

Institute of Health Services and Policy Research,
Canadian Institutes of Health Research

Canadian Coordinating Office for Health
Technology Assessment

L *istening* for Direction

A national consultation on
health services and policy issues

Canadian Health Services Research Foundation

Canadian Institute for Health Information

The Advisory Committee on Health Services of the
Conference of Federal/Provincial/Territorial
Deputy Ministers of Health

Summary Report

June 2001

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11 Holland Avenue, Suite 301
Ottawa, Ontario
K1Y 4S1
Telephone: (613) 728-2238
Fax: (613) 728-3527

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(under Institutes, under Institute of Health Services and Policy Research)

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ISBN: 0-9689154-0-X

The following groups produced the report as a collaborative effort:

- **Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health**
- **Canadian Coordinating Office for Health Technology Assessment**
- **Canadian Health Services Research Foundation**
- **Canadian Institute for Health Information**
- **Institute of Health Services and Policy Research, Canadian Institutes of Health Research**

PREPARED BY

*Diane Gagnon and Michèle Ménard
Canadian Health Services Research Foundation
on behalf of the partners*

Acknowledgements

This consultation would not have been possible without the involvement of a number of individuals and institutions. First and foremost, our gratitude goes to the many people who took the time to answer the surveys and to participate in the workshops. Also, certain workshop participants generously volunteered to act as facilitators:

Carol Adair, Owen Adams, Pat Armstrong, Morris Barer, Bob Baynham, Lillian Bayne, Allan Best, Krista Connell, Sylvie Dillard, Diane Gagnon, John Lavis, Richard Lessard, Steven Lewis, Jonathan Lomas, Patricia Martens, Lynn McIntyre, Linda Murphy, Diana Royce, Laurence Thompson and Kathryn Tregunna.

Our thanks also go to the members of the partner organizations who acted as scribes to help compile workshop participants' input:

Joanne Casey, Dave Clements, Melanie Gluss, Paul Hough, Louise Lapierre, Chris McCutcheon, Sylvie Robichaud-Ekstrand, Jacqueline Tetroe, Loretta Wong and Charles Wright.

Furthermore, we are grateful to Terry Albert of the Canadian Policy Research Networks, Maureen Quigley of Maureen Quigley and Associates, and Graham Scott of McMillan Binch, who provided valuable information by doing surveys to feed into the consultation process.

Finally, special thanks go out to the research experts who provided precious help in translating the priority issues into research themes: Renaldo Battista, Morris Barer, Stephen Bornstein, Paula Goering, Andreas Laupacis, John Millar, Samuel Sheps and Laurence Thompson.

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A Word from the Partners

It became clear in November of 2000 that each of the five partners who joined the *Listening for Direction* exercise had plans in 2001 to consult across Canada on the strategic issues facing the health sector in the early 21st century. Rather than engaging in five independent exercises we decided to collaborate on a single consultation *Listening for Direction: A national consultation on health services and policy issues*. This had at least three advantages. First, it reduced the consultation burden on health services decision makers and researchers. Second, it pooled the resources of the five organizations and, therefore, reduced the total costs. Finally, it facilitated a more co-ordinated approach and response, as well as generated productive interactions between each of the five organizations. The initial result of this partnership is this summary report describing the 15 highest priority research themes that emerged from the consultation.

The process we undertook should be of benefit to health system policy makers and managers, who can now expect a co-ordinated response to their priorities, and to health services/policy researchers, who will have a clear understanding of the key issues and research questions that are of interest to potential users of their research.

There will undoubtedly be benefits from this process that endure beyond the immediate identification of priorities for research. While these longer-term benefits are less tangible, the organizational and personal interactions between the partners and participants during the past six months should continue to provide useful linkages for years to come.

