



# BC Academic Health Science Network Stakeholder Engagement Report

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## Introduction

This report summarizes feedback from meetings with key stakeholders about the development of an academic health science network for British Columbia. The stakeholder engagement process highlighted three major themes:

1. Stakeholders confirmed there is a critical need for BC to accelerate health innovation; there is an opportunity for BC AHSN to play a key role.
2. Stakeholders indicated that they are supportive of BC AHSN's strategic framework and the network's development to date.
3. Although stakeholders expressed support, they also raised a number of critical success factors. Some of these can be addressed in the next phase of development for BC AHSN; others are beyond the authority or control of BC AHSN and need further discussion and resolution. Critical success factors include:
  - Access to a robust data platform as the cornerstone of BC's capacity for research and innovation;
  - Clarification of the authority of the BC AHSN network and accountabilities between the network and its members;
  - Provincial support and involvement by Ministry of Health and other ministries;
  - A clear articulation of BC AHSN's purpose and unique role;
  - Inclusive and equitable management of a range of stakeholder interests and perspectives;
  - A meaningful role for academic partners within implementation-focused priority initiatives;
  - An identified funding source; and
  - Early wins.

The feedback and recommendations that have emerged from BC AHSN's stakeholder engagement to date will help the BC AHSN Board and executive finalize its strategy and operating model. Stakeholder comments on this report are encouraged as part of network development.

## Context for this report

In addition to stakeholder feedback about BC AHSN development, this report captures stakeholder discussion on a number of other related and/or concurrent initiatives in British Columbia. Descriptions and connections between initiatives are provided here for context:

The **BC SUPPORT Unit** (the Unit) is a multi-partner organization created to support, streamline and increase patient-oriented research throughout BC. Established through CIHR's SPOR initiative, the BC SUPPORT Unit represents a major provincial resource with \$80 million in financial and in-kind support. The Unit has two main roles: providing services to researchers, patients, health care providers and health system decision makers; and facilitating initiatives identified as provincial priorities. The Unit's service model features a provincial hub in Vancouver and regional centres in Fraser, Interior, Island and the North. Funding to the Unit began flowing in March 2016 to cover the full 2015/2016 fiscal year; initial services were launched fall 2016 and other service components will be added in 2017.

The BC SUPPORT Unit is part of – and governed by – the developing **BC Academic Health Science Network** (BC AHSN). While the Unit’s focus is specific to patient-oriented research, BC AHSN has a broader focus that spans the entire health innovation cycle: bringing together health care, research, education, patients and industry to identify priority needs that require health system innovation and to accelerate a process of system-wide implementation. Provincial priority initiatives identified and driven by BC AHSN will also be facilitated by the BC SUPPORT Unit. To carry out its strategies, BC AHSN will need to draw upon – and further develop – provincial and regional services/resources managed or supported by the BC SUPPORT Unit (including the provincial health data platform).

The **provincial health data platform** is an emerging asset whose initial development is being led by the BC Ministry of Health in partnership with the BC SUPPORT Unit, Population Data BC and others. The goal of this initiative is to develop a common and secure shared environment for use by researchers, government and health sector partners to provide access to a broad array of data sets and increase the ability to share/leverage data (see Appendix A for current status). The BC SUPPORT Unit is a major financial contributor to the data platform.

The **Michael Smith Foundation for Health Research** (MSFHR) was created by the BC government to build provincial capacity for health research. MSFHR bolsters BC’s capacity to develop new treatments and cures; helps BC’s health system be more effective and responsive to emerging health threats; and keeps BC’s health research sector globally competitive. Development of the business plan for the BC SUPPORT Unit was co-led by MSFHR and the BC Ministry of Health (MoH); MSFHR has also provided start-up services for the BC SUPPORT Unit and BC AHSN.

The **Vancouver Academic Health Science Centre** (AHSC) is an initiative currently in development through the University of British Columbia; other AHSCs could also be planned for other regions, building on SUPPORT Unit regional centres in those areas. AHSCs and AHSNs have distinct but intertwined missions within the health innovation cycle (see Appendix B): the AHSC model focuses primarily on earlier stages of the cycle, integrating health care centres and industry with academic institutions to generate evidence and ideas that lead to system innovation. The AHSN model spans the entire health innovation cycle but with a strong implementation focus, delivering evidence-based innovation across a population and driving system change through the integration of health care, research and education.

