

New funding agreement increases CHEPA's research capacity

CHEPA continues to expand its role in producing policy-relevant research to inform health policymakers and health system managers, and in building Ontario's applied health research capacity, after signing a new three-year funding agreement with the Ontario Ministry of Health and Long-Term Care (OMHLTC) in 2008.

The new agreement provides increased funding to CHEPA to increase its knowledge production and exchange capacity as well as its training opportunities for future researchers in health economics and health policy.

Through an expanded partnership with the OMHLTC, CHEPA will support the ministry's new stewardship role for the provincial health system. The new agreement is aligned with the ministry's focus on personnel development and funding across the career continuum.

The new funding provides for additional research staff to augment CHEPA's research capacity and responsiveness to health ministry partners, increased funding for graduate and post-doctoral training, and expanded opportunities for students to work on ministry responsive research.

A joint CHEPA-OMHLTC Health Policy Fellowship has been established, offering a health policy researcher the opportunity to lead and participate in a wide range of interdisciplinary, policy-relevant research and educational activities. The Fellowship holder will work collaboratively with ministry policy advisers on one or more mutually agreed-upon projects, and will contribute to educational activities including McMaster University's new doctoral program in Health Policy, which is unique in Canada and competitive internationally.

The new funding agreement also allows CHEPA to provide an enhanced seminar series and visitors' program, and to attract local, national and international scholars and policymakers to share knowledge with CHEPA researchers, the broader McMaster community and health ministry personnel.

Fellowship recipient studies role of values in health policy



Andrea Smith

Tracing the ways in which existing health research methods shape what is available as evidence is one of the research subjects being advanced through McMaster University's new Health Policy PhD program.

Andrea Smith, the recipient of the CHEPA Doctoral Fellowship for 2008-09 and a member of the inaugural class for the program, is pursuing research into the importance of considering ethical, social and policy implications of environmental and public health research.

CHEPA faculty play a key role as supervisors in the interdisciplinary program that is training health policy experts of the future and is unique in Canada.

Smith, who has a Master's degree in community health and epidemiology from Dalhousie University, says the collegial and productive environment of the Health Policy PhD program has given her a solid grounding in the field of health policy.

Through her research program she is addressing the disjuncture between research and practice in the field of environmental and public health, with particular emphasis on how values are introduced into health policy through evidence. Smith plans to conduct an ethical and philosophical analysis of the connections between research methods and environmental and public health policy. She will describe how epistemological standards within epidemiology are opened to challenge or shaped through policy.

Smith is being supervised by CHEPA member **Mita Giacomini**, current director of the PhD program.

The PhD program is a collaboration of the faculties of Health Sciences, Social Sciences, Science and Humanities, as well as the DeGroote School of Business and the School of Geography and Earth Sciences.

DeCicca, Hutchison earn research awards

CHEPA member **Phil DeCicca** was awarded a 2008 John Charles Polanyi Prize in economics from the Ontario government. He was one of five recipients of the \$20,000 awards that are granted to outstanding researchers in the early stages of their careers.

DeCicca, an assistant professor in the Department of Economics, earned his PhD in economics from the University of Michigan in 2005. The prize will enable him to expand his research on the impact of incentives in public policies and programs on individual behaviour. His current research in health economics builds on an existing interest in the impact of excise taxes and other policies on smoking behaviour.

The John Charles Polanyi Prizes were established by the Ontario government in 1986, to be awarded to researchers in the areas of physics, chemistry, physiology or medicine, literature and economic science.



Brian Hutchison

CHEPA emeritus member Dr. Brian Hutchison received the Lifetime Achievement Award in Family Medicine Research from the College of Family Physicians of Canada in the fall of 2008.

The award honours individuals who have been trailblazers and leaders in family medicine research, and have made a significant career contribution to family medicine research during their active career years. The award gives public recognition to the work of senior members of the college.

Hutchison, director of CHEPA from 2002 until his retirement in 2005, is recognized internationally as a leader in his field. He has made major contributions to research addressing the organization, funding and delivery of primary and community care, and methods for needs-based health care resource allocation. His efforts earned him in 2004 the Health Services Research Advancement Award from the Canadian Health Services Research Foundation.

His work on primary care models, funding, remuneration, innovation and reform over the past decade is reflected in the continuing evolution of policy approaches to primary care renewal in Canada.

Although retired, he continues to provide advice to trainees and junior researchers and is involved with several ongoing research projects. Hutchison is also a professor emeritus in the Departments of Family Medicine and Clinical Epidemiology and Biostatistics at McMaster University.



Examining physician payment options

CHEPA's collaborative research program with the Ontario Ministry of Health and Long-Term Care is currently focused on work to help inform decisions regarding physician payments in Ontario.

