sick of using, but I love that aspect of what you're talking about, you know, the creative piece of it of blowing up, putting it back together. And you've done that really well in your life. Something I didn't share with the audience is, if you've never heard Zayna speak, she's an amazing speaker, amazing innovator, advocate, leader, but also, Zayna is a scientist and holds a Ph.D. in biochemistry from the University of Toronto. So, Zayna, in this space, can you tell us a little bit about your journey from pure science to healthcare systems transformation? And tell us, what did you bring from your biochemistry background that you feel makes you effective in your leadership roles today?

Zayna: Yeah. So if you would have, you know, told the kid in university, like, and they say, "Well, I wanna transform the healthcare system," you would not say, "Go do a Ph.D. in biochemistry," right? I used to, like, you know, kill mice, and look at their cells under a microscope and wear a lab coat. But I didn't know what I wanted to be, kind of going through school and stuff. I'm also the daughter of immigrants who'd never had a family member go to university, so this was all new, and I just kind of went with what people told me. And my dad wanted me to be a doctor, so I studied biology, and then I didn't wanna be a doctor because I had no desire to heal anybody physically. And so, I just, you know, did a Ph.D. because, like, you can. It's just more school, and in Canada, they pay you to go, so I kind of backed into it. But at the end of the day, if I look back, why did I end up there? Is I love solving really, really messy problems that need a hypothesis-driven, kind of intelligent approach. And that's what I was doing, trying to understand the biology of why a cell in a diabetic person operates differently from a cell in a normal, healthy person. And that's kind of what I'm trying to do now. So I think that skill set and ability to not get phased at all by the complexity, to kind of just systematically work through all the different pieces that touch, test stuff, learn and keep going, very experimental, I mean... And I think being a scientist, you're also very humble. You don't

think you know anything. You just let the data tell you. So, all that, I think, has helped a lot to be able to handle the complexity of the kind of problems I'm solving today.

Shawn: What's amazing, Zayna, is, you know, you with the scientific background, I also know very much your desire in the human piece of, how do we treat patients, treat humans right. My question to you, knowing that this was gonna be such a long, hard journey to be an innovator in healthcare, where's your thought around that? Or did you really just think that these are bold ideas, but they're so obvious that this shouldn't be too hard to do? Did you think this would be an easy thing to transform healthcare, or did you really realize in your gut how hard this would be?

[00:07:32]

Zayna: I don't think I thought about it either way, but I will say, you know, my first kind of job closer to the business world was with the Boston Consulting Group. That was, essentially, my first job out of my Ph.D. And there we were, you know, solving big, complex, hairy problems for some of the largest health organizations in the world, but mostly pharma, right? And some big health plans in the U.S. So, you know, we thought we had all the answers. Like, "Here, it's so clear. Here's what we gotta do."

Some of the ideas I remember that I was working on with our clients in 2001, 2002, are still being talked about today. So, I think we thought it's so simple. But now being on the other side, like, I'm in the guts of the health system every day, my big insight is you actually don't understand the problem until you start solving it. So, it's kind of a never-ending process, right? And I think I understood that before. I thought, it's like, "Here's the answer, implement it." But that's not the case. So, the more you solve it, the more you understand it. Therefore, your solution just continues to evolve, and it'll kind of never be baked no matter what happens.

Shawn: So, what you're saying, Zayna, is that the answers aren't in those pretty PowerPoint decks that get done? (Zayna laughs) Right?

Zayna: And if you're working in health innovations, you're gonna be employed for a very long time.

Shawn: Yeah. Right? I love this concept. Just recently, Michael and I have had some conversation through another conversation of mine around being a simplifier. And what I've learned about you, Zayna, in my years being around you and watching you work in a couple of different capacities, is that you're able to take those complex things and simplify it in some major ways.

In your most recent role, you are future strategist, which I still love that title, and your focus is on innovation in seniors' care, aging, and this in-home community care. You recently entered a four-year partnership with AMS Healthcare to implement an innovative model of home and community care, the H.O.P.E. Model, and you put a stake in the ground, saying, "This is about

life care, not home care." Can you tell us a little bit about what the H.O.P.E. Model is and how it will be enabled by technology and safeguard compassion and that humanistic part of care?

Zayna: Yeah. So H.O.P.E. is probably the most important project I had worked on, really, in my career until the most current one that you and I were just talking about related to COVID. But anyway, you know, and... So, on the one hand, it's, you know, it is a very different model of what we even call healthcare, and it reflects what everybody has been saying all along. Again, I'm not a big fan of the buzzwords like holistic, interdisciplinary, all that stuff. It actually is the right thing for patients because they're pretty complex beings. So that's why we use our tagline, it's life care not home care, and it's about humanity and not bureaucracy. So, we lead with very hard design principles that are led by, what experience do aging seniors wanna have in their home with their family?

