

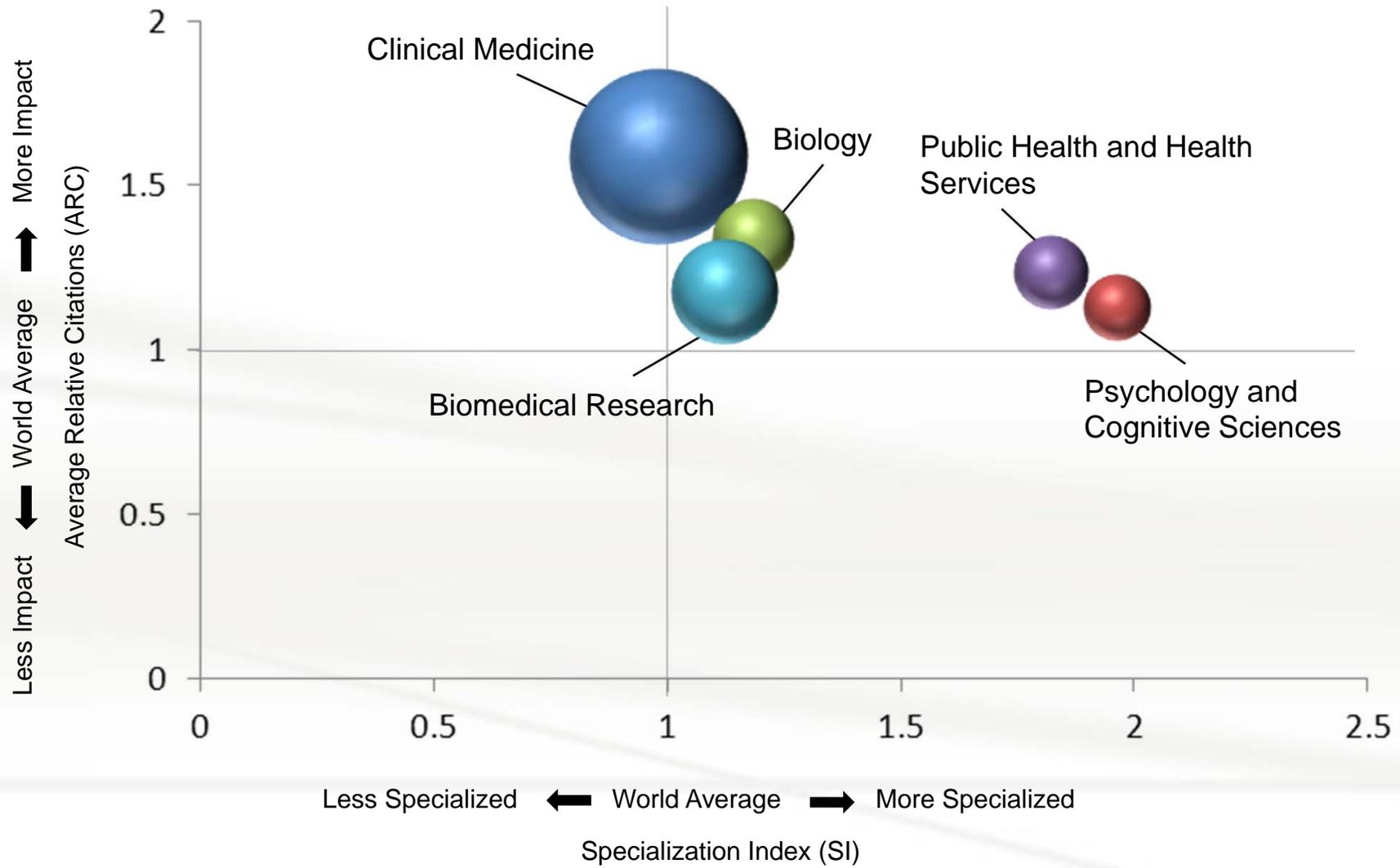


The Canadian Institutes of Health Research as Driver for Patient-Oriented Research

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Canadian Institutes of Health Research**

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Canada excels in all health research sectors



