



Provincial Quality Management Programs

for Colonoscopy, Mammography
and Pathology in Ontario

Executive Summary – March 2015

Quality
Management
Partnership



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO



Ontario
Cancer Care Ontario
Action Cancer Ontario



“I believe the work of the QMP is important for patients as it will improve health outcomes, patient safety and the overall patient experience. It is important for providers as it will help to streamline processes, encourage collaboration and ensure consistency across the spectrum of providers. It is important for the Ontario healthcare system as it will improve transparency, efficiency and the overall quality of care provided in the province.”

Jill Carmichael Adolphe, expert advisory panel member and patient/service user

Message from the Partnership Executive

In March 2013, when the Ministry of Health and Long-Term Care asked Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO) to form the Quality Management Partnership (the Partnership), the two organizations came together as partners with the goal of improving the quality and consistency of care in three health service areas: colonoscopy, mammography and pathology.

Working together, we built the internal teams to conduct the work, formed expert advisory panels consisting of providers, patients/service users and other health service experts to inform our efforts, and consulted with broad groups of stakeholders to better understand the landscape and potential impacts of our recommendations. Through these efforts, our understanding of the work needed to improve quality in the three services – as well as the impact this type of partnership can have on provincial health systems – has grown exponentially.

As we conclude this phase of the work to design quality management programs, it is clear that the Partnership is not just between CCO and CPSO, but with the many providers, patients/service users, healthcare leaders and administrators who have so generously shared their time, expertise and feedback with us throughout this process.

This report reflects our continued commitment to work together with our partners across Ontario's health system. Together, we will develop the processes, structures, standards and guidelines that will help us achieve our goals of increased quality of care and improved patient safety, increased consistency in the quality of care provided across facilities and improved public confidence through increased transparency.

As we move forward in the next phase of this journey, we will continue to engage our partners and stakeholders to align the work of the Partnership with other quality initiatives across the system, and to strengthen the role that patients/service users play in guiding our work.

We thank everyone who participated in and contributed to this effort and we look forward to taking these next steps with you to make healthy change happen.



Michael Sherar
President and CEO
Cancer Care Ontario



Dr Rocco Gerace
Registrar
College of Physicians
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1.0 Executive Summary



1.1 Background

Ontario has embarked on a transformation journey to improve the quality of health care delivered in the province and ensure that patients/service users¹ can access high-quality, safe and effective services when they need them, regardless of where they live or receive their care.

It was in this context that, on March 28, 2013, Susan Fitzpatrick, then Assistant Deputy Minister, Negotiations and Accountability Management at the Ministry of Health and Long-Term Care (MOHLTC) announced the formation of the Quality Management Partnership (the Partnership) between Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO). She directed the Partnership to work closely with stakeholders to develop quality management programs (QMPs) for three health service areas: colonoscopy, mammography and pathology. The two organizations have experience with quality initiatives in these health service areas and are well positioned to lead the development of consistent approaches to quality for all providers and facilities across Ontario. The Partnership will not make changes to physician regulation, and CPSO will continue to be the sole regulator of physicians in Ontario.

1.2 Process

The Partnership began its work in April 2013, guided by the Partnership Steering Committee, chaired by the President and CEO of CCO and the Registrar of the CPSO and with membership from senior

executives from the two organizations. System-level guidance and advice was provided to the steering committee through a Healthcare System Reference Group, which had representation from leading experts and key Ontario healthcare organizations.

The Partnership recruited a provincial clinical lead for each health service area and established three expert advisory panels that included physicians and other health professionals who practice in the health service area, administrators and patients/service users. Between September 2013 and March 2014, the panels developed a preliminary sketch of the design for QMPs and identified 12 early quality initiatives that will move the province towards QMPs. The Partnership began a preliminary analysis of the information management and information technology (IM/IT) impacts of the QMPs and the legislative and regulatory requirements for the early quality initiatives. After consultation with stakeholders, a Phase 1 report detailing this work was submitted to the MOHLTC in March 2014.

Between April and December 2014, the panels developed detailed design recommendations for the three QMPs. Preliminary analyses of the IM/IT and legislative and regulatory impacts were completed, the early initiatives were started, and implementation and operations planning began, including developing an evaluation framework. During this time, some initiatives began that may change the landscape for quality management in the future. They include Health Quality Ontario's project to design a province-wide physician peer review program for all facilities where diagnostic imaging services are provided, and its review of

current oversight programs for out-of-hospital premises and independent health facilities. During implementation, the Partnership will align with any system changes that have occurred as a result of these initiatives.

A major focus during Phase 2 was a broad stakeholder consultation process. Overall, stakeholders were supportive of the Partnership's work and the QMP recommendations. However, some concerns were raised around resourcing for the QMPs and how data will be collected consistently across the province, reported and appropriately interpreted. Stakeholders also stressed the importance of aligning with existing initiatives and recommended that the Partnership proceed with implementation in a thoughtful manner, phasing in the QMPs over time.

