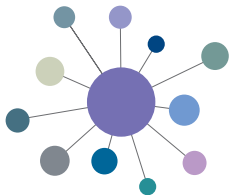




# Primary and Integrated Health Care Innovations (PIHCI) Network Summary Report

June 2022

Réseau sur les innovations  
en soins de santé de  
première ligne et intégrés

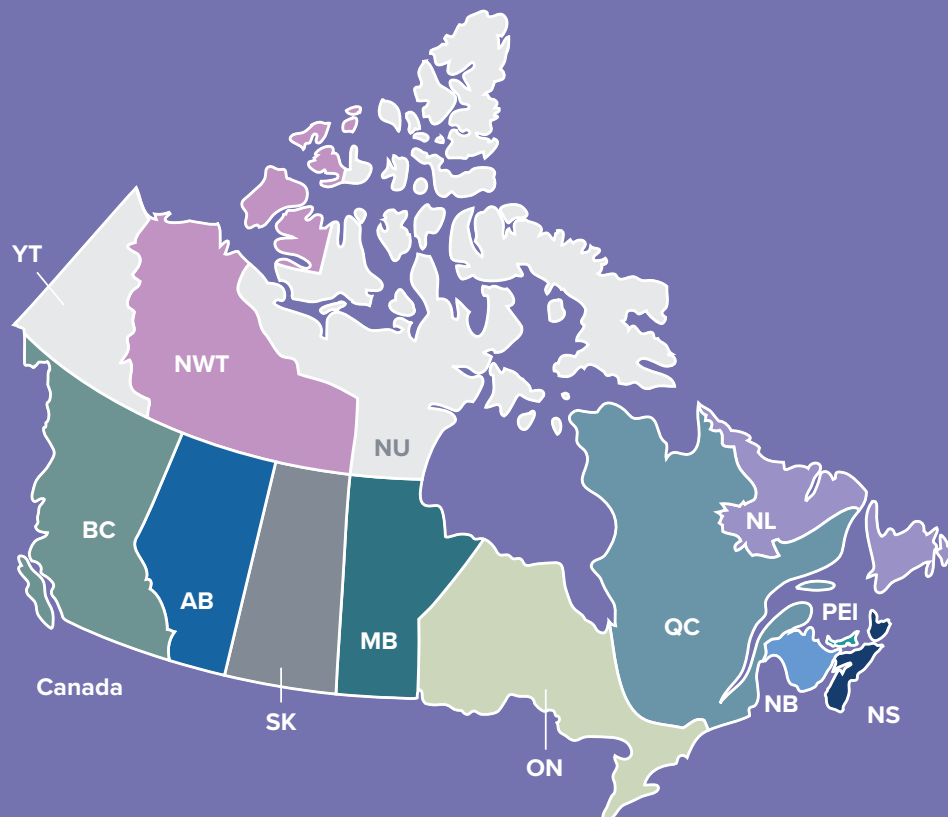


Primary and Integrated  
Health Care Innovations  
Network

## About the Network

The Canadian Institutes for Health Research (CIHR) Strategy for Patient Oriented Research (SPOR) launched the Primary and Integrated Health Care Innovations (PIHCI) Network in 2014 as a pan-Canadian network of networks to create an alliance between research, policy and practice aimed at improving health and health equity for individuals across the life course.

A funding envelope of \$6 million was provided by CIHR to support the 11 provincial and territorial networks that make up the PIHCI Network. These networks have formed a strong foundation for primary and integrated health care research across the country.



- BC** - British Columbia Primary Health Care Research Network (BC-PHCRN)
- QC** - Réseau de connaissances sur les soins primaires (Réseau-1 Québec)
- NWT** - Northwest Territories SPOR Network (NWTSPOR Network)
- NB** - Centre for Research in Integrated Care (CRIC)
- AB** - Alberta SPOR Primary and Integrated Health Care Innovation Network (AB SPOR PIHCIN)
- NS** - Building Research for Integrated Primary Health Care (BRIC NS)
- SK** - Saskatchewan SPOR Primary and Integrated Health Care Innovation Network (PIHCIN-SK)
- PEI** - Prince Edward Island Primary and Integrated Health Care Innovation Network (PEI PIHCI Network)
- MB** - Manitoba Primary and Integrated Health Care Innovation Network (MPN)
- NL** - Newfoundland and Labrador Primary Health Care Research and Integration to Improve Health System Efficiency (PRIIME)
- ON** - Better Access and Care for Complex Needs Network (BeACCoN)

In addition, an envelope of \$6.4 million from CIHR funded 38 research projects under the PIHCI Network umbrella. These had widespread impact on policy and practice.

