

Rapid Synthesis

Creating Rapid-learning Health Systems
in Canada

Appendix B13: Northwest Territories

10 December 2018



EVIDENCE >> INSIGHT >> ACTION

**Rapid Synthesis:
Creating Rapid-learning Health Systems in Canada
Appendix B13: Northwest Territories
90-day response**

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Table 1: Assets and gaps at the level of the Northwest Territories’ health system

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences</p>	<ol style="list-style-type: none"> 1) Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) 2) Engage patients, families and citizens in: <ol style="list-style-type: none"> a) their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) b) their own care (e.g., shared decision-making; use of patient decision aids) c) the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) d) the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) e) policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) f) research (e.g., engaging patients as research partners; eliciting patients’ input on research priorities) 3) Build patient/citizen capacity to engage in all of the above 	<ul style="list-style-type: none"> • <u>Department of Health and Social Services</u>: 1) regularly conducts the Patient Experience Questionnaire to inform health-system improvement efforts; 2) provides citizens with access to their own health information through an online application system; 3) provides information to citizens and patients about managing their own health (e.g., information about preventing sexually-transmitted infections) as well as about the range of health and social services available to them (e.g., applying for extended benefits for eligible conditions), which can be browsed by topic area • <u>Health and Social Services System Navigator</u> established to support patients with information about how to provide feedback, file complaints about the system with complaints officers and registrars • <u>Patient representatives</u> established at the level of each Health and Social Services Authority to respond to and resolve patient complaints • <u>Department of Health and Social Services Public Consultations and Engagement initiatives</u> engage citizens to inform policy decision-making on priority topics (e.g., regulating naturopathic practitioners, developing a mental health framework for the territory) • <u>Regional Wellness Councils</u> established to engage communities in setting priorities for regional program development and tailoring, with chairs from each council serving on regional boards to help guide decision-making • Indigenous Advisory Body established by the ministry which collaborates to provide advice on behalf of Indigenous governments (staff-to-staff means without having to go through intergovernmental arrangements) about improving its responsiveness to Indigenous health issues • Mental Health Quality Assurance Committee established within the <u>mental health and addictions strategic plan</u> to engage patients in the oversight and planning of services 	<ul style="list-style-type: none"> • <u>Northwest Territories SPOR SUPPORT Unit</u> (Hotii ts’eeda) supports patient and community engagement and ensures Inuvialuit and Metis knowledge is integrated into all aspects of the research process, as well as build capacity for such engagement • <u>Aurora Research Institute</u> ensures patients and citizens are engaged in research, and will not issue licences/ethics approval to researchers unless they have engaged with communities and have a plan for communicating the findings • Gaps may include the fact that many patient-engagement initiatives in the health research space are still undergoing developments as a result of shifting dynamics between Indigenous communities, researchers and governments

