

The Pan-Canadian Health Reform Analysis Network

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May 28, 2013

Need for a Pan-Canadian network in health policy

1. Canada has a decentralized health care system, comprised of 13 (14) systems in one big tent (CHA).
2. Makes it hard to describe Canadian health policy or health reforms in Canada (e.g., HiT for Canada, Bertelsmann Stiftung, WHO)
3. We do not learn from the best, and we do not use the comparative advantage of being able to compare systems adjusting to the same broad set of constraints.

What PHRAN/RPAPS did: HRO/ORS

Six jurisdictions and a "Group of Seven":

- Nova Scotia: Ingrid Sketris and Yukiko Asada (Dalhousie)
- Québec: Amélie Quesnel-Vallée (McGill)
- Ontario: Audrey Laporte (Toronto)
- Saskatchewan: Greg Marchildon (Regina and Saskatchewan)
- Alberta: Herb Emery (Calgary)
- British Columbia: Steve Morgan (UBC)

John Lavis, Jean-Louis Denis, and Michel Grignon are members of PHRAN.

HRO/ORS: how it works

First meeting in Sept. 2011, decision to create an open-access journal (HRO/ORS).

- General goal: to provide Canadian and international decision-makers and researchers with an overarching view of innovative, informative, and consequential reforms undertaken within each of Canada's thirteen provinces and territories.
- Using a standardized approach, this Open Access Journal will provide free and immediate access to short and concise, plain-language analyses of individual health reforms/initiatives related to the governance, financing and delivery of health care in the Canadian provinces and territories, as well as more in-depth, cross-issue and cross-jurisdictional "roll-ups" of these reforms.

HRO/ORS: how it works (2)

The journal will produce four types of content:

- Provincial/territorial health reform analyses (HRAs): Short (max. 2,000 words), primarily descriptive articles pertaining to one salient health reform in a specific jurisdiction.
- Comparative health reform analyses (C-HRAs): longer (max. 4,000 words) analytic articles may include cross-issue and cross-jurisdiction comparisons of Canadian health reforms.
- Letters of Opinion or Reaction (max. 1,000 words)
- Network editorials

HRO/ORS: how it works (3)

Together these pieces will form an ever-growing compendium of knowledge and experience about attempts – successful and unsuccessful, fully implemented or in their nascent stage – across Canada.

No central decisions on what to describe or compare: this is the decision of the local researcher (or representative)

What it looks like

The web page.

Authors guidelines and review process for HRAs

Authors guidelines: see our website. Main features: Kingdon (how idea moves to agenda, how it becomes a decision), 3I (institutions, interest, and ideas determining how decisions are made), SWOT (Strength, Weaknesses, Opportunities, Threats)

Review process: formative, to check manuscript follows guidelines (again, to guarantee comparability)

Four illustrations:

1. Greg Marchildon: LEAN management in Saskatchewan's health system
2. David Rudoler: Personal Support Workers registry in Ontario
3. Amélie Quesnel-Vallée: Delisting medical imaging in Québec
4. Katherine Fierlbeck: Legislating inter professional collaboration in Nova Scotia

One example of how PHRAN can expand: Yukiko Asada and the Nova Scotia network.