Value-adding Integration

Low cost, fast improvement and innovation concept and methods for products, public services and rare disease health care and research

Introduction

Background to this Document

Foreword

This document was prepared to provide a way of thinking, analyzing and developing innovative ideas to enhance creativity, collaboration and dissemination of data. Also to provide a way of interpreting what is working well and why. The intention was for something simple to help everyone involved deliver better results, faster.

The document was initially written to help friends in the Barth syndrome community (Barth Syndrome Foundation Inc., USA, Barth Syndrome Trust, UK, Barth Syndrome Foundation, Canada and Barth France) with whom we've carried out voluntary work for some years.

The concept and methods outlined are generic and have wider application than just rare disease healthcare and collaboration between widely dispersed patients, clinicians and researchers. It is written to apply equally to products and public services using previous Green Leader Limited experience and work on a fast method for developing unique selling propositions (USPs) for tendering and streamlined tender evaluation. The principles cross over from the business and public sector worlds. Hopefully much will sound familiar, if a bit different, logical and supported by experience.

The document does not to go into detail – apologies for the number of words, sometimes convoluted sentences and business related terminology/examples; also the serious and insomnia curing style, only relieved by the first appendix. Other appendices try to suggest possible uses relating to rare diseases. If there is anything here of more general use, the content can be worked on later and adapted. The intention now is to outline the basics and the concept. A presentation and notes on frequently asked questions are also available.

Text shaded as here refers to business, products and public services and can be ignored if your interests are in rare disease healthcare and research.

Making the future better – NOW
In main text are shaded entries to help you apply the principles immediately to your own interests.

Value-adding Integration (VAI)

Overview – low cost, fast improvement and innovation

Facilitating competitive advantage, better public services, RD healthcare and research

This is a generic method for finding and implementing improvements, innovations and cost savings in products, services, processes and activities; facilitating competitive advantage in business environments; delivering better public services and value for money; improving rare disease (RD) healthcare; achieving faster results from translational medical research especially into rare diseases. Often these can be (theoretically) achieved at low cost and risk. Integration also provides a pathway for subsequent progressive improvement and in itself be a source of value. Later stages of the method, having identified a VAI opportunity, evaluate compliance/ expectation issues and successful outcome assurance since not every integration identified may turn out to be value-adding, practicable or desirable.

The overall concept of VAI is simple; it is that through integration of the value/value-adding part(s) (typically of needs/wants, products, services, activities, situations or processes):

(a) A better end result (of value-added in utility, functionality, product, service etc.) is obtained. Also waste/cost, and workloads are reduced or even a non-value-adding activity turned into one that adds value, and;

(b) Opportunities for further enhancements or added value also arise. In effect the integration adds value in its own right, creates a new situation and encourages further improvement or innovation, and;

(c) Problems at interfaces (typically between end-user and product; stages in an overall value-adding process; network; patient and their world) are reduced or better still, eliminated.

Integration provides a better value-adding 'fit', (fit, form or function), or meeting/co-ordination with (1) end-user values, perceptions, needs or wants or (2) with other value-adding activities. VAI provides appropriate language (to express ideas), methodology (for systematic analysis) and focus (for management deployment) to facilitate understanding and integration activity.

VAI recognizes that value for the end-user (or next/intermediate user or patient) exists at the interface and value can be added here; it can also be lost here when the interface's importance is overlooked. Yet in a more traditional approach this area can be neglected in preference to earlier value-adding stages of activities and processes, which from the end-user's or patient's perspective are irrelevant.

VAI provides a way of seeing and interacting with the 'Big Picture' where the products, services, activities or processes fit in with end-user wants/needs/perceptions/requirements/lifestyle etc. It complements and helps existing methods to promote efficiency or reduce wastage, whilst offering upside as well. It also provides an end-user focused way of discovering novelty with reduced risks of failure. It appears particularly appropriate to finding ways of improving services at minimal cost, not just delivering existing ones at lower cost. A further potential use is in rare disease healthcare and research where resources and budgets are limited, and the few patients, researchers and interested clinicians are widely dispersed. VAI principles may help in creativity, collaboration and dissemination of data.