The Partners

- Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health, represented by Sheree Davis
- Canadian Coordinating Office for Health Technology Assessment, represented by Dave Clements
- Canadian Health Services Research Foundation, represented by Jonathan Lomas
- Canadian Institute for Health Information, represented by Serge Taillon
- Institute of Health Services and Policy Research, Canadian Institutes of Health Research, represented by Morris Barer

Ottawa, June 2001

Key Messages

From the *Listening for Direction: A national conference on health services and policy issues* exercise, fifteen themes emerged as the priority areas for the next two to five years; these themes are accompanied by explanations and illustrative research questions in the report. Eight are primary themes, which were repeatedly encountered in a variety of forms across numerous settings and perspectives, while seven are secondary themes, which were encountered less frequently but still arising from a number of settings or perspectives. Other than ‘health human resources’, which was identified as **the** priority theme, there is no particular ranking for the themes in each category.

This is the first time major national organizations have joined forces to draw up a list of national priority health services and policy research themes.

Primary Themes

HEALTH HUMAN RESOURCES

FINANCING AND PUBLIC EXPECTATIONS

GOVERNANCE AND ACCOUNTABILITY

DRIVING AND MANAGING SYSTEM CHANGE

IMPROVING QUALITY

HEALTHCARE EVALUATION AND TECHNOLOGY ASSESSMENT

PUBLIC ADVICE-SEEKING IN THE ERA OF E-HEALTH

IMPROVED ACCESS FOR ‘MARGINALIZED’ GROUPS

Secondary Themes

PRIMARY HEALTHCARE*

GLOBALIZATION

REGIONALIZATION

POPULATION HEALTH

CONTINUUM OF CARE AND DELIVERY MODELS

PERFORMANCE INDICATORS, BENCHMARKS AND OUTCOMES

EVOLVING ROLE OF INFORMAL AND VOLUNTARY CARE

Although the historical ‘core area’ of health services research – healthcare evaluation and technology assessment – emerged as a clear priority, many other themes not commonly assessed by health services research, such as public expectations and globalization, were also identified. This change underscores the importance of broadening the array of disciplines and methods involved in health services research.

* This issue was a significant research theme for the federal, provincial and territorial Ministries of Health. It was also an integral component to some of the other themes.

Summary Report

Introduction

From January to March 2001, five national organizations undertook a consultation to identify research themes for future applied health services and policy research. Called *Listening for Direction: A national consultation on health services and policy issues*, the main objective of the consultation was to help design research themes that respond to the needs of policy makers and managers in the healthcare system for the next two to five years. These themes are to inform strategic initiatives launched by the five partner organizations. They are one of several sources of input that will influence the partners' short- and long-term strategic directions. They are not intended to displace the important investigator-initiated work currently being funded by granting councils and others.

First National Partnership

This is the first time major national organizations have joined forces to draw up a list of national priority health services and policy research themes.

