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Innovation Playbook

Turning Ideas Into Actions.

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INTRODUCTION

Innovation Playbook

Clinical research professionals are full of great innovative ideas, intentions, and desires. But that's not innovation.

What usually lacks is running the playbook to turn ideas into company action, at scale. While there are many resources and service providers you can hire to help generate and curate ideas, or transform them into communicable slideware, you still must do the hard work of socializing, problem solving and pulling the right levers so that the idea becomes embedded in the organization and lives beyond your day-to-day involvement.

I've learned through trial-and-error how to truly innovate in pharma companies at scale; which is why I created **The Innovation Playbook: Turning Ideas Into Action** for practical tips.

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STEP ONE

Get your resources in order

There are a great many resources to generate ideas, but getting them into practice is different. Here are some angles one might take to bring an idea to life in the early days.

Resources you'll need

Wrangling the right set of resources to go from idea to prototype to scale can seem daunting, and failing to do so will kill a good idea early. You can get very creative in pooling resources to make stuff happen. While there is no end to the resources you'll want, here are a few you'll definitely need.

Expertise

This is how you get input, pressure test your idea, and think about potential unintended consequences. It comes in all forms from human experts to publicly available information to examining analogous models to social media. Researching content online is straightforward enough, so I'll emphasize two other secret tips focusing on social media (LinkedIn) and vendor partners.

LinkedIn is a great source of knowledge and input when you know how to use it.

Using Polls and stating provocative questions or statements can bring out some really great experts to chime in on the comments.Surprisingly, stating a slightly wrong idea can bring in more information than a simple question, as smart people are often quick to correct! Don't forget to tag the right organizations and experts in your posts to improve visibility. **And if you haven't used LinkedIn much, start now!**

Free expertise can also be found in a trusted partner who should be smart enough to realize that karma is a very real thing. Many companies have a wealth of knowledge as the cross pollination between pharma and vendor is at the highest it's ever been. They are often willing to be good thinking partners for your larger problem.

At ProofPilot, we love to do this for clients, even if their problems are adjacent or unrelated to ours. The key is how to drive that conversation. It's an art and takes practice, so will probably talk about that in another post. In short, you must treat it somewhat like a criminal interrogation and figure out **"why someone did something a certain way."**

Funds

More often than not, you'll obviously need funds at some point for your idea. What is not so obvious is that funds are hidden in many places and it's not always about asking your own leadership about net new funds for a project.

There may be stakeholder departments (IT, ClinOps, Six Sigma, Innovation, Medical Communications, etc) who are looking to justify next year's budgets or may have excess they would like to spend before the fiscal year is out. It is very important to network in advance and in an ongoing basis to get line of sight into other initiatives as much, if not all of the work in Clinical Development and Clinical Operations are deeply intertwined with other departments.

Again, vendor partners can be a great source of **"funding."** To the extent that you don't secure funds just to save it, vendors may be willing to pull together clickable prototypes of your idea as part of a strategic sales process. Providing a concept to a vendor with built-on product market fit has value and some may be willing to do a little work if it helps both parties. Just ensure that appropriate documentation is in place to protect intellectual property where it counts and be very transparent about expectations on both sides.

If there is one essential tip to take away, however, is don't spend time building complex multi year financial cases and ROIs for your idea. It is best to put forward an invest and learn framework in the early days which will establish a baseline of costs and ROI.

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STEP TWO

Rally your Stakeholders

As the old African proverb says, “If you want to go far, go together.” If you want to be seen as a ridiculous person who can’t do a very simple task, as I did early in my career, go by yourself.

Users vs Buyers

Very early on it is critical to distinguish between Users and Buyers. Sometimes they are the same, usually they are different. And almost always there is more than one user group. Inevitably, your idea will be affecting someone else involved in the process. If not framed correctly, you will find resistance instead of cooperation no matter how great the idea seems to you. Change will turn experts (of a current process) into novices (of a new process). Always remember, there will be discomfort in that.

