

Health Services Policy Research: Uniquely Positioned to Drive Equitable System Transformation

Recherche sur les services et les politiques de la
santé : une position unique pour favoriser une
transformation équitable du système



INTRODUCTION

Overview

With the launch of its *Strategic Plan 2021–2026*, the Canadian Institutes of Health Research – Institute of Health Services Policy Research (IHSPR) has embarked on a formidable quest to secure healthcare’s holy grail: health system transformation, health equity and the vaunted pillars of the Quadruple Aim (Bodenheimer and Sinsky 2014; CIHR IHSPR 2021).

On first thought, expecting health services policy research (HSPR) to facilitate these lofty goals may appear to be overreaching. The barriers to reaching the desired outcomes are high, deep and broad. They need to be deliberately dismantled to make way for a real, robust and redesigned health system built on well-documented and defined solutions. So, on second thought, HSPR is precisely what is needed, never more so than now. HSPR can raise flags and important questions, for example, about a policy shift’s potential for unintended consequences. If heeded, research

findings may help halt public investments in proposals built on dubious data and flimsy evidence. Research that shows strong outcomes for radical new approaches in comparable jurisdictions can spur bold systemic changes.

HSPR is ideally – and uniquely – able to provide essential ingredients for success in securing health system transformation. It generates knowledge that informs critical and highly consequential choices about policy, practice, regulation and more. It provides evidence to guide difficult decisions about allocating resources or investing in infrastructure or embracing new approaches to move beyond incremental progress. It shares facts, analyses and tools to help all stakeholders improve health – be it system, population or personal.

HSPR has always been needed and valuable, but, as Roy et al. (2022) note, the focus and funding have not followed. Where will the impetus and conditions for change come from?

Whether the *Strategic Plan 2021–2026* (CIHR IHSPR 2021) is a set-up for success or a document too reliant on “deterministic logic” (Roy et al. 2022: 71) will be revealed in the years to come. From today’s vantage point, the ground beneath the strategic priorities is firmer in some than in others. Some conditions present considerable challenges, whereas others are conducive to progress.

Action on Equity Issues Is Non-Negotiable

The opening message of IHSPR’s strategic plan (CIHR IHSPR 2021) says that health equity is at the centre of its aims. The need to deliberately acknowledge and meaningfully address inequities and health disparities across all fronts appears to be non-negotiable. But, as Pinto (2022) cautions, it is often also performative. He says that making equity, inclusion and diversity the norm demands sustained efforts that are well-funded and well-designed. That means taking the lead from affected groups in identifying problems and driving substantive changes in culture, workforce and leadership composition and outcomes.

Transformed Systems Are Learning Health Systems

A transformed system that meets 21st-century health needs and system goals must be a learning health system as many commentators note. It must be capable of continuous quality improvement, providing ongoing opportunities for researchers to work across domains, developing and disseminating new knowledge in new ways. Tomblin Murphy et al. (2022) report on successful strategies to embed researchers into a broad range of health-focused organizations, infusing valuable expertise and building new capacities and skills among staff while instilling in researchers new attributes that are key to advancing health system improvement.

Goel and McGrail (2022) describe the undeniable and diverse deficiencies in the country’s health data ecosystem, hobbling the timely, effective collection, sharing and use of health data. Heartened by the components for a strong health data system in IHSPR’s strategic plan, they suggest the ways and means to maximize the institute’s efforts to strengthen digital health solutions and data science, recommending a focus on the sticking points to progress – a fragmented health data foundation, a lack of coordinated data governance and a risk-averse culture.

The evolving HSPR enterprise is an essential and enabling part of a learning health system, serving shared goals and embracing solution-oriented and collaborative research

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(McMahon et al. 2022). But as McGrail et al. (2022) assert, it must also stand apart from that and give room and resources to not only theoretical research and investigations with both long and short shelf lives but also to comparative and interdisciplinary research.

As noted in this issue of *Healthcare Papers*, our collective experience of the COVID-19 pandemic, with its disproportionately harmful effects on racialized and marginalized populations, provided painful and powerful lessons, showing the system’s fragility, lack of cohesiveness and entrenched inequities. We witnessed the devastating impact of trying to manage a quickly changing crisis without sufficient information, timely comparable data and evidence to inform the country’s pandemic response. When future health emergencies hit – or ideally, before they hit – updated data, analyses and meaningful, actionable evidence

on relevant HSPR should be on hand to help mitigate the harm or even dodge the danger altogether.

Bridging (and Protecting) Divides

The IHSPR strategic plan promotes the establishment of stronger, closer relationships among researchers, communities and leaders in the healthcare system and encourages new kinds of research collaborations. That priority may appear unequivocally sensible. After all, health system silos – nurtured by convention, culture, funding, models and more – are longstanding and legion, inhibiting service integration and thwarting the Quadruple Aim. Communication problems between its disparate parts are seemingly unshakable. Fostering new research arrangements could generate solution-oriented research and bridge traditional divides to find common cause (and no doubt compromises).

Raising concerns about potential compromises, self-censorship and funder–funder power dynamics that could stymie critical analysis, McGrail et al. (2022) issue a provocation to challenge the system. Competitive tensions may be high when research questions are being developed or decisions are being made about who will design, fund and conduct the research (and how). Researchers and partner organizations have discrete roles to fulfil and expertise and interests of their own.

Healthcare transformation demands keeping your eye on the prize. For some researchers, that prize may not be on the problem of the day. It may be beyond the horizon, requiring research investments outside of the immediate priorities and needs of the healthcare system. Enhanced measures to protect the science of science and to safeguard public interest transparency may be required to address some of the concerns about the proposed shift to broader research collaborations.

The public interest question is not absent in this issue of *Healthcare Papers*. HSPR is an indispensable, powerful tool that can produce better care for people, safer practice and stronger evidence to guide decision making. That is a public resource with potentially profound impacts on people’s lives and on the health of individuals, populations and the system.

Protecting and Promoting the Public Good

The late George Grant was an inimitable thinker and philosopher, whose writing and political commentary in the last half of the 20th century presented novel (and by times controversial) perspectives about far-reaching issues, including the fate of Canadian nationalism, the evolution of the academy’s enterprise and the decline of internal and external morality and justice in a technological age (Grant 1965, 1969; Martin 1989).

Although Grant rejected the increasing specialization of academic research pursuits in the social sciences and changing notions of value, decrying the privileging of private pursuit of career advancement over the public interest, his contemplations centred on fundamental questions about virtue, technology, self interest and the public good. (Angus 1989; Grant 1969; Martin 1989). As he used to say to his students: “There is no interest like self-interest.” (Grant, personal communication, September–April, 1983–84). The essence of the IHSPR strategic plan – “[to support] the generation of timely, relevant, equitable, and impactful research ... to improve the health care system and the overall health and well-being of Canadians” (CIHR IHSPR 2021: 26) – is clearly an expression of public good goals. The task ahead is to ensure that the strategic plan’s implementation lives up to that spirit.

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