

CHEPA 2006 *in Review*

Centre for Health Economics and Policy Analysis

CHEPA reorganizes to meet changing research demands

CHEPA was reorganized and expanded in 2006, as it adapts and responds to the increasing prominence of research and academic scholarship in health economics and health policy analysis.

Changes include a reorganization of the centre membership into distinctive programs in Health Economics (HE) and Health Policy Analysis (HPA), an increase in faculty membership, the appointment of a new Centre Director and the establishment of an Associate Director role.

The centre's mission remains unchanged: to foster excellence in acquiring, producing and communicating socially-relevant knowledge in the field of health economics and health policy analysis. However, the reorganization and expanded membership promotes greater cross-Faculty involvement with its 21 faculty members now spanning six departments and three faculties across the University.



The changes were implemented in the fall, shortly after Julia Abelson was named Director of CHEPA, and Jeremiah Hurley became the associate director.

This is the first major reorganization for CHEPA since its establishment at McMaster in 1988 as one of the first research centres of its kind in Canada. Over the past two decades, CHEPA has earned an international reputation and McMaster is now home to the largest group of health economists and health policy analysts in Canada.

The changes are largely driven by the growth and development of research and academic scholarship in health economics and health policy analysis internationally. With a shared infrastructure of programs and activities, the HE and HPA programs will use their respective strengths and synergies to pursue innovation and excellence in research and education.

By more effectively capitalizing on the existing expertise in health economics and health policy analysis at McMaster, the changes create new opportunities for research, education and contributions to policy development.

The new members who joined CHEPA last fall are: Phil DiCecca, Department of Economics; Martin Hering, Departments of Political Science and Health, Aging and Society; Christopher Longo and Glen Randall, of the DeGroote School of Business; Lisa Schwartz of the Departments of Philosophy and Clinical Epidemiology and Biostatistics (CE&B); and Jean-Eric Tarride, of CE&B.

Expanding research in health technology policy

CHEPA member Fiona Miller earned several significant appointments and funding awards in 2006 as she broadened her research program in the area of health technology policy.

Miller now holds both a New Investigator Award funded by the Institute of Health Services and Policy Research of the Canadian Institutes of Health Research (CIHR), and a Senator William McMaster Chair in Health Policy.



The new appointments along with additional research funding received in 2006 is enabling Miller to expand her capacity to examine the complexities of innovative technologies for health care and health systems, with a particular focus in genetic and genomic technologies. The field of health biotechnology holds promise for developing more predictive, preventive and personalized medicine, but the continued discovery and development of new ways to treat and prevent disease has uncertain implications for the future organization and sustainability of health systems.

Miller received funding from the CIHR to examine how the government, private sector and public sector players in health biotechnology view and understand their respective roles in the innovation process.

She also received new funding from the Ontario Ministry of Health and Long Term Care to support policy development for Ontario's expanded newborn screening program.

The Senator William McMaster Chair is based in the new Department of Health, Aging and Society in the Faculty of Social Sciences, where Miller now holds her primary academic appointment as an assistant professor. Her cross-faculty roles and expanding research portfolio exemplify CHEPA's position as an interdisciplinary research centre that produces and communicates knowledge in health economics and policy analysis.



Strengthening the role of HTA

As the field of health technology assessment has continued to expand dramatically in the past decade, its role in the development of policy has also taken on much greater significance.



Mita Giacomini

However, gaps in attention to values and other social dimensions of evaluation must be addressed in order for HTA to have a stronger, more useful role in policy development.

CHEPA member Mita Giacomini is conducting a qualitative investigation to identify key practices and trends in the field of health technology assessment policy analysis in the past decade, and to describe the evaluation gaps that need to be addressed.

The study funded by the Canadian Institutes of Health Research involves descriptive and interpretive analyses of published reports of technology assessment agencies. Within three essential paradigms – instrumental assessment, appropriateness assessment and impacts assessment – the study will examine evaluation gaps such as missing or inadequate information, relevant information that is unintentionally neglected, and missing or unclear prescriptions for policy.

The study aims to make several contributions to the fields of health technology assessment and health policy analysis, including the creation of a detailed qualitative database of HTA practices internationally. This in turn can help generate strategies that researchers use to overcome limitations of empirical methodologies, pervasive problems with evidence, and tensions between policy needs and research conventions.

The overall aim of the project is to provide constructive suggestions to move forward in filling the special demands of health technology policy analysis.

Reasons for inequities examined

Equal access to publicly-funded health care services in Canada is at the core of the Canada Health Act. Yet even though the same core health care services are universally available across the country to those with similar needs, use of these services can vary based on various social, geographic and demographic factors.

