

# “Functional Assessment and ICF in Canada: Proposals and Aims”

A proposed paper for the *Health Care Financing Review*

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## Abstract

Like many countries, in Canada a central obstacle to evidence-based health care quality assessment and health system performance assessment are reliable data based on health encounter and episodes of care. The Federal and Provincial agencies responsible for Canada’s health care delivery systems have recently signed a Health Accord, which makes proposals for enhanced health and functional status data collection, including initiatives at the Canadian Institute of Health Information (CIHI) to standardized functional status information for administrative records across the full continuum of care. These initiatives are in recognition of the need to track and monitor health encounters across episodes of care, and in particular to bridge the gap between acute, in-patient rehabilitative and community-based care. Functional status information is precisely the data needed to bridge these gaps, inasmuch as alterations in functional status creates the continuity that links all episodes of care and health service utilization. Importantly as well, functional status, in the case of chronic disabilities, links the health care system with the other health and social services that may be called up by the individual. The Health Accord also created an agency to develop electronic health records for ease of data collection. Overall, the prospects for a coherent, across-the-system, data collection mechanism are made more likely given Canada’s universal, single-payer, health financing structure. But, in order for these goals to be realized, a standardized functional status classification is needed, in terms of which minimal functional data set, and standardized assessment tools, can be based. For this purpose, the International Classification of Functioning, Disability and Health (ICF) is the most likely tool. This paper surveys these proposals, describes their development, and speculates about their ultimate level of success.

### A. Background: a context for optimism

#### Canada Health Act:

- Hospital Insurance and Diagnostic Services Act (1957); Medical Care Act (1968); Canada Health Act (1984)
- Federal government responsible for cash transfer under Canada Health and Social Transfer
- Provinces responsible for administration and delivery of health care services, subject to
  - Program Criteria: Public Administration, Comprehensiveness, Universality, Portability, Accessibility
  - Program Conditions: Information centralized at federal level; Recognition of role of each level of government
- Sets the stage for a centralized, information-friendly, infrastructure

#### Health Accord:

- In September, 2000 the Federal government, a decade of funding cuts under the Canada Health and Social Transfer, an accord was reached providing i) federal cash transfer of \$21.1 billion to help the provinces cope with the increases in health care expenditures; ii) \$2.3 billion in targeted funding to help provinces deal with three major development areas: medical equipment, primary care reform, and health information technology.
- .5 billion for health information technology, with first ministers accord to collaborate in this area.
- Health Accord focuses on the need for improved accountability, and in particular providing regular and comprehensive reporting on the health programs and services delivered, health systems performances and meeting priorities set.
- Accountability agenda emphasized performance reporting on health status, outcomes and quality of service, with a first report by September 2002.
- Support for universality, accessibility, comprehensiveness, portability and public administration
- Focuses on need for improved accountability: performance reporting on health status outcomes and quality of service (1st report September 2002)
- First Ministers' Communiqué on Health – September 11, 2000: “All governments have made major investments in health information technologies in recent years to improve a care and health system management. First Ministers agree to work together to strengthen a Canada-wide health infrastructure to improve quality, access and timeliness of health care for Canadians. First Ministers also commit to develop electronic health records and to enhance technologies like telehealth over the next few years. Governments will continue to work collaboratively to develop common data standards to ensure compatibility of health information networks. This will lead to more integrated delivery of health care services. They will also ensure the stringent protection of privacy, confidentiality and security of personal health information.”

## **Canadian Structures and Initiatives in Health Information**

- **Background history:**

1994-7      Information Highway Advisory Council

1994-7      National Forum on Health

1997-9      Advisory Council on Health Infostructure

1997          Office of Health and the Information Highway (OHIH)

The Office of Health and the Information Highway (OHIH) was created in the summer of 1997 as Health Canada's focal point for all matters concerning the use of information and communications technologies (ICTs) in the health sector. OHIH coordinates, facilitates and manages health infostructure-related activities, both within Health Canada and with external stakeholders. OHIH promotes the development of policy in the areas of electronic health records, protection of personal health information, telehealth and facilitates the sharing of information about ICTs in health.

2000          *Vision 2020 Workshops*

2000-2      Canada Health Infostructure Partnership Program

The Canada Health Infostructure Partnerships Program (CHIPP) is a two-year, \$80 million, shared-cost incentive program, aimed at supporting collaboration, innovation, and renewal in health care delivery through the use of information and communication technologies. CHIPP will invest in model

implementation projects in two strategic areas: telehealth and electronic health records model projects. The Program will help improve accessibility and quality of care for all Canadians while enhancing the efficiency and long term viability of the health system.

