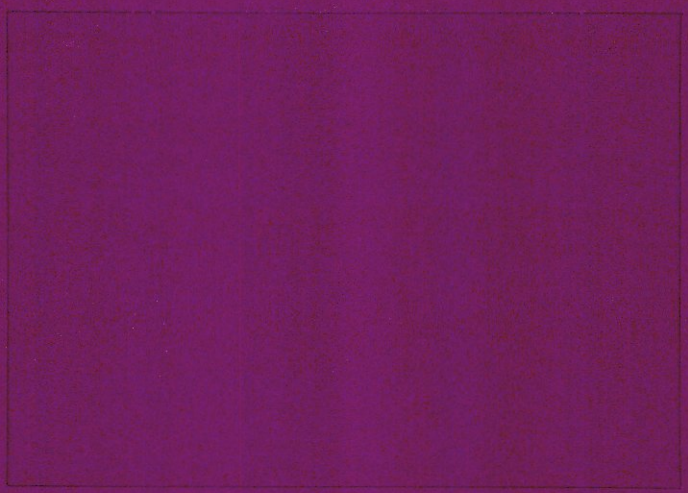
Putting Research Into Practice

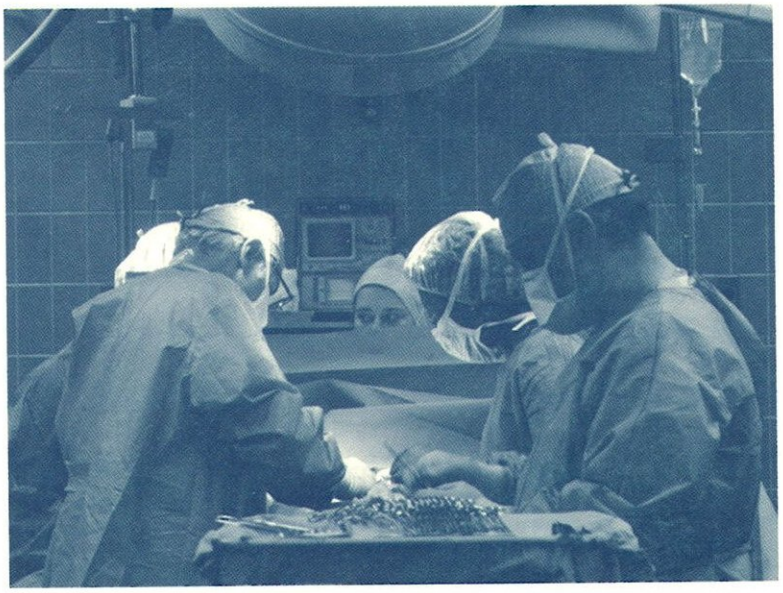


ICES

Institute for Clinical Evaluative Sciences in Ontario

1994-1995 Annual Report

Putting Research Into Practice



Institute for Clinical Evaluative Sciences

ICES conducts research that contributes to the effectiveness, efficiency and quality of health care in the province of Ontario. The Institute is sponsored by the Ontario Ministry of Health and the Ontario Medical Association.

Message from the Board

Putting research into practice has always been a priority at the Institute for Clinical Evaluative Sciences, and the organization continues to find new and better ways to attain that goal. In 1994/95, this meant changes to the organization. It also meant working with planners, practitioners and health care users to determine their needs. The pages of this report offer a glimpse into how ICES has responded to those needs.

At the same time that the Institute was reaching outward, it was also looking inward. Halfway through its five-year mandate, ICES conducted an internal review of its structure, accomplishments and direction. With the expert guidance of consultant Alan Backley, a former deputy minister of health, the Institute was able to do some serious self-scrutiny. While the results were overwhelmingly encouraging, the review also led to an organizational "fine-tuning" that has taken ICES from its fledgling stages to a new level of maturity. The Board was pleased to see that ICES acted quickly to implement many of the recommendations. Among other things, the process helped identify the need to do more work in bridging the gap between research results and those who implement them.

