

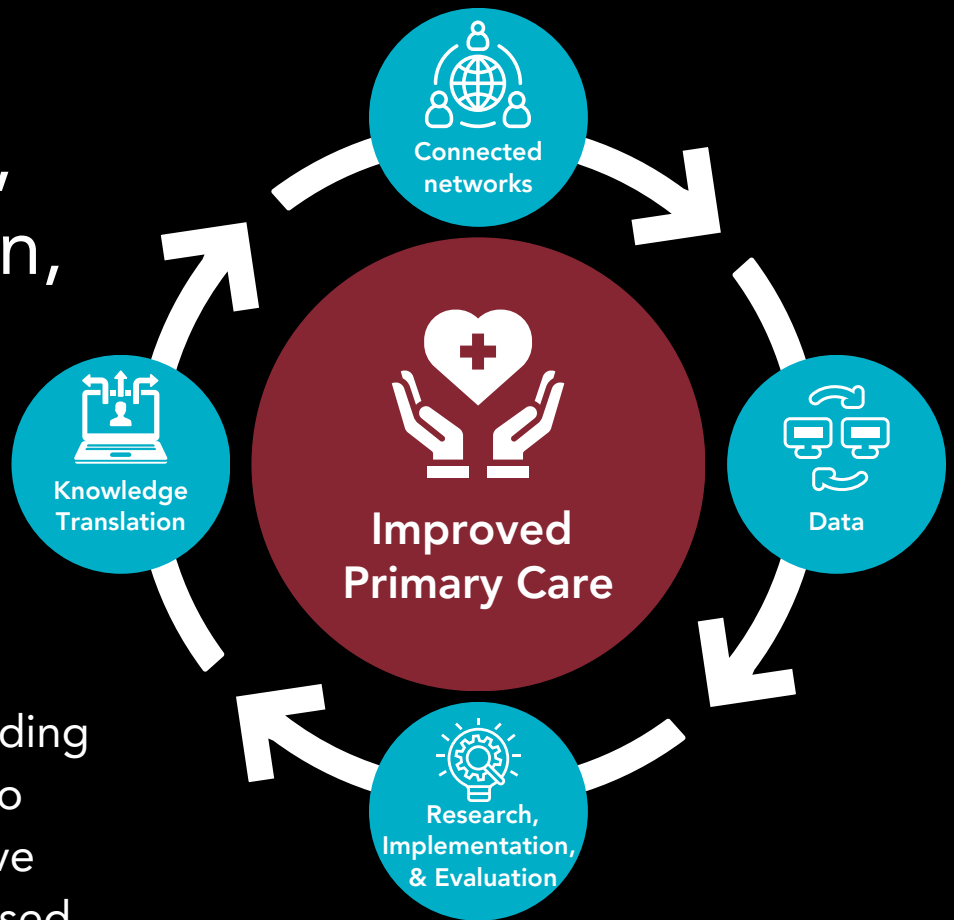


PRIME Network Report 2023

PRIME NETWORK

NL's Primary Care Research, Implementation, and Evaluation Network

The PRIME Network is committed to improving primary care in NL by building a learning health system to support a strong and active research and evidence-based implementation community.



We are focused on achieving five key goals:

1



A functioning, practice-based research and learning network (PBRLN)

2



A high-quality data platform

3



Scale and spread of tested primary care interventions

4



Knowledge translation

5



Network sustainability

ORGANIZATION AND GOVERNANCE STRUCTURE

The PRIME Network is the NL node of the Canadian Primary Care Research Network (CPCRN), an established interdisciplinary and intersectoral network of people who collaborate on generating solution-focused innovations in primary health care delivery. The CPCRN's vision is to create a sustainable pan-Canadian learning health system, supported by patient-oriented, practice-based research that improves primary care. Their mission is to facilitate research to spread and scale innovations by supporting the development of practice-based research and learning networks (PBRLNs) in every Canadian province and territory, and developing a primary care information system.