There are many examples around of successful VAI, but of course nobody describes them in those terms and the systematic analysis or common methodologies (based on VAI) tend to be absent. There are, in any case sometimes other ways of seeing these as improvements or innovations and getting to the same result. However, when looking for a hypothetical improvement it can be difficult to spot what with hindsight seems obvious. VAI can help and, at present, it appears that it is actually simple, once a given situation is described in the appropriate language (of VAI) to see it in the VAI context, analyze it accordingly and then devise suitable innovative solutions and ways of moving forward. Also, to translate the lessons from existing success stories into very different situations. So the more you look, the more you find that is potentially useful for your own situation.

Prepared by Nigel Moore; who gratefully thanks everyone who contributed feedback, constructive ideas and much more to the understanding of the subject, and welcomes your comments, including about your work:

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Introduction

For many years the concept of (customer) value has been well established in business; it is what the customer or end-user defines as having value or worth to him or her, for example, meeting a need, want, or requirement; providing utility or functionality; satisfying an aspiration, objective or perception. Adding value is an activity or process (sequence of activities) needed to provide that value. Non-value-adding is an activity, process or product feature that does not lead to any recognizable benefit to the customer or end user; remove and value is not actually lost.

Can you think of examples of value, perhaps not so obvious? *For example: how much value do lifestyle/ quality of life, aspirations, health, safety, 'peace of mind' have to you, end-users, customers or patients?*

Value can be enhanced through providing more features, utility etc. which recognizably benefit, or are appreciated by, the customer or end-user; more value is added to an existing product, service, activity or process. More value-added may increase costs and provide the opportunity to charge a premium price. However, in the provision of services adding more value may result in little or no extra costs or effort, just smarter delivery and use of resources.

Costs can be saved by identifying non-value-adding activity (otherwise often described as waste, rework, bureaucracy, overhead, storage, handling etc.) and eliminating it. Costs can also be reduced through adding value faster (speeding up production, automation and increased productivity), providing the same value using lower cost materials (value engineering or value analysis) and using lower cost labor (going off-shore, de-skilling). However, efforts to reduce costs may also undermine value; for example, standardization reducing customer choice, and lower cost materials making a product look or feel 'cheap'.

New products or services and innovation (of existing ones) are ways to add more value, and perhaps also reduce further non-value-adding activity and costs. However, invention and innovation, representing radical change from the existing are often not so obvious, and can incur significant costs and risks of failure or at least not achieving the intended result. What else can be done to help add value?

Value, the customer or end-user, and value-adding activities exist within a 'Bigger Picture'. For example: a lifestyle, or a physical, cultural or operating environment. Understanding this bigger picture can help to identify further opportunities to add value, and to reduce non-essential, non-value-adding activities. For example, to include product or service features which benefit other aspects of this bigger picture.

Can you think of examples of 'bigger picture' value to you in your personal life, work and to end-users, customers, or patients? *For example: imagine if you or they could make a wish, what would it be?*

The existence of the bigger picture also creates interfaces where interactions occur, for example, between customer and product, or activities forming a lifestyle/quality of life. Interfaces can cause problems, typically of co-ordination (of physical, operational or other characteristics) or of communication, data corruption/loss, understanding, perceptions, interpretation and responsibilities; errors or non-conformances arise.

Management of interfaces can give rise to additional non-value-adding work and commitment of resources. Also management of interfaces can be neglected because responsibility for them is unclear or divided. However, better management of interfaces holds the potential for adding more value and eliminating problems – these are objectives of value-adding integration. VAI changes focus to give interfaces their true importance in adding value.

