

CHSRF/CIHR Chair

Annual Report

Reporting Period: January – December, 2007

**Canadian Health Services Research Foundation /
Fondation canadienne de la recherche sur les services de santé**

Capacity for Applied and Developmental Research and Evaluation /
Capacité et développement en recherche appliquée et évaluation
1565 avenue Carling Avenue, Suite/pièce 700
Ottawa, ON K1Z 8R1 (Canada)
Tel./tél.: +1 613-728-2238
Fax/télé.: +1 613-728-3527

Report Due: June 30th, 2008

Submit to José Hernández @ jose.hernandez@chsrf.ca

Electronic Submissions Preferred



Canadian Health Services Research Foundation
Fondation canadienne de la recherche sur les services de santé



Chair Annual Report

The information shared in this report will be used for the purposes of planning, administering and evaluating the impact of the CADRE program. CADRE is keen to identify the full impact CHSRF and CIHR support toward building capacity for applied health services and nursing research in Canada. The annual report, participant database, financial report, accountability framework, and demographic information are the primary tools CADRE uses to capture quantitative measures and qualitative descriptions measuring program results, impacts and key issues. Data collected in the annual reports will provide rich program descriptions which can be useful to inform further program development.

Name (Chair, PI, Director): Peter C. Coyte

File Number:

Chair/Centre Title: Health Care Settings and Canadians

Institution: University of Toronto
Evaluation

Department: Health Policy, Management and

Faculty: Medicine

Mailing Address: 155 College Street, Suite 425
Toronto, Ontario M5T 3M6

Telephone: (416) 978-8369

Fax: (416) 946-8287

List Co-Investigators & Staff: include their university affiliation; briefly describe any changes since the last reporting period

Co-Investigators	Staff
1.	1. Program Manager – Dr. Lisa Wise (new as of July 2007)
2.	2. Chair Assistant – Jenny Korolik
3.	3.
4.	4.
5.	5.

Program Start Date: July 1, 2000

Program End Date: June 30, 2010

Chair Priorities: Please list and identify the major priorities over the last reporting period – were you able to achieve these priorities? If so, how? If not, why? Please describe any contextual factors that may have influenced your ability to meet these priorities (regional factors, socio-political context, historical factors, resource issues, etc.).

(i) Focused research

A continuing priority of Dr. Coyte’s Chair has been maintaining a focused research program. In 2007, Dr. Coyte achieved this priority through turning his efforts on smaller research projects that involved varying groups of stakeholders. Two such projects are highlighted.

“*Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applications with HIV/AIDS*” has allowed the Chair to consider the role of evidence within Canadian jurisprudence in influencing policy and practice. This project has included an evaluation of evidence itself; what constitutes (legitimate) evidence to inform the immigration adjudication process; and how to integrate diverse economic, epidemiological and clinical evidence in order to inform immigration decision making. The final deliverable will involve the dissemination of evidence-informed criteria throughout the Canadian immigration law and HIV/AIDS communities, with the end goal being to benefit the targeted and affected communities by raising awareness and uptake of these criteria by Citizenship and Immigration Canada (CIC).

“*An evaluation study of CHSRF’s Nursing Research Fund*” involved an extensive program evaluation in order to determine whether there is a compelling and on-going need for further capacity development in the area of Canadian nursing-related research and how such needs might best be addressed. Findings derived from this evaluation will be useful to the nursing and wider health services research and decision-making communities in order to address potential shortcomings or other limitations in achieving the original objectives of CHSRF’s Nursing Research Fund (NRF).

(ii) Innovative trainee education and mentorship in research and knowledge transfer

Using the *Medical Inadmissibility Guidelines* project as an exemplary example, Dr. Coyte has continued to meet the priority of exposing his trainees to unique and interesting research and knowledge transfer opportunities. Four trainees supervised by the Chair participated in the *Medical Inadmissibility Guidelines* project. Two of these trainees were high school students enrolled in the University of Toronto’s Mentorship Program (Alisha Sunderji, Olivia Ling); one was an accomplished 2nd year undergraduate student (Hana Dhanji); and the last was a talented doctoral student (Kednapa Thavorn). Each trainee pursued different aspects of the research, such as interviewing stakeholders from the legal and policy communities; literature reviews; and developing methods to measure “excessive demand” using key concepts from Canadian jurisprudence, statistics and economics.

