



Special Commission of Inquiry into Healthcare Funding

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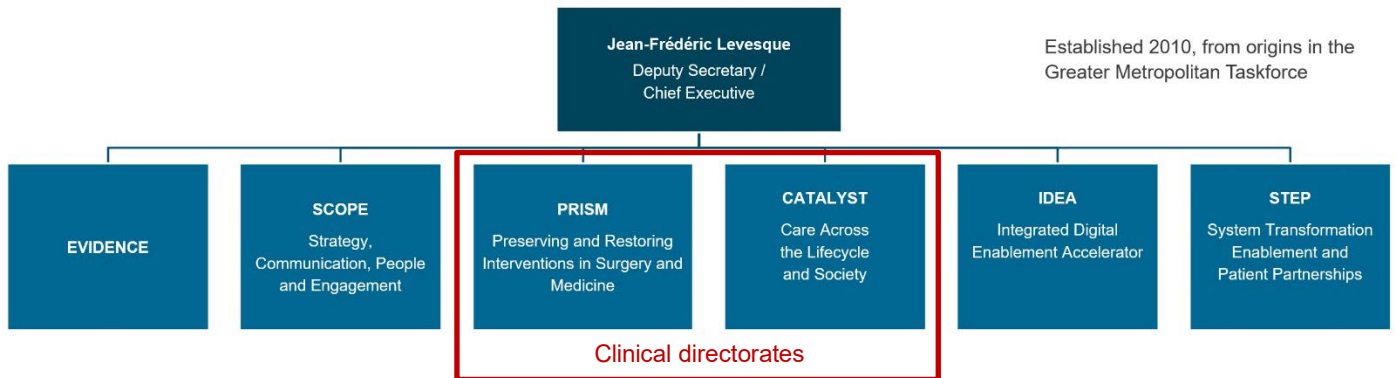
Agency for Clinical Innovation: Submission to the Special Commission of Inquiry into Healthcare Funding

