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**THE IMPORTANCE  
OF WORLDWIDE INTERACTIONS  
IN HEALTHCARE MANAGEMENT**

**Global innovative policies & tools for decision makers**

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**S A B É   S A R A H**

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# Special Thanks

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I gratefully dedicate this thesis to

My parents, Marie France and Gabriel Sabé,

My brothers, Georges, Michel and Joseph,

Thank you for always supporting me throughout the years.

I am grateful for the support of my Director of Studies, Dr Stefan Kabene, my hospital director, Marie Laure Despature, FHF Nord Pas-de-Calais director, Claude Galametz and my mentor, Patrick Le Jeune, for the guidance, encouragement and enthusiasm throughout the evolution of my thesis over the year.

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## List of acronyms

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OCDE	Organization for Economic Co-operation and Development
SWOT	Strengths – Weaknesses – Opportunities – Threats
NPT	Normalization Process Theory
GDP	Gross Domestic Product
WHO	World Health Organization
MFW	Micro Fund for Women
HPST	Hôpital, Patients, Santé, Territoire
HAS	Haute Autorité de la Santé
CHMI	Center for Health Market Innovations
IHI	Institute for Health Improvement
GDP	Gross Domestic Product

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## Some definitions

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### **Interdisciplinarity**

Involving professionals with backgrounds in medicine, management, psychology, economics, econometrics and other social sciences in our projects.

### **Internationality**

Working together with people from around the world who support common values and vision to achieve shared goals.

### **Independence**

Remaining independent of stakeholder interests to enable knowledge creation.

### **Interaction**

Sharing best practices among academics, practitioners and students who disseminate knowledge around the world.

### **Innovation**

Building knowledge through innovation to exceed expectations of the community.

## Introduction

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### **We, healthcare decision makers, are fighting a global health storm.**

As the world around us is becoming more and more interconnected, healthcare management systems are suffering almost everywhere in the world: difficulty to organize proximity offers, huge healthcare costs, shortage of physicians, rapid urbanization, increase of chronic diseases, more and more dependency on chemicals, childhood obesity, long waiting times in some health fields, overcrowded emergency rooms, increasing and ageing population...

### **We have to do more with less.**

Today, we notice differences in supply, health organization and quality of health between different regions of the world. Nowadays, it is difficult to accept that people in a poor African country die from a disease or a condition very easily treated in OECD<sup>1</sup> countries. Simple prevention missions may sometimes, if successful, perform miracles for poor populations or in developing countries. The costs (time and money) are too high to facilitate the dissemination of these solutions. Adequate means and resources confronted with ambitious objectives are a difficult goal to achieve in some parts of the world. We need more organization and infrastructures to facilitate the implementation of these solutions. Different and improved healthcare management is needed. It's a very sensible and evolving practice. The biggest contribution in healthcare management comes from managers and practitioners all over the world: a large amount of information on healthcare management comes from local management experimentation and evidence-based innovation. The evidence of what actually work is rare and difficult to implement.

**We need to experiment innovation more and more to achieve practical goals for our healthcare structures.** Some of the most important innovations are not technological: they are in the way we organize healthcare delivery.

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<sup>1</sup> 34 members, [www.oecd.org](http://www.oecd.org)

One of the most promising innovations in healthcare delivery isn't a technology or a new device but a simple idea: **patient and family-centered care**, an approach that aims to remove the wall between medical professionals and patients, and bring the human back to the center of medicine. This is part of the evidence-based knowledge management.

In difficult times like these, we have to work on our knowledge management capabilities. Healthcare management systems are rich in evidence-based innovations, they are not highlighted though. Each and every innovative policy stands out from the crowd and can potentially create value when implemented elsewhere. Looking abroad gives a different approach: thinking and exchanging all together on a global level and acting differently at our local level. Yet, this doesn't mean that their implementation will be a success. Also, innovation concepts disseminate slowly and sometimes, don't disseminate at all. Diffusion of innovations is a major challenge in all industries including healthcare. Healthcare management policy makers from all over the world can learn from each other.

**Exchanging on healthcare strategies and management policies on an international level is a way to create new healthcare policies and concepts on a local level and influence the environment.** A healthcare manager, original mixture of know-how and life skills, "savoir-être", is exposed to local national history of healthcare management, his own modes of financing its sanitary structures, his own social challenges and his own model of management. We can, by exchanging, empower healthcare practices and management styles from one country to another.

Innovative approaches in management, practice and delivery of healthcare are part of the solution to this "global health storm": **Let us learn from each other, on an international level, bring back home some clues and concepts and adapt them to improve our healthcare system. Together, we are stronger.**

The aim of my work is, on one hand, to study the relevance of exchanging the healthcare management practices on a global level and, on the other hand, to map the key factors of spreading and adapting healthcare management innovations.

There are different types of innovation (product, process, marketing or organizational innovation). My thesis will not focus on one innovation type in particular but will cover any innovation a decision maker in healthcare management has to create or import from abroad. Therefore, I will first define the reasons of the importance of spreading management innovations in healthcare: Part 1 / the diffusion power of global innovation in healthcare management. Then, I will point out some inspiring innovation management concept from all over the world in health and produce a SWOT analysis of the concept of integrating an innovation from abroad: Part 2 / the international concepts of healthcare innovation. Finally, I will map some key elements to help policy healthcare management makers spread innovations: Part 3 / key elements to implement an innovation concept.

## **Presentation of the subject of my thesis**

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Cooperation has always been a driving force in the course of my studies and my professional life: Working together to build stronger structures, to stabilize a fragile organization, to fulfill goals, to exchange with others, to others so that together we achieve further and higher objectives.

TITLE: The importance of worldwide interactions in healthcare management.

HYPOTHESIS: In strategic decision making, “heart of business”: Innovation strategies in healthcare from abroad inspire health managers.

THE CORE QUESTION: What are some of the key elements to help removing some barriers for spreading health management innovation worldwide?

METHODS<sup>2</sup>: This applied research will be part of a "**design stance**". International publication will be used to support this view.

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<sup>2</sup> Appendix I: Search strategy



# 1. The diffusion power of global innovation in healthcare management

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Throughout history, missionary pilgrims or travelers would disseminate medical innovations and healthcare methods. The earliest manuscripts and books have brought healthcare management ideas and knowledge to populations in cities and villages.

The army also played a very important role with the military hospitals transferred to the battlefield. Today, the search for information is rather solitary (internet, research, studies, classification of health systems, articles ...) or grouped (The Health MBA programs, universities...). In all cases, the diffusion is realized much faster than before.

Think tanks and healthcare networks are created around the world to strengthen this large canvas and information exchange in health management. Ministries of healthcare exchange good practices and apply them thanks to accreditation standards.

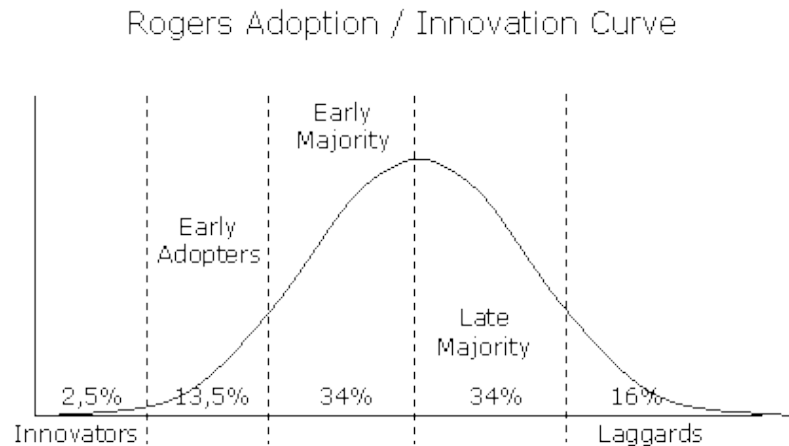
Nowadays, **there is a huge amount of information in healthcare management being transferred from one country to another. Innovations have an important place in knowledge creation.**

Too much information kills information? **Good innovations are always noticed.** An innovator (a manager, a doctor, a caregiver, a structure, a ministry of health...) will use different methods such as: writing articles, inviting media, using innovation as a competitive advantage...The notion of diffusion of innovation is widely accepted in the scientific literature.

In this introductory chapter, I will define the concept of innovation diffusion, describe its role in the creation of healthcare management knowledge and argue the importance of looking abroad for healthcare management innovations.

## 1.1 The concept of innovation diffusion

The French sociologist, Gabriel Tarde, first studied the concept of diffusion of innovation in 1903. Everett M. Rogers introduced the term “early adopter” in his book “Diffusion of innovations” in 1962, based on 508 diffusion studies, and mapped the original S-shaped diffusion curve by defining 5 different diffusion steps among individuals and organizations:



**Figure 1 - Rogers adoption / Innovation curve**

Rogers argues that adopters of any new innovation or idea can be categorized as innovators (2.5%), early adopters (13.5%), early majority (34%), late majority (34%) and laggards (16%), based on the mathematically based Bell curve: each adopter's willingness and ability to adopt an innovation depends on their awareness, interest, evaluation, trial, and application.

For Gabriel Tarde, this “**initiative rénovatrice**” **spreads by diffusion and repetition and is also adapted, more or less, to each new context.**

According to Rogers, in 2003, "diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social System." In other words, the study of the diffusion of innovation is the study of how, why, and at what rate new ideas and technology spread through cultures.

However, Geoffrey Moore added in his book, “Crossing the Chasm”, a variation of the original lifecycle. He suggests that for discontinuous or disruptive innovations, there is a gap or chasm between the first two adopter groups (innovators/early adopters), and the early majority.

These gaps are based on the behavior of the users.

