HSPRN Members at CAHSPR

Monday, May 27, 2013

Pre-Conference Day 1:30pm-4:30pm

Getting Your Message Out: A Media Skills Workshop

Hosted by: The HSPRN Fellows Caucus and CAHSPR Student Working Group

Session Overview

This pre-conference workshop is primarily intended for graduate students, post-doctoral trainees, and early career researchers who are interested in learning how to leverage media to help achieve their research and career goals. Other conference delegates are welcome, however a certain number of seats within the workshop will be reserved for students and junior researchers. Enrollment is on a first-come, first-serve basis and will be capped at 60 participants.

The workshop has the following objectives:

- To describe the range of traditional and social media outlets, and how they have been used successfully by health services and policy researchers
- To outline essential do's and don'ts for interacting with the media and developing an online presence
- To equip early career researchers with basic skills to disseminate their work and engage the public

Our expert panel includes:

- **Karen Born** *Researcher-writer, Li Ka Shing Knowledge Institute, St Michael's Hospital & PhD (C), Institute of Health Policy, Management and Evaluation, University of Toronto*
- **André Picard** *Public health reporter at The Globe and Mail and one of Canada's top public policy writers.*
- **Michael Law** *Assistant Professor, School of Population and Public Health, UBC & Faculty, Centre for Health Services and Policy Research*

The first part of the workshop will entail:

- A review of both traditional media (TV, radio, newspaper, magazine) and social media outlets (Facebook, Twitter, YouTube, LinkedIn, blogs, forums), and how they have been used to :
    - Raise awareness
    - Engage the public in issues of health system change
    - Ensure research is accessible to inform policy
- A discussion of how to develop a media strategy, specifically:
    - Identifying relevant audiences
    - Setting clear objectives
    - Choosing outlets and technologies
    - Measurement and evaluation

In the second part of the session, participants will work in groups to develop a media strategy for selected case studies, with the ultimate goal of finding tools and approaches applicable to their own research.

Questions can be directed to the HSPRN Fellows Caucus at info@hsprn.ca with subject heading "*CAHSPR Media Skills Workshop*."

Tuesday, May 28, 2013

2:30pm-3:45pm - Oral Presentation: Session B

The Triple Aim Framework: Does its growing influence and adaptation reflect the original intent?

Presented by: Gustavo Mery, MD, MBA, PhD, Preya Solutions Group (PSG), Institute of Health Policy, Management and Evaluation (IHPME) University of Toronto, HSPRN

Co-Authors: Majumder S., PhD, Health Council of Canada; Dobrow, M., PhD, Health Council of Canada, Institute of Health Policy Management and Evaluation (IHPME) University of Toronto. Presentation also sponsored by the Health Council of Canada

Abstract

Objective: The objectives of this study were to (1) systematically identify the different uses of the Triple Aim framework since initial publication in 2008, (2) describe how these applications may differ from the original intent, and (3) critically assess its appropriateness in defining healthcare system goals and evaluating healthcare system performance. **Approach:** A systematic review of the international literature was conducted to identify all relevant documents describing the use of the Triple Aim to guide interventions for healthcare improvement or to guide the definition of healthcare system goals. Identified materials were analyzed regarding how organizations are using the Triple Aim framework to guide policy at the system level, including consistency with the original intent of the framework. Comparisons with other frameworks specifically defining healthcare system goals were made. Finally, the appropriateness of using the Triple Aim to guide health system reform in the Canadian context was assessed. **Results:** Our findings revealed that when the framework was used to guide interventions or evaluations at the organizational or health region levels, the intent of the framework was preserved. However, when the Triple Aim framework was used to guide or define healthcare goals at the system level, we identified extensive variation in the definition and reinterpretation of it. Other frameworks explicitly developed to guide healthcare system goals have included important elements that are not part of the Triple Aim. Specifically, we consider essential the inclusion of the provider perspective when aiming for better care, and the inclusion of a fourth aim on equity, particularly relevant in the Canadian context. **Conclusion:** Despite the original intention to guide the development of interventions, the Triple Aim has been subject to wide reinterpretation and adaptation. More informed understanding of the intent and development of the Triple Aim is required, in particular when addressing broad healthcare system goals in different contexts.

