
Health Services & Policy Research: Canada

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Overview

- i. Canada and the health care system**
- ii. Canadian Institutes of Health Research (CIHR) – blending biomedical, clinical, health services and policy, and population health research**
- iii. Other funders of health services and policy research in Canada**
- iv. Coordination (or disorganization) of health services and policy research**

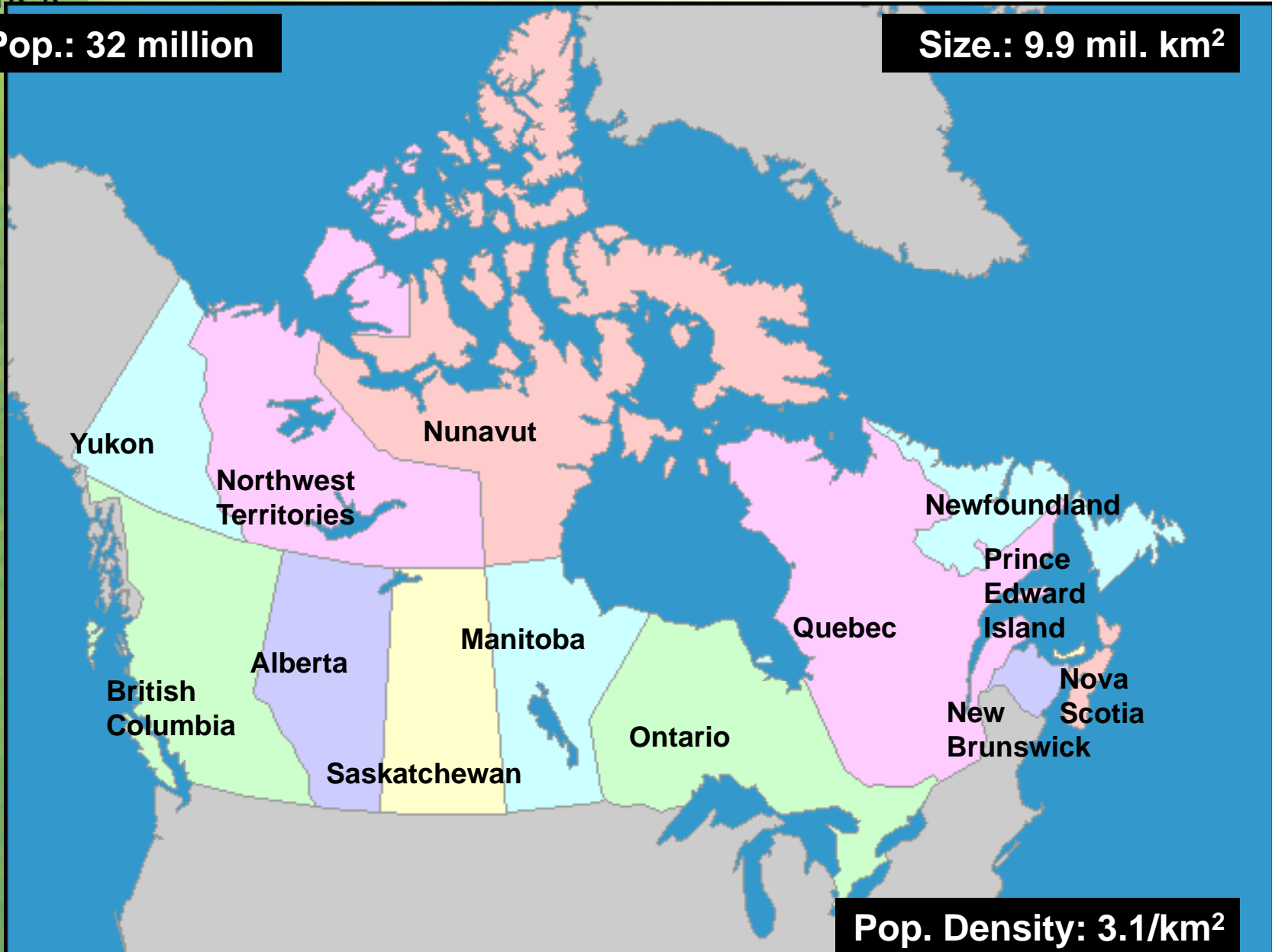


CIHR IRSC

CANADA

Pop.: 32 million

Size.: 9.9 mil. km²



Pop. Density: 3.1/km²





CIHR IRSC

Netherlands

NETHERLANDS

Pop.: 16.6 million

Size: 41,526 km²



Population density:
395/km² (100x
Canada)

