

IHPME CONNECT 08.2018

IMPROVING THE HEALTH AND WELL-BEING OF WOMEN:

MSc student Maria Cusimano one of 10 distinguished Women's Health Scholars

Maria Cusimano, a Master's student in the Institute of Health Policy, Management and Evaluation's Clinical Epidemiology program, is a recipient of the 2018-19 Women's Health Scholars Award presented by the [Council of Ontario Universities](#), recognizing research that promotes a stronger health system for women in Ontario.

Cusimano's research will explore the health outcomes of women with BRCA1 or BRCA2 genetic mutations who have had an oophorectomy, the surgical removal of their ovaries. Women who test positive for BRCA1/2 mutations have a high risk of developing ovarian cancer, a deadly disease. As a result, many are advised to have a preventative oophorectomy.

"This procedure may take place early in a woman's lifetime, sometimes at 35 to 40 years of age," said Cusimano, (pictured right) who is also a resident physician in U of T's Department of Obstetrics and Gynecology. "Early removal of the ovaries triggers early menopause, and in some studies this has been linked to health problems later in life. We want to explore that in more depth, specifically in women with BRCA mutations."

Cusimano is particularly interested in looking at non-cancer health outcomes following an oophorectomy, and the impact of this surgery on the heart, brain and bones, which can lead to heart disease, osteoporosis, and neurodegenerative diseases like Alzheimer's.



"It is important that we try and piece together the entire picture by looking at what happens after we remove the ovaries," said Cusimano. "Heart disease is another leading cause of death in women, and if women who have had an oophorectomy are susceptible to this, we need to consider prevention strategies."

Cusimano is one of 10 distinguished researchers to receive this scholarship funded by the Ontario government, which aims to support transformative research that will improve the health and well-being of women.

"It is an honour to be chosen for this particular award," said Cusimano. "It brings together my clinical work with patients and my research, which makes it especially meaningful and motivating."

For Cusimano, this award is also a testament to the support of her residency program, her research mentors, and her supervisor Dr. Nancy Baxter, who have all encouraged her pursuit of graduate research at the Institute of Health Policy, Management and Evaluation.

Cusimano adds, "I love what I do on the clinical side in obstetrics and gynecology, but I also want to go beyond that and advance the care of my patients on a larger scale. To me, that means developing the research skills I need to become an established investigator in this field."

"Dr. Cusimano is a brilliant student, with tremendous potential as a future scientist," said supervisor Dr. Baxter. "She is committed to improving the health of women both clinically as

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a gynecologist and as a health services researcher.”

Cusimano’s study will include data from over 17,000 women from across Ontario who have had BRCA1/2 genetic testing in the last decade. It will also provide crucial information that will help to inform earlier monitoring and prevention strategies for many of these women, helping to ensure that an oophorectomy does not lead to further complications.

On a broader scale, there is also hope that this study will advance our understanding of the effects of early menopause and its role in other diseases affecting women.

Q & A with Greg Marchildon editor of new book series profiling provincial and territorial health systems



You may be surprised to learn that in spite of the praise we receive for our nation’s health care, Canada does not in fact have a singular, unified health system. Each province or territory governs their own set of health care plans, making it difficult to determine where Canadians might be falling through the gaps.

Greg Marchildon, a professor at the Institute of Health Policy, Management and Evaluation, and founder and director of the [North American Observatory on Health Systems and Policies](#) has launched a new book series [profiling provincial and territorial health systems in partnership with U of T Press](#). The main goal of these books is to provide the public and researchers with a deeper understanding of our country’s varied approaches to health care.

Following the recent publication of the third book in the series, *Nova Scotia: A Health System Profile*, IHPME Communications Coordinator Rebecca Biason spoke with Marchildon about the significance of the series, discoveries made throughout the process, and the importance of making residents across the country aware of how their health systems function.

What are some of the challenges or consequences that Canada’s fragmented health system poses for health system researchers and the public?

According to some standards, Canada is ranked as one of the most decentralized federations with respect to its health care system. With the provincial ministries of health determining the structure of how health is funded or provided, it makes it difficult to compare Canada as a whole to other countries. You are far better off comparing Ontario to Denmark or Germany if you want to make a comparative analysis.

