



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

## **Draft CHSRF/CIHR Chairs**

### **Fourth-year Evaluation Customized Review Report**

**Chair Name:** Peter C. Coyte

**Program Name:**

Health Care Settings and Canadians: A Program of  
Research, Education and Linkage



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**PART I**

**1. Chair Objectives**

Research Initiatives:

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

Education and Mentorship Initiatives:

- Develop and implement educational and 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 and motivate scholars for health services and policy research careers.

Linkages and Exchange Initiatives:

- Enhance mutual receptor capacity among decision makers and scholars.

## 1. Research Platform

- a. Briefly describe the research platform supporting your chair program of education & mentoring and linkage & exchange. Please report all research within your program, including sources of funding support. Please indicate any particular research accomplishments that you wish to highlight. Relate your progress to any milestones or other accountability elements that were included in your proposal;
- b. Please comment on whether there are elements of inadequacies in your research platform which, if improved, would enhance success in other parts of the program (education & mentoring and linkage & exchange).
- c. A list of publications may be attached as an appendix.

## 2. Research Platform

**a. Description of Research Platform** - The research platform supporting Dr. Peter C. Coyte's Chair in Health Care Settings and Canadians was designed to synergistically combine new knowledge with enhancements to research capacity for decision-making. Coyte's Chair was created to build research uptake capacity through enhanced exchange with decision-makers; innovative trainee education and mentorship in research and knowledge transfer; and a focused research program of applied health economics as it relates to health service delivery across a range of settings. This research process has enabled Coyte to provide an effective arena for coaching new scholars. Coyte also offers a venue in which decision-makers may articulate their research priorities, participate in various stages of the research process, and become sufficiently committed to the research that they may become organizational champions for research uptake. The Chair has engaged in a range of research management activities and has supported activities to enhance in-house research capacity within various decision-maker organizations.

The Chair's research success has been measured by the design and uptake of evaluation methods, funded research awards, peer reviewed publications, student participation in research projects, graduate stipends linked to funded research, active research collaborators, and participants drawn from multiple universities and diverse disciplines. While the research initiatives undertaken through the auspices of the Chair are diverse, two broad lines of research may be identified: (i) *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 decision making; and (ii) *Applied evaluative research*: this approach focuses on applied evaluative and policy research pertaining to efficient, effective, and equitable health care services in various settings where health care is sought, delivered and received. Most of the evaluative research undertaken has been theory-based, and includes the development and application of new methods of inquiry.

The Chair's Research Program continues to grow. Collaboration is an integral part of this program. Opportunities for collaboration are pursued with the goal to improve research capacity within decision-maker organizations and to further the international reach of the Program. **(Refer to Appendix #2 – Research Funds 2000-Present.)** Examples of two exemplary research activities:

### **(i) From Class Room to Court Room (*Health Economics HAD 5730*) – A New Look at Evidence-Based Decision Making:**

Under the supervision of the Chair, and Dr. Wendy Ungar, a team of three MSc trainees evaluated the long-term cost-effectiveness of expanding intensive behavioral intervention therapy to all autistic children in

Ontario. The province currently provides funding for only one-third of autistic children. Scholarly analysis demonstrated potential cost savings with therapy expansion. The research was admitted as evidence in *Wynberg v. Ontario* on September 17, 2003, and in January 2004 the research team were commissioned by the Superior Court of Justice to analyze new data disclosed by the Ministry of Community and Social Services. The report generated is currently under review for publication. This project is an exemplar of integrated research, education/mentorship, and linkage/exchange achievements. Through the guidance and mentorship of the Chair, relevant and timely evidence that concerned the costs and consequences of health and social care for autistic children was promptly disseminated and translated to a range of stakeholders.

**(ii) Interdisciplinary Capacity Enhancement Team For Health Care, Technology and Place (HCTP) – Co-Principal Investigators: Peter C. Coyte and Patricia McKeever.**

The purpose of this grant is to enhance interdisciplinary research capacity by nurturing the creative synergies of the clinical and health sciences, and the social sciences and humanities. HCTP supports PhD and Post-Doctoral training and faculty research, and emphasizes interdisciplinarity at the problem-exploration and problem-definition stage. Interdisciplinary scientific achievement have been fostered and junior researchers mentored in order to generate a cadre of scholars from diverse disciplines focused on the generation of methods, concepts and theories required to understand contemporary health care networks. Coyte played a leadership role in supporting interdisciplinary inquiry into the evolution of health care settings. This federally-funded research initiative, which will foster linkage and exchange across disciplines and mentorship of junior faculty, would not have been pursued without the critical resources and experiences generated through the CHSRF/CIHR Chair. The Chair's Research Program and HCTP share Coyte's leadership, a decision-maker partner, and trainees. Beyond this, the Programs are evolving in singular directions and making unique contributions to health research capacity building in Canada. The Programs are related insofar as HCTP research may inform the Chair's applied projects, and the Chair's trainees have the opportunity to attend HCTP activities (e.g. monthly seminars, courses, workshops). Moreover, The Change Foundation (the Chair's Principal Decision-Maker) has formed a strategic partnership with HCTP to spur knowledge translation projects.

HCTP encourages wide-ranging research projects. The overriding objective of this research training initiative is to build research capacity concerning the new configurations of technologies, bodies, places and work that characterize 21<sup>st</sup> Century health care. In addition, the training Program will foster transdisciplinary and transprofessional research collaboration, and function as a point for research and research-training collaboration among similar Programs.