## Background

The last 12 months have seen the establishment of the BC Academic Health Science Network as a legal entity with effective governance; integration of the BC SUPPORT Unit and the BC Clinical Research Infrastructure Network into BC AHSN; and early progress towards operationalizing the organization.

By October 2016, BC AHSN was ready to engage formally with key stakeholders and share details of a draft strategy framework (see Appendix C for overview) including 11 draft criteria for assessing potential priority initiatives (see Appendix D). This engagement process took place primarily from November 2016 to early February 2017.

Members of BC AHSN’s executive team held discussions with health care and health research related organizations in a number of sectors. A Ministry of Health representative also attended many of these meetings. The objectives of this stakeholder engagement process were:

1. *Communication*: Broadly sharing BC AHSN’s current status, value proposition, draft strategic framework
2. *Environmental scanning*: Deepening the shared understanding of how BC AHSN fits within BC’s health innovation ecosystem and its potential for driving system change
3. *Network development*: Establishing and growing the base of people and organizations engaged in network development and rollout

At the writing this report, BC AHSN has met with leadership representatives of more than 30 entities across care, research and education and patients/public in British Columbia (see Appendix D for complete list); several more meetings are scheduled.

We thank the many groups and individuals who freely shared their ideas and concerns with us. We are grateful for the goodwill and support shown to us throughout this process.

## Stakeholder Feedback

Stakeholders were asked to comment on the BC AHSN strategic framework. In particular, BC AHSN sought to learn about activities that might either contribute to or overlap with the proposed framework, as well as to understand perspectives of various groups on the critical success factors as BC AHSN development continues.

A number of important themes emerged from the discussions. The key points are synthesized here.

[Stakeholders confirmed a critical need for BC to accelerate health innovation; there is an opportunity for BC AHSN to play a key role.](#)

While many organizations are working in adjacent/complementary spaces to BC AHSN’s proposed role, stakeholders confirmed there is currently no other organization working to:

- Integrate care, research and education to address specific priorities across the province;
- Identify and resolve systemic issues that prevent success at the initiative level and more broadly; and
- Enable the implementation and scale-up of innovations across the health system.

There was strong interest in BC AHSN serving as a provincial connector for sharing ideas and practices at the interface of research, education and care. There was a general recognition that BC must improve at collaborating provincially and that BC AHSN can play a key connecting role.

Through the stakeholder engagement process, BC AHSN heard that a number of other organizations – both emerging and established – are also currently actively evaluating their own position and value within BC’s health innovation ecosystem. Several organizations expressed an interest in aligning efforts with BC AHSN to contribute to a more seamless system of support and advancement for innovation in the province.

There is a widespread belief that the timing is right for the active development of an academic health science network in BC. Many stakeholders feel that individual – rather than collaborative – approaches to seeking federal funding have resulted in BC being less competitive for major research grants; by submitting provincially-focused grants within a network structure, the province could potentially realize

substantially more federal and private sector support for research. Stakeholders also flagged the evolving definition of innovation federally and provincially beyond the commercialization of products.

The nexus of care, research and education was viewed as paramount to the success of the network. Although the integration of education would be largely focused on the clinical learning environment for health professionals, most stakeholders indicated that active engagement of the educational institutions even before clinical practicums is a prerequisite to education and training health professionals prepared to work in a highly effective health system in BC.

*Stakeholders are supportive of BC AHSN’s draft strategic framework and the network’s development to date.*

Throughout the engagement process, stakeholders expressed appreciation for how the thinking around BC AHSN has evolved over the past year. There was widespread confirmation that the strategic framework aligns with the province’s most pressing needs for improving health outcomes through more effective adoption and implementation of innovation. There was also general acceptance of the governance structure presented, as well as the 11 draft criteria for assessing potential priority initiatives. Stakeholders provided strong endorsement that provincial implementation, scale-up and evaluation are the network’s role within the health innovation ecosystem. Many expressed interest and excitement in BC AHSN’s proposed implementation science platform as a key component that is currently missing in BC.