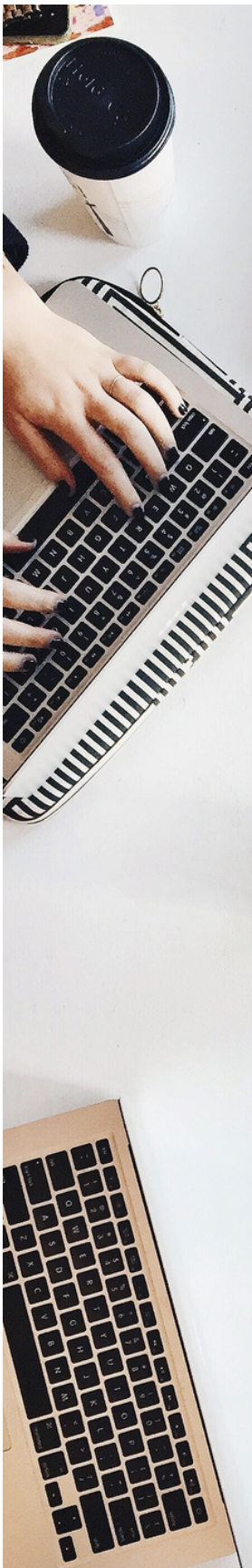
The PRIME Network is led by a quadripartite leadership team consisting of representatives from 4 stakeholder groups – researchers, patients, clinicians, and policy-makers. Currently this includes:

Dr. Amanda Hall
Science Lead

Ms. Dorothy Senior
Patient Lead

Dr. Nicole Stockley
Clinician Lead

Ms. Gillian Sweeney
Policy Lead



FUNDING AND SUSTAINABILITY

The primary care network initiative was developed and funded by CIHR with matched local funding from provincial partners. In our first funding period the goal was to learn how to connect and work with stakeholders to establish a network in order to co-develop and complete research projects. This initiative also included specific research calls designed to encourage inter-jurisdictional research for which only primary care network members could apply.

In the second phase of operations, we are concentrating on (i) ensuring that learnings from the first phase research projects are shared and implemented across all relevant jurisdictions, (ii) building a high quality, fully representative pan-Canadian primary care database that can be used for research and quality improvement purposes and (iii) developing a 10-year sustainability plan to support our continued operation in order to realise the ultimate goal of improved primary care.

Our network receives a total of \$100,000/year for 5 years - \$50,000 from CIHR and \$50,000 from the Government of Newfoundland and Labrador's Department of Health and Community Services. This money is largely operational in nature.

QUARTLEY REPORT



This report provides a description and progress update for each of the PRIME Network's primary goals.

It will be updated and circulated on a quarterly basis.

GOAL 1: FUNCTIONING PBRLN

What is it?

We aim to create a high-functioning, engaged network of family physicians, primary care policy-makers, patients, and researchers who work together to improve primary care service delivery leading to better outcomes for the patients and the primary care workforce. We will reconnect and strengthen connections with stakeholders identified in the first phase of PRIME's operation and endeavour to engage and connect the myriad of other groups and networks across the province who are actively working to improve primary care.



Objective 1 – Create NL stakeholder map

Complete an environmental scan that maps existing networks in all stakeholder groups of the quadripartite leadership – patients, clinicians, decision-makers, and researchers. This will include details on the membership and mandates of identified stakeholder groups and networks and a description of the research being conducted by all identified research teams working on primary care-focused projects.

Progress: We have hired a Master's student to take on this work. She will begin working on this project in January.



Objective 2: Re-examine and articulate the network's identity

We aim to engage network leadership to re-examine and articulate the PRIME network mission, mandate, and vision.

Progress: The network manager has been reviewing relevant documents and consulting with other networks across the country who have already completed this work and drafted preliminary statements for review and discussion at the next quarterly meeting.



Objective 3: Recruit stakeholders

Put simply, once we have mapped our stakeholders and agreed upon our network identity purpose and future direction we will approach identified stakeholders, groups, and networks with an invitation join our PBRLN.

Progress: N/A



Objective 4: Connect our membership with the CPCRN

The CPCRN has established a community of practice on the LinkedIn platform as a means of communicating directly with members of all of the regional networks across the country. When they have developed a recruitment plan for the community of practice, we will be responsible for promoting recruitment in our province.

