

IHPME CONNECT 02.2017

GREG MARCHILDON LAUNCHES NAO

RAPID POLICY RESPONSE:

Scholar-practitioners “on call” to provide insight to decision makers

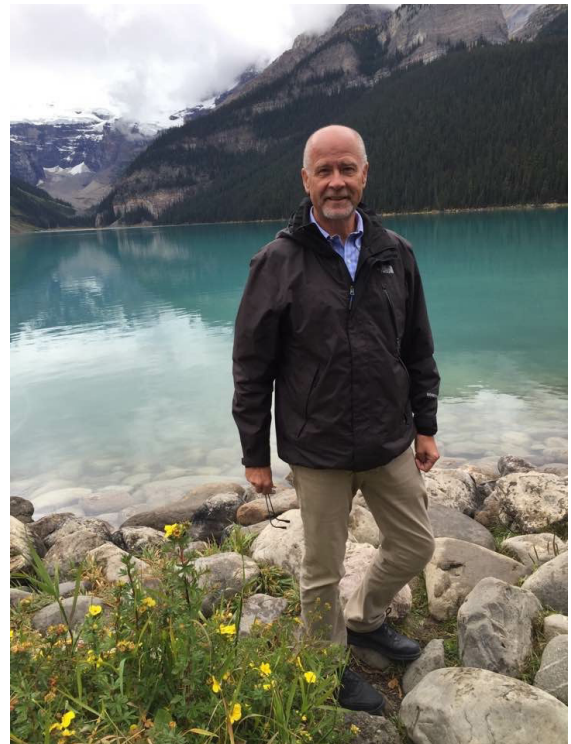
Provinces, territories and U.S. state governments face many common challenges in delivering health care, but for the most part, they’ve had only their own experience to guide decisions. There’s been no academically rigorous way of comparing performance with other systems across the continent, or understanding how they can learn from experimentation in other places. That’s about to change with the creation of the North American Observatory on Health Systems and Policies (NAO), to be housed at IHPME. It will generate “policy learning” by responding to requests from health system decision makers, as well as pursuing grants for conducting curiosity-based comparative research.

[Gregory \(Greg\) Marchildon](#), Professor and Ontario Research Chair in Health Policy and System Design at IHPME, will be answering the call when ministries and state departments of health need quick, accessible comparative research and analysis. It’s a role he’s familiar with. In addition to a background in academia, he’s also served as a deputy minister and cabinet secretary in the government of Saskatchewan, and as Executive Director of a federal Royal Commission on the Future of Health Care in Canada (the Romanow Commission).

As founding director of the NAO, he will tap into a network of other scholar practitioners in the U.S and Canada. When a request is received, a rapid response will be delivered within one to two weeks, consisting of an environmental scan, literature review and policy briefs. IHPME faculty member Jay Shaw will serve as head of research and Alexandru Titeu is NAO’s research officer.



**NORTH AMERICAN
OBSERVATORY**
on Health Systems and Policies



CONNECTNEWSLETTER

Research findings to be widely shared

The rapid response team will eventually include between 30 and 40 researchers in the U.S and Canada, covering a range of expertise. Those selected for a particular query would deliver a rapid response, and then later publish more extensive findings after further research into the topic. “This will produce relevant policy analysis that is accessible to a non-academic audience. Rather than beginning with a research question, it is more focused on solving a problem,” says Greg.

Hundreds of other researchers will engage with the NAO through grant applications that will bring academic rigour and methodology to comparing outcomes among various jurisdictions. These findings will be made widely available through a website. Already, this process has resulted in one major research initiative — a comparative policy analysis of programs supporting people with dementia and their unpaid caregivers in three provinces and two U.S. states.

The North American trend towards decentralization

The NAO’s goal of comparing health system performance in Canada, the U.S., and eventually, Mexico is based on successful models of health observatories in Europe and Asia, with some key differences. “In North America, the most useful comparisons are at the sub-national level. In other parts of the world, comparisons between countries are more common,” says Greg.

For various reasons, the time is right for increased comparison and collaboration in North America. In the United States, the Affordable Care Act has been a force for decentralization and greater local decision making. Even if the future of the legislation is uncertain, Greg points out that state governments increasingly see themselves as stewards of health systems, a

More on the next page...

trend that is unlikely to be reversed. While Canadians may see stark differences in U.S. political rhetoric on health care, the reality on the ground is that differences are not so pronounced. “In some states, with recent expansions in Medicaid, there is a higher proportion of public spending on health care than in Canadian provinces. There are also policy experiments happening in the U.S. that could be of great benefit to Canada.” Mexico is also moving towards decentralization, though they are moving from a place of highly centralized decision making to begin with, when compared to the U.S. and Canada.