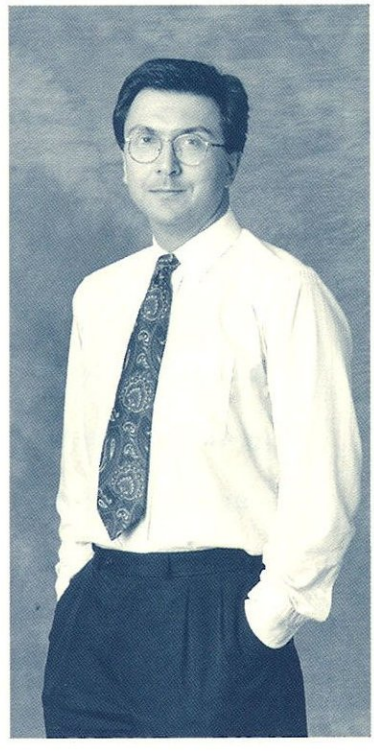
Those who implement changes in health care continue to be faced with incredible challenges. By arming these professionals with innovative tools and reliable information, ICES plays a crucial role in helping health care professionals deliver high quality care. On behalf of the Board of Directors, I would like to thank the Institute's sponsors, the Ontario Ministry of Health and the Ontario Medical Association, and the faculty and staff of ICES, for helping Ontario put research into practice.

Dr. John Evans
Board Chair

Message from the CEO

During 1994/95, two years of collaboration came to fruition with the publication of the Institute's first Practice Atlas. Profiling diverse aspects of health and health care, the Atlas openly identified hospitals, cities and counties, ensuring that the information would be used at the local level. Media interest helped promote widespread awareness of the report and confirmed its relevance to the taxpayers of Ontario. Several other key projects were successfully completed; some of them are highlighted in this report. Many relied on direct field work with health care professionals, administrators and patients. All reflect our emphasis on putting information in the hands of those who can use it.

It is to those individuals on the front lines that I extend thanks, first and foremost, for their commitment to maintaining and improving Ontario's health care system. Special thanks are also due to Alan Backley, whose review of the Institute provided invaluable advice. I am also grateful to many individuals, groups and organizations who advise or support ICES, including: our Corporate Board, the Scientific Advisory Committee, the External Coordinating Committee, the Ontario Ministry of Health, the Ontario Medical Association, the Ontario Hospital Association, Sunnybrook Health Science Centre, and the faculties of medicine and nursing at the University of Toronto.



It is a pleasure to acknowledge our fruitful collaboration with Sunnybrook's Clinical Epidemiology Research Program and researchers and clinicians from the University of Toronto. Finally, my greatest debt is to ICES faculty and staff for their vision, talent and commitment.

Dr. David Naylor
Chief Executive Officer

Helping policy-makers

The Practice Atlas

Ontarians got a bird's-eye view of their health care system when ICES published its first issue of *Patterns of Health Care in Ontario*. Also known as the "Practice Atlas" because of its use of maps, the volume followed trends in areas such as health care expenditures, use of services, length of stays in individual hospitals, county rates for surgical procedures, and drug expenditures and prescribing patterns.

The Practice Atlas analyzed data from several sources, including the Canadian Institute for Health Information, the Ontario Health Survey, the Ontario Health Insurance Plan and the Ontario Drug Benefit Plan. The publication broke new ground by

"ICES is the best thing to happen to health care in Ontario!"

Mr. Terry Fadelle
Chief Executive Officer
St. Marys Memorial Hospital
St. Marys, Ontario

openly identifying and comparing hospitals and counties, says the Institute's Chief Executive Officer, Dr. David Naylor. However, says Naylor, ICES was careful to release its findings constructively – "not to point fingers at doctors, hospitals or policy-makers, but to highlight opportunities for us all to get our act together and do better."

After the release of the Atlas, ICES worked with hospitals to understand how their data fit into "the big picture." The result has been tangible changes to the health care system, says Naylor. "The Atlas changes the way people think; it forces self-scrutiny, and that's fundamental."