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
		<ul style="list-style-type: none"> • Choosing Wisely Northwest Territories actively seeks to engage patients as advisors • Registered Nurses Association of the Northwest Territories and Nunavut has a mandate to include patient/public representatives on their board of directors and public representation on the Registered Nurses Association • Gaps may include less programmatic attention to engaging patients in decision-making about their own health, particularly living well with their conditions (with most emphasis placed on providing information about conditions), in their own care, in organizational and policy decision-making <ul style="list-style-type: none"> ○ These areas are also under-developed in the context of engaging Indigenous communities, which require nuanced approaches that are not yet fully formed 	
<p>Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and longitudinally) and provider engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)</p>	<ol style="list-style-type: none"> 1) Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) 2) Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs 3) Capacity to capture longitudinal data across time and settings 4) Capacity to link data about health, healthcare, social care, and the social determinants of health 5) Capacity to analyze data (e.g., staff and resources) 6) Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement) 	<ul style="list-style-type: none"> • NWT HealthNet supports an interoperable electronic health record that enables capture, linkage and sharing of patient and clinical data, and now covers 90% of the population • Patient Experience Questionnaire occasionally administered by the Department of Health and Social Services to capture patient-experience data with aggregate results publicly disseminated • Health Information Act introduced in 2015 to ensure privacy and security of patient information collected by providers and organizations (although in some cases may act as a barrier to timely data sharing) • NWT Health and Social Services Performance Measurement Framework requires that the Department of Health and Social Services regularly collects and reports on key health-system performance outcomes (which is disseminated through an annual report), and also increasingly develops and disseminates infographics on a resources page to share data about the health of the population in Northwest Territories with the public, healthcare providers and system decision-makers • Some hospitals (like Stanton Territorial as part of its renewal project) are in the planning phases of establishing a Territorial Clinical (hospital) Information System (CIS) to support healthcare professionals with access to patient health record 	<ul style="list-style-type: none"> • Aurora Research Institute provides infrastructure and training to support data collection and management, through: <ul style="list-style-type: none"> ○ three research centres that provide researchers with facilities and a number of logistical supports ○ the Research Support Fund that promotes the development of capacity for conducting research in the territory • The Institute for Circumpolar Health Research collaborates with a number of agencies to build data collection and management capacity in the region, including the Canadian High Arctic Research Station, Statistics Canada, SPOR support unit, Department of Health and Social Services, the regional health authorities, Canadian Primary Care Sentinel Surveillance Network and Queen's University • Gaps may include less progress in prioritizing data capture, linkage and sharing that supports health- and social-systems research

Characteristic	Examples	Health-system receptors and supports	Research-system supports
		<p>information in hospital setting, and to facilitate a better infrastructure for administrative data collection (e.g., for billing and quality indicators) and for disease surveillance and reporting</p> <ul style="list-style-type: none"> • Connections to national assets (e.g., Canadian Institute for Health Information, Canadian Partnership Against Cancer, Public Health Agency of Canada), and some other jurisdictions (such as Alberta) available to provide additional support for capturing, analyzing, linking and sharing data relevant to priority health issues • Gaps may include less progress in establishing capacity for collecting longitudinal data about the full range of health, healthcare, social care and social determinants that matter for decision-making (particularly data that reflects the realities of Indigenous communities), linking, analyzing and sharing these data across the system 	
<p>Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations</p>	<ol style="list-style-type: none"> 1) Distributed capacity to produce and share research (including evaluations) in a timely way 2) Distributed research ethics infrastructure that can support rapid-cycle evaluations 3) Capacity to synthesize research evidence in a timely way 4) One-stop shops for local evaluations and pre-appraised syntheses 5) Capacity to access, adapt and apply research evidence 6) Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers 	<ul style="list-style-type: none"> • Government of Northwest Territories Health and Social Services Research Agenda launched in order to identify and address known knowledge gaps and promote health and social services research priorities • Health and Social Services Performance Measurement Framework creates an imperative for the Department of Health and Social Services to continuously evaluate and report on system-level performance and progress towards stated objectives • Research coordination unit in the Department of Health and Social Services helps to facilitate research production in the territory by providing access to health data and information, and through direct support to researchers (letters, in-kind, knowledge-translation partnerships and access to data) • Aurora College Research Ethics Committee provides ethics oversight for all health and social services research conducted in the territory, with the Aurora Research Institute providing licences required by the government to consider requests for information and data • Connections to national assets (e.g., Canadian Agency for Drugs and Technologies in Health) provide opportunities to leverage capacity for synthesizing evidence when needed 	<ul style="list-style-type: none"> • Northwest Territories SPOR SUPPORT Unit (Hotii ts'eeda) has established a one-stop shop to disseminate all locally produced research funded or facilitated by SPOR, or that relate to community priorities, and has a mandate to provide financial support for capacity building and training for patient-oriented research in the territory • Eletsehdee Gathering facilitates the translation of local knowledge and research evidence that emerges from the SPOR initiative and about insights that relate to health research in the Northwest Territories more generally • Northwest Territories Indigenous Governments increasingly playing more prominent role in setting research priorities and commissioning research to address local needs • Aurora Research Institute and Aurora College Research Ethics Committee have a well-established ethics and licensing infrastructure (which they will not issue unless project proposals are explicitly engaging communities, and have a plan to disseminate results to them) <ul style="list-style-type: none"> ○ Medical Registry Committee established to review and approve Medical Research

