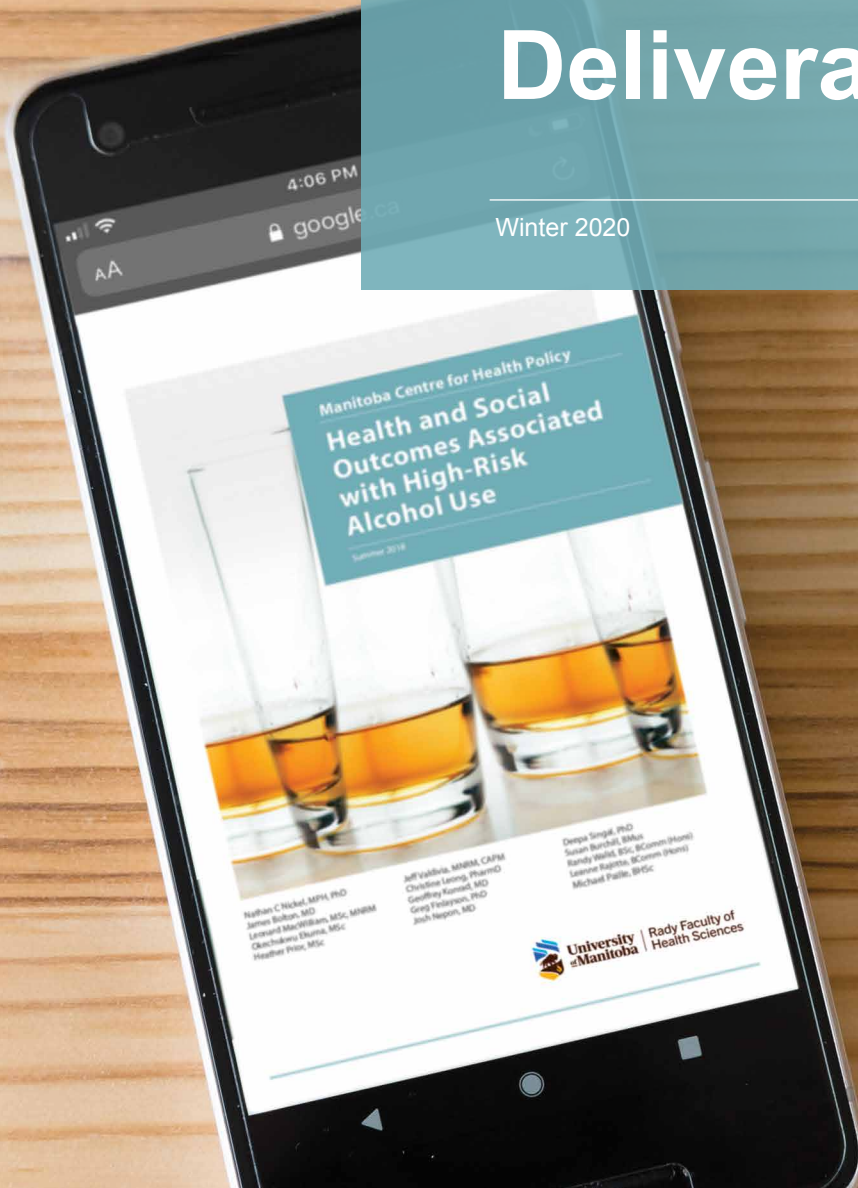**Manitoba Centre for Health Policy**

Innovating MCHP Deliverables

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About the Manitoba Centre for Health Policy

The Manitoba Centre for Health Policy (MCHP) is located within the Department of Community Health Sciences, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba. The mission of MCHP is to provide accurate and timely information to healthcare decision-makers, analysts and providers, so they can offer services which are effective and efficient in maintaining and improving the health of Manitobans. Our researchers rely upon the unique Manitoba Population Research Data Repository (Repository) to describe and explain patterns of care and profiles of illness and to explore other factors that influence health, including income, education, employment, and social status. This Repository is unique in terms of its comprehensiveness, degree of integration, and orientation around an anonymized population registry.

Members of MCHP consult extensively with government officials, healthcare administrators, and clinicians to develop a research agenda that is topical and relevant. This strength, along with its rigorous academic standards, enables MCHP to contribute to the health policy process. MCHP undertakes several major research projects, such as this one, every year under contract to Manitoba Health, Seniors and Active Living. In addition, our researchers secure external funding by competing for research grants. We are widely published and internationally recognized. Further, our researchers collaborate with a number of highly respected scientists from Canada, the United States, Europe, and Australia.

MCHP complies with all legislative acts and regulations governing the protection and use of sensitive information. We implement strict policies and procedures to protect the privacy and security of anonymized data used in our research and we keep the provincial Health Information Privacy Committee informed of all scientific work undertaken for Manitoba Health, Seniors and Active Living.

The Manitoba Centre for Health Policy

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Acknowledgements

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Report
Overview

In this deliverable, we completed a review of the MCHP deliverable process to incorporate a more interactive approach and improve the potential impact of the deliverables.

Methods

The goal of this project was to redesign the deliverables process. We reviewed the findings from a 2017 internal evaluation of the MCHP deliverable process and used this to develop targeted group consultations, institutional surveys, and a review of best practices to measure impact. The recommendations from the 2017 review have not been discussed with Manitoba Health, Seniors and Active Living (MHSAL), due to temporary changes to the deliverable process during contract renewal negotiations. Some of these recommendations related to the initiation of the deliverable process, which were relevant to this current deliverable.

We held group consultations with key external knowledge users including planners, analysts, finance and communications staff from MHSAL, and Regional Health Authorities (Service Delivery Organizations); in total, 36 people met with us. They also received an online survey and were asked to circulate it amongst their staff and colleagues who are familiar with MCHP; we received responses from 31 individuals from these organizations and 19 MCHP staff.

Recommendations

Our recommendations need to be reviewed by MCHP staff and MHSAL before any changes to the process are made. We recommend that a plan is drawn up prior to implementation.

To improve the deliverable process we have made the following recommendations, which include continuation of current actions that work well as well as new or modified actions:

- **Deliver what is needed to support policy and service priorities –** Departmental, health system, and service delivery organization priorities should be incorporated into the process to identify and describe deliverables.

- **Involve the right people to ensure relevance and impact –** Appropriate leads within departments, Shared Health and service delivery organizations should be involved, and knowledge users need to have the opportunity to provide input throughout the process.

