Measurement of Medication Safety in Canada

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Singapore
A few words about MSSAs in Canada
MSSA

• Organizational focussed MSSAs:
  • Oncology
  • Long Term Care
  • Acute Care
  • Rehabilitation/Convalescent Care
  • Community/Ambulatory Pharmacy

• Disease/condition specific MSSAs:
  • Anticoagulant safety
  • Hydromorphone safety
MSSA

• Uptake:

<table>
<thead>
<tr>
<th>MSSA</th>
<th>MSSAs completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/Ambulatory Pharmacy</td>
<td>787</td>
</tr>
<tr>
<td>Hospitals</td>
<td>500</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>1493</td>
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• Limited uptake of condition specific MSSAs
MSSA – The future

- Development of a Homecare MSSA (expected release middle 2015)
  - Multi-incident analysis of homecare incidents
  - Literature/Environmental scan
  - Expert groups/panels
  - Pilot studies of the homecare MSSA
MSSA – The future

• Proposal to funders, along with a number of partners, for a prescriber targeted opioid MSSA.
  • Evaluate prescriber’s knowledge base
  • Evaluate prescriber’s clinical practice
  • Evaluate prescriber’s overall safe use of opioids

• Can we reduce harm, addiction and poor outcomes?
Medication Safety Indicators in Canada: The progress in Ontario
Medication Safety Measurement

- Two governmental bodies
  - Ontario Ministry of Health and Long Term Care
  - Health Quality Ontario (HQO)
    - Independent government agency
    - Measure health system outcomes
    - Support continuous quality improvement

- Other reporting bodies
  - CIHI, Media
Medication Safety Measurement

• Goals
  • To progress beyond simple counting to “measure and improve”
  • Begin to create the infrastructure required to drive quality and safety
  • The process is in the early stages
Medication Safety Measurement

• Quality Compass
  • Tools, resources, measurements, ideas, supports, best practices, benchmarking

• Quality Improvement Plan (QIP)
  • Determination of an area of need
  • Focussed set of targets and actions
  • Publicly available
Priority Indicators for QIPs

- Hospital/Acute Care
  - Priority focus: Medication Reconciliation at admission, CDiff rates, ED wait times

- Long-Term Care and Home Care
  - No direct medication safety priority indicators
    - Indirectly – falls, restraints, incontinence, client experience
Priority Indicators for QIPS

- Transitions
  - Transitions in general maintain a strong focus from the government
    - Percentage of discharged patients with a medication reconciliation
    - Percentage of patients with at least one outstanding discrepancy
Primary Care QIPS

• Primary Care
  • A focus for Ontario through HQO

• Where to start?
Primary Care Performance Measurement Framework
(2014 Ontario Primary Care Performance Measurement Steering Committee, May 2014)

Access
- Extent of emergency department, walk-in clinic, urgent care centre use
- Access to a regular primary care provider
- Access to an interdisciplinary primary care team
- Timely access at regular place of care
- Access to after-hours care (telephone and in-person)
- Access to non-face-to-face care (telephone, email, etc.)
- Access to home visits for target populations
- Patient access to their own health information

Integrating
- Information sharing across the continuum of care including patients and family caregivers
- Care coordination with other health and community care providers and services
- Time to referred appointment with medical/surgical specialist or other specialized services
- Hospital admissions and readmissions
- Follow-up with primary care provider post hospital discharge
- Waiting time for community services
- Primary care providers’ access to specialist advice via telephone, email, etc.
- Time to referred diagnostic tests (e.g., CAT scan, MRI, etc.)
- Shared care arrangements for patients to see a specialist in their regular primary care setting

Focus on Population Health
- Per capita health care cost (primary care, specialist care, hospital care, diagnostic, pharmaceuticals, long-term care, community care)
- Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
- Advanced disease/palliative care
- Symptom management (Patient-Centredness)
- Negotiated care plan for patients with chronic conditions (Patient-Centredness and Effectiveness)
- Shared clinical decision-making (Patient-Centredness)

Patient-Centredness
- Preventive care for infants and children beyond immunizations
- Health and socio-demographic information about the population being served (including health status)
- Immunization through the lifespan
- Screening and management of risk factors for cardiovascular disease and other chronic conditions, (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)

Effectiveness
- Chronic disease screening (e.g., cancer, diabetes, hypertension, asthma, depression, dementia)
- Prenatal care

Safety
- Infection prevention and control
- Medication management, including medication reconciliation
- Recognition and management of adverse events including medical errors

Equity
- Equity is a cross-cutting domain and will be assessed in relation to a variety of economic and social variables such as income, education, gender, disability, social support, mental health status, urban/rural location, age, sexual orientation/identity, language, immigration, ethno-cultural identity and Aboriginal status.

