ENVIRONMENTAL SCAN ON HEALTH SERVICES RESEARCH PRIORITIES

Submitted To:

Canadian Health Services Research Foundation
Institute for Health Services and Policy Research (CIHR)
Canadian Coordinating Office for Health Technology Assessment
Canadian Institute for Health Information
Federal-Provincial-Territorial Advisory Committee on Health Services

By

Canadian Policy Research Networks

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1. MAIN MESSAGES

1.1 Top 6 Broad Health Services Research Priorities/Themes Identified

- Health Human Resources
- Continuity of Care & Integration of Service Delivery
- Utilization, Access and Waiting Lists
- Health Technology Assessment and Evaluation
- System Performance Indicators
- Building Research Capacity

1.2 General Observations

- Although there were some pressing issues identified, it was generally felt that there is a need to shift to away from “crisis-oriented” research agendas towards a more forward-looking approach.

- Health human resource issues have unequivocally been identified by virtually all groups as a key priority for health services research. It was a less pervasive theme in the applied research groups. The issues identified focused on recruitment, retention, quality of the workplace and planning models. This issue was not even on the “radar screen” based on the last environmental scan conducted by the CHSRF in 1997.

- In the interest of recruiting and retaining a stock of health researchers, several funding agencies have moved towards devoting significant portions and, some cases, all of their financial resources to personnel, training and operating grants (i.e., people & infrastructure)

- While technology assessment emerges in the 2001 scan as a major theme, it appears obscurely in the 1997 scan under the heading of technology adoption.

- Knowledge transfer and uptake of research evidence were discussed from all perspectives - funders, researchers, decision/policy makers. The latter group essentially felt that, if research is to have more “policy traction”, then the packaging of the product would need to be more “turnkey” in nature or readily amenable to action. Synthesis and research précis were also recommended.

- Receptor capacity was given little attention within the context of the dynamic nature of knowledge transfer. The decision/policy maker organizations viewed knowledge transfer as a packaging issue. Various funders at the provincial level are focusing on strategies to assist their applied research groups in gaining competitive advantage for funding at the national level. The research groups seem to view knowledge transfer from a narrow communications perspective. Hence, it appears that receptor capacity falls between the cracks. This issue was also identified in the 1997 scan.

- In terms of needs being met by research, decision/policy maker organizations gave an overall rating of 3 on a scale of 1 to 5 where 5 represents all needs met. Otherwise, a passing grade with room for improvement.
2. EXECUTIVE SUMMARY

Introduction & Background

The Canadian Health Services Research Foundation in partnership with the Canadian Coordinating Office for Health Technology Assessment, the Canadian Institute for Health Information, the Federal/Provincial/Territorial Advisory Committee on Health Services and Institute of Health Services and Policy Research (CIHR) have engaged in a priority assessment process for health services research. The process is comprised of an environmental scan and a series of regional workshops.

The following executive summary represents a distillation of the major findings from the environmental scan. The scan covers 56 organizations grouped as follows:

- Decision/Policy Maker Organizations\(^1\) (n=30)
- Applied Research Groups (n=11)
- Research Funding Organizations (n=10)
- International Organizations (n=5)

Context

Health Care - A Social and Economic Sector

The Canadian health care system is often viewed as a key component of the social policy envelope. Yet, seldom is it viewed from the perspective of a key economic sector embodying significant human capital and an impressive array of knowledge workers. The health services research community and the various end-users of research evidence form a key group of knowledge workers in health care. As such, investment in this pool of human capital is essential to recruitment and retention in a globally competitive market for knowledge workers. This environmental scan confirms that a deliberate strategy is emerging that is directed at nurturing health human resources ranging from nurses and doctors to health services researchers.

Health Expenditures and Economic Burden of Illness

The Canadian Institute for Health Information estimates that in the year 2000 Canada spent over $95 billion on health care. Hospitals, drugs and physicians account for 62% of overall expenditures. The average annual rate of growth was 2.6% between 1991 and 1996, while it was 6.9% in 2000 signalling that the period of retrenchment has subsided and a period of reinvestment has ensued.

