Aligning Care with Evidence: Key Findings from Health Care in Canada 2010

2011 CADTH Symposium

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Overview

• Context ~ Financial backdrop
• Highlights from Health Care in Canada 2010
  • Room for improvements
  • Appropriateness of Care
  • When Effort Creates Results
    • Cardiac Care
    • HSMR

Next Steps
Health Expenditures: 1975 to 2010
Current Health Care Climate

> In 2010, health care spending reached an estimated $191 billion

> Regions and facilities facing budget cuts
  – Providers asked to do more with less

> Leaders considering new funding models
  – Activity based funding
  – Pay for performance funding
  – Service based funding
Room for Improvement

> Sometimes providing appropriate care means doing less.
Number of Knee Arthroscopies

Over 3,600 knee arthroscopies in 2008-2009
Impact on System

Total cost of knee arthroscopies across Canada in 2008–2009 more than $4.0 million
C-Sections Across Canada

> C-Section rates steadily **increasing** since 1996

> Rates of C-sections from province to province **vary widely**
  
  – Variation in rates **almost double** across provinces and **triple** across territories
  
  – Newfoundland and Labrador has highest rate at **23%**
  
  – Manitoba has lowest rate at **14%**

> Range of variation suggests some C-sections performed may not be **appropriate or necessary**
Reductions in C-Sections and Estimated Cost Savings if All Provinces Achieved Manitoba’s C-Section Rate of 14%
If BC hysterectomy rates were applied across Canada…

> Hysterectomy rates also vary **widely** across
  – Variation is threefold across provinces and territories
  – PEI has highest rate at 512 women
  – BC has lowest rate at 311 women

...we’d see a **11%** reduction in hysterectomies and a savings of more than **$19 million**
Reductions in Hysterectomies and Estimated Cost Savings if All Provinces Achieved British Columbia’s Hysterectomy Rate of 311 per 100,000 Population in 2008–2009
Appropriate Care

>Providing the right care, to the right person, in the right setting at the right time
Percentage of Diabetics whoReceived Recommended Care Components: 2007

- HbA1c Test: 81%
- Urine Protein Test: 74%
- Dilated Eye Exam: 66%
- Feet Checked: 51%
- All Four Recommended Care Components: 32%
Alternate Level of Care: 2008–2009

- Number of hospital bed equivalents used for ALC, assuming 90% occupancy, rounded to the nearest 10 beds
- Percentage of hospitalizations that were ALC related

- Canada: 7,540 (5%)
- B.C.: 950 (5%)
- Alta.: 630 (3%)
- Sask.: 170 (2%)
- Man.: 540 (5%)
- Ont.: 3,060 (7%)
- Que.: 1,150 (2%)
- N.S.: 440 (4%)
- N.B.: 390 (6%)
- P.E.I.: 30 (3%)
- N.L.: 180 (7%)
Discharge Destinations for ALC Patients: 2008–2009

- Long-Term Care: 46%
- Home (With/Without Support): 26%
- Rehabilitation Facility: 12%
- Died: 12%
- Other: 4%
When Effort Creates Results

Providing the right care, to the right person, in the right setting at the right time
Annual 30-Day AMI In-Hospital Mortality and Unplanned AMI Readmission Rates, Canada, 2003–2004 to 2009–2010

![Graph showing the annual 30-Day AMI In-Hospital Mortality Rate and Unplanned AMI Readmission Rate from 2003–2004 to 2009–2010. The rates decrease over the years for both categories.]
If BC heart attack rates were applied across Canada…

> Heart attack rates still vary widely across Canada
> – BC has lowest rate (~150 per 100,000)
> – Newfoundland and Labrador has highest rate (~350 per 100,000)

> Cost of caring for a heart attack patient is $9,400…we’d see a 22% reduction in heart attacks and a savings of $125 million
Estimated Reduction in Heart Attack Hospitalization and Cost Savings if All Jurisdictions Had British Columbia’s Rate. 2008–2009

- Alta. 1,050 episodes, $9,530,000 savings
- Sask. 980 episodes, $7,940,000 savings
- Man. 550 episodes, $3,460,000 savings
- Que. 5,900 episodes, $48,490,000 savings
- N.L. 4,240 episodes, $34,210,000 savings
- N.S. 910 episodes, $7,160,000 savings
- N.B. 770 episodes, $4,890,000 savings

Total: 15,480 episodes, $125,200,000 savings

- P.E.I. 180 episodes, $1,250,000 savings
- N.L. 900 episodes, $8,270,000 savings

Estimated Episodes Prevented
Estimated Total Cost Savings, 2008–2009
Improvements in HSMR Results Over Time

The timeline below illustrates the number and percentage of hospitals whose HSMRs significantly decreased over the years compared (total N = 75).

- 2004–2005: 4 hospitals, 5.3%
- 2005–2006: 5 hospitals, 6.7%
- 2006–2007: 10 hospitals, 13.3%
- 2007–2008: 10 hospitals, 13.3%
- 2008–2009: 13 hospitals, 17.3%
- 2009–2010: 30 hospitals, 40%
Next Steps

• Continue to monitor the health care system and ask questions about appropriateness of care

• Develop more sophisticated ways to measure outcomes of care
  • Work towards collecting and using health outcome data to tell us about effective care
  • Identify outcome indicators that could be developed using existing data
  • Partnerships where possible
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