Living Citizen Brief

Addressing the Politics of the Health Human Resources Crisis in Canada

17 February 2023

Version 2

McMaster University | HEALTH FORUM

EVIDENCE >> INSIGHT >> ACTION

McMaster Health Forum

The McMaster Health Forum's goal is to generate action on the pressing health and social issues of our time. We do this based on the best-available research evidence, as well as experiences and insights from citizens, professionals, organizational leaders, and government policymakers. We undertake some of our work under the Forum banner, and other work in our role as secretariat for Rapid-Improvement Support and Exchange, COVID-19 Evidence Network to support Decision-making (COVID-END), and Global Commission on Evidence to Address Societal Challenges.

Citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel involves 14 to16 citizens from all walks of life. Citizens share their ideas and experiences on a particular issue, and learn from research evidence and from the views of others. A citizen panel helps us to understand the values that citizens think are important when making decisions about the issue, and reveals new understandings about the issue and how it should be addressed.

This citizen panel explores how to address the politics of the health human resources crisis in Canada. The panel is meeting twice, once on 9 December 2022 and a second time on 17 February 2023.

This brief

This is the second version of the 'living' citizen brief that will inform the citizen panel about how to address the politics of the health human resources crisis in Canada.

Reviewing the context

Exploring the problem

Discussing solutions

Identifying barriers and windows of opportunity to moving forward

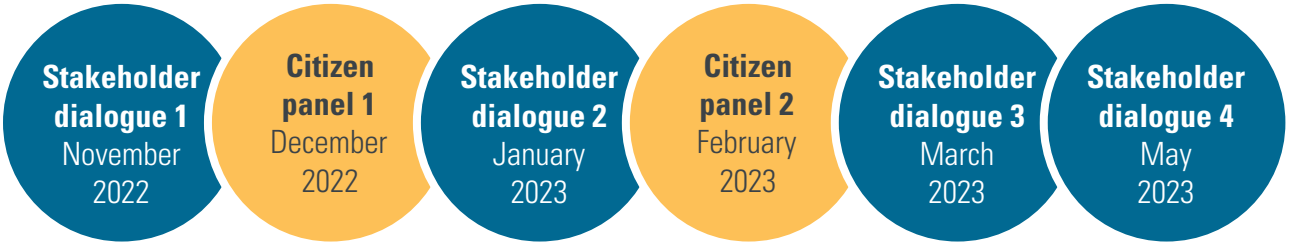
Reviewing the context

For 30 years, health-system leaders in Canada have tried to resolve the health human resources crisis, but they haven't made much progress. Politics – both 'big P' politics and 'small p' politics – has played a key role in the lack of progress in addressing many aspects of the crisis.(1)

This is the second version of the living citizen brief about **'addressing the politics of the health human resources crisis in Canada'**.

- This version focuses on aspects that emerged as particularly important during the first citizen panel meeting on 9 December 2022 and the second stakeholder dialogue convened on 19 and 20 January 2023 (see Figure 1).
- The insights from the first citizen panel were integrated in the January stakeholder dialogue in two ways: 1) a summary of the key insights from the citizen panel was included in the document pre-circulated to dialogue participants; and 2) three citizen leaders participated in the stakeholder dialogue alongside 21 health-system leaders to ensure the voices of citizens (and insights form the citizen panel) were represented.
- A brief summary of the key insights from the first citizen panel is available in Appendix A, while Appendix B provides a brief summary of the key insights from the most recent stakeholder dialogue.

Figure 1. Sequence of stakeholder dialogue and citizen panel interactions



Key terms used in this brief:

- **Citizens:** We use the word 'citizen' here to mean: 1) citizens – whether as taxpayers or voters or in other roles, and regardless of their formal citizenship status; 2) patients in the usual sense of those receiving care in the health system; and 3) families of and caregivers to these patients.
- **Health human resources:** All of the people who deliver or assist in the delivery of health services, or help operate health organizations. In Canada, there are more than 30 health professionals (including dentists and dental hygienists, dietitians, occupational, and physical therapists, nurses, orderlies, optometrists, paramedics, personal-support workers, midwives, pharmacists, physicians, psychologists, and many more).
- **Health-system leaders:** Government policymakers, organizational leaders, health professional leaders, advocates with lived experiences (as patients, families or caregivers), community leaders, and researchers.
- **Politics:** Politics can take different forms. On the one hand, it refers to the set of activities that are associated with making decisions in groups (for example, making decisions in a government or debates among elected officials, which we refer to as big "P" politics). On the other hand, it can refer to other forms of power relations among individuals and groups, such as the distribution of resources and authority (which we refer to as small "p" politics).
- **Values:** Beliefs that motivate people to act one way or another. Values serve as a guide for how people behave.

In the following pages...

...we will look at aspects of the problem that warrant particular attention. Then, we will look at potential solutions to bring about change. We will ask you about the pros and cons of each solution (and give you an opportunity to think about other solutions too).

Why is it challenging to address the politics of the health human resources crisis in Canada?

Three key aspects of the problem that warrant particular attention emerged during the last citizen panel and stakeholder dialogue:

1. health-system leaders have been unable to build the health 'systems' that Canadians want
2. little attention has been given to defining and putting into practice a shared set of values that can form the basis for how we support health workers
3. there is a lack of mechanisms to enable citizens to hold health-system leaders accountable.

The first aspect of the problem is about health systems in general, but it has implications for the health human resources crisis. The second aspect of the problem is specific to health human resources, and the third covers both health systems generally and issues specific to health human resources. Each of these aspects of the problem are addressed in turn below.

