Bringing it Together.

Workshop @ HIC
Summary Report

HIC 2017
8th August 2017

INNOVATING health

creating a new conversation

INNOVATING health series

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About the Series

HISA is delivering a new thought leadership series - ***Innovating Health. Creating a New Conversation.***

Through an ongoing series of roundtable events and other activities, we aim to lift and support the digital health innovation agenda in healthcare.

To create a new conversation, we seek to bring together health leaders with industry experts, challenge current thinking with new and different perspectives, harness our collective knowledge and ideas, and ultimately share topics and discussion with others to stimulate sector change. The series is in collaboration with and supported by Accenture.

Never has there been a time of such pressure on the healthcare system. The need to transform is vital.

Conjointly, the conditions and promise of innovative change are tangible through the development and application of new digital technologies, rapidly changing business models, Government policy reforms, the rise of health consumerism, and service led reform.

"Many of the ways we go about improving health and care were designed in a different mindset for a different set of circumstances.

Given the radical and complex nature of our transformational challenge, these 'tried and tested' methods increasingly won't deliver what we need to deliver for patients."

Helen Bevan and Steve Fairman NHS UK

Workshop @HIC – Bringing It Together

Brisbane 8 August 2017

Workshop Overview

The Innovating Health Series was back to Brisbane at the HIC 2017 Conference to review the year to date, workshop key priorities, as well as assess progress on practical change and innovation across healthcare in Australia. The session was titled **Bringing It Together**.

Bringing It Together

The Innovating Health Series has been running over 2016-17 bringing together health executive and industry leaders around health sector priorities, challenging the status quo, and looking for practical pathways for innovation and change for the betterment of healthcare. The Series delivered in partnership with HISA and Accenture is set against a back drop of the Australian Government's Innovation Statement, societal and digital change, and asking what can healthcare do to drive innovative change in a fast-changing world including service and system reform.

At the **Bringing It Together Workshop** we welcomed previous participants in the Series as well as invited conference delegates. The workshop sought to bring the year long discussion together with topical insights and strategies to deliver the key priorities in health system change today and collate what our health and industry leaders are collectively thinking. The workshop was delivered as a knowledge sharing exercise, escalating awareness, policy impact and delivering tangible next steps for innovation and change.

Facilitated by previous Innovating Health Series guides **Simon Terry** and **Professor Vishaal Kishore** we reflected on innovation in healthcare, looked at results of series and surveys, and examined a number of key questions including:

1. What are the practical things you and your organisation are doing to address innovation and change?
2. What should be the priorities in innovation and change and healthcare moving forward?
3. How do you go from ideas to action?
4. How do we unlock areas of innovation and work around barriers inherent in the health system?
5. What leadership do we need to see innovation and change happen?

The session was complemented by international perspectives on digital disruption and healthcare innovation delivered by **Dr Kaveh Safavi** Senior Managing Director, Global Healthcare Lead Accenture. The session was a valuable and practical exercise for all involved. Details are provided in this summary.

Results of the Series to Date

The Series held a number of executive roundtables across capital cities in Australia to focus our discussion on priority areas for healthcare innovation. These included:

- Culture of Innovation in Healthcare – Sydney – April 2016
- Internet of Things – Brisbane – June 2016
- Balancing Cybersecurity and Innovation @ HIC – Melbourne – July 2016
- Blending of Health and Human Services – Canberra – September 2016
- System Innovation in Health – Melbourne – November 2016
- Knowledge Translation in Healthcare – Canberra – April 2017
- Funding and Payment Models – Sydney – May 2017
- Innovative Private Health Models – Brisbane – June 2017
- Bringing It Together Workshop @ HIC – Brisbane – August 2017

1. Culture of Innovation in Healthcare:

Reflecting on the Australian Government's Innovation Statement, associated State government programs, changes in corporate governance regarding innovation, and the growing market energy and hype around digital health – how can healthcare take advantage, build a culture of innovation, and ultimately transform to be a better-connected system?

The event highlighted that there was no shortage of good ideas out there, but there were still many internal, organisational and structural barriers which made those ideas move to reality difficult.

The consensus was that we need to start thinking differently about how we approach healthcare in general. That is, how we engage with health consumers and patients around their health literacy and personal well-being, how we manage good ideas to projects and acceptance of failure, and how we collaborate and work together as key stakeholders in building an asynchronous healthcare system.
Key take-aways:

- **System Innovation** - A new way of thinking is required. When we speak innovation, we need to be speaking health system innovation.
- **Many good ideas** - There are lots of things happening and many good ideas out there. Healthcare is full of smart people that have great ideas to create improvements and change. They work in a system which has many barriers and constraints.
- **Better innovation process is required** - The pace of digital change is happening at a faster rate than healthcare is changing. A process which better enabled healthcare organisations to enable innovation is required.
- **Potential for principles** - Principles for healthcare innovation would be a valuable tool to assist with health organisations in particular dealing with innovative change. Principles would complement, guide and support governance arrangements in managing innovation in healthcare.
- **Embrace enablers** – Engaging the emerging digital health entrepreneurs and solutions enabled by existing standards and protocols for interoperability will provide greater scope for innovation and change.

"I have a list of over 150 good ideas but no easy process to enable these projects to move forward. We need to find those innovations on the edge of our system already underway and lift them up."
(Health Leader Roundtable Participant)

2. Internet of Things:

The Internet of Things (IoT) is the rapidly advancing technology environment which allows everyday devices ('things') to collect and share data seamlessly. In healthcare terms, the possibilities of utilising IoT to the benefit of consumers and clinicians are promising. Although the IoT is relatively new, we are already seeing applications including the monitoring of health conditions via vital signs and medical devices, collecting personal biometric and tracking data via wearable devices, opportunities for real-time monitoring, smart home technologies, devices that can provide feedback for physical and mental health conditions etc. It includes sensors and internet enabled devices including smartphones, that are interconnected, and intelligent with the ability for algorithm based decision making. When the opportunities of the IoT are placed against current health services data and the increasing growth in genomics, there is significant potential for getting a 360-degree view of healthcare systems, personalised medicine, and individuals enabled to better manage their own personal health and wellness.

Key takeaways:

- There was a **consensus** that IoT and information platforms are moving ahead fast
- Healthcare is becoming **increasingly consumer focused** due to rising consumer expectations and consumer accessibility to digital tools and information
- IoT is a **significant opportunity for healthcare**, but it needs to be **balanced against new risks** and challenges of connected health
- Barriers to advancing IoT in healthcare include **lack of interoperability** with legacy systems, medico-legal concerns and workflow design
- IoT is the data collection and integration process – the innovation value in healthcare is in the **insights gained from data analytics** and changes in business / service models that IoT enables
- There needs to be **targeted clinical engagement** and well-designed systems to progress IoT from the health practitioners point of view.

"Healthcare requires an analytics-based approach to innovation."

(Health Leader Roundtable Participant)

3. Balancing Cybersecurity and Innovation

Cybersecurity in healthcare is becoming an increasingly important topic to all stakeholders in health involved in data collection and use. This includes, but is not limited to healthcare service providers, medical device manufacturers, health insurers, pharmaceutical companies, healthcare professionals, and individual patients. Risks posed include legal and reputational risks of loss of confidentially held data, operational risks for organisations whose networks can be effectively shut-down, and identity fraud risks with people obtaining health-related data. In the US, 45% of all hospitals and health service providers faced some cybersecurity threat last year. On the black market an individual medical record sells for $50 USD, whereas credit card details sell for just $1 USD. A significant amount of these cybersecurity attacks are automated and originate from all parts of the world. "Ransomware is about making money" and health is an increasingly attractive area as we go more digital.

The roundtable discussion sought to provide an international update on cybersecurity in healthcare, in particular what the Taskforce in the US is aiming to accomplish, and to pose the question of how do

we innovate and reform whilst dealing with increasing and more sophisticated cyber threats? The discussion focused on a number of key themes on governance, risk appetite, protecting and sharing information, organisational preparedness, using security as part of innovation, and thinking differently about data in healthcare.

Key takeaways:

- The need to **focus on patient safety** rather than just privacy.
- The need to **share data to innovate in healthcare**. This continues to be a challenge.
- The need to **have a plan** to respond to cybersecurity threats. No more "Not Me" mentality.
- Start seeing **security as an enabler for innovation**, data exchange and protection of data.
- Advancements in machine learning, natural language processing, and behavioral analytics are innovations that need to be utilised. **We need to be thinking differently.** Rule based systems are dead.
- **Not if but when** these threats occur.

"If you don't share data and information, you cannot innovate"
(Theresa Meadows, Co-Chair of US Department of Health and Human Services Healthcare Industry Cybersecurity Taskforce)

4. Blending health and human services

This roundtable explored the question: ***How can we innovate by blending data across health and human services?*** We acknowledged efforts to date in health and human services service reform including approaches to engage consumers, connect services, leverage capability, and link data. However, it also posed questions on the institutional and cultural barriers that still restrict innovation and change. Traditional business models still perpetuate centralised services and data, with a general lack of incentive for integrated solutions in a sector full of complexity and multiple stakeholders.

From a purely economic point of view, it can be argued that health and welfare sectors can be innovative and transform if we start thinking differently about data, data ownership, and permission to use information differently. For example, technologies are now being used in the financial services industry that supports distributed data sharing such as Blockchain. The rapid societal changes triggered by digital access to mobile services through smart phones and the emerging data governance models facilitated by new technologies combine to offer alternative ways of handling and sharing information in a secure, open, linked and distributed way that would not previously have been possible.

While these technologies allow for different ways of operating and thinking about system innovation and joined-up services; the question posed by roundtable attendees was, "How do we seize the opportunities that new business models and technologies bring so that we are able to transform consumer services?"

Key takeaways:

- The **speed of digital change** and emergence of new business models is significant. The digital economy is consumer driven and the speed of change cannot be underestimated.
- There are **new governance models and enabling technologies** such as Blockchain which can link data person-to-person and allow trusted transactions and information exchange.
- Innovative system change in a conservative and traditional health and welfare sector can occur if we start **thinking differently about data ownership and permission to use**.

- As we become more consumer focused and data blends across health and welfare boundaries, we need to **take action to link social welfare structured and unstructured information** silos to the health continuum so we can empower consumers to manage their own care better.
- The importance of working with our **health and welfare workforce to increase digital awareness** and understanding in a sector which is increasingly becoming digitised and which they are generally not trained.
- The need to shift to **above-the-line innovation** to make change – not just digitising what we already do.

"Health and welfare systems are dealing with a human problem – not a data problem. Online technology is increasingly allowing us to transact on a person to person basis."

(Professor Jason Potts, Professor of Economics RMIT)

5. Health System Innovation:

This roundtable re-examined the **Culture of Innovation in Healthcare with a particular focus on 'system innovation'**. It addressed a problem statement from a previous session.

> *"Healthcare has plenty of innovation. We have world leading research, development of new drugs, treatments and medical devices, advancing digital systems and an ever-expanding digital health start-up sector building smart solutions. The problem is that these innovations are fragmented, not-connected or take too long to implement. We don't just need product innovation in healthcare, we need system innovation."*

Through this series, the **Culture of Innovation** keeps coming up as key issue or barrier to healthcare moving forward. Often these statements are couched in administrative or regulatory barriers. It has also been observed that in terms of innovation, there is a lot of noise and energy, but generally the primary drive is to support digital business and jobs growth, and second is to solve problems of the day.

Certainly, our health systems need greater connectivity. Connectivity to deliver efficiency and effectiveness gains which are increasingly required, but also to bring true connectivity between clinical service providers and multi-disciplinary teams across the service continuum. Connectivity between clinical services, care providers and patients to better empower the consumer to manage, participate and indeed to better enable their own health and wellness.

But connectivity – often far beyond health systems and health policy – also helps us to find new ideas, new approaches, new ways of working. In turn, these can spur paradigmatic shift in our health systems and approaches – defining the pathway to the health systems and outcomes of the future. Ultimately – the greatest challenge of all is one of ***"how"***.

Key takeaways:

- Ensure there is **clear definition** and understanding of innovation as a step change
- **Leverage healthcare strengths** in research, learning and broad roles of system participants to build capacity in innovation and cultural change
- Focus on **broader systemic conversations** about value creation, for whom and how funding follows as a key ingredient for system innovation and change
- **Create reflective space to learn**, to examine the system and to do differently

- **Create spaces and time for change agents to grow**, to learn the system, to connect with others. This includes how to navigate power, resistance, work the system and how to connect and curate across the system.
- **Make innovation part of the everyday** and not just for crises and specially funded projects. Include the importance of innovation measurement and the ability to learn off other to fast track innovation.

"It is amazing how many hats people are wearing in healthcare.
How do we build the same capacity and processes for innovation in healthcare?"

(Simon Terry, Founder Change Agents Worldwide)

6. Knowledge Translation in Healthcare

This roundtable examined the **Knowledge Translation in Healthcare** against the backdrop of innovation.

The topic is a constant challenge for those working in health policy, clinical practice and service delivery. We all acknowledge that we can do better in applying the latest knowledge and evidence base from collated research, innovation and others' practical experience. Attendees agreed that research continues to be siloed and fragmented. It takes too long to translate new knowledge into practice in the health system. Fundamentally, we all aspire to do our best with the knowledge at hand and understand what works. Knowledge translation is the process of putting into practice what we have learnt through the process of research, innovation and progressive change.

There are many questions to answer as to why this area continues to be a problem, but how can it be addressed? If we are investing considerable funding and effort into health research and innovation, how much are we benefiting? How can we be innovative with a new wave of data science, informatics and analytics leveraging the vast amounts of data that research and clinical practice evidence is generating? What would be required to fast track change and build scale to things "we know work" or "potentially work"? How do we implement innovative change into a large scale and conservative health delivery environment?

Key takeaways:

- More efforts to increase the **focus on research impact** to assist in closing the gap for knowledge translation in healthcare. Focus on the problems at the pointy end of healthcare, involve the clinicians with patients, and provide feedback to introduce change.
- Consider **practical legislative and regulatory changes** which may be outdated, to address increased knowledge translation in healthcare. The includes enforcement and oversight of systems, interoperability and data standards.
- Continue to challenge ourselves and our organisations on the **cultural barriers to change** that we see and how to address them internally.
- **Knowledge and data sharing in the digital age** should ultimately empower the clinician / patient relationship rather than put the power solely in the hands of the clinician or to move it to the patient.

- Ensuring we have an **outcome focused research approach** in everything we do, particularly in digital health which still needs to build a knowledge and evidence base.

"They sentenced me to twenty years of boredom for trying to change the system from within."

Leonard Cohen (quoted by Health Leader Roundtable Participant)

7. Responding to Changes in Funding and Payments

The health leader roundtable discussed Responding to Changes in Funding and Payments against a backdrop of innovation. The MBS Review Taskforce published its Interim Report early in 2017 and has extended its scope of work. It is anticipated that there will be further recommendations to the Health Minister in both funding models and policy changes. These recommendations have the potential to deliver changes in health business and service models that are moving in the right direction. The Health Care Homes primary care policy funded by a new, capitated funding model is one such example.

With a focus on funding changes to build robustness and system sustainability, address specific patient cohort treatment needs and provide access to more services in the home or community settings; there is the potential for health system deconstruction paving a new way for healthcare to be accessed and delivered.

