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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

SEVEN STEPS - CONTINUED

- **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

SEVEN STEPS - CONTINUED

- **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

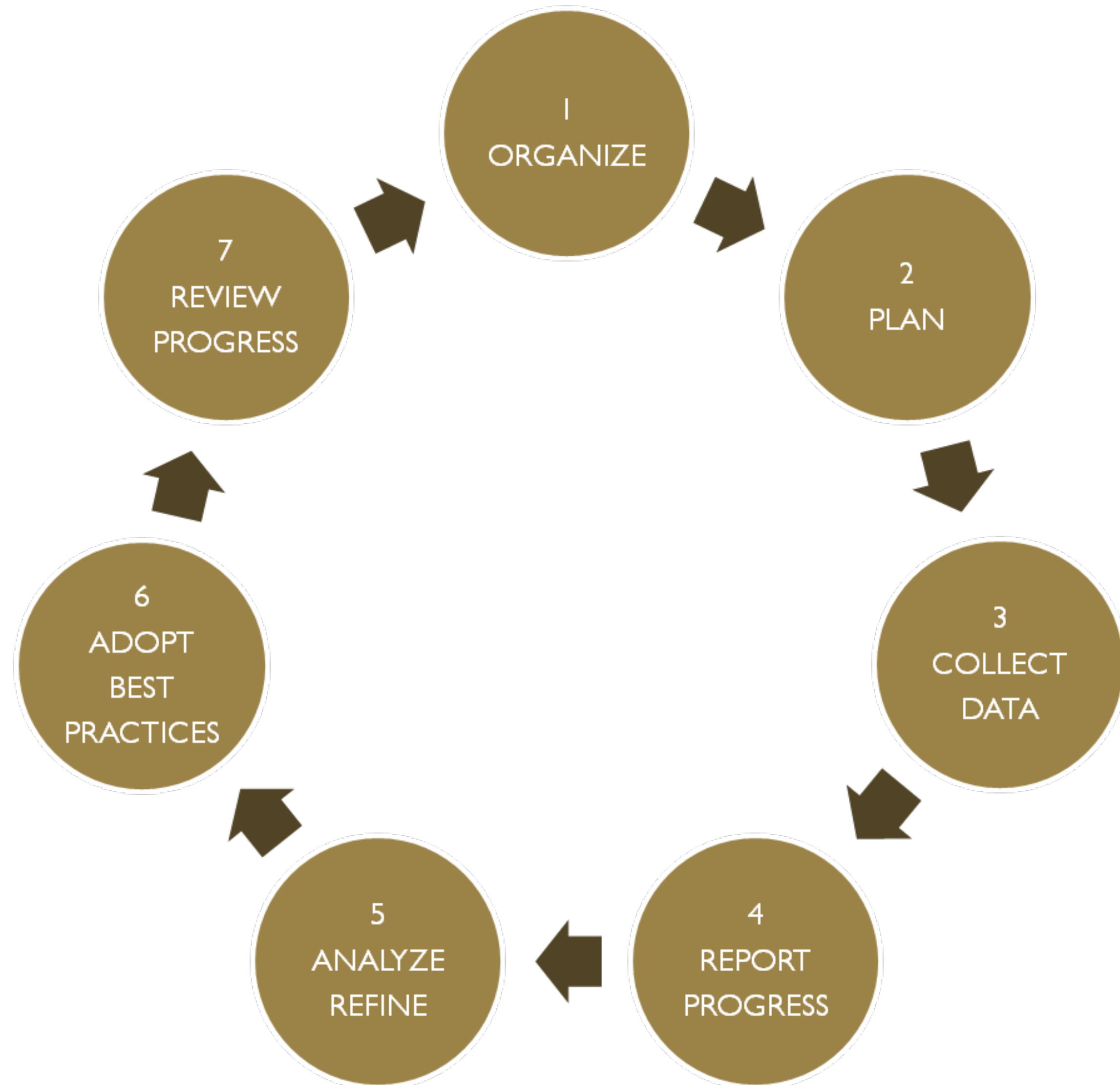
SEVEN STEPS - CONTINUED

- **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



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