

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

March/April 2002

Office of the Chair

HPME Web Survey

As the University of Toronto moves to an electronic academic environment, it is critical for the Graduate Department of Health Policy, Management and Evaluation (HPME) to maintain a web site that is comprehensive, current, easy-to-use, and esthetically pleasing.

The Department of HPME has convened a Web Site Working Group to evaluate the current site (www.utoronto.ca/hpme) and plan future enhancements. A web site survey was recently distributed to faculty, staff, current students and incoming students to gather their opinion on the content and functionality of the current site, and their recommendations for further development. All feedback will be reviewed by the HPME Web Site Working Group in conjunction with the HPME Curriculum Committee during the next few months.

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Research Day - May 1, 2002

Guest Speaker - Michael Schull, MD, MSc, FRCPC

Dr. Michael Schull holds appointments as a Scientist at the Institute for Clinical Evaluative Sciences (ICES), where he conducts research into Emergency Health Services. He is an Assistant Professor in the Department of Medicine (Division of Emergency Medicine) at the University of Toronto. He is also a staff emergency physician at the Sunnybrook and Women's College Health Sciences Centre and member of the hospital's Clinical Epidemiology Unit. He graduated from medical school at Queen's University, in Kingston, Ontario, in 1988. His Royal College Emergency Medicine specialty training was completed at the University of Toronto in 1997. He also obtained a Master's of Science in Epidemiology and Biostatistics at McGill University in 1997.

Awards

Please visit the [HPME website](#) to see Awards associated with Research Day.

+ + PROFILES OF THE MONTH + +**Terrence Sullivan, PhD****Education and Work Background**

I obtained my undergraduate degree in science from Loyala College in 1972, my masters degree in psychology from Queen's university in 1974 and my PhD in Sociology from York University in 1989. My first job following my masters degree was in the field of neuro-psychological assessment in the department of clinical neuroscience at Victoria Hospital in London. Following a year working with Tibetan refugees in Northern India I returned to work in the psychology department at Sick Kids. I moved from Sick Kids to a 10 year period of working in community agencies dealing with children in families including Youthdale and Central Toronto Youth Services (CTYS), where I first got involved in policy work. Much of our work at CTYS was instrumental in reshaping the soon to be introduced Ontario Child and Family Services Act (1986). During this time I was drafted by the Ontario government to develop a plan for mental health services for children, which eventually appeared as Investing in Children (1988).

In 1989 I was recruited to the Premier's Council on Health Strategy and stood as its executive director through the latter days of the Peterson government and the early days of the Rae government, including a period as Deputy Minister. In 1992, I moved to the Ministry of Intergovernmental Affairs and coordinated Ontario's involvement throughout the Charlottetown negotiations as Assistant Deputy Minister of Constitutional Affairs and Federal- Provincial Relations. In 1993 I became the first full time CEO of what has now become the Institute for Work & Health. Since June of 2001 I have been VP, Preventive Oncology for Cancer Care Ontario.

Research Activities

My main areas of interest arise as a policy analyst and activist. They include approaches to human development, health and disability policy reform in Canada. My original PhD work was a study of law reform in Canada (Sexual Abuse and the Rights of Children, U of T Press, 1992). I have had a sustained involvement with the Canadian Institute for Advanced Research as member of the advisory committee for both the Population and Human Development program and have followed closely the sometimes substantive but largely rhetorical uptake of these ideas by the federal and provincial governments in Canada. My interests in health reform matters in Canada are sketched out in two recent books (Health Reform: Public Success/Private Failure, Routledge, 1999 edited with D. Drache) and a more recent book arising from the work of colleagues within HPME in the [Dialogue on Health Reform](#), supported by the Atkinson Foundation, in a book entitled First Do No Harm: Making Sense of Canadian Health Reform (Malcolm Lester Books, 2002).

With respect to disability policy much of the work of my colleagues and I associated with the Institute for Work and Health is sketched out in a collection I edited entitled Injury and The New World of Work (UBC Press, 2000), supported by the BC Royal Commission on Workers Compensation. Similarly the workplace laboratory within HealNet has much of its material included in a new book in press edited by John Frank and I provisionally titled Preventing and Managing Work-Related Disability (Taylor and Frances, forthcoming) supported by HealNet, a federal NCE. I maintain a hobby interest in the role of the WTO in health policy and hold a SSHRC grant with D.Drache in this area. I recently published a paper in Health Law In Canada on this topic with Esther Shainblum.

