

**Health Services and Policy Research Support Network**  
**Report to Leadership Council**



Michael Smith Foundation for  
**Health Research**

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# Health Services and Policy Research Support Network

## Report to Leadership Council

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# Health Services and Policy Research Support Network

## Report to Leadership Council

### I. Executive Summary

In March 2003, the British Columbia Ministries of Health Planning and Health Services transferred \$8 million to the Michael Smith Foundation for Health Research (MSFHR). Under the terms of the transfer agreement, the funds were to be used to conduct research to improve the effectiveness of health-care reforms and assist in fulfilling the Ministry's obligation to the public accounts committee and other select standing committees of the legislature to evaluate the change initiatives the government has undertaken. The agreement identified three priority uses for the funds:

- Implement and fund specific projects that evaluate changes already made to the BC health system.
- 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.

The Michael Smith Foundation for Health Research consulted with the Health Ministries, Health Authorities, health service providers and the health services and policy academic research community to develop an action plan. This was achieved through the creation of a representative planning committee called the Interim Operating Council (appendix 1) and two Task Force Groups (appendices 2 & 3). Their deliberations were guided by two key elements. First, participants recognized that the imperative for the Ministries and Health Authorities is rapid action to evaluate the effects of changes already made. Second, participants felt it was imperative to balance the requirement for fast-track action on current priorities with an equally pressing need for developing capacity to undertake pro-active planning and research to inform the development, implementation and evaluation of future health system changes. In this, they developed and were guided by a consensus vision for a high quality, sustainable health system in British Columbia grounded in excellent health services and policy research (appendix 4).

#### **Recommendations:**

1. Allocate \$5 - \$5.5 million for a fast-track process to address immediate needs in thematic areas currently identified as high priorities by the Health Ministries and the Health Authorities. This would include provision to address provincial and regional research capacity issues required for action on these priorities.
2. Allocate \$2 - \$2.5 million to begin developing a basic platform of research resources in all Health Authorities to facilitate their ability to engage effectively in local, regional and provincial research, evaluation and planning initiatives.

3. Allocate up to \$500,000 to bring the full range of stakeholders (users and producers) together in a broad consultation and planning process to develop and begin to implement an integrated, comprehensive health services and policy research and capacity building agenda, and the infrastructure to support ensuing activities. Outcome: a phased implementation plan for the infrastructure and processes required to achieve the vision of a high quality, sustainable health system in British Columbia grounded in excellent health services and policy research.

Participants identified three issues of key importance for successfully implementing these recommendations.

- The engagement of all of the stakeholders (full range of creators, translators and users of research) is required to effectively implement the fast-track process and the longer-term consultation. Stakeholders must have the opportunity to be at the table in a meaningful way, with recognition that each stakeholder group should derive benefit from their participation.
- There must be strong leadership and effective administrative support to manage funding processes and programs.
- There must be open, effective communications with stakeholder communities.

## II Preliminary Action Plan

### 1. Addressing Current Health Service and Policy Research Priorities

Through a consultation process led by the Ministries of Health Services and Health Planning during summer/fall 2003, the Ministries and Health Authorities are expected to reach consensus in January 2004 (i.e., approved by Leadership Council) on the key health service/policy research areas and specific thematic issues within these areas that are their current priority for action. Depending on the nature of these priorities, a variety of programs for supporting research and capacity building may be required. Funding mechanisms may include contracts, commissions, and traditional research approaches, such as Requests for Applications (RFAs). While the process to allocate funding will be fast-tracked, it is expected that some awards/programs required to address current priorities will involve multi-year investments.

To maximize return on investment, participants recommended that every effort be made to address current priorities through mechanisms that also will help build longer term capacity. For example, RFAs should be tailored specifically to achieve the following:

- Address the three criteria in the Transfer Agreement (build capacity, evaluate current changes and lever additional funding).
- Develop a network of researchers and users of research to explore one or more priority theme areas identified by the above mentioned process.
- Address other criteria deemed important such as:
  - Develop and sustain capacity in Health Authorities as well as in academia.
  - Be distributed – i.e., involve a number of Health Authorities.
  - Encompass short term, quick-win deliverables and longer term research and capacity-building deliverables as appropriate depending on the thematic area(s) of focus.
  - Build capacity to respond to other emerging research needs in the thematic areas of focus.

