



# Through the looking glass

**A practical path to improving  
healthcare through transparency**

**Country report card:  
Canada**

KPMG International

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# Foreword

This study was formulated by KPMG as a way to assess the transparency of healthcare systems around the world. It is generally accepted that more transparent health systems should promote **higher quality care**, as it can lead to a greater level of accountability in the system. This needs to be balanced with appropriate privacy and security controls to keep personal health information safe and secure. We identified a number of key metrics across six dimensions to identify how transparent health systems were. All health systems were scored against the same criteria to identify an overall transparency score. Canada's overall score of 61 percent put it in the second tier of healthcare systems alongside the UK, Australia and Singapore. The first tier was dominated by Scandinavian countries — Denmark, Finland and Sweden.

Canada scored highest on our assessment in the dimensions of 'Governance' and 'Communication of Healthcare Data'. In relation to 'Governance', key factors contributing to the high score included the freedom of information legislation in each province, the availability of procurement activity to the public, and engagement with communities and stakeholders to oversee care and set strategic directions. For the 'Communication of Healthcare Data' we found a vast amount of data relating to quality of care publicly available through the Canadian Institute for Health Information (CIHI) which demonstrated quality of care by individual provider, regionally and by province.

Scores relating to 'Patient Experience', 'Finance' and 'Personal Healthcare Data' were the lowest for Canada. Patient experience measures are not routinely collected across regions, provinces or nationally to allow for comparison, although plans are in place for CIHI to collect more data to be able to report in this area. The score for 'Finance' was lower due to the limited reporting around costs of healthcare available to the public. Personal healthcare data scored lower due to the fact that health systems in Canada have grappled with providing the public with access to their patient records. Efforts continue in this area and some progress is being made.

More generally we found that healthcare organizations generally do not publish as much information on their websites as counterparts in other countries. There could be opportunities for these organizations to provide more information around quality of care shortcomings in order to demonstrate the impact this has had on the organization and more importantly to demonstrate the actions taken to improve care. There could also be opportunities for healthcare organizations to consider how they are assured over the quality of the data being used in day-to-day decision-making and externally reported. Other countries have taken great strides in improving the quality of data.



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To read about these lessons and case studies in more detail, please see full report — *Through the looking glass: A practical path to improving healthcare through transparency*

# What is a transparent health system?

Transparency of health systems matters, but progress to date has been more symbolic than substantive. KPMG's recent report 'Through the Looking Glass' showed the wide variation that exists in how far different countries have pursued transparency in healthcare, with the central message that every system needs to improve how strategically it uses this powerful but potentially damaging tool.

What constitutes 'transparency' in healthcare is hotly contested around the world, but following a global literature search and interviews with experts around the world, we arrived at the following six dimensions as most important:

1. **Quality of healthcare:** transparency of provider-level performance measures, especially the quality of outcomes and processes.
2. **Patient experience:** patient perceptions of their healthcare experience and outcomes.
3. **Finance:** price and payments transparency, and the public nature of accounts for healthcare organizations.
4. **Governance:** open decision making, rights and responsibilities, resource allocation, assurance processes and accountability mechanisms.
5. **Personal healthcare data:** access, ownership, and safeguarding of patient's individual health data.
6. **Communication of healthcare data:** the extent to which all the above is presented in an accessible, reliable and useful way to all relevant stakeholders.

Using these six dimensions we constructed a scorecard to measure each of the world's major health systems. Twenty-seven indicators were measured for each country tracking the extent to which different transparency practices were in effect on a systemic level. Selection of the indicators was on the basis of published evidence and our interviews with experts, under the guidance of a twelve-member global health system transparency steering group. We considered indicators that were: employed by other organizations to measure transparency; likely to highlight meaningful variation across health systems; used by stakeholders to effect positive change; and, identified as important by our interviewees.

Completed transparency scorecards were received from 32 countries, covering most OECD and G20 countries. A composite overall ranking score was created by summing each country's score for every indicator.