Health Canada has determined that the following 4 disease categories represent over 50% of the economic burden of illness in Canada (direct + indirect costs): Cardiovascular ($19.7 billion); Musculoskeletal ($17.8 billion); Injuries ($14.8 billion) and; Cancer ($13.1 billion). Recently, the British government has identified 4 health priority areas based on economic burden and incidence: cardiovascular & stroke; injuries, cancer and mental health.

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\(^1\) Nursing Organizations, Federal/Provincial/Territorial Governments, Regional Health Authorities and Hospitals. All nursing organizations were centralized to this category in order to facilitate the interpretation of the nursing issues. As such, some nursing organizations do not necessarily fit the decision/policy maker category.
Health Status of Canadians

- Life expectancy at birth for the total population in Canada is 78.6 years - one of the highest in the world (75.7 years for men and 81.4 years for women)
- Seniors are living longer with improved quality of life
- Mid-lifers of today are healthier than those in the same age group two decades ago
- Most Canadian children are in very good health, but socioeconomic differences are evident from an early age
- In 1994/95, 4% of Canadians felt that they had health care needs that were not met; in 1998/99 this proportion had risen to 6%.
- Canadians with low incomes are more likely to be heavy users of physician services, emergency departments, be admitted to hospital, take multiple medications and require home care services

Major Findings from the Environmental Scan

General Observations

Health human resource issues have unequivocally been identified by virtually all groups as a key priority for health services research. This issue was not even on the “radar screen” based on the last environmental scan conducted by the CHSRF in 1997.

Knowledge transfer and the use and uptake of research evidence were also a common theme that was discussed from all perspectives - funders, researchers, decision/policy makers. The latter group essentially felt that, if research is to have more “policy traction”, then the packaging of the product would need to be more “turnkey” in nature or readily amenable to action. Synthesis and research précis were also recommended.

Although there were some pressing issues identified, it was generally felt that we should try to move away from “crisis-oriented” research agendas towards more of a forward-looking approach. As well, many funders have identified a need to invest in building research capacity by investing in people and infrastructure.

Conspicuously missing in the list of issues is the voluntary health sector. The role and contribution of this sector in the community care arena has not been studied and may have significant implications concerning integrated service delivery and community care capacity. One reason could be the rather amorphous nature of the sector and the need for a typology.

Research Priorities and Priority Issues

Other than the issue of health human resources, the ordering of the issues below does not reflect a ranking of priorities within the list.

Health Human Resources

The regional health authorities and hospitals approached this priority from the perspective of the need to develop reliable forecasting approaches and strategies for recruitment and retention. The magnet hospital concept was raised in relation to retention and quality of the workplace.

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The nursing groups tended to approach the recruitment and retention issues in terms of quality of the workplace and nursing roles in the delivery of health care (especially in primary care). This group also viewed forecasting as a critical issue, but also felt that these models would need to incorporate a behavioural dimension. Health services research was also viewed as playing a key role in the development of evidence-based nursing practice.

The shortages of various health professionals, especially nurses and specialist physicians, breeds many health services research issues for smaller provinces and the territories. While recruitment and retention are important, of equal importance are the compensating strategies for health human resource shortages, including the use of telemedicine and related technologies.

**Continuity of Care and Integration of Service Delivery**

This was a common subject across all groups with each group discussing it in a slightly different manner. Continuity of care was often referred to in terms of chronic illness (e.g., the need to develop clinical pathways within a disease management framework) or from an elder care perspective. Integration of service delivery was generally discussed as the “gluing” mechanisms needed to create a seamless delivery system. Primary care interfaces in the continuum of care was also discussed.

**Utilization, Access, and Waiting Lists**

Utilization was discussed in terms of patterns, illness in the population and the relationship to resource allocation. Utilization studies referred to included such areas as pharmaceuticals, acute care (including outpatient diagnostics/interventions) and primary care.

Access to care was often referred to in relation to utilization, especially in terms of waiting lists and from the perspective of service availability (e.g., rural/isolated areas).

**Health Technology Assessment**

Pharmacoeconomic studies, cost-effectiveness studies and evaluation of various other existing and emerging technologies were identified as key areas. Many regional health authorities felt that they did not have the capacity to maintain pace with advancing technologies and further identified a critical need to make this research evidence more accessible both in terms of broad distribution and packaging of the research product.

