

Methodology for a Think Tank: The Future of Military and Veterans' Health

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ABSTRACT

▪ Purpose

This paper argues that the adoption of a 'critical futures' approach to management and content of a Think Tank conducted by the Centre for Military and Veterans' Health, Australia, resulted in outcomes conducive to deep level change within the organisations and professional groups involved.

○ Design/methodology/approach

The Think Tank process focused on challenging mind-sets and entrenched systemic barriers at all organisational levels through:

- Engagement of leadership throughout the process
- Broad-based workshops involving management, professional and operational levels,
- Use of Causal Layered Analysis to encourage critical thinking and ideas development
- Use of scenarios to imagine the future

○ Findings

At the end of the Think Tank's program, a new framework supporting health services delivery had been envisaged, its components described and the cultural and structural changes needed to make this happen had been identified.

○ Practical implications

The results of the Think Tank program will provide a basis for action to achieve a preferred future over the next two decades. Such action includes research, horizon scanning, adoption of new technologies, better information collection and management, and training and education programs, and most importantly attitudinal and cultural change.

○ Originality/value

The Think Tank worked alongside a military command control structure to maximise leverage for change, and to encourage critical and futures-oriented thinking at all organisational levels. The result has been a comprehensive and strategic vision of the future which went well beyond the outcomes envisaged at the beginning of the process.

KEY WORDS

Key words: Causal Layered Analysis, futures methodology, health futures, military and veterans health, health consumer, wellness, preventive health ⁱ

1. Introduction

... "a futures method... should not merely be seen as a predictive method; it can also be seen as a critical one" (Inayatullah, 1998: 4).

In August 2007, the Centre for Military and Veterans' Health (CMVH), through its Think Tank, began a process to explore alternative futures for the delivery of military and veterans' health services.

The Think Tank's program included:

- Dissemination of a background Discussion Paper
- A series of Issues Workshops focusing on five priority areas identified by CMVH, in consultation with the Department of Defence and the Department of Veterans' Affairs (DVA)
- A culminating major Think Tank event over two days which synthesised the outputs of the Issues Workshops and developed a vision for the future and specific proposals for consideration by Defence and DVA

Its aim was to stimulate engagement with the future within the Departments of Defence, and Veterans' Affairs, health professionals and service providers – not only the 'official' future but a range of alternative futures from which an optimal preferred future might be identified and pursued.

The adoption of a 'critical futures' approach to management and content of the Think Tank resulted in outcomes conducive to deep level change within Defence, DVA and health professional 'tribes', including strengthened capacity to envisage alternative futures and to work strategically towards a preferred future.

No other comparable effort to use future studies methods to describe the future of military and veterans health services delivery was identified. In addition to the search undertaken for the horizon scanning exercise described below, a search of the peer reviewed health literature was undertaken. Use of the key words 'military medicine' and 'forecasting' for the years 2000-2009 revealed less than 200 citations, most of which were about specific conditions or specific circumstances. There were several recent articles in which concern about the limitations of current military and veterans health services delivery methods to meet future needs were expressed, including calls for revolutionary change. These articles are the subject of a separate paper.

2. Managing the Think Tank Process; Maximising Leverage for Change

"Many future scenarios skate around the (empirical) surface but fail to deal in depth with the problematics of people, organisations, cultures in stress and transformation" (Slaughter, 2002: 29).

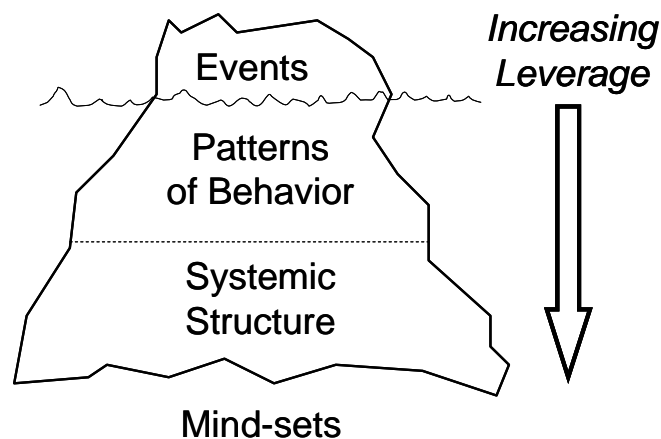
The Leverage 'Iceberg'

One risk associated with action for change is that it will operate at a superficial level

only, for example the establishment of a new ‘system’ or ‘strategic plan’ which endures only until the entrenched culture or ‘mindset’ of an organisation overcomes it. Robert Burke has described the development of a strategic plan as ‘a defence against anxiety’ and one which is rarely implemented’ (Burke, 2008).

Meadows’ ‘leverage iceberg’ assumes that events (or outcomes) are the visible part of a system, but underlying and causing these events are (often entrenched) patterns of behaviour, systemic structures, and, most fundamentally, mind-sets (organisational and individual). It is at the level of ‘mind-set’ where action for change operates most effectively.

Figure 1. The Leverage ‘Iceberg’ (after (Sustainability Institute (D Meadows), 2001)



The Think Tank process was based on maximising leverage for change. Meadows’ levels of leverage were presented and agreed upon early in the process by the CMVH Board (unpublished paper to the CMVH Board dated May 2007).

