



Addressing Disparities in the Quality of Cardiac Care in Canada

We can't manage what we
don't measure

Submission to the Standing Committee on
Finance in advance of the 2019 Budget

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Canadian Cardiovascular Society

Leadership. Knowledge. Community.

About Us

The Canadian Cardiovascular Society (CCS) is the national specialty society for cardiovascular medicine in Canada, representing more than 2,500 cardiologists, surgeons and scientists. Established in 1947, our portfolio includes developing evidence-based clinical practice guidelines; hosting the largest annual gathering of cardiovascular health professionals and researchers in Canada; and, providing accredited continuing professional development. For more information, visit us at www.ccs.ca.

Executive Summary

To support improvements in care for patients suffering from cardiovascular disease and achieve health system efficiencies, the Canadian Cardiovascular Society (CCS) recommends that the federal government invest \$12.5 million (\$2.5 million per year over five years) in a national benchmarking program.

Canada's health systems were not designed to meet the challenges of our aging population. Important disparities exist in both treatment and outcomes among geographically, culturally and socially marginalized groups, which impacts overall system effectiveness, efficiency, and equity.

In an effort to improve care for seniors and address important health disparities, the CCS recommends that the federal government make a strategic investment in improving cardiovascular care. Specifically, this investment will be used to:

- Measure how regions and cardiac centres measure up against a range of quality standards;
- Provide meaningful data on quality of care to those best-positioned to implement real change; and
- Facilitate knowledge sharing to catalyze implementation of improved processes of care.

Better care for the 2.4 million Canadians affected by cardiovascular disease means healthier seniors who are able to maintain a higher quality of life and avoid the physical and cognitive decline that leads to home-care and long-term care.¹ Ultimately, this will reduce the economic burden of cardiovascular disease.

By leveraging the CCS' existing activities, the federal government will support coast-to-coast health system improvement. This recommendation aligns with the federal government's mandate "to improve the responsiveness of our health care system, and to close gaps where the quality or availability of health care is not at the high standard Canadians expect and deserve".²

The Problem

Cardiovascular disease is a leading cause of death,³ hospitalization,⁴ and years of life lost due to premature death⁵ in Canada. Cardiovascular care uses a substantial share of the budgets devoted to health care in all provinces. Direct costs are \$11.7 billion per year in Canada.⁶ Indirect costs, which include the value of lost production due to morbidity and premature mortality, are estimated at \$92.6 million per year.⁶

By focusing on episodic care, our systems struggle to care for patients with complex and ongoing health issues. Important disparities exist for patients with cardiovascular disease among geographically, culturally and socially marginalized groups, which impact the overall effectiveness, efficiency, and equity of our system:

- The quality and consistency of services varies across Canada; the *city and province* in which you receive treatment can result in up to a three-fold difference in cardiac mortality.⁷
- The *elderly population* is most likely to benefit from receiving recommended therapies and procedures, but often least likely to receive the care they need.⁸
- *Indigenous peoples* (First Nations, Inuit and Métis) have higher heart disease rates than the general Canadian population and are more likely to die as a result.⁹
- Substantial sex differences exist in treatment and outcomes; *women* who suffered a heart attack are 30% more likely to die than men and the disparity is greater in younger women.¹⁰
- Individuals of lower *sociodemographic status* are less likely to receive cardiac surgery following a heart attack, and more likely to be readmitted to hospital.¹¹

The growing financial strain on Canada's health systems makes the need for care providers to make well-informed decisions and decrease variations in practice more important than ever before.

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"Currently, many cardiologists and cardiovascular surgeons in Canada have no clear way of evaluating how their patient outcomes compare to those of their colleagues locally, provincially or nationally. As a result, they have no way to identify gaps in care, learn from their peers, or improve the delivery of care in an evidence-based way."

**Catherine Kells, MD FCCS,
President, CCS**

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What is Benchmarking?

External benchmarking, the comparative assessment of activities and outcomes in a continuous process, has been adopted by many countries to help address rising health system costs. When complemented by *public reporting*, benchmarking promotes greater transparency in care delivery and creates burning platforms to enable improvement. The value of benchmarking goes beyond auditing; its goal is to initiate the sharing of tools and resources for improvement across the health system.

