The SPOR Network in Primary and Integrated Health Care Innovations

Co-led by CIHR’s Institutes of Population and Public Health (IPPH), Health Services and Policy Research (IHSPR), Aging (IA), and Human Development, Child and Youth Health (IHDCYH) and in collaboration with the Institute of Nutrition, Metabolism and Diabetes (INMD)

Information Webinar
Thursday, November 21
Dr. Robyn Tamblyn (IHSPR), Dr. Nancy Edwards (IPPH) and Dr. Yves Joanette (IA)
The Goal: A Continuously Learning Health Care System

Representative timeline of a patient’s experience in the health care system

Less than 50% of elderly patients are up to date on clinical preventive services

Elderly patients with co-morbidities require up to 19 medication doses daily

Every year the average elderly patient sees 7 doctors across 4 practices

Nurses
Doctors
Allied Health

Average surgery patient is seen by 27 different health care providers

Less than half of non-surgical patients follow-up with their primary care provider after discharge

Source: Best care at lower cost: the path to continuously learning health care in America. Institute of Medicine, 2012
A Continuously Learning System focused on Primary and Integrated Health Care Delivery

A network of networks with research-policy-clinical leadership that has foundations in community-based primary health care and is focused on creating vertically and horizontally integrated health care delivery systems within and across sectors of health care (e.g., public health, primary health care, secondary, tertiary, home and long-term care) as well as outside of the health sector (e.g., education, housing, social services) to improve individual and population health, health equity and health system outcomes.
Network’s Priority Focus

The Network will focus on new approaches to the delivery of primary and integrated health care (including primary prevention) both horizontally and vertically across the care continuum to address:

• individuals with complex needs across the life course, showing capacity to evolve the network's scope over time to include age groups from children to older adults; and,

• multi-sector integration of upstream prevention strategies and care delivery models. A key element of this focus is the assessment of upstream predictors of high need and subsequent identification and targeting of prevention strategies and interventions.
Cross-jurisdictional research

• Within the Network’s initial priority focus areas, the Network will support:
  • Primary and integrated care priorities that are shared by several provinces/territories/federal jurisdictions and where there is value-added in a cross-jurisdictional approach
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<th>Network Objectives</th>
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<td>1. Create cross-jurisdictional opportunities to conduct research on the comparative efficiency, cost-effectiveness and scalability of innovative and integrated models of care that build on the foundations of CBPHC and facilitate transitions into and along the care continuum.</td>
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<td>2. Accelerate the timely investigation of new interventions and approaches in primary and integrated care across multiple jurisdictions and sectors.</td>
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<td>3. Catalyze research on and scale-up of cost-effective and innovative approaches to primary and integrated health care delivery.</td>
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<td>4. Support capacity building among researchers, clinicians, decision-makers and citizens/patients/families for timely generation and use of primary and integrated health care knowledge.</td>
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<td>5. Foster the exchange of information and evidence on successful and unsuccessful interventions and innovative models of primary and integrated health care across jurisdictions to inform policy development.</td>
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Network Implementation: A Phased Approach

Phase I (November 2013)
- Launch Network Development Grants competition
- Establish Management Office

Phase II (anticipated in Winter and Fall 2014)
- Launch Network Coordinating Centre competition and Establish Funders’ Consortium
- Host strengthening workshop for Network Development Fund recipients, who then apply for full Network membership

Phase III (anticipated in Fall 2014 / Winter 2015)
- Leadership Council and Funders’ Consortium identify Network’s research priorities
- Member networks receive funding for cross-jurisdictional research
Phase 1: Network Development Funds

Objectives:
• Support the development of formal member networks in provincial, territorial and federal jurisdictions to meet 10 membership requirements (listed on next slide) of the SPOR Network in Primary and Integrated Health Care Innovations.

Funding:
• CIHR funding for up to 14 member networks (one from each province and territory and a federal jurisdiction).

• Maximum amount from CIHR: up to $75K (applicants must match this on a 1:1 basis (with 75% of the partner contribution in cash).

