

Innovation Through Collaboration: Working Together for an Evidence- Informed Health System



Jonathan Lomas
Keynote
CHSRF 8th Annual Invitational Workshop
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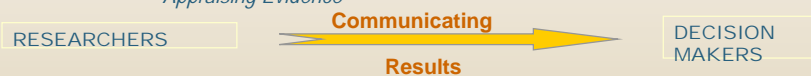
CHSRF's Annual Workshops

From the start . . .

1. Feb. 1999: *"Issues in Linkage and Exchange Between Researchers and Decision Makers"*



2. Feb. 2000: *"Communicating Research / Appraising Evidence"*



3. Mar. 2001: *"If Research is the Answer, What is the Question?"*





CHSRF's Annual Workshops

From the start . . .

1. Feb. 1999: *"Issues in Linkage and Exchange Between Researchers and Decision Makers"*

RESEARCHERS



DECISION
MAKERS



CHSRF's Annual Workshops

... to the start again

4. Feb. 2002: *"Partnerships: Sharing Experiences, Extracting Lessons"*

RESEARCHERS



DECISION
MAKERS



CHSRF's Annual Workshops

... and again

8. Mar. 2006: *"Innovation Through Collaboration: Working Together for an Evidence-Informed Health System"*

RESEARCHERS
AND THEIR
ORGANIZATIONS

Collaborations

DECISION
MAKERS
AND THEIR
ORGANIZATIONS



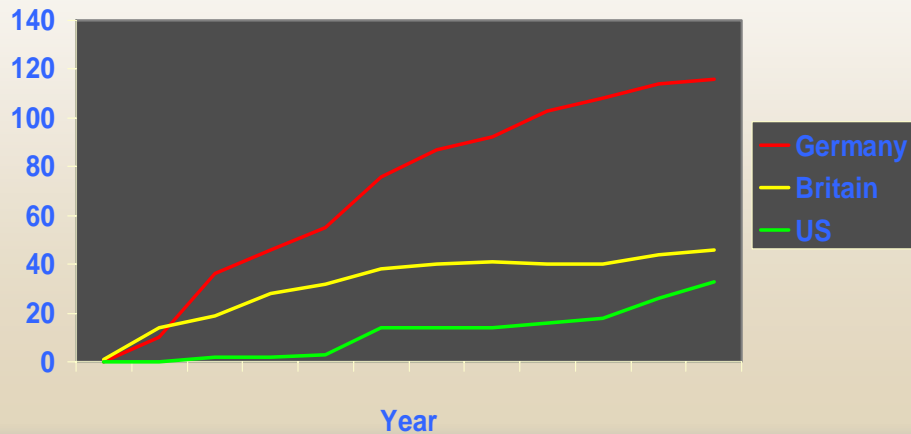
Collaboration, Innovation and Action: An Ongoing Linkage and Exchange Story From the Victorian Era

- 1856 William Henry Perkin discovers first synthetic dye (anilinc purple) in Britain
- 1857 Perkin & Sons of England starts selling commercial synthetic dye all over Europe
- 1857 – 1865 Britain dominates the synthetic dye industry with nearly 90% of world market
- 1865 - 1870 Germany takes over 50% of the world market
- 1900 - 1912 Germany maintains 85% of world market



The Case of Synthetic Dyes

Entry of Dye Firms 1857-1912



The Case of Synthetic Dyes

- Why did Britain lose the scientific advantage?

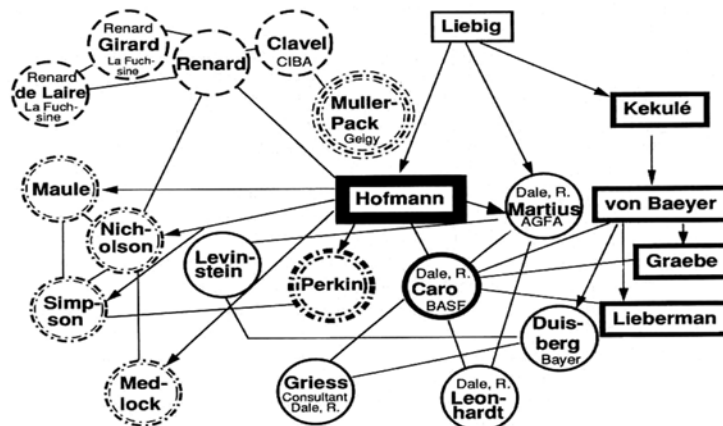
or

- How did Germany gain the implementation advantage?

Three reasons:

- Patent laws
- Central trade association lobbying
- Ongoing links through a university-industry knowledge network of identified individuals

Figure 9. The Early Academic Industrial Dye Network.



