



Health Care Settings and Canadians

CHSRF/CIHR HEALTH SERVICES CHAIR

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ANNUAL REPORT 2005

**“Expanding, Integrating,
and Enhancing”**

March 31, 2006

PETER C. COYTE

“The CHSRF/CIHR Genesis Research Training Fellowship I received enables me to concentrate exclusively on my current studies and future career in health policy research. The opportunities this fellowship provides to interact with decision-makers in the health policy field are both unique and valuable, and have undoubtedly enriched my academic experiences this year.”

- Meghan McMahon PhD. Student, Dept. Health Policy, Management, and Evaluation, University of Toronto

“Dr. Coyte has helped me develop my research and analytical skills over the past few months by guiding me in data collection and analysis. Moreover, he has introduced me to various aspects of health care and health economics that I had not previously considered. Working with him has been a valuable learning experience.”

- Karen Arcot, Research Intern, Dept. Health Policy, Management, and Evaluation, University of Toronto

“The Home and Community Care Knowledge Translation course provides students with the opportunity to read the latest research in the sector, to critically appraise studies in terms of valid methodology, the importance of disseminating their findings and how to write in an accessible way for policy decision makers. With the help of advisory policy decision makers, they are encouraged to think about the political and health system context to consider topics of interest and use for people in the field. At the same time, each student is given the opportunity to edit an issue of Highlights that offers current findings to the attention of subscribers.”

- Pat Baranek, PhD, Research Consultant, Ministry of Health and Long Term Care, Co-Instructor for the Home and Community Care Highlights

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1.0 INTRODUCTION: Expanding, Integrating and Enhancing

Coyte's CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians was created to build research uptake capacity through (i) enhanced linkage and exchange with decision-makers, (ii) innovative trainee education and mentorship in research and knowledge transfer, and through (iii) a focused research program in applied health economics pertaining to health service finance, delivery and organization across a range of settings. The theme of the 2005 report is "Expanding, Integrating and Enhancing." This theme reflects the value-added outcomes that were realized in 2005 through the Chair's initiatives designed to meet and exceed goals across all three designated areas (education/mentoring, linkage/exchange and research) both *nationally and internationally*. This collaborative approach started in 2004, and now serves as one of the main focuses of Coyte's CHSRF/CIHR Chair.

By linking education/mentorship, linkage/exchange, and knowledge creation through the Chair's initiatives, Coyte's program is cultivating a multi-faceted community of health services stakeholders across many disciplines and professions both *nationally and internationally*. As a result, the success of the Chair program has been astonishing, and has expanded its stakeholder horizon to include an important research constituent that was not addressed in the original plan: international research.

This year's report summarizes the Chair's range of partners, trainees, and national and international research initiatives. The three themes are showcased as 2005 exemplars of the value that is added when the Chair's three objectives are linked:

- Expanding: International Research Initiative: The impact of the tsunami disaster on health service utilization and health status in Thailand.
- Integrating: The new health care landscape - Forecasting Health Service Utilization for Seniors in Ontario.
- Enhancing: All research, education/mentoring and linkage/exchange initiatives successfully.

This report consists of seven sections and appendices. Section 2 reviews relationship developments for the Chair. Sections 3-5 focus on the Chair's exemplar activities in 2005. These sections elaborate on research, education, and linkage/exchange processes and products for each initiative and expected achievements for 2006 as well as highlight the outcomes for trainees/mentorees and for stakeholders. Also, it underlines the key milestones encountered and strategies utilized to meet these milestones. Section 6 lists milestones reached in 2005. Section 7 provides the Chair's updated 6-year budget. Finally, a detailed report of all aspects of the Chair program is described in the appendices.

2.0 RELATIONSHIPS DEVELOPMENTS

2.1 PRINCIPAL DECISION MAKER PARTNER: THE CHANGE FOUNDATION

The Change Foundation continues to be Coyte's Chair Principal Decision Maker Partner. The Foundation has been instrumental in facilitating the knowledge transfer programs for the Chair. Two Change Foundation PhD researchers continue to work as appointed Adjunct Lecturers in the Department of Health Policy, Management, and Evaluation (HPME), University of Toronto – this is the department's strongest demonstration of support for Coyte's efforts to link decision makers to his research and training projects. Since, 2004 a more direct relationship with The Change Foundation has been established that resulted in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise between the university and the 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.

In 2005, for the fourth year, Gale Murray, The Change Foundation CEO, evaluated student applications for the Chair's Fellowship Awards with Peter Coyte, to ensure that the research projects of new trainees were sufficiently oriented to linkage and exchange priorities of the professional health services sector. Sadly, Gale Murray retired February 27, 2006. Coyte is insured that the Foundation with its new CEO (still undetermined) will continue to uphold all partnership duties with the Chair program for the remaining 4 years.

2.2 THE CANADIAN ASSOCIATION FOR HEALTH SERVICES AND POLICY RESEARCH

Between 2003 and 2004, Coyte's role as CAHSPR's President was instrumental in establishing CAHSPR as a vibrant, broadly-based, interdisciplinary, and intersectoral organization that links both academic researchers and health services decision makers. As President, Coyte headed the expansion and the transformation of CAHSPR and worked with both the CHSRF and CIHR's Institute for Health Services and Policy Research in order to enhance the strategic and financial basis of the organization. Through Coyte's expert direction and initiatives, CAHSPR has proven to be a strong and vital organization offering a forum for networking for both research producers and users. While Coyte's became the Past President of CAHSPR in May of 2005, he has continued his active leadership for the organization in multiple roles including his championing of CAHSPR's partnership with the Canadian College of Health Services Executives and his involvement with the fundraising committee for the Association.

From the standpoint of the Chair, Coyte's role in developing CAHSPR has given him the most amazing opportunity to expose his trainees to the 'front-lines' of cultural change as relationships shift and become more intersecting between academe and health service decision makers. At this time, more than 15 of the Chair's trainees and mentors have attended the CAHSPR conferences, through financial awards provided by the Chair or by CHSRF/CIHR. All of Coyte's trainees are eligible to receive special travel grants to present research and attend CAHSPR conferences.

3. EXEMPLAR A:

Expanding: International Research Initiative – *“The impact of the tsunami disaster on health service utilization and health status in Thailand”*

3.1 What It Is

On 26 of December 2004, the south west coast of Thailand comprising 6 provinces was struck by a tsunami wave attributed to an earthquake just off the coast of Indonesia. Almost 60,000 individuals died or were injured in the disaster, lost their homes and/or businesses, or were immediate family members of those who died, were injured, or are missing. The aftermath of the tsunami and other disasters, such as the hurricane Katrina in New Orleans and the recent mudslide in the Philippines, may be more significant than their immediate effects as many people in the affected regions still lack access to clean water, sanitation, personal hygiene and health care. While substantial assistance has been mobilized, there is little insight about whether these resource allocations are effectively meeting the needs of survivors, particularly with respect to their health. At Coyte's initiative and suggestion, a team of Canadian and Thai health care professionals - Dr. Gavin Andrews, Dr. David Zakus, Dr. Denise Guerriere, Dr. Wattana Janjaroen and Dr. Siripen Supakankunti - designed this time-sensitive, multidisciplinary, and collaborative international study in conjunction with decision makers from four of the six Provincial Public Health offices in the affected regions. The purpose of this study is to describe and assess the effects of the tsunami disaster on health service utilization (and costs), and health status for residents of the affected Thai provinces over a three-year period. Substantial efforts have already been devoted to the development of the research platform, to subject recruitment, and to commencement of baseline interviews. Coyte's Chair has been closely involved with the study design and the financial aspect of the research project. Coyte has applied to the CIHR for financial support to complete the research project and to the Teasdale- Corti Team Grant in order to use the research as a platform to enhance research capacity among Thai and Canadian scholars and decision makers.

3.2 Expected Achievements -

- 1. To generate relevant and timely knowledge** to both Thailand and Canada concerning the long-term health consequences of natural disasters.
- 2. To build research and knowledge transfer capacity** through the involvement of research trainees and health policy decision makers in research and knowledge translation activities pertaining to the long-term health consequences of natural disasters.
- 3. To customize research findings with direct implications for decision makers** responsible for disaster preparedness in Canada and Thailand.

3.3 Outcomes

The research is in harmony with the current activities pursued under the Chair program of health services research, research training, and linkage and exchange activities with policy decision makers. The study has already built research and knowledge capacity in Thailand and Canada through the involvement and exchange of trainees and decision makers. Ms. Wanrudee (Research Officer for the study) is currently engaged in study recruitment and coordinating the interviews with study participants in Thailand in conjunction with two other Thai researchers both of whom will be pursuing graduate work in England in the areas of Economics and Management. In September, Ms. Wanrudee will begin her graduate training in HPME at the University of Toronto. Her involvements with the study, her ability to interact with senior policy decision makers, and her excellent academic preparedness have made her an outstanding candidate for this program. She will be eligible for the Chair's Fellowship Award and will continue to work on the study through her thesis. The Tsunmai study will also be particularly advantageous to the Program's mentors and trainees who have limited research exposure to low-income countries and are interested in broadening their international research backgrounds.

Coyte believes that the Tsunami study is timely and relevant to Canadians and Thai residents. It will inform the priority setting process for relief agencies and Government Departments charged with the responsibility to determine the form and the distribution of relief for tsunami survivors and for survivors of similar disasters in Canada or elsewhere. It will ensure that funds (including Canadian funds) directed to the relief efforts are used more effectively when they are informed by the research findings. It will assist in the diversification of Canadian relief efforts by offering sustainable knowledge enhancement to the Thai and provincial ministries of Public Health through research participation. To further this research capacity building objective, Coyte will take his sabbatical at the partner University during the 2006/2007 academic year, but will frequently return to Canada in order to maintain his support and mentoring to his cadre of graduate trainees. Finally, the evidence and knowledge from the Tsunmai study will profile Canada's contribution to international research efforts where a rapid research response to a threat to population health following a natural disaster is required.

3.4 Milestone

A significant challenge since the start of this study is financing. While Coyte feels confident that this project will contribute to a wide range of multidisciplinary and international collaborative research activities and generate a stellar cadre of trainees and professionals (both in Thailand and Canada) who will possess the skills and competencies to enhance health policy and systems development, the response from CIHR in two previous competitions has warranted revisions. The second application just missed the funding cut-off, so it is hoped that the revised proposal will receive a positive funding decision.

3.6 Strategy to Meet this Milestone

Through Coyte's pure determination and encouragement, the team submitted its 3rd CIHR application on March 1 of this year in the hopes of receiving full funding by July. Coyte believes

that the study will yield useful findings concerning the long-term health consequences of the population in the post-disaster recovery period. It will offer the basis for new research programs for trainees and mentorees that will inform relief agencies and Government Departments about the mechanisms and strategies that may be employed to minimize or alleviate the harmful consequences of natural disasters. Without any hesitation, this study will also contribute to an array of new research, new initiatives and new opportunities for the Chair program.

4. EXEMPLAR B:

Integrating: The new health care landscape - Forecasting Health Service Utilization for Seniors in Ontario

4.1 What It Is

In 2003, the Ministry of Health and Long Term Care (MOHLTC) contracted the services of Coyte (and Ruth Croxford, a bio-statistician employed by the Clinical Epidemiology Unit at Sunnybrook and Women's College Health Sciences Centre) to review and synthesize previous research, and to develop a planning methodology for forecasting the long-term care needs of Ontario's seniors. The goal of the project was to develop a long-term strategy to respond to and manage the future care and support needs of Ontario's seniors. In 2005, Coyte and Croxford developed the *Seniors Model* - an evidence-based statistical model for predicting future health needs of Ontario's population aged 65 and older. Following the model, Coyte and Croxford completed a report that illustrated the utility of various administrative databases for health service planning. The primary focus for this work was on predictors of total health care utilization for seniors, and on how those predictors vary regionally, specifically by local health integration networks (LHINs) in Ontario, in terms of their strength of prediction and the impact of predictors on health service utilization. The secondary focus of the report was examining the variation among the LHINs in terms of key drivers of utilization. The *Seniors Model* gives a general introduction to needs-based planning; and, where appropriate, provides comparative discussion between the *Seniors Model*, which is a combined preference-based and needs-based model of utilization, and needs-based models of utilization. At this time, Coyte and members of an expert panel team are developing Population/Needs-Based Planning initiatives for several age groups and not specifically for seniors.

4.2 Expected Achievements -

1. **The model of utilization will generate information** that may help to inform the decision making process at both the MOHLTC and the local LHINs. The model therefore has several audiences who will benefit from its output:

- MOHLTC
- LHINs
- Service Providers
- Disease Networks
- Academic Health Sciences Centres
- Advocacy organizations for various population groups

2. **The development of the model of utilization will enable assessment** of various policy options and their impact on the future health needs of Ontario's population group.

3. **The model of utilization will be useful as a tool to support** complex funding formulae and service delivery priorities for selected services/providers, populations groups and/or regions.

4.3 Outcome

Coyte's role concerned the development and application of new forecasting methods, the cultivation of research aptitude and uptake on the part of decision-makers, and the fostering of knowledge exchange and evidence-based decision-making in a context of competing ministerial priorities. In the report, Coyte and Croxford described and obtained a regression model for future health care utilization by seniors in Ontario. This model reflected the effects of a subset of

predictors, averaged over all fourteen LHINs. The parameter estimates obtained from the *Seniors Model* assessed the importance of each of the predictors with respect to future health care costs. While the LHINs appear to be similar in terms of the model that predicts future health care utilization for seniors, Coyte suggests that each LHIN should take these results as a starting point for examining its own unique population, resources, and health care circumstances. Coyte also found that the *Seniors Model* predicts the observed utilization better in some LHINs than in others. There is a tendency for the fit to be better in the larger LHINs, which contributed more to the development of the model. At the same time, while the model predicts future health care costs better than a simple age-sex adjusted model, it still leaves most of the individual variation in health care costs unexplained.

The evaluation of *Seniors Model* developed by Coyte and Croxford will help in the creation and development of the Population/Needs-based approach to health service planning. This model will allow decision makers determine the unique needs of individuals and communities, service providers and funding agencies, and configure those needs to available resources. Needs-based planning also enables opportunities for different options in the provision of care, and helps to locate gaps in services delivery. In doing so, this approach is useful in the development of decision support tools which 'customize care' to community needs and dynamics.

4.4 Milestones

To date, there have been four key milestones for the development of the *Population/Needs Based Model*. These include, evaluating the Seniors model: 1. Proof of concept 2. Peer review 3. Demonstration of model utility and 4. Potential value.

4.5 Strategy to Meet these Milestones

The establishment of an expert advisory panel was integral to the development of the model of health service planning. The panel comprises Coyte as well as representatives with expertise in health planning, data analysis, modeling, health service executives and policy makers as well as other stakeholders. The panel's expert knowledge was intended to inform and steer the initiative. Through their guidance and expertise, the panel was constructed to meet the four key milestones:

1. **Proof of concept** – administrative data was used to develop and validate the model; historic data was used to predict a 'known future.'
2. **Peer review** – the model was distributed to six academics (three specialized in clinical theory, three in statistical methodologies); the model was considered to be theoretically and methodologically sound.
3. **Demonstration of utility** – output was generated based on 'real' data; a report was produced which explores and exhibits the potential uses and value of the model as a decision support tool.
4. **Decision support tool** – results from the report were used to geographically map service needs and utilization for LHINs, thereby demonstrating the potential value of the model.

5. EXEMPLAR C:

ENHANCING: ALL RESEARCH, EDUCATION/MENTORING AND LINKAGE/EXCHANGE INITIATIVES SUCCESSFULLY

5.1 Overview

The Chair's Program integrates research-based transdisciplinary learning, education and mentoring, and a program of research transfer and exchange. The design was based on two assumptions. First, the implication that synergy between research and teaching creates the most effective learning environment to cultivate a "teaching-learning study nexus." Second, the universities play a critical role in knowledge generation in order to enhance effective community action. The Program has successfully completed the objectives outlined in the original proposal. The volume of start-up activities launched under the Chair's Program was overwhelming but has been deemed triumphant. This year's focus was not only to ameliorate the Program through new initiatives but to also enhance all existing activities that have sustained the Program's success

over the years. Multiple methods have been used to integrate and maintain the Program's activities, including discussions with decision-makers concerning research plans, education with linked on-going mentoring similar to the Home and Community Care Highlights course, development of linkage/exchange infrastructure similar to Toronto Health Economics Network, industry partners to provide access to research sites, to inform the research agenda, to participate as educators and as trainees, and to fund research relevant to their needs, and The Change Foundation to provide linkage and exchange opportunities.

5.2 Expected Achievements

1. **Enhanced research initiatives** between decision-making organizations and trainees nationally and internationally.
2. **Improved educational/mentoring and linkage/exchange objectives** with the involvement of faculty from various disciplines and decision-making organizations.
3. **Increased collaboration and communication** with decision makers, trainees and mentorees.

5.3 Outcomes

In 2005, the Chair Program provided all participants: with a conduit role in research, education and mentoring, and linkage and exchange activities; an opportunity to acquire and disseminate evidence to demonstrate that place is a central consideration in the study of health care transactions and in the framing of health services research questions; and an opportunity to cultivate a cadre of scholars focused on health care settings. It has also supplied participants with a leadership role to foster transdisciplinary networking in research, education and exchange between academia and decision-makers in order to inform management and policy development. Examples of innovative and improved initiatives this year have been: extra funding, initiatives integrating both mentors and trainees, opportunities to work in a decision making environment, international research opportunities, a revised bilingual website, modified and new courses, and workshops etc.

Coyte skills and leadership to coordinate and manage the Program's diverse relationships and to drive the program of activities is the main reason why the Chair has maintained its success throughout the years. It is expected that the Program's activities will continue to flourish and become sustain once the 10-year award ends.

5.5 Milestones

The activities of the Chair are effectively, successful, and progressing. The target goal-related milestones for the 2005 Program have been: increasing formal and informal national/international collaborations and research, establishing even stronger mentorship arrangements for the trainees, and improvements in collaboration between decision-makers and trainees.

5.6 Strategy to Meet the Milestones

This year not only did Coyte meet the milestones specified but he succeeded in enhancing his Programs activities. Below are descriptions of what was done to meet the 2005 goals set out by the Chair.

1. To enhance national and international relations and research, Coyte has collaborated with the Temmy Latner Palliative Care Centre at Mount Sinai hospital and designed a study (funded by CIHR) entitled: The Cost and Quality of Ambulatory and Home Based Palliative Care. This study is a cross sectional national study that involves two other Palliative Care Centres in Alberta, namely Edmonton and Calgary (see Appendix 23 for further description). As described above in Section 3, Coyte's initiatives for an international research study are underway.
2. To utilize the Chair funds, Coyte developed a new initiative, the Graduate Network (CHSRF CAN!) which commenced in 2004-05. Coyte has allocated \$10,000 annually for the CHSRF CAN! (past or present trainees mentored or supervised by Coyte since the

beginning of Coyte's professorship). Members submit proposals to use the funds for conference travel, to support collaborative research and knowledge exchange, or to advertise the reach and content of the Chair's Program. The focus of this activity is to provide a forum for exchange between past and present trainees through the Network, thereby providing further opportunities for mentoring among Program participants. This Network also supports trainees in their pursuit of continuing education and placement opportunities, and will help to market the Program.

3. To heighten decision makers and trainees collaboration, Coyte encouraged the students he supervised in 2005 (Susanna Tam and Julie Polisena) to do a field placement internship during or at the end of their graduate studies. Susanna Tam undertook a research project with The Arthritis Program at South Lake Regional Health Centre in Newmarket and a policy practicum, in conjunction with the Ontario Regional Training Centre, at the Ontario Medical Association. Julie Polisena completed her course work at U of T and finished her thesis while in Rome, Italy, working as a Research Assistant for a Technology Assessment Project at Catholic University in Rome with Dr. Marco Marchetti. She was assigned to conduct an extensive literature reviews in Management of Innovation Processes and Technology Assessment in the National Health Care System and an overview of trends related to cardiology, specifically cardiac surgery, interventional cardiology and emerging technologies in cardiology. The necessary financial aid to complete these placements was provided to both trainees by the Chair's Program

6.0 MILESTONES

6.1 Linkage/Exchange:

Home and Community Care Highlights: A Quarterly Digest

Trainee Participants: 14

Disciplines Represented: 7

Subscribers: 28

Subscribing Community Care Access Centres/Community Health Centres: 21

Subscribing Provider Agencies: 4

Subscribing Ontario Ministry of Health and Long Term Care Divisions: 2

Subscribing Research Centres/NGOs: 1

Subscribing Advocacy/Professional Organizations: 0

Subscribing Political Parties: 3

Toronto Health Economics Network

Participants: 22

Presentations Made: 12

Institutions/Departments Represented: 15

6.2 Education/Mentorship

Trainees Graduated: 1 MSc, 1 PhD (Health Economics)

Trainees Placement: Southlake Regional Health Centre, Newmarket and Catholic University, Rome, Italy

PhD Admitted/Chair Fellowships Received: 3

Disciplines Represented: Health Policy(2); General Surgery (1)

MSc Admitted/ Chair Fellowships Received: 1

Disciplines Represented: Health Policy, Management and Evaluation

Research Interns Admitted: 2

Disciplines Represented: Health Science and Economics

6.3 Research

Coyte: Peer-Reviewed Publications: 9

Coyte: Presentations: 1 (2006), 6 (2005)

Coyte: Funded Research Proposals: 1

Junior Faculty Papers Submitted & Published: 7 (2006), 3 (2005), 2 (2004)

Junior Faculty Presentations: 2 (2005), 3 (2004)

Trainee Papers Submitted & Published: 16 (2006), 17 (2005), 7 (2004)

Trainee Presentations: 3 (2006), 25 (2005), 9 (2004)

7.0 BUDGET

	Year 1 July 1, 2000- Dec. 31, 2000	Year 2 Jan. 1, 2001- Dec. 31, 2001	Year 3 Jan. 1, 2002- Dec. 31, 2002	Year 4 Jan. 1, 2003 - Dec. 31, 2003	Year 5 Jan. 1, 2004 - Dec. 31 2004	Year 6 Jan.1, 2005 – Dec. 31 2005
Coordinator	12,500.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00
Other Asst.	5,100.00	10,200.00	30,100.00	0.00	12,000.00	12,000.00
Grad. Stipends	0.00	6,647.07	40,000.00	109,000.00	100,000.00	48,911.45
Junior Faculty	27,350.00	46,908.96	18,124.96	5,975.00	5,975.00	5,975.00
Other Personal	18,450.00	37,171.35	21,261.25	36,000.00	36,000.00	36,000.00
Supplies	5,990.24	(2,271.52)	382.48	14,051.89	8,000.00	8,000.00
Equipment	0.00	0.00	5,198.90	3,298.62	5,000.00	5,000.00
Travel	1,847.00	10,657.70	9,757.82	24,669.05	15,000.00	20,000.00
Special Events	0.00	0.00	0.00	0.00	0.00	0.00
Other Costs	0.00	3,000.00	5,000.00	0.00	5,025.00	5,000.00
Total Costs	71,237.24	137,313.56	149,825.41	217,994.56	212,000.00	165,886.45
Total Revenue¹	97,500.00	195,000.00	195,000.00	195,000.00	195,000.00	195,000.00
Surplus	26,262.76	57,686.44	45,174.59	(22,994.56)	(17,000.00)	29,113.55
Cumm. Surplus	26,262.76	83,949.20	129,123.79	106,129.23	89,129.23	118,242.78

¹This includes annual in-kind support of \$25, 000 from the Home and Community Care Evaluation and Research Centre (HCERC).

Appendix 1: Demographic Information

Appendix 1: Demographic Information

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**Appendix 2:
Institutional Support Survey
2005**

Appendix 2: Institutional Support Survey 2005

Please place a checkmark next to all of the statements that apply. Space is provided for comment.

- ☐ There has been identifiable infrastructure support in the form of recruitment efforts for my program.
- ☒ Full support is provided by the institution with respect to tracking and reporting all financial information.
- ☒ Office space was made available for the chair program and others participating in the chair program.
- ☒ The space is of adequate size.
- ☒ The space is in a location that is appropriate for the teaching and mentoring activities of the chair.
- ☒ Necessary renovations were conducted, including providing an adequate number of Internet access points.
- ☐ The associated costs of furniture and equipment (e.g., computers) were covered by the institution.
- ☐ Assistance was provided in developing or arranging for distance delivery of courses.
- ☒ Mechanisms have been created to facilitate and attribute credit for the interdisciplinary nature of my activities.
- ☒ Where new courses have been developed as part of the chair program, my institution has been fully supportive in the processes needed to get them up and running.
- ☐ The chair is profiled, highlighted in a significant way.
- ☒ There is a specific link to the web site of the chair on the university site.
- ☐ There have been efforts on the part of the institution to link the chair with other programs/activities that complement the chair program.

Note other comments here:

The host department is the Department of Health Policy, Management, and Evaluation (HPME) in the Faculty of Medicine, University of Toronto. HPME continues to provide adequate research and research training space for the conduct of the Chair program, technical support and administrative supports. HPME has also been supportive in co-funding three new MSc. Students: Meghan McMahon, Susanna Tam and Julie Polisena. HPME continues to support Adjunct Lectureship status to the Principal Decision Maker Partner contacts: Jiahui Wong, PhD, Research Manager, The Change Foundation and Julie Gilbert, PhD, Manager, Knowledge Transfer, The Change Foundation.

Appendix 3:
Accountability Framework -
Objectives, Milestones,
Performance Indicators

Appendix 3: Accountability Framework - Objectives, Milestones, Performance Indicators

Objectives	Milestones	Performance Indicators	Baseline Year 1 2001	Year 2 2002	Year 3 2003	Year 4 2004	Year 5 2005
RESEARCH INITIATIVES							
❖ Develop New Theories and Methods Applicable to the Multiple Settings in which Health Care Transactions are Undertaken.	❖ Generate a Corpus of Descriptive and Explanatory/Predictive Research Projects	Funded Peer-Reviewed Research Projects Pertaining to Health Care Settings.	5	6	4	4-6	5
	❖ Generate a Corpus of Evaluative Tools and Findings.	Peer Review/Grey Literature Publications & Presentations Pertaining to Health Care Settings.	23	22	24	24-30	27
EDUCATION AND MENTORSHIP INITIATIVES							
❖ Develop & Implement Educational & Mentorship Opportunities to Create a New Generation of Scholars Dedicated to Study of Health Care Settings. ❖ Enhance Participation of Non-Traditional Disciplines. ❖ Create Transnational and Transdisciplinary Training Opportunities. ❖ Recruit, Mentor, & Motivate Scholars for Health Services and Policy Research Careers	❖ Create a Flagship, Transdisciplinary Course on Health Care Settings & Canadians. ❖ 2001 = Course JNH5001 (taught w/McKeever) ❖ 2002 = Revised JHN5001 (taught w/Andrews) ❖ 2003/04/05 = HAD 7001H (taught w/ Baranek) ❖ 2005 = new NUR1031H (taught w/ Andrews) ❖ Curriculum Vitae Workshop	Disciplinary Perspectives Reflected in Curriculum	2	3	8	8	8
		Students Enrolled	6	10	13	13	13
		Disciplines Represented by Enrollees	4	7	7	5-7	7
		Policy-Makers/Decision-Makers involved in Teaching & Learning.	0	0	3	3-4	3
		Students enrolled in CV workshop	-	-	-	21	35
	❖ Revise Health Economics Course Series to Address Evaluation, KT, and Stakeholder Collaboration. ❖ 2002 = Course HAD 5730 (taught with Ungar) ❖ 2004 = Course HAD 5730 (taught with Laporte) ❖ Launch Innovative Research Training Awards Program	Revise Curriculum	-	Yes	-	Yes	-
		Students Enrolled	-	15	-	20	-
		Policy Makers/Decision makers involved in Teaching & Learning.	-	(9) (1)		(9) (1)	-
		Awards	4	6	8	8	4

Objectives	Milestones	Performance Indicators		Baseline Year 1 2001	Year 2 2002	Year 3 2003	Year 4 2004	Year 5 2005
	Training Awards Program	Awards Linked to Peer-Reviewed Awards		4	3	5	6	4
		Awards for Knowledge Transfer Activities		0	1	3	7-15	13
		Awards for Research Activities/ Equipment		4	6	6	6	4
	❖ Create Effective Training Experiences Involving Knowledge Transfer Skills.	Awards Linked to Internships		-	1	5	3-5	4
		New Educational Programs launched for Linkage/Exchange		1	3	2	2-3	2
		Graduate Placements to Decision- Making/Clinical Professions (Total Graduates)		2 (2)	2 (4)	2 (2)	-	1 (1)
		Graduate Placements to Research Professions (Total Graduates)		9 (2)	2 (4)	0 (2)	-	1 (1)
	❖ Effectively Groom 2 Junior Faculty to become Health Services Research Leaders	❖ JF Peer Review Research Grants	AL	(1)	(3)*	(8)	(12)	(4)
			DG	(3)	(3)*	(1)*	(5)	(1)*
		maternity leave	❖ JF Peer Review and Grey Literature Publications (/Per Person)	AL	(16)	(10)	(11)	(1)
DG				(10)	(5)*	(4)*	-	(4)*
LINKAGE AND EXCHANGE INITIATIVES								
❖ Enhance Mutual Receptor Capacity Among Decision Makers and Scholars	❖ Decision-Maker Organizations Involved in Setting the Chair's Research, Teaching, Linkage & Exchange Agenda	❖ Decision maker Org.'s Participate on Training Awards Review Committee		0	0	1	2	2
		❖ Decision Maker Org.'s Participate on Student Committees/Internships		0	2	6	6	2
	❖ Development of Communications Infrastructure	❖ Chair Research Documents Available Online		5	10	19	19+	20+
		❖ Chair/HCERC listserv members		400	650	650	650+	650+
		❖ Creation of Stand-Alone Website		-	-	Yes	Yes	Yes

Appendix 4:
Dedicated Bilingual Website and
Advertising Pamphlet for CHSRF/
CIHR Health Services Chair

Appendix 4: Dedicated Bilingual Webpage and Advertising Flyer for CHSRF/CIHR Health Services Chair

To facilitate the use of research in decision-making and to help decision-makers communicate with the activities of the Chair, a new bilingual website was launched in 2004/05 and has offered 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. It can be viewed at <http://www.hcerc.utoronto.ca>. A bilingual chair flyer was also created to disseminate information about the Chair and the opportunities it offers.

This will enable Dr. Coyte to communicate better with health policy decision-makers in all Canadian jurisdictions and to foster more exchange between knowledge users and creators nationally and internationally.

English Version:

Health Care Settings and Canadians
CHSRF/CIHR HEALTH SERVICES CHAIR
Peter C. Coyte

EDUCATION AND RESEARCH **LINKAGE AND EXCHANGE** **RESEARCH** **WHAT'S NEW** **ABOUT**

Home Last Updated: January 19th, 2005 (Version Française)

In 2000, Dr. Peter C. Coyte was awarded a Chair in Health Services Research from the Canadian Health Services Research Foundation in partnership with the Canadian Institutes for Health Research, The Ontario Ministry of Health and Long-Term Care is a regional co-sponsor of this Chair.

Dr. Coyte's chair, entitled **Health Care Settings and Canadians: A Program of Research, Education and Linkage**, has resulted in close to \$5 million in funding over 10 years to advance health services research, training, and linkage and exchange activities.

Health system restructuring and rapid technological developments in Canada have triggered a dramatic shift towards the delivery of ambulatory, home-based, and more recently, internet-based healthcare (e-health). This dispersion of health care services has led to the places where Canadians live, work, and attend school will have major social and health service repercussions.

French Version:

Les Canadiens et les milieux de soins
Chaire sur les services de santé de la FCRS/IRSC
Peter C. Coyte

Éducation et Recherche **Liens et Échanges** **Recherche** **Quoi de neuf?** **À propos de nous**

Accueil Dernière mise à jour: Le 19 JAN 2005 (English Version)

En 2000, le Dr Peter C. Coyte a reçu une Chaire de recherche sur les services de santé de la Fondation canadienne de la recherche sur les services de santé en collaboration avec les Instituts de recherche en santé du Canada. Le ministère de la Santé et des Soins de longue durée de l'Ontario est un coparrain régional de cette Chaire.

La Chaire du Dr Coyte, « **Les Canadiens et les milieux de soins: Programme de recherche, d'éducation et de liens** », a donné lieu à un financement de près de 5 millions de dollars qui ont permis de lancer la recherche sur les services de santé, la formation, ainsi qu'aux activités d'échange et de liens et de milieux d'échange.

La restructuration du système de santé et les développements technologiques rapides au Canada ont entraîné un changement dramatique vers les soins ambulatoires, les soins à domicile et plus récemment, les soins de santé accessibles en internet (e-santé). La dispersion des services de santé a entraîné des conséquences sociales et de services de santé importantes.

BILINGUAL CHAIR PAMPHLET

Health Care Settings and Canadians

CHSRE/CIHR Health Services Chair

Peter C. Coyte – peter.coyte@utoronto.ca



University of Toronto
Department of Health Policy, Management and
Evaluation, Faculty of Medicine

Please visit our website at:
www.hcerc.utoronto.ca

For additional information contact
Andree Mitchell: andree.mitchell@utoronto.ca

ABOUT

Dr. Peter C. Coyte is a Professor Department of Health Policy, Management and Evaluation, Faculty of Medicine at the University of Toronto. In 2000, Dr. Peter C. Coyte was awarded a Chair in Health Services Research from the Canadian Health Services Research Foundation in partnership with the Canadian Institute for Health and Long-Term Care. The Ontario Ministry of Health and Long-Term Care is a regional co-sponsor of the Chair. Dr. Coyte's Chair has resulted in close to \$5 million in funding over 10 years to advance health services research training, education and mentorship and linkage and exchange activities. Dr. Coyte has published widely in the areas of health economics, health policy and health services research. His studies have included the measurement of regional variations in health service utilization, evaluations of the cost-effective provision of health care services, and assessments of health service finance, delivery and organization.

EDUCATION AND MENTORSHIP

Education Programs organized by the CHSRE/CIHR Chair help to build research capacity pertinent to the settings for the receipt and delivery health care services in the 21st Century. Education and 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.

The key components of the education and mentorship program area:

- Genesis Awards: Research Training Fellowships
- Junior Faculty Mentorship Program
- Knowledge Translation Training Groups
- CIHR Strategic Research Training Program: Health Care, Technology and Place (HCTP) Collaborative Doctoral Program

LINKAGE AND EXCHANGE

The Chair has cultivated a wide and dynamic network of colleagues, associates, and students in health services industries and agencies, government sectors, and in academe. The diversity of this network both promotes and is fostered by the Chair's commitment to cross-cutting knowledge creation and translation. The point below exemplify the range of home and community care decision-making relationships that the Chair has cultivated with diverse health service sectors. These linkages promote the participation of

stakeholders and decision-makers throughout the research process, leading to new and pragmatic research questions, collaborative data collection and interpretation, and context-appropriate knowledge dissemination and application.

Stakeholders:

- Senate of Canada
- Ministry of Health and Long-Term Care
- Ontario Association of Community Care Access Centres
- Ontario and the North York Community Care Access Centre
- Toronto Health Economics (THE) Network

RESEARCH

The research initiatives undertaken under the auspices of the Chair "Health Care Settings and Canadians" are diverse; two broad lines of research have been defined.

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.

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

Sponsors:



Les Canadiens et les milieux de soins

Chair sur les services de santé de la
FCRSS/IRSC

Peter C. Coyte — peter.coyte@utoronto.ca



Université de Toronto

Département de politique, de gestion et
d'évaluation en matière de santé, Faculté de
médecine

Visiter notre site web à:
www.hcrsc.utoronto.ca

Contacter Andree Mitchell pour des
renseignements supplémentaires:
andree.mitchell@utoronto.ca

À propos de nous

Le P. Peter C. Coyte est professeur d'économie de la santé au Département de politique, de gestion et d'évaluation en matière de santé, à la Faculté de médecine de l'Université de Toronto. En 2000, le P. Peter C. Coyte a reçu une Chaire de recherche sur les services de santé de la Fondation canadienne de la recherche sur les services de santé en collaboration avec les Instituts de recherche en santé du Canada. Le ministère de la Santé et des Soins de longue durée de l'Ontario est un copartenaire régional de cette Chaire. La Chaire du P. Coyte, « Les Canadiens et les milieux de soins : Programme de recherche, d'éducation et de liens », a donné lieu à un financement de près de 5 millions de dollars sur dix ans pour faire avancer la recherche sur les services de santé, la formation, ainsi que les activités, d'éducation et mentorat et d'établissement de liens et de relations d'échange.

Éducation et mentorat

Les programmes d'éducation organisés par la Chaire de la FCRSS et des IRSC contribuent à renforcer les capacités de recherche utiles aux établissements pour la réception et la prestation de services de santé au XXI^e siècle. Les activités d'éducation et de mentorat s'étendent bien au-delà de celles associées au corps professoral subalterne et aux stagiaires d'études supérieures. Elles s'adressent également au corps professoral et aux stagiaires d'autres institutions au Canada et sur la scène internationale, ainsi qu'aux étudiants de premier cycle et des écoles secondaires qui commencent à peine à prendre des décisions sur leur cheminement de carrière et sur les programmes d'enseignement.

Éléments clés du programme d'éducation et de mentorat :

- Prix Genesis/Bourses de formation en recherche
- Programme de mentorat des professeurs débutants
- Cours de formation sur l'application des connaissances
- Programme stratégique de formation en recherche des IRSC sur les soins de santé, la technologie et l'espace
- Ateliers de collaboration internationale de 2003
- Nouveaux cours coopératifs; deuxième cycle sur les établissements de santé et l'économie de santé

Liens et échanges

La Chaire a développé un vaste réseau dynamique de collègues, d'associés et d'étudiants, provenant d'industries et d'organismes des services de santé, de secteurs gouvernementaux et d'universités. La diversité de ce réseau favorise l'engagement de la Chaire à l'égard de la création et de l'application des connaissances transsectorielles et reçoit son encouragement en retour. Les points de la colonne de

droit illustrent l'éventail de relations décisionnelles relatives aux soins de santé à domicile et en milieu communautaire cultivées par la Chaire avec divers secteurs de services de santé. Ces liens encouragent la participation des intervenants et des décideurs tout au long du processus de recherche, menant à de nouvelles questions de recherche pragmatiques, à une collaboration à l'échelle de la collecte et de l'interprétation des données, ainsi qu'à la diffusion et l'application des connaissances en fonction du contexte.

Intervenants :

- Sénat du Canada
- MESD
- Association des centres d'accès aux soins communautaires de l'Ontario
- Réseau Économie de la santé de Toronto (EST)

Recherche

Recherche descriptive et théories des explications

Cette approche marie les perspectives des sciences de la santé, cliniques et sociales afin de décrire et d'expliquer les variations dans les pratiques sanitaires, les décisions en matière de gestion sanitaire et l'instauration de politiques de la santé. Cette manière d'aborder la recherche se fonde sur l'hypothèse que la connaissance des pratiques actuelles, l'exploration des raisons de leur état actuel et la production d'estimés prévisionnels fiables sur le comportement humain et institutionnel ont toutes une valeur générale et durable, particulièrement comme précurseurs de la formulation de théories et d'hypothèses.

Recherche évaluative appliquée

Cette méthode fait appel à la recherche évaluative appliquée et à la recherche sur les politiques se rapportant à l'efficacité et à l'équité en matière de soins de santé dans les établissements où les soins de santé sont requis, prodigués et reçus. Elle se fonde sur l'hypothèse que l'élaboration et l'application des théories de l'explication et des nouvelles méthodes d'analyse sont essentielles pour guider la recherche empirique et pour favoriser l'interprétation éclairée des résultats des recherches évaluatives.

Partenaires:



**Appendix 5:
2005 Research Training Award
Advertisement**

Appendix 5: 2005 Research Training Awards Advertisement

Health Care Settings and Canadians

CHSRF/CIHR HEALTH SERVICES CHAIR

Peter C. Coyte

Sponsored by the
Canadian Health Services Research Foundation (CHSRF),
Canadian Institutes of Health Research (CIHR), & the
Ontario Ministry of Health and Long Term Care
Health Care Settings and Canadians CHSRF

Introduction: The CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians anchored in the Faculties of Medicine and Nursing at the University of Toronto, offers research, educational and mentoring opportunities to advance knowledge at the intersection of health care, technology and place.

The CHSRF/CIHR Chair in Health Care Settings and Canadians specializes in providing Genesis Fellowships for qualified students at the Master's and Doctoral level, irrespective of their discipline or institutional location. The Chair's Fellowships are designed to build discipline-based research capacity related to the dynamic interplay between and among people (e.g. care providers and recipients), technologies (e.g. electronic biomedical devices, and pharmaceutical interventions), and health care settings.

This educational and mentorship program addresses the urgent need to build health services research capacity in Canada that is attentive to the critical role of the settings for health care. Fellowships have been established to stimulate creative inquiry that will inform the development and maintenance of efficient, effective and equitable health care in the twenty-first century.

Terms: The duration of the Chair's Fellowships is one year and up to eight awards will be made each year. The amount and form of the awards will be internationally competitive (\$2000-\$20000) and tailored to the specific priorities of the recipients. Bursaries for equipment purchases, travel and project dissemination are potential forms of awards.

Award recipients are required to enrol in a full-time Master's or Doctoral program and to maintain residency within reasonable proximity of their research supervisor. Award recipients are required to meet the degree requirements of their home departments and to participate in educational activities of the Chair.

Program Requirements: During the academic year of the award, trainees must engage in scholarly activities related to the diverse effects of the changing settings in which health care is sought, delivered and received; demonstrate active and effective involvement and interaction with policy and practice decision-makers in the development and execution of research activities; submit at least one article for peer-reviewed consideration; and contribute actively to Home and Community Care Highlights: A Quarterly Digest.

Application: Award holders must be enrolled in a Master's or Doctoral program, irrespective of discipline or institutional location. Successful applications will demonstrate superior and transdisciplinary academic preparation as well as significant promise and commitment to health research. Applicants should submit: a copy of a completed application to a health services research related graduate program and/or admission documents; curriculum vitae; transcripts from all post-secondary institutions; two letters of recommendation; two writing samples; and a research plan (maximum 1 page) summarizing research goals and the relevance of the Health Care Settings and Canadians program to these goals. Identification of specific research questions and methods is less important than the evidence of a scholarly commitment and the potential to make a significant contribution to health research.

Forward applications to:

Andrée Mitchell – Program Coordinator
CHSRF/CIHR Health Services Chair
Department of Health Policy, Management and Evaluation
155 College Street
Toronto, ON M5T 3M6
Phone: 416-946-7948
Fax: 416-978-7350
Email: andree.mitchell@utoronto.ca

The closing date for applications is March 31, 2005.

