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# Strategy for Patient Oriented Research SUPPORT Unit

Strategy for Patient-Oriented Research

# SPOR

Putting Patients First 

## Information Session and Update

Government of Alberta

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Spirit To Achieve.



Alberta Innovates  
Health Solutions



Alberta Health Services

# Presentations

- Introductions:
  - David Evans, Vice Dean Research, FoMD.
- History and planning:
  - Brian Rowe, Alberta SPOR SUPPORT Unit Steering Committee Member.
- SPOR SUPPORT Unit presentation to CIHR:
  - Finlay McAlister, Professor, FoMD.
- Update:
  - Tim Murphy, ED SPOR SUPPORT Unit, AIHS.



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# Brian H. Rowe, MD, MSc

Strategy for Patient-Oriented Research

**SPOR**

Putting Patients First 

Associate Dean (Clinical Research), FoMD  
Professor, Department of Emergency Medicine  
CRC in Evidence-based Emergency Medicine

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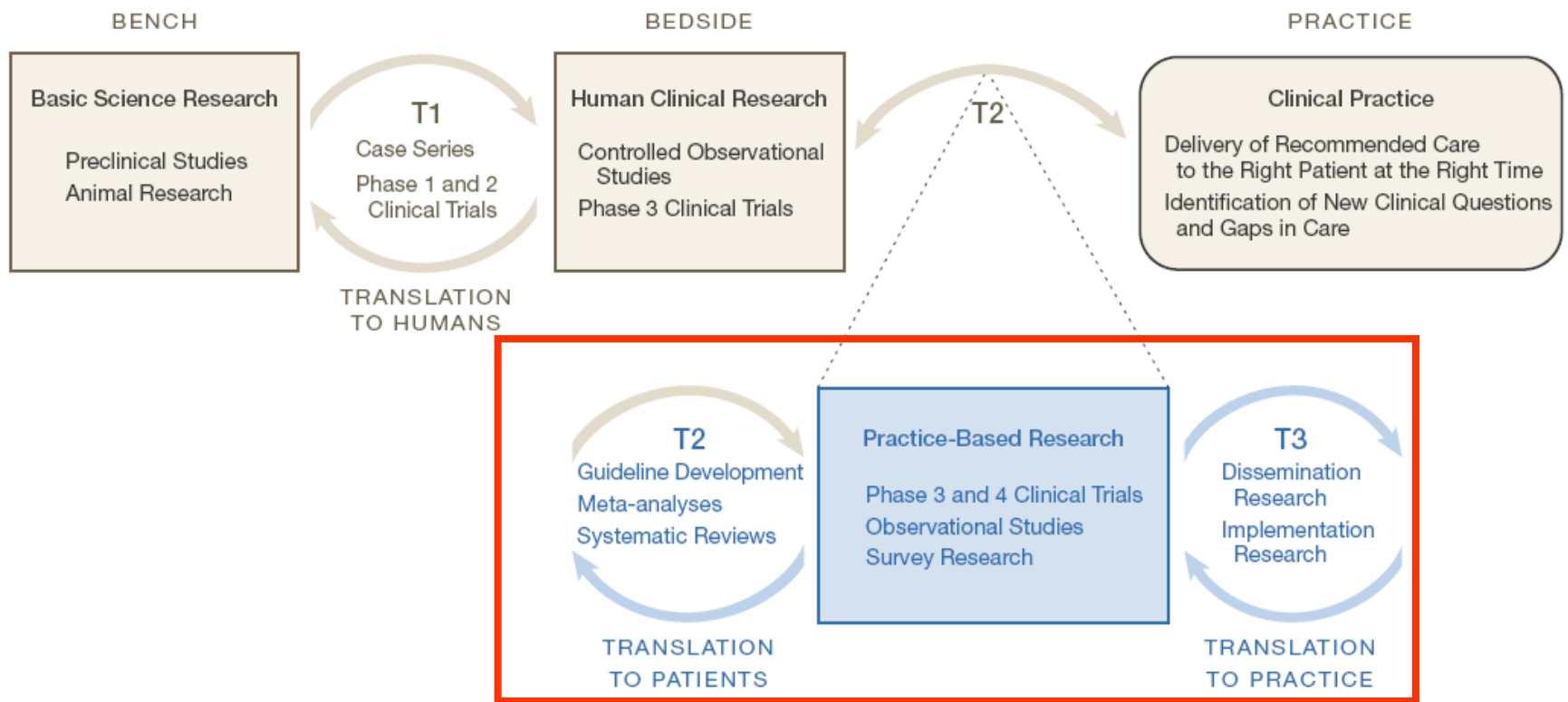
 Alberta Health  
Services

# What do we mean by Health Outcomes?

- Many terms used to describe what we do.
- What it's not (“discovery science”):
  - Basic science research (e.g., test-tubes, microscopes, rats)
- What it is:
  - Clinical research (Theme II):
    - Diagnostic tests/health outcomes;
    - CCTs/RCTs;
    - Knowledge synthesis/translation
  - Health Services/Systems (Theme III);
  - Population health (Theme IV).
- Key issue: many different opportunities.

