

**DEPARTMENT OF HEALTH POLICY,  
MANAGEMENT, AND EVALUATION  
- NEWSBYTES -**

**February 2002**

**Office of the Chair**

## **Curriculum Committee Establishes HPME Website Sub-Committee**

A sub-committee of the Curriculum Committee has been established to look at updating the HPME website. This committee, chaired by Tina Smith, includes Anna Gagliardi, Robin Hurst, Louise Lemieux-Charles and Zita McWhinnie. The mandate of the sub-committee will be to review the content, design and functionality of the Department's website, conduct a stakeholder analysis, and make recommendations re updating the current website and redesigning the site for added features. The sub-committee will report back to the Curriculum Committee within three months.

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## **Communication Task Force Establishes Faculty Resources Web Page**

In September 2001 a Communications Task Force chaired by Tina Smith was created to address the recommendations of the Governance Task Force for the Graduate Department of Health Policy, Management and Evaluation. One of those recommendations reads "Encourage faculty to set up 'virtual' nodes for activities such as student supervision, research projects and/or teaching techniques. A list of these nodes should be made available to all members of the Department".

The Communications Task Force felt that more information about Faculty needs was required to understand what resources would be considered most useful. As an example, the Communications Task Force is developing a budget template that will be available electronically through the Department website and can be used by Faculty when preparing grant applications. An e-mail survey was distributed to Faculty (n=100) on January 15, 2002 and a reminder e-mail was sent on January 23, 2002.

The response rate was 37% (n=37). Of these, 32 indicated they would contribute to an inventory of professional resources and 32 said they would use such a repository. The majority of those who would use the inventory selected the HPME web site as their preferred format for accessing resources (22/32, 68.8%). Desired resources expressed by the proposed users included tips on supervising graduate students, teaching tips, and research-related tools. Additional suggestions for professional resources included computer skills workshops, grantsmanship, and sources of funding and application deadlines.

Based on the needs expressed through the survey, we have developed a web page providing links to information and resources supporting teaching and research activities. Go the [HPME website](#) and select [Resources](#) from the navigation bar on the left-hand side of the page. Note that access to a budget template is forthcoming from the Communications Task Force.

Please send suggestions for particularly useful resources to [zita.mcwhinnie@utoronto.ca](mailto:zita.mcwhinnie@utoronto.ca).

## Research

### Recent Grant Awards

Randomized trial of an internet-based evidence-based medicine continuing education intervention.

PI Sharon Straus

CO Dave Davis\*, Michael Evans, Vivek Goel\*, Andreas Laupacis\*, Jack Tu

To evaluate an evidence-based medicine (EBM) continuing medical education (CME) intervention delivered by the Internet, family physicians in Ontario will be recruited and randomized in clusters to receive an Internet EBM CME program on the use of statins post-myocardial infarction; an Internet EBM CME program on the use of beta blockers in congestive heart failure; or a traditional CME program on the use of statins post-myocardial infarction.

Population-based estimates of cost and quality of life in prostate cancer survivors.

PI Murray Krahn\*

CO Shabbir Alibhai, Eric Holowaty, Marilyn Irvine, Neil Klar, Audrey Laporte\*, Muhammad Mamdani, Gary Naglie\*, Paul Ritvo, John Trachtenberg

The purpose of this project is to develop a comprehensive policy model for prostate cancer. A decision model for prostate cancer will serve as a framework for this research, which will involve estimating the costs for various management strategies linked from Cancer Care Ontario and Institute for Clinical Evaluative Sciences data, and estimating utility (an economic measure of quality of life) from prostate cancer survivors in the community.

A comparison of adverse drug events associated with atypical and typical neuroleptic therapy in long-term care.

PI Paula Rochon\*

CO Geoff Anderson\*, Peter Austin, Susan Bronskill, Jerry Gurwitz, Barbara Liu, Muhammad Mamdani

Restricting the use of neuroleptic therapy and using low-dose therapy may prevent adverse events. This project will study all older adults that received neuroleptic therapy and investigate subsequent adverse events including Parkinsonism, hip fractures, and the development of heart problems. The relationship between dose and the development of adverse event will be examined.

### The impacts of drug benefit copayment on the guideline recommended use of antidepressants.

PI Carolyn Dewa\*

CO Paula Goering, Jeffrey Hoch

The broad and long-term objectives of this study are to contribute to the ongoing discussions surrounding the trade-offs between access to quality care and controlling the inevitable rise in prescription drug expenditures. Decision makers (i.e., employers, insurers and government) need to know the associated implications of cost control mechanisms and concordance with treatment guidelines when making policy choices. The working population is of special interest because the impact of depression on this group has great societal costs. In addition, most prescription drug benefits are currently tied to employment. Consequently, employers are one of the key groups influencing the composition of prescription drug benefits.