To pass this gap, we have to match a critical number of early adopters.

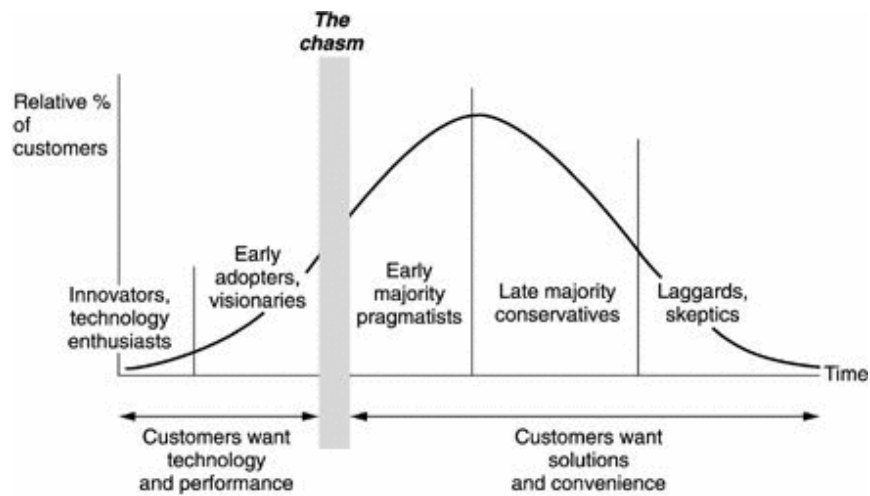


Figure 2 - The Chasm

Also, in the educational technology, Lindy McKeown has proposed a variation base this time on the uptake of information and communications technologies.

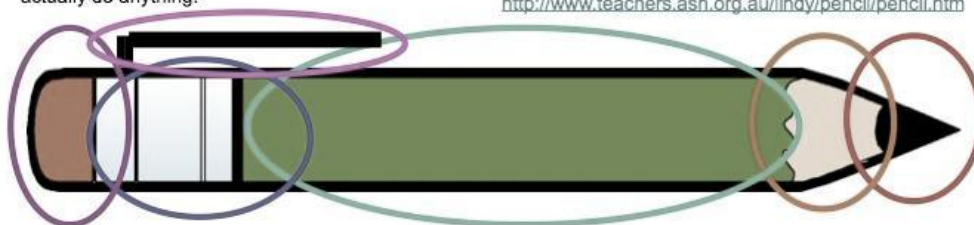
**The Hangers-On**

Hangers-on know all the right lingo, attend all the seminars, but just don't actually do anything.

**The Pencil Metaphor**

Adapted from:

<http://www.teachers.ash.org.au/lindy/pencil/pencil.htm>



**The Erasers**

These people endeavour to undo much, if not all of the work done by the leaders.

**The Ferrules**

These people hang on tightly to what they know. They keep a strong grip on their traditional teaching practices and feel that there is not a place for the technology in their classroom.

**The Wood**

These people would use the technology if someone would just give them the gear, set it up, train them and keep it running. All they need is help from some sharp person and they would be doing it too.

**The Sharp Ones**

These are the people who see what the early adopters have done, willingly grab the best of it, learn from the mistakes of others and do great stuff with their students.

**The Leaders**

These people are the first to take on the technology, the early adopters who usually document and enthusiastically share what they have tried, warts and all.

Figure 3 - The pencil metaphor

In medical sociology, Carl May has proposed the “NPT, Normalization Process Theory”<sup>3</sup> that shows how technologies become embedded and integrated in healthcare and other kinds of organization.

<sup>3</sup> [www.normalizationprocess.org/](http://www.normalizationprocess.org/)

## 1.2 The role of innovation in the creation of healthcare management knowledge

Healthcare management knowledge is mostly composed of evidence-based innovation. Its diffusion is a major challenge nowadays.

Innovation is defined in an article of Vincent Omachonu and Norman Einspruch<sup>4</sup> as **“the intentional introduction and application within a role, group, or organization, of ideas, processes, products or procedures, new to the relevant unit of adoption, designed to significantly benefit the individual, the group, or wider society”**.

Considering healthcare management, innovations are a must to win the challenges we, decision makers in healthcare management, are facing right now:

- The hospital is constantly changing: new health offers, new functions, new information technology, new laws...
- The hospital is managed as a company, or almost. It comes to budgeting, financial indicators and efficiency. However, the hospital is a singular entity. There are also ethical issues in a higher proportion than in any other business.
- Personalized medicine is introduced in the healthcare market: the customization of healthcare, with decisions and practices being tailored to the individual patient by use of genetics.
- Healthcare offers cover not only health but also prevention, and social well-being.
- Healthcare management systems are suffering almost everywhere in the world: difficulty of organizing proximity services, huge health care costs, shortage of physicians, rapid urbanization, increase of chronic diseases, more and more dependence on chemicals, childhood obesity, long waiting times in some health fields, overcrowded emergency rooms...
- The first baby boomers are now turning 65 and make up 1/3 of the population in OCDE countries...

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<sup>4</sup> Cf. Bibliography

- If the current state of healthcare costs continues at the same pace, health spending will be a quarter of the economy by 2035.
- Medicine is constantly evolving: High technology is used more and more.  
The medicine of tomorrow will be technical and digital: Artificial organs, genome-based medicines, self-diagnosis, E-medicine, individualized treatments...
- There's not and there will not be a 100% perfect health management system but we can continue to learn from the different healthcare systems to have an acceptable health system offer matching our values.
- Health care is a complex world. As a decision maker in healthcare management, we try our best to fight against financial hurdles, political worries and cultural barriers, everywhere in the world.

We can deduct from these observations that **we are confronting, as health managers, a “global health storm”, everywhere in the world.**

It is quite interesting to note that despite the widely recognized importance of knowledge as a vital source of competitive advantage, there is little understanding of how organizations actually create and manage knowledge dynamically.

It is clear by looking at the literature on knowledge management that **innovations have a large impact on the concept of creation.**<sup>5</sup> Indeed, changes create value opportunities and nowadays, it is vital for organizations to create and innovate to generate new ideas.

Isaac Getz and Alan Robinson don't agree completely<sup>6</sup>. For them, “Innovate or Die” mantra is not so accurate. Indeed, innovation can go with poor performance. All innovation is not good to take. The choice must be cautiously taken. A good innovation management is a long and difficult process.

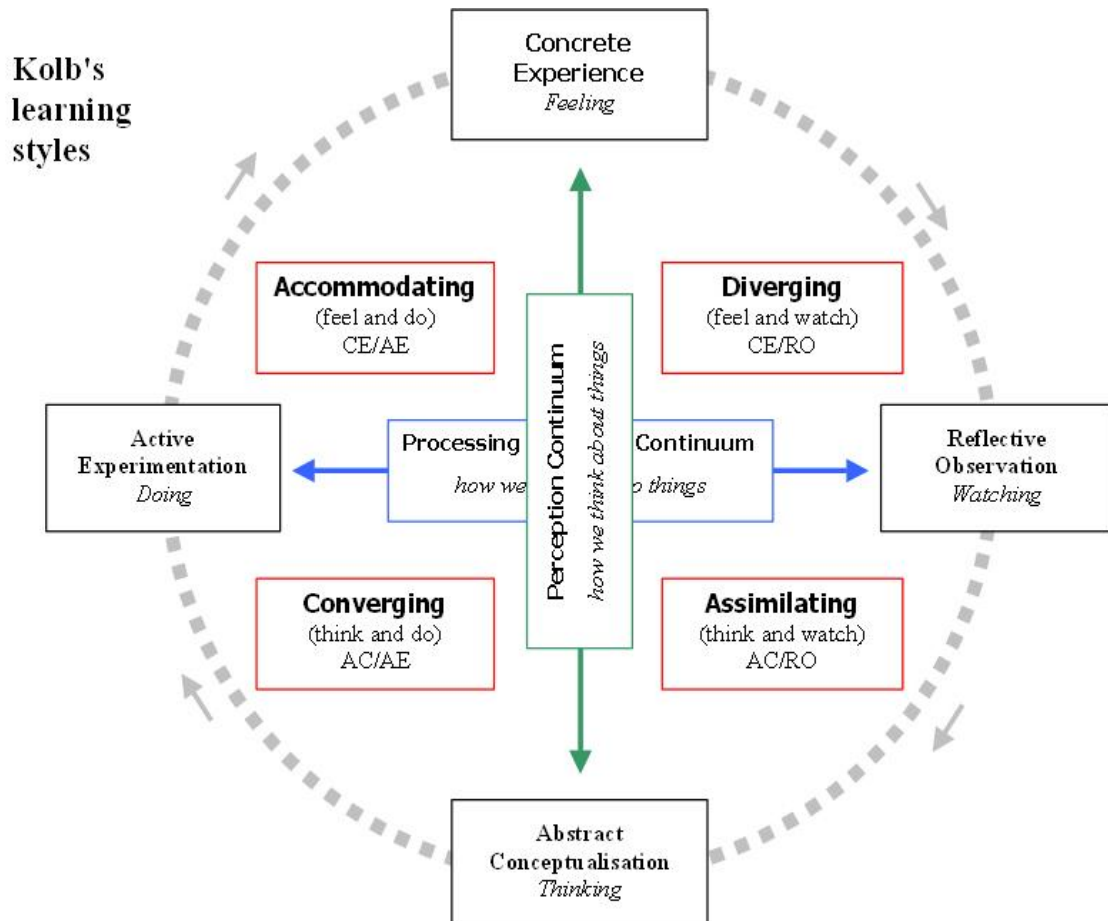
The last chapter of my thesis will point off some keys elements to choose the good innovation, implemented at the right time in a correct way, in an organization.

