

# Report on the Deliberations of the Dalla Lana School of Public Health and the Institute of Health Policy, Management, and Evaluation Steering Committee

## *Executive Summary*

Under the leadership of the Dean of Medicine, the leaders and faculty members from the Dalla Lana School of Public Health (DLSPH) and Institute of Health Policy, Management, and Evaluation (IHPME) worked as a Steering Committee during the Spring of 2013 to create a plan to transition the home Faculty for IHPME from the Faculty of Medicine to the DLSPH (which was slated at the time to become a Faculty by July 1 of 2013) while maintaining the current accountabilities, authorities, and programs of the IHPME. This transition is based on the shared vision of the DLSPH and IHPME to improve health, and to capitalize on points of strategic alignment to build innovative educational offerings and impactful programs of research. Key recommendations from the Steering Committee include: the lead Faculty for IHPME will become the DLSPH; membership of the Executive Committee for the IHPME will stay the same; the IHPME will retain the same accountability and authority that it has today; both the DLSPH and the IHPME will maintain a strong relationship with the Faculty of Medicine, and the Faculty of Medicine strongly values these relationships; there are substantial opportunities for synergy between the DLSPH and IHPME in terms of new graduate and undergraduate programs; shared graduate course offerings; the development of new and important lines of research; and the creation of a comprehensive home for health services, clinical epidemiology, and health policy scholarship at IHPME. Assuming approval of these recommendations, the leader of the DLSPH (who transitioned from Director to Dean, when the DLSPH became a Faculty on July 1, 2013) and the Director of IHPME will work to implement the transition within the 2013-2014 academic year.

## *Purpose*

In March 2013, the Provost and President of the University of Toronto asked the Dean of Medicine to chair a steering committee to make recommendations to create a stronger and closer collaboration between the Dalla Lana School of Public Health (DLSPH) and the Institute of Health Policy, Management, and Evaluation (IHPME) (Terms of Reference in Appendix 1). This committee was to work under several key principles. Chief among these was that the DLSPH become the lead Faculty for the IHPME. This report is the result of the Committee's deliberations, and provides a framework for the shift in leadership for the Institute from the Faculty of Medicine to the DLSPH.

## *A History of Excellence in DLSPH and IHPME*

The History of DLSPH and IHPME are closely intertwined. By the 1920s, the University of Toronto had established a world-leading school of public health (Hygiene) that evolved over time to include a large number of programs and areas of scholarly endeavour. These areas spanned disease control, population health, hospital administration, health policy, epidemiology, clinical epidemiology, and biostatistics. However, by the 1970s, the departments in the School of Hygiene were absorbed into the Faculty of Medicine as the Division of Community Health and the School was closed.

Over the subsequent several decades these departments have re-organized at regular intervals to create two leading foci of scholarship. One focus is largely on public health and population health, with the associated activity situated within in the Department of Public Health Sciences. The other

focus is on healthcare, health services research, clinical epidemiology, and health policy where associated activities are grouped together in the (now) Institute of Health Policy, Management & Evaluation (initially, the Department of Health Administration).

In 2006, the Provost requested that the Dean of Medicine launch a process to evolve the Department of Public Health Sciences into a School of Public Health. In 2008, the School was launched. Also in 2008, a generous gift from Paul and Alessandra Dalla Lana provided the financial foundations that made feasible a School with global aspirations. At the time this report was first generated in the Spring of 2013, the DLSPH was close to final approval for its application for status as an independent faculty; this transition came to a successful conclusion with approval by the University of Toronto Governing Council on July 1, 2013.

The DLSPH is building capacity within public health and population health while maintaining close connections with the Faculty of Medicine. Within the DLSPH there are centres and institutes that take a variety of forms (i.e., EDU-C and EDU-B) in critical areas of public health and health policy scholarship such as the newly created Institute for Global Health Equity and Innovation. The integration of public health with clinical medicine, particularly with Family and Community Medicine, is recognized as a continued, key priority for both the DLSPH and the Faculty of Medicine. The postgraduate MD residency program in Public Health & Preventive Medicine attests to a long-standing integration between public health sciences and primary care education and scholarship. Close partnerships with the affiliated hospitals, e.g., Inner-city Health at St. Michael's Li Ka Shing Knowledge Institute, and with external agencies such as the Institute for Work and Health and Public Health Ontario, exemplify the outreach of scholarship into the broader community of stakeholders, including government. Over the years, partnerships with basic science departments that have a translational and professional component, e.g., Nutritional Science, and Statistics, have been very successful. With financial incentive provided by the Provost, the DLSPH has now assumed responsibility for developing new undergraduate Arts & Science courses in public health. The planning for launch of a joint MD/MPH program in 2014 is well underway.

