



HEALTH INNOVATOR'S REVIEW

2014

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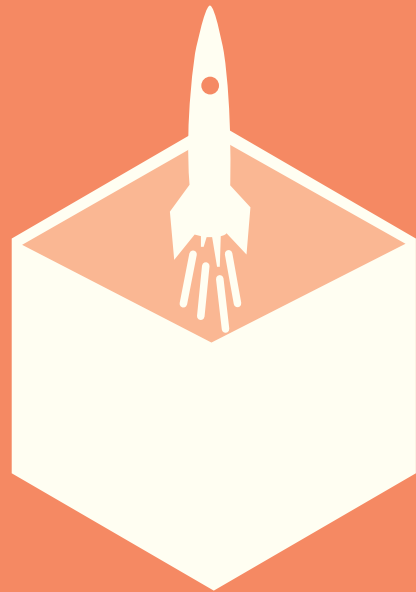
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TRANSFORMING THE SYSTEM FROM THE INSIDE-OUT



Africa's health workers are
a force to be reckoned with.

These individuals dedicate their lives to serving their patients and communities. However as noble as this seems, performing the simplest tasks of delivering healthcare can be extremely arduous in Africa due to shortages in resources, poor management and failures of the system.

Under these conditions, it is easy to become demotivated and demoralised. But yet, there are health workers who endure despite the challenging circumstances and rise above the odds to deliver to their patients the best possible care.

As if this is not commendable enough, there are those who go beyond the call of duty, using their deep medical knowledge and experience to develop innovative solutions that can provide better care. These solutions can not only empower, enhance and save lives of patients, but also lead to greater efficiency and cost-reductions.

The healthcare system is more than hospitals and buildings. It is the people, the health workers and patients, who are the system. In this section you will read about Undine, Jane, Salahuddin, Clare and Dean, all extraordinary individuals who are transforming healthcare from within. They are the real super heroes, the rock stars and the leaders. They were not content to merely accept the status quo of care delivery but they innovated to address the needs of their patients and communities in better ways

We are showcasing only 5-examples, but how many more health workers like these are there across the continent? Health workers with creative ideas for delivering care better. What could happen if we as citizens and experts collaborated, supported and enabled them to convert their ideas into action?

The potential for healthcare can be found within the system. We are the system. No longer do we need to wait. Let us bring about positive change from the inside out.

Make Frontline Innovation Visible & Change the System from the Inside Out

- **Opinion of**
Anjali Sastry



Across the planet, every day, nurses, doctors, and their colleagues wrestle with the challenge of delivering healthcare to those who most need it. Many agree that to enable improvement, we need to learn what works and support innovation.

There's wide consensus that management and business tools could help. Organisations in low-resource settings could benefit from practical assistance in marketing, operations, change management, design, technology use, finance, strategy, and systems. My own experience bears this out.

Dozens of improvement projects that my collaborators and I conducted in Africa and Asia via MIT Sloan School of Management's GlobalHealth Lab reveal that the right management approaches can improve efficiency and effectiveness of clinics, hospitals, and programmes that serve the poor.

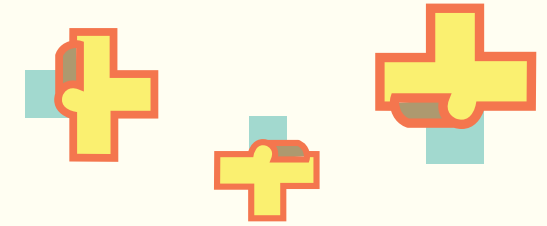
But my field experience reveals more than gaps in providers' management toolkits. Collaborating closely with frontline workers has taught me much about the work of healthcare innovation. I've learned that frontline workers make flawed healthcare systems work for patients by improvising practical new solutions. But because this work is underappreciated, we fail to understand - and to harness - all that could enable or stymie needed change.

"The resulting recognition of frontline workers' efforts could help shore up their motivation and engagement. Acknowledging local innovations could encourage new leaders and change agents to emerge."

So, with an eye to enabling us to better appreciate both needs and opportunities in frontline innovation, I'd like to share my inventory of some of the everyday invisible work involved in serving the neediest:

- /devising creative ways to address patient needs, including by leveraging or repurposing existing services or infrastructure;
- /finding and using information about patients and the community, including non-medical aspects, to enable better care;
- /gathering data from the organisation's daily operations to find opportunities for improvement or to make the case for change;
- /designing new materials, systems, processes, and flows for patients or staff, to better manage care and operations;
- /fixing things that aren't working and crafting workarounds for broken or missing inputs;
- /building internal coalitions and momentum to enable change or improvement;
- /advocating for missing resources;
- /organising, rationalising, and managing physical and electronic spaces;
- /building supportive external relationships;
- /learning from colleagues elsewhere tackling similar challenges;
- /and, teaching others and sharing what they have learned.

