

# IHPME CONNECT 03.2018

## NATIONAL PHARMACARE: SERIOUS STEP IN THE RIGHT DIRECTION FOR CANADIANS



The potential for a national Pharmacare plan has been set in motion after the federal government announced the creation of a [national advisory council on Pharmacare](#) as part of the 2018-19 budget.

While no funding has been attributed as yet, the creation of the advisory council chaired by previous Minister of Health and Long-term Care, Eric Hoskins, is a serious step in the right direction according to health policy expert and professor at IHPME, Gregory Marchildon.

“National Pharmacare addresses the unfinished business of Medicare, including not only improved access to medications for the working poor and part-time workers, but also lowered drug costs, and increased mobility for workers looking for jobs in other provinces. These individuals would no longer be limited in terms of career movement, by their drug coverage in a particular region or employment benefit plan,” said Marchildon, who is also Director of the [North American Observatory on Health Systems and Policies](#).

According to Marchildon a national coverage plan could fit one of two models, a single-payer plan implemented by the provinces and territories under a set of federal standards similar to our current Medicare coverage, or a federal program, regulated, financed, and administered by the federal government, and provided to Canadians directly.

“Now is the time to develop a comprehensive structure, as the differences in federal, provincial and territorial coverage plans grow, and as the breadth and depth of coverage in private, employment-based drug plans continues to decline,” said Marchildon.

[Watch Greg Marchildon on CTV National's federal budget coverage](#)

IHPME's Rebecca Biason spoke with Marchildon about his thoughts on the next stages in the process of a national Pharmacare plan.

*What does the advisory council need to focus on to move forward?*

The Parliamentary Committee on Health is about to release its report on a national Pharmacare program. Assuming the all-party committee recommends in favour, there may still be a need for a follow-up study on how a national plan might work so that we can construct the best administrative machine and determine what national Pharmacare would look like in terms of the breadth and depth of coverage.

The breadth of coverage would likely have to be broad as we take into consideration the variety of current plans available throughout the country. Any proposed Pharmacare plan would have to meet the expectations of those living with fairly good private or public coverage. Hopefully the recommendation would be to provide better coverage than that which the majority of Canadians have at present.

*What about co-payments or deductibles?*

This is probably the most difficult decision when it comes to building a national plan, and falls under the depth of coverage. The council would need to decide whether certain medications are free at the point of access, or whether they will require

*More on the next page...*

co-payments or deductibles. A tiered system might even be discussed, with classes of drugs, some free, some needing a minimal payment, and others a more substantial co-payment.

*How does Canada compare with other countries?*



Greg Marchildon

Countries like Australia and New Zealand already have national drug coverage plans, but they are managed in different ways, such as by agencies or crown corporations while many European countries already have drug coverage worked into their universal health plans.

The council will need to assess the way these countries have structured their plans and determine what will be most suitable for Canadians.

*What are some of the barriers ahead in creating a comprehensive plan?*

Pharmaceutical companies are going to be affected, as drug prices fall and cost controls come into effect under either coverage model. These companies can choose to work with the new plan, and maximize their benefits including providing drugs at lower prices but gaining the benefits of a larger market as more people have access to the medications they need. Or, they can choose to fight national Pharmacare from the beginning.

They are more than capable of sowing the seeds of doubt about the development of the plan and its impact on job losses, particularly in Ontario and Quebec, where most Canadian pharmaceuticals are manufactured. They can also lobby or otherwise influence politicians, ministers, provincial governments or other groups who might oppose such a plan.

There will likely be a very long road ahead leading into the 2019 election and the establishment of national Pharmacare.

## CALL FOR ABSTRACTS NOW OPEN

IHPME Research Day

### CONNECTING TO THE FUTURE

Leveraging Big Data and Artificial Intelligence  
to Transform Healthcare

Save the date:  
**May 2, 2018**

Call for Abstracts Feb 12th - Apr 9th



# IHPME STUDENT ENGAGEMENT:

**A Discussion with IHPME GSU President,  
Michael Lebenbaum**



Michael Lebenbaum (right) with Wendy Nelson of Vernissage Health, IHPME Moonshot 2017

Accepting the IHPME Graduate Student Union (GSU) presidency for the first time in 2017, PhD student Michael Lebenbaum knew one of the biggest challenges ahead would be integrating the range of interests and programs of study of the Institute's over 300 students.

