

**PRIME
Network
Report**

October
2024



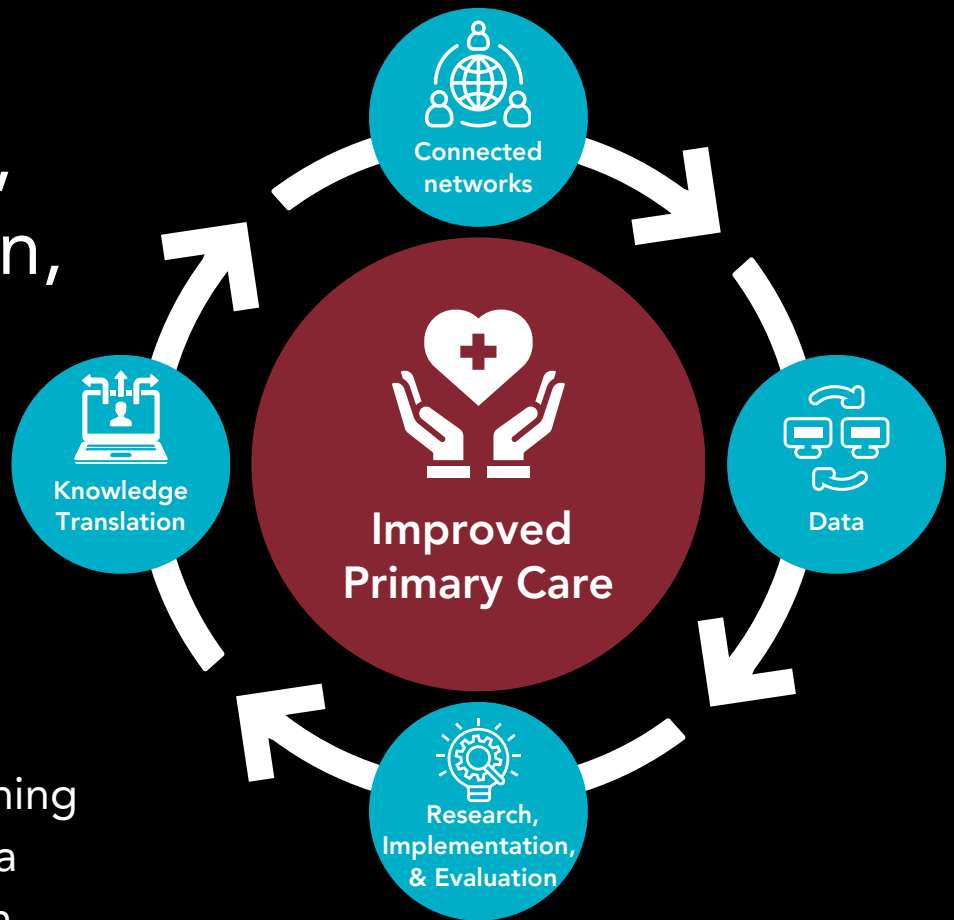
HIGHLIGHTS

- We need to better understand our network identity and structure. To this end, we have been developed a logic model for the network to be reviewed at the next PRIME Leadership Committee Meeting.
- We are working with the Data Governance Committee to determine procedures by which we might send data collected from all physicians using the provincially-sponsored EMR to CPCSSN
- Recruitment for the CPIN project (collecting PREMs and PROMs in primary care) is underway beginning with Memorial University's academic clinics. The team is piloting the process with the first clinician recruited to work out potential problems before continuing with recruitment.
- The CPCRN Research and Implementation Science (RISe) Committee is developing a dashboard project infographics projected to be ready for dissemination at the Learning Cycle they are hosting in November.
- Based on feedback that we have received from current stakeholder groups we have developed a preliminary list of priorities for primary care research in NL.
- Feedback from our last meeting indicated enthusiastic support for the Research Dashboard prototype we introduced. This would be best accessed from a PRIME website. However, MUN will not support the Power BI platform we used to create the dashboard so we have to assess the viability of using this platform and our options for developing a website.
- The logic model we have developed outlines PRIME's intended activities, outputs, and outcomes. Establishing this identity has helped us to demonstrate the resources and relationships required in order to bring this vision to life and sustain network operations.

PRIME NETWORK

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

The PRIME Network is committed to improving primary care in NL by **operationalizing** our learning health system to support a strong and active research, implementation and quality improvement community.



