**Type 2 Diabetes Network: Partnership Alliance**

**Terms of Reference**

**Context:**

Currently 10% of BC’s population lives with diabetes.1 The prevalence of diabetes has increased by 74% since 2007 and it is expected to increase by another 37% by 2028.1  Approximately one in three people living with diabetes is undiagnosed and taking into consideration prediabetes, the diabetes prevalence rate in BC jumps to 30%.1 The negative impact of diabetes in our health care system is amplified by the host of comorbidities that come along with the disease including vision and cardiovascular problems, amputation and renal failure. It is estimated that over 90% of diabetes cases are related to type 2 diabetes.1 The most prominent risk factors for type 2 diabetes relate to lifestyle factors and it is increasingly being classified as a preventable and/or reversible disease.

In BC, there is incredible work happening across the province to address the increasing prevalence of type 2 diabetes through evidence-based lifestyle modifications. There is the potential to change the course of this disease and accelerate improvement efforts by enabling improved collaboration, enhanced coordination of efforts and the systematic sharing and spread of knowledge.

The Type 2 Diabetes Network, currently in development, will focus on sharing, developing and applying innovative, evidence-based population and clinical practices to prevent, delay or reverse this disease and improve outcomes for patients with type 2 diabetes in BC. Using a centrally managed network model, we aim to improve knowledge transfer and collaboration in order to promote dialogue towards action on type 2 diabetes. 3-4 The benefits of the network approach include reduced duplication and fragmentation of work and greater coordination by member organizations and individuals while still leaving space for adaptation in the local context.2 Network partners will include thought leaders from all areas of the system including clinicians, researchers, policy makers, educators, behavioral scientists, community and business leaders and patients.

In partnership, the BC Patient Safety & Quality Council (the Council) and the Institute for Health System Transformation & Sustainability (IHSTS) are sponsoring the formation of this provincial network.

**Purpose:**

The key to the success of the Type 2 Diabetes Network is the commitment and participation of individuals and organizations working together. The Partnership Alliance plays an important role in the Network by providing overall strategic guidance. This includes the following responsibilities:

1. Collaborating on building a shared purpose and common understanding of objectives for the Type 2 Diabetes Network;
2. Championing and promoting the shared purpose of the Type 2 Diabetes Network;
3. Identifying and supporting opportunities to align individual and organizational work with the work of the Network;
4. Providing guidance to the sponsoring partners (Appendix A) as the work unfolds as it relates to key strategies and activities; and
5. Encouraging and supporting initiatives to accelerate efforts to have collective impact on the course of type 2 diabetes.

**Principles:**

The Type 2 Diabetes Network and Partnership Alliance will be guided by a commitment to the following principles, learned from other networks:

* Engaging patients, caregivers and providers across sectors and geographic regions to build shared purpose and co-create the Network;
* Promoting distributed leadership;
* Fostering connections between stakeholders to build relationships and facilitate collaboration;
* Identifying and aligning high-value work that is already happening;
* Learning from examples of positive deviance in the system;
* Grounding in the principles of a learning health system; and
* Emphasizing voluntary participation.

**Structure:**

The Partnership Alliance will be co-facilitated by the Executive Director, Health System Improvement & Engagement, BC Patient Safety & Quality Council and the CEO, Institute for Health System Transformation & Sustainability.

**Membership:**

The Partnership Alliance’s members are committed to improving outcomes for people living with type 2 diabetes in BC and involved in promoting the Type 2 Diabetes Network. Members will be selected to reflect geographical, sectoral and professional diversity as well as avoiding commercial interest. To foster our grounding in the person- and family-centred care, membership will include a minimum of two people with diabetes. Guest speakers or other individuals may be invited if specialist advice and/or specific items need to be discussed.

**Meeting Frequency:**

Meetings will be held every four to six weeks in the start-up phase and six times a year after that. Meetings will be conducted via WebEx/Zoom and in-person meetings may also be held as needed/possible, as determined by Partnership Alliance members.

**Review:**

These terms of reference will be reviewed on an annual basis to ensure effectiveness and relevancy.

**Appendix A: Sponsoring Partners**

The Council is a driving force for high-quality health care in British Columbia. They deliver the latest knowledge from home and abroad to champion and support the best care possible for every person in our province. System-wide impact requires creativity and innovative thinking. Using evidence-informed strategies, they shift culture, improve clinical practice and advance person- and family-centred care. They understand that meaningful change comes from working together and are uniquely positioned to build strong relationships with patients, care providers, health leaders, policymakers, senior executives, academics and others. These connections enable them to nurture networks, recognize the needs of our health care system and build capacity where it is needed the most.

IHSTS gathers, develops and shares evidence about BC’s health care system to inform decisions that impact health care quality, cost and sustainability. They are a valuable resource to those who plan, deliver and support health care services in BC. They collaborate with health authorities, clinical and community leaders, policy makers and government. Their organizational independence, expertise and standardized project process help develop credible, robust evidence that partners can confidently use to improve policy and practice.

**Appendix B: References**

1. Institute for Health System Transformation and Sustainability. Reversing the course of type 2 diabetes. Environmental scan. 2020 January; 5.

2. Proven KG, Huang K, Milward HB. The evolution of structural embeddedness and organizational social outcomes in a centrally governed health and human services network. 2009; 19(4): 873-893.

3. The Health Foundation. Leading networks in healthcare: learning about what works – the theory and the practice. The Health Foundation: London, UK; January 2013.

4. Cunningham FC, Ranmuthagaia G, Plumb J et al. Health professional networks as a vector for improving healthcare quality and safety: a systematic review. BMJ Quality and Safety. 2011; 21(3): 239-249.