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Industry Roundtable: Healthcare Innovation

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 Christiana Care Health System, Delaware Health Information Network, Green Line Business Group, John DiGiovanni, John Hedberg, Randy Farmer, Roundtable, Tricia Jefferson, YMCA of Delaware



In an age of rapid change in health-care delivery, we talked with some key stakeholders from across the region.



From left: Randy Farmer of Delaware Health Information Network, John Hedberg of Green Line Business Group, John DiGiovanni of Christiana Care Health System, Tricia Jefferson of YMCA of Delaware. | Photo by Eric Crossan

What's the innovation that's had the biggest impact on your organization in the past few years?

Tricia Jefferson: The YMCA of Delaware has participated in the Center for Medicare and Medicaid innovation project, which really helped to pilot the diabetes prevention program in a community-based setting and test piloting with the Medicare population to identify potential cost savings. We were one of 17 communities across the country that took part in that project. Here in Delaware we had the highest participation across the country and it really showed great success to the point where it is being rolled out as a cover benefit for Medicare beneficiaries.

John DiGiovanni: For us, it's our Positive Distraction Therapy virtual reality project at the [Helen F. Graham] Cancer Center & Research Institute, which has had a tremendous impact on our patients. The idea was generated by a physician in the hopes of improving the patient experience. It's a vulnerable time for our patients and we wanted to improve the experience for them.

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Randy Farmer: There's been a great deal of innovation around how information is shared. Fast Healthcare Interoperability Resources (FHIR) APIs (a draft standard describing data formats and elements and an application programming interface) really facilitate the way health information is exchanged. We looked at that technology and some other innovations with technology platforms and have gone to a more modular, self-sufficient platform that is allowing us to connect directly with hospitals, (medical) practices and their EMRs and not be reliant on an outside supplier. It's drastically reducing our cost associated with getting millions of results out into the actual work systems of the practices. We basically did some great work internally to take something that had been outsourced and find a way for us to bring it in-house. And with regulations, we needed to protect patient data, both at rest and in transition. So concern around safety and security of the data is ever-present ... in terms of our network, faith that data is safe and secure is our greatest currency. It's not something that can be traded or exchanged for anything.

John Hedberg: Danio Connect is a networking and online resource for individuals and organizations who are navigating the challenges of health care. So there's no one particular technology or innovation that stands out. However, the uncontrolled connectivity and access to personal information has become so widespread that we wanted to develop a network of trust where the connections were meaningful and of like mind.

Let's talk about ideas that you've either purchased or adopted from an outside organization. Can you talk about the challenges of integrating somebody else's platform into what you do?

DiGiovanni: Our virtual reality project is one in which we took something that was off the shelf and combined it with software we created — in this case something a physician saw in a virtual-reality headset — and had an idea on how to help a loved one who was in the infusion suite. So we created custom software around a piece of commercial hardware and improved the patient experience.

Farmer: I think customers can be the greatest source of innovation. Our customers at Christiana Care came to us needing to deliver immediate results to certain segments of the population; for example, segments like diabetes patients and congestive heart failure patients. Christiana Care knows we get feeds from hospitals around the state and across the region. They know those patients in these segments are going to different hospitals or commercial labs or radiology firms and can get those results in real time. So we worked with Christiana Care to develop that real-time feed from any number of hospitals across a six-state region and D.C. If somebody on their patient panel goes to a DHIN-participating hospital, that information is fed directly to their care team in real-time. This innovation has led to a new DHIN service line that we're also providing to other DHIN customer segments, like Accountable Care Organizations and other hospital systems



Tricia Jefferson & John DiGiovanni

Jefferson: Five years ago, you probably wouldn't have the Y at this table. We are a community-based organization that people saw as a gym and swim. Now we've moved into a community-integrated health model, and therefore more into an assistive health-care role working with our health-care partners, such as Christiana Care, to link to many of our clinical partners so we can start receiving electronic health referrals and tie patients from the clinic to the community-based program.

Hedberg: People have described Danio Connect as a LinkedIn for nonprofits. It certainly has many of the same features, like profiles and connections; however our goal is not just to provide an online networking tool, but to provide a means for organizations of like mind to connect and share information and/or coordinate event to help their communities. To provide a resource for individuals navigating the challenges of special health-care needs by giving them access to the information, services, and products already available in their community.

How do you decide whether it's time to pull the plug on an innovation project when a lot of people have put a lot of time and effort into it?