- **Explore flexible configuration of deliverables based on emerging need –** MCHP and MHSAL should reconsider the number, size, complexity and timelines for annual deliverables, based on emerging needs.

- **Strengthen timelines and resource requirements –** MCHP should develop a standard approach for scoping out the timeline and resource needs of deliverables.

- **Engage strategically with advisory groups –** MCHP should increase their contact with advisory group members, and involve members more actively.

- **Adopt stronger project management principles –** MCHP should undertake a review of the management of deliverables internally.

To improve deliverable products:

- **Continue producing reports –** Write in plain language, with easy-to-understand charts and visual outputs supplemented by online resources and technical details.

- **Provide a variety of deliverable products –** Together with knowledge users, plan the relevant products from each project early on; revisit and adjust during the project.

- **Provide deliverable data-based products –** Use business intelligence tools to present data and make online resources available.

- **Explore ways to provide up-to-date information –** MCHP and MHSAL should explore the potential to produce and maintain a suite of commonly used indicators.

To measure impact:

- **Engage with knowledge users –** Implement a participatory approach with knowledge users to support and identify application of research findings as well as to hear about potential and actual impact of research.

- **Leverage knowledge translation days –** Continue to incorporate opportunities to share examples of how deliverable research has helped Shared Health, service delivery organizations, MHSAL and other departments into knowledge translation days.

- **Collect impact stories -** MCHP should consider how to develop a suite of impact stories similar to those shared by ICES, a similar research centre in Ontario.

Chapter 1:
Introduction

Background and Specific Goals

Since 1991, the Manitoba Centre for Health Policy (MCHP) has been operating under contract to the department of Manitoba Health, Seniors and Active Living (MHSAL) to complete research using linked, de-identified administrative data to support the health and wellness of Manitobans. The goal of these research projects, referred to as deliverables, has been to inform policy and planning decisions and to lead to improved healthcare and health outcomes.

The process for identifying deliverables on an annual basis is shared between MCHP and MHSAL over a period of up to six months, and results in a series of paragraph-length project descriptions outlined in a letter from MHSAL to the Director of MCHP each spring. A team at MCHP led by an MCHP Research Scientist or Adjunct Scientist with support from subject matter experts, data analysts and a research coordinator completes each deliverable. An advisory group supports the project, and is made up of representatives from the departments for whom the deliverable has the greatest interest, as well as service delivery and community organization representatives, clinicians, and other researchers and data providers. The final report is delivered internally to MHSAL and then released publicly a few months later. It generally takes about two years from receipt of the paragraph to release of the report.

Over the past thirty years, deliverables have become more complex as the administrative data held in the Manitoba Population Research Data Repository (the Repository) have increased in volume and variety. MCHP staff have continually enhanced their capacity to answer more sophisticated research questions and to evaluate policy changes or programming with cutting edge analytic approaches and tools, and have brought sound scientific processes and hypothesis testing to population health questions. MCHP's deliverable products have changed incrementally to include infographics, downloadable maps, graphs and tables. It is time to review whether these products meet the needs of MHSAL and other knowledge users, to consider providing more deliverable products electronically, and to consider using self-serve business intelligence tools[1] that allow end users to flexibly explore, extract and visualize data in customized ways, while maintaining scientific integrity.

Throughout this time, MCHP has pioneered partnerships with knowledge users, in particular the development of the Need to Know team. This team

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[1] Business intelligence tools are applications that are designed to retrieve, analyze, transform and report data for business intelligence uses.

brought MCHP researchers together with staff from MHSAL and regional health authorities (RHAs)[2] with the objective of facilitating knowledge translation. Need to Know team members have engaged in the entire research process, including developing research questions, reviewing preliminary results, revising the analytic approach, drafting reports, and then working to ensure they are used to address health program and policy issues. The Need to Know team has contributed to many deliverable projects over the past twenty years – sometimes as full partner, other times as key members of advisory groups.

One of the most desirable objectives from MCHP's research is for it to be useful and to make a difference to the health of Manitobans. However, measuring impact, or at least being able to link research to a specific academic, policy, program or service delivery change is extremely challenging. MCHP has made some attempts at tracking impact, but we would like to establish a more formalized or routine way of tracking how deliverables are used and decisions are made by knowledge users. As a research unit, MCHP wants its research to represent the best in science, and also to inform policy and planning decisions, and to lead to improved healthcare or health outcomes. We also wish to provide value for money for government investment.

In 2017, MCHP completed an exercise to map the steps to initiate deliverables, conduct a project, deliver a draft report to MHSAL and then publically release a final report, and the time for each step. This review highlighted several areas for improvement, including the need to a) improve/strengthen the collaboration between MCHP researchers and MHSAL policy leads and knowledge users to describe deliverable ideas, and b) reduce the length of the time from deliverable idea conception to project initiation.

In 2019, MCHP was contracted by MHSAL to formally undertake a review of the standard deliverable process as a one-year deliverable to incorporate a more interactive approach and improve the potential impact of the deliverables. Specific goals were:

1. To develop a more collaborative approach to writing the deliverable descriptions that addresses the health of Manitobans.

2. To establish a process that more fully engages deliverable end-users throughout the life of the deliverable from idea conception to knowledge translation. This would build on previous planning at MCHP.

3. To explore new options for presenting results. This would involve reporting the results for one of the final deliverables for this year using different presentation options.

We interpreted these goals to result in recommendations to develop a more inclusive approach to describing and generating deliverables, identify ways to capture the contribution and impact of MCHP deliverable research, and modernize the deliverable products to reflect the changing mandate and approach of MHSAL, Shared Health, and service delivery organizations.

Context

At the time this deliverable was initiated, Manitoba's healthcare system, MHSAL, and associated health service delivery organizations (including Shared Health, service delivery organizations and others) were in the early stages of significant transformation. Extensive restructuring and reorganizing within departments and healthcare delivery systems has included a shift in MHSAL's role toward policy and financial oversight, with some of the planning and service delivery functions transferring to Shared Health and the service delivery organizations. The MHSAL policy planning cycle specifically was being refreshed during the fiscal year of this deliverable. New processes to support these widespread changes were under development. For individual stakeholders employed within this sector, roles were changing, with some personnel moving to new organizations. In addition, MCHP became part of the new Manitoba Learning Health System Network with the Centre for Healthcare Innovation, the Manitoba Training Program and the Translating Research in Elder Care (TREC) program in 2018. These units are all partly funded by the Manitoba Government and will work together to support improvements to the health system in Manitoba. Transformations were not complete at the time of writing this deliverable and this uncertainty affected our capacity to design a new deliverable process. As a result, we were unable to specify a new deliverable process, nor could we write an implementation plan to deliver it; rather, we have shared stakeholder feedback and ideas for the direction of this process and points to consider in implementing changes.

