CHEPA 2005 in Review

Centre for Health Economics and Policy Analysis

Making informed decisions on coverage

As health care costs in Canada continue to spiral upwards and research generates an ever-increasing array of interventions, the challenge of deciding which health technologies should be publicly funded becomes even more complex.

Decision-makers need access to and a clear understanding of a wide array of evidence and other information related to health technologies, not only in terms of how well or efficiently they work, but also whether they serve worthwhile purposes.

Mita Giacomini

CHEPA member Mita Giacomini addresses this need as part of her overall research focus in health policy analysis. In a paper published in Milbank Quarterly in 2005, Giacomini explores how coverage decisions are arrived at, and the need for a broader base of information and interpretation upon which to formulate those decisions.

Using three relatively new health technologies as illustrations, Giacomini examines the role of precedence and analogical reasoning in evidence-based coverage decision-making. She draws upon literature from other disciplines such as law, ethics and the social sciences to help illustrate how analogical reasoning and arguments from precedent can have a more conscious, systematic and critical role in health coverage decisions.

In traditional, evidence-based effectiveness and efficiency assessments of new health technologies, the closest clinical alternative often serves as the standard comparator. Giacomini's paper argues that a much more diverse set of comparators is required to generate the arguments that resolve controversial coverage decisions for publicly insured services.The paper is available free as a feature article at the Milbank Quarterly site: http://www.milbank.org/quarterly/featart.html

Coverage decisions are also at the centre of a new research project for which Giacomini received funding in 2005, together with Colleen Flood at the University of Toronto. Through a comprehensive analysis of records of Health Services Appeal and Review Board decisions, the project examines the arguments and reasoning used to settle challenges to health technology coverage decisions. The research will provide insight into the use of health technology assessment evidence and principles in challenges to coverage decisions.

Funding public health units

As Ontario's government grapples with the myriad issues surrounding publicly funded health care, the need for relevant research to inform the decision-making process continues to grow in importance. CHEPA researchers play a key role in filling that need. One example is a project led by Jerry Hurley to assess the relationship between the funding of public health units and the population need for public health services. The project examined the budgets of all 37 public health units (PHU) in Ontario for the years of 1999, 2002 and 2004, to determine the extent to which per capita funding to the units was related to indicators of need for public health services, including health status, demographics and socio-economic factors. The key finding is that the strength of the relationship between PHU need and PHU funding appears to have decreased over this period. The results were presented in a report to the Public Health Funding sub-committee of the Ontario government's Capacity Review Committee, available at http://www.health.gov.on.ca/english/public/pub/ministry_reports/capacity_review06/capacity_review06.pdf. The project can help inform the development of a new funding approach for public health in Ontario.

Jerry Hurley

Another project led by Hurley that started in 2005 deals with a different facet of publicly funded health care. The five-year project funded by the Canadian Institutes for Health Research will examine the values and expectations of Canadians in regards to the public health care system. The research will apply experimental methods from economics to generate new evidence on what efficiency and equity mean to Canadians in regards to health care financing, and to evaluate equity and efficient effects of alternative financing arrangements.

McMaster University

Abelson is Harkness Associate

CHEPA member Julia Abelson was named a 2005-2006 Commonwealth Fund Harkness Associate in Health Care Policy.

Julia Abelson

The Commonwealth Fund is a private foundation in the United States that aims to promote a high-performing health care system that achieves better access, improved quality and greater efficiency, especially for society's most vulnerable. It supports independent research on health care issues, and operates an international program in health policy designed to stimulate innovative policies and practices in industrialized countries.

As one of two Canadian associates, Abelson travels to the Fund's various meetings held in locations in the U.S. and Canada. The meetings provide a forum for researchers to exchange information about various projects related to the goals of the Commonwealth Fund, and to network with key health policy scholars and decision-makers in the U.S., Canada, the U.K., Australia and New Zealand.

Abelson's research focuses on democratic participation in health policy decision-making. In the research project for which she was named a Harkness Associate, she is studying the media as intervenors in the public opinion and policy change relationship with regard to health system performance broadly, and the funding of new and emerging health technologies, specifically.

Abelson is an associate professor in the Department of Clinical Epidemiology and Biostatistics, and an associate member of the Department of Political Science at McMaster University.

Third edition of textbook

From students who are just starting to learn about health economics, to the most senior health policy-makers, the work of CHEPA member Greg Stoddart includes tools they can use to become more informed.

Stoddart was a key contributor on both an electronic book published in 2005 by the World Health Organization Regional Office for Europe, and the third edition of the textbook Methods for the Economic Evaluation of Health Care Programmes.

