

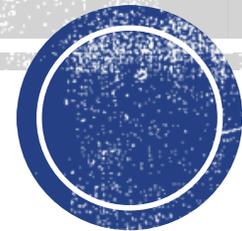
THE VALUE OF HEALTH POLICY

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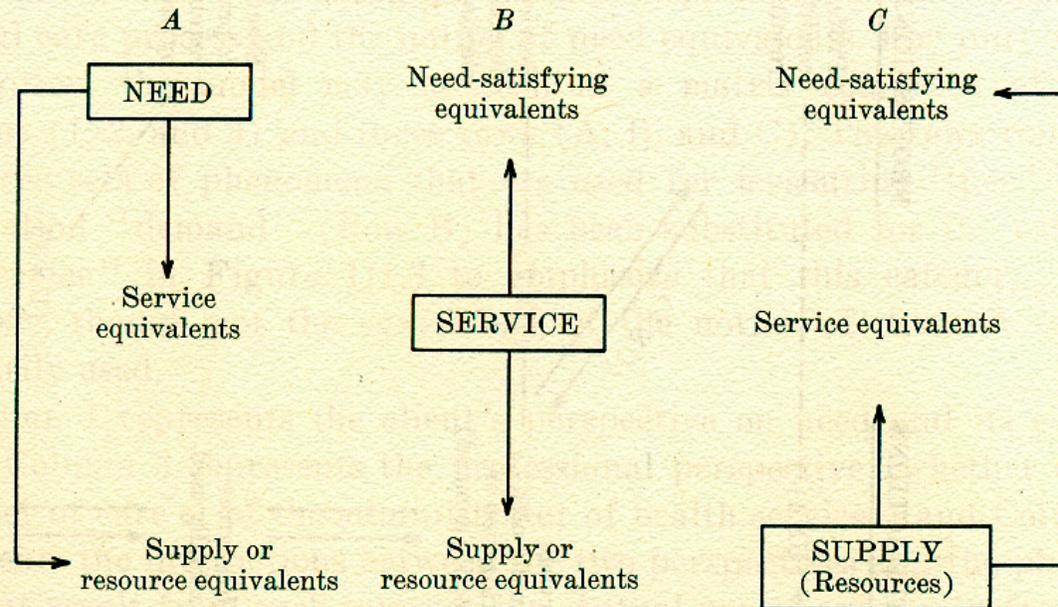
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THE PERSPECTIVE

