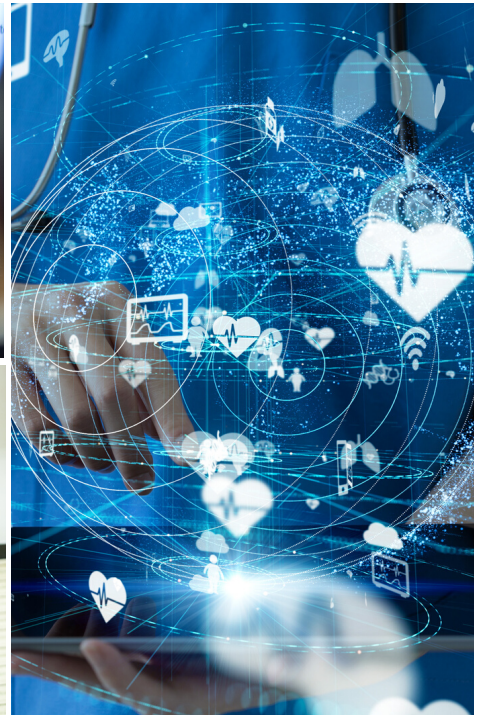


# IVEY INTERNATIONAL CENTRE FOR HEALTH INNOVATION

2019 ANNUAL REPORT



International Centre for Health Innovation | **CONTENTS**

**3**

**EXECUTIVE  
DIRECTOR'S  
MESSAGE**

**6**

**OUR  
ADVISORY  
COUNCIL**

**7**

**RESEARCH**

**15**

**TEACHING**

**18**

**OUTREACH**

# EXECUTIVE DIRECTOR'S MESSAGE

**WHILE WE ARE INDIVIDUALLY AND COLLECTIVELY DEALING WITH A NEAR FUTURE LESS CERTAIN, WHAT DOES SEEM CERTAIN IS THE CONTINUED NEED FOR ENHANCEMENTS TO OUR MANAGEMENT CAPABILITIES, SYSTEM DESIGN AND ORGANIZATIONAL APPROACHES TO HEALTHCARE DELIVERY.**

The institutional and system-wide impact associated with sub-optimal capacity planning, resource utilization, supply network reliability and the pace of technology adoption have been unmistakably highlighted as we attempt to deal with the crisis before us. As we commence 2020 under the shadow of the COVID-19 pandemic crisis, it is difficult to look back on our accomplishments while so many critical challenges lay ahead, but we will. Prior to 2019, the Ivey International Centre for Health Innovation (Ivey Health) refocused its strategy, and directed its efforts to promoting and working with organizations attempting to deploy a value-based healthcare management approach. This year, our team collaborated with a variety of healthcare partners on efforts to generate greater resource utilization (efficiencies) and patient outcomes (effectiveness). These collaborations generated research results we presented at multiple international conferences including the World Mental Health Congress in Buenos Aires and the International Consortium of Health Outcomes Measurement in Rotterdam. In addition, our applied research projects informed multiple educational programs we designed and delivered to develop greater industry proficiency in the understanding and deployment of value-based healthcare methods.



While this report outlines some of our team's and collaborators' efforts in 2019, I would like to highlight our efforts in mental health. Ivey Health was engaged to lead the City of London's mental health and addictions strategy implementation. In concert with a robust social network analysis utilized to create an extensive list of associated mental health programs in the City and assess their respective levels of network connectivity and perceived benefit, we provided project management leadership that led to unprecedented levels of regional engagement and operational deployment. Additionally, our work with the Access Open Minds site in Southwestern Ontario resulted in a cost-benefit analysis that documented the quantitative returns of their novel approach to youth mental health support. Ivey Health believes that the strategic management of mental health programs and services is one of the most impactful investments our society and policy makers can make in the well-being of our communities.

As you review this report, it is clearly evident that we at Ivey Health could not achieve any success without the extensive cooperation of our affiliated faculty, staff, students, alumni, and community partners. They all have contributed to a productive year at Ivey Health and as always, we are grateful for their continued support. We are excited about the prospects of contributing to the success of value-based healthcare implementations and potential research opportunities, and we look forward to another year of working to influence positive and productive change in our health-care systems.

**DAVID BARRETT, MBA '04, PHD '14**

A handwritten signature in black ink, appearing to read "David Barrett". The signature is fluid and cursive, written over a white background.