Can you think of examples of interfaces in your personal life, work or to end-users, next users, or patients? *For example: what are important points of contact with activities and others?*

The following takes, and develops the concept of value-adding integration into a practical methodology for systematic use, and to replace existing piecemeal work. It is an outline to introduce the subject and does not describe in detail possible methodologies for carrying out VAI work.

Integration

Collaboration, partnering, alliancing, networking, symbiosis, synergy, system integration, user-friendly, co-operation, and working together often provide ways to add value. However, with all these terms there is little or no direct emphasis on the value-adding nature of the association and what is needed to make it successful; its importance, especially in time can be weakened and initially may not have been strong. Additional emphasis and description are, therefore, needed.

Can you find examples of value being added to your personal life, work, end-users, next users or patients through a collaboration etc.? *For example: by working with others on a project or this doc?*

Did you find ways to improve the working of the collaboration etc. and its ultimate value?

At its simplest, integration can be described as bringing value-adding activities or features closer together in a better coordinated value-adding 'fit' (fit, form or function); for example, the fit of the customer with value-adding part(s) of a product; fit of sequential value-adding activities in a process; merging of independently delivered services; bringing a patient closer to a 'normal' life.

Focus on improving the VAI of value/value-adding elements tends to reduce interface problems and non-value-adding activity (or time); ideally there is complete (seamless) integration where these cannot exist. Value (to end-users or patients) tends to occur at the interface, in the interaction(s), utility or functionality present. The remainder of the activity (or product) may be necessary, but it doesn't necessarily in itself add value; the test is, 'Would there be any loss of value if it were removed?'

Removal of an interface, removes all the problems that occur at it. However, transferring responsibility of managing an interface is not the same as eliminating it, the problems (and costs) still exist; they are now someone else's responsibility and may end up costing more, to manage and through effects on the end result (product, services, activity etc.).

Integration creates a new situation, which may contain further value-adding potential with existing and new end-users; or next/intermediate users in a process; or with patients. It may also result in some non-value-adding activity becoming value-adding through the combination.

Can you find examples of integration creating opportunities to add further value in your personal life, work, to end-users or patients? *For example: did new ideas or a favorable 'chain reaction' occur?*

Integration of Similarity and Diversity

Similarity across the interface obviously helps with achieving a value-adding fit. On a more human side we may need to overcome differences by 'getting into someone's shoes'; seeing their perspective or being like them. Their big picture, as seen from their viewpoint, can contain significant differences from our conceptualization of it. VAI needs dialogue between stakeholders. Such two-way communication is, preferably, free of misunderstandings and focused on the most important subjects. It needs a common, mutually acceptable and understood language including precise unambiguous meanings.

Diversity holds considerable potential (in associated and independent value-adding activities) if VAI can be carried out; for example, different perspectives (for analyzing a problem), complementary skills, and alternative methods of working or provision of services. Different paradigms (conceptual frameworks) can impact (constructively) across creativity and acceptable standards of performance.

Diversity integration problems can be subtle in addition to the obvious and may only surface during attempts at improving the value-adding fit or afterwards.

How many complementary VAIs can you find? *For example: in the publications team (BSF Inc) everyone comes from diverse backgrounds and brings different skills together whilst working many miles apart.*

Sequential and Lateral Integration

Sequential integration involves bringing closer together an existing relationship of value-adding activities such as those in a process, or provided by different parties in a supply chain. Separation could be, for example, by time, distance, interposing non value-adding work or the overall sequence of activities being discontinuous. Through applying VAI, any interposing non-value-adding activity, time and cost will tend to get reduced or even eliminated.

Can you identify a better VAI fit in your personal life, work, with end/next-user/patient and some non-VA work that can be eliminated? *For example: we've always done it this way, but nobody knows why?*

Lateral VAI considers combinations which are not at present directly connected. However, a value-adding association may be practicable and from the end-user's or patient's perspective beneficial; for example, providing a common point of delivery for different products or services; or in a process carrying out some sequential activities concurrently. It is a matter of asking 'What else (of value) can be brought into this integration (space)?', or 'How can we broaden our VAI with this end-user or patient?' In effect opportunities to add more value are being identified from more integration with the big picture; typically of needs, wants, perceptions, lifestyle, ways of working or of using a product/service etc.