AN AERIAL VIEW OF WHO IS RESPONSIBLE FOR MISHANDLING SARS:



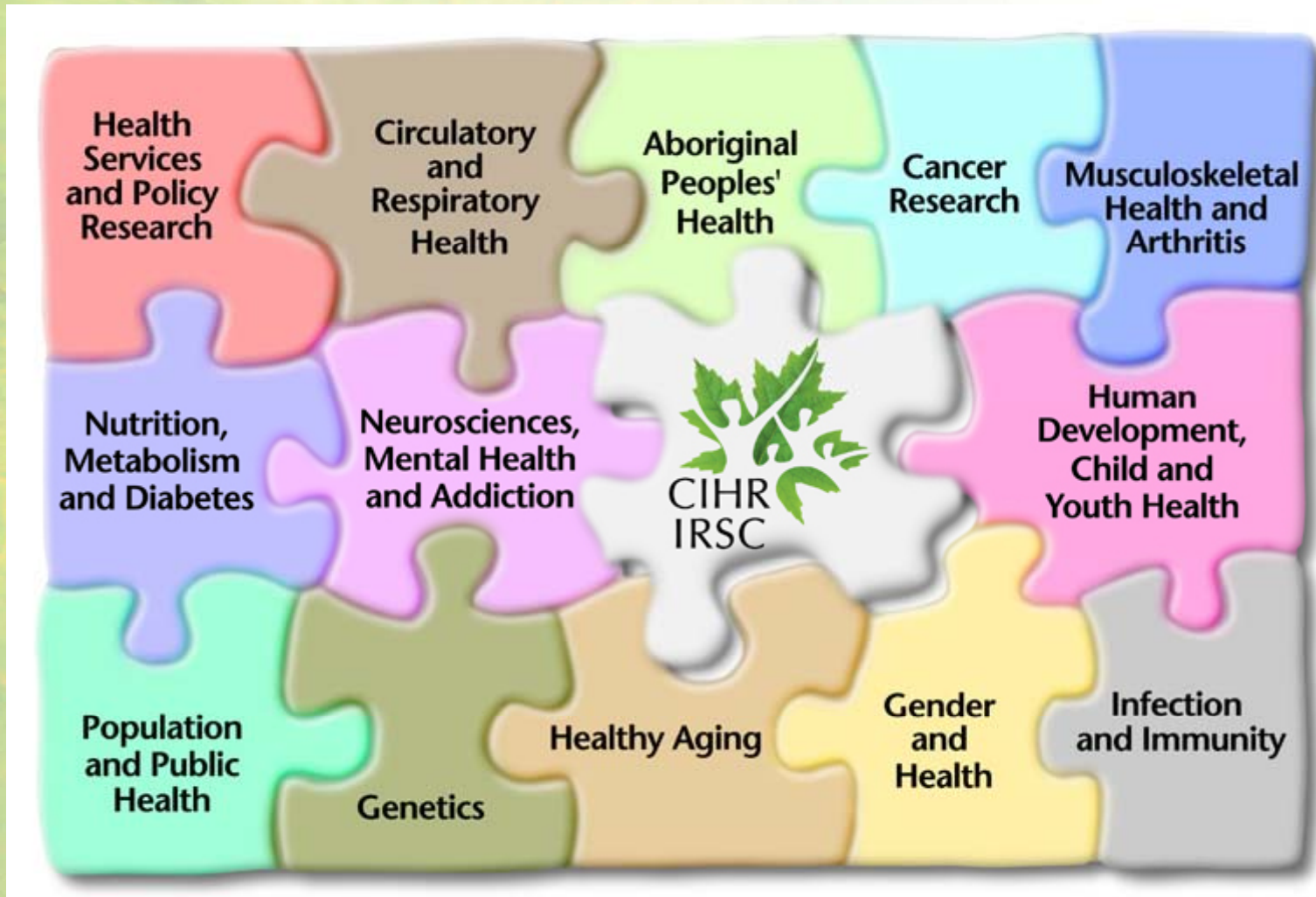
DAILY NEWS
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Multiple Funders of Research in the Canadian System – CIHR is the largest

