

# From Strategy to Implementation: Optimizing the Contribution of Health Services and Policy Research to Equitable Healthcare System Transformation

De la stratégie à la mise en œuvre :  
optimiser la contribution de la recherche sur  
les services et les politiques de santé à la  
transformation équitable du système de santé



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#### ABSTRACT

*The Canadian Institutes of Health Research – Institute of Health Services and Policy Research’s (IHSPR) Strategic Plan 2021–2026 (CIHR IHSPR 2021) aims to accelerate healthcare system transformation to achieve the Quadruple Aim and health equity through research. This special issue features a collection of commentaries from academic and health system leaders who were invited to respond to IHSPR’s strategic plan and share insights regarding the opportunities the plan presents and areas where more attention may be needed. The present paper features a response from the IHSPR team and outlines the next steps regarding implementation. IHSPR is deeply grateful to the commentary authors for their insight, advice and recommendations, which will help to inform the implementation of the plan.*

#### RÉSUMÉ

*Le Plan stratégique 2021-2026 de l’Institut des services et des politiques de la santé des Instituts de recherche en santé du Canada (CIHR IHSPR 2021) vise à accélérer, par la recherche, la transformation du système de santé pour atteindre les quatre objectifs et l’équité en santé. Ce numéro spécial présente une série de commentaires de leaders universitaires et du système de santé qui ont été invités à réagir au Plan stratégique de l’ISPS et à partager leurs idées concernant les possibilités que présente le Plan ainsi que les domaines où une plus grande attention est nécessaire. Cet article est une réponse de l’équipe de l’ISPS et décrit les prochaines étapes qui concernent la mise en œuvre du Plan. L’ISPS est profondément reconnaissant aux auteurs des commentaires pour leur perspicacité, leurs conseils et leurs recommandations, qui contribueront à éclairer la mise en œuvre du Plan.*

## Introduction

The Canadian Institutes of Health Research (CIHR) – Institute of Health Services and Policy Research’s (IHSPR’s) *Strategic Plan 2021–2026* (CIHR IHSPR 2021) is

ambitious. The plan aims to accelerate health-care system transformation to achieve the Quadruple Aim and health equity through research. It identifies four strategic priorities

central to achieving this aim, which were prioritized through a cross-country engagement that involved researchers, policy and decision makers, healthcare providers, patients, caregivers, communities and partner organizations. Consistent across these diverse voices and regions was support for the power and promise of health services and policy research (HSPR) as a critical lever for health system transformation. These engagements informed IHSPR's prioritization of *accelerating* the discovery of transformative innovations, *modernizing* the healthcare system with digital health solutions and data science, *integrating* evidence into policy and practice and investing in *people* to drive solution-oriented research and evidence-informed healthcare system transformation. These are exciting but, admittedly, broad priorities, and the true impact of IHSPR's strategic plan will lie in its implementation – in the programs developed, investments made, partnerships built, relationships fostered, people and teams supported, knowledge and innovation sparked and, critically importantly as noted by Pinto (2022), the inequities addressed. Consistent with Nundy et al. (2022), who wrote that “quality improvement without equity is a hollow victory” (p. 521), we believe that health system transformation without equity is a hollow transformation.

### **Commentary Advice and Inspiration to Support Learning Health Systems**

The wise advice provided by our commentary respondents will help to increase the success with which we translate the four strategic priorities into concrete actions with equitable impacts. Our plan focuses heavily on bridging the evidence to policy and practice gap and positioning research as a critical input to better health system performance and outcomes. Implementation science, embedded research, rapid response, interdisciplinary teams and integrating knowledge users

throughout the research process are some examples of the research strategies emphasized in the plan. We see exciting exemplars of these strategies in action in Tomblin Murphy and colleagues' (2022) inspiring commentary about learning health systems (LHSs), embedded scholarship and the impressive Network of Scholars in Nova Scotia. To build the human capital needed to truly advance LHSs and to scale and spread innovations such as those in Nova Scotia to other regions, the Training Modernization Task Force (co-led by Steini Brown, Stephen Bornstein, Shanthi Johnson and Carl-Ardy Dubois) recommends focusing on embedded research career pathways and supporting organizations to optimize the value of their engagement with research (McMahon et al. 2022a). The authors caution that these and other training modernization initiatives must include simultaneous efforts to modernize the incentive and reward systems that shape the behaviour of people and organizations within the research ecosystem. They suggest that for embedded research and LHSs to flourish, the concept of research impact must evolve beyond publications to value policy impact and partnerships within the health system. Fortunately, efforts are under way at CIHR and globally to reimagine the concept of research excellence and impact (CIHR 2020, 2021) (<https://sfdora.org/>), and the Canadian Health Services and Policy Research Alliance (CHSPRA) has produced a forward-thinking framework on measuring the impact of HSPR on health system decision making (CHSPRA Impact Assessment Working Group 2018). These are promising steps that IHSPR will continue to support.

