Australian National University

WORKSHOP SUMMARY

HC Coombs Policy Forum

Research evidence as a change management tool: application and acquisition during major health reform

Introduction

The HC Coombs Policy Forum at the ANU organised a small high-level workshop led by Professor Jonathon Lomas. The aim of the workshop was to explore how researchers and practitioners might draw on research and evaluation as a change management tool during the implementation of the Government's major health reforms and in the new ongoing operations.

The workshop consisted of a roundtable of senior practitioners from Health agencies and the Department of Veterans' Affairs, retired practitioners, and academic experts. The event was divided into three sessions chaired by Andrew Podger who has formerly held a number of senior positions in Australian Government departments. Each session was introduced by Professor Jonathan Lomas who is the inaugural Chief Executive Officer of the Canadian Health Services Research Foundation, a nationally endowed organisation founded in 1997 to improve the relevance and use of health services research in health system decision-making. A group of 25 invited participants attended and the Chatham House rule applied.

Topics of the sessions

> Session 1. How research can contribute in the frantic implementation stage: clarifying reform objectives, deciding what research is relevant, designing evaluation.

> Session 2. How research and evaluation can be built into the ongoing operations of new health service planning and delivery arrangements.

> Session 3. Structures and processes for action learning.

At the start of each session Professor Lomas made some introductory remarks and posed a series of discussion questions which were then addressed by the participants.

Session 1: How research can contribute in the frantic implementation stage

Discussion Questions:

> Are the primary objectives of the main reform elements clear (implicit or explicit)?

> What are they?

> Are there clear logic models (ie implementation steps) of how to get there?

> How much is this based on research? What research?

Professor Lomas suggested the need to first take a step back and ask why should we use research and evaluation in the implementation stage:

- It increases the probability of achieving objectives and reduces uncertainty
- To manage stakeholder assertions
- To identify (and then manage) unanticipated effects (recognise that most public policy is exchanging one set of problems for another)
- To increase knowledge of what objectives you will achieve as new structures and processes are put in place or emerge eg shifting block funding to activity funding.

He then emphasised the discipline of research, and the usefulness of articulating the central objectives and the overall 'logic' of the reform.

If you do not know where you are going you may end up somewhere else. Implementation is the alignment of processes and structure with objectives. There is a need to establish the primary objective and to consider explicitly how to handle tradeoffs, particularly with limited budget control for the claimed objective.

For example, Local Health Networks (LHN) and Medicare Locals (ML) are intended to increase local relevance of services, local clinical engagement and improve service coordination. This raises questions about:

Process: Who should be part of the governance? – Healthcare professionals? Healthcare managers? Community Service providers? Consumers (disease-based vs 'public')?

Structure: Boards vs advisory structures; multiple boards vs single board.

But objectives often compete eg local clinical engagement vs coordination with community/social services. Therefore for each element of the reforms we need to ask:

- What is the primary objective?
- What does research tell us about how to achieve it?
- How might the Australian context modify this?
- Are we implementing all the logic steps to get there?

Discussion

Participants noted that the health reforms are intended in large part to address the problems caused by the Australian primary health care system historically having a silo approach. These silos are not the best way to achieve health objectives, and the desire is to move above the silos to improve health outcomes. Indeed, the intention is also to break down the barriers between primary health care, acute health care and aged care to achieve a more patient-oriented system ensuring the most appropriate and cost effective care. A critical factor to creating or formalising arrangements across sectors is successful collaboration. This needs to be underpinned by a suitable framework for governance.

This raises the question of appropriate models, in particular for the governance of MLs, and what are the risks of going down a particular route. There may be no 'single' model to apply in all regions, adding to the case for the Department's approach to allow expressions of interest and identify different approaches. How do we evaluate different approaches, noting this will require consideration of management styles as well as governance structures? Professor Lomas noted the competing objectives, suggesting each region should articulate its own objectives.

One of the risks that needs to be recognised from the research is that the acute care sector is likely to press to extend its power if it is given direct representation on new bodies such as MLs. This led to the suggestion that the Department develop advice to MLs about the advantages and disadvantages of different models based on research, allowing more informed consideration of how to design ML governance to meet the desired balance of objectives, ensuring the 'logic' that Professor Lomas was emphasising.

It was also suggested that the Department clarify further its short-term and longer term objectives for the MLs, facilitating consideration of how MLs might position themselves for future roles in broader health and aged care planning and fund-holding. This raised the issue of MLs relationship with the States.

The process of disseminating learning from the different approaches by different MLs was raised. One suggestion was the use of learning circles, with the former National Demonstration Hospitals Program (NDHP) offering a possible model.

Conclusions

The main message is that the discipline and logic models essential for research are also important for management of the implementation process.

Key suggestions for linking research to implementation were:

- Further clarification of the key objectives of the reforms, both short-term and longer term
- Guidance on how different governance arrangements might address different objectives (and mixes of objectives) and related risks
- Development of learning circles and processes for dissemination of learning from the experience of different MLs.

Session 2: How research and evaluation can be built into ongoing operations

Discussion Questions:

> Are the data 'good enough'? If not, what resources will be needed to get the data there?

> Is there enough analytic capacity in Australia to staff each Local Health Network (LHN) and Medicare Local (ML) with a critical mass? If no, can it be shared and how?

> Is there acceptance of pilot studies as a part of implementation? Are they feasible for these health reforms?

> Is there enough managerial excellence in Australia to yield good 'champions' for every LHN and ML?

