

O'Brien Institute for Public Health International Scientific Advisory Group (ISAG)

Site visit report (March 12-13, 2015)

Table of Contents

| | |
|---|----|
| 1.0 Introduction | 3 |
| 2.0 Overview of most notable overall impressions | 3 |
| 3.0 Aligning and Structuring the O'Brien Institute's organization for success | 5 |
| 4.0 Optimizing Scientific Output | 6 |
| 5.0 Optimizing societal impact..... | 7 |
| 6.0 Benchmarking | 8 |
| 7.0 Updated SWOT analysis | 9 |
| 8.0 Summary of strategic recommendations | 10 |
| Appendix 1: ISAG Site Visit Agenda..... | 12 |
| Appendix 2: ISAG Terms of Reference | 14 |
| Appendix 3: Model to help inform OIPH strategic direction | 15 |

1.0 Introduction

This second visit by the O'Brien Institute for Public Health (OIPH) International Scientific Advisory Group (ISAG) was organized to seek expert advice to inform future directions. An agenda for the site visit, which took place March 12-13, is included in Appendix 1. Dr. Tom Feasby, former Dean of the University of Calgary's Cumming School of Medicine, chaired the visit meetings. Members of the ISAG participating in this visit were:

- **John Ayanian**, Professor of Medicine and Director of the Institute of Healthcare Policy and Innovation at the University of Michigan;
- **Fred Paccaud**, Professor of Social and Preventive Medicine and Director of the Institute of Social and Preventive Medicine, University Hospital Center and Faculty of biology and medicine, Lausanne, Switzerland; and
- **Ilse Treurnicht**, CEO of the MaRS Discovery District in Toronto.

This report provides a summary of their observations and input. The ISAG terms of reference are included in Appendix 2.

2.0 Overview of most notable overall impressions

General

We were impressed by the great progress that has been made since the last visit in building the OIPH. The Institute seems to be considerably more developed and cohesive compared to the visit in 2013. The re-development and focusing of the work of the Executive Committee is a good example of this. We got the strong sense that the OIPH is highly respected and valued within the Cumming School of Medicine, the University of Calgary and the province of Alberta. The recognition of the value of the OIPH is highly visible.

The naming donation by the Gail and David O'Brien was a huge step forward for the Institute. This immediately increased the visibility and perceived value of the OIPH and, of course, provided a vital injection of funds to further the development and recruitment work.

Our observations are that people want to get involved, and are excited to be involved, with the Institute. As one scientific advisor noted: *"What you have achieved here from a collaboration perspective, without a pot of gold, is impressive. Getting that kind of magic between people who are excited about being part of building something is key."* The OIPH is building a strong institute.

We were impressed by the high quality of the young researchers we met, and feel that the OIPH Executive Committee is a good platform to embrace their talent, and to help them develop their leadership skills. The researchers presenting to us described feeling well supported by the OIPH, including the core team and administration. They especially lauded the mentorship and internal peer review programs.

We believe that the OIPH has a strong internal compass of where it wants to go, and what it will take to move from good to great. We support the OIPH's recognition that they need to both develop the talent the OIPH already has and recruit new talent. Creation of a talent development strategy is

particularly important, as the OIPH moves toward realizing their strategic vision of increasing their national and global visibility.

With respect to the last report

We went back to the strategic recommendations we made during our 2013 site visit. We are impressed by how seriously the OIPH took our recommendations, and how you have actively used them to inform your development over the past 18 months. The 2013 recommendations, and some high level comments about their status are highlighted in Table 1.