If much of the work that people do to make the system better goes unrecognised, efforts to improve performance are inherently invisible and inevitably undervalued. Are we asking for healthcare innovation, yet failing to appreciate and support what people are already doing? Are we extolling the virtues of new devices, drugs, and software at the cost of overlooking every other aspect of healthcare delivery innovation?



I've been thinking about what it would mean to take seriously the invisible, innovative work of healthcare delivery.

We'd build novel two-way collaborations with frontline workers. We'd commit resources to documenting and examining what works. More prospectively-designed research is needed, for sure, but we need to first find and invent the new ideas. Let's harness action research, collaborative action learning, natural experiments, case studies, ethnographies, and more. Videographers, journalists, writers, and masters of social media could make valuable and enriching contributions to the documentation. Systems thinkers and policy visionaries could add needed contextualisation and analysis to ensure that new ideas are aligned with health and development goals.

The resulting recognition of frontline workers' efforts could help shore up their motivation and engagement. Acknowledging local innovations could encourage new leaders and change agents to emerge.

But this new movement could do much more: It could equip innovators - leaders, administrators, reception staff, aides, physicians - to define and label the practices they co-develop or discover.

Academics, educators, and professional experts could help establish results, then connect high-impact innovations to existing knowledge, management training, and communities of practice. This could allow innovators to locate their own improvements in a broader set of professional frameworks and methods. Innovators could tap into others' experience and knowhow, contribute to shared knowledge, and help advance techniques across domains and settings.

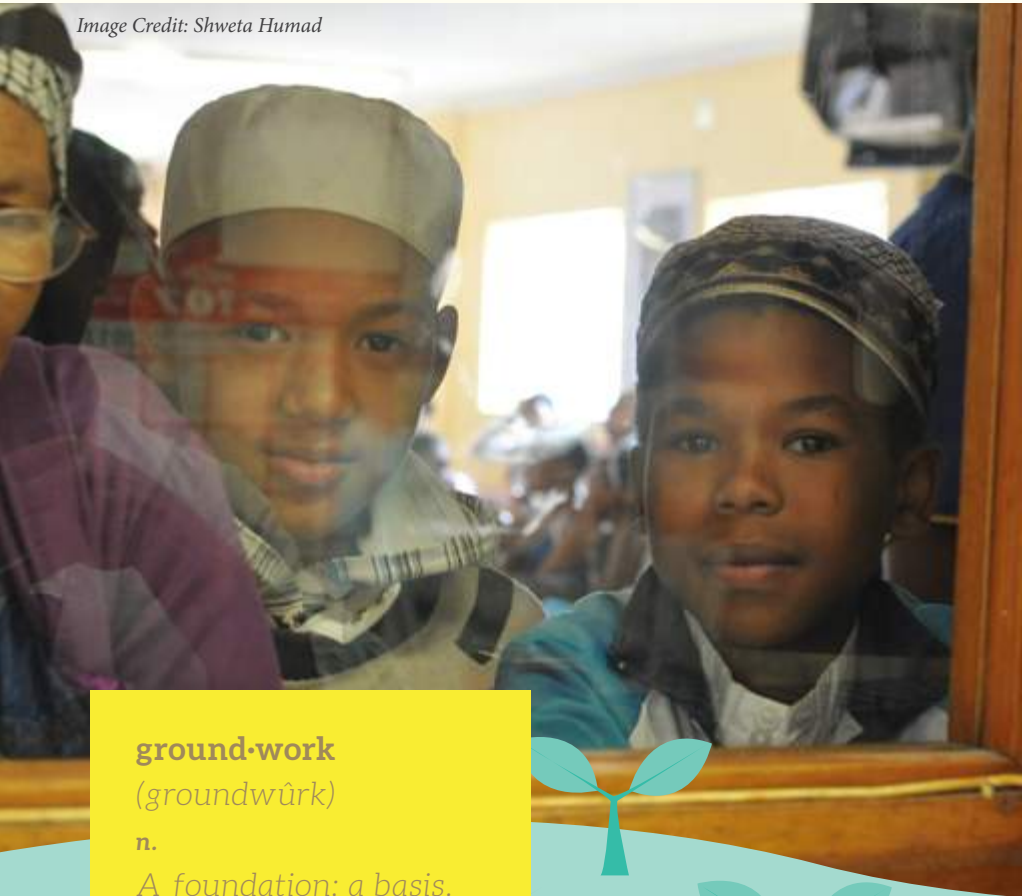
Over the years, professional practice in software development, manufacturing, and clinical care benefited from such development. Imagine the gains if we could do the same. Frontline healthcare workers' innovations could be codified, disseminated, and improved upon, and we could finally follow our own advice by learning from each other and facilitating innovation that is grounded in frontline realities. ■

Anjali is a senior lecturer at the MIT Sloan School of Management and the Director of the Groundwork Initiative and GlobalHealth Lab

The Groundwork of Innovation:

How collaborating on real challenges spurs learning and change

Image Credit: Shweta Humad



ground·work
(groundwûrk)
n.
A foundation; a basis.

