

IHPME CONNECT 03.2016

DR. ROB FOWLER RECOGNIZED FOR HIS
OUTSTANDING EFFORTS IN FIGHTING
INFECTIOUS OUTBREAKS

IHPME PROFESSOR APPOINTED TO ORDER OF ONTARIO

He let it go to voicemail. There can be mixed feelings when your phone shows the government is calling. In any case, Dr. **Rob Fowler**, an associate professor at IHPME, was already busy working as a clinical care physician in the intensive care unit at Sunnybrook Hospital. When the phone rang again, he answered the call and learned of an honour that he feels belongs to everyone at IHPME: an appointment to the Order of Ontario.

“This award validates and recognizes the contributions so many people at IHPME are making to health care in Canada, and around the world: [Adrienne Chan](#), Sharmistha Mishra and [Mike Schull](#) who work in resource-challenged environments; [Ross Upshur](#), [Allison McGeer](#), David Fisman, [Mona Loutfy](#), Sharon Wamsley, [Matt Muller](#) and [Beate Sander](#) who have been at the forefront of so many infectious outbreaks - SARS, H1N1, MERS-CoV and Ebola,” says Fowler. Indeed, the government press release cited these types of contributions, noting “a vital clinical and research role during the recent Ebola outbreak in West Africa and in the SARS crisis in Toronto in 2003.”

In fact, Fowler’s recent experience in West Africa has reinforced his belief that, with the wealth of experience and expertise in Toronto, IHPME has a special role to play in educating a generation of health care professionals who can work collaboratively across disciplines to contribute to fight infectious disease outbreaks.



Clinical care is essential to epidemic response

“Patient care is almost never the most important component of controlling an outbreak. Infection prevention always has more impact. Yet, in treating patients early in the outbreak, you had the strong sense that patients just did not need to die. If there had been the ability to treat patients the way we can treat them at Toronto hospitals, supporting the organs while the immune system develops antibodies, most could survive. Early in the outbreak, with mortality at 70 to 80 per cent, there was a lot of nihilism about the possibility of very sick patients surviving and an uphill struggle to focus on better individual patient care.”

Fowler points out that two years later, we know that among patients treated for Ebola in Western Europe and the USA, the mortality rate has been under 20 per cent. He points out that showing this clinical epidemiology in action during an outbreak is the most powerful way to change people’s perceptions.

Retaining and recruiting enough skilled health workers is also difficult. “The first hospital we went to, in March 2014, in Guinea there were only about six patients left in the whole hospital; and, they were health workers with severe Ebola. Often when Ebola arrives, almost everyone disappears. With an initial mortality rate that was so high, people don’t even want to present for care, they think, ‘if everyone dies, why go to a hospital?’”

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During the outbreak, numerous media reports pointed to local resistance to international aid, and even threats of violence against health care workers. Fowler believes that by lowering the mortality rate through better clinical care, the public is more likely to buy into the overall plan to address the epidemic. When the disease is seen as treatable, people are less likely to, for example, break a loved one out of a treatment unit. They are more willing to present for care, helping to interrupt disease transmission in the community — a rare time when clinical care can actually influence public health.

Beyond Ebola: New Interdisciplinary Course At IHPME

IHPME faculty Adrienne Chan and Sharmistha Mishra are now turning a research focus towards improving care for Ebola survivors — there are now thousands in West Africa — with the support of the Canadian Institutes of Health Research. Survivors experience a range of chronic conditions, including loss of vision, hearing and joint pain. Some also carry the virus for months after their own recovery, a risk to them, and potentially others, that needs to be better understood.

IHPME has the kind of interdisciplinary learning that will be essential to fighting future epidemics. He points out that while the experience of SARS was tough for Toronto, it has left a legacy of expertise that has made Toronto a natural global leader in infectious outbreaks. For example, when Middle East Respiratory Syndrome emerged in Saudi Arabia, one of the first calls was to Dr. Allison McGeer, a U of T Professor of Laboratory Medicine and Pathobiology and head of infection control at Mount Sinai Hospital. When Ministries of Health and NGOs in West Africa were struggling to come up with an ethical framework to guide scarce resource use, the WHO looked to Dr. Ross Upshur, former Director of the University of Toronto Joint Centre for Bioethics, to help.

