Assessment of Innovation uploaded on National Health Innovation Portal (NHINP)

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Submitted

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Table of Contents

Topic Contents	Page No.
Acknowledgement	03
Introduction To Organization	04 -06
Overview of Organization	07
Dissertation Topic	;
Assessment of the Innovation uploaded Innovation Portal	d on National Health
Background	09-13
About HTA	14-18
Review of Literature	19-20
Methodology	21-30
Approaches	31
Result & Discussion	32-35
Conclusion	36
References	37-38

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"Successful passage & outcome of every work comes with dedication, determination & team work. All these turn futile in the absence of visionary guidance."

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Kesari Yadav

About National Health System Resource Centre (NHSRC)

National Health Systems Resource Centre (NHSRC) has been set up under the National Rural Health Mission (NRHM) of Government of India to serve as an apex body for technical assistance.

Established in 2007, the National Health Systems Resource Centre's mandate is to assist in policy and strategy development in the provision and mobilization of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

NHSRC is also a World Health Organization Collaborating Centre for Priority Medical Devices & Health Technology Policy

The NHSRC currently consists of eight divisions — Community Processes, Public Health Planning, Human Resources for Health, Quality Improvement in Healthcare, Healthcare Financing, Healthcare Technology, Health Informatics and Public Health Administration.

The NHSRC has a regional office in the north-east region of India. The North East Regional Resource Centre (NE RRC) has functional autonomy and implements a similar range of activities.

Vision

The National Health Portal aims to make this as a single point access for authenticated health information for citizens, students, healthcare professionals and researchers.

Mission

The National Health Portal will achieve the above vision by collecting, verifying and disseminating health and health care delivery services related information for all citizens of India.

Policy Statement

NHSRC is committed to lead as professionally managed technical support organization to strengthen public health system and facilitate creative and innovative solutions to address the challenges that this task faces.

In the above process, we shall build extensive partnerships and network with all those organizations and individuals who share the common values of health equity, decentralization and quality of care to achieve its goals.

NHSRC is set to provide the knowledge-centered technical support by continually improving its processes, people and management practices.

NHSRC serves as the Technical secretariat for National Health Innovation Portal

National Health Systems Resource Centre (NHSRC) has been set up under the National Health Mission (NHM) of Government of India to serve as an apex body to assist in policy and strategy development in the provision and mobilization of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states.

The role of the technical secretariat includes the following-;

- Consolidating the innovations from available resources, secondary searches, submission by innovators through the National Portal;
- Arranging for regular meetings of the committee. It is desirable that each of the Product and the Program appraisal committee meet at least once in 4 months
- The technical secretariat would present the submissions to the committee and will also undertake searches for credibility of evidence, any other related analytical evaluations or assessments of program and product evidences
- The technical secretariat would fund the activities of meetings, any related activities
- Technical secretariat would submit to MoHFW the findings of the two appraisal committees and will inform innovators about the selection of the innovation
- The technical secretariat would support MoHFW in informing states about the approval of the innovation
- The technical secretariat would support states in uptake of such innovations as felt appropriate by the states.

•	Dissemination and Scale up of Innovation and Good Practice: The innovations and good practices which meet the criteria for uptake will be presented to stake holders including state officials periodically.
	6

Healthcare Technology division of NHSRC works in areas of Health Technology Policy, Technology life cycle management, identification and uptake of innovations and conducting health technology assessments. The division serves as a technical node for Technology intensive healthcare Programs and systems development and their interface with broader health technology policy. The Division is South-East Asia's only World Health Organization Collaborating Centre for Priority Medical Devices & Health Technology Policy.

Division of Healthcare Technology provide the technical supports the National Health Mission These are following

- Technical Specifications of Medical Devices procured under National Health Mission
- Biomedical Equipment Maintenance Program across all levels of public health facilities
- Identification, assessment and uptake of innovations in National Health Programs
- Support in Health Technology systems strengthening and providing technical support to Government's agenda on improving cost of technologies, safety profile of products

Dissertation Topic

Assessment of Innovation Uploaded on National Health Innovation Portal (NHINP)

BACKGROUND

National Health Innovation Portal Launched To Boost Innovations in Public Health

National Health Innovation Portal launched on August 17, 2015

The Ministry of Health and Family Welfare, Government of India has set up the National Health Portal in pursuance to the decisions of the National Knowledge Commission, to provide healthcare related information to the citizens of India and to serve as a single point of access for consolidated health information. The National Institute of Health and Family Welfare (NIHFW) have established Centre for Health Informatics to be the secretariat for managing the activities of the National Health Portal.

