

# IVEY INTERNATIONAL CENTRE FOR HEALTH INNOVATION



2016 ANNUAL REPORT

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# EXECUTIVE DIRECTOR'S MESSAGE

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**DAVID BARRETT**  
IVEY INTERNATIONAL CENTRE  
FOR HEALTH INNOVATION

I am pleased to report that 2016 has been a rewarding year for the Ivey International Centre for Health Innovation. The year provided an opportunity for the Centre to revisit its core operations and strategies. The questions that guided our restructuring were twofold: First, in 10 years, how should health systems operate differently in order to effectively and efficiently provide for the stakeholders and populations they serve? And secondly, what role can the Ivey Business School play to support leaders reconfiguring health systems of the future? The buy-in from stakeholders, both internationally and locally, was remarkable. Their input has helped develop a strategy that provides our Centre with unprecedented clarity, while yielding access to world-class research, faculty, and a robust network of alumni and sponsors.

have a positive impact on the business of delivering health care around the world, through the promotion of value-based health system decision-making. The Centre strives to be a provocative thought-leader by applying innovative business strategies and processes to enhance the efficiency of health systems and the value of patient care.

I would like to thank the remarkable efforts of our team – including staff, faculty, advisory council members, post-doctoral fellows, PhD students and Student Analysts – all of whom have uniquely contributed to the Centre's successes.

We are optimistic for the future of innovation and health system improvements, which are grounded in a value-based mindset. We encourage you to contact us to discuss our new strategic direction and the role of value-based thinking in the health system of tomorrow, and also to learn how Ivey can help you with your health system inquiries. As always, Ivey and the Centre are here to help.

The Centre aims to be a leader in the research, education, and knowledge dissemination of value-based health-care management.

The Centre connects the Ivey community –students, alumni, faculty and staff – by serving as a gateway for research, education, and outreach activities between Ivey and the greater health-care industry. This powerful alliance of key Ivey stakeholders enables the Centre to



## DIGITAL CONNECTIONS

In September 2016, the Centre launched a new, accessible website. Here you can find the Centre's ongoing and completed projects, read thought leadership pieces on critical areas of health care, engage in blog posts, which introduce ways to approach challenges in the health-care system, and stay up-to-date on upcoming events.

# RESEARCH

## A CATALYST FOR VALUE-BASED HEALTH SYSTEM TRANSFORMATION

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### **THE CENTRE'S MANDATE IS TO ACT AS A CATALYST FOR HEALTH SYSTEM TRANSFORMATIONS.**

We do this by leading the adoption of value-based health-care decision-making processes, and contributing to systematic improvements in efficiency and effectiveness within health systems in Canada, and around the globe.

The Centre's research focuses on building a value-based health-care system through the creation and implementation of innovative solutions. Value-based health care can be defined as the "health outcomes achieved that matter to patients relative to the costs of achieving those outcomes." Globally, the problems affecting health care are not due to insufficient medical knowledge or political will. Instead, they are rooted in ineffective management and execution. In general, health care is driven by a supplier-centric approach, and is organized around what physicians, and other suppliers, do and want, and not around what patients desire and need. It has been estimated that 42 per cent of the value of the global health-care system is wasted annually, a total of \$1.8-trillion U.S.

At the heart of value-based health care is maximizing health outcomes, per unit basis, and the implementation of patient-first care. Further, process and managerial innovations, aimed at improving value for patients and providing higher quality health care at a lower cost are central tenets of value-based health care. For example, lowering the complication rate of a surgery shortens the average hospital stay – thereby raising health care quality, while lowering costs.

The industry is clearly at a critical junction. A confluence of factors has introduced the need to shift the current collective health-care industry mindset. A more systemic business approach from an independent and objective perspective is needed to cut through the clutter and focus the industry on its key objective – to create, deliver and capture more value from our system; both for and from our customers. As an objective academic research institution grounded in sound methodological rigour and high standards, the Centre is positioned to provide this perspective.



# UTILIZING LEAN MANAGEMENT TO IMPROVE HEALTH-CARE SYSTEM EFFICIENCY

Assistant Professor David Barrett's research focuses on why so many health-care organizations struggle to adopt quality improvement programs.

