

**Ideas and
Innovation for
Health Care
Leadership**



Investing in the Future of Health Care

Vivek Goel, Vice-president and Provost, University of Toronto



Welcome to the Department of Health Policy, Management and Evaluation (HPME).

An academic unit of tremendous breadth, HPME spans from delivery issues at the clinical coalface to policy issues debated at the national level, and from individual doctor-patient interactions to national and

international populations.

As a professor and former Chair of the Department, I am very proud of my association with HPME. The Department has made many contributions to health care in Canada and beyond. It is not only a locus of rigorous academic activity, but also a builder of health care leaders at all levels.

I am delighted that the Department will soon be moving into new facilities

designed to support and foster high-quality teaching and collaborative research. I strongly support the move to create endowed Chairs, to enhance the Department's exceptional teaching and leading edge research. The Centre for Strategic Leadership in Health Care is an exciting new project that addresses an urgent need in Canada today.

An investment in the Department of Health Policy, Management and Evaluation is an investment in the future of Canada's health care system. Please consider how you can help.

Discovery on the Borders

David Naylor, Dean, Faculty of Medicine, University of Toronto



It is often said that in academia today, the most exciting place to be is on the borders between traditional

disciplines. The Department of Health Policy, Management and Evaluation has a long tradition of occupying that middle ground.

Increasingly, groundbreaking research is inter-disciplinary, bringing perspectives from basic and clinical science, social science and humanities to bear on the key issues of human existence. Breakthroughs happen when paradigms clash, and once-isolated

thinkers come together to challenge one another. To understand the complex issues of human health in all its dimensions, we must straddle boundaries and explore new frontiers.

The Faculty of Medicine takes great pride in the national and international leadership of the Department of Health Policy, Management and Evaluation. HPME brings together economists, clinical epidemiologists, sociologists, political scientists, organizational theorists, informatics specialists, financial experts and others to train effective health care leaders and to understand and improve our health care system.

In a time of unprecedented change, funding restrictions and growing demand, we must find a way to achieve sustainability. To remain true to deeply held national principles, we must continue to provide equitable access to high quality care for all. In this demanding environment, leaders and policy-makers need world-class training, opportunities for lifelong learning, and access to creative ideas, solid data, and thoughtful analysis.

HPME meets this need, and is now positioning itself to be an even stronger resource. In this document, you'll read about the Department's exceptional record in teaching and research, and its plans for the future. I hope you will consider joining us "on the borders" by supporting this important work.

Better Health Care Through Innovation and Ideas

Louise Lemieux-Charles, Chair, Department of Health Policy, Management and Evaluation

Since 1947 when the first Diploma in Hospital Administration was offered at the University of Toronto, the Department of Health Policy, Management and Evaluation has been a national and international leader. Today, the Department has more than 1,500 graduates who hold senior positions in health care including government and other policy and planning agencies, acute care, long-term care, rehabilitation, community health, and mental health sectors, and consulting. At a time of unprecedented change, the Department will continue to play a critical role in the future of health care in Canada.

The program was launched just as public hospital insurance was becoming a reality in some Canadian provinces, in recognition that professional skills were required to manage larger and more complex hospitals. It was strongly supported by the W.K. Kellogg Foundation, which supported similar initiatives at U.S. universities such as Minnesota, Columbia, Northwestern

and Chicago. Since that time, our programs have evolved in response to system needs, going far beyond the original focus of training for hospital administrators.

HPME bridges management and health care, combining an understanding of the health care mandate with the business processes to make organizations more effective and efficient. We cover all three levels of health care – clinical, organizational and policy – and play an important translational role, contributing to the national debate on health care by making research findings and complex policy issues accessible to the public.

Our research achievements are significant in a wide range of fields, from organizational design, performance management and knowledge transfer, to health services research, quality improvement and patient safety. In this publication, you'll read more about our top researchers and some of their important contributions.

HPME has the people and the ideas: now we need a space that supports our work and reflects our international reputation. Our current facilities are outdated and cramped. The move to renovated space at 155 College Street will foster communication and collaboration among students and faculty, and help us do more and better.

We are also deeply committed to strengthening our already outstanding faculty cohort by establishing endowed faculty support. And we're very excited about our proposed Centre for Strategic Leadership in Health Care – the need is great and we have the expertise to meet it.

Our health care system stands at the crossroads, faced by enormous challenges. As Canadians seek solutions, it's important that HPME continues to contribute information, analysis, ideas and innovation. There are no easy answers, but we can point the way to positive change. HPME is helping to make our health care system better.



“As Canadians seek solutions, it’s important that HPME continues to contribute information, analysis, ideas and innovation. There are no easy answers, but we can point the way to positive change.”



