IHPME ANNUAL HIGHLIGHTS - THE DIFFERENCE A YEAR MAKES
Research leaders and their projects continue to achieve progress and accomplish goals, with success reflected in academic forums, publications and grants.

Three new awards were introduced to the IHPME community in 2014. Students, faculty and alumni were celebrated and rewarded thanks to donor support.

Active relationships between IHPME and partners are producing milestones in interdisciplinary scholarship, research and work in the field.

IHPME students have spent 2014 as a dynamic community thriving in program and research work, practicum placements and partner engagements.

New additions to IHPME faculty have enabled greater scope of research and instruction in 2014. Many faculty grants, publications and events have contributed to enhancing the health system.

Big strides in integration of the alumni and IHPME communities have marked this year. The inaugural Moonshot Event and other activities have extended the reach of the Society of Graduates.

HIGHLIGHTS

STUDENTS
IHPME students have spent 2014 as a dynamic community thriving in program and research work, practicum placements and partner engagements.

FACULTY
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ALUMNI
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PARTNERS
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RESEARCH
Research leaders and their projects continue to achieve progress and accomplish goals, with success reflected in academic forums, publications and grants.

DONORS
Three new awards were introduced to the IHPME community in 2014. Students, faculty and alumni were celebrated and rewarded thanks to donor support.
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| 32   | Donate, Apply, Connect |
IHPME integrates the collective of health care stakeholders to empower intellectual exchange and transform how people think and what they do to improve health care.

With over 300 students, 200 faculty and more than 100 senior health care executives in adjunct roles, IHPME is a wellspring of opportunity, learning and innovation.

We inform a rare cross-pollination of knowledge by drawing students and leaders from the full health care continuum into dynamic relationships.

We are committed to building research and professional connections to bridge gaps between clinical, organizational and policy levels of health systems.

We are cultivating the next generation of bright leaders.
“There is a powerful rationale for our transition to the Dalla Lana School of Public Health—together our academic units offer a range of solutions that extend beyond traditional educational and independent research projects. We position ourselves to assist global governments with shaping health systems.”

The year 2014 has made a positive difference in the life of our Institute. We have much to celebrate. A lot of hard work has been achieved, a lot is in progress, and a lot remains to be done. Collectively we are up to the task of contributing to high-performing health systems like never before.

We are making a difference via so many IHPME relationships radiating locally, nationally and internationally. Our events and publications have drawn global responses. Our research has earned widespread respect. Our partnerships have been activated into full-swing, so that we are now mobilizing knowledge and improving scholarship in ways that we had only envisioned a year ago.

We are harmonizing efforts across the health sector and we are encouraged that the outcomes of our initiatives are producing value.

Best regards to all in the IHPME community for 2015.

Adalsteinn Brown

Director, Institute of Health Policy, Management and Evaluation and Dalla Lana Chair in Public Health Policy
1

IMPACT

We work to create ideas and evidence to improve health and health care locally, nationally and internationally.

2

PARTNERS

We form genuine partnerships with decision makers and interdisciplinary scholars to build high-performing health systems.

3

PROGRAMS

We develop programs to educate leaders and to define excellence in health systems research.

We will create ideas and evidence that drive better health care and better health. We will educate leaders to work with these ideas and evidence to create high performing health systems. We will do this through excellent, interdisciplinary scholarship, in genuine partnership with decision makers and other scholars across our health system, and with integrity. We are increasingly able to show that our Institute is a world leader for excellent scholarship and impact.

**IMPACT**

**Develop a platform for ideas and evidence to improve health care and health.**

Ensure strong relationships with decision-makers across the continuum of care through early engagement and frequent knowledge transfer activities.

Work with health system partners to create jointly supported faculty positions that have both scholarly and knowledge mobilization roles.

Develop a cadre of senior health system leaders who participate in teaching, mentorship, and thought leadership activities at the Institute.

Build and fund interdisciplinary centres of excellence that support scholarship in effective health and social policy, health economics, advanced clinical epidemiology methods, and health systems performance improvement.

**PROGRAMS**

**Strengthen our educational offerings and support, and the delivery of our brand.**

Develop a program of leadership training.

Enhance leadership training across our professional programs (MHSc and MHI).

Develop a brand strategy that supports scholarship, a positive student experience and advancement.

Define excellence in health systems research and establish aspirational goals for IHPME.

**PARTNERS**

**Build relationships that increase the opportunities for IHPME members to achieve our overall mission.**

Continue to forge a strong partnership within the Dalla Lana School of Public Health and with other academic units to increase our ability to impact health and health systems.

Develop educational and research programming with clinical departments.

Develop strong links with like-minded global academic units for faculty and student exchange.

Response to a Living Strategy

As with any strategy, the individual elements will change over time. New and unforeseen challenges and opportunities will require us to change tactics without losing focus on our mission and vision.