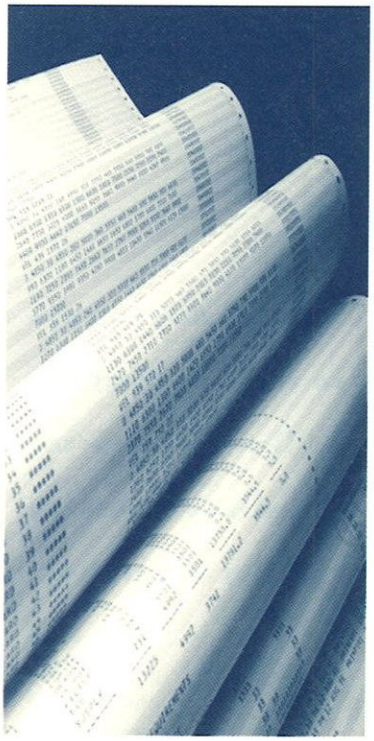
However, not all service pattern variations indicate problems. "The Atlas is a starting point and a screening tool for local decision-makers. From there, they can look for the reasons behind the data."

Naylor says the public is interested in the implications of regional and institutional variations. "They think it's part of making sense of the system," he adds. "The taxpayers I talk to feel that value for money is the order of the day. By putting the data into some kind of context, the Atlas helps planners and practitioners deliver that value."

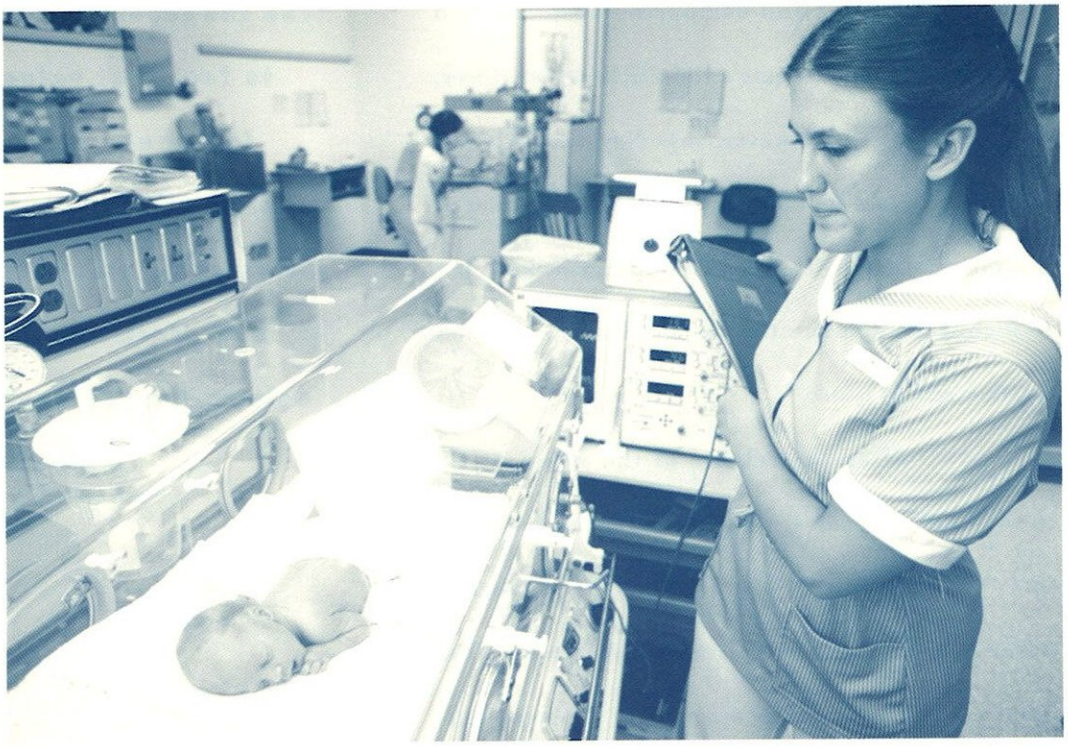
Work is well underway on the second issue of the Atlas, which is slated for publication in the spring of 1996.

"The taxpayers I talk to feel that value for money is the order of the day. The Atlas helps planners and practitioners deliver that value."

