Evaluation of the Health Information Roadmap Initiative:
Roadmap II and Roadmap II Plus

Executive Summary
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Title of Initiative under Evaluation: Roadmap II and II Plus

Roadmap II, launched in 2001, was a continuation of Roadmap I (also known as the “Health Information Roadmap Initiative”) following a renewal of funds committed by the federal government (via Health Canada). Roadmap II Plus followed from the 2002 First Minister’s agreement to “shape the future of health care in Canada,” with $70 million allocated to the Canadian Institute for Health Information (CIHI) in the 2003 federal budget. In an addendum to Roadmap II Plus, additional funds were earmarked to CIHI to address priorities identified in the 2004 Health Accord, A 10-Year Plan to Strengthen Health Care. The beneficiaries of the monies transferred from Health Canada include CIHI and Statistics Canada (STC), the organizations responsible for products funded under Roadmap II/II Plus.

It should be noted that although the Health Information Roadmap Initiative is much larger in terms of funding, it also depends on the core programs and databases that are funded as part of the Health Information Contribution Program that CIHI has with Health Canada. Without these core programs and databases, the Health Information Roadmap Initiative could not exist. As such, it was agreed that this evaluation would simultaneously serve as the evaluation of the Health Information Contribution Program.

Purpose of Evaluation

This Report presents an independent third-party evaluation of Roadmap II and II Plus in keeping with Treasury Board Guidelines, and in keeping with a pre-existing evaluation framework made in conformity with the Treasury Board’s Guide for the Development of Results-Based Management and Accountability Frameworks (RMAFs).

CIHI, through its Board of Directors, has maintained fiduciary and oversight responsibilities for the monies transferred from Health Canada to CIHI and STC and has assumed the lead for the development of the evaluation framework used in this Report. Both STC and Health Canada provided input into the development of the framework, referred to in the indicator findings of this Report alternatively as a “logic model” or “evaluation framework.”

Pursuant to the contribution agreements between CIHI and Health Canada, an evaluation of the second phase (Roadmap II and II Plus) is required to be completed in FY 2006–2007. As stipulated in the evaluation framework, the purpose of the current evaluation is to provide an opportunity to take an in-depth look at how the Roadmap II/II Plus initiative performed in relation to its stated objectives.

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i. The Health Information Contribution Program is a joint contribution program administered by Health Canada and Statistics Canada. It was created in 1994 to facilitate the transfer of the programs, functions and staff of the Health Information Division, Health Canada to the newly formed Canadian Institute for Health Information (CIHI).


Accordingly, this evaluation is intended to address three separate broad areas:

1. Whether the Roadmap II and II Plus Initiative accomplished what they set out to do in an efficient and effective manner. This will include an examination of what was planned versus what was delivered.

2. Provide an assessment of Roadmap II and II Plus progress toward achieving the major objective of answering the two key questions: (i) *How healthy are Canadians?* and, (ii) *How healthy is our health care system?* This part of the evaluation measures the impact of the initiative and focuses on the immediate and intermediate outcomes. In conducting this assessment, information collected throughout the life cycle of Roadmap II and II Plus was used to populate performance indicators under the evaluation framework. Additional information was collected from interviews, focus group sessions and survey data. In some instances, anecdotal information was used to support the analysis, particularly for assessing the longer-term outcomes.

3. Provide objective information to assist in determining the merit of future health information initiatives. This question addresses areas that have yet to be fully addressed through Roadmap II and II Plus—e.g. critical and emerging information gaps that may require further investments.

**Clients and Intended Audience for this Evaluation**

The clients for the current evaluation include the key Roadmap partners—CIHI, STC and Health Canada. The intended audiences for this evaluation include Roadmap partners and Health Canada, but also include a wide range of key stakeholders and beneficiaries of Roadmap II/II Plus products, activities and data. The following list describes the target stakeholder groups and beneficiaries for the Roadmap II/II Plus Initiative:

a. Federal/Provincial/Territorial Ministries of Health, politicians, and policy-makers
b. Regional Health Authorities, health professionals/managers
c. General Public
d. Research/academic communities, non-government organizations, health associations, voluntary and corporate sectors
e. Educational, environmental, financial sectors
Main Evaluation Findings

The hundreds of information products and dissemination activities funded under Roadmap II and II Plus have formed the bedrock of Canada’s health information landscape for the past five years. Amid the growing complexity of the health information landscape in Canada, CIHI and STC play an increasingly critical role in the coordination and delivery of trusted, high-quality information products to Canadians, to researchers, and to decision-makers in governments, hospitals and regions all across Canada.

As demonstrated through this evaluation, Roadmap II/II Plus objectives have clearly been achieved and surpassed. These objectives were:

- “To help provide the information necessary for health care providers and managers to measure and report on performance.”
- “To help provide the evidence base necessary for health care providers and managers to make informed decisions about health care system renewal.”
- “To help create the information necessary for Canadians to make informed decisions about their health and their use of health services.”
- “To expand the sharing of health information through a comprehensive approach to data dissemination that respects the privacy rights of Canadians.”

What is “Roadmap II/II Plus”?

