

Unleashing Alberta Innovation in Healthcare

*Summary Report from SCN/Neil Fraser Exchange
November 5th, 2015*

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EVENT PARTNERS

Alberta Innovates – Health Solutions

Alberta Innovates – Health Solutions (AIHS) is a publicly funded, board-governed corporation that operates under an Act of provincial legislation. AIHS delivers funding and support to a broad provincial community that spans all dimensions of health research and innovation activity, with a vision is to transform the health, health system and wellbeing of Albertans through research and innovation.

Alberta Health Services/Strategic Clinical Networks

Alberta Health Services (AHS) is a fully-integrated health organization, responsible for delivering health services to people living in Alberta, as well as to some residents of Saskatchewan, B.C. and the Northwest Territories. The Strategic Clinical Networks (SCN) are AHS developed networks of people who are passionate and knowledgeable about specific areas of health, that are challenged to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

Institute of Health Economics

The Institute of Health Economics is a not-for-profit organization that has a mission to contribute to more effective health services and assist decision makers in health policy and practice with the results from economic evaluations, costing and cost-effectiveness analyses, and with syntheses of findings from research in health technology assessment.

INVITED GUEST

Mr. Neil Fraser

*President, Medtronic Canada, and Regional Vice President – Canada Medtronic plc.
Member, Federal Advisory Panel on Healthcare Innovation*

Neil Fraser joined Medtronic Canada in 1984 and, following numerous commercial positions, was promoted to President in 2004. Under Neil's leadership, Medtronic Canada has been a significant leader in business model innovation, market position, productivity and efficiency. He is proud of the high level of engagement among employees, faced with a challenging healthcare environment and one of the largest integrations in medical device history, following to acquisition of Covidien in 2015. Medtronic Canada is honoured to receive numerous awards including: Canada's Best Large Workplaces, Top 100 Employer in Canada five years in a row, and LEED Silver Certification of our new Brampton headquarters.

Neil is passionate about shaping the Canadian health technology market environment through stakeholder engagement strategies both federally and provincially, and driving an innovation agenda that will result in better health care for Canadians. He is a frequent speaker in this field across Canada and holds the following appointments:

- 2015 – Board Member, Baycrest Health Sciences
- 2015 – President-Elect Medical Devices Canada (MEDEC) - the industry association that represents Canada's medical device companies
- 2014 – Member, (Federal) Advisory Panel for Healthcare Innovation (APHI), Health Canada
- 2014 - Member, Health Leadership Advisory Board (HLAB), Rotman School of Management, University of Toronto
- 2013 – Council Member, Ontario Health Innovation Council (OHIC), Ontario Ministry of Health and Long-Term Care
- 2013 – Member, Advisory Board for the Life Sciences Division, National Research Council Canada
- 2011 – Founding Member and Co-Chair, Centre for the Advancement of Health Innovations (CAHI) at the Conference Board of Canada
- 2010 – Chair, Ivey International Centre for Health Innovation Advisory Council
- 2004 – Founding Member, Rotman School “Judy Project” (An Enlightened Leadership Forum for Executive Women).

Neil is particularly proud to have been the executive sponsor of one of the most important cardiology device trials ever conducted in Canada: RAFT (Resynchronization/Defibrillation for Ambulatory Heart Failure Trial) which recruited 1,798 patients, 90% from Canada, and has resulted in new guidelines worldwide for Heart Failure (HF).

Prior to Medtronic, Neil worked for Alcan Canada Products Ltd. and was responsible for the introduction of aluminum cans to Canada, including the initiation of curbside recycling programs in Ontario and Quebec in partnership with Environment Ministries. He also worked for Procter & Gamble Inc. where he was responsible for the start-up of a new automated cake mix technology and the patented invention of a new solvent-based household cleaner technology which became a world product: Liquid Spic & Span®.