The National Health Innovation Portal In order to facilitate the innovators to boost the innovations in public healthcare, the Government launched National Health Innovation portal.

The portal will serve as a platform in public domain to facilitate collection and dissemination of good practices and innovations that are found to be replicable. It will act as a gateway for integrating innovations into mainstream healthcare and has potential to bring about transformative improvements in healthcare delivery by accelerating the uptake of successful innovations of products, processes and programs.

The National Healthcare Innovations Portal is an attempt to pool-in and showcase innovative programs designs, practices, technology solutions and products across public and private healthcare sector of India. These solutions have either demonstrated abilities to address health systems challenges in specific contexts or hold a promise for future. This portal will act as an inspiration to health entrepreneurs as well as provide newer program designs, devices and approaches to cover those in greatest need of healthcare.



What is the work of the portal?

This portal will bridge the gap between inventor, industry, manufacturers & academia and shall provide complete information related to the technology required by the small & medium entrepreneur.

- This portal will help the network people to share ideas, experiences, problems faced and their solutions.
- This portal will work as a single source of Information about inclusive innovation, sectors such as health, education, food and agriculture, environment and natural resources, science and technology etc.
- This portal wills the industry to exploit Innovation to prosper the innovator and country.
- This portal will provide a platform to innovators, plant & machinery manufacturers and other experts, where innovators/entrepreneurs can register with the portal to avail services such as innovation search, content upload, personalized search, etc.
- This portal will create national index on innovations and information related to innovations.

Inventor how to uploaded the product and program on National Health innovation Portal

This is a online web portal. Website available on the NHInP Portal. There is a simple format for the uploaded product on this portal. "INNOVATIONPORTAL.ORG" AND WWW.NHINP.ORG

SIMPLE FORMAT FOR THE INNOVATION PORTAL

Submitte	Name	Addres	City	Zip	Country	Phone	Email	Title
date		S						
Area of	Evidenc	Eviden	Resul	Independ	Target	Results	Concludi	Referenc
innovati	e on	ce on	ts on	ent	populati	of	ng	es
on:	scalabili	costs	costs	Evaluatio	on	independ	Remarks	
	ty:			n done:		ent		
						evaluatio		
						n		

A web portal serves as an integrated gateway to the website and provides a single point of contact for online delivery of services to the visitors.

Highly-useable portals are designed to search, categorize, present and to put together relevant information and likely to attract a large number of hits or visitors.

There are also different web portals implemented by the counties for providing health care facilities. National health innovation portal is implemented in the country. There are different health services available to the citizens on this web portal. The citizens access different health services electronically through the health portal. These services are, , , book planned appointments, appointments, advice how to help you, common information, and follow up

What is innovation?

- Innovation is the successful exploitation of ideas.
- The main characteristic of innovation is change.
- The three dimensions of innovation are product, process and organizational.
- Innovation can be of incremental or radical type.
- Innovation is not restricted to high-tech environment only.

It appears in all sectors of activity.

What is HTA

Health Technology Assessment (HTA) is a multi-disciplinary field that examines the clinical, economic, social and ethical implications of medical technologies HTA is an internationally active field and has seen continued growth. It has also been advanced by the evolution of methods including clinical epidemiology and health economics and acts as a bridge between the world of research and decision-making process.

The five day (including one day conference) Fellowship on Health Technology Assessment is 6th in series. The program offers sessions by expert faculty in the subject of Systematic Reviews, Economic Analysis and Medical Technology Evaluation.

HTA is the systematic evaluation of properties, effects and/or impacts of health technologies and interventions. It covers both the direct, intended consequences of technologies and interventions and their indirect, unintended consequences. "A multi-disciplinary field of policy analysis that examines the medical, economic, social and ethical implications of the incremental value, diffusion and use of a medical technology in health care."

What is a health technology?

