Chair Annual Report

The information in this report will be used for program planning and administration, and to monitor the impact of the CADRE program on building capacity for applied health services and nursing research in Canada. Please note that this report should reflect activities that occur in the reporting period. 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 the program’s results, impacts and key issues. Data collected in the annual reports will provide rich program descriptions that can be used to inform further program development.

<table>
<thead>
<tr>
<th>Chair Name:</th>
<th>Health Care Settings and Canadians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair Title:</td>
<td>CHSRF/CIHR Health Services Chair</td>
</tr>
<tr>
<td>File Number:</td>
<td></td>
</tr>
<tr>
<td>Institution:</td>
<td>University of Toronto</td>
</tr>
<tr>
<td>Faculty:</td>
<td>Medicine</td>
</tr>
<tr>
<td>Department:</td>
<td>Health Policy, Management and Evaluation</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>155 College Street, Suite 425</td>
</tr>
<tr>
<td>E-mail address:</td>
<td><a href="mailto:Peter.Coyte@utoronto.ca">Peter.Coyte@utoronto.ca</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>416-978-8369</td>
</tr>
<tr>
<td>Fax:</td>
<td>416-978-7350</td>
</tr>
<tr>
<td>Program Start Date:</td>
<td>July 1, 2000</td>
</tr>
<tr>
<td>Program End Date:</td>
<td>June 30, 2010</td>
</tr>
</tbody>
</table>
Chair Priorities: List the five major priorities/objectives that were planned for the Chair program in the reporting period. Were these met? How? If not, why? Describe any contextual issues that may have influenced your ability to meet these priorities (regional factors, socio-political context, historical factors, resource issues).

The first chair priority for the Chair this year was the successful submission of a CIHR proposal for the Strategic Training Program in Health Care, Technology and Place (HCTP). The receipt of CIHR funding has assured the fundamental sustainability of the Chair’s core program. HCTP II will focus on issues such as the technological mediation of health care in the 21st Century and health technology assessment. Many of the Chair’s goals has been integrated into the new HCTP II. This integration will ensure that the goals of the Chair’s program (research, education and mentorship, and linkage and exchange) are incorporated into the new Strategic Training Program in HCTP.

The second priority of the Chair was the development and successful submission of a CIHR proposal for Partnerships in Health Systems Management (PHSI), entitled “Predictors of Place of Death and Family Caregiver Burden Across the Home-Based Palliative Care Trajectory.” This project will assess: the factors that predict whether cancer patients who are referred to a home-based palliative care program die at home or in an institution; the factors that predict caregiver burden across sites of death; and will estimate societal costs associated with entire episodes of palliative care. This three year study is partnered with the Temmy Latner Centre for Palliative Care and Niagara West Palliative Care Team.

The Chair’s third priority involved the provision of supports and incentives to assist graduates in the timely completion of their studies. These supports and incentives included the provision of educational and mentorship opportunities, funding to support full-time studies and access to decision makers organizations to facilitate research activities. Both existing and new trainees were afforded supports to complete their studies in a timely manner.

The fourth priority was the maintenance of an array of educational and knowledge translation activities built on a platform of research. Both the Home and Community Care Highlights and the Toronto Health Economics Network continued to grow in size and reach, and a commitment to fund the latter has been acquired from the Toronto Health Economics and Technology Assessment (THETA) collaborative. Furthermore, the success of the 2nd and 3rd Annual Chair’s Workshops bode well for future incarnations that provide a forum for exchange between trainees and decision-makers.

Finally, the international reach of the Chair’s Program has continued through the enrollment of new international trainees as well as the involvement of international partners associated with the renewal application to CIHR for Strategic Training Program in Health Care, Technology and Place (HCTP).

Enabling/Hindering Factors: List the factors that significantly enable and hinder the work of your Chair.

