

COMMUNICATING THE HEALTH CARE INNOVATION AGENDA TO CANADIANS

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In a time of increasing fiscal constraint in health care, politicians emphasize “innovation,” yet they seldom define the concept for Canadians. Health care innovation can refer to breakthrough processes (emergency room flow), products (electronic health records), strategies (hospital bulk purchasing) or management (collaborative care models). All innovations serve the state’s interests in securing improved health and greater return on investment. How can governments improve how they communicate to Canadians why innovation matters? The authors’ analysis shows that governments need to better demonstrate the future financial benefit from such investments. They also need to show how investments in innovation benefit individuals.

À l’heure où les soins de santé font l’objet de restrictions budgétaires croissantes, les politiciens ne cessent d’insister sur l’« innovation » mais se donnent rarement la peine d’en définir le concept à l’intention des Canadiens. Or l’innovation en matière de santé peut aussi bien faire référence à des processus (désengorgement des urgences), des produits (dossiers médicaux électroniques), des stratégies (achat massif d’équipements hospitaliers) qu’à des méthodes de gestion (modèles de soins intégrés). Chose certaine, toute innovation sert les intérêts de l’État en améliorant la santé publique et le rendement des investissements. Selon les auteurs, les gouvernements doivent améliorer leur façon de communiquer à la population l’importance de l’innovation en santé en faisant valoir les avantages financiers qui découleront des investissements consentis.

We increasingly hear the word “innovation” used in managerial, technical, administrative and work environments. This is especially so in the political arena. During the previous 2006-08 Parliament, Canadian MPs mentioned “innovation” 354 times in committee and subcommittee debates of the House of Commons. Despite its frequent use, the meaning of “innovation” can be unclear and open to multiple interpretations. London Business School professor Gary Hamel’s understanding of “innovation” is the most instructive. We have adapted Hamel’s “innovation stack,” with its four distinct areas — operations innovation, product/service innovation, technology innovation and managerial innovation — to health care (see figure 1) in an attempt to define a framework for “health care innovation.”

Consider the politically ubiquitous term “e-Health.” A much-vaunted health care innovation, e-Health was coined after the Internet exploded into public consciousness. It symbolizes the promise of information and communication technologies; it represents innovation in the service of health delivery; and it promotes quality and better return on investment (ROI) for medicare. Arguably e-Health shares ele-

ments of a strategic innovation (new rules, same game) and management innovation (new game, new rules) as it matures. Yet e-Health is nothing like the iPod or the BlackBerry: it has no “cool factor.” When our politicians talk about “investing” in electronic health records and other e-Health innovations, why do the public’s eyes glaze over?

On the one hand, our political leaders have expressly aligned many of the e-Health opportunities with the priorities of government agencies: namely, diagnostic imaging, drug information systems, laboratory information systems, public health surveillance, electronic health records and telehealth. On the other hand, e-Health does not enjoy anywhere near the same level of interest from the public. Assessing the degree to which the public’s interests are, in fact, aligned with federal and provincial e-Health priorities, or whether people are even interested at all in such concepts as e-Health or “innovation,” used to be speculative, laborious, or not readily quantifiable; public opinion surveys were the only available tools. Today, publicly available Web analytic tools allow us to track the public’s “true interests” by monitoring search terms entered into search engines such as Google. Two

of these copyrighted analytic tools, Google Trends and Google Insight, now allow decision-makers and researchers to determine, in real time, which topics interest people in Canada and around the world. In the analysis that follows, we apply these analytic tools to the topics of e-Health and innovation.

We examined how effectively Canadian governments are communicating the rationale for an “innovation agenda” in health care and more broadly to Canadians; and, second, how intensely Canadians express interest in health system innovation. We were interested in reviewing the interest level of Canadians in health care innovation and in seeing whether governments were communicating the rationale for innovation in a way that would resonate with Canadians. We wanted to know the answer to the question “Is there room for governments to improve how they communicate the innovation agenda?”

Significantly, e-Health is just one example of an “innovation” that is popular among the political class, but less so among everyday Canadians. We examined how effectively Canadian governments are communicating the rationale for an “innovation agenda” in health care and more broadly to Canadians; and, second, how intensely Canadians express interest in health system innovation. We were interested in reviewing the interest level of Canadians in health care innovation and in seeing whether governments were communicating the rationale for innovation in a way that would resonate with Canadians. We wanted to know the answer to the question “Is there room for governments to improve how they communicate the innovation agenda?”

