CIHR IRSC
Canadian Institutes of Health Research
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Discoveries for life / Découvertes pour la vie

LONGWOODS BREAKFAST SERIES: BRIEFINGS FROM AND FOR HEALTHCARE LEADERS

The Lessons of COVID-19 for Canadian Learning Health Systems

Rick Glazier, Scientific Director
Institute of Health Services and Policy Research (IHSPR)

October 21, 2020

Today's Talk

- CIHR and IHSPR
- Learning health systems
- IHSPR's emerging priorities
- Impacts of COVID-19
- Lessons/opportunities
- Your input

Conflicts of Interest Disclosure

- Salary support: CIHR, ICES, St. Michael's Hospital
- IHSPR host institution: ICES
- Research grants: CIHR, Ontario Ministry of Health
- Clinical income: Ontario Ministry of Health
- Corporate or private funding: none

About CIHR

Canadian Institutes of Health Research (CIHR) is Canada's health research investment agency with an annual budget of $1 billion.

CIHR's mandate is 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 system.

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13 CIHR Institutes

Created in 2000, CIHR is a unique model for health research.

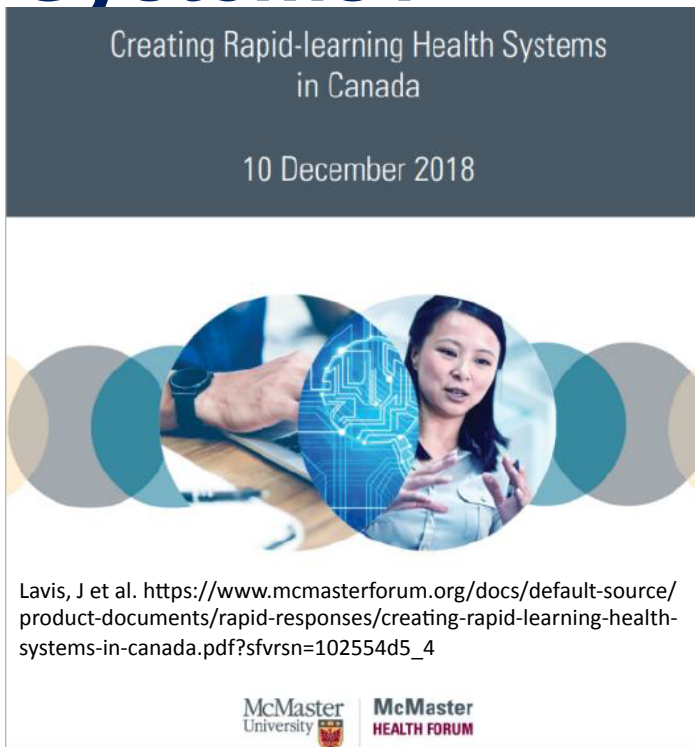
IHSPR is dedicated to supporting innovative research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, financed, paid for, used and delivered, in the interest of improving the health and quality of life of all Canadians

Learning Health System

- *A learning health care system is one in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience*.

(Roundtable on Value & Science-Driven Health Care, 2012)

Does Canada have Learning Health Systems?

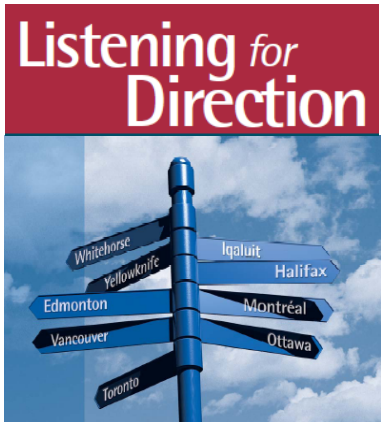


What they found

- no 'recipe' but factors or strategies in particular contexts
- rich list of assets for the health system as a whole and for the primary-care sector and elderly but notable gaps
- Four examples
    1) primary-care sector in Newfoundland and Labrador;
    2) elderly population in Alberta;
    3) opioid crisis in Quebec; and
    4) Mississauga Halton region in Ontario
- Many windows of opportunity in health systems such as in B.C., Ontario and New Brunswick.
- Need to develop accreditation standards and other supports for rapid-learning health organizations and systems

IHSPR Priorities Through Time

2000 - 2008



Health workforce • Timely access to care • Managing for quality & safety • Sustainable funding & ethical resource allocation • Governance & accountability • Managing & adapting to change • Understanding & responding to public expectations • Linking care across place, time & settings • Linking public health to health services

2009 - 2014

- Drug Policy
- Access to appropriate care across the continuum
- Health information
- Financing, sustainability, governance

2015 - 2019

- Learning Health Systems
- eHealth
- Healthy aging in the community
- Financing, funding, sustainability

The Context

Virtual health care gets positive early reviews in New Brunswick

UWinnipeg Indigenous health research receives $3.5 million boost

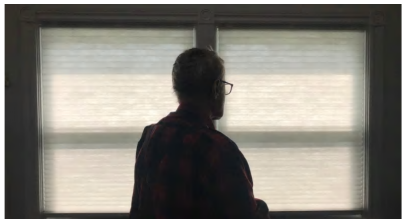
NATIONAL POST

Mandatory masks made big impact on Ontario's COVID-19 trajectory: study

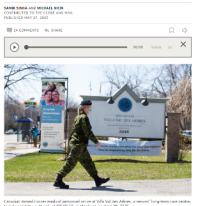
Husband, 83, dies with medical assistance after wife's court bid to stop him fails

Jack Sorenson of Bridgewater, N.S., died on Saturday following legal battle with wife over MAID

Taryn Grant · CBC News · Posted: Oct 06, 2020 11:41 AM AT | Last Updated: October 6



Canada's soldiers have provided a wake-up call for our long-term care system



Racism in the medical system goes far beyond a few bad apples

Toronto

Can 'The Culture' Make Mental Health Cool?

