

Information Management News

Health Results Team for Information Management

Produced monthly by the Information Management group for our government, health care sector and research community partners.

Disponible en français.

Issue #1 – June 2005



“With new demands for information being placed on our system, as a result of major system change, it is time to work together to meet these needs by strengthening Ontario’s health information capacity.”

Steini Brown, Lead, Health Results Team,
Information Management

ONTARIO’S PLAN for change involves improving the way we deal with information. Without good information, the system is simply not as effective as it could be.

With new demands for information being placed on our system, as a result of major system change, it is time to work together to meet these needs by strengthening Ontario’s health information capacity. To do that, we need to focus on improving the quality and accessibility of data, and on getting a better picture of whether our health care strategies are yielding the benefits we expect. We need to look at ways of integrating evidence into policy-making, for sound and balanced decisions about health care.

My group is leading the development of a strategy for information management that will create the necessary supports and structures for a more efficient, effective, and accountable information management system.

This is a complex endeavour, involving government, health care providers, agencies and organizations from all sectors of the health system. We are counting on the vision and collaboration of these partners and stakeholders to help us realize our mandate.

In recent months, we have been engaged in numerous activities aimed at improving the quality of data and at providing greater access to information for health care planning purposes. I am proud of our accomplishments to date. We have completed Ontario’s first guide to many of the authoritative sources of health data in the province. We have made it less of a burden for Ontario’s 42 Community Care Access Centres to report to the Ministry of Health and Long-Term Care (MOHLTC) on their budgets and the services they deliver. We are currently on track to fulfill a major milestone, the health system scorecard, which will make it possible to report on how the health system is performing overall.

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None of these results could have been achieved without the committed participation and collaboration of our partners within the ministry and in the field. The extent to which we succeed in our objectives will be determined not only by our efforts towards accomplishing them, but also by the response from people who work with information on a daily basis.

This newsletter will be our principal vehicle for keeping you posted on our progress and to highlight our shared successes. I look forward to many more such opportunities.

Best regards,

Adelstein D Brown

Measuring What Matters

IT IS IMPOSSIBLE TO MANAGE WHAT you cannot measure. Although there is an overabundance of indicators on health system performance – at least 2,000 in Ontario – few are aligned with strategic goals for system renewal. This makes it difficult for health system managers to get a comprehensive picture of how we are progressing towards these objectives.

With the collaboration of experts in the field representing all sectors of the health system and government partners, the Health Results Team for Information Management (HRT-IM) is developing the **first health system scorecard** so that we can measure the success of health system strategies.

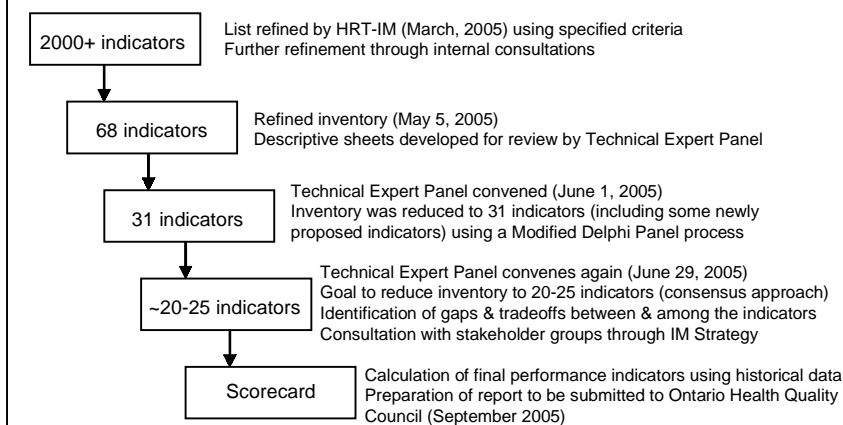
“Our goal is to have 25 indicators at most,” says Jeremy Veillard, who is leading this initiative for the HRT-IM. “We need only the most relevant – the ones that will give us the best indication of system performance overall.”

In doing so, the team is following an approach similar to that used by the United States’ Veterans Health Administration (VHA), the largest health care delivery network in the country. When the VHA refashioned itself into a patient-centered, high-quality, high-value system in the 1990s, it used a core set of 18 indicators to not only measure performance, but also to actively manage quality and value.

The scorecard will be provided to the Ontario Health Quality Council in the fall 2005 as one of many potential sources for reporting to the government and the public on the performance of the health system.