An alternative payment model of Health Innovation Communities as an alternative way of viewing system payments through free trade zones and enabling community and service innovation. The argument was made that the current funding model structures are rigid and continue to reward existing system inefficiencies. This inflexibility stifles innovation and disables change toward more consumer-centric models of care. Health Innovation Communities set the context for a challenging and thought-provoking discussion whilst also reflecting on the complexity of the healthcare system and delivering change.

Key takeaways:

- Not just to think about new ideas for health system improvement and change, but more importantly **how to implement those changes**. Funding and payment models have the ability to stifle change or to stimulate system innovation.
- In any future funding and payment model we would need to separate the assessment from the provider to ensure **appropriate governance** and minimise opportunity to game the system.
- **Regional and community led approaches** are where we can best be innovative and stimulate change. Stimulating regional innovation and change should be a key focus for policy change. Are there ways to intelligently use Primary Health Networks to support these changes?
- Decision makers are making **incremental changes that are smart** within the confines of the current system and operations, rather than radical changes to address system sustainability.
- Need to be more **customer focused** from now on. If not, we will get limited outcomes.
- **System innovation is hard** in healthcare because of the complexities and multiple competing stakeholders. Funding and payment mechanisms have the ability to change the way system works with incentives. This requires political drive and will to change.

"We have been here before and we know the complexities. It is not so much what can be done, but how it can be implemented. "

(Dr Jeremy Sammut, Centre for Independent Studies)

8. Innovative Private Health Models

In a time when disruption and health system change is constantly being highlighted and discussed, we focused on how can we learn from the innovative models of healthcare. Increasingly the private sector is developing new business services and models of care which challenge traditional service delivery. Generally, this includes a greater focus on the customer / consumer. How do we learn from, harness and scale these innovative business models?

At the same time, a customer focus and patient experience is increasingly being brought to the front of our thinking. User experience, user design, co-design are all words used to describe how we should be planning for future services. This begs the question "do you know who your customer is?". Noting the triple aims[1] of healthcare - enhancing patient experience, improving population health, and reducing costs—how do we factor in the quadruple aim[2] - improving the work-life balance of health care providers, including clinicians and staff? Do we include professional and organisational staff as healthcare customers?

The discussion centered on innovation through the lens of innovative private healthcare models, examined the concept of a customer and explored a number of examples and reflect on digital changes in healthcare and the opportunity it creates.

Key takeaways:

- **Understanding the consumer** is a key priority in service and care changes being made and invested in. Being clear on who the customer is in your service and how treatment and care is delivered is still a key and evolving priority which may be different for different health services. The variability in implementation in private healthcare but still a strong customer focus.
- The **structural and cultural elements** of the health system still present considerable barriers to truly changing to be customer focused. Collectively, we need to be able to get over this 'hump' to really address the health and wellness issues in society.
- Through **co-design and patient experience** approaches, we highlight the fact the consumers / patients want to be treated more holistically as a person – not as a disease type. Patient and practitioner stories need to continually inform service improvement and design.
- Health system and service change is difficult, but we all need to include **collaboration as a key driver for health service change** and to deliver the new services and treatment models required.
- We need to recognise that we need to be **practical and work around to barriers** to get the consumer and service outcomes we envisage and desire. Innovation occurs when you can work with the constraints to get the outcomes you desire. The discussion highlighted the importance of change and the innovative solutions and models of care once you are customer focused.

[1] Triple Aims of Healthcare, Institute of Health Improvement USA, sited 30th June 2017
http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx

[2] From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, Annals of Family Medicine, sited 30th June 2017
http://www.annfammed.org/content/12/6/573.full

"There is a difference in the way you perceive your business vs the way health consumers perceive it. You need to understand that difference."

(Health Leader Roundtable Participant)

Innovating Health Series Resources

Innovating Health Series website resources - http://innovatinghealth.org.au/resources/

2017 Health Executive and Leader Innovation Survey Results

Overview

As part of the Innovating Health Series we asked healthcare executives and leaders who have participated in the series to date to answer a number of key questions in measuring innovation. This exercise was conducted to establish an initial baseline, understand what is occurring across multiple organisations and inform on priority and key topical areas.

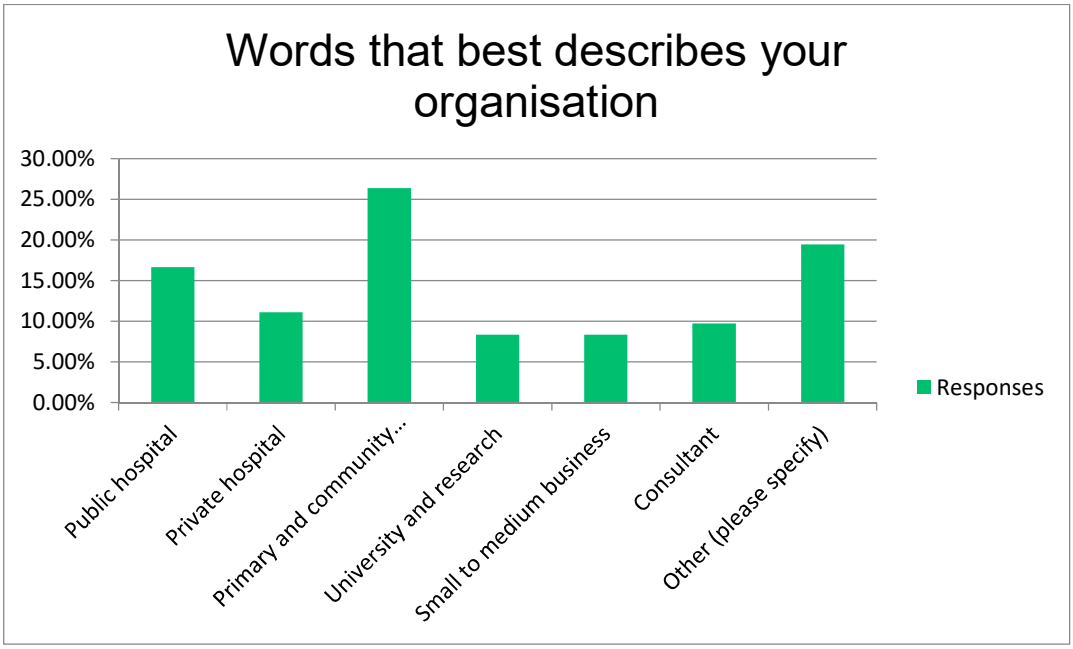
Methodology

Accenture's Innovation Index was used as the basis for the survey questions. The Innovation Index is a methodology and tool which is used internationally across multiple sectors. A subset of 16 questions was used to as a basis for the Innovating Health Series Survey. The survey was online, emailed to series participants. A follow-up call was made where possible to ensure the survey was completed by as many participants as possible to ensure it was reflective of stakeholder involvement. The survey was conducted by HISA over June and July 2017. High level results were presented at the Bringing It Together workshop. Results will be shared with all Innovating Health Series participants.

The survey was sent to 140 executives and health leaders. 72 responses were received. All questions are structured multiple choice, except the final two questions which are open text.

