Collaborative Healthcare Innovation in Sweden

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Abstract  The medical technology (medtech) industry in Sweden is situated within a complex innovation ecosystem, in which various stakeholders from the public, private and academic sectors need to collaborate to meet demands on effective and efficient healthcare. Demographics are changing and those in need of healthcare are not only larger in numbers than ever but they are also more knowledgeable and demanding. Increasing innovative performance is crucial in both the private and public healthcare sectors, but bold steps forward need to be taken in light of stricter rules and regulations for how healthcare stakeholders should manage both their internal processes and the ways in which they interact with other stakeholders in the larger innovation system. The traditional way in which medtech companies gain access to user needs, primarily working through a sales–purchasing relationship with the public healthcare sector, is outdated and needs to be replaced with an increasingly collaborative and cocreative model of healthcare innovation.

This chapter describes experiences and lessons learned from InnoPlant, a 3-year (2008–2011) action learning project involving three companies from the Swedish medtech industry, two county/regional councils responsible for public healthcare, and four academic institutions—carried out within the framework of the Swedish Product Innovation Engineering program (PIEp). The purpose of the project was to advance the capability of stakeholders from the public, private, and academic sectors to collaborate in the cocreation of healthcare innovations.
1 Introduction

The medical technology (medtech) industry in Sweden is part of a complex innovation ecosystem, in which stakeholders from the public, private and academic sectors need to collaborate closely to meet increasingly higher demands on effective and efficient healthcare. People in need of healthcare not only come in greater numbers than ever but they are also increasingly knowledgeable about the healthcare system and are demanding healthcare that is truly attentive to their particular needs. To meet higher demands, it is crucial to increase the innovative performance of stakeholders in the private and public healthcare sectors, but advances need to be made while adhering to stricter rules and regulations for how stakeholders should manage both their internal processes and the ways in which they interact with other actors in the innovation system (Herzlinger 2006). For instance, the Swedish Public Procurement Act (Swedish Competition Authority 2011), put in place in 2007, sets a rather strict framework for the interaction between healthcare stakeholders during procurement. During the procurement negotiation phase, either party (i.e., the healthcare organization and the medtech company) is only allowed to make contacts with the other party for clarification purposes. This means that the medtech company may not contact any other personnel than the appointed responsible person at the healthcare purchasing organization. This newly imposed framework needs to be viewed in a historical light, since the Swedish healthcare system has a long tradition of collaboration between medtech companies and the public healthcare sector, with new products and solutions continuously created as incremental innovations based upon clinical insights. Taking the Public Procurement Act into consideration, the medtech companies need to master a balancing act concerning how to successfully create and maintain strong relationships with the public healthcare sector to access relevant user insights from healthcare practice without breaching the requirements of the Public Procurement Act.

In addition, the concept of “user insight” is somewhat difficult to define precisely in the public healthcare sector, since there are many stakeholders who might be viewed as users depending on the context. In the Swedish regional/county councils, which govern the hospitals and primary care centers, there is a need to improve the understanding between the purchasing and usage structures related to the design, development, and procurement of new healthcare devices. The purchasing structure is largely characterized by a business-to-business logic, where decisions are primarily related to how well medtech suppliers can meet demands in aspects such as technical performance, reliability, and cost. However, user needs are more multidimensional than that, and they include the needs and requirements of a wide range of healthcare practitioners and administrators that are dependent on new equipment to deliver both effective and efficient healthcare. Too often, a lack of understanding between the purchase organization and the use organization results in equipment that poorly fulfills usage needs, although the equipment might actually has been delivered in accordance with the agreed requirement specifications. The way in which the medtech companies gain access to user needs, within the boundaries of
the Public Procurement Act, is primarily through a sales–purchasing relationship, meaning that important user insights may never reach the new product development functions of the medtech industry companies.

The healthcare innovation system demands that existing technology is quickly adapted to new circumstances, and that entirely new technologies are developed to meet new and higher demands. Since the development lead-time can be relatively long—an incremental change can take as much as 2 years to bring to market—it is important to deeply understand and quickly act on user insights for both incremental and radical innovation purposes. Involving a wide range of users in the front-end innovation work allows user needs to influence the development work from the start, thus minimizing the risk of a mismatch between what new medtech devices offer versus what users actually need. In the context of the larger healthcare innovation system, involving users actually implies establishing a closer relationship with a range of stakeholders for a range of purposes.

