

The Newsletter of the Canadian Health Services Research Foundation

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Health Research in 1999: A Shot in the Arm

This year's federal budget committed nearly \$900 million to health information and health research initiatives over the next three years. We dedicate a good deal of the space in this issue of *QN?* to celebrating and reviewing these federal investments, particularly their impact on CHSRE.

Researchers can celebrate the return of funds for new research and training initiatives. Decision makers looking for the data and analysis to support evidence-based decision making can see real prospects at hand. Investigators feeling thwarted in their attempts to work across disciplines can welcome the impending arrival of a new integrating agency - the Canadian Institutes of Health Research (CIHR).

On pages 8 and 9 we give a brief overview of where the new money is going, dividing the initiatives into 'Access to', 'Accountability from', and 'Analysis of' health information. On pages 2 - 5 we outline the implications for CHSRE. With the addition of \$60 million to our endowment we can extend the life of the Foundation well into the 21st century, expand our support of health services research, and do capacity-development for research on nursing issues. These pages detail our current plans and proposed programs for what will be about a \$10 million annual budget by 2000.

The federal budget also released many billions of dollars more for health services. The new challenge for policy makers and managers is how to use health services research to inform the re-investment in health services. No one wishes to recreate the anomalies of funding and the organizational fragmentation of the past.

Concern about emergency room over-crowding helped create support for the increased funding. In this issue's Data Digest we do a historical review of emergency room use in Quebec that helps to evaluate the claims of crisis. In Best Practice we highlight a research program in emergency services that has linked Ontario Ministry of Health decision makers with emergency services researchers for over ten years. Our other regular feature, Grey Literature, draws attention to the first of our Policy Syntheses, recounting the evidence and experience with governance and capitation issues for integrated health systems. We round out this issue with a summary of our workshop on Linkage and Exchange between Researchers and Decision Makers, and an announcement of the Communication Advisory Panel for our funded researchers.

CHSRF and the Federal Budget

The federal budget included a \$35 million contribution to CHSRF's endowment to support our participation in the Canadian Institutes of Health Research (CIHR) and a \$25 million addition to develop nursing research capacity. In addition, CHSRF has been appointed ex-officio to the Interim Governing Council of CIHR (for more information about CIHR see www.cihr.org).

Depending on decisions of the Trustees, and on endowment investment returns, the one-time \$35 million contribution to the endowment will likely add \$1.5 - \$3 million to CHSRF's current annual operating budget of nearly \$5 million for funding programs in health services research. With our other addition of \$2.5 million/yr for nursing research (see Nursing Research Fund box), CHSRF's annual operating budget will approach \$10 million by 2000.

We will use these monies to add to our current activities with senior career support, training programs, and development of research transfer through such things as a network of doers and users of health services research (see 'Future Programs' box). These investments will meet the objectives of CIHR to stabilize and make attractive career opportunities for established investigators, to increase research capacity in Canada, and to ensure that the knowledge from research is made available to those who can use it to improve the health of Canadians. We will develop these programs with an eye out for co-sponsoring partners during 1999; initial awards will be made in 2000.

However, we also wish to make some of these additional funds available immediately. To this end, a series of one-time training partnerships are being negotiated with federal and provincial agencies. All these agencies have established

1999 DEVELOPMENT FUNDS

CHSRF will offer seed funding in four areas in 1999 to prepare health services and nursing researchers for new program developments and to support their participation in the design and development of the Canadian Institutes of Health Research. Application procedures will be brief and administratively simple. Adjudication will be by small peer review panels, and the value of awards will not exceed \$40,000.

Health Institutes Design Grants

This is a joint initiative between the Social Sciences and the Humanities Research Council (SSHRC) and CHSRF (see box page 13).

Application and award deadlines for the following three development funds will be set by the end of April.

Open Grants Competition, Letters of Intent Preparation

In recognition of the efforts required to establish and exploit linkage between researchers and decision makers as part of a CHSRF grant application, up to \$8,000 will be awarded to those with successful applications for seed funding to help prepare letters of intent for the 2000 competition.