Lateral VAI creates a new situation, probably noticeably different, from the existing which could be developed further. There is a potential problem understanding this new situation and shifting existing paradigms (or conceptual frameworks) to develop the opportunities created; easier to stick with what you know and understand.

Have you experience of creating lateral value-adding associations? *For example: not obvious combinations that worked and led to more potential for adding value?*

Networking and less Formal Relationships

Networking, for example, to develop business relationships or medical collaborations, can be treated as an application of (lateral) VAI. Networking and collaboration can then be improved to mutual benefit to the direct participants and ultimately there are indirect beneficiaries such as product end-users or patients.

Networking tends to be informal and vague as to the nature of the relationship, its objectives and working arrangements for participants. Informality and vagueness can be an advantage, having many potential members of a network available with widely diverse interests or capabilities, and a potential disadvantage when value-adding activity to achieve a clear objective is required. This latter stage can be improved though a better VAI fit.

How can your formal and informal networking benefit from lateral VAI? *For example: is some beneficial networking missing within your existing networks?*

Human Factors in VAI

There is a social dimension to VAI because it usually includes people and their interactions. It, therefore, needs to take cognizance of their often less than consistent and predictable behavior. Integration should avoid an automatons or 'cogs in a machine' approach. Rather allow in the integration for variation, consultation and customization to suit the people involved.

Successful integration, especially of diversity, can at a human level be stimulating and satisfying to those involved. It is after all a broadening of experiences, knowledge and outlook.

Critical Factors for Supporting Successful VAI

VAI does not naturally occur if aspirations or efforts for it are left unsupported. The status quo of established practices or activities, products, technologies etc. will remain largely unchanged without adequately addressing the following:

(a) Motivation by stakeholders to achieve successful VAI outcome(s) including introducing changes, continuous improvement and innovation;

(b) Supportive framework (e.g., organization and working together arrangements, material resources, financial resources, legal/contractual/technical requirements, costing/payment arrangements, flow of information, management of risks);

(c) Competent and adequate human resources (need to have appreciation of subject through experience, education, training and analysis/study etc.);

(d) Management deployment; an overlay (by self or others) on value-adding activities to achieve successful VAI outcomes (typically planning VAI activities, control, monitoring and feedback of performance/progress, focusing or direction of efforts including allocation of responsibilities).

Have you any experiences of where improvement efforts failed and any of the above were missing? *For example: suggestion scheme, company initiative or someone's 'bright idea'?*

The Need for Further Developmental Stages to VAI Activities

Not all potential VAIs are practicable or desirable. Further developmental stages to VAI are necessary to ensure, as far as possible, that the proposed integration can deliver the expected results and without unwanted side effects.

Check technical/commercial compliance, review price/value for money

There needs to be a check for compliance with mandatory and essential requirements of the end-user (and other stakeholders); working down from the most important to some point (in the minutiae of 'nice to have' preferences) where there is little to be gained by continuing. Issues need to be resolved before deciding whether to proceed.

However, such requirements may not exist or at least not in precise terms. Consequently, it may also be necessary to define expectations (of end-users, patients and other stakeholders) for the end results to be achieved. This is adding precision to vague ideas and concepts.

Check successful outcome fulfillment assurance

Check for assurance (and confidence) that a successful outcome can be achieved. Assess the risks that this VAI cannot fulfill expectations, and where reasonably practicable mitigate the risks. 'Assurance' implies proactive pre-emption to achieve a successful outcome. The due diligence effort at this stage is to be appropriate to the size and complexity of the proposed integration.