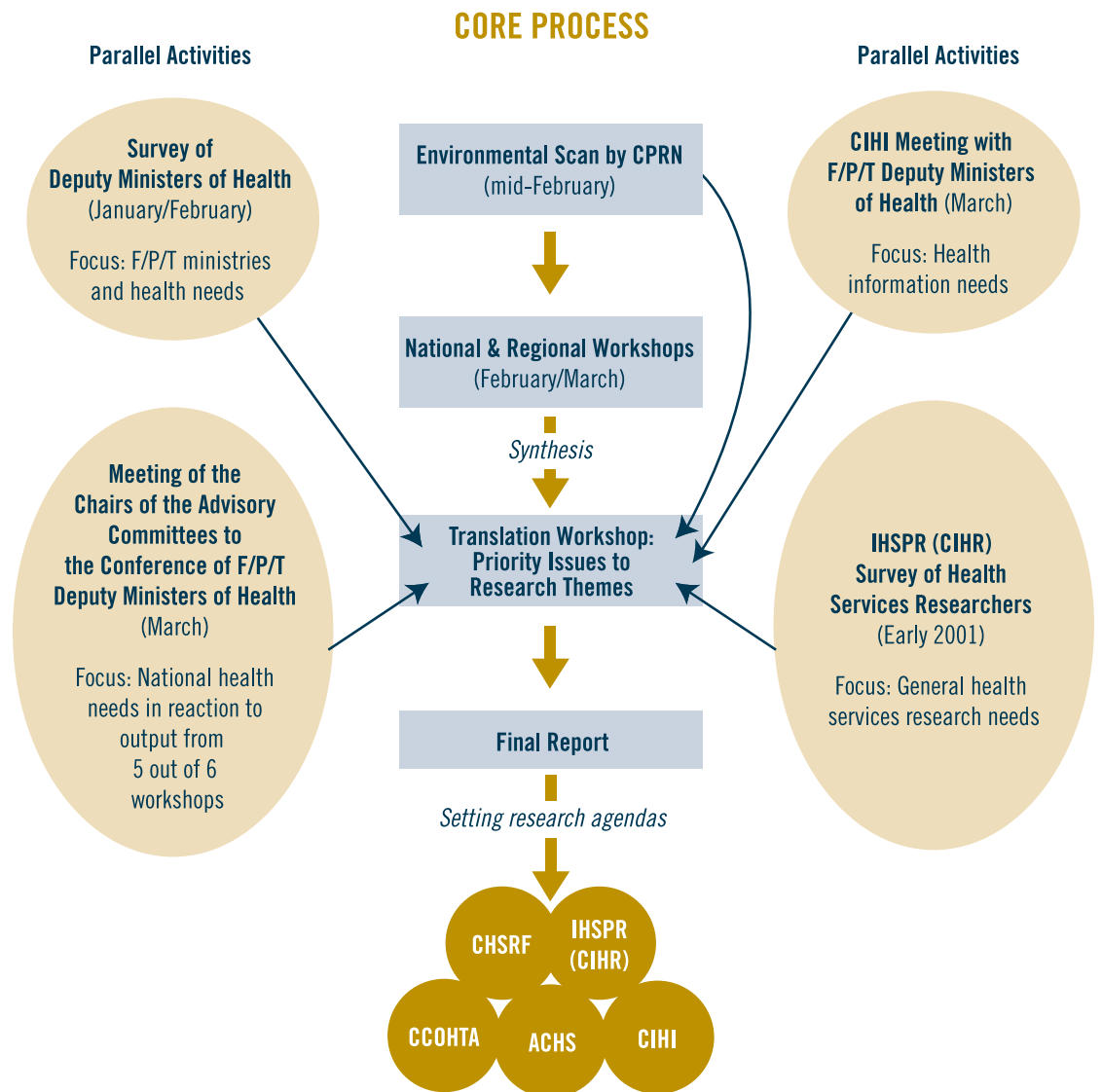
Healthcare system policy makers and managers benefit most from this novel partnership because it makes a co-ordinated response to their priorities possible. Researchers also benefit by having a clear description of the priorities for research from the perspective of potential future users.

While all five partners pursued the same main goal, each organization entered the partnership with its own orientation:

- the **Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health** concentrated on the public policy perspectives of jurisdictional governments as reflected by their respective Deputy Ministers;
- the **Canadian Coordinating Office for Health Technology Assessment** was interested in technology assessment and research synthesis;
- the **Canadian Health Services Research Foundation** placed a particular emphasis on managers' and policy makers' research needs;
- the **Canadian Institute of Health Information** focused on the data needed to facilitate research as well as sought ideas for its Canadian Population Health Initiative (CPHI) and for projects it might undertake alone or in collaboration with others; and
- the **Institute for Health Services and Policy Research**, one of thirteen Canadian Institutes of Health Research, sought ideas for its strategic research priorities and guidance for research training programs and data-related initiatives.

Different Sources of Input (All in 2001)

The consultation had two main components. There was a core shared process for all five organizations and there was a set of parallel activities to satisfy organizations' individual needs.



ACHS: Advisory Committee on Health Services
CCOHTA: Canadian Coordinating Office for Health Technology Assessment
CHSRF: Canadian Health Services Research Foundation
CIHI: Canadian Institute for Health Information

CIHR: Canadian Institutes of Health Research
CPRN: Canadian Policy Research Networks
F/P/T: Federal/Provincial/Territorial
IHSPR: Institute of Health Services and Policy Research

For the core process, the partners first used the services of the Canadian Policy Research Networks and developed an environmental scan to map out a picture of priority issues in health services at the provincial, national and international levels. A total of 56 decision-maker organizations, research groups and funding agencies were surveyed through this scan, intended to serve as background information and a catalyst for the workshop discussions. The results of this survey are available from the Canadian Health Services Research Foundation.

