

MSFHR-BC AHSN Consolidation: Stakeholder Engagement Summary (January 2021)

Introduction

This document summarizes feedback from stakeholders who were advised in confidence of the intent to create a new provincial research organization by consolidating the British Columbia Academic Health Science Network (BC AHSN) and Michael Smith Foundation for Health Research (MSFHR). Consultation with these stakeholders – senior individuals reflecting a range of perspectives from the province’s health research system – was one step in the consolidation stakeholder engagement plan, prior to a public announcement of the intent to consolidate.

Approximately 30 stakeholders met individually with Stirling Bryan and Bev Holmes in November and December 2020 over Zoom. The new organization’s developing vision and components were presented (Appendix 1) and stakeholders were asked for feedback on these elements, and for advice to consider as the consolidation moves forward. Conversations were confidential. Detailed notes were taken, and a high level analysis conducted.

Feedback

Very few people had heard about the consolidation, and several were quite surprised. Without exception, however, stakeholders were supportive; their comments ranged from acknowledging the “sense” of the consolidation, to expressing enthusiasm and commenting on the importance of this move for BC. Synergies between the two organizations seemed clear to all stakeholders, who expressed thanks for being engaged. Importantly, although the feedback covered a range of topics, there was consistency in the messages given. The feedback is summarized below under the headings of opportunities, risks, and considerations for moving forward.

Opportunities

One category of opportunities focused on benefits to the research system overall, with positive comments about streamlining research-related support, better connecting the continuum of research through its generation and use, enabling collective impact, and realizing a sum that is bigger than its parts. One stakeholder noted the strong message being sent by the consolidation: the province needs to collaborate to improve the health research system. Another encouraged big-picture, long-term thinking: “How is BC going to continue the upward growth and momentum [in the health research sector] – where do we want to be in 20 years?”

More specific comments focused on the new organization. For example, stakeholders saw it as a **convenor** of important conversations. One person spoke to the lack of “a forum to get things done”; others saw possibilities for the new organization to support “better collaboration as a province” and to help determine “what kind of a provincial table might we need.”

Along similar lines, several people raised the topic of a provincial **research agenda** and said that while a new organization should not set such an agenda, it could encourage and support both high-level science policy and work towards resolution of system issues such as mismatched incentives between the academic and health systems. Another issue raised was the need to support and encourage additional **research capacity in health authorities** – not just as users, but as producers of health research evidence. Supporting **clinician researchers** and **translation/implementation of evidence** were seen as opportunities for the new organization, although stakeholders recognize these also need a system response to be successful.

Stakeholders noted the strengths of existing programs in both organizations and opportunities for improvement, for example broadening MSFHR's **talent development** mandate to “fill gaps below the Scholar level” and “connect scientists across disciplines and traditions,” and building on BC AHSN's work to institutionalize **patient and public involvement** in research.

Stronger connection with the **life sciences sector** and organizations that support it, including industry, arose during the conversations. “This organization could support and leverage economic growth,” said one stakeholder. Another noted “the BC life sciences sector, in particular health technology, is doing really well...this is huge in terms of job creation.”

Risks

Among the relatively few risks raised was one related to **perception**: “Stakeholders of both organizations may be inclined to see this as losing something – but the proof will be in what you do.” Questions about **funding** arose too – where it would be coming from and whether there was a funding commitment from government. Related, stakeholders emphasized the importance of **government being onsite** and ensuring they do not view the consolidation as just a cost-cutting measure.

A point raised a few times was the issue of **breadth of mandate**, and whether the organization would be able to deliver on goals that involve and require the cooperation of other organizations. The risk of becoming less **nimble and responsive** was mentioned, as was the related possibility of resorting to generic support: “Remember that a **provincial approach** shouldn't mean simply doing the same thing and making sure it reaches across the province – it should mean recognizing the strengths and attending to the needs in specific regions.”

Finally, although many people were excited by the opportunity to strengthen the use of research in practice and policy, a concern was raised that “the pendulum [might] swing too far to **use- or user-driven research**: Those of us in the health system and government need the independence of research and its creativity.”

Considerations for moving forward

A number of specific considerations were raised, as well as a general category relating to scope, and one relating to communication.

