



Innovation in Healthcare San Diego Conference Summary May 3, 2010 San Diego Mission Valley Marriott

On May 3rd, 2010 Alliance Healthcare Foundation officially launched its \$1 million funding opportunity known as the Innovation Initiative (i2) at the “Innovation in Healthcare San Diego Conference.” Participants from health, business, government and technology sectors came together to create a new vision for how healthcare is delivered to the vulnerable populations in San Diego. Alliance Healthcare Foundation (AHF) CEO Karma Bass challenged participants to come together, with Alliance Healthcare Foundation and other partners, to find bold, new solutions to our most pressing health care challenges. Keynote speaker, Adam Bosworth, architect of Google Health, described the innovative process and urged participants to think from the consumer perspective. Participants brainstormed about innovative approaches to increasing access to health and healthcare which resulted in cross sector connections and the germination of potential healthcare solutions.

Goals of the i2 Conference

- Announce the **Innovation Initiative** and the \$1 million grant.
- Convene healthcare providers and other experts to begin a *new* dialogue about how to increase capacity and coordination of the healthcare delivery system.
- Generate innovative ideas to improve access to health(care) to poor and working poor of San Diego County that have not yet been considered.

Conference Highlights

More than 160 community and business leaders convened on May 3rd, 2010 to learn about AHF’s Innovation Initiative and to network and discuss new approaches to improving access to care. During morning breakout sessions, participants were provided with scenarios depicting common challenges to accessing appropriate healthcare and asked to develop rapid solutions to these problems. The following are key highlights of the conference and breakout sessions:

- + The i2 is part of AHF’s new strategic initiative to stimulate innovation in San Diego by offering a \$1 million grant for the most creative, feasible solution to transforming the way healthcare is delivered to the underserved of the Greater San Diego Region. One outstanding applicant partnership will win;
- + According to Adam Bosworth, innovation should be sustainable, meet users’ core goals, leverage users’ time, improve social status and offer freedom to consumers;



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- + Innovations should focus on cost-reductions based on information, mobility, and solid measurement; and
- + Creative ideas that emerged from small group work included unique care delivery (mobile and virtual), use of cell phones and GPS to connect people to services, school-based care, webcams or mobile clinics and health kiosks.

Innovation Initiative Launched

Chairman of the Alliance Healthcare Foundation Board, Mr. Robert B. McCray, welcomed participants to the conference. AHF's President and CEO, Karma Bass, M.P.H., FACHE, welcomed participants and officially introduced the Innovation Initiative, also known as the i2. The i2 is a critical element of AHF's new strategic plan, which focuses foundation grant-making, leadership and community engagement on system-wide improvement in healthcare delivery. The strategic priority of AHF is to improve "access to healthcare with a focus on increasing the capacity and coordination of the healthcare delivery system." (see the AHF website for more information at: www.AllianceHF.org).

**\$1 IF YOU HAD
MILLION
TO CHANGE
HEALTHCARE FOR
THE UNDERSERVED,
WHAT WOULD YOU DO?**

AHF is committed to supporting improvements in prevention, primary and specialty care, and mental health and substance abuse services for the most vulnerable populations in San Diego. AHF identifies the most vulnerable as residents who are poor, the working poor, children and the homeless.

The purpose of the conference, according to Ms. Bass, was to "think big, listen, partner, collaborate with people you don't know, talk and learn." Ms. Bass explained that, according to the research on success in innovation, the conversations and creativity needed to truly transform healthcare must be *across sectors, out-of-the-box* and *disruptive*.

The conference was designed to offer opportunities for these types of interactions and conversations, and to stimulate brand new ideas about what innovation in healthcare might look like. Ms. Bass' presentation further described the i2 and what AHF is looking for:

- + innovation that is creative, cooperative, risk-taking, paradigm-busting and unusual;
- + innovation that inspires, is replicable, uses technology (if appropriate), leverages other funds, is self-sustaining and future-focused; and
- + new and innovative conversations about how to transform the delivery of healthcare in San Diego and the world.



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Ms. Bass explained that the i2 is unlike any grant AHF has funded before. It is more than a grant because it is designed to create a forum where community partners can engage in a new conversation about the health and healthcare needs of the underserved. The hope is to stimulate proposals that:

- + capture the imagination and inspire other innovation initiatives;
- + address not just today's access to care issues, but also to anticipate issues of the future and make provisions for them; and
- + take a long view and offer a plan that will be innovative and useful years from now.

