

# IHPME CONNECT 09.2018

## CO-DESIGNING HEALTH CARE SOLUTIONS:

### For Cardiac Arrest Survivors and Bystanders

**S**hould we be involved in co-designing our own healthcare? Many industries from technological giants to fast food chains consider the wants and needs of their consumers, why then should the health care sector be any different.

Katie Dainty, (pictured right) a professor at the Institute of Health Policy, Management and Evaluation, is passionate about engaging patients and hearing more about their experiences within our health care system. She has been awarded a grant from the [Canadian Institutes of Health Research \(CIHR\)](#) to conduct a research priority setting exercise with out of hospital cardiac arrest survivors, their families, and bystanders as part of a greater focus on patient engagement in resuscitation science.

“Cardiac arrest is a traumatic event, and many times we don’t know why it happened,” explained Dainty who is also Research Chair in Patient-Centred Outcomes at North York General Hospital. “The uncertainty and suddenness of these events can leave survivors and their families with lots of questions, particularly about whether or not it might happen again, what happens after they are discharged and the long-term impact both mentally and physically.”

While some survivors return to a very normal post-arrest life, depression and PTSD are not uncommon in this patient population. Even bystanders, who volunteer to assist during a cardiac event by either issuing CPR or calling 911 as part of the chain of survival, can experience similar trauma and depression.

“A significant amount of clinical research has been done to improve the chances of survival for those who have



experienced out of hospital cardiac arrest, however much of this research is not very patient-centred and almost completely ignores the post-discharge period.”

Dainty’s study in partnership with the [Canadian Resuscitation Outcomes Consortium \(CanROC\)](#) and the [James Lind Alliance \(JLA\)](#) from the UK, will attempt to address these gaps in resuscitation research by collaborating with health care providers and cardiac arrest survivors to understand exactly what their priorities are, and what they want to know from future health research. Encouraging active participation from patients in research can improve the credibility of results and the direct applicability to patients by including pertinent questions about patient-important outcomes.

Drawing from a nation-wide survey led by a steering committee of survivors, their families and health care professionals, Dainty and her team are hoping to develop a comprehensive list of research priorities that reflect all perspectives.

“Those of us who work in health care delivery as clinicians or researchers can miss the psychosocial outcomes that come to light once patients and families go home. Though we are coming a bit late to this realization, patients have a lot to offer in terms of their experience and view of our health care system that we can use to improve quality of care for them and future patients,” said Dainty.

Following the results of the nation-wide survey, a group of 20 providers, survivors, family members, and bystanders, will come together for a full day of discussion to determine a list of top ten research priorities as defined by the group .

“I’m hoping this study will help us focus on ways to create a more impactful research future which clearly includes a focus on what is important to patients and their families,” said Dainty.

*More on the next page...*

“It is through true partnership approaches like this that we will be able to work together to co-design a system of care that benefits everyone.”

## Lower rates of breast reconstruction surgery in Ontario and barriers to access explored by IHPME PhD student



**N**ot all breast cancer patients across the province of Ontario have equal access to breast reconstruction surgery, with only 7.6% of patients in Ontario undergoing the procedure between 2004 and 2010. IHPME PhD student and Vanier Scholar Helene Retrouvey is leading a qualitative study to explore the reasons behind these lower rates while hoping to identify interventions that will improve access to this surgical procedure for all patients.

“We really wanted to understand how and why breast cancer patients were experiencing barriers to access breast reconstruction,” said Retrouvey, who is also a plastic surgery resident. “Within the principles of universal health care, all eligible patients should have access to this procedure, but looking at the data, we can see that not all patients have equal access.”

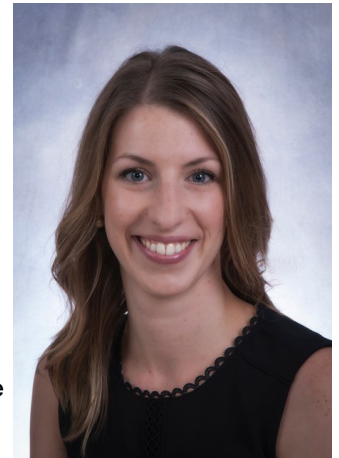
Breast cancer affects 1 in 9 Canadian women, and mastectomies, or the surgical removal of one or both breasts can be part of treatment. The removal of the breast tissues can impact a woman’s self-esteem, sexual health and overall quality of life. Breast reconstruction surgery is an option available to breast cancer patients to restore the breast mound and form, and can provide long-term quality of life improvement and psychological benefits for the patient.

Yet in spite of these perceived benefits, rates of breast reconstruction remain very low. Patient factors like increased age, non-Caucasian race, larger tumours or advanced stages of cancer, and negative physician perceptions have all been shown to contribute to lower breast reconstruction rates.

“There is still a bit of stigma around the procedure because the breast is not always something that is considered required, like a limb,” said Retrouvey, “and there are a lot of women who feel this procedure is not an option for them.”