Users

There is no substitute for deeply understanding the user, particularly, why they currently do things a certain way. Often, you’ll find current ways of working are either rooted in outdated assumptions or solving for a separate issue altogether – e.g. broken, antiquated, misaligned or sometimes necessary conditions drive current working processes and tools. As new ideas are formulated, understanding the larger context and what else you may need to change can not only make implementation easier, but it can multiply the positive impact overall. A more successful initiative I drove was to ensure that sponsor owned, patient facing study information was presented in lay language.

At the time, the highly technical language used on government registries was the scope of medical communications, and so the initial thinking was to take the **“approved language”** and work to transform it. But we later realized that there were no rules for government registries that prevented companies from using lay language. As such, an agreement was made by medical communications to simply start out with a lay language style, which not only delivered on their mission, but also saved time and money for our initiative.

Enablers

Pharma companies are highly matrixed organizations and innovating in this model will require a respect for enabling functions like, IT, Sourcing, Procurement, Quality, Finance, and sometimes HR. This takes a good amount of time, relationship building, and respect of the various processes and responsibilities of these organizations. However, when done appropriately, often you will find hidden tailwinds that can help expedite or alleviate burden of getting your idea off the ground.

Legal and Regulatory

Almost every innovative thing you will do inside of a pharma company will require legal and/or regulatory input to ensure you are innovating responsibly. Be sure to help them understand what your desired business outcome is first and foremost, versus trying to give them bits and pieces of the process that you think only require their input. I cannot stress this enough! You may be surprised. They may even provide you with ideas that make your innovation adoption go more smoothly. Go to them early and often.

Legal and Regulatory

Slightly different from Users and Enablers, these folks may be affected by unintended consequences of your innovation if not considered thoroughly. Clinical research is a process with numerous inputs and outputs, and unless you are focusing on the very beginning or the very end of the clinical development process, there will be both upstream and downstream components to appreciate. Done right, the consideration of these people and process can also yield benefits, bolstering the business case for your innovation.

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STEP THREE

Get your timelines in order

See the finish line from the get go. Even then, estimate the time you think need and then add 50% to it.

Timelines

Drug development organizations at Pharma companies are mired in packed meeting schedules and rightly focused on the business of executing the research in front of them. When you're putting out a fire, carving timeout to improve the interoperability of hoses and fire hydrants can be challenging. As such, start small and have a bias toward action and learning cycles. Do not attempt to communicate a 2, 3 or 5-year plan with grand benefits. Even a 1-year plan might be too much. Start with something you can do in 6 months.

Begin with the end in mind. Keep the goal modest and focused on learnings that ladder up to larger benefits. Chunk up your larger vision and create mini plans you can accomplish and report out on regularly. These should be time bound activities you can finish in 1 or 2 months.

Another good reason to follow this framework is for your personal performance objectives. Setting out grand multi-year visions means you won't get credit for any of the progress along the way.

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STEP FOUR

Be realistic of your scope

Limitations of Scope

Drug development organizations at Pharma companies are mired in packed meeting schedules and rightly focused on the business of executing the research in front of them. When you're putting out a fire, carving timeout to improve the interoperability of hoses and fire hydrants can be challenging. As such, start small and have a bias toward action and learning cycles. Do not attempt to communicate a 2, 3 or 5-year plan with grand benefits. Even a 1-year plan might be too much. Start with something you can do in 6 months.

> **"If you can't buy it twice, you can't afford it."**
>
> **Jay-Z**
> American Rapper and Entrepreneur

These are my own best practices which I have learned (sometimes painfully) over my 23 years of innovating in clinical research organizations. I have had many mentors along the way to help minimize potential scars and career jeopardizing moves.

At ProofPilot, we offer an innovative platform for high quality research execution through workflow automation. While we recognize the discomfort of incorporating our product into the norm, we have also taken care to follow these guiding principles in both our product development and consideration of our customers.

Let's talk!

Stay tuned for our next piece on applying the Knoster model for managing complex change in clinical research orga

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We're excited to **partner** with you!

Contact us:

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