Re-Evaluating Health Care

Patient-centric care measures benefits, as well as costs

By David Zitner

Current measurements of health care and health system performance rarely reflect what is most important to Canadians. The performance measurements used to assess government-sponsored and government-funded organizations describe costs, not benefits. These organizations are assessed on how much it costs to care for people, not whether patients get better or worse or suffer financial or medical complications following treatment.

A management truism is that "what gets measured is what gets managed." To see an improvement in our health care delivery, we must therefore measure what is of direct importance to patients in a clinic or doctor's office.

But patient-centric performance measures are unlikely to occur in our current system. Health care providers today are immediately responsible not to individual patients, but to the billing party, for most services – government. Dissatisfied patients have few choices. They can only move from one government-funded clinic to another. The choices of how care is delivered, what care is delivered, how much to pay, and how to evaluate performance remain totally in the hands of government functionaries.

Health care, organized and run by community groups, will give people real choices in health care provision because members will influence the flow of funding in ways that support appropriate, comfortable care and meaningful evaluation. In order to thrive, community-controlled organizations *must* track, report on, and react to, patient satisfaction and outcomes rigorously and comprehensively.

Today, Canada's health care system operates in the dark. Community-owned clinics, by contrast, could and will gather the information concerning access to care, the outcomes of care, and how satisfied members are with the services they receive.

A Skewed Understanding of Value

Decisions about value in health care are not much different from decisions about buying a cheap or expensive car. We expect a more expensive car to be more satisfying, to require fewer repairs and last longer. We have no idea about the value of a particular car unless we have an estimate of those benefits, as well as the cost.

(left) Photo courtesy of South Riverdale Community Health Centre. Photocredit: Christopher Dew.

The same goes for health care. A shorter length of stay in hospital is not much value if you are still sick when you go out the door. Cheap drugs are of no value if they create more harm than expensive ones. To understand the value of one service or course of treatment over another, it is necessary to have some idea of the benefits it brought you.

Thorough, continuous measures of health outcomes are hard to come by in our health system. Canadian Health departments rely mainly on administrative data for evaluation. They track the number of visits to a clinic an individual makes, and the diagnoses a doctor makes on each occasion; the number of hospitalizations; the length of the stay; and the diagnoses and procedures associated with each.

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Waiting times for specialist or family physician services or the consequences of delayed care are not routinely tracked. The Canadian Institute for Health Information (CIHI), the organization responsible for capturing the routine information used to evaluate health services in Canada, does not collect information about the results of primary care for individual patients, and the CIHI is unable to link health care activities to patient results.

A closer examination of one problem – that of access to family doctors – illustrates the larger picture. According to the CIHI between 2001 and 2004 there was in each province a marked decrease in the number of family doctors taking new patients. By the end of 2004, more than 4 million Canadians could not find a family doctor.[1] What we *don't* know are the consequences of the apparent shortage – its effect on health outcomes. That would tell us if the number of family doctors is appropriate to Canada's circumstances. But nobody knows because those measures are not being taken.

The Canadian government recognizes the serious problems with the quality of Canadian health care. However, despite the federal government's $10 million investment in the Canadian Patient Safety Institute, nobody in the country can tell you if the rate of error ("preventable adverse events") in Canada's hospitals and clinics this year is higher, lower, or the same as in 2004, the year of a landmark report on patient safety. It showed that Canadian Teaching Hospitals have an unacceptably high rate of preventable errors leading to death, disability, and dysfunction.[2]

Services administered and insured by government rarely include payment for regular independent evaluation. Of course, governments could support continuous independent evaluation and action based on the evaluations, but they don't.

What is happening here? Our current notion of value in health care is skewed by the fact that in a single-payer system such as we have, the health providers' main client is not the patient, but the state. It is in the interests of the state to measure and manage the *cost* of health care services on behalf of the whole electorate, not the *benefits* of those services for individuals in a particular time and place.

Patient-Centred Primary Care

One of the functions of any health care team is regularly to monitor results and take action accordingly. Currently, this monitoring function is neglected. The result is that patients suffer unnecessary death, discomfort, and disability.

A patient-centred health system would take a very different approach to evaluation, encompassing a vast number of factors that currently carry little weight. What follows is one schema of the criteria that a patient-centred regime of care would include to establish the quality of care available in a health clinic. To put it another way, this is what patients value in health care and should therefore be prepared to pay for – and to insist that health care providers, regulators, community-owned clinics, and insurers measure and report.

Ambience

The ambience of care refers to services that make health care a more pleasant experience without necessarily contributing to its outcome. They affirm the importance of the service, and everyone involved.

- Are the surroundings pleasing?
- Is it easy to make an appointment?

[1] "Family Physicians Accepting New Patients: Comparison of 2001 Janus Survey and 2004 National Physician Survey Results: Analysis in Brief" (Ottawa: Canadian Institute for Health Information, August 2005), 8 pp., and Cal Gutkin, "Family medicine in Canada - Vision for the future," *College of Family Physicians of Canada*. 5 October 2007 <http://www.cfpc.ca/English/cfpc/communications/Family%20Med/default.asp?s=1>.

[2] In that year, Ross Baker and Peter Norton reported a preventable error rate substantially higher then the rate reported in comparable (but not identical) American studies. See Baker, Norton, *et al*, "The Canadian Adverse Events Study: The Incidence of Adverse Events Among Hospital Patients in Canada," *Canadian Medical Association Journal*, 170,11 (May 25, 2004).

- Is the patients' time respected? (Once an appointment is made, how long do patients wait to be seen?)