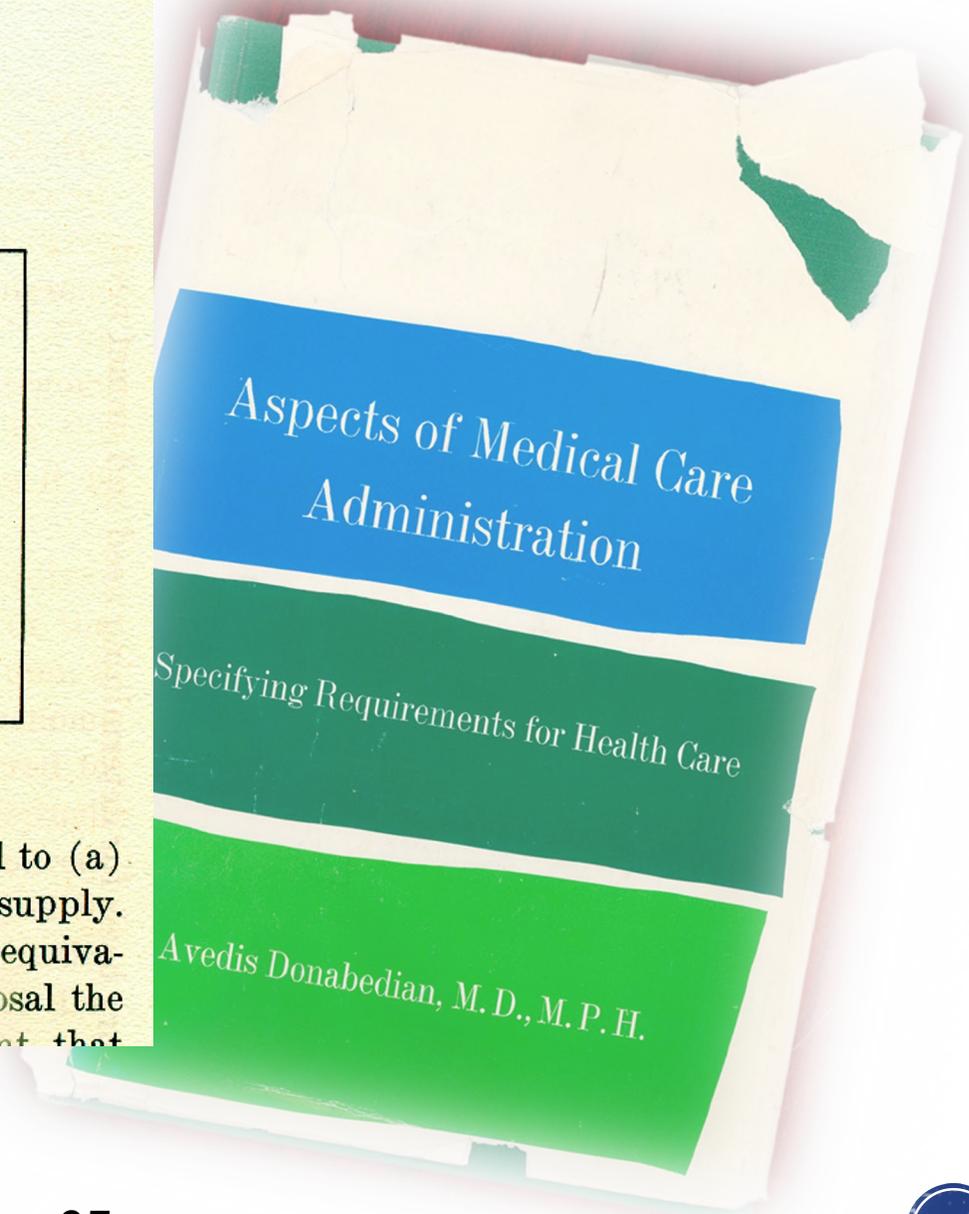
THE PURPOSE OF HEALTH POLICY

- Health care systems are permanently changing due to powerful forces such as scientific advances, social and economic conditions, and demography
- A balance must exist between health needs, services, and resources (Donabedian) and it is under constant pressure
- This balance cannot be achieved (or restored) naturally and requires deliberate interventions guided by expertise, experience, and values

Fig. III.3. "Need" and its "equivalents"



produce these services. The concept of need, then, has been applied to (a) states of health or ill health, (b) use of service, and (c) levels of supply. Influenced by Pennell, the author proposes the concept of "need equivalents" as one solution to this semantic problem. Under this proposal the word "need" would be reserved to describe states of the client that



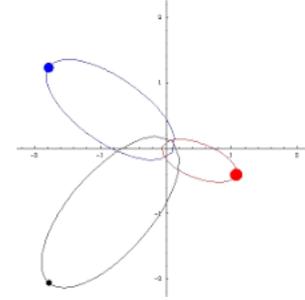
Avedis Donabedian. *Aspects of Medical Care Administration*. Cambridge (MA), Harvard UP, 1973. p. 65.

BALANCING ACT

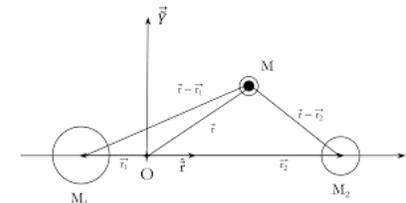
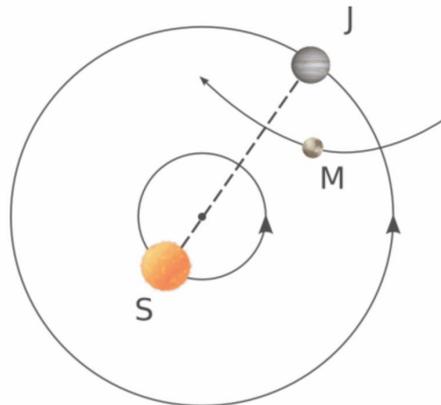
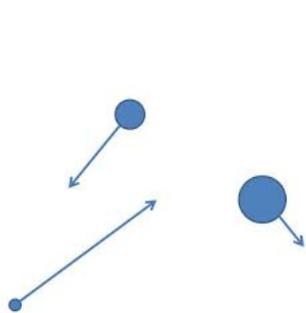
THE NEED FOR POLICY

