



Canadian Foundation for
**Healthcare
Improvement**

Real Change for Real Results: Pan-Canadian Collaboration on Healthcare Innovation

**House of Commons Finance Committee
2016 Pre-Budget Consultations**

February 2016

EXECUTIVE SUMMARY

This submission outlines the opportunity for the Government of Canada to support pan-Canadian healthcare innovation by accelerating its investment in the Canadian Foundation for Healthcare Improvement (CFHI). CFHI is a federally funded not-for-profit organization with a track record leading pan-Canadian collaboration that spreads real improvements in patient care, the health of Canadians and value-for-money in healthcare spending.

“It is clear that CFHI has been able to support substantive positive impacts on the Canadian healthcare system.” CFHI generated “significantly more benefits to Canada than the funding investments being made.” KPMG (2014)

CFHI has an urgent need for funding in Budget 2016. The organization has achieved impressive results with limited funding and an uncertain future. Budget 2016 is the time for the federal government to enhance its support for CFHI in order to realize even greater improvements.

CFHI is requesting five-year funding of \$155 million:

2016/17	2017/18	2018/19	2019/20	2020/21
\$10 m *	\$25 m	\$30 m	\$40 m	\$50 m

* This is in addition to the \$12 million provided in Budget 2015, bringing CFHI’s 2016/17 budget to \$22 million.

With renewed funding, CFHI is well positioned to scale its work across the country on topics and populations such as: seniors and the frail elderly, people living with mental health and addictions, marginalized populations who use costly and high intensity health services; northern, remote and Indigenous populations; as well as home care and palliative care; patient and family engagement for better health outcomes; and timely access to care. Scaling-up just two of CFHI’s existing collaboratives could save \$19.5 billion.

1. CFHI ACCELERATES HEALTHCARE IMPROVEMENT

The Canadian Foundation for Healthcare Improvement is a federally funded not-for-profit organization that supports the implementation of healthcare innovations through pan-Canadian collaboration.

***Mission:** To identify proven innovations and accelerate their spread across Canada by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value-for-money.*

CFHI collaborates with healthcare delivery systems across the country as well as provincial-territorial (PT) governments, health quality councils, healthcare provider organizations and other pan-Canadian health organizations, including strong participation from Quebec.

CFHI:

- **Applies improvement methodology:** We drive measureable results in care, health and value.
- **Creates collaboratives to spread evidence-informed improvement:** We bring together ‘coalitions of the willing’ and support these networks to implement improvement.
- **Builds leadership and skill capacity:** We enhance organizational capacity to lead improvement.
- **Enables patient, family and community engagement:** We provide the catalyst for healthcare innovation by including the recipients of care as experts in improvement and co-design.

CFHI’s evidence-based approach reflects the principle that transformational change can be achieved through incremental processes. Too often, healthcare transformation is viewed as requiring top down, costly and system-wide reform. CFHI’s collaborative approach and commitment to rigorous measurement enable organizations to see the ‘quick wins’ in their work, creating sustainable improvements that can be spread across the country and scaled-up.

2. PROGRAMMING & PROVEN TRACK RECORD

“It is clear that CFHI has been able to support substantive positive impacts on the Canadian healthcare system.” CFHI generated “significantly more benefits to Canada than the funding investments being made.” KPMG (2014)

“CFHI punches above its weight in scaling up innovation. . .” Advisory Panel on Healthcare Innovation (2015)

In 2014, CFHI supported 141 inter-professional improvement teams of 799 healthcare leaders across Canada. CFHI’s programming includes:

2.1. Pan-Canadian Collaboratives

CFHI helps teams of healthcare professionals, patients and families from different jurisdictions work together on common improvement priorities.

2.1.1. Reducing Antipsychotic Medication Use in Long Term Care

Fifteen teams from 57 care homes across the country spread an innovative approach to dementia care, improving the appropriate use of antipsychotics through person-centred, non-medication approaches to managing challenging behaviours associated with dementia.

Results: 54% of residents had their medications discontinued or significantly reduced. 20% reduction in falls.

