

INTRODUCTION TO BRIC NS

Webinar
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Building Research for Integrated Primary Healthcare

Building Research for Integrated Primary Healthcare (BRIC NS)

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Building Research for Integrated Primary Healthcare

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Primary Health Care

- Primary health care (PHC) is accessed in the community and is provided by a range of health providers like family doctors, nurse practitioners, pharmacists, dentists, etc.
- Community-based PHC includes prevention and a range of services including diagnosis, treatment and management of illness, rehabilitation support and end of life care
- Access to PHC can help prevent the need for more intensive and costly care such as emergency department visits, hospitalizations, long-term care residency, etc.
- PHC can account for the entire picture of health and is person and population centred

What is SPOR?

- **The Strategy for Patient-Oriented Research (SPOR)** is a Canadian Institutes of Health Research (CIHR) initiative focused on integrating health research more effectively into care
- **Patient-Oriented Research:**
 - engages patients as partners,
 - focuses on patient-identified priorities and improves patient outcomes
- The SPOR Strategy is carried out through the work of **SPOR Networks** and **SPOR SUPPORT Units** and several national working groups.

Elements of SPOR

■ Networks

- ACCESS Open Minds (Youth and adolescent mental health)
- **Primary and Integrated Health Care Innovations**
- Chronic Disease

■ SUPPORT Units

- Funded centres across the country
- Provide the necessary expertise to pursue patient-oriented research & help lead reforms in response to locally-driven health care needs
- Maritime SPOR SUPPORT Unit (MSSU)



SPOR

Networks

SUPPORT
Units

Canadian
Clinical Trials
Coordinating
Centre

Capacity
Development
and Patient
Engagement
Frameworks

ACCESS
(Youth and
Adolescent
Mental
Health)

Primary and
Integrated
Health Care
Innovations

Chronic
Disease

Maritime
Support Unit
(MSSU)

BRIC NS



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SPOR Networks in Primary and Integrated Health Care Innovations

A “network of networks”



SPOR Networks in Primary and Integrated Health Care Innovations

- A “network of networks”
- Pan-Canadian collaboration is facilitated through:
 - Cross-provincial research
 - A National Coordinating Office (forthcoming)
 - Meetings of the Leads from all Networks
 - Regular meetings of the Network Managers and Directors

Building Research in Integrated Primary Healthcare (BRIC NS)

- BRIC NS builds on Nova Scotia's strengths in primary and integrated health care research
- Strategic Scope:
 - We will conduct and support research that focuses on populations with complex needs over the life course
 - Look at multi-sector integration of upstream prevention strategies and care delivery models



BRIC NS

Overall goal:

To support evidence-informed transformation and delivery of more cost-effective primary and integrated health care to improve patient experience. To improve health, health equity, and health system outcomes for individuals with, and at risk of developing, complex health needs.



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BRIC NS - Membership

- Currently ~ 70 members with expertise in:
 - Nursing, pharmacy, rehabilitation, primary care
 - Health informatics
 - Social support systems
 - Health service delivery and planning
 - Health system barriers to care and prevention
- New members are welcome and can be:
 - From different sectors and disciplines
 - Clinicians and decision makers
 - Citizens
 - Working upstream in education, justice, etc.



BRIC NS Membership

Becoming a member is easy! Visit www.bricns.com and fill out the form. **We offer:**

- Connections between researchers, clinicians, policy and others working in primary and integrated health care in NS and across the country
- CIHR PIHCI targeted funding opportunities
- Project support through team development, idea incubators, application development
- Help identifying data sets required and/or available and facilitate access and select data sets (MaRNet, QUALICOPC-PC, EOL MORTALITY FOLLOW-BACK SURVEY)
- Student honoraria (Financial thesis support [2 x \$1500])
- Facilitating access to Maritime SPOR Support Unit (MSSU) resources
- Help identify Citizens to take part in research teams
- Promotion of your research via our website, newsletter, seminar series



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BRIC NS – Network functions

- Provide research infrastructure
- BRIC NS has no funding for projects
- Provide opportunity to apply for CIHR targeted calls dedicated to primary and integrated health care research
- Facilitate connections between those working in primary and integrated health care in NS and across the country
- Build capacity in primary and integrated health care research
- Develop a ‘rapid-learning’ environment that responds to the real-time needs of PHC stakeholders for evidence leading to policy and practice innovations
- Bring together researchers, policy makers, clinicians and patients



BRIC NS Priorities

With a focus on people and populations with complex needs, our research priorities include:

- Identification of patients with complex needs and processes/interventions that can help them
- Preventing future complex needs by integrating health promotion into care delivery
- Finding and supporting new approaches to prevention and management of chronic disease



Why is the SPOR PIHCI network program important?

