United for health

Fulfilling three separate but complementary roles, Dr Helen Lunt is well placed to help increase collaboration and interaction between sectors within New Zealand’s healthcare systems.

You have three distinct positions as a physician, Clinical Director of Health Innovation at the Canterbury District Health Board (CDHB) and Associate Professor at the University of Otago. How do these three roles enhance one another and improve your breadth of expertise?

Working across all three sectors has given me insights into the different drivers, incentives and resources that innovators, researchers and clinicians bring to projects. This helps me identify and work through the effect of possible misalignments on specific projects, and try to come up with ‘win-win’ solutions that are acceptable to all parties. Sometimes you have to acknowledge that the goals and resources available to potential collaborators are not sufficiently aligned to enable an idea to progress. In this situation, it is nevertheless important to remain open to future dialogue, as situations change and ideas can always be revisited.

How has your background and previous training contributed to your success in your current roles?

Sometimes you have to move out of your primary role before you realise that you have multiple ‘soft’ skills that are transferable to other roles. In terms of a personal example, I’ve never really enjoyed managing the contractual side of clinical trial work. This background has, however, been invaluable in my Clinical Director role, as I’m working with people who are drafting contractual documents about innovations for projects that require clinician input. I’m able to offer insights into the clinician’s perspective and how this might be incorporated into the details of contractual arrangements.

In what capacity were you involved with the establishment of New Zealand’s Health Innovation Hub? What is the purpose of the Hub and why is it a particularly unique part of a healthcare system?

I was involved with the Health Innovation Hub during its very early start-up phase, acting as its clinical representative at a time when we were all trying to work out what it would look like. As the Hub has broad connections throughout New Zealand’s research, innovation, enterprise and clinical systems, it links businesses with clinicians and vice-versa at the national level. It can also connect innovative clinicians with other regional health systems, so their ideas can be tested outside of their own regional health system.

Might your work with CDHB serve as an example for healthcare systems internationally of how to ensure sustainable collaboration between academics, clinicians and industry?

We are only just moving out of the start-up phase of our development, so it is a little too early to comment on sustainable collaborations with any degree of authority. However, I believe a key element to sustainability is having a high level of trust between parties. This only works if you have visible support for innovation from your CEO and executive management, as their support instils confidence in the system. Another important lesson for me is acknowledging the huge impact of innovative incremental changes to clinical service delivery that are made by clinicians and patients. I try and remind others about this work, which is sometimes not that visible to outsiders, as it reinforces the fact that innovations can come from anywhere and that it is not just about research and enterprise.

How have those involved in these new partnerships responded to changes in the local healthcare system?

Innovative clinicians have always worked with industry but this was often ad hoc, with a focus on separate departments and clinical disciplines. I’m hopeful that the power of an increasingly united regional health innovation ecosystem, with a greater potential for sustained partnerships across multiple sectors, will be enough to offset the work needed to achieve this shared vision. Getting to this point will require a better understanding of the compliance and regulatory requirements of all partners within this ecosystem.

What expectations do you have for your work in the future? Would you like to spend more time on research or do you have further plans for the initiatives you developed at CDHB?

My passion is around translational research, so I like to work nearer the ‘D’ end of the R&D spectrum. My ideal job would therefore be to combine research with enterprise, both in terms of being an active member of an R&D team in my area of clinical expertise, and facilitating the work of others who are translating their R&D findings into routine clinical care.
INTERNATIONALLY, MANY HOSPITAL and healthcare systems are under pressure to improve the quality of care, reduce the usage of unnecessary resources and lower costs. Such outcomes require continuous improvements in the ways in which care is delivered operationally and clinically. It is becoming increasingly recognised that in order to innovate rapidly and continuously, high levels of collaboration and interaction between clinicians, the local and international biotechnology and medical technology industries and the academic sector are required. However, in many healthcare systems, a silo approach to disciplines and services can act as a barrier to effective partnerships, with goals and resources often misaligned within sectors.

COLLABORATION IS KEY

In New Zealand, Dr Helen Lunt is working to increase collaboration within healthcare systems, helping to address many of the associated obstacles. In fact, the focus of her first year as Clinical Director of Via Innovations, the Health Innovation arm of the Canterbury District Health Board (CDHB) in 2011, was to act as a clinical representative during the establishment phase of the national Health Innovation Hub. This initiative was designed to provide industry with access to clinicians and their new ideas, and clinicians with advice on product design and health innovation funding options. “My role was to explain to non-clinical colleagues the personal and professional drivers that make clinicians get up and go to work each morning and how this might interact with the agendas and incentives of the biotechnology and medical technology industries,” Lunt elaborates.

