



AGE-WELL

**Actionable objectives
for health technology
and innovation policy**

PRiTECH

Policy and Regulatory Issues Enabling Technology Innovation

Suggested citation: MacNeil, M., Kernaghan, A., Stolee, P. & Juzwishin, D. (2019). Actionable objectives for health technology and innovation policy. Lunch and Learn Workshop at the AGE-WELL Annual Conference and General Meeting in Moncton, N.B.

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- **Review of PRI-TECH work to date**
 - Facilitators and barriers to health technology innovation and adoption were discovered, and then coded into policy actions

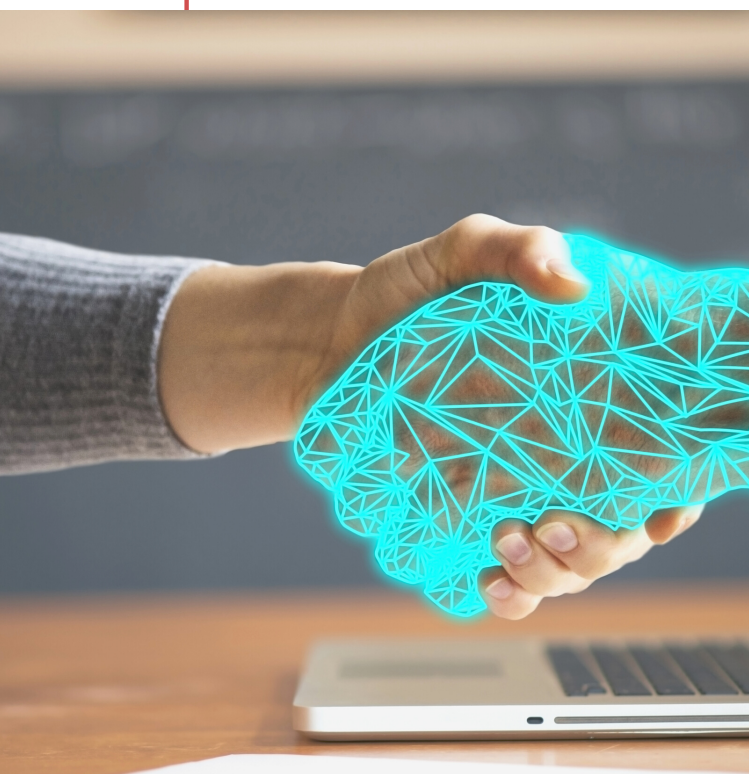
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- **Panel discussion**
 - The panel reflected on the group feedback and discussed AGE-WELL's role in moving policy into practice

INTRODUCTION

Background Information:

Technologies can support older adults to age in place, but innovators often find it difficult to navigate multiple sets of policies and regulations across jurisdictions to bring their technologies to market in Canada. One of the aims of the PRI-TECH project is to make recommendations for how policy frameworks might evolve to support development and appropriate adoption of health technology innovations.



PRI-TECH

Policy and Regulatory Issues Enabling Technology Innovation

OBJECTIVE

We conducted a lunch and learn presentation to:

- Review PRI-TECH work to date
- Review policy options identified by experts in a previously completed concept mapping exercise
- Discuss the 'go zone' policy options (rated highly relevant and highly feasible) to determine possible policy directions for the AGE-WELL network
- Hear from our discussants as they reflect on the previous points, and provide additional context based on their related AGE-WELL research and policy work

HIGHLIGHTS

1. Scoping review and qualitative interview process

2. Content analysis

3. Concept mapping

REVIEW OF PRI-TECH work to date

We completed a scoping review [1] and qualitative interview process with relevant stakeholders (n=46) to create an inventory of facilitators and barriers to health technology innovation and adoption for older adults in Canada.

Content analysis [2] was used to code barriers/facilitators into specific policy actions.

The policy actions were then used in a concept mapping process, which is a participatory research method, involving stakeholders in brainstorming, idea sorting and interpretation of results.

Multivariate statistical methods were used to analyze ideas generated through group brainstorming [3]. Concept mapping involves 6 steps [3].



RESULTS OF SMALL GROUP WORK



36 individuals attended this lunch and learn. Participants were divided into 4 groups where they chose one of 27 'go zone' statements and answered, 'How can AGE-WELL and its partners support these policy options?'.