DiGiovanni: You need to start small and understand the value. We build minimal viable products. As Tricia said, we've tried some things and if they don't work out, you pivot. What's the (least) you can do with the minimal involvement instead of making a project involving a lot more resources and time only to come to the point that it didn't have the return on investment that you hoped. Start small to understand the value ...

Hedberg: I agree. It's minimum viable products so you don't put too much time and effort into it and as our founder, Tony Wright, would say if you're going to fail, fail fast, so you can pivot and turn and then go on to the solutions that will support your efforts.

Jefferson: So when you start your project, there might be x number of things out there or certain products that you have access to, but then all of a sudden new products emerge or you see other opportunities that might be a better fit, or things are developed that are more specific to the results you'd like to see. So you have to keep asking yourself what's best for us? Is it best for the patients or the community or those who are using the service? With technology, there's constant change, so a year later you're almost out of date.

Farmer: I think this is a distinguishing quality of organizations and organizational culture. What tolerance does a culture have for failure? What tolerance does a culture have for seeding an opportunity and being able to take it through the adoption curve? To me, it's about developing a culture that values market intelligence and has [the

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patience] to go through certain cycles and the unexpected, of skating to where the puck is going to be rather than where it is.

DiGiovanni: If I could just quickly add something to John's statement about failing fast. We often say that failure is not a bad word. You learn from it. There's going to be things that you take away from every project that you can incorporate into the next thing that you're doing. We're a learning organization. Incorporate that into the next thing and then build on it.

Farmer: Maybe it wasn't a bad idea; it just wasn't the right time.

Can you discuss an innovation that turned out much better than you expected and why you think that is?

DiGiovanni: When we rolled out the virtual-reality service in the cancer center, we wanted to do it to reduce anxiety, to relax the patient in that setting. We never anticipated the human connection that it created. As our patients experienced the imagery through the virtual-reality headset, it would bring back warm memories of positive things they experienced in their lives. During the 22 years I've been at Christiana Care that was the most rewarding experience that I encountered personally, sitting with patients during chemotherapy treatment and witnessing them reminisce about what it reminded them of. With tears of joy in their eyes, they'd thank us for giving them that opportunity. That was something that we had no idea would happen.

Was there a point in the development process where you had to decide to spend more time on that aspect?

DiGiovanni: In the case of our virtual-reality program, we started by offering the service to a small number of patients. But as soon as we started getting positive feedback, we saw it was having a profound effect on patients, so we spent more time developing that aspect. And that led to us receiving the prestigious 2018 Magnet Prize from the American Nurses Credentialing Center for using virtual reality to improve patients' experience during chemotherapy. Exactly 98 percent of patients said it was relaxing and 64 percent said it reduced anxiety and boredom. We listened to the patient — and to the caregivers, the physicians and the nurses in the infusion suite — and paid attention to the connections between those caregivers and other patients, encouraging each other to try it. The outcome had a profound effect on the patient experience.

Hedberg: We're just getting started with the internet of things, which has opened the floodgate for all sorts of new experiences and new technologies such as virtual reality. My expectations are super high. For any new technology that's in this space, it's just too early for me to say that it's exceeded any of my expectations. I'm still waiting for something that I didn't visualize yet or expect out of a technology that makes me goes wow — I didn't expect that at all.

Can you look back and say, "The bar for me is way up here. Even though, going in, I'm not expecting a lot."



Randy Farmer

Farmer: I think that's fair. Isn't going in with fairly low expectations the secret to happiness? However, in all seriousness, I think change is hard for your everyone. Change is hard for organizations. For example, we had an idea that was brought to us by an outside organization that I thought was pretty innovative. The premise of the program is that lab specimens that are about to be destroyed, and the patient has consented to have their samples be used for research, the sample can be rerouted into a clinical research pipeline. I thought that DHIN-participating hospitals would be jumping all over this, but it has not happened. We've had very limited adoption with just two of our participating data senders agreeing to participate in this new service. When we instituted this program, we [offered] 75% of the royalties to our hospital partners. And we just haven't had the

uptake yet. Eventually we're going to have some of our counterparts say, "We're ready." And a lot of folks have told us, "Great idea, just not ready right now."

Hedberg: Adoption is the biggest hurdle for new technologies and innovations. You hear it all the time, though. Everybody is overworked with what they've already got. Adding anything new and different is overwhelming, right?

Jefferson: Finding something that's better than expected, sometimes it does take that patience. You want it to happen, you feel like you've proven that innovation, you believe in it, you've seen the results. But it might take a little bit of time for others to adopt it. In our situation, we piloted this CMS pilot, we had fantastic results, there's an actuary report showing those cost savings. And then you're still waiting, you're waiting, you're waiting, and then things started to happen. We could have gone another direction, but we stuck with it. I think it ended up being better than expected.