Mr. Fraser has a Bachelor of Applied Science degree in Chemical Engineering from the University of British Columbia and an MBA from the Richard Ivey School of Business at the University of Western Ontario. He holds a P.Eng. and is a member of Professional Engineers – Ontario.

PREFACE

On behalf of Alberta Innovates – Health Solutions, Alberta Health Services, and our partners we are pleased to provide this summary report from a Strategic Clinical Networks (SCN) Leadership Team exchange with Mr. Neil Fraser that took place November 5, 2015 in Edmonton.

This event brought together some of the leadership from the Alberta SCNs and related health system stakeholders, and a leader in the Canadian medical technology industry, who was also a member of the Federal Advisory Panel on Healthcare Innovation. This Panel recently completed work exploring how the Government of Canada can foster innovation and improve patient care and sustainability of the healthcare system.

This meeting was intended to provide a constructive forum for the SCNs to understand the health innovation panel recommendations in the context of the Alberta approach to innovation, obtain practical insights that help them address the most pressing challenges they face in implementing innovative new approaches, and receive feedback and recommendations on how to continue the development of a productive partnership between MEDEC, which represents Canada’s medical device industry, and the SCNs in preparation for a planned December meeting.

Any comments on this document or regarding our future engagement event are welcome, and can be sent to PartnershipOffice@aihealthsolutions.ca.

Sincerely,

Reg Joseph, Vice President, Initiatives and Innovations
Alberta Innovates – Health Solutions

Blair O’Neill, Associate Chief Medical Officer
Strategic Clinical Networks,
Alberta Health Services

EXECUTIVE SUMMARY

This report is from an SCN exchange meeting with Mr. Neil Fraser that took place November 5, 2015 in Edmonton. This event brought together leaders from the Alberta SCNs and related health system stakeholders, and a leader in the Canadian medical technology industry, and recent member of a Federal Advisory Panel on Healthcare Innovation.

The objectives of the meeting were for the SCNs to:

1. Understand the Advisory Panel on Healthcare Innovation recommendations in the context of the Alberta approach to innovation;
2. Receive practical insights that help them address the most pressing challenges they face in implementing innovative new approaches;
3. Obtain feedback and recommendations on how to continue the development of a productive partnership between MEDEC and the SCNs in preparation for a December 2015 meeting.

As context, the Federal Minister of Health launched the Advisory Panel on Healthcare Innovation on June 24, 2014, with a mandate to identify the 5 most promising areas of innovation that have the potential to reduce growth in health spending while leading to improvements in care, and recommend 5 ways the federal government could support innovation in these areas.

Broadly, the Panel concluded that there is an urgent need for renewed commitment to collaboration and shared political resolve on the part of all jurisdictions to improve Canadian healthcare systems. The Panel called for a new model for federal engagement in healthcare built on an ethos of partnership, a shared commitment to scale existing innovations and make fundamental changes in incentives, culture, accountabilities, and information systems, and prudent investment and catalysis through a center of excellence. The Panel had a number of recommendations that were framed around 5 key areas of innovation:

1. Patient engagement and empowerment
2. Health systems integration with workforce modernization
3. Technological transformation via digital health and precision medicine
4. Better value from procurement, reimbursement and regulation
5. Industry as an economic driver and innovation catalyst

Two essential healthcare innovation enablers recommended by the Panel include the establishment of a new Healthcare Innovation Agency of Canada (with governance at arms length from government), and a Healthcare Innovation Fund (growing to \$1 billion per annum by 2020) that is to be used for strategic investment to stimulate innovation. This new Agency is recommended to be

created through the consolidation of a number of existing federal Agencies including the Canadian Foundation for Healthcare Improvement, the Canadian Patient Safety Institute, and after a sunset period Canada Health Infoway.

