

Canadian Primary Care Research Network
Réseau canadien de recherche en soins primaires

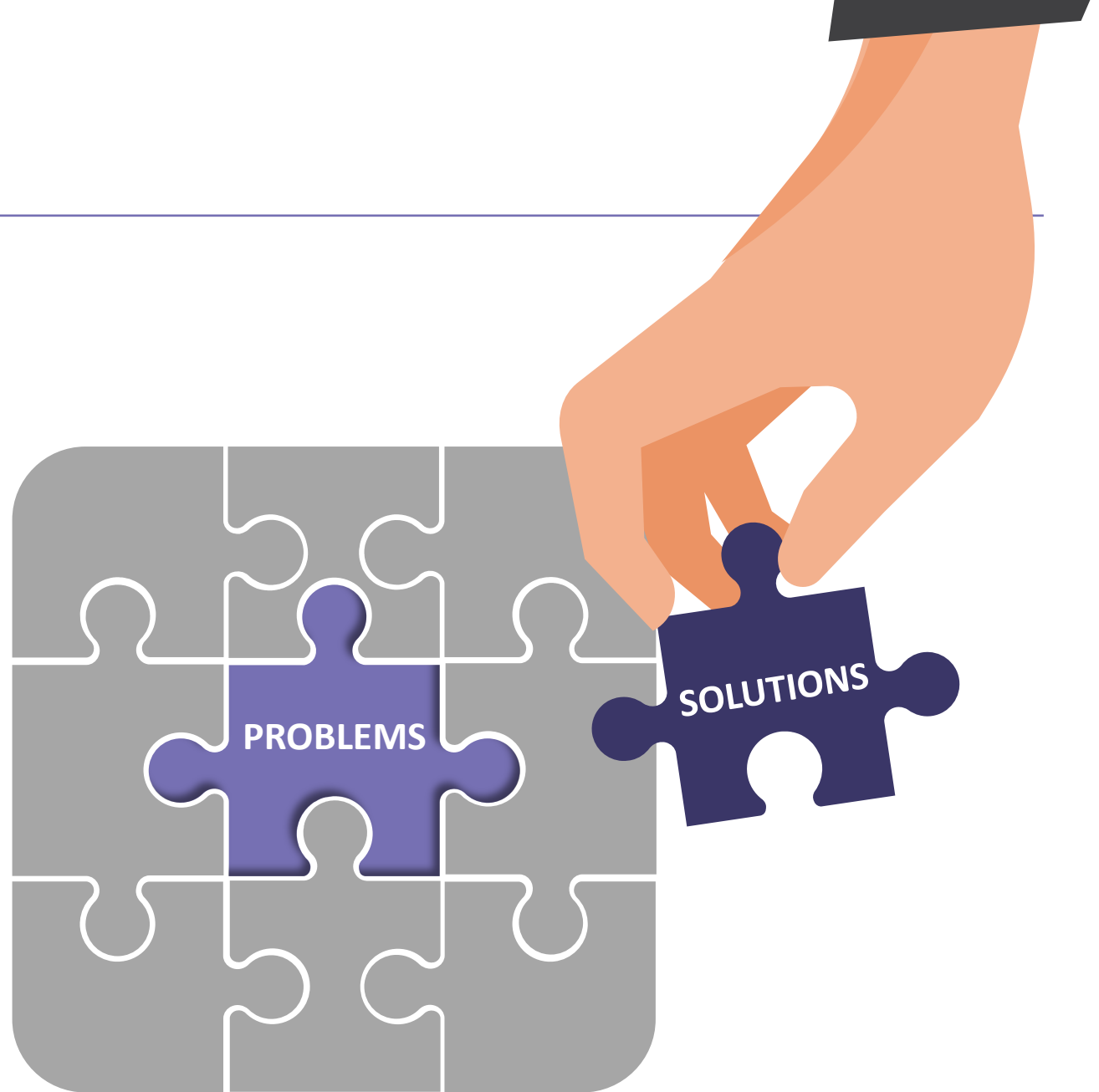
Evolving practice-based research and learning networks (PBRLNs)

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April 23, 2024

Health Systems are in Crisis...

