

New Health Policy PhD is unique in Canada



Mita Giacomini

CHEPA faculty will play a key role in training health policy experts of the future through their involvement in the new PhD in Health Policy launched at McMaster University.

The development of the PhD, which is unique in Canada, was led by CHEPA member Mita Giacomini.

The interdisciplinary program will accept its first students in September.

Most CHEPA members will be faculty supervisors in the program in which students will study theory and empirical methods for framing, investigating, and answering crucial questions about health policy. The new PhD program has a special relationship with CHEPA, which provides an established environment for health policy education and scholarship.

The program represents 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, enabling it to integrate intellectual resources for education, research, and policy service across McMaster.

Graduates will be qualified for academic appointments in interdisciplinary, health science, and public policy settings, or to take leadership positions in government, consulting, non-governmental organizations, or private industry. Whether pursuing academic or professional careers, all Health Policy PhD graduates will be trained to engage with health system managers and public policymakers to help develop innovative solutions to policy problems.

For more information on the program, go to <http://www.fhs.mcmaster.ca/hpphd/>

Symposium helps strengthen health policy scholarship

A symposium organized by CHEPA's Health Policy Program is helping to strengthen Canada's health policy research capacity and infrastructure.

Entitled *Field of Dreams: Strengthening Health Policy Scholarship in Canada*, the event initiated a dialogue about the state of health policy scholarship in Canada. The one-day symposium held in November attracted more than 40 participants from across Canada and internationally to discuss the field's major contributions, unrealized potential and the supports needed for it to flourish in the future.

While health policy is a defined field of scholarship in other countries, supported by research institutes, funding bodies, publication outlets and training programs, it is not as well established in Canada. The field has expanded in Canada in the past two decades, but a concerted effort is needed to strengthen its future development through training targeted to identified gaps, greater exposure to health policy research among policy makers, enhanced funding opportunities and the ability to determine how the field influences the health system.

Participants included those involved in health policy teaching, research and practice as well as university deans and graduate students.

Panel discussions featured Canadian leaders in the field, as well as two noted international health policy researchers: Mark Schlesinger from the Yale School of Public Health, and Gwyn Bevan, from the London School of Economics. Canadian participants included Carolyn Tuohy of the University of Toronto, Ron Sapsford, Ontario's deputy minister of health, Penny Ballem, a former deputy minister of Health in British Columbia, and Pierre-Gerlier Forest, president of the Pierre Elliott Trudeau Foundation which promotes research in the humanities and social sciences.

Several invited speakers informed and catalysed discussion by offering their reflections on international and Canadian health policy scholarship and practice. These lead-off plenary sessions, along with the pre-circulated background paper, were used as resources for small group sessions organized in the afternoon to discuss the supports required in the areas of research, education and community building and exchange, to strengthen health policy scholarship in Canada.

A report on the symposium can be found at <http://www.chepa.org/KnowledgeExchange/ExchangeEvents/tabid/81/Default.aspx>

Research to help guide physician payments

CHEPA's collaborative research program with the Ontario Ministry of Health and Long-Term Care is currently focused on two major projects launched during 2007. Both aim to provide evidence to help inform future decisions regarding physician payments in Ontario.

Primary Care Physician Responses to Payment Incentives:



Jeremiah Hurley

This study, led by Jeremiah Hurley, is designed to analyse the impact of selected changes in primary care physician payment on the delivery of services by family

doctors in Ontario. During recent years, several alternative payment methods to the traditional fee-for-service model for physicians have been introduced, in an effort to enhance the delivery of primary care services while providing family doctors with a range of payment options. This project is investigating how physicians have responded to selected preventive care bonuses and other options, and how the payment changes have affected the provision of services and patients' access to preventive care services. ■

Primary Care Needs of Rural and Northern Physician Group Agreement (RNPGA) Practice Populations:



Brian Hutchison

The RNPGA is a primary care model that provides a global payment to groups of physicians and ensures patients will receive a wide range of comprehensive primary care services

in several rural or northern communities throughout the province. This project is designed to develop a measure of need for primary care services based on patient data collected from 2005 to 2007. Using the measure of need, the research will assess the current funding method and compare it to potential alternative methodologies, such as fee-for-service and capitation adjusted for age, sex and other factors. The principal investigator is CHEPA emeritus member Brian Hutchison. ■

Tarride granted Ministry award

Understanding both the effectiveness and costs of health care technologies is crucial to the sustainability of Canada's publicly financed health system.