Figure 4.1 shows a schematic overview of the various stakeholders in the overall Swedish healthcare innovation system. In different ways, each stakeholder contributes to the shaping of innovations. Note that this is not a complete picture. For example, there are supply chains in both the private and the public sector that are implicit here. Also, communication flows within the innovation system are more complex than the arrows show. However, the figure aims to highlight that there are several boundaries to cross to achieve collaborative healthcare innovations. For example, public healthcare is a business where customers and users are seldom the same. How can we become better at cocreating, selling, and buying innovations that fulfill different stakeholder needs in effective and efficient ways? Is it possible to provide better healthcare at a lower cost? Further, one could argue that public healthcare is a business where patients tend to return despite poor past experiences. How can we become better at treating our citizens more as valued customers? In Fig. 4.1, patients and relatives are included under “civil society” to highlight that the medtech devices and healthcare services ultimately need to provide value to those that are in need of healthcare, and their families.

This chapter describes experiences from InnoPlant, a 3-year (2008–2011) action-learning project involving three companies from the Swedish medical technology industry, two county/regional councils responsible for public healthcare, and four academic institutions—carried out within the framework of the Swedish Product
Innovation Engineering program (PIEp). The purpose of the InnoPlant project was to advance the capability of stakeholders from the public, private, and academic sectors to cross boundaries and collaborate in the cocreation of healthcare innovations. The chapter adds to the results from earlier studies by Olsson et al. (2010) and Bill et al. (2011).

2 Method

The main idea of the InnoPlant research project was that each of the two county/regional councils and three medtech companies would designate one innovation project, which would be supported by academia in an action research-inspired process. The experiences and learning outcomes from these projects would then be brought by representatives of each organization into “learning network meetings,” where these experiences and lessons learned would be shared, questioned, further explored, discussed, and reflected upon together with the other organizations.

The action learning and action research methods used in this research project have combined several approaches for the common purpose of inspiring participating organizations to reflect on current ways of working and to increase their innovation capability through trustful, learning partnerships with other stakeholders in the healthcare innovation ecosystem. Implementing sustainable new ways of working in the participating organizations puts high demands on the organizations and the individuals acting in the project, and it demands strong support from the upper management sponsors in the respective organizations.

The public healthcare sector has been represented by two county/regional councils, the medtech industry by three companies, and academia by engineering faculties from two universities and a faculty of social science from a third university. A fourth organization has also been involved in the project, a joint research center formed by two universities and one county council to promote research and commercialization activities in the field of medical technology. All parties are located in Sweden, and their roles can be described as follows:

- **Engineering faculties of universities**: Three professors, four senior researchers, and three PhD students from product design and development related departments represented the engineering faculties of two universities located in different parts of Sweden. The role of academia in the learning network has been to facilitate meetings between different stakeholders in the project (and in the innovation system) and to turn questions for reflection into new actions. Researchers have taken part in the action research projects in each organization with the intent to increase the partners’ innovation capability. The researchers’ role in the learning network has been to facilitate a learning situation by raising relevant questions and perspectives.

- **Social science faculty**: A Master’s student tutored by a professor from an ethnology research group represents the social science faculty at one university. The role of the ethnologist has been to perform a meta-level study on the research
project to describe how the culture within this type of project plays out and can be further developed. Furthermore, the ethnologist has continuously provided feedback to the other participants in the research project regarding, for instance, working climate and working procedures.

- **Medtech industry**: Three medtech companies have been involved in the project, and they are developing and commercializing products within the fields of mobility devices, sterilization equipment, and anesthesia systems. As noted earlier, each company has brought one innovation project into InnoPlant. In the learning network, there were two representatives from each company, holding positions of research and development manager or product manager in their organization.

- **Public healthcare system**: The two county/regional councils have provided one product innovation project each, related to the development of a tool for heart failure diagnosis and an IT system in healthcare. A project was also initiated where certain inventive employees within the public healthcare system were invited to participate in workshops considering the conditions for realizing product innovations in public healthcare. In the learning network, each county/regional council was represented by a practitioner working with the innovation project and someone who works with strategic issues regarding innovation.

