



# A Common Framework for Health System Performance in Ontario

March 25, 2010

# Overview

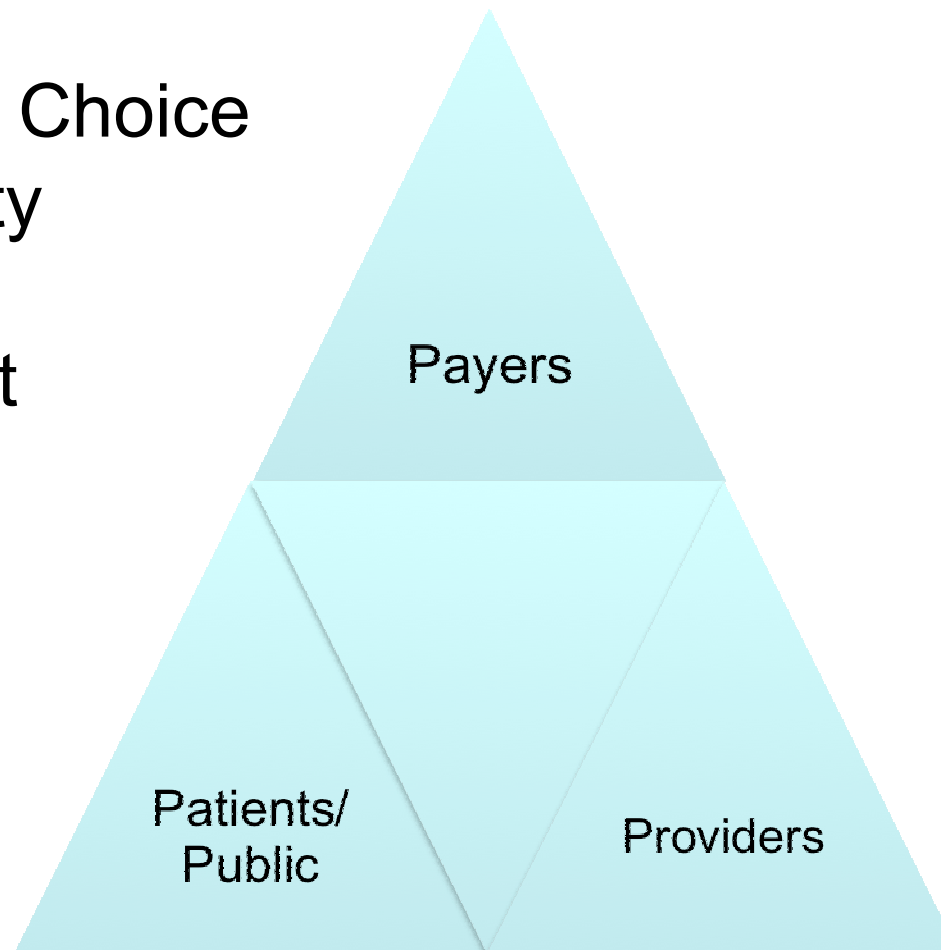
1. Key features of performance measurement
2. Review of international and national health system performance frameworks
3. Review of Ontario performance frameworks
4. Proposed common framework for health system performance: linking system with provider performance

# Increase in performance measurement activity

- Increasing health care costs
- New technologies
- Increasing public expectations and media attention
- Decentralization
- Evidence of medical errors and clinical variation
- Increased international visibility of health care

# Importance of performance measurement

- Information / Choice
- Accountability
- Regulation
- Improvement



# Users of performance data

- Patients: reassurance and support making choices
- Health care professionals: what constitutes best practice and how to make improvements
- Regulators: assure safety and conformity to standards
- Tax-payers: money being spent effectively efficiently, and fairly
- Government/Policy-makers: monitor management of the system
- Managers: ensure objectives are being met

# Review of international and national health system performance frameworks

- WHO
- OECD
- US Institute of Medicine
- Commonwealth Fund
- UK Department of Health and Care Quality Commission
- Dutch Health Care Performance Report
- CIHI Canadian Health Indicators Framework

# International frameworks

## WHO

- Health attainment (healthy life expectancy and health inequalities)
- Responsiveness to the needs of the population
- Fairness of financing

## OECD

- Health improvement and outcomes
- Responsiveness and access
- Financial contribution and health expenditure

# National frameworks: US

## Institute of Medicine

- Safe (avoiding injury)
- Effective (based on scientific knowledge)
- Patient-centered (respectful and responsive)
- Timely (reducing waits)
- Efficient (avoiding waste)
- Equitable (care does not vary by SES, gender, ethnicity)

## Commonwealth Fund:

- Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable
- + System capacity to improve