“There may be no better place in the world than IHPME to offer an interdisciplinary course on epidemic response and infectious disease control. Ebola showed just how critical the intersections of clinical care, health services, public health, community engagement, ethics, and clinical epidemiology are. With an interdisciplinary focus and a coordinated collaborative response, you alter the course of outbreaks.

Dr. Rob Fowler: Lessons from the International Ebola Response

Work Together

“No single discipline could do enough to change the direction of the outbreak by themselves.”

Do Good

“Rather than focus solely on one area, investments must be made in many – in both public health and clinical care, especially in developing countries. In West Africa, patients were originally put into spaces referred to as ‘isolation units’, not ‘treatment units’. That does not inspire confidence. In some cases, local communities burned down the isolation units.”

A goal for me is to extend this expertise to Canadian trainees and increase our ability to recruit and support international students. IHPME and DLSPH offers a place where all this comes together.”

MAKING A DIFFERENCE FOR A SYRIAN FAMILY

LIFELINE SYRIA CHALLENGE

IHPME — along with others from across the Dalla Lana School of Public Health (DLSPH) — have formed a team and are taking steps to make a tremendous difference for one Syrian family.

As Syrian refugees come to Canada to build new lives, they need immediate, essential services and long-term support to ensure their successful settlement and integration into Canadian society. This is where the Dalla Lana community can help.

IHPME faculty, staff, students and alumni — along with others from DLSPH — have come together to form Team DLSPH. This team hopes to sponsor a Syrian refugee family through the University of Toronto’s involvement, with other Toronto-based Universities, in the Ryerson University Lifeline Syria Challenge (RULSC).

Team DLSPH is looking for volunteers to contribute their time and for donations to meet their financial target of \$50,000 to support one family during their first year in Canada. You can learn more about Team DLSPH, volunteer your time or donate by going to their website www.dlspHLifelinesyria.ca/

A tax receipt will be provided by RULSC for all donations made through the website and all the funds will be spent supporting Syrian refugees.

Do No Harm

“During the SARS outbreak in Toronto so much transmission happened within the hospital system. MERS has spread widely within some hospitals in the Middle East and in South Korea - highly developed health care systems. Infection prevention and control is such an important aspect of safe healthcare.”

Messaging Matters

“We need to improve our communication skills, our public health and medical marketing skills, our community engagement and social mobilization skills. In West Africa, it took too long to get it right. Without trust, we cannot effectively engage the community in changing health behaviours. Without reaching the world, we cannot entice help to where it is most needed.”



BRINGING QUALITY IMPROVEMENT TO PERSONAL SUPPORT WORKERS



Connie Clerici, president and chief executive officer at Closing the Gap

Personal support workers (PSWs) across Ontario will soon have access to a comprehensive, online course on quality improvement – thanks to a generous donation from [Closing the Gap Healthcare](#).

The company has committed to contributing, over the next three years, to a new e-learning fund which will be administered by

the Institute of Health Policy, Management & Evaluation (IHPME) at the University of Toronto. This fund will support the development of a new course which will address quality improvement theory, principles and best practices, while incorporating relevant case studies and examples. This course will be the first to tailor quality improvement training to the specific needs of PSWs.

“This is an exciting opportunity for personal support workers and other home care providers,” said Connie Clerici, president and chief executive officer at Closing the Gap. “Our support of IHPME’s new training program will provide further skills and knowledge to develop solutions to make health services more efficient, sustainable and accessible to as many people as possible.”

Read the full story [here](#).

MONITORING POPULATION HEALTH



Monitoring Population Health panel

On February 26, IHPME and the Dalla Lana School of Public Health, along with the School of Public Policy & Governance, hosted a forward-thinking panel in the Health Sciences Building entitled “Monitoring Population Health: What Can Ontario and New York Learn from Each Other?”

