

## CHEPA marks a year of celebration and change

The past year was full of milestones and challenges for CHEPA, which is celebrating 25 years of providing distinguished research and teaching at the same time that it adjusts to operational changes driven by new funding methods.

The founding and growth of CHEPA — officially opened on May 26, 1988 after a year of operation — parallels the genesis and growth of health economics as a research field. Over the past quarter-century, CHEPA researchers have directly helped to shape Canada's health system, driving the development of the internationally-recognized Health Utilities Index and implementing methods for the economic evaluation (cost-effectiveness, cost-benefit and cost-utility analysis) of health services, programs and systems as well as pioneering the field of health policy analysis.

CHEPA researchers have directly helped to shape Canada's health-care system

CHEPA faculty **John Lavis** and **Jeremiah Hurley** set the stage for continued future achievements of CHEPA and the McMaster Health Forum by successfully leading the application for funds from the Ontario Ministry of Health and Long Term Care for the research program *Harnessing Evidence and Values for Health System Excellence*. The research program will be



*CHEPA's monthly seminars, which feature speakers presenting on a variety of health research topics, attract a large audience from across the university.*

supported over three years (April 2013 to March 2016) by a one-time, multi-year grant of \$4.9 million through the Ministry's new Health System Research Fund — Research Awards competition.

The program's co-investigators — **Julia Abelson**, **Mita Giacomini**, **Michel Grignon**, **Glen Randall**, and **Arthur Sweetman** — are all CHEPA members. Collaborators include four other CHEPA faculty (**Christopher Longo**, **Gillian Mulvale** and **Michael Wilson**) along with McMaster-based **Melissa Brouwers** (Oncology/Clinical Epidemiology and Biostatistics) and post-doctoral fellow **Meredith Vanstone**.

The research program is an interdisciplinary program of work to advance the science and practice of identifying and integrating evidence about health care policies with information about societal values to:

- 1) evaluate how Ontario's health system is performing; and
- 2) support the development of policies to enhance the system's performance and sustainability.

CHEPA faculty and staff celebrate the successful funding application that will enable them to remain at the forefront of health economics research and policy analysis.



*CHEPA marked its silver anniversary this year. Faculty at the time of its official opening in 1988 were, from left, David Feeny, coordinator Greg Stoddart, Roberta Labelle, associate coordinator Jonathan Lomas, Amiram Gafni and George Torrance.*

# From treatment to taxes: Faculty study diverse healthcare policy issues

What financial burdens do the caregivers of cancer patients experience? How can long-term care be financed? Is there a way to ensure that limited health care resources are shared fairly? CHEPA faculty studied and shared their research on those and many other topics in 2012:



**Julia Abelson** continued to develop and share her expertise in designing, implementing and evaluating methods of consulting with the public and healthcare providers about health technology and health systems across Canada. New studies begun in 2012 included *Building a quality platform for public engagement* and *Evaluating citizen panels on optimal aging*.



**Steve Birch** continued research into access to care as a public health issue, and added to knowledge about the efficacy, cost-effectiveness and feasibility of screening for common dental diseases by dental care professionals. He looked at the impact that health care reform has on practice, outcomes and costs of new roles for health professionals.



**Paul Contoyannis** completed the first of a three-year term as head of the Health Research Unit of the Athens Institute for Education and Research (ATINER). The Institute is an independent world association whose meetings in Athens, Greece, provide a global forum for academics to exchange research and ideas.



**Phil DeCicca**, who holds a Tier II Canada Research Chair in Public Economics, continued his studies of why, and how, people avoid paying cigarette taxes and the economic and health impacts of higher tobacco taxes. He published research on the relationship between entrepreneurship and the availability of health insurance and studied the long-term impact of early childhood education and all-day kindergarten.



**John Eyles** received Canadian Institute of Health Research (CIHR) funds to assess whether neighbourhood characteristics influence maternal health disparities and prepared reports to Health Canada's

Ontario division about radon, heavy metals, flouridation and algal blooms in the Great Lakes.



**Amiram Gafni** continued research related to preterm birth outcomes (two papers describing the results of two large trials were accepted for publication); and the effectiveness of interventions related to improving coronary care outcomes and controlling hypertension, and he began a pilot study as part of a group researching a nurse-led, community based diabetes intervention for frail elderly people with Type 2 diabetes and comorbid chronic conditions. He added to previous research on decision aids and shared treatment decision-making within the context of the physician-patient encounter. He spoke at a number of international conferences, including presenting *Economic evaluation, uncertainty and healthcare decision making: Using the decision making plane to accommodate the risk of undesirable outcomes and opportunity costs in economic evaluations* at the Joint Meeting of the College des Economists de la Sante (CES) and the Health Economics Study Group (HESG), Aix-en-Provence, France, in January, and *When Science Gets in the Way of Policy: Economic evaluations of health care*, at the 4th International Conference on Science in Society to Berkely, California, in November.