The Health Innovation Fund is intended to serve as a catalyst to stimulate innovation. However, eventually efficiencies gained through innovation should provide the ability to support future efforts in a self-sustaining steady state that will only be realized if there is follow through to implementation for promising innovations. Following this approach, investment in SCN innovation should, by design then, have a similar expected trajectory where the eventual return from investment fuels future activities once past the early stages of pathway development, intervention point identification, and testing and evaluation. A takeaway for the SCNs discussed was the importance of ensuring a clearly defined start and finish for pilot projects, coupled with a mechanism and commitment to implement promising new approaches and technologies in the Alberta health system.

An Alberta pilot project was presented and discussed as a model of innovation in the provincial context of the SCNs. The Diabetes, Obesity and Nutrition (DON) SCN mapped out the Diabetic Foot Care Pathway, and observed variation in practice, capacity challenges, and no consistent practice or process standards. A project team was organized to standardize and improve diabetic foot screening to strengthen early detection and treatment of foot problems in order to reduce amputations. The team is pilot testing an Alberta technology that is a smart insole system for footwear designed to prevent first and recurrent ulcers. The pilots will measure for accelerated wound healing, reduction in ulcer occurrence and recurrence, improved patient adherence, and improved effectiveness of offloading.

In terms of opportunity to spread and scale from a successful pilot to broad adoption across the province, it was noted that the SCN model provides AHS a better ability than previously to make a new technology a standard of care across the province, as it creates a pull for the technology from clinicians; in the SCN model technology introduction is driven by a documented and defined clinical need, as opposed to availability of a new technology that must opportunistically find a use case in a clinical pathway. Additionally, with representation from those who will implement the innovation on the SCN steering and working committees there is built-in investment and contribution from champions that will result in better support and leadership for change.

In terms of challenges, it was noted that pilots are exempt from AHS procurement policy and regulations. However, CPSM/Procurement involvement and proper process/due diligence will need to be followed for scale up and wide adoption. The group recommended that CPSM/Procurement be involved in partner identification at the *front end* of SCN pilot projects in order to most effectively support the efficient transition from successful pilot to full-scale adoption. It was further suggested that SCN leadership and CPSM/Procurement engage now to operationalize this

recommendation and ensure systematic early CPSM/Procurement representation in the work of the SCNs.

In the workshop a number of recommendations emerged to support the work of the SCNs and their interactions with MEDEC:

1. To address the challenges SCNs face with unmet need identification, obtain support from a third party, or a dedicated group from within AHS, with capturing specific clinical challenges from the front lines and working groups, and with providing clarification and communication regarding some of the system wide issues (e.g., an anticipated integrated information system and liberated data) that are barriers or distractions to the identification of other practical, actionable unmet needs.
2. To serve as a model for the effective engagement of CPSM/Procurement in SCN projects, review, through workshop discussion, one example put forward by MEDEC that outlines their process from idea for product or service innovation through to implementation/adoption, in order to identify the appropriate stage for CPSM/Procurement involvement.
3. To ensure a fair and transparent process for SCN/MEDEC exchange events that does not inappropriately provide unfair advantage to attending companies, establish the framework for these discussions, as well as the follow-up public communication of unmet needs/request for solutions, in consultation with CPSM/Procurement.
4. To support rapid adoption of promising innovation, prioritize shaping the HTA process and evidentiary requirements, including advocating for an access with evidence development approach, and utilization of evaluations completed in other jurisdictions (with translation to the Alberta environment to the extent possible, for example using Alberta costing data, completed by an organization such as the Institute of Health Economics).
5. To comprehensively identify innovation beyond engagement events with groups like MEDEC, establish a process and resourcing to broadly scan nationally and internationally to identify solutions for unmet needs exposed by the SCNs, as well as to examine new technological capabilities where we may have not considered how it might be applied to healthcare.

The recommendations from the meeting will help support and shape a productive second SCN/MEDEC exchange event and follow-up activities, enable the SCNs to innovate quickly and have broad impact, strengthen the contribution of the medical technology industry, and improve the performance of the health system and the health of Albertans.

