

# The Canadian Health Services and Policy Research Alliance: Assessment and Options for the Future



March 20, 2022

Draft V3.0

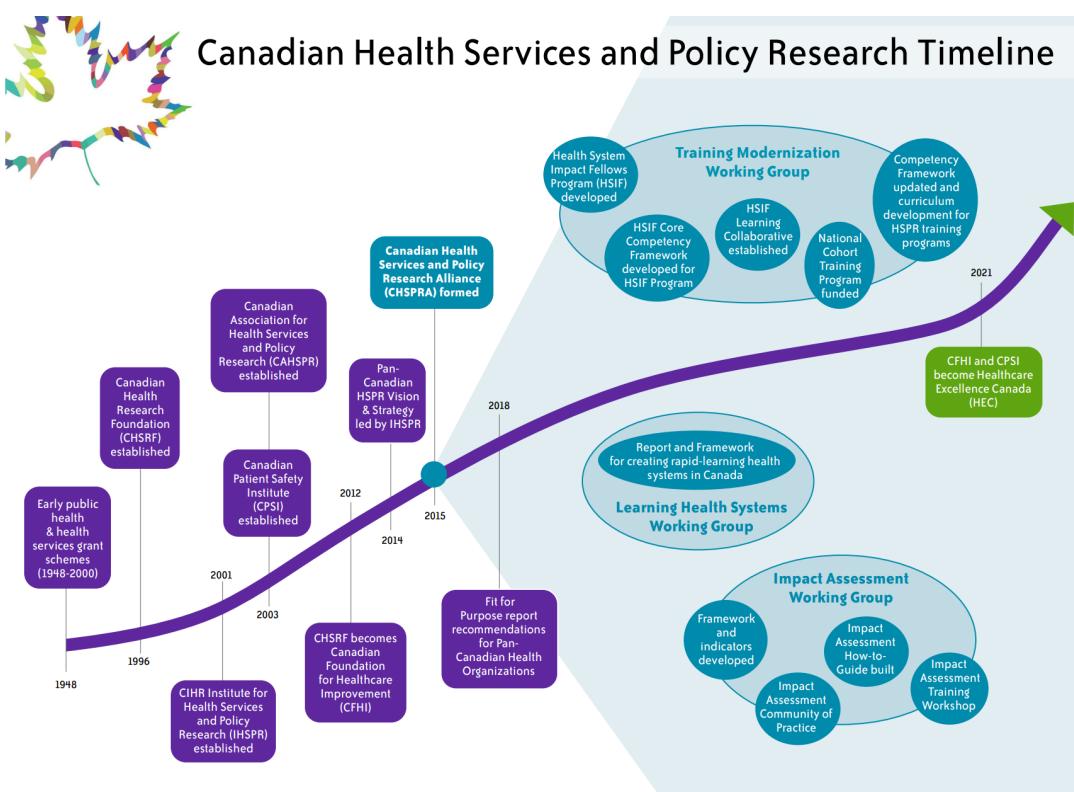
## Background

The Canadian Health Services and Policy Research Alliance brings together organizations from across the health and research systems to collaborate on specific and common priority initiatives. Initially envisioned as an effector arm stemming from the IHSPR Pan Canadian Vision and Strategy in 2014 (Executive Summary | Full Report), the Alliance has successfully developed a number of health system enabling assets that have served our collective community over the past several years.

The Alliance uses a voluntary workgroup structure and provides coordination, servant leadership and the infrastructure needed to build shared outcomes. The Impact Assessment working group has successfully expanded on the Canadian Academy of Health Sciences (CAHS) Impact Framework. The CHSPRA Informing Decision-Making Impact Framework has advanced the assessment of research impact on health services and policy decision-making and has been used by a community of organizations working to improve their ability to measure impact. The Training Modernization working group identified alternate career paths for HSPR trainees and helped established the successful CIHR Health System Impact Fellowship program.

Through its use of a "shared objectives" approach, the Alliance has demonstrated the value of a pan-Canadian forum for output and outcome-focussed collaboration. By providing leadership and the necessary discipline and infrastructure, **CHSPRA aspires to support the development of the enablers needed to translate science into practice.**

**Figure 1: CHSPRA Timeline and Working Groups**



## Purpose of this Assessment

At its inception, CHSPRA was funded through the Institute Support Grant of IHSPR. In 2018, funding transitioned to a grant awarded to Diane Finegood. As Principal Investigator, Diane assumed the role of Executive Director and the responsibility of finding a path towards sustainability. Because of the pandemic, CHSPRA has been able to use no cost extensions of the grant to continue to support current working groups and consider options for the future. The grant extensions will end in March 2023.

The purpose of this assessment is to re-engage with the HSPR community and re-consider our options for sustainability.

## Approach

This assessment is based on a series of key informant interviews with leaders in the HSPR community. The key informant discussions were guided by a loosely structured interview guide of eight questions, supported by a background document shared in advance. Eleven interviews were conducted over a 6-week period by Melissa Tamblyn and Diane Finegood. The findings were reviewed with the Alliance co-chairs and are summarized herein. Details of the key informants and questions may be found in the Appendices.