The e-book, titled Learning to Live with Health Economics, consists of 25 health economics study modules prepared by an international collection of health economists and health policy analysts. Stoddart was one of the three editors of the book, and authored seven of the study modules. Colleague John Lavis, a CHEPA member and director of the Program in Policy Decision-Making, also contributed to three of the modules. The modules are intended to assist senior policy-makers, administrators, managers, health care professionals, and media commentators in becoming more familiar with the importance of health economics in health and health care systems.

Stoddart has been a co-author on the economic evaluation textbook for all three editions, the first of which was published in 1987. The second edition was published in 1997. The textbook is widely used in health economics study programs throughout the world, and has been translated into six other languages. George Torrance, a former CHEPA member, has also contributed to the textbook, as did associate CHEPA member Bernie O'Brien, who passed away in 2004.

CHEPA active in conferences, forums

Sharing the results of research and networking with other investigators are key functions of members and associates of CHEPA. Organizing and taking part in a wide range of conferences and forums is one way that CHEPA fulfils this mandate.

During 2005, CHEPA helped organize a policy forum on improving access of the homeless to health care and social services. In conjunction with the Centre for Research on Inner City Health at St. Michael's Hospital in Toronto, the forum brought together policy-makers, practitioners and researchers to share information, perspectives and recommendations on homelessness. The forum was facilitated by former CHEPA director Brian Hutchison.

CHEPA was also one of the sponsors of the Health Human Resources conference of the Canadian Employment Research Forum, held at McMaster University in May 2005. CHEPA investigators Stephen Birch, Ivy Bourgeault, Jerry Hurley and Sung-Hee Jeon made presentations or served as facilitators for various sessions during the conference.

CHEPA's research was also presented at the 5th World Congress of the International Health Economics Association (iHEA) held in Barcelona in July. With the theme Investing in Health, the conference featured hundreds of oral and poster presentations by researchers from all over the world. CHEPA work was showcased by Paul Contoyannis, Amiram Gafni and Deborah Marshall, as well as Birch, Hurley and Jeon.

Cathy Charles continued her outreach in the field of shared decision-making. She was a member of the planning committee for the 3rd International Shared Decision-Making Conference in Ottawa in June, and also delivered the keynote address. Earlier in the year she was a workshop leader and presenter at a two-day workshop in Australia, sponsored by the Sydney Health Decision Group and the Medical Psychology Research Unit at the University of Sydney. The theme of the workshop was Shared Decision-Making – Meanings, Problems and Solutions.

Ministry Responsive Research

Costs of enrolling patients in primary care

In its ongoing commitment to provide the Ontario Ministry of Health and Long Term Care with relevant research in response to specific priorities, CHEPA researchers presented a draft report during 2005 on one of its major ministry-responsive research projects that has been underway since 2003.

The project involved studying the costs and effectiveness of different methods of approaching patients to enroll in primary care practices. A draft report of the project, entitled Economic Evaluation of Alternative Enrolment Methods for Primary Care Practices, was presented in mid-year, detailing the success rate and costs associated with five different methods used to enrol patients. The methods included asking patients to enrol during visits to their doctor's office, three mailings of different information packages with requests to enrol, and follow-up telephone reminders to some of the non-respondents. Results show that the addition of patient mailings substantially increased the percentage of patients who enrolled, at a cost of about 1.3 to 3.6 times more per patient than on-site enrolment only. The telephone follow-ups produced a modestly higher success rate, at a cost 2.3 to 3.6 times higher than on-site enrolment only.

This research is important for planning the implementation of primary care renewal in Ontario, as most models of primary health care being considered require or encourage formal patient enrolment.

Capitation payments

Another ministry-responsive research project that was launched in 2003 is now also completed. In the Needs-Adjusted Primary Care Capitation Payment project, CHEPA researchers examine whether factors beyond age and gender should be used in a new capitation payment model for primary health care.

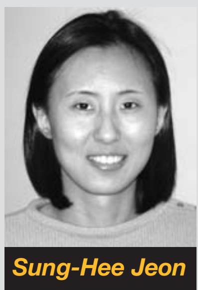
Demographic, health status and socioeconomic characteristics of individuals, as well as the social and health status specific to local regions, were gathered and studied to determine their impact on utilization of health care services. Capitation payment models based on patients' diagnoses from ministry of health administrative databases, and on demographic, socioeconomic, health and health system characteristics of patients' area of residence were constructed.

The analytical work for this project continued throughout 2005, and a draft report has been submitted to the ministry.

Funding models of primary care

Also in 2005, CHEPA was asked by the ministry to conduct a review of published and grey literature, as well as a policy analysis on funding models for interdisciplinary primary health care. A draft discussion paper on the results is now being prepared. The results will inform decisions about future payment arrangements for Family Health Teams.