**Mita Giacomini** continues to serve as a member of the Ontario Health Technology Advisory Committee (OHTAC). In partnership with OHTAC, she led a CIHR-funded project to develop a research-based approach for addressing social values in health technology policy analysis. Recently her team has studied access to care for people with chronic diseases who live in rural and remote areas; screening for depression or anxiety in chronic disease patients, patient experiences of specialized community-based care and diet modification challenges faced by patients with diabetes and heart disease. Results were presented to key stakeholder groups including an OHTAC Expert Panel on Optimizing Chronic Disease Management, the Ontario College of Family Physicians and OHTAC;

technical reports are published in the Ontario Health Technology Assessment Series. Giacomini continues to serve on OHTAC's Decision Determinants Subcommittee, and chairs OHTAC's Subcommittee on Social Values and Ethics.



CHEPA director **Michel Grignon** co-authored a study for the Institute for Research on Public Policy (IRPP) recommending Canada implement a public insurance program to finance long-term care. He contributed to CIHI-funded research to develop models to measure the efficiency of health systems in Canada and to measure the redistributivity of publicly financed health care; extended previous research into the integration of international medical graduates in Canada, and completed a study on safe patient discharge on weekends from acute care hospitals, with the results intended to guide policy decisions by Ontario's MOHLTC. He also received a CIHR planning grant to help develop a Pan-Canadian Health Reform Analysis Network (PHRAN) to create a compendium of descriptions and comparative analyses of health policy reforms in provinces and territories. The compendium, an open-access journal (Health Reforms Observer/Observatoire des Réformes de Santé), will help develop better reforms and possibly spread best practices all across Canada leading to better policy and a better functioning health care system.



**Jeremiah Hurley**, chair of McMaster's economics department, received CIHR funds to extend previous research on people's views about equity in health care resource allocation, and in particular how framing can affect people's judgments regarding the equitable, or fair, division of health care resources. He also conducted research on the public's interpretation of the concept of health care need as applied to health care resource allocation and on the scope for using pay-for-performance to increase quality and control costs. He was a featured researcher on the CIHR website, which described his research as being "strongly foundational, providing high-level evidence that can inform a large range of policy discussions related to system financing and funding."



**John Lavis**, associate director of CHEPA and director of the McMaster Health Forum, chaired the 45th session of the Pan American Health Organization (PAHO) Advisory Committee on Health Research (ACHR), which drew more than 25 delegates and invited guests involved with the Pan American Health Organization, which is the regional office of the Americas for the World Health Organization, to meetings at McMaster University Oct. 17 to 19. It was the first time the event has been staged in Canada. Lavis also oversaw the launch of the enhanced Health Systems Evidence website, the world's most comprehensive, free access point for evidence to support policymakers, stakeholders and researchers interested in how to strengthen or reform health systems to get cost-effective services and drugs to those who need them. A partnership with the Evidence-Informed Healthcare Renewal Initiative added a portal for documents specific to healthcare renewal in Canada. Lavis also holds an International Development Research Centre (IDRC) chair in conjunction with Nelson Sewankambo, principal of the College of Health Sciences at Makerere University in Uganda, which reflects his role as a mentor for health policy scholars in or with an interest in African countries.



**Christopher Longo** is on the scientific advisory board of BORN (Better Outcomes Research Network), run by the Ontario MOHLTC, that studies mother and baby health. He is analyzing data on the costs of caesarian sections, comparing repeat caesarians before and after 39 weeks of gestation. In 2012 he continued his research on the financial burden of cancer on patients and their caregivers in Canada, and also identified the impact on health care services for caregivers as an area requiring further study. Longo's research suggests that the financial burden for cancer patients can vary by tumour type, and that patients with breast cancer may require a different mix of supportive services than do patients with other common tumour types, with supportive care programs tailored more specifically to those at greater distance to the treatment centre. His article *Encouraging pharmaceutical innovation to meet the needs of both developed and developing countries*, published in the International Journal of Development Issues, was

chosen as an Outstanding Paper Award winner at the Literati Network Awards for Excellence 2012.



**Gillian Mulvale** continued research in 2012 on factors affecting the effectiveness of interdisciplinary health teams and on using national frameworks to guide local health policy development, and made a presentation to the Canadian Mental Health Commission of Canada in October entitled *The meaning of recovery for policy-making: Canadian perspectives and lived experience*.



**Glen Randall** was a co-investigator on a study funded by the Ontario Health Human Resources Research Network (OHHRN) of the impact of legislation making kinesiology a regulated health profession and the effect on physiotherapy practices. He also published research on identifying barriers to mental health system improvements; physician referrals for cardiac diagnostic services, and barriers to implementing WHO's exclusive breastfeeding policy for women living with HIV in sub-Saharan Africa.



**Daria O'Reilly** began a CIHR-funded study to develop an Open Source Diabetes Economic Model. She continued research with the MOHLTC-funded health technology assessment and field evaluation program evaluating the use of hyperbaric oxygen therapy for chronic diabetic wounds of the lower limb as well as an evaluation of a chronic disease management system for the treatment and management of diabetes in primary health care practices in Ontario. She worked on developing an Ontario provincial epilepsy care strategy.



