

**HEALTH SERVICES AND POLICY RESEARCH SUPPORT NETWORK**

# **Leveraging through National Funding Partnerships**

A summary report on the Partnership program



Michael Smith Foundation for  
**Health Research**

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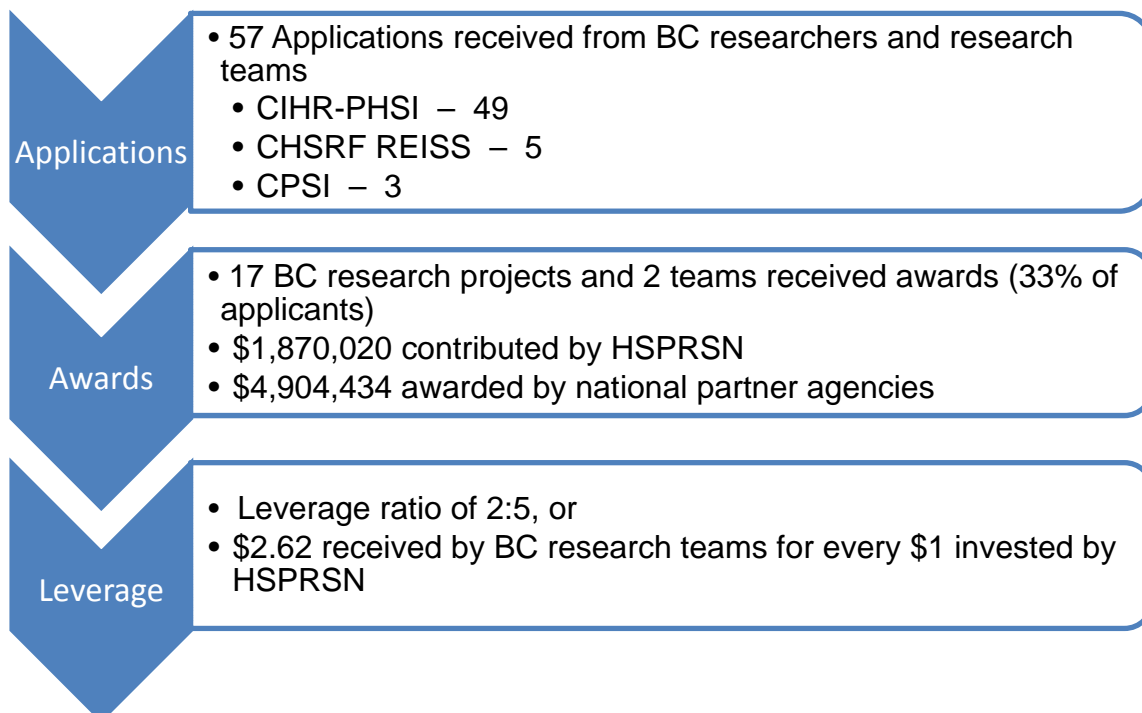
# HSPRSN Partnership Program Summary Report

## Executive Summary

The HSPRSN Partnership Program began in 2005 to support BC researchers applying to peer-reviewed, national or international competitions that require matching funding as a condition of funding and address. To be eligible for the funds, researchers must address one of the HSPRSN health services and policy research priorities. The program enables HSPRSN to leverage funds while enabling BC researchers to apply for funding from national programs. The annual budget for the program began at \$300,000 in 2005, was raised to \$500,000 in 2007 and then raised again to \$700,000 in 2009 due to two CIHR-PHSI competitions falling in the fiscal year.

To support the HSPRSN Partnership program, MSFHR established partnership agreements with the Canadian Institutes for Health Research for the Partnerships for Health System Improvements (PHSI), the Canadian Health Services Research Foundation for the Research, Exchange and Impact for System Support (REISS), and the Canadian Patient Safety Institute (CPSI). In 2007, MSFHR committed to investigate potential partnership agreements with other funders that required match funding, if an applicant requested program staff to do so.

The following shows the applications received and awards given out by the program between the period of September 2004 and March 2010:



The advantages and disadvantages of the program for the HSPRSN are highlighted below:

Advantages:

- significant leveraging of HSPRSN funds;
- peer review and award administration by the partner agencies at no cost to HSPRSN;
- the ability to access external expertise to address HSPRSN/BC priorities through the support of multi-province teams that include BC researchers and/or decision-makers as principal or co-principal applicant.