Dr. David Naylor
Chief Executive Officer
ICES



Working with hospitals



ICES researchers realize the importance of working with, and for, health care professionals. The development of a program to ensure high quality maternity care illustrates the point. Thanks to collaboration with the Ontario Ministry of Health, the Ontario Medical Association, the Society of Obstetricians and Gynaecologists of Canada, and Orillia-area hospitals, ICES set up a pilot project to help researchers find the best ways to implement evidence-based guidelines for obstetrical care.

The collaborative aspect of the project is important to its success, says Dr. Geoff Anderson, senior scientist at ICES and a co-chair of the coordinating committee. "Working with so many different groups may take a little more time, but it's the only

"ICES offers ways to make optimal use of limited resources – without touching quality of service."

Dr. John Joanisse
Chief of Staff
Hôpital Montfort
Ottawa, Ontario

way to ensure that the resulting program is effective." The pilot project will run in 1995/96.

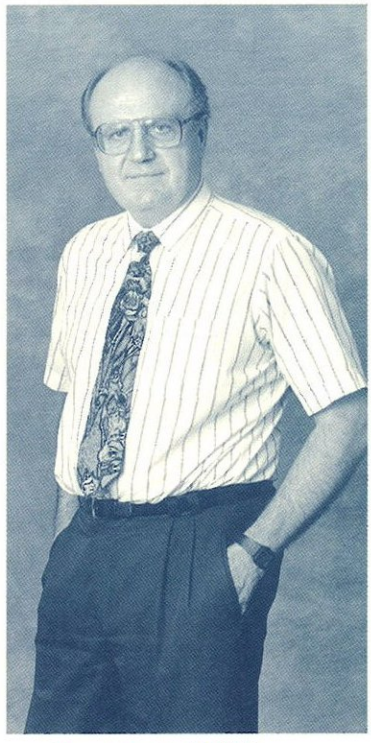
ICES has also been examining a procedure that improves quality of life for people with deteriorating joints. During 1994/95, an ICES study showed that hip and knee replacements are the most effective way to relieve the pain and disability of this condition. "But since joint replacements are elective procedures, hospitals have had to wrestle with the issue of how many they will do," says Dr. Jack Williams, Deputy Director of Research.

Williams and his colleagues shed light on waiting times and the burden of disability born by patients waiting for surgery in the "first come, first served" queuing system. To address this issue, ICES worked with an expert panel and an advisory committee to develop guidelines regarding waiting times and the appropriateness of surgery. ICES presented its findings to orthopaedic surgeons and other stakeholders, and sought their suggestions on future directions in research, with a focus on two issues: improving the allocation of resources for hip and knee replacements and finding better ways to organize the queuing system. Getting feedback from those who use the information is vital, says Williams. "Unless we get buy-in, it's just another research project with papers sitting on the shelf."

A series of studies are underway to further investigate related issues.

"Unless we get buy-in from health care providers, it's just another research project, with papers sitting on a shelf."

Dr. Jack Williams
Deputy Director, Research
ICES



Dr. Jack Williams

Informing physicians

Making research useful and accessible to busy community physicians – that was the goal of one of the Institute's most visible accomplishments for 1994/95: the creation of the *informed* newsletter. "The newsletter was developed because it seemed a lot of really good research was not making it into the hands of general practitioners," says *informed* editor Dr. Edward Brown. "There are thousands upon thousands of journals out there and no physician can

keep up with all of that. Our idea was to pick the topics that are relevant to people in their practice, find the research, and deliver it in an easy-to-read format that is useful to physicians."

As a practising emergency room physician at Peel Memorial Hospital, Brown is in touch with what matters to his colleagues in the field. "We try to look at common things that you're going to run into all the time – not obscure, rare things."