It is particularly competitive in clinical subfields

Health subfields in which Canada ranks best in the world

Sub-field	Field	Impact	Rank
General & Internal Medicine	Clinical Medicine	3.93	1
Anatomy & Morphology	Biomedical Research	2.38	1
Dermatology & Venereal Diseases	Clinical Medicine	2.24	1
Gastroenterology & Hepatology	Clinical Medicine	2.09	2
Anesthesiology	Clinical Medicine	1.87	2
Orthopedics	Clinical Medicine	1.49	2
Medical Informatics	Information & Communication Technologies	1.33	2
Urology & Nephrology	Clinical Medicine	1.67	3
Surgery	Clinical Medicine	1.49	3
Speech-Language Pathology & Audiology	Public Health & Health Services	1.39	3

Source: Council of Canadian Academies, September 2012

The Canadian health system does not perform as well

Despite the excellence of the Canadian health research, Canada faces a challenge in turning this powerful information into high-quality and cost-effective care

							
	Netherlands	United-Kingdom	Australia	Germany	New-Zealand	Canada	United States
Overall Ranking (2010)	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Quality Care	2	3	4	5	1	7	6
Access	1	2	6.5	3	4	5	6.5
Efficiency	3	1	2	5	4	6	7
Equity	1	2	4	3	6	5	7

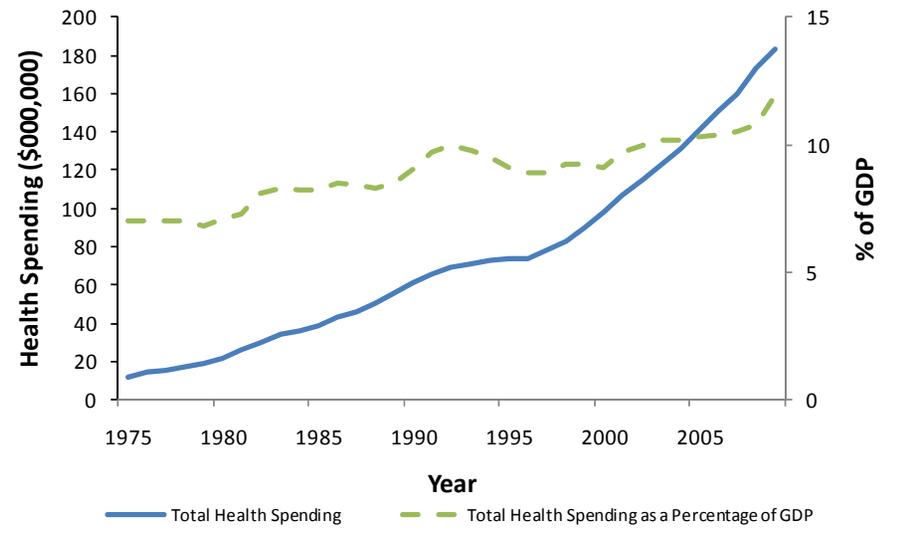


Health care spending is burgeoning without a concurrent increase in quality of care

Canada's health care spending:

- Reached an estimated \$183.1 billion in 2009¹, which represents an estimated 11.9% of Canada's gross domestic product (GDP) in 2009, a jump from 10.8% of GDP in 2008;
- Is expected to grow at a rate faster than Canada's economy, outpacing inflation and population growth;
- Typically consumes 40% of provincial budgets and will account for half of all spending within the next few years².

