Applied Health Research Question (AHRQ) 2013/14 Guidelines

Planning, Research and Analysis Branch

Health System Strategy and Policy Division

Ministry of Health and Long-Term Care

April 2013

Ontario

Ministry of Health and Long-Term Care

Copies of this report can be obtained from

INFOline: 1-866-532-3161

TTY 1-800-387-5559

Table of Contents

Applied Health Research Question (AHRQ)
2013/14 Guidelines

Planning, Research and Analysis Branch

Health System Strategy and Policy Division

Ministry of Health and Long-Term Care

April 2013

Introduction

The Planning, Research and Analysis Branch in the Health System Strategy and Policy Division of the Ministry of Health and Long-Term Care (MOHLTC) supports leading edge health research and knowledge translation activities for the benefit of the Ontario health system. This research provides data, analyses and knowledge to help build a strong, evidence-based foundation for innovation and decision making to improve the Ontario health care system. The funding agreements established by the Planning, Research and Analysis Branch require most research institutes, centres and projects to set aside a portion of their annual MOHLTC research funding towards Applied Health Research Questions (AHRQs).

An AHRQ is a question posed by a health system policy maker or provider in order to obtain research evidence to inform planning, policy and program development that will benefit the broader Ontario health system.

The AHRQ process:

- Facilitates the direct interaction and dialogue between policy makers, providers, development/planning staff and researchers.

- Identifies research needs and gaps in research evidence across the health system.

- Informs priority setting for research projects by supporting research within these areas.

- Disseminates research findings broadly.

Principles

- Research Excellence – The AHRQ process and its participants strive for excellence in research.

- Relevance – Questions must address an identified research need or gap that will directly or indirectly benefit (i.e., provide research evidence to) agents and service providers in the Ontario health system.

- Collaboration – Areas of research need and questions are initiated by Knowledge Users; however, the specific research scope and question is defined through collaboration by Knowledge Users and the Research Providers.

- Accessibility and Knowledge Transfer – Summaries of synthesized and new research evidence stemming from the AHRQ process are made accessible to a broad audience.

Participants

- Knowledge Users: Individuals representing Ontario organizations that are seeking research evidence to inform planning, the provision of services, policy and/or program development in health and the health care system.[1]

- Research Providers: Research institutes, centres or projects that receive funding from the Planning, Research and Analysis Branch under a Transfer Payment Accountability Agreement.[2]

- Research Unit in the Planning, Research and Analysis Branch: Functions as the coordinator and evaluator of the AHRQ process. The Research Unit's role is to facilitate direct contact between Knowledge Users and Research Providers. The Research Unit is available as support if questions or issues arise, e.g., demand exceeds the organization's available funds or capacity to respond, insufficient demand, poor alignment of question with organization's expertise, advice on prioritizing, etc. The Research Unit will also evaluate the AHRQ process, and introduce modifications to it as appropriate.

Three Types of Research Provider Responses

1. Rapid response – Preliminary information in one week or less providing a "first blush" response, e.g., expert opinion or relevant systematic reviews, articles or reports on a given policy topic.
2. Research report or technical brief – Approximately 4-8 weeks of work to quickly synthesize the existing research evidence on a given topic. The final product could be a presentation or a report. Upon conclusion of the AHRQ, the researcher will complete the AHRQ Summary of Findings Form which will be disseminated broadly once completed.
3. Research project – Where it has been confirmed that new knowledge must be generated, i.e., existing knowledge is not sufficient for planning or policy development requirements, new research projects will be initiated. The duration may be months, or years, depending on the project. For longer-term projects it is expected that some information be provided within the funded fiscal year. Institutions should contact the Research Unit prior to undertaking any longer-term projects. Organizations should not initiate new multi-year projects if they have one year funding agreements unless they can produce some interim or preliminary findings during the funded period. At the end of the project, the researcher will complete an AHRQ Summary of Findings Form which will be disseminated broadly. Interim or preliminary findings will not be disseminated.

It is understood that not every question will result in a research response.

