An Environmental Scan of Practice-based Research Networks in Canada as of May 2006

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Introduction and Terms of Reference:

The Public Health Agency of Canada (PHAC) commissioned this environmental scan with a view to ascertaining the range of practice-based research network (PBRN) activity among primary care providers across the country as well as the diversity of health care research networks. The PHAC sees the potential for a Canada-wide network, or *network of networks,* to:

(a) enable sharing of and collaboration on research that informs practice and improves outcomes (for patients) while also improving quality of working life for practitioners; as well as,

(b) enhancing and facilitating the sharing and exchange of ideas, information, practice tools, *etc.*

Pressing on the PHAC's agenda is the challenge of Chronic Disease (CD), which will challenge and change how Canadians live and utilize their health care system. CD will also stress the readiness of care systems – including practice teams – to respond to population needs by impacting upon the way care systems and practitioners do business (e.g. from acute episodic curative approaches to proactive management of chronic conditions). Though the focus on CD prevention and management is relatively new (approx. 3 years), things are happening in Canada – but at different stages of implementation across practices, regions, territories and provinces. Also at an early stage of development are the surveillance systems, methodologies and instruments to define and determine indicators to monitor and assess CD and its impact across the population.

There is limited Canadian research or data on the results or outcomes of utilizing a chronic disease management approach in health practices (e.g. effectiveness of chronic disease early identification tools on health outcomes, impact of self-managed care programs for patients with chronic conditions on practice, *etc*.).

Methodology for this Environmental Scan

This scan was conducted primarily by telephone interview with thirty four key informants using a structured set of questions and then open-ended discussion to draw out the many differences that characterize the nature of networks across Canada. Where available, the network's webpage was consulted – though this turned to be a highly uneven environment for current information. Many websites had not been updated in some years. A electronic survey, using Survey Monkey, was posted but it rapidly became apparent that the survey instrument was too crude to capture the diversity of network styles – e.g. missions, forms, arrangements for governance, *etc.* – that the telephone interviews revealed. The net was cast wide to capture every different kind of network that did practice-based research including networks of Advanced Practice Nurses (there are none at this time). We started with the usual suspects – people known to be running a PBRN – and asked them to identify or nominate others who they thought might be either (a) operating a PBRN or (b) looking to start one. In this way contact was made with many people in different parts of the country. But it must also be said that some phone calls were un-returned. To the best of current knowledge there is nothing like a PBRN in either of the three territories nor is there anything like a PBRN in Manitoba (according to Dr. Katz). Additionally, in only one case is there a formal evaluation under way – BC's Michael Smith Health Research Foundation Networks – and those documents do not become available until after the due date for this scan.

The questions put to the key informants included:

1. Is there a practice-based network of primary care researchers operating in your region?
2. How many physicians are currently enrolled in the network?
3. Does the network have a formal name?
4. Does the network have an up-to-date website?
5. What kinds of studies is the network undertaking at this time?
6. Who is funding these studies?
7. With whom – health science centre, *etc.* – is the network affiliated?
8. Does the network have a *formal* governance structure?
9. If no, please describe the governance structure.
10. If yes, would you provide a description or direction to the relevant website?

Key informants were not able to answer a lot of questions – and the diversity of answers suggests a wide spectrum of different governing styles, from formal top-down governance according to mission and vision statements to governance by Principal Investigator exclusively.

A Definition and Typology of Research Networks in Canada

Like numerous other terms in the health sciences – think of primary care versus primary *health* care – there is no widely shared definition of "network," so what follows is an effort to distinguish between different entities that *call* themselves networks or employ the word in their names or titles.[1] At a minimum, a network exists when two or more elements (people, groups, organizations or databases) are connected for some purpose – in this case research – that is larger or more complex than either could manage on their own. Networks are defined by inclusion criteria according to the organization's governance principles and mandate (where these exist), and the relationships are maintained by a range of rewards and punishments (actual or potential). In the research literature, networks are:

1. Groups of people linked by *common goals;*
2. Held together primarily by *personal relationships;*
3. With *ties* of mutual interest, sharing, reciprocity and trust;
4. *Linked* via various connecting and coordinating means, such as meetings, conferences, newsletters, joint projects, working partnerships;
5. Network *nodes* can be individuals, groups, teams or organizations and in the …
6. *Spaces* or interstices spanned by these nodes and links lies the potential for learning and innovation;
7. Networks *include and exclude* people, and …
8. *Status and authority* within a networks is based less on formal position or qualifications and more on knowledge, usefulness, sharing and innovativeness; and finally,

[1]It's worth knowing that the CHSRF is "especially interested in networks that aim to share knowledge and promote a culture of innovation by building links between health system managers, policy makers and researchers." See "Network Notes I: What's all this talk about networks?" CHSRF, 2005 online at http://www.chsrf.ca/knowledge_transfer/pdf/network_notes_1_e.pdf

9. They can be in whole or in part *virtual associations* where the technology of computer networking underpins and enhances face-to-face interaction.[2]

Networks are dynamic entities that evolve through a life-cycle from embryonic or nascent to fledgling to mature and – in some cases – dormant. It's in the nature of networks, however, that dormant networks can come back to life given the right circumstances and with the appropriate impetus, principally resources, commitment and interest. Where dormant, the usual explanation relates to absence of infrastructure support: principal investigators cannot sustain the level of effort while also performing their research-related tasks and the network lapses into dormancy.

Networks come in different forms, corresponding to different purposes and functions. The literature identifies the following typology, which will be employed in what follows:

1. **Sentinel Surveillance Networks** for the early identification of threats to public health;
2. **Continuous morbidity** recording/survey networks to provide trend data and patterns of disease;
3. **Diagnostic validation** are those which combine sentinel surveillance with epidemiological surveys;
4. **Quality assurance** networks focused on changing the behaviour of providers;
5. **Focused Networks** exist to describe a problem and to improve the conditions of the sufferers;
6. **Networks for clinical trials** to conduct double-blind randomized controlled trials; and,
7. **Intervention Networks** to provide information and rapid turnaround about specific interventions.

It is common for networks to embody more than one of the above functions, or to begin with one function and incorporate another.[3] For example, practice-based research networks embody clinical trial components – depending on the project – as well as intervention.

In what follows, however, networks have been identified according to what appears to be their *primary* function – although this too changes as networks mature and new projects redefine the network's core mission. The reader should not expect that any network here identified fits perfectly within the category to which they are assigned. The categories are intended to be illustrative and suggestive rather than definitive. Network is an elastic term that is applied to very different entities.

Sentinel Surveillance Networks: for the early identification of threats to public health;

1) Name: National Research System (NaReS) Flu-Watch Network
Location: College of Family Physicians of Canada (Mississauga, Ontario)
Director: Anita Lambert-Lanning BA, MLS
Website: http://www.cfpc.ca/nares
Contact: Anita Lambert-Lanning, 905.629.0900 x 417 or all@cfpc.ca

[2]Pedler M. "Issues in Health Development: Networked Organizations – an Overview" (London: National Health Service, Health Development Agency, October 2001) online at http://www.hda-online.org.uk/documents/networked_orgs_30_10_01.doc as of 9 December 2005.

[3]It is possible – in principle – to design a governance structure to encompass every different kind of function according to the level of commitment of participating primary health care providers, their levels of expertise and their willingness to train-up to take on greater research responsibilities.