Using Canada Newswire, we reviewed 5,987 federal, provincial and municipal government press releases describing “innovation” investments across different sectors, from January 1, 2004, to December 31, 2008. We included press releases describing operations innovation, product/service innovation, technology innovation and managerial innovation for new investments announced by gov-

ernment alone or by government in partnership with industry. Our analysis excluded releases describing allocations to government-funded hospitals, health organizations, associations and non-governmental organizations. There were 1,114 pertinent press releases left for review. Most represented were

the following industries: energy, technology (including health technology), the arts, science, immigration, business, tourism, literacy, urban affairs, health services, biomedical research, agriculture, engineering, transport, trade, education, the environment, fishing and forestry.

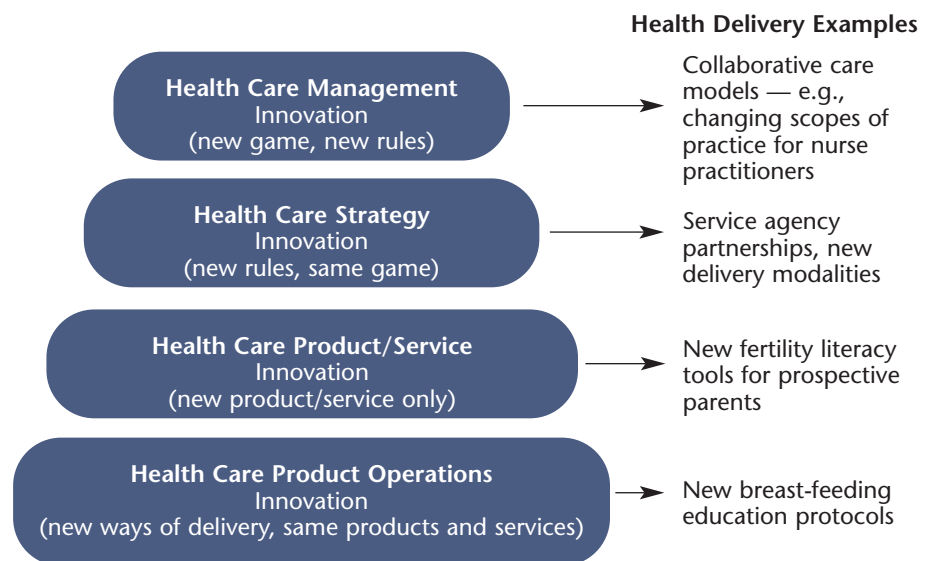
We reviewed the press releases to assess the degree to which they described the return on investment

stemming from the innovation investment; how the innovation investment professed to improve health system quality; and the degree to which the nature of the innovation described would improve quality for an individual, a family or a community. We also reviewed standardized Web search terms, including “e-Health,” “innovation,” “my doctor” and “my diagnosis” — using Google Trends — to see the changing interest expressed by Canadians in different health topics and in health innovations generally (see figure 4).

In our sample, government communication professionals did an increasingly effective job at showing how the investments, especially health-related investments, would improve the quality of care at an individual or community level (see figure 2).

From 2004 to 2006, government references to return on investment in such press releases were rare. Although governments have increasingly communicated to the public the importance of return on investment for all innovation investments, there remains considerable room for improvement,

FIGURE 1. THE INNOVATION STACK IN HEALTH CARE



Source: Inspired by Hamel, G. (2008). *The Future of Management*. Cambridge, Mass.: Harvard Business School Press.

with just 46.7 percent of press releases in 2008 on innovation describing the explicit personal or community benefit — including improved quality of life or longer lifespan — to stem from such investments. This is important, since a review of Web search terms using Google Trends shows that, when it comes to health care, Canadians are interested in information that affects them at a personal or community level.

Government messaging on the meaning and power of innovation has changed considerably since 2004. In 2004, there were no press releases (out of a total of 174 dealing with government investments in innovation) that described the financial return on investment to come as a result of that investment. By 2008, more than three-quarters (76.9 percent) of such government press releases described — often in great detail — the estimated financial benefits (including employment gains to the community) projected from the original investment.