<table>
<thead>
<tr>
<th>Enabling Factors</th>
<th>Hindering Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from the Chair of HPME</td>
<td>Time and Funding</td>
</tr>
<tr>
<td>Funding from the CHSRF/CIHR Chair’s Program</td>
<td>On-going commitments</td>
</tr>
</tbody>
</table>
Governance/Advisory Structure: Describe your program’s mandate and composition (list the members, titles and affiliations). How does your Chair use the expertise of this group? *if applicable

Advisory Committee:
Name: Dr. Tim McTiernan
Title: Interim Vice President – Research and Associate Provost
       University of Toronto, Faculty of Medicine

Name: Dr. Louise Lemieux-Charles
       Chair – Dept. of Health Policy, Management and Evaluation
       University of Toronto, Faculty of Medicine

Name: Jane Gibson
       Director
       Knowledge Transfer and Exchange, Institute for Work and Health

Name: Teresita Warner
       Formerly with the Ontario Ministry of Health and Long-Term Care

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

1. Canadian Health Services Research Foundation (CHSRF)
2. Canadian Institutes for Health Research (CIHR)
3. Ontario Ministry of Health and Long-Term Care

Stakeholder Engagement: Mark with an “X” the stakeholder groups that are engaged in your Chair program:

[X] Health system managers/decision makers
[X] Health policy makers
[X] Researchers/academics
[ ] Health professional organizations
[X] Health provider organization
[X] Community/municipal organizations
[X] International health organizations (for example, WHO)
[X] Charitable organizations (for example, Cancer Care Ontario)
[X] Clinicians/health care providers
[X] Patients/consumers
[X] Industry (for example, pharmaceutical)
[ ] Media
[ ] Public
[ ] Other (please describe)

Decision Maker Involvement: Describe your relationships with decision makers; this could include policy/decision maker advisory roles, governance, training and student opportunities such as residencies/field placements, and Chair promotion. Provide a list, including name and organizational affiliation and a description of their role/involvement, if relevant. *attach as an appendix if preferred
I. The Change Foundation – Principal Decision-Maker

II. Ontario-Long Term Care Association

I. 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. This, in turn, exposes the Chair’s home Department to the priorities and perspectives of the health service decision maker community.

II. 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 5003H). 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.

University Deans and VPs: How have you kept your university administrators informed of your Chair activities?

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, Dr. Lemieux-Charles was a key participant in the 2nd Annual CHSRF/CIHR Chair Workshop on March 28, 2009. Dr. Lemieux-Charles offered the Welcome & Opening remarks that Workshop.

Collaboration Opportunities: Describe any new opportunities for collaboration; for example, with other Chairs, RTCs, EXTRA, centers for research, STIHRs, and researchers.

“Predictors of Place of Death and Family Caregiver Burden Across the Home-Based Palliative Care Trajectory”, Canadian Institutes of Health Research, Partnerships for Health System Improvement, $349,885, 2009-2012, Coyte PC and Guerriere DN (Co-Principal Investigators), and Brazil K and Seow H-Y as co-investigators.

This study will examine important issues in the provision of home-based palliative care; namely, the cost of various places of death, and predictors of both place of death and caregiver burden associated with cancer patients referred to home-based palliative care. Study participants will be recruited from two palliative care networks: Temmy Latner Centre for Palliative Care in Toronto and the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Networks (LHIN) Community Palliative Care Teams.

Key Program Developments: Describe the top five developments within your Chair program.
1. There have been enhanced opportunities to reach a new phase of knowledge translation, namely through (i) communicating evidence to Canadian Courts (i.e. the assessment of the impact of products, technologies and services on an array of outcomes, and (ii) to government departments, such as Citizenship and Immigration Canada (i.e. a project on Medical Inadmissibility Guidelines) and to Human Resources and Skills Development Canada (i.e. a project concerning unpaid caregiving on attachment to the labour market and demands for health care services).

2. Development of exemplary knowledge translation course, Home and Community Care Highlights (JNH 5003H). As part of the course, graduate students review research 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 from 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 30 issues have been published for a wide range of subscribers.

3. Trainee stipends for numerous MSc and PhD Student

4. Funding for students to attend various workshops and conferences.

5. Recruitment of international trainees

**Research Outcomes:** Describe the top five research outcomes, including new knowledge created, within your Chair program.

**The top five research outcomes:**

1. The project entitled “Guidelines for the Determination of Medical Inadmissibility for Canadian Immigration Applicants with HIV/AIDS” was funded by the Ontario HIV Treatment Network. It yielded a report and policy guidelines regarding economic burden thresholds that could be applied to immigration applicants with significant illnesses in order to assess whether they represented an “excessive demand” on Canadian health or social services.

2. Palliative Home Care was funded by the Canadian Institutes of Health Research. It examined variations in the cost and quality of home-based palliative care in Calgary, Edmonton, and Toronto. Research was conducted in conjunction with home-care managers and enabled such managers to identify more efficient and effective methods of organizing and delivering home-based palliative care.