A strategy mapping exercise where major health system strategies and goals were formally articulated and

Health System Scorecard - Overview of Indicator Selection Process & Timelines



linked was the starting point for the scorecard. This exercise allowed the team to match up performance indicators to strategic goals.

An expert panel with representatives from government and across the health care sector has been convened to aid in the evaluation and selection of performance indicators for the health system scorecard. A number of criteria, including availability,

reliability and validity will be used to select the final set of indicators.

“The benefits of the scorecard are considerable,” says Veillard. “Making performance measures for the system clear will allow providers to better understand how their performance contributes to the achievement of health system goals.” ■

A Model for Long-Term Planning

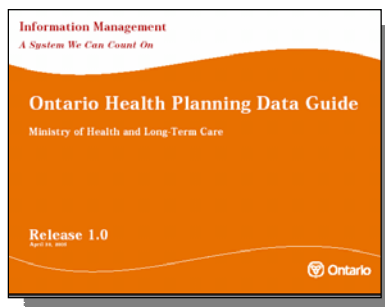
GOVERNMENT DECISION-MAKERS HAVE LONG FELT THAT THERE IS NOT sufficient evidence available to help them make decisions. Similarly, researchers in the health care sector have long felt that their ground-breaking research too often falls on deaf ears.

The HRT-IM is working on bridging this gap by introducing an innovative model for **Long-Range Scenario Planning** for use by government policy makers. “Our objective is to make research more useful to policy by bringing everyone together – researchers, politicians, clinicians and policy makers – to ensure that a consensus on the assumptions and important questions happens at the outset,” says Matt Norton, who is leading this initiative for the HRT-IM.

Scenario planning involves looking 10 to 20 years into the future to predict the potential outcome of policy decisions by showing the impact of different scenarios. The novel aspect of this approach is the inclusion of all stakeholders in setting the research agenda. According to Norton, countries such as the Netherlands and Singapore have successfully been using Long-Range Scenario Planning in their jurisdictions for the past several years.

The first iteration of the model is currently being tested in the field with the Specialized Paediatric Coordinating Council (SPCC). Considering that it takes over eight years to train a doctor in specialized paediatric services, a long-range strategy for specialized paediatric care will help anticipate future demands so we can plan for them. The end goal is a model which will help determine how to allocate specialized paediatric expertise and services around the province, based on predicted needs. ■

An Early Milestone: *The Ontario Health Planning Data Guide*



HEALTH CARE PLANNERS KNOW HOW difficult it can be to locate the one key piece of data they need – and to access the information quickly – when planning for health services. With the publication of the *Ontario Health Planning Data Guide*, they now have a comprehensive roadmap to close to 100 electronic sources of data.

This first provincial guide to many of the authoritative sources of health data in the province was published in May by the HRT-IM. The development of the guide was a collaborative effort between the team and the owners of databases, from both the public and private sector.

“This is much-needed work for the field of health care,” said Joyce Seto, director, Healthcare Services, for DapaSoft, an IT consulting company, and former Director, I & IT, Privacy Officer for the Cardiac Care Network, who contributed to the guide. “It’s really the first of its kind. With many financial and clinical systems operating in isolation, no one in the field has been able to accomplish this to date – it’s a tremendous effort.”

The *Ontario Health Planning Data Guide* is available in a downloadable format (PDF) in the Health Care Providers’ section of the MOHLTC public web site at www.health.gov.on.ca. ■

From Diagnostic Tests to OR Time – What do Health Services Cost?

THE ABILITY TO COST OUT SERVICES, SUCH AS LASER EYE SURGERY AND HIP replacements, is invaluable to health care providers in making clinical and financial management decisions because they can calculate the costs associated with treating and caring for specific clinical populations. The MOHLTC also needs this information to calibrate Ontario specific cost weights. Researchers use this information to gain a better understanding of investments required to produce health outcomes.

Only 12 hospitals in the province currently produce this type of data which is stored in the MOHLTC case costing database, owned and maintained by the FIM Branch. In March 2005, the HRT-IM, in partnership with The Change Foundation and the FIM Branch, set out to increase the number of hospitals participating in the Ontario Case Costing Initiative (OCCI). Hospitals from across Ontario were invited to attend a conference designed to promote the generation of case costing data, co-sponsored by the MOHLTC, the Change Foundation and the Ontario Hospital Association. More than 140 hospital representatives took part.

