FROM THE EDITORS' DESK

The Innovator's DNA and Health Care Improvement

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Over the past several months, the Affordable Care Act (ACA) has endured a painful population roll-out to try to expand health insurance for the nation, plagued by governmental shut downs, software malfunction, and mistake-laden information shuttled between enrollment websites and insurers. Critics have pointed out the potential for ballooning health care costs, the inability of the current American health system to absorb the flux of the newly insured, and increased costs borne by healthy individuals to offset the cost of catastrophic care and care for the sick.

This massive attempt to tame the unruly American health care system is impressive in both ambition and scope. Despite the pain of the initial ACA rollout, this attempt at non-socialized universal health insurance is likely to spur hosts of innovative care delivery models.

Jeff Dyer's book, "The Innovator's DNA," describes the characteristics of individuals and teams who successfully innovate. Dyer posits that five major traits of innovators can be both understood and acquired. These traits will be familiar to JGIM readers, who, through their research and clinical activities, have acquired these traits to enhance the impact of their work.

In medicine, *associating* disparate ideas through experience and culture may take the form of combining urgent care and retail best practices to create Minute Clinics in grocery stores, or combining social media, broad band connections and health care to create telemedicine companies. This month in JGIM, Weeks et al.¹ bring together principles of care coordination, organizational management, and quality improvement to develop a framework to aide primary care clinics prepare for improving caring for their diabetic patients. As Shi and Khurshid² comment, this self-assessment tool provides clinical organizations insight into actionable areas for improving diabetic care quality.

Thoughtfully *questioning* why a current process works or doesn't work generates new insights, much like the old Hewlett Packert commercials asking "what if..." (and its

extension, "why not?"). In an era where bending the health care cost curve downward is critical, Danis et al.³ question the willingness of patients to discuss both their out-of-pocket costs and insurer costs with their doctors—pointing the way for physicians to have a greater role in reducing costs for their ill patients, especially by establishing more trusting relationships. Duru et al.⁴ ask, "what if physicians made medication substitutions for patients enrolled in Medicare Part D plans," comparing therapeutic and generic substitution schemes to understand potential cost savings to patients and their country—finding annual savings of \$452 per beneficiary in the therapeutic substitution analysis.

The process of intensive *observing* allows individuals to understand why a process or culture works, why it does not work, and how to better meet customer needs. For instance, Benzer et al.⁵ examined the effects of removal of pay-for-performance incentives on seven quality measures at 128 VA hospitals, finding sustained improved performance levels after incentive removal. Their study points to individual and organizational issues that facilitate organizational transformation after initial performance investment.

Dyer posits that innovators are *networking* not to sell their services, but rather to bring new ideas together. Meeting people with different educational backgrounds, in different industries, within different cultures foments cross-pollination leading to consistently better ideas. Dyer breaks his fifth and final trait, *experimenting*, into three dimensions: learning new skills (for instance, Steve Jobs took a calligraphy class that became the basis for Apple's font collection), taking apart existing ideas (Einstein took apart Newton's time/space framework), and testing through prototypes. By observing why cancer screening rates are poor for safety net patients, Hendren and colleagues⁶ developed an intervention that brought colon screening tests to low income patients' homes and provided reminders/support to participate in care, increasing colon cancer screening rates by 20 % in this at risk population.

Dyer's framework illustrates the way in which implementation science researchers are trained innovators, poised to take a leadership role in the accelerating national health reform efforts. As the country turns its attention to more systematically improve health care access and quality, these innovators (including those highlighted in this issue) will play a greater part in shaping the national dialogue, hopefully

cutting through political rhetoric with new care models, supported by data.

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