



# **Benchmarking Health System Performance in Canada**

**John Wright**

**Canadian Institute for Health Information**

# Outline of the Presentation

- **Responding to the Six Questions**
  1. Drivers and objectives of benchmarking
  2. Relationship to management improvement
  3. Challenges
  4. Forms of benchmarking in place/under development
  5. Examples of interjurisdictional learning
  6. Does benchmarking influence decision making

# Drivers of Health Care Benchmarking

- **First Ministers' Health Accords - 2000, 2003, 2004**
  - Federal funding in exchange for greater transparency
  - Public reporting on health and health care system
  - Comparable wait times reporting for 5 procedures
- **Public**
  - Desire for more information, transparency
- **Ministries, Quality Councils, Facilities**

# Objectives of Benchmarking

- **Different Objectives – Different Purposes**
  - **Internal Benchmarking**
    - Continuous quality and safety improvement - formative
    - Internal performance evaluation - corrective
  - **External Benchmarking**
    - Accreditation, accountability agreements - formative
    - Performance and practice benchmarking: assess - improve
    - Pay for performance – corrective
    - Blame and shame - punitive

# Relationship to Management Improvement

- **A Significant Tool in the Kitbag – Three Elements**
  - **Performance Measurement**
    - Count what is countable. Measure what is measureable and make measureable what is not so – Galileo
  - **Performance Benchmarking**
    - Results based management
    - Current quality and safety agendas
  - **Practice Benchmarking**
    - Learning from the best

# Challenges

- **At a pan-Canadian Level**
  - Common framework? No
  - Consistent accountability agenda? No
  - Coherent approach to performance measurement? No
  - Lots of players? Yes
  - Confusion and frustration? Yes
- **Indicator Chaos**
  - Competing, non-comparable and non-actionable indicators
  - Too many indicators (CIHI produces over 320)

# Challenges

- **Fear of Being Compared - Blame and Shame**
  - 1<sup>st</sup> defence: poor data quality
  - 2<sup>nd</sup> defence: wrong indicators
  - 3<sup>rd</sup> defence: we are different
- **Other Challenges**
  - Cost of data collection systems
  - Analytic capacity
  - 13 jurisdictions not including the feds
  - Leadership
  - Minimizing complexity for public

# Benchmarking Forms

- **Experiences in Performance Measurement**
  - At a pan-Canadian level - CIHI
  - At the provincial level – ministries, quality councils
  - Research groups - universities, ICES, MCHP
  - Others - Fraser Institute, Conference Board, CBC, print media
- **Experiences in Performance Management**
  - Wait times, hospital standardized mortality ratios
  - Accountability agreements
  - Quality and safety agendas
  - Learning from the best



# Benchmarking Forms – In Place

- **Canadian Hospital Reporting Project – April 2012**
  - Performance indicators for 600 acute care facilities
  - All provinces and territories
  - Interactive web-based tool
    - 65,000 hits on web-site in first two days
  - 21 clinical indicators – 5 financial indicators
  - By province, region, facility and peer grouping
  - Private tool for facilities with drill down capacity
    - 132,200 reports generated by facilities to Q3
  - Some burbs and gurgles

# Benchmarking Forms – Under Development

- **Health System Performance – 3 Year Project**
  - Revised performance measurement framework
  - Integrated set of performance reports supported by an enhanced analytical environment - health and health care
  - Series of cascading indicators for the public, executives, managers and policy makers with drill down capacity
  - Develop and maintain inventory of indicators and results – contribute to reducing indicator chaos
  - Pursue an analytical agenda - coordinated with partners - supporting performance improvement efforts – e.g. Health Council of Canada

# Interjurisdictional Learning

- **Western Regional Health Authorities**
  - Collaboration led by RHA CEOs in four provinces
  - Comparable indicators on health care delivery system
  - Performance and practice benchmarking – learning from the best
- **Collaborating for Excellence in Healthcare Quality**
  - 12 academic health science centres – across Canada
  - Goal is to improve quality of care through collaboration
  - Indicator scorecard – performance and practice benchmarking
  - Sharing experiences in quality improvement initiatives

# Influencing Decision Making

- **Scores of Examples from Across Canada**
  - Huge improvement in HSMR when linked to CEO pay
  - Saskatoon – medication incidents significantly reduced
  - Winnipeg – reduced use of antipsychotics
  - Newmarket – new protocols reduce septicemia
  - Ottawa – reduced length of stay for stroke care patients
  - Winnipeg – hip fracture wait times significantly reduced
- **Cost-Benefit:** lives are saved, patient experience is improved, quality and safety enhanced, management performance enriched, costs reduced (not a bad combination)

# Conclusion – Where to From Here

- **Public**
  - Efforts to date - too complex, too confusing
  - Extensive public consultations planned early 2013
  - Fall 2013 public website planned – cascading indicators
- **Ministries, Regional and Facilities**
  - Need to bring order out of chaos
  - New indicators – harmful events, patient experience, long-term and home care, PROMs, etc.
  - New performance tools (business intelligence) early 2014
  - Pan-Canadian indicator repository planned early 2014
  - Continue working with Western CEOs and CEHQ and others



# Thank You!



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé