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The Newsletter of the
Canadian Health Services
Research Foundation

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A made-in-Canada journal at last! Can it bridge the divide?

Congratulations are due all around. The health services and policy research community is at last going to get its own made-in-Canada journal. Thanks are due to the three co-sponsoring organizations: Longwoods Publishing, the Canadian Association for Health Services and Policy Research, and the Institute of Health Services and Policy Research of the Canadian Institutes of Health Research. The first issue of the as-yet-unnamed journal will hit the presses next spring.

Researchers, forced by publication imperative to give an "American spin" to their quintessentially Canadian work, will breathe a sigh of relief. Decision makers, tired of assessing whether U.K.- or U.S.-based studies are relevant to the Canadian context, will have one less barrier to research use. And knowledge brokers, seeking nutrients to feed their exchanges across the worlds of research production and research use, should have a cornucopia of delights to use.

The new journal has set itself a challenging task. It aims to not only be "accessible and useful to health system managers, policy makers, and policy influencers ... looking for timely and relevant research," but also to "provide a venue for peer-reviewed scholarly health services and policy research." A tall order indeed.

The challenge can be met only by finding a format or formats to address all these needs inside two covers. Historically, only a handful of journals — *Health Affairs* in the U.S. comes to mind — has found a formula that successfully appeals to both the researchers and managers and policy makers in the system.

This is not surprising. Their needs are very different.

Researchers want length, text, and the shortcuts provided by disciplinary jargon to communicate easily with other researchers (and capture the recognition needed for advancement in the scholarly community). They also want to publish single studies that are perhaps not yet ready to be put into practice. If the journal provides this, it is likely to attract the best in Canadian and comparative health services and policy research.

Decision makers want brevity, visuals, and plain language in the communications they receive from researchers. They also want a venue to share best practices and case studies with their colleagues, using their own language and context. If the journal provides this, it is likely to sustain a readership immersed in the frenzy of running the system and which must make the most of its limited reading time.

In an excellent 1990s article — "Loose connections between peer-reviewed clinical journals and clinical practice"¹ — R. Brian Haynes described the four types of communication that are entangled and confusingly undifferentiated in most clinical journals: scientist-to-scientist; scientist-to-practitioner; practitioner-to-practitioner; and practitioner-to-scientist. A format that explicitly differentiates articles along these lines for health services and policy might be a powerful way to organize the journal that could help the future editors rise to their challenge. We wish them the best of luck.

¹ *Annals of Internal Medicine*, 1990; 113(9): 724-8.

Foundation announces Career Reorientation Award recipients

The foundation recently announced the three recipients of its 2004 Career Reorientation Awards. Congratulations to Marie Robert from Université du Québec en Outaouais; Frank Stark from Trinity College in Toronto; and Hugh Grant from the University of Winnipeg.

The only program of its kind in Canada, the Career Reorientation Award is designed to attract established, mid-career researchers from disciplines outside of the health area, as well as clinical nursing researchers, seeking to apply their expertise and experience to applied health services research. The award holders and mentors will design a 12-month reorientation plan that includes both academic training with the mentor and work with health system decision makers. The goal is to help the recipients translate decision-maker concerns into research questions, communicate the possibilities and limits of research to decision makers, and develop the skills necessary to transfer knowledge to decision makers.

The award also gives the recipient, the mentor, and the decision-maker partner an opportunity for mutual learning — recipients communicate with decision makers to better understand the research issues and the best way to address them throughout a research project.

Frank Stark, one of this year's award holders as well as a research associate and visiting professor at Trinity College, is already redirecting his career to focus on his interests in poverty and population health. "In my work in poverty issues, it became clear that some challenges can be preventable if we reduce stress on the health system and settle health issues," he says. "And this would ultimately save money on healthcare."

Stark and his mentor, Suzanne Jackson from the University of Toronto, as well as a decision-maker partner from Toronto Public Health, meet regularly to exchange information. Already several months into his career reorientation plan, Stark is enthusiastic about the direction his interests are taking. "I'm learning something every day," he says. "Not only will I have a pilot research project at the end of this process, I have met so many interesting people. This is a rich experience."

