



HOW TO WIN FRIENDS AND
INFLUENCE HEALTH
PLANNING: LESSONS FROM
THE EDGES OF
COLLABORATIVE HEALTH
SERVICES RESEARCH

BC KT CoP | March 3, 2016

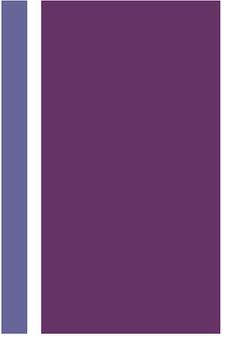


Jude Kornelsen, PhD
Associate Professor
Co-Director, Centre for Rural Health Research,
Department of Family Practice



Objectives

- To consider a case-study of a research-embedded political process of policy development;
- To review the strategic interplay of research evidence with the political environment; and
- To extract lessons learned from this opportunist research-to-policy engagement.





Bella Coola, BC

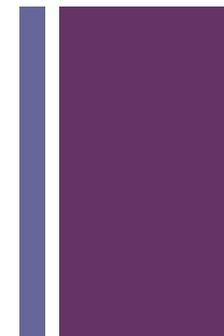


Maningrida, Northern Territories, Australia



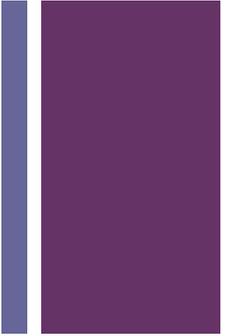
Llanchama, Amazon Jungle, Ecuador

- I am a **health services researcher** with a particular passion for moving ‘evidence’ into policy and decision-making;
- I do **primary research** through the Centre for Rural Health Research (DFP, UBC), focusing on model and outcomes of and satisfaction with models of rural health care;
- I started the Applied Policy Research Unit (APRU) in 2013 to create a formalized structure to **synthesize relevant research evidence** (peer-reviewed and grey literature) in a way that may aid evidence-based policy and decision-making;
- I have an abiding interest in **evaluating strength of evidence** and its applicability to to the local setting.



+ Re-considering evidence

- The output of primary research is rigorous evidence, which sheds light on a phenomenon under consideration;
 - Pioneered by Archie Cochrane, who advocated for Randomized Controlled Trials as the highest form of evidence
- The hierarchy of evidence is reproduced through systematic reviews of published research evidence;
- In the era of ‘evidenced based medicine’, health services research is at risk of normatively valuing scientific evidence (easily measurable) at the cost of alternative forms of knowledge (not easily measurable);
- This will be at the cost of pluralism – the acceptance of multiple points of view and experiences – that fulsomely represents reality.



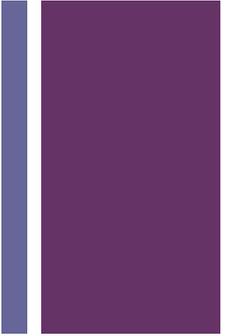


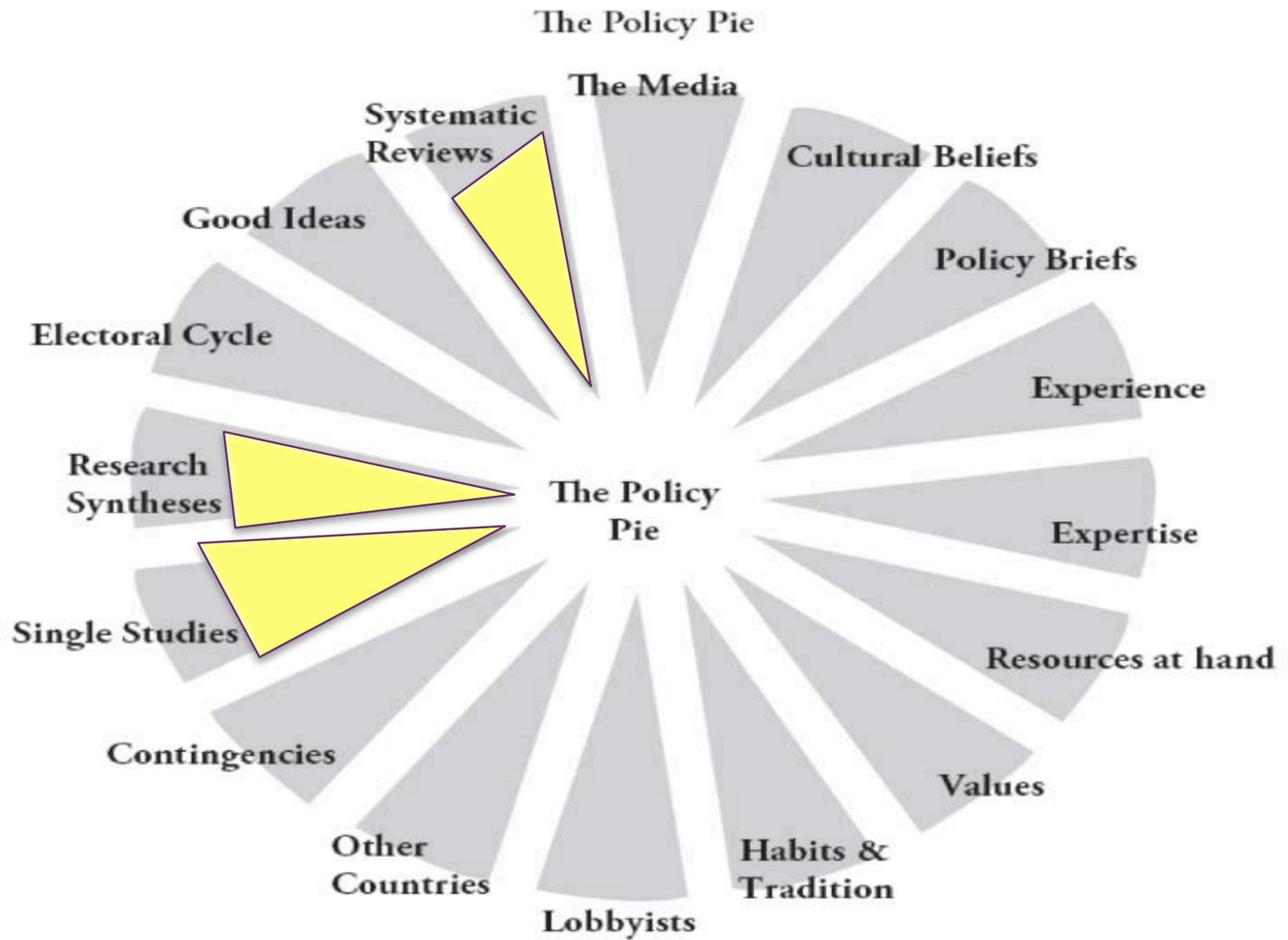
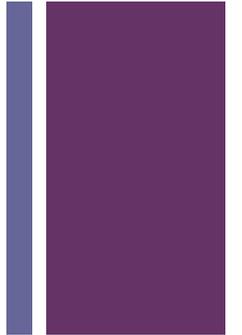
System costs gathered through administrative data

Costs of Having Services VS Costs of Not Having Services	
Manifest Costs	
Capital costs (operating room costs, equipment)	
Annual operating costs (supplies, costs of cleaning and sterilization of equipment)	
Emergency travel expenses	
Equipment maintenance	

Gathered through interviews with key stakeholders

Intangible Costs
Costs of separation (from community and family)
Loss of cultural mandate to birth on traditional territory
Cost of increased stress due to separation







