

Strategic Research:
Directions for the BC Ministry of Health
Report to Executive Committee

May 16, 2006

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INTRODUCTION

The Ministry of Health is the major decision-maker on all issues related to the health care system for the province of British Columbia and bears ultimate responsibility for its stewardship, performance and legislative governance. To fulfill this role, it is increasingly imperative that the Ministry inform its health system leadership and policy decision-making through use of authoritative, evidence-based research.

Effective evidence-based or evidence-informed decision-making depends upon the effective sharing of research priorities and transfer of research results between the research community and policy decision-makers. This involves a host of activities that collectively encourage the use of research-based evidence in running the healthcare system, such as collaborative priority setting and the establishment of dissemination processes. Organizations whose decision-making is evidence-based and evidence-informed have collaborative, interactive, and learning work environments with the sufficient resources and processes to build intellectual capital and use both internal and external knowledge.

In order to document the current state of the Ministry's capacity to do evidence-informed decision-making, Strategic Policy and Research (SPAR) engaged upon an extensive consultation exercise with Executive Directors from all program areas to more fully understand internal research resources and to promote alignment between the Ministry's strategic goals and its corporate research agenda. During the consultations, Executive Directors were asked to speak on their program areas' research priorities, any current investments in academic-based research, their internal capacity to use research as part of daily business operations, and any "research transfer" activities or practices they engage in. Finally, Executive Directors were asked during the consultations to self-identify any barriers or needs unique to their program areas which may inhibit staff ability to engage in sound evidence-informed decision-making through the use of research.

Initial evaluation of the consultation responses reveals that the Ministry's internal capacity to access and utilize relevant research that informs the decision-making process varies from program area to program area. In general, there is strong program area appreciation of the need for strong relationships with academic researchers and the need to better the Ministry's strategic use of research. There is a simultaneous perception, however, that a dearth of in-house resources (e.g., staff, tools, time) inhibits program areas' ability to effectively use research or develop necessary partnerships with the research community. There is also consensus among Executive Directors on the need to return long-term thinking and planning to the Ministry's policy-making process.

This consultation exercise constitutes one element of a larger SPAR strategy to promote evidence-informed decision-making within the Ministry and to create new Ministry frameworks for engaging the research community. Findings of the consultation and recommendations are presented here. SPAR is seeking direction from the Executive Committee on next steps for building the Ministry's research use capacity.

HEALTH SERVICES POLICY RESEARCH

Key to SPAR's inventory and assessment of Ministry research was adoption of a working definition of what is meant by research. For the purposes of the consultation exercise, research was defined as...

CONSULTATION FINDINGS

Current Capacity to Use Research

Ministry capacity to inform its decision-making processes with relevant, timely research varies from program area to program area.

The consultations revealed that the most common interaction that Ministry program areas have with researchers is through "one-off," short-term contracts or RFPs, entered into on an as-needed basis. However, a near equal number of program areas report having no relationship at all with the research community.

Specific program areas have entered into advanced and sophisticated relationships with researchers. PharmaCare is a prime example of the kind of sophisticated, high-level use of research to inform decision-making that all Ministry program areas should aspire to.

Current Capacity to Do Research Transfer

Current Research Funding

There is currently no definitive, accurate method of determining Ministry expenditure on health research. Reports gathered by SPAR diverge from each other and have only been comprehensively substantiated in one case by Finance and Corporate Services.

For information on 2004/05 health research investment, SPAR coordinated three exercises:

- SPAR's internal records on health research investment were submitted to Finance and Corporate Services for verification and confirmation of payout (\$48 million)
- During the consultation process, program areas were asked to describe their current investments. These comments were integrated with program areas' submissions to the Ministry's contribution to the annual provincial survey of investment in scientific activities, conducted by Statistics Canada (\$3.8 million).
- SPAR staff conducted an environmental scan of health services policy research organizations and examined annual reports for statements of funding by the Ministry not reported elsewhere (\$2.4 million).

With the exception of the first exercise, these expenditure totals are anecdotal in nature. A more thorough examination and inventory of Ministry investment in external research, done in

partnership with Finance and Corporate Services, is required. Please see Recommendation #4 for additional information.

Self-Identified Barriers/Needs to Using Research Effectively

As a final question during the consultations, Executive Directors were asked to “blue sky” about what they felt would be of the single-most benefit to their program areas in terms of increasing capacity to use research more effectively. The majority of those who chose to answer indicated a desire increase the number of in-house staff and staff resources dedicated to doing research priority setting, contract management, and the evaluation and dissemination of current, new and emerging research.

Identified Research Priorities

The general response to this question was not surprising: Executive Directors would like to engage in long-term relationships with the research community which would simultaneously give them access to timely, even on-demand answers to issues-based questions while also informing their strategic planning and requirements over a five to ten year period.

Please see Appendix A for a complete listing of all reported priorities.

CONSULTATION ANALYSIS

RECOMMENDATIONS

Recommendation #4:

APPENDICES

Appendix A. Listening for Directions matrix

Appendix B. – MoH commissioned research

Appendix C. – Evaluation/analysis of policy rounds

Appendix D. – Workshop report

Appendix E. – Landscape project

The Ministry and the Research Community: Overview of Current Issues in the Ministry of Health

Report to Executive Committee

October 2006

Presented by: Strategic Policy & Research Knowledge Branch
Strategic Policy, Legislation & Intergovernmental Relations
BC Ministry of Health

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EXECUTIVE SUMMARY

Introduction

The Strategic Policy and Research Knowledge Branch (SPARK) advises Ministry decision makers on corporate policy and research issues with long-term implications for the health system. To document the Ministry's research needs, capacity, and relationships with the research community, SPARK's Co-Directors of Research met with Executive Directors (EDs), senior managers and Assistant Deputy Ministers (ADMs) from all divisions in 2006. Over 40 Executive Directors and senior managers engaged in a three-step process of interviews, confirmation of findings, and ADM validation.

Purpose of Report

This report outlines the consultation findings and recommends next steps to build on Ministry strengths, to address gaps, and to strengthen the Ministry's ability to access, use, and create evidence for its stewardship role in the next 2-3 years.

Summary of Findings

It is clear that there is considerable opportunity for collaboration and sharing of information across the Ministry. The table below shows the larger topic categories most cited by EDs as potentially benefiting from research, with the number of separate issues identified under each.

Research Topic Category	# Issues identified by EDs
Organization and delivery of services <ul style="list-style-type: none">• Work force and career issues (health human resources)• Effectiveness of different care settings & models of service delivery• Evaluation of experiences of service users• Assessment of current and future health care demands	14 8 5 5
Policy, ethics and research governance <ul style="list-style-type: none">• Health Services: evaluation of local, regional & national healthcare policy• Research ethics, including use of personal and biological materials, consent and confidentiality	10 5
Resources and infrastructure <ul style="list-style-type: none">• Development and distribution of resources for use by the community, including informatics systems	8

This extensive consultation identified both strengths and limitations in Ministry capacity.

Strengths:

- strong recognition of the value of research for the Ministry's mandate;
- significant specialized research expertise scattered across the Ministry;
- innovative and productive relationships already in place in many areas;
- strong commitment to improve capacity.

Challenges:

- limited coordination of research activities and sharing of findings across the Ministry;
- difficulties maintaining research focus;
- shortages of appropriate resources;
- need for support of long-term research planning;
- lack of cohesive corporate support.

RECOMMENDATIONS

Based on consultation findings, we recommend that:

- All program areas provide an annual report of research activities to SPARK, as part of routine program and project reporting, using a consistent definition.
- SPARK disseminate the information across the Ministry to support collaboration.
- The Ministry develop a rolling three-year list of research priorities to be updated annually and routinely shared between programs.
- The Ministry sponsor activities to:
 - showcase existing best practices and effective mechanisms already in use in the Ministry;
 - share research findings and methodology.
- Program areas integrate research planning and dissemination as an explicit component of project/policy management.
- Program areas include research-related training opportunities for staff in branch training plans.
- Program areas share existing information, innovative research strategies and formal research tools (e.g., seed funding, collaborative forums).
- The Ministry develop guidelines for Ministry staff involvement in research.
- The Ministry follow up on relationship-building recommendations of the 2005 KTE workshop (listed in Appendix A).
- SPARK develop a Ministry research website with summaries of funded projects, or links to full text of published results of studies funded or supported by the Ministry.

Efficient exchange of research information and expertise and coordination of effort are major challenges to accomplishing these recommendations. Because exchange and

coordination are crucial to successful capacity and relationship building, we also recommend that:

- Executive Committee endorse the establishment of a Ministry working committee, to be chaired by SPARK with membership from program areas. The committee will:
 - Serve as a reference and advisory group for strategic research activities of the Ministry;
 - Provide a forum for coordinated exchange of information related to research across the Ministry;
 - Move forward with Ministry-wide initiatives identified in this report;
 - Develop and implement other initiatives to enhance the access, use and creation of policy-relevant research.

A work environment in which the exchange of research-related information is easy and mechanisms for advancing capacity development activities are clear is crucial to the culture envisioned in the service plan, where health system activities are based on high-quality evidence and research is supported. The creation of a Ministry-wide working committee with a strong mandate to improve the Ministry's research capacity would be a critical contribution to success.

INTRODUCTION

The BC Ministry of Health, as the steward of the provincial health care system, is committed to:

... leading and fostering a culture in which health system activities are evidence-based, well planned and understood, and in which accountability structures exist to ensure strategic directions guide service delivery activities. Further, it is important that the ministry effectively support its service delivery partners (health authorities and health professionals) to achieve the strategic priorities of the health system. It does so by supporting health research activities and the development of best practices for service delivery, and developing legislative, regulatory and policy frameworks to manage the health system and protect public health.¹

This goal requires not only support of health research activities; the Ministry also requires the capacity to effectively assess, interpret, and, in some cases, generate a wide range of current, credible evidence to meet these commitments.

The Strategic Policy and Research Knowledge Branch (SPARK) advises Ministry decision makers on corporate policy and research issues with long-term implications for the health system. In accordance with this role, SPARK's research staff support mutually-beneficial research relationships and use of emerging research of strategic relevance. SPARK serves as the Ministry's principal working-level liaison to the Michael Smith Foundation for Health Research (MSFHR), which is charged with increasing the quantity and quality of health research in BC. SPARK staff are members of the advisory board of the Health Services and Policy Research Support Network (HSPRSN)², which supports health authorities to increase their research use capacity. SPARK represents the Ministry on cross-ministry research issues, and provides policy and analytical support on a range of activities related to research and innovation.

SPARK has led, or collaborated with other program areas to deliver, a number of focused activities to build and strengthen mutually-beneficial relationships with the research community. In the past three years, these have included:

¹ British Columbia Ministry of Health 2006/2007 - 2008/09 Service Plan (Government of BC: Victoria 2005), p. 32: "Goal 3: A Sustainable, Affordable, Publicly Funded Health System, Objective 1: Effective vision, leadership, direction, and support for the health system".

² The HSPRSN, managed through the MSFHR, is funded by the Ministry of Health through one-time grants of \$16 million. Current representation on the steering council from the Ministry is drawn from SPLI and PMID.