Health minister says Canadians 'can make a difference' by celebrating Thanksgiving virtually

Problems in Ontario long-term care homes need fixing now, PSWs and unions tell province

B.C. Supreme Court rules against private healthcare centre, sides with province

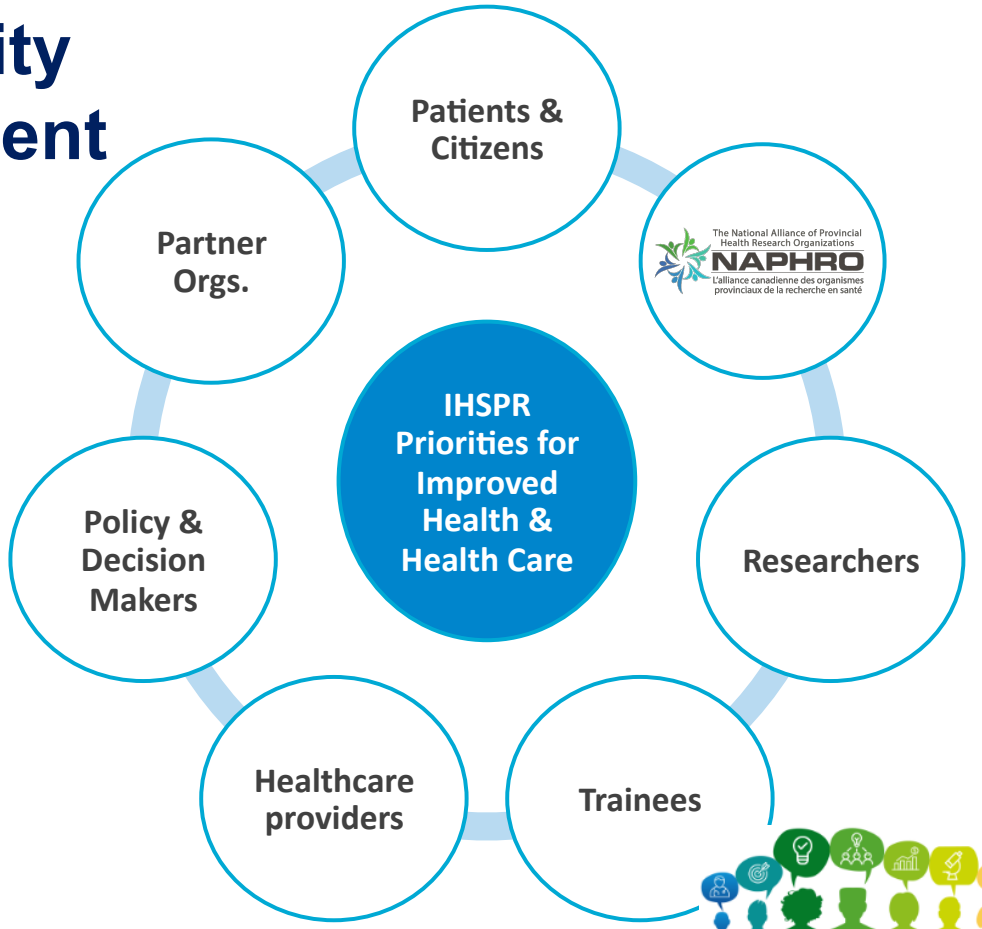
Globalnews.ca

Joyce Echaquan's death highlights systemic racism in health care, experts say

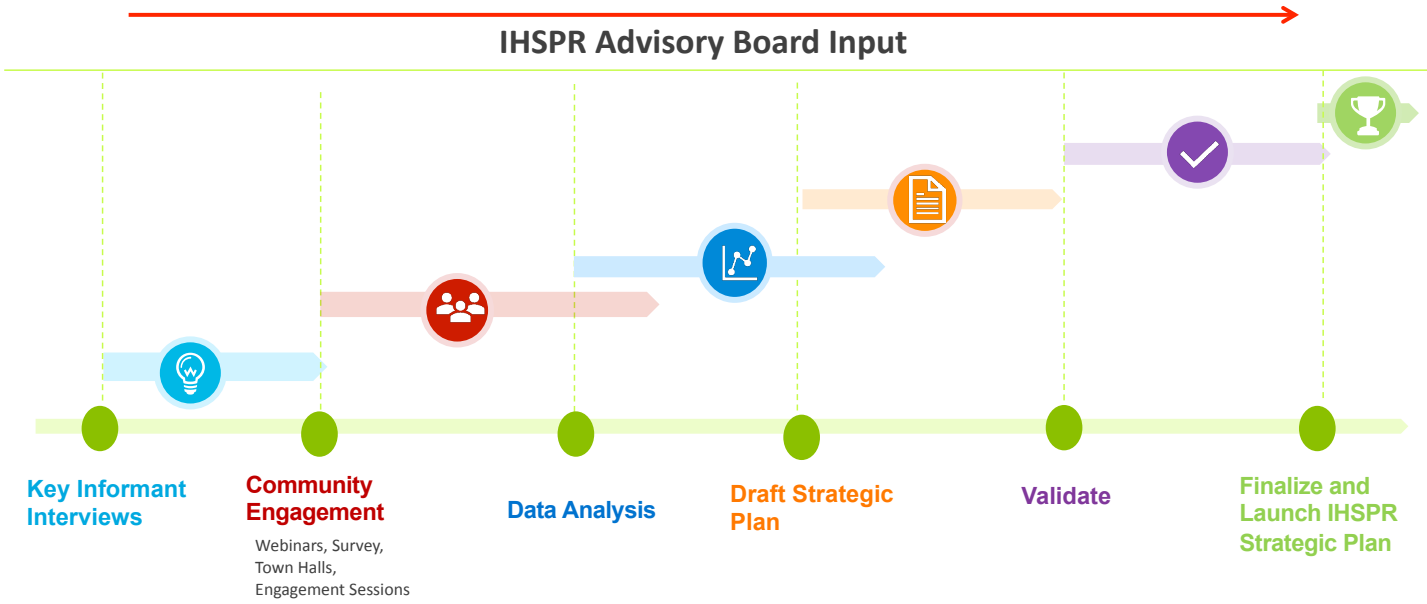
Joyce Echaquan's death highlights systemic racism in health care, experts say. By Morgan Lowrie and Kelly Geraldine Malone The Canadian ...