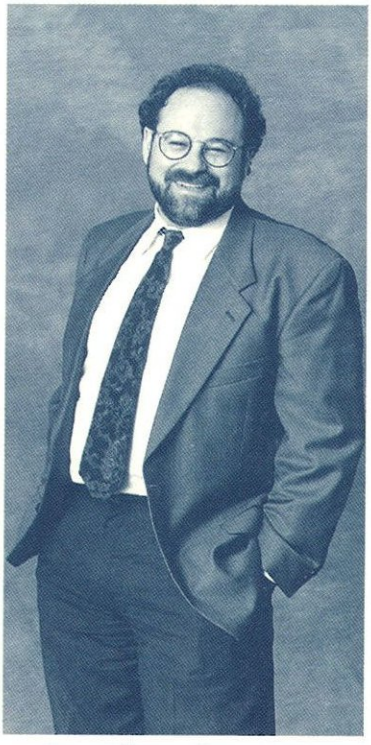
Since its first issue in December 1994, *informed* has delivered the latest research information on a variety of topics, including the management of lower back pain, the use of x-rays in the treatment of ankle injuries, screening for prostate cancer, oral rehydration therapy, and patterns in drug prescribing, to name a few.

The goal in all of this is to help physicians practise the highest quality of medicine possible, says Brown. "As well, we don't shy away from talking about costs, because they are a critical element of delivering effective and efficient care."

To provide information that supplements the *informed* articles, an automated "fax-on-demand" service was set up. Readers can order related research articles, reference lists, and physician and patient information sheets by phoning (416) 480-6747 in Toronto, or 1-800-480-6747 in the rest of Ontario.

"The *informed* newsletter is clear, concise and scientifically accurate; it helps us make decisions on a daily basis."

Dr. Wendy Graham
Family Practitioner
North Bay General Hospital
North Bay, Ontario



Dr. Edward Brown

Empowering health care users

"People want to know...what their options are, so they can make an informed decision."

Ms. Mary Sue Douglas
Cancer Survivor

Consumers not only play a role in shaping the health care system, they are its reason for being. With that in mind, ICES conducts projects to inform patients about decisions that affect them. During 1994/95, two studies looked at the benefits patients wanted from medication before they would consider a lifetime of pill taking worthwhile. Depending on their needs, patients were asked about medication to lower the risk of heart attack or medication to lower the risk

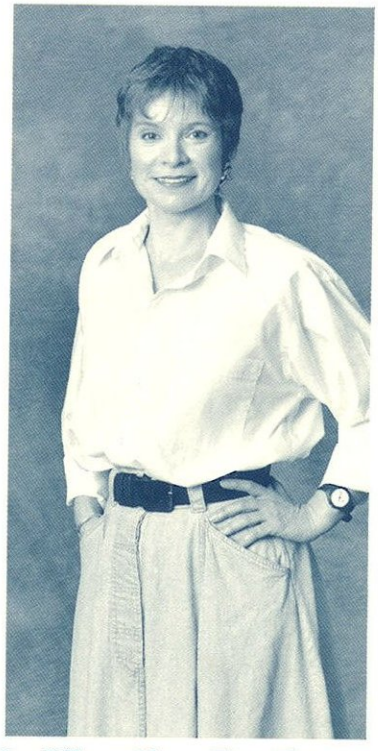
of stroke. While neither group showed evidence of heart disease, one had high cholesterol levels; the other, elevated blood pressure. More than a quarter of both groups surveyed wanted more risk reduction than the medications could deliver, yet some of those participants were already taking one of the medications. "We hope to help patients find a match between what they want and what the treatment can actually deliver," says senior scientist Dr. Hilary Llewellyn-Thomas. The next phase is creating decision aids for patients.

Another initiative examined the pros and cons of screening for prostate cancer. While some groups recommend an annual blood test for men over 50, clinical researcher Dr. Neill Iscoe and senior scientist Dr. Vivek Goel say the issue is not that simple. After a literature review and consultation with experts, the two concluded that screening could identify patients with cancer so small and slow-growing that they may not need treatment. But once diagnosed, they face all the decisions and anxiety linked to the word cancer. "Tests don't just provide information – they can place you in categories with immense consequences," says Iscoe, also a Sunnybrook oncologist and a University of Toronto professor.

To help patients and physicians understand the implications of screening, the researchers worked with the Canadian Cancer Society and prostate cancer survivors to develop information sheets.

"We hope to help patients find a match between what they want and what the treatment can actually deliver."

Dr. Hilary Llewellyn-Thomas
Senior Scientist
ICES



Dr. Hilary Llewellyn-Thomas

Training researchers

"ICES is a fantastic environment for students in health services research."