**System Performance Indicators**

This seemed to be a “catch-all” category for measuring progress toward the key policy objectives of efficiency, effectiveness, equity and quality. It was unclear as to what to measure mainly because most felt that this was a developmental agenda and also due to the different levels of application (hospital, regional health authority, province). Accountability was also discussed within the context of performance indicators.

**Building Research Capacity**

In the interest of recruiting and retaining a stock of health researchers, several funding agencies have moved towards devoting significant portions and, some cases, all of their financial
resources to personnel, training and operating grants (i.e., people and infrastructure). In a sense, this has become a non-thematic research priority.

From a decision/policy maker perspective, it was resoundingly felt that knowledge dissemination could gain more “policy traction” through more appropriate packaging of research findings/evidence (more synthesis and presentation of findings in a “turnkey” format).
3. DETAILED FINDINGS

3.1 Broad Environmental Scan Results in 1997 vs. 2001

Many of the findings from the 1997 scan appear in the 2001 scan. The striking difference is the health human resource theme. In 1997, it was buried within the health services planning and management theme and the focus was on the provider mix and distribution. Recruitment and retention were in essence not on the “radar screen”. As well, technology assessment appears obscurely in the 1997 scan and is buried beneath another heading as technology adoption. The table below summarizes the major theme areas for each scan.

<table>
<thead>
<tr>
<th>Environmental Scan 1997</th>
<th>Environmental Scan 2001</th>
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<tr>
<td>• Improved Integration of Services</td>
<td>• Health Human Resources</td>
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<td>• Shift Toward a More Consumer Focused System</td>
<td>• Continuity of Care &amp; Integration of Service Delivery</td>
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<td>• Access to Services</td>
<td>• Utilization, Access &amp; Waiting Lists</td>
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<td>• Shift Toward Non-Institutional Care</td>
<td>• Health Technology Assessment</td>
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<td>• System Wide “Macro Policy” Issues</td>
<td>• System Performance Indicators</td>
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<tr>
<td>• Health Service Decentralization and Restructuring</td>
<td>• Building Research Capacity</td>
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<td>• Health Services Planning &amp; Management</td>
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<td>• Effectiveness of “Neglected” Service Areas(^3)</td>
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<td>• Special Populations: Women and Aboriginal Peoples</td>
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<td>• Linkages with other Non-Health Sectors</td>
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<td>• Building Research Capacity: New Methods/Tools &amp; Knowledge Transfer</td>
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\(^3\) Neglected areas included Continuing Care, Public Health, Addictions, Mental Health and Health Promotion
In 1997, the overarching theme was on the effectiveness, efficiency and appropriateness of various aspects of the health care system. In 2001, sustainability surfaces as the overarching theme. Arguably, these overarching themes have a fair degree of overlap. Yet, sustainability brings into question the viability of the system. It has overtones of impending problems that threaten the fundamental principles upon which the health care system is founded.

In the 2001 scan, system performance indicators appears as a line item and, in a sense, it imports and centralizes many of the theme areas from the earlier scan (e.g., system wide macro policy issues, effectiveness of neglected service areas, health services planning & management).

### 3.2 General Observations - 2001 Environmental Scan

- Health human resource issues have unequivocally been identified by virtually all groups as a key priority for health services research. Health human resources was not as pervasive a theme within the applied research organizations. This most likely demonstrates the typical lag times associated with emerging issues in the health care system and the reaction times in research organizations. The delays are understandable given the limited capacity of these organizations (current project obligations) and the management energy required to “put the ship” on a new course. Yet, this also may be an indication for the applied research groups and funders to invest in a planning process that advances research agendas towards leading edge issues. Proactive vs. reactive research agendas.

- Knowledge transfer and the use and uptake of research evidence were also a common theme that was discussed from all perspectives - funders, researchers, decision/policy makers. The latter group essentially felt that, if research is to have more “policy traction”, then the packaging of the product would need to be more “turnkey” in nature or readily amenable to action. Synthesis and research précis were also recommended.

- Although there were some pressing issues identified, it was generally felt that we should try to move away from “crisis-oriented” research agendas towards more of a forward-looking approach. As well, many funders have identified a need to invest in building research capacity by investing in people and infrastructure.

- Although the international organizations sample is small and limited the UK and USA, there was a striking absence of health human resource issues on the research agendas. The exception is Australia (which did not respond to the scan) where there is a dedicated team examining physician resource issues.