At the regional level, Lunt has been working to improve understanding and reduce the barriers faced by members of the local biotechnology sector seeking closer engagement with the public health system. Finally, she has been engaging and empowering clinicians and scientists working within the regional health system, so that they are better able to interact more closely with the health technology sector.

CHRISTCHURCH EARTHQUAKE

Although the Canterbury Health System had long recognised the importance of collaboration, the devastating Christchurch earthquake of 2011 was a catalyst for change. The earthquake damaged much of the city’s infrastructure, reducing the functioning of many of its hospitals and clinics. Recognising an opportunity to restructure, Lunt explains how an optimistic outlook can be a strong motivator. “Whilst it is easy to focus on your difficult working environment, this approach is not very good for business! Instead, you have to remind yourself to put local problems into a broader perspective and see the positives.

A reduction in office space has meant employing an innovative approach to working virtually, a concept which is being increasingly embraced. Furthermore, the loss of clinical space has required clinicians to seek out ways of delivering care that are less reliant on hospital bricks and mortar. “Trying to reduce hospital bed day stay and deliver more care in the patient’s home environment is a great driver for innovative clinical thinking,” Lunt explains. “Clinicians are more willing to try out new ideas that might help achieve these goals, when they know there are increasing constraints on space.” In effect, the earthquake helped accelerate that work which was already underway to transform the Canterbury Health System, which provides services for a population of around half a million people. The population, including clinicians, were more open to embrace changes to clinical service delivery that were already beginning to take place. “You could say the earthquake has accelerated the search for innovations that are beneficial to patients and which also represent efficient use of the health dollar,” Lunt adds.

VIA INNOVATIONS

Over the past two years, Lunt has been working at the local level to set up Via Innovations – a unit within the Canterbury Health System that connects clinicians with industry. In a virtual environment, she has been collaborating with a diverse group of
experts in fields which include intellectual property, law, business development, technology transfer, regulation and compliance, and marketing and communications.

As part of this initiative, Lunt has met with local businesses that have a health innovation focus and has hosted or co-hosted events to facilitate better interactions between industry and clinicians. As a result, it has become apparent that industry professionals often experience difficulties in accessing clinicians and their patients, and sometimes perceive clinicians as being slow adopters of innovation. Conversely, clinicians are likely to become frustrated by industry offering technology-driven solutions, rather than solutions that are focused on providing realistic answers to unmet clinical needs. “Ongoing conversations as a result of Via Innovations have led to a better, more mature understanding of each other’s perspectives, and we are now working on several new projects between the CDHB and local industry partners,” Lunt reveals. The initiative has already helped to propel a number of new ideas into everyday patient care.

DRIVING CHANGE
Despite the demands of her Clinical Director role, Lunt also undertakes patient care and clinical research in diabetes. “Doing so gives me credibility when I let fellow clinicians know I understand their frustrations, when they encounter the inevitable barriers on the journey to implementing clinical innovations,” she explains. Lunt’s recent research has included the applicability of high intensity interval training, a popular form of a time-saving exercise, to a group of mid-life participants at risk of developing diabetes and cardiovascular disease. Moreover, she explored ways to reduce some of the pitfalls involved in the measurement and interpretation of patients’ glucose values in clinical practice.

Having worked with both clinical and non-clinical colleagues, Lunt has developed a new perspective on the range of collaborative skills that physicians possess – they are team players, able to work across multidisciplinary and inter-sectorial groups, and listen and translate the language of one discipline or speciality into another. Furthermore, physicians working within the clinical trial environment have skills in contracting and compliance that aid understanding in related sectors. “Working with a diverse group of non-clinical colleagues over the last few years has taught me just how flexible and transferable the physician’s toolkit of skills is; I think this fact is under-appreciated,” Lunt enthuses.

Lunt anticipates that her own clinical and research efforts will benefit from the new, integrated ways of working that she is driving forward, which will make clinical change easier to implement. “If you can deliver a story to your colleagues about the need for change and back this up with scientific evidence, plus budgetary information and detail about mitigating the inevitable downsides to implementation, then you are 90 per cent there in terms of driving through clinical changes,” she asserts. With this approach, Lunt believes that she and her team will be able to transform the way glucose blood samples are prepared for analysis in local laboratories, effecting very rapid changes within the local healthcare community.

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