"Starting in this role as President, I knew I had to acknowledge our students varied approaches to research and the breadth of their health related interests. Some are interested in qualitative, others in quantitative research. There are those who draw from the social sciences and others with primarily clinical interests, and there are professional students who are interested in the management of the health care system. In this way, IHPME is unlike many other departments at the University," said Lebenbaum, who is a second year PhD student in Health Services Research (HSR).

In the past, Lebenbaum notes, the IHPME GSU had been largely focused on students from the Health Services Research concentration, with little representation from the other programs particularly the professional streams. That has since changed, as the GSU has increasingly worked over the past few years to extend their programming and initiatives to students across the Institute.

"This year we extended our peer mentorship program to students in the Masters of Health Informatics program which is a professional stream," said Lebenbaum. "We are always looking to encourage student representation from each of the programs."

The IHPME Student Rounds, a new series led by GSU Vice-President Emmanuelle Arpin, is an example of a recently launched initiative geared towards the integration of the student community. Bringing in student speakers representing each area of concentration, from clinical epidemiology

and health policy to health economics and health systems research, the rounds have proven to be successful and encourage participation directly from the students themselves.

Lebenbaum highlights a recent student rounds event focused on proposal defenses and comprehensive examinations which was led by a panel of three students. "There was a great turnout for this event, and it provided a truly unique perspective for students on this particular subject area, as the panelists were all from different programs/concentrations, and were able to learn about what is required in each one," he said.

The new IHPME GSU HSR Alumni Mentorship program, led by students Lydia Sequeira and Julia Ho, has also been a great success. Almost 20 alumni have been recruited so far to act as mentors, and the student response has been increasingly positive. "It is very satisfying to be surrounded by the leadership of my fellow GSU executives and to work with them this year to plan and launch initiatives that positively influence our fellow students," said Lebenbaum.

The many opportunities to learn are one of the key reasons that Lebenbaum chose to not only pursue student politics but also a PhD at IHPME. A big draw for him was the Institute's faculty, the caliber of its courses, as well as the many events and opportunities to network and learn from researchers, practitioners in the field, and students from other disciplines.

"It is very important for me to be involved in the student community and be an advocate for a better student experience," said Lebenbaum.

For his doctoral thesis, Lebenbaum has chosen to draw on theories from economics and examine the causal relationship between mental health and how it affects a person's social capital. "Working with other people in these types of social settings such as student politics, helps inform my thinking about my own research and allows me to better understand some of the abstract theories I have studied," he said.

So what is next for the IHPME GSU?

Lebenbaum acknowledges there is still a lot of work to be done to engage as many of our students as possible, and work on collaborative relationship building with the Public Health students within our wider faculty.

"I think we have made a lot of progress this year, and I am so grateful to have made an impact on the student experience. It is very exciting to be able to set forth a vision and build on that with your fellow students," said Lebenbaum.

For more information about the IHPME GSU visit <http://gsu.ihpme.sa.utoronto.ca/>

Read the  
DLSPH Bulletin

# NEW RESEARCH

## Community Paramedics Offer an Alternate Resource for Chronically Ill Patients

Can paramedics fill the gaps in primary care for chronically ill patients? According to researcher and patient outcomes expert Katie Dainty and her recent qualitative study, providing advanced training to paramedics so that they can treat patients with chronic diseases, is not only meeting the psychosocial needs of these patients but is also improving their health outcomes.

The goal of this trial training program involving York Region Paramedic Services and Grey Bruce Paramedic Services, was to effectively reduce the number of times chronically ill patients found themselves in emergency care or hospitals waiting rooms.

"Patients with chronic illnesses have an array of complex needs but they don't always require hospital visits or emergency care" said Dainty, who is a professor at IHPME and [Research Chair in Patient Outcomes at North York General Hospital](#). "But there is often no other way for them to get the care they need, and they are forced to call 911."



Katie Dainty

In fact most chronically ill patients surveyed did not want to end up in emergency rooms, where they can experience long wait times and end up exposed to illnesses that can complicate their own conditions further. Yet with the way our primary care system is structured, there is often little choice in the way of alternate resources.

"That's where the use of community paramedics can play a role in helping our health system to address this gap in accessible primary care," said Dainty.