Group 1: Acknowledging the time and cost associated with training staff to use a new technology.

This group discussed that any new technology requires ongoing support and training, and should consider staff interests or 'buy-in' in advance of implementation. This group mentioned they would prioritize co-created resources to train staff on the technology. Data would need to be collected to acknowledge the training time associated with introducing a new technology.

Group 2: Have patients define problems for developers to address.

This group saw opportunity for governments to build-in requirements: to identify who needs to be consulted; to engage patients; to gather diverse perspectives – more than the view of just one patient; and to consult at beginning and throughout development of a new technology. This group felt it was important to manage expectations of those involved so that they understand how their contribution will be integrated.

Group 3: Enable the home care sector to fund, test and implement new technologies.

This group was cautious of jurisdictional issues, and urban and rural differences which could act as problems to implementing new technologies. Consideration was given to funding concerns, which stakeholders would decide on evaluation metrics, and the security of data collected by technologies in home care. This group discussed the responsibilities of front-line staff in home-care - would there be support and training provided and would they be responsible for the maintenance of the technology?

Group 4: Build awareness and understanding among developers of unmet health system priorities (e.g., so technologies are driven by health system need).

Group four felt there was a role for the AGE-WELL Network to create aggregate information which would build an understanding (backed by evidence) of health care system needs. They noted innovators are not part of the health care system and often don't understand system complexities, and could benefit from access to interdisciplinary teams to get at unmet needs for older adults and caregivers.



Don Juzwishin - panel moderator, work-package 7.1 co-principal, Adjunct Associate Professor, School of Health Information Science, University of Victoria

PANEL DISCUSSION

Reflection on the group discussion

Meet the panel:

Candice Pollack, Executive director of AGE-WELL's National Innovation Hub of Advancing Policies and Practices in Technology and Aging (APPTA)
Dorina Simeonov, Policy and Knowledge Mobilization Manager at AGE-WELL
Michael Wilson, Assistant Director, McMaster Health Forum

Candice Pollack outlined the overlap between the 'Go Zone' of Concept Mapping and the 'Gold Mine Matrix', a business strategy to distinguish between challenging and priority areas they used in their work. She spoke about APPTA's work identifying who needs to be involved at the government level and how they should be involved.

Michael Wilson referred to his AGE-WELL affiliated work conducting citizen panels and follow up interviews to identify principles which could guide a policy framework which would enhance equitable access to technologies. The citizen-identified principles include: use of a human rights perspective; an agreement about the definition of assistive technology; universal access for technologies which support activities of daily living; simplifying access to technology; moving beyond a medical model of assessment for assistive technology; building partnerships and fostering national leadership and innovative policies in assistive technology[4].

Dorina Simeonov's comments reflected the difficulties getting a technology perspective into policy, and gave an example where AGE-WELL was successful with the Canadian National Dementia Strategy. She picked up on the need for public, private, research, and policy partnerships and referred to a partnership between AGE-WELL and different long-term care partners including Revera.

PANEL DISCUSSION

Role for AGE-WELL moving policy into practice

Candice Pollack reflected on APPTA's work translating lessons learned to policy stakeholders, and noted that they keep hearing, "How does this apply in my jurisdiction?". They recommended settling on common terminology when working with stakeholders from different jurisdictions. In their experience, policy-makers are interested in the economic impact of a technology or policy.



Michael Wilson also noted that although policy change happens at a glacial pace, researchers need to be ready, with data and evidence, when a window of opportunity for policy change opens. He also noted that with the AGE-WELL renewal, they need systems to enable the innovation which is being developed, and suggested the rapid learning health system as an example of how the health system can alter the pace of policy change. In such a system, constant evaluation drives reforms which enhance experience, lowers cost, and improves provider expectations and health outcomes[5].

Dorina Simeonov emphasized the value of strategic partnerships and noted that AGE-WELL goes beyond funding research, also funding face-to-face meetings between policy-makers and building capacity within the network on how to present to a policy audience.



NOTES

The lunch and learn session on October 23, 2019 in Moncton N.B., was an exercise in exploring how the AGE-WELL research network can contribute to implementing evidence-based policy options to enable health technology innovation for older adults. The impact of technologies developed within AGE-WELL can be enhanced by supporting evidence-based policy change in the health technology innovation sphere.

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