Innovative Healthcare Delivery: What It Is, and What It Is Not

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Innovation is a word we hear a lot in healthcare leadership and governance circles. "Our market share is decreasing; we need some *innovative* ideas to attract more providers and patients." "Hospital revenue is declining; we should find some *innovative* approaches to reducing our operating expenses."

It has been my experience that we often confuse innovation and invention. I, for one, had always thought of them as one and the same. There is, however, a fundamental difference between an innovator and an inventor, writes digital entrepreneur Tom Grasty in his column in MediaShift Idea Lab.[1] Mr. Grasty offers the following definitions:

> Invention is the "creation of a product or introduction of a process for the first time." Thomas Edison was an inventor.
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> Innovation happens when someone "improves on or makes a significant contribution" to something that has already been invented. Steve Jobs was an innovator.
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> Innovation is the execution of a better solution that meets a new reality or need. It is generally thought of as a process that brings together various novel ideas in a way that has a significant impact on those it serves. Invention, on the other hand, is the creation of an idea or method that has not been used or thought of previously.

While we're clarifying terms, innovation is not improvement. Improvement is more about doing the same thing better, for example, an improved time or outcome. With continuous change as the only constant in healthcare, it would make sense that we would be constantly innovating and finding different ways of doing things. In fact, with change being our constant, costs continuing to rise, and error still a leading cause of death in the U.S., the concept, or mind-set, of innovation should be one in which we constantly find ourselves.

Why Don't We See More Innovation?

To innovate it is not enough to only think differently; you also have to act differently. There is still a morass of beliefs in healthcare that stymie some of the personal risk required to take the leap to action. Leaders reflect on the difficulties of empowering their teams and giving them the tools and space to innovate. Empowerment is not something that you give to others. Authority can be "given," but empowerment to take a risk and achieve a result is a personal choice. Innovation requires that we take that risk.

One reason we don't see more innovation is borne out of the reality that many of our hospitals and health systems are still in the infancy of creating a psychologically safe environment for leaders at all levels to "speak up" and act differently. So the idea of taking a risk—the thought of going out on a limb with a new idea or approach—is often perceived as a career-limiting move.

The innovators who are pushing the envelope and thinking about healthcare differently are those that, in the words of Maureen Bisognano, president and CEO of the Institute for Healthcare Improvement (IHI), are "flipping" healthcare.[2]

Ms. Bisognano challenges us to take a different approach. Instead of focusing on a patient's disease or illness and asking, "What's the matter?" she invites providers to focus on the individual needs of a person and lead with the much more sensitive and intimate: "What matters to you?"

In her presentation, she features a patient who approached his dialysis team and proposed that he administer his own dialysis, posing the challenge to the team: "Who knows me better than myself?" At first the staff was understandably reluctant—this would require them to change their established procedure—but with some cajoling and encouragement they came around. Dialysis at this health center is now all self-administered.

Ms. Bisognano challenges us to flip the conversation around to being patient- and family-driven; she invites us to be creative, to break down the barriers, and to innovate.

To reiterate, our current reality in healthcare in North America demands that we encourage, resource, and lead innovation as a priority.

Some Changes That Demand Our Best Innovative Minds

Change in the healthcare marketplace, how we pay for care, who pays for care, what gets reimbursed, and the challenges associated with hospitals' access to capital, are just some of the issues that are demanding that healthcare boards and their leadership teams act differently.

1   Tom Grasty, "The Difference between 'Invention' and 'Innovation,'" MediaShift Idea Lab, PBS, March 29, 2012. To view this article, go to www.pbs.org/idealab/2012/03/the-difference-between-invention-and-innovation086/.

2   Maureen Bisognano, "Flipping Health Care," Institute for Healthcare Improvement's 25th Annual National Forum on Quality Improvement in Health Care, December 2013. View at www.youtube.com/watch?v=ATaEgJsidJo.

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These market forces are shifting the loci of control and influence away from doctors and hospitals and putting the crafting of solutions to these complex issues in the hands of the very communities they serve. When people at the front line of care acknowledge that they can make changes to healthcare without having to wait for permission, this is how and where innovation happens.