- managing policy rounds to showcase relevant research findings and to build relationships between researchers and ministry policy staff;
- developing and delivering knowledge transfer/exchange forums, including the November 2005 forum that brought together Ministry executive committee, CEOs, and researchers, in collaboration with the Canadian Institute for Health Information (CIHI) and Knowledge Management and Technology (KMT);
- organizing a western Canada and territories conference on autism research, with the Michael Smith Foundation for Health Research (MSFHR) and Ministry partners;
- organizing research-related skill development workshops for staff, with the library and program areas (e.g., accessing and interpreting systematic reviews and health economics literature);
- coordinating provincial research priority-setting exercises and actively participating in national research priority-setting exercises (e.g., Canadian Health Services Research Foundation's *Listening for Direction* [I and II] and annual knowledge translation invitational workshops);
- managing corporate research contracts.

Appendix A provides more information on selected activities.

Some research-related activities organized, presented or supported by SPARK in Fall-Winter 2006 include:

- Canadian Health Services Research Foundation's Research Use Week Northwest workshop. Strategic Policy, Legislation and Intergovernmental Relations is a sponsor of this event, which will include an opportunity for some Ministry staff to attend (November 2006);
- A series of research education sessions for staff on how to find research resources efficiently (e.g., literature searches and online databases), in conjunction with the Health and Human Services Library (October-November 2006);
- Two events focusing on the Health Services and Policy Research Support Network (HSPRSN):
 - A policy round series featuring the HSPRSN (January 2006);
 - Research Day, which showcases all projects funded by this network through the Michael Smith Foundation for Health Research (December 2006).

PURPOSE OF REPORT

To document the Ministry's research needs, capacity, and relationships with the research community, SPARK's Co-Directors of Research met with Executive Directors (EDs), senior managers and Assistant Deputy Ministers (ADMs) from all divisions in 2006. Over 40 Executive Directors and senior managers were interviewed (see Appendix B) in a three-step process.

Step 1: A one-hour semi-structured interview was held with each program area's EDs and/or senior managers.

Step 2: Participants were provided with a table showing content of their interview and opportunity to correct any errors or omissions.

Step 3: A roll-up of all divisional information was shared, discussed and validated with each ADM.

This report outlines the consultation findings and recommends next steps to build on Ministry strengths, and address gaps, to strengthen the Ministry's ability to access, use, and create evidence for its stewardship role over the next 2-3 years.

DEFINITIONS

Early in the consultation process, it became clear that there is no common understanding or use of the terms 'research', 'evidence', or 'research community' across the Ministry -- a situation common to many health care organizations. This section provides definitions used in the consultation process and this report.

Research

The term 'research' is deliberately used broadly, to encompass the full range of systematic activities that provide credible information to inform policies.

It may be helpful to conceptualize research as a continuum of activities ranging from pure biomedical 'bench' research (e.g., discovery of new chemical entities for drug development) to health services and policy/population health research (e.g., synthesis of existing findings into summary reports). Figure 1 shows a possible research continuum, with the Ministry of Health's range of uses and interest highlighted.

Figure 1: Continuum of research-related activities in relation to Ministry of Health use of research products



Source: Strategic Policy and Research Knowledge

Virtually all of the Ministry activities described in this report would fall under the scope of health services and policy research or population health research, defined as:

Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety.³

[Population health research examines] the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, and individual health capacity and coping skills, human biology, early childhood development and health services.⁴

Evidence

The stewardship commitment of the Ministry identifies research 'evidence' as the basis of its activities. While this term is hotly debated, we have used the Canadian Health Services Research Foundation's definition:

³ Agency for Healthcare Research and Quality, United States Department of Health and Human Services, "What is Health Services Research." Internet: <http://www.ahrq.gov/about/whatis.htm>. Accessed on May 5, 2006.

⁴ University of Ottawa, Institute of Population Health, "Vision, Mission Mandate." Internet: <http://iph.uottawa.ca/English/description>. Accessed on July 14, 2006.

Evidence is information that comes closest to the facts of a matter. The form it takes depends on context. The findings of high-quality, methodologically appropriate research are the most accurate evidence. Because research is often incomplete and sometimes contradictory or unavailable, other kinds of information are necessary supplements to or stand-ins for research. The evidence base for a decision is the multiple forms of evidence combined to balance rigour with expedience – while privileging the former over the latter.⁵

Research Community

For consultation purposes, involvement with the research community was broadly defined as any project or ongoing work that involved any direct relationship with academic researchers (i.e., those affiliated with a university, college, or publicly-funded research institute). The inclusive definition was used to over-capture, rather than under-represent, Ministry research relationships. Research relationships with individuals not affiliated with academic institutions, such as contracted physicians, and engagement with research agencies (e.g., CIHR, CIHI, MSFHR, CHSRF)⁶ were also identified and are included in the report, but regarded as separate categories from academic institutions.

CONSULTATION QUESTIONS

Each ED was asked the following questions about his/her program area:

- 1) What research do you currently fund?
- 2) What are your area's priorities and how could research strategically inform them?
- 3) What research-related resources currently exist in your area, and what are needed?
- 4) What support do you need most to meet your research needs?
- 5) What relationships does your area have with academic researchers?
- 6) How could the Ministry best access outside assistance with research?
- 7) What strategies does your area use to disseminate research findings?
- 8) If you could choose a single resource or activity that would most benefit your area in using research, what would it be?

⁵ Canadian Health Services Research Foundation Annual Report 2005.

⁶ Canadian Institutes of Health Research, Canadian Institute for Health Information, Michael Smith Foundation for Health Research, Canadian Health Services Research Foundation.

CONSULTATION FINDINGS AND RECOMMENDATIONS

This section is organized by consultation question. In many instances, findings and discussion necessarily overlap between questions; the areas of greatest overlap are reported together.

Appendix D provides a thematic summary of the consultation findings, with supporting strategies and activities. Recommended next steps for action within the Ministry over the next 2-3 years; led either by the proposed committee, SPARK, or program areas [as indicated in square brackets following each item], are also identified under the associated question.

Question 1: What research do you currently fund?

This question validates and supplements a Ministry inventory of research investments. The information in isolation is not instructive, but may provide a useful baseline for future tracking of both the total of Ministry investments in university-based research as well as the allocation of these investments across institutions and subject areas.

Findings:

Collectively, the Ministry provides several millions of dollars annually to research. The exact amount and details are fragmented, residing with individual contract/budget managers across the Ministry's Divisions. The situation is exacerbated by uncertainty about what constitutes 'research' and exactly what activities should be counted.

In addition to research funding, the Ministry:

- provides indirect support through the provision of health data to researchers⁷ and through online research database resources;
- supports the e-HLBC consortium (electronic library initiative under the auspices of the BC Academic Health Council⁸);
- collaborates with other government partners which fund health-related research, such as the Ministry of Advanced Education (AVED).

A number of EDs noted that their research activities would be improved by more clarity about the requirements and processes for accessing Ministry data for research purposes.

⁷ Academic researchers can access anonymized administrative health records from the Ministry for approved projects through the Centre for Health Services and Policy Research (CHSPR) at UBC, or through direct agreement with the Ministry in some circumstances.

⁸ The Health and Human Services Library provides access to health-related research and other materials.

(Note: The Data Access Services Branch of Knowledge Management and Technology is presently developing these documents.)

Discussion:

A complete picture of the Ministry's research investments requires annual collation of Ministry research expenditures, including details on deliverables/intended uses, and quantification of the kinds and scope of indirect support.

Recommendations:

1. Provide an annual report of research activities to SPARK, as part of routine program and project reporting, using consistent definitions [program areas].
2. Disseminate the information across the Ministry to support collaboration [SPARK].

Question 2: What are your area's priorities, and how could research strategically inform them?

This question was intended to solicit a list of important issues, activities and unanswered questions by program. It was not intended that these issues be framed as researchable questions or ranked by priority.

Findings:

Most EDs were readily able to identify their needs and gaps in evidence or knowledge they desired to inform their policy or management of programs or initiatives. Many expressed an interest in discussing research priorities with researchers who could provide informed advice about existing information or ways of framing program questions as research projects. A detailed list of research-related priority areas identified by each ED is presented in Appendix C. We believe this snapshot is useful for sharing across the Ministry, despite the issues not having been ranked by priority or phrased as researchable questions.

Table 1 shows the most-frequently identified *categories* of research needs, classified by the UK Clinical Health Research Collaboration's classification system⁹.

⁹ <http://www.ukcrc.org/pdf/Health%20Classification%20system%202014%20June%20.pdf>, accessed August 16, 2006.

Table 1: Research topic categories cited 5 or more times by EDs or ADMs, with the number of issues in each category

Research Topic Category	# Issues identified by EDs
Organization and delivery of services <ul style="list-style-type: none"> • Work force and career issues (health human resources) • Effectiveness of different care settings & models of service delivery • Evaluation of experiences of service users • Assessment of current and future health care demands 	14 8 5 5
Policy, ethics and research governance <ul style="list-style-type: none"> • Health Services: evaluation of local, regional & national healthcare policy • Research ethics, including use of personal and biological materials, consent and confidentiality 	10 5
Resources and infrastructure <ul style="list-style-type: none"> • Development and distribution of resources for use by the community, including informatics systems 	8

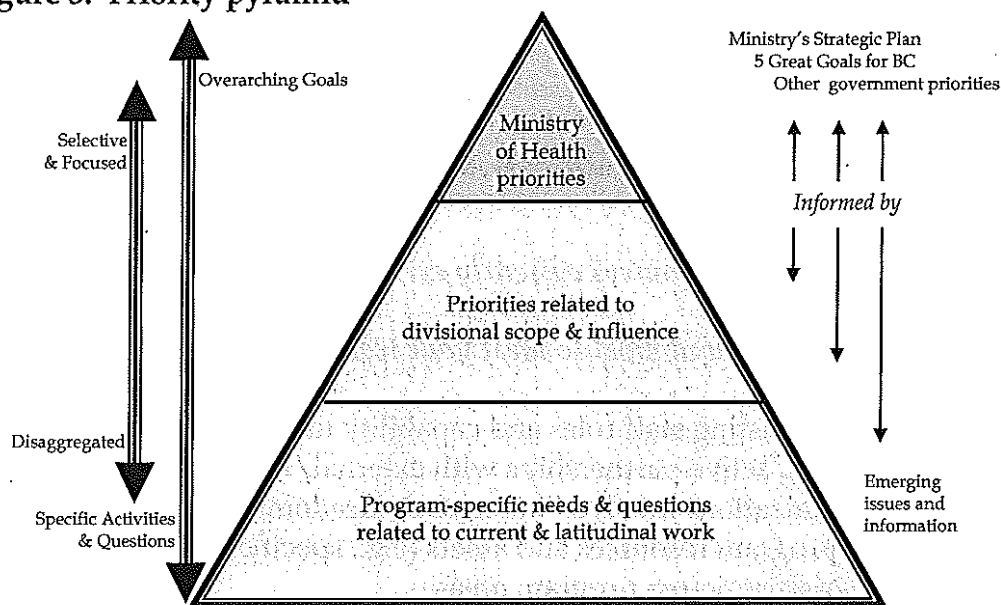
Source: ED/ADM reported. Categories based on the UK Clinical Research Collaboration's *Health Research Classification System* (See Appendix C)

Discussion:

There is clear potential for greater collaboration and sharing of research-related expertise across program areas to improve policy and program development. It is also clear that there is a myriad of specialized program interests.

