

# Changing Cultures, Transforming Practice: Research to System Transformation

**Allan Best, PhD**

**Managing Director, InSource Research Group**

**Associate Scientist, Centre for Clinical  
Epidemiology and Evaluation**

**Clinical Professor, School of Population and  
Public Health**

[allan.best@in-source.ca](mailto:allan.best@in-source.ca)

[www.in-source.ca](http://www.in-source.ca)

**INSource**

# Three Stories

- U.S. National Cancer Institute Initiative on the Study and Implementation of Systems
- Saskatchewan Large System Transformation Initiatives
- Simple Rules for integrated Public Health and Primary Health Care

# Why Health Systems Thinking ~ Burning Platform or Perfect Storm?

- Increasing complexity and fragmentation
- Costs rising at unsustainable rate
- Increased chronic disease and aging population
- Greater focus on “causes of causes” ~ social determinants of health
- System not working ~ especially issues around access and repeated calls for primary health care reform

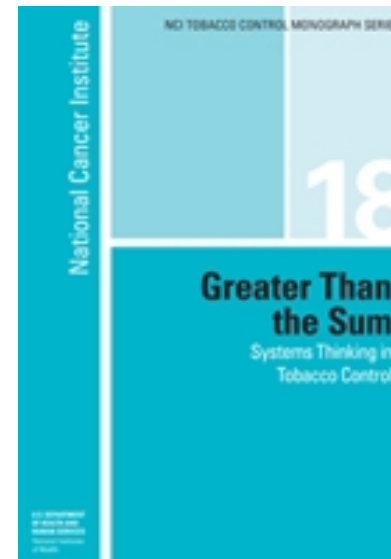
# Why Health Systems Thinking ~ 2

- Priority on evidence, quality, and accountability ~ but knowledge to action strategies not working
- Increased call for equity
- Recognition government can't do it alone ~ need for multi-level, multi-sectoral strategy
- Better systems thinking tools

*Complex problems require  
complex solutions*

# Story 1 ~ Initiative on the Study and Implementation of Systems

- Transdisciplinary initiative to study systems approaches in tobacco control
- A proof of concept for applying systems thinking methods to public health
  - Concept mapping
  - Social network analysis
  - System dynamics modeling
  - Knowledge integration



Leischow S et al, *AJPM* 2008;35(2S):S196-S203;  
NCI Monograph 18. *Greater than the Sum*, 2007.

<http://cancercontrol.cancer.gov/tcrb/monographs/18/index.html>

# Complicated vs. Complex Systems

Complicated	Complex
Command and control	Facilitation and empowerment
Make it happen	Let it happen
Well-defined roles	Agent-based participatory action
Organized structures	Self-organizing patterns
Discrete evaluations	Continuous evaluation
Siloed action	Coalition alignment

Best & Holmes, *Evidence and Policy*, May 2010; Snowden DJ & Boone ME, *Harvard Business Review* 2001;79:69-76; Trochim W et al, *How do we organize: Purposeful adaptive systems*. NIH Monograph, 2007 . <http://cancercontrol.cancer.gov/tcrb/monographs/18/index.html>

# Interorganizational Partnerships

- Clear common aims
- Trust
- Collaborative leadership
- Sensitivity to power issues
- Membership structure
- Action learning

Riley & Best. Stakeholders, organizational partnerships, & coalitions. In S. Kahan, A. Gielen, P. Fagan, & L.W. Green (eds). Health Behavior Change in Populations: The State of the Evidence and Roles for Key Stakeholders. Johns Hopkins University Press, 2012.