**Recommended Allocation: \$5 - \$5.5 million**

#### **Actions and Timeline**

- Health Ministries and Health Authorities determine priority areas/themes.  
January 2003
- Health Ministries, Health Authorities, MSFHR, and representatives of other stakeholders groups meet to review and recommend short and longer term funding programs/mechanisms that may be implemented to address the priority issues.  
January/February 2004
- Determine and fill immediate capacity gaps required for action on current priorities.  
February 2004 onward
- MSFHR establish the human and other resources required to implement short and longer term funding programs/mechanisms. February/March 2004

## **2. Developing Decentralized and Provincial Shared Research Capacity**

Participants recognized that to facilitate active participation in research and to avoid duplication of scarce and expensive resources, there must be both provincial shared resources and decentralized resources. Two important points were made:

- Provincial shared resources are not centralized in any one organization or location, rather they may and do reside in organizations throughout the health and academic systems. To facilitate knowledge of and access to these resources by all stakeholders, it is essential to develop and maintain a central inventory. Examples of these shared resources include:
  - High level technical and analytic expertise
  - Research expertise specific to an area or methodology
  - Timely access to up-to-date, province-wide information systems.
- Health Authorities require a “basic platform” of research skills and resources to be able to engage in research and for the results of research to be meaningful and used. At a minimum, this includes the human and other resources to:
  - Frame questions, understand implications and translate data findings;
  - Interface with centralized resources; build partnerships with experts;
  - Support information gathering for centralized research;
  - Publish or contribute to publications; and
  - Facilitate local interactions with hospitals, universities, and with family practitioners and other health professionals working at the front line of care.

### **(a) Building Capacity within Health Authorities**

Participants recommended that Health Authorities develop a vision and plan for achieving their desired research capability. In doing so, Health Authorities should take into account the longer and shorter term priority requirements to:

- Answer questions (and apply evaluation and research findings) important and specific to their region.
- Respond to, and work collaboratively in addressing provincial questions or those affecting multiple regions, including the ability to contribute a region-specific perspective on such issues.
- Develop, access and interpret information for planning in their region.
- Build their capacity to engage in coordinated planning with the Ministries of Health, Health Authorities, academic research community and other stakeholders as appropriate, such that the system becomes more strategic and forward looking in addressing health services and policy issues.

Participants recommended that funds be allocated and a process implemented to assist Health Authorities in achieving their desired research capability. Given the limited funding available, Health Authorities should prioritize capacity building needs to allow for staged implementation. Once developed, requests for funding should be adjudicated centrally to avoid duplication and identify opportunities for Health Authorities to share capacity building resources and activities.

Participants noted that the above planning activity should be coordinated with the broader consultation process. This would assist in the identification of training, education, human or other resources that should be Health Authority-specific, compared with those that should be provided across one or more Health Authorities and those that should be developed as provincial shared resources.

**Recommended Allocation: \$2 - \$2.5 million**

#### **Actions and Timeline**

- Health Authorities plan and implement internal processes to determine their desired research capability and the resources required. February/March/April 2004
- MSFHR facilitate processes to support the development and adjudication of capacity building proposals requests. April/May 2004

#### **(b) Defining and Building Provincial Shared Capacity**

Participants recognized that a comprehensive inventory of health services and policy researchers, research centres, and data sources would greatly facilitate effective planning for research and capacity building in the short and longer term. The Michael Smith Foundation for Health Research has developed a preliminary inventory of BC health services and policy research expertise. Participants recommended expanding this inventory to develop a full picture of the extent/nature of the resources available in BC's academic institutions and Health Authorities and to identify capacity gaps.

Some additional needs for provincial shared capacity may be identified and addressed through the fast-track process. However, participants stressed the need for an integrated approach that includes the Ministries, Health Authorities, academic research community and other stakeholders in planning for the longer term requirements necessary to support a comprehensive health services and policy research agenda. This would be a key element of the broader consultation and planning process described in point (3) below.

#### **Actions and Timeline**

- MSFHR move immediately to develop an expanded inventory of shared provincial resources. By March 2004 for use in longer term planning for the development of provincial shared capacity.

### **3. Parallel Process to Broaden Input and Develop a Comprehensive Health Services and Policy Research Agenda**

Participants recommended that MSFHR begin immediately to plan a broader consultation process to get underway early in 2004. The purpose: to obtain input from the health research academic community and the health service community as well as Health Authorities and Ministries of Health in developing a comprehensive health services and policy research and integrated capacity building agenda for the province. This would include building the case for the financial, human and other resources required to support the agenda. It would also include identifying opportunities for leveraging resources through alignment with other provincial, national and international research agency planning initiatives and funding programs.