# OUR STAFF



**DAVID BARRETT,**  
MBA '04, PHD '14  
Executive Director



**LISA BITACOLA**  
Manager of Projects,  
Operations and Stakeholder  
Engagement



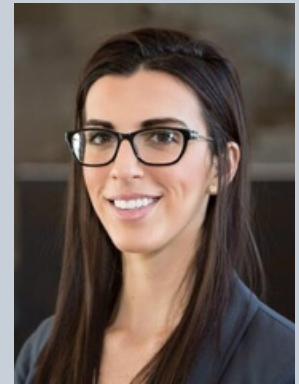
**ALEXANDER SMITH,**  
HBA '13  
Senior Project Manager



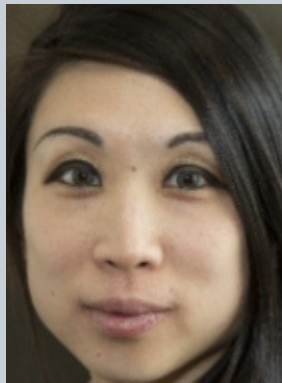
**ANDREA PAVEZ**  
Administrative & Research  
Assistant



**ANDREW SCARFFE**  
Research Associate



**KAITLIN SAXTON**  
Research Associate



**ELIZABETH CHOI**  
Entrepreneur in Residence



**MATTHEW MEYER**  
Adjunct Professor



**VIVEK ASTVANSH**  
Adjunct Research Professor



# OUR STUDENTS

Ivey Health is committed to addressing health care’s “innovation adoption deficit” and the lack of highly-trained leaders and change agents who understand that innovation improves productivity and who have the specialized skills necessary to drive and sustain change in both the private sector and in our publicly funded health care institutions. Throughout 2019, Ivey Health saw to this commitment by providing many opportunities for students to get involved in the work at the Centre. Ivey Health partnered with the Health Studies Practicum Program, Community Engaged Learning, and the Work Study program at Western University to host and engage students.

<b>SARAH OESTERREICH</b>	Community Engaged Learning Student
<b>HUN LEE</b>	Research Analyst
<b>JOVANA SIBALIJA</b>	Research Analyst
<b>MATHUSHAN SUBASRI</b>	Research Analyst
<b>TINA TRAN</b>	Research Analyst
<b>SARAH WOLOSCHUK</b>	Research Analyst
<b>DHRUVIKA ANGRISH</b>	Practicum Student
<b>SHANNON LOVELESS</b>	Practicum Student
<b>KATIE SHILLINGTON</b>	Practicum Student
<b>LISA VI</b>	Practicum Student
<b>THARANI ANPALAGAN</b>	Work Study Student
<b>VIVIAN CHEN</b>	Work Study Student
<b>SANA RIZVI</b>	Work Study Student

# OUR ADVISORY COUNCIL

The Advisory Council acts as a visible body of support, leadership, and influence to assist Ivey Health in achieving its vision “to be a catalyst for the adoption of a value-based health-care management system in Canada.” We would like to thank the dedicated members of our Advisory Council for the support they provide to the Centre, as well as their commitment to improving the health-care system.

We would like to extend a special thank you to Graham Scott, who stepped down in December 2019, for his invaluable contributions and service to the Ivey Health Advisory Council over the years.

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**LISA PURDY** Chair, Partner & National Health Consulting Leader - Deloitte Canada

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**PAUL KIRKCONNELL** Vice Chair, Founder & Executive Chairman - Sherpa International Inc.

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**DAVY CHENG** Acting Dean - Schulich School of Medicine & Dentistry

---

**TONY DAGNONE** Former President & CEO - London Health Sciences Centre

---

**CATHY FAULDS** Associate Lead Physician - London Lambeth Family Health Organization

---

**NEIL FRASER** President - Medtronic Canada Limited

---

**KIM FURLONG** CEO - Canadian Venture Capital and Private Equity

---

**VICTOR GARCIA** Managing Director - ABCLive Corporation

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**PETER GOLDTHORPE** Vice President of Transformation - SickKids