(iii) Enhanced linkage and exchange with decision-makers

Again using the *Medical Inadmissibility Guidelines* project as an exemplar, Dr. Coyte has continued to meet the priority of enhancing linkage and exchange with decision-makers. Dr. Coyte has achieved this by directly working with key decision-makers on the *Medical Inadmissibility Guidelines* project. The research team consists of a wide range of stakeholders, bringing a strong multidisciplinary link to the Chair’s Program. In addition to the student trainees, the team includes Michael Battista, LL.M., a partner at Jordan Battista LLP specializing in immigration and refugee law; Ahmed Bayoumi, MD, Director of the

Clinical Epidemiology and Health Care Research Program at the University of Toronto and Research Scientist with the Centre for Research on Inner City Health; Alan Li, MD, a primary care physician at Regent Park Community Health Centre; Dave Holmes, RN, PhD, an Associate Professor with the School of Nursing, Faculty of Health Sciences at the University of Ottawa; and Richard Elliott, LLM, the Executive Director of the Canadian HIV/AIDS Legal Network. The evidence-informed criteria developed concerning excessive demand and net benefit will be disseminated to key stakeholders in the areas of immigration and HIV/AIDS to ensure that the criteria employed by CIC are evidence-informed. To achieve this end, the team and partners (i.e. the AIDS Bureau, OACHA, Canadian HIV/AIDS Legal Network, CAAT, OCASI, and HALCO) have been selected for their ability to act as champions to mobilize change. The team will link well with the designated organizations to generate change and will capitalize on other linkage opportunities when they arise.

(iv) Planning of sustainability activities for the Chair beyond 2010

With two years remaining in the Chair’s Program, it is vital to reassess some of the existing activities associated with the Chair and focus on activities that will sustain the Chair beyond 2010. Sustainability activities that currently exist and were revamped in 2007 include the Chair’s exemplary knowledge translation course, *Home and Community Care Highlights* (JNH 5003). As well, work began to compile the activities and experiences of the Chair into a book featuring the innovations of each of the Chair’s Programs across Canada. Activities that were developed to ensure sustainability beyond 2010 include linking the Toronto Health Economics (THE) Network with the Toronto Health Economics and Technology Assessment (THETA) collaborative; the creation of an annual Workshop to highlight the Chair’s research; plans to apply for a second round of funding for the Health Care, Technology and Place (HCTP) program, of which Coyte has assumed the Directors position; and various research activities that will likely continue beyond 2010.

Enabling/Hindering Factors: Highlight any significant enabling and hindering factors, and how these challenges have been addressed.

Enabling Factors	Hindering Factors
1. The University of Toronto’s Mentorship Program enabled the Chair to expand his mentoring role to high school trainees. 2. Support from the Chair of HPME. 3. Funding from for the CHSRF/CIHR Chair’s Program.	1. Time and funding. 2. On-going commitments.

***Governance/Advisory Structure:** Please describe the mandate and composition (list the members, title, and organizational affiliation). How does your Chair utilize the expertise of this group? *if applicable

Advisory Committee:	
Name:	Dr. John Challis
Title:	Vice President – Research and Associate Provost
	University of Toronto, Faculty of Medicine
Name:	Dr. Louise Lemieux-Charles
Title:	Chair – Dept. of Health Policy, Management and Evaluation

	University of Toronto, Faculty of Medicine
Name:	Jane Gibson
Title:	Director Knowledge Transfer and Exchange, Institute for Work and Health
Name:	Teresita Warner
Title:	Formerly with the Ontario Ministry of Health and Long-Term Care

Funding Partners: List all organizations which contribute cash or in-kind support to your Chair.

- | |
|---|
| <ol style="list-style-type: none"> 1. Canadian Health Services Research Foundation (CHSRF) 2. Canadian Institutes for Health Research (CIHR) 3. Community Care Access Centre's (CCAC's) across Ontario 4. Local Health Integration Networks (LHIN) across Ontario |
|---|

Stakeholder Engagement: Please select all of the stakeholder groups below that are engaged in your Chair:

- Health System Managers/Decision Makers
- Health Policy Makers
- Researchers/Academics
- Health Professional Organizations
- Health Provider Organization
- Community/Municipal Organizations
- International Health Organizations (i.e. IDRC, WHO)
- Charitable Organizations (i.e. Cancer Care Ontario)
- Clinicians/Health Care Providers
- Patients/Consumers
- Industry (i.e. Pharmaceutical)
- Media
- Public
- Other (please describe)

Decision Maker Involvement: Describe your relationships with decision makers over the last reporting period, e.g. policy/decision maker advisory roles, governance, training and student opportunities, such as residencies/field placements, Chair promotion, etc.

a) Describe your involvement with your Chair decision maker partners.

