ASSESSING VALUE IN ONTARIO HEALTH LINKS PART 3:
MEASURES OF SYSTEM PERFORMANCE IN ONTARIO'S HEALTH LINKS (APPLIED HEALTH RESEARCH QUESTION)

SEIJA KROMM, LUKE MONDOR, WALTER P. WODCHIS

CONTEXT

Ontario's Health Links (HL) initiative was launched in January 2013 to integrate and improve the coordination of care provided to patients with the most complex healthcare needs. Given the considerable efforts that are being invested in Health Links, reporting on the system performance of Health Links is an important priority.

OBJECTIVES

This report responds to an Applied Health Research Question (AHRQ) from the Ontario Ministry of Health and Long Term Care (MOHLTC), with specific interest in the value that HLs add to the health system such as avoided hospitalizations, reduced complications of care, improved quality of life, etc. This report measures the performance of HLs using data from the Institute for Clinical Evaluative Sciences (ICES), and compares HLs to existing physician networks (PN).

METHODS

Based on results from reports 1 and 2 in this series, twenty-two indicators were identified and categorized according to the Institute for Healthcare Improvement's (IHI) Triple Aim framework: better care and experience for individuals, better health for populations, and lower growth in healthcare costs. Six of the 22 indicators are the focus of this report: average monthly costs, the rate of hospitalization, the rate of emergency-department visits for non-critical patients, rate of 30-day readmissions, primary care follow-up within 7 days of hospital discharge, and the proportion of individuals rostered to a primary care physician. Using cohorts of 1) all Ontarians and 2) the top 5% high-cost users, indicator values for HLs were determined using data from the 2012 fiscal year. HL performance was compared to the provincial average for each of the indicators, and HLs were categorized according to whether they were early-adopters of the initiative, their degree of rurality, and measurable differences in socio-economic status between geographical regions or populations.

FINDINGS

For the six selected indicators, a general comparison of HL performance to the provincial average did not reveal differences between early and later adopters, but did reveal pockets of high and low performance. With respect to rurality, urban HLs had lower cost and lower ED-visit rates compared to the provincial average. Alternatively, suburban and rural HLs had higher rates of primary care rostering compared to the provincial average. Socio-economic status was found to be highly related to system performance indicators, with high levels of marginalization corresponding to lower performance, and a strong relationship between performance in the full population and among the top 5% of health care users. Although rural and low SES groups have lower performance than urban and high SES, there is substantial variation within these groupings, offering opportunities for comparative performance and potential learning from peer groups of HLs with similar local challenges. Comparisons showed substantial variation and overlap across all performance indicators for both HL and PNs.

CONCLUSIONS

The performance of HLs on the six indicators can inform benchmarking and further analyses over time. Differences in performance based on rurality and marginalization highlight important contextual factors for HL leaders and decision makers to consider when grouping HLs with peer comparators and comparing their performance. Identifying the specific effect of HLs on patient care and outcomes requires the ability to identify which individuals are enrolled in HL programs; therefore, a registry of patients is essential. Regarding HL assessment, there are currently no indicators being used to track the performance of HLs on population health. Effective inter-organizational integration across the care continuum is a challenging and important goal for Ontario's health care system. Effective and timely approaches to identifying which patients to target for HL interventions and knowing which providers to engage will be key factors in the success of HLs. Differences in existing patterns of care for patients among PNs, compared to the geographic approach employed by HLs continue to present challenges for HLs to effectively manage care for complex patients.

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