As a country we do operate under some national rules, including the five criteria outlined by the Canada Health Act, but in terms of delivery and implementation of health services, that is entirely the province’s responsibility. So, if you want to understand how the system is working, you need to get at it from the provincial level, yet there are so few studies that provide either an overview of how a single province works, or how provinces compare to one another. The books in this series will try to do both, provide a description and analysis of the provincial or territorial health system, and where possible, make comparisons with others.

You have already published two profiles, one on Saskatchewan and one on Nunavut, was there anything about these health systems that stood out or surprised you in any way?

I didn’t anticipate it, but there were actually two things that stood out to me from each jurisdiction. I had not realized the extent to which Saskatchewan was a first mover in terms of regionalizing reforms in addition to its long recognition as one of the first provinces to implement Medicare in Canada in the 1950’s. While it has also led the way in terms of organizational reforms in the 1990’s it has since fallen very far behind, particularly with respect to primary care.

In Nunavut, it is difficult to recruit physicians to practice that far north and as a result, they operate on a nurse-based primary care system, something usually considered to be a second choice. Yet, this practice has created a very consistent and available primary care system for them, in some respects better than what is available in most provinces. However, they do have their own fair share of problems. Prior to conducting this study, I had been unaware of the deep effects of their employee turnover. People are changing jobs or leaving positions after six months, and often positions are left open for a year or more because they have difficulty finding replacements.

With respect to the most recent publication on Nova Scotia, were there any key highlights that stood out from this profile?

Perhaps one of the most interesting aspects is that the administrator of the universal medical insurance in Nova Scotia is not the provincial government, it is a not-for-profit non-governmental organization. Usually when we talk about single-payer financing of health systems we are referring to the government, but that is clearly not always the case.

Another key highlight is the extent to which Nova Scotia’s aging population is imposing significant extra costs on the delivery of health care services. When you think about it, the

cost of dying is actually very high. In the last eight months of our life, we become high-cost users of the health system receiving numerous interventions, or dying in hospital. Even as we age, we absorb more health services such as with hip and knee replacements, and of course, long-term care can be very expensive. In this case, Nova Scotia is running a more expensive health system than most provinces as demographically speaking they have the oldest population with low rates of immigration and low birth rates.

There is a real opportunity for the rest of the country to learn from Nova Scotia's response to the complex needs of their population.

What are you hoping this series will offer to both students, the public, and policy makers at the government level?

Number one, for the public, a readable introduction and explanation of the health system in which they live, work, and obtain services. Number two, for administrators and decision makers to see how they fit into the system as a whole, and number three, for students, the option to use these books as a learning tool on a regular basis, so that they can focus on the provincial or territorial levels of health in order to further understand the workings of the system.

We also want to make these books accessible. We have an agreement with University of Toronto Press, after each book has been in circulation for a year, we will make them available for free online via the North American Observatory on Health Systems and Policies website. We are hoping that ultimately this is going to benefit decision makers, providers and the public, so that there will be more demand for improvements to our health systems, and we will be more capable of drawing upon lessons from across the provinces to lead improvements and change.

From Community-based to Acute Care: The Shifting Targets of the Aging At Home Strategy

Many seniors who have chronic conditions do not require acute care attention, and in order to keep them out of hospital and in their own homes, community care programs have popped up across the province to better support their needs.

The [Aging at Home Strategy](#), initiated in Ontario in 2007 was created with the intention of enabling people to live independent lives in their own homes. However, a recently conducted document review on the province's four-year implementation of the strategy has revealed that target priorities and funding allocations for programs in the community care subsector, shifted to target programs that focused on reducing acute and hospital-based wait times within the first two years.

"We noticed a change in language and saw budgets shift towards programs that could demonstrate a reduction in alternate level of care (ALC) wait times, and emergency room visits," said Peckham, lead author of the study, and a health policy researcher with the [North American Observatory on Health Systems and Policies](#).



The ALC wait time patient definition is a directive from the Ministry of Health and Long-Term Care first introduced in 2008 to further support reductions in ER wait times and improve patient flow. By definition, a patient who occupies a bed in a hospital but does not require acute care is designated to be an ALC patient.