### **Commentary Guidance to Support the Fundamental Science of HSPR**

We appreciate the perspective shared by McGrail et al. (2022) and Roy et al. (2022) that in its commitment to supporting

evidence-informed health system transformation and the advancement of LHSs, IHSPR should not lose sight of the importance of also investing in the fundamental science of HSPR and the macro-level system-level challenges that do not often make their way to the short-term priorities' list of the day. McGrail and colleagues' (2022) four provocations emphasize that the real value of HSPR is only as strong as the theories, methods and frameworks that underpin the field. They suggest the need for a more balanced portfolio of programs and investments that also include consideration of university-based researchers with a "longer-term pursuit of generalizable knowledge" that may not have clear "application during its fundamental stages" (McGrail et al. 2022: 29, 31). This is echoed by Roy et al. (2022) in their suggestion that the enlightenment function of HSPR needs to be "revived and valued" (p. 74) and in their concern about a decline over time in interdisciplinary and comparative research. These are critically important insights and perspectives that IHSPR is actively considering within the rollout of its strategic plan – with initial actions including a new policy research funding opportunity that emphasizes comparative research to address macro-level health system challenges and a new implementation science team funding opportunity that emphasizes interdisciplinary and intersectoral collaborations to advance transformative integrated care. One of the challenges associated with prioritizing and allocating the institute's modest \$8.6 million annual strategic budget is understanding and harnessing the complementarity of CIHR's approximately \$630 million annual budget for the Project Grant Program, of which about 10% of the funded projects, on average, support investigator-driven research within the third pillar (health systems services) of health research (CIHR 2022).

### **Commentary Insight about Supporting a Stronger Health Data Ecosystem**

Digital health and data science will be key enablers of healthcare system transformation and advancing LHSs, yet Canada's health data landscape continues to be plagued by fragmentation, lack of interoperability, uncoordinated data governance, gaps in data, access barriers and, as noted by Goel and McGrail (2022), a "risk-averse culture" (p. 62). These challenges are not new and continue to jeopardize Canada's research enterprise. Goel and McGrail (2022) outline a role for IHSPR in the health data ecosystem as a steward of a stronger health data foundation and encourage the institute to "champion a culture of collaboration and to drive change" (p. 67) through its funding, convening, partnering and other levers for change. They note that success will require partnerships across the health sector and beyond. Partnerships and collaboration for collective impact are core values in IHSPR's strategic plan and are reflected in the community-engaged approach IHSPR took to identifying priorities. We believe these partnerships and relationships will help position and prepare the institute and the HSPR community to act together on Goel and McGrail's (2022) important recommendations.

### **Commentary Guidance about the Centrality of Equity**

Pinto (2022) describes the inequities that have long underpinned the Canadian healthcare system and that were magnified and exacerbated throughout the COVID-19 pandemic. He identifies a "crucial role [for HSPR] in shaping the design, implementation and performance of health systems and addressing such gaps and challenges [with inequities]" (p. 54) and points to the social determinants of health as a key starting point. He notes that although IHSPR's strategic

plan commits to funding research that will improve health equity and address the social determinants of health (Strategic Priority 1, Objective 2 [CIHR IHSPR 2021: 11]) and identifies equity, diversity and inclusion (EDI) as a core value cross-cutting the entirety of the plan, commitments and values must be followed through with concrete actions. He offers four recommendations for initial attention, calling for a stop to performative EDI (Pinto 2022). IHSPR is actively listening to the advice shared by Pinto and others with health equity expertise. The institute recognizes the importance of its privileged position to engage in and support change to improve EDI in the research ecosystem and is taking strides – some of which we briefly outlined in the introductory essay (McMahon et al. 2022b) – to ensure that HSPR and system transformation efforts are done with the explicit goal of improving health equity and supporting a more diverse and inclusive HSPR workforce.

## A Note of Thanks

The future envisioned by IHSPR, to be achieved through the implementation of its strategic plan, involves a thriving, multidisciplinary, highly skilled HSPR community leading ground-breaking and solution-oriented research that advances the scientific field of HSPR, contributes to the evolution of LHSs and accelerates equitable health system transformation. We are deeply grateful to the commentary authors for their insights, advice and recommendations to help inform the implementation of the *Strategic Plan 2021–2026* (CIHR IHSPR 2021). IHSPR also extends sincere appreciation to its Institute Advisory Board and the 2,300 voices that contributed to the plan's development and looks forward to continued engagement, collaboration and collective action to support a world-class HSPR ecosystem and better health and healthcare for Canadians.

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