

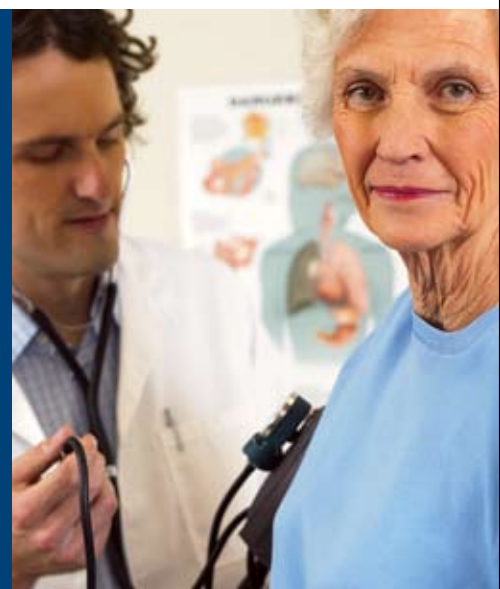
QMONITOR

ONTARIO HEALTH QUALITY COUNCIL

The Ontario Health Quality Council (OHQC) is the public's eyes and ears on the Ontario health system. We monitor the system, report to you — the public — on how well it's working, and support its improvement. We shine a critical spotlight on where genuine improvement is taking place and where it's still needed, where innovation is happening on a small scale that could be adopted system-wide, and what kind of progress is being made elsewhere that would benefit us in Ontario. We also comment on how you as an individual can improve your own health.

Our overall impression this year is that Ontarians are served by some of the best educated and highest skilled professionals in the world. We're seeing progress in important areas such as shorter wait times for high-priority surgery and fewer people dying in the first 30 days after a heart attack. But the province needs to do a much better job in managing chronic disease, ensuring better and faster access to family doctors and to CT and MRI scans, and in making continuous quality improvement a hallmark of the entire health system.

HEALTH CARE IN ONTARIO: THE BIG PICTURE



2008 REPORT HIGHLIGHTS

- Ontario is failing to meet the chronic disease challenge. We could be saving 8,000 more lives a year.
- Most Ontarians can't get to see their family doctors within two days of becoming sick. Many need help just to find a doctor.
- Wait times are coming down for cataract surgery, knee and hip replacements, and cancer surgery, but not for CT and MRI scans.
- The pace of change needs to be speeded up and become more system-wide.

This brochure summarizes the highlights of our 2008 report. You can find the full report at www.ohqc.ca.



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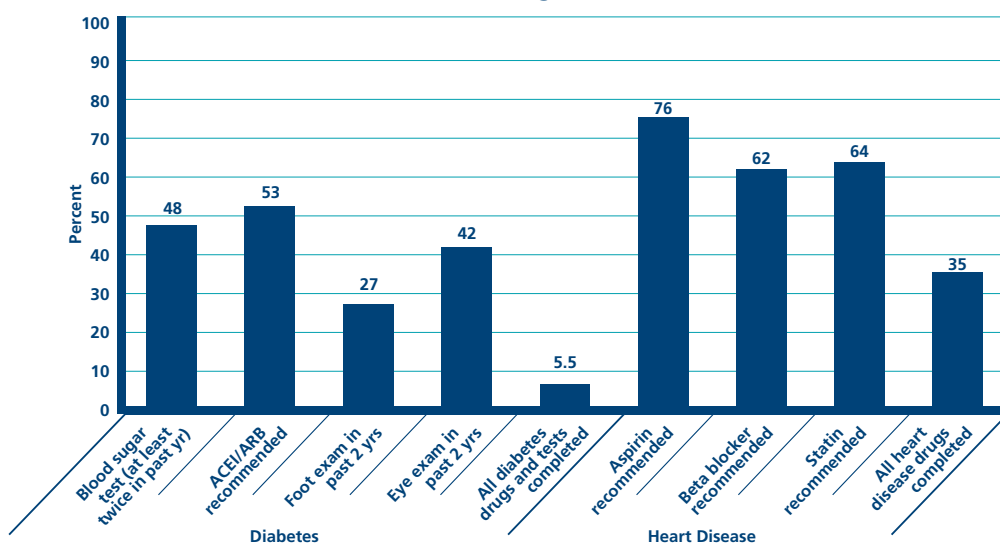
Ontario is failing the chronic disease challenge

Chronic diseases are the illnesses that people live with for years, like heart disease, diabetes and arthritis. They have a huge impact. About one in three Ontarians suffers from chronic disease. Eighty percent of Canadians over 65 have one or more chronic diseases. The World Health Organization estimates that chronic disease causes 89 percent of all deaths in Canada. But in most cases chronic diseases can be managed and the suffering they cause controlled.