To cope with these challenges we will come together on a regular basis. The 2014 Annual Retreat was conducted on January 21, 2014, with a January 28, 2015 Annual Retreat following.
INTEGRATING THE COLLECTIVE

IHPME empowers individuals to translate experience to evidence in building best practices and better outcomes throughout health care delivery. Our faculty represents the full continuum of health care disciplines and invariably facilitates the cross-pollination of diverse perspectives.

Each year, IHPME is responsible for more than $6M in research funding making it one of the most significant contributors in the fields of system design, performance management, comparative health systems, health policy and health economics, health services research, quality improvement, patient safety, observational and decision sciences research, and knowledge transfer.

IHPME Bibliometrics

IHPME bibliometrics tracked by the Web of Science™ in terms of publications, citations and impacts compare well—within a few points in either direction—to health and policy publications within University of Toronto, McGill University, University of British Columbia, Harvard University, University College (London).

Work is prolific, and the uptake is significant with so much that is produced by IHPME being referenced and given weight by peers and researchers throughout the health care community.

Source: Web of Science™ Thomson Reuters® (2013). Data per 12/16/13. Note that this resource may not be comprehensive and other publications may exist beyond the scope of this collection.

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<td>198</td>
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IHPME Practicum Experiences

IHPME professional and research programs work with students and preceptors within a variety of organizations to create study-based practicum and research experiences in health care and policy settings.

26
MHI Professional Practicums

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MHSc Professional Practicums

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IHPME MSc PhD Research Practicums
Our impact on improving health systems in 2014 is evident in the many research and professional milestones reached by our community.

We continue to draw people together for actionable collaboration and interdisciplinary scholarship to drive the ideas that improve health care.

These groundbreaking perspectives and inspiring contributions define IHPME.
Health is much more than the absence of measurable disease. And health policy is much more than planning the delivery of health care.

David Henry, Big Data for Health Policy Fall Workshop

Big Data for Health Policy Fall Workshop

November 5 & 6, 2014

Presented by IHPME, Dalla Lana School of Public Health, SAS

Hosted at The Fields Institute

Organized by David Henry and launched by keynote presenters including Bob Bell, Deputy Minister, MOHLTC, the Workshop provided a broad view of the significance of Big Data for health policies and potential research with linked data-sets. A series of individual presentations captured relevant topics and built new collaborations between researchers, analysts and decision makers in the health policy arena.

IHPME Research Day
May 7, 2014
Wednesday, May 6, 2015 – Save the Date

Presented by IHPME and IHPME GSU

Keynote speaker Douglas A. Conrad, PhD, MBA, MHA, BS. Professor, Health Sciences School of Public Health, University of Washington

An annual spring event showcasing IHPME student research, with the aim of recognizing excellence in teaching and learning.

2014 Panel

Camille Orridge, CEO, Toronto Central LHIN
Tony Easty, Baxter Chair in Health Technology, UHN
Shirlee Sharkey, CEO, Saint Elizabeth Health Care

Research Day Awards see ihpme.utoronto.ca/awards

Senior Fellows Event
Sept 16, 2014

The IHPME GSU and Senior Fellows collaborated on a standing-room only luncheon to strengthen student involvement with health care leaders.

Senior Fellows
Robert Devitt
Carol A. Sawka
Terry Sullivan
Frank Markel
Joseph Parker

MOHLTC Event
Oct 23, 2014

IHPME GSU and the Ministry of Health and Long-term Care for Ontario luncheon drew a full crowd in engaging students with provincial decision makers.
IHPME Society of Graduates

Education Day
May 22, 2014

Presented by IHPME and IHPME SOG

The Education Day theme for 2014 was, “Cost, Quality and Equity: Is it a Zero Sum Game in the New Fiscal Reality?”

Join friends and colleagues for this event in 2015.

Visit ihpme.utoronto.ca/events for details.

The Moonshot Event
November 20, 2014

Presented by IHPME, IHPME SOG, and Health Quality Ontario

Following this year’s Health Quality Transformation, the Moonshot Event offered a vibrant celebration at Steam Whistle Brewing in Toronto. With more than 150 in attendance, the crowd enjoyed lively dialogue that extended into the evening’s presentations and awards, moderated by Ross Baker.

Several IHPME Alumni, including first doctoral graduate Louise Lemieux-Charles, were honoured. Keynote speaker Stephen Shortell, Professor and former Dean, University of California, Berkeley School of Public Health, delivered comments alongside Ontario health system leaders.

IHPME Seminar Series 2014-2015

Child Health and Social Policy Seminars

Co-hosted by IHPME, the Department of Pediatrics at the University of Toronto, and the SickKids Research Institute

Seminars feature panels and speakers from IHPME, U of T Department of Pediatrics, The Hospital for Sick Children, and international universities, hospitals and health organizations.

ihpme.utoronto.ca/events

Canadian Centre for Health Economics
Friday Health Economic Series Seminars

Presented by IHPME and The Canadian Centre for Health Economics

The Friday Health Economics Series of seminars is offered as part of the CCHE mandate to be a focal point for health economics research in Canada and to provide solutions to health policy issues while advancing theoretical and econometric modeling techniques.