CHEPA member Jean-Eric Tarride's research into the development and application of new methods for health technology assessment is focused on improving the existing framework in Ontario to evaluate non-drug health technologies. He has been granted a five-year Career Scientist Award from the Ontario Ministry of Health and Long-Term Care (MOHLTC) to expand his work in this field, particularly in assessing the economic value of new health technologies (especially those with a high degree of uncertainty about their likely benefits and costs) before the government decides to fund them. This work will translate into better allocation of health resources while improving patient outcomes.

Tarride, who joined CHEPA in 2006 and is a researcher with the Program for Assessment of Technology in Health (PATH) Research Institute, is involved in numerous research studies to assess the effectiveness and efficiency of new and existing health care technologies. His research is based in a wide range of major health care issues including diabetes, cancer, obesity, arthritis and managing prostate conditions.

He is principal investigator on a project involving the use of Statistics Canada population surveys linked to administrative databases to document the human and economic burden of obesity, osteoarthritis and rheumatoid arthritis in Ontario, as part of a pilot project between the Department of Economics at McMaster University, Statistics Canada and the MOHLTC.

International scholars visit CHEPA

A reinvigorated Visitors Program brought several international scholars to CHEPA during 2007, to share their expertise with students, staff and faculty and forge new collaborations for future research.

Researchers from Australia, New Zealand, the United Kingdom, the United States, and Wales were here to learn about the Canadian health care system and gather information they can use in their own research programs. They met with faculty and students and conducted seminars to exchange perspectives about and knowledge of health policy analysis and health economics.

The visiting scholars included:

- **Toni Ashton**, an associate professor in health economics from the University of Auckland in New Zealand, whose primary area of research is the funding and organization of health services with a special focus on health reform in New Zealand;
- **Gwyn Bevan**, a professor of Management Science in the Department of Management at the London School of Economics and Political Science, who conducts research into health system transformation and performance measurement;
- **David Hughes**, from the School of Health Science at the Swansea University in Wales, who studies health care financing and public and patient involvement in health care;
- **Julie MacDonald**, a Research Fellow with the University of New South Wales Research Centre for Primary Health Care and Equity in Sydney, Australia, who studies reforms to primary health care organizational structures and funding mechanisms aimed at strengthening delivery of services;
- **Mark Schlesinger**, a leading American health policy researcher and professor in the division of Health Policy and Administration at Yale's School of Public Health, whose research includes examining the ways in which the general public and policymakers make sense of and communicate about complex social issues.

Research paper leads to changes at WHO



John Lavis

A research report written by CHEPA member John Lavis and published in *The Lancet* has led to significant changes in the way the World Health Organization develops guidelines and recommendations for the promotion of global health.

The research conducted by Lavis and colleagues at the Norwegian Knowledge Centre for Health Services showed that WHO was not following its own rules for using scientific evidence in the process of developing the numerous guidelines it issues every year to address a wide range of health issues that affect populations throughout the world.

The study involved interviews with senior WHO officials and an analysis of various existing guidelines to determine how they were produced. The researchers discovered many of the guidelines came out of a distinctly non-transparent process, making it difficult to determine how the conclusions were reached.

WHO issues about 200 sets of recommendations every year, acting as a public health arbiter to the global community by sifting through competing scientific theories and studies to put forth the recommendations.

As a result of *The Lancet* paper, WHO admitted its shortcomings in this area, and reaffirmed its commitment to decisions based on evidence. It moved quickly to establish a Guidelines Review Committee that will function as a crucial mechanism to advise WHO staff on guideline development based on the best available evidence, and to strengthen the resources available to acquire and assess that evidence.

Several other CHEPA faculty members had significant publications during 2007, including:

- **Cathy Charles** and **Amiram Gafni** wrote a chapter on treatment decision-making published in the Third Edition of *Clinical Reasoning in the Health Professions*;
- **Ivy Bourgeault** wrote a chapter on health care provider migration published in *Health, Illness & Health Care in Canada*.
- **Mita Giacomini** had papers published in the journals *Social Science and Medicine* and *Healthcare Policy*;
- **Stephen Birch** and **Ivy Bourgeault** were guest editors for a special issue of *Canadian Public Policy*, focusing on health human resources research in Canada.
- **Paul Contoyannis** and **Michel Grignon** had papers published in the journal *Health Economics*.

CIHR grants help support informed decision-making

Providing health system managers and policymakers with timely and appropriate research evidence that will better inform their decisions about health care policy and funding allocations is among CHEPA's key functions. Two CHEPA faculty were successful in obtaining funding in 2007 from the Canadian Institutes for Health Research (CIHR) for research projects focused on that mandate.

John Lavis is leading a project designed to make existing health research literature that is relevant to policy decisions easier to acquire, assess and use. The project involves refining or developing new search strategies to identify potentially policy relevant systematic reviews, refining methods for assessing the quality of systematic reviews, testing a prototype for creating "policymaker-friendly" front-end summaries, and testing a method for engaging policymakers and health care managers in rating the relevance of reviews.

