

Health care in Canada 2000: a first annual report

The Canadian Institute for Health Information

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The agency responsible for this publication, the Canadian Institute for Health Information (CIHI), has similar (but less broad) functions to the Australian Institute of Health and Welfare. It was assisted by Statistics Canada and Health Canada (the equivalents of the Australian Bureau of Statistics and the Commonwealth Department of Health respectively).

CIHI is independent, national, and non-profit, and was established in 1994 by Canada's national and provincial health ministers. It is expected to play a role in providing information both to health policy makers and the public at large. If this publication is a guide, it places more emphasis on the latter set of clients than does the AHIW. The style is straightforward with hardly any jargon, and a serious attempt is made to take a consumer's view of the health system. There is a reference list of adequate length.

Several important topics are covered: financing, organisation and management, health care professionals, acute hospitals, rehabilitation, home care, health promotion and illness prevention, complementary and alternative health care, primary health care, and continuity of care. Each is discussed in the same way: what is happening, what are the trends, and what aspects are understood and what are not. The authors are refreshingly open about their lack of knowledge and understanding.

As indicated by the title, this is the first issue of an intended annual series. CIHI has started well: the analytical framework is excellent. The book was strongly influenced by a national commitment to sort out the chaos of provincial independence about measurement in health. Much of the structure is a direct reflection of decisions on metrics that were taken at the National Consensus Conference on Population Health Indicators in May 1999.

I thought the first chapter was the worst in terms of organisation, because it does not fit into the flow. It discusses some of the changes in Canada's health system over the last decade, including devolution of integrated care responsibilities to regions, sharp falls in the number of inpatient beds and average lengths of stay, and increased emphasis on non-hospital care. The history is incomplete and the topics are far from comprehensive. Perhaps this chapter was the afterthought of a politician or a marketer.

Two changes are given the most emphasis. The first concerns the major adjustments in 1996 to the way that the federal government contributes to health care financing under what is called the Canada Health and Social Transfer. It has similarities to our five-year Commonwealth-State Health Care Agreements, but seems to make more sense to me. The details are absent in this book, but a reference can be found from which they can be obtained.

The federal government is directly responsible for some health services for a few small groups including the Federal Police, the armed forces and their veterans, indigenous groups (Indians and Inuit), and inmates in federal jails. However, it mostly concentrates on specifying general principles and ensuring they are followed. The core of the health system is the set of interlocking compulsory health insurance schemes (roughly equivalent to Australia's Medicare) administered by the provinces and territories. These schemes finance the delivery of most hospital, medical, and a few other service types mainly by private care providers.

The second change concerns regionalisation of health services along the lines of the UK and New South Wales (and advocated by the Australian Democrats and others as the model of choice for the whole of Australia). Canada's provinces and territories have been divided into smaller geographic regions "... in an effort to bring the planning and delivery of health care services closer to residents." The size of regions varies from the Montréal-Centre Health Region (which covers 1.8 million people and provides specialised services to many more in the surrounding areas) and the Churchill Region in northern Manitoba (with a service population of about 1000). Each regional health authority is responsible for many of the health care services provided in the area. Except in Ontario, regional health authorities typically manage hospital care, long-term care, community health services and public health programs. In most cases, the financing of medical services, cancer care, pharmaceuticals and some specialised services remains at a provincial or territorial level.

The first Chapter also contains some interesting observations about the effects of these and other recent changes. First, life expectancy continued to improve, and Canada strengthened its second place behind Japan among the OECD countries. Australia ranks eighth. Second, the sparse evidence suggests that there was no deterioration in the quality of health care or in health outcomes in spite of the severity of some of the changes, including hospital closures. Third, there was a marginal rise in the number of Canadians who rated the quality of care they received as good or excellent.

In spite of these and other positive findings, however, fewer Canadians said they were happy with the health care system as a whole than at any time since measurements began. In 1988, 56% said the system was fine, and only needed minor changes. By 1998, only 20% were similarly content.