NaReS is a sentinel surveillance network operated out of the College of Family Physicians of Canada. It currently has three projects underway: Pediatric surveillance, National Cancer and Chronic Disease Prevention Survey, (Alan Katz, Director), and Type II Diabetes (Life style analysis). Currently about 600 family physicians across Canada consider themselves sentinels, but many more cooperate on research projects. NaReS is not affiliated with any one or more faculties of medicine or hospitals but reaches across all of these to encompass doctors/sentinels in every province and territory. Governance is codified in bylaws. NaReS reports to the Section of Researchers of the College of Family Physicians of Canada. NaReS' mandate is to (a) encourage participation in primary care research and research networks by sharing research news via e-mail, departmental listservs and individual correspondence; (b) provide access to information on potential and completed research whenever possible; (c) provide opportunities for conducting appropriately financed research studies in family medicine settings that answer family medicine research questions; (d) assist in skills development of family medicine researchers who are part of this network; (e) identify local training needs; and (f) facilitate cooperation and collaboration between primary care practitioners and other health related agencies where ever possible (e.g. social services, local health authorities, acute care). Currently NaReS is working with Public Health Toronto to compare effectiveness of Flu Vaccines.

2) **Name: TARRANT (The Alberta Recording and Research Network)**
Location: Faculty of Medicine, University of Calgary, Alberta
Director: Jim Dickinson, MD
Website: www.ucalgary.ca/tarrant/about.html
Contact: dickinsj@ucalgary.ca or 403.220.2750

Formed more than 20 years ago as an influenza surveillance system, the TARRANT flu-watch network integrates virological and clinical data via 37 sentinel physicians covering 8 of Alberta's 9 Health Authority regions. The data is used to identify community virus types and then to guide programs to prevent and control their spread. Weekly reports are generated by the provincial lab and summaries and recommendations are recycled to sentinel physicians. Physicians complete weekly incident reports – either on forms or via computer based information transfer – on lower respiratory tract infection. Sentinels submit two swabs each week to the provincial lab for analysis.

Continuous morbidity recording networks to provide trend data and patterns of disease;

1) **Name: TARRANT-B (The Alberta Recording and Research Network)**[4]
Location: Faculty of Medicine, University of Calgary, Alberta
Director: Neil Drummond, PhD, Department of Family Medicine
Website: www.ucalgary.ca/tarrant/about.html
Contact: ndrummon@ucalgary.ca or 403.210.9246

TARRANT-B – still in development and looking for funding as of May 2006 -- is the sister network to TARRANT-A. It is intended to be an all cause continuous morbidity recording (CMR) and adverse drug reaction (ADR) network based on electronic medical records data capture.

TARRANT-C – partially funded and resourced – is the third leg of the TARRANT triad. It is a community-oriented practice-based research network on the model of NorTren or the Network for Studies in Primary Care.

The TARRANT networks are connected through the Department of Family Medicine at the University of Calgary's and projects are vetted for their research potential through the Primary Care Research and Development Group which is the methodological core of the department's research program. The objective is to respond to research ideas that issue from family doctors in communities throughout southern Alberta and to work with them to develop these ideas into fundable and researchable projects, and then to disseminate the findings. The thrust is toward research multi-disciplinarity so that all disciplines that bear on health and community well-being are integrated around a core of academic health science researchers.

There is no formal governing structure for the networks, save a protocol to define roles and tasks. Membership has little say but do come to a yearly conference wherein questions about research are discussed. Not a completely top-down structure, but not egalitarian either.

Quality Assurance (Practice-Based Research) Networks: networks focused on changing the behaviour of providers;

1) **Name: Atlantic Practice Based Research Network (APBRN)**
Location: Primary Healthcare Research Unit (PHRU) at Memorial University of Newfoundland
Director: Professor Marshall Godwin, MD, MSc
Website: Under development
Contact: Farah McCrate, 709.777.6994 or farah.mccrate@mun.ca

The newest entrant (as of November 1, 2005) on the Canadian PBRN scene is dedicated to involving family doctors in research ideas and study design – toward the objectives of building capacity and changing physician behaviour. The network is focused on research into chronic diseases, care of the elderly and the health of women and children. It operates out of the Primary Healthcare Research Unit at Memorial University in St. John's. Currently 29 family doctors – and one nurse -- across 7 different clinics mostly in St. John's have signed on, of which 14 are participating in the first project: a multi-centre

[4] This network has since been renamed "South Alberta Primary Care REsearch Network (SAPCReN)

study of the use of the BpTRU device. Director Godwin and Coordinator McCrate are recruiting aggressively across Newfoundland and reaching out to Goose Bay in Labrador. Planned projects include a randomized trial focusing on quality of life and symptomatology among an elderly population using a nurse as part of a primary care team; validation of a Simple Lifestyle Indicator Questionnaire; a project to audit fasting glucose levels in patients with diabetes and the use of natural health products in children.