## Network Governance

The PIHCI Network is a key initiative of CIHR’s Strategy for Patient-Oriented Research (SPOR). The defining characteristic of the PIHCI Network has been the establishment of a network in each jurisdiction that is governed by tripartite leadership, i.e. researchers, policymakers and health care providers, and which ensures a meaningful voice for patients.

The Network Leadership Council oversees and implements the objectives and activities of the PIHCI Network along with several subcommittees, including a Patient Advisory Council and a Network Managers Committee, and several working committees.

A strength of the PIHCI Network is the engagement of patient partners in governance and operations and in research projects. A pan-Canadian Patient Advisory Council was established in 2017, with robust participation from patient partners across the country. The level of engagement with patients/caregivers can also be observed in Table 1:

this group represents the second largest group of individuals who are involved in PIHCI Network governance, after researchers/academics.

Engagement with policymakers is also a key strength of the PIHCI Network, which has been helped by establishing networks in 11 provinces/territories where health policy is managed. Fifteen different decision-makers from health authorities or provincial ministries have been engaged as policy leads in the provincial/territorial networks. These relationships have resulted in policymakers being engaged early on in the research process, leading to more buy-in.

The involvement of patient partners, policymakers, and health care providers in PIHCI Network governance supports their ability co-lead many aspects of the Network.

Partner Group	Total #	Partner Group	Total #
Researchers/academics	187	Clinicians/healthcare providers	77
Patients/caregivers	93	Health system/care managers	61
Health care/professional organizations	84	Federal/provincial representatives	57

Table 1: Partner involvement in Network governance

## Research Engagement

The PIHCI Network has engaged many patient partners not only in governance but also in research projects. Common strategies have been employed by research teams to engage partners (e.g., establishing formal and informal advisory structures and processes).

155 patient partners have been involved in all stages of the research process (see Table 2). Additionally, 340 patient partners have been involved in at least one aspect of the research process.

Healthcare providers are the partner group that has the highest level of involvement in the

research process (aside from researchers), with 578 being engaged throughout the research process.

To assess the degree of partner engagement, the PIHCI Network undertook a survey in 2021. 250 partners were asked about their degree of engagement on a five-point scale, where 1=inform, 2=consult, 3=involve, 4=collaborate and 5=empower. The majority of partners (44%) selected either 4 or 5.

Partner Group	Number involved throughout the research process*
Clinicians/healthcare providers	578
Patients/caregivers	155
Health system/care managers	40
Health care/professional organizations	26
Federal/provincial representatives	79
Community/municipal organizations	35
Researchers/academics	464

Table 2: Number of partners involved in all stages of the research process

\*Research process stages include the following: development of the research idea/question, development of the protocol, data collection phase/project implementation, interpretation of the results, and knowledge translation activities.

## Knowledge Mobilization

The PIHCI Network as a whole has been extremely productive producing 174 peer-reviewed publications, 50 reports, 44 plain language reports, 17 knowledge translation webinars and 255 conference presentations (see Table 3).

The PIHCI Network Learning Series is one of the Network's key knowledge mobilization strategies. The series provides a showcase for PIHCI research projects and has been well attended by patients, researchers, learners,

providers, policymakers and others. Each seminar involves a patient partner and two have been developed and led by the pan-Canadian Patient Advisory Council.

The PIHCI Network has also developed infographics for three different PIHCI Network projects to date. The infographics communicate research results, key messages and the projects' impacts to all pertinent partners in lay language.

KT Product or Event	Total # of KT Products or Events
Conference or symposia presentations	255
Peer-reviewed journal articles	174
Infographics, newsletters, monthly summaries	165
Social media campaign(s)	138
KT-related meetings	58
Reports/technical reports	50
Plain language publications	44
Educational materials	24
KT-related workshops	18
KT-related webinars	17
Online KT tools	13
Other (i.e., website, podcast, press release)	10
Books/book chapters	3

Table 3: PIHCI Network knowledge products and events

## Capacity Building

The PIHCI Network has supported learners and early career researchers, increased the skills of researchers in patient engagement, and increased the research skills of those without traditional research appointments. Of the almost 600 investigators involved in PIHCI Network research projects, 137 were introduced to patient-oriented research through the PIHCI Network.

The PIHCI Network has also supported the Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC) program, a transdisciplinary training program in primary health care research by

providing funding for the program and capacity building opportunities for TUTOR trainees by involving them in various knowledge mobilization activities.

In addition, provincial/territorial PIHCI networks have organized a wide range of training and capacity building activities with a handful either co-developed or co-led/delivered with patient partners, including: 60 web-based learning activities, 30 workshops, 50 lectures, 4 communities of practice, and 63 mentorship activities (see Table 4).