Health-system leaders have been unable to build the health 'systems' that Canadians want

The first challenge is that health-system leaders have been unable to build a health 'system' that Canadians want.(2) This challenge goes beyond the health human resources crisis, but it contributes to the crisis and other long-standing issues facing health systems in Canada.

A system is a set of components that are connected, interact and work together to achieve a specific purpose or goal. Health systems in Canada are frequently described as not being designed or operated as systems.(3) Instead they are often described as:

- lacking a common vision for important outcomes that they should achieve (for example, improving the health of the population, improving the patient experience, keeping the cost of care manageable, and improving the satisfaction of health workers)
- lacking alignment in who makes decisions, how money flows through the system to pay for services, and how care is organized, with the result being no one is held accountable for achieving the outcomes we want.

The lack of alignment is particularly noticeable to patients in how care is organized. With no coordination among those involved in delivering care, patients experience a very fragmented set of services.

In addition, health-system leaders haven't engaged Canadians to build agreement around the values that should form the basis for our provincial and territorial health systems in 2023 and beyond. Similarly, health-system leaders haven't modernized the Canada Health Act adopted in 1984. In addition, they have not found other ways to shift Canadians' collective understanding about what should constitute the core features of our health systems given our shared values. For example, the Canada Health Act is focused on paying physicians and hospitals, but our health systems are much more than that.

Little attention has been given to defining and putting into practice a shared set of values that can form the basis for how we support health workers

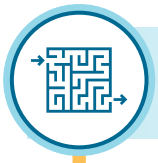
The second challenge specifically focuses on health human resources. Despite ongoing awareness of the long-standing problems underpinning the health human resources crisis in Canada, as well as some agreement about potential solutions, politics have hampered efforts to make progress.

This may be explained, in part, by the lack of attention given to defining a shared set of values that can form the basis of our efforts to improve the lot of health workers. Agreement around shared values is an important factor in enabling health-system leaders to both address the current crisis and to ensure that the right health workers are supported to provide the right types of care in the future.(4) Once a shared set of values is agreed upon, clarifying which solutions are most appropriate for operationalizing the values, and determining what is known from the best available evidence about these solutions, will be an important step towards overcoming 'big P' and 'small p' politics.

There is a lack of mechanisms to enable citizens to hold health-system leaders accountable

The third challenge is the lack of mechanisms to enable citizens to hold health-system leaders accountable for bringing about change. Over the past decades, there has been a convergence of crises facing health systems in Canada (including patient safety crises, the COVID-19 pandemic, the health human resources crisis). The perspectives of citizens (as taxpayers and as patients, families and caregivers) have routinely been overlooked by health-system leaders when responding to crises. In addition, these crises generally highlight the lack of accountability built into fragmented health systems in Canada, which contributes to the erosion of public trust.(5-6)

Exploring the problem (cont'd)



Do the challenges presented here resonate with you?

What gives you hope that we can bring about change?

Discussing solutions

To promote discussion about the pros and cons of potential solutions, we have selected three solutions that could help address the politics of the health human resources crisis in Canada.

Many solutions could be selected as a starting point for discussion. Based on the first citizen panel and second stakeholder dialogue, we have selected the following three solutions for which we are seeking your input:

1. start building now the future health systems we want
2. operationalize the values that should form the basis for how we support health human resources now and in future health systems
3. enable citizens to hold health-system leaders accoutable for 1 and 2.

We want to hear from you about the pros and cons of each solution (and give you an opportunity to think about other solutions too).

We present below the three solutions and look at what we know so far about them based on the best evidence we found. If you want to learn more, Appendix C is included at the end of this document. It describes how we found the evidence and provides more details about each solution.

Solution 1: Start building now the future health systems we want

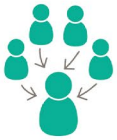
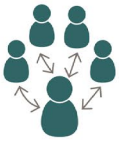
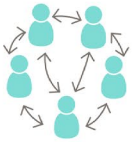
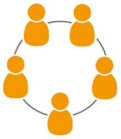
Imagine that citizens, health workers and health-system leaders worked together to start building now the future health systems we want.

This solution could include ideas like:

- establish a citizen-engagement strategy to ensure Canadians are empowered and collaborate in defining the future health systems they want (including the shared values that should form the basis for the future health systems) (see Figure 2 for examples of mechanisms to empower and collaborate)
- use the vision about the future health systems and the shared values underpinning them to identify the concrete structural changes needed, for example:
    - every Canadian having access to their electronic medical record and being able to choose to share access with any health workers beyond their primary-care team at any time
    - every Canadian having a primary-care team that acts as their 'medical home' (see Figure 3)
    - every Canadian being served by an integrated local health system that receives a single funding envelope for all types of care they need (see Figure 4).

Figure 2. Continuum of citizen-engagement strategies (7)

IAP2 Spectrum of Public Participation

	Inform	Consult	Involve	Collaborate	Empower
					
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise To The Public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Techniques	• Fact sheets • Web sites • Open houses	• Public comment • Focus groups • Surveys • Public meetings	• Workshops • Deliberative polling	• Citizen advisory committees • Consensus-building • Participatory decision-making	• Citizen juries • Ballots • Delegated decision

Adapted from: International Association for Public Participation, Canada

Patient Voices Network
ADMINISTERED BY BC PATIENT SAFETY & QUALITY COUNCIL

Figure 3. Description of a 'medical home' (8)