The process of refining and focusing priorities can be likened to a pyramid, as illustrated in Figure 3. At the base sit great numbers of program-specific questions and issues, with the middle representing refinement that may occur within divisions, topped by the most strategic Ministry priorities at the pinnacle. The nature of priorities is that they are dynamic and there is rarely broad agreement on the extent to which these should be rolled up.

Figure 3: Priority pyramid



Source: SPARK

Greater dissemination of information about current research *work and findings* across the Ministry could, at a minimum, reduce duplication of effort. Ready access to research results and lessons learned (e.g., specific commissioning or research design methods) could improve the quality of program planning and the efficiency of assessments or evaluations. Enhancing the Ministry's ability to regularly generate, refine and share research *priorities* will increase the likelihood that staff can capitalize on opportunities for cooperation and sharing and that the research community will be better informed about the Ministry of Health's needs.

Recommendations:

1. Executive Committee to endorse the establishment of a working committee, chaired by SPARK ('committee'), to:
 - Serve as a reference and advisory group for strategic research activities of the Ministry;
 - Provide a forum for exchange of information related to research across the Ministry;
 - Move forward with initiatives identified in this report, and others as developed by Executive Committee, program areas, or the committee.
2. Develop a rolling three-year list of Ministry research priorities to be updated annually and routinely shared between programs [committee];

3. Sponsor activities to:

- a. showcase existing best practices and effective mechanisms already in use in the Ministry [committee];
- b. share research findings and methodology [committee].

Questions 3: What research-related resources currently exist in your area, and what are needed?

4: What support do you need most to meet your research needs?

These questions encompassed existing staff roles and capability to access or evaluate research (e.g., critical appraisal), active partnerships with external/internal individuals, groups, committees, and organizations involved in research (academic, not-for-profit and governmental), unique program resources and assets (e.g., specific skills or expertise), and sharing of expertise across program areas.

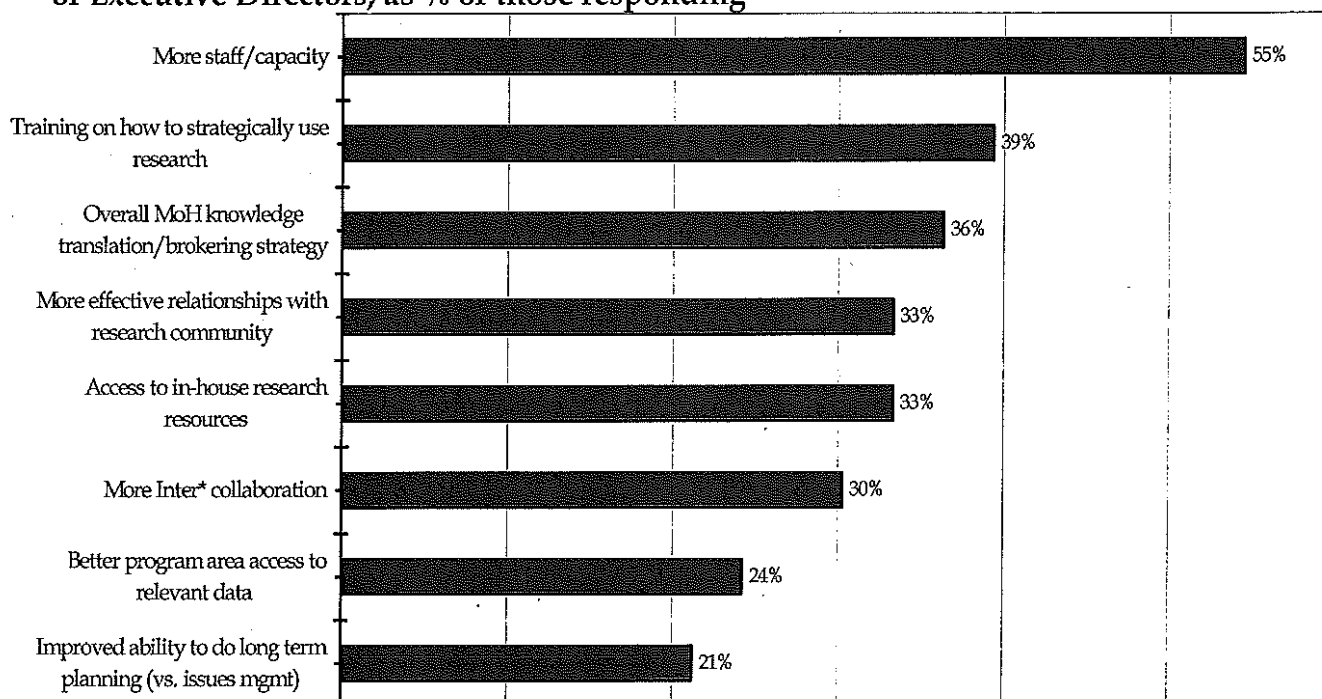
Findings:

There are gaps in the Ministry's internal capacity to access and utilize research, due to time constraints, lack of necessary skills, limited understanding of the best kinds of evidence to inform policy, and inability to identify pertinent, emerging/existing research and researchers. Sharing of resources that do exist is limited by lack of knowledge and shortages of personnel and skills.

Paradoxically, identifying and developing emerging research requirements, and undertaking systematic research on the state of evidence for a specific topic, are regarded both as critical needs and as luxuries that divert scarce resources from immediate requirements.

A number of program areas expressed uncertainty about the 'rules' regarding when they could, or should, be investing in research and in what ways Ministry staff should be involved.

Figure 4: Specific research needs or barriers to research use identified by at least 20% of Executive Directors, as % of those responding



Source: SPARK

n = 32 responding. Each % is of total responding; % will not add up to 100% across items because of multiple responses.

* = inter-departmental, inter-divisional, inter-ministerial, inter-regional, etc.

Discussion:

Assuming that it will not be possible to simply hire additional staff in areas of shortage, addressing resource issues would require at least two shorter-term changes in Ministry practices. The first would be more focused investment in training that increases staff capacity to understand research and/or addresses immediate skill shortages (e.g., statistical analysis). The second would be to explicitly incorporate research skills activities into project and program management, so that they become more formalized, recognized and valued within the Ministry's culture.

In the longer term, staff selection criteria may need to change. More innovative work arrangements (e.g., secondments, cross-appointments, or job-sharing with research organizations) could also both increase knowledge and build Ministry relationships.

Recommendations:

1. Integrate research planning as an explicit component of project/policy management [program areas]
2. Include research-related training opportunities for staff in branch training plans [program areas].

*Questions 5: What relationships does your area have with academic researchers?
6: How could the Ministry best access outside assistance with research?*

These questions address both formal relationships (short-term or long-term arrangements involving contracted work by organizations or individuals) or informal processes (ad hoc and/or personal connections with subject specialists).

Findings:

There is consistently strong appreciation of the need for constructive working relationships with academic researchers and the value of improving the Ministry's strategic use of research findings.

Executive Directors across the Ministry expressed a desire to engage with the research community to fulfill two main needs: access to timely, even on-demand, answers to immediate questions, and informed strategic planning over a five- to ten-year period.

There is, however, considerable variability in the numbers and kinds of relationships that presently exist between program areas and research organizations or individuals. In some areas multiple, long-term connections are in place; in others, none. Consultative styles, experience and comfort in engaging with the research community, and the need to publicly defend policy decisions appear to be important contributing factors to whether or not a program has strong relationships with the research community.

The existence and nature of a funding agreement is one metric (though blunt) of formal relationships between the Ministry and research community, and confirms that a particular research project is intended to have utility to the Ministry. The most common formal interaction that Ministry program areas have with researchers is through short-term contracts, entered into when needed.

There are, however, some successful long-term relationships in place between the Ministry and researchers. The knowledge translation/transfer literature is

unequivocal: the most solid foundation for the integration of knowledge into work processes is trust and mutual understanding, developed through informal relationships¹⁰. A number of EDs spoke of their need for support in initiating and maintaining informal ties with researchers.

Discussion:

The discrepancy between the formalized relationships in place and the types of relationships desired and needed by EDs is striking. In many programs, there appears to be a lack of clarity about how to meet both short- and long-term research needs with existing mechanisms, and uncertainty about how to establish appropriate working relationships with researchers.

While formal contract arrangements can respond to some needs, "the key to producing good research questions which meet decision makers' needs is to create and maintain high-quality, ongoing interactions between research and decision-maker partners."¹¹ This suggests that overly centralized research management that removes day-to-day interaction with researchers from the control of the program area may be an impediment to the effective integration of research into Ministry activities.

Recommendations:

1. Share existing information and innovative strategies for formal research tools (e.g., contract clauses, seed funding, collaborations) [committee].
2. Develop guidelines for Ministry staff involvement in research [committee];
3. Follow up on relationship-building recommendations of 2005 KTE workshop, which are listed on pages 31-32 [committee].

Question 7: *What strategies does your area use to disseminate research findings?*

Since sharing of findings and lessons is such an important component of working effectively across the Ministry, dissemination of research findings is critical.

¹⁰ Levin DZ, Cross R. (2004) The Strength of Weak Ties You Can Trust: The Mediating Role of Trust in Effective Knowledge Transfer. *Manage Sci* 50(11):1477-1490, cited in Canadian Health Services Research Foundation (January 2006) *Brokering Digest* #4.

¹¹ If research is the answer, what is the question? Key steps to turn decision-maker issues into research questions, Summary (http://www.chsrf.ca/knowledge_transfer/pdf/research_e.pdf)

Findings:

While most areas mentioned some mechanism to disseminate findings to key audiences (e.g., meetings with health authorities), many had no systematic method of informing other areas of the Ministry. Many programs rely on policy rounds, program updates, strategic initiative discussions, or workshops organized by SPARK or other areas to inform, or be informed, about research findings or information about other Ministry program relevant research.

Discussion:

Most program areas identified some kind of process for transferring the results of research to those who most needed to know (e.g., BC Ambulance Service to paramedics, Mental Health and Addictions to health authorities) but most also reported internal communication/ dissemination processes needed improvement and support.

Recommendations:

1. Develop explicit plans for dissemination of findings as routine management of all projects/programs with a research component [program areas].
2. Develop Ministry research intranet website with summaries of funded projects, or links to full text of research results, where appropriate [SPARK].

Question 8: If you could choose a single resource or activity that would most benefit your area in accessing, using or creating relevant research, what would it be?

Among the range of identified needs, this question determined the single priority for program areas and provided an opportunity for EDs to identify any critical items that had not already been captured.

Findings:

Most EDs indicated that increased numbers of staff and staff resources dedicated to accessing, understanding and applying research findings would be most useful. As indicated earlier, clearly identified opportunities or supportive structures to facilitate – but not control – their linkages with relevant academic researchers would be of great assistance.

Discussion:

As discussed elsewhere, increased investment in training that augments staff capacity to understand research and/or to address immediate skill shortages, innovative working arrangements with universities, and explicit consideration of research skills when hiring new Ministry staff will, over time, address these problems.