Progress: Originally, CPCRN attempted to introduce a new communications platform and asked member networks to recruit network leadership to join the platform. Requiring sign up to an unfamiliar platform proved to be a major barrier. The main network is working out a recruitment strategy; we will provide further updates when we know more.

Objective 5: Facilitate and support initiatives of the CPRN

We are also obliged to support the operations of the CPRN by a) providing delegates for committee membership, attending regular meetings of those committees, and completing terms as the chair of various committees and b) playing a role in facilitating and/or otherwise supporting various initiatives undertaken by the CPRN as they are introduced. For example, recently they have spearheaded the establishment of a policy hub to connect primary care policy-makers across the country.

Progress: The science lead (Dr. Hall) and the research manager attend bimonthly meetings of the Steering Committee, Dr. Hall also chairs the Research Committee, Andrea Pike attends the management and operations committee, and a patient partner (Joanie Cranston) is the NL patient representative on the Pan-Canadian Patient Council. In support of the Pan-Canadian Primary Care Policy Hub, we helped to shape the Hub's Terms of Reference and recruited two local policy-makers.



GOAL 2: HIGH QUALITY DATA PLATFORM

What is it?

Our aim is to improve the capture and availability of primary care data to support high-quality research, quality improvement, and evidence-based decision-making. While primary care is widely regarded as the foundation of high-performing health systems, it is the only area of healthcare without access to patient-level data to measure research and QI outcomes. This lack of data severely handicaps any efforts toward improving primary care.

Funding:



Objective 1 – Assess EMR access

We would like to ensure all family physicians in our province have access to and are using an EMR to capture patient-level clinical metrics that is capable of sharing data with a pan-Canadian primary care information system. First, we will connect with NLCHI to assess how many family physicians are using an EMR and what system they are using. This will determine if an environmental scan is necessary. This information will tell us who we need to target to increase uptake of EMRs in NL.

Progress: Our data lead is consulting with NLCHI to determine EMR uptake and assessment of what systems are being used in the province.

Objective 2 – Increase the numbers of physicians sharing clinical data with CPCSSN

We would like to see all family physicians in the province providing data to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) – a pan-Canadian primary care electronic medical record data platform. It includes data from over 2 million patients and 1500 primary care clinicians. CPCSSN securely collects de-identified health information from electronic medical records of participating primary care clinicians who are referred to as ‘sentinels.’ They then transform raw EMR data into meaningful information that can be used for quality improvement, chronic disease surveillance, and research.

Progress: Recruited 17 new CPCSSN sentinels helping us to contribute more NL data to this Canadian primary care database. EMR data transfer for existing sentinels ongoing. Data transfer for new sentinels in progress. Before engaging in further recruitment efforts, we will cost and plan a barriers assessment to better understand reasons why physicians may be reluctant to share their data in this manner so we can be better able to address these concerns during the recruitment process.





Objective 3 – Develop and implement methods to collect patient-reported experience and outcome measures (PREMs and PROMs).

CPCSSN does not currently include any patient-reported experience outcome measures (PREMs) such as patient opinions of care received, or perceptions of treatment impact or patient-reported outcome measures (PROMs) such as pain, fatigue, or mobility. The Canadian Primary Care Information Network (CPIN) is an EMR-compatible automated information exchange system to improve care and patient engagement in primary care settings. CPIN software accepts patient contact and demographic information from the EMRs of participating providers. It can then send short messages to these patients by email or text with a link to a short patient survey to collect patient feedback on the message and PREMs and PROMs. CPIN then provides de-identified patient feedback to providers and aggregates data across practices to allow shared learning about patient perspectives from a larger sample of community practices. Making the routine collection of PREMs/PROMs easy and useful to practices is fundamental to supporting QI initiatives and enabling the inclusion of patients' perspectives in QI and systems-level research.

Progress: We are working with the CPIN team to establish and pilot a method for collecting PREMs/PROMs from primary care patients in NL. We will begin by working with physicians who contribute data to CPCSSN so that we can link patient-reported experiences and outcomes to clinical data already captured by CPCSSN. We have established a method to securely collect this data while protecting patient privacy and informing patients of how their data will be handled. Ethics application in progress.

