

Implementation and Advice Giving: *The Role and Influence of Federal Advisory Bodies in Canada*

Summary

- The federal government frequently uses advisory bodies to develop recommendations for health system reform. However, since 1990, few of their recommendations have been implemented.
- Members and implementers of federal advisory bodies since 1990 were interviewed to understand the goals and processes of advisory bodies and identify barriers and facilitators of implementing their policy recommendations.
- Conflict between the federal government and provincial/territorial governments has been the major barrier to implementation.
- We propose three strategies for policymakers to consider to improve the outcomes of future health system advisory bodies:
 - Prioritize coalition building to reduce conflict between all levels of government and with Canadians.
 - Integrate implementation plans to reduce ambiguity during the implementation process.
 - Require evaluations of advisory body reports to increase accountability.



Background

Since the 1960s, federal health advisory bodies have produced numerous reports that highlight the needs and gaps within the healthcare system, and make recommendations for reform. These reports provide the opportunity for coalition building between all levels of government and citizens to foster innovation and collaborative change that prioritize the needs of Canadians. Historically, despite the creation of these groups by the federal government, consultation and extensive research, many of the recommendations are not implemented.

The coronavirus disease 2019 (COVID-19) pandemic unveiled a multitude of inefficiencies and inequities within the Canadian healthcare system (1). Essential areas of reform have been highlighted by both Canadians and Provincial/Territorial and federal governments. This pandemic has created a policy window for long-awaited reform in the Canadian healthcare system. Emerging from the Pandemic, it seemed possible that a new federal advisory body would be created to make recommendations for change.

The aim of this study was to understand the processes involved in the creation of federal advisory body recommendations and the barriers and facilitators of implementing their recommendations. The results could then inform future advisory bodies to address gaps in the Canadian healthcare system efficiently and effectively.

Interviewees were gathered across five advisory bodies, which included:

- The National Forum on Health (2)
- The Romanow Commission (3)
- The Kirby Report (4)
- The Advisory Panel on Healthcare Innovation (5)
- The Advisory Council on Pharmacare (6)

Interviews addressed the intentions, processes, and recommendations of the advisory body as well as the implementation and impact of the advisory body's recommendations.

This brief presents results of the interviews based on a reflexive thematic analysis of the transcripts and the resulting policy recommendations.

Summary of Evidence






We conducted 12 interviews with federal advisory body members (n=9) and implementers (n=3) on health system design since 1990. Three themes were identified.

1. Challenges Defining Successful Implementation

- There are various interpretations of the success or failure of a report's recommendations.
- A lack of implementation of advisory body recommendations were seen by many participants as a failure. Many were disappointed with how little concrete federal health policy change there has been in Canada since the 1990s.
- The repetitive nature of some recommendations since 1990 makes it difficult to attribute success to one report.
- Some participants viewed the lack of implementation of repetitive recommendations as a necessary component of subsequent implementation.
- Repetitive recommendations may provide insight into what Canadians want, which can help guide the political agenda.

2. Conflict as an Implementation Barrier

Table 1. Types of conflicts described during interviews with participants

| Type of Conflict | Description |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Federal Government</p>  <p>Provincial/Territorial Governments</p>  | <ul style="list-style-type: none"> • Most frequently discussed type of conflict. • Stemmed from mistrust in the federal government by provincial/territorial government's due to significant cuts to federal healthcare spending. • Differences in political ideologies. |
| <p>Federal Government</p>  | <ul style="list-style-type: none"> • Within the advisory bodies themselves (i.e., disagreements about priorities). • Between advisory bodies and ministries. • Between ministries - particularly the health and finance ministries. |
| <p>Federal Government</p>  <p>Canadians</p>  | <ul style="list-style-type: none"> • Least commonly discussed type of conflict. • Largely stemmed from concern that changes to Canada's current healthcare system may be seen as a threat to Canadian values and identities. |

3. Strategies to Facilitate Implementation

- Advisory body members cannot have an explicit role in implementing the recommendations from their report.
- However, several former advisory board members engaged in activities to facilitate implementation.
- Efforts to engage with the provinces and territories to foster implementation while writing the report often included consultation and coalition building as well as designated staff roles (e.g., intergovernmental affairs officer).
- Implementation strategies utilized by advisory groups with the federal government included having Ministry of Health Staff involved with the group and meetings with several departments such as the finance department.
- All participants noted the public as important and invaluable parts of the implementation process, both during and after the creation of the report. Efforts to engage Canadians while writing the report included engagements and presentations (i.e., town halls).