Many hospitals have tried Lean Management, and Barrett has found that underlying organizational issues can inhibit or enable the success of Lean initiatives. A Lean Preparation Capability framework has been created, which includes constructs such as Lean skills, Lean climate, and Lean supervision, and reflect an organization's readiness for Lean implementation. Research on 200 emergency rooms in the U.S. showed that 82 per cent of an organization's Lean Competence was attributed to this preparation capability, indicating the large role preparation and background change plays in the success of Lean hospital initiatives.

**READ MORE:** <http://go.ivey.ca/leanmanagement>



## HEALTH SECTOR SUPPLY CHAIN STRATEGY AND MANAGEMENT

In partnership with Ontario's Ministry of Government and Consumer Services, the Centre completed a global search for best practices in health sector supply chain management. Involving participants from across Canada, the United States, the United Kingdom, Australia, and Finland, the study pooled together the best policies and practices. The study focused on the specific health system challenges of driving product standardization and categorization, clinician engagement, and public sector back office reform. Ultimately, the research findings will promote effective and informed decision-making for our provincial supply chain strategy and aid the dissemination of knowledge between health system stakeholders.



# POST-DOCTORAL AND PHD-FUNDED RESEARCH PROJECTS



## CONTRACTS TO PROMOTE QUALITY PROVISION IN BREAST CANCER TREATMENT

A recent study examined whether performance-based payment contracts could promote the optimal use of optional diagnostic tests in cancer treatment. The research was inspired by three ongoing trends: tremendous increases in the cost of new advanced cancer drugs; development of new diagnostic tests to allow physicians to tailor treatment to patients; and, changes in health-care funding models that reward quality care. The study proposed new payment models and suggested that the advent of new diagnostic tests necessitates new reimbursement models. Using Incentive Theory principles, the study concluded that it might not be optimal to offer a diagnostic test for all patients. Further, the research demonstrated the importance of understanding the behavioural effects of physicians' concerns regarding their treatment decisions by showing that social welfare may increase as the result of an increase in reputational concerns and/or altruistic behaviour of a provider.

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**RESEARCHERS:** Salar Ghamat, Greg Zaric, and Hubert Pun

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## COST-EFFECTIVE TREATMENTS TO REDUCE HEAVY ALCOHOL CONSUMPTION IN CANADA

In this project, a microsimulation model of alcohol consumption was developed to determine if pharmacological and/or psychosocial interventions are cost-effective to reduce alcohol consumption in the general Canadian population, and in underserved populations. A web-based decision support tool was also created to make the cost-effective model of alcohol consumption broadly accessible, and to allow policy-makers and researchers to tailor it to their own specifications. In this user-friendly environment, the user will be able to modify the model's inputs interactively to explore the cost-effectiveness of alcohol screening and brief intervention over a wide range of scenarios. The tool will then compute the costs, quality adjusted life years, life years, incremental cost-effective ratio, and net monetary benefits at different pay thresholds to help inform the user. This tool demonstrates a new and easily accessible approach to using cost-effective analysis models to advise policy-makers.

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**RESEARCHERS:** Estefania Ruiz-Vargas, Greg Zaric, and Richard Zur

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## DYNAMIC PROGRAMMING FOR AMBULANCE FLEET MANAGEMENT

In this paper, a dynamic program was used to model ambulance systems. The model has the potential to assist ambulance dispatchers by proactively avoiding states at which most, or all, of scheduled ambulances are busy. Possible actions that were considered included: Calling in additional ambulances from neighbouring cities, expediting the service, and repositioning available ambulances following a desired compliance table. The objective was to maximize the expected proportion of time that the system spends in states with low utilizations by using reward functions that penalize being in high-utilization states. A detailed simulation model was used to validate the results.

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**RESEARCHERS:** Amir Rastpour, Mehmet Begen, Armann Ingolfsson, and Greg Zaric

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## LEVEL 2 BED PLANNING IN THE LONDON HEALTH SCIENCES CENTRE: A SIMULATION MODEL BASED ON NEMS SCORES

In highly congested hospitals, it may be common for patients to overstay in Intensive Care Units (ICUs) due to unbalanced downstream capacity. Step-down beds, also known as Level 2 beds, have become an increasingly popular and cost-effective alternative to deal with this delicate issue. A discrete event simulation model was created to estimate the number of Level 2 beds needed for London Health Sciences Centre's University Hospital. The model was innovative because it simulated the daily Death/Stay/Step-down stochastic routine at the ICU based on nursing workload scoring, i.e. NEMS. In the future, the model could be used to provide a more realistic framework for bed capacity planning in hospitals.

