INNOVATIONS IN PA/LTC

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Innovation From Our Neighbors to the North

AMDA – the Society for Post-Acute and Long-Term Care Medicine's Board of Directors has entrusted the Innovations Platform Advisory Committee (IPAC) to lead the creation of an innovations infrastructure for the Society. IPAC comprises key health care innovators from the United States and Canada who have diverse experience in innovations, academia, and entrepreneurship. In this month's column, Bianca Stern, a member of IPAC, discusses her perspectives on innovation and how it can help the Society evolve. Ms. Stern is the executive director for the Centre for Aging & Brain Health Innovation at Baycrest Health Sciences in Toronto, Canada.

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Why are you interested in innovation in health care?

Ms. Stern: We cannot solve all the complex problems of today with the conventional approaches and ways of thinking that were useful in the past. Changing health care systems, increasing patient complexity, and newly emerging technologies are some of the factors that challenge us to do things differently. Organizations need to adapt to the changes around them to survive. Without new perspectives and the continuous infusion of novelty and innovation, organizations can experience a slow but definite loss of resilience.

Resilience is about avoiding the traps that prevent an organization from evolving. It often means stopping or realigning something that we have done for years, and releasing some of the resources of time, energy, money, and skill locked up in our current routines. Otherwise, it can be hard to create anything new or look at things from a different perspective.

Could you provide an overview of the initiative you are helping to lead?

Ms. Stern: The Centre for Aging & Brain Health is a solution accelerator funded by the Canadian federal and provincial governments. Our objective is to accelerate the development of innovations to meet the urgent needs of an aging population, evaluate these solutions in real-world settings, and drive adoption of the proven products, services, and processes to patients, care partners, and health care providers. We have competitive funding programs targeted to a wide variety of innovators, such as point-of-care care providers, industry, researchers, and others, and we provide project oversight and resource supports through our Innovation Office. We also run showcases, design sprints, and collaboration events aimed at cross-pollinating ideas, designing solutions, and facilitating a culture of innovation in the sector.

How do you define innovation?

Ms. Stern: We can define innovation as a process or as an outcome. Innovation is a process of proactively identifying new opportunities, finding new approaches to solving existing complex problems, and discovering, combining, and arranging insights, ideas, tactics and methods in new ways. An innovation process includes a diversity of perspectives and the use of design thinking tools to define, ideate, prototype, and test solutions. Innovation, as an outcome, is a product, process, or service that is better than what exists, has widespread appeal to users because it makes life easier or solves a pressing need, and can have promise of economic benefit or systemwide impact. Examples of current innovations are the array of technologies focused on monitoring and managing health conditions.

What is the difference between quality improvement and innovation?

Ms. Stern: Quality improvement is aimed at doing things better. It involves primarily analytical thinking to solve complicated but predictable problems. The focus is on reducing costs, optimizing efficiencies, improving safety, and enhancing satisfaction. Quality improvement activities often have incremental impact.

Innovation is doing things differently. It involves combining multiple ideas in new ways to solve a complex and ambiguous problem that has minimal precedent. Its impact can be disruptive or transformative. For example, the innovation of telemedicine has had a transformative impact on the quality of health service delivery to rural villages, beyond the improvement of local health service delivery practices. Both innovation and quality improvement approaches are important and serve different purposes.

Why is a culture of continuous learning important to an organization that strives to be innovative?

Ms. Stern: Organizations with cultures of innovation view information and knowledge as essential resources that are willingly shared. Knowledge is the foundation for new ideas, and the learning that produces knowledge is what keeps brains malleable to create innovative and disruptive solutions. A culture of continuous learning consciously builds capacity and applies strategic tactics for knowledge dissemination and knowledge implementation.

Employees who are learning new technologies and solutions are the employees who will help solve the problems an organization doesn't yet know it has. Knowledgeable employees make an organization flexible. In such a culture, people understand that their ideas are valued, trust that it is safe to express those ideas, and oversee risk collectively, together with their managers. Such an environment can be more effective than monetary incentives in sustaining innovation.

Organizations must be able to adapt, pivot, and grow into new market spaces if they hope to survive. In order to do so, an innovation culture allows people to experiment. Failure is a necessary part of the innovation process, because from failure comes learning, iteration, adaptation, and the building of new conceptual and physical models through an iterative learning process. Almost all innovations are the result of prior learning from failures. Organizations fostering a culture of innovation must be prepared to fail in order to innovate.

Where are the pain points that require an innovation approach in our post-acute sector?

Ms. Stern: This is a big topic, but I will highlight two important issues that require innovative solutions: aging at home, and care navigation and coordination — especially for the growing number of individuals with dementia. The future holds challenges in both affording and accessing institutional solutions for a growing number of older people, a significant proportion of whom have some degree of cognitive impairment. Although some people will spend time in hospital, nursing home, or residential care, many people with dementia live at home in their communities, alone or supported by family and other caregivers. Maximizing the quality of life at advanced ages and ensuring people can stay in the community will be a major challenge of the 21st century.

People with dementia have higher hospitalization rates, use more home health and nursing home care, experience more care transitions, and have higher health care expenditures. The quality of care they receive is often suboptimal, with significant rates of potentially avoidable hospitalizations and emergency department visits. The current health care system is not well suited to meeting the complex needs of people with dementia. Health care providers lack the time and often the training to manage the ongoing care of patients with multiple chronic health conditions, including dementia.

Care coordination has the potential to help older adults with chronic illness, including those with dementia, by addressing sources of fragmentation and inefficiency in health care systems, improving care quality and health outcomes for people with dementia and their caregivers, and limiting health care costs. Evidence to date suggests that care coordination for older people can improve quality of care and quality of life. Factors that can impact effective care coordination and navigation can include substantial and regular interaction between the coordinator and the primary care provider, manageable caseloads and routine monitoring, and appropriate technology that facilitates communication among team members and enables real-time updates, decision support, and analytics.

Why are you excited about IPAC?

Ms. Stern: IPAC affords an amazing opportunity to network with key change-makers interested in and influencing innovation across North America. It allows us to bring our collective wisdom towards strategically building a culture of innovation in the long-term care and post-acute sector. I am looking forward to seeing what we can accomplish together!

This column is sponsored by AMDA – the Society for Post-Acute and Long-Term Care Medicine's Innovation and Implementation Workgroup. Dr. Nazir is the chief medical officer for Signature HealthCare and president for SHC Medical Partners. He is treasurer for the Society, chair of the Society's Innovation and Implementation Workgroup, and editor of this column.
Dr. Levy is a geriatrician board certified in hospice and palliative medicine, and is associate director of the Denver-Seattle Center for Veteran-Centric and Value-Driven Care. She is currently vice president of the Society.