Finally, at the time of this writing, the health system is managing the SARS-Cov-2 coronavirus (COVID-19) pandemic. This has impacted team and advisory group capacity to meet and provide input, with key staff re-deployed to manage provincial pandemic management and treatment.

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2   RHAs are transitioning to service delivery organizations and this term will be used later in this report; however, when the Need to Know team was established, they were RHAs.

Chapter 2:
Approach

This deliverable had a unique mandate. To complete it, we sought the qualitative input of health-related stakeholders who use our deliverables ('knowledge users'), rather than using data from the Repository. We looked to the feedback to identify strengths and weaknesses and to provide direction for proposed changes.

We started our discovery process with a review of a previously completed internal MCHP deliverable evaluation, which helped us structure several targeted group consultations, and a wider-reaching survey.

Review of Previous Work by MCHP

In 2017, MCHP carried out an internal analysis of the process to initiate deliverables, which included a step-by-step review of the process as well as team discussions to identify where improvements could be made. That review made some recommendations, which we incorporated within this study.

Consultation with Key Stakeholders and Knowledge Users

Group Discussions

Between January and March 2020, we consulted with key stakeholders involved in the decision-making about deliverables. These individuals were identified by the advisory group and were affiliated with MHSAL government departments, Shared Health, and service delivery organizations that commission and use deliverables, as well as researchers from MCHP. These representatives had various roles across the organizations and could provide a cross-section of views and experiences from working with MCHP deliverable reports. Structured group discussions allowed participants to share and explore ideas.

We held two discussions with three individuals that focused on the processes and the needs of both MHSAL and Shared Health; we first met with the Executive Directors of Information Management and Analytics (IM&A) and System Planning and Integration and then with the Strategic Lead of Community Health, Quality and Learning in Shared Health.

We also met with representatives from the Departmental Operational Network (n=21), Policy Analysts (n=7), and the Need to Know team (n=5).

These individuals included those involved in planning, analytics, financial oversight and communications. The discussion guide we followed for these meetings is in Appendix 1, and covered three main topics:

- Past and present experiences with how deliverable topics are developed, and how the deliverable products have been used;

- Types of deliverable products that would be helpful in the future, based on examples we shared;

- Ideas on how to evaluate the ongoing relevance and impact of deliverables for their work.

We presented our ideas to MCHP researchers to obtain feedback on the direction of the deliverable process, and to discuss early findings from our stakeholder consultations to help shape our recommendations.

Survey

We developed an online survey to collect information from a wider group of knowledge users on the same areas addressed in the group discussions. The ten survey questions (see Appendix 2) primarily included pre-specified response options to complement the rich free-text data collected during consultations. Advisory group members, participants in group consultations, and Need to Know team members were all asked to share the survey with staff and colleagues who also use deliverables and invite them to complete the survey. The survey was also circulated to MCHP staff. The survey was filled out by 50 individuals in total.

Synthesis

We assembled the information from the group discussions and the survey. We reviewed the output as a team, thematically categorised the responses using a consensus approach, and proposed revisions to the deliverable process, products and impact measurement.

Chapter 3:
Findings

Review of Previous Work by MCHP

We reviewed the recommendations from the MCHP internal review undertaken in 2017 to redesign the deliverable process. Several recommendations related to the initiation of the process, from identification and definition of deliverable topics, through to starting the project, are relevant to this deliverable:

- For each deliverable, the initial project description should clearly state the policy implications and outline the key stakeholders who will use the project outputs, and any specific information needs they may have.

- If a deliverable will require transferring and linking new data to the Repository, this should be highlighted in the description.

- A deliverable should be feasible, with aims and scope within a costed budget.

- We should consider how advisory group members can make their best contribution to the project.

- Modular deliverables or research projects delivered in separate parts should be considered, particularly for projects with broad scope.

- MCHP could pilot shorter deliverables (completed in six months).

Consultation with Key Stakeholders and Knowledge Users

For each of the three consultation topics, we identified seven common topics from the discussion groups and survey responses. The focus of this chapter is what we heard from the survey respondents and in the group discussions.

Topic 1: More collaborative deliverable descriptions and more engaging deliverable process

Deliverables should be aligned with Government's departmental and service delivery organizations' plans

MHSAL's newly transformed policy development continuum covers: identifying needs, planning, implementing, evaluating, learning and reviewing. It will have standards and processes for policy development and the planning process. We heard that MCHP deliverables should be aligned with the planning process to ensure the research meets the needs of the health system, will be used and have an impact.

The knowledge translation unit in MHSAL has existing processes that stakeholders believed could easily allow for and benefit from the inclusion of research-relevant discussions. We would need to engage in further discussions on how this could occur. Stakeholders recognized that it is important for the research itself to continue being completed at arm's length from the government to maintain objectivity.

MCHP deliverables are currently decided on an annual basis, but stakeholders suggested a desire in the longer term for a model that supports agreements based on Quarterly Planning Review needs. This could mean that the annual deliverable agreement between MHSAL and MCHP might leave space to allow for MCHP to start a deliverable part-way through the year in response to a need that emerges during that quarter.

Stakeholders recognised the value of complex exploration of a topic. Deep dives into the data provide insights into issues that may not be identified with specific research questions, and provide an in-depth understanding of the data that can be applied to other projects. These kinds of projects potentially identify issues to deal with in the future or provide background information to support developing policy.

A current gap in our deliverable research that was noted is the need for resource or cost evaluations. Such information is valuable, particularly when translating and applying research results into work around costs of services and planning.

Knowledge users should be better supported to develop research questions and interpret findings

Stakeholders indicated that they would benefit from some training and learning opportunities to support their ability to describe appropriate and feasible research questions, and to understand the implications of the findings. MCHP can support capacity-building on the development of research questions through workshops. Users would also value post-release engagement with researchers to help understand and implement findings. They have to make recommendations to supervisors and board members using the research, and told us they sometimes need help to identify the priorities for action.