In this section, as elsewhere, some useful international comparisons are noted. The authors report that similar downward trends in community satisfaction appear to be occurring in other countries including Australia (where the ten-year decline was from 34% to 19%). I suspect the major factors are increased expectations, better knowledge, and more willingness to complain in a decade that has seen most countries embrace economic rationalism to varying degrees. There is an abundance of evidence that well educated social democracies react adversely to privatisation and increased use of market forces in traditionally social pooling sectors like health and education.

A relatively unimportant issue is covered in some detail in this section: the extent to which Canadians flee across the border into the US health care system to escape from the sins of capped budgets. The authors conclude that the numbers are too small to analyse with any degree of certainty. Probably less than one in a thousand Canadians obtained health care south of the border in 1999, and many of them appear to have been long-term visitors such as 'snowbirds' aged 65 and over escaping from the Canadian winter rather than 'socialised medicine'.

Cross-border shopping is, however, an important part of the public debate and deserves mention for this reason. Those who criticise the Canadian government's meddling in clinical practice regularly quote the exodus to the US health care system as proof that things are going from bad to worse. It is a topic like waiting lists and shortages of neonatal beds: simple enough for the lower-level journalists and politicians to grasp and exploit, but not where the informed observer focuses attention.

Chapter 2 concentrates on health care financing and resource allocation. The authors' main points are that total expenditures are not entirely under control (and Canada remains a high-spending nation), publicly-financed services are more effectively controlled than those that are privately financed, and that the share of resources going to hospital services continues to decline.

Canada spends around 9.2% of its Gross Domestic Product on health care, compared with 8.5% for Australia. Per capita spending on health grew steadily in real terms from 1975 until the early 1991, marginally declined between 1992 and 1997, and then resumed its growth. The authors admit they are unsure why.

Hospitals have continued to account for the largest share of total health spending, but their share has declined almost every year since 1975. The share for medical services increased during the 1980s, but has marginally declined since then. There have been gradual increases in the shares of community-based services in the last decade or so. However, the most notable trends have been increases the share for pharmaceuticals (especially since 1990) and other health care services. The last category might be expected to grow, as the newer professions (such as physiotherapy) and services (such as rehabilitation and home care) become more sophisticated.

The most alarming increase has been in pharmaceutical expenditures, which overtook spending on medical services in 1997 to become the second-largest component of health expenditures.

One factor may be that, unlike hospital and medical services, pharmaceutical services are largely funded through private insurance or self-pay. In contrast to Australia, Canada finances virtually all hospital care through a single public insurance scheme (and there is no equivalent to Australia's large private health insurance sector), but does not have the equivalent of the Pharmaceutical Benefits Scheme. Moreover, a much smaller portion of other services (including dental and ophthalmological) is publicly insured in Canada.

The consequences can easily be predicted. Self-pay and private insurance are contributing to a more rapid growth in expenditures for most services excepting hospital and medical (which are almost entirely financed through compulsory government insurance). Some of the inevitable inequities are reported by the authors. For example, 66% of university-educated Canadians have private dental insurance, compared with 48% of the least-educated group, and 87% of the highest-income group have private insurance for prescription drugs compared with 58% in the lowest-income groups. The authors note that there are various schemes that are intended serve as safety nets for the disadvantaged, but they have evolved into a complicated and often inefficient 'patchwork of access'.

Chapter 3 deals with the health care workforce, and there are many similarities to Australia (see issue 23-4 of the Australian Health Review for papers on our workforce). For example, much is known about doctors and nurses, and far less about other professions (like occupational therapists, laboratory technicians, pharmacists, dentists, psychologists, and health care managers).

There are growing numbers of Canadian nurses who work part-time and outside hospitals. The nursing profession has an increasing average age, fewer young people are attracted to it, and absentee rates for reasons of illness and disability are higher than in the other health care professions. Studies of work stress among nurses are becoming much more common.

The medical profession is continuing to become more specialised, at the expense of the number of family doctors. Like nursing, medicine is becoming an older workforce. Little is known about most of the other professions, excepting that they seem to be growing in variety and number.

Health promotion and illness prevention are addressed in Chapter 4. Canada has generally been successful in this part of health care, as indeed has Australia. However, the balance is different. For example, Canada seems to be doing better with measles and less well with HIV-AIDS.

The point about poverty and ill health is raised again here. The authors note that, before government insurance for medical services was introduced, the poorer Canadians received far fewer family doctor services. Now rich and poor are equal users.