## Methodology

This study involved several research stages:

- Summary literature review of the evidence on health systems transparency
- 25 interviews with experts
- Development of the transparency framework and sense-testing with KPMG heads of health and interviewees
- Completion of the transparency scorecard by leaders of KPMG's major health practices
- Transparency scorecard data collected and analyzed by country

## Data health warning

- It is not necessarily good to have a high score because transparency can be harmful as well as beneficial
- The data shows what health systems are currently doing, not whether the transparency is well managed, or achieving good or ill

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A health system that provides accessible, reliable, useful and up-to-date information to all interested stakeholders so they can acquire meaningful understanding of the quality, patient experience, finance, governance, and individual health data associated with the health system, and make judgement on its fairness. ”

KPMG definition of healthcare transparency, Through the Looking Glass (2017)

## Global health systems transparency index – composite results (%)

	Overall Score	1. Quality of Healthcare	2. Patient Experience	3. Finance	4. Governance	5. Personal Healthcare Data	6. Communication of Healthcare Data
Denmark	74	67	62	83	94	93	50
Finland	72	48	46	83	88	86	93
Sweden	71	81	69	75	69	79	50
Norway	69	67	62	83	81	71	50
UK	69	57	85	83	81	57	57
Australia	68	52	62	83	88	64	64
New Zealand	67	38	54	83	94	64	79
Netherlands	67	57	85	75	69	50	71
Portugal	64	48	46	83	63	86	71
Singapore	63	57	77	83	81	43	43
Israel	62	48	92	50	56	79	57
Brazil	61	48	69	67	81	64	43
Canada	61	57	46	50	81	50	79
Spain	61	76	46	42	75	71	43
France	60	48	62	67	75	50	64
Germany	56	29	54	75	63	64	64
Italy	54	57	31	67	56	64	50
Iceland	53	43	54	75	63	50	43
Switzerland	53	33	69	67	69	57	36
R. of Korea	52	29	31	83	56	50	79
Poland	50	29	46	67	56	57	57
R. of Ireland	49	29	31	67	75	79	43
Luxembourg	47	29	46	50	63	50	50
Russia	47	33	38	67	63	50	36
Austria	46	29	31	58	56	64	43
Japan	46	48	31	67	56	43	29
Greece	43	29	38	50	69	50	29
Mexico	42	33	46	42	50	36	50
K. Saudi Arabia	38	29	31	50	50	43	29
South Africa	37	33	31	33	44	50	29
India	36	29	31	42	44	43	29
China	32	29	31	50	31	29	29
<b>Average Score</b>	<b>55</b>	44	51	66	67	59	52

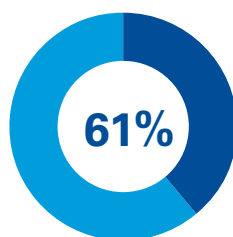
70% and over    60% and over    50% and over    40% and over    Lower than 40%

# In depth reflections on Canada's results

Canada achieved a good overall score of 61 percent placing it in the second tier of countries on the transparency index. This same tier was occupied by countries such as the UK, Australia and Singapore.



## Overall transparency score =



It should be noted that Canada does not have a national health system like most of the other countries included in the study, but rather 13 health systems and provincial/territorial jurisdictions that complicate being able to assess an overall national picture. This analysis uses information available country-wide to provide an indicative assessment for Canada as a whole.

We noted significant variations across the six sections included in this study. 'Governance' and 'Communication of Healthcare Data' were in the top tier with scores of 81 percent and 79 percent respectively. However, transparency around 'Patient Experience' (46 percent), 'Finance' (50 percent) and access to 'Personal Healthcare Data' (50 percent) all scored much lower. Below we go into some of the main drivers for this, as well as highlighting some key insights and possible steps which could be considered to improve transparency scores in certain areas. It should be noted that scores will vary by province, given the provincial level at which healthcare is generally governed. We have attempted to take a whole country view where possible.

### 1. Quality of Healthcare (57 percent)

Canada ranked relatively highly despite the transparency score for this section. This dimension was measured considering the availability and public

reporting of what we considered to be six key healthcare-related performance metrics. The main way in which we found quality metrics relating to healthcare and across health systems was through the Canadian Institute for Health Information (CIHI). Their website provides a whole suite of data and information relating to healthcare performance which is available for the public to view. Indicators are available based on those the public have said are important to them. Comparisons are also made between provinces, and hospitals can also be compared to others in their local area, those of similar scale, within the Province and within Canada as a whole. The amount of data and information available at an individual hospital level was particularly useful in understanding hospital performance relative to others.

