INNOVATION COHORT

**Application**

The Innovation Cohort empowers care team members across MaineHealth to advance the “back of the envelope” ideas that address the unmet care needs they see every day. The 8-week program convenes a small group of interdisciplinary healthcare professionals as they embed themselves and their identified project in innovation science, user discovery, prototyping, and intellectual property considerations.

Collaborative brainstorming and feedback fuels project breakthroughs and challenges perspectives. An encouraging environment teaches participants how to ask the right questions and connect with innovation colleagues.

Application will be assessed by a multi-disciplinary review committee based on the following criteria:

Core Criteria:

* **MH Strategic Priorities**: Does this impact patients, people, population + value?
* **Need**: Is this an unmet care need?
* **Approach**: Is this a novel approach?
* **Benefit**: What are the benefits?
* **Competition**: Does this exist and is there a market for it?

Additional Criteria:

* **Innovator Team + Background:** Does the innovator have a passionate team?
* **Project Champion + Dept. Support:** Does the innovator have leadership support?
* **Commercialization Potential:** Is there potential for commercialization?
* **Follow-On Funding:** Is there potential to receive additional funding?

Review Process:  
MaineHealth Innovation Team and a multi-disciplinary review committee will review applications based on the criteria above. Selected applicants will be asked to interview with the Innovation team to ensure projects align with the Cohort experience

Application Deadlines: Spring Cycle – March 13th at 10am

If accepted, attendance is required for the four Innovation Cohort meetings. See [website](https://innovation.mainehealth.org/programs/innovation-cohort/) for more details.

If you have any questions, please feel free to reach out to [innovation\_center@mainehealth.org](mailto:innovation_center@mainehealth.org).

**\*Applicant Name:**

**\*Title:**

**\*Department:**

**\*MaineHealth Local Health System or Entity (ex. MMC, Waldo, ACO):**

**\*Email:**

**\*Phone:**

**\*Requested Funding:**

**\*Project Title:**

**\*Company Title (if applicable):**

**\*Project Team (Provide name(s), email(s), and title(s)):**

**\*Project One-liner:** What is the short summary of the unmet clinical need and/or problem you are aiming to solve and the solution you have developed to address it? (1-2 sentences)

**\*Executive Summary** (250-500 words)

**\*Need:** What is the unmet care need this novel solution aims to solve?

**\*Approach:** Describe the novel solution and how it is innovative. Provide an overview of your proposed solution, making sure to describe why you believe this solution makes sense, how it is innovative, and the steps, if any, you have taken to bring this solution to life thus far. Describe the market that could benefit from this novel solution and the size of the potential market.

**\*Benefit:** How does this novel solution impact more than one of the MaineHealth strategic priorities of patients (how might this innovation benefit patients?), people (how might this innovation support the MaineHealth workforce?), population (will this innovation creative a positive impact on the community or specific population?) and value (will there be cost savings or revenue generation from this innovation)?

**\*Competition:** Does this novel solution or similar solutions already exist? If so, please describe the current competition and how this solution is different?

**\*Current State of Innovation**: If applicable, describe the current state of your innovation. Do you have a prototype? Have you conducted customer/user discovery interviews? Do you have any pilot data?

**\*Resources Needed**: Describe the technologies, people and processes/systems needed to solve this problem. Are there specific people in the MaineHealth system who can help explore your solution? What other resources will you harness to advance your solution?

**\*Financial Support**: Will your project require funding? If so, approximately how much would you need and how will you use the funding.

**\*Departmental Support:** Do you have the support of your immediate MaineHealth department leaders to work on this novel solution?

**Supplemental Documents**: Please include any additional documents that support this application including but not limited to pictures, videos, or publications.