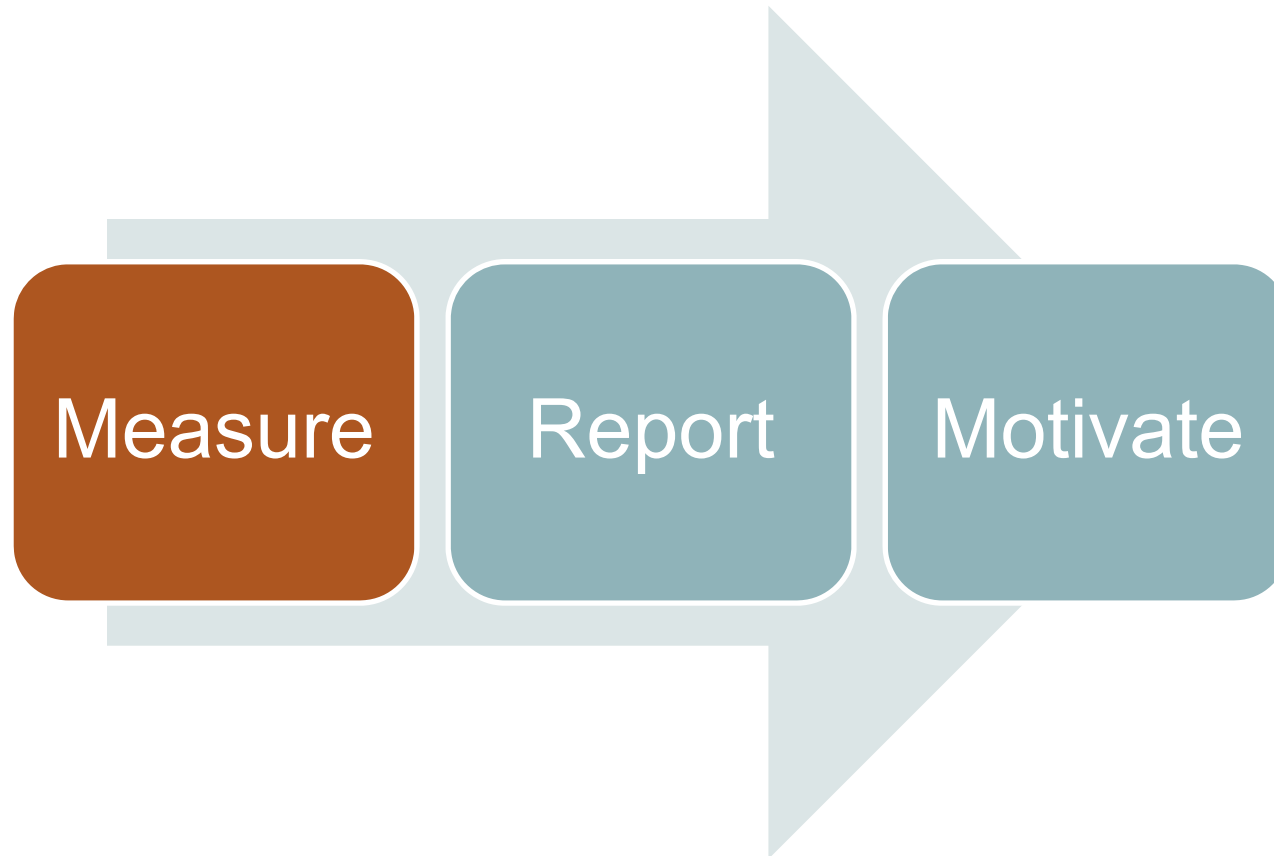




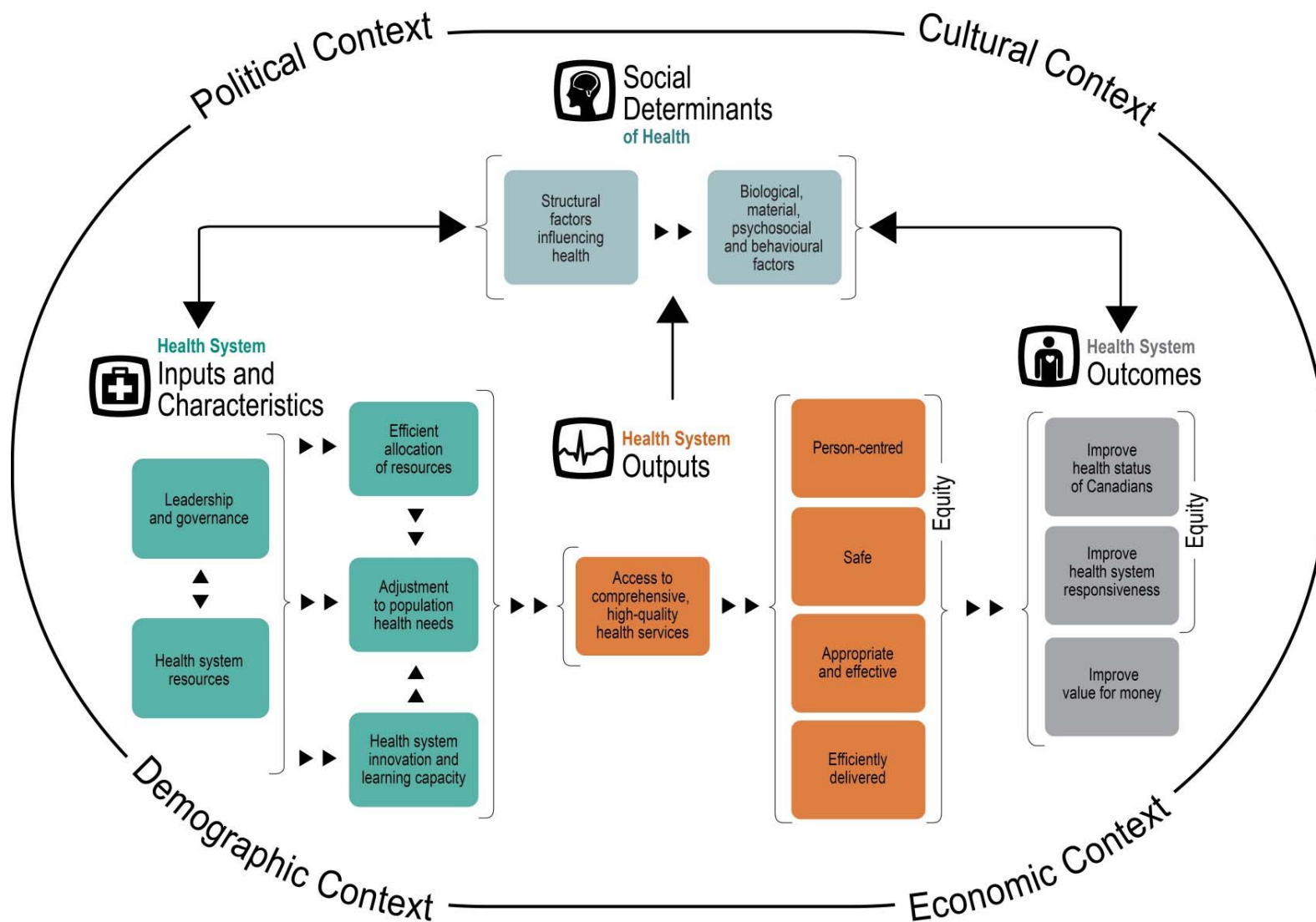
# Measuring what matters: Priorities for Developing Information and Indicators about Health System Performance

e-Health 2015  
June 2, 2015

# What drives improvement?



# CIHI's Health System Performance Framework



# Rethink, Renew, Retire: Evaluating Priorities for Canada's Health Indicators



- Fourth national Consensus Conference on indicator priorities
  - Held jointly with Statistics Canada
- Objectives
  - Rethink and Renew: Identify priorities for development
  - Retire: Identify opportunities to step back in some areas
- Participants – 60+ senior leaders from jurisdictions and regions across Canada
  - Executives and managers from ministries of health, health quality organizations, regional health systems and health service delivery organizations, researchers



# What we learned from the Conference

- Process overview
- Outcomes
  - Where we could cut back
  - What we need most
- Implications for systems to capture and record data

Why retire indicators?

Indicator chaos!!!





# How we evaluated retirement

- Internal review followed by consensus conference feedback from stakeholders
- Modified-Delphi
  - Successive Delphi panels (technical experts & leadership group) first internally then externally
- RAND/UCLA appropriateness method
- Institute of Medicine's (IOM) Measure Selection Criteria
  - Usability - Importance - Scientific Soundness - Feasibility



## Criteria used to assess

Usability	Importance	Scientific Soundness	Feasibility
<ol style="list-style-type: none"><li>1. Reporting level</li><li>2. Accessibility</li><li>3. Reporting frequency</li><li>4. Trendability</li><li>5. Pan-Canadian coverage</li><li>6. Currency</li><li>7. Usage</li><li>8. Comprehensiveness</li><li>9. Dimensions</li></ol>	<ol style="list-style-type: none"><li>10. Relevance</li><li>11. Actionability</li><li>12. Stakeholder follow-up</li><li>13. Sufficient volumes</li><li>14. Significance of variation</li></ol>	<ol style="list-style-type: none"><li>15. Data quality</li><li>16. Comparability</li><li>17. Validity review</li></ol>	<ol style="list-style-type: none"><li>18. Production cost</li></ol>

