

Neurosciences, Rehabilitation and Vision Strategic Clinical Network: Improving how Albertans see, think and live

Nicole McKenzie MSc, Petra O'Connell MHSA, Chester Ho MD; for the Neurosciences, Rehabilitation and Vision Strategic Clinical Network

■ Cite as: *CMAJ* 2019 December 4;191(Suppl 1):S49-51. doi: 10.1503/cmaj.190597

In Canada, neurologic conditions are a leading cause of disability and result in substantial burden to patients and the health care system.¹ The 2017 Canadian Survey on Disability² showed that 20% of Canadians aged 15 years or older had 1 or more disabilities that limited their daily activities. A joint study by the Canadian National Institute for the Blind and the Canadian Ophthalmological Society reported that vision loss was associated with disability and loss of productivity costing about \$15.8 billion in 2007 (about 1.19% of Canada's gross domestic product).³ Rehabilitation can reduce disabilities by enhancing functional independence and quality of life. Many health conditions related to neurosciences, rehabilitation and vision are chronic and multifaceted, require complex care across the lifespan and multiple transitions between health care settings. There are regional variations and a lack of provincial structure for these services in Alberta. Alberta Health Services' (AHS) 16th Strategic Clinical Network (SCN) recognizes the synergy between the 3 streams that form its focus. We highlight the care gaps in Alberta that supported the creation of the Neurosciences, Rehabilitation and Vision Strategic Clinical Network (NRV SCN; www.ahs.ca/nrvscn) and describe the network's composition, challenges, engagement strategies and next steps.

Most neuroscience services in Alberta are provided in major tertiary care centres in Calgary and Edmonton. Rehabilitative care is offered in tertiary centres, regional health care facilities and in the community, whereas vision care is offered through some health care facilities but mostly in the community. Lack of an integrated systematic provincial approach can lead to poor patient outcomes, unsatisfactory patient and provider experiences, and increased costs to the health system, patients, families and caregivers.^{4,5} Many current clinical care pathways do not recognize the potential value or benefit of rehabilitation in health and quality of life outcomes or potential prevention of surgical procedures.

Alberta Health Services approved the creation of the NRV SCN in November 2018 to build new and strengthen existing relationships and partnerships across the health care system to address a growing need for innovative and coordinated approaches in

KEY POINTS

- A patient-centred approach guides and informs all Neurosciences, Rehabilitation and Vision Strategic Clinical Network (NRV SCN) activities.
- The NRV SCN aims to address the current gaps in care for the patient populations with key disabilities and enhance patients' functional independence.
- Network activities will be evidence based and focused on outcomes.
- Next steps include finalizing the Transformational Roadmap that will guide network activities for the next 3–5 years.

these particular health care areas. It is expected that the NRV SCN will catalyze improvements in equity of health care delivery, health system performance, patient outcomes, and the provincial implementation of innovations and research into practice. Opportunities to improve access to NRV services for Albertans may include telehealth technologies for diagnosis, assessment and follow-up; e-health specialist linkage; home health monitoring; and increasing availability of access to rehabilitation in community settings.

The NRV SCN will benefit from the learnings and experiences of the other 15 more established SCNs to guide its composition, processes, strategies and collaborative activities. The network's launch meeting confirmed its alignment with the AHS vision of "Healthy Albertans. Healthy Communities. Together.", and patients and clinical leaders highlighted potential opportunities to implement standardized, evidence-based and patient-centred care pathways and performance indicators across the province.

Composition of the NRV SCN leadership team and Scientific Office follow the standard structure for all SCNs. Engagement with medical, research, administrative and community leaders from each of the NRV streams ensures comprehensive representation on the network's governing core committee. An Expression of Interest was broadly disseminated to recruit individuals for the core committee from across Alberta. About

50 members were selected, representing all 3 streams, front-line clinicians from multiple disciplines, health care service leaders from urban and regional jurisdictions, researchers, community groups and the provincial health ministry (Alberta Health).