Appendix 6: Graduate Course Description: “Home and Community Care Knowledge Translation” (HAD 7001H)

“The Home and Community Care Knowledge Translation course provides students with the opportunity to read the latest research in the sector, to critically appraise studies in terms of valid methodology, the importance of disseminating their findings and how to write in an accessible way for policy decision makers. With the help of advisory policy decision makers, they are encouraged to think about the political and health system context to consider topics of interest and use for people in the field. At the same time, each student is given the opportunity to edit an issue of Highlights, that offers current findings to the attention of subscribers.”

- Pat Baranek, PhD, Research Consultant, Ministry of Health and Long Term Care, Co-Instructor, “Home and Community Care Knowledge Translation”

Appendix 6: Graduate Course Description: “Home and Community Care Knowledge Translation” (HAD 7001H)

Home and Community Care Knowledge Translation

HAD 7001H

**Department of Health Policy, Management and Evaluation/Faculty of Nursing
Fall and Winter (2005)**

**Participants will meet every 3 weeks for 2-hours for a total of 12 sessions from September to April
155 College Street, Room: 412**

Instructors: Drs. P. Coyte & P. Baranek

OUTLINE:

Course Description: A knowledge translation exercise that selects policy and program relevant research and translates it into an accessible format for decision makers.

Under Dr. Coyte’s and Dr. Baranek’s mentorship and a graduate editorial board, 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 young researchers awareness of the perspectives and evidence needs of decision-makers. The focus of the readings is home and community care, primary care and long term facility-based care. The product of this course is four issues of the Home and Community Care Highlights, a quarterly summary of research in the area. Students will receive a credit upon completion of the course.

Each of four specific components will be graded. Participants will:

1. Attend and engage in active discussion during each of the monthly sessions (students show knowledge of readings prior to class, and through their participation and contributions in the classroom) (20%);
2. Select at least one article for discussion and potential inclusion in the Home and Community Care Highlights, hereafter Highlights (20%);
3. Produce a headline, summary and a structured abstract (consisting of: background, methods, findings and conclusion) as 1st or 2nd reviewer of articles for each quarterly digest (20%); and
4. Take the editorial leadership for at least one of the quarterly issues of the Highlights, December, March, June and September (30%).

This highly innovative course accomplishes a number of goals.

Training: Teaching Students

- To keep up-to date with the research literature
- To critically appraise research,
- To consider the relevance of research to policy/decision makers,
- To write in accessible language, and
- To work as a team in producing a knowledge translation publication.

Knowledge Transfer

- Provide up-to-date evidence-based information to providers, and policy decision makers in an easily accessible and efficient format

Student Support

- Provides funding through scholarships to support the training of graduate students

Home and Community Care Highlights: A Quarterly Digest

The quarterly Digest responds to decision makers' needs for timely and relevant evidence providing accessible synopses of recent research in the peer-reviewed and gray literature pertaining to the financing, delivery and organization of home and community-based health care activities.

Under the mentorship of Drs. Coyte and Baranek and a graduate editorial board, students review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate or potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes young researchers' awareness of the perspectives and evidence needs of decision-makers. Editorship rotates to new trainees on a quarterly basis.

Digest synopses are provided in two formats. "*Headlines and Conclusions*" crystallize the take-home messages of research in a few sentences. "*Thumbnail Summaries*" condense the background, methods, findings and conclusions of the research into quick-to-use, single-page overviews that include reference information. Cost-recovery subscriptions are available to organizations at \$300/yr and have been purchased by CCACs, industry stakeholders, and other outlets.

Review Team:

Tita Ang-Angco (*Ontario Ministry of Health and Long-Term Care*)

Feria Bacchus (*Cancer Care Ontario*)

Patricia Baranek (*Independent Health Care Consultant*)

Peter Coyte (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Michael Hillmer (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Michele Kohli (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Vivian Leong (*Faculty of Arts and Science, University of Toronto*)

Meredith Lilly (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Meghan McMahon (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Alex Milhailovic (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Andree Mitchell (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Hans Oh (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Greg Payne (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Dara Zarnett (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Subscribers:

Access Centre for Hastings & Prince Edward Counties

Algoma Community Care Access Centre (CCAC)

Cancer Care Ontario

Cochrane CCAC

Comcare Health Services

CCAC for Kenora & Rainy River Districts

CCAC of Halton

CCAC of London & Middlesex

CCAC of the District of Thunder Bay

CCAC of Waterloo Region

CCAC of Wellington-Dufferin

CCAC Oxford

CCAC Simcoe County

Etobicoke and York CCAC

Grey-Bruce CCAC

Haliburton, Northumberland and Victoria Access Centre

Hamilton Community Care Access Centre (CCAC)

Kingston, Frontenac, Lennox & Addington CCAC

Long-Term Care Redevelopment Project

Ministry of Health and Long-Term Care Redevelopment Project

North York CCAC

Ontario Association of CCACs

Ontario Home Health Care Providers Association

Spectrum Health Care

Saint Elizabeth Health Care

The Change Foundation

Toronto Community and Neighbourhood Services, Community Program

West Parry Sound Health Centre

HIGHLIGHTS: PAST ISSUES

***Home and Community Care Highlights* Volume 4, Number 4: December 2005**

This issue focuses on: home and community care programs for chronic conditions, comparing costs of providing cancer care in the home versus in the hospital, the relationship between staffing levels and not-for-profit versus for-profit ownership of nursing homes, patient perceptions regarding Internet guidance from physicians, the impact of Internet training sessions on the elderly, the use of an economic framework to make resource allocation decisions, unnecessary drug medication following hospital discharge, and conceptual issues associated with providing care in the home. A consistent theme emerged upon reviewing articles for this issue: many studies illustrate the efficacy of new and innovative home care programs, but do not provide information on their costs. The following topics are addressed:

1. Unnecessary drug use at hospital discharge among frail elderly patients
2. Cancer care treatment at home: A cheaper alternative?
3. Implementation of an evidence-based leg ulcer service: Improved clinical and cost outcomes
4. A community-based exercise program for the elderly with chronic stroke
5. Lessons learned using an economic framework for resource allocation decisions in the Calgary Health Region
6. Patient perspectives on Internet guidance from physicians
7. The impact of teaching elderly patients to use the Internet to manage their own care
8. Staffing levels in long-term care facilities: Does type of ownership matter?
9. Recognizing the uniqueness of the home as a site for long-term care

***Home and Community Care Highlights* Volume 4, Number 3: September 2005**

This issue focuses on: the risks of informal caregiving, prospective payment systems, nursing home treatment of lower respiratory infections, information support for stroke survivors, satisfaction with community residential care, home care experiences under managed competition, reducing the incidence of falls, and using an electronic medical record. The following topics are addressed:

1. Risk factors for potentially harmful informal caregiver behaviour
 2. Prospective Payments for home care patients may offer cost savings to government
 3. Nursing home treatment for lower respiratory infection is safe and less costly than hospitalization
 4. Recommendations for improving information support for stroke survivors and their caregivers
 5. Determinants of satisfaction with care for residents of community residential care facilities
 6. Benefits of managed competition may not outweigh the difficulties experienced by clients, providers and managers
 7. A community-based program is effective in reducing the incidence of falls
 8. Patient and physician experiences of patient-accessible electronic medical records
-

Home and Community Care Highlights
Volume 4, Number 2: June 2005

This issue focuses on: the role and affect of social networks, patient safety, using new technologies for rehabilitation and cardiac services, the burden of care on family caregivers, inappropriate medication, and exploring and privacy issues and assessing home-based interventions. The following topics are addressed:

1. Computer-assisted care is effective for diabetes management
 2. Home-telehealth initially costs more, but may save more in the long-run
 3. Home care services of the future? A home-telehealth demonstration project
 4. Annual revaccination programs benefit the elderly
 5. Unpaid labour substitutes paid labour for certain types of health service utilization
 6. Unpaid caregivers desire more communication with their chronically ill patients
 7. Communication Notes - Developing a dissemination plan
-

Home and Community Care Highlights
Volume 4, Number 1: February 2005

This issue focuses on: the role and affect of social networks, patient safety, using new technologies for rehabilitation and cardiac services, the burden of care on family caregivers, inappropriate medication, and exploring and privacy issues and assessing home-based interventions. The following topics are addressed:

1. Can social networks protect the elderly from mobility disabilities?
 2. Information about informal care networks improves ability to predict the amount, type and adequacy of care received by frail seniors
 3. Many issues affect bathing amongst elderly
 4. Home inotropic infusion combined with internal defibrillator for heart failure patients is cost effective
 5. Exploring the use of remote technologies for motor rehabilitation of post-stroke patients in the home
 6. Effects of nursing home placement on family caregivers
 7. Inappropriate medication prescriptions a serious concern among nursing home elderly
 8. Personal Health Information (PHI) disclosure: Differences of opinion among professionals, care recipients, and family members.
 9. The impact of hospital restructuring on home care nursing
-

Highlights Mentorship Activity

Peter and Pat have invited all of last year's students to return this year as mentors. Peter has offered each of them a sum of \$100.00 per class with a total of \$1000.00 for the year. Their responsibilities as mentors include regular attendance at all meetings, some planning, organizational mentoring duties and summary write-ups.

List of Mentors for 2005/06

Mike Hillmer
Michele Kohli
Andrée Mitchell
Hans Oh
Dara Zarnett

Appendix 7: Work, Technology, and Place Course

Appendix 7: Work, Technology, and Place Course

TECHNOLOGY AND PLACE IN CONTEMPORARY HEALTH CARE WORK

NUR1031H

(CIHR Strategic Training Program - Health Care, Technology and Place)

(Graduate Departments of Health Policy, Management and Evaluation & Nursing)

Autumn Term 2005

Wednesday 1-3pm

Instructor: Drs. Gavin J Andrews and Peter Coyte

Contact details: Room 219
Faculty of Nursing
50 St George Street
416 946 8165
g.andrews@utoronto.ca

Course Description

During recent years, unprecedented demographic, technological, social and political transitions have radically altered the forms, ways and places in which health care is provided. Health professionals both work and research across a wider-range of settings often where, due to the introduction of new technologies, their physical co-presence is no longer necessary. The consequences of these changes have been that job roles have changed dramatically as well as workers' day-to-day interactions and relationships with both their colleagues and patients. With a conceptual emphasis on space and in particular place (as a complex social cultural and symbolic phenomenon), this course offers a multi-disciplinary perspective on these transitions. Different scales and forms of space and place in health care are emphasized as well as how they co-produce the nature of contemporary health care work.

Prior knowledge of health services research, disciplinary training in the social sciences and/or applied clinical sciences would facilitate, but are not essential to attaining the following course objectives:

Course Objectives

- Identify the major spatial transitions in health care work and the factors promoting these
- Identify the consequences of these transitions for the experiences of providing and receiving health care
- Identify and critique the different academic disciplines, traditions and paradigms in research on work and place

Specific Objective:

- Be able to conduct analysis, evaluations or research of health care work, with a conceptual understanding and emphasis on place

Course Content

Whilst lecture 1 provides a disciplinary introduction and context, lectures 2-6 focus on work in the context of different forms and scales of space and place. Lectures 7-9 focus on particular issues resulting from, or relating to, the changing nature of health care work, and lectures 10-13 are reserved for student presentations.

The objectives for individual lectures relate to identifying and understanding the issues discussed below:

Week 1 (Sept 14): Disciplinary configurations on health care work and place

Research on healthcare work and place may not be a truly transdisciplinary endeavor, yet few would deny that it has involved substantial contributions from a number of social science disciplines (including health geography, medical sociology, health economics, medical psychology, policy research) health professional research (including nursing, occupational therapy, social work) and clinical fields (including gerontology, pediatrics, oncology). This lecture seeks to unpack these different contributions, the subjects that are debated, the theories generated and the extent to which these strands of research are interwoven.

Week 2 (Sept 21). Area-based and distributive features of laborforce

Certain research located across the above sub-disciplines is focused at the macro-scale at politically defined jurisdictions (such as nations or regional subdivisions) and at labor needs and movements within and between them. With a particular emphasis on the laborforce requirements of Canada, this lecture focuses on a range of health professions. A particular critique is that research has sometimes assumed that spatially, the health service is an isotropic surface (i.e. space being conceptualized and measured mathematically as locations and distances). The lecture will identify the limitations of a

geometrically abstract view of space and will argue for the integration of a ‘place-sensitive’ approach to laborforce research and planning at various scales from nations to regions, cities, towns, institutions (and their sub-units) and community.

Week 3 (Sept 28). Working in Institutions

As nurse philosopher Joan Liashenko argues, an understanding of the relationship between place and health professional practice is tied to an understanding of the culture of institutions, since different institutions address diverse medical and community needs and operate and transform themselves in different ways. Such change, is facilitated by different managerial codes, themselves informed by different philosophies. Workers are not only part of the creation of such structural features that, in part, make institutional cultures, their agency in response helps make the dominant culture as well as sub and counter-cultures. This lecture seeks to unpack these complex situated dynamics. In particular, it considers the exertion and negotiation of power in the workplace and investigates the way in which power and control is exerted by institutions (for example through surveillance and penalization) and the ways in which, through performative labor relations, workers negotiate and resist using their own spatial practices.

Week 4 (Oct 5). Working at the Bedside

From the writings of Nightingale to recent research undertaken by nurses, it has been debated how the worker-patient relationship is spatially constituted. Spatial rituals, practices and proximities both affect and reflect such relationships. This lecture maps a new geography of caring interactions, and adds the necessary professional focus that has recently been lacking in recent so called “post-medical” geography of health. A notable extension will be the conceptualization of non-physical (imagined) place in healthcare practices, places where human co-presence (physical bodies in physical places) are no longer necessary for therapeutic affect.

Week 5 (Oct 12). Working in the Community

Healthcare workers are increasingly community-based, but what does this mean in terms of work patterns and practices? This lecture investigates community and neighborhood, how are they mobilized and how do they impact upon, assist or hinder healthcare work? Rurality and urbanicity are also investigated as important spatial contexts to community-based care.

Week 6 (Oct 19). Working in Cyberspace

Computer and other technology have clearly impacted on the nature and places of healthcare work, as it has on other professions. This lecture uses the work of Sandelowski to investigate the dynamics between presence, place and identity in contemporary ‘hi-tec’ practice. It will outline how as health professionals move into virtual environments to practice, there are implications for place, presence and intimacy because clinicians and patients meet to a less extent in physical proximal space. The lecture will investigate how contacts with the patients are increasingly through information encounters and how, at least to the public’s gaze, healthcare work increasingly disappears into ‘doneness’ often being unseen. This lecture will map a new cyber-geography of practice.

Week 7 (Oct 26). Placing the Evidence for Evidence-Based Practice

The aim of evidence-based practice is almost universally accepted by health professionals and motivates their research. What currently constitutes appropriate evidence is hotly contested in involving debates on the relative merits of investigations (qualitative and quantitative), interventions (such as

clinical trials) and evaluations (including economic). This lecture investigates the limitations of each type of evidence with respect to place differences, effects and specificity. Beyond the generalizability of 'data', an important question regards health professional roles and what is done with such evidence for practice. For example, the nature of how health professionals collect research evidence and apply it may differ geographically between individuals, institutions, regions and countries and involve different kinds of networking and information sources. Moreover, health professional roles may be defined differently by different employers. This lecture outlines the geographical considerations in the production and use of evidence.

Week 8 (Nov 2). Implications for Experiences and Outcomes

How do the various new spatial dimensions of health care work (as described above 1-6) impact upon the meaning and experience of contemporary work life? What can we expect from our work life? How might it change in future, particularly in terms of scope? Concurrently, how can we better prepare clinicians and researchers for the associated challenges?

Week 9 (Nov 9). Inputs, Outputs and Structures

How do the various new spatial dimensions of health care work (as described above 1-6) impact upon the ways in which health care work is planned, financed, regulated and managed and what are the implications for health outcomes (individual and population)?.

Weeks 10-13 Student Presentations

13 (Dec 7). Summary and Evaluations

(if there are too many to fit into these lectures, some will occur on the same day as the above lectures)

Methods of Evaluation

Students are evaluated on the basis of three assignments:

Assignment One: term paper proposal (25% of final grade)

Students will identify outline and justify their enquiry into a work and place related issue. The proposal should introduce the area selected, identify the avenues of inquiry and the approach to be taken. In particular, both the disciplinary perspective(s) and the theoretical framework should be outlined. The paper should also indicate which literatures will be reviewed, potential sources of this literature and the methods that will be adopted to collect this information.

The paper should be no more than 4 pages long (excluding references), typed and double spaced.

The proposal will be assessed on the basis of its relevance to both research and current health professional issues, the suitability of its theoretical framework and its potential to provide useful critical insights.

Due: Oct 19th

Assignment Two: oral presentation and class discussion (20% of final grade)

Students will present a critical review, for approximately 20 minutes, based on one of the core course themes, and then lead a class discussion for a further 30 minutes relating to the content of the presentation and the course more generally. Because of the types of themes covered by the course, the presentation may be focused on either a disciplinary, research or work issue. Students will select a date in conjunction with the instructor and other class members, and will provide the group with reading materials one week in advance.

The presentation and discussion may be conducted as a group assignment, with no more than two students comprising a group. If this method is chosen, the division of labour must be outlined in writing and submitted prior to the seminar.

Presentations will be assessed on their critical analysis and evaluation of the literature, and their overall clarity. The degree to which constructive discussion was facilitated will also be assessed

Occur: Nov16th to Dec 7th

Assignment Three: final term paper (55% of final grade)

Students will write a scholarly paper on their selected area of health care work and place. The content of this paper builds on their first assignment and should take into account the written feedback received.

The paper should be no more than 16 pages long (excluding references), typed and double-spaced

Papers will be assessed on how clearly the key questions are articulated, the scope and analytical depth of the literature review, how well the methods are described, justified and critiqued, the quality of the resulting discussion and conclusions and the extent to which they are connected to the analysis.

Due: Dec 7th

Additional work

Students will be expected to read at least two core readings prior to seminars. These may be identified and provided beforehand. Where full books are shown, specific chapters will be selected.

Grading Regulations (School of Graduate Studies)

Grade Meanings	Truncated Letter Grade Scale	Numerical Mark Scale
Excellent	A+	90-100%
	A	85-89%
	A-	80-84%
Good	B+	77-79%
	B	73-76%
	B-	70-72%
Inadequate	FZ	0-69%

Note: A penalty of 2% points per day will be deducted for assignments not submitted on or before the due date.

Reading List

Week 1. Disciplinary configurations on health care work and place

Andrews, G J 2005. Geographies of health in nursing *Health and Place* (in press)

Parr, H. 2003. Medical geography: care and caring. *Progress in Human Geography*, 27 (2), 212-221.

Andrews G J, Poland, B., Leheux, P, Holmes , D (2005) "Airplanes are flying nursing homes": geographies in the practices, concepts and locales of gerontological nursing *International Journal of Older People Nursing* (in press)

Dyck I O'Brien P 2003 Thinking about environment: incorporatinh geographies of disability into rehabilitation science *The Canadian Geographer*, 47, 4, 400-413

Week 2. Area-based and distributive features of laborforce

Upenieks, V. 2003a. The interrelationship of organizational characteristics of magnet hospitals, nursing leadership and nursing job satisfaction. *The Health Care Manager*, 22 (2), 83-98.

Buchan, J. 1999b. Still attractive after all these years? Magnet hospitals in a changing health care environment. *Journal of Advanced Nursing*, 30 (1), 100-108.

Radcliffe P. 1999. Geographical mobility, children and career progress in British professional nursing. *Journal of Advanced Nursing*, 30 (3), 758-768.

Kingma, M. 2001. Nursing migration: global treasure hunt or disaster in the making? *Nursing Inquiry*, 8 (4), 205-212.

O'Brien-Pallas, L. (2002) Where to from here? *Canadian Journal of Nursing Research*, 33(4), 3-14.

Andrews G J , Brodie D, Andrews J P, Thomas G, Wong J, Place(ment) matters: The impacts of students clinical placement experiences on their preference for first employer *International Nursing Review* (in press)

Mutha, S., Takayama, J.I., & O'Neil, E.H. (1997). Insights into medical students' career choices based on third-and fourth-year students' focus group discussions. *Academic Medicine*, 72(7), 635-640.

Week 3. Working in Institutions

Allen, D. 2004. Ethnomethodological insights into insider-outsider relationships in nursing ethnographies of healthcare settings. *Nursing Inquiry* 11, (1), 12-24.

Halford, S., Leonard, P. 2003. Space and place in the construction and performance of gendered nursing identities. *Journal of Advanced Nursing*, 42 (2), 201-208.

Affonso, D., Andrews, G. J., Jeffs, L. 2004. The urban geography of SARS: paradoxes and dilemmas in Toronto's healthcare. *Journal of Advanced Nursing* 45 (6), 1-11.

Herman-Brown, R., Brooks, I. 2002. The temporal landscape of night nursing. *Journal of Advanced Nursing*, 39 (4), 384-390.

Pryce, A. 2001. Governmentality, the iconography of sexual disease and 'duties' of the STI clinic *Nursing Inquiry*, 8 (3), 151-163.

Week 4. Working at the Bedside

Andrews, G. J. 2003. Nightingale's geography. *Nursing Inquiry* 10 (4), 270-274.

Malone R. 2003. Distal nursing. *Social Science and Medicine* 56 (11), 2317-2326

Liaschenko, J. 1994. The moral geography of home care. *Advances in Nursing Science* 17 (2), 16-25.

Liaschenko, J. 1997. Ethics and the geography of the nurse-patient relationship: spatial vulnerable and gendered space. *Scholarly Inquiry for Nursing Practice*, 11 (1), 45-59.

Peter E and Liaschenko J 2004. Paradoxes of proximity: a spatio-temporal analysis of moral distress and moral ambiguity. *Nursing Inquiry* 11, (4), 218-225

Andrews, G. J. 2004a. (Re)thinking the dynamic between healthcare and place: therapeutic geographies in treatment and care practices. *Area* 36, (3), 307-318

Week 5. Working in the Community

Poland, B., Leheux, P, Holmes , D Andrews, G. J 2004. How place matters: unpacking technology and power in health and social care. *Health and Social Care in the Community* (in press)

Andrews, G. J., Phillips, D. R. 2002. Changing local geographies of private residential care for older people 1983-1999: lessons for social policy in England and Wales. *Social Science and Medicine* 55, 63-78.

Angus, J. Kontos, P., Dyck, I., McKeever., P., Poland, B. 2005 The personal significance of home: Habitus and the experience of receiving long-term home care *Sociology of Health and Illness*, 27, 2, 161-187

Dyck, I., Kontos, P., Angus, J., McKeever, P (2005) The home as a site for long-term care: meanings and management of bodies and spaces. *Health and Place* 11, 2, 173-185

McGarry, J. 2003. The essence of 'community' within community nursing: a district nursing perspective. *Health and Social Care in the Community*, 11 (5), 423-430.

Peter E. 2002. The history of nursing in the home: revealing the significance of place in the expression of moral agency. *Nursing Inquiry*, 9 (2), 65-72.

MacIntyre S, Ellaway A, Cummins S Place effects on health: how can we conceptualise, operationalise and measure them? *Social Science and Medicine* 2002; 47, 3:287-301.

Week 6. Working in Cyberspace

Sandelowski, M. 2002. Visible humans, vanishing bodies and virtual nursing: complications of life, presence, place and identity. *Advances in Nursing Science*, 24 (3), 58-70.

Purkis, M. E. 1996. Nursing in quality space: technologies governing experiences of care. *Nursing Inquiry*, 3, 101-111.

Lakeman, R 1998. The internet: facilitating an international nursing culture for psychiatric nurses? *Computers in Nursing*, 16, 87-89

Lakeman, R. 2000. Charting the future today: psychiatric and mental health nurses in cyberspace. *Australian and New Zealand Journal of Mental Health Nursing*, 9, 42-50

Malone TW 2004. The Future of Work: How the New Order of Business Will Shape Your Organization, Your Management Style, and Your Life. Boston, MA: Harvard Business School Press.

Coiera E. 2004 Four rules for the reinvention of health care. *BMJ* 328:1197-1199

Jadad AR. 2004 A view from the Internet age: Let's build a health system that meets the needs of the next generation. *CMAJ*; 171: 1457-1458
[<http://www.cmaj.ca/cgi/reprint/171/12/1457>]

Week 7. Placing the Evidence for Evidence-Based Practice

Angus, J., Hodnett, E., O'Brien-Pallas, L. 2003 Implementing evidence-based nursing practice: a tale of two intrapartum nursing units. *Nursing Inquiry*, 10, 4, 218-228.

Sidani, S., Broden, C. J. 1998. Intervener and setting. In Sidani, S. and Broden, C. J Evaluating nursing interventions: a theory-driven approach. Thousand Oaks, California: SAGE

McKeever, P., Stevens B., Miller, K. L., MacDonnell, J., Gibbins, S., Guerriere, D., Dunn, M., Coyte, P. C. 2002. Home versus hospital lactation support for newborns: a randomized control trial *Birth*, 29 (4), 258-265.

Week 8. Implications for experiences and outcomes

Various authors 2005. Special edition of *Nursing Inquiry*: Nursing in cyberspace

Olsson and Hallberg 1998. Caring for demented people in their homes or in Sheltered accommodation as reflected on by homecare staff during clinical support sessions. *Journal of Advanced Nursing*, 27, 2, 241-252

Atack L (2003) Becoming a web-based learner: registered nurses experiences. *Journal of Advanced Nursing*, 44, 3, 289-297

Goslings S, Westbrook J and Spencer R 2004. Nurses use of online clinical evidence. *Journal of Advanced Nursing*, 47, 2, 201-211

Williams A and Sibbald B 1999. Changing roles and identities in Primary Health Care: exploring a culture of uncertainty. *Journal of Advanced Nursing*, 23, 3, 737-745

Strauss et al. (1982) sentimental work in the technologized hospital. *soc of health and illness*, 4,3, 254-78.

Tellioglu & Wagner (2001). work practices surrounding pacs: the politics of space in hospitals. *computer supported cooperative work*, 10, 163-88.

Week 9. Inputs, outputs and structures

Coyte PC, McKeever P: 2001 Home Care in Canada: Passing the Buck. *Canadian Journal of Nursing Research*, 33:2, 11-25, 2001.

Evans RG, Stoddart GL: 1990 Producing Health, Consuming Health Care. *Social Science and Medicine* 31:12, 1347-1363.

Phillips KA, et al: 1998 Understanding the Context of Health Care Utilization: Assessing Environmental and Provider-Related Variables in the Behavioural Model of Utilization. *Health Services Research* 33:3, 571-596.

Weissert W 1985 Seven Reasons Why it is so Difficult to Make Community-based Long-Term Care Cost-effective. *Health Services Research*, 20:4, 423-433.

Appendix 8: CHSRF CAN! Graduate Network

“Being involved as one of the network leaders was most rewarding. It was most gratifying to participate in a process whereby the CHSRF CAN network members themselves were responsible for determining (via survey) what type of activities they wanted funded. The resulting activities that received funding have undoubtedly served to strengthen and promote the CHSRF CAN network. I feel very fortunate to have been able to participate in one of these activities which involved providing an oral presentation at the IHEA 2005 World Congress in Barcelona.”

- **Carl Asche, Research Associate Professor, Director of Graduate Studies, Pharmacotherapy Outcomes Center, Department of Pharmacotherapy, University of Utah College of Pharmacy**

Appendix 8: CHSRF CAN! Graduate Network

At the CAHSPR conference in May 2004, Dr. Peter Coyte announced that he would provide \$10,000 per year for the next 6 years to support his student – alumni network. He appointed Andrée Mitchell as the network coordinator and Carl Asche, Michele Kohli, Linda Li, and Dara Zarnett as network leaders for the 2004/05 year. CHSRF Canadian Alumni Network (CHSRF CAN!) planned a number of activities over the next year to strengthen and promote the network.

The CHSRF CAN! network is made up of 43 members, including both students and alumni. In October 2004, the network leaders launched a survey of the network membership to find out more about the network members and to determine what type of activities they would like funded by the network. The survey was sent to a total of 33 members by email and 18 responses were received (response rate - 55% with 94% interested in participating).

The majority of network members live in the greater Toronto area, so the first network meeting was held in Toronto in 2005. Respondents felt that the meeting should include both social and research-related activities (guest speakers, debates on topical policy issues, member presentation of current research, panel discussions, workshops, forum for job searching). The most commonly attended conferences amongst survey respondents were CAHSPR, iHEA among others so members attended these conferences this year.

A list of names and email addresses may be added to the website in the future to facilitate contact amongst network members. Due to active interest, the manuscript review and the formal mentorship program were developed by the network leaders in 2005 and coordinated through the CHSRF CAN! Website. In January 2005 the new network website was launched to act as a central place to post all information about the network and its activities.

CHSRF CAN! Objectives:

- To support trainees in their pursuit of continuing education and placement opportunities,
- To market the research priorities and goals of the Program to other trainees,
- To foster career opportunities,
- To involve newcomers in the decision-making environment,
- To provide further opportunities for mentoring among Program participants within academic and decision-making environments,
- To promote and advertise the mandate of the program in the health and community care communities.

2004-2005 Leaders Terms of Reference

CHSRF CAN ! LEADERS

AUTHORITY/RESPONSIBILITY: As a CHSRF CAN! Leader, he / she acts in a position of trust for the membership and is responsible for the effective governance of the group.

QUALIFICATIONS: A qualified candidate must be a current member of CHSRF CAN!. The candidate must be committed to complete the full term.

TERM: Leaders are selected / appointed by Peter Coyte and Program Coordinator. Each leader serves for a one-year term. Individuals may be re-appointed for one additional term.

REQUIREMENTS:

- Commit to the work of CHSRF CAN!
- Willing to participate in the ongoing development of the group
- Willing to attend monthly leaders meetings and participate in discussions
- Willing to commit 3 hours per month for CHSRF CAN! activities
- Publicly support activities developed or endorsed by CHSRF CAN!

MAJOR DUTIES:

- Oversee activities of CHSRF CAN!
- Establish overall long and short term goals, objectives and priorities for the group
- Coordinate the call for application and review for the annual funding competition.
- Consult with members about CHSRF CAN ! activities and ensure that the needs of the membership are met
- Develop, maintain, and evaluate opportunities to foster mentoring among members
- Recruit new members and promote the membership through community networking
- Be accountable to the CHRSF Chair for the funds expended
- Be accountable and seek nominations for the appointment of new leaders when appropriate

Carl Asche

Dr. Carl Asche is an Associate Professor in the Department of Pharmacotherapy at the College of Pharmacy, University of Utah, Salt Lake City. In 1993, he received his M.Sc. (Health Economics) from the University of York (U.K.) and in 2002 he earned his Ph.D. (Economics) from the University of Surrey (U.K.). Carl has published widely, particularly in the fields of pharmacoeconomics and health services research. Prior to moving to Utah, he served as Manager of Health Economics and Outcomes Research at Aventis Pharmaceuticals (2000-2004) and the Bristol-Myers Squibb Pharmaceutical Group (1997-2000), where he managed health economics and outcomes research applied to both research & development (R&D) and customer marketing areas. In addition, Carl has worked as a Research Coordinator (1995-1997) at the University of Toronto, an Economist (1992-1994) for Alberta Health and as a Administrative Resident (1991) at the Vancouver General Hospital and Health Sciences Center.

Michele Kohli

Michele Kohli is currently completing her PhD under the supervision of Dr. Peter Coyte. For her thesis work, she is looking at priority setting in home care in Ontario, using both qualitative and quantitative methods.

Linda Li

Linda Li is a CIHR-funded Post-doctoral Fellow in the Clinical Epidemiology Program, Ottawa Health Research Institute. She completed her Ph.D. degree in Clinical Epidemiology at the Department of Health Policy, Management, and Evaluation, University of Toronto. She is also a physiotherapist at The Arthritis Society, Ontario Division, and a Lecturer (status-only appointment) at the Department of Physical Therapy, University of Toronto. Her current research activities include evaluation of rehabilitation services models for the management of rheumatoid arthritis and the use of non-pharmacological treatment among people with arthritis, and economic evaluation. Her post-doctoral training focuses on the influence of organizational structure and behaviours on the implementation of best practice information in clinical settings.

Dara Zarnett

Dara Zarnett recently completed her MSc under the supervision of Dr. Peter Coyte where she examined the effects of competition on community-based nursing wages in the Ontario home care system. She is currently working as a research coordinator at the Department of Health Policy, Management and Evaluation at the University of Toronto.

CHSRF CAN! Activities

1. CHSRF CAN! Mentorship Program

One of the goals of CHSRF CAN! is to foster collaborations amongst network members so that network members can informally mentor each other. The CHSRF CAN! network has 33 members who are in various stages of their careers. Collectively, there is a very rich range of experiences. In order to foster mentorship activities between network members, the leaders have launched a formal "Mentorship Program".

The purpose of the program is to link individuals seeking advice about future training or employment opportunities to others who have agreed to participate as mentors. Through this program, alumni are able to share their post-graduation experiences with current students at conferences or through email discussions.

Objective

The objective of the Mentorship Program is to foster mentorship between members of the CHSRF CAN! network. This will be achieved by linking individuals in the network seeking advice about future career options (e.g. students (MSc, PhD, or Post-Doctoral) or individuals considering a career change) to others in the network who are already in training programs or the workplace.

Description of the Mentorship Program

Program Coordinator

The program will be maintained by the CHSRF CAN! leader who is the designated as the mentorship program coordinator (referred to as the "coordinator" throughout this document). The coordinator will be appointed by consensus of the CHSRF CAN! leaders on an annual basis. One individual may act as the coordinator throughout the entire term as leader.

Mentors

Mentors can be any individuals in the CHSRF CAN! network who are willing to provide career advice to more junior members of the network. PhD students, Post-Doctoral students, individuals employed in academic settings, and individuals employed in non-academic settings may act as mentors.

Information on Mentors

The coordinator will maintain an Excel spreadsheet of information on individuals within the network who are willing to participate as mentors. The following information will be collected from all mentors:

- Full name of Mentor
- Current Position and Affiliation
- Email address (to be used by potential mentees to contact the mentor)
- A list of keywords that describe your current work duties of the mentor (or describe program of study in the case of current PhD or Post-Doctoral Students)
- A list of key words that describe other work (or study) experiences of the mentor

The coordinator will email members of the CHSRF CAN! network on a biannual basis (in May and November) asking new individuals to join the program as mentors. This email may be distributed as part of the CHSRF CAN! email newsletter and announcements. The coordinator will email all

current mentors individually on a biannual basis (in May and November) to ensure information in the spreadsheet is correct. At this time, they will also ask mentors to comment on the Mentorship Program. Individuals may be added or removed from the list of mentors at any time by contacting the coordinator. A mentor can also ask the coordinator to temporarily refrain from releasing their name to potential interested candidates if they are being contacted by too many individuals.

Duties of Mentors and Candidates

In order to participate in the program, potential candidates will email the coordinator. They will indicate the type of mentor that they are looking for. They must specify, for example, if they are looking for advice on future training opportunities (PhD or Post-Doctoral) or future employment opportunities (academic or non-academic). The coordinator will send them the name, position, affiliation, contact information keyword descriptors of individual mentors that they may be interested in contacting. After the candidate has contacted the individuals, they will send a brief evaluation of their experience to the coordinator indicating whether they were able to speak to the mentor and whether they found the experience worthwhile.

2. CHSRF CAN! Broadcast E-Mail

The email is an information source for research funding opportunities, new publications, interdisciplinary seminars, and conference announcements pertinent to the interconnections of Canadian Health Services Research.

University of Toronto, Dept. of Health Policy, Management and Evaluation, Faculty of Medicine, 155 College St., Suite 425,
Toronto, Ontario, M5T 3M6 Tel: 416-946-7948 Fax: 416- 978-7350
peter.coyte@utoronto.ca www.hcerc.utoronto.ca

Peter Coyte's CHSRF CAN! Broadcast Email – February 2, 2006

1. Location Change
2. CAHSPR's Conference - Vancouver B.C.
3. CHSRF CAN! Genesis Fellowship Award
4. CHSRF CAN! Graduate Network Application
5. Peter's Sabbatical Leave

1. Location Change

We have MOVED office location. Please note address and phone number changes!

CHSRF/CIHR Health Services Chair and
Dept. of Health Policy, Management and Evaluation
Faculty of Medicine, University of Toronto
155 College Street, Suite 410
Toronto, ON, M5T 3M6
TEL: 416.946.7948 FAX: 416.978.7350

2. CAHSPR's Conference - Vancouver B.C.

Please visit the website at: <http://cahspr.ca> for information about the 2006 Annual CAHSPR Conference, September 17-19, in Vancouver, BC. The call for abstracts and conference details will be posted soon! The Conference will include: plenary and panel sessions featuring high profile presenters, concurrent sessions focusing on profiling new and emerging researchers (those without tenure) and poster sessions. Examples of subject areas include patient safety and quality of care, accountability, governance, accessibility, approaches to building research capacity, methods for developing/implementing best practices, health research career pathways, global health, pharmaceutical policy and primary care.

3. CHSRF CAN! Genesis Fellowship Award

It is that time! The Genesis Fellowship Research Training Award program is targeted to high-achieving Master and Doctoral level trainees engaged in health services and policy research in the area of health care settings. All applications must be submitted by March 31, 2006. The applications review team includes decision-maker partner from The Change Foundation. Participation from decision-makers in the selection of trainees marks an important next step in integrating linkage and exchange activities with the training component of the Chair's program and will help in the early identification of students who are most suitable for internships with decision-maker organizations. Please visit our website for more information and application form. All completed applications should be sent to Andrée at andree.mitchell@utoronto.ca or fax to 416-978-7350.

4. CHSRF CAN! Graduate Network Application

Are you planning on attending the CAHSPR Conference or another conference? You are eligible for funding through the CHSRF CAN! Network. CAHSPR Applicants can apply to receive funding towards your expenses. Funding applications can be found online at <http://www.hcerc.utoronto.ca/CHSRFCAN.htm>. The deadline to apply is February 27th. All completed funding applications should be sent to Andrée at andree.mitchell@utoronto.ca or fax to 416-978-7350.

3. CHSRF CAN! Awards

Graduate Network Application Form

Funds Available: Maximum \$1,000.00 annually.

Guidelines for Proposal:

- Proposal activity must promote linkages with academics and decision-makers.
- Education/mentoring and linkage/ exchange activities will be given priority over research activities.
- Dr. Coyte and Andrée Mitchell (Coordinator) will review requests as they are submitted throughout the year. All applications must be submitted **February 28, 2005 and August 5th 2005**. Peter and Andrée will review the proposals within a month.
- Outcomes of research or projects must be reported for CHSRF Chair program evaluation purposes and reports.

To apply for funding please complete the attached form and an itemized budget. Send two copies to:
CHSRF CAN! – Peter Coyte's Health Services Chair
Dept. of Health Policy, Management and Evaluation
Faculty of Medicine, University of Toronto
155 College St., 4th Floor, M5T 3M6
FAX: 416.978.7350

For more information contact: Andrée Mitchell (416) 978.1459, andree.mitchell@utoronto.ca

EXAMPLES FOR USE OF FUNDS:

- Research
- Equipment
- Professional skills development
- Program advertisements
- Journal club start-up
- Knowledge exchange activities
- Conferences (CAHSPR, iHEA, etc.)

List of people who have received funding to attend and present at conferences:

International Health Economics Association conference in Barcelona from July 10th to 13th, 2005.

- Carl Asche - attend and presentation (organized session)
- Michele Kohli - attend and presentation (organized session)
- Greg Payne - attend and presentation (poster presentation)
- Dara Zarnett - present Master of Science thesis at an organized session.

Canadian Association for Health Services and Policy Research conference in Montreal from September 16th to 18th, 2005.

- Robert Balogh - attend
- Vivian Leong – attend
- Meghan McMahon - attend
- Greg Payne - attend and oral presentation
- Julie Polisena - attend and oral presentation
- Wendy Ungar - attend and oral and poster presentation
- Ada Wong - attend and oral presentation (organized session)

- Dara Zarnett - attend and presentation (organized session)

International Conference on the Scientific Basis of Health Services conference in Montreal from September 18th to 20th, 2005.

- Ada Wong - attendance and oral presentation(organized session)

International Society for Pharmacoeconomics and Outcomes Research Annual Meeting, Washington, DC, from May 15th to 18th, 2005.

- Charly Piwko – attend and presentation

Economics of Population Health hosted by the American Society of Health Economists at the University of Wisconsin, Madison, June, 2006.

- Dara Zarnett – oral presentation

Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, Vancouver, February, 2006.

- Meghan McMahon – poster presentation
- Vivian Leong – attend
- Wendy Young – poster presentation

Appendix 9:
Curriculum Vitae Workshop 2005/06

Appendix 9: Curriculum Vitae Workshop 2005/06

February 2006, Dr. Peter Coyte led a C.V. workshop – *We See You Through Your C.V.* It has been an annual two-hour workshop discussing the important elements of C.V. and cover letter writing. The workshop commenced in September 2004 and will continue to run until the end of the program.