Table 1: Status of recommendations from 2013 ISAG Site Visit

| Strategic recommendation | Comments on status |
|---|---|
| The School of Medicine and the University of Calgary commit more funds to core operating budget | Naming donation is a hugely positive, and something that can be used to attract future donations, but the School of Medicine could do more by supporting the recruitment of a leader in Population Health. |
| A formal partnership agreement be negotiated with AHS with funding contribution... | Have seen a very positive development in the strength of the relationship between AHS and OIPH, although falling short of a formal comprehensive funding agreement. |
| Develop an explicit strategy to enhance societal impact... | Good progress has been made here. For example, a more comprehensive scorecard has been developed and there is a clear commitment to continue enhancing and benchmarking the results of the OIPH. |
| Enhance resources and expertise in knowledge translation... | Having KT identified as a role on the Executive Committee is a positive step forward, as is adding additional communications' expertise to the OIPH core staff. Positioning the IPH as the place to come for evidence to support health policy making, health services delivery, will increase opportunities for integrated KT. |
| Examine closely the potential for amalgamating various sources of community data in additional to health and health system data ... | Current strong data sharing on population health, health promotion and prevention with AHS is positive, as is involvement with a provincial initiative to create an ICES-like data access system. |
| OIPH should take a leadership role in influencing public policy | There are some excellent examples of this (e.g., HPV vaccination in schools, flu vaccination of health care workers, food insecurity, body checking in minor hockey) and additional promising projects |
| Work with leaders of key programs within OIPH (W21C, WHO collaborative, PHIRC) to align their program activities and plans with ISAG strategic recommendations... | There has been a lot of progress made here, but still work to do. Mechanisms have to be further developed to have more fruitful collaborations between the sectors of OIPH. |
| Consider partnerships with similar and complementary organizations beyond Alberta | This is an area that requires ongoing focus. Could consider conducting a survey of organizations as one way of identifying some potential partners. |

3.0 Aligning and Structuring the O'Brien Institute's organization for success

Governance structure

The change in the Executive Committee structure and function has been commendable. It seems that the reorganization of this committee has been helpful in engaging a broader base of people in the leadership of the Institute. This means that the workload seems to be better distributed. We did not get the same sense of leadership being stretched too thinly as we got last time. However, the Director and Associate Director may still be carrying a disproportionate load in internal peer review.

To ensure that national and international partnerships and ambitious collaborations are pursued vigorously, it might be helpful to add a specific position focused on this goal on the Executive Committee.

The Strategic Advisory Board continues to play a strong role in helping to shape the strategic direction for the organization, and to support OIPH's evolution by attracting additional donor funding. It will be important to help the SAB understand the Institute's value proposition and potential impacts as there still seemed to be some uncertainty.

Membership

We are pleased with the OIPH progress in developing opportunities for members to become more actively involved in the Institute. Again, the development of an Executive Committee with a more functional focus, and the development of working groups around these functions, is a good strategy for increasing involvement and developing leadership capacity. Providing opportunities for membership involvement around these functional areas also is a good mechanism for members to bring their ideas to the table.

Operations/core budget

The naming donation from the O'Briens has boosted and secured the operating budget and allowed for more strategic investments. The core budget has increased from about \$250,000/yr. to about one million dollars per year, with the hope to see further growth to two million dollars per year. We commend the O'Briens and the OIPH and their Strategic Advisory Board for this major donation. Fundraising continues to be important to the future and success of OIPH, as does diversification of funding streams.

Again, it will be important to keep the dual agendas of scientific output and societal impact front and centre, given OIPH's desire to have an impact on better health and health care. Also, with the OIPH poised to take this next step toward becoming more visible nationally and globally, a component of the budget will need to be strategically allocated to help achieve this goal.

4.0 Optimizing Scientific Output

Strategies for linkages, partnerships, knowledge translation

We continue to be impressed by the internal peer review process, as well as the ongoing development of the mentorship program in particular. The young researchers we met during the site visit feel very well supported, and they in turn are willing to work to become involved with and support the Institute. They also described a number of other supports provided by the OIPH that have helped advance their research and its impact, including: fostering cross-disciplinary engagement and collaboration; dissemination of their work via the media; helping to link their programs of research with knowledge users and other research communities; and facilitating relationships with other sectors such as the City of Calgary.

When asked if there was anything they would like the OIPH to do more of, the researchers said perhaps providing more visible support to graduate students. They recognize that OIPH's administrative and communications/events support is critically important to their work and would like to see more resources put into this if possible.