If the unmitigated risks are still too high modify the proposition or do not proceed. A refinement or development stage is also indicated here to improve performance (by improving outcomes and reducing any negative side-effects present).

Have you experienced due diligence stages being omitted for important decisions and expectations not being achieved? What lessons were learned? *For example: affecting major spending?*

Have your current VAI ideas passed these checks?

Continuous Improvement

VAI tends to create an imperative for continuous improvement following on from any initial integration; to make the integration operate better and to look for opportunities to extend integration. Once the benefits are noted it is 'natural' to want to increase them and there is a greater understanding of what needs to be done.

Any ideas you wish to list and follow up? *For example: the publications team (BSF) are always interested in ways of working closer together, in different countries, and faster, including through teleconferencing, cloud computing and common style guides/conventions.*

Value-adding Integration in a Competitive World

When everyone is providing the same value (to end-users) through, for example, similar utility, functionality or performance, VAI provides an opportunity to identify, and deliver better value. This occurs through (1) a better VAI fit (fit, form or function) with the end-user of the existing product or service and (2) broader integration with the end-user, which identifies new ways of adding value. VAI, therefore, is a source of gaining competitive advantage.

Some useful concepts, ways and methods for carrying out VAI

The Internet

These days the Internet has an important role in everyday life and commercial, public sector and business operations; it is creating new, distance independent, working arrangements. VAI can be applied to use of the Internet for searching for information, communications, interacting with end-users (customers), working together and delivering services.

Could you make more use of emails, cloud computing and shared virtual drives, video and teleconferencing etc.? *For example: for collaborations, and sharing ideas, knowledge, and treatments?*

Integration Workspace

This is a concept and visualization which may be helpful in understanding the role of interfaces (the integration workspace) and integration. The advantages are that it implies work is carried out here, that it does not limit activity here, that other activities or products can be included here.

Potential interfaces exist between the various concepts, ways and methods for carrying out VAI. VAI can (sometimes) be carried out to them in particular applications. Effectively this is adapting VAI improvement activity to add value and make the use of these concepts, ways and methods more appropriate and useful.

Do you already have an idea where VAI can help you? Can you characterize key interfaces where value is created or added and/or problems exist? Can you 'drag' a VAI collaborator into this VAI workspace?

Integration Plan

Description of how VAI will be carried out; could include description of resources and activities necessary.

Time and Value-adding Analysis (TVA)

This is the systematic recording and examination of time used (in processes) and categorizing it as value-adding or non-value-adding. From this, priorities can be drawn up of where to apply VAI efforts; the first priority would be to eliminate non-value-adding work and associated interfaces.

Interface Problem Analysis (IPA)

This is the systematic recording and examination of causes and effects of problems arising at interfaces, typically in stages of processes, or between end-user and product or service, or between a patient and his or her world (impacting on lifestyle/quality of life). From this, priorities can be drawn up of where to apply VAI efforts; the first priority would be to eliminate the most severe problems using a hierarchy of mitigation measures, starting with eliminating the interface, followed by measures to control errors to within acceptable limits or tolerances.

Mistake-proofing and right-side-failure

In recognition that things do go wrong, two approaches are, (1) mistake-proofing to ensure deviation cannot occur and work cannot be done incorrectly, and (2) right-side-failure where deviation outside acceptable limits does not result in an unacceptable outcome.

Unexpected outcomes from VAI are not necessarily disadvantageous or non-value-adding. Serendipity could also occur.

Imaginative VAI

The approach here is to utilize the end-user's imagination and intellectual capabilities in:

(a) Using the product or service;

(b) Finding and refining product features (or utility etc.) to add;

(c) Discovering items (e.g. features, utility or stages etc.) to omit;

(d) Developing progressive stages (the next steps for the product or service).

The end-user is treated as an active participant, providing intelligent or skilful input, rather than a passive consumer. In turn the cerebral (or tactile) experience of interacting with the product (or service) can become more satisfying or enjoyable. This approach requires subtlety and sensitivity, and in turn produces subtle or refined results.