---

**SHARON HODGSON** Dean - Ivey Business School

---

**ARDEN KRYSTAL** President & CEO - Southlake Regional Health Centre

---

**TERRY MCCOOL** Former Vice President of Corporate Affairs - Eli Lilly Canada

---

**LEIGHTON MCDONALD** President - Closing the Gap Healthcare

---

**BRENT NORTON** Chairman & CEO, Venture Partner - Ortho Regenerative Technologies & Lumira Ventures

---

**JACKIE SCHLEIFER TAYLOR** Chief Quality & Patient Safety Officer - London Health Sciences Centre

---

**GRAHAM SCOTT** Graham Scott Strategies Inc.

---

**CATHY SEGUIN** Former Vice President - SickKids International

---

**SHIRLEY SHARKEE** President & CEO - Saint Elizabeth Health Care

---

**MARK ZBARACKI** Associate Dean, Research - Ivey Business School

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# RESEARCH



## WORKING TOGETHER: SOCIAL NETWORK ANALYSIS

Ivey Health conducted a social network analysis project to visualize the relationships between mental health and addictions services in London-Middlesex and provide recommendations to better connect and support these services. An inventory of mental health, substance use, and addictions services in London-Middlesex was created and a total of 435 unique entries were identified for inclusion. Simultaneously, an electronic survey was distributed to all identified programs and services to gather data related to the relationships that exist between organizations, as well as self-identified network gaps. Survey data was used to develop maps of relationships between participants at two-levels: (1) the program/service-level (representing unique programs and services within the system); (2) the organization-level (as several programs and services exist within larger organizations). Findings from this project are intended to identify where strengths and gaps exist within the mental health and addictions system in the London-Middlesex region, and ultimately improve provider experience and client/patient care.

*Figure 1 is a visual representation of how connected mental health and addictions programs and services are in London-Middlesex.*

*Figure 2 is a visual representation of how connected mental health and addictions organizations are in London-Middlesex.*

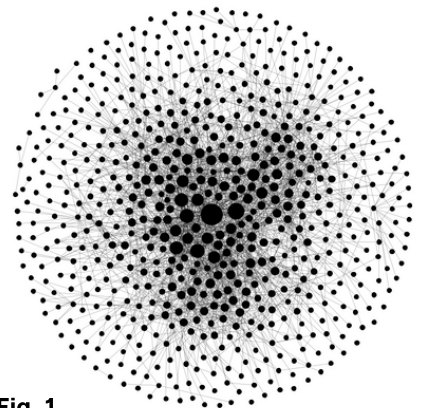


Fig. 1

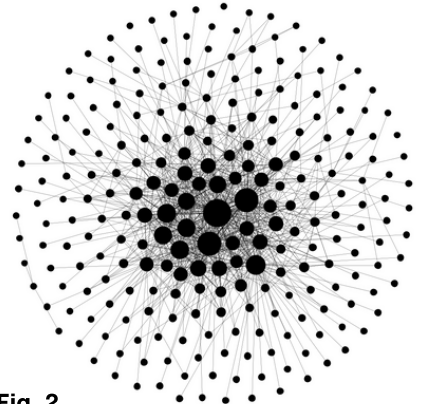


Fig. 2



# ALIGNING MENTAL HEALTH AND ADDICTIONS SERVICES THROUGH STRATEGIC GOVERNANCE



In 2017, the City of London ratified its updated Mental Health and Addiction Strategy and commissioned Ivey Health as the implementation team to institute the strategy across the region. Over the course of nine months, Ivey Health met with over 338 individuals (60 individual meetings; 278 through presentations at mental health and addictions table meetings) across London-Middlesex mental health and addictions (MH&A) organizations, including service delivery, system management, people with lived experiences, families and caregivers, and traditionally underrepresented communities. Several initiatives in the past have aimed to align and better coordinate MH&A services in the London-Middlesex region, but fragmented service delivery and unclear patient flow and communication channels are growing challenges. After understanding individual stakeholder perspectives and comparing with the strategy, key priorities for year one included establishing a governance framework to organize MH&A stakeholders. Along with a formal communication strategy, the following framework consists of:

- (1)** people with lived experience, families/caregivers and traditionally underrepresented populations at its core
- (2)** Operational Groups that are action oriented with a mandate of MH&A and/or social determinants of health
- (3)** System Planning Tables that identify specific gaps or challenges within the sector
- (4)** a Strategic Direction Council that receives, distills, and sets strategic priorities for the region.

# ACCESS OPEN MINDS: CHATHAM-KENT



The Access Open Minds (AOM) program was launched in Chatham-Kent Ontario as part of a pan Canadian initiative to improve how youth mental health services are designed, delivered, and assessed. Operating across six provinces and one territory, AOM sites serve as a single point of direct-entry to a continuum of integrated mental health services for youth.

The Chatham-Kent site has been jointly funded through a national research grant from the Canadian Institutes of Health Research (CIHR) and the Graham Boeckh Foundation and services a population of approximately 108,000 people. Using an innovative and more collaborative delivery approach, AOM brings together community partners into one location to deliver mental health and support services to youth aged 11-25 and their families. Ivey Health, with support from the Canadian Mental Health Association (CMHA), developed a report to study the effectiveness of the program at Chatham-Kent and to document the progress of the initiative to date. Our analysis showed that the AOM Chatham-Kent model of care aligns with current health system policies, and addresses many challenges with traditional youth mental health care services, including: better management of the transition between youth and adult systems; advanced access to appropriate treatment; central access point for all youth mental health services; integrated care through multidisciplinary collaborative teams; and establishing a culture of care sensitive to youth-specific needs. The model of care is able to deliver appropriate care to youth in a lower cost environment, promoting early intervention and avoidance of more intensive care in emergency department and hospital settings.