Training Program Development

The crisis in health services and nursing research capacity can only be addressed in the long-term by making more training opportunities available. This fund will make available up to \$30,000 per successful application for development of innovative training programs for those who might become researchers or those who wish to become more informed users of health services and/or nursing research.

training programs and CHSRF support will increase the number of funded trainees this year (see '1999 Training Partnerships' box); it will also respect the growing spirit of inter-agency partnership generated by the CIHR initiative.

In addition, four development funds (available only for 1999) will be created to flow seed funding this year. The first of these is to develop Health Institute Designs to support the work of the CIHR's Interim Governing Council and was announced on March 30 (see box on page 13). Deadlines for the other three funds will be announced before the end of April (see '1999 Development Funds' box).

We will continue to offer research funding in 1999 and beyond through our Open Grants Competition. This will now have 'nursing issues' added as a fourth sustaining theme (next submission deadline is mid-November 1999). We will also continue funding through our Commissioned Research activities such as the Policy Synthesis program.

Eligible costs will include curriculum development and approval activities, networking for multiple site programs, market appraisal and advertising costs, and so on.

Communications Infrastructure

CHSRF will support the one-time costs for Centres, Institutes, and ongoing research teams to develop more extensive communications infrastructure. We will provide up to \$20,000 to each successful applicant for such things as web site development, translation of reports from one official language to the other, editing of research reports into plain language format, expanding and developing the capacity of mailing lists, media training, and so on.

1999 TRAINING PARTNERSHIPS

CHSRF is negotiating with three federal and seven provincial agencies to supplement the number of training awards made in 1999. Partnership support is available to these agencies from CHSRF for health services and nursing researchers at the Masters, PhD and post-doctoral levels.

The program is a one-time supplement in 1999 to support up to three years of training for successful applicants who have already met the peer-review standards of an established agency. CHSRF monies will allow agencies to support successful applicants who, because of budget shortfalls, may not otherwise receive an award.

The agencies which CHSRF is negotiating with are listed below. Not all of these agencies will necessarily receive funding from CHSRF, either because the CHSRF supplement would not increase their number of trainees or because demands exceed CHSRF's budgetary capacity. (An asterisk indicates that a Training Partnership had already been negotiated with that agency by the end of March).

Federal agencies:

Medical Research Council (*); Social Science and Humanities Research Council (*); National Health Research and Development Program.

Provincial agencies:

British Columbia Health Research Foundation (*); Alberta Heritage Foundation for Medical Research (*); Saskatchewan's Health Services Utilization and Research Commission; Manitoba Health Research Council; Ontario Ministry of Health; FRSQ, Quebec(*); CQRS, Quebec(*).

FUTURE PROGRAMS

In addition to expanding the current research funding programs (Open Grants Competition and Commissioned Research) and adding nursing issues as a co-sponsored sustaining theme, CHSRF will develop three new program areas for awards in 2000.

Research Chairs/ Professorships

Leadership for health services and nursing research will be enhanced by freeing up some of the time of established top flight researchers through salary support. CHSRF will seek co-sponsors and will award at least four chairs/professorships for ten years in health services research and the same number in nursing research. Awards, which will be for three years and renewable for a further seven years, will include full salary support and discretionary funds to underwrite the incumbent's research program and to encourage development of training opportunities.

Training

Training awards will increase Canada's capacity to undertake, disseminate and apply research relevant to changing circumstances in health services. Three forms of training awards will be available:

Career Renewal Awards

These will be for one year and designed to support mid-career training or mentorships, either in doing research or in becoming familiar with health services or nursing research issues. Each award will be approximately \$50,000/year.

Post-doctoral Fellowships

These awards will be for a maximum of two years and will allow new researchers to broaden their knowledge and research skills prior to taking up full-time appointments. Each award will be approximately \$30,000/year.

Student Awards

These will be for up to three years and designed to attract promising students and practitioners into post-graduate research training. Each award will be approximately \$20,000/year.

Knowledge Networks and Dissemination

CHSRF will fund the development and maintenance of a knowledge network or networks to link the potential users with the doers of health services and nursing research. Investments will also be made in evaluating ways to improve the dissemination and uptake of research relevant to policy makers, managers and practitioners.

Nursing Research Fund

The Canadian Health Services Research Foundation (CHSRF) has initiated a 10-year Nursing Research Fund aimed at strengthening Canada's capacity to conduct research on issues facing nursing. The Fund will commit \$2.5 million per year for 10 years to research on nursing issues, to build nursing research capacity and to disseminate nursing research knowledge.