Our analysis showed that three of the six indicators were available in the CIHI Your Health System tool. These included mortality rates, re-admission rates and wait times for emergency care. However the three indicators we could not find consistently reported across Canada included mortality rates for individual medical conditions and treatments, adverse event reporting and hospital acquired infections. Some of these metrics were found to be reported at a regional level (e.g. in-hospital mortality rates for selected conditions such as stroke or AMI). We understand from CIHI that additional

data and information is being collected with enhancements to the metrics reported likely to be in place by the Fall of 2018.

Many hospitals and healthcare organizations across Canada provide information to the public on specific indicators relevant to that organization. As healthcare is generally governed at the provincial level, this varies between provinces. For example in Ontario healthcare providers have to prepare a Quality Improvement Plan (QIP) annually and most hospitals provide some form of quality reporting on their websites (although this data was often found to be outdated). This summary includes key metrics relevant to that organization. It does not include metrics which all providers are required to report to allow comparisons and benchmarking to be undertaken. Provinces and territories are provided with annual assessments of DQ across all of the CIHI databases in which they participate and this is a public document. Studies comparing the data collected and coded at the hospital to the interpretation of a "gold standard coder" provide a general assessment of the strengths/weaknesses of the data. The studies are posted on the CIHI website.

CIHI issues a number of documents which comment on data quality. In addition we have found through our work with many healthcare providers across the whole of Canada, there are no routine mechanisms in place for hospitals and healthcare providers to

## Suggested areas for consideration:

- 1) Healthcare organizations should consider the need to focus on a small number of critical indicators that represent the most important priorities relating to quality of care. Home care, mental health and primary care are areas where data gaps may exist which need further attention.
- 2) Provincial governments and regulators should consider mandating the collection of certain data for CIHI to assess data quality and calculate indicators. This could streamline the collection of data and improve comparability.
- 3) While there are regular reviews of data quality performed by CIHI, healthcare organizations should consider undertaking data quality audits on a routine basis to ensure they have the processes and controls in place to report accurately on information being provided publicly and used internally for day to day decision-making.

receive assurance over the quality of data they are using relating to quality of healthcare. If you take the UK for example, every healthcare provider must report annually on a set of key metrics which are mandated by the regulator. This allows for comparison of hospital performance against key quality metrics. What's more, every healthcare organization has to have an independent assurance report on the quality of data used for certain quality indicators.

## 2. Patient experience (46 percent)

This was the lowest score achieved by Canada across all dimensions assessed in our transparency index. This dimension was measured considering the public reporting of key patient experience metrics. These included Patient Reported Outcome Measures (PROMs), patient satisfaction results from surveys, patient approval and patient complaints. We found that broadly these are not reported on consistently across the whole country, and where they are, the results are kept internal to organizations and not shared publicly.

We found that most healthcare organizations have some form of patient satisfaction surveys which they use to obtain feedback from patients. These

might include questions such as how well staff communicated; whether pain was well controlled; and how clean and quiet the care environment was. However these are usually not reported publicly and we did not see evidence of reporting comparisons and benchmarking across Canada or even provincially, apart from some measures of patient experience in primary care where CIHI participates in the annual Commonwealth Fund survey. CIHI has spearheaded the development of a standard hospital Patient Reported Experience Measures (PREMs) survey and data collection system, which has recently been implemented in five provinces. We understand that as data is received, the intent is that the information will be public starting in late 2017.

For patient complaints we were able to locate information around how to make complaints about care or patient interactions with healthcare organizations on their websites. This was not consistent and some did not include the process for handling complaints or a named individual who could be contacted. In addition public reporting of complaints (numbers/type) and actions taken as a result could not be found across healthcare organizations in Canada.

For PROMs and patient approval we did not find public reporting of these areas across healthcare organizations. For patient approval, other countries have developed a 'Friends and Family' test whereby patients are asked to answer one question in a feedback survey setting out whether they would recommend the services of the healthcare organization to friends and family. This is a crude metric which can give a snapshot view of patient experience where hospitals can be compared against each other when reported publicly.

