

# Roadmap for the EHC Think Tank

The EHC Think Tank is an initiative hosted by the EHC and was publicly launched in June 2021. Present roadmap introduces the WHY, HOW, WHAT, and WHEN of the Think Tank.

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## WHY

The EHC Think Tank is designed to be a vehicle and a platform for ‘systems change’ and to work in parallel with the EHC’s long-standing traditional advocacy efforts. This is because only traditional advocacy – namely a campaign-driven focus on implementing pre-determined solutions to identified problems and processes – will no longer be enough: the pace of change is too high for only reactive advocacy to succeed, there are too many unknowns for proactive advocacy to address, and the advocacy ‘asks’ will be too many to be fulfilled. In other words: what ‘got us here’ may by itself no longer ‘get us there.’

By targeting ‘systems change’ the EHC Think Tank seeks to mobilise the agency and purpose that all stakeholders in our healthcare system naturally have, to co-identify given problems from all of our and their collective perspectives, and to co-design potential solutions and trajectories of positive future change, that will then be co-championed, co-owned and co-implemented.

## HOW

Shifting from a purely project-based to a more people-driven approach requires a cultural and mindset shift, a longer time horizon, and the right conditions. For this reason, the Think Tank is funded exclusively through hands-off grants, employs methodologies that support genuine bottom-up co-creation (e.g. human-centred design thinking), and is run under strict terms of reference and codes of conduct that capture Chatham House<sup>1</sup> and other compliance and engagement standards.

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<sup>1</sup> When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed. (ref. <https://www.chathamhouse.org/>)

When operating from a ‘systems change’ point of view certain individual capabilities should be stressed which extend beyond typical project management tasks. These five capabilities<sup>2</sup> are:

- **Collaboration** — since systemic change cannot be achieved alone, collaboration, building partnerships and coalitions are key to co-create, co-evolve, and co-learn.
- **Diagnosis** — diagnosing the complex sustainable challenges that by nature are multidimensional and interconnected, thereby enabling an analysis of the challenges in a holistic way to help gather the right insights to find opportunities for intervention.
- **Strategy** — designing systems change interventions as a strategy for transformation to help make more robust choices about where and how to intervene.
- **Innovation** — drawing on innovation tools like human-centered design thinking to develop solutions that seek to create scalable, sustainable and systemic impact.
- **Leadership and learning** — exploring and navigating within complex systems requires reflection on personal leadership and learning as well as the importance of collective leadership and learning.

A system cannot change without the people in it. Therefore, collaboration and collective learning are at the heart of the Think Tank.

## WHAT

The EHC Think Tank shall act as a platform for the above-outlined ‘systems change’, aiming to co-create, co-learn, co-evolve, and co-build sustainable healthcare system pathways.



‘Behind the scenes’ the team engages with and seeks advice from process methodologists, behavioural scientists and psychologists to create the best possible platform for patient experts, clinicians, policy makers, private market actors, civil society organisations, economists and other stakeholders to strive to transform the healthcare system pathways that serve us all.

The Think Tank runs a minimum of four (4) working ‘sessions’ – or workstreams – per year, dedicated to a specific European priority area.

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<sup>2</sup> Credit to the School of System change for the definition of the core capabilities.

The identification and prioritisation of the first four topics took place in early 2021 and resulted in the following first cohort of workstreams:

1. Registries
2. Hub-and-spoke models
3. Patient agency

In 2022, a new process began to identify future topics for the EHC Think Tank to address via its workstreams. By June 2022, this resulted in two new workstreams:

4. Access equity
5. Future care pathways

Workstreams are governed by Terms of Reference and Codes of Conduct, and are held under the 'Chatham House' rule. Workstreams are composed of a broad and cross-stakeholder group of experts and 'change agents' as relevant per topic.

Workstreams are project-managed from within their individual membership – who set their own agendas, timelines and targeted outputs – with operational, logistical, methodological, and facilitation support from EHC staff and Think Tank practitioners.

Concrete outcomes and results vary across workstreams but are likely to include, although not limited to manuscripts, consensus-based guidelines, monographs, white papers, etc.

Next to the workstreams, the Think Tank also runs ad-hoc fora to broaden the engagement and regularly explore future topics, directions, challenges, and potential solutions to shared health system needs.

The EHC Think Tank collaborates with relevant external partners to serve the interests of its workstreams, such as Open Health Group, Copenhagen Economics, Overlap, and The Synergist.

## **WHEN**

The EHC Think Tank - an adaptive platform rather than an established platform - is designed to be a flexible and adaptive instrument of and for joint learning. Its activities and collaborations continuously evolve and develop based on collective needs. As much as possible, the EHC communicates this evolution transparently and publicly.

In the first year of the Think Tank (June 2021- June 2022), we

- Held two public Think Tank events,
- Initiated three workstreams,
- Onboarded 51 individual workstream members,
- Hosted seven (7) workstream workshops,

- Published three (3) papers:
  - Bok A, Noone D, Skouw-Rasmussen N, EHC Think Tank. Key challenges for patient registries – A report from the 1st workshop of the EHC Think Tank Workstream on Registries. The Journal of Haemophilia Practice. 2022;9(1): 14-19. <https://doi.org/10.2478/jhp-2022-0002>
  - Bok A, Noone D, Skouw-Rasmussen N, EHC Think Tank. Key challenges for hub and spoke models of care – A report from the 1st workshop of the EHC Think Tank on Hub and Spoke Treatment Models. The Journal of Haemophilia Practice. 2022;9(1): 20-26. <https://doi.org/10.2478/jhp-2022-0003>
  - Bok A, Noone D, Skouw-Rasmussen N, EHC Think Tank. Patient agency: key questions and challenges – A report from the 1st workshop of the EHC Think Tank Workstream on Patient Agency. The Journal of Haemophilia Practice. 2022;9(1): 27-35. <https://sciendo.com/article/10.2478/jhp-2022-0004>
- Onboarded three (3) external faculty members to further help guide, support, and infuse the work of the Think Tank with fresh and out-of-the-box methods, and
- Grew the internal EHC Think Tank staff base.

In this timeframe, we also expanded our co-creation process through:

- online tools, including the launch of a bespoke Think Tank website with public and members-only work sections,
- visual facilitation,
- open space interaction processes, and
- systems change methodologies.

In the next 12 months, the Think Tank will continue facilitating the now five (5) workstreams integrating new methodologies and building the foundation needed to pursue change.

For more updated information, follow us on social media:

- Twitter: [https://twitter.com/EHC\\_Haemophilia](https://twitter.com/EHC_Haemophilia)
- Facebook: <https://www.facebook.com/EuropeanHaemophiliaConsortium>
- LinkedIn: <https://be.linkedin.com/company/ehc-european-haemophilia-consortium>

For any questions, don't hesitate to reach out to the Think Tank team at [thinktank@ehc.eu](mailto:thinktank@ehc.eu).

Last updated:  
10.08.2022/NSR

10.08.2022/AB  
10.08.2022/ZG  
25.08.2021/AB  
19.08.2021/NSR  
13.08.2021/NSR