3 days ago

Community Engagement



Engagement Strategy



Partnerships = Collective Impact

Setting Priorities for Health Services and Policy Research

- Over-arching themes:
  - **Health system needs fundamental reform**
    - fragmentation, weak governance, long waits
  - **Evidence does not reliably inform policy or practice**
    - up to 17 years
  - **Need to leverage technology and data**
    - far behind others

Health System: Structural Issues

<u>hospitals</u>
global budget

<u>long-term care</u>
number of beds

<u>doctors</u>
FFS

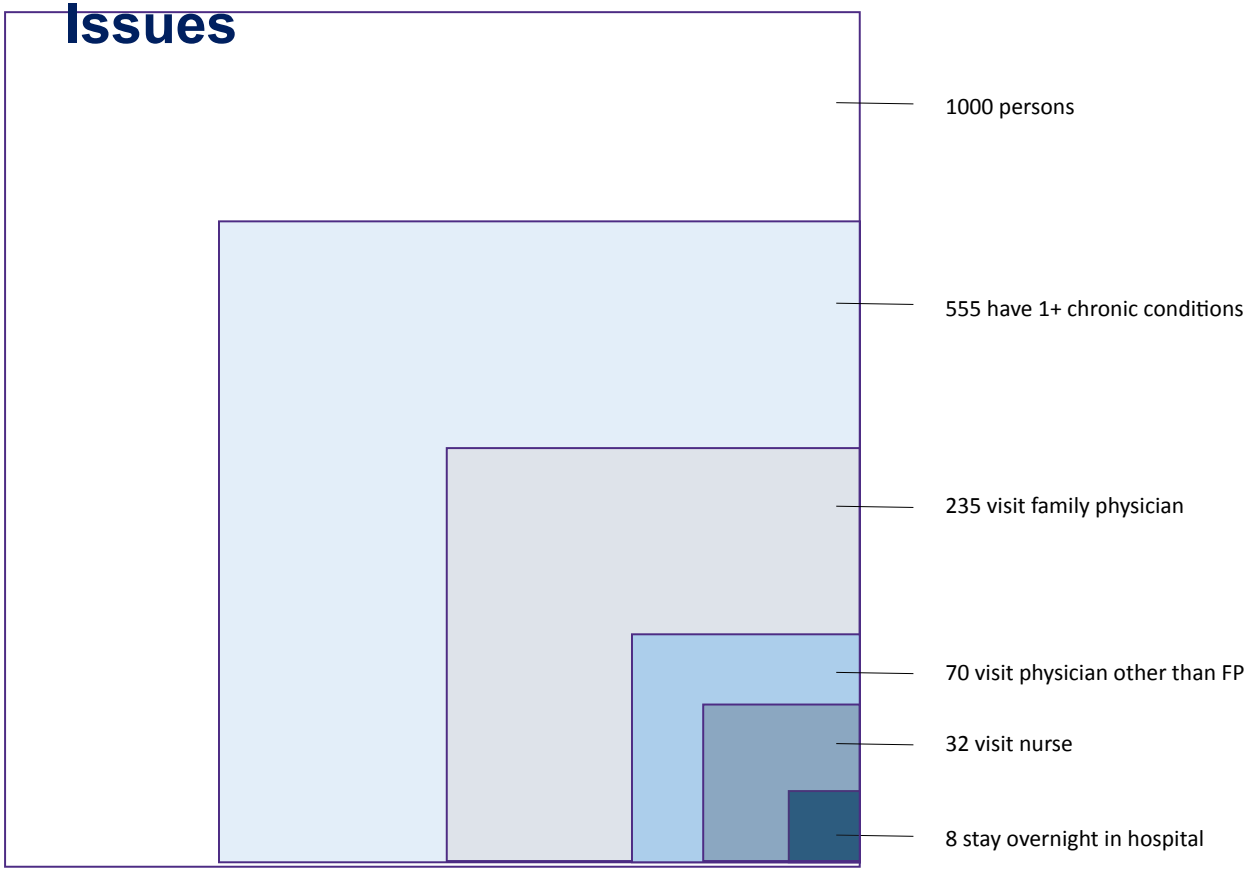
} Paid from separate budgets } 13+ systems

- few accountabilities
- weak measurement
- few networks
- little governance
- not many teams
- mostly FFS
- not organized or connected

→ focus on hospitals, illness and individuals
→ long waits
→ inequities in access and outcomes
→ patient and public voices insufficiently heard

Health System: Investment Issues

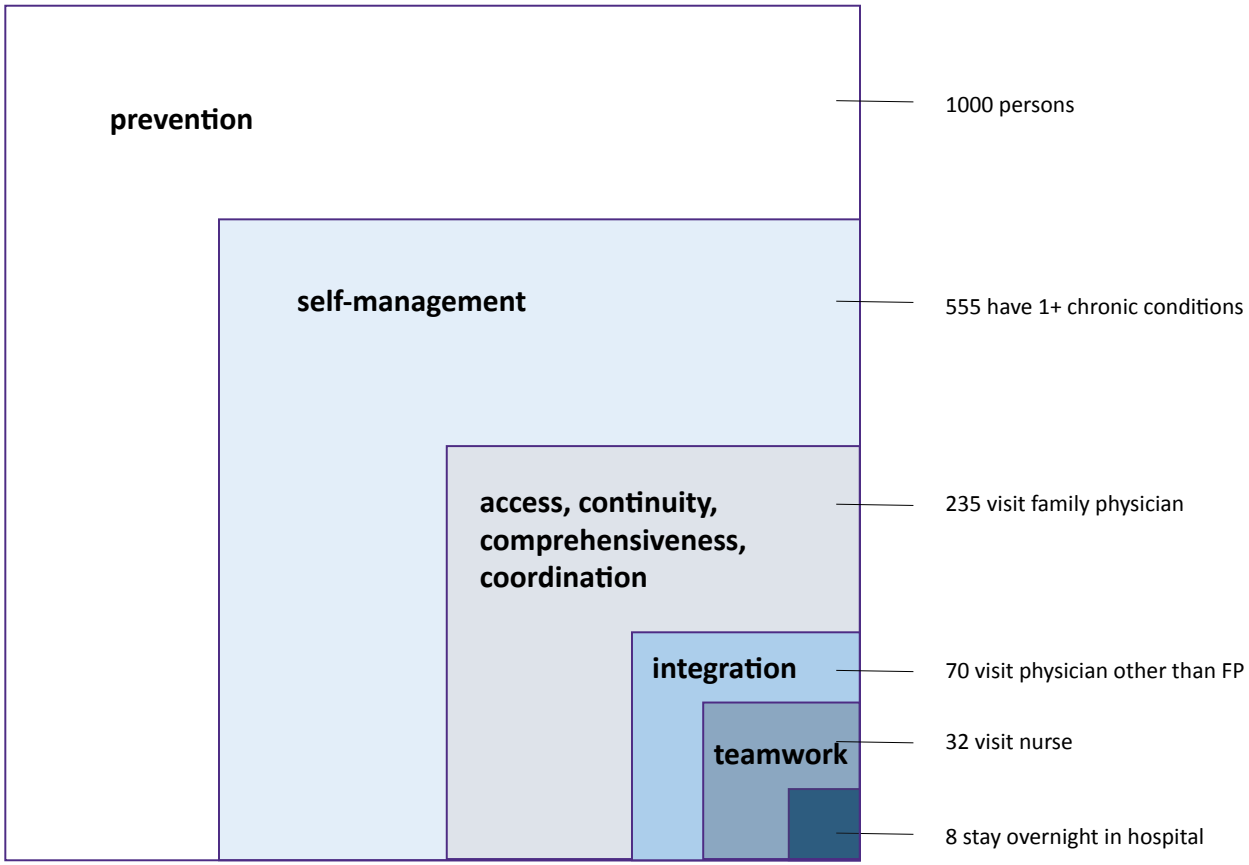
Standardized Monthly Rates – Canada Ages 15+



Stewart M, Ryan B. Ecology of health care in Canada. Can Fam Physician, 2015 May 1; 61 (5): 449-53.