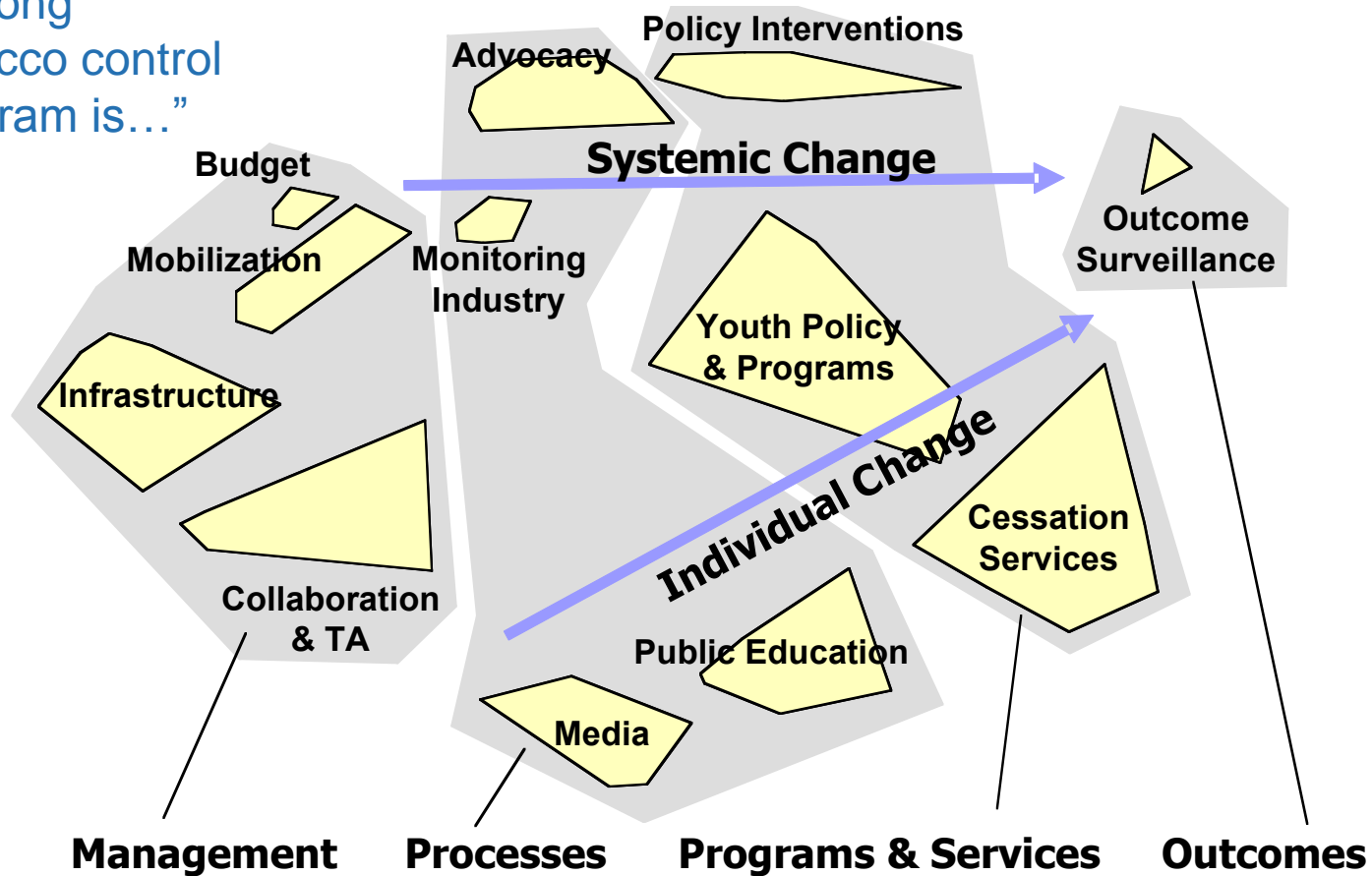
# Partnership Development

- **Framing the Strategy** ~ concept mapping, key informant interviews, consensus workshop
- **Taking Stock of Assets** ~ network analysis, environmental and resource scan
- **Measuring Investments and Returns** ~ Problem Based Marginal Analysis, business case development
- **Monitoring Progress** ~ process and outcome evaluation, learning network, feedback, comparative case studies

