

# INTELLIGENT HEALTH 2022

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Technology adoption

How can we bring Data and AI driven approaches  
to Primary Care



LEADERS IN HEALTHCARE INNOVATION



NAPC | National Association  
of Primary Care

**Imperial College  
London**  
White City Incubator



# WELCOME AND INTRODUCTIONS

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# BACKGROUND

Career in healthcare

- Industry & Provider
- Consultancy
- Med Tech Mentor
- International Trade

Market access specialist for NHS and International health systems

ICBS MBA

Strat-ups / SME / Multinationals (med tech / pharma / digital)

Global Market access lead NIHR

Digital Health Program Lead NAP

[omar@vitahealthcaresolutions.com](mailto:omar@vitahealthcaresolutions.com)

[o.butt@imperial.ac.uk](mailto:o.butt@imperial.ac.uk)



A futuristic blue robot arm is shown in a dynamic, reaching pose. The arm is composed of various mechanical segments, including joints and cylindrical components, all rendered in a metallic blue color. It is positioned against a dark background with a glowing digital interface at the bottom, featuring lines of light and data points. The overall aesthetic is high-tech and futuristic.

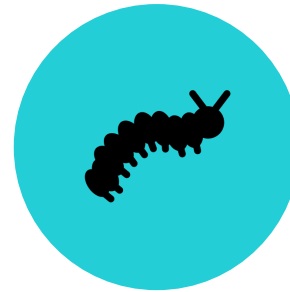
# TECHNOLOG Y ADOPTION

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# CONTENT



The challenges of creating and adopting technology in health care



What should a technology deliver



How should we communicate this



Where should we start?

