

Intelligence MEMOS



From: Don Drummond and Duncan Sinclair
To: Canada's Ministers of Health
Date: November 30, 2022
Re: **INFORMATION – THE KEY TO SOLVING HEALTH'S PROBLEMS**

The media is full of alarms about the problems of Canada's so-called health "system" – crowded emergency rooms, increasingly inaccessible primary care, long wait times for nearly everything, "burned out" doctors and nurses, corridor medicine, bed-blockers, and the list goes on.

The "system" does have many and real problems; but, to be honest, their origins and dimensions, let alone realistic paths to their solutions (beyond throwing in yet more money that Canada does not have) are opaque at best.

Why? Because the data and information [needed](#) to support analyses of the problems, Canada-wide, are often incomplete or missing, never current, not standardized, and simply not up to the task of working out affordable and timely solutions.

Why does Canada have such seemingly intractable problems with its cherished, almost iconic, healthcare "system?" By province and territory we spend as high a share of our GDP ([forecast](#) to be 12.2 percent in 2022) as other developed countries, bar the US outlier, but get middling to poor [results](#).

Much of the reason can be traced to Canada's disgraceful lack of a health data and information system capable of supporting the policy development and planning that any ordinary business of any size would undertake to identify and head off problems.

Ottawa's recent offer to provincial and territorial Ministers to foot the bill for development of just such a data system [came](#) as a surprise.

Some were also surprised at the swift rejection, but that offer smelled like a federal "string" in the ongoing discussion of the much larger issue of the Canada Health Transfer. And there is provincial unanimity that there should be no conditions on new federal money.

To be sure, creating a high-quality, Canada-wide health data and information system would be expensive but easily sold throughout every province and territory as a benefit to all Canadians as the essential first step toward finding ways and means to prevent worsening of the "system's" current problems, their resolution, and the heading off of new ones.

It is not as if we are starting from the ground up in developing a national health data and information system. Statistics Canada and the Canadian Institute for Health Information have made a creditable start given the constraints and the divisions under which both labour.

Canada Health Infoway and the Public Health Agency are other federal institutions with keen interest in health data and information. Each of the provinces and territories has health data capacity in place and several have their own sophisticated analytical and evaluative agencies. In addition, a number of committees made up of Assistant and Deputy Ministers of Health have been at work on ways and means of moving forward.

That path has been further illuminated by the three reports of the Pan-Canadian Health Data Expert Advisory Group, especially its [third](#). Considerable federal/provincial/territorial work has been done to assess what is lacking, agreements have been reached on much of what needs to be done, and the requisite institutions and process are in place to proceed with alacrity.

Some ministers have suggested what we have is sufficient to the need.

We beg to differ.

From the outset, that we have is almost entirely focused on healthcare, the treatment of ill health. We have very little data or information on support of the health of Canadians; in fact, we don't even measure their health and thereby discount completely the contribution of the social and economic determinants to which some 50 percent of the health of the population is [attributed](#).

As we recently noted in a C.D. Howe Institute [paper](#), the data now available are inadequate to explain the current sense and reporting of crises in healthcare; in fact, they contradict the anecdotes reported in many media outlets.

For example, the supply of health workers, mainly nurses, has continued to increase throughout the pandemic; they are not leaving healthcare, hospitals, moving out of what is categorized as direct care, nor shifting to part-time or casual work; absences have increased but marginally (one day by full-time workers 2019 to 2021). The data on workers in direct care are insufficiently granular or timely to determine where the reportedly missing nurses actually are. There are no definitive data on how many personal support workers there are in Canada, where they are employed, or other data bearing on this vital group of health workers well known to be in short supply, especially in institutional and home-based long-term care.

"Fixing health" has become an increasingly hot topic discussed in every province and territory over the past several years. While current problems can be readily identified from anecdotal evidence, the hard data and information essential to discern their base causes, dimensions, and approaches to their resolution are insufficient.

Unless and until a high-quality health information system is developed and put in place Canada-wide, those problems will remain and probably worsen. It makes no sense. There is no excuse for not taking the essential first step in fixing them.

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