### Public and private in financing and delivery: Trends in private delivery of health care services in key sectors, and its relationship to that sector's market structures and financing.

PI Raisa Deber

CO Owen Adams, Glenn Brimacombe, Molly Verrier

This program of research will focus on trends in the financing and delivery of services at the boundary of our current health system, for example, home care, rehabilitation, and pharmaceuticals, and upon stakeholder views on how an ideal system should function. Planned projects include cost drivers for pharmaceuticals, and the implications of shifting employment patterns on healthcare workers, particularly in nursing and rehabilitation.

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## A Research and Teaching Profile

Faculty associated with the Department of Health Policy, Management and Evaluation (HPME) are involved in a broad range of research activities with a variety of organizations. Success of the HPME Knowledge Transfer initiative is dependent on presenting our stakeholders with a unified, clear image of the depth and breadth of Departmental expertise. To promote greater internal awareness of the knowledge developed through HPME, faculty research profiles will be included as a regular feature of this newsletter.

In this issue we feature a research profile from Raisa Deber:

- **Raisa Deber** is a Professor of Health Policy in the Department of Health Policy, Management and Evaluation. Her research focuses on the public-private mix in health care and shifts from hospitals into the home and community.

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**+ + PROFILE OF THE MONTH + +****Raisa Deber, PhD**

Health policy is an eclectic field. My research can be broadly described as 'roles and responsibilities,' focused at both the micro (providers and patients) and macro (systems) levels. As director of the M-THAC (From Medicare To Home And Community) research unit, I am collaborating with a number of colleagues, students, and community partners to examine the public-private mix and the sustainability of Canada's health care system as care shifts from hospitals into the home and community. (For more information on M-THAC, check out our website at <http://www.m-thac.org/>).

**Education and Work Background**

Born in Toronto, I temporarily became part of the 'brain drain' and went to Boston. It took four years to obtain both a bachelor's and Masters degree in political science from the Massachusetts Institute of Technology; this was followed by a PhD in political science, also at MIT. Soon after passing my comprehensive examinations, I took a job as an Assistant Professor in political science at the University of Wisconsin-Madison while trying to complete my thesis (and no, I wouldn't recommend this to my current students). I then returned to Canada (importing my biochemist spouse), and joined HPME (then Health Administration) in 1977 (the same year I successfully defended), moving to Associate Professor in 1982 and then full Professor since 1990.

In addition to my teaching and research activities, I have served on various government task forces, committees and boards, both academic and community-oriented, and as an external reviewer for over 20 journals, including stints on the editorial boards of the *Canadian Medical Association Journal* and *Medical Decision Making*, and work with various technology assessment organizations. I was also president of the Canadian Health Economics Research Association (CHERA), making Canada among the few countries where a political scientist would be allowed to assume such a position. I have served on grant review panels for NHRDP, SSHRC, and MRC, and am currently a member of SCOGAG, the research oversight committee for CIHR. I also field many calls from the media, assisting them in interpreting new developments, recommending others whom they might wish to speak with, and, on occasion, doing media appearances and interviews.

**Research Activities**

At the micro level, I was involved in several studies about decision making, beginning with providers (physicians and nurses), and then moving to examining the role that patients wish to play in treatment decision making (including involvement in developing and evaluating interactive videodiscs for shared decision making). Our work led to a new way to look at patient involvement in decision making, including development of the PSDM (Problem Solving Decision Making) scale which has subsequently been employed by other researchers (See Deber, Raisa B; Kraetschmer, Nancy; Irvine, Jane (1996): What role do patients wish to play in treatment decision making? *Arch. Intern. Med.* 156(13), 1414-1420.) We are currently applying it to understanding the preferred role for persons with HIV/AIDS, and the implications for the design of patient educational material.

At the macro level, my team produced a report on the Public-Private Mix in Health Care for the National Forum on Health. This report, which was said to have been useful to the commissioners in developing their recommendations, developed a conceptual approach for analyzing the public-private mix, included several case studies and suggested mechanisms for determining what should be paid for through the public plan.

Among the extensions of this work is an analysis of different ways of funding services completed for the Ontario Ministry of Health in 1998, studies for the Health Action Lobby (2000), the Canadian Nurses Association (2000) and the Dialogue on Health Reform (2000), and testimony to the Kirby Commission. More information about the Dialogue on Health Reform is available at <http://www.utoronto.ca/hpme/dhr>. I am currently writing a review for the Romanow Commission on the implications of different ways of delivering services, including the advantages/disadvantages of public, private not-for-profit, and private for-profit delivery. (Hard data, particularly Canadian data, is proving remarkably elusive - any contributions from readers of this newsletter would be extremely welcome.)

