

## **The Healthcare Interview: Veteran of health-care wars looks to adjust perspectives on reform**

Written by Matt Borsellino on November 10, 2009 for [CanadianHealthcareNetwork.ca](http://CanadianHealthcareNetwork.ca)

The Change Foundation is a Toronto-based health policy think tank that generates research, analysis and “informed public discussion” on key and emerging issues, starting with the integration of health-care services in communities across Ontario.

The foundation was established in 1995 by the Ontario Hospital Association to create an environment rich enough to support significant health-care reforms, which it did for more than 10 years. Two years ago, it began to spin in a somewhat different direction, when its board set out to produce the “finest thought” about the province’s health-care system and some of its most vexing issues. It began to focus particularly on encouraging integration of its various players and their disparate interests and development of collaborative care partnerships.

What has resulted is a group that fully realizes how much some other jurisdictions are further ahead in developing sustainable health-care reform, says foundation president and CEO Cathy Fooks. We asked the veteran of health-care wars for insights from her latest vantage point.

### **Q: Where does the Change Foundation fit into the cacophony of various Ontario health lobby groups and other stakeholders?**

Our group is a charitable foundation, not a lobby group, and our main interest is patient care from a patient’s perspective rather than a provider’s. We try to think differently about various issues of system integration and patient care, not just identifying difficulties with the system, by using patient stories to describe what is a very chaotic environment right now.

We want to look at issues through a different lens. Rather than just following nursing shortages, for example, we’d follow families throughout the system to try to spark what can be done differently. We want to take in the total patient experience, all the things that probably aren’t seen by everyone who provides care to a patient. That can be quite a powerful story and lead to things that are felt deeply.

### **Q: One of the goals of your 2007-10 strategic plan is to “drive informed debate through active engagement with decision-makers.” Don’t you think Canadians are suffering from health debate fatigue? After all, health care didn’t seem to play much of a role in the last federal election.**

The debates have become kind of dull. They always seem to be about the same thing.

Canada’s response to how the Canadian health-care system has been characterized in the U.S. is changing that a bit. It’s not just about public/private funding.

Health care continues to be the most blogged about topic on the Internet, more than celebrity gossip and more than sports, so people still seem to be very engaged in their own health

systems.

**Q: Where do doctors, generally acknowledged as health care’s “team leaders,” fit in the Change Foundation’s vision of an integrated health-care system?**

They would very much be a central part of any integrated system. Clinicians are heavily engaged in delivering care. Without medical leadership in any project, it won’t run, and when they are involved it can be truly amazing.

Projects tend to falter when doctors aren’t involved. Of course, it’s easier to get them involved in hospital settings than out in the community, where they are sometimes not involved. It’s harder to bring doctors into the discussion when they’re not involved directly in the delivery of care.

**Q: Should pharmacists in Ontario prescribe medications to patients and should local health clinics across the province be led by nurse practitioners?**

We haven’t looked at scopes of practice and won’t. Instead, we’d look at something like how management systems speak across sectors. We also want to try to find ways to keep people with chronic diseases in their homes . . . and how much more the provincial government can invest in something like that.

**Q: A new Ontario Medical Association policy paper states that evidence-based clinical guidelines aren’t all they’re cracked up to be. There can be a lot of variability from one guideline to another, along with different degrees of involvement by physicians, for example. Do you agree with that assessment?**

Doctors tend to use certain interventions. We’ve sought their input into quality improvement around wound care to discuss what has to be done.

There are certainly more guidelines out there than ever. Some are considered the gold standard. We need to understand better how guidelines are developed.

**Q: What did you learn during your time at Ontario’s Institute for Clinical Evaluative Sciences, the College of Physicians and Surgeons and the Health Council of Canada that you’ve been able to apply to your current job?**

The biggest lesson I’ve learned is how to create an environment where you can take good research and talk convincingly to policy-makers.

Tons of data are produced and ultimately thrown away. Hopefully, the data we produce will be taken to heart and something will be done with it. Sometimes you need different packaging to help reflect how change might happen, a different philosophy. Data may be there but it has to be in a decision-making environment.

**Q: Can the Change Foundation help break down attitudes that perpetuate the so-called “silo”**

## **philosophy of health care?**

Yes, we hope to do that by supporting very practical applications of evidence-based guidelines and change through agreements with the ministry of health.

You can break down silos by using very focused sets of exercises, data and training, and using people who you have collaborated with before, such as family health teams, community care access centres and hospital discharge planners—all those people who help patient flows.

## **Q: While you're helping to integrate Ontario's health-care system, how do you plan to help integrate what's going on in other provinces?**

We constantly look at other provinces with regional health authorities and those provinces, like Alberta and British Columbia, where there seems to have been a trend to get rid of or reduce the number of their RHAs. But we try hard not to get too hung up on structure. Ontario's is unique, but we can find lessons to help integrate the system through common factors such as engaging clinical leadership from the get-go.

## **Q: As president and CEO, what are your responsibilities?**

When the OHA sold Blue Cross (in 1995), we were given an endowment of \$65 million that is now about \$56 million. We spend about \$3 million a year and try not to touch the principle.

I try to keep it all moving forward. I match our endowment funds with our activities and keep an eye on the markets.

We submit an annual funding plan to the board, including a six- to eight-month scan of where some interesting work might be down the road. Our organization has a track record of looking at things from a patient's perspective, and our research is considered credible and recognized for being peer-reviewed and meeting generic criteria.

We want to try to create longer-term partnerships with various groups. We don't provide one-off research grants anymore. We're now interested in having more impact from a series of activities.

Every year, we have three times the number of research submissions than we can fund, so we only pick larger projects, which has been the trend in the foundation world over the last four or five years, both in Canada and the U.S.

## **Q: Where do you think you will be in five years?**

This is a wonderful place to be right now. We're in the middle of some great resources and people. I think this can lead to some very exciting things in terms of changing how providers deliver care. It's exciting to see the level of activity and engagement in terms of number, size and teams.

As far as local health integration networks go, it's still early days. They have provided a new environment to connect some parts of the system that were previously unconnected. They have helped promote ways diabetes management can work with primary care when there are no direct relationships. That's tough to do. Things are still evolving, so we don't know how primary care is going to fit into the LHIN environment, but we know the primary-care sector will be very engaged.

## **Cathy Fooks, close up**

Cathy Fooks is a familiar name for many people involved in the delivery of health-care services across the country. She started out more than 20 years ago as research co-ordinator in the clinical epidemiology department at McMaster University. Over the years, she's worked in senior positions at Ontario's Institute for Clinical Evaluative Sciences, the College of Physicians and Surgeons of Ontario and the Health Council of Canada.

"I started out involved in the delivery of hospital care, so I guess I've come full circle," says the president and CEO of the Change Foundation, an independent health policy think tank. "I've had a strange career path," she adds. "I used to make rounds and had discussions about evidence-based care and clinical guidelines 22 years ago."

The Toronto resident, who was born in England and lived there for the first five years of her life, leads a small staff that will fund up to \$3 million in health-care research every year. "I've been very lucky to have had wonderful mentors early on in my career," Fooks says. "I learned a lot from them about balancing personal and professional responsibilities and how to create a work environment that recognizes people have lives and those lives complicate work responsibilities every day. People appreciate leaders who recognize this and allow for some flexibility."