Many years ago, the Department of HPME (formerly Health Administration) separated from the other departments within the Division of Community Health to create capacity, and to recognize the rapidly developing line of scholarship, in health administration and health services and policy research. Over the last two decades, this Graduate Department has developed into an interdisciplinary unit that collaborates with clinical departments, other faculties, the Institute for Clinical and Evaluative Sciences (ICES), provincial and federal government agencies, e.g., Cancer Care Ontario (CCO) and CIHI, and affiliated hospitals, other healthcare providers, and research institutes in a broad array of scholarship related to clinical evaluation, health services research, health economics, health informatics, quality and patient safety, health administration, and health policy. The graduate degree programs are both professional and doctoral. The masters' and doctoral level degree programs now include concentrations in Health Services Research, Clinical Epidemiology and Health Care Research, Health Technology Assessment and Management, and Quality Improvement and Patient Safety (masters' level only). The Clinical Epidemiology and Health Care Research Program deserves special mention as it provides a graduate unit home to a group of largely clinical scholars (i.e., holding primary appointments in clinical departments) who have come together to create one of the largest clinical epidemiology units in North America within the IHPME. IHPME is also now the home of the new Leadership Program (LEAD) for undergraduate medical students and the plan for the launch of a series of joint MD-Master's

degrees offered through IHPME is underway. In 2011, a proposal for this graduate unit to transform into an EDU-A was approved by the Faculty of Medicine Council, Academic Board, and Governing Council. This effectively changed the unit's status within the University to an interdisciplinary and inter-Faculty unit, with the Faculty of Medicine identified as the lead faculty.

### ***Strong Existing Connections between the DLSPH and IHPME***

IHPME's Executive Committee now includes representation from the Faculties of Medicine, Public Health, Nursing, Pharmacy, and Information Sciences. It is important to note that this does not encompass the full range of partnerships for IHPME who have faculty cross-appointed, or with home appointments, across the University.

The proposal for the creation of IHPME as an EDU-A and the evolution of the DLSPH to faculty status both stress the importance of closer collaboration between the IHPME and the DLSPH as an important strategic direction for the Faculty of Medicine and the University of Toronto. This strategic direction was reconfirmed as part of recent DLSPH and IHPME strategic planning retreats.

Although not deliberately aligned, the recent strategic development processes for the two academic units identified a number of similar themes. Chief among these themes is the desire to work towards impactful initiatives in health and health systems that transcends the disciplinary foci of either unit. The strategies for both units also identified similar mechanisms for achieving this goal, including a strong emphasis on partnerships with similar groups (clinical departments, healthcare providers or public health practitioners, and government ministries and agencies).

It is worth noting that there are strong existing collaborations and overlap between the two academic units. Both units belong to many of the same collaborative programs and one of them, the Collaborative Program in Public Health Policy, is led by DLSPH faculty members but heavily engages IHPME faculty members. There are a large number of faculty members who have appointments in both academic units, including the Director of IHPME. Extra-Departmental Units, such as the Joint Centre for Bioethics, rely heavily on both academic units and faculty members from both units who work with a strongly overlapping set of health system partners such as Public Health Ontario, Cancer Care Ontario, TAHSN Hospitals, and others. There are also a large number of existing collaborative research projects involving both academic units, some shared courses, and frequent guest lecturing by faculty members in both units.

