



HMMC May 23, 2019 "It's the innovation, stupid!"

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Plan of action

Quick intro

Let's innovate and see what happens (I think we'll learn something...)

Panel intro

Panel Q&A

Key takeaways

 Innovation value determined by stakeholders, not the innovator

Manage innovation across the organization

Health care / medicine is changing

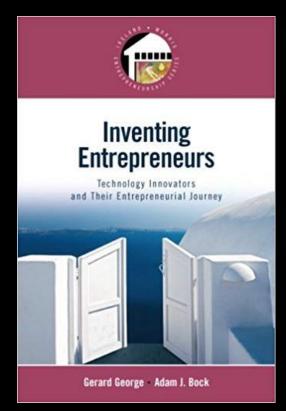


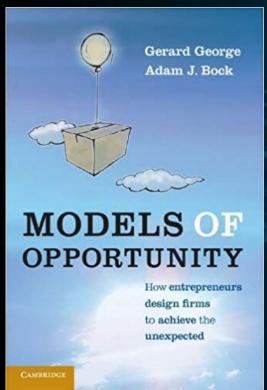
Sometimes, complex problems are actually simple

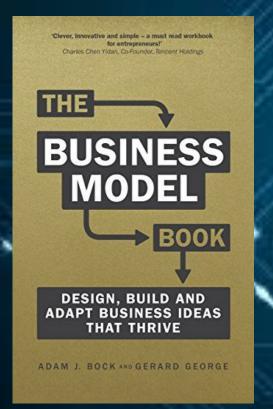




I've been studying this for > 10 years







I've jumpstarted commercialization











Even inventorship on a medical device patent

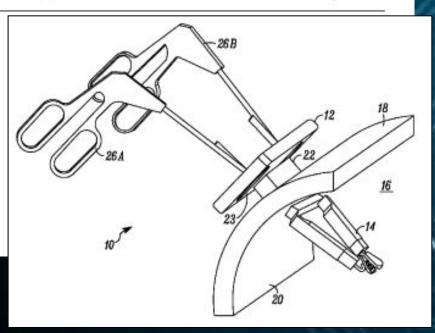
(12) United States Patent Farritor et al.

(10) Patent No.:

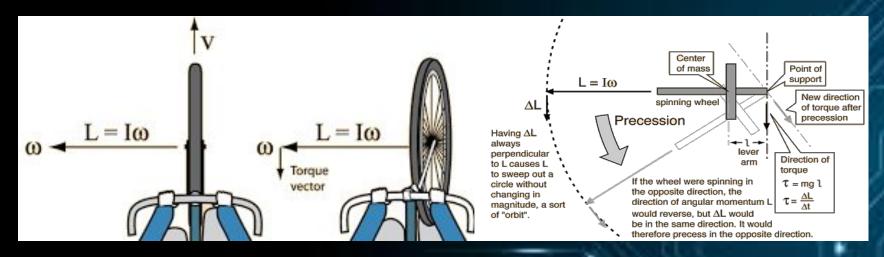
US 9,579,088 B2

(45) Date of Patent: Feb. 28, 2017

- (54) METHODS, SYSTEMS, AND DEVICES FOR SURGICAL VISUALIZATION AND DEVICE MANIPULATION
- (75) Inventors: Shane M. Farritor, Lincoln, NE (US);
 Mark Rentschler, Omaha, NE (US);
 Amy Lehman, Seward, NE (US);
 Nathan A. Wood, Papillion, NE (US);
 Adam Bock, Sun Prairie, WI (US);
 Reed Prior, Waltham, MA (US)
- (73) Assignce: Board of Regents of the University of Nebraska, Lincoln, NE (US)



But *teaching* ≠ *learning*



Not the best way to teach someone how to ride a bicycle...

So, let's innovate!

Write down one thing that would:

improve the experience of attending a professional conference

- Minimum 5 words, no more than 1 sentence
- Has to be reasonable / possible



Round 1: Network!

- Talk to the 3-4 people nearest you
- If one of their innovations is better than yours, give your post-it to that person
- An innovation must have at least one follower to go to Round 2
- 3-4 minutes



Bad news and good news

Bad news: There is no Round 2

Good news: You have generated amazing innovations-- tell me about a couple of them!

"Winning" innovations!

- Editable slide pre-conference
- Pen drive with all content
- 5 takeaways
- Buddy system for new members
- List attendees



"Winning" innovations...

- Not guaranteed to be the best possible
- Not guaranteed to be the best available
- Not guaranteed to succeed in market



Not guaranteed to be best possible

- Time constraints
- Resource constraints
- Sampling bias



Not guaranteed to be best available

- Ease of communication
- Communication skill of promoter
- Legitimacy of promoter
- Selection bias (shyness, discrimination)
- Initial conditions
- Path dependency / randomness



Not guaranteed to succeed in market

- Existing standards
- Requirement for behavioral change
- Does not address actual customer need





Is that how innovation happens at your organization?