CIHR is:

- **\$800 million plus organization (FEDERAL funds)**
- **Similar to the NIH in the US with 13 virtual Institutes across the country**
- **An amalgamation of biomedical, clinical, health services/policy, and population health research**

CIHR'S 13 Institutes: all meant to address health services and policy research and population health



CIHR'S Mandate Includes Health Services and Policy Research (Pillar III)

"To excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system."



Two major avenues of grant funding:
70% OPEN

30% Strategic

- **OPEN COMPETITIONS**

- **Operating Grants**

Any area of health
research

“Investigator-initiated”
research topics

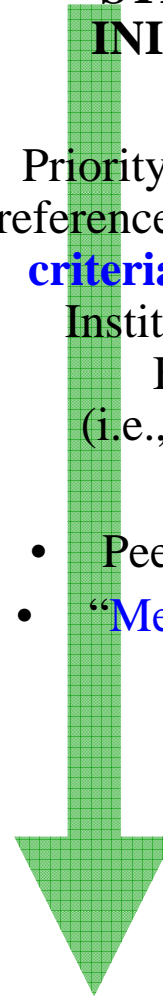
Peer review



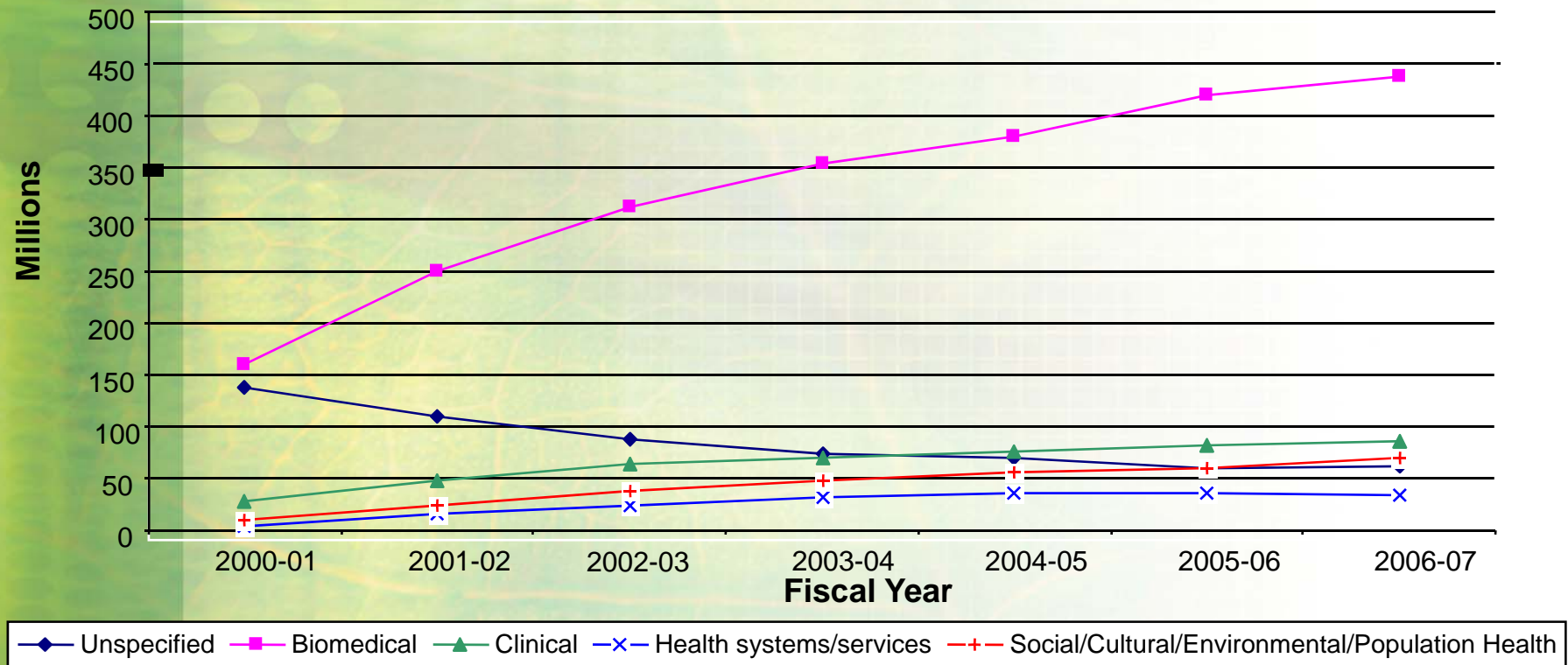
- **STRATEGIC INITIATIVES**

- Priority areas, terms of reference **and evaluation criteria** are chosen by Institutes or CIHR Branches (i.e., Ethics, KT)

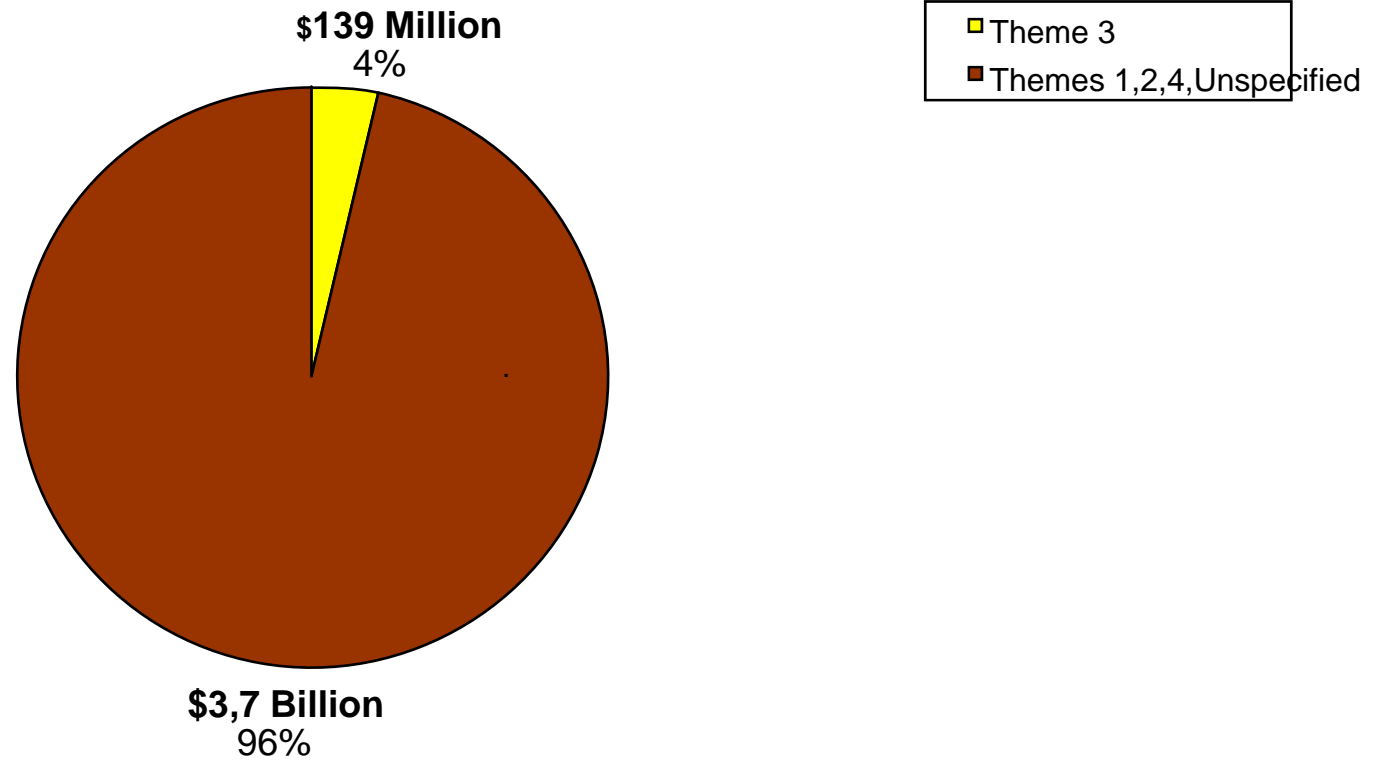
- Peer review or
- “**Merit Review**”