“...systems are on the brink of collapse, harming healthcare workers & significantly impeding patient care. Urgent action is required”



Building a Better Health System

Challenges



Attachment

- Increasing # of people with chronic conditions
- Nearly 17% (6.5 M) of Canadians unattached to primary care



Access

- Only 1 in 5 of attached patients can access same or next-day care
- Inequitable access to quality care due to social determinants of health



Human Resources

- Workforce shortages & burnout
- Increasing complexity of primary care needs



Learning & Scaling

- Lack of Infrastructure to evaluate, share, scale innovations
- Limited engagement of patients, policymakers, clinicians, researchers

Solutions

- **Explore & scale** innovation across provinces
- **Measure & iterate** to ensure quality
- Meaningful stakeholder and patient **engagement**
- Ensure **continuous improvement** at the practice level
- **Coach** clinicians
- **Joy** in work

CPCRN Objectives

Building Capacity

Increase capacity among researchers, clinicians, policymakers, community members, & Indigenous communities

Governance

Nurture a highly coordinated, decentralized network

Knowledge Translation & Exchange

Generate and mobilize knowledge that informs and transforms practice

Engagement

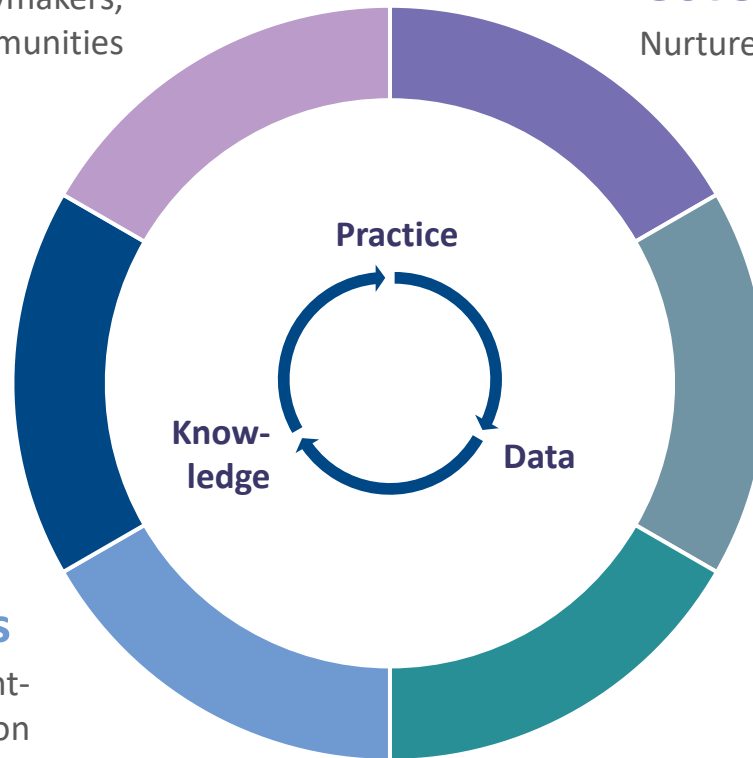
Create and nurture sustained partnerships with diverse partners

Research Projects

Scale and spread successful patient-oriented research & innovation

Equity Diversity & Inclusion

Enrich and support opportunities for Indigenous and equity deserving people to become researchers in primary care



Primary Care Learning Health System

CPCRN Practice Based Research and Learning Networks (PBRLNs)

British Columbia (101 providers, 133K patients)

BC-PHCRN, Vancouver

Alberta (267 providers, 354K patients)

SAPCRen, Calgary

NAPCRen, Edmonton

Manitoba (249 providers, 267K patients)

MaPCReN, Winnipeg

Saskatchewan, NWT and PEI:

beginning stages

Ontario (719 providers, 1.4M)

DELPHI, London

UP-Learn, Toronto

EON, Kingston

MUSIC, Hamilton

OPEN, Ottawa

NOSM, Northern Ontario

Alliance of Healthier Communities (CHC data), Ontario

Quebec (130 providers, 47K)