This year, the OHQC looked at how well Ontario is managing two common chronic diseases: diabetes and coronary heart disease. The picture isn't pretty. Only about half of the tests and treatments recommended for people with diabetes are being performed. Giving people just half the care they need leads to painful, sometimes fatal complications that could be avoided.

Ontario is doing a little better with coronary artery disease, but there is large room for improvement. In theory, all coronary artery disease patients should be considered for each of three possible medications — in practice, only 35% are. Disturbingly, women are far less likely than men to be recommended the right medications or to meet their targets for blood pressure control.

Percentage of diabetes and heart disease patients receiving recommended drugs and tests in Ontario



Source: Comparison of Models of Primary Health Care in Ontario study; CT Lamont Primary Health Care Research Centre, 2007

The simple reality is that Ontario, like many other provinces and countries, is failing to meet the chronic disease challenge. We could be saving close to 8,000 lives a year — and improving the quality of life for many more — just by achieving modest increases in testing, treating and monitoring people with these two chronic diseases.

The Ontario government made a commitment in the past year to introduce a chronic disease strategy, beginning with diabetes. We look forward to the announcement and implementation of specific plans.

MANAGING DIABETES: A PATIENT'S STORY

Ashley Thomson's story highlights the challenges of living with diabetes and finding a family doctor, and the rewards of taking charge of your health.

Ashley was 12 when diagnosed with diabetes. She learned how to test her blood and give herself insulin, and continued with her regular active life: swimming, school field trips and just being a teenager. The medications, targets and dietary restrictions set for her kept her diabetes stable.

But Ashley rebelled in college. "I never stopped taking my insulin," she said. "But I didn't test my blood, I didn't get my eyes checked for two years, I partied and drank alcohol." That behaviour put her at high risk for complications. After two years, she gave it up. "I was tired of feeling awful all the time," she explained.

Ashley finished college and moved to the Northwest Territories. She stuck to her healthy lifestyle and treatment regimen. "In southern Ontario, and when I moved up north, I spent a lot of time with dietitians and nurse practitioners. They tell you targets. Also, I volunteer with the Canadian Diabetes Association, so I'm pretty well-informed. You can access all the information you need if you're proactive enough to do it." She also found understanding doctors to support her care.

Returning to Ontario for a job in Pembroke, Ashley couldn't find a family doctor to write prescription renewals. She went to the walk-in clinic, but found it closed, so headed to emergency. She waited three hours to get prescriptions — and

Health-care: accessible in some ways, not in others

People should be able to get the right care at the right time in the right setting by the right provider. In some respects our province is meeting this goal, in others not so much:

- The Ontario Wait Times Strategy (WTS) has successfully reduced wait times for surgery in four priority areas. In the two years since the WTS began (2005-2007), wait times dropped for cataract surgery (from 311 to 118 days), knee replacements (440 to 253 days), hip replacements (351 to 198 days), and cancer surgeries (81 to 57 days).
- In the fifth priority area, diagnostic imaging, 44% more CT scans and 97% more MRI scans are being done than four years ago. Yet there has been little progress in reducing wait times.
- Over 60% of Ontarians say they can't get to see their doctor within two days of becoming sick; 42% say they don't spend enough time with their doctor and 39% say they aren't told about treatment options and involved in decisions about their treatment.
- While over 90% of Ontarians have a family doctor, about 400,000 adults are looking but can't find one. Meanwhile, only about 10% of family doctors are taking new patients, down from 40% seven years ago.

The Ontario government has promised to expand the WTS to include visits to emergency, children's surgery and general surgery, and also set a target of helping 500,000 more Ontarians get access to improved family care from doctors, nurses and other health-care professionals. We'll continue to monitor and report on results.

didn't feel welcome. The doctor told her that she should have found a family doctor.