**b. Inadequacies in the Research Platform** - The receipt of the Chair has modified Coyte's participation in research activities. This has occurred as a result of two shifts. First, Coyte's time has been re-allocated from research activities to education and mentoring. Second, Coyte's research role has changed from being a "hands-on" Principal Research Investigator to that of a senior manager of a broad research enterprise. In this new role, Coyte delegates research activities, directs resources, engages in coaching, and encourages others to take over what would otherwise be Coyte's role as Principal Investigator. The reduction in first authored research reports as well as funded grants where Coyte is a Principal Investigator lowers the Chair's scholarly stature. Activities such as education and mentoring, and linkage and exchange, are not generally seen to be as important as pure research in a research-intensive institution.

The sacrifices and costs associated with the receipt of the Chair need to be recognized by the Foundation and Host Institutions. Moreover, measures need to be taken to ensure that appropriate recompense is made for the short and long-term costs borne by the Chairs. Despite these challenges, Coyte will continue to engage in an ever-increasing range of activities, with added dedication, using more intensive methods of production and varied inputs in order to exceed the continually increasing expectations of the Program.

**c. Appendix #3-4 - List of Publications and Presentations**

### 3. Education & Mentoring

We have not received a copy of your CADRE participant database. Please provide us with a copy of the database. In the database, please include all trainees you have mentored directly and indirectly, including graduate students, post-doctoral fellows, junior faculty, decision makers and students for whom you have served on their thesis advisory committee.

In addition, please provide the following:

- a. A description of specific education and mentoring activities or projects other than normal student supervision directed toward mentoring;
- b. Relate your progress to any milestones or other accountability elements that were included in your proposal;
- c. Comments on the added value and benefits of the field placements undertaken by the students;
- d. Comments on the career choice of recent graduates;
- e. Your assessment of whether the outputs projected at the time of application are being achieved; and
- f. Identification of any particular constraints or barriers that have developed, a description what actions you have taken to overcome these barriers and what barriers still need to be addressed.

### 3. Education and Mentoring

The Chair's award has enabled Coyte to engage in an energetic program of linked education and mentoring activities, including the: design and delivery of new courses/seminars; recruitment and funding of trainees; and involvement of transdisciplinary faculty and students. Coyte has provided on-going mentorship to junior faculty, such as Drs. Guerriere and Laporte, and to a group focused on home care research. Coyte has assisted a diverse group of junior faculty from U of T and beyond (for example, Dr. Janine Wiles, McGill University; and Dr. Dave Holmes, University of Ottawa) in the development and submission of grant proposals/research papers, the execution of research initiatives, and in the design and delivery of educational programs. These activities have facilitated the professional growth of mentees at an early stage of their careers. Below are some of Coyte's education and mentoring activities since receipt of the Chair.

#### **a & b. Collaborative Graduate Seminars/Courses 2001-Present:**

These modules yield a transdisciplinary, research-based curriculum that reflects the complex settings in which health care is sought, received and provided. The unique contribution of the Program is the demonstration that "Place" is a central consideration for health care transactions and for the framing of health research. (i) *Healthcare and Place (JNH 5001H)* is a course that addresses the paucity of research and educational infrastructure to prepare the next generation of scholars for an analysis of various health care settings. (ii) *Home and Community Care Knowledge Translation (HAD 7001)* is a knowledge translation seminar that identifies and translates policy and program relevant research into an accessible format for decision-makers from the home and community care sector, including long-term care. The seminar yields the *Home and Community Care Highlights*, a quarterly summary of research (iii) *Health Economics (HAD 5730)* emphasizes the methods for the economic evaluation of health care programs, services and interventions. Participants pursue applied evaluative research with an emphasis on knowledge dissemination.

**International Collaborative Workshop 2001 and 2002: "Health Care and Place":** This 40-50-person workshop focused on research into health care settings in collaboration with the Karolinska Research

Institute, Stockholm, Sweden. Comparative studies were conducted and opportunities to advance methods, models, mentorship and research capacity in the area of ambulatory, home and tele-care were pursued. Its objectives were fourfold; first, to increase the cadre of scholars interested in health services and policy research; second, to ensure that research was on the cutting edge of knowledge generation through the design and application of theories and methods of analysis; third, to inform researchers of international developments in policy and practice; and finally, to foster international collaborations. Policy representatives helped nurture knowledge translation and exposed trainees to the priorities and perspectives of decision-makers. To further this work, Coyte will be participating in a symposium in Stockholm in September 2005.

