

CHSRF/CIHR CHAIR:

HEALTH CARE SETTINGS AND CANADIANS

Peter C. Coyte

2000 – 2002 Annual Report

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1.0	PROGRAM ADMINISTRATION	5
1.1	Decision-Maker Partner Changes.....	5
1.2	Advisory Committee for the CHSRF/CIHR Chair	5
1.3	Personnel Changes	6
1.4	Role of the Host Institution	6
1.5	Unanticipated Considerations.....	6
2.0	BACKGROUND	7
2.1	Mission, Vision and Objectives	7
2.2	Program of Activities	8
2.3	Outcomes.....	8
3.0	EDUCATIONAL INITIATIVES	9
3.1	Objectives.....	9
3.2	Graduate Trainees	9
3.3	Recruitment Activities, Awards and Fellowships.....	9
3.4	Curricular Activities	11
3.5	Future Plans.....	12
3.6	Unanticipated Considerations.....	14
4.0	MENTORING INITIATIVES.....	15
4.1	Objectives.....	15
4.2	Mentoring Activities.....	15
4.3	Future Plans.....	18
4.4	Unanticipated Considerations.....	19
5.0	RESEARCH INITIATIVES	20
5.1	Objective	20
5.2	Lines of Research	20
5.3	Research Activity Clusters	20

5.4	Exemplary Research Projects	21
5.5	Future Plans.....	23
5.6	Unanticipated Considerations	23
6.0	LINKAGE & EXCHANGE INITIATIVES.....	24
6.1	Objectives.....	24
6.2	Linkage and Exchange Activities.....	24
6.3	Collaborative research network.....	26
6.4	Future Plans.....	26
6.5	Unanticipated Considerations	27

1.0 Program Administration

1.1 DECISION-MAKER PARTNER CHANGES

This Chair is built on an established partnership between the Faculties of Medicine and Nursing at the University of Toronto. In 1998 this partnership led to the establishment of the Home Care Evaluation and Research Centre (HCERC). Under the co-direction of Drs. Peter C. Coyte and Patricia McKeever, HCERC was the first research centre in the world to address the increasingly significant role of home care within health care. HCERC's programs of research and exchange have addressed the organization, delivery and financing of home care and fostered a national network of home care researchers.

Since receipt of the Chair, HCERC has engaged in a strategic planning exercise with its stakeholders to ensure congruence with the objectives of the Chair. This process has ensured the centrality of research training among HCERC's activities; and has broadened HCERC's research focus to address the multiple relationships between and among health care recipients, providers, technologies, and the full range of health care settings, particularly, but not exclusively, including home and community care. The vision of HCERC is to become a world class, multi-disciplinary centre for research, training, and dissemination in its designated area of inquiry and exchange. The name of the Centre has changed to the "Home and Community Care Evaluation and Research Centre" to reflect a more expansive focus on health care settings.

HCERC continues to receive significant financial commitments from private and voluntary sector decision-makers that span the health care and organizational continuum. HCERC is also supported by a multidisciplinary team of investigators at the University of Toronto and other Canadian universities, and has demonstrated significant success in acquiring peer-reviewed funding for its thematic programs.

The Chair mentors individuals in positions of responsibility at HCERC in knowledge management, research coordination, and linkage and exchange activities (Ruth Croxford, Karen-Lee Miller, Kelly Murphy, and Logan O'Connor).

1.2 ADVISORY COMMITTEE FOR THE CHSRF/CIHR CHAIR

The Advisory Committee for the Chair is composed of eleven partners. The Committee provides advice on research priorities, educational and mentoring initiatives, linkage opportunities, and assists in the identification of areas for improvement. Because the decision maker partners make up the HCERC Advisory Board, the Advisory Committee is able to draw on the strength of existing reporting and organizational structures. HCERC's Manager serves as the partners' primary contact. In order to review key objectives and to develop strategies for continuous innovation and success in enhancing research capacity, the Advisory Committee calls a minimum of two meetings per year. These meetings take place in conjunction with the HCERC Advisory Board meeting to ensure synergy in activities.

The Advisory Committee members are: Baxter International; Calea Ltd.; Canadian Association for Community Care; Canadian Healthcare Association; Canadian Home Care Association; Comcare Health Services; Heart and Stroke Foundation of Ontario; St Elizabeth Health Care; The Change Foundation; Victorian Order of Nurses for Canada; and We Care Home Health Services.

1.3 PERSONNEL CHANGES

To facilitate the use of research in decision-making and to help decision makers participate in the activities of the Chair and HCERC, the position of Manager, Knowledge Transfer and Administration, was incorporated into the organizational structure of the Chair's Program in 2001.

1.4 ROLE OF THE HOST INSTITUTION

The Department of Health Policy, Management and Evaluation has contributed office space (an office for the Chair, one each for the two Assistant Professors, and two other offices for trainees and research staff) and some technical support. The Faculty of Nursing has contributed office space, a venue for the HCERC "Lunch and Learn" seminar series, and technical, travel and administrative supports.

1.5 UNANTICIPATED CONSIDERATIONS

1.5.1 A Cross-University Professorship

The Chair's Program builds on and enhances my ability to engage in transdisciplinary education and mentoring. The Program enables me to be no longer confined to a single disciplinary focus, a single University Department, or even to a University at all. I've termed the position a "Cross-University Professorship" to mean "across campus and beyond the University," encompassing other academic, policy, and practice settings.

2.0 Background

In June 2000, Dr. Peter C. Coyte was awarded a Health Services Chair by the Canadian Health Services Research Foundation in partnership with the Canadian Institutes of Health Research. The Ontario Ministry of Health and Long-Term Care is a regional co-sponsor of the Chair. Dr. Coyte's Chair, entitled "Health Care Settings and Canadians: A Program of Research, Education and Linkage," will result in almost \$5 million in funding over the next 10 years to advance research training, linkage and exchange activities.