International partnerships and a world of ideas

The NAO will create partnerships with its observatory counterparts in Europe and Asia to provide North American provinces, states and territories with exposure to ideas from abroad. “If they want comparisons with individual countries, or insights on an overseas initiative, we’ll be able to help with those questions,” says Greg. European initiatives which are already catching the interest of some provincial governments include the setting of health system performance and outcome targets as well as activity-based funding for hospitals.

Broad, diversified and self-sustaining

The NAO is already making plans for an annual Canadian health summit, to be held at the University of Toronto, which will report on the health system performance of provinces and territories. The goal is to someday also organize a North American summit. Greg points out that a major strength of the observatory approach is that the institution is self-reliant and does not depend on government funding. “The NAO will provide a systematic approach to disseminating immediately useful and relevant policy analysis in a way that is robust, diversified and self-sustaining,” he says. “This is policy learning — examining structures and policies that have proven to be effective and exploring how they might be adapted and refitted to work in environments which may have very different financing, administrative approaches and political cultures.”

AWARD

Congratulations to **Natasha Lane** (PhD Nov 2016) for winning 1st Place in the Banting Research Foundation Poster competition at the Clinician Investigator Trainee Association of Canada Young Investigators Forum for the following thesis paper: Lane NE, Wodchis WP, Boyd CM, Stukel TA. Disability in nursing home residents: The role of resident and nursing home characteristics.

Read the
DLSPH Bulletin

FACULTY APPOINTMENTS

New Appointments

Tony Antoniou – Associate Professor, Status-Only
Neill Adhikari - Lecturer, Status-Only
Jenna Evans – Assistant Professor, Status-Only
Teodor Grantcharov - Professor, Status-Only
Barbara Haas – Assistant Professor, Status-Only
Michaela Hynie – Associate Professor, Status-Only
Barbara Liu – Associate Professor, Status-Only
Diego Llovet – Assistant Professor, Status-Only
Shawn Mondoux – Adjunct Lecturer

Renewed Appointments

Andrea Baumann – Professor, Status-Only
Julie Gilbert – Assistant Professor, Status-Only
Stephen Hwang - Professor, Status-Only
Keyvan Karkouti - Professor, Status-Only
Girish Kulkarni – Assistant Professor, Status-Only
Emily Musing – Associate Professor, Status-Only
Michael Peterson – Assistant Professor, Status-Only
Samir Sinha – Associate Professor, Status-Only

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 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 **Ryan Lindsay, Senior Development Officer** at ryan.lindsay@utoronto.ca or visit [IHPME Donate](#) or [Support/Campaign](#). Thank you for your support!

IHPME ON flickr

IHPME IN THE NEWS

Ottawa reaches health-care funding deal with territories

The federal government will provide the Northwest Territories, Nunavut and Yukon with a total of \$36.1 million in new financial support for health care.

“It’s not like the federal health transfer has been replaced by the bilateral transfers,” [Greg Marchildon](#), Ontario Research Chair in Health Policy and System Design at the University of Toronto, told The Canadian Press recently.

Full story: <https://www.thestar.com/news/canada/2017/01/16/ottawa-reaches-health-care-funding-deal-with-territories.html>

Lots of baloney in claims that bilateral health deals could harm overall system

Do one-on-one deals with the provinces put Canada on a slippery slope towards disassembling universal health care?

Prof [Greg Marchildon](#) weighs in.

Full story: <http://www.timescolonist.com/lots-of-baloney-in-claims-that-bilateral-health-deals-could-harm-overall-system-1.7107193>

Doctors’ Notes: Why e-cigarettes are better than smoking but worse than nothing

Vaping is a bit of a wild west right now, making it tough for researchers to understand its health effects.

[Robert Schwartz](#) contributes to Doctors’ Notes.

Full story: https://www.thestar.com/life/health_wellness/2017/01/16/doctors-notes-why-e-cigarettes-are-better-than-smoking-but-worse-than-nothing.html

Helping Decision makers Bring Better Health

[Dr. Moriah Ellen](#), who teaches at the Jerusalem College of Technology, brings knowledge and experience on health issues from Canada.