GOAL 3: SCALE & SPREAD OF PRIMARY CARE INTERVENTIONS

What is it?

In this phase of operations, the PRIME Network is not funded to develop or undertake its own research or implementation projects. Rather, our aim is to support the implementation of proven primary care interventions. This primarily includes projects aiming to scale and spread interventions tested as part of phase 1 funding but may also include helping to support the implementation of local strategies to improve primary care.

Funding:



Objective 1 – Participate in CPCRN-sponsored projects

The CPCRN has funded or is otherwise supporting 9 projects focused on implementing findings from projects funded in Phase 1 or improving the capture of primary care data. The PRIME science and data leads have agreed to lead the province's involvement in 5 of these projects which align with priority topics identified in the NL Health Accord and map to a number of provincial goals identified by our policy partners including **intersectoral communication, system gaps, transitions of care, and high provider turnover, and chronic disease management.**

Progress: Each of these projects is currently underway. Some are in ethics review, some have moved on to getting set up in each province, others are in active recruitment and data collection.



Objective 2 - Identify and participate/assist with local research and implementation projects for specific NL primary care topics

We aim to support local research and implementation projects by working with local researchers **to ensure that their projects are stakeholder-informed** and to inform our government partners of projects, approaches, and researchers that may help health system improvement initiatives to succeed. We will help local researchers to form stakeholder-informed research questions, provide advice on how to develop stakeholder engagement plans, and connect them with appropriate stakeholders who may wish to join their project teams. We will also assist our government partners with their primary care improvement initiatives. Here we can offer advice based on our knowledge of research evidence and principles of implementation science and help connect them with relevant researchers, clinicians, or patients who can inform health system improvement interventions. Finally, when we become aware of research projects directly related to local health system priorities that have failed to access research funding, we will facilitate conversations with government and health authority partners who may be interested in funding work that can further health system improvement in NL.

Progress: Regular team meetings with the PHRU identified that a project supported by the PRIME Network focused on building and evaluating an implementation toolkit for Family Care Teams was unsuccessful in securing CIHR funding. We then initiated discussions with our policy and health system partners to identify local funding sources to support this priority topic project. PHRU faculty members are currently preparing a new grant to support evaluation of the implementation of Family Care Teams in NL and the PRIME Network is assisting the project team with development of the project's stakeholder engagement plan.

GOAL 4: KNOWLEDGE TRANSLATION

What is it?

In order for research evidence to be useful and ultimately implemented in practice we need to do our due diligence to facilitate translation of the evidence for our stakeholders to use. In phase one, we developed a new KT product (research snapshots), engaged with policymakers to carry out a large scoping review of interventions to improve rural primary care, and played a large role in supporting the Primary Healthcare Partnership Forum (PriFor). For now, we will continue producing research snapshots and additional reviews of rural primary care interventions while also working to formalize a KT strategy and plan for the network. We will use the knowledge translation planning toolkit from CIHR to underpin our KT plan. The first step is to determine our KT goals, ranging from imparting and sharing knowledge to changing behaviours in practice. Next, we select strategies (from a recommended list) to achieve our identified KT goals.

Funding:



Progress: We submitted the rural scoping review we started in the first phase and will turn the results into a policy paper. A number of more detailed sub-reviews of priority topic areas are underway including reviews on rural primary care interventions focussed on diabetes and mental health.



GOAL 5: SUSTAINABILITY

What is it?

Throughout this funding period, the local quadripartite leadership is tasked with creating a plan to sustain the network without CIHR funding. We must explore its local value, where the network should “live” within the provincial primary healthcare landscape, and what options are available to fund the work moving forward.

Funding:



Objective 1 – Determine future direction of the network (10-year plan)

Before we can create a plan for sustainability we must determine the network’s long-term direction, purpose and aspirations. Next, we must assess the resources that will be required to see that work through.

Progress: The network manager has started discussions with the managers of other regional networks to learn more about their funding structures and efforts toward achieving sustainability.