Section 1. Background

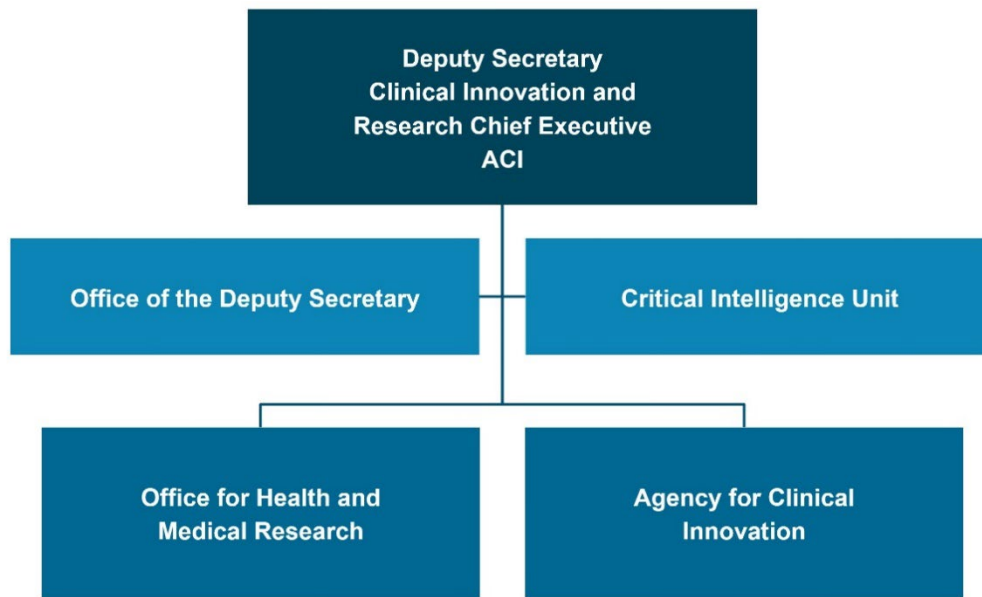
1. Structure and Governance

- 1.a The Agency for Clinical Innovation was established in 2010 and is a chief executive governed statutory health corporation. Its Determination of Functions was refreshed in August 2023 – and identified the primary role of the ACI to be bringing clinicians, consumers and system leaders together to design and implement innovations in healthcare. It restated its commitment to improving, evolving and transforming clinical practice and patient outcomes across the NSW Health system.
- 1.b The ACI budget for 2023-24 is \$34m. It has 220 FTE staff.
- 1.c The organisation is comprised of six directorates – with two clinical directorates, which together comprise over 40 clinical networks; and four support directorates (Figure 1).

Figure 1: Organisational structure of the Agency for Clinical Innovation



- 1.d In February 2023, the ACI and the Office for Health and Medical Research (OHMR) were integrated into a new Division of Clinical Innovation and Research within the NSW Ministry of Health (Figure 2). This strengthens the ACI’s ability to foster innovation from bench to bedside; and across the gamut of health research from basic science, clinical trials, implementation science to population and community studies.

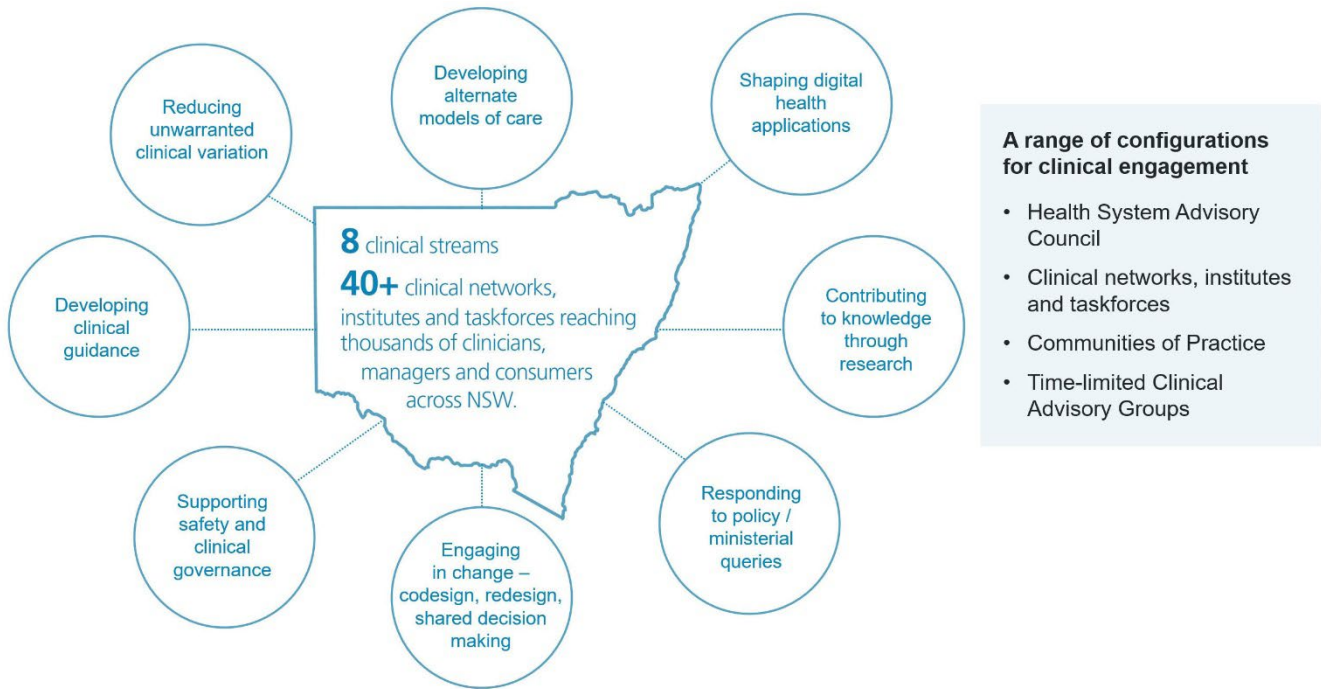
Figure 2: Structure of the Clinical Innovation and Research Division