**Fig. 3** The Activity Space at the AOM Chatham-Kent site.





## **EARLY SUPPORTED DISCHARGE STROKE PROGRAM**

Early Supported Discharge (ESD) programs are a form of time-limited rehabilitative care designed to accelerate and support the transition from hospital to home after stroke. ESD has been identified as a stroke best practice, and has been demonstrated in multiple randomized control trials to improve clients' outcomes, reduce length of hospital stay, and reduce system costs.

The objectives of our pilot study were to describe the pragmatic implementation of an ESD pilot model in a largely rural region of Canada. The primary objective sought to assess the program's effectiveness compared to usual care, with a secondary objective to assess clients' and providers' implied preferences around service provision and therapy intensity.

Our analysis demonstrated that the greatest system benefits of ESD were within the inpatient rehabilitation group, who realized an average 10 day length of stay reduction by participating in ESD programming. Patient outcomes for this group (measured through FIM® efficiency) also exceeded control levels. The Huron Perth Healthcare Alliance ESD pilot was demonstrated to be successful in delivering high-quality, hospital-intensity care in a home environment, and in a predominantly rural setting. To our knowledge, this is the first demonstration of a successful ESD program in a rural setting.



# IT SHARED SERVICES



Ivey Health was commissioned by a consortium of eight regional hospital corporations to design and develop a future state model for an integrated IT shared services approach. After consultations with the all local stakeholders, reviewing existing best practices and customizing to the local nuances, a model was selected.

Feedback and preferences from all eight participating hospital organizations was incorporated to inform model design, while the collective shared expertise of all the regional hospitals was utilized to develop a model that worked for all partners. This multi-faceted approach generated a shared services organization model yielding the greatest long-term benefits for the consortium in totality.

Benefits of the recommendation included: a governance model that drives system-wide standardization and alignment, increased purchasing power and authority to negotiate best pricing, a common technology investment agenda

for large capital expenditure projects, and an equitable, transparent and impartial approach to shared services delivery. The recommendation was designed to be scalable enabling future expansion into community health organizations, other hospitals, or other shared services organizations.

The proposed shared services organization model will position the hospital consortium to capture ongoing operational efficiencies and enable more effective longer-term planning and investment, while maintaining agility and flexibility to respond to ongoing health system restructuring.



# **CANCER CARE ONTARIO: RELATIVE EFFICIENCY OF CANCER CARE CENTRES IN ONTARIO**

Ivey Health completed a relative efficiency analysis of cancer centres in Ontario, funded through CCO. The objective of this research was to develop a unified efficiency metric that can be used across CCO's 15 cancer treatment centres. This metric facilitates the creation of benchmarks and allows for straightforward comparison between the centres, given their differing sizes in administrative and medical staff, and operational capacities.

Data Envelopment Analysis (DEA) was the selected methodology, populated with financial and operational data to determine a relative efficiency score for each centre, with a focus on the radiation treatment areas. Wait time data, recurrence rates, and mortality rates from 2012 to 2016 were calculated from records provided by CCO.

Common among top performing cancer centres is their low to average revenues and expenses compared to their peers, low to average available machine hours, and average to high machine utilization. These centres achieve good results with fewer monetary resources available to them. What our analysis has shown is that other measures, aside from wait times, will assist in identifying more specific areas of improvement for each centre, as well as quantify the improvement needed for a centre to achieve 100% relative efficiency.





# WORLD MENTAL HEALTH CONGRESS

Centre Manager, Lisa Bitacola, had the privilege of presenting to delegates at the 2019 World Mental Health Congress in Buenos Aires, Argentina, on behalf of the Ivey Health Team. With the theme of "Inclusive Approaches in Mental Health. Clinic, Community and Rights", the Congress aimed to create a space for delegates to share and learn from mental health practices that are rooted in both a community health and clinical practice. Ivey Health added to the discussion by presenting on their recent efforts to coordinate the mental health and addictions services in London-Middlesex in partnership with the London Community Foundation and the City of London.



**[Read more at: go.ivey.ca/WMHC](http://go.ivey.ca/WMHC)**

## SELECT PRESENTATIONS



Meyer, M., Smith, A., & Barrett, D. (2019, May). *Regional Stroke Sustainability and Accountability: Protocol for Patient Outcome Measurement in Ontario, Canada*. Poster presented at ICHOM 2019 Conference, Rotterdam, NL.