SUMMARY OF RECOMMENDATIONS

Based on consultation findings, we recommend that:

- All program areas provide an annual report of research activities to SPARK, as part of routine program and project reporting, using a consistent definition.
- SPARK disseminate the information across the Ministry to support collaboration.
- The Ministry develop a rolling three-year list of research priorities to be updated annually and routinely shared between programs.
- The Ministry sponsor activities to:
 - showcase existing best practices and effective mechanisms already in use in the Ministry;
 - share research findings and methodology.
- Program areas integrate research planning and dissemination as an explicit component of project/policy management.
- Program areas include research-related training opportunities for staff in branch training plans.
- The Ministry share existing information, innovative research strategies, and formal research tools (e.g., contract clauses, seed funding, collaborations).
- The Ministry develop guidelines for Ministry staff involvement in research.
- The Ministry follow up on relationship-building recommendations of the 2005 KTE workshop (listed in Appendix A).
- SPARK develop a Ministry research website with summaries of funded projects, or links to full text of published results, where appropriate.

Efficient exchange of research information and expertise and coordination of effort are major challenges to accomplishing these recommendations. Because exchange and coordination are crucial to successful capacity and relationship building, we also recommend that:

- Executive Committee endorse the establishment of a Ministry working committee, to be chaired by the Strategic Policy and Research Knowledge Branch with membership from program areas, to:

- Serve as a reference and advisory group for strategic research activities of the Ministry;
- Provide a forum for coordinated exchange of information related to research across the Ministry (as well as information on initiatives such as the Health Services Policy Research Support Network);
- Move forward with Ministry-wide initiatives identified in this report;
- Develop and implement other initiatives to enhance the access, use and creation of policy-relevant research.

CONCLUSION

The extensive consultation identifies a strong recognition of the value of research for the Ministry's mandate, significant specialized research expertise scattered across the Ministry, innovative and productive relationships already in place in many areas, and strong commitment to improve capacity. There are also a number of gaps and deficits in existing capacity to lead and foster the culture identified in the Ministry service plan, where activities are based on high-quality research evidence. The major challenges are coordination and information sharing across the Ministry, providing sufficient and appropriate resources, maintaining research focus, support of long-term thinking instead of shorter-term issues management, and cohesive corporate support.

A work environment in which the exchange of research-related information is easy and mechanisms for advancing capacity development activities are clear is crucial to the culture envisioned in the service plan. The creation of a Ministry-wide committee with a strong mandate to improve the Ministry's research capacity would be a critical contribution to success.

APPENDIX A: EXAMPLES OF SPARK ACTIVITIES SUPPORTING RESEARCH

This Appendix includes information on the following activities:

- *Policy Rounds and Strategic Initiatives Series*
- *Health Services and Policy Research Support Network*
- *November 2005 Knowledge Exchange and Transfer Forum*

Policy Rounds and Strategic Initiatives Series

Based on the model of the academic seminar or colloquium, the Policy Rounds provide an informal space for discourse between the research community and the policy decision-making community within the Ministry. Policy rounds are held up to twice a month or more, except during the summer.

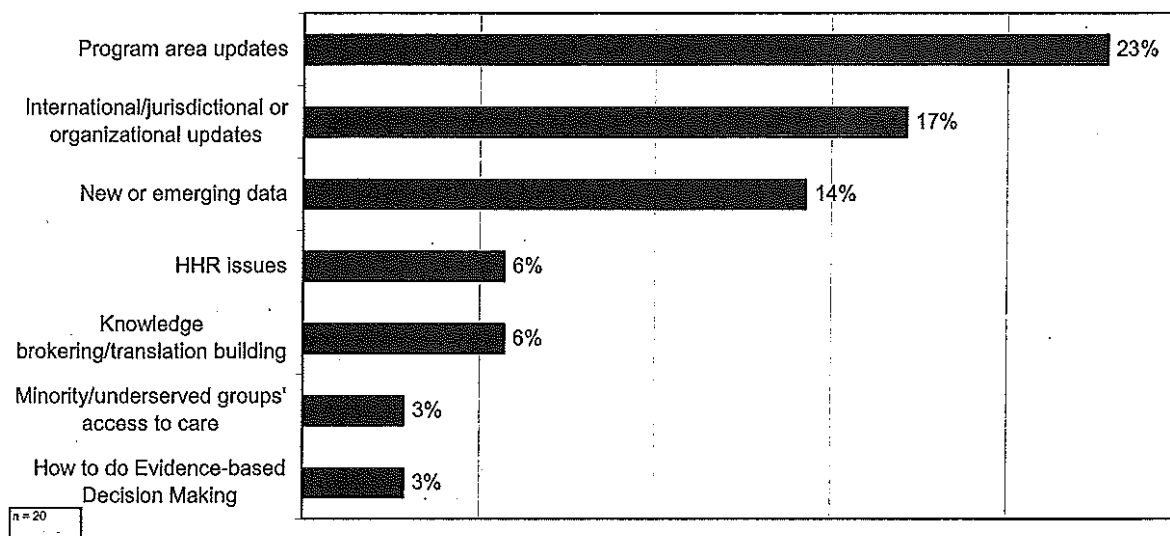
Speakers are invited to visit the Ministry to present on a broad range of topics relevant to the BC health care system. Presentations are normally an hour in length and make links between the research topic and its implications for the Ministry. A half-hour discussion following the talk gives the presenter and audience members an opportunity to reflect on and contextualize the Policy Round subject matter.

A list of all Policy Rounds from 2002 to 2006 appears in Table 1A, overleaf, along with the Fall 2006 calendar.

In 2004, SPARK received a Ministry award for Innovation and Change for the Policy Rounds. In 2005, the Canadian Health Services Research Foundation identified the series as an innovative tool to promote the application of research in health system policy.

During the consultation process, Executive Directors were asked to comment on the Policy Round program. In particular, they were asked to list any subject matter that they would like to see represented more frequently through organized presentations. Figure 1A, below, shows those suggestions.

Figure 1A: Executive Directors' suggestions for Policy Round topics



Note: % do not add to 100% across items because of multiple responses.

Source: SPARK

In Spring 2006, SPARK introduced the Strategic Initiative lecture series, a new forum that showcases program area initiatives and their contribution to the Ministry's core objectives and services.

In addition to the Policy Rounds and the Strategic Initiatives, SPARK has organized Ministry involvement in satellite broadcasts of the Institute for Healthcare Improvement's annual fora. Since 2003, the Ministry has joined the Health Authorities in a coordinated provincial download of two days of conference proceedings. In 2005, over 20 different sites around British Columbia offered an opportunity to hear international experts discuss issues of vital importance in health care quality improvement and patient safety.

Table 1A: Policy Rounds, 2002-2006 (in reverse chronological order)

Year	Presenter	Affiliation	Title
2006			
	Kathy Kinloch, Brian Schmidt	Ministry of Health Provincial Health Services Authority	Provincial Surgical Services Project
	Ian Rongve, Janice McNary & Eric Young	Ministry of Health	BC Emergency Preparedness Plan for Pandemic Influenza
	Verena Menec	University of Manitoba	Healthy Aging: Issues, Challenges and Policy Implications

Year	Presenter	Affiliation	Title
	Lena Cuthbertson	Providence Health Care	Measuring the Patient Experience in BC's Acute Care
	Steve Morgan	Centre for Health Services and Policy Research, UBC	Costs, Access, and Equity Under Income-Based PharmaCare
	Adam Elshaug	University of Adelaide, Australia	Stuck with the Old & Overwhelmed by the New: Challenges in the Policy Process for the Disinvestment of Non-Efficacious Health Care Practices in Australia
	Rod Frechette	Ministry of Health	The New Agreement with the BCMA
	David Colin-Thomé	National Health Service (NHS), United Kingdom	Health System Reforms in the United Kingdom: Primary Care is Leading the Way
	Lydia Cook & Mike Woodcock	Ministry of Employment and Income Assistance	The Disability Strategy & Personal Support for Persons with Disability
	Derek Poteryko	LIFeStyle Intervention Clinic, Nanaimo	Introducing the LIFeStyle Intervention Clinic: Strategies for the Treatment & Prevention of Obesity (Using Tobacco Cessation Experiences)
	Rebecca Warburton	University of Victoria (UVic)	BC's Medical Premium Assistance: How Well Does It Cover Eligible Residents?
	Peter Burton	Ministry of Health	Health Sector Human Resource: Challenges and Transformation with Four Year Collective Agreements
	Larry Frank	University of British Columbia (UBC)	Many Pathways from Land Use to Health
	Ian Pike	UBC	There are No Accidents! The Way Forward for Injury Prevention in BC
	Julio Montero	UBC - Centre of Excellence in HIV/AIDS	Re-Evaluating the Cost-Effectiveness of Highly Active Antiretroviral Therapy: The Case for Expanding Treatment Access to Curb the Growth of the Epidemic
	Kim Campbell	MCP2	Multidisciplinary Collaborative Primary Maternity Care Project (MCP2)
	Liz Whynot	BC Reproductive Care Program	Status of Perinatal Health in British Columbia
	Craig Knight	Ministry of Health	Facts on European Health Services and Policy
	Mark Tremblay	Statistics Canada	Childhood Obesity in Canada: Trends, Temptations, Troubles, and Truths
	Arn Sprogis	Australia	General Practitioner-Led Reform, The Australian Way - Divisions of General Practice
	Judith Soon	UBC	Cost Effectiveness of Emergency Contraception Use in BC: Policy Implications and Barriers to EC Use in BC: Ethno-Cultural Issues
	Irv Rootman	UVic	Literacy and Health Research and Practice in British Columbia: Current Status and Future

Year	Presenter	Affiliation	Title
			Directions
	James Haggerstone	Northern Health Authority	Snapshots from the Northern Communities Mapping Project
2005			
	Martha McLeod	University of Northern British Columbia	Nursing Practice in Rural British Columbia
	John Gilbert	UBC	In-BC - The Interprofessional Network for BC Transforming Health Care through Collaborative Education and Practice
	Dietitians of Canada	Dietitians of Canada	Practice-based Evidence in Nutrition (PEN): A New "Power Tool" for Health Care Practitioners
	Pat Bluemel	Vital Stats	Interactive Web-Based Mapping for Displaying Health-Related Data
	NZ Primary Care	New Zealand	Healthy on Purpose: The Changing Face of Primary Care in New Zealand
	Nils Bergman	Western Cape Province, South Africa	Health System Reform in South Africa's Western Cape Province: A Dialogue with Dr. Nils Bergman
	ACG Demo		Ambulatory Care Group
		UBC	The Status of Drug Abuse and its Management in Iran
	John Gilbert	UBC	Revitalizing the Health Care Force in BC: Connecting the Leaders of Tomorrow
	Charlotte Waddell	UBC	A Public Health Strategy for Children's Mental Health
	Pennington	NHS, UK	A Dialogue with the UK's Modernisation Agency
2004			
	Diane Watson	Centre for Health Services & Policy Research (CHSPR), UBC	Planning for Renewal: Mapping Primary Health Care in British Columbia
	Anne-Marie Broemeling	CHSPR, UBC	Chronic Conditions and Co-morbidity Among Residents of British Columbia
	PJ Naylor	University of Victoria	Action Schools! BC: Outcomes of a Socio-Ecological Intervention to Increase Physical Activity and Healthy Eating in School Aged Children
	Ray Lam	Mood Disorders Clinic, UBC	Mood disorder research
	Warren O'Briain	Ministry of Health	The News from Bangkok: AIDS 2004 - The Politics, The Science and The Activism and Update on British Columbia's Partnership with Eastern Cape Province, South Africa