Potential scale: In Canada, one-in-four long term care residents is currently taking antipsychotic medication without a diagnosis of psychosis. If this collaborative were scaled-up across Canada, over the next 30 years it could reach an average of 105,000 residents each year. This would avoid 448 million antipsychotic prescriptions, prevent 1.6 million falls, 349,000 emergency department (ED) visits and 127,000 hospitalizations. Taking into account program costs, total savings over the first five years would be \$194 million and over 30 years would be \$5.2 billion – with annual savings of \$172 million.¹

2.1.2. INSPIRED Approaches to COPD: Improving Care and Creating Value

Working in partnership with Boehringer Ingelheim Canada Ltd. 19 teams from more than 78 organizations from every province improved chronic obstructive pulmonary disease (COPD) care. By educating patients and family members as part of a COPD action plan and providing access to out-of-hospital clinical assessment and advice, this collaborative has reduced hospital use.

Results: Early results from six teams show an 80% drop in hospitalizations.

Potential scale: In Canada, COPD is the number one chronic disease reason for hospitalizations and readmissions. If this collaborative were scaled up across Canada, over the next 30 years the average annual number of participating patients could reach 14,000. This could prevent 992,000 ED visits, 639,000 hospital visits and 5.8 million hospital bed days. Taking into account program costs, the total

¹ RiskAnalytica (2016). Evaluation of CFHI’s INSPIRED and Reducing Antipsychotic Medication Use Collaboratives: Research Report. Available upon request.

savings over the first five years would be \$688 million and over 30 years would be \$14.3 billion – with annual savings of \$478 million. For every dollar invested in INSPIRED, \$21 in healthcare utilization costs are saved.²

2.1.3. Partnering with Patients and Families for Quality Improvement

Twenty-two teams from healthcare organizations across Canada partnered with patients and families on quality improvement initiatives, with patient and family advisors as core team members. Projects focused on: bedside handoffs between nurses during shift changes; self-management of chronic conditions; and patient transitions from hospital to home.

2.2. EXTRA: Executive Training Program

EXTRA is the only pan-Canadian, 14-month, bilingual improvement fellowship that develops leadership through the implementation of improvement projects. Since 2004, EXTRA has trained over 300 senior healthcare leaders from more than 120 organizations.

“A good idea that is started out in EXTRA spreads out across the system and achieves greater scale than was ever imagined.”

Dr. Bob Bell, Ontario Deputy Minister of Health and Long-Term Care

2.3. Palliative Care

Responding to Budget 2015, CFHI is engaging palliative care stakeholders to develop programming that complements existing efforts, including: evaluating best practices for return-on-investment; and supporting EXTRA teams.

3. THE OPPORTUNITY

Across the industrialized world, governments and healthcare organizations are facing aging populations with growing rates of chronic disease as well as patients and families who want to be engaged in their care. And there are persistent challenges in achieving better care for patients that improves health outcomes, while also maximizing value-for-money.

Since Canada’s healthcare system was designed in the 1950s and 1960s, there has been a shift from acute disease to long-term, chronic disease. The economic toll of these diseases is considerable. In Canada, chronic conditions accounted for 67% of direct healthcare costs in 2009.³

The federal government is working to strengthen the healthcare system, and improve outcomes and care for Canadians. This includes negotiating a new health accord, strengthening home care, improving access to mental health services and supporting pan-Canadian collaboration on health innovation⁴ as well as

² *Ibid.*

³ Elmslie, Kimberly. (2012). Against the Growing Burden of Disease. Retrieved October 31, 2014 from <http://www.ccg-h-csih.ca/assets/Elmslie.pdf>

⁴ Liberal Party of Canada. (2015). A new plan for a strong middle class. Retrieved from <https://www.liberal.ca/files/2015/10/New-plan-for-a-strong-middle-class.pdf>

supporting Truth and Reconciliation Commission recommendations – which include cultural competency training for healthcare professionals.⁵

There is great opportunity for improvement: compared to other industrialized countries, Canada consistently ranks poorly on quality measures. This has prompted PT governments and their delivery systems to focus on improvement methodologies, including Lean and the triple aim. But a lack of improvement capacity limits innovation: “. . . front-line efforts to improve healthcare and augment its value are limited in part by a serious shortfall in working capital, and the absence of a cadre of dedicated and expert personnel who can support efforts to initiate and scale-up improvements in healthcare across Canada.”⁶

CFHI targets the pressing challenges facing healthcare in Canada, focusing on appropriate care for patients who need it most, such as the frail elderly, Indigenous peoples and marginalized populations.