Over the past several years, the nursing profession has been significantly affected by health care restructuring. For many, job descriptions, work locations, roles and working conditions have all changed. For others, the entire context within which they practice has been significantly altered. Applying the results of research in these areas will have a positive impact on the future of the profession and the entire health system.

A Scientific Officer for Nursing and an Advisory Committee convened by the Canadian Nurses Association will aid the Foundation in the design of programs under this initiative.

Using merit review panels of peers to select its research award recipients, the Nursing Research Fund will focus its investment in four programs. The first program – research funding – will incorporate 'nursing issues' as the fourth sustaining theme in our current Open Grants Competition. Full co-sponsorship for successful applicants will be available through the nursing research fund. The other three program areas will be designed over the next year and become available before April 1, 2000 (see 'Future Programs' box).

For more information see:
www.chsrf.ca/english/notices/1999-02-16 and
www.cna-nurses.ca/_frames/welcome/frameindex.html

"This initiative sends a strong and important signal about the value of nursing in this country. This investment will allow us to build a strong and vital research capacity that will lead to improved care for Canadians."

Lynda Kushnir Pekrul, President of the Canadian Nurses Association





Grey Literature

At the request of, and with the funding support from, the Ontario Health Services Restructuring Commission (HSRC) and the Ministries of Health of the four western provinces, the Canadian Health Services Research Foundation (CHSRF) commissioned three policy syntheses relating to Integrated Health Systems (IHS): overall policy considerations, calculation of capitation rates, and governance issues (see www.chsrf.ca/english/programs/polysyn.html for details of this program).

1 Policy Considerations in Implementing Capitation for Integrated Health Systems (Authors: Hurley et al)

Capitation funding refers to the allocation of monies from a provincial or regional government to an IHS through fixed, pre-specified payments per time period for each enrollee. Because an IHS does not receive additional payments if it provides additional services to an enrollee, the IHS may assume financial risk associated with meeting enrollees' health needs. There are four basic models for capitation-funded IHSs:

- Regionally-based IHSs in a system that includes only capitation funding;
- Regionally-based IHSs in a system of parallel funding streams (e.g.: capitation and fee-for-service);
- Enrollment-based IHSs in a system that includes only capitation funding; and
- Enrollment-based IHSs in a system of parallel funding streams (e.g.: capitation, fee-for-service).

The synthesis addresses the policy challenges raised by each of these approaches and recommends specific courses of action. It points out that the policy challenges are far greater in the case of parallel funding streams.

2 Capitation Formulae for Integrated Health Systems (Authors: Hutchison et al)

Capitation formulae can adopt one of two main approaches: risk adjustment to ensure that capitation payments are adequate to cover predicted expenditures on enrollees; needs adjustment to ensure that funding is consistent with the relative needs for services of different enrolled populations.

This synthesis evaluates each approach, highlights that an emphasis on needs adjustment is most congruent with the values of the Canadian health system, and recommends specific adjusters and data sources for calculating capitation formulae.

These three syntheses were forwarded to the five sponsoring organizations in March. A single summary of all three syntheses and full copies of each will be available from the Foundation in the near future.

For more information or to order copies, contact Michael Reilley, Tel: (613) 728-2238, E-mail: reilleym@chsrf.ca.

3 The Governance Authority for Integrated Health Systems (Authors: Forest et al)

The concept of an IHS involves drawing together the views and needs of separate and often fragmented organizations and professionals to provide health services to a defined population. Each organization (e.g.: hospitals, community agencies, trade unions, regional authorities) or professional group (e.g.: general practitioners, specialists) could potentially participate in the governance of an IHS, with or without representatives of the people served.

This synthesis evaluates governance options against the potential objectives of governance such as accountability, autonomy, public participation, partnership potential, continuity, and so on. Recommendations highlight networks and partnerships to develop under IHSs.

New Communications Advisory Panel to Assist CHSRF-Funded Researchers

The Canadian Health Services Research Foundation is pleased to announce the formation of a Communications Advisory Panel (CAP) to assist CHSRF researchers to maximize the impact of their research locally, regionally, nationally and internationally through improved linkage to decision makers and dissemination of results.

