

MINUTES

BC SUPPORT Unit Advisory Council

August 22, 2022

Attendees:	Anne-Marie Visockas (chair), Krista Allan, Ellen Chesney, Courtney Defriend, Alison Hoens, Martha MacLeod, Anni Rychtera, Swapnil Shah, Martin Wright
Ex-officio:	Stirling Bryan, Michelle Duffy, Terri Fleming, Monica Mamut, Waqar Mughal, Alison Orth, Victoria Schuckel
Regrets:	Gregory Haljan, Stephanie Irlbacher-Fox, Alison Mclean, Megan O'Reilly, Bernie Pauly
Tentative:	
Guests:	
Secretariat:	Sara Lima Branco

1. Call the Meeting to Order

A.-M. Visockas welcomed all members to this meeting of the BC SUPPORT Unit Advisory Council and brought the meeting to order at 10:01am.

2. Territorial Acknowledgement

A.-M. Visockas acknowledged that this meeting is being hosted from within the ancestral, traditional, and unceded territory of the Syilx people in the Okanagan Valley. Meeting attendees were welcomed to share their respective territory in the chat or during discussions.

Round table introductions took place.

3. Action items from last meeting.

There were no action items from the previous meeting.

4. New agenda item: BC SUPPORT Unit Phase II Planning Retreat follow up

A.-M. Visockas conveyed her thanks to all Advisory Council members that were able to attend the in-person meeting on June 27, 2022, in Vancouver. A variety of topics were discussed that day, including:

- Importance of evaluation, measurement, data, analytics, partnerships, and communication.
- Sustainability: Importance of clearly defining what we are sustaining and what are the aspirations for Phase II and beyond for patient-oriented research (POR)?
- Resources: In addition to funding, commitment, buy-in, and looking for strategic ways to provide support were all identified as important.
- Focus on meaningful integration of, and acknowledgement of, the contributions of patient partners.

5. Approval of Minutes

The minutes from the May 30th meeting were presented to the group and approved.

6. Approval of Agenda

Today's agenda was approved by the group.

7. BC SUPPORT Unit Phase II

a. Overview of BC SUPPORT Unit's council structure

M. Mamut reviewed a slide deck with the assembled group, summarizing:

- The differences between Phases I and II.
- Phase II terminology, including component areas and cross cutting themes.

b. Provincial Coordinating Office (PCO) in Phase II – staffing structure to meet workplan needs

A chart of the structure of the Provincial Coordinating Office (PCO) in Phase II was reviewed with the group, including completed and upcoming recruitment, as well as the work that each group will embark on in Phase II.

An inquiry was posed regarding overlap and how the BC SUPPORT Unit is being supported in areas like HR. There is cross pollination with the units from the previous BC AHSN (i.e., Unit Directors sit on the Advisory Councils of the other Units and the Units have connected with each other regarding discrete projects) and items such as HR fall within the larger structure of Health Research BC.

The Phase II provincial structure was also reviewed.

The slide deck can be found below.



BC SUPPORT Unit Advisory Council Phase II Structure_August 22, 2022.pdf

8. Sustainability

a. Regional vs provincial approaches: Seeking advice on how to proceed.

Opportunities to embed our staff and their work into health authority work going forward (beyond Phase II funding) are being explored. Provincial Health Services Authority (PHSA) and First Nations Health Authority (FNHA) and provincial research entities based in Vancouver (for example, BC Cancer), require a different approach. There is also reduced funding in Phase II, as well as CIHR required support for the SPOR-Funded Entities (SFEs). There's an opportunity to collaborate with PHSA and FNHA regarding work for some of these SFEs, allowing us to tell compelling stories of success and leverage opportunities.

A discussion regarding the current understanding and application of a Learning Health System (LHS) was held.

Successful POR and LHS requires that legal governance issues around data, access, and use are all barriers that need to be thoughtfully addressed. Health authorities and the Ministry of Health are aware and working on solutions for them that will allow POR and LHS to achieve long term sustainability in the health care system

Research that's embedded within the larger work of health authorities, and that welcomes patient, client and resident voices be embedded and engaged as equal members is work that's being conducted at health authorities. Discussions around what questions to ask, how to best improve health care delivery, and how this information can be disseminated are taking place as well.

Important questions for research could be: Are we helping to improve health outcomes? Are we helping to improve access? What's most important to patients, clients, and residents when seeking health care? Is there a better way to do and conduct research that improves the way health care is delivered (from the viewpoint of those consuming health care)?

A LHS could be summarized as real time patient data being fed into our systems of care and through analysis and research in being fed back to improve outcomes and the system of delivery. However, the system is not set up to support LHS; legal governance issues around data, access, and use are all barriers to successfully implementing LHS. Resolving these issues and barriers is needed for long term sustainability for POR in the health care system.

Work is also ongoing at the Ministry of Health, regarding data stewardship.

To best leverage our budget is in Phase II, is it possible to create an asset map or repository of all the sharable assets that each of the SFEs can bring? This is currently being worked on by the SUPPORT Unit.

In addition, to best leverage the time of the Advisory Council members, an inquiry was posed about the best way to sharpen and focus discussions on gaps without unnecessarily re-visiting same points.

ACTION ITEM: The graphic summary from the retreat, as well as today's discussions, will be reviewed by A.-M. Visockas, M. Mamut, and S. Lima Branco, to begin the process of creating foundational points for discussions on gaps. Advisory Council members may be contacted during this process.

9. Terms of Reference

- a. Reflections from one-on-one discussions
- b. Council Membership
 - i. Current status
 - ii. Looking forward to recruitment for needed perspectives
- c. Term limits
- d. Meetings
 - i. Frequency, duration, delivery (in person or hybrid?)
- e. Conflict of interest
- f. Delegates

Time constraints did not permit discussion of this topic.

ACTION ITEM: Discussions regarding the Terms of Reference will be deferred to the next meeting, with a presentation of the draft Terms for review and approval.

10. Summary & Next steps

A quarterly meeting series will be sent to Council membership.

A.-M. Visockas shared the Council's thanks to K. Allan for her engagement, expertise, and knowledge during her term.

A.-M. Visockas wished M. Mamut all the best on her upcoming leave. M. Mamut outlined the plan for coverage at the Unit, with S. Bryan as point of contact for the Advisory Council in M. Mamut's stead and G. Scarrow providing Director-level operational coverage.

11. Group adjourned at 11:30am.