Smith, A., Meyer, M., & Barrett, D. (2019, May). *Adopting Standard Stroke Outcome Measures for an Early Supported Discharge Program in Rural Canada*. Poster presented at ICHOM 2019 Conference, Rotterdam, NL.

Bitacola, L. *Aligning Mental Health and Addictions Services through Strategic Governance*. Lawson Mental Health Innovation Day, London, Ontario, Canada. October 2019.

Lee, H.; Woloschuk, S. *Working Together: Social Network Analysis*. Lawson Mental Health Innovation Day, London, Ontario, Canada. October 2019.



# PUBLICATIONS

## **EXPLORING RESIDENTIAL MODELS OF CARE FOR TREATMENT OF INFECTIOUS COMPLICATIONS AMONG PEOPLE WHO INJECT DRUGS: A SYSTEMATIC REVIEW**

This article identifies, compares, and assesses residential models of care to treat infectious complications among people who inject drugs (PWID) through intravenous antibiotic (IV) therapy. Database searches in Ovid MEDLINE, Embase, PsycINFO, and the Cumulative Index to Nursing and Allied Health Literature Studies were performed. A Google web search was also performed. Studies published in English between 2000 and May 2017 that presented data on an out-of-hospital residential program for IV antibiotic treatment of infectious complications among PWID were included. Of the 2355 unique articles screened, 218 were reviewed in their entirety and three were included. Across the three included studies, no mortalities were reported during the study. Each study reported similar outcomes compared to in-hospital care. In the two studies reporting costs, residential care was substantially less expensive. This review indicates that residential treatment appears to be beneficial to PWID, hospitals, and the health care system.

[SAXTON, K. G., BARRETT, D., GOULD, L., SANDIESON, R. M., KOIVU, S., & MEYER, M. J. \(2019\). EXPLORING RESIDENTIAL MODELS OF CARE FOR TREATMENT OF INFECTIOUS COMPLICATIONS AMONG PEOPLE WHO INJECT DRUGS: A SYSTEMATIC REVIEW. INTERNATIONAL JOURNAL OF MENTAL HEALTH AND ADDICTION.](#)

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## **ENHANCING PHYSICIAN MANAGERIAL CAPABILITIES: PARTNERSHIP BETWEEN MEDICINE AND BUSINESS**

Physicians are typically appointed to leadership roles within health care organizations on the basis of individual accomplishments in research, education, and/or clinical care. However, these types of achievements seldom provide the requisite management capabilities to lead within health organizations. In this manuscript, we described our initial experience in developing an in-house program to provide current and aspiring physician leaders with the managerial capabilities to enhance the quality of health care delivery within their respective organization. In a partnership established between a Medical School and a Business School, we designed a series of weekend workshops to provide current and aspiring physician leaders with the financial capabilities to assist them in their future healthcare leadership careers. All 3 workshops received excellent evaluations by participants. The positive impact of the open enrollment program, based on participants' self-evaluations, was the highest in female physicians, as well as early to mid-career physicians. Additionally, physicians who do not currently hold leadership positions and those who are leading at Divisional levels were the most interested in further training in finance. In summary, this series of workshops demonstrated the feasibility of an in-house physician leadership program and yielded important information for the design of future leadership development curriculum.

[SIU, S., SCARFFE, A., BARRETT, D., STRONG, M., ET AL. \(2019\). ENHANCING PHYSICIAN MANAGERIAL CAPABILITIES: PARTNERSHIP BETWEEN MEDICINE AND BUSINESS. MEDEDPUBLISH, 8, \[2\], 26.](#)

# TEACHING

## GRADUATE EDUCATION - BONE & JOINT INSTITUTE

In partnership with the Collaborative Training Program in Musculoskeletal Research (Schulich), Ivey Health provides graduate students in health sciences research opportunities to learn the management principles and business acumen that can be leveraged within a healthcare environment. In 2019, we hosted the following modules:

- The Intersection of Research and Policy within the Canadian Health System led by Dr. Harpreet Bassi (The Change Foundation) and Dr. Kirk Nylen (Ontario Brain Institute)
- Introduction to Strategy in Life Sciences led by Dr. Michael Rouse (Ivey Business School)
- Negotiating for Leaders led by Dr. Fernando Olivera (Ivey Business School), and
- Consulting in the Life Sciences led by Ms. Lisa Purdy (Deloitte).

We look forward to continuing our relationship with the Bone & Joint Institute in 2020 and developing new and exciting opportunities for students to gain valuable management knowledge and insight into the health sector.



