

Better Data. Better Decisions. Healthier Canadians.

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Outline

- **Canadian context**
- **Canadian Institute for Health Information**
- **Health data standards in Canada**
- **Challenges and opportunities**
- **Health classifications in Canada**



Canada Facts

- 2nd largest country in the world (127 x larger than Czechia)
- 10 provinces, 3 territories
- 3 distinct Indigenous populations
- 37 million people
- 22% foreign born
- > 200 languages other than English and French

What is CIHI?

- **Canadian Institute for Health Information**
 - Created 1994
 - to coordinate the gathering and dissemination of health data
- **Independent, not-for-profit**
- **Led by a 16-person Board of Directors, with representation from across the country**



“Canadian health information ... is in a deplorable state...”.
National Task Force on Health Information (1991)

Funded by Health Canada and Ministries of Health

All P/T have bilateral agreements with CIHI:

- Specific data sharing agreement (DSA)
- CIHI's pan-Canadian data:
 - provide the foundation for measuring health system performance
 - supports Health Canada and the provinces and territories to develop evidence-based policies and programs

CIHI hosts linkable data across the health care continuum...



Types of care

- Hospital and emergency
- Mental health
- Home care
- Long-term care
- Rehabilitation
- Pharmaceuticals
- Clinical registries: organ transplant/renal, hip and knee replacements; trauma
- More



Patient-reported data

- Patient-reported outcome measures (PROMs)
- Patient-reported experience measures (PREMs)



Health spending

- Patient costing data
- Hospital and regional health authority financial accounts
- Physician billing
- System-wide health expenditures



Health workforce

- Physicians
- Nurses
- Occupational therapists
- Pharmacists
- Physiotherapists
- Allied health professionals
- More

Data holdings

- 10 billion records
- 3 terabytes of unique records
- Pan-Canadian coverage

Linkable data:

- Example: Population Grouper links 8 databases, 3 provinces, over 23 million patients

