EVALUATING PRIMARY CARE REFORM

Workshop Module for
Transdisciplinary Understanding and Training on Research –
Primary Health Care  (TUTOR-PHC)

A collaborative initiative by

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Evaluating Primary Care Reform  
TUTOR-PHC Workshop Module

Objectives
1. To understand what is meant by “primary care reform” in Canada and where it “fits” in the history of the Canadian health care system.
2. To acquire knowledge of the principles of evaluative research and systematic reviews applied to the health policy field.
3. To evaluate and critique different approaches proposed to evaluate “primary care reform” in Canada.

Reading Assignments

Week 1

Week 2

Week 3

Tasks/Exercises:
Week 1
Discuss the readings from the Romanow Report: the value statements that Mr Romanow acknowledged as the core of the Canadian health care system and of his work; his observations about the state of our system and his proposal for primary care. Compare the Romanow Report’s approach to healthcare with the analysis in recent publications by Lewis & Kouri and Hutchison, Abelson, & Lavis.

Week 2
Discuss readings on evaluating the implementation of policies and apply the authors’ arguments to your own research project.

Week 3
Critique Lamarche et al.’s synthesis of research on primary care restructuring and Watson et al’s framework for primary care evaluation. Relate these publications to the themes in the previous week’s readings and to your own research.
Week 1 – Original Facilitator post

Welcome to all of you to the workshop “Evaluating Primary Care Reform in Canada”. What an ambitious title! A little bit presumptuous indeed! As if there was “a” primary care reform that began in a given point in time. Still, primary care is one of the major preoccupations of all the stakeholders in the Canadian health care system. For you as future researchers, it will provide great opportunities.

Here is my ultimate goal for this workshop: to help you see better how your research fits within the global picture of primary care in Canada and to provide you with a more comprehensive conceptual framework to guide the methodological decisions that you will have to make in designing your own research project. So always keep this in mind when you read the material. As you saw in the outline, the workshop is organized around three topics, or “threads”: issues related to primary care in Canada; general issues regarding evaluation of complex interventions; and specific examples on the evaluation of primary care “policies”.

Some house keeping. I will tell you each week when I will “jump in” on the web site. I see my role as a facilitator. I expect you to engage discussions fully between yourselves. I will make sure you stay on track and will respond to any clarification questions. Keep two things in mind. First, it is my first “go” at this form of teaching: please if I am not meeting your expectations, simply say it and I will adjust. Second: English is not my first language, so my writing style may be awkward at times: if what I say is not clear, say it.

So, let’s go with week 1:

I will go on the web site on Monday 14 somewhere in the afternoon to make sure that all is clear and to read your answer to my first question (see below). I will then be there on Wednesday and Friday early in the morning. I may look at your messages Tuesday, but I cannot promise.

To start with, I ask all of you to tell us why you chose this workshop; what it is you wish to accomplish. This is my first question.

We will devote the first part of the week, from Monday to Wednesday morning, to the discussion on the readings from the Romanow Report: the value statements that Mr Romanow acknowledges as the core of the Canadian health care system and of his work; his observations about the state of our system and his proposal for primary care. This will sort of set the stage and permit us to develop a common understanding of the general issues.

Please comment on:
- What you have learned from these readings;
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- What the report proposes as the core characteristics / components of Primary Care;
- How the report helps you to identify potential outcomes to be measured in an evaluation;
- How the report helps you to identify some of the “processes” to be considered as well (obstacles/ supporting change).

Then read the Lewis& Kouri and the Hutchison papers: their evaluation of what has been accomplished to date and of the key issues to consider if we want to pursue with the primary care reform.

Please, between Wednesday and Friday, comment on:
- Common threads that you see emerging from the three set of references;
- Additional insights on the Canadian primary care system you gained from these papers.
- How your discipline is connected to/involved with primary care reform; what are the most important issues from your perspective.
- How your research interest fits in this global picture.

To finish the week, I will ask you to answer the following question:
- Think of yourselves writing a grant proposal to the Primary Care Transition Fund about your research project, or writing a paper reporting on your project. How do this week’s readings and discussions help you to better articulate the relevance of your project within the scope of primary care reform in Canada? If you want, you can try to write a paragraph or two “for real”.