The structure of the futures Think Tank process focused on challenging mind-sets within all levels of Defence and DVA and challenging entrenched systemic barriers through broad-based involvement in critical futures thinking:

1. Engagement of leadership in the Department of Defence and Department of Veterans’ Affairs (DVA) in direction for the early discussion paper on horizon scanning and futures methodology and consultation with thought leaders to develop a set of focus areas
2. Broad-based workshops and a Culminating Think Tank event involving Defence and DVA leadership, management, professional and operational levels, which bridged many of the systemic and hierarchical ‘silos’ in Defence, DVA and health services
3. Use of Causal Layered Analysis (see following section) in horizon scanning, issues analysis, workshop processes and reports, and future scenario development, to encourage thinking and ideas development at the deeper levels of worldview, culture and mind-set

4. Use of scenario development which proved to be a powerful tool in imagining potential new mind-sets of the future (see 'The Think Tank Culminating Event: Starting with Scenarios' below)
5. Input and responses during the Culminating Think Tank from a Senior Panel drawn from leadership in the Department of Defence, the Department of Veterans' Affairs and an ex-service organisation

3. *Critical Futures Studies*

Causal Layered Analysis

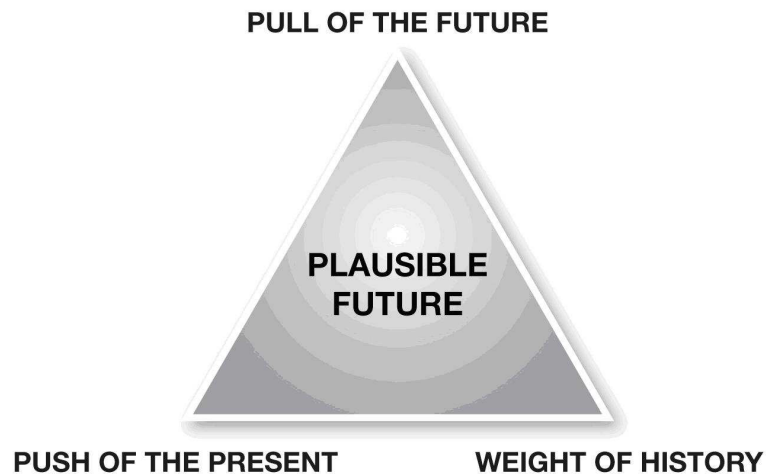
In any approach to thinking about the future, the most difficult and important step is avoidance of 'business as usual' or 'the official future' (Schwartz, 1991 (1996)). Inayatullah suggests that the job of a futurist is to allow a step back from the way things are done now, so the present is seen as remarkable rather than 'normal' (Inayatullah, 1990: 129). This critical and distanced view of the present enables exploration and creation of futures which are real alternatives to those which lie on our current trajectory.

The Think Tank's 'thinking' process was based on Causal Layered Analysis, a methodology developed by Inayatullah to enable exploration of issues at a deeper level. CLA offers four descriptive levels for a problem or issue:

- Quantitative trends, lists of reported 'facts' (LITANY)
- Economic, political and historical factors (SYSTEMIC)
- Worldviews, and underlying structures (WORLDVIEWS)
- Deeply-held myths and archetypes (METAPHOR).

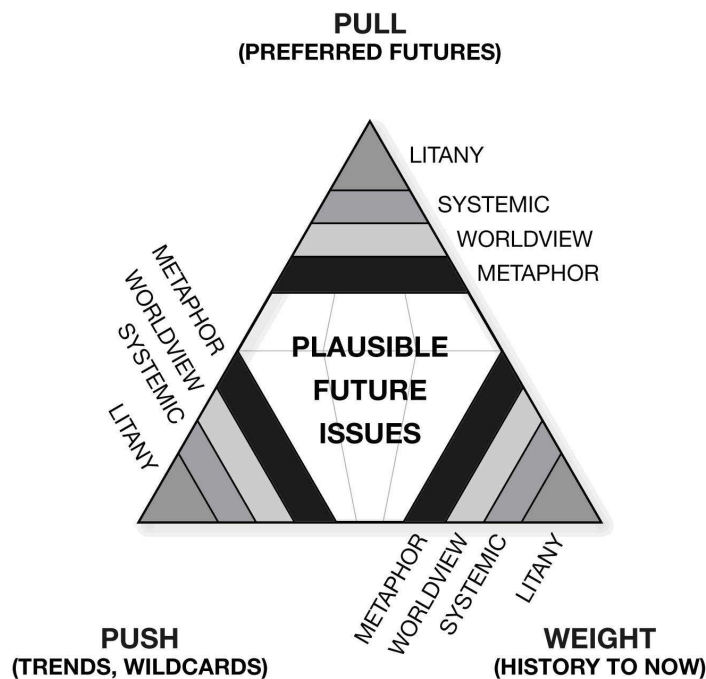
In a previous paper (Palmer & Ellis, May 2008), we discussed how CLA and Inayatullah's 'push-pull-weight' triangle (Inayatullah, 2008) were used to horizon scan factors and trends affecting the future of military and veterans' health services. The 'push-weight-pull' triangle (see below) looks at the weight of the past, the push of current trends, and the pull of preferred futures:

