

Michel Grignon aims to build CHEPA's role as research leader



Michel Grignon

CHEPA will continue to build on its role as a Canadian leader of research in health economics and policy analysis under the leadership of

Michel Grignon, who became the centre's

new director on Sept. 1, succeeding Julia Abelson who held the position for five years.

Grignon is an associate professor in both the Department of Economics and the Department of Health, Aging & Society, and joined the CHEPA faculty in 2004. His research focuses on the financing of health care, determinants of health and health inequalities, and equity in health systems.

During his five-year term as director, Grignon will work to ensure that CHEPA continues to flourish as a collegial, multi-disciplinary centre of research, working collaboratively with other Canadian and international institutions in the field, while maintaining its excellent relationship with the Ontario Ministry of Health and Long-Term Care, and enhancing its role as a key source of information for health policymakers.

He is also ensuring CHEPA's expertise is made available around the world, through his involvement with two international organizations. He led the efforts that saw CHEPA enter a partnership as the expert group for Canada of the International Network on Health Policy and Reform, a 20-country project initiated by Germany's Bertelsmann Foundation, and now associated with the European Observatory on Health Systems and Policies. The partnership provides CHEPA with an additional forum to showcase ideas, ongoing work and published materials at the international level.



New director Michel Grignon will work to ensure that CHEPA continues to flourish as a collegial, multi-disciplinary centre of research.

He is also the Canadian representative on the EquiLAC project of the Pan American Health Organization, a large-scale initiative examining health systems inequalities in the countries of the Americas.

Before joining McMaster in 2004, Grignon was a researcher in France, and continues to serve as an adjunct scientist at IRDES (Institute for Health Economics) in Paris. He is also a member of the Canadian Economics Association.

Grignon envisions diversifying CHEPA's membership further by including faculty from a wider range of University departments, and ensuring mutual benefits to those departments, the centre and McMaster's Health Policy PhD program.

CHEPA's faculty welcomed one new member in 2011 – **Mike Wilson**, a part-time assistant professor in the Department of Clinical Epidemiology and Biostatistics, and assistant director of the McMaster Health Forum. Wilson is also an investigator with the Program in Policy



Mike Wilson

Decision-making, and the scientist of health policy and knowledge transfer and exchange at the Ontario HIV Treatment Network.

His research is focused on supporting the use of research evidence in health systems, with specific interest in community-based organizations and health system managers and policymakers. He is also interested in research related to the politics of healthcare systems and the social determinants of health for people living with HIV/AIDS. As well, he investigates community-based knowledge transfer and exchange, helping community-based organizations to link research to action.



Abelson advances study of public engagement

Adding to knowledge of public deliberation in health policy and bioethics



Julia Abelson

The analysis of public engagement in health systems across Canada was a continuing focus in 2011 for CHEPA faculty member **Julia Abelson**,

who shared her expertise in the design, implementation and evaluation of public engagement methods through various reports, workshops, presentations and consultations across the country and internationally.

One of Abelson's CIHR-funded studies, *Evaluating the Impacts of Public Engagement in Health Systems*, supported a capacity building workshop held in Vancouver in March, which focused on the frameworks and methods for evaluating public engagement. The workshop brought together leading public engagement practitioners from regional and provincial health organizations across Canada to begin work towards the development of common indicators and measures to be used to evaluate public engagement in health system organizations across the country. Documents summarizing the output of this collaboration will be available in 2012.

Abelson also completed a three-year evaluation of the Consultation Forum established through legislation by the office of the Commissioner of Health and Well-Being in Quebec. This project evaluated a unique process for involving citizens and experts in Quebec's decisions on issues affecting the health and welfare of the people in that province. The project assessed the effectiveness of the Consultation Forum with a specific focus on the recruitment method used, the quality of the deliberative processes and the appropriateness of this method for

engaging citizens and experts in health system debates.

Abelson also continued to build on the research completed in 2010 on the Ontario Ministry of Health and Long-Term Care-funded project *Consulting with Ontario Citizens about Health Technologies*. This collaborative project involved the establishment of Ontario's first-ever citizens' reference panel on health technologies which provided social values guidance to the province's evidence-based health technology assessment (HTA) process.