We’ve been running a bold experiment at the Massachusetts Institute of Technology Sloan School of Management in Cambridge, USA.

GlobalHealth Lab pairs faculty-mentored teams of MBA, Masters, and PhD students with organisations on the frontlines of healthcare delivery in Africa and Asia. Students, faculty, and staff design each collaboration to tackle a specific challenge. Projects address operations, internal processes, and logistics; strategy or business model development; technology adoption decisions; understanding patient demand and marketing; or integrated approaches to overall management.

At GlobalHealth Lab we aim to operate as colleagues, not consultants, with our partners in the field. We work to uncover capabilities, assets, and resources within the organisation, and to use business tools and practices in new and practical ways. The aim in every case: to enable more and better care for the people who need it most.

Since 2008, we’ve worked on nearly 70 projects with partners in Kenya, Uganda, India, South Africa, Tanzania, Nepal,

We will continue to be guided by the notion that everyone has a role to play in healthcare delivery innovation. No idea is too small. In fact, it’s often the apparently incremental innovations that have the biggest impact.

Bangladesh, Botswana, Burundi, Mozambique, Sierra Leone, Malawi, Ghana, and Zambia. We’ve collaborated with some of the smallest and largest NGOs in the world. We’ve worked in the public and private sector, with ministries of health and public health departments, with m-health, diagnostic, and medical device companies, and with faith-based organisations.

Focusing on real challenges. At the Chebairwa Health Centre in rural Western Kenya, patients used to wait an hour before their first interaction with clinic staff. Often they would find that the medication they sought was out of stock, or the clinician they needed to see was out. A GlobalHealth Lab team worked with clinic staff to create systems to ensure that patients are greeted on arrival, wait-times are minimal, and visit flow is smooth. Their field research revealed unmet medical needs that the clinic could serve, and financial analysis improved cost accounting and pricing. Since then, the clinic has seen an improvement in patient satisfaction and a large increase in scope and volume of care.

Enabling learning and change. Partnering with organisations like Chebairwa has taught us a lot about what works and what doesn’t when it comes to healthcare delivery innovation.

We learned that apparently innovative ideas don’t automatically solve problems. Some of our projects faltered for lack of collaboration and staff support, while others succeed beyond our wildest expectations, as frontline staff took a new idea and made it their own.

We learned that it’s often simple, affordable changes that yield the biggest impact for the organisation and the patient.

We learned to customise each effort carefully. Our staff and students spend months working remotely with each partner to better understand the context and its challenges, building genuine relationships that last.

Building the groundwork. Across dozens of projects, we’ve seen reductions in patient wait times, improved operational efficiency, successful market entry, increased revenue, improved patient care and satisfaction, successful implementation of new technologies, effective marketing campaigns, and successful deployment of strategic plans. We are now investigating the effects of our projects. What we learn could take us beyond traditional research by shedding light on innovation at the leading edge of healthcare delivery in low-resource settings, yielding knowledge that could reshape theory, teaching, and practice.

Thanks to six years of collaborations, GlobalHealth Lab has created a network that reaches millions of patients, thousands frontline healthcare workers, and hundreds of healthcare delivery sites. These relationships, along with our partners’ collective reach and range, offer potentially vast assets to tap into. Could networks like ours allow learning and innovation to be shared more effectively? Could we harness the tools and methods of academic research and business analysis to better transfer innovative ideas and successful practices from one setting to another?

Our Groundwork Initiative takes on this challenge. We aim to build on the triple payoff we’ve discovered by linking teaching and research via practical collaborative projects: new field-tested methods for improving healthcare delivery; potentially impactful advances in management education; and, thanks to our partners in the field, better healthcare for more people.

We will continue to be guided by the notion that everyone has a role to play in healthcare delivery innovation. No idea is too small. In fact, it’s often the apparently incremental innovations that have the biggest impact.

What are your ideas? How can you test, refine, and spread them? We’d love to help by sharing our results and methods.

Join the conversation: <http://groundwork.mit.edu> ■

Kate is the research & projects lead for the GlobalHealth Lab

A parting thought:

“World leaders, heads of state, politicians, and rock stars all have a role to play in moving the world closer to justice and health for all – but so do you and I. Change is not the responsibility of the few, but the obligation of each of us.

Ordinary people like you and me are the ones who could create new ways to provide health and care to those in need.

We are the change makers.

We are the front line soldiers.

We are the innovators.

Each of us has an invaluable role to play in transforming healthcare and our society.

There is no idea too small or insignificant.

If the world is to realise peace and justice for all, you and I must share our ideas and use our voices.

As Madiba said, “to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others.”

In that spirit let us come together and enhance the health of our country, our continent, and our world.”

- By Kate Long



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