Disadvantages:

- the difficulty in assessing the impact of the funding on the health system due to the length of the grants (three to four years) and the long period allowed by partner agencies for report collection (often up to one year from the completion of the research study);
- the challenge for HSPRSN funds to have a meaningful impact in any one priority area as projects are widely spread over eight priority areas;
- ongoing administration issues such as appropriate notification of HSPRSN funding to recipients' host institutions; and
- obtaining timely information from partners on award recipients' research progress and outcomes.

## **Introduction**

This report describes the HSPRSN Partnership program, presents data on awards, reviews information on research outcomes, and discusses the advantages and disadvantages of the program. The report covers the period from the start of the program in early 2005 to March 31, 2010. The appendix describes the successful projects that received partnership awards.

## **Background**

Each year the program criteria have been refined; the current guidelines have been in place since 2007.

### **Program Criteria:**

- The application must involve health services and policy research that is aimed at evaluating the effects of health system redesign and change initiatives or informs health care process redesign and innovation in one or more of the HSPRSN priority areas (listed below).
- A BC researcher or decision-maker must be the principal or co-principal investigator.
- The project must be a priority for more than one BC Health Authority or a Health Authority and the BC Ministry of Health Services.
- The matching funds provided by HSPRSN must be used in BC or demonstratively benefit BC.

### **Priority Areas of Research:**

- Acute Care Redesign
- Chronic Disease Management
- Health Human Resources
- Home and Community Care
- Mental Health
- Patient Safety
- Clinical Outcomes Measurement
- Differential Impacts of Changes in the Health System on the Health of Specific Populations

### **Partnership Funding:**

The HSPRSN offers matching funds of up to a maximum of \$100,000 per successful application over the duration of the award term, provided the application meets the program criteria.

### **Application Process:**

Requests related to the CIHR Partnerships for Health System Improvement applications must be submitted to HSPRSN at MSFHR by the date specified by CIHR. All other requests must be made at least three weeks in advance of requiring confirmation of partnership. HSPRSN reserves the right to refuse commitment to funding if enough lead time is not given.

Applicants complete a cover sheet and submit a detailed letter of request that includes:

- a. A summary of the project, i.e. a brief overview and background, along with an outline of the research questions, objectives, study design, and measurement of outcomes.
- b. An explanation of how the proposed project meets the program criteria and priority areas of research of the HSPRSN Partnership Program.
- c. A list of all team members, their affiliation, and role in the project.
- d. The budget requested and how the funds will be used in British Columbia, or a detailed explanation of how they will benefit BC.

- e. Letters of support from two BC Health Authorities or one BC Health Authority and the BC Ministry of Health Services, confirming that the project is a priority for them.
- f. For the CIHR-PHSI competition – MSFHR will sign page 1 of the CIHR Partnership Module if the proposal meets the criteria for support.

Applicants are required to provide MSFHR a copy of the full application submitted to the partnership agency once it is available.

If the proposal meets HSPRSN requirements, a letter is issued indicating that support is available through the Partnership Program, if the project is recommended for funding and HSPRSN funds are available.

### **Allocation of Funding:**

The program guidelines state that if there are more successful applications during the year than can be supported by the HSPRSN Partnership Program, funds will be allocated based on ranked order within a competition or by priority for the HSPRSN. This policy was implemented for the first time for the 2009 CIHR-PHSI competition.

### **Partner Programs**

**CIHR-PHSI:** PHSI provides operating grant funds to teams of decision-makers and researchers to conduct applied health services and policy research. PHSI provides funding for up to three years and up to a maximum of \$350,000 over the life of the project. The program aims to strengthen Canada's healthcare system through collaborative, applied and policy-relevant research. With its strong emphasis on partnerships and knowledge translation, it is a major resource for managers and policy makers who want relevant research to inform their decision-making.