Consistent with the guiding principles of all SCNs, a top priority of the NRV SCN is to ensure that patient and family advisors are central to all network activities. Patient and family advisors broadly represent geographical location, gender, age and the 3 streams. They are members of the core committee and participate in the co-design of all the network’s opportunities including development of the Transformational Roadmap. Each core committee meeting begins with a patient or family advisor sharing their story about their journey through the health system. This provides the context for patient-centred discussions, which have been described as “inspiring, grounding, encouraging, humbling and meaningful.”

An advisory council composed of senior health care operations and research leaders from all 3 streams was formed to guide the initial development phase of the SCN. The council, unique to the NRV SCN, provides valuable historical context and insights to guide and direct the NRV leadership team to ensure a quality, integrated, system-wide approach in the planning and evaluation of provincial initiatives and innovations. The leadership team, core committee and advisory council work together to identify the current state, relevant opportunities

and plans for the successful implementation of the Transformational Roadmap.

The primary output in the NRV SCN’s first year is its strategic plan (the roadmap) that describes network priorities, key activities and indicators of success over the next 4 years. Achieving consensus on priorities by such a diverse group is predictably challenging. Broad and transparent engagement of network stakeholders, including patients, through numerous collaborative meetings and surveys resulted in a common understanding of the current state of health care in Alberta in terms of gaps and potential opportunities. These efforts were used to produce the network’s foundational vision and mission statements and key strategic directions (see figure and Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.190597/-/DC1). Next, the SCN will identify priorities and specific activities that will improve clinical practice through research and innovation, ensure integrated care across the patient journey, support evidence-informed decision-making and ensure timely and equitable access to care across the continuum.

Patient engagement will continue to be key in all decision-making regarding health service delivery, outcomes measurement, patient education and communication as the NRV SCN develops. The success of the Transformational Roadmap will be measured by comprehensive outcomes using the Quadruple Aim framework.⁶ Progress will be broadly communicated through the NRV SCN website, newsletters, emails and peer-reviewed publications.

AHS VISION: Healthy Albertans. Healthy Communities. Together.

NRV SCN MISSION: Improving how Albertans see, think, and live.



Strategic directions of the Neurosciences, Rehabilitation and Vision Strategic Clinical Network (NRV SCN).

References

1. Gaskin J, Gomes J, Darshan S, et al. Burden of neurological conditions in Canada. *Neurotoxicology* 2017;61:2-10.
2. Morris S, Fawcett G, Brisebois L, et al. *A demographic, employment and income profile of Canadians with disabilities aged 15 years and over, 2017*. Cat no 89-654-X2018002. Ottawa: Statistics Canada; 2018. Available: www150.statcan.gc.ca/n1/en/pub/89-654-x/89-654-x2018002-eng.html (accessed 2019 Sept. 19).
3. Cruess AF, Gordon KD, Bellan L, et al. The cost of vision loss in Canada. 2. Results. *Can J Ophthalmol* 2011;46:315-8.
4. Gerein K. Alberta long overdue for major health system improvements, auditor general says. *Edmonton Journal* 2017 May 25. Available: <https://edmontonjournal.com/news/local-news/albertas-auditor-general-to-release-health-care-recommendations-in-new-report> (accessed 2019 Sept. 19).
5. Better healthcare for Albertans: a report by the Auditor General of Alberta. Edmonton: Auditor General of Alberta; 2017. Available: www.oag.ab.ca/reports/bhc-report-may-2017/ (accessed 2019 Sept. 19).
6. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: care of the patient requires care of the provider. *Ann Fam Med* 2014;12:573-6.

Competing interests: Nicole McKenzie and Petra O'Connell are employees of Alberta Health Services (AHS). Chester Ho is remunerated through a contract with AHS. No other competing interests were declared.

This article has been peer reviewed.

Affiliation: Neurosciences, Rehabilitation & Vision Strategic Clinical Network, Alberta Health Services, Calgary, Alta.

Contributors: All of the authors contributed equally to the conception, drafting, revision and critical editing of the work, with additional contributions from the Neurosciences, Rehabilitation & Vision Strategic Clinical Network (SCN) Leadership Team and the Diabetes, Obesity & Nutrition SCN. All of the authors gave final approval of the version to be published and agreed to be accountable for all aspects of the work.

Correspondence to: Nicole McKenzie: nicole.mckenzie@ahs.ca