Stakeholders told us that post-release engagement at knowledge translation days is useful, and that having roundtable discussions with access to the researchers for interpretation helps with understanding the findings. Being seated with staff who worked in the same department and discussing questions of relevance to them, and collating and sharing responses from all tables was particularly beneficial. The recent move to more general questions to accommodate mixed attendance at these events has limited the benefits of the knowledge translation days for some attendees.

Advisory groups and knowledge users should be more strategically engaged

Advisory group members had varied experience. There were positive stories from those who felt fully engaged. However, we often heard that advisory group members did not understand their roles or how they should contribute. In some cases, they felt disengaged, and that they just attended meetings for a presentation, whereas they often have more to offer. Advisory group members requested communication about project progress between meetings.

We heard that due to busy schedules, it is difficult to fit in advisory group meetings (which are typically at least 2 hours) with short notice. They suggested that getting it on the schedule earlier, perhaps near the start of the project, would be beneficial.

Our participants highly valued the idea of deliverable teams maintaining ongoing communication with the advisory group, the Need to Know team, and other knowledge users throughout the life of a deliverable and after it is completed. They supported a variety of engagement methods to review how they have used research or about their experience with the deliverable process, including group meetings, surveys, and follow-up conversations with departmental leads and service delivery organization leads.

In addition, after the deliverable is released, advisory group members are the best people to maintain contact with on a regular basis to capture 'impact stories' related to the use and applicability of the deliverable.

Topic 2: Improved deliverable timeliness and deliverable product options

Research results should be more up-to-date

Deliverables are important for a variety of planning and decision-making purposes; for maximum value, they

therefore need to be up-to-date, with the most current (or recent) data possible. MCHP reports are based on already-collected data from previous fiscal years and quickly fall out-of-date. Projects that take more than two years have less value to knowledge users, and can result in either delays to decisions or decisions being made without the research to support them. Additionally, researchers told us that journals may request that data are updated before an article based on the deliverable is published, which means that timely completion of deliverables is beneficial to the researcher too.

Analyses should include more province-wide applicability

Some participants observed that not all deliverables contain sufficient details to support an understanding of what is happening in regional populations, which is important for planning purposes. They recognized that some deliverables are Winnipeg-centric due to data availability or data quality, and wondered how this could be addressed to support province-wide studies in the future. In some cases, the concepts used in province-wide studies apply methodologies that have reduced application in rural areas, which limits the interpretation of findings. For example, some rural family physicians provide services that are usually provided by specialists within Winnipeg and Brandon.

A wider range of deliverable products should be made available

Those who use deliverables find them valuable. Most knowledge users report accessing a variety of MCHP deliverable products, including full reports and summaries. Their use of the products depends on their role. For example, report summaries are used by policy staff when writing briefings for ministers; data extras are used mainly by analysts to write reports and obtain information for programs, or by finance staff for finding detailed numbers.

The types of products knowledge users would like to see provided depends on the topics and who will likely use the research. There was a request for a more flexible package to be identified by the project team and the advisory group at the start of the study, and modified as necessary during the study, with input from target groups. Regional planners benefit from visual outputs, especially maps since they cannot produce them themselves. These are also easy to share with their partners and colleagues at various levels (board members, directors, etc.).

The following points were suggested by knowledge users:

- Reports should be non-technical and easy to understand. They should tell the story the data shows in direct relation to the research question(s) and the key findings.

- Charts and visual outputs need to be meaningful and understandable, with appropriate context and explanations. Reports should only include those charts relevant to the story told by the data.

- Technical details about methods and detailed results are important but could be shared elsewhere such as online.

- Access to aggregated data discussed in the report could be shared through a portal, and knowledge users would like to be able to create their own charts using the data. The Canadian Institute for Health Information data portal, Manitoba Collaborative Data Portal, and Statistics Canada Census Data were cited as good examples that were easy to use.

- The report text could include simpler interpretation of what the findings mean. Knowledge users asked for context and guidance to support planners using or interpreting the research.

- Academic publications are a strength of MCHP and should be a deliverable output. They are cited by knowledge users in reviews and briefings and contribute to the credibility of both MCHP and the completed research.

- It would be really helpful to be able to get updated data, or a variety of data products either from MCHP or IM&A in the future.

Topic 3: Increased impact of deliverables on the health of Manitobans

Integrated knowledge translation processes should be deployed to ensure maximum impact

The respondents all agreed that it is essential to ensure that MCHP deliverables make an impact. Evaluating this impact is also important but difficult to achieve. A particular challenge is that decisions that use MCHP research may happen beyond the immediate users' responsibilities, or sometime later, and perhaps indirectly (e.g., influencing or affirming an idea rather than being directly cited as the reason for a decision).

Three important factors that contribute to a deliverable's impact are for it to be tied to program needs, for program leads to be engaged in the study, and for there to be possible actions to take that use the findings. The relevant department staff or service delivery organizations need to understand why the deliverable is being done, and how it could be used effectively.

Respondents suggested that MCHP could capture examples of how deliverables have been used in decision-making or planning by knowledge users through surveys, discussion in knowledge translation meetings,

and follow-up with advisory group members. They noted that these might differ across deliverables and may need to take place at several intervals (perhaps up to 1 or 2 years) after the release of a deliverable.

Survey respondents reacted positively to the idea of collecting and sharing impact stories similarly to how this is done by ICES, a population research centre in Ontario similar to MCHP. ICES has compiled summaries of different research projects or research programs and information about how the research has been used, or actions that will help translate the knowledge into action (https://www.ices.on.ca/Newsroom/Impact-Stories).

Chapter 4:
Limitations of our Approach

Within our short timeframe, it was not possible to consider all stakeholders who contribute to or benefit from the deliverable process, including those knowledge users who often collaborate in specific research areas, such as our First Nations, Metis and Inuit colleagues. For example, one deliverable topic each year has typically been decided on by the Healthy Child Committee of Cabinet. At the time this deliverable was initiated, the government had declared its intention to repeal the Healthy Child Act and repurpose the Healthy Child Office. The future of child health/well-being-focused deliverables was unknown when we conducted our consultations, therefore we did not seek out specific input from the Healthy Child Manitoba Office. As a result, not all voices or perspectives have been integrated into our recommendations for an improved deliverable process. However, some of the knowledge users we did meet with and survey from MHSAL had contributed to child-oriented deliverables through advisory groups. We recommend that a wider range of partners and knowledge users be consulted during the implementation phase of any suggested development and reporting changes. Further individualization of the process to meet the needs of particular organizations may be required.