**CHSRF-REISS:** In 2004, CHSRF inaugurated the REISS competition with funding beginning in 2005; the final competition was held in 2009. The program provided up to \$500,000 per team over four years. The goal of the REISS program was to link inter-professional teams of researchers and decision makers to conduct high impact research, high-quality capacity-building initiatives with effective dissemination and implementation of results. There were four theme areas:

- Management of the healthcare workplace
- Managing for quality and safety
- Nursing leadership, organization and policy
- Primary healthcare

**CPSI:** The primary goal of the CPSI research competition is to provide operating grant funds to teams of decision-makers and researchers to develop knowledge about patient safety that can be helpful in a variety of settings and circumstances in organizations across Canada. The research funded must have patient safety as a primary focus. CPSI provides funding for up to a maximum of \$250,000 over the life of the project.

## Partnership Agreements

In 2005, MSFHR signed a three year agreement with CIHR for the PHSI competition and a Memorandum of Understanding with CHSRF for the REISS competition. A further agreement with CIHR was signed in 2009 covering the two PHSI competitions held that year.

The key features of the agreements are that the partner promotes and organizes the competition, administers the awards, and provides MSFHR with copies of payment correspondence to recipients and interim and final reports. The agreements cover the full period of the financial commitment on the awards, i.e. up to four fiscal years.

In 2007, MSFHR partnered with the Canadian Patient Safety Institute (CPSI) on one award; however, a partnership agreement was not reached and MSFHR administered the award. MSFHR subsequently signed a partnership agreement with CPSI in January 2010.

## Partnership Awards

To date, the HSPRSN Partnership program has contributed \$1,870,020 to nineteen BC or BC-led multi-province research teams, enabling them to secure \$ 4,904,434 in project funding from national competitions that require match funding. At the end of FY 2009/10, a total of \$1,067,907 will have been paid to partners for these awards; \$802,112 remains committed through FY2012/13.

Year	Name of Recipient(s)	Partner & Competition	Partner Award	HSPRSN Total Awarded
2005	Lee, Shoo*	CIHR 2004	\$ 100,000	\$ 100,000
2005	McGillis-Hall*	CIHR 2004	\$ 93,097	\$ 100,000
2005	Dodek, Peter	CIHR 2004	\$ 97,428	\$ 100,000
2006	Peacock, Stuart	CIHR 2005	\$ 149,888	\$ 96,750
2006	Mitton, Craig	CIHR 2005	\$ 148,500	\$ 100,000
2006	Smailes, Elizabeth*	CHSRF 2005	\$ 500,000	\$ 200,000
2007	Lau, Francis	CIHR 2006	\$ 145,000	\$ 100,000
2007	Valaitis, Ruta*	CHSRF 2007	\$ 698,761	\$ 100,000
2008	Lynam, M. Judith	CIHR 2007	\$ 150,000	\$ 100,000
2008	Maclure, Malcolm	CIHR 2007	\$ 150,000	\$ 50,000
2008	Marra, Fawziah	CIHR 2007	\$ 150,000	\$ 90,000
2008	Hohl, Corrine	CPSI 2007	\$ 90,298	\$ 33,270
2009	Ayas, Najib	CIHR 2008	\$ 330,000	\$ 100,000
2009	Carleton, Bruce	CIHR 2008	\$ 349,805	\$ 100,000
2009	Cummings, Greta*	CIHR 2008	\$ 350,000	\$ 100,000
2009	Morris Barer	CIHR 2009	\$ 349,884	\$ 100,000
2009	Graham Dickson	CIHR 2009	\$ 350,000	\$ 100,000
2009	David Evans	CIHR 2009	\$ 351,806	\$ 100,000
2009	Scott Lear	CIHR 2009	\$ 349,967	\$ 100,000
		<b>TOTAL</b>	<b>\$ 4,904,434</b>	<b>\$ 1,870,020</b>

\* Multi-province teams

The program accepts applications from multi-province research teams as long as they meet the program criteria of a BC researcher or decision-maker as a co-principal investigator and can demonstrate how MSFHR funds will be used in BC or will benefit BC. This enables BC researchers and decision-makers to collaborate with expert researchers in health services and policy research from other provinces. Five of the nineteen research teams that received project funding awards from partner agencies are multi-province teams comprised of researchers and decision-makers from two or more provinces. All five teams have a strong BC component.

## Research Priority Areas

As indicated in the table below, the research studies cover a wide range of health services and policy related topics within each priority area. There are few linkages between them making it difficult for program funds to have a meaningful impact in any one priority area.