- Funders of research at the provincial level have clearly developed strategic approaches by investing in researchers and infrastructure in order to gain competitive advantage for research funding at the national level (CHSRF, CIHR, SSHRC).
• Receptor capacity was given little attention (referred to 1x) within the context of the dynamic nature of knowledge transfer. The decision/policy maker organizations viewed knowledge transfer as a packaging issue. Funders are focusing on competitive advantage. The research groups seem to view knowledge transfer from a narrow communications perspective. So it appears that receptor capacity falls between the cracks. This issue was also identified in the 1997 scan.

• In terms of needs being met by research, decision/policy maker organizations gave an overall rating of 3 on a scale of 1 to 5 where 5 represents all needs met. Otherwise, a passing grade with room for improvement.

• Interestingly, data limitations were not raised as a major issue in building research capacity. Research-enabling issues were couched in data linkage issues (administrative and survey data). Health information systems and technology were seen as a key enabler for development of integrated delivery systems.

• One also gets the sense of a growing “disconnect” between the current challenges facing managers and policy makers and the research agendas of applied research groups.

• Conspicuously missing in the list of issues is the voluntary health sector. The role and contribution of this sector in the community care arena has not been studied and may have significant implications concerning integrated service delivery and community care capacity. One reason could be the rather amorphous nature of the sector and the need for a typology.

3.3 Theme Area Details

Health Human Resources

The regional health authorities and hospitals approached this priority from the perspective of the need to develop reliable forecasting approaches and strategies for recruitment and retention. The magnet hospital concept was raised in relation to retention and quality of the workplace.

The nursing groups tended to approach the recruitment and retention issues in terms of quality of the workplace and nursing roles in the delivery of health care (especially in primary care). This group also viewed forecasting as a critical issue, but also felt that these models would need to incorporate a behavioural dimension. Health services research was also viewed as playing a key role in the development of evidence-based nursing practice.

The shortages of various health professionals, especially nurses and specialist physicians, breeds many health services research issues for smaller provinces and the territories. While recruitment and retention are important, of equal importance are the
compensating strategies for health human resource shortages, including the use of telemedicine and related technologies.

Continuity of Care and Integration of Service Delivery

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Utilization, Access, and Waiting Lists

Utilization was discussed in terms of patterns, illness in the population and the relationship to resource allocation. Utilization studies referred to included such areas as pharmaceuticals, acute care (including outpatient diagnostics/interventions) and primary care.

Access to care was often referred to in relation to utilization, especially in terms of waiting lists and from the perspective of service availability (e.g., rural/isolated areas).

Health Technology Assessment

Pharmacoeconomic studies, cost-effectiveness studies and evaluation of various other existing and emerging technologies were identified as key areas. Many regional health authorities felt that they did not have the capacity to maintain pace with advancing technologies and further identified a critical need to make this research evidence more accessible both in terms of broad distribution and packaging of the research product. Health technology was raised in the 1997 scan in terms of technology adoption.

System Performance Indicators

This seemed to be a “catch-all” category for measuring progress toward the key policy objectives of efficiency, effectiveness, equity and quality. It was unclear as to what to measure mainly because most felt that this was a developmental agenda and also due to the different levels of application (hospital, regional health authority, province). Accountability was also discussed within the context of performance indicators.

Building Research Capacity

In the interest of recruiting and retaining a stock of health researchers, several funding agencies have moved towards devoting significant portions and, some cases, all of their financial resources to personnel, training and operating grants (i.e., people and infrastructure). In a sense, this has become a non-thematic research priority.
From a decision/policy maker perspective, it was resoundingly felt that knowledge dissemination could gain more “policy traction” through more appropriate packaging of research findings/evidence (more synthesis and presentation of findings in a “turnkey” format).