Stakeholders acknowledged significant systemic barriers along the path to innovation and see an important role for BC AHSN in articulating and understanding these barriers and accelerating processes for their resolution. Barriers mentioned occur at both the initiative level as well as more globally, including: ethics review; procurement; physician compensation structure; silos of provincial funding; and bureaucracy that discourages innovation, especially contributions from other sectors. There was some interest in the network serving as a provincial think tank: creating a space for cross-sector discussion and exploration of more challenging initiatives (e.g. those that may need legislative, regulatory or policy changes). Although these and other barriers preventing a “learning health care system” are well-recognized at a conceptual level, there is a need to enumerate, explore and prioritize them for action.

Finally, stakeholders acknowledge that although the draft strategy is evolving well, it requires more clarity and specificity. A number of groups indicated an interest in sharing their experience and expertise with BC AHSN to help inform its strategies and operational model for the network.

*The stakeholder engagement process flagged key critical success factors for BC AHSN development.*

*Access to a robust data platform as the cornerstone of BC’s capacity for research and innovation*

Access to health data was a prominent and strident topic of discussion among all stakeholders. It is seen as perhaps *the* primary barrier to BC’s ability to innovate and improve health and care for its population.

Stakeholders agreed that a successful BC AHSN is a “data-driven health system.” There are myriad issues related to data in BC that are seen to be stifling health care delivery, research, business development and innovation in BC.

While most BC AHSN stakeholders are looking for easier access to health data within a secure environment, some also expressed eagerness to use and share the wealth of health data they have developed in their own regions. Access to data was described as an important network galvanizer as it would allow more groups (e.g. BC colleges, regional universities, clinicians) to engage in health system innovation. There are those who remain circumspect about sharing their own data more widely.

Most stakeholders have heard about the work underway on a provincial health data platform to support research, quality improvement and performance management. In the medium-term, the initiative plans to link de-identified Ministry of Health and health authority data; ultimately, the aim is to link de-identified electronic medical record (EMR) data, providing a comprehensive view of British Columbians' interactions with the publicly-funded health care system.

However, while stakeholders are supportive of the promised provincial platform, there is a lack of awareness about the work involved and views that it is proceeding too slowly. Stakeholders feel that BC AHSN can play a role in resolving these issues.

#### *Clarification of the authority of the BC AHSN network and accountabilities between the network and its members*

BC AHSN is operating within a system of many players across care, research, education, industry and patients/public. Stakeholders flagged that the network needs to clearly define and describe how it interacts with multiple partners. In particular, stakeholders asked about the network's relationship with emerging and/or proposed academic health science centres, and whether they would be nested within BC AHSN. There was recognition that one or more academic health science centres will create a necessary synergy with the provincial network and that there is a role for both. Regarding the Vancouver academic health science centre currently in development, there is a general desire to see it as one of the network nodes, but not for it to act as the centre or lead of the provincial network. There was a concern that a separate distinct governance structure for the nascent centres would be counter-productive for BC AHSN. It's important to note that regional centres are integral to the structure of the BC SUPPORT Unit, which is funding their development. They are considered to be central to the evolution of BC AHSN as a truly provincial network.

Although stakeholders understand the rationale for one or more robust centres as a strength within the network, there is a concern that a single centre will dominate resources, intellectual contribution and benefits. There are many entities in the innovation and evaluation space, and their work is also important to the province.

Stakeholders urged clarity regarding what authority BC AHSN will have to enact system change through the network's members. Several groups advocated for the network to be granted government-mandated authority, rather than to act merely as a coalition of the willing. It was also broadly recognized that all partners – including government – will need to commit to, and be held accountable for, advancing the system changes required to support selected network initiatives.

Additionally, a few stakeholders were interested in the network potentially providing consolidated governance, with targeted advisory group structures, to support multiple entities.

*Provincial support and involvement by Ministry of Health and other ministries*

Stakeholders were very supportive of the BC Ministry of Health’s involvement in BC AHSN development to date and saw this support as key to network success.

Additionally, some stakeholders remain confused by the multiple initiatives being supported by the Ministry of Health and other ministries and how BC AHSN fits into this landscape.

Government is seen as a critical enabler of the transformative health system change envisioned by BC AHSN and its stakeholders. Stakeholders identified that some of the current barriers – such as legislation, regulation and restrictive funding models – can only be addressed at the provincial level. Government support of, and commitment to, BC AHSN’s strategies and activities will be critical for its success.

Stakeholders were also curious about the engagement of other ministries beyond Health, including Advanced Education; Technology, Innovation and Citizens’ Services; and Jobs, Tourism and Skills Training. These ministries were seen as important allies for helping the network achieve true integration across care, research and education. Perceived silos across government ministries was frequently seen as an impediment to system-wide implementation.