Contact cche@utoronto.ca to be added to the CCHE Friday Health Economics Series of seminars delivered by health system leaders.

canadiancentreforhealtheconomics.ca

LEARN MORE AT
IHPME.UTORONTO.CA/EVENTS
2014 brought three new awards to the IHPME community, each celebrating the contributions of people whose spirited commitment to the Institute created powerful momentum for next generations of students, alumni, faculty and researchers.

Kevin J. Leonard Award
An open award for students who engage and empower patients through the use of technology to become partners in their own health care.

The award is given to an outstanding IHPME graduate student who exemplifies Dr. Kevin J. Leonard’s ideals and principles. Kevin was a respected faculty member of IHPME, committed to a more inclusive health care system in which patients are active partners in their care.

2014 WINNER: CRYSTAL CHIN

Emerging Health Systems Leaders Award in Honour of Louise Lemieux-Charles
An open award supported by the IHPME Society of Graduates in honour of past Chair and Director, Louise Lemieux-Charles.

The award is given in recognition of a candidate demonstrating leadership in bringing about measurable positive change, and using innovative approaches that motivate others to improve the health system.

2014 WINNERS: MIIN ALIKHAN
LEE FAIRCLOUGH

Health Equity and Social Justice Award in Honour of Diana Moeser
An award for a student whose work is guided by the goal of health equity and social justice.

The award is given to an outstanding student at IHPME whose work exemplifies the ideals and principles that Diana Moeser characterized through her career and personal life.

2014 WINNER: EVAN MULLER-CHENG
Eugenie Stuart Awards
An award for excellence in teaching for faculty/preceptors/tutors.
2014 Winners:
Best Research Mentor: George Tomlinson
Best Practicum Leader: James Mullen
Best Instructor: Kerry Kuluski
Best New Course Leader: Jeremy Veillard

MSC & PHD RESEARCH PROGRAM AWARDS

Harry and Rose Perlstein Award
An award for the best MSc QIPS paper to support quality and safety in long-term or post-acute care hospitals.
2014 Winner: Jarred Rosenberg

Thomas and Edna Naylor Memorial Award
An award for best paper based on a thesis in Health Services and Health Care Research.
2014 Winner: Jocelyn Srigley

Ted Goldberg Award
Award for academic excellence and promise for doctoral candidates in Health Services Research.
2014 Winner: Kristen Pitzul

Claire Bombardier Awards
Most promising students in Clinical Epidemiology & Health Care Research concentration.
2014 Winners: Bimal Ghindi (MSc) Glen Hazlewood (PhD)

MHSC HEALTH ADMINISTRATION AWARDS

Robert Wood Johnson Award
An award for graduate students in health administration programs in Canada.
2014 Winner: Jeff Biddiscombe

Harold Livergant Award
An award for outstanding year one student in the field of Complex Continuing Care Management and/or Policy.
2014 Winner: Sandra Racco

RESEARCH DAY AWARDS

Maureen Dixon Memorial Award
2014 Winner: Colleen Seereeram

Robert Duff Barron Award
2014 Winner: Melissa Kwiatkowski
For a full listing of Research Day 2014 Awards including Best Poster and Best Oral Presentations please visit ihpme.utoronto.ca/impact/awards

IHPME SOCIETY OF GRADUATES

Leadership, Innovation and Literary Awards
These annual awards recognize the accomplishments and contributions of IHPME Alumni.
2014 Winners:
Leadership Award: Madelyn Law
Innovative Leadership Award: Sid Stacey
Literary Awards: Christopher Klinger and Moriah Ellen

Help us to help all of us. We have our sights set on making contributions to student development, rewarding high-achievement programs in health care and to growing bodies of knowledge. You may choose to direct your support to any of our general, alumni or specific award funds. We truly appreciate your donations. You help make it all possible. WWW.IHPME.UTORONTO.CA/DONATE
THE YEAR 2014 IS MARKED BY COLLABORATIVE MILESTONES FOR THE IHPME ALUMNI:

Establishment of shared priorities and an integrated executive governance structure to advance these priorities

Integrated knowledge exchange events including Research Day, Education Day and our inaugural Moonshot Event

Integrated working relationships and processes including an awards committee, a communications and marketing committee, and the launch of a LinkedIn group with 1,000 members

Integrated events calendar for the engagement of the full IHPME community

The Society of Graduates is now working with IHPME to define the next set of shared priorities.
“As a collective we are stronger than any single part of IHPME. We bring together alumni, faculty and students to create a strong community and to jointly plan and execute on our priorities. Our goal is to advance our capacities to lead and change by involving alumni in multiple streams within IHPME—and also by bringing IHPME into alumni work in the field. Personally, I want to use this incredible opportunity as President to do my part in achieving an inspired sense of community amongst us all.”