2) **Name: Maritime Family Practice Research Network (MaRNet-FP)**
Location: Department of Family Medicine, Dalhousie University
Co-Directors: Wayne Putnam, MD and Baukje (Bo) Miedema, PhD
Website: http://family.medicine.dal.ca/Research/mprcn.html
Contact: wayne.putnam@dal.ca or 902.473.4740 and bo.miedema@rvh.nb.ca or 506.542.5714

MaRNet-FP is a PBRN focused on family doctors who teach residents or undergraduates associated with Dalhousie University. The network aspires to reach out to the wider community of family doctors across Nova Scotia and New Brunswick and to other primary care providers. The network's mission is to build capacity and conduct primary care research in practice-settings and to assist in skills development of family doctors involved in the network. The membership is open to any family physician in Nova Scotia, New Brunswick or Prince Edward Island or any health care professional working with a family physician – and also to specialist physicians. Governance is overseen by the Department of Family Medicine (at Dalhousie) and all important decisions regarding specific research projects are made by the management team for that project. Eventually a Steering Committee comprised of active members will assume responsibility and will report to the Director for as long as ownership of the network rests with the Department. Research focuses on chronic disease management – hypertension in type 2 diabetes, palliative and end-of-life care. Annual meetings of all members will be held and communication will be maintained by newsletter, emails and website updates. MaRNet-FP aspires to harvest research ideas from network members (a bottom up design) as it evolves and grows. Current projects are funded by Nova Scotia Health Research Foundation Community Research Alliance and the Dalhousie Medical Research Foundation.

3) **Name: MOXXI (Medical Office of the 21st Century)**
Location: McGill University @ Montreal
Director: Professor Robyn Tamblyn, PhD
Website: http://www.moxxi.mcgill.ca/moxxihome.html
Contact: 514.934.1934 x 32997 or robyn.tamblyn@mcgill.ca

MOXXI is a practice-based primary care research network that is evolving into a secondary care network. Research focuses on effective management of prescription medications from a human and service delivery standpoint, including;

(a) adoption, use and outcomes of electronic health records and decision-support systems;
(b) secondary use of data to study a wide variety of clinical and population health-related questions;

(c) new methods development for syndromic and post-market drug surveillance; and in future,
(d) real-time feedback from surveillance systems to health professionals through a variety of IT-enabled means for rapid communication.[5]

MOXXI expects to recruit 52 physicians, 60 pharmacists and 35,000 patients. The MOXXI Network has been built through relationships around specific projects but without, initially, the goal of a sustainable network. The current network evolved out of a project supplemented by money from the Quebec Ministry of Health to monitor their drug strategy, and then the City of Montreal funded an expansion to take in all family doctors in that city. The pattern has been slow migration from project to project to network with sustainable infrastructure -- which is built into university budgets -- employing data sharing agreements as components of governance (which is largely at the discretion of the PI). MOXXI acquired Canadian Foundation for Innovation money to build new clinical and administrative infrastructure in collaboration with partnering academic health science centres. The MOXXI network is not a stand-alone research network, but a not-for-profit corporation overseen by a Scientific Committee and is integrated into the Ministry of Health in Quebec.