Jeremiah Hurley, associate director of CHEPA, is involved in a project to examine and offer solutions to existing limitations in formulas used to calculate health care funding models based on regional and individual needs. Most publicly financed health care systems attempt to allocate resources

according to need, with needs-based funding formulas used to develop allocations to regions. Hurley will work with lead investigators from Dalhousie University to examine the role of age and end-of-life care in needs adjustment. They will also look for potential biases created by the use of disease prevalence as a measure of health care need.

A third CHEPA faculty also received CIHR funding in 2007. Lisa Schwartz, who holds the Arnold L. Johnson Chair in Health Care Ethics at McMaster University, is leading a research project to provide a better understanding of the difficult ethical challenges faced by health care professionals offering humanitarian aid in conditions of disaster or extreme deprivation.

The project will include in-depth interviews with health care professionals and students who have provided humanitarian aid in areas devastated by war, political unrest or natural disasters such as hurricanes, floods and drought. Information on the type of ethical issues faced, how the individuals reacted to or dealt with the circumstances, and the emotional aftermath that resulted, will be used to develop resources and guidance for policymakers, agencies and individuals struggling with such situations. ■

Long-time CHEPA member Greg Stoddart retires



Greg Stoddart

Greg Stoddart, a founding member of CHEPA who has made numerous significant contributions to the field of health policy, has retired after a 30-year career.

Stoddart was on the steering committee that developed CHEPA, and served as its founding co-ordinator from 1988 to 1990. During his career he has seen the area of health economics and policy analysis grow from only a handful of researchers to become a major field of study in North America. CHEPA is now home to the largest concentration of health economists and health policy analysts in Canada, and is only one of several research centres throughout the country that focus on the field.

Stoddart's research, publications and consultations have helped shape health policy debate and decisions for more than two decades. He conducted research on the effects of user charges that has frequently been used to brief Canada's health ministers and their deputies, and directly affected public policy decisions in at least two provinces. His research on the effects of extra billing was instrumental in the development of the Canada Health Act, and studies on the effects of privatization of health care financing have been used repeatedly by provincial and federal governments in debates about medicare.

Additional contributions include serving as a member of the Ontario Health Review Panel in 1986-87; acting as consultant to Select Committees of the Ontario Legislature looking at health care financing and costs and at the commercialization of health and social services; serving as a member of the Ontario Health Technology Advisory Committee during its formative years; and serving as one of the principal architects of the evaluation of health reforms and cross-sectoral reallocation of resources in Prince Edward Island.

He has authored or contributed to more than 80 book chapters and articles in a variety of peer-reviewed publications, and 40 monographs or policy reports. Among his most notable publications is an economic evaluation textbook now accepted as the standard graduate textbook in the field. *Methods for the Economic Evaluation of Health Care Programmes* is now in its third edition.

Stoddart continues to be involved in the work of CHEPA on a limited basis, through supervision of graduate students and ongoing research projects of the Program in Policy Decision-Making. ■



Eyles, Birch leading study on health inequities in South Africa

CHEPA members Stephen Birch and John Eyles, both well recognized for their expertise in examining inequities in health care, are the Canadian leaders on an international research project aimed at finding solutions to the disparities in access to health care in South Africa.

A \$1.6 million grant from the Global Health Research Initiative (GHRI) is funding the four-year Researching Equity in Access to Health Care (REACH) project launched in 2007. Eyles and Birch are leading the project with two equally well recognized South African researchers.

Health inequities – defined as the presence of avoidable and therefore unfair inequalities in the distribution of health and health care – are an ongoing challenge in South Africa, with huge disparities in the availability, affordability and acceptability of the health services offered.

The REACH project will examine the various facets of access to appropriate health care in the specific areas of maternal health, tuberculosis care and anti-retroviral therapy for HIV. A multi-disciplinary team of health economics, systems, policy and social science researchers will work collaboratively with South African departments of health and the Society of Midwives in South Africa.

They will gather information on a national scale, and conduct in-depth studies in four selected communities to map the extent of the inequities in utilization, and determine the cultural, social, environmental and political factors that contribute to the situation. The researchers hope to provide information that will help strengthen South Africa's capacity to develop practical and sustainable solutions to its health care challenges.

Birch is a health economist and professor in the Department of Clinical Epidemiology and Biostatistics. Eyles is a social geographer and a professor in the School of Geography and Earth Sciences.

GHRI is a partnership between the Canadian Institutes of Health Research, the Canadian International Development Agency, Health Canada and the International Development Research Centre. It aims to strengthen and build capacity for global health research in Canada and developing countries. ■



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