Moderated by Professor and Ontario Research Chair [Greg Marchildon](#), the panel brought together three scholar-practitioners from Canada and the United States – IHPME Professor and Public Health Ontario President and CEO Dr. [Peter Donnelly](#), New York State Medicaid Director Jason Helgerson, and U.S. Fulbright Scholar Cheryl Camillo, representing both IHPME and Saskatchewan’s Johnson-Shoyama Graduate School of Public Policy.

The panelists spoke to the potential for cross-national exchange of health system reforms at the provincial and state level of government. According to Marchildon and Camillo, the potential for productive exchange at the substate level is strong due to changes brought about by the Affordable Care Act (ObamaCare) that have prompted at least some U.S. states to become of their health systems in a similar manner to provinces.

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Like many of their peers, the governments of Ontario and New York are engaged in high profile initiatives to improve population health by addressing the social determinants of health; financing quality, affordable, patient and community-centered, integrated health care and services; and reducing inequities and disparities.

Donnelly and Helgerson outlined their agency's initiatives and strategic plans, highlighting relevant experiences, including with reorienting delivery, payment and data systems around high need populations.

Some in the audience of 70-100 faculty members, students, and Ontario health system practitioners and leaders expressed their enthusiasm for pursuing further, more detailed comparative study.

CALL FOR PRACTICUM PLACEMENTS

HOST AN MHI STUDENT

Help your organization and support health informatics' next leaders. Master of Health Informatics (MHI) students bring knowledge, skill and energy to your team. Contact us now to host a 16 week practicum placement starting in May.

For more information about the MHI practicum program email Twylla Bird-Gayson at t.bird.gayson@utoronto.ca

Details available: <http://ihpme.utoronto.ca/academics/pp/mhi/practicum/>

SUPPORT IHPME

The Institute of Health Policy, Management & Evaluation, as part of the Dalla Lana School of Public Health, is the first Canadian public health school to launch its own fundraising campaign. With the support of our generous donors, our *Boundless Campaign* will enable IHPME to continue shaping the training and research in health systems, management and policy.

For more information on how you can get involved, give annually, create a named fund, or consider the School in your estate planning, please contact **Beth McCarthy, Director of Advancement** at beth.mccarthy@utoronto.ca or visit [IHPME Donate](#) or [Support/Campaign and Online Giving](#). Thank you for your support!

DALLA LANA SCHOOL OF PUBLIC HEALTH HOSTS DISTINGUISHED PANEL ON HEALTH SYSTEM INNOVATION

CAN WE INNOVATE OUR WAY TO A SUSTAINABLE HEALTH SYSTEM?



DLSPH's recent Dean's Leadership Series event featured David Naylor — pictured above, fourth from left.

An expert panel of thought leaders with distinctive viewpoints on Canada's healthcare system met on February 3, 2016 at the University of Toronto to address the question: can we innovate our way to a sustainable health system?

More than 350 students, alumni, faculty, staff and partners attended the event where this question, posed by Dr. David Naylor, University of Toronto President Emeritus, guided discussion at the Dean's Leadership Series inaugural event, which was presented by the Dalla Lana School of Public Health (DLSPH). Dean Howard Hu's aim for the series is to educate Canadians on significant issues facing the health system and to stimulate discussion on how society can respond to these challenges.

"Canada is not well-positioned to respond to these forces," he concluded, summarizing input heard during the advisory panel's stakeholder consultations.

Professor [Adalsteinn Brown](#), Director of the Institute of Health Policy, Management and Evaluation, moderated a panel discussion, pressing each member to explain how the system can evolve beyond a zero sum game and affect significant change.

Read the full story [here](#).

[Click here](#) for photos from the Dean's Leadership Series.