The objective of the newly-formed panel is to provide investigative teams with two days of 'free' communications consulting by a member of the CAP during the life of a CHSRF-funded project. Panel members will not undertake any of the actual linkage, exchange or communications activities on behalf of an investigative team, but will provide tailor-made counsel to generate creative communication ideas, tools and tactics.

One of the historical shortcomings in applied health services research has been the lack of attention to effective communication of results. In some cases, investigators attached to applied research institutes and centres have had access to decision maker contacts and communications resources. In the majority of

cases, however, organizations do not believe it is cost-effective to establish such a communications infrastructure. The new CAP members are keen to assist interested researchers in these endeavours.

Applications for services from the Communications Advisory Panel (from CHSRF-funded researchers only) should be made in writing to the Manager, Communications and Uptake. Panel members should not be contacted directly.

The members of the CAP for 1999 are:

- Lois Hammond Alberta
- Cathy Fooks Ontario
- Anton Hart Ontario
- Nick Steinmetz Quebec
- Cynthia Martin Nova Scotia

For more information, please contact: The Manager, Communications and Uptake, Tel: (613) 728-2238, fax: (613) 728-3527, E-mail: admin@chsr.ca.

Where the Money Went

Health information and health research were big features of the February federal budget, garnering almost \$900 million over the next three years. Below is an overview of the organizations that will receive the money and the uses to which they will put the money.

(The mandates and contact details for many of these organizations were outlined in 'Alphabet Soup of Sources for Federal Health Services Research Funding' in QN? 1998 Issue 2/3; available on CHSRF's web site.)

A useful way to categorize the expenditures is around 'access to', 'accountability from', and 'analysis of' health information.

Access to health information

Much of this was in response to the recommendations of the Advisory Committee on Health Infostructure.

Health surveillance network

This will electronically link public health units and other disease surveillance networks across the country to facilitate faster and more efficient identification and management of disease outbreaks.

\$43 million
over 3 years

Canada Health Network

This will expand and enhance public access to the network of health information available on the web.

\$32 million
over 3 years

Telehealth

These funds will support a series of pilot projects evaluating innovative uses of telehealth for health data access for such things as home care services and remote locations.

\$115 million
over 3 years

Accountability from health information

Canadian Institute for Health Information

These funds will support both the development of reports cards and other performance measures for provinces, regions, hospitals, etc. and the advancement of the National Population Health Institute.

\$95 million
over 3 years

Federal Programs

These funds will help the federal government and its respective partners in Health Protection, Health Promotion and First Nations/Inuit Health to better report on performance and outcomes.

\$43 million
over 3 years

Analysis of Health Information

This major injection of health research monies was distributed across existing agencies in the first year but concentrated in the planned Canadian Institutes of Health Research (CIHR) for the second and third years.

Canada Foundation for Innovation

Added to CFI's original \$800 million endowment, these funds will support more research infrastructure and capital expenditures for universities and colleges in the health, science and engineering areas.

\$200 million
in 1998/99

Canadian Health Services Research Foundation

Added to CHSRF's original \$65 million endowment, these funds will support a ten-year \$2.5 million/yr Nursing Research Fund and an expansion of health services research activity in support of the CIHR.

\$60 million
in 1998/99

Federal Granting Councils

In support of the CIHR, increases were made for health research to the annual base budgets of the Medical Research Council (\$27.5 million), the Social Science and Humanities Research Council (\$7.5 million), the Natural Sciences and Engineering Research Council (\$7.5 million), the National Research Council (\$5 million), and the National Health Research and Development Program (\$2.5 million).

\$50 million/yr
increase in
1999/00
(i.e. \$150 million
over 3 years)

Canadian Institutes of Health Research

This planned new federal agency for health research, starting April 1st 2000, will receive \$65 million in its first year and \$175 million in its second year to broaden the base of health research and integrate activities across four areas: basic biomedical; applied clinical; health services and systems; society, culture and the health of populations.