#### **Home and Community Care Highlights: A Quarterly Digest:**

This *Digest* responds to decision-makers' need for timely and relevant evidence and accessible synopses of recent peer-reviewed and grey literature concerning the financing, delivery and organization of home and community care. Under Coyte's mentorship and a graduate editorial board, trainees review and summarize studies of potential interest to industry and policy decision-makers. This initiative cultivates knowledge translation skills and promotes awareness of the perspectives and evidence needed by decision-makers. (Refer to Appendix #5 – List of subscribers)

#### **Recruitment Activities and Genesis Fellowship Awards 2001-2004:**

(i) *Work-Study/High School Co-op Program in Health Services Research*: This was established for motivated and highly qualified upper level high school students/undergraduates to explore career options or gain experience in health services research. The Program is based on the premise that exposure to health services and policy research may spur graduate studies in this area. The goal is to achieve a graduate health service research uptake rate of 20% from participants. In 2004, three students were hired: Ruth Lavergne, Sara Accardi and Vivian Leong; two are midway through their undergraduate studies and one will start her studies in September. (Refer to Appendix # 6 – Work Study Summer Students)

(ii) *Genesis Fellowship Awards 2001-2004*: Awards have been established to stimulate creative inquiry for both new researchers within HPME and in non-traditional health services research departments. The Awards spur innovation in knowledge creation via dissertations and term projects in concert with decision-maker partners. From 2001 to 2002, 8 awards were granted. In both 2003 and 2004, 7 awards were made, including two incoming MSc students in HPME (Julie Polisena, Bachelor of Commerce, and Susanna Tam, Bachelor of Physiotherapy). These students are supervised by Coyte and participate fully in all of the Chair's education, research, and linkage and exchange activities. In 2004, for the second year, Gale Murray, CEO of The Change Foundation, with Coyte, evaluated the applications. (Refer to Appendix #7 – 2005 CHSRF/CIHR Chair Fellowships Advertisement and Appendix #8 – CHSRF/CIHR Genesis Award: Letter of Offer and Decline and Genesis Fellowships 2004.)

**c. Field Placements** – The Chair provides trainees with networking opportunities in order to foster interactions with scholars and decision-makers. For example, Susanna Tam, who starts her MSc in September, will undertake research with Ieva Fraser who manages The Arthritis Program (TAP) at the South Lake Regional Health Centre, Newmarket. In 2003, TAP received a Change Foundation grant to compare the inflammatory arthritis assessment skills of allied health professionals and the diagnosis formed by rheumatologists. Ms. Tam will work closely with Fraser and will conduct a cohort analysis of agreement in assessment and diagnosis. This study will form Tam's Masters thesis. Sara Accardi (summer student) is assisting both Tam and Fraser with various administrative duties.

**d. Career Choice of Recent Graduates**- The Chair is committed to his trainees' academic and professional success. Fellowships have enabled students to concentrate exclusively on their future career in health services research, thereby accelerating their advancement through this Program. Further, the Chair has provided trainees with opportunities to participate in a range of educational activities that provide them

with a strong foundation in health services and policy research; exposure to a wide array of research activities; and opportunities to interact with stakeholders beyond academia. One networking and information session entitled *Meet the Decision-Makers* was staged in the Fall of 2002. This session was particularly helpful in connecting his students to decision-makers in their field of interest, and in setting up meetings with potential employers. Sanobar Motiwala and Shamali Wickremaarachi, 2003 MSc graduates, are currently working at the Ontario Ministry of Health and Long-Term Care and the Canadian Institute of Health Information, respectively. They were able to network and find relevant health-related work through the *Meet the Decision-Makers* session. Wendy Young completed her PhD in 2002, and has worked at both St. Elizabeth Health Care and The Change Foundation (Decision-Making Partners of the Chair) as a Senior Health Researcher. Dara Zarnett will be graduating at the end of this summer with an MSc and has a research position set for September 2004 in the HPME Department. **(Refer to the CADRE**

**participant's database for list of trainees Coyte has mentored in the past four years)**

**e. Assessment of Outputs Projected** – Performance in education and mentoring has been measured by: the design and delivery of various course series, such as *Healthcare and Place*; recruitment of trainees and their funding; involvement of multidisciplinary faculty and students in Program activities; and feedback from students and other learners. Coyte has developed and organized all education and mentoring activities expected and has also developed new and challenging activities. Innovative education and mentorship opportunities include the activities highlighted in 3a and 3b.

**f. Barriers and Constraints** – As indicated in the Section 2, Coyte's role has changed from Principal Investigator to research facilitator and mentor. As a result, increased opportunities to integrate research, education, and linkage and exchange activities of the Chair, as well as a higher tolerance for new research roles relevant to the cross-cutting agendas of the Chair, promises to expand his influence in the long-term.

#### 4. Linkage and Exchange

Please describe the program of linkage and exchange you have developed for your chair and the way in which these are related to the education and mentoring aspects of your program.

In addition, please include the following:

- a. Relate your progress to any milestones or other accountability elements that were included in your proposal;
- b. Indicate concrete results that may have occurred in terms of changes in decision-making systems.
- c. Identification of any particular constraints or barriers that have developed, a description what actions you have taken to overcome these barriers and what barriers still need to be addressed

#### 4. Linkage and Exchange

Coyte has cultivated a wide and dynamic network of colleagues, associates, and students in health service industries and agencies, in government, and in academia. The diversity of this Network is both promoted and fostered by the Chair's commitment to knowledge creation and translation. Moreover, this Network is built on increasing trust and familiarity, and has enabled Coyte to facilitate research collaborations and research uptake throughout the home and community care sectors. The key milestones described in 4a will be used to measure performance in linkage and exchange. Below are descriptions of some linkage and exchange activities pursued by the Chair:

**(i) *The Change Foundation:*** The Foundation underwrites an applied research grants program and, most importantly for the Chair, facilitates knowledge transfer to help senior managers to plan in response to socioeconomic and clinical change. Among its many activities, the Foundation offers research workshops, international health administration study tours, and develops diverse research-informed decision tools. A more direct relationship with The Change Foundation has been established that will result in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise. Moreover, the Chair's home department will be further exposed to the priorities and perspectives of the decision maker community through the appointment of Gale Murray CEO, and two Change Foundation PhD researchers, Jiahui Wong and Julie Gilbert. These appointments signal HPME's support for Coyte's efforts to link decision makers to his research and training projects.

