

# CHEPA 2003 *in Review*

Centre for Health Economics and Policy Analysis

## Research for Decision-Making

### **CHEPA's Ministry-Responsive Research**

Reflecting a system-wide trend, program managers in the Ontario Ministry of Health and Long-Term Care (MOHLTC) are increasingly turning to research evidence to inform policy, planning and practice. More than 20 per cent of CHEPA's MOHLTC funding is now committed to Ministry-responsive research and consultation in health economics and policy. Specific projects are defined through a process of negotiation that matches decision-makers' needs with CHEPA's expertise.

During 2003, CHEPA undertook three projects under the terms of its funding agreement with the MOHLTC and two additional Ministry-responsive projects were funded through grants from the Ontario component of the Primary Health Care Transition Fund. The three main projects addressed needs-based funding of home care and primary care services and alternative approaches to enrolling patients in primary care practices.

### **Home Care and Community Support Services**

In 2002, CHEPA submitted a report to the MOHLTC detailing its work under the direction of a stakeholder advisory committee to develop a funding formula for home care and community

support services that would base funding allocations to Ontario's 43 Community Care Access Centre (CCAC) regions on the relative needs of the regions' populations.

The proposed funding model uses data from the Ontario component of the National Population Health Survey, together with hospital utilization data, as the basis for funding allocations. Key variables in the formula include age, marital status, self-assessed health status, number of chronic health conditions, needs for assistance with activities of daily living, and number of hospital admissions. A slightly modified version of the report is available as CHEPA Working Paper 03-01 "Needs-based Funding for Home Care and Community Support Services in Ontario: A New Approach Based on Linked Survey and Administrative Data" (available at [www.chepa.org](http://www.chepa.org) under Research Projects/Working Papers).

By way of follow-up, CHEPA submitted a supplementary report to the MOHLTC in May 2003. This report includes revised estimates of funding allocations to CCAC regions and a proposed method for incremental implementation of the funding formula.

### **Primary Care Capitation**

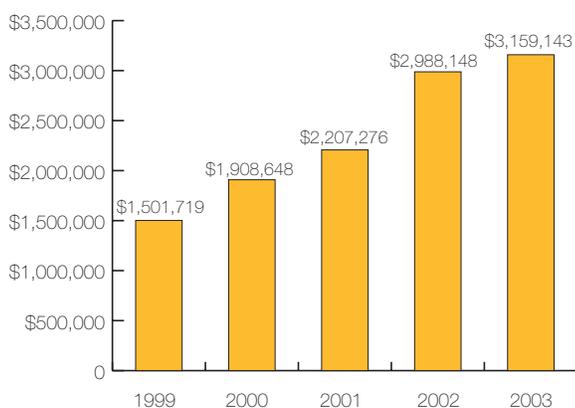
Blended funding models for Ontario's Health Service Organizations, Primary Care Networks and Family Health Networks have age and sex-adjusted per patient (capitation) payments as the dominant funding element. However, it is widely recognized that age and sex adjustment fails to adequately capture variation at the



**Gioia Buckley, Brian Hutchison and Andrea Ruskova working on the primary care capitation project**

### **Research Funding On the Rise**

CHEPA's success in securing research funding continues to grow. The amounts in the graph represent the annual funding received for projects with CHEPA members as principal investigators.



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practice level in need for primary care services. CHEPA researchers and collaborators from other centres are working with the MOHLTC, Ontario Medical Association and a stakeholder working group to develop and evaluate alternative needs-based primary care capitation formulae that reflect variation in patient health status, enabling resources (social support, income and employment), predisposing characteristics (age, sex and education level), health system characteristics (supply of primary care physicians and walk-in clinics), and characteristics of the social and physical environment. A preliminary report is scheduled for early summer 2004.

### **Enrolling Patients in Primary Care Practices**

Patient enrollment (also known as registration or rostering) with a primary care provider is a common feature of emerging models of primary health care in Ontario. The rapid growth of patient rostering has created a demand for information about the effectiveness, costs and efficiency of alternative approaches to patient enrollment.

Based on data from a recent randomized controlled trial of patient enrollment methods in McMaster-affiliated Primary Care Networks, CHEPA researchers are conducting an economic evaluation to assess the costs of patient rostering and the incremental cost-effectiveness of adding mail and telephone approaches to enrollment of patients as they attend scheduled appointments. In the randomized controlled trial, patient mailings increased the proportion of eligible patients enrolled over 6 months from 43 per cent to 55 per cent. Telephone reminders further increased the proportion enrolled to 63 per cent. The economic evaluation will be completed in the spring of 2004.

## CHEPA's New Associates

*CHEPA welcomed two new associate members in 2003, Ivy Bourgeault and Deborah Marshall.*

CHEPA was a definite pull and one of the reasons why **Ivy Bourgeault** decided to take a position at McMaster. "I've known about CHEPA and I've been using the working papers ever since I was a graduate student at the University of Toronto. It has always had a great reputation," says the assistant professor of Health Studies and Sociology at McMaster University. Bourgeault is also the holder of a Canadian Institutes of Health Research (CIHR) New Investigator Award and a Canada Research Chair in Comparative Health Labour Policy.