This report summarizes the key findings and recommendations stemming from this set of key informant interviews.

## Key Findings

### **1. The Alliance adds value and fills a gap**

The Alliance was seen as valuable as a pan-Canadian activator serving to incubate and build assets for broader use and uptake. The organization fills a gap and is unique in its ability to bring together provincial funders, health charities and decision makers to organize and develop enablers around common problems. The pan-Canadian orientation, a focus on shared problems and filling the role of "activator" were noted as particularly valuable. Participation of NAPHRO members was also cited as a key part of the value of the Alliance.

### **2. The loose structure combined with the rigorous approach is a critical success factor**

While the alliance "membership" is loose, the success of its efforts is contingent on outcome-focused working groups with a plan, structure and resources to develop the enabling assets. This attention to providing a "backbone structure" is key to its success. Informants reflected on the ability of the working groups to develop, incubate and then advance valuable approaches and artifacts, fulfilling important and necessary functions. Informants also recognized that the support of research trained/content knowledgeable "project activators" was essential to work group success.

### **3. The focus on health and research system connections is appropriate and centres the idea of learning health systems**

The Alliance was described as "an activator of learning health systems".

In 2017, CHSPRA started its third Working Group on Learning Health Systems. That group commissioned the McMaster Health Forum to do a [review of rapid-learning health systems in Canada](#). This rapid review found that there is no "recipe" for creating rapid-learning health systems. The scan showed that Canada has a "remarkably rich" set of assets for learning health systems, but also many gaps. This work enabled several thoughtful dialogues, but no clear project to take forward.

At our last face-to-face AGM in 2019, we asked the question is CHSPRA itself guided by the learning health system concept? More than 70% of the attendees agreed with the idea of changing our name to include 'Learning Health Systems'.

This assessment has reminded us that CHSPRA should remain focussed on being an activator of learning health systems by connecting the health and research systems to solve systemic problems.

### **4. Finding the right focus for working groups is key**

The Alliance's success to date has been greatest when the working group problem is shared across multiple organizations and the outcomes and artifacts of the working group are fairly well defined and desired. Unfortunately, during the pandemic new problems for CHSPRA "to solve" were not a priority. The LHS Working Group became dormant and no new working groups were formed.

During the pandemic, CHSPRA's leadership has been focussed on finding an option for sustainability and maintaining the activity of the current working groups. Multiple paths to sustainability have been considered and discussed including member fees, co-operative governance and merger with CAHSPR. Our key informants identified pros and cons of various approaches with no clear path forward.

Informants suggested that now is the time to find the next important problem on which a new working group might be formed. Finding funding has taken precedence over building new value, yet working groups are the basis for creating value worth funding. In thinking about the future of the Alliance, choosing the right areas of focus will be critical to its sustainability.

### **5. Awareness of the Alliance is relatively low**

Among the key informants, there were varying levels of awareness of the Alliance and its activities. This was in part by design, but the level of awareness was lower than expected. As resource conservation was key to CHSPRA's sustainability during the current grant funded phase, little to no attention was given to communications. Current work to update the website and hold an annual meeting are part of addressing this finding.

## Recommendations

These recommendations are working directions based on the findings of this assessment and should be reviewed and refined with the broader Alliance executive and community. Recommendations focus both on what the Alliance should be working toward as well as how these efforts can and should be sustained. The Alliance should remain nimble and undertake efforts that are focused and have clear value and outcomes. Now is not the time to make "big" or long-term decisions about CHSPRA's status, but rather to reenergize it and contextualize its efforts within the community today.

- **Develop next phase scope of work**

The work of the Alliance lies in activating the elements of learning health systems at the pan-Canadian level. The foundation for the future of the Alliance lies in the work it does. No funding model or governance structure takes the place of the valuable work it does and the planning and addressing of "wicked problems". In addition to updating, continuing, and strengthening the mandate of the 2 active working groups, a **new working group** should be established starting with the suggestions of informants (see appendices). The sustainability of the Alliance lies in getting this right and in the interest and in-kind contributions that participants will make to this effort.

- **Reboot the brand**

The awareness of the Alliance is low, but the products and efforts created to date are valuable and in use. Within the context of the future Alliance and pan Canadian HSPR planning, the historic work and approach of the Alliance should be shared more broadly as the foundation for its next phase of activity. The work currently taking place to update the web site and planning for the AGM in the spring are all strong initial efforts to move in this direction. Leadership could consider undertaking relationship mapping that outlines the Alliance participant organizations and the degree of collaboration with other HSPR organizations including CAHSPR.

- **Look to interim or bridge funding model for next ~2 years**

The potential value of the Alliance in a post-pandemic world is significant. The kernels of an enabler for learning health system development exist. Moving forward by working with CIHR, IHSPR, NAPHRO and Health Charities Coalition members is a powerful alliance for collaboration. While the current grant funding will soon expire, a new lifeline may be a next best step to advance this work and continue to search to find a home.

