

Canadian Cardiovascular Society
2018 Pre-Budget Submission
House of Commons Standing Committee on Finance

**EQUIPPING HEALTH PROFESSIONALS TO DELIVER
EVIDENCE-BASED MEDICINE TO CANADIANS**

August 4, 2017
Ottawa, Ontario

Executive Summary

The Canadian Cardiovascular Society (CCS) is seeking an annual investment of \$2.5 million, to be committed in Budget 2018, for the launch of a critical, pan-Canadian heart health initiative. This federal investment will leverage ongoing investments in health data collection to facilitate the use of comparative data to inform clinical practices.

We cannot manage what we do not measure. The CCS, along with its partners, the Canadian Institute for Health Information and provincial cardiac agencies, would track and report how hospitals and regions measure up against a range of quality of care standards. By delivering this information directly to healthcare professionals, we can provide the right care, at the right time, and in the right way to Canadians.

This investment will improve the quality of healthcare across the country by supporting evidence-based medicine. As a result, Canadians will live longer and healthier lives, with better life quality, experience increased productivity, and better contribute to the overall competitiveness of our country's economy. This investment aligns with both the federal mandate to improve health care outcomes and quality, and Health Canada's objectives to provide efficient and accessible health services, reduce inequalities in Canadian society and provide health information to help Canadians make informed decisions.¹

“The federal government must be an essential partner in improving outcomes and quality of care for Canadians”.

Prime Minister Justin Trudeau
Mandate Letter to Health Minister, 2016

While Canada has long been known for its publicly funded healthcare system, we are falling behind our peers when it comes to quality of care, affordability, accessibility and overall health system effectiveness.² Many of the top performing countries in the Organisation for Economic Co-operation and Development (including Australia, Sweden and the United Kingdom) make substantial investments into innovative, data-driven health initiatives to improve heart disease management.

The economic and social benefits that come from leveraging data and innovation in the healthcare sector are numerous and include:

- ▶ Improved quality of care for patients through evidence-based medicine
- ▶ Increased accountability of the healthcare system
- ▶ More efficient and effective allocation of scarce resources
- ▶ Enhanced patient confidence in the healthcare system
- ▶ Achievement of national targets and benchmarks
- ▶ Establishment of a culture of continuous quality improvement

Background and Vision

The Government of Canada has made important investments in research and technology that have allowed great strides to be made in reducing the burden of heart disease and improving care. In fact, between 2000 and 2013, the number of Canadians diagnosed with heart disease declined from 221,800 to 158,700 and the rate of death decreased by 23%.³

Despite this progress, heart disease is still one of the leading causes of death in Canada. In addition, substantial regional variation can be found in quality of care across the country. Heart disease is also the single most expensive disease area in terms of direct costs.⁴ As the population ages, heart disease will continue to be Canada’s number one public health threat.

The good news is that Canada is collecting more information than ever before on patient care through hospital registries and electronic medical records; data that has the potential to transform the health system. The challenge is using this data to drive innovation and improve healthcare delivery and outcomes. Our vision is to bring together silos of health data and leverage the pockets of innovation that exist across Canada to transform heart disease management.

“Currently, many cardiologists and cardiovascular surgeons in Canada have no clear way of evaluating how their patient outcomes fare compared to those of their colleagues in nearby hospitals, or in clinics across other provinces and territories. As a result, they have no way to identify gaps, learn from their peers, and improve the delivery of care in an evidence-based way”.

Dr. Catherine Kells
President, Canadian Cardiovascular Society
Opinion-Editorial in *The Hill Times*, June 28, 2017

Progress So Far

With the help of \$1.7 million in prior investments from the Government of Canada, the Canadian Cardiovascular Society (CCS) has catalyzed the development of a thriving heart health initiative; building world-class intra-provincial data collection across key organizations within the healthcare system.