Figure 2. The Push-Weight-Pull Triangle (after (Inayatullah, 2008: 8))



In mapping the information obtained as a result of its horizon scan, CMVH combined the push-weight-pull triangle with Causal Layered Analysis, to examine past, present and current projections of the future at a number of levels. It then identified inconsistencies or synergies between levels, for example between visions for the future (worldview) and current trends in health data (litany) and within levels, for example between current trends in health data (litany) and trends in Defence recruitment of health professionals (litany). This comparison and analysis produced a set of potential future issues and formed the basis of a Discussion Paper followed by consultation with senior thought leaders in Defence and DVA :

Figure 3. The Push-Weight-Pull Triangle and Causal Layered Analysis



The consultation process resulted in the selection of five priority future issues for

exploration by the Think Tank. The subsequent Issues Workshops conducted during 2007-2008 each focused on one of the following areas:

1. The Health Workforce
2. The Health Consumer
3. Mental Health
4. Genomics and Converging Technology
5. Interoperability

4. Ideas Development within the Think Tank: A Causal Layered Analysis Approach

Four of the five Issues Workshops conducted by the CMVH on these priority topics had the following structure:

1. Identify trends for the future, based on input from an expert speaker
2. Explore the implications for the future of these trends (using a Futures Wheel process (see below))
3. Identify strategies to achieve a preferred future or avoid a non-preferred future

Role of the speakers

The speakers fulfilled two roles and in general responded to a briefing which included a description of the Think Tank's multi-layered CLA approach to ideas development:

1. setting the stage and providing, often very emphatically, a motivation to stop doing 'business as usual' and to radically re-think the future
2. a 'call to arms' to adopt a future focus which called into question existing systems and approaches to health service delivery and to consider the development of alternative futures. .

The speakers presented challenging scenarios of the future:

- A scenario of severe workforce shortages resulting from a 'business as usual' approach by government and within professional silos
- A scenario of very different ways of providing health services to an informed 'consumer' rather than a 'patient'
- A scenario of imminent access by consumers to genetic sequencing in the absence of developed ethical guidelines or protocols within Australia
- A scenario whereby ADF and DVA will co-ordinate more closely together, with other Defence Forces and with other government and non-government organisations in conflicts and in the provision of humanitarian assistance, and the care of serving personnel and veterans

In the Futures Wheel process described below, these scenarios were used by Workshop participants as a basis for an exploration of implications for delivery of health services.

Some of the comments made by Workshop participants in response to the speakers' scenarios included:

"Increasing the traditional workforce will not achieve the needed results. Structural improvement is needed as well"

"Greatest resistance to change comes from fear of losing power – it's all about power"

"Health roles need to be flexible. There are enough health workers - they need to be used more effectively"

"Preventive healthcare/wellness MUST be a major element"

"The potential power of an informed consumer! - the exciting bit is how to harness/direct that power"

"Consumers will drive the reforms that the organisations have not done. This will mean less control for decision-makers"

"Need to advance the conversation with consumers re: their values and how we manage expectations. They are smart, they'll get it"

"How to apply concepts described in the presentation to the currently 'captive' health clients in Defence/DVA?"

"Change is not negotiable"

"Window of opportunity to influence Defence's posture and our patients in a positive way. React slowly and we will be reactive and have lost confidence"

"Duty of care as an employer – how do we use [genomics] information to protect/prevent injury/illness. What if we don't?"

"Big issue is to use [genomics] for benefit while maintaining privacy and avoiding stigmatisation. Avoid tendency to abdicate personal responsibility for health and behaviour"

"Can we ultimately select those people who are phenotypically suited to stressful environments? Could we reduce PTSD victims?"

"Potential for greater certainty about an individuals' health status. Able to select 'horses for courses' far better"

Identification of individual risks from operational environments - limit manpower and increase automation

"With so much happening, the future path can be lost in the details – no matter what, genomics impacts will happen faster and in different ways than we expect"

"Will Defence/DVA have the ability, skills and finance to embrace future technologies?"

"How can I assist the Defence/medical leaders embrace genomics!"

"The ADF is likely to continue to experience increasing difficulty in attracting uniformed workforce. If we don't do our best to heal and retain those that we injure, our situation will only deteriorate even faster".

"Service personnel and veterans not only exist as part of but also depend on family and social networks. It is essential that they are actively supported to continue to play roles in these environments, especially if they have been serving in difficult environments"

"The whole TPI (Total Permanent Invalidity) compensation system is disease mongering and discourages active participation in society".

"The real reason for problems in primary care treatment for mental health problems is not lack of knowledge among generalists but the need for supportive systems of care. There are existing models out there ('collaborative care') on which to build"

"There is still a considerable way to go in service cultures to make proactive service seeking and acceptance the norm rather than the exception".

“I am concerned about the lack of emphasis on prevention - early identification and intervention is important, but by 2020 I would hope we would have a greater focus on creating environments, which support mental health”.

“We are bound to know more - but we will not be funded anywhere near well enough to learn all that we need to know. Australia will need to rely heavily on its coalition partners, especially US and UK, to leverage off their research”.