Jodeme Goldhar, President, IHPME Alumni and Society of Graduates

GRADUATE STUDENTS’ UNION

“What a difference a year makes. More students from across the IHPME programs are becoming more engaged—our events have been well-attended and our call for volunteers for various IHPME committees has been met with an enthusiastic response. Much success can be attributed to the willingness of IHPME to invite the IHPME GSU to collaborate on events that strengthen student engagement. Many students are investing time into improving the IHPME experience for themselves and their peers. A priority for the IHPME GSU is to be an effective interface for such ongoing reciprocity.”

Nelson Shen, President, IHPME Graduate Students’ Union

Follow us on Twitter @IHPMEGSU
http://gsu.ihpme.sa.utoronto.ca/
We live and learn surrounded by the country’s most established health care institutions.

We have hundreds of alliances within health services agencies, health care facilities, universities and government organizations—a cascading network of lasting relationships between students and faculty, alumni, partners and decision makers who are all moving the health system forward.
IHPME & INTERNATIONAL COLLABORATION

Understanding Successful Models of Integrated Care

Building on collaborations with The Commonwealth Fund (US) and The King’s Fund (UK), and supported by a five year international team grant from the Canadian Institutes for Health Research and the Health Research Council of New Zealand, faculty at IHPME are advancing the understanding of integrated care, including understanding what it is, who needs it, and most importantly, how it can be implemented.

Walter Wodchis, Associate Professor with IHPME, leads the team who has produced or collaborated on three white papers on integrated care for persons with multi-morbidity, on integrating care for persons with chronic health and social need, and a summary of seven international case studies of successful models of integrated care. All of these are informing an ongoing research program and the case studies and cross-case synthesis will be published in the International Journal of Integrated Care.

Multi-disciplinary research including political science, economics, organizational behavior and other scientific approaches are all playing a role at better understanding how to effectively transition the health system to provide integrated service delivery for those with complex care needs.

“AS LEAD FOR THESE TEAMS, I COORDINATE AND FACILITATE THE EXCELLENT RESEARCH BEING UNDERTAKEN ACROSS MANY INSTITUTES BY STUDENTS, POST-DOCTORAL FELLOWS AND RESEARCHERS CREATING CRITICAL MASS THAT IS RESULTING IN TRANSFORMATIVE RESEARCH, TRAINING OPPORTUNITIES AND SUCCESSES.”

Walter also ensures research produced by the team is readily available for the consideration of decision makers, providers, policy makers and other stakeholders.
Health Care Systems and Experience in the Canadian North

Adalsteinn Brown, IHPME Director and Dalla Lana Chair in Public Health Policy is forging collaborative relationships with health system leadership in the Northwest Territories.

A trip to Yellowknife, NWT, in the fall of 2014 was taken to facilitate opportunities for IHPME researchers and graduate students to access opportunities within the region. Included in the visit was Steini’s participation in the vision and mission renewal for the Institute for Circumpolar Health Research (ICHR).

Working with Debbie DeLancey, Deputy Minister of Health and Social Services (HSS), NWT, André Corriveau, Chief Medical Health Officer, NWT and Susan Chatwood, Scientific and Executive Director at ICHR, early dialogues are underway to investigate mutual interest in working with IHPME graduate students.

Strong working ties with DLSPH and U of T are already reflected in the involvement of 11 students in ICHR research projects that examine health systems, emergency response and suicide prevention in the context of northern communities since 2005.

Steini’s efforts are flagging shared interests in health system assessment and evaluation that extend this relationship to IHPME and that support an affiliation between ICHR and NWT leadership and the Institute. There is potential for professional programs’ MHSc Health Administration and MHI Health Informatics graduate students or students in doctoral streams to contribute in areas of system measurement, responsiveness and improvement research and field work.

“AS WE USHER IN AN AGE OF HEALTH SYSTEM EVOLUTION THAT IS DEEPLY AFFECTED BY THE CHANGING ENVIRONMENT—BOTH PHYSICAL AND POLITICAL—IT’S CRUCIAL THAT WE STRENGTHEN OUR PARTNERSHIPS IN THE NORTH AND CONSIDER NEW RESEARCH AVENUES THAT SUPPORT CANADIAN HEALTH SYSTEM IMPROVEMENT.”

ICHR is closely linked with circumpolar centres in Alaska, Greenland, Sweden and Norway, and works to build collaborations that promote program comparisons between countries to see what gaps need to be addressed.

www.ichr.ca
A vision of ultimately bringing predictive powers to the point of care for cancer patients brought Omid Shabestari from University of Victoria into a partnered position with Cancer Care Ontario (CCO) and IHPME in July 2014.