“There’s never been a better time for programs such as HPME to work in partnership with the system.”

Better Health Care for Children

Mary Jo Haddad

“Early on I recognized the critical importance of having strong and effective leaders who understand the relationship between corporate decision-making and the frontlines.”

That’s how Mary Jo Haddad describes the starting point of her administrative career. After completing nursing training at St. Clair College in Windsor in 1976, Haddad worked as a bedside nurse in the Neonatal Intensive Care Unit of Children’s Hospital of Michigan for eight years. When she returned to Windsor to complete her Bachelor of Nursing, she was already committed to nursing leadership.

In 1984, she joined The Hospital for Sick Children in Toronto as an assistant nurse manager in NICU. As she began to move up the leadership ladder, she recognized the need for more education. “I wanted to be in an academic setting that would challenge my thinking and build on my skills and knowledge,” she says. “HPME gave

me the breadth and the depth I was looking for, and the opportunity to be exposed to other leaders and researchers with different perspectives.”

Shortly after completing the program she moved to Halton Health Care Services as Vice-president of Professional Practice and Chief Nursing Officer. She returned to Sick Kids in 2000, becoming COO in 2003, acting CEO in July 2004, and CEO in December 2004.

Haddad says the biggest issue facing her as CEO is ensuring that limited health care resources don’t limit the hospital’s vision. “It’s critically important that while we’re managing through tough times, we don’t give away that which makes us unique – our ability to integrate research into practice and make a difference, not just at Sick Kids but across the country and around the world.”

Haddad admits that Ontario’s health care system isn’t perfect, but is optimistic about the future. “There’s no question that some changes have to

be made, and I think we’re on our way to knowing what those changes should look like,” she says. “The challenge is to sustain those parts of the system that are working extremely well, while making the right decisions for a healthier system in the long run. It’s a very sensitive and delicate balance.”

Haddad is a faculty member with HPME, which she believes has a critical role to play in the change process. “The Department must continue to do what it has traditionally done – partner with leaders, providers and policy makers to put academic rigour, data and research behind the decisions. There’s never been a better time for programs such as HPME to work in partnership with the system.”



Innovation in Health Care Organizations

Wayne Fyffe

As part of Wayne Fyffe's first career as a biologist, he waded through the Credit River, looking for pollution sources and developing ways to improve water quality. Today, as CEO of a hospital just two blocks from the river, he works to improve health care for Mississauga's rapidly growing population.

Once he had decided on a career in health administration, Fyffe chose U of T for further training because he liked the emphasis on practical experience.

"Networking and exchanging ideas with individuals who had real-world working experience was very valuable," he says.

"It's easy to learn theory, but the hard part is adapting that knowledge to practical solutions in a hospital setting – the program really helped with that."

When he graduated in 1975, Fyffe went to work for University Hospital in Saskatoon. Starting as an assistant in Planning and Construction, he was promoted five times in five years. "My energy and talent played a part," he says, "but mostly it was

the preparation from U of T."

He became Executive Director of the Brant District Health Council in Central Ontario in 1980, then Administrator of the Hamilton Psychiatric Hospital in 1984 and President and CEO of Riverside Hospital in Ottawa in 1994. In 1997 he joined The Credit Valley Hospital, where he is currently leading a \$300-million expansion project that includes a new Regional Cancer Centre and integrated Ambulatory Care Centre. Last year, Fyffe won a CEO of the Year award from the International Association of Business Communicators in recognition of his work during the SARS crisis. He is a member of the advisory board of the Western GTA Biomedical Cluster, and recently gave a guest lecture on the future of health care at the University of Toronto at Mississauga. "I accepted the invitation from UTM to join the advisory board for the development of a biotech initiative in Mississauga because I believe that Canada, and specifically Mississauga, has huge untapped potential

to contribute to global research. Working with U of T, the private sector and other health care agencies and institutions, I believe we have the opportunity to be innovative and to compete with other countries that are larger and older and therefore less efficient."

Fyffe says two things make his work satisfying. "First and foremost, it's the positive feedback we get from patients and members of the community who are grateful for the work we do. The other thing that keeps me motivated is the chance to be surrounded by very bright people."

His goal is to ensure the hospital continues to provide access to high quality care, something that is challenging given scarce government resources and



exponential growth.

"The Canadian health care system is very strong and should be something Canadians are very proud of," he says. Still, there are tough decisions ahead, as demand and expectations grow, and resources are constrained. He believes HPME and other educational institutions can play a key role in illuminating these issues and educating future leaders. "Once you get into your working role, it's difficult to find the time to think about

how things might be different. The HPME program is an opportunity early on to challenge the status quo and think issues through, so that when you get into the field, you can apply your ideas."