Themes/Priorities

At this point in the OIPH's development, it will be important to continue to recruit and develop outstanding health services researchers who are most well known outside of Alberta. This is how the Institute's national and international profile can be enhanced. Are there areas of focus in which the OIPH can uniquely contribute in each of their three pillars (i.e., system performance; population health; methods and tools) that will lead to greater impact and broader recognition?

The methods and tools pillar also appears to be strong, although the story of the data was not as prominent as in the ISAG's initial visit in September 2013. We recognize that it is challenging to become a world leader in this area.

We observed, and OIPH's leadership team agreed, that the population health component of the OIPH is somewhat lacking in cohesion and in need of renewed leadership. There are also several impending retirements in this area. We believe it is critical to strengthen this pillar, as it is core to the dual identity of the OIPH focus on health care and population health. The explicit mention of public health in the Institute's name gives it a certain responsibility in health sciences. We thus recommend a focus on recruiting an accomplished senior population health scientist/leader in this area, who might also be appointed as the associate director upon Lynn McIntyre's retirement. Given its importance to OIPH, this key recruitment merits direct financial support by the Cumming School of Medicine through its recent major endowment.

We viewed W21C as being one platform that supports the work of both the health care research and population health pillars, rather than being positioned as just part of the health services research pillar alone. We were impressed with some of the projects supported by the W21C (e.g., electronic discharge summary, human factors assessment of Ebola transmission in health care settings, and affordable home health unit), but wondered if more of them couldn't be promoted beyond Alberta. For example, the electronic discharge summary seems to have application beyond

Sunrise to other health record companies. The Ebola human factors assessment project, if shared broadly, is one that could help put W21C on the international map.

There were two areas for potential future strategic development identified during the 2013 ISAG site visit:

- 1) Is there a need to include genomics, metabolomics and gene/environment interactions as a core component of selected streams of research? During this visit we heard that the answer to this question is absolutely yes, and see this happening more as it is becoming part of causal pathways.
- 2) Can health economics play a greater role in the activities of the OIPH? During this visit we heard some mixed perspectives here, in that some felt there is a shortage of top health economists in Alberta as elsewhere. Others felt that the OIPH already has a strong critical mass of health economists engaged (i.e., at least eight individuals, plus their students), and that having a health economics research group has helped here.

5.0 Optimizing societal impact

Strategies for linkages, partnerships, knowledge translation

We perceived that the OIPH has a higher profile now within the Cumming School of Medicine, within the University and within the province of Alberta than 18 months ago. The School of Medicine has been working to position the OIPH as the place to come for evidence to support health policy-making and health services delivery. The Cumming School of Medicine appears to embrace the importance of public health, and believes strongly that the OIPH should be housed in the School. They believe that Institutes thrive best if they have a home in a particular faculty.

The relationship with AHS is stronger now as there is increased recognition of the need for OIPH and more reasons to link. Some key areas where AHS and OIPH are working closely include: data sharing on population health, health promotion and prevention; health economics and cost analysis; and the Strategic Clinical Networks. There is some value in playing a rapid response role for AHS, in terms of having local societal impact, although we caution that there does need to be some balance here with longer term objectives that extend beyond Alberta.

Other local and provincial partnerships that we heard were being created, and felt were promising, include: working with Alberta Innovates-Health Solutions in the development of their Supporting Patient Oriented Research (SPOR) unit; working with a citizens' group on the IMAGINE project to advance the development of a patient-centred healthcare system; and working with the University of Calgary's School of Public Policy to develop a centre of health policy.

Themes/Priorities

We stated in the report from our 2013 site visit that: *"When the focus is on informing and supporting positive changes in society from a population based perspective, closer alignment/engagement with knowledge users and health system leaders to set priorities and conduct research is desirable."* We have observed a lot of progress here. We heard examples of how the OIPH is advocating for advances in public policy (e.g., HPV vaccinations; flu vaccine for healthcare workers). Strong

leadership for the population health pillar should contribute to developing a team that accepts advocacy and policy influence as a legitimate stream of work. The work underway with the School of Public Policy to develop a health policy centre is also promising.