Elaine Gibson, acting director and associate professor at the Health Law Institute at Dalhousie University and an award recipient in 2000, shares Stark's enthusiasm about the award. "The award enabled me to select a specific topic and devote a full year to pursuing it," she says. "This gave me some time to intensely focus on my interests and gave me a jump start on my career path in an area that was new for me, that of health law and policy."

Gibson was a member of the law faculty when her career became increasingly geared towards health law. The award gave Gibson the opportunity to become a specialist in health law and network with decision makers in the field.

"It's a real luxury to have a solid block of time to spend solely on the pursuit of knowledge," says Gibson. "Also, the award made a difference to help me travel, meet people, and open doors to opportunities I may not have been exposed to otherwise."

The call for applications for the 2004/2005 Career Reorientation Award Competition was launched in September and is available at www.chsrf.ca/cadre/pdf/2005_cra_call_e.pdf. Applications can be submitted at any time until all the awards for 2004 and 2005 are granted.

Foundation calendar

A list of upcoming events involving the foundation and our staff

January

January 17-18, Toronto: Irving Gold, the acting director of knowledge transfer at the foundation, will speak at the annual symposium of the Health Intelligence Units of the Ontario Ministry of Health and Long-Term Care and the Institute for Clinical Evaluative Sciences. renee.donato@chsrf.ca

January 21, Toronto: The foundation is co-sponsoring the Ontario KT Practitioner Exchange workshop with the Centre for Addiction and Mental Health, the Centre for Health Economics and Policy Analysis, the Hospital for Sick Children, and the Institute for Work & Health. tamara_macdonald@camh.net

February

February 3-4, Dublin: Jonathan Lomas, the foundation's chief executive officer, will speak about getting research evidence used by policy makers at a symposium hosted by the Institute for the Study of Social Change of the University College Dublin and the National Economic and Social Forum. michael.mckeown@chsrf.ca

February 13-15, Ottawa: Nina Stipich, the foundation's senior program officer for EXTRA, and Wendy Nicklin of the Canadian Council of Health Services Accreditation will give a presentation titled "Developing capabilities to use research-based evidence among healthcare leaders: the EXTRA program" at the Canadian Nurses Association's biennial conference. nina.stipich@chsrf.ca

February 13-18, Val-David, Quebec: The second residency session for the EXTRA program will take place at La Sapinière. The topic for the week will be "Becoming a leader in the use of research-based evidence in healthcare organizations." marianne.rochon@chsrf.ca

March

March 3, Montreal: The foundation's seventh Annual Invitational Workshop, titled "Leveraging Knowledge: Making Decisions Better," will take place. patrycja.maksalon@chsrf.ca

Knowledge brokering demo sites announced

Building upon a network of nearly 700, the foundation's knowledge brokering program is far from being a flash in the pan. With a strong international reputation as a leader in knowledge brokering, the foundation built the program with a commitment to identify knowledge brokers, facilitate networking among peers, provide knowledge brokering resources, teach best practices, promote an understanding of knowledge brokering, and evaluate knowledge brokering initiatives.

The foundation, moving forward on its commitment to evaluation, is pleased to announce the winners of the knowledge brokering demonstration site competition. The competition was the first of its kind and was designed for organizations wishing to incorporate knowledge brokering into their organizations. The chosen demonstration sites will receive funding and will have the

opportunity to evaluate the impact of their efforts. They will also be plugged in to a peer group of knowledge brokering experts.

Twenty-nine impressive applications were received, but due to a funding ceiling six applications were chosen by a merit review panel. Congratulations to the following people and their teams:

- Kari Simonson of Rural Health Bow Corridor, Canmore General Hospital (Calgary Health Region), Alberta;
- Cynthia Johnson of The Capital Care Group, Alberta;
- Lorraine Boucher of North Peace Tribal Council, Alberta;
- Denis Roy of Agence de développement de réseaux locaux de services de santé et de services sociaux Montérégie, Quebec;
- Jean-François Labadie of Centre de santé et de services sociaux du Nord de l'île de Saint-Laurent, Quebec; and
- Melanie Barwick of The Hospital for Sick Children, Ontario.