- ▶ In collaboration with the Canadian Institute for Health Information (CIHI) and provincial cardiac agencies (Cardiac Services British Columbia, Cardiovascular Health Nova Scotia, CorHealth Ontario, Quebec’s Institut national d’excellence en santé et en services sociaux, and Alberta’s Cardiovascular Health and Stroke Strategic Clinical Network), we have **achieved consensus** among a wide range of experts on quality standards for heart health care that predict the best outcomes for Canadians.
- ▶ Relying on those quality standards, our pilot project (2016) on *transcatheter aortic valve implantation*, a high-cost/high-benefit surgical procedure to treat aortic stenosis, put comparative clinical data into the hands of health professionals in order to educate and promote high quality cardiovascular care.

The results demonstrated the feasibility of pan-Canadian data linkage with participation from 100% of hospitals that perform this procedure in Canada.⁵ Data from the resulting report was used to **inform the development of new programs** in Saskatchewan and Newfoundland and Labrador, **inspire wait time management initiatives** in Quebec and Ontario, and **engage policy makers** in discussion about health system planning.

- ▶ A collaborative project with CIHI is underway (2017), which will **publicly release data for the first-time**, comparing cardiac surgery and percutaneous coronary intervention outcomes for 38 cardiac care centres in Canada.

“We are committed to working with the CCS to publicly report on surgery and quality of care indicators, and Federal support for CCS as our key cardiac care partner would be an important contribution to this”.

Mr. David O’Toole
President & CEO, Canadian Institute for Health Information
Letter to Minister of Health, Jane Philpott (Feb 21, 2017)

Why Now?

We are facing a critical window of opportunity. What is required now are the resources and leadership in Canada to entrench new quality standards in the healthcare system and provide health professionals with consistent, timely and relevant data to improve heart disease management.

- ▶ Transforming care for patients with heart disease is good business. Today, the economic burden is estimated at \$20.9 billion, and by 2020 it will reach \$28.3 billion.⁶ Premature death contributes \$9.3 billion in lost productivity every year.⁶ Wavering on a national commitment risks contributing to the unsustainability of our healthcare system, which will be further exacerbated as the population ages.
- ▶ Health professionals in Canada are united behind this work. As noted above, our pilot project demonstrated enthusiasm for using health data to advance quality of care and had the support and participation of all Canadian provinces with a

transcatheter aortic valve implantation program.⁵ We cannot afford to lose this momentum.

- ▶ Heart disease disproportionately affects our indigenous and rural populations.⁷ This initiative is an opportunity to instill public confidence in the health system by giving health professionals the necessary data to tackle gaps in care for underserved populations.
- ▶ Funding this initiative provides an opportunity for the federal government to demonstrate its commitment to improving outcomes and quality of care for Canadians.

“Not only would the implementation of innovation programs such as this help inform the quality of care for cardiovascular patients, but it would also help us manage the growing economic burden on our health system and taxpayers”.

Senator Kelvin Ogilvie
Chair, Senate Standing Committee on Social Affairs, Science and Technology
Opinion-Editorial in *The Hill Times*, May 8 2017

Partnerships

The CCS is uniquely positioned to provide leadership in this area. We are the only organization in Canada with a singular focus on clinical heart health and its application across the country. Partnerships are the heart of our business model. Our organization’s national breadth is complemented by regional depth through the work of the provincial cardiac agencies, which has been tremendously effective in driving a national agenda informed by regional needs and priorities. We are building on existing data infrastructure across Canada and avoiding duplication of effort. Further, peer-to-peer engagement with health professionals ensures our work is strategic, targeted and purpose-driven, with a greater likelihood of health data being translated into applications that solve challenges within the health system.

The Recommendation

The CCS is requesting an annual federal funding commitment of \$2.5 million to launch a heart health initiative. Without an investment in Budget 2018, the CCS will be unable to sustain the current momentum or undertake further work related to this initiative. This will result in many missed opportunities, which undermines the ability of health professionals to provide high-quality care to Canadians and advance the effectiveness of our health system.