We could only include responses from those who attended the group consultations or completed the survey. As a result, individuals who are otherwise not engaged with the deliverable process but who should be, or will be in the future, would not have their perspectives on the process included. Individuals who do not use the deliverables did not participate in the consultations or complete the survey, so we could not query why they do not use deliverables. This is particularly relevant if individuals choose to be separate from the deliverable process or do not use deliverables because they do not find them useful or meaningful in the current form.

Finally, there may be an overlap of those who participated in the consultations and those who completed the survey. As a result, we considered all data sources together rather than reporting separately for each modality.

Chapter 5:

Recommendations for Improving the Deliverable Process and Products

In this chapter, we have taken the synthesis of the discussions with stakeholders and knowledge users, as well as the survey feedback, to make some recommendations for deliverable process improvements and modifications to the way we develop deliverable products.

These recommendations assume that following the provincial health system changes, MHSAL, Shared Health and service delivery organizations will identify areas where they need research to be completed by MCHP and other units at least once a year. We also assume that future deliverables will align with the objectives of the Manitoba Learning Health System Network of which MCHP is a part, will continue to use the Repository, and will leverage the strengths of MCHP. MCHP's strengths include the ability to link data at the person level across data sources and over time, the expertise of scientists and teams doing the work, the rigour of our studies, and our capacity to answer priority questions across a variety of topics.

Deliverable Process Recommendations

Deliver what is needed to support policy and program priorities

The process to identify and describe deliverable topics and objectives should better integrate departmental and service delivery organizational priorities. Potential sources of topics include the Clinical and Preventive Services Plan, the new Social Innovation Office that replaces the Healthy Child Manitoba Office, as well as recommendations from the Need to Know team.

Involve the right people to ensure relevance and impact

The goals of this deliverable were "to develop a more collaborative approach to deliverable descriptions" and "to establish a process that more fully engages deliverable end-users…from idea conception to knowledge translation". To achieve this, government, service delivery organizations and MCHP need to discuss deliverables internally and across organizations. This necessarily increases the engagement beyond what is done now.

The process that we develop should identify and, as appropriate, involve the leads within the departments and the service delivery organizations who would benefit most from MCHP deliverable research. It should also enable staff in those departments and organizations to contribute ideas and comment on proposed deliverables at appropriate times. How that happens

partly depends on the development of the new policy planning process and the clinical services and preventive service planning process within the newly transformed MHSAL and Shared Health. Ongoing discussions between MCHP, MHSAL and Shared Health need to determine the best way to engage people.

- In the past two years, the Deputy Minister and Assistant Deputy Minister in Health have led the discussions about deliverables, and in the past the Executive Director of IM&A has been the liaison for all MCHP deliverable discussions. In the future, others may need to be engaged, including the Executive Director of System Planning and Integration and Knowledge Translation Unit and appropriate leads within Shared Health.

- As other departments are transformed, new contacts need to be identified. For example, the Healthy Child Manitoba Office has been dissolved, but the new Social Innovation Office in the Department of Families is using MCHP research to support the development of social impact bonds, and MCHP needs to identify how best to support the work of this new unit.

- The Need to Know team is to be refreshed as Shared Health establishes its full role and activities, and as MHSAL and the other service delivery organizations reorganize. The role of the team and how it contributes to the development of future deliverable topics needs to be part of that refresh.

- Consultation with staff who are using deliverables in their work within the departments is necessary. How this happens is within the control of departments.

- As topics are developed, potential advisory group members should be identified from among key knowledge users.

Explore flexible configuration of annual deliverables (number, size, timelines) based on emerging need

MCHP and MHSAL should reconsider the number, size, and complexity of annual deliverables. We recommend that in the longer term the MHSAL-MCHP contract for deliverables incorporates space for one or two short-term less complex projects that support emerging needs during the year. However, we do not suggest that the contract moves towards solely 'within-year' projects. Anecdotal experience of delivering a number of concurrent short deliverables to a single fixed deadline is that it strains resources, creates bottlenecks, and delays other work, including older and more complex deliverables. Deeper dives into data are beneficial for both MHSAL and MCHP in terms of what we learn and the analytical techniques we develop.

- The new process for describing deliverable topics should incorporate the capacity to identify and agree on urgent deliverables during the year, rather than wait for the annual process.

- MCHP and MHSAL should agree to a set number of larger, complex projects as well as short and less complex, or short and urgent projects.

- MCHP should develop a suite of product options based on what may be achievable within different timescales (e.g., 6 months or 12-18 months), and offer what is achievable as part of the discussions about deliverables.

Strengthen timelines and resource requirements

MCHP should review and update internal processes and develop a standard approach for scoping out deliverable details, including the project timeline and resource requirements.

- This internal process for evaluating timelines and resource needs to meet those schedules should be adapted from the MCHP Feasibility/Data Access process already in place for grant-funded projects at MCHP.

- Timelines and resource needs should be evaluated prior to project initiation to allow for better planning and time management; they should be periodically revisited with the advisory group during the project to ensure deliverable products are still appropriate and the products will be delivered at a time when they are useful to knowledge users.

Engage strategically with advisory group

Each deliverable advisory group should continue to include a good representation of knowledge users, some appointed by relevant government departments and others invited by the deliverable team.

- We recommend that advisory group members are selected carefully for their capacity to contribute throughout the project.

- Advisory group members should fully understand why they have been selected, and the responsibilities of this role. The Terms of Reference that describe the role should be reviewed at the first advisory group meeting. Advisory group members who have been appointed by a government department or organization should also be informed of any expectations regarding reporting back to their department or organization.

- Advisory group meeting agendas should identify topics for discussion or areas requiring member input, and should be circulated ahead of time to

allow members adequate opportunity to provide input in advance as well as in the meeting.

- Meetings should be scheduled regularly, e.g. every six months.

- Brief progress reports should be shared regularly by the project team with advisory group members between meetings (e.g., quarterly) to help people feel engaged.

Adopt stronger project management principles

As an internal process, MCHP should undertake a review of our approach to managing deliverables, incorporating the work done in 2017. This review should look at the composition, roles, and processes used to keep a project on track and monitor milestone completion.

- Team roles should be clearly defined.

- The team should plan to deliver the project within a defined timeline from the date of project approval.

