

# Intelligence MEMOS



From: Don Drummond and Duncan Sinclair

To: Canada's Ministers of Health

Date: February 8, 2023

Re: **STEPS TO A FIRST CLASS CANADIAN HEALTH INFORMATION SYSTEM**

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We [argued](#) in December that an essential first step for addressing the multiplicity of Canada's "health system" problems is a high-quality national health information system.

It would help discern the causes and dimensions of current problems around provision of healthcare and can also get us closer to fully understanding the social and economic determinants of health for Canadians.

The federal proposal such a system last November foundered on the reef of provincial insistence about revised fiscal healthcare arrangements.

Optimizing population health is too important to leave development of an improved information system at a stalemate.

Here's a way forward:

First, the provincial/territorial (PT) and federal governments should detach a new health information system from the larger who-pays-for-what debate, which should be dealt with separately. Building a high-quality comprehensive health information system is purely a matter of technical resolution and all parties benefit from better data.

Second, the two senior levels of government, working with Statistics Canada, the Canadian Institute for Health Information (CIHI), Canada Health Infoway and any related provincial agencies, should identify the current data shortcomings. This primarily technical exercise should be a collaborative task between levels of government, and happily, much of this work is under way or already done. The data should address health outcomes as well as the inputs to healthcare such as the workforce, wait times, spending et cetera.

Third, the federal government should agree to pay for the incremental costs of the new system, which will be substantial but far less than the many billions under consideration in separate discussions about the Canada Health Transfer.

Fourth, again working collaboratively with StatsCan, CIHI, and others, senior levels of government should establish protocols for the analysis and distribution of the improved health information originating with the new system. As now, much of this will come from provinces and territories where the raw data and information are derived, but central aggregation will be needed to inform national strategies and policies.

Fifth, some issues will need Canada-wide policy development whether by the federal government and/or by the provinces and territories acting together. One example would be enrolment adjustments to education and/or certification.

Canada's unequal distribution of health education and training facilities argues for better mobility for most health professions so that jobs can be filled nationally and within individual provinces and territories.

It may take many more months of discussion before we find out whether finding the silver bullet for all of our cherished health "system's" problems remains overwhelming and apparently futile.

All players involved, beginning with those representing our senior levels of government, need to take a step back and re-start with the non-partisan first step of building the high-quality health information system so we fully understand problems, increase effectiveness and efficiency and optimize the health of all Canadians.

Such information is required before appropriate accountabilities can be established for health outcomes and healthcare.

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