Year	Presenter	Affiliation	Title
	Andrew Pipe	Ottawa Heart Institute	Sustainable Community Development: Why It's Good for Health
	Roger Tonkin	McCreary Centre	Health Youth Development - Adolescent Health Survey III
	Laurence Malcolm	University of Otago, New Zealand	Towards a more integrated, quality driven health system based upon primary health care: experience from New Zealand
	Dawn Stacey	University of Ottawa	Teletriage Triage Services: Systematic Review And A Survey Of Canadian Call Centre Programs
	Linda O'Brien-Pallas	University of Toronto	Health Human Resources and Patient, Nursing and System Outcomes: Measuring Adequacy, Safety and Effectiveness
	Lisa Forster-Coull	Child and Youth Health, Prevention and Wellness Planning Division, MoHS	Too Much, Too Little - A Summary of the Results from the BC Nutritional Survey
	Johnathon Weiner	Johns Hopkins University	Web Seminar: Predictive Modeling: Supporting High-Risk Case Identification
	Mark Tremblay, Renee Langlois	Statistics Canada	Canadian Health Measures Survey: Overview, Challenges and Opportunities
	Janice Keefe, Yves Carriere	Statistics Canada	Projecting Informal Support in Canada from 2001-2031 and its Effect on Chronic Continuing Care Services
	Michael Rachlis		Health Reform Issues in Canada
	Charlyn Black, Diane Watson	CHSPR, UBC	Primary Care in BC: Developing capacity for System Level Evaluation and Performance Measurement
	Marianna Brussoni	BC Injury Research and Prevention Unit	BC Injury Research and Prevention Unit: Past, Present and Future Directions
2003			
	Denise Kouri	Canadian Centre for Analysis of Regionalization and Health Care	Canadian Centre for Analysis of Regionalization and Health Care
	Naomi Fulop	CHSPR, UBC	Organizational Turnaround: Emerging Lessons from a Study of 'Failing' Health Care Providers in England
	Don Berwick et al	Institute for Healthcare Improvement, Boston	15th Annual National Forum on Quality Improvement in Health Care Satellite Broadcast
	Peter Bäckström	Director of Medical Services, Örebro, Sweden	Sweden's Primary health care system and its primary health care organizations (PHSO)
	Joel Lexchin	University of Toronto University Health Network	What Me Conflicted? Pharmaceutical Industry Funding of Clinical Research.
	Anne Rochon-Ford	Women and Health Protection Working Group	Protecting Our Health: Women and Pharmaceuticals

Year	Presenter	Affiliation	Title
	Michael V. Hayes	Simon Fraser University (SFU)	Telling Stories: News Media, Health Literacy and Public Policy
	Barbara Mintzes, Alan Cassels	CHSPR, UBC and UVic	Public Messages about Pharmaceutical Interventions
	Irving Rootman	UVic	Reading the Writing on the Wall: An Overview of Health Literacy
	Ellen Balka	SFU	Health Literacy: Technological Opportunities and Challenges
	Institute for Healthcare Improvement	IHI, Boston	IHI Audio Conference Policy Rounds
	Lynne E. Young, J. Wharf-Higgins, et al.	UVic	Women and Cardiovascular Disease: Examining Risks
	Dirk Göpfarth	University of Berlin	Healthcare Reform in Germany
	Irving Rootman, James Frankish	UVic, UBC	Promotion and Prevention Work! The Evidence of Effectiveness
	Christopher Forrest	Johns Hopkins University	Predictive Modeling in Healthcare
	Elliott Fisher	Dartmouth College	Regional Variations in Medicare Spending
	Marian Knock, Rick Hudson, Diane Layton, Laurie Gould, Marilyn Rooke	Fraser Health Authority Vancouver Island Health Authority	Primary Care Update: Ministry and Health Authorities Perspectives
	Moshe Maor	Department of Political Science, The Hebrew University of Jerusalem	The Politics of Drug Reimbursement: A Comparative Analysis
2002			
	Rob Reid, Lorne Verhulst	UBC and Ministry of Health Services	Virtual Informal Networks - Pattern Analysis Of Patient Sharing By Primary Care Physicians
	Jenny Bartlett	Quality and Care Continuity, from Australia's Metropolitan Health and Aged Care services Division, of the Department of Human Services	Patient Safety and Quality Framework in Victoria, Australia
	Hadi Dowlatabadi	Centre for Integrated Study of the Human Dimensions of Global Change	Global Warming and Climate Change
	Shoo Lee	CHSPR, UBC	Canadian Neonatal Network Research
	Patricia Baird	CHSPR, UBC	Clinical Trials and the Public Interest: Findings of the Inquiry into the case involving Dr. Olivieri, the Hospital for Sick Children, the University of Toronto and Apotex Inc.
	Kelly Barnard	Medical Consultant, Strategic Planning, Ministry of Health Planning	The Canadian Burden of Disease, Injury and Risk Factor Project

Year	Presenter	Affiliation	Title
	Marcia Hills	School of Nursing and Director of a Research Unit, the Community Health Promotion Coalition, UVic	Striking the Balance in Health Care Renewal: Will Primary Health Care Meet Our Needs?
	Gwen Gray	Senior Lecturer in Political Science at the Australian National University	"Consensus, Fragility and Instability in Australian Health Policy: Private Practice Publicly Subsidized in the 21st Century".

Fall 2006 Policy Round calendar

November 14, 2006

Title: Depression in the Workplace

Speaker: Dr. Ray Lam

Affiliation: Director, Mood Disorders Centre, Vancouver Coastal Health Research Institute

November 24, 2006

Title: The Michael Smith Foundation for Health Research

Speaker: Dr. Aubrey Tingle

Affiliation: President/CEO, MSFHR

November 28, 2006

Title: Sustainability and Crime Prevention and Links to Healthy Communities

Speakers: Tulio Capulto and Wanda Jamieson

Affiliation: Centre for Initiatives on Children, Youth & Community, Carleton University

December 12-13, 2006

Title: Satellite Broadcast of the Institute for Healthcare Improvement's 18th Annual National Forum (a provincial-wide broadcast of the international IHI conference proceedings with supplemental BC content)

December 19, 2006

Title: Patient-Centered Demand and Related Issues of Modeling

Speaker: Dr. Sandy Rutherford

Affiliation: Interdisciplinary Research in the Mathematical & Computational Sciences, SFU

January 23, 2007

Title: Health Services and Policy Research Support Network

Speaker: Patricia Coward

Affiliation: Executive Director, HSPRSN

Health Services & Policy Research Support Network

In March 2003, the Ministry of Health granted \$8 million to the Michael Smith Foundation for Health Research (MSFHR) to increase BC's capacity to undertake excellent health services and policy research. Under the terms of the Transfer Agreement for the funds, the Ministry charged MSFHR with developing a planning process that would bring together the academic research community with the Ministry, the Health Authorities and the health service provider community to:

- Fund research to evaluate changes in the health system;
- Build capacity for undertaking research into future health redesign and change initiatives;
- Leverage funding from other sources to further enhance research activities into health redesign and change initiatives.

Following a six-month consultation facilitated by MSFHR, the group developed the vision, mandate and goals for a BC Health Services & Policy Research Support Network (HSPRSN). During this same time, the Ministry and the health authorities identified six priority research areas that would be the initial focus for HSPRSN funding programs.¹²

In March 2004, the Ministry announced an additional \$8 million to augment HSPRSN activities and to support health care re-engineering and innovation in the health system. The SPARK Director of Research joined the HSPRSN Steering Council, the primary advisory body for the network. Current Steering Council members are:

- Co-Chair: Brian Schmidt, Provincial Health Services Authority
- Victoria Schuckel, Ministry of Health
- Dr. Christine Penney, Ministry of Health
- Dr. Anne-Marie Broemeling, Interior Health Authority
- Dr. Peter Hill, Fraser Health Authority
- Dr. Peter Kirk, Vancouver Island Health Authority
- Dr. Heather Manson, Vancouver Coastal Health
- Ms. Cathy Ulrich, Northern Health
- Dr. Francis Lau, University of Victoria
- Dr. Adrian Levy, Centre for Health Evaluation & Outcome Sciences, St. Paul's Hospital
- Dr. David MacLean, Simon Fraser University

¹² The research areas identified were: Acute Care Redesign, Chronic Disease Management, Differential Impact of Changes in the Health System on the Health of Specific Populations, Health Human Resources, Home and Community Care, and Mental Health. In March 2004, the Ministry of Health identified two additional priorities: Clinical Outcomes Measurement and Patient Safety.

- Dr. Martha MacLeod, University of Northern British Columbia
- Dr. Craig Mitton, UBC Okanagan
- Dr. Martin Puterman, Sauder School of Business, University of British Columbia
- Dr. Patricia Coward, HSPRSN
- Ms. Cherry Graf, MSFHR

With support from MSFHR, four funding programs are administered by HSPRSN:

- Health Authority Capacity Building Program: \$2.5 million in one-time funding to the six health authorities to create a basic platform of, or augment existing capacity to, facilitate uptake and use of existing research and more effective engagement in research and evaluation activities;
- Investigative Teams: Five awards of \$150,000 per year for three years support development of each program of research, which provides for synthesis and original research as well as capacity building and knowledge translation deliverables in each of Acute Care Redesign, Chronic Disease Management, Health Human Resources, Home and Community Care, and Mental Health;
- Operating Grants competition: Seven grants of up to \$50,000 per year for a maximum of two (2) years support relevant, high-quality, health services and policy research that evaluates the effects of health redesign and change initiatives or informs health care process redesign and innovation;
- Partnership Program: Allocation of \$300,000 to partner with the CIHR Institute of Health Services and Policy Research PHSI (operating grants) competition and \$200,000 to partner in the Canadian Health Services Research Foundation REISS (team funding) competition.

HSPRSN 2005 Investigative Teams Program Award Recipients			
Priority Area	Project Title	Focus	Participants
Acute Care Redesign	Intensive Care Unit Patient Safety Team	To develop a system for identifying objective safety-related outcome measures to assist in the design, implementation and evaluation of organizational changes (culture, human resources, care processes, etc) that will improve patient safety in BC's Intensive Care Units.	UBC, SAUD, QU, UVIC, CCBE, CH, CHEOS, PHC, CHI, C&W, PHSA, FHA, VIHA, BCCDC
Chronic Disease Management	BC Alliance on Telehealth Research and Policy	To provide evidence and capacity building to support the integration of sustainable telehealth care services to support patient-focused homecare initiatives in the management of chronic disease.	SFU, UBC, UNBC, UC, PHSA, VCH, NHA

Health Human Resources	Rural & Northern Practice and Its Development	To determine how the practice of health professionals in rural and northern communities can best be organized, supported and developed to improve access to care and to enhance quality of care on a sustainable basis.	UNBC, NHA, MOH, CIHI, YUKON
Home and Community Care	Closing the Knowledge Care Gap for Seniors & Community Care Collaborative	To develop capacity to measure, at a population level, transitions in seniors' health and requirements for care in order to evaluate (a) the effects of these transitions on seniors' health outcome, quality of life and their utilization of health services and (b) the effects on service providers' work life.	COA, PHC, UBC, VIHA, VCH, IHA, NHA, FHA, MOH
Mental Health	Mental Health and Addiction Services and Policy Investigative Team	To provide evidence to support and improve the integration of primary mental health care service delivery with specialist mental health services and community interventions and supports, including the development of integrated addiction and mental health services.	UNBC, SFU, UVIC, UBC, PHSA, VCH, VCHRI, CHEOS, IHA, NHA, VIHA, FHA, MOH, MCFD, CMHF