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**RESEARCHERS:** Felipe Rodrigues, Greg Zaric, David Stanford, Judy Kojlak, Fran Priestap, and Claudio Martin

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# IVEY IDEA FORUM – THE VALUE OF WELLNESS PROGRAMS TO CANADIAN BUSINESSES

The Sun Life-Ivey Canadian Wellness Return on Investment (ROI) Study is the first study in Canada to use a control group to measure the effectiveness of workplace wellness programs. The study seeks to establish Canadian benchmarks on the ROI for workplace wellness.



The Ivey Research Team, led by Associate Professor Michael Rouse, designed a rigid methodology that focused on comparable treatment and control groups. One control group received a wellness survey, and the second control group received both a wellness survey and a biometric screening clinic. Each organization had only one of the two control groups,

in addition to a treatment group. The treatment group included the wellness survey and a biometric screening clinic, plus one-on-one coaching, access to a wellness website, lifestyle coaching, and education sessions.

Two primary goals of the study were to establish Canadian benchmarking on the ROI for workplace wellness and to contribute to best practice research to help organizations maximize the value of their wellness strategy.

An Organizational Wellness Index was developed based on existing literature. The wellness index included factors like workplace culture and engagement, nutrition, physical activity, stress, and alcohol and tobacco usage. The overall wellness index improved by 6.8 per cent, versus the control group which increased by 2.7 per cent. Twenty-two per cent of participants became physically active, while more than half (53 per cent) reported an increase in the current level of their physical activity; 23 per cent reported increased energy; and, 51 per cent reported improvements in their nutrition. Overall, the research revealed that workplace wellness factors such as these were very important indicators of the health of the organization.

**READ MORE:** <http://go.ivey.ca/phasetwo>

## SELECT CONFERENCE PRESENTATIONS

■ Barrett, D. (2016, August). Government of Canada – Social Innovation Roundtable. Panellist at the MaRS Discovery District, Toronto, ON.

■ Barrett, D. (2016, October). *An empirical investigation of the influence of preparation and implementation capabilities on Lean Management competence*. Paper presented at the Cornell Symposium – Hospitality, Health & Design, Ithaca, NY.

■ Barrett, D. (2016, December). *Change Management/Adoption of Innovation*. Panellist at the Northwind Medical Technologies Invitational Forum, Cambridge, ON.

■ Ghamat, S., Zaric, G. S., & Pun, H. (2016, July). *Payment contracts to promote use of optional diagnostic tests in cancer treatment*. Twenty-eighth European Conference on Operational Research, Poznan, Poland.

■ Rodrigues, F., Zaric, G., Stanford, D., Kojlak, J., Priestap, F., & Martin, C. (2016, June). *Level 2 bed planning in the London Health Sciences Centre: A simulation model for step-down bed capacity planning based in patient NEMS scores*. Fifty-eighth CORS Annual Conference, Banff, AB, Canada.

■ Rodrigues, F., Zaric, G., Stanford, D., Kojlak, J., Priestap, F., & Martin, C. (2016, July). *Level 2 bed planning in the London Health Sciences Centre: A simulation model for step-down bed capacity planning based in patient NEMS scores*. Forty-second Annual Meeting of the EURO Working Group on Operational Research Applied to Health Services, Pamplona, Spain.

■ Scarffe, A.D. (2016, November). *International agreements in Ontario Academic Health Science Centres: Nature, drivers, barriers and benefits*. Eighth World Congress on Health and Medical Tourism. Dubai, UAE.



# TEACHING

## OUR STUDENT RESEARCH ANALYST PROGRAM

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### **EACH SUMMER AND FALL, THE CENTRE HIRES STUDENT ANALYSTS TO HELP SUPPORT THE CENTRE'S ONGOING RESEARCH ACTIVITIES.**

Student Analysts are typically current undergraduate and graduate students or are recent graduates who are looking to explore a future career within academic research and the health sector. The Centre hires students with a variety of experiences to reflect the diverse nature of health care, and to advance our programs of research. For example, the Centre has hired students from psychology, biomedical sciences, health sciences, kinesiology, business, engineering, and medical school to complement our research team.

Student Analyst positions are a fantastic opportunity for highly-motivated individuals with a keen interest in the dynamic health care industry. The program that runs through the summer is highly competitive, often selecting less than five per cent of applicants. Those who are successful are students or recent

graduates with a passion for learning, and the professional ability to produce highly rigorous academic research.