List of Attendees

2005/06

Name	Department	Degree	Email
Maria Sabaye	Biochemistry	PD Student	msabaye@chemistry.utoronto.ca
Hans Oh	HPME	PhD Student	hansmixer@gmail.com
Lara Varpio	English	PhD Student	lkvarpio@yahoo.com
Paula Gardner	PHS		paula.gardner@utoronto.ca
Andrea Vick	Social Work	PhD Candidate	vickiivick2@hotmail.com
Sarwar Hussain	Pharmaceutical Science	PhD Candidate	Sarwar_Hussain@camh.net
Della Kwan	Pharmaceutical Science	MSc.	della.kwan@rogers.com
Alexandra Rowland	IMS	PhD Student	alexandra.rowland@utoronto.ca
Melissa Redmond	Social Work	PhD Student	melissa.redmond@utoronto.ca
Catherine Li	IMS	PhD	catherine.li@sickkids.ca
Cathy Boscarino	IMS	PhD Student	Cathy.boscarino@utoronto.ca
Raquel ShawMoxam	College of Physicians and Surgeons	Research Coord	RSHAWMOXAM@cpso.on.ca
Jon Ellis	IBBME	PhD Candidate	jon.ellis@utoronto.ca
Amirreza Golpaygan	Mechanical and Industrial Engineering & IBBME		golpagan@mie.utoronto.ca
Kristen Berg	FSW	PhD Candidate	kristenberg@gmail.com
Powadiuk	Social Work	Masters	kpow@ica.net
Tilak Dutta	Mechanical and Industrial Engineering		tilak.dutta@gmail.com
Diane Wong	Biochemistry	MSc Candidate	meimei.wong@utoronto.ca
Xiaochu Zhang	IMS	Master's	xiaochu.zhang@utoronto.ca
Maryam Zarghooni	LMP		mzargh@hotmail.com
Artur Gevorgyan			artur.gevorgyan@utoronto.ca
Andrea Day	TGH	Fellow	andreaarday@hotmail.com
Adelaide Yiu	IMS		adelaide.yiu@rogers.com
Christopher Tsang	Biochemistry	PhD	christopher.tsang@utoronto.ca
Payman Bokaei	IMS	PhD Candidate	payman.baradar@utoronto.ca
Emilia Alvarez	FSW		emilia.alvarez@utoronto.ca
Conny	Psychology	Grad Student	constanze.hahn@utoronto.ca
Jason Belkas	SickKids	PhD Candidate	jbelkas@gmail.com
Nedzad Pojskic	Pharmaceutical Science	Grad Student	nedzad.pojskic@utoronto.ca
Ingrid Goh	Pharmaceutical Science	PhD Student	ingrid.goh@utoronto.ca
Patricia Rose	IMS		prose@uhnres.utoronto.ca
Andrea Stone	HCTP Fellow		gogostone@sympatico.ca
Michael Mendicino	Immunology	PhD Student	michael.mendicino@utoronto.ca
Kirstin Borgerson	HCTP Fellow	PhD Student	kirstin@chass.utoronto.ca
Farah Ahmad	HCTP Fellow		Ahmadf@smh.toronto.on.ca

2004/05

Name	Department	Email
Laura O'Grady	Ontario Institute for Studies in Education	logrady@oise.utoronto.ca
Brandi Row	HCTP Fellow	brandi.row@sw.ca
Kiran Van Rijn	HCTP Fellow	kiran.vanrijn@utoronto.ca
Jill Cameron	Toronto Rehabilitation Institute	cameron.jill@torontorehab.on.ca
Meredith Lilly	Health Policy, Management and Evaluation	meredith.lilly@utoronto.ca
Mary Carolan	HCTP Fellow	m.carolan1@pgrad.unimelb.edu.au
Susanna Tam	Health Policy, Management and Evaluation	susanna.tam@utoronto.ca
Julie Polisena	Health Policy, Management and Evaluation	julie.polisena@utoronto.ca
Andrea Cortinois	HCTP Fellow	a.cortinois@utoronto.ca
Lara Varpio	HCTP Fellow	lkvarpio@yahoo.com
Hilde Zitzelsberger	HCTP Fellow	h.zitzelsberger@utoronto.ca
Dara Zarnett	Health Policy, Management and Evaluation	dara.zarnett@utoronto.ca
Jorge Silva	HCTP Fellow	jorge.silva@utoronto.ca
Greg Payne	Health Policy, Management and Evaluation	greg.payne@utoronto.ca
Josephine Wong	Public Health Sciences	jph.wong@sympatico.ca
Jeffrey Aguinaldo	Public Health Sciences	jeffrey.aguinaldo@utoronto.ca
Fiona Schulte	Public Health Sciences	Fiona_Schulte@camh.net
Jackie Bender	Public Health Sciences	jackie_bender@yahoo.com
Pia Kontos	Health Care, Technology and Place Fellow	kontos.pia@torontorehab.on.ca
Barb Gibson	Health Care, Technology and Place Fellow	barbara.gibson@utoronto.ca
Stephanie Nixon	Public Health Sciences	stephanie.nixon@utoronto.ca

Table of Contents

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Introduction

“We See You Through Your C.V.”

Learn the elements of a professional Curriculum Vitae and the art of writing cover letters through assessment of sample CV's and discussion. This workshop is open to HCTP Fellows and Friends.

Purpose:

To discuss the elements of a professional Curriculum Vitae and the art of writing cover letters

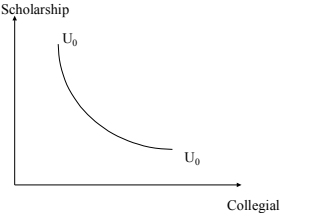
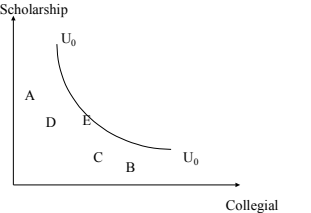
Session Break Down:

Tips on the Creation of your Curriculum Vitae
Writing Your Cover Letter
Facilitated Panel Discussion

Topics Covered

How to Write a Curriculum Vitae
CV Examples: Various Disciplines and Formats
Transferable Skills
University of Toronto: Promotions Manual
Resume Choices and Examples
University of Toronto Career Centre
CV Dissection

PowerPoint Slides

<p style="text-align: center;">We See You Through Your CV</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Peter C. Coyte Professor of Health Economics CHSRE/CIHR Health Services Chair Co-Director, CIHR Strategic Research and Training Program in Health Care, Technology and Place Department of Health Policy, Management, & Evaluation Faculties of Medicine and Nursing University of Toronto</p> <p>February 2, 2006</p> <p>peter.coyte@utoronto.ca www.hcerc.utoronto.ca www.hctp.utoronto.ca</p> </div>	<p style="text-align: center;">Purpose</p> <p>The purpose of this workshop is to discuss the elements of a professional Curriculum Vitae and the writing of cover letters.</p>	<p style="text-align: center;">Outline</p> <ul style="list-style-type: none"> • Hour One: Tips on the Creation of Your Curriculum Vitae. Writing Your Cover Letter. • Hour Two: Facilitated Panel Discussion
<p style="text-align: center;">Curriculum Vitae</p> <p>Your CV is the canvas on which you present yourself to a prospective employer; it is your marketing tool.</p> <p>Also, it's ".....a statement of facts designed to sell your unique mix of education, experience, accomplishments, and skills to a prospective employer." RS and K Hansen</p>	<p style="text-align: center;">Curriculum Vitae: Format</p> <p>The format you use for your CV refers to the:</p> <ol style="list-style-type: none"> 1. Content of your CV; and 2. Its layout. 	<p style="text-align: center;">Curriculum Vitae: Content I</p> <ul style="list-style-type: none"> • Does your CV tell your story in 20 Seconds or Less? • Be focused, clear, concise, clean, and organized. • Ensure that all relevant accomplishments are included. Don't include your date of birth or religion. Do include a short statement of your interests/hobbies.
<p style="text-align: center;">Curriculum Vitae: Content II</p> <ul style="list-style-type: none"> • Education • Research Training • Positions Held • Publications • Awards Received • Research Funding Received/Pending • Presentations/Posters • Teaching Activities and Interests • Professional Service • Other Transferable Skills Acquired 	<p style="text-align: center;">Curriculum Vitae: Content III</p> <p>Other Transferable Skills Acquired:</p> <ul style="list-style-type: none"> • Learning Quickly; • Synthesizing Information; • Problem Solving; • Dealing with Complexity, Ambiguity, & Uncertainty; • Leadership and Managerial Skills; • People Skills, incl. Persuasion, Tact, & Counseling; & • Personal Qualities, such as Self-Discipline, Self-Motivation, Initiative, Creativity, Focus, Stamina, & Independence. 	<p style="text-align: center;">Curriculum Vitae: Layout</p> <p>Style is important, but it should not be an exercise in fontification.</p>
<p style="text-align: center;">Objectives on Your CV?</p> <ul style="list-style-type: none"> • If you were to include an objective: Be specific and not vague; Take the employer's perspective, ie what you would contribute to the organization; Be concise; and Be the focus of your CV (ie tip of the iceberg). • If an objective were not included in your CV, then it should be in your cover letter. 	<p style="text-align: center;">Scholarship Role</p> <ul style="list-style-type: none"> • Senior Responsible Author (ie supervisor): <ul style="list-style-type: none"> – Directs investigation; funds research; supervises the laboratory; major role in data analysis; & submits publication. • Principal Author (ie first author): <ul style="list-style-type: none"> – Conducts the research, data analysis and the drafting of the manuscript. • Co-Principal Author: <ul style="list-style-type: none"> – Contributes materially to the research, data analysis and the drafting of the manuscript. • Collaborator: <ul style="list-style-type: none"> – Contributes to the research but does not have a major conceptual role. 	<p style="text-align: center;">Contribution to Scholarship</p> <p>Contribution to Scholarship (from JAMA):</p> <ul style="list-style-type: none"> – Conception and design – Data acquisition – Analysis and interpretation of data – Drafting the manuscript – Critical revision for important intellectual content – Statistical analysis – Obtaining funding – Administrative, technical or material support – Supervision
<p style="text-align: center;">Scholarship-Collegial Trade-off</p> 	<p style="text-align: center;">Scholarship-Collegial Trade-off</p> 	<p style="text-align: center;">Cover Letter: First Impressions Count!</p> <ul style="list-style-type: none"> • You cover letter is probably the most important letter you will write, so don't leave it to the last minute. • Your CV will generally be read after your cover letter, its intent is to introduce you to your prospective employer. • Ensure that your letter is NOT longer than 2-pages.

<p style="text-align: center;">Cover Letter: Four Components</p> <ol style="list-style-type: none"> 1. Acknowledge the reason for your inquiry; 2. Describe your thesis and research experience; 3. Describe you teaching experience and interests; 4. Conclude by adding other relevant accomplishments that you would like to profile, and end by indicating how and when you will follow-up. 	<p style="text-align: center;">Curriculum Vitae Workshop Panel Members</p> <ul style="list-style-type: none"> • <i>Humanities:</i> Gavin Andrews, Associate Professor, Faculty of Nursing • <i>Social Sciences:</i> Audrey Laporte, Assistant Professor, Department of Health Policy, Management and Evaluation 	<p style="text-align: center;">Curriculum Vitae Workshop Panel Discussion</p> <ol style="list-style-type: none"> 1. How do faculty create their CVs? <ul style="list-style-type: none"> – What “tips of the trade” do you have for doctoral or post-doctoral fellows? 2. What do you look for in a CV when you evaluate other scholars as: <ul style="list-style-type: none"> – Potential recruits; – Salary/career award applicants; – Operating grant applicants; or – Promotion/tenure candidates?
<p style="text-align: center;">CV Dissection</p> <ul style="list-style-type: none"> • Julia Abelson: Assistant Professor, McMaster University www.chepa.org/cv/people_abelson_cv_2003-10-31.pdf • Robert Gross: Assistant Professor, Emory University www.bmc.ufl.edu/documents/gross_re_cv.pdf 	<p style="text-align: center;">Review Committee Discussion Concerning Drs. Julia Abelson and Robert Gross</p> <ul style="list-style-type: none"> • Julia Abelson: Assistant Professor, McMaster University Canada Research Chair (Tier II) • Robert Gross: Assistant Professor, Emory University Promotion to Associate Professor 	<p style="text-align: center;">Curriculum Vitae Assessment: I</p> <ul style="list-style-type: none"> • Research: Publications Compute a 3-year moving average of publications (by category) to yield: total publications; total “quality” publications; total 1st (or senior) authored publications; total 1st (or senior) authored quality publications; & Impact factors for: “quality”, 1st (or senior) authored, & 1st (or senior) authored quality pubs.
<p style="text-align: center;">Curriculum Vitae Assessment: II</p> <ul style="list-style-type: none"> • Research: Funding: Compute a 3-year moving average for each funding category to yield: total operating grants awarded (# and \$); total operating grants from national peer-review agencies; total operating grants as a PI from national agencies; & Impact factors for: grants from national agencies, as PI, & as PI on national agency grants. 	<p style="text-align: center;">Curriculum Vitae Assessment: III</p> <ul style="list-style-type: none"> • Research: Presentations: Compute a time sensitive assessment of presentations and categorize each presentations as: Local; Provincial: in Ontario but outside of Toronto; National: in Canada but outside of Ontario; and International. Over time there is the expectation that the proportion of presentations will shift from local towards international, and that the number of presentations would grow. 	<p style="text-align: center;">Curriculum Vitae Assessment: IV</p> <ul style="list-style-type: none"> • Creative Professional Activity: Describe and measure the effect of various scholarly, mentoring, knowledge dissemination and knowledge brokering activities on the fields of clinical, disciplinary and/or professional practice. Assess the scale of such impacts, ie have the effects been at the local, provincial, national or international level.

Results from the C.V. Workshop Survey 2004/05

1. Did you find the C.V. booklet useful?

- Yes, good examples were provided
- Looks like a good resource to have for future reference
- Shared the information with other students in department
- Yes, I frequently refer to it.

2. Have you used the C.V. booklet since the workshop?

- Yes = 50%
- No = 50%

3. Did you find the C.V. booklet informative? What did you like in particular?

- Yes = 100%
- Examples of style and format
- Learning the academic format for C.V. writing
- Seeing the varying examples of C.V. formats
- Liked the real examples of C.V.'s related to the health field
- Very thorough
- How to write a C.V. section

4. How can the booklet be improved?

- Too much in it, more condensed
- It could include more of a variety of disciplines in it's examples
- More examples of cover letters and the other pieces that go into an academic dossier – cover letter, statement of teaching philosophy, etc.
- If possible, an electronic version.
- More examples, I would particularly like to see how a C.V. would change at different stages of an academic's career (e.g., upon first graduating, applying for first year researcher/faculty position, tenure, full professorship, and so on).
- Only by making it smaller. Maybe just a description of where to find the U of T career centre info, instead of printing it all, since a lot of it repeats what has already been said in the booklet presentation
- Be more specific

5. Is the booklet something you can use in the future?

- Yes = 100%

6. Did you find the speakers helpful (Elizabeth Harvey, Audrey Laporte, and Alex Mihailidis)? If so, how were they helpful?

- Yes = 100%
- Showed what differences and similarities that different disciplines emphasize
- Nice to get other people's input and insight

- It was helpful to hear about C.V. evaluation by someone who is within academics. Also it was great to see how similar the speakers' evaluations were on some aspects, yet how discipline-specific some issues were
- Provided some useful insights about how things really work
- Very helpful. I liked their thoughts on cross-disciplinary differences and disciplinary 'migration'
- By providing context and answering some of the more specific questions about how to cite academic work, and what hiring committees look for

7. Did you find the C.V. workshop helpful/ useful?

- Yes = 100%

8. Was there sufficient amount of time for discussion and questions? If no, suggest an appropriate time frame.

- Yes = 92%
- No = 8 %
- This easily could be a half day workshop depending on how much depth/detail you're prepared to provide
- I would have liked to spend more time examining a particular C.V. a little more in-depth. We started to do that, but only near the end of the seminar.

9. What did you enjoy most about the workshop?

- Learning all the details that I might have thought unimportant
- The discussion and question period
- Question period where people with a variety of background and experiences shared issues they had with constructing their C.V.
- The question-answer session was crucial, since some ask questions that are on all of our minds, and others ask questions that we haven't considered, but find important.
- The direct feedback from the three discussants and the facilitator.

10. What did you least enjoy about the workshop?

- The location, difficult for discussion and looking at the screen
- I expected more discussion on resume/ cover letter
- The setting/ location. It was very cramped.
- Too much introduction into C.V. making. At the graduate level, I think it's safe to assume we already have some knowledge of C.V. building.
- Having three speakers, they all wanted to say more or less the same type of things. Maybe two would be enough next time.

11. Would you be interested in bringing in your own C.V. next year for criticism?

- Definitely
- I actually thought we were supposed to do that this year. I think it would have been more helpful if we could review our own C.V. and gain feedback on how to improve it.

- I think it's useful for us to practice dropping our hesitation while being evaluated by our peers and superiors. It would be a great exercise.
- I think this is a very good idea, as "it depends" what was the standard answer given for a lot of questions. Getting critiqued on my own C.V. would clear up some of this ambiguity.

12. Is this something we should do annually?

- Yes = 83%
- No = 17%

13. Overall were you satisfied with what you learnt from the C.V. workshop?

- Yes = 100%
- It would be a great exercise for our C.V.s to be submitted ahead of time to a panel of experts who are participating in the workshop, so that we can get individualized feedback on content/ organization/ style etc. That would require extra preparation time, but I think the fellows would be enthusiastic about an opportunity like this.
- Excellent workshop and the booklet is most helpful
- I'm not sure I would come annually, but I definitely found it valuable.

14. Overall, how would you rate this workshop?

- Excellent = 33%
- Very good = 50%
- Good = 17%

15. Please list workshop topics that you think would be useful in the future?

- Have a human resource personnel/ administrator to share what they look for in C.V.s.
- Interview preparation, resume, cover letter, and interview process
- Poster presentation techniques, grant writing workshop
- I think it be great to experiment with a "Dissecting the Discourse of our Disciplines" workshop...we could have researchers of each discipline within HCTP present some of the biases/language differences common in their field. It would be a great way to see how our language converges and diverges.... The speaker could communicate ahead of time so that the presentations are complimentary.
- Preparing papers for publication
- Preparing a teaching dossier, preparing for your first application for a faculty position, identifying and addressing "weak" spots in your academic C.V. (i.e. how to go about getting the relevant experience).
- More depth on publications/ presentations work sharing, percentage contribution, author order, credit etc.

16. Were you happy with the C.V. workshop location/ food?

- Yes = 83%
- No = 17%
- Food was okay but location and seating was very awkward
- It was a great perk to have drink service. The snacks weren't so vegan friendly.

- All very good
- While the Faculty Club was very nice and food/drink is always appreciated, a seminar room without good would be fine too.

17. Comments/ Feedback:

- I don't think its necessary to make this an annual workshop since what we've learned this year will carry us through for awhile (unless there is new information/ updates). However, I would suggest to include this workshop as new graduate student orientation so that all new students will get to learn this skill and current students can always join in as a refresher. I would suggest having this survey soon after the workshop. It's a bit difficult to remember the actual experience after all this time.
- Thanks for preparing these workshops for us! They do make a difference as we set out to understand what to expect over the next steps of our adventures within academia.
- This was an excellent workshop. I am very glad to have had this opportunity.

Appendix 10: Research Assistants

“Working with Dr. Coyte these past few months has been a pleasure. I have improved my research skills and gained a valuable learning experience. Dr. Coyte introduced me to aspects of health care which I had not considered before. As a mentor, he has always been supportive and considerate.”

**- Karen Arcot, Research Intern,
Faculty of Arts and Science
University of Toronto**

“Working for Dr. Peter Coyte has truly been a great learning experience. During the few months that I have been working for Dr. Coyte, I have gained a great deal of insight on research techniques and I have developed stronger analytical skills. I have been very fortunate to have this opportunity because it is through him that I have been introduced to broader areas of research and gained experience in the health care field.”

**-Venika Manoharan, Research Intern,
Faculty of Arts and Science
University of Toronto**

Appendix 10: Research Assistants

2005/06

**Jenny Korolik
Karen Arcot
Angela Falconi
Venika Manoharan
Karen-Lee Miller
Warapong Wongwachara
Varitha Ganlayanasant
Wanrudee Isaranuwatthai**

Jenny Korolik – Program Clerk

Jenny Korolik is the Program Clerk for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair. She has been working with Dr. Coyte since June 2003. In 2003, Jenny graduated from Loretto Abbey Catholic Secondary School with her Ontario Secondary School Diploma. She continued her studies on a part time basis and of 2005 started, in the fall, her undergraduate degree in Sociology at Wilfred Laurier University. As a program clerk for the Department of Health Policy, Management and Evaluation, University of Toronto, her responsibilities included: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities as well as maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest as well as distribution of the digest. As an executive assistant for the Canadian Association for Health Services and Policy Research (CAHSPR)/ University of Toronto her responsibilities included: maintaining and updating members database and processing membership/conference payments. She also assisted in the preparation for the CAHSPR conference in Montreal, May 2004.

Karen Arcot - Program Clerk

Karen Arcot is currently the Program Clerk for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair. She has been working with Dr. Coyte since September 2005. In 2003, Karen graduated from University of Toronto Schools as an Ontario Scholar. She is currently in her third year of a Neuroscience specialization undergraduate degree at the University of Toronto. As a Program Clerk for the Department of Health Policy, Management and Evaluation, University of Toronto, her responsibilities include: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities, and compiling information for the CHSRF Annual Report.

Angela Falconi – Research Assistant

Angela Falconi is currently working for Dr. Peter Coyte as a research assistant for the CIHR-funded project entitled, 'Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care.' As research officer for the Toronto site, her primary function is to recruit and interview the caregivers of all new palliative cancer patients at the Temmy Latner Centre for Palliative Care as participants in

the study. She conducts telephone interviews with the participants every two weeks for the duration of their patient's enrollment to the palliative care program. During each interview, she administers the Ambulatory and Home Care Record (AHCR), the Quality of End-of-life care and Satisfaction with Treatment (QUEST) scale, the Edmonton Symptom Assessment Scale (ESAS), and the Palliative Performance Scale (PPS v2). She maintains the data collected from these questionnaires, which will be used to look at trends in cost, satisfaction, and quality of care over the course of time that an individual is receiving palliative care services. Additionally, she is responsible for various administrative duties and research support related to the 'Cost and Quality' project. Her previous work experience includes working as a Data Research Specialist for Formedic-PTM, which is a healthcare marketing company located in Markham, Ontario.

Venika Manoharan - Program Clerk

Venika Manoharan is currently the Program Clerk for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair. She is a third year student from University of Toronto in the process of completing her Major in Human Biology and Economics, as well as a minor in Anthropology. As a Program Clerk for the Department of Health Policy, Management and Evaluation, University of Toronto, her responsibilities include: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities; as well maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest, as well as distribution of the digest. As an Assistant Administrator/Marketing Coordinator for the Canadian Diabetes Association, her responsibilities included: creating and publishing brochures for a new program in collaboration with selected pharmacies, writing articles for website posting and Readers Digest, assisting in preparing annual report for the Get Off Your Buttathon (GOYB), industry research for next year's GOYB and preparing the initial phases of the GOYB manual.

Karen-Lee Miller

Karen-Lee Miller is currently working in Toronto on the grant for studying "The impact of the tsunami disaster on health service utilization and health service status in Thailand."

Warapong Wongwachara – Research Team Leader

Warapong Wongwachara is currently overseeing Dr. Coyte's study on "The impact of the tsunami disaster on health service utilization and health service status in Thailand." He is working with two research collaborators and offers them guidance on their research and data analysis. Warapong has a Bachelor of Economics from Chulalongkorn University, Thailand and will shortly move to England to pursue a graduate degree in the Department of Economics at the University of Cambridge, UK. He has previously worked as a part-time research assistant for the Centre of Health Economics (Thailand), UC Berkeley and UC San Francisco.

Varitha Ganlayanasant – Research Assistant

Varitha Ganlayanasant is currently working for Dr. Coyte in Thailand on the project examining the impact of the tsunami disaster on health service utilization and health service status. She has recruited participants for the study and is now in the process of collecting and analysing data from the subjects. The data are obtained from face-to-face interviews using various questionnaires. Varitha has a Bachelor of Economics from Chulalongkorn University, Thailand. She plans to pursue a Master's degree in Risk Management at the University of Southampton, UK. She has previously worked as a research assistant for UC Berkeley, the Centre for Health Economics (Thailand) and the Fiscal Policy Office at the Ministry of Finance in Thailand.

Wanrudee Isaranuwatthai – Research Assistant

Wanrudee Isaranuwatthai is currently working for Dr. Coyte in Thailand on the project examining the impact of the tsunami disaster on health service utilization and health service status. She has recruited participants for the study and is now in the process of collecting and analysing data from the subjects. The data are obtained from face-to-face interviews using various questionnaires. Wanrudee has a joint Honours Bachelor of Science degree in Health Studies and Biology from the University of Waterloo. She has been accepted into the PhD transfer program in Health Administration at the University of Toronto with Dr. Coyte as her designated supervisor. Her past experience includes being a research assistant with the Faculty of Applied Health Sciences at the University of Waterloo and as a manager in business development with P&W Service limited.

2004/05

**Samar Motiwala
Miyoshi Kondo**

Samar Motiwala – Research Assistant

Samar is a second year undergraduate student working towards a degree in Commerce, interested in economics and policy, which are the reasons she wanted to work with Peter. Her position as a student intern entailed working on two main projects: a grant proposal and a literature review. The grant proposal required gathering research articles on the impact of the Tsunami on health status and utilization. She had to proofread various drafts, contact various people and meet tight deadlines set by Peter. This experience gave her an opportunity to work with lots of great people and it helped her enhance her research skills. The working environment was very encouraging and she felt right at home. She looks forward to working with the Peter again in the future.

Miyoshi Kondo – Administrative/ Research Assistant

I have been working contract positions for HCTP and HPME for about a year and a half. I work as an administrative assistant and a research assistant depending on the projects at hand. As an research assistant I have been working on the Hitting Home project and briefly helped with the Tsunami grant. I basically gathered information that was needed and recorded the sources. This included literature searches, reading material to find appropriate sources and going through transcripts and other files. I have also read over sections of manuscripts and compiled data in paragraphs. As an administrative assistant I also do literature searches and retrieve library materials, request desk copies, photocopy and file.

Name: **Jenny Marie Korolik**

Home Address: 12A Yonge Boulevard
Toronto, ON M5M 3G5
Tel: 416-486-6689
Cell: 519-571-3828

Email Address: jenny.korolik@utoronto.ca

Educational Background

- Graduated from Loretto Abbey Catholic Secondary School 1999-2003
- Currently a 1st year student at Wilfrid Laurier University, Honours Bachelor of Arts

Work Experience:

Previous Employment:

Program Clerk: CHSRF/CIHR Health Services Chair, Department of Health Policy, Management and Evaluation, Faculty of Medicine; University of Toronto.

Date: November 2004 – August 2005

Other duties while working at the University of Toronto:

Program Clerk: CHSRF/CIHR Health Services Chair, Department of Health Policy, Management and Evaluation, Faculty of Medicine; University of Toronto.

Date: June 2003 – September 2004

Program Assistant(Part-Time): Health Care, Technology, Place Program, Faculty of Nursing; University of Toronto.

Responsibilities included: providing assistance to program coordinator. Organizing annual Mentors/Fellows Barbeque.

Date: September 2003 – June 2004

Executive Assistant: Canadian Association for Health Services and Policy Research (CAHSPR)/ University of Toronto

Responsibilities Included: Maintaining and up-dating members database. Processing membership/conference payments. Preparation for member's conference in Montreal, May 2004.

Date: September 2003 – May 2004

Research Assistant (Part-Time): Department of Health Policy, Management and Evaluation, University of Toronto.

“Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing”.

Responsibilities included: Entering Data for Home Based Nursing Study.

Date: October 2003 – March 2004

Previous Employment:

Administrative Assistant/ Receptionist: Sundial Homes Décor Centre

Duties included greeting homeowners, answering the telephone. Using Via program on computer, sending out correspondence, providing tours of the Décor Centre and answering homeowner's questions.

Date: July 2002 – September 2003

Sales Associate: Sporting Life

Great emphasis placed on customer service and interpersonal relations skills.

Date: December 1999 – June 2002

Personal

21 year old mature, responsible and hardworking individual. I am reliable, courteous and always punctual. I strive to make the best of my abilities, and to insure a comfortable and fun working environment. I work well both individually and as a team and am constantly trying to better myself. I am computer literate and a quick learner.

Computer Skills:

I have well-developed computer skills and am highly proficient in using Microsoft Windows XP (word, excel powerpoint and access), email (Microsoft outlook). I am a quick learner in using Laptops, LCD projectors, digital recorders and digital cameras.

Dreamweaver 4.0 – Level 1; Beginner.

Dreamweaver 4.0 – Level 2: Intermediate

References Available upon Request.

Karen Arcot

TECHNICAL SKILLS

- Proficient at conducting literature searches
- Completed UHN Animal Handling and Care course for rats
- Worked with rats in amphetamine, brain stimulation and startle reflex studies
- Experience dissecting human brains and frogs in a neuroanatomy lab
- Familiar with BIOPAC AcqKnowledge 3.7.3; acquiring skeletal muscle action potentials tracings from frogs, humans
- Deconvolution microscopy and slide photography
- Cresyl violet staining, H&E staining
- Northern and Southern blots (DNA and RNA Isolation)
- Recombinant DNA and DNA restriction endonuclease analysis
- Bioinformatics: Genbank, BLAST searches, ClustalW
- Organic compound synthesis, extraction and recrystallization
- Working knowledge of Microsoft Office (Word, Excel, PowerPoint)
- Experience with HTML, Java, and Visual Basic

RESEARCH EXPERIENCE

Sept. 2005 – Mar. 2006 Department of Health Policy, Management and Evaluation at U of T: **Program Clerk**

- Searched for and summarized journal articles as well as assembling data from various sources on one topic
- Compiled information for Annual Report 2005 for CHSRF/CIHR Health Services Chair
- Created a library for issues of *Highlights*, a quarterly publication summarizing journal articles on health care
- Continuously updated and maintained department website
- General clerical duties: confirming appointments and orders, sending e-mails, photocopying, faxing, etc.

June – Aug. 2004, May 2005 – present Toronto Western Hospital: **Lab Assistant** in Dr. Carlen's epilepsy lab

- Coauthored a paper currently being written
- Found protocols for staining hippocampus tissue and assisted in cresyl violet and H&E staining
- Photographed epileptic and control hippocampus slices using Axiovision program on deconvolution microscope
- Contributed to analysis by researching various methods on morphology analysis
- Performed cell counts and measured bandwidth thickness of hippocampal regions DG and CA1 on ImageJ software

Sept. 2002 – Apr. 2003 St. Michael's hospital and U of T: **Mentorship program participant**

- Collected data for a study involving the diet and nutrition of teenagers
- Attended lectures on nutrition by Dr. Vuksan

Oct. 2001 – May 2002 **Leader** of Aventis Biotech Challenge team

- Worked with Dr. Verna Higgins at U of T on botany project comparing the effects of neem versus commercial fertilizer on tomato plants infested with nematodes, using leaf growth, stem growth and fertility as measures of plant vitality
- Designed experiment with hypothesis after researching journal articles
- Worked in greenhouses at U of T, applying treatments to plants and recording measurements once a week
- Wrote a report and had a poster presentation

NON-ACADEMIC EXPERIENCE

Nov 2004 – Dec 2004, May – Aug. 2004, May – Sept. 2003, Aug. – Sept. 2002

Ontario Place/ Holiday Dreams: Ride Attendant and Operator

Operated rides, assisted and loaded people on to the ride, interacted with guests, including attending to complaints and questions, trained new employees

Oct – Dec. 2003

S.A.I.N.T.S student assisting seniors

- Helped senior citizens with their chores including grocery shopping, etc.

Aug. – Dec. 2001

Children's Own Museum: Gallery Attendant and Front Desk Assistant

- Sold tickets, memberships and items from the gift shop, interacted with children and parents including attending to complaints and maintaining a general positive and uncluttered atmosphere

July – Aug. 2001

Canadian Visa Consultants: Administrative Assistant

- Answering calls, word-processing, writing e-mails, filing

EDUCATION AND AWARDS

2003-Present

University Of Toronto

Toronto, ON

- Third year student specializing in Neuroscience, Life Sciences
- Dean's Merit Honour List (2004)
- Regents In-Course Scholarship (2004)
- Certificate of Achievement in BIO150 (Evolutionary Biology)

1997-2003

University of Toronto Schools

Toronto, ON

- Graduated with 92 % average
- Received an Ontario Secondary School Diploma and UTS Diploma
- Top 25% of Pascal Contest
- Ontario Scholar for maintaining an average over 80%
- Certificate of Achievement for over 150 hours of volunteer experience

CAMPUS EXPERIENCE

- | | |
|------------------------|--|
| April 2005 – present | ▪ North American Model United Nations (NAMUN) Head of Delegate Services – help organize the conference, organize mailing list, manage staff, photocopy working papers and resolutions |
| | ▪ Amnesty International (U of T branch) Publicity Coordinator – organize and advertise events |
| Sept. 2005 | ▪ Toronto International Film Festival Volunteer – collected tickets; performed clicker counts and ticker counts; monitored theatres for any suspicious activities |
| Nov. 2004 – present | ▪ Toronto General Hospital Emergency Room and Cardiac Clinic Volunteer –facilitate and coordinate patient flow from ECG/Holter and ECO rooms to exam rooms; direct technicians, nurses and doctors; stock rooms; general clerical duties |
| Sept. 2004 – Apr. 2005 | ▪ NAMUN Director – wrote a briefing paper on deforestation and sustainable development, chaired during part of the conference |
| | ▪ The Strand (college newspaper) Staff – writer and interviewer for various sections |
| | ▪ U of T Peer Tutor – tutored help sessions in biology |
| Sept. 2002 – Apr. 2003 | ▪ High School Yearbook (The Twig) Events Section Head |
| Sept. 2001 – Apr. 2002 | ▪ Junior Peer Educator for Sunnybrook Hospital – taught Grade 7/8 classes about the dangers of spinal cord injury |
| Aug. '01 | ▪ Baycrest Hospital volunteer – aided seniors with calisthenics |

REFERENCES

Available upon request.

Angela Marie Falconi

316 Atha Avenue
Richmond Hill, Ontario L4C 2J7
Tel: (647) 281-5640
E-mail: angela_falconi@rogers.com

EDUCATION

2000-04 **York University**

Honours Bachelor of Science degree with a major in Psychology.

* Courses taken include seminars in behaviour modification, human performance engineering, advanced research in psychology (honours thesis).

1995-00 **Cardinal Carter Catholic High School**

Completed Ontario Secondary School Diploma.
Received Ontario Scholar Certificate.

EMPLOYMENT HISTORY

2005- Current **University of Toronto, Department of Health Policy, Management and Evaluation**

155 College Street, Toronto Ontario

Research Officer

I am currently working as a research assistant for a project funded by the Canadian Institute for Health Research titled the 'Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care'. This study aims to learn what it is like for people who receive home-based palliative care services from the Temmy Latner Centre for Palliative Care in Toronto, Calgary's Senior Health and Palliative Care Program, and Edmonton's Capital Health Regional Palliative Care Program. As research officer for the Toronto site, my primary function is to recruit and interview the caregivers of all new palliative cancer patients at the Temmy Latner Centre for Palliative Care as participants in the study. I conduct telephone interviews with the participants every two weeks for the duration of their patient's enrollment to the palliative care program. During each interview, I administer the Ambulatory and Home Care Record (AHCR), the Quality of End-of-life care and Satisfaction with Treatment (QUEST) scale, the Edmonton Symptom Assessment Scale (ESAS), and the Palliative Performance Scale (PPS v2). I maintain the data collected from these questionnaires, which will be used to look at trends in cost, satisfaction, and quality of care over the course of time that an individual is receiving palliative care services. Additionally, I am responsible for various administrative duties and research support related to the 'Cost and Quality' project.

- 04/04-04/2005* **Formedic Communications**
20 Torbay Road, Markham Ontario
 U.S. Data Research Specialist.
 As a U.S. data research specialist for this medical marketing company, I conducted manual and electronic research on request, including monitoring media, industry and government sources for information in relation to the company's interests. I compiled summaries of findings, and maintained the database regarding the accuracy and the implementation of client records and data. I also carried out the training of new employees, and provided training workshops for both new and existing employees.
- 2001- 2004* **Rogers Video**
9665 Bayview Avenue, Richmond Hill
 Supervisor/key holder position.
 As team leader, responsibilities included delegating tasks to others, overseeing the crew members to assure all daily tasks were completed/all daily sales targets were met, direct sales, customer service, selling cellular phones and accessories, merchandising of in store confectionary, opening and closing the store, managing the coin float/ cash handling, answering all incoming calls, maintaining customer satisfaction, receiving rental and sell-through shipments using the store computer inventory system, and operating the in-store cable centre.
- 1998-2001* **Grand & Toy, Hillcrest Mall**
 Responsibilities included sales, customer service, selling cellular phones and accessories, merchandising and stock.
- 1999-2001* **Tutoring**
 Tutored grade 9 through 12 math to various students.

ACHIEVEMENTS

- 2000* York University Entrance scholarship- Received award of \$4000 for academic excellence upon entering university.
- 2000* York University Science Scholarship- Received award of \$2000 for academic excellence in science upon entering university.
- 2000* Recipient of the Carol Hall Memorial "Faith, Hope, and Charity" Award at Cardinal Carter High School.
- 1998-1999* Recipient of Service and Leadership Senior Letter at Cardinal Carter High School (for outstanding participation in extracurricular school activities).

SPECIAL SKILLS/ INTERESTS

- 1990 - 2001* Grade 3 Royal Conservatory Piano; won 2 first place American Guild of Music awards for keyboard; won first place A.G.M. award for vocal duet; played drums/ piano in a band which has played for various charity functions (which have included senior citizen homes, Operation Go Home (fundraising for street kids), The Metro Oasis Club (fundraising for drug rehabilitation), Fifth Thornhill Scouts (Puffin 2000 Mission) the Beit Rayim Synagogue, Sobeys, and the Vedic Cultural Centre.
- 2003-2004* Actor in various independent film projects.

REFERENCES

Available upon request.

VENIKA MANOHARAN
30 Wakunda Place #8
North York, Ontario M4A-1A3
(416) 750-2226
mvenika@hotmail.com

Work Experience

Present

University of Toronto
Department of Health Policy, Management and Evaluation
Program Clerk

- Maintaining and up-dating the Chair's website.
- Assisting in the preparation for various program activities.
- Maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest, as well as distribution of the digest.

2005

Canadian Diabetes Association
Administrator Assistant/Event Coordinator

- Created and published brochures for a new program in collaboration with selected pharmacies
- Wrote articles for website posting and Readers Digest.
- Assisted in preparing annual report for the Get Off Your Butt-a-thon.
- Conducted an Industry Research Report for next year's GOYB and prepared the initial phases of the GOYB manual.
- Created database of running groups, health clubs and other targeted groups.

2005

Inventa
Promotions

- Working in a team based environment to promote products for other companies.
- Currently working on the Proline promotion for Lottery Corporation by setting up for events, attracting people to try out the live version of the game to win prizes.

2005

(Temporary)

Nayika
Event Assistant

- Worked for a well-known British company at the Info Canada Security Event held at the Metro Convention Center.
- Responsible for proofreading, editing, organizing data and ordering brochures.
- Responsible for ordering items such as shirts, equipments and graphics required for the company's promotion.
- Involved in setting up the site for Nayika, greeting attendees and reporting technical problems.

2005

(Temporary)

Spring 2005 Annual Meeting of Ontario Dental Association
Student Monitor/Runner

- Responsible for greeting and admitting attendees, providing customer service as well as reporting technical problems.
- Involved in the organization and execution of the largest annual dental meeting in Canada.
- Aided in preparing the exhibit floor where attendees can view the very latest in products, technology and service.

2004

Dexit Inc.
Assistant Marketing Co-ordinator, Acquisition

- Actively involved in keeping track of all staff hours and forwarding information to in-field coordinator.
- Responsible for preparing reports, data entry, filing and sorting documents.
- Worked along with finance department in reconciling cash and debit results of all in-field promotions on a daily basis.
- Assisted in troubleshooting all kiosks, refill stations, and tag procedures during various promotions.

- Prepared daily tracking sheet and distribution sheet for in-field coordinator and marketing supervisor.

2002 – 2004

Larry's Food Basic
Cashier/Customer Service

- Actively involved in satisfying the needs of customers.
- Excellent skills in dealing with cash.
- Worked as a knowledgeable cashier and product expert in cashier department.

Education

2002 – Present

University of Toronto
Undergraduate: Human Biology & Economics

- Working efficiently and responsibly in conducting experiments in labs and analyzing visual and numerical information
- Excellent knowledge in micro/macro economic models and statistical data

Computer Skills

- Exceptional computer knowledge and skills
- Outstanding typist (50-60 wpm)
- Excellent knowledge of world wide web and search engines
- Software: Ms Office 97/2000/XP (Word, Excel, PowerPoint and Access), WordPerfect, Ms Front Page, Adobe Acrobat.