So, we were given a lab space to try this model, even though everything about how our system is designed: policies, reimbursements, regulation, tech, is not designed to allow us to do this model. So we've just created a little bit of a space to do this living lab, and AMS, which is a foundation in Canada, financed my team to be able to give us the risk capital to do this. So, really, at the end of the day, it's a care model innovation. But, you know, my actual metaphor for H.O.P.E. is like a Matryoshka doll. You guys know those stacking Russian dolls?

Shawn: Mm-hmm.

Zayna: Because we're actually innovating with five innovations at the same time. And most teams that are working on doing something new, they're really optimizing around one thing, like a new care model or a tech or a business model. We're doing five. We're changing the actual responsibility, accountability and role of patients and their families in terms of, what's their job to get done in receiving and being part of care? That's the inside of the Matryoshka doll, the smallest one in the middle, that's the center.

The next layer is our nurses. We're changing how they work, their autonomy, their accountability. They are a little entrepreneurship team out in the community, and they have to hustle, find their clients, do their own scheduling, and work to the full scope of their knowledge and come up with brilliant solutions for their patients, instead of the old way which is us at the center telling them what to do and they just have to go execute on tasks.

We're innovating on our org as a company, so it's an org model innovation, so we're moving towards holacracy. I don't know if you guys follow that. But the whole org innovation that Amazon has gone through, Zappos, around decentralizing, taking layers out and forming nimble teams, that's a massive org transformation for a hierarchical 112-year-old organization. So, we're testing that and iterating on that.

The fourth layer is inter-organizational. We're working with all the other people who touch our patients in ways that nobody has been able to work before, because we're designing it that way

from the beginning. We're not backing into it. And then, finally, the fifth is a system-level innovation or policy. For this model to scale, it's gonna actually change laws and regulation, and I got to innovate on that at the same time. So that's H.O.P.E., and it's thrilling, and it really puts to the test everything really me and my team have learned over all these years.

Shawn: And, of course, Zayna, you're doing this with a team of, like, 150 people, right?

Zayna: Yeah. Divide that by, like, 50. (Shawn and Zayna laugh)

Shawn: So, in this whole process, and I, you know, we've talked some about the whole motto through your process, tell us your biggest learning. Because you've talked about design principles and you've talked about the way you did it and, you know, the nimbleness of it, and... What was your biggest learning as a healthcare innovator and futurist around that space that you could give to our audience to say, "Go do this or don't go do that"? What would be a learning that you could give to the group?

[00:14:08]

Zayna: It's a great thing for me to reflect on, that I probably should do more of. I would say there's probably been two, because... I mean, everyone thinks I'm so accomplished, and I've got...but really, at the end of the day, I actually haven't implemented something that affects patients at scale, actually, ever, right? In many ways, I feel like a fraud in this space. You know, I can talk well, I get it, I synthesize, I influence, you know, I'm involved and have my hands in a lot of things that ultimately have impact, but I really haven't put my nose down and been part of really changing something until this H.O.P.E. Model.

So, my biggest learning now that I really have to do it and stop talking about it is two things. One is absolute focus on one big idea instead of a proliferation of 10 or a bunch of things. Like, my innovation team, if we said, "yes" to everything that's come to us, we'd have 150 projects. We have three. That's it. And H.O.P.E. is one of them. I don't think I appreciated the need for that much focus. And then it's gotta be sustained. Like, this isn't a one-year change. This isn't a two-year change. It's four, five years, and the amount of energy I gotta bring on, you know, day-980 is the same as day one. And I don't think I appreciated that because we love jumping to the shiny object.

And then the second is how much we've had to build, deliberate, design, and effort, I'd say 15% of our capacity, around engaging the ecosystem, civil society, changing minds, changing beliefs, whereas, you know, we could spend all of our time dealing with the damn issues of the day with the tech and the care and the nurses and the patients, but we really had to carve that because it becomes as important. So my metaphor would be like, if you're trying to grow, you know, a brand new plant in your garden where all the nutrients, everything's been optimized for the previous crop, you know, so, yeah, you're gonna work on the, you know, watering it and taking care of it and all that, giving it sunshine, but you also gotta work on the soil and the

environment around that plant. And I didn't realize it as much until, you know, I'm now trying to do it.

Michael: That's just such a huge insight and a powerful claim that, just the whole thought around, not ever really implementing something and then how different that is to talk about it versus doing it. It's such a powerful statement. And I guess what I'm trying to get my head around with that, where is that tension for you, or how do you navigate that tension of, you've gotta be thinking big, you've gotta be having these ideas and also there needs to be some movement, (Zayna: "yep") there needs to be some impact? You know, how do you, as a futurist and an innovator, how do you navigate that and find motivation for it?