Identification and pursuit of further opportunities for synergy and alignment between the two units will be critical to their continued success under the new governance model. Both units face an increasingly competitive local and global market as they seek research funding, philanthropy, and – perhaps most importantly – talented faculty and students. Major fund-raising campaigns are underway at most Ontario hospitals that rival the University's "Boundless" campaign and that play to similar messages regarding the potential contributions of the DLSPH and IHPME to improving health and a sustainable health systems. Both academic units compete on a global stage against universities that presently present a more coherent picture of how public health and health services and health systems scholars work together. And most of the competition has a longer history of such a coherent picture than can be offered by the University of Toronto, and a stronger global track record in bringing a cohesive set of researchers to the world's public health and health system problems. Going forward, a comprehensive inventory of overlapping activities will be

prepared that will provide the foundation for how the two academic units can create a hub to support collaborative research on how to improve health and sustainability.

The shift of home faculty from Medicine to Public Health for IHPME stands to enhance the global position of the University of Toronto among other institutions with capacity to improve health care, health system design, and public and population health through research and training. Together, these two units will be able to work together to address critical questions affecting health systems around the world on sustainability, population health, effective and sustainable health systems, and the experience of patients, families and providers – a feat that neither unit could accomplish, as effectively, independently. Together the two units bring a wide range of quantitative and qualitative methods and disciplinary depth that includes epidemiology, clinical epidemiology, biostatistics sociology, economics, health services research, political science, sociology, and behavioural sciences to global health system challenges. This scope and ability to demonstrate global leadership in these areas will ensure that the academic units can attract the best graduate students, create a pipeline of accomplished undergraduate students, and demonstrate scholarly leadership and impact on health care, health system design, and population health. Together, the two academic units will be able to address critical questions in clinical policy (how, and what, care should be delivered), population health policy (how to elevate overall health and the broader determinants of health), and health system design, as well as how these elements can and should work together.

### ***Vision***

The University of Toronto has committed to creating a leading scholarly centre in public health, health policy, and health services research and administration at the DLSPH. The landmark Dalla Lana Gift to the DLSPH provides the foundation for this vision which is being further supported by ambitious fund-raising. Together, the DLSPH and the IHPME have the capacity to create such a centre; these units comprise the largest collection of Public Health, Population Health, Clinical Epidemiology, Health Services Research, and Health Policy Scholars in Canada. The shift in lead faculty will make the DLSPH the largest school of public health in Canada and one of the largest in the world. The School will also have a remarkably broad scope and – because of the interdisciplinary nature of the IHPME – the DLSPH will have some of the strongest connections across disciplines and faculties of any school of public health. By working together, both academic units will be able to address key elements of the rationale for their evolution to Faculty (DLSPH) and EDU-A (IHPME) status noted in their proposals. For the IHPME, this is the strengthening of interdisciplinary research that supports the achievement “of better health at a lower cost.”

### ***A Decision to Work Together***

After internal consultation led by the current directors of the DLSPH and the IHPME, work has begun on a joint strategy that will capitalize upon the strengths of both units, will afford the DLSPH the additional expertise in health policy and health services administration that completes the Dalla Lana vision and advances the DLSPH's formal status as a Faculty, and will support future collaborations among the researchers in these units and, where appropriate, graduate programs. The shift in lead faculty will also help IHPME realize its strategy that stresses improving health and creating sustainable health systems; the shift will create a larger community of scholars who will want to work with the Institute, and it will afford a stronger platform for advancement activities.

Given the support for each academic unit's strategy that this shift will effect, both units were able to agree by the end of April 2013 to the following principles and goals:

The following principles and goals were reviewed and agreed to at the first meeting of the DLSPH-IHPME Steering Group, are supported by the Dean of Medicine, and were reviewed by the IHPME Executive Committee in May 2013.

