

# MCHP's Story



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CONSULTATION PAPER

**A CENTRE OF EXCELLENCE  
PROPOSAL**



**Partners for Health**

MANITOBA HEALTH

November 1989

# Casino cash to finance health centre

By Donald Campbell

The province will use profits from the Crystal Casino to create a \$3.5-million health research centre in Winnipeg employing 14 people, Health Minister Don Orchard said yesterday.

The centre was one of 13 programs to be funded by the Health Services Development Fund, which will receive an estimated \$10 million annually in gambling profits from the casino, Orchard said.

But opposition members were waiting outside the doors of the press conference to tell reporters they think the announcement is more pre-election hype from the government and that it was delayed until the eve of an expected campaign.

The Manitoba Centre for Health Policy and Evaluation, a joint venture between the University of Manitoba and the provincial Health Department, will study links between health patterns and social and economic conditions.

"There is strong and growing awareness that higher income people are healthier," Orchard explained.

"Some health experts and analysts are saying that maybe the best health promotion that any government can undertake is a strong economy that provides good jobs to all of its citizens.

"The direct relationship between satisfied jobs and the income derived from them creates healthier people."

Orchard said the centre is the first of its kind in Canada, and that it will be self-sufficient in three years because there is demand for its research from across the health industry and from other provincial governments.

He said it will be operated by an advisory board made up of experts from health care, private industry, and government.

Orchard also said the province boasts the most comprehensive information on individuals' health in the country, which can be used along with information from Census Canada to help the centre evaluate the level of health among Manitobans, monitor use of the health-care system and forecast the impact of new programs on technology.

Both NDP MLA Jim Maloway and Liberal health critic Gulzar Cheema said the announcement to use gambling profits banked in the development fund for the centre and 12 other health-related projects was mere hype.

"We announced back in 1988 that we were going to bring in this fund and they've basically sat around for the last two years," Maloway said. "Now, on the eve of an election, they're announcing they are going to bring in these programs."



Orchard: wealthy is healthy

Orchard said the 13 projects from 122 applications will receive a total of \$2.7 million from the fund over the next three years. They fall into three categories: innovative programming, health promotion and disease prevention plus equipment acquisition.

The minister said a steering committee is looking at another 12 applications.

Other projects approved for funding from the development program include: \$1.538-million for an additional care and support mental health project for people with chronic mental illness in Brandon and Winnipeg; \$317,000 for a provincial dialysis delivery system equipment replacement program for people with kidney disorders in rural centres; \$720,000 for a seniors' health education program on chemical dependency at St. Boniface General Hospital; \$315,000 for a Brandon General Hospital cardiovascular program; \$300,000 for a St. Boniface General Hospital outpatient feasibility study; \$300,000 for a mental health employment service program operated by the Canadian Mental Health Association in Winnipeg; \$175,000 for a diabetes awareness program; \$123,000 for a self-help mental health project for the Society for Depression and Manic Depression rural programs and three other projects for \$100,000 or less.

## Donald Orchard



**The Winnipeg Sun,  
Aug. 4, 1990**

# Purpose

- To tell MCHP's story through actors.

<http://umanitoba.ca/medicine/units/mchp/>

- To examine the facilitators and challenges in the development, establishment and continuation of the Centre.

Healthcare Policy supplement

# A Quick Look at Methods

- Document analysis.
- Qualitative interviews with 28 people (8 anon)
  - Within & external to MCHP.
  - Pre-Centre; early, mid-way & newcomers.
  - Focus on establishing the Centre, RR = 100%.
  - Founding & current directors; university department heads, deans & president; minister & deputy ministers of health; chair & members of Advisory Board; current & former MCHP & Manitoba Health staff; influential supporters of the Centre; support staff, data analysts, researchers.



# Excellent Data & Structure



# Dr. Paul Henteleff: 1973

- MHSC collected info to pay hospital & medical billings.
- Interest in health policy.
- Produced the key to unlock the data.

# First Studies

## End to unneeded surgery sought

By Joe Rubin

The College of Physicians and Surgeons will ask hospitals to review more closely the reasons for performing tonsillectomies, a survey a Winnipeg researcher says will eliminate unnecessary operations.

Dr. Paul Houtelleff was commenting on a decision by an ad hoc committee of the college, which refused to accept his finding that 80 per cent of all tonsillectomies performed in Manitoba were not required.

Houtelleff, an assistant professor of social and preventive medicine at the University of Manitoba, co-authored a survey which examined the reasons for 19,800 tonsillectomies performed in the province. The six-year study found that between 63 and 64 per cent of these operations did not meet the accepted criteria for the surgery.

When the matter was raised in the legislature in March, Health Minister L. R. (Bud) Sherratt asked the College of Physicians and Surgeons to investigate. The college appointed an ad hoc committee to study the issue.