However, because dental services are covered only by voluntary private insurance, the poor now have fewer dental services and worse dental health. In 1997-98, only 40% of low-income Canadians received dental services, compared to 80% of Canadians in the highest income group.

This kind of inequity will no doubt become more pronounced in Australia, as a consequence of recent government actions. In particular, there are already signs of the adverse effects of the removal of Medicare-financed dental services by the first Howard government and introduction of the 30% rebate for private dental insurance by the second Howard government.

The authors report another disturbing inequity. In a 1998 survey of Canada as a whole, 77% of women aged 18 to 69 were reported as having had a pap smear in the last three years. 66% of women aged 50 to 69 had had a mammogram within the last two years. These are satisfactory statistics, excepting that screening rates were significantly lower for women with low levels of income and education and those without a regular doctor.

Hospital services are covered in Chapter 5, and little will surprise readers who are familiar with trends in Australia. For Canada's hospital sector, the authors report that the numbers of beds and overnight admissions have been declining for more than a decade, average lengths of stay have fallen to varying degrees across the country, an increasing proportion of patients are being treated through day surgery programs, and hospital customers are increasingly becoming the elderly or the pregnant. The socio-economic determinants are

important here too: the authors report recent studies that showed people on low incomes are more likely to be hospitalised but less likely to receive various kinds of high-cost procedures such as bypass surgery.

It is also not surprising that the authors are worried about clinical practice variations in such matters as hospital admission, length of stay, surgical intervention, and methods of diagnosis and therapy in general.

The caesarean section rate is used as an example. The authors note that, while the World Health Organisation suggests that no more than 10 to 15% of mothers and babies benefit from c-sections, Canadian rates have been above 15% since 1979. In 1997-98, the rate was 18.7%. The influence of clinical preference is indicated by the regional variations. In 1997-98, six health regions had rates below 15% while four regions had rates of over 25%, but there appear to be no significant differences in patients' attributes across these two groups.

Finally, the authors note that little is known about the use of clinical practice guidelines. They argue it would be useful to know (say) how use varies by type of care, patient group and community.

Long-term care is discussed in Chapter 6. Residential aged care is becoming more common, and the residents are tending to require more sophisticated health care for reasons such as incontinence, stroke, Alzheimer disease, or other dementia.

About 12% of the elderly reported having received services from provincial home care programs in 1998-99. Assistance with housework was the most commonly reported service, followed by nursing care and personal care.

The authors note there is growing evidence of the cost-effectiveness of home care, relative to recovery in hospital or long-term care in residential facilities for some patients. They quote the results of a study in Saskatchewan, which showed that patients who convalesced at home with the assistance of home care had equally good outcomes and similar satisfaction with care as those who finished recovering in hospital - and with a reduction in cost of Can\$830 per case. A British Columbia study found significant cost savings for the province for many, although not all, continuing care patients who were supported at home.

Some of the features of family caregiving are summarised. As in Australia, the attributes of family carers are not routinely measured, but surveys have been conducted. They show (like in Australia) that caregiving can be both rewarding and damaging (especially to employment and financial wellbeing), and that the burden is unfairly carried by women. In the case of Canada, 61% of caregivers are female, and each female caregiver spends more time on caregiving on the average (5 hours per week, compared with 3 hours for males).

Canada seems to be marginally less well-off than Australia in terms of data for management of long-term care. The authors say that there is much less information available than for hospital services. Important gaps relate to the level and nature of care co-ordination, health outcomes, sources of financing, and some attributes of care providers. Information is notably sparse for palliative care. One factor is that, compared with hospital and medical services, there is a much more complicated pattern of financing and care provision - involving a variety of public and private agencies.

The last chapter is intended to discuss the future. It does just that - but the focus is on the future of health information rather than health care.

The report is available in full on the Institute's website (www.cihi.ca). Another website worth visiting, if you are interested in data about Canada's health care system, is that of the Montréal-Centre Regional Health and Social Services Board (www.rss06.gouv.qc.ca). Since 1995, the Board has been monitoring a battery of indicators that covers access to care, use of services in the community, outcomes of care and financial stability.