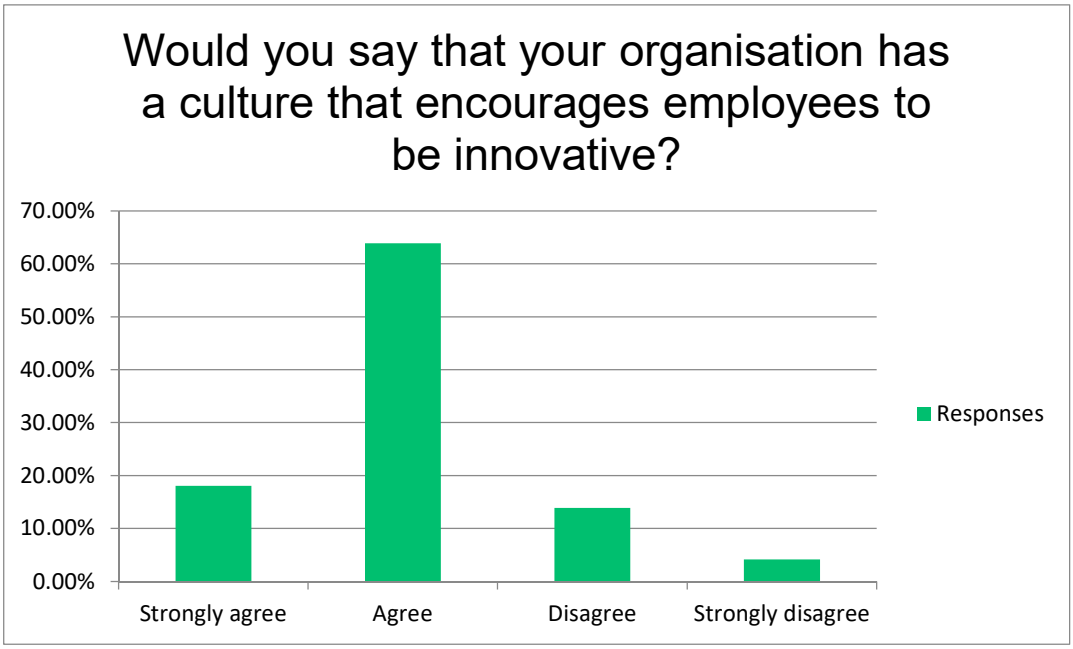
Results

Question 1: What words best describe your organisation? (Types of Organisations)



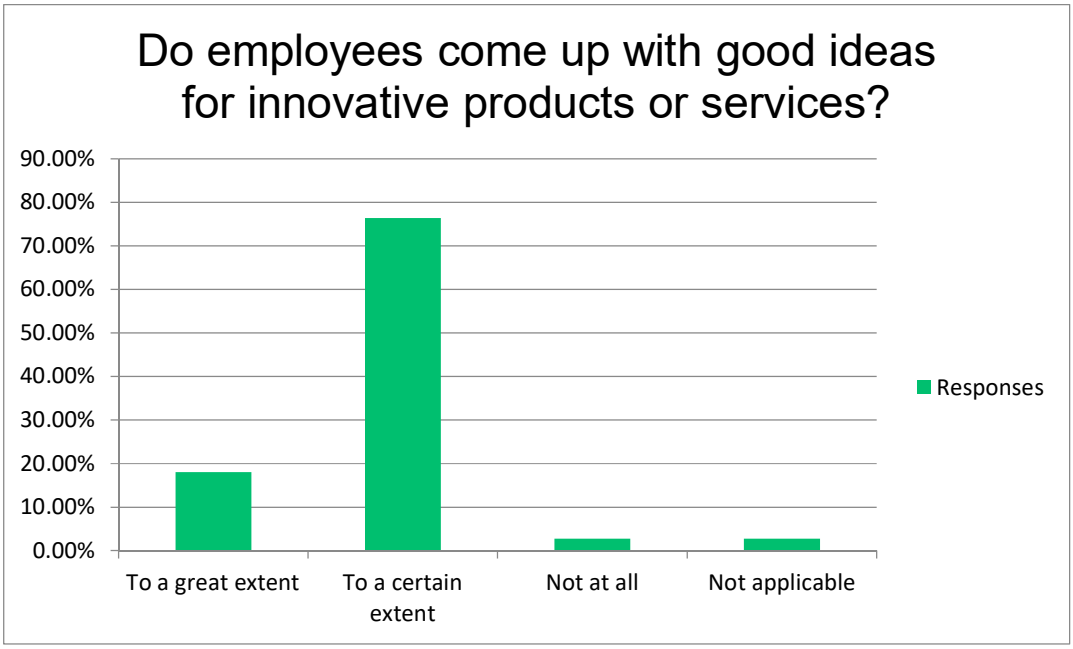
Note - Industry, Academia and Government are represented with a stronger community health sector so generally representative of the health system.

Question 2: Would you say that your organisation has a culture that encourages employees to be innovative?



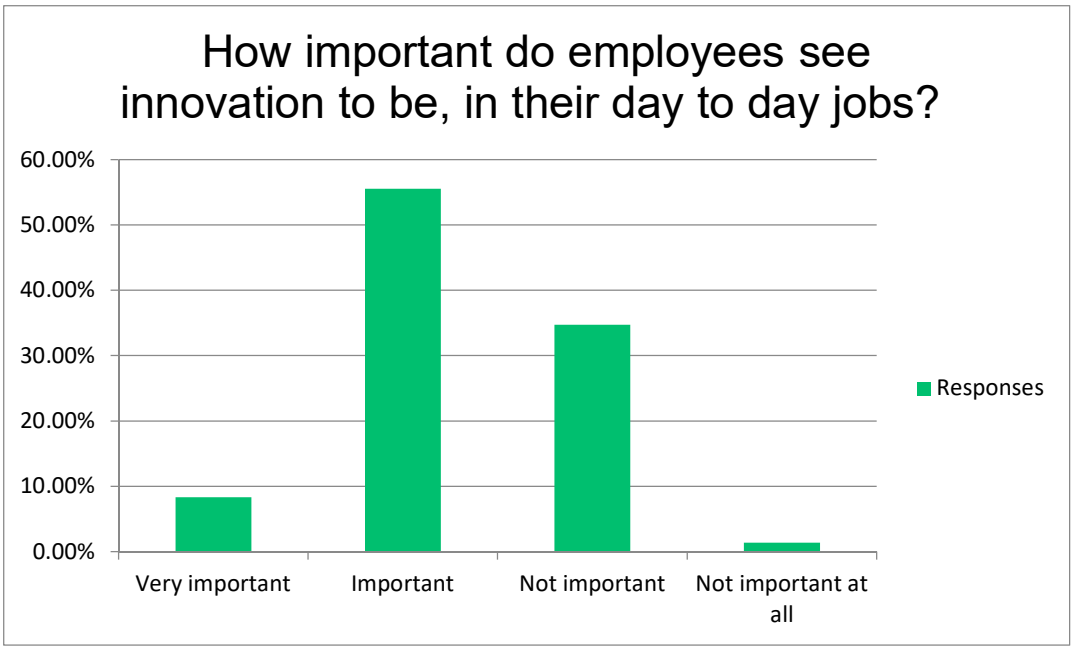
Note: These results are encouraging however international colleagues advised us that they had encountered a positive bias in respondents' perceptions of their own innovation.

Question 3: Do employees come up with good ideas for products and services?



