



Michael Smith Foundation for
Health Research

Health Services & Policy Research Support Network
Task Force on Future Directions for Research & Capacity Building
Status Update
June 28, 2007

Table of Contents

Task Force on Future Directions for Research & Capacity Building	
A. Background & Deliverables	2
B. Other Influencing Factors	3
C. Summary of Recommendations	5
D. Acknowledgments & Next Steps	6
Appendices	
A. Task Force Members	7
B. HSPRSN Origins	8

Health Services & Policy Research Support Network

Task Force on Future Directions for Research & Capacity Building

Status Update

June 28, 2007

A. BACKGROUND & DELIVERABLES

In June 2006, the Steering Council of the Health Services & Policy Research Support Network (HSPRSN) approved the formation of a Task Force to make recommendations on the future directions of Network programs and initiatives. As per the approved terms of reference (December 2006) the Task Force undertook to:

- Identify changes/shifting priorities in the BC health services and policy research environment to identify capacity gaps and/or new research themes that are priorities for action and are not currently being addressed
- Review the relevance of current priorities (research theme areas and funding programs) in light of these changes/new opportunities
- Develop recommendations for future Network research and capacity building priorities and programs (e.g., continuing current, continuing current with refinements; dropping or adding others) to achieve a “legacy of capacity” in health services and policy research in British Columbia

This initiative reflects the HSPRSN commitment to ensuring that programs are changed or augmented as necessary to build capacity for and undertake health services and policy research that is relevant to the BC Health Authorities and the Ministry of Health.

The Task Force met three times (January 26/07, February 15/07 and April 3/07), using the following framework to guide discussions and the development of recommendations.

Question to Task Force	Deliverable
What has changed in the health services and policy environment since HSPRSN was launched in 2004?	Summarize key changes in the government, health authority and academic research environments that will impact health services and policy research
How will these changes impact the current (8) HSPRSN priorities for research?	Review current priorities. Recommend revisions to address changes in the health services and policy environment and a process to validate the recommendations with the MOH and Health Authorities
How should the objectives for HSPRSN programs be updated to reflect changes in the environment and priorities?	Review and revise current program objectives
What changes should be made to current HSPRSN programs to address recommended changes in priorities and program objectives?	Develop recommendations for Steering Council on current HSPRSN programs (HA capacity building, investigative teams, operating grants & partnerships)
What other programs/initiatives should be considered to address revised priorities and/ or capacity gaps?	Develop recommendations for Steering Council on proposed new initiatives

B. OTHER INFLUENCING FACTORS

The outcomes of two other initiatives will also be taken into account by the HSPRSN Steering Council and the MSFHR when making decisions regarding future directions for HSPRSN programs. These are the MSFHR Infrastructure Program Review and the HSPRSN-sponsored research day.

MSFHR Infrastructure Program Review

In October 2006, an external review panel met at MSFHR Vancouver offices to review the Foundation's infrastructure programs (Institutional, Research Units, Research Unit Start-up and Health of Population Networks). The review also incorporated the two HSPRSN infrastructure programs: Health Authority Capacity Building and Investigative Teams. Several HSPRSN awards recipients participated directly in the review process, meeting with panel members to provide feedback on the benefits and challenges of the two programs.

The external panel report was presented and approved by the MSFHR Board in February 2007. Its fourteen recommendations contained two that were specific to HSPRSN programs.

- For the Health Authority Capacity Building Program, MSFHR should develop mechanisms for health authorities to work more closely with the academic institutions that relate to them, to ensure that they derive maximum benefit from the full spectrum of infrastructure funding. The CEO's of the Health Authorities should be engaged in this activity.
- MSFHR should develop a mechanism to better integrate the Investigative Teams with Research Units. The rationale is to bring the significant experience and expertise of the Research Units to the Investigative Team program and to instill the investigative team approach into the Research Unit program.

Between May and August 2007, MSFHR will develop implementation plans to address the panel recommendations. To facilitate this process, report recommendations were grouped in two categories: operational and strategic, with the former to be addressed internally by MSFHR program staff. The latter, which include the two HSPRSN program recommendations, will be handled through a Task Force process reporting to an oversight committee comprised of the MSFHR Board Executive Committee augmented by the Chair of the Research Advisory Committee (Helen Burt) and the Health Authority Co-chair of the HSPRSN (Cathy Ulrich).

The implementation plan for addressing the strategic recommendations will be phased with the first elements being presented for approval at the September and November 2007 meetings of the MSFHR Board. This reinforced the need for completing the work of the HSPRSN Task Force in a timely manner such that the recommendations could help inform MSFHR process and decision making specific to the recommendations that apply to HSPRSN infrastructure programs.

