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# PROGRAM GUIDE: Partnership for Research and Innovation in the Health System (PRIHS)

Enhancing Care in the Community (2018/19)

## PRIHS PROGRAM OVERVIEW

### Background

The Partnership for Research and Innovation in the Health System (PRIHS) is a partnered funding opportunity between Alberta Innovates and Alberta Health Services (AHS). It is focused on supporting health research and innovation projects that will adopt and implement evidence to maintain or improve quality of patient care and services while substantially reducing costs in the healthcare system. Specifically, PRIHS funds implementation of evidence-informed solutions through the Strategic Clinical Networks™ (SCNs) to address specific health system challenges that affect significant numbers of Albertans in any part of the continuum of care. These health system challenges are aligned with the priorities identified in the [Alberta Research and Innovation Framework \(ARIF\)](#) and the [AHS Strategy for Clinical Health Research, Innovation and Analytics 2015-2020](#).

## PRIHS-4: ENHANCING CARE IN THE COMMUNITY (2018/19)

*The overall goal of PRIHS is to support research and innovation activities that will contribute to achieving a sustainable health system in Alberta. The objectives of the PRIHS program are to:*

- Enable AHS to make evidence-informed, clinically appropriate changes that achieve its' [Quadruple Aim](#) by eliminating activities that make little or no contribution to positive patient outcomes or to the health system. The quadruple aims are:
  - Improve patients' and families' experiences
  - Improve patient and population health outcomes
  - Improve the experience and safety of our people
  - Improve financial health and value for money
- Understand the key operational and financial factors that enable or inhibit the adoption of changes that produce significant measurable improvement;
- (Re)assess technologies, services and processes in the health system with the aim of improving care and value for money resulting in measurable cost-savings in AHS;
- Create knowledge through high value research in the health system that drive improvements along one or more of the six dimensions of quality defined in the [Alberta Quality Matrix for Health](#);
- Encourage collaboration of research and innovation activities between Alberta's academic institutions, SCNs, AHS operations and primary health care to achieve measurable and sustainable impacts in the health system;
- Build relevant applied health research capacity in Alberta; and
- Enable health system leaders, from the front line to senior levels, to test new models of care while managing the associated risks.

*Building upon the overall goal and objectives, the theme of the 2018/19 PRIHS IV will be the implementation of high quality, evidence informed solutions to "Enhancing Care in the Community" to address performance gaps ("Focus Areas") in the healthcare system that prevent optimal patient care, resource use, delivery, and access to affordable and sustainable health services.*

'Enhancing Care in the Community' (ECC) supports AHS' vision of healthy communities for all, where care is delivered in the right place, at the right time, by an interconnected team of providers. In this vision, acute and specialty care are integrated with primary health care (PHC), community and social service supports, and people achieve their best health with the support of care networks close to home.

## **FOCUS AREAS**

- Solutions that help Albertans optimally manage their health conditions, maintain their independence, and live well in their communities.
- Solutions that help Albertans avoid unnecessary Acute Care visits and admissions.

Within these focus areas, applications are encouraged to incorporate the following components:

- Address avoidable differences in health status that exist between population groups, including those related to geographical barriers.
- Promote self-efficacy by enabling Albertans and their families to take an active role and manage their health on a day-to-day basis.
- Create a collaborative system that decreases care fragmentation through more effective partnerships between primary and specialist care, the patient and the family and other community partners.
- Facilitate efficient and appropriate navigation through the broader health care system.

*Note: Applications involving new technology and e-solutions will be considered, however, any solutions that require interface within the acute care sector will be reviewed for feasibility of integration with the Connect Care initiative currently underway.*

## PROGRAM DETAILS

**Term:** up to three years (2018/19-2021/22)

### Funding

*Alberta Innovates and Alberta Health Services are investing up to \$7 million to improve health system performance within the PRIHS 2018/19 competition.*

No maximum budget amount is set for each proposal however, we anticipate funding up to seven (7) applications in total. The SCNs and PHC will work with the applicants to define the scope needed to demonstrate the improvement in health system performance for a given budget.

Budgets must be structured to achieve the deliverables in the timeframes proposed.

The budget will be assessed as part of the final (Stage 3) review process, with plenty of opportunity to engage with the SCNs, PHC, and operational areas to define the scope needed to demonstrate measurable improvements in the performance of the health system and the expected value to the health system should the solution be adopted at scale. PRIHS aims to generate tangible real world clinical value that is sustainable through successful scaling.

Applications requiring greater investment by PRIHS are encouraged, recognizing that they will need to demonstrate the highest probability of making significant contributions to the health of Albertans through gains in quality of care and system efficiencies.