“Screening is only useful when there are good and agreed markers of early signs, when early recognition leads to better outcomes and when there is effective treatment for those identified”

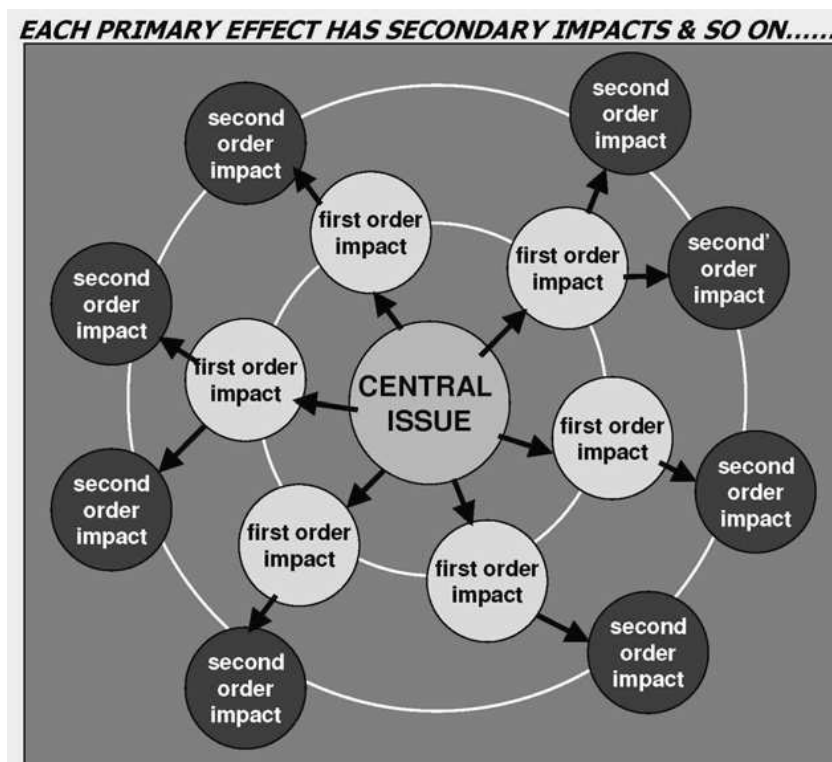
Many of these comments reflect an awareness of the broader parameters utilized in Causal Layered Analysis, including the need to change existing cultures and systems, through addressing ethical, structural and economic issues,

The Futures Wheel

The workshops used a Futures Wheel process to explore the implications of the trends described by the expert speakers.

The Futures Wheel (Inayatullah, 2008) is a diagrammatic way of representing the future implications of a trend or issue (see below), and enables participants to follow through first order impacts in more depth to second order, third order etc, thus engaging in a foresighting process which opens up a range of future possibilities.

Figure 4. The Futures Wheel (after (Inayatullah, 2008: 10))



Participants in the five Issues Workshops worked in small groups to select a trend based on the input of the speaker, and identify the first and second order implications of this for the future. Each group then selected one area of future impact and considered the ways in which Defence and DVA might effectively respond to the challenges or opportunities it presented.

e-Workshop on Mental Health

The mental health e-workshop used a different process. The Australian Centre for Post-traumatic Mental Health, in conjunction with CMVH, used an online Policy Delphi process. In the first phase, twenty-five statements were generated relating to the following five themes:

1. What will be the mental health needs of Australia's new veterans in 2020?
2. What will science tell us by 2015 about posttraumatic mental health and interventions?
3. What kinds of new mental health services should be in place by 2020?
4. How will we know what works for new veterans and adjust services accordingly?
5. How will we translate policy into reality?

The second step of the process sought on-line responses to these statements from a broad panel of 18 expert stakeholders and the third step sought responses from a still broader group of 150 senior stakeholders. At each step all participants were able to view the grouped responses, and suggest additional statements thought by them to be important.

The result was strong consensus around a set of key findings concerning the future of mental health for the military and for veterans.

Outcomes of the Five Issues Workshops

Even very early in the workshop process, some radically different conceptions of the future began to emerge. For example the possibility of merging both the military and the veterans' health systems arose at the first workshop, responding to a presentation by Productivity Commissioner Robert Fitzgerald on the dire implications of current and projected health workforce needs. Health workforce shortages already being experienced world-wide are likely to worsen and exacerbate the existing problems in recruiting health professionals to the Australian Defence Force. The first workshop discussed issues such as new health professional roles and skill-mixes, as well as sharing of health services between Defence and DVA, all of which would involve a radical breaking down of existing management and professional 'silos'. These themes returned during all of the subsequent workshops.