AHF will award one grant of \$1 million to a partnership of non-profit, for-profit and/or government agencies that develop a truly innovative healthcare solution. The project must be operational within three years. i2 Letter of Intent applications are due on June 28th, with award notification in the late Fall or early Winter of 2010.

Stimulating Innovation

The keynote speaker for the conference was Mr. Adam Bosworth, CEO of Keas.com, a company that provides on-line health data management services and individually designed plans to maintain and/or improve health.. Mr. Bosworth shared his experience in creating innovative products at Google, most notably, Google Health. This on-line service was designed to collect, store, manage and share medical records and health information. Innovation, according to Bosworth, is "out of the box thinking about how to do something that didn't used to be possible but now is possible." It is creating something that people want that is fast, fun, offers freedom and increases time and social status.

Mr. Bosworth believes that, while the U.S. has been innovative in creating devices for doctors, the country has actually regressed in the way it delivers care to patients. To be innovative in this area, he argues, organizations must meet user's "core goals," focus on cost-reductions, and solve "real patient problems."

"We must look at innovation that is actually about changing lifestyle and behavior."

- Adam Bosworth, Keynote Speaker

The process of innovation should be rapid, using modeling and short-term trials, with multiple iterations and testing of ideas. Frugal innovation is the idea that you invest a small amount of money to build a product and then spend the rest figuring out what is working or not working and how to make it better. The worst way to be innovative, according to Bosworth, is to spend a lot of time and money to build something that doesn't work. He recommended using 10% of funds to build the innovation and 90% testing and improving it.

The speaker also noted that an important part of the innovation process is to pause, clear the mind, take a break and come back with fresh eyes asking, "Does this make sense?" With this process, he argues, simpler solutions often prevail.



Mr. Bosworth offered additional guidance on the innovative process, including the following:

- + Innovation is not designed by committee – it must have a champion or leader;
- + Innovation must be based on physics (what is possible) and psychology (what people want);
- + Innovation in healthcare must change people’s lifestyle and behavior. If it doesn’t, it will not affect healthcare costs in any significant way;
- + Consumers are not excited about data. They want to know: 1) how they are doing, and 2) what they need to do; and
- + Focus on sustainable innovation through utilizing texts, games/rewards, and financial partners.

Mr. Bosworth introduced his company’s website, Keas.com, walking through the process of how an individual can enter their health information and goals, and receive support for making desired changes. This example demonstrated an innovation that appeals to individuals’ desires to change behaviors, that is easy and fun, saves time and leverages their motivation,

Evaluation results showed that participants were inspired by Mr. Bosworth’s presentation, in particular, his suggestions and his experience in creating innovation.

Breakout Sessions

Following Mr. Bosworth’s keynote address, Karma Bass invited participants to carry this information into the next sessions of the conference, to brainstorm about innovative solutions to improving access to healthcare in San Diego. Four breakout sessions were offered to participants for small group work and networking. The following section describes the results of these sessions.

Innovation Laboratory

The breakout sessions following the morning presentations were designed as mini innovation laboratories. The sessions were intended to foster participant interaction and to model innovative, cooperative brainstorming in a short period of time. Four areas were selected to frame the broad topic of healthcare access for the uninsured into more narrow topical areas. These include: Coordination of Care, Care Quality, Healthcare Access, and Health Self-Management. These areas were identified as major subcategories of healthcare access challenges in San Diego based on a review of local reports, including [Access to Healthcare in San Diego: A Data Snapshot](#) (AHF, 2008) and the [CHIP Health Needs Assessment](#) (2010, CHIP).

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Participants chose one of four topic areas in which they wanted to work. In each breakout room, the issues within each topical area were framed through a presentation by facilitators from Harder + Company Community Research. They summarized the key barriers to healthcare access for the uninsured and underinsured with data on the proportion of people impacted and the challenges providers face in serving the nearly one million healthcare safety net users in San Diego.

Scenarios of actual residents facing challenges to accessing healthcare were then presented, with a different scenario in each breakout room. Participants were asked to work with other participants at their table to come up with creative solutions to the scenario presented. The groups were tasked with creating a system-wide solution that would improve healthcare access for all people, while meeting the immediate need of the person represented in the scenario.

Participants had less than an hour to brainstorm about the problem, select a solution, develop the solution, and then present it to the group. They had to move quickly while considering all ideas. A number of themes emerged from the small group discussions, across topic areas and scenarios.

"I enjoyed the freedom to have an open discussion about innovation and not just 'standing items' on an agenda."