## WHO CAN APPLY?

Independent researchers or knowledge users (e.g. primary health care providers, SCNs, etc.) may apply as Lead or Co-Lead Applicants.

- Independent researchers must hold an academic or research appointment at an Alberta-based Institution.
- If a knowledge user is also a Lead Applicant, they must have a Co-Lead Applicant who holds an academic or research appointment at an Alberta based institution.

- Members of the Strategic Clinical Networks, including Scientific Directors (SD) and Assistant Scientific Directors (ASD) are eligible to apply as a Lead or Co-Lead. SDs and ASDs are exempt from involvement in all review, evaluation and selection processes/panels.
- For any EOIs involving primary health care, a Primary Health Care Provider<sup>1</sup> must be identified as a Lead or Co-Lead Applicant at the Expression of Interest.

*The Chief Program Officer (CPO) and Associate Chief Medical Officer (ACMO) of the SCN Leadership are not eligible to apply to this competition.*

### **STAGE 1**

#### **EXPRESSION OF INTEREST (EOI)**

*Submission deadline April 27 at 3:00 p.m.*

- Define evidence-based performance gaps in Alberta

#### **MATCHING & STRENGTHENING**

*April 30-May 14*

- Up to **20 EOIs** will advance to the Stage 2 Feasibility and Relevance Review

### **STAGE 2**

#### **DEVELOP SOLUTION TO CLOSE THE PERFORMANCE GAP**

*Submission deadline June 18*

- Selected **EOIs** prepare for the Feasibility and Relevance review in collaboration with operational partners, patients and the SCNs to identify the best approach to close the performance gap

#### **PITCHING THE SOLUTION: FEASIBILITY AND RELEVANCE REVIEW**

*June 25-29*

- Pitch idea to the expert review panel, focusing on how the solution will be implemented and evaluated for scale up within the current health system
- **Up to 9** Solutions will advance to Stage 3

### **STAGE 3**

#### **FULL PROPOSAL**

*Submission deadline September 28*

#### **FUNDING DECISION**

*November 2018*

<sup>1</sup> Primary health care is defined as a patient's first point of contact with the health care system. PHC providers include family physicians, general practitioners, as well as other health professionals such as nurses, nurse practitioners, dietitians, physiotherapists, pharmacists, occupational therapists and social workers.

## APPLICATION PROCESS – OVERVIEW

The 2018/19 PRIHS Application Process will occur over three consecutive Stages. Each Stage has specific **Evaluation Criteria** that will determine which applications will progress to the next stage.

*Templates and tools at each Application Stage along with Evaluation Criteria will be provided to support applicants in formulating an approach.*

## STAGE 1: DEFINING THE PERFORMANCE GAP

### EXPRESSION OF INTEREST (EOI)

Applicants are required to complete the Stage 1 *Expression of Interest: Identifying the Performance Gap* through Alberta Innovates online system.

Identify and describe a problem (i.e. performance gap) that is relevant to Albertans and preventing them from receiving the most *appropriate* and *efficient* health care by:

- 1) Identifying performance gap(s) observed within existing services, that align with the **Focus Areas**;
- 2) Providing evidence in the form of quantitative measures to help identify the size of the performance gap in Alberta; and
- 3) Proposing a solution to close the performance gap, briefly describing how the solution will address improvements in the health care needs of Albertans.

### STAGE 1 EVALUATION CRITERIA

At the **Expression of Interest** stage of application ideas will be evaluated based the following criteria:

1. **Relevance** - EOI identifies a relevant problem within the theme of “**Enhancing Care in the Community**” and in alignment with:
  - One (or more) of the identified **focus areas**; and
  - If the problem and proposed solution involves primary health care, then it should also align with one of the three (3) **priority areas** identified by the Primary Health Care Integration Network (PHCIN).
    - i. Better coordination between acute and primary care;
    - ii. Improved linkages between primary care and specialists; and
    - iii. Keeping care in the community (providing patient-focused care closer to patient’s home).
2. **Measurable Performance Gap** - provide quantitative measures to help identify the size of the performance gap in Alberta with respect to *appropriateness* and/or *efficiency*.

*Appropriateness* and *Efficiency* are defined by the Health Quality Council of Alberta (HQCA) in the [Alberta Quality Matrix for Health](#).

  - **Appropriateness** - health services that are relevant to user needs and based on accepted or evidence-based practice; and
  - **Efficiency** - resources that are optimally used in achieving desired outcomes and eliminating waste.
3. **Evidence-based Performance Gap** - Provide provincial or local evidence the performance gap is a significant barrier for Albertans.