# National frameworks: UK, Netherlands, Canada

## UK: Department of Health and Care Quality Commission

- Safety, Effectiveness, Illness prevention, Availability, Patient and Carer Experience, Value for Money
- Incorporates current policy priorities “Vital Signs” (e.g. hospital cleanliness)

## Netherlands:

- Three system objectives: Quality, Accessibility, Costs
- 12 indicator domains

## Canadian Health Indicators Framework:

- Eight domains of health system performance: acceptability, accessibility, appropriateness, competence, continuity, effectiveness, efficiency, safety

# Synthesis of System Performance Frameworks

Organization	Performance Domains				
WHO	Health attainment		Responsiveness		Fairness of Financing
OECD	Health improvement		Responsiveness and Access		Expenditure and Financial Contribution
Institute of Medicine	Effective	Safe	Timely, Equitable	Person-centered	Efficient
OECD Health Care Quality Indicators Project	Effectiveness	Safety	Equity, Access	Responsive/ Patient-centered	Cost/ Expenditure
Commonwealth Fund	System Capacity (Workforce Innovation and Improvement)	High Quality Safe Care (incl. patient-centeredness)	Access and Equity for All		Efficient (high value) Care
UK Department of Health	Clinical effectiveness	Safety	Patient experience		
UK Care Quality Commission	Clinical outcomes, illness prevention, health promotion	Safety	Availability	Patient and carer experience	Value for money
Dutch Health Care Performance Report	Quality (effectiveness, safety and innovation)		Accessibility (barriers, timeliness, choice)		Costs
CIHI Canadian Health Indicators Framework	Effectiveness, Competence, Appropriateness	Safety	Accessibility, Equity	Acceptability, Continuity	Efficiency

# Summary of existing health system performance frameworks

What are the main contributions?

- Encouraging performance measurement
- Identifying system goals
- Collecting data to inform international benchmarking

What are the shortcomings?

- Focus on high-level concepts and outcomes that are difficult to make operational
- Little direction on how to improve performance

# Review of Ontario system and provider performance frameworks

- Hospital Report (1998-)
- MoHLTC strategy map (2004-)
- Ontario Health Quality Council (2005-)
- Public Health (2005-)
- LHINs (2007-)
- Cancer Care Ontario (2007-)
- CCAC (2009-)

# Ontario Hospital Reports

- Earliest system-wide initiative of performance measurement and reporting
- Based on balanced scorecard, with four domains:
  - Clinical utilization & outcomes (internal business perspective)
  - Patient satisfaction (client perspective)
  - System integration and change (organizational learning)
  - Financial performance
- Began in acute care (1998), extended to emergency care, inpatient rehab, complex-continuing care, mental health institutions (2001-1005)

# Province-level performance frameworks

## MOHLTC

- Shift from manager to steward increased need for clear system goals and indicators to hold purchasers and providers to account
- Strategy mapping exercise identified 26 indicators in 9 domains of performance (including evidence, research, access, patient-centeredness, clinical outcomes, healthy behaviours, equity and sustainability)

## OHQC

- Set up by MOHLTC to publicly report on performance
- Identified 9 domains through public consultations:
  - Accessible
  - Effective
  - Safe
  - Patient-Centered
  - Efficient
  - Appropriately resourced
  - Integrated
  - Equitable
  - Focused on population health

# Local-level performance frameworks

- LHINs: Accountability agreements with MOHLTC based on performance measurement along three domains:
  - 1. access; 2. patient-centeredness, safety and quality; 3. coordination and integration
  - agreements with hospitals consider mainly financial performance, and some quality indicators
- Cancer Care Ontario: Shift from provider to independent purchaser of care fueled need for formal contracts with performance measures
  - Framework draws on Commonwealth Fund domains, and considers the role of evidence along with prevention, access, efficiency and outcomes

# Synthesis of Ontario Performance Frameworks

Provincial Performance Domains				
MOHLTC (sub-domains)	Health resources, Evidence and Innovation (Appropriate distribution of resources IT Capacity / Innovation)	Provision of high quality services (Accessible, Safe, Integrated/Continuity, Effective)	(Patient- centered)	Productivity and fiscal health
OHQC	Appropriately resourced, Integrated	Accessible, Equitable, Effective, Safe, Focused on Population Health	Patient-centered	Efficient
Provider				
Hospital Report	System integration and change	Clinical Utilization and Outcomes	Patient satisfaction	Financial performance and condition
LHIN	Organizational capacity	High quality health services	Patient - centered	Fiscal Financial Health / Results
CCAC	Our People (human resources)	Performance (clinical)	Clients & Communities	Financial accountability
Public Health	Resources and Services	Integration and Responsiveness, Health determinants and status	Community engagement	
CCO (Aims and outcomes) CSQI Domains	System capacity to improve	Appropriateness/ Safety; Access/Equity; Outcomes, Prevention		Efficiency/ value

# Summary of Ontario performance frameworks

What are the strengths?