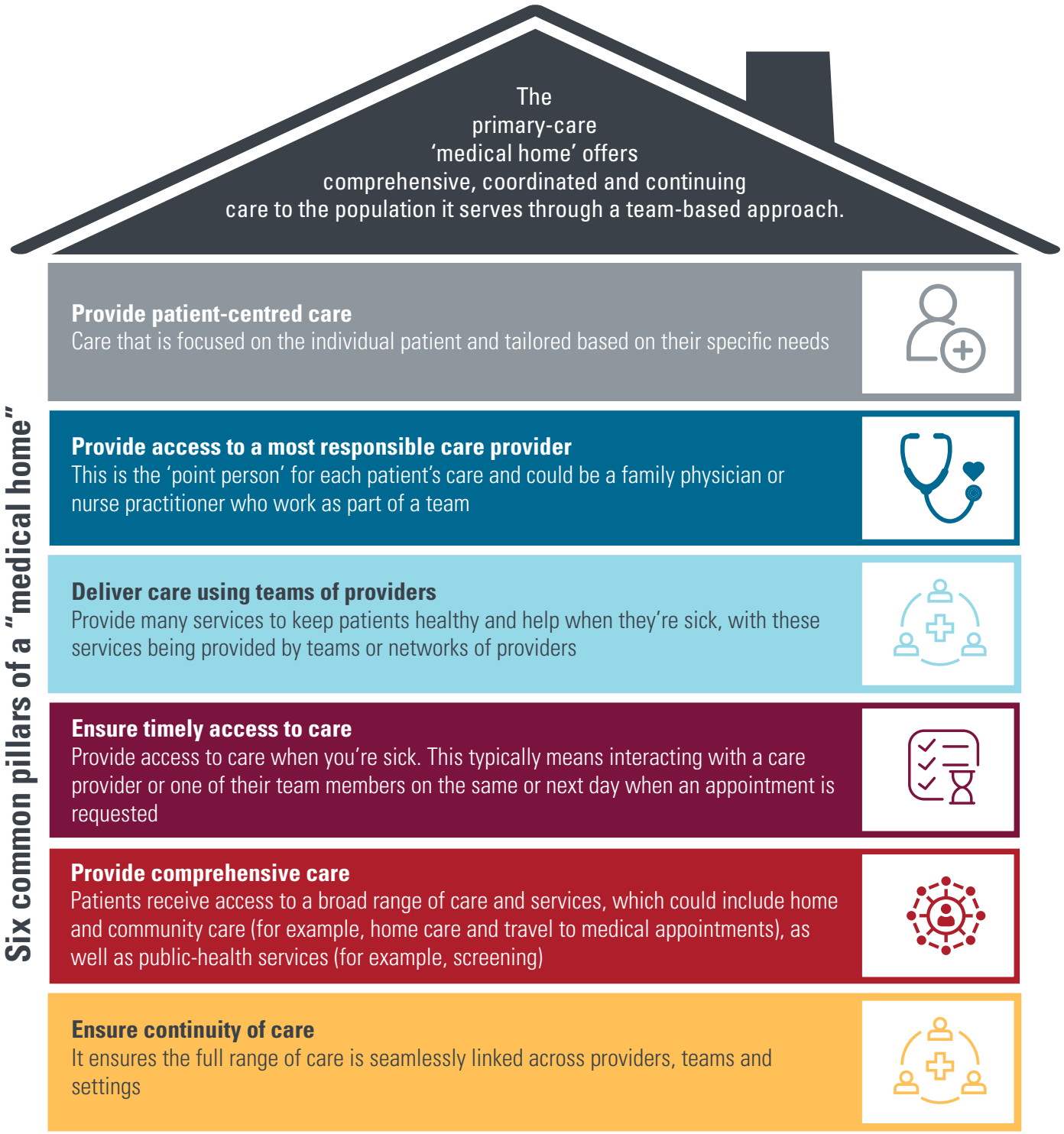
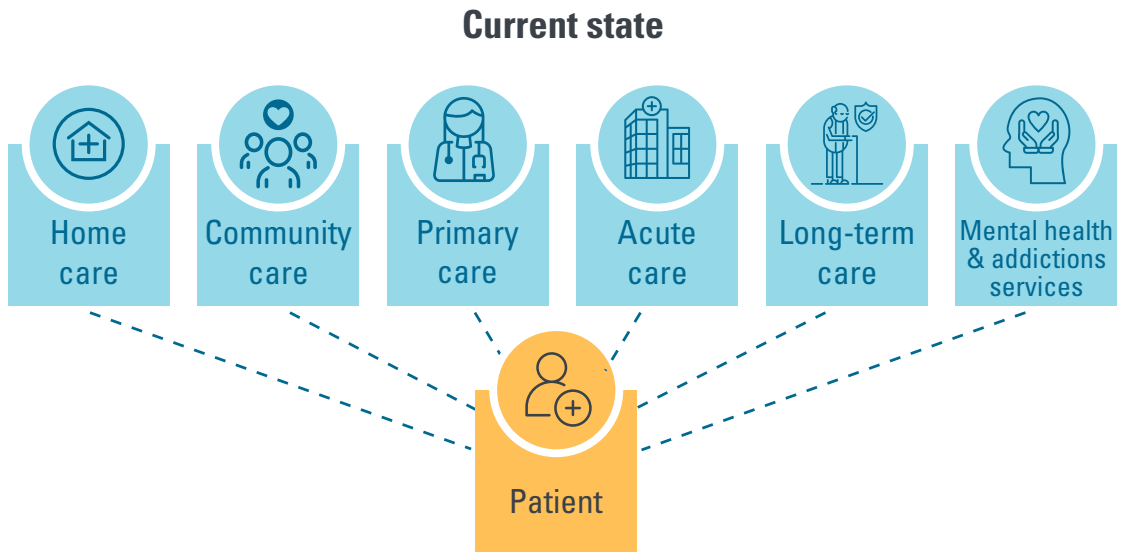


Figure 4. Description of an integrated local health system



Integrated local health-system

Patients receive all their care, including home care, community care, primary care, hospital services, long-term care, and mental health and additions services from one team.

