

Reflections on a Conversation
with Brian Postl:
Can Healthcare Research Make
a Difference to Policy and Practice?

by ANTON HART

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“RESEARCH IS KEY IN THE PROCESS OF CHANGE.” THAT’S HOW DR. BRIAN Postl begins a conversation on strategies to ensure a stable and reliable bridge between researchers and policy makers in healthcare. He suggests “evidence” as one of four themes that the journal *Healthcare Policy* should consider as it looks at knowledge and its impact on policy and practice. And he is quick to agree that we need to reach audiences that influence the policy and decision-makers; the direct approach won’t be enough. He believes there are untapped ways and means to share the collected evidence and change behaviour. Finally, he underscores the importance of real cases – using evidence – as valuable translation tools.

Here is, in effect, knowledge transfer (KT) 101:

1. Offer the best solutions and evidence;
2. Target a selective range of audiences to make the point;
3. Use multiple tools to transfer and translate; and
4. Present the information so that it is meaningful.

Dr. Postl is the right spokesman on these strategies. He is a decision-maker, researcher, teacher and policy maker. He is currently president and chief executive officer of the Winnipeg Regional Health Authority, which comprises nine facilities

and multiple community agencies, services and programs. Before that, he was vice-president of clinical services at the Winnipeg Hospital Authority, with prior academic and clinical appointments – all in Winnipeg – focused on paediatrics and community health.

He continues to teach undergraduate, post-graduate and graduate trainees. He stays active as a clinician through the Children's Hospital Northern Referral and Medical clinics, and as visiting paediatrician to Rankin Inlet, Nunavut, and Grand Rapids and Easterville, Manitoba. Research interests include Aboriginal child health,



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health policy and human resources planning. He has written or co-written more than 55 publications. He has also served on a number of health-related boards, including those of the Canadian Institute for Health Information, the Canadian Patient Safety Institute, the Canadian Health Services Research Foundation, Canada Health Infoway and the Health Council of Canada.

Dr. Postl was recently appointed the prime minister's federal adviser on wait times. In that role, he will facilitate dialogue and work with the provincial and territorial governments and others to help realize the commitments made in the federal government's 10-year plan to strengthen healthcare. In a telephone discussion, we focused on this new advisory role and its challenges. It was a fitting focus for a discussion on research transfer and translation and the role of research in effecting change.

Dr. Postl will look to research to tell him and the policy makers what we know, what we need to develop and what is required to support the decisions that must be made. In this context, the journal *Healthcare Policy* is important because it offers a medium through which evidence can be developed and shared, a place that can reflect the living models from jurisdictions across Canada and a medium that can present the evidence and de-politicize it for all the participants in the system or, more realistically, 13 systems. Evidence takes on an even more important role, he suggests, when we consider the vested interests, the emotions governing the process and the political context in which elections are won or lost on these very issues.

In the process of effecting change, Dr. Postl will target a range of participants that influence the healthcare system. He suggests that we are easily drawn to limiting debate among researchers and senior decision-makers. It's not enough. What we don't do well, he says, is target those individuals or audiences that *influence* the decision-makers. The public influences the politicians, he notes, but we are not comfortable, not trained and not ready to talk to the media and other watchers, knowing they can often be critical. Yet many reporters and health columnists are well read and highly respected for their commentaries. We need to be accessible to them. They, in turn, will help us reach the policy makers. This is a lesson brought home by the last federal election; according to a trusted Ottawa source, the Liberal Party's strategy to focus on wait times was initiated and supported by polls. Public opinion matters.

But how to reach the people? There are, of course, new initiatives underway within the system, and as a member of the board of the Canadian Health Services Research Foundation (CHSRF), he is aware of these – including the EXTRA program that trains health system managers across Canada in the skills that will help them use research better in their day-to-day work. He is also aware of the knowledge transfer tools used by the Canadian Institutes of Health Research, the Canadian Institute for Health Information and other agencies. It will be important in his work as federal adviser on wait times to apply the best strategies now in use but also to explore new ideas in the process.

Unexplored are the more controlled media strategies to reach the public. These might typically include mass media advertising, a national media tour from coast to coast by some of our more articulate researchers, or even healthcare's version of CBC's "Ideas" or even "Quirks and Quarks." He recognizes that new ideas and opportunities must be used to attain a higher public profile if we are going to reach the politicians and their constituents.

Lastly, he recommends that this journal promote case studies – academically developed and well written. They would address how the cases evolved, the participants, the successes and the failures. Academics and leaders in healthcare who travel across Canada have come to recognize that the problems, environments and solutions to healthcare challenges are often the same across the country. "We need to share," he says. A database of cases that the decision-makers can refer to and relate to is important and valuable. We discussed briefly the patient safety movement and its current importance on so many agendas. This issue, says Dr. Postl, is driven by evidence and has become an important priority as a result of collaboration between the researchers and those who make policy and practice decisions. The issue has also seen a lot of press.

Can healthcare research make a difference to policy and practice? Yes, says Dr. Postl. Have the evidence; identify the key players and those who influence them; use effective (and new) ways and means of reaching these target groups; and, in the process, use practical, understandable and meaningful communications tools.

Healthcare Policy will play an ongoing role in this process as researchers and policy and practice leaders continue to consider ways and means to work together. But there are many other issues that need to be explored: the power of collaboration from beginning to end – so eloquently put forward by Jonathan Lomas in this issue; teaching strategies that, according to academic guru Noel Tichy, should be pervasive in all organizations; and the need for sensitivity in a complex environment made up of ethical, legal, social, regulatory, economic, scientific and political factors. This volatile mix is fuelled by new discoveries and diminishing resources – competing for headlines at the same time. There will be no shortage of ideas for the pages of this journal as it strives to engage researchers, policy makers and practice leaders in a dialogue to apply evidence to the decision-making process.



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