- Scope should be managed so that timelines can be maintained and study objectives, as outlined in the deliverable descriptions, are met.

Deliverable Product Recommendations

Continue producing reports

Our knowledge users would like for reports to continue in some form. We make the following recommendations based on our synthesis of their feedback:

- Deliverable reports should be written in the active voice in plain language.

- Deliverable reports should be short and supplemented by online resources as needed, building on previous work by MCHP such as the short 'My Health Teams' report, which was supplemented by online resources.

- Technical details of methodologies and analyses should be available as an online resource or in open-access published journal articles rather than being included in the main report.

- Charts and visual outputs should be easy to understand by key knowledge users and accompanied by text that highlights and interprets the key findings.

- Where possible, key findings should identify where the benefits for healthcare can be achieved, to highlight where knowledge users may wish to focus.

- MCHP should move to mainly providing reports online because these are widely used; limited quantities of printed reports should be available only upon request. An exception would be cases where the project team, in consultation with knowledge users during the project, identifies that a larger volume of printed copies are needed.

Provide a variety of deliverable products

The desired deliverable products depend on the topic and how the knowledge users will use the research. We recommend that MCHP develops a suite of potential products. At the start of each deliverable project, the team should develop a knowledge translation plan that identifies the types of products that may be needed, by whom, for what purpose(s), and when. The plan should be revisited periodically so that the planned products will be relevant. MCHP deliverable teams should be able to identify a range of deliverable products within a fixed budget.

In addition to the current package of reports, report summaries, and online supplements, potential products that deliverable teams could choose from include:

- Maps (customizable or interactive if possible) that serve as helpful visuals and service delivery organizations can easily share with staff, board members and the public;

- Data files and/or tables and figures (customizable or interactive if possible) that service delivery organizations could use for internal presentations or reports;

- Presentations by the researcher to staff to departments and relevant organizations;

- Materials to support policy briefs;

- Guidance for clinicians developed in collaboration with Shared Health and service delivery organizations; and

- Journal publications of new analytical methodologies or results from the study.

Provide deliverable data-based products

We recommend that MCHP explore the use of business intelligence tools such as on-line interactive dashboards and maps for presenting data from deliverable research, and for making deliverable products available to knowledge users. These tools allow end-users to flexibly explore trends in the data and to produce custom outputs for reports and presentations. Unlike static reports, a significant advantage of these tools is that back-end data can be refreshed at a reasonably low cost. MCHP has access to such tools immediately and has skilled staff willing to train in their use. The knowledge users referred to some examples that they

found helpful, which MCHP should explore (see Chapter 3, Topic 2). We recommend that MCHP:

- Develops example products.

- Seeks feedback on example products.

Explore ways to provide up to date information

The data in MCHP reports are typically at least 18 months old at the time of publication, and some knowledge users seek updates from IM&A in MHSAL afterwards. Due to the complexity of MCHP's technical definitions and analyses, and the range of data available at MCHP, analysts at IM&A are sometimes limited in their ability to update indicators from MCHP deliverables. We acknowledge that it is not feasible for all deliverable indicators or results to be updated regularly. Instead we recommend that MCHP and IM&A work together to identify commonly used indicators and determine how we could update them regularly, as part of contractual arrangements. For example, these could be the basis of one continually ongoing deliverable. This work would need to align with the upcoming implementation of the Provincial Information Management and Analytics transformation project (PIMA).

Impact Measurement Recommendations

We heard that knowledge users may use deliverables in many different ways, including compiling briefings and reports on a range of topics. This kind of impact is challenging to capture, and may not warrant significant effort to quantify for the information it brings. We currently track downloads and visits to MCHP webpages, which gives a measure of use that we could use to populate a dashboard aligned to our strategic objectives. However, we are also keen to capture when the findings in a deliverable are used to inform new policies or procedures or modify existing ones. We recommend the following:

- MCHP should find a way to enable knowledge users to participate before, during, and after deliverables are completed to support and identify application of research findings and to learn about the potential and actual impact of research.

- At knowledge translation days, MCHP should continue to incorporate opportunities for MHSAL and other departments, Shared Health, and other service delivery organizations to share examples of how deliverable research has been used.

- MCHP should consider how to develop a suite of impact stories similar to those shared by ICES. https://www.ices.on.ca/Newsroom/Impact-Stories

Implementation Recommendations

Develop an implementation plan

Implementing changes to the process for developing deliverable topics will require actions and input from MHSAL as well as MCHP, and we have made recommendations targeted at both organizations. We recommend that both MCHP and MHSAL review these proposed changes to the process and products and develop a plan to implement them. The plan needs to scope out actions, benefits and risks, responsibilities, resource needs, logical flow, implications and timescales for change. It also needs to identify the relevant departments and organizations that should be consulted or involved.

We recommend that MCHP adopt rapid prototyping, testing and revising, and implement an adaptive process to change, which means trying things out, learning from the attempts, and accepting some failures. Through a trial process, we should be able to learn what resources we have, and where there are gaps; what training needs we have; what the costs are for producing different types of products; and how to manage workflow between the different teams. We acknowledge that current relationships and agreements that are in place make this challenging.

Consider the challenges

Data governance and privacy. Using business intelligence tools brings some data governance challenges to MCHP. MCHP will need to develop data governance and data disclosure protocols for putting information into the cloud. This would need to cover private information, sensitive information, and unpublished data, as well as OCAP® and OCAS principles. Any Indigenous data would need to be shared through an Indigenous lens in partnership with Indigenous communities and organizations.

Capacity development. Writing research questions together with knowledge users will take some capacity building. Knowledge users will need some support to frame what they need, but also to understand what is feasible using the available data. MCHP has made some progress with MHSAL and service delivery organizations through the Need to Know team, but this team is in transition. In addition, MCHP research supports other departments such as Families, Education and Justice, all of which could also benefit from some capacity development. We heard that knowledge users want information in reports that they can understand without needing extensive training and support. They were enthused about the idea of a data portal with the caveat that it should be intuitive and easy to use. These are significant challenges for MCHP to address.

Chapter 6:
Discussion

The following discussion considers our recommendations in Chapter 5 in the context of the transformation of the health system currently underway in Manitoba. It also incorporates a review of what is happening within the wider research environment and how other similar research centres develop their deliverable topics. In addition, we reviewed some of the best practices for presenting results in a way that continues to be useful for the knowledge users, and ways to capture evidence of how research is used.