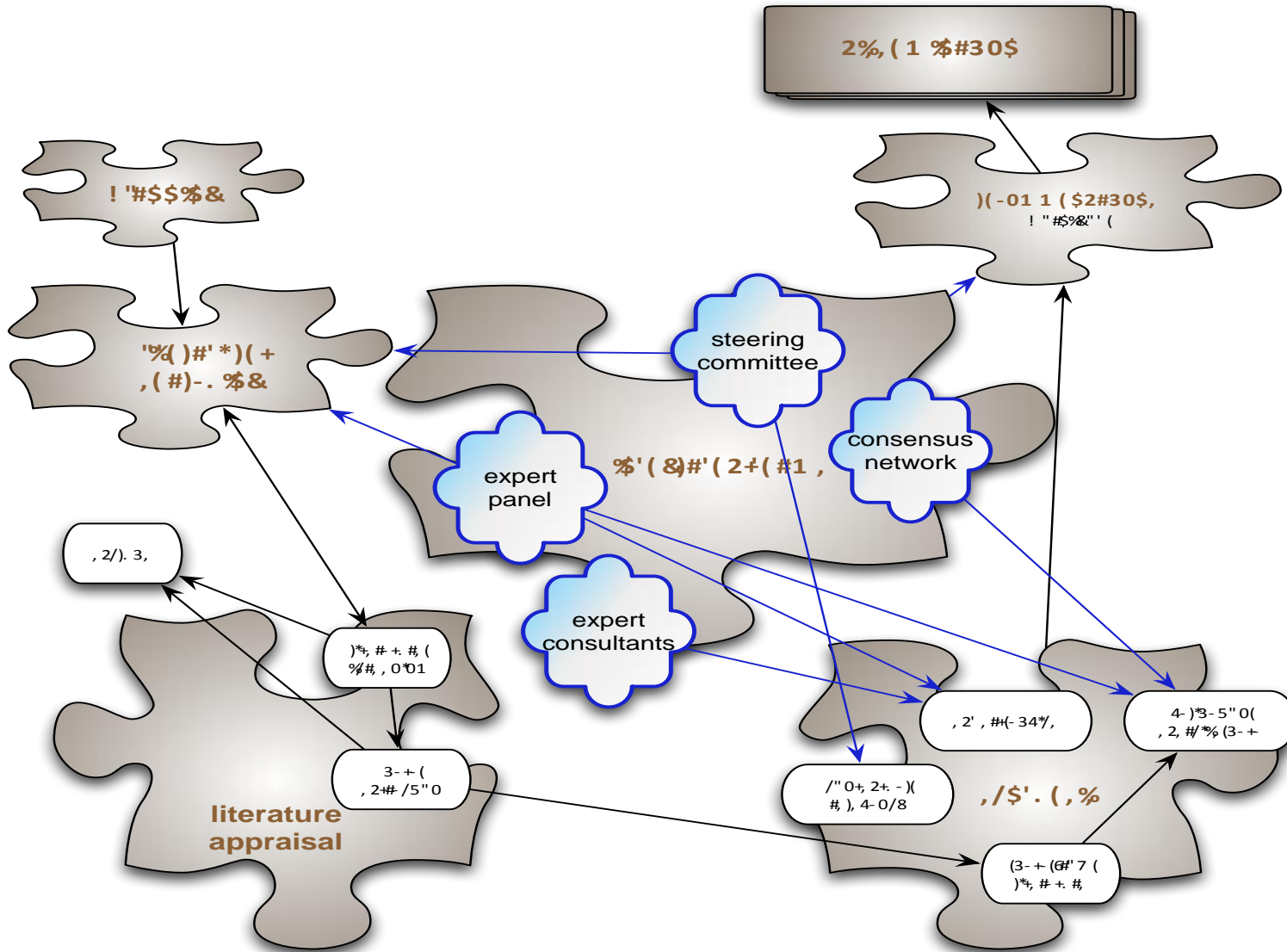


# Concept Mapping: Tobacco Control

