BENCHMARKING HEALTH CARE IN CANADA

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INTRODUCTION

- Use of comparable health care indicators is extensive for:
  - Policy analysis
  - Administration
  - Research
  - Clinical purposes
  - Program evaluation

- Benchmarking based on best practice or clinical evidence is relatively new

- Presentation reviews recent developments giving rise to greater use of comparable indicators and benchmarks in Canada
THE HEALTH CARE CONTEXT

• Health care delivery is the responsibility of the provinces

• The federal government provides about 25% of costs through a per capita transfer program

• Provinces are protective of their constitutionally assigned jurisdictions – generally don’t welcome federal intrusions
THE HEALTH CARE CONTEXT

• In early 1990s, the provinces and the federal government moved to eliminate/reduce deficits:
  • Significant expenditure restraint
  • Health care programs restructure/eliminated/reduced

• By the late 1990s, a national sense of urgency to improve timeliness and quality of health care:
  • Fiscal situation had improved – balanced budgets
  • Wait times and quality of care had deteriorated
  • Public pressure to improve situation
THE PLAYERS

• Key players include:
  • Provinces (and the federal government)
  • Statistics Canada
  • Canada Health Infoway (CHI)
  • Canadian Institute for Health Information (CIHI)
  • Canadian Institutes for Health Research (CIHR)

• Statistics Canada: federally funded, well respected – collects, compiles, analyzes and publishes statistical information
THE PLAYERS

- CHI: created in 2001 with a mandate to “.. accelerate the use of electronic health information systems …”
  - Federally funded, independent, not for profit
  - Supported by all jurisdictions

- CIHI: established in 1994 as a “.. source of unbiased, credible and comparable health information …”
  - Jointly funded - federal and provincial
  - Joint decision making
  - Supported by all jurisdictions
THE HEALTH CARE ACCORDS

- In 2000, 2003 and 2004, federal-provincial agreement to a series of health care Accords

- The Accords provided additional federal funding in exchange for greater transparency and public reporting including comparable indicators and benchmarks

- The Accords were not legally binding and provinces were responsible to meet the reporting requirements
THE 2000 ACCORD

- 2000 Accord: € 15.9 billion over 5 years

- Commitment to regular reporting on health status, outcomes and system performance every two years

- Up to 70 comparable indicators to be reported

- Public reports in 2002 (up to 67 indicators reported) and in 2004 (18 core indicators reported - CIHI provides report on 70 indicators)
THE 2003 ACCORD

• 2003 Accord: € 21.4 billion over 5 years

• Enhanced accountability framework established – comprehensive and regular reporting agreed upon

• Four themes established for comparable indicators:
  • 13 indicators for access
  • 9 indicators for quality
  • 9 indicators for sustainability
  • 5 indicators for health status and wellness

• Indicators reviewed and approved by stakeholders and experts
THE 2004 ACCORD

• 2004 Accord: € 28.0 billion over 10 years

• Comparable indicators for surgical wait times to be developed

• Evidence based benchmarks to be developed
  • Must be produced and reported - Dec/05
  • Multi-year targets to achieve benchmarks - Dec/07

• New comparable access indicators to be developed –CIHI to provide oversight role
THE PROCESS - METHODOLOGY

• No rigorous methodology employed
  • Collaborative/functional in approach
  • Learn by doing and by sharing

• 7 steps to implementation of the 2004 Accord
SEVEN STEPS

• **Step One: Organize**
  
  • Steering Group – Deputy Ministers
  
  • Working Group – federal-provincial staff, Statistics Canada and CIHI officials
  
  • Infoway (CHI) to assist on information technology systems
Step Two: Plan

- Establish definitions for:
  - Comparable wait time indicators
  - Benchmarks that were to be evidence based

Challenges:
- Inconsistent data
- Definitions hard to achieve agreement
Step Three: Collect Data

- Best practices for data collection infrastructure shared with assistance from Infoway (CHI)
  - Not all provinces implement data infrastructure
  - Issues of cost and complexity of systems
  - Inconsistency of implementation