Total health care spending in Canada, 1975-2010



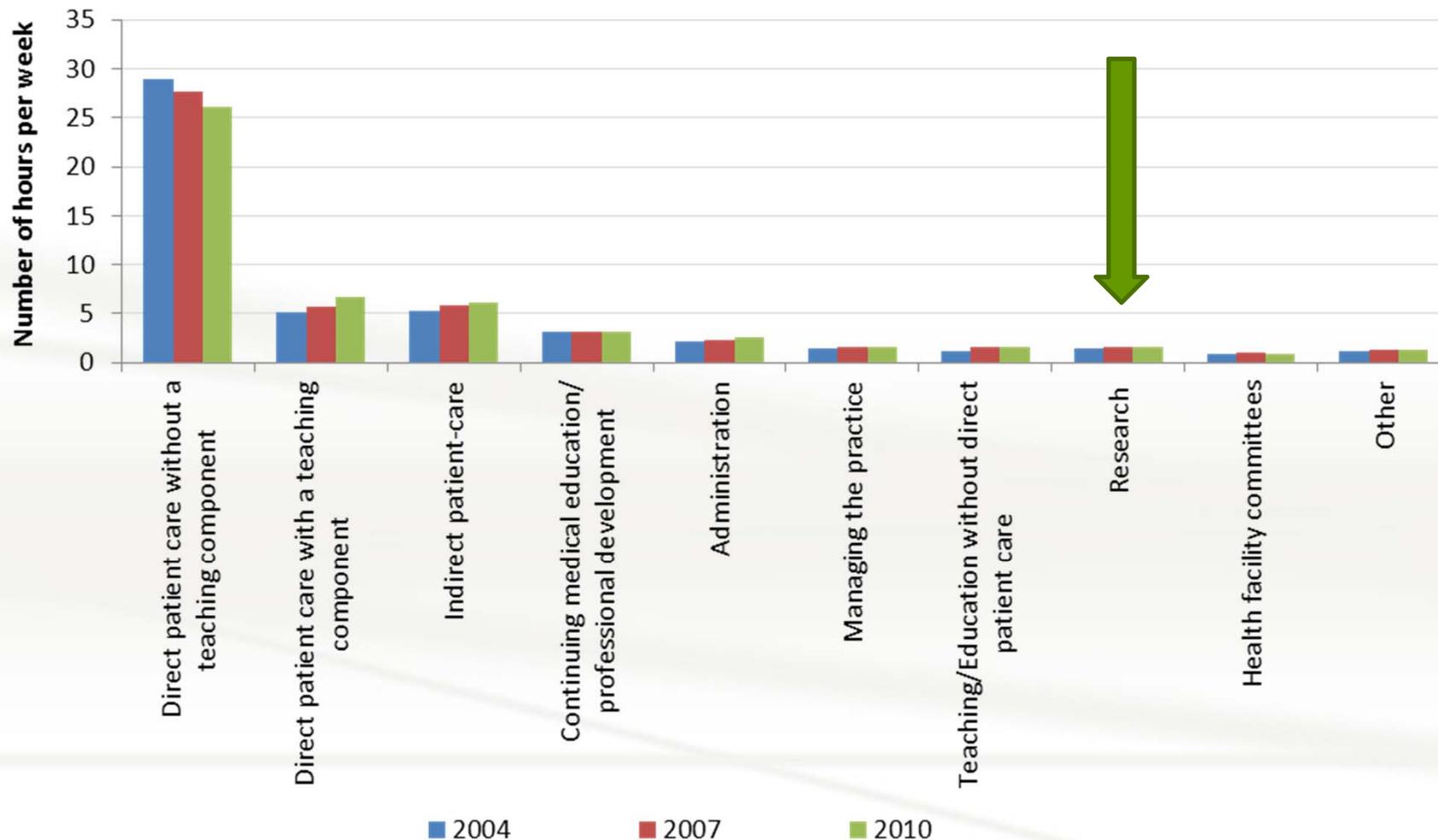
Health care spending is spiraling out of control and we have little information on how to curb costs while offering high quality care

1. Canadian Institute for Health Information (CIHI) (www.cihi.ca).
 2. The Globe and Mail. (2010) A health-care challenge to Canada.

- As many as **50%** of patients do not get treatments of proven effectiveness and up to **25%** get care that is not needed or potentially harmful
- Research and innovation are too often **disconnected from patients** and decision makers' needs
- We are virtually unable to quantify how current health research spending affects or improves patient outcomes
- There are still insufficient systematic analytical approaches to identify and synthesize **existing best evidence** and translate these findings into clinical practice
- We need greater capacity to **generate new evidence**, if required, to ultimately support decision-makers