HEALTH IMPROVEMENT

Reproductive Health

Healthy Development

Healthy Communities

Healthy Living

Mental Health Promotion

Food Security

DISEASE, DISABILITY, & INJURY PREVENTION

Chronic Disease Prevention

Prevention of Unintentional Injury

Prevention of Violence, Abuse & Neglect

Prevention of Problematic Substance Use

Communicable Disease Prevention & Control

Dental Health

Prevention of Disabilities

ENVIRONMENTAL HEALTH

Water Quality

Air Quality

Food Safety

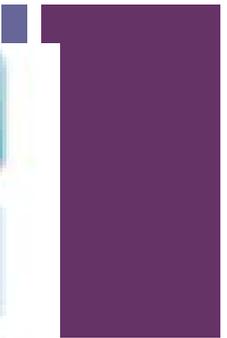
Community Environments

HEALTH EMERGENCY MANAGEMENT

Prevention and Mitigation

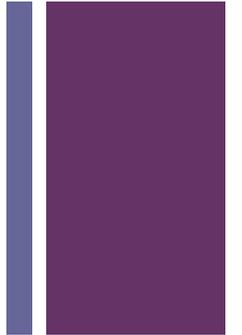
Preparedness

Response and Recovery





Conceptual Framing of the Issue at Hand:



Health Service Delivery Problem:	Closure of rural maternity and surgical services
Evidence Needed:	Best practices for sustaining rural health care
Policy:	Provincial (MoH); Health Authority
Influencing factors:	Professional associations Individual practitioners



The Closure of Rural Surgical and Maternity Services

- Precipitous closure of services in BC starting in 2000;
 - Due to challenges recruiting and retaining care providers, increasing risk intolerance within the context of sub-specialization
- Poorer maternal/newborn outcomes (Grzybowski et al 2009; Grzybowski 2014);
- Negative psycho-social consequences (Kornelsen and Grzybowski 2006);
- Negative cultural consequences (Kornelsen et al 2011);
- Destabilizes existing primary care services;
- Difficult to recruit and retain care providers;
- No conclusive evidence regarding costs savings (Kornelsen & McCartney 2013).







Building the evidence

Patient Satisfaction

Maternal-Newborn Outcomes

Provider Outcomes

Safety and Community: The Maternity Care Needs of Rural Women

Jude Kornelsen, PhD,
Assistant Clinical Professor, Director of Research, Associate

Abstract

Objective: To investigate rural obstetric care in the context of life in rural, remote, and small communities. **Methods:** Data collection for this study was carried out in 7 rural communities. **Results:** When asked about the communities, many participants associated anxieties. Self-identified with the deficit categories of recognizes the contingency of rural life.

Results: When asked about the communities, many participants associated anxieties. Self-identified with the deficit categories of recognizes the contingency of rural life.

The Costs of Birth: The Birth Experiences of Women in Rural and Remote Communities in British Columbia

JUDE KORNELSEN

Cet article est le résultat d'une enquête qualitative des expériences d'accouchés dans les communautés éloignées de la Colombie-Britannique. Les résultats donnent une plus haute teneur de mortalité causée par l'obligation pour les femmes de voyager pour accéder aux services de soins de santé périnataux.

There is a growing understanding of the physiological consequences of stress during pregnancy, with research focusing primarily on the relationship between stress and preterm birth (Mackey and Boyle; Misra; et al.).

The Reality of Resistance: The Experience of Parturient Women

Jude Kornelsen, PhD, and Stefan Grzybowski, MD, MCIS

The closure of many local maternity services has given rise to contemporary parturient women in Canada, which, in turn, determines their experience of an understanding of the realities influencing the birthing experiences of qualitative investigation explored these issues with women from four rural through semistructured interviews and focus groups. Women in this study influenced the nature of their experience of birth, including geographic rural health service resources, and the influence of parity and financial implications of give birth. When these realities were incongruent with participants' needs strategies of resistance to mitigate the dissonance. Strategies included trying hospital by undergoing an elective induction and seasonal timing of pregnancy winter travel. Some women showed up at the local hospital in an advanced to a referral center, or in some instances, had an unassisted homebirth. J M 51:260-265 © 2006 by the American College of Nurse-Midwives.

keywords: rural obstetrics, rural health services, access to maternity services

Original Article

Stress and anxiety associated with rural maternity services

Jude Kornelsen, K
Centre for Rural Health Research, Vancouver, British Columbia

Abstract

Objective: The objective level of stress and anxiety in rural communities with different maternity services. **Setting:** Fifty-two communities with different maternity services. **Design:** Cross-sectional study. **Results:** Women in rural communities with different maternity services reported higher levels of stress and anxiety compared to those in urban communities. In addition, qualitative research about



The geography of belonging: The experience of birthing at home for First Nations women

Jude Kornelsen^{a,b,c}, Andrew Kotaska^a, Pauline Waterfall^d, Louisa Willie^e, Dawn Wilson^f

^aDepartment of Family Practice, University of British Columbia, Canada
^bCentre for Rural Health Research, 1200-1200 West Broadway, Vancouver, BC, Canada V6E 4Z6
^cDepartment of Obstetrics and Gynaecology, Stanton Territorial Hospital, Yellowknife, NT, Canada X1A 2N1
^dHeiltsuk College, Bella Bella, BC, Canada V0F 1Z0
^eHealth Services, Hailik'aas Heiltsuk Health Centre, Bella Bella, BC, Canada V0F 1Z0
^fHealth Services, Heiltsuk Heiltsuk Health Centre, Bella Bella, BC, Canada V0F 1Z0

Alienation and Resilience: The Dynamics of Birth Outside Their Community for Rural First Nations Women

Jude Kornelsen, Department of Family Practice, University of British Columbia; Centre for Rural Health Research, Vancouver, British Columbia

Andrew Kotaska, Department of Obstetrics and Gynaecology, Stanton Territorial Hospital, Yellowknife, Northwest Territories

Pauline Waterfall, Heiltsuk College, Bella Bella, British Columbia

Louisa Willie, Health Services, Hailik'aas Heiltsuk Health Centre, Bella Bella, British Columbia

Dawn Wilson, Hailik'aas Heiltsuk Health Centre, Bella Bella, British Columbia

Does Distance Matter? Rates for Rural Women Intrapartum Care

Jude Kornelsen, PhD,¹ Shiraz Moola, MD,
¹Centre for Rural Health Research, Department of Family Practice, Kootenay Lake Hospital, Nelson BC

Abstract

Objectives: Although there has been a devolution of local maternity services across Canada in the past 10 years in regional centralization, little is known about the health outcomes of women who must travel for care. The objective of this study was to compare intervention rates and outcomes between women who live adjacent to maternity services with specialist (surgical) and women who have to travel for this care.

RESEARCH ARTICLE

Distance matters: a population based study examining access to maternity services for women

Stefan Grzybowski¹, Kathrin Stoll and Jude Kornelsen

Abstract

Background: In the past fifteen years there has been a wave of closures of small maternity services in Canada and other developed nations which results in the need for rural parturient women to travel to access care. The purpose of our study is to systematically document newborn and maternal outcomes as they relate to distance to travel.