With Paul Williams, we are conducting several studies examining particular aspects of the shift from hospital to home and community, including the capacity of not-for-profit community-based agencies to respond to the growing numbers of Canadians with higher levels of health care needs now in home and community (funded by SSHRC), changes to rehabilitation services (funded by SSHRC), the implications of the Maritime provinces' natural experiment in designing regional health authorities on expenditures for such services as home care, public health, and mental health (funded by NHRDP/CIHR), variation in the funding and delivery of home care for children with complex care needs across Community Care Access Centres in different parts of Ontario (funded by Hospital for Sick Children Foundation). With M-THAC partners, we are also surveying the policy elites among hospitals/health authorities, physicians, nurses, pharmacists, home care, and business to ascertain their views about sustainability and what should be 'in' or 'out' of publicly financed Medicare.

## **Teaching and Supervisory Responsibilities**

For many years, I taught the Health Administration graduate course in Canadian Politics and Health Policy. Last year, Paul Williams and I "blew up" that course and the former "Core 1" (Canada's Health System) to create a new, 2-term sequence merging an overview of Canada's health care system, and a 'policy toolkit.' The new HAD 5010 and HAD 5020 courses appear to be flourishing, and giving students a (sometimes painful) introduction to the writing of briefing notes. We are assisted by a superb complement of guest panelists and tutors (many of whom were graduates of the program). I also continue to teach my case studies course, and am developing the informal policy theory sessions for students preparing for comprehensives into a more formal course.

I also give guest lectures in other programs, including public health sciences, undergraduate medicine, physical therapy, occupational therapy, nursing, and industrial engineering, as well as participating in continuing education events and rounds.

Much of my research agenda is conducted with the assistance of graduate students. I am currently supervising 9 PhD students and 2 Masters students, and co-supervising another 3.

## Future Research

Among the research questions I plan to address over the next few years are:

- **The public-private mix.** Our active program of research focuses heavily upon both the "Actual" trends in financing and delivering services at the boundary of our current system (e.g., home care, rehabilitation, and pharmaceuticals), and upon stakeholder views about an "ideal" system. Among our planned projects are: cost drivers for pharmaceuticals, and the implications of shifting employment patterns on healthcare workers (particularly nurses and rehabilitation).
- **Revising healthcare delivery.** What are the implications of moving from targeted programs toward integrated systems? Health services researchers are pushing for increased budgetary integration within geographically-based provider organizations, in part on the grounds that these likely to facilitate reallocation of resources to enhance the cost-effectiveness of service delivery. Political scientists would be less sanguine, and would wish to examine the relative power of various participants. We will also explore the tension between geographically-based models and communications technology, with particular attention to telehealth and options for financing and delivering specialized services.

## Education

### SGS Surveys Students at U of T

The Office of Graduate Education Research at the School of Graduate Studies is currently administering the SGS Graduate Student In-Program Survey. The survey is designed to solicit graduate students' opinions on their overall program, their research and teaching experiences, university resources, funding, quality of life outside the classroom, and other topics. This survey, coordinated by the Higher Education Data Sharing Consortium (HEDS), is also being used by several major US institutions such as MIT and UCLA, allowing us to compare the answers we receive to the answers of students at a number of other institutions. Information submitted will be treated with the utmost confidence.

Last year, as a pilot project SGS administered the survey to all graduate students in eleven graduate units at U of T. This year they are going to conduct the survey using a sample of students randomly selected from all graduate programs at U of T. Approximately 25% of all students have been selected to participate in the survey. The survey will be administered on the Internet and the selected students will be informed of the survey through e-mail. Those whose e-mail addresses are not available will receive paper copies of the survey.

Participation in the survey will be voluntary but SGS are working hard to achieve a high response rate. Each student will be assigned a PIN number to access the survey. After SGS finish data collection and analysis, department chairs and faculty deans will receive a report of aggregate results. The summary for each department will be made available to the chair, if there are more than five responses in the program.

How will SGS analyze the results? For example, they will:

1. compare answers between Programs/Departments/Divisions;
2. examine gender differences within and between Programs;
3. examine correlations for time-to-degree (e.g., do students finish more quickly in programs where satisfaction is high?);
4. examine correlations for completion rate (e.g., are students more likely to complete their degree in departments where satisfaction is high?);
5. compare overall results to the results of other universities that have participated in the HEDS survey;

What might SGS do with the results? For example, SGS expect to:

1. provide feedback to departments, for their information. They will suggest follow-up actions, if appropriate;
2. conduct follow-up research to obtain more information about particular problem areas that may be suggested by the results of the study, in consultation with the department;
3. conduct follow-up research to obtain more information about departments where satisfaction is high. If these departments are doing something that is particularly successful or innovative and is improving student satisfaction, we will communicate these "best practices" to all departments;
4. if indicated, and in consultation with departments, suggest policy changes or advise on the creation of new policies to improve problem areas that are suggested by the results of the survey.