*A clear articulation of BC AHSN’s purpose and unique role*

Throughout the engagement process, stakeholders had many questions about the network’s purpose and its proposed activities. Some challenged the network to define more clearly what it will offer that is new or different from the supports and entities already in place. Universally, they were eager for more concrete examples or scenarios that show how BC AHSN could work in practice.

Stakeholders spoke about the network potentially solving many system-wide issues, with a particular focus on their own projects and local issues. At times, it was less apparent that all stakeholders recognized that overarching health system priorities will be the key driver for selecting priority initiatives. They also tended to see the network as a “third party”; they did not assume that they themselves were core members of BC AHSN and would be involved in its directions and decisions.

There was some confusion among stakeholders about funding held by the BC SUPPORT Unit vs. network funding. Some stakeholders also voiced concerns about the network’s intent and wondered whether the initiative could mandate system change in a “one size fits all” way that would not serve them well. There was some lack of awareness about the benefits offered through the BC SUPPORT Unit’s resources.

*Inclusive and equitable management of a range of stakeholder interests and perspectives*

There are numerous stakeholder groups for BC AHSN that span health care, research, education, industry and patients. While stakeholders in general are very supportive of the network’s role in accelerating innovation into the health care system, each brings particular interests and perspectives about their potential contribution to – and benefit from – network activities.

Many stakeholders are eager for the opportunity for province-wide dissemination and scale up capacity of their own innovations and best practices through the network. Stakeholders were also interested in accelerating the pace of change within the system and developing solutions that address local needs – this encompasses high- and low-tech solutions, ideas generated both within and outside the health sector, and innovations originating in BC and elsewhere. Rather than focusing on the benefits BC AHSN

might provide to them directly, several groups discussed the importance of providing service to the province through participation in the network.

Many stakeholders observed a fundamental tension between Vancouver and other regions across BC. It was clear that regional stakeholders are not interested in simply being the passive receptor of Vancouver-developed innovation. Concerns were raised that solutions for downtown Vancouver may well be unworkable elsewhere in the province. Some rural stakeholders also expressed concern that a "centre out" approach could lead to an over-emphasis on specialist care models versus rural models that are necessarily and appropriately more generalist.

Regional stakeholders are confident in their ability to bring valuable assets, perspectives and expertise to the table. However, Vancouver-based entities may be unaware of – or uncertain about the value of – potential regional contributions. Well-established and active organizations also point out that they hold major resources within the network and that their important role in driving innovation should be acknowledged and supported appropriately.

There was a widespread concern that size and scale matter and that there is little understanding of local issues, particularly in the rural settings. The perception is that in seeking "transformative change," the network could overlook small communities.

There was strong interest in how patients/families may be engaged in the network at all levels and in all phases of development. Stakeholder groups also spoke of the importance of ensuring indigenous issues and perspectives are well-represented in network planning and activities.

#### *A meaningful role for academic partners within implementation-focused priority initiatives*

BC AHSN strategies aim to increase capacity and accelerate processes across the entire health innovation cycle. However, some academic partners wondered about the role of advanced education and research within the selected priority initiatives. They expressed concerns that there could be initiatives that bypass the R&D phase of the cycle, such as: initiatives focusing on administrative improvements; pure quality improvement projects in the health system; or initiatives based on existing evidence. Stakeholders called for more clarity on how the academic function will be integrated into this model.

#### *An identified funding source*

When considering BC AHSN's potential for success, stakeholders universally asked about whether government has committed resources to make the network a reality. They voiced their concern that the momentum built so far by the network will be lost without an imminent funding commitment to start implementing BC AHSN.

#### *Early wins*

Stakeholders affirmed that to achieve provincial transformative change, the network needs to quickly establish the credibility and influence needed to carry out its strategies. It was suggested that some of this influence could be "baked in" with a mandate from government. Stakeholders endorsed BC AHSN's intention to capitalize on its current assets – e.g. regional connections and patient engagement approaches in place through the BC SUPPORT Unit, industry connections through the BC Clinical Research Infrastructure Network – to further develop and foster relationships.

