

Need + Creativity + Opportunity = Improved Health



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Innovation. We talk about it. We label funding programs with it. We have prizes for it. We even have Ministries named for it. And we know it when we see it. But we do not do enough of it, at least not in health care. Why? The reason, in my view, is that our current investment is not used optimally.

Innovation requires three elements. A need – a creative mind – an opportunity.

It is not hard to identify need in health care.

We still do not fully understand the initiation and progression of many diseases. We do not understand the key differences that result in diverse outcomes in two individuals with apparently similar disease treated the same way. And what we do understand about a disease is generally understood in isolation, rather than in the real world where co-morbidities are the rule rather than the exception.

Our approach to treatment is less than optimal. Only a small fraction of our patients are being treated on a clinical study protocol which means we lose vast amounts of potentially valuable information that could change practice. It also remains a challenge to bring multidisciplinary approaches to treat patients that need complex care.

And the health care delivery system needs help. Our ability to collect, analyze and utilize data remains primitive in comparison to other industries. Coordination of care to ensure that the right patient is directed to the right level of care at the right time is sub – optimal.

It is not hard to find creative minds in health care.

One could argue that some of the most creative minds in Canada have been drawn to health research and health care delivery. And they reside not only in Research Hospitals and Universities but across the spectrum of our health care system.

systematic testing of novel treatments, novel approaches to care, and novel ways to operate the health complex to maximize both outcomes and efficiencies.

How do we link need, creativity and opportunity?

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It is somewhat harder to deal with the third critical component of innovation in health care: opportunity.

Opportunity means resources which means time and money. Time to propose, implement, and evaluate change of practice both in clinical protocols and in health management. And well-funded infrastructure which allows the

performed in hospitals but would include the full spectrum of health care providers. Practice improvements discovered by these hospitals will be disseminated through a national database available to all Canadian health care providers so that advances by one Innovation Lead will be rapidly shared by all.

The process of becoming an Innovation Lead would be competitive with evaluation by international panels of health care experts. After the 20 hospitals are chosen they would be linked to form a national network to avoid duplication and optimize cooperation. Each hospital would receive \$5M/yr for 7 years to establish the infrastructure to undertake both their most innovative clinical and health service studies. The established infrastructure provides the basis for attracting external project specific funding as well. This approach is similar to the very successful Comprehensive Cancer Centre program in the USA.

Recipients of the Innovation Lead funds would be held to account by rigorous evaluation of progress on a regular basis. Renewal after

7 years would be competitive and based on demonstrated accomplishment where innovation in health care can be measured in tangible improvements in outcomes and/or efficiencies.

Ultimately this program should be funded provincially as part of the Provincial mandate to provide health care. Like any other industry, health care should be investing a small amount of its funding in improvement. The proposed plan would require the reallocation of approximately 0.0007% of current public spending on health care.¹ However, I think the Federal Government should also play a key role by funding the pilot program – the first 7 years. This will kick start a Canada wide network of hospital based Innovation Leads and give the Provinces time to both evaluate the success of the program and to adjust their budgets to continue funding of the subsequent 7 years and beyond.

The potential improvements – both better treatments and more efficient health care delivery systems – will be valued at many multiples of this investment.

¹ Canadian Institute for Health Information