The driving principle behind the CCO and IHPME partnership initiative is to make local and relevant data-driven information available at the point of care, to enable clinicians to make individualized informed decisions.

The goal is to create a world leading analytical environment to improve our understanding, control and management of cancer using models created with analytical algorithms.

The project is based on the hypothesis that in the vast amount of data currently (and potentially) available in the province, there is an opportunity to collate information that relates to individuals. Artificial Intelligence (AI) has evolved to a point where information can potentially be extracted from this data and used in a knowledge loop at both patient and population levels.

The project depends on complex linked datasets available at CCO that will be used for building and training the models.

In its first phases, Omid is analyzing different data sets and specific topics to extract relevant knowledge. The project revolves around comprehensive exploration of data in compliance with CCO resources, strategic priorities, and opportunities for improvement, including the first pilot project examining a model for predicting breast cancer recurrence.

Prior to joining CCO, Omid Shabestari earned a PhD from City University of London and served in the UK’s National Health System. He worked as a data analyst for Pfizer, in consulting, as a Chief Medical Information Officer, and as an assistant teaching professor at the School of Health Information Science, University of Victoria.
Realist Approach to Understanding Integrated Care Models

When Maritt Kirst joined the Toronto Central Community Care Access Centre (TC-CCAC) as Research Lead of Client Experience and Outcomes, she shared a vision for improving care for individuals with multiple, chronic conditions, and for those with mental health and addiction issues in Ontario's health system.

Coordinating Health Care and Patient Experience

Maritt brings to TC-CCAC a practical, realist approach to working within the integrated care sector to define utilization-based models for improving coordination of the health care system and the patient experience.

In Ontario, says Maritt, referencing a health system performance report, 1% of the population accounts for 34% of overall health system costs, and 5% accounts for 66% of costs. Such disproportionate use of the system reflects fragmentation, an over-reliance on acute care, and duplication of services. This can result in high health care costs, medical errors and poor patient satisfaction.

Integrated health care models are increasingly being implemented to reduce costs. These programs are highly complex and at times involve community intervention, cross-sector partnerships and multi-disciplinary teams. The challenge is to "reduce high services costs to the health system away from acute care" with a cross-sector program to merge acute care and community-based services.

The goal of Maritt's work is to "develop an evaluation plan to look comprehensively at multiple components of the integrated care model, and to fully understand and inform continuous quality improvement of programs through the TC-CCAC."

To meet the objective of informing a workable model, Maritt is partnering with IHPME faculty to unpack integrated care program theory and understand best practices in knowledge synthesis. Together they are engaging a 'realist review' approach by first highlighting key processes and considering how contextual factors effect success or failure. They are assessing existing evidence to see "what is really going on" and extracting common elements for feedback into an integrated care evaluation plan.

Maritt is meeting with stakeholders representing the many moving parts and strategies at play in Ontario. She regards IHPME as "a key leader in education, research and knowledge production to improve what this project is all about. We're fortunate to collaborate with leading researchers like Walter Wodchis and Ross Baker who provide a wealth of knowledge."

Maritt Kirst's academic and professional career has focused on research and evaluation of programs addressing the health of vulnerable populations. Following a University of Toronto PhD in Sociology, she conducted postdoctoral work at the Centre for Research on Inner City Health, St. Michael's Hospital, Toronto. Maritt worked as a research scientist evaluating effectiveness of Smoke-Free Ontario strategy programs, and on a national research demonstration project of a Housing First intervention—the At Home/Chez-Soi project.

IHPME & TC-CCAC

"THE CHALLENGES WITH EVALUATION ARE IN THE TRANSLATION OF KNOWLEDGE BACK INTO USE. WE CAN RESEARCH AND SYNTHESIZE BUT THE GREAT THING ABOUT THE PARTNER POSITION IS THAT THIS KIND OF WORK CAN ACTUALLY BE FED BACK AND USED BY THE PROGRAMS AT TC-CCAC."

MARITT KIRST, PhD
Research Lead,
Client Experience and Outcomes
Toronto Central Community Care Access Centre
Assistant Professor, IHPME and Dalla Lana School of Public Health, University of Toronto

Kerry Kuluski keeps the road between the Bridgepoint Collaboratory for Research and Innovation and IHPME well travelled. In the second year of a partnered position that initiated in September 2013, Kerry is hitting stride in what she calls “creating a space for change.” She is building the partnership by introducing IHPME students into active learning environments at Bridgepoint and by bringing real-work learning back into courses at IHPME.

Complex Paradigms of Health and Care

Kerry’s work reflects the myriad needs and fragmented experiences of people with multiple, complex health conditions as they journey through the health system. She is highly involved in research that examines the needs and experiences of people with complex chronic conditions, their families and care providers. From this vantage point she is asking “How can the health system do better?” Her work demonstrates a driving compassion and commitment to designing and evaluating new care models that respond to the expressed needs and concerns of patients and their caregivers.