---

[1] See also Frequently Asked Question #2
[2] See also Frequently Asked Question #3

Process and Timing

The AHRQ process will be ongoing throughout the funding year. Knowledge Users should be mindful of the fact that as the funding year progresses, Research Providers might have less capacity to take on new projects as they expend their funding related to AHRQ. Research Providers should limit their work to projects that will have some results within the period for which they have confirmed funding. Figure 1 provides an overview of the AHRQ Process for 2013/14.

Figure 1: AHRQ Process for 2013/14

1. Research Unit Initiates AHRQ Process
•Research Unit sends out AHRQ guidelines and Research Provider contact information to Knowledge Users and will cc: Research Providers to initiate the AHRQ process.
•Research Providers may forward the announcement to local Knowledge Users.
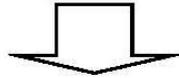
2. Knowledge User – Research Provider Contact
•Knowledge User contacts potential Research Providers
•Knowledge User and Research Provider dialogue to scope AHRQ
•Research Provider notifies the Research Unit via email within two business days of receiving a new type 2 or 3 AHRQ request.

3. Research Unit Identifies Previous Relevant Work and Provides Support as Required
•Research Unit searches internal repositories and shares previously completed work with Knowledge User and Research Provider
•Research Unit also provides support throughout the process on request
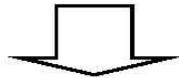
4. Initiation of Work
•Research Provider informs the Research Unit of the question that will be addressed, then initiates work
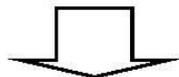
6. Interim/Preliminary Results Presented
•For type 2 and 3 responses, Research Provider schedules interim/pre-final report meeting with Knowledge User and Research Unit

5. Research Progress Reported
•Research Provider submits Workplan Report (Research Provider Template #1) quarterly to Research Unit
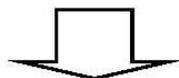
7. Research Results Communicated
•Research Provider sends response to Knowledge User and will cc: Research Unit. Information is now available to be disseminated broadly.
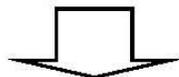
8. Knowledge Transfer and Dissemination
•For type 2 and 3 research responses, Research Provider sends one page AHRQ Summary of Findings Form to Research Unit
•Research Unit works with Research Providers to identify appropriate knowledge translation opportunities.

The Responsibilities of Research Providers

Research Providers will:

- The Research Unit will announce the launch of the 2013/14 AHRQ process with an email to potential Knowledge Users cc: Research Providers. Research Providers may forward the announcement to local Knowledge Users.
- Notify Research Unit within 2 business days of receiving a new type 2 or 3 AHRQ request.
- Work with Knowledge Users to define the scope of the question and suggest ways to ensure that AHRQs result in high-quality research products.
- For type 2 and type 3 responses, submit Knowledge User AHRQ Request Form via email to ResearchUnit@ontario.ca, including those that are declined.
- Leverage existing projects and align requests to maximize the number of AHRQs that can be addressed.
- Inform Research Unit via email at ResearchUnit@ontario.ca before work on a new type 2 or type 3 question is initiated.
- Complete the Quarterly Workplan Report. Include all three types of responses, and indicate the status of each (e.g., declined, referred, scoping, in progress, completed).
- Contact Research Unit for assistance if questions arise (e.g., too many or too few questions are received, Knowledge Users expectations cannot be met).
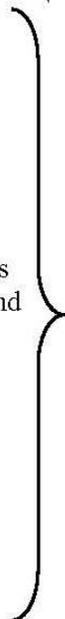- Ensure that the research is conducted, and if a non-expert does the research, that the product is reviewed by an expert or senior scientist before it is finalized for the Knowledge User.
- Schedule and lead at least one meeting/call with the Knowledge User and Research Unit before the final product is delivered for type 2 and type 3 responses.
- Include the Research Unit on the final email correspondence for type 2 and 3 responses and provide the Research Unit with a copy of all final documents provided to the Knowledge User.
- Complete the AHRQ Summary of Findings Form for type 2 and type 3 responses once the research is completed and return to the Research Unit.
- Complete an annual online survey about the AHRQ process.