Personal Skills

- Excellent communication and interpersonal skills.
- Strong knowledge of math/statistics
- Highly organized, responsible and self-motivated.
- Short learning curve in new environment.
- Work well under pressure.
- Fluent in English and Tamil

Special Achievements

- Recipient of Queen Elizabeth II Aiming for Top Scholarship in 2003
- Recipient of Albert's Scholarship in 2003
- Certificate acknowledging Top Student in Finite Mathematics in 2003
- Ontario Scholar in maintaining an average above 80% in 2003
- 1998-2003 top ten on the Honor Roll, maintaining an average up 80%
- Received Ontario Secondary School Diploma in 2002
- 2002-received the Graduating Student Award, which acknowledges excellence in academic, demonstrates social and political responsibilities within school and community activities that promotes social justice and fosters Christian values
- 2002- received a cash reward by Teacher's Association for academic excellence

Volunteer Experience

- | | | |
|--|------------|------------------|
| • Library Helper | 2002- 2003 | Toronto, Ontario |
| • Created Marketing Video for Notre Dame | 2002- 2003 | Toronto, Ontario |
| • Multicultural Community | 2001-2002 | Toronto, Ontario |
| • York University Science Olympics | 1999-2002 | Toronto, Ontario |
| • Yearbook Committee- Co-editor | 1999-2001 | Toronto, Ontario |
| • Member of Homeroom Student Council | 1998-2001 | Toronto, Ontario |

References

Available upon request

Warapong Wongwachara

Address: 122/142 Navamin Road Kunnayao Bangkok 10230, THAILAND

Phone: 662 947 7048, 669 133 7048

Education: Bachelor of Economics (1st class honours), Faculty of Economics,
Chulalongkorn University, Thailand (2005)

Education Plan: MPhil Economics, Faculty of Economics,
University of Cambridge, UK (2006 entry)

Work Experience:

- Part-time Research Assistant, Dr Siripen Supakankunti, Centre for Health Economics, Thailand (2004-2005)
 - Part-time Research Assistant, Mr Shawn Mattison, MD, UC Berkeley
 - A study on impacts of Thailand's Universal Coverage (2005)
 - Translator, Mr Scott Stonington, MD, UC San Francisco for a study on palliative care (2005)
-

Varitha Ganlayanasant

Address: 359/2 Wipawadee-Rungsit Rd. Samsennai Payathai Bangkok 10400,
THAILAND

Phone: 662 270 1130, 661 373 2680

Education: Bachelor of Economics (2nd class honours), Faculty of Economics,
Chulalongkorn University, Thailand (2005)

Education Plan: MSc Risk Management, Department of Management Studies,
University of Southampton, UK (2006 entry)

Work Experience:

- Part-time Research Assistant, Mr Shawn Mattison, MD, UC Berkeley
 - A study on impacts of Thailand's Universal Coverage (2005)
- Student Assistant, Centre for Health Economics, Thailand (2005)
- Student Trainee, Fiscal Policy Office, the Ministry of Finance, Thailand (2004)

Wanrudee Isaranuwachai

21/745 Bangna-Trad Road (Km. 2)
Soi Bangna-Trad 16 Bangna
Bangkok 10260 Thailand
Tel: +661-814-6484
Fax: +662-261-1459
Email: wanrudeei@csloxinfo.com

EDUCATION PLAN

MSc/PhD Transfer Program, Health Administration
University of Toronto, Toronto, ON, Canada

September 2006

EDUCATION

Bachelor of Science, Honours Health Studies, Minor in Gerontology
Pre-Health Professions Options, University of Waterloo, Waterloo, ON, Canada

June 2003

Bachelor of Science, Honours Biology
University of Waterloo, Waterloo, ON, Canada

August 2000

Secondary School Diploma
St. Margaret's School, Victoria, BC, Canada

June 1999

WORK EXPERIENCE

Research Assistant

Faculty of Medicine, University of Toronto, Toronto, ON, Canada

Working at the research sites: Phuket, Phangnga, Krabi, and Ranong in Thailand June 2005 – Present

Manager, Business Development

P & W Service Limited, *The Licensed Customs Broker*, Bangkok, Thailand
75/62 Richmond Building, 17th floor, Sukhumvit Road, Soi Sukhumvit 26
Klongton, Klongtoey, Bangkok, 10260, Thailand

2003 – 2005

Laboratory Research Assistant

Faculty of Applied Health Sciences, University of Waterloo, Waterloo, ON
200 University Avenue West, Waterloo, Ontario, Canada, N2L 3G1

Summers 2001 to 2003

Samar Motiwala

925 Bay Street
Toronto, Ontario
Mail Box: 1901
M5S 3L4

(416) 727-6684
samar.motiwala@utoronto.ca

Education

- 2004 - Second year Bachelor of Commerce Student, University of Toronto (St. George Campus)
- 2004 Ontario Secondary School Diploma, Streetsville Secondary School
- Summer 2004 Preparing for University Math Program (P.U.M.P), University of Toronto

Experience

- May- Sept 2005 **Research Assistant**, Department of Human Development and Applied Psychology, University of Toronto (under supervision of Dr. Michal Perlman)
- Collecting, cleaning and recording data for a new measure to assess quality of child care
- Jan- Sept 2005 **Student Intern**, Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto (under supervision of Dr. Peter Coyte)
- Conducted a literature review impact of Diabetes Mellitus on the labour force
 - Provided support in developing a grant proposal for assessing implications of the Asian Tsunami on 'health status and service utilization'
 - Organized data on Canadian demographic to be used in future publications
- Oct - Dec 2004 **Volunteer Server**, Osgoode Hall Soup Kitchen, Toronto
- Summer 2003 Participant, **Summer Mentorship Program**, Faculty of Law, University of Toronto
- Shadowing and interviewing lawyers
 - Mock trials and research papers
- 2002 - 2004 **Peer Helper**, Guidance Department, Streetsville Secondary School
- Performed administrative tasks and conducted school tours

Extra-curricular Activities & Interests

- 2005 University of Toronto Badminton Association
- 2003 - 2004 Legislative Committee, Student Athletic Association, Streetsville Secondary School
- 2002 - 2004 War Canoe, Rugby and Badminton teams, Streetsville Secondary School

Awards and Accomplishments

- July 2004 Bronze Medal in War Canoe, Balmy Beach Regatta
- June 2004 Outstanding Achievement Award, Department of Math, Streetsville Secondary School
- 2000 - 2004 Honour Roll & Ontario Scholar, Streetsville Secondary School

Skills

- Computer Skills: Microsoft Office; Internet Explorer; Endnote
- Effective Communicator

Miyoshi Kondo
235 Bellwoods Ave
Toronto Ontario
M6J 2R3
(416) 530-9948
makondo@sympatico.ca

Education

- Bachelor of Fine Arts from the Nova Scotia College of Art and Design (NSCAD) (April 2004)
- Ontario secondary school diploma from St.Clement's School (June 2000)

Work Experience

- Administrative/research assistant at **The University of Toronto**, Faculty of Nursing, (September 2004-December 2004, June2005-present)
- Sales associate at **Loomis Art Store** (June 2005-present)
- Server at **Doraku** restaurant (May 2003-June 2004)
- Assistant logistics coordinator at the **Toronto General Hospital** (April 2002-August 2002)
- Server at **The Molson Indy** (July 2002)
- Sales associate at **Pier One** (April 2001-August 2001)
- Server at **The Second Cup** (May 2001-August 2001, Church St. and Wellesley Ave) (June1999-August 2000, Bayview Ave. and Eglinton Ave)
- Server at **Coffee, Tea or Me** (June1998-August1998)
- Administrative assistant at the **Chartered Insolvency Practitioners Association** (July-August 1997-2001)

Volunteer Experience

- Volunteer at the Textile Museum of Canada
- Volunteer at 'Out of the Cold'
- Door help at the White Ribbon Campaign
- Canvassing on behalf of the cancer and kidney foundations
- Salesperson at the Santa Claus Parade on behalf of Sunnybrook Hospital
- 30 hour famine
- Run for breast cancer

Art Experience

- Participant in the Riverdale Art Walk (June 2005)
- Solo show and artist talk at the Anna Leonowens Gallery (March 2004)
- Group show at the Anna Leonowens Gallery (September 2004)
- Advisor for the NSCAD textile show and sale
- Participant in the NSCAD Wearable Art Show
- Participant in spinning, transfer dyeing, and discharge dyeing workshops

Achievements/Awards

- Smart serve certificate
- First place in Crossley Carpet design competition
- Ontario Scholar

Appendix 11: Trainees: Graduates and Admissions

“In the past two years, Dr. Peter Coyte has provided excellent support and mentorship for my PhD thesis research. He has provided critical insight on theoretical and methodological issues for my research and has encouraged me to make contacts with decision makers working in the field of community care.”

**- Michele Kohli, PhD Candidate,
Department of Health Policy, Management and Evaluation,
University of Toronto**

Appendix 11: Trainees: Admissions and Graduates

Summary of Graduate and Post-Doctoral Supervision:

	Program Participants						Number (& Duration in Years) of Program Graduates					
	2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
PDF	1	1	2	2	-	-	1 (2)	0	1 (1)	0	-	-
PhD	10	12	14	12	5	5	0	1 (4)	3 (6)	1 (2)	0 (-)	0 (-)
MSc	4	5	6	5	2	3	0	2 (2)	1 (1)	2 (1)	1 (1)	2 (1)

Trainee Admissions 2005

Kohli, M. "Understanding Resource Allocation Decisions in Ontario Community Care Access Centres." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2003 – present).

Lilly, M. "Medical Versus Social Care: Exploring Wage Discrimination for Personal Support Work Between Hospital and Home." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2003 – present).

McMahon, M. "Examining the Impact of Obesity on Canadian Health Services Utilization." MSc Candidate, Department of Health Policy, Management and Evaluation (Supervisor 2005 – Present)

Mihailovic, A. "Determinants of Access to Care After Pediatric Injury in a Low Income Country: Applications of the Andersen Model." PhD Candidate, Department Of Health Policy, Management And Evaluation (Supervisor 2004 – Present)

Payne, G. "Health Expenditures, time to death, and age: a study of individual-level, longitudinal data to identify the demographic determinants of the demand for health and to estimate the temporal development in end-of-life morbidity." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2004 – present).

Tam, S. "The Use of an Allied Health Professional to Assess for Inflammatory Arthritis." MSc Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2004 – present).

Placement: Southlake Regional Health Centre, Newmarket

Trainee Graduates 2005

Polisena, J. "Literature review on the institutional patterns of medical innovation processes." PhD Candidate. Department of Health Policy, Management and Evaluation, (Supervisor 2004 – 2005).

Placement: in Italy

Trainee Admissions 2004

Kohli, M. "Understanding Resource Allocation Decisions in Ontario Community Care Access Centres." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2003 – present).

Lilly, M. "Medical Versus Social Care: Exploring Wage Discrimination for Personal Support Work Between Hospital and Home." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2003 – present).

Payne, G. "Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis." PhD Candidate, Department of Health Policy, Management and Evaluation, (Supervisor 2003 – present).

Polisena, J. "Assessment of the Operational Efficiency of Community Care Access Centres (CCACs) in Ontario." MSc Candidate. Department of Health Policy, Management and Evaluation, (Supervisor 2004 – 2005).

Tam, S. "The Use of an Allied Health Professional to Assess for Inflammatory Arthritis." MSc Candidate, Department of Health Policy, Management and Evaluation (Supervisor 2004-present).

Appendix 12:

2005-2006 CHSRF/CIHR Fellowship Recipients

“The CHSRF/CIHR Genesis Research Training Fellowship I received enables me to concentrate exclusively on my current studies and future career in health policy research. The opportunities this fellowship provides to interact with decision-makers in the health policy field are both unique and valuable, and have undoubtedly enriched my academic experiences this year.”

- Meghan McMahon MSc. Student, Dept. Health Policy, Management, and Evaluation, University of Toronto

“Funding from Dr. Coyte’s chair enables me to focus my time and resources on thesis research and health services research training, rather than having to balance additional employment as well. The funding is critical to my successful completion of my degree.”

-Meredith Lilly PhD. Student, Dept. Health Policy, Management, and Evaluation, University of Toronto

“The Genesis Award has helped give me the financial flexibility to pursue my research. In addition, activities sponsored by the CHSRF Chair have also connected me with a network of experts in my field who have been able to advise me on the progress of my thesis work.”

- Greg Payne PhD. Student, Dept. Health Policy, Management, and Evaluation, University of Toronto

“Besides the obvious financial assistance which has greatly aided my research pursuits, the fellowship through HCTP has been a fantastic opportunity to learn about fields which I would otherwise have no exposure to. The research being done by my fellow recipients as well as other people in the program has shown me several alternative perspectives of health care delivery and the issues around addressing access to care and resource allocation.”

- Alex Mihailovic, PhD. Student, Dept. Health Policy, Management, and Evaluation, University of Toronto

Appendix 12: 2005-2006 CHSRF/CIHR Fellowship Recipients

Meredith Lilly is a fourth year PhD student in the Dept. of Health Policy, Management and Evaluation (HPME) at the University of Toronto. Her PhD thesis research investigates the labour force participation of unpaid caregivers in Canada, and the impact of caregiving on hours of labour market work and earnings. Other research interests include the compensation of both paid and unpaid health care providers across settings of care. Lilly's thesis supervisor is Dr. Peter Coyte, Professor in the Dept. of HPME. Lilly is a fellow in the CIHR's strategic training program in Health Care, Technology and Place. She is also recipient of a CIHR Doctoral Research Award, which is co-supported by the Institute of Gender and Health, the Institute of Aging, and the Institute of Health Services and Policy Research.

Meghan McMahon commenced her Master's of Science in the Department of Health Policy, Management and Evaluation in September 2005, under the co-supervision of Dr. Peter Coyte and Dr. Audrey Laporte. Her current research focuses on the impact of individual health risk behaviours (e.g., smoking, obesity) on health care utilization. Meghan is supported by the CHSRF/CIHR Research Training Fellowship and the CIHR Canada Graduate Scholarship Master's Award. Meghan graduated from the University of British Columbia (UBC) in May 2004 with a BA in Economics and Political Science. During her undergraduate studies, Meghan worked with health care policy makers through a research assistantship at Grey Bruce Health Services where she examined rural hospital priority setting in Ontario. Upon completion of her undergraduate studies, Meghan worked as a research intern at the Centre for Health Services and Policy Research at UBC. Her research focused on pharmaceutical policy and priority setting within national formulary listing processes, both within Canada and Internationally.

Alex Mikhailovic is a senior resident with the Department of General Surgery at the University of Toronto having finished her medical school training at McMaster University. Currently a member of the Surgical Scientist Program, this ensures me funding while I pursue a PhD in Clinical Epidemiology through the HPME department, her primary supervisor being Dr. Peter Coyte. Her clinical interests are in the field of trauma and international surgery which aligns with her thesis topic of access to care after pediatric injury in sub-Saharan Africa. This research has taken her to Uganda where she completed her data collection this past Sept and had the opportunity to first hand experience the issues around getting emergency trauma services in both a low income and war torn environment. In response to her research findings, she has currently been actively involved in the knowledge translation process of getting injury prevention programs in place locally and raising awareness of the growing burden injury is playing on the future working class of these regions.

Greg Payne, Department of Health Policy, Management and Evaluation, is now in his third year of the PhD program with the department of Health Policy, Management, and Evaluation at the University of Toronto. He is working under the supervision of the health economists Drs. Peter Coyte and Audrey Laporte. His area of specialization is in building refined models of the impact of demographic change on future health spending at the macroeconomic level. This will be done using individual-level models that relate health care utilization to the individual's proximity to death. With age and other explanatory factors also included in the model, proximity to death will help separate the effects of aging populations and increased longevity on overall health care demand. Besides his two supervisors, the third member of his thesis committee is the renowned economic demographer, Dr. David Foot. Besides his thesis, other research interests include economic evaluation and the economic efficiency of long-term care facilities. He is supported in his research with funding from the government of Ontario (Ontario Graduate Scholarship) and the CIHR / CHSRF Chair through the Genesis Fellowship.

Meredith Lilly

Home Address

88 Stubbsswood Square
Scarborough, ON
M1S 2K6
meredith.lilly@utoronto.ca
Tel: 416-297-5455

Departmental Address

Health Policy Management & Evaluation
Faculty of Medicine, University of Toronto
Health Sciences Building
155 College Street Suite 425
Toronto, ON M5T 3M6
Tel: 416-978-43

Education

2002- Doctor of Philosophy Candidate, Dept. Health Policy, Management & Evaluation, University of Toronto Expected Completion Date: May, 2007

Concentration: health services research, specializing in health economics and labour remuneration across settings of care.

Thesis topic: Labour force participation and earnings of unpaid caregivers in Canada.
Supervisor: Dr. Peter C. Coyte

Fellow in Collaborative Doctoral Program in Health Care, Technology and Place (HCTP).

1994-1998 Specialist Co-operative Honours Bachelor of Arts in International Development Studies, University of Toronto

Graduated with High Distinction.

Initiated B.A. at University of Ottawa (1993-1994), prior to transfer to Toronto.

Academic Awards and Honours

2004-2006	CIHR Doctoral Research Award
2003-2005	CIHR Strategic Training PhD Fellowship in Health Care, Technology & Place
2002-2005	CHSRF/CIHR (CADRE) Chair in Health Services Research Trainee Award
2003-2004	Dept. Health Policy, Management and Evaluation (HPME) Training Award
2003	MSc Poster Competition Award, Dept. HPME
2002	University of Toronto Fellowship awarded upon entry to graduate studies
1998	University of Toronto, Fourth Year Scarborough College Honours List
1996	SKF International Development Scholarship for outstanding academic performance in Univ. Toronto's International Development Studies Programme
1994	University of Ottawa Excellence Scholarship for outstanding first year performance
1994	University of Ottawa Admission Scholarship

Research and Teaching Interests

Health Services Research

Health Economics and Economic Evaluation

Paid and Unpaid Caregiving in Canadian Homecare

Research Experience

- 2002-present Thesis research: Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Quantitative study focused on the influence of unpaid caregiving on the nature of labour force participation in Canada.
- 2004-present Transdisciplinarity and teaching in higher education: a case study of the Health Care, Technology and Place course on the Body in Health Care.
- 2004 Ontario Ministry of Health and Long-Term Care: Acute Services Division Observer/Report Writer: Critical Care Steering Committee, July 8-9, 2004
Goal: to build a framework for integrated Critical Care in Ontario
- 2003-2004 Analysis of wage variation for personal support work across health care settings.
- 2002-2004 Cost-effectiveness analysis of IBI therapy for children with autism in Ontario. Results of this research were presented as expert testimony to the Ontario Superior Court in September, 2003.
- 1996-1997 Undergraduate research & work internship in Uganda, East Africa and Toronto. Co-managed rural community development programs focussing on community-based health care, HIV/AIDS prevention, water and sanitation, and agroforestry.

Research Grants

- 2005 Meredith B. Lilly (Co-Principal Investigator); Nancy Davis Halifax (Co-Principal Investigator); Andrea Cortinois (Investigator). Transdisciplinary Teaching and Learning in the Health Sciences: A Case Study. Amount: \$3,195. Agency: Health Care Technology and Place Programme, Interdisciplinary Capacity Enhancement Grant, University of Toronto.

Teaching Experience

- 2005 Teaching in Higher Education: Course for PhD students preparing for academic careers. Topics include teaching and learning methods; pedagogical theory; teaching strategies for large, moderate and seminar-sized classes; presentation and facilitation skills; improving student writing; assessing student performance; evaluating teaching effectiveness; using information technology; promoting equity and ethics. Students also complete two microteaching sessions where they instruct classes of their peers/faculty and receive feedback on performance.

2002-present Grant Writing Instructor and Consultant: Deliver tailored training workshops on effective proposal writing and obtaining grant support to graduate students, academic audiences and non-profit sector professionals. Delivered seven seminars from 2002 to 2006, with class sizes ranging from 10 to 100 (mode 20).

Industry Experience

- 1999-2002 Proposal Writer, The Hospital for Sick Children Foundation, Toronto. Managed proposal writing activities and wrote funding proposals valued between \$25,000 - \$25,000,000; acted as liaison between Research Institute Executive, hospital physicians and staff, and Foundation on strategic fundraising direction.
- 1997-1999 Program Consultant and Funding Officer, Citizenship and Immigration Canada, Ontario Region, Toronto. Managed special Ontario-wide contracts with non-governmental partners such as: a research project to assess the settlement needs of newcomers from former-Yugoslavia; expansion of a research database on immigrant women; service provision to immigrant and refugee groups.

Publications

Accepted/In Press and Submitted for Publication to Peer-Reviewed Journals

Lilly, Meredith B. Book Review on Women and Unpaid Caregiving in Home Care. Invited by Archives of Women's Mental Health. **In press.**

Motiwalla, Sanobar S., Shamali Wickremaarachi, Meredith B. Lilly, Wendy J. Ungar, Peter C. Coyte. *The Cost-Effectiveness of Expanding Intensive Behavioral Intervention (IBI) to All Autistic Children in Ontario.* **Accepted by** Healthcare Policy.

Reports, non-refereed

Motiwalla, Sanobar S., Shamali Wickremaarachi, Meredith B. Lilly, Wendy J. Ungar, Peter C. Coyte. *The Cost-Effectiveness of Expanding Intensive Behavioral Intervention (IBI) to All Autistic Children in Ontario.* Presented as expert testimony at Superior Court of Ontario, August 2003.

Published Abstracts

Lilly, Meredith B. (2004). Labour Force Participation & Employment Earnings of Unpaid Caregivers in Canada. in D.L. Spitzer, M.J. Stewart, K.E. Kushner (eds). *Gender, Sex & Health: Overview of Recent Research.* (pp. 104). Ottawa: CIHR Institute of Gender and Health.

Presentations

Peer-Reviewed Conference Presentations

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Canadian Association of Health Services and Policy Research Conference, Montreal: May 25-28, 2004.

Variations in Labour Remuneration for Caregiving in Canadian Hospitals versus Homes. *Presenter.* Place and 21st Century Health Care Research: Concepts, Methods and Findings. Health Care, Technology and Place Collaborative Workshop. CIHR Strategic Training Program in Health Care, Technology and Place. University of Toronto: June 12-13, 2003.

Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. Poster Presented at the CIHR / IHSPR Inaugural National Symposium, Montreal: November 22-24, 2003.

Non-refereed Presentations

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Poster presented at the CIHR Institute of Gender and Health Third National IGH Award Recipient Symposium, Montreal: October 25, 2004.

Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. The Hospital for Sick Children Population Health Rounds, October 18, 2004. Invited Lecture.

Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Health Care Technology and Place Seminar, University of Toronto: April 28, 2004. Invited Lecture.

Academic Associations

Member Canadian Association of Health Services and Policy Research (CAHSPR)

Member Toronto Health Economics Network, University of Toronto

Academic Service

2004-2005 Member, CADRE Desktop Working Group, Canadian Health Services Research Foundation (CHSRF). Acted as the national student representative for the working group, whose mandate is to develop a virtual desktop for use by all researchers, faculty, and students involved in the CHSRF's CADRE Programme.

2004-2005 2005 Health Care, Technology and Place Workshop Organizing Committee, University of Toronto. Actively participated in, and led aspects of, organization of this annual conference. 60 researchers and decision-makers from around the world attended this two day workshop in Toronto, April 14-15th 2005.

2003-2005 Curriculum Committee, Dept. Health Policy, Management & Evaluation (HPME), Univ. Toronto. Student representative on this committee and liaison between the Department and HPME Graduate Student Union. Participated in such activities as review and approval of proposed new graduate courses, approval of grades for completed courses, student-faculty relations, and the student funding policy.

2003-2005 HPME Graduate Student Union Executive, Dept. Health Policy, Management & Evaluation, Univ. Toronto. Participated in all aspects of this department's student government including student-faculty relations; social events; annual conference organization; and student policy formulation.

2004 MSc/PhD Student Admissions Sub-Committee, Dept. HPME, Univ. Toronto. Student representative on sub-committee to review applications of incoming student candidates, interview them, and make admission recommendations.

2002-present Editorial Team Member and Contributor: Home and Community Care Highlights: A Quarterly Digest. Peter C. Coyte (Editor-in-Chief). CHSRF/CIHR Chair in Health Settings and Canadians, University of Toronto. Review relevant peer-reviewed literature, nominate articles for inclusion, participate in meetings of the editorial team, and write one-page reviews of articles for publication.

MEGHAN McMAHON
Department of Health Policy, Management & Evaluation
Faculty of Medicine, University of Toronto
155 College Street, Suite 425
Toronto, ON. M5T 3M6
Phone: (416) 850-6997; E-mail: megan.mcmahon@utoronto.ca

EDUCATION

MSc Health Administration

Expected

August 2006

University of Toronto

- CIHR Canada Graduate Scholarship Master's Award (\$17 500, September 2005)
- CHSRF/CIHR Research Training Fellowship (\$20 000 – Accepted \$8 750, September 2005)
- Ontario Graduate Scholarship (\$15,000 – Graciously declined)
- University of Toronto Open Fellowship Award (\$2 500, September 2005)
- CIHR Travel Award to attend the September 2005 CAHSPR and ICSBHS conferences in Montreal, Quebec (\$1000, September 2005)

B.A. Economics & Political Science (First Class distinction)

May 2004

University of British Columbia

- UBC Undergraduate Scholar Program Scholarship (\$2 500, August 2003)
- VSDA Scholarship (US\$2 500, June 1999)
- Member of the UBC Chapter of the Golden Key International Honour Society

RESEARCH EXPERIENCE

Research Assistant for Dr. Peter Coyte

December 2005-Present

Department of Health Policy, Management & Evaluation, University of Toronto

- Conducting a research report commissioned by the Ontario Medical Association to examine the distributional impacts of private finance on access to publicly insured medically necessary services
- Involves systematic review of private health finance in OECD member countries, and the use of economic theory and comparative politics to develop potential regulatory mechanisms for use in Ontario that would ensure quality and timely access to care in the publicly financed health system

Research Intern for Dr. Steve Morgan

June 2004 – September 2005

Centre for Health Services and Policy Research, University of British Columbia

- Conducted literature searches and qualitative interviews with key decision-makers and stakeholders in Canada, Australia, New Zealand and the United Kingdom
- Wrote manuscripts (as both lead and second author) for publication in peer-reviewed journals, including *Social Science and Medicine*, *Health Policy*, and *Health Affairs*
- Analysed data from IMS Health Canada, Inc. to examine trends in drug utilization and spending across Canada. Primary outputs were two drug atlases – “The Canadian Rx Atlas” and “The BC Rx Atlas,” which provide portraits of overall (public & private) drug utilization and expenditure

Communications Volunteer

March 2003 - May 2004

Sierra Legal Defence Fund (Vancouver, B.C.)

- **Conducted scans of trends and issues within Canadian environmental policy and disseminated pertinent information to Sierra lawyers**
- Compiled and maintained extensive research records on environmental and public health issues
- Assisted in the planning and organization of press conferences

Research Assistant for Patricia Campbell, President & CEO

May 2003 - Nov 2003

Grey Bruce Health Services (Owen Sound, ON)

- Conducted research on hospital priority setting and models of hospital funding for rural health care in Ontario to assist in the development of presentations to the Ontario Hospital Association and the Ontario Ministry of Health and Long-Term Care
- Conducted systematic reviews and interviews with senior managers to examine issues of recruitment and retention of health care professionals in rural regions of Ontario

ACADEMIC ACCOMPLISHMENTS

Refereed Reports

- **McMahon M**, Morgan S, C Mitton. "The Common Drug Review: A NICE Start for Canada?" *Health Policy* (2005). In press. Available online October 6, 2005
- Morgan S, **McMahon M**, Mitton C *et al.* "Centralized Drug Review Processes in Australia, Canada, New Zealand and the United Kingdom." *Health Affairs* (2005). Accepted November 2005, Forthcoming March 2006
- Mitton C, **McMahon M**, Morgan S, J Gibson. "Centralized Drug Review Processes: Are they Fair?" *Social Science and Medicine* (2005). In press. Accepted November 2005

Non-refereed Reports

- Coyte PC, **McMahon M**. "An Economic Analysis of the Impact of Private Finance on Access to Publicly Financed Health Care: A Report for the Ontario Medical Association." Report prepared for the Ontario Medical Association (2006). Forthcoming March 2006
- Morgan S, **McMahon M**, Lam J, Mooney D, C Raymond. "The Canadian Rx Atlas." The Centre for Health Services and Policy Research. November 2005
- Morgan S, *et al.* "The British Columbia Rx Atlas." The Centre for Health Services and Policy Research. November 2005
- *Home and Community Care Highlights*, a Quarterly Digest. Editor, December 2005 issue.

Reports for Government

- Morgan S, **McMahon M**. (2005) Examining National Drug Formularies: Lessons from International Experiences. Report prepared for the Pharmaceuticals Policy Branch, Health Canada

Conference Presentations

- Morgan S, **McMahon M**, Mitton C, Roughead E, Kirk R, Kanavos P, Menon D. "Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison." Poster Presentation, Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, February 2006

- Mitton C, **McMahon M**, Morgan S. Presented by Craig Mitton. “Centralized Drug Review Processes: Are they Fair?” Podium presentation, 2005 International Conference on the Scientific Basis of Health Services, Montreal, September 2005.
- Morgan, S.G., **McMahon M**, C. Mitton, L. Roughead, R. Kirk, P. Kanavos, and D. Menon. “Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison.” Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.
- Morgan, S., P. Schaub, D. Mooney, P. Caetano, S. Rahim-Jamal, **M. McMahon**, and L. Yan. “Mapping Drug Utilization Patterns: A Canadian Case Study.” Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.
- Morgan, S., S. Rahim-Jamal, P. Schaub, **M. McMahon**, D. Mooney, and L. Yan. “A Population-Based Atlas of Drug Utilization Patterns.” Poster presentation, 2005 Annual Conference of The Canadian Association for Population Therapeutics, Vancouver, April 2005.

ADDITIONAL QUALIFICATIONS

- Research/Analytic skills
 - Ability to convey complex information to non-expert audiences
 - Strong problem solving skills
 - Efficient Internet and library literature searches (e.g., MEDLINE, EconLit, Cochrane)
 - Proficient with SAS 9.1 statistical software and Microsoft Office (Word, Excel, PowerPoint)
- Communication skills
 - Ability to write at all levels: abstracts, manuscripts for refereed and non-refereed journals, reports for government and other professional organizations
 - Ability to speak before large groups and conduct interviews with decision-makers
 - Ability to work effectively in a team environment
- Project Management skills
 - Ability to set goals and targets, and to meet them
 - Ability to identify and develop resources
 - Ability to manage people and resources
 - Deliver completed projects in a timely manner

EXTRACURRICULAR ACTIVITIES AND INTERESTS

- Team captain for October 2003-05 Canadian Breast Cancer Foundation Run for the Cure
- Travel:
 - 4 months travel experience in Latin America (2005). Developed basic Spanish verbal skills through Spanish school in Nicaragua
 - 9 months snowboard instructing in Whistler (1999-2000)
 - 8 weeks of French school in Nice, France (1998)
- Member of UBC Economic Students Association & UBC Political Science Students Association (2002-2004)
- Travel & Event Planner for the Executive Council of the UBC Surf Club (2002-2004)
- Active outdoor enthusiast – snowboarding, mountain biking, hiking and surfing

DR. ALEXANDRA MIHAILOVIC

University of Toronto
Dept of General Surgery, Dept Health Policy, Management and Evaluation
alex.mihailovic@utoronto.ca

EDUCATION

PhD	CLINICAL EPIDEMIOLOGY PROGRAM (HPME Dept) 07/03-present <i>Thesis:</i> "The Global Burden of Injury: Determinants of Access to Care After Pediatric Trauma in A Low Income Country". Data collection completed Sept 2005 in Kampala, Uganda. <i>Primary Supervisor:</i> Dr. Peter Coyte <i>Committee:</i> Dr. Andrew Howard, Dr. David Urbach, Dr. Andrew Willan.
PGY 4	UNIVERSITY OF TORONTO (GENERAL SURGERY RESIDENT) 01-present
MD	MCMaster UNIVERSITY May 2001
HBSc	UNIVERSITY OF WATERLOO (biochem and physics major) May 1997

AFFILIATIONS/MEMBERSHIPS

RCPS	ROYAL COLLEGE OF PHYSICIANS AND SURGEONS
CPSO	COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
OMA	ONTARIO MEDICAL ASSOCIATION
CCGHR	CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH
CNIS	CANADIAN NETWORK OF INTERNATIONAL SURGERY
WMS	WILDERNESS MEDICINE SOCIETY

RESEARCH EXPERIENCE

P. Chiu, C. Sauer, **A. Mihailovic**, I. Adatia, D. Bohn, A. Coates, J. Langer. "The Price of Success in Management of CDH: Is Improved Survival Accompanied by an Increase in Long Term Morbidity?" Accepted by *Journal of Pediatric Surgery* for Publication Oct, 2005.

A. Mihailovic, C. Bell, D. Urbach. "User's Guide to the Surgical Literature: Case-Control Studies in Surgical Journals". *Can j Surg.* Vol. 48, No 2, April 2005

A. Mihailovic, A. Howard. "The Global Burden of Childhood Injury".

- Submitted for Review

J. You, **A. Mihailovic**, A. Woo, M. Krahn "Implantable cardioverter-defibrillators for the primary prevention of sudden cardiac death in patients with Hypertrophic Cardiomyopathy"

- Currently under review for publication in JAMA, Oct 2005

A. Mihailovic, P. Chiu, J. Langer "Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia"

- Submitted to Journal of Pediatric Surgery for publication
- Presented at the Canadian Conference on Health Policy and Evaluation, Montreal PQ, May 2004 and Annual General Surgeons Assembly, Toronto, ON June 10, 04
- Poster presentation at International Health Economics Conference in Barcelona, Spain, July 2005.

- A. Mihailovic**, P. Chiu, A. Laporte, J. Langer “Comparison of Outcomes after Repair of Congenital Diaphragmatic Hernia using Two Surgical Techniques.
- Submitted for review currently

C. Forrest, **A. Mihailovic**, R. Buncic, J. Drake, J. Thorner, M Greenberg: “Lacrimal Gland Adenosquamous Carcinoma: An Unusual Case of Proptosis in a 6 yr old boy”. *Craniofacial Surgery*, 9: 231-233, 2001.

A. Mihailovic, P. Fitzgerald, J. Bourgeois, B. Cameron. “Metastatic Carcinoid Tumor of the Appendix: a rare case in an 11-year-old boy and literature review of topic”

- Presented at the Canadian Association of Pediatric Surgeons annual conference, Montebello PQ, Sept 2000

HONORS AND AWARDS

CIHR STRATEGIC TRAINING DOCTORAL FELLOWSHIP IN HEALTH CARE, TECHNOLOGY AND PLACE PROGRAM. University of Toronto- \$20,000 over 2 years

CHSRF/CIHR HEALTH SERVICES RESEARCH TRAINING AWARD- 2005 \$5,000

EDWARD CHRISTIE STEVENS FELLOWSHIP- 2005 \$9, 500

MAA KURKYAK FAMILY FUND (MEDICAL ALUMNI ASSOCIATION)- Travel Grant to explore research options in Africa- Aug 2003, \$5, 000

JOHNSON AND JOHNSON RESEARCH GRANT. New Clinical Investigator Award, Sept 2003, \$25,000.

OUTSTANDING GRADUATING SENIOR University of Waterloo, 1997 (awarded for academic and athletic excellence)

ATHLETE OF THE YEAR varsity Nordic skiing 1994 (gold medallist in OWIAA Nordic Ski)

WESTERN CONSERVATORY OF MUSIC SCHOLARSHIP 1993. Grade 10 classical piano-performer and teaching qualifications.

ONTARIO CANOE/KAYAK TEAM 92/93 (2 silver/ 2 bronze medals and national champs)

MEDICAL RELATED EXPERIENCE

AMEND.ORG: CO-FOUNDER AND PROGRAM DIRECTOR, June 2005- Co-founder of C3 NGO based in New York City launched June 30, 2005. (www.amend.org). Amend focuses on the neglected epidemic of childhood injury in developing countries by implementing community based programs aimed at prevention and treatment of injury. Child Reflector Project starting in Uganda September, 2005.

CANADIAN COALITION OF GLOBAL HEALTH RESEARCH,

- Summer Institute, July 21-25, 2005, Ifakara Tanzania. Chosen as one of 11 dyad pairs to attend week long workshop for new Global Health Researchers. Workshop aimed at skills of advocacy and policy change through knowledge translation skills as well as the effects of globalization and health and Canada’s role in forming partnerships for change.
- Chosen for Mobilization Task Force aimed at mobilizing Canadian support for global health research initiatives and working with government officials to educate them.

CLINICAL INVESTIGATOR PROGRAM, 2003-05 Student representative, U of Toronto

TRAUMA TEAM TRAINING INSTRUCTOR, Uganda, Sept 04- Sept 05. Part of team of 4 physicians who travel to various parts of the country instructing hospital teams on trauma response and advanced life support skills

PTOLEMY PROJECT, 2004, Acted as liaison between 7 African countries and the University of Toronto library. Project involves helping physicians gain access to journals

REPRESENTATIVE ON SURGICAL EDUCATION COMMITTEE. 2001-present
Responsible for bringing concerns of fellow residents to committee

AMERICAN COLLEGE OF SURGEONS MEDICAL STUDENT PROGRAM. October 1999, San Francisco, CA.

INSTRUMENT COLLECTION CAMPAIGN. 1998-present. Organizer of a collection of Surgical instruments for distribution to surgical projects in the third world.

INTERNATIONAL HEALTH WORK. 1996-present. Participated in both clinical work and program implementation in Guatemala, Honduras, India, Nepal and 8 African countries with both organized teams and independently.

PROFESSIONAL

MANAGER AND HEAD GUIDE SeaBlades, Honduras. 1997-98. Responsible for all day-to day operations, finances, human resources and customer relations and guiding 8 day trips.

PRESIDENT OF STUDENT INTERNATIONAL HEALTH INITIATIVE 1998-00. Multi-disciplinary student organization. Organized conferences, speakers and projects re: global health

ADVENTURE GUIDE/ Boundless Adventures, Palmer Rapids, ON. 80 hrs wilderness first aid training. Ran 5 day white water trips with special needs groups.

COMMUNITY INVOLVEMENT

HABITAT FOR HUMANITY VOLUNTEER New Orleans, LA. 1997. worked with house recipients to plan and construct new homes in impoverished projects.

HURRICAIN MITCH FUNDRAISING CAMPAIGN Hamilton, ON. 1998. Organized

FINISHER OF 3 MARATHONS Toronto (Oct 2002), Niagara and Knysna, South Africa.

PERFORMER Singer/guitar player in pubs/restaurants in Canada and Honduras and Uganda.

CERTIFICATIONS AND LICENSES

NLS Life Saving/ Wilderness medicine response qualifications	1998
PADI certified Rescue SCUBA diver/cave diving experience	1997
Free Fall Skydiving certification (Blue Skies Sky Diving)	1994
Level II NCCP Kayak/Canoe coach (and ORCA level II white water levels)	1993
Western Conservatory of Music, Grade 10 classical piano	1993
Advanced Trauma Life Support	2001
Advanced Cardiac Life Support	2001

LANGUAGES

ENGLISH, FRENCH Fluent in written, spoken and reading

SPANISH Working knowledge of written/reading and verbal (conversation)

Greg Payne
172 Lippincott St., Toronto, Ontario, M5S 2P1
(416) 934-0260
e-mail: greg.payne@utoronto.ca

Education

Ph.D. Candidate, Health Policy, University of Toronto, September 2003 - Current

- Department of Health Policy, Management, and Evaluation (HPME)
- Supervisor Dr. Peter Coyte
- Expected date of completion: fall 2006

M.A., Economics, University of Toronto, September 1996 - April 1997

- Graduated with honours

B.Sc., Honours Statistics, University of Western Ontario, September 1988 - April 1992

- Graduated with honours

Research Experience

Research Assistant, University of Toronto, 2003-Present

Provide data analysis and interpretation to investigative team researching the determinants of efficiency and quality in long-term care facilities in Ontario and Canada.

Publications

Refereed Submissions

Payne, G, Laporte A, Coyte P. Counting Backwards to Health Care's Future: The Potential of Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Future Health Care Expenditures. Submitted to: Milbank Quarterly. Date submitted: October, 2005.

Scholarship Role: Based on the literature review section of my doctoral research. 95% contribution.

Dunn S, Limacher J, Daniel I, Isaacksz S, Payne G, Coyte P, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Study. Submitted to: Journal of Obstetrics and Gynecology Canada. Date submitted: September, 2005

Scholarship Role: Prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 35% contribution.

Publications (continued)

Presentations

Payne G. Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems. Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Scholarship Role: Based on the proposal for my doctoral research. 95% contribution.

Payne G. Age and Health Care Utilization: How time-to-death modelling could help clarify a surprisingly complex relationship. HPME Student Research Day, Toronto, Canada, May 4, 2005.

Scholarship Role: Based on my proposal for my doctoral research. 95% contribution.

Limacher J, Payne G, Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Canadian Association for Health Services and Policy Research, 1st annual meeting, Montreal, Quebec, Canada, May 25-28, 2004.

Scholarship Role: Prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 35% contribution.

Poster Presentations

Payne G, Limacher J, Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. International Health Economics Association, 4th meeting, Barcelona, Spain, July 10-13, 2005.

Scholarship Role: Prepared poster presentation, prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 50% contribution.

Notes

Payne G. The Options War. Letter to the editor, Barron's Magazine, June 14, 2003

The letter responded to an analysis of the battle over stock options accounting in the United States, published in an earlier edition of the magazine. The letter suggested that arguing about accounting wasn't enough: options serve no productive role as a form of manager compensation.

Payne G. Safe for Democracy? Letter to the editor, The New Yorker, March 24, 2003

The letter contained an analysis of why American plans to build democracy in Iraq were unlikely to be successful, using a comparison of the histories of the Middle East and the former communist bloc.

Teaching Experience

Teacher's Assistant, Faculty of Pharmacy, 2004, 2005

- Lead TA for fourth year undergraduate course in pharmacoeconomics.

Teacher's Assistant, Faculty of Economics, 1996-1997

- TA for first year undergraduate course in economics.

Teacher's Assistant, Department of Statistics and Actuarial Science, 1990-1992

Academic Awards

Genesis Foundation Research Award, September 2005 – August 2006

- \$5,000 in support of doctoral research

Ontario Graduate Scholarship, University of Toronto, May 2005 - April 2006

- \$15,000 in support of doctoral research

University of Toronto Fellowship Award, January 1997

- \$4,000, awarded for academic excellence

University of Western Ontario Mathematics Scholarships, 1991, 1992

- \$2,000 each year for academic excellence

Professional Service, Volunteer Activities, and Other Contributions

Contributing author and editor, *Home and Community Care Highlights Quarterly Digest*, September 2003 – present

Organization: University of Toronto, Department of Health Policy, Management, and Evaluation

Impact: The digest provides decision-makers with accessible synopses of recent research in the peer-reviewed and grey literature pertaining to the financing, delivery, and organization of home and community-based health care activities.

Member and reviewer, September 2004 – present

Organization: Toronto Health Economists (THE) Network

Impact: THE Network brings together students and experts in the field of health economics from the academic, government, medical, and business communities to discuss, review, and advise on works-in-progress of the membership.

Director and Treasurer, May 2004-present

Organization: Canadian Support for Rural African Initiatives

Impact: Serve as volunteer for small Canadian charity responsible for raising funds and providing advice to Tanzanian partner MKUKI, a Community-Based Organization engaged in activities to address the effects of the AIDS epidemic in rural Tanzania.

Professional Service, Volunteer Activities, and Other Contributions (Continued)

Author, business case document for caregiver support initiative, Spring 2003

Organization: Ontario Ministry of Health and Long-Term Care, Long-Term Strategy unit

Impact: Prepared background information, economic analysis, and recommended alternatives for government strategy of designing new programs to support informal caregivers.

Chair, Proxy Guidelines and Voting Committee, 2000-2002

Organization: KBSH Capital Management

Impact: Rewrote firm guidelines for voting proxies on shares beneficially owned for clients of the firm, and oversaw implementation of procedures ensuring that these guidelines were met.

Representative, Canadian Coalition for Good Governance (CCGG), 2002

Organization: KBSH Capital Management

Impact: Represented firm on newly established CCGG, an initiative by the investment management community to respond to corporate governance scandals and lack of adequate oversight from the institutional investor community. Submitted proposal to CCGG to adopt as policy the rejection of all proposals for stock option compensation (the proposal was rejected).

Non-Academic Work Experience

October 2002 – June 2003, Full-time; September 2004 – Current, Part-time

Policy Analyst, Ontario Ministry of Health and Long-Term Care

- Design models, analyze and forecast trends in demand for long-term care in Ontario
- Model financial condition of private sector operators of long-term care facilities, and make policy recommendations regarding licensing and funding based on these models
- Provided research and analysis in support of Ministry initiative for a long-term strategy for elderly care, with a focus on the expansion of programs designed to support informal caregivers.

June 1997 - September 2002

KBSH Capital Management Inc.