"Networking and exchanging ideas with individuals who had real-world working experience was very valuable."



Creating Ideas, Fostering Innovation

“HPME is a vital part of thinking about the future of our health care system. The talent at HPME influences in a positive fashion policy makers and managers in the health sector.”

MICHAEL DECTER,
Chair, Health Council of Canada,
HPME adjunct faculty member,
and former Deputy Minister
of Health, Ontario

Each year, Canada spends more than \$120 billion on health care – ten per cent of our gross national product.

It is the largest single item on any provincial or federal budget.

Yet many Canadians are without a family physician. Wait times for tests and treatment are getting longer. Shortages threaten in several health professions. Care is not as accessible to people in remote and rural areas as it is in big cities. There are calls for more accountability, more government funding, and more private sector care.

The issues are complex and often confusing, but one thing is clear: to be sustainable, Canada’s health care system needs innovative leaders and

OUR MOST URGENT NEEDS

- To create a state-of-the-art facility that will foster collaborative research and lively interaction between students and faculty **\$3 million**
- To endow faculty support by creating Chairs, helping the Department continue to attract creative and committed researchers (For example, *Chair in Patient Safety, Chair in Health Policy*) **\$2 million**
- To develop and launch the Centre for Strategic Leadership in Health Care, which will offer training opportunities for senior administrators and foster and support research in the area of health leadership **\$1 million**

new ideas. Wise policies start with good data and thoughtful analysis.

Sustainable health care organizations start with skilled, flexible and innovative people.

The Department of Health Policy, Management and Evaluation is in the business of building leaders and creating relevant knowledge. We are preparing to expand and enhance our already impressive capacity. We need partners – private individuals and organizations who are committed to the future of Canada’s health care system. Help us ensure that all Canadians have access to high quality care, where and when they need it.



“We can be both a source of innovation, and a source of thoughtful and credible evaluation.”

Measuring Performance Adalsteinn Brown

It has become an annual tradition in Ontario, yet at one time it would have been unthinkable.

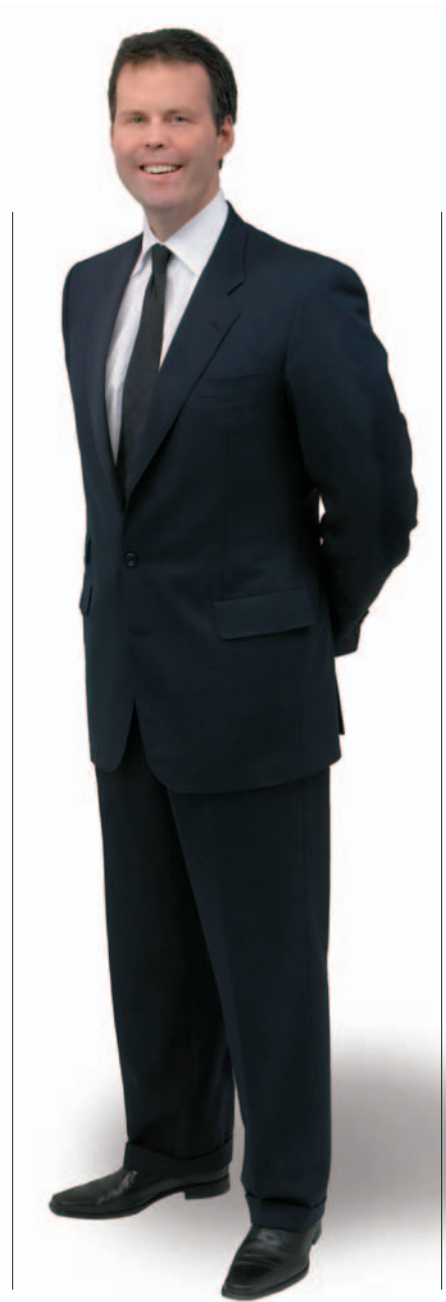
Every year since 1998, the Ontario Hospital Report, a collaborative project led by researchers in the Department of Health Policy, Management and Evaluation, and sponsored by the Ontario Ministry of Health and Long-Term Care and the Ontario Hospital Association, has been collecting, analyzing and publishing performance data on individual hospitals across the province. As Principal Investigator, Professor Adalsteinn Brown has developed expertise that led to his recent appointment to Ontario’s new health reform group called the Health Results Team.

Yet he insists it was all a fluke. As a political science undergraduate student, Brown studied the prevalence of tuberculosis in New York City, showing that the disease had remained at high levels in poor neighborhoods but had been neglected in health policies until it hit well-to-do areas. For his DPhil at

Oxford, he planned to study housing and health policy, but he arrived to find that there were no supervisors available in his chosen field. Instead, his doctoral thesis compared health system performance in the U.K. and Ontario.