Teaching and Supervisory Responsibilities

I currently co-teach with Prof. Sue Horton, one graduate course currently listed in public health science on Public Policies to Improve Health. (CHL 5116 H Public Policies to Improve Health). I do committee work for students in HPME, PHS and occasionally within the faculty of Graduate Studies at York University.

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Future Research

My future research activities will build on previous work. I am looking forward to a more active role in the issues related to the organization of cancer services in Canada, a unique disease state approach to service delivery distinct from other areas of care. In addition, I hope to maintain an active focus on work environments and health.

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Alejandro (Alex) R. Jadad, MD, DPhil, FRCPC

Born in Colombia, Dr. Jadad obtained his medical degree there in 1986, specializing in anaesthesiology. By the time he was 20 years of age and still a medical student, Dr. Jadad became a leading medical expert on cocaine in Colombia and an internationally sought after speaker. He published his first book at 25. In 1990 he moved to the United Kingdom and joined the University of Oxford, where he developed and evaluated analgesic interventions for the treatment of acute, chronic and cancer pain, witnessed the birth of the Cochrane Collaboration, and gained clinical expertise in pain relief, supportive cancer care and palliative medicine. In 1994 he obtained a Doctor of Philosophy degree at the University of Oxford (Balliol College), becoming one of the first physicians in the world with a doctorate in knowledge synthesis. In 1995, he moved to Canada and joined the Department of Clinical Epidemiology & Biostatistics at McMaster University. At McMaster, he was Chief of the Health Information Research Unit; Director of the McMaster Evidence-Based Practice Centre; Co-Director of the Canadian Cochrane Network and Centre; Associate Medical Director of the Program in Evidence-Based Care for Cancer Care Ontario and Professor in the Department of Clinical Epidemiology & Biostatistics. In October 2000, he moved to the Toronto.

Now, Alex is tireless in his pursuit of his vision for the future of health care. He is developing a 'mini-model' of the world to accelerate research on how information and communications technologies can transform health and the health system. His research examines innovative ways to help people, regardless of who they are or where they live, use state-of-the-art information and communication technologies (ICTs), with enthusiasm, proficiency and confidence, to achieve the highest possible levels of health and to help the health system make the most efficient use of available resources. His research blends interests in eHealth innovation; supportive and palliative care; evidence-based decision-making; the role of the public in research; the relationship between the public and the health system in the information age; and eLearning. He is actively involved in several international academic-private sector partnerships to improve the quality of the research infrastructure to accelerate the transformation of the health system in the information age, and minimize inequality in health in societies across the world.

Alex is member of HEALNet, a Canadian Network of Centres of Excellence; of the National Health Reports Expert Group, Canadian Institute for Health Information; and of the Board of Scientific and Policy Advisors, American Council on Science and Health. In 1998 and 1999, he was one of the external advisors to the US Department of Health and Human Services' Scientific Panel on Interactive Communications in Health Care. From 1996 to 2000, he was Editor of the Cochrane Consumers and Communication Review Group and is now one of the Editors of the Empirical Methodological Studies Review Group. In addition, Alex is now Chair of the Consumer Health Informatics Working Group of the American and International Medical Informatics Associations, which will enhance his ability to influence projects on the use of information technology by the public, worldwide.

In 1997, he received a 'National Health Research Scholars Award', by Health Canada, to support his program "Knowledge synthesis and transfer, consumers and evidence-based health care." In 1998, his book [Randomised Controlled Trials](#) was published and launched by the British Medical Journal as part of the 50th anniversary of clinical trials in health care. In 1998, he received one of '[Canada's Top 40 Under 40](#)' awards, in recognition for his contributions before the age of 40. In 1999, he received a '[Premier's Research Excellence Award](#)', which supports the program of research entitled "Information technology and evidence-based health care: a needed partnership for the 21st century". In 2000, he became the Inaugural [Rose Family Chair in Supportive Care](#) at University of Toronto, and the first Director of the Program in eHealth Innovation at University Health Network and University of Toronto. In 2001, he was featured by Time Magazine as one of the new Canadians who will shape the country in the 21st century. In 2002, he was awarded a Canada Research Chair in eHealth Innovation by the Canadian Institutes for Health Research, and was the recipient of the [2002 New Pioneers Award in Science and Technology](#).