4) Name: Network for Studies in Primary Care (NSPC)
Location: Queen's University @ Kingston, Centre for Studies in Primary Care
Director: Professor of Family Medicine, Richard V. Birtwhistle, MD, MSc
Website: http://www.queensu.ca/med/cspcweb/queen's_research_links.htm
Contact: Craig Jones PhD, jonesc2@hdh.kari.net or 613.544.3400 x 2409

The Network for Studies in Primary Care (NSPC) is a practice based research network dedicated to research into common conditions that confront family doctors; to publishing the results of this research in peer reviewed journals; to communicating those findings directly to participating network doctors – of which there are 80 across Eastern Ontario between Belleville and Brockville – and to changing physician behaviour toward improving patient outcomes. The Network Coordinator reports to the governing council of the Centre for Studies in Primary Care through the Director and communicates with the membership through a newsletter (The NetMinder). The NSPC also hosts the *Annual Research Conference* (ARC) on the first weekend of November in Kingston to which network doctors are invited to share research ideas and discuss ways to make their practices more research friendly. The NSPC has published 6 articles derived from studies, which studies have been funded by Heart and Stroke and Physicians Services Incorporated Foundation. One of these – a clinical trial on hypertension – was published in the *BMJ* and won the best research award from the College of Family Physicians of Canada for 2004. Under the co-direction of Department of Family Medicine Head Walter Rosser and Centre Director Birtwhistle, the Network is spearheading the development of a Canada-wide PBRN – or network of networks – to conduct research requiring large denominators and/or using longitudinal methodologies.

5) Name: North Toronto Primary Care Research Network (NorTren)
Location: North Toronto, Ontario (a collaboration between hospitals and the University of Toronto)

[5]Email communication with Dr. Tamblyn.

Director: Dr. Michelle Greiver
Website: http://dfcm.utoronto.ca/research/nortren/index.htm
Contact: Dr. Michelle Greiver, 416.222.3011 or mgreiver@rogers.com

NorTren – currently dormant for want of infrastructure support – encouraged family doctors to engage in research; developed a number of multiple-site studies; built research capacity among participating doctors; acted as a resource for education and training and nurtured a culture of multi-disciplinarity in primary care medicine. The governing structure operated by consensus: ideas came from network members – bottom up – and were examined on a case-by-case basis by the members with a range of research expertise. A Steering Group consisting of Physicians-in-Chief of Family and Community Medicine at the participating three hospitals (North York General, Scarborough, Sunnybrook and Women's College Health Sciences Centre) plus the University of Toronto met regularly and collectively managed the network's operating budget.

6) Name: Thames Valley Family Practice Research Unit
Location: Centre for Studies in Family Medicine, University of Western Ontario
Director: Dr. Moira Stewart, PhD
Website: http://www.uwo.ca/fammed/tvpfru/index.html
Contact: Cathy Thorpe, 519.858.5028 or ssccat@uwo.ca

Formed in 1989 by the Centre for Studies in Family Medicine and the London Chapter of the College of Family Physicians of Canada, this grand dame of PBRNs in Canada crosses all categories with its 900 researchers and community physicians in their multiple projects. Additionally, the Family Medicine Education and Research Network (FERN) provides an opportunity for communication between family physicians using an electronic discussion group of ~170 docs who discuss clinical cases, political issues, FHNs, FHGs, *etc.* Governance is largely overseen by the Director in collaboration with the Ministry for Health and Long-Term Care, the Department of Family Medicine and the Liasion Committee that straddles the Centre for Studies in Family Medicine and the community physicians who comprise the network's membership.

DELPHI (Delivering Primary Care Health Information) is a strategy to integrate the electronic medical records of 29 family practices across Western Ontario. When realized, it will enable the compilation of large data sets and permit longitudinal tracking of populations and disease states of interest. The DELPHI project is governed by a coalition of funders (CFI & PHCTF), the Thames Valley Family Practice Research Unit, the Institute for Clinical Evaluative Sciences, co-investigators, a representative from the data-management software company, the Departments of Family Medicine, and of Epidemiology and Biostatistics, the Records and Quality of Care Committee and participating primary care providers who meet annually.