Appropriate Resources
- Comprehensive scope of primary care practice
- Funds received by primary care practices (by category)
- Human resources (availability, composition (skills mix) and optimized scope of practice)
- Healthy work environment and safety
- Funding and use of electronic systems to link with other settings (Integration)
- Practice improvement and planning
- Human resources training and professional development, including patient- and family-centred care

Legend
- Measurement area for future consideration
- System level priority
- System & Practice level priority
- Practice level priority
- Provider satisfaction (engagement, culture)
- Information technology investment and expenditure
- Availability of information technology systems
- Total cost of care (Efficiency)
- Provider remuneration methods
Primary Care Measurement

- Approximately 200 performance measures/indicators
- Approximately 25 are medication safety related.
  - Mix of Structure, Process, Outcome indicators
  - Both system level and practice level reporting
  
  www.hqontario.ca/public-reporting/primary-care
Primary Care Measurement

• **Structure**
  - Percentage of primary care practices who have equipment and drugs to treat anaphylaxis
  - Percentage of practices that have an automated/electronic alert system for drug interactions

• **Process**
  - Percent of patients with asthma who were dispensed greater than 4 canisters of SABA in 12 months
  - Percent of patients in a practice that have an annual medication review

• **Outcome**
  - Percent of patients who feel they get enough information about new drugs
  - Percent of patients who have a updated medication list provided by their provider
DOMAIN: Safety (System Level) Part 1

Medication management, including medication reconciliation

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<tr>
<th>Measurement Priority</th>
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<tr>
<td>Percentage of patients who report that, in the past 12 months, they had a review and discussion with their primary care provider of prescription medications they are using</td>
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<tr>
<td>Percentage of patients who report that, in the past 12 months, a health care provider explained the potential side effects of any medication that was prescribed</td>
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<tr>
<td>Percentage of patients who are using two or more prescription medications who report that, in the past 12 months, a health care provider gave them a written list of all their prescription medications</td>
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<tr>
<td>Percentage of patients who, in the past two years, were not sure what a new prescription medication was for or when or how to take it</td>
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<tr>
<td>Percentage of primary care providers/organizations that report using the medication-alert function in their EMR</td>
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LEGEND
- Measure currently reported
- Measure currently reported, but modified wording recommended
- Measure not currently available
<table>
<thead>
<tr>
<th>Measurement Priority</th>
<th>Medication management, including medication reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure Name</strong></td>
<td>Patient knowledge of new prescription medication</td>
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</table>
| **Level of reporting** | System level  
Practice level |
| **Availability**     | System level: Measure not currently available but could be reported using existing infrastructure (Province/Other provinces/Canada/International)  
Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting |
| **Measure description** | Percentage of patients who, in the past two years, were not sure what a new prescription medication was for or when or how to take it |
| **Rating**           | System level: 5.00  
Practice level: 5.00 |
| **Numerator**        | Number of respondents who received a new prescription medication in the past two years and recall a time when they were not sure what it was for or when or how to take it |
| **Denominator**      | All respondents |
| **Excludes:**        | I haven’t received a new prescription medication in the past 2 years  
Decline to answer  
Not sure |
| **Measure source/ data source / data elements/ infrastructure requirements** | Measure source: Commonwealth Fund International Health Policy Survey 2010  
System level potential data source: Population survey  
Practice level potential data source: Practice level patient experience survey  
Survey question: In the past two years, when you received a new prescription medication, was there ever a time when you were not sure what it was for or when or how to take it?  
- Yes, there was a time I was not sure  
- No  
- I haven’t received a new prescription medication in the past 2 years  
- Not sure  
- Decline to answer |
| **Timing and frequency of data** | N/A |
The Drive Forward

• Acute Care, Long Term Care, Home Care
  • Quality Improvement Plans required
  • Organizations are already familiar/comfortable with reporting for compliance
    • The next step will be to turn measurement into improvement
The Drive Forward

• Primary Care
  • Will be required but will be more challenging
    • Multiple disparate practice and funding models
      – Directly funded teams vs independent contractors
      – Large groups vs sole practitioners
    • Minimal experience/comfort with measurement and reporting
    • Seen as another non-clinical burden
    • Seen as another non-remunerated burden
Where does ISMP Canada Fit In?

- Participate in the development of indicators
- Source of expertise in medication safety for HQO/MOHLTC/Organizations
- Source of assessment and safety tools
- Source of education and advice
“Knowing too much of your future is never a good thing.”
– Rick Riordan