

Intelligence MEMOS



From: Don Drummond, Duncan Sinclair and Philipp Gladkov

To: Canadians Concerned About Healthcare

Date: August 13, 2021

Re: REACH FOR THE HEALTHCARE PODIUM

Healthcare's goals are two-fold. Treating people to help them recover from ill-health, injury, and disability has been the predominant focus since the establishment of medicare as a key component of Canada's social safety net.

Meanwhile, optimizing good health for everybody and preventing illness and disability, while implied as the overarching goal, has remained largely neglected, relegated to second fiddle primarily as a result of governments' attempts to discharge accountability to their electors for healthcare's high and growing costs.

This continues through the measurement and reporting of procedures related to health's restoration, derived largely from the fee-for-service (piecemeal) method of paying most health professionals and many organizations. Most measures of health itself, the intended outcome of all those procedures, remain both relatively crude and somewhat back-handed in that they are of the "absence of disease" variety. Sadly, all such measures, crude and otherwise, are also far removed from the foundations of policymaking, planning, and resource allocation by the powers-that-be.

That skew needs to change, as do the compensation methods and other incentives behind it.

Our new C.D. Howe Institute [Working Paper](#) outlines how we can achieve this transformational shift.

Canadians deserve more bang for their bucks. Even though we are among the biggest spenders on healthcare services, Canada consistently comes second or third from last (the United States) in measures of the efficacy of health restoration. In the most recent [report](#) by the Commonwealth Fund, Canada ranks 10th of 11 overall, and the same against the criterion of health outcomes. In addition, some provinces or territories [fall below international comparators](#) in [timely access to care, mental health, health behaviours and other factors](#).

In the relative absence of comparable and widely accepted measures of population health status, we do not know where Canada stands. This may finally change as several developed countries are turning their attention to the creation and application of Quality-of-Life indices in which measures of people's health will be a significant component. Statistics Canada is involved together with the Department of Finance. Such indices should support analyses of the contributions to good health not only of healthcare services (estimated to be in the order of 25 percent) but especially those of the social determinants of health, education, financial and personal security, community services, et cetera (collectively about 50 percent).

Although some information on population health can be currently derived from existing health restoration data, most is based on the assumption that the absence of illness constitutes good health. This entirely misses considerations of the quality of life as perceived by the individuals living it.

Once thought too subjectively influenced to be credible, the development of sophisticated survey research methods over the past several decades has surely made possible the development of reliable and widely respected, unbiased ways of collecting data on people's self-reported perception of their health and wellness.

Such measures could and should be highly focused on where people live, their income, ethnicity, and other characteristics important in discovering both the reasons for objectively measured differences and especially to lead us to efficient and effective ways and means of improving the health of individuals and populations less healthy than others.

Finally, in addition to substantially beefing up our measures of the health of individuals and populations, nationally, provincially/territorially, regionally, and otherwise, Canada's collection of data on health restoration also needs reorganization and consolidation.

Although extensive, and generally accurate, the data are distributed among a variety of federal and provincial/territorial agencies and not all are collected or reported consistently in ways that serve to provide effective accountability either to legislatures or the general public that their tax revenues are being spent to the best effect possible.

Happily, Statistics Canada and CIHI, working together and with a number of federal and provincial/territorial partners, have the expertise and experience both to correct this problem with the health restoration data and to collect and report data relating to the impact of all health determinants, measures of how healthy Canadians really are.

Statistics Canada and CIHI together also are ideally placed to develop and apply the methodologies needed to rectify the imbalance between the existing health restoration data and information and the more proactive and sensitive measures we need of the health of our people, individually and of the many different populations that exist throughout Canada.

Knowing where we stand is the foundational requirement in finding ways to help disadvantaged Canadians achieve good health and ensuring the population as a whole is among the healthiest in the world. Now would be a great time to raise our sights and go from 10th place to the podium. Let's go for the gold!

Don Drummond is Stauffer-Dunning Fellow and Adjunct Professor at the School of Policy Studies at Queen's University, and is a Fellow-in-Residence at the C.D. Howe Institute. Duncan Sinclair is Professor Emeritus, Queen's University, where Philipp Gladkov is an MPA graduate.

To send a comment or leave feedback, email us at blog@cdhowe.org.

The views expressed here are those of the authors. The C.D. Howe Institute does not take corporate positions on policy matters.