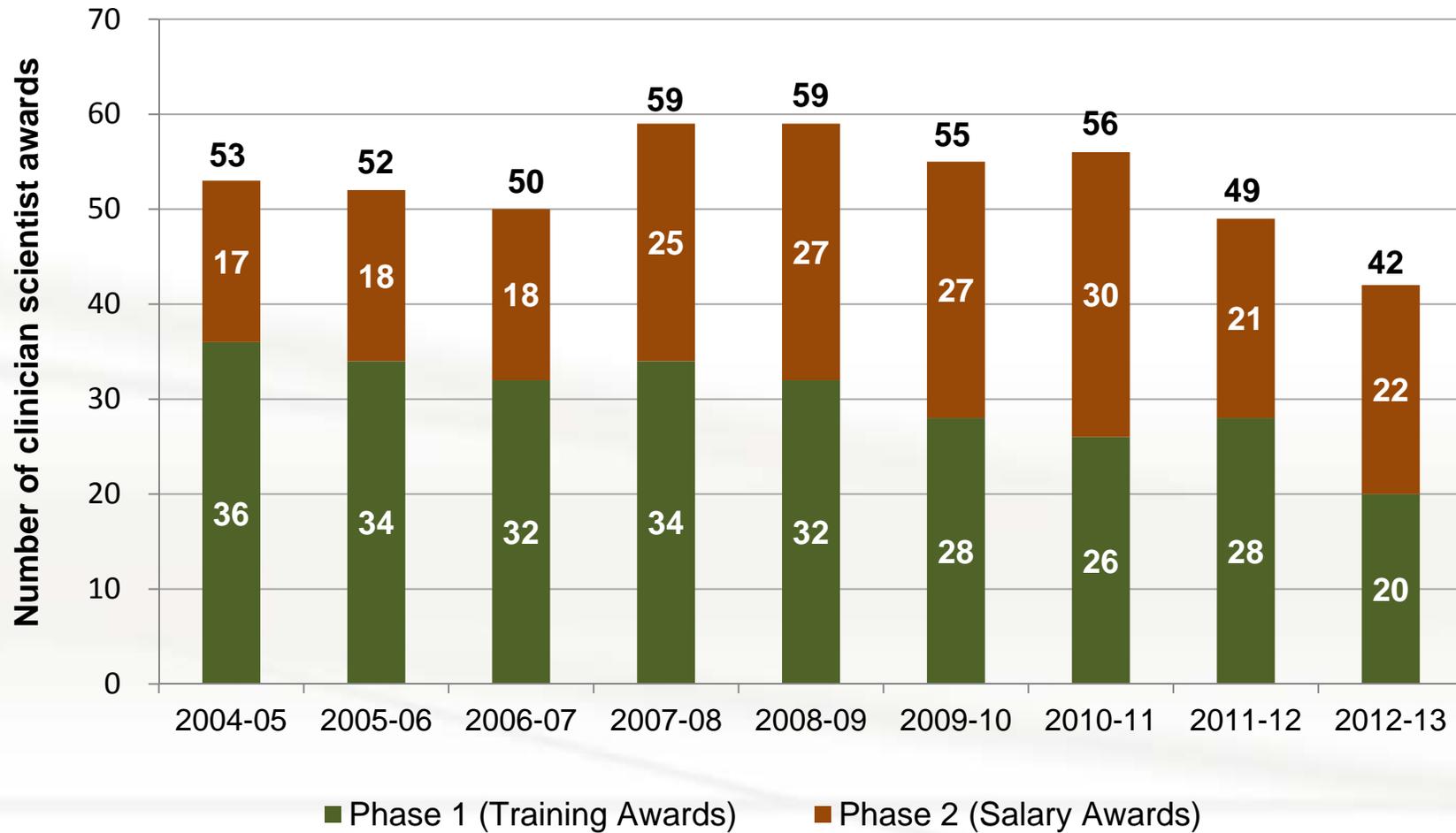
On average, physicians spend 1.7 hours a week on research activities