- **Joint medtech research center**: The assistant director of the center was the project coordinator for InnoPlant and was thus responsible for the planning and coordination of the learning network meetings.

- **Guest lecturers**: Different guest lecturers were invited to introduce a selected topic for each meeting in the learning network. The lecturer was either a practitioner with relevant experience or a researcher with interesting research results within the topic of collaborative healthcare innovation.

- **Steering committee of directors**: The steering committee of directors included professors, CEOs, and directors from the participating organizations. The role of the steering committee was to monitor the project progress and provide top-down support for the actions taken in the organizations, as well as disseminating and communicating the results within their own organizations.

As can be seen in Fig. 4.2, the above actors and roles were combined in three main approaches to collaboration in InnoPlant. The three sectors were represented at each level of interaction, but the degree of participation was different. It should be noted that this figure is a conceptual sketch of the collaboration approaches. For instance, although the action learning network meetings provided occasions in which all partners could participate in a collaborative spirit, some of the more fruitful outcomes were found in the dynamics between the local research and innovation projects (where researchers and practitioners worked closely together on more specific issues than in the more generic network meetings).

1. **Action learning network**: Learning network meetings involving all parties were organized three times a year. These meetings normally started in the evening with a guest lecture, and continued over the next day with workshops. These network meetings had two primary objectives. The first was to feed in knowledge from recent research projects in a field that the participant organizations
had identified as particularly interesting. The researchers could disseminate knowledge about research in their own fields of interest, and they could also invite experts if the chosen topic was out of their own expertise area. The second objective was to report the experiences from and set new goals for the local projects, including feedback and benchmarking activities with colleagues from the other public and private sector partners. This second part included the sharing of learning outcomes between and within the participating organizations and between and within the academic partners. The researchers’ role was to facilitate and turn questions for reflection into new actions.

2. **Local research projects**: Depending on the current needs of the organizations, local empirical studies were used to trigger change processes and to coach the auditing of innovation capabilities in each organization. The academic researchers drove these studies, in close collaboration with the local partner representatives from the medtech companies and county/regional councils. The studies contributed to broadening the commitment and learning in the organization, which created opportunities for doing things differently on a local level.

3. **Local innovation projects**: These projects were chosen by each organization as needed, and the aim and scope differed between product innovation projects, organizational development projects, or other types of business development projects.

The network organization chosen in InnoPlant can be seen as having two primary aims. The first one is to facilitate innovation capability within the participating organizations, and the second one is to develop sustainable relations and trust between researchers from participating universities and participating organizations from the public and private healthcare sectors.

Throughout the InnoPlant project, both physical meetings and telephone meetings between participants were monitored by an ethnologist to better understand how the cross-cultural communication played out in the project’s day-to-day activities and to explore how to better facilitate this boundary-crossing communication in both ongoing and future projects. Departing from the notion that the three sectors (i.e., public, private, academic) taking part in the project have their own social codes,
different approaches to the concept of innovation, and their own cultural solutions to problems, the ethnologist (one of the coauthors) studied which cultural patterns can be traced in the participants’ behavior and the ways they relate to each other and to the project. In addition to a detailed observation of the encounters between participants, qualitative interviews were also conducted with the participants, which concern their reflections and opinions about the overall project and their own local projects. These interviews provide the empirical base of the excerpts provided later in this chapter.

3 Learning Networks

Learning networks can be defined as a network formally set up for the primary purpose of increasing knowledge (Bessant and Tsekouras 2001). Actors in such networks provide an arena for experience exchange and learning where “old truths” can be challenged and new perspectives formed (Bergh 2009). According to Bessant et al. (2003), learning networks may encompass different learning targets, such as: increased professional knowledge and skills, improved awareness of a particular field, improved knowledge regarding regional interests, and sharing knowledge on how to do a particularly novel task. Learning networks can also be seen as an arena for the use of different learning methods, and they provide a good basis for interorganizational learning to take place. A learning network setup provides opportunities to exchange experiences on new theories and existing models relating to the issues that the participating companies are working with (Ritzén et al. 2005). In a learning network involving academic researchers, the participating organizations are responsible for initiating change, while the researchers facilitate the process of initiation, dialogue, participation, and reflection (Rasmussen 2004).