# Translational model

**Figure.** "Blue Highways" on the NIH Roadmap



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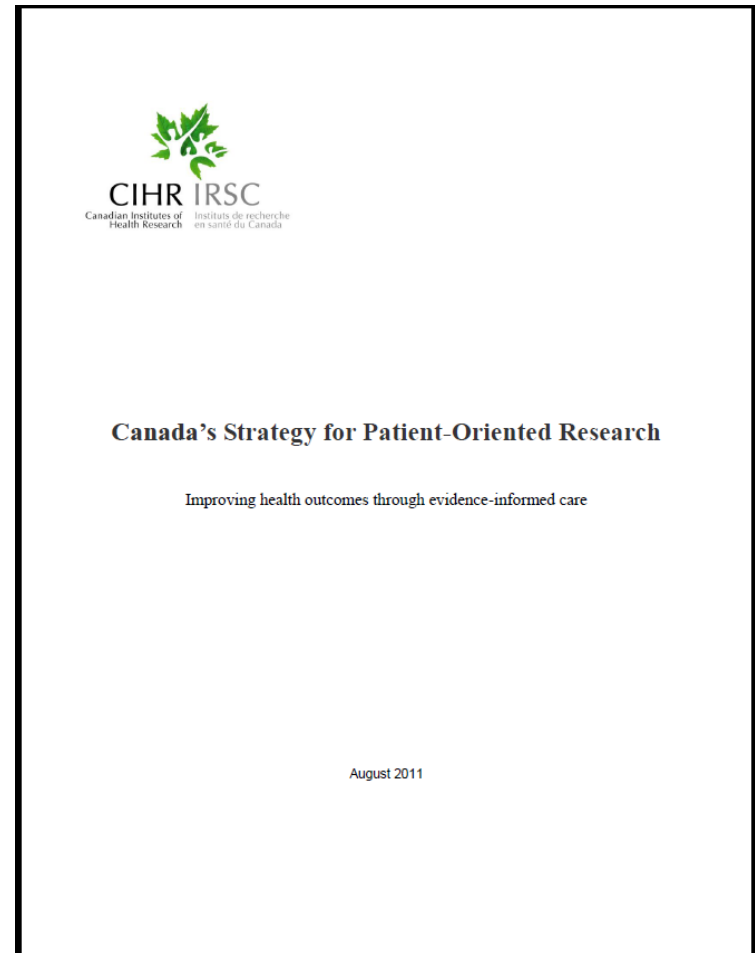
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# What is a SUPPORT Unit?

Support for People and Patient-  
Oriented Research and Trials  
(SUPPORT) Units

# Historical Perspective

- SPOR concept document released in 2010.
- Visits started in 2010 (Paul Hebert → Jean Rouleau → CIHR Visits {President, Institute Directors, etc}).
- SPOR Leadership Changes (Paul Hebert → Jean Rouleau → Penny Moody-Corbett → Jane Aubin).
- SPOR National Steering Committee:
  - AIHS representation and guidance (Jacques Magnan).
- External Advisory Committees (Ethics, Training, etc).



# CIHR SPOR Concepts

- SPOR: SUPPORT Units and Networks.
- One SPOR SUPPORT Unit per province (some amalgamation – *Atlantic Canada SPOR*).
- Budget limits:
  - \$2-6 million/year X 5 years with 1:1 matching;
  - Renewal: unclear (sustainability).
- Coverage: mainly Pillar II and III research.
- Links to other provincial initiatives.
- Contents:
  - Directed by CIHR, SPOR Steering Committee, and provincial feedback.



# Iterative SPOR SUPPORT Units

Research networks are underpinned by local SUPPORT units that provide the resources and personnel to conduct research day to day.



# SUPPORT Unit Objectives

- Identify and address the needs of patients and knowledge users by facilitating research;
- Provide specialized and multidisciplinary methodological expertise in patient-oriented research and its application;
- Assist decision makers and investigators identify and design research studies, conduct biostatistical analyses, manage data, provide and teach project management skills, and ensure studies meet regulatory standards;
- Advance methods and training in comparative effectiveness research and develop the next generation of methodologists;
- Provide timely access to data including linked datasets and integrate existing or new databases.

# Research Networks

Research Networks bring together a unified group to build a critical mass of technical and scientific expertise on a national scale to provide research leadership and enhance impact.

## RESEARCH NETWORKS

Mental Health Research Network

Primary Care Research Network

Research Network #3

Research Network #4

- Act as one coordinated group to effectively direct resources in specialty areas (e.g. mental health, primary care).
- Ask central questions to direct pan-Canadian studies most relevant to Canadians.
- Generate evidence or source from previous work and disseminate best practices to the patient-care community.
- Mentor and support the training of emerging talent.