2.1 MISSION, VISION AND OBJECTIVES

- The Mission for the Chair is:
 - To build research capacity related to the provision and receipt of health care in various settings through research training and the collaborative creation and dissemination of knowledge.
- The Vision for the Chair is:
 - To be a leader in multidisciplinary research training, knowledge creation, and linkage and exchange activities that assess the costs and consequences of the changing settings in which health care is sought, delivered and received.
- The Objectives of the Chair are:
 - To develop, implement and offer educational and mentorship opportunities to create a new generation of scholars dedicated to the study of health care settings;
 - To enhance participation by non-traditional health disciplines, particularly those from the social sciences and humanities, in the development of health research capacity;
 - To motivate, recruit and mentor a cadre of scholars in the culture of scientific inquiry in order to prepare them for a career in health services and policy research;
 - To forge collaborative transnational and transdisciplinary research and mentorship opportunities for program participants;
 - To develop an environment in which youthful, motivated, academically gifted, and committed scholars are encouraged to pursue health services and policy research;
 - To develop new theories and methods applicable to the multiple settings in which health care transactions are undertaken; and
 - To engage in linkage and exchange activities in order to enhance mutual receptor capacity amongst decision makers and scholars.
 - To ensure that the stated mission, vision and objectives are accomplished, the Chair has implemented a results-based workplan with related performance indicators and milestones. A status report on each set of activities is outlined in the following sections.

2.2 PROGRAM OF ACTIVITIES

- The educational, mentoring, research, and linkage and exchange activities of the Chair will build on the synergistic linkages between the Faculties of Medicine and Nursing created through HCERC. Moreover, the Chair's program will complement strategic initiatives to develop educational programs in "Health Care, Technology, and Place" and in "Health Services Research" under the auspices of two proposed CIHR research-training programs. Activities outlined herein represent a prototype for future transdisciplinary research and education at the University of Toronto in the new millennium.
- Four main sets of initiatives are associated with Coyte's Health Services Chair: (1) Education; (2) Mentoring; (3) Research; and (4) Linkage and Exchange.

2.3 OUTCOMES

As the Chair's Program evolves, five distinct outcomes are expected:

- New trainees will graduate and they will represent a new cadre of scholars to conduct health services and policy research;
- More research grants will be funded, thereby exhibiting the promise of future contributions to knowledge;
- The academic and grey literatures will flourish with contributions from faculty and trainees, thereby yielding new knowledge for the fields of practice and policy;
- These research findings will be disseminated through multiple media, thereby enhancing communication; and
- Health policies and management practices will be informed by the new knowledge, thereby demonstrating knowledge uptake.

3.0 Educational Initiatives

The education and training initiatives outlined below complement the Chair's mentoring, research, and linkage and exchange initiatives. All address the need for evidence-creation and research capacity to assess the costs and consequences of the multiple settings in which health care transactions take place.

Focused educational activities have been introduced to build capacity in the priority research areas; namely, (i) Descriptive Research and Theories of Explanation, and (ii) Applied Evaluative Research (see Section 5.2, below). These lines of inquiry are emphasized because: there is an urgent need to increase expertise in each area as each will yield skills and competencies of direct relevance to the new health care order; there is significant potential for growth in each area, through appropriate supervision, mentoring and institutional support; and because each stream is congruent with both the mission of the University and its sub-units, and the articulated priorities of federal and provincial funding agencies.

3.1 OBJECTIVES

- To develop, implement, and offer educational and mentorship opportunities to create a new generation of scholars dedicated to the study of health care settings.
- To enhance the participation of non-traditional health disciplines, particularly the social sciences and humanities, in the development of health research capacity.

3.2 GRADUATE TRAINEES

Several graduate and post-graduate trainees have been admitted to and have graduated from the CHSRF/CIHR Chair's Program since September 2000.

3.3 RECRUITMENT ACTIVITIES, AWARDS AND FELLOWSHIPS

The Program in Health Care Settings and Canadians recruits individuals with skills and competencies in: economics; health services research; and disciplinary skills in the social sciences, humanities and other non-traditional health research areas. The Program is designed to attract youthful, multidisciplinary, and committed health researchers who exhibit significant research promise as demonstrated by their motivation for health research, high academic standing, excellent communication skills, and ability to think expansively and independently. Recruitment strategies have included: web-based announcements; newsletters; Research Training Awards; Post-Doctoral Fellowships; promotion, access and mentoring to high school and undergraduate students; informal communications; and established university procedures.

3.3.1 Research Training Awards

These awards were advertised in both 2001 and 2002 for doctoral and post-doctoral trainees. The 2001 competition emphasized “Health Care Settings,” while the 2002 competition stressed the intersections of “Health Care, Technology, and Place.” These awards were established to stimulate creative, transdisciplinary inquiry to support efficient, effective, and equitable health care in the 21st century.

In 2001, four awards were made to doctoral students enrolled in, respectively; the Faculty of Nursing; the Collaborative Program in Bioethics; the Graduate Program in Community Health; and the Department of Health Policy, Management, and Evaluation. Subsequent to their receipt of these awards, each trainee has garnered additional doctoral awards, including: a School of Graduate Studies Connaught Scholarship; a Canadian Institutes of Health Research Doctoral Fellowship; two Ontario Graduate Scholarships; a Paediatric Home Care Doctoral Award from The Hospital for Sick Children Foundation; and a University of Toronto Open Fellowship. These achievements validate the criteria used to select the recipients of the Chair’s Research Training Awards.

