QMONITOR

ONTARIO HEALTH QUALITY COUNCIL

A REPORT ON ONTARIO'S HEALTH CARE SYSTEM

In 2006, the Ontario Health Quality Council toured the province, talking to Ontarians. You told us you want a health care system where people can get the right care at the right time in the right place by the right health care provider. You want it to be effective, safe, fair and built around what is best for patients. You expect a well-run system, with enough money, equipment and people to do the job. You want the different parts of the system to work well together, and you want the system to keep people healthy instead of just treating them when they're sick.

The Ontario Health Quality Council is an independent body that monitors the quality of publicly funded health care in the province. Our job is to examine different parts of the health system, ask tough questions about it, then tell you every year what's working and what needs improvement in our health system.

Overall, the past year has seen positive signs of slow but steady improvements, but there are also gaps.

OUR 2007 REPORT LOOKS AT:

- How Ontario's publicly funded health system is performing.
- Improving the quality of the health system.
- Chronic disease prevention and management.

This summary gives just a few highlights. You can find our full 2007 report at **www.ohqc.ca**. It will tell you more about how the health system is doing.

OHQC Ontario Health Quality Council

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ABOUT CHRONIC DISEASE

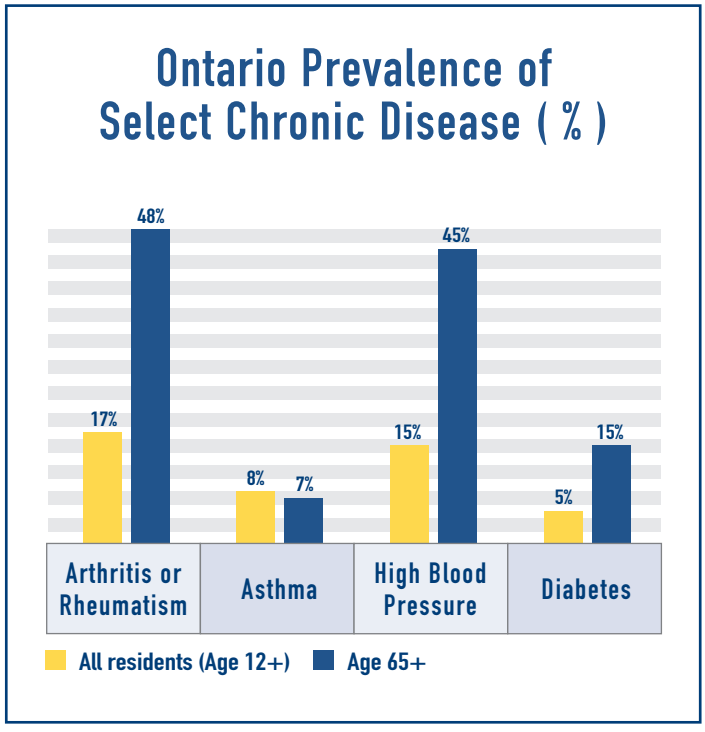
Ontario needs a long-term strategy for preventing and managing chronic disease. The health system was designed to deal with acute problems like appendicitis and injuries from car accidents. However, chronic diseases — the illnesses people live with for years, like asthma, diabetes, mental illness and congestive heart failure — are a big problem in Ontario. They cause a great deal of suffering and consume at least 60 percent of all Ontario health spending.

About one in three Ontarians of all ages have one or more chronic diseases. Of those over the age of 65, almost four out of five have one chronic disease, and of those, about 70 percent suffer from two or more.

South Asians and Latin Americans are at a higher risk of developing type 2 diabetes. Aboriginal Ontarians are three to five times more likely to develop this disease.

Many instances of chronic disease could be prevented. For example, proper diet and exercise can prevent about 80 percent of adult-onset diabetes or control its worst effects, like kidney failure and blindness. But not nearly enough people are getting the kind of care that would stop these effects of diabetes.

