

# A national approach to informing policy and service delivery for the elderly in a federalist health care system

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*Taking health information further*  
*À l'avant-garde de l'information sur la santé*



Canadian Institute  
for Health Information  
Institut canadien  
d'information sur la santé

## Agenda

- Canadian context
- About CIHI
- CIHI / interRAI relationship
- The power of data for decision making
- Successes, challenges, future directions

## Canadian context

- Federalist state (10 provinces, 3 territories)
- Health care delivery is a provincial responsibility
- Shared funding with feds
  - Canada Health Act outline conditions to receive federal transfer payments
- \$171 billion, 10.7% of GDP, \$5,170 per person
- 70% public funding, 30% private



## About CIHI

- Independent, not for profit
- Founded by F/P/T Ministers of Health in 1994 to develop and maintain a national health information system
- Board of Directors made up of health system leaders
- \$120 million budget, 700 employees
- 28 databases related to health services, expenditures and workforce
- Products and services for health service organizations, system managers, policy makers, researchers and the general public
- Policy neutral...report what “is”, not what “should be”



## CIHI role



Set data standards to ensure comparability



Ensure quality, protect privacy and security of data



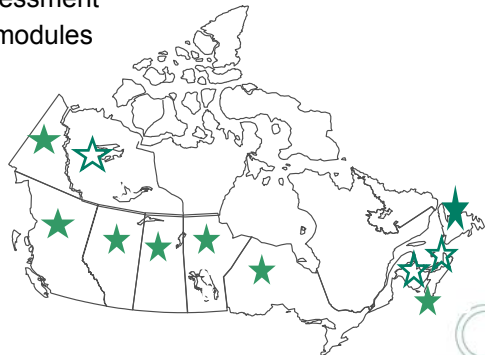
Support data providers and users



Release reports and analysis

## CIHI-RAI reporting systems

- Provide quality information for planning, benchmarking and accountability in...
  - ✓ Home care
    - RAI-HC<sup>®</sup> and Contact Assessment<sup>®</sup>
    - Hospital, ED, community modules
  - ✓ Continuing care
    - MDS 2.0<sup>®</sup>
    - Hospital and LTC homes
  - ✓ Mental health
    - RAI-MH<sup>®</sup>
    - Hospital



# Why RAI data standards? Resident Assessment Instrument

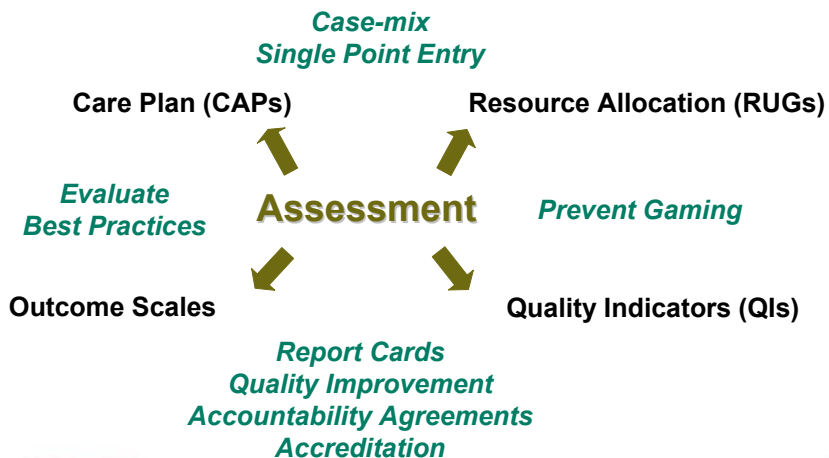
## Our stakeholders told us:

*“Collect data **once** to support a quality care process; then use the same data for management and reporting.”*



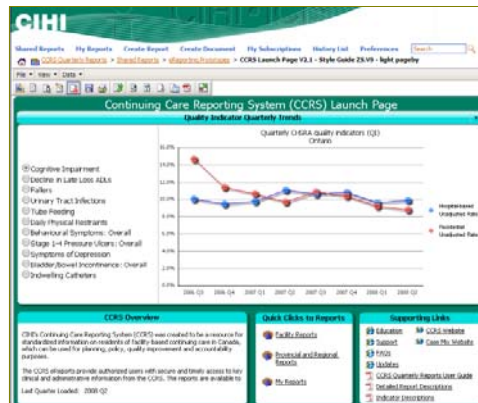
**RAI provides valid, reliable front-line and organization/system-level decision support**

# RAI decision support tools



# eReports for RAI clients

- ✓ Volumes and turnover
- ✓ Population characteristics
- ✓ RAI-MDS quality indicators
- ✓ Resource utilization



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# The power of data...