Number of participant posts: 19
Number of facilitator comments: 4
Selected facilitator comments
- Hello to everyone,
  Just to say that I am there. I read with a lot of interest Doug’s and Lorraine’s comments. What I find particularly interesting is your reading of the material through your lenses- your interests and experiences. The PC reform in the military is an interesting laboratory, indeed. Even in a context where there is organizational "clout" (an euphemism for "control and command") competing interests and agendas in different parts of the organization may create obstacles, like the example of the shoes shows well.
  We begin to see some outcomes/ processes indicators emerge. Doug is also raising the questions of implementation: how to go from a series of pilot projects to a "systemic" change? What is your view on this? (The Hutchison and Lewis&Kouri papers will permit to debate this question more in depth).
  I will stop here for now. Let's wait for the others' comments to the first reading and for their answers to the first question. Thanks to Lorrrrain and Doug for the first comments.
  I am in the clinic all day tomorrow. I will join in Wednesday morning early.
Evaluating the implementation of policies is much more complex than evaluating specific interventions. As well, knowledge transfer, i.e., the utilization of evaluation results is not a simple endeavor as it concerns many stakeholders. Hence, the “Evidence-based” paradigm of knowledge production and transfer has been rightly criticized as being too “narrow” to capture the complexity of policy implementation.

This applies both to the design of original research and the production of research synthesis, the evaluation of an existing body of knowledge on a given question. Indeed, syntheses are considered as invaluable contributions to understanding policy implementation. In recent years, important contributions have been made by proposing more appropriate, still very rigorous approaches to evaluation.

We will begin the week (Sunday to Wednesday) with the Champagne and Contandriopoulos paper. This paper addresses the question of evaluation research methods and processes as it relates to the broader issue of knowledge transfer. In the last years, there has been a growing concern to “bridge the gap” between researchers and decision-makers. Many major granting agencies have designed competitions that specifically asks of researchers and stakeholders to develop partnerships in the design, conduct and dissemination of research. Researchers are invited to work on multidisciplinary teams. Many researchers and stakeholders have embarked without realizing that this "new" way of doing research actually meant more profound changes to the conduct of evaluative research. The Champagne and Contandriopoulos paper is not easy to read. It may appear to some of you as very theoretical. Still, I think that it proposes interesting ways to understand what is going on.

Please comment on:

1. What you have learned about evaluation frameworks that you found new and interesting.

2. How it relates to what you have already read on evaluative research.

3. How it relates to some of the concepts introduced during the TUTOR workshop in May on interdisciplinary research teams.

4. How it relates to you as a researcher more or less engaged as an actor of the reform.

5. How it relates to the proposals of the Romanow Commission and the need to evaluate and produce information on the primary care reform.

I will join in Monday evening and Tuesday and Wednesday morning. I will post another message for the rest of the week and the other two papers.

Bye

Selected facilitator comments

- Well we have to move along, (Liz, I hope that you are feeling better- you can go at your own pace).

  First, let me tell you that I enjoy the discussions. I appreciate the rigor and depth of your comments and the sharing of your experience. I feel that I am of no use... Please tell me if my level of involvement corresponds to your expectations.
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You are right that this paper is particularly difficult. Part of it may be that the authors are from a social science background that is closer to French and European schools. It is like French thinking in English... Descartes style. To reassure you, even if I am familiar with their work, I had to read the article with attention twice during the week-end when I prepared myself for this week discussions. You sort of grasp the message at the second round.

Also, this is not "vérité d'évangile" ("evangelic truth"). It is indeed a new and challenging way to see evaluation that is in line with a new way of understanding knowledge production and transfert. So Doug, be reassured: it is not a mistake not to have used this framework in your work!

- First, there is a convergence in your opinions. You understand how powerful the « theory driven » approach to syntheses, and original research projects, is. I tell you, this is a strong tendency in health care research. I see that you all have intuitions, and sometimes a clear view of how it can « nurture » your approach to your own research endeavours. You quite rightly consider that, applied as « systematically » as Pawson suggests, it becomes a huge task that policy-making could not support.

However, as Onil points it out: it provides rigor to all the inferences one has to make when trying to apply a « set » of knowledge to a specific context, as he experienced in Chili. It also brings up front the importance of the theoretical base of a given intervention. I liked Lorraine’s question on the theoretical basis for regionalization....

Week 3 – Original Facilitator post

Well, we are already at the last week of this workshop. The goal is to integrate what we have discussed during the last two weeks and to go into more details about evaluating primary care renewal efforts in Canada. You are going to be part of these efforts both as actors involved in health care services and as researchers. You will see that there is a lot going on in Canada to foster a coherent approach to renewal and evaluation.