A health technology is the application of organized knowledge and skills in the form of devices, medicines, vaccines, procedures and systems developed to solve a health problem and improve quality of lives.

Dimensions of HTA

- Clinical effectiveness- Assessment of clinical literature, trial data and undertaking system systematic review/meta analysis
- Cost-effectiveness- health economic modeling with life time costs to calculated societal gain
- Legal, ethical and regulatory aspects related to a technology
- Health systems integration model

Application for an HTA

- Eliminating services that are lesser effective or lesser cost-effective compared to alternatives
- Estimating reimbursement thresholds
- Defining Insurance Packages
- Selecting priority technologies/services on scientific merit
- Assessing best choices in public health provisioning

HTA as a Tool

HTA can help policy makers to:

- effectively prioritise health interventions and services
- improve their quality
- make consistent decisions
- reduce inappropriate variation
- inform the selection of indicators to assess performance and incentivise providers, especially in the context of capitation

Why to conduct an HTA

- Evidence around technologies rapidly change with inclusion of newer and larger studies/trials
- Innovations have no formal or objective mechanism for uptake
- Designs of Clinical trails and research studies may not capture social/ethical dimensions around technologies
- Cheaper technologies may not always mean cost-effective technologies

HTA audiences

- Policy-makers payers
- Medical products developers industry
- Healthcare professionals
- Academic community researchers
- General public: taxpayers; insured population; informal sector
- Patients and their families
- NGOs / third sector
- Donors

Steps to conduct an HTA

- Systematic Review/ Meta Analysis
- Cost-effectiveness
- Legal, ethical and regulatory aspects
- Health system Integration
- Health Technology Report

Systematic review

• A review of a clearly formulated question that uses systematic and explicit methods to identify, select and critically appraise relevant research and to collect and analyze data from the studies that are included in the review

Process of Evidence based practice

- Defining the scope
- Searching
- Select the studies
- Analyze data
- Present Results

Where do questions come from?

- Clinical activity
- Patients
- Different management practices
- Purchasers of health care
- Policy makers
- Developing guidelines

Who can attend?

- Biomedical and clinical engineers
- Hospitals and Healthcare Program Managers
- Students pursuing Public Health Management and Health Policy
- Attendees for the Program
- Professionals and providers who deal with healthcare technologies
- Patient safety officers and care providers
- Health Economists

Course objective:

- Assessing clinical epidemiology questions through systematic reviews and critical appraisal of clinical studies/trials
- Basics of health economics modeling for intervention & technology selection in healthcare
- Legal and Regulatory dimension in use and uptake of health technologies
- Impact assessment in selection and use of health intervention & technologies

Specific Objectives:

- Improve access to services through IT enabled cataloguing of service providers.
- Create a comprehensive web based National Health Portal to make available comprehensive health related information to the community using IT and analogue or Non-IT methods.
- Create protocols to enable the masses to access reliable, easy to understand, multilingual health information from the interactive National Health Portal.
- Create protocols for wide dissemination of health information in public domain using the Internet and other pertinent communication modalities.
- Create databases to enable citizens to seek, locate and access health care providers across the country.
- Create platforms to provide health information and health resources for the healthcare workers, NGOs, student communities, and health professionals

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Literature Review

Innovation is spurred through responses to the challenges of cost, supply chain problems and sustainability concerns. This implies that certain non-medical factors can influence the need for innovation in the health sector. (Temidayo, 2012)

Innovation may mean different things to different people, professions and businesses (Mulgan and Albury 2003; Borins, 2001). Additionally, innovation will not perform its intended purpose in an organization until appropriate building blocks are put in place. The ability to understand and leverage these factors determines the degree to which innovation can be disseminated within an organization (Greenhalgh et al., 2004). Previous research on healthcare innovation has focused on clinical and medical technologies. With an aging population and declining health budgets, service innovation is needed in responding to the diverse nature of patients' needs (Peckham, 2000; Adams, 2003). This study has shown the multidimensional outlook of forces driving the need for innovation in the health sector. The findings uphold the assertion that innovation has been the NHS response mechanism to turbulent environment (Adams, 2003; Fulop et al., 2001). Healthcare organizations should develop competences and practices for promoting ideas generation and investment in early adopters (Varkey, et al., 2008).

