

## HRF HEALTH SYSTEM SOLUTIONS GRANT

### CALL FOR PROPOSALS

#### Overview

The Health Research Foundation (HRF) invites proposals under its *Health System Solutions Grant* program for projects that develop, implement, and evaluate ways to address challenges affecting the adoption, delivery, and real-world impact of innovative medicines within the Canadian health system.

The HRF seeks projects that move beyond describing health system challenges to generate new evidence, test innovative approaches, and identify practical solutions that can improve patient access to innovative medicines and strengthen health system performance.

Projects funded through the program are expected to move beyond problem identification to develop, test, implement, and evaluate practical solutions that generate actionable evidence and can be integrated into routine health system delivery and scaled across jurisdictions, populations, or care settings where appropriate. The ultimate aim is to improve health system performance, implementation effectiveness, patient outcomes, and long-term health and economic value for Canadians.

#### Applied Research Pillars

The HRF program is organized around two complementary pillars of focus reflecting critical system-level factors that influence health outcomes, implementation effectiveness, access, and value realization within the Canadian health system.

Projects must align with one of the two following pillars:

#### **Pillar 1: Health System Factors Affecting Real-World Use and Outcomes**

This pillar focuses on how health system structures, operational processes, implementation capacity, workforce readiness, care integration, and data infrastructure influence the real-world adoption, effectiveness, and long-term value of medicines. Research may address challenges such as:

- Diagnostic delays and bottlenecks
  - Fragmented care pathways and referral processes
  - Capacity and workforce constraints
  - Variation across provinces, regions, and institutions
  - Weak continuity of care and long-term management
  - Limited integration of digital tools, data, analytics and AI into routine care
  - Gaps in implementation readiness and system preparedness
-



---

Projects are expected to move beyond problem identification to generate practical implementation, operational, and policy-relevant insights with clear pathways to adoption, scalability, and sustainability.

Research under this pillar will focus on identifying where these challenges have the greatest impact, quantifying their consequences where possible, and generating evidence that can inform practical improvements in system design and care delivery. The focus is on shared system issues, not individual products. It may focus on adopting learning health system models, including the use of routinely collected data, embedded evaluation, and iterative improvement approaches that allow health systems to learn from real-world use and rapidly adapt care pathways and delivery models.

## **Pillar 2: Improving the Coherence and Performance of Review and Reimbursement Processes**

This pillar focuses on applied research examining how Canada's review, assessment, pricing, reimbursement, and access processes function collectively and how fragmentation, duplication, delays, or misaligned decision-making affect patient access, implementation timelines, health system efficiency, and innovation adoption.

Research may examine opportunities to improve:

- Coordination, predictability, and timeliness across review, reimbursement, operational, and delivery processes
- System efficiency and reduction of duplication or delays
- Implementation readiness and operational integration following listing by public drug programs
- Policy and system design approaches that support sustainable innovation adoption, health system performance, and patient access

Projects under this domain must generate practical, decision-relevant insights and evidence-informed recommendations for system improvement. Given the focus on process modernization, projects can examine high-functioning models in other jurisdictions as long as the analysis takes into account adaptability to the Canadian context.

## **Priority Health System Challenges**

### **2026 Priority Research Area: Improving the Patient Journey Through Care Pathways, Referral, and Coordination**



---

For the 2026 competition, applicants must align with one of the two Applied Research Pillars and for Pillar 1, find novel ways to address the priority research area of Care Pathways, Referral, and Coordination.

Patients benefit from innovative medicines only if they are able to access them. This requires them to be identified, diagnosed, referred, treated, and supported through coordinated care pathways. Breakdowns at any stage of the patient journey can delay or prevent access to appropriate treatment, from initial presentation and identification in primary care through diagnosis, referral, treatment initiation, and ongoing management across specialty, acute, community, and other care settings.

Effective access depends on how well patients move through these coordinated steps across the health system. However, care pathways are often fragmented. Common barriers include inconsistent referral processes, variability in pathway design, gaps in provider awareness, specialist bottlenecks, and poor transitions between care settings. Challenges in coordination across sectors can delay timely treatment or prevent patients from receiving appropriate therapies altogether. These issues are often amplified for complex, chronic, rare, and rapidly evolving conditions that require multidisciplinary and cross-system care.

