

PARTNERSHIPS

for Health System Improvement



CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Canada

What is PHSI?



- PHSI is an integrated KT program that aims to strengthen Canada's healthcare system through collaborative, applied and policy-relevant research.
- A funding program founded on partnerships, every PHSI project involves collaboration between decision makers and researchers interested in working together to address health system challenges.
- PHSI aims to offer Canada's health system decision makers evidence-based answers to their most pressing questions.
- Any applied health services and policy research topic can be addressed so long as it responds to the information needs of the participating decision makers.

PHSI: The Snapshot



- **What is eligible?** Any applied health systems and/or services research question that is deemed useful to health system managers/policy makers
- **Team composition:** Teams must include researchers and decision makers
- **Length of grant:** Up to 3-years
- **Sources of funding:** A mix of CIHR and partnership support – CIHR provides most of the funding (\$350K or \$400K, depending on province) and partners provide the rest (20% or 30% of the total grant budget, depending on province) – support can be cash and/or in-kind
- **KT requirement:** Comprehensive knowledge translation plan required
- **New partnership development funds**

PHSI Partnership Development Funds



Objective

- To provide the opportunity for researchers and decision makers to apply for development funds to facilitate the formation and development of partnerships between researchers and decision makers interested in applying to PHSI.

Examples of eligible activities

- Planning and partnership-building meetings
- Activities that assist potential teams of researchers and decision makers identify emerging issues and priorities that could be addressed via a PHSI grant

Funding

- Up to \$15,000 per grant
- Applications accepted three times per year: Oct 1, Feb 2, June 1

| Title (Time period) | Principal Investigator (location) | Decision maker partner(s) | Institute Contributors |
|--|---|--|------------------------|
| Reducing the Acute Care Burden of Childhood Asthma on Health Services in British Columbia (2009-2012) | Bruce Carleton Bob Peterson (UBC) | -Child Health BC -BC Provincial Health Services Authority -BC Children's Hospital | IHDCYH; ICRH; IHSPR |
| Injecting Evidence into Health Policy Coverage: "KT'ing" the Mythbusters (2009-2012) | Noralou Roos Patricia Martens (University of Manitoba) | -CHSRF -Canadian Policy Research Networks -Original Pictures Inc | KT Branch |
| Social Pediatrics: A Responsive Interdisciplinary Coordinated Health "RICH" Model for Timely Accesible Services for At-Risk Families (2008-2011) | Mary J Lynam; Becky C Palmer; Christine Look; Sabrina Wong ; Lori Irwin (UBC) | -Provincial Health Services Authority - BC Children's Hospital -Vancouver Coastal Health -Vancouver Native Health Society -Network of East Vancouver Community Organizations - Ray Cam Community Centre | IHDCYH |
| Evaluation du processus d'implantation d'un modele de soins partages en sante mentale jeunesse en milieu multiethnique (2008-2011) | C Rousseau; JF Labadie; MC Laurendeau; G Matteij; S Walsh | -CSSS Bourdeaux-Cartierville -CSSS Cavendish -CSSS de la Montagne | IHDCYH; INMHA |
| Sustainable Telephone-Based Peer Support for Mothers with Postpartum Depression (2009-2012) | Nicole Letourneau (UNB) | -New Brunswick Department of Health - Public Health Agency of Canada | IHDCYH |
| National health partnership for reducing infections in Neonatal intensive care units (2005-2008) | Shoo Lee Elizabeth Whynot (University of Alberta) | -Canadian Association of Pediatric Health Centers -Centre for Healthcare Innovation & Improvement | III |
| Youth Matters in London: Mental Health, Addiction and Homelessness (2009-2012) | Cheryl Forchuk Stephen Giustizia | - City of London; Can-Voice; Youth Action Centre/Youth Opportunities Unlimited; WOTCH Community Mental Health Services | IPPH |

IHDCYH and PHSI



- PHSI can and has been used to support applied health systems/services research related to improving the health and development of mothers, infants, children, youth and families that will be useful to health system decision makers in Canada
- IHDCYH is a valued partner on the PHSI program! In the June 2009 launch of PHSI, IHDCYH targeted support to applications in :
 - Interventions to improve access to treatment and support services provided by mental health professionals, social workers, and educators
 - Interventions to reduce wait times for evaluation, referral, treatment, and support
 - Socioeconomic, language, and other barriers to access to care and services