- The local health system receives one funding envelope.
- It is held accountable for the following:
  - patient care experiences are improving
  - the health of the population is improving
  - costs per patient are kept manageable
  - health workers are well supported.
- It consistently provides evidence-based care models and services to all patients with similar needs and similar barriers to accessing care.
- It engages representatives of patients, families and caregivers in all major decisions about the local health system.

Appendix C provides a summary of the evidence we found about citizen-engagement strategies, and proposed structural changes to health systems.

Solution 2: Operationalize the values that should form the basis for how we support health human resources now and in future health systems

As described in the problem section, the values that health-system leaders must follow to support health workers have not been clearly defined and agreed to.

Some preliminary work was done during the last citizen panel to identify some of these values, and these were revisited during the stakeholder dialogue. Dialogue participants proposed a reframing of five values that should be considered as a starting point from which to build upon in addressing this aspect of the problem. The first value focused on building the health systems we want (which is addressed in solution 1). The other four solutions focused specifically on health human resources. Dialogue participants also proposed concrete actions that could be taken to operationalize these values (Table 1). Using the table below, help us to refine the values and identify concrete ways to operationalize these values.

Table 1. Values that should form the basis for how we support health human resources now and in the future health systems

Values identified	Examples of ways to operationalize these values
Make workplaces 'excellent' for health workers and hold employers accountable for this	• Give adequate attention to health workers' safety (physical, psychological and cultural) and respect, as well as their mental health and wellness • Provide workers with more control over aspects of their work like scheduling, and support work-life balance • Emphasize equity, diversity and inclusion considerations in all aspects of their workplace functioning • Engage patients, families, caregivers and health workers more consistently in workplace decisions • Leverage technologies to reduce workload • Sign up to the Mental Health Commission of Canada's National Standard of Canada for Psychological Health and Safety in the Workplace (and to report publicly on adherence)
Recruit ethically	• Ensure our provincial health systems are as self-sufficient as possible in developing an adequate supply of health workers (and avoid undermining a 'source' country's health system by recruiting internationally trained health workers without appropriate agreements in place)
Share more and better health human resources data	• Ensure greater consistency in the data collected and shared across provincial and territorial jurisdictions in Canada • Mandate that all organizations that are able contribute data that can be added to a common health human resources database for their province or territory and, where possible, later bring them together into a pan-Canadian database

*continued on next page

Values identified	Examples of ways to operationalize these values
Build on provincial and territorial wins for the benefit of all Canadians	• Seek wins in resolving the health human resources crisis in each province and territory and, where possible, later bring them together into pan-Canadian efforts • Clarify the few domains where pan-Canadian action is required or where federal support is needed • Embrace variability in how the core values are operationalized across provincial and territorial health systems

Appendix C provides a summary of the evidence we found about establishing collaborative processes where various stakeholders come together to identify core values.

Solution 3: Enable citizens to hold health-system leaders accountable for 1 and 2

Imagine that citizens were able to hold health-system leaders accountable to start building now the future health systems we want (solution 1) and to operationalize the values to support health human resources now and in future health systems (solution 2).

Two types of accountability mechanisms emerged during the last citizen panel: 1) those that could increase transparency (to ensure that citizens know about policy decisions and their impact); and 2) those that could support greater citizen engagement (to ensure citizens' values and insights shape policy decisions).

Mechanisms to increase transparency could include:
- creating a performance framework and measurable indicators based on the shared values
- developing surveys that could capture care experiences and how organizations adhere to the shared values
- making mandatory public reporting and scorecards of how organizations are adhering to the shared values.

Mechanisms to support greater citizen engagement could include:
- engage citizen or patient ambassadors at all levels at which actions can be taken, which includes on advisory bodies that influence decisions being made by health-system organizations, such as the Patient Voices Network in British Columbia, Alberta Health Services Provincial Patient and Family Advisory Council, the Patient and Family Advisory Councils in many organizations in Ontario, the Consultation Forum of the Health and Welfare Commissioner in Quebec, the Patient, Family and Public Advisory Council in Nova Scotia, and much more
- call for the creation of such advisory bodies if health-system organizations do not have ways to engage citizens (such as the Canadian Medical Association has done with Patient Voice, which is a group of patients who lend their perspectives and experience to their advocacy work)
- join citizen-led or patient-led organizations that can advocate for change (for example, Imagine Citizens Network in Alberta, or Patient Advisors Network).

Appendix C provides a summary of the evidence we found about accountability mechanisms, as well as citizen engagement in health-system governance (particularly as a way to support greater accountability, and also for citizens to act as 'value consultants' to guide decision-makers).

Discussing solutions (cont'd)

Solution 1: Start building now the future health systems we want

- How can Canadians (alongside other stakeholders) best be engaged to redefine the future health systems we want?
- What 'structural' changes are necessary to build the health systems we want?

Solution 2: Operationalize the values that should form the basis for how we support health human resources now and in future health systems

- What do you think about the values presented here?
- What additional actions could be considered to support health human resources?

Discussing solutions (cont'd)

Solution 3: Enable citizens to hold health-system leaders accountable for 1 and 2

- How can citizens hold health-system leaders accountable?
  - mechanisms to support transparency
  - mechanisms to support citizen engagement
  - other mechanisms

Of everything that you have heard about the proposed solutions …:

- What do you like?
- What do you wish?
- What do you wonder?

Identifying barriers and windows of opportunity to moving forward

Solutions are great, but only if they can be put into action. There are often barriers in the way. Some of these barriers can be overcome. Others might be so big that we might need to rethink the solution. We have outlined some potential barriers below in Table 2. Help us identify up to three more barriers for each solution.