Stakeholders felt that the network would establish its prominence and value most effectively by moving forward quickly into operations and launching one or more of its priority initiatives. Many groups expressed impatience to move from the planning to the doing of the network. Most felt that widespread buy-in and participation would be achieved through early successes, even if they were with smaller projects. Still, stakeholders acknowledged the time, effort and leadership required to enact implementation and system change.

There was divergence among stakeholders regarding the best approach for BC AHSN in launching initiatives. Some prefer to immediately tackle the big health system problems with an eye to transformative change, while others advocated for starting with small pilot projects first on a regional basis in order to demonstrate BC AHSN's value as quickly as possible. There is a concern that propagating small regional projects is counter to the essence of a provincial network and that the real opportunity for the network is to enable a scaling up of these regional successes to a provincial level.

### Next steps

The BC AHSN Stakeholder Engagement Report is based on the opinions and feedback of targeted stakeholder groups whose support and endorsement are essential to BC AHSN's planning and initial development. It will serve as a foundational document for informing the development of an operating model that addresses critical success factors.

This report is now available publicly via the BC AHSN website and a broader range of stakeholders are invited to respond and provide feedback. Going forward, BC AHSN will pursue further outreach to grow the base of people and organizations engaged in network development and rollout.

To provide feedback on this report, please contact one of BC AHSN's Executive Co-Leads: Dr. Gavin Stuart ([gavin.stuart@ubc.ca](mailto:gavin.stuart@ubc.ca)) or Dr. Bev Holmes ([bholmes@bcsupportunit.ca](mailto:bholmes@bcsupportunit.ca)).

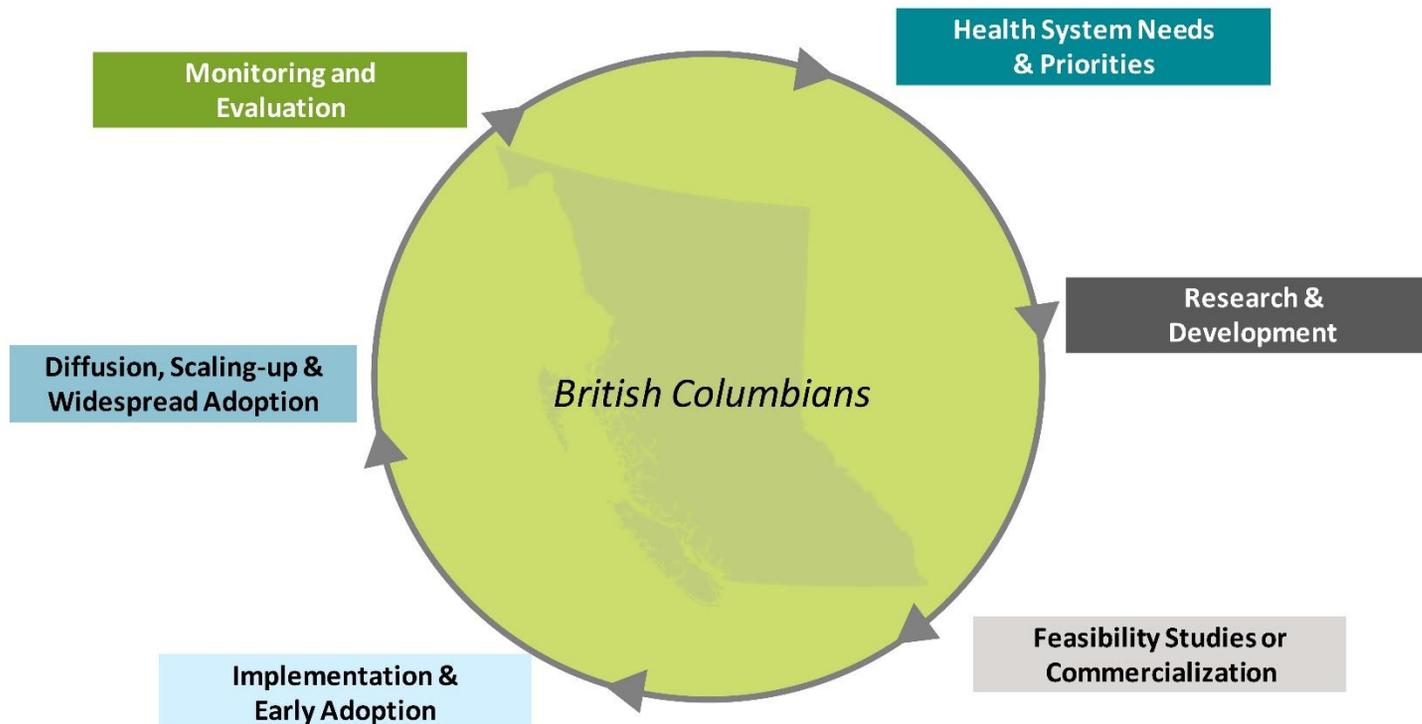
## Appendix A - Provincial health data platform update