RRSPUM-Réseau de recherche en soins

primaires de l'Université de Montréal

Réseau-1 Québec

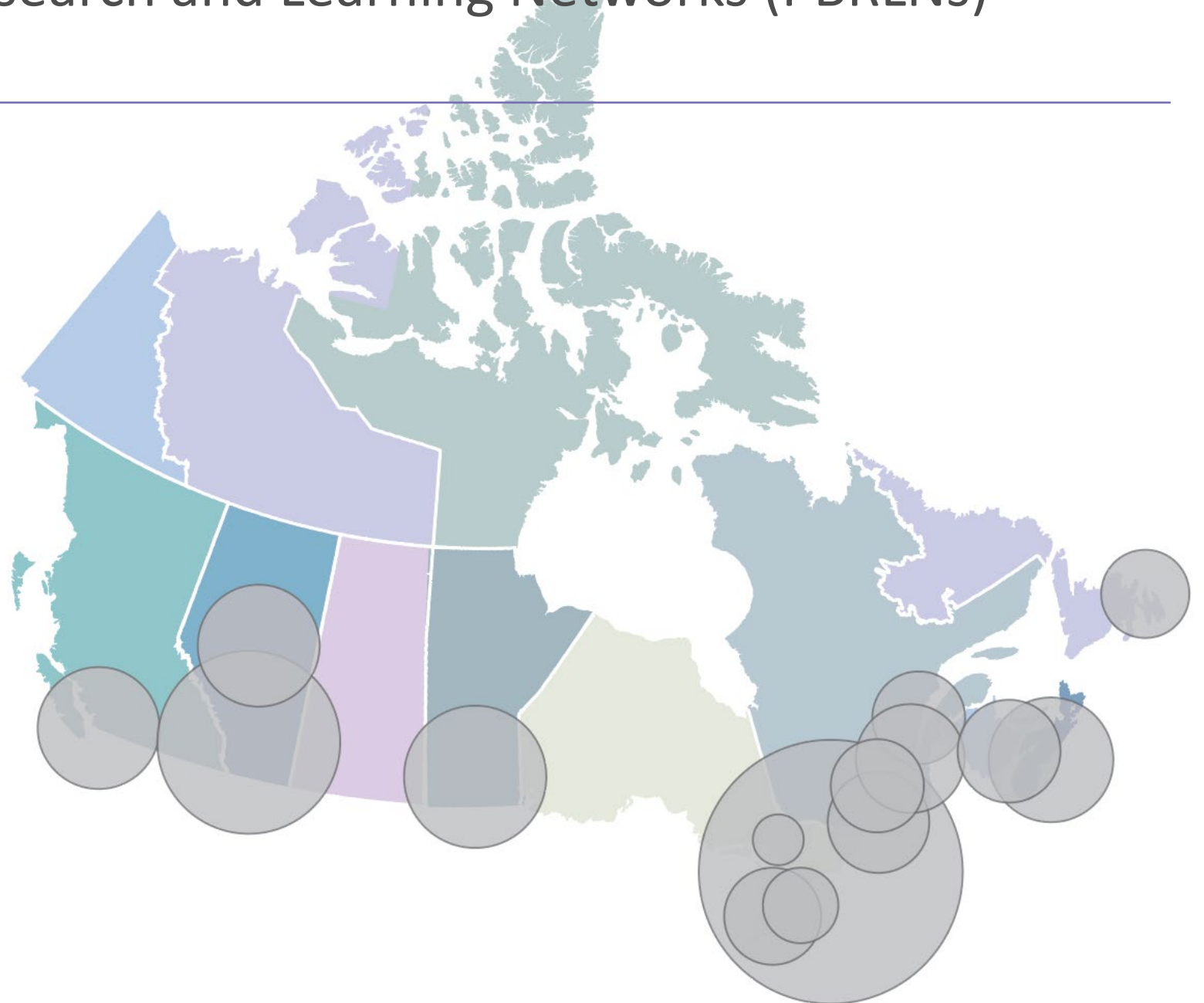
Nova Scotia and New Brunswick (21 providers, 11K)