In 2002, the Chair’s Research Training Awards will be tenable at the University of Toronto to trainees enrolled in a graduate program or holding a post-doctoral position at the University of Toronto. The amount, term and form of support will be internationally competitive and tailored to the interests of successful applicants. Besides an array of educational and mentoring opportunities, support will take the form of: genesis awards to spur knowledge creation; funds for research innovation in both theory and methods; travel bursaries for mentorship expansion and transnational collaboration; funds for tailored short courses; and knowledge development and management stipends to advance dissemination and uptake activities. Information about these awards was circulated via the HCERC listserv and posted to the HCERC website. *For more information, go to <http://www.hcerc.org> and click on Research Training.*

3.3.2 Post-Doctoral Fellowships

Post-Doctoral Fellowships (PDFs) were advertised for the first time in 2002. Two-year PDFs are available in the following areas: Development and Assessment of a Housing Adequacy Checklist for Home Care; Evaluation of Health Information Technologies for New Settings of Care; Capitation Funding and Outcome Assessment for Post-Acute Home Care; and the Economic Evaluation of Early Hearing Detection and Intervention Programs. Information about these fellowships was circulated via the HCERC listserv and posted to the HCERC website. *For more information, go to <http://www.hcerc.org> and click on Research Training.*

3.3.3 Research Linked Trainee Fellowships

Fellowships were advertised in 2001 in two CIHR-funded studies: the Valuation and Assessment of Caregiving Time for Individuals with Cystic Fibrosis; and the Evaluation of a Community-Based Chronic Pain Self-Management Intervention for Individuals with Chronic Non-Cancer Pain. Ms. Jennifer Tranmer was appointed to the first position in September 2001 and expects to complete her course work, her MSc thesis and graduate within a year of admission. Ms. Linda Choi was selected for the second position and has just started her PhD.

Linda has applied for an Ontario Graduate Studentship and a Kappa Kappa Gamma Foundation of Canada Scholarship for the coming academic year.

3.4 CURRICULAR ACTIVITIES

3.4.1 Collaborative Graduate Seminar: “Health Care Settings: Issues, Concepts, Measures and Policies, JNH 5001H”

Motivated by a paucity of research and educational infrastructure to prepare the next generation of scholars to analyse health care settings, this new course offers a graduate-level, multi-disciplinary, research-based curriculum that addresses the array of settings in which health care is currently sought, received, provided, and perceived. Students will receive the necessary training to: identify, apply and extend theories, concepts and methods pertinent to the analysis of health care settings; identify, measure and compare the effects of health care settings on the well-being of Canadians; and to apply methods to assess the costs and consequences of health care settings at multiple levels.

This well-received course is team-taught by Dr. Coyte and HCERC Co-Director Dr. Patricia McKeever. In Winter 2001, the seminar drew 10 participants, from a range of disciplines and professions. Dr. Joan Liaschenko, from the Center for Bioethics at the University of Minnesota, was a Visiting Professor in 2001. Dr. Pascale Lehoux, from the Groupe de Recherche Interdisciplinaire en Santé from the Université de Montréal, will be a Visiting Professor in 2002. *The course outline for Winter 2002 is available online at the HCERC website*

3.4.2 International Collaborative Workshop 2001: “Health Care and Place”

An international research training and mentorship workshop series was launched in June 2001, in collaboration with the Karolinska Research Institute and the Ersta Skondal Högskola, Stockholm, Sweden. Forty participants, evenly divided between Canadians and Swedes, were selected, comprising doctoral students, post-doctoral fellows and both junior and senior faculty. The objectives of the 2001 Workshop were: to provide an arena to foster research capacity development in the area of health care and place; to develop and deliver educational modules associated with the study of health care settings; to identify research issues, theories and methods relevant for the study of health care and place; and to provide international research and mentorship opportunities.

A diverse range of concepts, methods and applications were addressed, including: an overview of health and social care systems in Canada and Sweden; policy design issues in home care; economic evaluation of health care and place; ethics in health care and place; use of administrative data for research into health care and place; qualitative designs in health care and place research; cross-jurisdictional issues in home care research; and future research issues and training needs. Two site visits were organized, in addition to an evening research presentation session that was open to the broader research community. Multi-dimensional, multi-level, and international mentoring was achieved through effective involvement of a wide range of disciplines and professions, and the participation of individuals at various stages of their career progression.

Canadian travel and preparation costs for the June 2001 Workshop were shared between the CHSRF/CIHR Chair, HCERC, and five Institutes of the Canadian Institutes of Health Research (the Institute of Health Services and Policy Research, the Institute of Health Aging, the Institute of Gender and Health, the Institute of Human Development, Child and Youth Health, and the Institute of Population and Public Health). Each Institute contributed \$5,000, for a total \$25,000 CIHR funding provision. Coyte PC and McKeever P were Co-PIs on the funding application to the CIHR Institutes.

An array of activities have been undertaken to ensure that a wide range of health policy and management decision makers as well as potential trainees and academics were made aware of the outcomes of the Workshop. Dissemination activities have entailed the use of the HCERC website, the electronic newsletter, HCERC's listserv, a half-day Pre-Conference Research Symposium at the 2001 Canadian Home Care Conference in Ottawa, and an upcoming presentation at Health Canada's International Home Care Conference in Toronto in April 2002. A final report on this Workshop was submitted to the CIHR in August, 2001. *This report is available to download from the HCERC website. Go to: "Research Training" at <http://www.hcerc.org>.*

3.5 FUTURE PLANS

Continuous improvements in the educational activities are expected in order to enhance the repertoire of skills and competencies possessed by Program graduates. A follow-up International Collaborative Workshop is planned for June 10-14, 2002 in Toronto. Planning is underway to strengthen the Health Economics Course series and to coordinate educational and mentoring activities in the area of health care, technology and place. To this end, two major research training proposals were submitted to the CIHR and the CHSRF in 2001.

3.5.1 Int'l. Collaborative Workshop 2002: "Health Care Settings & Public Policy"

A second International Workshop is scheduled for June 2002. Based on recommendations from the 2001 Workshop, researchers and students from other Canadian universities and policy makers from a range of levels and sectors of government have been invited to apply to participate. The 2002 Workshop is designed to generate research priorities in concert with decision-makers. Anticipated outcomes include: (1) enhanced research capacity pertaining to geographically-dispersed and technology-mediated health care; (2) ongoing policy sector involvement in research; (3) exchanges to foster cross-fertilization and knowledge transfer; and (4) more explicit attention paid to health care settings and technology in policy development.