Issues Workshops – Emerging Themes

There was remarkable congruence between the findings of each Workshop. The following main themes emerged:

- One seamless health system for ADF and veterans, with shared records, information, models of care, training and career paths for providers

- Greater civilian and military cooperation in provision of health services to ADF and veterans
- Practitioner ‘silos’ to be replaced with new health care delivery models
- Health services delivery model based on wellness rather than illness, including a greater focus on support for families
- Quality information and education to be provided to health ‘consumers’, to enable consumer choice and responsibility, and to manage expectations of health system
- Mental health preventive, treatment and rehabilitation services to be more accessible and continuous from ADF through to DVA
- Defence and DVA to proactively engage with the future
- Defence and DVA to commission strategic research on identified future priorities eg in mental health, new technologies

While not formally structured as a CLA discussion, the outputs from the Issues Workshops spanned several CLA levels.. Metaphors for ‘used’ futures included ‘professional silos’, the fracture between soldier and veteran, system fragmentation and organisational ‘stovepipes’. New metaphors for a preferred future included a service/post-service ‘life continuum’, coalitions of shared responsibility, patient-centrism and ‘seamless’ service delivery. The cultural changes needed included changing power bases, a willingness to look at the future, building trust and collaborative partnerships, and a new shared military and veterans’ health paradigm with a focus on preventive health. Proposed systemic change included system integration, shared policy development, information and standards, and common career paths for health professionals across civilian and military sectors.

The deep critiques of existing health service delivery by the five Issues Workshops resulted in development by CMVH of a sample ‘future scenario’ for discussion at the Culminating Think Tank event. This scenario was able to radically challenge existing models and yet remain intelligible and almost ‘familiar’ to those who had participated in the Issues Workshops.

The Think Tank Culminating Event: Starting with Scenarios

‘When people can locate themselves in the story, their sense of commitment and involvement is enhanced’ (Shaw, Brown & Bromiley, 1998: 50)

In the Culminating Think Tank participants were asked to review an example of a future scenario and develop their own scenarios. The example scenario drew on material from all of the Workshop scenarios and the implications explored through the Futures Wheel. The most important difference between the five Issues Workshops and the Culminating Think Tank Event was that in the Issues Workshops participants described preferred outcomes eg ‘one unified health system’, ‘better communication’, and ‘leadership’. In the Culminating Think Tank participants were asked to describe a future world of which such outcomes were already an integral part. The ‘future world’ described in the Culminating Think Tank event included not only whole sets of new circumstances for individuals engaging with health services in 2025 or 2040, but also a ‘history’ which described what had happened since 2008.

The two components used to achieve a detailed and plausible vision of a preferred future included:

- development of preferred future scenarios
- backcasting, to develop a chronological set of ‘milestones’ leading up to this preferred future

Participants in the Culminating Think Tank event were presented with three video ‘interviews’ with characters representing ‘typical’ members of the Australian Defence Force engaging with health services in the past, present and future. The ‘stories’ of these three hypothetical ADF members were based in large part on the issues which had been discussed in the five Issues Workshops:

1. The past, represented by ‘George’, a hypothetical Army veteran of the Vietnam War
2. The present, represented by ‘Bruce’, a hypothetical Navy veteran of the Gulf War
3. The future, represented by ‘Kylie’, a hypothetical Air Force veteran of peace-keeping and stabilisation operations in the years 2018-2020.

Strategic narrative, according to Shaw, Brown and Bromily (Shaw, Brown & Bromiley, 1998: 45-47), has the following components:

- Setting the stage
- Introducing the dramatic conflict
- Reaching resolution

In each of the three video scenarios the events of that time were briefly described and the character provided with a background, education and work aspirations. The ‘dramatic conflict’ of the threat to the character’s physical or mental health in a particular difficult situation is ‘resolved’ to a greater or lesser degree depending on aspects of the military and veterans’ health system.

The scripts for the CMVH scenarios were intentionally written to work at several CLA levels, ensuring that the cultural and systemic issues, and underlying ‘metaphor’ of the relationship of the character with the ADF and DVA were highlighted in each character’s story. For example the future scenario ‘Kylie’ captured the following:

Systemic Issues

Health services for service personnel are characterised by *technological sophistication*, (including data management technology), *economic 'value for money'*, and *integration* with post-service (DVA) health services to ensure whole-of-life support.

Cultural Issues

Health services for both serving personnel and veterans are based on a culture of *shared responsibility* for health, seeing the *patient as a consumer* empowered with information, access and technology to provide *freedom of choice* in health services.

Metaphor

The integrated service and veterans' health services see themselves as providing a *transparent, navigable network* of services which *supports and empowers* personnel through the whole of their lives. Kylie saw herself as at the centre of a *supportive, multi-node network* which empowered her to take control of her health and wellbeing

The presentation and critiquing of the video scenario 'Kylie' which represented the year 2020, appeared to be a crucial catalyst for the imagining of alternative futures. Groups of participants in the Culminating Think Tank event provided a sophisticated critique of the limitations of this scenario:

- "Ubiquitous 'real-time' health monitoring would have detected her health problems earlier"
- "Kylie's health support is structured around the system more than her own needs"
- "Kylie lacks personal contact with practitioners"
- "She is not as in control of her own access to services as she believes"

After viewing and critiquing the three video scenarios participants were asked to develop scenarios based on themes emerging from the five Issues Workshops. The selection of parameters for each scenario was based on a simple process using two variables arising from the workshops eg

- the patient-centric/organisation-centric continuum and rewarding wellness/treating illness continuum
- multiple delivery system/single delivery system continuum and stable environment/chaotic environment continuum

Each group of participants located a 'future-most-likely' within the pair of variables and, using these parameters, developed a scenario centred on an imagined military/veteran patient living in a particular year in the future. Using a back-casting process, a set of 'historical milestones' was then developed to describe the trajectory of health services from the year 2008 to the nominated point in the future.