The document review suggests that there is a historical trend of support for doctor and hospital based care priorities, as opposed to the community care subsector. In spite of policy discourse supporting the expansion of community care, Peckham sees what she calls a policy feedback loop, which may set a legacy for future decisions aimed at expanding community care programs.

"It's rather frustrating, because we know that there is so much value in supporting the community care subsector. We always argue that community care can improve the well-being of society, but we don't really see it coming to fruition," she said.

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DLSPH Bulletin

The community care subsector derives from many grass roots initiatives that tend to provide more marginalized services such as access to social support, legal aid, community housing support and transportation.

“They offer a different strength in comparison to the acute care sector,” said Peckham

The [Smile \(Seniors Managing Independent Living Easily\) Program](#), and [First Link](#), a program run by the Alzheimer’s Society of Canada, both received funding from the AHS, and had a goal of meeting the needs of individuals in the community going beyond providing medical aid.

“SMILE is a program that offers seniors various social supports. They might have someone shovel their driveways during frigid winters, or they might be given adequate resources to heat their homes and purchase food, all of which allow them to remain in their homes for longer periods of time,” said Peckham.

Peckham also asserts that although funding was never taken away from the community care programs already in place, at the two year mark, the Aging At Home Strategy appeared to be allocating funds towards more main stream or hospital-based sector initiatives.

“It was important for us to conduct this review and give evidence to the argument that in spite of the broadening scope of the community care subsector, support has shifted once again to the acute care sector,” said Peckham. “Will this be the potential trend for future funding strategies? That is something we will have to take into consideration.”

AWARDS

Five IHPME students earn Vanier Canada Graduate Scholarships supporting integral health care research



The results are in, and five students from Dalla Lana’s Institute of Health Policy, Management and Evaluation (IHPME) – Michael Lebenbaum, Kieran Quinn, Helene Retrouvey, Nathan Stall, and Martin Uner – have earned one of Canada’s most competitive doctoral awards, the Vanier Canada Graduate Scholarship (CGS).

“The Vanier is one of Canada’s most prized doctoral awards; there are not many awarded across the country and most Departments are delighted to receive even one,” said Rhonda Cockerill, Acting Director of IHPME. “To receive five is a true testament to the strengths of the Institute and its ability to attract top students.”

Winning the Vanier CGS is not only a significant accomplishment for our students it also provides guaranteed funding support over the course of three years.

“Receiving the Vanier means I have the freedom to focus on my research while worrying less about financial issues or dealing with my enormous medical student debt,” said Kieran Quinn, a PhD candidate in Clinical Epidemiology and trainee with the [Eliot Phillipson Clinician Scientist Training Program in the Department of Medicine](#).

Quinn’s research proposal is set to examine the quality of life and care of patients who have advanced non-cancerous diseases and are near end of life. His interest in palliative care began during one of his first nights on-call as a resident where he encountered a patient with advanced stage dementia who had been admitted to hospital with pneumonia.

“He was entirely dependent on others to care for him, from dressing him, to feeding him, to helping him with personal hygiene. This is not the quality of life I would want for myself or my parents, and I questioned whether this was the type of

care our health system was trying to achieve for individuals,” said Quinn.

By evaluating palliative care for patients with complex needs, and measuring its impact on the quality of care and life of these patients, Quinn is hoping to improve end of life care using an evidence-based approach.

“Not only is this research meaningful to patients,” said Quinn, it is also valuable to policy makers and tax payers as we continue to assess the value received from the health system, while trying to provide patients with the care they need at the right moment.”

For fellow winners Nathan Stall and Michael Lebenbaum, receiving the Vanier not only validates their research projects; it also sheds light on areas of research that do not usually receive much attention.

As a geriatrician, Nathan Stall often looks after patients with cognitive impairments, including dementia. However, his research focuses on the physical and mental health impacts on the dementia caregiver and the ability of our health system to support them.

“The vast majority of caregiving in dementia care is informal, and there are tremendous fiscal, mental health, and social consequences for these caregivers that we need to understand,” said Stall who is also a PhD candidate in Clinical Epidemiology and trainee with the Eliot Philipson Clinician Scientist Training Program.