Average weekly work hours - excluding on-call activities

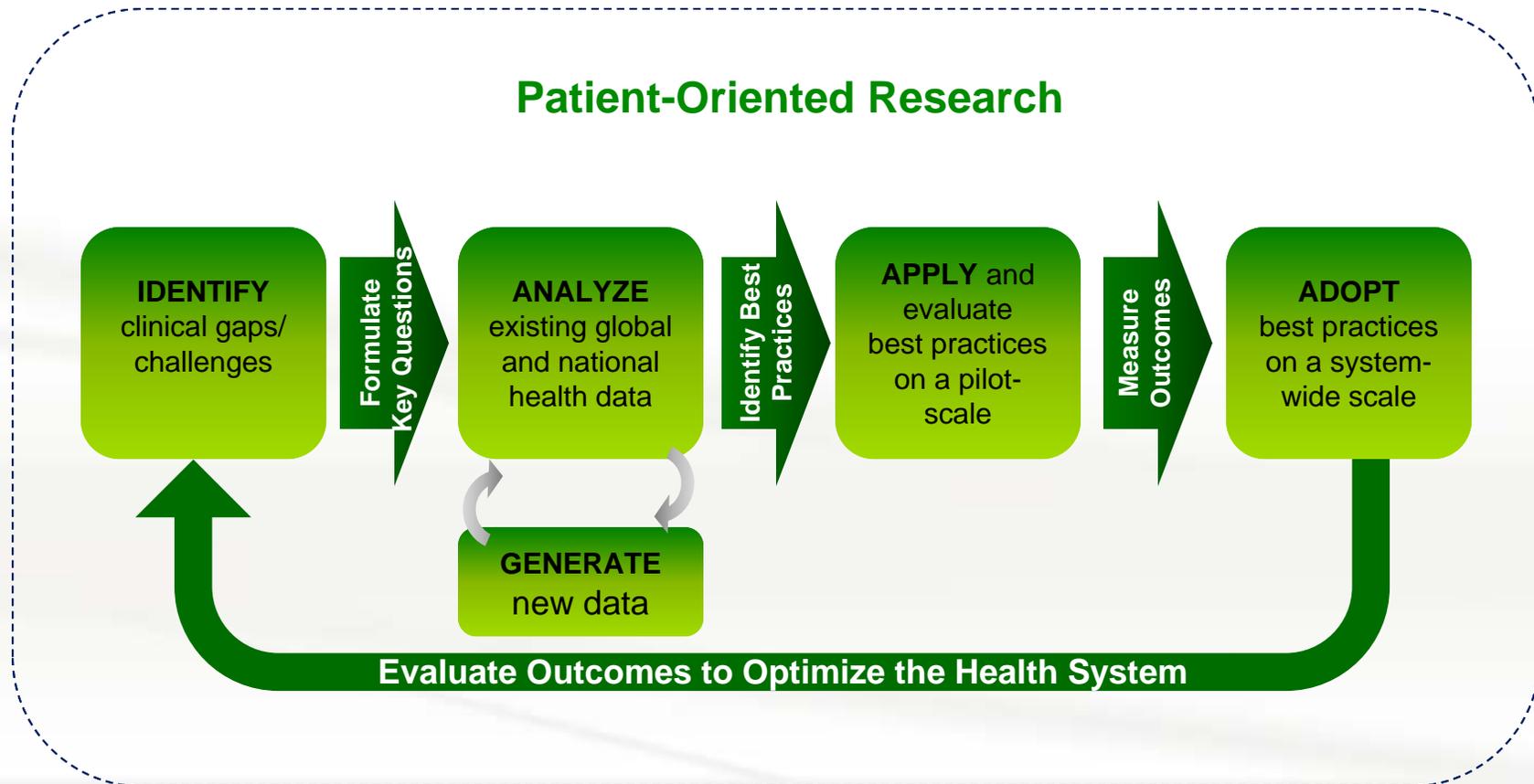


Source: 2010 National Physician Survey: National Results (Survey updated 2013)

