



**Advanced Innovation  
Innovation  
in Healthcare**

# Epposi Advanced Programme Innovation in Healthcare July 2011- October 2012

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<b>1. Purpose of this concept note</b>	
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The purpose of this document is to provide an introduction to the Epossi Innovation in Healthcare Programme including the overarching research question, definitions of key terms, objectives of the research, the proposed methodology and a phase-based timeline for the programme.

## 2. Research Setting

Epossi's mission as a health innovation think tank is to bridge the gap between innovation and healthcare outcomes through partnering with patients' organisations, science and academia and industry at the European level. The goal is to formulate research questions that are pertinent to the needs of all of the above actors in order to come up with policy recommendations that can benefit real people.

For this project, Epossi has decided to apply the methodology of *co-creation* as a lens through which to examine healthcare systems. The first logical question to ask is:

### What is co-creation?

Co-creation is defined as a multidisciplinary collaboration orientated on user-centred solutions through the creation of products, services and/or processes with entrepreneurial attitudes and social responsibility in order to gain value for science, society and business.

For our purposes, co-creation simply means that the local community gets more involved in caring for those in need with the result that everyone involved increases their knowledge and awareness of health issues.

There are already several good examples of local and regional healthcare services teaming up with the communities/regions in which they exist to provide more efficient and beneficial care to the people who live there.

These communities/regions along with a survey of literature will provide the examples needed to come up with both policy recommendations and a plan to go from policy to reality.

### 2.1 The Research Question

*How can a bottom-up approach facilitate effective innovation policy which provides both new and incrementally improved healthcare products, services and processes in order to enable European citizens to live healthier, longer lives while also being better able to manage their own healthcare?*

### How does Epossi define innovation in terms of healthcare?

Epossi's working definition of 'innovation in healthcare' encompasses new drugs and devices, new medical technologies and new processes; new healthcare delivery organisations that would enable shorter treatment duration and pre-selection of patients to exclude side-effects or non-responders; and advances that make it easier for patients to follow their treatment route or help them to self-manage and monitor their conditions.<sup>1</sup>

### How does innovation fit in?

Examining innovation in healthcare through the lens of co-creation is in and of itself a major attempt at a process innovation. By utilizing direct input from patients, healthcare providers and other end users, new and/or improved products, services and processes will more easily enable those end users to live a better quality of life while also providing improved access to information.

### Policy Context

- a) **EU-2020 strategy** - EU's growth strategy for the next decade: to become a smart, sustainable and inclusive economy, which delivers high levels of employment, productivity and social cohesion.
- b) **Digital Agenda** – EU strategy for a flourishing digital economy by 2020. It outlines policies and actions to maximise the benefit of the Digital Revolution for all<sup>2</sup>.

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<sup>1</sup>As agreed during the Programme Meeting of February 29, 2011.

<sup>2</sup>

<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/889&format=HTML&aged=0&language=EN&guiLanguage=en>

## 2.2 Key factors to be addressed

1. Setting the scope
  - a. Fine-tuning the definition of innovation in healthcare from an Epposi perspective, taking into account current literature and practice – including which healthcare markets and sectors to test and where to apply the outcome models
  - b. What does the Epposi community consider to be the key barriers and solutions for end user involvement regarding innovation in healthcare? - including (but not exclusive) to:
    - Practical organisation, infrastructure and processes
    - Funding/finance
    - Regulatory issues (at national, EU and international level)
    - Education
  - c. How could a co-creation approach bridge the gap between the community/end users (patients, science, industry and payers) and the national/EU regulatory stages?
  - d. What other issues are important to enable innovation in healthcare?
2. What would multilevel policy look like to facilitate co-creation with end users: ie from government to community?
3. What is the implementation strategy for putting policy into action on different levels: national, regional and local?

## 2.3 Expected outcomes

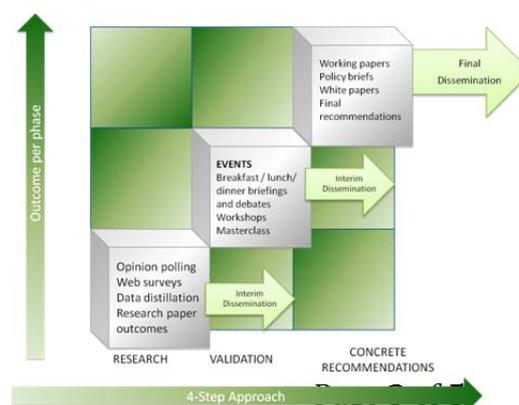
- **Mapping of Best practice case examples:** The discovery and examination of several areas that have successfully used a more community-based approach to healthcare innovation than traditional policy and practice.
- **Development of a series of business models based on best practices which are scalable and transferable:** Using these example areas to see what works and what still needs further improvement, we will design and develop an “ideal.”
- **Evidence-based policy recommendations on how to streamline facilitation of a bottom-up approach to innovations in healthcare:** Armed with this ideal model, we will develop a series of policy recommendations.
  - On the highest level (the EU), the policy recommendations will aim to encourage national innovation-related policies to include elements of this co-creation, or more community-based, healthcare innovation model.
  - On the regional/local level, our ideal model can serve as its own policy recommendation.
- In that way, the model can serve a function for both supra-national and intra-national policy-making.
- Additionally, a road map or plan will be outlined so that this project is not just a policy recommendation, but also a practical guide to creating more community-based healthcare services.