The innovations' impacts on total cost of care were estimated by independent evaluators using multivariable difference-in-differences models; most of the innovations did not show a significant effect on total cost of care. Using meta-regression, we assessed the effects on costs of five common components of these innovations. Innovations that used health information technology or community health workers achieved the greatest cost savings.

Innovation is widely acknowledged as key to economic development, since it potentially leads to productivity and competitive gains (Abrunhosa&ESa, 2008). There are several definitions of innovation. According to Schumpeter (1983) "innovation is the commercial or industrial application of something new-a new product, process or method of production; a new market or sources of supply; a new form of commercial business or financial organization. The European Commission defines innovation as the renewal and enlargement of the range of products and services and the associated markets; the establishment of new methods of production, supply and distribution; the introduction of changes in management, work organization, and the working conditions and skills of the work force (CEC, 1995). In the simple terms, innovation involves the exploitation of new ideas. Innovation is term that may refer to process, an attribute, or an end result. There is a difference between innovation and invention. Innovation should not be equated to invention; an invention may not necessarily lead on to innovation. This distinction is made clear by Freeman (1982) when he note that: "an invention is a idea, a sketch or model for a new or improved device, product, processor system" whereas "an innovation in the economic sense is accomplished only with the first commercial transaction involving the new product, process, system or device.." Different definitions of innovation included in the literature. "Innovation has been consistently defined as the adoption of idea or behavior that is new to the organization (Bon

& Mustafa, 2013). Thus, innovation does not exclusively result from R&D it is a multidimensional process, with multiple sources, most of the time coming from complex interactions among individuals, organization and the institutional setting.							
20							

Main Objective:

To evaluate the process of selecting innovation uploaded on NHINP portal.

Methodology

Search strategy:

A number of databases were used in the search for relevant academic published articles including Scopus, Pub Med, Web of Knowledge and Business Source Premier.

Searches for grey literature on the topic area were conducted using Google. Articles for the review were drawn from peer-reviewed journals, conference papers, consumer studies, health professional studies, research by recognized independent institutions as well as systematic and narrative reviews of the various topics.

Search terms:

The terms used for search purposes included, but were not restricted to:

'internet/web/online health seeking behavior', 'online health information', and 'health'.

How to define the mandatory data for the innovation Firstly define the product name and title- these data are following

- Product Name
- Submit date
- Area of Innovation
- Evidence on scalability:
- Evidence on costs
- Results on costs
- Independent Evaluation done:
- Concluding Remarks
- References

We will study the portal on the website nhinp.org for to study the process an innovator to upload any innovation.

We will study the criteria of selecting or disqualifying any technology by contact to the concern term of nhinp portal, if possible we will try to get the tools those are using.

Usi

No

in	ing Methods-:							
1.	What is the technology's stage of development?							
	Yes (Commercialized)							
	No (Under Development)							
2.	Does the technology target a well-defined and substantial health problem?							
	Yes							
	No							
3.	Are there health problems not mentioned by the submitter that the technology has the potential to address?							
	Yes							
	No							
4.	Is the innovation novel and unique?							
	Yes							

5.	. Are there existing solutions not mentioned by the submitter that address the same health problem(s)?								
	Yes								
	No								
	If yes, please list these other existing solutions:								
6.	In what ways, if any, is the technology superior to exist	ing solutions?							
	Safer								
	More effective								
	Higher quality								
	Easier to use								
	Easier to produce/manufacture								
	Easier to maintain								
	More affordable								
	More durable								
	More socially and culturally acceptable								
	Other comments (if any):								

7.	. Is the technology suitable for low-resource setting because it is?									
	Easy to use									
	Easy to maintain in target setting									
	Easy to produce/manufacture in target setting									
	Affordable									
	Durable									
	Socially and culturally acceptable									
	Other comments (if any):									
8.	The technology is suitable for low-resource settings because it is?									
	Yes									
	No									
9.	Does the evidence presented indicate that the product could lead to positive health outcomes in low-resource settings?									
	Yes									
	No									
10.	Recommendation:									

We select the all product the scoring based.