**Ivy Bourgeault**

Prior to joining McMaster she was at the University of Western Ontario. "It's wonderful to come full circle and be part of it (CHEPA). Now I'll be part of the production process and not just consuming the information."

She says joining CHEPA gives recognition for her work and it's great to be part of an active and vibrant health economics and policy research community. Her research interests include sociology of health and health care, health occupations with a particular focus on medicine, nursing and midwifery, alternative health care, health care policy, women's health and rural health.

Since joining CHEPA in the summer of 2003 Bourgeault says it has been nice to get the exposure on [www.chepea.org](http://www.chepea.org). She is becoming involved in research projects with CHEPA members as well as being part of Polinomics, a monthly seminar where written and verbal feedback is given to researchers seeking input on grant proposals and papers as they are prepared for submission.

Bourgeault's CIHR New Investigator Award supports a five-year research program. "Deciding who does what where and why: The influence of gender and geographic location on efforts to rationalize the health care division of labour", in which she examines the influence of gender and geographic location on the rationalization of maternity care, primary care and mental health care in Canada and the United States.

Other projects she is working on include:

Managed vs. Managing Care in the U.S. and Canada: The Experiences of Health Care Providers and Managers, Is There a Crisis? For more information about the first book to come out of this project please visit the following website: [www.garamond.ca/ArmstrongHEAL.html](http://www.garamond.ca/ArmstrongHEAL.html).

The Untold Story of Rural Women's Experiences with Maternity Care in Alberta and Ontario.

Canadian Health Care Providers' & Educators' Views of Complementary and Alternative Medicine.

The Impact of Restructuring on Rural, Remote and Northern Women's Health.

**Deborah Marshall** hopes to influence policy through her association with CHEPA. She says being an associate member of CHEPA will help “ensure the work that researchers are conducting really matters as opposed to just reporting the results”.



**Deborah Marshall**

The assistant professor in the Department of Clinical Epidemiology and Biostatistics and associate member of the Centre for Evaluation of Medicines says she was encouraged to seek membership in CHEPA by her mentor, the late Bernie O'Brien, who was a CHEPA faculty member.

“Having a vehicle or collaborators with whom one can help disseminate or reach a different group is the value I hope will come out of it,” she explains. Marshall is attracted to the health policy focus of CHEPA and aims to expand her network of colleagues through membership in CHEPA.

Marshall's research interests include health technology assessment of new medical devices, drugs, and diagnostics, economic evaluation of health care programmes, particularly for screening and diagnostic technologies, and methods for the measurement of patient preferences for screening and diagnostic tests.

She is currently working on Conceptual Framework for Outcome Measurement in Children: Consequences for Health Economic Evaluation and Decision-Making. This study will investigate the validity and reliability of a new approach to health-related quality of life measurement in children, using the parent and child together as a dyad.

Other projects she is working on include:

- Conjoint Analysis of Patient Preferences for Colorectal Cancer Screening Methods.
- Screening for Colorectal Cancer: An Integrated Approach. Quantitative Evaluation of Patient Preferences for Colorectal Cancer Screening Strategies.
- Health Technology Assessment and Economic Evaluation Program.
- Communicating Therapeutic Information to Patients: A survey to determine the importance and scope of features that seniors consider when reviewing written information about drug therapy.
- Canadian Cardiovascular Outcomes Related to Economics (CCORE) Policy Model.
- Effects of a Prior Authorization Policy to Restrict Access to COX-II Inhibitors in a Public Insurance Program.

## Memories of Bernie O'Brien

On February 13, 2004 CHEPA lost long-time associate member Bernie O'Brien, an internationally renowned health economist. He was also a Professor in the Department of Clinical Epidemiology and Biostatistics, McMaster University, Associate Director of the Centre for Evaluation of Medicines, St.



**Bernie O'Brien**

Joseph's Healthcare in Hamilton and Director of the newly established Program for Assessment of Technology in Health (PATH).

Bernie built and led a world-class research team to study the cost-effectiveness and cost-utility of health care interventions. He received many national and international awards for his outstanding work and held a prestigious Senior Investigator Award from the Canadian Institutes of Health Research. His main research interests included a series of studies to assess the economic benefit of new medical technologies, providing evidence to support government reimbursement decisions.

In addition to building his own research team, Bernie's diverse interests and wide-ranging expertise led him to collaborate with CHEPA researchers on numerous research projects and publications in the areas of economic evaluation, pharmaceutical policy, health system safety, error and injury; and the economics aspects of health insurance coverage for emerging predictive genetic tests.