Portfolio Manager, September 2000 - September 2002

- Managed investment funds for institutional and retail clients, directly responsible for the management of over \$200 million
- Presented to clients and prospects for marketing and client service purposes, and wrote quarterly investment review sent to all clients from 1999 to 2002
- Chaired proxy voting committee, rewrote company proxy voting guidelines, and spearheaded initiative to see those guidelines implemented
- Represented firm in summer of 2002 on newly established Canadian Coalition for Good Governance (CCGG) a body that included many of Canada's leading investment managers

Financial Analyst, June 1997 - September 2000

- Performed competitive, industry, financial, and valuation analysis of North American companies in industries from energy pipelines and transportation to technology and health care
- For KBSH portfolio managers, made purchase or sale recommendations for shares in companies analyzed
- Conducted study for KBSH of the feasibility of entering the mutual fund industry, and the strategy to be implemented if the decision was taken – the study's recommendation to not enter the industry was accepted

March 1996 - September 1996

Logistics Coordinator, Cargill Ltd., Toronto

- Designed and implemented production planning programs, dealt with logistical issues for Cargill's specialty meats department
- Using spreadsheets and database links, designed programs to forecast sales and monitor store deliveries

January 1996 - March 1996

Redemptions Technician, BPI Mutual Funds, Toronto

- Developed and improved spreadsheet-database interfaces to more efficiently determine back-end load charges owed by fundholders to the limited partnership at the time of fund redemption

February 1995 - September 1995

Consultant, Bata Shoes, Czech Republic

- Improved the efficiency of the Bata factory's purchasing program, and its management of raw materials
- Designed a program to monitor material movements, coordinated with 10-week forecasts for material use and trained purchasing staff to use this program

September 1994 - February 1995

Manager, Canada - Czech Republic Chamber of Commerce, Czech Republic

- Managed day-to-day activities, promoted Canadian-Czech business cooperation while actively involved in the Prague business community
- Organized two business meetings in downtown Prague, one in which the Canadian Ambassador was the keynote speaker

September 1993 - July 1994

Financial Analyst, Tatra a.s., Czech Republic

- Prepared financial reports on past performance and future forecasts for the board of directors

Skills and certification

- Chartered Financial Analyst (CFA), completed in 2000, Canadian Securities Course, 1996
- Data skills in Excel, Access, SQL, and SAS
- Fluent spoken and written Czech

Activities and Interests

- Extensive Travel (Europe, Africa, South America)
- Squash, basketball, chess
- Reading in history, current events, and economics

Appendix 13:
2004-2005 CHSRF/CIHR Fellowship
Recipients: Updates

Appendix 13: 2004-2005 CHSRF/CIHR Fellowship Recipients: Updates

2005/06

Meredith Lilly

Testimonial:

Funding and mentorship support from the CHSRF/CIHR Chair in Health Services Research augments my experience as a PhD student in health services research at the University. There is no question that Dr. Coyte and his Chair provide genuine value-added resources that would not otherwise be available to me.

Financial Assistance:

In each of 2004-05 as well as the current academic year (November 2005-06)*, I have been granted CHSRF/CIHR Research Training Awards in the amount of \$8,000. This funding enables me to focus my time and resources on thesis research and health services research training, rather than having to balance additional employment as well. In addition, Dr. Coyte's funding has been applied to securing academic study space on campus for his graduate students. Access to these resources is critical to the successful completion of my degree.

Academic Training:

In 2004-2005, I augmented my capacities as a health services researcher by focusing on the following activities:

Thesis research – literature review and development of theoretical model.

Two courses – (1) HCTP course on the body and (2) Teaching in Higher Education, a course for PhD students preparing for academic careers.

Knowledge translation – (1) conference presentation at the CIHR's Institute of Gender and Health conference in Montreal; (2) lecture to clinicians on cost-effectiveness of IBI therapy for children with autism; (3) grant writing instruction for graduate students.

Manuscript preparation – (1) cost-effectiveness of IBI therapy (accepted); (2) book review on women and unpaid caregiving (in press).

Editor/reviewer - Home and Community Care Highlights Digest.

Mentorship:

In 2004-2005, Dr. Coyte continued to provide overall guidance for thesis research. He also provided advice on content for conference presentations, and editorial/content advice (and/or authorship) on manuscripts. In addition, in 2004-05 he invited senior PhD students studying health economics to join the collaborative group he leads, the Toronto Health Economic Network. Attended by university faculty and Toronto area health economists, participation in this group has been invaluable.

*I took a six month parental leave in 2005. I returned to full-time study on November 1, 2005.

Meghan McMahon

Testimonial:

I have benefited tremendously, both academically and financially, from the CHSRF/CIHR Health Services Chair Training Award. Indeed, my research experiences at the University of Toronto have been greatly enhanced by the opportunities that have emerged through this Award. In addition to the mentorship I have received from Dr. Coyte in terms of both my current research and future career goals, I have also been provided invaluable opportunities to interact and forge connections with numerous leaders in the field of health services research.

Financial Assistance:

Financially, the Award has enabled me to focus exclusively on my course work and Master's research, and to undertake an ambitious and stimulating research programme consisting of 8 courses and a thesis that examines linkages between health risk behaviours (including, for example, obesity and smoking), health services utilization (e.g., physician visits, emergency room visits, medications) and income inequality.

Academic Training:

An excellent component of the Award is the Home and Community Care Knowledge Translation course, which trains students to write succinctly and concisely for health care decision-makers. By serving on an editorial board for a Home and Community Care quarterly digest, I have developed knowledge translation skills and an awareness of the importance of communicating research evidence to decision-makers.

Mentorship:

Academically, the Award has enriched my education through the training, guidance and mentorship of one of Canada's leading health economists – Dr. Peter Coyte. The opportunities for growth and development through the insight, vision and advice of Dr. Coyte are a unique benefit of mentorship.

Alex Mihailovic

Testimonial:

My experience as a PhD student has in many ways been enhanced through funding I have received through the CHSRF/CIHR Research Training Award, working with the team of people involved with the CHSRF group and from the academic training and mentorship provided by Dr. Peter Coyte. I have further elaborated on these topics below.

Financial Assistance:

I received \$5000.00 through the 2005/06 CHSRF/CIHR Research Training Award for one year. This money has allowed me to focus on completing my PhD in 3 years without a need to engage in clinical work, to travel to Africa where the data collection for my thesis has taken place and to work with a team of people familiar with the methodology and skills behind the study of access to care and poverty analysis.

Academic Training:

I was provided with guidance and training in quantitative research skills pertaining to access

to care and equity in health service provision. This was to supplement my training with the Clinical Epidemiology Program at University of Toronto. I have also had the opportunity to participate in the following educational activities:

- * Reviewer: Home and Community Care Highlights
- * Completed a thesis "The Determinants of Access to Care After Pediatric Injury in the Low-Income Country: Applications of the Andersen Behavioral Model"
- * Presented at the CAHSR/CIHR Conference in Montreal, May 2004
- * Participated in Canadian Coalition for Global Health Research Summer Institute on research knowledge translation. Tanzania, July 2005
- * Presented 3 abstracts at the World Injury Conference, Durban, South Africa, April/06
- * Presented at the Canadian International Health Association Conference, Toronto, April 2006
- * Presented at Annual General Assembly of General Surgeons, Toronto, May, 2006
- * Assisted in conducting a Work Shop at the Canadian Society for International Health and Canadian Coalition for Global Health Research Conference, Ottawa, Nov, 2005

These activities allowed me the opportunity to interact with fellow researchers and students and expand my understanding of Health Services Research. In addition to meeting people in my own and other fields of studies I received useful feed back on my own methods and research and ideas for future endeavors.

Mentorship:

Dr. Peter Coyte is consistently encouraging and allows a large amount of independent work which is essential to the work that I have undertaken. He is keen to provide guidance and structure without overpower the thesis process. He has encouraged expansion of my learning into broader fields of health service research, community care and knowledge translation which will no doubt serve to enhance my future work and my understanding of where my own work fits into the picture of health care provision. He is very approachable, very flexible in research endeavors and especially knowledgeable of the literature and methods pertaining to all aspects of health service research. I hope to have the opportunity to continue to seek his guidance and support throughout my career in Toronto.

Greg Payne**Testimonial:**

The Genesis Award has helped give me the financial flexibility to pursue my research. In addition, activities sponsored by the CHSRF Chair have also connected me with a network of experts in my field who have been able to advise me on the progress of my thesis work.

Financial Assistance:

The Genesis Award has helped give me the financial flexibility to pursue my research, in particular by funding my computing needs, books and subscriptions, and travel expenses.

Academic Training:

My editorial responsibilities with the Home and Community Care Highlights digest have helped keep me up-to-date on developments in the broader fields of my discipline, as well as hone my writing and editing skills. The Health Economists (THE) Network, sponsored by the CHSRF Chair, has also introduced me to new areas of research and afforded me the opportunity to network with experts in my field.

Mentorship:

The mentorship of Dr. Coyte, with his broad expertise in health economics, and of other members of THE network, has been an important aid in developing the knowledge I require for my thesis work.

2004/05

Michele Kohli**Testimonial:**

Dr. Peter Coyte is my primary supervisor for my PhD and has provided excellent mentorship throughout. Under his guidance I have been able to design, obtain funding for and launch a study looking at priority setting within Community Care Access Centres (CCACs). Through this project I will learn both qualitative and quantitative research methods and various theories of priority setting. Furthermore, I have had the opportunity to interact with decision makers within the CCACs and their supporting organizations as well as individuals in the Ministry of Health throughout the course of this research project.

Financial Assistance:

I was a recipient of a graduate training award from the CIHR/CHSRF Health Care Settings Chair from January to December 2004. This award allowed me to return to school full-time to focus on my PhD comprehensive exams and my PhD thesis research.

In September 2004, I received funding to attend a Discrete Choice Workshop led by Dr. Mandy Ryan in Alberta. I will be using this technique from economics to design a survey of CCAC case managers in the quantitative phase of my thesis research.

In July 2005, I received financial assistance from the CHSRF CAN! network, established by Dr. Coyte, to attend the International Health Economics Association 5th World Congress in Barcelona, Spain, in order to present the initial results of my thesis. My poster presentation was entitled, "Priority Setting in the Home Care Sector in Ontario".

Academic Training:

I am currently working on my PhD in the Department of Health Policy Management and Evaluation (HPME). I have completed all courses and exams and am scheduled to complete my research project in 2007. Dr. Doug Martin from HPME and Dr. Deborah Marshall from the Program for Assessment of Health Technology at McMaster University are also on my thesis committee.

Mentorship:

In addition to guiding my research project, Dr. Coyte has provided me with advice on future career options and on how to build my skills for an academic position. Through Dr. Coyte and the programs funded by his Chair, I have had the opportunity to attend workshops on topics such as knowledge translation and academic publication.

Michael Hillmer

Testimonial:

The CHSRF fellowship award was extremely important to my research. Using the funds from the fellowship I was able to purchase several statistics and methodology books that have been integral to my work. I was also able to purchase some important software (a graphing package and Reference Manager). The fellowship funds allowed me to travel to Nova Scotia to present my research to the Canadian Geriatrics Society meeting. This was an invaluable opportunity to share my ideas with clinical experts.

Financial Assistance:

I was supported for three years from a doctoral fellowship from CIHR. I was an applicant on a three year CIHR grant that was successfully funded in September 2005. This operating grant now provides the funds for my research.

Academic Training and Mentorship:

My academic training and mentorship was superb in 2005.

Chris Mushquash

Testimonial:

My experience as a first-year Doctoral student was highly positive and academically fulfilling. I am grateful to Dr. Peter Coyte and the financial assistance I received from the CHSRF/CIHR Research Training Award.

Financial Assistance:

I have received the following research award for the support of my graduate work: 2004/05 CHSRF/CIHR Research Training Award - \$10,000.00 for one year. These resources have provided me with the opportunity to concentrate on my studies, allowing me to have a very productive and enjoyable year. Because my research was with rural Aboriginal communities in Nova Scotia, the award allowed me the ability to travel. As well, I used funds from this award to purchase a laptop computer for data collection and communications while in the field.

Academic Training and Mentorship:

Unfortunately, because my program was located in Halifax at Dalhousie University, I was unable to connect with Dr. Coyte for the period I held the award.

Laura O'Grady

Testimonial and Financial Assistance

Without the financial assistance provided by this award I would not have been able to complete the data collection for my dissertation. This funding provided me with a means to remunerate my study participants, as well as help with costs related to presenting my research at the Canadian HIV/AIDS Conference in Vancouver this past spring. The award

also gave me the confidence to apply for post doctoral funding. During my award tenure I presented at two conferences and had the following two papers published.

O'Grady, L. (in press). Accessibility compliance rates of consumer oriented Canadian health care web sites. *Medical Informatics and the Internet in Medicine*.

O'Grady, L. (in press). Future directions for depicting credibility in health care web sites. *International Journal of Medical Informatics*.

I also currently have two other papers under review.

Academic Training and Mentorship

As part of my award I attended a workshop on applying for faculty positions presented by Peter Coyte. Through this workshop I learned how to prepare a CV, which I recently used in my post doctoral application. It was through my experience in Peter's course, HAD7001 that I became familiar with knowledge translation, an area which I am now considering for my post doctoral work. Peter also encouraged me to submit papers for publication.

Julie Polisena

Testimonial:

My experience in the Master of Health Administration program was challenging and enriching. I received academic training and mentorship from Drs. Audrey Laporte and Peter Coyte. As well, Dr. Laporte provided me with guidance for my Master's thesis, "Performance Evaluation in Home and Community Care".

Financial Assistance:

For the 2004/05 academic year, I received a CHSRF/CIHR Research Training Award of \$20,000. This financial assistance allowed me to concentrate on my courses and Master's thesis. The Health Policy, Management and Evaluation (HPME) Department at the University of Toronto also awarded me a \$2,500 bonus. Currently, I receive funding from Dr. Coyte for my internship in Rome, Italy, where my first assignment was to conduct an extensive literature review on the institutional (i.e. university, industry and government) patterns of medical innovation processes.

Academic Training:

For my Master's degree, I completed both qualitative and quantitative courses that helped me to develop a solid foundation in health administration. The activities below were also valuable to my learning experience:

- Co-edited the June 2005 issue of Home and Community Care Highlights and contributed to and reviewed the publication issues.
- Conducted cost-consequence, multiple regression and sensitivity analyses to determine the effectiveness of asthma action plans in the pediatric population.
- Presented the study on Research Day at the HPME Department in Toronto on May 2005 and at the Canadian Association Health Services and Policy Research (CAHSPR) Conference in Montreal on September 2005.

Mentorship:

Drs. Laporte and Coyte are committed to ensure that their students have a positive experience during their graduate studies and are eager to offer them academic and career advice. By sharing their past experiences, they inspire their students to pursue high levels of learning. It was a privilege to be mentored by Drs. Laporte and Coyte .

Mark Skinner**Testimonial:**

I am especially grateful for the professional development aspect of the Genesis Fellowship, which included editorial and knowledge translation training through the Home and Community Care Highlights course at the University of Toronto.

Financial Assistance:

The CHSRF / CIHR Research Training Award (Genesis Fellowship) financed several major aspects of my doctoral research including transcription of 72 in-depth interviews, travel to the International Symposium on Medical Geography (Fort Worth, Texas) to present the results of my work, and production of a community report for research participants.

Academic Training:

This award helped me develop my research and professional expertise beyond the scope of my PhD thesis, which is not a common experience at the graduate level.

Mentorship:

I received invaluable advice on early-career decisions, such as job applications, in the field of health services research.

Susanna Tam**Testimonial:**

My experience as a Master's student has been positive. The academic training I received has been very stimulating and rewarding. The financial assistance and mentorship I received as part of the CHSRF Research Training Fellowship has been most beneficial in my endeavors to become a health service researcher.

Financial Assistance:

As a graduate student I was the recipient of a Genesis Research Training Fellowship in 2004/05 for \$10,000 for one year. This award has enabled me to concentrate on my studies and supported my graduate work. Furthermore, I was provided with a secure and quiet study space during the academic year which I recently discovered is a benefit few graduate students have in the department. Therefore I was exceedingly glad to have received such an opportunity.

Academic Training:

During my graduate studies, I received solid training in quantitative research methods and health policy analysis. I also had the opportunity to participate in other educational activities such as being a reviewer for the Home and Community Care Highlights and complete a cost analysis of asthma action plans for children with asthma. Under the advice of Dr. Coyte I was also enrolled in the collaborative program for Health Services and Policy Research at

the University of Toronto. This provided great opportunities to interact with other stakeholders and an opportunity to complete a policy practicum with the Ontario Medical Association.

Mentorship:

The mentorship I received in this program has been most valuable. Dr. Coyte truly displays a genuine commitment to his students and purposely avails himself to his students to assist them in their graduate work. Dr. Coyte's high standard for quality in academic work has also inspired and challenged me to be likewise. Dr. Coyte has always been welcoming and approachable and it has been a great privilege to work under his tutelage.

**Appendix 14:
Selected Publications and
Presentations by Trainees since
2000**

Appendix 14: Selected Publications and Presentations By Trainees Since 2000

PUBLICATIONS

2006

Alameddine, M., **Laporte, A.**, Croxford, R., Baumann, A., O'Brien-Pallas, L., Sping, W., Milburn, B., Deber, R. (2006) Where are nurses working? Employment patterns by sub-sector in Ontario, Canada. Health Policy, forthcoming 2006.

Berta, W., **Laporte, A.**, Valdmanis, V., **Zarnett, D.**, Anderson, G. (2006) Pan-Canadian Perspective on Institutional Long-term Care. Health Policy, January 19, forthcoming 2006.

Cameron, J.I., Cheung, A.M., Streiner, D.L., Coyte, P.C., Stewart, D.E. (2006) Stroke Survivors' Behavioural and Psychological Symptoms are Associated with Informal Caregivers' Experiences of Depression. Archives of Physical Medicine and Rehabilitation; 87(2): 177-183.

Guerriere, D.N., **Ungar, W.J.**, Corey, M., Croxford, R., **Tranmer, J.E.**, Tullis, E., Coyte, P.C. (2006) Evaluation of the Ambulatory and Home Care Record: Agreement Between Self-Reports and Administrative Data. International Journal of Technology Assessment in Health Care, forthcoming 2006.

Laporte, A. (2006) Price responsiveness of demand for cigarettes: Does rationality matter? Substance Use and Misuse; 41(4):511-31.

Laporte, A., Ferguson, B. (2006) Investment in health when health is stochastic. Journal of Population Economics, forthcoming 2006.

Laporte, A., **Croxford, R.**, Coyte, P.C. (2005) Can a Publicly Funded Home Care System Successfully Allocate Service Based on Need Rather Than Socio-Economic Status? A Canadian Experience. Health and Social Care in the Community, forthcoming, 2006.

Li, L., Maetzel, A., Davis, A.M., Lineker, S., Bombardier, C., Coyte, P.C. (2006) The Primary Therapist Model for Patients Referred for Rheumatoid Arthritis (RA) Rehabilitation: A Cost-Effectiveness Analysis. Arthritis Care and Research, forthcoming 2006.

Li, L., Davis, A.M., Lineker, S., Coyte, P.C., Bombardier, C. (2006) Outcomes of Patients who were Referred for Rheumatoid Arthritis Rehabilitation: A Randomized Controlled Trial. Arthritis Care and Research, forthcoming 2006.

Limacher, J.J., Daniel, I., Isaacksz, S., **Payne, G.**, Dunn, S., Coyte, P.C., **Laporte, A.** (2006) Early Abortion in Ontario: Options and Costs. Journal of Obstetrics and Gynaecology Canada, forthcoming 2006.

Mitton, C., **McMahon, M.**, Morgan, S., Gibson, J. (2005) Centralized Drug Review Processes: Are they Fair? Social Science and Medicine; in press. Accepted November 2005

Morgan, S., **McMahon, M.**, Mitton, C. *et al.* (2005) Centralized Drug Review Processes in Australia, Canada, New Zealand and the United Kingdom. Health Affairs; forthcoming March 2006

Motiwala, S.S., Gupta, S., Lilly, M., Ungar, W.J., Coyte, P.C., "The Cost-Effectiveness of Expanding Intensive Behavioural Intervention (IBI) to All Children with Autistic Children in Ontario". Healthcare Policy, 1:2, 125-141, 2006

Stabile, M., **Laporte, A.**, Coyte, P.C. (2006) Household Responses to Public Home Care Programs. Journal of Health Economics, January 16, forthcoming 2006.

Stevens, B., **Guerriere, D.N.**, McKeever, P., **Croxford, R.**, Miller, K.L., MacDonnell, J., Gibbons, S., Dunn, M., Ohlsson, A., Ray, K., Coyte, P.C., "Economics of Home vs. Hospital Breastfeeding Support for Newborns". Journal of Advanced Nursing; 53:2, 233-243, 2006.

2005

Achonu, C., **Laporte, A.**, Gardam, M.A. (2005) The Financial Impact of Controlling a Respiratory Disease Outbreak in a Teaching Hospital: Lessons Learned from SARS. Canadian Journal of Public Health; 96(1): 52-55.

Attard, N., Zarb, G.A., **Laporte, A.** (2005) Long-term Treatment Costs associated with Implant supported Mandibular Protheses in Edentulous Patients. International Journal of Prosthodontics; 18(2): 117-23.

Berta, W.B., **Laporte, A.**, Valdmanis, V. (2005) Observations on Institutional Long-term Care in Ontario: 1996-2001. Canadian Journal on Aging; 24(1):71-84.

Chiu, P., Sauer, C., **Mihailovic, A.**, Adatia, I., Bohn, D., Coates, A., Langer, J. (2005) The Price of Successin Management of CDH: Is Improved Survival Accompanied by an Increase in Long Term Morbidity? Journal of Pediatric Surgery; Publication Oct, 2005.

Dick, P.T., Bennie, J., Barden, W., Daniels, C., **Young, N.L.**, and The Tele-Homecare Team. (2005) Does Paediatric Tele-Homecare Support Transition Home? A Report on Preference and Satisfaction. E-Health, forthcoming 2005.

Doria, A.S., Amernic, H., Dick, P., Babyn, P., Chait, P., Langer, J., Coyte, P.C., **Ungar, W.J.** (2005) Cost-Effectiveness Analysis of Weekday and Weeknight-or-Weekend Shifts for Assessment of Appendicitis. Pediatric Radiology; 35(12): 1186-1195.

Gupta, S., Hawker, G., **Laporte, A.**, **Croxford, R.**, Coyte, P.C. (2005) The Economic Burden of Disabling Hip and Knee Osteoarthritis (OA) from the Perspective of Individuals Living with this Condition. Rheumatology; 44(12): 1531-1537.

Laporte A., Windmeijer F (2005) "Estimation of Panel Data Models with Binary Treatment Indicators when Treatment Effects are not Constant over Time", *Economics Letters* 88, 389- 396.

Li, L., Davis, A.M., Lineker, S., Coyte, P.C., Bombardier, C. (2005) The Outcome of Home-based Rehabilitation Provided by Primary Therapists for Patients with Rheumatoid Arthritis: A Pilot Study. Physiotherapy Canada; 57: 255-264.

Lilly, M. (2005) Review of the book *Caring for/caring about: women, home care, and unpaid caregiving*. Archives of women's mental health; 8: 113-114.

McMahon, M., Morgan, S., Mitton, C. (2005) The Common Drug Review: A NICE Start for Canada? Health Policy; available online October 6, 2005

Mihailovic, A., Bell, C., Urbach, D. (2005) User's Guide to the Surgical Literature: Case-Control Studies in Surgical Journals. Canadian Journal of Surgery; 48(2): 148-51.

Morgan, S., **McMahon, M.** (2005) Examining National Drug Formularies: Lessons from International Experiences. Report prepared for the Pharmaceuticals Policy Branch, Health Canada.

Motiwalla, S.S., Flood, C.M., Coyte, P.C., **Laporte, A.** (2005) The First Ministers' Accord on Health Renewal and the Future of Home Care in Canada. Healthcare Quarterly; 8(1): 2-9.

Piwko, C., Lasry, A., Alanezik, K., Coyte, P.C., **Ungar, W.J.** (2005) Economic Evaluation of Ondansetron Versus Dimenhydrinate for Prevention of Postoperative Vomiting in Children Undergoing Strabismus Surgery. Pediatric Anesthesia; 15(9): 755-761.

Stevens, B., **Guerriere, D.N.**, McKeever, P., **Croxford, R.**, Miller, K.L., MacDonnell, J., Gibbons, S., Dunn, M., Ohlsson, A., Ray, K., Coyte, P.C., "Economics of Home vs. Hospital Breastfeeding Support for Newborns". Journal of Advanced Nursing, forthcoming, 53:2, 233-243, 2006.

Tranmer, J.E., **Guerriere, D.N.**, **Ungar, W.J.**, Coyte, P.C. (2005) Valuing Patient and Caregiver Time: A Review of the Literature. PharmacoEconomics; 23(5): 449-459.

2004

Clark, J.P., Hudak, P.L., **Hawker, G.**, Coyte, P.C., Mahomed, N., Kreder, H.J., Wright, J.G. (2004) The Moving Target: A Qualitative Study of Elderly Patients' Decision-Making Regarding Joint Surgery. Journal of Bone and Joint Surgery; 86-A(7): 1366-1374.

Croxford, R., Friedberg, J., Coyte, P.C. (2004) Socioeconomic Status and Surgery in Children: Myringotomies and Tonsillectomies in Ontario, 1996-2000. Acta Paediatrica; 93(9): 1245-1250.

Hawker, G.A., Wright, J.G., Badley, E.M., Coyte, P.C. for the Toronto Arthroplasty Health Services Research Consortium. (2004) Perception of, and Willingness to Consider, Total Joint Arthroplasty in a Population-Based Cohort of Individuals with Disabling Hip and Knee Arthritis. Arthritis and Rheumatism; 51(4): 635-641.

Laporte, A. (2004) Do economic cycles have a permanent impact on population health? Revisiting the Brenner hypothesis. Health Economics; 13(8): 767-779.

Kopach, R., Sadat, S., Gallaway, I., Geiger, G., **Ungar, W.J.**, Coyte, P.C. (2004) A Cost-Effectiveness Analysis of Medical Documentation Alternatives. International Journal of Technology Assessment in Health Care; 21(1): 126-131.

Young, N.L., Barden, W., Lefort, S., Nijssen-Jordan, C., Daniels, C., Booth, M., Dick P., and The Tele-Homecare Team. (2004) Tele-Homecare: A Comparison of Three Canadian Models. Telemedicine Journal and e-Health; 10(1): 45-52.

Young, W., McShane, J., O'Connor, T., Rewa, G., Goodman, S., Jaglal, S., Cash, L., Coyte, P.C. (2004) Registered Nurses' Experiences with an Evidence-Based Home Care Pathway for Myocardial Infarction Clients. Canadian Journal of Cardiovascular Nursing; 14(3): 24-31.

2003

Attard, N.J., Wei, X., **Laporte, A.**, Zarb, G.A., Ungar, W.J. (2003) A cost minimization analysis of implant treatment techniques in edentulous patients. International Journal of Prosthodontics; 16(3):271-276.

Cameron, J. I., Cheung, A.M, Streiner, D.L., Coyte, P.C., Stewart, D.E. (2003) The Importance of Patient Behaviour and Caregiver Lifestyle in Explaining Depression in Family Caregivers to Stroke Survivors. *Stroke*. (Submitted)

Coyte, P.C., Mitchell, A., **Zarnett, D.** Development and Assessment of a Housing Adequacy Checklist for Elderly Individuals in Receipt of Home Care. Hospital Management Research Unit Report to the Ontario Ministry of Health and Long-Term Care. July 2003

Glazier, R.H., Badley, E.M., Wright, J.G., Coyte, P.C., Williams, J.I., Harvey, B., Wilkins, A.L., **Hawker, G.A.** (2003) Patient and Provider Factors Related to Arthritis Care in a Community Setting. Journal of Rheumatology; 30(8): 1846-1850.

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PRESENTATIONS

2006

Morgan, S., **McMahon, M.**, Mitton, C., Roughead, E., Kirk, R., Kanavos, P., Menon, D. "Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison." Poster Presentation, Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, February 9-10, 2006

Ungar, W. "Differences in Pharmaceutical Benefits Policies in the Public and Private Sectors: Effects on Health Outcomes in Children with Asthma." Poster Presentation, Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, February 9-10, 2006

Zarnett, D. "The Effects of Competition on Community-Based Nursing Wages." The Economics of Population Health hosted by the American Society of Health Economists, University of Wisconsin, Madison, June 2006.

2005

Asche, C., Coyte, P. C. "Welfare loss resulting from small area variation in rates of ventilation tube surgery in Ontario." Presentation at International Health Economics Association, 5th World Congress, Barcelona, Spain, July 10-13, 2005.

Berta, W., **Laporte, A.**, **Zarnett, D.**, Valdmanis, V., Anderson, G. Pan-Canadian Perspectives on Institutional Long-Term Care. Canadian Association of Health Services Policy Research Conference, Montreal, Quebec, September 2005.

Kohli, M. "Priority Setting in the Home Care Sector in Ontario." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Kohli, M. "Priority Setting in the Home Care Sector in Ontario." Presentation at International Health Economics Association, 5th World Congress, Barcelona, Spain, July 10-13, 2005.

Laporte, A., Berta, W., Valdmanis, V., **Zarnett, D.** Frontier Estimation and Ownership: The Case of Nursing Homes, International Conference on Economics, Management and Policy, Athens, Greece, June 2005.

Mihailovic, A., Chiu, P., Langer, J. Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia. Poster presentation at International Health Economics Conference in Barcelona, Spain, July 2005.

Mihailovic, A., **Zarnett, D.**, Bumpass, D., Tsimicalis, A., Langer, J. Cost-Analysis of Surgical Repair for Congenital Diaphragmatic Hernia. 5th World Congress, International Health Economics Association, Barcelona, Spain. July 2005.

Mitton C, **McMahon M**, Morgan S. Presented by Craig Mitton. "Centralized Drug Review Processes: Are they Fair?" Podium presentation, 2005 International Conference on the Scientific Basis of Health Services, Montreal, September 2005.

Morgan, S.G., **M. McMahon**, C. Mitton, L. Roughead, R. Kirk, P. Kanavos, and D. Menon. "Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison." Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.

Morgan, S., P. Schaub, D. Mooney, P. Caetano, S. Rahim-Jamal, **M. McMahon**, and L. Yan. "Mapping Drug Utilization Patterns: A Canadian Case Study." Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.

Morgan, S., S. Rahim-Jamal, P. Schaub, **M. McMahon**, D. Mooney, and L. Yan. "A Population-Based Atlas of Drug Utilization Patterns." Poster presentation, 2005 Annual Conference of The Canadian Association for Population Therapeutics, Vancouver, April 2005.

Payne G. Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems. Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Payne G. Age and Health Care Utilization: How time-to-death modelling could help clarify a surprisingly complex relationship. HPME Student Research Day, Toronto, Canada, May 4, 2005.

Payne, G., Limacher, J., Daniel, I., Isaacksz, S., Dunn, S., Coyte, P.C., Laporte, A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Poster presentation at International Health Economics Association, 5th meeting, Barcelona, Spain, July 10-13, 2005.

Piwko, C. "Methods for Developing/Implementing Best Practices." Poster presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Polisena, J. "An Economic Evaluation of Asthma Action Plans for Children." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Ungar, W. "Comparison: Asthma Medication use in publicly vs. privately insured children with asthma." Poster presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

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Ungar, W., Ahmad, F. Kozyrskyi, A., Paterson, M., Mamdani, M. "Financial Barriers to Medication Use in Children with Asthma: an Analysis of Private Sector Prescription Medication Claims." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

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Lilly, M. *Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada.* Canadian Association of Health Services and Policy Research Conference, Montreal: May 25-28, 2004.

Lilly, M. *Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada.* Poster presented at the CIHR Institute of Gender and Health Third National IGH Award Recipient Symposium, Montreal: October 25, 2004.

Lilly, M. Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. The Hospital for Sick Children Population Health Rounds, October 18, 2004. Invited Lecture.

Lilly, M. Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Health Care Technology and Place Seminar, University of Toronto: April 28, 2004. Invited Lecture.

Limacher J, **Payne G,** Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Canadian Association for Health Services and Policy Research, 1st annual meeting, Montreal, Quebec, Canada, May 25-28, 2004.

Mihailovic, A., Chiu, P., Langer, J. Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia. Presented at the Canadian Conference on Health Policy and Evaluation, Montreal PQ, May 2004 and Annual General Surgeons Assembly, Toronto, Ontario: June 10, 2004

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Zarnett, D., Laporte, A., Nauenberg, E. Doran, D. Coyte, P. The Effects of Competition on Community Based Nursing Wages in Ontario. Canadian Association of Health Services Policy Research Conference, Montreal, Quebec: May 25-28, 2004.

Zarnett, D., Laporte, A., Nauenberg, E. Doran, D. Coyte, P. The Effects of Competition on Community Based Nursing Wages in Ontario. Department of Health Policy, Management and Evaluation Research Day, Toronto, April 2004.

2003

Cameron, J. 111th Annual Convention of the American Psychological Association, Toronto, August 2003

Gibson, B. "Identity Experiments: The Connectivity of Disability". Transvision 2003. 'The Adaptable Human Body: Transhumanism and Bioethics in the 21st Century'. Yale University, Connecticut, June 2003

Lilly, M., Sanober S. Motiwala, Shamali Wickremaarachi, Wendy J. Ungar, Peter C. Coyte. *Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study*. Poster Presentation at CIHR / IHSPR Inaugural National Symposium, Montreal: November 22-24, 2003.

Lilly, M. *Proposals that Work: A Workshop for Graduate Students*. Invited Presentation. CIHR Strategic Training Program in Health Care, Technology and Place, University of Toronto, November, 2003.

Lilly, M., Sanober S. Motiwala, Shamali Wickremaarachi, Wendy J. Ungar, Peter C. Coyte. *Cost-Effectiveness of Expanding Autism Therapy to Children in Ontario*. Poster Presentation: Health Policy, Management and Evaluation Research Day; University of Toronto, May 7 2003.

Lilly, M (2003). *Variations in Labour Remuneration for Caregiving in Canadian Hospitals versus Homes*. Presenter. Place and 21st Century Health Care Research: Concepts, Methods and Findings. Health Care, Technology and Place Collaborative Workshop. CIHR Strategic Training Program in Health Care, Technology and Place. University of Toronto. June 12-13, 2003.

Motiwala, S. International Health Economics Association World Congress, San Francisco, June 2003

Tranmer, J. Canadian Association of Population Therapeutics, Quebec City, March 2003

Young, W. "Integrating Research and Practice at the Ideas Factory: The Experience of Saint Elizabeth Health Care." HCERC Lunch and Learn Events, Toronto, January 22, 2003

Young, W. "A randomized controlled trial of a community-based inner-city disease management program for post-myocardial infarction patients." Knowledge Translation Rounds, Toronto, February 10, 2003

2002

Cameron, J. The Society for the Psychological Study of Social Issues, Toronto, June 2002

Gibson, B. "Privacy and Exclusion: Towards a More Inclusive Ethical Approach", CIHR International Collaborative Workshop on Health Care Technology and Place, University of Toronto, June 2002

Kontos, P. "Embodiment and Alzheimer's Disease: The Case of de Kooning's Late Painting" Canadian Association on Gerontology. Montreal, October 2002

Kontos, P. "Rethinking Selfhood in Alzheimer's Disease" Communicology Symposium 2002: Cultural Constructions of Technology and Human Relations: Health and Unhealthy, Strange Familiar Bodies. Brock University, St. Catharines, July 2002

Kontos, P. "Embodied Consciousness and Alzheimer's Disease" 4th Bi-Annual Summer Institute, Canadian Association for the Study of Women and Education, Toronto. May 2002

Li LC, Quality of care provided to a community-based sample of patients with osteoarthritis. *Arthritis & Rheumatism*. 46(9) Suppl: S627. American College of Rheumatology Conference, 2002.

Li LC. Physiotherapy Management Of Low Back Pain: An Exploratory Survey. GTA Rehab Network Clinical Education and Research Day, February 20, 2002.

Tranmer, J. Canadian Health Economics Research Association, Halifax, May 2002.

Wiles, J. "Organization and Provision of Care Work in Ontario: Spreading the Margarine Thinner and Cutting out the Jam" Health Care Settings and Public Policy in Canada and Sweden: A Health Care Technology and Place International Collaborative Research Workshop. University of Toronto and Karolinska Institute, June 8-14, 2002

Wiles, J. "Ambiguities in Using Interview Talk for Health Geography Research" 98th Annual Meeting of the Association of American Geographers. Los Angeles, March 18-23, 2002

Young W. "The Development, Implementation and Evaluation of a Disease Management Program for Post-Myocardial Infarction Patients: A Randomized Controlled Trial. Clinical Epidemiology Rounds, November 18, 2002.

2001

Irvine T. Micro-politics and Regimes of Care: A Foucauldian Analysis of School Age Children's Experiences with Chronic Kidney Disease". Child & Youth Home Care Network Forum: Addressing the Challenges of Making Home Care for Children and Youth Evidence-Based Ontario Heritage Centre, Toronto, 2001

Irvine, T. "Engaging with Children about their Experiences of Home Care: Conceptual and Methodological Considerations. International Collaborative Research Forum: Research Methods: Health Care Technology and Place, University of Toronto/Karolinska Institute, Stockholm, 2001

Irvine, T. "Home as a Field Setting: Diversity in Data Collection Methods" International Research Conference, Health Care in a Complex World, University of Toronto, 2001

Kontos, P. "Alzheimer's Disease and Embodiment" American Anthropological Association. Washington, November 2001

Kontos, P. "Perspectives on Embodiment and their Implications for Understanding Alzheimer's Disease" 17th Congress of the International Association of Gerontology. Vancouver, July 2001

Kontos, P. "Resuscitating Agency in Alzheimer's Disease" Canadian Anthropology Society. McGill University, Montreal, May 2001

Li L. Advances in Arthritis Rehabilitation. The Arthritis Society, 'A Day with Arthritis You Can Live With'. Sept 29, 2001, Calgary.

Li L. Utilization of Non-pharmacological Treatment by People with Osteoarthritis. *Physiotherapy Canada* 53(1) Suppl: S6, 2001. Canadian Physiotherapy Association Congress.

Wiles, J. "Bringing 'Health and Place' Home: Examining Home as a Place" 97th Annual Meeting of the Association of American Geographers, New York, February 28-March 3, 2001

Young, W. "Does post acute home care for myocardial infarction patients reduce readmission days and costs? A randomized clinical trial". Canadian Health Economics Research Association (CHERA) Health, Economics and the Future 9th Canadian Conference on Health Economics. Toronto, May 23-26, 2001.

Young, W. "A qualitative evaluation of the home care after a heart attack pathway." 15th Annual Kelly Conference. Toronto, Ontario, March, 2001.

Young, W. "The Development, Implementation and Evaluation of a Pathway Based on Best Practices for Heart Attack Patients" Ontario Association of Community Care Access Centres. Community Care ... Partnerships at Work, June 10-12, 2001

2000

Irvine, T. "Giving and Receiving Anticoagulant Therapy at Home: A Description of Mother's and Infants Experiences". 6th International Qualitative Health Research Conference, Edmonton, 2000

Mihailovic, A., Fitzgerald, P., Bourgeois, J., Cameron, B. Metastatic Carcinoid Tumor of the Appendix: a rare case in an 11-year-old boy and literature review of topic. Presented at the Canadian Association of Pediatric Surgeons annual conference, Montebello PQ: Sept 2000

Young, W. "An Integrated Community Care Pathway for Post Myocardial Infarction Patients." The Change Foundation Grant Awards in 2000, Toronto, November, 2000

Young, W. "The Road to Recovery: A Hospital to Community MI Pathway." The Canadian Council of Cardiovascular Nurses Scientific Sessions, Vancouver, British Columbia, October 30, 2000.

Appendix 15:
From Class Room to Court Room:
A New Look at Evidence-Based
Decision Making: Publication

Appendix 15: From Class Room to Court Room: A New Look at Evidence-Based Decision Making

In Fall 2002, Drs. Peter Coyte and Wendy Ungar revised the Health Economics course , (HAD5370), to include students applying cost-effectiveness models to real data to produce publishable reports. Dr. Coyte was informed of the need for research in expanding intensive behavioral intervention therapy to all autistic children in Ontario. A parent involved in *Wynberg v. Ontario*, a \$75 M lawsuit launched in 2002 against the government for discriminatory treatments of children with autism, sparked the interest of Dr. Coyte and three of his students. Coyte suggested applying their economic models learned from the course to the long-term cost effectiveness of expanding intensive behavioural intervention therapy to all autistic children in Ontario. The students with Profs. Coyte and Wendy Ungar worked very hard to prepare the report for scholarly submission and to be used by legal decision makers. The students gave their research to the plaintiffs and the government at the same time and eventually published a report in *Healthcare Policy*. The report was timely and relevant to the court case; Dr. Coyte even provided expert testimony. In January 2004, the students and Dr. Coyte have been formally commissioned by the Superior Court of Justice to analyse data on the service provision of Ontario by the Ministry of Community and Social Services. The students learned how to work independently and as a team with a shared research space. They learned *in situ* to prepare research findings for scholarly consumption and to translate research findings for uptake by diverse decision makers and stakeholders.

This project resulted in many achievements:

- 1) Relevant and timely knowledge with direct implications for decision-making was generated.
- 2) New research was promptly disseminated and translated for a range of stakeholders.
- 3) Research mentorship transformed a classroom exercise into a real-world contribution with significant legal, social, economic and health ramifications.
- 4) The Chair's stakeholder constituency was expanded to include the courts.
- 5) Trainees were educated about the role of the courts as an important forum for effecting health policy change and knowledge uptake.
- 6) "The Cost-Effectiveness of Expanding Intensive Behavioural Intervention to All Autistic Children in Ontario" by Sanober S. Motiwala, Shamali Gupta, Meredith B. Lilly, Wendy J. Ungar and Peter C. Coyte was published in Healthcare Policy.

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**The Cost-Effectiveness
of Expanding Intensive Behavioral Intervention (IBI)
to All Autistic Children in Ontario**

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The Cost-Effectiveness of Expanding Intensive Behavioural Intervention to All Autistic Children in Ontario

Sanober S. Motiwala, Shamali Gupta, Meredith B. Lilly, Wendy J. Ungar, Peter C. Coyte

Abstract:

Intensive Behavioural Intervention (IBI) describes behavioural therapies provided to autistic children to overcome intellectual and functional disabilities. The high cost of IBI has caused concern regarding access, and recently, several court cases have been brought against provincial governments to increase funding for this intervention. This economic evaluation assessed the costs and consequences of expanding an IBI program from current coverage for one-third of children to all autistic children aged two to five in Ontario, Canada. Data on the hours and costs of IBI, and costs of educational and respite services, were obtained from the government. Data on program efficacy were obtained from the literature. These data were modelled to determine the incremental cost savings and gains in dependency-free life years. Total savings from expansion of the current program were \$45,133,011 in 2003 Canadian dollars. Under our model parameters, expansion of IBI to all eligible children represents a cost-saving policy whereby total costs of care for autistic individuals are lower and gains in dependency-free life years are higher. Sensitivity analyses carried out to address uncertainty and lack of good evidence for IBI efficacy and appropriate discount rates yielded mixed results: expansion was not cost saving with discount rates of 5% or higher and with lower IBI efficacy beyond a certain threshold. Further research on the efficacy of IBI is recommended.

