



CENTRE FOR HEALTH SERVICES AND POLICY RESEARCH

Report of the Advisory Review Committee

February 16, 2012

The Centre for Health Services and Policy Research (CHSPR) was created in 2001 to foster research in health services, health program evaluation, and health policy analysis. In accordance with the Senate policy on *Procedures Governing the Establishment, Reporting and Review of Research Centres, Institutes and Other Entities at Queen's University*, Iain D. Young, then-Acting Dean of the Faculty of Health Sciences, appointed an Advisory Review Committee to advise the Dean on the present state and future prospects of CHSPR using the terms of reference for Advisory Review Committees approved by Senate (attached as Appendix 1).

The Review Committee and its Work

The Committee was established in the winter term of 2011. Its members are:

- Richard V. Birtwhistle, Professor, Department of Family Medicine
- Dana S. Edge, Associate Professor, School of Nursing
- Kim Nossal, Professor, Department of Political Studies
- Margo L. Paterson, Professor, School of Rehabilitation Therapy

The Committee was chaired by Kim Nossal; Gail Knutson, Senior Staffing Officer in the Faculty of Health Sciences, provided administrative support to the Committee.

The Committee held six meetings between May 2011 and February 2012. It heard from the following members of the University community:

- Michael Green, Associate Professor, Department of Family Medicine, and Acting Director of CHSPR
- Duncan Hunter, Associate Professor, Department of Community Health and Epidemiology, member of CHSPR's core faculty
- Mary Ann McColl, Professor, School of Rehabilitation Therapy, and Associate Director-Research for CHSPR
- Bill Mackillop, Professor and Head, Department of Community Health and Epidemiology
- Richard Reznick, Dean, Faculty of Health Sciences

Centre for Health Services & Policy Research (CHSPR)

In 1990, the Queen's Health Policy (QHP) Research Unit was established as an institutional mechanism to focus on health services organizations and systems research and evaluation. In 2001, the University established CHSPR as a successor to QHP.

CHSPR embraces research under two of the Canadian Institutes of Health Research's (CIHR) four "pillars": "pillar 3" (health services, focussing on how health services are delivered) and "pillar 4" (social, cultural, environmental, and population health).

Today, CHSPR identifies three priority areas of health services and policy research: community and primary health care; the health of vulnerable populations (including the elderly, Aboriginal peoples, people with mental illness, and people with disabilities); and economic analysis in health care. Its current research projects reflect these priorities. It is a multi-disciplinary centre, although the various disciplines represented are drawn primarily from the health sciences.

Personnel

CHSPR has four core faculty members, all of whom are drawn from one or more departments/schools in the Faculty of Health Sciences

- Michael Green, Family Medicine, Community Health and Epidemiology
- Mary Ann McColl, Rehabilitation Therapy, Community Health and Epidemiology
- Heather Stuart, Community Health and Epidemiology, Psychiatry, Rehabilitation Therapy
- Ana Johnson, Community Health and Epidemiology

There are between eight and 10 Queen's affiliate faculty, all but one of whom are either located within the Faculty of Health Sciences, or had a previous relationship with the Faculty. There are two external affiliates.

In the 2011 *Five Year Review*, CHSPR reported one postdoctoral research fellow and five research associate positions (of which one was vacant, another occupied by an associate who retired in 2011, and one associate on maternity leave). As of April 2011, 15 graduate students – five doctoral and 15 master's – were identified as having an affiliation with CHSPR.

Administration for CHSPR is shared with other units; although CHSPR is served by four administrative staff, it has a FTE (full-time equivalent) allocation of 1.5.

Leadership

The founding director of CHSPR was Dr. Samuel Shortt, who had held the Hannah Professorship of the History of Medicine at Queen's in the 1980s. When Dr. Shortt left the position in 2007, several attempts were made to fill it with a new mid-career or senior faculty member. For a number of reasons, these efforts proved unsuccessful, with the result that a series of acting or interim directors were appointed to lead CHSPR from year to year.

The present Acting Director, Michael Green, was appointed in 2010. Although considerably burdened by a variety of other responsibilities – as an Associate Professor in the Departments of Family Medicine and Community Health and Epidemiology, as the Associate Director of the Centre for Studies in Primary Care, as an adjunct scientist with the Queen’s node of the Institute for Clinical Evaluative Services (ICES@Queen’s), and as a family physician with an active practice – he has done what the Review Committee believes is a stellar job as Acting Director of CHSPR.

