



INNOVATIONS IN PA/LTC

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Society Innovations: Where Are We Now?

At AMDA – the Society for Post-Acute and Long-Term Care Medicine’s Annual Conference, the Innovations workgroup led an engaging session to introduce the concept of innovation and implementation as it pertains to health care in general, and specifically to post-acute and long-term care. In addition to formally introducing innovations and implementation concepts to Society members, the intent was to validate member enthusiasm for prompt and creative solutions to challenging problems they encounter in the continually evolving health care systems. The Innovations Workgroup firmly believes that the insights from this session will help define the strategic roadmap for setting a true innovation platform for the organization.

In May 2016, the Society’s Board of Directors asked the Innovations Workgroup to provide recommendations for the potential creation of an innovations platform. The workgroup met several times to review domestic and international approaches to innovation, and obtained input from experts in the field to compile recommendations to the board. The recommendations proposed to undertake the following formative activities to help build a formal roadmap for an innovations platform.

- First, a technology pavilion was set up in the exhibit hall at the Annual Conference to invite entrepreneurs to share their unique solutions with conference attendees. Three entrepreneurs displayed their technologies to attendees and received valuable feedback on their products.
- Second, this quarterly column was added to *Caring for the Ages* to highlight innovations in the post-acute setting. The goals of this column are to continue to educate members about the potential role of innovative approaches in enhancing post-acute quality of care, and to share perspectives of innovative thinkers in influencing meaningful change in our settings. The column will also serve as an ideal vehicle to update members about the next steps to solidify the strategic plan for our innovations platform.
- Finally, a half-day innovations seminar was featured at the Annual Conference. The session included several presentations designed to introduce attendees to the concepts of proactive innovation and implementation, and also provided three concrete examples on how innovative problem-solving can address critical issues pertaining to patient care and workforce training.

Mel Hector MD, CMD, presented personal stories to emphasize that innovation was the responsibility of all and could not be merely delegated to a creative few. Cari Levy, MD, PhD, CMD, Jonathon Dariyanani, JD, and I shared examples of systems-level innovations to improve access to care and workforce training. These presentations were well-received by the audience and primed them for the innovation forum that immediately followed the presentations.

Sharing Perspectives

The innovations forum was an engaging and interactive segment of the 3-hour seminar led by Malaz Boustani, MD, MPH, chief innovation and implementation officer for Indiana University School of Medicine. Using structured facilitation approaches, Dr. Boustani pushed attendees to share bold perspectives and ideas to answer the question, “How can the Society emerge as a leader in innovation and implementation”? Every attendee was encouraged to present their solutions in response to the question without facing critique or judgment from other participants.

The innovations forum was attended by a mix of academicians, frontline clinicians, and entrepreneurs. A variety of creative solutions were presented by attendees. They built off one another’s ideas and generated a fascinating discussion, focused on strategies to help the Society become a leader in post-acute innovations. It was clear from this discussion that the members expect the Society to collaborate with academic and industry partners. The majority of attendees agreed such partnership could be viewed as a natural evolution and could be modeled after partnerships that the Society has previously created in member education and advocacy.

Following is a brief summary of some of the common ideas and solutions that attendees presented in response to the posed question regarding the Society’s potential role in innovation:

1. Innovations repository. Several members proposed that the Society develop a user-friendly portal, or repository, for members to access potential outside-the-box solutions to the complex issues they face in their daily practice. They noted that many Society members used creativity to overcome day-to-day barriers to ensure high quality care to their patients, and that tapping into their solutions would be beneficial.
2. Literature repository. Attendees also proposed that the Society create a web-based service to share new evidence and literature regarding best practices and



President-Elect Cari Levy and Vice President Arif Nazir have been working on laying the foundation for an innovations platform for the Society.

validated models of care for members to conveniently access and implement in their own settings. One attendee recommended delegating this to a passionate young clinician-educator, thus creating a win/win by allowing this individual to educate a large audience and allowing an eager audience to receive much needed evidence-based data.

3. Awareness campaign. Some suggestions were aimed at keeping innovations at the forefront through newsletters, discussion forums, and presentations at various annual conference sessions. One attendee suggested that the Society hold competitions focused on innovative solutions in various regions in collaboration with other local organizations as a potential stimulus to foster innovation.

4. Big partnerships. This could be framed as academic and industry partnership, but because the idea of industry partnership comes with such baggage, the workgroup chose to frame this differently. Basically, the idea is that just as there is a great deal of interest in “big data” to tailor our care more effectively to complex populations, “big partnerships” will help us tailor care to complex populations. Some of the most intriguing suggestions came from this notion of robust collaborations between the Society, academicians, and entrepreneurs.

For example, with the Society as the facilitator, experts can be brought together with entrepreneurs and academicians who have the reach and knowledge to spread that expertise more widely than any one entity can do alone to promote validation of meaningful innovations. Another proposal was for the Society to take an equity stake in innovative products that address critical areas of need for our setting. Such a product might be developed from a “technology hackathon” where clinicians and entrepreneurs brainstorm solutions for high-priority issues.



Photos by Craig Huey Photography

These are just a few of the many examples spawned by the innovations forum; others will be reviewed by the Innovations Workgroup and leaders. An unanticipated benefit of the forum was the many attendees who offered their time and effort to volunteer to promote the new platform.

Future Focus

So where do we go from here? What ideas do we pursue and what kind of investments should we make to succeed? Innovation can be risky; how much risk is acceptable? These are all valid questions and Society leadership will reflect on and answer these questions shortly. The answers will require leadership take into account the changing health care environment, the Society’s priorities, the expectations of stakeholders and members, and limited resources at our disposal.

Regardless of the exact direction Society leaders choose, the membership should be assured that their peers at the forum clearly voiced their support for a focus on innovation. They displayed their enthusiasm to be a part of an organization that takes bold and proactive steps toward a platform for creative problem solving. These steps will surely move us in a new direction — a direction that will be essential as we seek to meet the needs of our members, but more importantly, of a health care system that is redefining itself. 

Dr. Nazir is the chief medical officer for Signature HealthCare and oversees delivery of innovative clinical programs in more than 130 skilled facilities across 10 different states. He also is the president for SHC Medical Partners, a post-acute practitioner company. Dr. Nazir is the vice president for the Society, and is also chair of the the Society’s Innovation and Implementation Workgroup.