Funding to host the 2002 Workshop has been requested from the Health Policy Research Program of Health Canada, under an application entitled, *"Health Care Settings and Public Policy: International Collaborative Workshop"* (Coyte, P.C. and McKeever, P., September 2001, \$56,717 requested). *Applications and other information pertaining to this Workshop are available online. Go to: Research Training at <http://www.hcerc.org> and follow the links.*

3.5.2 Revised Health Economics Course Series

A new educational and training emphasis on “Health Care, Technology, and Place” warrants a review and revision of the Department of HPME’s graduate health economics course series. Specifically, these courses should be developed to ensure that: they complement various research training initiatives; provide opportunities for a range of educators to participate in teaching; capitalize on new instructional media; and foster greater involvement from various decision-maker communities.

3.5.3 Proposal Submitted: CIHR/CHSRF Regional Training Centre for Ontario

“Development and Evaluation of an Ontario Training Centre in Health Services and Policy Research.” This application for \$2.25 million was submitted to the Canadian Institutes of Health Research Strategic Training Grants Program in December 2001, with Alba DiCenso as PI. Dr. Coyte and other colleagues (including all CHSRF/CIHR Chairs from Ontario) were Co-Applicants. The purpose of this innovative training centre is to increase the number of appropriately equipped health services and policy researchers in Ontario.

3.5.4 Proposal Submitted: CIHR Strategic Research Training Program

“Health Care, Technology, and Place: A Transdisciplinary Research Training Program.” This application for \$2.507 million was submitted to the Canadian Institutes of Health Research Strategic Training Grants Program in December 2001, with Drs. Coyte and McKeever as Co-Principal Investigators. The objectives of this program are: (1) to prepare a cadre of junior and senior health researchers to understand, explain, and improve health outcomes associated with the new configurations of technologies, bodies, places, and work in 21st century health care; (2) to foster a transdisciplinary, transprofessional, and transnational culture of research collaboration; and (3) to link research training programs across Toronto and Canada. To these ends, the program will: (1) recruit outstanding doctoral and post-doctoral trainees from the health sciences, the humanities, social sciences, engineering, and law; (2) assemble a cohesive team of internationally renowned mentors and advisors to design and deliver a curriculum that synthesizes disciplinary perspectives and provides training in knowledge transfer, transdisciplinary teamwork, and ethical research leadership; (3) partner with industry, government, and community organizations to facilitate research uptake; and (4) use state-of-the-art distance education technologies to link with collaborating institutions. This initiative has been strongly endorsed at the highest levels of administration at the University of Toronto, as well as by key hospital and community care decision-makers, who are willing to act as partners in this new area of health services research training. These decision-makers include the CEO of the University Health Network, the CEO of the Toronto Rehabilitation Institute, the Vice-President of Operations at We Care Home Health Care Services, and the President of the Canadian Society of Telehealth.

3.5.5 Collaborative Program in Health Care, Technology, and Place

To complement the CIHR Research Training Program proposal, efforts are being expended to design and deliver four new transdisciplinary and integrated graduate research courses and associated educational activities. These courses will form the basis of an Ontario Council on Graduate Studies-designated Collaborative Program in Health Care, Technology, and Place at the University of Toronto.

3.6 UNANTICIPATED CONSIDERATIONS

3.6.1 Time Commitments to Research Trainees

Trainees supported through the Chair are expected to complete their course work and dissertation and to graduate within one year of admission to an MSc and within three years for a PhD. To achieve this goal, significant time and attention are required in the provision of educational and mentoring supports, the promotion of full-time graduate studies, and the identification and selection of research trainees.

One of the dramatic effects of the Chair has been the growing frequency, duration, and intensity of my interactions with trainees. Individual meetings are generally 45 minutes in duration, and the range and breadth of topics and their format vary from one trainee to the next. While there are many formal meetings, there are even more informal corridor and office doorway type conversations, which often yield opportunities to provide advice and to generate insights.

During the past year, I have also devoted much more thought and time to recruitment, particularly in efforts to identify characteristics for trainee success in the Program. I have gone out of my way to meet prospective trainees on several occasions before they apply for admission and to garner the advice of others before finally committing myself to taking on new recruits. My actions are based on the belief that efforts invested during the recruitment phase will yield dividends in terms of the efficient production of successful graduates, and thereby will enable the Program to accommodate more trainees.

3.6.2 Time Commitment to Training Program Applications

The benefits from funded training program applications will be distributed over a range of disciplinary areas, which will include but will not be limited to my research areas or to my students. However, the costs of mounting these applications are not so broadly distributed, and the lion's share of cost and responsibility for the Health Care, Technology, and Place initiative has fallen to the Chair, with Co-Applicant McKeever.

The time devoted to the development and execution of both the letters of intent and the full applications were phenomenal, representing about 2.5-3.0 months of full time work. Without this Chair, I would never have co-led the CIHR Research Training Program application in the area of Health Care, Technology and Place, and I doubt I would have been as involved in the Research Training Centre for Ontario application as has transpired.

4.0 Mentoring Initiatives

A range of mentorship opportunities have been established to attract and prepare trainees for careers in health research, including: a faculty/trainee grant review and journal club; coaching in the culture of scientific inquiry, including teamwork, leadership, research ethics, publication procedures, grantsmanship, and knowledge transfer; participation in the HCERC “Lunch and Learn” seminar series, which is attended by government, industry, and academic partners; participation at scientific meetings; and research placement opportunities to an array of service and regulatory organizations, including government departments.

Mentorship activities extend well beyond those associated with junior faculty and graduate trainees, and encompass faculty and trainees at other institutions in Canada and internationally, as well as undergraduates and high school students who are just beginning to make decisions about career paths and educational programs.

4.1 OBJECTIVES

- To motivate, recruit and mentor a cadre of scholars in the culture of scientific inquiry in order to prepare them for a career in health services and policy research.
- To forge collaborative transnational and transdisciplinary research and mentorship opportunities for program participants.
- To develop an environment in which youthful, motivated, academically gifted and committed scholars are encouraged to pursue health services and policy research.