Circles = industrial chemists Rectangles = academic chemists
 Arrowed lines = teacher-student relation Thicker lines = more important
 Right-side = Germans Lower left = British Upper left = French/Swiss

Source: Johan Peter Murmann 'Knowledge and Competitive Advantage', Cambridge University Press, 2003



Networks for Linkage and Exchange

“Those firms that were able to maintain ties to the best chemical talent of the day outperformed rivals that were not as well connected This created an informal network of ties that connected players in industry and academia ... the academic-industrial knowledge network”

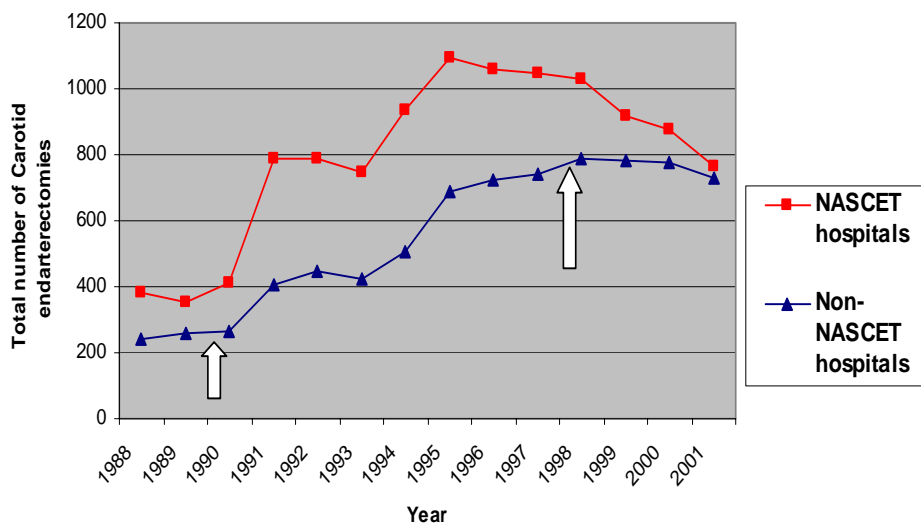
Johan Peter Murmann 'Knowledge and Competitive Advantage',
Cambridge University Press, 2003

The Benefits of Inter-Professional Collaboration

- **Controlled trial of implementation of training in team-work for emergency-room staff in 9 southern U.S. hospitals**
- **Over a twelve month period clinical error rates reduced from 30.9% to 4.4% in emergency rooms receiving team training**

Morey J et al. Health Services Research 2002; 37: 1553

Trends in Number of Carotid Endarterectomy Done by Hospitals Participating and Not Participating in NASCET trial, Ontario 1988-2001





Defining 'Success' in Researcher/Decision Maker Collaboration (2002 Workshop)

Outcome

“When a jointly planned research initiative produces results that are valued and acted upon by the decision maker ...

Process/Characteristics

and when the researcher and decision maker have close ties before, during and after the research has been generated”

Respondent to pre-workshop survey



Different Perspectives on 'Success'

Outcome

- * the application of research
- * accessible, practical research
- * reoriented priorities
- * sustained relationships
- * mutual understanding of cultures

Process/Characteristics

- * personal commitment
- * supportive structures
- * adequate resources
- * defined roles
- * cultural sensitivity



Challenges

- Incompatible time lines
- Turn-over among managers and policymakers
- Corporate need for specific answers

VS

researcher need for generalizable answers

- unfriendly incentive structures
 - e.g. university promotion & tenure criteria,
 - employers' neglect of EBDM



Forms and Functions of Collaboration I.

- Horizontal Form
 - Similar types of services with potentially overlapping clients and objectives
 - e.g. community mental health and social services;
 - city-wide hospital laundry, institutional mergers;
 - inter-regional supra-specialties; PHC
- Function
 - Reduce duplication and silos
(predominantly management perspective]



Forms and Functions of Collaboration II.

- **Vertical Form**
 - Dissimilar types of services with interconnected but functionally different roles
e.g. HMOs, (some) regional health authorities; disease management; risk-group management
- **Function**
 - Improve the delivery of seamless care (predominantly patient or population perspective)



Mechanisms of Collaboration

- **Planning and Coordination**, e.g. DHC's (networks)
- **Governance Structure**, e.g. hospital mergers, networks
- **Finances and Incentives**, e.g. capitation funding
- **Leadership and Professional Culture**, e.g. teamwork
- **Information and Technology**, e.g. performance indicators

What are the necessary and sufficient conditions for:
a) horizontal collaboration? b) vertical collaboration?



**You didn't seriously expect me to answer
that question, did you?!**

**Some lessons based on provincial
experiences**



Lessons

- **After PHC reform the future is more about vertical than horizontal integration**
- **Nowhere have we yet seen planning, governance, finances, leadership, professional culture, technology and information all aligned with the single-minded objective of horizontal and vertical integration**
- **Nevertheless, things seem to work sometimes with only partial alignment because of charismatic (non-generalizable) people**

“Consensus means that lots of people say collectively what nobody believes individually.”

ABBA EBAN

THANK YOU!

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KNOWLEDGE

...making research work

TRANSFER