List of Research Provider Templates
AHRQ Quarterly Workplan Report
AHRQ Summary of Findings Form

The Responsibilities of Knowledge Users

Knowledge Users will:

- Initiate direct contact with Research Providers before submitting a Knowledge User AHRQ Request form for type 2 and type 3 responses. (The appended Research Provider Contact List should be used to identify appropriate research providers)
- Work with Research Providers to identify which of the three AHRQ responses is most appropriate given their information need and timeline for decision.

- Contact Research Unit for assistance if questions/issues arise (e.g., Research Provider is unable to take on the AHRQ).
- Provide the Research Provider with a brief summary of the background and the purpose of the actual question being proposed. (More detail provided in Knowledge User AHRQ Request Form.)
- Develop research question and obtain approvals from senior decision maker (e.g., assistant deputy minister, executive director) to ensure that research questions reflect the need for knowledge in the Ontario health system. Questions based on personal interest or other non-system purposes are not suitable for the AHRQ process.
- Participate in the Research Provider-led meeting/call before the final product is delivered for type 2 and type 3 responses.
- Complete an annual online survey about the AHRQ process.

The Responsibilities of the Research Unit

The Research Unit will:

- Define and oversee the AHRQ process. Track all AHRQ questions, including those that are not answered.
- Announce the launch of the 2013/14 AHRQ process with an email to potential Knowledge Users cc: Research Providers.
- Provide all Research Providers and potential Knowledge Users with information on the AHRQ process including the area of focus and contact details for the main AHRQ coordinator for each Planning, Research and Analysis Branch-funded organization or project.
- When new requests are made by Knowledge Users, determine whether similar questions have been posed and responded to previously, share relevant findings from previous work, advise Knowledge User and Research Provider when a new AHRQ is not required.
- Be available as a resource to Research Providers and Knowledge Users if issues arise (e.g., demand exceeds available funds, insufficient demand, poor alignment of question with organization's expertise, identifying other research providers, advice on prioritizing, etc).
- Participate in the Research Provider-led meeting/call before the final product is delivered for type 2 and type 3 responses.
- Disseminate completed one page summaries for type 2 and type 3 responses broadly.
- Evaluate the AHRQ process, e.g., administer researcher and knowledge-user satisfaction surveys, review final documents, and analyze the impact of the AHRQ process and AHRQ funding.
- The ministry intends to develop a searchable public repository of current and previous AHRQ reports to be available in the future on the Research Unit website.

Frequently Asked Questions

1. What is an Applied Health Research Question (AHRQ)?

An AHRQ is a question posed by a health system Knowledge User in order to request research evidence that can be applied to improve or benefit the Ontario health system. Institutes, centres and projects funded by the Planning, Research and Analysis Branch provide responses to AHRQs in order to inform planning, policy and program development, which in turn helps strengthen the Ontario health system.

2. Can you provide some examples of Knowledge Users?

Knowledge Users include policy development staff, planners and decision makers from across the Ontario health system including, but not limited to: Ontario ministries, Local Health Integration Networks (LHINs), hospitals (acute and rehabilitation), Community Care Access Centres, provincial associations and agencies (e.g., Health Quality Ontario, Public Health Ontario). Research Providers may also suggest their own local Knowledge Users.

3. Can you provide some examples of Research Providers?

Research Providers are the research institutes, centres or projects that receive funding from the Planning, Research and Analysis Branch in 2013/14 under a Transfer Payment Accountability Agreement. A full list of Research Providers is available on request from ResearchUnit@ontario.ca.

4. Will the Research Unit screen who can be a Knowledge User?

No, the Research Unit will not be screening Knowledge Users. It will be the responsibility of the Research Providers to determine if the research evidence being sought has the potential to impact planning, policy or program decisions in health and the health care system to be eligible for consideration as an AHRQ. The Research Unit will provide input and advice to Research Providers on request. AHRQs must be approved in writing by a senior decision maker within the Knowledge User's organization (e.g., assistant deputy minister, executive director).

5. Can organizations that are not on the first outreach email participate as Knowledge Users in the AHRQ process and will the knowledge exchange with them count as AHRQ products in reporting to MOHLTC?