\$240 million
over 2000/01
and 2001/02

For further information: www.hc-sc.gc.ca/budget/english/ or
www.hc-sc.gc.ca/english/research.htm

CHSRF Workshop on Linkage and Exchange



On February 24th, the Foundation convened one researcher and one decision maker from each of its funded projects at a Montreal workshop. The topic was the challenges and solutions to effective linkage and exchange. Invited guests from granting agencies and other foundations joined CHSRF's merit review panelists and investigators. The workshop was motivated by CHSRF's funding requirement that relevant decision makers be linked with researchers during the formulation and conduct of projects.

In the morning, the audience of over one hundred heard from Prof. Maggie Pearson, Director of Research and Development for the UK's North West Region, and from Dr. Réjean Landry of Laval University, before working in small groups to outline the challenges to effective linkage and exchange between researchers and decision makers.

Dr. Landry reviewed international studies on knowledge uptake and his own work on the use of social science research by decision makers in

"The workshop validated the idea of linkage and exchange as an important part of the research process. Thank you for that"

Researcher participant

Canada. One conclusion was the significant impact of researcher-decision maker partnerships on the uptake of research. Prof. Pearson came to the same conclusion after recounting her practical experience of involving practitioners in research projects as part of the UK's National Health Service R & D Program.

Challenges identified in morning small groups underlined the significant changes in culture needed before ministries of health, regional authorities and hospitals, universities, and granting councils can fully embrace effective linkage and exchange. Lack of rewards for linkage and exchange, not enough time, incompatible time lines, unclear contact points, and the absence of 'bridging' individuals or structures were just some of the challenges outlined by participants.

In the afternoon, participants continued in small groups to discuss

practical solutions. In a final plenary they heard Steven Lewis, CEO of Saskatchewan's Health Services Utilization Research Commission, describe some innovative linkage and exchange elements built into a major western provinces project evaluating how to better manage health care waiting lists.

The practical solutions suggested for decision makers largely involved workshops, external speakers, and other vehicles to raise awareness of the importance of research, bring about some of the cultural change, and make identification of 'receptor sites' easier for researchers. Universities and granting councils were more interested in expanding the boundaries around research in a way that would incorporate linkage and exchange. This would facilitate funding this aspect of the research process and would encourage universities to reward those who have spent time performing the required activities.

A summary report of all the conclusions from the workshop is available from the Foundation, Tel: (613) 728-2238, E-mail: admin@chsr.ca.

"I'm going back to my hospital and I'm going to organize a workshop like this for the Board and senior staff; they need to know how important this is"

Decision maker participant



Best Practice

Ontario Health Services Program Facilitates Emergency Research

Since its inception in 1988, the Ontario Ministry of Health's Emergency Health Services (EHS) Branch has been supporting emergency health research in the province to facilitate evidence-based decision making by health providers, health managers and policy makers.

EHS provides funds aimed at increasing the capacity for research in the emergency health services system in Ontario. EHS directly funds research through grants directed at quality assurance, improved patient outcome and increased cost effectiveness. EHS currently provides four types of grants:

- Full research grants
- Developmental grants to assist researchers to prepare full research grant proposals
- Feasibility grants to determine whether data collection is possible in specific topics
- Fellowships to support post-graduate studies in emergency health research.

All studies that have EHS operational implications must be approved by both peer reviewers and EHS decision makers. Peer reviewers advise EHS on study relevance and scientific merit. EHS decision makers consider operational feasibility. Both types of criteria must be satisfied for a study to be approved.

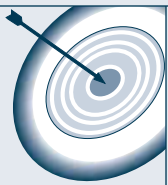
In addition, the EHS Branch provides opportunities for researchers to understand the decision making environment. The best example of this occurs in projects such as the

8-year, Ontario Prehospital Advanced Life Support (OPALS) study (partial support provided by CHSRF – see research summary on our web pages). For this project, the EHS Branch has set up joint operational and researcher committees. This 'linkage' initiative allows researchers insight into the operational constraints faced by EHS decision makers, and provides decision makers with insight into the limits required for scientific integrity.

Training for researchers is provided through fellowships and through the supervision of research conducted by students from the University of Toronto Medical School's "Health, Illness and the Community" Program. These students conduct public policy focused research projects under the supervision of the Ministry's EHS Branch.

The EHS philosophy is based on the premise that decisions in emergency health — from individual decisions to public policy and resource allocation — should be informed by research. Outcome for the EHS program is measured in terms of the production of EHS by Ontario researchers — especially those who have received support. Outcome is also measured through the utilization of research in decision making and by the dissemination and adoption, in and beyond Ontario's borders, of research findings from projects that EHS has funded.

