



Institute of Health Services and Policy Research

IHSPR

April 2005

Message from the Scientific Director



Institute strategic planning is made particularly challenging by the fact that CIHR is funded on an annual budget model. That is, CIHR knows its base budget in advance, but news about any increase arrives with the federal budget. Combine this with the fact that CIHR is unable to carry unused funds over from one fiscal year to the next, and things get really interesting. This year has been no exception. The federal budget was brought down on February 23 and CIHR received an increase to base budget of \$32 million. With this information in hand, CIHR's Governing

Council then makes decisions about how those funds are to be allocated across the many worthy (often complementary and synergistic, but nevertheless competing) priorities within the organization. CIHR's Institutes then make decisions in consultation with their Advisory Boards, informed by their own priority-setting process, about how to allocate any new strategic funding. But by then the options for how to use the new funds constructively in the current fiscal year are extremely limited. The time required to post and adjudicate new funding opportunities is lengthy; and it is impossible to invest any significant amount of current fiscal year new funding in multi-year initiatives because these funds cannot be spent in advance. For example, an RFA for a multi-year initiative, posted in June 2005, will at best be able to flow a small share of an annual budget in the 2005-06 fiscal year.

This abbreviated look inside the black box of CIHR funding and budgeting is a rather long-winded way of explaining why this newsletter contains no information on possible new strategic RFAs for June 2005, despite an increase in CIHR's 2005 budget. Lack of information in the newsletter should not be interpreted to mean that there will be no new opportunities in June. Check the web site regularly!! It also explains why applicants to September grants and awards competitions sometimes learn rather late that they have been funded.

This IHSPR newsletter does contain an update on some new standing competitions emerging from CIHR, and on our latest call for proposals for funding under our "Workshop and Community Development Program." It also includes important, and good, news regarding the allocation of funding within the bi-annual grants and awards competitions, an update on the new journal, *Healthcare Policy*, and an article on CAHSPR.

We hope each of you finds something of interest, and use, in this newsletter. As always, we welcome your comments and suggestions.

Morris Barer
Scientific Director

New Funding Opportunities

Teams, Emerging Teams and Research Resources – new standing CIHR competitions

During the past four years, CIHR's portfolio of funding programs has become increasingly complex. While the causes—increased funding, the broader mandate of CIHR, and greater collaboration across disciplines, between institutions and with the community at large—may be celebrated, the research community has told us that it is difficult to keep pace with the frequent and unpredictable array of funding opportunities.

Over the next five years CIHR intends to simplify its portfolio by combining funding programs with similar objectives. Building on the idea of bi-annual "program launches" CIHR will adopt a regular cycle for announcing *all* funding competitions. Most competitions will have an open component, which will accept applications in any area of health research, and a priority announcement (or strategic) component, which will encourage applicants to direct their efforts towards priority research areas identified by the Institutes. The goal is a simple, well-designed portfolio of funding programs flexible enough to accommodate all approaches to health research.

The first step in this simplification process is the consolidation of programs designed to support research teams. The CIHR Team Grant competition, which was first launched in September 2004, will be one of three new regular programs: the others will be the Research Resource Grants (which will include support for the development of theories, frameworks, research methods, measurement tools, and evaluation techniques—drawing for inspiration on IHSPR's 2004 "Advancing

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Theories" competition), and the Emerging Team Grants (which is intended to consolidate a number of existing funding tools, including the IHSPR-developed ICE competition).

The second round of the CIHR Team Grant competition will be launched in June 2005. The CIHR Team Grant program is intended as a replacement for, and enhancement of, the IHRT, CAHR and some Group programs. The objective of this program is to strengthen Canadian health research by supporting teams of talented and experienced researchers conducting high-quality research and providing superior research training and mentorship. The program emphasis is on the production of new knowledge, and the translation of research findings into improvements in the health of Canadians and the Canadian health care system. These results will be realized more rapidly and more efficiently through the CIHR Team Grant program than if the components were to be funded as a series of separate operating grants.

With the introduction of the CIHR Team Grant program it is the intent of CIHR to fund a variety of expert teams (uni-disciplinary teams, multi-disciplinary teams, trans-disciplinary teams, community-partnered teams, academic-industry teams, etc.). The unifying element underlying all successful CIHR Teams will be a commitment to excellence and the pursuit of a problem-based, collaborative approach to health research. Team Grants will be funded for a maximum of five years, and are renewable through regular competitions.

We recognize that changes to our programs have to be managed carefully in order to avoid disruption to continuing research, and that we must engage researchers and their partners in improving the ways in which we support health research. We are now in the design phase for the Research Resource Grant and Emerging Team Grant programs, and will continue to look for input from the research community as we consolidate our team-oriented funding programs.