Yes. Research Providers can forward the Research Unit outreach email to local Knowledge Users. It is the responsibility of the research organization to ensure that the engagement with Knowledge Users and resulting AHRQ products meet the requirements for AHRQs.

6. Prior to the launch of the 2013/14 AHRQ process, some Knowledge Users have already connected with Research Providers to undertake AHRQ activities. Does the Research Provider need to inform the Research Unit?

Yes, Research Providers must include this activity on the Quarterly Workplan Report to be submitted to the Research Unit.

7. Are there any restrictions regarding scientists' publication rights or data ownership rights?

- Scientists' publication rights and/or data ownership rights are set out in the Transfer Payment Accountability Agreements between Research Providers and the MOHLTC and require that:

  - The Research Provider acknowledges, in a form approved by the Province, the support of the Province in any publication of any kind, written or oral, relating to the research activities funded by MOHLTC.
  - The Research Provider indicates in any published material that the views expressed are the views of the Research Provider and do not necessarily reflect those of the Province.
  - All copyright and other intellectual property rights within the published material of any kind produced by the Research Provider shall belong to the Research Provider.

8. What if a question posed appears to seek data and analysis that would support advocacy rather than research evidence and advice?

Research under AHRQ is intended to inform planning, policy and program development that benefits the Ontario health system broadly. Research evidence presented to Knowledge Users must be balanced and reflect the evidence base. For example, Knowledge Users may request a summary of all evidence related to a policy or program but may not ask for only successful examples of implementation. Requests to support specific advocacy positions are neither in scope, nor appropriate, for the AHRQ process.

9. What documents do I need to complete?

Knowledge Users:

- Knowledge User AHRQ Request Form (for type 2 and type 3 requests)

Research Providers:

- AHRQ Quarterly Workplan Report. Include all three types of responses, and indicate the status of each. Research Providers to submit the workplan to the ResearchUnit@ontario.ca at the end of each quarter in the funding year:

  - July 31st (for period of April to June)
  - October 31st (for period of July to September)
  - January 31st (for period of October to December)
  - April 30th (for period of January to March)

- AHRQ Summary of Findings Form. Research Providers to complete the one page summary template (for type 2 and 3 responses) once the final product is completed. Copy ResearchUnit@ontario.ca on the final email correspondence and provide the Research Unit with a copy of all final documents provided to the Knowledge User.

10. What if the Research Provider cannot complete the work proposed within the 2013/14 year?

A Research Provider might identify from the beginning that the question cannot be researched within the proposed time or funding period. The Research Provider should communicate this directly to the Knowledge User and the Research Unit. The Research Providers and Knowledge Users can then work together, involving the Research Unit for advice as required, to determine if an interim product or preliminary response can be produced during the funded period. The Research Provider should further note if a project will continue beyond the funded period in the AHRQ Quarterly Workplan Report.

The Research Provider, Knowledge User and Research Unit may also agree to bring forward the AHRQ in the future (noting that no commitments can be made outside the funded period).

11. When do Research Providers need to contact the Research Unit?

- Notify the Research Unit via email within 2 business days of receiving a new type 2 or 3 AHRQ request.
- For type 2 and type 3 responses, send the completed Knowledge User AHRQ Request Form to the Research Unit, including questions that are declined.
- Notify Research Unit of the type 2 or type 3 questions that will be addressed before work is initiated.
- Submit AHRQ Quarterly Workplan Report quarterly to Research Unit.
- Copy Research Unit when sending research results to Knowledge User.

12. Who will be responsible for dissemination when research is finalized?

Depending on the nature of the work, dissemination may involve collaboration between a combination of the Research Provider, Knowledge User and Research Unit. The format for dissemination will also depend on the nature of the work.

The ministry intends to develop a searchable public repository of current and previous AHRQ reports to be available in the future on the Research Unit website.

APPENDICES

(Electronic Word/Excel documents also available)

Knowledge User AHRQ Request Form

Please complete this form and submit to a research institution to initiate the AHRQ process. A list of contact information and area of expertise for ministry-funded research institutions is appended to the 2013/14 AHRQ guidelines.

*Please note that research under AHRQ is intended to support policy development and planning to improve the Ontario health system. Requests to support specific advocacy positions are neither in scope, nor appropriate for the AHRQ process.