# SPOR SUPPORT UNIT 2012

## Requirements

- Platforms:
  - Data platforms and services;
  - Methods support and development;
  - KS/KT and implementation science;
  - Pragmatic clinical trials;
  - Training and career development;
  - Consultation and project management;
  - Throughout: Patient engagement.
- 1:1 funding, 1 unit (AB), a plan!

# Timelines

- Roll-out of Units was based on 'readiness' of the jurisdiction to meet funding criteria. (e.g., launch of 2-3 units in the 1<sup>st</sup> round).
- Alberta needed to be one of those units.
- AIHS (primary funder).
- Partners: AHS, AH, universities.
- Call for proposals: October 2, 2012.
- CA-SPOR document sent to the CIHR SPOR team December 19, 2012.



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# Finlay McAlister, MD, MSc

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Director, PHORCE

Professor, Department of Medicine

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# CA-SPOR Unit Application

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# CIHR Presentation

- January 2013 to CIHR in Ottawa:
  - AIHS: Sharla Sutherland;
  - SPOR SUPPORT Lead: Brian Rowe (FoMD);
  - U of C: Bill Ghali (IPH);
  - AHS: Kathryn Todd (VPR);
  - AH: Sharlene Stayberg (Research);
  - U of A: Finlay McAlister (PHORCE).
- Format: 3 slides and 10 minutes!





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# SPOR SUPPORT Unit

“Alberta Style – integrated KT in  
the real world”