Workshop and Community Development Program

IHSPR is accepting applications for workshops or research community development initiatives. The application form and guidelines are now available on IHSPR's website at <http://www.cihr-irsc.gc.ca/e/4112.html>. The deadline for this round of applications is June 15, 2005.

IHSPR's Workshop and Community Development Program is intended to support health services and policy research initiatives that contribute to the goals and objectives outlined in our strategic plan. Thematic research areas identified for priority investment are highlighted in *Listening for Direction II*, which is available on CHSRF's website at http://www.chsrf.ca/other_documents/listening/index2_e.php.

We are pleased to announce the following successful applicants to the February 2005 round of the Workshop and Community Development Program:

Stephen Bornstein	Research Forum on Health Board Restructuring
Neil MacKinnon	Timely Access to Care and Seamless Transitions Across Care Settings
James McKeen	Knowledge Transfer and Management in Health Care: Quality, Safety, Accessibility and Affordability—Finding the Balance
Raymond Pong	2005 Ontario Training Centre Summer Institute on "Health Human Resources Research and Policy: A Focus on Rural and Northern Issues"
William Sibbald	Incentive Structures in Canadian Health Care: Considerations for the Future
Laura Simich	Mental Health in Public Health Policy and Practice: Providing Culturally Appropriate Distress Relief in Acute and Post-Emergency Situations
Allison Williams	Addressing the Hospital Pharmacy Management Crisis: Development of Strategies and Solutions
June Yee	Striving for Best Practices and Equitable Mental Health Care for Racialized Communities in Toronto

Other June funding opportunities

At time of writing, the Institute was in the process of determining how best to use additional strategic funding made available through the increase in the CIHR budget announced in the recent federal government budget. Additional funding opportunities will be posted on CIHR's (and IHSPR's) web site, on either June 1 or June 15, 2005.

CIHR Knowledge Translation Award

The CIHR Knowledge Translation Award honours and supports teams or organizations that make an outstanding contribution to the health of Canadians or to the health system through exemplary knowledge translation. Nominations are now being invited for teams or organizations that have made innovative and significant achievements in knowledge translation relevant to any area of health research. Grants will be awarded for knowledge translation activities that have had an impact at either the national or international level (\$100,000 grant), or the local or regional level (\$20,000 grant), and will be used to advance knowledge translation activities. Award recipients will be celebrated at the annual CIHR Awards Ceremony in Ottawa in November 2005.

Nominations must be submitted by May 18, 2005. For more information, please visit the CIHR website at <http://www.cihr-irsc.gc.ca/e/27461.html>.

CIHR Partnership Award

The CIHR Partnership Award recognizes partnerships that exemplify excellence by bringing health research communities together to create innovative approaches to research; develop research agendas that are responsive to the health needs of Canadians; and/or accelerate the translation of knowledge for the benefit of Canadians. The emphasis of the award is on innovative cross-sectoral partnerships that promote excellence. Past recipients of the award include The Arthritis Society and the Canadian Psychiatric Research Foundation/Astra Zeneca Inc. Award recipients will be celebrated at the annual CIHR Awards Ceremony in Ottawa in November 2005.

The application deadline is Monday, June 6, 2005. The application form and eligibility criteria can be found at <http://www.cihr-irsc.gc.ca/e/27367.html>.

Are you a member of CAHSPR yet?

The Canadian Association for Health Services & Policy Research (CAHSPR) was formed in 2003 as a broad-based, multi-disciplinary association representing the interests of researchers and decision makers from across the spectrum of health services and policy research.

Today CAHSPR is Canada's largest and most diverse health research professional association, and continues to grow through its appeal to individuals and organizations from all areas of health services research and health services policy.

This diversity provides many advantages to CAHSPR members. For example, the annual CAHSPR conference offers unique opportunities for researchers to network with colleagues from other disciplines and with policy makers, leading to new opportunities for collaborative research and for partnering between researchers and users of research.

The theme for CAHSPR's 2005 conference from September 16 to 18 (see <http://www.cahspr.ca/conference/index.html>) in Montreal is *Canada's Health Priorities: Building and Maintaining Research Capacity*. Scheduled just prior to the International Conference on the Scientific Basis of Health Services (see <http://www.icsbhs.org/>), the CAHSPR conference will include plenary and panel sessions with high-profile presenters as well as concurrent sessions focusing on new and emerging researchers. The conference will also feature poster sessions, with awards sponsored in part by IHSPR.

In a recent survey, CAHSPR members ranked the association's annual conference as the most important benefit of membership. CAHSPR members are entitled to a \$125 discount on the cost of registration for the annual conference. Members also receive a free subscription to the electronic version of *Healthcare Policy*, the new Canadian health services and policy research journal being launched later this year.

Another valued benefit for members is the CAHSPR listserv. The weekly listserv provides timely information on career opportunities, upcoming events, links to course materials for student members, current research or policy items of interest to members, and much more.