The information supplied in this request form is not confidential and may be shared at the discretion of the ministry.

Knowledge User Organization	
Primary Contact Name	
Title and Department	
Address	
Phone	
Email	
Date research is needed	

The ARHQ is submitted to:

Research Provider Organization:

Date:

1. What type of research evidence response are you seeking?
   ☐ Rapid response
   ☐ Research report or technical brief
   ☐ Research project

2. Please indicate the primary focus of the proposed AHRQ.
   ☐ Community-based Care
   ☐ Health System Performance and Sustainability
   ☐ Healthy Living, with a focus on tobacco control
   ☐ Innovation with a focus on drugs
   ☐ Mental Health and Addictions
   ☐ Nursing Research
   ☐ Primary Care Reform
   ☐ Problem Gambling
   ☐ Quality Improvement and Safety
   ☐ Seniors' Care
   ☐ Vulnerable and Special Health Needs Populations

☐Women's Health

3. Provide a brief summary of the background and the purpose of the actual question being proposed. Why is this AHRQ being proposed? (e.g., development of guidelines on improving prevention and care delivery of a specific chronic disease.)

┌───┐
│   │
│   │
│   │
│   │
│   │
└───┘

4. What is the current status of knowledge by the Knowledge User group? (e.g., there is some anecdotal evidence that the existing delivery of services do not adequately capture high-risk groups.)

┌───┐
│   │
│   │
│   │
│   │
│   │
└───┘

5. How will the eventual research evidence be used and what purpose will the proposed research serve? (e.g., the research evidence will be reviewed by senior management and service delivery partners and considered in the development of a defined preferred model of care and best practice relating to a health care issue.)

┌───┐
│   │
│   │
│   │
│   │
│   │
└───┘

6. Please name at least two other organizations or program areas that can benefit from this research.

┌───┐
│   │
│   │
│   │
│   │
│   │
└───┘

7. Please have a senior decision maker (e.g., Assistant Deputy Minister, Executive Director) from your organization sign below to confirm that they approve this research question.

Senior Decision Maker Name	Signature	Date

8. To be completed by Research Provider:

This request is: ☐ Accepted

☐ Declined

Reason:

☐ Referred to another organization:

The information supplied in this request form is not confidential and may be shared at the discretion of the ministry.

AHRQ 2013/14 Quarterly Workplan Report

Research Providers are asked to submit an update of the excel spreadsheet form quarterly to ResearchUnit@ontario.ca**as per the fiscal quarters of the funding year:**

- July 31st (for period of April 1 to June 30 – Q1)
- October 31st (for period of July 1 to September 30 – Q2)
- January 31st (for period of October 1 to December 31 – Q3)
- April 30th (for period of January 1 to March31 – Q4)

Please complete both worksheets (list of questions and financial information).

AHRQ Summary of Findings Form

Form to be completed by Research Provider upon completion of research activity for all type 2 and 3 research responses.

The information on this page will be kept internal to the MOHLTC; the information on the next page will be disseminated broadly.

Research Provider Organization	
Primary Contact Name	
Address	
Phone	
Email	

Knowledge User Organization	
Primary Contact Name	
Address	
Phone	
Email	

Research start date	
Research end date	

AHRQ Summary of Findings Form

Applied Health Research Question:_____

Name of Research Provider Organization:_____

Type of Response (check one):

☐**Research Report/ Technical Brief**	☐**Research Project**
Types of relevant evidence identified (check all that apply): ☐ Systematic review(s) (e.g., Cochrane reviews) ☐ Randomized controlled trial(s) (RCTs) ☐ Quantitative research other than RCTs in peer-reviewed journals (e.g., administrative database studies, experimenter controlled studies) ☐ Qualitative research in peer-reviewed journals (e.g., descriptive research) ☐ Grey literature (e.g., technical reports, working papers from research groups or committees, government reports, abstracts from conferences, proceedings) ☐ Commentary and editorial articles published in peer-reviewed journals ☐ Other (please specify):_____	**Methodology**: [e.g., analyses of administrative data, randomized controlled trial, qualitative research, etc.]