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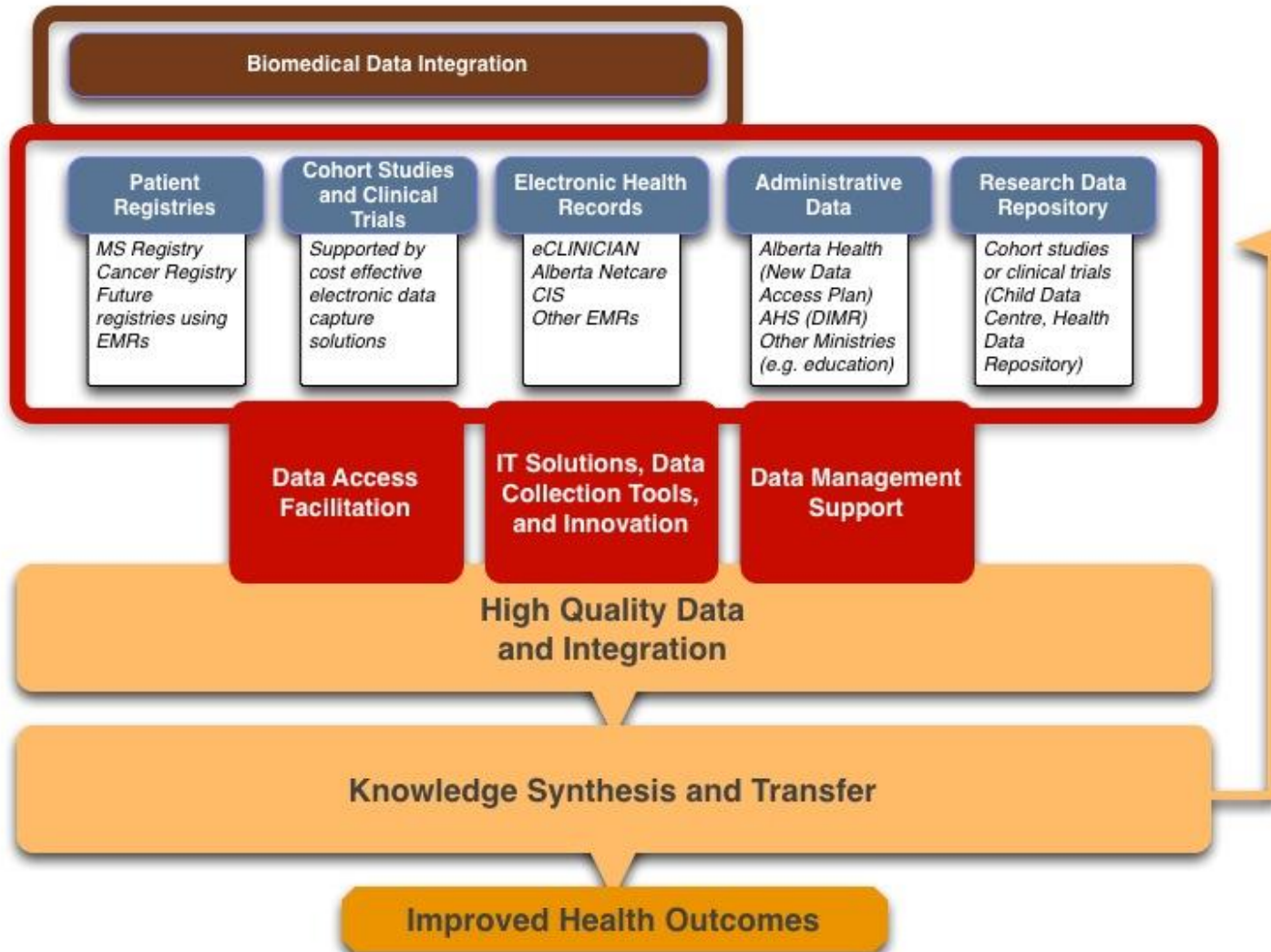
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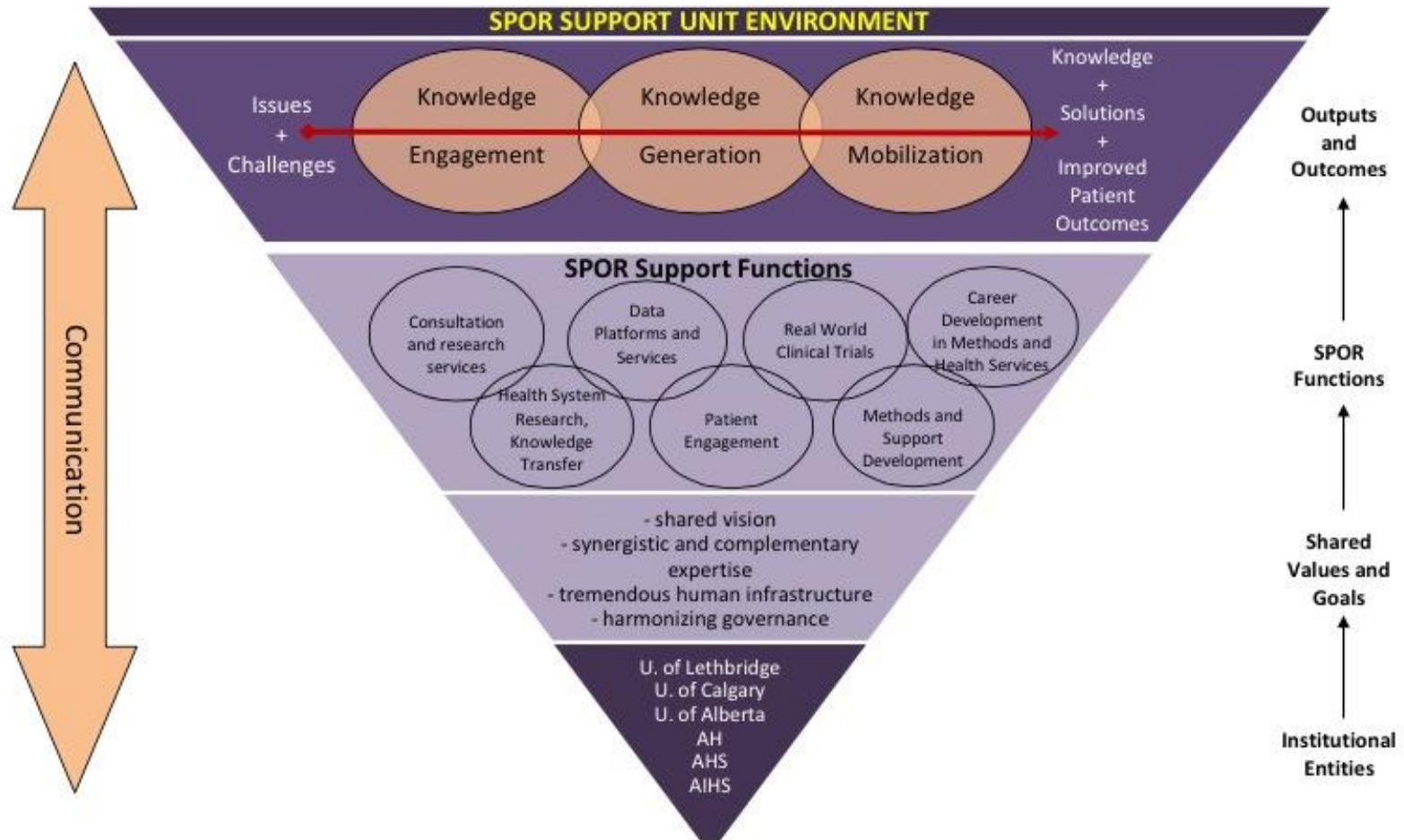
# Alberta Priority Areas

- **Data Platforms and Services:**
  - DIMR (AHS holdings; EMR-eCLINICIAN; EHR-NetCare);
  - NDAP (Alberta Health);
  - Data Ambassador (coordination, integration).
- **Methods Support and Development:**
  - Provide service expertise (e.g., biostatistics, epidemiology and health economics) for existing and emerging research programs;
  - Clinical research informatics.
- **Health Systems Research, Implementation Research and Knowledge Translation.**
  - Link with AHS-Strategic clinical networks (SCNs).