CHEPA member Michel Grignon is the principal investigator on a CIHR-funded study that is examining the extent of inequity in the utilization of health services among individuals with similar needs, and how it relates to key social factors, as well as the characteristics of the health care system itself.

The project involves measuring the inequities in the use of health care services at the national level, within each of the 10 provinces, and within specific regions in the province of Ontario. Further analysis will attempt to determine how the inequities are shaped by contributing factors such as variations in education levels, immigration status and other socioeconomic influences.

The project will then attempt to link variations in equity across jurisdictions to aspects of the health care system design and health policy initiatives. The analysis will include an examination of the importance of the value of equity in the policy-making process.

The study is expected to take three years to complete, and will provide original results on how and why inequity exists in the use of universally-provided health care services. CHEPA members Alina Gildiner, Martin Hering and Jeremiah Hurley are project co-investigators.

Ministry and CHEPA share research associate

Gillian Mulvale, a former recipient of both the CHEPA Studentship and Fellowship awards, is working in a unique role that helps bridge the gap between research and policy-making in the field of primary health care delivery in Ontario.

Mulvale, who completed her PhD in Health Research Methodology in the Fall of 2006, is a primary care research associate at CHEPA, a joint role with CHEPA and the Ontario Ministry of Health and Long Term Care (MOHLTC). Mulvale spends most of her time working in the Ministry offices in Toronto, and one or two days a week at CHEPA. About 75 per cent of her work is research or contributions related to primary care reform policy in the province of Ontario.

Her role spans diverse activities associated with program implementation and policy making, as well as special projects on various topics such as colorectal cancer screening and health human resources. She contributes to joint working groups with the Ontario Medical Association, and to the implementation of Family Health Teams (FHT) and other primary care models in Ontario. Mulvale also provides assistance and input on research proposals and ongoing research projects by outside groups, and conducts her own research. Mulvale's two current research studies involve newly developing FHTs and understanding the preferences of consumers without a regular primary care provider.

By bridging the research and policy worlds, Mulvale's position is designed to foster relevant research, and to ensure that research results are provided to policy-makers in a timely and direct manner.

Ministry Responsive Research

Final report on capitation payments

CHEPA researchers completed several projects as part of their collaborative research program with the Ontario Ministry of Health and Long-Term Care in 2006. One of these has produced results that will help inform future health ministry decisions about capitation payments for primary health care. Led by emeritus CHEPA member Brian Hutchison, the Needs-Adjusted Primary Care Capitation Payment: Development and Comparison of Models project examined the need for and the validity and feasibility of incorporating factors beyond age and sex into primary care capitation payment models. Using data from various sources including the National Population Health Survey, hospital, physician and home care utilization statistics, and characteristics of geographic regions and the local health systems, the project evaluated the performance of three capitation payment models. It examined whether demographic, health status and socio-economic characteristics of individuals and specific to local regions should be factored into capitation payment models.

The final report of a ministry-requested literature review on the economic evaluation of early hospital discharge and clinical pathways was also submitted in 2006. Led by Jeremiah Hurley, this project aims to inform policy development in the ministry's Home Care and Community Support Branch. Researchers

identified the existing literature on methods used to estimate the economic impact of early discharge, and examined the available data on the health and economic effects of early discharge programs associated with congestive heart failure, chronic obstructive lung disease or hip/knee replacements. Please contact Jeremiah Hurley (hurley@mcmaster.ca) for more details about this project.

Two other draft reports were also submitted in 2006:

- The Funding and Provider Payment for Interdisciplinary Primary Health Care Organizations report, led by Brian Hutchison, is the result of a literature review and policy analysis exploring the desirability and feasibility of developing a capitation funding model for interdisciplinary primary health care, specifically Ontario's recently introduced Family Health Teams;
- John Lavis was the lead author on a draft report entitled Assessing Ontario's capacity to use research evidence to strengthen its health system and improve the health of its citizen. The project assessed Ontario's and Canadian efforts to link research to action in public policymaking and health system management.

Migration of health care workers focus of research



Ivy Bourgeault

The migration of health care providers into and out of Canada is an important factor in meeting the labour force needs for the provision of health services. Understanding the reasons for and experiences of health care providers who are both drawn to Canada or decide to leave to work in other countries is a major theme in the research portfolio of Ivy Lynn Bourgeault, a CHEPA member and Canada Research Chair in

Comparative Health Labour Policy and Practices.

Bourgeault launched two new research projects on the subject during 2006, with funding from the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council of Canada. The CIHR-funded project will examine policy addressing the migration of physicians, nurses and midwives into and out of Canada, and compare them to policies in the United States, the United Kingdom and Australia. Through interviews with key stakeholders and analyses of the social, political and economic forces shaping migration and health policy, the study will help uncover important differences in the way in which internationally educated health professionals are part of the solutions to the shortage of health care providers.