Research Priority Area	Research Studies Funded
Chronic Disease Management	<ul style="list-style-type: none"> <li>• Priority setting methods in cancer: evidence-based marginal analysis</li> <li>• Partnership for ongoing impact assessment of academic detailing</li> <li>• Reducing the acute care burden of childhood asthma on health services</li> </ul>
Clinical Outcomes Measurement	<ul style="list-style-type: none"> <li>• Pharmacy based immunization in rural communities strategy</li> <li>• Timely access to end-of-life care for patients with life-threatening illness</li> </ul>
Home & Community Care	<ul style="list-style-type: none"> <li>• Older Persons' Transitions in Care</li> <li>• Social Pediatrics: a responsive interdisciplinary coordinated health model for timely accessible services for at-risk families</li> </ul>
Health Human Resources	<ul style="list-style-type: none"> <li>• Nurse Staffing, Interruptions in Practice, and Patient Safety Outcomes: Exploring the Systems Issues</li> <li>• Developing Healthy Workplace Environments within BC Healthcare</li> <li>• Primary Health Care Leadership: Enhancing Collaboration between Primary Care and Public Health</li> </ul>
Patient Safety	<ul style="list-style-type: none"> <li>• Development of a Screening Strategy for Community-Based Adverse Drug Related Events in the Emergency Department</li> <li>• The Impact of a Resident Workschedule Change on Patient Safety</li> </ul>
Acute Care Redesign	<ul style="list-style-type: none"> <li>• National Health Partnership to Reduce Infections in the Neonatal Intensive Care Unit</li> <li>• The Relationship between Organizational Culture and Family Satisfaction in Critical Care</li> </ul>
Differential Impacts	<ul style="list-style-type: none"> <li>• Priority Setting, Health Care Utilization, and Outcomes Evaluation in Seniors' Care in Interior Health</li> </ul>

## Data on Partner Awards

BC research teams (with and without match funding from MSFHR) have received between 17% and 31% of the funding and awards in the annual CIHR-PHSI operating grants competition, and 20 – 25% of the funding and awards in the 2005, 2006 & 2007 CHSRF-REISS team competitions.

Between September 2004 and March 2010, a total of eleven (11) BC research teams that did not apply to MSFHR for match funding received partnership awards totalling 2,161,483, either from the CIHR-PHSI competition (9 awards) or the CHSRF-REISS competition (2 awards).

### CIHR-PHSI Operating Grants:

Competition Year	Total number of full applications submitted from across Canada	Total number of awards	Total funding by CIHR-PHSI Program	PHSI awards to BC teams that applied for HSPRSN match funds (from total # applications to HSPRSN); Total value of PHSI awards	PHSI awards to BC teams that did <i>not</i> apply to HSPRSN for match funds; Total value of PHSI awards	% of awards to BC teams in total; (only BC teams with HSPRSN match funding)
2005	43	20	\$1,934,910	3 / 5 \$290,525	3 \$300,000	30% (15%)
2006	35	14*	\$2,010,676	2 / 6 \$298,388	2* \$248,583	28%* (14%)
2007	31	17	\$2,210,180	1 / 3 \$145,000	2 \$273,900	17% (6%)
2008	43	16	\$2,212,064	3 / 11 \$450,000	1 \$150,000	25% (19%)
2008-09	56	19	\$6,323,325	3 / 8 \$300,000	0	16% (16%)
2009-10	59	16**	\$4,808,592	4 / 16*** \$400,000	1 \$350,000	31% (25%)***

\*excludes declined award

\*\*excludes four conditional awards of which three are from BC and conditional on obtaining match funding

\*\*\*excludes three successful awards which HSPRSN is unable to support through the Partnership Program as there were more successful applicants than funds available

**CHSRF-REISS Team Grants:**

Competition Year	Number of full applications submitted across Canada	Total number of awards	Total funding by CHSRF-REISS Program	REISS awards to BC teams that applied for HSPRSN match funds (from total # applications to HSPRSN); Total value of REISS awards	REISS awards to BC teams that did not apply to HSPRSN for match funds; Total value of REISS awards	% of awards to BC teams in total; (only BC teams with HSPRSN match funding)
2005	12	5	\$1,945,000	1 / 3 \$500,000	0	20% (26%)
2006	8	4	\$1,500,000	0	1 \$375,000*	25% (0%)
2007	12	4	\$1,856,433	1 / 1 \$698,761	1 \$464,000*	50% (38%)
2008	12	5	\$1,928,033	0 / 1	0	0% (0%)
2009	3	0	0	0	0	0% (0%)

