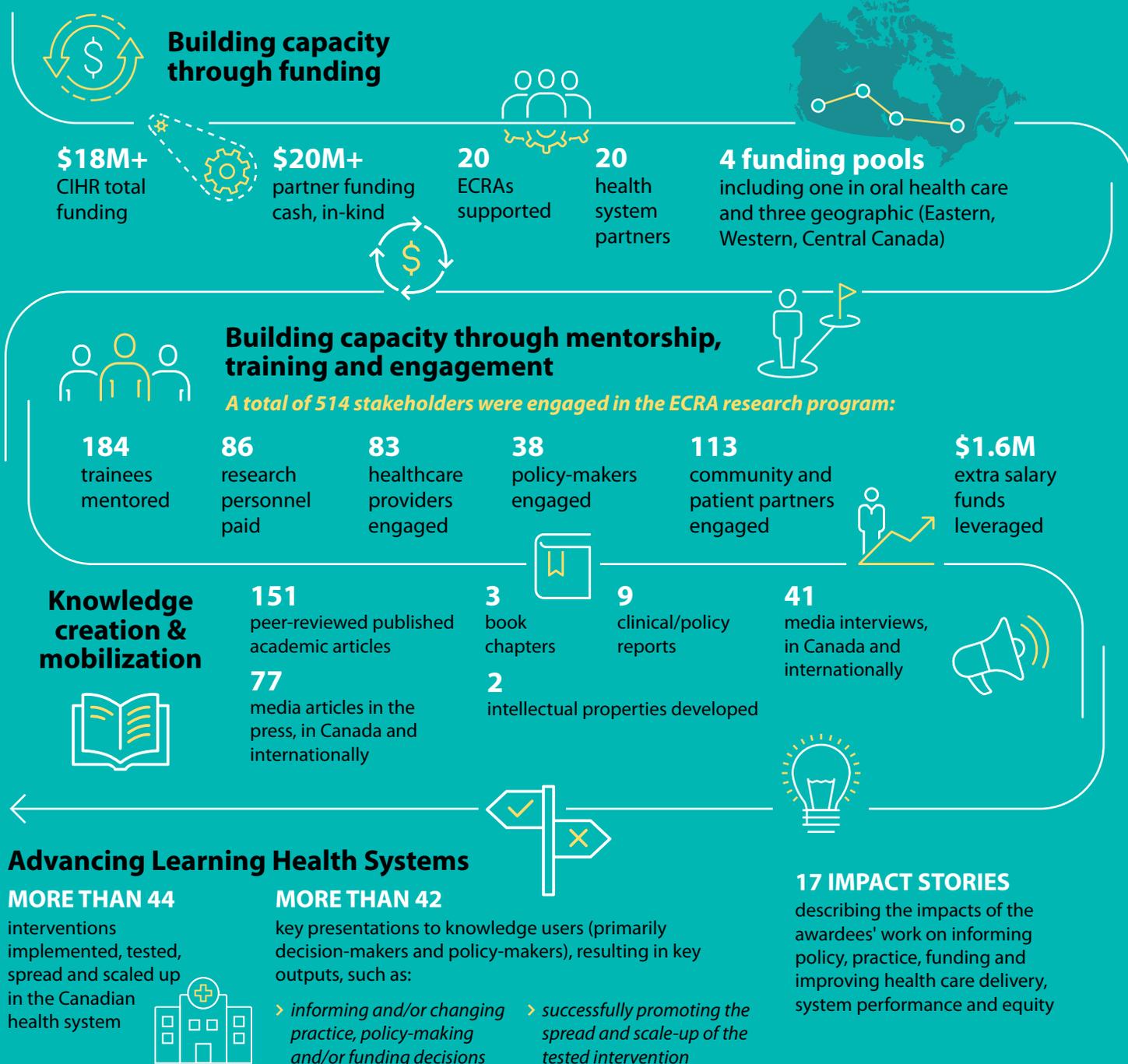


EXECUTIVE SUMMARY

The [Embedded Clinician Researcher Salary Award \(ECRA\)](#) program was designed to support original research on innovative models of health care delivery, build capacity for research excellence, and translate evidence for uptake into practice and policy. The 20 ECRA awardees each partnered with 20 health system organizations (e.g., hospital, provincial health authorities) to develop research capacity and leadership for transformative change in community-based primary health care and made notable contributions in supporting the creation of Learning Health Systems¹. The ECRA program was a key component of the CIHR [Community Based Primary Health Care \(CBPHC\) Signature Initiative](#). The summary below highlights the awardees' impacts and outputs during the program funding period of May 2015 to April 2021, as reported in their final reports (18 respondents, out of 20 funded awardees). Their reported impacts are grounded in the *Canadian Health Services and Policy Research Alliance (CHSPRA) Impact framework*².