If you require further information about this survey, please do not hesitate to contact Jane Alderdice at the School of Graduate Studies at 416-946-3102 or [jane.alderdice@utoronto](mailto:jane.alderdice@utoronto).

## Honours and Awards

### Alumni Wins National Research Award

Alina Gildiner (Class of 2001), the Institute for Work & Health's current Mustard Fellow, was awarded one of this year's Canadian Policy Research Awards. She received one of the Graduate Student Prizes for her thesis work, *What's Past is Prologue: A Historical-Institutionalist Analysis of Public-Private Change in Ontario's Rehabilitation Health Sector, 1985-1999*. (PhD, HPME, Rhonda Cockerill, Supervisor)

The Graduate awards were sponsored by the Government of Canada's Policy Research Initiative, the Social Sciences and Humanities Research Council, the Canadian Institutes of Health Research and the Natural Sciences and Engineering Research Council. The goal of the award is to encourage scholars, early in their career, to think through and communicate how their research could inform future policy directions in Canada.

## Appointments

### New Status Only Appointments for February 2002

- W. Scott Dudgeon, Lecturer  
Executive Director, Toronto District Health Council
- Barbara Slater, Lecturer  
Manager, Population Health Strategies Unit, Strategic Health Policy Branch,  
Ministry of Health and Long-Term Care
- Esta M. Wall, Lecturer  
Executive Director, Bernard Betel Centre for Creative Living

## Students

### Department Research Day: Call for Posters

The Department of Health Policy, Management and Evaluation's annual Research Day will be held on Wednesday, May 1, 2002 this year. As in previous years, a central component of Research Day will be an opportunity for students to present their work in the form of posters. Posters can relate to course work, practicum placements and/or current employment.

The posters will be grouped by degree (MHSc, MSc, PhD) and two prizes for each category will be awarded. In addition, the Maureen Dixon award (\$1,000) will be decided on the basis of the posters. The Maureen Dixon award recognizes a student who is most likely to make an outstanding contribution to a community based agency.

Please start to think about possible posters - information about constructing a poster is available on the Department's [website](#). All poster submissions should be directed to Rhonda Cockerill ([rhonda.cockerill@utoronto.ca](mailto:rhonda.cockerill@utoronto.ca)) with primary author clearly identified.



## Alumni

### Mark the Date for This Year's Alumni Education Day

Education Day Event  
Friday, May 10, 2002 – 8:30 am to 1:00 pm  
The Inn on the Park  
1100 Eglinton Avenue East (free parking)  
Lunch & Informal Networking to Follow

### What is the Expanding Role of the Private Sector in Ontario's Health Care System?

Proponents suggest that only a new infusion of resources and innovation from the private sector can sustain the system into the future. Critics argue that increased private sector involvement may actually make the system more expensive, threatening accessibility and quality.

What's your view? Join us for this interesting and though provoking discussion on the future of Ontario's health care system.

### Preliminary Program

Key Note Address:

**Hon. Bob Rae, PC, OC, QC, LLD**

Partner, Goodmans Law Firm

21st Premier of Ontario

Officer of the Order of Canada

Panel Moderator:

**Sholom Glouberman, PhD**

Philosopher in Resident

Baycrest Centre for Geriatric Care and Kunin-Lunenfeld Applied

Research Unit

Visiting Fellow, King's Fund, London England

**More details to follow in next month's issue of Newsbytes.**

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## **Murray McKenzie, North York General Hospital CEO, Announces Retirement**

On February 13, Murray McKenzie (Class of 1974), President and CEO of North York General Hospital, announced that he is retiring effective June 30, 2002. After more than 25 years of contributing to the health care system in Canada, Mr. MacKenzie announced that he would be pursuing opportunities to contribute to health care services overseas. "I've had a life-long dream of making a contribution in the developing world and I know that unless I act now this may never happen."

Mr. MacKenzie is Chairman of the Cardiac Care Network of Ontario, past Chairman of the Ontario Hospital Association and an Assistant Professor in the Department of Health Policy, Management and Evaluation at the University of Toronto. He also served on the boards of several health-related organizations including: Cancer Care Ontario, Regional Geriatric Program of Metropolitan Toronto, and the Canadian Cancer Society.

We look forward to continuing to work with him in his new international role.