HSPRSN Research Day

Sponsored by the HSPRSN, a Research Day held December 5, 2006 brought together stakeholders from across BC to hear recipients of HSPRSN Investigative Team, Operating Grant and Health Authority Capacity Building grants showcase their accomplishments. The 60 plus attendees included researchers, Health Authority staff,

representatives from MSFHR's Health of Population Networks, Ministry of Health personnel and non-profit research-related agencies and associations.

The day also included a forum to gather feedback from participants regarding future research and capacity building priorities for use by the HSPRSN Priorities Task Force and by MSFHR. The full report on forum feedback is attached in the Appendices section of this report. A summary of feedback is included here.

1. Look into strategies for making Health Authority capacity building sustainable, and continue to fund Health Authority capacity building
2. Ethics: reduce barriers and duplication. Need broader, efficient processes that still meet diverse needs of different Health Authorities. Resolve issues re program evaluation, quality assurance and research definitions re ethics
3. Continue Investigative Team funding – what are the priority topics now?
4. Facilitate multiple channels for communication within the HSPRSN and between the network and others (HA→←HA; HA→←MOH; Decision-makers→←Researchers); Centralized coordinator for knowledge transfer and communication/networking opportunities; mentoring
5. Facilitate processes for consensus building and harmonization re high priority issues (e.g. ethics, access to administrative data, evaluation, KT) such as with position papers, agreement on definition of capacity-building ROI, etc.
6. Evaluation of capacity building activities: common framework/data collection across Health Authorities
7. Evaluation of knowledge translation and ultimately patient outcomes
8. Equitable access to paid time (researchers' time different from clinicians and decision-makers) in terms of grant support for participants' time – broadening definition of MSFHR career award eligibility)
9. Protected research time for new investigators
10. Access to administrative data – MSFHR act as a third party broker to facilitate all parties re best practices for data access
11. Seed funding within Health Authorities for distribution to new investigators for local priority questions (developmental funds)

C. TASK FORCE RECOMMENDATIONS

The Task Force recommendations were tabled at the HSPRSN Steering Council meeting on June 6, 2007. Following discussion, Steering Council members endorsed the following recommendations and actions arising from the report.

1. Health Authority Capacity Building & Investigative Teams

Recommendations associated with the Health Authority Capacity Building Program and the Investigative Teams Program have been tabled with the MSFHR Infrastructure Review Task Force Process to help inform a plan for implementing the recommendations of the Infrastructure Program External Review Panel.

Steering Council was advised that two Health Authorities would be out of funds by the fall of 2007, with the remaining Health Authorities predicting that they would deplete their funding by December 31, 2007. As the final report and implementation of recommendations from the MSFHR Infrastructure Review Task Force are not anticipated to be ready within this timeframe, Steering Council endorsed a recommendation to provide bridge funding to March 2008 for Health Authorities to continue current activities only. Health Authorities will be required to provide a brief outline of these activities and the required budget. The endorsement was made with the caveat that any further extension would require a proposal and review process.

Note: The MSFHR Board-approved HSPRSN budget (2007.08) provided for this contingency.

2. Revisions to Program Objectives:

Current Objective	Endorsed Revision
Plan and begin developing (or augment) a basic platform of research capabilities in all Health Authorities	Create capacity in the Health Authorities and the Ministry of Health to translate and apply research in a timely fashion to address health system priorities.
Address current priorities in ways which support integrated planning and action and build capacity	Drive relevant applied research by supporting programs which enable researchers and decision makers to work together to improve health service delivery and health outcomes
Create partnerships/other strategies to leverage funding	No change

The HSPRSN Steering Council endorsed the changes and referred the revised objectives to the MSFHR Infrastructure Review Task Force Process to help inform a plan for implementing the recommendations of the Infrastructure Program External Review Panel.

3. Partnership Program Revisions

Steering Council endorsed the Task Force recommendation to continue the partnership program but to extend the opportunity such that BC researchers may apply to HSPRSN for match funding for any national or international peer-review competition that requires matching as a condition of award and meets the eligibility criteria set for the HSPRSN Partnership Program.

Note: The MSFHR Board-approved HSPRSN budget (2007.08) contains a \$500,000 allocation for the partnership program.

4. Operating Grants

Steering Council endorsed the Task Force recommendation to replace the current operating grants program with an alternative strategy for building meaningful partnerships between researchers and decision makers in the identification and undertaking of research relevant to health authority and Ministry of Health priorities. This would be achieved through an iterative process designed to narrow the range of priority areas for attention, followed by workshops to bring researchers and decision makers together to

- define/refine key topic areas within the priority areas selected for attention
- assess current knowledge, issues and research capacity
- develop consensus on specific applied research needs and the strategies and funding mechanisms required to address these needs

Steering Council asked HSPRSN staff to further define the process and costs of undertaking the alternative strategy. This will be brought back for discussion by Steering Council this fall, in preparation for the development of a budget for approval by the MSFHR Board.