In the spring of 2008, CHEPA researchers submitted a final report to the ministry of a project that evaluated the costs and effectiveness of different methods to approach patients to enrol in primary care practices. The *Economic Evaluation of Alternative Enrolment Methods for Primary Care Practices* report detailed the success rates and costs associated with five different methods used to enrol patients. They included on-site enrolment by office staff, as well as mailing different packages of information to patients, and follow-up telephone reminders to non-respondents.

Results showed that mailed information and telephone reminders substantially increased the number of patients who enrolled, but at a much higher cost to the physician's practice. The project, led by CHEPA emeritus member **Brian Hutchison**, also examined the cost to the ministry of patient rostering.

Two other ministry responsive projects dealing with physician payment are ongoing. **Jeremiah Hurley** is leading the *Primary Care Physician Responses to Payment Incentives* project, which is analysing the impact of selected changes in primary care physician payment on the delivery of services by family doctors in Ontario. Hutchison is overseeing a project entitled *Primary Care Needs of Rural and Northern Physician Group Agreement (RNPGE) Practice Populations*. The research will assess the current funding method for RNPGEs – a primary care model providing a global payment to groups of physicians in several rural or northern communities – and compare it to potential alternative methods of payment.

Also during 2008, two other final reports of ministry responsive research projects were submitted.

Advancing Community-Based Collaborative Mental Health Care through Interdisciplinary Family Health Teams in Ontario: Led by **Gillian Mulvale**, former primary care research associate with CHEPA and the OMHLTC, this project examined how the emergence of Family Health Teams influence the mix of quality and providers of collaborative mental health care. The findings inform policymakers of opportunities to further develop this model of mental health care delivery.

After-hours Information Given by Telephone by Family Physicians in Ontario: CHEPA member **Glen Randall** was a co-principal investigator on this study that examined the options for after-hours care provided when patients telephone family physician offices, particularly with respect to access to the nurse-staffed Telephone Health Advisory Service (THAS) and to on-call family physicians. The study found that despite wide uptake of primary care physician models featuring after-hours care, more than one-quarter of family physician telephone messages in Ontario suggest emergency services only, or do not provide any instructions. Slightly more than half of those that have access to the government-funded THAS triage suggested its use. ■

Bringing the public into health systems decision making



Policymakers are placing a high priority on incorporating public values into decision making and are seeking effective strategies for doing this. CHEPA Director **Julia Abelson** and colleagues are tackling this important area through three newly funded studies awarded by the Canadian Institutes of Health Research, the Ontario Ministry of Health and Long-Term Care and the Quebec Ministry of Health and Social Services.

Evaluating the Impacts of Public Engagement in Health Systems: A Comparative Research-Practice Collaboration: Funded by CIHR's Partnerships in Health System Improvement competition, Abelson and co-Principal Investigator Ann Casebeer (University of Calgary) are working with researchers and decision-maker partners across the country to trace public engagement practice in Canada over the last decade and its contributions to organizational decision making, public policy and the public's understanding of the health system. The study will focus on the system-wide effects of a set of public engagement projects carried out from 2001 to 2004 in five Canadian provinces. Funding partners include the Alberta Heritage Foundation for Medical Research, the Ontario Ministry of Health and Long-Term Care, the Quebec Ministry of Health and Social Services and the Nova Scotia Health Research Foundation. CHEPA member **John Eyles** is a co-investigator.

Consulting Citizens about Health Technologies in Ontario: The Ontario Ministry of Health and Long-Term Care is funding Abelson to lead a two-year pilot project to create a citizens' reference panel that will contribute to the province's evidence-based health technology assessment processes, overseen by the Medical Advisory Secretariat (MAS) and the arms-length Ontario Health Technology Advisory Committee (OHTAC). The panel consists of citizens from the province's 14 Local Health Integration Networks, who are engaging in face-to-face meetings, teleconferencing and videoconferencing to provide societal input on a range of health technologies and related topics. MAS and OHTAC will use the panel's input as they review and develop recommendations on the use and funding of health technologies in Ontario.

Evaluation of the Consultation Forum of the Health and Welfare Commissioner of Quebec: In this Quebec-based project, Abelson's team is evaluating a unique process for involving citizens and experts in that province's decisions on issues affecting the health and welfare of residents. The three-year project launched in 2007 is looking at the effectiveness of the Consultation Forum of the Health and Welfare Commissioner of Quebec. The project is examining the Forum's participant recruitment method, its deliberative processes and the appropriateness of this method for engaging citizens and experts in health system debates. ■

New network aims to improve use of health research evidence



One of the greatest challenges in health care today is the fact that the growing volume of health research is not always applied in an optimal fashion at the patient's bedside or in the health system more generally.

CHEPA member **John Lavis** is part of a new national research network that will address this challenge in order to improve the health of Canadians and strengthen the Canadian health care system.

Knowledge Translation Canada is a groundbreaking network bringing together knowledge translation experts from across the country to encourage greater collaboration in a field of research that works to ensure people making decisions about health care – including policymakers, managers, health care professionals and patients – are aware of and using evidence to inform decisions.