The power of scenarios as a tool was evident in the resulting six alternative future scenarios which had dramatically shifted participants into futures ranging from the year 2025 to 2040, with a set of hypothetical historical milestones to match. Shaw, Brown and

Bromiley argue that if a story ‘defines relationships, a sequence of events, cause and effect, and a priority among items’ then *‘those elements are likely to be remembered as a complex whole’* (Shaw, Brown & Bromiley, 1998: 42). As a corollary, perhaps, the requirement to develop a ‘story’ about the future brought about an articulate definition of priorities, of relationships (eg between Defence and DVA, between health services and patients), and a required sequence of events.

Changing the Underlying ‘Story’ - Emerging Themes and a New Framework

The following common themes emerged from the future scenarios developed at the Culminating Think Tank Event

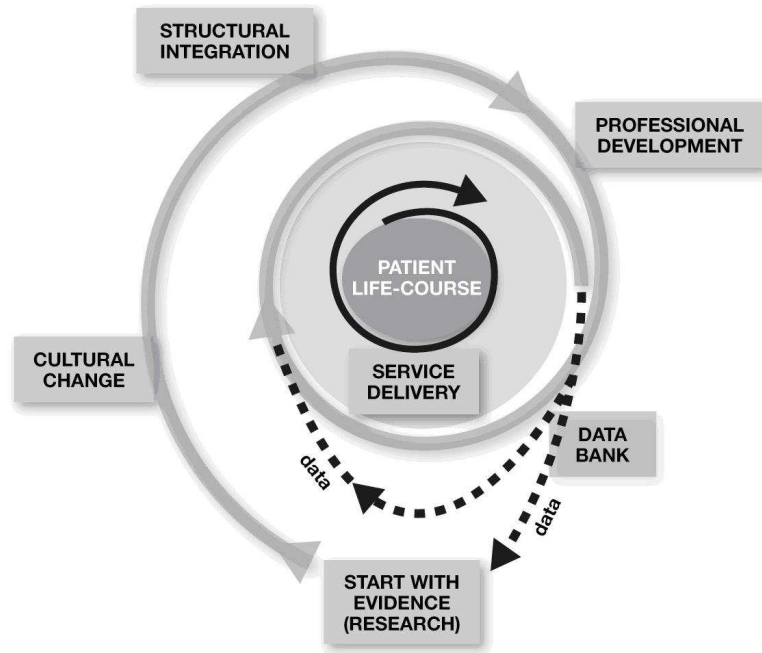
- A unified model (Defence, DVA and civilian) focused around an informed health consumer and a readily accessible choice of health services (eg ‘one-stop-shops’)
- The ‘health consumer’ accepting more responsibility for their own health and health care with direct portal access to an electronic health record
- Integrated health services management with a culture of prevention, good communication, complexity management, and ‘IT enlightenment’
- A seamless ‘whole-of-life’ delivery of services – combat, garrison, veteran and civilian services - focused around patients rather than system ‘silos’
- An enhanced focus on prevention and wellness, including education and early intervention, especially in the area of mental health
- A strong strand of evidence-based but futures-oriented research and development to inform policy and program development (eg of delivery models, new technologies), with connections to international centres of excellence
- Use of advanced technology for ubiquitous ‘real-time’ health monitoring, data collection, geno-mapping and genotherapy, and communication (eg training and education)

The set of themes which the participants agreed upon was remarkable in its comprehensiveness. It challenged existing frameworks at the most fundamental CLA level, through new metaphors of ‘health consumer’, ‘seamless’ and ‘whole-of-life’ service delivery, and the breaking down of professional and administrative ‘silos’. The preferred future framework for military and veterans’ health service delivery was seen to depend upon:

- an evidence base (through database development, research and evaluation)
- cultural change at all levels and across all sectors towards a wellness and consumer ‘whole-of-life’ focus
- system restructuring and personnel development or retraining to remove barriers to this cultural reorientation

CMVH subsequently represented this new framework in the following diagram:

Figure 5. Outline Framework for a New Model of Health Services Delivery



Cultural and Systemic Change – Recommendations for Research and Professional Development

The emerging themes described above were used as a basis for a Futures Wheel process to explore the implications of the new framework for research and professional development.

The outcomes of this process almost ‘fell out of’ the framework and themes described above. Once the underlying story of future health service delivery had been described and agreed upon, and the milestones required to achieve it had been established, the professional development and research needs were evident.

The following research priorities emerged from the new framework:

- How to achieve cultural and organisational change
- Developing new models of care, including health services research to provide an evidence-base to support new programs and a restructure of the health workforce
- Defining the ‘Defence (and Veteran) Health Paradigm’ - the component of health services which is unique to military and veterans health and determining best practice for this
- Horizon scanning and evaluation relating to new technologies, particularly relating to genomic developments and artificial intelligence for environmental and biological monitoring of exposures
- Further integrating Defence, DVA and civilian systems – eg initially mapping health services as delivered across all three systems

- Undertaking longitudinal studies for personnel in active service and for veterans

The following professional and management development needs were identified:

- Enhancing leadership for health innovation, including cultural change in a complex environment
- For non-health commanders, informing them of the technological and personnel implications of new models of care
- Training all health providers (garrison, deployment, veterans' health), including contract staff, based on a set of competencies for the Defence and Veteran Health Paradigm
- Training for new roles and technologies associated with health innovation
- Educating health consumers, including self-management for veterans

Role of the Senior Panel

The outcomes of the Think Tank were constructively influenced by the presence of a Senior Panel at the conclusion of the Culminating Event, who were presented with the alternative future scenarios and emerging themes arising during the Think Tank.

