New methods for a new era

Role of the Horizons Group

To stimulate new and ‘disruptive’ approaches in support of health and care transformation, operating at the edge of current thinking and practice:

• skip a generation of thinking about how to create large scale change
• skip a generation in new people to connect with: emerging leaders, clinical trainees, students
• Skip a generation of methods for change: open innovation, social media, crowdsourcing, hackathons
Change is changing

Two BIG themes:

• Open
• Social

<table>
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<tr>
<th>Closed innovation</th>
<th>Open innovation</th>
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<td>We have a highly skilled and experienced workforce which can work out most of the answers to the problems we face</td>
<td>By inviting others (with a common interest in solving key problems) to participate in our innovation process, we can utilise the wealth of knowledge that exists outside of our organisation</td>
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<td>To get the most value from our innovation process, we must discover, develop and deliver it ourselves</td>
<td>Engaging others can add significant value to our innovation processes</td>
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<td>If we discover it, we will be the first to deliver it which will give us an important advantage in a competitive health and care market</td>
<td>We don't have to originate the idea or innovation ourselves in order to benefit from it</td>
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Open innovation

Horizon scanning

Internal expertise

External expertise

Ideas generation

Prototyping

Testing

Launch

The very best summary I have found on this topic is Swedish!
Crowdsourcing: a definition

Tapping into the collective intelligence of the public at large (“the crowd”) to complete a tasks that an organisation would normally either perform itself or bring in an external expert to help with.
It enables leaders to expand the size of their talent pool while also gaining deeper insight into what people who use services and other stakeholders think is important and really want.

Crowdsourcing in healthcare

- PatientsLikeMe – sharing symptoms
- CrowdMed – crowdsourcing medical diagnosis
- HealthMap – monitoring infectious diseases
- ReShape – patients determine research priorities
- WellSpringboard and Innopinion opening up the innovation process in healthcare
- Voxmed allowing professionals to share opinions, seek advice & connect with their colleagues
- Citizen science projects http://www.scientificamerican.com/citizen-science/
- Improving public health interventions: Department of Health Sciences, University of Washington
Crowdsourced Clinical Studies: A New Paradigm in Health Care?

The Miriam Webster defines crowdsourcing as: “the practice of obtaining participants, services, ideas, or content by soliciting contributions from a large group of people, especially via the Internet.” Clinical studies using patient recruitment and data collected via crowdsourcing is surely an intriguing concept. It characterizes what Dr. Eric Topol describes as the "second industrial revolution of medicine," driven by patients, not institutions.

Crowdsourcing Curriculum on Consumer Health Informatics

What do you think should be included in a course in Consumer Health Informatics (CHI)? Is it a graduate medical informatics program? I know a graduate curriculum targeting health practitioners, and technology and health professionals—passionate about participatory medicine.

As faculty Oregon Health Science University, Department of Medical Informatics & Clinical Epidemiology, I’ve been asked to teach the CHI course. The class was developed by Holly Anson now at Northeastern University. Offered online this spring, to graduate students in the Schools of Medicine and Nursing, it will be taken primarily by students getting a masters or doctorate in medical informatics. Students access lectures and other materials online through Blackboard participate in online forums and submit papers and presentations over a 12 week period.

Consumer informatics changes rapidly, so it’s challenging to stay up-to-date like computers. It can get stale as soon as it wake out the door. I’ve been editing course content and updating lectures, but all during this process I thought: how can I get the voice of consumers and advocates in the curriculum? Answer: ask them.

What would you include in Consumer Health Informatics graduate curriculum?

Here’s a description of the class, and list of topics. Feel free to comment about key areas of interest and less important topics, great content that you’re aware of - slides, videos, Tedx talks, whatever. Of course if you really have something to say, contact me directly at wood@ohsu.edu - guest speakers welcome.

It would be great to start a discussion — I’ll make sure this DISCUSSION is part of the students’ exercise! : )
hack•a•thon

/haka, thæn/ noun: a hackathon (also known as a hack day, hackfest or codefest) is an event in which computer programmers and others in the field of software development, like graphic designers, interface designers and project managers, collaborate intensively on software-related projects.

NHS Hack Day
A tweet during NHS Hack Day, 26th January 2014

Organisations with transformational goals are increasingly using “hackathon” type processes
Example: Hacking HR to Build an Adaptability Advantage
Chartered Institute for Personnel and Development
THE MANAGEMENT HACKATHON
A UNIQUE WAY TO ADDRESS THIS CHALLENGE

In April 2013, CPD and the Management Innovation at Change (MIX) invited HR and business leaders to crack the adaptability challenges through a hackathon—an online problem-solving event designed to harness the collective intelligence of progressive HR and management practitioners from around the world. Over 1100 people signed up to participate.

The hackathon was a hands-on, collaborative effort focused on finding, developing, and implementing real-world solutions that could be experimented with in real-world companies. Using the MIX’s groundbreaking methodology, the hackathon community was able to address the following key questions:

- What are the defining characteristics of adaptable organizations?
- What are the barriers to adaptability? Why do most organizations struggle to be truly adaptable? What are the specific impediments that get in the way of proactive change?
- How might we overcome these barriers? What are the most radical, yet practical ideas for how HR can spur the entire enterprise into becoming more adaptable? What are some initial, yet impactful, steps we could take to make progress on this front?

THE ENEMIES OF ADAPTABILITY
WHAT ARE THE BARRIERS THAT PREVENT OUR ORGANISATIONS FROM BEING MORE ADAPTABLE?

