

CHEPA 2004 *in Review*

Centre for Health Economics and Policy Analysis

Methods of Synthesis

A group of researchers headed by John Lavis was one of three teams chosen by the Canadian Health Services Research Foundation (CHSRF) and the UK National Health Service (NHS) Service and Delivery Organization R&D Programme to evaluate different ways to create syntheses of research evidence.

Lavis, a member of CHEPA and director of the Program in Policy Decision-Making, a research program affiliated with CHEPA, is the Canada Research Chair in Knowledge Transfer and Uptake. He and his team used a systematic review, interviews with health care executives and public policy makers in both Canada and the United Kingdom, and a review of websites to explore how research syntheses can better inform health care management and policy making.

After evaluating its synthesis process in light of its stronger focus on the needs of decision makers, CHSRF decided a change of method was needed. The foundation would like a method recognizes that clinical synthesis methods may not always be appropriate in the decision maker environment.

The methods of synthesis project commissioned three teams of researchers to study different ways of doing syntheses. CHSRF believes these papers will be a valuable resource for researchers, providing guidelines on how to synthesize and present evidence to meet the specific circumstances of managers and policy makers in the health system. The final document will also summarize the highlights of all three papers and include commentaries by Canadian and British managers and policy makers. The report will be useful to organizations that commission or do syntheses aimed at the medium-term (12-month) needs of health care managers and policy makers. The results of the research are expected to be available in Spring 2005.

For more information visit this link on the CHSRF website: www.chsrf.ca/funding_opportunities/commissioned_research/projects/msynth_e.php



John Lavis

CHEPA Researchers Contribute to Review of Competitive Bidding

Elinor Caplan was appointed in October 2004 by Health and Long-Term Care Minister George Smitherman to conduct an independent six-month review of the competitive bidding process used by Community Care Access Centres (CCACs) to select service providers. Caplan is a former Ontario Health Minister and federal cabinet minister. The review was prompted by significant concerns that the scale of contract changeovers is causing instability in the home care labour force and in the homes of patients.

The Reviewers will look at how the process is working for patients and how it can be improved to ensure a consistently high level of care. CHEPA recently delivered a summary of research in this area carried out by CHEPA researchers, drawing on the following papers and reports:

Julia Abelson, Sara Tedford Gold, Christel Woodward, Denise O'Connor, Brian Hutchison. Managing under managed community care: the experiences of clients, providers and managers in Ontario's competitive home care sector. *Health Policy* 68 (2004) 359-372.

Christel Woodward, Julia Abelson, Sara Tedford, Brian Hutchison. What is important to continuity in home care? Perspectives of key stakeholders. *Social Science and Medicine* 58 (2004) 177-192.

Melanie Harju, Christel Woodward. Indicators of consistency of home care providers under managed competition: A case report from Ontario. *Healthcare Management Forum* Summer (2003) 54-59.

Continuity of Care in Home Care: Components, Current Issues and Future Prospects. Report of CHEPA Policy Workshop, November 22, 2001.

CHEPA's New Associates

CHEPA welcomed new associate member **Alina Gildiner** in July 2004.

Gildiner says she can't go wrong with the enormous pool of talent at CHEPA. Associate membership will offer her the potential for collaborations, input and regular interaction with members.

"There aren't that many places where the opportunity exists to operate so collegially with people across disciplines," she said.

CHEPA member John Lavis was on her PhD dissertation committee and she attended CHEPA Polinomics seminars and policy conferences. "I was very drawn to the work that the Centre does," says the assistant professor of Political Science and Health Studies at McMaster.

Gildiner completed her doctorate in 2001. She then spent a year at the Institute for Work and Health, and came to McMaster as a teaching post-doctoral fellow in 2002. Gildiner says her clinical background as a physiotherapist has also led her to CHEPA and her area of research.

Much of her research focuses on health policy issues, including workers' compensation, commercial health and disability insurance, and automobile insurance. She sees CHEPA as providing a strong base for exploring their interactions. "I think there are members of CHEPA who have a strong understanding of the health care system, labour issues, labour economics, and health economics that will be very valuable to the research I do."

Projects she is working on include:

An International Comparative Study of Disability Policy Systems. Principal Investigator: Alina Gildiner, Co-investigators: John Lavis, William D. Coleman, Morley Gunderson. Canadian Institutes of Health Research (CIHR).