Governance

CHSPR is a “free-standing” research centre within the Faculty of Health Sciences; its director reports to the Dean of Health Sciences. However, while the reporting relationship is straightforward, CHSPR has associations and linkages with other units at Queen’s engaged in research on health services and policy, such as the Institute for Clinical Evaluative Services node at Queen’s (ICES@Queen’s), the Centre for Studies in Primary Care, and the Department of Community Health and Epidemiology.

Finance

In the period under review, CHSPR had revenues of more than \$6.5 million (between \$919,000 and \$1.3 million per year, average \$1.08 million annually). During this period, core funding from the Ministry of Health and Long-Term Care (MoH-LTC) remained steady at \$345,000 per year, or approximately one-third of the revenues of CHSPR. In every year but one, CHSPR’s revenues exceeded expenditures.

Accomplishments of the Centre

Over the period under review, CHSPR has maintained a successful record of attracting research funding and an equally successful record of scholarly publications. Faculty affiliated with CHSPR have received 39 funded grants between 2006 and 2011, 14 of which have been awarded by CIHR. At the time of the review, CHSPR is managing 11 on-going projects.

During the same time period, 28% (38/136) of published peer-reviewed articles were first-authored by CHSPR’s core faculty. A total of 283 publications and/or presentations constituted the Centre’s output over the four-year time frame.

Committee Recommendations

The Terms of Reference for Advisory Review Committees (Appendix 1) requests that committees offer advice about units under review on specific issues:

1. Renewal of the Centre

The Terms of Reference ask Review Committees to address a very pointed question: “Should the Centre be authorized to operate for a period of up to five years or be phased out of existence?”

CHSPR is a viable research centre and should receive continued support from the Faculty of Health Sciences .

Although there are other groups doing health services and policy research at Queen's, there was a general consensus from those interviewed that CHSPR's work was important and needed, particularly in the health policy area. CHSPR has established itself as an active participant in the Network of Health Services Research Centres in Ontario, and we concur with the unanimous view of those with whom we talked that it would not be in the interests of the Faculty of Health Sciences or Queen's University more generally to close down the synergies that have been created in health services research over the last 20 years.

Moreover, we note that CHSPR remains a competitive recipient of the core funding provided by the MoH-LTC. While we are aware that this core funding is provided on a "one-time funding" basis from year to year, we believe that it would be short-sighted to walk away from these funds as long as they are available from the MoH-LTC.

However, as our recommendations below suggest, we would not recommend simply renewing the mandate of CHSPR for another five years without some concomitant strategic decisions being taken by the Faculty and/or the University.

2. Leadership of the Centre

The Terms of Reference ask Review Committees to offer comments on the leadership of the Centre.

All those interviewed agreed that the core issue that has affected the present state of CHSPR – and most certainly will affect its future prospects – is leadership. The departure of Dr. Shortt, and the inability to replace him with a strong senior leader or to identify a full-time funded faculty position, created a very difficult situation for CHSPR and for those who have take on the directorship on an acting or an interim basis.

Indeed, given the necessarily temporary nature of the appointment, the Review Committee was very impressed with how the present Acting Director, Michael Green, has helped steer CHSPR since his appointment in 2010. What makes Dr. Green's tenure as Director of CHSPR even more commendable is the range of his other responsibilities.

However, our view is that this kind of interim appointment is not a viable or sustainable solution to the problem of leadership. While his stewardship of CHSPR has, in our view, been exemplary, Dr. Green's other commitments make it impossible for him to devote his time, attention and energies to CHSPR as fully as a full-time director could.

If CHSPR is to continue as a viable stand-alone research centre at Queen's – and everyone with whom we talked believes that it should – then a means will have to be found to provide it with a director for whom CHSPR would be his or her principal responsibility.

For that reason, we offer in our concluding comments several ideas about how CHSPR might be relocated so that the Faculty and the University continue to benefit from the research being done by this unit without having to embrace the necessary costs of maintaining a stand-alone unit properly.