Do you already have an idea where VAI can help you? Use your imagination, as an end-user, in (a), (b), (c) or (d) above. Where would this approach not work? Why? Are your assumptions correct?

Creativity, Paradigm Shift and thinking outside the box

VAI contains some (novel) elements to overcome constraints imposed on analysis and creativity by existing paradigms. VAI moves discussion, analysis and creativity into the more productive area of adding value in a new situation instead of placing effort into defending the status quo. In effect, it challenges the existing 'reality' of knowledge, assumptions and invention, and provides a pathway into new or novel VA situations.

This approach can be further used to help understand what limiting paradigms exist, facilitate 'thinking outside the box' and ultimately make more progress. The method is to better understand the original, present day and future 'realities' underpinning value (as perceived by customer, end-user or patient) and its delivery. As 'reality' becomes better understood and accuracy improves, the relevant paradigm or conceptual framework becomes more visible.

How does in the light of current knowledge and invention change the 'Big Picture'? What new situation exists? What is new that was not appreciated (or understood) previously?

Standards and Codes of Practice for collaboration

Relevant standards and codes may be useful, particularly for collaboration between different organizations. British Standard 11000-1:2010 *Collaborative business relationships. A framework specification* formalizes and provides a common basis for working arrangements. It also contains some recommendations for using collaboration to add further value through improvements and innovation.

Conclusion

VAI is intended to deliver end results (in products and services) and performance of processes or activities, which are better than the current situation, at lower risk to a successful outcome. Where the unexpected does occur, the end result could still be acceptable or value-adding. However, failure to reach expectations may actually indicate that these were initially too high or unrealistic and that the VAI stages of *Check technical/commercial compliance, review price/value for money* and *Check successful outcome fulfillment assurance* were not carried out adequately.

There are many examples in every-day life of value-adding integration and the benefits to end-users and society. They improve the quality of life and help make many activities more productive, more value-adding. You have actually been doing VAI all the time although largely missing were the appropriate language and analytical methods to enable you to apply these principles elsewhere. Once you have discovered the usefulness of the concept of VAI, analyzed a few examples, perhaps drawn from personal life, and identified what makes them successful it could be time to move on to further and enhanced applications of the principles. Success above all needs precision, resolution and empathy.

Many thanks for taking part in this example of VAI in action and please let us know your comments and suggestions, especially if you think we can help.

Your colleagues, customers, end-users and patients will appreciate your VAI efforts. Best wishes.

Appendix A VAI can be fun too – Some examples

There is (usually) VAI in the following (in no particular order of importance):

Hug(s), dancing, marriage

S'mores, sandwiches

Matching clothes and accessories

BMW cars ('the ultimate driving machine'), H.O.G.

Laurel and Hardy, Rogers and Hammerstein, Gilbert and Sullivan

Gardening

The Publications Team (BSF Inc.), Doctors' and Parents' Listserves (BSF Inc.)

International Scientific, Medical and Family Conferences (BSF Inc.)

Pride and Prejudice (novel by Jane Austen)

The All Blacks (New Zealand national rugby union team)

'Westering Home' (song) http://en.wikipedia.org/wiki/Westering_Home

'Here is love vast as the ocean' (hymn) http://www.cyberhymnal.org/htm/h/e/herelove.htm

Google, Dropbox, Sharepoint, Central Desktop, WebEx, iPhone (or other smart phone)

Streamlined Tender Evaluation (STEP)

How much VAI did you find?

Did you see the potential in these examples?

And did you work with someone to find more or better VAI?

I KEEP six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who.

