

35th Annual CHSPR Health Policy Conference

Quebec's Health and Welfare Commissioner : a unique role in improving value in health care

March 9th, 2023

Outline

- Overview of our organisation
- Our approach and its organisational and methodological implications
- Two main lines of work on value :
 - Advising the government on developing a value based healthcare system
 - Analysing the performance of our healthcare system with value based indicators



Quebec's Health and Welfare Commisionner

Vision:

A viable and agile healthcare system that evolves with the needs of the population.

Mission:

- Enlighten the public debate and the government decision making for a lasting, agile and effective healthcare system.
- Inform the Health Ministry and the population on the context and the main issues regarding our healthcare system performance and advise them on the choices that need to be made in order to improve it.

Values :

- Transparency;
- Impartiality;
- Equity;

CSBE

• Inclusiveness.

Our value proposition

- Clarify how the healthcare system works;
- Provide evidence on the healthcare system state of affairs;
- Reveal the possible improvement and institutional innovations for a healthier society;
- Support the healthcare system adaptation capacity in order to better address the needs of the population.

Our main line of action

A viable and agile healthcare system that evolves with the needs of the population

Assess system performance	Drive health policy innovation	Communicate
 Background data Annual assessment Identification of issues 	 Best practices Support for implementation 	 Annual report Thematic report Webcast Social networks
Citizen participation		

Questions we are working on

- How to measure results that are important to the population?
- What are the obstacles that affect the flexibility and the ability to adapt of the system?
- How to unlock institutional barriers ?
- How to appreciate and transform health system governance?



Our approach

An high-performing Healthcare system is a system that improves health and welfare results for patients

According to the Institute of Health Improvement (IHI) (Donald M. Berwick, 2008), the goals of the system are as follow :

- Improving individual's experience of care;
- Improving the health of the population;
- Containing the per capita cost of providing care.

The proponent of value-based healthcare systems: the goal of the system is to increase value for patients: patient outcomes relative to the dollars expended.

Two different ways of expressing the same objectives.

Improving performance is enhancing value for the population

Patient outcomes by subgroups

Value =

Dollars expended to achieve those outcome

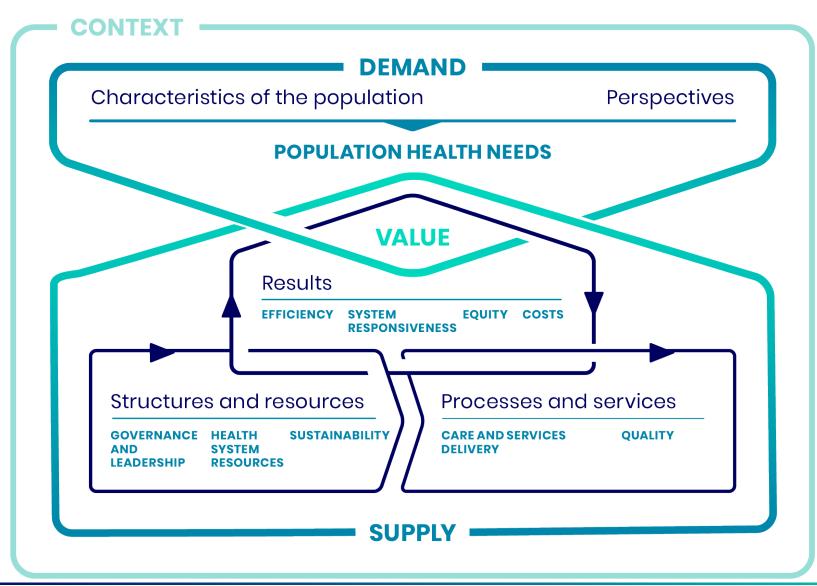
... while preserving society values:

• Equity, environmental protection, transparency, personal data protection, viability, diversity, inclusiveness, etc.

... and maximizing that of the providers:

- Workers : quality of working life, accomplishment, revenue, work family balance, etc.
- **Organisation** : fulfilment of its mission and achievement of its objectives, efficiency, quality of working life, etc.

Our analytical framework to evaluate the performance of Quebec's healthcare system



Towards a value-based healthcare system

Special mandate by the Quebec government

The mandate

- Evaluate the system's performance during the first wave of the Covid -19 pandemic. This mandate focused on long term care facilities, public health and governance.
- Provide the government with recommendations as to how the healthcare system can be improve in regards to elderly care and accommodations.