Key Words



- Integrated Knowledge Translation
- Decision maker
- Competition partners and Project-specific partners
- Merit Review
- Potential Impact

Integrated KT



- This approach is also known by such terms as collaborative research, action-oriented research, and co-production of knowledge
- Knowledge users (decision makers) are engaged in the entire research process
- Collaboration extends to: defining the research questions, deciding on the methodology, being involved in data collection and tools development, interpreting the findings, and helping disseminate the research results.
- Integrated KT should produce research findings that are more likely be relevant to and used by the end users.

Decision makers



A decision maker is a knowledge user who has the authority to influence or make decisions about health policy or the delivery of health services.

In PHSI, a decision maker is typically a health-system manager, policy-maker or clinician leader likely to be able to make use of the results of the research.

At least one decision maker must be part of a PHSI team and can be either a principal decision maker applicant or decision maker applicant (akin to a co-applicant)

A decision maker can also be a Nominated Principal Applicant if she is located at an institution eligible to administer CIHR funding. For a list of eligible institutions, visit [www.cihr-](http://www.cihr-irsc.gc.ca/e/36374.html)

irsc.gc.ca/e/36374.html



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PHSI partners & partnerships



Applicants need to find a minimum of 20% or 30% of their grant budget (depending on province) from partners. Support can be in-kind or cash, or a combination of both. There are two sources for this support:

1. Competition Partners

- These are provincial health funding organizations, the Mental Health Commission of Canada, and potentially others
- In most cases they need to be contacted with a request for support 6 weeks before the PHSI application deadline (e.g., September 15th for the November 1st 2010 application deadline)

2. Project-specific partners

- Contributions can be in-kind or financial
- Often linked to the decision-maker team member