Retrouvey’s previous study also identified additional perceived barriers like rural geographic location, poor referral patterns by clinicians and the unavailability of plastic surgeons, but to date, there have been no Canadian studies explaining how these barriers limit access to breast reconstruction surgery or how access rates might be improved.

Supported by her recently awarded Vanier Canada Graduate Scholarship, Retrouvey and her team will conduct a series of 60-minute long interviews with breast cancer patients across the province, as well as physicians who refer or provide breast reconstruction, and administrators who are involved in the provision of the surgical procedure.



“The patient interviews will explore their experience with diagnosis and treatment of their breast cancer while placing on emphasis on their views of breast reconstruction,” explained Retrouvey, “while the physician interviews will explore current practices, and administrator interviews will examine the current institutional treatment regimens as well as the availability and structure of breast reconstruction programs.”

To gain a thorough understanding of how and why these barriers are impacting breast reconstruction rates, the study will include women from diverse social and cultural backgrounds, as well as physicians and institutions at hospitals in both high volume areas like Toronto and London and low volume areas, like Thunder Bay. With the additional knowledge gained from the study, Retrouvey and her team will actively look to design new interventions that target these perceived barriers and improve access for breast reconstruction surgery to ensure that it is timely and equitable for all women across Ontario.

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

## Dr. Allan Detsky Reflects on Order of Canada Recognition and His Career

They desire a better country. These words, the motto of the [Order of Canada](#), ring especially true for one of the Order's most recent recipients, Dr. Allan Detsky, a Professor at IHPME who has been recognized for his lasting impact and public service in the betterment of the Canadian health system.

"Of course it is a big honour, any Canadian would be proud," said Detsky, pictured right with granddaughter Blair. "My grandparents, who immigrated from Poland 100 years ago, would have never imagined in a million years that their grandson could receive this kind of recognition."



In 1988, Detsky joined the Drug Quality and Therapeutics Committee, a body responsible for advising the Minister of Health on how best to pay for drugs under Ontario's health program. At the time Detsky joined, there was little consideration of the cost-effectiveness of drugs covered under the program, and few guidelines to assess the value of pharmaceutical products being delivered to the public.

"I had not participated in something this broad-based before, we required extensive consultation from the academic community around the world and industry in Canada as we sought to establish Ontario's guidelines," remarked Detsky.

By 1994, Ontario published this set of guidelines making it only the second jurisdiction in the world next to Australia to have this prescriptive set of rules for the pharmaceutical industry. For the general population and on a national scale, these guidelines meant resources for health care could be used more efficiently by promoting payment for products that had good value and effectively improving patient outcomes by ensuring only the most economically attractive drugs were paid for by the government of Ontario.

A similar document was soon adopted at the national level, which Detsky co-authored. It formed the basis of principles used by the Common Drug Review at the national level to interpret the value of new drugs.

policy world, he has also been, for many years, a very active physician and general internist, as well as a teacher.

Upon his arrival in Toronto in 1980 Detsky began teaching the health economics course for IHPME's MHSoc students, a course he has returned to teaching in the last few years.

This is a program he considers to be at the core of the Institute's mission to implement improvements in health system design.

Over the course of his career both at IHPME and the Faculty of Medicine he has taught over 4000 individuals from pre-med and medical students, residents fellows and faculty members many of whom have gone on to successful careers in clinical and academic medicine.

"I've watched the careers of David Naylor, Allan Garber, Jack Tu, Angela Cheung, Chris Booth and Valerie Palda, just to name a few. unfold, and it has been the most personally fulfilling to have advised them and helped them on their way," said Detsky. "If there is one thing I hope to do at the end of my career, it would be to transmit what I have learned about being an attending physician to the next generation of doctors just starting out."

For Detsky this includes encouraging new physicians to develop a stronger connection to delivering direct clinical care, something he continued to do even while he was Chief of Medicine when he did five months of inpatient medicine per year.

"I'm very front-line oriented," said Detsky, "I know a lot of MD's who have had successful careers in research who have left medicine, but I think it is important for clinical leaders to participate in direct patient care."

Detsky also advocates for physicians to take ownership of their patients, communicate with consultants and ensure continuity of care. He admits to looking at his patients radiological images alongside the radiologist, and to following up on requests for referrals, "I don't just let it hang there," he said.

"I would like to develop a curriculum for new doctors and attendings to pick up these skills," continued Detsky, "because it is not something you learn in your residency. You learn medicine of course, but not how to become a doctor."

It is this kind of commitment to our health system, our young leaders, and the next generation of doctors and health administrators, that makes Detsky a deserving winner of one of Canada's highest civilian honours, as he very clearly desires a better country and a health system for us all.

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# AWARDS

## First Year Health Services Research Student, Finalist for Outstanding Paper Based on a Dissertation



Only in her first year of study at IHPME, this past August Crystal Milligan was selected as a finalist for the Outstanding Paper Based on a Dissertation distinction at the [Academy of Management Annual Meeting](#) in Chicago, Illinois.

Her paper applies a complex adaptive system lens to organizational learning theory in order to understand the characteristics of learning in an organization, in this case, health systems.