4.2 MENTORING ACTIVITIES

4.2.1 Mentorship of Junior Faculty

Since the establishment of the Chair, I have provided on-going mentorship to Drs. Denise Guerriere and Audrey Laporte, and to a group focused on the use of administrative databases for home care research. These mentorship activities have facilitated opportunities to evaluate progress towards various goals and to review complementary activities and engagements that facilitate professional growth and learning. Mentorship has been enhanced by an open approach and the on-going and positive provision of feedback and constructive critical appraisal. **The most important aspect of these mentorship relationships has been the provision of an array of opportunities that would not have been possible without the intervention of a senior colleague with strong links to both the academic and decision-maker communities who is able to champion the involvement of junior faculty.**

In the case of Dr. Audrey Laporte, several benchmarks may be used to measure her success since the establishment of this Chair. First, Dr. Laporte completed her doctoral thesis in a timely manner. Second, she was a recipient of a CHSRF Post-Doctoral Fellowship. Third, she has published and successfully submitted research grants; and

finally, she has successfully attained a tenure-track, Assistant Professor position within the Department of Health Policy, Management, and Evaluation.

Similarly, Dr. Denise Guerriere has made significant strides in her scholarly career since her appointment as an Assistant Professor in the Department of Health Policy, Management and Evaluation, under the auspices of the Chair. Dr. Guerriere has been PI on a CIHR funded research grant, has been an investigator on several other grants, and has published and presented her research findings to diverse audiences. Her area of expertise concerns the assessment of health services and caregiver time costs associated with ambulatory and home-based care. She has been moving her program of scholarly activities forward and is a candidate for a CIHR Partnership Appointment.

The Ontario Home Care Administration System (OHCAS) database group was established in 2001, after current home care administrative data were released by the Ontario Ministry of Health and Long Term Care and became housed at the Institute for Clinical Evaluative Sciences. The group is composed of Ruth Croxford, Dr. Paul Dick, Dr. Denise Guerriere, Calvin Lam, Dr. Audrey Laporte and myself. The goal of the group is to work in collaboration to assess (describe, explain, and evaluate) patterns of home care utilization in order to inform decision making for policy and practice. The Chair coordinates the meetings and research activities, and provides advice and mentoring to the members of this OHCAS database group.

4.2.2 Graduate and Post-Doctoral Trainee Mentorship

I have worked with an array of graduate trainees, of whom some are supported through Research Training Awards, Post-Doctoral Fellowships, operating research grants, scholarships, or are self-funded. The mentorship activities have varied from advice on the design and development of research grant applications, the form and style of scholarly writing, research ethics, teaching and evaluation techniques, and the politics of research inquiry.

4.2.3 Grant Review and Journal Club

Thanks to my membership in the CIHR Health Research Training “A” Awards Committee since 2000, I am able to inform graduate students and post-doctoral fellows about CIHR funding opportunities, review process, and review criteria. I have formed a Grant Review and Journal Club to enhance trainees’: (i) understanding of the expectations of a review committee; (ii) experience in conducting reviews; and (iii) skills in the critical appraisal of peer-reviewed articles and grey literature. We end each session by reflecting on how to improve the learning and mentoring process. This debriefing procedure has also been found to be useful by educators developing the MHSc Program.

4.2.4 External Collaboration and Mentorship

I have worked with a range of junior faculty from Toronto and beyond, in the development and submission of grant proposals and research papers, the execution of research initiatives, and in the design and delivery of educational programs. These individuals include Drs. David Urbach (Scientist, Division of Clinical Decision-Making and Health Care, Toronto General Hospital), Gavin Andrews (Assistant Professor,

Faculty of Nursing, University of Toronto), John Penrod (Assistant Professor, Montreal General Hospital Research Institute), Mark Stabile (Assistant Professor, Department of Economics, University of Toronto), and Pascale Lehoux (Assistant Professor, Department of Health Administration, University of Montreal). Moreover, I have taken the opportunity to meet with a number of trainees in other graduate programs at the University of Toronto and elsewhere in order to provide advice and insight into health services and policy research, career progression and placement, thesis development, and research and scholarship opportunities. **These interactions are reflective of the reach of the CHSRF/CIHR Chair, and further the role of the Chair as a Cross-University Professor, with trainee mentorship that extends well beyond the hallways of a single discipline or Department at one University.**

4.2.5 Toronto Health Economics Network (THEN)

While the University of Toronto and its associated Research Institutes have tremendous expertise in health economics, such expertise is geographically dispersed and unevenly distributed across several Departments and Faculties. This dispersion has limited opportunities for research collaboration and the pursuit of educational and mentoring activities. In order to address this shortfall in information and interaction, and to take advantage of the potential economies of scale and scope in the conduct of collaborative scholarly activities, preliminary discussions have been pursued to establish a Toronto Health Economics Network. The goals of the Network will be: to increase awareness of existing expertise and activities amongst those who pursue health economics; to facilitate the coordination of scholarly activities; to improve opportunities for synergy in research and education, including curriculum development, delivery and supervision; and to enhance mentorship activities, including peer support and professional guidance. A series of informal meetings will be set up to gauge interest in the establishment of a more formal structure for meetings and seminars.

4.2.6 Work-Study Program in Health Services Research

In concert with the Career Centre at the University of Toronto, a Work-Study Program in Health Services Research has been established for motivated undergraduates. The objective of this Program is to provide applied health research opportunities that advance the recruitment of health services and policy researchers. The Program provides undergraduates with research duties that allow them to explore career options or gain experience in their field of study. The Program is based on the premise that exposure to aspects of health services and policy research may spur graduate studies in this area. The goal of the Program is to achieve a graduate health service research uptake rate of 30% from students attracted to this Program. By 2010, it is expected that at least three program participant will have enrolled in a graduate health services research program.