Ms. Susan Bronskill
Graduate Student
University of Toronto

The Academic Programme Committee

In 1994/95, the Academic Programme Committee continued guiding the development of budding researchers. A joint effort of ICES and the Clinical Epidemiology Unit (CEU) of Sunnybrook Health Science Centre, the committee is a mix of students, research fellows and faculty. The year's achievements included the creation of a student-led journal club designed to foster critical appraisal of published work. An ongoing seminar series also gave students the chance to present work in progress. As well, the committee continued providing "bridge funding" to students and increased its emphasis on supporting the career development of students who pass through ICES and the CEU.

The Linton Fellowship

"I don't like research." That's what Jan Hux thought when she went on her first foray into research as a Master's chemistry student. Since then, Hux has become the first recipient of the Institute's Adam Linton Fellowship, a one-year fellowship to support the work of a health services researcher. She has also learned that she loves research – if it's relevant.

"As an analytical geochemist, I thought, I could get to age 60 and have analyzed six billion rocks, but I needed to do something that was going to make a difference for people," says Hux.

Her desire to affect people's lives got Hux out of the lab and into medical school at the University of Toronto. During her residency at Victoria Hospital in London, Ontario, she worked with the late Dr. Adam Linton, a practising nephrologist. Hux enjoyed the work so much that she talked to Linton about her interest in becoming a kidney specialist. To her surprise, he suggested the young resident become a health services researcher. "I didn't even know what that was!" she says.

The researcher says her time at ICES has been "a tremendous learning experience" that has afforded her the chance to work with large data bases, examine physician prescribing patterns in the area of antibiotics, investigate the appropriate use of bypass surgery, and learn how ICES researchers plan their studies.

Hux is excited about the Institute's work and the way it's bridging the gap between researchers and practitioners. "We needed somebody to come stand in the middle and say: 'How can we translate this good stuff out to the field? How can we take the experiences of the field and generate important research questions?' "

The Linton Fellowship commemorates the integral role Adam Linton played in the origins of ICES. When Hux was chosen to receive the award, she was particularly touched "because of Dr. Linton's vital involvement in my choice to do health services research."

"As a geochemist, I thought I could get to age 60 and have analyzed six billion rocks – but I needed to do something that was going to make a difference for people."

Dr. Jan Hux
Linton Fellow
ICES

Dr. Jan Hux

Getting results

ICES Research Coordinators

Standing (from left): Tami Axcell, Wendy Young, Michele Melady, Elaine Thiel, Elaine Gort, Karey Iron, Michael Paterson, Paula Blackstien-Hirsch. Seated: Team manager Patti Pinfold. Absent: Judy Carter, Virginia Flintoft, Pam Slaughter.

"It's very exciting seeing the results of the work that you've been involved in since the research issue was first identified."

Ms. Patti Pinfold
Manager, Research Coordinators
ICES

What turns an idea in someone's head into hard data and research results? A big part of the answer is the Institute's 12-member team of research coordinators. Coming from a variety of backgrounds, members of this energetic group work with principal investigators to uncover information that will improve Ontario's health care system. The work includes designing studies, preparing research proposals, collecting and analyzing data, writing up the results and disseminating them to health care professionals and consumers.

Research coordinators explore many different areas, says team manager Patti Pinfold, listing a

few examples: "Some are involved in the development and testing of interventions designed to influence medical practice; others participate in the development of research-based guidelines; some study the perspective of the health care consumer; and others work with large data bases, following patients across services and over time to determine the outcomes of health care."

Because they work on a variety of projects, coordinators need to be extremely flexible and able to work as a team or individually, pick up new skill sets and adapt to new situations, says coordinator Judy Carter. The research coordinators meet these challenges with the help of years of education and professional experience. Many of them have worked as health care providers and have degrees in fields such as community health, epidemiology and biostatistics, health administration, pharmacy and physiology.

For Elaine Gort, a nurse with a Master's degree in behavioral sciences, the motivation for getting into research was "curiosity about what makes the health care system work the way it does." Her colleagues agree that curiosity is a large part of what drives them.

