

To make health systems more effective, physicians say time is now for clinician-led innovation

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Physician experts in health system issues propose a timely alternative process for harnessing and supporting physician-led innovations to rapidly address front-line health care delivery problems and improve health. Published as a Viewpoint article in the March 20th issue of the *Journal of the American Medical Association (JAMA)*, the authors propose health systems adopt a strategy widely accepted in U.S. industries of "user-led" innovation.

User-led innovation is predicated on the idea that important enhancements to products and services are often made by users to best suit their needs. "User-led innovation is relevant to health care because clinicians and patients have an intimate view of problems and needs," say the authors. They cite <u>new surgical procedures</u>, many of which originate with surgeons modifying tools and processes for better results.

Corresponding author, Barry Zuckerman, MD, the Joel and Barbara Alpert Professor of Pediatrics, Boston University School of Medicine and pediatrician at Boston Medical Center, and the other authors Peter A. Margolis, MD, PhD, Professor of Pediatrics at the University of Cincinnati and Director of Research at the James M. Anderson Center for <u>Health Systems</u> Excellence, Cincinnati Children's Hospital; and Kedar Mate, MD, of the Department of Medicine and Institute for Healthcare Improvement, Weill Cornell Medical College, New York, suggest that traditional, clinical academic research may not be



appropriate for testing these new approaches because it is difficult to adequately assess the independent impact of an innovation when it is part of a complex system as in done in randomized control trials (RCTs).

They propose a clinician-innovator model in which the user/clinician identifies the problem, develops a solution, tests it on a small scale using a quality improvement (QI) approach. Feedback is generated to help determine effectiveness and if judged to have merit will be implemented on a larger scale. Patient feedback is key to the innovation process.

"At Boston Medical Center we have developed effective clinician-led innovations in delivering pediatric care to our low-income, minority children and their families such as Reach Out and Read, Health Leads, and the Medical-Legal Partnership programs," notes Zuckerman.

The authors also identify early-stage approaches to care delivery innovations that use technology such as bedside visual media to improve patient understanding of their disease and treatment, a computer application listing community-based services accessible by patients, and making long acting reversible contraceptives available to sexually active adolescents in the pediatric emergency department offering point of service care that provides patients with what they want and need at the time of care avoiding a referral for another visit at a later date.

"The advantages of clinician-led innovation are that work flow and clinician acceptability are built into the iterative process, and failure is associated with only a minimal amount of time or money spent," the authors say.

Zuckerman, Margolis and Mate propose that clinician-innovation be nurtured and resources harnessed to support this work and they call upon hospitals and medical schools to promote and reward new approaches and tools to make health systems more effective and provide better care.



Clinician-innovators are developing new ideas to help patients and the authors state that the time is now for an <u>innovation</u> incubator to help improve and advance health services delivery.

Provided by Boston University Medical Center

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