**(ii) *Canadian Association for Health Services and Policy Research (CAHSPR) 2003–2004:***

Under Coyte's leadership as President, the Canadian Health Economics Research Association formally transitioned to CAHSPR in November 2003. CAHSPR is a broadly based, multidisciplinary organization linking both academic researchers and health services and policy decision-makers. The main consequence of Coyte's role has been to expose trainees to the 'front-lines' of this organizational change. Mentorship and career placement are priorities for CAHSPR as it aims to populate academic and decision-maker sectors with health service research specialists who support evidence-based decision-making. Coyte's expertise in integrative research and knowledge transfer mentorship has enabled him to advise CAHSPR. A former HPME doctoral student, Kathy Rampersad, was awarded the position of interim Executive Director for CAHSPR that also entailed coordination of the 2004 Conference. This experience complemented her research training by exposing her to the priorities of academic and decision-maker stakeholders during the negotiations to establish CAHSPR.

**(iii) Toronto Health Economics Network (THE Network) 2001-2004:** While the Greater Toronto Area has 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. To address this shortfall, THE Network was established with objectives to: increase awareness of existing expertise and activities amongst those who pursue health economics research; facilitate coordination of scholarly activities; improve opportunities for synergy in research and education; and to enhance mentorship activities, including peer support and professional guidance for research trainees. Facilitated by the Chair, THE Network holds monthly meetings to foster a community of collaboration, knowledge-sharing, and skills development among health economists in the Greater Toronto Area who work in academic, industry, or government sectors. Meetings include brief presentations and detailed feedback on research-in-progress, research proposals, manuscripts and conference submissions.

**(iv) Dissemination Using Communications Infrastructure 2001-2004:**

To facilitate dissemination and to help decision-makers communicate with the activities of the Chair, the position of Program Coordinator/Knowledge Transfer Manager was created and incorporated into the organizational structure of the Chair's Program. In 2001, Kelly Murphy was appointed this position; since March of 2004 Andrée Mitchell has occupied this position.

The website for the Chair was launched in July of 2000 ([www.hcerc.org](http://www.hcerc.org)) and re-launched in 2002 ([www.hcerc.utoronto.ca](http://www.hcerc.utoronto.ca)). This site offers a range of knowledge broker materials, including research reports, newsletters, seminar and conference notices, as well as information on educational opportunities and research training awards. A listserv has been developed and maintained with over 600 individuals and organizations. The listserv is an important vehicle for communication to diverse stakeholders. These communication tools are used to profile evidence for decision-making and to foster exchange across networks of knowledge users and creators.

**a. Key Milestones** – The activities of the Chair are effectively progressing. Milestones have been measured by: the advancement of a home care research agenda; formal and informal national/international collaborations; establishment of mentorship arrangements; availability of knowledge broker materials; evidence used by decision-makers; and communications tools.

**b. Concrete Results** – The following exemplifies Coyte's major contributions to evidence-based health service planning. Such linkages promote the participation of decision-makers throughout the research process; lead to new and pragmatic research questions; advance collaborative data collection/interpretation; and aid context-appropriate knowledge dissemination/application. In each situation, Coyte has played a leadership role to integrate education, research, and knowledge translation pursuits.

**(i) Senate of Canada – Romanow and Kirby Report:**

In 2002, Senator Michael Kirby invited Coyte to prepare a blueprint for the financing, delivery and organization of a publicly funded national post-acute home care program. The pragmatic considerations shaping Coyte's deliberations were identified through consultation with the Senate Standing Committee on Social Affairs, Science and Technology, and with other health care agenda-setters. In the Senate's Final Report, the emphasis on home care was based primarily on Coyte's research contribution. Following the release of the Kirby and Romanow Reports, Coyte was widely cited and provided expert feedback to the Ontario Ministries of Finance, Intergovernmental Affairs, and Health. Coyte has sought to emphasize that efficiencies are best achieved when home care is integrated with other necessary health care services. Coyte has recently completed a review of primary health care that offers companion recommendations concerning continuing in-home care.

**(ii) Ontario Ministry of Health & Long-Term Care:**

In 2002, the Ontario Ministry of Health and Long-Term Care invited Coyte to lead a team of stakeholders from the Long-Term Care Redevelopment Project in order to build a comprehensive, yet concise, framework to guide long-term care planning. This framework is evidence-based, to reflect the state of scientific

knowledge about long-term care planning; flexible, to accommodate new knowledge with respect to estimation and data; and pragmatic, to respond to the policy environment. 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 to foster knowledge exchange and evidence-based decision-making in a context of competing ministerial priorities.

**c. Barriers/Constraints** – There are two main limitations to linkage and exchange activities pursued by the Chair. First, the potential for conflict of interest where the interests of the partners may deviate from the findings or recommendations advanced by the Chair. Examples include the recommendation to: prioritize post-acute home care ahead of in-home continuing care; to suggest that post-acute home care funding might be directed to hospitals rather than community-based agencies; and to suggest that in-home continuing care be included in primary care. Opposition to these recommendations highlights the bifurcation between the institutional and community care sectors and diminishes support for the Chair from home and community care partners. The second limitation concerns how the success of the Chair's Program may result in reduced financial support once the sponsor's goals have been achieved. Despite these limitations, Coyte does have an eager and excited partnership Network.

