

Canadian Cardiovascular Society

2018 External Review of Pan-Canadian Health Organizations
Health Canada

**ENHANCING HEALTH SYSTEM TRANSFORMATION
THROUGH MEANINGFUL CLINICAL ENGAGEMENT**

November 24, 2017
Ottawa, Ontario

Background on Collaboration with PCHOs

The Government of Canada has made important investments in health system transformation through its PCHOs. In particular, CCS would like to recognize the Canadian Institute for Health Information (CIHI), which has demonstrated great initiative and collaboration during the past several years in supporting the use of cardiovascular data for quality improvement and reporting.

In 2016, CCS entered into a three-year Memorandum of Agreement with CIHI to increase the clinical relevance and uptake of quality indicator data. Towards this goal, a number of collaborative activities have taken place, including: the review and refinement of a suite of cardiac indicators by an expert group of clinicians and scientists; the successful private and public releases of clinically-relevant indicator reports; and joint educational webinars and workshops held at the Canadian Cardiovascular Congress.

As a result of this collaboration, we have observed an unprecedented level of engagement of the clinical community in comparative assessment of healthcare processes and outcomes. Not only has improved consultation by CCS members resulted in improved understanding of the value of CIHI's work, but it has also led to reduced duplication of efforts across the provinces, improvements in data collection by hospitals across Canada, and the implementation of local quality improvement initiatives using the information presented in these reports. CCS will be working with CIHI during the next several months to conduct an evaluation of the impact of this collaboration and its effect in improving the quality of cardiovascular care across the country.

Through CCS's collaboration with CIHI, and subsequent dialogues with the Canadian Agency for Drugs and Technologies in Health (CADTH) and the Canadian Foundation for Healthcare Improvement (CFHI) regarding potential opportunities to collaborate in 2018, we have seen firsthand that PCHOs are increasingly finding value in partnerships with medical associations and national specialty societies. There is growing recognition of the importance of clinical expertise to inform data collection, identify relevant outcomes and contextualize the results. Medical associations and national specialty societies are best situated to provide this expertise in relation to the work of the PCHOs, as well as facilitate access to networks of clinical champions and venues for knowledge translation. For example, medical journals and scientific conferences are often operated by medical associations and national specialty societies.

Major Weaknesses and Gaps of the PCHOs

Clinical Engagement & Relevance

Despite the contributions of PCHOs such as CIHI, Canada is still falling behind its international peers when it comes to quality of care, safety, affordability, accessibility and overall health system effectiveness and integration.

Canada's health system challenges are diverse, complex and varied across jurisdictions. Moreover, Canada's health care systems are siloed by provincial

jurisdiction. PCHOs offer the opportunity to benchmark quality, safety, best practices and learning across provincial and territorial borders.

However, PCHOs continue to work largely in top-down, centralized silos, which fail to incorporate the expertise of a broad range of affected stakeholders, including health professionals and patients. This creates concern that subsequent outputs by PCHOs often lack relevance to both the clinical community and patients – those who are best positioned to effect change in the health system and those who the system should be serving. In order to achieve health system transformation, frontline clinicians **must** be engaged in ongoing, collaborative efforts with PCHOs.

As one example of the importance of clinical collaboration, up until 2015, CIHI privately released an annual quality indicators report to hospitals. This report included on a number of indicators not regarded to be clinically relevant, and the development process involved token consultations from a disengaged expert panel. The resulting report was disseminated primarily to data analysts in the decision-support departments of hospitals. Recognizing that this annual process was having very little impact on the health system, CIHI partnered with CCS to increase the clinical relevance of the indicators and to better target the dissemination of the report towards those who work on the frontlines of cardiovascular care (mainly chiefs of cardiology, surgery and hospital administrators for the cardiac program).

The increased awareness and uptake of the report by the clinical community was only accomplished because CIHI understood the value of engaging clinical champions. CCS recommended the appropriate clinical champions to represent the community across different areas of cardiovascular care, and emphasized the importance of a co-branded report. The private release was communicated and championed by CCS and clinical leadership across the provinces. Feedback received from the cardiovascular community indicated that the development of the report was recognized to be a bottom-up initiative, where quality of care was defined by clinicians themselves, rather than by an arms-length government organization. The level of positive feedback from the private release of the report to cardiac care centres enabled the first-ever public report release containing pan-Canadian hospital-level cardiac quality data, on October 31, 2017.

Not only was this report well-received by the community, but it also resulted in unprecedented levels of feedback and engagement. Further, the report marked the first-ever participation by the Quebec government in any hospital-level CIHI report. Once Quebec clinicians recognized the value of this bottom-up, clinically-relevant work, they petitioned their provincial government for inclusion of Quebec centres in the release. This experience demonstrates the effectiveness and impact of a PCHO engaging with stakeholders as true partners, and should serve as a viable model for future PCHO/clinician engagement.

Integration

In order to advance federal and jurisdictional health system priorities in a tangible, coherent and sustainable way, PCHOs must work more collaboratively both with their health care partners and with each other. Though this shift is slowly occurring already, with more collaborative projects being undertaken across all the PCHOs, a tangible framework is still lacking for PCHOs to work together as part of an integrated learning health system.