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
		<ul style="list-style-type: none"> Gaps may include less progress in establishing capacity to synthesize research evidence in a timely way (although Institute for Circumpolar Health Research indicates research synthesis and engaging a full range of health system stakeholders is within their mandate), for conducting rapid-cycle evaluations (although some program evaluations can be conducted without a licence), and for providing timely access to a one-stop shop of local evaluations and pre-appraised syntheses (although there have been conversations about establishing a clearinghouse for local data and evidence) 	<p>Permits for physicians licensed to practise in the Northwest Territories</p> <ul style="list-style-type: none"> Aurora Research Institute Library, resource clearinghouse and regional logistics support established to support researchers with required infrastructure and facilities to conduct research in the territory NWT Research Database established to provide a one-stop shop for all projects licensed in the territory since 1974, including key project outputs when available Institute for Circumpolar Health Research has a mandate, as outlined in their strategic plan, to produce, synthesize and disseminate health research for use in decision-making in Northwest Territories, including creating networks and partnerships for collaboration with universities, Indigenous governments and territorial decision-makers Gaps may include limited attention given to incentivizing and developing capacity for synthesizing research evidence in a timely way, and for establishing capacity for supporting the use of research evidence in decision-making processes
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<p>1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as</p> <ol style="list-style-type: none"> patient-targeted evidence-based resources patient decision aids patient goal-setting supports clinical practice guidelines clinical decision support systems (including those embedded in electronic health records) quality standards care pathways health technology assessments descriptions of how the health system works 	<ul style="list-style-type: none"> Health and Social Services System Navigator established to help patients with questions or concerns, and provide guidance to support access to services provided by the Northwest Territories health and social services system (e.g., providing information about the system, connecting patients with service providers and helping patients find commonly used forms) Electronic Medical Record aims to support a stable and consistent platform for sharing practice standards to inform clinical care System Transformation Implementation project (and the move towards an integrated Northwest Territories Health and Social Services Authority), has emphasized the collaborative and integrated development of clinical practice standards – which is also reflected in each annual report Legislative Assembly maintains a public clearinghouse of policy documents (including those relevant to the 	<ul style="list-style-type: none"> Aurora Research Institute research clearinghouse provides access to local research outputs for potential knowledge users Gaps may include limited progress in same areas identified in adjacent column

Characteristic	Examples	Health-system receptors and supports	Research-system supports
		<p>Department of Health and Social Services) to aid those involved in the monitoring and oversight of system progress towards achieving stated objectives</p> <ul style="list-style-type: none"> • Gaps may include limited progress in establishing patient-targeted decision supports for self-management and clinical encounters, and the establishment of a centre of gravity for the production and/or dissemination of decision supports for health-system policymakers and stakeholders (e.g., clinical practice guidelines, quality standards, care pathways, health technology assessments and health-system descriptions) 	
<p>Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the systems are organized and aligned to support rapid learning and improvement at all levels</p>	<ol style="list-style-type: none"> 1) Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid-learning and improvement priorities 9) Mechanisms to identify and share the ‘reproducible building blocks’ of a rapid-learning health system 	<ul style="list-style-type: none"> • Hospital Insurance and Health and Social Services Act (HIHSSA) restructured health and social services to a ‘One-System Approach’ in which six regional Health and Social Services Authorities were consolidated into the Northwest Territories Health and Social Services Authority (NTHSSA) and along with Hay River HSS Authority and Tłı̄chǫ Community Services Agency now function under a single governance model, which has led to a streamlining of the accreditation process across communities and regions, and increased sharing of expertise and resources (eventually this may lead to increased data sharing across multiple service-delivery partners to enhance services to clients, improve client outcomes and monitor system outcomes) • NWT Health and Social Services Performance Measurement Framework established to ensure accountability of government for achieving stated health-system goals • Northwest Territories Indigenous Governments specifically, and increasing move towards Indigenous self-governance more generally. may enhance support for localized decision-making in ways that reflect Indigenous values and ways of knowing, and can help to inform the development of rapid learning and improvement • Majority of health workers, including physicians, remunerated by salary which provides opportunities for them to be engaged in system initiatives, research and other strategic system-strengthening efforts (including rapid learning) 	<ul style="list-style-type: none"> • Gaps may include limited progress in same areas identified in adjacent column

