Investing in Quality Reporting and Improvement for Cardiovascular Care

Pre-Budget Submission to Standing Committee on Finance

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Canadian Cardiovascular Society
Leadership. Knowledge. Community.

Société canadienne de cardiologie
Communauté. Connaissances. Leadership.

EXECUTIVE SUMMARY

As the national, professional association representing more than 2,000 cardiovascular clinicians and scientists, the Canadian Cardiovascular Society (CCS) has prioritized quality improvement in its strategic mandate, which includes a portfolio of *Choosing Wisely Canada*, evidence-based care guidelines, and quality reporting. CCS seeks to expand its partnerships with federal and provincial agencies to drive improvements in the quality of cardiovascular care delivered to Canadians and health system performance.

THE PROBLEM

Federal and provincial governments spend more than $6.7 billion in direct costs for the cardiovascular care of Canadians annually[1] and practitioners spend millions of hours undertaking the delivery of this care. Cardiovascular disease is one of the leading causes of death[2] and hospitalizations[3] and as the Canadian population ages, there will be increased strain on our healthcare systems and our ability to provide quality cardiovascular care. Unlike other OECD countries, and despite the burden of cardiovascular disease on Canadians and healthcare budgets, Canada lacks a coherent strategy to provide ongoing measurement and management of the quality and value of this care.

THE SOLUTION:
NATIONAL QUALITY REPORTING AND IMPROVEMENT FOR CARDIOVASCULAR CARE

Healthier Canadians contribute to a healthier economy and healthier communities. In 2010, the Public Health Agency of Canada (PHAC) partnered with CCS to lay the foundation for national quality reporting and improvement programming for cardiovascular care. With a $3.7 million combined investment, CCS has developed:

- Standardized quality indicator development methodology to improve the quality, completeness, acceptability and usability of national quality indicators for cardiovascular care,[4]
- Partnerships with the Canadian Institute for Health Information (CIHI) and provincial registries (eg. Cardiac Care Network of Ontario, Cardiac Services BC, L'Institut national d'excellence en santé et en services sociaux du Québec) to align data definitions, establish data linkage, and address barriers to enable pan-Canadian comparisons,
- 37 evidence-based quality indicators across the continuum of cardiovascular care,[5]
- A "proof-of-concept" national transcatheter aortic valve implantation (TAVI) quality initiative with associated knowledge translation and quality improvement programming, that collects and reports on quality of care data from all centres in Canada performing this procedure (available October 2016),

- An annual Cardiac Quality Collaborative and Quality Roundtables to foster knowledge translation and exchange best practices between clinicians, administrations and policymakers.

BUILDING ON SUCCESS

In the context of the Health Minister's mandate to improve outcomes and quality of care for Canadians, CCS is asking the federal government to:

1. Prioritize a **national quality mandate**,
2. Commit $5 million a year for five years towards a **national quality reporting and improvement program for cardiovascular care**, and
3. Create a funding mechanism to **sustain national quality measurement for cardiovascular care.**

By 2020, approximately 18% of Canadians will be over the age of 65[6] and the economic burden of cardiovascular disease is expected to reach $28.3 billion annually[1]. It is imperative to understand and improve the quality, and therefore value, of cardiovascular services in Canada. Without ongoing measurement and reporting, there is little opportunity for Canadian healthcare providers and consumers to address disparities and make informed choices about their care, and costs will inevitably climb faster than GDP. An investment in quality reporting and improvement will "bend the curve" for future cardiovascular healthcare costs, allow continued innovation and improve the health and care of Canadians.

The Canadian cardiovascular community is calling on the federal government to commit to the proposed quality reporting and improvement program for cardiovascular care.

RECOMMENDATIONS

1. Prioritize a **national quality mandate**

The Canadian Heart Health Strategy and Action Plan (CHHS-AP) was commissioned by the federal government in 2006 and set a goal of developing a roadmap to reduce cardiovascular mortality by 25% by 2020.[7] The CHHS-AP identifies a number of fundamental gaps, including the inability to measure and report on the quality of cardiovascular care at a national level. Thus, the CHHS-AP recommends the development of a set of *quality indicators* across the spectrum of cardiovascular disease and the infrastructure to monitor them.[7]

Quality indicators quantify the delivery of care by measuring adherence to specific optimal practices, in order to reduce the gap between evidence and actual clinical practice. Thus, quality indicators serve as measures of quality of care[8] and provide a measurable target for focusing quality improvement efforts, by enabling the performance evaluation of health regions, hospitals and clinicians.