Scoring Sheet									
S.no.		Criteria	Score	Maximum Possible Score					
1	What is the technology's stage of development?	Yes (Commercialized)	1	1					
		No (Under Development)	0						
2	Does the technology target a well-defined and substantial health problem?	Yes	1	1					
		No	0						
3	Are there health problems not mentioned by the submitter that the technology has the potential to address?	Yes	1	1					
		No	0						
4	Is the innovation novel and unique?	Yes	1	1					
		No	0						
5	Are there existing solutions not mentioned by the submitter that address the same health problems?	Yes	1	1					
		No	0						
		If yes, please list these other existing solutions:							
6	Superiority of the technology in terms of safety and efficiency?	Safety, Quality & Affordability	2	2					
		Affordability	1						
7	Dose the evidence presented indicate that the product could read to positive health outcomes in low resources setting?	Yes	1	1					
		No	0						
8	Presentation	Approvals	2	2					
	Total Maximum Possible Score								

Than all criteria is approval and affordable after that selected the final product.

Selected list for the product:

S.N	Submit	Na	me:	Area of	E-mail:	Title Name	Status		Reason
0	Date			Innovati					
				on					
1	1/10/20 4:)16 :17	Joel Ehrenkranz	Salt Lake City	assistant@i- calq.com	Point-of-Care Newborn Thyroid Screening	Disqualifie d	No	evidence Submitted
2	15/10/2 6 3:		RAJESWAR DAYAL KAPOOR	New Delhi	rkapoor@rijuve n.com	Cardio Sleeve			
3	24/12/2 6 4:		Priyesh Shukla	Noida	support@indiafi n.com	Test Form	Disqualifie d	Tes	t Mail
4	10/2/20 11:		Ranjeet Kaur	Noida	ms@indiafin.co m	Test	Disqualifie d	Tes	t Mail
5		:57	SOMA GUHATHA KURTA	CHENN AI.	drsoma@smbpl. com	CARDIAC PATCH/ (SYNKROSCAFF)			
6	17/2/20 18:		Vivek Borse	Mumbai	vivekborse22@ gmail.com	PorFloR: point-of- care, portable, fluorescence lateral flow assay strip reader	Disqualifie d	No & V	t Commercialized third party evidence Yery lited evidence
7	18/2/20 1:)17 :52	Amit Bhatnagar	Gurgao n	amitb@accuster .com	Labike Mobile Lab	Complete		
8	18/2/20 10:		Suprio Das	Kolkata	firefly.power@y ahoo.com	Zimba	PHP	Hea	il sent to upload on alth gram
9	19/2/20 10:		SARABJEET JOHAR1	Kanpur	sarabjeetjohar @yahoo.com	PERSONAL KIDNEY CARE KIT [URINE ALBUKIT]	Disqualifie d	Not	yet commercialized
10	20/2/20 6:)17 :00	AMIT TYAGI	Delhi	amityagi@gmail .com	HAEMOSTATIC BIOMEDICAL PRODUCTS & DEVICES FOR BLOOD LOSS MANAGEMENT IN ROAD ACCIDENTS	Disqualifie d	reg of	ere is no data arding any the three required cuments present.
11	20/2/20 6:)17 :52	Shantimoy Kar	Kharagp ur	shantimoykar@ gmail.com	Paper-based test kits for easy testing	Disqualifie d	It is	a project proposal

12	20/2/2017 9:13	Kedar Khare	New Delhi	kedark@physics .iitd.ac.in	of antimicrobial susceptibility. High Resolution Digital Holographic Microscope (DHM) system	Disqualifie d	which has not been executed till date Further there is no data regarding any of the three required documents present. Prototype. It is a project proposal which has not been executed till date.
13	20/2/2017 9:22	Satish Kannan	Bangalo re	satish@docsapp .in	DocsApp an App for real-time mobile phone based medical	РНР	Further there is no data regarding any of the three required documents present. Mail sent to upload on Health Program
14	20/2/2017 10:26	Ramakrish na Mahadeva n	Madura i	ram.mahadevan @aurolab.com	Consultations Quick See	Disqualifie d	Not yet commercialized
15	20/2/2017 10:44	Rupenangs hu Kumar Hazra	Bhuban eswar	rupenkh@yaho o.co.in	Transfer of a Molecular Technique from Laboratory based study to field for Mapping of Malaria Vectors and their Vectorial Attributes	PHP	Mail sent to upload on Health Program
16	20/2/2017 11:42	NITIN MAHAJAN	NEW DELHI	rajendra4652@ gmail.com	LED FLEXIBLE VIDEO ENDOSCOPY SYSTEMS	Complete	
17	20/2/2017 12:42	Dr Rajesh Kumar Ganjhu	Lane No 1	rajeshganjhu@g mail.com	Ayurvedic Proprietary & Patented Medicine For Rabies and Japanese Encephalitis	Disqualifie d	Only Preclinical studies (Animal studies) conducted. Safety & Stability studies not Conducted so far.
18	20/2/2017 12:46	Satya Tapas	Bangalo re	satyatapas.dahp @gmail.com	CNC microscope for clinical diagnosis	Disqualifie d	There is no data regarding any of the three required documents present.
19	20/2/2017 13:04	PremNand hini Satgunam	Hydera bad	premnandhini@ lvpei.org	Pediatric Perimeter	Disqualifie d	Not Commercialized No third party evidence on infants