For more information about CAHSPR, visit www.cahspr.ca or email pcharbonneau@cahspr.ca.

ICE/Centres Meeting— Summary Report



In January 2005, IHSPR, in partnership with the CIHR Institute of Population and Public Health (IPPH) held a joint meeting for the IHSPR Interdisciplinary Capacity Enhancement (ICE) Teams and the IPPH Centres for Research Development. The meeting was intended to develop new networks amongst the ICE and Centre faculty and staff, to discuss a number of common challenges that have been faced by these teams during their formative years, and to provide an opportunity to begin planning for the evaluation of these two CIHR funding tools.

The ICE teams discussed practical strategies to address five identified challenges: barriers to communication, knowledge translation and scientific merit, sustainability, linkage, and evaluation. It was widely agreed that as CIHR develops new funding tools, features of the ICE program that encourage new teams to work together, and that foster knowledge translation and training, should be retained. Participants also had an opportunity to hear from a consultant who will be involved in evaluation of the ICE teams, and from some of the teams who have begun planning for their evaluation.

The meeting was highly successful, and plans have now been put in place to ensure that it becomes an annual event. To view the final report, please go to <http://www.cihr-irsc.gc.ca/e/13931.html>.

Changing the open competitions funding formula: from 80:20 to 100:0

In November 2002, Warren Thorngate and colleagues from the psychology department at Carleton University delivered a report to CIHR that analysed the outcomes of CIHR's open competitions (see *Mining the Archives: Analyses of CIHR research grant adjudications* at http://http-server.carleton.ca/~warrent/reports/mining_the_archives.pdf). This analysis revealed that medical research committees (largely pillar 1) weighted evaluation criteria quite differently than health research committees (largely pillars 3 and 4), with the former putting more emphasis on experience and track record, and the latter on methods and analytic plans. The research team also found that, overall, there tended to be more disagreement among members of health research committees, and that disagreement was associated with lower ratings. As a result, both committee and private ratings on health research committees tended to be considerably lower than those emerging from medical research committees.

This was an important set of findings, because CIHR was using an "80:20" rule for allocating funds across committees—80% of the funds would be awarded on the basis of universal percentile cut-offs (e.g. if the funding available for the competition could support an overall success rate of 30%, the top 24% of applications reviewed by each committee would be funded, assuming they were rated as "fundable"), but the remaining 20% of the funds would be allocated on the basis of a pooled ranking of all applications in the competition. With health research committees generally rating applications lower than medical research committees, few health research grants were funded from the pooled ranking list, and overall success rates for these applications were accordingly lower.

To address the issues raised in the Thorngate report, as well as other concerns that had emerged in the early days of CIHR, the organization established an ad hoc group, the FAIRR (Fairness in Ratings and Rankings) committee, subsequently replaced by the permanent Sub-committee on Monitoring and Innovation in Peer Review (SMIPR), a sub-committee of the Standing Committee for Oversight of Grants and Awards Competitions (SCOGAC). These two committees have been working diligently over the past couple of years to undertake additional analyses and consultations.

Recently SMIPR presented a proposal to SCOGAC—which it endorsed and in turn presented to CIHR's Governing Council—to replace the 80:20 allocation formula with a straight 100:0 formula (e.g. if the available funding can support an overall success rate of 30%, the top 30% of applications to each committee will be funded). This means that there will be the same success rate in all peer review committees, so long as all grants above the funded percentile (e.g. about 25% in the last competition) receive a rating of 3.5 or higher. This proposal was supported by the Governing Council at its last meeting, and for an initial period of five years, beginning with the March 2005 competition, funds committed to open grants and awards competitions will be allocated on the basis of 100:0. This approach will be evaluated toward the end of that five-year period.

While SMIPR continues to have a full agenda in its constant quest to improve peer review, this decision represents an important milestone in the life of CIHR.

Update on *Healthcare Policy*



**By Brian Hutchison,
Editor-in-Chief**

The last issue of the IHSPR newsletter provided information on the editorial team for our new Canadian journal, *Healthcare Policy*. Since that time, things have been moving rapidly toward the publication of our first issue:

- A formal call for papers was distributed (see <http://www.longwoods.com/BestPS/index.html>)

- At time of writing, Longwoods Publishing had received 25 submissions. The editorial team is processing these papers, and five have already had decisions conveyed back to authors

We are extremely excited by the range of content and the quality of papers that are being sent to us for review, and we are on track for a first issue by early fall. We encourage you to think seriously about *Healthcare Policy* as you contemplate where to send your best and most Canadian-policy-relevant work. The journal will only be as good as the materials with which the editors and publishers have to work.