# WHAT DO I CONSIDER HEALTHCAR E INNOVATIO N

New Gadget

New Drug

Digital Device / therapeutic

New way of working

New patient pathway

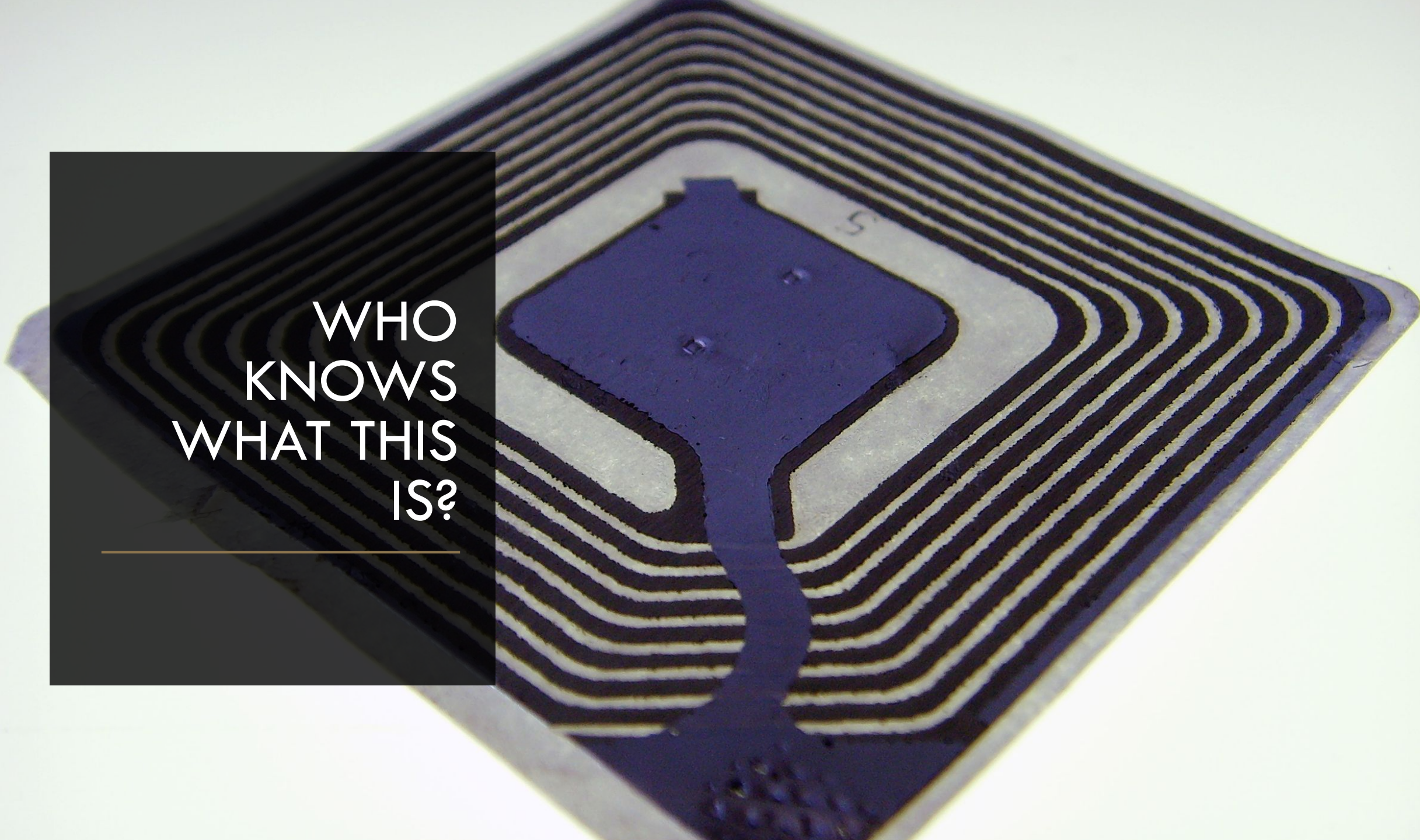
Preventative interventions

Education

They can be incremental / disruptive and can be from clinicians and non clinicians, academics, inventors, sme's, multinationals or startups...

WHO  
KNOWS  
WHAT THIS  
IS?

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# WHY WOULD I PUT THIS HERE



Slow adoption of technology

1940's Developed

Not until late 80's first adopted

Widespread 90-2000



Why?



# IT'S A COMPLEX SYSTEM

People, systems, assets, budgets, diseases, patients, politics all with limiting factors, personalities (fears), perverse incentives, lack of skills, capacity, money etc... And industry often doesn't know how to understand or solve these problems with their innovation and the provider often doesn't understand them if they do.

We rarely see innovators get their product to market and even more rarely see system wide adoption.

How many products fail – how often do sister systems use different technology.

# SOME EXAMPLES OF REASONS FOR POOR ADOPTION

Not designed to solve a real problem

Not sold using health system language

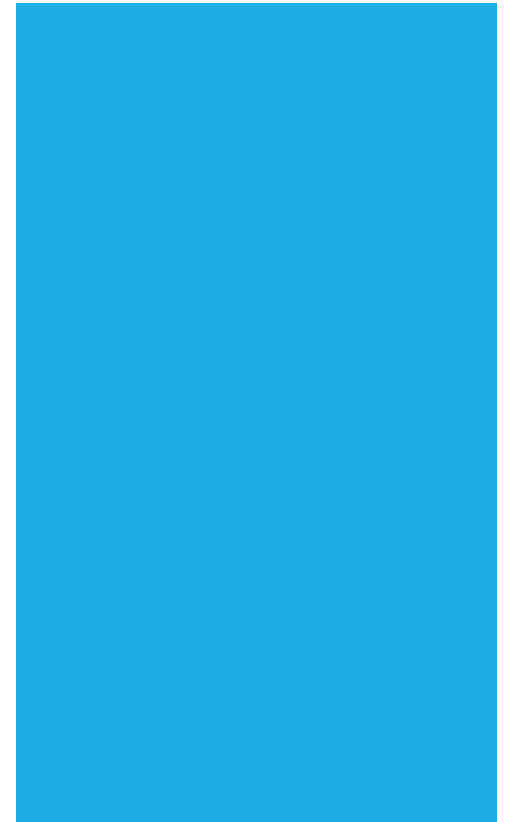
Poor identification of User, beneficiary and payor