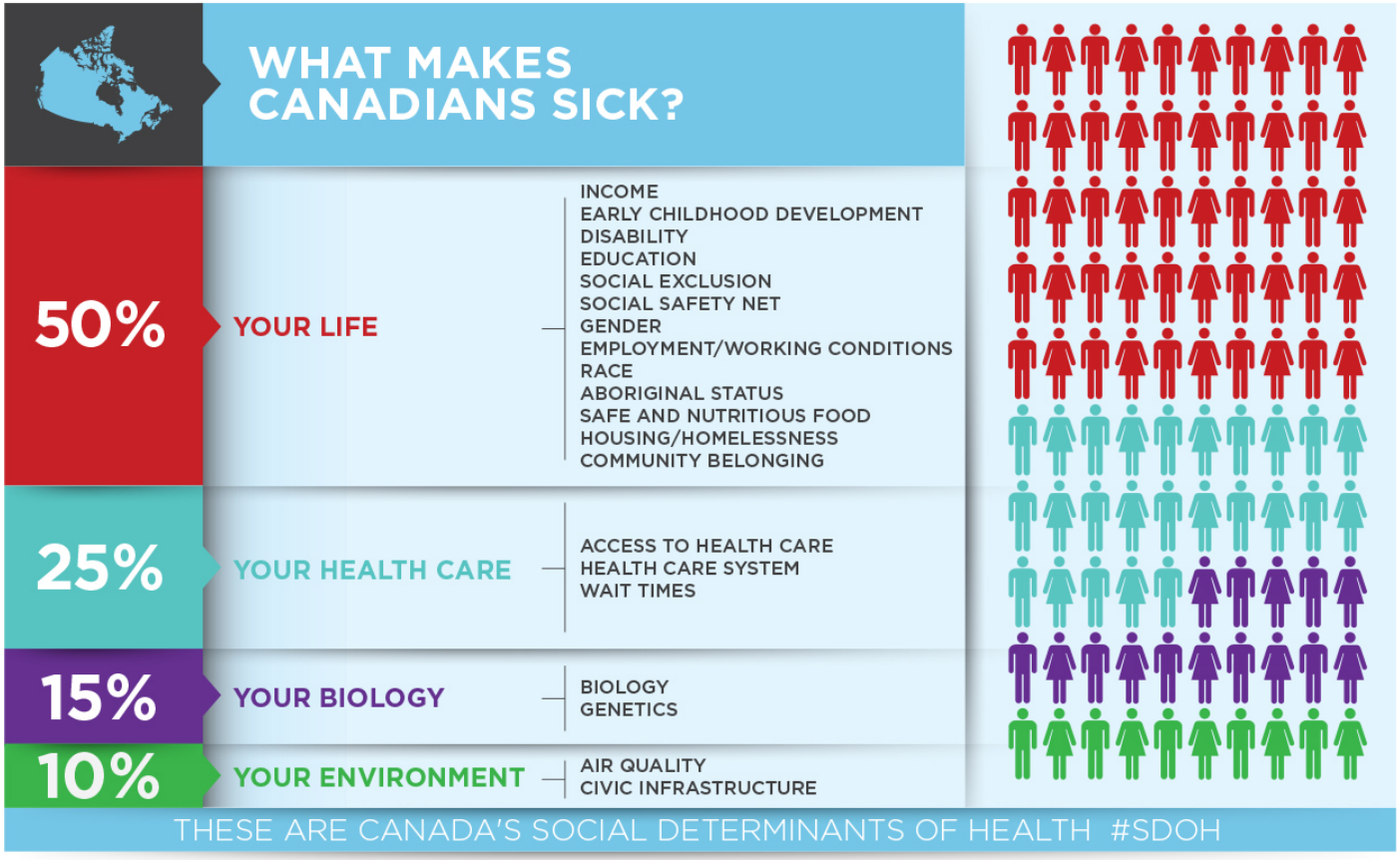
Health System: Investment Issues ($264 billion per yea

Standardized Monthly Rates – Canada Ages 15+



Stewart M, Ryan B. Ecology of health care in Canada. Can Fam Physician, 2015 May 1; 61 (5): 449-53.

Health System: Priority Issues



Canadian Medical Association, 2013
http://healthcaretransformation.ca/infographic-social-determinants-of-health/

Evidence to Policy and Practice

The Canadian Health Services and Policy Research Alliance (CHSPRA) https://www.chspra.ca/

The Vision

Research intelligence drives health system transformation in Canada

The Mission

Build and sustain an integrated, high performing pan-Canadian HSPR community that adds value to the health of Canadians and health services for Canadians

Training Modernization

Impact Assessment

Learning Health Systems

Evidence to Policy and Practice

The Health System Impact Fellowship*

*Re-launching soon!

1

Support Impact-Oriented Career Paths

- Elevate PhD trainees' and post-doctoral fellows' career readiness and ability to make an impact in a broader range of employment sectors.

2

Expand and Enrich the Traditional Training Environment

- Engage health system and related organizations in preparing a cadre of promising PhD-trained individuals for successful, impactful careers.

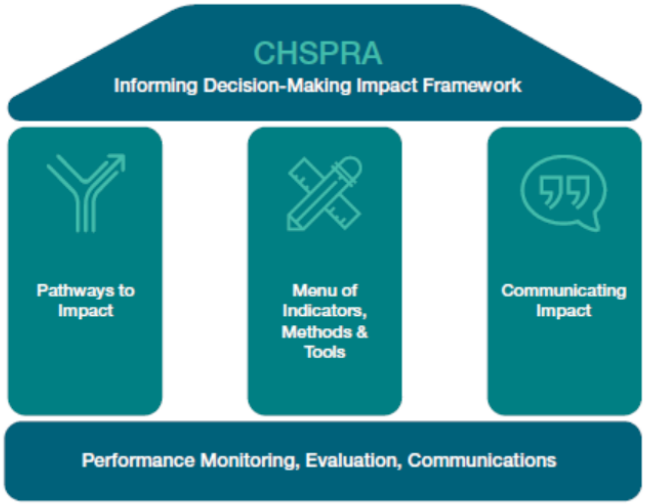
3

Increase Research Talent within Health System Organizations

- Provide health system organizations with direct opportunities to realize and harness the benefits that PhD-trained individuals can bring to such organizations.