Funding Decisions

RFA: “Toward Canadian Benchmarks for Health Services Wait Times—Evidence, Application and Research Priorities”

At the end of February 2005, IHSPR, in partnership with the Conference of Provincial/Territorial Deputy Ministers of Health and the CIHR Institutes of Cancer Research, and Musculoskeletal Health and Arthritis, launched a “quick response” RFA intended to provide the Deputy Ministers with syntheses of evidence that could inform their work in meeting those commitments in the Ten Year Plan to Strengthen Health Care to establish evidence-based benchmarks for medically acceptable wait times. Funded initiatives will inform the work of the Deputy Ministers of Health in establishing benchmarks in five priority areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.

For a complete listing of funded applications, please visit <http://www.cihr-irsc.gc.ca/e/26875.html>.

RFA: “Addressing Health Care and Health Policy Challenges of New Genetics Opportunities”

CIHR’s Institutes of Genetics, Health Services and Policy Research and Population and Public Health, in partnership with the Canadian Coordinating Office for Health Technology Assessment and the Heart and Stroke Foundation of Canada, recently funded two projects to support research likely to better equip health care providers, administrators and policy makers to improve the health of populations and strengthen the health care system in Canada in the face of the rapid growth in new technologies and understandings associated with the “genetics era.”

For a complete listing of funded applications, please visit <http://www.cihr-irsc.gc.ca/e/25846.html>.

RFA: “Research Syntheses: Priority Health Services and Systems Issues”

CIHR’s Institutes of Health Services and Policy Research, Population and Public Health and the CIHR Knowledge Translation Branch, recently funded six projects to support syntheses of health services and systems research in thematic areas identified as high priority in recent national consultations. The funded projects will enable health care policy makers, administrators, managers and the research community to better understand the state of evidence relating to:

- Knowledge management in health care communities
- Organizational determinants of waiting time management for health services
- Managing to ensure patient safety in primary care
- Access to primary care for the homeless
- The utility of instruments for reporting waiting times for elective surgery and associated risks
- Approaches to considering social, ethical, and legal issues in health technology assessment

For a complete listing of funded applications, please visit <http://www.cihr-irsc.gc.ca/e/27462.html>.

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Staff Profile – Morris Barer



In addition to being IHSPR’s Scientific Director, Morris is a professor in the Department of Health Care and Epidemiology and a faculty member and founding director of the Centre for Health Services and Policy Research at the University of British Columbia. He holds a PhD in economics (1977) and an MBA in public policy (1987), both from UBC.

Morris’s dedication, penchant for perfection and attention to detail are legendary amongst his colleagues and co-workers. When it comes to balancing Institute priorities, his many areas of research, his students, or the concerns and interests of the people with whom he works, Morris always demonstrates a miraculous ability to manufacture extra time where none seems to exist. These skills appear to have been honed at home and work, some two decades earlier. While raising his two children, he always seemed to find hours for board and card games, time at the park, homework assistance, t-ball coaching and endless chauffeuring, despite the fact that he was at the same time associate director of a research unit, a very active and productive researcher, working on his MBA, and, during one particularly mad year, building a house.

Morris also manages to find a few moments in his busy schedule to take some time for himself. He loves socializing (and exercising) at the gym, playing tennis with his friends, perusing Vancouver’s coffee shops with friends and family, and long, vigorous walks with his wife of 30+ years. During the summer months, he can be found in the garden planting and watering his tomatoes, corn, peas, and strawberries. Tending to weeds is a year-round obsession, often done en route from his car to the house, with briefcase in hand.

If you ask Morris how he manages the juggling, he’ll tell you it all has to do with how much quality chocolate is easily at hand, and always being able to look forward to the next holiday in a rain-free destination.

RFA: “Pilot Project Grants in Strategic Health Services and Policy Research Theme Areas”

The CIHR Institutes of Health Services and Policy Research, Population and Public Health, Aging, Musculoskeletal Health and Arthritis, Aboriginal Peoples’ Health and Gender and Health, recently funded 14 pilot projects intended to facilitate successful applications to subsequent operating grant or other funding competitions. The pilot projects were in select thematic areas identified as high priority during recent national consultations:

1. Timely access to health care for all
2. Managing for quality and safety
3. Sustainable financing, funding and resource allocation in health care
4. Strengthening the intersection between public health and health care

For a complete listing of funded applications, please visit <http://www.cihr-irsc.gc.ca/e/27680.html>.

Other recent IHSPR-related funding decisions:

RFA: “Knowledge Translation Strategies for Health Research” (<http://www.cihr-irsc.gc.ca/e/26423.html>)

RFA: “Northern Health Research Development Program Grants” (<http://www.cihr-irsc.gc.ca/e/27523.html>)



IHSPR MANDATE

The CIHR Institute of Health Services and Policy Research is dedicated to supporting outstanding research, capacity-building and knowledge translation initiatives designed to improve the way health care services are organized, regulated, managed, & financed, paid for & used and delivered, in the interest of improving the health and quality of life of all Canadians.

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