His colleagues and a former student remember him fondly – here are their tributes:

The world is a better place because of Bernie O'Brien. He will be missed. I first met Bernie O'Brien when he interviewed for an appointment at McMaster University. I was immediately impressed and contributed to the wise decision to make him an offer. Thankfully, he accepted. Bernie, at that time, was a young, engaging, energetic, articulate, bright, well-trained health economist without an egotistical bone in his body. Since that time, despite the immense fame he achieved in his profession, he never changed. He remained always young (at heart), engaging, energetic, articulate, bright, deeply knowledgeable, and, most impressively, he never let it go to his head. Bernie always remained Bernie, true to his basic nature of openness and helpfulness. Bernie had an enormous capacity for work. He would regularly take on a list of commitments that for most people would be completely undoable. For Bernie, however, it was no problem. He was amazingly efficient. When the deadline arrived, he would buckle down and knock off yet

another paper, or consulting report, or grant application. And it would be a good one. Those of us who fret and ponder over every word could only look on in amazement. He truly had a gift.

– *George Torrance, Member Emeritus of CHEPA*

My life is richer and I am a better person for having spent a year with Bernie and colleagues in Hamilton. I hope I am able to pass on a bit of what I received. Bernie's publications, reputation and a few phone conversations with him convinced me to move to Hamilton for a post-doctoral fellowship. During my year at CEM and McMaster, I improved my economic evaluation and general research skills. But what has meant most to me, I learned from Bernie's example. Bernie showed me how to be a great mentor by being one. It was clear right from the start that I would be able to trust Bernie's advice because I felt secure that he had my best interests at heart. He was generous with his ideas and connections. I admired his ability to be fully present in whatever he was doing. Whenever we met (scheduled or not), he would put away the work he had been engaged in and then push it aside as if to say, "Okay, now I am focused on you and our discussion." When I struggle with supervision, I often think about what Bernie might do. I only wish it were as easy as he made it look. Bernie went home to his

family most evenings before the rest of us researchers left. I asked him once if he was always so efficient. He laughed and told me that he had paid his dues and learned to focus on what he was good at and delegate the rest. He was quick to praise his staff and inspire confidence. Like everyone else, I appreciated Bernie's sense of humor. At a conference, I asked him how a talk had gone. He replied, "Great! They liked my jokes. As long as I can make 'em laugh, I'm happy!" I knew he cared about the quality of his work, but he reminded me to have fun and not take my work or myself too seriously.

– *Lisa Faulkner, CHEPA post-doctoral fellow Sept 2000 - Aug 2001, now a Research Scientist with the Public Health Institute in California.*

It is impossible to capture Bernie's spirit in a few words. Those of us who had the privilege of knowing him all know this. In working with Bernie, everything was possible. He was an inspiration to all and is sorely missed.

– *Deborah Marshall, associate member of CHEPA*

CHEPA faculty member Stephen Birch wrote an eloquent tribute to Bernie O'Brien in the Feb/March 2004 McMaster University Faculty Association Newsletter. Visit [www.mcmaster.ca/mufa/newsFebMar04.html#obrien](http://www.mcmaster.ca/mufa/newsFebMar04.html#obrien).

## Thank you Marnie

**"I have treasured my association with CHEPA, having gained considerably more than I have given. I am enormously impressed with the direction and leadership you are providing and I know the future will be bright."** – Marnie Paikin



**Marnie Parkin**

Connecting CHEPA with McMaster University and the community is what Marnie Paikin set out to help with 12 years ago. Having accomplished this goal and more, she is resigning from CHEPA's Advisory Council after many dedicated years of volunteer service.

"I have very much enjoyed the opportunity to learn what CHEPA does and very much appreciated the chance to make whatever contribution I could," she said.

Her first association with CHEPA was 20 years ago as a member of the Ontario Council of Health, an advisory body to the Minister of Health. The advisory body facilitated special studies and CHEPA researchers were involved in making presentations.

She recalls thinking everyone at CHEPA was so terrific and that they really knew what they were talking about. Several years after that, she was asked if she wanted to be a member of CHEPA's Advisory Council.

"I remember vividly how neat I thought CHEPA was and at that time I was very involved with the university and hospitals. It just seemed fascinating and it's always been fascinating."

"CHEPA now has more members on the advisory council who are active in the health economics and policy field and they will help make sure the work that CHEPA does will get to the right people at the right time," she said.

"They have good insights and recommendations about how to make sure the work is used, not just that the work is done. I think that's a key. Earlier on I think it was one of my responsibilities to try and assist with connectedness with the university and the community and now it has gone well beyond that."

She plans to assist her husband with his business Ennis Paikin Steel, buying, refurbishing and selling locomotives and railway equipment. She'd also like to do more traveling and spend more time with her grandchildren.

Paikin is well-known in Hamilton, having served on a long list of groups and associations. Helping to build the community through volunteer effort has been a family tradition.

"We live in a wonderful city and great country and if you can make it better by making a contribution you should."

She hopes for much success for CHEPA in the future. "I think CHEPA's research is really important," she said. "The leadership in place now is really strong and capable and I know it's in good hands."