Fragmented health information systems and limited data interoperability can create barriers throughout the patient journey by limiting the ability to identify patients, coordinate care, support decision-making, monitor outcomes, and optimize access to innovative medicines.

The HRF is particularly interested in research that generates new insights into how care pathways can be designed, coordinated, and optimized to improve timely access to innovative medicines and strengthen system performance. Within this priority research area, the HRF has identified the following areas of particular interest that can be explored:

### **A. Implementation Readiness for Innovative Medicines**

Even when innovative medicines receive positive reimbursement, funding, or formulary decisions, health systems may not be fully prepared to translate those decisions into routine patient care. Challenges related to clinical workflows, service delivery models, workforce capacity, training, infrastructure, funding mechanisms, care transitions, and local implementation processes can delay treatment availability and uptake. These barriers are often magnified for advanced, precision, cell and gene, and other complex therapies that require coordinated readiness across multiple components of the patient pathway.



---

## **B. Health System Readiness for Patient Identification and Treatment Access**

Ensuring that appropriate patients are identified and connected to innovative therapies in a timely and effective manner is an increasingly important health system capability. Variability in the availability, accessibility, integration, funding, capacity, and timeliness of diagnostic, testing, referral, and patient identification processes can create barriers throughout the patient journey and delay access to appropriate treatment. Differences across institutions, jurisdictions, and disease areas may further contribute to inequities in access. As innovative therapies and approaches to patient identification continue to evolve, health systems must be able to adapt and strengthen their capacity to support timely identification, coordination, referral, and access to care.

### **Cross-Cutting Considerations**

Applicants may focus on one or more of these interconnected areas while addressing the priority research area of Care Pathways, Referral, and Coordination. Proposals are encouraged to consider how factors such as geographic access, health equity, variation across jurisdictions and institutions, primary care integration, patient navigation, and health system capacity influence patient pathways and access to innovative medicines. Successful projects should generate actionable insights that improve the ability of patients to move efficiently through the health system and receive the right innovative therapy at the right time. Proposals should clearly define the specific problem they intend to solve, articulate where the project's scope begins and ends, and describe a credible pathway for how the solution could be implemented and sustained within the broader health system. Projects which are co-created or designed together with patients or caregivers as partners in care will be of particular interest to the HRF.

Lastly, priority will be given to the following therapeutic areas: oncology, cardiovascular/renal/metabolic conditions, respiratory and immunology (chronic inflammatory disease), neurodegenerative and rare diseases, and mental health.

### **Objectives**

Consistent with the HRF's mission to advance innovation and improve health outcomes for Canadians, and within the context of improving care pathways, referral processes, and coordination cross the patient journey, funded projects are expected to contribute to the following objectives:

- Address priority health system challenges within care pathways, referral systems, and care coordination that directly affect patients' access to and



---

benefit from innovative medicines, and demonstrate clear alignment with the HRF's mission, strategic priorities, and Applied Research Pillars.

- Generate novel, actionable insights into how care pathways function in practice, including where breakdowns in identification, diagnosis, referral, treatment initiation, and ongoing care occur, and how these affect access to innovative therapies.
- Identify and address material health system barriers that contribute to delayed diagnosis, fragmented or poorly coordinated care pathways, inequitable access, gaps in continuity of care, and implementation failures that limit timely use of innovative medicines.
- Strengthen integration and coordination across care settings involved in the patient journey, including primary care, specialty care, hospitals, pharmacies, and community-based services.
- Develop, implement, and/or evaluate practical, scalable solutions that improve care coordination, referral efficiency, implementation effectiveness, and real-world access to innovative medicines. This may include technology-enabled, data-informed, or AI-supported approaches where appropriate.
- Generate measurable improvements in patient outcomes and system performance, including timeliness of access, quality of care, equity of access, system efficiency, and overall health system value.
- Identify sources of avoidable delay, fragmentation, and lost value within care pathways, including operational inefficiencies and implementation gaps that reduce the real-world impact of innovative medicines.
- Demonstrate clear, well-defined value, including financial, operational, or economic value (e.g. cost avoidance, time savings, efficiency gains), to key health system stakeholders such as health system managers, hospitals, provincial/territorial governments, providers, and provider organizations, while clearly articulating the project's intended scope and boundaries.
- Produce actionable evidence to inform policy, pathway redesign, implementation strategies, reimbursement decisions, and operational improvements that strengthen coordinated care delivery.
- Advance implementation readiness by addressing real-world system requirements such as governance, workforce capacity, infrastructure, interoperability, workflow integration, and change management.



