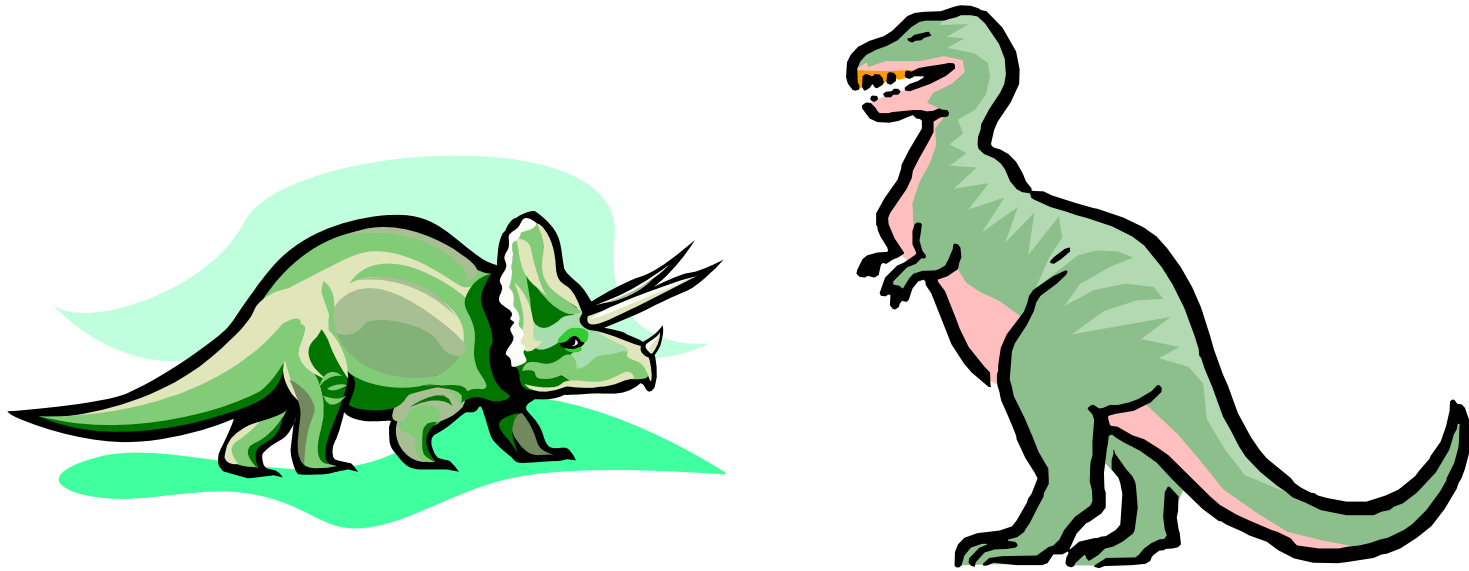


Dinosaurs Lost in Translation



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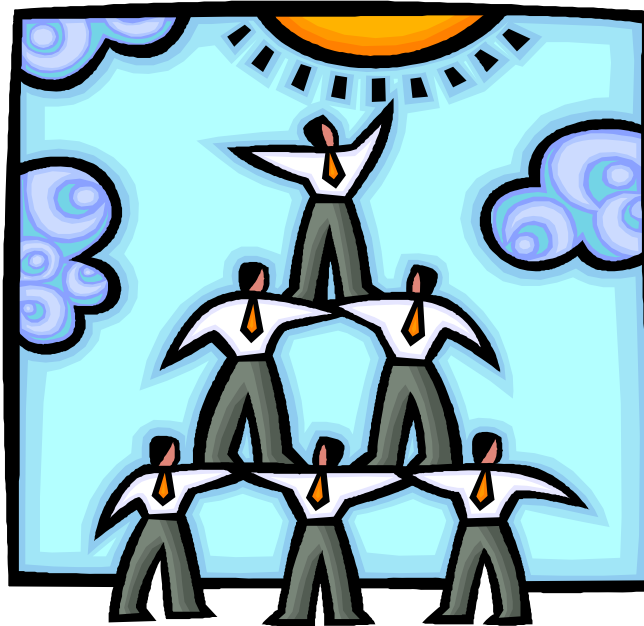
Outline

- Canadian health care, like other systems has significant waste and inefficiency and HHR is part of the problem
- There is considerable knowledge which could improve HHR efficiency
- Why is HHR policy relatively resistant to this knowledge?
- How can we inject knowledge into HHR policy?

**Canadian health care, has
significant HHR inefficiency**



**There is considerable knowledge
which could improve HHR efficiency**



Why is HHR policy relatively resistant to this knowledge?



Canadian HHR resists new information

- Historically, HHR legislation was controlled by doctors (and dentists) as dominant professions
- Most provinces have modernized their health professional legislation by licensed acts vs. scope of practice
- However, in practice, medicine still controls the implementation of HHR policies

Canadian HHR resists new information

- The framework for these policies are usually decided in closed door negotiations between doctors and provincial governments
 - Provincial medical associations have been until recently dominated older specialists
 - “It’s not your money Doris! It’s ours!” (OMA director)

How did we get here?