Satisfaction

Satisfaction is a measure of the extent to which the service received met a patient's expectations. It is a personal view of the services that were received. Most people agree that the following attributes contribute to judgments of satisfaction.[3]

- *Patient/Provider relationship:* Do my providers have enough time? Do they communicate well?
- *Access to information:* Do I receive concise, understandable information about my illness? Do I receive accurate information about the results of laboratory investigations in a timely fashion?
- *Consumer choice:* Do I have a choice of provider, thus increasing the likelihood that the doctor and I will communicate and share values?
- Are my health outcomes what I expected them to be or better, considering my condition before treatment?

Quality of Care

The quality of care relates to the benefits of care experienced by each patient, and by all patients. By routine monitoring and reporting on the beneficial – and the adverse – results of treatment, we come to know which ones help, which harm, and which are merely a waste of money. Patients expect visits to a clinic generate one or more of the following:[4]

- *Greater Comfort:* Do I have less pain as a result of the treatment? Am I better psychologically?
- *Improved Function:* Can I do more than I could before? Am I better able to engage in the activities of daily life?
- *Greater Life Expectancy:* Has treatment reduced the factors that put my life at risk? (For example, drugs to reduce hypertension or cholesterol.)
- *Information about my condition:* Has my visit left me better informed about what I am experiencing and what can be done about it? Are laboratory results and other additional information readily available, by phone or internet as well as face-to-face with my provider, and with appropriate explanation?

Measured at the aggregate level, quality of care establishes how effective providers are and to what extent they adhere to professional guidelines and standards:

- What proportion of patients have greater function, more comfort, and/or can expect to live longer following treatment? What proportion had adverse reactions, and what was associated with the adverse event?
- Are patients prescribed drugs that are consistent with evidence-based standards and guidelines?
- Are mechanisms in place to prompt clinicians and patients to correct mishaps?

Continuity of care

There are three components to continuity of care. It concerns the ability of the patients and providers to use information about past and present events to make decisions. It also concerns the ability of patients to have continuous relationships with their health care providers. Finally, continuity of care includes a consistent, coherent, and responsive approach to the management of a health condition.[5]

Some measures of continuity of care are:

- Do my providers and I have access to all of the necessary information about my condition either directly or electronically?
- Can I see the same doctor when I make multiple visits for the same problem?
- Is the care that I receive from different providers in the practice consistent? Do they inform each other about how I choose to be treated?

This is what patients value in health care & should therefore be prepared to pay for – & to insist that health care providers, regulators, community-owned clinics, & insurers measure & report.

Cost

Costs of health care are both financial and non-financial. Non-financial costs relate to the inconvenience of care, and to the adverse side effects of treatment. The following are examples of some of the costs that a patient-centric mode of health care would consider measuring and reporting:

- the cost per patient of clinic management and maintenance
- the cost per person for services insured by government, and services not insured

[3] R. Crow , H. Gage *et al,* "The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature," *Health Technology Assessment*, 6 (2002) 32.

[4] Technical details on how to measure health are available from numerous publications including I. McDowall, and C. Newall, *Measuring Health: A Guide to Rating Scales and Questionnaires*, 2nd edition, rev. (New York: Oxford University Press, 1996) and Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington, D.C: National Academies Press, 2001).

[5] Jeannie Haggerty, et al, "Continuity of Care: A multidisciplinary review," *British Medical Journal*, 327 (November 22, 2003):1219-1221.

- the cost of drugs prescribed to each individual and to the clinic population
- the cost of the inconvenience and adverse effects of treatments

Efficiency
This is the ratio of costs to benefits of treatment, including measures of changes in patient satisfaction. Efficiency measures could include measures of:

- cost per satisfied patient
- cost per person who has improved comfort, and/or function and/or life span
- cost per increment in life span, adjusted for the quality of the increased years of life

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Achieving Excellence in Health Care

A higher standard of evaluation, placing full weight on the outcomes of health care services as well as their cost, could be implemented in government-funded health organizations. Unfortunately, they have not been. Proper evaluation is best accomplished in organizations controlled by communities, such as health care co-operatives.

By their very nature, health co-operatives engage patients directly in the organization, delivery, and evaluation of health care services. It is in the immediate interests of the staff and members of health co-operatives to develop and implement the feedback that is necessary to improve the health services that they themselves decided to offer. Otherwise, unsatisfied patients will leave and take their membership fees with them. Only by means of the ability and outlook that co-ops bring to health care can Canadians truly get better value for the money they spend on it.

Patient engagement, through membership in a health care co-op, means that people are more likely to insist that they routinely receive test results, normal or abnormal, in a timely manner, without necessarily having to visit a doctor. Members will be able to prompt and insist health care providers take appropriate action to review test results and report on the results of the review.

For their part, the executives of health care co-operatives have an important stewardship responsibility. They must have some way to evaluate the extent to which the clinic meets member needs, and whether members receive satisfactory or excellent services as needed. They require information not only about the *cost* per member, but also about the *benefits* of the purchased services in order to persuade members that it is worth their while to continue their membership.

Community-controlled health centers will be able to generate more efficient forms of service delivery. Formal evaluations, using administrative and information collected from members, will inform members and non-members about the number of visits required by members to satisfy their health needs. Of course, if efficiency is cost for a benefit, then these measures also require estimates of the changes in patients' health (their comfort, function, life expectancy) associated with care.

Canada is about to go through a human resource shortage in its medical professions. There will be an insufficient number of clinicians to care for Canadians unless we develop mechanisms to deliver care more *efficiently* – "efficiently" in its fullest sense, which includes the benefits of service as well as their cost. Currently, Canadians are suffering not just because of the way health care performance is measured in this country, but because of the way health care is organized. The members of health co-operatives can support the measurement and actions required to continually improve health services in a way that health organizations funded by government alone have not been able to accomplish.

DAVID ZITNER is Professor and Director of Medical Informatics at Dalhousie University, Halifax, and a family physician. Reach him at 902-494-3802 or david.zitner@dal.ca