Section 2. Strategy

2.a ACI Strategy

- 2.a.i ACI develops three-year strategic plans and the current plan (2023-2026) commits to pushing the boundaries of clinical innovation by:
1. Taking a portfolio approach to clinical innovation
 - Refine – adopt, adapt, collaborate or lead in developing guidance
 - Evolve – supporting incremental changes through alternate models of care
 - Transform – catalysing system redesign and readiness for innovation
 2. Engaging – partnering with agility
 3. Informing – triangulating sources of evidence
 4. Enabling – supporting a toolbox of transformation methods.
- 2.a.ii ACI supports innovations that are clinically led, evidence-based, person-centred, and value-driven. Clinicians play a central role in its work – making critically important contributions to improvement, safety, policy and innovation efforts across the system (Figure 3).

Figure 3: Using clinical engagement to support health system improvement

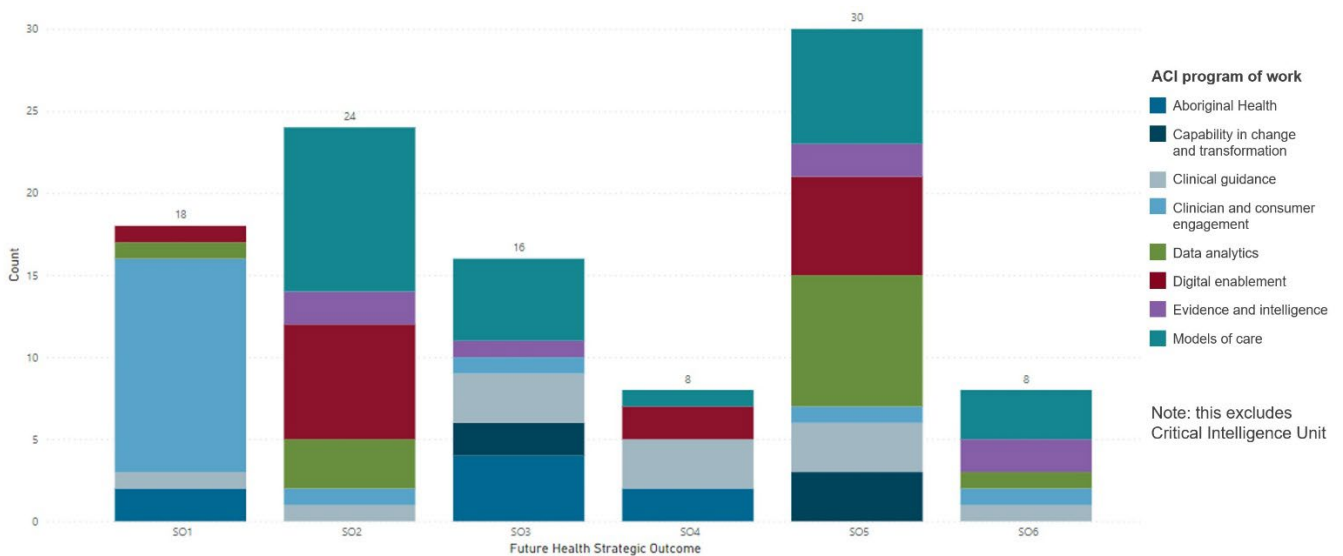


2.b ACI’s Contribution to Future Health

2.b.i ACI is making a key contribution to the delivery of NSW Health’s ambitious 10-year strategy, Future Health. The Deputy Secretary Clinical Innovation and Research chairs one steering committee as well as the Measurement and Intelligence Council (MIC), which measures and reports on progress from a system-wide, strategic perspective. At least one ACI Executive sits on each Strategic Outcome area Steering Committee.

2.b.ii In terms of deliverable actions, ACI participates across all Strategic Outcome areas (Figure 4) as outlined in the Agency’s annual performance agreement with the Ministry.