(from The Elephant's Child by Rudyard Kipling)

Appendix B Doing VAI – Quick Overview

Step 1 Develop VAI proposals

1. Place within 'Big picture'
    a. Examine end-user (or next user, or patient) needs, wants etc.
    b. Examine next activities (in process)
    c. Characterize (key) interfaces (create/add value, problems)

2. Use VAI tools, e.g. (as appropriate):
    a. Internet
    b. Integration workspace, plan
    c. Time, VA, Interface Analysis, eliminate Non-VA activity

3. Achieve better VAI 'fit' (fit, form, function), or co-ordination with (1) end-user (2) other VA activities

Step 2 Check proposals for technical/commercial compliance/expectations

1. Check technical/commercial compliance
    a. Against requirements, specification, statutory etc.
    b. Against (precise) expectations (user, patient etc.)
    c. Review cost/price and/or value for money

2. Resolve any issues

3. If important issue unresolved consider alternatives (failure is not one of them)

Step 3 Check successful fulfillment assurance

1. Check what is proposed to deliver outcome
    a. Assess risks and mitigation measures
    b. Review Management plan/arrangements, resourcing, methodology etc.
    c. Refine and improve, reduce negative side-effects

2. Unacceptable residual risks, consider alternatives

Appendix C Rare Disease Healthcare and Research – VAI Overview

VAI can help efforts to:

1. Improve healthcare
    a. Few patients, clinicians, (widely dispersed)
        i. Easier access to resources, data and data collection
        ii. More effective dissemination of information (symptoms, treatments, latest research)

    b. Better patient and 'quality of life' engagement

    c. Identify and prioritize highest VA activities

    d. Reduce non-VA activity and overall costs

    e. Facilitate collaboration, discussion and ideas

2. Faster translational medical research
    a. Rare diseases: few patients, clinicians, researchers
        i. Easier access to resources, data and data collection
        ii. More effective dissemination of information (symptoms, treatments, latest research)

    b. Facilitate collaboration, discussion and ideas

    c. Reduce non-VA time periods in overall progress

Appendix D VAI and a Rare Disease Community - Overview

Some areas where VAI could have a beneficial impact:

Title	Description	Impact
Publications team (BSF Inc)	Closer VAI fit over the Internet	Better use of geographically diverse resources More efficient working and higher quality documents
Treatments and healthcare	VAI to patients	More patient engagement and focus on 'quality of life' issues Prioritizing activities to highest VA and reducing low/non VA activity
	VAI to patient/clinician/researcher relationships	More patient/clinician/researcher engagement
	VAI to information on treatments	More up to date information and treatments available worldwide
Research	VAI to facilitate more and closer collaborations	Improved creativity and sharing of ideas. Reduced non-productive time between complementary studies More interest in carrying out research
	VAI to data	Data more useful to researchers Faster access to data More productive research and shorter time More interest in carrying out research
Fundraising	VAI to best practice	More ideas for fundraising Co-ordinated initiatives and use of resources
Awareness	VAI to best practice	More ideas for raising awareness

Appendix E VAI Case Study Template

Please consider sharing your experiences to help others. The following is a guide and please feel free to adapt to suit and add additional useful information. The template may also assist you in carrying out an investigation of VAI and implementing changes.
Information provided will be kept confidential and only used in accordance with your prior written permission.

Background – outline what was/is happening and why you wanted to carry out a VAI investigation.

What did you do? – outline the major stages of the investigation you carried out and how long it took.

What did you find? – outline any major issues you noted where a better VAI fit was beneficial and practicable.

What improvements did you introduce? – outline how these were done including resources and time requirements.

