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Conference Abstract

Integrated cure, care and community partnerships for innovation in living labs

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Abstract

Introduction: In the near future, traditional primary care and hospitals will be obsolete for personal healthcare and support close to home. Sustainable integrated systems for cure, care and community are currently being developed by pioneers in several regions in the Netherlands. Main issue is how these innovations can be accelerated and be more disruptive. Additionally, there is an increasing need for innovative frameworks for services, monitoring instruments and new organizational concepts.

Purpose: Current pitfalls

Currently, the field of health care innovation is scattered. Innovation is perceived too often as a linear process. Furthermore, financial resources for innovation are dispersed and local pioneers have difficulties in financing their innovation projects. On top of this, a 'not invented here' syndrome prevents up-scaling and the innovation from being more disruptive. Moreover participation of citizens and patients – politically and in 'shared decision making' – is still embryonic.

Objectives and background: Theoretical approaches for improvement

Based on our experience in innovative living labs in the Netherlands, various theoretical approaches were used to support pioneers in establishing successful innovation journeys. These models could serve as starting point for a research and development agenda for innovations in integrated care.

The NHS model for innovation and shared learning addresses both the support for pioneers as for the successive followers in innovation (National Collaboration for Integrated Care and Support,

May 2013). Innovation and learning is also a rationale behind the Cyclic Innovation Model (Berkhout et al 2010), that no longer defines innovation as a linear process. Rather, innovation is an open cyclical process that requires different communities (science, policy, practice, consumers and investors) to make shared investments in terms of money, creativity and expertise. Applied to integrated systems, partnerships for innovation should be value driven and make 'Triple Aim' - better experiences in health care, lower costs per capita and better health for populations- the central perspective for shared accountability.

Conclusions: Integrated care organisations need to strengthen their position in research and development for integrated care, cure and community systems of the future. To do so, they should be part of innovation partnerships to co-create and share accountability for Triple Aim innovation. We are currently applying this approach to several Dutch Living Labs together with stakeholders. The results are expected in the first quarter of 2014.

Keywords

delivery of health care, innovation, triple aim, innovation frameworks, organizational innovation, research and development, integrated care, healthcare systems

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/thinking-differently-simulations-innovation-dynamics-and-integrated-care>