Figure 4: ACI’s contribution to Future Health



Section 3. Recent achievements of ACI

- 3.a Over the past three years, the ACI has delivered a diverse range of impactful products and projects to enhance the provision of clinical care across NSW. For example:
- NSW Telestroke Service provides access to first class stroke care to people in rural and regional NSW
 - The Critical Intelligence Unit which was established during the COVID-19 pandemic and continues to provide timely evidence-based advice and analysis on other matters
 - The Health Outcome and Patient Experience (HOPE) IT platform captures patient reported outcomes from across the state, to provide direct and timely feedback to their care teams.
 - Finding Your Way – a culturally adapted resource for Aboriginal people supports shared decision-making with their healthcare professional.
 - Over 50 evidence-based guides, tools and resources support clinicians and health services to improve care
 - Implementation support helps deliver cutting edge technology in Immune Effector Cell treatments
 - A digital Innovation Exchange facilitates the sharing of ideas and innovations between districts and across the state
 - Gadjigadji: my rehab, my journey - a co-designed guide helps create a culturally safe environment for Aboriginal people in long stay hospital wards
 - myVirtualCare – supports access and use of telehealth and virtual care, with more than 430,000 consultations since go-live in 2020
 - The Graduate Certificate in Clinical Redesign program supported over 50 project teams from across NSW, and more than 800 graduates since commencing
 - Simulation modelling and economic appraisal of options for reconfiguring spinal cord injury services informs policy and decision-making
 - Protocols for the delivery of standardised nurse-initiated care in the emergency department
 - The HOPE program monitoring and evaluation plan informed strategic decision about program roll-out
 - An interstate collaborative group, led by ACI, has developed a shared model to adopt and adapt clinical guidance from other jurisdictions, reducing duplication and streamlining access to evidence-based advice.