3. The study entitled “Predictors of Place of Death and Family Caregiver Burden Across the Home-Based Palliative Care Trajectory” was recently funded by Partnerships for Health System Improvement (PHSI) – Canadian Institutes of Health Research (CIHR). The purposes of this study are to assess: the factors that predict whether cancer patients who are referred to a home-based palliative care program die at home or in an institution; the factors that predict caregiver burden across sites of death; and to estimate the societal costs associated with entire episodes of palliative care.

4. The Chair contributed a chapter entitled, “Evidence Informed Public Policy Decision–
Making” to an edited volume, “Shaping the Academy for the Public’s Good” [Louise Potvin, editor; currently under review by the University of Toronto Press]. This involved an examination of the experiences of trainees and the Chair in the use of scientific evidence to facilitate the development of public policy. In the first exemplar, the Chapter examined the effect on the research process of interactions between legislative goals and the Court’s role in interpreting the Charter of Rights in relation to autism. In the second exemplar, the Chapter discussed the necessity of precautions and preparedness planning for the possible negative social policy applications of research results.

5. With support from the Hospital for Sick Children (that in turn was funded by the Ontario Ministry of Health) the Chair conducted a systematic review of the literature concerning: measures of clinical performance in academic paediatric health science centres; differences between paediatric and adult patient populations; how these differences impact clinical productivity; and finally, the impact of different remuneration schemes on clinical practice and productivity for academic paediatricians. A report was written and disseminated to leaders from each of the five academic health science centres in Ontario and is forthcoming in Paediatrics and Child Health.

Impact and Significance: List five ways in which your research, mentorship activities and/or linkage and exchange activities have affected or will influence health services decision-making, stakeholders, decision makers, future research, and the Canadian health system.

1. Health service decision-making and the Canadian health system will be impacted by the Chair’s array of evidence-based knowledge translation activities. The IBI Therapy (autism) research project had already made a difference to Canadian jurisprudence and it is expected that the Immigration adjudication process will be similarly 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 inform decisions and directions in the establishment of a potential second phase to the Nursing Research Fund.

3. The Chair’s mentorship activities will inevitably influence future research, as the interest, experience and know-how in conducting health services research are being developed at an early stage in the research careers of 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 5003H), has the potential to impact health services decision-making by providing a media through which decision-makers have timely access new and relevant research findings.

5. By creating and championing the Toronto Health Economics Network (THE Network) the Chair has established Toronto as a key centre for the study and dissemination of health economics. The success and prominence of this work has been demonstrated in the awarding of the 2011 International Health Economics Association meetings with leaderships from members of THE Network including the Chair.
Grants/Funding Awarded: 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.

“Supporting the Labour Force Needs of Caregivers in Canada”, Human Resource and Skills Development Canada, $233,612.20, 2010-2013, Coyte PC and Lilly MB (Co-Principal Investigators), and Guerriere DN, Laporte A and McKeown S are co-investigators.

“Predictors of Place of Death and Family Caregiver Burden Across the Home-Based Palliative Care Trajectory”, Canadian Institutes of Health Research, Partnerships for Health System Improvement, $349,885, 2009-2012, Coyte PC and Guerriere DN (Co-Principal Investigators), and Brazil K and Seow H-Y as co-investigators.

“Health Care, Technology, and Place: An Interdisciplinary Research Training Program”, Canadian Institutes of Health Research Strategic Training Programs, $3,290,000, 2009-2015, Coyte PC (Principal Investigator) with over twenty co-investigators.

“Centre for REACH in HIV/AIDS”, $2,500,000, Canadian Institutes of Health Research, 2009-2014, Rourke SB (Principal Investigator) and over sixty co-investigators, including PC Coyte.


Awards and Recognition: Provide a complete list of all awards and recognition received by Chair holder.

Canadian Health Services Research Foundation’s (CHSRF), Health Services Research Advancement Award. The HSRA award recognizes any individual, team or organization that has contributed significantly to the advancement of health services research in Canada, May 2010. Winners of the award receive $15,000 for use in the advancement of health services research.

Institute for Health Services and Policy Research, Article of the Year, that recognizes published research that has significantly contributed to the advancement of the field of health services and policy research in Canada, 2009.