Table 2. Potential barriers to move forward

	Solution 1. Start building now the future health systems we want	Solution 2. Operationalize the values that should underpin how we support health human resources now and in future health systems	Solution 3. Enable citizens to hold health-system leaders accountable for 1 and 2
Examples of barriers	• Attempts to redefine the health systems we want may face resistance to change from powerful stakeholders	• Many health-system leaders may have difficulty keeping the values alive within the daily operations of their organizations	• Many citizens have lost confidence in their ability to hold health-system leaders accountable, especially in the context of four-year election cycles

Identifying barriers and windows of opportunity to moving forward (cont'd)

Solutions can benefit from a window of opportunity to make them happen. A window of opportunity could be an event that brings an issue into the forefront (a news story, a crisis, a new public opinion poll, an election, etc.). We have outlined some potential windows of opportunity below. Help us identify up to three more for each solution in Table 3.

Table 3. Potential windows of opportunity to move forward

	Solution 1. Start building now the future health systems we want	Solution 2. Operationalize the values that should underpin how we support health human resources now and in future health systems	Solution 3. Enable citizens to hold health-system leaders accountable for 1 and 2
Examples of windows of opportunity	• There have been efforts in recent years to better understand Canadians' attitudes and values toward the health systems they want (and we could build on these efforts)(10)	• All governments in Canada are implementing at least some actions that are focused on addressing the health human resources crisis and, in general, such efforts have been expanded due to additional pressures placed on health systems across Canada by the COVID-19 pandemic	• There are growing calls among citizens for greater health-system accountability

Identifying barriers and windows of opportunity to moving forward (cont'd)

What might be the **biggest barrier** to these solutions?

What might be the **biggest window of opportunity** for these solutions?

References

1. Moat KA, Gauvin FP, JN. L. Living citizen brief version 1: Addressing the politics of the health human resources crisis in Canada. Hamilton: McMaster Health Forum, 2022.
2. Lafontaine A. Commentary: We don't get the health systems we aspire to. We get the health systems we design. 2022. https://www.cma.ca/news/commentary-we-dont-get-health-systems-we-aspire-we-get-health-systems-we-design (accessed 8 February 2023).
3. Moat KA, JN. L. Living dialogue summary v2: Addressing the politics of the health human resources crisis in Canada. Hamilton: McMaster Health Forum, 2023.
4. Sabatier P. Knowledge, policy-oriented learning, and policy change: An advocacy coalition framework. Knowledge 1987; 8(4): 649–92.
5. MacDonald F, Koojiman A, Canfield C, Oelke N, R. R. When health care goes wrong: It's time for transparency in patient safety. 2022. https://theconversation.com/when-health-care-goes-wrong-its-time-for-transparency-in-patient-safety-184523 (accessed 8 February 2023).
6. Brend Y. Health care is showing the cracks it's had for decades: Why it will take more than cash to fix it. 2022. https://www.cbc.ca/news/canada/health-care-how-we-got-here-fix-broken-cracks-billions-canadian-duclos-1.6691196 (accessed 8 February 2023).
7. Patient Voices Network. IAP2 spectrum of public participation. 2022. https://patientvoicesbc.ca/resources/iap2-spectrum-public-participation/ (accessed 8 February 2023).
8. Wilson MG RR, Lavis JN, Moat, KA, Guta A. Evidence brief: Building a primary-care 'home' for every Ontarian. Hamilton: McMaster Health Forum, 2016.
9. Crawley M. Why the failure of Canada's health ministers to reach a deal matters for your health care. 2022. https://www.cbc.ca/news/health/health-ministers-meeting-collapse-analysis-1.6649371 (accessed 1 December 2022).
10. Abelson J, Miller FA, Giacomini M. What does it mean to trust a health system? A qualitative study of Canadian health care values. Health Policy 2009; 91(1): 63-70.
11. Carman KL, Heeringa JW, Heil SKR, et al. Public deliberation to elicit input on health topics: Findings from a literature review. Rockville: United States: Agency for Healthcare Research and Quality, 2013.
12. Conklin A, Morris Z, Nolte E. What is the evidence base for public involvement in health-care policy? Results of a systematic scoping review. Health Expectations 2015; 18(2): 153-65.
13. Nilsen ES, Myrhaug HT, Johansen M, Oliver S, Oxman AD. Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material. Cochrane Database of Systematic Reviews 2006; 2006(3): Cd004563.
14. Lowe D, Ryan R, Schonfeld L, et al. Effects of consumers and health providers working in partnership on health services planning, delivery and evaluation. Cochrane Database of Systematic Reviews 2021; 9(9): Cd013373.
15. Abelson J, Montesanti S, Li K, Gauvin FP, Martin E. Effective strategies for interactive public engagement in the development of healthcare policies and programs. Ottawa: Canada: Canadian Health Services Research Foundation, 2010.
16. Mitton C, Smith N, Peacock S, Evoy B, Abelson J. Public participation in health care priority setting: A scoping review. Health Policy 2009; 91(3): 219-28.
17. Ammenwerth E, Neyer S, Hörbst A, Mueller G, Siebert U, Schnell-Inderst P. Adult patient access to electronic health records. Cochrane Database of Systematic Reviews 2021; 2(2): Cd012707.
18. JN. L. RISE brief 1: OHT building blocks. Hamilton: McMaster Health Forum, 2019.
19. Barasa EW, Molyneux S, English M, Cleary S. Setting healthcare priorities at the macro and meso levels: A framework for evaluation. International Journal of Health Policy and Management 2015; 4(11): 719-32.
20. Gough D, Kenny C, Vigurs C, Stansfield C, Rosen R, Taylor T. Social values related to the development of health and care guidance: Literature review for NICE by its Research Support Unit. London: EPPI-Centre, 2014.
21. Karam M, Brault I, Van Durme T, Macq J. Comparing interprofessional and interorganizational collaboration in healthcare: A systematic review of the qualitative research. International Journal of Nursing Studies 2018; 79: 70-83.
22. Street J, Duszynski K, Krawczyk S, Braunack-Mayer A. The use of citizens' juries in health policy decision-making: A systematic review. Social Science and Medicine 2014; 109: 1-9.
23. Crawford MJ, Rutter D, Manley C, et al. Systematic review of involving patients in the planning and development of health care. British Medical Journal 2002; 325(7375): 1263.
24. Voorheis P, Scallan E, Sharma K, Zhou G, Wilson MG. Rapid synthesis: Identifying approaches used in the analysis and reporting of health-system performance that have been effective at driving continuous improvement and accountability. Hamilton: Canada: McMaster Health Forum, 2020.
25. Menon D, Stafinski T, Martin D, Windwick B, Singer P, T. C. State of the science review: Incorporating public values and technical information into health care resource allocation decision-making. Edmonton: Canada: Alberta Innovates - Health Solutions, 2003.

