



- NIZAR LADAK -

## CIHI's eReports Provide Answers

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As CIHI has grown over the last decade, we have never strayed from our most important responsibility: getting quality health information into the hands of Canadian health stakeholders as effectively as possible. One of the best examples of this commitment has been the development of CIHI's eReports.

In 1999, CIHI carried out a series of cross-country stakeholder consultations, looking for insight on how to improve our database reports. At that time, it seemed that we were continually adapting the tables and figures of paper-based reports in the hope of presenting data that would be relevant to the growing and ever-changing number of health planning and research issues and questions. The consultations led to the conclusion that CIHI was facing an uphill battle: analytical needs would always be changing, and CIHI needed to publish reports capable of anticipating clients' constantly changing questions.

Far from being discouraged by this message, we were inspired. It was true: publishing a report that presented data in the way that each stakeholder wanted it was unfeasible. Rather, what was required was a report that could be customized by individual clients, so that they could create their own relevant view of data. This line of thinking was the catalyst for the conception of CIHI's eReports.

Built from a suite of Oracle Discoverer tools, eReports are a series of Web-based, customizable reporting products. Each eReport provides users with the ability to customize their view of information from a CIHI data holding by selecting specific parameters. Users are further able to modify report results by changing the layout of the report or adjusting their chosen parameters.

CIHI launched its first set of eReport applications - eCHAP (Comparison of Hospital Activity Program)-in 2001. These eReports supported CIHI's Discharge Abstract Database (DAD). Adhering to corporate privacy and security policies, this offering was made available through specific service agreements with each participating health facility. Only the designated users identified in a service agreement were granted access to eCHAP. CIHI continues to provide eReports at no additional cost to clients, and there is no limit to the number of users in each facility that can participate.

With the release of eCHAP, CIHI ushered in a new age in reporting health information-an age of facility-identifiable data.<sup>1</sup> For a first time, hospitals could truly evaluate themselves against each other (in terms of benchmarking and best practices, for example). Prior to eCHAP, traditional peer groups (based on bed counts) limited our clients' ability to evaluate against programs across Canada that were truly comparable in both calibre and quality of service. With eCHAP, it became possible for users to create their own peer groups

and thus probe health planning and research questions more deeply.

Following the success of eCHAP, eReports were also developed to support the National Ambulatory Care Reporting System (NACRS). Furthermore, eReports are in varying stages of planning and development for other CIHI data holdings, including the National Trauma Registry (NTR), the National Rehabilitation Reporting System (NRS), the Continuing Care Reporting System (CCRS), the Home Care Reporting System (HCRS) and the Ontario Mental Health Reporting System (OMHRS). These eReport applications will continue to provide powerful decision-support tools that assist CIHI clients in the following areas:

- Planning and evaluation of programs, resources and operations
- Evidence-based decision support
- Data quality
- Research
- Peer comparisons
- Utilization management
- Clinical management

Numerous examples show how the decision support and utilization management approaches of regions and hospitals have benefited from eReports. These tools are valuable because hospitals can access comparable information on a program or research question and can query the data to suit their needs. In fact, eCHAP has started to appear in utilization management meetings to support the dialogue between clinicians and decision-support teams. Questions no longer take weeks to be answered: instead, colleagues explore various strategies in "real time", which leads to effective change. Whether the questions relate to simple length-of-stay comparisons or are more detailed and involve the characteristics of referral populations, people are relying on eCHAP.

We are proud of the success of our eReports. We took what could have been a complicated challenge and turned it into a rewarding opportunity. Rather than remaining focused on improving paper-based reports, we chose to tackle the technology and privacy issues related to developing and implementing electronic reporting applications. This is what it means to strive to deliver quality health information as effectively as possible. This is what it means to take health information further.

<sup>1</sup> Record-level and person-identifiable data are restricted.