<p>The Change Foundation continues to be the Principal Decision Maker Partner for the Chair's program. The Foundation has been instrumental in facilitating the knowledge transfer programs for the Chair. Since 2004, a more direct relationship with the Change Foundation has been established that has resulted in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise between the university and non-governmental organization sector. This, in turn, exposes the Chair's home Department to the priorities and perspectives of the health services decision maker community.</p>

This year, the Chair provided an opportunity to expose one of the Foundation's health care executives, Ms. Hasmik Beglaryan (Research Manager), to trainees and the university environment by enabling Hasmik to participate in the exemplary knowledge translation course, *Home and Community Care Highlights* (JNH 5003). Hasmik attended all sessions and will serve as co-editor for the upcoming June 2008 issue.

This year, the Chair also created a unique collaboration and training opportunity with his second main Decision Maker Partner, the Ontario Long-Term Care Association (OLTCA). Nancy Cooper, Director of Policy and Professional Development at the OLTCA, was recruited to serve as a co-instructor for the Chair's knowledge translation course, *Home and Community Care Highlights* (JNH 5003). The new partnership with Ms. Cooper enhanced 'linkage and exchange' by creating a direct collaboration with the OLTCA and providing a novel yet essential decision-maker perspective to this knowledge translation course.

b) Existing (or new) decision maker stakeholders involved in your Chair.

- (i) The Change Foundation - Principal Decision-Maker
- (ii) Ontario Long-Term Care Association

University Deans & VPs: How have you engaged with your university administrators to keep them informed about your Chair activities over the last reporting period?

Dr. Louise Lemieux-Charles, Chair of the Department of Health Policy, Management and Evaluation, continues to be a member of the Chair's advisory committee. In addition to regular meetings between the Chair and Dr. Lemieux-Charles, plans are in place to invite Dr. Lemieux-Charles to become a key participant in the Chair's upcoming annual Workshop.

Collaboration Opportunities: Please describe any new opportunities for collaboration with other Chairs, RTCs, STIHRs, EXTRA, centers for research, researchers, etc, which are directly attributable to your award.

Collaboration with other Chairs:

- 1) A book is being developed based on the experiences and innovations of each of the Chairs' Programs across Canada. Dr. Coyte's contribution to this book will be in relating the experience of developing court expertise in the context of knowledge production and transfer/translation among multiple networks: the classroom, peer-reviewed journals, lay press, and court. The individual chapters of the book will be reviewed and compiled in early 2008, thereby providing an exceptional exchange of Chairs' experiences and innovations.

Collaboration with other researchers:

- 1) *Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applicants with HIV/AIDS*. Ontario HIV Treatment Network. Co-principal Investigators Coyte PC and Battista M; Co-investigators Bayoumi A, Li A, Holmes D, and Elliott R.
- 2) *Variation in patient and physician attitudes towards spinal stenosis surgery and their influence on regional surgical rates*. Ontario Neurotrauma Foundation. Co-Principal Investigators Bederman S and Wright JG; Co-investigators Coyte PC, McIsaac WJ, Kreder HJ, and Mahomed NN.

3) *Factors Influencing the Adoption of New Cancer Drugs Across Various Institutional Contexts*. Canadian Institutes of Health Research, Partnerships for Health System Improvement. Co-Principal Investigators Coyte PC and Sullivan T; Co-investigators Chafe RE, Culyer AJ, Dobrow M, Kara LE, Morgan SE, Peacock SJ, Sawka CA, Smith S, and Trudeau ME.

Key Developments/Research Findings: Describe the top five developments within your Chair program that you feel would likely not have occurred without your CHSRF/CIHR award.

1. Opportunity to reach a new phase of knowledge translation, namely through re-communicating evidence to Canadian courts (i.e. research on expanding Intensive Behavioural Intervention (IBI) therapy to all autistic children in Ontario) and to Citizenship and Immigration Canada (i.e. *Medical Inadmissibility Guidelines* project)
2. Development of exemplary knowledge translation course, *Home and Community Care Highlights* (JNH 5003). As part of the course, graduate students review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate and potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes awareness of the perspectives and evidence needs of decision-makers. The products of this course are four issues of the *Home and Community Care Highlights Digest*, a quarterly summary of research in the area. Since 2002, more than 20 issues have been published for a wide range of subscribers.
3. The development and direction of the Strategic Training Program in Health Care, Technology and Place (HCTP). Six two-year-cohorts of 56 trainees, comprising 38 doctoral and 18 post-doctoral fellows have been admitted to HCTP. Just over half of these fellows were from non-traditional areas of health research (eg English and Philosophy). Key outcomes from this interdisciplinary research capacity enhancement Program have been: (1) that 70% of post-doctoral fellows have acquired tenure-track appointments; and (2) that 30% and 20% of doctoral graduates have acquired post-doctoral fellowships or tenure-track appointments, respectively.
4. Trainee stipends for numerous MSc and PhD Students.
5. Funding for students to attend various workshop and conferences.
6. Recruitment of international trainees.