THESIS DEFENSES

MSc

Michelle Scholzberg (supervisor Andreas Laupacis)
The Influence of Socioeconomic Status on Selection of Anticoagulation for Atrial Fibrillation: A Population Based Study

Michael Zyweil (supervisor Peter Coyte)
The Health Economic Implications of Perioperative Delirium in Older Orthopaedic Surgery Patients with Fragility Hip Fractures

PhD

Carol Oliveira (supervisor Paul Wales)
Clinical Outcomes of Pediatric Intestinal Failure Management after Implementation of a Multidisciplinary Intestinal Rehabilitation Program

FACULTY APPOINTMENTS

Adjunct Lecturer

New

Melanie de Wit
Chris Hill
Jeffrey Mosko
Joanne Zee

Renewal

Stephanie Kovalchuk
Charissa Levy
Neil Seeman
Polly Stevens

Adjunct Professor

Renewal

Leslie Boehm
Peter Catford
Nancy Kraetschmer
Andreas Maetzel
Gilbert Sharpe

Assistant Professor (Status)

New

John R. de Almeida
Jacob A. Udell

Renewal

Howard Berger
Cornelia Borkhoff
Alexandra Easson
Ruth Hall
Winnie Seto
Harindra Wijeyesundera

Associate Professor (Status)

New

Adrian Brown
Nanette Okun

Renewal

Dorcas Beaton
Joseph Cafazzo
An-Wen Chan
Janet Durbin
Cohen Eyal
Sheilah Hogg-Johnson
Lorraine Lipscombe
Paul Nathan
Geoffrey Nguyen
Baiju Shah
Nadine Shehata
Lianne Singer
Matthew Stanbrook
Duminda Wijeyesundera

Professor (Status)

New

Martin Koyle

Renewal

Nancy Baxter



FACULTY NEWS

Congratulations to [Don Willison](#), the new interim Associate Director for Clinical Epidemiology & Health Care Research. As announced earlier, [Rob Fowler](#) is the new Director of the Clinical Epidemiology & Health Care Research Program which was formerly led by Sharon Dell.

[Audrey Laporte](#) has assumed the role of Director of the Health Services Research MSc/PhD Program. [Jan Barnsley](#), the previous Program Director, will remain as the Lead for the Outcomes and Evaluation Primary Area of Study.

[Beate Sander](#) has assumed the role of Lead of the Health Technology Assessment Primary Area of Study which was previously held by Jeffrey Hoch and Wanrudee Isaranuwachai.

PUBLICATIONS

Incardona N, [Bean S](#), Reel K, Wagner F
JCB Discussion Paper
[An Ethics-based Analysis and Recommendations for Implementing Physician-Assisted Dying in Canada](#)

Innis J, [Berta W](#)
J Nurs Manag
[Routines for change: how managers can use absorptive capacity to adopt and implement evidence-based practice](#)

Ginsburg L, Berta W, Baumbusch J, Dass AR, [Laporte A](#), Reid RC, Squires J, Taylor D.
Gerontologist
[Measuring Work Engagement, Psychological Empowerment, and Organizational Citizenship Behavior Among Health Care Aides](#)

Brignardello-Petersen R, Carrasco-Labra A, [Jadad AR](#), [Johnston BC](#), [Tomlinson G](#).
J Clin Epidemiol
[Diverse criteria and methods are used to compare treatment effect estimates: a scoping review](#)

Steele Gray C, Khan AI, [Kuluski K](#), McKillop I, Sharpe S, [Bierman AS](#), [Lyons RF](#), Cott C
JMIR Res Protoc
[Improving Patient Experience and Primary Care Quality for Patients With Complex Chronic Disease Using the Electronic Patient-Reported Outcomes Tool: Adopting Qualitative Methods Into a User-Centered Design Approach](#)

[Schwartz R](#), [Deber R](#)
Health Policy
[The performance measurement-management divide in public health](#)

[Straus SE](#), Kastner M, Soobiah C, Antony J, Tricco AC.
J Clin Epidemiol
[Engaging researchers on developing, using and improving knowledge synthesis methods: Introduction to a series of articles describing the results of a scoping review on emerging knowledge synthesis methods](#)

[Trbovich PL](#), Griffin M
BMJ Qual Saf
[Measuring and improving patient safety culture: still a long way to go](#)

EVENTS

IHPME Seminar with Dr. Daniel Werb

[Preventing socially communicable conditions through policy-level approaches: An emerging research agenda](#)
March 8, 2016
12:30 pm to 1:30 pm
HS 412

Details available: <http://ihpme.utoronto.ca/events/ihpme-seminar-with-dr-daniel-werb/>

Lunch & Learn with Kaveh Katebian

March 10, 2016
12:00 pm to 1:00 pm
HS 460

Kaveh Katebian, Partner at Beaconsfield Group, is principally focused on developing and implementing strategies that improve care quality, reduce spending and increase access to innovative technologies.