Bad value propositions

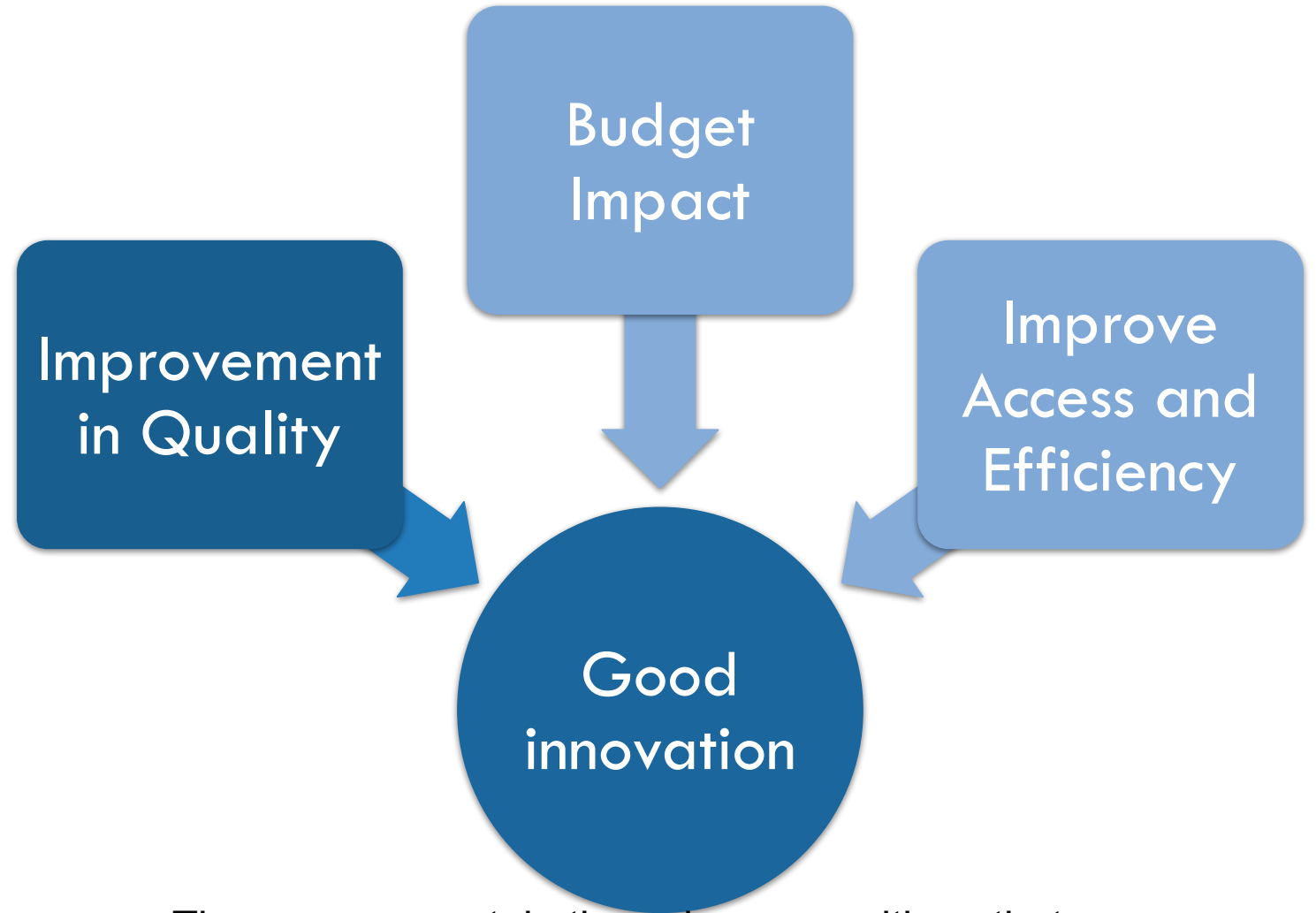
Complexity of procurement

No clinical efficacy – improvement

Etc..