The Student Research Analyst program provides students with experiential learning and mentoring opportunities. Engaging with the Centre's network of seasoned professionals and executives within health and related sectors offers students an enriching learning experience. These opportunities are often held through Lunch and Learns and panel discussions where students have the opportunity to interact with the Centre's professional network.

This past summer, the Centre held multiple Lunch and Learns for the summer analysts. We would like to extend a special thank you to Catherine Seguin, Terry McCool, Dr. Brent Norton, Paul Kirkconnell, Victor Garcia, Dr. Richard Kim, Bob Kennedy, Aleksandar Stosic, and Dan Ross for generously sharing their experience and expertise with our summer analysts.

# STUDENT TESTIMONIALS



"The Centre has a very positive work environment. I remember on the first day of work, one of my project managers had asked me, 'What do you want out of this?' As a student in my graduating year, I wanted to grow as a professional and understand more about the health-care industry. The Centre has provided me with just that; everyday has been an amazing learning opportunity." (**Cheryl Ying Yip**, Master of Management of Applied Science student, Western University)



"Working as a Summer Research Analyst at Ivey's Centre for Health Innovation, I was able to combine my interests for health care and business, while gaining experience in this field. The diverse projects and fast-paced environment have enabled me to gain a vast amount of knowledge in the business health-care sector and develop better research skills." (**Emma Pearson**, Kinesiology student, Western University)



**STUDENT ANALYST POSITIONS ARE A FANTASTIC OPPORTUNITY FOR HIGHLY-MOTIVATED INDIVIDUALS WITH A KEEN INTEREST IN THE DYNAMIC HEALTH-CARE INDUSTRY.**

**VICTORIA WIEBE**, Student Research Analyst, moderating a panel discussion

## GLOBAL IVEY DAY

The Centre celebrated Global Ivey Day on November 17, 2016 at Deloitte in Toronto, Ontario. Associate Professor Nicole Haggerty presented on Enabling Clinical Transformation - Radically Shifting the Mindset: Lessons from Healthcare Under-Going Optimization. Also, David Barrett presented on An Empirical Investigation of the Influence of Preparation and Implementation Capabilities on Lean Management Competence.



# CELEBRATING OUR SUCCESSES

## WHERE ARE OUR STUDENTS NOW?



*At the Centre, we take great pride in the work of both current and past team members, many of whom continue to work in impressive ways within health-care systems around the world.*

*We recently caught up with one such student, Stephanie Kovala, who worked at the Centre as a Summer Analyst (2013) and a Research Analyst (2013-2014). Stephanie is now a Business Support Manager to the Chief Executive at the South London Health Innovation Network in the United Kingdom.*

*[Read more here:](#)*

I wasn't sure how I'd forge a career out of 'health systems' but learned of an interesting MSc program at the London School of Economics and Political Science where I could study International Health Policy and decided to go for it. Throughout my education, I always did lots of interesting and seemingly unrelated hobbies, work and volunteer experiences – I worked as a residence staff member, did some downhill ski instructing at Boler Mountain, conducted a study on prenatal education in my spare time, volunteered at a Cancer Care Talks program and in a hospital as a wayfinder, and helped run a city councillor's campaign. At the time my path never felt clear cut, in fact it still doesn't, and sometimes I worry I'm going off on tangents! But actually the path was quite clear – deciding to take a step in one direction or another was based on my underlying interest in health systems and the desire to help improve people's lives. Looking back now, I can see how each experience was linked, and how I made a path simply by pursuing my interests."

### WHERE DO YOU SEE YOURSELF IN 10 YEARS?

"In 10 years, I would really love to be specialized in 'health system improvement' as the director of a program that is proven to deliver both better outcomes for patients and cost savings for health systems. Or I would like to work as the chief executive of an organization that specializes in this field. I also hope to have explored at least half of Canada's National Parks by then!"

### WHAT ARE YOU CURRENTLY UP TO?

"Currently, I am working as the Business Support Manager to the Chief Executive at the South London Health Innovation Network, one of 15 Academic Health Science Networks in England. In this role, I support the Chief Executive to 'speed up the best in health and care' by leading on projects that develop our network and our team. On a daily basis, I gain more insight into the workings, challenges, and development of the ever-evolving NHS (British National Health Service). Working for the Chief Executive positively challenges me – every day is completely different. I'm also pursuing my interest in 'planning for health' through built environments via a course that examines the intersection between public health and the field of urban planning."