RESEARCH ARTICLE | OPEN ACCESS

The safety of Canadian rural maternity services: a multi-jurisdictional cohort analysis

Stefan Grzybowski¹, John Fahey, Barbara Lai, Sharon Zhang, Nancy Aelicks, Brenda M. Leung, Kathrin Stoll and Rebecca Attenborough

BMC Health Services Research 2015, 15:410 | DOI: 10.1186/s12913-015-1034-6 | © Grzybowski et al. 2015

Received: 20 January 2015 | Accepted: 4 September 2015 | Published: 23 September 2015

Open Peer Review reports

ARTICLE

Maternal and Newborn Outcomes of Rural Midwifery-Led Maternity Care in British Columbia: A Retrospective Chart Review

Jude Kornelsen, PhD, and Maggie Ramsey, RN, RM

ABSTRACT

Background: Maternity services in rural British Columbia have experienced significant changes in the past decade, most notably the closure of over 20 rural services. A potential solution to this rural maternity service delivery challenge is a shift towards midwife-led or interprofessional

Midwifery Care in Rural and Remote British Columbia: A Retrospective Cohort Study of Perinatal Outcomes of Rural Parturient Women With a Midwife Involved in Their Care, 2003 to 2008

Kathrin Stoll, PhD, Jude Kornelsen, PhD

Introduction: Midwifery has been regulated and publicly funded in British Columbia since 1998. Midwives are currently concentrated in urban areas; access to care is limited in rural communities. Rural midwifery practice can be challenging because of low birth numbers, solo practice, lack of on-site cesareans and specialist backup, and interprofessional tensions resulting from the integration of midwives into rural maternity care systems. Despite these barriers, rural midwives have made a substantial contribution to rural maternity care in British Columbia. The purpose of this retrospective cohort study is to examine outcomes of midwife-involved births in rural British Columbia in the postregionalization era. **Methods:** We analyzed the outcomes of all parturient women with postal codes outside of the core urban areas of the province, and their singleton infants without a diagnosed congenital anomaly, who had a midwife involved in their care between April 1, 2003, and March 31, 2008. Outcomes are reported for 6 obstetric service levels. Service levels are assigned to parturient women via maternal postal codes. Women who reside further



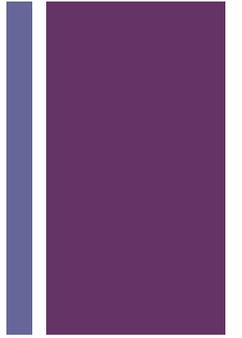
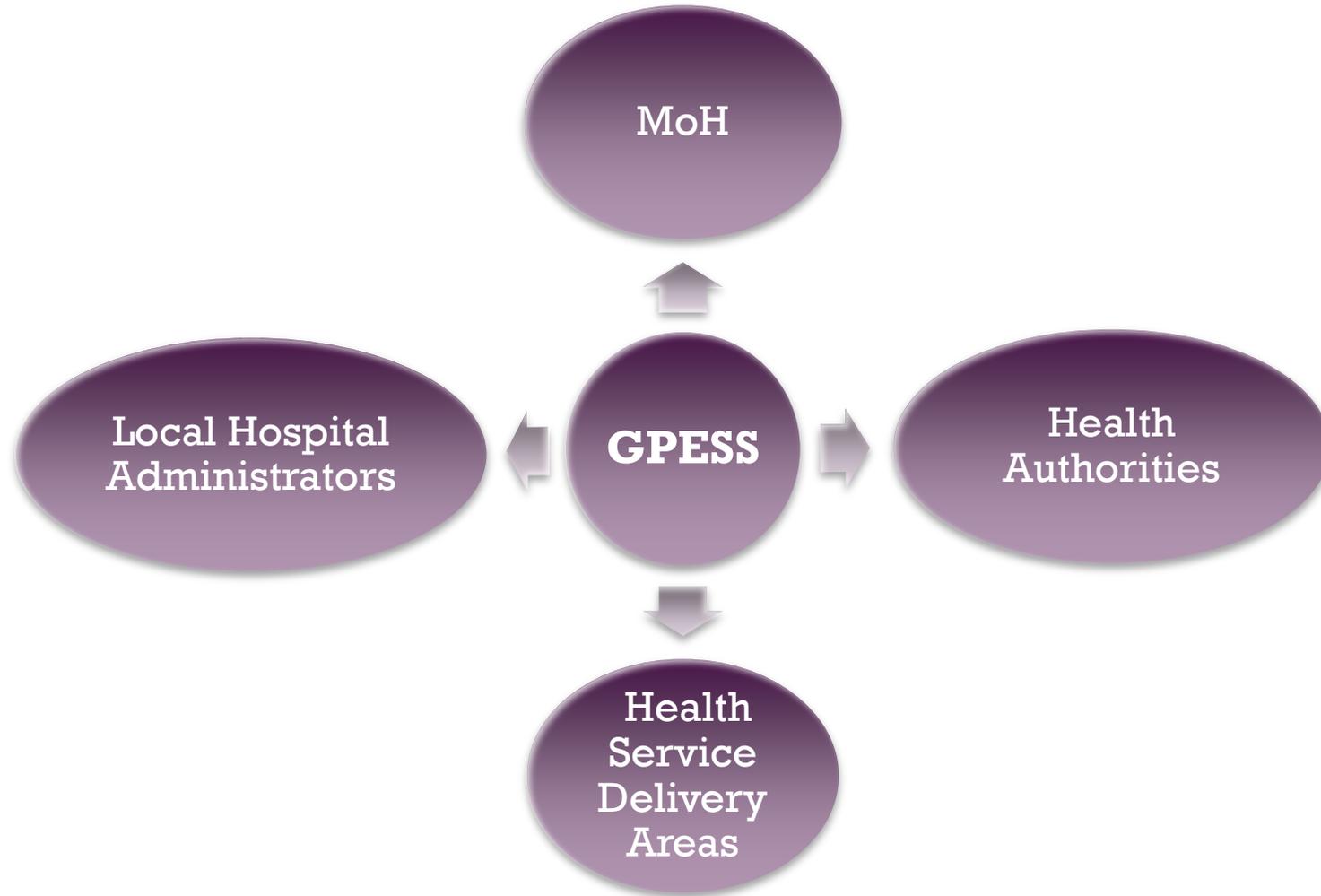
ORIGINAL ARTICLE

The outcomes of perinatal surgical services in rural British Columbia: a population-based study

Introduction: A substantial number of small surgical services in rural Canada have been discontinued in the past 15 years because of difficulties recruiting and practicing, health care restructuring and a lack of a coherent evidence base regarding the safety of small services. The objective of this study was to examine the outcomes of small perinatal surgical services. **Methods:** We accessed perinatal data for singleton births that occurred in British Columbia between Apr. 1, 2000, and Mar. 31, 2007. We defined hospital ser-

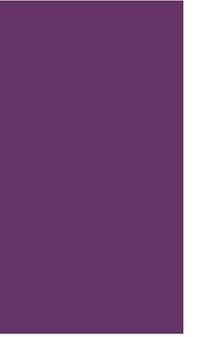
Stefan Grzybowski, MD, CCFP, FCFP, MCIS, Centre for Rural Health Research, Vancouver Coastal Health Research Institute, Department of Family Practice, University of

+ Decision-making Landscape



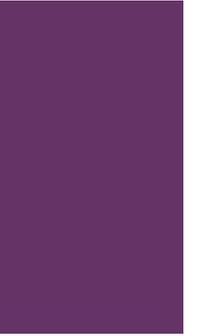
+ Impasse

1. Timing
2. Lack of systems framing of the problem
3. Lack of awareness of the larger political landscape



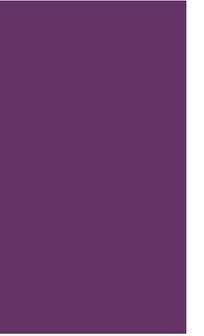
+ Impasse

1. **Timing**
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3. Lack of awareness of the larger political landscape