Impact & Significance: Please describe the top five ways in which your research and/or mentorship activities have or will impact health services decision-making, influence stakeholders/decision makers, future research, and the Canadian health system.

1. Health services decision-making and the Canadian health system will be impacted by the Chair's evidence-based knowledge translation activities. The IBI therapy (autism) research project has already made a difference to Canadian jurisprudence and it is expected that Citizenship and Immigration Canada will be significantly impacted following the results of the Medical Inadmissibility Guidelines project.
2. Results of the Chair's commissioned research project, *The Evaluation of CHSRF's*

Nursing Research Fund will influence stakeholders and decision-makers in the Canadian nursing community. This program evaluation will be directly used in the decision to establish a second phase of the Nursing Research Fund.

3. The Chair's mentorship activities will inevitably influence future research, as the interest, experience and know-how of conducting health services research are being developed at an early stage in the research careers for each mentee (i.e. through mentorship of high school students and undergraduates).
4. The Chair's knowledge translation course, *Home and Community Care Highlights* (JNH 5003), has the potential to impact health services decision-making by providing a method by which decision-makers can access new and relevant research quickly.

Grants/Funding Awarded: Please provide a complete list of research grants received., Describe the funding source, type of grant, full period of support, project title, amount of funding, and any co-investigators.

"Health Care, Technology, and Place: A Transdisciplinary Research Training Program", \$312,271, Canadian Institutes of Health Research Strategic Training Programs, 2008-2009, Coyte PC (Principal Investigator) with co-investigators including Chambon A, Fernie G, Gray R, Harvey ED, Jadad A, Carter M, Colantonio A, Gignac M, and Poland B.

"Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applicants with HIV/AIDS", \$46,982.00, 2008, Ontario HIV Treatment Network, Coyte PC and Battista M (Co-PIs), Co-investigators Bayoumi A, Li A, Holmes D, and Elliott R.

"An Evaluation of the Nursing Research Fund: Lessons to date and Recommended Next Steps", \$74,986.00, 2007-2008, Canadian Health Services Research Foundation, Coyte PC (PI).

"Variation in patient and physician attitudes towards spinal stenosis surgery and their influence on regional surgical rates", \$74,998, 2007-2009, Ontario Neurotrauma Foundation, Bederman S and Wright JG are Co-Principal Investigators, Co-investigators comprise Coyte PC, McIsaac WJ, Kreder HJ, and Mahomed NN.

"Factors Influencing the Adoption of New Cancer Drugs Across Various Institutional Contexts" \$150,000, 2007-2010, Canadian Institutes of Health Research, Partnerships for Health System Improvement, Coyte PC and Sullivan T (Co-PIs), Co-investigators are Chafe RE, Culyer AJ, Dobrow M, Kara LE, Morgan SE, Peacock SJ, Sawka CA, Smith S, and Trudeau ME.

"Re-Injury After Traumatic Brain Injury (TBI)." \$60,000, Ontario Neurotrauma Foundation, 2006-2007, Colantonio A is the principal Investigator and Lewko J, Coyte P, and Swainke B are co-investigators.

"Research into Home and Community Care", Ontario Ministry of Health, Health System-Linked Research Units Program, 2006-2007, \$85,000. Coyte PC is PI.

"Development and Evaluation of an Assessment Tool for Estimating Dementia

Caregiver Resources, Vulnerabilities and Homecare Service Needs", \$143,950, The Alzheimer Society of Canada, 2005-2007, Marziali E is the Principal Investigator and Coyte PC and Streiner D are Co-investigators.

"Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care". \$292,371, Canadian Institutes of Health Research, 2005-2008, Coyte PC and Guerriere DN are Co-Principal Investigators and Fassbender K, Laporte A, Adams D, Wagner F, Librach SD, Croxford R, Brown P, Brenneis C, and Fainsinger R, are co-investigators.

"Investigating Physician Bias as a Possible Explanation for Gender Disparity in the Utilization of Knee Arthroplasty Surgery". \$370,359, Canadian Institutes of Health Research, 2004-2007, Wright JG is the Principal Investigator and Borkhoff C, Coyte P.C., Glazier R, Hawker G., Hudak P, Kreder H, and Mahomed N are co-investigators.