Details available: <http://ihpme.utoronto.ca/events/lunch-learn-with-kaveh-katebian/>

CCHE Seminar Series

CCHE seminars are held every Friday, from 10 a.m. to 12:00 p.m. Please note the upcoming seminars.

[Mo Hussain](#), March 11, 2016

[Jeffrey Hoch](#), March 18, 2016

[Beate Sander](#), April 1, 2016

Details available: <http://www.canadiancentrefortheconomics.ca/learn/conferences-and-seminars/cche-seminar-series-15-16-2/>

More event listings on next page...



EVENTS

Gender and Public Policy Conference

March 18, 2016

12:30 pm to 5:00 pm

14 Queen's Park Crescent, Canadiana Gallery, Room 160

The Gender and Public Policy Initiative at the School of Public Policy and Governance at the University of Toronto will be hosting a Graduate Students' Conference on Friday, March 18, 2016. This year's conference — entitled *Exploring Intersections of Gender, Public Policy, and Agency* — will feature University of Toronto graduate students and faculty discussing how policy can increase the agency of women sexually, economically and in the public realm.

Additional information about the conference and registration can be found here: <https://www.eventbrite.ca/e/gender-and-public-policy-conference-tickets-22333656568>

South Africa – Canada Health System Comparisons

April 4, 2016 | 4:00 pm to 5:00 pm

April 5, 2016 | 11:30 am to 12:30 pm

April 7, 2016 | 11:30 am to 12:30 pm

All sessions will be held in HS 208

This three-part seminar series will draw upon topics of equity and sustainability in the South African and Canadian health systems.

These one hour sessions are hosted by IHPME Director, **Adalsteinn Brown**, IHPME Senior Fellow **Terrence Sullivan** and Adjunct Professor, Joint Centre for Bioethics, Solomon Benatar.

Details available: <http://ihpme.utoronto.ca/events/south-africa-canada-health-system-comparisons/>

WE'D LIKE TO HEAR FROM YOU

Our monthly newsletter profiles members of the IHPME community and lists upcoming events.

We're pleased to receive submissions of 400 words or less for consideration in upcoming editions. If you'd like your event listed, please send full details.

Contact: rhonda.cockerill@utoronto.ca and ihpme@utoronto.ca

Health Policy Rounds

Please mark your calendars for our monthly rounds – the first Monday of every month – 12 p.m. to 1:30 p.m.

The next Health Policy Rounds will be held on **April 4th** and **May 2nd**.

Research Day 2016!

May 4, 2016

155 College Street, Health Sciences Building

Research Day is just around the corner! Come join us for an eventful day of networking and learning from your peers and industry leaders. This year's theme is innovation: *Why Innovate? Why Now?*

We're now calling for submissions and here's your chance to apply to present an oral presentation and/or poster about a project that you've worked on. Please apply by April 4th, 2016 at 5pm to <http://bit.ly/1RKFUNG>.

Be sure to check out [Poster Guidelines](#) and [Oral Presentation Guidelines](#). Simply submit a title and a 75 word abstract. All abstracts will be featured in the Research Day Program Booklet.

If you have any questions please contact Austin Nam, Chair, Research Day Planning Committee at austin.nam@mail.utoronto.ca

Details available: ihpme.utoronto.ca/events/ihpme-research-day-2016/

2016 National Forum on Simulation for Quality & Safety

May 30, 2016

Sheraton Gateway Hotel, Toronto Pearson International Airport, Terminal 3

Attendees should expect a dynamic program that includes an inspiring and informative lineup of presenters from Canadian leaders in simulation in hospitals, and plenty of social and networking opportunities. For more information, please contact education@SIM-one.ca. This event will be co-chaired by IHPME Director **Adalsteinn Brown**.

Details available: <http://www.sim-one.ca/simexpo/forum-2016>

Read the
DLSPH Bulletin

IHPME ON **flickr**