“You can’t separate health from healthcare” is the mantra Kerry brings from the research lab to her health policy students when teaching on topics such as the social determinants of health.

She and co-instructors Paul Williams and Fiona Miller approach their teaching through a mix of lectures, small group learning and panel discussions with leading health and social care experts. They provide students a conceptual toolkit to analyze health policy topics from a variety of perspectives.

The learning lab at Bridgepoint extends the classroom’s “safe environment to have constructive conversations, to take time to think, to let information percolate and digest.” With a culture that ‘celebrates all you can’ including small milestones and manageable tasks, the lab is a hub of IHPME collaboration.

Kerry regards IHPME and Bridgepoint as places where she “can act as both mentee and mentor.” She works in an environment with Bridgepoint trailblazers like Marian Walsh (CEO), Renée Lyons (Founding Chair in Complex Chronic Disease and Scientific Director, Emeritus) and Ross Upshur (Scientific Director, Associate Professor IHPME). Several IHPME faculty members, graduate and post-doctoral students are consistent contributors. Kerry’s work is supported by two grants for research on complex and chronic care populations, led by Walter Wodchis, IHPME.

The learning lab is a vital centre for academic, clinical and operational activity and exploration.

"IT IS IMPORTANT TO CREATE A SAFE AND COLLABORATIVE ENVIRONMENT WHERE PEOPLE CAN TEST NEW IDEAS, BLAZE NEW PATHWAYS AND HAVE FAITH IN THE UNPREDICTABLE PROCESS. IHPME AND BRIDGEPOINT HAVE CREATED SPACE FOR ME TO BE THAT KIND OF MENTOR."

KERRY KULUSKI, MSW, PhD
Research Scientist
Bridgepoint Collaboratory for Research and Innovation
Assistant Professor, IHPME

In roles as Research Scientist and Assistant Professor, Kerry Kuluski draws on her PhD in Health Services Research from IHPME and her Postdoctoral Fellowship at Bridgepoint Health — in addition to a Fellowship at the University of Oxford with the Health Experiences Research Group.
The CCHE and IHPME hosted two prestigious international workshops in 2014. The 6th Annual Health Econometrics Workshop (AHEW), one of the premier meetings for researchers working in applied methods in health economics and econometrics, was held September 25th-27th at University of Toronto. This was the first time AHEW has been held outside the US, and the meeting broke attendance records. Attendees were drawn from universities across Canada, think tanks, such as RAND, decision maker organizations such as the Ministries of Health and the US Federal Trade Commission as well as Associations, such as the OMA. The conference included a paper co-authored by James Heckman, a Nobel Laureate in Economics.

In partnership with the University of Washington, we invited Professor Anirban Basu, a leading statistician, to deliver a sponsored THETA-CCHE seminar that was open to the broader IHPME community. CCHE also hosted the Fifth Biennial Workshop on Social Capital and Health in partnership with IHPME, the Faculty of Medicine, and the Baycrest Geriatric Centre. This workshop on Social Capital and Healthy Aging fostered international collaboration among researchers and benefited from the contribution of IHPME affiliated faculty and students.

CCHE was pleased to host visiting faculty from other institutions and to provide funding support for student fellows to present research at international meetings. The CCHE Friday seminar series which will continue next year was highly successful with visiting speakers from across Canada and internationally.

The University of Toronto Joint Centre for Bioethics (JCB) is a partnership between the University of Toronto and affiliated health care organizations. The JCB studies important ethical, health-related topics through research and clinical activities with a mission of providing leadership in bioethics research, education, practice and public engagement. The JCB is a network of over 180 multidisciplinary professionals seeking to improve health care standards at both national and international levels.

2014—A Progressive Year

The past year has been significant for the JCB, leading with its re-designation as a World Health Organization (WHO) Collaborating Centre for Bioethics for the period of April 2014 to March 2018.

The year marked the appointment of Jennifer Gibson as Director. Jennifer also serves as Associate Professor with IHPME. She was Associate Director of Partnerships and Strategy at the JCB prior to this appointment. Jennifer also co-founded the Global Network of WHO Collaborating Centres for Bioethics and co-directs the Societal Values and Public Program of the Canadian Centre for Applied Research in Cancer Control.
IHPME scholarship strengthens research initiatives via collaboration with experts, providers and policy-makers from a wide variety of sectors. Our programs are preparing new generations of health care leaders to take the helm.
## 2014 DOCTORATES

### CLINICAL EPIDEMIOLOGY & HEALTH CARE RESEARCH

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IHPME PROGRAMS

RESEARCH DEGREES

MSC IN HEALTH POLICY, MANAGEMENT AND EVALUATION
- Clinical Epidemiology and Health Care Research
- Health Services Research
- Health Technology Assessment and Management
- Quality Improvement and Patient Safety

