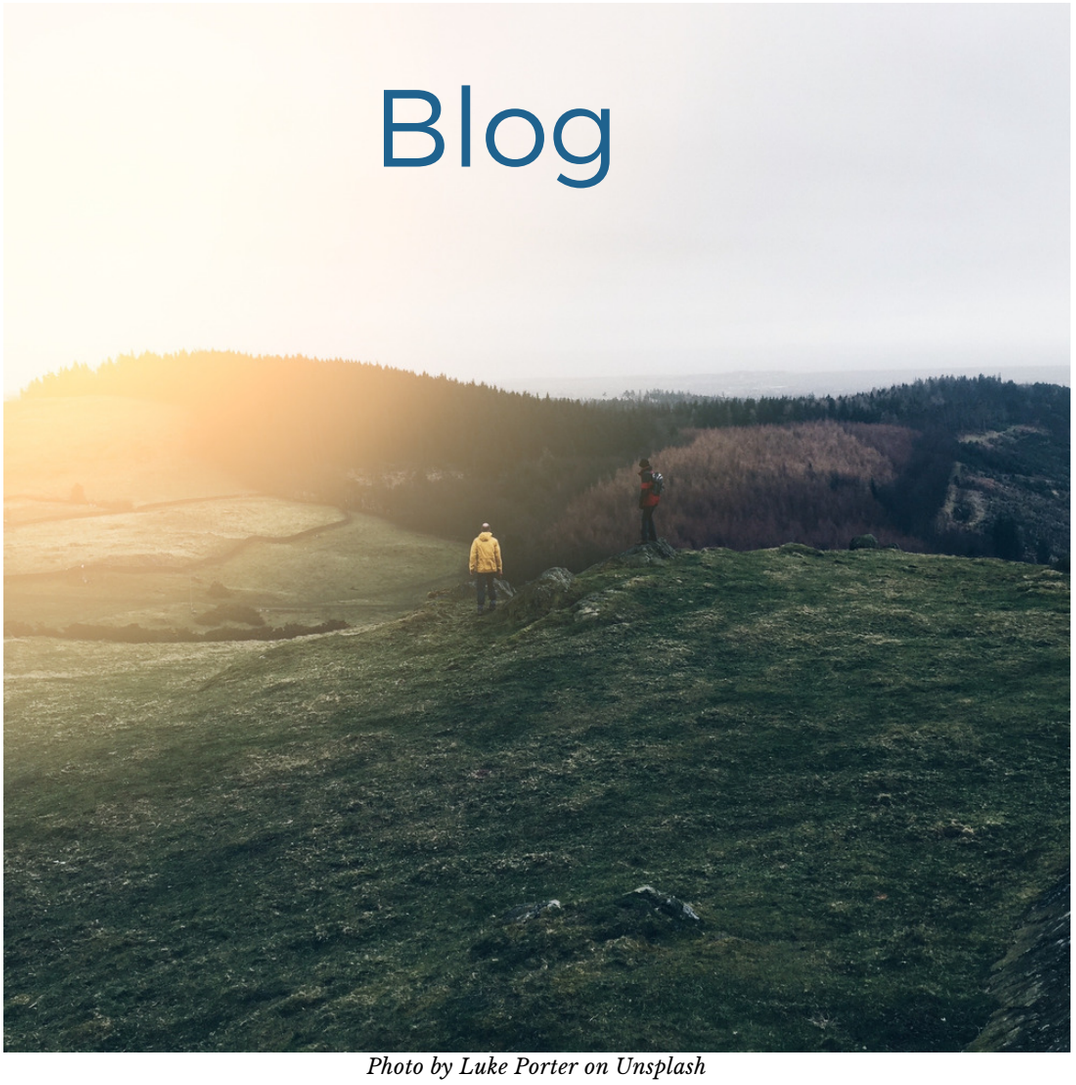
MISFIRES
INNOVATING TOGETHER FOR BETTER MARKETS

Blog



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How did I get here?