"An Integrated Training Program in Health and Social Science Research to Improve the Health of Marginalized Populations". \$1.8 million, Canadian Institutes of Health Research Strategic Training Programs, 2003-2009, Levinson W, Skinner HA and Laupacis A are Co-Principal Investigators. In addition the co-investigators comprise Beaton DE, Bervocitz K, Cass DE, Coyte PC, Deber RB, Dunn JM, Eakin JM, Glazier RH, Goering PN, Hawker GA, Hwang SW, Jadad AR, Jha PK, Khan K, Lavery JV, Links PS, McKeever PD, Orbinski JJ, Palepu A, Poland BD, Redelmeier DA, Rourke SB, Wasylenki DA, and Young K.

"The Interdisciplinary Capacity Enhancement Team for Health Care, Technology and Place (HCT&P)" \$1.0 Million, Canadian Institutes of Health Research Interdisciplinary Capacity Enhancement (ICE) Teams Grant Program, 2003-2008, Coyte PC and McKeever P are Co-Principal Investigators. In addition the co-investigators comprise Adams A, Chambon A, Dunn JR, Eakin JM, Fernie GR, Flood C, Gignac MA, Gray RE, Harvey ED, Jadad AR, Laporte A, Laupacis A, Lehoux P, Levinson W, Mackeigan LD.

"Health Care, Technology, and Place: A Transdisciplinary Research Training Program", \$2.5 Million, Canadian Institutes of Health Research Strategic Training Programs, 2002-2008, Coyte PC and McKeever P are Co-Principal Investigators. In addition to Coyte and McKeever, University of Toronto mentors comprise Chambon A, Fernie G, Gray R, Harvey ED, Jadad A, Levinson W, O'Brien-Pallas, and Smith D. External mentors comprise Dunn J, Kearns R, Reid M, and Rosenberg M, and collaborating mentors comprise Carter M, Colantonio A, Dick P, Flood C, Gignac M, Harvey W, Hulchanski D, MacKeigan L, Poland B, Shorter E, Streiner D, and Young N.

"Development and Evaluation of an Ontario Training Centre in health Services and Policy Research", \$3.75 Million, Canadian Institutes of Health Research Strategic Training Programs, 2002-2012, Ontario Ministry of Health and Long-Term Care, Mental Health and Rehabilitation Reform Branch, \$1.26 million, 2002-2008, and the Ontario Ministry of Health and Long-Term Care, Research Unit, \$250,000, 2003-2004, DiCenso A is the Principal Investigator and the co-investigators are Angus, D, Armstrong P, Cockerill R, Coyte PC, Davies B, Doran D, Edwards N, Goering P, Hutchison B, Minore B, Montelpare B, O'Brien-Pallas, L, Pong R, Rioux M, Rukholm E, Spasoff B, and Woodward C.

Awards & Recognition: Please provide a complete list of all awards and recognition received by your Chair during the last reporting period, e.g. award title, award agency, etc.

Graduate Literary Award in Health Services Evaluation from the Department of Health Policy, Management and Evaluation, 2007 for "Socio-Demographic Predictors of Place of Death for Seniors in Ontario".

***Course-work:** List any university courses taught.*if applicable

JNH 5003H – Home and Community Care Knowledge Translation
BME1456H- Technologies, People & Places in the New Health Care

Program of Study: List and describe any new courses, curriculum, practicum, workshops/seminars, etc. developed in the last reporting period. *if applicable

In order to build sustainability for his Chair beyond 2010, Dr. Coyte has begun plans for hosting an annual Workshop. The concept behind the Workshop was first developed in late 2007, and several brainstorming sessions have since formalized the purpose and structure of the event. The 1st annual CHSRF/CIHR Health Services Chair Workshop is scheduled for April 30, 2008, and will consist of several presentations from graduate students, Chair alumni, and decision-makers.

Dr. Coyte also plans on applying for a second round of funding for the interdisciplinary Health Care, Technology and Place (HCTP) program. HCTP is the world's only graduate training program that simultaneously focuses on the social, spatial and technological configurations that characterize health and social care in the 21st Century. HCTP provides an integrated, collaborative and interdisciplinary approach to research training. While HCTP1 focused on the setting (or place) in which health care is sought, delivered or received, HCTP2 emphasizes technology in order to build on established partnerships in Engineering, Technology Assessment, Health Policy, Global eHealth and both clinical practice and policy decision making. Increasingly, health care participants and caring technologies do not need to be proximal in space or time. Such technologies blur boundaries between bodies and machines, life and death, and people and physical environments. HCTP2 will generate interdisciplinary scholarship and research capacity concerning technology-mediated health care.

Qualification/Skill Development: List any new qualifications and/or skills attained by the Chair PIs, which were developed during the last reporting period and are attributable to your CHSRF/CIHR award (i.e. leadership training, media training, etc.).