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<sup>5</sup> Cf. Bibliography

<sup>6</sup> Cf. Bibliography

David Kolb<sup>7</sup> published his learning styles model in his 1984 book “Experiential Learning: Experience as the source of learning and development”. For him, innovating by doing something for the first time, increases knowledge. It’s a process of creation.



© concept david kolb, adaptation and design alan chapman 2005-06, based on Kolb's learning styles, 1984  
Not to be sold or published. More free online training resources are at [www.businessballs.com](http://www.businessballs.com). Sole risk with user.

Figure 4 Kolb's learning styles

The accommodation process involves creativity.

Kolb describe 4 learning styles: diverging, assimilating, converging and accommodating;

	DOING Active Experimentation	WATCHING Reflective Observation
FEELING Concrete Experience	ACCOMODATING	DIVERGING
THNIKING Abstract Conceptualization	CONVERGING	ASSIMILATING

Figure 5 Kolb's 4 learning styles

<sup>7</sup> Cf. Bibliography

### 1.3 Thinking outside the box by looking abroad: What for?

Innovation is mostly found when we move outside our comfort zone and face uncertainty. We can say, in this context, that **innovation is a lateral thinking process**. Edward de Bono invented this term in 1967<sup>8</sup> and defines it as solving problem from the given data step by step working out the solution.

There are a lot of examples in the world nowadays to illustrate the fact that decision makers in healthcare management are looking abroad more and more and are willing to create more and more networks to have a global point of view and expertise on subjects that are present at a local level: Think Globally and Act Locally. This is possible with the “healthcare management convergence” or Global Health concept. Although healthcare challenges are more or less present from one country to another, every decision makers in healthcare management have the same goals : finance well and deliver equally, to a maximum of their citizens, the highest possible quality of care for free or for the lowest possible cost.

**Barriers such as frontiers, languages, cultural background, costs and geography...are being left behind by policy makers and practitioners to share and adapt innovation that have proved successful elsewhere.** Global health initiatives are quite popular, especially in public health: tobacco prevention and control programs, childhood obesity prevention, influenza pandemic prevention ...

Some are funding mechanisms and others are initiatives.

- Funding mechanisms :  
The World Bank, the global fund to fight AIDS, Tuberculosis and Malaria...
- Initiatives :  
Roll back malaria, the GAVI alliance (vaccines and immunization), Stop TB...

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<sup>8</sup> Cf. Bibliography

Mr. Barack Obama, president of the United States of America, launch the GHI9 (Global Health Initiative) in 2009 (6 years plan) to increase the impact of U.S. global health investments abroad.

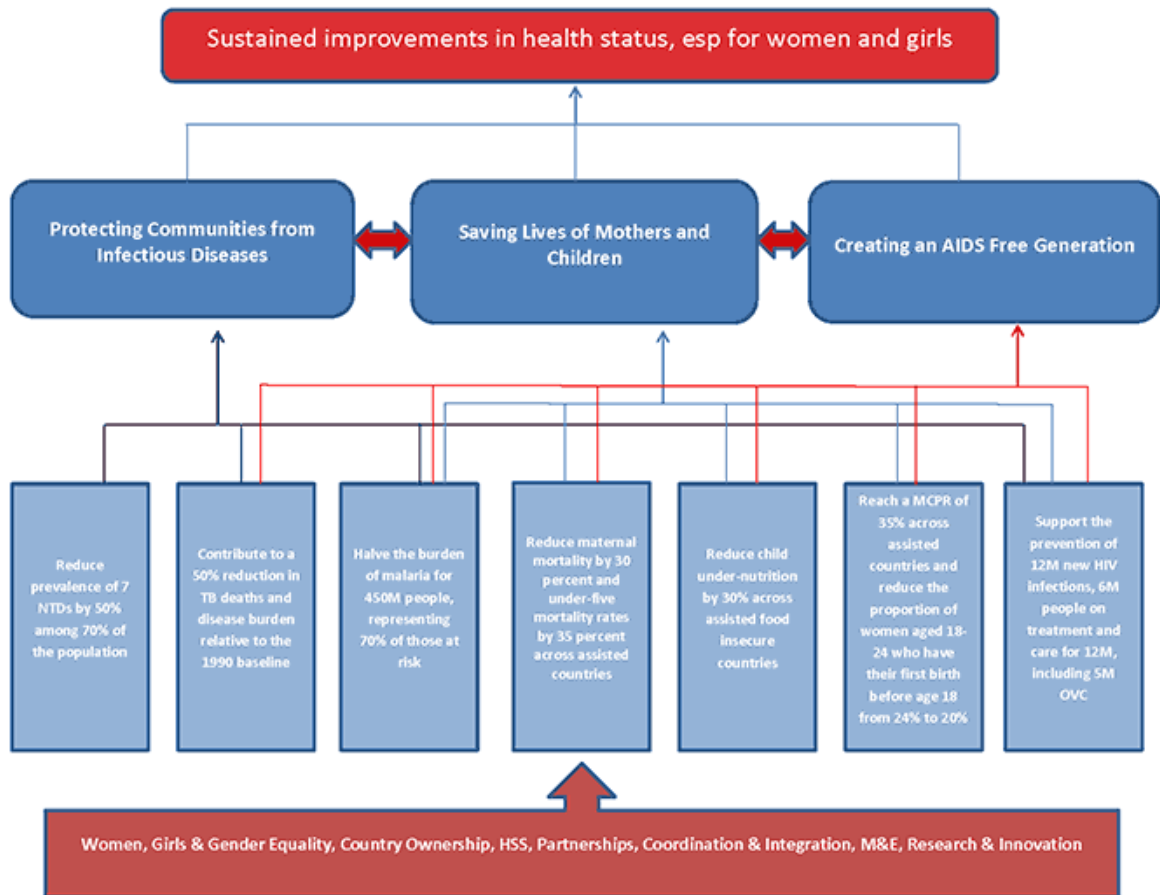


Figure 6 GHI objectives

In order to reach their goals, healthcare innovations were used in such programmes:

- India, immunization vaccination

On-the-job training improving workers' skills in program record-keeping and recording, calculating and interpreting information, and supervision, and increasing outreach sessions with local communities.

- Botswana, HIV

An early infant diagnosis tracking system that captures all tests done on infants in a single database as data is collected and reported, facilitating more timely reporting of early transmission rates.

<sup>9</sup> www.GHI.gov



This context leads us to a slow but certain globalization of our health systems.

What about it? Is globalization a threat to innovation?



Figure 7 Healthcare Globalization "cliché"

**Convergence is not an obstacle to innovation, on the contrary.**

World healthcare management benchmark possibilities are numerous. Nowadays, information is everywhere and travelling is much easier than before. We can even travel from our desks through video conferencing. Besides, convening and coordinating global health innovation research activities and participating in the process of sharing and adapting healthcare innovations from abroad lead us to produce more and more knowledge.

From a closed and nationally focused healthcare organization, we are opening the frontiers and changing our perspectives:

- Health professionals travel more and more and some recruitment plans are done abroad because of the shortage of physicians or nurses.
- The health market is become global: private health insurance companies, technology health tools for diagnosis, hospitals groups...
- Some patients travel abroad in order to receive better or cheaper care (health tourism).
- ...

## 2. International concepts of healthcare management innovation

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In this chapter, I will highlight the fact that, everywhere in the world we share, more or less, the same values and objectives in healthcare management. I will then focus on innovation examples from all over the world with a short analysis for the most of them.

### 2.1 Defining a healthcare strategy around patient needs

The global health storm is badly affecting many low and middle income countries, particularly in urban settings. After years of disease-focused initiatives in global health, health systems are the new gap to fill in: stronger, better quality, equality of the health offer...

**Change takes times<sup>10</sup> in healthcare.** However, we, healthcare decision makers and practitioners from all over the world, all agree on one thing: we fight for the same values anywhere in the world.

Equity, Effectiveness, Efficiency, Fairness, Sustainability, Affordability, Universality, Portability, Accessibility, Patient focus, Satisfaction, Quality and many more.

Health facilities in the world share a lot of healthcare objectives and values. The reason is simple: we share also the same client. **Patients have universal needs: they don't want to get sick (prevention), they want to be cured if they are sick (healthcare) and they don't want to fight their health problems alone (follow up).**

All the public health services in the world are based on the same values. The public interest and the needs of the population define the principle of equality and access to care regardless of health status, social status, age or belief of the patient, the principle of continuity of care, the right of a patient to benefit from a quality service adapted to changes dictated.

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<sup>10</sup> Cf. Bibliography

Value should be defined around patient needs, and in a well-functioning healthcare system, the creation of value for patients determines the rewards for all other actors in the system. The management of innovation takes place around the following postulate: the patient is at the heart of the healthcare system. All actions in a health facility, aim to bring an improved answer, directly or indirectly, to the patient's needs.

## **2.2 Healthcare innovation examples from all over the world**

The fact that we share the same objectives and principles in healthcare facilities all over the world is facilitating the importation of healthcare innovation concepts, and this, wherever they come from.

Considering this fact, this following world map lists some healthcare innovations. The list is not exhaustive.