ONE ACADEMIC'S JOURNEY TO LEADING AN ERC PROJECT

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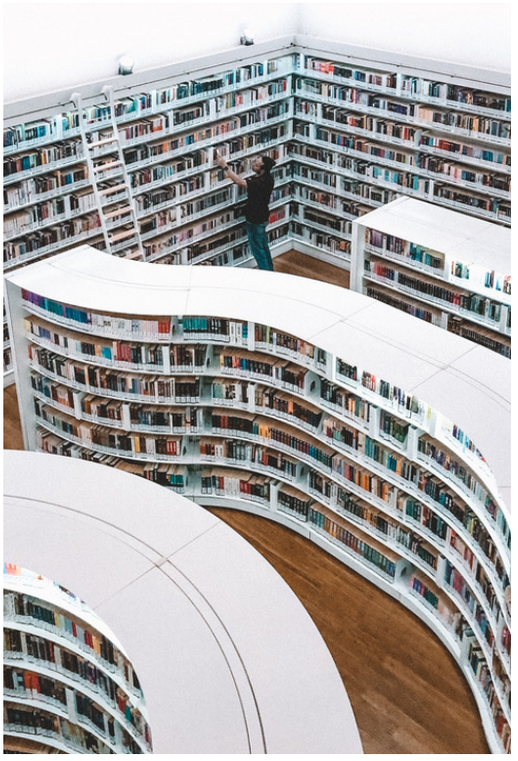
Full disclosure upfront: I have always been a classic academic, happiest in my ivory tower reading esoteric books and articles and writing those same, to be read and hopefully appreciated (but most likely mercilessly criticized) by about fifteen other people in the world. And the great thing is that in my job, by and large, I am incentivised to do just that: write stuff that I and a handful of other people find interesting – as long as it gets published in the places and journals that count. That's the academic game, right?

At some point, about five years ago, this game felt like it wasn't enough anymore. Call it an academic's midlife crisis, but the 'so what' question loomed large. At that point I was asked to join a funding bid for an interdisciplinary research center in digital health, bringing together investigators from IT, healthcare and business to help enterprises and not-for-profit organisations active in digital health. This was a completely new departure for me: truly interdisciplinary research, and research that would – potentially – truly matter to someone. We won the bid, and we started to research with the world outside academia rather than on it, collaborating with companies big and small, government agencies, and other market actors. And in doing so we created what's now known and measured across academia as impact.



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This experience whetted my appetite – could I take this further? Could my research actually be made to really matter, at a grander – read: societal – scale, even though in social sciences we'll never be the ones who find breakthrough cures for cancer or means to halt climate change? If it did, the healthcare and pharmaceutical space would be the place for it. It's an arena I had not only gained some familiarity with over the course of years of researching it, but also found utterly fascinating. From an economic perspective, healthcare is pretty much broken all over the world. When I say broken, what I mean is that it has become far too expensive given recent demographic shifts, specifically people living increasing lifespans and suffering more and more from chronic diseases. So governments have a problem in that they have to stretch their dollars or Euros across a greater number of people, and patients often have a problem in not being able to access adequate healthcare, or having to pay the very high costs for it. Yet, many healthcare industries – particularly the pharmaceutical industry, but medical devices too – are still highly profitable and growing. And curiously, those companies with essential medications for afflictions such as HIV/AIDS and cancer often turn out to be the most profitable.

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The HIV/AIDS case is a particularly interesting one. As popular movies such as Dallas Buyers Club or BPM (120 BATTEMENTS PAR MINUTE) illustrate, this was a space where activists and patients frontally challenged the pharmaceutical industry and demanded access – to drugs, to research, to distribution channels, to affordable medication. This case got me thinking, and I started to look around for other instances where the arrangements in a powerful and lucrative industry-dominated market were challenged by patients or patient organisations. Turns out this isn't an isolated case. Healthcare markets are what my co-editors and I called 'concerned markets' in a 2014 edited volume of the same title, that is markets characterised by diverse interests of multiple actors and significant social and political stakes. These markets are not only concerning to many, they're often also hotly contested. But at the same time, those contesting the dominant market players often try to work with them to make these markets better – they don't have a choice really, as these industry players hold the key to many essential medical innovations. How these kinds of collaborative market innovations spanning patient activists and industry work hadn't been systematically studied up to now, though of course isolated case studies existed. And so I sat down – and stayed sitting for about three months – to write an ERC Consolidator proposal to research this space. Almost two years and a good dose of luck later, I hired the first researchers to help me with this project, a project that we called MISFIRES, a name that reminds us continuously that what we sometimes think of as market failures can be addressed collectively, and can be overcome. My ultimate ambition with MISFIRES is to do at a small scale what Nobel Prize winner Elinor Ostrom did so beautifully for the theorization of the common good: to accumulate many different cases of collaborative market innovation in healthcare and beyond, to see what patients and other activists do on the ground, online and offline, to challenge dominant market players to become better at what they do. Better, importantly, not in the classical shareholder sense of more efficient or more profitable, but better from a social justice perspective: better at serving the healthcare needs of the largest possible range of patients in need of healthcare products and services. If, at the end of the day, this research helps to improve the markets in question, or to give industry and activists a platform and vocabulary to better interact – I'll be a very happy (and perhaps slightly less classic) academic!