## 5. Decision Making Partners

List your decision-making partners and describe their interest, participation in and contributions to the chair program. Please indicate how your interactions with them have contributed to their potential to influence evidence-based decision-making and their use of research results. Limit 2 pages.

### **5. Decision-Making Partners**

A diverse array of decision-maker partners enthusiastically supports the Chair's Program because the outlined program of research, education and linkage is of critical importance to them. All partners have emphasized the need to narrow the gap between evidence and decision-making. They want the opportunity to provide a context for research, to offer access to study subjects and data, to fund students and projects, to attend training sessions, and to be actively involved in dialogue concerning research. Several partners have indicated that they are committed to influencing practice in the community. They are ready to step forward as leaders and innovators by championing results that bridge evidence and action, and that bolster evidence-based policy decision-making. Below are descriptions of the partners:

#### **Home and Community Care Evaluation and Research Centre (HCERC) 1998-2002**

Under the co-direction of Drs. Coyte and McKeever, HCERC was the first research centre in the world to address the increasingly significant role of home care within health care and was a Principal Decision-Maker Partner for the Chair's Program. Since receipt of the Chair, HCERC undertook a strategic planning exercise with its stakeholders to ensure congruence with the objectives of the Chair. This process has ensured the centrality of research training among HCERC's activities; and has broadened HCERC's research focus to address the multiple relationships between and among health care recipients, providers, technologies, and the full range of health care settings, particularly, but not exclusively, including home and community care. The vision of HCERC was to become a world class, multi-disciplinary centre for research, training, and dissemination in its designated area of inquiry and exchange. HCERC received significant financial commitments from private and voluntary sector decision-makers. HCERC was also supported by a multidisciplinary team of investigators at the University of Toronto and other Canadian universities, and demonstrated significant success in acquiring peer-reviewed funding for its thematic programs. Since 2002, following the first five years of private sector funding, HCERC evolved to become the Health Care, Technology and Place Strategic Research and Training Program. While HCTP has a key emphasis on health care settings, it is no longer primarily focused on home and community care.

#### **The Change Foundation: Gale Murray, President and CEO, 2000 - Present**

The Change Foundation was welcomed in its new capacity as Principal Decision-Maker Partner, replacing the Home and Community Care Evaluation and Research Centre (HCERC), which completed its five-year mandate in 2002. The Ontario Hospital Association incorporated The Change Foundation in 1995, which through HCERC, has always been a Decision Maker Partner to the Chair. **(See above - Linkage and Exchange for partners' interest in, and participation with, the Chair).** For the past two years, Gale Murray, with Coyte, has evaluated applications for the Chair's Genesis Fellowship Awards to ensure that the research projects of new trainees are sufficiently oriented to linkage and exchange priorities of decision makers in the health services sector.

#### **St. Elizabeth Health Care 2002 - Present**

St. Elizabeth Health Care is a founding HCERC donor and decision-maker partner to the Chair's Program.

This relationship was strengthened in 2002, when Dr. Wendy Young, a CHSRF Post-Doctoral Fellow and trainee of the Chair, joined St. Elizabeth in a newly created position as Senior Researcher. With Coyte's mentorship, Dr. Young has spearheaded collaborative research and capacity building initiatives linking St. Elizabeth, the York University Centre for Health Studies, The Change Foundation, and the Chair's Program. In January 2003, the Chair hosted a special presentation focused on the new models for research collaboration and knowledge sharing that have been developed as a result of the linkages between the Chair and St. Elizabeth. A subsequent presentation was delivered in March 2003 at the CHSRF Annual Invitational Workshop in Montreal.

**Ministry of Health & Long-Term Care: Tita Ang-Angco, Director of Strategy & Planning for the Long-Term Care Redevelopment Project 2000 - Present**

A shared commitment by Coyte and the Ministry of Health and Long-Term Care to develop robust and flexible methods for the forecasting of, and planning for, the long-term care needs of Ontario's seniors, has yielded significant contributions. The Planning Model itself has started to inform decision-making concerning the factors that shape the long-term care needs of seniors. Moreover, with its forthcoming projections, the model has the potential to provide more precise information on the service and care setting needs of Ontario's seniors. In addition to these practical research contributions, Coyte's work with the MOHLTC represents a strengthening of the linkages that bind research communities, build research capacity, and link research results to policy formulation.

## 6. Institutional Support

Your proposal included various elements of support from the institution. The financial aspect will be dealt with in section 7 below. Please indicate

- a. Whether the other elements of support (i.e. non-financial) are being met.;
- b. If there are elements in the institutional environment that act as constraints on achieving the objectives of the chair program. If so, please describe what actions you have undertaken to overcome these constraints and which still need to be addressed;
- c. How the chair is embedded within the overall organizational structure of the university; and
- d. If any cultural change has been affected within the university with regards to support for applied health services research.

### 6. Institutional Support

**a. Elements of Support** - Coyte is an accomplished scholar with an international reputation as an outstanding health economist/health services researcher who is central to the strategic directions of the U of T's Department of HPME and Faculty of Nursing. Recognized for its leadership in innovative learning for professional education and research training, HPME is committed to the Chair's Program and provides fertile ground on which to develop the outlined activities and to recruit skilled research students.