# Alberta Priority Areas



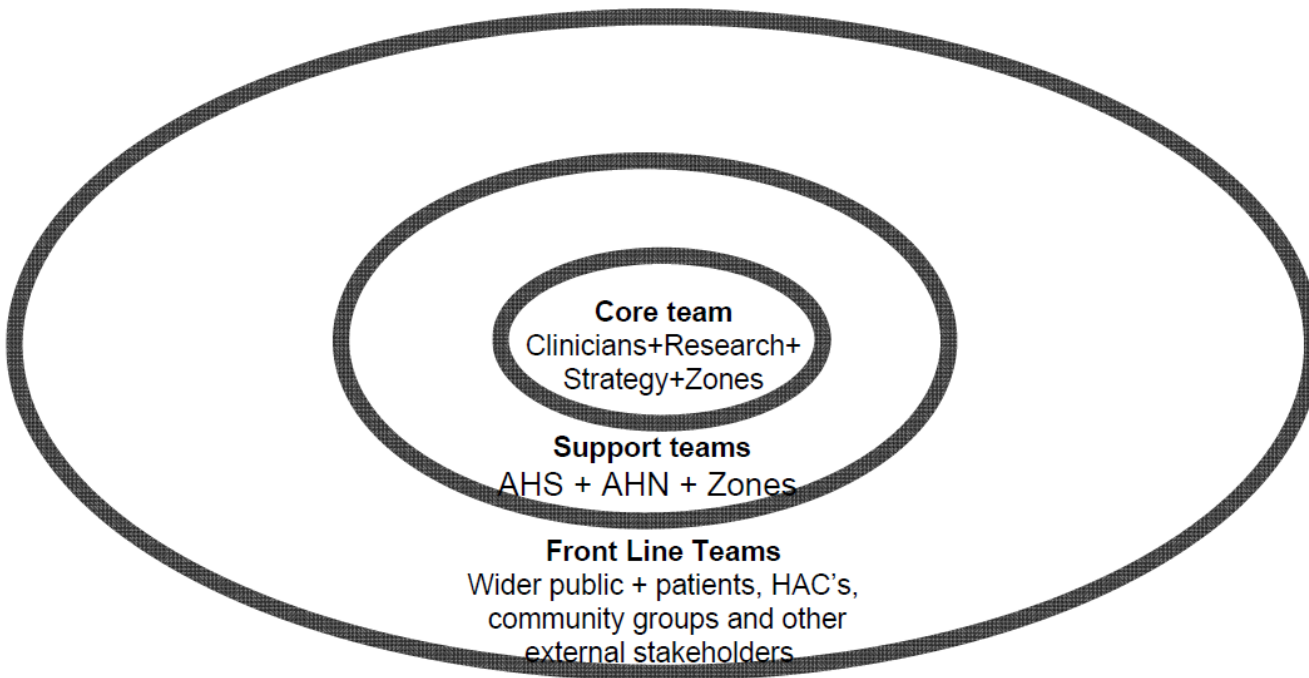
# Challenges - Logic Model



# Lessons Learned

- Importance of collaboration:
  - Broad stakeholder involvement;
  - Strategic Clinical Networks (SCNs).
- Leverage research funding to enhance health outcomes research:
  - AHS/AIHS (e.g., CRIO);
  - National (e.g., AHRQ, PHSI).
- Focus will be important to success:
  - Strengthen the core areas first (e.g., data access, methods, etc).

# Lessons Learned



# Lessons Learned

STRATEGIC FOCUS		
ALBERTA HEALTH RESEARCH AND INNOVATION STRATEGY:		
<ul style="list-style-type: none"> <li>Wellness at Every Age</li> <li>Innovative Health Care Delivery</li> </ul>		
HIGHLY SKILLED PEOPLE	INNOVATION PLATFORMS	KNOWLEDGE TRANSLATION
STRATEGIC PRIORITY 1 • <b>Discovery:</b> focusing on and catalyzing excellence in innovation and health research		
STRATEGIC PRIORITY 2 • <b>Application:</b> supporting innovative solutions to health system issues		
STRATEGIC PRIORITY 3 • <b>Economy:</b> contributing to a robust health research-based economy in Alberta		