# WHAT DOES GOOD INNOVATION ACHIEVE

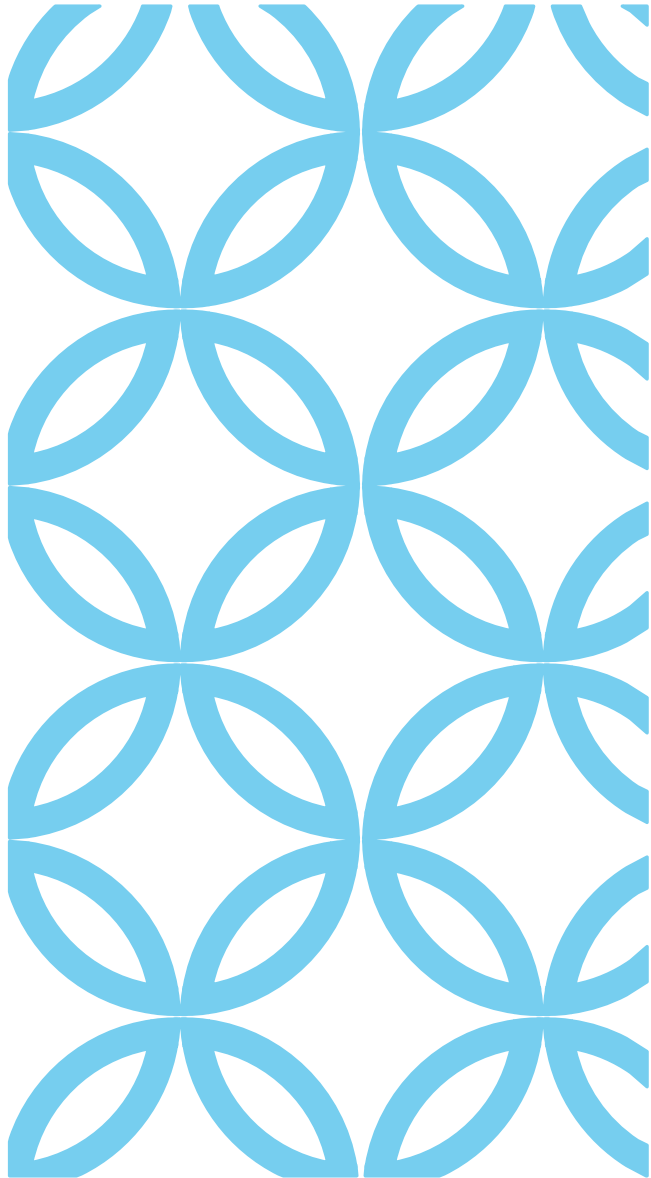


These areas contain the value propositions that solve people's problems as mentioned before.

# HOW SHOULD WE COMMUNICATE THIS

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Market Access



“We work differently from them...”,

“We were sure the consultant was going to push this through and now they have stopped responding to our emails...”

“Procurement wont answer my call’s...

“The receptionist wont let me speak with the doctor...

“Conferences don’t work...

“Where is the proof?...”

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## THE SALES CHALLENGE



# MARKET ACCESS

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Multi Stake Holder selling

Conflicting agendas and incentives

Emotional responses

Complex procurement process

De centralised

”change”

We need to come up with a value for all of these stake holders that makes them happy and it cant come from us... well not really