U of T provides full support with respect to the reporting of financial information for the Chair's Program. HPME has contributed office space (an office for the Chair, one each for the two Assistant Professors linked to the Chair's Program, and two other offices for trainees and research staff). This space of 1700 square feet is in an appropriate location for the teaching, mentoring, and research activities of the Chair. Necessary renovations have been conducted, including the provision of an adequate number of internet access points and technical support. Nursing has also contributed office space of almost 1900 square feet, a venue for both the HCERC "Lunch and Learn" seminar series and the Home and Community Care Knowledge Translation seminar, and technical, travel and administrative supports. HPME has also been supportive in co-funding new MSc and PhD students admitted to the Department.

HPME and the broader university community have supported the establishment of new courses/seminars and the new collaborative programs in HCTP and Health Services and Policy Research. In addition, HPME granted Adjunct Appointments to the Chair's Principal Decision-Maker Partner. Lastly, the HPME's web site has occasionally profiled the Chair's activities. For example, in the March/April 2004 Newsbytes newsletter, the autism project "*From Class Room to Court Room - A New Look at Evidence-Based Decision Making*" was outlined.

**b. Institutional Constraints** - While the administrative leadership of HPME has recognized and supported the non-traditional position of the Chair's Program, it is unclear whether the broader university community has modified its approach to scholarship. This challenge is particularly important when mentoring junior faculty and trainees in order to ensure that they satisfy traditional research criteria for promotion, tenure and appointment at the same time as ensuring that they are open to collaborative research, are attentive to the needs and priorities of decision makers, and that they recognize the importance of research translation. Coyte's role has been to open doors and to economize on the time devoted to linkage and exchange activities by junior faculty and trainees. Since linkage and exchange is a time consuming activity, it makes comparative sense for the Chair to emphasize this activity rather than junior faculty and trainees.

**c & d The Chair's Organizational Structure within the University** – The U of T is an enthusiastic champion of Coyte as the activities of the Chair match those in recent planning documents, “Raising Our Sights”, as central to the U of T’s directions. Coyte’s program represents a prototype for multidisciplinary research and educational activities across various Faculties and Departments. The Chair facilitates HPME’s research, education/mentoring and linkage/exchange priorities, and complements efforts that have resulted in the development and funding for a collaborative program in “Health Services and Policy Research” throughout the university. Coyte’s research synergy with the Faculty of Nursing emerged from forming HCERC (now HCTP). This has allowed him to serve as a research and educational resource for faculty and research students in the area of evaluative sciences. This is a unique link since no other Nursing Faculty in Canada has an economist on staff. Coyte is an established Professor, and a transdisciplinary research leader and mentor. Receipt of this award has provided him with the opportunity and institutional support to extend his leadership qualities.

## 7. Governance

Please describe the system of governance that you have established. Where applicable, include the terms of reference of any governance or advisory bodies, and the minutes of the two most recent meetings in an appendix.

Please provide a description of how this governance/strategic advisory structure has contributed to the success of the chair.

### **7. Governance**

The Advisory Committee for the Chair was composed of eleven members in partnership with HCERC between 2000 and 2002. The Committee provided advice on research priorities, education and mentoring initiatives, linkage and exchange opportunities, and assisted in the identification of areas for improvement. The decision-maker partners formed the HCERC (pre-dating HCTP) Advisory Board; the Chair's Advisory Committee was able to draw on the strength of existing reporting and organizational structures. HCERC's manager served as the partners' primary contact. In order to review key objectives and to develop strategies for continuous innovation and success in enhancing research capacity, the Chair's Advisory Committee called a minimum of two meetings per year. These meetings took place in union with the HCERC Advisory Board meeting to ensure synergy in activities.

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

The Chair's Advisory Committee at this time is composed of one organization – The Change Foundation. The five years of funding that supported HCERC ended in 2002 and HCERC's goals and objectives have evolved to HCTP. Since the Chair's Program focuses on the diverse settings for health care transactions, rather than exclusively home and community care, and for the reasons discussed in Section 4c, the founding sponsors of HCERC ceased to contribute funds beyond the fifth year of HCERC. Coyte negotiated with The Change Foundation and found agreement with the Foundation to continue to govern the Chair's Program and to form a strategic partnership with HCTP with a particular emphasis on knowledge exchange.

**(Refer to Appendix #8 –Business Meeting Minutes and Terms of Reference)**

## 8. Financial Statements

The university will submit financial statements under separate cover.

## 9. Added Value

Please describe how the chair award has provided “added value” to your career and your work. Provide a description of what you have been able to accomplish that would not have been possible without the award.

### 9. Added Value

The Chair’s Award has combined the creation of new knowledge with enhancements to research capacity and a targeted program of linkage and exchange, so that evidence informs decision-making pertaining to health care setting. The activities in the past four years have been built on linkage between the Faculties of Medicine and Nursing, and have complemented HPME’s strategic direction to develop a collaborative program in health services and policy research.