HSPRSN 2005 Operating Grants Program Award Recipients

Priority Area	Project Title	Focus	Participants
Acute Care Redesign	An Integrated Approach to the Hypertensive Disorders of Pregnancy	To institute a standardized protocol for the assessment, surveillance and management of women admitted with a hypertensive disorder of pregnancy and to monitor the effect of the protocol on health outcomes, resource utilization, place of care, and family/social disruption.	PHSA, C&W, IHA, VIHA, MOH, UBC
Acute Care Redesign	Unclogging the Pediatric Emergency Room: Impact of Rapid Viral Diagnostics	To determine if use of a new program to support rapid diagnosis of viral respiratory infections in children will improve patient management and resource use in the Emergency Department by reducing wait time, improving decision making regarding diagnosis and decreasing antibiotic prescriptions.	PHSA, C&W, UBC
Chronic Disease Management	Calculating Healthcare Costs Associated with Asthma in BC	To examine the economic costs of asthma in terms of the societal costs (quality of life, lost work days, etc), including the incremental cost-effectiveness of using newer, more expensive drugs that better manage asthma symptoms.	UBC, VCHRI, MOH
Differential Impacts	Issues Related to Ethnicity Data Collection in Healthcare Settings: A Critical Analysis	To analyze the ethical and other issues related to the collection and use of ethnicity data as a tool for addressing health and health care inequities across population groups.	UBC, VCH
Health Human Resources	Practice Experiences of Rural GP Surgeons in British Columbia	To explore the potential for enhancing the obstetrical skills of GP surgeons as a strategy for maintaining safe and cost-effective maternity care services in small, rural BC communities.	UBC, C&W, VCH

Home and Community Care	Can Telehealth Offer Practical Alternatives for the Delivery of Healthcare Service?	To implement and assess the effectiveness of cancer specialists using telehealth technology to provide consultation services for patients living in rural and remote communities in BC.	PHSA, BCCA, VIHA, UBC, UVIC
Home and Community Care	Seniors Preventative Health Intervention Program	To assess whether a pharmacist in consultation with family physicians can improve medication management for older patients thus reducing hospital admissions, health services and costs due to inappropriate medication use.	UVIC, VIHA, FHA, MOH

HSPRSN 2006 Operating Grants Program Award Recipients

Priority Area	Project Title	Focus	Participants
Acute Care Redesign	Health Care Operations Analysis to Reduce Attending Times for Seniors Presenting to the Emergency Department with a Fall	To examine the flow patterns in emergency departments when seniors present with falls, with the goal of improving care for these patients, reducing the time they spend in the ED, and to better understand the economic costs and the proportion of patients who receive health services to prevent future falls.	UBC, VCH, VCHRI, VGH
Chronic Disease Management	Pharmacist-Initiated Intervention Trial in Osteo-Arthritis	To measure the effectiveness of a multi-disciplinary intervention involving pharmacists, physiotherapists and family physicians in the early diagnosis and treatment of individuals who are developing osteoporosis of the knee.	ARC, MOH, UBC, VCH, VCHRI
Clinical Outcomes Management	Assessment of Pain, Psychosocial and Cognitive Variables, and Work Outcomes in Healthcare Workers Registered in the Prevention and Early Active Return-to-Work Safety Programs	To explore the relationship between depression, pain, and specific cognitive factors in healthcare workers who have had a work-related injury, and how these factors influence their ability and the time it will take for them to recover from injury and return safely to work.	FHA, OHSAH, UBC, UM, VIHA
Clinical Outcomes Management	Measuring the Quality of End of Life Care Provided in Inpatient Health Care Settings	To explore differences in satisfaction with the quality of care received at end of life in different types of hospital wards/settings and to better understand the organizational barriers and facilitators that influence how well that care is provided.	UVIC, VIHA, QU, MGU, MMU
Differential Impacts	Informed Decision Making: The Interaction between Sustainable Maternity Care Services and Community Sustainability	To examine the role of maternity care in the sustainability of rural and remote communities, with the goal of assisting decision-makers in understanding the implications for the community and to provide them with a framework for making challenging decisions involving changes to the provision of these and other health services.	C&W, NH, PHSA, SFU, UBC, UNBC
Differential Impacts	Substance-Using Women and Experiences of Primary Health Care in Vancouver's Downtown Eastside	To analyze the social, political, and economic determinants that influence health status and access to health services among women who use injection drugs and live in Vancouver's Downtown Eastside.	BCCEWH, C&W, PHSA, UBC, VANDU

Patient Safety	Changing Prescription Practices to Limit Selection for Resistant Organisms	To evaluate the effectiveness of a three-year BC pilot of "Do Bugs Need Drugs?", a public and professional education program developed to reduce antibiotic use and the spread of resistant organisms.	BCCDC, C&W, FHA, MOH, PHSA, UA, UBC, UT, VCH
Patient Safety	Evaluation of a New Member of Infection Control: the Infection Control Champion	To evaluate an alternative model for improving infection prevention and control in hospitals that involves adding front line nursing staff to infection control teams.	PHC, UBC, VCH

Source: Michael Smith Foundation for Health Research, <http://www.msfr.org/sub-funding-recipients.asp>

Legend

BCCDC	BC Centre for Disease Control
CIHI	Canadian Institute for Health Information
COA	Centre on Aging (UVic)
CCEE	Centre for Clinical Epidemiology and Evaluation
CHEOS	Centre for Health Evaluation and Outcome Sciences
CHI	Centre for Healthcare Innovation
C&W	Children's & Women's Health Centre of British Columbia
CMHF	Coast Mental Health Foundation
FHA	Fraser Health Authority
IHA	Interior Health Authority
MCFD	Ministry of Children & Family Development
MOH	Ministry of Health
NHA	Northern Health Authority
PHC	Providence Health Care
PHSA	Provincial Health Services Authority
QU	Queen's University
SAUD	Sauder School of Business
SFU	Simon Fraser University
UBC	University of British Columbia
UC	University of Calgary
UNBC	University of Northern British Columbia
UVIC	University of Victoria
VCH	Vancouver Coastal Health
VCHRI	Vancouver Coastal Health Research Institute
VIHA	Vancouver Island Health Authority
YUKON	Yukon Health and Social Services

November 2005 Knowledge Transfer and Exchange Workshop

Linking Research to Policy:

Improving Knowledge Transfer and Exchange in BC's Health Sector

A Knowledge Transfer and Exchange Workshop co-hosted by the Canadian Institute of Health Information (Western Office) and the BC Ministry of Health,
November 30th, 2005, Victoria, BC

On November 30, 2005, the BC Ministry of Health, in conjunction with the Western Office of the Canadian Institute for Health Information (CIHI), convened a one-day workshop attended by senior health care policy/decision-makers from the Ministry and the health authorities and senior BC health researchers. The workshop was organized to strengthen communications and to foster knowledge transfer and exchange (KTE) relationships between the two sectors.

Morning plenary speakers focused on the differing priorities, pressures and processes that frame both the day-to-day work lives and long-term careers paths of researchers and public policy decision-makers. Speakers were Penny Ballem (Deputy Minister, Ministry of Health), Dr. Morris Barer (Scientific Director, Canadian Institutes for Health Research, Institute of Health Services and Policy Research), Anne McFarlane (Executive Director, CIHI Western Office), and Patricia Coward (Executive Director, Health Services & Policy Research Support Network, Michael Smith Foundation for Health Research). Each speaker highlighted the value of decision makers and researchers knowing each other on a personal level, and cited trust as a key success factor for meaningful collaboration.

The afternoon consisted of small group discussions on the following topic areas: health human resource management, aboriginal health, home and community care, chronic disease management, and patient flow management. Working groups were comprised of a mix of researchers, health authority representatives and ministry staff who looked first at a specific policy issue, and then discussed strategies for improving linkages between researchers and policy-makers, with the goal of increasing the uptake of research evidence in the decision-making process for the specific topic.

Tangible recommendations and strategies put forward by the working groups included:

- Develop mechanisms to synthesize volumes of information into key points and communicate them;
- Develop rapid response mechanisms for sharing research findings;
- Establish a research vision and agenda;

- Work jointly to identify policy priorities and the types of research required to inform the policy process;
- Hold interactive, issue-specific forums to examine pressing policy issues and determine the best processes for moving forward with relevant research projects;
- Jointly conduct an operational research demonstration project;
- Engage a researcher-in-residence;
- Make cross-appointments to academic institutions;
- Establish CKO (Chief Knowledge Officer) positions;
- Engage researchers earlier in program development process;
- Share information on the range of researcher activities underway to help manage access to data requests and reduce duplication;
- Remember that knowledge exchange is a bilateral – not vertical – process.

Overall, participants evaluated the KTE workshop as “an excellent first step” to improving linkages between health decision/policy-makers and senior researchers in the province. They issued a clear call for a continued dialogue, with several participants suggesting regular forums to allow interaction, networking and relationship-building. Throughout the day, participants openly shared knowledge about their own sectors and expressed their willingness and desire to learn about priorities and processes of the other. Many barriers to effective knowledge transfer and exchange were also identified.¹³

Participants expressed enthusiasm about the workshop’s potential for building more effective working relationships between decision-makers and researchers and agreed that continued KTE activities, such as the workshop, were key to furthering the development and implementation of effective, evidence-based health policies in British Columbia.

¹³ For example: linking data from disparate sources, accessing data in a timely manner, and translating statistical findings into information that has meaning and significance for policy makers. They also spoke of the need for clarity on policy priorities, and for researchers to earn greater recognition within universities for undertaking policy-relevant work.

APPENDIX B – CONSULTATION PARTICIPANTS

DIVISION	PROGRAM AREA/INDIVIDUAL
Clinical Innovation and Improvement	Nursing Directorate Diane Clements, Director
	Rural Health Policy Johanne Fort, Projects Consultant
	BC Ambulance Services Dr. Jim Christenson, Medical Programs Pieter de Groot Senior Manager, Medical Administration
	Clinical Integration & Rural Travel Program Sandra Toth, A/Executive Director
	Paula Bond Assistant Deputy Minister
	Valerie St. John, A/Executive Director Lorna Hillman, Assistant Director
Human Resources Strategic Planning	
Knowledge Management and Technology	Corporate Management and Operations Joan Elangovan, Executive Director
	eHealth Branch Peter Durrant, Executive Director and Jeff Aitken, A/Project Director
	Health Information Technology Clyde MacDonald, Executive Director and Susan Rand, Project Manager
	Health Modernization Branch Ian Rongve, Executive Director
	Information Resource Management John Cheung, Executive Director
	Vital Statistics Agency Andrew McBride, Chief Executive Officer
	Ron Danderfer, Assistant Deputy Minister
Medical Services Division	Chronic Disease Management and Primary Health Care Renewal Val Tregillus, Executive Director
	Evaluation and Strategic Directions Branch Wendy Eyres, Executive Director
	Medical Services Branch Phyllis Chuly, Executive Director
	Physician Human Resources Management Peter van Rheenen, Executive Director