4.2.7 High School Health Services Research Co-Op Program

A High School Health Services Research Co-Op Program has been established for highly qualified students seeking either a Grade 12 credit or an Ontario Academic Credit (OAC). The Program is based on the premise that early exposure to aspects of health services and policy research may spur undergraduate and graduate studies in this area. The goal of the Program is to achieve a graduate health service research uptake rate of 20% from students

attracted to this Program. By 2010, it is expected that at least one Program participant will have enrolled in a graduate health services research program. The Program offers participants opportunities: to become familiar with the range and scope of issues addressed in health services and policy research; to actively participate in applied research activities; to be exposed to research processes that effectively involve decision makers; and to acquire experience in knowledge dissemination activities. **This initiative represents an innovative and non-traditional expression of community service, and is reflective of Dr. Coyte's commitment to grounding the Chair's Program in the community and to providing opportunities for linkage and exchange that extend beyond conventional partnerships.**

4.2.8 International Mentoring

In order to extend the international reach of the CHSRF/CIHR Health Services Chair, efforts have been expended to attract promising international scholars through the provision of a supportive research, learning, and mentorship environment in concert with activities pursued by the Home and Community Care Evaluation and Research Centre. These actions broaden the mentorship mandate to trainees and faculty from other countries, and increase the potential for future research and educational collaborations.

4.2.9 International Collaborative Agreements

To prepare for future international research, education, and linkage opportunities, partnership arrangements with various organizations have been undertaken. Formal agreements of co-operation have been established between the University of Toronto and both the Karolinska Research Institute and the Tokyo Medical and Dental University. In addition, personal linkages have been forged between the Chair's Program and: (i) the National Research and Development Centre for Welfare and Health (STAKES), Helsinki, Finland; (ii) Norwegian Social Research (NOVA), Oslo, Norway; (iii) the Institute for the Study of the Elderly and Ageing at Linköping University, Linköping, Sweden; and (iv) the Department of Public Health, University of Glasgow, Glasgow, Scotland.

4.2.10 Informal Networking

Through the introduction of a monthly luncheon, a forum has been established for informal networking and discussion for junior faculty, graduate trainees, undergraduates, high school students and HCERC research staff. These meetings provide an arena for informal commentary regarding the research environment, including usage of space, facilities and supports, and opportunities for counsel on various aspects of the Program.

4.3 FUTURE PLANS

Three sets of activities are planned. First, we plan to evaluate the range of mentorship activities in order to assess their cost-effectiveness. The results of that review will be used to consolidate the activities of the Chair to ensure that its scarce resources are put to maximum use. Second, consideration will be paid to reciprocal internships for trainees and decision makers in order to link (i) research trainees with innovative decision makers; and (ii) decision maker organizations that seek to increase research capacity with

appropriate academics. Third, a CIHR Partnership Appointment will be filled at the rank of Assistant Professor.

4.3.1 CIHR Partnership Appointment

While a CIHR Senior Investigator Health Career Award was declined in 2000, the CIHR Awarded a Partnership Appointment. By March 2002, in collaboration with the Faculty of Nursing at the University of Toronto, a new contractually-limited term appointment at the rank of Assistant Professor should be established for a five-year term. The purpose of the award is to appoint a junior scholar with research interests related to the costs and consequences of providing and receiving health care in diverse settings. The appointee will be expected to evolve into an independent scholar under the mentorship of the CHSRF/CIHR Health Services Chair and will participate in the design and delivery of educational modules related to the Health Care, Technology, and Place Research Training Program. **Consequently, this appointment will complement all four programmatic components of the CHSRF/CIHR Chair in Health Care Settings and Canadians: education, mentoring, research, and linkage and exchange.**

4.4 UNANTICIPATED CONSIDERATIONS

4.4.1 Flexibility Toward Junior Faculty

The recruitment of junior faculty and their success in obtaining awards and appointments has been rewarding. As a consequence of their childcare responsibilities, neither has been employed on a full-time basis, thereby providing fiscal flexibility to the Chair. In order to recruit these individuals, the Chair's Program had to be sufficiently flexible to: accommodate childcare and maternity leave considerations; offer opportunities to apply and extend theories, concepts and methods to new areas of inquiry; provide links with the fields of practice and policy; provide teaching and supervisory opportunities; and the provision of on-going mentorship and support in resume expansion.

5.0 Research Initiatives

The research process provides an effective arena for coaching new scholars and furnishes a venue in which decision makers: may articulate their research priorities to the academic community; may participate in the various stages of the research process – from courting through conception and gestation to the final delivery of findings; and may become sufficiently knowledgeable about and committed to the research process that they will act as organizational champions for research uptake. Receptor capacity within decision maker organizations may also be strengthened through the development of a variety of independent and collaborative in-house research activities. The Chair has engaged in a range of research management activities and has supported activities to enhance such in-house research capacity within various decision maker organizations.

5.1 OBJECTIVE

- To develop new theories and methods applicable to the multiple settings in which health care transactions are undertaken.

5.2 LINES OF RESEARCH

While the research initiatives undertaken under the auspices of the Chair in “Health Care Settings and Canadians” are diverse, two broad lines of research have been defined.

5.2.1 Descriptive Research and Theories of Explanation

This approach integrates perspectives from the health, clinical, and social sciences in order to describe and explain variations in health practices, health management decisions, and health policy making. This approach to research is based on the premise that to know what current practices are, to explore why they are what they are, and to develop valid and reliable predictive estimates of human and institutional behaviour are all of general and lasting value, especially as precursors to theory and hypothesis generation.

5.2.2 Applied Evaluative Research

This approach focuses on applied evaluative and policy research pertaining to efficient, effective, and equitable health care services in settings where health care is sought, delivered, and received. This approach is based on the premise that the development and application of theories of explanation and new methods of analyses are essential to guide empirical research and to assist in the informed interpretation of evaluative findings. Hence, the evaluative research undertaken will be theory-based and will include the development and application of new methods of inquiry.

5.3 RESEARCH ACTIVITY CLUSTERS

To apply these lines of research, three key clusters of research activity have been developed. Within these research clusters, the development and submission of research grant applications, the implementation of research studies, and the dissemination of findings using multiple media all have been pursued.

5.3.1 Development and Assessment of Health Service and Caregiver Time Costs

In this research area, standardized costing instruments are developed to comprehensively evaluate ambulatory and home-based settings. Health service costs and both out-of-pocket and time costs borne by care recipients/caregivers are captured by these instruments. Item selection is based on: concepts from existing measures; key informant interviews; and the evaluation literature. Assessments are undertaken for clarity, face, and content validity and for format, comprehensiveness, and ease and time of completion. Instrument reliability is determined through comparisons of self-reports and both medical records and administrative data. Sensitivity analyses of alternative time valuation methods are also performed.