As of January, 2017 the provincial health data project reported the following progress:

- A Data Advisory Committee (DAC) has been established with SPOR SUPPORT Unit data funding partners.
- The DAC has produced a Data Plan for the SUPPORT Unit with a number of specific data objectives, including to *Develop shared technical, policy and process standards that comply with BC's regulatory environment, conform with public/patient expectations about data use, and increase the comfort (and therefore willingness) of data providers to share data.*
- Developing the technical environment for the health data platform comprises two phases: Phase one: enable the Ministry data warehouse (Healthideas) to securely accommodate third-party access; Phase two: build a technical environment that allows the MoH and Health Authorities to safely and efficiently expose and link their data. Progress to date includes:
  - Healthideas security enhancements (processes and policies) almost completed to enable third party access;
  - PopData BC's direct access to Healthideas is imminent and will enable researcher access to more MoH data and more current data;
  - Senior staffing resources dedicated to development of the Health Data Platform;
  - Work underway to confirm approach to contracting the design and build work related to the ultimate technical environment.
- A "Streamlining Access Project" is underway to address the policy and process aspect required to make the technical environment successful. Data access procedures, approvals and forms required across health authorities have been documented and analyzed, with recommendations made; this has been reviewed and further informed through consultation with researchers. A Streamlining Advisory/Project Team has been established and begun its work. The team will develop options for provincially harmonizing data access processes. Once that phase is completed, final selection and approval of plans for implementation will be determined by health sector decision-making bodies such as Leadership Council.
- Other work underway includes:
  - Data Scout data feasibility service for researchers through PopulationData BC is in beta testing;
  - Anonymized legacy patient reported experience measurement survey data that can be linked to other health care records is being transferred into Healthideas. Researchers will have access to this data by March 2018;
  - Initial work has begun on a provincial approach to provide the means for standardized storage of researcher collected data.

