Prepared for
Canadian Cardiovascular Society (CCS) and
Public Health Agency of Canada (PHAC)

CARDIAC QUALITY INDICATORS KEY INFORMANT SURVEY

REPORT ON FINDINGS

March 2010

Introduction

Canada currently has a number of valuable cardiovascular (CV) disease patient registries dispersed across the country; each collects varying types of data and often only when a patient has experienced an event such as angiography, surgery or hospitalization. There is not yet pan-Canadian consistency in the quality indicators and data definitions used by all of the registries. This lack of standardization makes it very difficult to pool data and undertake meaningful data comparisons and analysis to improve patient care. The opportunity to develop nationally consistent clinical patient data indicators and definitions beyond the current administrative data collected by CIHI would be an important step towards benchmarking clinical data, improving research on CV disease, informing health policy and, ultimately, helping to improve the delivery of CV care to Canadians.

In its final report released in February 2009, the Canadian Heart Health Strategy and Action Plan (CHHS-AP) identified the priority need to standardize indicators and data definitions across the country. As a national organization, the Canadian Cardiovascular Society (CCS) was identified by the CHHS-AP as the potential lead for facilitating pan-Canadian stakeholder input to this initiative. In late 2009, the Public Health Agency of Canada (PHAC) agreed to provide CCS with funding for Phase I of the project – to develop an understanding of what is required to standardize national indicators and standardize data definitions among Canadian cardiovascular registries. Two separate steering committees were formed to address this mandate: 1) Data Definitions and 2) Quality Indicators. Each committee is comprised of key stakeholder groups including representatives from the 5 major provincial CV registries and national stakeholder representatives.

One of the key deliverables to PHAC through the Quality Indicators Steering Committee is to elicit stakeholders' perspectives on the strengths/opportunities, weaknesses/barriers, opportunities and threats (S.W.O.T.) associated with developing pan-Canadian indicators and achieving uptake. A Key Informant Survey tool was developed for this purpose, recognizing that feedback would also help to inform the development of a work plan, including recommendations and priority next steps. This work plan will be submitted to PHAC at the end of Phase I.

The survey tool was developed in consultation with the Steering Committee and was sent to all members, observers and ex-officios with a request for feedback. The findings shed light on the challenges and opportunities; the key success factors necessary for establishing indicators; as well as priority areas of focus and insight into organizations that have already demonstrated leadership in and experience with similar undertakings.

Method

It was acknowledged by the Steering Committee that the approximate 6-week time frame required to undertake an in-depth survey and analysis of broad stakeholder input beyond the Steering Committee would not be feasible given time and financial constraints. It was agreed, therefore, that they survey would be limited to the Quality Indicators Steering Committee members and members of the Strategic Planning and Oversight Committee (SPOC), a CCS committee consisting of both PHAC project Chairs (ie., Data Definitions and Quality Indicators) along with CCS ex-officios. Members were asked to complete the survey from the perspective of their stakeholder group and were assured that all feedback would be anonymous.

All distributed survey were completed (n=10). The intention of the survey was not to yield results that could be generalized, but rather, to provide insights based on key stakeholder perspectives on indicators that could feed into the development of the work plan outlining recommendation and priorities for Phase II of this initiative. Although the sample size was small and would not lend itself to statistical significance, the findings are notionally important, and lend themselves to continued discussion as well as the potential to build on for a more comprehensive and widely-dispersed survey.

Findings

Overview of Representation

Ten surveys were completed as follows:

- all 5 provincial CV registry representatives completed the survey
- 2 national stakeholders – CIHI and Canadian Patient Safety Institute
- Representative from both ICES and CCORTT
- 2 CCS ex-officios

All surveyed organization had a mandate or interest in Quality Indicators.

Opportunities

Respondents were asked, from the perspective of their stakeholder group, what they thought were some of the key opportunities in establishing pan-Canadian Cardiac Quality Indicators. The common opportunities were (from most to least commonly cited):

- Compare performance (populations, outcomes and quality of care) across jurisdictions
- Standardize data definitions and data elements
- "Get with the Guidelines" opportunity (NCDR initiative)
- Create a national standard
- Establish best practices
- Facilitate research
- Improve efficiency and reduce duplication

The first two items – the ability to compare performance across jurisdictions and standardize data definitions and date elements were clearly top of the list and indicated by all respondents. The provincial registries want to be able to compare themselves and the national stakeholders want to be able to benchmark between jurisdictions in Canada and ultimately obtain a national picture on CV diseases, which would be facilitated by standardized data definitions and elements.