1.3 Goals and Principles

The Partnership has three goals for the QMPs:

- Increase the quality of care and improve patient safety
- Increase the consistency in the quality of care provided across facilities
- Improve public confidence by increasing accountability and transparency

To guide its work, the Partnership adopted the principles that the QMPs will be:

- Required for all providers and facilities that provide the health service

¹ Many people who use the health services – colonoscopy and mammography in particular – are not sick and have the procedures for routine screening purposes only. Therefore, this report refers to people who use the health services as "patients/service users".

- Patient-centred
- Focused on fostering quality and protecting the public interest, while balancing confidentiality with transparency
- Based on collaboration and alignment
- Value-added
- Supportive and educational
- Appropriately resourced to support implementation

1.4 Quality Management Programs

The QMPs will be provincial and mandatory for all providers and facilities. They will be supportive, enhance transparency and encourage quality improvement while providing mechanisms and escalation processes to appropriately manage quality concerns.

The QMPs will promote safe, high-quality care and benefit patients/service users, providers and the healthcare system by:

- Establishing provincial standards that will be consistently applied across all care settings where these services are provided
- Reporting on quality at the provider, facility and regional levels and providing clear lines of accountability for quality of care and patient safety
- Addressing current inconsistencies and gaps in quality assurance programs and processes

The Partnership will support and foster a culture of continuous quality improvement by putting in place a supportive network of clinical leads for each health service area at the provincial, regional and facility

levels. The leads will be responsible for monitoring quality and engaging with providers and facilities to support continuous quality improvement and managing quality concerns if they arise. All leads will be practicing physicians with expertise in the health service area. The provincial and regional leads will be selected through an open and transparent process. The facility will be responsible for identifying their facility lead and aligning this role with existing accountability structures and processes for quality. The leads will receive leadership support to orient them to their new responsibilities and will be encouraged to work collaboratively in carrying out their roles.

Each QMP will be guided by a provincial committee that is chaired by the QMP provincial lead and includes the QMP regional leads, other relevant clinical leads and non-physician providers, patients/service users and other subject matter experts as required. Efforts will be made to ensure that the committee members include representation of the relevant facility types. The provincial committees will:

- Provide overall guidance and leadership for the QMPs
- Advise on program priorities, recommendation refinement and future areas of expansion
- Provide recommendations for improvement opportunities across the health service area
- Support change management and knowledge translation and exchange across the province

The following core processes will be foundational to the QMPs and were considered by each of the expert advisory panels as they made detailed recommendations specific to their health service areas:

Defining standards, best practice guidelines and indicators

Defining quality involves establishing the standards, best practice guidelines and indicators to provide a foundation for quality reporting, assurance and improvement processes. The expert advisory panels used their knowledge, skills and judgment to recommend guidelines, standards and indicators that, if applied across the province, will facilitate consistent, high-quality care in Ontario. The Partnership assessed the evidence that supports each standard, guideline and indicator using its own scale that considered the extent to which the recommendations are supported by published evidence and literature, and adopted in other jurisdictions.

Defining quality involves establishing the standards, best practice guidelines and indicators to provide a foundation for quality reporting, assurance and improvement processes.

Facilitating the uptake and adoption of provincial standards and best practice guidelines

To streamline processes, align with existing quality initiatives and prevent duplication, the QMPs will work with other programs and organizations to integrate the recommended provincial standards and best practice guidelines into existing inspection, assessment or accreditation programs. In many cases this will involve expanding or modifying an existing program, but when a gap is identified in an

inspection, assessment or accreditation program, the QMPs will look to fill that gap by collaborating with existing organizations. The provincial committees will advise on, support and monitor the adoption of the QMP standards and guidelines.

Generating and distributing quality reports

Measuring and reporting quality indicators at the provider, facility, regional and provincial level is critical to understanding the current level of quality, making informed decisions around quality

improvement investments and monitoring the effectiveness of quality improvement efforts over time. Quality reporting also promotes transparency and accountability for the broader health system to help support and drive quality improvements.

The provincial committees will be responsible for reviewing and monitoring aggregate quality reports. Responsibility for reviewing individual provider- and facility-level data will be limited to QMP leads because they have the relevant clinical knowledge and expertise to appropriately interpret these data.



QMPs will foster a culture of quality improvement by assisting providers, facilities and regional leaders to develop the skills, knowledge and resources they need to deliver high-quality care.

Quality reports will be issued to providers, facilities and the QMP leads and will be used as an input into a quality management process that:

- Monitors quality at all levels
- Supports continuous quality improvement discussions with providers and facilities
- Identifies providers and facilities where there may be a quality issue
- Provides clear lines of accountability for validating and exploring the cause of the issue and recommending and confirming that quality improvement activities are completed

Supporting quality assurance and continued quality improvement

The QMPs will foster a culture of quality improvement by assisting providers, facilities and regional leaders to develop the skills, knowledge and resources they need to deliver high-quality care. These resources will include educational supports for providers, process improvements for facilities and regions and may include system-level initiatives at the provincial level. QMP leads at the appropriate level will support and facilitate quality improvement.