Health data standards in Canada



Key *national* players in health data standards



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé



Canada
Health
Infoway



Statistics
Canada

Statistique
Canada

Data content
standards for
health system use

ICD-10-CA

CCI

Data and
exchange
standards

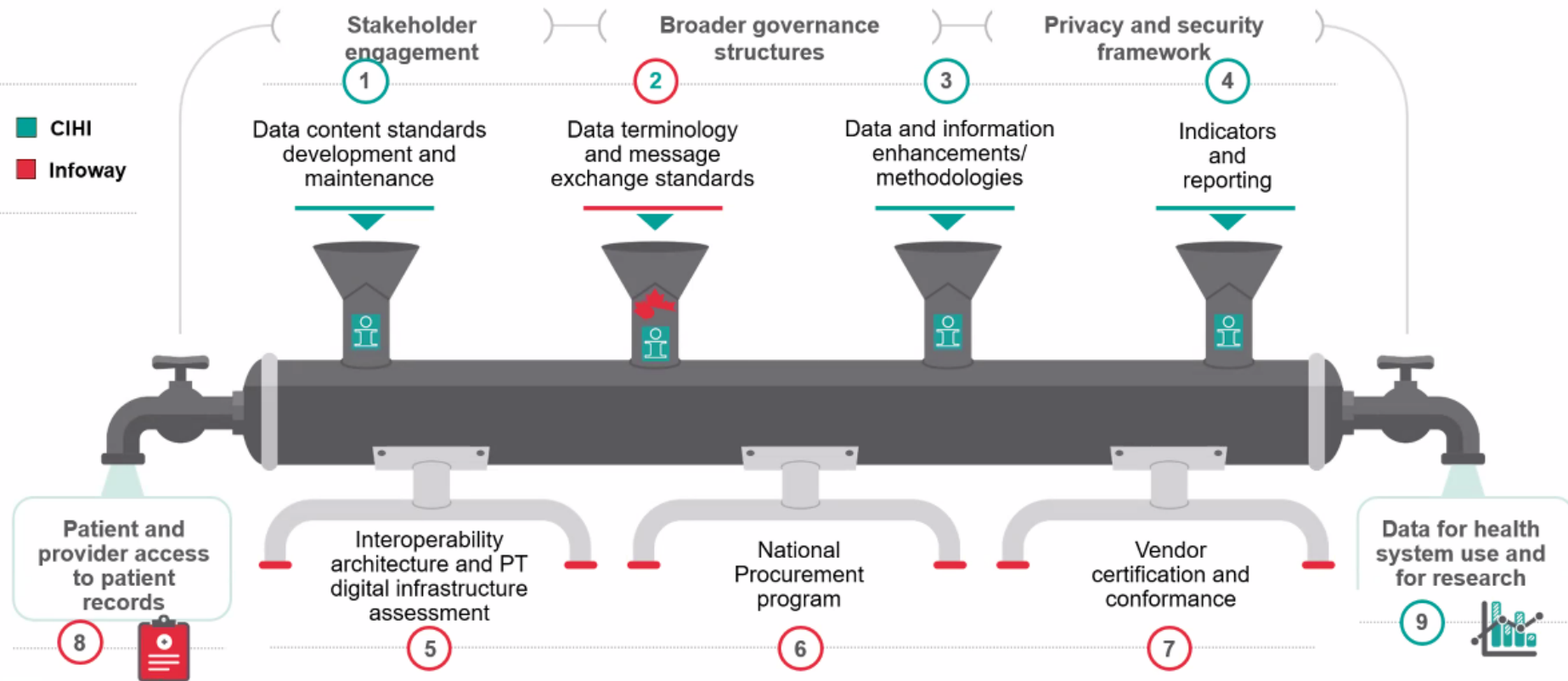
SNOMED CT
release centre

Standards for
data on vital
statistics,
population health,
and social
statistics

CIHI: national standards for Canadian health care information

- **Classifications:** ICD-10-CA; Canadian Classifications of Health Interventions; financial data standards (MIS -Management Information Systems)
- **Data:** Acute and Ambulatory Care Data Content Standard, InterRAI (assessment standards e.g. in long term care, home care); Primary Health Care EMR data standard
- **Reference data** (Reference Data Model to support integration and interoperability)
- **Information standards** (Canadian version of DRGs; large inventory of health indicators)
- **Data and information quality standards** (Information Quality Framework)
- **Privacy and security standards** (Privacy & Security Risk Management Framework)

Infoway and CIHI: unique roles in the health data pipeline



Canadian Health Care System: data challenges and opportunities

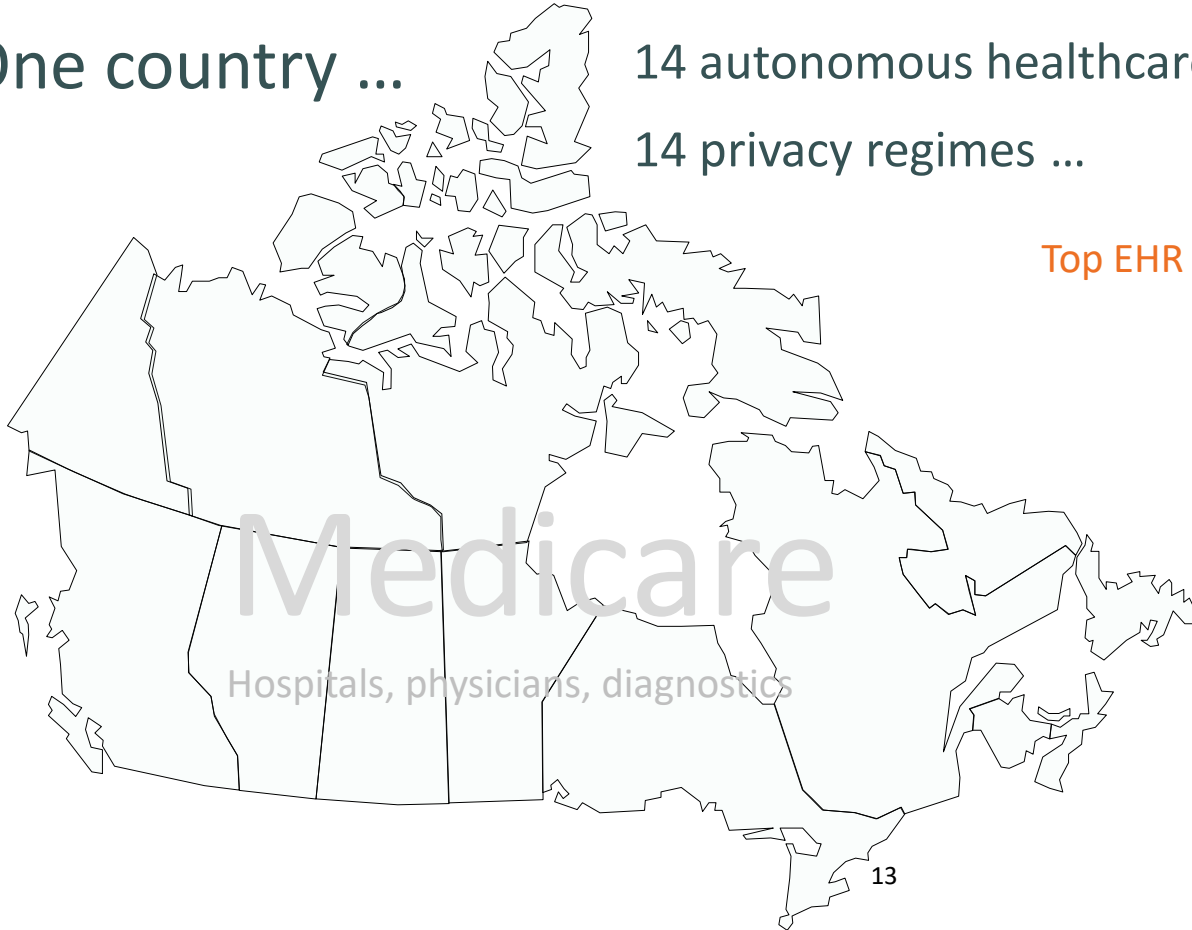


Canadian federalism

One country ...

