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NEWS RELEASE

Health Quality Ontario Unveils New Data on Existing Health Interventions and Highlights Areas for Change in the Province's Health Care System

Toronto, ON, April 28, 2014 -- As the province's advisor on health care quality, Health Quality Ontario (HQO) has released the 4th edition of its *Ontario Health Technology Maps Project Report*. This report is unique as it looks at the adoption of evidence-based medical and surgical procedures and laboratory tests that can be tracked through existing databases. It provides information to health care professionals on variations in care across the province, and changes needed to improve the quality of health care for Ontarians. The Maps Project Report is also designed to empower the public and stimulate educated discussion with their health care providers.

Patient care founded on evidence is an essential component of a high-quality health care system. Since 2003, HQO's Ontario Health Technology Advisory Committee (OHTAC) has been analyzing existing clinical data and making evidence-based recommendations on how to improve health interventions for Ontarians. Based on OHTAC's advice, the HQO Board makes final recommendations to the Ontario Ministry of Health and Long-Term Care, health care providers and decision-makers and the public. The Maps Project Report tracks how these interventions are being implemented across the province. The following are two key highlights from this year's Report where adjustments should be made to improve patient care:

- ***Thermal Balloon Endometrial Ablation (TBEA)***: TBEA is a non-invasive treatment option for dysfunctional uterine bleeding, which is abnormal uterine bleeding with no known underlying medical cause. It is a common and sometimes debilitating condition in women of reproductive age, and up to 30 per cent of women in this age group will seek medical assistance for this problem.ⁱ Hysterectomies are also used to treat abnormal uterine bleeding, but they are invasive procedures that can result in longer hospital stays and complications, including incontinence and other urinary problems, fatigue, infection, pelvic pain and sexual problems. The Maps Project Report showed that TBEA rates remain low in Ontario compared to hysterectomies and recommended the use of TBEA for the treatment of dysfunctional uterine bleeding where appropriate.
- ***Continuity of Care for Chronic Disease Management***: The Maps Project Report found that 45 to 60 per cent of Ontarians with chronic illnesses (such as diabetes and congestive heart failure) are receiving a high continuity of care (meaning 75 per cent of their visits with health care professionals are with the same health care provider).ⁱⁱ This is important because research has shown that high continuity of care is associated with reduced hospitalization rates and reduced emergency room visits.ⁱⁱⁱ With the population aging – Canadians over 65 now make up the fastest-growing age group^{iv} and almost 80 per cent of Ontarians over 45 have at least one chronic condition^v – more Ontarians will require regular interaction with their health care providers to effectively manage their

chronic illnesses and symptoms. HQO recommends that continuity of care be the preferred model for chronic disease management.

“Health technologies and services are constantly evolving and it is the role of Health Quality Ontario to gather the data surrounding these interventions and evaluate it so that health care professionals know what adjustments to make to ensure quality health care for Ontarians,” says Dr. Joshua Tepper, President and CEO of HQO. “Through evidence-based research and data analysis we can determine how an intervention is performing and what changes to make so that moving forward, health care professionals are confident in the decisions they are making to improve the health and well-being of their patients.”

An Agent of Progressive Change: Moving Evidence into Practice

Throughout the Maps Project Report’s history, there have been a number of cases where actions have evolved based on HQO’s recommendations. HQO continues to monitor these areas to evaluate how any adjustments have enhanced patient care.

Examples include:

- ***Epilepsy Services:*** The Maps Project Report highlighted that epilepsy patients faced significant gaps in care. In particular, patients eligible for a surgery that could help them control the number of seizures, faced wait times of over a year for the diagnostic testing needed to determine if they were eligible for the surgery. At the time, only approximately two per cent of surgical candidates received surgery. Based on a thorough analysis of the data, in 2012, HQO recommended that access to diagnostic testing and surgery needed to be improved for patients living with epilepsy.
 - ***Results:*** The provincial government provided \$867,500 in initial base funding for improved epilepsy services in 2012/2013, which increased to \$8,675,000 in annualized based funding in 2013/2014. In addition, 21 additional epilepsy monitoring units were established to speed up diagnostic testing to determine surgery eligibility. This year’s Report showed these investments have made an impact and that surgery rates are up for eligible epilepsy patients.
- ***Bariatric Surgery:*** In 2005, HQO recommended increased support for the use of bariatric surgery in Ontario for the treatment of morbid obesity, because many Ontarians were forced to undergo the surgery outside of the country.
 - ***Results:*** Since the Ontario Bariatric Services Strategy began, four Bariatric Centres of Excellence, four stand-alone Regional Assessment and Treatment Centres (RATCs) and two paediatric RATCs have been created in Ontario. These centres received funding to increase capacity to a least 2,800 surgeries per year. In the fiscal year 2011/2012, no Ontarians had to leave the province for the surgery – a significant decline over even 2009/2010, which saw nearly 2,000 individuals head abroad.

“This year’s Report has demonstrated that ongoing analysis of our health care system is essential in ensuring Ontarians have access to the best care possible,” says Dr. Les Levin, Vice President of the Evidence Development and Standards branch at HQO, which is the branch responsible for the Maps Project Report. “Our aim is that future reports will provide measurable targets and benchmarks to help spur ongoing quality improvement within Ontario’s health care institutions.”

Maps Project Report Methodology

There were 21 interventions included in this year’s Maps Project Report and they were selected based on the availability of administrative data from the Discharge Abstract Database, the National Ambulatory Care Reporting System, Ontario Health Insurance Plan claims, and the Laboratory Inspection and Licensing Database for Hospital Laboratory Data. The report

analyzed the clinical data gathered between April 1, 2011 and March 31, 2012, and compared the rates across the province's 14 regional Local Health Integration Networks.

[Click here](#) to access the latest version of the *Ontario Health Technology Maps Project Report* and to see HQO's research and recommendations related to all 21 health interventions.

About HQO

Health Quality Ontario (HQO) is an arms-length agency of the Ontario government, mandated to evaluate the effectiveness of new health care technologies and services, report to the public on the quality of the health care system, support quality improvement activities and make evidence-based recommendations on health care funding. Visit www.hqontario.ca for more information.

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ⁱ The Society of Obstetricians and Gynaecologists of Canada. (May 2013). *Abnormal Uterine Bleeding in Pre-Menopausal Women*. Retrieved from: <http://sogc.org/wp-content/uploads/2013/07/gui292CPG1305E.pdf>.

ⁱⁱ Health Quality Ontario. (April 2014). *Ontario Health Technology Maps Project*. Pg. 36. Retrieved from: <http://www.hqontario.ca/Portals/0/Documents/eds/maps/hqo-maps-project-2014-en.pdf>.

ⁱⁱⁱ Ibid.

^{iv} Employment and Social Development Canada. (April 2014). *Canadians in Context – Aging Population*. Retrieved from: <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=33>.

^v Ontario Ministry of Health and Long-Term Care. (February 28, 2013). *Preventing and Managing Chronic Disease*. Retrieved from: <http://www.health.gov.on.ca/en/pro/programs/cdpm/>.