The foundation has been actively cultivating knowledge brokering, both in Canada and internationally. Most recently, and on the heels of a month-long visit to Australia to promote knowledge brokering, the program hosted its third annual national knowledge brokering workshop in Vancouver on October 26, 2004. Attended by more than 100 knowledge brokers, the workshop featured two



Dr. Geoffrey Oldham

international keynote speakers who presented their own experiences in knowledge brokering: Geoffrey Oldham from the University of Sussex; and Debby Cousins from the Australian Biosecurity Cooperative Research Centre for Emerging Infectious Disease. In addition, several other experts explored knowledge brokering tools.

“This is an exceptionally innovative initiative for knowledge brokering in health services,” says Oldham. “Knowledge brokering is quickly playing an essential role to link decision makers and researchers. It’s great to see brokers explore the valuable tools used, learn best practices, and network with other knowledge brokering peers.”

For more information, please visit the foundation’s web site at www.chsrf.ca or contact Julie Villeneuve at julie.villeneuve@chsrf.ca.



Participants take notes during the knowledge brokering workshop

EXTRA and CADRE team up for mentoring program

Mentoring has increasingly become a popular way to increase knowledge and skills, and maybe even give one's career a shot in the arm. With this in mind, the foundation recently launched a unique and innovative program to bring together health services executives with mentor groups for mutual learning and support.

The Executive Training for Research Application (EXTRA*) program is designed to increase the skills of health system managers, and the capacity of their organizations, to use research-based evidence in Canadian healthcare delivery. Over the two-year fellowship, participants acquire knowledge and skills in research, systems thinking, and change management. As part of the program, the mentoring model ensures support is provided to EXTRA fellows with academic course material as they work through their intervention projects. Each of this year's 24 EXTRA fellows is linked with a team of mentors with expertise in both academic research and applied decision-making domains.

"Mentoring provides the fellows with a new perspective to review their thinking around the intervention project in terms of methods, how you get it

embedded in the organization and get the culture changed," says Samuel Sheps, director of the Western Regional Training Centre for Health Services Research at the University of British Columbia and mentoring co-ordinator of the EXTRA program. "To have support gives the fellows a sense of family; that developed during the residency sessions in Banff (in August 2004) where there was a real sense of working as a collective."

The next step, says Sheps, is tracking progress and feedback, as part of the evaluation plan. "We have a tracking tool that asks if the program is meeting the participants' expectations, if the mentoring process is helpful, how the fellows might want to change it, and if they need to change it. As we begin to get those back we'll begin to have a sense of how the process is going and if it is in fact helping refine their projects and be supportive in a broad sense."

In a collaborative effort, this mentoring program is modelled on and fuelled by the foundation's Capacity for Applied and Developmental Research and Evaluation (CADRE) program. CADRE is a partnership between the foundation, the Canadian Institutes of Health Research,

and regional co-sponsors to increase capacity in applied health services and policy research, including nursing management and organization issues. The focus on creating synergies between CADRE and EXTRA ensures the partnership enhances the collaboration between researchers and decision makers.

CADRE's four regional training centres (in Atlantic Canada, Quebec, Ontario, and western Canada) will act as EXTRA's regional mentoring centres by assembling a pool of resources to help with understanding course material, intervention projects, and the introduction and management of organizational change.

For the two programs, this creates a win-win opportunity. Not only does the mentoring program support knowledge advancement and problem-solving in health organizations, it also provides structured opportunities for researchers and decision makers to meet and learn from each other.

For more information about the EXTRA program and mentoring, please contact Elise Comtois at elise.comtois@chrsf.ca.