PHD IN HEALTH POLICY, MANAGEMENT AND EVALUATION
- Clinical Epidemiology and Health Care Research
- Health Services Research

PROFESSIONAL DEGREES

MHSC IN HEALTH POLICY, MANAGEMENT AND EVALUATION
- Health Administration
- Combined Health Administration and Social Work Program

MHI IN HEALTH POLICY, MANAGEMENT AND EVALUATION
- Health Informatics

COLLABORATIVE PROGRAMS

INTERDISCIPLINARY COLLABORATIONS FOR SPECIALIZED DIPLOMAS
- Aging, Palliative and Supportive Care Across the Life Course
- Bioethics
- Cardiovascular Sciences
- Global Health
- Women's Health
- Health Care, Technology and Place
- Health Services and Policy Research
- Musculoskeletal Sciences
- Public Health Policy
- Women and Gender Studies
Working with its seventh cohort in 2014, MHI is one of Canada’s few professional, graduate-level health informatics degree programs. MHI faculty includes cross-appointed individuals from the Faculty of Information (iSchool) at University of Toronto, as well as dozens of adjunct faculty drawn from senior health care leadership roles.

Representing a cross-section of the health sector, with a mix of clinical and non-clinical backgrounds, MHI students participate in an accelerated 16-month full-time program. They graduate with combined expertise in health systems and applied knowledge in information and communication technologies.

In addition to problem-based learning via lectures, seminars, case studies, computer labs and on-line learning, students are involved in four-month professional practicum placements. These engagements provide experiential learning under the mentorship of leading health informaticians within government, health service provider organizations and the private sector.

In 2014, MHI students worked in numerous practicum placements, under the supervision and mentorship of top health sector executives.

• Centre for Addiction and Mental Health (CAMH) hosted a group of 6 students to focus on a systems integration project.

• Other practicum placements included:
  Ministry of Health and Long Term Care (MoHLTC), eHealth Ontario, St. Michael’s Hospital, KPMG, Canadian Institute for Health Information (CIHI), Centre for Global eHealth Innovation, Public Health Ontario, University Health Network/SIMS, Hospital for Sick Children, and Vancouver Coastal Health.

Many organizations hired or offered employment to students directly from practicum extensions or as a result of summer placements and/or recommendations.

The Master of Health Science in Health Administration program brings business and management principles into alignment with a health services focus. A two-year graduate program, MHSc allows high-achieving professionals to earn a degree without interruption of careers.

• Classmates include managers and professionals from all segments of the public and private health sectors. The program is competency-based and emphasizes experiential learning with real-work exposure and achievement.

• In 2014, MHSc students were engaged in a range of practicum placements, under the supervision and mentorship of top health sector executives.

• Graduates are equipped with a solid foundation in key areas of leadership knowledge including: health policy and economics, health care trends and issues, strategic planning, change management and quality, marketing, outcomes and evaluation, human resource management, information systems, accounting and finance, and quantitative decision-making methods.

A faculty and guest faculty of leading researchers, including the foremost thinkers, researchers and practitioners influencing our health care system today, bring their innovative thinking to MHSc teaching.

In November 2014, the MHSc Health Administration Program was awarded a seven-year accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME). This is the highest possible ranking.

CAHME Accreditation Award ensures program excellence—the integration of the field of practice into all aspects of the program, facilitated by strong relationships with leading health care practitioners, provincial and national organizations.
CEHCR

CLINICAL EPIDEMIOLOGY & HEALTH CARE RESEARCH

Program Director: Sharon Dell

Throughout 2014, Clinical Epidemiology researchers and graduates have been focusing on bringing diagnostic improvements, treatment enhancements, and a greater range of integrated responses to clinical situations.

- Students are 100% clinically trained and receive unsurpassed funding support. More than 80% are awarded competitive peer-reviewed research fellowships to pursue training. Students reflect an exceptionally high rate of successful grant applications and quality peer-reviewed publications.

- Faculty includes more than 80 leading clinical epidemiology researchers spanning multiple departments, disciplines, and institutions.

- Graduates hold faculty positions in prestigious institutions in North America and beyond and most begin their research careers with prestigious peer-reviewed salary awards from major funding bodies.

CEHCR is building with new faculty who are teaching and supervising students and interacting with IHPME on research.

HSR

HEALTH SERVICES RESEARCH & MANAGEMENT

Program Director: Jan Barnsley

As the largest graduate program in health services research in English Canada, Health Services Research (HSR) is offered as a concentration at both the Master of Science and Doctoral level, preparing students for academic, research and planning positions in both the public and private sectors.