Cross-Theme Comparison of CIHR funding

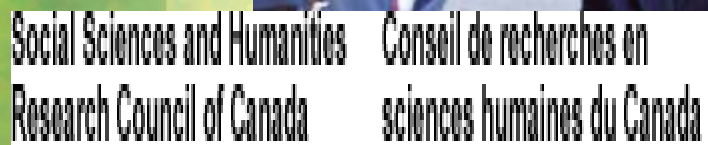


But we still have a long way to go – Total Theme 3 projects funded 2000-2001 to 2006-2007 (grants & awards, open & strategic, based on validated theme 3 projects)





Working with National Partners



More detail on key national partners and players

Canadian Health Services Research Foundation (CHSRF): its primary focus is now on training decision-makers and enhancing their appreciation and use of research evidence; less on funding research

Canadian Institute for Health Information (CIHI) collects and maintains data-sets from provincial and federal governments. The CIHI also regularly produces a number of public reports, and works closely with governments to assist them in understanding their health systems. It does not fund research generally but does commission researchers to produce studies.

The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.

Health Council is a body comprised of representatives of the federal and provincial governments, researchers, providers, public and patients to provide independent advice (like the Dutch Health Council, except with a much smaller budget -- \$5 million maximum)

The Canadian Foundation for Innovation (CFI) is primary funder of research infrastructure

- An independent corporation created by the Government of Canada
- Research infrastructure consists of the state-of-the-art equipment, buildings, laboratories, and databases required to conduct research

There are other research funders across the country – Provincial funders (and charities, etc.)





Canadian (Provincial) Research Funders, Cont.