The Quebec and Ontario studies have generated widespread interest in the use of public deliberation as a method to inform a wide array of policy decision-making processes. Abelson has given presentations about these methods to regional and provincial policy-makers through a workshop organized by the Newfoundland and Labrador Centre for Applied Health Research in St. John's Nfld., and at a recent symposium in Sydney, Australia focused on examining the use of citizen deliberation to inform screening policies. Several papers reporting the findings from these studies have been published or are forthcoming, including a contribution to a CIHR Citizen Engagement Casebook published in spring 2012. A special issue of the *Hastings Center Report* – a leading U.S.-based bioethics and public policy journal – was also published this spring on the theme of public deliberation in health policy and bioethics. The essay set resulted from a CIHR-funded meetings, planning and dissemination grant which supported a symposium of international scholars working to advance the field of public deliberation in health policy and bioethics. ■

Seow leads research on palliative care

Research examining the quality and cost-effectiveness of palliative care for people with terminal illnesses is being conducted by CHEPA faculty member Hsien Seow with grants totaling more than \$1 million awarded in 2011.

Seow received a \$670,000 grant from the Canadian Cancer Society Research Institute to conduct a three-year study of the organization, delivery and costs of end-of-life cancer care, focusing on the potential of homecare nursing in four provinces.

Earlier research by Seow has shown that end-of-life cancer patients in Ontario who received more homecare nursing hours were less likely to require hospital visits. This project will extend this research to three more provinces, investigate the effect of more homecare nursing hours on total health care costs, and determine whether patients use homecare differently depending on their province.

Seow also received a \$387,914 grant from the Canadian Institutes of Health Research (CIHR) to investigate the process of how expert-consult teams deliver home-based palliative care in Ontario and Alberta. Expert-consult teams consist of a nurse, palliative-care physician and involvement with family physicians, but the teams vary across Canada in how they assess, coordinate and monitor patient care, all of which affect patient and family outcome. The research is examining six palliative-care, expert-consult teams in the two provinces to investigate whether this type of care results in fewer hospital days, fewer emergency department visits and lower health care costs. ■

Health Policy students earn scholarships, training awards

Graduate students working towards their Health Policy PhD and supervised by CHEPA faculty members earned a variety of academic awards and scholarships in 2011.



Francesca Brundisini

Francesca Brundisini, a student from Italy who was among the six new students accepted into the PhD program in 2011, received the CHEPA Doctoral Fellowship, a \$20,000 award granted to a student entering the program. Brundisini hopes to use her previous education in development studies to expand her research in the health policy field, with an emphasis on health technology assessment (HTA) and its use and impact in low- and middle-income countries. In addition to the Fellowship, she was also granted a School of Graduate Studies International Excellence Award from McMaster University. She is supervised by CHEPA faculty member **Mita Giacomini**.



Stephanie Montesanti

Stephanie Montesanti, a fourth-year student in the Health Policy PhD program, was accepted into the Ontario Training Centre (OTC), with funding provided through the Population Health Innovation Research Network. OTC is one of four centres in Canada designed to increase the number of well-qualified health services and nursing researchers at the master's and PhD level. Montesanti hopes to increase her understanding of community participation initiatives involving marginalized communities in local health system planning. She is supervised by **Julia Abelson**.

Two other students in the second year of the PhD program were also accepted into the graduate diploma program at OTC, in health services and policy research:

Daniel Patino, who is supervised by **John Lavis**, will complement his education, particularly in regards to methodological tools, through the OTC program. From Medellin, Colombia, Patino is a graduate

of the Ulysses International Master's Program in Health Technology Assessment and Management, and holds a degree in biomedical engineering from the Antioquia School of Engineering in Medellin. He was granted a Francisco Jose de Cladas doctoral scholarship from the Republic of Colombia to support his studies at McMaster.

Sarah Boesveld, who is supervised by **Julia Abelson**, will use her involvement in the OTC program to network with health professionals working in policy settings, and will partake in a policy-related internship. Boesveld was awarded a Harry Lyman Hooker Senior Fellowship from McMaster when she joined the Health Policy PhD program in 2010.

The Health Policy PhD program, which is unique in Canada, has an enrolment of 20, with the inaugural class of three expected to graduate in 2012. Many CHEPA faculty members provide instruction and supervision in the program, which trains students in the fields of health economics, political studies and social organization. ■

Exchange program offers unique opportunities to graduate students

Graduate students from Africa who want to improve health system policymaking in African countries are enhancing their training through McMaster's Health Policy PhD program with the support of an International Development Research Centre (IDRC) grant.