Education

MSc/PhD Program Modifications

The HPME Curriculum Committee has approved the following changes to the MSc/PhD program:

- Two courses which were designated as required are now recommended, but not required. These are:
 1. HAD 5711 Canada's Health Care System and Health Policy
 2. HAD 6750 Introduction to Health Services Research Theory and Methods
- HAD 5762, Seminar Series, which was held every week in the Fall and Winter terms, will meet every other week (Wednesday 9-10:30 am). Faculty members will be invited to talk about their research activities and to discuss research issues illustrated by their research projects. The seminar is open to MSc and PhD students. PhD students are required to attend for two terms.

As a result of the above changes, three courses are required for all PhD students. These are:

1. HAD 5762 Seminar Series
2. HAD 5772 Intermediate Statistics (or equivalent course such as Biostatistics II)
3. HAD (TBA) Comprehensive Courses (separate course for each specialization)

Each specialization also has required courses which are listed on the HPME website.

Honours and Awards

Canada Research Chairs Awarded

The Government of Canada established the Canada Research Chairs (CRC) Program in 2000 - providing it with \$900 million to support the establishment of 2,000 Canada Research Chair positions at universities across the country by 2005. The key objective of the CRC Program is to enable Canadian universities, together with their affiliated research institutes and hospitals, to attract and retain the best researchers and achieve research excellence in health, natural sciences, technology, social sciences and humanities. Budget 2000 also provided additional funding to the Canada Foundation for Innovation (CFI), to help it meet the infrastructure needs of the new Canada Research Chairs. Over the next five years, the CFI will allocate \$250 million for leading-edge equipment needed by the research chairs. The following Graduate Department of HPME faculty received Canada Research Chairs in the November 29, 2001 announcement.

Tier 1 Canada Research Chairs

Tier one CRCs are awarded to faculty who hold full Professor appointments - or Associate Professor appointments with the expectation that they will be promoted to Professor within one or two years of the nomination. The term of each CRC is seven years, renewable. The following faculty received Tier 1 CRCs in the noted research clusters:

- Claire Bombardier - Health Services Research
- Alex Jadad - eHealth Innovation

Tier 2 Canada Research Chairs:

& Tier 2 CRCs are awarded to faculty holding the academic rank of Assistant or Associate Professor or who possess the qualifications to be appointed at these levels. The terms of their CRCs are five years, renewable once. The following faculty received Tier 2 CRCs in the noted research clusters:

- Brian Feldman - Childhood Arthritis

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2002 Elizabeth Winston Lanier Kappa Delta Award

Co-authors Dr. Gillian Hawker and Dr. Peter Coyte along with Dr. James Wright have been awarded the 2002 Elizabeth Winston Lanier Kappa Delta Award by the American Academy of Orthopaedic Surgeons (AAOS) for their project, "Area variation and unmet need for orthopaedic surgical procedures." The award is presented at the Academy's annual meeting to those who have performed research in orthopaedic surgery that is of high significance and impact.

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Susan Jaglal's Career Scientist Award Renewed

Congratulations to Susan Jaglal whose Ontario Ministry of Health and Long Term Care Career Scientist Award was renewed for 2 more years.

Appointments

New Status Only Appointments for March and April 2002

- Dr. Gunther Eysenbach, Associate Professor
Centre for Global eHealthInnovation, Toronto General Hospital
- Dr. Therese A. Stukel, Full Professor
ICES (comes to us from the Department of Community & Family Medicine,
Centre for Evaluative Sciences, Section of Biostatistics & Epidemiology,
Dartmouth Medical School, Hanover, NH)
- Jennifer Zelmer, Lecturer
Director, Health Reports & Analysis
Canadian Institute for Health Information (CIHI)
- Nizar Ladak, Lecturer
Director, Health Services Information
Canadian Institute for Health Information (CIHI)

Students

CIHR Doctoral Research Awards & Fellowships

CIHR Doctoral Research Awards

Monica Aggarwal	Policy Implications of Implementing Primary Care Reform: Barriers and Best Practices
Andrea A. Cortinois	Digital Ethics: Exploring the potential contribution of information and communication technologies to improve equity in health, reducing disparities in access to health care, reaching out to marginalized population groups and empowering patients in their relationship with health providers
Michael Hillmer	Institutional characteristics of long-term care facilities in Ontario and their association with clinical outcomes
Nancy Kraetschmer	Policy implications of geography and scope of services for telehealth
Eleanor G. Schraa	The application of accounting research theory in understanding the use of accounting information in health care decision-making