14 autonomous healthcare systems

14 privacy regimes ...



Medicare

Hospitals, physicians, diagnostics

Top EHR Vendors in Canadian Hospitals:

Meditech: 233

Epic: 134

Cerner: 102

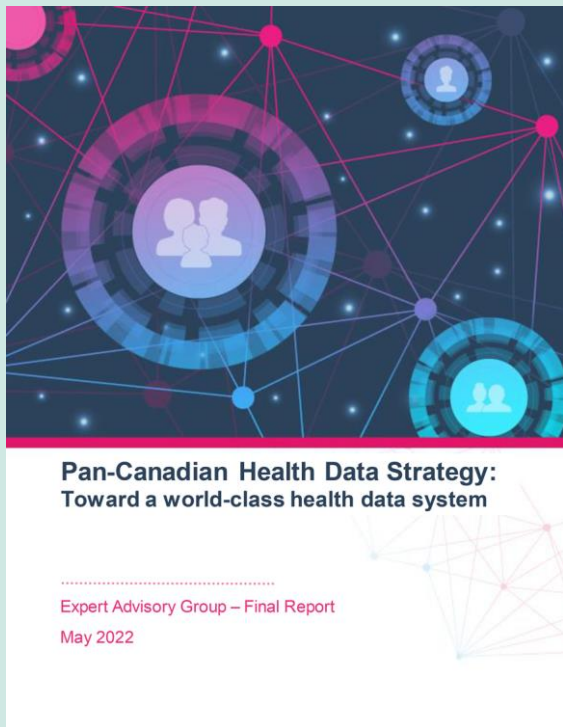
Allscripts: 25

Limited interoperability

Health data in Canada: current state

No common vision for health data across Canada:

- No systematic, principle-based approach to data use in the health sector;
- No strong and coherent governance model for data oversight in the health sector;
- No policy that articulates the duty to share data for the public good while also ensuring it is secure



“Fax machines should be in museums, not a mainstay of 21st-century health care”

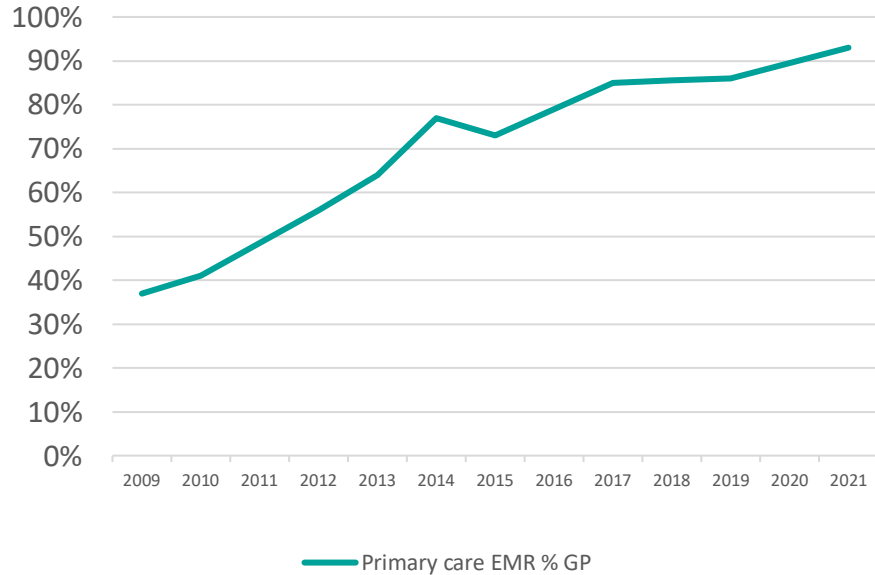


Two-thirds of Canadian physicians use the fax as their primary means of communication with other health care professionals

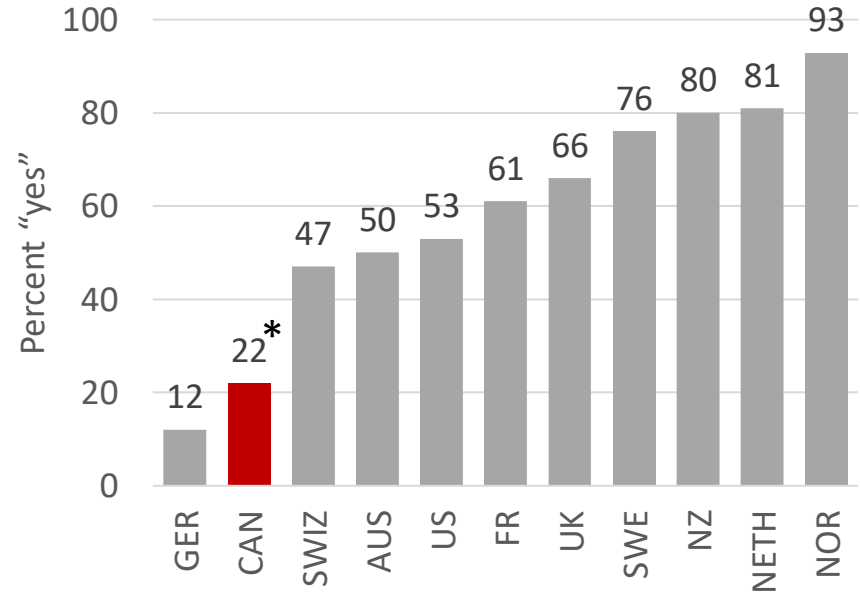
Hybrid use of paper and electronic records still common in Canadian healthcare