The Chair’s Award has provided Coyte with the opportunity to take advantage of a shift in focus from research to research training. While research is still important, research training (education and mentoring) is the central focus. Receipt of the Chair created the impetus for Coyte to compete for research training funds offered by the CIHR. Achieving funding for the HCTP Program provided the incentive to institutionalize the Chair’s emphasis on research training via the development of the Ontario Council of Graduate Studies (OCGS) endorsed Collaborative Program in HCTP. More recently, OCGS also endorsed the Collaborative Program in Health Services and Policy Research, thereby further emphasizing the importance of research training.

Receipt of the Chair’s Award has increased the expectation that Coyte would devote more time to the selection, mentoring and advising of trainees at all career stages from high school to undergraduates, and from graduate trainees (MSc and PhD) to Post-Doctoral students and Junior Faculty. Such activities are pursued even in the absence of a formal training program.

The development of the network of graduates will help foster career opportunities and is an effort to initiate newcomers to the decision-making environment. The network of graduates was established to form roots before CHSRF Chair funding ends, thereby allowing its long-term sustainability (**see description below in Strategic Plan**). As well, THE Network has fostered a community of research collaboration, knowledge-sharing, and skills development among young health economists in the Greater Toronto Area who work in academic, industry, and government sectors. Receipt of the Chair and the associated re-allocation of time to education and mentoring activities has helped accelerate thesis completion. Graduate students profiles are enhanced due to the financial support (Genesis Fellowship Awards) for dedicated full time studies, mentoring, and research and linkage.

The Chair’s Program has been designed as an integrated plan in which research priorities are developed in concert with partners; research activities provide funding and a learning environment for students and junior faculty; new educational and mentoring opportunities are based on transdisciplinary research methods; and the mentorship activities are designed to fill identified gaps and to equip participants with skills to acquire and use evidence. Coyte’s aim is to train a cohort of skilled researchers who are comfortable working closely with decision-makers so that evidence is generated to inform decision-making.

## **10.CADRE Learning Network and interaction with other Chairs and Training Centres**

Please comment on the contributions of the learning network to the chair program as well as how the interactions with other chairs and training centres have affected your chair program. Please describe any lessons learned or benefits from the CADRE network.

### **10. Cadre Learning Network and interactions with other Chairs and Training Centres**

The Cadre Learning Network has enabled Coyte to reach out, link and fund trainees who are beyond his direct supervisory influence, including those outside his home department and even outside the University and geographic region. It has enabled him to use these funds as a way to draw some individuals into spheres of influence that they might not have otherwise considered, such as Mark Skinner, PhD geography student at Queen's University who this year (2004-2005) will be taking the Home and Community Care Knowledge Translation graduate course.

The Chair's Award has enabled Coyte to build on the recognition that the settings in which health care are sought, received and provided are diverse and have complex effects, particularly as we move into the realm of internet-based health care. By creating and sharing the transdisciplinary and international learning environment, engaging in dialogue with the other Chairs with respect to research activities, and pursuing and supporting linkage and exchange activities, Coyte's program of research, education and linkage have all been enhanced.

Opportunities for the sharing of advice and ideas between the Chairs have been a tremendous help for Coyte. Three specific interactions have been of particular assistance to Coyte: Ingrid Sketris's mentor manual; Nancy Edward's remarkable and motivating website; and Louise Potvin's methods for diagrammatically linking researchers, projects and partners to yield an accountability framework. The CHSRF's effective use of its listserv, newsletters and websites have also been useful in the development of Coyte's listserv and website as well as in the development of the Home and Community Care Highlights.

## 11. Other

Please provide the review panel with any additional comments you wish to make. This may be a global assessment of the chair award or a rendition of lessons learned and barriers identified.

### 11. Other

To date, the main disappointment with the Chair's Program has been the absence of significant senior University support to profile the Chair's Program. The absence of senior administrative recognition, beyond Coyte's home department, limits the Program's attraction to trainees and the broad decision making community. This represents a missed marketing opportunity.

Coyte sees the site visit as a valuable opportunity to garner advice and suggestions from the review team. It is anticipated that this guidance will enable the Program to hone and surpass its existing strengths, evolve to the next level of excellence, and become an exemplary Chair's Program.

The Chair's Program has revolutionized the approach to research training. It has radically altered Coyte's time allocation by shifting time from directly doing research, to providing more supervisory input and strategic direction for a wide range of trainees and colleagues. The Chair's Program has reduced the emphasis on publications and grants where Coyte is first author or Principal Investigator to one where he is a resource/support person for a broad research team. The Chair's Program has shifted the emphasis to more timely and publicly accessible research reports. It has encouraged him to champion the evolution of a single disciplinary national scholarly association (CHERA) to become a diverse multi-disciplinary association of health services researchers and the users of health services and policy research (CAHSPR). It has emphasized his duty as a broker for research collaboration and knowledge translation among diverse organizations in order to inform decision-making.

## Part II: Proposal for the next six years

### 12. Strategic Plan

Please outline your strategic plan for the next six years. Similar to the original application, this should describe your six-year vision for the chair program and its potential contribution (overall achievement, strategic level, expected impact) to the development of applied health services research capacity and to improving linkage and exchange among health system actors (2 pages).

#### 12. Strategic Plan

The Chair's Program integrates research-based transdisciplinary learning, education and mentoring, and an explicit program of research transfer and exchange. The design was based on two assumptions. First, that synergy between research and teaching implies that the most effective way to create a learning environment is to cultivate a "teaching-learning study nexus". Second, that 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 next six years will be devoted to the integration of the three sets of Program activities (research, education/mentoring, and linkage/exchange) and to further research collaboration between decision-making organizations and trainees.