Autism is an early-onset developmental disability characterized by impairments in social interaction, abnormal verbal and non-verbal communication, repetitive, stereotyped behaviour and resistance to change (Howlin 1998; American Psychiatric Association 1994). Most cases are diagnosed by three years of age, with a male-female ratio of 3:1 (Ontario Ministry of Community, Family and Children's Services [MCFCS] 2000). The reported prevalence of autism in Ontario almost doubled between 1996 and 1998, with the 1998 prevalence being 2.09 per 1,000 children aged five and younger (Ontario Health Insurance Program [OHIP] 2000). The etiological cause of autism is believed to be dysfunction of the right hemisphere of the brain, which is responsible for appropriate visual-spatial and emotional interactions (Gillberg and Coleman 2000).

Intensive Behavioural Intervention (IBI) is the general term for behavioural therapies provided to autistic children to overcome their intellectual and functional disabilities. Several variants of IBI and non-IBI therapies have been reported, but strong evidence is lacking regarding the effectiveness of many of these approaches. No single form of behavioural intervention is appropriate for all individuals with autism (Dawson and Osterling 1997). IBI typically involves one-on-one training provided by a therapist, in which children are trained to respond to environmental changes, understand and use language and interact appropriately with others in social settings (Dawson and Osterling 1997). Positive reinforcement is used to internalize appropriate behaviours. Success of IBI is believed to correspond to the intensity and duration of the treatment - between 20 and 40 hours per week of one-on-one therapy, for a minimum of two years, is generally believed to yield optimal results (MCFCS 2000; Lovaas 1987). Beyond a minimum threshold of 20 hours per week, there is little agreement in the peer-reviewed literature as to the exact

number of hours required to achieve the most favourable results (MCFCS 2000; Dawson and Osterling 1997; Bassett et al. 2000; Sheinkopf and Sigel 1998; Smith 1999; Ludwig and Harstall 2001). Annual IBI costs range from \$40,000 to \$75,000 per child in 2003 Canadian dollars, depending on the number of treatment hours provided and other factors, including administrative costs and training (Ontario Ministry of Children's Services [MCS] and Ontario Ministry of Community and Social Services [MCSS] 2003; Jacobson and Mulick 2000; Jacobson et al. 1998; Hildebrand 1999; Freeman 1997).

IBI outcomes are generally categorized by level of functioning, assessed at the end of the intervention period. "Normal-functioning" individuals integrate into the community, receive schooling in mainstream classrooms and live independently as adults. "Semi-dependent" and "very dependent" individuals make partial and minimal gains, respectively, and continue to rely on social assistance throughout their lifetime (Lovaas 1987; Freeman 1997; Rutter 1996; Howlin 1997; Howlin et al. 2004). The most optimistic estimates available in the literature suggest that without receiving any form of intervention, as many as 25% of autistic individuals live normal lives, 25% are moderately disabled and 50% are severely compromised (Freeman 1997). However, other studies have reported lower rates of normalization without intervention (Rutter 1996; Howlin 1997). Success rates of IBI and similar interventions vary.

A highly publicized and controversial study, conducted by Lovaas (1987), reported a large proportion of children (up to 47%) achieving normal intellectual and educational functioning at the end of the intervention. However, Lovaas's primary study and its follow-up (McEachin et al. 1993) have been criticized for their methodological limitations, particularly, exclusion of the poorest-functioning 15% of referred subjects, the non-random assignment of children to treatment groups and the statistically significant difference in sex ratios between the treatment and control groups. These limitations have led to concerns regarding the validity of Lovaas's findings (Bassett et al. 2000).

In Canada, funding for IBI varies across provinces, but most provincial governments offer some support for IBI to children diagnosed with autism up to a certain age. As a result of high costs of treatment, several lawsuits have been launched by families of autistic children, rallying for increased government funding for IBI. In most cases, rulings have been favourable for the families, requiring governments to increase funding for IBI. In contrast, the Supreme Court of Canada recently ruled favourably in an appeal from the British Columbia government, denying increased funding for IBI on the grounds that the therapy did not constitute "medically necessary" care as defined by the *Canada Health Act*.

In Ontario, the government currently funds up to three years of IBI for approximately a third of autistic children younger than six years of age (OHIP 2000; MCSS 2002). The Ontario government does not promote any particular form of IBI. It has contracted with a private organization (Behaviour Institute, Hamilton) that delivers training to regional service providers, who in turn are contracted through a competitive tendering process. In its provincial program guidelines for IBI, the government lists principles and teaching methods that regional providers are expected to follow, which include, where appropriate, one-on-one training, task analysis, positive reinforcement and small-group instruction (MCFCS 2000). Eligibility for IBI, duration and intensity of treatment are determined through formal assessment, with allocation of services geared towards children with more

severe forms of autism (MCFCS 2000). Earlier this year, the Superior Court of Ontario ruled in favour of the plaintiffs in a class-action lawsuit against the Ontario government, challenging the termination of public funding for IBI at the age of six. The decision is currently being appealed.

The purpose of this study was to conduct a cost-effectiveness analysis to evaluate the expansion of the IBI program to all autistic children in Ontario from two to five years of age, commencing in 2003. We included costs incurred only by the government and excluded all other costs, for example, those incurred by autistic individuals, their families and employers. The government's perspective was employed for the analysis because it is highly relevant to ongoing legal and policy debates across the country. The provision of IBI in this model was limited to children aged two to five because (1) IBI is believed by many to be most effective when provided at an early age (MCFCS 2000); (2) currently, the Ontario government funds IBI only for children under the age of six (MCS and MCSS 2003); and (3) previous economic analyses carried out in other jurisdictions have limited IBI provision to children of similar ages (Jacobson et al. 1998; Hildebrand 1999). Thus, the present model would facilitate comparisons.

Methods

Including costs incurred only by the government, we developed a model that reflects the current public provision of autism services in Ontario. The prevalence of autism in Ontario, or the cohort size for this study ($n = 1,309$), was calculated as the sum of the number of children receiving IBI ($n = 485$), the number of children eligible but wait-listed for IBI ($n = 91$) and the number of children waiting for an assessment, multiplied by the proportion of assessed children who have historically been deemed eligible for IBI ($n = 952 \times 0.77$). The three comparison groups were (1) *Status Quo provision*, (2) *Expansion of IBI services* and (3) *No Intervention*. *Status Quo* was based on the current provision of autism services by the provincial government, whereby 37% of children with autism aged two to five ($n = 485$) receive up to three years of IBI for 23 hours per week on average, while the remainder ($n = 824$) do not receive IBI. While the majority of children currently eligible for IBI in Ontario receive it for less than three years because of diagnostic delays and waiting lists, our study was based on the assumption that all children eligible for these services would receive them for a fixed three-year duration. Under *Expansion*, IBI was provided to all autistic children ($n = 1,309$) for three years at 23 hours per week. Under the third scenario, *No Intervention*, IBI was not provided to any of the 1,309 children in the cohort. Although this scenario represents an unlikely regression from the current situation in Ontario, it makes our findings relevant for jurisdictions where IBI may not be currently publicly funded.

Efficacy rates

Under all three scenarios, children were categorized according to their levels of functioning - normal, semi-dependent and very dependent - upon completion of IBI until the age of 65 (Table 1) (Jacobson et al. 1998; Hildebrand 1999). Efficacy rates for *No Intervention*, the cohort that received no IBI, were based on published literature (Freeman 1997; Howlin et al. 2004; Green et al. 2002). It was assumed that 25% attain normal functioning, 25% are semi-dependent and 50% are very dependent without receiving IBI (Freeman 1997). The figures from Freeman (1997) are the most optimistic reported in the literature; they match closely more recent estimates of adult functioning by Howlin et al. (2004), which are slightly lower. Although many studies report even lower rates of normalization (Rutter 1996; Howlin 1997), we selected the highest published rates to

investigate the cost-effectiveness of IBI from a best-case scenario, thereby increasing the robustness of our model.

Because of ongoing controversy regarding the reported efficacy of Lovaas's treatment and other forms of behavioural intervention (Dawson and Osterling 1997; Bassett et al. 2000; Sheinkopf and Sigel 1998; Smith 1999; Ludwig and Harstall 2001; Green et al. 2002), we assigned IBI efficacy rates that were more conservative than those reported for Lovaas's intervention (1987) and its replications (McEachin 1993; Sallows and Graupner 2001).

The efficacy rates for *Expansion* were assumed to be 30% normal, 50% semi-dependent and 20% very dependent. *Status Quo* efficacy was based on a weighted average of 824 children receiving no IBI (efficacy equivalent to *No Intervention*) and 485 children receiving IBI (efficacy equivalent to *Expansion*) for three years. The resultant efficacy rates for *Status Quo* were 26.9% normal, 34.3% semi-dependent and 38.9% very dependent.

Cost Data Sources

All costs in the model were converted to 2003 Canadian dollars using growth in the consumer price index from the period when the underlying data were available, and were estimated for individuals from age two to 65.

The Ontario Ministry of Children's Services and Ontario Ministry of Community and Social Services (2003) reported the annual cost of IBI as \$75,670 per child aged two to five, based on 23 hours per week of therapy. This figure represents the aggregate cost of the IBI program incurred by the Ontario government and includes the training costs of IBI therapists, contractual payments to service providers, and salaries, benefits and overhead costs incurred by provincial civil servants. Average wage rates from Statistics Canada's Ontario Wage Survey (1999) were used to estimate costs for government-funded respite services and speech and language therapy (BBB Autism Support Network 2002). In all cases, costs were converted to 2003 dollars.

No autism-related costs were assumed for normal-functioning individuals after the age of five; families of semi-dependent and very dependent individuals in both the *Status Quo* and *Expansion* groups continued to receive respite services until 18 years of age. All education costs were derived from Ontario Ministry of Education documents (2000; 2001a,b,c). This ministry incurs two levels of special-education costs, Intensive Support Amount 2 (ISA 2) and Intensive Support Amount 3 (ISA 3) for semi- and very dependent individuals from five to 18 years of age.

Adult care costs for semi- and very dependent individuals were based on reports prepared by the Auditor of Ontario (MCSS 2001). Costs for adult day programs were obtained from Ontario Agencies Supporting Individuals with Special Needs (OASIS 2000). Due to limited availability of data on housing and care of autistic adults, 50% of semi-dependent individuals were assumed to live independently and 50% in public residential facilities, while all very dependent individuals were assumed to live in public residential facilities. Autistic adults are eligible for compensation through the Ontario Disability Support Program (ODSP) (Canadian Legal Information Institute 2004).

ODSP benefits represent transfer payments rather than costs related directly to autism; therefore, these monthly ODSP entitlements were excluded from the model. The cost to government and other employers of administering assisted-employment programs for developmentally disabled adults was based on current programs of Human Resources

Development Canada (HRDC 1999, 2001).

While healthcare utilization might be related to the level of functioning (Jarbrink and Knapp 2001), we did not have access to such data; hence, the cost-effectiveness analysis does not capture these healthcare costs. However, since utilization may increase with the level of dependence, the potential cost savings identified in this study would increase if healthcare utilization were included.

In projecting costs over the productive lifetime, a discount rate of 3.0% per annum was applied to calculate present values (Drummond et al. 1997). In sensitivity analyses, discount rates from 1.0% to 5.0% were used.

TABLE 1. Levels of functioning, efficacy rates, and dependency-free years gained for *No Intervention*, *Status Quo* and *Expansion*

LEVEL OF FUNCTIONING	DESCRIPTION	EFFICACY RATES		
		No Intervention	Status Quo*	Expansion
Normal	Mainstream classroom education; independent functioning; earn average Canadian high school graduate income as adults	25%	26.9%	30%
Semi-Dependent	Special education; respite services; 50% live independently as adults; 50% live in residential facilities; participate in day programs; earn assisted employment income as adults	25%	34.3%	50%
Very Dependent	Intensive special education; respite services; 100% live in residential facilities as adults; participate in day programs; earn assisted employment income as adults	50%	38.9%	20%
Discounted Dependency-free years gained until 65 years of age†		9.6 years	11.2 years	14.0 years
*Weighted average based on 485 children receiving IBI (efficacy: 30% normal, 50% semi-dependent, 20% very dependent) and 824 children receiving no IBI (efficacy: 25% normal, 25% semi-dependent, 50% very dependent)				
†Calculated as a weighted average based on efficacy rates for each scenario, discounted at 3% per annum				

Outcomes

IBI outcomes were measured by the number of dependency-free years gained to age 65, where dependency was defined as the need for special education and other special services comprising adult day programs, disability supports and assisted employment. Normal-functioning individuals were not dependent after age five and, as a result, gained 60 dependency-free years. Very dependent individuals made minimal gains from IBI, remained dependent throughout life and gained zero dependency-free years. Semi-dependent individuals continued to be partially dependent. Their outcome was assumed to be the midpoint between normal and very dependent functioning outcomes; they gained 30 dependency-free years. Estimated dependency-free years for the study time horizon were discounted at 3.0% per annum. The discounted number of dependency-free years gained under *No Intervention*, *Status Quo* and *Expansion* were calculated as the weighted average of dependency-free years for normal, semi- and very dependent individuals under each scenario (Table 1). The number of discounted dependency-free years per person to age 65 was 9.6 years for *No Intervention*, 11.2 years for *Status Quo* and 14.0 years for *Expansion*.

Results of the analysis were expressed in terms of incremental cost savings in present values (PVs) and gains in dependency-free years (also measured in PVs). The incremental cost analyses compared *Status Quo* to *No Intervention*, *Expansion* to *No Intervention* and *Expansion* to *Status Quo*.

Productivity costs incurred by semi- and very dependent individuals were included in a sensitivity analysis to examine costs and benefits from a partial societal perspective. Lost wages to age 65 were derived from sex-adjusted income estimates from the 1996 and 2001 Canadian censuses (Statistics Canada 1996; 2001a,b,c) and federal assisted-employment initiatives data (HRDC 1999, 2001). Potential earnings for the normal-functioning group were assumed to be equivalent to the sex-adjusted annual income of high school graduates. Semi-dependent incomes are derived from the average earnings of workers in a supported employment initiative in Newfoundland, adjusted for Ontario (HRDC 2001). Owing to lack of data, income for very dependent individuals was assumed to be 60% of the semi-dependent income. All earnings were converted to 2003 dollars. Sensitivity analyses performed also varied IBI efficacy rates and discount rates to compensate for potential estimation uncertainties and methodological controversies (Drummond et al. 1997). Additional sensitivity analyses varied the cost of IBI, adult care costs and number of dependency-years, but did not significantly affect the results presented.

Results

The annual cost during the intervention period (age two to five) for each autistic child was \$5,378 for *No Intervention*, \$33,414 for *Status Quo* and \$81,048 for *Expansion* (Table 2). The annual cost during schooling (age five to 18) was \$6,616 for normal, \$21,422 for semi-dependent and \$38,672 for very dependent individuals. No costs were incurred during adulthood for normal-functioning individuals. The annual cost during adulthood (age 18 to 65) was \$37,380 for semi-dependent adults and \$75,648 for very dependent adults. The average total discounted cost per individual, based on a weighted average of normal, semi-dependent and very dependent costs over the study time horizon, was \$1,014,315 for *No Intervention*, \$995,074 for *Status Quo* and \$960,595 for *Expansion*. The cost of *Status Quo* was lower than the cost of *No Intervention*, indicating that the

present provision of IBI was preferable to providing no IBI at all. While significant costs were incurred under all scenarios, the cost of *Expansion* was lowest, resulting in savings of \$34,479 per individual over his or her lifetime compared to *Status Quo*. *Expansion* of the current program to fund IBI for all autistic children (n = 1,309) in Ontario younger than six years of age results in net cost savings of \$45,133,011 for the government. The greatest number of dependency-free life years was gained under *Expansion*: 4.5 years per person compared to *No Intervention* and 2.8 years per person compared to *Status Quo*. *Expansion* is the dominant strategy, as it yields both a decrease in cost as well as gains in dependency-free years.

TABLE 2 Average costs per person of <i>No Intervention</i> , <i>Status Quo</i> and <i>Expansion</i> and cost savings from pair-wise comparisons							
AGE RANGE	COST ITEM	NORMAL		SEMI-DEPENDENT		VERY DEPENDENT	
		ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)	ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)	ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)
Intervention Age (2-5)	IBI and other costs: <i>No Intervention</i>	5,378	15,211	5,378	15,211	5,378	15,211
	OR						
	IBI and other costs: <i>Status quo*</i>	33,414	94,516	33,414	94,516	33,414	94,516
	OR						
	IBI and other costs: <i>Expansion</i>	81,048	229,252	81,048	229,252	81,048	229,252
Schooling Age (5-18)	Education and Respite Services	6,616	64,393	21,422	208,490	38,672	376,372
Adulthood (18-65)	Day programs, residential costs, and assisted employment program costs	0	0	37,380	588,568	75,648	1,191,110

	No Intervention	\$ 79,604	\$ 812,269	\$ 1,582,693
Total cost	Status quo	\$ 158,909	\$ 891,574	\$ 1,661,998
	Expansion	\$ 293,645	\$ 1,026,310	\$ 1,796,734
Average cost per individual (PV):		\$ 1,014,315		
No Intervention †				
Average cost per individual (PV):		\$ 995,074		
Status quo ‡				
Average cost per individual (PV):		\$ 960,595		
Expansion **				
Incremental cost savings per individual:		\$ 19,241		
No Intervention → Status quo				
Incremental cost savings per individual:		\$ 53,720		
No Intervention → Expansion				
Incremental cost savings per individual:		\$ 34,479		
Status quo → Expansion				
Cost savings for cohort (n= 1,309):		\$ 25,186,469		
No Intervention → Status quo				
Cost savings for cohort (n= 1,309):		\$ 70,319,480		
No Intervention → Expansion				
Cost savings for cohort (n= 1,309):		\$ 45,133,011		
Status quo → Expansion				
* Based on 485 individuals out of 1,309 receiving IBI and all 1,309 receiving respite services and speech and language therapy				
† Based on a weighted average: 25% normal, 25% semi-dependent, 50% very dependent				
‡ Based on a weighted average: 26.9% normal, 34.3% semi-dependent, 38.9% very dependent				
** Based on a weighted average: 30% normal, 50% semi-dependent, 20% very dependent				

Sensitivity analyses

The cost-effectiveness model was run with productivity costs to examine the economic impact of IBI from a partial societal perspective. Inclusion of productivity costs incurred by semi- and very dependent adults resulted in increased cost savings from *Expansion* of \$54,757 per person and \$71,676,776 for the entire cohort compared to *Status Quo*.

			DECREASED EFFICACY	BASELINE CASE	INCREASED EFFICACY
Efficacy rates	Expansion	Normal	25.0%	30.0%	40.0%
		Semi-dependent	50.0%	50.0%	50.0%
		Very dependent	25.0%	20.0%	10.0%
	Status quo	Normal	25.0%	26.9%	30.6%
		Semi-dependent	34.3%	34.3%	34.3%
		Very dependent	40.7%	38.9%	35.2%
Results	Incremental savings (cost) per individual: Status quo → Expansion		\$ (13,493)	\$ 84,031	\$ 128,433
	Discounted dependency-free years gained: Status quo → Expansion		2.0 years	2.8 years	4.4 years

IBI efficacy was modified to accommodate controversy in the research literature (Table 3). When the efficacy of IBI was increased to 40% of subjects who achieve normal functioning, 50% achieving semi-dependent functioning and 10% achieving very dependent functioning, the cost savings from *Expansion* compared with *Status Quo* increased to \$128,433 per person. In contrast, under the assumption that IBI yielded efficacy rates of 25% for normal functioning, 50% for semi-dependent functioning and 25% for very dependent functioning, *Expansion* cost \$13,493 more per person compared to *Status Quo* and yielded gains of 2.0 dependency-free years per person. Results of the sensitivity analyses suggest that a significant drop in treatment efficacy from the base case scenario would be required in order to yield a net cost for achieving dependency-free years in this population.

Varying the discount rate modified the present value of the cost savings. With a discount rate of 1%, cost savings from *Expansion* were even greater than those realized in the base case. Cost savings were not realized with a discount rate of 5%: it cost \$29,912 more per person to expand from *Status Quo* to *Expansion*, but gains of 1.8 dependency-free years per person were still realized under *Expansion*.

Discussion

The results demonstrate that expansion of the IBI program, which currently serves 485 children (*Status Quo*), to all 1,309 autistic children in Ontario (*Expansion*) would yield savings of \$45,133,011 over the entire cohort's lifetime (from two to 65 years of age). Significant costs are incurred under both *Status Quo* and *Expansion*; however, under *Expansion*, the government would spend \$45 million less on autistic individuals when compared with *Status Quo*.

The cost of expanding IBI to all autistic individuals is small (less than 10% of total costs)

compared to the significant cost of educating and supporting semi- and very dependent individuals over their lifetime. The present value of total costs incurred during intervention (ages two to five), including respite services and speech and language therapy, is higher for *Expansion* (\$229,252 per person) compared with *Status Quo* (\$94,516 per person). However, the larger intervention cost under *Expansion* yields lower support costs during schooling and adulthood (ages five to 65) compared to *Status Quo*. The primary reason for cost savings from expansion of IBI, from *No Intervention* to *Status Quo* and from *Status Quo* to *Expansion*, is the change in the distribution of functional dependence. Increased provision of IBI results in a shift of individuals from the very dependent to semi-dependent category and, to a lesser extent, from the semi-dependent to the normal-functioning group.

To guard against criticisms of previous economic evaluations (Marcus et al. 2000), IBI efficacy rates in this study were deliberately conservative. The proportion of children who attain normal functioning from IBI was set lower, and the proportion of children who function normally without IBI was set higher, than the proportions cited in the literature (Jacobson et al. 1998; Hildebrand 1999). As a result, cost savings realized under this model (\$34,479 per individual for *Expansion* vs. *Status Quo* and \$53,720 per individual for *Expansion* vs. *No Intervention*) are lower than those reported by previous studies (Jacobson et al. 1998; Hildebrand 1999). Lower normalization rates under *No Intervention* and higher normalization rates from IBI would yield more favourable results for expansion of the current IBI program in Ontario.

Although the costing data utilized in this study are specific to Ontario, our findings may be generalized to inform health policy decisions in other jurisdictions. The increased awareness of intensive behavioural intervention and its high program cost have made the financing of IBI and its cost-effectiveness relevant concerns for governments and other payer organizations. The grounding of our model parameters in peer-reviewed research evidence and the scope of the sensitivity analyses make our findings relevant for policy decision-makers.

Limitations

Several study limitations should be noted. First, only costs borne by the Ontario government were included in this economic evaluation; hence, costs borne by other payers, including autistic individuals, their families and employers, were not considered. Inclusion of such cost items as opportunity costs, quality of life of families and unpaid caregiver expenses could potentially increase the savings realized under *Expansion* (Curran et al. 2001; Jarbrink and Knapp 2001; Jarbrink et al. 2003). Second, expansion of the IBI program may result in higher average costs per child in the short term due to shortage of qualified IBI therapists in the province and the resulting increase in their earnings. Third, this model assumed that all children initiated IBI at the age of two. However, children may be diagnosed with autism at later ages. Because of age restrictions currently enforced by the Ontario government, these children may not receive IBI for the full three-year period. This contingency may affect the efficacy of the treatment and the associated IBI costs incurred. Fourth, the 485 children currently receiving government-funded IBI in Ontario were assumed to be representative of the entire cohort of autistic children. Fifth, while healthcare utilization might be related to the level of functioning, we did not have access to such data and, hence, the cost-effectiveness analysis does not include these costs. However, since utilization may increase with the level of dependence, the cost savings identified in this study would increase if healthcare

utilization were included. Sixth, the provincial government provided only aggregate costs for its entire IBI program, resulting in the very high annual IBI therapy cost of \$75,670 per child. This figure includes the operating costs associated with the launch of the IBI program in Ontario, including a large training component for new IBI therapists. As a result, costs per child are expected to decrease in coming years as start-up costs diminish. Finally, every attempt was made to obtain accurate costing information. However, in the absence of reliable estimates, costs from other jurisdictions within Canada, and costs for developmentally disabled people in general, were used to represent costs incurred for autistic individuals in Ontario.

Conclusion

This economic evaluation demonstrates positive outcomes from expansion of the current IBI program offered by the Ontario government. In the absence of high-quality evidence on the efficacy of IBI, but under reasonable assumptions, estimated cost savings in present-value terms associated with this expansion were \$45 million for the government, with potential improvement in the quality of life of autistic individuals and their families because of increased dependency-free years gained under *Expansion*. These cost savings and improvements in outcomes were largely maintained in the sensitivity analyses. However, savings to government disappeared when the annual discount rate of 5% was used or when IBI was assumed to be less effective than in the base case scenario, with *Expansion* resulting in 25%, 50% and 25% of individuals in normal, semi-dependent and very dependent categories (compared to 30%, 50% and 20% in the base case), respectively. Owing to uncertainty surrounding the efficacy of IBI, further study in the area is recommended, perhaps in the form of a randomized, controlled trial, to allow more definitive economic evaluations in the future.

Rentabilité de l'étendue des services d'intervention comportementale intensive à tous les enfants autistes de l'Ontario

Résumé

L'intervention comportementale intensive (ICI) décrit les thérapies comportementales fournies aux enfants autistes pour les aider à surmonter leurs déficiences intellectuelles et fonctionnelles. Les coûts élevés de cette intervention ont soulevé des préoccupations quant à l'accès et, récemment, plusieurs poursuites judiciaires ont été intentées contre les gouvernements provinciaux en vue d'amener ces derniers à augmenter le financement accordé à l'ICI. Cette analyse économique visait à évaluer les coûts et les conséquences de l'élargissement de la portée d'un programme d'ICI pour le rendre accessible à tous les enfants autistes âgés de deux à cinq ans en Ontario, au Canada - au lieu du tiers des enfants comme c'est le cas actuellement. Les données sur les heures et les coûts liés à l'ICI, ainsi que sur les coûts des services éducatifs et de relèvement, ont été obtenues auprès du gouvernement. Les données sur l'efficacité du programme ont été tirées de la littérature. Ces données ont été modélisées afin de déterminer les économies supplémentaires et les années de vie autonome gagnées. L'élargissement de la portée du programme actuel a permis de réaliser des économies de 45 133 011 \$ CAN en 2003. Selon les paramètres de notre modèle, étendre l'ICI à tous les enfants admissibles constitue une mesure de réduction des dépenses en vertu de laquelle les coûts totaux des soins fournis aux enfants autistes sont moins élevés et les gains d'autonomie sont plus élevés. Les analyses de sensibilité effectuées pour aborder l'incertitude et le manque de données solides corroborant l'efficacité de l'ICI et les rabais appropriés pour cette

dernière ont donné des résultats mixtes : l'élargissement de la portée de l'ICI ne permet pas de réaliser des économies avec des rabais de 5 p. cent ou plus ou avec un seuil d'efficacité en deçà d'un certain niveau. Nous recommandons d'effectuer des travaux de recherche plus poussés sur l'ICI.

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Appendix 16: Toronto Health Economics (THE) Network

“THE Network has been a great opportunity for me to get to know folks whose paths I don’t normally cross. It’s the only regular forum for folks who are doing Health Economics or Health Technology Assessment in Toronto. It’s the only forum that includes both clinical and non-clinical researchers in health economics, folks from industry, academia and governments and graduate students from a number of departments. It’s been a great forum also to vet grant proposals. I look forward to continuing my attendance at and collaboration with THE network.”

- Murray Krahn, PhD, University Health Network

Appendix 16: Toronto Health Economics (The) Network

Purpose

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 academic units. This dispersion has limited opportunities for both research collaboration and the pursuit of educational and mentoring activities. In order to address this shortfall in interaction, and to take advantage of the potential economies of scale and scope in the conduct of collaborative scholarly activities, a Toronto Health Economics (THE) Network has been established.

Objectives

The objectives of the Toronto Health Economics (THE) Network are to:

1. Increase awareness of existing expertise and activities amongst those who pursue health economics research;
2. Facilitate the coordination of scholarly activities;
3. Improve opportunities for synergy in research and education, including curriculum development, delivery and supervision; and to
4. Enhance mentorship activities, including peer support and professional guidance for research trainees and peers.

In order to achieve these objectives, a series of informal meetings will be launched to gauge interest in the development of a more formal structure for meetings.

Toronto Health Economics (THE) Network Members 2003-2004

Lusine Abrahamyan (*Ontario Ministry of Health and Long-Term Care*)

Taimur Bhatti (*Ontario Ministry of Health and Long-Term Care*)

Anthony Culyer (*Institute for Work and Health*)

Carolyn Dewa (*Centre for Addiction and Mental Health*)

Farah Farahati (*McMaster University*)

Paul Grootendorst (*Faculty of Pharmacy, University of Toronto*)

Denise Guerriere (*Department of Health Policy, Management and Evaluation, University of Toronto*)

Jeff Hoch (*Inner City Health Research Unit, St Michael's Hospital, Toronto*)

Barbara Jaszewski (*Bayer Inc.*)

Ava John-Baptiste (*University of Toronto*)

Michele Kohli (*Department of Health Policy, Management and Evaluation, University of Toronto*)

Murray Krahn (*University Health Network*)

Audrey Laporte (*Department of Health Policy, Management and Evaluation, University of Toronto*)

Meredith Lilly (*Department of Health Policy, Management and Evaluation, University of Toronto*)

Linda Mackeigan (*Faculty of Pharmacy, University of Toronto*)

Stephane Mechoulam (*Department of Economics, University of Toronto*)

Eric Nauenberg (*Ontario Ministry of Health and Long-Term Care*)

Manny Papadimitropoulos (*Eli Lilly Company*)

Greg Payne (*Department of Health Policy, Management and Evaluation, University of Toronto*)

Joanne Plaxton (*Ontario Ministry of Finance*)

Mayvis Rebeira (*Ontario Ministry of Health and Long-Term Care*)

Beate Sander (*University Health Network*)

Mark Stabile (*Department of Economics, University of Toronto*)

Wendy Ungar (*Hospital for Sick Children*)

Walter Wodchis (*Toronto Rehabilitation Institute*)

**THE Network Meeting Schedule
Faculty Club, University of Toronto**

2005-2006

September 22nd, 2005

Presented by: *Beate Sander (University Health Network)*
"The Cost-Utility of Ontario's Universal Influenza Immunization Program."

October 20th, 2005

Presented by: *Greg Payne (Department of Health Policy, Management and Evaluation, University of Toronto).*
"Counting Backwards to Health Care Future."

November 17th, 2005

Presented by: *Wendy Ungar (Hospital for Sick Children)*
"International Status of Pediatric Health Economic Evaluation."

December 8th, 2005

Presented by: *Manny Papadimitropoulos (Eli Lilly Company)*
Cancelled.

January 19th, 2006

Presented by: *Walter Wodchis (Toronto Rehabilitation Institute)*
"Examining Cost and Quality in Ontario's CCACs."

February 16th, 2006

Presented by: *Ava John-Baptiste (University of Toronto)*
"Treatment of Hepatitis C positive patients in active or recent substance abusers - effects on patient quality of life, health care costs and disease epidemiology."

March 16th, 2006

Presented by: *Lusine Abrahamyan (Ontario Ministry of Health and Long-Term Care)*
"Conjoint Analyses of Preferences to Fund a New Treatment Modality for End Stage Renal Disease."

April 13th, 2006

TBD.

2004-2005

September 9th, 2004

Presented by: *Murray Krahn (University Health Network)*
"Estimates of Costs of HIV Treatment and Outcomes."

October 14th, 2004

Presented by: *Basil Bereza*

December 16th, 2004

Presented by: *Farah Farahati (McMaster University)*

"Productivity and Welfare Costs of Diabetes Mellitus."

January 20th, 2005

Presented by: *Stéphane Mechoulan (Department of Economics, University of Toronto)*

"The Social Value of HIV Drugs."

February 24th, 2005

Presented by: *Paul Grootendorst (Faculty of Pharmacy, University of Toronto)*

"Cigarette Taxation and Obesity."

March 17th, 2005

Cancelled.

April 7th, 2005

Cancelled.

May 5th, 2005

Presented by: *Eric Nauenberg (Ontario Ministry of Health and Long-Term Care)*

"Determination of a Value for Lambda."

Appendix 17:
Canadian Association for Health
Services and Policy Research
(CAHSPR):
Building a New Association for
Research Linkage and Exchange

Appendix 17: Canadian Association for Health Services and Policy Research (CAHSPR): Building a New Association for Research Linkage and Exchange

2nd Conference of the Canadian Association for Health Services and Policy Research

co-sponsored by
l'Université de Montréal & McGill University

Canada's Health Priorities: Building and Maintaining Research Capacity

Fairmont Queen Elizabeth (formerly Hyatt Regency)
Montréal, Québec, Canada
September 16-18, 2005

CAHSPR:

Vision

Our vision is for a cohesive and vibrant community of health services and policy researchers and decision-makers, working together towards evidence-based health care.

Mission

Our mission is to provide a multidisciplinary / multisectoral professional association fostering and supporting:

- linkages between researchers and decision makers;
- knowledge transfer, exchange and integration;
- education and training;
- advocacy for research and its more effective use in planning, practice and policy-making.

The Theme of the 2005 Conference was:

Canada's Health Priorities: Building and Maintaining Research Capacity

The Conference included: plenary and panel sessions featuring high profile presenters, concurrent sessions focusing on profiling new and emerging researchers (those without tenure) and poster sessions.

Examples of subject areas included patient safety and quality of care, accountability, governance, accessibility, approaches to building research capacity, methods for developing/implementing best practices, health research career pathways, global health, pharmaceutical policy and primary care.

**Speech Given by Peter Coyte 2004-2005, President of CAHSPR/ACRSPS:
Canadian Association Health Services and Policy Research
Delivered by Peter C. Coyte, President
CAHSPR Conference**

Opening Remarks

Welcome to the 2005 Conference in the great city of Montréal.

Bienvenue à la conférence dans cette magnifique ville de Montréal.

This year's conference theme is: *"Canada's Health Priorities: Building and Maintaining Research Capacity"*

Cette année, le thème de la conférence est:

« *Les priorités du Canada en matière de la*

santé : Établir et maintenir la capacité de

recherche »

As most of you are aware, we are holding this year's conference in September, instead of May, to allow those of you who are interested to also attend both the Jean-Yves Rivard Conference (which was held yesterday) and the ICBHS conference hosted by the Canadian College of Health Executives, which takes place immediately following the CAHSPR Conference.

There is a lot packed into what is considered a somewhat shorter conference for CAHSPR. The conference officially opened with the joint reception with the University of Montréal's Jean Yves Rivard Conference last night.

The Conference Program includes 3 topical plenary panels with high profile speakers:

- *Public Health Research Capacity Enhancement;*
- *Accountability, Governance and Distributive Justice; and finally,*
- *Performance Evaluation of Canada's Regional Health Systems*

In addition, 12 concurrent sessions will be offered along with (1) award presentations, (2) a student reception sponsored by CHRSF/IHSPR, and (3) poster sessions where awards (sponsored by the Institute for Health Services and Policy Research) will be presented in both student and individual categories. Be sure to take time to view the posters in the Hochelaga 5 Room.

Simultaneous translation for all of the plenary panels and one for each of the 4 concurrent sessions in each time slot is also available.

Next:

I would like to introduce **Annette Hewitt**, Executive Director for CAHSPR and **Paulette Charbonneau**, CAHSPR's Administrative Assistant. They both will be happy to assist you throughout the course of this conference if you have questions.

You are also encouraged to complete the **evaluation forms** provided to you at each session as well as the general evaluation for the Conference provided in your registration package. Your opinion is important to us, as the information is valuable in planning next year's event.

We are very pleased to see so many continuing members of CASPHR, and we are delighted to welcome the many new faces. We hope you enjoy both the conference program and the opportunity to network with peers and colleagues.

We wish you a good conference and a wonderful stay in Montréal.

Nous vous souhaitons une plaisante conférence

et un très bon séjour à Montréal avec ses attraits

multiples, ses grands restaurants, magasinage

ainsi que toute sa vitalité.

Passez de très bons moments dans les prochains

jours.

CAHSPR ITINERARY WITH COYTE'S CHAIR PARTICIPANTS SELECTED PRESENTATIONS

Saturday, September 17

Samedi le 17 septembre

- | | |
|--------------------|---|
| 07:00 h - 17:00 h | REGISTRATION/INSCRIPTION
Mezzanine |
| 08:00 h - 017:00 h | POSTER PRESENTATIONS AVAILABLE FOR VIEWING
LA SALLE DES PRÉSENTATIONS PAR AFFICHES EST OUVERTE AUX PARTICIPANTS |
| 08:30 h - 10:00 h | PLENARY PANEL - PUBLIC HEALTH: RESEARCH CAPACITY ENHANCEMENT
Duluth and/et Mackenzie S'ÉANCE PL'ÉNIÈRE - SANTÉ PUBLIQUE: RENFORCEMENT DE LA CAPACITÉ DE RECHERCHÉ
<i>Plenary Chair/titulaire plénière: Morris Barer</i>
Speakers/conférenciers:
David Mowat, Director General, Public Health Agency of Canada
Gilles Paradis, Université McGill University |
| 10:00 h - 10:30 h | BREAK/PAUSE |
| 10:30 h - 12:00 h | CONCURRENT SESSIONS/ SÉANCES SIMULTANÉES |

Concurrent Session II
COST EFFECTIVE ANALYSIS
Session Chair: Della Faulkner

An economic evaluation of asthma action plans for children

Julie Polisena, University of Toronto

Evidence on the effectiveness of an asthma action plan for asthma management in children is inconclusive. The costs and effectiveness of asthma action plans (intervention) were compared to controls (no plan). A cost-effectiveness analysis showed that the intervention group was costlier but did not reduce nights with symptoms or attacks compared to controls. cost analysis showed that the intervention group had higher drug costs, health resource use, and asthma education cost per patient compared to controls.

- | | |
|-------------------|--|
| 12:00 h - 13:30 h | LUNCH / DÉJEUNER
Duluth and/et Mackenzie |
| | PLENARY PANEL - ACCOUNTABILITY, GOVERNANCE AND DISTRIBUTIVE JUSTICE
S'ÉANCE PL'ÉNIÈRE – RESPONSABILITÉ, GOUVERNANCE ET JUSTICE DISTRIBUTIVE
Plenary Chair/ titulaire plénière:
Jonathan Lomas
Speakers/Conférenciers:
Steven Lewis, President, Access Consulting Ltd.
Micheal Wolfson, Statistics Canada
Martha Jackman, University of Ottawa |
| 13:30 h - 14:30 h | CONCURRENT SESSIONS |

Concurrent Session II

LONG TERM CARE

Session Chair: Arthur Sweetman

Cost and quality in Ontario complex continuing care

Walter Wodchis, University of Toronto

Co-authors: Teare, GF, Anderson GM.

This research examines the relationship between cost performance (cost per weighted patient day) and four quality indicators in Ontario Complex Continuing Care hospital beds. Over time, cost performance showed a high degree of serial correlation while quality measures had a higher degree of temporal variation. High costs were associated with low quality for pressure ulcer prevalence and incidence while high costs were associated with high quality for incontinence care. There was no relationship between pain management and costs. The analyses to date indicate opportunities for facilities to improve both cost and quality performance, particularly in the area of pressure ulcer management.

Trends in institutional long-term care across Canada: 1996-2002

Dara Zarnett, University of Toronto

Co-Authors: Whitney Berta, Audrey Laporte, Vivian Valdmanis, Geoffrey Anderson.

With a purported crisis in healthcare close at hand in Canada, and the sustainability of the healthcare system at the top of the political agenda, the time is ripe to consider what can be gained through developing national level long-term care (LTC) policy. This paper initiates a discussion of the feasibility and significance of developing national-level LTC policy by examining pan- Canadian differences in the LTC sector. Jurisdictional variation should not discourage discussion of national-level policy in LTC, or excuse its omission, but be viewed as an opportunity to learn from the "natural experiments" in market mix and organizational form that have arisen.

Concurrent Session IV

PHARMACEUTICAL PERFORMANCE I

Session Chair: Charlyn Black

Comparison: Asthma medication use in publicly vs. privately insured children with asthma

Wendy Ungar, The Hospital for Sick Children

Co-authors: Anita Kozyrskyj, Michael Paterson, Muhammad Mamdani, Nadia Gunraj, Fida Ahmad

Asthma is common in children. We compared asthma drug use in public vs privately insured Ontario children. Use of bronchodilators (BD), corticosteroids (ICS) and anti-leukotrienes (LA) were studied. Despite guidelines, 12% of public vs 1% of privately insured children received BDs alone. ICS+BD+LA was observed in 44% of public vs 70% of privately insured children. While the average number of claims was similar in both groups, privately insured children had more ICS and fewer BD claims. Privately insured children appeared to be better managed.

14:30 h - 15:00 h **BREAK/PAUSE**

15:00 h - 16:00 h **CONCURRENT SESSIONS**

Concurrent Session II

COMMUNITY CARE

Session Chair: Amardeep Thind

Priority setting in the home care sector in Ontario

Michele Kohli, University of Toronto

In Ontario, access to publicly funded homecare services is controlled by regionally defined Community Care Access Centres (CCACs). Priority setting by CCAC case managers involves deciding who should receive homecare services and which services they should receive. This study's objective is to describe priority setting by CCAC case managers, focusing on the criteria used by case managers. This is accomplished through an analysis of qualitative data collected

through semi-structured interviews with CCAC employees.

Determinants and outcomes of privately and publicly financed home-based nursing

Ada Wong, University of Toronto

Co-Authors: D.N. Guerriere, R. Croxford, P. McKeever, & P.C. Coyte

This study aimed to assess the determinants and outcomes of publicly and privately financed home-based nursing and personal support service utilization across Ontario. Six Community Care Access Centres recruited 258 short-term and 272 long-term clients. Study participants were interviewed by phone once a week for four weeks. Time and monetary costs of home-based care were collected using the Ambulatory and Home Care Record. The relationship between the amount of publicly and privately financed home-based nursing and personal support services and the quality of care, as well as the overall costs to the system and to care recipients and their informal caregivers were explored.

Concurrent Session IV

PHARMACEUTICAL PERFORMANCE II

Session Chair: Allen Backman

Financial barriers to medication use in children with asthma: An analysis of private sector prescription medication claims

Wendy Ungar, The Hospital for Sick Children

Co-authors: Fida Ahmad, Anita Kozyrskyj, Michael Paterson, Muhammad Mamdani

Asthma is most common in children. Private drug plan users face fees which impede access. We studied the impact of co pay level on asthma drug use in Ontario children with private plans.