7) Name: Alberta Family Practice Research Network
Location: College of Family Physicians of Canada, Alberta Chapter
Director: Donna Manca, MD, MSc, CCFP
Website: http://www.acfp.ca/ (click on research network)
Contact: Donna Manca dmanca@planet.eon.net or 1.800.361.0607

The Alberta Family Practice Research Network (AFPRN) was founded in 1991 as an initiative of the Alberta Primary Care Research Units (University of Calgary and University

of Alberta) and the Alberta College of Family Physicians (ACFP). At that time the academics insisted that the research network be driven by the community physician, and approached the ACFP for a more formalized working relationship. This network of family physicians in community practice research focuses on improving the care of patients through involvement in research.

The AFPRN is governed by a Steering Committee which reports to the CPFC (Alberta Chapter) Board these working committees no longer exist). The Steering Committee has representation from community physicians, the academic departments (University of Alberta, and the University of Calgary), and the ACFP.

Focused Networks for capacity building for infrastructure and networking

Three provinces – BC, Alberta and Quebec – employ a "pump-priming" model in the form of provincial foundations organized around building research capacity and research transfer through infrastructure grants and career awards toward making their provincial health researchers – and research institutions – more competitive in the CIHR and CHSRF competitions. These networks are not – that is not *yet* – practice-based research networks; but they may soon be. At this stage they are still putting together the requirements of successful networking through infrastructure building, through facilitating the building of linkages between interested researchers with shared research agendas, creating websites and striking boards of directors, governors, steering committees, *etc.*, making these networks prime territory for the cultivation of a Canada-wide network of networks.

1) **Name: Michael Smith Foundation for Health Research (MSFHR)**
Location: Suite 200, 1285 West Broadway, Vancouver, V6H 3X8
Director: Dr. Angela Todd, Senior Director, Infrastructure
Contact: Susan Dixon, Provincial Networking Coordinator, 604.707.6378
Website: http://msfhr.org

Funded by the government of British Columbia, the MSFHR is a "capacity-building through network infrastructure" initiative. The strategic purpose is to create the conditions for BC's health science and policy researchers to compete on the national and international funding playing fields by creating the conditions for optimal cooperation, harmonization and collaboration through the building of research networks and platforms. The MSFHR is a government-funded arms length "peak association" – a model widely used in post-1945 European industrial development strategies -- that brings together stakeholders in research institutions, universities, provincial health authorities, the private sector and government to invest in research infrastructure the better to capture economies of scale and maximize the impact of public resources. Eight major research networks have been created in four categories: biomedical, clinical, health services and population health; pump priming, or 'industrial strategy' by another name. To date, there are no 'practice-based research networks' operating out of the eight – but that is clearly in the mid-term vision. The short term strategy is focused on connecting the relevant people and creating the conditions for optimal use of existing human resources through building capacity (research and training awards), creating linkages through an award winning web presence and nurturing the research technology and methodology platforms to connect research teams and institutions toward a broad range of research applications.

Governance consists of a Leadership Council which includes the Deputy and Assistant Deputy Ministers of Health plus Health Authority CEOs across the province. The Leadership Council receives advice from the Network Operating Council related to research and capacity building initiatives and funding – the Network Interim Operating Council is comprised of Health Authority and Ministry Designates, academic representatives, providers, Smith Foundation designates, external stakeholders and business or industry representatives. A Network Secretariat facilitates the work of the Operating Council and manages the network's inventories, situation analyses and funding programs. At the bottom of the hierarchy are the Working Groups and Task Forces which are struck as required by the Operating Council and which may be *ad hoc* in nature or become standing committees.

The governance structure – which incorporates principles and guidelines for capacity building exercises, all on the MSFHR website in downloadable form -- is a work in progress; it is being tweaked to be more responsive to needs as they arise. An evaluation of the Michael Smith Foundation Strategy will be available later in May 2006.