- The ability to mentor high school students was developed because of the University of Toronto's Mentorship Program
- Program evaluation skills were strengthened through working on the Nursing Research Fund evaluation project

Trainee Recruitment Strategy: Please describe your trainee recruitment strategies, including any promotional announcements, conference postings, international journal ads, etc. Do you operate with an explicit approach to target a diverse of candidate pool (i.e. geographical, professional background, educational background, etc.)?

Trainee recruitment is conducted through Networks of collaborators and word-of-mouth. The Chair provides direct follow-up to all inquiries associated with the Program and offers customized advice on educational programs for each prospective trainee.

Recruitment of International Trainee: CADRE is interested in knowing if your Chair program is attracting international trainees.

Type of Trainee	Country	How Many
PhD MSc	Thailand Thailand	2 Admitted 1 Admitted

Dissemination & Knowledge Translation

Please provide a complete list of all your Chair dissemination & KT activities (not including trainee activities; this is captured in the participant database); provide full citations. Please attach your current CV.

Publications – peer reviewed journal, book, book chapter, report/technical report, doctoral thesis, master thesis, grey literature, other.

PUBLICATIONS IN PEER-REVIEWED JOURNALS

McGillion M, Watt-Watson J, Stevens B, LeFort S, Coyte PC, Graham A “Randomized Controlled Trial of a Psychoeducation Program for the Self-Management of Chronic Cardiac Pain. Journal of Pain and Symptom Management, April 3, 2008.

Guerriere DN, Wong AYM, Croxford R, Leong VW, McKeever P, Coyte PC. “Costs and Determinants of Privately-Financed Home-Based Health Care in Ontario, Canada”. Journal of Health and Social Care in the Community, 16:2, 126-136, 2008.

Cameron JI, Cheung AM, Streiner DL, Coyte PC, Singh MD, Stewart DE, “Factor Structure and Reliability of the Brain Impairment Behavior Inventory”. Journal of Neuroscience Nursing, 40:1, 40-47, 2008.

Guerriere DN, Tranmer JE, Ungar WJ, Manoharan V, Coyte PC, “Valuing Care Recipient and Family Caregiver Time: A Comparison of Methods”. International Journal of Technology Assessment in Health Care, 24:1, 52-59, 2008.

Polisena J, Tam S, Lodha A, Laporte A, Coyte PC, Ungar WJ, “An Economic Evaluation of Asthma Action Plans for Children with Asthma”. Journal of ASTHMA, 44:7, 501-508, 2007.

Lilly MB, Laporte A, Coyte PC, "Labor Market Work and Home Care's Unpaid Caregivers: An International Review of Labor Force Participation Rates, Predictors of Labor Market Withdrawal, and Hours of Work." The Milbank Quarterly, 85:4, 641-690, 2007.

Doran DM, Pickard J, Harris J, Coyte PC, MacRae AR, Laschinger H, Darlington G, Carryer J "The Relationship Between Managed Competition in Home Care Nursing Services and Nurse Outcomes". Canadian Journal of Nursing Research, 39:3, 150-165, 2007.

Holmes D, O'Byrne P, Coyte PC, "M3S Squad: Considering Cyborgs for Future Sexual Health Prevention Programs". Body, Space and Technology, 8, 9-16, 2007.

Leong VW, Guerriere DN, Croxford, R, Coyte PC. "The Magnitude, Share and Determinants of Private Costs Incurred by Clients (and their Caregivers) of In-home Publicly Financed Care". Healthcare Policy, 3:1, 108 (full text online), 2007.

Doran DM, Pickard J, Harris J, Coyte PC, MacRae AR, Laschinger H, Darlington G, Carryer J. "The Relationship between Characteristics of Home Care Nursing Service Contracts under Managed Competition in Ontario and Continuity of Care and Client Outcomes". Healthcare Policy, 2:4, 97-113, 2007.

McWilliams CL, Hoch J, Coyte PC, Stewart M, Vingilis E, Ward-Griffen C, Donner A, Browne G, Anderson K, "Can We Afford Consumers Choice in Home Care?". Care Management Journals, 8:4, 10-18, 2007.

Payne G, Laporte A, Deber R, Coyte PC, "Counting Backwards to Health Care's Future: Using Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Health Care Expenditures". The Milbank Quarterly, 85:2, 213-257, 2007.

Coyte PC, Holmes D, "Health Technology Adoption and Diffusion in a Social Context". Policy, Politics and Nursing Practice, 8:1, 47-54, 2007.