The partners then talked with close to 200 decision makers and researchers across Canada about priority issues in the health system. This was done through five regional workshops in Vancouver, Winnipeg, Toronto, Montreal and Halifax, and a national workshop in Ottawa.

At the same time, most of the partners undertook parallel activities that also fed the general process. The Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health surveyed 14 jurisdictions on their specific health services issues. This was to help co-ordinate Deputy Ministers of Health's input to inform and influence the general consultation process. The results of this survey will be available from the Advisory Committee on Health Services.

Also, the Chairs of the Advisory Committees to the Conference of Federal/Provincial/Territorial Deputy Ministers of Health were asked to present their national needs by offering feedback on the preliminary results of five out of six workshops. Similarly, the Canadian Institute for Health Information organized a meeting with Federal/Provincial/Territorial Deputy Ministers of Health to obtain their health information needs. As for the Institute of Health Services and Policy Research, its scientific director undertook a survey of researchers around health services and policy research priorities, as well as training and data-related needs.

When all these components of the consultation ended in March, research experts translated the issues identified by these various sources of input into 15 research themes. Varying along the strategic directions of the five partners, some of these primary and secondary themes will be addressed through collaborations between the partners, some by collaborations with other partners, and some by the partners individually. In addition, some researchers may well use these themes to inform their chosen areas of investigation.

A total of 56 decision-maker organizations, research groups and funding agencies were surveyed. The partners then talked with close to 200 decision makers and researchers across Canada about priority issues in the health system.

Research Themes

The 15 themes that emerged from the consultation are divided into eight primary themes (in blue), which were repeatedly encountered in a variety of forms across numerous settings and perspectives and seven secondary themes (in gold), which were encountered less frequently but still arising from a number of settings or perspectives.

Each theme below is presented with a brief paragraph to provide the context and content identified for it during the consultation, followed by some illustrative research questions. It is important to note that **the illustrative questions are not a comprehensive listing of all important and relevant questions under the theme**. Rather, they are included to provide examples of the kinds of questions

identified through the consultation as being important under the theme. As well, several themes are related; hence, the same research question may be used to illustrate more than one theme.

In addition, the order in which the themes are presented within the primary and secondary categories does not indicate any ranking of priority. With the exception of Health Human Resources, which was overwhelmingly identified as **the** priority theme, all other themes were deemed to be of roughly equal priority within each category.

...although the 'core area' of health services research – healthcare evaluation and technology assessment – emerged as a clear priority, other areas received as much attention.

A final note on the nature of the research themes and questions that emerged from this process: although the 'core area' of health services research – healthcare evaluation and technology assessment – emerged as a clear priority, other areas received as much attention. Themes such as public expectations, managing system change, governance, and globalization imply the need to attract a broader array of disciplines to health services research, exploiting more fully the skills and interests of those in the social sciences, communications, law, public administration, and business schools.

Primary Themes

Health Human Resources

Health human resources was seen as **the** dominant issue for the next two to five years by policy makers, managers, and clinical organizations. The concerns of policy makers included regulatory frameworks, mechanisms for avoiding cycles of surplus/shortage, and the leadership vacuum within management and policy-making organizations. Managers were particularly concerned about accurate forecasting tools (which could incorporate consideration of the appropriate mix of personnel), effective retention and recruitment strategies (including quality of work environments), the need for flexibility in the workforce in order to accommodate new delivery models, and the effects of creeping credentialism on such flexibility. The concerns of clinical organizations were the composition and workings of new healthcare teams to meet the needs of patients and exploit the full potential of changing healthcare structures, workload and quality of work-life issues, and opportunities for life-long learning.