Professor Lomas distinguished between research, evaluation and performance monitoring:

- Research – looks for generalisable findings. It could be challenging for MLs arrangements to be generalisable as factors could be specific to the local area
- Evaluation – are we achieving the objectives? If not, why not? Where does the logic model breakdown?
- Performance monitoring – the function here is to raise flags, compare standards or provide cross-practice comparison.

He gave the example of the multimillion dollar investment in health care in the USA through the Quality Enhancement Research Initiative (QUERI) program. QUERI and implementation research have come of age since 1998 when QUERI was launched as part of a set of sweeping changes occurring within the Veterans Health Administration. It involved systematic evaluation and performance monitoring leading to continuous improvements within existing budgets. This example shows the importance of ongoing evaluation. There could be a major role for LHNs and MLs to contribute to system improvements so performance monitoring is an important consideration.

Professor Lomas identified four elements to successful ongoing evaluation:

1. Data
   - Data that is 'good enough' not necessarily perfect eg Proxies for outcomes you are looking for such as 30-day re-admission rates for quality, or screening tests by postcode for equity
   - Data that is timely, especially to inform and encourage change
   - Baselines and/or standards
   - Prospective as well as retrospective data collection.
2. Analytical Skills
   - Teams are needed to collect and interpret the data eg programmers, epidemiologists, social scientists, clinicians, etc
   - There may be a critical mass for the range and depth of analytical skills required, suggesting the likely need for centres of analysis.
3. Facilitating Structures
   - Piloting and pilot structures e.g. matched pairs of MLs to assess possibilities such as block vs targeted funding for local gaps; does the nurse hotline reduce Emergency Department use, etc
   - Should they be designed and analysed by Commonwealth authorities?
4. Champions
   - Importance of chief executives who are champions, interested in research innovation
   - To demand output–based reporting
   - To set the right culture and expectations.

Discussion

While a performance assessment framework has been established across the whole reform agenda it is based at present on traditional indicators, and there is still a need to develop assessment for primary health. There is a need to reach agreement about what outcomes are to be measured and what leadership will be required. The focus needs to be shifted from appraising the performance of MLs, to assisting MLs to do their work.

Possible sources of data include:

- The Australian Institute of Health and Welfare which may be able to perform a significant role particularly in providing MLs with regional health and service utilisation data

- Health Workforce Australia (HWA), an initiative of the Council of Australian Governments (COAG)
- State health agencies – recent initiatives include the area of bio-statistics
- The NHMRC may also be able to offer some analytical support.

Professor Lomas also noted work done overseas on minimum data sets that could guide the Department on the information needed for evaluation and performance monitoring. He encouraged the Department to get some initial material out, notwithstanding its inevitable quality and comprehensiveness limitations, to start a debate and ensure the issue is given proper and wide attention.

Conclusions

The main suggestions were:

- To advance work quickly to provide data to MLs to help them undertake their role, perhaps ask the AIHW to play a role
- To identify minimum data sets and issue as early as possible a first round of performance data
- To establish an analytical team, probably not at the regional level but able to support MLs
- To consider whether pilot arrangements could be introduced such as through pairing MLs around particular initiatives
- To review ways to identify and support champions of systematic research-based developments amongst LHNs and MLs.

Session 3: Action Learning

Discussion Questions:

> Will there be dedicated resources in budgets for learning forums and support of virtual learning networks?

> Are there existing meetings and networks on which we can build? What are they?

> Who will take responsibility for learning across LHN and Medicare Locals?

> Will practitioner time in these learning forums and networks be recognised?

> How will findings be fed back into the political process?

Professor Lomas emphasised that information does not change behavior, local social processes do. He referred to the experience with Canadian mental health clinics and their integration with GPs services which relied on local leaders working directly with local GPs, psychiatrists and psychologists. Evaluation should be done with people not to people.

He noted that there are issues within MLs and across them:

Within a LHN or ML

- Including the evaluated with the evaluators: reliance on them for data collection; and for data interpretation
- Stakeholder Advisory structure for every evaluation
- Constant feedback to practitioners who can do something about it.

Across LHNs and MLs

- Quarterly, semi-annual or annual gatherings of evaluation chiefs to discuss broader evaluation issues
- Periodic content or service specific gatherings eg mental health, integration and coordination
- Virtual networks to support mutual learning between face-to-face meetings eg Contact, Help, Advice and Information Network (CHAIN) in the UK. Note that a moderator is needed
- 'Big' meetings on overall reforms are not as useful as small, interest specific ones
- Meetings should include practitioners not just evaluators and researchers.

Discussion

Participants noted that some funds have been set aside for evaluation activity and that these will cover the time of the practitioners involved.

The Department does not yet have, however, extensive experience on the ground and will need to build its relationship with MLs in particular. Its experience with GP Divisions, aged care and Indigenous healthcare providers should nevertheless help as it looks to establish and support networks for action learning.

It was also noted that the political pressure seems to be on high level reporting of performance with particular high priority targets, such as after-hours care improvements, and that further work may need to be done to gain support for processes of systematic learning within and across regions to complement the demand for early 'wins'.

Conclusions

Change in learning is a social process. Information does not change what people do, reinforcing mechanisms are needed to change behaviour. It is important to facilitate learning across MLs, the difficulty is how to feed back the information, creating virtual networks may aid in the process of knowledge dissemination but practitioners should be involved in this process.

The main suggestions were:

- To establish structures and processes for within-region and across-region systematic learning and dissemination
- To involve the evaluated with the evaluators in these structures, processes and networks.

Background Reading

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Contact

Professor Andrew Podger
Professor of Public Policy
Australian National Institute for Public Policy
The Australian National University

T +61 2 6125 2449
E andrew@podger.com.au

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