Zayna: So, again, I don't think I knew this by design. I kind of backed into it and realized this is the answer. Like, you've gotta be in the field with your sleeves rolled up. You know, to, first of all, to inform and authenticate anything, you're gonna go pontificate about in, you know, in the thought leadership sphere and then also so that what you go and talk about and look at and read and all this can inform your work. I think anybody of us in this field, in this space, needs to be, two to three days a week of their capacity has gotta be doing the work. And then maybe two or three days, you know, depending on the role you have, if it's like what Shawn and I do, you know, you're out influencing, talking, and shaping.

Now, I also very much honor what happens when I do do my influence and my thinking work, and my speaking because... You know, I often say like, "I'll do one keynote with 600 people." Okay? "Two people will have heard it and come to me and said, "Zayna, because of you, I did this, and I ditched that, and now I'm going there," well, I have now amplified my impact from affecting two people in a one-hour talk, way more than all of my H.O.P.E Model. And, you know, I add that, if I shift the mind of a couple of people every time, I do this, that's also a huge impact. So, you need to have both. And I think that's the balance.

And when clinicians come to me who say they wanna get into health innovation, like a doctor or a nurse, to me, I tell them, "Your superpower is you stay in the clinic two, three, four days a week and then do this on the side as your side hustle. And maybe those curves are gonna cross one day, and you're gonna do more of the innovation stuff and less of the clinic, but never, ever lose the fieldwork." It's so vital.

Michael: And where does motivation play into that? Right? So how do we, like you're talking about, how do we empower, inspire people to show up and know that that work in that clinic, in that space, is the vital work that has to get done, even when it feels like you're getting kicked in the teeth and held back?

Zayna: Yeah. Well, I mean, look, I'm getting kicked every day. Like, every day on the H.O.P.E. Model, I wanna quit. I think it's gonna fail. It's gonna flop. Every single day. So then once you get used to that, that that's just what it means, because nothing important got done easy, you know, and if it was easy, it would have happened by now, so I just keep reminding my team. I

honestly think you don't give motivation. I think when people find their mojo, so that sweet spot of, you know, "What I'm working on matters, and I'm supported, and I have a methodology, even though it's critiqued and hard, and I've got my side hustle or this other thing that gives me energy," you are motivated, right?

Like, look at the power and the energy that someone like Shawn Nason has, and nobody had to give it to him. Because when you are in your spot, you know, you get a pretty huge buzz off of that, and it's energy creating, right? It's not energy-sucking. So, I just think it comes, if you're in your right passion spot.

Michael: That's the secret sauce, right? That's the finding that balance that all of us need to be able to keep going.

Zayna: Yeah. You just keep searching and trying things, trying a different company, a different team, a different area, and then when it all sticks and clicks, you go. You're now...now you're impacting instead of searching.

Shawn: Yeah. I love the fact, Zayna, though, that you just, you know, you called it out, you admitted it right up front that you get kicked every day, right? And that...

Zayna: Oh, dude.

Shawn: ...that there are days when you're like, "Fuck, I don't wanna do this anymore," right? And you wanna throw up your hands, but you, you know... Our friendship, Zayna, through the years, it's been when we've had one of those moments, right? You'd pick up the phone and just say, "I just need two minutes to throw this idea. Like, am I stupid? Am I losing my mind?" And you've done some crazy stuff in your career and done some powerful things.

I think the other nugget for me that I would love for you to just share, personally, is, you've done some major career moves and changes. So since I've known you, you were there in Toronto at MaRS, and then I got a call one day, and you said, "I'm moving to Nijmegen to work with Radboud, and I'm gonna move my whole family there for a year. I don't know what my job is. I really don't even know what my title is, but we're gonna go do it." And then when that was done, you were like, "I gotta figure out what my next step is," right? How, as an innovator, have you survived even those transitions knowing that it's just difficult?

[00:22:04]

Zayna: Look, if you would have told me, you know, like when I started out my career, right? Like I was at BCG for 10 years, so that one, you know, that was a long stay, you know, that I would have been in different things and jumped around, I would have said, "There's no way," you know? But I think it's a reflection of, I didn't find my sweet spot, you know? I did a tour of duty through MaRS and through the Netherlands, and I learned a lot, and I think I had some impact,

but it wasn't quite my mojo, until I landed this role and everything just clicks in this role, you know, and it gives me a chance to put it all together.

So, I don't know that I'll bounce again. So I guess my answer in hindsight is, it just didn't feel like the place I need to stay for that long, and so the pull to go search and bounce to the next thing was stronger than, or say, the push, you know, to that was stronger than the pull to keep me in that status quo. And so, I could wade through all the other noise around, you know, moving my family to Europe for a year for a job I didn't know I was having, you know? It made it worth it. I'll just say that.

Shawn: You know, that does kind of sad to me, though, Zayna, I like when you move to other places. It gives me a reason to come travel and, you know? And, literally, I go, and we can share this with the community later, I go to visit Zayna in the Netherlands, and I actually have a scar on my body because she tried to kill me on a bike path (**Zayna laughs**) with people one day when I went tumbling off of a bike there. You know, Zayna, there are so many more things. Just, in light of what's happening right now in our world, we're here in the States, you're in Canada, what do you believe as a futurist in healthcare, what do you think the new norm or the big, new disruption is in light of COVID-19 and this pandemic?

Zayna: I think there's two big ones. One is that every industry, every company in our entire capital markets economy, is now and will forever be inextricably linked to healthcare, right? It used to operate kind of separately, capital markets, not anymore. Every company that is now contemplating their reboot, it has got to have a medical person to plan for the health of their building, the health of their people, testing, new space allocation, etc., etc. So, I think that is... If you would have told me four months ago that healthcare would be tied to the success of our entire economy and society, I would have not believed you. So, to have a look at the signals of every company now hiring a top clinician.

The second is within our sector and our industry, in particular, our constraints around time and distance and place that we had already artificially set before and, you know, again, we made clinic-based care the only thing that counts, so overnight, those went away. And, you know, Kaiser Permanente reported 90% of all their consultations are virtual. We're probably at 80% in Canada. So, most analysts predict that when it goes back, it won't go back to what it was. It'll go back to 50% to 80% of all interactions in healthcare will not be in person. So, you ripple that out to all of the infrastructure, the roles of people. Just the cost of physical contact will be a dominant constraint of healthcare going forward forever. And that's gonna get a lot of rippling implications.

Shawn: Wow. How do you follow up that question and those answers? So, this is how we're gonna follow it up. Zayna, I had mentioned to you, we kind of close every episode with what we call these combustion questions, which are three questions that, randomly, Michael makes up through this conversation. So, you don't have a lot of time to think about these, but he's gonna ask you three questions and maybe some great nuggets to give to this audience going forward.

So, Michael, I am very excited to hear what three questions you have come up with for Zayna today.

Michael: Yes, Zayna, here are your combustion questions. Are you ready?

Zayna: Bring it.

Michael: So, you're a new addition to the crayon box, what color would you be and why?

Zayna: There's, like, this blue-gray color that's very soft, that would be the color, because I secretly I've been waiting to buy, what I call my midlife crisis car, a Mini Cooper, in that color.

Michael: Okay. What is your go-to karaoke song?

Zayna: Young MC "Bust a Move."

Shawn: Oh, wow, I can't wait for the next time we're together, Zayna.

Zayna: Dude, I can start it right now if you want me to. **(Shawn laughs)** It's my song.

Michael: Okay. Here's your final question. What do you think about flip flops?

Zayna: The ones where your toe has to go through the thingy dingy?

Michael: Yeah.

Zayna: ...those kinds?

Michael: Yeah.

Zayna: I don't like them just because they hurt like hell the first day because I was just on rotation.

Michael: Right?

Zayna: And so, yeah, I don't like them, and I think they're really bad for, like, if you've got sore feet.

Michael: That is the expert opinion on...

Shawn: ...the expert opinion...

Michael: ...on all things flip flops.

Shawn: ...of our doctor, they hurt your feet and they... I loved even how you called it, "Your toes go between the thingy dingy". **(Zayna laughs)** That's the new thing now, the thingy dingy. We're going to copyright that. You're gonna make millions off of that, Zayna. **(Zayna continues to laugh)**

Zayna: Well, what is the word? There must be a word for it, but I don't know what it is.

[00:27:45]

Shawn: I have no idea. We'll get our research team looking at that one for you, Zayna. So, Zayna, thanks again for taking time doing this. It's always a pleasure. And as Zayna mentioned earlier, we were talking about a previous or a project she's working on now she can't talk about, but once that project is able to be talked about, we'll bring Zayna back on to share, you know, what a day in the life of Zayna looks like around that project. We thank you so much, Zayna, for being a part of this, and we love you and stay safe out there, and we'll talk to you soon.

[00:28:18]

Zayna: That was really fun, guys. Bye-bye.

Shawn: Thank you so much for listening to this episode of "The Combustion Chronicles." None of this is possible without you the listener. If you'd like to keep the conversation going, look up Man on Fire on Facebook, YouTube, Instagram, Twitter, and at manonfire.co. Give us a shout. Let us know what you think. And please, subscribe, rate, and review if you like what we're doing and if you don't do it anyways. And remember, always stay safe and be well.