According to Pinfold, the pay-off for many coordinators comes when the trends in health care begin to emerge. "It's very exciting seeing the results of the work that you've been involved in since the research issue was first identified."

"Because we work on a variety of projects, we need to be extremely flexible and able to adapt to new situations."

Ms. Judy Carter
Research Coordinator
ICES

Communicating research

Unit Translates Research

"It's not enough to send out undigested research – it doesn't get used."

Ms. Cathy Fooks
Director, Research Transfer
ICES

To many, research means asking questions and finding answers. But what happens once we learn the answers? Communicating ICES research results to the health care system is the job of the Institute's newly created Research Transfer Unit.

Established during 1994/95, the unit has a three-fold mandate, according to unit director Cathy Fooks. The goals of the unit are to transfer research findings to health care professionals, policy-makers and the public; to make sure the information is in a useable format; and finally, to evaluate and increase the impact of that process.

"It's not enough to send out undigested research," says Fooks. "It doesn't get used. You need an intermediary step of translating it into language and products that are relevant to decision-makers."

Faculty Publish Work

As well as writing the Practice Atlas (see page 4), ICES researchers co-authored more than 50 articles in peer-reviewed journals in 1994/95. The journals included *The Journal of the American Medical Association*, *The Lancet*, *The New England Journal of Medicine*, *Annals of Internal Medicine* and *The Canadian Medical Association Journal*.

Network Bridges Gap

Another aspect of the Institute's research dissemination is its sponsorship of the Ontario Health Care Evaluation Network (OHCEN). Chaired by Dr. George Browman, head of the Department of Clinical Epidemiology and Biostatistics at McMaster University, the network promotes interaction and understanding between researchers and health care planners.

Last year, OHCEN organized a symposium, bringing together more than 200 researchers and decision-makers from across Ontario. Entitled *From Research to Informed Decisions: Bridging the Gap*, the conference was an opportunity to present research results, exchange ideas and network.

Other OHCEN initiatives for 1994/95 included connecting to the Internet and creating related products, and funding four research projects, each aimed at exploring an issue identified by the community. The goal of the research projects is to find effective ways to apply research in the community, in areas such as long-term care, children's rehabilitation, nursing practices and fetal health surveillance.

The network also set up an educational task force that will offer regional workshops on topics of interest to decision-makers. To make researchers more accessible to policy-makers, OHCEN continued developing its inventory of health services researchers.

"By developing a network of researchers and decision-makers, ICES helps these groups use research to meet the challenges of a changing health care system."

Dr. George Browman, Chair
Department of Clinical Epidemiology and Biostatistics
McMaster University

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The Scientific Advisory Committee provides guidance to ICES, ensuring that the Institute's work is both scientifically credible and relevant to health policy.

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ICES External Coordinating Committee

Made up of representatives of ICES, the Ontario Ministry of Health, the Ontario Hospital Association and District Health Councils of Ontario, the Institute's External Coordinating Committee develops strategies to disseminate ICES research results.

During 1994/95, the committee focused on plans for the release of the first Practice Atlas (see page 4) and follow-up workshops on regional data. As well, the committee helped promote the Ottawa Ankle Rules, guidelines to reduce unnecessary use of x-rays in the treatment of ankle injuries.

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Dr. Nora Ho
Mr. Paul Huras
Dr. David Peachey
Mr. Ron Sapsford

Financial Statements

Auditors' Report

The accompanying summarized financial statements have been prepared from the financial statements of the Institute for Clinical Evaluative Sciences in Ontario for the year ended March 31, 1995, by the Institute's management. We have audited these financial statements and reported thereon without reservation on May 8, 1995. In our opinion, the accompanying summarized financial statements are fairly stated, in all material respects, in relation to those financial statements from which they have been derived.