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EVENT OVERVIEW

Context

Alberta Health Services (AHS) has recently established a number of Strategic Clinical Networks (SCNs) in the province around specific health care topics (e.g., Cardiovascular Health & Stroke) and within areas where care is delivered (e.g., Surgery). The SCNs are the *engines of innovation* in the health system and have a mandate to find new and innovative ways of delivering care to provide better quality, better outcomes, and better value for every Albertan.

This report is from an SCN exchange with Mr. Neil Fraser that took place November 5, 2015 in Edmonton. This event brought together leaders from the Alberta SCNs and related health system stakeholders, and a leader in the Canadian medical technology industry, who was also a member of a Federal Advisory Panel on Healthcare Innovation. This Panel recently completed work exploring how the Government of Canada can foster innovation and improve patient care and sustainability of the healthcare system.

Objectives

The objectives of the meeting were for the SCNs to:

1. Understand the Advisory Panel on Healthcare Innovation recommendations in the context of the Alberta approach to innovation;
2. Receive practical insights that help them address the most pressing challenges they face in implementing innovative new approaches;
3. Obtain feedback and recommendations on how to continue the development of a productive partnership between The meeting had the following objectives for the SCNs:

Format

The format for the session was a series of presentations with ensuing discussions, followed by a workshop where participants were able to exchange ideas and provide feedback and recommendations to strengthen planning for a future SCN/MEDEC exchange meeting. MEDEC is a national organization that represents Canada's medical device industry. Please see *Appendix 1* for resources identified during the event that provide further information beyond that shared by the speakers.

Agenda

Time	Topic	Presenter/Facilitator
11:30 – 11:35	Welcome and Introductions/Review of Objectives & Agenda	Dan Palfrey/Alun Edwards
11:35 – 12:15*	Presentation – Innovation Panel Report - Highlights and possibilities with a new Federal Government	Neil Fraser
12:15 – 12:30	Q&A	Group
12:30 – 12:45	Presentation – Exemplar of an SCN SME Partnership in Alberta - Diabetic foot ulcer sensor	Petra O’Connell
12:45 – 1:00	Comments & Facilitated Group Discussion - Recommendations to address challenges	Neil Fraser/ Dan Palfrey
1:00 – 1:30	Facilitated Group Discussion – Reflections on the first meeting of MEDEC and the SCNs and feedback and recommendations for how to ensure continued success for subsequent meetings.	Dan Palfrey

SUMMARY OF PRESENTATIONS & WORKSHOP

11:35 – 12:30 Advisory Panel on Healthcare Innovation/Discussion

Neil Fraser

Report Highlights and Possibilities with a New Federal Government

The Federal Minister of Health launched the Advisory Panel on Healthcare Innovation on June 24, 2014. The mandate was to identify the 5 most promising areas of innovation in Canada and internationally that have the potential to reduce growth in health spending while leading to improvements in care, and recommend 5 ways the federal government could support innovation in these areas.

The Panel work included consultations with stakeholders and the public (with over 400 written submissions received), literature review and commissioned research, and engagement with international and domestic experts. The report was released on July 17, 2015.

Broadly, the Panel concluded that there is an urgent need for renewed commitment to collaboration and shared political resolve on the part of all jurisdictions to improve Canadian healthcare systems. The Panel called for a new model for federal engagement in healthcare built on an ethos of partnership, a shared commitment to scale existing innovations and make fundamental changes in incentives, culture, accountabilities, and information systems, and prudent investment and catalysis through a center of excellence.

Two essential healthcare innovation enablers recommended by the Panel include the establishment of a new Healthcare Innovation Agency of Canada (with governance at arms length from government), and a Healthcare Innovation Fund that is to be used for strategic investment to stimulate innovation. This new Agency is recommended to be created through the consolidation of a number of existing federal Agencies including the Canadian Foundation for Healthcare Improvement, the Canadian Patient Safety Institute, and after a sunset period Canada Health Infoway.

