

The power of collective impact

Collective impact: It is a new and effective process for change. It is a commitment by a multidisciplinary team with a common agenda to solve complex, large-scale issues.

The power of collective impact lies in the heightened awareness that comes from looking at multiple organizations' evaluation resources and innovations through the same big-picture lens, the rapid learning that comes from frequent feedback loops, and action that springs from a unified response among participants.¹

In British Columbia, collaboration between physicians, government, and their health care partners is the driving force behind developing innovative programs that aim to provide physicians with the support they need to deliver higher-quality patient care. Research shows rigorous, community-relevant shared measurement and improvement of value across the province is the best way to drive system progress.²

System-wide changes are being led by three joint clinical committees—the General Practice Services Committee, the Specialist Services Committee, and the Shared Care Committee—representing a partnership between the provincial government and Doctors of BC. Although each of the three committees has its own unique focus, they share a core mandate: identifying and facilitating changes in current physician service delivery that result in improvements in patient care, more effective use of physician and other health care resources, and measurable savings that could be reallocated to optimize

health care in the province.³

Evaluation plays an essential role in capturing, reflecting on, and promoting the full spectrum of innovation across the province that addresses the joint clinical committees' goals. Evaluation operates at various levels, from physician-led changes in practice such as those implemented by community-based divisions of family practice involved in A GP for Me, to

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provincial-level administrative changes such as the introduction of new fee incentives for physicians. Evaluating the local and collective impact of the different levels of primary care initiatives provides a comprehensive understanding of the positive changes that have been made in British Columbia. It also highlights the areas to continue to focus on in the future.

The partners involved in evaluating the joint clinical committees' initiatives will use a common language to measure progress, define common indicators, and create shared methods of measurement. Using consistent measures allows for change to be explored over time and across different programs. Mutually reinforcing activities become clear once the work of different organizations can be mapped out against the same set of indicators and outcomes at a provincial level while also providing space for community diversity.

By speaking the same language of evaluation, partners can more readily work together to define a current state and achieve lasting large-scale change.⁴

Ultimately, evaluation has the power to affect health care policy and the potential allocation of funding and resources. Conducting detailed evaluation of improvement activities is key to understanding which methods and innovations work to improve quality and how success can be sustained and scaled up. We want to know which small-scale changes can be replicated across health services to bring about system-wide improvement.⁵

The value to BC physicians and their partners is that evaluation is now embedded organizationally and in the culture of the joint clinical committees to support a strategic, robust approach to evaluation across committee work, programs, and initiatives. For example, over the coming year the GPSC program areas that will focus on evaluation include the Residential Care Initiative, the Inpatient Care Program, A GP for Me, the Practice Support Program, and the Full Service Family Practice Incentive Program.

The power of collective impact is that it allows all partners in health care to make informed choices about health care service delivery now and into the future, with the ultimate aim of improving the patient and provider experience and population health, and lowering per capita costs.

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This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.

References

Available at bcmj.org.