Illustrative Questions:

- Why have existing forecasting models for healthcare professions failed to precisely identify future surpluses and shortages; what additional data and methods might improve their accuracy?
- What are the implications of changing delivery models for professional regulation, licensure, collective agreements, scope of practice and the composition and operation of the healthcare team?
- What are the implications of professional regulation, licensure, collective agreements, scope of practice and the composition and operation of the healthcare team on the prospects for changing delivery models?
- What incentives and strategies will improve the recruitment and retention of healthcare professionals?
- What incentives and strategies will improve the recruitment, retention and leadership capacity of health system managers and policy makers?
- How can the particular health human resource needs of rural and remote regions and of particular marginalized and under-served groups be met in a sustainable and cost-effective fashion?
- What are the implications of globalization and free trade agreements for forecasting models, regulation and licensure, recruitment and retention, and overall mobility of healthcare professionals?

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The key issues in financing and public expectations were the extent and reach of public funding, and the role of public values and expectations in determining what is publicly funded.

Financing & Public Expectations

The key issues in financing and public expectations were the extent and reach of public funding, and the role of public values and expectations in determining what is publicly funded. Other issues included the impact of different financial and architectural elements of a healthcare system on the behaviour of organizations and individuals, and the relationship between those behaviours and overall system objectives — the alignment of incentives. This entire theme was sometimes expressed as a concern about “the sustainability of Canada’s healthcare system”.

Illustrative Questions:

- What processes most effectively combine public values and technical information, particularly in the areas of new technology assessment and defining the overall basket of publicly funded healthcare services?
- What are the implications for overall costs, access, quality and patient outcomes of different mixes of public and private financing for rapidly expanding services such as drugs and long-term care (including homecare)?
- What are the effects of different remuneration systems for practitioners, particularly specialists, on the costs and quality of services and on their retention and recruitment?
- How are public attitudes, expectations and values shaped and influenced? What are the (relative) roles of media, public, professional groups, culture and research evidence?
- What are the implications of globalization and free trade agreements for decisions regarding sources and mix of funding of different parts of healthcare in Canada, and what are the implications of different mixes of public and private financing of healthcare in Canada in light of globalization and free trade agreements?

Governance & Accountability

The governance and accountability theme reflected the increasing recognition that the stewardship of the system is a neglected aspect of healthcare organization. There was a perceived need to better define who is responsible for particular aspects of system performance, and how their relationships to each other can be co-ordinated through effective accountability mechanisms. The related issue of how to connect healthcare systems to other sectors that affect population health was also raised.

There was a perceived need to better define who is responsible for particular aspects of system performance...

Illustrative Questions:

- What are the impacts on costs, access, quality, outcomes and social capital of different governance models for healthcare jurisdictions, organizations and professions?
- What are the impacts on costs, access, quality, outcomes and social capital of different accountability systems for provinces, regional health authorities, institutions and providers?
- What are the actual accountability practices currently in place at all levels of the healthcare system, and how do they relate to stated and expected accountability practices?
- What organizational designs and practices facilitate governments' and others' ability to be accountable for and take action on cross-sectoral initiatives that might improve population health?

Driving and Managing System Change

The driving and managing system change theme was of particular interest to managers and policy makers struggling with bringing about targeted effective change in the complex healthcare environment; in addition, managers and policy makers are seeking assistance on how to manage routine operations in rapidly evolving environments.

Illustrative Questions:

- What can we learn from other sectors (like high tech) and disciplines (like management science) about how to manage effectively in rapidly evolving environments?
- What organizational design and incentive structures facilitate the speedy adoption of change (e.g., through effective innovations)?

...managers and policy makers are seeking assistance on how to manage routine operations in rapidly evolving environments.

- What are the barriers to and enablers of the adoption of effective information technologies by managers and policy makers?
- What are the barriers to and enablers of the development, dissemination and use of best practices in management?
- What system management tools are effective in facilitating improvements in the quality of clinical care?
- What role, if any, are globalization and free trade agreements likely to play in influencing the nature and pace of adoption of new management innovations?

The issue for improving quality was how to inform clinical decision-making by having existing and future research information used in the clinical environment.

Improving Quality

Improving quality was of interest because of the continuing difficulties in getting all clinical members of the healthcare team working together toward improving patient outcomes. The issue here was how to inform clinical decision-making by having existing and future research information used in the clinical environment.