### WHAT PATH HAVE YOU TAKEN TO GET YOU TO WHERE YOU ARE TODAY?

"I started with a BHSc from Western University and by my third year I found myself branching off from the science-based courses into the courses around health systems, such as Health Innovation and Leadership. It became clear to me that I wasn't going to follow what I, at the time, would have labelled a traditional route – for example, a more clinical-based profession such as speech-language pathology or medicine. At this stage,

### CAN YOU COMMENT ON WHAT YOU BELIEVE TO BE THE GREATEST CHALLENGE OR GAP IN THE HEALTH-CARE SYSTEM TODAY?

"It's hard to pinpoint which is the greatest of the many challenges, especially since so many are linked! An obvious challenge (and gap) is the adoption of technology – and this is probably the 'greatest' challenge because of its complexity and potential to improve health care so significantly. It's a frustrating challenge because we can imagine the changes and improvements that could be brought about, and in fact, we see similar changes already happening in other fields. Yet, companies with innovative technologies have no clear entry route to the health system market. Commissioners lack regulation and systems for adopting safe and appropriate technology, let alone the time or the resources to deal with slow, unclear or non-existent processes."

### TELL US A FUN FACT ABOUT YOURSELF.

"I've always been really passionate about art and continue to pursue it as a hobby. Currently, I have a lino reduction print on sale in my hometown of Sault Ste. Marie at the Art Gallery of Algoma."



# OUTREACH

## INFLUENTIAL THOUGHT LEADERSHIP, INSIGHTS, AND OPTIMISM

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The Centre has established a Health-Care Speaker Panel Series, which invites influential thought leaders to Ivey to share their insights, experiences, and optimisms around the future of health care to a variety of attendees, including faculty, staff, and students.



# LEADING INNOVATION IN HEALTH SYSTEMS

 Nov 9, 2016

For the initial panel, the Centre collaborated with Ivey's HBA program and invited Dr. Gillian Kernaghan, President and CEO of St. Joseph's Health Care London, Lisa Purdy, Partner and National Health Consulting Leader of Deloitte, and Dan Ross, President at Ross Strategies & Solutions Inc. and former CEO of the London Health Sciences Foundation, to engage in a thoughtful discussion with our attendees. The focus of the discussion included topics of leadership in health care, the intersection of business, government and health, and the importance of strategic partnerships amongst all stakeholders. As summarized by Cheryl Yip, a Student Analyst, following the panel, "Innovating in health care truly begins when we can confidently say our health system meets the definition of a system, an alignment of connected parts forming a complex whole."

**READ MORE:** [go.ivey.ca/innovationbattle](http://go.ivey.ca/innovationbattle)

**WATCH HERE:** [go.ivey.ca/innovationbattlevid](http://go.ivey.ca/innovationbattlevid)



## ENABLING INNOVATION IN HEALTH CARE IN THE NEXT FIVE YEARS

 Nov 29, 2016

The Centre's second panel hosted William Charnetski, Chief Health Innovation Strategist of the Government of Ontario, Justin Leushner, VP of Operations at TechAlliance of Southwestern Ontario, and Laurie

Sproule, Leader of Strategic Programs of 3M Canada. The focus of this panel discussion was based on questions the Centre aims to answer. Questions posed include: "Five years from now, what will the health-care system look like? How will technology and innovation contribute to a sustainable future in health care? How can we be a part of the innovative solutions and improvements to come?" Throughout their discussions, our panellists addressed these questions and shared their own unique career paths, which have enabled them to create real change in the health-care sector.

**READ MORE:** [go.ivey.ca/5years](http://go.ivey.ca/5years)

**WATCH HERE:** [go.ivey.ca/5yearsvid](http://go.ivey.ca/5yearsvid)

**IN 2017, THE CENTRE LOOKS FORWARD TO ENGAGING WITH MORE LEADERS IN THE HEALTH-CARE SECTOR AS PART OF OUR PANEL SERIES.**

# HEALTH INNOVATION BLOG

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This year, the Centre launched a Health Innovation Blog as part of its commitment to supporting thought leadership in the health-care sector. The purpose of the blog is to provide a platform for staff, students, and community members to identify specific challenges, issues, or gaps within the health system that require an innovative solution. The author(s) must take a position on the issue, use evidence to justify their position, and then offer recommendations to address the gaps, issues or challenges in the health-care system.