• Applicants to be informed that contributions cannot be funds that have previously been leveraged for other CIHR initiatives.

Key Dates:
• Anticipated competition launch: mid-November 2013
• Anticipated application deadline: January 10, 2014
• Anticipated funding start date: March 1, 2014
Phase 2: Network Membership Requirements (1/2)

1. Tri-partite leadership (science, policy, clinical)

2. Strategic scope: (1) individuals with complex care needs across the life course, showing capacity to evolve the network's scope over time to include age groups from children to older adults; and (2) multi-sector integration of upstream prevention strategies and care delivery models

3. Engagement of Key Stakeholders across the care continuum in primary and integrated care re-design

4. Citizen/patient/family engagement

5. Capacity for rapid monitoring, evaluation, feedback (linkages with SUPPORT Units)
Phase 2: 
Network Membership Requirements (2/2)

6. University partnerships to develop primary and integrated health care research capacity

7. Capacity to implement and evaluate e-Health solutions that could improve the cost-effectiveness of care delivery

8. Geographic scope: Coverage of practices and patients

9. Linkage to CBPHC Innovation Teams

10. Partnership funding (1:1 for infrastructure award and research priorities)
Phase 3: Priority-setting and research
What will this look like?

**Priority setting: for example:**
- **New models of home care for older adults** (assessing the comparative cost-effectiveness of the different models for managing older adults with multiple chronic conditions to reduce nursing home placement and avoidable hospitalizations and foster transitions across care)

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**Co-investment and cross-jurisdictional collaboration:** Member networks A, B and C collaborate. A invests $400K to lead comparative cost-effectiveness of the different interventions; B invests $350K to examine transitions in care and avoidable hospitalizations; C invests $250K to examine patient experience and patient-reported outcomes.

**Peer review and funding:** Network management office coordinates assessment of research protocol. Upon approval, CIHR matches funding on 1:1 basis with member networks ($1M) for a total overall budget of $2M

**Network:** Entire Network (including all member networks) benefits from findings shared through Leadership Council interactions, Coordinating Centre, and annual Network forums.
## Additional Illustrative Examples of Common Challenges and Different Approaches

### Models of Care:
- Some provinces/territories are implementing different policies and models of care to address their shared priority of “new models of integrated care for the frail elderly”. What are the health and economic impacts of these different approaches to integrated care for the frail elderly?

### e-Health:
- Some provinces have implemented Tele-health and new payment strategies for e-consults to improve access to care in rural and remote areas. Is this more cost-effective than transporting patients to urban/regional care facilities?

### Resource allocation and disinvestment:
- What is the impact of eliminating prescription co-payments for high needs complex patients to improve medication adherence and reduce ED visits and hospitalizations?

### Flu vaccination programs
- Does implementation of a flu vaccination program for children reduce ED visit and hospitalization rates for high needs complex patients?

### Childhood obesity:
- Integrated models of prevention and care for children with obesity are being implemented in a few provinces and involve different sectors within and outside of health. What are the health and health system impacts of these various strategies?
For more information please contact:

Institute of Health Services and Policy Research (Co-lead)
Robyn Tamblyn, Scientific Director
Meg McMahon, Assistant Director
mmcmahon.ihspr@mcgill.ca

Institute of Population and Public Health (Co-lead)
Nancy Edwards, Scientific Director
Erica Di Ruggiero, Associate Director
e.diruggiero@utoronto.ca

Institute of Human Development, Child and Youth Health (Co-lead)
Shoo Lee, Scientific Director
Sarah De La Rue, Assistant Director
sdelarue@mtsinai.on.ca

Institute of Aging (Co-lead)
Yves Joanette, Scientific Director
Michelle Peel, Assistant Director
michelle.peel@cihr-irsc.gc.ca

Institute of Nutrition, Metabolism and Diabetes (Collaborator)
Phil Sherman, Scientific Director
Mary-Jo Makarchuk, Assistant Director
mary-jo.makarchuk@sickkids.ca