How do you balance cost versus revenue in prioritizing innovation?

DiGiovanni: Part of our mission in caring for our neighbors is to create innovative, effective, affordable systems of care that they value. And for us the key word there is value. If we understand what the value is to the patient or the caregiver, that's really what sets us apart and that's what we'll pursue moving forward.

Farmer: I probably should have used a different word other than art because I wanted the operative words there to be managing risk versus eliminating risk. Now nobody's going to eliminate risk. We run into folks all the time that have expressed concerns about the program I just mentioned. About how we were looking to drive some specimens into a research pipeline with patient consent. The idea that we could not totally eliminate risk with some organizations was part of the rationale not to pursue that program at that time. And I don't know that any organization can really eliminate risk. And I'm not sure what business you're in if you want to totally eliminate risk. But it can be managed, and it should be managed. At the end of the day, managing risk is a balancing act between investment versus return and being able to have a long enough runway to go ahead and realize the return on an innovation. How much tolerance do we have? Do we have two years of tolerance, of dumping money into something, before we can realize a return? Are there other kinds of applications for a product that helps limit the risk? Are there reputational benefits or reputational risk associated with a certain program?

Jefferson: I think you need to look at the endgame. What is your end goal with prioritizing the cost versus the revenue? How do you set the budget up? How do you set the strategy up? What is your plan on what you're going to put out before you start to see that reward? I think the other part may be figuring out who your partners may be. Is there a way for you to partner and reduce the risk or reduce the cost? Maybe it doesn't have to be something you have to do on your own, even if that wasn't your initial vision.

What role does your communications area play in moving projects forward?

Jefferson: It might be your pet project, but is everybody on board? I really think it's important to make sure people know where you're at with the project. Making sure you're having them buy in. Are they on the bus, so to speak? You usually can't do it on your own, so if you're part of a larger organization, you need the buy-in from everyone. So that internal communication, I think, is huge in making sure that whether it's from the top down or the bottom up, you have some people who are really involved and invested in making it work.

DiGiovanni: I don't think you can have innovation without collaboration. So it really is having those conversations with my colleagues to ensure what we're doing is aligned with our mission and our values.

Hedberg: We're a relatively small group, so communication really isn't an issue. Everybody knows what everyone else is doing. What we really like to focus on is "Why" — why we are doing this innovation? If we know why we're doing it, then we know what the endgame is. And then we can adjust when we veer from that path.

Farmer: We run into the risk sometimes of wondering if we're Captain Ahab chasing the white whale. Or Don Quixote on his mission to slay the next windmill. You don't want to be that guy. And there's always the risk of not knowing when to step back or give up. If you're going to have an innovative culture, there are going to be some folks on that mission for that white whale, and at some point somebody's has to say, "Yeah, maybe just not now. Maybe it's a great idea for later."

What if Ahab is the CEO? How do you bring that person around to understanding that maybe this isn't the time or the place or the best use of resources?

Farmer: Well, that gets in to politics, right? Obviously if you feel that somebody has crossed that line, where passions overwhelm objective reality, you can address that — perhaps with data — to help bring them back into the world of the rational. Perhaps you have a board that can help provide some perspective. Or a trusted colleague, a third-party colleague, or a supplier that they have a very close relationship with ... all of these folks can help.

Hedberg: You have to search within yourself to figure out whether you believe that that whale is out there and attainable. Right? The bigger the whale, the harder it is and the longer it's going to take to capture it. So you have to search within yourself and say, "Am I aligned enough with the vision of the CEO to go to the ends of the earth?" For me, the answer is "Whale-Ho!"

So it's the difference between Captain Ahab and dying on your own sword at the top of a hill?

Hedberg: Absolutely. Ultimately, it's always your own choice.

Jefferson: You have to ask if there are others in your organization who have also bought in or is it just you? I think if you have buy-in from others in your organization, at least it's not just you moving forward in that priority. If it is just you, then you may need to realize that's a problem.

This may not pertain to the Y, but how do you view the challenges of innovating when it's not just you — when you've got a lot of other people involved in the innovation who may have regulatory challenges of their own?

Jefferson: I know you said it may not be the Y, but we are in the space now of third-party reimbursement and working with health-care providers on referrals. There are lots of regulations and guidelines that we needed to make sure we're well-attuned to it because we follow the same risk any other organization would if they're violating HIPAA. I think you really need to learn what they're looking for, what you're capable of, and then make sure you have people in your organization who understand it.