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability</p>	<p>1) Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from ‘failure’</p>	<ul style="list-style-type: none"> • Gaps may include limited emphasis on leveraging existing governance, financial and delivery arrangements to support efforts conducive to a rapid-learning health system • The NTHSSA has established clinical leads in a number of priority domains (e.g., mental health and addictions, primary care) who are working as champions for continuous quality improvement and collaboration through clinical networks • Department of Health and Social Services has established the Division of Planning, Reporting and Evaluation, which shows dedication and allocated resources for conducting research, doing evaluation and reporting to inform decision-making • Gaps may include limited progress in sustained and targeted efforts to evaluate innovations to support rapid learning and drive system improvement 	<ul style="list-style-type: none"> • Building a Path for Northern Science was established by the government as the territory’s research agenda, and signals its commitment to using evidence in policymaking through the identification of priority areas which will guide funding for future research and science integration, pointing researchers to those areas that will yield information relevant and valuable to residents and decision-makers • Gaps may include limited commitment by government to establish mechanisms that ensure researchers and decision-makers at all levels are aligned in their efforts to support the use of data and research evidence for rapid learning and improvement
<p>Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely</p>	<ol style="list-style-type: none"> 1) Public reporting on rapid learning and improvement 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives) 	<ul style="list-style-type: none"> • Some evaluations of priority initiatives (e.g., Building Stronger Families Action Plan) are conducted to assess and report on progress made, which feeds in to cycles of learning and efforts to adjust for sustained health- and social-system improvements • Gaps may include limited attention paid to many competencies that can be established to support rapid learning (e.g., occasional rather than frequent efforts to publicly report on rapid learning and improvement, few distributed competencies for rapid learning and improvement, little in-house capacity or centralized expertise and little infrastructure) which is compounded by high staff turnover which makes it a challenge to establish and sustain capacities if they do exist 	<ul style="list-style-type: none"> • Aurora Research Institute Outreach promotes awareness of and capacity for research through youth programming and community outreach across the territory • Institute for Circumpolar Health Research has a mandate to support research education and training in the Northwest Territories (as well as among other partners involved in research in the north) • Northern Scientific Training Program provides federal funding for students conducting research in the north to support the development of capacity for research – including in the health sciences

Table 2: Assets and gaps in the primary-care sector in the Northwest Territories

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences</p>	<ol style="list-style-type: none"> 1) Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) 2) Engage patients, families and citizens in: <ol style="list-style-type: none"> a) their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) b) their own care (e.g., shared decision-making; use of patient decision aids) c) the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) d) the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) e) policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) f) research (e.g., engaging patients as research partners; eliciting patients' input on research priorities) 3) Build patient/citizen capacity to engage in all of the above 	<ul style="list-style-type: none"> • NWT Chronic Disease Management Strategy has established some support through targeted pilot projects to build capacity among primary-care teams for supporting patient self-management 	<ul style="list-style-type: none"> • None identified
<p>Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services,</p>	<ol style="list-style-type: none"> 1) Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) 2) Capacity to capture patient-reported experiences (for both services and 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>transitions and longitudinally) and provider engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)</p>	<p>transitions), clinical encounters, outcomes and costs</p> <ol style="list-style-type: none"> 3) Capacity to capture longitudinal data across time and settings 4) Capacity to link data about health, healthcare, social care, and the social determinants of health 5) Capacity to analyze data (e.g., staff and resources) 6) Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement) 		
<p>Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations</p>	<ol style="list-style-type: none"> 1) Distributed capacity to produce and share research (including evaluations) in a timely way 2) Distributed research ethics infrastructure that can support rapid-cycle evaluations 3) Capacity to synthesize research evidence in a timely way 4) One-stop shops for local evaluations and pre-appraised syntheses 5) Capacity to access, adapt and apply research evidence 6) Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<ol style="list-style-type: none"> 1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as <ol style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines 	<ul style="list-style-type: none"> • Algorithm for primary-care decision support of early-stage renal-disease detection and management one of very few isolated examples in the sector 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
	e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works...		
Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the systems are organized and aligned to support rapid learning and improvement at all levels	1) Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid-learning and improvement priorities 9) Mechanisms to identify and share the ‘reproducible building blocks’ of a rapid-learning health system	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability	1) Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from ‘failure’	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
Competencies for rapid learning and improvement:	1) Public reporting on rapid learning and improvement	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely</p>	<ul style="list-style-type: none"> 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives) 		