From 2006 to 2008, there have been increasingly frequent references within such press releases to how the community, patient and/or the patient’s family will potentially benefit from innovation investments — peaking in 2008, at 46.7 percent of all innovation press releases. For example, in 2008, this subset of press releases included content as varied as how Canada Health Infoway was investing in telehealth in Nunavut; government investments in science fairs for Canadian youth; and the introduction of new regulations giving supermarket employees days off to promote work-life balance and workplace health. Further, as illustrated in figure 2, 2008 saw a leap forward in the proportion of innovation-related press releases being devoted to health care issues — including clinical, biomedical and health policy investments. In 2008, 40.4 percent of all such press releases were devoted to health issues, including announcements regarding expanded access to clinical (e.g., cardiac) services and wait-

times reduction strategies. In 2004, just 28.7 percent of government innovation press releases related to health issues.

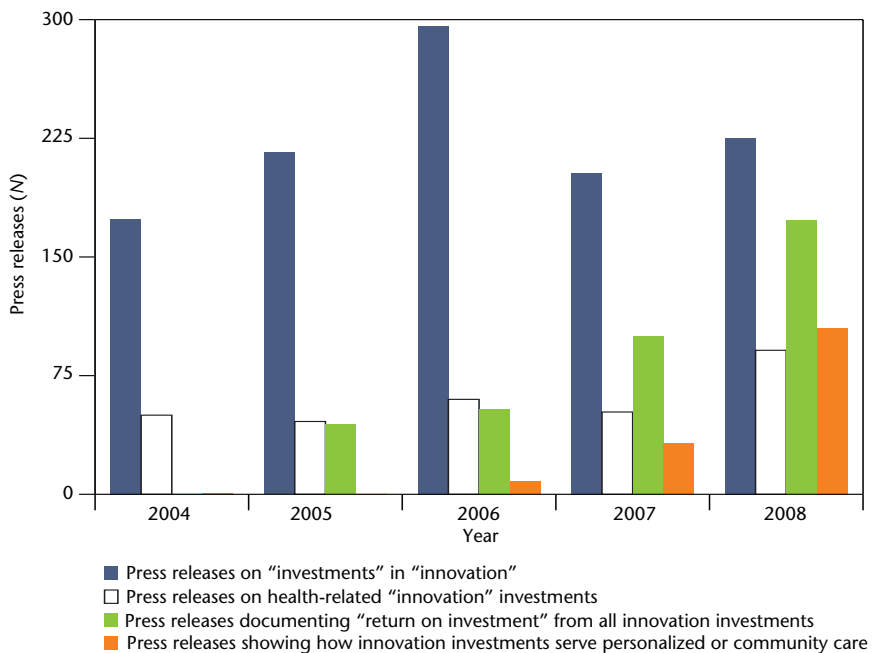
Canadians’ interest in obtaining more information about e-Health and innovation in health care has been stagnant over several years. Google searches on the topic of e-Health have been flat — relative to the universe of other potential search topics — from 2004 to the present; and searches for “innovation” have slightly declined during the same period (see figure 3).

Our analysis suggests that decision-makers’ references to “innovation” have been relatively static from 2004 to the present, with a peak in 2006 (see figure 2). Conversely, we find that the public’s Web searches (relative to the universe of other search topics) on *personalized* health topics relating to chronic illness have grown remarkably. This apparent gap between the public’s interests in personal health issues and decision-makers’ public statements suggests that an untapped potential for influencing behaviour change exists.

When reviewing the public’s interest in innovation — and in a

variety of health care topics — we find lessons that governments in Canada should heed when communicating the “innovation agenda.” On first glance, the public may not be expressly interested in health care innovation, as this term is traditionally understood in Canada or as understood by the adapted Hamel innovation stack model. Consider figure 3 and the seemingly static interest among the public in searching for topics using Google with the tags “innovation” or “e-Health.” The relatively flat lines have to be interpreted cautiously. Reasons for not searching for e-Health or “innovation” may vary. The public may find the notion of e-Health too abstract; health care consumers may use other avenues beyond the World Wide Web (the family doctor, for instance) to seek out and better understand innovations in e-Health. Members of the public may use an alternative term, or set of terms, for health-innovation-related searches on Google, or it may be that they increasingly search for a vast array of other topics unrelated to health innovation (e.g., political news, especially during a federal election year in Canada and the United States), such that searches for

FIGURE 2. MUNICIPAL, PROVINCIAL AND FEDERAL GOVERNMENT PRESS RELEASES ON INNOVATION INVESTMENTS, 2004-08



innovation shrink by comparison. (According to Google Trends, fewer than 10 percent of searches on innovation are categorized as health.) Despite these caveats, the data do suggest that

their diseases, and, most importantly, to share, collaborate, and engage.