- Healthcare innovation n°1: Medical house calls, Rwanda
- Healthcare innovation n°2: Telemedicine, Botswana, Egypt, Kenya and Ghana
- Healthcare innovation n°3: The wear of masks, China
- Healthcare innovation n°4: The healthcare system of Singapore
- Healthcare innovation n°5: Dining concept serving advices with food, Japan
- Healthcare innovation n°6: “Filières de santé”, France
- Healthcare innovation n°7: Virtual ward, England
- Healthcare innovation n°8: Micro fund For Women, Jordan
- Healthcare innovation n°9: The healthcare offer, Lebanon
- Healthcare innovation n°10: Nurse practitioners, Toronto
- Healthcare innovation n°11: Obesity follow up, Toronto
- Healthcare innovation n°12: Go Red for woman prevention campaign, USA
- Healthcare innovation n°13: Low cost retail pharmacy, Mexico
- Healthcare innovation n°14: Dentist Do Bem, Brazil



Figure 8 Map of Africa

**Healthcare innovation n°1: Medical house calls, Rwanda**

In rural Rwanda, “accompagnateurs” go from one house to another to give health advice, help eat right, bring drugs from the cities, and educate to give treatment well and at the good time. Sometimes, cured patients turn into “accompagnateurs” themselves.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Patient follow up after the discharge</li> <li>- Implication of the patient: making him more responsible</li> <li>- Decreased risk of return to the hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Limited number of patient followed: we can't follow everyone</li> <li>- Limited experience and science knowledge of the “accompagnateur”</li> </ul>

Figure 9 Partial SWOT analysis n°1

## Healthcare innovation n°2: Telemedicine<sup>11</sup> / Botswana, Egypt, Kenya, Ghana

The AAD Telemedicine Project electronically connects primary care physicians with dermatologist' volunteers from the United States in local clinics in several African countries to assist with diagnoses. The visits started out on a basic cell phone with a camera. It's an Android-based application for the AAD project: cell phone access is more widespread than Internet access. The local physician also answers a series of questions, as prompted by the app.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Experience available at low cost</li> <li>- Voluntary process = positive implication</li> </ul>	<ul style="list-style-type: none"> <li>- Video calls and pictures cannot always be enough and reliable: patient cured in his globality</li> </ul>

Figure 10 Partial SWOT analysis n°2



<sup>11</sup> Center for Health Market Innovations database, healthmarketinnovations.org

### Healthcare innovation n°3: The wear of masks, China

As a precaution, when a Chinese or Japanese citizen believed to be sick, he wear a mask to protect others. Sometimes, in the influenza epidemic, the entire population wears a mask. They also wear the mask to prevent against the dangers of pollution.



Figure 11 a crowded street in Beijing during the SARS alert

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Awareness of the population</li> <li>- Reduction of the infection risk</li> </ul>	<ul style="list-style-type: none"> <li>- Their utilization is not enough: other preventive measures, such as avoiding close contact and maintaining hand hygiene</li> </ul>

Figure 12 Partial SWOT analysis n°3

### Healthcare innovation n°4: The healthcare system of Singapore

Singapore has “one of the most successful healthcare systems in the World, in terms of both efficiency in financing and the results achieved in community health outcomes», according to an analysis made by global consulting firm Watson Wyatt. Bloomberg study<sup>12</sup> in 2012 also ranks Singapore Health System as first on his list of best healthcare system in the world.

Healthcare public cover	70 to 80% of Singaporeans
Overall government spending on healthcare	In 2008, Singapore spent about S\$ 10.2 billion or 3.9% of GDP on healthcare. Out of this the Government spent S\$2.7 billion or 1.0% of GDP on health services.
Infant mortality rank	The lowest rate in the World (besides Iceland)
Life expectancies from birth rank	Among the highest in the World

Figure 13 - The case of Singapore healthcare system efficiency<sup>13</sup>

<sup>12</sup> Appendix : Bloomberg study

<sup>13</sup> Source : WHO

## Healthcare innovation n°5: Dining concept serving advice with food, Japan

Tanita Shokudo<sup>14</sup> dining concept is a restaurant where diners can receive free nutritional and dietary advice whilst eating. Tanita opened this restaurant after the huge success of her cook book. The new restaurant follows simple food principles of the cookbook and serves a daily dish and weekly dish that both contain under 500kcal.

Free dietary advice and counsel is offered. Each diner table has a portable weighing scale and a clock because one of Tanita's recommendations is to have 20 minutes meals, no more, no less.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"><li>- The good combination: giving food advice while eating</li><li>- Free and not imposed dietary advice</li></ul>	<ul style="list-style-type: none"><li>- "Guiltiness" of some customers</li></ul>

Figure 14 Partial SWOT analysis n°5



Figure 15 the restaurant different areas

<sup>14</sup> [www.tanita.co.jp](http://www.tanita.co.jp)



### Healthcare innovation n°6: « Filières de santé », France

In France, many partnerships exist between different health service providers. The main objective is to bring together the different stakeholders to create a chain of healthcare around a type of patient and offer him a 100% healthcare offer services regarding his specific needs and without “losing” him among all the health providers: elderly patients, children’s patients, chronic disease patients... The web or “filière de santé” takes into account all the health actors: doctors, private and public hospitals, radiologists, biologists... The "hospital, patients, healthcare and territories" (HPST) law of July 21, 2009 promote care pathways and network in health areas.



Figure 16 A patient asking for a global health cover / Revue hospitalière



STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- The patient as the focus healthcare management</li> <li>- The cooperation between the different healthcare actors</li> <li>- Together, we do more</li> </ul>	<ul style="list-style-type: none"> <li>- The complexity of some "filières"</li> <li>- The time to set up a cooperation is often slow</li> </ul>

Figure 17 Partial SWOT analysis n°6

### Healthcare innovation n°7: Virtual ward, England

The aim of homecare actors: Let's focus on care after discharge because there's not enough care at home.

Patients who are considered at high risk of readmission to hospital are allowed to virtual services the day they are discharged from the hospital. The term "virtual" is used because there are no physical facilities: When are at home, they receive management services cases and medical support from members of a multidisciplinary team that integrates hospital care, primary care and home care. A doctor is available 24 hours in 24, seven days week. These are elements present in a hospital.

This innovation is currently implemented in St Michael's hospital in Toronto.

The process<sup>15</sup>:

- An assessment is made at the hospital whether patients are eligible for virtual services.
- Patients who are eligible for virtual services are invited to give their consent.
- Patients' virtual services are entrusted to a person responsible for the case's intensive management to oversee their care plans.
- The team meets daily virtual services to discuss the needs of the patients.

The medical and nursing care, as well as care coordination, personal support and other services are provided on place that suits best the patient.

<sup>15</sup> Course given while our seminar in Toronto, july 2012

- Family physicians are contacted when patients are admitted to the virtual services they are invited to participate in the development of a shared care plan.
- Doctors and Pharmacists services perform virtual visits at home when necessary.
- Patients receive virtual care services for a period of two to six weeks, in average; they are then given care by their family physician.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Patient follow up after the discharge</li> <li>- Decreased risk of return to the hospital</li> <li>- Cooperation with the family physician and family pharmacist</li> </ul>	<ul style="list-style-type: none"> <li>- Restricted number of patients followed: we can't follow everyone</li> </ul>

Figure 18 Partial SWOT analysis n°7



## Healthcare innovation n°8: Micro fund For Women (MFW), Jordan

Micro Fund for Women started as “Save the Children” lending program in 1994.<sup>16</sup>

Ri'aya is a mandatory health insurance policy for all members of the Microfund for Women (approximately 96% of the borrowers are women). Benefits include hospital cash to cover medical costs, transportation costs, and other needs while being hospitalized.

At the end of October 2010, MicroFund for Women has enrolled 3,100 women. Microfund for Women provides members with hospital cash: US\$14 dollars per night in the hospital that can be used as the patient wishes, including covering medical costs, transportation costs, nutritious food costs, and financial loss from their business incurred due to their hospital confinement. The insurance covers a maximum of 30 consecutive nights and 45 nights during the procedural period. MFW is the only one in Jordan to offer this service, and Ri'aya is the first and a unique product offered in the Middle East.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"><li>- Money is not an obstacle to be treated</li><li>- Focus on women (fragile population)</li></ul>	<ul style="list-style-type: none"><li>- There's some criteria's to enter the program (no HIV treatment, no military conflict circumstances...)</li></ul>

Figure 19 Partial SWOT analysis n°8

## Healthcare innovation n°9: The healthcare offer, Lebanon

If Lebanon has some of the best hospitals and doctors in the Middle East region, there are large disparities between them, from public to private are observed. The country must take the time to reach international standards and, above all, to ensure that everyone has access to care. Before the wars, internal and external (70: Start of violence) and the waves of violence that followed and are still current, Lebanon was considered as the best healthcare center throughout the Middle East. If this situation continues, the whole industry is facing competition from American and European hospitals and clinics as well as those of the neighboring countries that have significantly improved their healthcare systems, while Lebanon has been through difficult times.

<sup>16</sup> Microfund.org

The cost of access to healthcare is among the highest in the region, which is an obstacle to attract patients from abroad. Programs have been set up to help hospitals meet the international standards (initially in partnership with the Australian Commission and with the High Authority for Health of France, afterwards). You should know that the Lebanese hospitals are increasingly ISO 9001 certified and accredited by national standards. These standards are high. Lebanon has 175 private hospitals equipped with about 14 500 beds in service. It is one of the most privatized healthcare systems among the developing countries. These establishments generally have modernized facilities and provide better quality care. In Lebanon, private hospitals are traditionally owned by physicians, charitable and religious organizations, and universities. The business community has now become involved by taking shares in existing hospitals or investing in new ones.

This development in hospital ownership has led to further growth of the hospital sector in a chaotic manner, which has worsened the oversupply of services and thus, induced a greater demand and use of this offer.

I personally observed the adaptation of the HAS French health hospital standards in Lebanon by the Lebanese Ministry of Health: It was quite interesting to note in my last thesis work that, at the end, the adaptation was successfully done mostly because of a cautious and long implementation process. Some biases were found and solved. The hospital owners played a more important role than the government itself: new staff, training, purchasing innovative and acute materials, and changing the organizations...

