

ACHE CHAPTER PANEL DISCUSSION TEMPLATE

#IP5: In-Person Learning Environment

For ACHE In-Person Education Credits

Disruptive Innovation in Healthcare Delivery

Length: 1.5 hours

Target Audience: C-Suite and other senior-level healthcare executives, clinical and operational leaders, clinicians, researchers, and consultants.

Description: Disruptive innovation, a term coined by Harvard professor Clayton M. Christensen, is a transformative business model that leverages technology to help focus on making products and services more accessible and affordable. In healthcare delivery, disruptive innovations have the potential to decrease costs while improving both the quality and accessibility of care. Disruptive innovations enable new applications and changes in behaviors. The current thinking with many innovators is a belief that a host of disruptive innovations would have wide implications for payers by shifting payment models to reward precision diagnostic tests and abilities of providers. Several current disruptive innovations like retail clinics, medical tourism, artificial intelligence, and point-of-care medical payments are making a major difference in how health care is delivered. This panel will focus on the role of innovation in the healthcare marketplace and examples of disruptive innovations that will change lives in health care.

Faculty: *Each session should feature a moderator plus two to three panelists.*

Moderator: The Moderator should be a healthcare executive who fully understands the importance of disruptive innovation, the impact it has on healthcare delivery and has experience with the implementation.

Panelists: Panelists should include a Chief Innovation Officer, CEO, COO, or other senior healthcare leader who has experience leading and managing disruptive innovation in their organization. An additional option is a healthcare innovator.

Interactivity: *All sessions must feature a minimum of 10 minutes of dedicated audience Q&A time at the end of the session. Additional small-group breakouts or discussions are optional but encouraged.*

Presentation: *An optional presentation template has been included for use if the Chapter sees fit. If used, the presentation should include the required slides as designated in the template, and no more than 3 additional content slides.*

Questions for Discussion:

- What are the steps to encouraging healthcare leaders to be more open to disruptive innovation that may threaten the status quo but will ultimately enhance the quality of health care for much of the population?
- What type of disruptive innovations, small and large, could have a positive influence on building a new system that is characterized by lower costs, higher quality, and greater convenience than the existing system?
- What are some examples of disruptive innovation experiences from your organization?
- Discuss buy-in and support at all levels, challenges and roadblocks encountered along the way. What went well? What were the outcomes? What were the lessons learned?
- While dominant players are focused on sustaining innovations (i.e., improving products/services to meet the needs of profitable high-end customers), start-up companies seek to introduce disruptive innovations that are less expensive, simpler, and more convenient aimed at the lower end of the market. How are start-up companies impacting the ability of your organization to continue the same path to sustain your innovations?
- For what reasons do consumers embrace innovations (For example: savings, convenience, ease of access, perceived quality, etc.)?
- It would be easy to predict that in the next 10 years, the rich will get richer and the poor will not. How do we ensure that the advances in healthcare don't simply make the rich healthier?
- The shift to digital, mobile healthcare delivery is real, even though it's been in fits and starts. Where do you see the guardrails needed for responsible innovation?

Materials for Distribution:

Boom, M. & Montgomery, L. (Nov/Dec 2021). Investing in Innovation. *Healthcare Executive*.

DeVore, Susan. (Winter 2020). Embrace Disruption to Turn Financial Pressures Into Opportunities. *Frontiers of Health Services Management*. 65(1):11-14.

Schwartz, R. (Spring 2022). Rapid Deployment of Technology: Patient and Staff Empowerment at Houston Methodist. *Frontiers of Health Services Management*. 38(3):16-23.

Short, J.B., Mammen, A. (Fall 2020). A Pandemic Application of Creative Destruction in Healthcare. *Frontiers of Health Services Management*. 37(1):4-9.

Additional Resources:

<https://healthcareexecutive.org/archives/november-december-2021/private-equity-investment-in-primary-care>

<https://healthcareexecutive.org/archives/november-december-2022/leading-through-disruption>

<https://www.ache.org/blog/2020/futurescan-transformation-and-disruption>

<https://www.aha.org/center/emerging-issues/market-insights/disruptive-innovation/disruption-in-health-care>

<https://www.forbes.com/sites/saibala/2022/08/31/meaningful-healthcare-disruption-has-become-a-huge-challenge/?sh=4b25329273d6>