Coopers & Lybrand

Chartered Accountants

North York, Ontario

May 8, 1995

The Institute for Clinical Evaluative Sciences in Ontario

Balance Sheet as at March 31, 1995

	1995			1994		
	Capital and Operating Fund	Restricted Fund	Total	Capital and Operating Fund	Restricted Fund	Total
Assets						
Current Assets						
Cash	$ 176,695	$ 98,085	$ 274,780	$ 561,177	$ 159,637	$ 720,814
Short-term investments	1,091,673	542,372	1,634,045	697,795	696,101	1,393,896
Other receivables	31,665	-	31,665	32,293	-	32,293
Prepaid expenses	43,283	-	43,283	258	-	258
	1,343,316	640,457	1,983,773	1,291,523	855,738	2,147,261
Capital Assets	969,990	-	969,990	922,056	-	922,056
	$ 2,313,306	$ 640,457	$ 2,953,763	$ 2,213,579	$ 855,738	$ 3,069,317
Liabilities						
Current Liabilities						
Accounts payable and accruals	$ 214,508	$ -	$ 214,508	$ 246,124	$ -	$ 246,124
Due to Sunnybrook Health Science Centre	1,128,808	-	1,128,808	863,294	-	863,294
	1,343,316	-	1,343,316	1,109,418	-	1,109,418
Deferred Capital Appropriation	290,530	-	290,530	298,956	-	298,956
Deferred Start-Up Grant	679,460	-	679,460	805,205	-	805,205
Deferred Grants	-	640,457	640,457	-	855,738	855,738
	$ 2,313,306	$ 640,457	$ 2,953,763	$ 2,213,579	$ 855,738	$ 3,069,317

Capital and Operating Fund

Statement of Revenue and Expenditure

For the year ended March 31, 1995

	1995	1994
REVENUE		
Grants		
Operating	$ 4,352,709	$ 4,001,689
Start-up	125,745	83,749
Interest income	45,439	43,111
Other income	52,579	21,442
	4,576,472	4,149,991
EXPENDITURE		
Salaries and benefits	3,132,753	2,835,681
Consultative services	443,670	328,290
Computer supplies and software	189,395	260,099
Office and general expenses	208,835	210,019
Travel	89,049	90,532
Amortization of capital assets	204,359	126,325
Professional	22,072	11,783
Administrative	221,366	226,366
Catering	25,515	14,405
Other	39,458	46,491
	4,576,472	4,149,991
EXCESS OF REVENUE OVER EXPENDITURE FOR THE YEAR	$ -	$ -

Capital and Operating Fund

Statement of Changes in Financial Position

For the year ended March 31, 1995

	1995	1994
CASH PROVIDED FROM (USED IN):		
OPERATING ACTIVITIES		
Excess of revenue over expenditure for the year	$ -	$ -
Item not affecting cash - Amortization of capital assets	204,359	126,325
Change in non-cash working capital	191,501	952,182
	395,860	1,078,507
INVESTING ACTIVITY		
Purchase of capital assets	(252,293)	(700,733)
FINANCING ACTIVITIES		
Change in deferred start-up grant	(125,745)	336,169
Change in deferred capital appropriation	(8,426)	229,976
Change in deferred operating grant	-	(1,159,089)
	(134,171)	(592,944)
INCREASE (DECREASE) IN CASH AND SHORT-TERM INVESTMENTS FOR THE YEAR	9,396	(215,170)
CASH AND SHORT-TERM INVESTMENTS - BEGINNING OF YEAR	1,258,972	1,474,142
CASH AND SHORT-TERM INVESTMENTS - END OF YEAR	$ 1,268,368	$ 1,258,972
CASH AND SHORT-TERM INVESTMENTS IS COMPRISED OF:		
Cash	$ 176,695	$ 561,177
Short-term investments	1,091,673	697,795
	$ 1,268,368	$ 1,258,972

Restricted Fund

Statement of Revenue, Expenditure and Deferred Grants

For the year ended March 31, 1995

	Deferred grants at March 31, 1994	Grant receipts	Interest and other income	Expenditure	Deferred grants at March 31, 1995
Ontario Health Care Evaluation Network	$ 738,590	$ -	$ 31,408	$ 225,219	$ 544,779
Breast Cancer Screening Mapping Project (Guidemaps)	47,367	-	2,319	24,117	25,569
T.A. Studies #1-4	69,781	23,996	3,086	66,784	30,079
D.T.I. Study	-	40,000	30	-	40,030
	$ 855,738	$ 63,996	$ 36,843	$ 316,120	$ 640,457

ICES

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