Acknowledgments

Authors:
Kaelan A. Moat, PhD, Managing Director, McMaster Health Forum
François-Pierre Gauvin, PhD, Senior Scientific Lead, Citizen Engagement and Evidence Curation, McMaster Health Forum
John N. Lavis, MD PhD, Director, McMaster Health Forum, and Professor, McMaster University

Funding: The citizen brief and the citizen panel it was prepared to inform were funded with support received through at gift that was provided by the CMA Foundation. The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the evidence brief are the views of the authors and should not be taken to represent the views of the CMA Foundation or McMaster University.

Conflict of interest: The authors declare that they have no professional or commercial interests relevant to the brief. The funder played no role in the identification, selection, assessment, synthesis, or presentation of the research evidence profiled in the brief.

Merit review: The brief was reviewed by a small number of citizens, other stakeholders, policymakers and researchers in order to ensure its relevance and rigour.

Acknowledgments: We are grateful to Steering Committee members and merit reviewers for providing feedback on previous drafts of this brief. The views expressed in this brief should not be taken to represent the views of these individuals.

Citation: Moat KA, Lavis JN, Gauvin FP. Living citizen brief version 2: Addressing the politics of the health human resources crisis in Canada. Hamilton: McMaster Health Forum, 17 February 2023.

ISSN 2817-3244 (Online)

Appendix A

Summary of key findings from citizen panel hosted on 9 December 2022

The problem

Panellists generally agreed that the lack of conducive politics (both 'big P' and 'small p' politics) impede our ability to resolve the health human resources crisis. More specifically, they identified six challenges that are either consequences of the crisis or drivers of the crisis (in that they are creating a feedback loop reinforcing each other):

- patient experiences are suffering due to the crisis
- health workplaces do not seem to be managed responsibly and respectfully
- personal and professional interests seem to be guiding health-system leaders
- health workers seem rarely engaged in policy and organizational decisions
- some health workers are affected differently by the crisis
- there is a decline in trust in health-system leaders (which is fostered in part by their lack of accountability to solve the crisis).

The solutions

After discussing the challenges, panellists were invited to reflect on three solutions to address the politics of the health human resources crisis in Canada. The proposed solutions were:

1. identifying core values that decision-makers across the country and at all levels within health systems must follow to manage health human resources
2. ensuring that actions taken at all levels of the health system to address the health human resources crisis adhere to these core values
3. ensuring citizens hold (and are supported to hold) organizations accountable for adhering to these core values.

Panellists identified 11 core values that decision-makers across the country must follow to manage health human resources (solution 1): 1) plan now for the system we want; 2) make workplaces better/healthier for health workers; 3) solutions to the crisis must align with Canadians' support for universal access to medically necessary care; 4) use an equity, diversity and inclusivity lens; 5) shared accountability; 6) citizens should inform policy and organizational decisions; 7) health workers should inform policy and organizational decisions; 8) leverage technologies to reduce workload; 9) health workers should be able to work in any province/territory; 10) flexible health human resources practices; and 11) variability in operationalization of the core values across provinces and territories.

There were limited discussion about turning these core values into concrete actions (solution 2). Yet, some panellists discussed the federal government's funding role as potential incentives for pan-Canadian collaboration to address the crisis. Others focused on the need to clarify the few domains where pan-Canadian action is truly required or where federal support is needed.

The discussion about accountability (solution 3) focused on mechanisms that could increase transparency (about health human resources policies and decisions, and their impact) and that could support greater citizen engagement (to ensure citizens' values and insights shape health human resources policies and decisions).

Implementation considerations

After discussing the three solutions, panellists examined potential barriers and facilitators for moving forward. The discussion generally focused on two key barriers:

- health-systems leaders have failed to make improvements for more than three decades (and many citizens have lost hope that we could resolve the crisis)

Appendix A (cont'd)

- it is difficult to align federal/provincial/territorial priorities and interests.

When turning to potential facilitators to moving forward, panellists identified two windows of opportunity:

- the COVID-19 pandemic put the spotlight on the health human resources crisis across the country (and has created a sense of urgency to address it)
- most of the needed 'resources' already exist and we need to redesign the system to make the most optimal use of these resources.