17,046 children were classified as zero, low (<20%) or high (> 20%) co-pay. There were fewer claims per child in the high co pay group. High co pay children were less likely to receive appropriate maintenance care and more likely to receive drugs for exacerbation. These results are valuable to inform decisions regarding Pharmacare and drug plan management

Concurrent Session V

INSURANCE COVERAGE

Session Chair: Mark Stabile

Defining the Medicare Basket: Determining who gets what

Thomas Rathwell, Dalhousie University, Colleen Flood, University of Toronto, Mark Stabile, University of Toronto, Christine Joffres, School of Health Services Administration

Determining who gets what in health care is complex and contentious. Two complementary research projects funded by CHRF are grappling with this challenge. One seeks to develop from the examination of international and Canadian experiences, a framework and process for public dialogue to determine what should be and what should not be part of the medicare basket in Canada. The other projects aims to identify the processes that will allow decision makers to effectively combine public values and evidence from randomized controlled studies when deciding what healthcare goods and services should be publicly funded. The panel session discusses key findings from both projects.

16:00 h - 17:00 h

ANNUAL BUSINESS MEETING

17:00 h - 19:00 h

CANADIAN HEALTH SERVICES RESEARCH FOUNDATION RECEPTION

St. François The Canadian Health Services Research Foundation is pleased to invite conference participants to a reception on Saturday, September 17th from 5 to 7 p.m. in the St. Francois room on the main lobby level to celebrate this year's co-winners of the Health Services Research Advancement Award.

Sunday, September 18

Dimanche le 18 septembre

07:00 h - 17:00 h Mezzanine **REGISTRATION/INSCRIPTION**

08:00 h - 09:00 h **POSTER PRESENTATIONS AVAILABLE FOR VIEWING
LA SALLE DES PRÉSENTATIONS PAR AFFICHES EST OUVERTE AUX
PARTICIPANTS**

08:30 h - 010:00 h **CONCURRENT SESSIONS**

**Concurrent Session IV
METHODS (SLAM SESSIONS)**
Session Chair: Peter C. Coyte

**Age, time-to-death, and health care utilization: new techniques for understanding health
and health systems**

Greg Payne, University of Toronto

In the aggregate, healthcare utilization is the product of a complex interplay among changes to age-specific health status, longevity, technology, and societal preferences. Rich linked data sources, econometric techniques, and increased computing power create potential for individuallevel models of utilization to identify epidemiological transitions and forecast future health care resource requirements.

10:00 h – 10:30 h **BREAK/PAUSE**

10:30 h – 12:00 h Duluth and/et Mckenzie **PLENARY PANEL - PERFORMANCE
EVALUATION OF CANADA'S REGIONAL HEALTH SYSTEMS
S' EANCE PL' ENIÈRE – ' EVALUATION DU RENDEMENT DES
SYSTÈMES DE SANT'É RÉGIONAUX DU CANADA**

Plenary Chair/ titulaire plénière: Mira Johri

Speakers/ Conférenciers:

Patient Safety: Ross Baker, University of Toronto

Access/Wait Times: Terry Sullivan, Cancer Care Ontario

12:00 h **CONFERENCE CLOSING/ CLÔTURE DE LA CONFÉRENCE**

POSTER PRESENTATION THEMES AND TITLES

DISEASE MANAGEMENT

**Ungar, Wendy. Comparison-Asthma medication use in publicly vs privately insured children
with asthma**

**Ungar, Wendy. Public drug plan coverage for children across Canada: A portrait of too many
colours**

Piwko, Charles. Methods for developing/implementing best practice

Appendix 18:

Population/Needs-Based Initiative

Appendix 18: Population/Needs-Based Initiative

Expert Advisory Panel Terms of Reference

POPULATION/NEEDS-BASED PLANNING MODEL INITIATIVE

Background/Context

Population/needs-based planning initiative

In 2003, the Ministry of Health and Long-Term Care (hereafter the Ministry) engaged in a collaborative initiative with the University of Toronto and the Institute for Clinical Evaluative Sciences (ICES) to develop a needs-based planning model that would help to predict health care needs of Ontario seniors (65+ years). Through ongoing discussions between the Health Results Team for Information Management (HRT-IM) and the Ontario Women's Health Council Secretariat (OWHCS), an opportunity has been identified to expand the need-based planning approach to different populations. The intended result of this Population/Needs-Based Planning Initiative will be a more robust methodology for predicting the health care needs of various populations within the province.

The *Population/Needs-Based Planning Model* will produce short (in-year), medium (2-3 year) and long-term (5 year) predictions of the needs of different populations for a suite of health services within geographically bounded areas. Moreover, the planning model developed will enable assessment of various policy options and their impact on the future health needs of Ontario's population groups. While the output of the model will help to inform planning around resource allocations and distribution, it is not intended for determining/defining funding. It will therefore be useful as a tool to support complex funding formulae for selected services/providers, populations groups and/or regions, but will not produce forecasts of financial needs per se.

In developing the model, it will be critical that key leaders and specialists are assembled to guide and inform the precise nature of the output that is most desirable for resource planning and decision making purposes.

The planning model will be a key source of information on the specific populations' needs for particular services within selected regions/areas throughout Ontario. The models will generate information that can help to inform the decision making process at both the system (Ministry) and the local (LHIN) levels. The model therefore has several audiences who will benefit from its output:

- The Ministry of Health and Long-Term Care (MOHLTC)
- Local Health integration Networks (LHINs)
- Service Providers
- Disease Networks
- Academic Health Sciences Centres (AHSCs)
- Advocacy organizations for the population groups

Expert Advisory Panel

Integral to the Population/Needs-Based Planning Model Initiative is the establishment of an Expert Advisory Panel. Consisting of representation from health planning, data, methods and modeling specialists, decision and policy makers, and stakeholder groups, the panel's expert knowledge is intended to inform and steer the initiative. The key objectives of the Expert Advisory Panel will be:

- To guide the project so that the model developed is practical and useful for the intended audience of resource allocation managers and planners;
- To ensure that the development of the model aligns with local and international best practices.

The scope of responsibilities of the Committee shall include:

- Inform the assessment of overall feasibility of the initiative;
- Recommend population cohorts for model development;
- Recommend modeling options – modeling process and specialist(s);
- Contribute to defining measures of success for the project.

The responsibilities of the Committee shall not include:

- Design of the models
- Evaluation or coordination of process issues associated with the project
- Providing financial assistance to support the project

Membership, Reporting & Meetings

Membership

The Expert Advisory Panel will be chaired by a member to be determined by the Panel.

The Expert Advisory Panel will consist of:

- Nam Nains
- Peter Coyte
- Jeff Doleweerd
- William Gnam
- Paul Huras
- Doug Manuel
- Ray Pong
- Mandana Vahabi

A MOHLTC Legal Services representative will be invited or consulted as required.

Reporting

The Lead for HRT-IM, Adalsteinn Brown will provide guidance to the Expert Advisory Panel as appropriate. In addition, he will:

- Require reports on progress from the Expert Advisory Panel Chair
- Monitor progress to ensure appropriate sequencing and coordination of actions
- Ensure that plans comply with policy requirements and directives of the government

Meetings

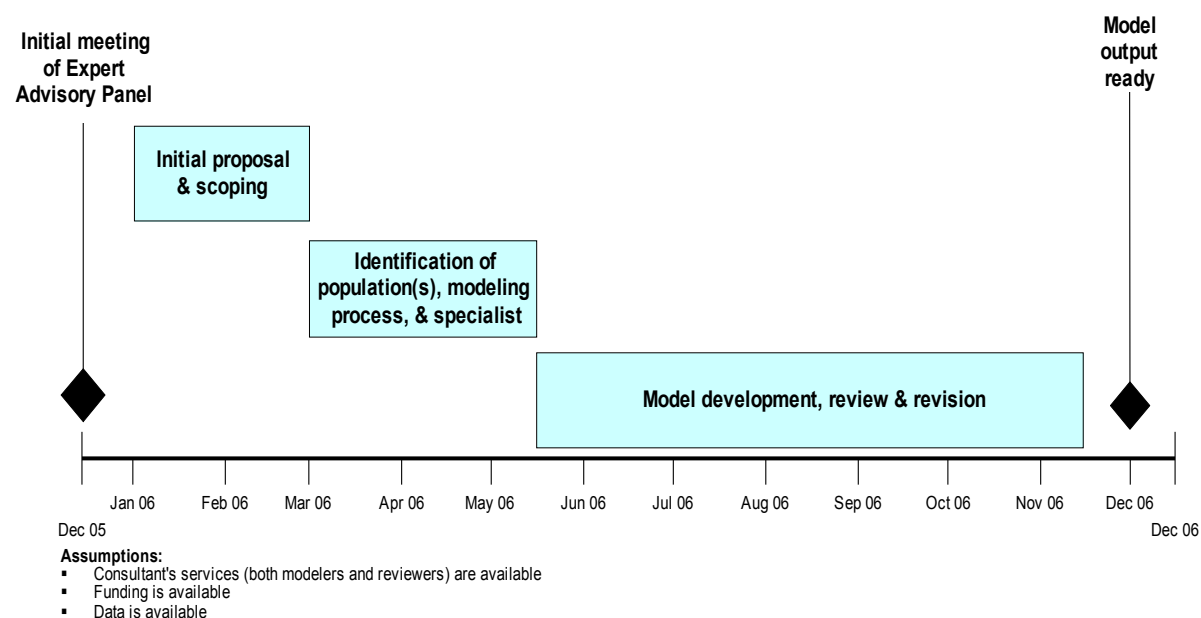
The members and Chair of the Expert Advisory Panel will serve for a term of no more than 12 months, and before that term is over, the Expert Advisory Panel will review and propose any appropriate amendments in its mandate and membership.

Meetings will be held as required to address issues. It is estimated that each meeting will be one to two hours in duration, and held no more than once a month for twelve months in Toronto or by teleconference (between twelve and twenty-four hour total time commitment).

Decisions should be made by consensus. The Expert Advisory Panel Chair will be Matthew Norton (acting for Adalsteinn Brown).

Proposed Schedule

The following is the high-level, estimated timeline for development and implementation (i.e., reporting output).



Estimated Budget

Over 50% of the total budget of is designated for packaging and uptake: brokering transfer (bringing the model 'in-house'), presentations, development of user manuals, and training.

Resources	Costs
Consultant services	\$200,000
Ministry – human resources	\$150,000
Data – new data purchases	n/a
Total	\$350,000

Necessary travel expenses will be covered for the purposes of conducting in-person meetings, as required.

Appendix 19: Junior Faculty Activity Reports and Testimonials

“Dr. Coyte's mentorship/research program has provided me with the opportunity to work with various health services researchers, clinicians, administrators and managers. Through my interaction with these key individuals, I have had the opportunity to develop research proposals that aim to contribute to decision-making and policy development. Furthermore, these relationships facilitate dissemination of research findings and knowledge uptake. I believe that my career has benefited greatly from working with Dr. Coyte within his mentorship/research program.”

- Denise Guerriere, PhD, Assistant Professor, Faculty of Nursing, University of Toronto

Appendix 19: Junior Faculty Activity Reports and Testimonials

CHSRF Progress Report for Dr. Denise Guerriere

CURRICULUM VITAE

September 2005

NAME: Denise Noelle Guerriere

CITIZENSHIP: Canadian

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Toronto, Ontario
M4G 1N8

Telephone: 416-423-7651

BUSINESS ADDRESS

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Faculty of Medicine
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Canada

Telephone: (416) 978-1459; Cellular (416) 419-0149

Fax: (416) 978-7350

eMail: denise.guerriere@utoronto.ca

EDUCATION

- 1998 Doctor of Philosophy, Faculty of Nursing, University of Toronto
Research supervisor: Hilary Llewellyn-Thomas, Professor, Faculty of Nursing,
University of Toronto (Committee Members; Patricia McKeever, Jack Williams,
Glenn Berall)
Dissertation title: Measuring Decisional Conflict in Substitute Decision Makers:
Mothers' Decisions About Initiating Gastrostomy Tube Feeding in Children
- 1994 Master of Science, Faculty of Nursing, University of Toronto
Major field of study: Parent/Child Nursing
Research supervisor: Patricia McKeever, Professor, Faculty of Nursing,
University of Toronto (Committee Members; Ruth Gallop, Robert Gates)
Thesis title: Playing the Hand You're Dealt: Mothers' Accounts of their
Relationships with Brain-Injured Children
- 1991 Bachelor of Science in Nursing, Faculty of Nursing, University of Western Ontario

ACADEMIC APPOINTMENTS

Current

- 10/2001 - Assistant Professor (status only), Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto
- 02/1999 - Assistant Professor (status only), Faculty of Nursing, University of Toronto
- 10/2000 - Core Investigator, Health Care, Technology and Place Research Group, University of Toronto

Prior

01/1999 – 10/2000

Post-Doctoral Research Fellow, Population Health Sciences, The Hospital for Sick Children Research Institute. Supervisors: Wendy Ungar, Scientist, Population Health Sciences, The Hospital for Sick Children Research Institute; and Peter Coyte, Professor, Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto.

CLINICAL NURSING APPOINTMENTS

Prior

10/1995 – 05/1998

Nurse Clinician, Paediatric Feeding Assessment Clinic, Bloorview MacMillan Centre, Toronto

10/1991 – 01/1997

Registered Nurse, Ross Tiley Burn Centre and Intensive Care Unit, The Wellesley Hospital, Toronto

08/1994 - 12/1994

Registered Nurse, Bloorview Children's Hospital, Toronto

04/1991 – 10/1991

Registered Nurse, General Pediatrics, The Hospital For Sick Children, Toronto

RESEARCH GRANTS

2004-2007

“Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care”.

\$292,371, Canadian Institutes of Health Research, 2005-2008, Co-Principal Investigators:

Guerriere DN, Coyte PC; Co-Investigators: Fassbender K, Laporte A, Adams D, Wagner F, Librach SD, Croxford R, Brown P, Brenneis C, and Fainsinger R, are co-investigators.

This purposes of this study are to: 1) comprehensively assess the societal costs, satisfaction and quality of home-based palliative care; and 2) examine the socio-demographic and clinical factors that account for variation in costs, satisfaction and

quality of care, at various time points over the course of the palliative care trajectory, from admission to death.

2004-2008

“Risk Factors in the Transition of Acute to Chronic Pain After Cardiac Surgery - The CARDPAIN Study”, \$624,846, Canadian Institutes of Health Research, Principal Investigator: Choiniere M

The primary objective of this research project is to identify risk factors involved in the transition of acute to chronic postoperative pain after cardiac surgery (CABG and/or valve replacement). This two-year follow up study will allow us to document different aspects of the pain including its intensity, time course and impact in terms of interference with every day activities, psychological well-being, and health-related quality of life. Economic consequences of chronic pain after cardiac surgery will also be examined.

2004-2005

“Improving Chronic Pain Management In Canada - The STOPPAIN Project Phase 1: Assessment Of Chronic Pain Burden And Management”, \$255,012, Canadian Institutes of Health Research, Principal Investigators: Choiniere M & Watt-Watson J

This project is the first step of a larger research program aimed at improving chronic pain management in Canada. Two studies are proposed. The first will evaluate the human and economic burden of chronic pain in Canada by portraying the bio-psycho-social profile of the patients waiting to be seen in multidisciplinary pain treatment facilities (MPFT), and documenting the direct and indirect costs of their pain. The second will describe and analyse the services that are currently offered in public and private MPFT in Canada. The information thus obtained will be used as the foundation of a national database that will use common demographics, a chronic pain classification system, pain severity indices and standardized outcome measures for research purposes.

2004-2005

“Improving Chronic Pain Management In Canada - The STOPPAIN Project Phase 1: Assessment Of Chronic Pain Burden And Management”, \$80,000, Fonds de la Recherche en Santé du Québec (FRSQ), Principal Investigators: Choiniere M & Watt-Watson J

This project is the first step of a larger research program aimed at improving chronic pain management in Canada. Two studies are proposed. The first will evaluate the human and economic burden of chronic pain in Canada by portraying the bio-psycho-social profile of the patients waiting to be seen in multidisciplinary pain treatment facilities (MPFT), and documenting the direct and indirect costs of their pain. The second will describe and analyse the services that are currently offered in public and private MPFT in Canada. The information thus obtained will be used as the foundation of a national database that will use common demographics, a chronic pain classification system, pain severity indices and standardized outcome measures for research purposes.

2003-2006

“An Outcome Indicator for Morbidity in Medically Vulnerable Infants”, \$216,975, Canadian Institutes of Health Research, Principal Investigator: Dick, P; Co-Investigators: Guerriere DN, Guttman A, To T, Whyte H

The purpose of this study is to develop and validate an outcome indicator of post-neonatal morbidity for medically vulnerable infants that can be used with hospitalization data. The objectives are: 1) To create a list of ICD-9 diagnoses called the Medically Vulnerable Infant - Ambulatory Sensitive Conditions (MVI-ASC) which to experts represent potentially avoidable morbidity when they occur as the “most responsible” diagnosis for hospitalizations; 2) To determine whether parental report of quality of primary care (Primary Care Assessment Tool) for medically vulnerable infants discharged from NICU and then hospitalized with MVI-ASC diagnoses during the year following discharge is significantly different from control infants; and 3) To describe the incidence of MVI-ASC hospitalizations during the first year of life for all medically vulnerable children and major subgroups born in Ontario between April 1996 to March 2001 using hospital discharge abstract data.

2002-2004

“Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing”, \$134,000, Canadian Health Services Research Foundation. Co-Principal Investigators: Guerriere DN, Coyte PC; Co-Investigator: McKeever P

This study will assess determinants of publicly and privately financed home-based nursing service utilization. Determinants such as socio-economic status, amount of informal caregiving and geographic location of residence will be considered. The relationship between publicly and privately financed home-based nursing services and the quality of nursing care, as well as the costs to the system and to care recipients will also be evaluated. A greater appreciation of home-based nursing is necessary for practitioners, health managers, and policy decision makers to ensure that care recipients and their families receive efficient, effective, equitable, and quality care.

2002-2006

“Global and Molecular Pain Responses in Children With and Without Significant Neurological Impairment.” \$362,000, Canadian Institutes of Health Research, Principal Investigator: Hadden, K Co-Investigators: Coyte PC, Guerriere DN

This study will: validate multidimensional pain measures for children with cerebral palsy (CP); seek to discriminate between pain measures acquired from children with CP and from those not so affected; and assess the economic burden of CP from multiple perspectives.

2001-2003

“Economic Evaluation of a Paediatric Tele-Home Care Program”, \$82,000, The Hospital Management Research Unit, Ontario Ministry of Health. Co-Principal Investigators: Coyte PC, Guerriere DN; Co-Investigators: Dick P, Young N.

The purpose of this study is to assess economic and psychosocial outcomes of families of children receiving formal home care services following hospitalization.

2000-2003

"Evaluation of the Ambulatory and Home Care Record (AHCR)", \$134,492, Canadian Institutes of Health Research. Principal Investigator: **Guerriere DN**; Co-investigators: Coyte PC, Tullis DE, Ungar WJ, Corey M

The primary objective of this study is to evaluate the reliability of a resource costing tool (the Ambulatory and Home Care Record, AHCR), which was designed to assess health service and informal caregiving costs. The secondary objectives are twofold: first, to measure the economic burden associated with care for Cystic Fibrosis (CF) patients experiencing an exacerbation and CF patients who are "stable" through use of the AHCR; and second, to assess the sensitivity of resource cost estimates to alternative methods of valuing patients' and informal caregivers' forgone time.

1999-2002

"Evaluation of the Chronic Pain Self-Management Program", \$333,648, Canadian Institutes of Health Research. Co-Principal Investigators: Lefort S, Watt-Watson J; Co-investigators: Gray-Donald K, Webber K, Coyte PC, **Guerriere DN**

The purpose of this randomized clinical trial is to evaluate the feasibility and cost-effectiveness of a community-based chronic pain self-management intervention delivered by multiple nurse facilitators in two Canadian provinces on paid-related outcomes, and health service utilization and costs for individuals with chronic non-cancer pain.

1999-2001

"Cost-Effectiveness of Home Versus Hospital Management of Feeding Difficulties in Preterm Infants", \$55,000.00, Health Transition Fund. Principal Investigators: Stevens B and McKeever P; Co-investigators: Coyte PC, Daub S, Dunn M, **Guerriere DN**, Gibbins S, MacDonell J and Ohlsson A.

The purpose of this randomized controlled clinical trial is to compare the cost, safety and efficacy of managing feeding difficulties in preterm neonates in hospital and home settings.

1999 - 2000

"Development and Evaluation of the Ambulatory and Home care Record", \$52,000, Post-Doctoral Fellowship, Hospital for Sick Children Research Institute. Principal Investigator: **Guerriere DN**; Supervisors: Ungar W, Coyte P.

The purpose of this work was to develop the Ambulatory and Home Care Record (AHCR) and to pilot test the AHCR within the context of a paediatric tele-home care project. The overall goal was to develop a standardized and comprehensive resource costing measure.

1997-1998

“Measuring Decisional Conflict in Substitute Decision Makers: Mothers’ Decisions About Initiating Gastrostomy Tube Feeding in Children”, \$16,000, (salary per annum for 2 years; 1 year declined), Doctoral Research Training Grant, Hospital for Sick Children Research Institute. Principal Investigator: **Guerriere DN**; Co-Investigators: Llewellyn-Thomas H (Supervisor), McKeever P, Williams J, Berall G.

This study explored: a) the conflict associated with substitute decision making; b) the appropriateness of an instrument to measure decisional conflict in a substitute decision making context; and c) the sources of mothers’ conflict associated with the decision regarding gastrostomy tube insertion for their children.

1995 – 1997

“Measuring Decisional Conflict in Substitute Decision Makers: Mothers’ Decisions About Initiating Gastrostomy Tube Feeding in Children”, \$30,000, Doctoral Research Training Grant, The Easter Seal Research Institute. Principal Investigator: **Guerriere DN**; Co-Investigators: Llewellyn-Thomas H (Supervisor), McKeever P, Williams J, Berall G.

This study explored: a) the conflict associated with substitute decision making; b) the appropriateness of an instrument to measure decisional conflict in a substitute decision making context; and c) the sources of mothers’ conflict associated with the decision regarding gastrostomy tube insertion for their children.

ACADEMIC AWARDS

- | | |
|-------------------|--|
| 1999-2001 | Restracom Post-Doctoral Fellowship Grant, The Hospital for Sick Children Research Institute, \$52,000. |
| 1997-98 | Ontario Graduate Scholarship, Ministry of Education and Training. |
| 1997-98 | Restracom Fellowship, The Hospital for Sick Children. |
| 1997 | Whipper Watson Graduate Research Studentship Award, Bloorview MacMillan Centre. |
| 1996-97 | Restracom Doctoral Fellowship Grant, The Hospital for Sick Children Research Institute. |
| 1996-97 declined. | Ontario Graduate Scholarship, Ministry of Education and Training - |
| 1995-96 | University of Toronto Open Doctoral Fellowship, University of Toronto. |
| 1994 | Helen Carpenter Award, Graduate Department of Nursing, University of Toronto. |
| 1994 | Bloorview Children's Hospital Foundation Graduate Award, University of Toronto. |
| 1994 | R. J. MacMillan Scholarship, The Wellesley Hospital. |

1993 Miriam Neveren Summer Studentship Award, The Easter Seal Research Institute,
Toronto.

1993 Marilyn Creighton Scholarship Award, The Wellesley Hospital.

PUBLICATIONS

Papers in Journals

Guerriere DN, Ungar WJ, Tullis E, Corey M, Gaskin L, Carpenter S, Coyte PC. Evaluation of the Ambulatory and Home Care Record: Agreement Between Self-Reports and Administrative Data” In Press: International Journal of Technology Assessment in Health Care.

Guerriere DN, Tullis E, Ungar WJ, Tranmer J, Corey M, Gaskin L, Carpenter S, Coyte PC. Cost of caring for adults with cystic fibrosis. Accepted: Treatments in Respiratory Medicine.

Stevens B, **Guerriere DN**, McKeever P, Croxford R, Miller K-L, MacDonnell J, Gibbons S, Dunn M, Ohlsson A, Ray K, Coyte PC. The economics and efficacy of home versus hospital breastfeeding support for newborns: A randomized controlled trial. Journal of Advanced Nursing 53(2), 233-243.

Tranmer J, **Guerriere D**, Ungar WJ, Coyte PC. Valuing patient and caregiver time: A review of the literature. Pharmacoeconomics 23(5):449-459, 2005.

Guerriere DN, McKeever P, Llewellyn-Thomas H, Berall G. (2003). Mothers’ decisions about Gastrostomy tube insertion in children: an exploration of the factors contributing to uncertainty. Developmental Medicine and Child Neurology, 45, 470-476.

McKeever P, Stevens B, Miller K-L, MacDonnell J, Gibbons S, **Guerriere DN**, Dunn M, Coyte PC. (2002). Home versus hospital lactation support for newborns: A randomized controlled trial. Birth: Issues in Perinatal Care, 29(4), 262-269.

Guerriere DN, McKeever P, Coyte PC. (2001). Focus on Health Care Settings: The Home Care Evaluation and Research Centre. Canadian Journal of Nursing Research, 33(1), 77-79.

Guerriere DN, Llewellyn-Thomas H. (2001). Substitute decision-making: Measuring individually mediated sources of uncertainty. Patient Education and Counselling, 42, 133-143.

Guerriere DN, Llewellyn-Thomas H. (1999). Mothers’ conflicts related to gastrostomy tube feeding in infants. IMPrint, 23, 9-12.

Guerriere DN, McKeever P. (1997). Mothering children who survive brain injuries: Playing the hand you’re dealt. Journal of the Society of Pediatric Nurses, 2, 105-115.

Papers Under Review

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. Valuing patient and caregiver time: A comparison of methods. Under Review: Value in Health.

Abstracts Published in Journals

Stevens B, McKeever P, Coyte PC, Daub S, Dunn M, Gibbons S, **Guerriere DN**, MacDonell J, Ohlsson A. (2001). The impact of home versus hospital support of breast feeding on neonatal outcomes. Paediatric Research, 49(4), 261A.

Guerriere DN, Llewellyn-Thomas H. (1998). Substitute decision making: How best to assess the sources of decision uncertainty? Medical Decision Making, 18(4), 468.

Guerriere DN, Llewellyn-Thomas H. (1997). Initiating pediatric gastrostomy tube feeding: How best to assess mothers' decisional conflict? Medical Decision Making, 17(4), 518.

Reports

Stevens B, McKeever P, Coyte PC, Daub S, Dunn M, Gibbons S, **Guerriere DN**, MacDonell J, Ohlsson A, Ray K. (2001, March 31). Cost-Effectiveness of Home Versus Hospital Support of Breast Feeding in Neonates. Sub-study #12 under the National Evaluation of the Cost-Effectiveness of Home Care, Health Transitions Fund, Final Report.

Papers Presented (Invited)

Guerriere DN, Coyte PC, Li L, Stabile M. (2001, June). Economic evaluation in health care and place. International Collaborative Research Workshop, Stockholm, Sweden.

Guerriere DN, McKeever P. (1998, October). Mothers' decisional conflicts related to G-tube insertion in infants. Infants with Medical & Developmental Challenges: Caring for the Infant-Parent Relationship Conference, The Ontario Association for Infant Development, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, May). Measuring decisional conflict in substitute decision makers: Mothers' decisions about initiating gastrostomy tube feeding in children. Clinical Epidemiology Unit / Institute for Clinical Evaluative Sciences Rounds, Sunnybrook Health Science Centre, Toronto, Canada.

Guerriere DN. (1996, November). Mothers' decisional conflict about initiating gastrostomy tube feeding in children with severe disabling conditions. The Pediatric Feeding Symposium, Bloorview MacMillan Centre, Toronto, Canada.

Guerriere DN, McKeever P. (1995, February). "Playing the hand you're dealt": An interactionist interpretation of mothers' accounts of coming to terms with brain-injured children. Bloorview Children's Hospital, Nursing Research Committee, Toronto, Canada.

Papers Presented (Peer-Reviewed)

Wong AYM, **Guerriere D**, Croxford R, McKeever P, & Coyte PC. (2005). Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing [Poster presentation]. Canadian Association of Health Services and Policy Research Conference, Montreal, QC, September 16-18.

Wong AYM, **Guerriere D**, Croxford R, McKeever P, & Coyte PC. (2005). Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing [Oral presentation]. International Conference on Scientific Basis for Health Services, Montreal, QC, September 18-20.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2002, May). Valuing care recipients' and informal caregivers' time: a comparison of methods. Canadian Health Economics Research Association Annual Meeting, Halifax, Canada.

Guerriere DN, Coyte PC, McKeever P, Baranek P. (2001, December). Pre-conference workshop: Summary of the International Collaborative Research Workshop. Canadian Home Care Association Conference, Ottawa, Canada.

Guerriere DN, Coyte PC, Croxford R, Dick P, Laporte A. (2001, December). Trends and patterns of home care utilization by adults. Canadian Home Care Association Conference, Ottawa, Canada.

Dick P, Lam K, **Guerriere DN**, To T, Laporte A. (2001, December). Home care replacing hospital care for children in Ontario. Canadian Home Care Association Conference, Ottawa, Canada.

Guerriere DN, Coyte PC. (2001, May). Development and assessment of the Ambulatory and Home Care Record. Canadian Health Economics Research Association, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, October). Substitute decision making: How best to assess the sources of decision uncertainty? Annual Meeting for the Society for Medical Decision Making, Boston, USA.

Guerriere DN, McKeever P. (1995, May). "Playing the hand you're dealt": An interactionist interpretation of mothers' accounts of coming to terms with brain-injured children. Rehabilitation Research Symposium, School of Rehabilitation Therapy, Queen's University, Kingston, Canada.

Poster Presentations (Peer-Reviewed)

Guerriere DN, Coyte PC, Tullis E, Ungar W, Corey M. (2003, November). Cost of caring for adults with cystic fibrosis. Institute of Health Services and Policy Research Conference, Montreal, Canada.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2003, June). Valuing patient and caregiver time: a comparison of methods. International Health Economics Association Annual Meeting, San Francisco, USA.

Guerriere DN, Lefort S, Watt-Watson J, Croxford R, Choi BYL, Coyte PC. (2003, May). Chronic pain: Measuring the cost of care & assessing the economic impact of a community-based intervention, the CPSMP. Pain, the Silent Epidemic: The Canadian Pain Society Annual Conference, Toronto, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2003, May). Valuing patient and caregiver time: a comparison of methods. University of Toronto Department of Health Policy Management and Evaluation Research Day, Toronto, Canada. Awarded the Maureen Dixon Award for Best Community-based Poster.

Guerriere DN, Lefort S, Watt-Watson J, Croxford R, Choi BYL, Coyte PC. (2003, March). Chronic pain: Measuring the cost of care & assessing the economic impact of a community-based intervention, the CPSMP. The American Pain Society 22nd Annual Scientific Meeting, Chicago, USA.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2003, March). Valuing patient and caregiver time: a comparison of methods. Canadian Association of Population Therapeutics, Quebec City, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2002, May). Valuing caregiving time: A comparison of methods. University of Toronto Department of Health Policy Management and Evaluation Research Day, Toronto, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2002, April). Valuing caregiving time: A comparison of methods. University of Toronto Faculty of Nursing Research Day, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, April). Initiating pediatric gastrostomy tube feeding: How best to assess mothers' decisional conflict? First International Research Utilization Conference, Faculty of Nursing, University of Toronto, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1997, December). Initiating gastrostomy tube feeding in children: How best to assess mothers' decisional conflict? Sigma Theta Tau International Convention, Indianapolis, USA.

Guerriere DN, Llewellyn-Thomas H. (1997, October). Initiating gastrostomy tube feeding in children: How best to assess mothers' decisional conflict? Annual Meeting for the Society for Medical Decision Making, Houston, USA.

Guerriere DN, McKeever P. (1994, May). "Playing the hand you're dealt": An interactionist interpretation of mothers' accounts of coming to terms with brain-injured children. The Hugh MacMillan Rehabilitation Centre and Bloorview Children's Hospital Research Day, Toronto, Canada.

Thesis Committee Participation

2003 – 2004 - Sanobar Motiwala, "Where Ontarians Die: the Impact of Sociodemographic Characteristics", MSc program, Department of Health Policy, Management and Evaluation, University of Toronto (Member).

2001 – 2002 - Jennifer Tranmer, "Valuing Caregiving Time: A Comparison of Methods", MSc program, Department of Health Policy, Management and Evaluation, University of Toronto (Member).

2001 - Linda Choi, "Cost Implications of a Chronic Pain Self-Management Program" (working title), PhD student, Department of Health Policy, Management and Policy, University of Toronto (Member).

TEACHING

University Teaching: Graduate Courses

NUR1041 Contemporary Family Theories
Faculty of Nursing, University of Toronto
Role: Course Instructor
Taught course 3 times in 1999/2000 academic year

NUR1022 Critical Appraisal of Research
Faculty of Nursing, University of Toronto
Course Instructor: Ellen Hodnett
Role: Teaching Assistant for course two times in 1996/1997 academic year

University Teaching: Undergraduate Course

NUR380 Nursing Research and Scholarship
Faculty of Nursing, University of Toronto
Role: Course Instructor
May – July 2003 and June – August 2004

Community College Teaching

06/1994 – 08/1994
Centennial College, School of Health Sciences, Toronto
Role: Paediatric Nursing Clinical Instructor (The Hugh MacMillan Rehabilitation Centre)

01/1992 – 04/1992
Centennial College, School of Health Sciences, Toronto
Role: Nursing Lab Instructor

Guest Lectures

Graduate Courses

10/2001
HAD5725 Health Economics I
Department of Health Policy Management and Evaluation, University of Toronto.
Course Instructors: Audrey Laporte, Wendy Ungar

05/1996
NUR1022 Critical Appraisal of Research
Faculty of Nursing, University of Toronto
Course Instructor: Hilary Llewellyn-Thomas

02/1996

NUR1041 Contemporary Family Theories
Faculty of Nursing, University of Toronto
Course Instructor: Patricia McKeever

02/1995
NUR1041 Contemporary Family Theories
Faculty of Nursing, University of Toronto
Course Instructor: Patricia McKeever

Undergraduate Course

11/1999
NUR380 Research Methods
Faculty of Nursing, University of Toronto
Course Instructor: Kathy McGilton

RESEARCH TRAINING

09/1998 - 12/1998
Title: Pediatric Tele-Homecare: Domains of Importance
Primary Investigators: Guttman A, Dick P, Young N, McKeever P
Institution: The Hospital for Sick Children, Toronto
Role: Research Associate

01/1996 – 12/1998
Title: Evaluation of the Hart Walker Orthosis for Children with Cerebral Palsy.
Primary Investigators: Wright V, McKeever P
Institution: Bloorview MacMillan Centre, Toronto.
Role: Qualitative Interviewer

09/1994 – 05/1998
Title: Measuring Decisional Conflict in Substitute Decision Makers: Mothers' Decisions About Initiating Gastrostomy Tube Feeding in Children (Doctoral Dissertation, University of Toronto).
Institution: Research Training Setting: Institute for Clinical Evaluative Sciences & Clinical Epidemiology Unit, Sunnybrook Health Science Centre, Toronto
Data Collection Sites: The Hospital for Sick Children, Toronto and Children's Hospital at Chedoke-McMaster, Hamilton, Ontario
Role: Principal Investigator (Supervisor: Hilary Llewellyn-Thomas)

02/1997 – 09/1997
Title: Home and Hospital Chemotherapy Study
Primary Investigator: Bonnie Stevens
Institution: The Hospital for Sick Children, Toronto
Role: Research Assistant

09/1994 – 09/1996
Title: A Study to Investigate Nurses' Perceptions and Beliefs re: Boundary Issues and Professional Behaviour
Primary Investigators: Ruth Gallop & Gail Donner
Institution: The University of Toronto, Quality of Nursing Work-life Unit
Role: Research Assistant

05/1994 - 07/1994

Title: Health Promotion in Pre-school-Age Children
Primary Investigators: Dorothy Craig & Karen Wade
Institution: North York Public Health Unit
Role: Research Assistant

09/1992 – 04/1994

Title: Playing the Hand You're Dealt: Mothers' Accounts of Their Relationships with Brain-Injured Children (Master's Thesis)
Institution: University of Toronto
Role: Primary Investigator (Supervisor: Patricia McKeever)

PROFESSIONAL ACTIVITIES

Since 1991	Member: College of Nurses of Ontario
Since 2000	Member, Canadian Health Economics Research Association
Since 1999	Committee Member, Child and Youth Homecare Network (CYHN), Hospital for Sick Children Foundation
1992 - 98	Member: Registered Nurses Association of Ontario
1993 - 98	Inducted Member: Sigma Theta Tau, Inc. (Honour Society of Nursing)
1995 - 98	Member: Association for the Care of Children's Health (ACCH)
1994 - 97	Volunteer: Annual Research Day, Faculty of Nursing, University of Toronto
1993 - 97	Member: Canadian Nurses Foundation
1992 - 96	Elected Member: Graduate Students' Union, University of Toronto
1994 - 96	Graduate Student Representative: Graduate Curriculum Committee, University of Toronto, Faculty of Nursing Science
1995 - 96	Member: Lambda Pi Newsletter Committee, Sigma Theta Tau Inc.

Research Grant Assessor

Canadian Institute for Health Information, Canadian Population Health Initiative
Hospital for Sick Children Research Institute, Toronto
Hospital for Sick Children Foundation, Toronto
Ontario Respiratory Care Society Research Grant Program, Toronto

Manuscript Reviewer

Health Affairs
Canadian Journal of Nursing Research

Conference Abstract Reviewer

Abstract Review Committee Member,
Canadian Health Economics Research Association, 10th Canadian Conference on Health, May 22-25, 2002, Halifax, Canada
Research: Stability and Change in the Canadian Health Care System,

Clinical Skill Development

1991 - 1996	Annual Critical Care Re-Certification The Wellesley Hospital, Department of Nursing Education, Toronto
-------------	--

09/1991 - 12/1991 Critical Care Courses: Ryerson University, Toronto
- Critical Care Concepts
- Physiology and Pathotherapeutics

CAREER INTERRUPTIONS

04/2000 to 10/2000 Maternity Leave
04/2002 to 04/2003 Maternity Leave
08/2004 to 08/2005 Maternity Leave

CHSRF Progress Report for Dr. Audrey Laporte

AUDREY LAPORTE

Assistant Professor of Health Economics
Department of Health Policy, Management and Evaluation
Faculty of Medicine, University of Toronto
2nd Floor, McMurrich Building
12 Queen's Park Crescent West
Toronto, Ontario
M5S 1A8
Telephone: 416-946-7386
Fax: 416-978-7350
E-mail: audrey.laporte@utoronto.ca

CURRICULUM VITAE

January 18, 2006

A. BIOGRAPHICAL INFORMATION

1. PERSONAL

Date of Birth: August 27, 1970.
Place of Birth: Kitchener-Waterloo, Canada
Marital Status: Married, two children.

2. EDUCATION

PhD: University of Guelph, 2001
Specialization: Health Economics
Thesis: Essays on the Socio-economic Determinants of Population Health
MA: University of Guelph, 1995
Concentration: Labour Economics
BA: (With Distinction) University of Toronto, 1993
Concentration: Economics and Political Science

3. CURRENT APPOINTMENTS

April 2005- Associate Graduate Faculty, Department of Economics, University of Guelph
January 2003- Cross-Appointed, Faculty of Law, University of Toronto.
January 2003- Assistant Professor (Tenure-Track), Department of Health Policy, Management and Evaluation, University of Toronto
September 2002- Cross-Appointed, Faculty of Dentistry, University of Toronto.

4. PREVIOUS APPOINTMENTS

August 2000- Assistant Professor (CLTA/Status Only), Department of Health Policy, Management and Evaluation, University of Toronto
June 1999- Instructor, (Sessional) Department of Economics, University of Guelph
September 1999
January 1997- Instructor, (Sessional) Department of Economics, University of Guelph
May 1997

5. AWARDS/HONOURS

i. FELLOWSHIPS

2001-2002 Post-Doctoral Fellowship, Lupina Foundation, Munk Centre for International Studies.

ii. AWARDS

2005 Eugenie Stuart Award for Excellence in Teaching

2001-2003 Canadian Health Services Research Foundation (CHSRF) Post-doctoral Training Award

iii. SCHOLARSHIPS

1998 University Graduate Scholarship

1997 Board of Graduate Studies Research Scholarship
University Graduate Scholarship

1996 University Graduate Scholarship

1990 The Frederick G. Gardiner Scholarship in Political Economy

B. ACADEMIC HISTORY

1. RESEARCH GRANTS

Principal Investigator:

2006-2009 \$285,072 (CIHR) *The supply of nurses: identifying factors that influence leaving, staying, and sector switching*, co-investigators: R Deber, A Baumann, L O'Brien- Pallas, J Blythe.

2003-2007 \$261,000 (CIHR) Operational Efficiency of Long-Term Care Facilities in Canada
Co-PI: W. B. Berta, co-investigators: V. Valdmanis, G Anderson.

2003-2005 \$90,274 (CIHR) *Where do nurses work? Work setting and work choice* Co-PI: R. Deber, co-investigators: L. O'Brien-Pallas and A. Baumann

2003-2006 \$83,259 (SSHRC) Operational Efficiency of Long-Term Care Facilities in Ontario.
Co-PI: W. B. Berta, co-investigator: V. Valdmanis.

2003-2005 \$10,000 (Connaught New Staff Matching Grant) Health Status, Health Behaviours and Income Inequality: Exploring the Linkages.

2003-2006 \$8,497 (Dean's Research Fund, Faculty of Medicine, University of Toronto) *Operational Efficiency of Long-Term Care Facilities in Ontario*. Co- PI: W. B. Berta, co-investigator: V. Valdmanis.

2003-2005 \$10,000 Connaught Start-Up Grant, University of Toronto.

2002-2003 \$3,000 (M-THAC and CIHR) *Estimating the Operational Efficiencies of Long-Term Care Facilities in Ontario*, Co-PI: W. B. Berta, co-investigator: V. Valdmanis.

Co-Investigator:

2005-2008 \$292,371 (CIHR) Cost and quality of variations in Ambulatory and Home-based Palliative Care, PIs: PC Coyte and D N Guerriere, co-Is: **A Laporte**, D Adams, F Wagner, L Librach.

2005-2010 \$445,410 (CIHR) A randomized comparison of laproscopic myotomy and pneumatic dilation for achalasia, PI: David Urbach, co-Is: **A Laporte**, G Darling, N Diamant, G Tomlinson.

