Overview

1. CIHR Signature Initiative in Community-based Primary Healthcare (CBPHC)
   - Overview & update
   - Opportunities for collaboration
2. CIHR Initiative in Evidence-Informed Healthcare Renewal (EIHR)
   - Overview & update
   - Opportunities for collaboration
Roadmap signature initiatives

- Community-Based Primary Healthcare Research
- Evidence Informed Healthcare Renewal

Support a high-quality, accessible and sustainable health care system (Strategic Direction #2)
CIHR’s Roadmap Strategic Initiative on Community-Based Primary Healthcare Research

Why CBPHC?

• Every province & many other countries are embarking upon CBPHC reform; variability offers unprecedented and rich opportunities for comparative research.

• CIHR is leading Canada on a coordinated national CBPHC research strategy that for the first time will capitalize at a national level on provincial reform and investments.

• Evidence from other countries suggests that concerted, coordinated CBPHC research investments can yield positive benefits in the delivery of CBPHC.
Research Priority #1
Better Systems - Chronic Disease Prevention and Management in CBPHC

• How do we best manage Canadians living with chronic disease and multi-morbidity in CBPHC settings?
  – The most effective organizational, funding, and administrative models for prevention, management, and treatment
  – Health human resources
  – Safe and effective treatments
  – Information and technology to improve prevention and care
  – Patient self-management using new technologies

• What strategies can be used to evaluate and deliver personalized medicine & patient-centred care in CBPHC settings?

• How can CBPHC providers and systems better coordinate and integrate care for patients with chronic conditions to ensure smooth transitions across the continuum of care?
• What approaches are effective in improving access and outcomes in high risk groups (e.g. frail elderly, First Nations, low SES, new immigrants, rural/remote…)?

• What models of care and implementation strategies work best for the provision of effective, accessible, and culturally-appropriate CBPHC
The Funding Tools

1. CBPHC Team Grants
   • First launch of 8 teams in 2011, $500K per team for up to 5 years; expect to launch a second wave of 8 teams in 2016:
   • To encourage cross-jurisdictional, multi-disciplinary collaboration
   • To achieve greater KT impact by supporting strong community of researchers integrated with research-users as part of the teams
   • To leverage existing excellence at the local and provincial levels to foster pan-Canadian comparative research
   • To foster international comparisons and partnerships
   • Teams will focus on knowledge production, capacity building and knowledge translation activities

2. CBPHC Scientist Awards
   • Two launches of 15 scientists each, ~$100K per award for up to 5 years
   • To foster a culture of research excellence within CBPHC practice
   • To build CBPHC research capacity
   • Scientists will focus on the production of practice-relevant research evidence
CIHR Initiative in Evidence-Informed Healthcare Renewal

Leads: Dr. Robyn Tamblyn, CIHR IHSPR and Dr. Ian Graham, CIHR KT
Goal:

- To provide relevant, timely and high-quality evidence – both in the short term with discussions around healthcare renewal and 2014, and beyond for the perennial challenges of how best to finance, fund, sustain and govern provincial, territorial and federal healthcare systems

Objectives:

- Fund timely and policy-relevant research on healthcare renewal
- Build research capacity
- Advance the timely translation of research evidence to governments

Total health expenditure as a % of GDP

Source: CIHI, National Health Expenditure Trends, 2009
IHSPR worked with its IAB and an expert working group, and built upon previous events (e.g., October 2010 Invitational Symposium on Healthcare Renewal), to identify research priorities:

• **Healthcare financing and funding models**
  – E.g., Models for funding and remunerating health care services across the continuum of care and within specific sectors (e.g., community, primary care, hospital) and their impacts on incentivizing behaviour change and improving health and health system outcomes

• **Health system sustainability**
  – E.g., Understanding concepts of health system sustainability (e.g., fiscal affordability, value for money, productivity, share of GPD, share spent on health relative to other government services) across Canada and in other countries. What frameworks, models and metrics ensure sustainable health system planning and optimize health and health system outcomes?

• **Governance and accountability**
  – E.g., Frameworks and models for improving the appropriate engagement and participation of the public, patients, and/or service users in health care decision-making.
<table>
<thead>
<tr>
<th>Program</th>
<th>Anticipated # Launched</th>
<th>Budget Impact</th>
<th>Funding Duration</th>
<th>Target Launch Date(s) (Funding Start Date)</th>
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<tbody>
<tr>
<td>Evidence on Tap - Best Brains Exchange</td>
<td>13</td>
<td>$12K each</td>
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<td>Spring 2011</td>
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<tr>
<td>Knowledge Synthesis</td>
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<td>$100K each</td>
<td>1 year</td>
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<td>Partnerships for Health System Improvement</td>
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<td>$400K each</td>
<td>3 years</td>
<td>1. June 2011 (April 2012) 2. June 2012 (April 2013)</td>
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<td>Healthcare Renewal Policy Analysis</td>
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<td>2 years</td>
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<td>Doctoral Research Awards</td>
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<td>Fellowships</td>
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<td>Applied Chairs in Healthcare Renewal</td>
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<td>$925K each</td>
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<td>EIHR Research Showcase</td>
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<td>$50K</td>
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<td>Fall 2013</td>
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THANK YOU!

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