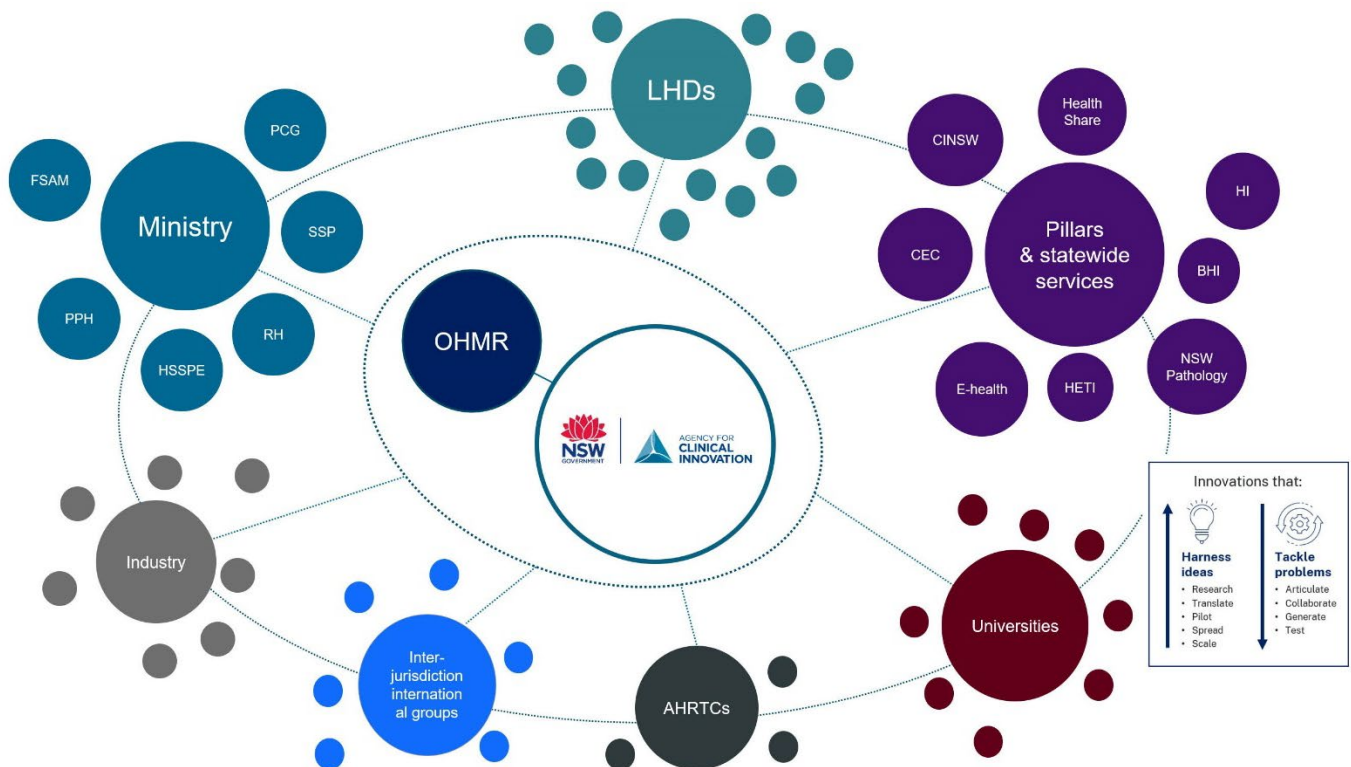
Section 4. Looking ahead – challenges

- 4.a.i Challenges are ubiquitous in healthcare systems. Much of ACI's work focuses on helping the broader system meet challenges.
- 4.a.ii ACI itself faces several challenges moving forward - centred around three themes:
1. Navigating and leveraging connections in the health ecosystem
 2. Managing blocks to and levers for innovation
 3. Strengthening ACI's role in transformation.

4.b Navigating the Ecosystem

4.b.i Health systems are complex. ACI has a broad ranging remit and participates widely in local and system efforts to innovate in the health ecosystem (Figure 5). ACI is an archetypical ‘boundary spanner’ organisation – smoothing and facilitating the integration of perspectives and functions across the NSW health system. It plays a particularly important role in leveraging its clinical networks to provide and amplify the clinical voice in policy and operational matters.

Figure 5: ACI’s work across the broader NSW Health system



4.b.ii This integrative function, while vital, brings with it significant challenges, including:

- Diffuse and uneven levels of awareness about ACI’s unique contribution to the system – it is simultaneously ‘everywhere’ but for some it is ‘nowhere’ – discreetly supporting change
- Reconciling multiple perspectives, priorities and sub-cultures – trying to bridge organisational silos and overcome ‘turf wars’
- Balancing standardisation with localisation in terms of clinical innovation – finding a middle ground between ‘one size fits all’ and ‘letting a thousand flowers bloom’
- Maintaining legitimacy and ability to influence and shape change in a crowded ecosystem
- Challenging explicit and implicit conflicts of interest
- Being consultative yet leading change in an efficient and timely way.