### 3.4 Summary Of Priorities By Major Organizational Category

#### 3.4.1 Regional Health Authorities and Teaching Hospitals (decision maker org.)

**Health Human Resources**
- Best practices in human resource strategies & planning
- Redressing shortages: nurses, doctors and health administrators

**Health Promotion and Health Services in Mid-Life**
- Chronic Illness
- Self-Care

**Resource Allocation and Utilization**
- Forecasting/modelling need
- Burden of Chronic Illness
- Impact of demographic shift on health services
- Broad Determinants of Health Services Utilization

**Integrated Service Delivery**
- Gaps in the delivery system
- Network of care model
- Continuity of care/seamless delivery
- Integration of health promotion & disease prevention (all delivery points/nodes in the system & best practice in practical integration of these services)

**Supportive Housing for Seniors**

**Best Practices in Primary Care**
- Interfaces in the continuum
- The role of IT and applications in primary care (group practice, primary care centres)

**Technology Assessment and Diffusion**
- Pharmacoeconomics
- Diagnostic & therapeutic technologies
- Globalization and e-health (commercialization and the business case)

**Managing Access**
- Wait lists
- Impact of regionalization
Environmental Scan on Health Services Research Priorities

Disease Management
- Development & evaluation of clinical pathways

Knowledge Transfer
- More appropriate and accessible packaging
- More synthesis

3.4.2 Provincial Governments (decision/policy maker org.)

Health Human Resources
- Recruitment and retention
- Forecasting & needs assessment
- Organizational and funding model context
- Interdisciplinary training and service delivery
- Skill mixing in nursing relative to service type

Primary Care
- Best practice models for organization & delivery
- Integration & continuity towards secondary care
- Prevention and treatment of chronic illness

Cost-Effectiveness Studies
- Pharmaceuticals (studies beyond clinical trials)
- Focused studies on specific clinical practices/services/interventions
- Impact on overall population health/monitoring & measuring health outcomes
- Public health nursing

Effectiveness of Emerging Technologies
- Biotechnology
- Genetic testing
- Ethical dimensions
- High tech home care

Utilization & Access Studies
- Patterns in the population
- Waiting lists (diagnostic and therapeutic procedures)
- Alternative level of care populations
- Residential and community care capacity
- Impact of user pay models on appropriate access (drugs, continuing care)
- Service availability and accessibility
- Forecasting future needs (aging factors; a more integrated optic; multi-year outlook)
- Impact of new technologies (e.g., genetics)
Integrated Service Delivery
- Continuity of care within and between sectors (acute, long term care, etc)
- Role of IT in supporting seamless delivery

Structural Components of a Sustainable Health Care System
- Transformation of health care systems
- Regional governance (organization, structure & management)
- Evaluation of delivery models and structures

Development of System Performance Indicators and Accountability Structures

Rural and Northern Health Issues - Research/Evidence in Appropriate Context
- Access to health services - health human resources, geography
- Health needs of the Aboriginal population

3.4.3 National Non-Governmental Organizations Working in Health

Health Human Resources
- Senior managers and the new and evolving system (training, development issues)
- Redressing the leadership vacuum
- Evaluation of the effects of system change on workers
- Working conditions

Accountability
- Practical and functional accountability structures and processes
- Effectiveness of various structures and processes
- Physician accountability

Governance
- Best practice in trusteeship (elected vs. appointed; training and skill sets)
- Evaluation of mega-sites
- Public-private models in financing and delivery
- Federal-provincial relations in health policy
- European health insurance models: lessons for Canada
- Priority setting in health care

Values and Ethics in Health and Health Care
- Ethical dimensions of resource allocation
- Intergenerational issues
- Elder care

The Voluntary Health Sector
- Typology
- Measuring contribution and capacity
3.4.4 Nursing Organizations

Training, Recruitment and Retention
- Healthy nursing workplaces for nurses and patients
- Best planning model
- Reliable forecasting models that factor-in the behavioural dimension
- Skills and roles relative to emerging and future health needs
- Attracting and training nurses
- Integration of foreign trained nurses into the workforce
- Utilization of the nursing workforce
- Workforce legislation, pensions and retirement
- Support for nursing research (capacity building)
- Training of a cadre of mid-career nursing researchers - internships in decision/policy maker organizations

Primary Health Care
- Care delivery models
- Role of nursing
- Use of nurse practitioners
- Quality of care

Evidence-Based Nursing Practice
- Specific patient conditions - symptom management and intervention
- Nursing care requirements in cultural contexts
- Healthy human development
- Evaluation of health promotion interventions
- Family nursing

Nursing Policy
- Privatization of health care
- Efficiency & effectiveness of delivery systems and nursing outcomes
- Nursing research utilization