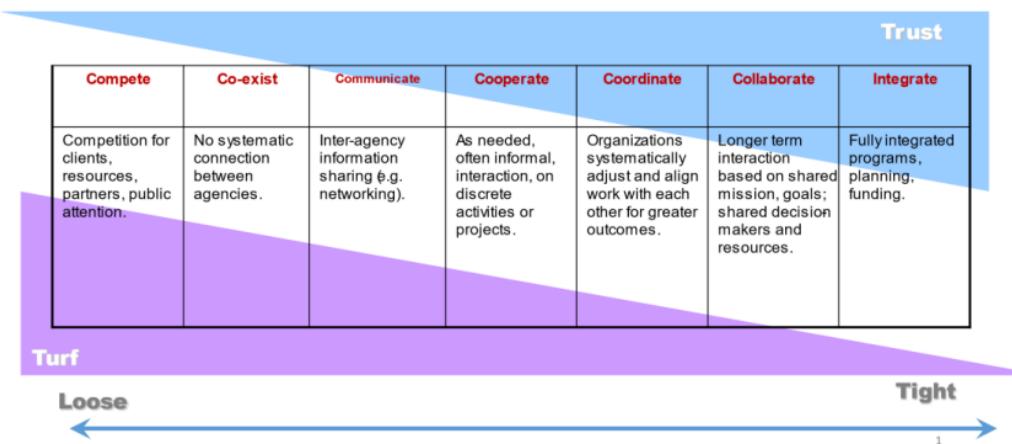
Funding needs to be sufficient to ensure that the work does not become something that takes place "off the side of the desk". It must enable a part time leader as well as activators for the working groups to support planning and development of working group activities and outputs.

- **Continue to collaborate with CAHSPR**

For a time CHSPRA pursued the idea of formal integration of the Alliance with CAHSPR since it made sense not to have two member-based organizations in the HSPR space. But the form and function of the two organizations is quite distinct. While the initial target was "integration", "coordination" or "collaboration" is likely a better target for the future (Figure 2).

**Figure 2: The Tamarack Collaboration Spectrum**

## The Collaboration Spectrum



## Conclusion

The Canadian Health Service and Policy Research Alliance was born from strategy and innovation as an effector arm for connecting the health and research systems. Valuable collaboration ensued and artifacts around training and impact assessment have landed in the community and been taken up in the form of health system fellowships and as a means for providing new tools for assessing impact. With a renewed mandate, grant funding and the recruitment of the next phase of active participants, the Alliance will have the basis of a more sustainable future.

## Appendix I: Potential New Working Group

### **Working Group on Funding for ....**

Many informants spoke of the challenges associated with funding the collaborative work needed to address complex challenges. This gap is felt by many organizations including CHSPRA. This work is typically work done 'off the side of one's desk', often without credit assigned in our mostly transactional way of assessing outputs and outcomes. Building relationships and trust is hard work and time consuming, yet essential in tackling complex challenges.

#### Potential Questions of Interest

- What is meant by a "fund and foster" approach? What does it look like?
- How can funding program parameters enable more learning systems?
- How can funding models enable new connections and pathways that make up learning health systems?
- How can funding models support sustainability?
- What can we learn from the experiences of others about the fund and foster approach?
- What can we learn from those who do systems grant-making?
- What need to be key features of a funding model for learning health systems?

#### Who Might be Interested

- CHSPRA
- IHSPR
- CIHR
- NAPHRO members
- Health Charities

## Appendix II: Key Informant Interview Guide

1. How would you describe your relationship to the Alliance work to date? (eg closely involved, loosely involved, unininvolved)
2. What is your perception (or experience with) of the work of the Canadian Health Services and Policy Research Alliance?
3. Are you familiar with any of the assets/ work products created by the Alliance and how they are being used today and what is your perspective on their value and utility?
4. What do you see as the value of project-related collaboration of this community on a pan Canadian level?
5. What do you see are the emerging themes or areas for future similar collaboration and why?
6. Based on your experience with the Alliance or similar collaborative efforts, what are the criteria for/ enablers of success?

## Appendix III: Key Informants

- Jennifer Zelmer, CEO, Health Excellence Canada
- Stephen Bornstein, Professor, Community Health and Humanities and Director of the Newfoundland and Labrador Centre for Applied Health Research (MUN)
- Michael Schull, CEO, ICES
- Robyn Tamblyn, Professor, Faculty of Medicine and Health Sciences, Epidemiology, Biostatistics and Occupational Health
- Frank Gavin, Director, Canadian Family Advisory Network
- Kathryn Graham, Executive Director, Alberta Innovates
- Tim Murphy, Vice President, Health, Alberta Innovates
- Dave Prowten, President & CEO, JDRF
- Christina Weise, President and CEO, Weise Insights Ltd
- Jean Louis Denis, Principal scientist. CHUM Research Centre, Professor, health policy and management, University of Montreal, School of Public Health (ESPUM)
- Connie Cote, CEO, Health Charities Coalition of Canada