Appendix B

Summary of key findings from stakeholder dialogue hosted on 19-20 January 2023

During deliberations about the problem, dialogue participants focused on the 'big P' politics influencing health-system decision-making as a whole (rather than about health human resources or about 'small p' politics). They noted that:

- leaders haven't engaged members of the public and patients in Canada to build agreement around the values that should underpin our provincial and territorial health systems in 2023 and beyond
- leaders haven't modernized the Canada Health Act or found other ways to shift the public's collective understanding about what should constitute the core features of our health systems given our shared values (for example, it's much more than physicians and hospitals)
- leaders have failed in driving bold system-level transformations (or evolutions) that move beyond single crises (like the health human resources crisis)
- leaders are locked into decision-making cycles that focus on short-term and narrowly targeted 'fixes' that risk contributing to existing fragmentation and creating unintended consequences.

When the discussion did centre on health human resources, dialogue participants focused on four challenges: 1) education, training and system-entry pipelines that don't function efficiently or equitably; 2) workplaces that aren't safe and healthy (or excellent); 3) aspects of 'small p' politics that have been overlooked (for example, the role of large for-profit corporations as employers, the unionized nature of the health workforce, and the role of the media); and; 4) the perspectives of patients, families and caregivers (and 'the payers' more generally) are often overlooked.

In discussing the solutions, participants primarily focused on the list of values (the first solution described in the pre-circulated evidence brief) and secondarily the actions needed to operationalize them (second solution). They suggested the following revised list of values:

1. start building now the future health systems we want
2. make workplaces 'excellent' for health workers and hold employers accountable for this
3. recruit ethically
4. share more and better health human resources data
5. build on provincial and territorial wins for the benefit of all people in Canada.

Participants gave some attention to supporting patients to hold decision-makers to account for building the system we want (third solution), and some recognized that supporting health workers to do the same is important, but can also introduce challenges when winners and losers will be created by health-system transformations.

In discussing implementation considerations, dialogue participants raised two overarching challenges. The first is that there is no forum to broker discussions about building the future health systems we want. The second challenge is our assumption that getting agreement on the values and operationalizing them will help overcome both 'big P' and 'small p' politics in health human resources. Participants also raised several potential barriers to, and facilitators that may support, the implementation of specific values.

Most participants agreed the following next steps should be considered urgently, and some identified federal, provincial and territorial meetings in February 2023 as an important window of opportunity:

1. establish a forum of key stakeholders from across the country to broker agreement about the features of the future health systems we want
2. a 'solidarity pact' about this agreement that can be signed onto by the leaders of organizations involved in 'small p' politics to present a unified front to federal/provincial/territorial first ministers and their cabinets to identify existing initiatives and assets that can be leveraged as we move forward to operationalize the values in our actions to address the crisis.

Appendix C

Identification, selection and synthesis of research evidence presented in this brief

- Whenever possible, we describe what is known about each element based on systematic reviews.
- A systematic review is a summary of all the studies that looked at a specific topic.
- A systematic review uses very rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies.
- A systematic review gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.
- We identified systematic reviews in three databases that are the world's most comprehensive databases of evidence on health and social systems, as well as evidence on interventions to respond to the COVID-19 pandemic:
  - Health Systems Evidence (www.healthsystemsevidence.org)
  - Social Systems Evidence (www.socialsystemsevidence.org)
  - COVID-END (https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/inventory-of-evidence-syntheses)
- A systematic review was included if it was relevant to one of the elements covered in the brief.
- We summarize below the key findings from all the relevant systematic reviews.

Solution 1. Start building now the future health systems we want

Category of finding	Summary of key findings

Benefits	**Establish a comprehensive citizen-engagement strategy to ensure Canadians are involved in defining the future health systems they want**
	• A medium-quality review found benefits for the use of citizen deliberation methods (for example, citizen panels and juries, consensus conferences, planning cells) in: (11)
	  ○ bringing insights into social values
	  ○ improving understanding of complex issues (particularly ethical and social dilemmas)
	  ○ enhancing civic-mindedness.
	
	Every Canadian having a primary-care team that acts as their 'medical home'
	• An old but high-quality review on primary-care medical homes identified the following benefits:(8)
	  ○ increase access to specialists given that they support primary-care providers working in teams
	  ○ improve patients' care experiences and satisfaction
	  ○ improve clinician experience
	  ○ reduce clinician burnout when rosters are an appropriate size
	  ○ increase use of technologies such as secure electronic message threads and telephone calls to prepare for patient visits
	  ○ improve patient-perceived level-of-care coordination
	  ○ improve care processes for delivering preventive services
	  ○ reduce primary-care office visits (with larger declines over time) as a result of increases in use of secure electronic messages and telephone encounters
	  ○ reduce care in sub-optimal settings like emergency departments
	  ○ keep costs manageable (there is mixed evidence on costs, but the evidence suggests that investments in additional staffing are recovered)

Harms	None reported in the systematic reviews found
Cost and/or cost-effectiveness	None reported in the systematic reviews found
Uncertainty regarding benefits and potential harms	**Establish a comprehensive citizen-engagement strategy to ensure Canadians are involved in defining the future health systems they want** • Several reviews found a lack of evidence about the impact of public and patient engagement on healthcare policies (12-15) and healthcare priority setting,(16) most likely due to a lack of formal evaluations as well as clear outcomes and indicators of success Every Canadian having access to their electronic medical record • A recent and high-quality systematic review found unclear evidence about the effectiveness of offering adult patients access to their electronic health record (17) • This is due to the low quality of studies conducted on this issue ○ For example, it is unclear whether it influences patients' knowledge and understanding of their health conditions, how often patients communicated with their healthcare provider, patients feeling empowered or satisfied with their care, and how many patients died or reported serious unwanted effects