5.3.2 Application of Assessment Instruments to an Array of Interventions and Health Care Settings

In this research area, resource costing and outcome assessment methods are applied to an array of interventions and health care settings. While individual studies examine different target groups, care delivery settings, and interventions, together all of these studies increase our knowledge of the comparative organization, delivery, and financing of care across a range of health care settings. The common thrust is the urgent need for evidence to inform policy development.

5.3.3 Description and Assessment of Patterns of Practice to Inform Policy Development

In this research area, survey and administrative data are used to conduct linked, episode-of-care, population-based studies of the propensity and intensity of home care use. Episode-of-care cost-outcome methods are used to examine the effects of ambulatory and home-based care across various health care settings, and to develop and extend funding mechanisms for health care.

5.4 EXEMPLARY RESEARCH PROJECTS

Several research projects are being conducted under the auspices of the Chair through a two-year agreement with the Ontario Ministry of Health and Long-Term Care. **These projects provide concrete examples of the synergies that are created by fusing the Chair's education, mentoring, research, and linkage and exchange initiatives.** Under the Chair's direction and mentorship, this series of research projects actively engages graduate and post-doctoral trainees, as well as work-study and co-op students in the development of research questions and instruments, the identification, collection, and analysis of data, and the dissemination of results. Moreover, these projects have directly involved community agency and government stakeholders (Ontario Association of Community Care Access Centres, Ontario Ministry of Health and Long-Term Care, Ontario Association for Non-Profit Homes and Services for Seniors, Ontario Community Support Association, Ontario Home Health Care Providers Association), in a range of advisory, decision-making, and client-focused roles, thereby fostering the Chair's processes of linkage and exchange.

5.4.1 Appropriate Settings for Palliative Care

The setting for end-of-life care and the range of contextual supports have important effects on the well being of care recipients and caregivers. While institutional settings have been the predominant places for dying, technological change, the availability of social supports, and changes to societal preferences provide opportunities to review the potential for care that is closer to home. This project is based on a synthesis of the palliative care literature pertaining to the appropriate setting for such care and the appropriate configuration of services and personnel in the home setting. *Results of this research are available at the HCERC website. Go to: Recently Released Research at [http:// www.hcerc.org](http://www.hcerc.org).*

5.4.2 Post-Acute Home Care

As more care is delivered in the home, it becomes essential to develop effective measures of provider performance in this setting and to investigate linking payment to indicator-based outcomes. This project assesses the potential for a capitation scheme for post-acute home care following joint replacement surgery. Information will be gathered through a systematic review of the literature and then evaluated in focus groups.

5.4.3 Housing Adequacy Checklist

A broad spectrum of health care is now delivered in the home but we lack knowledge of whether home care can be delivered safely and effectively. This project will develop and evaluate an assessment instrument for housing adequacy for use by Community Care Access Centres. Information will be gathered through a systematic review of the literature. The checklist will be evaluated in focus groups, and then implemented to assess its practicality and utility in aiding decision-making pertaining to in-home service eligibility and service planning.

5.4.4 Long Term Care Needs Projection

The number and proportion of the Ontario population over 65 years of age will double over the next fifty years. This will have a significant impact on the provision of and settings for long term care. Led by Dr. Audrey Laporte, this project will produce population-based projections for facility and in-home long-term care needs for Ontario, building on work conducted for the Health Services Restructuring Commission. Long term care estimates will be developed for 1996-2020, with emphasis on 2003, 2010, and 2020. These projections will incorporate revised population figures, and estimates of the compression of morbidity, and preferences for the site of care.

5.4.5 Tele-Home-Health

Telecommunications technology enables health care interfaces in any setting but the costs and consequences of such practices remain unexamined. Led by Dr. Denise Guerriere, this project will measure the costs associated with a tele-home-care study at the Hospital for Sick Children. The study will evaluate the Ambulatory and Home Care Record as a tool for measuring publicly and privately financed services and unpaid caregiving resource costs.

5.5 FUTURE PLANS

While the Chair's Program of research continues to grow, opportunities for research collaboration are being pursued with the goal to improve research capacity within decision maker organizations and to further the international reach of the Program.

5.6 UNANTICIPATED CONSIDERATIONS

5.6.1 Effects on My Research Profile

The Chair has shifted my role in research activities to that of a supportive research manager. If I had not received the Chair, I would have spearheaded my own research activities to a much larger extent than has transpired. Instead, I have adopted a much more significant mentorship role with junior faculty in research pursuits. This has meant that I have encouraged, or coached others to take a more central role in research activities, as PI's on operating grants, as primary authors on publications and reports, and as presenters to formal and informal audiences. While I'm present when needed, my role is one of champion, coach, and sometimes cheerleader. I have used the resources at my disposal to advance the careers of junior scholars and trainees. **I have opened doors for trainees and junior faculty to pursue opportunities that might have taken them several years to achieve otherwise.**

6.0 Linkage & Exchange Initiatives

The Chair is enthusiastically supported by a diverse array of decision maker partners who are committed to building research capacity related to the provision and receipt of health care in various settings. This diversity is a strength as it: reflects today's health care reality; ensures a more complete and cross-cutting discussion of issues and contexts; and it ensures that evidence generated and decisions formulated will be more sustainable and comprehensive than if a single organization or discipline were partnering. Moreover, diversity is necessary, as the individual partners have neither the resources nor capacity to be its sole sponsor.

6.1 OBJECTIVES

- To engage in linkage and exchange activities in order to enhance mutual receptor capacity amongst decision makers and scholars.

6.2 LINKAGE AND EXCHANGE ACTIVITIES

6.2.1 Development of “Relational Capital”

Significant time allocations have been devoted to the development of (or investment in) relational capital within the home and community care sector. Such capital yields trust, familiarity, and a shared understanding of research and decision-making processes that may enhance acceptance and uptake of research findings and communication. Investments in relational capital occur through my Board memberships and formal and informal association with members of the Advisory Committee for the Chair and the Advisory Board for HCERC. The resulting capital is akin to the "glue" that ensures linkage with and an entrée to the decision maker community. It offers a platform to launch research training activities, to provide advice, and to receive insights.