He knows of these consequences first-hand. His grandfather had dementia, and he watched as his grandmother the sole primary caregiver, neglected her own personal health, and found herself in isolation following his grandfather's death. Using large administrative databases to identify caregivers, Stall's research will be looking to quantify the problem and provide a baseline so that strategies can be created to implement support for caregivers.

Also focusing on mental health is Health Services Research PhD candidate Michael Lebenbaum. He is evaluating the causal effects of mental health on an individual's social capital, such as their group of friends, support network, and even sense of belonging.

“This area of research involves many disciplines, from health economics to epidemiology. It is part of the reason why I chose to focus on it, as well as the challenge it offers considering there are strong reciprocal effects between your mental health and social capital,” said Lebenbaum.

Being able to pursue challenging research questions, is something that many of the Vanier scholars attribute to the support they have received from IHPME.

“Being at IHPME means you are exposed to expertise on a variety of different topics,” said Helene Retrouvey, also a PhD candidate in Clinical Epidemiology, “you are also provided with immense support to help you address any challenges in your research.”

Retrouvey is undertaking a qualitative project that looks at barriers to breast reconstruction surgery access in order to design interventions to optimize a breast cancer patient's cancer journey.

“Research has shown that women who undergo reconstruction have improved quality of life,” said Retrouvey. “Studies have also shown that many women who are eligible for reconstruction are not receiving the surgery. We want to know why.”

The Vanier will help Retrouvey conduct qualitative interviews with breast cancer patients across the province of Ontario to explore different access barriers to the procedure especially for women living in rural communities.

“We understand that not all women want breast reconstruction, and for some the scars are an important symbol of their journey, but women shouldn't be left without breasts because they don't know their options,” said Retrouvey.

For Martin Urner, IHPME has provided a unique opportunity to learn from highly successful researchers and faculty about the right way to design and conduct research.

“I'm originally from Zurich, and I was pleasantly surprised and impressed by the level of support provided to students by the staff and faculty of IHPME,” said Urner, who is also a PhD candidate in Clinical Epidemiology.

His research aims to improve the mortality rates of patients in the ICU who need mechanical ventilation to support their breathing. The pressure delivered by these breathing machines can cause potentially harmful distension of the lungs resulting in additional injury and inflammation.

By investigating different ventilation strategies, Urner and his team are hoping to influence the survival of patients suffering from catastrophic lung failure.

“This award is truly a team accomplishment,” said Urner, “I am very grateful for the support of my supervisors and colleagues in critical care medicine.”

[Read a Message from the Dean](#)

MOONSHOT 2018

Connecting on Integrated Care



We are excited to announce IHPME's annual Moonshot celebration will take place on October 16, 2018 in the heart of downtown Toronto at the beautiful Metro Toronto Convention Centre. This year we are pleased to welcome Nick Goodwin, CEO and co-founder of the [International Foundation for Integrated Care](#) as our keynote speaker.

The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the science, knowledge and adoption of integrated care in policy and practice across the world. Nick has worked on the development of IFIC's education and training arm, the Integrated Care Academy ©, and IFIC's wider portfolio of work developing international collaborative centres supporting research and development activities in both Europe, Asia-Pacific and the Americas.

In 2017, Nick launched Integrated Care Solutions © to support the design and implementation of integrated care. The approach seeks to provide a diagnosis of the strengths and weaknesses of local care systems for integrated care through international benchmarking and then support effective design, implementation and evaluation.

New at this year's Moonshot celebration will be the presentation of the 2018 Emerging Health System Leader Award in Honour of Louise Lemieux-Charles. Alumni and faculty are invited to submit nominations for this year's winner to ihpme.awards@utoronto.ca by September 21. More information about candidate eligibility can be found on our website: <http://ihpme.utoronto.ca/impact/awards/#LLC>

Tickets for Moonshot 2018 are just \$35, with a student price of \$25 available. Don't miss this anticipated event, register today: <http://uoft.me/moonshot18>

MSC/PHD DEFENSES

Health Services Research

Alaina Cyr, MSc

Thesis Topic: *"I'm still here": an Ethnographic Exploration of Public Twitter Use among People Living with Advanced Cancer*
Date: July 9, 2018