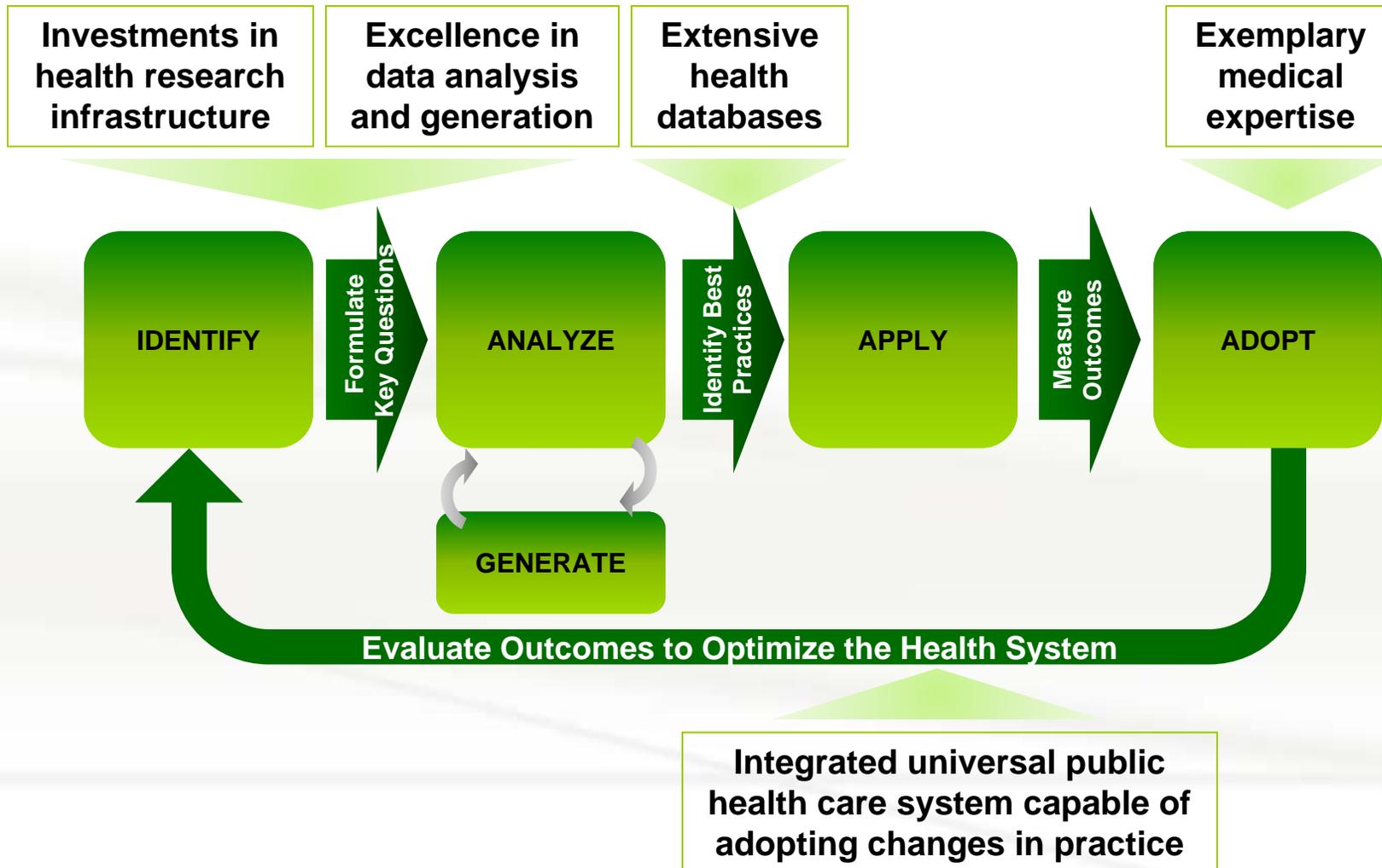
The number of CIHR Clinician Scientist Awards has been steadily declining



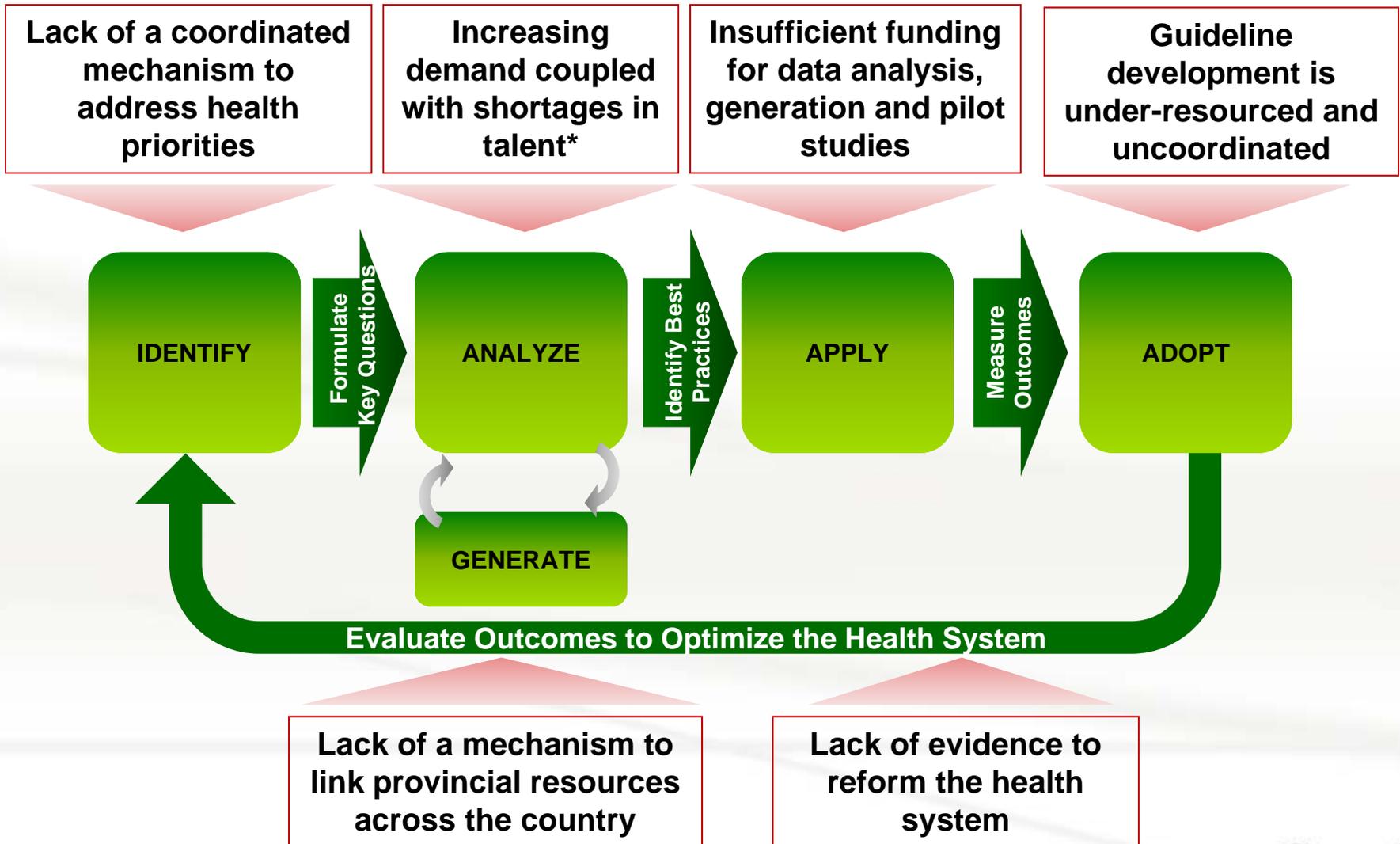
The structure and process required to obtain and integrate relevant evidence into clinical practice