In a world where customer experience is driving decision making, you can see other industries where customers routinely give feedback and this information is publicly available. In fact, a simple internet search will show star ratings given to healthcare organizations although there is no oversight of this in terms of why the specific feedback or rating is provided. We also note that often these tend to be patients or their families wishing to raise concerns or issues so the feedback may not provide a balanced view. But if the information is not collected and reported on, then it is not possible to tell.

## Suggested areas for consideration:

- 4) CIHI continues with plans to improve the collection of PROMs with the support of provincial governments and the requirements of healthcare organizations to engage in these surveys.
- 5) Simple and straightforward patient approval surveys may also provide benefit to healthcare organizations in understanding whether patients and their families had a positive experience during their visit.
- 6) Public reporting of patient experience can also provide patients and their families with greater information to inform choices around healthcare providers (where patients have a choice).



### 3. Finance (50 percent)

This was the one of the lower scores achieved by Canada across our transparency index and compared to its peers. This dimension was measured based on the level of financial information provided, such as audited financial statements, prices charged to insurers and patients and the reporting of gifts and hospitality to staff.

While we found that virtually all healthcare providers across the country publish their annual audited financial statements, costs of healthcare treatments covered by insurers (or the amounts paid by insurers to providers) or those where patients are charged,

are generally not publicly reported. It is debatable in publicly funded systems across Canada as to the benefits of public reporting of costs and whether that can influence a user's decision. However, costs of various treatments are available to the public via the CIHI Patient Cost Estimator. Certain initiatives such as *Choosing Wisely* have been put in place across Canada to encourage family physicians and patients alike to engage in conversations about unnecessary tests, treatments and procedures given the burden that it can place on healthcare providers. It is estimated that 30 percent<sup>1</sup> of tests are not necessary.

We found that gifts and hospitality provided to healthcare staff are generally governed by strict policies (usually informed through legislation which can vary from province to province) requiring disclosure internally but these have not extended to reporting publicly. There has been increased media attention around disclosure of conflicts of interest and provision of gifts and hospitality in relation to large capital procurement projects so further public reporting may be an option to allow for greater transparency.

<sup>1</sup> Source: *Choosing Wisely* Canada ([www.choosingwisely.ca](http://www.choosingwisely.ca))

## Suggested areas for consideration:

- 7) Publicly reporting healthcare costs may increase transparency to help with campaigns such as *Choosing Wisely* which rely on the public to understand the costs and implications of taking unnecessary tests.
- 8) Public reporting of gifts and hospitality provided to healthcare staff could be considered to increase transparency.

### 4. Governance (81 percent)

This was the highest score achieved by Canada and it fared in line with its peers. It was assessed considering a broad range of areas such as Freedom of Information (FoI) legislation, procurement processes and public/patient involvement.

We found that every province in Canada has its own FoI legislation which governs access to information of public sector bodies (including healthcare organizations). The rights of patients and the public are generally set out in various ways so they can understand their access to healthcare given Canada

has a universal healthcare system funded through provincial health insurance. This ensures most (about 67 percent) healthcare services are free at point of use. In other countries we have seen healthcare providers develop patient charters to clearly set out their commitment to patient centric care, but we have not seen this routinely in Canada although there is this broad commitment in almost all strategies of healthcare organizations.

Procurement within the healthcare sector is well publicized given the availability of tenders released online. The decision-making process is

also included as a standard part of any request for proposal or request for services.

The decision-making of healthcare organizations (usually through a Board of Directors) is an area that can often come under close scrutiny. Board minutes are usually published for healthcare organizations in Canada. However, the quality of the Board minutes and information published around Board meetings varies significantly across the country. Some hospitals provide detailed Board minutes with some information on key items of discussion and the decisions reached. Others

provide very limited information which does not give a sense of the discussion held around certain decisions, or key decisions and review of quality related information occurs in closed or in-camera sessions. This may be due to fear of media attention and other forms of scrutiny. While this may happen initially, if healthcare organizations can demonstrate key learnings and actions taken, as publicly funded institutions, they have the opportunity to generate

more transparency around the quality of healthcare and the work being done to improve the quality of care provided. We were not able to find any healthcare organizations in Canada that publish full Board papers (for open sessions) on their website. This is a requirement in countries such as the UK, where Boards are also actively encouraged to hold public meetings and have discussions over quality in those sessions.