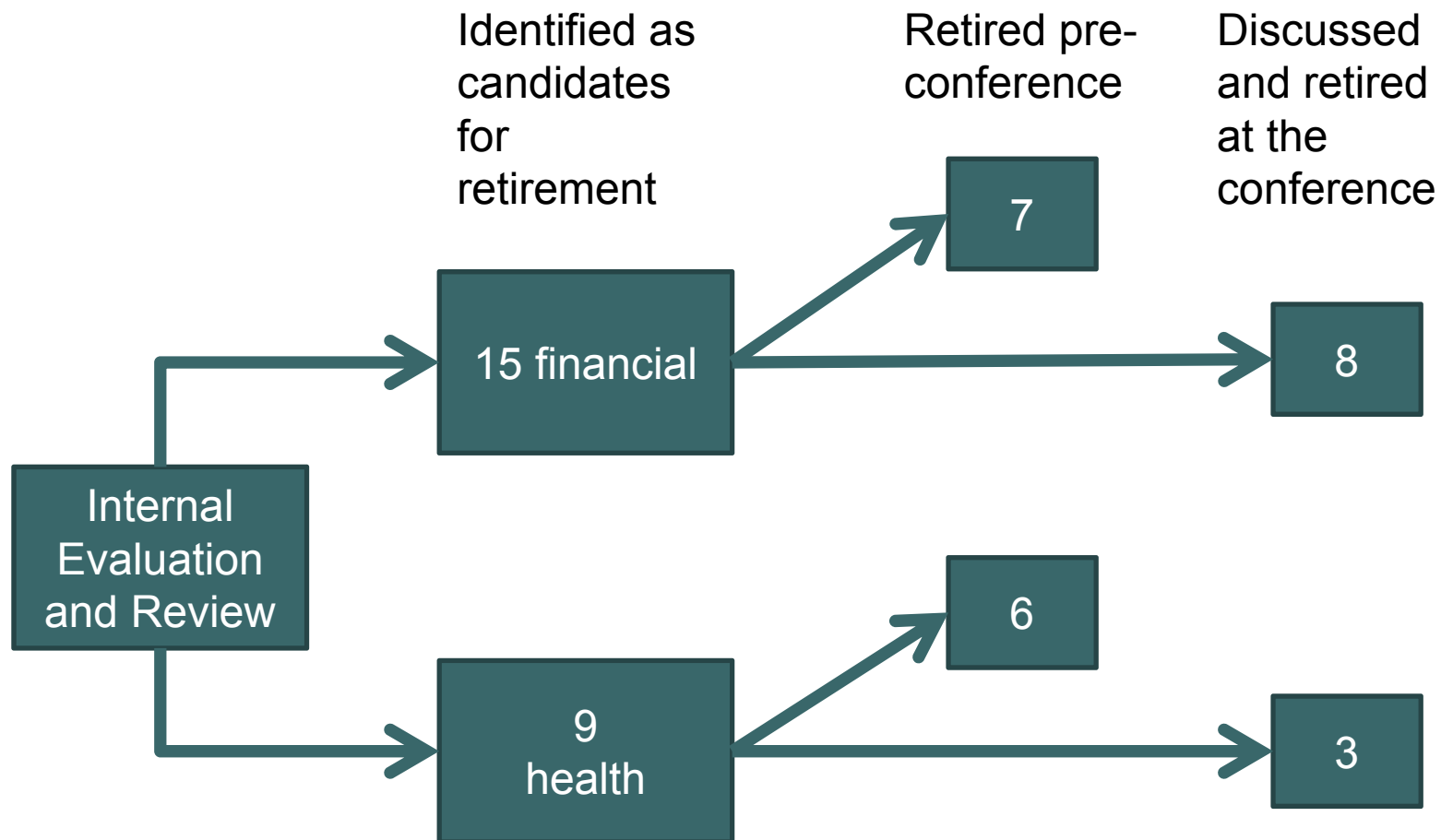




# Results of internal evaluation

	CHRP (Facility)	HI (Regional)	Total
<b>Indicators Reviewed</b>	<b>27</b>	<b>29</b>	<b>56</b>
<b>Recommendations</b>			
<b>KEEP</b>	<b>16</b>	<b>21</b>	<b>37</b>
<b>CONSULTATION</b>	<b>2</b>	<b>6</b>	<b>8</b>
<b>R&amp;D</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>DROP</b>	<b>7</b>	<b>2</b>	<b>9</b>