Canada has many **STRENGTHS** to realize this objective...



...BUT, we are unable to realize previous investments due to current GAPS



- The goal is to develop a national mechanism that coordinates talent and expertise across the country, and to ask critical questions most relevant to Canadians, conduct pilot-scale studies and monitor and evaluate the impact.
- In order to achieve this goal, CIHR has developed with its partners a **National Strategy for Patient-Oriented Research (SPOR)**.
- The vision for SPOR is to “Improve health outcomes and enhance patients’ health care experience through integration of evidence (research output) at all levels in the health care system.”
- The objective of SPOR is to **better integrate research and care**, and develop a culture of evaluation, dissemination and uptake of health innovations, in partnership with federal, provincial and territorial stakeholders.

Strategy for Patient-Oriented Research: Objectives

- Supporting and promoting **comparative effectiveness research to evaluate** the benefits and harms of current therapeutics and practices;
- Developing **implementation science** to investigate and address major bottlenecks (e.g. social, behavioral, economic, management) that impede effective practice change;
- Strengthening **clinical research** to increase our capacity to evaluate health innovations (preventative, diagnostic, therapeutic; drugs, practices, devices);
- Fostering **evidence-informed health care** by bringing innovative diagnostic and therapeutic approaches to the point-of-care so as to ensure greater quality, accountability and accessibility of care;
- Involving decision-makers, clinicians and **patients** throughout the research process to ensure translation of health innovations into practice.

Shifting from a researcher-driven to a health **provider/patient centered** research agenda.

