

White Water Ahead



THE AUTHORS RESPOND

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ONE OF THE challenges in establishing priorities for research investment is ambition and scope. At a time when research dollars are scarce, the wise advice provided by our respondents will increase value for our investment. Indeed, there is consensus that the learning health system is our most ambitious goal, and it cannot be achieved by the research community alone. We fully agree with Roy (2016), Power (2016), Reid (2016), and Zelmer (2016) that a key requirement for a paradigm shift will be the establishment of successful stakeholder partnerships – with policy makers, managers, patients and clinical champions. Ideally, as Roy suggests, this coalition of sector leadership will rally around a common vision such as the Institute for Healthcare Improvement’s Triple Aim – better population health, patient experience, and value for money (IHI 2016).

Fortunately, the Institute of Health Services and Policy Research and the research community have had some success in

stakeholder engagement through workshops and funding opportunities that foster health system and private sector partnerships. The evaluation of the longstanding “Partnerships for Health System Improvement” and “Evidence on Tap” funding programs (CIHR 2009; McLain and Tucker 2013) were considered a great success by stakeholders. The more recent eHealth Innovation Partnership Program was able to spawn partnerships among health delivery organizations, clinical, patient, and policy champions, researchers, and the private sector. The Strategy for Patient Oriented Research (SPOR) steps up the level of engagement to an entirely unprecedented scale – with CIHR partnering with healthcare system policy makers to change the paradigm for how research relates and is used as the R&D shop for healthcare.

Within this context, we believe we should invest in people. Why? Because it is people who lead transformative change, foster innovation, and adapt to the ever-changing landscape of

complex systems (Olsen, Aisner and McGinnis 2007). As Reid (2016) and Sketris (2016) point out, engagement is not easy – it takes time, it is not rewarded by our standard academic masters, the means to achieve the ends are not even well supported by the research funding cycles or the ethics that guide our processes. When faced with these complexities, our best hope is to recruit and fund the research leadership so that they can engage in the goal of system change. There is low hanging fruit. As pointed out by Powers (2016), there is scant data on the very intelligence needed to guide health system decision-making – case costing, quality, and benchmarking of performance – surveillance and evaluation skills, as Reid (2016) points out, are where researchers excel. Moreover, as outlined by Bornstein (2016), we need to systematically change doctoral and post-doctoral research training. An estimated 80% of graduate trainees in all areas of science are finding careers outside the university (Edge and Munro 2015). Not surprisingly, this transition to working outside the academy is not specific to Canada, and many lessons can be learned from international models and initiatives. Graduate training programs need to consider the skill-sets needed for these new environments. Of interest, the new competencies outlined by Bornstein (2016) line up with those Reid (2016) identified as needed for the learning health system of the future – skills in leadership, team building and communication. Frankly, both basic and applied science must adopt these skills to succeed in large scale networked science – the new norm for investigation supported by national and international platforms.

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I found our work on training reform, led by Brown and Bornstein, provided a clear image of the future. As suggested by Dr Gery Ryan at the Rand Institute, future researchers need to get into the white water to acquire solution-oriented skill-sets around real-world problems.

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