# What and how to retire?





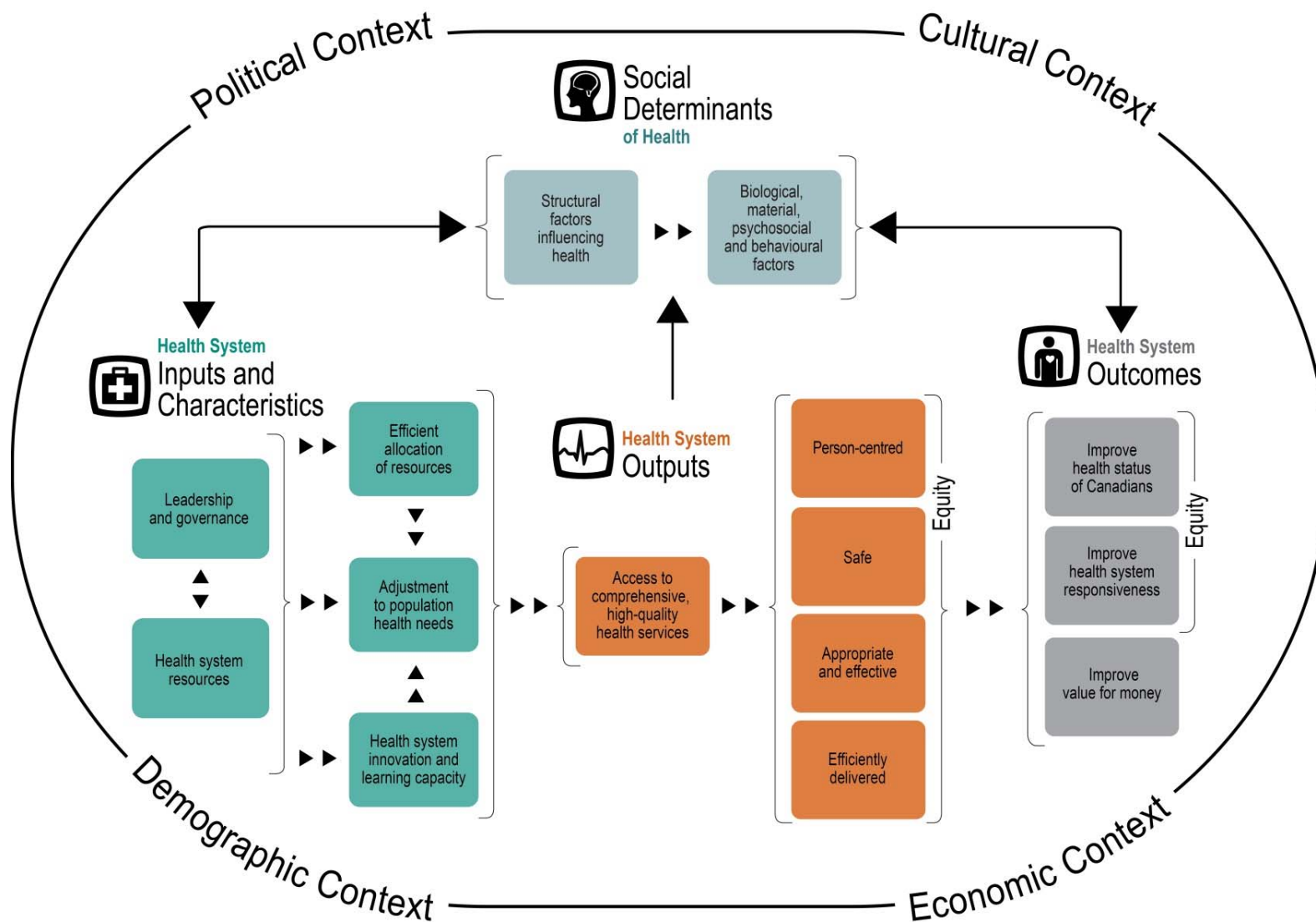
# Conference retirement outcomes

- Key points
  - Agreement with concept of and need for retirement
  - Importance and usefulness of some of the indicators to select stakeholders
- Bottom line
  - Appropriate to retire the 24, BUT
  - Understanding that underlying datasets, definitions, standards maintain the capacity for other organizations to calculate
  - Indicator retirement needs to be considered ongoing