							Studies on infants not yet
20	20/2/2017 14:07	ATUL SARDANA	NEW DELHI	atul.sardana@al facorpuscles.co m	Low Cost Indigenous Single Use Safety Syringe With Passive Spring Actuated Needle Stick Injury And Reuse Prevention Mechanism (SMART SYRINGE)	Complete	conducted
21	20/2/2017 14:25	Pooja Mukul	Jaipur	reconrehab@g mail.com	ReMotion Polycentric Prosthetic Knee Joint	Disqualifie d	Evidences not available.
22	20/2/2017 15:37	Ashish Gawade	Pune	gawade.ashish @gmail.com	[World's first hand cranked defibrillator that costs 1/4th]	Disqualifie d	Evidences not available.
23	20/2/2017 16:01	Uttama Lahiri	Gandhi nagar	uttamalahiri@iit gn.ac.in	[SWASTi: A Smart Walking Aid Stick for Individuals having Parkinson Disease][Selected for Exhibition at RB 2017]	Disqualifie d	Evidences not available.
24	20/2/2017 16:10	Gaurav Lodha	CHENN AI	glodha0@gmail. com	Advanced Electro larynx	Disqualifie d	Not commercialized Clinical trials for safety and effectiveness is ongoing i.e. no evidence available
25	21/2/2017 10:59	Aditya Parashari	NOIDA	adityaanjana pa rashari@yahoo. co.uk	Digital Magnivisualizer	Disqualifie d	Not commercialized
26	22/2/2017 6:17	Rajendra Kharul	Dr. Homi Bhabha Road	rk.kharul@genri chmembranes.c om	Innovative Gas Enrichment Technology: Applications Including Oxygen Therapy	Disqualifie d	Not commercialized Clinical trials for safety and effectiveness is not yet initiated i.e. no evidence available
27	22/2/2017 9:08	SUBHASHR EE R	CHENN AI	subhashree@p msind.com	Neonatal Resuscitation Trolley Enabling Delayed Cord Clamping (DCC) and Resuscitation with Intact Placental Circulation (RIPC)	Disqualifie d	Not commercialized Clinical trials for safety and effectiveness is ongoing i.e. no evidence available
28	27/3/2017	yogesh jain	Chhattis garh	yogeshjain.jssbil aspur@gmail.co m	Infant warmer with a heat source	Asked for Evidences	Evidences not available. Evaluation on safety is on going.
29	28/3/2017	Raman	Chhattis	k.drraman@gm	Hemoglobin	Asked for	Evidences not available

		kataria	garh	ail.com	Electrophoresis apparatus for Sickle cell disease	Evidences	
30	29/3/2017	Dr RS Aswal	Uttarak hand	mdnhmuk@gm ail.com	mSakhi	PHP	Mail sent to upload on Health Program
31	31/3/2017	Charusheil a Ramkumar	Bangalo re	charusheila@on costemdiagnosti cs.com	Can Assist-Breast	Disqualifie d	Evidences not available.
32	3/4/2017	Sanjay Soni	Rajasth an	drsanjaysoni.19 70@gmail.com	point of care device for rural and urban health globally	Disqualifie d	Evidences not available.
33	7/4/2017	Ambar Srivastava	New Delhi	ambar@wrigna nosystems.net	TrueHB	Complete	

Approaches

The methodology selected to conduct this research is a mixed approach. Which combines the quantitative and qualitative approaches?