Paper death certificates still routine

Primary care EMR implementation

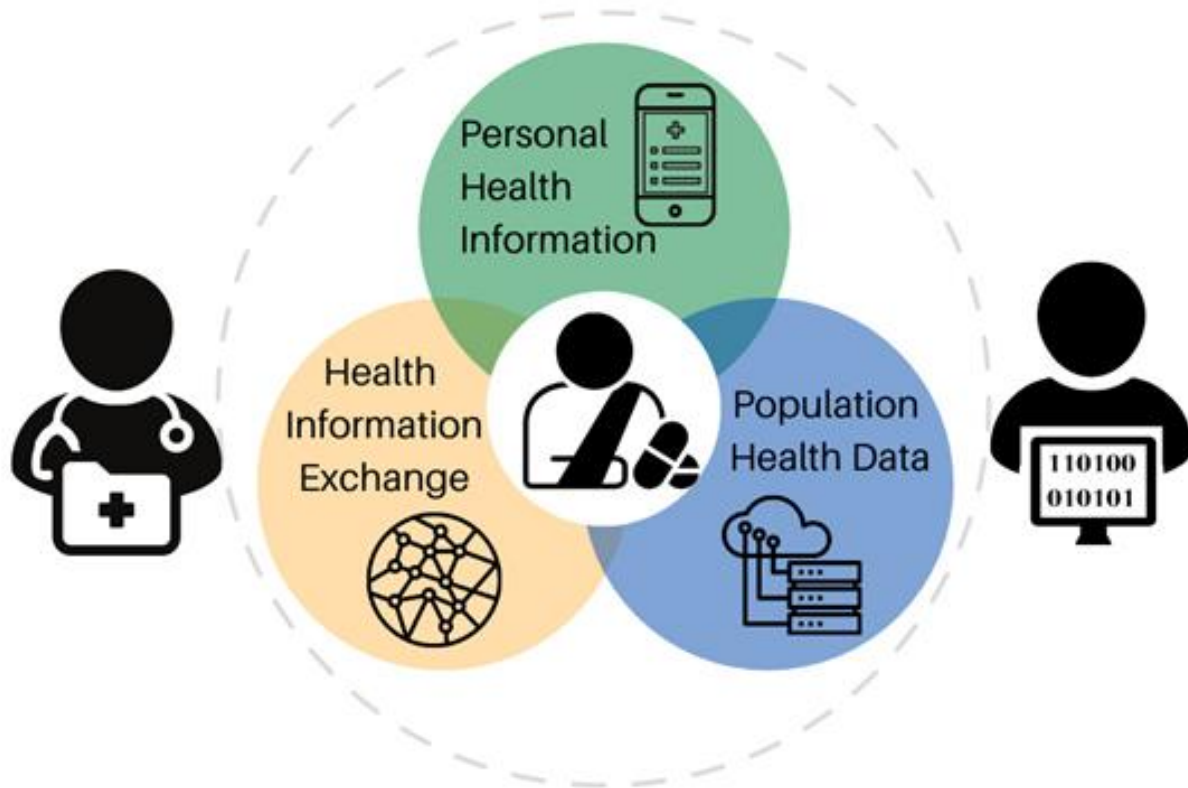


Electronic communication by physicians 2019 International Comparison



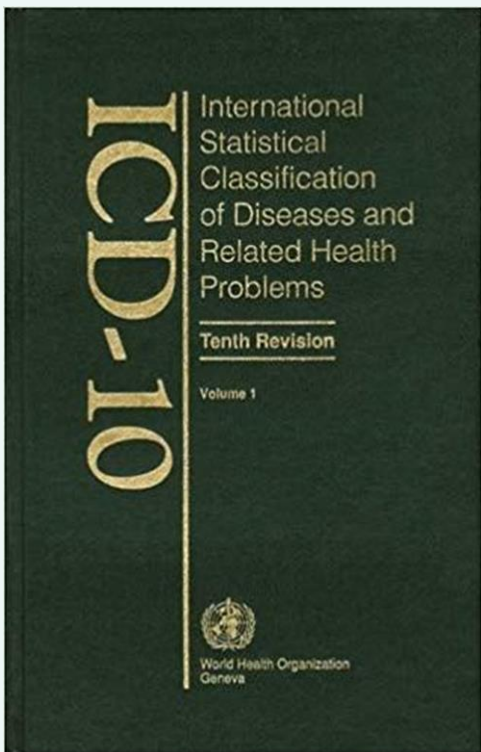
Future State

DIGITAL



Health data standards: classifications

International Classification of Disease



ICD-10 is still used in Canada

- For all acute hospital stays and many emergency department visits
- To classify cause of death (Statistics Canada)