Laporte A, Croxford R, Coyte PC, "Can a Publicly Funded Home Care System Successfully Allocate Service Based on Need Rather Than Socio-Economic Status?" Health and Social Care in the Community, 15:2, 108-119, 2007.

Motiwala SS, Croxford R, Guerriere DN, Coyte PC, "Socio-Demographic Predictors of Place of Death for Seniors in Ontario". Canadian Journal on Aging, 25:4, 363-371, 2007.

MONOGRAPHS/REPORTS

Coyte PC, Goodwin N, Laporte A: How to Balance the Care Settings Used to Provide Care for Older People? Policy Brief for the Health Evidence Network (World Health Organization Regional Office for Europe) and the European Observatory on Health Systems and Policy, March 2008.

Coyte PC, Wise L, Motiwala S: An Evaluation of the Nursing Research Fund: Lessons to Date and Recommended Next Steps. Report to the Canadian Health Services Research Foundation on the Evaluation of the Nursing Research Fund, March 14, 2008.

DOCOTRAL THESIS

Meredith Lilly, "Labour Force Participation, Wage Rates and Hours of Work by Unpaid Caregivers in Canada", PhD Candidate, Department of Health Policy, Management and Policy, (Supervisor, 2002-2008).

MASTER'S THESIS

Meghan McMahon, "Socio-economic Status and Access to Health Care Services", MSc Candidate, Department of Health Policy, Management and Policy, (Supervisor, 2005-2007).

Presentations – oral (i.e. key note and panel), poster & conferences/workshop, etc.; identify the organization/group to which you presented (i.e. CAHSPR; or invited presentation to the Deputy Minister at the OMHLTC).

Presentation Title	Organization/Group
"Health Care, Technology and Place Training Program"	Toronto Health Economics and Technology Assessment (THETA) Collaborative
"Interdisciplinary Collaboration"	Health Care, Technology and Place, Annual Workshop for the Collaborative program
"Research for Policy-Decision Making"	1 st CHSRF/CIHR Chair's Annual Workshop
"Canadian Medical Inadmissibility Study"	Women's Health in Women's Hands
"Health Financing Mechanisms and Methods to Improve Health Sector Performance"	Economics Department, McMaster University
"International Health Care Financing Methods and Reforms"	WHO Collaborating Centre for Health Economics, Chulalongkorn University
"Health Care Financing in Emerging Markets: Implications for Policy Decision Makers"	Beijing Forum
"Health Care Financing in Emerging Markets: Implications for Policy Decision Makers", Emerging Roles of Pharmaconomics in Decision Making in Thailand",	International Society for Pharmaconomics and Outcomes Research (ISPOR) Chapter Thailand
"Incremental Health Expenditures Attributable to the Silzone Prosthetic Heart Valve"	Faculty of Pharmaceutical Sciences, Naresuan University
"Health Care Financing Mechanisms and Methods of Regulation that Advance Access to Quality Health Care"	School of Business and Economics, Wilfrid Laurier University

Conference/Meeting – Please list all of the conferences, meetings symposia, workshops, seminars, etc. you attended during the last reporting period (include CADRE network meetings).

“The Harmony of Civilizations and Prosperity for All” Beijing Forum, Beijing, November 2007

“Emerging Roles of Pharmacoeconomics in Decision-making in Thailand, Thailand Chapter for the International Society for Pharmaceutical and Outcomes Research, Bangkok October 2007

“Fifth Asia-Pacific Interdisciplinary Research in Accounting Conference”, Auckland, July 2007

“International Society for Research on Emotions” Coolum, Queensland, Australia, July 2007

“Health Care, Technologies and Places: Contributions and Provocations from Humanists and Artists”, HCTP Annual Workshop, May 2007

HPME Research Day, Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto, May 2007

CHSRF CADRE Network Meetings, 2007

“Laurier Conference on Health and Health Care” Wilfrid Laurier University, Waterloo, February 2007

Committee Participation: Please list all committees that you are a member of, including university committees, selection committees, editorial boards, grant review panels, organizing committees for meetings/symposia, other.

- (i) Chair, Appeals Committee, Health Policy, Man., & Eval., 1999-present.
- (ii) Member, Appointments and Promotions Committee, 2001-present.
- (iii) Member, Advisory Board, national Home Care and Primary Health Care Partnership Project, 2004- present.
- (iv) Member, Advisory Committee, Examining the Ministry’s Stewardship of the Home and Community Care Systems, Office of the Auditor General of British Columbia, 2007-2008.
- (v) Member, Advisory Board, John, John Duetsch Institute for the Study of Economic Policy in Canada, Queen’s University, 2003 – present.
- (vi) Reviewer of Papers for:
 - Journal of Health Economics
 - Medical Care
 - Health Affairs
 - Canadian Medical Association Journal
 - Health Services Research
 - Social Science and Medicine
 - Canadian Public Policy
 - Pharmacoeconomics
 - Chest

Masters & PhD Committees: Please provide the number of masters and doctoral committees of which you are the primary supervisor.

