

# Health Reform Observer - Observatoire des Réformes de Santé

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## Editorial to Mark the Fifth Anniversary of Health Reform Observer - Observatoire des Réformes de Santé

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Five years ago in July 2013, *Health Reform Observer – Observatoire des Réformes de Santé (HRO-ORS)* was launched. As the journal’s editors, we wish to pause and reflect on these years as well as the future of the journal. We also take this opportunity to thank our authors and reviewers: without their dedication and talent, and their willingness to give their time, this journal would not exist. Along with our readers, they value *HRO-ORS*’s mission of being a bridge between scholars and decision-makers for the flow of rigorous, evidence-based analyses of Canadian health reforms.

The idea of an online journal devoted to analyses of Canada health reforms came out of a loose network of health systems and policy researchers who were concerned about the lack of scholarly description and analysis of Canadian health reforms—the Pan-Canadian Health Reform Analysis Network (PHRAN, but pronounced “FRAN”, Réseau Pan-canadien d’Analyse des Réformes de Santé, RPARS). The project was finalized at a meeting convened by Michel Grignon and the McMaster Center for Health Economics and Policy Analysis in 2012.

The original PHRAN members shared some key assumptions. They felt that the decentralized nature of the Canadian federation creates a potentially rich laboratory for health systems and policy research. However, the knowledge of these “natural experiments” was limited because of the lack of a mechanism to encourage the systematic description and analysis of provincial and territorial health reforms, including comparisons with similar reforms internationally. This, in turn, meant that any given provincial or territorial government had only fragmentary evidence on which to depend when attempting to draw policy lessons. They also felt that scholars should share their knowledge to assist in the evaluation of policies.

As the founding editorial board of *Health Reform Observer – Observatoire des Réformes de Santé*, PHRAN elected to establish a fully open access online journal that would be of interest to both decision-makers and scholars as a compendium of descriptions and analyses of health reforms of interest to Canadian jurisdictions. They created a novel, highly standardized, format for *HRO-ORS*’s articles, in a bid to reach decision-makers in addition to researchers. The journal would publish two types of articles: Health Reform Analyses (HRAs) for the description and evaluation of single reforms in one jurisdiction (province, territory or federal) and Comparative Health Reform Analyses (CHRAs) for the comparative analysis of several reforms in various jurisdictions (not necessarily all in Canada, but with the goal to draw lessons for Canada and analyze with a Canadian lens). Guidelines for the HRAs and CHRAs were developed by Greg Marchildon and John Lavis and then reviewed and refined by the founding editorial board members.

HRAs are organized like a policy briefing rather than a traditional academic article and are limited to 2,000 words. CHRAs are allowed 6,000 words and more flexibility in their format, but are required to present descriptions of the reforms before comparing and analyzing. To guarantee the quality and evidence-based nature of *HRO-ORS*’s content, submissions would undergo full peer review; to make sure reviews provide helpful feedback, the founding editorial board decided on an open process, where the identities of peer

reviewers are known to authors and authors' identities are known to referees. They also decided that the journal would publish content incrementally—in other words, each new article would be published as soon as it was ready.

An HRA on Lean health reforms in Saskatchewan, written by Greg Marchildon, was the first article published to the first volume and first issue of *Health Reform Observer – Observatoire des Réformes de Santé* in July 2013. The first CHRA, authored by Katherine Booth was published in 2016 (volume 4, issue 1). It compares two federal-level frameworks (one from 1994 and one from 2003) for the evaluation of the cost-effectiveness of pharmaceuticals.

Besides HRAs and CHRAs, the journal also welcomes letters to the Editor and commentaries. Letters to the Editor are short, specific comments aimed at disputing, nuancing, or supporting and illustrating a statement made in an HRA or CHRA published by the journal. Commentaries are longer pieces prompted by an HRA or CHRA, and either provide background information or respond in some way to conclusions reached in an HRA or CHRA. These are an important tool for the journal, to develop a space for discussion and exchange around health reforms in Canada and to interest all stakeholders in the field to become contributors to the discussion. Our first commentary was prepared by Sandra Milicic in 2014 (volume 3, issue 2), as a reaction to two articles (published in a special issue) on the implementation of e-Health (Tom Daniels) and electronic medical records (Jennifer Zelmer and Simon Hagens).

Over the past five years, *Health Reform Observer – Observatoire des Réformes de Santé* has published thirteen issues comprising six volumes. HRAs and CHRAs span a wide variety of topics, including: expanding health professionals' scope of practice; licensing and regulating health professionals; implementing, expanding, centralizing, integrating and/or reducing health services; health systems governance (including First Nations); accountability; and the financing of health services. Analyses span reforms at the federal and regional levels, and include activities from coast to coast (Maritimes, Quebec, Ontario, West and the North.)

HRO-ORS is proud of the support and encouragement it gives to graduate student and early career authors, alongside senior and established authors. It is equally proud of the gender equity it has achieved since its outset in terms of composition of its editorial board, submission and publication rates of articles with a female lead or sole author, and completed peer reviews by female referees (in all cases at or above 50%). In 2015, the journal was included in the Directory of Open Access Journals—a key, early milestone for new open access journals that enhances the discoverability of their content. While the journal is focused on Canadian health reforms and targeted to a community of research impact within Canada, its content is accessed by readers around the globe and readership analytics indicate that content is indeed reaching decision-makers. The standardized format of HRAs and CHRAs is used by scholars teaching health policy in Canada, to ensure systematic descriptions and analyses of policy initiatives and reforms.

One of the great advantages for both readers and authors of the *Health Reform Observer*

– *Observatoire des Réformes de Santé* is that the journal is free to both. HRO-ORS’s founding and current editorial board members feel strongly that this should remain the case as public access goes to the heart of our *raison d’être*. Maintaining free access to knowledge and discussion has been made possible thanks to the many friends of the journal who have supported us over the past five years: the Centre for Health Economics and Policy Analysis (CHEPA, McMaster), the Institute for Health Policy, Management and Evaluation (IHPME, University of Toronto), McMaster University Library Press (MULP, McMaster), Health Canada, the Institute for Health Services, Policy and Management of the Canadian Institutes for Health Research (CIHR), Health Systems Evidence (the McMaster Health Forum), the Health Systems and Policy Monitor of the European Union, and EvidenceNetwork. *HRO-ORS*’s most recent friend and supporter, the North American Observatory on Health Systems and Policies (NAO), will provide a more permanent home and financial support to the journal, giving us the luxury to concentrate our efforts on our vision for the next five years.

Our goal remains the creation of a compendium of trusted, timely knowledge on what has happened and is happening in health policy in Canada—provincially, territorially and federally. Building on this compendium, we want to encourage the comparative analysis of what works, what does not work, and why. To fulfil this vision, we plan on redoubling our efforts to attract submissions on health policies from jurisdictions that have not been well represented thus far in the journal. We also hope to expand the number of comparative health reform analyses, with an emphasis on drawing policy (and implementation) lessons whenever possible. We encourage students and researchers to share their findings. And we aim to grow our international visibility by profiling some of our journal articles through the NAO and the Health Systems and Policy Monitor platform administered by the European Observatory on Health Systems and Policies. We believe we have a bright future ahead!