ICD-10-CA

International Statistical
Classification of
Diseases and Related
Health Problems

Tenth Revision, Canada

Volume One — Tabular List

CCI

CANADIAN
CLASSIFICATION
OF HEALTH
INTERVENTIONS

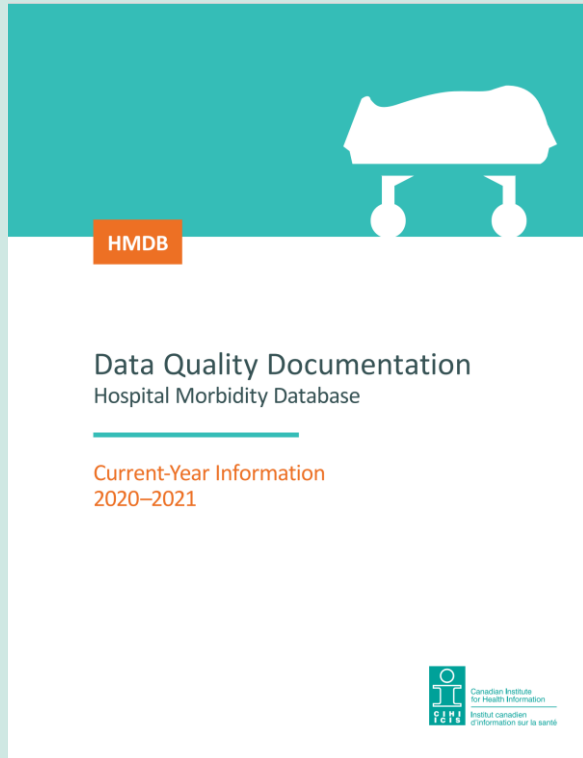
Volume Three — Tabular List



Canadian Institute for Health
Information 2018

ICD-10-CA and CCI

- CIHI maintains, distributes and supports the application of ICD-10-CA, the Canadian modification
 - Modifications mostly involve additional subcategories and specifiers
- CCI Developed by CIHI to complement ICD-10-CA
 - Service provider and service-setting neutral
 - Comprehensive coverage of therapeutic, diagnostic and other associated healthcare interventions
 - Multi-axial



ICD-coded hospital data

- **DAD/HMDB** captures administrative, clinical and demographic information on **ALL** Canadian hospital discharges
- **NACRS** contains data for hospital-based ambulatory care:
 - Day surgery
 - Outpatient clinics
 - Emergency departments



Canadian Coding Standards

Apply to all data sets submitted to the hospital databases

Supplement classification (ICD-10-CA and CCI) rules and coding conventions

Provide direction:

To support national priorities for health data

For mandatory and optional code assignment

On application of diagnosis typing



Ontario 

Schedule of Benefits

Physician Services
Under the
Health Insurance Act
(March 19, 2020 (Effective April 1, 2020))

Ministry of Health







Physician payment databases: ICD-9's last stand

- Most physicians are paid by provincial ministries of health for services provided to patients
- Physician claims for payment must include a *billing code* for the service provided
 - billing code sets vary between provinces
- Claims must include **ICD-9** codes for the health conditions for which the service was provided
- Physician billing databases capture relatively complete and comprehensive information on physician services for all specialties



Uses of ICD-coded data

Case mix

	Hospital inpatient (CMG+)
	Hospital inpatient (HIG)
	Hospital emergency department, clinics, and day surgery (CACS)
	Hospital inpatient mental health (SCIPP)
	Long term care (RUG-III)
	Home care (RUG-III HC)
	Inpatient rehabilitation (RPG)

Public health surveillance



CCDR CANADA COMMUNICABLE DISEASE REPORT
canada.ca/ccdr

NOSOCOMIAL INFECTION SURVEILLANCE

BEST PRACTICES Canadian Public Health Laboratory Network on COVID-19

SURVEILLANCE Health-associated infections in Canada

NEXT ISSUE JUNE 4, 2020

Public Health Agency of Canada / Agence de la santé publique du Canada

THE CANADIAN CHRONIC DISEASE SURVEILLANCE SYSTEM

AN OVERVIEW

The Canadian Chronic Disease Surveillance System (CCDSS) is a collaborative network of provincial and territorial surveillance systems, supported by the Public Health Agency of Canada (PHAC). The CCDSS enhances the scope of data on chronic disease in Canada and supports the planning of health resources and the development of health policies and programs. It collects data on all residents who are eligible for provincial or territorial health insurance and can generate national estimates and trends over time for over 20 chronic diseases (see the textbox "Chronic diseases included in the CCDSS").