We are focused on achieving five key goals:

1



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

2



A high-quality and representative data platform

3



Scale and spread of tested primary care interventions

4



Knowledge translation

5



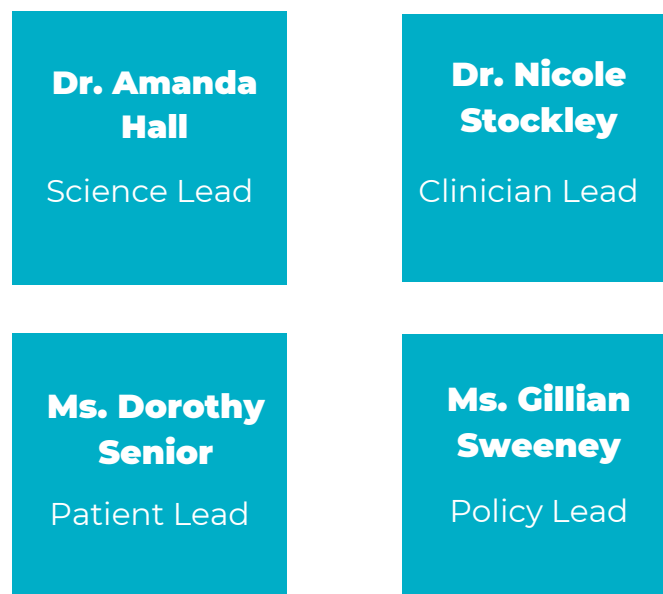
Network sustainability

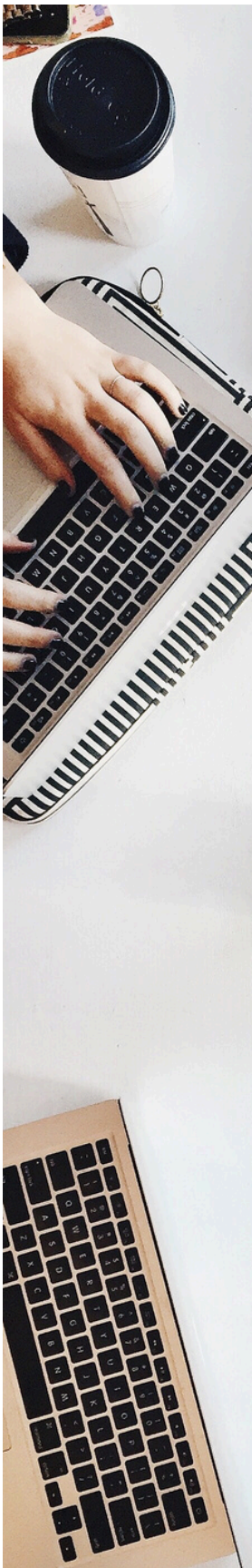
ORGANIZATION AND GOVERNANCE STRUCTURE

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:





FUNDING AND SUSTAINABILITY

The primary care network initiative was developed and funded by CIHR with matched local funding from provincial partners. We are concentrating on:

1. Ensuring that learnings from the first phase research projects are shared and implemented across all relevant jurisdictions
2. Building a high quality, fully representative pan-Canadian primary care database that can be used for research and quality improvement purposes
3. Developing a 10-year sustainability plan to support our continued operation in order to realize 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.

QUARTERLY 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 primary care providers, 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.

The CPCRN has articulated the goals and expectations of the provincial PBRLNs. Their vision is for the national and provincial networks to begin moving towards routine operation of their learning health systems. Each provincial LHS will operate at two levels:

1. Pan-Canadian - involving spread and scale of interventions to improve primary care outcomes associated with the quintuple aim
2. Provincial - improving local primary care and supporting evaluation of local initiatives and/or local primary care research



We need to better understand our network identity and structure. To this end, we have been developed a logic model for the network to be reviewed at the next PRIME Leadership Committee Meeting.



Questions to discuss at our next meeting:

- Who else should be invited to the leadership committee?
- What does the network offer to potential members?
- Who are our direct network contacts?
 - Will we recruit individual members of stakeholder groups or are we better positioned as a consortium of existing groups rather than a group of individuals? Or perhaps we are a blend of both? We have discussed a consortium but we would like feedback from new stakeholders.

GOAL 2: 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.



Objective 1: 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.



We are working with the Data Governance Committee to determine procedures by which we might send data collected from all physicians using the provincially-sponsored EMR to CPCSSN.