## **Recommended Allocation: up to \$500,000**

### **Actions and Timeline**

- MSFHR put in place the required resources to facilitate the broad consultation process and, as appropriate/feasible, the required supports to begin implementing the longer term plan. Feb/March 2004; consultation process completed within four/five months from start date.

## **III Administrative Support**

The Michael Smith Foundation for Health Research has recommended creating a Health Services and Policy Research Support Network as the administrative framework to support planning and implementation of the recommendations discussed in this report. It should be noted that some participants expressed concern that implementing the proposed framework – notably, recruiting a Director and secretariat well versed in health services and policy research – would be difficult given limited, one-time funding and the short time frame. That said, a small administrative office supported by an advisory group representative of the stakeholders (similar to the proposed Network Operating Council) is essential to move forward on this initiative.

Certain economies have been realized by utilizing resources of the Michael Smith Foundation for Health Research and the voluntary contributions by members of the Interim Operating Council and Task Forces to support the planning process leading up to this report. Additional support will be required to implement the recommended research and capacity building initiatives.

At a minimum, a program manager with health services and policy research expertise and an administrative assistant are required to administer contracts, develop requests for applications, coordinate external reviews, approval processes and other activities required to support the fast-track process and the Health Authority capacity building initiative. While the fast-track process is designed to initiate quick action on programs and funding mechanisms to address current evaluation and research priorities, the funding for these initiatives may be spread over several years requiring administrative continuity.

There also is a need for a shorter term contract for a project manager – also with health services and policy research expertise – plus administrative support and meeting, travel, and communications expenses to plan and facilitate the consultations and planning processes associated with developing the longer term research and capacity building plan.

With approval of this report by Leadership Council, the Michael Smith Foundation for Health Research will move immediately to put in place the necessary human and other resources to carry out the recommendations and preliminary action plan. It is anticipated that economies will continue to be realized through use of Foundation office space and other infrastructure support, as well as the talents and expertise that members of the Interim Operating Council and Task Forces have contributed to the process.

## **IV Conclusion**

This report summarizes the recommendations and a preliminary action plan developed by the Interim Operating Council to meet the terms set out by the Ministries of Health Services and Planning for an \$8 million grant to undertake and build capacity for health services and policy research in British Columbia. In developing these recommendations, the planning group sought to balance the requirement for fast-track action on current priorities (i.e. evaluating health system changes already made) with an equally pressing need for developing the capacity to undertake integrated, pro-active planning and research to inform the development, implementation and evaluation of future health system changes. The latter is key to achieving the planning group consensus vision for a high quality sustained health system supported by excellent health services and policy research.

## **V. Appendices**

- I. Interim Operating Council Membership
- II. Research Priorities Task Force Members
- III. Capacity Building Task Force Members
- IV. Network Vision, Mandate, Goals, Principles
- V. Network Organizational Framework
- VI. Summary of Activities

## I. Interim Operating Council Membership

### Ministries of Health

- Anne McFarlane, ADM, Planning Policy & Legislation
- Heather Davidson, Director Strategic Policy and Research

### Health Authorities

- Fraser: Keith Anderson, VP Health Planning & Systems Development
- Interior: Dr. Anne-Marie Broemeling, Director of Research & Evaluation
- Northern: Cathy Ulrich, VP Clinical Services, Chief Nursing Officer
- Provincial: Brian Schmidt, Senior Vice President  
Strategic Health Development and Performance Management
- Vancouver Coastal: Dr. Jeff Coleman, COO Richmond
- Vancouver Island: Dr. Richard Stanwick, Chief Medical Officer

### Health Services Academic Community

- Dr. Malcolm McClure  
Professor, Human & Social Development/Health Information Science, UVic
- Dr. Mark Fitzgerald  
Director, Centre for Clinical Epidemiology & Evaluation, VH
- Dr. Martha MacLeod  
Associate Professor Nursing, UNBC
- Dr. Andrew Coldman  
Leader, Provincial Cancer Control Strategy, BCCA
- Dr. Charlyn Black  
Director, Centre for Health Services Policy & Research, UBC
- Dr. Martin Schechter  
Chair, Health Care & Epidemiology, UBC; Director Centre for Health Evaluation and Outcome Sciences, Providence Health Care; National Director, Canadian HIV Trials Network, UBC & St Paul's
- Dr. Elliot Goldner  
Head, Division of Mental Health & Policy Research, UBC Department of Psychiatry
- Dr Shoo Lee  
Director, Canadian Neonatal Intensive Care Network  
UBC & Children's & Women's Health Centre of British Columbia
- Dr. David McLean, Director, Institute of Health Research and Education, SFU