*EXTRA is administered by the Canadian Health Services Research Foundation and was set up with a grant from Health Canada. EXTRA is a partnership program involving the Canadian College of Health Service Executives, the Canadian Medical Association, the Canadian Nurses Association, and a consortium of Quebec partners represented by the Agence des technologies et des modes d'intervention en santé (AETMIS). The views expressed within the program do not necessarily represent the views of Health Canada.

Some good examples of doing, communicating or using research to inform decision makers

Reflective groups tackle nursing issues at the Ottawa Hospital

The Ottawa Hospital is using a “group mentality” to share information and collaborate on best practices in the nursing field.

In an effort to bring together nursing research and policy, Chantal Mercier, the corporate co-ordinator of nursing research, and Ginette Lemire Rodger, the vice-president of professional practice and chief nursing executive, created the Ottawa Hospital’s “reflective groups.” Groups consist of clinical nurses, researchers, academics, and nurse educators.

Set up in May 2004 and composed of about a dozen leaders each, the groups meet monthly to study and share the research on specific challenges faced by the nursing field. Five teams have been formed in the areas of health literacy, patient/nurse interaction, qualitative research methods, impact of head injury or delirium on families, and implementing best practice guidelines.

“The members of the reflective groups have a professional or personal interest in pioneering their areas of interest,” says

Mercier. “And each group has the flexibility to mould its own objectives, depending on its needs.”

Reflective groups provide a forum for nurses and other health professionals with a common interest in an area of nursing to engage in discussion, networking, peer support, information sharing, and/or projects. The mandate is to stay at the leading edge of knowledge in the area of interest for the group and become the “brain bank” on their topic.

There is an emphasis on evidence-based policy, and the groups also evaluate the level of evidence in their research. In the longer term, the groups will develop proposals and recommendations for the Ottawa Hospital, update research literature, and request funding for new projects relating to their respective topic areas.

“The reflective groups are quite organic in nature,” says Mercier. “There are no restrictive guidelines or agendas. The groups are free to discuss the topics and establish their own unique goals, then report on any



Ginette Lemire Rodger and Chantal Mercier

action items.” This way, says Mercier, the innovative, think-tank nature of the groups remains intact, while an annual reporting structure ensures the groups remain accountable to their goals. The result is a novel approach to problem-solving within health services specific to nursing that bridges research and policy.

For more information about the Ottawa Hospital’s reflective groups, please contact Chantal Mercier at CMercier@ottawahospital.on.ca.

IN BRIEF

New nursing guide available soon

A new book on evidence-based nursing will be available at the end of December. Written by CHSRF/CIHR Nursing Chair Alba DiCenso, along with Gordon Guyatt and Donna Ciliska, *Evidence-Based Nursing — A Guide to Clinical Practice* responds to the needs of nurses by helping them:

- frame answerable and searchable questions of relevance to nursing practice;
- search efficiently for high-quality research evidence;

- distinguish between strong and weak evidence;
- clearly understand study results; and
- incorporate evidence, together with patient values and preferences, in clinical decision-making for improved outcomes.

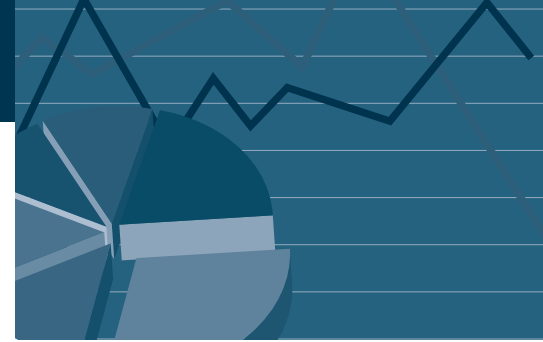
The book suggests approaching three questions for reviewing a study in the healthcare literature:

- (1) Are the results valid?
- (2) What are the results? and
- (3) How can I apply the results to patient care?

The book can be ordered online at www.elsevier.ca/product.jsp?isbn=0323025919.