There appears to be an increase in events with a focus on societal impact (e.g., Make Calgary, Hacking Health, IMAGINE project, Harvey Fineberg event). The visit from RTI around Pursuing Impact and the beginning of a relationship here is a good sign. We are pleased to hear about the OIPH working with a citizens group on the IMAGINE Project, and are interested to see what comes of this effort. Because disruptive innovation is increasingly coming from citizens, projects that engage citizens and community groups offer opportunities for increasing societal impact. The direct involvement of the population in health related matters, the so-called health democracy, can be viewed as one of the major technological challenges in preventive medicine.

6.0 Benchmarking

Current performance and research impact indicators

The OIPH has shown commitment and significant progress toward assessing and communicating the societal impact of public health initiatives. The narratives shared of work in progress were powerful. There is a need to continue to demonstrate outcomes and societal impact that is achieved through this work.

A team might be formed whose role is to track the longer-term impact of OIPH research and initiatives. This might also be a good graduate student project, supervised by a health economist. Another strategy could be to survey OIPH members and ask them about impacts. For example, members could provide information about what happened as a result of convening an event. Were there activities and projects that were seeded as a result of this event?

It might be helpful for the OIPH to develop a framework that outlines the continuum of research from conception to societal impact, demonstrating that the full lifecycle may have a long timeline. Developing this framework, illustrated by examples linking research to societal impact, would help to improve communication to a diverse group of stakeholders and making a direct attribution to the research impact. This narrative framework and associated stories could be adapted for different audiences, including the University, healthcare partners, the public, potential donors and the SAB.

This would be part of the strategy to show the community, including the Strategic Advisory Board, that there are many impactful success stories in health services, population health and prevention research, but that the societal impact is often not observed for some time. The OIPH has been more prominent in the media, but we recommend that the team continue to be very proactive with local, national and international media. For example, are there health reporters in Canada or elsewhere who you could develop stronger relationships with to cover both newsworthy items and more in-depth profiles of researchers and outcomes?

Appropriate comparator organizations

Benchmarking against comparator organizations is important. Perhaps rather than just focusing on particular organizations, OIPH could pick different components from a variety of organizations. This approach is needed, in part, because it is rare to find other organizations that include both

health services research and population health. Canadian organizations again could include ICES, the Manitoba Centre for Health Policy, the Montreal Institute for Public Health, and the MaRS Discovery District. Organizations outside of Canada could include the University of Michigan's Institute for Healthcare Policy and Innovation. These organizations could also become potential partners.

7.0 Updated SWOT analysis

Strengths

- OIPH has developed an effective executive structure, to both help contribute to strategy and to grow leadership and distribute workload
- Senior research leadership with national and international profiles
- Growing cadre of successful young researchers within OIPH
- Exceptional internal peer review and mentoring programs
- Effective and respectful working relationship with local and provincial organizations, most notably Alberta Health Services
- Integration of health services research and population health into a dynamic public health institute embedded in a supportive School of Medicine offers unique opportunities
- OIPH brings diverse researchers together to foster collaboration and create synergy
- Highly engaged and motivated community of researchers – excellent culture of mutual respect and generous support
- Multidisciplinary of the W21C offers a strong platform for translation
- Capability of the Scientific Director and the OIPH Core Team

Weaknesses

- Population health area, as a major component of public health, has not developed sufficient cohesion and direction
- Consumer driven initiatives are in early development
- Given that the Institute is still young, its partnerships and impact have been largely Alberta focused

Opportunities

- OIPH is poised to aim higher, and have more national and global visibility
- Recruit additional high profile researchers, particularly an established population health researcher to lead the population health component of the OIPH
- The O'Brien's naming gift provides an opportunity to attract more donors
- The OIPH, including the W21C, is positioned to facilitate consumer driven initiatives and this is important given that a lot of disruptive innovation comes from citizens
- Continue to focus on developing young researchers for national and international profile and partnerships
- Consider exploring outcomes-based financing models as an alternative to just straight philanthropy to support the work of the OIPH. Particularly in your work with aboriginal communities, this may be a highly effective strategy.