- A culture of performance measurement within organizations and sectors
- Data availability and research capacity

What are the limitations?

- Focus on provider activity without links to system performance
- Little focus on inter-organizational integration/cooperation
- Limited comparability with international frameworks

# Why do we need a common framework?

Current (national and international) *System* Frameworks do not directly link provider behaviours, management and organization with health system goals.

Current *Provider* Frameworks have been developed without regard for health system goals.

A framework that is *common* to *System* and *Provider* measurement can help bridge these gaps.

# What should a common framework include?

## Outcomes:

- Individual and population health

## Processes:

- Individual, Institutional and Community activity/involvement in promoting, restoring health

## Structures:

- Institutional, Agency and Community resources and structures

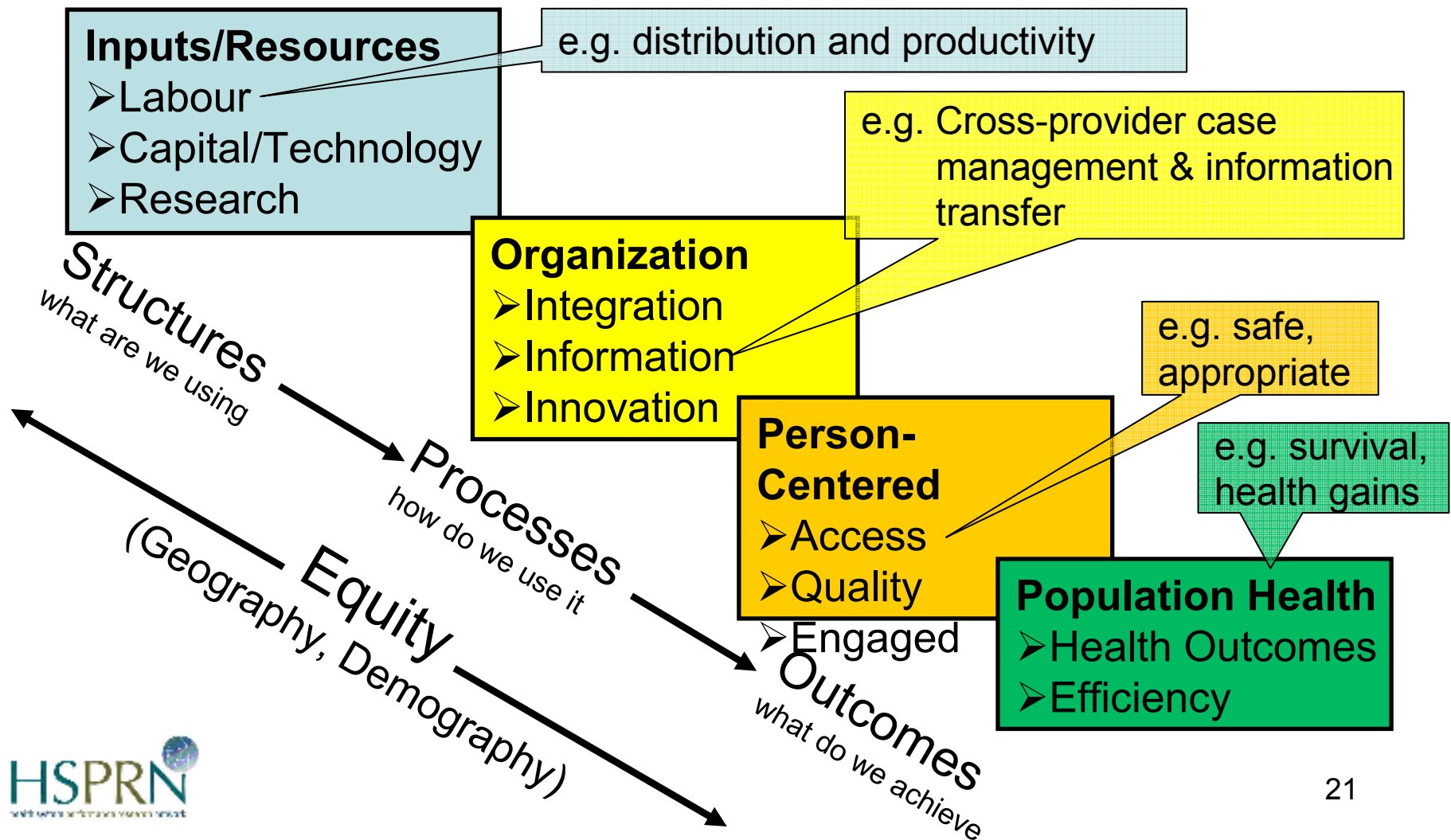
# How will a common framework lead to performance improvement?