Course work: List any university courses taught.*if applicable
JNH 5003H – Home and Community Care Knowledge Translation (Co-instructor)
HAD 5730 – Economic Evaluation Methods for Health Services Research (Solo instructor)
HAD 5760 – Advanced Health Economics & Policy Analysis (Solo instructor)

Program of Study: List and describe any new courses, curriculum, practicum or workshops/seminars that have been developed. *if applicable

The 2nd Annual CHSRF/CIHR Health Services Chair Workshop was held on Wednesday, March 29, 2009 at St. Andrew’s Club and Conference Centre in Downtown Toronto. The purpose of the workshop was to profile the members of the CHSRF CAN! (Coyte’s Alumni Network). The theme of the workshop was “Research for Policy Decision-making: Fostering Linkage and Exchange activities with policy decision makers.

The 3rd Annual (and final) CHSRF/CIHR Health Services Chair workshop was held on Wednesday, April 28, 2010 at St. Andrew’s Club and Conference Centre in Downtown Toronto. The theme of this workshop was “Diversity: Health Care Settings and Health Services Research. Presenters consisted of both current students and alumni from Coyte’s Alumni Network. The third annual workshop was a huge success and paid tribute to the success of Peter and his network. Professor Audrey Laporte gave a special testimonial to Peter for all his work throughout his career and over the course of the Chair’s program.

Qualification/Skill Development: List any new qualifications and/or skills attained; for example, leadership training, media training.

Over the first three months of 2010, I have taken Thai language skills in order to better communicate with health policy decision makers in Thailand.

Trainee Recruitment Strategy: Explain your trainee recruitment strategies, such as promotional announcements, conference postings or international journal ads. Do you operate with an explicit approach to target a diverse candidate pool; for example, geographical, professional background and/or educational background?

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 in order to develop the educational program for each prospective trainee.

Dissemination and Knowledge Translation (KT)
Give a complete list of all dissemination and KT activities that describe the work of the Chair and/or those conducted on behalf of the Chair. Do not include activities of trainees. Provide full citations.


Wright J, Hawker GA, Hudak PL, Croxford R, Glazier RH, Mahomed NN, Kreder HJ, Coyte


**MONOGRAPHS/ REPORTS**


**DOCTORAL & MASTER’S THESIS**

Michele Kohli, “Priority Setting in Home Care”, PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor, 2001-2009)

Sam Bederman. “Variation in patient and physician attitudes towards spinal stenosis surgery and their influence on regional surgical rates”, PhD Candidate, Institute for Medical Sciences, (Member, 2007-2009).


Deborah Samek, “The Role of Social Capital in Health Service Utilization by Canadian Immigrants”, MSc Candidate, Department of Health Policy, Management and Evaluation, (Committee Member, 2008-2010).

Greg Payne, “Health Expenditures, Time to Death, and Age”, PhD Candidate, Department of Health Policy, Management and Policy, (Supervisor, 2003-2010).

**Presentations:** List all oral presentations, posters and/or conferences/workshops where the Chair or Chair representative was invited to speak; for example, traditional peer-reviewed conference presentations and posters, and/or invited presentations for decision-making organizations. Identify the organization or group that invited the Chair to present or attend; for example, CAHSPR, invited presentation to officials at the provincial health ministry.
<table>
<thead>
<tr>
<th>Date and Place</th>
<th>Presentation Title</th>
<th>Organization/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto, May 2010</td>
<td>“The Economic Cost of Smoking”</td>
<td>Harper Grey LLP</td>
</tr>
<tr>
<td>Washington DC, Nov 2009</td>
<td>“Chronic Disease and Demographic Change: Implications for Caregivers”</td>
<td>PAHO/WHO/ PHAC Regional Workshop, Economic, Fiscal and Welfare Implications of Chronic Diseases</td>
</tr>
<tr>
<td>Beijing, July 2009</td>
<td>“Economic Burden of Immigrants: When to Say No?”</td>
<td>International Association for Health Economics</td>
</tr>
<tr>
<td>St. Johns, Apr 2009</td>
<td>“Economic Burden of Immigrants: When to Say No?”</td>
<td>Division of Community Health and Humanities, Memorial University of Newfoundland Economics Department, McMaster University</td>
</tr>
<tr>
<td>Hamilton, Mar 2009</td>
<td>“Mechanisms to Finance Health Care Service Provision”</td>
<td></td>
</tr>
</tbody>
</table>