MaRNet and BRIC-NS, Halifax

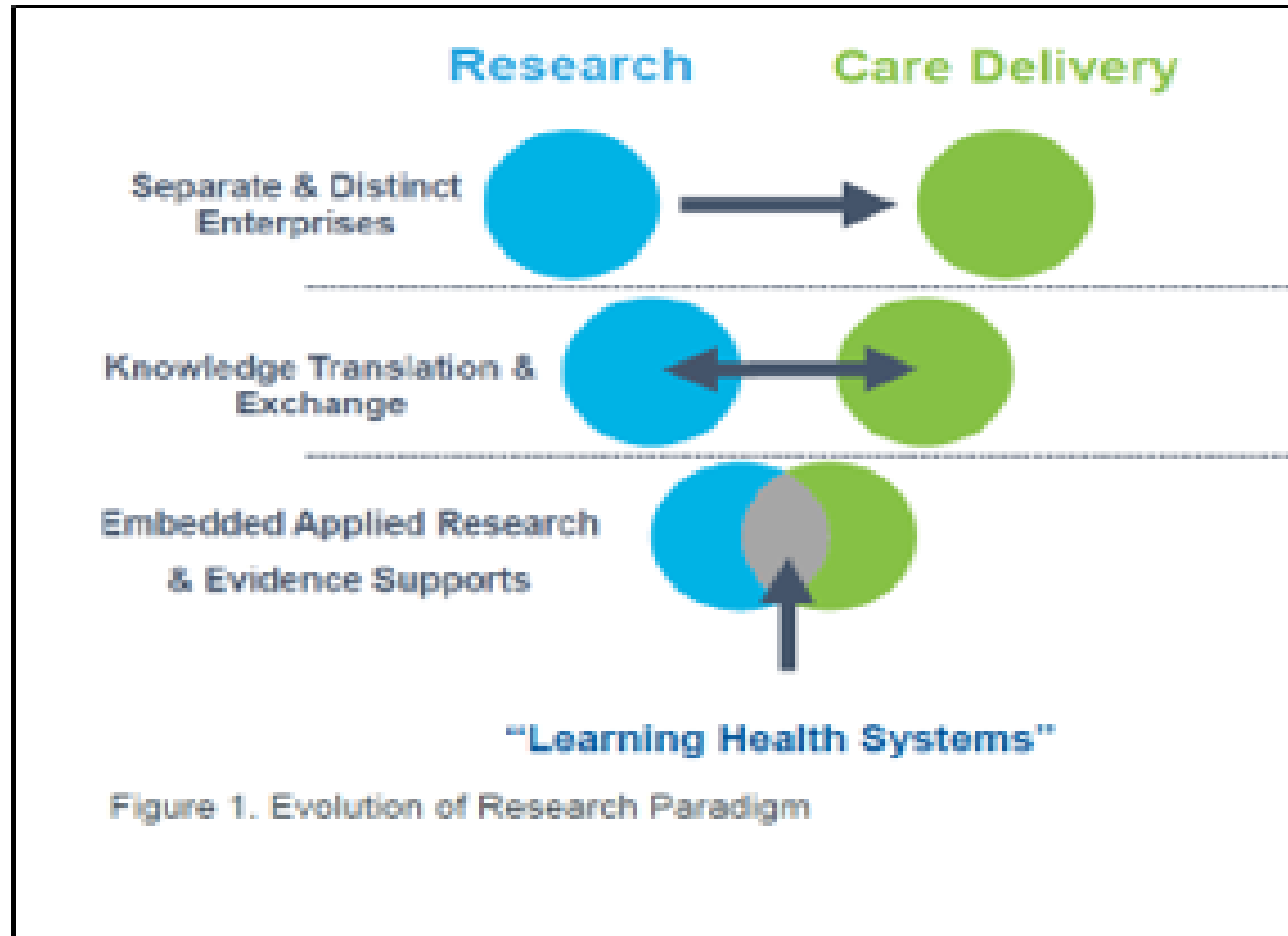
CRIC, St. John

Newfoundland (64 providers, 85K)

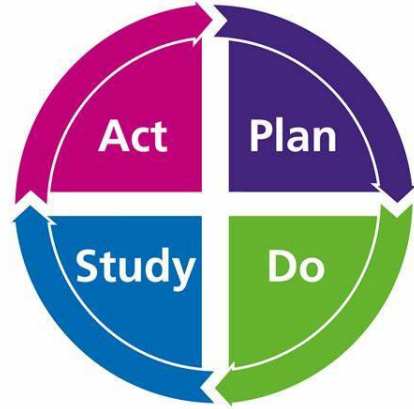
APBRN and PRIME, St. John's



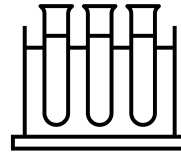
Putting the “L” into PBR(L)Ns



Evolving PBRLNs in Learning Health Systems



Quality
Improvement

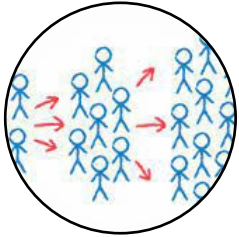


Research



Learning Health
Systems

Practice based research and learning network stages of maturity



FORMATION: PBRLN is formed with a small group of primary care practices, patients and researchers.



