

This is a sample of the instructor resources for *The Future of Healthcare: Global Trends Worth Watching* by Andrew Garman, Tricia Johnson, and Thomas Royer. This sample contains the instructor notes and PowerPoint slides for Chapter 2.

The complete instructor resources consist of 80 PowerPoint slides and 10 pages of instructor notes. If you adopt this text you will be given access to complete materials. To obtain access, e-mail your request to hap1@ache.org and include the following information in your message:

- Book title
- Your name and institution name
- Title of the course for which the book was adopted and season course is taught
- Course level (graduate, undergraduate, or continuing education) and expected enrollment
- The use of the text (primary, supplemental, or recommended reading)
- A contact name and phone number/e-mail address we can use to verify your employment as an instructor

You will receive an e-mail containing access information after we have verified your instructor status. Thank you for your interest in this text and the accompanying instructor resources.

The Future of Healthcare: Global Trends Worth Watching
Instructor Resources

Chapter 2: How Innovations Emerge and Spread

Notes to the Instructor

This chapter provides the basic theoretical framework for understanding how innovations emerge and spread. Because part of the book focuses on innovations that increase value, Christensen's Disruptive Innovations model is helpful in explaining some of the innovations that we discuss.

1. Understand the Disruptive Innovation model
2. Explain examples of the Disruptive Innovation model in healthcare
3. Understand Rogers's Diffusion of Innovation model
4. Explain examples of Rogers's Diffusion of Innovation model in healthcare

Discussion questions

- a. Concierge medicine (also known as "boutique medicine") is a relationship between the physician and patient, where the patient pays an annual retainer in exchange for additional or enhanced services from the physician.
 - a. Evaluate whether concierge medicine is a Disruptive Innovation. Does it meet the criteria? If not, why?
 - b. Evaluate concierge medicine compared to Roger's Diffusion of Innovation model. Does it meet the criteria for widespread adoption?
 - c. Read the *New York Times* article on One Medical Group, which has put a new spin on concierge medicine (<http://www.nytimes.com/2011/02/01/health/01medical.html?pagewanted=all>). Evaluate whether One Medical Group's model is a Disruptive Innovation. Explain your answer.
2. Suppose you are the administrator of a heart surgery center. A new minimally invasive heart surgery procedure has recently been introduced, which has been shown to decrease length of stay and reduce the likelihood of complications. Using Rogers's Diffusion of Innovation model as a guide, describe strategies to encourage the surgeons to adopt the new procedure.
3. One potential way to "bend the cost curve" is for organizations to identify and adopt high-value innovations. As the chief medical officer of a large academic medical center, how could you foster an environment of innovation? (See, for example, Berwick, D. M. 2003. "Disseminating Innovations in Health Care." *Journal of the American Medical Association* 289 (15): 1969–75.)

Out-of-class assignment

Find an article in the popular press (e.g., *Wall Street Journal*, *New York Times*) that describes a new healthcare innovation.

- a. Compare the innovation along the dimensions of Christensen's Disruptive Innovations model. Does it meet the criteria for a Disruptive Innovation? Why or why not?
- b. Compare the innovation along Rogers's Diffusion of Innovation model. Where does the innovation fall in the continuum of adoption? If the innovation has not been adopted by at least the late majority, what strategies could be used to facilitate adoption?

Additional resources

Berwick, D. M. (2003). Disseminating Innovations in Health Care." *Journal of the American Medical Association*, 289(15):1969-1975.

Gardner, C. A., T. Acharya and D. Yach. (2007). Technological and Social Innovation: A Unifying New Paradigm for Global Health. *Health Affairs*, 26(4):1052-1061.

Havighurst, C. C. (2008). Disruptive Innovation: The Demand Side. *Health Affairs*, 27(5):1341-1344.

Hwang, J. and C. M. Christensen. (2007). Disruptive Innovation in Health Care Delivery: A Framework for Business-Model Innovation. *Health Affairs*, 27(5):1329-1335.

Pauly, M. V. (2008). 'We Aren't Quite as Good, But We Sure Are Cheap': Prospects for Disruptive Innovations in Medical Care and Insurance Markets. *Health Affairs*, 27(5):1349-1352.

Robinson, J. C. and M. D. Smith. (2008). Cost-Reducing Innovations in Health Care. *Health Affairs*, 27(5):1353-1356.

Rogers E. M. (1995). *Diffusion of Innovations*. 4th ed. New York, NY: Free Press.