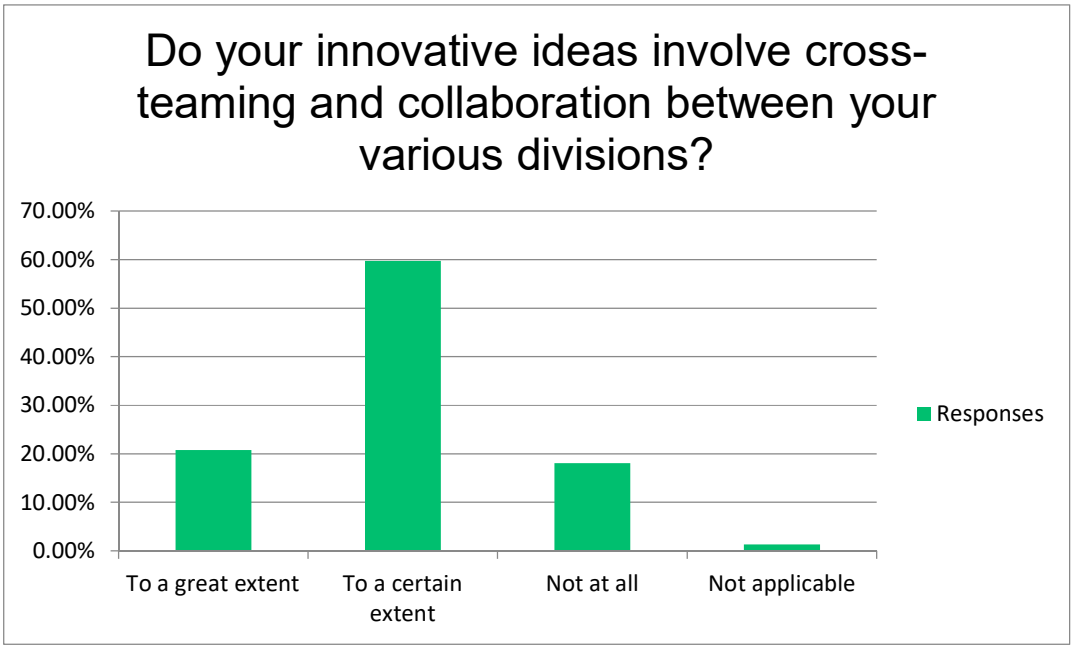
Note: Strong responses like this one create a credible evidence base to inform behaviour.

Question 4: How important do employees see innovation to be, in their day to day jobs?



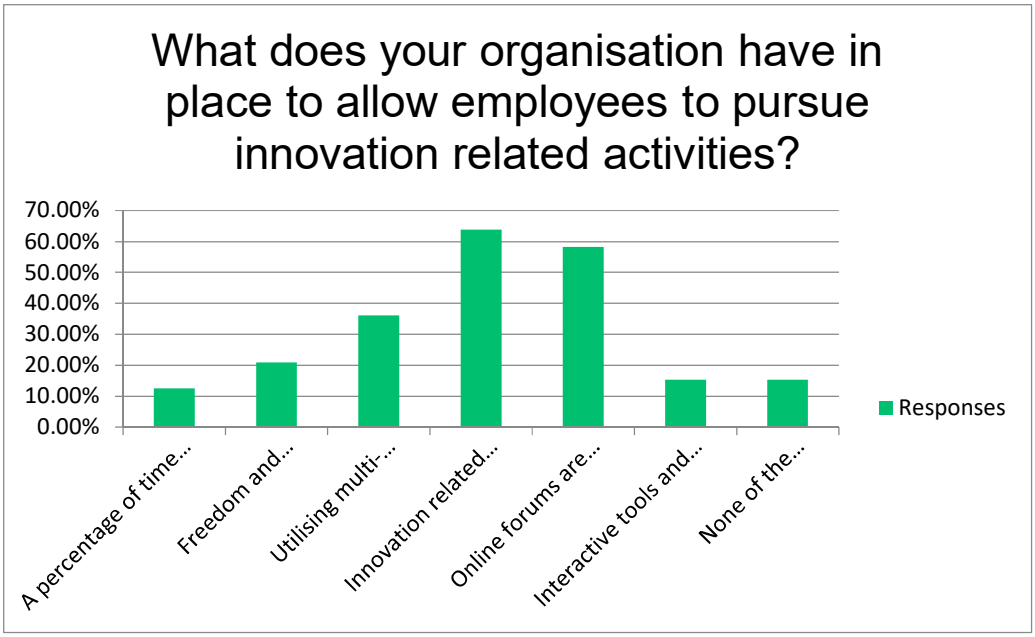
Note: 36% of health system employees do not believe innovation is their job!

Question 5: Do your innovative ideas involve cross-teaming and collaboration between your various divisions?



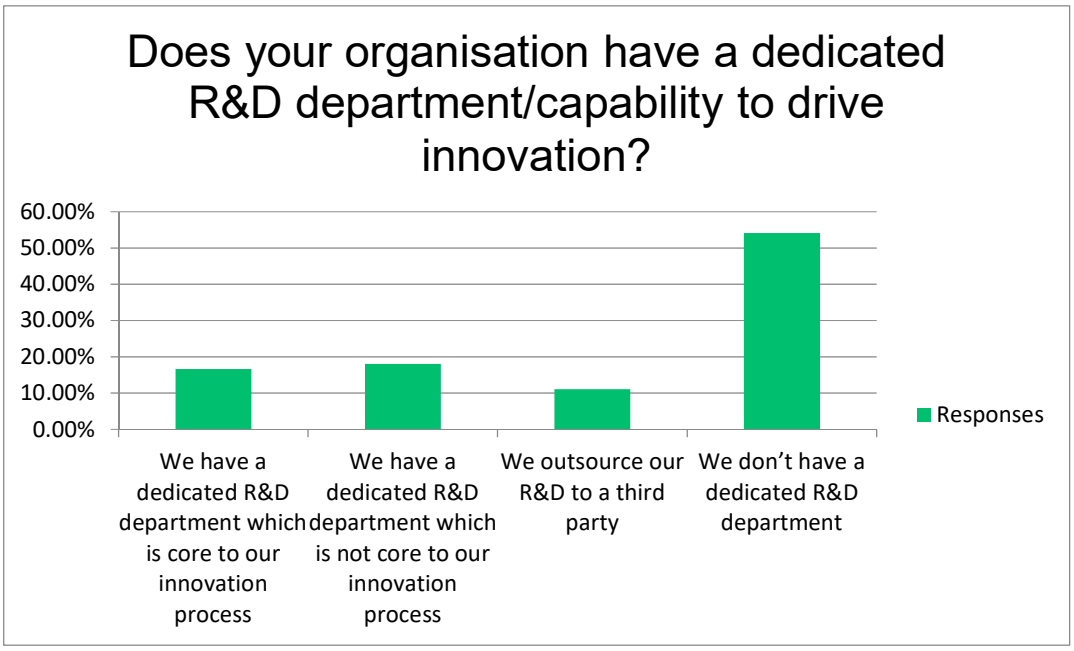
Note: Successful innovation is often pushing individuals outside their comfort zone.

Question 6: What does your organisation have in place to allow employees to pursue innovation related activities?



Note: Organisations appear to support short term ideation activities, but may be less effective at embedding new tools into business as usual.

Question 7: Does your organisation have a dedicated R&D department / capability to drive innovation?



Note: 54% do not have dedicated R&D. Even though a large number of organisations responding encourage employee innovation (Question 2). A less than rosy picture emerges.

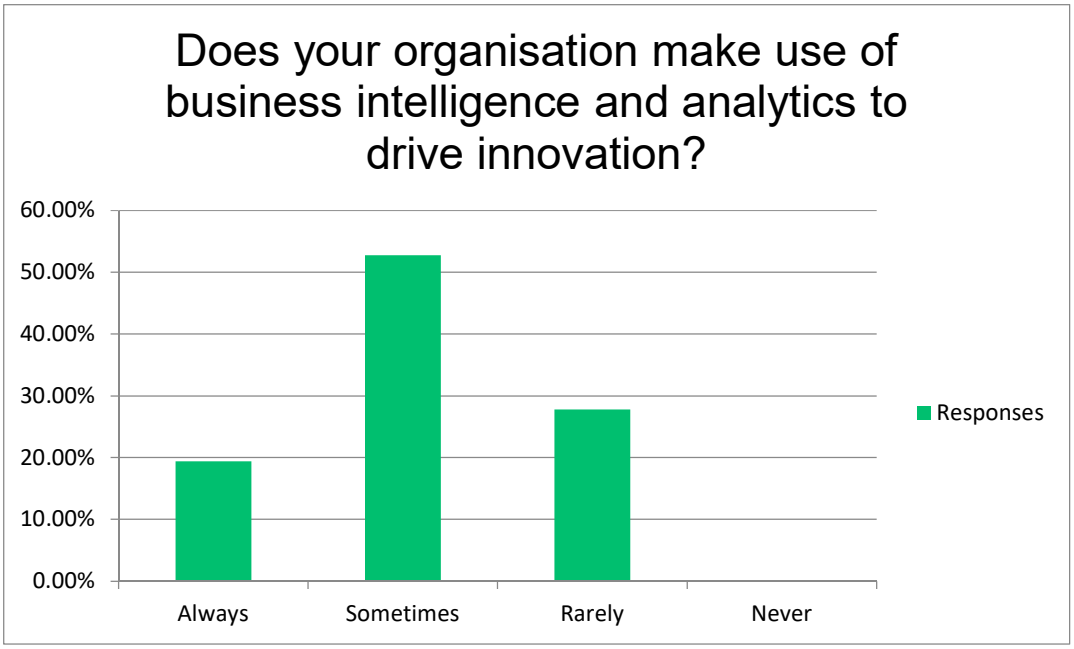
Question 8: Does your organisation allow and actively pursue / encourage the development of ideas for innovative products, process, services, and / or systems to come from outside the organisation?