THE NUMBERS - PERFORMANCE METRICS



HEALTH SYSTEM INTERVENTIONS

The most prioritized [research target areas](#) were:



A total of **44 cumulative interventions** were developed in these target areas, most commonly:



These interventions were at various stages of development, i.e., **implemented (39%)**, **tested/piloted (20%)** or **spread or scaled-up (18%)**, suggesting a trend in the implementation science approaches.

IMPROVING HEALTH EQUITY



There was a strong focus in the CBPHC Signature initiative to engage and include historically excluded groups or those at-risk³ of receiving poor access to care. The ECRA research programs were not an exception, and worked to advance health equity in the following groups/populations/settings (non-exhaustive list):

- Adults living with drug addiction and substance use
- Older adults undergoing care transitions, particularly hospital discharge
- Perinatal support program in rural and remote areas, and Indigenous settings
- Overcoming ethnicity-based barriers to seeking and receiving care
- Adequate housing or outreach care to achieve stable health for at-risk populations

IMPACTS

Grounded in CHSPRA's impact framework



Build Capacity

\$18M from CIHR
\$20M from health system partners

20 Clinician-Researchers supported for 4 years



514 stakeholders engaged:

184 trainees mentored
38 policy-makers
86 research staff
113 community & patient partners
83 healthcare providers



Produce Evidence

165 publications including 151 academic articles, 3 book chapters, 9 reports, & 2 Intellectual properties published



118 media engagements as media articles & interviews



Inform decision-making on health services & policy innovation

17 Impact Statements to share on informing policy/practice, improving Quadruple aim & equity, & more



42 invited presentations

to knowledge users, policy makers & general public, with key outputs, such as:
informing practice & policy
successfully promoting the spread & scale of tested interventions to different settings



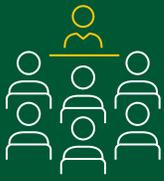
Improved health system performance & health equity

44 interventions implemented, piloted & spread/scaled up



Health equity advanced:

Perinatal support program in remote communities; improved access to care in under-served regions; to low-income families & many more



42 KEY NON-ACADEMIC PRESENTATIONS

OUTPUTS AND OUTCOMES

The resulting impacts of these engagements included: informing/ changing practice, informing policy-making and/or funding decisions, or successfully promoting scale-up, spread and/or expansion of the tested/implemented intervention.

CONTEXTUAL FACTORS

that hindered/facilitated research activities, innovation and spread & scale

COVID-19 PANDEMIC

The ripple effect of the COVID-19 pandemic in clinical and research areas was cited as both a barrier and a facilitator:

BARRIER

Increased clinical duties of awardees, delays in research outputs, overwhelmed health system with other priorities.

FACILITATOR

Agile response, including rapid uptake of virtual care.



BARRIERS

Changes in the health system (local and provincial), turnover and limitations in human resources; lengthy ethics procedures; resistance to change; limited access to data; non-interoperable clinical data systems (i.e., EMRs) which prevented the scale up of the intervention to other sites/settings; the lack of policy, investments and/or societal interest in the specific topic area (e.g., oral health care); the slow nature of uptake of evidence into practice; and challenges working with community partners.



ENABLERS

Strength of quadripartite partnerships and leadership, partnerships with clinical networks and clinical teams; the use of technology (virtual care, informatic systems) facilitating uptake of the interventions developed.

ADVANCEMENTS ON THE AWARDEES' CAREERS

All respondents (100%) reported highly favorable impacts of the award on their career advancement, including in: enhancing research activities; and building expertise and capacity, both personally and for their research teams; in leveraging additional research and salary funds; the prestigiousness of the award itself helped to raise their profile (at the departmental, national or international levels), helped to secure promotions, and to offer opportunities to partner with decision-makers and clinical networks.



“ This unique experience allowed me to expand my horizons and lay the foundation for the next two decades of clinical and academic work. ”

– Dr Kaplan

VALUE-ADD OF THIS PROGRAM

The awardees cited the following value-adds of the award:

- Enhancing professional career paths and profiles
- Embeddedness resulting in direct positive impacts on health system performance and health equity
- Advancing Learning Health Systems and health services and policy research priorities
- Fostering impactful partnerships with health system decision-makers (e.g., creation of opportunities for an awardee to become a decision-maker within a provincial health authority)
- Facilitating further leveraging of additional research funds

FOOTNOTES

- ¹ A Learning Health System is an accountable healthcare organization(s) that mobilizes research for transformation and impact, including in advancing the Quadruple Aim and health equity, such as improving patient experience and outcomes
- ² Canadian Health Services and Policy Research Alliance. [Making an Impact: A Shared Framework for Assessing the Impact of Health Service and Policy Research on Decision-Making](#) 2018.
- ³ Groups that are historically excluded and/or at-risk of receiving poor care include: young children living in low-income families; elderly people living in institutions or with low incomes; Indigenous Peoples; refugees and immigrants; individuals living with disabilities; people living in rural and remote regions; and others.



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