Factors that contributed to the system's performance in long term care facilities

The pandemic revealed and amplified weaknesses in the healthcare system in four major areas

- Public health management's performance;
- Health services' performance for elders at the onset of the crisis;
- Governance of health care and services for elders;
- General governance of the healthcare system.

If the ministry had played its role, although essential, of, governance: Quebec would have had better results in managing the first wave of the pandemic



Encouraging a shift from...

A ministry that acts as the operator of a system of production

A ministry that ensure a governance oriented towards healthcare value for the collectivity (value - based system)

A system centered on access to hospital and medical services

An integrated healthcare system oriented towards needs and results that are important for the patients

Centralised human resources management oriented towards endowment Proximity management based on mobilising and promoting the health of staff

Opaque system centered on the protection of personal information

An integrated, open and transparent system that exploit the full potential of data in order to inform decisions without compromising patient privacy

Public health at the margin



Analysing performance with value-based indicators

Testing our value-based assessment framework for the first time

We measured the performance of healthcare and services given to elderly living in public a c c om m od a tion (C HSLD).

We used the following indicators to analyse quality of patient outcomes relative to the dollars expended:

- Alignment with the patient needs;
- Care and services oriented towards people;
- Continuity and coordination of care and services;
- Security.

Our approach

- Our analytical approach consists of linking the scores obtained for each of the selected dimensions and the relative level of financial resources invested.
- This exercise is done for the province of Quebec as a whole and for every territorial and local service networks (RTS).
- This approach allows us to identify which RTS stands out favorably or unfavorably in terms of relative value on a particular aspect.

Our main results

- Only 3 of the 19 RTS evaluated stand out favourably in terms of relative value. Most of the RTS have a low relative value.
- Alignment with needs varies between RTS that have comparable financial resources.
- More value is created in public accommodation (CHLSD) when it comes to care and services oriented towards people (9 RTS out of 21 stand out favourably).
- A higher level of financial resources in a CHSLD does not mean better care and services oriented towards people.

Making date available for effective decision-making : our prototype

To explore in more detail how to improve care and services in public accommodation and to mobilize action at a territorial and local level, we produced individual report for every RTS : https://mchi.mcgill.ca/csbe



Analysing performance with value-based indicators

Operalizing our framework

2 different examples:

Long term care facilities or nursing homes
 Home care services

Always from a population stand point...

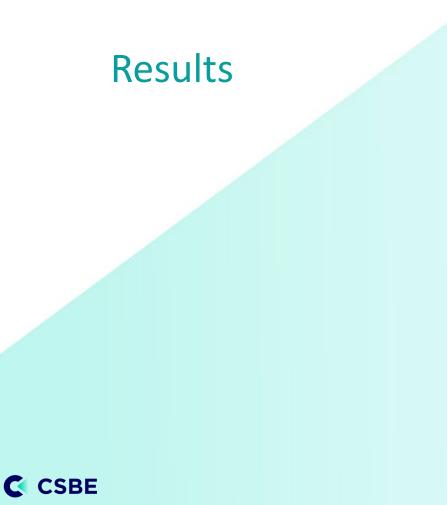


4 measures were developed to measure value

- Appropriate care (3 indicators);
- Patient centered care (12 indicators);
- Continuity and coordination of care and services (3 indicators);
- Security (3 indicators).

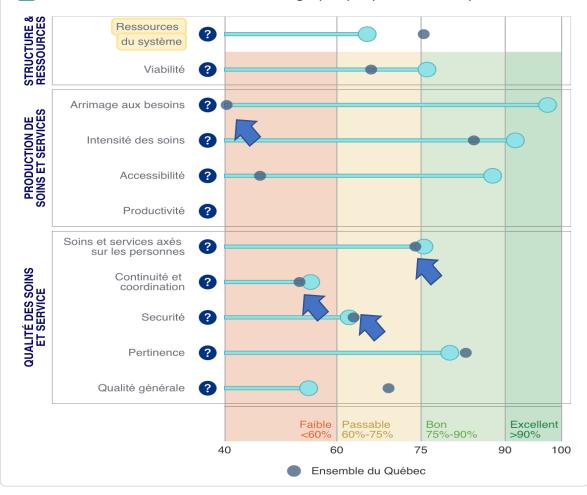
> How well are we doing in Québec and in the different territories ?

