

Organization Nominated: British Columbia Medical Association

The Issue: Combining Complex Adaptive Systems Thinking and Issues Management Principles to Deal with the Crisis in British Columbia Health Care

1. Background to the Issue:

In January of 1999 the health care system within the province of British Columbia, Canada was significantly under-funded by the provincial government (the single insurer). The result of this under-funding was a crisis in medical care delivery including dangerously long waiting lists for surgery, patients literally being cared for in converted hospital linen closets, and patients being turned away from many hospitals because existing over capacity. In order to keep within a capped budget for physician services, the government of British Columbia began “clawing back” physician incomes as a way to continue paying for increasing patient demands on the system. As representative of the province’s 8,000 physicians, the British Columbia Medical Association had a mandate to both address its members’ concerns and the concerns of the 100,000 patients a day accessing health and medical care in the province.

2. The British Columbia Medical Association’s Issues Management Approach:

In describing the Chase/Jones Issue Management Process in his seminal book *Issue Management: Origins of the Future*, Howard Chases says, “Every system is composed of interrelated and interdependent institutions, activities, and values which are systems in themselves (1984, p.34).” This description by Chase is precisely what chaos theory and complex adaptive systems thinking has brought to the forefront of management thinking in the late 1990s. For example, Marion describes a complex adaptive system as “a network of related systems that support or are otherwise related to the target industry; this contributes even further to systemic fitness. Since fitness accrues to systems that can build support networks, CAS interaction is better described as cooperative than as competitive (1999, p. 82).”

Furthermore, chaos theory maintains that change is a naturally evolving process and that conflict (or issues) is an inherent part of a complex adaptive system, residing on “the edge of chaos,” or that area between equilibrium and chaos. It is this biologic metaphor of how systems operate that led the British Columbia Medical Association (BCMA) to adopt the term “bio-leadership” in ascribing actions related to resolving the issues before it. While the Issue Management Process speaks to the “management” of an issue, the approach of the BCMA was to not draw a literal definition of management from the model, as in the Frederick Taylor view of organization’s being machine-like with inherent predictability and linear cause and effect.

In fact, quite the opposite viewpoint was adopted in keeping with the attributes of a complex adaptive system. Rather than the machine metaphor, the BCMA saw issues as Chase initially pictured them—interrelated, rich with feedback loops, and co-evolving. In this case, “control,” “stability,” and “management” was seen as something unlikely to be achieved. What was more likely to be accomplished was influencing the direction of health

care spending and priorities by using transformational leadership and consensus rather than conflict.

Chase's wisdom was further drawn upon when the BCMA developed public advocacy and information plans designed to engender public support for physicians requesting that the government spend additional funds on health care. According to Chase, "Communications researchers have found that information which does not support an individual's beliefs creates psychological tension (cognitive dissonance). The individual is generally less receptive to information that does not agree with his or her predispositions (selective exposure); human beings will single out those media and messages which support their biases (selective perception)" (p. 70).

In developing its communications with stakeholder and especially the public, the BCMA reviewed the most recent research in neurology and in particular the role of the amygdala in the limbic system. The amygdala is the area of the brain directly responsible for emotion and human behavior in the face of a crisis (LeDoux, Goleman, Ornstein, Dozier, Garrdiner).

The BCMA research concluded that strong, evocative imagery and messages that resonated with an individual's underlying beliefs and values served to significantly affect actions and attitudes. This research was coupled with existing communications models including the third party effect (where people think major threats reported in the media have a greater impact on others than on them), and the spiral of silence (where a majority of opinion may remain silent unless their view is seen in the news media.)

The above strategic imperatives were then incorporated into the five steps of issue management including issue identification, issue analysis, issue change strategy options, issue action programming and evaluation of results. A synopsis of each step follows.

3. Issue Identification

Although the overriding issue as the failure of the government to adequately fund health care, the core issue was that health care was not viewed by the public opinion polls in early January of 1999. Therefore the real problem was not so much a lack of government commitment as a failure of the public to appreciate the severity of the issue.

4. Issue Analysis

In analyzing the issue of under-funding, it was concluded that aggressive, "in your face" advocacy attacks on government and political personalities would be a regressive move. Such an approach would not allow politicians to change their approach and also keep face. Instead, an "in your brain" strategy was developed in which politicians would be encouraged to respond to significantly heightened public concerns about health care under-funding and the implications on their lives and the lives of those they were close to.

In short it was recognized that people are driven by strong emotions, the strongest emotion is fear, and immediate personal fears create anxiety that then results in personal outrage and a demand for political action to remedy the fear.

5. Issue Change Strategy Options

The "bio-leadership" strategy called for a connectivity between the BCMA's goals and the goals and needs of patients, the public, the news media, politicians, and other health care professionals. A complex adaptive system is characterized by feedback loops and self-organization. The BCMA reached out by having the news media well aware of crises in

health care occurring through the province and the public were directly empowered through a petition calling for additional funding and by being able to both post comments and gain information through the BCMA web site.

In addition, patients were given an opportunity to tell their tales of woe through a BCMA-sponsored one-hour television special and through bought advertising (for example an ad showed a baby in distress with the caption reading “her lungs aren’t the only system failing”). Meetings with various health care consumer groups were held and non-threatening but factual information on the crisis in health care was regularly forwarded to all members of the legislature.

As a further step to highlight to crisis in health care, physicians in British Columbia closed their offices for an unprecedented five days in March of 1999, serving only those patients deemed to be in an emergency. The amount of time offices were closed was equal to the level of under-funding by the government.

6. Evaluation of Results

- In January and February of 1999, 334 news stories in British Columbia focused on long waiting lists for surgery and under-funding of health care. Forty-eight percent of the quotes were attributed to physicians, three times more than any other stakeholder group.
- By the end of February of 1999, health care had become the number one issue for people in the province. In fact, the Premier of the province was quoted as saying “the health care crisis is the top priority for the government.”
- In March of 1999 alone there were 203 news stories carried throughout the province about the health “crisis” and under-funding. An overlaying of news content analysis and public opinion polling by the BCMA showed a 100% correlation between the focus of news stories and public fears about the crisis in health care during the same period.
- Despite closing their offices for an unprecedented period of time, public opinion polling showed that the credibility of individual physicians had not dropped a single point from their previous rating of 89%.
- Within a two-month period, more than 60,000 residents of British Columbia had signed a petition calling for additional funding for health care.
- In March of 1999, the Premier of British Columbia held a news conference to say “As a result of increasing public anxiety we are increasing the health care budget. The constituents are saying there is too much stress on the system and the public is anxious about Medicare. We are now making health care our number one priority.”

7. Conclusion

This health care crisis case study illustrates that issue “management” can also be issue “leadership.” In viewing health care and its inherent issues as a complex adaptive system, the BCMA focused on building co-evolutionary relationships with other interdependent yet independent groups. A shared fear resulted in a shared need for solutions.

Nomination Submitted by:

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