Since the initial launch of the blog this past September, the Centre has published nine posts from our Centre staff, researchers, and students. Our published blogs have covered a wide array of thought-provoking topics in Canada's health-care system.



## INNOVATION IS NOT THE “MAGIC BEANS” OF HEALTH CARE | SEPT 26, 2016

Andrew Scarffe, a Research Associate at the Centre, takes aim at the fact that on many levels, Canada's health-care system does not measure up to its strong reputation. Canada lags behind peer countries in its ability to adopt and scale health-system innovations, and must become better at disseminating “pilot projects” between provinces and organizations. Fortunately, Canada's strong education system and localized centres of research and development can be assets in improving its ability to adopt innovations.

**READ MORE:** [go.ivey.ca/magicbeans](http://go.ivey.ca/magicbeans)



## THE ARGUMENT FOR GLOBAL HEALTH IN OUR LOCAL SETTING | NOV 22, 2016

Kaitlin Saxton, a Research Analyst at the Centre, discusses the potential applications and implications of the expanding field of global health in our local Canadian setting. Rather than focusing only on developing countries, the definition of global health should be the study and research of health and disease in a global context, which facilitates the application of global health principles in all areas of the world, regardless of whether a country is deemed “developed” or not. Conceptualized this way, global health transcends borders and the aims of global health – namely, the prospect of saving lives and improving health outcomes – are better aligned with the needs of all populations. This is critical given the major gaps in health care within regions of even the most “developed” countries, as there are often parts of the country that are comparable to those within developing areas.

**READ MORE:** [go.ivey.ca/globalhealth](http://go.ivey.ca/globalhealth)





## CANADA NEEDS TO INVEST IN ITS PUBLICLY FUNDED EATING DISORDER PROGRAMS | DEC 2, 2016

Victoria Wiebe, a Student Research Analyst at the Centre, discusses the need for investment in Canadian eating disorder programs. Despite having the highest mortality rate of any mental illness, treatment options for the eating disordered population are sparse, often requiring month-long wait lists or out-of-pocket costs for necessary treatment. Furthermore, Canada spends \$20-million per year to send their eating disorder patients to the United States for inpatient programming, even though better outcomes can be expected in community-based programming. By re-investing taxpayer dollars towards Canadian eating disorder programs, Canadians will experience lower wait times for treatment, receive help more locally, and consequentially, can anticipate better health outcomes.

**READ MORE:** [go.ivey.ca/eatingdisorder](http://go.ivey.ca/eatingdisorder)



## CREATING STAND-ALONE SURGICAL CLINICS | DEC 13, 2016

Robbie Sparrow, a Student Research Analyst at the Centre, tackles the problem of long wait times for knee and hip replacement surgeries in Ontario. He argues that moving the surgeries outside of the hospital, into what are known as Ambulatory Surgery Centres (ASC), could reduce the cost of surgeries and improve the quality of care. A number of barriers exist to ASC formation, including regulatory frameworks, funding models, and the current political environment, but these challenges need to be overcome in order to allow greater access to these life-improving surgeries.

**READ MORE:** [go.ivey.ca/surgicalclinics](http://go.ivey.ca/surgicalclinics)



## HEALTH INNOVATION BLOG AWARDS

Looking ahead to 2017, the Centre will be hosting a blog competition. Blog posts written by Ivey and Western graduate and undergraduate students will be reviewed by the Centre's Advisory Council Research Development Committee. The top blog submissions will be chosen based on merit and the author(s) will be awarded \$250 to \$500.

# IVEY INTERNATIONAL CENTRE FOR HEALTH INNOVATION STAFF AND RESEARCH FELLOWS

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## DAVID BARRETT

EXECUTIVE DIRECTOR

David is an Assistant Professor of Operations Management at the Ivey Business School and the Executive Director of the Centre. He is also a Certified Management Accountant and a member of the Chartered Professional Accountants of Canada. His research is focused on the organizational factors that influence the successful adoption of Lean Management in health care. Prior to joining Ivey, Barrett worked as a global strategy consultant for Adventis Consulting, specializing in the telecommunications and technology industries and as a management consultant at Axia Consulting. In these roles, he led cross-functional project teams focused on new product development and supply chain optimization in the pharmaceutical, medical device, and fast moving consumer goods industries.