Strategy for Patient-Oriented Research: Core elements



Support for People and Patient-Oriented Research and Trials (SUPPORT) Units



SPOR Networks



Training and capacity development



Improving the clinical trials environment

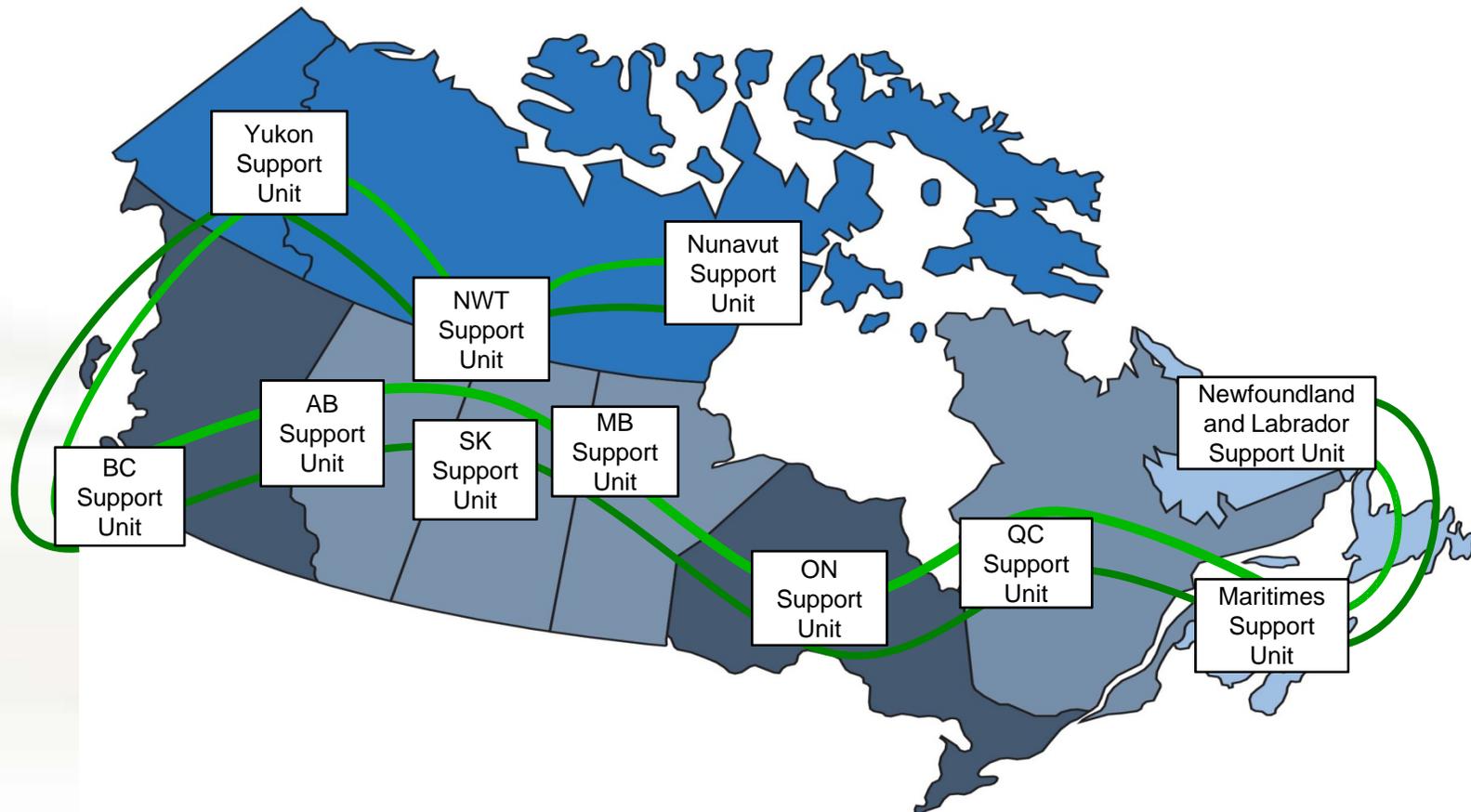


Patient engagement

Research Networks are underpinned by local SUPPORT units that provide the resources and personnel to enhance evidence generation and integration.



Develop a culture of collaboration: SPOR Networks



SPOR Networks represent national collaborations of decision-makers, health professionals, health researchers, patients and other stakeholders to **generate research evidence and innovations** designed to improve patient health and health care systems

Develop the talent pool for Patient-Oriented Research

- Train **more health professionals** in health-oriented research
- Mentor, develop and support **careers** of clinician-researchers
- Train **more non-clinicians** with advanced degrees in core research methodology
- **Re-engineer career training and salary awards** to build capacity in patient-oriented research for individuals aligned with patient-oriented research units

Improve clinical trials environment

The **Canadian Clinical Trials Coordinating Centre (CCTCC)** is being developed by CIHR, Rx&D and ACAHO to:

- Measure, monitor and market clinical trial performance improvements
- Leverage existing work on accreditation, harmonization and streamlining ethics reviews and common contracts
- Develop a 'database of registries' and consider a national patient recruitment strategy
- Adopt common Standard Operating Procedures (SOPs), training and certification
- Optimize intellectual property protection policy and SR&ED Tax Credits
- Attract international investments in clinical trials through the management of a concierge (storefront) service for investors

Bridging “valleys of death” between research and outcomes