General practitioner work behaviour is changing


Sung-Hee Jeon

Understanding the root causes for the shortage of physician services that has challenged Canada for more than a decade is key to developing viable solutions. The shortage that first gained attention in the 1990s as a serious issue is particularly noticeable for family practitioner services. Although retirements, reduced medical school enrolment and a lower intake of foreign-trained doctors account for some of the shortage, a change in the working patterns of doctors is also an important contributor.

CHEPA researchers, working with researchers from the Canadian Medical Association, have been analysing change in the number of hours of direct patient care provided by general and family practitioners (GPs/FPs). The CIHR-funded project, Physician Labour Supply in Canada: A Cohort Analysis, is being led by Sung-Hee Jeon, a post-doctoral fellow in the Department of Economics and CHEPA, and acting CHEPA director Jeremiah Hurley. The study examines the hours of direct patient care provided by GPs/FPs from 1982 to 2003, in ways that provide insight into the importance of various factors on the changed labour supply of physicians. The factors include aging of the physician workforce, the changing gender composition of the physician workforce, how long physicians have been practising, as well as general time trends that may be linked to specific policy developments over the period.

The findings indicate that the changing work behaviour of male GPs/FPs had a greater impact on the overall decline in the hours of direct patient care, than did the growing population of females in the profession. The study also shows the decline is across all age groups and years-of-practice cohorts. A draft report on the project will be issued soon as a CHEPA working paper.

Hutchison, Woodward retire from CHEPA

Two long-time CHEPA members retired from their positions with the centre during 2005. Brian Hutchison and Christel Woodward both made substantial contributions to the goals of CHEPA.

Brian Hutchison

Hutchison, who was highlighted in Year In Review 2004 after earning the Health Services Research Advancement Award, continued as CHEPA director until July 2005. He had worked at McMaster since 1975 and is professor emeritus in the departments of family medicine and clinical epidemiology and biostatistics. He became a CHEPA member in 1998, and was named director in 2002. The research award from the Canadian Health Services Research Foundation represented the capstone of his career. The award recognizes significant contributions to the advancement of the health services research community in Canada. His research focus included health services delivery, health care funding and physician payment methods. Although officially retired, Hutchison is still involved with several ongoing research projects, and remains editor-in-chief of Healthcare Policy.

Woodward joined CHEPA as an associate in 1988, and became a member in 1997. She is also a professor emeritus in the Department of Clinical Epidemiology and Biostatistics, and a former associate member of the Department of Psychiatry and Behavioural Neurosciences. She was a key player in the development of the Ontario Training Centre in Health Services and Policy Research, which involves a consortium of six universities.

During her lengthy career, Woodward was active in teaching and research undertakings and has served on numerous boards, committees and task forces at the national and international level. In addition to her affiliations at McMaster, Woodward served as an adjunct professor at both the University of Guelph and the University of Ottawa. She was a visiting professor at two Australian universities during 2004. She co-ordinated McMaster's Graduate Program in Health Research Methodology for six years during its expansion into a PhD program.

Her interests in health services research and evaluation produced information regarding a wide range of topics, including health provider behaviour, health human resource issues, primary care, home care and the education of health professionals.

Research to inform decisions on genetic services

New and rapidly emerging genetic technologies have the potential for major impacts on service co-ordination and resource allocation in Canada's health care system. Yet focused research to guide and govern the implementation, use or funding of these technologies is undeveloped.

CHEPA member Fiona Miller is addressing these issues in research that focuses on genetic and genomic health services. A main component of the research involves studying the ways in which decisions are made by clinicians, laboratories and the government to provide these services to the population. Miller's research aims to address the need of policy-makers to have access to comprehensive information about how decisions are made on these services and how they are being introduced and used.

In a new project that was funded in 2005, Miller is adding a new dimension to her research by focusing on patients' views related to their use of predictive genetic testing. The project, funded by the Ministry of Health and Long Term Care (MOHLTC), uses a qualitative approach to explore the beliefs, commitments and rationales of patients of Ontario's program in predictive genetic testing for hereditary breast, ovarian and colorectal cancers.

Interviews with patients will determine their satisfaction with the testing, how they interpret and respond to results, and their adherence to follow-up surveillance and care. The results are intended to complement a larger, survey-based evaluation of clinical care in predictive genetic testing, being conducted on behalf of the Subcommittee on Evaluation of the provincial Implementation Committee for Predictive Cancer Genetics.

Miller, who has been a CHEPA member since 2001 and is an assistant professor in the Department of Clinical Epidemiology and Biostatistics, is conducting these projects as part of her broader research program on the organization and technology assesment of medical genetic services, and how resources are allocated in this area.

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