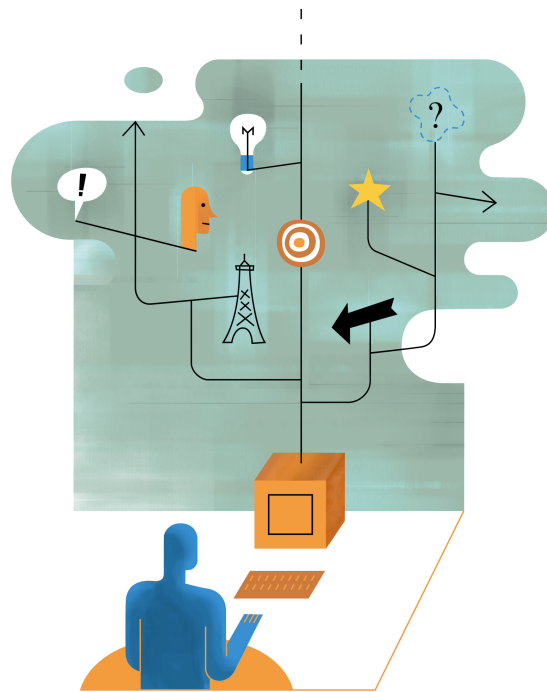




Conference Proceedings 2011 Kingbridge Forum



April 27/28, 2011
King City, Ontario, Canada

CONFERENCE PROCEEDINGS - 2011 Kingbridge Forum

*Harnessing the power of innovation to improve health outcomes
and enhance the patient and provider experience*

**April 27/28, 2011
King City, Ontario, Canada**

The Kingbridge Forum is an annual event sponsored by the Health Division of the Information Technology Association of Canada and the Canadian Medical Association, with support from the Canadian Healthcare Association, Canadian Pharmacists' Association and the Canadian Nurses Association.

The Forum brings together thought leaders from government, health professional associations, health system managers, industry, consumer groups and academia to consider the impact of information and communications technologies on the management and delivery of health care. The theme for the 2011 Forum was "*Harnessing the power of innovation to improve health outcomes and enhance the patient and provider experience*". The Forum explored game-changing trends such as the information technology enabled patient, the mobile health care provider, and new delivery models inspired by social networks and cloud computing to understand how they will transform the way in which patients and health care providers can work together better.

Keynote Address Highlights

"Innovation Without Borders"

Dr. Daniel Sands, Director of Medical Informatics, CISCO and Assistant Clinical Professor of Medicine, Harvard Medical School

- 2/3 of Executives worldwide identify Innovation is a top strategic priority; almost ¼ have identified Innovation as their number 1 priority
- There are two key challenges for Innovation:
 1. Creating a culture of/conducive to Innovation
 2. Execution
- Innovation is a process, not an event
- Innovation often involves replacement not just adding something different. In other words, we need to be prepared to stop doing some things.
- Healthcare Innovation opportunities
 1. Healthcare is becoming borderless

2. The patient experience increasingly matters
 3. Payment will be linked to value
- Key emerging trends
 - Moving from automating to digitizing to scaling
 - Personally controlled and managed health information
 - Care in the home
 - Mobility e.g., care at a distance, remote monitoring
 - Networked/linked
 - Driving Innovation
 - Culture
 - Provide clear support from senior leadership
 - Get all employees involved
 - Give employees time to think
 - Encourage collaboration
 - Process
 - Define a process for innovation
 - Focus on continuous improvement
 - Enable innovation through program management
 - Competencies
 - Align resources with innovation
 - Acquire the necessary talent
 - Networks
 - Assess the connectivity level of people, places, things
 - Extend innovation beyond the organization
 - Make ICT a catalyst
 - Key questions posed:
 1. What limits the culture of innovation in your organization?
 2. What limits the scope of innovation in your enterprise?
 3. Are you capable of innovating?
 4. Are you serving the needs of your customers (patients)?
 5. Are you serving the needs of your employees?
 6. Can innovations help you better service the needs of your customers and employees?
 7. If you were to re-design the healthcare system from the ground up, would you still exist?