## Figuring out what else we need

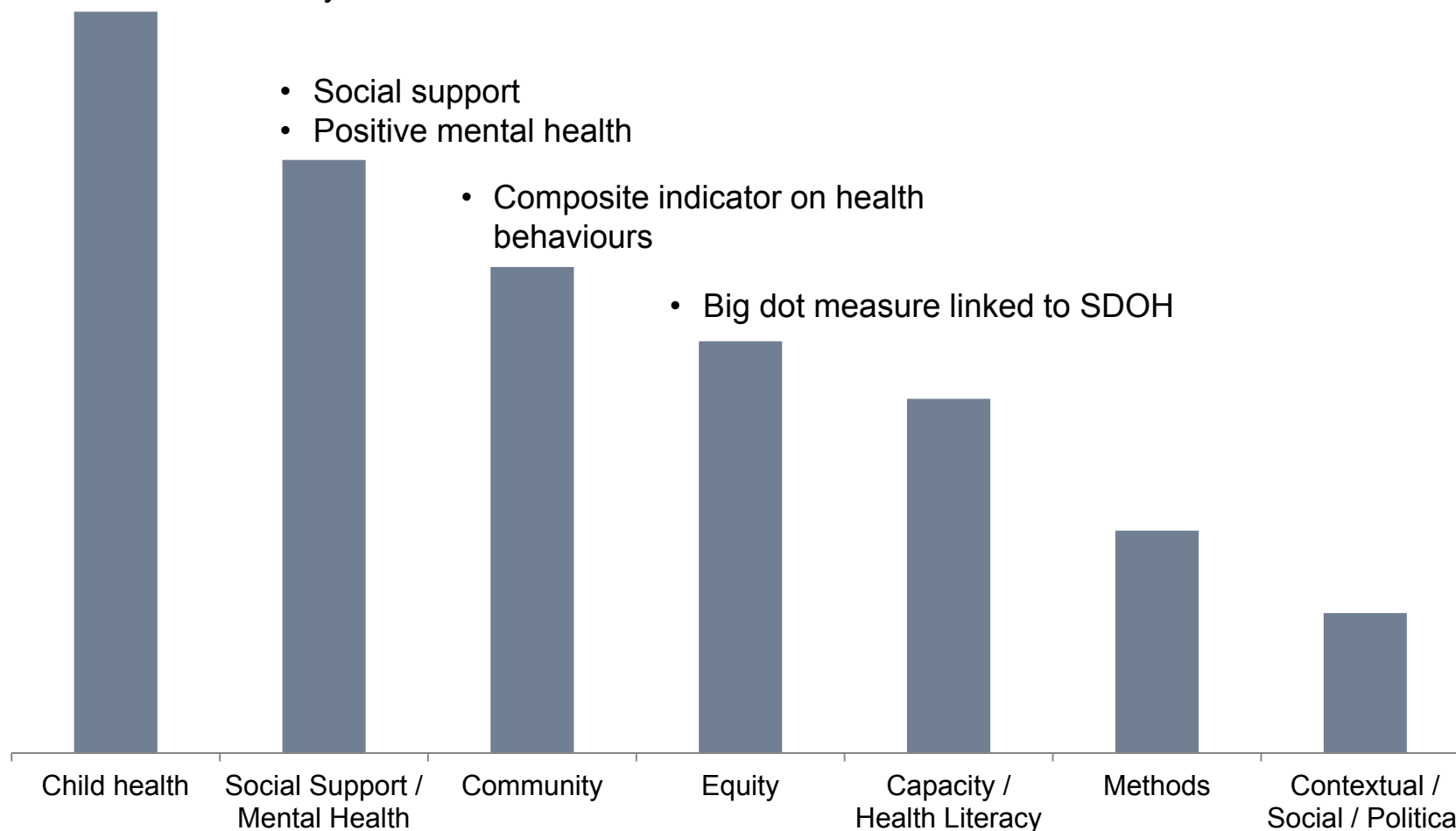
- Pre-conference survey on priority areas
  - Focused around framework quadrants and dimensions
  - Results shared prior to conference
- Setting the stage key-note presentations and plenary discussions at the conference
  - International perspective
  - Quadrant overviews led by experts
- Working group discussions focused on priorities within quadrants
- Plenary discussions to review working group outcomes
  - Computer-assisted voting to develop sense of priorities