Saerom Youn, MSc

Thesis Topic: *Empirical Estimation of Bias in Randomized and Nonrandomized Study Designs: A Meta-Epidemiological Case Study using TAVI vs. SAVR*
Date: July 24, 2018

Claudia Lai, PhD

Thesis Topic: *Engaging patients in health care processes: the role of health-specific social media platforms*
Date: July 11, 2018

Vidhi Thakkar, PhD

Thesis Topic: *Primary care patients' preferred roles in treatment decision-making in an era of increased health information*
Date: July 12, 2018

PUBLICATIONS

Tara Gomes, PhD^{1,2}; Mina Tadrous, PharmD, PhD¹; Muhammad M. Mamdani, PharmD, MA, MPH^{1,2}; J. Michael Paterson, MSc²; David N. Juurlink, MD, PhD², The Burden of Opioid Related Mortality in the United States. JAMA 2018
[doi: 10.1001/jamanetworkopen.2018.0217](https://doi.org/10.1001/jamanetworkopen.2018.0217)

Mosca M, Costenbader KH, Johnson SR, Lorenzoni V, Sebastiani GD, Hoyer BF, Navarra S, Bonfa E, Ramsey-Goldman R, Medina-Rosas J, Piga M, Tani C, Tedeschi SK, Dörner T, Aringer M, Touma Z; How Do Patients with Newly Diagnosed Systemic Lupus Erythematosus Present? A Multicenter Cohort of Early Systemic Lupus Erythematosus to Inform the Development of New Classification Criteria. ACR/EULAR group; New SLE classification criteria for clinical research are being developed, sponsored by EULAR and ACR. Arthritis Rheumatol. 2018 Jul 23. [doi: 10.1002/art.40674](https://doi.org/10.1002/art.40674). [Epub ahead of print]

Rheumatology (Oxford). 2018 Apr 20. [doi: 10.1093/rheumatology/key103](https://doi.org/10.1093/rheumatology/key103). [Epub ahead of print]. A novel lupus activity index accounting for glucocorticoids: SLEDAI-2K glucocorticoid index. Touma Z, Gladman DD, Su J, Anderson N, Urowitz MB.

Noah M. Ivers, Irfan Dhalla and Adalsteinn Brown
[Aligning innovations in health funding with innovations in care.](#) (2018) CMAJ.

Noah Ivers, MD, PhD; Adalsteinn D. Brown, DPhil; Allan S. Detsky, MD, PhD, CM
[Lessons From the Canadian Experience With Single-Payer Health Insurance: Just Comfortable Enough With the Status Quo](#) (2018) JAMA Internal Medicine.

IHPME IN THE NEWS

[To improve the health care system, we need to think bigger about the role of patient engagement. Engagement must be embedded in daily practice.](#) Op-Ed from incoming MSc student Joseph Donia

[Why is Canada so behind in research on climate change and health?](#) - survey and report from IHPME Committee on the Environment, Climate Change and Sustainability mentioned

[Husbands And Sons, We Need You To Play A Greater Role In Caregiving](#) - Op-ed from PhD student Nathan Stall and IHPME faculty member Paula Rochon

EVENTS

Professor Solomon Benetar's Farewell Lecture

August 16 | 4:00pm - 6:00pm | HS 106 | Free

Peggy Leatt Knowledge and Impact Award Reception

September 6 | 5:00pm - 7:00pm | Faculty Club | Free

Celebrate this year's Peggy Leatt Award recipient, Dr. Robyn Tamblyn at our annual reception.

[Registration is limited](#)

IHPME Moonshot 2018

October 16 | 5:30pm - 10:00pm | Metro Toronto Convention Centre | \$35 reg / \$25 student

Connect with fellow alumni, students and faculty at the 5th annual Moonshot celebration with keynote Nick Goodwin, CEO and co-founder of the International Foundation for Integrated Care. Food, fun and festivities abound as we also recognize the 2018 winner of the Emerging Health System Leader Award in Honour of Louise Lemieux-Charles.



[Buy Tickets](#)

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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 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 and rebecca.biason@utoronto.ca