Note: 71% positive 28% negative

Question 9: How does your organisation manage innovation?

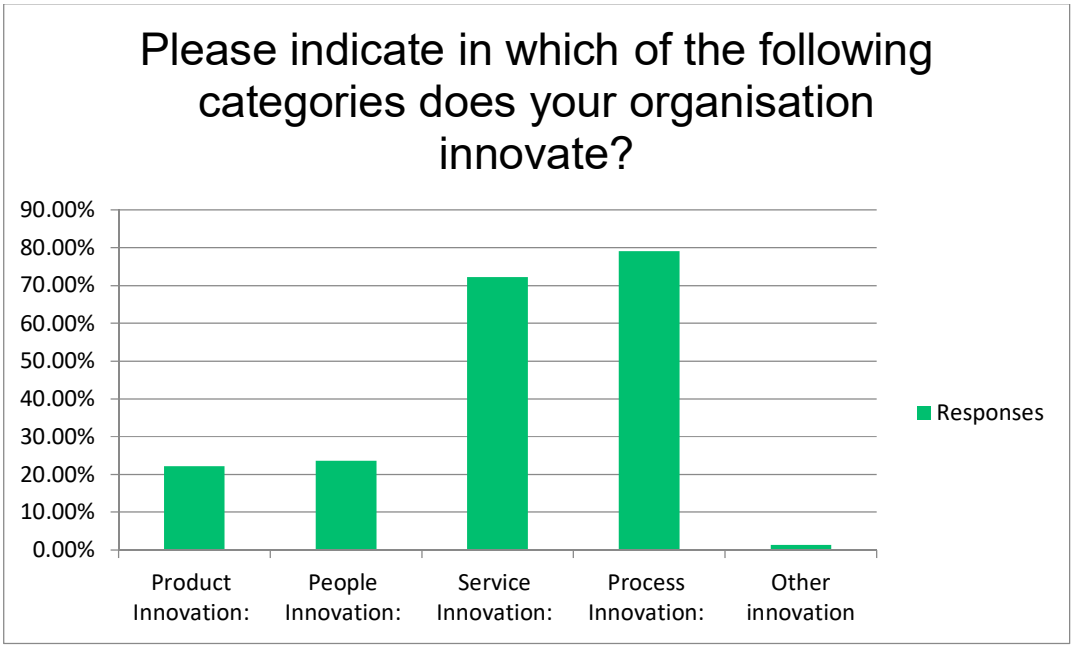
Analysis: Strong responses from leadership. 50% have an innovation team. Is that why 80% of employees do not see it as their job?

Question 10: Does your organisation make use of business intelligence and analytics to drive innovation?



Note: As you can see from this survey – innovation can be quantified, yet only 20% always use tools to do so.

Question 11: Indicate in which of the following categories does your organisation innovate?

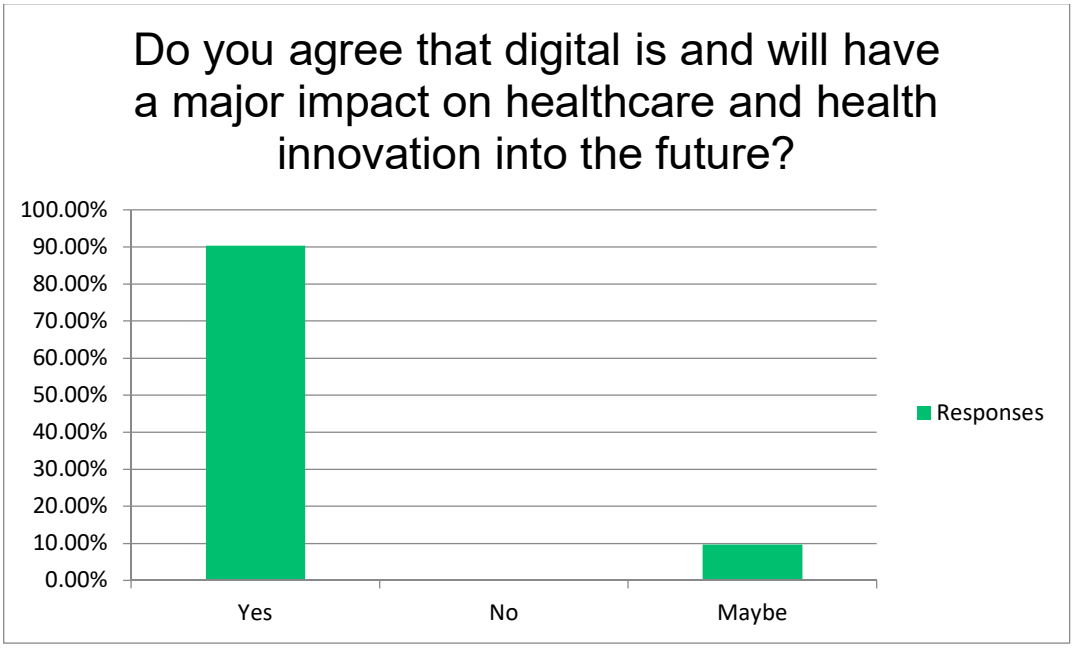


Note: Health systems are mainly innovating in service and process areas. However, there is also a need for standardisation of excellence across the health system. People and product innovators may be lagging.

Question 12: What challenges does your organisation face with regard to innovation?

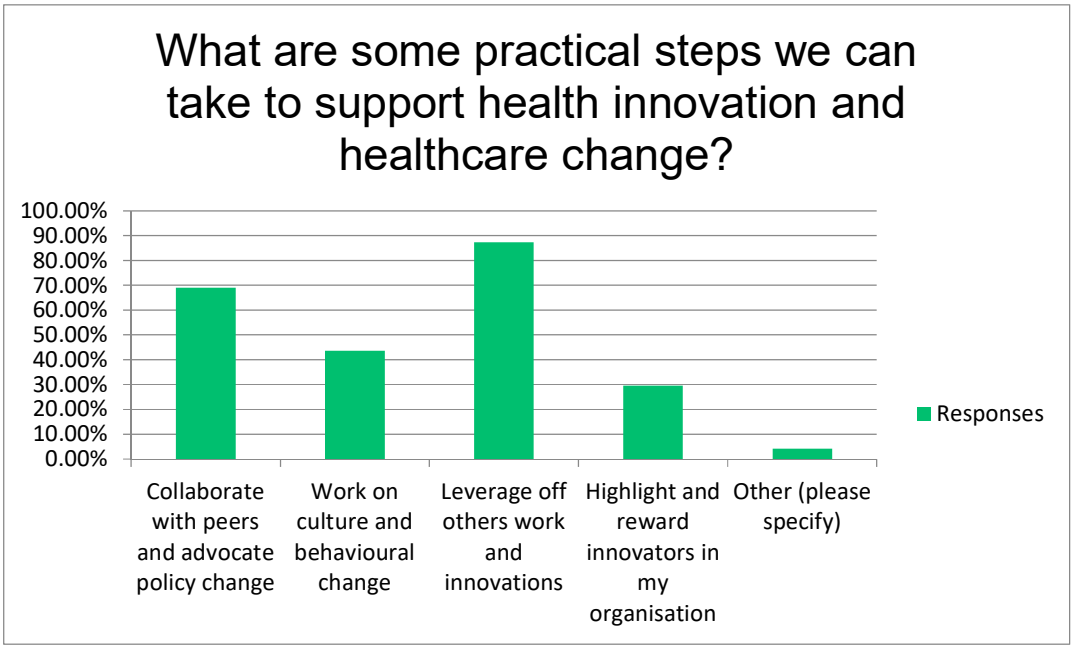
Note: 72% rated complex relationships as the biggest challenge. Stamina is needed to effect change.