4. **Patient Oriented**<sup>2,3</sup> - Demonstrate how the performance gap impacts the patient experience in Alberta and incorporate the patient voice and perspective when measuring the size of the problem and potential value.

## MATCHING AND STRENGTHENING

To maximize limited resources (financial and supportive), EOIs proposing to address the same performance gap or which show potential to benefit by partnering with other applicants, will be encouraged to form collaborations at this Stage and explore the most effective methods to approach the problem (i.e. close the performance gap).

Following the initial intake and screening, EOIs meeting all Stage 1 eligibility criteria will be reviewed as a collective to coordinate and match ideas. Applicants will be notified if opportunities to match are identified.

All EOIs will undergo concurrent review through one of two panels:

**Panel A:** Primary Health Care (PHC)

- EOIs who identify a PHC provider as a Lead or Co-Lead (refer to application instructions for details)

**Panel B:** non-PHC

These two panels will recommend EOIs for advancement to Stage 2 that address performance gaps which:

- i. Are the most sizeable and relevant to Alberta;
- ii. Have the greatest potential to positively impact the performance of the health system in Alberta;
- iii. Offer substantial opportunities for alignment and potential integration between primary, community and acute care; and
- iv. Require collaboration across SCNs to develop and implement solutions.

Up to **20 EOIs** will be selected to advance to Stage 2. During the review process, the SCNs will help coordinate network alignment and active sponsorship to support each EOI and manage potential conflicts of interest or capacity issues. The SCNs and PCHIN are committed to working with the applicants to co-design solutions to present during Stage 2.

## STAGE 2: SOLUTION TO CLOSE THE PERFORMANCE GAP

EOIs short listed to advance to Stage 2 will be expected to work with all the major partners (those impacted by the problem) to develop the *best* solution(s) to close the performance gap. Therefore, we expect the design of solutions will require a collaborative approach and the involvement of multiple SCN's and potentially stakeholders in primary health care and Alberta communities to maximize impact (patient and value) and to ensure proposed solutions do not exacerbate existing problems (upstream or downstream) or create additional silos within the health system. Solutions to close performance gaps should consider how to generate tangible real world clinical value that is sustainable through the utilization of existing resources and through successful scaling.

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<sup>2</sup> Alberta Health Services. (2018, March 23). *Patient First Strategy*. <https://www.albertahealthservices.ca/info/Page11981.aspx>.

<sup>3</sup> Alberta Health Services. (2018, March 23). *AHS Strategy for Clinical Health Research, Innovation and Analytics*. <https://www.albertahealthservices.ca/research/page13592.aspx>

The focus of Stage 2 will be evaluating the feasibility of the identified solution to close the performance gap. Identification of potential barriers to successful implementation, competing priorities or operational risks should be fully explored with stakeholders.

## DEVELOPING THE SOLUTION

- Applicants are required to complete the form for the *Stage 2 Relevance and Feasibility Review: Closing the Performance Gap*.
- This stage requires identification of team members and their specific contributions to the project. (Appendix A: Roles & Responsibilities).
- The design of proposed solutions will require involvement of multiple SCN's and other stakeholders and knowledge users to get the best impact and ensure the needs of Albertan's are not siloed by disease or condition.

Solutions to close the identified performance gaps will involve:

**Implementation science** - the study of methods to promote the adoption and integration of evidence-based practices, interventions and policies not currently adopted across the system that can be applied into routine health care and public health settings.

This may include:

- i. **Translational** research - implementing existing knowledge or operationalizing a tested solution already implemented elsewhere
  - Provide evidence of successful adoption of the solution by other health systems.

AND/OR

- ii. **Developmental** research - generating new knowledge
  - Provide a testable hypothesis to show that the approach will address the cause of the identified problem and will be successful in closing the performance gap when put into practice.

## PITCHING THE SOLUTION: FEASIBILITY AND RELEVANCE REVIEW

- Short (10 min) Dragon's Den™ style presentation to a panel of reviewers, addressing key components followed by a question and answer period.
- Operations will form part of the team and be required to co-present with Academic Lead/Co-Lead.
- Panel members may include provincial and operational leads (AHS), patient/family representatives, clinical researchers and clinical trial experts, health practitioners, data analysts, representatives from the Ministry of Health, AMA, community and primary health care, Alberta Innovates, etc.
- **Up to 9** Solutions that meet the Evaluation Criteria will advance to Stage 3.