- 
- Leverage applied and embedded research approaches, including implementation science, learning health systems, real-world evidence generation, and continuous improvement methodologies, where appropriate.
  - Demonstrate clear potential for adoption, scalability, and transferability across jurisdictions, populations, and care settings, with attention to sustainability over time.
  - Incorporate meaningful cross-sector collaboration, including health system organizations, clinicians, researchers, patients, policymakers, and, where appropriate, industry partners.
  - Promote equitable access through inclusive approaches that consider underserved, rural, remote, Indigenous, and other populations experiencing health disparities, where relevant.

## **Funding Parameters**

Funding tiers and duration:

- Tier 1 (smaller time-limited projects): Up to \$50,000 with a duration of 6-12 months. These projects should focus on clearly defined questions, testing assumptions and/or feasibility, or incubating larger initiatives.
- Tier 2 (larger applied projects): Up to \$250,000 with a duration of 18-24 months. These projects typically involve multiple sites, jurisdictions, or complex system questions requiring deeper engagement.

Funding model: Milestone-based, tied to defined KPIs and deliverables

Co-funding and in-kind contributions are encouraged.

## **Eligibility and Criteria**

Eligible applicants include:

- Academic and research institutions
- Health system organizations and providers
- Not-for-profit and community-based organizations

Projects must include active participation from health system partners and demonstrate:

- A clear pathway to implementation within real-world health system settings
- Strong operational and stakeholder engagement



- 
- Relevance beyond a single institution or localized context where appropriate
  - Potential for broader system adoption, scalability, or transferability

## **Application Process**

### Stage 1: Letter of Intent (LOI) Application

Applicants submit a concise overview of the proposed project. LOIs will be assessed based on:

- Alignment with applied research pillars and for pillar 1, the defined health system challenge
- Magnitude of potential impact
- Implementation feasibility and readiness
- Relevance and strength of partnerships

See *HRF Health System Solutions Grant Applicant Guide* and *HRF Health System Solutions LOI Application*.

### Stage 2: Full Application (By Invitation Only)

Shortlisted applicants will be invited to submit a full proposal for comprehensive review against the HRF program criteria and adjudication process. See *HRF Health System Solutions Grant Applicant Guide* and *HRF Health System Solutions Grant Application*.

## **Evaluation Criteria**

Applications will be assessed based on:

- Magnitude and importance of health system impact (20%)
- Potential for measurable patient, system, and economic impact, including value that is demonstrable to relevant health system stakeholders (20%)
- Scientific, methodological and implementation rigor including the potential to generate novel and actionable insights (15%)
- Implementation readiness and operational feasibility (15%)
- Scalability and sustainability (10%)
- Strength of embedded health system partnerships and stakeholder engagement (10%)
- Breadth of applicability across the health system (10%)

## **Review and Adjudication Process**

Applications will undergo a structured, multi-stage review process:



- 
1. Administrative screening for completeness, eligibility, and alignment with the outlined priority health system challenges and HRF program objectives
  2. Expert peer review and scoring by the HRF Research Oversight Committee (ROC) members
  3. ROC adjudication and consensus-based ranking
  4. Final approval by the HRF Board of Directors

## **Reporting and Accountability**

Funded projects will be required to:

- Report on progress against milestones, KPIs, implementation objectives, and deliverables
- Provide performance and financial reporting at defined intervals
- Report on implementation progress, barriers, adaptations, operational learnings, and system integration considerations
- Participate in knowledge sharing and dissemination activities
- Contribute data, evidence, and insights to support broader system learning and adoption
- Produce actionable outputs suitable for policymakers, health system leaders, operational decision-makers, and broader stakeholder audiences

Continuation of funding is contingent on demonstrated progress and performance.

## **Key Dates**

- Call launch: June 24, 2026
- LOI deadline: July 22, 2026
- LOI decisions: August 4, 2026
- Full application deadline: September 16, 2026
- Funding decisions: October 20, 2026
- Funding public announcement: November 17, 2026

## **Contact Information**

Wilma Deen, Executive Director, Health Research Foundation at [wdeen@imc-mnc.ca](mailto:wdeen@imc-mnc.ca)