

Task Force on Global Advantage: Frequently Asked Questions

1. What is Global Advantage?

We believe that there are specific aspects of domestic healthcare sector performance that would benefit from insourcing global innovations and approaches. Three characteristics define areas where we are more likely to find a “global advantage” to addressing domestic health challenges: (1) areas where the US health sector is underperforming; (2) there are urgent reasons to address poor performance and (3) there are a diversity of global approaches that could improve performance.

2. Why is the Arnhold Institute for Global Health at Mount Sinai Health System pursuing this work?

Mount Sinai serves patient populations who both (a) live in low-resource settings and (b) experience health outcomes comparable to those seen in low-resource settings globally. Mount Sinai Health System, through the Arnhold Institute for Global Health, would like to be able to productively identify areas of global advantage, where it exists, and implement or integrate better approaches to improve population health. Furthermore, we want to test innovations in the right settings, which may not be in the US for pragmatic reasons (e.g. regulatory).

3. How is this project different from other assessments comparing global and US health/health systems?

The Task Force on Global Advantage differs from other work on global/local health in two essential ways. First, many previous projects have focused on comparing the U.S. to its high-resource economic peers: OECD and other wealthy nations. By contrast, the Task Force on Global Advantage focuses on peers who share common challenges, not simply per capita economic profiles. Second, most previous work has been purely retrospective, stopping at assessments of existing interventions. The Task Force on Global Advantage will step beyond retrospective analysis to build a prospective framework for domestic leaders to use the global advantage to improve health and healthcare.

4. Why wouldn't you search for “domestic advantages” based upon the experience of other states and regions?

We agree that the natural place to start is to look for approaches or innovations to challenging problems in settings that seem similar. We want to productively challenge the notion that the best solutions to challenging population health problems are *only* found in other domestic settings, or in other high resource (e.g. OECD country) settings. To be sure, common sense indicates that we should search settings with similar, and therefore, potentially transferrable experiences. Our global search is biased towards “know-how” that improves practice, and an increasingly clear understanding of how it can be incorporated domestically.

5. What is the goal of today's meeting? What do we expect to have done at the end of today?

The goal of today's meeting is for Task Force Members to build a shared understanding of what constitutes “global advantage,” and to identify specific areas of further work to be conducted by the Secretariat this summer. At the end of today, we expect to have a list of focused areas of research where potential global advantage overlaps with urgent domestic needs.

6. What is my role as a Task Force Member? Why am I here?

As a health expert, we're asking you to join with other Task Force Members to identify the most urgent domestic needs in your domain, or the best approaches that you've seen put into action globally. Your work today will set the agenda for the summer of research ahead.

7. What is the difference between Task Force Members and Commissioners?

Both Task Force Members and Commissioners are leaders in their fields. The Task Force Members will build the substantive content and logic of the global advantage project, while the Commissioners will focus on how to ensure that it is salient and influential, as they will be in the position to disseminate the project through their significant domestic and/or global networks.

8. What is the methodology that guides the Global Advantage process?

At a high-level, the process proceeds in three phases, (1) project definition and agenda setting, (2) desk research and expert validation, (3) synthesizing findings and developing messaging for dissemination. We anticipate that there will be robust discussion about the methods of how to transfer "know how" or approaches from global to domestic settings, as well as what level of evidence or parsimony warrants doing so in the first place (see #1 above).

9. Why are we focused on four domains of Health System Design, Chronic Disease Action, ICT for Population Health, and Training and Workforce?

Based upon our initial conversations with Task Force members and Commissioners, as well as relevant prior work, these domains have been consistently highlighted. Respectively, they seek to address the core causes of poor healthcare performance, a growing epidemiologic challenge, lack of actionable data, and the misalignment of our health training and workforce. At this high resolution, all countries and regions across the globe are working on these domains.

10. Are we only looking at low- and middle-income countries for solutions?

No. We are interested in solutions for domestic populations living in low-resource settings, so we are primarily interested in global solutions developed in analogous settings. We have actively extended our searches into low- and middle-income countries, which differs from previous analyses, but we will also draw upon extensive work from OECD countries where relevant to our approach.

11. How will we know if this initiative is successful?

The Task Force will be successful when domestic leaders look globally to find solutions to local health challenges as a matter of course. We believe global learning should be the norm, inclusive of domestic lessons.

12. How will the findings of the Task Force be disseminated?

The outputs of the Task Force will take two forms: a report of key findings to be published in fall 2017, and the launch of a broader campaign based off this work in 2018, which will be shaped by the Task Force process. If we are successful in producing a compelling set of findings in 2017, we anticipate that the Commissioners and Task Force Members will use their channels to build momentum around this nascent body of work.