Theme 1: Challenges Defining Successful Implementation

“You look at the [National Forum on Health] table of contents and those are all the issues that we grappled during the Romanow Commission. There's some of the same issues we're grappling with in 2022. So, there is that level of frustration that we did all of that work and commissioned all of that research to make the case and so little of it got taken up.” (P10, Advisory body member)

Theme 2: Conflict as an Implementation Barrier

“I think that Health Canada would probably like to make progress on pharmacare, but there are a number of provinces that don't want any part of it...the political ideologies of the different provinces...that are not aligned with the federal government pose these really tricky problems.” (P12, Implementer)

Theme 3: Strategies to Facilitate Implementation

“You'd be able to actually think about evaluation of these agreements. I think we need to move in that direction in some way. We need to actually look back and see what we actually accomplished in some concrete way.” (P10, Advisory body member)

Recommendations

Health system reform is complex, highly symbolic, and there is interdependence between federal and provincial/territorial governments with a lack of clarity around specific implementation roles. Advisory bodies are able to navigate conflict between policy actors. To do this, the advisory bodies we studied appeared to play multiple functions, including agenda setting, information gathering, and coalition building in an effort to reduce conflict, including their engagement with experts as well as the federal government, provincial/territorial governments, and citizens. Nevertheless, the policy recommendations that they proposed ended up being most successful as ideas for health policy experts or future policies.

Based on our findings, we propose three strategies for policymakers to consider to improve the outcomes of future health system advisory groups: 1) prioritize coalition building, 2) integrate implementation plans, and 3) require evaluations. Moreover, these strategies could be utilized by individual health policy experts when advising decision makers.

Table 2. Recommendations for Implementation and Advice Giving

| Recommendations | Rationale |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prioritize coalition building | <ul style="list-style-type: none">• Coalition building can bring in expertise to reduce conflict between levels of government and with Canadians.• Opportunity to gather unique perspectives and expertise without an individual having direct responsibility for an outcome.• Leverages joint action and demonstrates public support. |
| Integrate implementation plans | <ul style="list-style-type: none">• Potential to increase accountability and transparency in government.• Reduction of ambiguity through the identification of timelines, goals, and defined roles and responsibilities. |
| Require evaluations of advisory group reports | <ul style="list-style-type: none">• Potential to facilitate implementation through increased accountability.• Allows for review and improvement of the advisory body report creation and implementation processes. |

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Authors

Rachelle Drummond, MPP
Research Associate, Centre for
Health Policy
O'Brien Institute for Public Health
University of Calgary

Amity E. Quinn, PhD
Co-Director, Health Policy Trials
Unit
Centre for Health Policy, O'Brien
Institute for Public Health
University of Calgary

Brenlea Farkas, MSc
Senior Research Associate,
Centre for Health Policy
O'Brien Institute for Public Health
University of Calgary

Fiona Clement, PhD
Director, Health Technology
Assessment Unit
O'Brien Institute for Public Health
University of Calgary

Melanie Columbus, PhD
Managing Director
Centre for Health Policy
O'Brien Institute for Public Health
University of Calgary

Henry T. Stelfox, MD PhD
Scientific Director, O'Brien
Institute for Public Health
University of Calgary

About the Initiative

Government spending on health care has been growing more rapidly than inflation for years and is at risk of crowding out spending on other publicly funded services. This has been exacerbated by the COVID-19 pandemic which has increased health care spending, reduced government revenues, deferred care for non-urgent health problems and exposed and exacerbated health inequities. The result is that urgent action is needed to ensure the long-term sustainability of health care systems and other publicly funded programs.

In an effort to build a more sustainable future for Canada's health system, The Centre for Health Policy is leading the Health System Sustainability Initiative (HSSI). The goal of this initiative is to design evidence-informed health policy options to increase value for money in Canada's health care systems and to improve health system sustainability. By prioritizing evidence and engagement, this initiative aims to foster evidence-informed health policy reform that is urgently needed for the well-being of all Canadians.

Learn more about the initiative [here](#).



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O'Brien Institute for Public Health
Centre for Health Policy

About the Centre for Health Policy

The mission of the O'Brien Institute for Public Health is to advance public health through research excellence. Our role is to support academic scholars to tackle public health challenges, bringing them together with health practitioners, citizens, governments, businesses, and non-governmental organizations when collective actions is required.

The Centre operates using a partnership model where community organizations and university researchers bring health policy challenges and solutions to the Centre. We broker partnerships between those with public health challenges and those working on solutions. We bring together all the key players - citizens, community groups, researchers, government officials and health system leaders to ensure we have both the necessary expertise at the table and a 360 degree view of the challenge.

Date of Publication

September 2023

Funding Sources

This initiative is supported by an unrestricted anonymous donation to the O'Brien Institute for Public Health.

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Media Inquiries and Information

Please contact Brenlea Farkas at brenlea.farkas@ucalgary.ca

Centre for Health Policy | healthpolicy@ucalgary.ca



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