3. Reflections on the Organizational Structure

We offer here three alternatives to the present structure and our reflections on the appropriateness and viability of each option:

- (a) **A Departmental unit.** In this option, CHSPR would be relocated within the Department of Community Health and Epidemiology, its Director reporting to the Head of Department. This would recognize the complementarity of the research foci of Community Health and Epidemiology and CHSPR, and would enable the Department to deploy resources more efficiently.
- (b) **A reorganized Faculty unit.** There is in the Faculty of Health Sciences a considerable degree of complementary research on health services, broadly defined. This option proposes the pulling together of the different Pillar 3 and 4 efforts across the Faculty and the creation of a single research unit that would be headed by a distinguished scholar. To emphasize its research focus, we recommend that the Director report to the Vice-Dean Research.
- (c) **A University unit.** This option would see CHSPR moved out of the Faculty of Health Sciences and recreated as a centre for health policy research, reporting to the Vice-Principal Research. In this model, such an interdisciplinary and university-wide research centre would draw its research strengths from different units across campus, including the School of Policy Studies and the School of Business.

Each of these options presents challenges and opportunities. Of the three options, we believe that the most problematic would be the attempt to create a university-wide research centre. While two former prominent health scientists today have appointments in the School of Policy Studies, and while the School of Policy Studies offers a concentration for their Master of Public Administration students, there is actually (and ironically given the centrality of health care in contemporary policy) very limited health research capacity in the School of Policy Studies – or indeed more generally outside the Faculty of Health Sciences – that would create the kind of research synergies anticipated. To rectify this lacuna would require that the University engage in a major redefinition of priorities and a redeployment of resources. It is not clear that such an expansion at a time when budgets are going to be even more severely constrained than they are now would be a wise choice.

Reorganizing CHSPR as a subordinate unit of the Department of Community Health and Epidemiology would only solve some of the problems identified in this report. It would permit the more efficient allocation of resources and ensure that health services research carried out by Community Health and Epidemiology would be more effectively coordinated.

With the right leadership, the creation of a Faculty-level research unit could bring together the different strands of health policy research at present being conducted in smaller, stand-alone units. The concentration of research capacity would help position the Faculty, and thus the University, more clearly in the area of health policy research. This structure would allow the Faculty to develop priorities and to allocate resources more effectively.

Conclusion

CHSPR plays an important role in the Faculty of Health Sciences, an importance that is most clearly revealed when we asked members of the Faculty of Health Sciences what the implications would be of bringing CHSPR to an end. We strongly recommend that CHSPR be continued. The time for interim leadership has passed and this issue must be addressed. The Committee has concluded that, to have a flourishing and sustainable centre, a new faculty position is needed to provide the necessary leadership. With a revitalized commitment to CHSPR, the Faculty and Queen's will be well positioned to become a leader in health policy research.



Submitted by
Kim Richard Nossal
Chair, Advisory Review Committee
Centre for Health Services and Policy Research

Terms of Reference for the Advisory Review Committee

The Committee will:

- Advise the Dean or Vice-Principal (Research) on the viability of the Centre/Institute and make a specific recommendation on whether or not the Centre/Institute should be authorized to operate for a period of up to five years or be phased out of existence during the remaining year of its authorized life.
- Comment on the leadership and make recommendations regarding the appointment of the Director for the coming five years based on a review of past performance and consideration of the recommendation from the Centre/Institute.
- Make recommendations or suggestions that the Committee deems appropriate and helpful for the future development and operation of the Centre/Institute.
- As part of the review the Committee should:
 - Consider the appropriateness of the organizational structure as described in the Centre/Institute's constitution.
 - Consider the accomplishments of the Centre/Institute and include in their report an assessment of what has been achieved.
 - Review Centre/Institute documents, including, but not limited to:
 - Annual Reports
 - Minutes of the Advisory Board
 - A five year budget and strategy document prepared by the Centre/Institute
 - Meet with the Centre/Institute Director to discuss the current and future state of the Centre/Institute
 - Review the current operating budget and the reasonableness of the five-year budget and comment on any financial risks and benefits to the university over the next five years
 - Review the adequacy of the human resources for sustaining the Centre/Institute for a further five year period
- The Committee may decide to solicit feedback from Centre/Institute members and Department Heads on the contributions of the Centre/Institute to the individual, department or university