5
MANDATORY PROGRAM INDICATOR QUESTIONNAIRE RESULTS 2002

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, December 9, 2004, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive this report regarding York Region Health Services Department's 2002 compliance with Ontario's Mandatory Health Programs and Services Guidelines for information purposes.

2. PURPOSE

The purpose of this report is to provide Health and Emergency Medical Services Committee and Regional Council with an overview of the performance of the York Region Health Services Department with respect to compliance with the Mandatory Health Programs and Services Guidelines (MHPSG), for the reporting period January 1 to December 31, 2002.

3. BACKGROUND

The MHPSG, which were last revised in December 1997, consist of three general standards and 14 program standards that set out minimum requirements for the mandatory public health programs. General standards outline considerations or activities to be undertaken in planning for the mandatory programs and include Equal Access, Health Hazard Investigation, and Program Planning and Evaluation. The Program Standards "specify the minimum requirements to be carried out by each board of health for each program in order to contribute to the achievement of stated, province-wide public health goals." At the time of this report, the Ministry of Health and Long-Term Care (MOHLTC) is reviewing the following program standards: Child Health, Chronic Disease Prevention, Early Detection of Cancer, Injury Prevention and Substance Abuse Prevention and Reproductive Health. Consultation drafts for these mandatory programs were developed in the fall of 2000 and have not been approved by the MOHLTC to date.

The MOHLTC collects data annually from each health unit through the completion of a Mandatory Program Indicator Questionnaire (MPIQ). The completed questionnaire (which was designed by the MOHLTC) is used to assess each health unit's compliance rate for all 17 mandatory programs. This report presents the most current MPIQ information available from the MOHLTC.

3.1 MPIQ Process

The annual MPIQ process has been in place since 1999. The MPIQ compliance results for 2002 were received from the MOHLTC in September 2004. The MPIQ provides detailed compliance information for each of the 242 requirements contained in the MHPSG. This information can be used to assess overall compliance and mandatory program-specific compliance with the MHPSG.

Once a year, each health unit receives the MPIQ package. Each mandatory program standard has its own specific set of questions. Responses to the MPIQ across the various public health program areas are prepared and returned to the MOHLTC for review. MOHLTC Mandatory Program Consultants review and score the MPIQ results for each health unit. The scoring system or criteria to obtain a 100% compliance rating for particular MHPSG requirements is not shared with the local health units. MPIQ results and some requirement-specific comments from the MOHLTC consultants are received by health units during the following year. Generally, there is no correction process or quality assurance with respect to MPIQ scoring.

Depending on the mandatory program, MHPSG requirements have targets that are absolute (e.g. ensure that all cases/suspected cases are fully investigated according to the 1998 MOHLTC Tuberculosis Control Protocol) and/or population-based (e.g. provide group parenting sessions on developmental milestones and immunization, nutrition, and other topics at a frequency of 20 group sessions per 100,000 population).

3.2 Need for Updated MHPSG

The current requirements of the 17 mandatory programs vary significantly in terms of the degree of prescription of activities. This variation occurs within given programs as well as across the mandatory programs. One of the challenges in delivering local public health programs which fully meet the MHPSG is that the programs were developed separately and need to be updated. The Effective Public Health Practice Project is a key initiative of the Public Health Research, Education and Development (PHRED) Program. The PHRED Program has completed and disseminated at least 68 reviews on the effectiveness of public health interventions since the time the MHPSG were last updated in 1997. The MHPSG need to be based on current evidence and the “yes/no” MPIQ compliance measurement tool needs to be replaced by more valid measures for assessing the performance and overall effectiveness of public health programs and services delivered by health units.

4. ANALYSIS AND OPTIONS

Highlights from the 2002 MPIQ results compared to the provincial average and changes in compliance from the 2001 MPIQ results are discussed below.

4.1 2002 Compliance Highlights

Based on the MOHLTC review of the completed MPIQs for 2002, the York Region Health Services Department saw an overall increase in compliance of 5.1%, from 80.0 % in 2001 to 85.1% in 2002 (*see Attachments 1 and 2*). In comparison, the compliance for the province as a whole saw an average increase of 2.9%, from 81.1% to 84.0%.