## STAGE 2 EVALUATION CRITERIA

At the **Feasibility/Relevance** stage of application, project teams will be evaluated using the following criteria:

1. **Strength of the Team** (Appendix A: Roles & Responsibilities)
  - Identify the key members of the team, outline their relevant qualifications, expertise and specific role relative to the proposed solution.
  - Demonstrate team members are invested in the proposed solution and committed to doing the work and sharing responsibility for the success of the project.

- Ensure patients and families are at the centre of all health care activities, decisions and teams.
2. **Relevance** - Solution addresses a relevant problem within the theme of “**Enhancing Care in the Community**” and within one (or more) of the identified **focus areas**.  
Solutions to close care gaps must:
    - Align with the participating [SCNs](#) Transformational Road Maps (TRMs) and/or overarching strategic priorities.
    - Be timely, appropriate and relevant to primary health care practice in the province, only if it involves primary health care.
    - Involve an integrated approach to address a healthcare performance challenge recognized as a priority across multiple SCNs to maximize impact to Albertans.
  3. **Patient Oriented** - Demonstrate how the patients voice has contributed to generating the research question(s) and the proposed solution and how the proposed solution will positively impact the patient and those involved in their care.
  4. **Operational Feasibility** - Demonstrate that solutions can be operationalized (i.e. put into every-day practice) and provide evidence to support this including readiness (patient, staff, organization) capacity of existing resources and ease of implementation.
  5. **Scalability** - Feasibility of system-wide adoption, uptake and use of results; including demonstrated alignment, support, and partnered approach with AHS Operations, Primary Health Care and other partners, as applicable.
    - Demonstrate an understanding of the obstacles to improvement and outline ways to consider broader province-wide deployment and adoption.
    - Demonstrate an understanding of risk and potential barriers to adoption (i.e. policy and legislative challenges, competing priorities, etc.)
  7. **Measurable outcomes** - solutions should be designed with pre-defined measures as indicators a care gap has been narrowed or closed, and value to the system improved with respect to *appropriateness* and/or *efficiency* as defined by the Health Quality Council of Alberta (HQCA) in the [Alberta Quality Matrix for Health](#). If direct outcome measures are unavailable, identify proxy or aspirational measures.
    - **Appropriateness** – health services that are, relevant to user needs and based on accepted or evidence-based practice; and
    - **Efficiency** – resources that are optimally used in achieving desired outcomes and eliminating waste.
  8. **Data Availability and Access** - Outline the information that will need to be accessed to measure outcomes (health and value) and demonstrate the identified performance gap has been narrowed or closed.

## STAGE 3: FULL PROPOSAL

### STRENGTHENING/PLANNING

Teams that have successfully completed Stages 1 and 2 are eligible to submit a Stage 3 Application to Alberta Innovates using the online application system and the *Stage 3 Full Proposal Template*.

Operations, patients, SCNs, and primary health care (where applicable), must be involved in the development of the plan for the Stage 3 Application and will have a shared responsibility for success of the project if funded.

Evaluation at this stage will be by a committee of expert reviewers who will rate and rank applications according to scientific merit, feasibility, relevance, value, and health impact. Final approval of recommendations for funding will be at the discretion of the PRIHS Steering Committee. Additional details regarding evaluation criteria will be provided should applicants reach this stage.

### EVALUATION PROCESS

During the different stages of the application process, Alberta Innovates leverages internal staff, external expert reviewers and key stakeholders to evaluate applications. Alberta Innovates retains the sole right to determine the evaluation process. All external parties are subject to both confidentiality and conflict of interest policies set by Alberta Innovates.

### PERFORMANCE MEASUREMENT

Alberta Innovates employs an active project management philosophy, monitoring performance through biannual (Project-level) and annual (Program-level) reporting requirements. For successfully funded teams, the Evaluation Criteria used at all three Stages of the Application Process will form the basis of individual project performance metrics and be used as indicators of progress over the course of the project. Teams are encouraged to think about performance metrics during the development of their proposals that will help to demonstrate impacts during and/or at completion of the project. Continued funding will be determined by demonstration of progress towards outcomes and achievement of results.

Once projects are completed, Alberta Innovates will continue to monitor performance to assess the economic, social and environmental benefits realized for the province over time.

*Details related to performance measurement/monitoring will be specified in the funding agreement prior to the initial release of funds.*

### CONTACT INFORMATION

For help completing the online Application form, please contact [grants.health@albertainnovates.ca](mailto:grants.health@albertainnovates.ca).

For specific questions regarding this Guide contact the PRIHS Program Manager, Alberta Innovates: Sandra Stabel at [sandra.stabel@albertainnovates.ca](mailto:sandra.stabel@albertainnovates.ca).

For questions related to the SCN contact the Chief Program Officer, Strategic Clinical Networks: Tracy Wasylak at [Tracy.Wasylak@albertahealthservices.ca](mailto:Tracy.Wasylak@albertahealthservices.ca).

## APPENDIX A: ROLES AND RESPONSIBILITIES

Participating Parties	Role	Responsibility
<p><b>Patients and Families</b></p> <p><i>Individuals with a personal experience of a health issue or with the health care system. This includes informal caregivers, family, and friends.</i></p>	<p>In alignment with the Strategy for Patient Oriented Research (SPOR) patients can be meaningfully engaged<sup>4</sup> in and actively contribute to the governance, priority setting, and conduct of research, as well as knowledge translation of research findings.</p>	<p>Contribute to new ideas or innovations, and provide a more holistic view of health.</p> <p>Contribute to the identification of outcomes that are relevant to patients and may increase the quality, impact, and confidence in the outcomes.</p> <p>Assist with dissemination and implementation of research findings into care.</p>
<p><b>Operations</b></p> <p><i>AHS, primary health care, community services etc.</i></p>	<p>Involved in implementation of the solution, responsible for resources needed to deliver care, and are in a position of leadership with the ability to influence processes and decision making related to patient care.</p>	<p>Explore ways to redeploy existing staff to enhance care in the community within the scope of the project.</p> <p>Identify risks and remove barriers and challenges to successfully implementing change; manage competing priorities at a systems level; create supports in the system to integrate programming; align existing resources; support sustainability efforts; reinforce findings through compliance and accountability measures.</p> <p>Ensure project plans are achievable.</p>
<p><b>Primary Health Care Lead*</b></p> <p><i>In a Lead or Co-Lead role and is a researcher and/or knowledge user, early adopter, super-user, or all the above</i></p> <p><i>*For those projects that apply to Primary Health Care</i></p>	<p>Involved from beginning to end in problem identification to conceptualization of the solution, through the application process to data collection, analysis and report write-up.</p>	<p>Ensure the project remains timely, appropriate and relevant to primary health care practice in the province.</p> <p>Ensure continued alignment with <u>ONE</u> of the PHCIN priority areas.</p>

<sup>4</sup> MEANINGFUL *Patient* Engagement - refers to ACTIVE *patient* participation as partners at any or all phases of the research process informed by CIHR SPOR (2013) guiding principles of inclusiveness, support, mutual respect, & co-building. Legitimacy, credibility, & power need to be considered when engaging meaningfully with patients. Other foundational principles relate to valuing reciprocal relationships, co-learning, partnerships, trust, transparency, & honesty.

<p><b>SCNs</b></p> <p><i>Knowledge user and/or Research Lead/Co-Lead</i></p>	<p>Lead and support applicants in activities related to implementation; knowledge translation; patient and family engagement; measurement tools &amp; data; performance indicators; financial data; and continuous monitoring and feedback.</p>	<p>Assist operational areas to explore ways that existing staff can be redeployed to enhance care in the community within the scope of the project.</p> <p>Assist applicants with system navigation, network connections, operations support, etc.</p> <p>Provide support to ensure the team delivers meaningful and timely results in alignment with priority areas.</p>
<p><b>Research Lead</b></p> <p><i>Independent researchers who holds an academic or research appointment at an Alberta-based Institution and can apply as a Lead or Co-Lead</i></p>	<p>Ensure scientific rigour, mitigate bias through objectivity and contribute to the creation of knowledge.</p> <p>Ensure the research addresses areas where good evidence is lacking and generates high-quality evidence to support decision-making.</p>	<p>Develop a research plan outlining the theory of change, methodology, milestones and resources needed to systematically study the achievement of the objectives.</p> <p>Develop methods with direct relevance and potential benefit to patients and the clinicians who treat them.</p> <p>Actively disseminate results in the scientific literature.</p>
<p><b>Funders</b></p> <p><i>Alberta Innovates Alberta Health Services</i></p>	<p>Brokerage connections to other enabling platforms or programs for research and innovation (e.g. Alberta Clinical Research Consortium (ACRC), ethics, Alberta SPOR SUPPORT Unit (AbSPORU), Northern Alberta Clinical Trials + Research Centre (NACTRC) including pan-National Initiatives (e.g. pan-Canadian SPOR Network in Primary and Integrated Health Care).</p>	<p>Provide additional resources and access to expertise specific to the application focus, where available, to assist in addressing the assessment criteria (e.g. AHS Analytics, AbSPORU, PHCIN, Primary Care, etc.)</p> <p>Performance measurement and monitoring.</p> <p>Funding administration and management.</p>