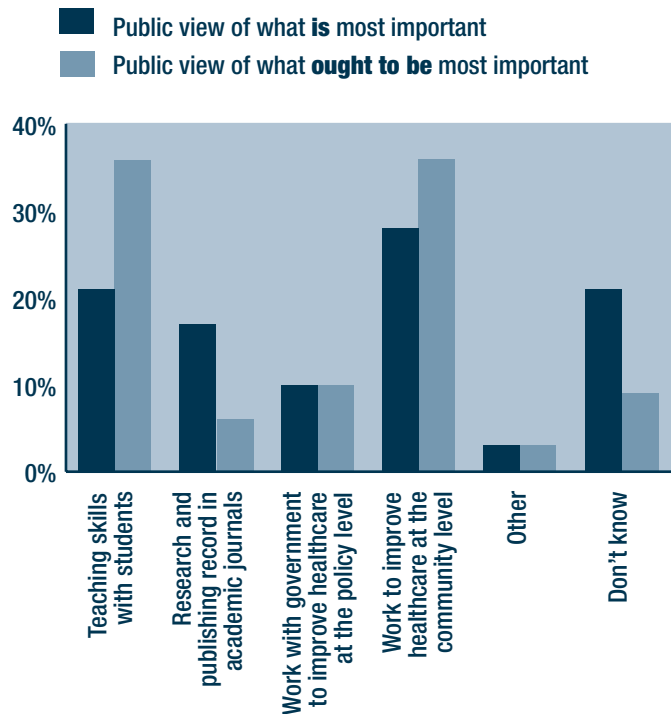
The numbers behind one of healthcare's current debates

Public perceptions of university promotion practices



What is it that gets faculty in universities promoted? What should it be? In 2003, the foundation commissioned the Berger Health Monitor to ask these questions of 1,960 Canadians older than age 21. Given our concern with encouraging applied research and knowledge transfer, we wondered what the public thought. Most academics will find public perceptions at odds with their worklife reality.

For more information on the foundation's work on university promotion and tenure, please contact Chris McCutcheon at chris.mccutcheon@chsrf.ca.



Results accurate to within ± 3% (19 times out of 20)

ABOUT US

Building capacity in rural and remote areas

During two days in October, 45 senior managers from northern and rural health regions in Saskatchewan explored the use of evidence-based research in their daily work.

This coming together of an expanded network of managers was the brainchild of several people in Saskatchewan who proposed the workshop, which was co-funded by the Canadian Health Services Research Foundation, the Saskatchewan Health Research Foundation, and the Saskatchewan Health Quality Council.

Over these two days, the participants tackled various issues associated with finding, appraising, and synthesizing evidence. The opportunity to meet and exchange ideas face-

to-face, the first chance for many attendees, moved the fledgling virtual network of a few to a more solid, expanded network of more than 45.

Staff at the foundation helped the participants put the principles of linkage and exchange into action by connecting the producers and users of research in rural Saskatchewan. And the co-funders benefited too, as they had the opportunity to listen to and learn about the unique concerns and challenges of these decision makers.

For more information, please contact Katherine Fafard at katherine.fafard@chsrf.ca.

A review of a policy document, working paper, commission report or other literature that has not appeared in journals



Who decides what makes it into medicare?

How do provincial governments decide what healthcare services to fund? That's what one of the foundation-funded teams exploring the medicare "basket" asked in its working paper *What is In and Out of Medicare? Who Decides?* Written by Colleen Flood, Carolyn Tuohy, and Mark Stabile, the paper discusses how decisions are currently made in the province of Ontario.

Four decision-making bodies can be involved in determining what physician services are publicly funded in Ontario. The first is the physician services committee, made up of five members appointed by the government and five appointed by the Ontario Medical Association. The committee reviews use of services and makes recommendations on what services to list or de-list. However, the de-listing process is not systematic, and it is very difficult to de-list services to free up money to introduce new ones.