Qualitative research is used to explore and understand people's beliefs, experiences, attitudes, behavior and interactions. It provides non-numerical data to the user. Qualitative techniques have been commonly used to do research in health care, e.g. it can be used to document the experience of chronic illness and also to do research about the functioning of different organizations.

Quantitative research gives numerical data or the data convert able into numbers. Examples of such kind of studies are clinical trials or the national census, which counts people and households.

In order to understand the -health web portal concerning usability evaluation, there will be a detailed literature review in the first phase of the study. This study will guide in selecting the appropriate methods in conducting usability tests and specifying the evaluation criteria for health web portal. The authors have aim to use "think aloud" technique to perform the usability test of the portal and this technique will help the authors to get citizen's point of view regarding the usage of new data and new ideas on health web portal in a better way.

"Think aloud" technique is a type of outsider observational analysis. As its name suggests, the method involves users vocalizing their thoughts and actions as they perform a set of specified tasks. Users are instructed to speak what they are thinking and feeling while doing a task.

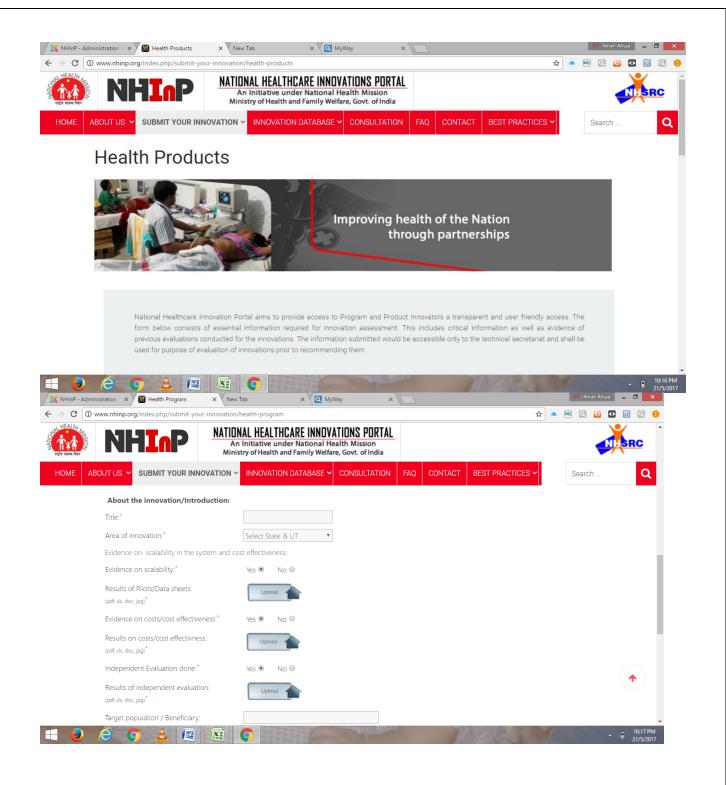
Results

There are two options to upload any innovation.

Health Product

Health Program

As we are focusing Health products.



We will define and selected the entire all products in those criteria and based on scoring, otherwise disqualified and rejected the products.

As per the criteria we select the total 33 products. As per terms we selected the final products on nhinp portal -5 products

5 products selected

22 products disqualified

4 products for PHP

2 products no evidence

Define the selected product on National Health Innovation Portal in this list. This is a final list of the NHInP products.

NHINP List of Innovation						
S . N o	Submit Date	Name:	Area of Innovation	E-mail:	Phone:	Title Name
1	16/2/2017 8:57	SOMA GUHATHAKURTA	CHENNAI.	drsoma@smbpl.com	44 26811172	CARDIAC PATCH/ (SYNKROSCAFF)
2	18/2/2017 1:52	Amit Bhatnagar	Gurgaon	amitb@accuster.com	0124 4500700	Labike Mobile Lab
3	20/2/2017	NITIN MAHAJAN	NEW DELHI	rajendra4652@gmail.com	011 41069553	LED FLEXIBLE VIDEO ENDOSCOPY SYSTEMS
4	20/2/2017	ATUL SARDANA	NEW DELHI	atul.sardana@alfacorpusc les.com	011 27754814	Low Cost Indigenous Single Use Safety Syringe With Passive Spring Actuated Needle Stick Injury And Reuse Prevention Mechanism (SMART SYRINGE)
5	7/4/2017	Ambar Srivastava	New Delhi	ambar@wrignanosystems .net	011 46570200	TrueHB

CONCLUSION

This part of thesis consists of conclusion, recommendations for improvement in portal and proposed future work.