We have identified several findings to support the idea that Canadians are interested in such so-called low-tech,

eral years. Finally, searches relating to chronic illness, and how to deal with chronic illness, have risen consistently for all Internet users. A 2007 Pew Internet and American Life survey reports that 86 percent of Internet users living with disability or chronic illness have searched for health information and are more likely than others to report that their online searches affected “treatment decisions, their interactions with their doctors, their ability to cope with their condition, and their dieting and fitness regimen.”

We have identified several findings to support the idea that Canadians are interested in such so-called low-tech, “high-touch” innovations. First, search references that reveal more personal concerns relating to how and where to get care — such as “best hospital” or “best doctor”; “my doctor”; “my hospital”; “my clinic” — have risen (relative to the universe of other search topics) steadily over the past several years.

many Canadians may be indifferent to what we traditionally understand as health care “innovations.”

Over the last several years, North Americans have shown increasing interest in seeking out new solutions that are low-tech and “high-touch”: that is, simple, well-designed and personalized solutions to help them engage with their health providers and with others suffering from the same or similar chronic illnesses. According to data on the increasingly popular Web site patientlikeme.com, Canadians, as compared to people from other countries, are highly active users of this collaborative site, where patients around the world with rare chronic diseases share personal stories about inventive strategies to address their illnesses.

These low-tech, “high-touch” innovations can affect Canadians’ personal relationship with their doctors (e.g., when looking for rankings and rating systems for health personnel on Web site such as RateMD.com); can change the way Canadians access and understand their personal health information (when using personal health records); and can facilitate how they use new processes to navigate the continuum of care (when engaging in activism and patient-led research through social networks and virtual support groups). Online virtual communities such as patientslikeme.com (rare diseases), sugarstats.com (diabetes) and acor.org (cancer) allow patients to obtain information about

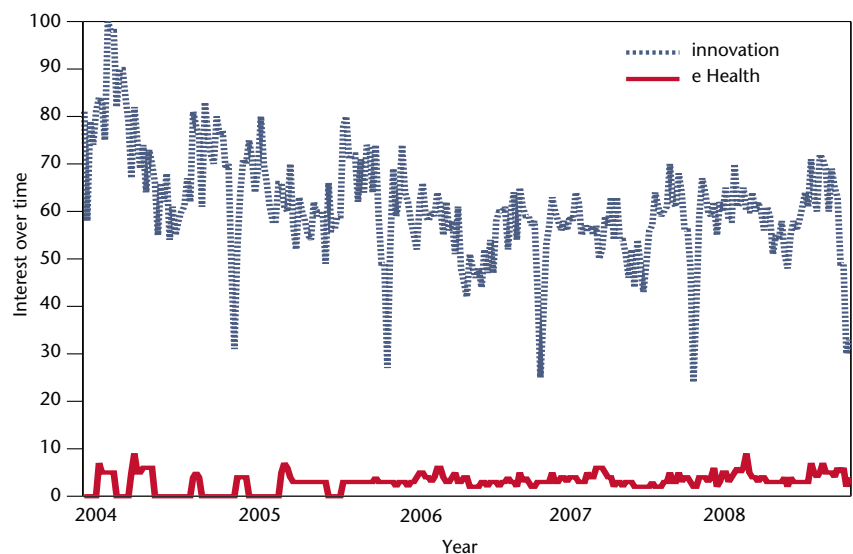
“high-touch” innovations. First, search references that reveal more personal concerns relating to how and where to get care — such as “best hospital” or “best doctor”; “my doctor”; “my hospital”; “my clinic” — have risen (relative to the universe of other search topics) steadily over the past several years (see figure 4).

Second, according to earlier research by the Health Strategy Innovation Cell, the numbers of people sharing personal health information within online communities — i.e., social networking sites devoted to chronic illnesses like cancer or diabetes — have risen steadily over the past sev-

Current methods of tracking innovations in health care are limited. Tools such as Google Insight and Trends allow researchers to track health information trends over time. In the future such Internet trending applications could replace or support traditional means of documenting the public’s expressed interests (i.e. surveys), or could be used to monitor the need for health innovations or to assess how consumers are, in fact, using such innovations.