Illustrative Questions:

- What are the most effective ways to change clinical behaviours to improve quality of care?
- What are the barriers and enablers to the development, dissemination and uptake of clinical best practices?
- What are the most effective ways of identifying and encouraging the adoption of effective information technologies for improving clinical practice?
- What system management tools are effective in facilitating improvements in the quality of clinical care?

Healthcare Evaluation and Technology Assessment

Healthcare evaluation and technology assessment was recognized as (historically at least) the core area of health services research. Issues of concern continue to be effectiveness and efficiency of clinical and social interventions, particularly new drugs and technologies. An emerging area likely to become of increasing importance over the coming two to five years is genomics. Finally, there was a desire to find techniques that combine public values and the results of these technical evaluations.

Illustrative Questions:

- What has been the impact on health outcomes of different provincial drug programs and formularies?
- What is causing drug costs to increase as a proportion of total healthcare spending and what interventions might slow these increases?
- What is the added value of different medical technologies (equipment, devices, drugs, clinical or social interventions, and so on) for improving outcomes in defined disease groups?
- What are the effective processes for incorporating public values into technology assessments?
- What are the most effective ways to package technology assessment information to encourage its use by managers and providers in the healthcare system?
- What are the implications of genetic testing and gene therapy for the costs, quality and outcomes of healthcare services?

...there was a desire to find techniques that combine public values and the results of these technical evaluations.

Public Advice-Seeking in the Era of E-Health

Public advice-seeking in the era of e-health reflects the observation that patterns of care-seeking are undergoing rapid change as a consequence of such things as telephone triaging and consultation services, the World Wide Web, increasing self-help strategies (including the use of complementary and alternative medicines), and a growing range of different healthcare practitioners from whom advice can be sought. The implications of these changes for the current array of providers and services, as well as their implications for the skills and composition of the future healthcare team, were seen as being of pressing importance.

Illustrative Questions:

- What is the impact on healthcare utilization, outcomes, costs and roles of healthcare professionals of increased access to self-help information through the World Wide Web and other sources?
- What, if any, are the differences in the advice-seeking behaviour of today's elderly and the baby boom or subsequent generations?
- Over and above the traditional healthcare system, where does the public go to seek healthcare advice?

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Improved Access for 'Marginalized' Groups

Improved access for 'marginalized' groups arose from concerns about people living in particular geographic circumstances such as rural and remote areas. In addition, concern was expressed about potentially neglected groups of patients such as those with mental health problems or addictions, aboriginal peoples, ethnic groups and the poor.

Illustrative Questions:

- What models of primary care can address the needs of and improve access for those living in small, rural, remote and isolated communities?
- What human resource, technology and transportation initiatives can improve access to specialty services for small, rural and remote communities?
- What are the existing barriers to access for marginalized groups such as those with mental health problems or addictions, aboriginal peoples, ethnic groups and the poor?

Secondary Themes

Primary Healthcare

Although the issue of primary healthcare did come up on occasion at the workshops, it was primarily a significant research theme for the federal, provincial and territorial Ministries of Health, hence part of the Advisory Committee on Health Services of the Conference of Federal/Provincial/Territorial Deputy Ministers of Health input to the exercise. The theme included concerns about financing, compensation, organization, care teams, and integration with the social domain, secondary and tertiary care, and ran the gamut from design, implementation, and evaluation.

Illustrative Questions:

- What models effectively integrate health promotion and disease prevention into primary healthcare services?
- What is the appropriate mix of health human resources and what processes lead to effective team work in the primary healthcare setting?
- What structures and processes lead to effective integration of primary healthcare with institutional acute care and long-term care (including home care)?
- What are the appropriate means and indicators with which to monitor implementation and evaluate the performance of first-line care models?
- What are effective programs for health professionals to use in teaching health management practices to chronic disease patients such as those with diabetes or asthma?

Primary healthcare was a significant research theme for the federal, provincial and territorial Ministries of Health.

Globalization

Globalization reflects an emerging uneasiness about how to protect the domestic healthcare policy environment in a world of highly influential global industries (e.g., pharmaceutical and device multinationals) and, more generally, free-trade agreements.