2) Name: Primus Research Group
Location: University of Sherbrooke
Director: Alain Vanasse MD, PhD
Contact: Mireille Courteau, 819.346.1110 x 13898
Website: www.callisto.si.usherb.ca/~primus/en/index_en.html

The Primus Research Group is an interdisciplinary health geomatics[6] (health, mathmatics, geomatics and computer science) node of the larger GEOIDE Geomatic Researcher Network with a focus on knowledge exchange in chronic disease. Projects aim to identify potential variables that explain geographic and social demographic disparities in health and in the management of chronic diseases, including myocardial infarction, osteoporosis and diabetes. The Primus group is part of the Quebec government's Centres of Excellence Strategy and governed by an executive board of directors. Institutional partners include the World Health Organization and the Pan American Health Organization, the Univerisities of Montreal, Laval and McGill, as well as Simon Fraser in Vancouver. Private partners include Merck Frosst Canada.

3) Name: Fonds de la recherché en sante Quebec (FRSQ)
Location: Government of Quebec
Director: Pascale Valois, MSc (Project Manager)
Contact: pvalois@frsq@gouv.qc.ca or 514.873.2114

The FRSQ is a network and infrastructure building program designed to connect researchers in different parts of the province and pool their expertise toward the development of new knowledge, the transfer of evidence based knowledge, and the evaluation of programs. Like the Michael Smith Foundation – which copied the FRSQ model – the strategic purpose is capacity building through infrastructure provision and networking toward interdisciplinary synergy of the four areas of health research (basic clinical, epidemiological, evaluative and social determinants). The FRSQ is organized

[6]Geomatics is the spatial and temporal study of health and disease which permits the analysis of tendencies, correlations, and inter-relations between physical, political, social and health environments thereby deepening the insight of epidemiology.

into Centres (research hospitals), Groups (those working outside of a FRSQ-funded research centre) and Networks which cultivate connections between Centres and Groups and reach outside Quebec to organizations with harmonious research objectives.

4) Name: Research Transfer Network of Alberta
Location: Heritage Foundation for Medical Research, Edmonton, Alberta
E-Mail: rtna@ahfmr.ab.ca
Contact: Donna Angus, (780) 423-5727
Website: http://www.ahfmr.ab.ca/rtna/about.php

Alberta's Heritage Foundation for Medical Research AHFMR created in 1980 sees their purpose as "enhancing the skills and knowledge of professionals within the health system to do research transfer."[7] The focus of the Research Transfer Network of Alberta (RTNA) is on information exchange, rather than the cultivation of research activities or the fostering of research capacity itself. The RTNA models itself on a "two mountains" metaphor in which research produced on one mountain is made accessible to practitioners, decision and policy makers on the other. The RTNA is the connecting bridge. The bridging function – which cultivates evidence-based decision-making – is performed by triad of working groups (Water Cooler Sessions, Communications Working Group, and Dissemination Working Groups). Membership is open to anyone interested in health care delivery but decision makers and researchers are cultivated.

Although the website makes mention of a provincial research unit, there is actually no practice-based research component attached to the RTNA. The focus is on research transfer and physician capacity building. The parent group – the AHFMR – funds start up costs for laboratories and salaries for students and fellows and partners with CIHR to split salary costs. The AHFMR also has a strong Technology Commercialization program.

5) Name: Aboriginal Capacity and Development Research Environments Network (ACADRE)
Location: University of Alberta
Directors: Malcolm King, malcolm.king@ualberta.ca and Nancy Gibson, nancy.gibson@ualberta.ca
Website: http://www.acadre.ualberta.ca/index.html
Contact: Fay Fletcher, fay.fletcher@ualberta.ca or 780.974.2070

This Canada-wide network of 7 centres between Halifax and Vancouver is focused on community-oriented research of aboriginal health issues. The ACADRE network does no practice-based research as a network – rather projects have focused on access and waiting times, and monitoring outcomes on diabetes, homecare and mobile service to remote locations. Governance is described as "an evolving structure based on principles of developing a university-community partnership where each community is respected and able to contribute." There is an executive board consisting of 5 of the 10 Co-PIs four working groups: ethics, research, training and communication. The Network's primary focus is "community capacity building whether through promoting health professions to high school students, providing financial support for undergraduate Aboriginal students,