Full 100% MPIQ compliance in 2002 was noted for the following nine mandatory programs:

- Equal Access
- Health Hazard Investigation
- Program Planning and Evaluation
- Early Detection of Cancer
- Control of Infectious Disease
- Food Safety
- Infection Control
- Rabies Control
- Safe Water

An increase in MPIQ compliance between 2001 and 2002 was seen in the following four mandatory programs:

- Chronic Disease Prevention (+18.8%)
- Infection Control (+13.0%)
- Child Health (+11.1%)
- Control of Infectious Disease (+6.2%)

A decrease in MPIQ compliance between 2001 and 2002 was seen in the following four mandatory programs:

- Reproductive Health (-14.0%)
- Vaccine Preventable Diseases (-6.4%)
- Tuberculosis Control (-5.6%)
- Injury Prevention (-2.3%)

These programs have seen a decline in compliance for various reasons. Some programs have insufficient resources to meet all of the MPIQ requirements, while other programs are dependent on the cooperation of outside health units, schools and agencies in order to meet compliance.

Other mandatory programs that had no change in MPIQ compliance and were less than 100% were Sexually Transmitted Diseases/HIV/AIDS and Sexual Health.

For 2002, 100% MPIQ compliance was not achieved for 36 requirements across eight mandatory programs. Four of the five mandatory programs which are under review by the MOHLTC were at less than 100% MPIQ compliance. Also, 27 (or 75%) of the requirements which were not met in 2002 were from mandatory programs that are under review.

Overall, the York Region Health Services Department is achieving 100% compliance or progress towards increasing compliance in 13 of 17 mandatory program areas for 2002.

4.2 York Region Compliance Versus Provincial Compliance

Overall, the 2002 compliance achieved was 1.1% higher than the provincial average (*see Attachment 3*). Comparisons of York Region Health Services Department compliance figures to the respective provincial averages should be viewed with caution since the MOHLTC has not routinely verified the reliability of the compliance information reported by local health units.

York Region had an assessed MPIQ compliance which was higher than the provincial average in 2002 in 10 mandatory programs:

- Food Safety (+25.2%)
- Equal Access (+12.6%)
- Chronic Disease Prevention (+7.2%)
- Rabies Control (+6.3%)
- Safe Water (+5.4%)
- Early Detection of Cancer (+4.9)
- Program Planning and Evaluation (+3.4%)
- Child Health (+3.1%)
- Infection Control (+3.0%)
- Control of Infectious Disease (2.7%)

The Health Hazard Investigation mandatory programs had an assessed MPIQ compliance which was the same as the provincial average in 2002.

The following six mandatory programs had an assessed MPIQ compliance which was lower than the provincial average in 2002:

- Sexual Health (-26.1%)
- Vaccine Preventable Diseases (-21.5%)
- Reproductive Health (-17.1%)
- STDs Including HIV/AIDS (-11.3%)
- Tuberculosis Control (-4.6%)
- Injury Prevention (-1.4%)

The York Region Health Services Department is achieving higher compliance than the provincial average in 10 of 17 mandatory program areas for 2002.

4.3 Rationale for 2002 MPIQ Scores

Although the MOHLTC uses the MPIQ to measure compliance with the MHPSG, it is important to note that there are a range of reasons why public health activities may not meet the specified requirements.

In many instances, MPIQ requirements have not been met because of insufficient staff and/or resources. This is especially evident when the service levels required for compliance are tied to population size. For example, health units are required to provide clinical services at a minimum of four hours per week per 150,000 population. These clinical services activities include education on reproductive and sexual health choices, pregnancy tests and comprehensive pregnancy counselling. York Region Health Services Department has not been able to meet this requirement in 2002 or in previous years. However, health status information monitoring has shown that on an outcome basis, related mandatory program objectives (e.g. teen pregnancy rate) are better than those of the rest of the province. The provincial average teen pregnancy rate (30.5 per 1000 teens in 2001) is more than double the York Region rate (14.0 per 1000). This shows that York Region Health Services is surpassing the provincial level objective based on local health status outcomes.

The limitations and highly prescriptive requirements of the MPIQ have led to non-compliance in some program areas. For example, the opening of a new building or facility or premature closing due to inclement weather has lead to a situation in which the required annual inspection frequency of pools and wading pools was not achieved for all facilities.

Compliance in the Sexual Health and STD/HIV/AIDS mandatory programs has been effected by a shortage of physicians and support staff. These programs require that a minimum of eight hours of combined clinic services per week is provided per 150,000 population and this requirement was not met in 2002 or 2001. If a sufficient number of physicians had been found to staff these clinics in the Region, compliance for Sexual Health would have risen from 66.7% to 100% and compliance for STD/HIV/AIDS would have risen from 83.3% to 100%.

