Patterns of Health Care in Ontario
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The ICES Practice Atlas
2nd Edition

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Appendix A.4: Summary of Canadian Studies Comparing Diagnoses Between Hospital Discharge Data and External Criteria
When it comes to producing a research publication of the magnitude of the Practice Atlas, the old saying “many hands make light work” takes on an entirely new meaning. Without the involvement of “many hands” over the past two years, publication of this second edition would have been impossible. We would like to acknowledge the many people who helped bring this project to fruition.

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It wasn’t hard for me to accept the editors’ invitation to write this foreword. As the President of the Board of Directors of the Institute for Clinical Evaluative Sciences in Ontario (ICES), I have been delighted to oversee the development of this dynamic research organization. The release of the second edition of the ICES Practice Atlas, Patterns of Health Care in Ontario, marks the institute’s continuing contribution to the Canadian experiment called medicare.

The response to the 1994 publication of the first ICES Practice Atlas was overwhelming. ICES heard from hospital administrators, clinical managers, community physicians, District Health Council planners and consumers from across the province. Whenever possible, ICES responded to requests for speakers, further data analyses, technical assistance with methodology and general support for those following up on the specific findings for their institution or community.

Did the first ICES Practice Atlas make a difference? At the provincial level, the Ontario Ministry of Health and the Ontario Medical Association established a working group to address regional variations in hysterectomy rates. The College of Physicians and Surgeons of Ontario and the Joint Policy and Planning Committee of the Ministry of Health and the Ontario Hospital Association sponsored a project to promote higher rates of outpatient tonsillectomy and adenoidectomy. At the local level, hospitals used the ICES Practice Atlas to assess their patterns of practice, and many instituted internal reviews and audits. Some common, problematic issues concerning the diagnostic and procedure codes, such as those for appendectomy and breast-conserving surgery, were identified and communicated to all hospitals to improve the quality of future data.

I anticipate that the response to the second edition of the ICES Practice Atlas will be even stronger. Like the first edition, this new edition provides basic information about the operation of the Ontario health care system. Readers will again have details about the health of their community, the amount of surgery being provided to residents of Ontario, differences in length of stay for common admissions to Ontario hospitals, patterns of drug prescribing for the elderly and trends in provincial health expenditures over the last decade.

New information contained in the second edition is the direct result of feedback from stakeholders about the first edition and, I believe, meets the needs of our changing times. The Ontario health care community is in the middle of a major financial transition. Restructuring is under way across the province, and comparative information about communities and institutions plays a vital role in the discussions.
In addition to updating the information provided in the first edition of the ICES Practice Atlas, the 1996 edition covers new topics, such as physician billing patterns, the impact of length of stay on hospital readmissions and small area rate variations for common medical conditions considered sensitive to ambulatory care. Utilization and expenditure trends in mental health and pediatric services are an exciting addition to this edition. Another innovation in this edition is the provision of tabular information on diskette. Users can extract and compile information as desired.

The challenges faced by health care providers increase annually. With the release of this new ICES Practice Atlas, ICES continues to play a crucial role in helping health care managers and professionals deliver high quality health care. “You can’t manage what you can’t measure” may be an overworked phrase; however, the need for management and measurement has never been stronger.

It is up to all of us to respond to the information presented here and to act collectively to maintain high quality health care in Ontario.

Dr. John Evans

President, ICES Board of Directors and
Chair, Torstar Corporation