Question 13: Do you agree that digital is and will have a major impact on healthcare and health innovation into the future?



Note: 10% might not foresee a digital health future

Question 14: What are some practical steps we can take to support health innovation and healthcare change?



Note: Can an innovation approach for Ideation, Imitation, Escalation, Standardisation, Sustainability assist? Leverage off others work and ideas comes up as a consistent response by 80% of respondents.

Question 15: What is one action you have practically delivered over the last 12 months that you can describe as innovative? (open text)

- Implement digital solutions
- Published innovation models
- New products and services that required teaming
- Mobile health program for patients in the home
- Digital hospital programs
- Innovation culture programs
- Launching patient experience initiatives
- Mobile apps to book appointments, wellness programs etc.
- Improved patient safety through identification

Collection of answers which were indicative of the responses.

Question 16: What are 2 x key priority areas that interest you or you would like explored within innovation in healthcare? (open text)

- Data driven decision making
- Inter-organisation network connections
- Health information exchange
- Improved data analytics
- Supporting junior clinicians better
- Clinical intelligence
- Mobilising information better
- Real-time machine guided decision support - AI
- Patient reported outcome measures
- Safely testing clinical innovations
- Surgical AI
- Improved telehealth
- Smart Contracts

A number of priorities which were highlighted by multiple responses in the survey (i.e. more than one response)

Workshop Outcomes

Overview

The Bringing It Together Workshop posed and examined a number of key questions on which the Innovating Health Series has hit upon over the last 14 months. The workshop took the opportunity to involve 70+ plus people in attendance to share their knowledge and collective experience. Questions posed were:

1. What are the practical things you and your organisation are doing to address innovation and change?
2. What should be the priorities in innovation and change and healthcare moving forward?
3. How do you go from ideas to action?
4. How do we unlock areas of innovation and work around barriers inherent in the health system?
5. What leadership do we need to see innovation and change happen?

Methodology

A 30 minute focused session. Five question stations were set-up and facilitated by discussion leaders. Workshop participants were asked to go to question stations. Three rotations within the 30mins. Facilitators documented key points from discussion. Participants were also about to leave comments or examples on sticky labels which were collected at the end and added to the notes. Participants also had the right to move between stations at any time. The methodology provided a fast paced and interactive discussion within a short period of time. Workshop facilitators made closing comments and observations of the session as well as key points highlighted across all discussion.

Workshop Results

1. Practical things we are doing to address innovation and change

The Innovating Health Series seeks to highlight and stimulate practical examples of innovation and change. The question posed was "What are the practical things you and your organisation are doing to address innovation and change?"

A list of a number of responses and additional context is provided.

- Statements about "Thinking differently", "being solutions focused", "addressing innovation specifically in forward planning"
- Recognition that we need to continually develop leadership capacity within organisations – digital strategies applying to change and innovation, promoting our success stories
- KPMG provided an example about release of staff once per month or fortnight to learn and share – unstructured but routine
- HISA provided an example on empowering the health workforce. Providing industry led standardisation for employers and employees to attract, retain talent into health informatics
- Australian Digital Health Agency – committed to community support e.g. organising events, mentoring, provide tools, new tools
- Hospital and Health Services (HHS) example – workforce building peer networks. CCIOs need to encourage knowledge sharing – learning and building summer schools, testing to learn, conversation, leadership, 'spark' the innovation and drive it
- Policy example from a hospital in Melbourne – Published Guidelines – empowering employees at the frontline to innovate. Benefits from the employee network effect. Leaders as a result more strategic.
- Uni of Melbourne – practical internal, crowd funding across disciplines and grants, accelerator programs incl. mentorship and IP commercialisation.
- Large health service implementing physical separation of staff to have a space to innovate and to provide multi-disciplinary team engagement.
- Melbourne Hospital – hosting of an ICU unit within accelerator hub for digital health innovations
- TigerSpike – have their own digital products hub. Creates a safe environment. We create 'hero's.
    - Values - People are curious, energised, willing to take risks, then assign accountability
    - Forum established – unstructured / connecting
    - Results – new products, new narrative, creating value with clients as 'partners' and changing culture through accountability.
    - Sponsored by leadership. Establishing trust.
- Deloitte – Innovation practice includes:

    - Implementation of innovation
    - Partnership in Royal Melbourne Hospital Innovation Lab – devices, mentoring, competition and rewards for innovation
- Ramsay Health – Digital by Stealth
    - Nash Certificate and My Health Record access
    - Leadership influence
    - Connecting and letting patients lead solutions
    - Unstructured time for employees to innovate
    - Letting 'change makers' lead programs
- Deakin University – Grants for Transition
    - Multi-disciplinary engagement for collaboration, change and innovation
    - Cross-collaboration hubs
    - Outreach to facilitators in industry
    - Story-telling and themes
    - Doing chronic care
    - Technology focus
    - Charge to access
    - Patient perspective, wellness angle
    - Advocate involvement
    - Design thinking – patient journey

2. Priorities for innovation in healthcare moving forward

In running the series and continuing the conversation we want to know what are those one or two key priorities in innovation and change that matter to health leaders and executive. We asked 'What should be the priorities in innovation and change and healthcare moving forward?' Responses were many and varied with a number captured below:

- Defining innovation and the language used around innovation – too mystical, what does it really mean?
- How to enable improved cross team collaboration - how to get working / observe / follow and support the benefits and new thinking that comes from people working better together
- Building innovative multi-disciplinary teams – with patient at the centre
- We still need to better understand the problems we are trying to solve – what are the underlying root causes?
- Building mechanisms and forums to share health innovation and learning
- Practical ways to build in workflow to allow horizontal collaboration between healthcare professionals and those supporting them
- New ways of problem solving
- We need a better process to harvest innovation out of pilots / programs
    - Understand the investment to scale and sustain
    - The Return on Investment (ROI)
- How do we better identify and understand cohorts of people we need to invest in to improve health outcomes?
- Building in co-design, ensuring there is a voice of the customer
- Show do we take action / often it requires additional dollars (show me the $$)
- We can do a few things well – but we must be allowed to fail – need to accept uncertainty

- Innovation needs to be owned by everybody – built into KPIs and role statements
- Matching innovation with decision framework based on evidence / information / metrics
- Building an "Ideas Factory" where we can share ideas, success stories and experiences across the health sector
- Reducing translational research gap – better ways of bringing researchers and clinicians together
- We need to share our methods and outcomes across health innovation – particularly in regards to digital
- How do we shift power and structure away from 'specialists' to allow additional input and innovative / new thinking from outside the specialty area?