[7] http://www.ahfmr.ab.ca

or helping to facilitate a community generated research initiative."[8] The network is comprised of seven advisory groups which provide direction to the network. Current projects include: Improving Access to Health Care Services for Aboriginal Peoples; How People Live with the Land: Cultural and Environmental Integrity in the Déline Dene Landscape; Women's Vision of Midwifery-led Maternity Services for Fort Smith; Network North: Communicating Research Capacity through Technology; and, Traditional Knowledge and Ethics. The website has not been recently updated. A journal -- *PIMATISIWIN: A Journal of Aboriginal and Indigenous Community Health* – is published through the University of Alberta.

[8]From the most recent online interim report of July 2002.

Other Initiatives:

There are individual project-based networks in various places which are organized around new emerging team grants funded by the CIHR. These may employ PBRN models – and may, with time, turn into enduring networks of practice based research.

1) **Name: IMPACT: Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics**
Location: McMaster University, Centre for Evaluation of Medicine
Principal Investigator: Lisa Dolovich,
Website: www.impactteam.info
Contact: Lisa Dolovich, 905.522.1155 x 3968 or ldolovich@mcmaster.ca
or Kevin Pottie, 613.562.5800 x 2504 or kpottie@uottawa.ca

   Funded by the Primary Health Care Transition Fund – and with the collaboration of the Universities of Toronto, McMaster and Ottawa – IMPACT is a multi-site demonstration project to test the integration of 7 pharmacists with 70 physicians to improve patient outcomes around blood pressure, cholesterol, diabetes, pain control, constipation, *etc.* The overall objective is to evaluate the process of integration of pharmacy with family health teams toward the design of a model which facilitates collaborative working relationships and knowledge transfer and reduces drug-related problems in primary care. The IMPACT project is a collaboration between McMaster's Centre for the Evaluation of Medicine, the Canadian College of Clinical Pharmacy and the Canadian Association for Population Therapeutics. While not yet a practice-based research network, it is clearly on the track to that objective.

   Associated with IMPACT is the TIPPS Network (Team for Individualizing Pharmacotherapy in Primary Care for Seniors). TIPPS's recent work has focused on issues related adherence to osteoporosis medications toward a better understanding of factors that influence medication adherence in older adults. Other projects are focused on hypertension. TIPPS is not a PBRN, but a project driven initiative funded by CIHR new emerging team grant money and by the Drummond Foundation. Governance is by an advisory committee, which advises the Principal Investigator.

Conclusions:

We have identified operative Primary Care Research Networks in almost every province in Canada. There is an opportunity, with appropriate infrastructure funding, for these networks to work together to provide a unique access to primary care practitioners in Canada and to answer important questions about the provision of primary care to Canadians. There are a number of challenges to be addressed in developing a national network including governance, leadership, working relationships and buy-in for the vision to become a reality. This process has begun in a recent two-day workshop (see: Appendix 1) sponsored by the Canadian Institutes for Health Research Institute for Health Policy and Research held in Kingston at the end of March.

From this workshop has come a national steering committee that will lead the development of the national network. This group looks forward to working with those funding agencies interested in:

(a) sharing of and collaboration on research that informs practice and improves outcomes (for patients) while also improving quality of working life for practitioners; as well as,

(b) enhancing, facilitating the sharing and exchange of ideas, information, practice tools, *etc.;*

(c) developing and assessing models of chronic care prevention and management in primary care; and,

(d) developing and assessing models for the provision of primary care.

The current report has identified existing networks but discussions with informants suggests that there are many more academic institutions and others interested in developing local practice based research networks and who are interested in participating in a national effort. With the proper support, we suspect that – in five years – an environmental scan of practice based research networks in Canada will look very different.

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The following documents, though not directly quoted from, informed the preparation of this environmental scan:

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