International Quality Improvement Exchange

Innovation in Healthcare

6th International Quality Improvement Exchange

27-28 October 2011

Event Report

The Health Foundation Inspiring Improvement

Introduction

About this report

This report summarises general themes discussed at the sixth International Quality Improvement Exchange (IQIE), 'Innovation in Healthcare', which was hosted and facilitated by the Health Foundation.

The report focuses on issues arising from the event's plenary and group sessions. It aims to help participants build on ideas developed during the event, to promote innovation in healthcare systems across Europe.

For further information about IQIE and the Health Foundation, see the back page.

Innovation in Healthcare 2011

The dual challenges of the financial downturn and ageing populations mean that European healthcare systems need to reduce their costs, while increasing their outputs. At the same time, social changes mean there is a drive towards making health services more patient-centric rather than clinician-led.

To rise to these challenges and plan for the future, European health services need to rethink their systems and approaches. That is why innovation in healthcare was the theme of the sixth annual IQIE event.

The purpose of the event was to bring senior healthcare professionals from across Europe together to learn from each other and spark creative thinking. More importantly, we wanted participants to start developing practical steps to address healthcare challenges. To do this, we balanced keynote talks to explore ideas around innovation with group work sessions to develop thinking around possible solutions.

Event participants were leading healthcare figures from seven European countries. Event speakers were key thinkers and practitioners with a range of experience in healthcare innovation, primarily from the UK and USA.

'We don't design services around the needs of the people who are using those services. And it seems to me that's one of the shifts that really underpin innovation.'

Participant

Moderator
Nigel Edwards
Senior Fellow, King's Fund
Director, Global Healthcare Group, KPMG LLP

Speakers
Professor James Barlow
Chair in Technology and Innovation Management
Imperial College Business School

Michael Burrell
Vice Chairman (Public Affairs, Europe)
APCO public affairs and strategic communications

John Moore, MD
New Media Medicine Group, MIT Media Lab

Geoff Mulgan
Chief Executive
National Endowment for Science, Technology and the Arts, (NESTA)

Richard Smith
Director, UnitedHealth Chronic Disease Initiative
Chair, Patients Know Best

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Key findings

Thanks to the enthusiastic participation of delegates and speakers the event was thought-provoking and inspiring. Despite coming from varied backgrounds, participants identified large overlaps in their experiences and a broad consensus in their views.

Overall, participants concluded that innovation does exist in healthcare but that it is often an 'add on' rather than a mainstream approach. This means that healthcare innovations are often small scale. To gain the full benefit of innovative practices, European healthcare leaders need to implement systems to support and scale up innovation.

Another general theme was that health systems cannot just 'fix' themselves. Leaders and innovators need to look outside the healthcare sector for tools to solve the problems they face.

Finally, it became clear that encouraging and harnessing innovation in healthcare must go beyond structural changes, policy interventions and financial investment. Successful innovation in healthcare will involve significantly changing the behaviour of healthcare users and staff.

Participants identified several 'innovation tools':

- using information to build knowledge in new, broader and more systematic ways
- the potential of technology
- shifting the balance of power between clinicians and patients
- changing ways of communicating with healthcare users, other professionals and decision makers
- focusing healthcare on wellness, not illness.

'People in clinical disciplines have basically been trained to diagnose what is wrong. You show them something creative and new and they say "The problem with that is...", rather than saying "The opportunity we could exploit is..."'

Nigel Edwards

Patient power and technology

John Moore is a physician who co-developed CollaboRhythm, open source software for research into healthcare delivery. He outlined the possible role of technology in healthcare innovation.

Fundamentally, healthcare systems should be about people helping each other. But the reactive and clinician-led nature of current healthcare often serves patients poorly and leaves them disempowered. More specifically, current systems have poor outcomes including low medication adherence among patients and high administrative burdens.

While these failings are clear, a lack of investment and aversion to risk make healthcare innovation too difficult for many of us. Technology is a vital tool in overcoming these barriers. Rather than being an end in itself, technology can be a framework to underpin other innovations.

Successful innovation using technology requires 'planting the right seed', instead of replicating ideas from elsewhere (as often happens). This involves trialling innovative approaches on a small-scale and refining them – perhaps several times – before taking them to scale. Throughout this process, it is vital to share information openly to spread ideas and knowledge. Technology has an important role to play in this information exchange.

'In healthcare we think that people are totally stupid and incompetent, and … that someone over the age of 70 can't use technology, and it's so completely false … It's aggravating to people and it diminishes our capacity to really think innovatively.'

John Moore

Turning the traditional clinical model on its head, technology could enable patients to take charge of their own healthcare and medical records. For instance, patients, their close relatives and a healthcare 'coach' could attend an initial, in-depth consultation with a clinician. Then patients could self-manage, with help from their family and coach.

Technology could help patients to monitor data and trends (such as medication, diet, exercise and blood pressure) and receive occasional messages from clinicians. This way, patients should only need one face-to-face consultation for a single healthcare issue. This should help patients to feel empowered, and enable clinicians to be more effective.

The Chumby

The Chumby is a small device that helps patients to remember when their medication is due and log when they have taken it. It shows patients visuals of medication levels in their blood, and likely health outcomes based on this.