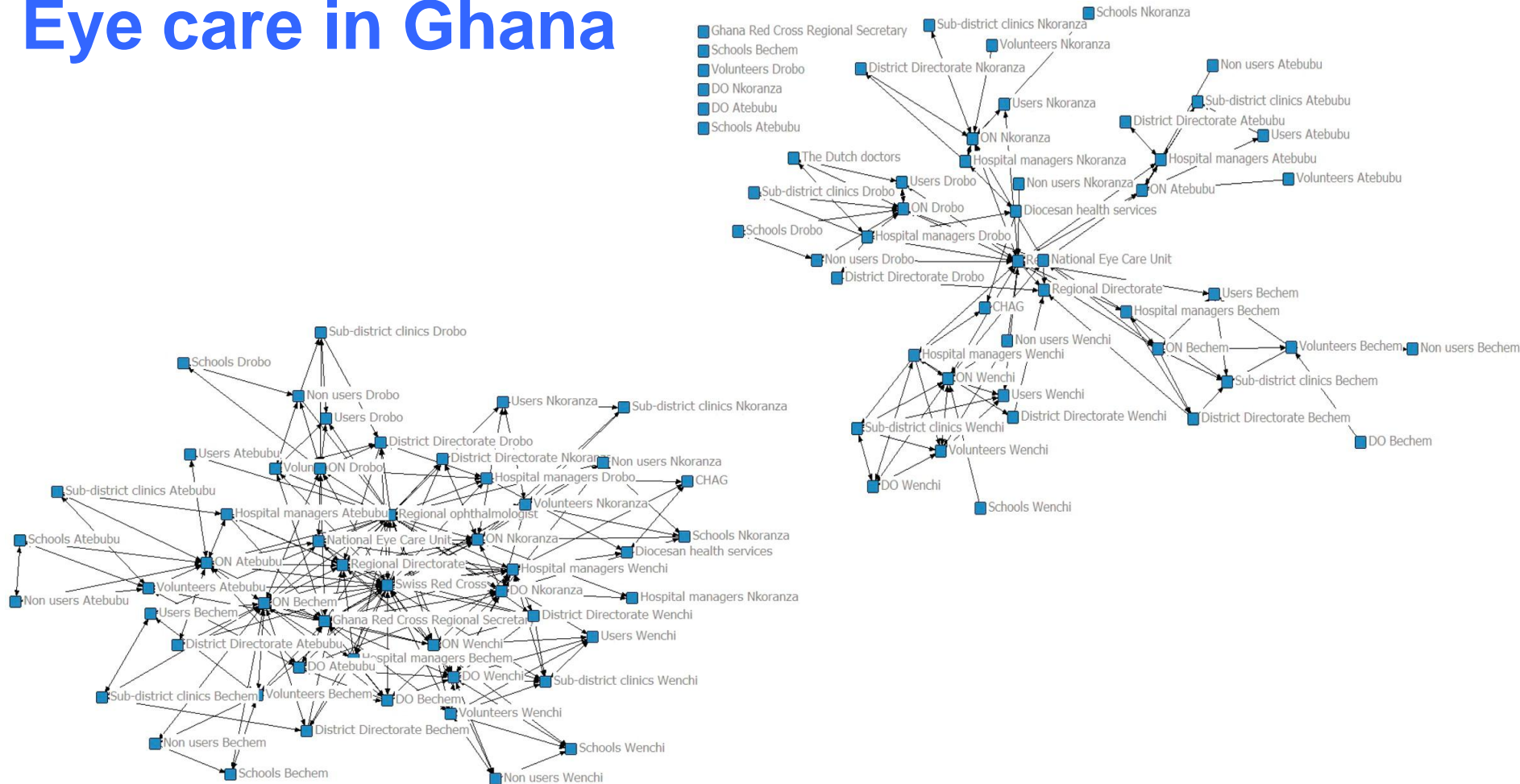
“One specific component of a strong tobacco control program is...”



# Rapid Review

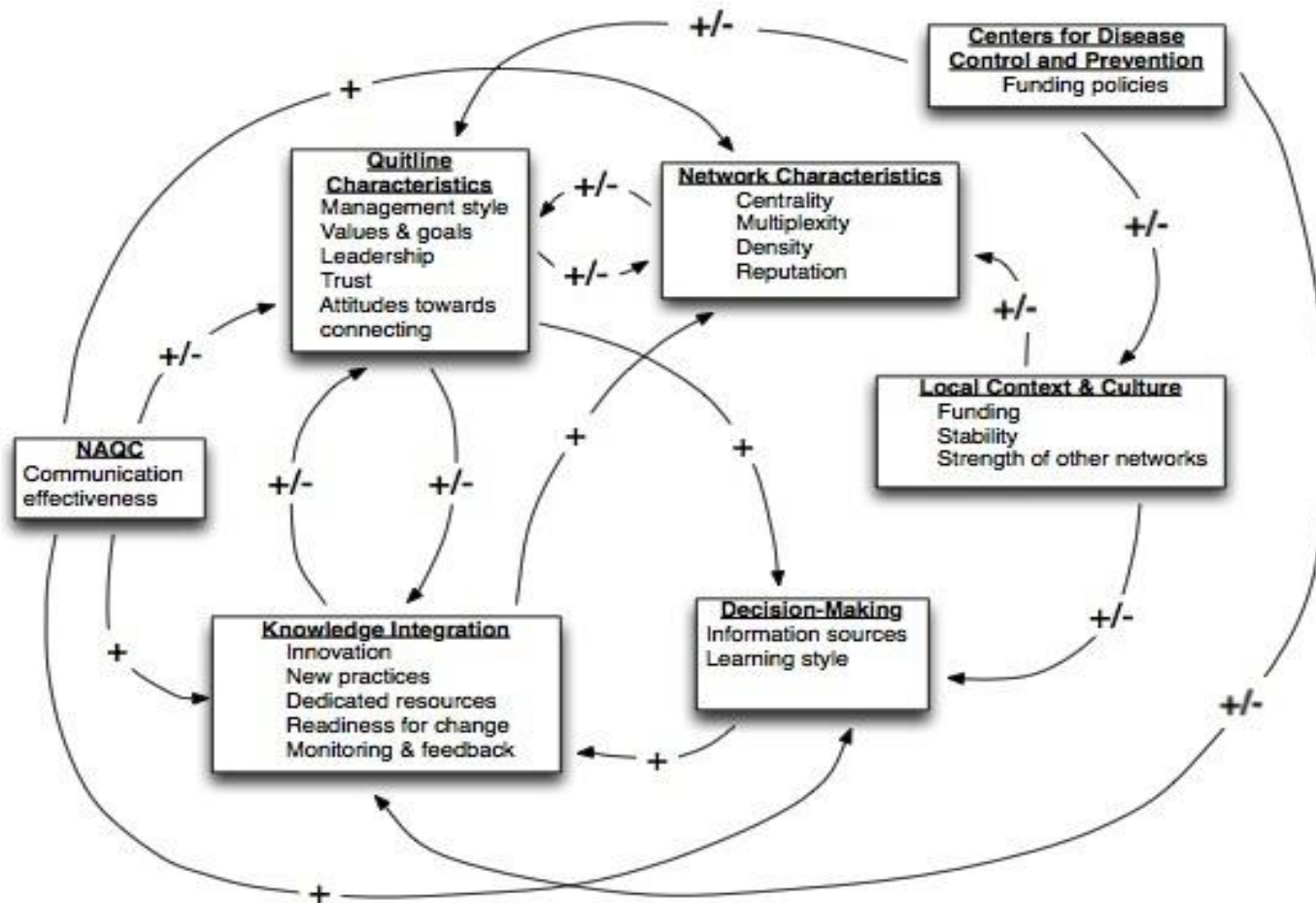


# Social Network Analysis ~ Eye care in Ghana



Blanchet K , James P. *Health Policy and Planning*. 2012;heapol.czs031

# Tobacco Cessation Help Line ~ Dynamic Map



# Story 2 ~ Saskatchewan “Large System Transformation”

- CIHR pilot in expedited knowledge synthesis
- Provincial Ministry taking on transformative change
  - Surgical wait lists
  - Patient and family centred care
- Key principles for culture change
  - Interorganizational collaboration
  - Multilevel innovation strategy
  - Full value stream
  - Systems integration
  - Evaluation
- Role of government prime interest

# Large System Transformation ~ Simple Rules

- Blend designated leadership with distributed leadership
- Establish feedback loops
- Attend to history
- Engage physicians
- Include patients and families

Best, A et al, *Milbank Quarterly* 2012;90(3):421-456.

# Story 3 ~ Simple Rules for PH/PHC

1. PHC serve geographically defined area
2. Comprehensive services ~ health promotion, protection, prevention and clinical care
3. Integrated interprofessional teams through facilitated networks
4. Align financial incentives with blended payment model
5. Electronic data systems ~ HER and pop health, continuous improvement feedback loops
6. Shared governance structure ~ voice and accountability

Millar, J. .Sustainability of the Health Care System. Presentation to the B.C. Select Standing Committee on Health, January, 2012.

# 2014?

## Indicators

→ Feedback and Accountability

→ 6% for investment in  
change





Old London Bridge, circa 1600s