- Various means of achieving and preserving the right balance between needs, services, and resources have been considered
- No solution is perfect, no solution is permanent, from the initial insistence on governance, through the concern with quality, to the current focus on value
- It should go without saying: it is naïve to believe (or misleading to pretend) that knowing what is wanted will tell you how to get there

HEALTH POLICY'S “THREE-BODY PROBLEM”



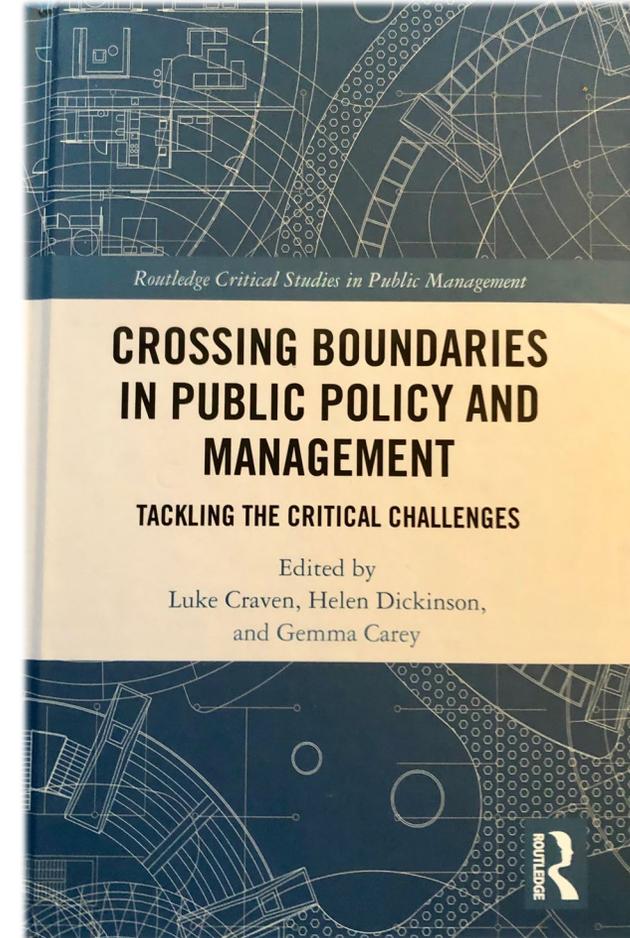
- It is tempting to define policy in terms of *structure* – the search for the perfect form *or* the exhaustive set of functions *or* the ideal governance model
- It is tempting to define policy in terms of *agency* – the right incentives *or* the proper capacities *or* the appropriate participants
- It is even tempting to limit policy to *statements* of intention – a bold vision *or* a great plan *or* some well articulated goals



WHAT WORKS? LESSONS FOR PRACTICE

The course of any given policy, whether it will succeed or fail, is determined by “a complex interweaving and interplay between structure, agency and ideas ...”

Luke Craven, Helen Dickinson, and Gemma Carey. *Crossing Boundaries in Public Policy and Management*. New York (NY), Routledge, 2019. p. 70.



STRATEGIES FROM VALUES TO VALUE

- From to regions to *bundles*
- From citizens to patients
- From reporting to open data

ENDPOINTS

THE CONSENSUS

- Strong primary health care
- Extended range of services and goods
- Effective care teams
- Established pathways
- Shared decision making
- Data informed
- Outcomes driven investments

CRITICAL ISSUES / 1 NEEDS

- Contested and variable standards of care
- Limited basket of services
- Unresolved tensions around “wants”