2000 *Canada E-Health 2000: From Vision to Action*

- Prime Minister's National Forum on Health (1997) Vision of an Evidence-Based Health System: "In an evidence- based health system, sufficient, useful evidence is available for all health and health care decisions. Information systems and technology are state of the art. Decision makers at all levels of the health system are able to get access to relevant and timely information on population health strategies and both medical and non- medical health determinants. Information is integrated and readily accessible from all health sectors and from other sectors which affect health."
- Advisory Council on Health Infostructure (1997): to develop a Canadian vision for a health infostructure and identify its basic shape and the essential needs it should meet; establish national priorities for improving the capabilities of a Canadian health infostructure to meet the needs of specific categories of users; identify and prioritize issues, challenges and barriers to the effective use of information technologies and systems in a Canadian health infostructure and recommend coordinated approaches and solutions; develop a long- term strategy to achieve a Canadian consensus for building a Canadian health infostructure; generate an agenda for action by all stakeholders to advance the implementation of the most vital components of a health infostructure.
- **Vision Statements:**
  - **"Vision of Canada Health Infoway" (ACHI):** "The Canada Health Infoway empowers individuals and communities to make informed choices about their own health, the health of others and Canada's health system. In an environment of strengthened privacy protection, it builds on federal, provincial and territorial infostructures to improve the quality and accessibility of health care to enable integrated health services delivery. It provides the information and services that are the foundation for accountability, continuous improvement of health care and better understanding of the determinants of Canadians' health."
  - **"Canada Health Infoway: Paths to Better Health" (1999):** the creation of a Pan-Canadian health information highway... "to strengthen single-payer, publicly funded health care systems guided by Canada Health Act...seamless delivery of patient care across health system ...health impacts, financial and administrative implication of health management decisions...information on health determinants...quality and cost of health care"
  - **"Health Information Roadmap – An Action Plan for the 21<sup>st</sup> Century"**(CIHI): A Canadian health information system ...Integrative, consistent data; Standards development; Linking health determinants, interventions and outcomes; Relevant, flexible data; Data sharing; User-friendly and accessible data
- **Components:**
  - "Blueprint and Tactical Plan for a pan-Canadian Health Infostructure"

## (2000, ACHI): Electronic Health Record; Telehealth Infostructure Standards

- Electronic Health Records: “the focus of the electronic health record could be on a minimum data set longitudinal health record, applied across the continuum of care.”  
“interface hospitals, community health centres, long term care facilities, physicians offices, community pharmacies, laboratories and other clinical data repositories.”  
“...essential to allow the development and implementation of integrated health care provider solutions and to allow for substantive gains in the area of health information for the public”
- “Of paramount importance is an expandable electronic health record core data set that, at a minimum, should include standards for demographic, registration, laboratory, diagnostic and medication data, but that might also include communicable disease, immunization, community and continuing care and mental health data. These future incremental additions to the core data set would enable the electronic health record implementation to be extended across the continuum of care.”
- **Other national/provincial health information initiatives**
  - National Health Surveillance System
  - Canadian Health Network
  - First Nations Health Information System
  - Advisory Committee on Health Infostructure
  - Canadian Coordinating Office for Health Technology Assessment
  - Canadian Initiatives on Networking Clearing House - Telehealth
  - Canadian Institute for Health Information - Roadmap Initiative
  - EUCan e-Health, European Union-Canada Health Telematics Initiative
  - Health Infostructure Support Program (Health Canada)
  - National Health Surveillance Infostructure (Health Canada)
  - Nationwide Immunization Records Network (Health Canada. Health Protection Branch)
  - Alberta Research Council. Telehealth Interoperability Lab
  - British Columbia. Office of Health Technology Assessment
  - British Columbia Telehealth Initiative
  - New Brunswick Health and Community Services - Tele-Care
  - Newfoundland & Labrador Centre for Health Information
  - Québec. AÉTMIS - Agence d'évaluation des technologies et des modes d'intervention en santé
  - Québec. Ministère de la Santé et des Services sociaux. Le réseau de télécommunications sociosanitaire
  - Saskatchewan Health Information Network

### **Summary of context for optimism:**

- Canada Health Act: provides centralized data legal framework and commitment to pan-Canadian health information comparability
- “Health Accord”: ensures commitment to health information and funding for development
- Canadian Health Infostructure: provides Administrative infrastructure; commitment to HER in particular, experience, expertise, linkages and partnerships

## **B. Including functional status information into this developing Canadian information context, action steps**

Step 1: Convince stakeholders that functional status information is ...

Health information  
Health care outcome information  
Distinct from diagnostic data

Step 2: Standardization

Step 3: Feasibility of collection in, e.g. EHRs

## **C. Prospects**

- **“Towards Electronic Health Records”** (OHIP, 2001):

**Data components** are Person identifier; facility identifier; provider identifier; administrative information; and health information: “Health data in a standardized format (e.g. diagnosis, x-rays, prescriptions) that are the result of interactions between individuals and their health care providers.”

**Sources of Health-Related Data:** Individual, physician visit, families, nurses, community health services, laboratory, hospital encounters, pharmacy prescriptions, Occupational therapists, dental visits, podiatrists, respiratory therapists, psychologists, social workers, physical therapists, optometrists, dietitians, radiology technologists, chaplains

*But many of these people will report functional status information*

**Key barrier:** Key barrier: lack of standardized health information:

Lack of a common core set of elements  
Lack of standards for coding  
Lack of comparable data from diagnostic tests  
Lack of comparable data across continuum of care

## **D. Conclusion**