Table 3: Assets and gaps in the area of aging (or for the elderly population or a relevant ‘problem focus,’ such as frailty) in the Northwest Territories

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Engaged patients: Systems are anchored on patient needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences</p>	<ol style="list-style-type: none"> 1) Set and regularly adjust patient-relevant targets for rapid learning and improvement (e.g., improvements to a particular type of patient experience or in a particular health outcome) 2) Engage patients, families and citizens in: <ol style="list-style-type: none"> a) their own health (e.g., goal setting; self-management and living well with conditions; access to personal health information, including test results) b) their own care (e.g., shared decision-making; use of patient decision aids) c) the organizations that deliver care (e.g., patient-experience surveys; co-design of programs and services; membership of quality-improvement committees and advisory councils) d) the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies; quality-improvement bodies; ombudsman; and complaint processes) e) policymaking (e.g., committees making decisions about which services and drugs are covered; government advisory councils that set direction for (parts of) the system; patient storytelling to kick off key meetings; citizen panels to elicit citizen values) f) research (e.g., engaging patients as research partners; eliciting patients’ input on research priorities) 3) Build patient/citizen capacity to engage in all of the above 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and longitudinally) and provider engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)</p>	<ol style="list-style-type: none"> 1) Data infrastructure (e.g., interoperable electronic health records; immunization or condition-specific registries; privacy policies that enable data sharing) 2) Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs 3) Capacity to capture longitudinal data across time and settings 4) Capacity to link data about health, healthcare, social care, and the social determinants of health 5) Capacity to analyze data (e.g., staff and resources) 6) Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement) 	<ul style="list-style-type: none"> • InterRAI tool now being rolled out across the territory to capture data related to older adults in long-term care 	<ul style="list-style-type: none"> • None identified
<p>Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations</p>	<ol style="list-style-type: none"> 1) Distributed capacity to produce and share research (including evaluations) in a timely way 2) Distributed research ethics infrastructure that can support rapid-cycle evaluations 3) Capacity to synthesize research evidence in a timely way 4) One-stop shops for local evaluations and pre-appraised syntheses 5) Capacity to access, adapt and apply research evidence 6) Incentives and requirements for research groups to collaborate with one another, with patients, and with decision-makers 	<ul style="list-style-type: none"> • The Northwest Territories 'Continuing Care Review' and more recent review of long-term care illustrates capacity for producing and sharing evaluations related to aging 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks</p>	<p>1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as</p> <ol style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works... 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
<p>Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the systems are organized and aligned to support rapid learning and improvement at all levels</p>	<ol style="list-style-type: none"> 1) Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients, a methodologist, use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid-learning and improvement priorities 9) Mechanisms to identify and share the ‘reproducible building blocks’ of a rapid-learning health system 	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified

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Characteristic	Examples	Health-system receptors and supports	Research-system supports
<p>Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability</p>	<p>1) Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from ‘failure’</p>	<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • None identified
<p>Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions, and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely</p>	<ol style="list-style-type: none"> 1) Public reporting on rapid learning and improvement 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives) 	<ul style="list-style-type: none"> • The Northwest Territories ‘Continuing Care Review’ and review of long-term care illustrates competencies and emphasis placed on reporting related to rapid learning and improvement in the territory 	<ul style="list-style-type: none"> • None identified



McMaster
HEALTH FORUM

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