Health Leads is the brain-child of Rebecca Onie, who believes that a different kind of healthcare is possible and attainable for America.[3] Borne from her experience at the front line of primary care for some of Boston's most needy and desperate families, Ms. Onie and her colleagues (college students) have posed some questions that are flipping healthcare. They have asked questions like: What if waiting rooms were a place to improve daily care? What if doctors wrote prescriptions for food or heat, so that a family has the basics to get healthy?

In Ms. Onie's words, "If airports can become shopping malls and McDonald's restaurants can become playgrounds, surely we can redesign the doctor's office visit to make it a place that instead of watching a fish tank we could be improving health."

In a recent TED talk, Ms. Onie ponders why innovations in healthcare are not more prevalent, and why it is that we are still working to make the prescribing of food and heat a reality half a century after we were made aware of the value.[4] The reason is that the answers are hard, not because they are too complicated, but because they require a level of honesty with ourselves; to admit that what we're doing is not working and that to make a true difference, we need to change our approach.

Retail healthcare is an innovator in how we think differently about care delivery. Minute Clinics and the clinic at Wal-Mart are two examples amongst many that illustrate real-time innovation. These organizations already have the real estate, systems, and personnel to serve their customers. By adding routine medical and prescription services to their stores they are serving a population in a lower-cost, more convenient, and service-oriented environment. Thinking of Target, Wal-Mart, or CVS as healthcare companies is demanding that we collaborate, partner, and innovate in ways that were unimaginable five years ago.

Education and ongoing training are essential to any industry so heavily reliant on human beings to deliver products and services. Training and education is often expensive, time-consuming, and cumbersome and doesn't teach in a way that resonates with current clinical reality. We are still educating and communicating by discipline and yet, more and more, are required to be working in high-performing teams. The two are fundamentally at odds.

Taking this need for education, the challenge of scarce resources, and difficulties with access, people are coming up with innovative solutions. From the lessons, insights, and technology from the gaming industry, merging it with the experience of aviation, several innovators are very close to bringing the concept of "virtual immersive learning" to healthcare that will enable us to create virtual environments, place an avatar of ourselves into that space, and "practice" care as if it were real. Similar to flight simulation for pilots, we are close to being able to create a virtual environment within which we can learn, fail, and improve with no impact on actual patients.

Perhaps a lot to swallow, or not. Back to the earlier definition, "The execution of a better solution that meets a new reality or need." This is innovation.

Error and mistakes are still a leading cause of death in North America. We are a phenomenally complex, ever-changing industry that relies on fallible human beings to work well in complex, difficult to repeat situations each and every day. There are industries and sectors, that while we cannot mimic entirely, we are waking up to the realization that there is a lot to learn from those leading in a similar space.

A radical innovation: the operating room black box.

Picture this: post surgery, regardless of the outcome, we can review a case in its entirety. We can go back and look at thousands of time-stamped data points to recreate events as they transpire in the operating room. We can capture voice, video, blood pressure, oxygen levels, and numbers of plasma/blood transfusions. The data would stream from the medical equipment in the room, from the microphones, the cameras, and any other sources that we choose to capture. We can assess teamwork, we can learn, we can improve. We can revisit the case with a poor outcome and learn what we can do differently next time. We can review the complex case that went well and use it as a teaching tool.

This is not a pipe dream; it has been developed and is currently being tested by Teodor Grantcharov, M.D., Ph.D., a general surgeon at St. Michael's Hospital in Toronto, Canada.[5] An innovator if ever there was one.

The choice to innovate is not in fact a choice. It's an imperative. I firmly believe we have the expertise, the intelligence, the resources, and the creativity to make healthcare less costly, more effective, more patient-centered, and better—now we need to give ourselves the permission to try, and to innovate. ◉

3 To find out more about Health Leads, go to https://healthleadsusa.org/what-we-do/strategy-impact/.

4 To see Rebecca Onie's TED talk, go to www.ted.com/talks/rebecca_onie_what_if_our_healthcare_system_kept_us_healthy.html.

5 Theresa Boyle, "Operating Room 'Black Box' Invented by Toronto Surgeon," *Toronto Star,* September 30, 2013. View at www.thestar.com/life/health_wellness/2013/09/30/operating_room_black_box_invented_by_toronto_surgeon.html.