This is the question we posed to contributors during the early stages of the hackathon. In just under two weeks, our hackathon community developed a list of over 120 enemies of adaptability—barriers that prevent our organizations from being as adaptable as they could be. As we read through these 120 enemies of adaptability, we saw 12 core themes emerge. These are perhaps the most critical barriers that impede organizations from adapting to the changing world around them.
FEATURED HACKS

As we evaluated all of the completed hacks, we know the best hacks would score high on the following criteria:

1. Is it deep? Does it address a key barrier to adaptability?
2. Is it bold? Does it offer a clever and unconventional approach compared to existing HR practices or processes?
3. Is it specific? Are the key elements of the solution clearly outlined, even if at a high level?
4. Is it doable? Could the hack be prototyped or experimented with in an organisation without requiring a big budget or CEO approval?

On the following pages, you’ll find a collection of some of the most powerful and compelling hacks to emerge from the hackathon.

FEATURED HACK

MIX IT UP

By Bob Lomas
Co-authored by Mathematical Guy, Leonardo Zangrandi, Perry Timms, Holli Axen, and Sam Rock-Williams

Most large companies are a collection of silos, with employees so focused on their area of specialization they may be missing key opportunities and threats. Liz and her team propose we “mix it up” and increase adaptability by breaking down the organisational silos that hold us back.

“Mixing It Up” could take many forms, depending on what works best for the organization, but this hack primarily focuses on “mix visits” - temporary rotations where employees visit other areas to bring their skills, knowledge, and experience to the problems faced elsewhere and to gain knowledge, perspective, and interpersonal connections that can help them to advance in their regular jobs.

This builds the muscle of adaptability through broader experience, faster and more embedded learning through taking risks and increased comfort with making transitions. It gives an opportunity to gain different perspectives and to expand knowledge of the range of capabilities existing in the organization. In addition there can be numerous side benefits such as enabling employees to discover something they love, developing their careers without a risky permanent commitment, enhancing employee engagement, increasing operational effectiveness through improved cross-functional coordination, enabling managers to spot talent, and encouraging innovation.
A case study

The Integrated Care Pioneer Programme
Aspiration

The pioneer localities will act as “a means of driving forward change at scale and pace from which the rest of the country can benefit”

What’s our programme theory?

Aspiration that pioneer localities will demonstrate accelerated learning and a level of service so much superior to the rest of the system that they will be a catalyst for change for the whole country

...like Toyota!
A challenge

“Unless a program can be replicated and sustained on a large scale, it will not be transformational..... We can no longer evaluate programs simply based on how well they’ve performed in a given locality. Instead, we need to factor in their potential to achieve scale”

http://voices.mckinseyonsociety.com/social-innovation-a-matter-of-scale/#sthash.3t8kilI3.dpuf
Conclusions from previous “pioneer type” programmes in health and social care over the last decade

1. Promising pilot programmes are rarely replicated successfully from pilot localities to others; the wider and more complex the change the least likely that spread will happen
2. All the effort and energy gets put into making the pilot programme functional and issues of spread and scale are typically an afterthought
3. Change is highly context specific; people want to invent their own solutions and what works in one locality may not work in another
4. People outside of the pilot locality don’t feel any ownership of, or emotional connection with, the pilot project. As a result, the change processes that are the result of the pilot have to be “pushed” onto other localities rather than pulled and this isn’t a recipe for sustainable change
5. The pioneer localities have limited bandwidth to coach others and spread best practices
6. Very few evaluative studies look beyond the pioneers to issues of scale and spread

Source: @HelenBevan
As a “pioneer” test site, we want to be left alone for a period of time so we can work it out for ourselves

As a “pioneer” test site, we seek to continuously get ideas and guidance from leading thinkers and practitioners outside our local area

We will test our new ways of working internally “to destruction”. When we are confident they will work, we will offer to share our “best practice innovations” with others

Many people have contributed to the innovation process, beyond our host community; this means that when it comes to diffusing the learning from pioneer sites, people from other localities already feel that they own it. Spread is more likely to be “done with” not “done to” and to be “pulled” not “pushed”

The power of co-creation

“people will support what they help create.”
Based on open innovation principles

- generating ideas and engaging the whole nationwide community and international experts in the integrated care programme on an ongoing basis
- developing the most promising ideas into practical blueprints that can be experimented upon rapidly and easily by both pioneers and other localities
- synthesising the insights from this process and making information about bold but highly actionable ideas for integrated care widely available
- creating an engagement process through social media and other channels (#tweetchats, web seminars, crowdsourcing activities and other virtual methods) that keep the community connecting, communicating and learning from each other
- using adoption partners, “sprints” for action, Challenge Prizes and other mechanisms to build and sustain momentum and interest

Action research project: scoping phase

- What are the learning needs, foci and goals of the learning community?
- What technologies can we use to support the learning community?
- What is the best pattern, format, design and model for face to face community events?
- How can we best achieve collaborative problem solving?
- How can the learning community best access knowledge, expertise and practice from around the world?
- What are the best ways for capturing the learning that emerges?
- How do we build effective learning relationships between pioneer sites and members of the community of engagement?
- What learning activities will generate the most energy?
Scoping phase: four activities

1. Insights for design
2. Virtual movement building
3. Virtual events
4. Face to face event

Open innovation is a mindset, not just a process

We would love to share with others but there don’t seem to be any takers