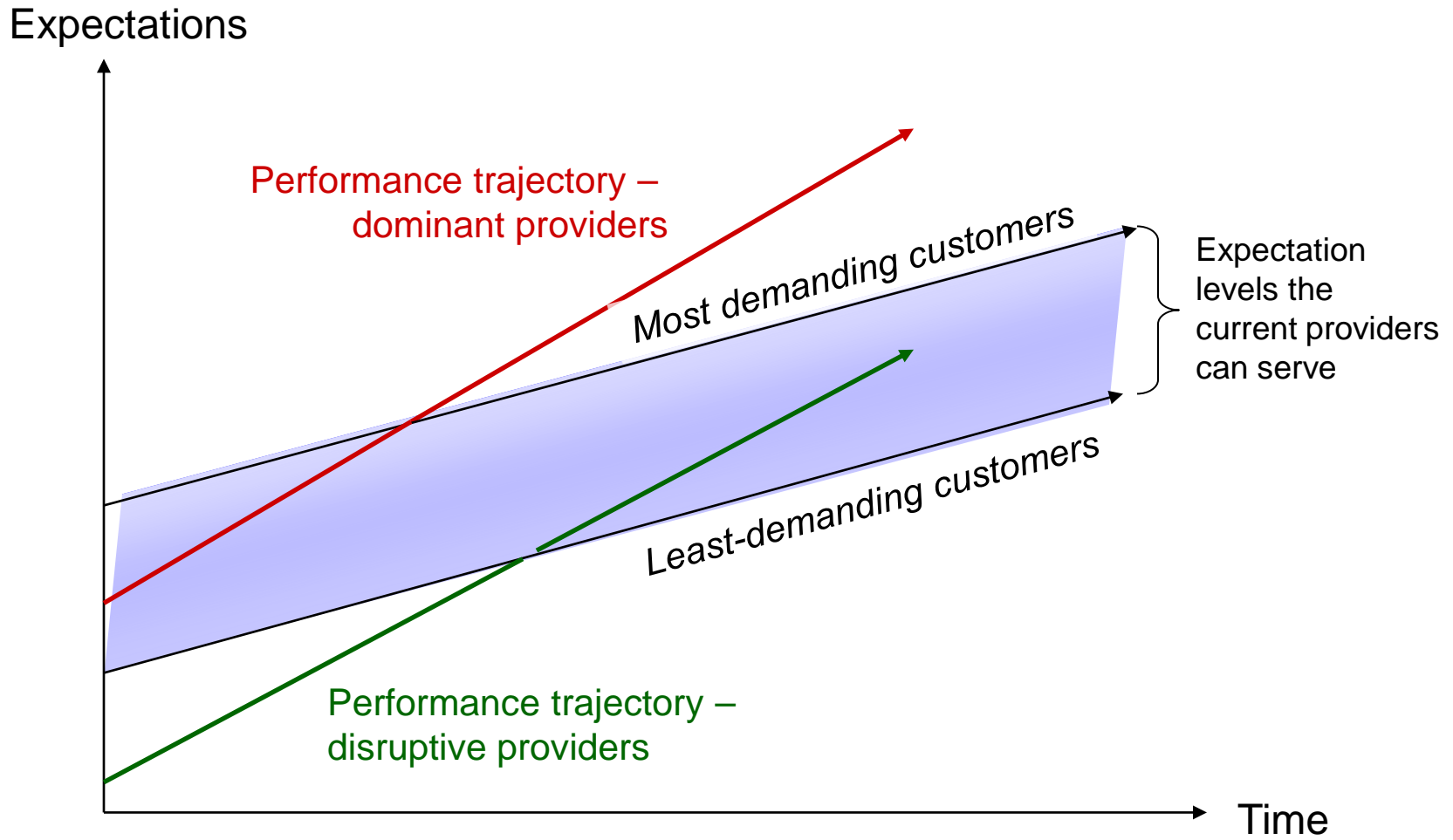
Chapter 2: How Innovations Emerge and Spread

The Future of Healthcare: Global
Trends Worth Watching

Session objectives

1. Understand the Disruptive Innovation model
2. Explain examples of the Disruptive Innovation model in healthcare
3. Understand Rogers's Diffusion of Innovation model
4. Explain examples of Rogers's Diffusion of Innovation model in healthcare