4.c Managing blocks to and levers for innovation

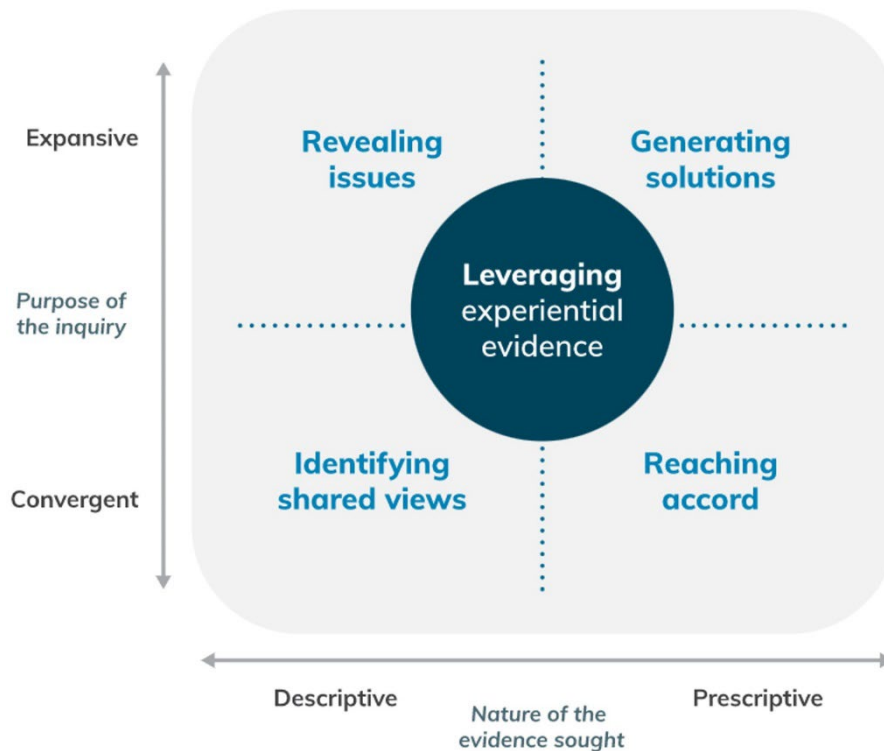
4.c.i Innovation is the lifeblood of a successful healthcare system. But the path to successful development and widespread adoption is seldom smooth. Particular challenges for ACI centre on:

- Difficulties accessing data and analytics
- Funding approaches that do not support, or impose barriers to, innovation and new models of care
- Entrenched patterns of behaviour, role demarcation and cognitive biases
- Constant activity and a tendency for the urgent to crowd out the transformational
- How to smooth the pipeline from idea to innovation; from innovation to system adoption.

4.d Strengthening ACI's role in system transformation

4.d.i To deliver on its mandate of supporting real clinical transformation across NSW Health, ACI must grapple with issues of:

- Measurement and intelligence – being informed about available data and interpreting it in ways that fairly reflect on different domains of performance – equity, access, appropriateness, effectiveness, efficiency, safety, productivity, sustainability, etc.
- How to further raise the voices of clinicians, consumers and patients – using and furthering the science about how to effectively gather, analyse and use experiential evidence – with real engagement in identifying problems, generating solutions and deliberating to reach accord (Figure 6)
- How to identify and help foster emerging 'game-changers' in clinical care – strengthening horizon-scanning to ensure preparedness and resilience and an ability to secure gains from emergent technologies
- How to balance stability with agility – in our clinical networks and in the broader health ecosystem
- How to balance 'big bang' and 'little bang' change – creating and managing a portfolio of innovations – locally and systemically; incremental and transformational
- How to monitor and navigate change in a rapidly changing context – for example in the response to Artificial Intelligence.

Figure 6: Using experiential evidence to identify problems and generate solutions

Section 5. Looking ahead – opportunities to harness

- 5.a There are a number of potential ways to improve and strengthen how ACI meets these challenges.
- 5.b The newly formed Division provides a great opportunity to bolster clinical innovation and research along the continuum from basic science to system transformation.
- 5.c In terms of clinical delivery, options for providing ‘alternate models of care’ are hugely promising. These alternate models differ from standard models in terms of the where, when, what and by whom care is delivered but maintain quality and deliver enhanced efficiency and value.
- 5.d Profound change will also be possible in the sphere of digital technologies – spanning AI-guided advice, greater automation of clinical records, and streamlined electronic clinical registries
- 5.c NSW Health is acknowledged to be a great healthcare system. It can, however, be strengthened further – for example by boosting its reputation as a natural home for clinical innovation, its ability to wrest value from new technologies and by more strategically harnessing research.
- 5.d Finally, ACI’s newly-established internal consultancy offers a source of intelligence and advice in place of contracting external management consultancies. The service, established in September 2023, provides evidence-based support to branches and teams within NSW Health – including literature reviews, data and analytics, approaches for gathering and reporting experiential evidence, and evaluation techniques.

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