**Lisa Schwartz**, associate director of CHEPA, who is in her second five-year term as the McMaster University Arnold L. Johnson Chair in Healthcare Ethics, received funding from CIHR to continue several on-going studies of the ethics and conflicts faced by humanitarian health care providers working in war zones or disaster areas, including an investigation of the ethics of disaster research in low resource settings, and a study of ethics and humanitarian healthcare practice and policy during acute crisis response in low- or middle-income countries. Schwartz was appointed to three significant consultation roles in 2012 and is now vice-chair of the Standing Committee on Ethics at CIHR, the

Ethics Committee of the Royal College Of Physicians and Surgeons, and is a member of the health technology expert review panel of the Canadian Agency for Drugs and Technologies in Health.



**Hsien Seow**, the Cancer Care Ontario Research Chair in Health Services Research based in McMaster University's Department of Oncology, continued ongoing research on the quality and cost-effectiveness of palliative care for people with terminal illness. He is principal investigator on a \$1-million palliative care research study funded by the Institute of Clinical Evaluative Sciences. The study, *Integrated Client Care Project - Palliative Care*, comprises a comprehensive evaluation plan for developing and testing integrated models of palliative care in six participating sites across Ontario. The model interventions aim to improve the client and caregiver experience, the quality of care, and pain and symptom management. The initiative will inform the delivery system for palliative care clients and families. Multi-year studies underway include a three-year study for the Canadian Cancer Society Research Institute on the potential of homecare nursing in four provinces related to end-of-life cancer care. Another project, funded by CIHR, investigates the process of how expert-consult teams deliver home-based palliative care in Ontario and Alberta.



**Arthur Sweetman**, the Ontario Research Chair in Health Human Resources and co-leader of the Ontario Health Human Resource Research Network, continued research to study human resources needs for a variety of health professionals. He received funds to explore health labour force issues, and made numerous presentations, including appearing before the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.



**Michael Wilson** received funding from CIHR for several projects including mobilizing evidence to support harm reduction efforts, regulating the use of genetic tests and technologies and identifying optimal treatment approaches for people with multimorbidity, and facilitated several workshops on the use of health systems evidence to support decision making.

# PhD program reaches capacity



Visiting professor **Olagoke Akintola**, left, from the University of KwaZuluNatal, Durban, South Africa and **Rhona Mijumbi**, a doctoral student from Uganda, attend a CHEPA seminar.

**Lisa Schwartz** took over as director of the PhD in Health Policy program in July 2012, succeeding **Mita Giacomini**, who led the program since its inception with the initial intake of students in September 2008. It is anticipated that four students will submit their dissertations by mid-summer 2013 and defend their theses in September, becoming the first graduates.

The program reached capacity in September 2012 with 29 students — 21 domestic scholars, five visa students and three international exchange students from Makerere University in Kampala, Uganda who attend in staggered intervals, beginning in January 2012. The exchange agreement was established as part of the \$1 million International Development Research Centre (IDRC) grant held by Nelson Sewankambo, Principal of the new College of Health Sciences at Makerere, and CHEPA Associate Director **John Lavis**.

**Ahmad Shariff von Schlegell**, a medical doctor from the United States who has a Master's degree in public policy from UCLA as well as a Master's degree in public health with a concentration in epidemiology from The Johns Hopkins University, was the recipient of CHEPA's \$20,000 Doctoral Fellowship for 2012-2013.

CHEPA PhD candidates are also making contributions in government. **Kathy Li**, who has received an Ontario Graduate Scholarship award for four consecutive years (2009-2013), is working as a Policy Analyst at the MOHLTC. **Stephanie Montesanti** is involved in a public engagement project with Public Health Ontario (PHO) to develop and evaluate citizens' panel models for public health units in Ontario to address complex public health issues. She received OGS scholarship awards for three consecutive years (2010-2013) and is a past recipient of the Population Health Improvement Research Network (PHIRN) Doctoral Award.

The Health Policy PhD program underwent an in-depth Institutional Quality Assurance Process (IQAP) Academic Review to ensure consistency with the University's mission and academic plan. Alignment of degree level expectations, along with program learning outcomes, were reported in the self-study which demonstrated the unique inter-disciplinarity of the program distinct to McMaster, as well as to Canadian universities.

## Forum helps health system providers and stakeholders use research evidence to improve outcomes



CHEPA associate director **John Lavis**, the IDRC research chair in evidence-

informed health policies and systems and director of the McMaster Health Forum, continued several multi-year initiatives that support the creation of research evidence about, and enhance systems for, supporting the use of research evidence related to health systems.

These included on-going participation in a global team working to support the use of research evidence (SURE) for policy in African health systems, and in CIHR-funded initiatives to make research evidence available to policy makers and stakeholders in low- and middle-income countries and to train officials in evidence-informed health systems policymaking. The Forum also organized and supported a number of stakeholder dialogues, as well as public debates, a workshop and a speaker series about pressing health challenges.

Forum assistant director and fellow CHEPA faculty member **Michael Wilson** was a principal investigator along with Lavis on several projects that received funding from CIHR to produce evidence briefs and hold stakeholder dialogues on the topics of genetic testing, improving obesity outcomes, chronic disease management and suicide prevention.