The second decision-making group is comprised of medical directors — salaried physicians employed by the Ontario Ministry of Health and Long-Term Care (and indeed by all provincial health ministries, albeit with different titles). At the directors' regular inter-provincial meeting, which they characterize as a routine administrative meeting to discuss reciprocal billing codes, they focus on

- 1) the effectiveness of a certain treatment;
- 2) the cost-effectiveness of that treatment; and
- 3) what the other provinces are doing.

Cost-effectiveness seems to be the least-important priority, and there are concerns that the provinces may put pressure on each other not to list certain treatments, for fear this will lead to demand elsewhere.

The third body in Ontario is the Health Services Appeal and Review Board. This is an administrative tribunal that hears complaints about a government decision not to cover a particular service. However, the board has very limited discretion to reverse a decision or allow out-of-country treatments to be covered under the provincial insurance plan.

The final decision-making body is the court system. People can ask the courts to overturn a decision not to fund a treatment based on either administrative law (which looks at the reasonableness of the decision) or Charter challenges (which usually focus on discrimination against a particular group). The courts often side with the province, but the very idea of judicial review — and its attendant negative publicity — help "perpetuate the status quo" and make politicians reluctant to examine services for potential de-listing.

A problem common to all of these processes is a lack of public participation in decision-making. Decisions are made behind closed doors, without any great degree of public input.

For more information, please contact colleen.flood@utoronto.ca. To read a copy of the working paper, please visit www.law.utoronto.ca/healthlaw/basket/index.html

Latest reports released by foundation

The following final research reports (listed by theme) were recently released and can be found on our web site at www.chsrf.ca/final_research/index_e.php.

Managing Continuity

A green light for three inter-organizational models of continuity of care based on short perinatal hospital stays
Danielle D'Amour

Nursing Leadership, Organization, and Policy

Monitoring the Health of Nurses in Canada
Michael Kerr

Informed Public Participation in Decision-Making

Towards More Meaningful, Informed, and Effective Public Consultation
Julia Abelson

Other

Development and Testing of a Decision Support Tool for Healthcare Performance Measurement
Geoffrey Anderson

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Links

New health research reports released

Two new reports have recently been released by Ray Moynihan and the Milbank Memorial Fund.

The first report, "Evaluating Health Services: A Reporter Covers the Science of Research Synthesis," investigates the methods and uses of research synthesis. It examines who is doing systematic reviews, how the most reliable ones are prepared, how they are being used, and further assesses the strengths, weaknesses, and promise of the methodology for preparing reviews. Doing a systematic review of healthcare evidence is now widely regarded as the most rational way to evaluate interventions meant to prevent and treat illness. These reviews inform many clinicians and policy makers.

"Using Health Research in Policy and Practice: Case Studies from Nine Countries" examines health research in policy and practice in nine countries, based on presentations from a conference in Washington, D.C. in September 2003. Each case study examines how different sorts of research are being used in very different policy and practice settings, and each offers insight into the various ways policy makers try to use scientific research to improve healthcare in their respective countries.

To read these reports, please visit www.milbank.org.

Understanding evidence-based decision-making

A new collection of essays on the use of evidence in healthcare decision-making is now available. Edited by Louise Lemieux-Charles and François Champagne, *Using Knowledge and Evidence in Health Care: Multidisciplinary Perspectives* brings together scholars from various disciplines — such as political science, public policy, and informatics — to explore some of the challenges and limits of evidence in different

contexts. Based on the work of HEALNet, the collection includes essays by foundation-funded researchers such as Carole Estabrooks, John Lavis, and Jean-Louis Denis, as well as a conclusion by the foundation's chief executive officer, Jonathan Lomas, which serves as a synthesis of the collection. It is available from the University of Toronto Press.

Our mission is to support evidence-based decision-making in the organization, management and delivery of health services through funding research, building capacity and transferring knowledge.

Questions? Comments?

Please see our website at www.chsrf.ca, or e-mail the newsletter editor, Kindha Gorman, at kindha.gorman@chsrf.ca.

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