Key Findings:

-

Research Provider Contact List

Research Provider Institution	Area of Focus/Description	AHRQ Contact
Centre for Research in Community Interventions to Promote Optimal Aging at Home (McMaster University)	The aim of this program is to promote optimal aging at home for older adults with multiple chronic conditions and to support their families and caregivers. To this end, the program designs, evaluates and translates new and innovative inter-professional community-based interventions to improve access to health care, health-related quality of life, and health outcomes in this population, while reducing costs.	Maureen Markle-Reid Phone: 905-525-9140, ext. 22306 Email: mreid@mcmaster.ca
Fostering Innovation and Evaluating the Effectiveness of Ontario Pharmacist-led Medication Management Programs (University of Waterloo)	There is a large gap in the evidence available on the value of Ontario professional pharmacist services and even less information on how they relate to frequent or high risk users of the health care system. This interdisciplinary research collaboration aims to assess and improve the quality, outcomes and value of pharmacists' services to improve medication use. Goals include investigating existing and emerging pharmacist-led inter-professional practice-based approaches (with a focus on high-users), and building on Ontario pharmacy practice and medication management research capacity. The program evaluates the MedsCheck and Pharmaceutical Opinion programs, pharmacist administration of influenza vaccine and pharmacist authority to renew and adapt prescriptions programs. Other research projects examine the community pharmacist's role in chronic pain management, how "deprescribing" guidelines can reduce unnecessary medication use in the elderly and how health care providers perceive pharmacists as prescribers, with minor ailments as the model.	Lisa Dolovich Email: ldolovic@mcmaster.ca Phone: 905-525-9140, ext. 20876 (Karen Slonim)
Harnessing Evidence and Values for Health System Excellence (McMaster University)	This interdisciplinary program of research focuses on economic and policy analysis of health system performance (including analysis of socio-economic-related inequities of access, the impact of primary care practice structure on performance, etc.). It also includes the development of methods to identify values, along with frameworks for integrating evidence and values into	Gioia Buckley Phone: 905-525 9140, ext. 24658 Email: buckle@mcmaster.ca

Research Provider Institution	Area of Focus/Description	AHRQ Contact
	decision-making (e.g., values-informed equity analysis, health technology assessment).	
Health Care Access Research in Developmental Disabilities Program (Centre for Addiction and Mental Health)	Individuals with developmental disabilities are one of the most vulnerable and marginalized populations when it comes to accessing healthcare. The goal of this program is to improve their health experiences by reducing disparities through access to best practices. This program provides new information that profiles vulnerable developmental disability subgroups and translates research to facilitate the uptake of evidence-based practice in primary and emergency care.	Julie Klein-Geltink Phone: 416-535-8501, ext. 77819 Email: julie.kleingeltink@camh.ca
Health System Performance Research Network (University of Toronto)	This program focuses on ways to improve value for high-cost and high-risk populations, responding to questions such as: Who are the most important populations to focus on to improve value in the health system? What are the most important evidence-based models of care that can be spread across Ontario to improve value? What are the different configurations of resources and organizational factors that can lead to achieving equally high value in different contexts, regions and provider groupings that exist across Ontario?	Jessica Goncalves Phone: 416-946-5023 Email: Jessica.goncalves@utoronto.ca
Healthier Built Environments: An Opportunity for Innovation in Mental Health and Obesity Policy (McMaster University)	This program builds on evidence that links features of the built environment to enhanced physical activity, healthy body weights and positive mental health, especially for vulnerable populations. Studies focus on whether living in more "walkable" urban areas leads to healthier body weights, whether housing interventions (e.g., subsidized housing) improve adult mental health and healthy child development, and whether neighbourhood improvement strategies can benefit the health of residents in concentrated poverty neighbourhoods.	James Dunn Phone: 905-525-9140, ext. 23832 Email: jim.dunn@mcmaster.ca
Improving Health Equity for Northern Ontarians: Applied Health Research with Vulnerable Populations (Laurentian University)	How can current health policy, systems and practice be transformed to improve health equity for vulnerable and special health needs populations in northern Ontario? This program aims to improve access, delivery, and quality of care in this region, with a focus on rural, remote, Aboriginal and Francophone populations. It examines telemedicine and health professionals as a means to improve quality of care.	Wayne Warry Phone: 705-675-1151, ext. 4301 Email: wwarry@laurentian.ca