After working in health care start-ups in New York and San Francisco, Brown arrived at U of T and joined the Hospital Report team in 1998. Brown says the reports have helped redefine the health care funding debate in Ontario, providing credible data and illustrating vividly the trade-offs between, for example, quality and cost. Although initially focused on acute care, the Reports have broadened to include emergency departments, complex continuing care, rehabilitation, mental health and women’s health. Brown’s exceptional leadership was recognized in 2002, when he was chosen as one of Canada’s “Top 40 Under 40.”

For researchers, the Reports represent one of the world’s richest data sources on corporate performance, and



they are already feeding a variety of research projects. One of Brown’s students, for example, is looking at the most efficient combination of strategies to improve patient satisfaction.

As Lead, Information Management, on the seven-person Health Results Team, Brown is responsible for ensuring that useful, high-quality data is collected in a timely and efficient way, and that it is used to improve performance. The appointment was, he says, an irresistible challenge. “This is a chance to implement what we’ve been shouting about – what academic wouldn’t jump at that?”

As an academic home, HPME has given Brown the freedom to take risks, and its breadth has provided him with the diverse expertise the Reports demand. He believes HPME will continue to be an important contributor. “We can be both a source of innovation, and a source of thoughtful and credible evaluation, helping to identify the best practices that will be the source of our sustainability over the long run.”

Influence Through Policy Analysis

Raisa Deber

For many, it's an essential and immutable part of the Canadian ethos. Others claim it's an unsustainable extravagance. In fact, most people have strong feelings about Canada's publicly funded health care system.

Raisa Deber tries to cut through the rhetoric and assess the merits of particular positions. "I don't consider it my job to back a particular ideological viewpoint," she says. "I just want to see if we can get some good data as a basis for policy decisions." She has concluded that Canada's system is, in fact, both ethically and economically superior to most of the suggested alternatives, although there is always room for improvement.

Although she was born and raised in Toronto, Deber's PhD in Political Science at the Massachusetts Institute of Technology had, she admits, nothing to do with Canada, health, or policy. It was only later that a colleague suggested there were some interesting questions to explore in Canadian health policy, and Deber found she agreed.

Her first 'interesting question' asked how doctors make treatment decisions. Since then, Deber and her students have explored a wide variety of policy issues. At present, she is perhaps best known for her work on the public/private mix in health care, a topic on which she was asked to prepare a background paper for the Romanow Commission. Deber and colleagues at the University of Manitoba analyzed the implications of medical savings accounts and other approaches to financing health care – work that directly affected Canadian health policy. Currently, her team is gathering data on whether private CT, MRI and physical therapy clinics do the same work as public facilities, or whether they focus on routine tests that are most likely to be profitable. Another project looks at the 'basket' of services included in publicly funded health care to see what information and processes provincial governments use to make decisions.

Other endeavours include research on medical decision making – speci-

cally whether patients really want to be autonomous decision-makers. Her conclusion, somewhat surprisingly, is that most patients want to share decision-making with their doctors, trusting them to do the professional problem solving. She is also involved in projects looking at regional models of care delivery, and is exploring design decisions in setting up a comprehensive home care program.

Deber's ability to translate complex policy issues into understandable language has made her a sought-after commentator in radio, television and other media. The rigour of her research has also earned her an international reputation, with contracts to write reports and background papers for a wide range of organizations, including the World Bank.

Can researchers at HPME have a real impact on decisions about health care? "Policy is a combination of facts *and* values," says Deber. "What we can do is say, 'if you want to go there,



this way will or won't take you there." By providing carefully researched facts and the clear and credible voice of reason, she continues to play a significant role in the evolution of Canada's health care system.

"I don't consider it my job to back a particular ideological viewpoint. I just want to see if we can get some good data as a basis for policy decisions."



Making Care Safer

Ross Baker

“There are few academic units on this continent with a comparable range of academic and intellectual resources.”

In May 2004, Canadians learned that one in 13 hospital patients experiences an ‘adverse event’ as a result of their care. They owe that piece of disturbing information to Ross Baker, Principal Investigator in a groundbreaking national study and a leader in the patient safety movement. Baker says the study isn’t all bad news. “The key finding,” he says, “is that we have a great opportunity to focus on making care more consistent and safe, and improving its delivery.”

When Baker arrived at the Department of Health Policy, Management and Evaluation in 1989, he was asked to teach a graduate course on quality of care. “I visited people who had responsibility for managing and measuring quality of care and safety in several health care organizations, and I was a little surprised by how limited the activity was.”

