Random reflections on health system innovation: Aligning Health Systems For Change and Improvement

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"We're ready to begin the next phase of keeping things exactly the way they are."
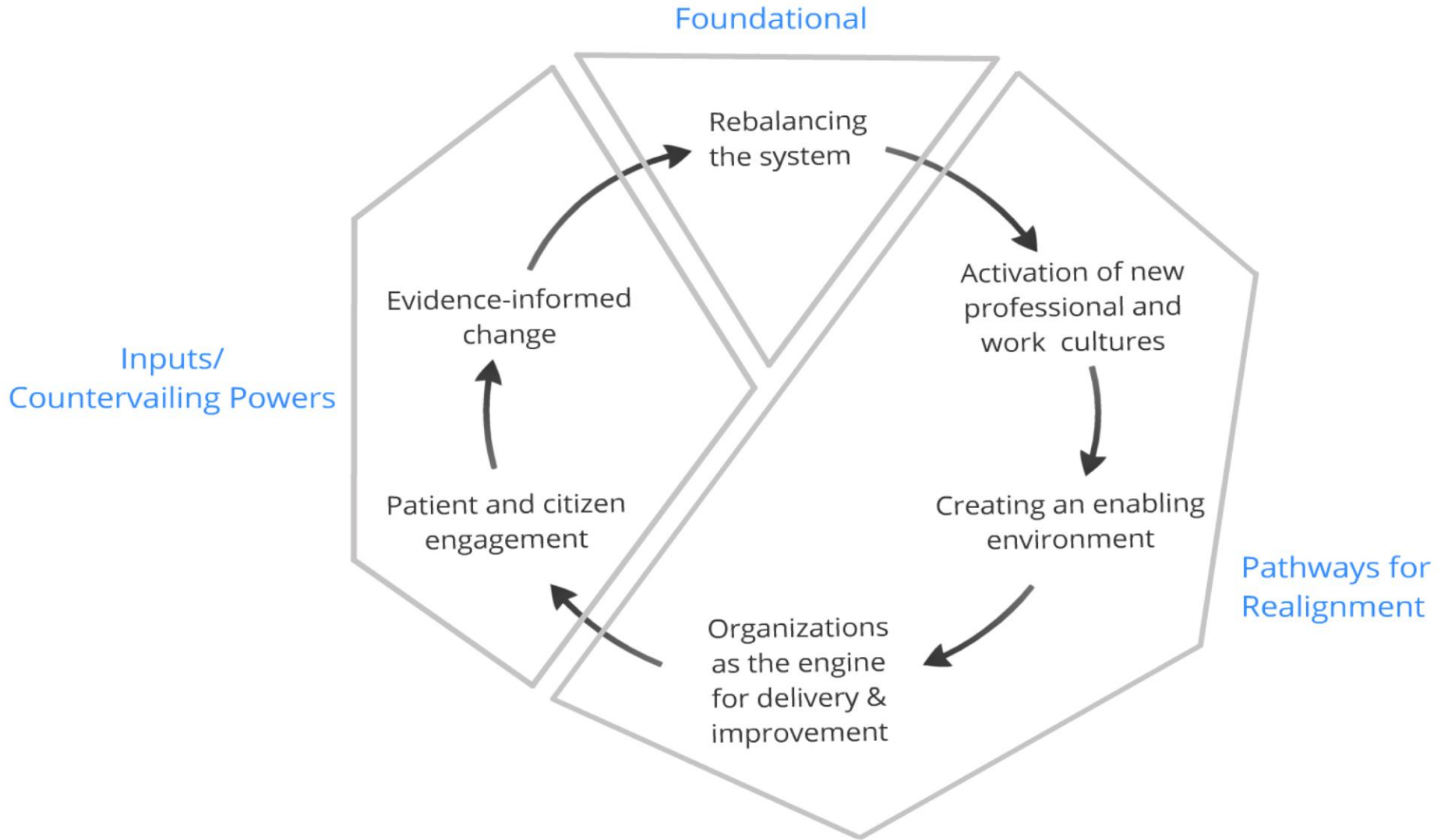
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Challenges of doing things differently in health systems

Foundational

Inputs/ Countervailing Powers

Pathways for Realignment

Rebalancing the system

Activation of new professional and work cultures

Creating an enabling environment

Organizations as the engine for delivery & improvement

Patient and citizen engagement

Evidence-informed change

(Adapted from Denis et al., 2011)

Principles of an ecology for innovation

(adapted from Denis & al., 2011; Denis & Forest, 2012)

- A1: While ***innovation*** can and does occur at many levels of a health system, the need exists for more synchrony and connections between the policy, organizational and clinical/front-line levels of a health system in order to achieve change, innovations and improvement.

- A2: Despite political and structural limitations inherent in any health system, organizations and front-line workers can significantly compensate for these challenges and, in doing so, participate in the ***innovation journey***.

Underlying assumptions (continued)

- A3: Dollars/Reals, Euros… alone neither buy all types of desirable change nor translate easily into *innovations and improvements*.

- A4: Real **innovations**/changes taken at any level of a health system are those that translate into improvements at the delivery/clinical level, including behavioral changes of providers and practice, with the end goal of improving health outcomes and patient/users experience.

- A5: While there are times when real and substantive **innovations**/changes may result from necessary and significant policy shifts, overall stability rather than constant reorganizing is necessary for organizations and the front-line level to perform and achieve improvements.

Disruptive innovation

- **Challenge predominant ways** of delivering care : going simpler and in a more affordable ways – a "*technological enabler*"
- Is **global**: move beyond the "*enabler*" to a clinical design system (ex.: advanced chronic disease model), an organizational form like network...for a **new value proposition** for main stakeholders
- Is **systemic**: create facilitative conditions for innovation within the environment (incentives, capacity-building, sharing of experiences...)

Soft & Hard Core of Innovations
(adapted from Denis & al., 2002)

- Hard core: solid evidence-based without much controversies
- Soft core: boundaries and components of innovation that can be/are negotiated generating low or high impact
- Innovation: hard core + soft core

Combination of hard and soft core of innovations shape potential and outcomes

High Impact Innovation: Disruptive + Scaling-up *without* dilution

Implications for the LAB

- *Deliberate strategy* to stimulate and enact innovations in health systems:
  - *Criteria* to identify and assess innovations
  - *Methodology* to document and understand the innovation journey
  - Strategy to derive and disseminate *lessons learned* for health systems
  - Strategy to *support* health system's innovation
- Model of action: achieving *high impact* innovations in an *incremental* way = conversion of power, interests and values in learning opportunities
- Objectives, organizing principles and outcomes of the lab?!

Challenges for the LAB

- *Orchestration:* Distributed capacities and leadership

- *Execution*: Challenges in health systems to move from design to implementation to sustainability

- *Scaling-up*: Challenges in health systems to move beyond promising experiments (pilot-projects syndrome)

- *Sustainability*: long-term investment in the innovation journey