Farmer: I'm thinking innovation could be likened to a three-legged stool. You've got the business aspect of the solution, the technology aspect of the solution, and the politics. Case in point, we have, I think, a wonderful platform for innovation with 12 years of clinical information in our network. With over 3 million unique patients and multiple

sources that have built that database. We have over 11,000 users, 4,000 of whom are licensed providers who make medical orders in the state of Delaware. We felt we had an opportunity here to impact the pre-authorization process. Let's say like hips and knee replacement, for example. There are certain doctors in that discipline who are just really good at what they do. Every time they go for a pre-authorization they get approved and every time they do it the data indicates that the outcomes are really good. And they do it at a very cost-effective manner. Why should they have to go through such an elaborate process every time they want to do a hip or knee replacement?

Hedberg: My experience is with clinical research. The challenge with any innovation is that you're pushing the limits of the regulations. People are afraid to challenge them, even if you've done all the work. You're changing the standards of care. But people say, "They worked before; we don't want to lose any revenue by changing." So there will always be that resistance.

Jefferson: This is probably one of the reasons we don't see more community organizations working in collaboration with health care in order to serve the community. Because to be innovative in that space, you have to follow those regulations and that's not something many of community organizations are used to. They're there for good reason, it's just time-consuming and costly and you really need to be 100% compliant. I think it is a challenge because many of our community-based organizations are small, and they can't put the cost out there, and monitor all the HIPA, and the guidelines with Medicaid, and Medicare, and insurance companies, and it's just a lot to undertake.

Where do you get your best innovation ideas, and do any of you have within your organizations, an infrastructure for bringing innovation in, or bringing ideas in?

John DiGiovanni: So, for us, the ideas don't come from one source, they're kind of born in our culture to actively listen to our colleagues throughout the organization. We have an innovation challenge that we run every other year within Christiana Care. We solicit ideas from everyone in the organization. So, no matter what your role in the organization, you have an opportunity to bring ideas forward.

What's the best way to approach you with an idea? Is it as simple as a sentence, or is it do some research?



John Hedberg

Hedberg: We're a tight-knit group; we all have ideas that we bring to the table and we discuss them. We all just ask why. Why do you need this innovation? What are you trying to solve, and it's all based on real life frustrations, and challenges — in health care in this case. For example, our founder, Tony Wright, had his mother in a senior-care facility, and was having difficulty obtaining information from the facility, and then having to disseminate it to his family members about the status of his mother. That's how the Danio Diary was born. Through this diary, you can create a network of information, and disseminate it through a technology that's simple, automatic, and easy to use. With Danio Connect. It was how can we use a system to help the individual navigate the challenges of health care? To get the support they need. To find hope.

Farmer: I think any system that is looking to generate a culture of innovation has to heal itself, and have structures, and underpinning processes, so that the employees, and the data that you generate as an organization can feed back in as a mirror to tell you where you need to get better. I'm not sure how you can innovate your products and services if you aren't having that daily honest conversation with yourself as what you as an organization need to do better. You might establish a service improvement registry where any employee can say I don't think this is working well, and we need to spend some time to look at how this is impacting our customers. We need to look at where our service tickets are coming from. It can't just be the service desk people day in, and day out working an error queue. Why are we having this error queue? Why is this happening consistently? I don't know how you can truly be an innovative culture if you aren't innovating from within.

DiGiovanni: Within our organization, everybody has the opportunity to bring those ideas forward to their manager or another leader in the organization. In our case, an innovative idea doesn't have to only come from our Innovation Center. There are opportunities to tackle smaller low-hanging fruit that my colleagues take on every day. Sometimes it's just a matter of being bold enough to bring that idea forward. Fortunately, at Christiana Care, we are encouraged to do that.

How does innovation impact long-term sustainable change?

Jefferson: For the YMCA, you have a scope of your business, but the innovation may move you to a new space. We started as a community center for young men, 150-plus years ago, then moved into the child-care space because of innovation and a need in the community? I think innovation is first identifying gaps in the community. Does that fit your organizational mission and scope? Does it make sense for you to move to that new area? I feel like innovation can really expand your business model but, also maybe take it to a new place. You don't want to go so far off the map but, I know for us it really has allowed us to expand into new spaces. The challenge with that is there's always new people coming into the market. You're not just going to stay in that space by yourself.