## VALUE-BASED HEALTHCARE LEADERSHIP PROGRAM: THE FUNDAMENTALS OF VALUE-BASED HEALTHCARE

A value-based approach in a healthcare context is about understanding and maximizing patient benefits (outcomes and experiences) while minimizing the use of resources used to achieve those benefits. In September 2019, the Ivey Business School and the Schulich School of Medicine & Dentistry came together with a shared mission of achieving better health for the people of Canada. One key element of achieving this goal is training leaders in the movement towards value-based health care. Over the course of a 2-day interactive workshop on “The Fundamentals of Value-Based Healthcare” in Toronto, 37 participants with a wide range of experience and expertise came together to learn why a value-based health and care mindset is essential for the future of Canadian’s health, and how to begin creating and implementing high-value care at their respective organizations. Executive Director, Professor David Barrett and Ivey faculty (Professors Darren Meister, Larry Plummer, Michael Rouse, Mary Crossan, Mary Gillett) and our network (Arden Krystal, Jason Vanderheydan, Leighton McDonald) all contributed to our initial value-based educational program.



# HARVARD MEDICAL SCHOOL PHYSICIAN LEADERSHIP

## CHARTING THE FUTURE OF PRIMARY CARE: LEADERSHIP, TEAMS AND CULTURE



## CENTER FOR PRIMARY CARE

HARVARD MEDICAL SCHOOL

Ivey Health partnered with the Harvard Medical School and Ivey Academy to provide educational programming for primary care physicians focused on team building, cultural development and practice leadership. Ivey Health wrote cases specifically for this program using a Canadian urban family health organization and a Canadian rural community health centre as case studies. Executive Director, Professor David Barrett, Ivey faculty (Professor Rob Austin) and our network (Dr. Cathy Faulds and Vania Sakelaris) helped deliver the programming.

## MANAGEMENT PRINCIPLES FOR PHYSICIANS

Ivey Health partnered with Dr. Sam Siu (Schulich School of Medicine and Dentistry) and Dr. James Calvin (Department of Medicine, London Health Sciences Centre) for a second time to hold the second program, "Management Principals for Physicians." in London, Ontario. The program featured both Ivey Faculty (Professors Michael Rouse, Assistant Professors Lauren Cipriano, Dominic Lim, and Rick Robertson), as well as extraordinary faculty within our network (Tonya Sheldon). It delivered knowledge, tools and skills designed to build skills in developing and evaluating business plans. The program was specifically designed for physicians and included seminars on using excel and decision science for planning, understanding and interpreting financial statements, the application of strategic thinking for executive decision-making and business plan evaluation. The program was positively received by the participants. The participant evaluations, and program lessons/insights have been published in MedEdPublish.





## PROVIDING REAL WORLD EXPERIENCE TO STUDENTS THROUGH PRACTICUM PLACEMENTS

Through the Health Practicum course offered at Western University students are given the opportunity to participate in different areas of health including ageing and independence, bioethics, health promotion in rural and urban areas, and more. The Ivey International Centre for Health Innovation participates in these practicum placements to allow students to learn more about their mission of value-based healthcare management and innovation.



*"Overall, my experience at the Ivey International Centre for Health Innovation has been incredibly positive. Through writing four blog posts over the course of the academic year, I have bettered my research skills, as well as gained knowledge on how to properly conduct literature searches and facilitate interviews. Additionally, the staff at Ivey Health have been incredibly kind, welcoming, and supportive. They have challenged me in a number of ways, which has fostered an immense amount of personal growth and assisted me in developing skills that I will use in my graduate studies."*



# OUTREACH



MARCH 25, 2019

## WORLD CAFÉ - ENGAGING WITH LEADERS IN HEALTHCARE

The Ivey International Centre for Health Innovation hosted the second annual World Café on Engaging with Leaders in Healthcare. The goal was to stimulate innovative thinking and give students an opportunity to explore pressing issues in healthcare with leaders in the industry. Participants voted on what health-care themes they wanted to discuss, with topics ranging from moving care from hospital to home, machine learning and AI, and scaling healthcare innovations. Participants had the opportunity to meet with Health Centre Advisory Council members Tony Dagnone, Kim Furlong, Victor Garcia, Paul Kirkconnell (MBA '83), Arden Krystal, Leighton McDonald, Lisa Purdy, Jackie Schleifer-Taylor, and Dr. Graham Scott. Each group of students had 45 minutes to decide on an innovative solution or policy suggestion, which was presented back to the group at the end of the World Café.