In 2000-2001, the sheer volume of start-up activities launched under the Chair's Program was overwhelming. In 2002 and 2003, the Program exploited overlaps, thereby fostering consolidation across the diverse and innovative activities that were initially launched by the Chair. Multiple methods have been used to integrate program activities, including discussion with decision-makers concerning research plans (St. Elizabeth Health Care and The Change Foundation); education with linked on-going mentoring similar to the Home and Community Care Highlights; and development of linkage/exchange infrastructure similar to THE Network. Ultimately, these integrative efforts have had the effect of releasing time back to basic research projects, without sacrificing education/mentoring and linkage/exchange outputs.

From 2004 to 2010, the focus will be on Program integration and collaboration between decision-making organizations and trainees. A new activity, the development of a Graduate Network will commence in 2004. Starting in September, \$10000 will be available on an annual basis for the Graduate Network (past or present trainees mentored or supervised by Coyte since the beginning of Coyte's professorship). Members may 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, etc. This Network will support trainees in their pursuit of continuing education and placement opportunities, and will help to market the Program. This Network will provide a forum for exchange between past and present trainees, thereby providing further opportunities for mentoring among Program participants. At this time the trainees are considering a catchy name for the Network and have considered calling it the CHSRF – Chair's Alumni Network! (or CHSRF – CAN!). **(Refer to Appendix #9 – List of CHSRF-CAN! Members).**

A key priority of the Chair's Program has been to encourage trainees to collaborate with decision-making organizations. In order to advance this objective, additional efforts will be expended in order to expand field placement activities with decision-maker organizations. This year, Susanna Tam will undertake research for the TAP project at South Lake Regional Health Centre (details above – Education and Mentoring). Such field placements will enable trainees to create links and networks, develop mentors from various decision-makers organizations, and potentially, influence that environment. Coyte and The Change

Foundation have initiated discussion regarding the development of an internship program at the Foundation in order to further increase trainee opportunities in the area of knowledge exchange. The extant literature has demonstrated that the best means to influence decision-making is through collaboration, the identification and encouragement of community champions, and the formation of mechanisms to advance receptor capacity and to disseminate findings. These key activities will be advanced in the Chair's Program through greater use of trainee internships.

To continue to achieve the educational and mentoring objectives of the Chair's Program, faculty members from various disciplines and decision-making organizations will participate in the development and delivery of a series of focused courses. A new course will be added within both HPME and the Faculty of Nursing in 2005. Coyte will co-teach with Dr. Gavin Andrews (Faculty of Nursing, U of T) the course *Work, Technology & New Health Care Settings*. This course will address: the organization and management of health care work from multiple perspectives; its effects on an array of care providers and recipients; and implications of using places and resources designed for other purposes for the provision of health care work. Coyte has also developed a C.V. Workshop - *We see you through your C.V.* It will be an annual two-hour workshop discussing the important elements of C.V. and cover letter writing. The workshop will commence September 2004 and will be led by Coyte. This Workshop will complement other short Workshops established by the HCTP Program, such as the grant writing workshop, "*Show Me the Money*", and the publication workshop, "*Publish your Manuscript*". Dr. Audrey Laporte (Dept. of HPME at U of T) and Coyte are also revising their *Health Economics* course (HAD 5730) that will be offered during the Fall 2004.

The *Home and Community Care Knowledge Translation* graduate course will be revised in the light of recent feedback. Over the next six years we expect that the Highlights will become more widely used by Ontario's CCAC's and other home and community care organizations in Canada. This course has not only helped trainees understand the importance of knowledge translation, it has also given them the opportunity to mentor each other. Evaluation is an important aspect of quality improvement for the Highlights. A survey has been formulated and interviews have been and will continue to be conducted with subscribers and non-subscribers before subscription renewals are distributed. Findings from these evaluations will be used to revise the Highlights so that it adapts to the needs of continuing and new subscribers. **(Refer to Appendix #5 – Highlight Subscriber Survey and an Up-to-Date Report)**

To facilitate the use of research in decision-making and to help decision-makers communicate with the activities of the Chair, a new website was launched in 2003. It has offered a range of knowledge broker materials, including research reports, newsletters, seminar and conference notices, as well as information on educational opportunities and research training awards. In the next six years, this website will be revamped, updated and converted to a bilingual site. This will enable Coyte to better communicate with health policy decision-makers in all Canadian jurisdictions and to foster more exchange between knowledge users and creators.

**Conclusion:** This strategic plan is an aggressive and value-added plan of action that requires the coordination and involvement of many individuals, including faculty (to teach and mentor), 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), trainees (as learners and researchers), university administrators (to provide the required infrastructure to support and profile the Program), The Change Foundation (to provide linkage and exchange opportunities), and the skills and the leadership of Coyte to coordinate and manage these diverse relationships and to drive the program of activities. Coyte is a pre-eminent scholar who has been widely commended for his work. His Chair's Program is an exciting success. Coyte has the requisite skills to continue and expand this program. Once the CHSRF/CIHR Chair appointment ends, Dr. Peter C. Coyte expects that the programs and activities developed during the term of the award will be sustainable on their own terms.

13. Accountability Framework (Refer to Appendix #10)

14. Budget (Refer to Appendix #11)

15. Site Visit Itinerary (Refer to Appendix #12)