KT Canada is being funded by \$9.8 million from the Canadian Institutes of Health Research, and \$2.4 million from the Canada Foundation of Innovation. Lavis will work with Principal

Investigator Jeremy Grimshaw, senior scientist and director of the Clinical Epidemiology Program at the Ottawa Health Research Institute and a professor of medicine at the University of Ottawa, as well as other leading Canadian researchers, including Brian Haynes of McMaster University's Department of Clinical Epidemiology and Biostatistics.

The national network will create new knowledge about how best to undertake knowledge translation among decision-makers, advance the theory and methods of knowledge translation, and develop tools and services to sustain knowledge translation.

Lavis is also involved in two other projects funded in 2008 that aim to improve the use of research evidence in international health systems.

He is a co-investigator with the *Supporting the Use of Research Evidence (SURE) for Policy in African Health Systems* project, being funded by more than three million euros from the European Commission. He also received a \$100,000 operating grant from CIHR for a project entitled *Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries*. ■

Equity in access to care a key focus of CHEPA research

Inequities in the provision and use of health care services are a global problem, even in countries like Canada that have a mandate to ensure universal access to core health services.

Examining the factors that have an impact on the equitable use of health care services in Canada was the focus of a wide-ranging study by four CHEPA members that was completed in 2008 and has already produced a number of reports.

Michel Grignon is the principal investigator on *Equity in health care utilization in Canada: Measurement and the impact of health care policies*, funded by CIHR. Among the results generated by the study are:

- Living further away from a large hospital is associated with an increased probability of hospitalization for certain illnesses;
- Patients who report that their health care needs are not being met are the people who use the health care system the most;
- A comparison in Ontario of self-reported use of health care services and administrative claims data showed that self-reported data are reliable;
- Canadians with higher incomes are much more likely to use dental services, particularly preventive care, a finding that is partly attributable to the heavy reliance on private financing for dental services.

Further results and publications in various journals are anticipated from this project, on which CHEPA members **Alina Gildiner**, **Martin Hering** and **Jeremiah Hurley** were co-investigators.

Equity is also the focus of several publications by CHEPA members during 2008.

- A paper authored by Hurley entitled *Publicly funded medical savings accounts: Expenditures and distributional impacts in Ontario* was published in *Health Economics*.
- Grignon was the author and **John Lavis** was co-author on a paper entitled *Does free supplementary health insurance help the poor to access health care?*, that also appeared in *Health Economics*.
- A book chapter entitled *Issues in evaluating equity*, written by **Mita Giacomini** and Hurley, was included in the book, *Health Promotion Evaluation Practices in the Americas: Values and Research*.

Knowledge exchange initiatives promote effective access to and use of research

Ensuring the information generated by CHEPA research is effectively communicated to other researchers as well as health systems managers and policymakers is a key component of the centre's knowledge exchange program. CHEPA faculty regularly take part in workshops, conferences, symposiums and other venues in order to share their expertise.

John Lavis, who oversees CHEPA's knowledge exchange program and holds the Canada Research Chair in Knowledge Transfer and Exchange, was involved in numerous endeavours during 2008 to improve the use of research by health system managers and policymakers at the provincial and international levels.

He led a series of four workshops in Toronto to help those working in health systems management and policymaking learn how to make better use of research evidence to improve the province's health system. Participants increased their awareness about tools and resources available to support their use of research evidence. The workshops helped them enhance their skills in acquiring, assessing, adapting and applying research evidence, and to identify what they can do to better support the use of research evidence in health system management and public policymaking.

Lavis was also lead faculty for a workshop on applying research evidence for technical cooperation at the Annual Pan American Health Organization Manager's Meeting in Quito, Ecuador, and continued his educational series for the Evidence-Informed Policy Network (EVIPNet), with a five-day workshop on policy briefs for representatives from 10 African countries.

Several other CHEPA faculty gave presentations at national and international conferences during 2008:

Julia Abelson was part of a plenary session entitled *Changing Models, Changing Practices: Building bridges from research to implementation*, at the annual conference of the Canadian Association of Health Services and Policy Research in Gatineau, Quebec;

Stephen Birch presented *An Extended Needs-based Framework for Health Human Resources Planning* at a Centers For Disease Control meeting on Social Science Perspectives on Workforce Policy, in Atlanta, Georgia;

Jeremiah Hurley presented *Turning Logic and Evidence on Their Heads: Australia's Subsidy to Private Health Insurance*, at the 20th Annual Conference of the UBC Centre for Health Services and Policy Research in Vancouver;

Glen Randall presented his research entitled *Access to After-hours Primary Care in Ontario*, at the 1st International Conference on Healthcare Transformation: Primary Care Focus, in Singapore;

Lisa Schwartz presented information on her CIHR-funded project *Ethics in Conditions of Disaster and Deprivation: Learning from Health Workers' Narratives*, at the Global Health education Conference in Sacramento, California.



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