Modernized Deliverables in a Transforming Health System

The health system in Manitoba is in the midst of a transformation process that will impact the MCHP deliverable process. The way we identify deliverable topics will need to change to fit with the new planning process at MHSAL and Shared Health in terms of timing and subject matter. The roles and responsibilities of staff within MHSAL, Shared Health and service delivery organizations are changing imminently; MCHP may need to seek out individuals within different departments and organizations in the future to support the development of deliverable topics and to create advisory groups. Until now, service delivery organizations have relied upon content experts within MHSAL to support them with interpreting and using data from MCHP deliverables, but in the future, they may seek more of this support among MCHP researchers after deliverables are released.

MCHP needs to be flexible to be able to respond to the changing needs and priorities of MHSAL and/or service delivery organizations. This would require a change to our contract to make space and time to support responsive, shorter deliverables outside the typical annual process.

Improving the Deliverable Process

As noted by MCHP's former director, the late Dr. Patricia Martens, MCHP's success is built on relationships, through its formal contractual relationship, dedication to building and maintaining personal trust, communications strategies and increasing involvement of users in the research process [1]. Fifteen years later, these principles are just as valid. A new process to develop deliverable topics, and to engage knowledge users throughout the deliverable process needs to build on this success and be practical. If it is linked to the policy planning cycle, this may help with timeliness and better recognition of when science is needed and when research products need to be delivered.

Describing deliverable topics

We looked at how other similar organizations[3] that conduct research to improve health or healthcare systems address the 'deliverable description' when their services are used. These centres follow a knowledge user-driven process, with requests coming into the research unit on an ad hoc basis. These written submissions describe what is needed, the support that is required and the products desired. This is quite different to how MCHP has developed its process, which is much more reliant on the strength of established relationships, and an understanding of what MCHP can deliver. The relationships MCHP has developed are strong, and the process developed is suited to the environment and the relationship. However, MCHP and MHSAL will likely benefit by moving away from a solely annual 'set time' model to one that allows for a response to research needs that emerge ad hoc during the year (e.g., quarterly), arising as a result of the policy planning reviews.

The other centres we looked at required the service requester to use a form to describe a deliverable. This may be an approach that MCHP could use, especially for ad hoc requests. MCHP has begun developing an ad hoc approach for multiple departments through its 'Quick Turnaround' projects, and as projects are completed we should take the time to learn from that experience to determine if there is anything that could inform the deliverable process.

One of the most important factors that drives what kind of research output is commissioned is when it is needed [2]. As MHSAL's, Shared Health's and service delivery organizations' interests in ad hoc or short deliverables grow, the outputs may have to change, and traditional deliverables may not be the appropriate output.

As university staff members, MCHP researchers need to keep arm's length from the government to maintain the integrity of the research. At the same time, we need a closer working relationship that is focused on properly describing the specific questions to be answered and the types of products that would be beneficial to the knowledge users. The research team still needs to be independent, and not influenced by government to complete their research, and the findings need to remain in the ownership of the researcher so they can be published.

Improving the Deliverable Products

Delivering what is needed

The process of describing deliverable topics at MCHP has developed over 30 years [3].We learned during this project that if we spend some time identifying the primary users of

a particular deliverable and ask them what they need, weare more likely to deliver research that will be used and will make an impact.This planning includes describing the deliverable topic and also the desired deliverable products. We have recommended that MCHP be flexible beyond the current package of deliverable products and to ask knowledge users what products they need to translate the deliverable research into action.

MCHP needs to identify the best way to manage discussions about what deliverable products are needed to support knowledge translation. The researcher generally leads discussions with the advisory group, but some researchers will need training and support from others, such as the knowledge broker, so that discussions are effective. Building relationships with knowledge users takes time and effort and methods need to change as users develop their knowledge and their needs or expectations change, but relationships also need to be renewed as personnel change.

Providing deliverable data-based products

MCHP has been considering the use of business intelligence solutions to provide knowledge users with electronic access to deliverable products through a portal. MCHP researchers have funding from the Canadian Foundation for Innovation to use business intelligence systems for data visualization. We hope to learn from that project and develop a portal for stakeholder use.

Portals are used in a wide range of environments. Many workplaces have some kind of portal to provide staff with proprietary or tailored business tools such as financial management, payroll, or expense accounting. Data-generating organizations such as regulatory bodies, and healthcare providers have portals that staff can access to get the most current information, analytical results, or background information.

Portals have also been used in research to enable groups of researchers within different organizations to share data and research findings so that they can collaborate and make new innovations and discoveries [4-7]. We did not find publicly available examples of research data portals being shared with government departments.

At MCHP, we have much to learn, and many issues to resolve before we can launch a data portal containing research products from deliverables. Portal development will take some time. First, there is a need to develop the expertise to use business intelligence software. We need to design the portal incorporating best practises for users [8]. Second, we must resolve issues around data governance such as what is shared, with whom, and how to grant access to different knowledge users. Finally, we

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3   Centre for Healthcare Innovation, the Children's Hospital Research Institute of Manitoba and ICES

need to resolve whether the public should have access and if so, to what, and how would they access data. Our team is able to learn from the experiences of the Winnipeg Regional Health Authority Population Health Surveillance Team, which has worked through many of the privacy issues, and developed a data disclosure protocol in a public health setting so that they can share data via the Manitoba Collaborative Data Portal [9].

MCHP research includes a broad range of topics, and we work collaboratively with Indigenous organizations on projects that examine the health and wellbeing of First Nation, Metis and Inuit populations. OCAP® (https://fnigc.ca/OCAP) outlines the principles for collection use and disclosure of data or information about First Nations, and OCAS (www.manitobametis.com/) outlines the principles for collection, use and disclosure of data or information about Metis people. Care needs to be taken to apply these principles before any data or information are populated to a data portal [10,11] according to the frameworks agreed with University of Manitoba[4].

Improving Impact Measurement

Our recommendations for meaningful engagement with stakeholders and for recording impact stories echo the recommendations of Canadian Health Services and Policy

Research Alliance (CHSPRA) [12,13], which completed a comprehensive review of impact tracking. We found an impact tracking framework[5] that MCHP could use to evaluate and track the impact of contracted deliverables with MHSAL, in addition to the current citation tracking we already do [14,15].