GROWTH & EXPANSION: Expanded membership and establishment of basic research processes and governance structures; improved research capacity and engagement in more diverse projects.



KNOWLEDGE TRANSLATION, MOBILIZATION AND INNOVATION: contributes significantly to research and QI in the region; A leader in primary care research, driving innovation in clinical practice and research methods.



SUSTAINABILITY THRU EMBEDDED APPLIED RESEARCH AND EVIDENCE: achieves long-term sustainability and impact on primary care and research; provides system level leadership. Able to link local data to provincial administrative data.

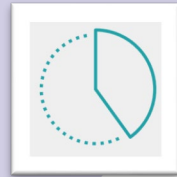
Network infrastructure components

Governance and Organizational Leadership



Shared leadership
Governance structures

Funding



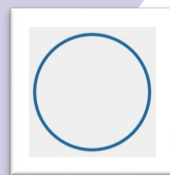
Staff, scientific expertise
Number of projects

Data and Technology



Access to EMR data + linkage to admin data
Submit data to practices and to CPCSSN

Learning Network



Engagement of patients and community partners
Health workforce engagement
Engaging indigenous and equity deserving groups

Case Example: Alliance of Healthier Communities PBRLN—EPIC, ON

- **Governance and organizational leadership**-120 Alliance clinics; Leadership team for improvement, strategy and information management.
- **Staff:** Director of research and policy , Research and Evaluation lead, Policy Analyst , Knowledge Translation Specialist, Quality Improvement and Performance Leads
- **Funding:** Stable funding; dedicated budget to support LHS activities and special project funding and research reserve fund
- **Scientific expertise:** Team with expertise in clinical informatics, public health and QI that leads projects
- **Data & technology:** Data warehouse, data support, common metrics and patient experience measures; sends practice reports to clinicians and link data with administrative databases
- **Patient & community partner engagement:** Patient advisory board with involvement in governance, research direction and co-design
- **Health workforce engagement:** projects guided by staff advisory groups (admin, clinicians, team members); free up staff time to participate in research and other learning initiatives
- **Learning network:** hosts communities of practice (e.g. community vaccination, social prescribing) which are open to non-EPIC members; 50% of sites have participated over the last 3 LCs

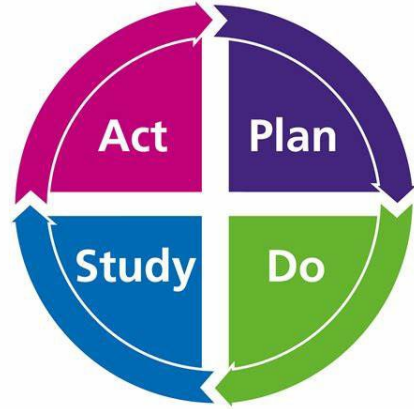


Maturity Models to Inform Strategic Decisions

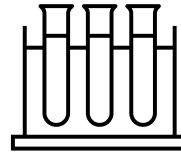
	Forming	Growth	KT + Mobilization	Sustainability
Leadership				
Staff				
Funding				
Expertise				
Data				
Pt engagement				
Workforce engagement				
Learning network				



Evolving PBRLNs in Learning Health Systems



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Improvement

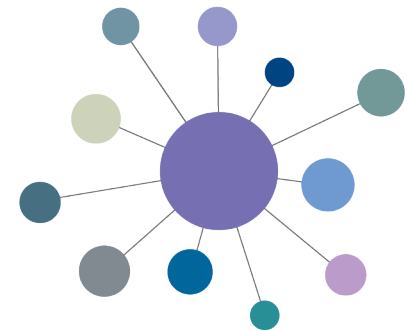


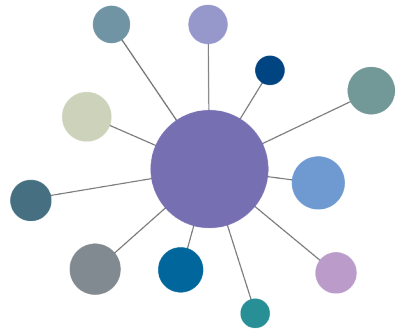
Research



Learning Health
Systems

Discussion/Questions





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www.cpcrn-rcrsp.com