- Continue to communicate results and educate stakeholders on the important connections between health services research and population health
- Online education and training is a great way for W21C to increase their profile and extend its reach
- Translate industry's interest in visiting OIPH/W21C into impact on grants and intellectual property
- Continue to develop other ways of assessing and encouraging upcoming researchers other than publication (e.g., look for opportunities for them to guest edit in a high impact journal or co-chair a major scientific conference)

Threats

- Economic climate in Alberta in the near future is likely to lead to cuts in research and University funding
- Need to maintain a sense of urgency in advancing its innovation efforts if the OIPH wants to develop more national and international visibility
- Although the importance of a good relationship with AHS is recognized, too close a relationship could constrain work in other areas and shift the focus from innovation to service
- The departure of the Scientific Director would create a risk to the sustainability of the Institute; as a result, succession planning continues to be important
- The huge diversity of researchers presents a challenge in terms of linking researchers who are working in very disparate areas
- Lack of recruitment and leadership in the population health area is a significant concern and should be a priority for financial support

8.0 Summary of strategic recommendations

The ISAG identified seven key strategic level recommendations for the consideration of the OIPH. These are listed here:

1. Continue to sustain the current impact within Alberta and the healthy partnership with Alberta Health Services, while also now focusing efforts on building greater national and global visibility. Work with the Strategic Advisory Board and the Executive Committee to develop and implement a targeted plan to build on this strong foundation of success at the provincial level, in order to achieve wider reach and profile. It seems to be the right time in the evolution of the Institute, and in the context of international developments, to broaden horizons. Achieving this next level of success and recognition will require an intentional effort to update OIPH's strategic vision. Such an effort will ensure that this greater vision and ambition become part of everyone's thinking, and will inform the aspirations of young researchers. See Appendix 3 for a 'model' that might stimulate thinking regarding your strategic direction.

2. Pursue and develop partnerships with leading, comparable organizations beyond Alberta and Canada. Be thoughtful about selecting partners and identifying benchmark institutions. You might consider adding a partnerships focus to the functional roles of your Executive Committee by appointing someone to the committee to specifically concentrate on this.
3. Re-energize the population health group by recruiting a highly accomplished population health researcher to lead the population health component of the OIPH. Given the unique integrated model of the OIPH within the School of Medicine and the critical importance of a strong population health leader, the OIPH should formally ask the Cumming School of Medicine to fund a chair for the population health group leader.
4. Continue to build leadership capacity across the OIPH, including through the Executive Committee and associated working group structure. There is a need to recruit a new associate scientific director for succession planning, who might also be the leader of the population health group.
5. Continue the strategic focus on assessing societal impact and communicating this effectively to key audiences locally, nationally and internationally. This is a shared challenge across all health research organizations committed to showing societal impact, and the Institute should adopt a continuous learning model to refine and sharpen results measurement and communication.
6. Build on the O'Brien naming donation to attract more donations to OIPH, and continue to diversify the funding structure of the OIPH so it is not overly reliant on a single funding stream. Social outcome funding/impact investing may have some promise, perhaps beginning with some small demonstration projects.
7. Recognizing that the innovation landscape relevant to the W21C is changing rapidly - given advances in technology, mobile health and consumer driven innovation - W21C will need to balance its role as an excellent local service unit for researchers against external developments to remain at the leading edge of new approaches. In this shifting landscape it will be important for the W21C to remain agile and continually adapt its resourcing plan, partnership strategy, and revenue models, as well as its talent strategy. The W21C should publish its most prominent work in high profile journals, and ensure that this work is disseminated beyond Alberta. The W21C is well positioned as a translational platform to support both health services and population health researchers and ensure that their best ideas are validated in Alberta and applied in the province and beyond.