## STRATEGIES

GOAL 1	GOAL 2	GOAL 3
Build on Alberta's capacity for health research and innovation excellence	Initiate partnerships within and beyond the Alberta Innovates system	Achieve measurable improvements in health outcomes
Catalyzes high impact innovation opportunities	Provides overall strategy and innovation policy development for GoA	Integrates performance management into all activities
Supports targeted world class health research	Develops networks for world class technologies	Reviews proposals for outcomes-focused funding
Provides innovation and research support to Government of Alberta	Coordinates and supports major investments to grow industry	Ensures board management policies comply with Government of Alberta guidelines
Create new initiatives and expertise to support AHRIS	Collaborates with AI corporations for cross-disciplinary opportunities	
Provides funding and support for AHFMR legacy programs	Brokers partnerships for leveraging funding and maximizing impacts	
	Supports Connector service	



## Alberta's Health Research and Innovation Strategy

Government of Alberta

# Time Lines (Continued)

- **March 15, 2013** – submission of second version of the AB SPOR SUPPORT Business Plan to CIHR.
- **April 15, 2013** - Revised budget delivered.
- **May 24, 2013** – International adjudication panel:
  - Initial feedback “positive”!
- **Late-June, 2013** – confidential CIHR decision.
- **July 18, 2013** - Executive Director hired.
- **CIHR Announcement:**
  - November 8, 2013 at AIHS *Science Behind the Outcomes* Meeting.



# Success



**S U C C E S S**

Because you too can own this face of pure accomplishment



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# Tim Murphy ED SPOR SUPPORT Unit, AIHS

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# SPOR Principles

- Patients need to be involved in all aspects of the research to ensure questions and results are relevant and integrated into practice.
- Decision-makers and clinicians need to be involved throughout the entire research process to ensure integration into policy and practice.
- Funding under SPOR is based on a 1:1 matching formula with non-federal government partners to ensure relevance and applicability.
- Effective patient-oriented research requires a multi-disciplinary approach.
- SPOR is metric driven and incorporates performance measurement and evaluation as integral components of the initiative.

# SPOR NETWORKS

**SPOR Networks:** national collaborations of patients, health professionals, decision makers, health researchers and other stakeholders to generate evidence and innovations designed to improve patient health and health care systems

## **OBJECTIVES:**

- Establishing priorities and developing a nation-wide agenda of outcomes-oriented research
- Developing and implementing evidence-informed practices, policies, services, products and programs to improve patient outcomes, access to care and quality, efficiency and effectiveness of health care
- Accelerating the translation of new knowledge into clinical applications, practice and policy
- Strengthening the capacity to conduct patient-oriented research through training and mentoring initiatives



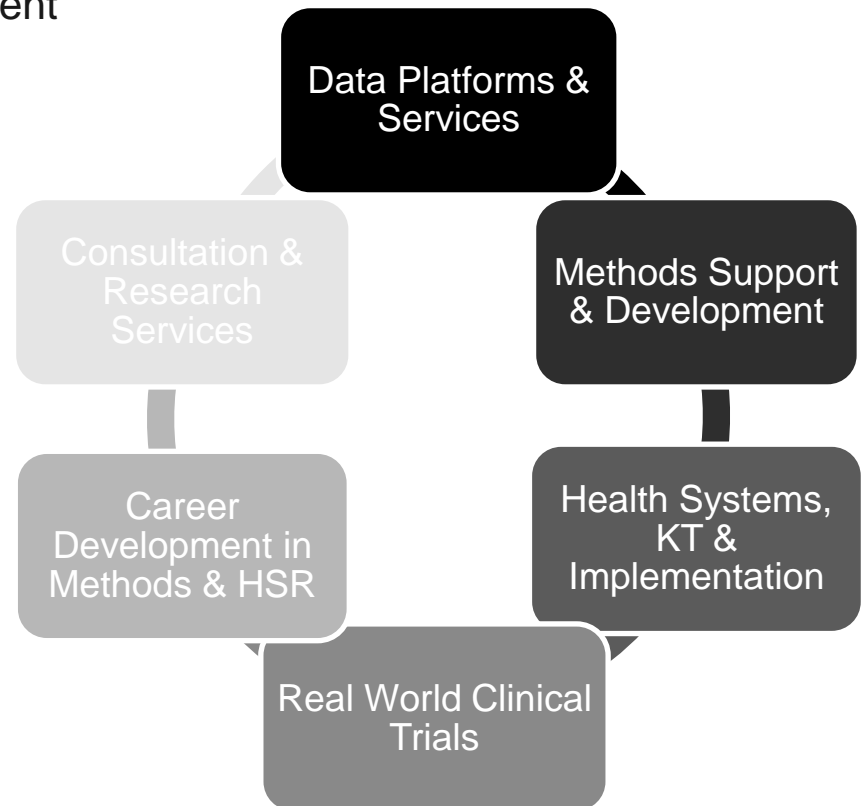
**SPOR Research and Knowledge  
Translation Networks**

# SPOR SUPPORT UNITS

**SPOR SUPPORT Units:** provincial service centres providing support and expertise to those engaged in patient-oriented research including: a focus on data access, methodological and research services, knowledge translation, clinical trials and capacity development