- Reactive problem-solving
- Driven by the most confident voices
- Incremental product change
- Based on innovators' interests
- Stage-gating dependent on factors other than the innovation's value to stakeholders (e.g. customers)

Dementia vs. delirium diagnosis in ICU / ER

Team @ University of Edinburgh Royal Infirmary

Entrepreneurial-- asked ICU/ER docs for ideal characteristics:

- Rugged / drop-safe
- Spill resistant
- Simple / dedicated controls

Voila!



Edinburgh
Delirium Test
Box (EDTB) for
the Intensive
Care Unit

Can you find the device in these pictures?





Know your stakeholder!

Who administers the cognitive tests?

Who makes the purchasing decisions?

What are the real behavioral issues in the use context?

- Limited space in ICU/ER for more gear/equipment
- Ruggedness doesn't matter if the "device" has other uses
- Integrated instructions and medical records

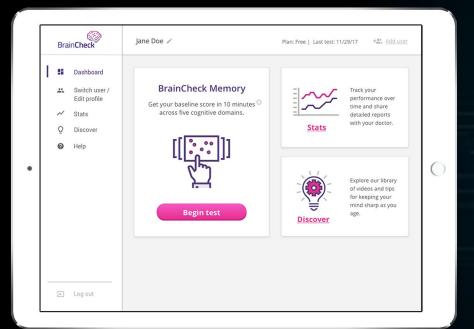
Can you find the *ideal* device in this picture?



6 years later...

"A current project is investigating the use of Android smartphone technology to administer EDTB-ICU tests in the ICU..."

So now they're only 5 years behind...



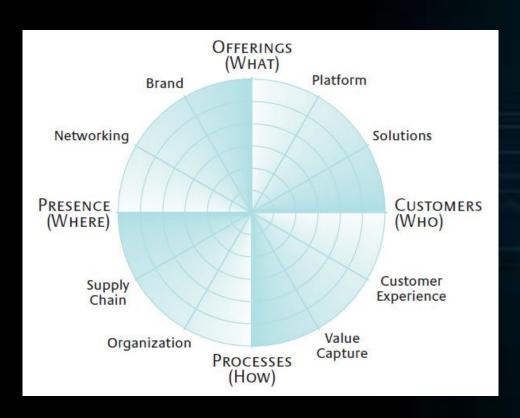


Key takeaways

 Innovation value determined by stakeholders, not the innovator

Manage innovation across the organization

Innovation across the organization



Sawhney, M., Wolcott, R. C., & Arroniz, I. (2006). The 12 different ways for companies to innovate.

MIT Sloan management review, 47(3), 75.

Innovation audit at Wisconsin CPG firm

Success and # of projects by Innovation Type



Type of Innovation

Who "owns" innovation?

"Innovation falls under marketing, which would make sense, except that marketing relies on reports and doesn't do anything with actual customers. [The R&D team] reactively serves at least 4 different internal and external stakeholders, so we rarely do observation of actual customer behavior."

- CPG firm R&D manager

Innovation <u>across</u> the organization...





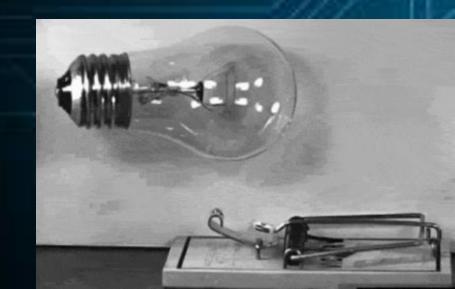
Because healthcare is changing...

Who will make the purchasing decisions in the emerging framework of data-driven, Al-informed, outcome-based healthcare?





"It's <u>NOT</u> the innovation!" (anymore...)



It's the *management* of innovation...

- ... across the whole organization...
- ... to increase value creation and capture...
- ... based on observed stakeholder needs.



Thank you

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This presentation:

www.tinyurl.com/2019hmmc

Our distinguished and knowledgeable panel

Vicki Hill, Director, Performance Excellence Consulting, careC2 at Leidos; former Vice President Clinical and Operations UW-Health

Jennifer Mueller, Vice President and Privacy Officer at Wisconsin Hospital Association Information Center

Tom Westrick, VP: Chief Quality Officer, Head of Regulatory Affairs, and Global Research process at GE Healthcare





Bottom-up innovation: Metalysis

- Electrolytic technology which can reduce metal oxides and ores into pure metals and alloys.
- Operates at lower temperature and lower energy consumption than traditional melting technologies because reduction takes place in the solid-state.
- Inexpensive components and no toxic by-products.





Debby's story

Annual internal innovation competition

Hired as a cleaner, Debby submitted an entry for a new way to clean out fabrication molds because it took two full days to clean them out (Weds - Fri)

None of the scientists or managers had concerned themselves with clean-up after experiments or test runs...

Outcome

Cost: purchase of ultrasonic cleaner and +5% energy

Doubled test run / production capacity by avoiding bottleneck mid-week



Debby was the only "stakeholder" who recognized that the innovation opportunity wasn't the <u>production process</u>, it was the time bottleneck <u>between</u> production processes.

[Debby hired as "technician" to replace PhD-level employee...]