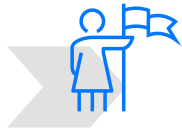


ACTIONABLE RECOMMENDATIONS FROM THE
EIT HEALTH THINK TANK ROUND TABLE SERIES

Clinical leadership



For the domain of clinical leadership, the key recommendations that emerged from the Round Tables centred on building the knowledge of AI and its benefits, and allowing clinical leaders to act as advocates to communicate the potential of AI to their wider teams and facilitate the process of integrating AI solutions into existing workflows. Strengthening the collaboration between stakeholders was also identified as crucial.

Financial incentives for AI development for both clinical leaders and departments were proposed. At the Polish Round

Table, the creation of dedicated roles within healthcare centres, such as Innovation Officers to drive digital healthcare including AI, were suggested.

From the perspective of workforce development, the attitude of clinical leadership in many Member States is yet to change. The role of clinical leadership in this ongoing transformation is to create a safe environment that allows all employees to take risks and fosters a culture of lifelong learning. Here, a fundamental change of mindset and culture is probably key. Clinical leadership

needs to comprise personalities who are highly cooperative as opposed to those who have a hierarchical approach. As role models they need to display a curiosity for innovation rather than a reluctance to change.

The use of Digital Innovation Hubs was recommended as a way of helping to close the gap between industry, research and clinical practice. In addition, the creation of sandbox-type environments to test AI applications in clinical practice was suggested.



Collaboration between innovators and clinical leaders is crucial when it comes to implementing something within the healthcare system. These clinical leaders are actually the crucial people who can make other healthcare professionals adopt something, to learn something, because healthcare systems, maybe more than other industries, are still very much hierarchical. //

**Zineb Nouns, Co-Chair of the
2020 EIT Health Think Tank
Round Table Series**



Case study:

Closing the gap between research and clinical practice

The [CT Innovation Unit](#) at the Department of X-Ray and Scanning, Herlev and Gentofte Hospital, Denmark, is an example of a clinical research unit located at the heart of a clinical practice.

The Innovation Unit (established in 2012) deals with need- and user-driven innovation across a range of initiatives and projects, where the results and solutions are implemented in clinical practice across organisational silos. The strategic focus areas are AI, advanced CT scanning and acute patient diagnostics.

In Germany, the [Medical Informatics Initiative](#) (MII) is funded by the German Federal Ministry of Education and Research (BMBF) and was created to close the gap between research and healthcare. All of Germany's university hospitals have joined forces with research institutions, businesses, health insurers, and patient advocacy groups to create a framework that harnesses research findings for the direct benefit of patients.

The Round Table in Denmark highlighted that there are often barriers to the collaboration between HCPs and industry

The Round Table in Denmark highlighted that there are often barriers to the collaboration between HCPs and industry, which is often treated with suspicion. This perception needs to change and can be replaced

with frameworks and practices that facilitate public-private partnerships. This will not only allow innovation to thrive, but clear guidelines can create trust within the healthcare community about the nature of these partnerships.



Case study:

Creating public–private partnerships

[Vital Beats](#) is an example of a collaboration between a start-up in Denmark and healthcare clinics that has resulted in the development of an AI-driven platform for the remote treatment of patients who have a pacemaker.