"The opinion of the committee was that it couldn't accept these figures as being valid at all. But we weren't in a position to refute them either," college registrar Dr. James Morrison said yesterday.

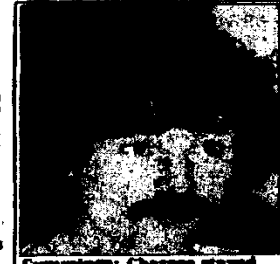
He added that he told Sherratt the committee didn't feel the report's figures were valid since they were based on listsheets of tonsillitis noted on claim cards filed by the doctor.

"They (the researchers) said there wasn't evidence on the claims to support the indications for surgery. Our committee felt that really wasn't valid

because we had no proof the claim data was a total picture," Morrison said.

The college is nevertheless developing a protocol for tonsillectomies, he added. In addition, it will be making hospital standards committees to review tonsillectomies more closely.

The standards committee review medical procedures on well as tissues taken from patients in operations. However, Houtelleff said, there are a list of operations — tonsillectomies being one — which do not require examination of tissues after surgery.



Cummings: Charges stayed

Clear tonight  
Sunny tomorrow  
HIGH 5 LOW -5 DETAILS/2

# Winnipeg Free Press

Tuesday, November 20, 1979

VOL 87 NO 44

SUN Price 7:49 a.m. Sets 4:40 p.m. MOON Rises 8:22 a.m. Sets 5:49 p.m.

Nov. 20, 1979 from Free Press archives



# Friends in High Places

- Dr. Fraser Mustard Canadian Institute for Advanced Research & Advisory Board Member, 1991 to-date.
- Dr. Arnold Naimark, President, U of M at launch MCHPE.
- Dr. John Wade, Dean, Faculty of Medicine:
  - **“This was an area that we could be world class in. And everybody talks about being world class but we could really do it.”**

# Dr. Brian Postl

- Advice: Broaden the proposal.
- Contract: Academic freedom.
- **“I’m not aware of a single episode now in 20 years, where I’ve sensed the government was trying to arbitrarily or unfairly influence a paper that was coming out. That part has been remarkable to me because that’s not the nature of governments.”**

# Donald Orchard

- **“I was trying to put science behind some of the decisions we were making.”**
  - willing to take political risk to advance health care.
- **“We absolutely, on a number of issues, took the rat-pack politics out of health care. And it was to everybody’s benefit to do that because we ended up making good policy decisions.”**
- Proud of Centre’s accomplishments.

# Frank Maynard

- **“Fiscal constraints & cutbacks everywhere”**
- **Policy & reform.**
- **“The editorials in the Free Press and the media everywhere gave us full marks for the attempt to seriously look at identifying the key issues and providing the data. ... And this represented quite a difference in terms of how we would do business.”**
- **“We appreciated that they were external to government. As academics they could call it as they saw it.”**

# A Confluence of Factors

- Excellent data, appropriately structured
- Small province
  - Adequate computer power
  - Records in one place
  - People talked to each other
- Enthusiastic support at MHSC
- Research using administrative data was innovative
- 15 years of experience; international reputation
- Context
  - Health reform
  - Interest in population health
- People power: University, Government, CIAR

# Key Factors at the Start

- Policy & academic thrusts from the start.
- Arm's-length relationship = credibility; essential to be useful.
- Academic freedom to release reports; publish findings.
- Privacy & confidentiality protection established early & maintained.
- Balance university-government interests: Advisory Board, deliverable process.
- Start small & build incrementally.
- Maintain high standard of Scholarship.

# Panning for Gold in Manitoba

**“This data had been accumulated, and nobody was doing anything with it. But in the hands of the quasi-genius, it was a treasure trove. They certainly mined it. And here were all these people excited that Noralou Roos had struck gold in Manitoba. We could all share in the treasure based on using the metal after they’d mined it.”**



# Manitoba Centre for Health Policy

[www.umanitoba.ca/centres/mchp/](http://www.umanitoba.ca/centres/mchp/)



# Keeping it Going

- Stable, long-term funding
  - Sufficient funding to build infrastructure.
  - Five-year contracts, negotiated 3 years in advance.
- Build a great team: Recruit & retain good staff.
- Leadership
  - Develop strong relationship with MB Health, core funder: understand & meet policy needs.
  - Nurture advocates within government & RHAs.
  - Strong KT, local engagement.
  - Attend to relationships w/i university, physicians, media.
  - Comparative advantage (research use of administrative data in the 1970s; now, 90-plus databases).
  - Maintain political neutrality: Act as policy support, not advisory; support all political parties.
  - Persistent pursuit of vision; continually innovate & improve.