2004-2007 \$143,000 (SSHRC) Community support services at the margins: how community

support agencies mediate the impact of health and social services restructuring, PI: A. Paul Williams, co-Is: Raisa Deber, **A Laporte** (University of Toronto); Janet Lum (Ryerson University); David Challis (University of Manchester, UK) Social Sciences and Humanities Research Council of Canada, Standard Research Grant .

2004-2005 \$150,000 (Ontario Neurotrauma Foundation) *Nature and Extent of Inappropriate Living Environments for Adults with Moderate to Severe Acquired Brain Injury* PI: Angela Colantonio, Co-Is: **A Laporte**, B Kirsh, PC Coyte, S Hwang, B Christensen, C Levy, T Chiu, D Clarke

2003-2008 \$1,000,000 (CIHR, ICE: Institute of Health Services and Policy Research) *Health Care, Technology, and Place: An Interdisciplinary Research Team*, , coinvestigator, PIs: P.C. Coyte and P. McKeever, co-investigators: A. Chambon, **A Laporte**, P Lehoux, E Harvey, G Fernie, C Flood, L MacKeigan, J Eakin, A Jadad, A Laupacis, A Adams, M Gignac, J Dunn, R Gray, W Levinson.

2003-2005 \$126,198 (Hospital for Sick Children Research Fund) *Fluoride Varnish in the Prevention of Dental Caries in Aboriginal Children*, PI: H.P. Lawrence, Co-I **A Laporte**

2002-2007 \$520,475 (CIHR) *Population-based estimates of cost and quality of life in prostate cancer survivors*. co-investigator, PI: Murray Krahn, co-Is: G Naglie, S Alibai, N Klar, **A Laporte**, P Ritvo, M Irvine, E Holowaty, M Mamdani, J Trachtenberg.

2003-2005 \$380,970 (CIHR) Fluoride Varnish in the prevention of dental caries in Aboriginal and non-Aboriginal Children, PI: H.P. Lawrence, Co-I: **A Laporte**

2. PUBLICATIONS

i. REFEREED PUBLICATIONS

1. **Laporte A** (2006) "Price responsiveness of demand for cigarettes: Does rationality matter?" forthcoming, *Substance Use and Misuse*.
2. **Laporte A.**, Ferguson B (2006) "Investment in health when health is stochastic", forthcoming *Journal of Population Economics*.
3. Berta W, **Laporte A**, Valdmantis V, Zarnett D, Anderson G (2006) "Pan-Canadian Perspective on Institutional Long-term Care" , forthcoming *Health Policy*
4. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** (2006) "Early Abortion in Ontario: Options and Costs", forthcoming *Journal of Obstetrics and Gynaecology Canada*.
5. Stabile M, **Laporte A**, Coyte PC, (2006) "Household Responses to Public Home Care Programs", forthcoming, *Journal of Health Economics*.
6. Alameddine M, **Laporte A**, Croxford R, Baumann A, O'Brien-Pallas L, Sping Wang, Brad Milburn, Deber R (2006) "Where are nurses working? Employment patterns by sub-sector in Ontario, Canada" forthcoming, *Healthcare Policy*.
7. Wickremaarachi S, Hawker G, **Laporte A**, Coyte PC (2005) "The Economic Burden of Disabling Hip and Knee Osteoarthritis (OA) from the Perspective of Individuals Living with this Condition" forthcoming, *Annals of Rheumatic Disease*.
8. Achonu, C., **Laporte A.**, Gardam MA (2005) "The Financial Impact of Controlling a Respiratory Disease Outbreak in a Teaching Hospital: Lessons Learned from SARS", *Canadian Journal of Public Health*, Jan/Feb, Vol. 96(1): 52-55.
9. Motiwala, S.S., Flood, C.M., Coyte, P.C, **Laporte, A.** (2005) "The First Ministers' Accord on Health Renewal and the Future of Home Care in Canada" *Longwoods Review*, Vol. 2, No.4.
10. **Laporte A.**, Windmeijer F (2005) "Estimation of Panel Data Models with Binary Treatment

Indicators when Treatment Effects are not Constant over Time", *Economics Letters* 88, 389-396.

11. Berta WB, **Laporte A**, Valdmanis V (2005) Observations on Institutional Long-term Care in Ontario: 1996-2001, *Canadian Journal on Aging* Vol. 24(1):71-84.

12. **Laporte, A.** (2004) "Do economic cycles have a permanent impact on population health? Revisiting the Brenner hypothesis," *Health Economics* Vol. 13(8), 767-779

13. Attard N, **Laporte A**, Zarb GA (2004) "Long-term Treatment Costs associated with Implant supported Mandibular Prosthesis in Edentulous Patients." forthcoming, *International Journal of Prosthodontics*.

14. Attard NJ, Wei X, **Laporte A**, Zarb GA, Ungar WJ (2003) "A cost minimization analysis of implant treatment techniques in edentulous patients". *International Journal of Prosthodontics* 16(3):271-276.

15. **Laporte, A.** and Ferguson, B.S. (2003) "Income inequality and mortality: Time series evidence from Canada", *Health Policy*, 66, 107-117.

16. **Laporte, A.** (2002) "A note on the use of a single inequality index in testing the effect of income distribution on mortality", *Social Science and Medicine*, 55(9), 1561-1570.

17. Christofides LN, **Laporte, A.** (2002) "Menu costs, nominal wage revisions and intra contract wage behaviour," *Industrial Relations*, 41(2), 287-303.

ii. CONFERENCE PROCEEDINGS

1. Ferguson, B.S., Coyte, P.C., **Laporte, A.** (1999)"The Role of Target Incomes in Determining Expenditures on Physicians' Services in Canada, 1972-1993" in *Exploring the Health Frontier - The Effect of Reform Initiatives on Canadian Health and Health Care: Proceedings of the 8th Canadian Conference on Health Economics*, Edmonton, Alberta.

iii. PUBLISHED ABSTRACTS

1. **Laporte A** (2001) "The effect of income distribution on mortality: Evidence from American data", International Health Economics Association.

SUBMITTED REFEREED PAPERS

Under Revision

1. **Laporte, A.**, Croxford R, Coyte PC (2005) "Can a publicly funded home care system successfully allocate service based on need rather than socio-economic status? A Canadian experience", re-submitted, *Health and Social Care in the Community*.

2. Wu, R., **Laporte, A.** Ungar, W. (2003) "Cost effectiveness of an electronic medication ordering system in reducing adverse drug events", re-submitted, *BMC Medical Informatics and Decision Making*

3. Payne G, **Laporte A**, Coyte P (2005) "Counting Backwards to Health Care's Future: The Potential of Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Future Health Care Expenditures", under revision, *Milbank Quarterly*

Under Review

1. **Laporte A**, Berta W, Valdmanis V (2005) "Frontier Estimation, Cost and Quality of Care: An Application to Ontario Nursing Homes".

2. **Laporte A**, Ferguson B (2004) "On the Formal Analytics of the Discrete Time Rational Addiction Model".

3. **Laporte A**, Ferguson B (2004) "Rational Addiction Models and Aggregate Data: The Problem of the Unit Root".

4. Zarnett D, **Laporte A**, Nauenberg E, Doran D, Coyte PC (2005) "The Effects of Competition on Community-Based Nursing Wages".

5. Zarnett D, Berta W, **Laporte A** (2006) "The Ontario Long-Term Care Market: An Examination

of the Availability of Services across the Local Health Integration Networks”.

3. NON-REFEREED REPORTS AND WORKING PAPERS

i. Reports

1. *An Overview of the Current State of Ontario's Health Care System* (with B. S. Ferguson), report commissioned by the Ontario Ministry of Finance, March 2002.
2. *Forecasting Facility and In-Home Long Term Care for the Elderly: The Impact of Improving Health and Changing Preferences* (with P.C. Coyte, P. Baranek, W. Croson), report commissioned by the Ontario Ministry of Health and Long Term Care, March 2002.
3. *Identifying the Assumptions used by Various Jurisdictions to Forecast Demands for Home and Facility-Based Care for the Elderly* (with P.C. Coyte, S. Stewart), report commissioned by the Ontario Ministry of Health and Long Term Care, September 2001.
4. *Forecasting the Supply of Primary Care Physicians' Services for Kansas* (with B.S. Ferguson), report prepared for the University of Kansas Medical Center/ Kansas Health Institute, Sept. 1998.

ii. Papers in Progress

1. **Laporte A**, Croxford R, Baumann A, O'Brien-Pallas L, Deber R (2006) “Leaving Nursing: Predictors of nursing drop-out and switching between sectors”
2. **Laporte A**, Ferguson B, Windmeijer F (2006) “Unstable Roots and their Implications for Statistical Inference in Rational Addiction Models”.
4. **Laporte A**, Valdimanis V, Berta W (2006) “Nursing Home Productivity through Time: Does Organizational Structure Matter?”
5. Polisena J, Tam S, Lodha A, **Laporte A**, Coyte P, Ungar W (2006) “A Cost-Consequence Analysis of Asthma Action Plans for Children”
6. Colantonio A, Croxford R, Farooq S, Laporte A (2006) “Trends in Hospitalization associated with traumatic brain injury in Ontario, 1992-2001”.
7. Cadarette SM, **Laporte A**, Hawker GA (2005) “Bone mineral density testing services, costs and policy changes in Ontario, Canada 1980/81-2002/03”
8. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** (2004) “Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia”.
9. Attard N, **Laporte A**, Locker D, Zarb, G (2004) “Prospective Study on immediate loading of implants with mandibular overdenture: patient mediated and economic outcomes”.
10. Ferguson BS, **Laporte A.**, Coyte PC (2003) “Determinants of Expenditures on Physicians' Services in Canada: Dynamic Modeling of Pooled Provincial Data”.
11. Lawrence H, Rogers JB, Romanetz M, Binguis D, **Laporte A** (2003) “Cost-effectiveness of a Prenatal Nutrition Program for the Prevention of Early Childhood Caries in the Sioux Lookout Zone, Ontario”.
12. Achonu, C, **Laporte A.**, Gardam MA (2003) “An Analytic Study of the Costs of West Nile Virus Illness and Prevention in Toronto”.

C . PRESENTATIONS AND INVITED LECTURES

1. INVITED LECTURES

2005

1. University of Heidelberg, Health Systems & Evaluation Unit, Dept. of Tropical Hygiene and Public Health. “Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes” (co-authors W. Berta and V. Valdimanis).
2. Oakland University, School of Business Administration “Testing the impact of Social Capital on population health using the Grossman framework” (co-author B Ferguson)

2004

1. Faculty of Dentistry, University of Toronto “The Health Economics of Dental Care”

2. Presented at the Institute for Human Development, Life Course and Aging, Graduate Seminar, Collaborative Program in Aging and the Life Course, University of Toronto, "Operational Efficiencies of Long-Term Care Facilities in Ontario", with W.B. Berta.
3. OANHSS (Ontario Association of Non-Profit Homes and Services for Seniors) "Operational Efficiencies of Long-Term Care Facilities in Canada", with W.B. Berta.

2003

1. American Public Health Association Meetings (San Francisco) "Can aggregate data tell us anything about the socio-economic determinants of population health?"
2. Presented at the Institute for Human Development, Life Course and Aging, Graduate Seminar, Collaborative Program in Aging and the Life Course, University of Toronto, "Operational Efficiencies of Long-Term Care Facilities in Ontario", with W.B. Berta.

2002

1. Department of Health Policy, Management and Evaluation MSc/PhD Seminar Series, University of Toronto, "Estimating Operational Efficiencies in Long-Term Care Facilities in Ontario".

2. CONFERENCE PRESENTATIONS (presenter underlined)

2005

1. **Laporte A**, Croxford R, Baumann A, O'Brian-Pallas L, Deber R "Leaving Nursing: Predictors of nursing drop-out and switching between sectors", Canadian Employment research Forum, Health Human Resource Conference Sponsored by: HRSDC, CHEPA, OMH, STATCAN
2. **Laporte A**, Ferguson B "Rational Addiction Models and Aggregate Data: The Problem of the Unit Root", European Health Economics Study Group, Oxford University.
3. **Laporte A**, Berta W, Valdmanis V, Zarnett D "Frontier Estimation, Ownership and Quality of Care: An Application to Ontario Nursing Homes", 4th International Conference on Health Economics, Management and Policy, June 2-5, 2005. (Athens, Greece).
4. **Laporte A**, Berta W, Valdmanis "Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes" International Health Economics Association meetings. (Barcelona, Spain).
5. **Laporte A**, Berta W, Valdmanis V "Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes" International Atlantic Economic Society (New York, U.S.A.)
6. Valdmanis V, **Laporte A**, Berta W "Nursing Home Productivity through Time: Does Organizational Structure Matter?", International Atlantic Economic Society (New York, U.S.A.)
7. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** "Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis" International Health Economics Association meetings. Poster (Barcelona, Spain).
8. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** "Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia". International Health Economics Association Meetings. Poster (Barcelona, Spain).
9. Zarnett D, Coyte PC, Nauenberg E, **Laporte A** "The impact of competitive bidding for community-based nursing services on nursing wages" International Health Economics Association Meetings. (Barcelona, Spain).
10. Valdmanis V, **Laporte A**, Berta W "Nursing Home Productivity through Time: Does Organizational Structure Matter" 60th International Atlantic Economic Conference (New York).
11. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** "Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis" Canadian Association of Health Services and Policy Research (CAHSR) Montreal.
12. Polisena J, Tam S, Lodha A, **Laporte A**, Coyte P, Ungar W "A Cost-Consequence Analysis of Asthma Action Plans for Children" Canadian Association of Health Services and Policy Research (CAHSR) Montreal.
13. Payne G, **Laporte A**, Coyte P (2005) "Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems",

Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.
14. Berta W, **Laporte A**, Valdmanis V, Zarnett D, Anderson G (2005) "Pan-Canadian Perspective on Institutional Long-term Care" Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.

2004

1. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte P, **Laporte A**. Early medical and surgical abortion in Ontario: a cost minimization study. Society of Obstetricians and Gynecologists of Canada, 60th Annual Clinical Meeting, Edmonton, Alberta, Canada, June 25-29, 2004. Journal of Obstetrics and Gynecology Canada 2004; 26 (5): S24-25.
2. **Laporte A**, Berta W, Valdmanis V "Quality of care, efficiency of care provision and profit status: What's the relationship for LTC facilities in Ontario?" CAHSPR (Montreal)
3. Zarnett D, Coyte PC, Nauenberg E, **Laporte A** "The impact of competitive bidding for community-based nursing services on nursing wages" CAHSPR (Montreal)
4. Lilly M, **Laporte A**, Armstrong P, Coyte PC "Labour market costs of community care". CAHSPR (Montreal)
5. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** "Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia". CAHSPR (Montreal)
6. Wickremaarachi S, Hawker G, **Laporte A**, Coyte PC "The Economic Burden of Osteoarthritis in Ontario: the Patient's Perspective" CAHSPR (Montreal)
7. Ferguson B, **Laporte A** "Econometric Issues in the Estimation of the Rational Addiction Model". Midwest Economics Association Meetings (Chicago).
8. **Laporte A**, Croxford R, Alam Eddine M, Baumann A, O'Brien-Pallas L, Deber R "Leaving Nursing: Predictors of drop out" CAHSPR (Montreal) Poster
9. Alam Eddine M, **Laporte A**, Croxford R, Baumann A, O'Brien-Pallas L, Deber R "Where are Nurses Working?", CAHSPR (Montreal) Poster
10. Alam Eddine M, **Laporte A**, Croxford R, Baumann A, O'Brien-Pallas L, Deber R "Nursing Employment: A sticky situation?" CAHSPR (Montreal)
11. **Laporte A** Discussant for "Time Inconsistency and Welfare" CHESG (Montreal)
12. **Laporte A** Discussant for "Therapeutic non-adherence: a rational behaviour revealing patient preferences?" Thirteenth European Workshop on Econometrics and Health Economics (Venafro)

2003

1. **Laporte A**, Croxford R, Coyte P "Access to home care services: the role of socio-economic status", IHSPR-CIHR Symposium (Montreal), Poster presentation.
2. **Laporte A**, Ferguson B "Investment in health when health is stochastic" Canadian Health Economics Study Group Workshop (Banff).
3. **Laporte A** European Econometrics and Health Economics Workshop (Menorca, Spain) Discussant.
4. **Laporte A**, Croxford R, Coyte P "Access to home care services: the role of SES" IHEA (San Francisco).

2002

1. **Laporte A**, Croxford R, Coyte P, "Access to Home Care services: The role of socio-economic status", APHA (Philadelphia).
2. **Laporte A**, Croxford R, Coyte P, "Access to Home Care services: The role of socio-economic status", CHERA(Halifax).
3. **Laporte A**, Croxford R, Coyte P, "Access to Home Care services: The role of socio-economic status" Canadian Home Care Conference (Ottawa).
4. Guerriere DN, **Laporte A**, Coyte PC, Croxford R, Dick P, Lam C, "Trends and Patterns of Home Care Utilization by Adults" Canadian Home Care Conference (Ottawa).

2001

1. **Laporte A**, Croxford R, Coyte P, "Access to Home Care Services: The Role of Socio-economic Status" Munk Centre for International Studies, University of Toronto.

2. **Laporte A**, Ferguson B, "Income inequality and Mortality: The case of Canada" APHA, Atlanta, Georgia.
3. **Laporte A** "A note on the use of a single inequality index in testing the effect of income distribution on mortality", Poster presentation, IHEA (York, England).
4. **Laporte A**, Croxford R, Coyte P, "Access to Home Care Services: The role of socioeconomic status" Karolinska Research Institute and the Ersta Skondal Högskola, International Collaborative Research Workshop, Stockholm, Sweden.
5. **Laporte A**, "A note on the use of a single inequality index in testing the effect of income distribution on mortality", CHERA, University of Toronto.

2000

1. **Laporte A** "Economic Fluctuations and Population Health: Testing the Brenner Hypothesis" Atlantic Canada Economics Association, St. John's, Newfoundland.

1999

1. **Laporte A** "The Effect of Income Distribution on Mortality: Evidence from American Data." Atlantic Canada Economics Association, Wolfville, Nova Scotia.
2. BS. Ferguson, **Laporte A**, Coyte P, "Determinants of Expenditures on Physicians" Services in Canada: Dynamic Modeling of Pooled Provincial Data." Atlantic Canada Economics Association, Wolfville, Nova Scotia.
3. BS. Ferguson, **Laporte A**, Coyte P, "The Role of Target Incomes in Determining Expenditures on Physicians" Services in Canada, 1972-1993" CHERA, Edmonton.
4. **Laporte A**, American Public Health Association, (Chicago, Illinois) Discussant.

1997

1. **Laporte A**, Ferguson B "Population Migration, Ageing and Physician Requirements: An Application of the Bureau of Health Professions Model to the case of Kansas." APHA, (Indianapolis).

D. TEACHING AND STUDENT SUPERVISION

1. UNDERGRADUATE COURSES TAUGHT

1999 ECO1200: Microeconomic Theory, Department of Economics, University of Guelph (Web-based Distance Course)

1997 ECO1200: Microeconomic Theory, Department of Economics, University of Guelph (Web-based Distance Course).

2. GRADUATE COURSES TAUGHT

2000-present HAD 5730 Health Economics I: Economic Evaluation, Department of HPME, University of Toronto

2000-present HAD 5760 Health Economics II: Advanced Health Economics and Policy Analysis, Department of HPME, University of Toronto.

2001-present HAD 6761 Health services Outcome and Evaluation Comprehensive Course (Economics sessions)

3. MSc/PhD STUDENT SUPERVISION

i. SUPERVISOR

MSc

1. Dara Zarnett (Fall 2003-Fall 2004) Thesis title: "The Effects of Competition on Payments for Nursing Services to Private Home Care Provider Agencies", Current Position: Research Coordinator, University of Toronto.
2. Sue Lim (Fall 2004-) Thesis title: "The financial impact of Nosocomial Methicillin-Resistant Staphylococcus Aureus (MRSA) in a Teaching Hospital"
3. Julie Polisena (Fall 2004-Fall 2005) Thesis title: "Performance Evaluation in Home and Community Care".

4. Meghan McMahon (Fall 2005-) Thesis title: "Examining the impact of obesity on Canadian health services utilization." Co-supervisor: P Coyte
5. Max Huang (Fall 2005-) Thesis title: "Is Telehealth a Cost-Effective Way to Deliver Care to Pre- and Post-Lung Transplant Patients From Remote Canadian Communities?" Cosupervisor: L Singer

ii. COMMITTEE MEMBER

PhD

1. Mohammad Alam Eddine (Fall 2001-present), Thesis title: "Where do nurses work? Work settings and work choice", Supervisor: R Deber, Department of Health Policy, Management and Evaluation, Faculty of Medicine.
2. Karen Parent (Fall 2002-present), Thesis title: "Characterizing the market for home support workers in Ontario", Supervisor: PC Coyte, Department of Health Policy, Management and Evaluation, Faculty of Medicine.
3. Nikolai Attard (Fall 2001-Summer 2004), Thesis title: "On treatment outcomes of implantsupported prostheses in edentulous patients", Supervisor: G Zarb, Department of Prosthodontics, Faculty of Dentistry. Current Position: Senior Lecturer University of Malta, Faculty of Dentistry
4. Meredith Lilly (Winter 2003-present), Thesis title: "Labour market costs of community care", Supervisor: PC Coyte.
5. Ava John-Baptiste (Fall 2003-present), Thesis title: "Cost-effectiveness of antiviral therapy for HCV positive injection drug users enrolled in a methadone maintenance program in the lower east side of Vancouver", Supervisor: M Krahn.
6. Greg Payne (Fall 2003-present), Thesis title: Longitudinal change in health services utilization patterns: incorporating time-to-death in the behavioural model of health services utilization, Supervisor: PC Coyte
7. Chunping Liu (Winter 2005-present) Thesis title: TBA but will deal with methodological issues associated with measuring the efficiency of health care systems. Supervisor: B. Ferguson.
8. James Limacher (Fall 2004-)Thesis title: TBA but will deal with impact of different aspects of quality on hospital performance. Supervisor: G Anderson
9. Kenneth Lam (Fall 2005-) Thesis title: TBA Supervisor: R Deber

MSc

1. Stephanie Stewart (Fall 2000-Summer 2001), Thesis title: "Elderly Care Preferences for Alternative Care Settings", Supervisor: PC Coyte. Current Position: Research Assistant UC Berkeley
2. Shamali Wickremaarachi (Spring 2003-Fall 2003), Thesis title: "The Economic Burden of Osteoarthritis in Ontario: the Patient's Perspective", Supervisor: PC Coyte. Current Position: CIHI
3. Antonio Grossi (Spring 2004-) "The effect of reference pricing of nitrates on welfare recipients on use and expenditures on angina medications" Supervisor: Paul Grootendorst

iii. EXTERNAL EXAMINER

1. Taimur Bhatti - M.Sc. Thesis defense, (External) Faculty of Pharmacy. Thesis Title: "The Impact of Financial Incentives on Pharmacist Dispensing Habits: Evidence from the British Columbia Product Incentive Plan". November 21, 2005.
2. Michelle Kohli-PhD proposal defense, (External-Internal) Department of Health Policy, Management and Evaluation. Thesis title: "Priority Setting in Community Care Access Centres in Ontario" February 1, 2005.
3. Beate Sander-PhD proposal defense, (External-Internal) Department of Health Policy, Management and Evaluation. Thesis title: "Modeling influenza transmission using a dynamic, stochastic, individual-level model to evaluate the cost-effectiveness of epidemic and pandemic influenza management programs in Ontario". November 23, 2005.
4. Teresa Chiu-PhD proposal defense, (External-Internal) Department of Health Policy,

Management and Evaluation. Thesis title: "The Acceptance and Usage of Personalized Email Support for Chinese Family Caregivers of People with Alzheimer Disease" July 5, 2005.

E. MAJOR PROFESSIONAL AFFILIATIONS AND ACTIVITIES

1. ACADEMIC ORGANIZATION AFFILIATIONS

Adjunct Investigator, Home and Community Care Evaluation Research Centre, U of Toronto.
Adjunct Research Associate, Institute for Policy Analysis, Department of Economics, University of Toronto.

Contributed Sessions Organizer, Economics Committee, American Public Health Association
Researcher, From Medicare to Home and Community (M-THAC) Research Unit

2. MEMBERSHIPS

Member, Canadian Economics Association (CEA)
Member, Canadian Association for Health Services and Policy Research (CAHSPR)
Member, International Health Economics Association (IHEA)
Member, American Public Health Association (APHA)
Member, American Society for Health Economics (ASHE)

3. DEPARTMENTAL COMMITTEES (AND RESPONSIBILITIES)

2001-2005 Interviewer, MHSc Admissions Process
2003-present MSc/PhD HPME Program Curriculum Committee
2004-2005 Departmental Task force on Roles and Responsibilities
2005-present Graduate expansion issues committee

4. FACULTY OF MEDICINE COMMITTEES

2003-present Faculty Council, Education Committee
2003-2006 Faculty Council, Departmental Representative

5. FACULTY OF DENTISTRY COMMITTEES

2005- Member (external), Graduate and Postgraduate Committee

6. UNIVERSITY AND EXTERNAL REVIEW ACTIVITIES

i. Manuscript review

Health Economics, Journal of Health Economics, Social Science and Medicine, Canadian Journal on Aging, Applied Health Economics and Health Policy, Canadian Journal of Economics, Southern Economic Journal

ii. Grant/ Proposal Review

2005- **CIHR**, Health Services Evaluation and Interventions Research – B
2005- Scientific Committee, American Society for Health Economics (**ASHE**)
2003- **CIHR**, Proof of Principle Committee
2004- Alberta Heritage Foundation for Medical Research (**AHFMR**), Health Services Research Advisory Committee
2003- Social Sciences and Humanities Research Council (**SSHRC**) Evaluator, Access to Research Data Centre Program

7. CONFERENCE ORGANIZATION

2006

Series Co-Chair Canadian Health Economics Study Group (CHESG)

2005

Co-chair Organizing Committee, International Health Economics Association (IHEA) meetings, Toronto 2011.

Co-chair of Canadian Health Economics Study Group (CHESG) meetings Toronto, May 25-26.
Pre-conference Workshop session on "Health Economics Methods" APHA conference in Philadelphia.

2004

Pre-conference Workshop session on "Advances in Economic Evaluation Methods" APHA conference in Washington D.C.

Contributed sessions, Economics Committee, APHA conference in Washington D.C.

2003

Solicited session: "Poverty Does Matter - the Social Determinants of Health" APHA meetings in San Francisco.

Contributed sessions, Economics Committee, APHA meetings in San Francisco

8. COMMUNITY SERVICE

Board Member, Ontario Problem Gambling Research Centre 2004-2005

**Appendix 20:
Coyte's Publications
2004 to 2006**

Appendix 20: Peter Coyte's Publications 2004 to 2006

Peer-Reviewed Publications

Motiwala SS, Gupta S, Lilly M, Ungar WJ, **Coyte PC**, "The Cost-Effectiveness of Expanding Intensive Behavioural Intervention (IBI) to All Children with Autistic Children in Ontario". Healthcare Policy, 1:2, 125-141, 2006

Guerriere DN, Ungar WJ, Corey M, Croxford R, Tranmer JE, Tullis E, **Coyte PC**, "Evaluation of the Ambulatory and Home Care Record: Agreement Between Self-Reports and Administrative Data". International Journal of Technology Assessment in Health Care, forthcoming 2006.

Limacher JJ, Daniel I, Isaacksz S, Payne G, Dunn S, **Coyte PC**, Laporte A, "Early Abortion in Ontario: Options and Costs". Journal of Obstetrics and Gynaecology Canada, forthcoming 2006.

Coyte PC, Holmes D, "Beyond the Art of Governmentality: Unmasking the Distributional Consequences of Health Policies". Nursing Inquiry, forthcoming, 2006.

Li L, Maetzel A, Davis AM, Lineker S, Bombardier C, **Coyte PC**, "The Primary Therapist Model for Patients Referred for Rheumatoid Arthritis (RA) Rehabilitation: A Cost-Effectiveness Analysis". Arthritis Care and Research, forthcoming 2006.

Li L, Davis AM, Lineker S, **Coyte PC**, Bombardier C, "Outcomes of Patients who were Referred for Rheumatoid Arthritis Rehabilitation: A Randomized Controlled Trial." Arthritis Care and Research, forthcoming 2006.

Dick PT, Bennie J, Barden W, Daniels C, Young NL, **Coyte PC** and The Tele-Homecare Team, "Does Paediatric Tele-Homecare Support Transition Home? A Report on Preference and Satisfaction". E-Health, forthcoming 2005.

Laporte A, Croxford R, **Coyte PC**, "Can a Publicly Funded Home Care System Successfully Allocate Service Based on Need Rather Than Socio-Economic Status? A Canadian Experience" Health and Social Care in the Community, forthcoming, 2005.

Stabile M, Laporte A, **Coyte PC**, "Household Responses to Public Home Care Programs". Journal of Health Economics, January 16, forthcoming 2006.

Cameron JI, Cheung AM, Streiner DL, Coyte PC, Stewart DE, "Stroke Survivors' Behavioural and Psychological Symptoms are Associated with Informal Caregivers' Experiences of Depression". Archives of Physical Medicine and Rehabilitation, 87:2, 177-183, 2006.

Stevens B, Guerriere DN, McKeever P, Croxford R, Miller KL, MacDonnell J, Gibbons S, Dunn M, Ohlsson A, Ray K, **Coyte PC**, "Economics of Home vs. Hospital Breastfeeding Support for Newborns". Journal of Advanced Nursing, forthcoming, 53:2, 233-243, 2006.

Li L, Davis AM, Lineker S, **Coyte PC**, Bombardier C, "The Outcome of Home-based Rehabilitation Provided by Primary Therapists for Patients with Rheumatoid Arthritis: A Pilot Study". Physiotherapy Canada, 57: 255-264, 2005.

Doria AS, Amernic H, Dick P, Babyn P, Chait P, Langer J, **Coyte PC**, Ungar WJ, "Cost-Effectiveness Analysis of Weekday and Weeknight-or-Weekend Shifts for Assessment of Appendicitis". Pediatric Radiology, 35:12, 1186-1195, 2005.

Piwko C, Lasry A, Alanezik K, **Coyte PC**, Ungar WJ, "Economic Evaluation of Ondansetron Versus Dimenhydrinate for Prevention of Postoperative Vomiting in Children Undergoing Strabismus Surgery". Pediatric Anesthesia, 15: 9, 755-761, 2005.

Gupta S, Hawker G, Laporte A, Croxford R, **Coyte PC**, "The Economic Burden of Disabling Hip and Knee Osteoarthritis (OA) from the Perspective of Individuals Living with this Condition". Rheumatology, 44:12, 1531-1537, 2005.

Tranmer JE, Guerriere DN, Ungar WJ, **Coyte PC**, "Valuing Patient and Caregiver Time: A Review of the Literature". PharmacoEconomics, 23:5, 449-459, 2005.

McWilliams CL, Stewart M, Vingilis E, Hoch J, Ward-Griffen C, Donner A, Browne G, **Coyte PC**, Anderson K, "Flexible Client-Driven In-Home Case Management: An Option to Consider". Case Management Journal, 12:2, 73-86, 2005

Wright JG, Wang EL, Owen JL, Stephens D, Graham HK, Hanlon M, Natrass GR, Reynolds R, **Coyte PC**, "Treatments for Paediatric Femoral Fractures: A Randomized Trial". The Lancet, 9465, 1153-58, 2005.

Motiwala SS, Flood CM, **Coyte PC**, Laporte A, "The First Ministers' Accord on Health Renewal and the Future of Home Care in Canada". Healthcare Quarterly, 8:1, 2-9, 2005.

Croxford R, Friedberg J, **Coyte PC**, "Socioeconomic Status and Surgery in Children: Myringotomies and Tonsillectomies in Ontario, 1996-2000". Acta Paediatrica, 93:9, 1245-1250, 2004.

Young W, McShane J, O'Connor T, Rewa G, Goodman S, Jaglal, S, Cash L, **Coyte PC**, "Registered Nurses' Experiences with an Evidence-Based Home Care Pathway for Myocardial Infarction Clients". Canadian Journal of Cardiovascular Nursing, 14:3, 24-31, 2004.

Young NL, Barden W, Lefort S, Nijssen-Jordan C, Daniels C, Booth M, Dick P, and The Tele-Homecare Team, "Tele-Homecare: A Comparison of Three Canadian Models". Telemedicine Journal and e-Health, 10:1, 45-52, 2004.

Kopach R, Sadat S, Gallaway I, Geiger G, Ungar WJ, **Coyte PC**, "A Cost-Effectiveness Analysis of Medical Documentation Alternatives". International Journal of Technology Assessment in Health Care, 21:1, 126-131, 2005.

Hawker GA, Wright JG, Badley EM, **Coyte PC** for the Toronto Arthroplasty Health Services Research Consortium, "Perception of, and Willingness to Consider, Total Joint Arthroplasty in a Population-Based Cohort of Individuals with Disabling Hip and Knee Arthritis". Arthritis and Rheumatism, 51:4, 635-641, 2004.

Clark JP, Hudak PL, Hawker G, **Coyte PC**, Mahomed N, Kreder HJ, Wright JG, "The Moving Target: A Qualitative Study of Elderly Patients' Decision-Making Regarding Joint Surgery". Journal of Bone and Joint Surgery, 86-A:7, 1366-1374, 2004.

Book Chapters

Coyte PC, Holmes D, “(Un)masking Regional Variations in Health Care Finance” in Troubled Times: Sustainable Development and Governance in the Age of Extremes, Sustainable Development and Policy Institute and Sama Editorial and Publishing Services: Karachi, Pakistan, 2006.

Nauenberg E, Flood CM, Coyte PC, ‘A Complex Taxonomy: Technology Assessment in Canadian Medicare’ in Health Care Coverage Determinations: An International Comparative Study, edited by Jost TS, (Open University Press: Maidenhead, England), 2005.

Coyte PC, Croxford R, Friedberg J, Barr P, ‘Projected Effects of Protease Inhibitor Therapy on the Cost of Middle Ear Surgery’ in Proceedings of the Eighth International Symposium Recent Advances in Otitis Media, edited by Boiagio L, (BC Decker Inc Publisher: Hamilton), 2004.

Monographs/ Reports

Young W, **Coyte PC** et al: Accountability, Continuity and Effectiveness: health Networks in Ontario. The Change Foundation: Toronto. November 2004.

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Holmes D, O’Byrne P, **Coyte PC**, “Considering Cyborgs for Future Prevention Programs.” International Journal of Health Technology Assessment

McWilliams CL, Hoch J, **Coyte PC**, Stewart M, Vingilis E, Ward-Griffen C, Donner A, Browne G, Coyte PC, Anderson K, “Can We Afford Consumers Choice in Home Care?”.

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Santaguida PL, Hawker G, Hudak P, Glazier R, Nohamed N, Kreder H, **Coyte PC**, Wright J, "Patient Characteristics Affecting the Prognosis of Joint Replacement of the Hip and Knee: A Systematic Review".

Hadden KL, King A, LeFort S, O'Brien M, **Coyte PC**, Guerriere DN, "Facial Cues of Pain in Children with Cerebral Palsy".

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Guerriere DN, Tullis E, Ungar WJ, Tranmer JE, Corey M, Gaskin L, Carpenter S, **Coyte PC**, "Cost of Caring for Adults with Cystic Fibrosis".

Tranmer JE, Guerriere DN, Ungar WJ, **Coyte PC**, "Valuing Patient and Caregiver Time: A Comparison of Methods".

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Jaglal S, Eckler L, Handler S, **Coyte PC**, 'Targeting Home-making and Personal Support Services: Observations from the Community'.

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Lázaro-Asensio A, Gastaldo D, McKeever P, **Coyte PC**, "Atención domiciliaria en dos sistemas de financiación pública de la atención primaria: aportaciones del sistema canadiense para el debate en España [Home care in two publically funded primary health care systems: Canadian contributions to the debate in Spain]. Gaceta Sanitaria (submitted in May 2003).

**Appendix 21:
Coyte's Presentations
2003 to 2006**

Appendix 21: Peter Coyte's Presentations 2005

"Health Economics and its Contribution to the Pharmaceutical Industry", Naresuan University, Phitsanulok, Thailand, March, 2006.

"Economics Evaluation for Decision Making", Beijing Municipal Health Bureau, Toronto, February, 2006.

"How Health Economics Can Leverage the Pharmaceutical Industry", Pharmaceutical Research and Manufacturer's Association (PRReMA) of Thailand, Bangkok, November, 2005.

"Economic Evaluation of Health Care Resource Allocations", World Health Organization's Collaborating Centre for Health Economics, Chulalongkorn University, Bangkok, October, 2005.

"Welcome to Montreal", Canadian Association for Health Services and Policy Research, Montreal, September, 2005.

"Options for Health Care Finance and Economic Evaluation Applications", World Health Organization's Collaborating Centre for Health Economics, Chulalongkorn University, Bangkok, August, 2005.

"Linkage and Evolution in the Development of the Canadian Association for Health Services and Policy Research", The 4th National SDO Conference: Delivering Research for Better Health Services, London, April, 2005

"Health care Technology Adoption and Diffusion in a Social Context", The 2nd International Conference on Humanoid, Nanotechnology, Information Technology, Communication and Control, Environment and Management, Manila, Philippines, March, 2005

"(Un)masking Variations in Health Care Finance", Sustainable Development Policy Institute's 7th Sustainable Development Conference, Islamabad, Pakistan, November, 2004.

"Planning for Long-Term Care in the 21st Century", Dialogue on Health and Aging in British Columbia, Vancouver, October 2004.

"The Economics of Health Resource Allocation", St Mary's Catholic Secondary School, Toronto, October, 2004.

"Development of a Taxonomy for Health Care Decision-Making in Canada", Canadian Association for Health Services and Policy Research, Montreal, May 2004.

"Cost Containment in Health Care", National Health Economics Workshop, Health Services Academy and the Sustainable Development Policy Institute, Islamabad, April, 2004.

"Development of a Taxonomy for Health Care Decision-Making in Canada", Faculty of Law, University of Toronto, Toronto, March 2004.

"Planning for Long-Term Care in the 21st Century" Ontario Long Term Care Association, Niagara-on-the-Lake, Ontario, February 2004.

"(Un)masking Health Policies: Behind the Art of Governmentality" Health Care, Technology and Place Program, University of Toronto, January 2004.

"Home and Community Care Research" Ontario Home and Community Care Council, Toronto, January 2004.

"Finance, Delivery and Organization of Home Care Services", 1st Year Undergraduate Medical Students, University of Western Ontario, London, December 2003.

"The Canadian Association for Health Services and Policy Research", Strengthening the Foundations, CIHR's Institute for Health Services and Policy Research Symposium, Montreal, November 2003.

"Health Care, Technology and Place in the 21st Century: A Program for Research and Training" School of Geography and Environmental Science, University of Auckland, Auckland, New Zealand, November 2003.

"Towards a Theory of Social Inclusion/Exclusion: Economics, Politics and Deviance" School of Geography and Environmental Science, University of Auckland, Auckland, New Zealand, November 2003.

"Health Care, Technology and Place in the 21st Century: A Research and Training Program" Griffith University, Surfers Paradise, Queensland, Australia, October 2003.

"Planning for Long-Term Care in the 21st Century" Australian Institute of Health and Welfare, Canberra, October 2003.

"Health Care, Technology and Place in the 21st Century: A Program for Research and Training" Centre for the Study of Health and Society, University of Melbourne, Melbourne, Australia, October 2003.

"Towards a Theory of Social Inclusion/Exclusion: Economics, Politics and Deviance" Centre for the Study of Health and Society, University of Melbourne, Melbourne, Australia, October 2003.

"Planning for Long-Term Care in the 21st Century" Ontario Hospice Association, Alliston, Ontario, September, 2003.

"Primary and Home Care Reform" Health Services Division, Health Canada, Ottawa, August 2003.

"Dementia in Ontario: Prevalence and Health Services Utilization", International Health Economics Association, San Francisco, June 2003.

"The Effect of Protease Inhibitor Therapy on the Cost of Middle Ear Surgery", 8th International Symposium on Recent Advances in Otitis Media, Fort Lauderdale, Florida, June 2003.

"The Effect of Protease Inhibitor Therapy on the Cost of Middle Ear Surgery", Faculty of Pharmacy, Toronto, May 2003.

"Health Care in Canada", Delegation from the International University of Health and Welfare, Tokyo, Japan, Toronto, February 2003.

“To Re-Construct Estimates for Long Term Care Bed Requirements in Ontario”, Ontario Long Term Care Association Winter Forum, Collingwood, January 2003.

“The P’s and Q’s of Competition in Canadian Health Care”, Department of Economics, Lakehead University, Thunder Bay, January 2003.

“The P’s and Q’s of Competition in Canadian Health Care”, Office of Economic Policy Winter 2003 Retreat, Ministry of Finance, Toronto, January 2003.

Appendix 22: Funded Research Grants 2005

Appendix 22: Funded Research Grants 2005

“Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care.”

\$195,000 for 3 years, CIHR, 2005, Investigators: Peter Coyte, Denise Guerriere, Konrad Fassbender, Deborah Adams.

Restructuring health care has resulted in an increasing emphasis on the provision of ambulatory and home-based end-of-life care. In spite of this trend, very little is known about the societal costs and quality of care in this setting. Acquiring economic and quality of care evidence pertinent to this setting is critical given the trend towards home-based end-of-life care and its tremendous demands on family caregivers. This dearth of evidence impedes informed decision-making by practitioners, health managers, and policy decision makers, and may give rise to insufficient levels of financial and psychosocial support for care recipients and caregivers. The purposes of this study are to: 1) comprehensively assess the societal costs, satisfaction and quality of home-based palliative care; and 2) examine the sociodemographic and clinical factors that account for variation in costs, satisfaction and quality of care, at various time points over the course of the palliative care trajectory, from admission to death. This study is a prospective cohort study designed to assess costs, satisfaction and quality of care from admission to death for 3 regional palliative care programs in Canada (Toronto, Edmonton and Calgary). Participants will be interviewed by telephone every two weeks and asked to report on their resource utilization over the previous two weeks, and on their perceptions of satisfaction and quality of care over the previous two days. Potential participants must be: 1) primary caregivers of care recipients who have been diagnosed with a malignant neoplasm and who were admitted to each regional palliative care program within the past 7 days; 2) fluent in English; and 3) over or 18 years of age. A sample of 300 from each regional program will be approached. All other data will be obtained from existing regional databases created and maintained by the palliative care programs. The results of this study will provide information for policy decision makers and managers at the regional and local level responsible for resource allocation, program design, and quality improvement.