3.4.5 Applied Health Services Research Groups

Economic Evaluation: Efficiency, Effectiveness, Equity and Quality
- Health care: sectors (continuing care, acute care, primary care), programs, specific interventions and technologies
- Outcomes measurement /development: clinical outcomes, system design outcomes
- Clinical effectiveness: practice guidelines, care/clinical pathways, optimal drug prescribing
- Health technology assessment (including IT)
- Quality of care
- Health system report card
Environmental Scan on Health Services Research Priorities

- Health promotion
- Intersectoral resource allocation
- Substitutions in resource allocation
- Methods and applications of economic evaluation
- Technical efficiency (doing things right); Allocative efficiency (doing the right things)

Governance
- Financing and organization of the delivery system
- Governance models
- Devolved systems of decision-making
- Private sector mix in financing and delivery (regulatory issues)
- Leadership and innovation
- North American integration

Behavioural Dimensions
- Patient participation in health care decision-making
- Modelling of consumers’ health care behaviour
- Pharmaceutical policy: assessing effects on consumer & provider behaviour
- Physician reimbursement issues and physician behaviour
- Practice patterns and the gender of the physician

Knowledge Transfer
- The role of research in policy making
- Effectiveness of research transfer activities
- Influence of new ideas in decision/policy making
- Information and knowledge in patient decision making
- Development of receptor capacity (new area: RHAs)

Utilization & Access
- Social determinants of health, patterns of illness and utilization
- Relationship between use and need
- Relationship between utilization and resource allocation
- Appropriateness of use
- Waiting lists and waiting times
- Aging and utilization

Health Human Resources
- Recruitment and retention
- Nursing workloads in the context of nursing practice
- Aging of demand
- Aging of workforce
- Cross sector labour market issues
- Rural access and distribution issues
Health and Social Policy
- Intersection of health and social care
- Health and social policy integration (e.g., family violence, social adjustment)

Aging
- Changing demography and lifestyles
- Victimization and exploitation of the elderly
- Health and aging
- Health reform and impacts on community-based care
- Injury management
- Respite from the caregivers’ perspective

Building Research Capacity
- Receptor uptake: developing capacity for incorporating evidence into decision-making
- Data linkage across multiple datasets
- Better infrastructure support
- Development and evaluation of measurement tools and methodologies

3.4.6 Health Research Funding Organizations

Human Resource Development (Research)
- Training, recruitment and retention of researchers
- Development and funding of comprehensive career path programs
- Establish areas for strategic encouragement

Infrastructure and Network Support (focus on gaining competitive advantage)
- Start-up/establishment grants
- Grant facilitation/new opportunity grants
- Capital investments
- Commercialization of new/innovative technologies
- Funding of centres and thematic networks

Building Capacity (general)
- Community health research - more substantive local involvement (e.g., community agencies) in the research process
- Knowledge transfer and uptake

Thematic Research
- Health human resources (recruitment and retention)
- Utilization and access
- Changing needs and the aging population
- Efficiency and effectiveness of programs, services and specific interventions
- Regional governance (organization, structure and management)
Environmental Scan on Health Services Research Priorities

- Continuity of care and integration of service delivery
- Health outcomes
- Technology assessment
- Migration and health (infectious disease issue)
- Climate change and health (new disease vectors)
- First Nations and Inuit health

3.4.7 International Organizations (funders & applied groups)

Clinical Excellence
- Efficiency and effectiveness of health services in implementing medical knowledge
- National protocols for specific care pathways
- Clinical guidelines and audit

Technology Assessment
- Diagnostic technologies and screening
- Pharmaceuticals
- Therapeutic procedures
- New evaluation methodologies (socio-cultural contexts for ethical dimensions; health status measures for clinical trials)

Quality Measurement and Improvement
- Development of system outcome measures and population well-being
- Strengthen quality measurement and improvement
- Promote patient safety and reduce medical errors
- Advance the use of IT for coordinating patient care and conducting quality and outcomes research

Cost-Effectiveness and System Improvements
- Relating needs, services and outcomes for specific services
- Develop evidence base for change
- Continuity of care
- Coordination/integration across organizations
- Workforce issues
- National services frameworks (e.g., coronary heart disease, mental health)
- Access to health care