Others saw this as "a Canadian opportunity to 'Get with the Guidelines', to link outcomes and quality of care to clinical guidelines coming from the CCS and other medical societies"; and "to create a national standard that everyone can use and agree upon and establish best practices.

It was also mentioned that harmonizing efforts would facilitate research and "reduce time and duplication".

Challenges

Respondents were asked from the perspective of their stakeholder group, what they thought were some of the key challenges/barriers in establishing pan-Canadian Cardiac Quality Indicators. The common challenges were (from most to least commonly cited):

- Willingness to compare or share information
- Achieving consensus on quality indicators and methodology
- Legacy systems (ability and expense to modify)
- Privacy laws
- Resources to collect and report
- Obtaining stakeholder buy-in

Reaching agreement on quality indicators was identified as a key challenge as there are numerous indicators and many organizations that have already established their own. "There are already several groups in Canada involved in different aspects of quality indicators and may be difficult for them to come to common agreement or accept other organizations (e.g CCS, PHAC) taking over their current leadership role in this area".

Although the number one opportunity cited was the ability to compare performance across jurisdictions, interestingly enough this was also one of the main challenges identified. There may be a lack of willingness to share/report on data and concerns about being compared and not measuring up. "Some provinces and some hospitals are worried about comparisons and how they will "stack-up".

Also, many organizations have existing infrastructures that may not easily be modified without significant resource and cost implications.

Privacy laws can also pose a challenge as articulated by these two respondents: "Sharing of data across jurisdictions given the complex privacy laws in Canada and getting consensus on who can utilize linked/shared data"; and " Privacy legislation is variably interpreted across the country with obstructionist restrictions in the area of surveillance and quality measures being all too common. The QI movement should actively engage the privacy sector to bring together these two solitudes".

Finally, there were concerns that stakeholders may not support the process for numerous reasons, many already cited above.

Key Success Factors

Respondents were asked key success factors necessary in establishing pan-Canadian Cardiac Quality Indicators. The key success factors identified were (from most to least commonly cited):

- Key stakeholder involvement
- Champions – provincial and local
- Minimalist approach/list
- Solid communications plan/vision
- Adequate resources – financial and human
- Sound methodology in developing indicators
- Governance and financing agreements
- Non-individualized performance
- Greater collaboration between governmental agencies and local/national health initiatives
- Require a central "CIHI-like" agency to regulate data and integrity

The responses to this question provided valuable insight into the key success factors necessary for establishing pan-Canadian quality indicators. Key stakeholder involvement was clearly articulated by all respondents:

- "To ensure acceptance, need to confirm that the key players are part of the process (chiefs of cardiology, cardiac surgery, medical societies, etc) and agree on the indicators".
- "Involvement of key policy and decision makers throughout the development process is essential to uptake. Balance of research with policy expertise is essential".

This was followed by establishing buy-in through "champions", clear communication and a common vision as reported by respondents. Here are some of the responses:

- "A new "culture" has to come: outcomes and quality indicators should be part of our practice. Communication is very important. To prevent the perception of 'inquisition'".
- "Make it voluntary at the beginning with "Champions" working to convince/influence the physicians, nurses and administrators".
- "Helpful (to practicing health care providers, hospitals, system managers, policy makers) insights into existing care and its outcomes, and a sense of what can/needs to be done to improve matters. Such insights could be achieved through regular reporting of inter-provincial comparisons and opportunities for groups to meet and discuss findings".
- "Communications on how quality of indicators can actually improve quality".
- "Develop a common vision for this initiative to ensure everyone is working towards the same goal".
- "Develop a business case for the governments and hospitals/regions to be able to understand why this is important".

A sound methodology and minimalist list was also mentioned as key success factors.