The interaction between academics from different disciplines and practitioners from different settings in learning networks creates a learning context for all parties, which supports learning and creation of new knowledge that could be generally applicable for the involved parties. Engaging in this type of learning process could therefore be useful and enriching for the learning, professional development, and competence of academics (Karlsson et al. 2007).

4 Experiences and Lessons Learned

One of the most important experiences drawn from the initial phases of this action learning project is that progress in a project that involves more than one organization requires a comprehensive trust-building process between the participating organizations and the individuals involved (Olsson et al. 2010). This trust building was evident during the whole of the project with a clear evolution in the levels of trust from commitment to companion, and finally, to competence trust (Bergh et al. 2011).
The commitment trust-building was accomplished through the kick-off meeting, where the different participants had the opportunity to get to know each other on a personal level, and the setup was planned to enable the participants to perform trust-building and team-building activities. The first meeting was set up at a neutral location outside of the participating organizations (i.e., not at the location of any participating party), to create a physical space that was new and unknown for all and thereby not considered as anyone’s territory. The aim was to develop both commitment and companion trust, although the level reached at this first meeting was only at the commitment level. In the second meeting, hosted by one of the industrial partners, the active trust-building process started on the companion level, and the atmosphere “opened up.” Potential reasons for this were that the participants knew each other after the first meeting, and that the hosting organization took an open-minded approach, presenting both strengths and weaknesses in their way of working with innovation. The organizations hosting the learning network meetings stimulated the trust-building process and engagement by being open and thus inviting others to be equally open about their innovation capability (or lack of it).

Seen from an ethnologist’s perspective, collaboration is never easy, and cross-cultural communication is often accompanied by misunderstandings. To say that there are three different cultures participating (i.e., public/private/academic sectors) might actually be too simplistic on account of the many differences and nuances within them. For instance, the researchers have different academic backgrounds and disciplinary commitments, the participants from the public sector represent different regions and hospitals, and the participants from the private sector correspond to different business cultures. Therefore, it is impossible to speak in general terms about these three groups. Nevertheless, to enhance understanding between the different sectors in projects of this nature, the ethnologist in our team has tried to simplify complex cultural aspects into general terms, speaking of academia, medtech industry, and public healthcare as rather homogeneous cultural units.

The ethnographic study was ultimately intended to facilitate the process of collaboration, and material was gathered to assist the search for crucial communication and collaboration challenges within the InnoPlant project. Those challenges that were found to be particularly significant have been used for this chapter. The aspects chosen are mainly those who might interest groups facing similar tasks. The ethnographic material collected provides an opportunity to understand how the InnoPlant project has developed over time and how participants have experienced it. The focus of the ethnographic research has been to seek out challenges to improve communication and collaboration. Although the other research methods have shown that the project has also resulted in a number of best practices and success factors to guide triple helix collaboration, this chapter reports primarily on the challenges and lessons learned uncovered in the ethnographic study. We made this choice because we want to underline that collaboration is an ongoing learning process, and we want to provide an honest report on some of the stumbling blocks along the path to successful collaboration, rather than merely showing the end result.
In order to ensure anonymity, we have constructed quotes merging various statements of participants from the same “culture.” We investigate the question: what do they think about central cultural and communicative aspects of this collaborative project and how should projects like this be performed?

### 4.1 Conditions and Expectations

A major complication has been the fact that the conditions and expectations of the three cultures differ from one another when entering a project such as InnoPlant, and therefore, the absence of a joint goal has led to frustration during the process. A more profound discussion of every organization’s presumptions, practices, and expectations has been lacking, resulting in a continuous search for meaning, which is related to the confusion concerning goals and purposes. Anyone who has taken part in boundary-crossing projects would probably understand that there is an inherent “culture clash” that is truly challenging.

