



Michael Smith Foundation for
Health Research

Health Services and Policy Research Support Network

November 2004 Update

November marked two exciting developments for the Health Services and Policy Research Support Network (HSPRSN).

On November 2nd the Government of British Columbia provided a second \$8 million to support HSPRSN activities (the allocation was first announced in March 2004). It was part of a larger \$24.6 million grant to the Michael Smith Foundation for Health Research, which also included funds for the Foundation's scholar and trainee programs.

In mid-November, the Network also completed the review procedures and is now moving to implement several research and capacity building initiatives. These include initiatives to build or augment a basic platform of research resources in BC's six Health Authorities and to link the academic community with BC Health Authorities and the Ministry of Health Services in developing, prioritizing and conducting research to assess and improve health services delivery in the areas of:

1. Mental Health
2. Chronic Disease Management
3. Health Human Resources
4. Home and Community Care
5. Acute Care Redesign
6. The Impact of Changes to the Health System on Specific Populations
7. Patient Safety
8. Clinical Outcomes Measurement

For more information:

- A.** Summary of Network Program Funding Allocations
- B.** Next Steps re Implementing Funding Programs
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A. Summary of HSPRSN Program Funding Allocations November 2004

Background

In January 2004, the following broad allocations were approved for the initial \$8 million provided in March 2003 by the Ministry of Health Services (MOHS) for the Health Services & Policy Research Support Network (HSPRSN):

1. \$2 - \$2.5 million to begin developing a basic platform of research resources in all Health Authorities to facilitate the ability to use research and to engage effectively in local, regional and provincial research, evaluation and planning initiatives.
2. \$5 - \$5.5 million to address immediate needs in thematic areas currently identified as

priorities by the Health Ministries and the Health Authorities (mental health, acute care redesign, chronic disease management, health human resources, home and community care and differential effects of changes on the health of specific populations).

3. 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.

Note: In March 2004, the MOHS provided an additional \$8 million to the Michael Smith Foundation for Health Research for support of HSPRSN activities, indicating that some portion of the grant be used for the implementation and funding of research in priority areas such as patient safety and clinical outcome measurement. **With the exception of initiatives outlined below**, (specific initiatives supported by 2004 funding) the Network has not yet developed a full set of recommendations for these additional funds. Now that the funds have been officially announced, this will be a priority for the Network going forward.

Specific Initiatives/Functions Supported by the March 2003 funding

1. HA Capacity Building - \$2,516,000

\$2,450,000 for approved Health Authority capacity building proposals, which includes \$90,000 to support common infrastructure requirements for research education, and \$16,000 for review processes and outcome evaluation.

2. Research Projects and Research Teams Funding - \$4,781,743

\$125,000 to fund a one-time “quick win” emergency department outflow study identified by the MOHS and all Health Authorities as a priority for funding.

\$3,000,000 to support the development of Investigative Teams and \$1,500,000 for a Research Grants Program (project funding) focused on developing and answering questions and building research capacity in six areas designated as provincial priorities.

\$156,743 for program personnel, review processes and outcome evaluation.

3. Longer Term Planning - \$105,000

To support a provincial stakeholder consultation to help inform recommendations on ways the Network should use the second allotment of funding from the MOHS to build BC’s capacity to address priority health services and policy research questions.

4. Network - \$594,265

For network administration and support activities.

Specific Initiatives Supported by a Portion of the March 2004 Funding

1. Supporting action on the 2004 Research Priorities - Amount to be determined

In granting the second \$8 million to support Network Operations, the MOHS noted in the Transfer Under Agreement that the funds were to be used to “implement and fund research in priority areas that support health care re-engineering and innovation, in areas such as patient safety and clinical outcome measurement.”

The Network is now developing a recommendation to allocate a portion of the funds from the second \$8 million, such that funding for the Research Teams and Research Grants Program will be sufficient to support research and capacity building in these additional priority areas.

2. Partnering/Leveraging National Funding - \$500,000

a) The Network will provide one-time funding of up to \$300,000 from the second \$8 million allocation to partner with and leverage national funding from an annual research operating grant competition sponsored by the CIHR Institute of Health Services and Policy Research. Partnership funding is a condition of application.

b) The Network will also provide one-time funding of up to \$200,000 to partner and leverage funding from the Canadian Health Services Research Foundation in their new 2004 grants competition. This program will support teams of researchers and decision makers to undertake high impact research, capacity building and the dissemination and implementation of results. CHSRF will award four grants in 2005, amounting to a maximum of \$500,000 over four years. Funding is conditional on applicants securing a one-to-one match.

