

Developing Standardized Metrics and Accountability Standards to Enable a National Seniors Strategy

Setting the Context:

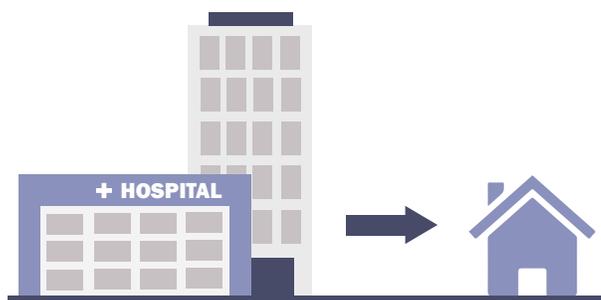


The availability and accessibility of high quality performance information will be vital to measure, monitor and report on how well we are advancing the goals established as part of a National Seniors Strategy. Currently, however, there is no established set of common indicators and metrics that are routinely used to monitor our performance as a nation in comparison with others or internally between our provinces and territories.

In areas where measures do exist, such as within health care, they are not fully harmonized within and amongst provinces, territories, sectors and providers, making it challenging to develop comparisons around performance and to establish even baseline standards. Without this information, it is difficult to hold system players accountable around the delivery of high-quality, evidence-based care, services and supports for older Canadians and those who care for them. Indeed, the challenge becomes clear when we realize that we can't monitor what we don't measure.

Currently, the metrics we have available focus on our systems and services as they have been previously designed and prioritized. For example, our health care system has previously prioritized acute, episodic care for single conditions dealt with primarily in institutional-settings, and thus the development of metrics that examine our performance around these areas. We have not, however, developed metrics that adequately examine the growing complexities related to caring for older and more complex patients in these settings.

Furthermore, our system performance metrics that try and assess the provision of health care and other services and supports in home and community care settings – the fastest growing segment of our current health care systems - is far more rudimentary and certainly not standardized.



What are the Issues?

1. There Exists no National Standards, Guidelines or Consensus Around what Appropriately Meeting the Needs of Older Canadians Should Encompass



Although there is a pressing need, we still do not have a national consensus as to what ‘good’ looks like as it relates to what we will feel represents a society that is ‘ageing well’ or around the optimal delivery of care, services and supports for older adults and those who care for them. Indeed, especially when it comes to defining quality care for older adults, we find that even our existing clinical practice guidelines or practice standards rarely take into account the challenges that many older Canadians living with multiple chronic diseases and functional limitations currently face and can even be

conflicting at times.^{1,2} A lack of national standards, guidelines or consensus around what appropriately meeting the needs of older Canadians should encompass means that it is difficult to hold systems, providers and citizens accountable to themselves and others.

2. You Cannot Monitor and Improve What You Can’t or Don’t Measure

At the same time that we don’t know what ‘good’ looks like, it’s clear that we are unable to measure and monitor our ability to achieve our aims. Measurement is a key enabler for allowing organizations, systems, as well as the public to assess and understand their overall performance and progress towards achieving their aims. While this sounds straightforward, we know it is also very important to be thoughtful around what we choose to measure, as there can easily be unintended consequences to measuring one outcome measure over another.

A great body of research from the United Kingdom has repeatedly demonstrated that the drive to achieve and demonstrate improvement in government selected indicators for health system performance around areas such as wait times, also created a number of unintended consequences related to ‘gaming’ the overall system that sometimes led to the worsening of other un-monitored outcomes.³ This is why it’s important to design a set of measures that can provide a ‘balanced’ view of system performance as well.

Finally, in choosing what we will measure, we need to ensure that the metrics and indicators that we end up selecting reflect our aspirations towards achieving standards of health and well-being for older adults and the future provision of care, services and support. For example, as it relates to the future care of older adults, we will want to ensure we have measures and indicators that better reflect our ability to deliver more integrated and community-based care that today’s older and increasingly diverse Canadians want and need.

3. Our Current Research and Innovation Priorities are not Routinely Focused in the Right Areas

The bulk of current research and innovation initiatives are still focused on the old ways of delivering services and care, often forgetting about the growing heterogeneity of our overall population, let alone the growing challenges of effectively meeting the needs of an ageing population.