-Conference Participant

The local healthcare access problems most commonly identified were:

- + Lack of information and access to care (no medical home) or how to manage self-care
- + Lack of funding for services/costs of services
- + Environment not supportive to health/care
- + Language, transportation and literacy barriers
- + Behavioral health needs for the homeless

Approaches to these problems included:

- + Texting patients to improve health behaviors and track compliance
- + Kiosks with health information at many locations or information centers at existing businesses
- + Integrated health and social service on-line registration and appointment service
- + Use of GPS to track patient location and services
- + Mobile clinics collaborating with schools to deliver care

The scope of the task was challenging given the limited time of the session, but the sense of urgency helped to stimulate rapid, creative thinking. The groups identified the challenges to be overcome, an innovative solution, the appropriate strategic partners, and the resources required to implement and sustain the projects.



Breakout Group Results

Each of the breakout groups voted for the favorite project from the 4 to 6 solutions presented in each room. Two sessions were combined (Quality and Coordination) so a total of three winning projects were identified. The top three projects are described below.

Health Self-Management

The problem this group proposed to solve is the lack of adequate education and resources for health self-management for all, with a focus on the self-management of Asthma. The group designed an “augmented reality” pilot with interactive tools for self-education and follow-up, “educating hosts,” and a safety net “team” that determined culturally and logistically appropriate follow-up. This project would serve everyone in San Diego and result in an overall reduction in chronic disease and fewer hospitalizations by virtue of increased education and improved health self-management. Partners from the technology sector and community groups were needed for implementation, along with community clinics and urgent care centers. The teams would take a holistic approach to the problem, combining culturally–appropriate home visits with cutting edge technology to align economic incentives to create the desired behavior modification.

Care Coordination and Quality

This group addressed the problem of lack of coordination across multiple safety net providers by designing an intervention that would provide coordination and patient education. Patients would be educated and rewarded for their compliance with medical advice. Multiple hubs of service and care coordination would be offered to complex indigent adults with physical, behavioral and social issues. The project would use mobile devices with user recognition technology (i.e., a thumb print as individual identifier) and a health ipad for tracking health behaviors. Partnerships with local government, social service agencies and healthcare providers were discussed. The service would be delivered by community and mental health clinics and hospitals.

Healthcare Access

This group addressed language, literacy and transportation challenges to accessing appropriate care for residents living in a remote part of the county. The group focused on providing a new local phone number, such as 711, for residents to call to get information on how to obtain health care, with assistance in making an appointment. A Promotoras would follow-up as needed with Latino callers. Others would be connected to a clinic within 3 miles of the patient’s location. A health Kiosk would be provided in 7-Elevens across the city, offering appointment setting and health advice. This model could also include virtual care. The service would meet the needs of the uninsured, as well as anyone who needed to access care. It would allow users to use Skype, the internet or a cell phone (text or call) to get to the healthcare they need. Project partners would include community health clinics, religious communities and Promotoras.



Breakout Group Idea Winner

In the final session of the conference, Jennifer James of Harder + Company Community Research asked the winning groups to present their project ideas to conference attendees. Each presenter had 5-10 minutes to summarize their project. At the end of the presentations, the overall winning project was selected by attendee vote. The project with the greatest number of votes was the **Care Coordination and Quality** project. Karma Bass gave each member of the winning team a \$50 gift card, modeling the power of competition and financial reward in stimulating innovation.

"The group activity is something that doesn't occur in conferences. It provoked decision-making and brought people together from different sectors at the same time."
 -Conference Participant

Question and Answer Session

Karma Bass opened the floor to questions about the i2 and a robust exchange followed.. When asked what inspired AHF to create the i2, Karma shared that it was the X-prize and the innovation and progress that resulted from the first X-Prize award. AHF hopes to stimulate the same level of innovation with the i2. She further noted that while the foundation doesn't have preconceived notions of what the winning project will look like, they are clear that they'll know great innovation when they see it.

Conference Close

Karma Bass thanked participants for their interest and participation in the **Innovation in Healthcare San Diego Conference**. The conference was intended to promote creative thinking and encourage connections between sectors that don't usually convene. Participants expressed their interest in more of these opportunities. The innovative ideas developed during the breakout "innovation labs", while useful, did not quite produce the paradigm-busting innovation that AHF is seeking for their i2 award. However, there is hope that the conference produced some new ideas and partnerships that have the potential to grow into an outstanding, fundable project. Ms. Bass urged, that "there is more work to be done, more ideas to be had, and a greater impact to make."

Innovation Initiative Grant Information

Additional information on the i2 grant is available on-line at the new Alliance Healthcare Foundation website: <http://www.alliancehf.org/grants-program/innovation-initiative>. To learn more about the application process, webinars for potential grantees are available.