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ONTARIO HEALTH QUALITY COUNCIL

2007 REPORT *ON* ONTARIO'S HEALTH SYSTEM

SUMMARY

OHQC Ontario Health Quality Council

Ontario

SUMMARY

The quality of our publicly-funded health system is the responsibility of every Ontarian – we hope this report will help you understand it better, and give you the information you need to keep up pressure for improvement.

After all, it's your health and your health system.

Ontarians share a common vision of a high-performing health system. We want a system that is accessible, effective, safe, patient-centred, equitable, efficient, appropriately resourced, integrated and focused on population health. We call these features the *nine attributes of a high-performing health system.*

We use these nine attributes to help us assess and report on the quality of the publicly funded health-care system. We are the Ontario Health Quality Council, an independent agency created under the *Commitment to the Future of Medicare Act.* Our mandate is to tell Ontarians about the state of our publicly funded health system, including whether people can get the health services they need when they need them, whether we have the right mix of workers in the system and enough of them, the health of the Ontario population overall, and whether the health system is getting the results it's aiming for. We also support efforts to keep improving the quality of Ontario's health system. This is our second yearly report.

The goal of our reports is to give you objective information on what's working and what needs improvement in our health system. The quality of our health system is the responsibility of every Ontarian — we hope this report will help you understand the publicly funded health system better, and give you the information you need to keep up pressure for improvement. After all, it's your health and your health system.

To prepare our report, we engaged respected researchers to find objective evidence, we toured the province to talk to people about their expectations for and experiences with our health system, and we consulted with experts to get their opinions on what we learned.

This year, our assessment of the nine attributes across the province revealed many positive signs that we can all be proud of. But our report also reveals many gaps. Managing the growing burden of chronic illness is a particularly important challenge. We also need to continually improve the quality of the system. And to do both we need more and better data.

It's a point we made strongly last year and it's every bit as crucial this year: we cannot run a high-performing health system without the best data – and we are a long way from having that. To be effective we need standardized, consistent province-wide data about who's getting care, what kind, where, and what its outcomes are. Better data is essential to monitor and report to the public on the health system in Ontario and track specific regions, groups and types of illness. Without good data we cannot manage quality improvement across the health system.

Using the data we have, we've prepared a detailed report on the state of our health system. In this summary we'll talk a bit about how we're doing on each of the nine attributes, then explore some issues in a little more depth. You can read the full report at www.ohqc.ca.

ACCESSIBLE

People should be able to get the right care at the right time in the right setting by the right health-care provider.

Ontario announced its Wait Time Strategy in late 2004 and since then has reduced waits for all the specialty areas it tackled — heart and cancer treatment, MRI and CT scans, hip and knee replacements and cataract removal. There are plans to expand it to other types of surgery so those waits can be measured and improved as well.

Fewer patients in rural and remote parts of Ontario are travelling for medical appointments because of telemedicine, which uses videoconferencing and other technology to allow patients to have appointments with doctors hundreds of kilometres away. There are 359 telemedicine centres in 190 Ontario communities and more are to be added in the next year.

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.

However, better access requires more health-care professionals better distributed throughout the province and effective use of their skills, for example, through multidisciplinary care teams. Access for patients in certain regions and groups (such as Aboriginal Ontarians and new immigrants) requires attention.

EFFECTIVE

People should receive care that works and is based on the best available scientific information.

We're seeing better results for patients during the critical first month after a heart attack: 30-day survival rates have grown from 85.5 percent to 88.9 percent in the last six years. And the implementation of the Ontario Stroke System means that more eligible patients at designated stroke centres are receiving life-saving medications in the right timeframe.

When caregivers use evidence-based guidelines, patients do better — Cancer Care Ontario and the Cardiac Care Network show that. But we don't use them enough and some people with chronic illnesses in particular aren't getting the best care possible.

Better strategies for chronically ill patients who have been hospitalized would send them home when they're ready with a care plan that shows them how to manage their condition, improve as much as possible and stay out of hospital in the future.

SAFE

People should not be harmed by an accident or mistakes when they receive care.

The number of people in Ontario who fall and break a hip while in hospital or a long-term care centre is below the national average, but it should be even lower. Only six percent of chronic care patients get bedsores, but many bedsores can be prevented.

The Ministry of Health has developed the Drug Profile System, an electronic system for emergency department staff to monitor prescriptions and potential drug reactions. It's also established an expert panel on surgical quality and safety as part of the Wait Time Strategy.

Safer health care requires less focus on blaming caregivers for what goes wrong and more on learning what flaws in the system allowed the adverse event to happen and changing systems to prevent them in future. This system-based approach is a key to all aspects of continuous quality improvement.

PATIENT-CENTRED

Health-care providers should offer services in a way that is sensitive to an individual's needs and preferences.