Community paramedics have been around for a long time in various forms, across the province and the country. In rural areas of Nova Scotia, paramedics are often the only resource for care where transportation to a hospital is not always an option. "These are highly trained individuals, who in rural areas, often have a lot of down time between calls. If we can reallocate these resources in Ontario, we will be able to provide patients with better care solutions," said Dainty.

The qualitative study, looked at not only whether the program was working, but also how it affected the health outcomes for these patients, many of whom suffered from a variety of

complex care needs associated with congestive heart failure, diabetes, and other conditions.

Throughout the trial paramedics would visit the homes of these patients every three months and using special equipment, would conduct complete physical assessments, all without the patient having to be transported out of the home.

Dainty's study also revealed additional benefits of this type of care. "We found that patients were developing a social relationship with the paramedics as they were helped through the rough patches of their illnesses," said Dainty.

The paramedics were also able to assess the entire home situation, speak with caregivers, spouses and children, and determine if the patient needed further assistance, such as with nutrition or home care. "That type of care isn't something doctors in emergency rooms are able to provide," said Dainty.

So, while physicians are currently doing the best they can within our primary care system to provide the best care to their patients, utilizing the skills of community paramedics may be key to improving our health system, and providing not only better patient outcomes but an enhanced quality of care to those who need it most.

The study will be published in the March issue of [Health Services Research](#).

## AWARDS

### U of T Salutes 2018



Hosted by President Meric Gertler, U of T Salutes is an event that recognizes faculty members across the university who have received major national or international research accolades.

IHPME's Ross Baker was honoured for having received the [Barer-Flood Prize](#) from the Canadian Institutes of Health Research earlier this year. Also recognized were Upton Allen and Sharon Walmsley, faculty members affiliated with IHPME, who were recipients of the Order of Ontario and

Order of Canada.

Also at this year's event, the inaugural U of T President's Impact Awards were presented and appointees included IHPME faculty members, Zubin Austin and Andreas Laupacis.

"It was an honour to able to recognize IHPME faculty such as Dr. Baker, for their well earned success," said Dr. Rhonda Cockerill, IHPME's Acting Director. "It was also amazing to learn that 2 of the 7 President's Impact Award recipients are members of IHPME. Congratulations to Dr. Austin and Dr. Laupacis."

[Read the U of T News Story on the President's Impact Awards](#)

Andreas Laupacis was also the recipient of the [Carolyn Tuohy Impact on Public Policy Award](#), recognizing a faculty member whose scholarship has had a significant impact on public policy.

## FACULTY APPOINTMENTS

### New Faculty

Lisa Cranley - Assistant Professor, NB Cross Appointment  
Aaron Drucker - Assistant Professor, Status  
Lihi Eder - Assistant Professor, Status  
Lisa Lix - Professor, Status  
Michael Zywiell - Assistant Professor, Status

### Renewal Faculty

Hans Kreder - Professor, Status  
Brian McCrindle - Professor, Status  
Michael Schull - Professor, Status

### Grants

Congratulations to IHPME faculty members who have successfully received the following grants:

2018-2021 The health outcomes and quality of life for cancer patients receiving incidental genomic results: A randomized controlled trial. Bombard, Y. Canadian Cancer Society, Quality of Life Research Grant (\$1.5 million)

# IHPME IN THE NEWS

[Childhood Cancer Survivors Found to be at Higher Risk of Mental Illness](#) - Study led by Dr. Sumit Gupta.

[National Pharmacare First Steps: CTV National News](#)  
- Gregory Marchildon comments on potential for Pharmacare plan

[Startingly High Mortality Among Single Dads in Canada](#) - Study led by Dr. Maria Chiu

[Purdue Pharma Given Free Rein in Canada as it is Sanctioned in the United States](#) - Op-Ed by Dr. Andrew Boozary and Dr. Nav Persaud

## PUBLICATIONS

Tanuseputro P, Beach S, Chalifoux M, Wodchis WP, Hsu AT, Seow H, Manuel DG. (2018). Associations between physician home visits for the dying and place of death: a population-based retrospective cohort study. PLOS One 13(2). <https://doi.org/10.1371/journal.pone.0191322>

