Benchmarking to Advance the Quality Agenda in Ontario’s Health Care System

Benchmarking, Services to Citizens and Intergovernmental Relations Roundtable
University Club, Kingston, Ontario
October 19, 2012

Miin Alikhan
Director, Health Quality Branch
Negotiations and Accountability Management Division (NAMD)
**Objectives**

**Benchmarking and evidence are central to advancing Ontario’s quality agenda**

**Key themes**

• The policy platform...Ontario’s Action Plan for Health Care and the Excellent Care for All Act

• The types of benchmarking vehicles used in Ontario’s health system:
  - to identify variation in the quality of care delivered
  - to enable better practice decisions

• Utilizing benchmarking partnerships to guide decision making
The backdrop...Ontario’s Action Plan for Health Care

1. Keeping Ontario healthy
   - Childhood obesity strategy
   - A smoke-free Ontario
   - Online cancer risk profile and expanded screening

2. Faster access and a stronger link to family health care
   - Family healthcare at the centre of the system
   - Faster access
   - House calls
   - Local integration of family care
   - A focus on quality in family healthcare

3. Right care, right time, right place
   - High quality care
   - Timely proactive care
   - Care as close to home as possible
   - Seniors strategy
   - Local integration reform
   - Moving procedures into community
   - Funding reform
The people of Ontario and their Government:

Believe that the patient experience and the support of patients and their caregivers to realize their best health is a critical element of ensuring the future of our health care system

Share a vision for a Province where excellent health care services are available to all Ontarians, where professions work together, and where patients are confident that their health care system is providing them with excellent health care

Recognize that a high quality health care system is one that is accessible, appropriate, effective, efficient, equitable, integrated, patient centred, population health focussed, and safe

Believe that quality is the goal of everyone involved in delivering health care in Ontario
The path forward: The Excellent Care for All Strategy is anchored by principles reflecting **high quality** as the primary driver to system solutions...

- Care is organized around the person to support their health
- Quality of care is supported by the best evidence and standards of care
- Payment, policy and planning support quality and efficient use of resources
- Quality and its continuous improvement is a critical goal across the health care system

**Value = Quality/Cost**
In order to achieve this unified vision a number of benchmarking vehicles and partnerships are advancing the quality agenda in Ontario

I. Benchmarking vehicles
   - Quality Improvement Plans
   - Ontario’s Public Reporting on Patient Safety
   - Integrated Quality Based Procedure Scorecard

II. Benchmarking partnerships
    - Health Quality Ontario
    - Local Health Integration Networks
    - Canadian Institute for Health Information
    - Institute for Clinical Evaluative Sciences
    - The Cochrane Collaboration
    - Other enabler: IDEAS as a Provincial Applied Learning/Training Resource
Part 1.

**Benchmarking vehicles**

- Quality Improvement Plans
- Ontario’s Public Reporting on Patient Safety
- Integrated Quality Based Procedure Scorecard
Quality Improvement Plans (QIPs) for Ontario Hospitals: Sharing a common quality agenda for improved patient care

- As the cornerstone of the Excellent Care for All Act, QIPs provide a common framework that links together various quality levers and initiatives for integrated quality improvement
- Benchmarking and target setting information are used to reduce variation across the field and signal areas for system quality improvement
- Benchmarking information compels the field to improve on indicator performance with the aim of catalyzing effective quality improvement

Principles to guide implementation of QIPs

**VISION:** Creating a culture of transparency and accountability for quality across the care continuum
Public reporting set the stage for greater transparency and accountability amongst health care providers.
HBAM is a ‘made in Ontario’ funding model that provides organizational-level allocations informed by case-mix utilization and aggregate cost, volume and types of patients and providers.

Quality Based Procedures (QBP) are clusters of patients with clinically related diagnoses or treatments that have been identified by an evidence-based framework as providing opportunity for process improvements, clinical re-design, improved patient outcomes, enhanced patient experience and potential cost savings.
### Principles guiding the implementation of funding reform related to Quality-Based Procedures

#### Principles for developing QBP implementation strategy
- Cross-Sectoral Pathways
- Evidence-Based
- Balanced Evaluation
- Transparency
- Sector Engagement
- Knowledge Transfer

#### Operationalization of principles to tactical implementation (examples)
- Development of best practice patient clinical pathways through clinical expert advisors and evidence-based analyses
- Integrated Quality Based Procedures Scorecard
- Alignment with Quality Improvement Plans
- Publish practice standards and evidence underlying prices for QBPs
- Routine communication and consultation with the field
- Clinical expert panels
- Provincial Programs Quality Collaborative
- Overall HSFR Governance structure in place that includes key stakeholders
- LHIN/CEO Meetings
- Applied Learning Strategy/ IDEAS
- Tools and guidance documents
- HSFR Helpline; HSIMI website (repository of HSFR resources)
QBP specific indicators will be developed by the Clinical Expert Advisory Groups as part of their work on developing QBP specific best practices.

**DeveloP Indicators**
- QBP Specific Clinical Expert Advisory Group

**Measure & Analysis**
- Pending Capacity and Access to Data: respective Agency and/or the Ministry of Health and Long-Term Care*

**Report**
- Ministry of Health and Long-Term Care*

**What**
- Develop indicators

**Who**
- QBP Specific Clinical Expert Advisory Group

**Outcome / Activities**

**Expected outcome from each Clinical Expert Advisory Group**
1. A set of indicators that are meaningful and feasible
2. Propose indicators that should be collected for monitoring and improvement purpose but aren’t feasible yet (if needed)
3. Suggestions on how performance on indicators can be improved.

**Provincial Integrated Scorecard & Template for Indicator Development**

**Outcomes**
1. Collect data
2. Calculate indicators (at provider, LHIN and provincial level)
3. Conduct analysis (e.g. trends, variation)
4. Calculate provincial summary indicators

**Report**
1. Develop approach for public reporting
2. Public website:
   - Provincial scorecard
   - QBP specific results at provincial and LHIN level
3. Benchmark information that will be shared with LHINs and providers only (TBD):
   - QBP specific results at provider level

* First phase – defining role Ministry and potentially Health Quality Ontario (HQO) on an on-going basis is part of the work that will be undertaken during the summer together with HQO.
An example of a cascading indicator for improved appropriateness* of care for stroke QBP (for illustration purposes only)

**Provincial Level**
Provincial level summary on the performance on the respective provincial summary indicator

**LHIN Level**
LHIN level summary of indicators for each (relevant) QBP related to the respective Provincial summary indicator

**Organizational (provider) Level**
Provider level rolled-up patient level indicators for each (relevant) QBP related to the respective Provincial summary indicators

**Patient Level**
A detailed set of indicators for each (relevant) QBP related to the small set of provincial rolled-up indicators

*Appropriateness of care is defined as the degree to which provided healthcare is relevant to the clinical needs, given the current best evidence (Arah, 2005)
Part 2.

Benchmarking partnerships

• Health Quality Ontario
• Local Health Integration Networks
• Canadian Institute for Health Information
• Institute for Clinical Evaluative Sciences
• The Cochrane Collaboration
• Other enabler: IDEAS as a Provincial Applied Learning/ Training Resource
Health Quality Ontario provides end-to-end supportive infrastructure to accelerate high quality, evidence-based care delivery across all Ontario.

**Health Quality Ontario Mandate**

- **Evidence and Care Standards**: Establish standards of care based on evidence.
- **QI Tools and Supports**: Translate evidence into practical tools and quality improvement supports to accelerate adoption.
- **Public Reporting**: Monitor and report on quality at system and organizational level.

**Examples**

1. **Example #1**: Ontario should have ventilator-associated pneumonia (VAP) rate of zero.
   - Development: Develop, deploy and support adoption of the evidence-informed set of tools known as the VAP Bundle (e.g., elevation of the head of the bed).
   - Monitoring: Hospitals include VAP rate in ECFAA-mandated annual quality improvement plans; report on hospital-by-hospital & province-wide improvement.

2. **Example #2**: Routine ECGs and chest x-rays should not be performed before cataract surgery.
   - Development: MOHLTC makes evidence-informed changes to payment policy.

3. **Example #3**: Hospitals are required to complete annual quality improvement plans (QIPs) and make them available to the public.
   - Enablers: Coaching and facilitated learning in practice redesign and improvement methods.
   - Monitoring: HQO is currently working to develop a feedback report which presents the aggregated information from these hospital’s Plans to allow hospitals to continue to improve on their performance.

**Enablers**

- MOHLTC supported a working group to assist hospital’s implementation of the legislation and advise the MOHLTC on the QIP template design.
A tool for driving a culture of quality, value, transparency and accountability throughout the health system in Ontario

Collaboration
• Ministry of Health and Long-Term Care;
• Local Health Integration Networks;
• Institute for Clinical Evaluative Sciences;
• Canadian Institute for Health Information;
• Cancer Care Ontario;
• Census Canada; and
• Others (Quality Councils, Commonwealth Fund, etc).

Key Findings
HQO identifies three primary areas for improvement in the report: chronic disease management and avoidable hospitalizations; wait times; and hospital safety.

Policy Alignment
• These areas for improvement are aligned with the strategic priorities of both the Ministry (through the Minister’s Action Plan) and HQO (through their priority project, bestPATH).
Snapshot of utilizing a benchmarking partnership for change

Analysis of hospital QIPs allows HQO to identify gaps in care that need to be addressed

<table>
<thead>
<tr>
<th>TABLE 15: HAND HYGIENE TARGET SETTING, 2012/13 QIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Achieved to Date in Ontario</td>
</tr>
<tr>
<td>Theoretical Best</td>
</tr>
<tr>
<td>Provincial Average</td>
</tr>
<tr>
<td>92% for teaching, large community, CCC, mental</td>
</tr>
<tr>
<td>health hospitals; 100% for small hospitals.</td>
</tr>
<tr>
<td>100%</td>
</tr>
<tr>
<td>72% (FY 2010/11)</td>
</tr>
</tbody>
</table>

Best achieved and theoretical best can assist in QI by acting as aspirational standards that represent high quality of care that organizations can strive for.

Provides a snapshot of provincial performance across organizations.

Healthcare organizations use this benchmarking information to set appropriate targets for high priority indicators of performance in their annual QIPs.

Source: DRAFT QIP 2013/14 Analysis for Improvement
Benchmarking and evidence are central to advancing Ontario’s quality agenda

**Some examples of benchmarking in Ontario**

- Patient Safety Reporting
- Quality Monitor
- Integrated QBP Scorecard
- Quality Improvement Plans

**Key Partnerships**
- Health Quality Ontario
- Local Health Integration Networks
- Canadian Institute for Health Information
- Institute for Clinical Evaluative Sciences
- The Cochrane Collaboration
- Other enabler: IDEAS as a Provincial Applied Learning/ Training Resource
This is a journey…excellence has NO limit.

For more information, please contact:
• Email: ecfaa@ontario.ca
• Phone: 416-327-8379