Nine out of 10 people in Ontario report they are satisfied with the care they receive from their doctor during regular check ups and when they're sick. Ontarians with chronic illness are equally satisfied, which is good news.

Initiatives to increase patient-centred care are being adopted by Cancer Care Ontario. The Princess Margaret Hospital provides patients with an interactive cancer treatment series that includes a patient-education intranet, a virtual tour of the hospital in seven languages, a guide for families and friends and a library. Patients can access their blood test results online along with information about what the results mean.

We would learn more about patient-centred care if we could measure what patients think about specific parts of it, such as the quality of communication with their care providers.

EQUITABLE

People should get the same quality of care regardless of who they are and where they live.

The percentage of Ontarians (nine in 10) who report they have a regular doctor is very similar for Canadian-born Ontarians and those who immigrated to Canada over five years ago, which is encouraging. However, for newer immigrants (in Canada less than five years) the rate is much lower: only 73 percent.

Aboriginal Ontarians face difficulties getting care, and receiving it in a co-ordinated and culturally sensitive manner. The Aboriginal Healing and Wellness Strategy and growing numbers of Aboriginal administrators and providers are strengthening the province's ability to provide the best possible care to Aboriginal Ontarians, but we still have a long ways to go.

The Ministry of Health has included equity as a theme in its strategic plan, and many local health integration networks are focused on diversity. Increasing opportunities for foreign-trained health professionals, recruiting Aboriginal students for health care training and training programs in northern communities should improve access to culturally competent care and meet the needs of Ontario's diverse population.

EFFICIENT

The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas and information.

The province's Wait Time Strategy has demonstrated that review, measurement and standardization of administrative and logistical processes can make surgery more efficient and reduce waits.

Organizations around the province are leading the way on improving efficiency: Grey Bruce Health Services has improved co-ordination with the community services that care for patients when they leave hospital and hospital stays are an average of two days shorter. Sault Ste. Marie Group Health has cut heart-failure patients' return to hospital by 43 percent because family doctors care for their patients in hospital then work closely with home care staff after they're sent home.

However, overall there has been little change in the number of hospital beds occupied by people ready for lower levels of care or in unnecessary visits to emergency departments. A more efficient system would move people smoothly out of hospital into the level of care that's right for them.

APPROPRIATELY RESOURCED

The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs.

Ensuring the right mix of health-care professionals and organization of care around the province is getting more attention. The supply of primary care practitioners is growing, and there are more health-care students and opportunities for foreign-trained professionals.

HealthForceOntario is overseeing efforts to build the supply of human resources in health, but we need more information to adapt to changing roles for caregivers and new ways of giving care.

There is a move to think of spending on health care in terms of the results of care and the overall health of the population. But we need better information to measure whether we're getting a good return on health care investment in Ontario.

We can't achieve a high-performing health system without excellent data, but most of Ontario's hospitals are far away from fully implementing comprehensive electronic health records.

INTEGRATED

All parts of the health system should be organized, connected and work with one another to provide high-quality care.

When preventive and primary care are well-integrated, most hospital stays for chronic conditions should be avoided. The rates of hospitalization for asthma, acute bronchitis, pneumonia and heart disease are decreasing in Ontario, and they are lower than the Canadian average.

The new local health integration networks are responsible for planning, integrating and funding health services in 14 areas of the province, including implementation of new integrated health-service plans. This work continues.

To measure and assess integration of the health-care system we need an electronic health record to assist patients in moving through the system.

FOCUSED ON POPULATION HEALTH

The health system should work to prevent sickness and improve the health of the people of Ontario.

There have been some notable successes in changing unhealthy behaviour. Smoking rates are much lower than a generation ago — the number of teenagers who smoke every day has dropped by half in the last five years, to only six percent. Still, half the adults in Ontario are inactive and one in seven is obese. The obesity rate has remained steady for the past five years.

Screening programs help detect cancer early, when it's easiest to treat. Cancer Care Ontario has recommendations and targets to screen for breast, cervical and colon cancer, but we're a long way from meeting its targets. Just 68 percent of the target population for breast cancer screening, 62 percent of the target population for cervical cancer and 10 percent of the colon cancer target group are having the recommended tests.

Ontario's Ministry of Health and Long-Term Care recently announced a program to increase participation in colon cancer screening. The Ministry of Health Promotion is developing a plan to promote healthy public policy by encouraging all parts of the provincial government to co-ordinate policies and programs that affect the health and well-being of Ontarians.

The chronic disease challenge

Looking hard at how Ontario measures up on the nine attributes of a high-performing health system shows us what is working and what needs improvement. The way we handle chronic disease is at the top of the needs improvement list. Although acute problems — such as sudden, severe illnesses or the devastating needs of accident victims — tend to be what we think of first when we talk about health care, chronic diseases, the illnesses people live with for years, such as heart disease and diabetes are the biggest challenge in health care. At least 60 percent of Ontario's health-care costs are due to chronic diseases.