CRITICAL ISSUES / 2

SERVICES

- Poor workforce planning
- Outdated definition of necessity
- Overuse and waste

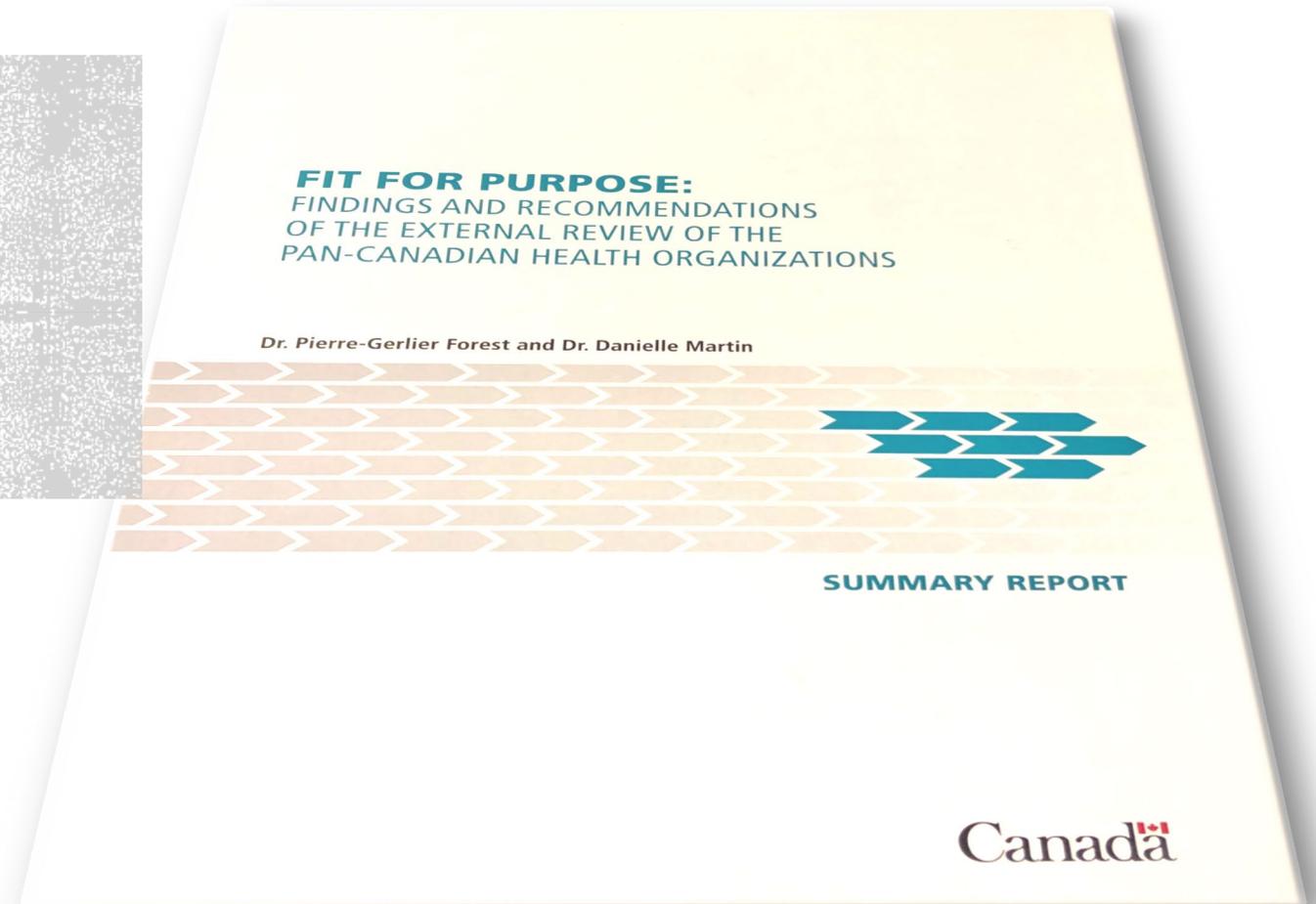
CRITICAL ISSUES / 3

RESOURCES

- Data strategy wanting
- Flimsy federal leadership
- Litigated access

THE AGENDA WITHOUT TRADE-OFFS, NO MOVEMENT

- Efficiency
- Innovation
- Engagement
- Equity



THANK YOU!



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The complex block is a dark blue rectangular area. At the top left is the University of Calgary crest and name. To its right is the School of Public Policy name and website. Below this is the text 'CANADA'S LEADING POLICY SCHOOL' in large white letters. At the bottom, it lists the school's name and full address. The background of the bottom section features a faint world map.