Pierre Ongolo-Zogo, from Cameroon, is the first of four African health researchers to come to McMaster to study in the program for a one-year period. Three others will join the program over the coming years, as part of an exchange agreement with Makerere University in Kampala, Uganda. The exchange agreement was established as part of the \$1 million IDRC funding held by Nelson Sewankambo, principal of the College of Health Sciences at Makerere, and CHEPA Associate Director **John Lavis**.



Ongolo-Zogo holds an MD, a fellowship in radiology and medical imaging, and a master's degree in biomedical engineering, all from universities in France. He is also chair of the knowledge translation and policy committee of the World Health Organization (WHO) Foodborne Disease Burden Epidemiology Reference Group, and the WHO-sponsored Evidence-Informed Policy Network (EVIPNet) Africa Steering Committee. His doctoral thesis will look at evaluating initiatives to support evidence-informed health policymaking in Cameroon and Uganda.

Two other doctoral students from Makerere will begin studies at McMaster in September. **Rhona Mijumbi** of Uganda holds an MD, and master's degrees in international health and in clinical epidemiology and biostatistics from Makerere University and from the University of Queensland, Australia, respectively. **André Zida** of Burkina Faso holds master's degrees in economics from University of Ouagadougou, Burkina Faso, and in hospital administration and health services from ENSP (National School of Public Health), Ouagadougou, Burkina Faso. Both are studying rapid response services to inform urgent decisions by policy-makers in African countries.

The IDRC grant is also supporting four McMaster PhD candidates to obtain additional training and to conduct work in Africa:

- **Jessica Shearer**, a third-year PhD doctoral candidate, travelled to Kampala, Uganda; Lusaka, Zambia and Maputo, Mozambique for course work, and to Burkina Faso for field work for her thesis project on social networks, research evidence and innovation in health policy-making;
- **Kaelen Moat**, a third-year PhD doctoral candidate, attended courses and research meetings in the same cities to advance his thesis work on evidence briefs as a mechanism for knowledge transfer and exchange;
- **Edward Gariba**, a second-year PhD student, attended short courses and research meetings in Kampala and Maputo in preparation for his thesis work on user testing, usage and impact of Health Systems Evidence and the Evidence-Informed Policy Network Virtual Health Library;
- **Liz Alvarez**, who joined the PhD program last fall, will do short course work in Addis Ababa, Ethiopia as part of her work around knowledge translation in low- and middle-income countries.



CHEPA faculty hold research chairs in range of disciplines

CHEPA's position as an internationally-renowned interdisciplinary research centre and world leader in the production and dissemination of knowledge about health policy and analysis is reflected in the fact that five of its faculty members hold major research chairs.



Phil DeCicca, who holds a Tier II Canada Research Chair in Public Economics, is an associate professor in the Department of Economics and a research associate with the U.S. National Bureau of Economic Research (NBER) Program in Health Economics. He investigates the impact of policies intended to curb smoking, including looking at the effectiveness of cigarette tax policies and at the relationship between tax levels and tax avoidance behaviours such as smuggling. He is interested in assessing the impact of higher cigarette taxes on maternal smoking behaviours, and on respiratory health conditions such as asthma. He also leads research into the long-term impact of early childhood education.



Hsien Seow is the Cancer Care Ontario Research Chair in Health Services Research based in the Department of Oncology at McMaster University. Seow studies ways to improve the quality and delivery of palliative care services for patients with cancer and other serious chronic illnesses. His research includes looking at health care utilization and health care costs in Ontario, and at innovative ways in delivering care for people with chronic illnesses, as well as methods of advancing hospice-based palliative care.



Arthur Sweetman

Arthur Sweetman, the Ontario Research Chair in Health Human Resources and co-leader of the Ontario Health Human Resource Research Network, investigates issues such as doctor shortages, health care budgets and the number of different types of health professionals needed in the province of Ontario.

A professor in the Department of Economics, his research focuses primarily on empirical (econometric) approaches to economic policy issues, and he has an interest in quantitative program evaluation. His recent investigations include labour force issues such as the impact of immigration, and ways to counter skills mismatches in Canada's labour market.



John Lavis

John Lavis, an international leader in knowledge transfer and exchange, 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.