CIHR Fellowships

Fariba Aghajafari	The effects of health care system changes and hospital restructuring on health care utilization for women in the inner-city of Toronto
Mayhar Etminan	Exploring the Association between Atypical Neuroleptics and Diabetes
Veena Guru	Quality control in cardiac surgery: How do clinical outcomes relate to quality of care?
Michel Landry	Is publicly funded health care under the influence of globalization and privatization? A case study of rehabilitation service delivery and financing in Ontario
Gabrielle M. Van der Velde	Decision analytic and cost-effectiveness analyses of non-surgical conservative neck pain treatments (non-steroidal anti-inflammatory drugs and cervical spinal manipulation)

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Health Care, Technology, and Place: A Transdisciplinary Research Training Program

Peter C. Coyte (Department of HPME) and Patricia McKeever (Faculty of Nursing) have been awarded a Strategic Research Training Grant by the Canadian Institutes of Health Research. The Health Care, Technology, and Place Program will offer talented doctoral and post-doctoral trainees from HPME and other departments the opportunity to develop transdisciplinary research skills and knowledge under the mentorship of some of the most accomplished and dynamic faculty at the University of Toronto.

- [Description of the program](#) (Acrobat PDF)
- [Fellowships/funding policy](#) (Acrobat PDF)

Applications are due by June 18, 2002.

Alumni

Spring 2002 Newsletter

Please visit the [Alumni](#) portion of the HPME website to see the Spring 2002 Newsletter.

Alumni Education Day

Don't forget the Education Day Event is being held Friday, May 10, 2002. Further information and registration forms are available on the [website](#).

Other Notables

Leading Health Care Initiatives in China: David Zakus from the Centre for International Health

David Zakus is an Assistant Professor in HPME, and Director of the [Centre for International Health](#), Faculty of Medicine. His research focuses on Canada's role in global health research; the effects of globalization on health professions and service delivery; community participation in primary health care; and urban community health reform in China. In this issue he describes his work in China.

In mid February, 2002 I made my fifth working visit to China. The first was in late 1999 when I, along with five other executives from Mount Sinai Hospital, collaborated with Chinese colleagues in presenting a hospital management seminar for 135 Chinese hospital managers. Following on its success, the Chinese Ministry of Health (MOH) then visited Canada and invited the University of Toronto's participation in working with them on urban community health reform, a current national priority. This initiative also involves Beijing University's Department of Health Policy and Management. A second visit then led to subsequent collaborations, many of which have taken even deeper roots.

The February visit included stops in Beijing and then Shanghai. In Beijing I, along with colleagues in the Faculty of Social Work and Department of Economics, are working with the Chinese Academy of Social Sciences on a community development research proposal with strong emphases on health services, community networks and labour markets. Other Beijing-based activities involve: the Capital University of Medical Sciences and our Department of Family and Community Medicine on the development of family medicine in China; with Beijing University, the development of a Masters program in Health Services Management (a senior official from BU will visit our Department on April 22); a data analysis project involving the State Family Planning Commission and our Department of Sociology at the Scarborough Campus; and a long standing congenial relationship with Beijing People's Hospital, one of the top tertiary level hospitals in China.

After a few days in Beijing (already fully satiated with the most amazing Chinese food you can imagine...maybe beyond imagination) I flew to Shanghai where I was met by my main colleague in the Shanghai Municipal Health Bureau. We are working with them on several major initiatives:

1. the establishment of a traditional Chinese medicine clinic at Sunnybrook and Women's College Health Sciences Centre, where there is great enthusiasm for the project;
2. an evaluation of urban community health services for the elderly, in which an HPME PhD student is involved;
3. two collaborations with the Shanghai Second Medical University, one in the area of hospital management training and the other will establish a family medicine program; and
4. youth health promotion and statistical analysis with the Shanghai Centre for Disease Control, which signed an agreement last September with the U of T Department of Public Health Sciences for collaboration in HIV/AIDS research.