- Numerous challenges:
  - Some provinces reluctant to change
  - Too much diversity in data definitions
  - Data availability an issue

- National health research group (CIHR) contracted to seek evidence based benchmarks
SEVEN STEPS - CONTINUED

• **Step Four: Report Progress**
  
  • Indicator reports in 2002, 2004 and 2006
    • Produced by provinces and federal government
    • Limited public and media interest

  • 8 evidence based benchmarks publicly reported in Dec/05

  • Data are generally self explanatory – some public and media confusion
SEVEN STEPS - CONTINUED

- **Step Five: Analyze/Refine**
  - Multi-year targets to achieve benchmarks by Dec/07 not achieved by provinces
    - Timeline too aggressive
    - Funding not available
    - Shortage of clinicians and other professionals
  - Best practices shared among provinces – data infrastructure, surgical pathways, etc
  - Data collection problems revisited with some success
SEVEN STEPS - CONTINUED

- **Step Six: Adopt Best Practices**
  - Best systems practices planned/implemented
  - Best data collection infrastructure adopted in more provinces – some continue to lag

- **Step Seven: Review Progress**
  - 2004 Accord provides for reviews by Parliament in 2008 and 2011 on progress achieved
  - First review to be undertaken this spring
SEVEN STEPS SUMMARIZED

1. ORGANIZE
2. PLAN
3. COLLECT DATA
4. REPORT PROGRESS
5. ANALYZE REFINE
6. ADOPT BEST PRACTICES
7. REVIEW PROGRESS
IMPLEMENTATION – ISSUES

- Some early resistance to implementation
  - Fear of comparison to other provinces
  - Cost of data collection systems seen as prohibitive
  - Difficulties in designing data collection systems
  - Not all clinicians/hospitals on side with data collection
  - Timetable and workload viewed as too aggressive
IMPLEMENTATION - ISSUES

• Resistance overcome due to:
  • Nature of the commitment by the politicians
  • Pressure from public and media to implement
  • Health care providers pressured provinces

• Leadership by several provinces was key to getting most/all on side
IMPLEMENTATION - ISSUES

• Current situation
  • Health care no longer the “hot” issue
    • Some politicians have lost interest
    • Other priorities – economy, environment
    • Wait times for surgeries have improved significantly

  • The size, complexity and cost of the task seriously underestimated

  • Public transparency is greater than ever but with limited public interest
IMPLEMENTATION - ISSUES

- Current situation
  - Most provinces remain committed
    - Collaboration and cooperation have improved
    - Sharing of best practices extends beyond the surgical field
  - CIHI and CHI continue to work with provinces
    - Resolving data quality problems - CIHI
    - Resolving data infrastructure problems - CHI
    - Planning for new comparable indicators – Both
  - Public reporting on indicators and benchmarks left to CIHI – provincial reports no longer produced
FUTURE DIRECTIONS

• General lessons learned
  • Better upfront planning required
    • Take time to get it right
  • Hugh role for common data collection infrastructure
  • Use of third parties (CIHI/CIHR/CHI) extremely valuable
  • More to share than first realized
FUTURE DIRECTIONS

- Research agenda required
  - Process to establish benchmarks required
    - Who decides
    - The order of priority
    - How the research will be undertaken

- Future research areas
  - Cost per case
  - Quality of procedures
  - Standardizing data definitions and collection using the electronic medical record and the electronic health record
**FUTURE DIRECTIONS**

- **More partnerships required**
  - Establish collaborative panels
    - Researchers, clinicians and government
    - Review evidence and recommend benchmarks
  - Look outside of health care
    - Partnerships with business schools
    - Partnerships with engineering faculties
    - Other partners
CONCLUSIONS

- **Best Thing**: Collaboration and sharing

- **Worst Thing**: Data inconsistencies

- **Biggest Wish**: Plan, plan and plan some more

THE PATIENT IS ON THE ROAD TO RECOVERY

THANK YOU