CHRONIC DISEASES INCLUDED IN THE CCDSS

<p>Cardiovascular diseases</p> <ul style="list-style-type: none"> heart failure hypertension ischemic heart disease, including acute myocardial infarction stroke <p>Chronic respiratory diseases</p> <ul style="list-style-type: none"> asthma chronic obstructive pulmonary disease <p>Mental illnesses</p> <ul style="list-style-type: none"> mental illness mood and anxiety disorders schizophrenia 	<p>Diabetes</p> <p>Musculoskeletal disorders</p> <ul style="list-style-type: none"> osteoarthritis gout and crystal arthropathies rheumatoid arthritis juvenile idiopathic arthritis osteoporosis osteoporosis related fractures <p>Neurological conditions</p> <ul style="list-style-type: none"> dementia, including Alzheimer's disease epilepsy multiple sclerosis parkinsonism, including Parkinson's disease
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More information on these diseases is available at: www.canada.ca/en/public-health/services/chronic-diseases.html.

¹ In this document, the term 'chronic diseases' is also used to refer to chronic conditions, disorders, or health related consequences or events.

Publicly accessible open data

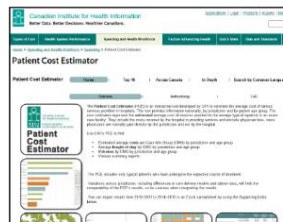
Examples

Interactive analytical tools

Your Health System

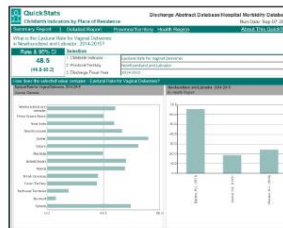


Patient Cost Estimator



Quick Stats

Interactive data



Pre-formatted data tables

Province/Territory	Number of Discharges	Number of Admissions
Alberta	1,234,567	1,234,567
British Columbia	1,234,567	1,234,567
Manitoba	1,234,567	1,234,567
Ontario	1,234,567	1,234,567
Quebec	1,234,567	1,234,567
Saskatchewan	1,234,567	1,234,567
Atlantic	1,234,567	1,234,567
Nunavut	1,234,567	1,234,567
Northwest Territories	1,234,567	1,234,567
Yukon	1,234,567	1,234,567

Analytical publications



ICD-11: preparing for implementation

ICD-11 implementation decision

- **As a decentralized federal state Canada is reliant on intergovernmental instruments to facilitate and coordinate pan-Canadian policy and program areas**
- **Multiple health information organizations with separate governance structures, *but no single organization that is responsible for all aspects of health information in Canada***
- **Conference of Federal/Provincial/Territorial Deputy Ministers of Health (CDM)**
 - 14 members
 - Made the decision regarding implementation of ICD-10

Considerations for Canada

Data Collection & Standardization

- More codes required in ICD-11 to capture same diagnostic concept in ICD-10-CA
- Determination of level of specificity required for Canada & assess the need for a Canadian linearization
- Coding standards & sanctioning rules
- Structure change - Stem codes and extension codes
- Implications for Coding Workforce
- Translations - French

Applications & Systems

- Any system, database, and reporting tools that capture and utilize ICD-10-CA codes will be impacted
- Case Mix, population risk adjustment grouper, intensity weight measure
- Methodology changes for decision support, indicator development, Data Warehouses & Reporting tools (Your Health System: Insight & Portal)
- Edits and Submissions systems – Vendor and CIHI
- Registries e.g.,
 - Cancer Registries
 - Rare Diseases

