Health Policy 101: Fundamentals of Effective Health Policy for Physicians

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October 20th, 2018
International Conference on Residency Education
Objectives

• Understand the respective scopes of health policy advocacy of Canadian medical organizations, and differentiate between the roles of municipal, provincial/territorial, and federal governments in health policy

• Consider the political, economic, and social contexts for their policy advocacy using common policy frameworks (e.g. Hall’s 3-I framework, Kingdon’s 3 Streams)

• Identify key components of a successful policy proposal, and be able to apply this to creating successful health policy by relating the teaching to a practical understanding of the ongoing debate around Pharmacare (Bardach’s eightfold path)
Conflict of Interest Declaration

Neither of the speakers have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Jesse Kancir has worked as the policy advisor to former federal Minister of Health Jane Philpott, but none of the views in this presentation reflect that of the Liberal Party of Canada.
INTRODUCTIONS
Canadian Health Insurance History
Hospital Insurance
Medical Insurance
HEALTH CARE IS YOUR CONCERN

Each and every Canadian has a personal stake in maintaining a quality system of health care in this country.

Right now, Canada’s Parliament is debating changes to that system which will have a significant effect on your life and the quality of health care for many years to come.

The Canada Health Act was prepared by Ottawa with no meaningful consultation with the Government’s other partners in our health care delivery system. There was no real chance for the Provinces to contribute their ideas. No chance for doctors, or other health care professionals, to offer their knowledge of the practical problems and day-to-day care of patients. No chance for the public to express its views or concerns. There was no opportunity to discuss long-term problems as they exist, that will be created by the Canada Health Act, or to look at fresh ideas and solutions.

Health care is too important to be left to Ottawa alone. It is an issue that must not be the subject of arbitrary action or a lack of consultation. It demands the time, energy, and expertise of all those who have a contribution to make.

Canada has one of the best health care systems in the world. That system has worked because all of the partners in it have shared the responsibility for making it work. The maintenance of a quality system cannot be served by setting up areas of conflict between the partners involved. Changes to our health care system demand the best ideas, the most careful consideration, and the most creative solutions we are collectively capable of.

Hearings of the House of Commons Committee on Health, Welfare and Social Affairs represent the first opportunity for other voices to be heard on the Canada Health Act. The Canadian Medical Association urges all who share our concern that changes to our health care system be changes for the good, to seek an opportunity to appear before that Committee. We urge that Parliament see to it that full representations to the Committee can be made. The physicians of Canada urge you, our patients, to express your views to your doctor, and to your elected representatives to the Federal and Provincial governments.

In Canada we have a health care system that we can be proud of... It's up to each of us to keep it that way.

THE CANADIAN MEDICAL ASSOCIATION
Pharmacare?
Policy Dynamics

Why does policy change occur?
Window of Opportunity
Policy Dynamics – Frameworks

- 3I (+networks)
  - Ideas, Institutions, Interests + networks

- Kingdon’s Multiple Streams
  - Policy Stream, Problem Stream, Political Stream

- There are many!
IDEAS

- **Definition:** Knowledge and Values about the policy at hand
  - Evidence-based
    - Descriptive
    - Could be empirical research, health impact assessment, expert opinion, economic/political analysis
  - Values-based
    - Normative
    - Could be political ideology of elected government, society
    - Also some belief in the literature that professional groups (e.g., doctors) whether through education or associations carry ideologies
  - Uncertain – not empiricism, or like the medical approach to problems
  - Important to understand breadth of ideas as it influences perception of policy options and what is considered effective, feasible, and acceptable
3I Framework - IDEAS

Examples
  - Key Reports (Romanow, Hoskins)
  - Evidence
    - Cost-savings to Canadian economy
    - Economic efficiency of health insurance (RAND)
    - Health impacts of uninsured pharmaceuticals
      - Academic research (Steve Morgan, Marc Andre Gagnon)
      - Physician advocates (Danielle Martin, Canadian Doctors for Medicare)
      - Patient advocacy and reports
    - Equity analysis of who suffers from lack of insurance
    - Concerns about impacts of pharmaceutical insurance on innovation
  - Values
    - Canadian social identity around health insurance coverage
    - Desire to limit role of government in social services (work insurance instead?)
  - Political style of the government: role of federal of gov’t in healthcare?
Interests

• **Definition: Agendas of social groups, politicians, bureaucrats, academics**
  o Very much about power relationships
  o Consider political platforms, legacy projects, strategic plans, budgets, research interests

  o Critical to understand policy in regards to gains, losses
    • Important to understand costs-benefits and across what populations
    • Understanding interests allows an understanding of who is likely to face concentrated gains or losses, and thus who is most likely to mobilize and pursue their causes
3I Framework - INTERESTS

• Examples:
  o Political interests in winning election (Libs/NDP 2019)
    • Liberals strongly hold to legacies of CHA and Medicare
  o Academics who have dedicated their lives to the topic
  o Pharmaceutical companies (may lead to increased negotiating power for decreased prices)
  o Public (improvement in access, increase in taxes)
  o Physician groups and patient advocacy
    • Canadian Medical Forum
Institutions

• Definition:
  o Norms, rules, precedents and organizational factors that structure political behaviour
    • Can be legal, political, social; laws, governing bodies
  o Consider
    • Political arrangements of government
      o Federation, with parliamentary democracy
        • Points of veto
      o Current organizations that exist at various levels of government
    • Critical legislation that constrains action