Develop indicators based on evidence of the causal relationships between structures, processes and outcomes

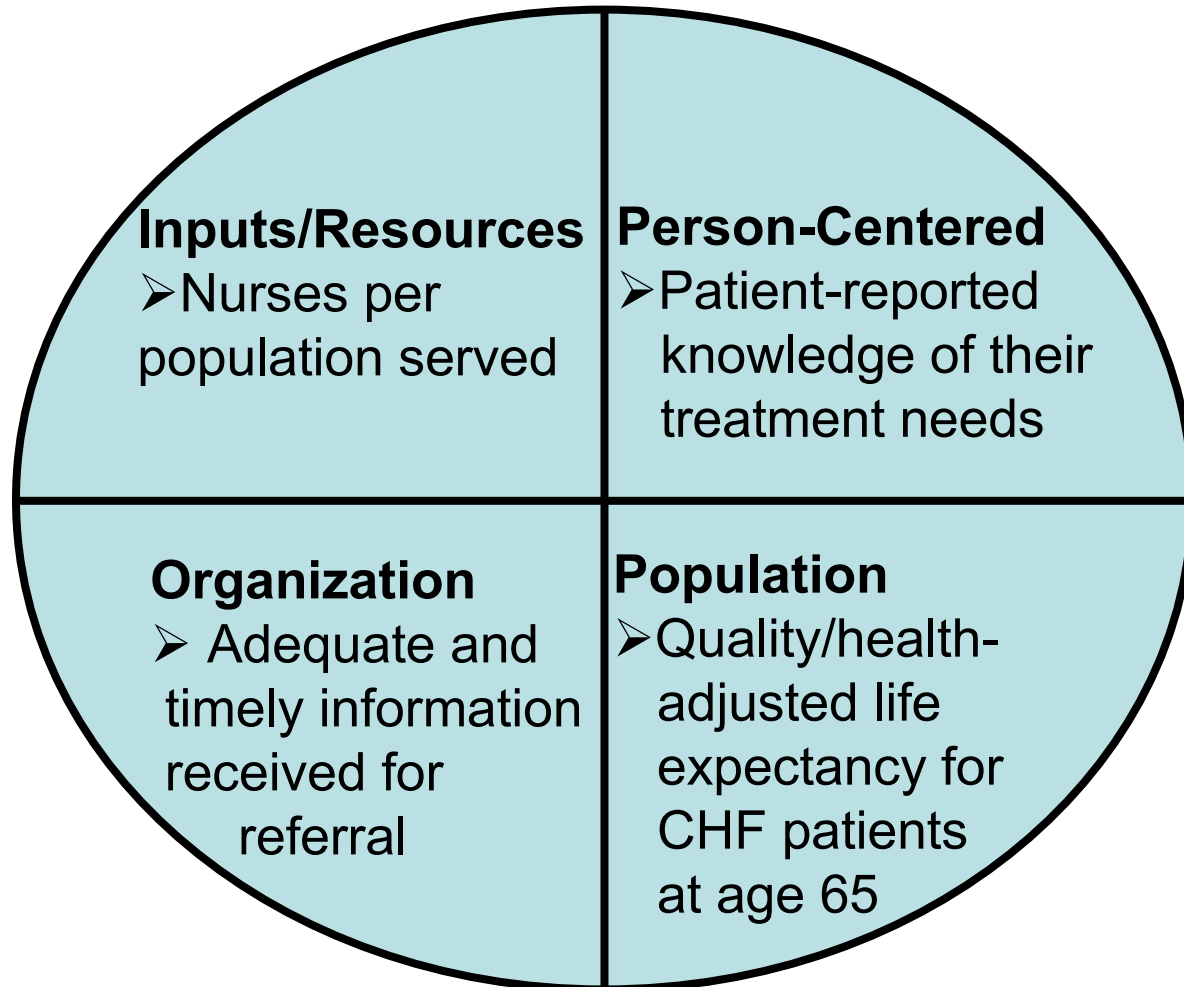
Health systems improve health by:

- Ensuring adequate, appropriate human and capital resources
- Organizing and coordinating resources to enable physicians to work independently and collaboratively
- Providing accessible services in a person-centered way

# Potential Common Framework: 4 Domains



# Example Indicators:



# Summary

- A common framework that links system and provider performance has the potential to:
  - improve comparability of performance across and within systems, and
  - provide information on the structures and processes needed to improve performance.

**We welcome your comments!**