InnoPlant is an innovative project planned around concepts of action learning and the idea of generating new knowledge. Consequently, to communicate the overall project vision and to work out a common definition of what “new knowledge” means, or an explicit notion of the different results expected by every organization, has been one of the key challenges. As many participants have pointed out in interviews, the main interests of each group diverge—companies seek economic profit, researchers create knowledge, and the public healthcare sector administrate healthcare. The difficulty of InnoPlant, and in most cross-boundary collaboration projects, resides in the fulfillment of all partners’ desires. How could common satisfaction be achieved? Here are the voices of some participants:

**Academia:** This is a project of change involving learning, it has to take time, and we have to make room for social aspects. It is important to create a time and a space beyond the ordinary everyday practice. It is hard for us not to act as consultants. We also have to consider that it’s important for us to publish results and create knowledge.

**Public healthcare:** The purpose should be explicitly outspoken. It has been really hard to understand what we are actually doing and where we are going. Maybe it’s a conscious strategy that it should be unclear so that we look everywhere—the insecurity of the group implies an increased split vision, but it’s been a bit too fuzzy. If that’s the purpose, it should be explicit. Now we just basically feel lost.

**Industry:** From the beginning, the purpose was very ambitious. It is hard to see what we can change and how we should measure it. It becomes more of research study, but maybe that’s fine, as long as it is about constructing knowledge maybe it isn’t that important to get explicit results. It was hard for us in the beginning, but maybe this is enough.

**Industry:** Is the purpose really that we should drink coffee and have a pleasant time? I don’t know how to get a return on the investment. It’s a bit unclear where we’re heading to in the project. There’s an ethical difference here that should be considered as well and it has to do with the fact that we are actually here to make money and the public healthcare to save lives. It’s hard to see what this is bringing back to us right now. Instead of accomplish something and see if it worked out, as in standard consulting manner, in this project we have to analyze the analysis and that makes it hard to create value in the short-term. That’s the challenge.
As is visible from these merged statements, the different organizations have very
different purposes, conditions, and expectations when entering the project. To make
it work, at least from an industry perspective, the goals should be well defined and
the project management clear. This project has been planned by academia, and this
means, for instance, that there is a tendency to value emerging research questions
and a long-term perspective. What would have been different if the medtech or pub-
lic healthcare partners had been responsible for the planning and management?

4.2 Responsibilities, Meeting Cultures, and Cooperation

In an innovative project such as InnoPlant, the focus on finding new ways of work-
ing has also meant that it has not always been clear what role the different partici-
pants should play. InnoPlant was designed with a vision of active participants; the
researchers were expected to facilitate meetings and provide the environment for
the participants to assemble. In other words, academia took responsibility for plan-
ning and facilitating meetings. This led the other participating organizations to feel
that researchers where being passive and not interacting in discussion as much as
they would have liked them to. At the same time, researchers felt that the other
organizations were not assuming responsibility for carrying out activities. This issue
was discussed at the fourth network meeting and led to an initiative to plan subse-
quent meetings collaboratively by researchers and representatives from one or more
of the other partner organizations.

However, the three different cultures also have different routines and meeting
practices, even if the events were intended to be jointly planned. For instance, some
activities were experienced as highly abstract by members from the industry, while
members from the academia commented on the same activities as very concrete and
practical. Another issue has been how to let everyone be heard and not interrupt
other speakers. A further aspect of cross-cultural communication in meetings was
the use of central concepts such as “user” or “innovation,” which are defined differ-
ently by each culture, and even within the cultures. As a researcher put it: “some of
the problems are about translations, there should be more work done on the practi-
cal implications of the concepts.” Regardless of interpretations of words, one of the
greatest challenges concerned how to distribute responsibilities and how to collabo-
rate across these boundaries:

Academia: All responsibility was laid upon us, it would have been good if it was shared
more, and if we had had a professional project management with the possibility to delegate
tasks to industry.

Academia: Sometimes it’s hard to let go of the reins and allow everyone in. The industry
does not have time to take responsibility. Sometimes the meetings have been really slow,
and it’s been too easy to hide behind Power Point presentations.

Academia: Usually the industry has quite high expectations when they enter a project with
a vague question formulation like this, and then they think that the researchers will arrange
everything and tell them what it is all about; afterwards they notice that the researchers
don’t know either but they have ideas about how to solve this together with new methods. Then the industry realizes that they have to work a lot, but they do not really have time or energy, and at the end they haven’t done as much as they thought they would.