5:15pm-7:15pm - Poster Presentations

Cost, Quality and Outcomes for the Multimorbid Population - in this four poster session, researchers including trainees will present findings related to the prevalence, economic burden, quality of care and outcomes.

Prevalence and Characteristics of Multimorbidity in Ontario

Presented by: Anna Kone, Epidemiologist, IHPME University of Toronto, Cancer Care Ontario

Co-Authors: Andrew Calzavara, Institute for Clinical Evaluative Sciences (ICES); YuQing Bai, HSPRN; Susan Bronskill, Scientist, ICES, HSPRN; Andrea Gruneir, Scientist, Women's College Research Institute HSPRN; Kednapa Thavorn, Post-doctoral Fellow, Li Ka Shing Institute HSPRN; Colleen Maxwell, Professor, School of Pharmacy, University of Waterloo HSPRN; Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator HSPRN.

Abstract

There is a growing need to address care management, patient experience and costs, for individuals with non-communicable disease (NCD) and particularly those with multiple NCDs or multimorbidity. Multimorbidity is known to be associated with high costs and gaps in quality of care and its prevalence is expected to increase dramatically due to the aging population and improved survival. In this study, we aim to determine the prevalence, evaluate the demographic and clinical characteristics, and describe trends in multimorbidity. The study is based on a population-based analysis covering all eligible Ontarians. A cohort of patients with at least one of 16 conditions was identified from clinical administrative databases including hospital physician and pharmacy claims. The cohort included 5,263,845 as at April 1, 2003 and 6,639,089 as at April 1, 2009. Our results showed that multimorbidity is highly prevalent in Ontario and has increased significantly in recent years (40% of increase between 2003 and 2009). One in 4 Ontarians have at least 2 of 16 conditions and. As expected, age was strongly related to multimorbidity: more than 3 in 4 people age 75 or over had 2 or more conditions. Individuals living in poorer and more marginalized neighborhoods had more conditions on average and were more likely to have multimorbidity, suggesting an existence of health disparities. Moreover, multimorbid patients didn’t have predominant combinations of conditions, making it challenging to design an effective disease-oriented management program. Our results highlight the importance to evaluate the impact of multimorbidity on health outcomes, costs and quality of care, given the high and growing prevalence.

Multimorbidity and Hospitalization Outcomes Over One Year

Presented by: Andrea Gruneir, Scientist, Women’s College Research Institute, HSPRN

Co-Authors: Susan Bronskill, Scientist, ICES, HSPRN; Colleen Maxwell, Professor, School of Pharmacy, University of Waterloo , HSPRN; Anna Kone, Epidemiologist, CCO , HSPRN; Yelena Petrosyan, PhD Student, IHPME, University of Toronto, HSPRN; YuQing Bai, HSPRN. Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator HSPRN.

Abstract

The increasing prevalence of multimorbidity, or the co-occurrence of two or more chronic conditions, will pose a significant challenge for the health system to meet the components of the Triple Aim (population health outcomes, patient experience, and cost). As part of a larger panel of projects aimed at describing the impact of multimorbidity, this study focuses on quantifying increases in health services use, in particular hospitalizations, with greater multimborbidity among adults in Ontario. Using linked administrative data, we identified a cohort of 6,639,089 individuals with at least one of 16 prevalent, costly, and disabling conditions as April 1, 2009 and then followed them over one year to track all hospital encounters. We found that the age-adjusted hospitalization rates increased 3.5-fold among women (from 10.5% to 35.5%) and nearly 5-fold among men (from 7.1% to 33.3%) as the number of conditions increased from 1 to 5 or more. A similar incremental increase in the age-adjusted death rates across the number of conditions was observed for each women and men. We identified a total of 1,353,521 inpatient hospitalizations which accounted for 9,931,601 days in hospital. The proportion of individuals who experienced more than 1 hospitalization, whose stay included alternate level of care days, who died at hospital discharge, and who experienced a 30-day readmission increased with the number of conditions, as did the average length of stay in hospital and the average number of days on alternate level of care. The results of this study illustrate a substantial increase in hospital use with the increasing burden of multimorbidity.