Our goal: Prepare the next generation of health services and policy PhD graduates with the professional skills, competencies, experiences and networks to make meaningful and impactful contributions throughout their careers, within and outside of academia.

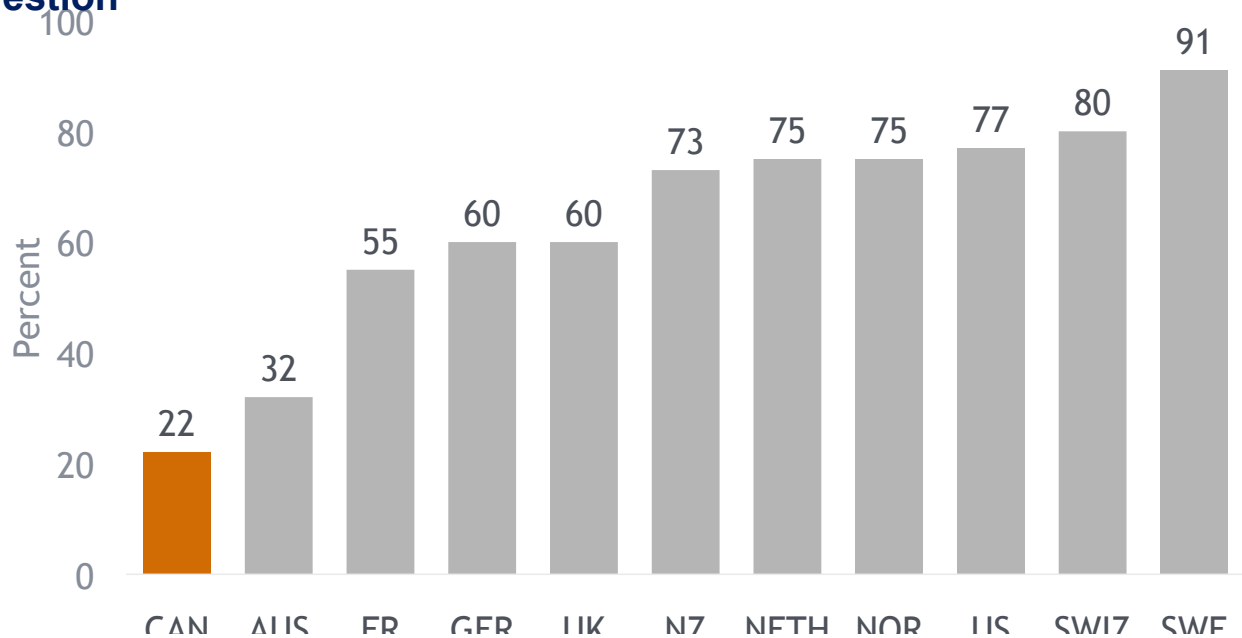
Evidence to Policy and Practice
Impact Assessment



- New frameworks for demonstrating, measuring, and communicating the impact of HSPR
- New tools and resources for implementing the framework and training the community

Leverage Technology and Data

Practice offers patients option to communicate via email or secure website about a medical question



The Commonwealth Fund

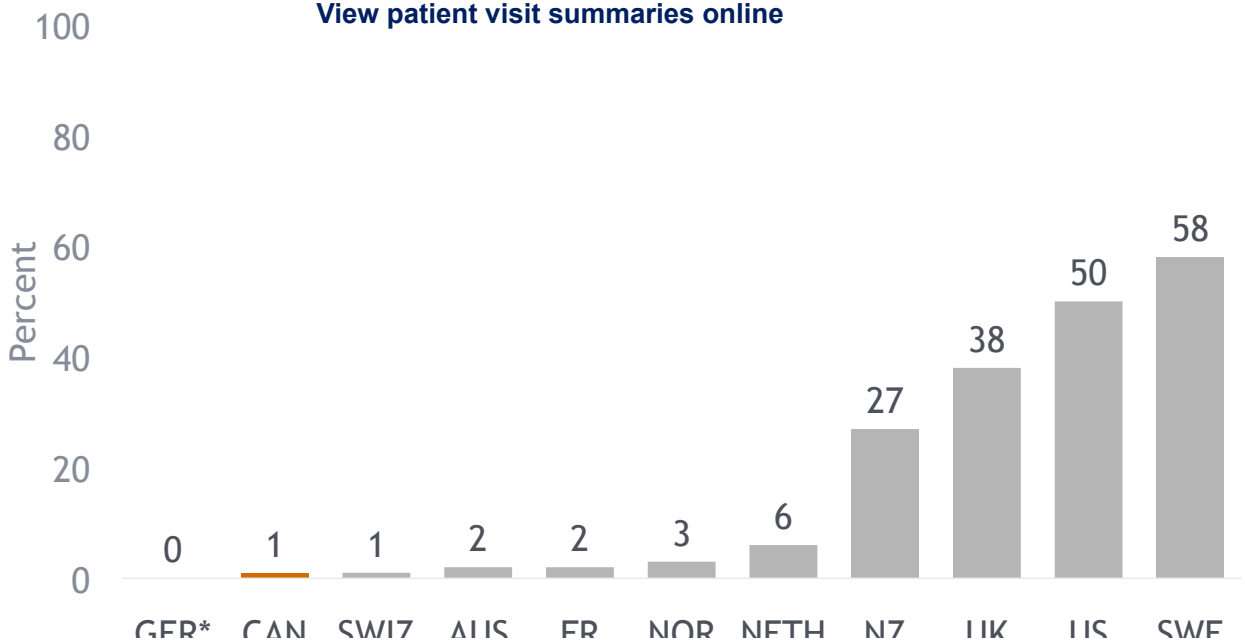
Data: 2019 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Source: Michelle M. Doty et al., "Primary Care Physicians' Role in Coordinating Medical and Health-Related Social Needs in Eleven Countries," *Health Affairs*, published online Dec. 10, 2019.

Leverage Technology and data

Practice offers all four of following functions:

Request appointments online
Request refills for prescriptions online
View test results online
View patient visit summaries online



The Commonwealth Fund

* GER response 0%.