1. The DLSPH is on track to become a Faculty as of July 1, 2013 with its own Dean<sup>1</sup>
2. The IHPME will remain an EDU-A with its own Director
3. The Lead Faculty for IHPME will transfer from the Faculty of Medicine to the DLSPH
  - a. The Dean of Public Health will chair the Executive Committee instead of the Dean of Medicine
  - b. The membership of the Executive Committee for IHPME will remain the same (Deans of Medicine, Nursing, Pharmacy, and Public Health)
  - c. The DLSPH values and will support the IHPME brand
  - d. Following the process that was conducted to separate the budget of the DLSPH from Medicine to establish the DLSPH as a Faculty, a similar process will be undertaken to separate the IHPME budget from that of Medicine to coincide with transfer of lead Faculty to the DLSPH
4. IHPME will retain the same authority and accountability that it has today around
  - a. Hiring of faculty members
  - b. Recommending Promotion of faculty members
  - c. Administrative and financial management
  - d. Graduate education and research programs administered through its own graduate unit
  - e. IHPME will not be subject to disproportionate budget reductions once in DLSPH nor disproportionately lower increases in general revenues growth
5. The DLSPH and the IHPME will maintain a strong relationship with the Faculty of Medicine, particularly with the clinical departments. The Faculty of Medicine strongly values these relationships.
6. The repositioning of the DLSPH as the lead faculty for the IHPME must be informed by a vision based on better health and health systems and not simply on structural considerations.
7. There are substantial and immediate opportunities for synergy between the DLSPH and IHPME
  - a. Course offerings can be shared between the two academic units, particularly in the areas of biostatistics and health policy
  - b. There are a number of identified research themes that will attract faculty members from both academic units
  - c. The IHPME can provide a comprehensive home for health policy (including public health policy) scholarship

These goals and principles entail a number of administrative and governance changes. These will affect reporting structures, appointment policies, and will create opportunities for shared administrative activities. Some of these changes are self-evident but are listed below:

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<sup>1</sup> This transition has now occurred and the DLSPH became a stand-alone faculty as of July 1, 2013.

1. The DLSPH provides oversight for the IHPME
  - a. The Director of IHPME reports primarily to the Dean of the DLSPH instead of the Dean of Medicine
  - b. The Dean of the DLSPH assumes chairmanship of the IHPME Executive Committee
  - c. The Budget for the IHPME is separated from the Faculty of Medicine and moved to the DLSPH.
  - d. Faculty Council for DLSPH is expanded proportionately given the addition of IHPME faculty members, with corresponding amendments to the DLSPH and Faculty of Medicine constitutions.
2. The DLSPH provides the home faculty for the IHPME
  - a. The DLSPH's committees are the appropriate location for pre- Provostial/Governing Council approval where faculty-level approval is required
  - b. New appointments and promotions within the IHPME are made to the IHPME with DLSPH as the home faculty unless otherwise appropriate.
  - c. IHPME faculty members will have cross-appointments to the appropriate department within the Faculty of Medicine if they desire them. Clinical Epidemiology (clinical faculty) will maintain their home appointments in the Faculty of Medicine.
  - d. Members of the IHPME will need to have strong proportionate representation on the relevant faculty level committees.
  - e. The DLSPH and the IHPME will need to ensure that their appointments policies provide a consistent picture of the need for service to the relevant academic unit in exchange for the privileges of appointment
  - f. The DLSPH and the IHPME will need to create a coherent plan for space, and administrative and communications support. Both academic units will retain their own business managers.
3. The IHPME provides a comprehensive home for health services, clinical epidemiology, and health policy
  - a. The IHPME and the DLSPH work together to create sustainable course offerings in health policy, health services management, and public health policy that meet the learning objectives of MPH and other public health students
  - b. The budget for Public Health Policy is reassigned from the DLSPH to IHPME, the Public Health Policy Division is decommissioned and IHPME and DLSPH build strength and scholarly focus in public health policy as part of health policy
  - c. IHPME develops a principle area of study in Public Health Policy within the Health Services Research MSc and PhD but other graduate programs stay unchanged
  - d. The Director of the IHPME is also the Dalla Lana Chair of Public Health Policy

Appendix 1 below provides a graphical representation of how the changes will affect the organization of each academic unit

The leaders of the DLSPH and the IHPME agreed to begin planning for these changes after the DLSPH becomes a faculty and to complete implementation of these changes in the 2013-2014 academic year. As noted in the proposed organizational chart below, the IHPME will be different from a division within the DLSPH and will function as it does today within the Faculty of Medicine

as an inter-disciplinary department. This means that faculty members may actually hold appointments within divisions of the DLSPH and the IHPME as many do today.

### ***Opportunities for Stronger Collaboration***

In addition to the opportunities for working together on courses noted above (refer to item #7), the DLSPH and the IHPME have substantial opportunities for collaboration in developing new undergraduate and post-graduate medical education initiatives that build on current programming in both academic units. This is particularly true in the area of undergraduate education where the DLSPH and the IHPME are in the position to lead programming that will increase the understanding and capacity for health system policy and management and create a pipeline of talented undergraduates looking for graduate education in health sciences.