For more information, please call Ms Yau Yip at (416) 327-7894.



Emergency Room Overcrowding: Predictable or Not?

In the lead up to the federal budget there were numerous news reports about the crisis in Canada's emergency rooms. These reports were particularly frequent and intense in Quebec. Some cynics claimed it was part of the politics that precede budgets. Others claimed it was both real and unusual, being the product of prolonged

cutbacks. Certainly, most news reports portrayed it as a rare crisis that was the culmination of progressively worsening conditions in health services over the last few years.

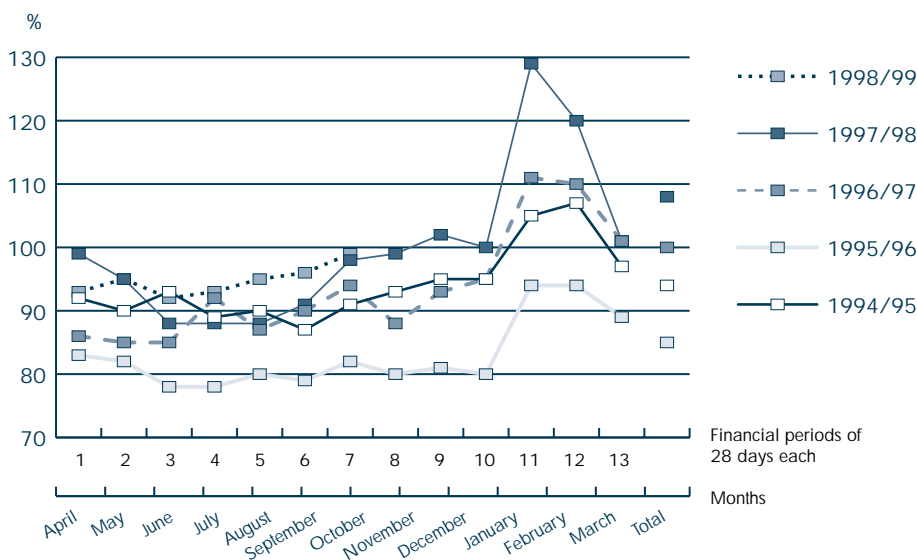
In this data digest we present emergency room data from Quebec to answer the questions: was such an overload of emergency rooms in

February predictable and, therefore, can managers and clinicians plan for such peak loads? The graph plots emergency room occupancy rates by month for 1994-98 (data were not available beyond October 1998).

These data indicate a predictable peak load in emergency rooms in the January and February 'flu season' every year for the four years preceding 1999. (The impact of the January 1998 ice storm shows up, interestingly, by exaggerating the already pronounced spike of January and February.) These data also indicate that there was no gradual deterioration culminating in an unusual situation. Rather, there appears to be an annual cycle starting at a low point in June and culminating each year in January and February.

Emergency room overcrowding, at least in Quebec, appears to be more an issue of managing a predictable peak load than a symptom of general system crisis. CHSRF is, in fact, funding a number of projects in Quebec to inform the issue of managing emergency room overcrowding. For more information see www.chsrf.ca/english/programs/1998-pdf.

Average Occupancy Rate of "Beds" in Quebec Emergency Rooms 1994 - 1998



Source: M. Breton, Clinical Organization Division, Quebec Ministry of Health and Social Services

For Our Investigators: Documents Crucial in Grants Process

As a consequence of its experience with the Open Grants Competition, CHSRF would like to remind researchers of a few compulsory requirements. It should be noted that the Foundation will not advance any funds to research projects or programs until the following documentation has been provided:

- Valid Ethics Review Certificates from your administering agency (your proposal may require ethics approval from additional institutions if the research is to be conducted at more than one site); and
- Valid letters confirming the level and/or nature of co-sponsorship or partnership (including access to data or databases).

Researchers are encouraged to initiate the process to obtain these documents from their respective Ethics Review Boards and/or co-sponsors either at the full-scale application stage, shortly after verbal or email announcements of funding approval, or immediately following receipt of the Offer to Fund which occurs in July of each year.