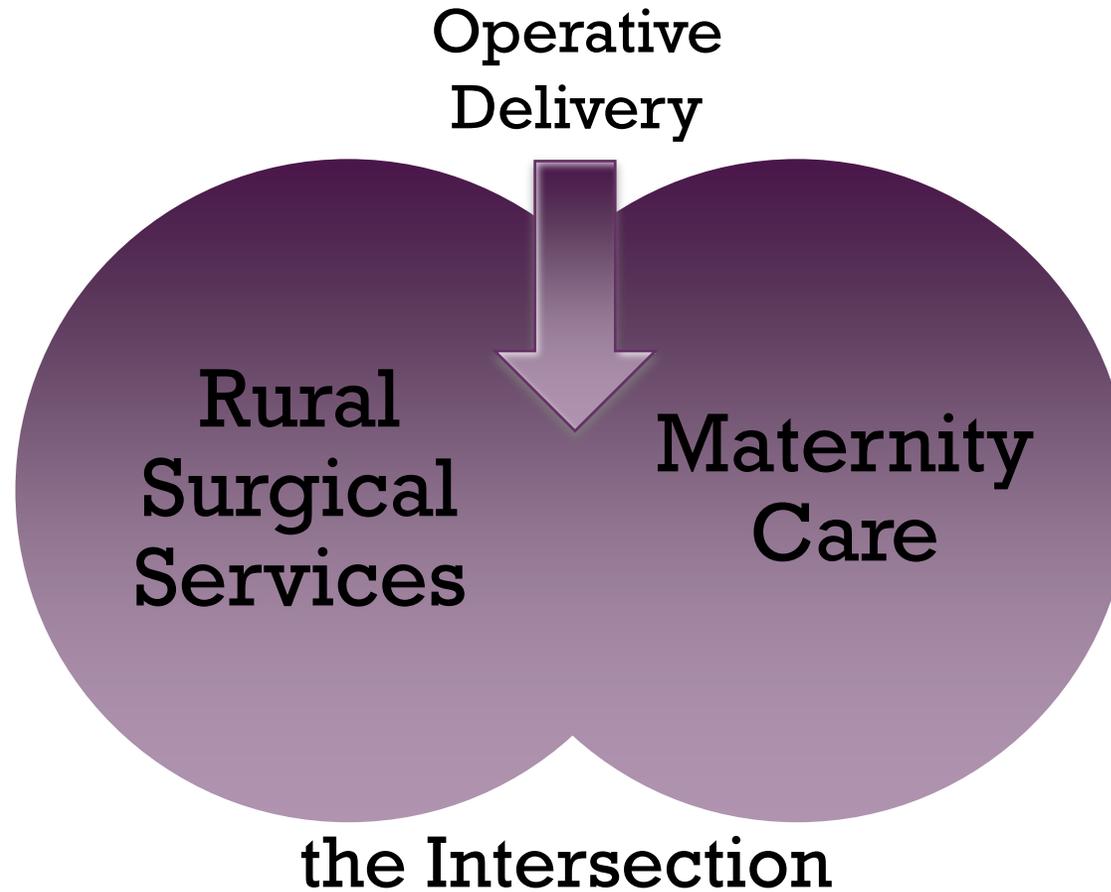
+ Impasse

1. Timing
2. Lack of system framing of the problem
3. Lack of awareness of the larger political landscape



+

Neglected the role of surgical services in maternity services



+ Impasse

1. Timing
2. Lack of systems framing of the problem
3. **Lack of awareness of the larger political landscape**





Family Physicians with Enhanced Surgical Skills

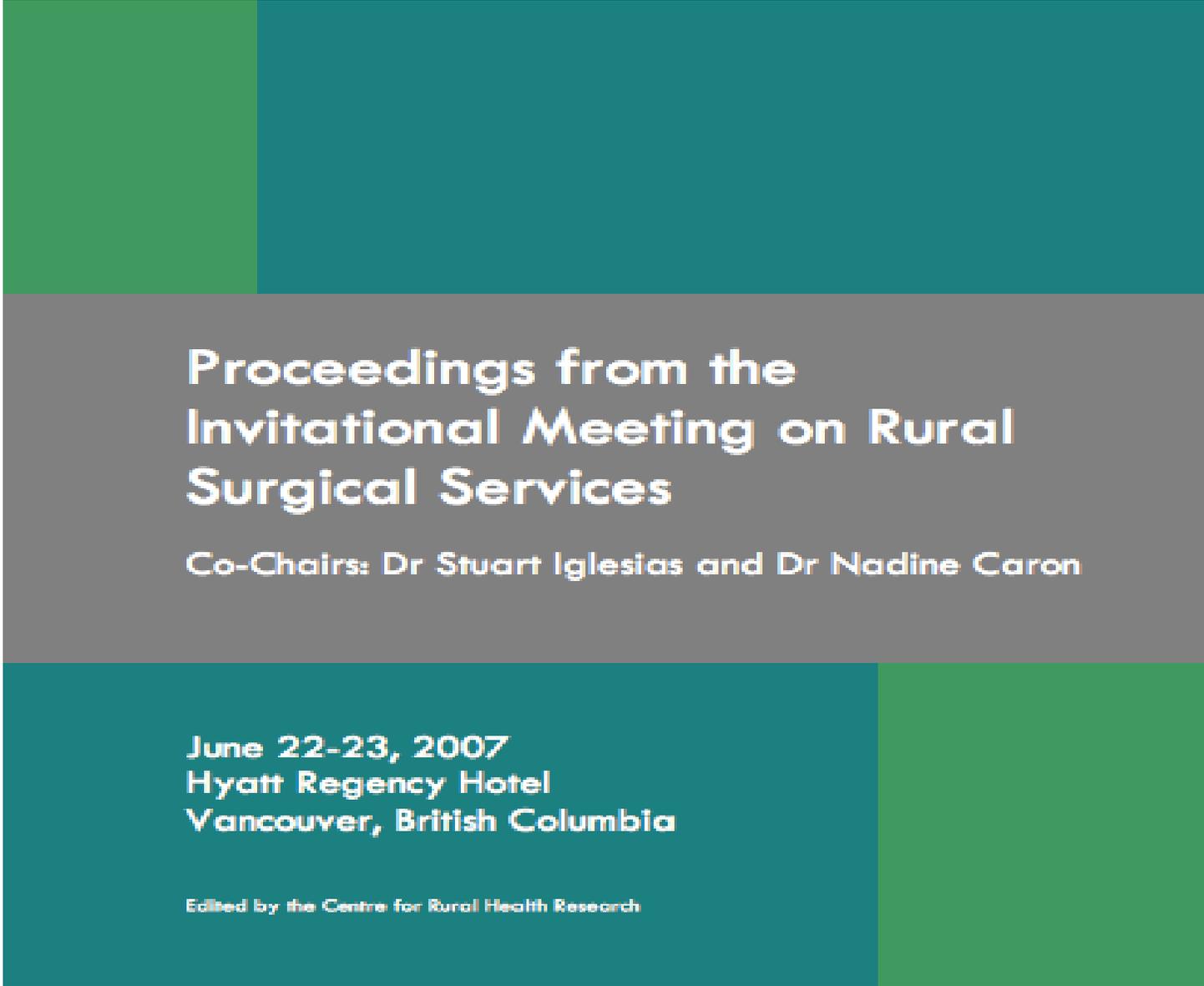
- GPs with additional training in procedural care
- 60 communities in Western Canada and North
- Populations of 5000-15000
- Large enough for a small volume surgical program: too small for a GS group



Training

- Formal accredited programs (Prince Albert; historically Grande Prairie Alta)
- Standardized curriculum
- Evaluation- oral and written, internal and external
- No accredited program in any other jurisdiction





Proceedings from the Invitational Meeting on Rural Surgical Services

Co-Chairs: Dr Stuart Iglesias and Dr Nadine Caron

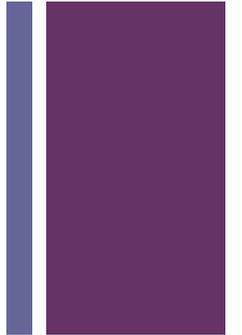
June 22-23, 2007
Hyatt Regency Hotel
Vancouver, British Columbia

Edited by the Centre for Rural Health Research



Early work: the experience of FPESS

- “The Training and Practice Experience of GP’s with Enhanced Surgical Skills” (Kornelsen, Caron, Iglesias, Humber and Grzybowski)
- Thematic findings suggested the importance of establishing positive inter-professional relationships : demanded addressing inter-professional challenges at a macro (system) and micro (personal) level.