OCTOBER 26, 2019

For the past 6 years, the Ivey Health Sector Club has hosted the Healthcare Leadership and Innovation Challenge conference. In 2019, Ivey Health was excited to participate as part of the judging panel. Teams of students had the opportunity to complete a strategy healthcare case and submit a completed slide deck. They presented to a panel of judges, in which Ivey Health was excited to participate, and received feedback from leaders and executives within the healthcare industry. The winning team was awarded a dinner with one of the conference's platinum sponsors. This year's theme was EVOLVE, which is ever fitting as the healthcare landscape across Canada and the world continues to present new challenges and opportunities for innovation, transformation, and business.

## CONFERENCE - EVOLVE HEALTHCARE LEADERSHIP AND INNOVATION CHALLENGE





# HEALTH INNOVATION BLOG

## DATED AND DEFICIENT: HOW ONTARIO'S SEXUAL EDUCATION CURRICULUM IS PERPETUATING INEQUALITIES BEYOND THE CLASSROOM



**AUTHOR: SHANNON LOVELESS - April 11, 2019**



Within only three years of implementation, the progressive 2015 sex education program covering topics such as consent, same-sex relationships and the gender spectrum was scratched in favour of re-implementing a now 21 year old curriculum. The implications of this decision have impact far beyond the classroom; research shows that comprehensive sexual education results in cost savings, better clinical health outcomes, and improvements on social determinants of health. The dated Ontario sexual education curriculum does not give today's youth the relevant information they need to live a safe, healthy, and

fulfilling life. It is through preliminary education that we will be able to create not only an inclusive environment in schools, but later a safe workplace and welcoming public life for all.

**[Read more at: go.ivey.ca/OntEd](http://go.ivey.ca/OntEd)**

## FROM REACTIVE TO PROACTIVE: EXAMINING THE RISE OF CHRONIC DISEASE ON A GLOBAL SCALE

**AUTHOR: KATIE SHILLINGTON - May 7, 2019**



Chronic disease is the leading cause of death and disability worldwide, surpassing infectious disease. What poses to be problematic is the fact that these premature deaths are largely preventable if governments implement frameworks to reduce the risks of chronic disease and promote healthy living. Chronic disease not only has negative repercussions on individuals, but it also has a significant economic impact on our healthcare system.

Countries like Canada, Australia, and Tanzania are challenged to contain economic constraints and health system capacity issues while also providing quality care for their populations. Despite the fact that these countries differ in income levels and face unique barriers to mitigating chronic disease, all three have deemed disease prevention as crucial in targeting chronic conditions.



Despite the fact that these countries differ in income levels and face unique barriers to mitigating chronic disease, all three have deemed disease prevention as crucial in targeting chronic conditions.

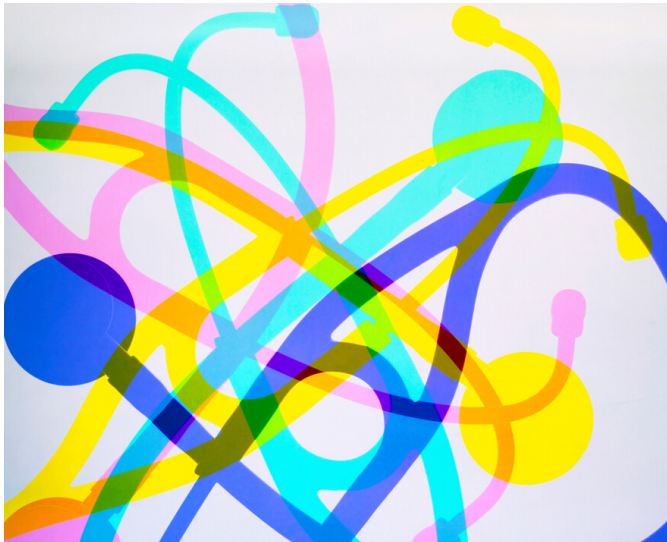
**[Read more at: go.ivey.ca/Global Health](http://go.ivey.ca/Global Health)**