- An opportunity to put primary and integrated health care, and access to primary health care, on the national research agenda
- Designed with prevention in mind and the role “upstream” sectors have in determining health outcomes
- An emphasis on high system users = research on vulnerable/priority populations
- Patient engagement at all stages; a chance to learn from the expertise of all stakeholders.

FUNDING OPPORTUNITIES



CIHR SPOR Funding opportunities

Type of Funding Opportunity	Total budget*	Funding Opportunity Launch	Deadline
Synthesis Grants	\$50,000 for 1 year	April 9, 2016	July 26, 2016
Comparative Program and Policy Analysis	\$125,000/ year for 2 years	May 10, 2016	August 9, 2016
Multi-year Large Grants	\$500,000/ year for 4 years	Anticipated Winter 2017	October 4, 2017

* 50% from CIHR and 50% from non-Federal source

Requirements for CIHR targeted calls

- BRIC NS members can apply for targeted CIHR funding for primary and integrated health care research
- All projects must:
 - Include at least one other provincial network
 - Require 1:1 non-federal matching funds
 - A research and policy principal investigator from each participating province
 - Citizens as team members & strong patient engagement at all stages
 - Be focused on individuals with complex needs



Knowledge Synthesis Grants

- Purpose: to support knowledge syntheses and scoping reviews.
- Research questions should be driven by the needs of policy makers to have evidence-informed decision making
- Must be feasible for completion within 12 months
- Maximum CIHR contribution: \$25,000 per grant for up to one year
 - Applicants must secure matching funding from non-federal sources. Partner contributions can include up to 25% in-kind
 - All other requirements previously noted

Knowledge Synthesis, continued ...

Projects must be related to one of the following priority areas:

- Innovation in integrated service delivery models that meet the needs of individuals with complex needs
- eHealth innovations that improve person-centered, appropriate and integrated care
- Identifying individuals with complex needs and understanding their needs
- Integrating health promotion/disease prevention in care delivery models to prevent future needs for complex care
- Priority populations
- Patient literacy
- Supporting healthy aging through primary and integrated models of care
- Funding models that incentivize integration across the continuum of care
- Understanding outcomes that should be prioritized (e.g. healthy patients vs. happy patients)



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Comparative Program and Policy Analysis

Two areas of focus:

- 1) Comparative policy analyses across different provincial/territorial health system contexts and related health outcomes
- 2) Comparative analysis of programmatic innovations in health care delivery that could scale to system level
 - Health outcomes can be assessed through existing data (administrative, clinical, health system performance)
 - Maximum CIHR contribution: \$62,500 per grant, for up to two years
 - 1:1 matching funding from non-federal sources (matching up to 25% in-kind)
 - All additional noted requirements PLUS
 - At least one applicant must be directly involved in the policy development process in the health system



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Comparative Program and Policy Analysis, continued ...

Projects must be related to the following priority areas:

■ Comparative policy analysis:

- Funding models that incentivize integration across the continuum of care
- Policies that support:
 - Integrated service delivery models
 - Healthy aging through primary and integrated models of care
 - Patients in the maintenance of their health

■ Comparative evaluation of scalable health system innovations & their policy impact:

- Innovative health promotion/disease prevention delivery models to reduce future needs for complex care
- Innovative integrated service delivery models meeting needs of people with complex needs
- Innovative models of care that support healthy aging



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Process

- Teams who intend to apply for a PIHCI specific research opportunity must submit a **Letter of Intent (LOI)**
 - A new, pan-Canadian LOI has been developed to assist with meaningful cross-jurisdictional engagement
- LOIs undergo an operational review to ensure:
 - *Alignment with BRIC NS priorities*
 - *Opportunity requirements (patient engagement, interjurisdictional partners, team composition, etc.) are met*
- Successful LOIs go forward to full application and receive Letters of Support

PRIMARY AND INTEGRATED HEALTHCARE RESEARCH IN ACTION



Funded Quick Strikes

- Shared decision making for medication therapy using electronic health records
- Improving end of life care in the community
- Characterizing high system use in the primary-tertiary care continuum
- Improving Outcomes for youth with type 1 diabetes in transition to adult care
- Examining innovative supports for underserved patients
- Creation of a comprehensive health profile of children in New Brunswick and PEI and development of intra-provincial population-based birth cohorts

Improving Outcomes for Youth with Type 1 Diabetes in Transition to Adult Care Through Strengthening Integration with Primary Care: An Exploratory, Cross-Provincial Study

- Being led in Newfoundland and partnered with Ontario
- Looking at a population with complex needs (people with Type 1 diabetes transitioning from child to adult care)
- Reviewing existing transition care services in pediatric diabetes centres
- Patient-centred: Focus groups with patients with Type 1 diabetes who have recently transitioned to adult care to determine their experiences and needs
- Using community-based primary health care as the lever to improve outcomes
- Will identify interventions that are working well in both NL and ON that can be scaled and spread to other jurisdictions



Questions