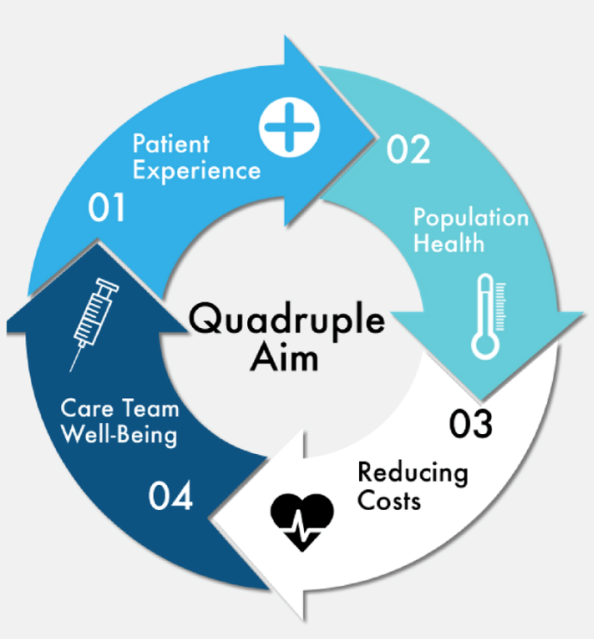
Data: 2019 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Source: Michelle M. Doty et al., "Primary Care Physicians' Role in Coordinating Medical and Health-Related Social Needs in Eleven Countries," *Health Affairs*, published online Dec. 10, 2019.

IHSPR Emerging Strategic Priority 1:

Re-envision the Healthcare System to Achieve the Quadruple Aim and Health Equity for All

Goal: To develop, integrate and evaluate interventions (policies, processes, practices, products) that will advance Canadian healthcare delivery systems along the path towards improving health equity for all and achieving the quadruple aim of improved patient experience, better population health, improved provider experience and lower costs.



IHSPR Emerging Strategic Priority 2:

Amplify the use and impact of health services and policy research for improved health system performance and outcomes

Goal: To ensure health care and policy decisions are grounded in high-quality, timely evidence stemming from strong collaborative research that is appropriately contextualized

IHSPR Emerging Strategic Priority 3:

Modernize the healthcare system with enhanced access to data, digital health solutions and data science

Goal: To modernize Canada's health systems through enhanced access to data, the use of digital health solutions and data science that optimizes health system performance and enables efficient, appropriate, high-quality patient-centred care.

Then We Had a Pandemic….

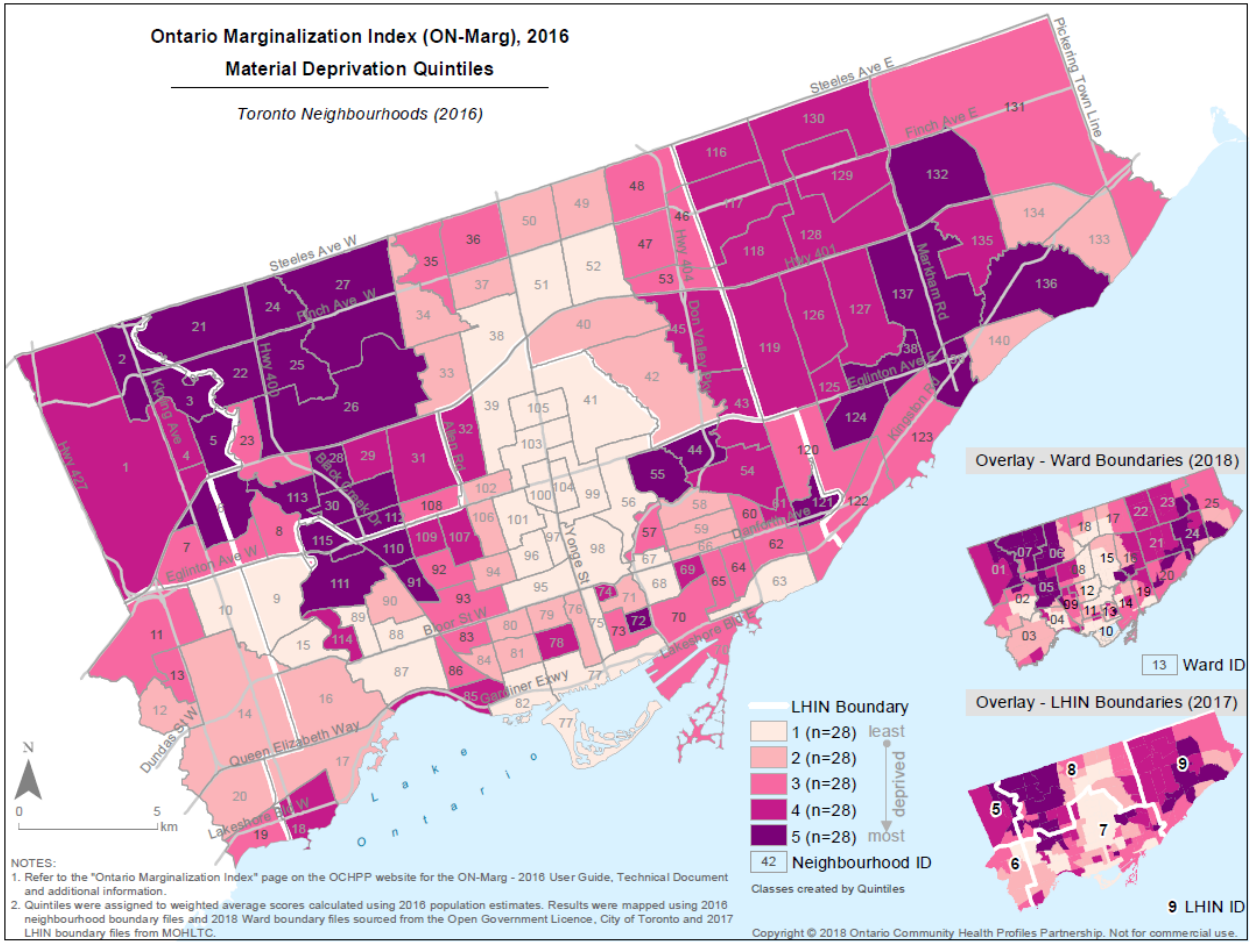
- Providers
  - "Health care changed more in the past 2 weeks than in the 20 years since we graduated"
    - majority of care went virtual in a few days
    - lack of PPE limited care options, increased anxiety, risk
    - decline in visits severely stressed fee-for-service practices
- Population
    - fear, anxiety, confusion, misinformation
    - mental health, substance use, domestic abuse
    - enormous economic/school/caregiving impact
    - differential impacts on women, low income, racialized groups

COVID-19 Challenges

- Exposed societal fault lines
  - ageism
  - racism
  - sexism
  - classism

} Intersectionality → much harder to deny, ignore

- Exposed health system fault lines
  - neglect of long-term care, primary care, homecare
  - uncoordinated jurisdictions and sectors
  - inconsistent attention to evidence, messaging
  - poor data systems, lack of transparency
  - patients and public even more left out



www.OntarioHealthProfiles.ca

This information is updated three times per week on Monday, Wednesday and Friday.