Hedberg: It's simple for me. Long-term sustainable change is part of the definition of innovation. If you're going to have a truly innovative product, process, or technology, it has to enable long-term sustainable change. So, that's what we're all here working toward, and Trish said it very well. It's how it impacts long term, the individual, the community, the overall health network.

Farmer: How we go ahead and generate revenue is different, but the goals are the same. If you don't generate the revenue and do so in a way that sustains your business, your mission doesn't matter, or you will eventually fail at your mission. So either you're growing and generating ideas and therefore new marketplaces, and new market segments, and you're more relevant, or you're not.

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MEET THE PANELISTS



JOHN DIGIOVANNI
Innovation Architect
Christiana Care Health System

John is the Innovation Architect for Christiana Care. In this role he leads the Research and Development arm in the Health & Technology Innovation Center. He is responsible for the investigation and assessment of new and emerging devices and technology with the goal to understand how they can benefit our caregivers and consumers.

John also architects Innovation Center products and product changes, and manages the lifecycle of the Innovation Center portfolio of more than 35 custom apps. John is a software development engineer at heart and assists designers and developers with the application of appropriate architectural and design patterns in their solutions.

As a volunteer, John leads a 30 member Christiana Care volunteer team providing public service in amateur radio communications, is a mentor to local high school engineering teams, and is a Jefferson Award recipient for public service. Additionally he volunteers as a member on the RMC Medical Communications Advisory Board which strategically guides affiliate companies including: RMEI Medical Education, LLC and the HealthCare Alliance Group, LLC.



RANDY FARMER
Chief Operating Officer
Delaware Health Information Network

Randy Farmer joined the Delaware Health Information Network (DHIN) in September of 2011 and currently serves in the role of Chief Operating Officer. As DHIN's COO, Farmer is responsible for all customer facing aspects of the organization specifically in the areas of new business strategies, marketing, product development, member engagement and customer service. In addition to his responsibilities at DHIN, Farmer also serves on the Board of Directors for Delaware Public Media.

Prior to joining DHIN, Farmer spent over a decade at JP Morgan Chase in Wilmington, where he served most recently as senior segment manager of strategic partnerships.

He also served as senior communication and public affairs manager during his 10 years at Chase. Prior to working in financial services, Farmer served as the Director of Student Development at Villanova University. Farmer earned a Master of Science in Human Organization Science at Villanova. He also earned a Master of Education in Higher Education Administration, and a bachelor's degree in communication from the University of Delaware.



JOHN HEDBERG
VP, Business Development
Green Line Business Group

Mr. Hedberg is a former FDA investigator with 30-plus years experience in clinical research and healthcare technology including expertise in Pharma, Biotech and Contract Research Organizations (CROs). He was CEO of a successful CRO specializing in clinical technology solutions including a first-in-class combination Electronic Data Capture and Clinical Trial Management System. In 2003, he sold the majority of his company's assets to a large CRO, became an executive of the organization and significantly contributed to its growth and sale to PRA Health Sciences in 2013. Mr. Hedberg advises clinical research,

technology and healthcare organizations and recently joined Green Line Business Group (GLBG), the parent organization of Danio Diary, Danio Connect and Eye Need a Witness, as the Vice President of Business Development. GLBG develops technologies and services to create communities of care for people navigating the challenges of healthcare. Danio Connect is a comprehensive online registry of nonprofit organizations and

businesses that support and contribute to a repository of trusted research, services and referrals distinctly organized and easily accessible to users. Mr. Hedberg has led the development effort of Danio Connect, which is in the process of launching this quarter 2019.



TRICIA JEFFERSON, RD, LDN
Director of Program Development & Partnerships
YMCA of Delaware-Association office

Tricia Jefferson, RD, LDN, serves as the Director of Program Development and Partnerships for the YMCA of Delaware. She is a licensed Registered Dietitian, with a strong background in in community integrated healthcare, program development and implementation. In her current role she gives oversight to the associations program leadership teams which consists of five program lines in the areas of membership, health & wellness, sports, aquatics, camp, and before/after care. She also oversees the

YMCA of Delaware's Healthy Living Department, helping to lead various healthy living initiatives throughout the state including the YMCA's Diabetes Prevention Program, LIVESTRONG at the YMCA and YMCA's Healthy Weight and Your Child program.

She serves as a lead, or participating member, on various steering committees in the state, and is a past co-chair of Healthy Kids Delaware. She has been able to bring her skills and knowledge to help the YMCA of Delaware scale evidenced-based programs statewide. Her passion and focus has created new partnerships within the community, allowing the Y to grow and serve the community in new and innovative ways.

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