



Health Quality Ontario 2018 Value-for-Money Audit

Why We Did This Audit

- Health Quality Ontario (HQO) has a mandate to support continuous quality improvement in Ontario's health-care system and annually report on the performance of the provincial health system. It has never been audited by this Office.
- The Ministry of Health and Long-Term Care (Ministry) relies on HQO to provide useful and timely recommendations on health-care services, medical devices and clinical care standards that can be relied upon in decision-making to improve the health-care system.

Why It Matters

- When health-care providers implement evidence-based medical devices, health-care services and clinical care standards, it should lead to efficient use of resources and better health outcomes for patients.
- In 2017/18, HQO published nine clinical care standards with a goal of improving patient care. Based on HQO's estimates, the number of patients affected by these standards could range from 13,000 to 4.3 million.

What We Found

- HQO has spent \$240 million since April 2011. Although HQO highlights areas in the health-care system where improvements are needed by hospitals and other health-care providers, develops clinical care standards to reduce variation in care and recommends which medical devices and health-care services should be provincially funded, the agency has had difficulty demonstrating what its impact has been on health-care outcomes. HQO does not have the authority to require that health-care organizations adopt its recommendations and advice. Moreover, the Ministry and Local Health Integration Networks (LHINs), which can require health-care providers to follow HQO's recommendations and advice through their funding agreements, are not doing so.
- HQO is not measuring and reporting on the rate at which health-care providers are adopting clinical care standards developed by HQO and using medical devices and health-care services recommended by HQO and approved by the Ministry. HQO is also not assessing what impact its activities are having on the overall quality of health care in the province, particularly in areas that it has identified as needing improvement.
- HQO identifies health-care improvement areas that health-care sectors should consider in their annual quality improvement plans. These priority areas are not mandatory, and, as a result, we noted that hospitals are the least likely to select these priority areas for their quality improvement plans, even in cases where hospitals are performing below the provincial average.
- HQO does not identify a minimum or an ideal target range for each priority area where improvement is needed. We found large variations in targets set by health-care organizations in their quality improvement plans, meaning that the quality of care patients receive will likely continue to vary widely depending on where they receive their care.
- HQO could potentially reduce the time taken and money spent to complete assessments of medical devices or health-care services by collaborating with other jurisdictions or relying on similar work already done in other provinces or by the Canadian Agency for Drugs and Technologies in Health.
- Physicians are not required to receive individualized practice reports aimed at changing physician behaviour and improving their practices' performance. As of July 2018, only 32% of primary-care physicians and 23% of long-term-care home physicians have signed up to receive these reports.

Conclusions

- HQO has had difficulty demonstrating its impact on the health system because the Ministry and LHINs are not ensuring that HQO's recommendations and advice are acted on. Further, HQO does not evaluate whether the various tools it provides health-care providers are being used and whether they are making a difference to the quality of health care in Ontario.
- Since its mandate was expanded in 2011, HQO's costs have increased almost 80%, and since 2013/14, its staff size has increased by almost 90%. The Ministry needs to assess whether HQO's growth in expenditures and staffing is reasonable in relation to its mandate.