The second study is an experiential examination of the process that physicians, nurses and midwives go through to become integrated into the Canadian health care system.

An earlier pilot project funded by the SSHRC Skills Research Initiative helped leverage support for the two new research projects. The pilot study showed that the ebb and flow of health care providers into and out of Canada is due in large part to policy decisions and the broader policy context of health human resources.

Bourgeault, an associate professor in Sociology and the Department of Health, Aging and Society, is also involved in research in several other subject areas, including the social and political approaches to health and health care, health human resources, and women's health care.

She has numerous publications on a variety of subjects, and published her second book in 2006. *Push! The Struggle to Integrate Midwifery in Ontario*, is an account and analysis of the first attempt to professionalize midwifery in Canada. It offers a historical account of the forces behind the integration of midwifery in Ontario, including public interest in funding midwifery services and the impact of political lobbying.

Work of CHEPA researchers prominent at conferences

One of the ways in which CHEPA researchers build their profiles at the national and international levels is through participation in a wide range of conferences and other information-sharing forums. During 2006, CHEPA members were active in organizing, presenting and participating as speakers or moderators at numerous events.

Several members were at the forefront of the Better Analysis for Better Decisions conference held at McMaster University in June. The event, in honour of the memory of former CHEPA associate member Bernie O'Brien, was co-chaired by Greg Stoddart. The conference featured emeritus member George Torrance and CHEPA faculty Amiram Gafni, Stephen Birch and Ron Goeree. The conference was attended by some of the world's leading researchers in the field of economic evaluation and technology assessment in health. O'Brien, who worked closely with CHEPA faculty for many years, died suddenly in 2004.

The annual conference of the Canadian Health Economics Study Group was also held at McMaster in 2006, with CHEPA members Paul Contoyannis and Jeremiah Hurley as the lead organizers, and member Michel Grignon as a discussant. About 50 international researchers who specialize in health and economics attended the event to present and discuss new research results from various ongoing projects. CHESG is an affiliation of health and economics researchers, mostly from academic centres.

CHEPA researchers were also prominent at two major national conferences in the fall. Julia Abelson and Mita Giacomini and members of their research teams presented at the 6th International Conference on Priorities in Health Care held in Toronto. Abelson presented work from a study of the implementation of deliberative public involvement methods, and Giacomini presented results from an examination of arguments and decisions in Ontario Health Services Appeal Board cases.

At the Canadian Association for Health Services and Policy Research meeting in Vancouver, work involving several CHEPA researchers was presented. Former CHEPA member Don Willison presented results from a study on privacy and health research. Abelson and Cathy Charles are co-investigators on this study. Giacomini's work on a joint McMaster-Dalhousie University research initiative on the ethical frameworks for health policy, was also presented.

CHEPA members also shared research findings at international events. Gafni attended the 6th Health Economics International Symposium on Health Technology Assessment in Sao Paulo, Brazil to present his paper Economic Analysis and Budget Impact and Its Influence in the Decision to Incorporate a Health Care Technology. Charles attended the European Society for Medical Oncology annual meeting in Istanbul, Turkey, to present her paper, The Role of Patient Values in Evidence-based Medicine and Its Application to Treatment Decision Making Between Oncologists and Women with Breast Cancer.

Torrance, Goeree honoured with awards

CHEPA emeritus George Torrance received two significant honours in 2006. He was inducted into the McMaster University Faculty of Health Sciences Community of Distinction, and won a lifetime achievement award from the International Society for Pharmacoeconomics and Outcomes Research (ISPOR).



George Torrance

The Community of Distinction honours alumni, faculty and staff who have brought distinction and recognition to McMaster University and the Faculty of Health Sciences through innovative scholarship and outstanding research. Torrance, a founding member of CHEPA, became a world leader in the economic evaluation of medical treatments and health services during his 30-year career at McMaster which began in 1967. With expertise in both health sciences and business, he was a pioneer in the development and application of methods to improve health care decision-making.

Torrance received the 2006 Avedis Donabedian Outcomes Research Lifetime Achievement Award, at ISPOR's 11th Annual Meeting, in recognition of his efforts as a leading researcher, teacher and practitioner in the field of health economics and outcomes research. He pioneered many of the methods used today in health economics, particularly the use of utility theory and multi-attribute utility theory to measure preferences for health outcomes.

Also at the ISPOR meeting, CHEPA member Ron Goeree was part of the team that won the 2006 Best Podium Presentation award. The presentation was on the research paper, Cost effectiveness of drug eluting stents (DES) compared to bare metal stents (BMS) using "real world" data. Goeree was a co-author on the study, which evaluated the cost-effectiveness of the two types of stents using outcome data derived from a cardiac patient registry in Ontario.



Ron Goeree