View the mobile version.

City of Toronto COVID-19 Summary

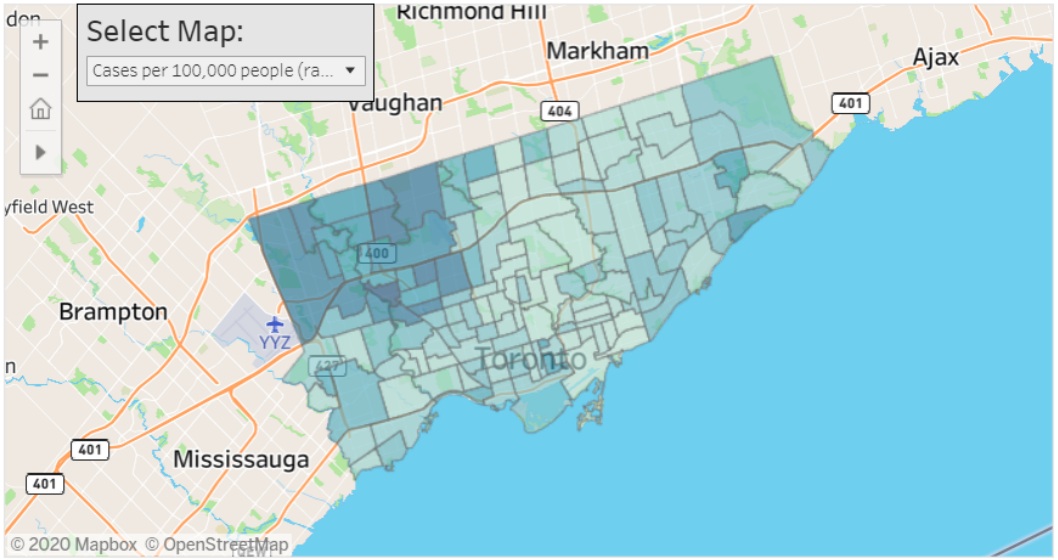
Data as of October 15, 2020 02:00 PM

Data source: Ontario Ministry of Health, Integrated Public Health Information System and CORES

*Map reports on confirmed and probable cases of COVID-19

Download PDF | Download Technical Notes | Download Excel Data

Map of Cumulative COVID Rates by Neighbourhood - January 21, 2020 to October 15, 2020



Outbreak or Sporadic Cases:
- [x] Outbreak Associated
- [x] Sporadic

- (•) All Cases
- ( ) Recent Cases*

*Cases with episode dates in the past 21 days.

Highlight Neighbourhood
Highlight Neighbourhood Name

Map shows cumulative cases and rates by neighbourhood since the beginning of the outbreak that have a valid postal code.

Related Information

Information for Health Profes

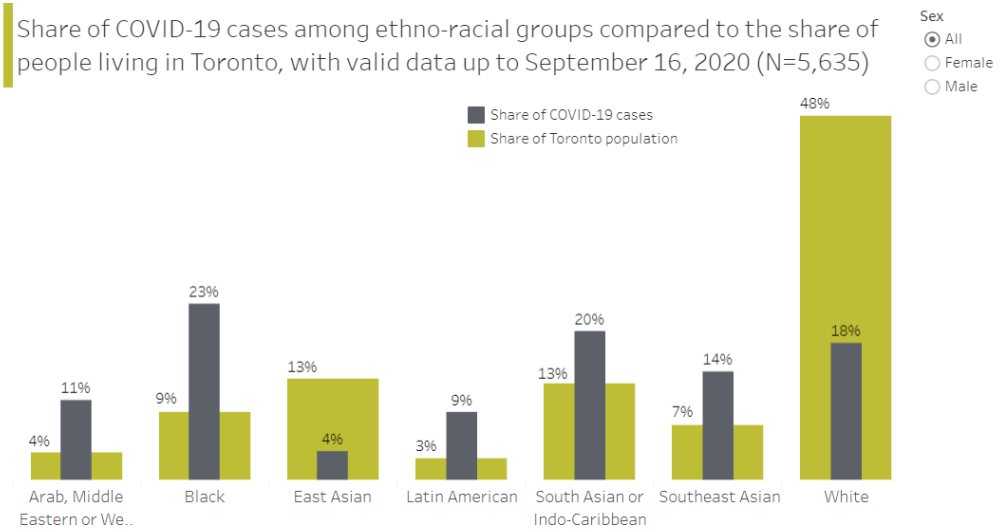
Information for City Employe

people may lead to a clustering of cases among people with similar characteristics.

Trends

The majority (82%) of reported COVID-19 cases in the City of Toronto with valid race data up until September 16th identified with a racialized group. This is compared to 52% of Toronto's population who identify as belonging to a racialized group, based on the 2016 Census. Seventy-one percent of people who were hospitalized due to COVID-19 identified as coming from a racialized group.

Share of COVID-19 cases among ethno-racial groups compared to the share of people living in Toronto, with valid data up to September 16, 2020 (N=5,635)



Note: Analysis excludes those for whom the race question was not asked (20%), those who selected that they would prefer not to answer (7%). The graph excludes those identifying as mixed race or another ethno-racial identity who are included in the denominator but not shown here (1%). Estimates for the share of Toronto are from the 2016 Census. The distribution of ethno-racial identity groups in Toronto may have changed over time. Census data may also under-represent certain groups of the population.
For more information about the ethno-racial groups, please see the technical notes.