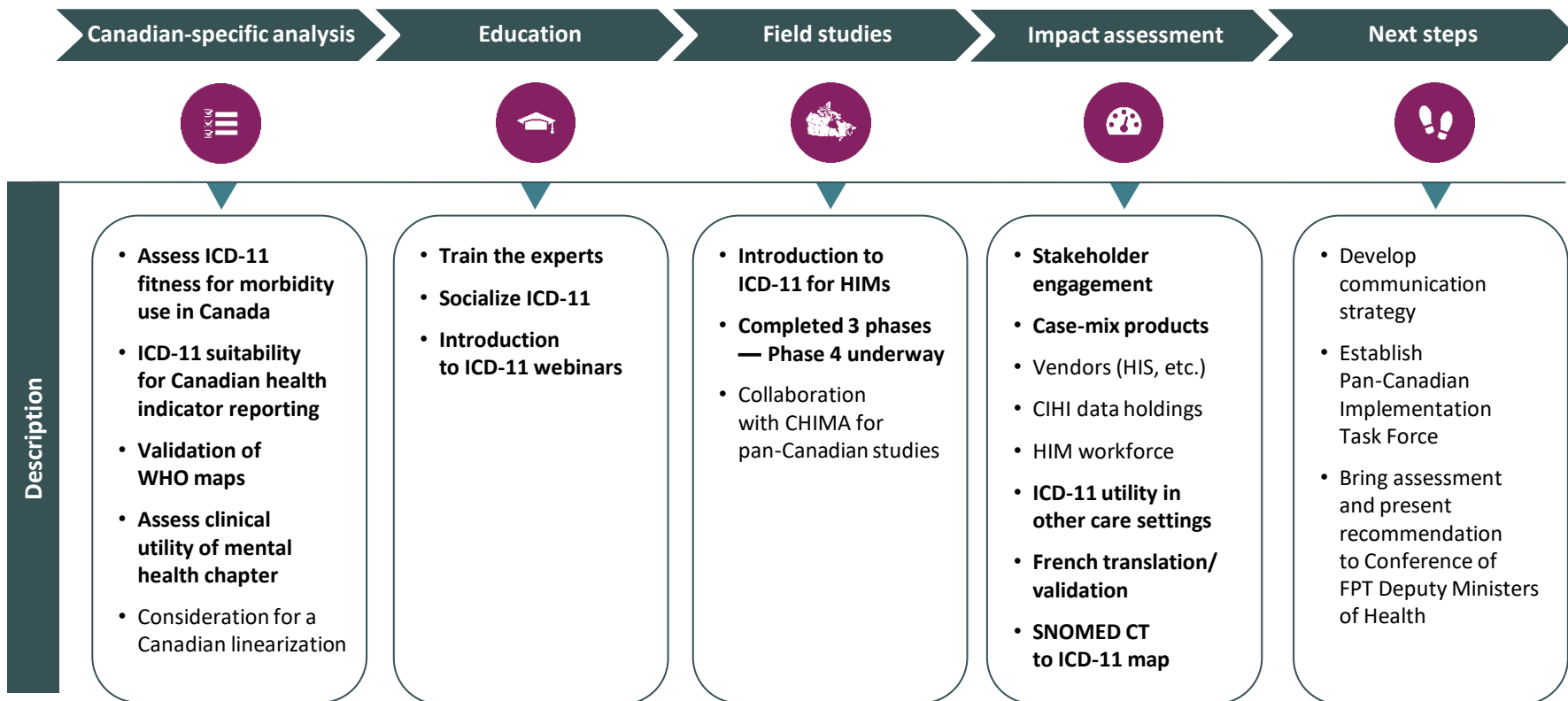
Other Support

- Conversions and crosswalk maps
- Client support for coders and analysts

Education

- Development of ICD-11 education & consideration of existing education
- For use in other settings (non-acute)

Implementation preparation activities





Canadian Institute for Health Information

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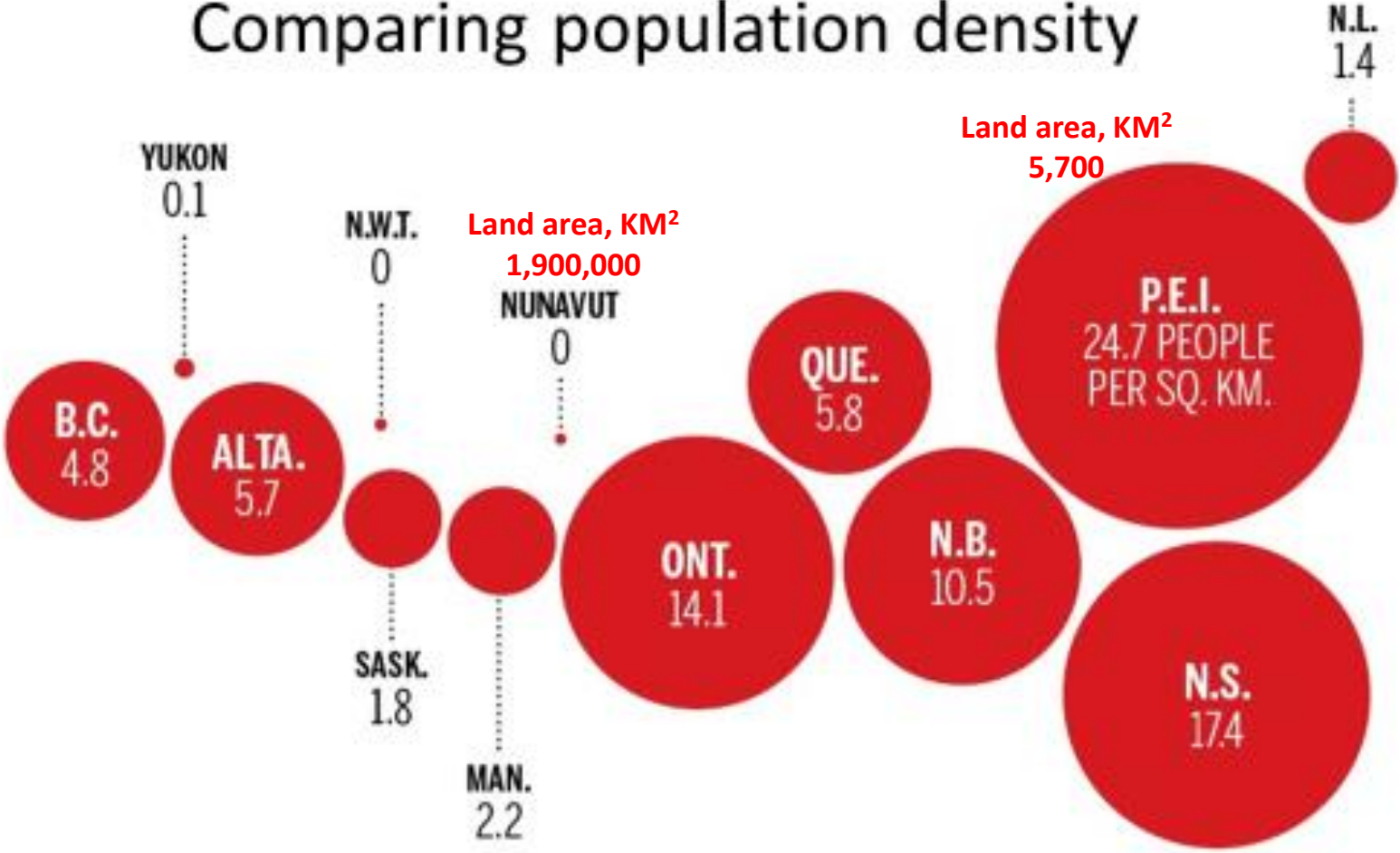