A Cross-Provincial Study of Health-Care Reform in Canada. Principal Investigator: Harvey Lazar, CIHR, Co-Investigator: Alina Gildiner.



Michel Grignon joined CHEPA as an associate member in December 2004.

Grignon says he is very happy and honoured to be an associate member of CHEPA because of the reputation of the Centre. "I know CHEPA is the right place to be for a health economist at McMaster."

He is also excited about being a member of CHEPA because it is an interdisciplinary setting. "I think it's important to keep on working with physicians, epidemiologists and political scientists and so forth," says the assistant

professor of Economics and Gerontological Studies at McMaster.

Prior to coming to McMaster in July 2004, he was at the Institut de recherche et de documentation en économie de la santé (IRDES) in Paris, France.

Grignon says joining CHEPA will help his research in many ways, from receiving advice on his research from colleagues at CHEPA, to being part of research teams. "CHEPA is the place where a lot of things happen in research so it's the right place to be to be involved and to know what is going on."



Alina Gildiner

Canadian Association for Health Services and Policy Research Conference

CHEPA faculty and students were highly visible at the first Canadian Association of Health Services and Policy Research (CAHSPR) Conference, May 25-28, 2004, in Montreal, Quebec. There were eleven presentations including Julia Abelson's Decision Making Around the Core: Assessments of Public Transparency and Accountability in the Health Technology, Pharmaceutical and Home Care Sectors; Mita Giacomini's Assessing Novel Health Care Technologies for Public Insurance Coverage: The Role for Case-based Reasoning; and award winner Laurie Goldsmith's Economic Evaluation Across the Four Faces of Prevention: A Canadian Perspective.

With the support of the Institute of Health Services and Policy Research and the Canadian Health Services Research Foundation, the mandate of the former Canadian Health Economics Research Association was expanded. The new Canadian Association for Health Services and Policy Research aims to help a broad range of health researchers, practitioners and decision makers learn from each other through varied information dissemination activities. The conference highlighted the themes of learning from international comparisons and knowledge exchange between researchers and decision makers. Abstracts of the presentations are available on the CHEPA website www.cheqa.org under Knowledge Exchange/Other Conferences.

CHEPA's Ministry-Responsive Research

As part of its commitment to the Ontario Ministry of Health and Long-Term Care, CHEPA conducts research that responds to MOHLTC health system management and policy priorities. This year's Ministry-responsive projects focused on primary and community care.

Evaluation of Program-based Funding of Health Care Service

With funding from the Ontario component of the Primary Health Care Transition Fund (PHCTF), CHEPA was commissioned to conduct an evaluation of the MOHLTC's Institutional Substitution Program (ISP). The ISP provides grants to capitation-funded primary care Health Service Organizations for services to enrolled patients that are outside the range of services covered by capitation payments and that are delivered by non-physician primary health care providers. Programs funded by the ISP include nutritional counseling, mental health, foot care and expanded role nursing. The study, completed in September 2004, evaluated the overall ISP program, individual programs funded through the ISP, and the potential role of program-based funding in Ontario's evolving primary health care system.

Primary Care Capitation

In partnership with the MOHLTC, a stakeholder working group, and researchers from other centres, CHEPA investigators are examining the need for and the validity and feasibility of incorporating adjusters beyond age and sex in a capitation funding formula for primary care. This major project is scheduled for completion in September 2005.

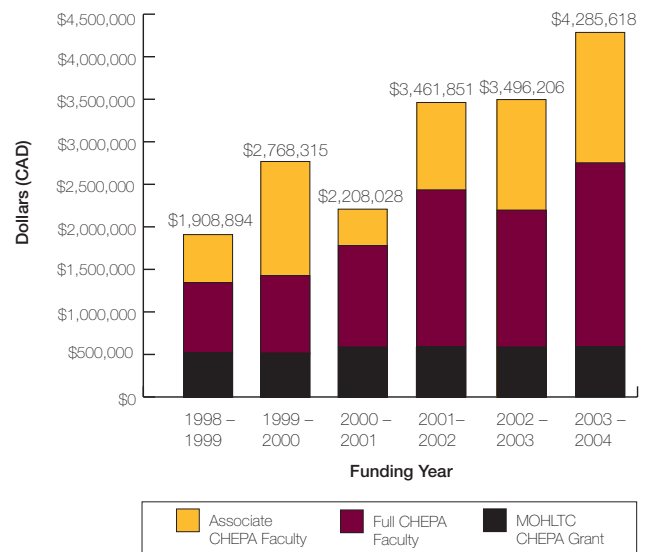
Enrolling Patients in Primary Care Practices

Understanding the effectiveness and costs of different approaches to enrolling patients in primary care practices is important for planning the implementation of primary care renewal in Ontario. This study uses data from a randomized controlled trial to examine enrollment outcomes and costs of alternative methods for patient rostering. A draft report will be completed in April 2005.