*continued on next page

Solution 1. Start building now the future health systems we want

(continued from previous page)

Category of finding	Summary of key findings
Key characteristics if it was tried elsewhere	**Every Canadian being served by an integrated local health system** • We found a recent brief about the eight building blocks necessary to design local health systems in Ontario:(18) ○ defined patient population ○ in-scope services ○ patient partnership and community engagement ○ patient care and experience ○ digital health ○ leadership, accountability and governance ○ funding and incentive structure ○ performance measurement, quality improvement, and continuous learning.
Stakeholders' views and experiences	None reported in the systematic reviews found

Solution 2. Operationalize the values that should underpin how we support health human resources now and in future health systems

Category of finding	Summary of key findings
Benefits	None reported in the systematic reviews found
Harms	None reported in the systematic reviews found
Cost and/or cost-effectiveness	None reported in the systematic reviews found
Uncertainty regarding benefits and potential harms	None reported in the systematic reviews found

*continued on next page

Solution 2. Operationalize the values that should underpin how we support health human resources now and in future health systems *(continued from previous page)*

Category of finding	Summary of key findings
Key characteristics if it was tried elsewhere	• Two systematic reviews identified the types of values that could be considered in different decision-making contexts, including: ○ utility and efficiency ○ justice and equity ○ autonomy ○ solidarity ○ participation ○ sustainability ○ transparency ○ accountability.(19-20) • Another systematic review provided a list of factors that can help collaborative decision-making, including: ○ communication ○ trust ○ respect ○ mutual acquaintanceship ○ power ○ shared goals and consensus ○ patient-centredness ○ task characteristics ○ environmental factors (particularly when these are formalized).(21)
Stakeholders' views and experiences	None reported in the systematic reviews found

Solution 3. Enable citizens to hold health-system leaders accountable for 1 and 2

Category of finding	Summary of key findings

Benefits	**Reviews about citizen engagement**
	• A medium-quality review found benefits for the use of public deliberation methods (for example, citizen panels and juries, consensus conferences, planning cells) in:(11)
	  ○ bringing insights into social values
	  ○ improving understanding of complex issues (particularly ethical and social dilemmas)
	  ○ enhancing civic-mindedness.
	• A medium-quality review found benefits for public involvement in healthcare policy, such as:(12)
	  ○ enhancing awareness and understanding of healthcare issues
	  ○ enhancing competencies among lay participants.
	• A recent and medium-quality review found some evidence that the use of citizen juries in health policy decision-making allowed citizens to engage with evidence, deliberate and advise (22)
	• An older medium-quality review found several benefits related to patient engagement in the planning and development of healthcare, which include:(23)
	  ○ improved self-esteem for patients
	  ○ rewarding experience for healthcare staff
	  ○ production of updated/improved patient-information resources
	  ○ improved healthcare services
	  ○ improved organizational attitudes that are supportive of patient involvement.

Harms	None reported in the systematic reviews found
Cost and/or cost-effectiveness	**Reviews about citizen engagement** • An older and low-quality review found that costs related to public-engagement activities are rarely reported, but noted that well-structured processes range from tens of thousands of dollars to $1 million or more for large-scale events (16)
Uncertainty regarding benefits and potential harms	**Reviews about citizen engagement** • Several reviews found a lack of evidence about the impact of public and patient engagement on healthcare policies (12-15) and healthcare priority setting,(16) most likely due to a lack of formal evaluations as well as clear outcomes and indicators of success **Reviews about public reporting** • Findings about the impact of public reporting of health-system performance were mixed, with two reviews finding that it can stimulate care quality by focusing on transparency and accountability which supports the engagement in activities to improve care quality, but others finding that it makes little to no difference to healthcare utilization by healthcare consumers or providers, or to provider performance (24)

*continued on next page

Solution 3. Enable citizens to hold health-system leaders accountable for 1 and 2

(continued from previous page)

Category of finding	Summary of key findings
Key characteristics if it was tried elsewhere	**Reviews about citizen engagement** • A medium-quality review outlined that the mechanisms used for public engagement need to be adapted according to the context of policy development around the issue (for example, by forming the group in ways that are sensitive to the type of topic, history of the issue and possible power dynamics)(15) • A medium-quality review reported on a diverse set of methods used for eliciting public values (for example, ranking of services or programs, rating of options, making explicit choices between options, individual interviews, a Delphi process, focus groups, citizen juries and town hall meetings) to inform resource allocation decision-making, and noted that no single approach can be defined as the gold standard, and suggested that instead selection of an approach should be completed after considering population-specific factors (25) • A medium-quality review found that special attention should be paid to recruitment, independent oversight, jury duration and moderation when using citizen juries in health policy decision-making (22) **Reviews about public reporting** • Health-system performance is commonly reported through health-system report cards, balanced scorecards and/or reporting dashboards to internally present organizational accountability measures (24) • In Canada, a variety of reports are released to the public on a frequent basis, including information on health indicators, international comparisons, and tools specific to different areas of care (24)
Stakeholders' views and experiences	**Reviews about citizen engagement** • A medium-quality review found that those who participate in well-designed interactive public-engagement processes report high levels of satisfaction across different components of the process (for example, communication of objectives, adequacy of the information materials provided to inform discussions, and the logistics and management of the deliberation), as well as increased levels of topic-specific learning (15)

McMaster University | HEALTH FORUM

>> Contact us

1280 Main St. West, MML-417
Hamilton, ON, Canada L8S 4L6
+1.905.525.9140 x 22121
forum@mcmaster.ca

>> Find and follow us

mcmasterforum.org
healthsystemsevidence.org
socialsystemsevidence.org
mcmasteroptimalaging.org
mcmasterforum