



About the Series

HISA has commenced a new thought leadership series - *Innovating Health. Creating a New Conversation.*

Through a 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 and supported by Accenture as a founding partner.

Never has there been a time of such pressure on the healthcare system and the need to transform is vital. Conjointly, the conditions and promise of innovative change are there 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

Event 1- “The Culture of Innovation” – Sydney – 27th April 2016

Overview:

How does health get a Culture of Innovation?

Simon Terry Founder of Change Agents Worldwide led a recent discussion in Sydney with a number of health and industry leaders to understand what can be done with the culture of innovation in healthcare.

Reflecting on the recent 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.

Opportunities for Innovation Change in Healthcare:

A number of opportunity areas were discussed as ways to change the culture of innovation:

1. **Patient Centricity to Consumer Centricity** – to promote and create a culture of innovation in healthcare. Health leaders need to continue to build upon patient centricity programs already underway, encourage innovation as a key enabler for reform, and to extend that thinking to include health consumers where individuals can be engaged on their own healthcare.

By allowing health system employees to think more broadly about system changes in their own jobs and as health consumers, it will allow freedom to be innovative and potentially design different systems or ways of managing care or delivering services. Principles of co-design, clinician and patient involvement were all supported as important enablers for innovating healthcare.

One executive stated, “Machines and devices have to be brought in from the consumer to make system changes. This will be a fundamental shift. We will require the capability and expertise to ensure the data that they collect can inform the requirements of clinical and healthcare decision making.”

2. **Leadership in Driving an Outcomes Focus** – together with patient and consumer centricity there needs to be continued leadership and structural reform in the way system measures and rewards patient outcomes. Currently, the system is generally designed to manage and fund episodic care. This continues to be a constraint for innovative change where there is a drive for technical efficiency. Health and industry leaders can play a key role in advocating and promoting innovation programs within their sphere of influence and control.

Additionally, it was identified at the meeting that there is an opportunity around leadership to help create the change needed in the system and to reinforce the individual behaviour changes required to support innovation and change within organisations. Behaviour changes such as

transparency, collaboration and adopting successful work developed elsewhere are key enablers.

Health leaders can strive to build change leadership capability within their organisations and partnerships. This includes administrators, clinical leaders and implementers. Outcome focused approaches allows us to think more about health “system innovation”.

One attendee stated “Health best practice? What do we want to stand up and say is best practice from a health outcomes point of view?”

Also, “There is a case for asynchronous care. People don’t want to be waiting.”

3. **Process for Health Innovation / Need for Greater Agility** – there was general consensus that there needs to be a change in mindset about how we deliver innovation in healthcare. Current methodologies and processes do not allow innovation to easily occur. Digital technology and societal changes are taking pace at a faster rate than internal innovation projects or research programs can deliver.

There needs to be a process where innovation projects are managed differently to normal projects. To provide the ability to accept failure, learn from mistakes and invest in scaling good ideas which have been proven. The Australian Institute of Company Directors are advocating for corporate governance changes at company Boards to better manage innovation. A process which allows better balance of risk vs reward in regards to innovation would be welcomed.

The process needs to allow innovation to occur at the edge of organisations, have the ability to fail or make mistakes, and bring good ideas which have been tested to the centre to scale if they are proven to be successful. We need to be flexible about how we deliver solutions – maybe there are other ways other than the traditional approaches which may not fit.

One attendee stated “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.”

4. **Importance of Partnership and Collaboration** - it is recognised that healthcare is a complex system. People generally don’t worry about their healthcare requirements until they need it. Those working in the system understand and are dealing with increasing demand, doing more with less and range of complex regulations, rules and requirements. Partnerships and collaborations are important in any system innovation to deliver change, particularly when dealing with multiple providers, different stakeholders and expert practitioners.

Collaboration is recognised as a core principle in any ongoing and future approaches to health system innovation. Digital technology enablers should support collaboration efforts and information exchange.