The plan for 2018-22 is to: *invest* in capacity building by bringing together data silos; *broaden* the scope of data to include ambulatory and home care indicators; *connect* health professionals with the data they really need; and *translate* evidence into actions. By 2022, we will have successfully implemented pan-Canadian quality reporting across six priority areas of heart health to drive health system improvement:

- ▶ Atrial fibrillation & atrial flutter
- ▶ Cardiac surgery
- ▶ Cardiac rehabilitation & secondary prevention
- ▶ Heart failure
- ▶ Percutaneous coronary intervention
- ▶ Transcatheter aortic valve implantation

Closing

To date, the CCS has delivered an exceptional return on the Government of Canada's heart health investments. This proposed new funding commitment would put Canada in a strong position to address the growing health needs of the country's aging population; and support a healthier, more productive workforce.

The government cannot afford to miss this critical opportunity to improve the health of all Canadians in a significant and systematic way. Not only will this investment help save lives through much needed health system improvements, but it will help reaffirm Canada's position as a global health leader.

Federal Budget 2018 – Five-Year (2018-2022) Investment Summary (in thousands of dollars)				
Areas of Investment	Federal Government Investment	Other Funding to be Secured	In-Kind Support*	Total Investment (2018-2022)
Capacity Building	2,500	0.0	250	2,750
Data Linkage and Analysis	2,500	0.0	250	2,750
Reporting	2,500	500	250	3,250
Knowledge Translation	2,500	500	250	3,250
Operations	2,500	250	250	3,000
Total Investments (2018-2022)	12,500	1,250	1,250	15,000

*In-kind support includes leadership, operations and administration provided by health professionals in the field, including cardiologists, cardiac surgeons, hospital administrators and policy makers

About the CCS

The CCS is a federally-incorporated, not-for-profit organization that represents more than 2,200 cardiovascular clinicians and scientists across Canada. Established in 1947, the CCS works to promote cardiovascular health and care excellence through knowledge translation, professional development and health policy.

References

¹ Health Canada. (2017). About Health Canada: About Mission, Values, Activities. Ottawa: Health Canada. Accessed in July 2017:

<http://www.hc-sc.gc.ca/ahc-asc/activit/about-apropos/index-eng.php>

² E Schneider, D Sarnak, D Squires, A Shah, and M Doty. (2017). *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*. New York: The Commonwealth Fund. Accessed July 2017:

<http://www.commonwealthfund.org/publications/fund-reports/2017/jul/mirror-mirror-international-comparisons-2017>

³ Public Health Agency of Canada. (2016). PHAC's figures are based on the Canadian Chronic Disease Surveillance System's data files contributed by provinces and territories, as of May 2016. Accessed in July 2017:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/heart-disease-maladies-coeur-eng.pdf>

⁴ Public Health Agency of Canada. (2014). *Economic Burden of Illness in Canada, 2005-2008*. Ottawa: Health Canada. Accessed in July 2017:

<http://www.phac-aspc.gc.ca/ebic-femc/index-eng.php>

⁵ Canadian Cardiovascular Society. (2016). *CCS National Quality Report: Transcatheter Aortic Valve Implantation*. Ottawa. Accessed in July 2017:

http://ccs.ca/images/Health_Policy/Programs_and_Initiatives/CCS%20National%20Quality%20Report_TAVI.pdf

⁶ Conference Board of Canada. (2010). *The Canadian Heart Health Strategy: Risk Factors and Future Cost Implications*. Ottawa. Accessed in July 2017:

<http://www.conferenceboard.ca/e-library/abstract.aspx?did=3447>

⁷ Canadian Heart Health Strategy and Action Plan Steering Committee. (2009). *Canadian Heart Health Strategy and Action Plan: Building a Heart Healthy Canada*. Ottawa. Accessed:

<http://www.waittimealliance.ca/wp-content/uploads/2014/05/CCS-Building-a-Heart-Healthy-Canada.pdf>