That’s all changed in the past 15 years. The study that Baker and Dr. Peter Norton released in May 2004 is

one of several conducted around the world, each one making a powerful argument for action on patient safety. Their work has provided a perspective on how Canada is doing in relation to other countries, and identified the challenges ahead.

The research has had significant impact: their initial article published in the *Canadian Medical Association Journal* was downloaded more than 25,000 times in the first four days. Baker and Norton were selected as recipients of the 2004 “Who’s Who in Healthcare” award by *Canadian Healthcare Manager*.

Technology will play a key role in addressing patient safety issues, Baker believes, but many of the solutions will be simple and low-tech. For example, improved hand-washing techniques could significantly reduce the spread of hospital infections. Patients, too, can help by being active partners in their own care. Health care managers and policy-makers must ensure that



the right resources and systems are in place to support frontline workers working to improve safety.

Baker says HPME is well positioned to continue making important contributions to patient safety and other critical issues. “We have the incredible advantage of spanning many levels of the health care system, from the bedside to the Ministry of Health, so we can talk about the relationship between policy and clinical practice. There are few academic units on this continent with a comparable range of academic and intellectual resources.”

Technology and Health

Peter Coyte

Today, a surgeon in Toronto can perform surgery in North Bay without leaving home. Patients who once spent days or even weeks in the hospital can go back to work with high-tech infusion devices. A family doctor can provide treatment by e-mail.

Modern medical technologies create a mind-boggling array of new possibilities. As co-Director of the Health Care, Technology and Place Collaborative Program, Peter Coyte is interested in knowing how those technologies are reshaping the health care landscape and touching individual lives.

Coyte, an economist, holds a CHSRF/CIHR Chair in Health Services Research. His interest in health care began 25 years ago, with a term paper on the impact of an aging population on health care costs. “The field of health economics didn’t exist at the time,” he says. “I saw the potential to make a contribution.”

Among his many contributions,

Coyte helped the Ontario Health Services Restructuring Commission determine how much money should be invested in home care to compensate for downsized hospital beds. His detailed recommendations about investment in home and community care were also included in the Kirby Report. A study of knee replacement surgery showed that the procedure is relatively inexpensive and may actually save the system money. More recently, he studied the impact of a high-cost intervention for autism, pointing out the benefits in terms of well-being and disability-free days.

The Health Care, Technology and Place Collaborative Program is the only cross-divisional program at U of T. Based in HPME and the Faculty of Nursing, it involves clinical, basic science, social science and humanities researchers. “We’re looking at the way health care in the 21st century is delivered and received in different ways and different places,”

Coyte says. “The overarching aim is to create a cadre of scientifically-informed humanists and humanistically-informed scientists.” The group is exploring issues such as what it means to family life when the home becomes a place of care, and how low-income and new Canadians are affected when health care is delivered over the Internet. Coyte recently completed a study on the impact of paediatric telehealth on children making the transition from hospital to home.

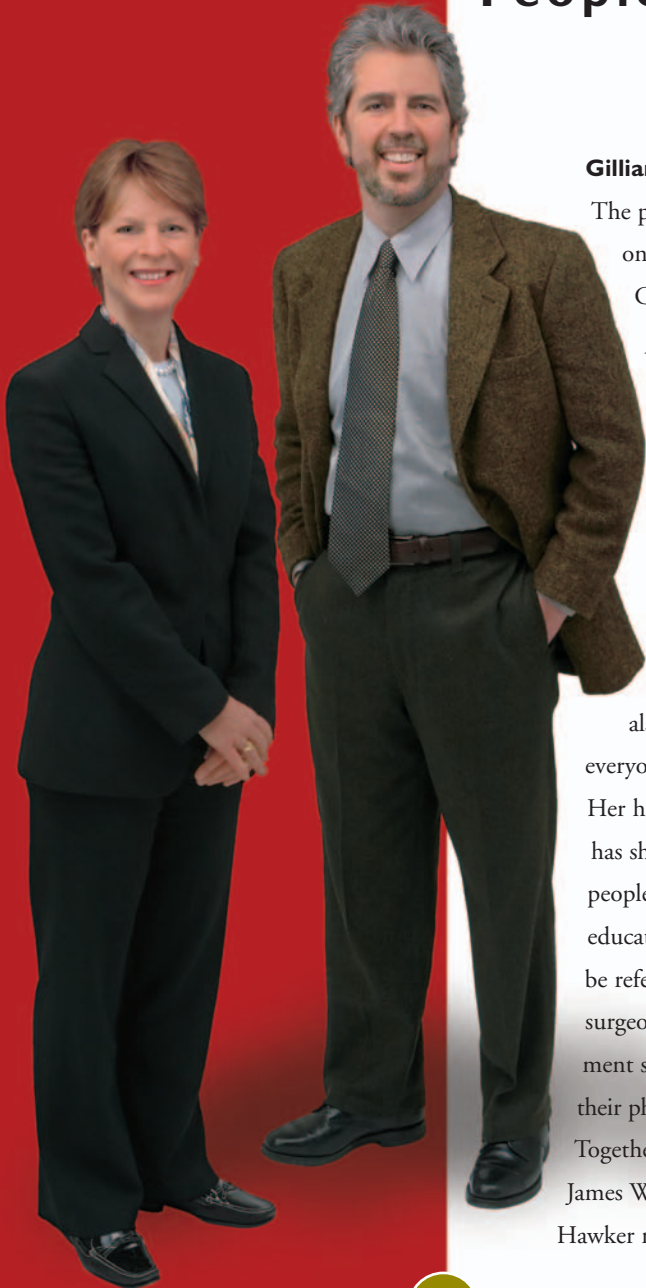
HPME is an ideal place to centre his work, Coyte says. “The faculty is well grounded in theory, yet constantly engaged in applied research. Ultimately, we’re able to make theoretically-grounded yet pragmatic recommendations that can be used by policy makers.”