### Health Services Community

- Dr. Dan Horvat, Family Physician

### External Representatives

- Diane Watson, Assistant Director, CIHR Institute of Health Services and Policy Research
- Dr. George Eisler, Chief Executive Officer, BC Academic Health Council

**Michael Smith Foundation for Health Research**

- Dr. Aubrey J Tingle, President & CEO
- Tim Murphy, Sr. VP Corporate Services & Programs
- Cherry A Graf, VP External Affairs
- Nancy Mathias, Consultant

**Interim Co-Chairs:**

- Brian Schmidt
- Dr. Shoo Lee

## **II. Research Priorities Task Force Members**

### **Schechter, Martin – Co-Chair**

Chair, Health Care and Epidemiology, UBC; Director, Centre for Health Evaluation and Outcome Sciences, Providence Health Care; National Director, Canadian HIV Trials Network

### **Schmidt, Brian – Co-Chair**

Senior VP, Strategic Health Development and Performance Management  
Provincial Health Services Authority

### **Broemeling, Anne-Marie**

Director of Research and Evaluation  
Interior Health Authority

### **Chase, Mark**

Regional Director, Strategic Utilization & Performance Improvement  
Vancouver Coastal Health Authority

### **Eisler, George**

Chief Executive Officer  
BC Academic Health Council

### **Horvat, Daniel**

General Practitioner

### **MacDonald, Georgina**

Regional Director, Planning and Community Engagement  
Vancouver Island Health Authority

### **MacLean, David**

Professor and Director, Institute for Health Research and Education, SFU

### **MacLeod, Martha**

Associate Professor, Nursing, UNBC

### **McFarlane, Anne**

Assistant Deputy Minister  
Planning, Policy and Legislation  
Ministry of Health Planning

### **Ostrow, David**

VP, Medical & Clinical Innovation  
Vancouver Coastal Health Authority

### **Watson, Diane**

Assistant Director  
CIHR Institute of Health Services and Policy Research, UBC

### **III. Capacity Building Task Force Members**

**Anderson, Keith – Co-Chair**

VP Health Planning and Systems Development  
Fraser Health Authority

**Fitzgerald, Mark Co-Chair**

Director, Centre for Clinical Epidemiology and Evaluation  
Vancouver Hospital

**Black, Charlyn**

Director, Centre for Health Services and Policy Research  
UBC

**Bressler, Bernie**

Director, Vancouver Coastal Health Research Institute, VP Research, Vancouver Coastal Health  
Authority, Assist. Dean of Research, UBC

**Coldman, Andrew**

Leader, Provincial Cancer Control Strategy  
BC Cancer Agency

**Davidson, Heather**

Director Strategic Policy and Research  
Ministry of Health Planning

**Goldner, Elliot**

Head, Division of Mental Health and Policy Research  
Department of Psychiatry, UBC

**Grzybowski, Stefan**

Assoc. Professor, Family Practice, UBC

**Lee, Shoo**

Director, Canadian Neonatal Intensive Care Network  
Director, Centre for Healthcare Innovation and Improvement  
UBC & Children's & Women's Health Centre of British Columbia

**Ulrich, Cathy**

VP Clinical Services, Chief Nursing Officer  
Northern Health Authority

## **IV. Network Vision, Mandate, Goals, Principles**

### **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 and policy research and knowledge translation activities that inform the development, implementation, assessment and refinement of current and future health redesign and change initiatives.

### **Goals**

- To identify and support high priority health services and policy research and knowledge translation initiatives.
- 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.