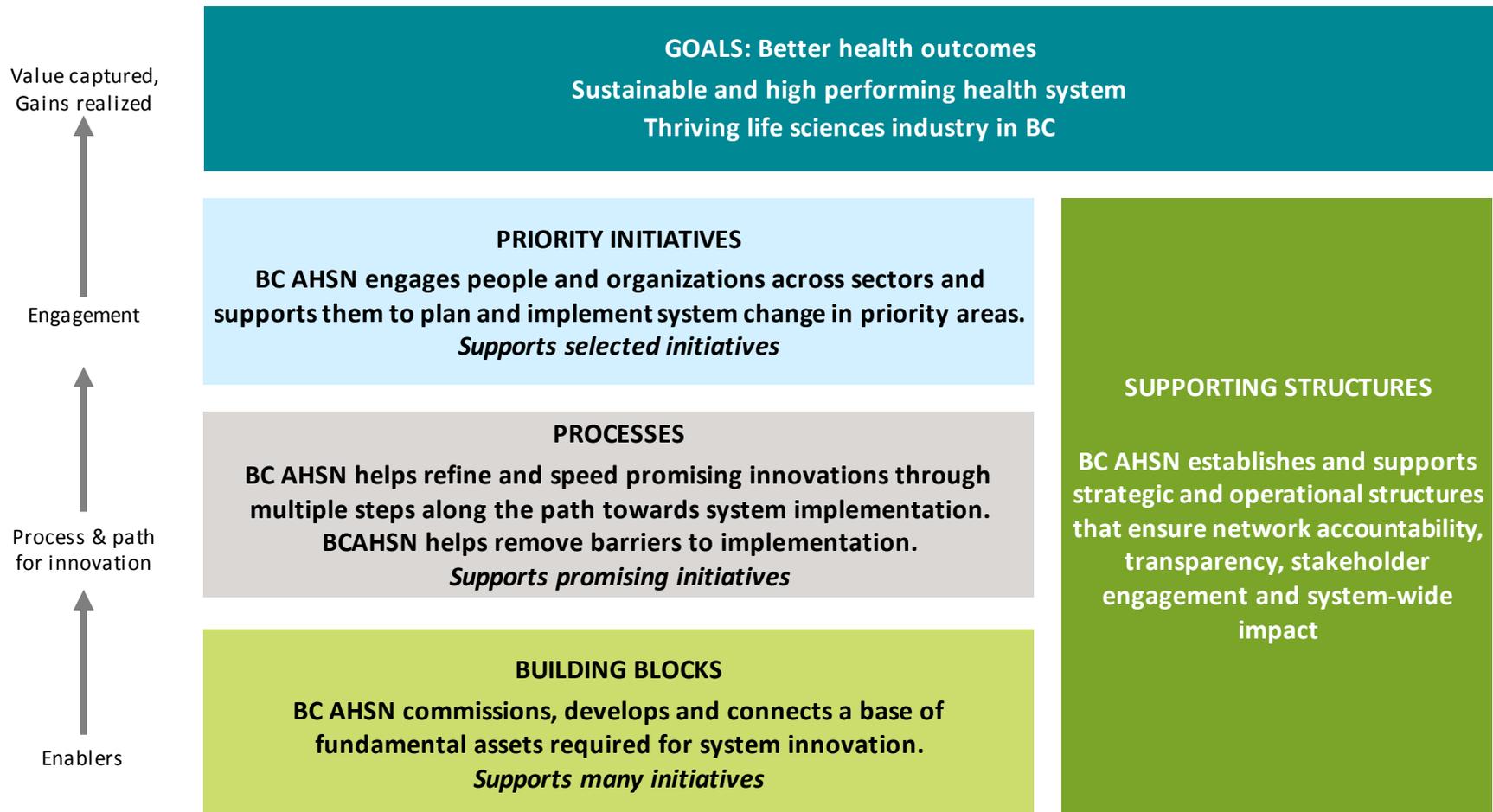
Appendix B – Health Care Innovation Cycle

# Health Care Innovation Cycle



Adapted from Ivey International Centre for Health Innovation. Advisory Panel on Healthcare Innovation Commissioned Research: An Overview of Canada's Health Innovation Architecture. London; c2015

Appendix C – BC AHSN Strategies Overview



Appendix D – BC AHSN Initiative Selection: 11 criteria for assessment

1. Addresses an issue that is a priority for the province
2. Addresses a problem that requires a networked approach (or requires cross sectoral access)
3. Demonstrates effective collaboration across institutions and partners across the domains of research, implementation, patient care, education and innovation
4. Builds upon existing excellence and high quality evidence in biomedical, clinical, public health and health services research generated in BC and elsewhere
5. Shows the opportunity to effect large-scale transformative change through large-scale implementation, adoption and maintenance
6. Demonstrates strong clinical and academic leadership
7. Relies on inter-professional teamwork
8. Demonstrates the potential to reflect improvement in defined population-based health outcomes
9. Demonstrates innovative engagement with industry and the private sector
10. Incorporates meaningful involvement of patients, families and the public
11. Uses investments effectively and efficiently

Appendix E – List of stakeholder meetings held/scheduled through February 2017

- Access to Innovation Conference
- BC Association of Institutes & Universities
- BC Clinical Research Infrastructure Network
- BC Colleges
- BC Institute of Technology
- BC Leadership Council
- BC Primary Health Care Research Network
- BC SUPPORT Unit Regional Centre Leads
- First Nations Health Authority
- Fraser Health
- Genome BC
- Health Research Council of BC
- Institute for Health System Transformation & Sustainability
- Interior Health
- Island Health
- Joint Collaborative Committee
- Michael Smith Foundation for Health Research
- Northern Health
- Pacific Health Innovation Exchange
- Patient Voices Network
- Providence Health Care
- Provincial Health Services Authority
- Research University Council of BC – Presidents
- Research University Council of BC – Vice Presidents Research
- Simon Fraser University
- Thompson Rivers University
- Vancouver Academic Health Science Centre
- Vancouver Coastal Health/Vancouver Coastal Health Research Institute
- Vancouver Island University Presidents
- University of British Columbia
- University of British Columbia-Okanagan
- University of Northern British Columbia
- University of Victoria

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