We believe that most healthcare organizations proactively engage local communities and their patients in various initiatives relating to strategic decision making. Various forums, meetings and other opportunities are usually given for different stakeholders to feedback during strategic plan development.

## Suggested areas for consideration:

- 9) Increased levels of transparency in relation to Board meetings with quality issues discussed, where appropriate, in public meetings and less use of closed and in-camera sessions (used only for confidential matters).
- 10) Publication of Board papers online with confidential or Personal Health Information (PHI) and Personally Identifiable Information (PII) redacted.

### 5. Personal Healthcare Data (50 percent)

This was one of Canada's lower scores overall, fairing lower than most of its peers. This dimension was assessed considering the access patients have to their personal health data and the policies and legislation in place to protect privacy.

Electronic Patient Records (EPRs) have been talked about for many years in Canada and varying degrees of sophistication exist across the country. The first step, which has been an issue for virtually all provinces, relates to getting a health information system

which is suitable for purposes internally within an organization. Most healthcare organizations have not yet been able to provide patients access to their medical records except in some small pilot programs and projects. Progress is being made but for provinces where multiple health authorities exist and organizations run different EPRs, difficulties and challenges remain transferring information between providers as well as allowing patients access to their information.

Privacy is of the utmost importance to Canadians. There is legislation in place which sets out the requirements of

healthcare organizations and all other organizations who store PHI and PII. We have seen greater regulatory scrutiny around privacy, investigations of privacy breaches and fines being imposed on providers where these breaches occur. The *Digital Privacy Act*, introduced some major amendments to the Canadian privacy act PIPEDA in June 2016. As per the new mandate, some expectations of organizations that experience a data breach include notifying individuals if they face any real risk of significant harm and reporting the breach to the Privacy Commissioner.

## Suggested areas for consideration:

- 11) Continue work to develop access to patient records with strong oversight and leadership at provincial levels to ensure this is co-ordinated amongst providers.

## 6. Communication of healthcare data (79 percent)

This was one of the highest transparency scores achieved by Canada and 2nd overall for all countries who participated. This dimension was assessed against areas such as the accessibility of data, the ability to compare providers, and whether data was up-to-date.

As noted under the 'Quality of Healthcare' section, CIHI provides significant amounts of data and information in relation to the quality of care of healthcare organizations across Canada. This information is supported by the ability to compare providers,

understand performance relative to other regional and provincial providers and the fact the information is available in an accessible format to download. We found that healthcare organizations often published performance against quality indicators on their websites, although this is less structured and more difficult to compare to other institutions that do not report the same metrics.

The score for this section was brought down by the fact that a lot of the data we were able to access was not up-to-date. Some CIHI data around access was from 2015-16, and was the most up-to-date data available at the time of this study. However other data in relation

to effectiveness, safety and efficiency was from 2014-15, so relatively dated. The performance data publicly available on the websites of hospitals also varied. We found monthly reported data that was 3+ months old and quarterly data that was reported that was nearly a year old.


One issue we often hear raised from healthcare organizations is the amount of data they are required to provide, whether it is to the provincial government or other regulatory or regional body. We have no doubt that more up to date quality data exists, but it just does not flow through the system in a joined up and systematic way.


### Suggested areas for consideration:

- 12) Identifying ways to improve the timeliness of data and information flowing to CIHI to ensure timely reporting of metrics where appropriate. This should be joined up with reporting to provincial and other bodies to minimize duplication and effort.
- 13) Healthcare organizations to consider the timeliness of reporting on quality performance on their own websites to ensure this remains up-to-date and relevant to users.