Forging a strong interdisciplinary base, the graduate program combines intensive graduate training in HSR with advanced training in academic disciplines such as economics, industrial relations, law, financial and human resources management, epidemiology, organizational behavior, political science, sociology and information studies. The HSR MSc/PhD program provides depth and breadth in student education that is supported through Primary Areas of Collaboration (PAS).

There are six primary areas of concentration: Health Policy, Health Economics, Health Services Outcomes and Evaluation, Health Services Organization and Management, E-Health Innovation and Information Management, and Health Technology Assessment.

Students have a wealth of opportunities to be involved in research projects and to access experts from a range of disciplines through IHPME entities such as the Health System Performance Research Network and the Canadian Centre for Health Economics; the latter also sponsors popular weekly student seminars. The collaborative programs are complemented by interdisciplinary programs involving a range of graduate units, departments, centres, or institutes at the University of Toronto.
MSc HTA

THE MSC IN HEALTH TECHNOLOGY ASSESSMENT & MANAGEMENT

Program Director: Wendy Ungar

The MSc in Health Technology Assessment & Management (HTA) offers a concentration in an applied, policy-oriented field of research that examines the clinical, economic, ethical, legal and social implications of the diffusion and use of specific procedures, services or techniques in health care.

The MSc HTA degree is offered within the framework of the Ulysses Program, offering multicultural exposure to the principles, methods and impacts of international health technology assessment and management.

The Ulysses Program, now with its seventh cohort, brings students and faculty from around the globe together for four concentrated modules to learn and exchange knowledge on health technology assessment.

• From May 5 through May 16, 2014 fifteen students from Canada, Italy, Spain, Slovakia, Slovenia, Russia, Malaysia, China, and Saudi Arabia visited Toronto to participate in two courses.

• The students have completed their first year of the two-year program, with modules in Montréal and Toronto, completed a third module at Università Cattolica del Sacro Cuore, Rome, in October and in May 2015 will complete their final two courses at the University of Barcelona.

In addition to imparting essential HTA knowledge and skills, the program provides an unparalleled opportunity to learn about how HTA is conducted around the globe and the particular issues facing health care systems in different countries.

While the language of instruction is English, the spirit is truly multi-national.

www.ulyssesprogram.net

QIPS

QUALITY IMPROVEMENT & PATIENT SAFETY

Program Director: Ross Baker

MSc QIPS, one of Canada’s first programs focusing on quality improvement (QI) and patient safety, is now working with its third cohort—having accepted 27 students this year comprising a mix of clinicians and other health professionals.

• Kaveh Shojania and Ross Baker are members of the Health Foundation (London) Improvement Science Development Group to support innovative QI program development.

• In partnership with the Centre for Quality Improvement and Patient Safety, IHPME is one of the first academic subscribers to the BMJ Quality Improvement Reports (QIR). MSc QIPS participates in this online journal to assist students and alumni with publishing QI projects. http://quality.bmj.com/getstarted.

• During a 2013-2014 Harkness/Institute for Health Care Improvement (IHI) Fellowship in Health Care Policy and Practice, Chris Hayes, co-instructor with Ross Baker developed a tool to help organizations assess and create more sustainable improvement initiatives. His work is being introduced to MSc QIPS coursework.

• The Leading Change course, led by Tina Smith and Surjeet Rai-Lewis, has been redesigned to meet past students’ expressed needs to practice, apply and evaluate effective change leadership and management competencies at the micro, meso and macro levels of health care organizations. Many MSc QIPS and MHSc students are taking a new elective on ‘Crucial Conversations’ and ‘Influencer’ techniques to enhance change leadership competence.

• The class of 2014-2015 started QIPS conversations on Twitter @IHPMEqips or visit: http://ihpme.utoronto.ca/academics/rd/qips-msc/qips-conversations/
LEARN MORE AT
IHPME.UTORONTO.CA

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Help us to help all of us. We have our sights set on making contributions to student development, rewarding high-achievement programs in health care and to growing bodies of knowledge.

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You may choose to direct your support to any of our general, alumni or specific award funds. We truly appreciate your donations. You help make it all possible.

APPLY

Visit our academics pages online to review our research and professional areas of study.

WWW.IHPME.UTORONTO.CA/COMMUNITY/STUDENTS/APPLY

Individual IHPME programs provide notes and guidelines as to who is best suited to apply. Welcome.
We want to hear from you.

Join the IHPME community including students, alumni and faculty on LinkedIn.

Follow IHPME on twitter @ihpmegsu

A year of connecting.

2014 brought almost 1,000 LinkedIn group members, 2,700 newsletter readers and a strong wave of support for the newly branded website that showcases the IHPME community focus.

RECEIVE OUR MONTHLY NEWSLETTERS EMAIL IHPMESG@UTORONTO.CA TO JOIN.

Visit ihpme.utoronto.ca/impact/vignettes to experience video vignettes featuring the IHPME community.

For more information on connecting with IHPME visit our Connect page online.

ihpme.utoronto.ca/community/connect