Training/Capacity Building Activities	Total # of Activities
Mentorship	63
Web-based learning	60
Lecture or seminar	50
Thesis supervision	44
Participatory workshop	30
Course at post-secondary institution	15
Community of practice	4
Podcasts	4
Other (i.e., capacity building awards, training on patient partnership and involvement in research)	4

Table 4: PIHCI Network capacity building activities

## Impact on Policy and Practice

PIHCI Network partners and investigators have been contributors to the growing body of knowledge guiding reform in primary care. Through the mapping and sharing of resources and the fostering of relationships between jurisdictions, PIHCI research projects and initiatives have resulted an increase in the dissemination and uptake of numerous clinical and policy innovations.

### **Project Title: A Comparative Analysis of Centralized Waiting Lists for Unattached and Complex Patients Implemented in Seven Canadian Provinces**

This project highlighted characteristics of centralized waitlists in Canada and how the process can be improved (<https://reseaulquebec.ca/a-comparative-analysis-of-centralized-waiting-lists-for-unattached-and-complex-patients-implemented-in-six-canadian-provinces/>). Several cross-jurisdictional, evidence-informed deliberations were organized. By sharing their results in real-time with their key partners in seven provinces, the team was able to help inform policy discussions for the redesign of centralized waiting lists in Quebec, Nova Scotia and British Columbia. Even a year after the end of the study, the team continues to meet with policymakers interested in improving centralized waiting lists across Canada to help inform their work based on the findings of this study.

### **Project Title: OECD Patient Reported Indicator Surveys (PaRIS)**

The PIHCI Network represents Canada in an important international initiative called the OECD Patient-Reported Indicator Surveys (PaRIS) project. Countries work together on

developing, standardizing and implementing a new generation of indicators that measure the outcomes and experiences of health care that matter most to people (<https://www.oecd.org/health/paris/>).

### **Project Title: Identification of frailty using administrative and electronic medical record data**

This project engaged several clinicians across four provincial networks in using various electronic medical record systems to participate in research and learning. The frailty indicator is being translated into a clinical indicator which will be presented to clinicians using the CPCSSN Data Presentation Tool. This information will be provided to clinicians so that they can better care for their patients who may be experiencing increased signs and symptoms of frailty. This project garnered the attention of the Canadian Frailty Network and an additional \$1M in funding.

### **Project Title: The Children's Health Profile and Trajectory Initiative in NB and PEI: using administrative data to produce evidence on the effectiveness of early years primary care interventions**

This cross-jurisdictional collaboration between NB and PEI supported the empowerment of partners such as public health and researchers who are trying to leverage "big data" resources to address research and practice questions regarding children's health that are relevant to their day-to-day practices and programs. This research has led to an appreciable development of the capacity to analyze existing data to produce evidence on the effectiveness of early childhood health interventions in NB and PEI.

The project's outcomes, mainly the provincial-level Child Health Profile and the roadmap for an intra-provincial birth cohort database, will provide important insights into infants' and children's health status and trajectory.

**Project Title: HOTSPOTTING: Identifying super users of health care service with mental health and/or addiction problems**

This project focused on developing a reliable way to identify “super users” of healthcare services that have mental health and/or addiction problems. Project findings along with the service gaps and needs have been submitted to the Saskatchewan Ministry of Health and is under active consideration by the new health authority and ministry.

**Project Title: Improving End-of-Life Care in the Community**

RESPECT (Risk Evaluation for Support: Predictions for Elder-life in the Community Tool) is a web-based tool that can assist with identifying individuals in the community at risk of health decline and improve earlier implementation of palliative care and community support. Based on user feedback, RESPECT has now been refined for pilot testing within the community setting (currently underway in Windsor-Essex) and several other partners have approached the study team to implement RESPECT as part of their care plan for patients. The team is currently working with several partners to roll out RESPECT as part of their performance indicators. This project has successfully been a catalyst for developing new partnerships and opening the discussion about end-of-life care within the community.





## Funding

Significant additional research funding has been leveraged by the PIHCI Network thanks to the support provided by the provincial/territorial networks to teams across the country.

150 research grant applications were supported, 77 of which built on previous PIHCI Network research. At least 22% of the applications involved more than one jurisdiction and at least 60% of the applications included patients as part of the research team.

At least 93 of the applications were successful, resulting in

---

# \$29.2M

**in additional funding leveraged.**

---

## Future Directions

After eight years facilitating cross-jurisdictional patient-oriented research, the PIHCI Network is poised to continue strengthening Canada's primary health care system, through well established relationships across the provinces and territories. In July 2022, the PIHCI Network will adopt a new name: the SPOR Primary Care Research Network (SPOR PCRN).

The Network hopes to continue building a primary health care learning health system through investments in a primary health care information system and provincial/territorial practice-based research and learning networks. The Network will continue to engage researchers, patients, policymakers and healthcare providers across the country to improve the health care of Canadians.