**What populations are you serving?**



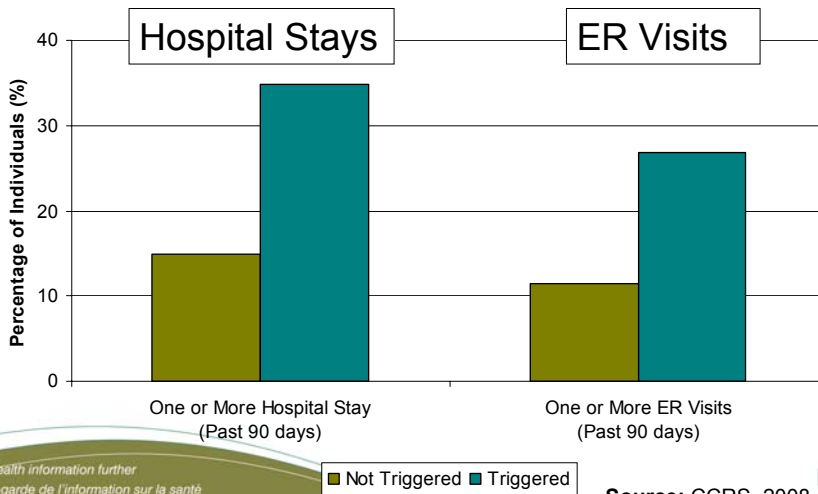
**How are you using your resources?**

**How do you compare on quality measures?**



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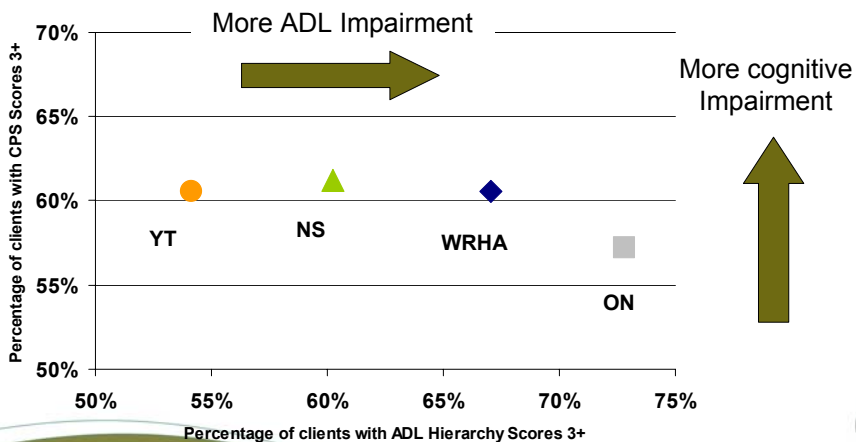
# Residents triggering the Medications CAP are more likely to use acute care services



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Source: CCRS, 2008-2009

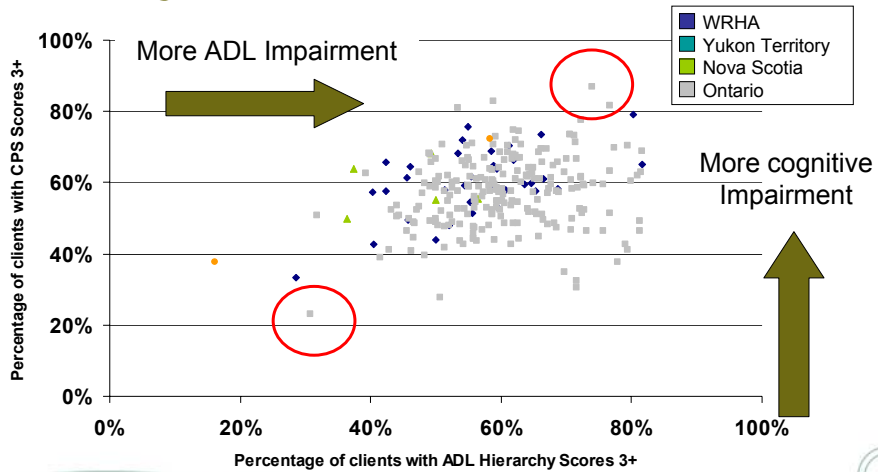
# LTC populations are different across jurisdictions



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Source: CCRS, 2008-2009

# LTC populations also vary *within* jurisdictions

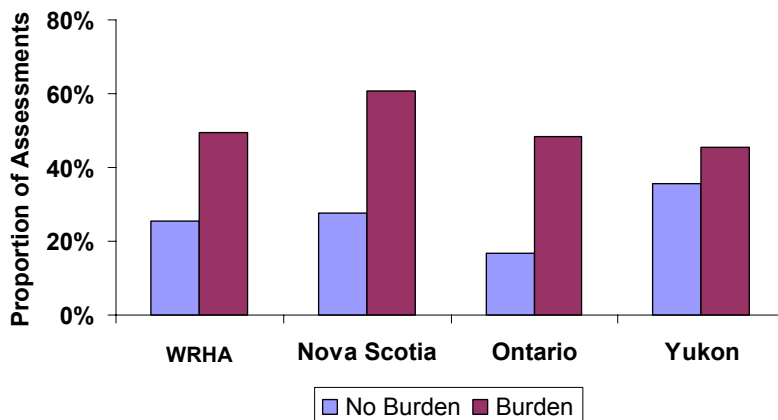


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Source: CCRS, 2008-2009

# High MAPLe predicts distress

Proportion of Clients with MAPLe Score of 4 or Greater by Caregiver Status



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CIHI: Home Care Reporting System 2007-2008

## Keys to success

- Driven by care planning and quality improvement...not funding
- Compelling value proposition...comparability on a large scale
- Pan-Canadian standards and specifications, education, vendor support, coding support
- Partnership and clear roles across organizations
- Status under legislation...ability to hold personal health information...access, ability to link to other data sources
- Funding model, level
- Provincial implementations and mandates



## Challenges

- Helping organizations see the net positive impact of implementation (longer run view)
- “Weaning off” other types of assessment
- Getting organizations comfortable with sharing information
- Patchwork of data standards, assessments across the continuum
- Fear of “losing” funding, public reporting



## Future directions

- Continue to implement RAI databases in more organization and jurisdictions
- Expand available information in a self-service way
- Greater use of integrated information
- Potential for additional instruments



## Questions?



# Contact Info

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