While this may seem quite daunting, let me assure you that it is. But above all, it is very exciting and challenging. It is such an incredible experience to go to China and work with the Chinese people. Even though most of the above-mentioned projects are still in the proposal development stage, we expect some of them to move along quite rapidly. Working with some of the best minds in China is both rewarding and an honour. That this country, which has the whole world courting them for cooperation and collaboration, has specifically chosen the University of Toronto with which to partner is extremely gratifying.

After the first trip there some two and a half years ago, subsequent trips have only confirmed my initial impressions - that everything is big, and done on a large scale; that they are some of the nicest and most committed people I have ever worked with; at the working level, the cultural divide is not so deep; and that they strive for excellence by selecting only the best and most credible partners.

If anyone reading this would like to learn more about these initiatives (and others not mentioned) and perhaps get involved, please feel free to contact me at (416) 978-1458 or davidzakus@compuserve.com.

Closing the Gap between Best Information and Practice

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The Guideline Advisory Committee (GAC) - a joint body of the OMA and the Ontario Ministry of Health and Long-Term Care - is working to close the gap between best available clinical information and practice.

The GAC attempts to provide Ontario physicians and other practitioners with a recommended set of brief and usable clinical policy statements on a variety of topic areas for quick reference.

Primary care physician and chair of the GAC, Dr. Dave Davis explains that physicians are inundated with information. Hundreds of clinical practice guidelines find their way to physician offices, many of which are complex, overly long and outdated. To help this problem, the GAC endorses only those guidelines assessed a minimum of three times by community-based physicians using the Cluzeau Appraisal Instrument for Clinical Guidelines (Cluzeau et al., 1997). These guidelines are then synopsisized by a medical editor, providing clinicians with the best available evidence in convenient and useable forms - to be used when practitioners are unclear about appropriate best practice and when scientific evidence can provide an answer.

Recognizing the challenges of implementing clinical practice guidelines into practice, the GAC has also brought together a variety of organizations and associations to develop a coordinated, comprehensive guideline implementation strategy based on GAC endorsed guidelines. Implementation partners in this collaborative, known as the Ontario Guideline Collaborative (OGC), include the Ontario Medical Association (OMA), Ontario Ministry of Health Long-Term Care (MOHLTC), College of Physicians and Surgeons of Ontario (CPSO), the Ontario College of Family Physicians (OCFP), Continuing Medical Education (CME) Programs at the provincial medical schools, Ontario Hospital Association (OHA), Institute For Clinical Evaluative Studies (ICES), and Ontario Program for Optimal Therapeutics (OPOT).

For more information about GAC endorsed guidelines or the many implementation strategies planned to roll out throughout the province in the next year, go to the GAC website (www.gacguidelines.ca) or contact Tanya Flanagan at tanya.flanagan@utoronto.ca.

+ + IN THE NEWS + +

Here, there and everywhere Canada Health Act not in step with contemporary health care delivery

by Patricia McKeever and Peter Coyte

[UofT Bulletin - March 25, 2002](#)

< - - summarized from UofT Bulletin - - >

The Canadian Institutes of Health Research recognized that innovative transdisciplinary scholarship is needed to grapple with many 21st-century health care issues. The principles of the 1984 Canada Health Act support universal, comprehensive, accessible and portable services delivered inside hospitals by an array of providers and by physicians only in other settings. However, most contemporary health care is neither hospital based nor delivered primarily by physicians.

To an unprecedented extent, health care activities are sought, delivered and received in ambulatory, home-based and e-health settings. In other words most health care interactions occur in places where Canadians live, work, shop and attend school and involve a wide range of professional, alternative, lay, paid and unpaid providers. Increasingly, providers, care recipients, devices and equipment do not need to be proximal in space and/or time. Technological connections blur boundaries between bodies and machines, life and death, people and settings and join geographical regions that until recently were economically and jurisdictionally separate. In other words, unprecedented relationships exist among and between health care technologies, providers, recipients and settings.

These health services, however, are outside the scope of the act. Canadians are entitled to publicly funded necessary health care regardless of the setting within in which it is received, therefore metaphors such as landscapes, settings, boundaries, pathways, networks, sites and nodes should be used to view the Canadian health care terrain. In universities, truly transdisciplinary scholarship is needed to address the clinical, ethical, economic, existential, sociocultural and political implications of the new health care order. This could be accomplished through collaborative programs designed to bridge knowledge and communication gaps between clinical and health services researchers and social scientists and humanists who are interested in the body, place and/or technology.