Illustrative Questions:

- What are the implications for the funding and delivery of home care and extended care of current and potential free trade agreements?

Globalization reflects an emerging uneasiness about how to protect the domestic healthcare policy environment

- What use patterns occur as a consequence of services not covered by medicare being available outside of Canada to Canadians? What are the effects on health outcomes?
- What are the implications of adopting international data standards on our ability to do research?
- What systems and processes will protect national and provincial health policies in the face of global industries and free trade agreements?
- What are the likely implications for training, recruitment and retention, and other pressing health human resource issues, of existing and future trade agreements?

Regionalization

The regionalization theme concerned the need for research that could inform the structure, organization and operation of regional health authorities and, more generally, the regionalization of any service (including considerations of catchment areas and service volumes necessary to sustain expertise.)

Illustrative Questions:

- What is the impact on regional health authority governance of electing versus appointing board members?
- What are the most effective structures and processes for integrating health promotion, disease prevention, public health and the broader social determinants of health into the scope of responsibility of regional health authorities?
- What size of catchment population for a regional health authority best addresses the trade-off between community responsiveness and operational cost-effectiveness?
- What volumes of different healthcare services are needed in specialized centres to assure patient safety and high-quality outcomes?

Current health system structures are preoccupied with disease/illness management rather than health improvement.

Population Health

The population health theme reflects a concern that current health system structures are preoccupied with disease/illness management rather than health improvement. The research agenda was seen as one that would speed evolution from a 'disease care' system to a system devoted to health improvement through the integration and interaction of a variety of means and sectors.

Illustrative Questions:

- What are the relative contributions of interventions outside healthcare (e.g., housing for those with mental health problems, early childhood education, programs for disadvantaged youth) compared to traditional healthcare interventions in improving the health of defined groups?
- What are the most effective structures and/or processes to facilitate government inter-sectoral action on the broad social determinants of health?
- What are the most effective ways to deal with psychosocial issues in geriatric populations?

Continuum of Care and Delivery Models

The theme of continuum of care and delivery models reflected concerns about delivery models that ensure effective co-ordination and integration of care across organizations, sectors and regions (e.g., across institutional, home and long-term care; between regionalized services and local primary care; and amongst types of services.)

Illustrative Questions:

- What information and management systems minimize the duplication of services and keep patient problems from falling between the cracks in the face of transfers between institutions, services or providers?
- What models of care for the elderly minimize the disruption in their living circumstances as they move from health to disability?
- What regional management structures and processes improve the integration and co-ordination of services across the continuum of care?
- What is the impact of increased day surgery on the relative roles of the hospital, homecare and self care?

Performance Indicators, Benchmarks and Outcomes

The theme of performance indicators, benchmarks and outcomes reflects the concern of management and policy makers that neither existing data sources nor existing research are yet able to support a set of benchmarks and indicators that are sufficiently sophisticated to reflect all important dimensions of performance at the various levels of accountability (from federal/national through to individual practitioners.)

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sophisticated.*

Illustrative Questions:

- What are the appropriate theoretical models to inform the development of indicators and benchmarks at the different levels of accountability in the health system?
- What variations in performance indicators and benchmarks are appropriate to reflect the different responsibilities and challenges faced by different levels of the health system?
- Which indicators are best able to reflect the impact of activity on patient outcomes for individual practitioners, institutions, agencies, regional health authorities and governments?

Informal and voluntary care are poorly recognized by, and inadequately co-ordinated with, the formal care system.

Evolving Role of Informal and Voluntary Care

The issues in the category of evolving role of informal and voluntary care were coupled with a disquiet that these sources of care are poorly recognized by, and inadequately co-ordinated with, the formal care system. A particular concern is that informal and voluntary care is being expected to accommodate an increasing volume of new types of care (e.g., homecare) and a growing share of the traditional care burden.

Illustrative Questions:

- What funding and organizational mechanisms could improve the co-ordination of informal and voluntary care-givers with the formal care system?
- What is the burden of care on the informal and voluntary care sectors and how is it changing?
- What is the influence of changing demographic and cultural factors on the capacity for informal and voluntary care?

KEY REFERENCES

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