The position reflects Lavis's role as a mentor for health policy scholars in or with an interest in developing nations. The IDRC, in collaboration with the Canada Research Chairs program, launched the inaugural International Research Chairs initiative in 2009 to pair top research talent from universities in Canada with their counterparts in developing nations, to share their advanced skills and knowledge.

Arthur Sweetman, the Ontario Research Chair in Health Human Resources and co-leader of the Ontario Health Human Resource Research Network, investigates

In addition to the IDRC work, Lavis is director of the McMaster Health Forum, co-director of the World Health Organization Collaborating Center for Evidence-Informed Policy, director of the Policy Liaison Office of the Canadian Cochrane Centre, and associate director of CHEPA.

He leads training initiatives in evidence-informed health system policymaking around the world, and is involved with numerous research projects focused on improving the use of research evidence.



Lisa Schwartz

Lisa Schwartz is in her second five-year term as the McMaster University Arnold L. Johnson Chair in Healthcare Ethics, and is associate director of CHEPA.

Her research interests focus on health care ethics and ethics in health care education, research ethics, privacy and access to biosamples, patient advocacy, and measurement and effectiveness of ethics education. She is the vice-chair of the Canadian Institutes of Health Research Standing Committee on Ethics, and active with the International Association of Bioethics, the Canadian Bioethics Association, and the Canadian Coalition of Global Health Research. Her recent research projects are focused on ethics and conflicts faced by humanitarian health care providers working in war zones or areas struck by disasters, and resources and e-resources related to ethics in humanitarian health care.

In 2011 she received a \$90,000 CIHR knowledge translation grant for a project to create resources to prepare and support humanitarian health care providers.

Health ministry efforts to enhance research knowledge aided by CHEPA

CHEPA faculty members continue to play a key role providing expertise as the Ontario Ministry of Health and Long-Term Care refocuses its efforts to support the use of research evidence on topics identified by policy-makers and stakeholders across the health system.

The ministry developed new guidelines in 2011 that clarify the responsibilities of both knowledge users and researchers. The guidelines require research projects be focused on identified health care knowledge questions. The process accommodates varying levels of research effort – from opinions and summaries of existing literature to extensive large-scale studies – and requires that research summaries be available for public access.

Some of the research projects that CHEPA faculty members were involved with during 2011 in collaboration with the ministry included:

■ An assessment of international medical graduates in Ontario and implications for culturally sensitive health care. A report submitted by CHEPA Director **Michel Grignon** and research associate **Gioia Buckley** looked at facilitating the integration of international medical graduates (IMGs) to set up practice and treat patients in Canada, with an eye to alleviating physician mal-distribution issues and improve access to care for new immigrants who would benefit from being served by IMGs from their own cultural communities.

■ A study on the potential impact and cost of expanding palliative care in hospices in Ontario and the implications for reducing alternative levels of care. **Hsien Seow** led this research and submitted a report to the ministry. He is also working on a project to determine a measure of per capita health service expenditure for Ontario that could be used to compare spending across LHINs. This knowledge will aid in the accurate prediction of costs for population-planning, and help characterize patients who are at highest risk of using the most services.

■ An investigation of the behaviours of primary care physicians related to referrals to specialists and rates of hospitalization. **Arthur Sweetman** is leading this ongoing research that is examining whether there are differences in referrals of patients to specialists, or hospital stays, among primary care physicians, based on the type of remuneration, primary health care model and patient enrolment.

■ A study of safe discharge on weekends from acute-care hospitals. Plans were developed during 2011 for this project to be led by CHEPA director **Michel Grignon** and CHEPA faculty member **Jean-Eric Tarride**. Work will begin this year, with the results intended to guide policy decisions by the ministry. ■



Jean-Eric Tarride

CHEPA researchers join expert network on health human resources

CHEPA faculty members **Glen Randall** and **Arthur Sweetman** are key participants in the Pan Canadian Health Human Resources Network (CHHRN) that received \$600,000 in funding from the Canadian Institutes of Health Research in 2011.

Ivy Bourgeault, a former CHEPA faculty and now with the Interdisciplinary School of Health Sciences at the University of Ottawa, is one of the network's co-leaders. The network is comprised of expert

researchers and policy-makers involved in health human resource research, policy and planning.

CHHRN is one of only two networks funded under the CIHR Network Catalyst grant competition, and will work to create a virtual infrastructure enabling participants to share health human resources knowledge, innovation and promising practices.

