



## Health Economics , January 10, 2019

**Subgroup description:** The University of Calgary Health Economics Group includes a dedicated group of faculty who are committed to teaching in Health Economics and conduct a broad range of research within Health Economics. We seek to build capacity among faculty and trainees; foster links to policy-makers; enhance opportunities for training in Health Economics; and act as a catalyst for high quality research in Health Economics. This will increase the impact of health economics research at the University of Calgary and increase the national and international profile of Calgary-based applied health economics research.

### Mission:

- Training the next generation of Health Economics Researchers.
- Improving linkages between Health Economics and policy makers.

### Vision:

To raise the profile and expand the reach of Health Economics at the University of Calgary.

### A) People

1. **Current number of members:** 31 total (9 faculty and 22 students)
2. **Thought leaders of your subgroup:** Dr. Braden Manns and Dr. Deborah Marshall
3. **Member 'phenotypes' and approximate numbers (eg., trainees, community partners, affiliations):** 8 Faculty, 4 Post-Doctoral Fellows, 10 graduate trainees
4. **How new members find your subgroup:** website; provincial events; SCNs ask for health economics collaboration
5. **Gaps in membership that subgroup wants to fill:**

### B) Activities

6. **Events/activities of your subgroup:**
  - a. **Previous:** Alberta Health Economics Study Group 2016, 2017 and 2018.
  - b. **Planned:** Alberta Health Economics Study Group 2019 (November 4 and 5, 2019 in Edmonton).
7. **Method and frequency of subgroup communications (including any mass communication channels to engage with its members (eg. Events, newsletter, Basecamp, etc) and externally-facing communication tools (eg. Brochures, web page, social media channels, podcasts, public-facing events, etc)):** Bi-weekly trainee rounds, monthly province-wide rounds (in partnership with the Institute of Health Economics and the Network Of Alberta Health Economists), website, NOAHE twitter feed
8. **Academic outputs and societal impacts leveraged by subgroup (general description/estimated numbers sufficient):** Four examples of projects are below:
  - a. The **Assessing outcomes of enhanced Chronic disease Care through patient Education and a value-based formulary (ACCESS) Study**

David Campbell, Brenda Hemmelgarn, Marcello Tonelli, Chad Mitchell, Ross Tsuyuki, Peter Faris, Braden Manns

The ACCESS trial is a 3 year pragmatic randomized controlled trial that is evaluating the impact of two interventions targeting common barriers to care among low income seniors with chronic diseases on clinical outcomes and costs. The interventions include copayment elimination for select high value preventive medications, and a comprehensive tailored information and self-management support program including facilitated relay of clinical information to participants' healthcare providers (MOXIE).

b. **ENhancing COMMunity health through Patient navigation, Advocacy and Social Support**

Kerry McBrien, Gabe Fabreau and others

Lack of awareness of publicly funded programs, financial constraints, personal circumstances, language and cultural barriers make it challenging for some patients with chronic diseases to follow recommendations. The ENCOMPASS study will examine the impact of a community health navigation program, for patients with multiple chronic diseases, on health care use, patient-reported outcomes, clinical outcomes and patient experience. Partnerships with Primary Care Networks will enable implementation and evaluation across different settings and patient populations.

c. **Impact of specialist physician payment on health care use, quality, and costs: Fee-for-service vs. salary-based payment model**

Amity Quinn, PhD, PDF in Health Economics; Braden Manns and others.

The optimal payment model for specialist physicians is unknown. We sought to determine the association of payment model (FFS or Alternate Funding plan (similar to a salary)) with *patient selection, visit frequency, quality of care, and costs* for chronic disease patients newly referred to specialists in Alberta. We found that ARP physicians accepted sicker patients, while FFS physicians saw more patients who could have continued management in primary care. A higher proportion of visits to salary-based physicians were for appropriate indications (65.2% vs 55.6%; risk ratio 1.17(1.09 to 1.27;  $p < 0.001$ ). Using propensity matched analysis, patients seen by salary-based physicians had fewer follow-up visits (incidence rate ratio 0.88(95% 0.86-0.91;  $p < 0.001$ )). Quality of care and costs were similar across models.

d. **Health Technology Reassessment: Development, implementation and learnings in the Alberta Healthcare System**

Lesley Soril and Fiona Clement on behalf of The Health Technology Assessment (HTA) Unit, University of Calgary

HTR is a policy approach to target and eliminate low value care. HTR is defined as the evidence-based assessment of the clinical, economic, social, and ethical impacts of an existing technology to inform its optimal use. By first understanding the needs of the system, the goal of this research to develop an effective, sustainable, and embedded model for HTR. Our current work focuses on piloting our proposed method within the ICU.

### **C) Operations**

9. **Administrative human resources for your subgroup:** Sarah Gillis
10. **O'Brien human resources upon which your subgroup relies:** O'Brien IPH helps organize our annual Alberta Health Economics Study Group, and assists with an annual IHE / O'Brien research trainee competition
11. **Entities other than O'Brien Institute supporting subgroup, and type of support** (*eg.* financial, HR, etc):
12. **Approximate yearly expenditures of subgroup:**

### **D) Other feedback** (strategic questions, advice)

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