“Quantitative Decision Support Models in Healthcare”

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Abstract
Healthcare systems worldwide are in the midst of a serious financial crisis, and the situation will likely get worse in the next few years. Health care is the number one industry in North America - bigger than automotive, telecommunications, or steel. Estimated total spending in Canada in 2010 was $192 billion CN or 11% of GDP ($2.6 trillion in the U.S. or 16% of GDP). In Canada, in 2010 $4,079 US per person was spent on health care compared to $7,285 in U.S. Demand is going up as populations age and costs are increasing as drugs and technologies continue to become complex and expensive. Quantitative tools can help the healthcare industry improve quality, reduce costs, improve effectiveness, and increase efficiency. The Centre for Research in Healthcare Engineering (CRHE) includes nine faculty members and two dozen graduate students working on various aspects of health care modeling and process improvement. In this talk, I will discuss a few examples, opportunities, and future directions I believe are important in the future.

Bio
Michael Carter is a Professor in the Department of Mechanical and Industrial Engineering at the University of Toronto and Director of the Centre for Research in Healthcare Engineering. He received his doctorate in Mathematics from the University of Waterloo in 1980. Since 1989, his research focus has been in the area of healthcare resource modeling with a variety of projects in hospitals, home care, rehab, long term care, medical labs, and mental health institutions. He was awarded the Annual Practice Prize from the Canadian Operational Research Society (CORS) three times (1988, 1992 and 1996). In 2000, he received the CORS Award of Merit for lifetime contributions to Canadian Operational Research and the “Excellence in Teaching” award from the University of Toronto Student Administrative Council. Professor Carter is on the editorial board of the Journal of Scheduling and Health Care Management Science, a member of the Advisory Board for the Regenstrief Centre for Healthcare Engineering at Purdue University, and an Adjunct Scientist with the Institute for Clinical Evaluative Sciences in Toronto.

Refreshments will be served

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