2010 Competition Partners



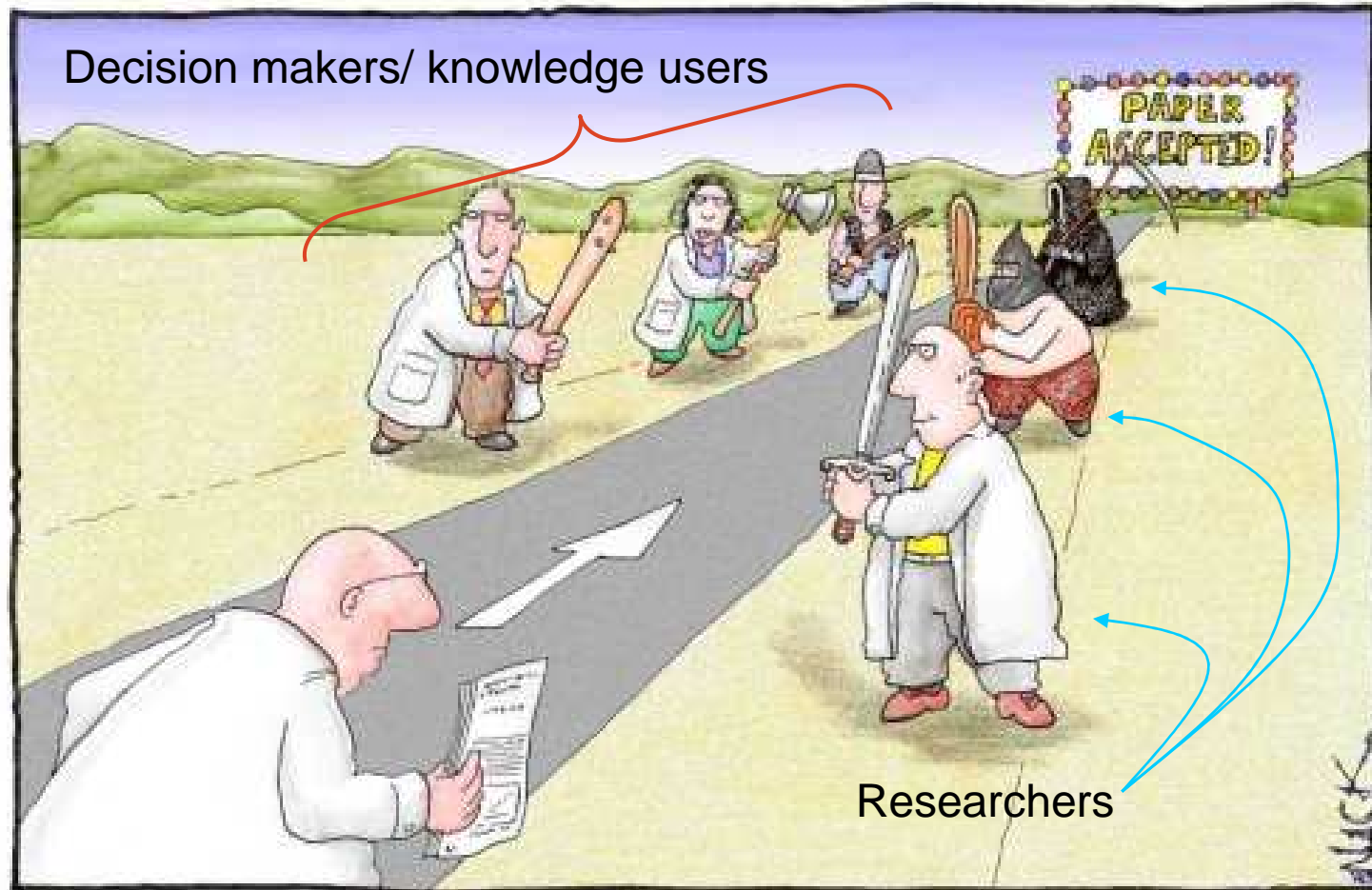
- Alberta Heritage Foundation for Medical Research
- Fonds de la recherche en santé du Québec et ministère de la Santé et des services sociaux du Québec
- Heart and Stroke Foundation of Canada
- Manitoba Health Research Council
- Mental Health Commission of Canada
- Michael Smith Foundation for Health Research
- New Brunswick Health Research Foundation
- Newfoundland and Labrador Industrial Research and Innovation Fund
- Nova Scotia Health Research Foundation
- Ontario Ministry of Health and Long-Term Care
- Saskatchewan Health Research Foundation.

2010 Institute Partners



- Institute of Aboriginal Peoples' Health
- Institute of Aging
- Institute of Cancer Research
- Institute of Gender and Health
- Institute of Genetics
- Institute of Health Services and Policy Research
- Institute of Human Development, Child and Youth Health
- Institute of Infection and Immunity
- Institute of Musculoskeletal Health and Arthritis
- Institute of Nutrition, Metabolism and Diabetes
- CIHR Knowledge Translation Branch

Merit Review



Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'

Merit review



- Panel composed of researchers and decision makers
- Decision makers/ knowledge users not required to have academic backgrounds (expertise is related to their practice)
- Each application is reviewed by at least one of each
- Apply separate criteria for scientific merit and potential impact
- Dual score review: one score for science and one for potential impact

Potential Impact



- Likely significance of the research for the decision maker partners and the responsiveness of the proposed research activities to the decision maker's needs;
- Involvement of decision makers as active partners in the research;
- Relevance to decision makers beyond those participating in the project;
- Likelihood that the project will have a positive and substantive impact on health outcomes, practice or policy;
- The quality, feasibility, appropriateness and potential impact of the knowledge translation plan (including both integrated and end-of-grant KT activities).

Key Dates



Next Launch

- June 2010
- Application deadline: November 1
 - Funding start date: April 1, 2011

MPD-PHSI Development Funds

- Application deadlines: October, February, June

Contact Us



For questions on CIHR funding guidelines, how to apply, and the merit review process contact:

Marilyn Desrosiers, Deputy Director
613-952-0707
marilyn.desrosiers@cihr-irsc.gc.ca

For questions about the PHSI initiative and research objectives contact:

Chris McCutcheon, Manager,
Evidence On Tap and PHSI
(613) 948-2725
chris.mccutcheon@cihr-irsc.gc.ca