Public healthcare: There has been little discussion on concrete things and much on theoretical things, sometimes a bit too abstract. The project has been marked by a silent conflict as the academia pulled back wanting to study the process rather than taking part in the cooperation. There was also a conflict at the beginning as the industry regarded us as customers.

Public healthcare: A project like this needs more people from healthcare; the industry talks a lot and occupies a lot of space. Since the academia was arranging everything from the beginning, they assumed the role of the hostess, so the rest relaxed instead of taking responsibility for the project.

Public healthcare: Our local project is working out well, but I am surprised to see that the overall project is still a bit unstable, and the academia has such a hard time stepping into the arena as actors, they are always pulling back from participating, and I don’t understand why. Otherwise it’s an open culture with a lot of curiosity, and I think there have been possibilities to step up and speak of what’s on ones mind.

Industry: It’s been hard for us to take on a lead role in this project. Project management and methods should come from the academia. There has been an unclear distribution of responsibilities, and no one seems willing to take on project management, if the academia just tells us what they want we can deliver.

Industry: The academia has a hard time staying in the present; they don’t stop to focus on a problem, but are always planning the next event, suggesting something new or having some kind of spin off.

### 4.3 Approaches to Time

Another central cultural aspect involving collaboration is the participants’ approaches to time. Every culture has their own time concepts and values, which might be a challenge to the collaboration between the organizations. Here are some of the participants’ opinions about the length of the project:

Academia: Three years is sufficient for a project like this; it’s a normal time for a research project. You can’t do much in shorter time. Maybe it should be a couple of years more so that there was more time to test other things.

Academia: Everyone is really enthusiastic during the hours we spend at the network encounters, but then when we are not there, we are just as busy as usual. We all have really full agendas, and it takes time to keep up in a project like this, not to speak of writing about it.

Public healthcare: We have a more protected environment, and we don’t suffer the same time pressure as industry does. But at the same time, we can feel that it is a little too long and too quiet between the encounters. There is a cultural difference here; we want more action, and the academia wants to turn every rock over to make the project last the whole time. There are different views on action and reflection within the project.

Industry: It’s hard for us to work on such long terms; 3 years is a long time, and this is really a challenge to InnoPlant since time gets so fragmented as you work in parts, and therefore it gets secondary. And when such a long project is not clearly defined, it gets even harder. We understand that the researchers want to study the process, but in our world, it gets difficult; innovation is a vague concept, and it’s easy to lose focus in such a long-term project.
Another frequently recurring issue in the interviews is the lack of time. No one participates in the project on a full-time basis. It was planned with the presumption that everyone would engage emotionally in a way that was not realistic within the given time limits:

Public healthcare: The main project has suffered from a lack of continuity, and it’s been quiet between the encounters. Our local projects are doing fine, but it seems as if the main one isn’t really self-driven. Our organization has a more relaxed and permitting approach to time and its limits.

Industry: I don’t have time for the missionary work a project like this really needs. If you really collaborate, you have to engage a lot of time. This project has served as a way to scratch the surface. Successful projects are a contribution to the company, but if the aim is only to study—and that means to drain the company of knowledge—it is difficult for us to provide time.

4.4 Lessons Learned

The focus of the ethnographic account has been challenges to a project of collaborative nature. Since we also wanted to get participants’ opinions on what could be done differently in the future, we asked them to tell us about what they learned in the project and what they think about the future of similar projects:

Academia: Sometimes there is too much “us” and “them.” In order to succeed, everyone has to see that it is a joint project, and that we should cooperate in planning. It’s been really interesting to be at every organization’s site and see how they work. The times that we’ve been around looking are when we’ve had most energy in the group.

Academia: It has been really enjoyable to do research in a group, create new relations, and get to know people in the field. It is important that the representatives from the different organization are in positions where they can transmit what they have learned to their organizations.

Academia: If a project like this is to be successful, it has to be based on concrete planning; to strengthen the innovation climate is to start at a meta-level. It’s important to discuss early what the core of the project should be. It would also be good if the industry could enter the project with its own project leader that could cooperate with that of academia.

Public healthcare: We would have liked to have more discussions in smaller groups. At first, I hesitated to enter this project, but now I can see that it’s been an interesting journey, and that I’ve profited of it in a way I didn’t expect. I can definitely see a continuation of the project but it will have to be in a different form. Of course, everything depends on the fundamental conditions in our organization.