Journal of Research in
Interprofessional
Practice and
Education

Vol. 3.1
March, 2013

The Experience of GP Surgeons in Western Canada: The Influence of Interprofessional Relationships in Training and Practice

Jude Kornelsen, PhD; Stuart Iglesias, MD; Nancy Humber, MD;
Nadine Caron, MD; & Stefan Grzybowski, MD

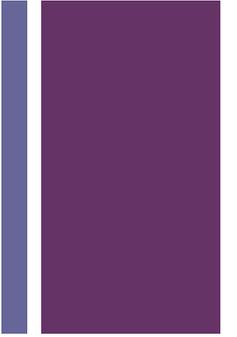
Canadian Medical Education Journal 2012, 3(1)

Canadian Medical Education Journal

Major Contribution/Research Article

GP Surgeons’ Experiences of Training in British Columbia and Alberta: A Case Study of Enhanced Skills for Rural Primary Care providers.

*Jude Kornelsen,^{1,2} Stuart Iglesias,^{2,3} Nancy Humber,^{2,3} Nadine Caron,^{4,5} and Stefan
Grzybowski,^{1,2}*



Rich description of (mostly negative) experiences with specialists:

*And the chief of Surgery made it very clear my first week there that it was his intention to make me quit the year and that as far as he was concerned, family docs should never be in an operating room, and that we weren't smart enough to be in an operating room.
(Participant 20, 35-39)*

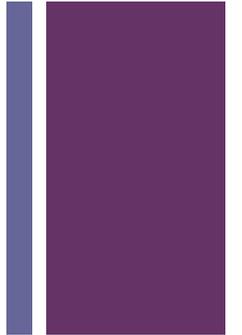
- Overwhelming experience of specialists' negative attitudes towards GPESS

Two 'take home' messages:

- 1) Interprofessional relationships based on trust and respect were key to success of a GPESS program;
- 2) We heard what GPESS thought specialists' attitudes were: we did not hear from specialists themselves.



“The Outcomes of Perinatal Surgical Services in Rural BC: A Population-Based Study”



- A review of perinatal data for singleton births 2000 – 2007 by stratified population catchment
- Found that catchments served by GPESS (9,174 births) compared favorably to those attended by Obstetricians.

Grzybowski S, Stoll K, Kornelsen J. (2013). The Outcomes of Rural Perinatal Surgical Services in BC: A Population – Based Study. Canadian Journal of Rural Medicine, 18 (4): 123-129.





Jude Kornelsen, PhD
Assistant Professor, Department of Family Practice, UBC/VCHRI, CIHR New Investigator/MSFHR Scholar, Salt Spring Island, BC

Stuart Iglesias, MD
Rural Family Physician, Gibsons, BC

Nancy Humber, MD
Assistant Professor, Department of Family Practice, University of British Columbia, Vancouver Foundation Community Based Clinical Investigator, Lillooet, BC

Nadine R. Caron, MD, MPH, FRCS(C)
Assistant Professor, Surgery

Rural surgical service delivery

As researchers and physicians working in surgical service delivery in British Columbia, we would like to share some of the highlights of an Invited Rural Surgical Service 2007, Vancouver, BC Centre for Rural Health. The goal was to share research and educational initiatives with rural surgical service providers. Attendees included rural surgical service providers from the BC Health Authorities and the BCMA, British Columbia (USA) general practitioner (USA) and the BC Reproductive Health Society.

could cost-effectively sustain rural recruitment and retention, and maternity and surgical care in small-volume rural hospitals. Academic institutions



PODIUM: DOCTORS SPEAK OUT LA PAROLE AUX MÉDECINS

Professional isolation in small rural

POLICY BRIEFS
Issues in Rural Maternity Care



Stefan Grzybowski, MD, MCIS
Jude Kornelsen, MD, PhD
Centre for Rural Health Research, Vancouver, BC and the Department of Family Practice, University of British Columbia, Vancouver, BC

Louis Prins, MD
Northern Health, Prince George, BC

Nevin Kilpatrick, MD
BC Women's Health Centre, BC

Robert Wolcott, MD
Rural Coordinator, University of BC, Vancouver, BC, and the Department of

CENTRE FOR RURAL HEALTH RESEARCH

MAY 2014

Optimal Perinatal Surgical Services for Rural Women

Background

"Rural maternity services show system stresses early and are particularly vulnerable to shifts in provider supply or availability for intra-partum care. Several consultations

Tensions regarding the role of General Practitioners with Enhanced Surgical Skills (GPSS) have included concerns over privileging, credentialing, education and regulation of GPs in sustaining safe birth in rural communities;

SUMMARY

Perinatal surgical services in rural B.C. are in crisis. Since 2000, 21 maternity centres have closed and more are considered unstable.

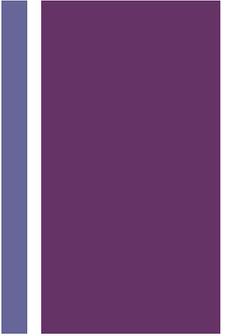
The preference of women

regionalization and the concomitant centralization of services in referral

+

2011: Taking Stock

- +++ evidence (local and internationally): very little uptake
- Unabated closure of rural services (minimal policy uptake)



+ Political Landscape

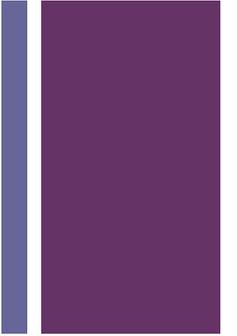




Policy Moment #1

“BC Primary Maternity Care Plan”

“Rural maternity services show system stresses early and are particularly vulnerable to shifts in provider supply or availability for intra-partum care. Several consultations have pointed to the importance of sustained availability of C-section capacity in preserving the small maternity services. **The availability of general practitioners with C-section (or general surgery) skills or anaesthesia skills could play a significant role outside of urban areas.** There are tensions within the medical community that make it difficult to develop a concrete next step with regard particularly to GP Surgery but also GP Anaesthesia.”





‘Optimal Perinatal Surgical Services for Rural Women: A Realist Review’

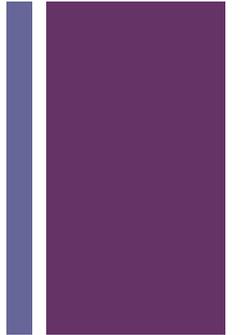
Commissioned by the Ministry of Health and Perinatal Services BC to answer the question:

Can we meet the perinatal surgical needs of rural women more effectively through an optimally centralized or optimally decentralized model of care?