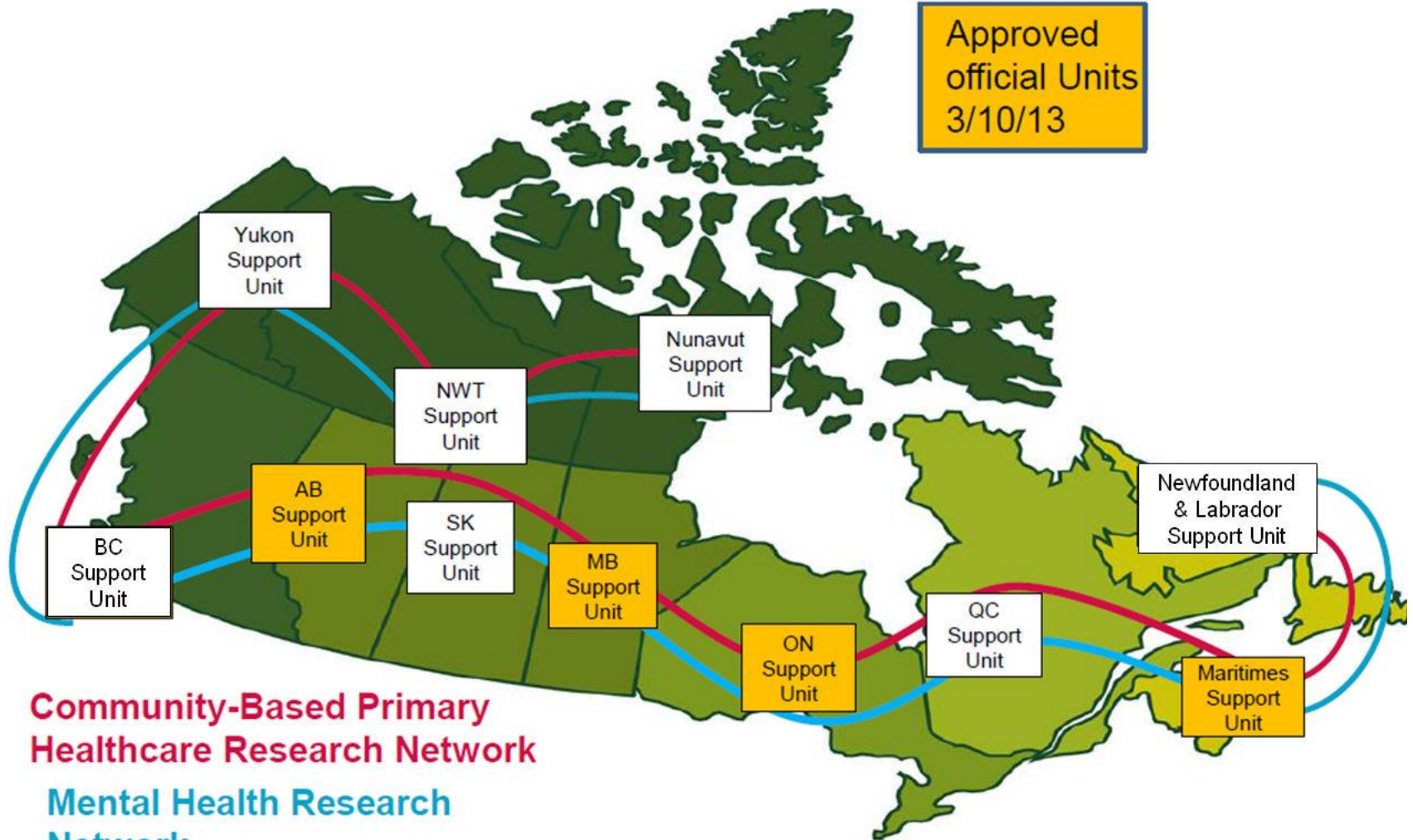
## STATUS UPDATE

- Alberta, Manitoba, Maritimes (PEI, NB, NS) and Ontario have been approved and are in the grant agreement process
- Newfoundland and Quebec are in the iterative review process
- British Columbia and Saskatchewan are developing proposals
- The Territories are working on a strategy to intersect with SPOR