*\* Special thanks to the Canadian Institute for Health Information (CIHI), David O'Toole (President and CEO) and Janet Davidson (Chair) for their engagement and contributions to this report.*

 <p>Dimension 1 <b>Quality of Healthcare</b></p> <p>Total result: <b>57%</b></p>	Indicator	1.1. Mortality/survival rates for individual medical conditions & treatments	1.2. All- cause mortality/survival rates	1.3. Hospital re-admission rates	1.4. Waiting times for emergency care	1.5. 'Adverse event' reporting	1.6. Hospital-acquired infections
		<b>(total possible score = 4)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>	<b>(total possible score = 4)</b>
	<b>Score</b>	1	3	3	3	1	1

 <p>Dimension 2 <b>Patient Experience</b></p> <p>Total result: <b>46%</b></p>	Indicator	2.1. Patient reported outcome measures	2.2. Patient satisfaction	2.3. Patient approval	2.4. Patient complaints
		<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>
	<b>Score</b>	1	2	1	2

 <p>Dimension 3 <b>Finance</b></p> <p>Total result: <b>50%</b></p>	Indicator	3.1. Financial performance	3.2. Prices patients are charged	3.3. Prices health insurers/payers are charged	3.4. Disclosure of payments, gifts and hospitality to healthcare staff
		<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>
	<b>Score</b>	3	1	1	1



Dimension 4  
**Governance**

Total result:  
**81%**

Indicator	4.1.	4.2.	4.3.	4.4.	4.5.
	Freedom of Information legislation	Patient rights	Procurement processes and decision-making	Public decision making	Patient/ Public involvement
	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 3)</b>
<b>Score</b>	3	3	3	2	2



Dimension 5  
**Personal Healthcare Data**

Total result:  
**50%**

Indicator	5.1.	5.2.	5.3.	5.4.
	Electronic patient records system	Shared clinical documentation	Patient data privacy and safeguarding policy	Information on use of patient data
	<b>(total possible score = 4)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>	<b>(total possible score = 3)</b>
<b>Score</b>	1	1	4	1



Dimension 6  
**Communication of Healthcare Data**

Total result:  
**79%**

Indicator	6.1.	6.2.	6.3.	6.4.
	Accessible data	Up-to-date data	Direct comparison of providers and services	Open data formats
	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>	<b>(total possible score = 3)</b>	<b>(total possible score = 4)</b>
<b>Score</b>	3	1	3	4

# Seven features of successful healthcare transparency

There is critical need for transparency to be better managed if it is to deliver its future potential. Our research identifies seven different features that all health systems need to consider more seriously if the gains of transparency are to be unlocked, and risks avoided:

1

**A consistent strategy.** The government of Denmark offers a good example, having successfully created a positive policy and legislative environment, supported by a governance model that focuses on quality of care and quality management.

2

**Take the lead from innovative providers.** The most enlightened stakeholders be they providers, purchasers or payers are not waiting to have transparency imposed on them by legislation, but are looking to how they can best introduce and manage transparency initiatives to improve quality and value. Taking the lead from them is the best way of avoiding a top-down approach (which generates resistance).

3

**Measuring what matters to patients.** Information on patient experience is a key motivator in attracting more consumers to use performance data in healthcare decisions. The Friends and Family Test introduced by the English NHS provides real-time information on patient experience based on a single question asking whether people would recommend the health service they have recently used to friends and family.

4

**Fewer measures, more meaningful data.** One of the most immediate benefits of transparency is that people can see what information is currently collected across the system. This can stimulate useful debates about how much of this is really necessary, and which indicators are most healthful to improving care.

5

**Providing personalized price transparency.** Castlight Health in the US offers a personalized price transparency tool. In line with evidence on what consumers seek from price data to support choice, it provides information on actual costs for individual patients.

6

**A give-and-take approach to safeguarding patient data.** Transparent data security and information governance has become a necessity. In developing a privacy and safeguarding strategy for personal patient data, it is vital that there is a clear 'what's in it for me' argument for patients, in addition to any more abstract benefits to the system.

7

**Promote independent narratives to improve understanding.** Independent data assessment and interpretation enables better understanding of the impact and outcomes of healthcare policies, performance, and markets. Dr Foster in the UK was an early pioneer of independent third party narratives. The Health Care Incentives Improvement Institute (HCI3) in the US, using advanced analytic techniques, provides such narratives currently.



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