## LISA BITACOLA

CENTRE MANAGER, PROJECTS AND  
OPERATIONS

Lisa is the Centre Manager of Projects and Operations. She has a Bachelor of Arts Honors in Psychology from King's University College at Western University and a Master of Arts in Social Psychology from Simon Fraser University. Her Masters research focused on intergroup relations and collective action. Before coming to the Centre, Lisa managed the development of a state-of-the-art Behavioural Research Lab at Ivey and pioneered an undergraduate mentorship program for volunteer research assistants.

## ANDREW SCARFFE

RESEARCH ASSOCIATE

Andrew is a Research Associate for the Centre. He earned his Bachelor of Health Sciences and Master of Science from Western University. His Masters research sought to start the creation of an academically defensible body of literature that explored the nature of the globalization in health care and international agreements amongst Ontario Academic Health Science Centres. Andrew's research at the Centre is predominantly focused on international health system performance.

## ALEXANDER SMITH

RESEARCH ASSOCIATE

Alexander is a Research Associate for the Centre. He has his Honors Business Administration from Ivey Business School and Honors Bachelor of Science and Master of Science from Western University. His Masters research focused on studying the corporate values of hospital CEOs and their negotiation between system and patient values. Alexander's research at the Centre is focused on supply chain optimization in health care.

## KAITLIN SAXTON

RESEARCH ANALYST

Kaitlin is a Research Analyst for the Centre. She has a Honors Bachelor of Science from Western University and a Master of Science from Duke University. Her Masters studies focused on global health research methods. Her research focused on the positive influences of grandparent-grandchild interactions in rural Sri Lanka. Kaitlin's interests are in health system design and optimization, as well as access to care.

## PAUL JOUDREY

PROJECT MANAGER

Paul has a Master of Arts focused on Leadership in Health Care from Royal Roads University, 28 years of service with the Canadian Armed Forces, comprised of successive and increasing leadership and management roles in the Canadian Forces Health Services, and six years of experience working in health care as a front-line manager, strategic planner, and systems design lead. He has administrated and managed the Cardiovascular Health and Research group in Manitoba, and worked as the Manager of Strategic Initiatives and the Project Team Manager in the Cardiac Sciences Program at St. Boniface Hospital in Winnipeg.

## ELIZABETH CHOI

### FINANCE MANAGER

Prior to joining Ivey, Elizabeth spent over eight years working around the globe within the financial industry, for both public and private sector organizations. Her experience included Portfolio Management and Financial Markets Trading for organizations, including TD Asset Management, TD Securities, Barclays Capital (US, UK, Singapore), and The Bank of Canada. After her extensive experience in finance, Elizabeth left to start her own venture where she successfully grew her business and sold it to focus on other opportunities. She is currently on her second venture in the medical innovation realm, and is conducting clinical trials with a major Toronto hospital.

## DAN ROSS

### BUSINESS DEVELOPMENT

Dan is the former chair of the London Health Sciences Centre Foundation Board of Directors. Prior to his position as chair, Ross was the Executive Vice President and Corporate Counsel of Crystallex International Corporation, and former managing partner of the London office of McCarthy Tetrault. He is a St. Thomas native, and a graduate of the Law School at Western University. Among his various commitments, he was appointed by the Province of Ontario as a Commissioner on the Health Services Restructuring Commission, where he served from 1996 to 2000.

## ALEKSANDAR STOSIC

### GOVERNMENT RELATIONS

Through his boutique government relations firm Stosic & Associates, Aleks leverages top tier political relationships and policy development know-how to build consortia of support behind strategic business development projects, on large and complex files, for a host of blue chip firms and organizations. Prior to opening his own practice, Aleks held senior advocacy positions in the private sector, as well as the Toronto Region Board of Trade, before being asked by the Premier's Office to serve as Executive Director to Ontario's Minister of Economic Development, Infrastructure, and Trade.

## AMIR RASTPOUR

### POST-DOCTORAL FELLOW

Amir has a PhD in Operations Management from the University of Alberta School of Business. His research interest is in applications of operations research and statistics in the health-care sector. More specifically, Amir is interested in applying queueing theory, count regression models, and empirical analysis methods to problems in the health-care sector both at the planning level, such as demand prediction for heart attack treatment facilities and finding promising locations for these facilities, and at the operational level, such as emergency medical services operations.