Appendix 1: ISAG Site Visit Agenda

| Thursday, March 12, 2015 | | | |
|---|---|--|---|
| Time | Location | Agenda Item | Participants |
| 8:00 – 10:00 (breakfast provided; meeting begins 8:30) | Rose Room, TRW 3 rd Floor | Introduction <ul style="list-style-type: none"> • Meeting goals and deliverables • Agenda overview • Discussion of key topics | William Ghali Lynn McIntyre Jamie Day |
| 10:15 – 11:00 | Faculty of Medicine TRW 7 th floor boardroom | O'Brien Institute institutional environment | U of C Assoc VP Research - John Reynolds AHS VP Research – Kathryn Todd (by phone) Cumming School of Medicine Dean - Jon Meddings Community Health Sciences Dept Head – Brenda Hemmelgarn (by phone) |
| 11:00 – 12:00 | Rose Room | Showcase of O'Brien Institute researchers – Part I | Cheryl Barnabe Gavin McCormack Chris Naugler |
| 12:00 – 12:30 | TRW 3 rd Floor lunch room | Break and Informal Lunch with O'Brien Institute Executive | |
| 12:30 – 1:15 | TRW 3 rd Floor lunch room | Executive Committee and its portfolios | Ann Casebeer, Rosmin Esmail, Christine Friedenreich, Gil Kaplan, Aliya Kassam, Richard Musto |
| 1:15 – 2:15 | Rose Room | W21C program | John Conly, Jill De Grood |
| 2:15 – 3:15 | Rose Room | Showcase of O'Brien Institute researchers – Part II | Matt James Bonnie Lashewicz Sachin Pendharkar |
| 3:15 – 3:30 | | BREAK | |
| 3:30 – 5:30 | Rose Room | Group work session (O'Brien staff and leadership available to respond to questions) | |
| 5:30 | | Travel to offsite meeting | |
| 6:00 – 8:00 | Kensington Riverside Inn | Meeting and Dinner with O'Brien Institute Strategic Advisory Board | Strategic Advisory Board |

| Friday, March 13, 2015 | | | |
|--|-----------------|---|---|
| Time | Location | Agenda Item | Participants |
| 8:00 – 9:30 (breakfast provided) | Rose Room | Group work session (O'Brien staff and leadership available to respond to questions) | |
| 9:30 – 11:00 (as early as 9:00 if ISAG team ready) | Rose Room | Group feedback to O'Brien Institute | William Ghali Lynn McIntyre Jamie Day |
| 11:00 | | Departure of guests | |

All meetings attended by:

John Ayanian

Ilse Treurnicht

Fred Paccaud

Tom Feasby (Chair)

Gail MacKean (Recorder)

Appendix 2: ISAG Terms of Reference

Purpose

The purpose of the International Scientific Advisory Group is to help define, assess, and provide strategic advice that will enhance the research and academic excellence of the O'Brien Institute for Public Health. The Group is advisory to the O'Brien Institute leadership and its Executive Committee.

Roles and Responsibilities

The International Scientific Advisory Group shall:

- Contribute to the definition of appropriate measures of success for ongoing assessment and reporting purposes
- Advise the O'Brien Institute on setting and achieving research and academic goals and priorities
- Assess the progress of the O'Brien Institute toward meeting its research and academic goals
- Undertake external reviews of the O'Brien Institute's population health and health services research endeavours through periodic structured visits

Group composition

Group membership shall be comprised of:

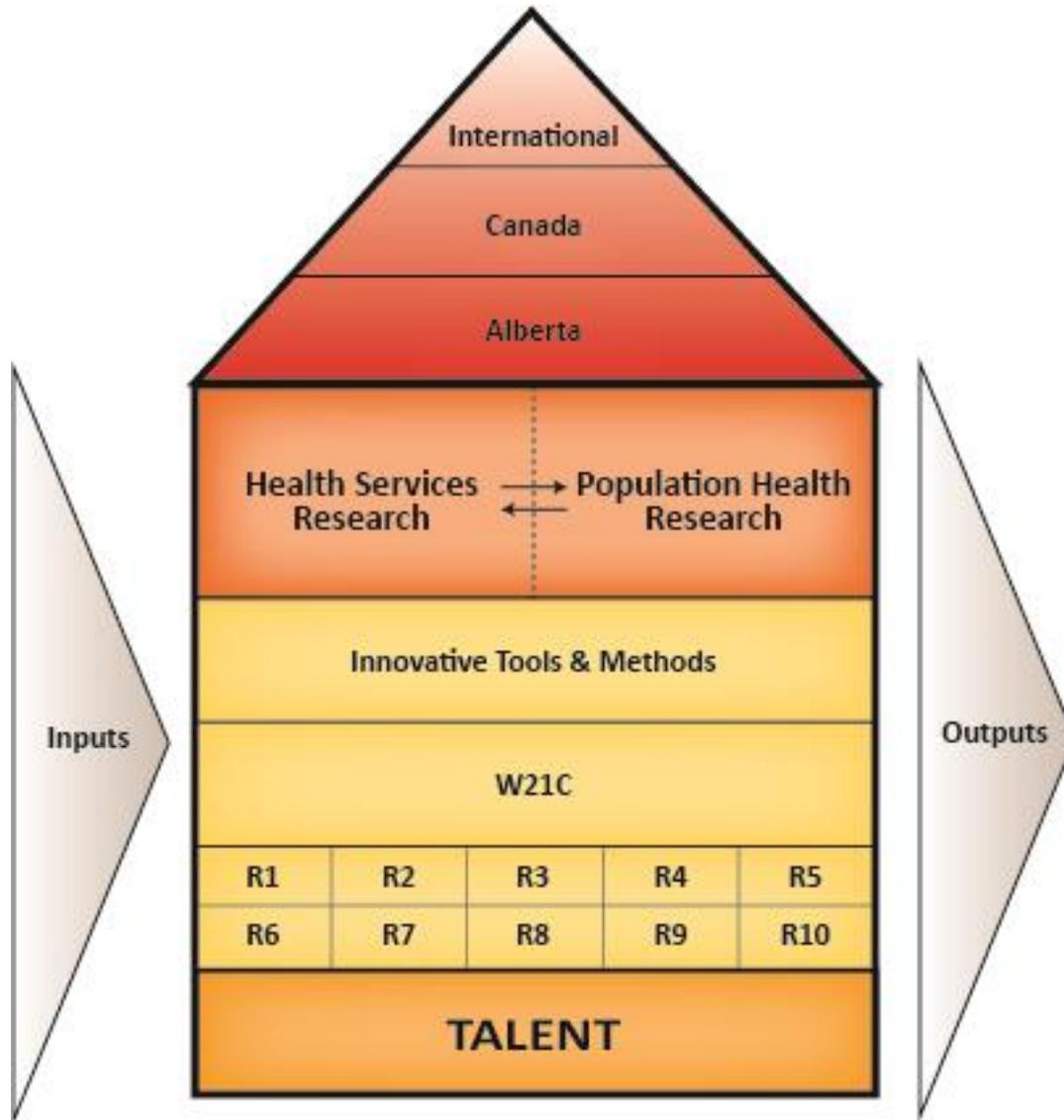
- An internationally respected leader in health services research
- An internationally respected leader in population health research
- An internationally respected researcher with applied public health experience
- An internationally respected scientific leader with innovation/commercialization expertise
- A representative from the Cumming School of Medicine's Office (ex officio and Chair)

Membership renewal or turnover will occur after two review cycles (approximately every four years). The O'Brien Institute's Administrative Director will serve as the secretariat for the Group.

Review Process

- Two-day Group visit to occur approximately once every two years, after provision of advance documentation
- Structure of visit:
 - Day 1 – presentation to Group by O'Brien Institute leadership; meetings of Group with O'Brien Institute stakeholders
 - Day 2 – facilitated Group deliberation, preparation of written report with professional writing assistance provided
- Written or teleconference communications conducted as required in intervening years between visits

Appendix 3: Model to help inform OIPH strategic direction¹



Legend

Red - Focus of OIPH visibility & influence

Orange - Two main areas of research focus aligned with areas of desired impact

Yellow – Platforms supporting & enabling two impact areas (R1-R10 = OIPH Research Groups)

¹ “Part of the magic of OIPH is all of this working together”