Lebanese hospitals must be able to balance all organizational structures and human resources to be among the major competitors in the Middle east area.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Increase of the quality level</li> <li>- Increase of healthcare tourism</li> </ul>	<ul style="list-style-type: none"> <li>- Large investments to reach the standards</li> <li>- Need of a high adaptation level by the healthcare actors</li> </ul>

Figure 20 Partial SWOT analysis n°9



### Healthcare innovation n°10: Nurse practitioners, Toronto

In Ontario, nurse practitioners provide more care in complex situations. They can even prescribe treatments, medicine, tests...to patients, as doctors, in certain cases. The same organization exists in the United States. This is a response to doctors' shortage.

A Nurse Practitioner is an Advanced Practice Registered Nurse who has completed graduate-level education (either a Master of nursing or Doctor of Nursing Practice degree). Nurse practitioners work in a variety of settings, including: cardiology, emergency, family practice, geriatrics, neonatology, nephrology, oncology, pediatrics, primary care, school health and women's healthcare.

Their scope of practice varies from a state to another but mostly, their missions are articulated around: Diagnosing, treating, evaluating and managing acute and chronic illness and disease (as diabetes or high blood pressure); obtaining medical histories and conducting physical examinations; ordering, performing, and interpreting diagnosis studies (as routine lab tests, bone x-rays or EKGs), prescribing physical therapy and other rehabilitation treatments and drugs for acute and chronic illness; providing prenatal care

and family planning services; providing well-child care, including screening and immunizations. Also, providing primary and specialty care services, health-maintenance care for adults; providing care for patients in acute and critical care settings and performing or assisting in minor surgeries and procedures (with additional training or under physician supervision in states where mandated; as dermatological biopsies, suturing or casting); educating patients on health behaviors, self-care skills, and treatment options...

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- More time to explain the treatment process to the patient and his family</li> <li>- Increase of the quality level</li> <li>- This new actor can sometimes replace in specific situations the doctors. That's useful when we're facing shortage of doctors</li> </ul>	<ul style="list-style-type: none"> <li>- Good communication is needed or else it can create communication bias</li> </ul>

Figure 21 Partial SWOT analysis n°10

### Healthcare innovation n°11: Obesity follow up, Toronto

The latest WHO projections<sup>17</sup> indicate that at least one in three of the world's adult population is overweight and almost one in 10 is obese. There are also over 20 million children under the age of five who are overweight. Being overweight or obese can have a serious impact on health as cardiovascular disease, type 2 diabetes, osteoarthritis and even some cancers (breast and colon for example) and premature death.



Figure 22 Example of an eHealth app

This solution allows patients and their family to collaboratively manage health and wellness through the use of innovative applications as chronic disease management applications. Personalized 1-on-1 instructional messages from the health team members, diet follow up, "How I feel" track, exercises log, medication adherence are provided...

<sup>17</sup> www.who.org

The York region health Project presented at the Luxembourg summit in May 2012 by Dr. Harvey Skinner, presents this eHealth solution to increase the follow up of obese patients when they're home.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Patient's obesity status follow up</li> <li>- Decreased risk of return to the hospital</li> <li>- Implication of the patient</li> </ul>	<ul style="list-style-type: none"> <li>- Users must know how to use this app</li> </ul>

Figure 23 Partial SWOT analysis n°11

### Healthcare innovation n°12: Go Red for woman prevention campaign, USA

Heart attack is preventable. Metabolic syndrome, stress and depression, smoking and low levels of estrogen after menopause represent significant risk factors for developing cardiovascular disease in the smaller blood vessels (small vessel heart disease) for women.

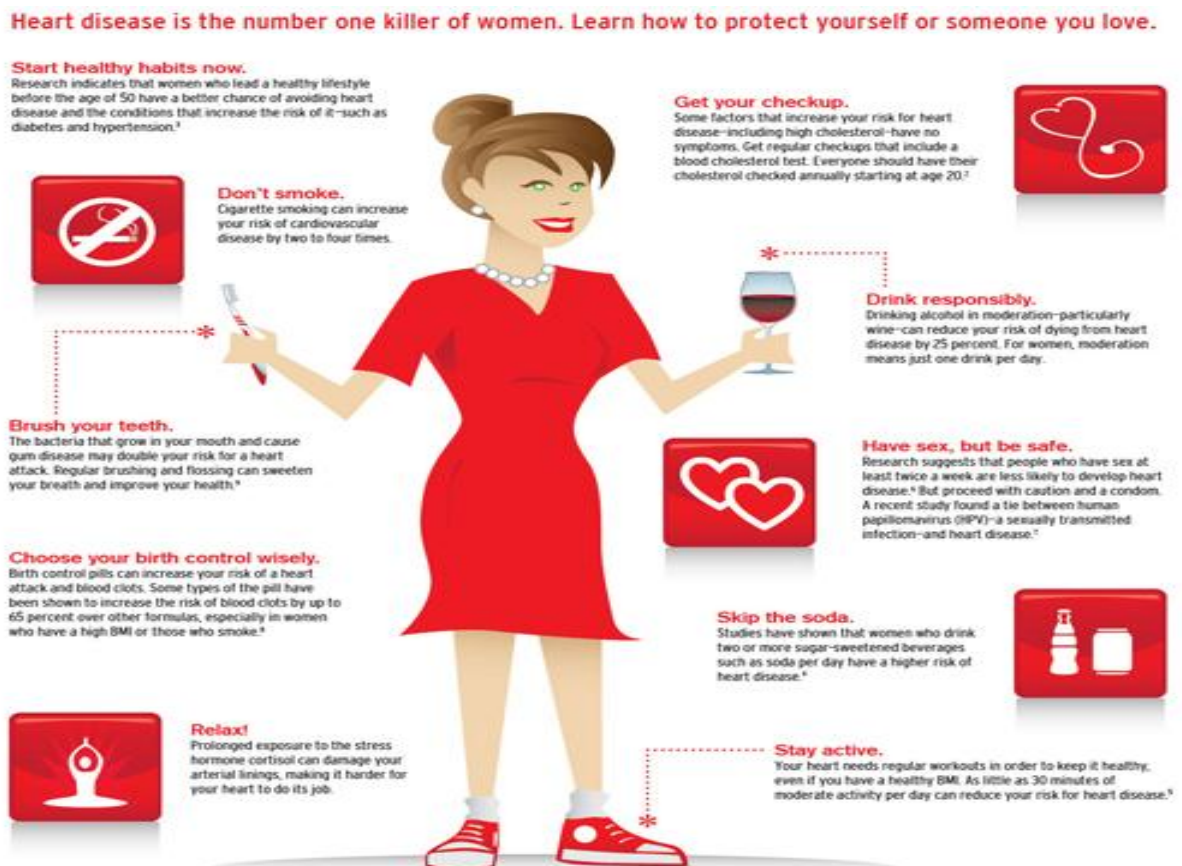


Figure 24 Go Red Sensibilisation program

Many women can significantly reduce their risk of heart disease if they have the needed information, know the questions to ask their health providers and receive the support to make heart-smart changes in their lives.

Go Red for woman<sup>18</sup> is the initiative of the American Heart Association (AHA) in 2004. Cardiovascular diseases claimed the lives of nearly 500,000 American women each year, yet women were not paying attention.

In fact, many even dismissed it as an “older man’s disease.” To dispel the myths and raise awareness of heart disease as the number one killer of women in the world<sup>19</sup>, the American Heart Association created Go Red For Women – a passionate, emotional, social initiative designed to empower women to take charge of their heart health.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Focus on a part of the population who’s not aware of the cardiac risks : women</li> <li>- Use mass media</li> </ul>	<ul style="list-style-type: none"> <li>- Need strong support from celebrities</li> </ul>

Figure 25 Partial SWOT analysis n°12

### Healthcare innovation n°13: a low cost retail pharmacy, Mexico

Because of the rising healthcare cost, low cost pharmacies are very popular in Mexico. Prices are 60% cheaper than a traditional pharmacy.

This innovation is currently being implemented in India and in Philippines.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Affordable medication to poor population</li> <li>- Improve the access to care</li> <li>- Clever economical business plan : buy all together to sell at a good price</li> </ul>	<ul style="list-style-type: none"> <li>- Equality for other patient: It should be the same price for everyone</li> <li>- Who has the power to set the prices?</li> </ul>

Figure 26 Partial SWOT analysis n°13

<sup>18</sup> [www.goredforwomen.org](http://www.goredforwomen.org)

<sup>19</sup> WHO statistics





**Healthcare innovation n°14: Dentist Do Bem, Brazil<sup>20</sup>**

Oral health and hygiene are in many countries, a luxury few can afford. In Brazil, free orthodontic assistance service and prevention program is offered to young people (9 to 16 years old). This concept is based on more than 1 300 dentist volunteers, recruited in congresses, associations... They have assisted more than 10 000 children (2008 data). This innovation is being implemented right now in Venezuela, Argentina and Portugal.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>- Better access to care</li> <li>- Affordable orthodontic treatment for poor population</li> <li>- Voluntary process = positive implication</li> <li>- Increase of the quality level</li> </ul>	<ul style="list-style-type: none"> <li>- It focuses on young people for now : 9 to 16 years old</li> </ul>

Figure 27 Partial SWOT analysis n°13

<sup>20</sup> www.changemakers.net

### 3. Key elements to implement an innovation concept

Implementing an innovation concept is a difficult exercise. There is a series of outcomes when an organization chooses to adopt a particular innovation.