B. Next Steps re Implementing Funding Programs

1. Health Authority Capacity Building Proposals
2. Quick Wins
3. Research Teams and Research Operating Grants Program

1. Health Authority Capacity Building Proposals

Each of the six BC Health Authorities will receive funding on a quarterly basis to begin implementing approved plans for developing or augmenting a basic platform of research resources to use research and to engage effectively in local, regional and provincial research, evaluation and planning initiatives.

The formative review panel which adjudicated the Health Authority proposals identified research training/education as a common need across all Health Authorities. They recommended that the Health Services and Policy Research Support Network strike a task force to develop a plan that would encompass a range of programs, including the potential introduction of a BC version of the very successful SEARCH program developed by the Alberta Heritage Foundation for Health Research. A Network Task Force has been assembled to begin the planning. It will be co-chaired by Network Steering Council members: Dr. Francis Lau, Associate Professor and Director School of Health Information Science, University of Victoria and Dr. Anne-Marie Broemeling, Director of Research and Evaluation, Interior Health Authority. The Task Force is scheduled to begin meeting on December 9, 2004.

2. Quick Wins

The Steering Council of the Health Services & Policy Research Support Network initially recommended and developed a one-time process to reach consensus on up to six “quick-win” projects, one for each of the theme areas identified in 2003 as priorities by the Ministry of Health Services and Health Authorities.

Selection criteria for one-time “quick-win” topics:

- Can be completed within one year with up to \$75,000

- Are of importance to more than one Health Authority
- Have the potential to provide value in terms of tangible improvements in health services.

While consensus was reached on topics in five of the six areas, system changes occurred between spring and fall 2004 that rendered all but two topics unsuitable for action. With the one exception outlined below, the Network Steering Council concurred that the quick wins initiative should be dropped, and the proposed funding rolled into the Research Grants (project funding) Program.

One project was funded as a quick win: the Provincial Emergency Services Project: Emergency Department Outflow – Quality Assessment and Improvement Study. The project, which was deemed a priority by all Health Authorities and the Ministry of Health Services, has been completed and a report to the Network is pending.

3. Research Teams and Research Operating Grants

A set of guiding principles has been developed by a Task Force of the Network Steering Council to frame the guidelines for a Research Teams and a Research Grants (project funding) Program. The two programs will focus on answering questions and building capacity in areas identified as priorities by the MOHS and Health Authorities: mental health, chronic disease management, acute care redesign, home and community care, differential impacts of health system changes on the health of populations, health human resources, patient safety and clinical outcome measurement.

The development of program guidelines and evaluation criteria is well underway. These are expected to be completed by the end of November, with a call for applications to be posted on the MSFHR website by mid December 2004.

Applications will be adjudicated through an external peer review process coordinated by MSFHR. The Foundation also will administer the awards in accordance with MSFHR standards and procedures.

Principles - Research Teams Program

1. This Program will provide infrastructure funding to bring together as integrated teams, the health services and policy academic community, the MOHS, BC's six Health Authorities and the provider community (research users) to answer multiple questions across a priority area or areas.
2. Program objectives/guidelines will reference the three directions that the Ministry tied to the funding:
 - a. Implement and fund specific projects that evaluate changes already made to the BC health system
 - b. Build capacity in BC for undertaking research into future health redesign and change initiatives
 - c. Lever additional funding from other sources to further enhance research activities into health redesign and change initiatives
3. Teams will be expected to undertake scoping exercises in priority areas to develop research questions and priorities for action.
4. Teams will be expected to apply for peer-reviewed funding through the HSPRSN

and other provincial or national sources to carry out research projects.

5. Clear deliverables/accountability will be required – the purpose is to achieve outcomes that are practical and relevant to research users (e.g., the outcome of a team or research project grant should be to inform/influence practice, system or policy change).
6. The program will build on existing research strengths in BC – i.e., existing research groups/centres will be invited to apply, outlining how they will use program funding to expand their team to include appropriate partners as defined above and to augment their activities to include (or expand their focus) in one or more of the priority areas.
7. The program will also have provision to support the development of capacity (e.g. emerging groups/teams) in priority areas where BC has limited or no capacity.
8. The program will enhance the potential for leveraging by aligning with Ministry and Health Authority priorities and with national funding agency priorities (e.g., CIHR and CHSRF).