The Panel, drawn from leadership in the Department of Defence, DVA and an ex-service organisation, offered a constructive 'reality check' on proposals, as well as several valuable suggestions which were incorporated into the final Think Tank report. The potential impact of the Think Tank's work has also been increased as a result of leadership exposure to the processes and outputs of the Think Tank.

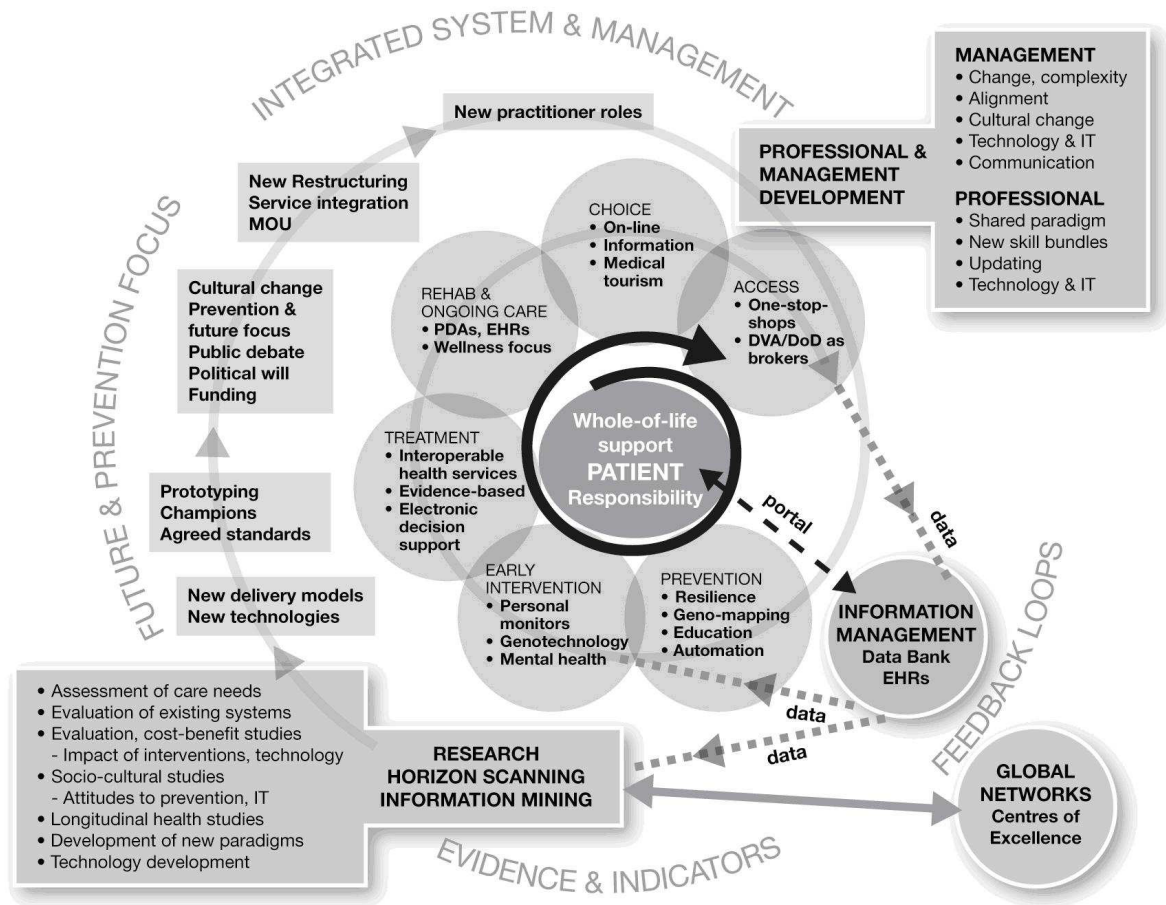
Examples of the responses from the Senior Panel included:

- The cultural shift from compensation to wellness is a major issue
- Leadership and champions are important in achieving change in culture within the military and veterans sector
- Defence and DVA need to be cautious about moving ahead of general community standards on e-health;
- Development of new delivery models for mental and physical health will be the most important issue for the future
- Defence may in the future become a 'service broker' for health services in the civilian sector; it may be a case not just of restructuring but of outsourcing – 'restructuring out'
- Issues of combat injuries in the future need to be specifically addressed
- More research is needed on how to improve information and data collection systems

Detailed Future Framework

The detailed future framework for military and veterans' health services which emerged from discussion of the above recommendations and responses was summarised by CMVH in the following diagram:

Figure 6. New Framework for Health Service Delivery



The diagram summarises the outcomes of the Think Tank ‘at a glance’. Its form reflects the feedback systems and the need for evidence and data in the development and testing of new delivery models, technologies and services. At the centre of this picture is the patient, around whom delivery models, technologies and services are designed to provide whole-of-life support through a contract of mutual responsibility.