# A National Integrated Network

Approved  
official Units  
3/10/13

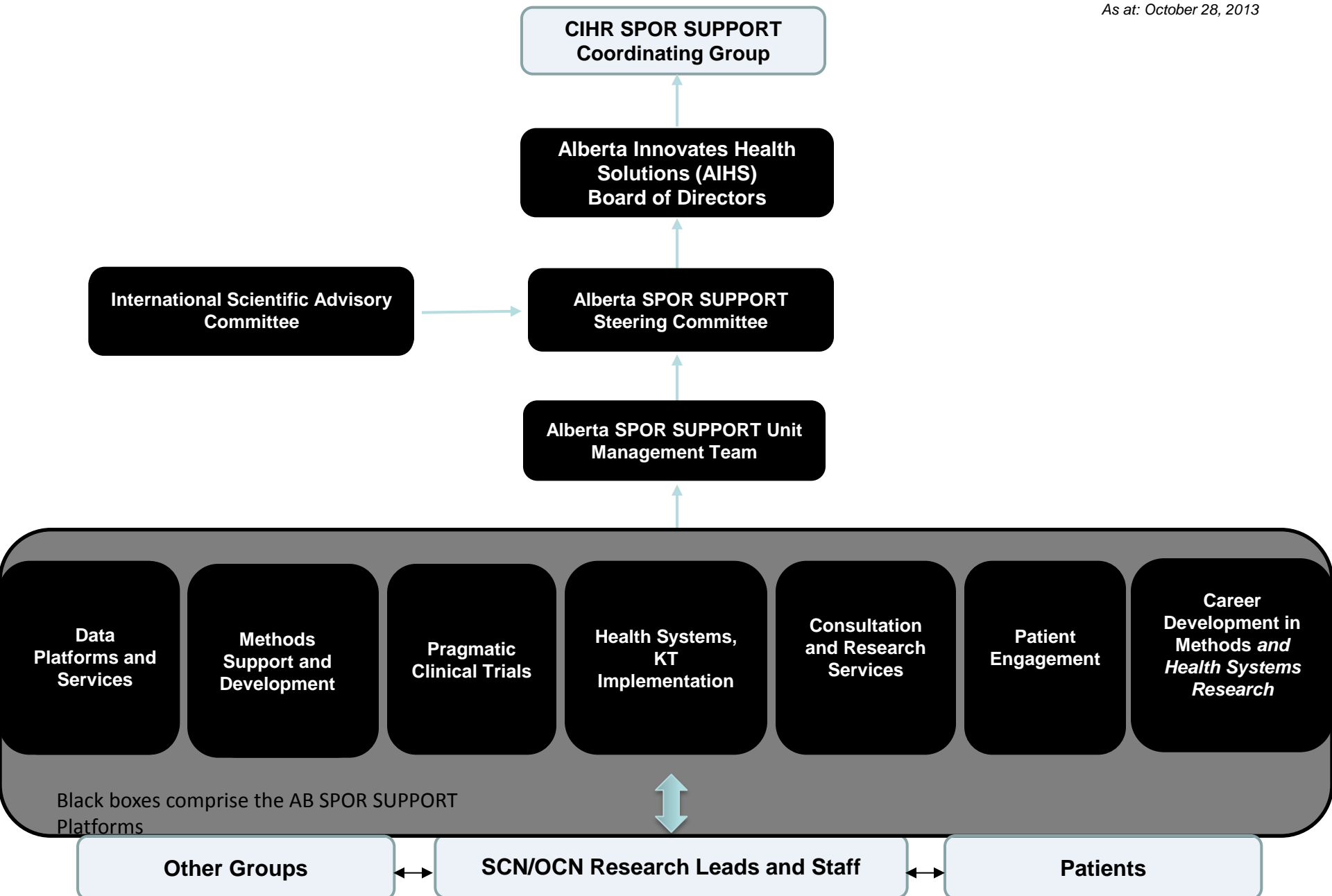


**Community-Based Primary  
Healthcare Research Network**

**Mental Health Research  
Network**

# Alberta SPOR SUPPORT Unit: Organizational Structure

As at: October 28, 2013



# Alberta SPOR SUPPORT Unit Milestones and Deliverables

## START- UP

August 1, 2013 – December 31, 2013

- Organizational Chart
- Steering Committee Terms of Reference
- Platform Leader Selection Process
- November 8, 2013 – Announcement of Alberta's SPOR SUPPORT Unit....First in Canada!

COMPLETED

## GROWTH and DEVELOPMENT

January 1, 2014 to March 31, 2014

- Response to Administrative Review – completed
- Signing Agreement with CIHR
- Platform Lead Selection
- SPOR Management Team Development
- Business Plan/Value Proposition Development for each unit
- 3 Demonstration Projects
- Shift: Planning to Execution

IN PROGRESS

## GROWTH and DEVELOPMENT

April 1, 2014 - on

- Delivering on Agreement with CIHR
- Detailed work plan; governance structure; training strategy; patient engagement plan; performance measurement strategy, capturing lessons learned/ sharing best practices – SPOR SUPPORT Unit Council

NEXT STEPS



# Alberta SPOR SUPPORT Unit

## Key Messages:

- Not operating grants – but rather - enabling infrastructure – new capacities and approaches to research.
- Transformative, change focused.
- Sustainability and Impact.
- Coordinated discipline investments.
- Core philosophies – the translation of knowledge into policy and practice.



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# Questions?

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# Thank you!

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