

In its annual review of Ontario's health system, Health Quality Ontario reveals a new perspective on quality care for all

Toronto, ON – October 13, 2016 - Health Quality Ontario is offering those who live in the province the broadest portrayal of quality health care, to date.

In this 10th publication, the yearly report offers those who work within the health system and those who use it the most comprehensive overview of two key matters: *Measuring Up 2016* looks at both how the health system is performing, and also looks at the health of those living in Ontario.

“To broaden the lens on health care quality, Health Quality Ontario worked with experts and patients across the system to incorporate new areas to monitor and measure,” says President and CEO, Dr. Joshua Tepper. “The significance of this latest report lies in this newfound perspective. Areas in need of attention emerge clearly, allowing the system to better focus its efforts.”

A new chapter on palliative care, as an example, reveals one such area in need as the population ages: Nearly two-thirds of those who received palliative care died in hospital despite the fact most would prefer to die at home. This is indicative of a larger issue involving available and appropriate care at home or elsewhere in the community.

Applying a broader health equity lens to many areas throughout the report – another new addition – has, too, allowed for a fuller picture of quality care in the province. Health equity can be understood as all people being able to reach their full health potential – meaning some will need more help than others. It's not the equal dividing of resources so that everyone gets the same; rather, it's an approach whereby factors like income, race, language, geographic location, and disability don't impede health.

This report, however, reveals gaps in equitable care, and therefore, gaps in a key aspect of health care quality: People who live in the north west region of the province do not have the same access to care than those living in the GTA; people who've been hospitalized for a mental illness or addiction continue to struggle disproportionately with transitioning from one part of the system to another; people who live in poor neighbourhoods are much less likely to have prescription medication insurance - the same is true for people with low levels of education and those who've recently immigrated.

“With these areas under the spotlight, there is reason to be hopeful,” adds Dr. Tepper. “Health Quality Ontario finds an unmistakable trend as it tracks progress. This annual review finds a relationship between health quality and concerted efforts, often including a combination of policy changes and public health interventions.”

A notable example can be found in population health: Smoking rates have decreased significantly in recent years. This is due in part to combined efforts involving changes in policy, changes in regulations, and public health interventions. Other examples include cancer care, cardiac health, and emergency department care.

While certain areas are showing results because of concerted efforts, those in need of similar attention are now starting to be enabled by the Ministry and subsequently implemented by the health system.

Quick facts:

From *Measuring Up 2016*: Key areas in need of attention:

1. Smooth out the transitions: Ontario can do better as patients transition from one place of care to another.
 - a. Less than one-third (30.2%) of patients hospitalized for a mental illness or addiction saw a doctor within seven days after discharge in 2014/15. This rate has not changed in the past five years.
 - b. Nearly two-thirds (62.7%) of patients who received palliative care had an unplanned emergency department visit in their last month of life. Although some unplanned visits may be unavoidable and appropriate, this can be a sign that people are not receiving enough supports at home or elsewhere in the community.
2. Improve access to care: People in Ontario still lack timely access to their regular primary care provider.
 - a. Ontario continues to lag behind, in terms of patients getting timely access to primary care, when compared to other developed countries. In 2015, less than half (43.6%) of people aged 16 or older were able to get appointments with their primary care provider (or another primary care provider in their office) the same day or next day when they were sick or had a health concern. This remains unchanged over two years and is the worst rate compared with people in 10 other Commonwealth countries.¹
 - b. In 2014/15, 85% of the adult complex home care patients (aged 19 and older) who received personal support service received it within the five-day target, however there was substantial variation between regions. The aim is that all these patients receive the service within target.
3. Reduce inequities: While Ontario's overall numbers look good in many areas, we continue to see unacceptable variation by geography and population groups.
 - a. Less than one-quarter (23.8%) of adults in the north west region of the province (covering the district of Thunder Bay over to the Manitoba border) were able to see their primary care provider on the same day or next day when they were sick, compared with more than half (53.0%) of adults in the central west region (covering the Greater Toronto Area).
 - b. Nearly nine out of 10 (85.7%) people aged 12 to 64 living in the richest neighbourhoods had prescription medication insurance, compared with fewer than six out of 10 (56.0%) people living in the poorest neighbourhoods. The ability to afford medication is an important aspect of care, especially among people with multiple chronic conditions.

About *Measuring Up*:

Measuring Up centres on a set of performance measures called the Common Quality Agenda, as a barometer for two things: The performance of Ontario's health care system, and the health of those who live in Ontario.

¹ Health Quality Ontario. *Measuring Up 2015: A yearly report on how Ontario's health system is performing*. Toronto: Queen's Printer for Ontario; 2015.

Based on these performance measures, work is underway in many parts of the health system to improve care and outcomes, in addition to how to better measure them. For example, the Ministry of Health and Long-Term Care's *Patients First* action plan is initiating changes to the system to address the key areas of primary care and home care.

To read the full report, visit www.hqontario.ca/measuringup2016

About Health Quality Ontario:

Health Quality Ontario (HQP) is the provincial advisor on the quality of health care. HQO reports to the public on the quality of the health care system, evaluates the effectiveness of new health care technologies and services, and supports quality improvement throughout the system. Visit www.hqontario.ca for more information.

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For more information, or to book an interview:

Reena Kudhail, Senior Communications Advisor, Health Quality Ontario

reena.kudhail@hqontario.ca

O: 416 323-6868 ext. 694

C: 416 770-1898