The Fund is intended to support initiatives that break down structural barriers to change and accelerate the scale-up of promising innovations. It is to be non-formulaic and based on project merits, not used for insured services, and deployed as strategic investments to support coalitions of willing partners from various sectors. The initial term recommended is 10 years with a target of \$1 billion per annum as early as 2020. This level of investment represents approximately 10% of a similar Agency in the U.S. (Center for Medicare Medicaid Innovation). Of note, this investment represents less than one half of one percent of health care spending, which is far less than what private sector organizations typically spend on R&D.

Five key areas of healthcare innovation were identified by the Panel:

1. *Patient engagement and empowerment*

- Findings: There are many pockets of promising innovations across Canada, however an implementation gap persists. In particular, patient access to their health record was identified as a critical gap.
- Recommendations: Develop and implement measures to promote patient and family-centered care in partnership with governments, patients, providers and others, including work focused on health literacy, patient portals, m-health/virtual care, and engaging patients and families in the design and evaluation of healthcare services.

2. *Health systems integration with workforce modernization*

- Findings: There is a need for more integrated care and seamless collaboration across organizations and sectors in order to improve quality and outcomes, and optimize scopes of professional practice. This includes greater use of inter-professional teams, information technologies to link providers, patients, and settings, integrated payment models and provider accountabilities, and emphasis on outreach and prevention/wellness.
- Recommendations: Support provinces/ territories and regional health authorities in implementing highly integrated delivery systems that test new forms of payment, (e.g., partial integration models/bundled payments) where care is organized and financed around the needs of the patient, with services provided that optimizes professional scope of practice.

3. *Technological transformation via digital health and precision medicine*

- Findings: Digital health and data-driven care holds significant potential, but Canada has fallen behind with uneven standardization and use of EHRs, limited m-health/virtual care utilization, and uneven use of data to generate actionable, real-time information for decision making. Further, Canada is unprepared for a shift to precision medicine, even though there are examples of utilization of technology to improve care that have not spread or scaled (e.g., genetic testing to guide prescribing).
- Recommendations: Accelerate standardization and meaningful use of EHRs (looking to the U.S. as a example as inter-operability and meaningful use of EHRs is required for reimbursement from Medicare

and Medicaid), open up records to patients, develop Infoway 2.0 inside the recommended new Agency, and develop and begin activating a strategy for implementation of precision medicine.

4. *Better value from procurement, reimbursement and regulation*

- Findings: Changes to healthcare finance, purchasing and regulation are needed as Canada does not have a strong value-for-money orientation in healthcare (e.g., we spend 50% more than the OECD average for prescription medications), and innovators are frustrated by a multi-tiered system for regulatory approval as well as fragmented purchasing.
- Recommendations: Coordinate existing federal drug plans and join the Council of the Federation's pan-Canadian Pharmaceutical Alliance, review PMPRB effectiveness in its role in protecting consumers against high drug prices, establish National Pay Commission/HHR analyses of scopes of practice in relation to value, and support a range of activities including the implementation and evaluation of the Choosing Wisely Canada campaign.

5. *Industry as an economic driver and innovation catalyst*

- Findings: The healthcare products and service industry has potential to create economic prosperity while improving care, however Canada has unrealized potential in the development, commercialization, adoption, and export of innovative products and services. Federal leadership is needed through a single organization mandated to drive partnership of mutual benefit to industry and Canadians.
- Recommendations: Create a Healthcare Innovation Accelerator Office inside the recommended new Agency to accelerate the adoption of potentially disruptive technologies that promise better value for money to the system and benefit for patients, establish greater regulatory harmonization and convergence with international standards, and develop a whole-of-government federal strategy to support the growth of Canadian commercial enterprises in the healthcare field.

The Health Innovation Fund is intended to serve as a catalyst to stimulate innovation. However, eventually efficiencies gained through innovation should provide the ability to support future efforts in a self-sustaining steady state that will only be realized if there is follow through to implementation for promising innovations. Following this approach, investment in SCN innovation should, by design then, have a similar expected trajectory where the eventual return from investment fuels future activities once past the early stages of pathway

development, intervention point identification, and testing and evaluation. A takeaway for the SCNs discussed was the importance of ensuring a clearly defined start and finish for pilot projects, coupled with a mechanism and commitment to implement promising new approaches and technologies in the Alberta health system.