This device also helps patients and clinicians to assess the results of changes in diet and other behaviour. Over time, this helps clinicians to be more proactive and is a positive motivation for patients.

A group of 40–60-year-old people who had never used a computer managed to operate the Chumby within 15 minutes. Using the device led to more HIV patients taking their medication and asking doctors questions. Importantly, patients felt cared for because of regular interaction with their Chumby.

Why doesn't healthcare innovation spread?

'You get this problem of pilot projects being replicated all over the place, basically just doing the same thing … That has bedevilled healthcare innovation.'

James Barlow

James Barlow is a member of several healthcare innovation bodies and leads a research programme on innovation in the sector. He examined why healthcare innovation isn't more widespread.

There is a lot of innovation in healthcare, but it often remains localised, for several reasons. Healthcare is an extremely complex and ever-changing sector, which often has insufficient local resources and knowledge transfer. A widespread lack of evidence for the benefits of investment in innovation is another challenge. One example of this is 'pilotitis' – having many small-scale projects without considering how they could be adapted, sustained or mainstreamed.

The main barriers to widespread innovation in healthcare are organisational and human, rather than technological. It is easy to say no to innovation if the case isn't sufficiently clear and compelling.

The key to planning innovation is to consider how the healthcare system can evolve. We should think about how technology can enable new things, instead of dropping it into existing systems. Innovation also requires thinking broadly, about how to share risks and rewards across healthcare systems or with other sectors, rather than in specific departments.

In terms of people, we need 'champions' and local leaders to influence change and good project management to effect it. Alongside this, better evaluation of new approaches is vital to make the investment, business and *emotional* case for innovation.

Finally, governments and other authorities have a role in supporting healthcare innovation, through policy making, supporting technological industries and facilitating business involvement.

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Remote care in the UK

Remote delivery of health and social care is not a new concept in the UK. But it is a complex innovation that requires organisational change, technology and coordination between different aspects of the health system.

Around 1.5million people in the UK could benefit from remote care at any one time. Currently, around 370,000 people are using remote systems to monitor health indicators.

Many remote care initiatives have been short-term pilot projects. This is why the approach has not become mainstream, despite heavy investment and more than 10,000 studies indicating its clinical benefits.

A holistic valuation of remote care in the UK shows that it spreads costs differently, rather than reduces them. Remote also has an unpredictable impact – the system as a whole may benefit from it, but the organisation that introduced it may not. Essentially, remote care requires a system-wide approach.

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Influencing organisations and stakeholders

Michael Burrell is a public affairs consultant with wide experience of working with, and influencing, European politicians. He discussed the value of influencing others to facilitate innovation.

Innovation can save money, but it involves upfront costs. This means that healthcare innovators have to persuade governments and organisations to invest. We must also persuade healthcare staff and patients to try different approaches.

We need to work inside and outside our organisations to get people on side and build evidence for our proposals. To do this, we can 'win hearts and minds' or compel people to do what we want, with help from government and regulators. Alternatively, we can do both.

Lack of consensus and threats to power structures are significant obstacles hindering innovation. Clearly, these are both particularly challenging in complex healthcare systems. But it is possible to overcome these through influencing, especially if we focus on people with the power to block change. Finding ways of reassuring or incentivising them, or adapting our model to take their views into account, makes success more likely.

As well as drawing people towards our preferred approach, we should critique, and suggest alternatives to government and other proposals.

'Anything you can do to involve patients in helping you find the solution is worth doing. They often have very good ideas [and] they have the emotional pulling power that you don't have. Politicians are likely to be more responsive to them.'

Michael Burrell

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10 lobbying tips

1. Agree your objectives
2. Identify allies
3. Be clear and brief (aim for one sheet of jargon-free paper)
4. Explain who you are, why the issue matters to the stakeholder and what you want them to do
5. Align your arguments with stakeholders' agendas
6. Approach key decision makers when they'll be receptive
7. Ensure your tone is not demanding or humble
8. Have something to offer politicians, such as information, insight or relationships
9. Build trust – be honest
10. Be persistent

Managing knowledge and money

Geoff Mulgan has a strong track record of combining research, new ideas and practical projects to further social innovation. He explored ways of using information and funding to maximise innovation.

Healthcare systems are increasingly costly and aren't delivering what they should. Organisation for Economic Co-operation and Development health data show that increasing a country's healthcare expenditure correlates with an increase in deaths.

Innovation in healthcare can take many forms – service changes, new technology or financial tools such as social impact bonds. The starting point is organising clinical, scientific, experiential and economic information to build knowledge so we can innovate effectively (see box, below).

The next step is spending money effectively. Investment in European healthcare tends to focus on the research and development of things, for example pharmaceuticals and medical technology. However, spending on shaping environments and services (as in the USA) is more likely to be effective. Behavioural changes that affect health – such as childhood diet – are more likely to be influenced by service changes than individual interventions.

So it seems that current European healthcare investment is in the wrong place, though this is beginning to change. The best way to drive innovations in healthcare is to look at overall costs and returns in terms of decades, not year-on-year. This 'life-cycle' approach has been adopted for new building projects, so why not for healthcare initiatives?