In this final chapter, I will categorize my previous healthcare innovation examples<sup>21</sup>. Then, I will list some key elements to implement an innovation concept wisely. I will finish with a vision of a global healthcare innovation network concept.

#### 3.1 The different types of healthcare innovation

The Center for Health Market Innovations (CHMI) was established in 2010 to accelerate innovative health initiatives around the world by informing and connecting the program's managers, funders, researchers, and policy makers.

The CHMI proposes a classification for healthcare innovations:

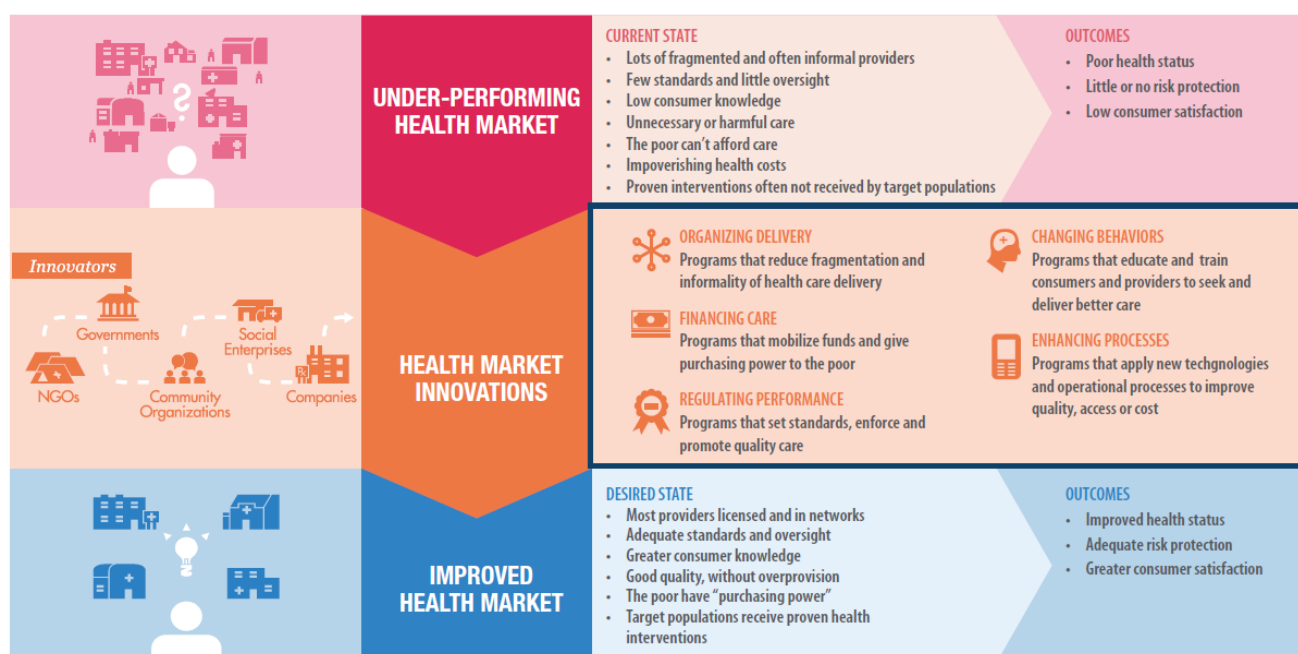


Figure 28 The different types of health market innovation for CHMI

CHMI documents five categories of Health Market Innovations:

- Organizing Delivery,
- Financing Care,
- Regulating Performance,
- Changing Behaviors,
- Enhancing Processes

<sup>21</sup> Cf. chapter 2

Regarding these five categories, I can classify my healthcare innovation examples as:

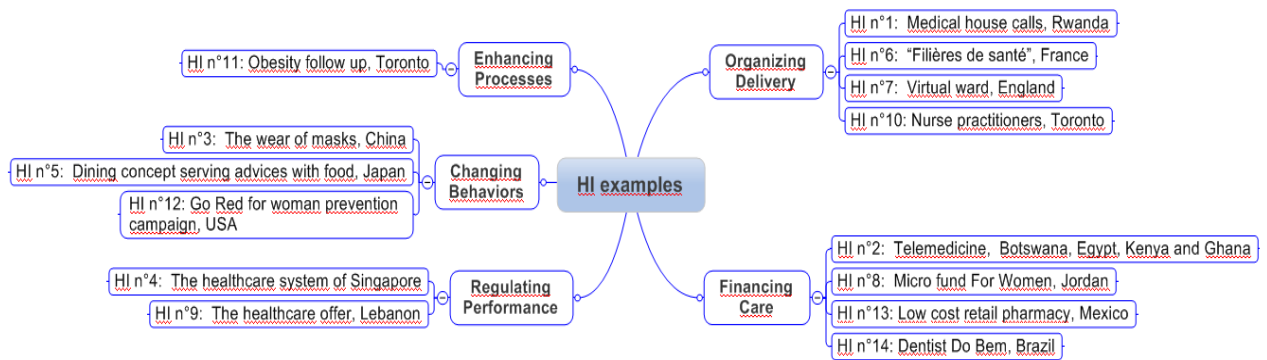


Figure 29 Healthcare Innovations classification n°1

We can complete this classification with an analysis based on the decision of the implementation. Who are the decision makers?

- The optional innovation decision:  
This decision is made by an individual who is in some way distinguished from others in a social system.
- The collective innovation decision:  
This decision is made collectively by all individuals of the social system.
- The innovation decision authority:  
This decision is made for the entire social system by few individuals in influence or power positions.

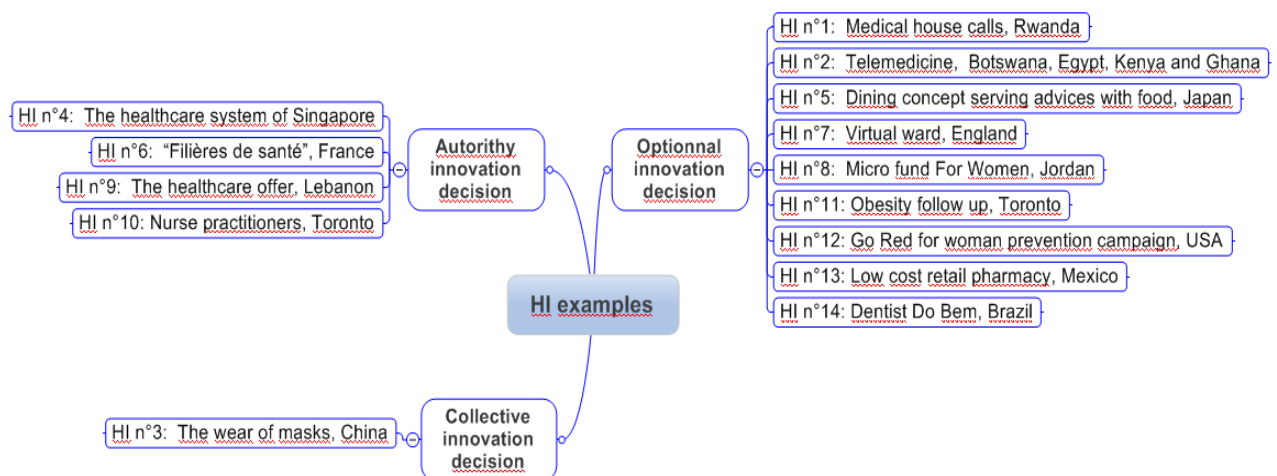


Figure 30 Healthcare innovations classification n°2

### 3.2 The diffusion of the innovation model

The diffusion of an innovation model is a long process and can take years and even decades to be implemented. This process can be postponed or interrupted at any time (financial problems, political decisions, lack of communication, inappropriate competences...)

In the later editions of the “Diffusion of innovations” Rogers define five stages in the decision of the innovation process:

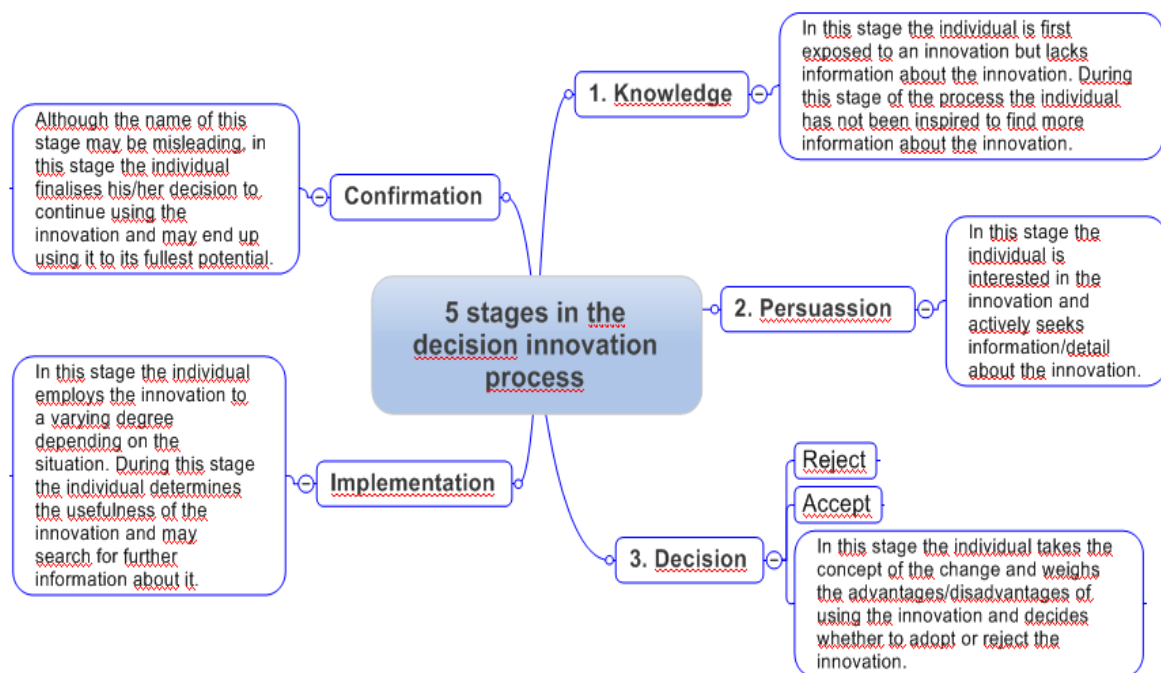


Figure 31 5 stages in the decision innovation process, Rogers

In general, individuals who first adopt an innovation require a shorter adoption period than late adopters. They are the early adopters.<sup>22</sup>

Early adopters easily follow the innovators. They often have more means (time, money, structures, human resources...) and can easily adapt their organization to implement the innovation. During the implementation, they can slightly change the innovation (process of production, concerned actors, needed means, purpose...). They also have a high level of leadership opinion in their community and are the vector of the diffusion to a larger number of managers.