## ESTEFANÍA RUIZ-VARGAS

### POST-DOCTORAL FELLOW

Estefanía is a postdoctoral fellow at Ivey. She has a PhD in Applied Mathematics from Western University. Prior to coming to Ivey, Estefanía worked as a researcher in the department of Clinical Neurological Sciences at University Hospital where she focused on studying risk factors and interventions for stroke and Alzheimer's. Her current research is focused on finding cost-effective interventions to reduce alcohol consumption in the Canadian population. Estefanía's research interests are in population health interventions and public policy.

## SALAR GHAMAT

### PHD CANDIDATE

Salar is a PhD candidate in Management Science at Ivey. He has a Bachelor of Science in Civil Engineering from Tabriz University, a Master of Science in Operation Research and Management Science from Tilburg School of Economics and Management, and a Master of Business Administration from Bilkent University. His research interests are incentive alignment, contract design, and mechanism design in health-care operations management.

## FELIPE RODRIGUES

### PHD CANDIDATE

Felipe is a PhD Candidate in Management Science at Ivey. His research involves discrete event simulation and queueing models related to applied problems, such as hospital inpatient flows and bed capacity management. Prior to joining academia, he worked in the industry as an International Operations and Logistics professional.

## JAYSON MARTIN

### MASTERAL CANDIDATE

Jayson trained as a Plastic and Reconstructive Surgeon in the Philippines, and completed his Clinical Fellowship in Paediatric Plastic Surgery at Victoria Hospital, London Health Sciences Centre in 2015. Among his current research interest is the manner in which technology can effect health-care delivery. This also includes the way in which stakeholders deliberate and arrive at decisions with regards to technology-driven initiatives, and how this in turn impacts the implementation and outcome of these projects.



# OUR ADVISORY COUNCIL

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The Advisory Council acts as a visible body of support, leadership, and influence to assist the Centre in achieving its vision “to be a catalyst for the adoption of a value-based health-care management system in Canada.”

The Centre would like to extend a big thank you to Neil Fraser, President of Medtronic of Canada Ltd., for his service as Chair to the Advisory Council since its inception in 2009. The Centre is pleased to announce that Lisa Purdy, Partner and National Health Consulting Leader of Deloitte, has accepted the Chair position.

The Centre would also like to thank the following members who have stepped down from the Advisory Council this year: George Attar, Senior VP and Chief Technology and Information Officer of McKesson Canada, Dr. Raphael Hofstein, President and CEO of MaRS Innovation, Paul Lepage, President of TELUS Health and Payment Solutions, and Sue Paish, President and CEO of LifeLabs Medical Laboratory Services

## CHAIR

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<b>LISA PURDY</b>	Partner, National Health Consulting Leader, Deloitte
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## VICE-CHAIR

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<b>PAUL KIRKCONNELL</b>	Owner and Operator, P-A-K Limited
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## MEMBERS

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<b>NEIL D. FRASER</b>	President, Medtronic Canada; Regional Vice-President – Canada, Medtronic
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<b>VICTOR GARCIA</b>	Managing Director, ABCLive Corporation
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<b>ROBERT E. KENNEDY</b>	Dean, Ivey Business School
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<b>TERRY MCCOOL</b>	Former Vice President of Corporate Affairs, Eli Lilly Canada
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<b>DR. BRENT H. NORTON</b>	President & CEO, Director, MedCurrent Inc.; Venture Partner, Lumira Capital
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<b>GRAHAM SCOTT</b>	President, Graham Scott Strategies Inc.
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<b>CATHY SEGUIN</b>	Vice-President, SickKids International
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<b>SHIRLEE M. SHARKEY</b>	President and CEO, Saint Elizabeth
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<b>DR. MICHAEL STRONG</b>	Dean, Schulich School of Medicine & Dentistry
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<b>DR. PAUL WALKER</b>	Director, President and CEO, Spectral Medical Inc.
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# BY THE NUMBERS

2,810

Twitter Followers



428

People who attended  
in-person and online events

477

Facebook Likes



13

Employed  
Student  
Research  
Analysts

five

Funded PhD  
candidates  
and Post-Doctoral  
Fellows

1,957

Page views on  
website since  
Sept. 2016

2

Facebook  
Live  
events



## CONTACT US

**The Centre is always open to new ideas and opportunities.**

**To discuss possibilities, please contact the Centre at [healthinnovation@ivey.ca](mailto:healthinnovation@ivey.ca)**

### Stay in Touch

Join our mailing list to receive quarterly newsletters, event invitations, and updates: <http://go.ivey.ca/maillinglist>

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