# TRADITIONAL VS NON TRADITIONAL MARKET ACCESS

## Traditional

Sales team led

Supply forcing

Long sales cycle

□ Learning cycle

Expensive at scale

□ Slow if Organic

Trust Based

## Non - Traditional

Academically led

Demand Creation

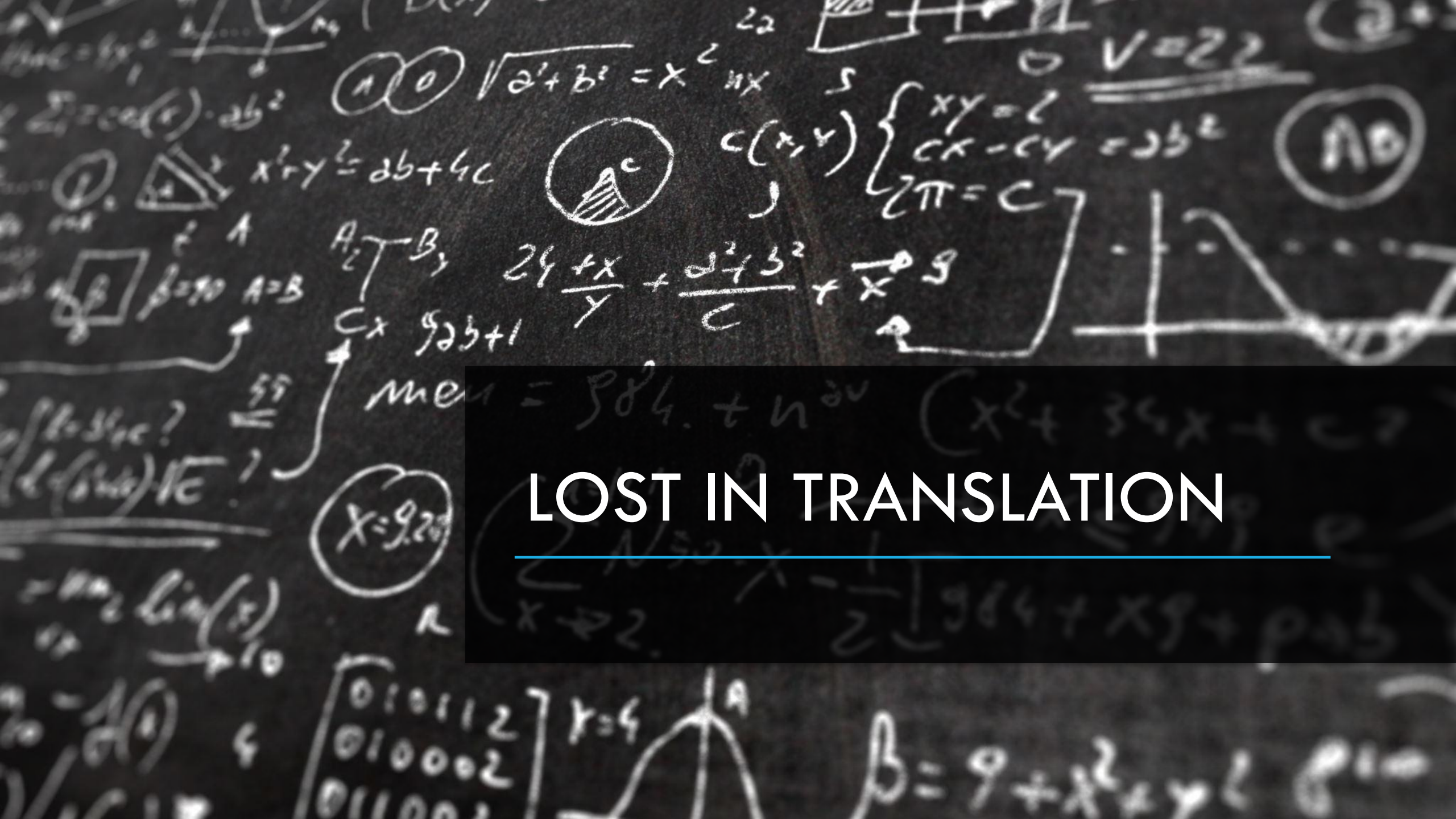
Short sales cycle

Expensive

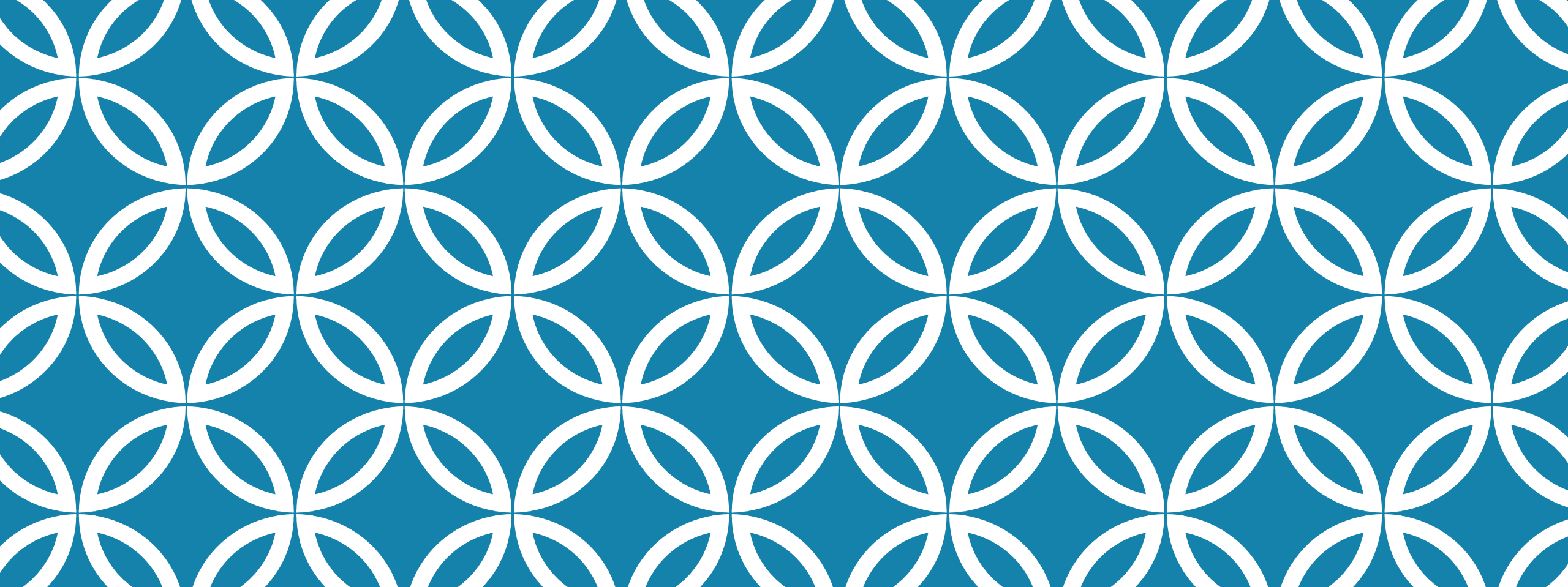
Peer Reviewed

# LOST IN TRANSLATION

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# EVIDENCE

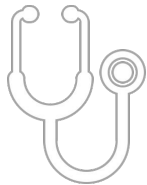
Type of evidence

# TYPES OF EVIDENCE

## Clinical

Equal to or better than the Gold standard

If less what is the rationale

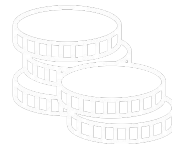


## Financial

Is this saving money

Is this making money

Is this a better investment than something else?