Specific comments

- Be aware that the **“four pillars language”** can be confusing and is also outdated: “There are less divisive ways to think about the spectrum of health research.” Stakeholders encouraged the engagement and support of all types of health researchers.
- As noted under risks, consideration must be given to the needs of the different and **unique health regions**. Several stakeholders discouraged a Vancouver-centric structure, others pointed to the strengths and needs of the “the rural and remote world.”
- Several stakeholders expressed the importance of partnerships as we strengthen **Indigenous research** capacity. **Equity, diversity and inclusion** arose as a key theme in several conversations, with a strong steer to not to conflate these areas, but to focus on both the EDI and Indigenous health areas. “Be clear what it is you can actually do,” said more than one person. It was noted that at the leadership level there should be a clear and strong articulation of the organization’s commitment in both these areas.
- The **government’s role in research** came up several times. Several stakeholders noted the benefits of having a research receptive government, but saw an opportunity for clarification on what aspects of research they are involved in: “Is the government funding others to take care of research, or commissioning it, or more?”
- Several stakeholders raised the importance of the **board** of a new organization, and asked questions about its composition and structure. “The board must be very strategic,” said one person. “The regions need to be represented,” said another. Questions arose about whether different ministries should be represented, whether the board would be representational at all, and what kind of stakeholders – clinicians, patients and the public – would serve.

Scope

On the topic of **scope**, many stakeholders emphasized the importance of defining what this organization will and what it will not do, and how it relates to other organizations: “What do you want to own?”; “You can’t do everything as a new organization.”

For example, questions came up about what **evidence generation on provincial health priorities** means: “What will you do? Will you set priorities?” Most stakeholders seemed opposed to the idea of setting priorities for funding, although several noted an opportunity to support progress on provincial issues.

Questions about other areas came up, for example what will the new organization actually do in the area of **training and capacity building**, and how does this fit with what others are doing? There were a number of questions about the definition of **research infrastructure** and whether infrastructure was the right word. Some stakeholders thought it might be buildings and equipment, and did not see this as the role of a new organization. Related to infrastructure, a number of comments were made about **data**: it was suggested that this piece be clarified especially in the context of other major data initiatives such as the provincial health data platform, Population Data BC, and health authority efforts.

Several comments were made about the notion of **learning health systems**. Some focused on whether this was the right language (is it overused, outdated?); others urged attention to the specific role the new organization would play in this area, especially since it is so large and diffuse and depends on “the

work of clinicians, health authorities, patients, scientists, government” and more. One stakeholder saw the consolidation as an opportunity to “support the research aspects of a learning health system” and to help determine “how implementation science can help with rapid change.”

Communications

Finally, stakeholders made a number comments that will be important to consider in **communications**. Striving for high profile was considered key (one person said “The vision seems to suggest a higher profile with the public than either organization has right now”), as was communicating how the new organization fits in the health research landscape. Assurances to specific groups were encouraged (e.g. communicating the continued importance of patient and public engagement, ensuring funded researchers know their funding will continue, etc.).

Several comments were relevant to **communications about the organizational components**. One stakeholder noted that the components look like a continuum, but if that is the intent then “scientific excellence” does not fit. On the component about grants and awards, several stakeholders recommended being explicit about continuing to support research salaries and training, and discovery research: “The research community will wonder about that.” Stakeholders also suggested that translation and implementation be made more explicit.

Finally, clarity and consistency of language were recommended.

Conclusion

As BC AHSN and MSFHR move forward towards consolidation, it is validating to know that priority stakeholders, representing a diverse cross section of British Columbia’s health research system, are supportive of the move.

Stakeholders see opportunities for the new organization – including a convening role, supporting increased collaboration, and furthering the use of research evidence. They also see potential to broaden the definition of talent development and further advance patient and public engagement in research.

Identified risks focused on the perception of the consolidation, including the possibility of its being seen as a cost-cutting exercise. Having government onside is seen as critical.

Stakeholders encouraged the new organization to support health researchers across the spectrum of health research and from all regions of the province, as well as research capacity within health authorities. Partnerships on Indigenous health research, and defined work to help improve equity, diversity and inclusion, were seen as priorities. Finally, many comments either directly or indirectly related to the importance of a clearly defined scope, a ‘fit’ within the health research system, and strong communications about those aspects as the consolidation moves forward.

This initial feedback from a priority group of stakeholders will inform refined vision elements and core components (originals in Appendix 1), and will be reflected in future stakeholder engagement and communications plans as well as the consolidation project plan.

Appendix 1: Towards developing a vision for the new organization (presented to stakeholders November & December 2020)

The creation of a new, dynamic, and comprehensive health research agency for BC that:

- ✓ Invests in BC's outstanding research talent
- ✓ Encompasses all four pillars of health research
- ✓ Catalyzes and strengthens key provincial health research infrastructure⁽¹⁾
- ✓ Supports evidence generation on provincial health priorities
- ✓ Builds and nurtures bridges between all health research system stakeholders⁽²⁾, focused on research impact
- ✓ Promotes a culture of enquiry and excellence in all aspects of health research in BC
- ✓ Fosters equity, diversity, and inclusion in our work and in BC's research system

⁽¹⁾ for example, clinical trials, research ethics, and patient-oriented research

⁽²⁾ including patients, the public, communities, researchers, health care providers, decision-makers, government, and industry

Components of new organization