There is also a large variance in the number of MPIQ compliance requirements for each mandatory program area. Although two programs may receive the same MPIQ score (e.g. Tuberculosis Control and STD/HIV/AIDS both scored 83.3%) they have to meet a different number of requirements (18 for Tuberculosis Control and 6 for STD/HIV/AIDS). Thus the resources and/or staffing necessary to reach 100% compliance in these two program areas may also vary greatly. This needs to be considered when reviewing and interpreting the MOHLTC's determination of MPIQ compliance figures.

In order to meet mandatory program requirements (i.e. 100%) in all areas, approximately 40.5 FTEs of additional staffing (at a cost of $2,932,000) and $296,000 in funding for materials and resources beyond approved levels were needed in 2002. The additional staff required include 4.5 FTE for Chronic Disease Prevention, 0.5 FTE for Injury Prevention, 6.0 FTE for Reproductive Health, 5.0 FTE for Child Health, 14.0 FTE for Vaccine Preventable Diseases, 4.5 FTE for Sexual Health/STDs, 3.0 FTE for Tuberculosis Control, and 3.0 FTE for Business Services. The estimated $296,000 in additional funding does not include the cost of the mass media campaigns that are required for Chronic Disease Prevention.

However due to the limitations of the MPIQ, even if all of these staffing and program resources had been funded in 2002, there is no guarantee that York Region Public Health would have met 100% compliance.

4.4 MPIQ Limitations

A number of limitations in the MPIQ and the calculation of level of compliance have been identified.

- The MPIQ is based on MHPSG from 1997 which need to be updated. For example, the MHPSG contains targets for 2000, protocols which are not current, and in some instances do not represent best evidence-based practices in public health.

- Emerging issues and areas of significant public activity such as West Nile Virus are not taken into account in compliance figures determined by the MOHLTC.

- Compliance is assessed in absolute, "yes/no" terms, rather than taking into account degrees of compliance. For instance, if one health unit was rated as 10% compliant in a mandatory program area while another health unit was rated as 70% compliant, both were rated equally non-compliant (when the target is 100% compliance).

- Calculation of overall compliance does not take into account the relative size of individual health units (the population served by the largest local health unit is over 60 times that of the smallest health unit).

- The York Region Health Services Department adjusts program activities based on needs assessments, evaluation and best practices in order to better meet needs of York Region residents. However, this can have the unintended consequence of lowering the MPIQ-measured compliance because of the prescriptive nature of some requirements.

- Compliance with some requirements is determined by the MOHLTC using information separate from the MPIQ. For instance, the MOHLTC does not determine compliance with public health inspection of food premises frequency protocols by information submitted on the MPIQ. For 2002 the MOHLTC reviewed food safety audit reports and determined 100% compliance for the Food Safety mandatory program, even though required inspection frequency of all food premises was not achieved during the reporting period.

Given that there is no quality assurance or data checking by the MOHLTC as a part of the MPIQ process, there is some question of whether the current MPIQ reflects the actual level of compliance to the MHPSG. These issues associated with the MHPSG and the MPIQ have been recognized by MOHLTC. The MOHLTC plans to replace the MPIQ with a new performance measurement system for future reporting (2005 and on) of public health activity and compliance with the MHPSG.

5. FINANCIAL IMPLICATIONS

All costs associated with the 2002 MPIQ have been accommodated within the Public Health Branch cost-shared budget.

6. LOCAL MUNICIPAL IMPACT

The annual compliance indicators presented in this report will allow Regional staff and Council to continue to monitor, evaluate and contribute to a greater understanding of how the MOHLTC assesses the performance of local public health units.

7. CONCLUSION

The York Region Health Services Department is achieving 100% compliance or progress towards increasing compliance in 13 of 17 mandatory program areas for 2002. In addition, the York Region Health Services Department is achieving higher compliance than the provincial average in 10 of 17 mandatory program areas for 2002.

In the future, development of a valid and reliable performance measurement system to better reflect actual heath unit activities and more timely circulation and assessment of the MPIQ/new measurement tool by the MOHLTC is necessary so that the York Region Health Services Department can incorporate valid compliance assessment information into the regular cycle of planning and adjustment. This in turn will lead to the provision of programs and services that more effectively meet the needs of York Region residents.

The Senior Management Group has reviewed this report.

(The attachments referred to in this clause were included in the agenda for the January 6, 2005 Committee meeting.)