Australia, Sweden, the United Kingdom and the United States, in particular, have adopted national benchmarking programs. Evidence shows these programs improve quality of care and reduce inefficiencies.¹² There has yet to be a national investment for cardiovascular benchmarking in Canada. This was first identified as a fundamental problem in the *Canadian Heart Health Strategy and Action Plan (2009)*.¹³

Some provinces have made noteworthy progress in benchmarking. For instance, in Alberta, almost a two-fold difference in 30-day stroke mortality was observed with worse outcomes for those living in rural areas. In recognizing this, care providers worked collaboratively to successfully reduce stroke mortality among small, rural stroke centres.¹² But what about the other care centres and institutions in Canada?

National benchmarking would provide the opportunity for coast-to-coast improvement by facilitating comparative assessment across all provinces. This would provide important data for provinces that do not have the ability to measure their own performance.

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“In the U.K., for instance, hospitals monitor their practice and improve quality of care by checking the care received by cardiovascular patients against indicators such as readmission rates and length of stay. This data is then reported to the clinicians and the hospital healthcare and administrative teams to inform quality improvement initiatives. It is a cyclical process that involves a commitment to timely data collection, open and transparent reporting of outcomes, and the engagement of the hospital administrative and clinical community, and the public in quality improvement.”

**The Honourable Kelvin Ogilvie,
Former Chair of the Senate
Committee on Social Affairs,
Science & Technology**

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The Quality Project

In Canada, investments from the *Public Health Agency of Canada* (PHAC) and the *Canadian Institutes of Health Research* have created a robust and highly engaged network of care providers interested in cardiovascular benchmarking. This has resulted in the initiation of a thriving *Quality Project* at the CCS which has laid the foundation for a world-class national benchmarking program.

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“The federal government must be an essential partner in improving outcomes and quality of care for Canadians.”

Prime Minister Justin Trudeau

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With strong provincial buy-in and engagement from the *Canadian Institute for Health Information* (CIHI), the CCS has successfully completed two proof-of-concept reports that assessed aspects in the quality of care across all cardiac centres in Canada.^{7,14} Educational programming, targeted to care providers, has helped to identify disparities at local levels and facilitated the sharing of best practices. A national benchmarking program that builds on the success of the *CCS Quality Project* is a critical next step for a national impact on patient outcomes.

Why Cardiovascular Disease?

Cardiovascular disease and cancer are the two leading causes of disability and death in Canada.⁶ While the federal government has invested in a national benchmarking program for cancer through the *Canadian Partnership Against Cancer*, a comparable investment for cardiovascular care has yet to be made.

Building a culture of continuous quality improvement in Canada is a work in progress. As the *Pan-Canadian Health Organizations* undergo a restructure, there is great value in supporting benchmarking activities led by an engaged group of care providers who have the knowledge, expertise, and experience to drive change. Not only will the *CCS Quality Project* accelerate cardiovascular benchmarking, it will also provide a model to support innovation and the evolution of Canada’s health systems more broadly.

Recommendation

The CCS recommends that the federal government invest \$12.5 million in a national benchmarking program. The investment will be complemented by a \$2.5 million in-kind contribution from the cardiovascular community. The CCS will work with the federal and provincial governments to lead the effective integration and implementation of cardiovascular benchmarking and identify sustainable mechanisms to embed benchmarking across health systems. A strategic federal investment is needed now to sustain and maximize the impact of the *CCS Quality Project* and enable us to leverage data holdings across Canada. Without this support, momentum will be severely constrained and the cardiovascular community will be unable to continue this important work.

Anticipated Impact

Socio-economic benefits that come from leveraging information and innovation in the health care sector include:

- Improved quality of care and outcomes for patients;
- Reduction of health disparities;
- Increased accountability and patient confidence in the health system;
- Efficient, effective, and equitable allocation of scarce resources; and
- Establishment of a culture of continuous quality improvement.

The importance and feasibility of addressing health disparities, particularly among marginalized groups, is reinforced by PHAC's report, entitled *Reducing Health Disparities*, which states, "[...] health disparities threaten the cohesiveness of community and society, challenge the sustainability of the health system and have an impact on the economy. These consequences are avoidable and can be successfully addressed".¹⁵

The CCS community of cardiologists, surgeons, and scientists urge the Standing Committee on Finance to highlight the importance of investments in cardiovascular benchmarking in its 2019 Pre-Budget Report. Good health is good business. This investment would allow Canada to remain internationally competitive, maximize productivity, and ensure that each dollar invested in cardiovascular care is effective, efficient, and equitable.

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