The PCHOs are largely focused only on their own set of strategic priorities, and are inflexible when it comes to integrating or participating in projects outside of their pre-defined annual work plan. They do not have the flexibility to direct financial support to projects that may fit within their overarching priorities, but were not considered by their boards. This leads to PCHOs missing out on many new and valuable opportunities to increase the effectiveness and efficiency of their work.

For example, in October 2017, CCS brought together CADTH, CFHI and CIHI to propose a collaborative project that could serve as a model for a learning health system. While each of the PCHOs expressed interest in collaborating with CCS, they were unable to see themselves as part of a larger entity, and preferred to limit their collaboration to two-way partnerships, instead. This approach to health system improvement can only lead to diluted impacts and inefficiencies, and speaks to the lack of a coherent vision of how PCHOs can best contribute to improvements in the health system.

Working Better Together with Partners

Canada is often described as a land of pilot projects. Health Canada, the Public Health Agency of Canada (PHAC) and the Canadian Institutes of Health Research, among others, fund bottom-up pilots that have the potential to transform the health system for relatively modest sums. Yet, this sort of “bite-sized” innovation funding is rarely sustainable as the federal government tends to focus long-term, continuous funding on large scale, top-down initiatives.

Funding pilots without a mechanism to sustain successful initiatives and embed them within the health system is a poor investment from an economic standpoint. This approach also fails to take advantage of “easy win” opportunities that could help transform healthcare. Opportunities exist to amplify the impact of the PCHOs and also help solve Canada’s pilot project problem by creating a mechanism to help PCHOs identify, fund and collaborate with successful pilots. This mechanism would not only help sustain bottom-up healthcare innovation, but would also give PCHOs an opportunity to increase their relevance and avoid duplication of work.

“Funding for the CCS initiative [Quality Project] has now run out, however, and scale-up of this successful pilot project into a national initiative requires a stable funder and the support of a national agency with a mandate to improve health care for Canadians. Not

only would the implementation of innovative programs such as this help inform the quality of care for cardiovascular patients, but it would also help us manage the growing economic burden on our health system and taxpayers.”

Senator Kelvin Ogilvie
Chair, Senate Standing Committee on Social Affairs, Science and Technology
Opinion-Editorial in The Hill Times, May 8 2017

The negative implication of failure to provide this sort of supportive mechanism can be evidenced by the case of the CCS Quality Project. In 2009, PHAC funded the development phase of the CCS’ pan-Canadian cardiovascular quality measurement and reporting program. Just as the program moved onto the implementation phase, to embed quality indicator reporting across health systems in Canada, our funding ran out.

CCS has explored many options and is now pursuing funding from the House of Commons Standing Committee on Finance, since it is the only avenue available to secure this type of sustained funding. This project has already demonstrated substantial gains in quality improvement, and has the strong backing of Canada’s cardiovascular community, which has invested substantial time and energy in this initiative. Sustainable funding is essential to ensure this highly successful initiative not only continues, but achieves its full potential.

Recommendations

We propose that the following recommendations come to fruition as a result of the external review of the PCHOs:

- ▶ That the federal government provide leadership and a framework for PCHOs to integrate their activities and work closely with each other to: avoid duplication of efforts; build on each other’s successes and momentum; be flexible enough to take advantage of opportunities as they arise; and, facilitate the measurement and reporting the health of our system.
- ▶ That the federal government provide a modest funding mechanism to support content experts to engage in bottom-up collaborations with PCHOs on a continuous and ongoing basis, to ensure successful pilot projects have a long-lasting impact on the health system.
- ▶ That the meaningful engagement of key stakeholders in the clinical community by PCHOs is made mandatory in setting standards, for instance by Accreditation Canada in improving quality and safety, and by CFHI and Canadian Patient Safety Institute in implementing spread and scale initiatives.

Sustainable, innovative, multi-dimensional improvements to healthcare delivery, patient outcomes, and overall health system improvements are possible by leveraging the unique skillsets of the PCHOs, in collaboration with clinical experts and patients.

Many opportunities to scale and spread innovative health projects, tackle overlapping health system challenges, and inform and deliver care in a multi-faceted way have been missed for PCHOs in the absence of an established, synergetic framework with medical and national specialty societies.

“We are committed to working with the CCS to publicly report on surgery and quality of care indicators, and Federal support for CCS as our key cardiac care partner would be an important contribution to this”.

David O’Toole, President & CEO,
Canadian Institute for Health Information
Letter to Minister of Health, Jane Philpott (Feb 21, 2017)

Giving clinicians the tools and partnerships they need to improve quality of care should be a national priority. This external review of PCHOs can help impress upon Health Canada the importance of strong federal leadership to support integration across PCHOs and the clinical community to amplify the impact of innovative health initiatives and improve the health of Canadians.

About the CCS

The CCS is a federally-incorporated, not-for-profit organization that represents more than 2,200 cardiovascular clinicians and scientists across Canada. Established in 1947, the CCS works to promote cardiovascular health and care excellence through knowledge translation, professional development and health policy.