'We've got lots of tools focusing on data, data aggregation etc. The real challenge is how you combine that into knowledge, judgement and wisdom.'

Geoff Mulgan

Essential knowledge for healthcare innovation

1. Making invisible things visible – correlating health data with other information, for example by sharing data on the physical and psychological status of populations for everyone to analyse and act upon.

2. How to get families and friends involved in supporting patients, combining informal and formal support, as in Canada's online networking structure that enables health and care professionals, friends and family to coordinate care of the elderly.

3. Mobilising evidence in different ways, for example Action for Happiness's crowdsourcing data on what makes people happy, designed to help prevent mental health problems.

4. A structured way to harness and develop collective brainpower, such as the US challenge.gov website that invites the public to identify creative answers to challenges.

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Group work

Participants got together in mixed-country groups to discuss new ways of addressing challenges in their healthcare systems. To do this, they drew on the keynote speeches as well as their own work and life experiences.

While the five groups identified overlapping themes and challenges, each focused on one particular problem.

Group 1

Challenge:
- address early years inequalities through preventative healthcare and behavioural change

Approach:
- increase opportunities for play (happier children are healthier children).
- work with parents and children to support, not direct, families to do things differently
- recognise existing resources, such as physical and on-line social networks
- enable and facilitate, not do and intervene

Ideal outcomes:
- a close, family-based society for children
- de-medicalise child health

Group 2

Challenge:
- reduce alcohol misuse among 18–25-year-olds.

Approach:
- make not drinking attractive (pull not push strategy)
- ‘Alcohol Amy’ music and social media campaign based on Amy Winehouse
- breathalyser smart phone app – reward low blood alcohol levels with credits

Ideal outcome:
- five per cent reduction in alcohol-related hospital admissions, saving considerable resources

Group 3
Challenge:
• equip patients to take control of health and healthcare, specifically elderly people and those with chronic disease
Approach:
• use digital platforms, including networks for people with specific conditions and games for children
• find out what's important to patients
• motivate patients to reach goals
Ideal outcome:
• shift the balance of power in healthcare towards patients and their families

Group 4
Challenge:
• build a more family-centred healthcare model, focusing on wellness
Approach:
• focus on community keeping people well, rather than specialised sickness care
• different communication strategies for 'unworried unwell' and 'worried well'
• build on what's already working in communities
• soap opera to disseminate ideas
Ideal outcomes:
• improve population health
• better value for money

Group 5
Challenge:
• adapting lessons from outside healthcare to improve care
Approach:
• caregiver groups to provide information, training and support to the public, particularly school leavers and the unemployed
• build recognition and respect for carers
• engage statutory bodies and businesses in building infrastructure
• encourage 'time banking' around caring
Ideal outcomes:
• patients receive better personal care from trained people they know and trust
• reduce cost and increase sustainability of healthcare

> 'Minimal change that scales quickly leads to very slow innovation, while disruptive change at a very small scale can lead to broad changes in a way society interacts at a much faster rate.'
>
> *John Moore*

Conclusions

The case for innovation in healthcare

- health systems are costly and becoming more so
- current systems aren't delivering what they should, or could
- incremental change isn't working
- innovation is a way of empowering patients, improving outcomes and potentially saving costs.

The barriers to innovation

- organisations are averse to risk
- people are averse to change
- complex environments and challenges require complex changes
- lack of clear evidence of widespread benefits
- lack of long-term investment, or investment in the wrong place
- vested interests.

Conclusions

Ways to overcome barriers

- ensure innovation benefits patients and healthcare staff
- shape services and environments rather than individual interventions
- consider how technology can enable change
- share information openly
- build a clear case for investment
- engage champions and project managers to drive things forward
- persuade governments and decision-makers to support innovation.
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The way forward

- get patients and their families involved
- get key decision makers on board and build a consensus
- harness collective intelligence and organise knowledge
- adopt a life-cycle approach – think about value as well as cost
- look at sharing risks and rewards with others
- be flexible – learn and adapt.

'We're recognising just what a huge paradigm shift it is for us to think about relying on people taking responsibility, rather than us stepping into the space and doing stuff to people.'

Participant

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Further information

International Quality Improvement Exchange

The International Quality Improvement Exchange (IQIE) provides an informal opportunity for healthcare leaders from across Europe to discuss how to improve the quality of healthcare.

Forum members share their different experiences and perspectives to tackle common challenges such as financial constraints, ageing populations and increases in chronic health conditions. IQIE member countries are Denmark, England, France, Germany, the Netherlands, Norway, Scotland and Sweden.

The Health Foundation

The Health Foundation is an independent charity working to continuously improve the quality of healthcare in the UK.

We want the UK to have a healthcare system of the highest possible quality – safe, effective, person-centred, timely, efficient and equitable. We believe that to achieve this, health services need to continually improve the way they work.

We are here to inspire and create the space for people to make lasting improvements to health services. Working at every level of the system, we aim to develop the technical skills, leadership, capacity and knowledge — and build the will for change — to secure lasting improvements to healthcare.

For further information about the IQIE event of the health Foundation, please contact:

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