Research Provider Institution	Area of Focus/Description	AHRQ Contact
Institute for Clinical Evaluative Sciences (ICES)	The advanced analysis of enriched, linked population health data sets to: identify determinants of health and ill health; examine the effectiveness and safety of a wide range of medical interventions including drugs and devices; and, investigate the equity, quality, value and appropriateness of care delivered by the Ontario healthcare systems; aging; various cancers; cardiovascular disease; chronic disease; diabetes; diagnostic testing and screening; disability, drug safety, equity and social determinants of disease; emergency services; gastroenterology; geographic factors in distribution of health and healthcare; health of First Nations and Métis; health technology assessment; health of immigrants; mental health and addiction; peri-natal and child health; primary care models; rehabilitation; resource consumption and costing; respiratory disease; stroke medicine; surgical procedures and pre-operative testing; vaccination, wait times and women's health.	Erica Yates Phone: (416) 480-4055 x 83781 Email: ahrq@ices.on.ca
Nursing Health Services Research Unit (McMaster University)	Health care services; nursing/health human resources; co-coordinator of care; health outcomes; health systems; database registry; sustainability and accountability; economics; health settings; community/hospital/LTC; geographical area served: rural/border cities.	Theresa Noonan Phone: 905-525-9140, ext. 22698 Email: noonant@mcmaster.ca
Nursing Health Services Research Unit (University of Toronto)	Health care services: nursing; health human resources; health outcomes and patient safety; health care setting: home; correctional; LTC; community; health care system: quality; best practice; innovation.	Na Young Lee Phone: 416-946-4567 Email: Nayoung.lee@utoronto.ca
Ontario Child Health Study Sequel (McMaster University)	This program replicates and extends the landmark 1983 Ontario Child Health Study, which provided the first estimates of mental disorders among children and adolescents in Ontario. This sequel quantifies changes in prevalence, evaluates the responsiveness of the health system to these children/youth, and determines the influence on risks for mental disorders associated with children/youth's neighbourhoods, homes and families to inform evidence-based prevention programs and policies.	Kathryn Bennett Phone: 905-525 9410, ext. 22914 Email: kbennett@mcmaster.ca

Research Provider Institution	Area of Focus/Description	AHRQ Contact
Ontario Problem Gambling Research Centre (OPGRC)	Problem gambling research	Diane Santesso Phone: 519-763-8049, ext. 223 Email: diane@opgrc.org
Primary Health Care Program (Western University)	This program studies Primary Health Care's quality, equity, access, links with other sectors of health care, and sustainability – with consideration of the practice, community health care, and the broader health care system. A particular focus is the integration/coordination of care delivery for patients with multiple chronic conditions deserving care in the home delivered by Primary Care Reform models in collaboration with hospitals, CCACs, community agencies and specialists. Studies also examine the use of technology (Personal Health Records, eConsults, etc.) in improving quality and experience of care.	Moira Stewart Phone: 519-661-2111, ext. 22133 Email: moira@uwo.ca
The Ontario Drug Policy Research Network (St. Michael's Hospital)	ODPRN's program generates scientifically sound evidence related to drug safety, effectiveness, and policy. It includes a new formulary modernization component focused on comprehensive drug class reviews. It also focuses on integrated knowledge translation to disseminate research to relevant knowledge users (Ontario Public Drug Program, physicians, pharmacists, health units).	Tara Gomes Phone: 416-864-6060, ext. 77046 Email: GomesT@smh.ca
Toronto Rehabilitation Institute (University Health Network)	Optimization of the rehabilitation system; brain injury; technology research and development; artificial intelligence and robotics; cardio respiratory fitness; communication; mobility and falls; neural engineering and therapeutics; sleep and upper airway.	Bridgette Murphy Phone: 416-597-3422, ext. 7854 Email: bridgette.murphy@uhn.ca