Benchmarking Health System Performance in Canada

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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
  • 1st defence: poor data quality
  • 2nd defence: wrong indicators
  • 3rd 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!