> Considering the money spent to achieve those results ?

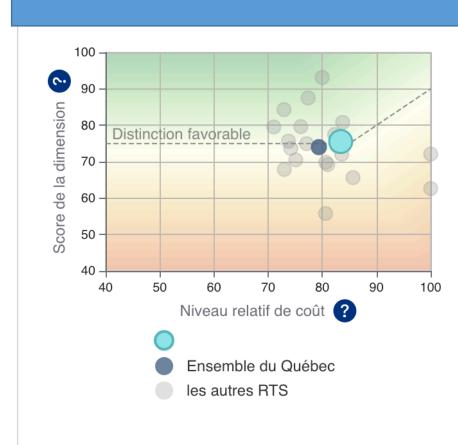


Scores des dimensions évaluées en CHSLD, 2019-2020

i Sélectionnez une dimension sur le graphique pour afficher plus de détails



Results



Patient centered care

RTS qui se distinguent favorablement en valeur relative :

Bas-Saint-Laurent

Saguenay – Lac-Saint-Jean

Capitale-Nationale

Mauricie-et-du-Centre-du-Québec

Centre-Sud-de-l'Île-de-Montréal

Est-de-l'Île-de-Montréal

Chaudière-Appalaches

Lanaudière

Montérégie-Est

Making data available for effective decision-making : our prototype

To explore in more detail the data, a prototype has been developed with managers and clinicians: every region has their own report: <u>https://mchi.mcgill.ca/csbe</u>



In its 2003 home care policy, the Quebec government had the objective that **home care should always be considered as the preferred option**, while respecting the choice of individuals (MSSS, 2003).

This desire of people to stay at home for as long as possible is still relevant, as reported by a survey conducted in 2021according to which care represents the first choice of 71% of Quebecers aged 18 years and older (EÉSAD, 2021).

We developed 2 population - based outcome measures that are important for people and that attempt to quantify how well Quebec home health care keeps people out of facility-based healthcare settings.

These measures are **positive concepts** that reflect healthcare outcome that patients value:

- 1. Number of days spent at home during the last year of life
- 2. Death at home or in community

> How well are we doing in Québec and in the different territories ?

> Considering the money spent to achieve those results ?

% Days spent at home during the last year of life

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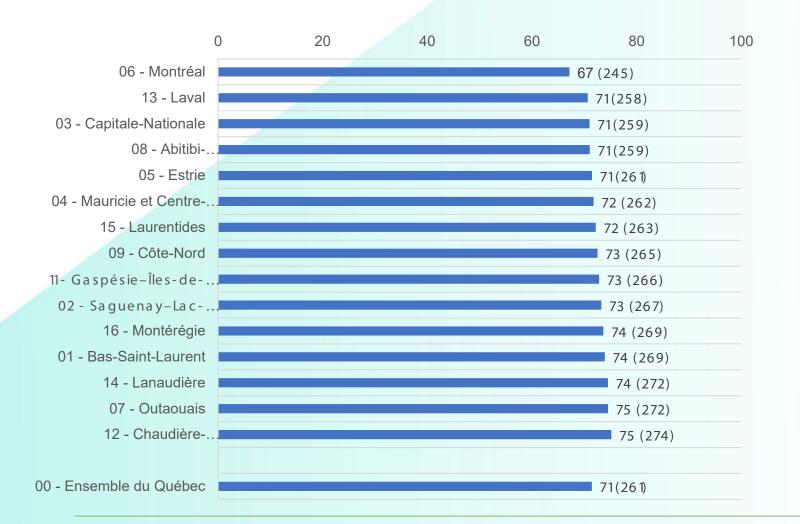
% death at home or in community