Without a federal mandate to report on quality of care, there is no impetus for provincial healthcare systems to report nationally. Some provinces report their own quality indicators, but the indicators vary and the ability to compare across jurisdictions is lacking. Successful national reporting systems pool the data from participating centres and report the results in a standardized, comparable way.

Current health accord discussions present an opportunity to imbed a national quality mandate in Canada's healthcare systems and provide an impetus for provincial healthcare systems to participate in national quality measurement and reporting efforts. This facilitates the spread of evidence-based findings to catalyze local, regional, and national quality improvement, supports patients' access to appropriate care, and fosters a national strategy to optimize patient outcomes, health service utilization, and access to treatment.

2. Commit $5 million a year for five years towards a **national quality reporting and improvement program for cardiovascular care**

In 2010, the responsibility of addressing the inability to measure and report on the quality of cardiovascular care at a national level was delegated to CCS.[9] With a $3.7 million combined investment ($1.7 million from PHAC, $60,000 from the provinces, $250,000 from CCS, and $1.7 million in-kind CCS member contribution), CCS developed a set of quality indicators for six priority areas of cardiovascular care and addressed existing information infrastructure barriers for monitoring cardiovascular care in Canada.

In 2015, CCS commenced a pan-Canadian pilot project to measure and manage the quality of cardiovascular care for aortic stenosis and TAVI. With the exponential growth in the demand for TAVI, there is a need to ensure equitable access and a consistently high quality of care for patients across Canada,[10] especially given the resource intensive nature of this intervention. The CCS's *National Quality Report: TAVI* is supported with key knowledge translation and quality improvement programming, and measures a set of quality indicators to provide the 25 centres performing this procedure their results compared to other centres regionally and nationally.

In addition, through collaboration with CIHI, provincial cardiovascular registries and other health agencies, CCS has started working in the areas of cardiac surgery and percutaneous coronary intervention, which, if funded sustainably, will enable national quality indicator measurement, reporting and improvement across all centres in Canada performing these procedures.

CCS leverages existing infrastructure, expertise and mandates. 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. With this funding, CCS will measure and report on the quality of cardiovascular care across six priority areas and provide complementary knowledge translation tools for improved outcomes. In the context of discussions between provinces and the federal government on health innovation, it is programs like ours that will drive effective and sustainable healthcare systems.

3. Create a funding mechanism to **sustain national quality measurement for cardiovascular care**

Canada is far behind other OECD countries in health system performance across the domains of quality of care, access, efficiency, equity and health expenditures.[11] It is imperative to take advantage of the abundance of available patient data to address quality of care and health system sustainability. Successful healthcare systems simultaneously improve the patient experience of care (including quality and satisfaction), improve the health of populations, and reduce the per capita costs of health care.[12] These improvements are achievable with detailed measures of outcomes and performance.

Canada has a reputation for developing pilot projects in healthcare, but often struggles to make the resulting projects sustainable. Such is the case with CCS's national quality reporting and improvement program for cardiovascular care, which received funding from PHAC through its initial phase, but is now without sustainable funding for implementation. In Canada, the structures and incentives of healthcare systems are suboptimal for widespread adoption of positive innovation due to:[13]

- A lack of dedicated funding or mechanism to drive systemic innovation
- The fragmented nature of the system with separate budgets and accountabilities

Federal leadership is needed to create a funding mechanism to sustain national quality measurement for cardiovascular care and drive improvements in the quality of that care. This initiative is directly aligned with Prime Minister Trudeau's mandate letter to Health Minister Philpott, which directs the government to be an "essential partner in improving outcomes and quality of care for Canadians," and to "advance pan-Canadian collaboration on health innovation to encourage the adoption of new digital health technology to improve access, increase efficiency and improve outcomes for patients".[14]

MORE INFORMATION

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