Ontario needs a co-ordinated, system-wide strategy to reduce and better manage chronic disease. A long-term strategy to redesign how we care for chronic diseases — including supporting patients as they learn to care for themselves — would improve the health of millions of Ontarians and reduce costs in the health system.

- The number of people living with chronic disease, such as arthritis, diabetes, and heart failure is increasing as the population ages.
- 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; of these individuals, 70 percent suffer from two or more.
- Low-income Canadians are 50 percent more likely than high-income people to report having a chronic disease and are three times as likely to report having two or more chronic conditions.
- Aboriginal Ontarians, who as a group generally have less income, education and employment and often live in a poor physical environment, have higher rates of most chronic illnesses. They are three to five times more likely to have type 2 diabetes.
- A healthy lifestyle (consisting of a clean environment, a nutritious diet, physical fitness, supportive family and social relationships, and meaningful, safe work) could prevent over 80 percent of cases of coronary heart disease and type 2 diabetes, and over 85 percent of cases of lung cancer and chronic obstructive lung disease such as emphysema.

There is good evidence about how to improve care for chronic disease, and some excellent treatment in the province. But efforts to prevent and manage chronic disease are inconsistent and unco-ordinated. Most patients with chronic conditions aren't encouraged to manage their own care, or given written management plans and the lack of electronic records means care is not organized and managed in ways that give the best results.

There are some positive signs that care for chronic disease will improve. The Ministry of Health and Long-Term Care's strategic plan is to include managing chronic disease and all 14 of Ontario's local health integration networks have identified chronic disease as a priority in their service plans. In addition, Ontario's move to interdisciplinary models of primary health care should mean chronically ill patients receive broad, well-integrated care from their primary providers.

We're concerned, however, that there are too many different people working on chronic disease prevention and management without co-ordinating their efforts. There's a possibility it won't be clear who is developing and delivering effective chronic disease care — with the risk that some parts will fall between the cracks. A chronic disease strategy should be implemented using a proven, successful model.

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.

Continuous quality improvement

Chronic illness shows us that the health system is not performing as well as we would like. To make the system better we have to develop and implement quality improvement strategies. To do that we must develop a system that has the appropriate infrastructure, leadership, engagement with providers, public reporting and robust information to measure and rate care. We've found:

- Ontarians want accountability throughout their health system. The Ontario Health Quality Council reports on quality at the provincial level and where possible, locally. It is expected that local health integration networks will also begin reporting to the public on quality in the areas they cover.
- Independent third parties should assess quality for each local health-care organization and publicly report the results. Measuring the care given in one institution against proven best practices can show areas that are underperforming, so plans for improvement can be developed.
- The Health Council of Canada agrees: it advises that all health-care organizations should participate in regular accreditation processes and publicly report on the results to ensure local accountability.
- Lack of information is a major barrier to accountability and quality improvement. If we can't measure the quality of the care we give, we can't manage it effectively and we can't make solid plans to improve it.
- Electronic health records are essential, whether to co-ordinate care for a single patient or to plan the entire system. There is a provincial strategy for e-health but it's not yet clear how it will function. Work and investments so far are small.

Striving for the best quality care is in everyone's interest, but we're still falling short on a system-wide strategy for continuous quality improvement. Where we are getting results, we're following the guidelines for improving health care by strengthening leadership, changing the organizational culture, putting the right strategies and policies in place and making sure we have the structure and resources to gather and measure data. We're emphasizing communication, training and getting providers involved. We're working with individuals to change their practices. This approach has been successful in the Wait Time Strategy, which could become a model for quality improvement across the system.

But while the Wait Time Strategy demonstrates that it is possible to make changes to improve quality, a system-wide quality-improvement strategy needs comprehensive, standardized data collected across the system. Better and more complete data would allow us to plan improvements, ensure appropriate resources are in place to provide the best health care, and monitor underperforming regions or populations that aren't doing as well as they should.

Electronic health records are essential for this. They would tell us who is getting care, what kind, and how it's working. That information is the key to effectively assessing the health system and improving it for Ontarians.

You can read the full report at:

www.ohqc.ca

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Biographies are posted at http://www.ohqc.ca/en/ourpeople.asp.

GOVERNANCE

The Ontario Health Quality Council is mandated under Ontario's Commitment to the Future of Medicare Act to inform Ontarians on the status of our publicly funded health system, including access to health services, health human resources, the health of Ontario's population, and health-system outcomes. The Ontario Health Quality Council also supports continuous quality improvement in the health system.

In support of its work, the council has two committees:

- Communications Committee: recommends to council a communication strategy and plan to ensure the council's report is relevant and understandable, and receives the attention of as many Ontarians as possible.
- Operations and Audit Committee: reviews and makes recommendations to council regarding its finances, audit arrangements, human resource plans and policies, and information technology.

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