The repositioning of the DLSPH as the lead Faculty for the IHPME also present substantial opportunities for collaborations in research. At the second DLSPH-IHPME Steering Committee meeting, a number of these opportunities were identified and will be supported by an “initiatives fund”.

There was substantial discussion of topics for shared work in methodological and conceptual/theoretical areas that would then be applied to questions in health – economics, evaluation, community oriented research, systems change, systems thinking, integrated knowledge translation and implementation science. All of these areas create opportunities for partnerships across the University, and across the health system. This collaborative approach creates the opportunity to train practitioners in systems change – thinking and planning – that has huge growth opportunities in Ontario, in the North, and around the World. Within the next 5 years or so, global governments will be looking for assistance in shaping or revising the health systems within their own countries. Building from IHPME’s capacity in integrated knowledge transfer, the two academic units will be able to offer a wide range of solutions that extend beyond traditional educational and independent research projects. A deliberate strategy will need to be created in order to anticipate the needs of developing countries and ensure that the DLSPH and the IHPME are positioned to address them when the time comes.

Given the wealth of opportunities likely to confront the DLSPH and the IHPME as they begin working together, the DLSPH-IHPME Steering Committee also identified a number of principles to help identify areas of collaborative research that should be supported. These were:

1. The initiative requires strong faculty engagement (more than one member), interest, and the identification of more than one dedicated leader willing to champion the initiative
2. The initiative provides a vehicle for the health system and public population health efforts to drive one of the Triple Aim goals – better health, health sustainability, better patient experience.
3. The initiative links to priority policies at the University, Toronto, Ontario, the North and abroad (strategically positioned) – with relevance and importance locally (Ontario and the North), nationally and internationally
4. The initiative is feasible, has opportunity for support from current funding opportunities, and utilizes strategic partnerships across the University

The Steering Committee also identified a number of potential opportunities for shared support for infrastructure that are being addressed by a sub-committee led by the business managers for the DLSPH and the IHPME. This will include the consideration of sharing resources to support critical elements of infrastructure such as communications and advancement staff.

Finally, the repositioning of the DLSPH as the lead Faculty for the IHPME provides an opportunity to forge even stronger links with key partners such as ministries, provincial agencies, TAHSN hospitals, and other health care system organizations to support person oriented and health systems research. This opportunity for integrating the DLSPH and the IHPME into advisory structures for these groups will be pursued by a sub-committee of the two academic units in partnership with the Faculty of Medicine.

### ***Next Steps***

The DLSPH and the IHPME will implement the transitions outlined above within the 2013-2014 academic year. However, it will be important to have strong and inclusive consultation on these transitions. To support this sort of consultation, the Director of IHPME will table these proposals with the IHPME Executive Committee in the 2013-2014 Academic Year. The Dean of DLSPH will also table these with the DLSPH School Council in the same timeframe. Following these consultations, the Dean of the DLSPH, the Director of IHPME, and the Dean of Medicine will review the proposed transitions with the University leadership and begin work on the analysis necessary to realign the IHPME, DLSPH and Faculty of Medicine budgets. Following this analysis, the Dean of the DLSPH, the Director of IHPME, and the Dean of the Faculty of Medicine will inform (and take forward the proposed transitions for approval, as necessary to) the Planning and Budget Committee, Academic Board, and Governing Council.

The Steering Group had its last meeting on May 22<sup>nd</sup>, 2013. However, the Steering Group members will continue to meet with the Dean of the DLSPH and the Director of IHPME acting as co-chairs to discuss further plans for implementation and address new issues in the proposed transition as they arise.

### **Appendix 1**

#### **Membership of the DLSPH-IHPME Steering Committee**

Catherine Whiteside (Chair)  
Elizabeth Badley  
Ahmed Bayoumi  
Whitney Berta  
Adalsteinn Brown  
Brian Corman (External)  
Michelle Deeton  
Vivek Goel (External)  
Howard Hu  
Robin Hurst  
Andrea Sass-Kortsak  
Tina Smith  
Ross Upshur