Through my election to the Board of the North York Community Care Access Centre (CCAC), my subsequent election in 2000 to the position of Treasurer and membership on the Executive Committee, and in my role as Chair of the Monitoring and Evaluation Committee, I have made a significant time contribution to this organization. In 2000, I was also elected to serve on the Board of the Ontario Association of Community Care Access Centres, to serve as Chair of its Research Committee, and to attend the Regional meetings of the Toronto and Central East CCAC Board Chairpersons and CEOs/EDs. In December 2001, I applied for an Order-in-Council Appointment to the North York CCAC Board. Due to the major commitments of time and expertise that I make to these organizations, I am significantly involved in many of their decision making processes.

6.2.2 Dissemination Using Communications Infrastructure

To facilitate the use of research in decision-making and to help decision makers communicate with the activities of the Chair, and with HCERC more generally, the position of Manager, Knowledge Transfer and Administration, was created and incorporated into the organizational structure of the Chair's Program in 2001.

The HCERC website, including a section dedicated to the CHSRF/CIHR Health Services Chair, was launched in July of 2000 (www.hcerc.utoronto.ca) and re-launched in 2002 (www.hcerc.org). The web site offers a range of knowledge broker materials, including newsletters, research compendia, research reports, seminar and conference notices, as well as information on educational opportunities and research training awards. A listserv has been developed and maintained with over 800 individuals and organizations. The listserv is an important vehicle for communication to diverse stakeholders concerning the activities of the Chair and HCERC as well as for the recruitment of research trainees. These communications tools are used to profile evidence for health management and policy decision-making and to foster exchange across networks of knowledge users and creators.

6.2.3 Research Presentations

Since the establishment of the Chair, several presentations have been made: to publicize and generate interest in the activities of the Chair; to report on research findings; and to develop and solidify linkages with decision maker partners.

6.2.4 Written Submission to the Senate Standing Committee on Social Affairs, Science, Technology – The Study of the Canadian Health Care System

In October 2001, HCERC was invited to make a submission on home care research and the status of home care services in Canada. This submission highlights the critical significance of new sites of care for the organization and delivery of health care in Canada. It argues that the diffusion of care to multiple settings (e.g. homes, workplaces, schools, ambulatory clinics and virtual sites, as well as hospitals and long-term care facilities), has been predicated on a number of untested assumptions about the quality, accessibility, efficiency, and desirability of the new health care. This submission documents the need for more research evidence to inform decision-making pertinent to the reform of Canadian health care services. *This document is available at the HCERC website. Go to: Recently Released Research.*

6.2.5 Continuing Education Programming

In partnership with the Community Care Research Centre at McMaster University, continuing education programs are planned for the next two years. An assessment of educational needs in the area of evidence-based decision-making was undertaken at the start of 2001. This exercise demonstrated the importance of evidence for decision-making in the home and community care sector.

An application entitled “*Evidence-Based Decisions for Home Care: A Collaborative Modular Educational Program*” was submitted to the Ontario Ministry of Health and Long-Term Care in January 2001. While this application was not funded, it sought to provide a series of continuing education modules focused on evidence-based decision-making in home and community care for a range of decision makers. By linking with activities pursued through McMaster University, we hope to take advantage of the economies of scale and scope in the development and delivery of associated educational modules.

6.3 COLLABORATIVE RESEARCH NETWORK

Efforts are being expended to advance a collaborative network of research and exchange in concert with decision-makers and leaders from academia. This network is supported by a coordinated series of Pre-Conference Research Symposia for the Canadian Home Care Association which have occurred in Toronto (1999), Calgary (2000), and Ottawa (2001). In addition, a dedicated Home Care Research Session was mounted at the Canadian Health Economics Research Association Conference in Toronto (2001).

6.4 FUTURE PLANS

The distinction between “linkage” and “exchange” activities has evolved since the establishment of the Chair. Currently, linkage refers to the formation of relationships, and is associated with the relational capital investment activities mentioned in Section 6.2.1. These investments provide an entrée to the decision maker community and a platform from which to offer advice and to receive insights; that is, to participate in knowledge “exchange.” The effective involvement of decision makers in research activities, as outlined, for example, in Section 5.4, represents the mutual exchange of knowledge and insights, while dissemination activities as described in Section 6.2.2 represent only one aspect of the exchange process. The activities planned for the future are designed to advance the mutual exchange of ideas in order to enhance decision maker research capacity and knowledge utilization.

6.4.1 Enhanced Research Capacity Within Decision Maker Organizations

To facilitate the growth and development of enhanced research capacity within decision maker organizations, closer links with such organizations will be pursued. For example, St. Elizabeth Health Care is in the process of recruiting a PhD trained researcher and other organizations have senior management positions responsible for various research initiatives. Besides advice and assistance in the recruitment process and in the development and maintenance of research capacity, greater links may be pursued through the provision of office space and research supports at the University and reciprocal internships for trainees and decision makers. These linkages provide complementary support for the activities of the Chair and for the strategic objectives of participating decision maker organizations.

6.4.2 “Home Care Highlights: A Decision-Makers’ Guide”

This quarterly electronic research news service will respond to the demand for evidence-based decision-making in ambulatory, home and internet-based health care. “*Home Care Highlights: A Decision-Makers’ Guide*” will build on the successful “*Criminological Highlights*” model produced by the Centre of Criminology, University of Toronto. The objective of this service will be to provide access to the most recent research findings that address the diverse interactions of people (e.g. care providers and recipients), technologies (e.g. drugs and biomedical devices), and health care settings, with particular emphasis on home and community care.

6.5 UNANTICIPATED CONSIDERATIONS

6.5.1 Interactions with Decision Maker Partners

The Chair has encouraged me to participate more actively with decision makers from the home and community care sectors via Board Memberships, research processes, and through dissemination activities. My contributions and commitments in these areas would have been less extensive without the Chair.