

COLLABORATIONS FOR HEALTH

Health Services and Policy Research Day

June 12, 2006

CIBC Hall, McMaster Student Center

Meeting Notes

Plenary Session

Dr. Jerry Hurley welcomed participants to the Research Day and provided an overview of the Collaborations for Health (CfH) initiative and the goals for the Research Day. Following on the recommendations arising from the June 2005 CfH Retreat, the Research Day was conceived as a vehicle for participants to share ideas, foster networking opportunities and determine "next steps" for the Health Services and Policy theme.

Dr. Hurley invited participants to review the poster presentation on display in the CIBC Hall; 35 posters representing individual researchers, centers and graduate education programs working in this theme area were submitted.

Elinor Wilson, Chief Executive Officer, Canadian Public Health Association addressed the topic: Partnerships in Research - More than the sum of its parts. Ms. Wilson provided an overview of the public health environment as it differs from health care and articulated the five core functions of public health in Canada:

- Population health assessment
- Health surveillance
- Health protection
- Health promotion
- Disease and injury prevention.

The SARS experience brought to attention the importance of establishing stronger links between public health agencies, health experts (acute care, infectious disease), and government agencies (Ministry of Health and Long-Term Care, Ministry of Labour). The federal government responded with new funding to establish the Public Health Agency of Canada. Barriers still exist:

- Bureaucracies can be reluctant to embrace change
- Disconnects among health system organizational units at all levels
- Lack of continuity
- Little funding for program sustainability, health promotion and disease prevention.
- Lack of outcome accountability
- Disconnect between research and implementation
- Shifting policy paradigms and priorities

Public health needs interdisciplinary research in order to achieve a competitive advantage, enhance quality of life and achieve attainable development.

Challenges to collaborative research partnerships were identified as:

- Sharing control of the research process, the 'power' dynamic
- Time and trust, maintaining equity
- Disciplinary differences
- Researcher skills
- Lack of suitable outlets for publication and rewards and incentives
- Informed stakeholders
- Institutional and inter-organizational dynamics
- Management structures

In reflecting on the elements of successful partnerships, the following characteristics were listed:

- Sharing – decision-making, support, and work.
- Principles of compatibility, mutual benefit proprietary rights, integrity, equity, accountability, and information sharing.
- Positive attitudes and shared values among researchers
- Good communication skills
- Capacity to evolve
- Commitment
- Trust
- Balanced and qualified partnership team

In summary, the critical features of a dynamic collaboration are:

- The stakeholders are interdependent
- Solutions emerge by dealing constructively with difference
- Joint ownership of decisions is involved
- Stakeholders assume collective responsibility for the future direction of the domain
- Collaboration is an emergent process

Dr. Morris Barer, Scientific Director, Institute of Health Services and Policy Research, Canadian Institutes for Health Research (CIHR) spoke on Encouraging Interdisciplinary Collaborations in Health Services and Policy Research in Canada. Dr. Barer addressed the role of collaborative, interdisciplinary research within the mandate of the CIHR and identified a number of McMaster exemplars: Community Care Research and Mentorship Program; Consumer Drug Information Network. The CIHR has been committed to fostering interdisciplinary collaboration through the support of new types of training and research environments: Strategic Training Initiative in Health Research (STIHR) and CADRE training program; New Emerging Teams (NET), and Interdisciplinary Capacity Enhancement (ICE) Teams. The 2003 CHIR Blueprint committed support to multi disciplinary collaborations and the new Peer Review Committees at the CIHR are all inherently multidisciplinary. The Partnerships for Health System Improvement (PHSI) requires concrete collaborations with decision-makers and although interdisciplinarity is not a team requirement, most successful teams have been interdisciplinary.

The move toward interdisciplinarity is also seen in the evolution of the Canadian Health Economics Research Association into the Canadian Association for Health Services and Policy Research; Healthcare Policy, the main publication of the CAHSPR, supports interdisciplinary research on health services from a range of disciplines: health sciences, social sciences, humanities, ethics, law and management sciences.