**Summary of Salient Discussion Points Emanating from the
Panel, Roundtable and Break-Out Groups**

1. Hallmarks of Innovation:
 - a. There are numerous examples of pockets of Innovation in healthcare technology across Canada. The challenge is that these ‘pockets’ are not connected or developed in a coherent, continuous manner, thus reducing the potential impact and spread of technology
 - b. Innovation should add value, be sustainable and bend the cost curve
 - c. Innovation is making our lives better; creating value for society
 - d. Innovation doesn’t have to be big and complex: think big, start small, move fast.
 - e. Innovation can result from intentionally creating critical mass eg. MARS
 - f. Innovation depends on speed through collaboration, in other words, the nature of innovation often necessitates new arrangements with new partners; collaboration and speed is often needed to achieve innovation
 - g. Innovation can often be found or be successful in your ‘sweet spot’, this is the place where your core business intersects with market need/demand
 - h. Innovation can be driven by scarcity, necessity is the mother of invention
 - i. Innovation sometimes requires breaking ranks
2. Barriers to innovation (the reverse are enablers):
 - a. Fear of failure (most innovations fail) and willingness to take risks
 - b. Inertia (dealing with what we know, rather than the unknown)
 - c. Lack of vision and leadership
 - d. Lack of ownership of the leadership
 - e. Focusing on the successes of the past (inertia)
 - f. Not being opportunistic
 - g. Silo mentality
3. How to enable innovation:
 - a. Think globally and act locally
 - b. Challenge the conventional ways of thinking
 - c. Promote and foster culture of innovation from bottom to top and vice versa within your organization
 - d. Incentivise innovation for employees and customers
 - e. Innovation should not be limited to products and services (process and market innovation)
 - f. Create sustainable innovation through a culture of collaboration amongst the public and private sector
 - g. Eliminate or reduce the gaps between research/academia and industry perspectives
 - h. Share resources pertaining to healthcare project successes and failures across all provinces
 - i. Do not limit innovative thinking to healthcare, draw parallels from the industries, for example consumer technology (mobile computing), entertainment (social media) and academic areas (applied research)

Where Do We Go From Here (Next Steps)

There was strong consensus that the success of the Innovation Forum would be measured by whether some concrete steps could be taken to advance the innovation agenda.

A proposal was put forth to establish a Virtual Organization for Technology Innovation.

1. Name: *Technology-Enabled Innovation Without Borders*
2. Governance: Oversight provided by academic informatics programs across the country
3. Partnerships: A public-private organization, including academia, industry associations and the private sector
4. Funding: From partners
5. Mission:
Fostering a culture of technology enabled innovation for better and sustainable health outcomes

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- Technology driven innovation for improving the health of Canadians
6. Goal: Knowledge transfer, translation and mobilization
 7. Values: Virtual, networked, mobile, collaborative
 8. Platform: Build a web site to promote the sharing of innovation.
 - Open source
 - Organize, categorize and catalogue innovation
 - Provide links to contributors
 - Feature leading innovations
 - Monitor the literature

This concept was presented as a starting point for discussion about possible next steps. It is anticipated that the concept will evolve into something that could provide the basis for future action.

Participants in the 2011 Kingbridge Forum

Nadeem	Ahmed	Bell Canada / xwave
Matthew	Anderson	William Osler Health System
Norm	Archer	McMaster University
Glenn	Brimacombe	Association of Canadian Academic Healthcare Organizations
Mike	Clarke	GE Healthcare
Janet	Cooper	Canadian Pharmacists Association
Fraser	Edward	Research in Motion
Hy	Eliasoph	Healthtech Consultants
Shirley	Fenton	University of Waterloo
Susanne	Flett	Healthtech Consultants
Gary	Folker	Folker and Associates Inc.
Pamela	Fralick	Canadian Healthcare Association
Trevor	Hodge	Canada Health Infoway
Oz	Huner	NexJ Systems
Yeona	Jang	McGill University
Glenn	Lanteigne	LHINS Ontario
Kevin	Leonard	University of Toronto
Linda	Miller	CHIEF
Hamad	Naqi	University of Toronto
Don	Newsham	COACH (Canada's Health Informatics Association)
William	Pascal	Canadian Medical Association
Brendan	Seaton	ITAC Health
Rick	Skinner	Cancer Care Ontario
Dave	Wattling	TELUS Health Transformation
Don	Waugh	PharmaTrust
Donna	Williams	Assembly of First Nations
Jennifer	Zelmer	Canada Health Infoway