# CIHI's Health System Performance Framework



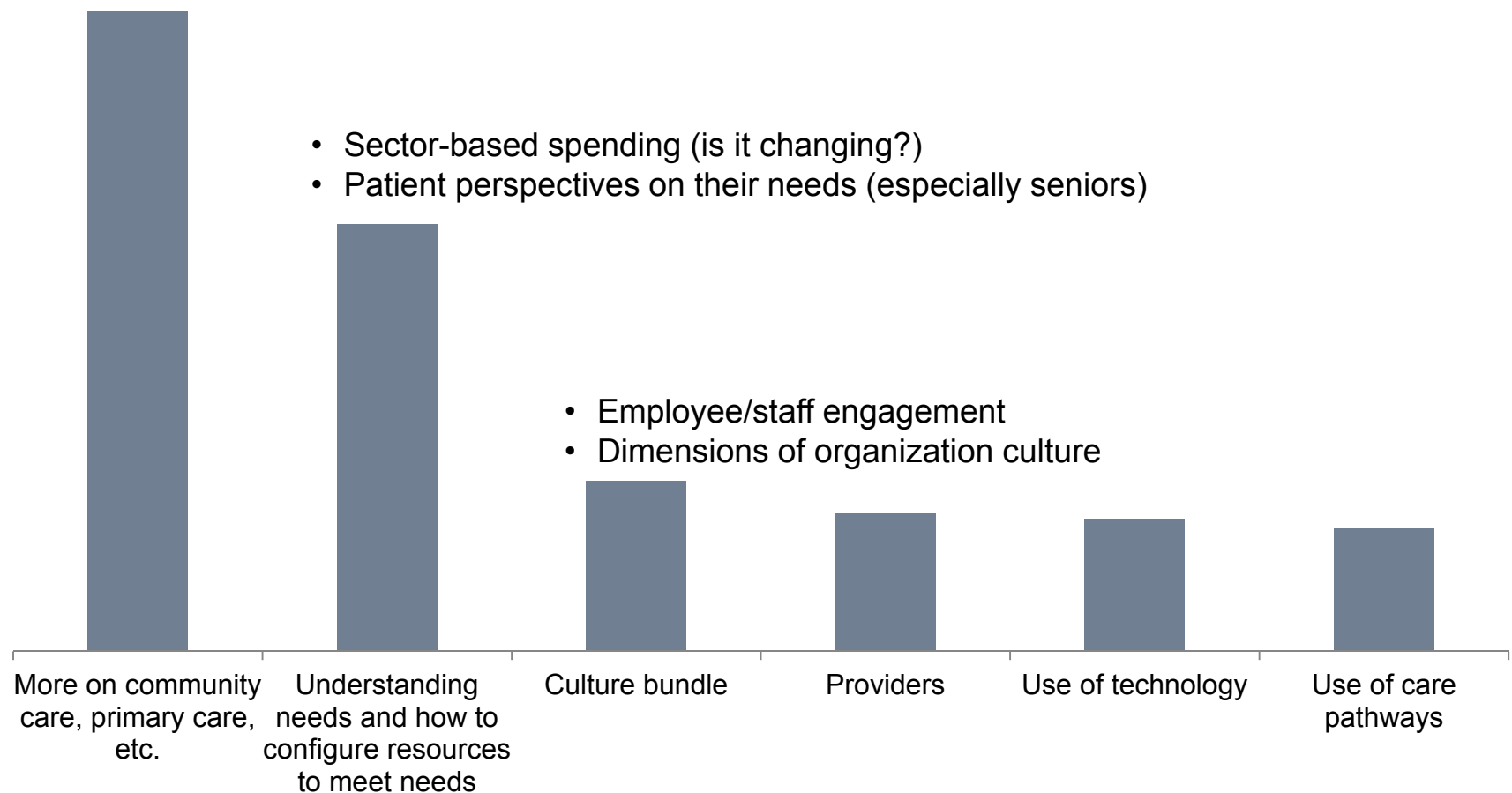
# Social Determinants of Health

- Early development index
- Child mental health
- Childhood obesity



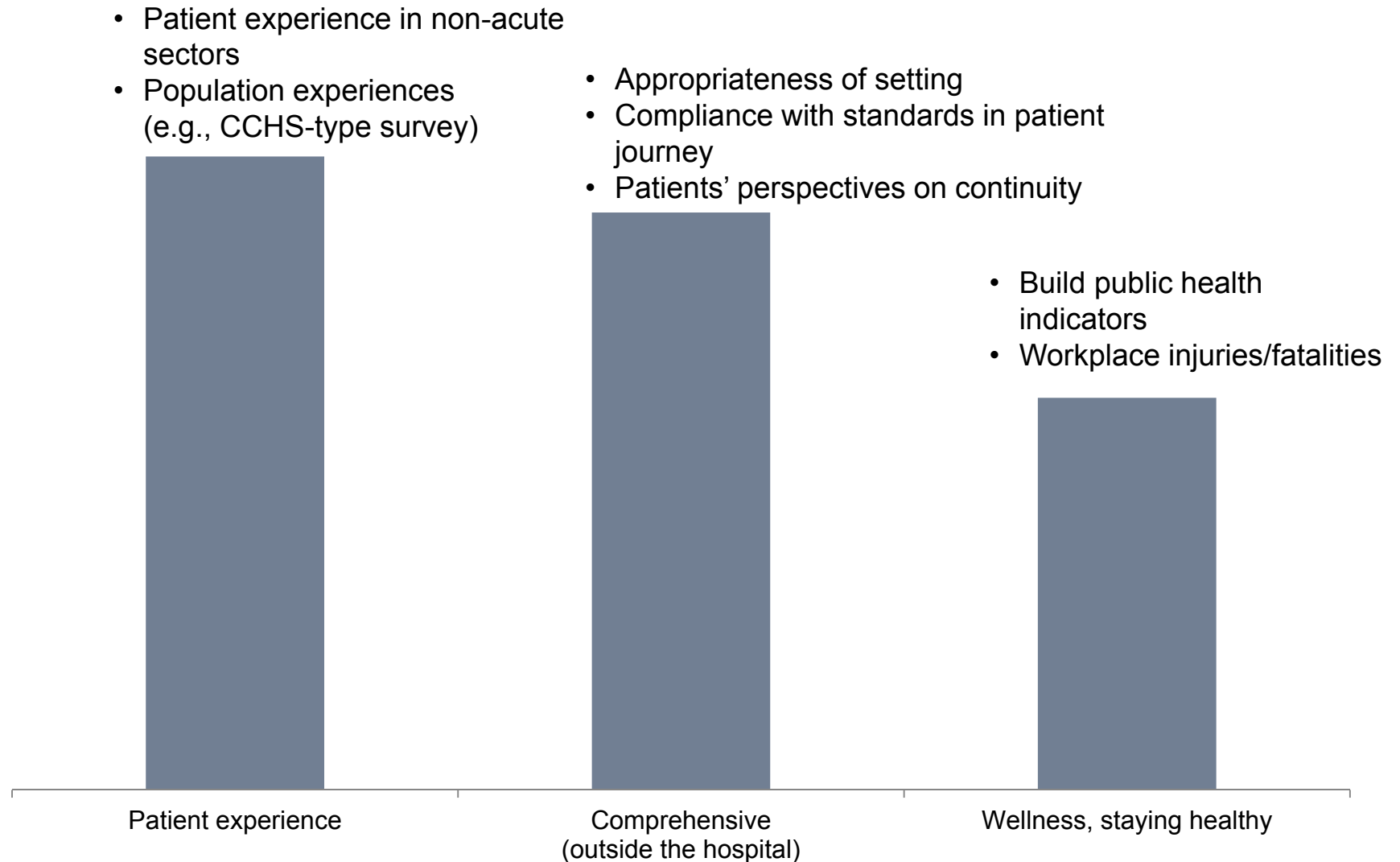
# Health System Inputs and Characteristics