- The 1962 Saskatchewan doctors made governments shy about upsetting doctors
- Many provinces were ambivalent about Medicare
- People trust doctors more than politicians or administrators
- Most Canadians think (thought?) that health care = doctors
- Canadians defer to elites

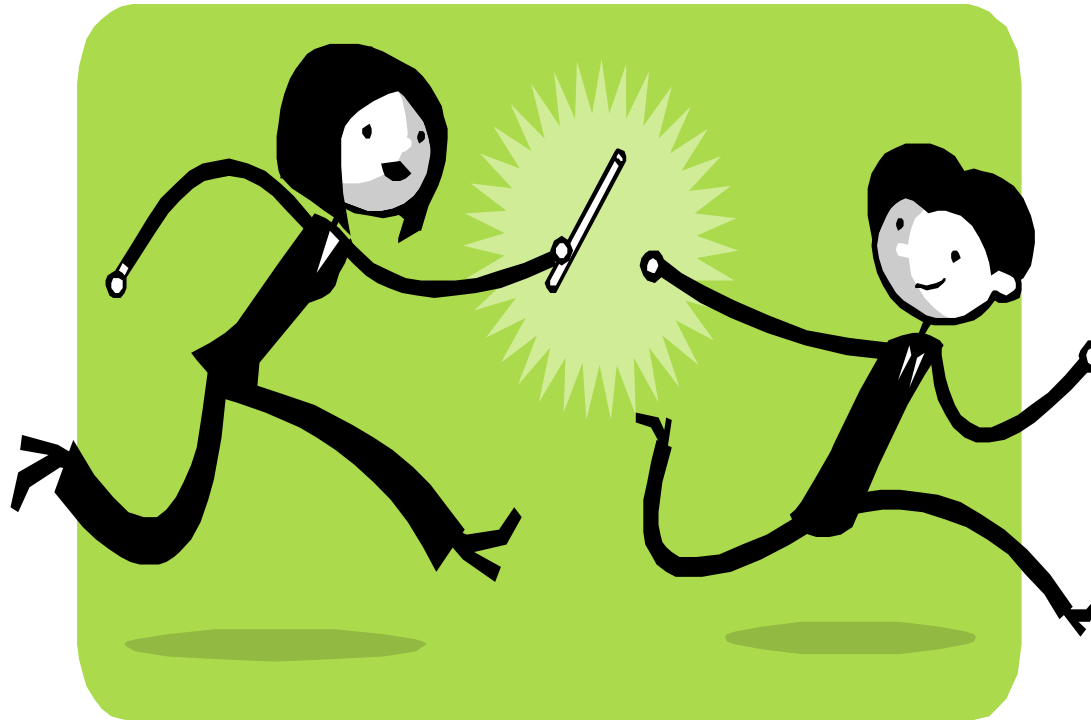


How can we inject knowledge into Policy?

Knowledge and Policy?

- What's your theory of the policy process?
- What's your theory of the use of information in the policy process?
- What is the public policy theory underneath knowledge exchange/translation/transfer?

Knowledge exchange isn't a relay



Policy development isn't linear



What is the role for information?

- It's always incomplete
 - It's impossible to have a synopsis of all there is to know on even narrow topics
- Often used after the fact to bolster one's own points or to knock down those of the other coalition
- Rarely used primarily

Under certain conditions, policy systems and actors “learn”

-- Policy oriented learning –

“relatively enduring alterations in thought or behavior intentions that result from experience/and/or new information and are concerned with the attainment or revision of policy objectives” (P Sabatier)

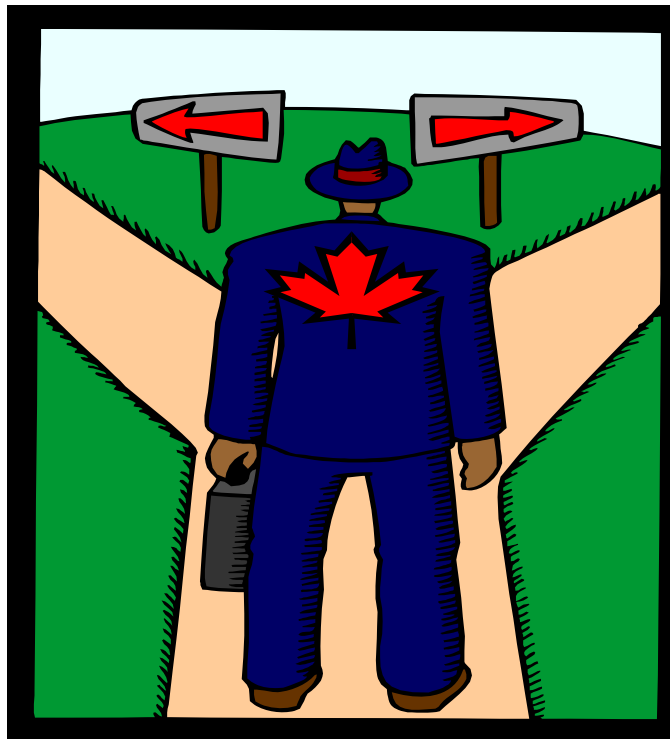
Conditions for policy oriented learning

- There are ≥ 2 coalitions with conflicting positions
- The issue is of moderate importance to both coalitions.
- There is a forum available for debate.
- There is an audience
- There are consequences to losing the debate
 - *Moving the yardsticks*
- Learning is amplified if the forum is run according to professional norms and when the problem is amenable to quantification.

Moving the Yardsticks



Where should we be going?



Canadian governments need to craft new ways of developing health policy

- Pump oxygen into policy debates and get them out of the back rooms
 - Sunshine is the best disinfectant
- Make negotiations with provincial medical associations about wages and working conditions, not about broad health policy

There are many promising signs

- Younger doctors really want to work differently
 - They have grown up with Medicare
- New models of practice, especially primary health care, are causing burning bush changes in physicians perspectives
- There is increasing understanding about quality frameworks and quality improvement

What does this mean for researchers?



What does this mean for researchers?

- Work with other groups and coalitions to amplify your messages
 - You're not usually the best messenger
- Promote open policy forums to encourage true dialogue

Medicare belongs to all Canadians