# VALUE-BASED HEALTHCARE: 3 PART BLOG SERIES



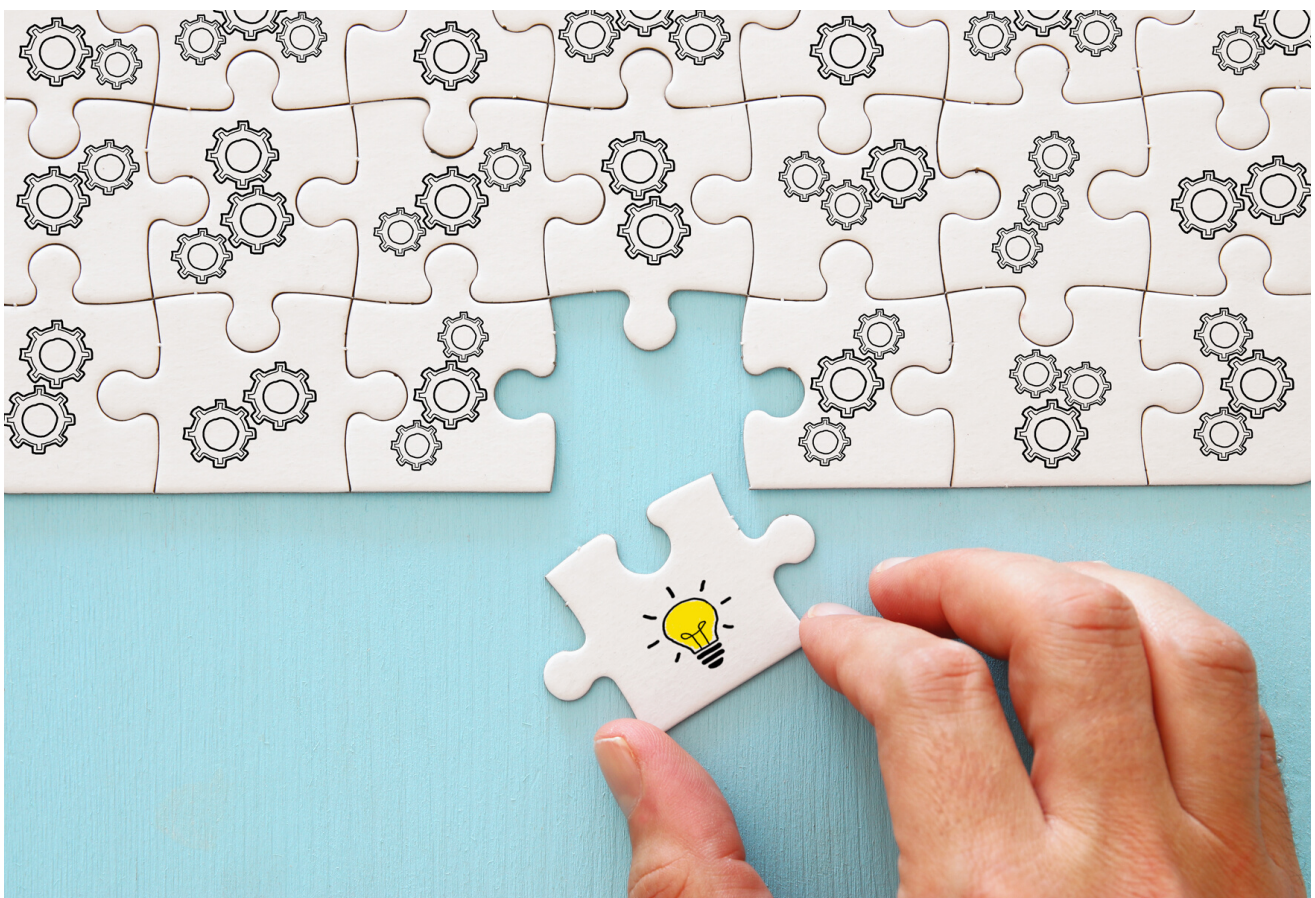
AUTHOR: DAVID BARRETT - July 22 & 30, August 6, 2019



The delivery of value-based healthcare (VBHC) requires the utilization of a complex, dynamic system of multiple components. A strategically designed system's proficiency to maximize the efficient and effective use of its resources is largely governed by the ability of these various components to interact in a coordinated and cooperative. Essential to that proficiency is an agreed upon purpose; an objective that all efforts can be directed towards achieving. Thus, central to the successful deployment of VBHC is to correctly define the objective - the concept of value from the patient perspective (vs. supplier/provider perspectives), and to subsequently design and manage an operational

system capable of delivering on that definition of value. At Ivey Health, we see VBHC adoption as a multi-phased process. Key to the triggering of the process is the cultivation of the requisite capabilities and skills to designing and deploying a value delivery system. As such, we developed an educational program designed to cultivate those leadership and managerial capabilities, strategically readying the for successful VBHC adoption.

**[Read more at: go.ivey.ca/VBHCseries](http://go.ivey.ca/VBHCseries)**



# CONTACT US

## **International Centre for Health Innovation**

Phone: 519-661-2111 ext. 87249

Email: [healthinnovation@ivey.ca](mailto:healthinnovation@ivey.ca)

[www.ivey.ca/healthinnovation](http://www.ivey.ca/healthinnovation)



[@iveyhealth](https://twitter.com/iveyhealth)



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## **International Centre for Health Innovation**

Ivey Business School at Western University  
1255 Western Road  
London, ON, Canada  
N6G 0N1



**IVEY**  
Business School

International Centre  
for Health Innovation

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