**GROV MALL FÖR FLASKHALSANALYS (FRÅN RAPPORT) -**

**ANVÄND SOM INSPIRATION + ANPASSA TILL ER KONTEXT!**

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| **FLASKHALSANALYS FÖR [missionsdriven innovationsmiljö x]** | | | | |
| **Vilka hinder finns på systemnivå i relation till er vision?**  **(Förekomst av hinder/brist på funktion/ förutsättningar för att stimulera innovation i önskad riktning)** | **Hur omfattande/**  **betydelsefullt är hindret?**  **(Flaskhalsens betydelse, skala 1-10)** | **Vad har miljön gjort för att adressera hindret?**  **(Miljöns investeringar/ som adresserar flaskhalsen)** | **Matchar miljöns investeringar/aktiviteter flaskhalsens betydelse?**  **(Skala 1-10)** | **Bidrar investeringarna/ aktiviteterna till eliminering av hinder/uppbyggnad av förutsättningar?**  **(bedöms efter genomförd investering/aktivitet av miljön/och extern panel)** |
| *Utvärderingstyp:* | *Formativ* | | | *Summativ* |
| **Flaskhals 1** | **Bedöm och motivera flaskhalsens betydelse för att stimulera innovation i önskad riktning** | **Dokumentera investeringar/ aktiviteter ämnade att adressera flaskhalsen. Ex: Nedlagd tid/resurser.** | **Jämför miljöns totala antal investeringar/ aktiviteter. I vilken mån följer dessa prioriteringen av identifierade flaskhalsar? (fokus på ”betydelsefulla flaskhalsar”, inte sådana man ”lätt kan förändra”)** | **Mätdata på flaskhalsen: har hinder eliminerats eller nödvändiga förutsättningar byggts upp som resultat av miljöns investeringar/ aktiviteter?**  **Viktigt att mätdata finns /extern bedöming av flaskhalsen** |
| **Flaskhals 2** |  |  |  |  |
| **Flaskhals 3** |  |  |  |  |
| **Flaskhals 4** |  |  |  |  |

*Exempel på flaskhalsanalys (exempel på engelska) från rapporten (skissartad och grov förenkling av Nollvision Cancer)*

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| **Identifierad flaskhals: förekomst av hinder/brist på funktion/ förutsättningar för att stimulera innovation i önskad riktning** | **Flaskhalsens betydelse (bedöms av miljön/och extern panel) (ex. 1-10)** | **Miljöns investeringar/ aktiviteter som adresserar flaskhalsen** | **Matchar investeringar/aktiviteter flaskhalsens betydelse?** | **Bidrar investeringar/aktiviteter till eliminering av hinder/uppbyggnad av förutsättningar?** |
| *Utvärderingstyp:* | *Formativ* | | | *Summativ* |
| System-level lack of trustworthy and easily accessible knowledge about cost-effectiveness of prevention and early detection |  | Knowledge development (e.g. commissioned reports, health economic evaluations, predictions, simulations) | Data on MDE *priorities and investments / activities*    Data on *how* they prioritized between investments / activities | *Potential assessment tools:*    Updated metrics on bottleneck magnitude, counterfactual scenario analyses, follow-up studies after new interventions/ activities launched, case comparison with similar interventions in other fields, surveys, external Delphi/expert panel assessments |
| System-level lack of trustworthy and easily accessible knowledge how to change operational routines to enable early detection/ prevention |  | Financing PhD studies of early detection in primary care, financing rehabilitation experiment and study at one clinic |
| Lack of educational content about prevention in current curriculum for relevant professions |  | Acknowledged but few concrete actions – involving health care educational institutions needed | Track efforts to make changes in education curriculum or stimulate others to make such changes. | Track changes in health care education curriculum and number of specialists trained |
| Lack of interest among young people specializing in lung cancer prevention |  | Acknowledged but few concrete actions. General mobilization of interest in topic may contribute |
| Existing regulations impede data sharing needed for individualized prevention |  | Acknowledged as a bottleneck but concrete actions. Delegated to another MDE | Track direct or indirect activities that contribute to addressing the bottleneck, e.g. by monitoring involvement of regulations, ethics experts, and data sharing experts. | Track whether regulatory changes are discussed / examined / executed |
| Distrust among actors across sectors – (e.g. unidirectional distrust: health care professions and providers distrust industry), which impedes cross-sectorial alignment |  | Arrange meeting-arenas (workshops/ seminars) where actors can explain/showcase what they do, and collaborate to create understanding of each other’s prerequisites |  | Follow-up surveys gauging cross-sectoral understanding/trust among workshop participants and/or at participants’ workplaces |
| Current reimbursement system rewarding reactive rather than preventive care |  | Ordering and financing health economic studies demonstrating financial benefits of preventing rather than treating forms of cancer (row 1) | How prioritized are these activities among MDE activities? | Track potential changes in/between regions in reimbursement for treatment vs preventive care |
| Disconnects and delays between research and operational/clinical development of healthcare innovation |  | Applying for and getting funding for a ‘Testbed’ allowing implementation/ testing of innovations. Additional activities with potential identified. | How prioritized are these activities among MDE activities? | Comparative case studies / contrafactual studies comparing development speed of ‘testbed innovations’ to other healthcare innovations |