CFHI’s approach and the federal government’s vision for health are aligned and there are many opportunities for the Foundation to contribute to advancing shared priorities. Supporting pan-Canadian collaboration on healthcare innovation and improving the performance of the healthcare system are two areas where CFHI has demonstrated results.

4. THE ASK

CFHI has an urgent need for funding in Budget 2016 to support pan-Canadian healthcare innovation that delivers real improvements in care, health and value.

Budget 2015 provided ‘lifeline’ funding of \$14 million over two years (2015/16 and 2016/17), but this was the minimum needed to keep operating and does not allow for planning. Additional funding only in Budget 2017, would mean an almost complete re-building and loss of momentum as most staff contracts currently end March 31, 2017.

To plan strategically and scale its proven approach to healthcare improvement, CFHI is requesting five-year funding of \$155 million:

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⁵ Truth and Reconciliation Commission of Canada (2015). Truth and Reconciliation Commission of Canada: Call to Action. Winnipeg, Manitoba. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

⁶ Naylor, David. (July 2015). Unleashing Innovation: Excellent Healthcare for Canada. Report of the Advisory Panel on Healthcare Innovation. Health Canada. Retrieved from <http://www.healthycanadians.gc.ca/publications/health-system-systeme-sante/report-healthcare-innovation-rapport-soins/index-eng.php#ch2>

4.1. Proposed Programming

This proposed programming is aligned with CFHI's strategy and addresses Canada's healthcare challenges. However, with new funding CFHI would work with Health Canada and the PTs on these or other priorities.

4.1.1. Move Current Collaboratives from Spread to Scale

2016 – 2019

CFHI would focus on scaling-up work started through the first two spread collaboratives (INSPIRED and appropriate use of antipsychotics). Many stakeholders are interested in working with CFHI to scale these innovations. CFHI is working with the New Brunswick Association of Nursing Homes and the provincial government to scale across the entire province the success achieved by York Care Centre (Fredericton) in the antipsychotics collaborative.

4.1.2. Implement New Spread Collaboratives Focusing on the 'Five Percent'

2016 – 2021

CFHI would focus significant attention on populations that use costly and intensive healthcare services:

- Seniors and the Frail Elderly
- Mental Health and Addictions
- Achieving the Triple Aim: Improving Population Health and Healthcare
- Home Care, Palliative Care and Improving Access to Care

4.1.3. Build on CFHI's Leadership in Patient- and Family-Centred Care

Building on the Partnering with Patients and Families for Quality Improvement Collaborative, in 2017 CFHI would spread across Canada one innovation co-designed by patients and families through a new collaborative. Subsequent collaboratives would: help organizations understand the basics of patient- and family-centred care (PFCC) and co-design; and build the capacity of senior healthcare leaders to become champions for PFCC.

4.1.4. Expand Work on Northern, Remote and Indigenous Health

CFHI's Northern and Remote Collaboration includes health authorities from northern BC, Alberta, Saskatchewan, Manitoba, Newfoundland and Labrador, together with Nunavut, Northwest Territories and Yukon as well as the BC First Nations Health Authority and First Nations and Inuit Health Branch, Health Canada. Mental health and addictions and improving Indigenous health are their priorities.

CFHI is partnering with the BC First Nations Health Authority to document the unique transformation underway in BC and how the new health authority is changing the care, health and wellness of First Nations in BC and lessons learned for other Canadian jurisdictions.

Starting in 2016, CFHI will provide training in cultural competency to all members of the Northern and Remote Collaboration and would subsequently launch a new collaborative on this topic. Thereafter, CFHI would work with the Northern and Remote Collaboration on new approaches to addressing mental health, addictions and youth suicide in northern and remote settings.

4.1.5. Enhance the EXTRA Program

Additional funding would allow CFHI to double the number of teams that participate in EXTRA, to 20-25 teams (of approximately 60-100 fellows) annually.

4.1.6. Enhance Appropriateness

CFHI would create a secretariat for Choosing Wisely Canada and evaluate its work. From 2018 to 2020, CFHI and Choosing Wisely would work with PT governments to enhance appropriateness and ensure better value-for-money in Canadian healthcare.