Principles - Research Grants (project funding) Program

1. This project funding competition will be focused on answering questions in the identified priority areas.
2. Program objectives/guidelines will reference the three directions that the Ministry tied to the funding:
 - a. Implement and fund specific projects that evaluate changes already made to the BC health system
 - b. Build capacity in BC for undertaking research into future health redesign and change initiatives
 - c. Leverage additional funding from other sources to further enhance research activities into health redesign and change initiatives
3. A team approach linking members from the key stakeholder groups will be a requirement for applying for project funding (e.g. linking researchers with the MOHS and/or a Health Authority and/or members of the health provider community to develop and answer a particular research question).
4. Clear deliverables/accountability will be required – the purpose is to achieve outcomes that are practical and relevant to research users (e.g., the outcome of a research project grant should be to inform/influence practice, system or policy change).
5. The program will enhance the potential for leveraging by aligning with Ministry and Health Authority priorities and with national funding agency priorities (e.g. CIHR and CHSRF)

C. Partnership and Leveraging: CIHR and CHSRF

The Health Services and Policy Research Support Network will make up to \$500,000 available in matching funds for BC researchers who apply successfully to two new national

funding competitions:

1. Partnerships for Health System Improvement – Canadian Institutes of Health Research
2. Research, Exchange and Impact for System Support (REISS) – Canadian Health Services Research Foundation

1. Partnerships for Health System Improvement

In mid September 2004, CIHR and its partners announced the inaugural launch of an annual funding opportunity to support teams of researchers and decision-makers in conducting applied health services, systems and policy research. The purpose of this initiative is to support teams of researchers and decision makers interested in conducting applied health research useful to health system managers and/ or policy makers over the next two-to-five years. More specifically, successful applicant teams will conduct health services, systems and policy research projects of up to three years in length, in one or more of the following thematic areas:

- Workforce planning, training and regulations
- Management of healthcare workplace
- Timely access to quality care for all
- Managing for quality and safety
- Understanding and responding to public expectations
- Sustainable funding and ethical resource allocations
- Governance and accountability
- Managing and adapting to change
- Linking care across place, time and settings
- Linking public health to health services

The competition requires partnership funding as a condition of award. HSPRSN contributions to the partnership are subject to the following restrictions:

- Up to \$300,000 would be available for successful projects in the September 2004 competition to a maximum contribution of \$100,000 per successful project over the duration of the project.
- The project must be a priority for BC Health Authorities and preferably for more than one BC Health Authority and/or for the BC Ministry of Health Services.
- The project must be one in which BC researchers and decision makers are leaders or figure prominently.

A letter of support from the appropriate BC Health Authority or Health Authorities or the BC Ministry of Health Services is required at the full-scale application stage, indicating how the proposed research supports Health Authority or Ministry priorities.

Note: This is a one-time allocation of \$300,000 from the second \$8 million allocation. Future allocations will depend on the availability of funding and the effectiveness of this partnership

in leveraging funding to undertake research of importance to British Columbia's Ministry of Health Services and Health Authorities.

2. Research, Exchange, and Impact for System Support (REISS)

In late October 2004, the Canadian Health Services Research Foundation (CHSRF) announced this new grants competition to link inter-professional teams of researchers and decision makers to conduct high impact research, high-quality capacity-building initiatives and effective dissemination and implementation of the results. Applicants were invited to submit proposals in one of the following theme areas:

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

CHSRF will provide four program grants in 2005, one in each of the priority areas. Funding of up to \$500,000 over four years is available, conditional on applicants securing a one-to-one match.

HSPRSN contributions to a match will be subject to the following restrictions:

- A maximum of up to \$200,000 will be available as a contribution to a match for successful applicants in the 2004 competition
- The project must be a priority for BC Health Authorities and preferably for more than one BC Health Authority and/or for the BC Ministry of Health Services.
- The project must be one in which BC researchers and decision makers are leaders or figure prominently.
- The applicant is successful in securing the additional funds necessary to make up the remainder of the required one-to-one match.

Note: This is a one-time allocation of \$200,000 from the second \$8 million allocation. Future allocations will depend on the availability of funding and the effectiveness of this partnership in leveraging funding to undertake research of importance to British Columbia's MOHS and Health Authorities.

D. HSPRSN 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 Ministry of Health Services, 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 Ministry of Health Services, 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 goal