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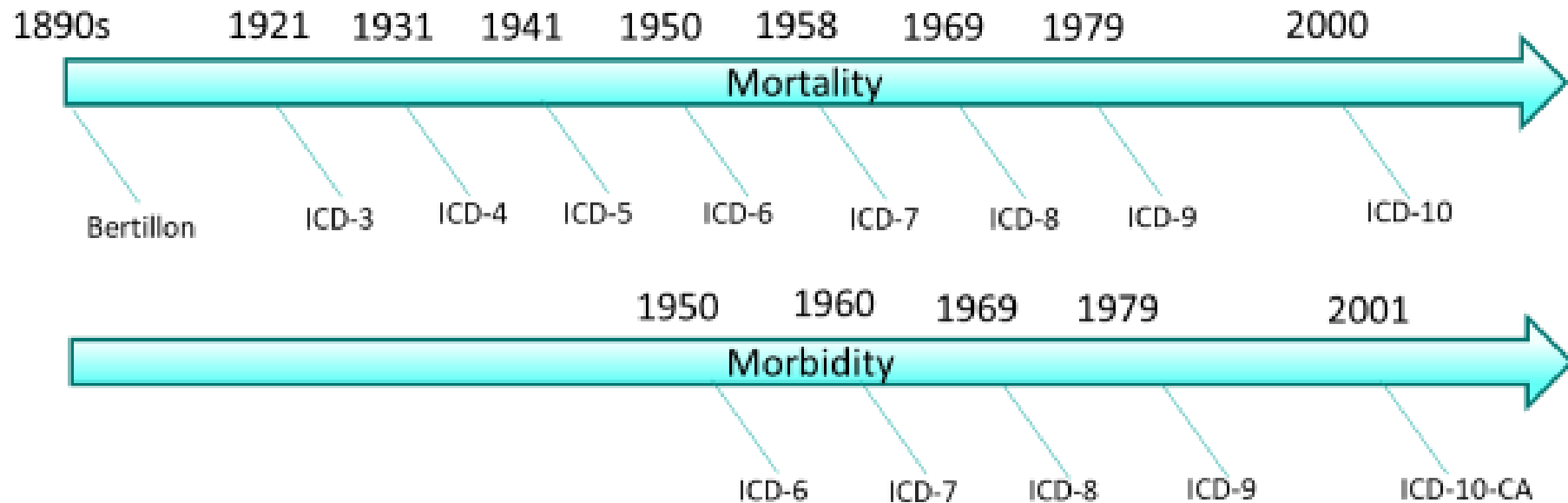
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Comparing population density



ICD in Canada



Population distribution

Name	Total (2021)	%	Density per KM ²	Land area KM ²
Ontario	14,223,942	38.45%	15.2	908,699.33
Quebec	8,501,833	22.98%	6.5	1,356,625.27
British Columbia	5,000,879	13.52%	5.4	922,503.01
Alberta	4,262,635	11.52%	6.7	640,330.46
Manitoba	1,342,153	3.63%	2.3	552,370.99
Saskatchewan	1,132,505	3.06%	2.0	588,243.54
Nova Scotia	969,383	2.62%	18.4	52,942.27
New Brunswick	775,610	2.09%	10.9	71,388.81
Newfoundland and Labrador	510,550	1.38%	1.4	370,514.08
Prince Edward Island	154,331	0.42%	27.2	5,686.03
Northwest Territories	41,070	0.11%	0.04	1,143,793.86
Yukon	40,232	0.11%	0.08	474,712.68
Nunavut	36,858	0.10%	0.02	1,877,778.53
Total	36,991,981	100%	4.2	8,965,588.85



Truth and Reconciliation

Commission of Canada