APPLIED POLICY
RESEARCH UNIT

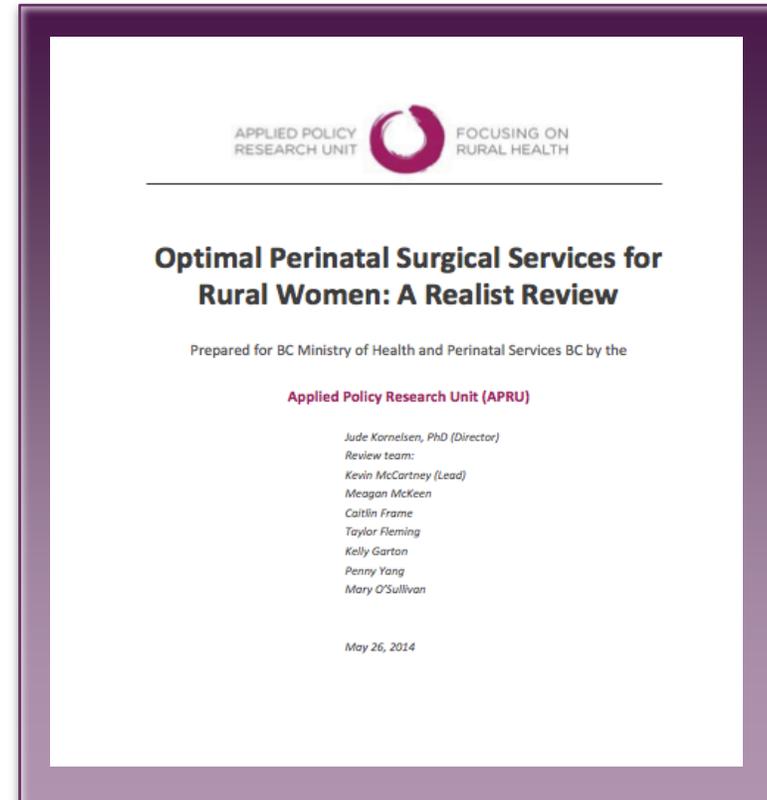


FOCUSING ON
RURAL HEALTH



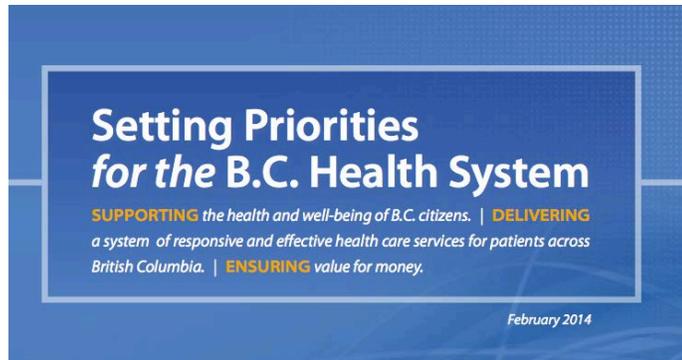
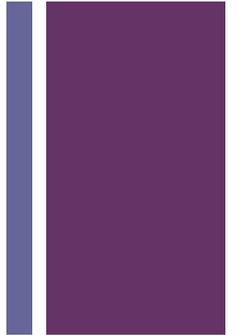
+ Key Findings

- **There is no existing clinical, case study, or qualitative evidence that basic maternal surgical care, including caesarean section, is less safe when provided by GP proceduralists with enhanced surgical skills than when provided by specialist obstetricians; ...**
- **Lack of any local maternity services is associated with worsened birth outcomes**, with both the risk that women present to underprepared health service units, and distance to care affecting outcomes.





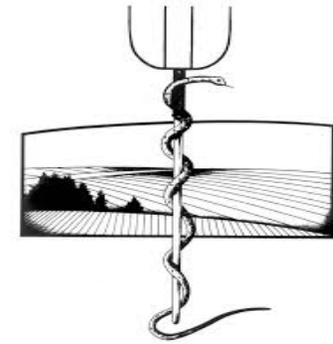
Policy Moment #2: Provincial Policy Papers



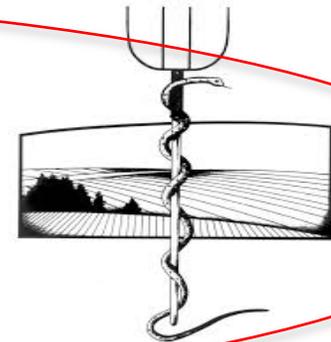
- *'Delivering a Patient-Centered, High Performing and Sustainable Health System in BC: A Call to Build Consensus and Take Action'*
- *'Primary and Community Care in BC: A Strategic Policy Framework'*
- *'Future Directions for Surgical Services in British Columbia'*
- *'Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care'*

In Parallel...

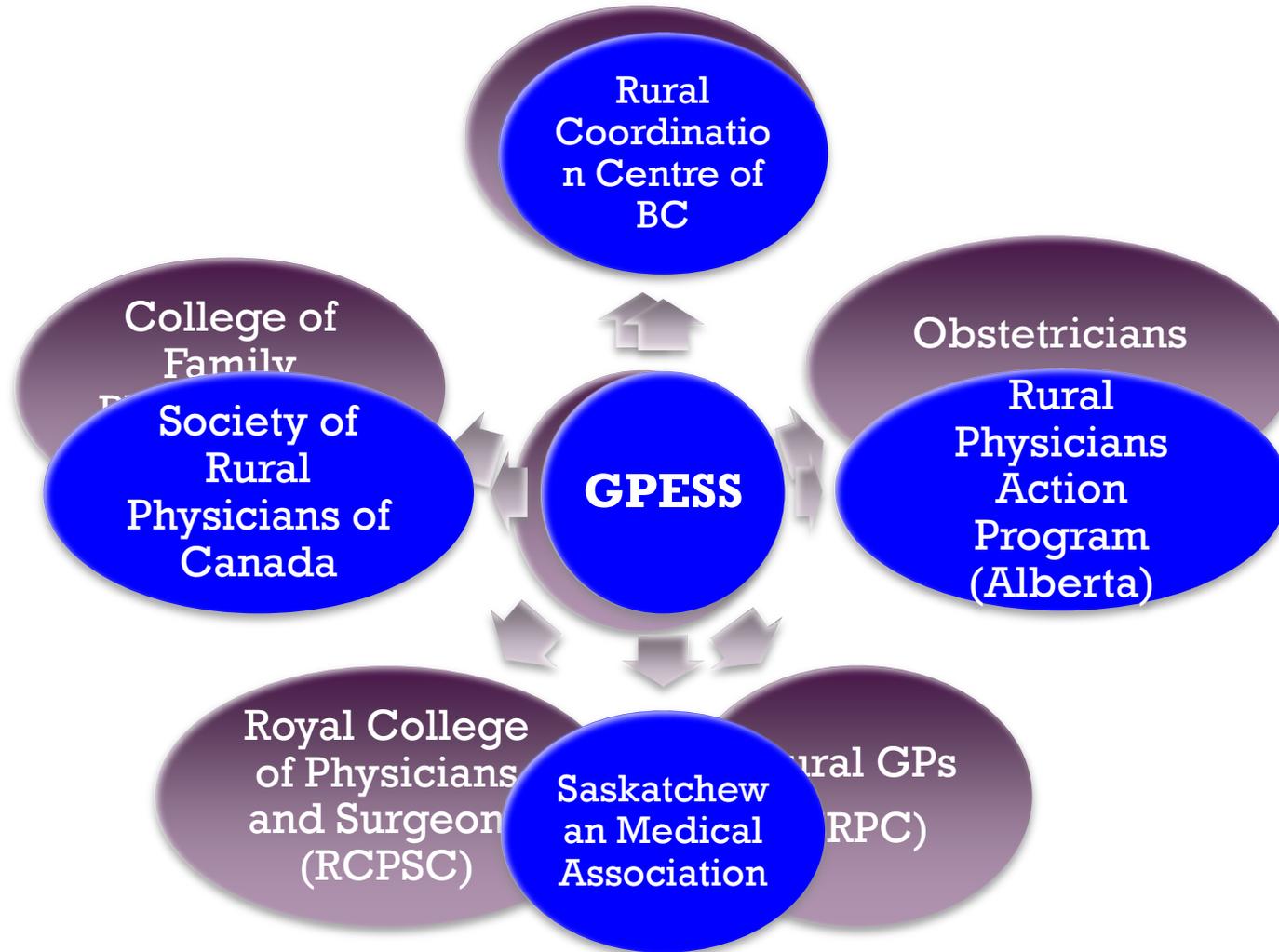
Primary Research: 'What are the perceptions and experiences of Specialist Surgeons and OB/GYNs towards GPs with Enhanced Surgical Skills?'