An example of a few CIHR teams provides some indication of the effects that CIHR support has on health service research. Dr. Barer identified IN [??]-Complementary and Alternative Medicine, Canadian Longitudinal Study on Aging (CLSA); and GeneSens as case studies in determining the value of supporting interdisciplinary research. These research groups would not have coalesced without CIHR support, and the science uncovered is stronger because of the collaborations, however, significant team-building and achieving interdisciplinary understanding proved burdensome and there remains significant uncertainty around sustainability, outcomes and 'credit'.

In closing, Dr. Barer offered a view of the challenges and issues for interdisciplinary research for both the CIHR and institution across the country. Dr. Barer identified opportunities for McMaster in developing methods for evaluating the impact of local (McMaster) and national (e.g.: CIHR) interdisciplinary, collaboration-encouraging initiatives.

McMaster can facilitate success by ensuring the alignment of an articulated vision and objectives, on one hand, with the appropriate structures and processes on the other.

Dr. Gavin Andrews, Chair Elect, Department of Health, Aging and Society, McMaster University addressed participants of: Interdisciplinary Research: Understanding the New Health Care Landscape.

A 'new health care' has emerged, influenced by changes in technology and demographics, and by changes in the thinking of medical and other health professionals. There is more diversity in terms of who provides care and in what environment. Changes in care settings demonstrate a broad array of environments, from prevention to palliative care and caregivers can be family members or highly structured health care teams. Health professionals are seeing different patients with different conditions, in higher numbers and at greater rates. The consequences of new technologies have added new parameters to clinical decision-making. There is a greater range of work sites as well as a transformation within existing sites. Boundaries between workers and patients are changing and new configurations of authority and accountability are evident. However, the goal of adopting more than one disciplinary perspective has not always been clear or successful owing to differences in definitions and disciplinary requirements. Careers can be interdisciplinary endeavours e.g.: a geographer in the health sciences. McMaster's new Department of Health, Aging and Society will provide a bridge to multiple disciplines, e.g.: getting geographers interested in professional health care practices and getting nurses interested in adopting geographical perspectives.

In conclusion, change has demanded that new 'joined up' approaches to health care be adopted; that there is a need to speak to the concerns and interests of others, and that academic careers can be multidisciplinary endeavors.

Working Group Discussion and Report Back

Participants signed up for one of six working groups:

- Determinants of health
- Health services and community care
- Responding to an Aging Population
- Health policy and Services Education
- Bridging the Researcher/Policy Maker Divide in Health
- Organization, Funding and Financing of Health Services

After the plenary session, participants adjourned to the designated workshop rooms and addressed the following questions:

- 1) If resources are not an issue, what does this group think are the 3 or 4 top questions/issues?
- 2) What resources beyond what currently exists do you need to address these questions?

Participants signed up for 4 of the 6 sessions:

Determinants of Health
Community Care
Health Policy & Services for an Aging Population, and
Organization, Funding and Financing of Health Services

In summary:

Overall suggestions include:

Salary support to release teaching time
Hire a research assistant – on a 5-year contract – a guarantee of “over time” personnel.
Develop data sources
Foster relationships with community partners

Message to the Advisory Group:

Need for financial support in two areas:

- 1 – common information resources
data sources, library material, grey literature
- 2 – money to work with community – some way of supporting the costs of these partnerships to community organizations.

Question to the larger group:

What area(s) have we missed?

Comparative perspective – as method, not content, i.e.: develop models, methods that foster comparative work
(Community-community; prov-prov)

Measuring outcomes

The role of the public – shaping public opinion, political developments, impact on decision makers.

Next steps:

Pilot funds – targeted for CfH – we will come together.

More time to talk with each other – get a sense of what everyone does.

The posters were a great idea to spark conversation/ideas