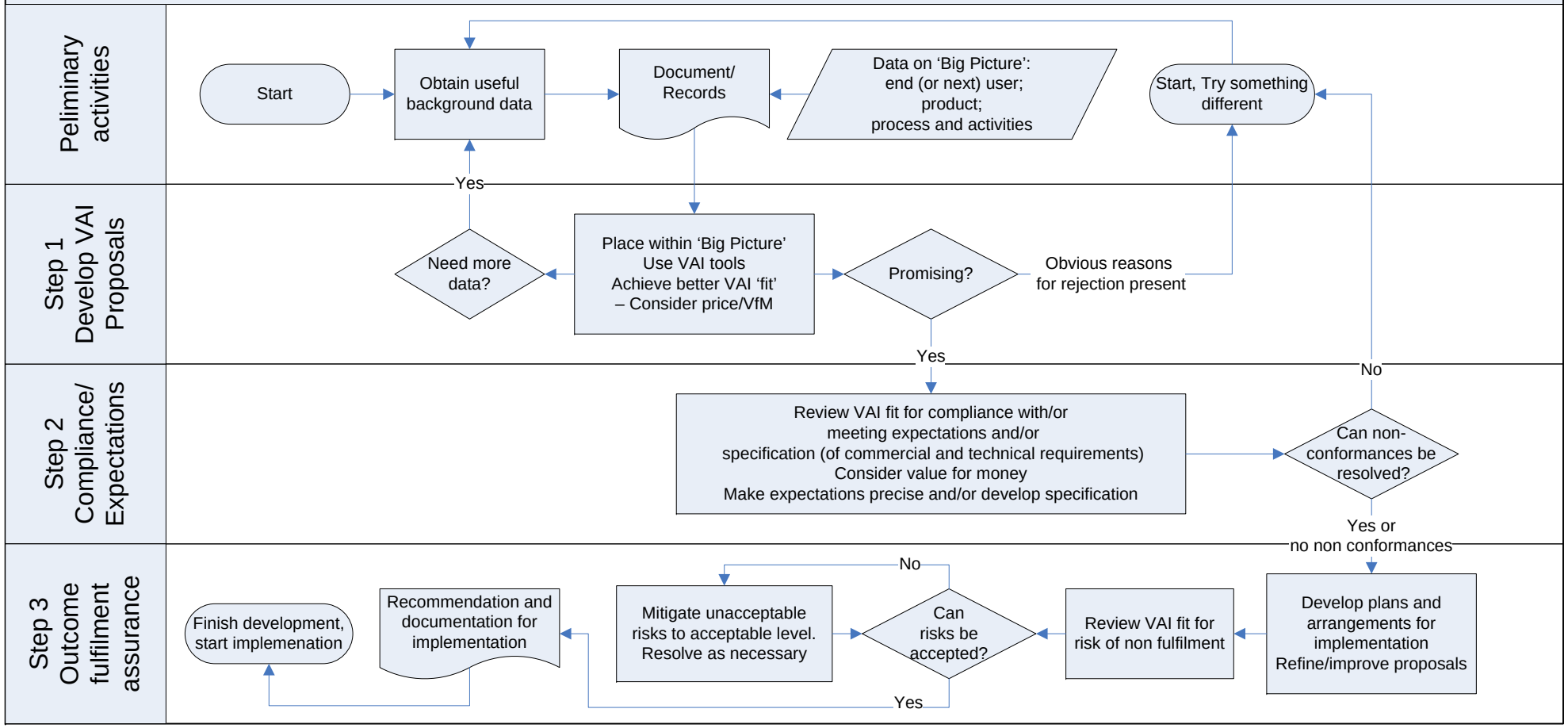
What lessons did you learn for next time?

Other comments, overall success of the VAI work now and for the future

What advice would you give to others?

Value-adding Integration – low cost, fast improvement and innovation

Facilitating competitive advantage, better public services, improved healthcare & faster translational research (RDs)



Competitive advantage through new and better products delivering genuine unique selling propositions (USPs) and at lower costs.
Better Public Services through better more beneficial integration with end-users and more efficient processes.
Improved healthcare (on rare diseases) through patient engagement, sharing ideas, collaboration, access to data and treatments, and more efficient, effective delivery
Faster translational medical research (on rare diseases) through enhanced creativity, sharing ideas, collaboration and access to patients, data and treatments

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