- Connections and collaborations across sectors





# Health System Outputs

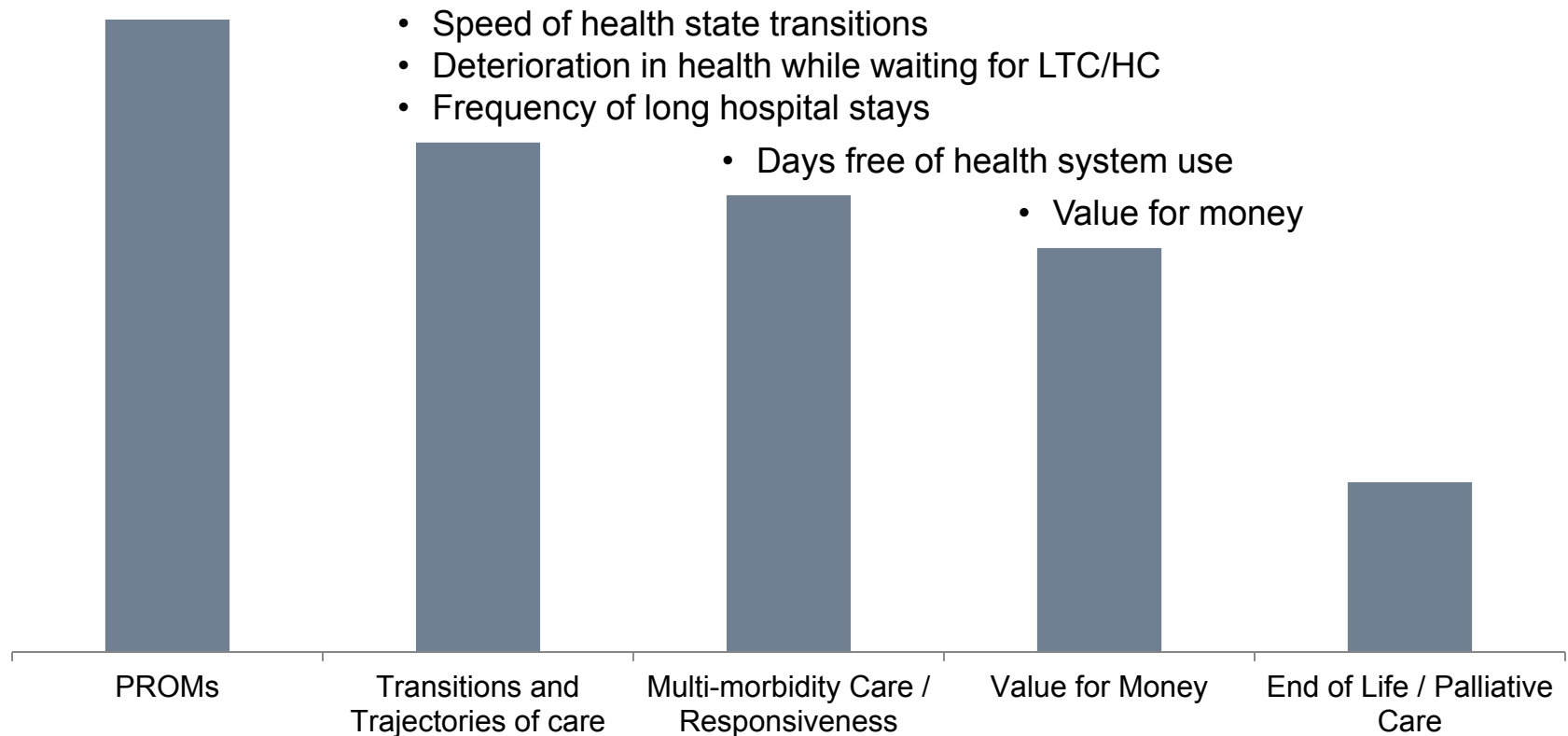




# Health System Outcomes

- Numbers of adverse events
- Disease-specific
- Interventions not leading to improved QOL