“The overarching aim is to create a cadre of scientifically-informed humanists and humanistically-informed scientists.”



Building Tomorrow's Health Care – People, Policies, Practices



Gillian Hawker (left)

The pain of arthritis affects one in six adult Canadians. For many, joint replacement surgery is a life-changing therapy.

Rheumatologist Dr. Gillian Hawker knows the pain of arthritis and the promise of joint replacement. She also knows that not everyone enjoys its benefits.

Her health services research has shown that women and people with low income or education are less likely to be referred to an orthopedic surgeon or get joint replacement surgery, even though their physical needs are greater. Together with colleagues

James Wright and Peter Coyte, Hawker received the Elizabeth

Winston Lanier Kappa Delta Award from the American Academy of Orthopedic Surgeons in recognition of this important work.

She has also explored a number of related issues, including factors that predict wait times for joint replacement, factors that affect disability over time, utilization of health care for arthritis, and the impact of chronic pain and fatigue, especially on the elderly. Recently, Hawker has been working on a Ministry-funded study to develop strategies for reducing waiting lists for joint replacement. She is also a leader in osteoporosis research, with a special interest in the factors that contribute to maximum bone mass or bone loss in young women.

Hawker, who is Program Director for Clinical Epidemiology, says HPME is a good home for the program. “The Department’s focus on health services research is ideal for us,” she says. “It’s fertile ground for the training of future clinical researchers.”

Geoff Anderson (right)

Geoff Anderson discovered his interest in health services research while he was still a medical student. More than 25 years later, he is still fascinated. “Health care is our biggest public investment,” he says. “It’s important to use data to answer important policy questions.”

Anderson completed his PhD at the RAND Graduate School, a leading public policy institution in California. As one of the pioneers on the Ontario Hospital Report, he led the quadrant focused on clinical utilization and outcomes. “Performance measurement is on everybody’s agenda now,” he says, “but we were clearly ahead of the curve. We developed a very systematic approach to measuring institutional performance. The Hospital Report is truly a multidisciplinary effort and it couldn’t have happened anywhere else.” Today, he holds the University’s endowed Chair in Health Management Strategies. Recently he was Chair of the Quality of Care Committee of the

Federal/Provincial/Territorial Advisory Committee on Health Services.

In other research, he is involved in a five-year study to look at the safety and effectiveness of drugs in elderly people. He has studied, for example, the relationship between the use of antidepressants, believed to affect balance and cause drowsiness, and hip fractures.

In addition to his graduate courses in HPME, Anderson teaches several courses in the MD program, including one focused on the Canadian health care system. “Medical students spend a lot of time thinking about the patient/doctor relationship,” he says. “But that relationship is set in the broader context of the health care system, which in turn is set in a broader political context. It’s important to understand how that shapes what they do as physicians.”

Making Community and Primary Care Better Through Ideas and Innovation

A. Paul Williams (left)

Today, there are more people with chronic health problems and disabilities living in our communities. Paul Williams is interested in understanding how best to care for these people.

In one study, his team looked at the role played by voluntary, community-based service agencies in helping seniors, including those in different ethno-racial communities, to live independently. Another study explored experiences of seniors living in supportive housing. A third, funded by The Hospital for Sick Children Foundation, assessed home care services for children with long-term needs. Other studies have examined the delivery of rehabilitation services in the community. “A lot of what we’ve seen doesn’t seem to square with Canadian ideas of equity and entitlement,” says Williams. “Our job is to point out the obvious, and when we can, to point to potential solutions.”