Our approach of reviewing government press releases is admittedly not perfect. Press releases do, howev-

FIGURE 3. CANADIANS’ EXPRESSED INTEREST IN E-HEALTH AND “INNOVATION”



Source: Google Trends.
Notes: The numbers on the graph reflect how many searches have been done for a particular term, relative to the total number of searches done on Google over time; the data are normalized on a scale of 0 to 100.

er, represent a proxy for how governments signal priorities to the public and, in particular, to the media. Frequently, text appearing in press releases is cited and/or reproduced by the mainstream media or republished by bloggers on the World Wide Web. We selected Canada Newswire as our

many of the financial commitments described in them demonstrated overlapping elements of the stack. With these considerations in mind, we make the following conclusions from our analysis.

First, our results suggest that the terms e-Health and “innovation” may

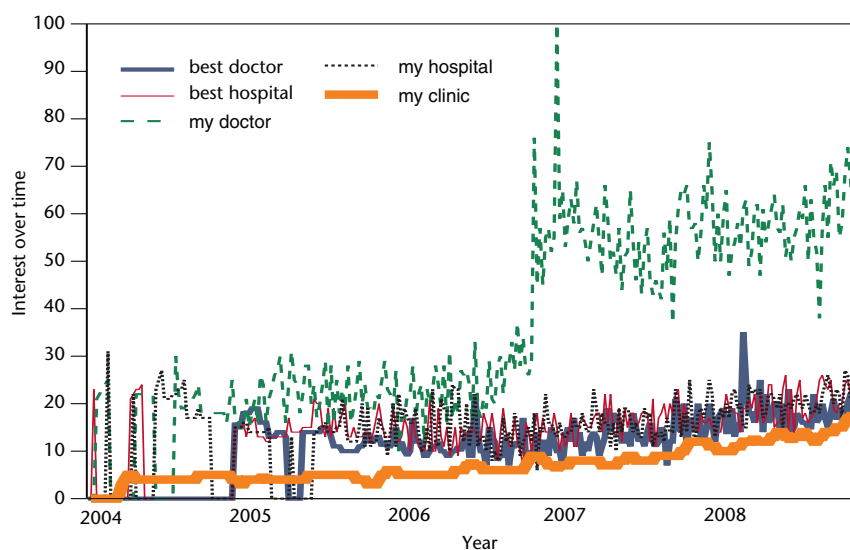
Second, these findings indicate that the terms “innovation” and “e-Health,” as currently used by federal departments and municipal and provincial governments, do not signal the types of health topics in which Canadians are truly interested. Health “innovation marketing” in Canada may need to be recast to

Our results suggest that the terms “e-Health” and “innovation” may not resonate with Canadians, despite frequently being used by governments. This suggests that there is an opportunity not to be missed for influencing behaviour change if decision-makers, health organizations and providers communicate “innovation” as an overarching agenda that speaks directly to patients’ demonstrable interests: maximizing consumer choice and helping patients follow a personal journey to find quality care for themselves and for their families.

source, since it is national in reach and is included in a comprehensive, searchable database. It also contained releases from municipal, provincial and federal governments. English translations of releases first published in French were provided by the database. However, our review did not include the territorial governments. Moreover, we could not apply the innovation stack proposed to categorize each of the press releases, since

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FIGURE 4. SEARCH RESULTS ON PERSONAL CONCERNS RELATING TO HOW AND WHERE TO GET CARE



Source: Google Trends.
 Note: The numbers on the graph reflect how many searches have been done for a particular term, relative to the total number of searches done on Google over time; the data are normalized on a scale of 0 to 100.

focus on solutions that enable citizens to experience more personalized care. Canadians seek information that helps them better understand their illness and their personal relationship with their providers; to the extent that governments and provider organizations can demonstrate that technology or other process innovations

in health care serve the future of personalized medicine, more Canadians will be supportive of an innovation agenda.

Finally, to make the innovation agenda truly matter to Canadians, governments need to continue to make improvements in translating to Canadians the return on investment — i.e., the value chain — of funding innovation. Demonstrating how these investments will translate into a higher quality of care for individuals, their families and their communities will support a model of health care delivery where the public payer is accountable for better outcomes — for the individual, and for the broader health system.

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