

The Next Normal | Video transcript

Hospital care in 2030

In this video, three McKinsey partners describe how hospital visits and hospital stays might change in the next decade.

The patient experience

Natasha Stern: One big change in experience will be that for many things that we go to a hospital for at the moment, we will not go to a hospital. We will instead just do it remotely, or we might go somewhere else that is not the big, huge building in the middle of town.

Penny Dash: Far more care will be delivered through a video consultation. Far more will be delivered by you entering your vital signs. It'll be very easy just to drop a little bit of blood onto a little adaptor that connects to your iPhone, and the phone will read the blood test. It will automatically do your blood pressure when you put your hand on the phone. It will automatically take your temperature.

Going to the hospital

Penny Dash: First of all, you'll make your booking online—the same as you might do for an airplane flight at the moment, the same as you might do if you were going to the theater.

Natasha Stern: I have this picture of a waiting room outside an outpatient department in an eye hospital. And there's lots of chairs. And that's the very first thing that I'm sure we will eliminate. We will be able to schedule those people that do need to come so that they turn up at the time at which they will be seen—a little bit closer to “one in, one out” than what you see with these huge waiting areas.

Bo Chen: There will be a lot of interactions between the patients and the artificial-intelligence-enabled programs. It can be happening through the mobile phone or mobile device that tells you where you need to go, who the physician is you need to visit, and what's the next stop. It could also be through some of the screens mounted on the walls. They will sense and recognize a particular patient, so when they come near, there will be a customized message.

Staying at the hospital

Bo Chen: I would imagine that, in the future, the color of the walls or decorations could be customized digitally, right? It could be customized based on the preference of different families, and then it could be customized based on the critical scenarios. Sometimes you want to be happier. Sometimes you just want to be more peaceful. Sometimes you want to be excited about certain things. And then these environments, maybe, can be customized.

Penny Dash: When you then turn up in the operating theater, the chances are that the surgeon may be a robot. Now, that's a little bit of a scary concept. But I think increasingly—and probably by 2030—hands will be seen as illegal instruments. We will think it's weird to put big, clumsy, often not particularly hygienic fingers inside the human body. I think we'll go, "Ew. Weird idea." The robot will do it in a much more precise way, which will mean far less damage to surrounding tissues, far less invasive surgery, and significantly shorter lengths of stay in hospital.

Bo Chen: Virtual reality and some other technologies can help bring family members on site and vice versa. As your loved ones are experiencing difficult times, you can sort of see them rather than texting them or anxiously waiting outside without knowing what's going on.

Natasha Stern: I think that if we do look forward ten years or so, in many, many countries around the world, we will be able to go home [from the hospital] much faster. There's one place that famously puts people into jeans—no hospital gowns. And just the perception that the patient has of, "This means I'm myself, and I can do the things that I used to do before the procedure was done," makes a really big difference. That's an example that doesn't take ten years. What might take ten years is for it to be adopted routinely in more and more hospitals.

Tomorrow's healthcare professionals

Penny Dash: What would the surgeon of 2030 look like? Well, my sense is that she will be somebody who is very good at using digital technologies. Perhaps she has actually done a first degree in robotics—rather than necessarily trained first in medicine—and certainly will have gone and explored how robotics is being used in other industries, whether it's in car manufacturing or in grocery stores and so on. Those things will be more important than an ability to essentially do fine-motor movements with one's hands.

Bo Chen: As early as in medical school, we should start teaching about digitalization in the hospital space. We should teach about the IT systems and how physicians can play an important part in optimizing the system and optimizing the processes and recognizing the value of technology in medical care.

Bo Chen is a partner in McKinsey's Beijing office; **Penny Dash** is a senior partner in the London office, where **Natasha Stern** is a partner.

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