## 3. The applied research methodology

The programme is taking a multilevel research approach to drive the development of a model and tools for implementation based on a co-creation methodology.

It utilises the Epposi 4-step methodology of:

- Research
- Hypothesis testing/validation
- Concrete recommendations
- Dissemination



Current innovation models are either too focused on the development of single products or services (and therefore deal insufficiently with societal and policy issues) or they operate on a level of abstraction that is so high that the aspect of concrete innovation with end users is not dealt with sufficiently.

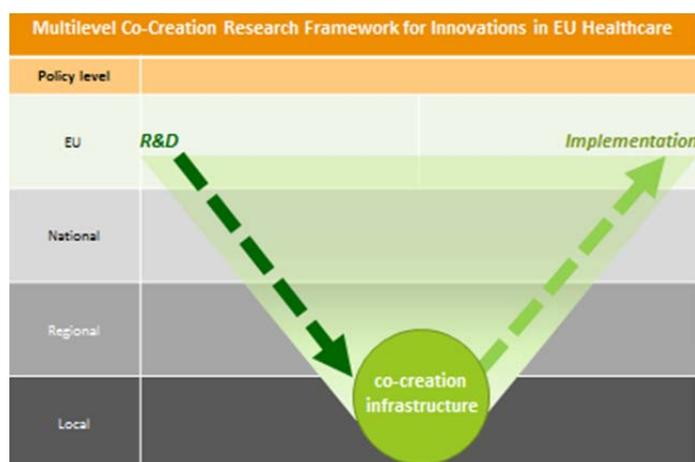
Our research framework (described and shown below):

**Holistic Framework:**

- Gives an ability to describe inter-relatedness among R&D theory, policy, infrastructure, practice and implementation of new products, services and processes
- Provides an opportunity to develop recommendations targeted for each aspect of innovation
- Enables both policy and practical perspectives

**Multilevel Framework:**

- The multilevel framework consists of a research and development dimension (ie financing, IP policy, R&D programmes), which could be facilitated by recommendations of Epossi stakeholders in the broadest sense: from EU to local level. The same applies to the implementation dimension (ie regulations, business models, reimbursement). Co-creation arises from regional and local activities, eg in innovation clusters, which can be supported by dedicated facilities, knowledge infrastructures and public-private partnerships.
- The framework can be viewed from both a bottom-up and top-down approach in order to focus on real-life innovations that are implementable by real people for the benefit of real people as well as from an EU policy perspective.



**4. Governance**

To ensure robust governance across all four Epossi Advanced Innovation Programmes (Chronic Conditions Management, Innovation in Healthcare, HTA and Rare Diseases), an Advanced Innovation Programming Governance Committee (AIPGC) has been established and is chaired by Epossi’s Secretary, Prof Jean-Jacques Cassiman. Please [contact the Secretariat](#) for the full terms of reference as formally ratified at the Epossi Board meeting of 3 May 2011. The general governance principles are as follows:

- Each programme must maintain a balanced ratio of engagement from patients’ organisations, science and industry and each will nominate one representative per stakeholder group per programme to sit on the (AIPGC).
- The role of the (AIPGC) is to ensure continued complementarity of programmes and that they pursue the aims of Epossi as a health innovation think tank as per the mission statement. The (AIPGC) will meet twice a year (Stakeholder Day and Advanced Innovation Programming Day) face-to-face with an option to also convene virtually.

- Each programme representative is mandated to liaise between the committee and the rest of the programme members but is not empowered to take decisions without consultation.

## 5. PROGRAMME CONTENT AND TIMELINE

### 5.1 Defining “innovation in healthcare” co-creation and a detailed project scope

- Innovation in healthcare: what is meant by this phrase?
- Co-creation: How does co-creation help as a lens through which to view innovation in healthcare?

Research Question: *How can a bottom-up approach facilitate effective innovation policy which provides both new and incrementally improved healthcare products, services and processes in order to enable European citizens to live healthier, longer lives while also being better able to manage their own healthcare?*

### 5.2 Applied Research

- Phase 1: April – October 2011
  - Project formulation
  - Project inception
  - Definition scoping exercise
  - Decision about specific research topics/questions
  - Creation of survey/interview questions to be used as part of the research
  - Literature review of existing research in the areas of innovation in healthcare and co-creation
- Phase 2: November 2011 - January 2012
  - Qualitative/quantitative analysis of the survey/interviews
  - Expert meeting on best practices end of January 2012
  - Adoption of our ideal model
- Phase 3: Validation of the research phase
  - Testing of the model through case descriptions performed with our knowledge partner, TU Delft, from January 2012 – September 2012

### 5.3 Public dissemination (Phase 4)

- Case scenarios introduced to a workshop group for discussion September/October 2012
- A position paper outlining the approved model and framework for implementation with rationale underpinning the model will be published by October of 2012.

Ongoing dissemination: Epossi is actively seeking speaking engagements, profile-raising opportunities and peer-reviewed journalistic opportunities to highlight the work of our AIP-INNO.