Economic Burden of Multimorbidity in Ontario's Health Care System

Presented by: Kednapa Thavorn, Post-doctoral Fellow, Li Ka Shing Knowledge Institute, St. Michael's Hospital, IHPME University of Toronto, HSPRN

Co-Authors: Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator HSPRN; Colleen Maxwell, Professor, School of Pharmacy, University of Waterloo, HSPRN; Anna Kone, Epidemiologist, CCO; Andrea Gruneir, Scientist, Women's College Research Institute, HSPRN; Susan Bronskill, Scientist, ICES, HSPRN; Yelena Petrosyan, PhD Student, IHPME, HSPRN, University of Toronto; YuQing Bai, HSPRN.

Abstract

Multimorbidity is commonly found in older adults with prevalence estimates of 65–98%. The treatment of such chronic conditions is costly and accounts for 75% of all health care expenditure in the USA and about 80% of health care expenses in Europe. In Canada, about $39 billion was spent each year for treating people with chronic conditions. Several studies have shown costs associated with individual disease in multimorbid populations; however, very few studies estimated incremental costs of health services associated with multimorbidity. This cross-sectional study describes costs attributable to multimorbidity in Ontario's population and reveals the variation of these costs across number of chronic conditions, type of health services, and pattern of multimorbidity. A cohort of 6,639,089 patients with at least one of 16 prevalent, costly, and disabling conditions was drawn from the 2009/10 Ontario administrative database. We observe an exponential rise in annual medical cost per capita, with an increasing number of conditions. Hospital costs represent the highest largest cost component, irrespective of number of chronic condition. However the proportion share for drug and home care costs increase with multimorbidity while physician costs proportionately decrease. In the context of of escalating health care costs, findings from this study provide a first step in understanding the economic burden of multimorbid conditions in the Ontario.

The Impact of Comorbid Conditions on the Quality of Diabetes Care in Ontario

Presented by: Yelena Petrosyan, PhD student, IHPME University of Toronto, HSPRN

Co-Authors: Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator, HSPRN; Susan Bronskill, Scientist, ICES, HSPRN; Anna Kone, Epidemiologist, CCO, HSPRN; Andrea Gruneir, Scientist, Women's College Research Institute, HSPRN; Kednapa Thavorn, Post-doctoral Fellow, Li Ka Shing Institute, HSPRN; Colleen Maxwell, Professor, School of Pharmacy, University of Waterloo, HSPRN; YuQing Bai, HSPRN.

Abstract

Health care providers face difficulties in addressing multiple treatment needs in diabetes patients with comorbid chronic diseases. There are two main typologies of comorbid conditions in diabetes patients: diabetes-related or concordant, such as cardio-vascular diseases, and non-diabetes-related or other clinically unrelated such as musculoskeletal conditions, mental diseases, etc. This study aims to assess the quality of diabetes care for diabetes alone compared to diabetes in the presence of comorbid conditions in Ontario, and to study 1) the association between diabetes care quality (glycated hemoglobin (HbA1c) and LDL-cholesterol tests and eye exams; and a composite of the 3 measures) in the period of 2007-2009 and hospital admissions due to diabetes-related conditions in the period 2009-2011among diabetes patients with concordant vs. other comorbid conditions in Ontario. The population-based cross-sectional retrospective cohort study identified all Ontarians with physician-confirmed diagnosis of diabetes using clinical administrative databases including hospital and ambulatory physician visits. Among the study cohort of 1,043,016 diabetes patients, only 15% of diabetic patients lived without comorbidity, indicating that diabetes mostly occurs in conjunction with other conditions. Generally diabetics with multimorbidity had greater achievement on process quality indicators than those with only diabetes, particularly, diabetes patients with 2 or 3 co-existing conditions. However, diabetics with dementia and asthma experienced low quality of care. The hospitalization rate in diabetes patients increases with increase in the number of comorbid conditions. The results of our study aim to identify areas for diabetes care improvement.

