
Healthcare Innovation Leadership: Technology Assessment, Adoption and Scale-Up Course

30 May – 3 June 2027
Cairo





Healthcare Innovation Leadership: Technology Assessment, Adoption and Scale-Up Course

Ref: 69_12808 Date: 30 May – 3 June 2027 Location: Cairo Fees: 3100 GBP

Programme Summary

Healthcare innovation leadership is a one-week training course for senior executives at strategic level, culminating in an innovation adoption and scale-up plan for one priority innovation in their organisation. Health organisations run many pilots of new technologies and care models, yet few are assessed rigorously, adopted widely or sustained once project funding ends. The approach links an innovation portfolio, evidence of value, adoption planning and scale-up into one managed pathway from idea to routine practice. Mars Training Centre UK delivers this programme in healthcare innovation leadership.

The Business Case

Unmanaged innovation consumes clinical time and capital on technologies that never deliver, while promising ideas stall after the pilot. A disciplined pathway screens ideas against strategic need, demands proportionate evidence of value before purchase, plans for the people and systems that must change, and funds spread only where results justify it.

- Value From Technology Investment: Improves as purchases follow structured assessment of clinical, economic and organisational evidence.
- Pilot-to-Scale Conversion: Rises as complexity is assessed early and adoption barriers are addressed before roll-out.
- Time to Adoption: Shortens as clinicians, patients and suppliers are engaged through a designed pathway.

Principles and Evidence Base

- Health Technology Assessment HTA: Provides the multidisciplinary method used in Session 2 to judge the value of a technology before purchase.
- NASSS Framework Nonadoption, Abandonment, Scale-up, Spread and Sustainability: Structures the complexity assessment of innovations in Sessions 3 and 4.
- Rogers' Diffusion of Innovations: Explains adopter groups and the attributes that speed or slow adoption in Session 3.
- Design Thinking Double Diamond: Guides the care redesign work in Session 1.

Intended Participants

- Executives who decide which innovations a hospital or health system funds and adopts.
- Leaders of innovation, transformation or digital units who run pilot portfolios.
- Medical and nursing leaders who sponsor new technologies and care models.
- Senior managers who negotiate with start-ups, industry partners and investors.



The programme serves hospital groups, public health systems, health insurers and health technology companies.

Learning Outcomes

1. Participants will be able to construct an innovation portfolio aligned with strategic priorities.
2. Participants will be able to apply design thinking to redesign a care process around patient needs.
3. Participants will be able to evaluate a health technology using health technology assessment criteria.
4. Participants will be able to diagnose adoption and scale-up risks using the NASSS framework.
5. Participants will be able to design partnership, funding and procurement routes for innovation.
6. Participants will be able to justify a scale-up plan for a proven pilot.

Programme Structure

Day 1: Healthcare Innovation Leadership and Strategy

Which innovations should a health organisation pursue, and how are ideas generated?

- Types of Healthcare Innovation: Technology, Process and Business Model
- Innovation Strategy and the Three Horizons Portfolio
- Design Thinking and the Double Diamond
- Patient Journey Mapping for Care Redesign
- Stage-Gate Screening of Innovation Ideas

Day 2: Assessing Value and Evidence

How is the value of a new technology or care model judged before investment?

- Health Technology Assessment Principles and Process
- Clinical Effectiveness and Real-World Evidence
- Cost-Effectiveness and Budget Impact Analysis
- Organisational and Ethical Impact Assessment
- Evidence Thresholds for Pilots Versus Purchase

Day 3: Adoption and Spread

Why do promising innovations fail to be adopted, and how is adoption designed?

- NASSS Complexity Assessment
- Rogers' Diffusion of Innovations and Adopter Segments
- Clinical Champions and Frontline Engagement
- Workflow Integration and Change Readiness
- PDSA Pilots and Adoption Metrics



Day 4: Partnerships, Funding and Scale-Up

How are partners, money and systems arranged to take a pilot to scale?

- Partnering With Start-Ups, Industry and Academia
- Innovation Funding Models and Business Cases
- Value-Based and Outcome-Based Procurement
- Intellectual Property and Data-Sharing Agreements
- Scale-Up Readiness and Sustainability Planning

Day 5: Applying Healthcare Innovation Leadership

How are assessment, adoption and scale-up brought together for a real innovation?

- Innovation Portfolio Review of a Participant Organisation
- Value Case for a Priority Innovation
- Adoption Risk Assessment and Mitigations
- Peer Challenge of Scale-Up Plans
- Innovation Adoption and Scale-Up Plan Presentation

Methodology

The programme combines case analysis with structured exercises. Participants examine cases of remote monitoring, artificial intelligence tools and new care models from hospitals and insurers, then apply each method to an innovation they bring from their own organisation and test it with peers acting as clinicians, finance leaders and suppliers.

- Suggested activity: Running a NASSS complexity assessment of a remote monitoring programme.
- Suggested activity: Building a budget impact model for a diagnostic device.
- Suggested activity: Redesigning a clinic visit with patient journey mapping.

Capstone Output

Each participant completes an innovation adoption and scale-up plan for one priority innovation. It sets out the strategic fit, a value case built on assessment criteria, the adoption risks with mitigations, partnership and funding routes and a staged scale-up timeline, ready for an executive investment decision.

Frequently Asked Questions

Is healthcare innovation leadership suitable for executives without a technology background?

Yes. It suits clinical and non-clinical executives who sponsor or fund innovation. It assumes senior management experience but no technical or research training.



Which frameworks underpin healthcare innovation leadership and technology assessment?

It draws on health technology assessment, the NASSS framework, Rogers' diffusion of innovations and design thinking with the double diamond model.

How is the healthcare innovation adoption and scale-up plan used at work?

You take back a plan for one innovation that can go straight to an investment committee, with evidence, risks, partners and a staged timeline.

How does healthcare innovation leadership differ from health information systems programmes?

It covers how any new technology or care model is judged, adopted and scaled. Health information systems programmes focus on running records and data platforms.