‘What are the perceptions and experiences of Specialist Surgeons and OB/GYNs towards GPs with Enhanced Surgical Skills?’



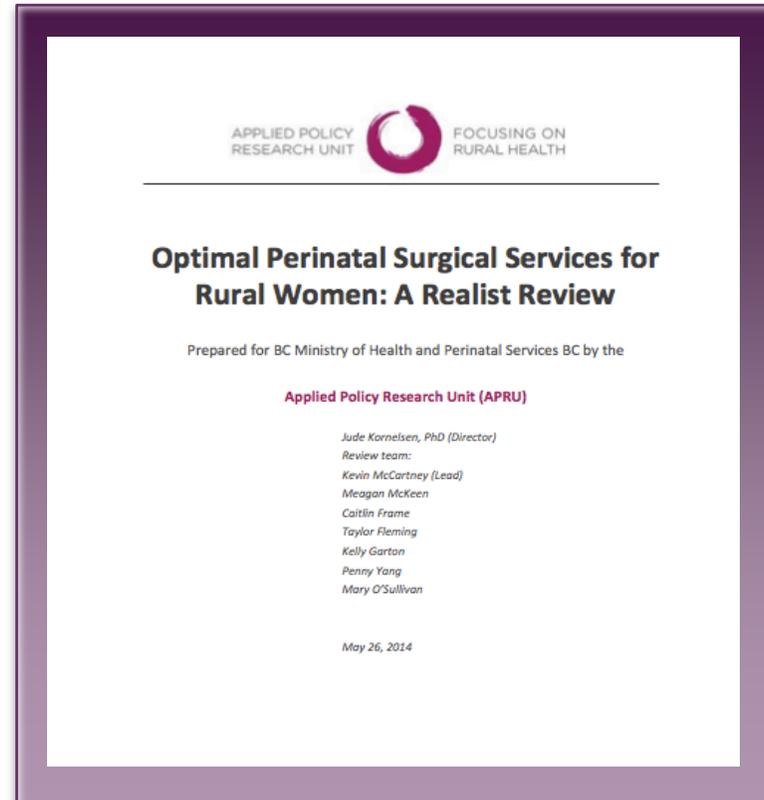
+ Political Landscape III





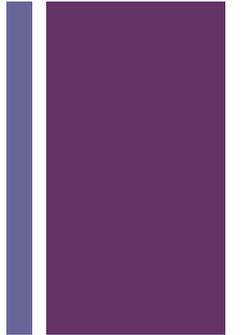
Consolidating the evidence-base

- Quality BC data
- Supported consistently by international data
- Shifting policy environment
- Increasing support





‘Joint Position Paper on Rural Surgery and Operative Delivery’ (Can J of Rural Med 2015)



This joint position paper has been endorsed by The College of Family Physicians of Canada, The Society of Obstetricians and Gynaecologists of Canada, the Canadian Association of General Surgeons and the Society of Rural Physicians of Canada

*Stuart Iglesias, MD
Bella Bella, BC*

*Jude Kornelsen, PhD
Salt Spring Island, BC*

*Robert Woollard, MD
Vancouver, BC*

Nadine Caron, MD

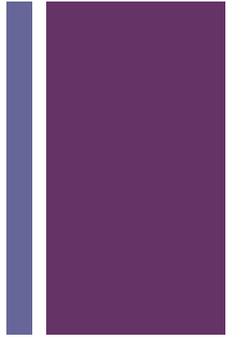
Joint position paper on rural surgery and operative delivery

Our professional organizations have prepared this paper as part of an integrated, multidisciplinary plan to ensure the availability of well-trained practitioner teams to sustain safe, effective and high-quality rural surgical and operative delivery services. Without these robust local (or nearby) surgical services, sustaining rural maternity care is much more difficult. This paper describes the “network model” as a health human resources solution to meet the surgical needs, including operative delivery, of rural residents; outlines necessary policy directions for achieving this solution; and poses a series of enabling recommendations.

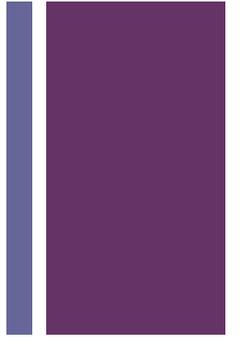
Nos organisations professionnelles ont préparé cet article dans le cadre d’un plan multidisciplinaire intégré visant à assurer la disponibilité d’équipes soignantes bien



