

## New Brunswick Health System Report Card Q&A

### Why did we produce a *New Brunswick Health System Report Card*?

Just as student report cards provide parents with information on their performance, the New Brunswick Health Council (NBHC) has developed a report card of some important information about the quality of health services being delivered in the province.

The main purpose of the *New Brunswick Health System Report Card* is to provide New Brunswickers with a tool that would be easy to use for communicating and flagging key areas of focus as it relates to the quality of the health services being delivered.

The data presented in this report card assists in identifying areas where New Brunswick performs better than the national average in terms of the quality of health care provided to New Brunswickers and areas that require improvement. This information will also help us in making recommendations for the future.

Although this information is available in the system, it has not been organized in a way that provides decision-makers a holistic view of the health system. Without a baseline picture of information and yearly updates, the results of changes to programs and services would be subjective or based on personal experiences.

### Can the methodology behind the *New Brunswick Health System Report Card* be explained?

Indices or grades are commonly being used today by a number of organizations and institutions. The Canadian Institute for Health Information has the *Wait Time Alliance Report Card*, the Fraser Institute has report cards on hospitals and schools for select provinces in Canada, The Conference Board of Canada has a *How Canada Performs: A Report Card on Canada* which assesses Canada's quality of life compared with that of its peer countries and the Institute of Well-being has the *Canadian Index of Well-being* which is made up of domains related to well-being which are further made up of various indicators. Finally, there is also *The Frontier Centre's 2009 Canadian Consumer Healthcare Index* which produces reports on how well the ten provinces' health systems serve their residents.

The NBHC chose to follow suit with some of these examples and drawing on some of the methodologies in creating the performance index grades for the *New Brunswick Health System Report Card*.

To create the *Report Card* the NBHC used a logical and organized approach which was guided by what we were asked to do and by our values. This meant that we had to build a strong base or framework while looking for the measures which could fill this *Report Card* at the same time. In research, this approach is often referred to as a Bi-Directional approach. This course of action meant moving forward with patience, transparency, and flexibility. Each time

a measure was chosen, it had to be tested against the evidence produced by research and the common sense of the consultation process across all areas of the health system.

### **How did you determine the performance index grades?**

The performance index grade is based on using the Canadian average as the benchmark for the average grade. The Canadian value is either the national average or a benchmark set nationally.

Example: If the New Brunswick performance index score is 100, this means that the New Brunswick score and national score are the same.

The scoring grid is as follows:

A+ = >122, A = 114-122, B = 105-113, C = 96-104, D = 87-95, E = 78-86, F = <78

This scoring grid takes into account provincial and territorial comparative indicators with small and large differences from the national average.

Please note that a grade does not equal better health results, it only speaks to the quality of services being provided when we compare New Brunswick to the rest of Canada.

### **What leads to better health results?**

Better health results come from a combination of quality health services combined with other factors that influence our health. These other factors can take the form of good personal health practices such as eating healthy, being active, not smoking etc. It also includes surrounding yourself with friends and family or social resources that you can access when you need them and making the best of the environment in which you live.

### **What does the *Report Card* say?**

Overall the report card tells us that New Brunswick performs “in the middle of the road” on health services quality compared to the other provinces and territories in Canada. What is important to note is that within these performance grades we can identify some program and service areas where we are performing very well and others where we are not. This can provide New Brunswickers with an opportunity for improvement based on best practices.

### **What are the trends or observations behind the grades?**

Each dimension of quality is made up of a series of individual measures that reflect the programs and services offered in New Brunswick. There are two of these dimensions of quality that have the greatest variation in the performance of individual indicators. That is, there are some indicators where New Brunswick is performing extremely well (As) nationally

and not performing as well (Fs). The first dimension is *Effectiveness*, which is briefly defined as doing what is required to achieve the best possible results. The second dimension is *Efficiency*, which is briefly defined as making the best use of resources.

In terms of the *Accessibility* dimension of quality, New Brunswick performs better than average on immediate or urgent care needs but lags behind on some wait times.