Williams teaches courses on health policy that bring master’s and PhD

students from a range of programs and disciplines together with senior health care leaders who volunteer as tutors. “We don’t think it’s enough to have a theoretical training,” he says. “We want our students to hear how leaders in the field implement these ideas in their work.”

Williams translates his health policy expertise to the world stage through his involvement with the Canada International Scientific Exchange Program (CISEPO), a charitable NGO that works across borders with Israeli, Jordanian and Palestinian academics and clinicians.

Williams describes HPME as an ‘information portal.’ “We don’t stop with what we know,” he says. “We assemble teams that bring together the expertise that’s needed, we generate knowledge, and we use it to find new solutions to old problems.”

Jan Barnsley (right)

The delivery of high quality primary health care is critical to an effective, sustainable health care system: it helps the healthy stay well and can curb the development of serious and costly illness in the vulnerable.

Jan Barnsley’s research focuses on developing and refining tools for evaluating the quality of care that practitioners can use to assess their own performance and, in turn, identify areas for improvement. In ongoing collaboration with family practices, Barnsley and colleagues first developed and pilot-tested a series of performance tools and measures covering preventive (for example, immunization), acute (for example, sore throats) and chronic care (for example, diabetes). This successful pilot project, which has been presented at several international conferences, has now moved to a new phase, with the performance indicators and benchmarks being tested by a further sample of 48 family practices in Ontario.

Barnsley and colleagues also are mounting an innovative course aimed at helping family practice teams to explore and develop new methods of collaborating to improve care.

Barnsley says HPME’s focus on care delivery is critical to Canada’s health care system. “Knowing what care is being delivered is important; however, knowing how it is being delivered will help care providers to respond both to the needs of their patients and to the wider demands of society for an effective, sustainable system.”





Creating Leaders in Innovation: Education Programs in HPME



John Browne, Director MSc/PhD program

The Department of Health Policy, Management and Evaluation fosters excellence and innovation in Canadian health care by training health researchers, practicing managers and policy makers through a variety of outstanding educational programs.

The Department's flagship program, the Master of Health Science in Health Administration, combines expertise in management principles with a comprehensive understanding of the health care environment. This unique program provides health managers and professionals with knowledge and skills in health management, policy and evaluation and brings together faculty members who are doing

cutting-edge research with students who are top practitioners in different sectors and disciplines.

The Department has more than 100 students pursuing MSc and PhD degree programs, making it the pre-eminent Canadian training centre for future leaders in research and academia. By their second or third year, most students have obtained external funding and many have published.