Estimating the Primary Care Needs of Local Communities

In collaboration with the MOHLTC's Community Health Centre (CHC) Program, CHEPA researchers are assessing the usefulness of diagnosis-based illness burden profiles of local area

Annual Principal Investigator Research Funding



populations for decision making regarding the location of future CHCs, funding enhancements to existing CHCs, and program planning by CHCs. The study is funded by a PHCTF grant.

Discussion Paper on Family Health Team Funding Arrangements

This work is intended to inform future funding arrangements for Family Health Teams (FHTs), a new interdisciplinary primary health care model being introduced by the MOHLTC. CHEPA researchers will complete a literature review and policy analysis on issues, options and methodologies for funding interdisciplinary primary health care models.

Literature Review on Economic Evaluation of Early Hospital Discharge/Clinical Pathways

This project, a collaboration with the Community Care Access Centre Branch of the MOH<C consists of an examination of methods for estimating the economic impact of early hospital discharge and clinical pathways programs and a synthesis of existing evidence on the health and economic effects of such programs. The work will focus on congestive heart failure, stroke and hip and knee replacement. The final report is intended to inform decision making regarding the funding and management of home care services and to identify the need for further economic evaluation studies.

Options for Health Care Financing: Implications for Sustainability

CHEPA and the Ministry of Health and Long-Term Care Research Unit, held a policy forum, Options for Health Care Financing: Implications for Sustainability, in October 2004.

The policy forum brought together participants from the Ministry of Health and Long-Term Care, including representatives from the Drug Programs Branch and from the Ministries of Finance and Intergovernmental Affairs. Policy analysts from Health Canada were also in attendance. The Forum, facilitated by CHEPA Director Brian Hutchison and co-chaired by Jerry Hurley of CHEPA and Steve Morgan, of the UBC Centre for Health Services and Policy Research, included two sessions: 1) Public and Private Roles in Health Care Financing: Analytics, Dynamics and Evidence; and 2) Financing Pharmaceuticals in Canada. The first session considered the implications of the development of private finance, both parallel to and supplemental to Canada's publicly financed health care system. The second session focused on key parameters and options for drug financing and was shaped by the ongoing discussions between the provincial and federal governments. A report of this forum is available on the CHEPA website www.chepa.org under Knowledge Exchange/CHEPA Workshops.

Health Services Research Advancement Award

Brian Hutchison was the recipient of the Health Services Research Advancement Award in 2004.

The Canadian Health Services Research Foundation (CHSRF) accepts public nominations for the annual award, which recognizes an individual, team, or organization that has contributed significantly to the advancement of the health services research community in Canada.

As well as serving as CHEPA Director for the past three years, Hutchison is the initiator and Co-director of the Community Care Research Centre (CCRC), McMaster's Site Director for the Ontario Training Centre in Health Services and Policy Research (OTC), and the Medical and Research Advisor at the Hamilton Community Care Access Centre. He is also a family physician and a professor in the Departments of Family Medicine and Clinical Epidemiology and Biostatistics at McMaster.

"The award is particularly meaningful to me because it's open to a broad range of researchers and decision makers, many of whom I know and have tremendous respect for," he said following the announcement.

Hutchison says he has made linking with decision makers a priority in his work. "I want my research to be relevant to the concerns of decision makers and to be useful in the decision making process."



Brian Hutchison receives the award from Lillian Bayne, Chair of the Selection Committee for the CHSRF Health Services Research Advancement Award



Canada Research Chair in Comparative Health Labour Policy and Practices

Dr. Ivy Bourgeault was awarded a Tier 2 Canada Research Chair in Comparative Health Labour Policy and Practices, which she began in April 2004. As a Canada Research Chair, she studies the effects of policy and decision making processes and regulatory environments on the migration of physicians, nurses, midwives and psychologists into and out of Canada. The research will lead to a better understanding of health labour migration, which is very important when creating and revising health and social public policy.