



INSTITUTE OF  
HEALTH ECONOMICS  
ALBERTA CANADA

# The IHE Lay Advisory Committee Review Findings and Recommendations

## Executive Summary

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**Disclaimer:** Note that, due to confidential content, the full report of which this is the summary will not be made available.

## Introduction

Since 2010, the Institute of Health Economics (IHE) has had a Lay Advisory Committee (LAC) as a mechanism for obtaining advice from a public perspective. The intent of this review was to assist the IHE in learning about their strategy and processes in establishing a lay committee from the perspective of those involved both directly and indirectly, to examine if the IHE is using the LAC to its fullest capabilities, and to explore the option for using such a committee as a resource for other organizations' public perspective needs. The [Spectrum of Public Participation](#), which was developed by the International Association of Public Participation (IAP2) and defines public participation in decision-making ranging from low to high participation (categorized as Inform, Consult, Involve, Collaborate, or Empower), was used to describe the current level of public participation of the IHE LAC.

Multiple approaches were used in this review, including: [a literature review of best practices](#), an environmental scan, a review of IHE documentation (for example, administrative databases, meeting materials, notes), and interviews with select key informants.

## Findings

### Literature Review

As anticipated, the literature addressing lay committees with structures and processes similar to the IHE LAC is limited; only five committees were found with structures and functions more or less similar, focusing on citizen rather than specific patient representative input:

- Citizens' Panel, City of Edmonton, Canada
- Melbourne Health Community Advisory Committee, Victorian Government Department of Human Services, Australia
- Citizens' Reference Panel on Health Technologies, Centre for Health Economics and Policy Analysis at McMaster University, Canada
- Toronto Health Policy Citizens Council, Priority Setting Research Group at University of Toronto, Canada
- Consumer Advisory Group, UK HealthCare, USA

Although these committees all involve lay public individuals, they vary greatly in terms of field, selection/membership, and structure, as well as participants' role, commitment, and level of involvement.

### Document Review and Interviews

The strengths, concerns, and opportunities arising from the document review and interviews were grouped into the domains of overall purpose, processes and implementation, and outcomes.

- **Overall purpose:** Although most agree that having a lay committee is a good thing, there were differences in opinion in regard to its purpose and the role it plays or could play.

Formalizing a terms of reference for the committee, having clearer alignment with the IHE's Strategic Plan, and enhancing communication concerning the role and scope of the LAC internally would greatly contribute to its purpose.

- **Processes and implementation:** The way in which the LAC is implemented was of greatest concern, with hopes expressed that more focused attention could enhance its outcomes and productivity. The IHE should utilize the LAC to its fullest potential, ensuring that responsibility for oversight is clearly assigned, that membership is representative of the average Albertan, and that clearer processes and mechanisms exist. The refreshment of the membership should ensure that the diversity of representation is reflective of provincial demographics.
- **Outcomes:** LAC members felt their contributions were valued and impacted directions taken, while IHE management expressed mixed reactions to the LAC's impact. Internally, this may reflect differences between those who have accessed the LAC and benefited from the contributions provided, compared to those who have not yet accessed the LAC, are not familiar with the scope of activities being undertaken, and/or have not yet considered that public input is relevant to their program. Opportunities exist to link LAC activities more tightly with the achievement of IHE goals, and to communicate the outcomes of the LAC more broadly.

## Lessons Learned

The main question for this review was whether or not the IHE's current model for public participation is meeting the IHE's needs and, if not, whether the model should be changed. Informants stated that, despite the approach chosen, there were some common lessons learned that should be considered:

- Be explicit why you are engaging the public (for example, informing, consulting).
- Be systematic in the recruitment of members.
- Seek diversity and representativeness.
- Be intentional on the timing of engagement.
- Contribute to the growing body of knowledge related to best practices in public participation by monitoring your committee for quality improvement purposes and by participating in formal evaluations.

The above closely mirrored what the literature stated were categories for improving the quality of public participation and achieving productive, long-term, and trusting relationships. Additional recommendations included the following:

- Improve the level and quality of communication.
- Define tasks (e.g., context, scope, aims and outputs, rationale for participation).
- Establish clear links between the consultation and the decision outcome.

- Provide clear and objective information to support participants.
- Recognize citizens for their participation (i.e., provide incentives such as tax breaks, stipend, respect, public acknowledgement).
- Provide staff support.

## Discussion

Engagement of the public in deliberations on challenging, public issues or policies includes carefully selecting committed and broadly representative members of the general public, providing them with essential evidence, eliciting values and expectations from participants, and receiving guidance from them.

A “good” committee created for the purpose of engagement of the public: sets clear and obtainable goals; has a chairperson who keeps the group on task; includes committed, diverse members that act as a cohesive group; maintains a good working relationship with the sponsoring agency; and receives formal and informal feedback from the sponsoring agency regarding their guidance and recommendations. The IHE LAC echoes most of these points, but the IHE must formalize terms of reference for the LAC with achievable goals that are in line with IHE’s Strategic Plan.

This review provided some clear directions for consideration:

- **The LAC should continue to exist.** Its value is that it exists, is working, has some tenure, and has provided significant and useful input to those who have accessed their services.
- **Leverage IHE’s reputation as a trusted and valued partner by offering the LAC services externally.** A mutual desire to collaborate with other organizations that have a mandate for public participation was clearly expressed. This would require the IHE to be very clear on the purpose and role of the LAC and on the processes used to ensure activities are transparent and are meeting needs.
- **The level of public participation should remain as is.** Currently, the primary goal of the LAC, according to the IAP2 Spectrum, has been to “consult” and, on occasion, to “involve”, and this goal should remain as is. Informants noted they are interested in participating in consultations on the same topic at multiple points in time, as well as the one topic, one time approach that is currently the approach for most topics brought to the LAC.
- **Extend use of LAC across all IHE programs.** Topics presented to the LAC fall primarily under the Knowledge Transfer and Health Technology Assessment competencies described in the IHE’s Strategic Plan. Opportunities may exist in health economics and decision analytic modeling to solicit public participation, particularly in the area of public value. Such would require the IHE Management Team to reflect on how the LAC might be used more broadly and for other topics. Consideration should also be given to using existing patient advisory groups situated in partner organizations where the patient perspective is desirable. Informants indicated openness to this type of collaboration, and felt it would be well perceived at this time by both the organization and the health system.