<sup>22</sup> Cf. chapter 1

### **3.3 The key stakeholders to implement an innovation**

The key stakeholders to implement an innovation in healthcare are the users themselves. Besides, many of the innovations in healthcare are initiated by the healthcare stakeholders.

The five key stakeholders of the healthcare innovation process:

- The organizations: government, Ministries of Health...
- The regulatory agencies of each country.
- The innovator companies such as consultants, think tank organizations, universities...
- The healthcare professionals and providers: physicians, nurses...
- The patients themselves: patients, patient advocacy groups...

### **3.4 The key elements to implement an innovation**

Studying how innovation occurs, E.M. Rogers (1995) argued that it consists of four stages: invention, diffusion (or communication) through the social system, time and consequences. The information flows through networks.

The main innovation engine is its main purpose: improving the system process. Healthcare decision makers decide to implement an innovation based on its advantages and benefits. The framework for spreading and implementing an innovation can change from a country to another, a structure to another, a team to another...but, at the end, this framework plan is always established in three steps:

- Before the implementation of the innovation
- During the implementation of the innovation
- After the implementation of the innovation

Besides, adapting a healthcare innovation from abroad is not an easy mission. The recipe of the good framework implementation plan depends on multiples elements.

First of all, decision makers have to innovate or discover an innovation from one of his peers in his country or abroad. Then, they have to very carefully weigh the pros and cons in deciding why and how they will implement this innovation in their structure.

The three tables below list the different key elements that healthcare decision makers must take into account before, during and after implementing an innovation in their structures.

## BEFORE the implementation of a healthcare innovation

Why do you want to innovate and what is the purpose? Define your objectives.

Examples :

- We want to increase the access to dental care for the poor population in my country.
- We want to inform women population about cardiac risks.
- We have to find a way to reach rural population about HIV treatment.
- Our objective is to open a big trauma center in a Middle Eastern country.

Find healthcare innovators that can meet your objectives.

They could be everywhere: in a prestigious university in London, in a village in Rwanda, in a little town in Eastern France or an international think tank.

You should read a lot of literature reviews, extend your network, meet peers in other countries, and participate at some healthcare workshop, research trends on the web, read all accessible international healthcare reports (WHO, universities, consultancies...)

Interact with healthcare innovators:

- Meet them locally, assist to conferences, support them...
- Fight intercultural gaps of communication.

Assess your means regarding the objectives:

- What is your long term goal?
- What are your short term objectives? Express them using the SMART tool: Specific, Measurable, Accessible, Realistic, with a defined timeframe
- What are your resources? (Structural, financial, human...)
- Do you have a timeframe to respect?

Begin spreading the innovation in your structure after doing a successful test on pilot sites.

## DURING the implementation of a healthcare innovation

The best implementations are not imposed:

- The decision has to be made freely and implemented voluntarily.
- Let's stimulate creative, out-of-box thinking.
- Develop initiatives and opportunities for innovation

Are there any implementation barriers?

Is there something or someone that can stop the implementation process?

Get top down and bottom up support in your structure.

Study the adaptation process: Benefits and risks

- Study of : deviancy and determination of the tolerance level regarding the objectives, benefits VS costs, adequacy, efficiency, productiveness, effectiveness of the innovation
- Environmental analysis
- Business model analysis
- What will be the relative advantages?
- Public or private actors concerned?
- SWOT analysis of the innovation
- Who do you have to persuade to implement it?
- What new capabilities will the healthcare structure have? What innovative capacities will it provide in your structure?
- How is innovation affecting the different aspects of your healthcare offer?

Adequate means :

- Team : number of managers involved, appropriate competences
- Functional support systems
- Financial investment
- Authorizations
- Communication plan

Build a culture of innovation :

Constantly motivate the team. Give them short term objectives.

Cautious: "one idea per day" concept is tiring.

Cherish the opinion leaders. Involve them.

Build a step by step action plan with some milestones to achieve.

Focus on the whole management lifecycle idea.

## AFTER the implementation of a healthcare innovation

Analyze the effect of the innovation with indicators "before/after" regarding the initial objectives.

Make your innovation observable:

- Facilitate the controllability and observability: records
- Communicate about it
- Express your feedback...

Lead by example in your country and abroad :

Become a new member of the diffusion chain. Challenge other adopters.

Compare and contrast with the original innovation process.

For Berwick (2003), healthcare invention is hard...but dissemination is even harder.

Berwick reduce all this key elements to seven.

1. Formal mechanisms to find sound innovations that should be disseminated
2. Find and support innovators
3. Invest in early adopters
4. Make early adopter activity observable
5. Trust and enable reinvention
6. Create slack (including resources) for change
7. Lead by example

### 3.5 The dimensions of healthcare innovations

Referring to an article of Vincent K. Omachonu and Norman G. Einspruch, there are 2 principal dimensions of healthcare innovation: environmental and operational. These 2 dimensions are the main motivation entrance to innovation in healthcare offer.

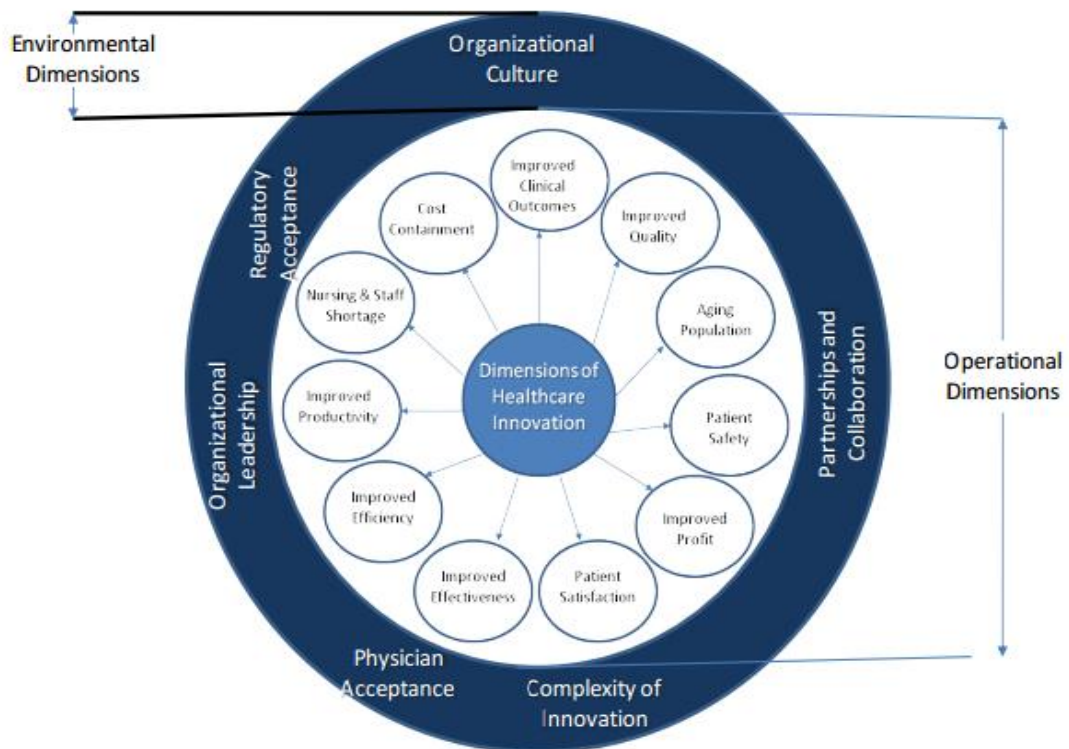


The environmental dimension, the outer band, includes:

- organizational leadership,
- organizational culture,
- physician acceptance,
- regulatory acceptance,
- partnerships and collaborations

The operational dimension, the inner band, includes:

- the improvement of clinical outcomes,
- efficiency and effectiveness,
- aging population,
- nursing shortage,
- patient safety and patient satisfaction,
- improved quality
- profitability and cost containment.



**Figure 32 Environmental and Operational dimensions of healthcare innovations**  
Vincent K Omachonu and Norman G. Einspruch

## Conclusion

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Healthcare management is not an isolated and local activity anymore. We, healthcare decision makers, can observe nowadays more easily at an international level the ways our peers gain on healthcare improvement. We can call it "Global economic smartness capability"<sup>23</sup>. Health systems are different but facing similar health challenges. On average, Europe spends 10% of its GDP on health expenditures but each country work differently from the other.

Besides, nowadays, we have a lot of structures creating bridges to spread innovation and knowledge in healthcare management and offers. Healthcare decision makers have the immense advantage, yet in a very difficult time, to have the "choice of weapons" and important strategic latitude to implement healthcare innovations.