- Roadmap II/II Plus products and activities are those that would not have been possible but for the funding provided in the second and third waves of federal contributions (2001 and 2003).
- December 2001 Budget (Roadmap II): In continuation of Roadmap I, the federal government renewed the original $95 million for 4 more years in order to ensure quality and timely health information.
- February 2003 Budget (Roadmap II Plus): In the Health Accord, First Ministers agreed that Canadians require better and more fully comparable information on the timeliness and quality of health care services. Budget 2003 allocated $70 million to CIHI, to be used in conjunction with Statistics Canada, in support of these objectives.
- The Roadmap II/II Plus Initiative represents more than just “products”: it signifies a constellation of interconnected activities and relationships that have developed both strategically and spontaneously in the course of a journey.
- In addition, there are the funds from the Health Information Contribution Program which specifies that Health Canada is to provide an amount equal to $4,460,000 over a period of two years, which commenced in FY 2005–2006 and ended in FY 2006–2007.
Success against the above objectives—articulated in the 2001 and 2003 Health Canada contribution agreements to CIHI—required that STC and CIHI significantly “help” to develop and “expand” the national info-structure. It was not intended that the info-structure would be complete by the end of FY 2006–2007, the cut-off point for the current evaluation. As one external stakeholder summarized:

“Undoubtedly, there is still a lot of work ahead for the health information agenda. And there are certainly challenges in terms of improving data quality. But without question all the goals of Roadmap II/II Plus have been met. Nobody was ever under the illusion that Roadmap II/II Plus would lead to perfection on all four objectives.”

– a national health policy-maker

To the extent that outputs and outcomes from Roadmap II/II Plus have been within the control of STC and CIHI, these organizations’ contributions to the information expansion have been extensive.

The main findings from this evaluation demonstrate that, in the absence of Roadmap II/II Plus products:

- reliable inter-provincial benchmarking would be nearly impossible;
- public debate on how to sustain and improve the quality of Canadian health care would deteriorate significantly;
- stakeholders would enjoy far fewer insights into best practices in system delivery;
- methodological learning in the areas of data quality and data collection practices would decline considerably;
- there would be profound cost implications as Health Regions and hospitals would need to substantially ramp up their internal data collection departments; and
- priority-setting processes would suffer since Roadmap II/II Plus products are considered essential tools in helping to plan and evaluate public policy initiatives and investments.

Several findings describe the nucleus that Roadmap II/II Plus forms in the current health information landscape. In particular, the evaluation findings suggest that Roadmap Products are trusted, reliable “nodes” or anchors in the current mass of health information now increasingly available to the public and to stakeholders. By 2010, according to one 2006 analysis by IBM, the world’s information base will be doubling in size every 11 hours. Health information on the World Wide Web is among the fastest-growing components of this explosion in “finger-tip ready” information. Amidst this blur of information, Roadmap II/II Plus is serving as a trusted guide. Further, Roadmap findings are socialized; they are more than just “data” or “products,” but also facilitate discussion and collaborative learning with respect to best practices in data quality, data gathering, benchmarking, and quality improvement.

Empirical and anecdotal evaluation findings demonstrate that Roadmap II/II Plus products have been used heavily by target stakeholders. Roadmap products reach policy-makers, who debate and socialize the findings in the legislature and in committee proceedings. In this way, Roadmap II/II Plus has served to influence the basis for public policy in Canada. Major media disseminate Roadmap II/II Plus findings with increasing regularity. In this way, Roadmap II/II Plus research reaches the public on a frequent basis; whether the public act on this research to make informed decisions about their health care and their use of health services is, at this stage, an open question. While Roadmap II/II Plus has undeniably created a trusted information base for the public to make such informed decisions, we are not, today, in a position to know conclusively to what extent the public is relying on the information to make its health care decisions.

**Major Conclusions and Recommendations**

Stakeholders make five observations most relevant to the evaluation:

- Roadmap II/II Plus products are essential to evidence-based decision-making
- Roadmap II/II Plus products form the bedrock of national comparative reporting
- Roadmap II/II Plus products meet with high quality and can be trusted
- Understanding the reasons why some Canadians are healthy (or not) is only at the early stages of exploration; more investigation is required
- Many stakeholders want the deeper analysis which they are seeing in recent products: i.e. How do the findings inform where to concentrate scarce resources?

Evaluation sources demonstrate clear success against Roadmap II/II Plus objectives, and against the measurable elements of the Roadmap evaluation framework. Longer-term, less measurable, elements of the framework—e.g. improved awareness by Canadians of the factors affecting good health—may necessitate the introduction of specific targeted media and partnership initiatives according to stakeholders. Roadmap II/II Plus delivers a tremendous value proposition that serves as the hub in the “hub-and-spoke” swirl of health information in Canada.

New initiatives, notably the Canadian Health Measures Survey and the CIHI portal, suggest that Roadmap partners are well on track to meeting critical stakeholder priorities and data needs for the next 3–5 years. Stakeholder expectations are rising, and Roadmap II/II Plus in some cases has not met those rising expectations, notably in the understanding of personal health outcomes. It is understood that making health information products translate into better health outcomes is a task that is under the limited control of Roadmap partners.

With a view to increasing the public understanding of health outcomes and system performance, the evaluation revealed process recommendations for improvement. Some of the most prominent recommendations include:

- Forge increased alliances with national disease associations to develop information tools to improve researchers’ understanding of how to investigate the risk factors linked to chronic disease.
- Roadmap partners should work more collaboratively with stakeholders to develop more gender- and diversity-sensitive health indicators.
• For improved database coverage, continue to build relationships with jurisdictions to encourage them to participate.
• Continue to build strong relationships with the media to help disseminate the accurate interpretation of key findings that may be locally relevant.
• Work in tandem with Canada Health Infoway and EHR initiatives to help drive the coordinated collection of clinical quality measures.

Finally, key content recommendations for future Roadmap products reveal four overlapping areas for future directions. All of them have as their focus the development of an information base that can concertedly tackle the rising challenge of chronic disease:
• Gathering increased information relating to primary care models and activity
• Increased understanding of the health of vulnerable populations
• Understanding the risk factors/ social determinants for chronic disease
• Gathering and communicating information on the treatment of chronic disease