

What is the Value of Knowledge Organizations?

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Once upon a time: A brave new world for research

Basic scientific research is scientific capital... The Government should accept new responsibilities for promoting the flow of new scientific knowledge and the development of scientific talent in our youth. These responsibilities are the proper concern of the Government, for they vitally affect our health, our jobs, and our national security... [T]he Government should foster the opening of new frontiers and this is the modern way to do it.

Vannevar Bush

Science: The Endless Frontier, 1945

A new social contract

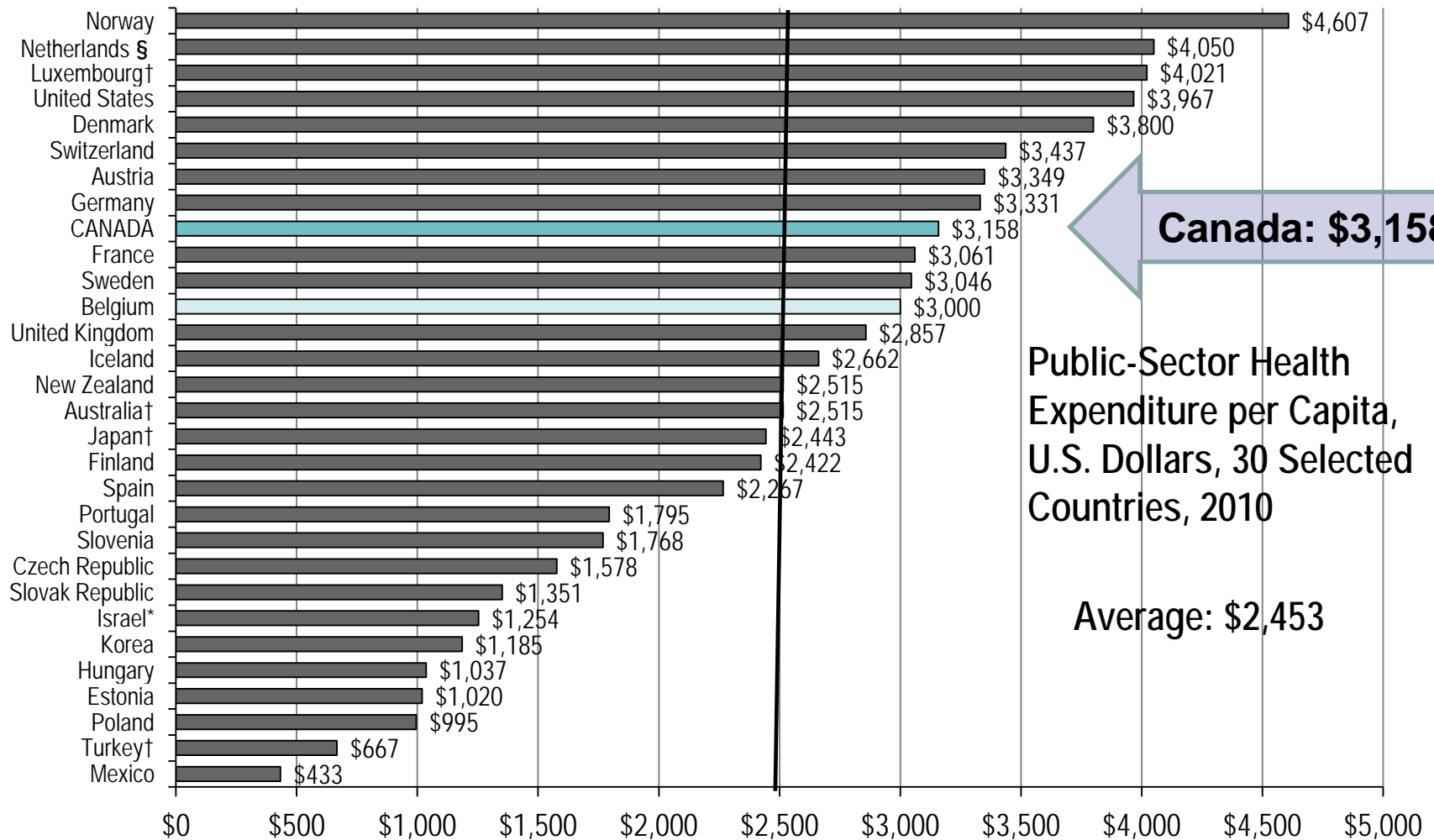
The changed world of modern science and modern government means that it is imperative to search for and begin to define a new social contract, or series of contracts, between the institutions of democracy and the institutions of science. *The scientific community needs to reach out and justify its claim on public resources by demonstrating where and how it is relevant in solving public problems.*

Guston and Keniston (1994:32)

The new knowledge organizations

- Knowledge synthesis, translation and transfer
 - Concept and models take hold since 1990s in health and medicine
- More and more agencies given a mission to produce knowledge actionable by government
- Degree of autonomy given to these agencies varies but need for accountability and demonstration of results (value) is consistent
- Shift in emphasis to a greater focus on the measurement of impact at the same time that scandals focus on process measures of legitimacy

The “public problem”: value for money in health care



Notes

* Data for 2009; † Data for 2008; § Current Expenditure (capital excluded).

Source

OECD Health Data 2012, June edition.

Value for money?

- In international terms Canadian health care is well-financed
- There are opportunities for improved efficiency
 - Internationally, Canadian health care is a middle-of-the-pack performer
- Major cost drivers
 - Compensation of health professionals
 - Increased use of services and evolving types of services used
- More is not always better (or worse)

"The question is not whether tax dollars should be spent on health care, but whether the money spent is worth the services received."

Opportunities for knowledge to inform action

- Health human resources supply management
- Multidisciplinary teams / primary health care reform
- Use of information technology
- Reducing health disparities

Health Council, 2009; Council of the Federation, 2012

- Reallocation of resources (including disinvestment)
 - National Institute of Clinical Excellence (UK)
 - Mandate: “to identify and stop ineffective interventions and make health services more equitable across the country”
 - Improvement of quality that improves costs

Knowledge impact assessment models

- Forward tracking models
 - Knowledge development → Knowledge use → knowledge impact
 - Linear logic can be over simplified
 - Attribution challenging
- Reverse logic models
 - Identify change and explore antecedents through case studies
 - Can be more sensitive to context
 - Attribution still a problem
- Actor behaviour models
 - Focus is on *use* of knowledge products in organizational contexts
 - Attribution more feasible because more modest
 - *Impacts* of use can be elusive

Measuring the impact of knowledge on value for money

- Benchmarking with comparator nations should show impact of system-level interventions like KOs but attribution remains a challenge
 - Are improvements the result of KO products like performance measurement information?
 - How long does it take for KOs to have an impact
 - How to adjust for changing context such as economic crises that may hasten good and bad decisions
- It is hard to measure silences
 - How do we measure the value of bad decisions not taken
 - How do we adjust for contextual factors like capacity for quality improvement
- It is hard to set up a control group

The essential system level changes necessary to promote better performance do not depend entirely on more, better, or more available information.

There are only three common elements to healthcare systems that have improved on cost and quality over time. KOs vary in their ability to address all three

1. A public, specific statement of goals for improvement with a plan for reaching these goals
2. Public reporting of results with a clear link to improvement plans that become part of the strategy
3. Strong physician & clinical leadership of improvement efforts aligned to improvement goals

Strategies that fail to include these elements will fail an appeal to intrinsic incentives

The ultimate utility of KOs will depend on a strong and shared strategic goals across the system

Ontario Hospitals' Use of Women's Health Performance Data