\*average award level; value of individual awards is confidential and not published by CHSRF

**CPSI Operating Grants:**

Competition Year	Number of full applications submitted	Total number of awards	Total funding by CPSI Program	CPSI awards to BC teams that applied for HSPRSN match funds (from total # applications to HSPRSN); Total value of CPSI awards	CPSI awards to BC teams that did not apply to HSPRSN for match funds;
2007	40 (26 reviewed)	6	Not published	1 / 1 \$90,298	0
2009	46	TBA	TBA	TBA / 2	TBA

## Promotion of the Program and Recipients

**MSFHR:** Research profiles of all funded projects are hosted on the MSFHR website at: [http://www.msfhr.org/special\\_initiatives/services\\_support\\_network/Partnership](http://www.msfhr.org/special_initiatives/services_support_network/Partnership)

**Partners:** CIHR includes a brief description of MSFHR and a summary of the HSPRSN Partnership program application guidelines on their PHSI Funding Opportunity Details webpage when the competition is open. CIHR also posts research abstracts and details of award recipients in the Funded Research section of their website.

CHSRF posted application guidelines, highlights, and funding recommendations for the REISS competition on their website along with the name, title, and co-sponsors (partners) of funded awards. The website also provides summaries of ongoing research and final reports in the Research in Progress section. However, currently there are no research updates from HSPRSN Partnership award recipients included in this section.

CPSI posts application guidelines, competition statistics, and a summary of the research proposal of award recipients. The website also notes the names of supporting partners for each award. Funding information for the competition and for individual awards is not published.

## Research Outcomes

It has been difficult to determine research outcomes as many projects have not been completed and thus, many reports have not yet been received. As of March 2010, MSFHR had received interim progress reports for six award recipients. Final research outcome reports were received from the three 2005 CIHR-PHSI recipients. There are four interim progress reports and three final research outcome reports outstanding. The latter were due March 31, 2010 from: 1) two 2006 CIHR-PHSI recipients, but have not yet been received by CIHR; 2) one 2006 CHSRF-REISS recipient. Until recently, CIHR had not been following up on late or missing reports from award recipients.

CHSRF allows one year after the end of the award for submission of the final report. This results in a lengthy delay before MSFHR receives information on research outcomes on completed research studies.

## Advantages of the Program

- **Leveraging:** HSPRSN funds have enabled BC researchers to secure additional funding from national competitions in an approximate ratio of 2:5, or \$2.62 for every \$1 invested by MSFHR.
- **Application review and administration:** The partners provide merit review for applications and award administration at no cost to HSPRSN.
- **External expertise:** By allowing funding of multi-province teams, BC benefits from external expertise that would not otherwise be eligible for support through the HSPRSN.

## Disadvantages of the Program

- **Assessing impact:** The priority areas cover a wide range of research topics resulting in HSPRSN funds supporting a large variety of projects, which makes it difficult to discern the impact on the BC healthcare system.
- **Issues with partner agencies:** There have been ongoing program and award administration issues with partners that have incurred considerable staff time to resolve. The main issues have involved funding notifications to host institutions that did not properly credit HSPRSN

contributions to awards, and difficulties in obtaining copies of award recipient interim progress and final reports from partners.

- **Inability to monitor research progress:** It is difficult to monitor the research progress of HSPRSN award recipients because the partners determine the schedule of interim and final reports. It is equally difficult to receive timely information on research outcomes as it is the responsibility of partners to collect and provide copies of the final reports to MSFHR. CIHR has reduced the requirement for interim reports from annual to only one at the end of the third fiscal year of the award; they have not been following up on missing reports.
- **Elimination of LOI stage of competitions:** CIHR eliminated the LOI stage of the PHSI competition, reducing the ability of HSPRSN to assess applications for eligibility and impact. For the fall 2009 CIHR-PHSI competition, improved guidelines were implemented to resolve this issue.



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