DIVISION	PROGRAM AREA/INDIVIDUAL
PharmaCare	Stephen Brown, Assistant Deputy Minister
	Heather Davidson, A/Executive Director & senior management
	Suzanne Solven, A/Executive Director
	Bob Nakagawa, Assistant Deputy Minister
Performance Management & Improvement Division	Health Authority Branch Effie Henry, Executive Director
	Provincial Branch Rebecca Harvey, Executive Director
	Mental Health & Addictions/Home & Community Care Ann Marr, Executive Director Jean Jolivet, Manager
	Wendy Hill, Assistant Deputy Minister
Planning & Innovation	Nick Grant, Executive Director
Population Health & Wellness	Aboriginal Health Branch Deborah Schwartz, Executive Director
	BC HealthGuide Program Kevin Brown, A/ Executive Director
	Business Operations and Surveillance Tom Gregory, A/Executive Director and Nicole Ryan, Policy Analyst
	Communicable Disease and Addictions Prevention Warren O'Briain, Executive Director
	Emergency Management Branch Wayne Dauphinée, Executive Director
	Health Protection Ron Duffell, A/Executive Director
	Healthy Children, Women and Seniors Tessa Graham, Executive Director
	Healthy Living/Chronic Disease Prevention Laurie Woodland, A/ Executive Director Wayne Mitic, A/Manager, Chronic Disease Prevention
	Andrew Hazlewood, Assistant Deputy Minister
Provincial Health Officer	Perry Kendall, Provincial Health Officer and Eric Young, Deputy Provincial Health Officer
Social Development Policy Office	John Phillips, Executive Director

DIVISION	PROGRAM AREA/INDIVIDUAL
Strategic Policy, Legislation & Inter-Governmental Relations	Inter-Governmental Relations Mariana Diacu, A/Executive Director
	Legislation and Professional Regulation Daryl Beckett, Manager, Health Professions
	Strategic Policy and Research Knowledge Elisabeth Wagner, A/Executive Director and staff
	Craig Knight, Assistant Deputy Minister
Financial & Corporate Services	Finance & Decision Support Vernon Jones, A/Executive Director
	Capital Services Randy McDonald, Executive Director
	Regional Grants Gordon Cross, Executive Director
	Manjit Sidhu, A/ Assistant Deputy Minister

APPENDIX C - MoH ISSUES REQUIRING RESEARCH INPUT

SPARK requested Executive Directors to identify priority areas for research during the consultations. Priorities are shown in Table C1 using the categories based on the UK Clinical Research Collaborations *Health Research Classification System*¹⁴. This compilation is not intended to show rankings between issues or specific research questions.

Table C1: ED Reported Priorities by Categories Based on the UK Clinical Research Collaboration's *Health Research Classification System*

Detail	Program Area	Research Priority Identified
Access to health & social care & geographical variations in outcomes	PHW	Aboriginal utilization and access patterns and their two to three times more use of emergency rooms and acute care for accessing primary health care
	PHW	Support of Lytton and Northern primary care efforts
	SDPO	Children and youth with special needs
	SPLI	Access barriers for immigrant communities
Analytical innovation, methodological research, statistical methods, and modeling	MSD	Investment in action research and timely data at the point of care (e.g., Australia's BEACH)
	PHW	Setting research priorities based on what the Aboriginal communities think needs to be done
Assessment of current & future health care demands (health services)	KMT	National wait list benchmarks and what needs to be done to meet them (e.g., # of providers, etc.)
		Care delivery issues: system utilization
		Care delivery issues: surgical waitlist measurement processes
	PHO	Identification of public health priorities and foundation of a national public health direction
	PHW	Dental health coverage for kindergarteners
Assessment of social care and health services needs (disease management)	PHW	Chronic disease and diabetes prevention in Aboriginal communities
Cost effectiveness or economic feasibility of implementing new interventions or technologies within health services	KMT	Change management practices and their impact on practitioners
		Economic value evaluation: What value has returned on the Canadian Health Infoway investments?

¹⁴ <http://www.ukcrc.org/pdf/Health%20Classification%20system%2014%20June%20.pdf>, accessed August 16, 2006.

Detail	Program Area	Research Priority Identified
Decision making, outcomes from vaccination and evaluation of evidence to inform policy	PHO	Management of new vaccines, dosage scheduling
Development & evaluation of interventions to improve services	KMT	E-Health initiatives benefits evaluation: <ul style="list-style-type: none"> - Take-up and adoption rates by MDs - Experience similar to US? - Were targets hit? - What was value to MDs? - Any patient safety benefits after five years of electronic prescribing?
	PharmaC	Using e-health (technology) resources and linking utilization data to evaluate population health outcomes
	PHW	How can the health care system integrate telehealth and e-health services to enable individuals and families to practice effective self-care and self-management of chronic disease?
		Best equipment for use during hazardous/emergency situations
Development and distribution of resources for use by the community, including informatics systems (health services research)	CII	Paramedical processes and behavior (e.g., CPR education, skill levels across regions)
	FCS	More research on infrastructural development: <ul style="list-style-type: none"> - Best practices on what drives form and shape – across the continuum, what are emerging trends and best practices from an infrastructural perspective and why are they important? - Create evidence base to support configuration of infrastructure (e.g., patient care and calculation of bed #s). USA has this evidence, but does Canada? - Design innovation – identify the knowledge/information and learn how it can be done. - Evidence that will assist in assessing whether or not HA facilities have reached the end of their usefulness or obsolescence - Knowledge on long term directions and functional planning to allow for consistent planning throughout the province and to focus efforts for the future
	KMT	Analysis of Ministry's IM/IT investment
		HL7 (EHR) standards council research on selection and identification of benchmarks and standards
		Best practices in data management
		IT security and management of people using the system
	PHW	Improvement of Ministry's data access process and resolution of privacy problems

Detail	Program Area	Research Priority Identified
		Improved methods of gathering environmental health data (e.g., BC water system inventories)
Development of methods of research assessment and evaluation	KMT	Inventory and analysis of Ministry's activities with regards to research
	PHO	Mathematical modeling of HPV interventions and pandemic influenza
Development of research measurements including outcome measures	SPLI	Comparable reporting of wait times across BC and Canada
		Primary care reporting
	PHW	Setting research priorities based on what the Aboriginal communities think needs to be done
Development, implementation and evaluation of vaccination programs and studies to increase uptake	PHW	Update the BC CDC immunization program to address new issues (e.g., conscientious objectors)
Disease management: Investigation of decision making including factors influencing diagnosis, treatment, referral and management strategies	KMT	Care delivery issues: chronic disease management
	PMID	Chronic disease management self-management tool performance indicators
Dissemination and implementation of research evidence	PharmaC	What to do when evidence gaps exist and evidence-based decision-making is not possible
	PHO	Implementation of a national pharmacosurveillance program, and the role of the Therapeutics Initiative
	PHW	Modernization of the BC CDC tuberculosis program through adoption of an evidence-based decision-making approach
Effectiveness of different care settings & models of service delivery	MSD	Primary care capacity building: The NHS Modernisation Agency
		Benefit of group visits for supplemental benefits (e.g., rheumatoid arthritis)
		Patterns of practice
		Evaluation of the On Call Program (MOCAP) for patient outcomes, objectives, cost-effectiveness
	PHW	Restoring traditional Aboriginal knowledge and practice to medicine
		How does the BC HealthGuide platform (handbook, website, NurseLine) impact patient flow through the health system and health service utilization.
	PMID	Transition mental health services into appropriate models
	SPLI	Current scope, impact on quality/patient safety of private sector participation in systems
End of life care: Social, economic and policy issues	KMT	Care delivery issues: end of life
Evaluating quality of care, including patient safety issues	CH	Quality improvement focus on policies re: cardiac arrest and major trauma
	PMID	Sector indicators on continuous improvement

Detail	Program Area	Research Priority Identified
	SPLI	Quality assurance and quality framework for professions
Evaluation of experiences of service users	CII	Client satisfaction survey
		Hospital satisfaction survey
	PharmaC	Consumer involvement and input in the decision making process
	PHW	Consultation with the public, GPs, opticians and optometrists to determine what is wanted in or recommended for a provincial vision testing program
	MSD	Primary care capacity building: Gaps in care between optimum patient journey and system capacity
Health care costs	MSD	Comparability of non-fee-for-service and what the fee-for-services approach adds to certain instances for system improvement and improving wait lists, etc.
	PHO	Projections on population and economic research on cost-benefits and outcomes related to specific high-cost populations (e.g., seniors' 10-15 year cholesterol projections and cost drivers such as drug expenditure)
Health services: Evaluation of local, regional & national healthcare policy	CII	Develop an epidemiological registry of cardiac arrest for research
		Evaluation of Advanced Life Support (ALS) Deployment policy changes
	PHW	Further evidence on the value, effectiveness and necessity of the core function public health programs sponsored by PHW
		Evaluation of ActNow and other implemented pilot programs to determine successes and impacts
		Longitudinal study on the impact of the Fruits & Vegetable program on schools and long term eating habits.
		Success indicators for the introduction of Action Schools program in aboriginal schools
	PMID	Evaluation of tertiary psychiatric services
		Analysis of impact of recent changes to home and community care services and policies and the movement of clients through the home support sector
		Impact of emergency room wait time performance indicators within hospitals
		Implementation and evaluation of the FMM wait time benchmarks for their sustainability, impact, success rate
Health services: Impact of legislation	CII	Address Freedom of Information that impede, delay or cancel research projects
	PHW	Analysis of outcomes-based environmental health protection legislation and regulatory oversight and the outcomes of deregulation of the legislation
	SPLI	Distributive justice in health care

Detail	Program Area	Research Priority Identified
Health services: Synthesis & evaluation of evidence to inform policy	MSD	Primary care capacity building: Development of action research, longitudinal evaluations and next steps
	PHW	Evaluation and evidence building on programs' sustainability and benefits
	SPLI	Methods of involving public in decisions/translating results into practices
Implantable devices, mobility aids, dressings, medical equipment and prostheses	MSD	New procedures and technology assessment requirements as they arise (e.g., dwarfism, bariatric surgery, foldable lenses)
Infrastructure support for clinical and applied research networks and trials, consortia and centres (evaluation of treatments)	KMT	Development of a Ministry/research community HTA network
Infrastructure support for networks, trials, consortia and centers (health services research)	KMT	Linking all the social policy ministries for the purpose of aggregating data
	PHW	Development of a Ministry of Health emergency management information system for better coordination and connection to other BC networks
Organization & management of health services	MSD	Coverage of GP counseling
	PharmaC	Expansion of utilization management program and formulary management
	PHW	Survey of the BC health system's ability to respond in cases of emergency
	PMID	Regionalization of mental health facilities
Prevention: Age, gender, cultural or religious practices	PHW	Addressing mental health and suicide issues in the Aboriginal community
Prevention: Infectious agents	KMT	Development of a contingency plan for disaster response in case of pandemics
		How to make death registration process more amenable in the event of an pandemic (e.g., problems of identifying individuals, quick turn around on cause of death)
Prevention: Policy, educational and physical interventions	MSD	MSP coverage of screening services
		Benefits of prevention services
Prevention: Public health policy, health communication and educational interventions	PHO	Five to ten year retrospective evaluations of community interventions (e.g., e.g., following ActNow cohort patient groups across time)
	PHW	Implementation of ActNow in Aboriginal communities
	PMID	Development of a promotional campaign for mammography screening which meets FMM targets
Prevention: Radiation, second-hand smoke, physical and chemical agents, occupational hazards and environmental surroundings	PHW	Decontamination best practices following aerosol nerve agent exposure