- Excess mortality
- Health literacy related to outcomes

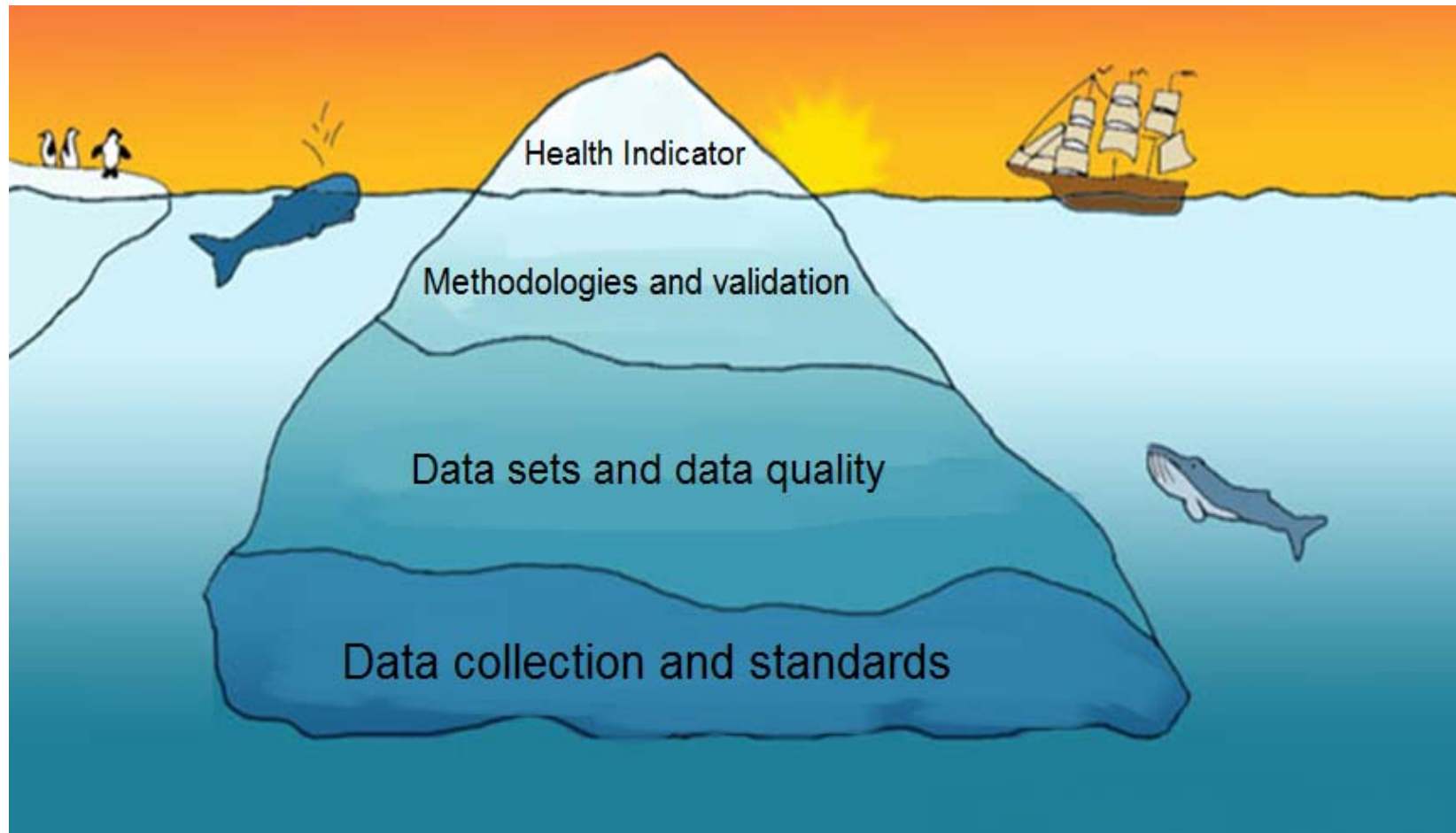




# Transcending individual quadrants

- Outcomes of Care
- Value for Money
  - Cost compared to outcomes
- Transitions and Trajectories
  - Integrated/coordinated care
  - Multi-morbidities
- Community Care
  - Particularly Mental Health
- Upstream Investments
  - Prevention and interventions such as Primary Care

# The visible tip of the iceberg





## Challenges in getting there

- Patient/caregiver/consumer perspectives are important
  - Identification of needs
  - Experiences with receiving care (or not)
  - Perceptions of outcomes
- Data resources to look outside of acute care have been limited
  - Community and primary health care
  - Also implies limited capacity to examine connectedness and integration



# What would help

- PREMs and PROMs datasets
- Better availability of and access to linkable structured and standardised electronic medical records data needed
- Health expenditures
  - From patients to facilities to macro spending, linked across care settings
- Community care
  - Need to do more in Primary Care
  - Need to do more in Mental Health



## Where we are now

- Retired a few indicators
  - Need to revisit and reassess regularly going forward
- Identified theme areas of strategic importance for new indicators and measurement methods
  - CIHI to work the priorities as appropriate into strategic planning
- Talked about what is still needed across the board to address the priorities that are important to the system
  - Patient and consumer perspectives
  - Integration and connectedness



Questions or follow-up?

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