"I want to better understand how a learning health system actually learns. I integrated theory to develop what I call the "adaptive learning model," focusing on the relationships between people, and engagement between the organization and its external environment," explained Milligan.

Originally from Yellowknife, Northwest Territories, Milligan is a manager in the division of Indigenous Health and Community Wellness in the territorial health department, where she has worked on issues relating to cancer, cultural safety, social determinants of health, and community development.

Through her work, she has also become familiar with differences between models of health as understood from both the Western biomedical and Indigenous worldviews.

"In co-facilitating cancer sharing circles with an elder, the number of times someone would come up to me and say 'I knew I had stage 4 cancer, but I didn't want to go to the health centre because it does not resonate with me,' -made me realize we need to be thinking beyond our current biomedical model of care," said Milligan.

Milligan hopes to build on her theoretical paper by further exploring the engagement between health systems and

Indigenous communities, and asks how we can incorporate Indigenous concepts of health to provide better health care for all populations.

Milligan is also a recipient of IHPME's Health Equity and Social Justice Award in honour of Diana Moeser.

# 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](mailto: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

Laura Easty, MSc

Thesis Topic: *Primary Care Provider's Perspectives on Physical Activity Counseling* Date: August 2, 2018

Desmond Loong, MSc

Thesis Topic: *The Effectiveness of Mental Health Courts in Reducing Recidivism* Date: August 16, 2018

Evelyn Elias, MSc

Thesis Topic: *The Role of Physician in the Reach and Adoption of Online Health Resources – A Qualitative Study of the Perspectives of Patients and Health Care Providers*  
Date: August 28, 2018

Zhuolu Sun, PhD

Thesis Topic: *Temporal trends in home-based palliative care: evidence from Ontario, Canada* Date: August 16, 2018

Gaya Jeyathevan, PhD

Thesis Topic: *An Exploration of Support Needs of Family Caregivers of Individuals with Spinal Cord Injury: A Qualitative Study* Date: September 6, 2018

# PUBLICATIONS

Tara Gomes, MHSc, PhD; Simon Greaves, MSc; Wim van den Brink, MD, PhD; Tony Antoniou, PharmD, PhD; Muhammad M. Mamdani, PharmD, MA, MPH; J. Michael Paterson, MSc; Diana Martins, MSc; David N. Juurlink, MD, PhD. [Pregabalin and the Risk for Opioid-Related Death: A Nested Case-Control Study](#). Ann of Internal Med. 2018

Tara Gomes, PhD1,2; Mina Tadrous, PharmD, PhD1; Muhammad M. Mamdani, PharmD, MA, MPH1,2; 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.

# FACULTY APPOINTMENTS

## New Faculty

Melanie Barwick - Professor, Status  
Gail Darling - Professor Status  
Andrea Tricco - Associate Professor, Status  
Mathieu Albert - Associate Professor, Status  
Kulamakan Kulasegaram - Assistant Professor, Status  
Anita McGahan - Professor, Cross Appointment  
Brian Hodges - Professor, Status  
Cynthia Whitehead - Associate Professor, Status  
Nicole Woods - Associate Professor, Status  
Sarah Munce - Assistant Professor, Status  
Yona Lunksky - Professor, Status  
Stella Ng - Assistant Professor, Status  
Joel Lexchin - Associate Professor, Status  
Charles de Mestral - Assistant Professor, Status

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# IHPME IN THE NEWS

[She helped victims of the Toronto van attack. Now this CPR trainer is coming to U of T for resuscitation research.](#)

Incoming MSc student Tiffany Jenkins talks to U of T News about her passion for resuscitation science.

[Opioids harming older patients at 'alarming' rate, study shows](#) - IHPME's Dr. Samir Sinha weighs in on recent NICE study.

[Seniors healthier when medical care is coordinated](#) - IHPME's Monika Kastner discusses her study examining coordination of care among older adults with multiple chronic conditions

[#MeToo and medicine](#) - IHPME's Nancy Baxter speaks to Metro Morning's Matt Galloway about the CMAJ Op-ed on the MeToo movement in Medicine.

## EVENTS

### [IHPME GSU Writing Circles](#)

September 10 (twice a week) | Times subject to change | HS 460 | Free

### [IHPME GSU Annual General Meeting](#)

September 20 | 5:00pm | HS 700 | Free

### [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](#)

### [IHPME Book Launch: The Elgar Companion to Social Capital and Health](#)

October 23 | 5:30pm - 7:30pm | HS 700 | Free

Register to attend: <https://ihpmebooklaunch.eventbrite.ca>

Editor's Eric Nauenberg of IHPME at the University of Toronto and Sherman Folland of Oakland University invite you to a launch of their latest book featuring insights and cutting edge research on the ever-expanding social capital field.

The Elgar Companion to Social Capital and Health offers a developed examination of new research across sociology, epidemiology, economics, psychology, and political science. Copies of the book will be available for sale and refreshments and snacks will also be served.

## 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!

## 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)