Detail	Program Area	Research Priority Identified
		Earthquakes and their impact on the health system infrastructure
		Strategies and implementation plans to lower psycho-social impact of disasters on victims
		Vulnerable populations in disaster situations (e.g., seniors)
Research ethics, including use of personal data and biological material, consent and confidentiality	CII	Address data sharing issues and restrictions that impede, delay or cancel research projects
	KMT	A strategy on how e-health privacy will work
		Current literature reviews on Australia, European Union, etc. on jurisdictional approaches to privacy, patient information, access to personal health information, limiters
		Program evaluation and health services planning vs. research – identifying a balance within the legislation (FOIPPA S. 35a1) to allow for use of personal health information and identifiable data
		Research and synthesis of commissioners' orders across Canada
Research governance and regulation processes, including interpretation of guidelines	MSD	Have pan-provincial IT standards and compatibility as part of research equations and business requirements
	PMID	Formula or methodology for the development of performance indicators and measurement and target selection for performance agreements: need a comprehensive review, analysis, and identification of a consistent methodology.
Health Human Resources (Workforce & career issues)	CII	Health human resources (nursing)
		Nursing workload management
	MSD	Role of alternative payments
		Analysis of intricacies of HHR planning development towards functional approaches in the longer term.
		Comparable assessments on jurisdictional physician compensation rates, methods of payment, deliverables, outcomes for patients, and productivity.
		History and analysis of physician practice in BC and the issue of professional autonomy.
	PHO	Interventions and change management strategies to change GP behavior (e.g., management procedures that include GPs in referrals) and to implement different practicing patterns
	PHW	Increasing the number of Aboriginal health professionals
	PMID	Scope of practice in nursing and the implementation of nurse practitioners
	SPLI	Scope of professional practice
		Ethical issues in recruitment
		Insurance and liability issues in scope of practice

Detail	Program Area	Research Priority Identified
		Governance of professions
	SHRP	Inventory of MoH initiatives on HHR planning from a sectoral perspective

APPENDIX D - CONSULTATION FINDINGS, SUPPORTING RESPONSES AND ACTIVITIES

CONSULTATION FINDING	SUPPORTING STRATEGY	SUPPORTING ACTIVITIES
<i>The Ministry (and government, broadly) spends significant funds on health research, though much is virtually invisible.</i>	Make information about these investments (direct and indirect) more widely known within the Ministry.	<ul style="list-style-type: none"> • All program areas provide an annual report of research activities to SPARK, as part of routine program and project reporting. • SPARK will disseminate information across the Ministry to support collaboration. • SPARK to develop Ministry intranet site that includes summary information on health research projects, where appropriate
<i>There is strong recognition of the need for effective relationships with academic researchers and the need to improve the Ministry's strategic use of research</i>	Strengthen existing strategies and create new frameworks for engaging with the research community in practical and meaningful ways.	<ul style="list-style-type: none"> • Facilitate linkages and relationship building through: <ul style="list-style-type: none"> ○ Focused forums ○ Joint operational research demonstration projects ○ "Researchers-in-residence" ○ Cross-appointments to academic institutions • Engage researchers earlier in the policy development process • Circulate knowledge brokering standards and best practices
<i>Nearly half of program areas report having minimal, or no, relationship with the research community, though they are apologetic/reluctant to say so</i>	Support programs' efforts to establish mutually beneficial relationships with members of the research community.	<ul style="list-style-type: none"> • Target research presentations to specific program areas • Create opportunities for programs to meet and discuss problems/priorities with BC researchers

CONSULTATION FINDING	SUPPORTING STRATEGY	SUPPORTING ACTIVITIES
<i>The Ministry's internal capacity to access, use and share relevant research for decision-making varies widely from program area to program area</i>	Respond to the needs and interests of Ministry staff to increase their internal capacity to access and use research.	<ul style="list-style-type: none"> Facilitate opportunities for staff to access relevant external research: <ul style="list-style-type: none"> Policy Round Series Research forums Internal website with up to date links Facilitate opportunities for staff to access in-house research and strategic resources <ul style="list-style-type: none"> Strategic Initiatives Series "The Art and Science of... Series" on Ministry resources and relevant policies Skill building workshops
<i>Opportunities to identify needed research in longer term and the state of evidence on policy issues are regarded both as critical needs and as luxuries that divert scarce resources from immediate requirements.</i>	Support program efforts to identify/articulate long-term research requirements and exercises to consolidate currently available knowledge.	<ul style="list-style-type: none"> Develop a rolling, three-year list of Ministry research priorities to be shared with the research community Showcase best practices and effective mechanisms, e.g.: <ul style="list-style-type: none"> Presentations by Ministry program areas where research has been well incorporated into everyday work High yield investment from modest MoH grants Systematically share inter-departmental resources/findings to optimize use of funded research and lessons learned from research projects Integrate research planning and evaluation as front-end components of project/policy management

CONSULTATION FINDING	SUPPORTING STRATEGY	SUPPORTING ACTIVITIES
<i>Conventional research commissioning methods do not mesh well with either strategic use of research findings or academic needs</i>	Support program efforts to develop thoughtful and responsive commissioning options	<ul style="list-style-type: none"> • Develop and test new mechanisms for supporting research • Apply existing mechanisms to research projects; e.g.: <ul style="list-style-type: none"> ◦ Standing offers ◦ Eligibility lists for short term, rapid response ◦ Multi-year agreements with long-term deliverables • Convene regular meetings for research contract managers
<i>The role of decision-makers in some research projects (not commissioned by the Ministry) has been largely ceremonial. This has not strengthened Ministry staff confidence that program issues and realities will be sufficiently addressed by academic researchers.</i>	Support programs to assume more leadership in their participation in research projects without it being unduly burdensome.	<ul style="list-style-type: none"> • Provide pre-grant proposal funding to enable MoH involvement in framing research questions • Develop MoH guidelines on staff participation in research projects • Include participation in staff evaluations and recognize skills and knowledge gained • Draw on internal expertise on research methodology, knowledge transfer, and publication to make participation more effective • Require researchers to demonstrate relevance if MoH letter of support is requested

CONSULTATION FINDING	SUPPORTING STRATEGY	SUPPORTING ACTIVITIES
<p><i>Ministry needs to be more transparent regarding non-financial supports to research (e.g., data access [both internal and external] and contract management)</i></p>	<p>Improve communication within the Ministry regarding the current status of issues related to non-financial supports to research.</p>	<ul style="list-style-type: none"> • Develop standardized contract protocols and tools; e.g.: <ul style="list-style-type: none"> ○ Research contract templates ○ Contracts consistent with data access agreements ○ Guidelines for research data access requests (internal and external, including QI and evaluation) ○ Guide to publishing findings of Ministry-supported projects, including requirement to explicitly include publication or dissemination, where appropriate, in project goals and planning • Share information about existing research contracts/agreements, their purpose, their deliverables, and individual managing, where appropriate • Actively involve MoH in development of research support mechanisms coordinated with other organizations (e.g., research ethics committees with HAs) and ensure MoH is fully able to benefit from these mechanisms (e.g., have own evaluations and QI projects reviewed)

CONSULTATION FINDING	SUPPORTING STRATEGY	SUPPORTING ACTIVITIES
<p><i>Specific skills are in short supply: collection, collation, and analysis of existing information, understanding of best research to inform policy, research planning, and effective liaison</i></p>	<p>Coordinate efficient and relevant skill development initiatives and make best use of program resources as well as corporately funded resources.</p>	<ul style="list-style-type: none"> • Organize skill-building workshops on specific topics with external and internal 'experts' • Consider sharing these exercises with other ministries who have similar needs • Solicit other agencies to provide skill-building opportunities (e.g., HA workshops on research transfer) • Inventory in-house "experts" and resources, make easily accessible for staff, and update regularly • Develop guidelines for staff participation in research activities • Make fuller use of the HSS library and its trained librarians
<p><i>Mechanisms in place to ensure corporate accountability for funded research are fragmented and not well understood.</i></p>	<p>Develop a clear business process to address accountability issues related to research funding.</p>	<ul style="list-style-type: none"> • Articulate and broadly circulate guidelines/expectations for research/evidence gathering expenditures • Establish a mechanism/process for efficiently capturing the Ministry's expenditures on research • Document program assessments of whether, and in what ways, the research funded was valuable, and make these accessible to contract managers

**MINISTRY OF HEALTH
INFORMATION BRIEFING DOCUMENT**

CLIFF #671216

PREPARED FOR: Ron Danderfer, Assistant Deputy Minister
– **FOR INFORMATION**

TITLE: The Ministry and the Research Community: Overview of Current Issues in the Ministry of Health

PURPOSE: Document the Ministry's research needs, capacity, and relationships with the research community.

BACKGROUND:

- The Ministry of Health is committed to “leading and fostering a culture in which health system activities are evidence based...supporting health research activities and the development of best practices,” as outlined in its *Service Plan 2006-2009*.
- The Strategic Policy and Research Knowledge Branch (SPARK) advises Ministry decision makers on corporate policy and research issues with long-term implications for the health system. SPARK implements and maintains mutually-beneficial research relationships, as well as providing policy and analytical support on a range of activities related to research and innovation.
- SPARK's Co-Directors of Research met with Executive Directors (EDs), Senior Managers, and Assistant Deputy Ministers from all divisions in 2006. The objective was to define communication, knowledge-transfer, research priorities, etc., in order to address inefficiencies in areas such as duplication of effort, dissemination of information, and research collaboration.

DISCUSSION:

- In the report, SPARK Co-Directors of Research outlined 55 issues identified by EDs, encompassing organization and delivery of services (32 issues), policy, ethics and research governance (15 issues) and resource and infrastructure (8 issues).
- SPARK suggests that an annual report of research activities and research findings would further the cohesiveness of the Ministry regarding research. This would complement SPARK's commitment to disseminate the information across the Ministry, to support collaboration, and reduce duplication of effort.
- Relationships with outside research, such as academic institutions, were outlined as having considerable value to improving the Ministry's use of strategic findings. The report suggests that best practices be developed to capitalize the effectiveness of outside research, including Ministry staff involvement, and the sharing of information and innovative strategies regarding research.
- Dissemination of research findings is an underlying theme in the report. In some branches, no systematic methods of informing other areas of the Ministry are currently utilized. Solutions include best practices for routine management of all programs/projects, as well as the possibility for a Ministry research intranet website.

- Research priorities were another clear potential for greater collaboration and sharing of research-related expertise. By refining and focusing priorities of the Branch, Division, and Ministry, overarching goals can be attained more efficiently (see Appendix).
- SPARK suggests that the Executive Committee endorse the establishment of a working committee to coordinate the exchange of information related to research, develop a three-year list of Ministry research priorities, and continue to sponsor activities for highlighting best practices, sharing findings, and methodology.
- When the members (EDs) of the committee were asked what single resource they would most benefit from, the findings were unanimously to increase the number of research staff and staff resources.

CONCLUSION:

Based on the findings from the collaborative efforts of EDs, the SPARK Co-Directors of Research recommendations are presented in an effort to increase dissemination of research, increase the research capital of the Ministry, reduce duplication of research effort, as well as other incentives. The findings and discussions effectively illustrate the importance of Policy Rounds, research-related skill development workshops for staff, and other SPARK initiatives.

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APPENDIX:

Figure 3: Priority Pyramid



Source: SPARK