Masters 2
PhD 7
Post-Doc 1

Upcoming Priorities: Please describe the major priorities that are planned (or envisioned) for the next reporting period.

Dr. Coyte's application for renewal of the interdisciplinary Health Care, Technology and Place (HCTP) program is a high priority for the next reporting period. Through a second phase of HCTP, it is hoped that partnerships and collaborations with Engineering, Technology Assessment, Health Policy, Global eHealth and both clinical practice and policy decision making will be further developed.

One of the prioritized research projects for the next reporting period is Dr. Coyte's new CIHR- Partnerships for Health System Improvement grant. The project, entitled *Factors Influencing the Adoption of New Cancer Drugs Across Various Institutional Contexts*, also includes Coyte's new Post-Doctoral Fellow, Dr. Roger Chafe. The project aims to (1) determine the extent of variation in access to selected cancer drugs, both between and within provinces; (2) investigate the processes used to make cancer drug funding decisions in British Columbia, Newfoundland and Ontario; (3) explore the use and contextualization of evidence in making selected cancer drug coverage decisions; (4) examine the role deliberative processes can play in making systemic coverage decision making more accountable to the public; (5) evaluate the use of the new national Joint Oncology Drug Review in making new cancer drug coverage decisions; and (6) develop and pilot a tool kit to support decision makers faced with making difficult systemic therapy coverage decisions.

An additional prioritized research project for the next reporting period is Dr. Coyte's policy briefing work for the World Health Organization (WHO). In collaboration with Drs. Audrey Laporte and Nick Goodwin, Dr. Coyte will be lead author on a policy brief for the Health Evidence Network (WHO Regional Office for Europe) and the European Observatory on Health Systems and Policy. This policy brief, entitled "How to balance the care settings used to provide care for older people", will be prepared for the WHO European Region Ministerial Conference in Tallinn, Estonia on Health Systems in June 2008. The brief will examine how an appropriate balance of care for older people may be developed; assess the alternative methods that may be used to bring about change in the provision of care for older people; and consider how the adaptations of such models need to be flexible in order to meet local circumstances.

Dr. Coyte will prioritize "linkage and exchange" through his first annual Workshop. As previously stated, the purpose of the Workshop is to highlight current and past research of the Chair and to create a venue for the transfer of knowledge between researchers and policy decision-makers. The 1st annual CHSRF/CIHR Health Services Chair Workshop is scheduled for April 30, 2008, and will consist of several presentations from graduate students, Chair alumni, and decision-makers. Dr. Coyte plans on holding this annual Workshop for the remaining three years of the Chair.

Finally, education and mentorship will be prioritized for the next reporting period, as Dr. Coyte has accepted four students to begin their Masters in September 2008 under his

supervision. Of those four students, one student is an international student from Thailand, further developing his commitment to increase the international profile of the Chair's program.

How can CADRE assist you better?

It is expected that the Chair's annual Workshop will generate high interest in the health services research community, especially among former graduate students. Many of these former students now work in various positions across Canada and the United States. As such, CADRE could assist the Chair by providing an additional source of travel compensation for the Workshop. Moreover, with the acceptance of an exceptionally high number of Masters students starting in September 2008, additional funding to support student conference participation would be much appreciated.

Which of these are directly attributable to your award (i.e. which of these do you believe would not have occurred with your CHSRF/CIHR award):

All of next year's priorities are directly attributable to the Chair's program. The application to renew HCTP would not be possible without the recognition and collaborations gained through the Chair's program. Likewise, the success of the CIHR-Partnerships for Health System Improvement grant was likely aided by the research track record of its Principal Investigator, Dr. Coyte. The ability to host an annual Workshop highlighting the work of the Chair would be impossible without the Chair's program. Finally, recruitment of graduate students has inevitably been made easier by having a recognized CHSRF/CIHR Chair.

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- Yes**
- No

Financial Statement: Must be endorsed by your university.

- Financial statement has been submitted
- Financial statement has not been submitted**
Expected date of submission:

***Accountability Framework:** *if applicable

- Accountability framework is attached
- Accountability framework is not attached**
Expected date of submission:

Participant Database:

Participant database has been submitted

Participant database has not been submitted

Expected date of submission:

Signature of Principal Investigator/Director  Date : June 20th, 2008

Signature of Director of CADRE

Date :