Full story: <http://www.jpost.com/Business-and-Innovation/Health-and-Science/Helping-decision-makers-bring-better-health-477746>

FACULTY RETREAT



On Tuesday, January 31 over a hundred IHPME faculty, staff, students and alumni joined together for the annual IHPME Faculty Retreat. The half day event allowed all members to take part in presentations and discussions focusing on the current priorities within IHPME. Adalsteinn Brown, IHPME Director, led off the first session on *Self Evaluation of IHPME and Review of Priorities*. This was followed by *Student Funding Evolution* led by Rhonda Cockerill & Audrey Laporte, and a progress update of a new *Green Committee* led by Fiona Miller. The retreat provided attendees with opportunities for small group discussions and wide sharing of ideas on the various retreat topics. The retreat also showcased the evolving partnership between IHPME and Alumni, as both Jodeme Goldhar (outgoing SOG President), and Lee Fairclough (incoming SOG President) spoke on the mutual benefits of staying connected. The Society of Graduates was then recognized for their dedication to creating a meaningful and engaged alumni community. The celebrations continued as winners of the [Eugenie Stuart Faculty Awards](#) along with the [Society of Graduates Awards](#) were announced.

Save the Date
IHPME Education Day

Tuesday, April 4 | 8 am - Noon

PUBLICATION

[Schwartz R](#)

CMAJ January 30, 2017 vol. 189 no. 4 doi: 10.1503/cmaj.161203

[Legalize marijuana without the smoke](#)

EVENTS

Health Policy Rounds

February 7 | Noon - 1:00 pm | HS412 | Free

Rayzel Shulman - An Evaluation of the Universal Funding Program for Pediatric Insulin Pumps in Ontario

CCHE Seminar Series

Fridays | 10:00 am - Noon | HS100 | Free

Please note the upcoming seminars:

- [H. Jalal & F. Alarid-Escudero: February 10](#)
- [Nancy Reichman, February 17](#)

Seminar: Screening Strategies for Patients on the Kidney Transplant Waiting List

February 16 | 11:00 am - Noon | MB128 | Free

[Prof. Steven Schechter](#) (Sauder School of Business, UBC) will present research considering patients on the kidney transplant waiting list, who are at higher risk for developing cardiovascular disease (CVD), which makes them ineligible for transplant. Prof. Schechter will propose screening policies for these patients that minimize costs of screening and transplants to ineligible patients.

Location: Lassonde Mining Bldg, Room 128, 170 College St

POHR Seminar: Dr. Nav Persaud

February 22 | Noon - 1:30 pm | HS412 | Free

IHPME in collaboration with the McMaster Health Forum and the Ottawa Hospital Research Institute are pleased to host a Seminar as part of the Partnership for Health System Strengthening's program on Patient-Oriented Health Research & Innovation.

Living Well with Dementia - Toward Dementia-Friendly Policy

March 16 | 8:30 am - 2:00 pm | Ryerson University | \$

Joint Symposium: IHPME, CRNCC & HSPRN

This symposium tackles key assumptions around dementia and dementia care starting with the assumption that persons living with dementia are incapable of contributing to their own lives or the lives of others. It considers initiatives now being undertaken internationally, nationally and locally, to move beyond thinking about dementia as an individual medical condition, to dementia as a collective responsibility best addressed through the creation of dementia-friendly communities.

Resiliency & Change: Finding your Balance in a Dynamic Health Care System

March 20 | 5:00 pm - 7:00 pm | Holland Bloorview | \$

IHPME, the Society of Graduates (SOG) and the GTA Chapter of the Canadian College of Health Leaders (CCHL)

Featuring five experienced and compelling health care leaders who will share their personal stories and explain how future leaders can respond effectively to find balance during health system change. This event will borrow from the popular *TED Talks* format to give each leader 10 minutes to present and end with an opportunity for audience participation.

CALL FOR APPLICATIONS

2017-2018 COLLABORATIVE PROGRAM IN PUBLIC HEALTH POLICY

Become a part of a dynamic training and research community in Public Health Policy!

Engage with academic mentors, students and policymakers in governmental and non-governmental public health agencies to learn about real-world policy issues and public health policy agenda setting, and enhance the professional skills required to succeed in your profession.

Any student who has been accepted into a graduate-level program at the University of Toronto may apply.

For application forms and more information about the program, please visit our website or send your information request to publichealthpolicy@utoronto.ca.

Website: www.publichealthpolicy.utoronto.ca

Application Deadline: May 5, 2017 - 5:00 pm.

WE'D LIKE TO HEAR FROM YOU

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