Wednesday, May 29, 2013

1:15 pm - 2:30 pm - Oral Presentation: Session C

A Cost-Effectiveness Study of Toronto Public Health's Preventing Overdose in Toronto (POINT) Intervention

Presented by: Dima Saab MSc Student, IHPME University of Toronto, Lady Bolongaita MSc Student, IHPME University of Toronto

Co-Authors: ***Jennifer Innis, PhD Student, IHPME University of Toronto, HSPRN***

Abstract

Objective: The objective of this evaluation was to ascertain whether Toronto Public Health's Preventing Overdose in Toronto (POINT) intervention is a cost-effective strategy for reducing avoidable mortality from overdose in opioid users. The program trains opioid users to recognize overdoses, administer naloxone and contact Emergency Medical Services. **Approach:** The study was conducted from the perspective of the public payers, Ontario's Ministry of Health and Long-Term Care and Toronto Public Health. Program and cost data for the POINT intervention were obtained through interviews with staff from Toronto Public Health. Informants from an urban teaching hospital in Toronto were interviewed to determine hospital and treatment costs. In determining the cost of the intervention, the study examined the cost of the naloxone kit and the training session for an individual user. A decision analytic model was used to assess cost-effectiveness. **Results:** From August 31, 2011 to November 2, 2012 a total of 466 naloxone kits were distributed to opioid users who had participated in a training session. Of these kits, 45 were administered to users experiencing an overdose, resulting in 45 lives saved. Preliminary results evaluating the cost-effectiveness of the POINT intervention demonstrate that the intervention is cost-effective. The incremental cost effectiveness ratio was found to be $1193.00/life saved. The cost effectiveness of this program was confirmed by sensitivity analyses. **Conclusion:** The prevention of opioid overdoses through a naloxone distribution program appears to be cost effective. Though numerous studies have demonstrated the effectiveness of naloxone distribution programs in saving lives, there is a lack of cost-effectiveness data, particularly from the Canadian context. The presentation will discuss implications for future research to fill this gap.

4:15 pm - 5:30 pm - Oral Presentation: Session E

"Where do we go from here?" Frustrating Care Experiences from the Perspectives of Complex Patients, their Caregivers, and Family Physicians

Presented by: Ashlinder Gill, PhD Student, IHPME University of Toronto, HSPRN

Co-Authors: Gayathri Naganathan, MSc Student, IHPME University of Toronto, Kerry Kuluski, Research Scientist, Bridgepoint Collaboratory for Research and Innovation, IHPME University of Toronto, HSPRN, Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator, HSPRN, Liisa Jaakimainen, MSc, MD, Sunnybrook Research Institute

Abstract

Objectives: The aim of this study was to explore the frustrations that complex patients experience in achieving their goals of care, and compare them to the challenges encountered by their caregivers and family physicians. We aimed to uncover specific areas for focus to improve experience for complex patients. **Approach:** Patients older than 65 years of age, diagnosed with 2 or more chronic health conditions, or prescribed 3 or more medications were eligible for participation. A family practice within a tertiary, academic health center in Toronto, Ontario was the setting for patient recruitment. Purposeful sampling was employed to ensure all physicians and patient demographics were represented within this sample. Semi-structured interviews were conducted with consented patients, caregivers, and family physicians. Transcripts were thematically coded using NVIVO9 and checked for accuracy by other team members. **Results:** 27 patients, their primary caregivers, and family physicians participated. Patients were a mean age of 82 years, mostly male (56%), had a median of 5 chronic conditions, and over a third had severe depressive symptoms. Common frustrations among patients included lack of communication from, and between their healthcare providers, and an overall lack of treatment plan for managing complex conditions. Caregivers expressed similar frustrations, while emphasizing the added frustration of resolving medical crises that often do not have a "quick fix." Most family physicians were challenged by the management of complex conditions, and the patients themselves. More specifically, family physicians were frustrated with managing non-compliant patients, uninformed caregivers, and a lack of information regarding how to best manage comorbid disease. **Conclusion:** Managing complex chronic conditions is difficult for patients, their caregivers, and primary care providers. Clinical supports such as practice guidelines that address complex chronic disease and a model of primary care that facilitates collaborative goal setting may improve the quality of practice, and care experience for patients and their informal caregivers.

5:30 pm - 7:15 pm - Poster Presentations

Utilization of Primary Care Services in Two Community Health Centres in Ontario

Presented by: Maude Laberge, PhD Student, IHPME University of Toronto, HSPRN

Abstract

Objectives: This study has two objectives related to the utilization of physician and nurse practitioner services in two Community Health Centres. The first is to understand whether there is substitution or complementarity between NPs and physicians. The second objective is to determine whether there are variations between the two CHCs. **Approach:** Data on patients and their visits with NPs and physicians was collected from two CHCs (n1=2,236 patients and n2=2,055 patients. Data included the number of physicians and NP visits, patients' socio-demographic information as well as their socio-economic status and health status. Two-part models were run using a Probit for the probability of 1) having a physician visit and 2) having a NP visit and a Poisson regression with the number of physician visits and the number of NP visits as the outcomes. The models were run with pooled data with a dummy variable for the CHC and separately. **Results:** In one CHC, an increase in the number of NP visits was associated with an increased number of physician visits but the physician visits did not have a significant effect on the number of NP visits. In the other CHC, NP visits was negatively associated with the physician visits but physician visits had a significant positive effect on the number of NP visits. When the data was pooled, NP visits was positively associated with physician visits but physician visits were not significant in predicting NP visits. **Conclusions:** The difference in the results between the two CHCs suggest that there may be unobserved organizational factors that affect utilization of physician and NP services differently. More research would be required to understand the specific roles that the providers play with each CHC.

A Realist Evaluation of a Nurse Practitioner-Led Care Transition Intervention in Ontario, Canada

Presented by: Kristen B. Pitzul, PhD Student, IHPME University of Toronto, HSPRN and Natasha E. Lane, PhD Student, IHPME University of Toronto, HSPRN

Co-Authors: Anu MacIntosh-Murray, Consultant, IHPME University of Toronto, G. Ross Baker, Professor IHPME, University of Toronto, HSPRN, Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator, HSPRN

Abstract

Objective: The effectiveness of care transition interventions at decreasing readmissions and Emergency Department (ED) visits among high-risk adults is sensitive to contextual and implementation factors. This realist evaluation examines these factors in a case study of a nurse practitioner (NP)-led care transition intervention for high-risk seniors. **Approaches**: The NP-led intervention was based on Coleman's Care Transition Intervention. A convenience sample of patients 65 years or older was recruited from two Ontario hospitals prior to discharge from an acute care episode and screened to select patients at high risk of readmission. A qualitative thematic analysis was used and a realistic framework was used to contrast with findings with those of similar programs. Unstructured formative interviews of participants were conducted, and the intervention NP provided a summative report of her experience. Clinical decision makers, hospital staff, and Community Care Access Center (CCAC) staff participated in summative semi-structured interviews. **Results** A total of 69 patients received the NP-led intervention though largely not exactly as intended. Stakeholders identified the lack of knowledge translation surrounding program elements, objectives, and goals as a barrier to optimal program delivery. Challenges to successful care transition included lack of time, and referral process bottlenecks. Interviews with clinical decision makers, hospital staff, and CCAC staff revealed that they felt the program was not well defined. Further, there was a potential minimization bias as care was delivered closer to the status quo than originally intended. **Conclusions:** Contextual factors aid or impede the implementation of a NP-led care transition intervention. Strong leadership, pre-intervention stakeholder training and education, clear role definitions for frontline staff, and positive working relationships between existing staff and intervention staff are important elements on which to base implementation of future care transitions interventions.