“Quality of care means to me that my care stands out and is directed specifically to ensure my needs are consistently met. I am a partner in the decision making – the provider is not just doing to or for me, but with me.”

Joanne MacPhail, patient/service user

It is possible that quality reporting and monitoring will highlight occasions where quality standards are not being met such that there is a potential threat to patient safety. Recognizing this, the Partnership is developing a process to identify and act on these cases in a timely and responsible way. This process will be integrated with and support existing local facility quality management processes. The process will address clinical and facility concerns requiring improvements. The focus will be on optimizing patient safety and providing accountability for quality concerns in the rare instances when quality improvement is no longer effective. This may lead to referral to the CPSO for a more structured interaction, if required.

QMP enablers

IM/IT infrastructure is required to enable data collection and quality reporting for the three health service areas. Existing data and IM/IT infrastructure and processes will be used wherever possible to minimize the burden of data collection. Opportunities for greater clinical information sharing and standardized clinical reporting will continue to be explored.

Legislative and regulatory changes may be required to support the Partnership's goals and move forward with the Partnership's work, both in the short- and long-term. Initially, CCO can rely on its existing authority as a prescribed entity under

the Personal Health Information Privacy Act (PHIPA) to collect, use and disclose many of the quality indicators identified by the expert advisory panels. More analysis and work with the MOHLTC, CCO and the CPSO will be undertaken to establish and propose the necessary legislative and regulatory changes required to mandate participation in the QMPs and address legislative gaps.

1.5 Patient-Centred Approach

A key principle for the Partnership is to be patient-centred. The Partnership delivers on this principle by:

- Having patients/service users involved in the design and delivery of QMPs
- Measuring patient experience in order to engage patients/service users in providing feedback on the care they received and support improved patient-centred care at the provider and facility levels
- Working with patient/service user and public representatives to develop a communications strategy that will provide accurate, relevant and timely information to patients and the public

Patients/service users have participated on the expert advisory panels and assisted in the development of recommendations for the design

QMPs must be seen by patients/ service users to improve the quality of the care they experience in ways that matter to them.

of the QMPs. In addition, patients'/service users' views and experiences were actively sought during the consultation process. The Partnership's focus on providing patients/service users with accurate, relevant and timely information to enable them to be engaged in their care arose, in large part, as a response to patient/service user advice and feedback.

Going forward, patient-centredness will be strengthened. Patients/service users will be more deeply involved in Partnership governance, sitting on the provincial committees as well as a newly created Citizens' Panel that reports directly to the Partnership steering committee. Measuring patient experience will be an early focus of activity, with an IM/IT solution already in progress. More broadly, as the QMPs are implemented, patients/service users will be a key stakeholder group that is targeted for engagement and communication.

Overall, the QMPs must be seen by patients/ service users to improve the quality of the care they experience in ways that matter to them.

1.6 Implementation

Impact and resourcing are key considerations when planning to implement an initiative of this size and complexity, and the Partnership consistently heard this from stakeholders. The Partnership is proposing a phased, multi-year implementation approach that prioritizes and sequences activities based on their importance for delivering high-quality care, the availability of resources to support implementation and stakeholder support. Early implementation activities will focus on establishing and supporting the network of QMP provincial, regional and facility leads and the provincial committees to lead the changes required to enable this method of quality management in health care across the province. Evidence-based methods and best practices will be used to guide implementation and change management activities. Stakeholder engagement and communications activities will continue throughout the planning and implementation phases. Implementation activities will start in 2015/16.

1.7 Evaluation

The QMPs represent a new way of driving quality improvement in Ontario and significant resources have been dedicated to help ensure their success. The Partnership is committed to evaluating the effectiveness of the QMPs over time. This evaluation will provide valuable feedback to the Partnership to enable course corrections during implementation and build evidence about the best ways to improve quality in health care.

In order to evaluate the effectiveness of the QMPs, a framework has been developed to assess whether the Partnership achieves its goals for the QMPs, which are:

- Increase the quality of care and improve patient safety
- Increase the consistency in the quality of care provided across facilities
- Improve public confidence by increasing accountability and transparency

Given that implementation will be phased in over time, the evaluation will also be staged. The first stage will focus on exploring the extent to which the foundational elements of the programs are in place and obtaining qualitative feedback on the progress of the Partnership to support course correction during implementation. The second stage will be more summative in nature, and will evaluate the extent to which the Partnership has achieved its overall objectives, the QMPs as an approach to improve quality of care and the value for money provided by the Partnership.

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