5. Research Priorities

The Task Force developed a revised list of priorities that includes and expands upon the eight original priorities of the HSPRSN and shifts the focus from clinical groupings to a health services and policy perspective. Steering Council was advised that the list of revised priorities was being reviewed by the Executive Committees of the Ministry of Health and the Health Authorities, and the results of that review will be reported at their September 2007 meeting. It also was noted that the priorities would undergo additional scrutiny and refinement as part of the alternative strategy outlined in point 4 above.

D. ACKNOWLEDGEMENTS & NEXT STEPS

The Michael Smith Foundation for Health Research acknowledges and thanks members of the Task Force and the HSPRSN Steering Council for their work in developing these recommendations. Further updates will be provided to the community following completion of the MSFHR Infrastructure Review Implementation Plan, confirmation of revised HSPRSN research priorities (as per point 5 above) and clarification of processes related to supporting research into these priorities (as per point 4 above).

**HSPRSN Task Force
Future Directions for HSPRSN Research & Capacity Building Activities
Task Force Membership**

Task Force Chair

Dr. Patricia Coward
Executive Director, HSPRSN
Michael Smith Foundation for Health
Research

Ministry of Health

Ms. Victoria Schuckel
Director of Research
Strategic Policy & Research
Ministry of Health

Health Authorities

Dr. Anne-Marie Broemeling
Director of Research and Evaluation
Interior Health Authority

Dr. Peter Hill
Vice President
Academic Development and Clinical
Innovation
Fraser Health Authority

Ms. Suzanne Johnston
VP Academic Affairs & Regional
Development
Northern Health Authority

Dr. Janet Joy
Director
Innovation in Health Technology
Vancouver Coastal Health

Dr. Peter Kirk
Director
Research and Academic Development
Vancouver Island Health Authority

Mr. Michael Marchbank
Executive Vice President
Quality Management, Performance
Improvement & Innovation

Academic Community

Dr. Michael Hayes
Associate Dean,
Faculty of Health Sciences
Simon Fraser University

Dr. Adrian Levy
Associate Professor,
Centre for Health Evaluation & Outcome
Sciences
St Paul's Hospital

Dr. Martha MacLeod
Associate Professor, Nursing and
Community Health Programs
Faculty of Health & Human Sciences
University of Northern British Columbia

Dr. Craig Mitton
Assistant Professor
Health Studies
UBC Okanagan

Dr. Martin Puterman
Professor of Operations Research
Director, UBC Centre for Health Care
Management
Sauder School of Business, UBC

Dr. Eric Roth
Professor
Department of Anthropology
Grant Facilitator
Population Health & Health Services Policy
University of Victoria

MSFHR

Mrs. Cherry Graf
Vice President, External Affairs
Michael Smith Foundation for Health
Research

Mrs. Nancy Mathias
Consultant
Michael Smith Foundation for Health
Research

HSPRSN Origins

The Health Services and Policy Research Support Network (HSPRSN) was created in 2004 with funding from the BC Ministry of Health. It is a provincial consultative body led by a Steering Council comprised of representatives of the BC health authorities, academic research community and Ministry of Health. Its purpose: to develop recommendations and oversee the implementation and evaluation of programs to build BC's capacity for and ability to undertake high quality health services and policy research.

The HSPRSN is supported by the Michael Smith Foundation for Health Research, which is responsible through its Board of Directors for approving HSPRSN program and funding recommendations. To date, the HSPRSN has received \$16 million in restricted funds from the Ministry of Health to be used for the following purposes:

- Implement and fund specific initiatives that evaluate the effects of health redesign and change initiatives or informs health care process redesign and innovation
- Build capacity in BC for undertaking research into future health redesign and change initiatives.
- Leverage additional funding from other sources to further enhance research activities into health redesign and change initiatives.

Vision, Mandate and Goals

The HSPRSN Steering Council developed the following vision, mandate, goals and principles to frame HSPRSN activities.

Vision: a high quality, sustainable health system in British Columbia that is grounded in excellent, internationally recognized health services and policy research

Mandate: support excellent health services & policy research and knowledge translation activities that inform the development, implementation, assessment and refinement of health redesign and change initiatives

Goals

- To implement and fund specific programs to evaluate the effects of health redesign and change initiatives or to inform health care process redesign and innovation.
- To stimulate and support better alignment between health services and policy research and research users at all levels of the health system
- To enhance health research capacity (infrastructure and human resources) in the communities that use and produce health services and policy research

Principles

- Active alignment of MOH, Health Authorities, health service providers and the health service and policy academic research community in defining high priority research and capacity building initiatives.
- Balance
 - Immediate needs for health services and systems information and the necessity to build sustainable capacity and resources for future research priorities.
 - Needs for local resources where appropriate and the development of provincial resources where appropriate

- Roles and needs of MOH, Health Authorities, health service providers and academic health research community
- Leverage resources to build capacity and conduct health services and policy research through inter-provincial collaboration and/or additional funding from provincial, national and international academic research funding sources.
- Evaluation of Network activities and goals