“The federal government needs to take leadership to be at the table, and help coordinate between provinces and territories, because they all face similar problems. Catalytic leadership could be an excellence role for the federal government.”

12:30 – 1:00 Alberta SCN Innovation/Discussion

Petra O’Connell

Exemplar of an SCN SME Partnership in Alberta - Diabetic Foot Ulcer Sensor

Diabetes is associated with foot ulceration, as a consequence of neuropathy, that has significant challenges for patients and families, and costs for the healthcare system (approximately \$11.5M in direct annual health care costs). Up to 85% of amputations can be prevented with earlier screening and prevention. The Diabetes, Obesity and Nutrition (DON) SCN mapped out the Diabetic Foot Care Pathway, and observed variation in practice, capacity challenges, and no consistent practice or process standards.

A project team was organized to standardize and improve diabetic foot screening to strengthen early detection and treatment of foot problems in order to reduce amputations. Key deliverables to-date include screening/assessment/treatment standards and patient referral/transition processes, tools/educational resources for patients & providers, the formation of community-based High Risk Foot Teams (HRFT), pilot testing of the clinical pathway and HRFT approach (n=3 pilots), development of formal pilot evaluation methodology, and plans to develop/implement a scale and spread strategy.

A technology that is being incorporated in the pilots involves a partnership with Orpyx Medical Technologies of Calgary. The premise of the technology is that effective pressure offloading is a key tenet of diabetic foot ulcer prevention and treatment. Orpyx has developed Surrosense Rx™, a smart insole system for footwear designed to prevent first and recurrent ulcers. Surrosense Rx™ smart insole system provides real time offloading information to the patient via a wireless smart watch display, and provides data to providers on patient adherence.

In terms of next steps, the DON SCN & Orpyx are jointly submitting an application for Accelerating Innovations into Care (AICE) funding from Alberta Innovates-Health Solutions to support pilot site testing and evaluation. The pilots will measure for accelerated wound healing, reduction in ulcer occurrence and recurrence, improved patient adherence, and improved effectiveness of offloading.

The discussion focused on the ability to scale from a successful pilot to broad adoption across the province (and beyond; it was observed that this project is a good example of where a federal fund could invest in scaling from Alberta to the rest of the country).

In terms of opportunity, it was noted that the SCN model provides AHS a better ability than previously to make a new technology a standard of care across the province, as it creates a pull for the technology from clinicians; technology introduction is driven by a documented and defined clinical need, as opposed to availability of a new technology that must opportunistically find a use case in a clinical pathway. Additionally, with representation from those who will implement the innovation on the SCN steering and working committees there is built-in investment and contribution from champions that will result in better support and leadership for change.

In terms of challenges, it was noted that pilots are exempt from AHS procurement policy and regulations. However, CPSM/Procurement involvement and proper process/due diligence will need to be followed for scale up and wide adoption. The group recommended that Procurement be involved in partner identification at the *front end* of SCN pilot projects in order to most effectively support the efficient transition from successful pilot to full-scale adoption. In this manner, CPSM/Procurement can be an enabler to spread and scale of innovation. It was further suggested that SCN leadership and CPSM/Procurement engage now to operationalize this recommendation and ensure systematic early Procurement representation in the work of the SCNs.

“There is procurement of innovations, but also innovations in procurement that need to happen.”

1:00 – 1:30 Workshop: SCN/MEDEC Engagement

Moderator: Dan Palfrey, Senior Consultant, Institute of Health Economics

Reflecting on the first meeting of the SCNs and MEDEC, it was observed that there was a general openness to talk about challenges and issues with bringing new innovations to Alberta, which is a refreshing approach.