National Working Group on ESS

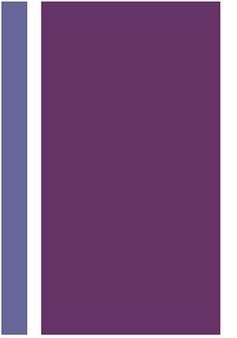


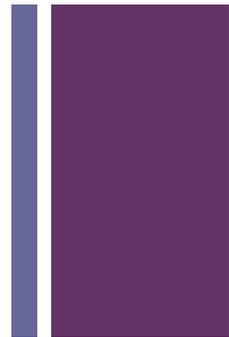
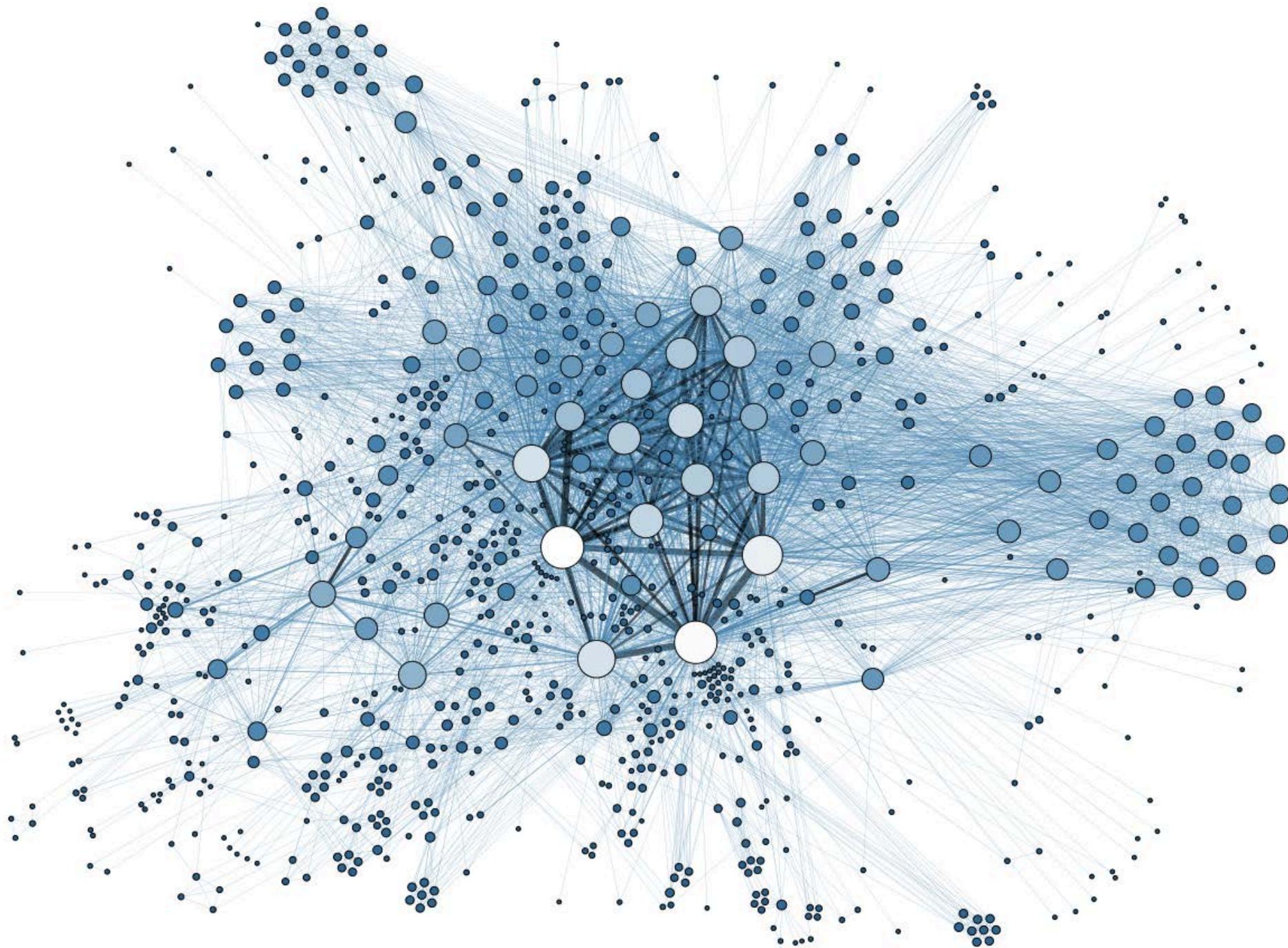
+ National Working Group on ESS

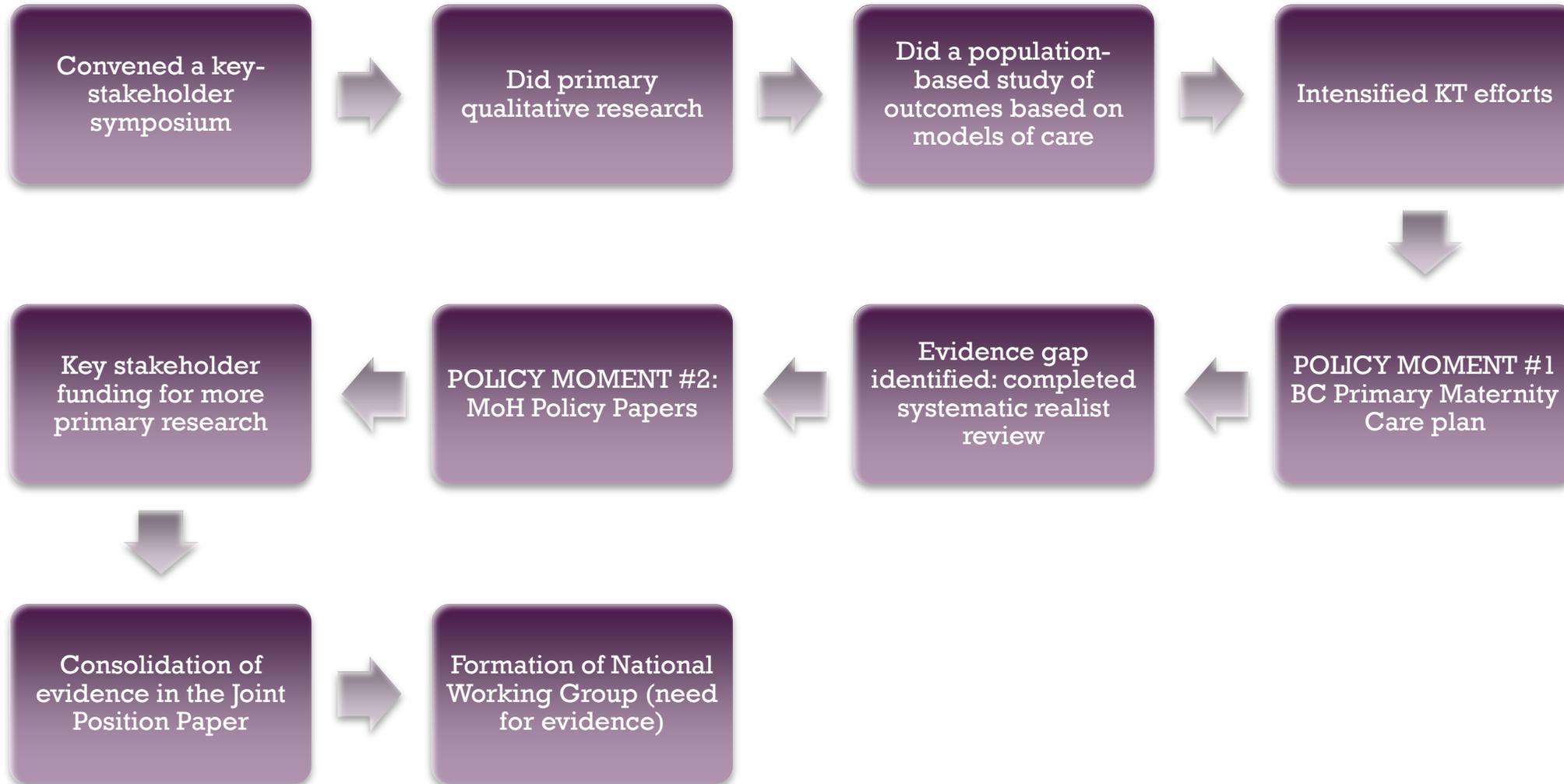


+ Policy Network Analysis

- PNA is a study of the linkages and interdependencies between actors in and influences of the policy making process
- Networks describe forms of government policy making:
 - **Interest intermediation:** networks analyzed the identify the most important actors
 - **Inter-organizational analysis:** aims to understand the interdependency in decision-making between political/administrative/professional structures
 - **Governance:** study of the general patterns of policy making (power-sharing between government and private interests)

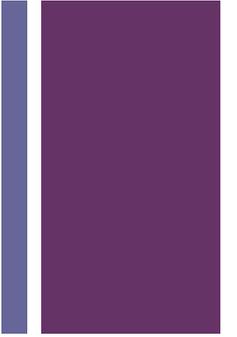








Reflections



- KT (iKT) is not the technical implementation of research evidence targeted at decision-makers: it is part of an expansive, *non-linear* social process
- Policy is political!
 - Non-neutrality of evidence → policy as social production (non-linear and difficult to predict)
- Bi-directional influence between research and policy
- “Policy change is the result of diverse, non-linear negotiations among multiple actors operating within a policy network” (Kelly Murphy and Patrick Fafard)
- Importance of understanding the development of policy from within an expansive social process (i.e., Network Analysis framework)