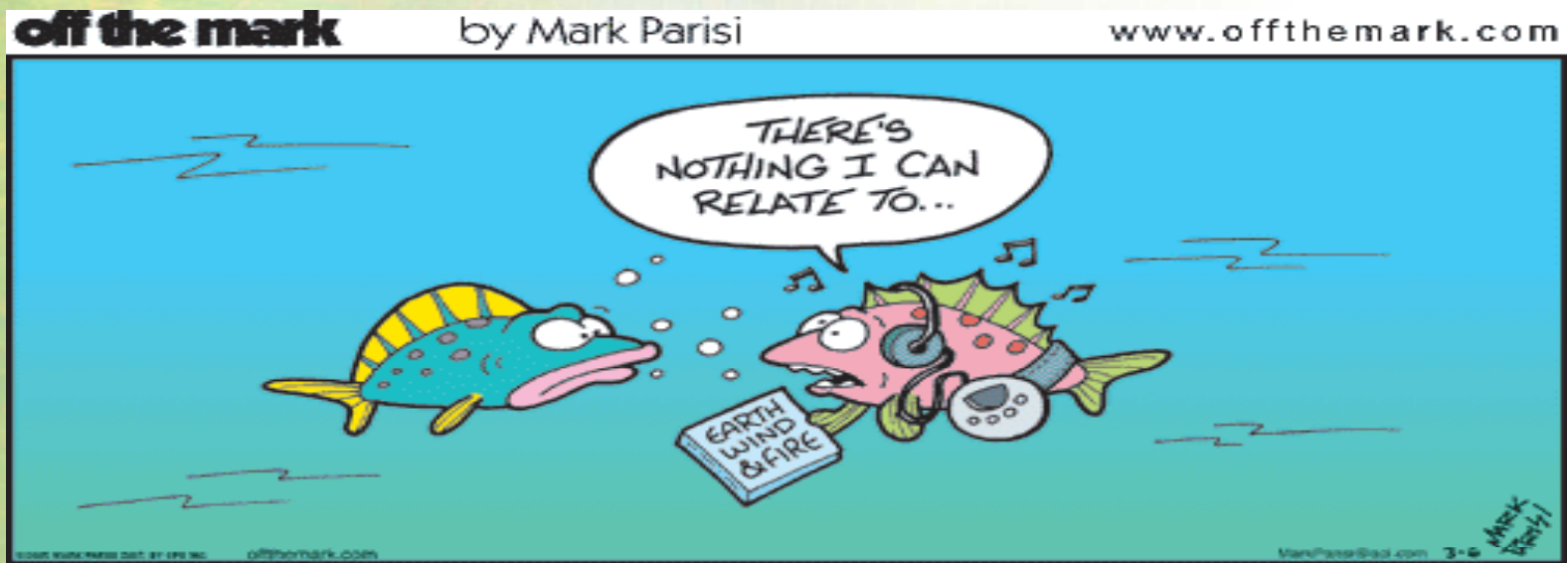
Fonds de la recherche en santé - Québec



Newfoundland & Labrador Centre for Applied Health Research

Setting Priorities for Health Services and Policy Research: Consultation with Decision-makers

The *Listening for Directions*, a national consultation process, identifies priority areas where research investments are most likely to help improve system-level decision making.





Listening for Direction III Research Themes 2007 PROCESS

Workforce and the work environment

Change management for improved practice and improved health

Data, information and knowledge management

Values-based decision-making and public engagement

Patient-centered care

Patient flow and system integration

Chronic disease prevention and management

Health system financing and sustainability

Emerging technologies and drugs

Quality and patient safety

Linking population and public health to health services

1. “What does the infrastructure for health services research look like and does this infrastructure lead to stable and structured research programs, or rather to ad hoc research (programs)? What are the pros and cons?”

- i. Relatively stable open grant funding (investigator-driven); however, increased capacity is causing success rates to plummet (more people are applying for the same pool of funds)
- ii. Other sources of funding are probably better suited for health services and policy research including Partnerships for Health Systems Improvement (requires decision-makers to work with researchers)
- iii. Funding for health services and policy research has to compete at the federal level with biomedical, clinical and population health; currently only 4% of total spending goes to health services and policy research at CIHR
- iv. Multiple funders of health services and policy research: a national framework to determine decision-maker priorities (*Listening for Direction*) but relatively little coordination thereafter
- v. Multiple funders of research at the provincial level; all funders keen to develop capacity but less enthusiasm for funding base operating funds.

2. “How does the health care system in your country affect health services research and its interaction with policy makers and health care managers?”

Disconnect and discord between the Federal and Provincial governments: health care is a matter of provincial jurisdiction but the Federal government has taxation and spending powers

Disconnect between federal research funding organizations and provincial funding agencies

BIGGEST PROBLEM: All research agencies and governments are interested in investing in capacity building (more people, more infrastructure); few are investing in sustaining people and infrastructure through operating grants

3. “How can stakeholders, such as policy makers, health care managers and patient groups, influence research programs? Is that a structured process?”

Yes there is a structured process that coordinates national consultations – *Listening for Direction* process

BUT MORE IMPORTANTLY INFLUENCE OCCURS THROUGH INNOVATIVE FUNDING TOOLS that require interactions between decision-makers and researchers, like **Partnerships for Health Systems Improvement (PHSI)**

A Quick Overview of PHSI

A visionary and innovative program for supporting **applied** and **policy-relevant** health systems and services (including public health) research that is deemed high priority in national consultations by Canada's health care decision makers

Provides operating grants of \$300K (min) total for a maximum duration of 3 years (**in the process of increasing to \$500 k**)

Requires 1:1 or 2:1 (for smaller and poorer provinces) matching cash or in-kind contributions from DECISION-MAKING PARTNERS

Merit is **reviewed**

** In process: Development funds (\$15 K) to bring researchers and decision makers together to start partnership process before full-scale application

4. “Does an infrastructure for evidence-informed decision making exist? What does it look like and what are the pros and cons?”

