



The Need to Know...

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Steven Lewis—This Year's Keynote Speaker at the 13th Annual Rural & Northern Health Care Day

Once again, there was an exceptional turn-out at this year's **13th annual Rural and Northern Health Care Day**, held on October 24, with over 150 representatives from all of Manitoba's regional health authorities in attendance.

Steven Lewis, health policy and research consultant, and ardent supporter of the Canadian health care system, was the keynote speaker at this year's event. His presentation focused on the importance of health data and how RHAs can help to "lead the health information revolution". [see *RHAs can be 'Data Champions'*, p. 2 for a summary]

Attendees had the opportunity to participate in two different **roundtable discussions** this year. The first was related to the



Roundtable Discussions
at Rural Day

From Evidence to Action project—RHA representatives discussed internal, modifiable barriers to evidence-informed decision making (EIDM) and potential strategies for addressing them. The second roundtable discussion followed a presentation on the recently released MCHP report *Using Administrative Data to Develop Indicators of*

Quality of Care in Personal Care Homes by MCHP researcher Dr. Malcolm Doupe. RHA representatives reviewed findings relevant to their RHAs, discussing implications and possible responses to problem areas.

A few members of *The Need to Know* Team had the opportunity to tell '**evidence-informed stories**' about the ways in which research generated by the Team has been used to assist with planning in their region. Catherine Hynes reported that Nor-Man RHA has done considerable work on injury prevention strategies based on MCHP report findings, which indicate that injury is the third leading cause of death in the region, and that hospitalizations and physician visits due to injuries are higher than the rest of the province. Maggie Campbell told us about Parkland RHA's increased efforts to improve cervical cancer screening rates based on findings from MCHP reports and from the region's community health assessment. Parkland

has a high incidence of cervical cancer, but screening rates that are significantly below the Manitoba average. Marion Ellis explained how Burntwood RHA uses evidence from MCHP reports to inform and support their strategic health planning efforts aimed at chronic disease prevention. At a provincial level, Lorraine Dacombe Dewar explained how MCHP's Mental Illness report (2004) has contributed to the launching of several provincial mental illness initiatives by Manitoba Health.

Evaluations by Rural Day attendees were overwhelmingly positive, including acclamations about the usefulness of the information presented, and the benefits of being able to interact with colleagues.

Rural Day was preceded by the **regular fall meeting of The Need to Know Team** on October 23, 2006.



The Need to Know Team
October 2006

The first order-of-business was to update the Team on the progress of the **What Works Deliverable**, an additional research project that is being completed with *The Need to Know* Project. Team members reviewed graphs and maps of indicators for the report, most of which have been completed. Work has now begun on the regression modeling component, where analyses will reveal what the best predictors are for each indicator. The qualitative component (i.e. detailed information about RHA policy and program specifics) is still being collected.

As the *What Works* project winds down, work is beginning on the next deliverable—an **RHA Indicators Atlas 2008**, to provide data to be used in the next cycle of the Community Health Assessments by RHAs. Meeting discussions focused on time lines and deciding on which indicators to include.

From Evidence to Action researchers Tannis Erickson and Dr. Sarah Bowen updated the team on the progress of this project. [see *From Evidence to Action—Update* at bottom of page]

From Evidence to Action - Update



The *From Evidence to Action* Phase 1 Report has been released and will be distributed to the participants in the RHAs. It will soon be posted on the MCHP website as well. This report includes the background and activities of the *FEA* project and a discussion on findings and recommendations from Phase 1.

Work on Phase 2 continues with the development and implementation of decision-making tools and processes to assist RHAs in their use of evidence in decision making. Tools that are currently under consideration for development include a Decision-making Checklist, "What is Evidence?", and a guideline for Evidence-informed Briefing Notes.

The Phase 1 Report and initial toolkit items will be introduced

to the participants at the February *Need to Know* Team meeting.

A major change in the project is that Tannis Erickson has resigned from the coordinator position and Pearl Soltys has taken on this role. Tannis was badly needed full time in her position with the Interlake Regional Health Authority – we feel very fortunate that she was able to complete Phase 1 with us. We also want to thank Interlake RHA for allowing a temporary secondment of one of their top staff members!

**see The Need To Know newsletter Vol. 11, Fall 2005, p.2 for FEA project overview. It is available via The Need To Know website: <http://www.rha.cpe.umaniota.ca/newsletters.shtml>*

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(link to *The Need to Know* website from here)

F.Y.I.

- Applications for the Masters of Public Health Degree Program in Community Health Sciences at the U of M will be accepted in January 2007 for September 2007 registration
- the *From Evidence to Action* Phase 1 report is complete and will soon be available on the MCHP website

Steven Lewis : “RHAs can be Data Champions”

Today’s health care system faces serious issues related to rapidly increasing costs, continually advancing technology and an ever-increasing focus on access to, and quality of care.

The good news is that, while challenging, these issues are not insurmountable. **The key to action is DATA!**

Information is needed about the areas in which there is waste, redundancy and/or quality problems. Specifically, what spending has resulted in the best and worst value? What are the medication error rates? How does the quality of care being delivered compare to other regions, provinces and countries? What percentage of hospital admissions are avoidable? What feedback is given to providers about their performance? How many physicians are using computer-assisted prescribing and drug-interaction software?

Better access to a variety of good quality, comprehensive, ‘real-time’ data would help to answer such questions.

There have been some promising developments, including publicly available provincial wait times databases, geographic data that shows needs, services and outcomes by neighbourhood, and the Canadian Institute of Health Information (CIHI) data portal [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=cihi_portal_e]

However, this ‘data revolution’ is just beginning—there is still a long way to go, but **RHAs can help to lead this charge!** Specific recommendations include:

- shifting organizational focus to quality improvement
- developing performance indicators to facilitate quality improvement
- specifying *what* information is needed and *why* (e.g. to monitor and evaluation, to inform the public, the revise policies, to engage the Ministry)
- developing a strategic approach for responding to information (e.g. *what* needs to be changed? *what action* should be taken? *what* are the improvement *targets*?)
- supporting initiatives such as the Electronic Health Record and other investments in information technology

Good quality, comprehensive, easily accessible, current data can help to (i) save lives and avoid harm, (ii) challenge opinions with facts, (iii) empower providers by identifying *what* needs improvement and *how* to improve it, and (iv) make the health care system more transparent and accountable.

The above is a summary of Steven Lewis’ presentation at MCHP’s 13th Annual Rural and Northern Health Care Day, October 2006.



Recent MCHP Reports

There have been several RHA-relevant reports recently released by MCHP:

- *Using Administrative Data to Develop Indicators of Quality Care in Personal Care Homes* (Oct 2006) compares personal care homes and RHAs in terms of the care residents receive
- *Profiling Primary Care Practice in Manitoba* (August 2006) compares patterns of family practice in Manitoba using newly developed indicators of primary care delivery.
- *Defining and Validating Chronic Diseases: An Administrative Data Approach* (July 2006) examines the validity of using administrative data for monitoring the prevalence of specific chronic diseases.

For a complete list of reports, visit the MCHP website (address at top) and click on ‘reports’ for summaries, data and full, downloadable versions of reports.



Steven Lewis

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