These changes are likely to shift some of the duties required of a data manager so that their role is more involved in supporting the development of learning health system tools. The position needs more thought and requires an understanding of stakeholder needs regarding reports and interpretation/facilitation, etc. More about this on page 10, under Goal 3, objective 2).



Objective 3: Develop and implement collection methods for patient-reported experience and outcome measures (PREMs and PROMs).

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. Making the routine collection of PREMs/PROMs easy and useful to practices is fundamental to supporting a primary care learning health system. We are working with the CPIN team to pilot a method for collecting PREMs/PROMs from primary care patients. We are starting 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.



Recruitment for this project is underway beginning with Memorial University's academic clinics. The team is piloting the process with the first clinician recruited to work out potential problems before continuing with recruitment.



- Continue recruitment and data collection.



GOAL 3: SCALE & SPREAD OF PRIMARY CARE INTERVENTIONS

What is it?

In this phase of operations, the PRIME Network is not funded to 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.



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, high provider turnover, and chronic disease management**.



The CPCRn Research and Implementation Science (RISe) Committee is developing a dashboard project infographics which are projected to be ready for dissemination at the Learning Cycle they are hosting in November.



- Share CPCRn dashboard and project infographics with PRIME Leadership Committee when available.
- Provide links on our network website when completed.

Objective 2: Identify, 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.

Activities	Stakeholders			
	Researchers			Health system
	Projects in development	Unfunded projects	Funded projects	Projects in development
Engagement	✓	✓	✓	✓
Networking	✓		✓	✓



Based on feedback that we have received from current stakeholder groups we have developed a preliminary list of priorities for primary care research in NL.



At our next meeting we will:

- Review the preliminary list and move on to developing a short-list for voting.
- Report the preliminary results of the diabetes scoping review

In the coming months we will begin trialing the potential patient education role of the network manager with the FCT grant that was awarded to assess feasibility and cost.

We will also be submitting a small grant for a needs assessment to help us learn more about stakeholder needs re: learning health system tools to ensure that we produce useful stakeholder tools that support quality improvement.

GOAL 4: KNOWLEDGE TRANSLATION (KT)

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 the following table we have outlined our knowledge translation plan which highlights our KT goals, the strategies we plan to use to meet those goals, and our target stakeholder groups. CIHR's KT planning toolkit can be found at https://cihr-irsc.gc.ca/e/documents/kt_lm_ktplan-en.pdf.

KT Goals	Knowledge translation strategies	Audience			
		Researchers	Clinicians	Patients	Policymakers
Inform research	Develop and facilitate publications	✓			
Share information	Promote CPRN webinars	✓	✓	✓	✓
	Develop research snapshots		✓	✓	✓
	Develop conference (PriFor)	✓	✓	✓	✓
Inform policy change	Develop policy papers				✓
Inform practice change	Data presentation tool		✓		
Generate awareness	Annual public presentation			✓	





Feedback from our last meeting indicated enthusiastic support for Research Dashboard prototype we introduced. We will continue following up with members of the leadership committee regarding individual feedback they may have on the dashboard prototype before we make anything public.



At our next meeting we will discuss:

- Next steps for hosting the dashboard, its management, and subscription for Power BI (including the costs associated with both the set-up and ongoing operation of the dashboard and a PRIME website)
- Plans to submit a CIHR planning and dissemination grant in 2025 to support the cost of a networking event
- The possibility of using some of our grant funding to help get a small number of underfunded projects published



GOAL 5: SUSTAINABILITY

What is it?

Leaders of the CPCRN are actively planning for sustainability by searching for funding streams from a multitude of sources. 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.



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.



The logic model we have developed outlines PRIME’s intended activities, outputs, and outcomes. Establishing this identity has helped us to demonstrate the resources and relationships required in order to bring this vision to life and sustain network operations.



- The second day of the CPCRN learning cycle will be primarily devoted to discussions of sustainability. While most of us are unable to attend this event in-person, we are trying to work out a method whereby we can attend virtually.
- We are reviewing funding models locally and across the country re: permanent funding for key network staff required to realize a functioning primary healthcare LHS.
- We will continue to seek other research funding opportunities and partnerships to support our work. For example, we are meeting with the Discipline of Family Medicine’s EBM curriculum committee to explore a partnership with the family medicine residency program to pursue active, cross-provincial QI projects.