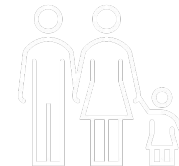


## Human Factors

Is this reducing stress and anxiety

Is the product designed without bias

Are the interfaces equitable

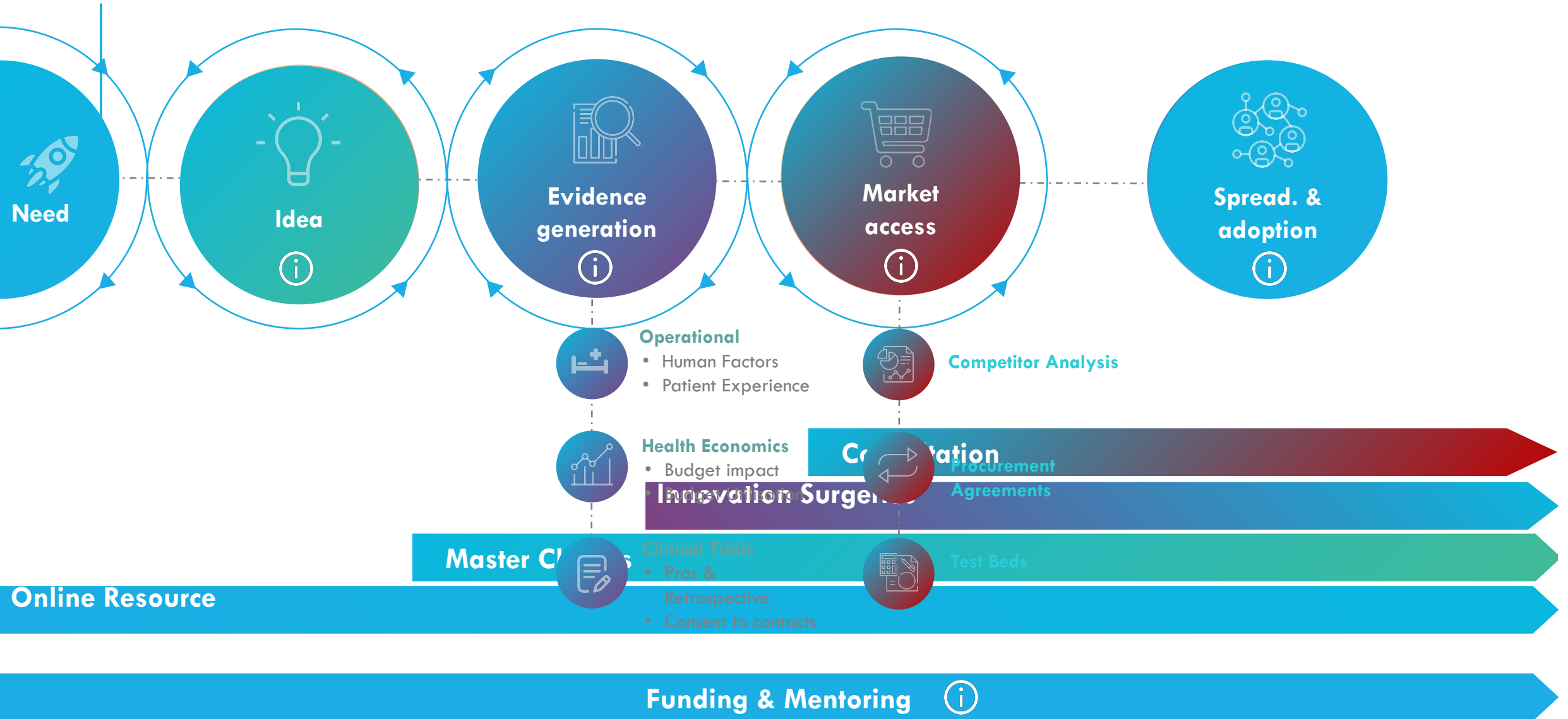




# THE ELEPHANT IN THE ROOM

Confidence  
Where do we start

# The Innovators Journey



General Information — IP, Legal, Regulatory

# NEED

## The Challenge

How do we figure out what need is?

- How do we capture real need
- How do we validate it
- Where do we look

Are people willing to share their problems?

- How long do we look for.

Who do we share this problem with

## What do we need for good innovation

- A place to publish and coordinate
- Full system and patient view on a problem
- A directory of contacts for the innovator
- Early potential adopter agreement
- Design collaborators

Pathway map – Stakeholder map

# THEN WHAT??

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Engage in your usual collaborative approach to finding the solution.