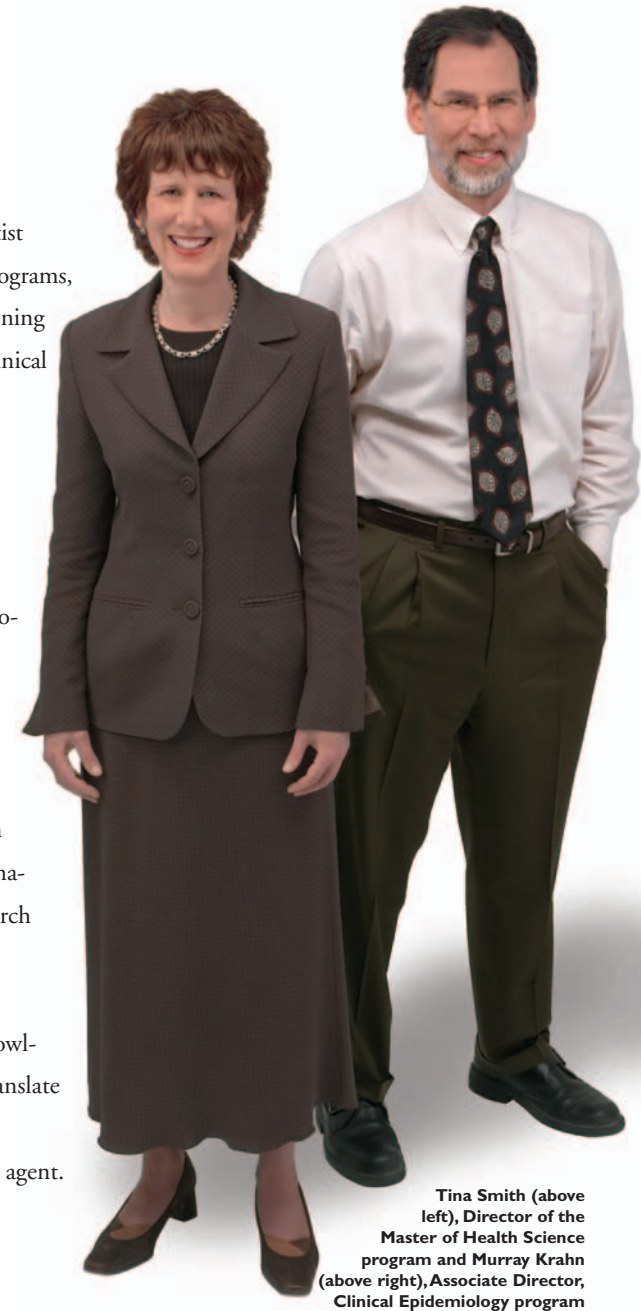
There are also more than 100 students

in the Clinical Epidemiology and Health Care Research Program, a unique collaboration between HPME, the Faculty of Medicine's clinical departments, and the clinical epidemiology units and research institutes of the affiliated teaching hospitals. Thanks to strong links with the

Faculty's Clinician Scientist and Surgeon Scientist programs, it is Canada's leading training program for academic clinical epidemiologists.

Our programs are constantly evolving. The MHS uses a problem-based, action-learning format, e-learning components, and an innovative leadership assessment module. Students in our MSc and PhD programs are involved in local, national and international networks for research and teaching.

HPME's educational programs create new knowledge, share ideas, and translate innovation into practice. HPME is truly a change agent.



Tina Smith (above left), Director of the Master of Health Science program and Murray Krahn (above right), Associate Director, Clinical Epidemiology program

HPME PROGRAMS

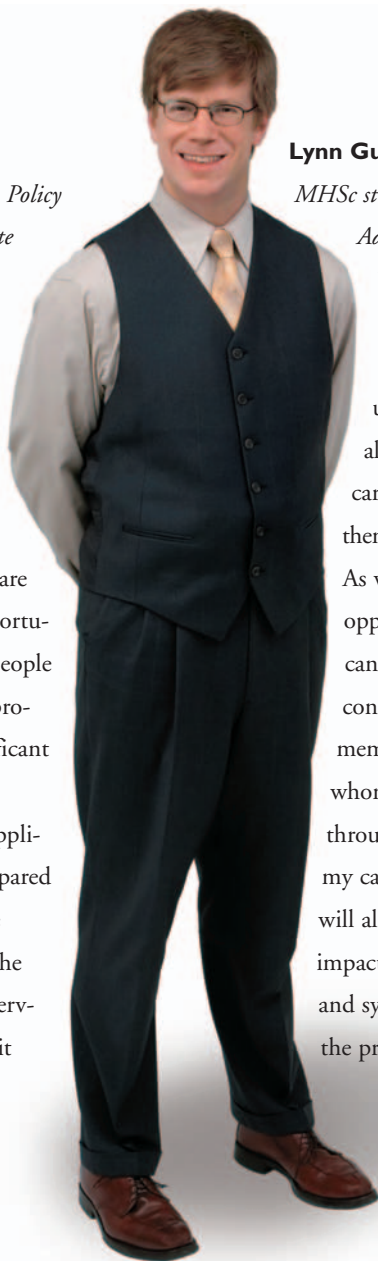
- MSc Health Administration
- MSc Clinical Epidemiology
- MHS Health Administration
- MHS Health Administration/MSW Joint Degree
 - PhD
- Health Services Organization and Management
 - Health Policy
- Health Services Outcomes and Evaluation
 - Clinical Epidemiology
 - eHealth Innovation and Information Management

Future Leaders: Meet Three of our Remarkable Students

Adam Topp

*Doctoral student, Health Policy
Thesis: Public and private
health care delivery*

“Health policy decision makers often call on HPME faculty for advice based on their research. Our professors play a very important role in the health care system. It is a great opportunity to learn from the people whose academic focus provides the basis for significant knowledge transfer and pragmatic, real-world applications. HPME has prepared me to critically appraise and fully comprehend the implications of health services research and apply it to my career as a health administrator.”



Lynn Guerriero (right)

*MHSc student, Health
Administration*

“My program has a track record for not only providing graduate education but also furthering students’ careers and helping them get choice positions. As well, the networking opportunities are significant. I truly value being connected to faculty members and lecturers whom I am going to meet throughout the course of my career. This degree will allow me to have an impact at a higher level, and system-wide across the province.”

Baiju Shah (far right)

*Doctoral student, Clinical Epidemiology
and Health Care Research Program
Thesis: The relationship between providers
of medical care and the use of preventative
medications by diabetic patients in
Ontario*

“Toronto is one of the central locations for health services research. Thanks to HPME’s close affiliation with the Institute for Clinical Evaluative Sciences, I work with some of the most experienced researchers in the world and the greatest health data source anywhere. This environment fosters collaboration, interconnectivity and success for students. I have the rare advantage of being able to study an entire population’s health data under the tutelage of HPME experts.”



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