With a growing recognition that the increasing numbers of older adults in our society are not just more ‘chronologically mature’ but are also increasingly living with growing rates of hearing, visual, cognitive and functional limitations – it is clear that traditional approaches to developing research and innovation initiatives for them must better reflect their increasingly diverse needs. Indeed, the way we will need to deliver services, care and support for older Canadians will have to occur in ways that often requires a more complex, nuanced, multi-sectoral and context-specific approaches. This will necessitate different research methodologies and approaches to develop and evaluate new and more effective ways of delivering services, care and support. Ensuring that our future research and innovation activities are more inclusive of the intended users in the design, implementation and evaluation phases will further help to ensure their chances of being successful as well.

Evidence-Based Policy Options to Consider

1. Establish A Framework for the Development, Collection and Reporting of Enabling Performance Measures and Indicators that Can Promote Shared Accountability in Advancing a National Seniors Strategy

Much literature is devoted to lists of indicators that are or could be measured around assessing the health and well-being of older adults or the provision of care, services and support for older adults. In some areas, no widely accepted measures have been established. Therefore, in order to enable a National Seniors Strategy, the federal government should convene and facilitate the creation of a framework for the development of common metrics and indicators to help monitor progress around common initiatives established to enable the health and well-being of older Canadians. Within the domains of health care, these metrics and indicators should focus around the delivery of care, services and supports across the entire continuum of care, with a particular emphasis on metrics that can assess system integration and transitions. The framework should also encompass metrics that can monitor the different perspectives that providers, individuals and their caregivers may have.

The federal government has already established agencies such as the Canadian Institute for Health Information (CIHI), Statistics Canada and others to collect and analyse information and data relevant to Canadians as a whole. Therefore, it would make sense that these organizations in particular could be given a clear mandate to not only collect data, but also report it back in ways that can allow all levels of government and members of the public to promote a shared or mutual sense of understanding and accountability and thus, responsibility for ensuring that established performance targets are achieved.

2. Consolidate and Scale Research and Innovation Activities to improve the Health and Well-Being of Older Canadians

In recognizing the demographic and fiscal challenges and opportunities that will come with an ageing population, there remains a clear opportunity to invest further in research and innovation projects that can better address current and future issues. While a number of large funding initiatives (ie. Age-Well NCE, Tech-Value Net (TVN) NCE, National Initiative for the Care of the Elderly (NICE)) have been created to ageing-related research and knowledge-translation projects, greater consolidation would help to advance learning and spread of innovation. We must ensure that we maximize opportunities to invest in research and innovation activities that support ageing. For example, the recently released Government of Canada's Advisory Panel on Healthcare Innovation's report: *Unleashing Innovation: Excellent Healthcare for Canada* emphasizes clear opportunities to help focus, consolidate, fund and most importantly, scale innovations that can better address ageing, equity and sustainability for all Canadians.⁴

Supporting Documents

¹ Clinical Practice Guidelines and Quality of Care for Older Patients With Multiple Comorbid Diseases, Implications for Pay for Performance. *JAMA*, August 10, 2005—Vol 294, No. 6

² Tinetti, M. E., Fried, T. R., Boyd, C. M. (2012), Designing health care for the most common chronic condition—multimorbidity. *JAMA*, 307 (23), pp. 2493-4.

³ Besley, Timothy, Burchardi, Konrad B. and Bevan, Gwen (2009) Naming and shaming: the impacts of different regimes on hospital waiting times in England and Wales. Discussion paper, 7306. Centre for Economic Policy Research, London, UK.

⁴ Advisory Panel on Healthcare Innovation. (2015). Unleashing Innovation: Excellent Healthcare for Canada. Report of the Advisory Panel on Healthcare Innovation. Available at: <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/alt/report-healthcare-innovation-rapport-soins-eng.pdf>

- ²⁴ Al-Aama, T. (2011) Falls in the elderly: Spectrum and prevention. *Canadian Family Physician*, 57, pp. 771-6.
- ²⁵ Seniors' Falls in Canada: Second Report (2014). PHAC. Available at: http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/index-eng.php
- ²⁶ Steultjens, E. (2004). Occupational therapy for community dwelling elderly people: a systematic review. *Age and Aging*, 33(5), pp. 453-60.
- ²⁷ <http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php>
- ²⁸ <http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-02-eng.php>
- ²⁹ <http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php>
- ³⁰ Langan, S., Smeeth, L., Margolis, D., Thomas, S. (2013). Herpes Zoster vaccine effectiveness against incident Herpes Zoster and post-herpetic neuralgia in and older US population cohort study. *PLOS: Medicine*. DOI: 10.1371/journal.pmed.1001420
- ³¹ <http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php>
- ³² <http://www.phac-aspc.gc.ca/im/nics-enva/vcac-cvac-eng.php>