

Dialogue Summary

Creating an integrated innovation system to enable the adaptation and uptake of health-system innovations in Canada

26 March 2024

Background

On 26 March 2024, the McMaster Health Forum convened a stakeholder dialogue on creating an integrated innovation system to enable the adaptation and uptake of health-system innovations in Canada. Twenty-three participants – health-system leaders, organizational leaders, professional leaders, industry representatives, and academic leaders (see the figure below) – deliberated about the problem, elements of a potentially relevant comprehensive approach for addressing it, implementation considerations, and possible next steps for different constituencies. Box 1 provides additional background to the stakeholder dialogue.



Box 1: Background to the stakeholder dialogue

The key features of the stakeholder dialogue were:

- 1) it addressed an issue currently being faced in Canada
- 2) it focused on different features of the problem, including (where possible) how it affects particular groups
- 3) it focused on three elements of a potentially comprehensive approach for addressing the policy issue
- 4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three approach elements, and key implementation considerations
- 5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach to addressing it
- 6) it brought together many parties who would be involved in or affected by future decisions related to the issue, including 10 citizen leaders and citizen-serving non-governmental organization (NGO) leaders who brought their own unique perspectives
- 7) it ensured fair representation among policymakers, stakeholders, and researchers
- 8) it engaged a facilitator to assist with the deliberations
- 9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: 'Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed'
- 10) it did not aim for consensus (because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, as well as because even senior health-system leaders typically need to engage elected officials, boards of directors, and others about detailed commitments).
- 11) participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue; the dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together – and was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary.

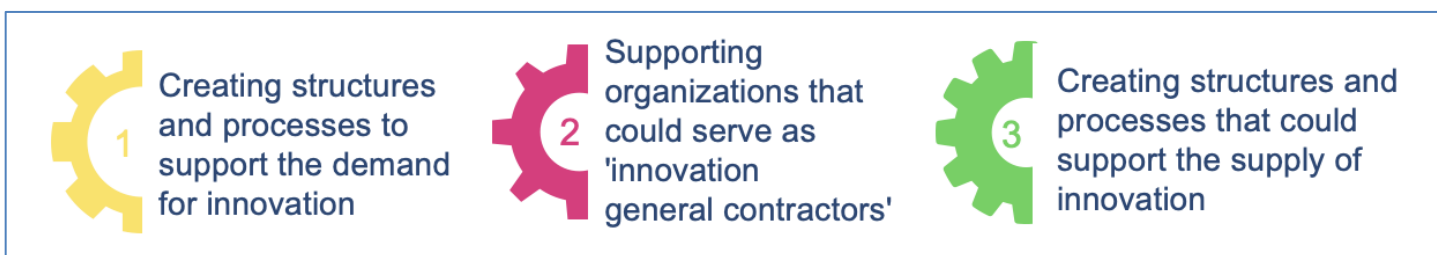
Summary of the deliberation about the problem



Participants generally agreed with the framing of the specific components of the problem included in the evidence brief (see the figure above). Considering the elements, the participants focused more broadly on the challenges with the adaptation and uptake of health-system innovations in Canada. Specifically, the main challenges that they raised can be categorized under four main themes:

- **There is a lack of shared vision and set of values** at the national, provincial/territorial, and local levels, such as how to define the problem and the solution, what is considered a 'successful' innovation, and how to measure the value or impact of an innovation. For example, some participants discussed that short-term thinking, the risk of thinking 'too big' (about the problem and innovation), and the misalignment of measures (i.e., what we are measuring and what we want to demonstrate) may lead to unattainable goals for the innovation.
- **There are structural and institutional issues (including and beyond governments)** such as the resistance to change, the lack of institutional support to test and try innovations, the sociopolitical 'invisibility' or disinterest to support innovations (i.e., the results of an implemented innovation may take time to see change, especially in a political cycle), and the conservatism in Canada's culture can make it difficult to integrate innovations into existing systems. For example, some participants indicated that the current institutional structures and processes make it difficult to know when the engagement and role of government is appropriate.
- **The fragmentation and coordination challenges across Canada** such as the difficulty in establishing meaningful relationships and collaborations across key partners in research, industry, and government, the lack of knowledge on shared priorities and what is currently working well in other jurisdictions, redundant problem-solving and efforts (i.e., constant 'reinventing of the wheel'), and issues with interoperability and standards across sectors and provinces/territories can constrain and impede the adaptation and spread of innovation.
- **There is little focus on capital investments and workforce training for innovation in Canada**, which makes it challenging to secure and allocate funds to develop and support innovations, especially among smaller organizations and regions. For example, some of the participants discussed that organizations with greater financial resources can often adopt innovative products but come across challenges to scale and spread these products due to funding. Additionally, some participants described that there is currently little to no available training that focuses on skillsets and expertise for innovation management.