Easier said than done — there's a serious doctor shortage in the Pembroke area. Ashley pleaded with doctors' offices, but no one would take her on. One day, after waiting seven-and-a-half hours in emergency, she couldn't bear it anymore and broke down crying. The doctor on call went to bat for her. He called a family physician who had diabetes and convinced him to take Ashley as a patient.

It was pretty bad, having to hit rock bottom before she could get help, but Ashley is doing fine now — still managing her own care, but knowing she has back-up.

Speeding up change, making it more system-wide

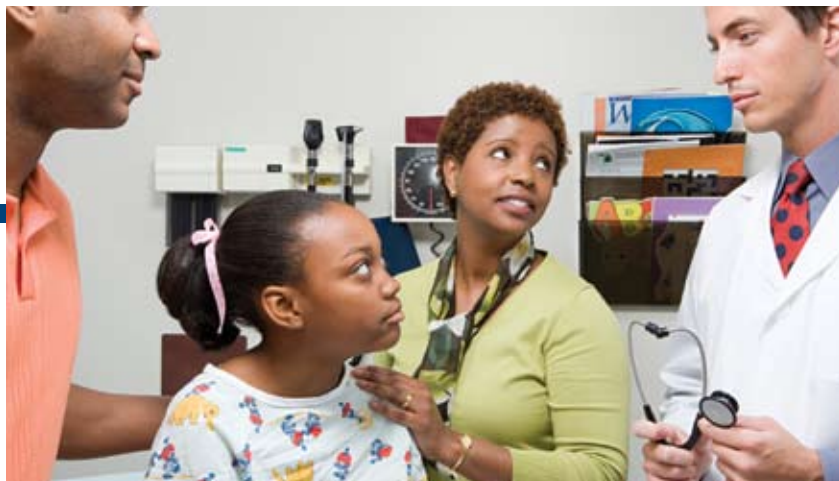
We've seen important improvements in various parts of Ontario's health-care system. But instead of piecemeal change, we'd like to see continuous quality improvement become a hallmark of the entire system.

That will only happen when Ontario creates province-wide electronic information systems. Without good computer systems, it's impossible to support primary care providers with information about what's effective and what isn't, or to measure how individual physicians or organizations are doing in meeting targets and improving health. For example, if we had electronic health records linked to pharmacy systems, doctors could be warned against over-prescribing and dangerous drug choices. Meanwhile, health-care researchers and policy experts can't track important information, such as avoidable infections, bed sores, and medication errors, or the quality of care for disadvantaged groups, such as Aboriginal Ontarians and new immigrants.

This shouldn't be happening in the 21st century. Ontario's health-care system barely spends half of what the financial industry does on electronic information systems. Shouldn't your doctor be able to find out information as quickly as your banker?



WHAT YOU CAN DO



There's a lot you can do as an individual to become a full partner in improving your health:

- **Be a smart health-care consumer.** Get acquainted with the many high quality websites offering information on promoting health preventing sickness, and treating illness and disease, e.g. www.HealthyOntario.com.
- **Adopt a healthy lifestyle** built around plenty of exercise, good food – including lots of fruits and vegetables – and no smoking. This is especially good advice if you're part of the one in six people with a chronic disease who still smokes, or the one in four who is obese.
- **Prevention and early detection are important.** Join the majority of Ontarians who get their annual flu shot. Take a fecal occult blood test to check for early signs of colon cancer, and if you have a family history of that disease or you're over 50, get a colonoscopy. If you're a woman over 50, have a regular mammogram.
- **Ask questions** when you see a health-care professional to understand your conditions and treatment, set targets for progress, know how to monitor your progress and, if necessary, have your treatment adjusted.
- **If you're looking for a family doctor,** go to the website of the College of Physicians and Surgeons of Ontario (www.cpsso.on.ca) and click on "Doctor Search." You may find a physician who is taking new patients.

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 council reports directly to Ontarians on access to publicly funded health services, human resources in health care, consumer and population health status, and outcomes of the health system. The council also has a mandate to support quality improvement in the healthcare system.

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.

The substantive work behind our 2008 report was prepared by researchers from the Institute for Clinical Evaluative Sciences in Toronto, based on administrative data from their holdings, the Primary Care Access Survey – done for the government of Ontario by the Institute for Social Research at York University, and the Commonwealth Fund 2007 International Health Policy Survey, among others.

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



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