

# BC Primary Health Care RESEARCH NETWORK

## September 2018 Strategic Planning Session Report



## Introduction

The British Columbia Primary Health Care Research Network (BC-PHCRN) is one of 11 Primary and Integrated Health Care Innovations Network (PIHCIN) nodes across Canada. The BC-PHCRN is currently 50% funded by the Canadian Institutes for Health Research (CIHR) Strategy for Patient Oriented Research (SPOR) initiative and 50% by the Michael Smith Foundation for Health Research (MSFHR).

The BC-PHCRN began operations in June 2015, and its initial grant period is five years. Summer 2018 marks halfway through the grant period (funding expires May 2020), so it was prudent for the BC-PHCRN to take its mid-term pulse and revise its strategic plan and operational priorities.

A strategic planning meeting was held the afternoon of September 7, 2018 in downtown Vancouver. A total of 22 members attended the in-person session, including:

- Eight of the 15 members of the BC-PHCRN Advisory Committee;
- Six of the nine members of the BC-PHCRN Patient Advisory;
- Four of five BC-PHCRN Tripartite Leads; and
- Four BC-PHCRN staff.

The purpose of the meeting was to identify strategic priorities on which to focus BC-PHCRN resources for the remaining 2.5 years of the grant period, and to develop specific goals and methods to address these priorities. This report details the results of the meeting.

## Methods

The meeting was scheduled directly after the PRIoritIEs For Research (PREFeR) dialogue event between patients and providers, which was held the morning of September 7, 2018. The PREFeR Project used patient and provider surveys to rank patient identified priorities for research in primary health care, and the dialogue event focused on understanding patient and provider responses to the results. All BC-PHCRN afternoon session attendees also attended the PREFeR session, and we used the PREFeR priorities as part of the framework for our strategic priority setting exercise in the afternoon.

More information on PREFeR is available at: <https://spor-bcphcrn.ca/projects/prefer/>

The afternoon began with a presentation from the BC-PHCRN Science Lead and Network Manager that included background information on the BC-PHCRN (i.e. objectives, funding, governance structure) as well as its key achievements over the past two and half years. This presentation provided the context for the rest of the strategic planning session.

In addition to the presentation, the strategic planning session consisted of three group exercises:

- Identifying priorities to add to the 10 identified by the PREFeR Project;
- Ranking the priorities; and
- Developing strategies to reach these goals.

## 1. Identifying priorities

Attendees were asked to identify additional priorities in small table groups. The group was reminded of the BC-PHCRN objectives, provided with a list of the PREFeR Project’s 10 priorities, and were then asked to build on them with new ideas. The tables were pre-selected to include members from all stakeholder groups, including patients, policymakers, clinicians and researchers, as well as a BC-PHCRN staff member to facilitate and take notes. After 10 minutes, the groups were given the opportunity to report back to the larger group via the “popcorn” method, where tables shared new priorities in no particular order. Eight priorities were identified and added to the existing 10 for a total of 18 priorities.

## 2. Ranking priorities

BC-PHCRN staff wrote the 18 priorities on sheets of paper, then taped them to the wall in no particular order. Each attendee took five red dot stickers and spent the next 10 minutes placing them on their top five priorities.

## 3. Strategies for success

The top five ranked priorities were isolated for the rest of the afternoon, and the same small groups were asked to tackle the following three questions for each of them:

- What are specific ways we can achieve progress in our priorities?
- How can your organization or network facilitate?
- How can we measure our success?

After approximately 20 minutes, the tables shared their thoughts with the larger group. These were written down by staff prior to wrapping up the session.

# Results

## 1. Identifying priorities

In addition to the 10 patient-identified priorities from the PREFeR project, the attendees identified eight more.

Table 1 lists the 10 PREFeR priorities and the initial eight additional priorities. During the dotmocracy exercise, it

**Table 1: PREFeR and BC-PHCRN identified priorities**

PREFeR Priorities	
Unable to find a regular family doctor or other primary health care provider	
Improve and strengthen communication between patients and primary health care providers	
Mental health resources	●
Support for living with chronic conditions	
Accessing care when and where patients need it	
Improving continuity and coordination	
New models of primary care that include other health care professionals	●
Information sharing, include electronic medical records	
Care guided by patient needs, values, preferences and priorities	
Challenges in small towns/remote areas	
BC-PHCRN Additional Priorities	
Education for allied providers to be aware of patient-centred priorities (who is monitoring education around team based care?)	
Mental health integration (emphasizing its importance and reducing silos)	●
Incorporating missing voices from marginalized communities into the prioritization of health care research	
Equity (disability, gender, language, cultural appropriateness, safety, and humility)	
BC-PHCRN Advisory role in Primary Care Network (PCN) implementation/evaluation (Equity-oriented processes toolkit; delivering trauma and violence-informed care)	●
Goals and evaluation criteria for ongoing contribution of patients	
The health care system does not exist in isolation and should recognize patient support outside of the system (e.g. libraries and other social determinants of health)	
Evaluation of new policies and implementation of new models of primary care	●

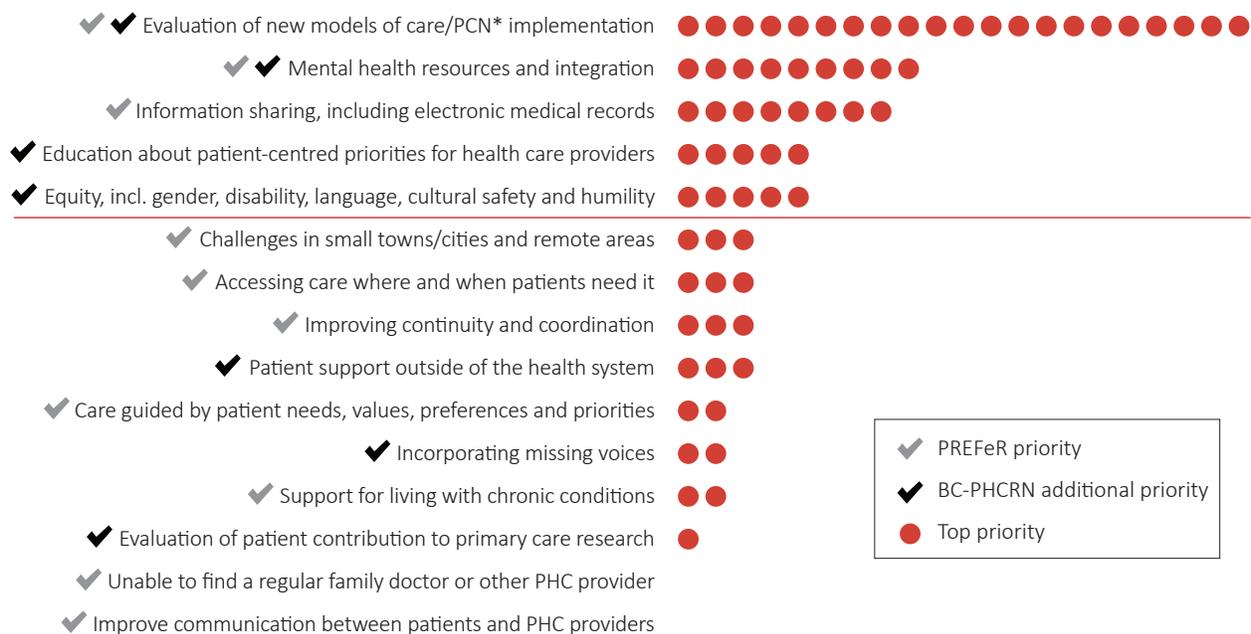
was noted that some of the priorities were quite similar, so these were combined and their dots added together. In the table above, those priorities marked with black circles were combined into one; likewise those marked with grey circles. Finally, a total of 15 distinct priorities were identified.

## 2. Ranking priorities

At the conclusion of the dotmocracy exercise, the 15 distinct priorities were ranked and the top five were isolated. Three of these five were priorities identified by patients in the PREFeR project, and two were additional ones suggested by the strategic planning attendees.<sup>1</sup> We focused on these priorities for the remainder of the session.

The figure below shows the ranking of priorities, including the number of dots received by each.

Figure 1. Priority ranking



\*Primary Care Networks (PCNs) are clinical networks of local primary care service providers located in a geographical area, with patient medical home (PMHs) as the foundation. For more information on PCNs, visit: <http://www.gpsc.bc.ca/what-we-do/patient-medical-homes/primary-care-networks>

<sup>1</sup>It should be noted that the attendees were reminded to keep the objectives and resources of the BC-PHCRN in mind when placing their dots. Therefore, fewer dots does not necessarily indicate the priority is less important in general terms.

### 3. Strategies for success

The small groups were not able to discuss all three questions for all five top priorities in the time allowed, so we have consolidated the responses. All three groups spent the majority of their time discussing the *Evaluation of new models of care/PCN implementation* priority, which was the top ranked priority.

The groups identified a number of strategies to move forward with the evaluation and implementation PCNs across BC. These include:

- Using national research to identify 10 indicators that would demonstrate PCN success;
- Leveraging the BC arm of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) to evaluate PCN implementation in British Columbia;
- Utilizing the national CPCSSN data platform to compare PCN data across provinces;
- Identifying the various PCN evaluations being undertaken in BC, evaluating their quality, and consolidating the information into a white paper or brief;
- Liaising with the Practice Support Program at Doctors of BC to assist with the development of learning modules; and
- Assisting with operationalizing team-based evaluation frameworks.

The attendees also proposed determining how many researchers are connected to PCN evaluations as a concrete key performance indicator.

Across all priorities, the session attendees emphasized the importance of communication and knowledge translation. Suggestions included:

- Formalizing a partnership with the Ministry of Health and the Ministry of Advanced Education;
- Continuing to cultivate relationships with the BC-PHCRN's contacts and networks;
- Working with researchers, the General Practice Services Committee (GPSC) and the Ministry of Health to narrow the gap between gold standard research and the reality of practice, keeping in mind the fee structure barrier; and
- Catalyzing knowledge transfer by engaging with physicians.<sup>2</sup>

The meeting attendees also suggested bringing together pharmacy and counselling students at the university level to facilitate collaboration and knowledge sharing in primary care mental health, and utilizing CPCSSN to clean, code and consolidate information across electronic medical records.

Finally, a key measure of success is continued funding for the BC-PHCRN. This was identified by the BC-PHCRN Tripartite Leads and staff prior to the beginning of the strategic planning session.

<sup>2</sup> The Community Practice Incentives and Evaluation group at Doctors of BC offered to assist the BC-PHCRN with connecting to physicians.

## Conclusions and Next Steps

The strategic planning session highlighted the importance of PCN evaluation and implementation in British Columbia from the perspectives of patients, providers, researchers and policymakers, as it was the top ranked priority by a large margin. The BC-PHCRN will continue to focus on this area through CPCSSN and by other means.

The session also emphasized the importance of other areas, including mental health resources and integration, information sharing, education for primary care providers, and equity in primary health care and research. The BC-PHCRN will continue to move forward with the activities it currently has underway, and will explore other ways to address these priorities in a specific and measurable way.

This report has been provided to the BC-PHCRN Tripartite Leads for comment, and has been sent to all meeting attendees. The insights identified at this session will be discussed by the BC-PHCRN Tripartite Leads and a concrete action plan will be developed.

This report will also be posted to the BC-PHCRN website, and the action plan will be provided to all meeting attendees when it becomes available.