Lebenbaum M, Chiu M, Vigod S, Kurdyak P. (2018). Prevalence and predictors of involuntary psychiatric hospitalizations in Ontario, Canada: a population-based linked administrative database study. BJPsych Open. 4(2):31-8. <https://doi.org/10.1192/bjo.2017.4>

## CALL FOR APPLICATIONS

### 2018-2019 COLLABORATIVE SPECIALIZATION 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.

The application deadline is Friday, May 4th, 2018 at 5:00 pm. For application forms and more information about the program, please visit our website at [www.publichealthpolicy.utoronto.ca](http://www.publichealthpolicy.utoronto.ca), or send your information request to [publichealthpolicy@utoronto.ca](mailto:publichealthpolicy@utoronto.ca)

## EVENTS

### CCHE Seminar Series

Fridays | 11:00am - 1:00pm | HS 100 | Free

[Muhammad Pullock](#) - March 9

[Arthur Sweetnam](#) - March 16

[Hope Corman](#) - March 23

### [Health Informatics Seminar: Mustafa Al-Durra](#)

March 6 | 12:00pm - 1:00pm | HS 208 | Free

Mustafa Al-Durra, a Ph.D. Candidate in Health Informatics at IHPME and a software engineering consulting manager at Avanade, will be delivering a hands-on workshop to build and run machine learning experiments in the Microsoft Azure Cloud, followed by a brief introduction to existing Cognitive Services and APIs.

### [DLSPH Celebrates International Women's Day](#)

March 8 | 9:00am - 11:00am | WCH Auditorium, C.L Burton Conference Centre | Free

Join members of the Dalla Lana School of Public Health for International Women's Day at Women's College Hospital for Conversations for Change: Women's Health and Rights Trajectories. The morning presentation features Suzanne Stewart, Erica Di Ruggiero and MHI graduate Allie Margaret May.



### [Health Services, Systems and Policy Research Seminar Series](#)

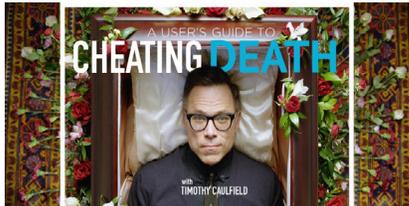
March 21 | 4:00pm - 5:30pm | HS 412 | Free

Alicia Bunker, PhD, MSW is an Associate Professor at the College of Social Work at The Ohio State University. Her research examines inter-organizational relationships, social

networks among clinicians, and implementation of evidence-based practices within children's behavioral health organizations and systems. Webinar also available, details at: <http://ihpme.utoronto.ca/events/health-services-systems-policy-seminar-series-alicia-bunger/>

### **In the Loop: PHAA Alumni Event**

March 22 | 5:30pm - 9:00pm | Ontario Public Health Conference, Beanfield Centre | \$20-30



The Dalla Lana School of Public Health's Alumni Association (PHAA) presents the third annual In The Loop featuring Professor Timothy Caulfield, a self-proclaimed science geek and lover of evidence who enjoys integrating a wide range of perspectives in the pursuit of health and science policies to benefit all Canadians. Author of two national bestsellers: *The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness and Is Gwyneth Paltrow Wrong About Everything?: When Celebrity Culture and Science Clash*, he also hosts *A User's Guide to Cheating Death*. Register Now: <https://www.eventbrite.ca/e/timothy-caulfield-on-science-ploitation-tickets-42754697451>

### **NAO Lecture Series: Katherine Boothe**

March 21 | 9:00am - 10:00am | HS 412 | Free

Canada is the only country with a broad public health system that does not include pharmaceuticals. This talk considers Canadian pharmaceutical insurance policy in comparison to England and Australia, providing a historical explanation for the different paths of policy development in these three liberal welfare states. It summarizes their current differences in pharmaceutical policy, and reflects on the ways our ability to "learn from abroad" is enhanced by an understanding of the historical contexts in which health policies develop.

## **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 **Annette Paul, Director of Advancement** at [annette.paul@utoronto.ca](mailto:annette.paul@utoronto.ca) or visit [IHPME Donate](#) or [Support/Campaign](#). Thank you for your support!

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## **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](mailto:rhonda.cockerill@utoronto.ca) and [rebecca.biason@utoronto.ca](mailto:rebecca.biason@utoronto.ca)