

## **FOR IMMEDIATE RELEASE:**

## Budget 2019 fails to fund model reporting system that is fundamental to improving cardiac patient care

OTTAWA, March 20, 2019 -

Despite a recent national conversation on the <u>lack of oversight over and tracking of medical</u> <u>devices</u>, as well as recognition of Canada's <u>alarming health data gaps</u>, the Canadian Cardiovascular Society (CCS) Quality Indicator Project remains unfunded in Budget 2019.

Currently operating as a pilot project, the CCS has led the development of a national quality reporting system that highlights where patients are receiving the best cardiac care at the best cost, and spotlights opportunities for improvement.

A commitment to quality improvement is one that cardiovascular specialists from across the country have bought into. What's more, these specialists have been instrumental in building this model reporting system that the federal government's <u>Heart Health Strategy</u> called for in 2009. They recognize that sustaining and scaling-up this system is fundamental for improving their practice.

In fact, its value goes beyond improving individual care practices. The insight gained from this model reporting system gives heart specialists the tools to address important disparities that exist among geographically, culturally, and socially marginalized groups who are part of the 2.4 million Canadians affected by cardiovascular disease.

In addition, the ongoing measurement and reporting of cardiovascular care quality gives care providers and health care administrators the tools they need to ensure taxpayer dollars are used effectively and resources are allocated appropriately. This is especially important given that heart disease will soon cost taxpayers \$30B dollars annually.

Since funding for the project through the Public Health Agency of Canada ceased in 2015, the CCS has been championing the project in an effort to secure federal funding for its continuation. These advocacy efforts have been sustained for almost four years and has included dozens of meetings with parliamentarians, bureaucrats, and senators, 2017 and 2018 recommendations for funding in the federal Standing Committee on Finance annual report, and

over 100 letters of support addressed to the federal Health and Finance Ministers in support of the project.

For the sake of Canadian patients, we are disappointed and remain at a loss of what else we could have done.

The impact of not sustaining the project is multi-layered. Based on the parameters of our thirteen health systems, care providers are forced to operate in vacuums, believing that they are providing excellent care but without knowing if this is actually true. Patients also remain in the dark, not knowing if the care they receive in one province is of the same quality as patients across the country.

"Even with the best teachers and the best training, I am missing this fundamental piece of knowledge to guide best practices" said Dr. Andrew Krahn, President of the Canadian Cardiovascular Society.

"I can't definitively answer why women, Indigenous Peoples, or other marginalized groups have poorer outcomes compared to most male patients. What's worse, I am limited in my ability to make targeted improvements. Not investing in this shovel-ready reporting system was a major missed opportunity for the federal government."

The future of the project is also in jeopardy. Without this year's federal funding commitment, the CCS will have no choice but to scale-down to the bare bones of the project and the gains made to date will be lost. A small, not-for-profit professional society cannot and should not have the responsibility of maintaining this critical, national quality reporting system.

## **About the Canadian Cardiovascular Society**

Established in 1947, the Canadian Cardiovascular Society (CCS) is the national organization for cardiovascular specialists in Canada, representing a community of cardiologists, cardiac surgeons, and cardiovascular scientists. The CCS promotes cardiovascular health and care excellence for Canadians through leadership in health policy and advocacy; knowledge translation; and continuing professional development.

## Related links:

- <u>Cultivating Competitiveness: Helping Canadians Succeed</u>; Report of the Standing Committee on Finance FINA report (December 2018)
- Addressing Disparities in the Quality of Cardiac Care in Canada; the Canadian Cardiovascular Society Pre-Budget Submission (August 2018)
- <u>Driving Inclusive Growth: Spurring Productivity and Competitiveness in Canada</u>; Report of the Standing Committee on Finance (December 2017)
- <u>Equipping Health Professionals to Deliver Evidence-based Medicine to Canadians</u>; the Canadian Cardiovascular Society Pre-Budget Submission (August 2017)

• <u>Investing in Quality Report and Improvement for Cardiovascular Care</u>; the Canadian Cardiovascular Society Pre-Budget Submission (August 2016)

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