MCHP could use the Canadian Academy of Health Sciences framework to identify where to look for impacts of health research and to choose impact categories of interest, as well as suitable indicators that cover our objectives, and areas of work, withstand organizational change, are cost-effective and can be incorporated into our management processes. We have begun to develop a dashboard that we can keep updated to track some of this information.

Over its 30-year history, MCHP has made an impact, and we have records of some of these achievements. Such stories are beneficial to researchers when applying for funding, and they are beneficial to the government for justifying the ongoing support for MCHP. If we collect that information systematically, we will be able to realize those benefits more effectively.

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4 http://umanitoba.ca/faculties/health_sciences/medicine/media/UofM_Framework_Report_web.pdf
5 Canadian Academy of Health Sciences

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Appendix 1: Knowledge User Meetings – Discussion Guide

A. Your Experience Using Deliverables

1. Which deliverables are you familiar with?

2. Which products have you used?

3. What do you like about them?

4. What made them useful to you?

5. What didn't you like about them?

6. Any products you didn't use? Why?

B. Future Options

1. Which of these products would you like to see continue?

   - Report (paper, online)
   - Data extra tables (online)
   - Report summary (paper, online)
   - Infographic

2. Are there any of these you think we should stop producing?

3. What other products would you like to see?

4. Any examples you have liked from non-MCHP sources you can direct us to?

C. Evaluating Your Experience

1. How do you think MCHP and MHSAL could work together to capture your experience with deliverables, deliverable products and the deliverable process?

2. Who should be involved?

3. How often?

D. Measuring Impact

1. How do you think MCHP could capture information or examples about how or when deliverables have been used? What suggestions do you have?

Appendix 2: Knowledge User Survey

Introduction

Each year, the Ministry of Health, Seniors and Active Living (MHSAL) contracts the Manitoba Centre for Health Policy (MCHP) to complete five research projects, called deliverables, to improve the health of Manitobans. These projects leverage data housed in the Manitoba Population Research Data Repository.

We are reviewing and revising our deliverable process and products to ensure that we continue to meet the needs of our wide range of users. Thank you for taking the time to be part of this process by filling out this survey. It should take approximately thirty minutes.

The following questions are about your experience using MCHP deliverables, and how you have used them, your ideas for future product options that could help you in your work, and your ideas on how we can evaluate the relevance as well as the impact of our deliverables on your work and ultimately the health of Manitobans.

Your responses will help us build a better process and develop a suite of products to support you in your work. We will share anonymized responses in our report to MHSAL.

Questions

Section A: A Couple Of Questions About You

1. What best describes the activities of the sector or department you work in, or most recently worked in when you used MCHP deliverables? Please check one.

    -   Policy development
    -   Planning
    -   Programming
    -   Service delivery
    -   Evaluation
    -   Research
    -   Other (please specify)

2. Have you read or looked through MCHP deliverable reports completed for MHSAL online or in print?

    -   Yes
    -   No
    -   IF NO - jump to Section C
    -   IF YES – continue to Section B

Section B: Using MCHP Deliverables

This section asks questions about your past and current experiences using the various products we provide as part of our deliverables. Thinking about MCHP deliverables you have read or looked through online or in print, please answer the following questions:

3. Please tell us the title or subject of a deliverable or deliverables you recently used? *(free text)*

4. Which of the following products from MCHP deliverables have you ever used? Please check all that apply.

- Full report (paper copy)
- Full report (electronic/viewed online)
- Data extras tables (excel files or other)
- Report summary (paper copy)
- Report summary (electronic/viewed online)
- Infographic (paper copy)
- Infographic (electronic/viewed online)

5. How have you used the products listed in the previous question in your work? For example, did you read a report and use it to make a work-related decision, did you use data extras to complete secondary analyses for a meeting presentation? *(free text)*

Section C: Future Options

We are interested in your ideas about possible products we could provide in the future as part of our deliverables.

6. We are considering offering a suite of options for each deliverable that could be tailored to the individual needs of relevant departments and other stakeholders who will use the deliverable products. Which of the following products would you use or could you see having value? Please check all that apply.

- Full report (paper copy)
- Full report (electronic/viewed online)
- Data extras tables (excel files or other)
- Report summary (paper copy)
- Report summary (electronic/viewed online)
- Infographic (paper copy)
- Infographic (electronic/viewed online)
- Data dashboards (i.e. resources that enable you to build your own graphs and charts from templates)
- Visual data presentations such as static maps
- Visual data presentations such as interactive maps
- Powerpoint presentations or slides
- Briefing notes
- Tweet-able content (single page/slide infographics, sound bites)
- Videos
- Word clouds
- Other- please specify *(freetext)*

One way we can modernize our sharing of results is to do so through a web-based interactive data platform. This would allow users to easily create their own customized graphs and charts. A Winnipeg-based example that demonstrates some of the functionality of this type of platform, can be found at http://www.mbcdp.ca/demographic-dashboards.html.

7. Do you think that you or your colleagues would find this a useful resource?

   a. Yes
   b. No
   comments

8. If we started providing interactive products as deliverable products, what supports would help you and your team to use these products? Please check all that apply *(checkboxes)*

- Training sessions
- On-going IT support
- Workshops

- Online guide
- Video tutorial
- Nothing would be helpful, I wouldn't use these products
- Other *(free text)*

Section D: Measuring Satisfaction with Deliverables

It is important to us that our research products support your work. This means that the deliverables need to be on topics you need researched, that you can use the deliverable products we provide, and that they are helpful. We would like your ideas on how we can evaluate the relevance of deliverables and how helpful they are.

9. How do you think MCHP could best capture your experience with deliverables, deliverable products, and/or the deliverable process (e.g., usability of products, relevance of questions)? Please check all that apply. *(checkboxes)*

   - Anonymous surveys
   - Town halls
   - Focus groups
   - Short evaluation forms at regular intervals during the deliverable process
   - Short evaluation form following the release of a deliverable
   - Telephone calls
   - Workshops
   - Other *(free text)*

Section E: Measuring Impact

You're almost done!

We are also keen to capture 'impact stories' examples of how deliverables have been used, and how they have contributed to making a difference to the health or wellbeing of Manitobans. Examples of 'impact stories' from another research centre are found at https://www.ices.on.ca/Newsroom/Impact-Stories

10. How do you think MCHP could capture your 'impact stories', do you have any suggestions? *(free text)*

11. If there is anything you would like to share about your experience with MCHP Deliverables that has not been captured elsewhere, please do share it here. *(free text)*