Canadian Health Services Research Foundation focuses on training decision-makers within government to be receptors for research evidence

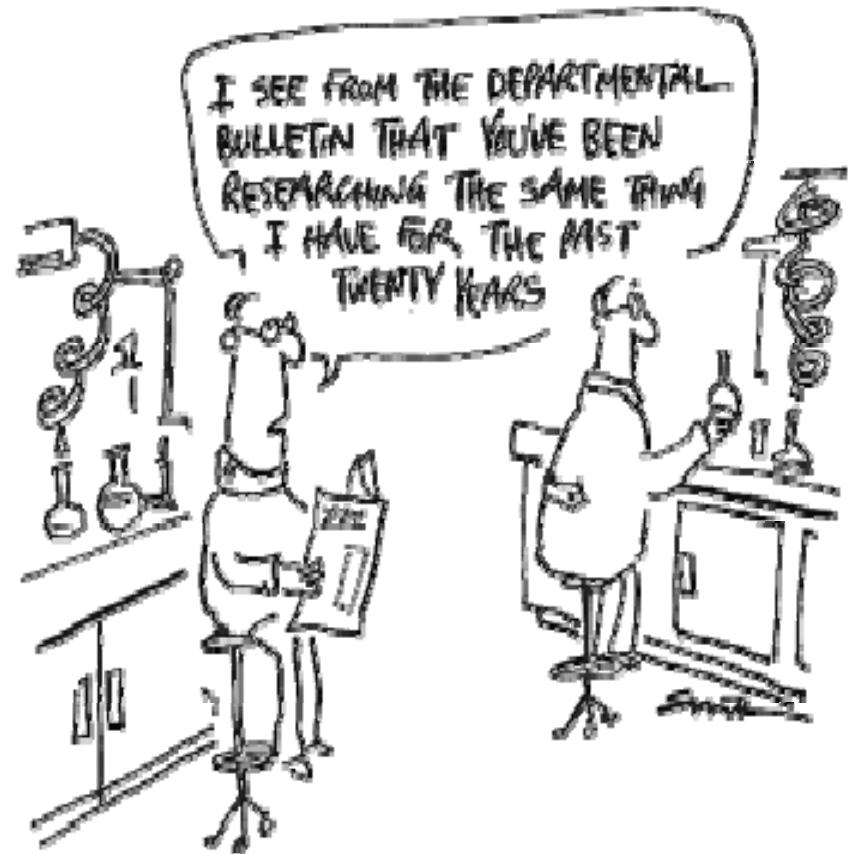
No formal mechanisms require that decision-making be evidence-informed; it is variable and dependent on leadership, culture, political factors, etc.

Democracy – through a free press etc., does help by sometimes shaming decision-makers with research evidence out of bad decision-making

Research agencies need to provide more *timely* and *relevant* research to decision-makers; decision-makers themselves need to be trained to understand and use research evidence (*push and pull* is required)

5. *“How would you rate the contribution of health services research to health care policy and health care practice? Has this contribution increased during the last decade, and if so: how? Do you see room for further improvement?”*

- **Only now beginning to try to demonstrate impact from investment in health research (telling “stories” is the limit so far; see CIHR-IHSPR KT Casebook; see also the CHSRF “Received Wisdoms: How health systems are using evidence to inform decision-making.”)**



Lost in Translation?

- **Problems that sometimes the research is clear but still few incentives within the system to act upon change or frustration on the part of decision-makers with respect to implementation of research evidence; increasing calls for investment in research in change management**
- **Increased use of evidence: but still a long way to go**



Informing Wait Time Benchmarks in Canada

- In February 2005 CIHR partnered with (1) the Conference of Provincial and Territorial Deputy Ministers of Health and (2) Health Canada to fund 8 rapid research synthesis projects to inform the government's commitment to develop evidence-based benchmarks for medically acceptable wait times in 5 key clinical areas
- **This work informed the development of Canada's first ever wait time benchmarks for health services in 3 of the 5 priority areas, announced by P/T Ministers in December 2005**

Safer Health Care at the Click of a Button

- CIHR-funded researchers developed a unique computerized drug management system to avoid prescribing errors
- MOXXI (Medical Office of the 21st Century) helps doctors see a patient's medication and hospitalization records, electronically prescribe a new medication or stop an old medication, and check for potentially harmful drug interactions or allergies before deciding how to treat a patient
- Also benefits the quality and cost-effectiveness of drug prescribing

6. “Where do you see opportunities for international cooperation?”



Funding of international collaborations to learn from cross-national experiences (and co-ordinating investments to eliminate duplication and increase impact)

Further colloquiums on innovative funding models: best practices, success and failures, etc.

Summer Institutes: training students and decision-makers