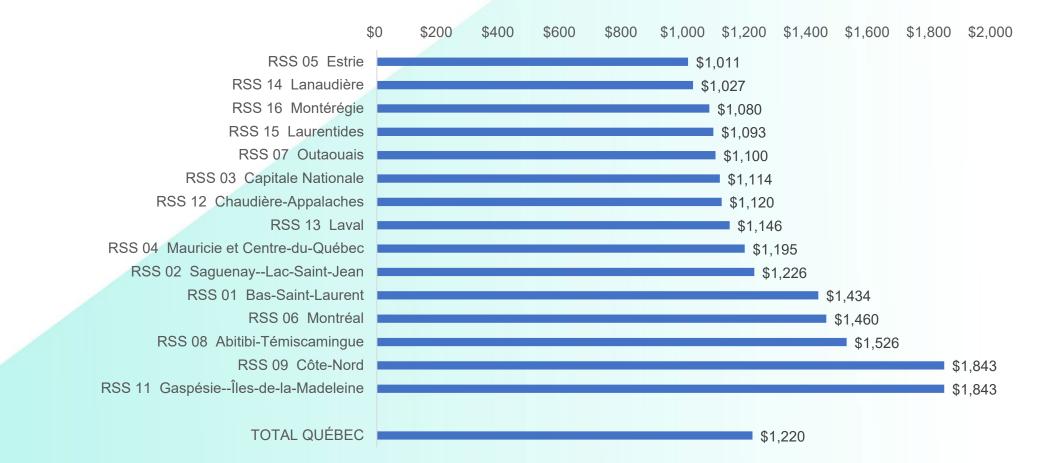
% Days spent at home during the last year of life



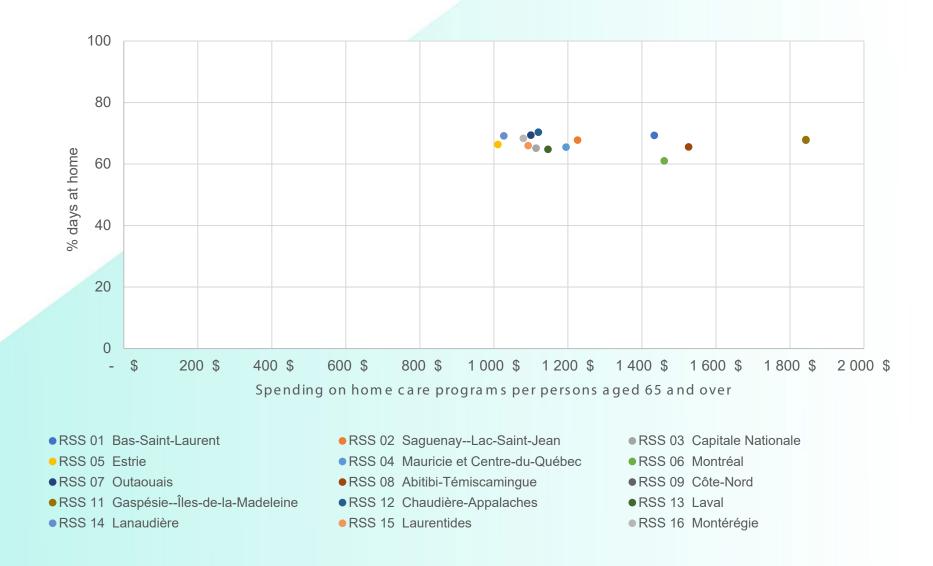
Percentage (mean number) of days spent at home during the last year of life among people aged 65 and over who died during the year 2019-2020 per region, Quebec



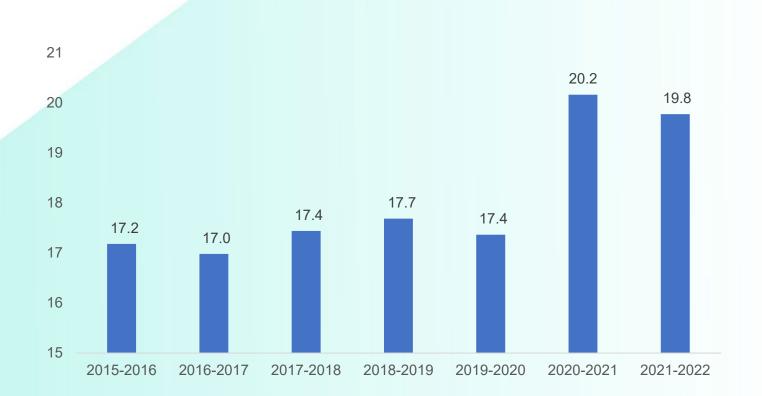
Public spending per capita - home care programs (4), 2019-2020, Quebec , 65 +



% days spent at home during the last year of life by the public spending on home care programs per person aged 65 and over, 2019-2020, Quebec



% death at home or in community



Percentage of deaths at home, people aged 65 and over who died during 2019-2020, Quebec