The major objective of this thesis is to evaluate the health portal to find out its effects on citizens while accessing the health related information and services. The usability evaluation is done empirically. It supports the citizens for taking care of their health and helps them in accessing health services and health related information in an easy to access way.

Healthcare systems have experienced a proliferation of innovations aimed at enhancing life expectancy, quality of life, diagnostic and treatment options as well as the efficiency and cost effectiveness of the healthcare system. Information technology has played a vital role in the innovation of healthcare system. Despite the surge in innovation, theoretical research on the art and science of healthcare innovation has been limited. In order to achieving target goals of National Health Mission and to make health more accessible, affordable, safer and equitable; there is a need to identify, evaluate and scale up innovation. This compendium of innovations is collection of best practices in various states in India and is being shared for the purposes of dissemination and scale up.

The first step in solving a problem is to create a plan for change. In preparation for change within healthcare, there is often an anticipation that change will result in an improvement or solution for an existing problem. In reality, not all changes result in a solution or improvement, much less an innovation. Change may in fact produce little to no improvement or benefit, and in some cases, may unexpectedly yield negative results or outcomes. For this reason, introducing a change, whether big or small, cannot be considered innately 'innovative'.

References

Temidayo. O. Akenroye the Innovation Journal: The Public Sector Innovation Journal, Volume 17(2), 2012, article 3.

Mulgan, G., and D. Albury. 2003. Innovation in the Public Sector, Strategy Unit, Cabinet Office, October 2003.

Peckham, M. 2000. A model for health: Innovation and the future of health services, London: The Nuffield Trust.

Greenhalgh, T., G. Robert and P. Bate et al. 2004. How to Spread Good Ideas: A systematic review of the literature on diffusion, dissemination and sustainability of innovations in health service delivery and organization. Report for the National Coordinating Centre for NHS Service Delivery and Organization R & D (NCCSDO)

Adams, R. 2003. Perceptions of innovations: exploring and developing innovation classification. PhD Thesis (Unpublished), School of Management Cranfield University, UK.

Fulop, N., P. Allen, A. Clarke and N. Black. 2001. Studying the organization and delivery of health services: research methods, London: Routledge.

Varkey, P., A. Horne, and K.E. Bennet. 2008. Innovation in Health Care: A Primer. American Journal of Medical Quality, 23: 382-388.

Aff, Millwood. 2017Impact of Health Care Delivery System Innovations On Total Cost Of Care Health 36:3509-515

http://www.nhinp.org/

Merriam-Webster. Simple Definition of INNOVATION. 2016. Available at: http://www.merriam-webster.com/dictionary/innovation. Last accessed: 13 September 2016.

Schweitzer F et al. Technologically Reflective Individuals as Enablers of Social Innovation. J Prod Innov Manage. 2015;32(6):847-60.

Dubé L et al. Convergent innovation for sustainable economic growth and affordable universal health care: innovating the way we innovate. Ann N Y Acad Sci. 2014;1331:119-41.

World Health Organization. Innovation. 2016. Available at: http://www.who.int/topics/innovation/en/. Last accessed: 13 September 2016.

Adams, R. 2003. Perceptions of innovations: exploring and developing innovation classification. PhD Thesis (Unpublished), School of Management Cranfield University, UK.

Andrew, K. 2010. Forward Commitment Procurement: in practice: A step change in energy efficiency in the NHS, Departement for Business Innovation & Skills. Available at:

 $http://www.ogc.gov.uk/documents/Rotherham_UEL_Case_Study_070709.pdf~accessed~(11th/09/2010)$

Aranda, D. A. and L. M. Molina-Fernandez, 2002. Determinants of innovation through a knowledge based theory lens. Industrial Management and Data Systems, 102