• CRITICAL CONCEPT: PATH DEPENDENCY
PD – 3I Framework - Institutions

• Examples:
  o Constitution, defining federal/provincial matters
  o Council of the Federation, current FPT relations
  o Canada Health Act
  o Parliament of Canada, including House of Commons and Senate
    • What does process look like in these places?
  o Supreme Court of Canada, Supreme Court of British Columbia, etc.
External Factors
Networks?
Kingdon’s Multiple Streams Model
Characteristics of the above Policy Environment

• Ambiguity
  o There are many ways to frame any policy problem

• Competition for attention
  o Few problems reach the top of the agenda

• An imperfect selection process
  o New information is difficult to gather and subject to manipulation

• Limited time
  o Forces people to make choices before their preferences are clear

• A departure from ‘comprehensive rationality’ and a linear decision-making process
  o This is not simply about identifying problems, formulating solutions and making a choice; difficult for physicians

• ‘Softening’
  o Some issues take time to become accepted within government or networks
Models of Policy Development and Implementation

- Institutional Model
- Process Model
- Rational Model
- Incremental Model
- Group/Pluralist Model
- Elite Model
- Public Choice Model
- Game Theory
3I Framework

- Ideas
  - Problem definition
  - Policy options
- Policy choices
- Institutions
- Interests
TRANSITION

POLICY ANALYSIS
Policy Analysis Provides a Structured Approach to Health Policy Problems

- Don’t have to be a “wonk”, just have to be interested in systematically analysing problems
- More of an art than a science
- Policy analysis CAN be taught and learned, and is applicable to a wide variety of areas
- Physicians are often lacking in policy analysis skills, and this hurts their goals
Analytic frameworks are “approaches” to policy diagnosis and management

**Step 1**
- Define the Problem

**Step 2**
- Assemble Some Evidence

**Step 3**
- Construct the Policy Alternatives

**Step 4**
- Select the Criteria

**Step 5**
- Project the Outcomes

**Step 6**
- Confront the Tradeoffs

**Step 7**
- Decide!!!

**Step 8**
- Tell Your Story
Analytic frameworks are “approaches” to policy diagnosis and management

**Step 1**
- Define the Problem

**What makes a good problem definition?**
- Should contain the following elements:
  - Goal state – vision that you, client, others care about
  - Current state – an assessment of the current reality
  - Gap we need to address – articulated as a shortfall, gap, or dissatisfaction
- Is **NOT**:
  - A solution or plan in disguise
  - A root cause analysis
  - A meandering description
Analytic frameworks are “approaches” to policy diagnosis and management

Step 1
- Define the Problem

Breakout Task (5 minutes):

In your small groups, create a problem statement on the topic of pharmacare in Canada

- Be precise
- Scope the statement
- Provoking
POLICY ANALYSIS FRAMEWORKS

Step 1: Define the Problem

Step 2: Assemble Some Evidence

Step 3: Construct the Policy Alternatives

Step 4: Select the Criteria

Step 5: Project the Outcomes

Step 6: Confront the Tradeoffs

Step 7: Decide!!!

Step 8: Tell Your Story

Assemble Some Evidence
What are Policy Alternatives?

- Possible courses of action
- Specific
- Actionable
- Targeted
Breakout Task (5 minutes):

Let’s construct some policy alternatives together

- Traffic in Halifax: “It takes too long for people from the suburbs to get into downtown Halifax for work.”

- Pharmacare: your problem statement
POLICY ANALYSIS FRAMEWORKS

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POLICY ANALYSIS FRAMEWORKS

Step 4

▪ Select the Criteria

Criteria

- Criteria builds on problem definition
  - E.g. “too few served” in problem definition ➡ “quantity served” in criteria

- Some common criteria
  - Efficiency (cost, benefit, etc.)
  - Fairness
  - Political considerations
  - Legality
  - Scalability
  - Other values
Breakout Task (5 minutes):

In your small groups, on the white boards, select the most important criteria

What did you select?
POLICY ANALYSIS FRAMEWORKS

Step 1: Define the Problem
Step 2: Assemble Some Evidence
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Step 7: Decide!!!
Step 8: Tell Your Story
Step 5 - Project the Outcomes

Projection

• The hardest step!
• Attach magnitude to your estimates
• Don’t be overly Optimistic, be honest!
• Think about undesirable side-effects
### Breakout Task (10 minutes):

*Together, project for Halifax Traffic Problem*

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<th># helped</th>
<th>Equity</th>
<th>Politics</th>
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<td>More highways/bridges</td>
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<tr>
<td>More transit/busses</td>
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</table>
Breakout Task (10 minutes):

Together, project for Halifax Traffic Problem

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<tr>
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<td>Medium (2)</td>
<td>Medium (2)</td>
<td>High (1)</td>
<td>Medium (2)</td>
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</table>
Breakout Task (10 minutes):

Next, for Pharmacare (using worksheets)

<table>
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<th></th>
<th>Cost ($)</th>
<th># helped</th>
<th>Equity</th>
<th>Politics</th>
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<tbody>
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<td>Insurance subsidies</td>
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▪ Tell Your Story
POLICY ANALYSIS FRAMEWORKS

Step 6
▪ Confront the Tradeoffs
▪ Decide!!!

Tradeoffs and Decision

▪ Should criteria should be weighed higher?
POLICY ANALYSIS FRAMEWORKS

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Step 8
▪ Tell Your Story
Breakout Task (5 minutes):

Prepare a 1 minute “elevator pitch” incorporating the analysis you’ve done
What did you learn?

- **Policy Dynamics**
  - How politics informs policy

- **Policy Analysis**
  - How policy informs politics

- Application to a relevant health policy topic: Pharmacare
  - And many more!
Questions & Answers

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