In terms of the upcoming meeting, there was a request that the SCNs provide specific, prioritized project areas that the SCNs would like to ask industry to help with. The SCNs shared the challenges they are facing with identifying specific unmet needs; capacity issues with limited FTEs to support the work, lack of a mechanism to capture in-the-moment feedback from the front lines, and big picture issues, for example the much anticipated but not delivered integrated information system and the ability to liberate data, that both create cynicism and serve as barriers/distractions to the identification of other practical, actionable unmet needs. The recommendation from this meeting is for support to be provided from a third party, or a dedicated group from within AHS, with capturing clinical challenges from the front lines (in real time) and working groups, and with providing clarification and communication regarding some of the system wide issues in order to shift thinking beyond these areas.

The integration of CPSM/Procurement into the work of the SCNs with a view to this group serving as an *enabler* to the implementation of promising innovations was highlighted as a critical success factor. The recommendation from this meeting is to review, through workshop discussion, one example put forward by MEDEC that outlines their process from idea for product or service innovation through to implementation/adoption, in order to identify the appropriate stage for CPSM/Procurement involvement. This will then serve as a model for effective engagement of CPSM/Procurement to help facilitate the efficient adoption of new technology.

It was noted that exchange meetings between MEDEC members and the SCNs, in order to be fair and transparent, cannot be privileged conversations involving only those companies that were able to attend, and there needs to be a process followed that ensures that the information shared is made public such that any proponent that wants to solve an identified problem can come forward with a submission. The recommendation from this meeting is that the framework for the discussion at the next SCN/MEDEC exchange, as well as the follow-up public communication of unmet needs/request for solutions, be established in consultation with CPSM/Procurement in order to ensure that it is fair and transparent.

Health technology assessment was also identified as a critical success factor to the rapid adoption of innovation. The recommendation from this meeting is to prioritize shaping the HTA process and evidentiary requirements to enable rapid adoption of

innovation, including advocating for an access with evidence development approach, and utilization of evaluations completed in other jurisdictions (with translation to the Alberta environment to the extent possible, for example using Alberta costing data, completed by an organization such as the Institute of Health Economics).

Regarding solution identification, it was noted that MEDEC member companies (or other groups like Rx&D member companies) or their affiliated networks will not have solutions for every identified unmet need. SCN exchange with these organizations is anticipated to be very beneficial, however the group highlighted the importance of ensuring that a wide enough net is cast to broadly identify solutions. The recommendation from this meeting is to establish a process and resourcing to scan nationally and internationally to identify solutions for unmet needs exposed by the SCNs, including examining new technological capabilities where we may have not yet considered how it might be applied to healthcare.

CONCLUDING COMMENTS

This meeting provided an important opportunity for review of the recommendations of the federal Advisory Panel on Healthcare Innovation in the Alberta SCN context, offered valuable feedback to support the work of the SCNs, and represented another important step forward in the establishment of a productive working relationship and effective exchange process between the engines of innovation in the Alberta health system and MEDEC.

The recommendations from the meeting will help support and shape a productive second SCN/MEDEC exchange event and follow-up activities, enable the SCNs to innovate quickly and have broad impact, strengthen the contribution of the medical technology industry, and improve the performance of the health system and the health of Albertans.

APPENDIX 1: KEY REFERENCES/RESOURCES IDENTIFIED

The following reference/resources were identified during the event as valuable for participants to review for further information.

1. Report of the Advisory Panel on Healthcare Innovation. June 2015
<http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/index-eng.php>
2. Eric Topol. *The Patient Will See You Now: The Future of Medicine is in Your Hands*. New York: Basic Books. 2014
3. Orpyx Medical Technologies overview video:
<https://www.youtube.com/watch?v=nEPi9tuafP0>
4. SCN/MEDEC Workshop I: Partnering for Health System Innovation in Alberta. June 24, 2015. <http://www.ihe.ca/research-programs/knowledge-transfer-dissemination/roundtables/scn-medec-wkshp/scn-medec-phisia>