Thus, some healthcare professionals agree on the fact that healthcare innovation should go where it must...to the developing world. Innovation is implemented by healthcare key stakeholders (organizations, healthcare givers, patients...). It's up to them to create bridges between the south and the north.

To go further, here are three questions for research and discussions:

- Are patients the main catalysts for healthcare innovations?
- What are the barriers to disseminate healthcare innovations? Is this delay costly to health systems?
- Since every organization is different in terms of its culture, leadership, people, and resources, what steps are to be taken by individual healthcare organizations to adapt an existing technology for their purposes?

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<sup>23</sup> Bibliographie

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## Last, but not least, definition

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### Synergy

The term synergy comes from the Greek word synergos, meaning "working together".

Synergy in terms of management and in relation to team working refers to the combined effort of individuals as participants of the team.

It is the condition that exists when the organization's parts interact to produce a joint effect that is greater than the sum of the parts acting alone.

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## List of illustrations

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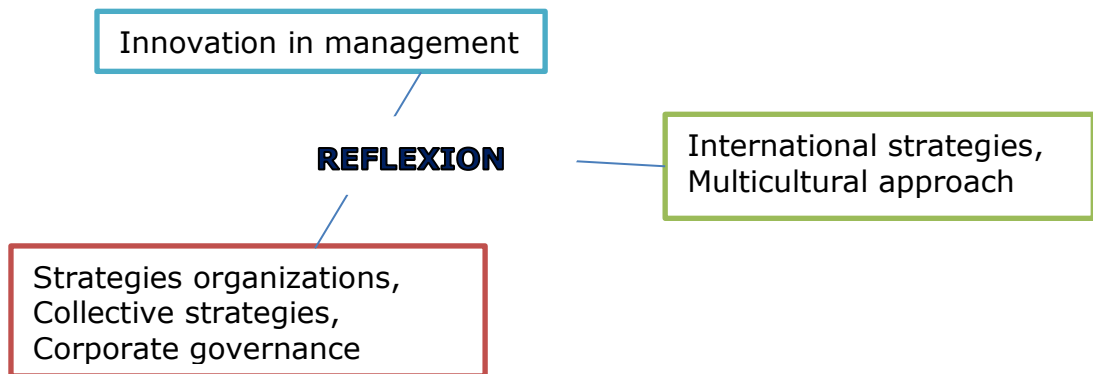
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Therefore, the works I was inspired by are:

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# Appendices

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Appendix 1 : The critical analysis of my thesis

Appendix 2 : My search strategy

Appendix 3 : The Bloomberg rankings / 2012

## APPENDICE I: The critical analysis of my thesis

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I was not alone and I've kept myself "on the tracks" through meetings, discussions and elaborations of theories, feedback... I wanted my thesis to be a challenge. That's why I didn't choose a subject I've already worked on but a subject I want to work on.

### THE CHALLENGES

- Rigor in writing and formulation.  
*"Do not write merely to be understood. Write so it is impossible for you to be misunderstood"* Robert Louis Stevenson
- Adapt to changes throughout the thesis.
- To constantly question: *"Replay, so read after oblivion - to read, without a shadow of tenderness, without paternity with coldness and sharp criticism, and waiting terribly creative ridicule and contempt, foreign air the destructive eye is again that we anticipate or remake, but differently, his work"* P. Valery " Note et digression, 1919, Introduction to the method of Leonardo da Vinci

### THE KEY ELEMENTS OF SUCCESS

- Rigorous methodological framework with a lot of feedback from the field  
*"The art of management researcher is to talk about the facts from a theory that control and, at the same time, it develops in its interaction with the field"* (Garel, 1998)
- Develop my knowledge in innovation science.
- Increase my capacity to synthesize large amounts of literature.
- Ask for feedback from researchers and professionals:  
Formulate a relevant and consistent research problem with the guidance of my supervisor and EH MBA EHESP team.
- Project in accordance with my professional and career project.

## APPENDICE II: My Search strategy

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Firstly, I have identified the problematic and concepts. I used a variety of key concepts and key words to learn more on the environment of my problematic.

I've ask some feedback from healthcare professionals to support thinking.

My literature review is composed of books, journal articles, reports, other thesis, websites...I've choose to base my search on secondary source data.

I've selected some innovative worldwide health concepts and analyses them through the SWOT analysis.

I've produce some recommendations for healthcare decision maker before, during and after the implementation of any innovation in their healthcare structure.

I have also point off three more questions that needs further analysis.

## APPENDICE III: The BLOOMBERG rankings

### BLOOMBERG RANKINGS

## THE WORLD'S HEALTHIEST COUNTRIES

### HEALTHIEST COUNTRIES 1 to 40

Rank	Country	Health Grade	Total Health Score	Health Risk Penalty
1	Singapore	89.45%	92.52%	3.07%
2	Italy	89.07	94.61	5.54
3	Australia	88.33	93.19	4.86
4	Switzerland	88.29	93.47	5.17
5	Japan	86.83	91.08	4.25
6	Israel	85.97	91.97	6.00
7	Spain	84.36	91.26	6.90
8	Netherlands	84.09	88.40	4.31
9	Sweden	83.90	89.37	5.47
10	Germany	83.58	88.81	5.23
11	Cyprus	83.29	88.87	5.57
12	Austria	83.10	89.12	6.02
13	France	82.99	88.66	5.68
14	Canada	82.46	88.60	6.14
15	New Zealand	81.79	87.87	6.08
16	Greece	81.63	86.40	4.77
17	Hong Kong	81.41	86.10	4.69
18	Norway	80.53	86.53	6.01
19	Ireland	79.91	86.48	6.57
20	Belgium	77.48	82.88	5.40
21	United Kingdom	76.84	82.82	5.98
22	Finland	76.69	82.12	5.43
23	Portugal	75.15	81.72	6.57
24	Costa Rica	74.01	79.39	5.38
25	Slovenia	73.02	80.29	7.27
26	Denmark	72.55	78.30	5.75
27	Chile	72.46	79.34	6.87
28	Cuba	72.11	77.26	5.16
29	South Korea	71.27	76.08	4.81
30	United Arab Emirates	70.34	77.31	6.97
31	Kuwait	69.44	75.93	6.48
32	Czech Republic	66.96	73.49	6.53
33	United States	66.84	72.96	6.12
34	Bosnia and Herzegovina	64.99	72.27	7.27
35	Bahrain	64.32	70.54	6.23
36	Croatia	63.69	69.91	6.22
37	Mexico	62.40	69.03	6.63
38	Albania	61.18	66.94	5.76
39	Panama	60.87	67.02	6.15
40	Poland	60.71	67.13	6.42

## HEALTHIEST COUNTRIES BY REGION

### The Americas

Rank	Country	Health Grade
1	Canada	82.46%
2	Costa Rica	74.01%
3	Chile	72.46%
4	Cuba	72.11%
5	United States	66.84%
6	Mexico	62.40%
7	Panama	60.87%
8	Uruguay	60.52%
9	Ecuador	57.63%
10	Argentina	57.03%

### Central & Eastern Europe

Rank	Country	Health Grade
1	Slovenia	73.02%
2	Czech Republic	66.96%
3	Bosnia and Herzegovina	64.99%
4	Croatia	63.69%
5	Albania	61.18%
6	Poland	60.71%
7	Macedonia, FYR	59.00%
8	Turkey	58.83%
9	Slovak Republic	56.77%
10	Hungary	53.67%

### Western Europe

Rank	Country	Health Grade
1	Italy	89.07%
2	Switzerland	88.29%
3	Spain	84.36%
4	Netherlands	84.09%
5	Sweden	83.90%
6	Germany	83.58%
7	Cyprus	83.29%
8	Austria	83.10%
9	France	82.99%
10	Greece	81.63%

### Middle East & Africa

Rank	Country	Health Grade
1	Israel	85.97%
2	United Arab Emirates	70.34%
3	Kuwait	69.44%
4	Bahrain	64.32%
5	Syrian Arab Republic	60.36%
6	Tunisia	58.23%
7	Oman	57.97%
8	Libya	54.35%
9	Algeria	52.14%
10	Mauritius	52.13%

### Asia Pacific

Rank	Country	Health Grade
1	Singapore	89.45%
2	Australia	88.33%
3	Japan	86.83%
4	New Zealand	81.79%
5	Hong Kong SAR, China	81.41%
6	Korea, Rep.	71.27%
7	Malaysia	54.91%
8	China	53.55%
9	Sri Lanka	52.85%
10	Vietnam	51.99%

SABÉ SARAH

24 SEPTEMBER 2012

EXECUTIVE HEALTH MBA - EHESP

Class of 2011-2012

## THE IMPORTANCE OF WORLDWIDE INTERACTIONS IN HEALTHCARE MANAGEMENT

Global innovative policies & tools for decision makers

University partnership : ESCP Europe, Columbia University New York

### **Abstract :**

The aim of my work is, on one hand, to study the pertinence of exchanging the healthcare management practices on a global level and, on the other hand, to map the key elements of spreading and adapting the healthcare management innovations.

My theses cover any innovation a decision maker in healthcare management has to create or import from abroad. Therefore, I define the reasons of the importance of diffusing management innovations in healthcare, then I point some inspiring innovation management concept from all over the world in healthcare and produce a SWOT analysis of the concept of integrating an innovation from abroad. I finally map some key elements to help decision makers' in healthcare management spread innovations.

This applied research is part of a "design stance". International publications are used to support this view.

### **Key words :**

healthcare innovation      innovation process      healthcare knowledge  
healthcare globalization      global health initiatives      healthcare strategy

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