For more info on the network, visit www.hhr-rhs.ca.

Physician incentives study results shared

A research project led by **Jeremiah Hurley** and **Phil DeCicca** that examined the effectiveness of pay-for-performance incentives on service provision by physicians was the subject of several working papers and presentations during 2011.

The final report, entitled *The Response of Ontario Primary Care Physicians to Pay-for-Performance Incentives*, was submitted early in 2011 to the Ministry of Health and Long-Term Care, as part of its collaborative research program.

CHEPA researchers evaluated whether performance-based incentive payments for five preventive care services (senior flu shots, toddler immunizations, cervical cancer screening, breast screening and colorectal cancer screening), and six sets of physician services (obstetrical services, hospital services, palliative care services, office procedures, prenatal care and home visits) increased the provision of these services in the target populations. The research also examined whether there has been any change in the provision of 57 services provided by family doctors enrolled in a Family Health Network (FHN) since the introduction of capitation payments for those services.

The study linked incentives to modest increases in the provision of four of the five preventive care areas (all except toddler immunization), but the incentives had no impact on the six sets of services. There was also no change in the provision over time of the 57 services funded by capitation payment for physicians in FHNs.

Only doctors working in Ontario's Primary Care Reform (PCR) practices were eligible for the incentives, which enabled researchers to compare the impact of incentives on service provision against service levels provided by doctors who weren't eligible to receive incentives.

Hurley gave presentations in 2011 on this research to health ministry officials in Toronto, and to researchers at the University of Waterloo and the University of Regina. ■



McMaster Health Forum Director John Lavis (bottom left) leads students taking the Forum's Simulations Course in discussions about the types of decisions that can have an impact on health and the influences on these decisions.

Knowledge transfer key focus of McMaster Health Forum

Supporting the transfer and exchange of research knowledge related to health systems is one of CHEPA's core themes, which was advanced significantly in 2011 through the work of Associate Director **John Lavis**.

Lavis received more than \$750,000 during the year from a variety of funding organizations to expand the work of the McMaster Health Forum, which is a leading hub for harnessing research evidence and convening influential thinkers and doers to address pressing health challenges.

The funding supported nine stakeholder dialogues that brought together key policymakers, stakeholders and researchers to deliberate on health challenges and develop action-oriented plans for addressing them.

Each dialogue is informed by either an issue brief or an evidence brief, which identifies relevant research evidence on the topic, and examines policy or program options to address the issues.

Topics covered by the dialogues included measuring health system efficiency, enhancing cancer care delivery, addressing the impact of poverty on health, organizing care systems for older adults, integrating nurse practitioners in primary health care, improving the role of clinical nurse specialists, supporting chronic pain management, expanding

tobacco-use cessation supports in hospitals, and addressing health and emerging global issues in Canada.

The Forum has convened a total of 17 stakeholder dialogues since being launched in 2009. All of the 2011 dialogues were convened in the Forum's new DialogueSpace, the multi-purpose, technology-enabled venue designed to support and facilitate collective problem-solving.

Lavis also led efforts to launch 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, or in how to get cost-effective programs, services and drugs to those who need them.

The repository of continuously updated syntheses of research evidence about health system governance, financial and delivery arrangements has been expanded to include economic evaluations and descriptions of health reforms and health systems. It now includes more than 3,000 records with new documents being added each month.

Health Systems Evidence will be further enhanced in 2012, through partnerships with:

- the Evidence-Informed Healthcare Renewal Initiative, which will see the

addition of a portal for documents specific to healthcare renewal in Canada; and

- the Pan American Health Organization, to embed Health Systems Evidence within their widely used Virtual Health Library.

The Forum's role as a leader in the transfer and exchange of research knowledge is also evident in its other 2011 initiatives, including:

- its role as the World Health Organization Collaborating Centre for Evidence-Informed Policy;

- its organization and support of two public debates, a workshop, and a speaker series that included four lectures, all of which aimed to offer students, others of the McMaster community, and members of the public the chance to gain insights on pressing health challenges; and

- the establishment of a fellowship program that has provided six students with enhanced educational opportunities to pursue their interests in health systems evidence and policy, including internships at offices of the World Health Organization.

To learn more about the McMaster Health Forum and Health Systems Evidence, visit the websites at www.mcmasterhealthforum.org and www.healthsystemsevidence.org. ■



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