3. Ideas to action

A common problem in large organisations is how to get ideas into action. Healthcare organisations and people working within them and for them have many good ideas but the process to action is often difficult and challenging. In some cases, self-defeating. How do you go from ideas to action? A lot of the responses centred around governance and change management issues for organisational projects.

- Timing is important – you need to sell the idea to the right people
- Change thinking for approvals – that you don't need to be perfect to move to the next step
- Imitation is sometimes the greatest form of innovation – share ideas and actions – increase majority level rapidly (learn from others and how they implemented their ideas)
- Identify and engage with a business sponsor who leads and has a tolerance for risk
- Ensuring that we fully engaged the main stakeholders who are responsible for the use of the innovation – measure of success
- You need to understand the process of doing things (barriers) in the / your organisation
- Ensuring you embed governance of the idea in your thinking – how's it going to work?
- There needs to be a prioritisation of ideas and commitments (a reality – we can't do everything)
- Put "method" into practice that keep operations / BAU in sight early in the 'project'
- Context, Context, Context
- Need to enable partnerships / collaborations across organisations and teams to be successful
- In government – policy, policy, policy
- Start with an evaluation framework then you have metrics which can quantify the innovation project (note benefits realisation)
- Create the safe / space for staff to innovate (e.g. 20% rule – 80% work 20% space to be innovative and learn)
- Scope rollout from beginning including funding – start the business case process
- Ensure Communication plan – "Hearts and Mind'
- Incentivise innovative and change engagement
- Approach the hierarchies of control behind – innovation – action – operation
- Develop a success register - Quantify the value added to a register
- Baseline and measure outcomes
- Find a team to 'own' the transformation and allow / support them to implement
- Take ideas through to outcomes – proto-typing, phasing etc.
- Build minimum viable product for action
- Need large scale change aligning to lots of best practice

- Performance Management (practical implementation)
    - Building in suggested change
    - ASK: what has the organisation done to help you achieve change?
    - Rationalise the why: why has change not occurred? How can we work together?

4. Unlocking innovation and working around the barriers

In healthcare, we acknowledge there are many obstacles and complexities in being innovative and implementing change. This has been a common theme through the Series and at the workshop. We asked participants, 'How do we unlock areas of innovation and work around barriers inherent in the health system?'. Responses included:

- Innovation = Risk (fear of impacting quality framework biggest barrier)
    - Work around – proto-typing, breaking things down
    - We need to address the emotional component – things we do can put lives at risk
- Get the foundations in place – to reduce the risk – FOUNDATIONS BEFORE SHINY STUFF
- Professional workforce – breaking peoples practice, understand people thought process, look at the way they think
- Take the 'seriousness' out of it – GAMIFY IT – this can get people curious and interested
- We need to celebrate the failures as much as the success – it is all learning
- Have an Ideas Register (crazy or not)
- Contracting to collaboration – QLD Genomics contract for collaboration partners for innovation programs – we can partner to increase our capability
- Encourage cross-discipline / cross-group dynamics – Fiefdoms dominate – need to break them down
- Fixed funding – external funding – creates issues and barriers – look at total cost of ownership (TCO) and then look at what we can change
- Continue to learn from other industries
- Ability to encourage and bring in new blood to the workplace – allow them to innovate
- Ring fencing innovative programs or people's time to innovate – allowing time for innovation
- Help people reframe the problem they are trying to resolve
- Highlight exemplars – work somewhere else – helps change your perspective
- Innovation accountability – publicly share the information – performance feedback
- 'Deal with the anchors' – that is what is weighting you down – we can be practical and do appropriate work arounds
- TOP 100 Exec (Alfred Hospital) – allows for six-month pilots out of top 100. Innovative ideas submitted for potential funding. Supported by executive. Gets around the barrier of ideas with no-where to go to be funded
- We need to ensure that we bring in the consumer perspective and their experience
- We need strong leadership – have the right frame of mind – have a long-term view
- Bring in commercial acumen that can look at things quite differently from health professionals (e.g. Toyota)
- Need to have a leadership vision for innovation – to break down the silos

5. Leadership requirements for innovation in healthcare

Leadership in health and innovation is not a new discussion. However, when it comes to digital transformation and health system change it is continually mentioned. We asked 'What leadership do we need to see innovation and change happen?' Responses from workshop participants are captured below:

- Create and encourage a culture – where ideas are encouraged / opportunities for critique
- Need to empower staff to be innovative in their role and work
- Create the opportunities for staff and partner organisations to cross-collaborate
- Leaders need to create a 'climate of urgency' in that we need to change
- Leadership needs to support short sharp experiments at low cost
- Show what is possible from the outside – looking in
- Leadership needs to be flexible in how they govern and lead the organisation
- Identify and have acknowledged change champions – identify and support
- "No eye rolling" when new ideas are raised etc.
- There needs to be an acceptance of failure – not everything will succeed
- Allow space to celebrate success
- Implement a framework approach for managing innovation and change that fits the culture of the organisation
- Leadership need to allow for and Invest in innovation – process, pilots, pool for scale
- Learn from others and localise – external learning
- Innovation is NOT a separate unit!
- Make innovation and the culture of innovation pervasive within the organisation
- Bring in new people from outside health – new ideas
- Exec who know what 'sponsor' means and can support – choose the 'right' people
- Have the ability to "disagree and still commit" ethos within the organisation and across leadership
- Embrace ok to fail – use mentors, encourage culture, strive to improve – learn and don't penalise
- Outcomes – need to continually measure and fine tune our innovation and change initiatives
- Take a long view / calibrate journey / be patient for results!
- Arouse a 'curious' leadership – which is open to new ideas
- Ensure that establish a diverse leadership
- As a leader, you need to stop 'Putting up barriers' and conspiring to stop innovative. It is better to:
    - You need to change the mindset of the organisation…
    - You need to create a burning platform (advance the conversation in that manner – no room for not doing innovation – need a budgeted line item for innovation)
    - Be on a mission – what is your mission?

Workshop Summary

Our two Innovating Health Series facilitators Simon Terry and Vishaal Kishore provided an overview and summary of the discussion and how the discussion was had in the workshop. It was eloquently

put that health innovation is a narrative. We are on a journey and stories provide the context and way points on that journey. The key points highlighted in the workshop summary are:

- It's about a journey and not a destination and a "sense" response to starting the journey.
- It's about institutions, incentives, **Leadership** and sharing of stories.
- Leadership was the last station to attract participation which was symbolic of the healthcare focus to move to: ***practical application of innovation and change, action and health implementation***

We thank all workshop participants, our facilitators, guest speaker Dr Kaveh Safavi, those that have participated in the series to date, and our series partner Accenture.

Series Next Steps

Through the online survey results, workshop outcomes and feedback through the series roundtables it is clear that the conversation is shifting from 'what' to 'how' healthcare can be innovative in applying changes as society goes through a continual and rapid digital transformation. Health leaders and executives are no longer questioning what they need to change in regards to digital. Yes of course we need to go digital.

It is more on understanding the 'how'. How and how quickly? How do we implement more innovative organisations and staff culture; how do we be innovative with interactions with practitioners, patients and consumers; how do we use digital analytics to improve the effectiveness and efficiency of our services; how do we introduce emerging new technologies and medical innovations to transform what we do; how do we share knowledge and ideas across the health sector etc.

The Innovating Health Series will move into this space of leading the discussion on 'how'. We will:

- explore practical case studies from across the sector,
- look to highlight areas of innovation and synergies of working together, and
- engage with a broader digital innovation sector which has healthcare in its sights.

We hope to bring even increased value to the knowledge and information that comes from engaging the health leadership on what is new journey for all of us. The digital transformation of healthcare is occurring and it is up to each one of us to be innovative and engage with the change for the betterment of healthcare and to ensure that the future population needs are met and maintained.

More details on the Innovating Health Series 2017/18 will be announced shortly.