Health services use among Ontarians living with hypertension

Presented by: Kednapa Thavorn, Post-doctoral Fellow, Li Ka Shing Knowledge Institute, St. Michael's Hospital, HSPRN, IHPME University of Toronto, HSPRN

Co-Authors: Walter Wodchis, Associate Professor IHPME, University of Toronto, Principal Investigator, HSPRN, Audrey Laporte, Associate Professor IHPME, University of Toronto, HSPRN, Peter Coyte, Professor IHPME, University of Toronto

Abstract

Hypertension remains a major burden on individuals and health care system. It affects almost one in five Canadians; its prevalence continues to rise over the past decades. This study identified determinants of the use of health services, including consultations to physicians and hospital visits, among Canadian adults living with hypertension. This cross-

sectional population- based study was based on the linked 2000/2001 Canadian Community Health Survey (CCHS) and the Ontario administrative databases. CCHS was used to identify the study cohort; it also provided socio-demographic data, socioeconomic status, and information pertaining to participants' health behaviors. Outpatient and hospitalization data were obtain from the Ontario administrative records from year 2001/02 to 2005/06. Individuals with hypertension were identified using an algorithm validated in previous study. Generalized linear models were used to estimate differences in health care utilization between adults with and without hypertension and to identify determinants of health services use. An inception cohort of 22,893 adult Ontarians was formed. Of these, 14% had diagnosis with hypertension during the study period. Compared to individuals without hypertension, hypertensive patients had fewer visits to GP/FPs but more visits to specialists, and they were more likely to be hospitalized after controlling for other factors. Association between hypertension and primary care visits depended on sex and immigration status. Holding need related factors constant, more frequent physician visits were significantly related to being female, older age, and living in urban area, while higher risk of hospitalization was associated with being male, older age, being unemployed, being a current smoker, and being obese. Hypertension was significantly associated with elevated rates of health services use. Disparities in healthcare on the basis of immigration status were observed despite Canada's universal health care system. Future initiatives aimed to control high blood pressure and its associated economic burdens should take into account social determinants of health.

The Importance of Theory in Health Services Research

Presented by: Suman Budhwani, PhD Student, IHPME University of Toronto, HSPRN, *Juliana Yi, PhD Student, IHPME, University of Toronto; Kaileah McKellar, PhD Student, IHPME, University of Toronto;* ***Kristen Pitzul, PhD Student, IHPME, University of Toronto, HSPRN***

Abstract

Using theory to inform research is a well-known verse heard by academic researchers and graduate students alike. Unfortunately, in the face of limited timelines and constricted budgets, theory is often the first to be discarded in favour of more 'applied' science. This becomes particularly true when theory is often thought of as an abstract phenomenon, rather than the foundation on which research designs and methods are based, and analysis and knowledge dissemination occurs. Together, this panel of PhD students from the Institute of Health Policy, Management, and Evaluation, University of Toronto will reflect upon their own experiences in utilizing theory to form their research. They will trace the importance of theory throughout the research process from hypothesis generation to knowledge dissemination, offering examples from experience in diverse areas of health services research. Juliana Yi will discuss the role of theory in qualitative studies and how theory can inform hypotheses and questions posed for investigation through the use of ethnographic methods. This will be illustrated through a proposed study that examines the integration of context-sensitive forms of evidence, such as social and ethical considerations, into health technology assessments. Kristen Pitzul will guide the discussion on commonly used conceptual frameworks in health services research, including an in depth examination of the most frequently used conceptual framework in health care utilization studies. Discussion will specifically focus on the appropriate adaptation of this framework in informing research designs of various context and multi- pronged interventions. Kaileah McKellar will discuss the application of theory to the appropriate selection of performance measures. Her discussion will include moving from general theory to program specific theory, which will be illustrated by her research utilizing social network theory to understand the potential benefits of a transdisciplinary community of practice through the development of a theory of change. Finally, Suman Budhwani will conclude with how theory can be used to drive knowledge dissemination in practice. Highlighting the differences between laboratory versus real-life settings, she will explore how theory can drive best practice within health care organizations. This panel will inform conference attendees, particularly students, about the importance of theory by demonstrating how theory can be applied to the stages of the research process through the discussion of concrete examples based on this student panel's experiences.

Thursday, May 30, 2013

10:45 pm - 12:00 pm - Oral Presentation: Session F

The Self-Management-Focused Chronic Care Model: A Conceptual Framework

Presented by: Suman Budhwani, PhD Student, IHPME University of Toronto, HSPRN

Abstract

The objective of this study was to create a conceptual framework that explained the process of self-management in chronic disease clients from the perspective of the patient. By explaining the process, the framework would also help delineate how and when to assess when successful self-management has taken place. A scoping literature review was conducted, within which a variety of databases and the Internet were utilized to probe for literature related to self-management, its constructs, relevant health behaviour theories and conceptual frameworks, and factors affecting its adoption. Structure, process, and outcome measures of successful self-management were also collected. The final list of articles included journal articles and grey literature. Collected articles were summarized based on key findings, which were then applied to Ontario's

Chronic Disease Prevention and Management Framework, (CDPMF) (2007) a derivate of Wagner's Chronic Care Model (1998) taking a more ecological approach to understanding chronic disease management. Using findings from the scoping literature review, the Self-Management-Focused Chronic Care Model (SMFCCM) was derived based on the CDPFM and patient-centred models such as Greenhalgh's Ecological Model (2009). It emphasizes the perspective of the patient in successful self-management, which has largely been ignored in the original CCM, and its derivatives. The SMFCCM incorporates self-management as a separate process, separating it from the process of self-management support, an original element of the CCM. It incorporates patient-level and contextual factors affecting both self-management and self-management support, and delineates the mechanism by which self-management support leads to self-management, that is factor affecting patient activation for self-management. Lastly, the SMFCCM defines successful self-management and pinpoints to where performance measures assessing successful self-management should occur. The Self-Management-Focused Chronic Care Model is a unique conceptual framework and the only one of its kind separating the process of self-management from the process of self-management support. It emphasizes the importance of the patient's perspective and highlights where and how performance measurement of self-management success can occur.

Publishing Guidebook

The Publishing Guidebook that the CAHSPR Student Working Group (SWG) is producing in collaboration with the HSPRN aims to provide students and young researchers in the health services and policy research field with useful information and advice about the process of publishing in peer-reviewed journals. The content of the guide derives mainly from presentations made as part of the 2011 CAHSPR SWG panel on scientific publishing and from the advice and experiences of students and researchers from across Canada.

We hope that trainees at various stages in their studies (e.g. master's, doctoral, and post-doctoral) or early in their careers will find the Guidebook useful. For instance, it provides basic information about the steps involved in publishing (e.g. picking a journal, authorship and writing issues, peer-review processes and dealing with reviewers, etc.) but also within each step some useful tricks and advice that can be helpful to more experienced trainees. The Guidebook also has a few unique features, including sections on trainee-mentor relationships and how these impact publishing, the role that digital tools can play in publishing (e.g. social media), and on advice for enhancing experience and productivity by publishing throughout research project life cycles. There is also a one page list of the "ten commandments" of scientific publishing that is presented at the beginning of the Guidebook.

The Guidebook has ten chapters and was written collaboratively by eleven students in Health Services and Policy Research. Ten of these are members of the CAHSPR SWG and one author was an invited author from outside the SWG. Many other students and researchers (16 are acknowledged) contributed great suggestions and edits to it, including two student members of the HSPRN to whom we're extremely grateful.

-The CAHSPR SWG