5. Impact of the Think Tank

CMVH has prepared a Report based on the findings of the Think Tank, for dissemination and discussion in the wider Defence, DVA and health community.

The recommendations from the Think Tank have been fed back into the Centre’s own planning processes for research and professional development for this sector. For example the Centre now aims to have a more strategic relationship with Defence and DVA with regard to professional development. Specifically as a result of the Think Tank CMVH is now seeking to reposition itself from being a provider of health training programs, to being a provider of health workforce solutions. As well the Centre has adopted health services innovation as a major new research priority.

Senior personnel from Defence and DVA on the CMVH Board advised that the Think Tank process had been successful in engaging with a wide range of influential people in

their organisations and had thereby been successful in challenging entrenched mindsets and organisational culture with regard to health services. In particular they noted the importance of access to external experts and fora where conversations and activities took place involving people who may not usually speak to each other – a mix of people from both Departments, a mix of health personnel and non-health leadership, and a mix of seniority.

Probably the most significant indicator of the impact of the Think Tank was that requests for further work using similar methodologies to move towards the preferred future were quickly received from the military and veterans' sectors. For example the CMVH Think Tank is now working on innovation in mental health services delivery based on the future framework developed during the process described in this paper, and the report from a major enquiry on mental health in the military.

6. Conclusion

At the end of the Think Tank's program, a new framework supporting health services delivery had been envisaged and its components described. The cultural and structural changes needed to make this happen had been identified, as well as a vision of what health services delivery might look like as a result of these changes.

In addition to these outputs, the Think Tank process ensured that senior personnel in both the Department of Defence and the Department of Veterans' Affairs were aware of and had provided input to the Think Tank's conclusions. In seeking to stimulate thinking at systemic and cultural levels, and the level of underlying 'story', we were aware that systems, cultures and stories reside at all organisational levels and across all sectors, and they are not always the same across these levels and sectors. The involvement of a broad range and many levels of Defence and Veterans' Affairs participants, and of participants from other parts of the Australian health sector has, we believe, increased the likelihood of a shared view of the future of health service delivery for the military and for veterans.

The work of the Issues Workshops in vigorously pursuing the implications of future scenarios presented by the speakers, paved the way for many of the same participants to design their own future in the Culminating Think Tank. The enthusiasm and breadth of thinking evident in this final process represent a leap into the future which had not appeared possible at the commencement of the project. With the help of a sophisticated and experienced facilitator, participants in this event took to the construction of future scenarios, the development of underlying metaphors and critiques of culture, as though they had been doing it all of their lives. If this were the only legacy of the Think Tank, it would be a worthwhile achievement.

The results of the Think Tank program will provide a basis for action to achieve a preferred future over the next two decades. Such action includes not only research, horizon scanning, adoption of new technologies, better information collection and management, and training and education programs. It also, and most importantly, includes attitudinal and cultural change, and a conscious re-writing of the 'story-line' underlying 'the way things are done now' at all levels of the military, the veterans' and civilian sectors, and in the 'tribes' of health practitioners.

- Burke, R (2008), 'Leadership for the Future', paper presented to the *Centre for Military and Veterans' Health Major Culminating Think Tank 14-15 August 2008*, Canberra, 15 August 2008
<http://www.uq.edu.au/cmvh/docs/ThinkTank/THINK_TANK_REPORT_30.9.08.pdf>.
- Inayatullah, S (1990), 'Deconstructing and reconstructing the future: predictive, cultural and critical epistemologies', *Futures*, vol. March 1990, pp. 115-141.
- Inayatullah, S (1998), 'Causal layered analysis - Poststructuralism as method', *Futures*, vol. 30, no. 8, pp. 815-829.
- Inayatullah, S (2008), 'Six pillars: futures thinking for transforming', *Foresight*, vol. 10, no. 1, pp. 4-21 <<http://www.emeraldinsight.com/10.1108/14636680810855991>>.
- Palmer, J & N Ellis (May 2008), 'A Layered Approach to Horizon Scanning: Identifying Future Issues in Military and Veterans' Health', *Journal of Futures Studies*, vol. 12, no. 4, pp. 77-92.
- Schwartz, P (1991 (1996)), *The Art of the Long View: Planning for the Future in an Uncertain World*, John Wiley and Sons, Chichester.
- Shaw, G, R Brown & P Bromiley (1998), 'Strategic Stories: How 3M Is Rewriting Business Planning', *Harvard Business Review*, vol. 76, no. 3, pp. 41-50.
- Slaughter, R A (2002), 'From forecasting and scenarios to social construction: changing methodological paradigms in futures studies', *Foresight*, vol. 4, no. 3, pp. 26-31.
- Sustainability Institute (D Meadows) (2001), 'Foundation Dynamics: Exploring the Leverage Points for Successfully Funding Sustainability', <<http://www.sustainabilityinstitute.org/pubs/FoundationDynamics.pdf>> accessed 10 December 2008.
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