5. **Case for a range of system enablers** – there are a range of programs and efforts continuing to connect the system from a policy and technology point of view. There is evidence globally that healthcare systems that have foundations in information exchange and interoperability have better success with digital health and eHealth programs.

Australia has completed a lot of work on clinical terminology, data standards and system linkages over the last number of years. While some lament on progress and the challenges, there has still been a lot of work that sets the foundations to make current system interoperable and exchange messages and information.

Additionally, the rapid emergence of consumer led technology, access to online health information like Dr Google, and digital health entrepreneurs investing and building smarts in new technology cannot be ignored. For health system innovation, we need to encourage the industry to accept the reality of this activity by consumers and entrepreneurs and plan to engage and leverage it.

Conclusion - HISA Reflection on the Event

HISA was excited with the level of engagement and participation at the first of our Innovating Health Roundtables. We discussed the *Culture of Innovation in Healthcare*. We thank the attendees for their attendance. We also thank Simon Terry for his guidance and experience through the discussion.

Our key take-away as participants and observers at the event were:

- **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.

We look forward to our next event in series in Brisbane – **Internet of Things (IoT)**.

Innovating Health – Health Leaders in Attendance:

- Simon Terry, CEO Change Agents Worldwide (Roundtable Discussion Guide)
- Professor Anton Donker, CIO Health Direct Australia
- Bronwyn Van Der Merwee, Group Director Fjord APAC
- Dr Michael Bainbridge, Managing Director ASE Consulting
- Dr Martin Seninveratne RMO RPA Sydney
- Dr Denis Bauer, Senior Researcher CSIRO
- Dr Ruth Webster, Senior Researcher The Georges Institute for Global Health
- Professor Carol Pollock, Chair North Sydney LHD
- Professor Tim Shaw, Head of eHealth University of Sydney
- Dr Tim Smyth, Principal, Holman Webb Lawyers
- David Roffe, CIO St Vincent’s Hospital Sydney
- Dr Michael Costello, Executive Director, eHealth NSW
- Pablo Borrás, Client Executive NSW Accenture Australia
- Alex Burke, CEO TigerSpike
- Ian Manovel, Principal Innovation Accenture Australia
- Dr Louise Schaper, CEO HISA
- Greg Moran, HISA (Host)

Postscript: Challenges and Barriers Captured

1. **Current Perception of Health Innovation** – most people when they think about innovation in Australian healthcare generally think of the latest medical device, drug or treatment. Healthcare professionals are trained to think about the evidence base, research, medical technologies, drugs or therapies which can be improve care and better manage disease and healthcare conditions.

There needs to greater moves by those working within the healthcare system to think more about “**system innovation**”. That is, the ability for our healthcare system to better connect, provide information to people in the system, and to link processes to people for the benefit of those working in the health system as well as those using the system.

2. **Structural and Financing Barriers** – there is no shortage of good ideas and potential innovations across the healthcare sector, both within healthcare organisations and across the broader sector. There are difficulties in the process to move those good ideas due to organisational constraints or lack of finance to scale. More often than not system innovations in healthcare are piloted and then dropped due to a lack of will, investment or structural financing to implement and scale a solution.
3. **Lack of Awareness of Current Innovation Programs** – there are lots of research and innovation programs already underway. They can be collaborations between health providers, universities and industry at some level. They are generally localised and may not be obvious to others working across the healthcare sector. Therefore there is the potential for continued fragmentation, lack of awareness of others work, not learning from what has already been done, and a continuation of minimal sharing of information across the sector.
4. **Cost Efficiencies vs Patient Centricity** - cost efficiencies are a key measure in health organisational reporting. It could be argued that cost management is more actively reported than patient outcomes. Our system is structured in a way where service transactions and cost are a key reporting element. This creates cultures which are risk adverse and innovate little. It was well recognised by health leaders in attendance that greater moves to patient centricity will present news ways of thinking and delivering care. This process has started but needs to continue to grow and incorporate new waves of digital technology use.

Further Information and Updates:

Further information on the series, updates and resources can be found at <http://innovatinghealth.org.au/>.