COVID-19 in Toronto

82% among people identified with a racialized group (52% of population)

50% in low income households (30% of population)

Sociodemographic data to identify systemic racism

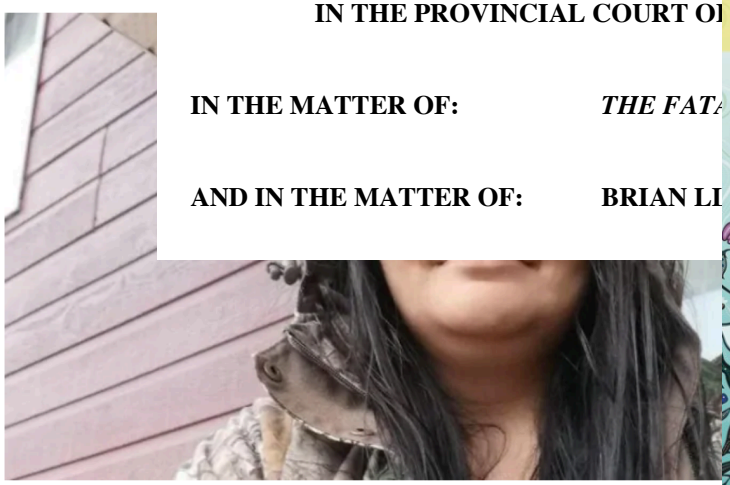
Dr. Onye Nnorom, Dr. Kate Mulligan, Dr. Marcia Anderson

https://www.youtube.com/watch?v=7KepfKI1bS8

Investigations launched after Atikamekw woman records Quebec hospital staff uttering slurs before her death

WARNING: This

Benjamin Shingler ·



Joyce Echaquan's death on Monday in the hospital in Joliette, Que., is now the subject of two inv
(Facebook)

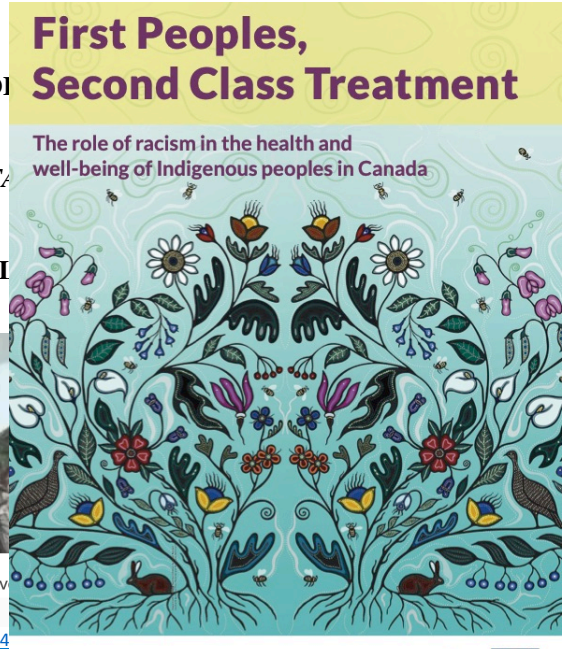
https://www.cbc.ca/news/canada/montreal/quebec-atikamekw-joliette-1.574344

Release Date: December 12, 2014

IN THE PROVINCIAL COURT OI

IN THE MATTER OF: ***THE FAT***

AND IN THE MATTER OF: **BRIAN LI**



https://www.wellesleyinstitute.com/publications/first-peoples-second-class-treatment/

IHSPR's COVID-19 Priorities

Healthcare Policy 16(1) August 2020 : 112-124.doi:10.12927/hcpol.2020.26249

Research Paper

Informing Canada's Health System Response to COVID-19: Priorities for Health Services and Policy Research

Meghan McMahon, Jessica Nadigel, Erin Thompson and Richard H. Glazier

Longwoods.com
Better Care | Health Services Publishing, Education & Recruitment

Click here to read the full article:
https://www.longwoods.com/content/26249/healthcare-policy/informing-canada-s-health-system-response-to-covid-19-priorities-for-health-services-and-policy-r

October 2020 Update:
- long-term care
- greater emphasis on virtual care
- addressing racism
- Indigenous Peoples' health

The LTC+ Acting on Pandemic Learning Together initiative

- **Goal:** Support the implementation of promising practice interventions* within LTC and retirement homes across Canada in time to avoid or mitigate the impacts of a second wave of COVID-19.
- **How?** Provide quality improvement (QI) support to homes, including: assessment tools, coaching, peer affinity groups, seed funding, national huddles & policy labs.
- **Who?** Voluntary participation of any LTC or retirement home in Canada. Seed funding randomly allocated, while other supports available for all participating homes.

Canadian Foundation for Healthcare Improvement

cpsi icsp
Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

***Promising Practice Interventions**:

1. Preparation
2. Prevention
3. People in the workforce
4. Pandemic response and surge capacity
5. Planning for COVID-19 and non-COVID-19 care
6. Presence of family

https://www.cfhi-fcass.ca/innovations-tools-resources/item-detail/2020/07/20/re-imagining-care-for-older-adults-next-steps-in-covid-19-response-in-long-term-care-and-retirement-homes

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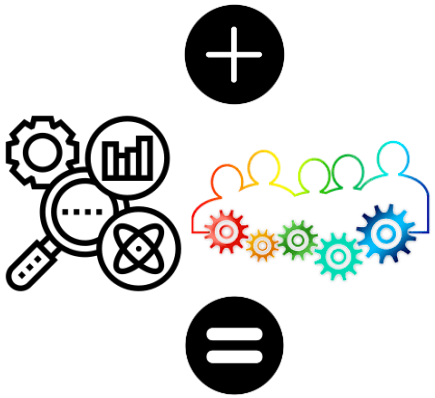
A Role for Research: Implementation Science Teams (ISTs)

CIHR's Institutes of Aging (IA) and Health Services and Policy Research (IHSPR) in partnership with CIHR's Institutes of Circulatory and Respiratory Health (ICRH), Gender and Health (IGH) Musculoskeletal Health and Arthritis (IMHA), Infection and Immunity (III), and Population and Public Health (IPPH) as well as Canadian Foundation for Health Care Improvement (CFHI), Canadian Patient Safety Institute (CPSI), New Brunswick Health Research Foundation (NBHRF), the Saskatchewan Health Research Foundation (SHRF), and the Michael Smith Foundation for Health Research (MSFHR)

- **Goal**: Support implementation efforts and sustainability of CFHI/CPSI's promising practice interventions, rigorously evaluate the outcomes and impacts of the interventions, and improve LTC preparedness for a potential second wave.
- **The value-add of ISTs:**
  - support implementation in different homes & contexts
  - generate evidence on which interventions and approaches are most effective, in which settings and contexts, and why
  - support the scale and spread to other facilities and jurisdictions
  - Bonus: Measurement Framework Project



The Lessons/Opportunities of COVID-19 for Canadian Learning Health Systems

- Address systemic racism in our institutions
- Make a massive leap forward in data and digital health
- Invest in compassionate and evidence-based care of older adults
- Empower patients/families/citizens/caregivers in new ways
- Build and test new models of governance, integration, payment and care delivery
- Use meaningful data to inform decisions that enhance impact and equity

Your Turn

- What should health services and policy research priorities be in Canada?
  - What appeals to you/not?
  - What needs more emphasis/less?
  - What's missing?

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Acknowledging the Contributions of the IHSPR Team!