I have initially posted two papers and added one 10 days ago (the Haggerty & Martin paper). I do not want to burden you with reading. I see the last paper as a “bonus” that you can take home and look at when you want. It may be interesting to note the chronology of these three papers. The Lamarche et al. paper was commissioned when the Romanow Commission was still working and launched shortly after its release. It was intended to guide the policy decisions that provinces would have to make in managing the Primary Care Health Transition Fund that was expected to be one of the results of the Romanow Commission. The Watson et al. paper is much more oriented towards providing an evaluation framework. Finally, the Haggerty & Martin paper is sort of a “warehouse” of research questions and indicators/outcome measures related to primary care intended to guide the attribution of funding for the next round of the Health Canada Primary Care initiative. As such, it does not add much to all the readings and discussions of this workshop, but I think it provides a nice summary and may help you position and argument the relevance of your own work.

I propose that we discuss the Lamarche paper until Wednesday morning (more or
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less). Then, the Watson paper (Wednesday-Thursday). And finally, I would appreciate if you can all take a bit of time to reflect on the three weeks, looking back at your expectations as you formulated them at the beginning, and what was my goal.

So the Lamarche et al. paper. It is a “real life” example of a commissioned research work to guide decision-making. I think that it will give you some insights of what is actually taking place in different provinces since the authors make many references to the models in place or in development. I find the commentary by Yvon Brunelle particularly interesting. I am looking forward to your impressions. You may want to look at the Appendices. It is not mandatory reading. If you want, you can access them going on the web site of the CHSRF (www.chsrf.ca). Use the “Search” function and type “Choices for change” : the appendices are the first hit.

1. Comment on how you see this synthesis fit within the evaluation framework proposed by Champagne and Contandriopoulos.
2. What do you think of the approach that was taken to evaluate the evidence-how does it relate to the “realistic approach” of Pawson? (you may want to look at the evaluation grid that was used and that is presented in Appendix 2)
3. How does it relate to the first week’s readings: the Romanow report ?The Hutchison paper and the strategies for change?
4. What are the strengths and weaknesses from your perspective ?
5. In general, what have you learned about primary health care models and primary health care in Canada ?

Bye

Number of participant posts: 19
Number of facilitator comments: 9
Selected facilitator comments

- Thank you for your comments. You bring the discussion further on the issue of the change process.

First, I feel the need to temper the frustration that generated Yvon Brunelle’s rather pessimistic view on the possibility to move our system closer to a Community Integrated model of Professional Coordination. Although it is true that we are sort of stuck with the initial deal of the Canada Health Act, some changes are possible. For example, Brunelle invokes the portability as a barrier to patient inscription. However, the Family Health Groups in Ontario are based on patient inscription with a large capitation funding (90$ per patient) and only 20% of revenue on fee for service, and penalties for patients who consult outside the group. No one has claimed that is unconstitutional. Physicians have been hesitant to opt for this formula because it was perceived as a lot of bureaucracy and most of all physicians fear Government involvement like the plague. So the Ontario Government has proposed “variations on the theme” (Family Health Network, Family Health Teams etc) with variation in the degree of capitation payment and obligation on the part of patients and physicians. The idea is that every GP will get involved in one of the new models and that change will finally occur. They may win their bet.
The question though is how many will move towards the more integrated models.

- I have read with interest all your comments (Lorraine, Sheri, Onil, Lisa, Bridget). Again, a lot of convergence. Obviously, not only Epidemiologists appreciate classification systems! You need them as an anchor. You all appreciated the inclusion in the model of external factors that can impact on health results. You remember that Romanow had the same approach when he talked about the different outcome measures that can be related to PC. The idea of “increased knowledge…” as an outcome is also new and interesting.

**Participant Feedback**

Average workshop rating (1=poor, 5=excellent): 4.6

Selected comments

- **Comments related to the instructor**
  - [The instructor] was excellent at facilitating discussion. She synthesized everyone’s comment very well. She was respectful of everyone’s viewpoint and offered suggestions on how to improve our understanding.
  - She was very knowledgeable about the subject. She prompted participation, responded to posts, and challenged the participants to think critically and apply the information to our own discipline and our own research.

- **The most useful part of this workshop was**
  - I thought the Romanow report gave an excellent overview about political and historical roots of PHC in Canada. It also highlighted the values, ideals, and opinions of Canadians related to health care. . . . All other readings were well selected to demonstrate the complexity of PHC evaluation and the differences among provinces and within provinces. I now feel more knowledgeable and comfortable discussing PHC reform with other clinicians and professionals.

- **Suggestions for improvement**
  - I don’t know what should be changed but I found the pace quite fast. Because the material was new to me, I didn’t have time to process a lot of it before having to move on.

*This workshop module was offered in November 2005 and November 2006. For more information, please contact the TUTOR-PHC program manager at tutor@uwo.ca.*