“With the 1998 Open Grants Competition, we found that these documents arrived late, usually in the fall, and that some researchers were still attempting to negotiate them this past January,” says Linda Murphy, CHSRF Manager, Research Programs. “CHSRF must ensure that ethical considerations of all funded projects are adhered to before it can release funds. Under these circumstances, the Foundation will not release funds until this occurs.”

CHSRF's ethics policy is based on the guidelines traditionally applied by major federal and provincial research funders such as: the Medical Research Council (MRC), the Social Sciences and Humanities Research Council (SSHRC), the National Health Research and Development Program (NHRDP), and le Fonds de recherche en santé du Québec (FRSQ).

Adds Linda, “What is key here, when researchers approach their respective review boards, is to educate them to the fact that well over 60% of invited research applications submitted to CHSRF are approved for funding. This makes it worthwhile for a board to give thorough review to a CHSRF application at its first appearance. Acquiring this ethics approval and letters of support should be a top priority and should be included in initial project planning, otherwise start dates will be delayed.”

For more information, please contact CHSRF's Research Programs Branch at (613) 728-2238, or E-mail: admin@chsr.ca.

Health Institutes Design Grants

In collaboration with the Social Sciences and Humanities Research Council, CHSRF will award up to \$40,000 to each successful team which responds to a request for the preparation of position papers on the Canadian Institutes of Health Research concept. This development fund will help mobilize the health services, nursing and social science research communities to contribute their ideas to the CIHR concept before its inception on April 1st 2000. Applications are due May 14th, awards will be announced June 11th, presentations will be made at an Interactions workshop September 17th, and position papers are due October 1st. Details are available on www.chsr.ca.

In Brief



Quid Novi is produced by the Communications and Uptake Branch of the Canadian Health Services Research Foundation and is published quarterly. Please send any articles, or direct questions, to:

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The Centre for Health Economics and Policy Analysis (CHEPA) and the Supportive Cancer Care Research Unit (McMaster University) are sponsoring a two-day conference in Hamilton, Ontario, May 19-21, 1999 on the diagnostic and treatment decision making process. The conference will feature research evidence on various components of the process and will showcase practical experiences. Call Lynda Marsh (Conference Coordinator) for more information at (905) 525-9140 (ext. 22135).

A half-day Canada-U.S. conference will explore cross-national learning in health services and policy research and provide a forum to explore further collaboration. The conference will be held Saturday, June 26, 1999, from 1-5 p.m. in Chicago just prior to the AHSR Annual Meeting and will feature 12 presenters, including keynote speaker Robert Evans, Ph.D. For more information, contact Lisa L. Corbett, Tel: (202) 223-2477, E-mail: lcorbett@ahsr.org.

Michael Reilley, formerly Marketing and Communications Officer with the Canadian Human Rights Commission and a recent Consultant with Multiculturalism Canada has

joined CHSRF as Program Officer, Communications. Michael has more than 20 years' communications experience working in the public, private and NGO sectors.

Louise Lapierre, previously an analyst for the Health Transition Fund (HTF), has joined CHSRF as Senior Program Officer for Research Granting and Commissioning. Louise has over 15 years' experience working in research. Prior to her work at HTF, Louise held research positions with Statistics Canada and Health Canada and published numerous reports and articles on population health.

Elizabeth Maddocks, formerly with the National Health Research and Development Program, joined us as the Senior Program Officer for Training and Personnel Awards at the beginning of April. Elizabeth worked with CHSRF while on loan from NHRDP for the 1998 Open Grants Competition last year.

Brief structured abstracts summarizing the 28 projects funded by CHSRF in the 1998 Open Grants Competition are now available on our website: www.chrsf.ca/english/programs/

CHSRF Mission and Strategic Directions

The mission of the Canadian Health Services Research Foundation is to sponsor and promote applied health systems research, to enhance its quality and relevance, and to facilitate its use in evidence-based decision making by policy makers and health system managers.

The Foundation's mission includes and extends beyond the direct funding of research. The three strategic directions of the Foundation make the extent of this broad mandate clear:

1. Innovate peer reviewed funding of applied research and research capacity for health systems
2. Improve the synthesis and dissemination of research on health systems
3. Facilitate research receptor capacity for decision maker organizations.