- "Developing the indicators using the best possible and scientifically rigorous methodology"

- "There are many groups trying to go in this direction. In the United State there are some states with literally thousands of indicators. I would absolutely encourage a minimalist approach with key "big dot" indicators only"

Other factors included adequate resources both from a financial and human resource perspective; governance and financing agreements; greater collaboration between governmental agencies and local/national health initiatives and the requirement of a central "CIHI-like" agency to regulate data and integrity

Priority Areas

Respondents were asked, from the perspective of their stakeholder group, what the priority areas of focus should be for developing Quality Indicators for cardiac disease. Respondents identified the following priority areas: ACF, AF, STEMI, NSTEMI, AMI, CHF. Specific rational included:

- "ACS because of the organizational challenges (early time-lines for thrombolysis/primary PCI) expense in their acute management (issues of revascularization)".
- "CHF and AF, because they are already very prevalent and are becoming increasingly more so".

Others were less specific as the following responses indicate:

- "All areas are a priority; need to focus on patient outcomes and operational efficiencies and administrative benchmarks".
- "We should use a mix of QIs that are feasible to report, NOW. This would include CIHI indicators and indicators that can be obtained from existing datasets – APPROACH, CSBC Registry, etc".

However, there was general consensus that the users should include everyone from the medical community, to administrators and policy-makers to governments.

Leadership in Quality Indicators

When asked what organizations have demonstrated leadership in the development/use of Quality Indicators in Canada/Internationally, respondents identified a number of organizations. The main organizations are as follows:

- Canada
  - CCORT
  - ICES
  - CIHI
  - Safer Health Care Now
  - 5 provincial registries (APPROACH, CVHNS, CCN, AETMIS/RQCT, BC Cardiac Registry)
- International
  - ACC/AHA
  - UK National Health
  - OECD

Others of less mention included:

- "Health Quality Councils – Alberta, Saskatchewan, Ontario. All report provincial indicators annually and use as the basis for quality improvement".
- "Canadian Stroke Strategy. Best practice guidelines include performance indicators for all recommendations. Have done extensive work to develop core indicators and worked with CIHI and Accreditation Canada to develop strategies for data collection on key indicators and for use in accreditation award programs".
- "Institute for Healthcare Improvement. Use quality indicators to improve patient care/safety".
- "The CCS is to be commended with consensus and practice guideline promotion and involvement in health policy at a national level (access to care".

Other Key Stakeholders to be Surveyed

Finally, respondents were asked, what other key stakeholder groups, in addition to Steering Committee members, should be considered for this survey and the following were listed in no specific order:

- International organizations that are leaders in cardiac quality indicators e.g. NCDR, OECD
- Policy makers and systems managers
- Statistics Canada
- Accreditation Canada
- Secondary panel of Cardiac experts
- Chronic disease groups – "I would be interested in the feedback from chronic disease groups across the country to hear how they are handling multi-specialty integration in outcome work".

A couple respondents did not respond to this question. It could be that they felt the distribution list was sufficient or they were uncertain.

APPENDIX I

Pan-Canadian Cardiac Quality Indicators
Key Informant Survey

Respondent's Name: ______________________ Organization: _______________________

1. Does your organization have a mandate or interest in Quality Indicators? If yes, please explain.

2. From the perspective of your stakeholder group, what do you think will be some of the key opportunities in establishing pan-Canadian Cardiac Quality Indicators? Please list in order of importance (most important to least important) and please explain.

3. From the perspective of your stakeholder group, what do you think will be challenges/barriers in establishing and achieving uptake of pan-Canadian Cardiac Quality Indicators? Please list in order of importance (most important to least important) and please explain.

4. What do you think will be the key success factors necessary in establishing pan-Canadian Cardiac Quality Indicators? Please list in order of importance (most important to least important) and please explain.

5. From the perspective of your stakeholder group what priority areas should be focused on when developing Quality Indicators for Cardiac disease? Why? Who do you think would be the most likely potential users of these indicators?

6. What organizations do you feel have demonstrated leadership in the development/use of Quality Indicators in Canada/Internationally? Please explain.

7. In addition to Steering Committee members and given the tight time frame, what other key stakeholder groups do you think should be considered for this survey? Rank priority based on timelines.