A long-term strategy that includes system redesign for chronic care and provides patients with information on how to better care for and live with chronic diseases would improve the health of Ontarians and reduce costs in the health system. The story below about Alice Gaynor, a patient at Group Health Centre in Sault Ste. Marie, provides an example of excellent chronic disease management and care.



Source: Health Indicators Report, Statistics Canada, 2005. Data derived from the Canadian Community Health Survey (cycle 3.1, 2005) (Statistics Canada).

Chronic Disease - A Patient Story

Alice Gaynor's story provides a real example of how the Group Health Centre in Sault Ste. Marie, a publicly funded facility, is helping patients with congestive heart failure effectively manage their chronic disease.

Alice found out she had congestive heart failure more than ten years ago. She knew it was a chronic illness that meant her heart didn't pump well, and fluid built up in her lungs, making it hard to breathe and do everyday things. But no one really explained what she should do to stay well, and often she had to go to the hospital. That's not unusual — many people with chronic illnesses in Ontario do not receive enough information to manage their sickness.

Then Alice moved to Sault Ste. Marie to be near her daughter. At the Group Health Centre there, she was sent to Kathy Palombi, a nurse in a special program for people with congestive heart failure. Kathy's job was to help Alice learn how to take care of herself.

Kathy explained that Alice should limit the fluids she drinks. She helped her learn which foods she shouldn't eat because they're high in salt, and encouraged her to start exercising. Kathy also taught Alice how to decide when she needed extra care.

Alice feels better than she has felt in years and any time she has a problem she can call and Kathy and the doctor can check how she is doing instantly on her computerized health record. The Group Health Centre's heart failure program works the way health care should work in Ontario — it focuses on what the patient needs, it's there when it's needed and it keeps patients safe and well. It also helps Alice avoid pain and having to go to hospital, and saves the health system money.

There are areas where the Ontario health system is improving:

Ontario's Wait Time Strategy, designed to speed up access to five services (cancer care, cardiac care, hip and knee replacements, diagnostic imaging and cataract surgery), is reducing wait times in these select areas.

- Success was achieved through a targeted strategy and supplementary funding. The model used could be applied more broadly in the health system.
- Compared to 14 months earlier, data from October-November 2006 show a decrease in the time by which 9 out of 10 people waited to receive these services.

As the chart below shows, the number of teenagers who smoke every day has dropped by half in the last five years, to only 6 percent.

We're also doing well at bringing specialized health care to some of the rural and remote parts of the province through communications technology.

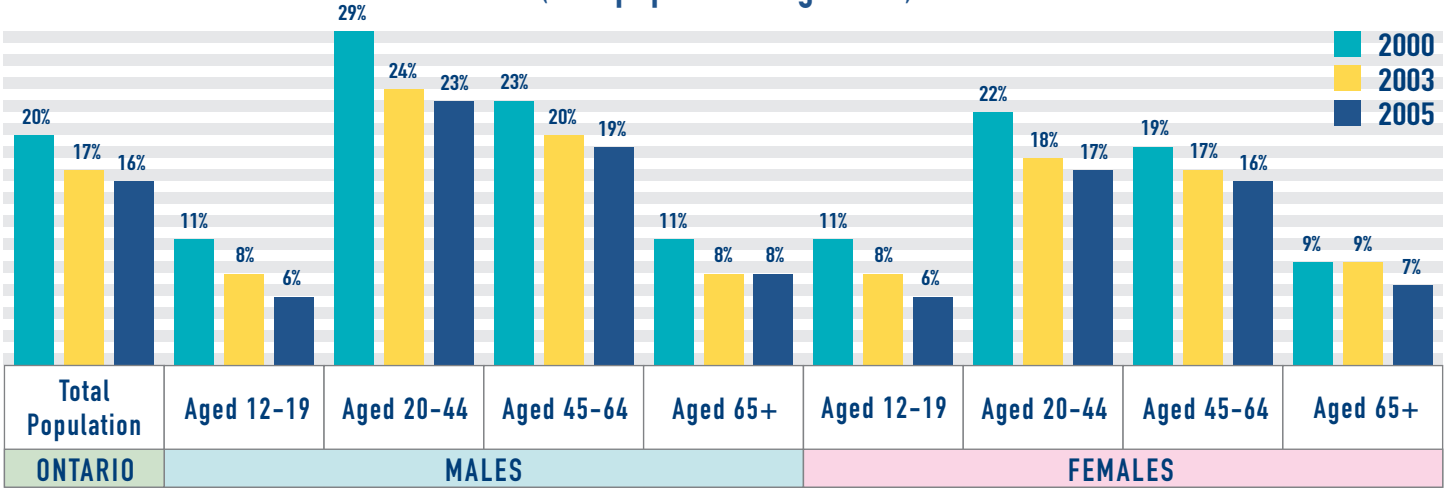
- There are 359 telemedicine centres in Ontario, where computer links and video equipment allow people to have long-distance "virtual" appointments with specialists who may be on the far side of the province.
- In 2005/2006 there were approximately 23,500 telemedicine clinical visits.

