

## TRIZ and Health Care in Tennessee



*Six months in the lab will save at least an hour in the library*

We occasionally talk about the use of TRIZ concepts in business and management and it's part of the workshops we do, but we haven't said much about government and politics. This is an area where the logic of TRIZ may not be applicable as very frequently we are not always dealing rationally with reason and facts. But once in a while there's an overlap. Take the experiment that the state of Tennessee is running on state subsidized health insurance. The "normal" train of thought is to cover the catastrophic health care events and assume that individuals can or will take care of the small stuff (defined as doctor's office visits, emergency room care, etc.) It turns out that if you actually ask people (rather than state legislators or health insurance companies) what they actually want, they say they want protection and coverage for these small events which chew on their budgets day in and day out (see the Wall Street Journal, November 22, 2008). The CoverTN program costs 1/2 the normal plan, and emphasizes these front end costs, which of course may prevent future serious health consequences that result in expensive hospital stays. Doctor visits with \$15 deductibles, free checkups and mammograms, etc. It also turns out that when people are aware of the upper limitations of this kind of insurance, they do a much better job of watching their daily health to prevent the need for expensive hospital stays for which they will be responsible for.

How do we look at this problem through the eyes of TRIZ? Get out your good ole' contradiction table and look at the property of the system we are trying to improve---we'd suggest that it could be parameters #8 (volume of stationary object--meaning amount of useful health care), parameter #39 (productivity---amount of useful health care per dollar spent), or maybe #16 (duration of action of stationary object---impact of the health care provided). In all of these cases, we might suggest that the parameter that decreases when we try to do any of these things is #34 (ease of repair). If we look at these intersections, we find the following suggested principles: #1 (segmentation--cover only a part of the insurance needs), #10 (do it in advance or preliminary action), #7 (nested doll---basic coverage inside of a more comprehensive plan). In fact segmentation shows up at all 3 intersections! That's a strong hint that it's a principle to be strongly considered. You might even think of some alternative ways of segmenting coverage. Let's not try to cover everything, just what is really needed. We doubt whether anyone in the TN legislature knows about TRIZ, but maybe this few minute exercise could have saved a lot of debate time in the state capital.

TRIZ is useful for any contradictory problem--not just those involving complicated machinery and devices.