Summary of the deliberation about elements of a potentially comprehensive approach to address the problem





When discussing the first element of creating structures and processes to support **the demand** for innovation, some participants highlighted three considerations:

- innovation systems need to be linked to evidence-support systems to ensure that the right forms of evidence are used in the cycle of innovation and policy and in a way that is people oriented (e.g., developing evidence syntheses, system mapping exercises, dashboards that describe what is currently in the innovation pipeline, playbooks and roadmaps of evidence and innovation, communities of practice that encourage knowledge sharing on contracts, vendors, and procurement policies)
- there has to be a culture for risk-taking (e.g., where innovations are OK to ‘fail’), an option to ‘de-risk’ a scenario in order to allow for opportunities to innovate, and/or incentivize accountability in the development of an innovation
- the development of structures and processes needs meaningful relationships and trust with key partners, in addition to opportunities for sense-making such as discussions on shared insecurities, priorities, and communal understanding of the ‘who,’ ‘what,’ ‘where,’ ‘when,’ ‘why,’ and ‘how’ (e.g., who defines the problem, what works well in other jurisdictions, why do we need this innovation, when is it appropriate to develop or de-implement an innovation across the continuum of care).



Participants raised three main considerations for supporting organizations that could serve as **‘innovation general contractors’** (second element):

- the focus should be on the function of the role instead of the name
 - ‘innovation general contractors’ can bring specialized skills based on the diffusion of the innovation curve or lever (e.g., change management leader, evaluator)
 - the term ‘innovation general contractor’ does not necessarily resonate or reflect the importance of and ability to build relationships and trust with key partners
- there is a need for the expertise of an ‘innovation team’ instead of an individual
 - an example of an innovation team could include external ‘innovation general contractors,’ ‘intermediaries’ who can connect contractors to organizations with the right expertise for the problem, and internal ‘operators’ who can identify the problem and constraints within their specific environment
- current and future generations of ‘innovation general contractors’ could consider cultivating general skillsets in procurement, partnerships (e.g., fostering collaborations with different sectors such as academia and business), and change management.

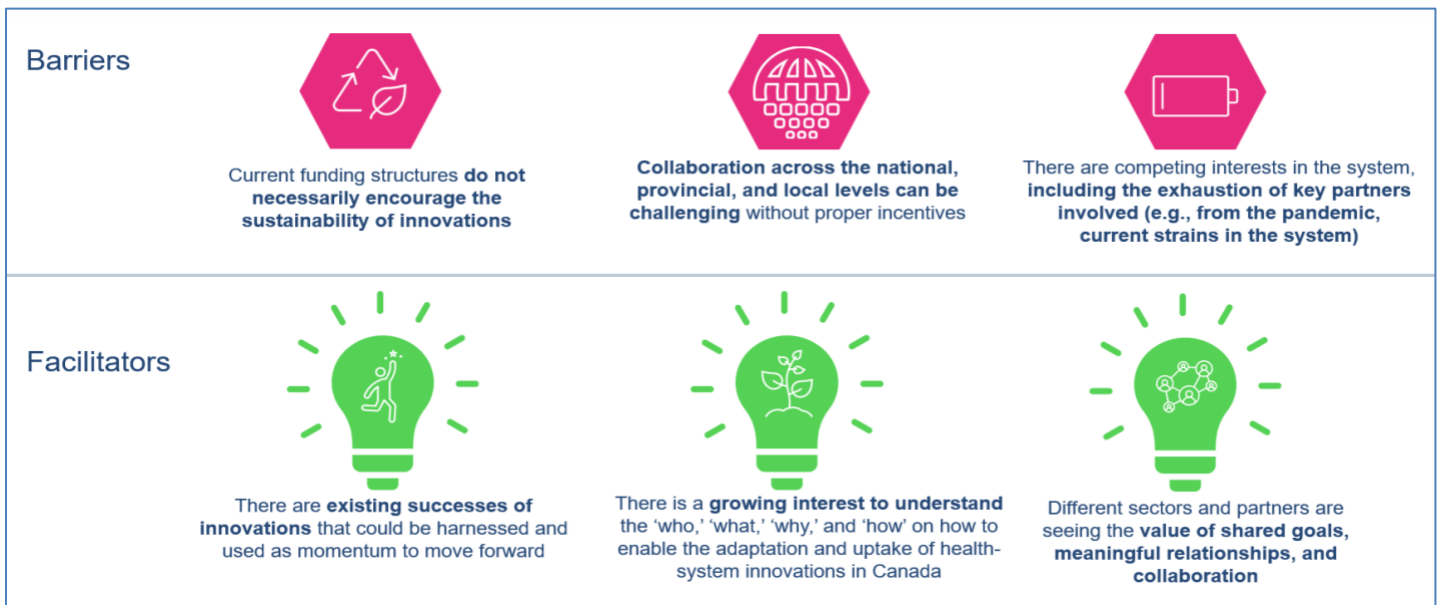


Participants suggested four main efforts that can be considered to create structures and processes to support **the supply** of innovation (third element), which include:

- incentivizing an innovation system that encourages collaboration (e.g., ‘letting a thousand flowers bloom,’ creating shared incubator spaces for patients and academic partners, encouraging grassroots innovation)
- identifying clear roles and responsibilities of government, academia, industry, and other partners at the national, provincial, and local levels (e.g., governments could provide institutional support or ‘signalling’ on the importance of innovation, help reduce barriers, and improve relationships across partners)
- focusing on how to coordinate with the ‘demand’ side (e.g., understanding the importance of interdependence, assessing leverage points, recognizing existing pain points, determining incentives for those involved)
- creating a safer environment for innovation by involving people in operations who can tolerate change and allow for failure.
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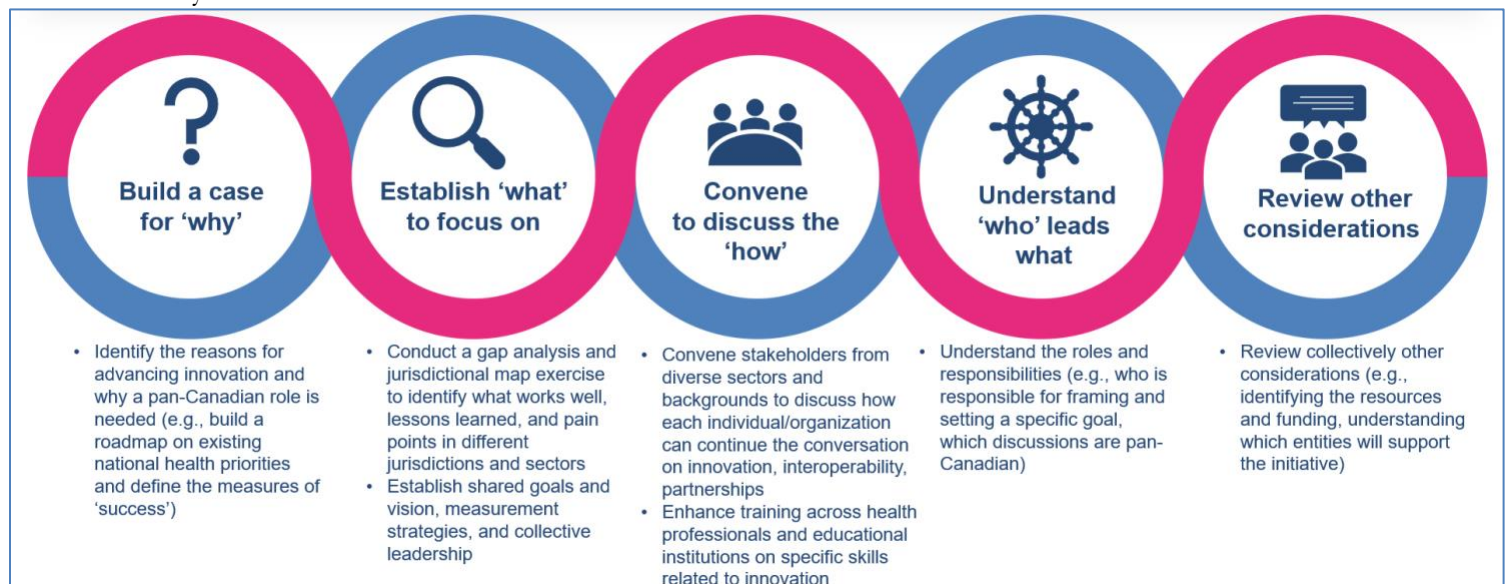
Summary of the deliberation about implementation considerations

While discussing implementation considerations, participants identified three additional barriers beyond those outlined in the evidence brief that could pose challenges to implementing the described actions. They also identified three additional facilitators (see the figure below). The barriers tended to emphasize challenges inherent in resource constraints, while the facilitators primarily emphasized the promotion of key successes and collaboration.



Summary of the deliberation about next steps

Participants identified five next steps that could be pursued by participants of the stakeholder dialogue or the groups with which they are involved.



Bhuiya A, Cura J, Wilson MG. Dialogue summary: Creating an integrated innovation system to enable the adaptation and uptake of health-system innovations in Canada. Hamilton: McMaster Health Forum, 26 March 2024.

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McMaster University recognizes and acknowledges that it is located on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the "Dish with One Spoon" wampum agreement.

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