We're also making great progress in other areas.

- The percentage of heart attack patients admitted to hospital who survive the critical 30-day post-attack period has grown from 85.5 percent to 88.9 percent over six years.
- Since 2003, an additional half million people said they have a regular doctor, which means we are keeping pace with population growth. This is good news, but there remains a distance to go before adequate access to a family physician is available to all Ontarians who want one. We know getting a family doctor can be difficult in some communities and new immigrants are less likely to have a regular doctor than non-immigrants or immigrants who have been here more than five years.

SMOKING ON THE DECLINE

Daily Cigarette Smoking by Age and Sex 2000–2005
(% of population age 12+)



Percentage of the population aged 12 and older who report daily cigarette smoking. Individuals living on First Nation Reserves and on Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions are excluded.

Source: Ontario Health System Scorecard, Ministry of Health and Long-Term Care, 2005. Data derived from the Canadian Community Health Survey (Cycles 1.1, 2.1, and 3.1) and the Canadian Tobacco Usage Monitoring Survey (Statistics Canada).

LOOKING AHEAD...

We must keep working to improve the quality of the health-care system. The model to the right shows the standard approach to do this: we start with proven ways to do things better, plan the change, measure how well it works, make more changes and measure again.

We need to see more work on this in Ontario. We need to help providers who want to work to improve the quality of the care they provide and change the way we organize and deliver care to make this possible. As we said in our 2006 report, better computer systems, including electronic health records for every patient, will make measurable improvements in care. In our full report, you'll find many examples of health organizations doing excellent work and showing real leadership in improving the quality of care.

The important final step is to report to the public. Regular, publicly reported assessments that measure and rate care increase accountability and drive quality improvement.

These are just a few of the things we looked at in Ontario's health-care system. It isn't the complete, integrated, efficient, equitable, well-funded system people would like to see. But if each citizen of Ontario takes an interest and pushes for improvements, the health care we pay for and share will be there when we need it and be high quality, too.

Deming, W. Edwards. Out of the Crisis. MIT Press, 1986 and Shewhart, Walter A., Statistical Method from the Viewpoint of Quality Control, (1939) reissued Dover Publications December 1, 1986.

The **Ontario Health Quality Council** is an independent agency funded by the Government of Ontario through the Ministry of Health and Long-Term Care. The Ontario Health Quality Council reports directly to Ontarians on access to publicly funded health services, human resources in health care, consumer and population health status and the outcomes of the health system. The other part of what we do is look for ways to help the system keep improving.

The council is made up of 10 appointed members from across the province who have a diverse range of expertise including hospital governance, medicine, academic and research work, business, public and health policy, ethics and aboriginal and community leadership.

In developing our 2007 report, we consulted with the public and various researchers and experts in health care. A complete list of those who contributed to the content can be found in the full report.

For a copy of our full report or more information about the Ontario Health Quality Council, visit: www.ohqc.ca or call us at 416-323-6868 or toll free at 1-866-623-6868.

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