**Committee Participation:** List all committees that you are a member of, including university committees, selection committees, editorial boards, grant review panels, organizing committees for meetings/symposia, and others as appropriate.

a. Chair, Appeals Committee, Health Policy, Man., & Eval., 1999-present.
b. Member, Appointments and Promotions Committee, 2001-present.
c. Member, Advisory Board, national Home Care and Primary Health Care Partnership Project, 2004-present.
e. Member, Advisory Board, John, John Duetsch Institute for the Study of Economic Policy in Canada, Queen’s University, 2003-present.
f. Reviewer of Papers for:
   i. Journal of Health Economics
   ii. Medical Care
   iii. Health Affairs
   iv. Canadian Medical Association Journal
   v. Health Services Research
   vi. Social Science and Medicine
   vii. Canadian Public Policy
   viii. Pharmacoeconomics
   ix. Chest

**Masters and PhD Committees:** Provide the number of masters and doctoral committees of which you are the primary supervisor.

<table>
<thead>
<tr>
<th>Masters</th>
<th>PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>
Upcoming Priorities: Describe the major priorities/objectives planned or envisioned for the next reporting period.

Sustainability. The aim is to integrate the initiatives created as a result of the Chair program with other ongoing activities such as the CIHR’s Strategic Research Training Program in Health Care, Technology and Place and activities pursued under the ambit of the Toronto Health Economics and Technology Assessment (THETA) collaborative.

Award Value: Highlight the activities/outcomes that you were able to achieve that would not have been possible without your CHSRF/CIHR Chair award.

1. The financial contributions made by the Award supported an array of infrastructure supports such as “THE Network” which has recently been championed by the Toronto Health Economics and Technology Assessment (THETA) collaborative. THE (Toronto Health Economics) Network brought together users of health economics research in government and industry with health economists from research institutes and diverse departments and faculties at the University of Toronto. THE Network provided the groundwork for the successful submission and funding of THETA with support furnished by the Ontario Medical Advisory Secretariat.

2. The Chair’s award funded the Chair’s Annual Workshop, a fora for linkage and exchange opportunities for mentors, trainees and policy-decision makers. The workshop additionally showcased activities of the Chair’s program. The Chair’s award was the only source of the funding for each annual workshop.

3. The Chair’s Award enabled the development and maintenance of the Chair’s Alumni Network, CHSRF CAN! The network flourish under the management of Ms. Jenny Korolik, Program Assistant to the Chair, and engaged individuals such as decision-makers and students in multiple levels of mentorship, and fostered linkage and exchange. Annually $10,000 was set aside for CHSRF-CAN! so that current and past trainees would have access to funds to support learning exercises, knowledge translation opportunities and dissemination activities, thus providing an enhanced value to their academic exposure.

How can CADRE better assist you?

Ensure continuity of funding for the Chair’s program and support for on-going innovations.

Accountability Framework: (due June 30)

[X ] Accountability framework is attached (in an excel spreadsheet)
[ ] Accountability framework is not attached*

*In the absence of an accountability framework, describe the methods and/or approaches you use to measure/assess progress toward your Chair priorities/objectives (indicators).

Financial Statement: Must be endorsed by your university. (due February 15)

[] Financial statement has been submitted
[X] Financial statement has not been submitted
Expected date of submission: **by August 31st, 2010**

**Demographic Information: (due February 15)**

[X] Demographic information has been submitted  
[ ] Demographic information has not been submitted  
   Expected date of submission: **MONTH/DAY/2010**

**Participant Database: (due June 30)**

[X] Participant database has been submitted  
[ ] Participant database has not been submitted  
   Expected date of submission: **MONTH/DAY/2010**

**Curriculum Vitae: (due June 30)**

[X] Curriculum vitae has been submitted  
[ ] Curriculum vitae have not been submitted  
   Expected date of submission: **MONTH/DAY/2010**

**Permission to Distribute/Promote:** CADRE retains the right to share this report with CHSRF and CIHR stakeholders. Information may be used for promotional purposes; for example, CADRE web pages, InfoCADRE, and the CHSRF “Links” newsletter.

Please submit an electronic copy of this report to José Hernández at jose.hernandez@chsrf.ca no later than June 30, 2010.