1. The Disruptive Innovation model



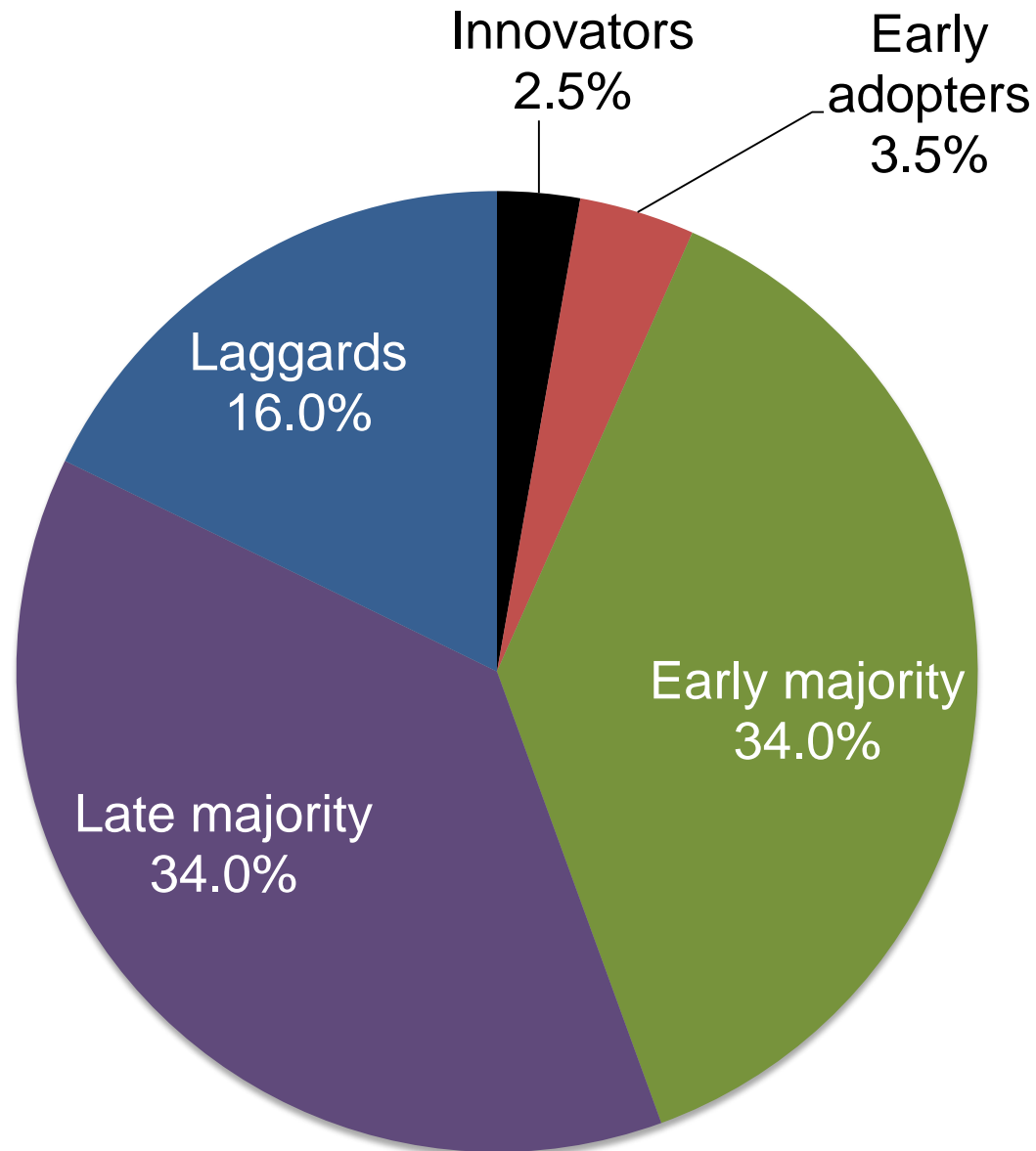
1. The Disruptive Innovation model

	Yes	Maybe	No
Simpler/less costly business model			
Product or service is sufficient in the eyes of the consumer			
New entrant successfully challenges organizational/regulatory barriers			
Mainstream consumers can eventually access product or service without changing buying patterns			
Is there a likely pathway to turn the “no” answers into “yes answers?”			

2. Is medical travel as an example of the Disruptive Innovation model?

	Yes	Maybe	No
Simpler/less costly business model	X		
Product or service is sufficient in the eyes of the consumer		X	
New entrant successfully challenges organizational/regulatory barriers	X		
Mainstream consumers can eventually access product or service without changing buying patterns			X
Is there a likely pathway to turn the “no” answers into “yes answers?”		X	

3. Rogers's Diffusion of Innovation model



3. Rogers's Diffusion of Innovation model

- Does the innovation make a **clear and visible difference** to consumers?
- Is the innovation **compatible** with the organization considering adoption?
- Is the innovation **relatively simple** to adopt?
- Is the innovation easily **pilot tested**?
- Are the benefits of the innovation **readily observable**?

4. Are patient classification systems an example of Rogers's Diffusion of Innovations model?