Public healthcare: One of the things that the project has given me is the network and insight into this kind of question formulation. I feel I know a lot more about the industry, how they reason and about the concept of innovation. Now, when I go to different meetings, I run into people from InnoPlant, and I have a bigger understanding of these issues, and my competence has extended. It has been a personal process of learning for me.

Public healthcare: When we have been around looking at different locations, it’s been really interesting, and you could see that people get ideas. I think a project like this has to be more concrete and take place on the floor of every organization. The encounters in InnoPlant have offered the conditions for our different organizations to get to know each other. Now we will see how we go about cooperating outside of this structure.
Industry: You have to define the problem early, use the right methodology, and not lose focus. It is better to start ten projects and deliver ten, than to start 75 and deliver zero. To see how they do things in other companies and industries gives another dimension to your daily work. The form of the network encounters has been a lesson in itself. Innovation is about creating networks that work, and we have really had a chance to practice that here.

Industry: I think that one should have very concrete projects in order to pull something like this off. I also think that it has to do a lot with daring to invest time and resources. Everyone has the intention of improving things, but it’s hard to get people to work with something that they don’t really understand, it’s better to put things straight.

Industry: I believe the project has been really positive and definitely something that could continue, but there has to be an explicit goal, what methods are we to work with and a project leader to report to. There should be a briefing every 6 months that we could work against.

5 Conclusions and Discussion

This chapter describes experiences and lessons learned from a 3-year action learning project involving three companies from the Swedish medtech industry, two county/regional councils responsible for public healthcare, and four academic institutions. The purpose of the project was to advance the capability of stakeholders from the public, private, and academic sectors to collaborate in the cocreation of healthcare innovations. However, as has been shown throughout the ethnographic accounts provided in this chapter, collaboration is not easy, and cross-cultural communication is laden with misunderstandings. Researchers have different academic backgrounds and disciplinary commitments, participants from the public sector represent different regions and hospitals, and participants from the private sector correspond to different business cultures. As many participants have pointed out in the interviews, the main interests of each group diverge—companies seek economic profit, researchers create knowledge, and the public healthcare sector administrate healthcare. The difficulty of InnoPlant, and in most cross-boundary collaboration projects, resides in the fulfillment of all partners’ desires. Some participants have felt that researchers were being passive partners, not interacting in discussion as much as they would have liked them to. Researchers, on the other hand, have felt that the other organizations were not assuming responsibility for carrying out activities. Another central cultural aspect involving collaboration is the participants’ approaches to time. Every culture has their own time concepts and values, which might be a challenge to the collaboration between the organizations.

Again, it should be noted that this chapter has focused on providing an honest account on some of the stumbling blocks along the path to successful triple helix collaboration, rather than providing an after-the-fact roadmap to perfect relationships between the academic, public and private sectors. Therefore, we have primarily focused on the overarching level of interaction (see Fig. 4.2), i.e., the action learning network level. We have seen that there are clearly different learning cycles and outcomes depending on which level of interaction we base the analysis on. It is quite clear to us that many of the challenges we attend to in this chapter are related to the action learning network level. At the levels of the local research and innovation projects,
it seems like the various actors (usually from two out of three sectors) have usually been able to come to a shared understanding of objectives, activities and deliverables, whereas the aggregated level represented by the network meetings seems to have added a layer of confusion about aspects such as common objectives and expected outcomes.

Moving into a closure phase where we are planning how to continue the project beyond these 3 years, all partners agree that the learning and trust-building experience provided mainly through the network meetings is what has actually enabled us to create a strong network with the willingness, trust, and competencies to take the next step in triple helix innovation. This chapter shows that such a learning experience can often be hard-earned, and we have learned that our attempts at bridging different cultures are definitely worth the extra effort, much because it helps partners from various sectors to leave their own comfort zones in the collective search of new pathways to innovation.

Finally, the aim of this chapter has not been to make judgments about “right” or “wrong” approaches and perspectives, but rather to openly share experiences and lessons learned from a variety of perspectives in the healthcare innovation system, based on the belief that sharing expectations and continuously reflecting on the roles and responsibilities of each partner would improve the collective innovation capability of all partners in a triple helix system.

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