The next step is to ask hospitals who are interested in becoming a case costing hospital to respond to a Request for Proposals. “The intent is to expand the number of case costing hospitals to at least 30,” said Helen Whittome, who is leading the stream of work for HRT-IM related to producing better data. “This is a win-win situation for everyone involved. It will also help inform accountability agreement negotiations between the ministry and hospitals.” ■

First Ever Clinical Data Blitz with Ontario Hospitals

IN COLLABORATION WITH THE Institute for Clinical Evaluative Sciences, the Hospital Report Research Collaborative, the Canadian Institute for Health Institute and the Joint Policy and Planning Committee, and in conjunction with the MOHLTC’s Finance and Information Management (FIM) Branch, the HRT-IM recently wrapped up the first-ever clinical data blitz with Ontario hospitals.

The blitz, which took place in April and May, was intended for hospital health record coders, as well as their direct supervisors. It consisted of a series of sessions on coding standards that were designed to review and correct errors in acute inpatient and ambulatory care data. The overall objective of the sessions was to improve the quality of the acute inpatient and ambulatory care data submitted to CIHI by all Ontario hospitals. This data is typically used for health care system planning, funding and performance measurement.

Non-compliance to standards can lead to huge variation in coding practices that ultimately affect the reliability of the data and its use. For instance, CIHI recently made the decision to drop a national indicator related to chronic obstructive lung disease and pneumonia due to non-compliance to national coding standards. As a result, researchers and other users of the data will not be provided with the information they need to measure and manage the performance of this clinical population.

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Reducing the Burden of Data Collection

“CLEANING HOUSE” IS PART OF THE HRT-IM’s plan of action for producing better data. “Essentially, this means looking at what kind of data providers are producing and getting rid of data that is not used or not worth the cost of collecting because it’s redundant, of poor quality or low value,” explains Helen Whittome, who is leading activity in this area.

So far, the team has been successful in eliminating one third of paper reports produced by Ontario’s 42 Community Care Access Centres. The target is to cut this number down by half.

“That’s three tons of paper saved and 20,000 hours of staff time put to better use,” said Dr. Jim Armstrong, Chief Executive Officer of the Ontario Association of Community Care Access Centres, who was instrumental in moving this forward. George Zegarac, Assistant Deputy Minister of the MOHLTC’s Home Care and Support Services Branch is another strong supporter.

The next area of focus will be the acute care and mental health sectors. According to Whittome, preliminary findings indicate that hospitals are submitting up to 100 separate reports, some on a daily basis, to the MOHLTC and organizations like the Ontario Hospital Association and Cancer Care Ontario. It is anticipated that work with the acute care sector will be completed by December 2005. ■

Lessons Learned: Optimal Conditions for Change

AS THE FORMER HEAD OF ONTARIO’S HEALTH SERVICES RESTRUCTURING Commission in the 1990s, Dr. Duncan Sinclair, now a Professor of Physiology and a Fellow of the School of Policy Studies at Queen’s University in Kingston, Ontario, is well acquainted with major change in health care. On April 5, Dr. Sinclair shared his views with the HRT-IM’s Internal Action Group, which meets regularly to provide strategic advice. According to Dr. Sinclair, these are the key conditions that are necessary for change to succeed:

- *Leadership* – the one ingredient that’s vital
- *Vision* – because people affected by change have to know what the change-agent has in mind
- *Trust in the change agent* – to be fair, open-minded and a-political
- *A well-documented proposal for change* – based on credible data, defensible analysis and input by those affected
- *Consultation with those affected* – genuine opportunity to affect the proposal
- *A final plan* – that’s clear and firm
- *Receptivity to change* – on-the-ground champion(s) who are committed
- *Facilitation and other support from “outside”* – a semi-arm’s length representative of the central leadership to provide advice/assistance
- *Incentives for implementation* – and penalties for non-implementation
- *A tight timeframe* – major changes must be made quickly

Clinical Data Blitz - cont’d from p. 3

Close to 200 hospital representatives from 113 hospital facilities attended the sessions. Most everyone – 90% of attendees in fact – indicated that they would be willing to do this again.

“For the first time in my 32 years in health records, I feel that the huge gap between the MOHLTC and front-line workers is closing,” said Velma Manser, who works in the Health Record Department at North Wellington Health Care, Louise Marshall Site. “It’s good to be kept informed and to be included in your discussions and activities.”

The HRT-IM is currently developing web-based training and educational tools for coders and the MOHLTC will be introducing an ongoing compliance monitoring process. Future sessions are being planned for the rehabilitation and continuing care data sets. ■

Contact Us

Write to us with your comments or questions at HRTIM@moh.gov.on.ca, or to be added to our mailing list for the *Information Management News*.

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