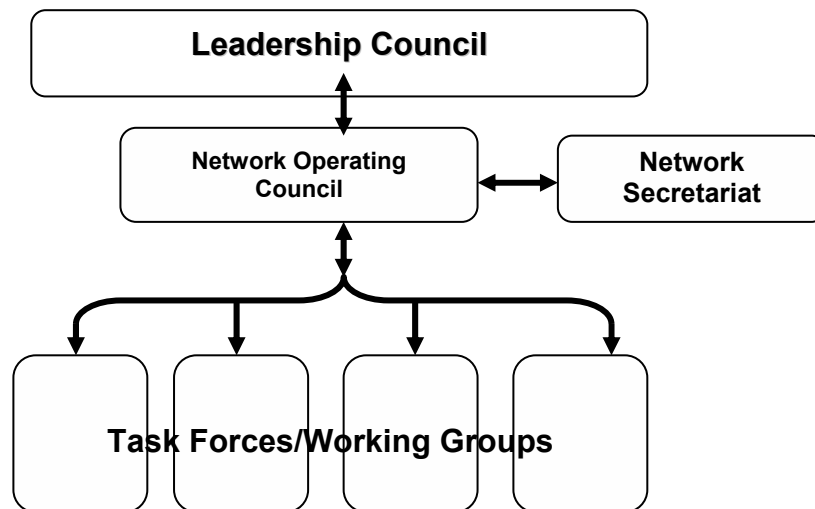
### **Principles**

- Active alignment of Ministries of Health, Health Authorities, health service providers, the health service and policy academic research community and other stakeholders 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 the Ministries of Health, 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.

## V. Network Organizational Framework

In the original proposal submitted to and approved by the Ministries of Health to guide the planning process, MSFHR proposed developing a BC Health Services Research Network. The Interim Operating Council recommended that the name be changed to Health Services and Policy Research Support Network. They recommended that “support” be incorporated into the name to clarify that the purpose of this network is not to do research but to work with the full range of creators and users of research to facilitate processes for developing and funding research questions and for building research capacity.

The following is recommended as the governance and operational framework for the Health Services and Policy Research Support Network.



### Leadership Council – Network Role

- Membership
  - Health Authority Chairs and CEOs
  - Deputy Minister of Health
- Function
  - Receive advice from the Network Operating Council on research and capacity building initiatives and funding
  - Approve priority areas for research and capacity building initiatives
  - Approve funding

## **Network Operating Council**

- Membership
  - Health Authority and Ministries of Health designates
  - Representatives of the academic community with expertise in health services and policy research, systems and business expertise
  - Representatives of the health service provider community
  - Michael Smith Foundation for Health Research designate
  - External representatives
  - Other stakeholders and/or fields of expertise – e.g., health industries, business development
- Function
  - Consult with the full range of stakeholders to identify priority issues for research and capacity building initiatives
  - Develop recommendations on priority initiatives for consideration by Leadership Council
  - Maintain a central inventory of health services and policy research capacity and expertise
  - Develop and implement funding programs/mechanisms for research and capacity-building initiatives
  - Evaluate network activities and effectiveness

## **Network Secretariat**

- Director and staff with knowledge of the Ministries of Health, Health Authorities and health services and policy research
- Function
  - Facilitate the work of the Operating Council
  - Manage the Network's inventories, situation analyses and funding programs
  - Supported as appropriate by Michael Smith Foundation for Health Research infrastructure (e.g., peer review, inventory capacity)

## **Working Groups and Task Forces**

- Struck as required by the Operating Council
- Function
  - Some may be ad hoc – additional expertise required to explore a priority research area/question or a capacity building initiative.
  - Some may be standing committees – e.g., access to information issues

## **VI. Summary of Activities Leading to the Report**

- March 21, 2003 – MSFHR receives funding from the Ministries of Health.
- April 30, 2003 – Ministries of Health approve MSFHR outline for a process/framework to move forward in planning the Health Services and Policy Research Support Network.
- June 2003 – MSFHR consults with Health Authority CEOs, the health services and policy research community and health service providers about the process/framework/timeline for the initiative; obtains names for an interim steering committee to lead the planning process (Interim Operating Council).
- July 2003
  - Interim Operating Council (IOC) is established, interim co-chairs selected.
  - IOC develops the vision, mandate, goals and principles to help guide planning for the Health Services and Policy Research Support Network.
  - IOC strikes and develops terms of reference for two Task Force Groups to develop recommendations for review by IOC and approval by Leadership Council on:
    - criteria and processes to identify and prioritize health research to be undertaken through the network
    - criteria and processes to identify and prioritize research capacity building initiatives.
  - Task Force Chairs and membership confirmed.
- September/October 2003 – Task Forces meet and develop recommendations.
  - Research Priorities Task Force Task: September 24
  - Capacity Building Task Force: September 11 and October 6
- October 27/03 – Summary Report of Interim Operating Council and Task Force deliberations presented for review and final input by Interim Operating Council.
- November – IOC members sign off on Report to Leadership Council.
- January 2004 – Report to be submitted to Leadership Council.