The performance index grade result on the *primary health* sector of care (defined as the care a person receives upon first contact with the health system, before referral elsewhere within the system focusing on health promotion, illness and injury prevention, and the diagnosis and treatment of illness) showed that it was one of the sectors where the majority of the indicators were either only performing at par with the national average or not performing as well. What this helps to identify is that New Brunswick is not performing as well in areas such as access to primary care for prevention or treatment of minor health problems; in prevention such as screening tests based on age related diseases; and in the use of recommended clinical practice guidelines to maximize the achievement of obtaining best possible health results.

If areas represented by some of these indicators are not in balance, coordinated or integrated, the result can be unnecessary hospitalizations for conditions that would be best treated in the community. High-quality ambulatory care, including preventive and disease management services can assist in producing better health outcomes. Although it is important to keep in mind that hospitalization rates can also be influenced by socioeconomic factors such as poverty.

### **What can I do with this information until the full story behind the numbers is ready? How can I use the *New Brunswick Health System Report Card*?**

To help frame the task at hand we can use the analogy of looking at the tip of an iceberg to attempt to explain the massiveness that lies beneath.

- Grading the health system based on performance of overall dimensions of quality and sectors allows the public and decision-makers an opportunity to focus on some larger key areas in a very complex health care delivery system with numerous competing priorities.
- The deeper level of information or specific indicators within the performance index grade is intended for use by managers and others involved in measuring, monitoring and evaluating health services at the delivery end.
- It has the potential to allow organizations delivering the services to drill down to their own program-level indicators which have been aligned to the particular system indicator represented on the *Report Card*.
- This will provide a baseline against which the impact of improvements can be measured.
- These yearly report cards can be used to monitor and track changes over time.

- This holistic view can provide opportunities to identify how changes in programs and services can affect other programs and services in other sectors of care.
- It can also provide a unique lens in service gaps for patients/citizens moving through the system of care.

The *Report Card* and indicators hold the potential to guide quality improvement activities; redesign services, keep people and organizations accountable for their performance, change policy and practice, and inspire public debate.

### **Is there a concern that a single performance index grade might over simplify the issues that exist?**

This concern is quite real. The NBHC is aware that there are both advantages and disadvantages to using a performance index grade. One of the main concerns is that a single index oversimplifies complex issues. On the other hand, it has been shown that a single composite index representing a single value is an excellent communications tool for use with the public, including the news media, general public, and elected and unelected key decision-makers. Since the NBHC recognized this may be a concern, we chose to include all the different measures that make up the grade as part of the information provided. This will allow those individuals making decisions about programs and services the ability to analyze the actual trends across a number of different measures to identify particular issues that have an effect on the grade, in order to dig deeper. A performance index grade should not be looked at by itself rather it can highlight areas where some attention needs to be given.

### **Why is the complete report technical in the way it is written?**

When the New Brunswick Health Council produces reports and/or shares information, every attempt is made to make sure that the information meets the varying needs of different report users. The *Question and Answers* document and the *Report Card* provide the public all the information that the technical document contains. The reason the technical report was produced was to assist the individuals who are responsible for improving the quality of the health services, identify where the information came from based on research evidence so that they can move forward in order to further analyze and promote changes where necessary.

### **What does it mean when we say data unavailable for specific indicators?**

During the development of the *Report Card*, it became evident that many health system measures were not easy to get to or standardized at the time of the report. It also became evident that different areas of care outside the hospital setting were the biggest challenge. This led to having to choose system or program level measures from national databases for the starter set of measures.

There are areas where current work is being done to standardize measures and the NBHC is committed to identifying these additional measures and to be able to use them in the future.

### Is the *Report Card* going to look the same every year?

The *New Brunswick Health System Report Card* will contain the measures from the first report card but more measures will be included to better represent all the different programs and services offered by the Health System and across all areas of care. Presenting this base picture that all New Brunswickers have access to is an important first step. While the information that makes up the *Report Card* is readily available, it has not been organized and presented in this way before.