

Intelligence MEMOS



From: Colin Busby
To: Federal and Provincial Ministers of Health
Date: August 26, 2016
Re: THE FEDS CAN LEAD ON MEASURING HEALTH OUTCOMES

The Organization for Economic Cooperation and Development's (OECD) thirty country comparison of healthcare performance shows Canada in a somber light: Canada performs the middle of the pack when compared to other countries, but remains one of the highest spenders for health care at 11 percent of GDP.

The OECD report shows that, with a few notable exceptions – cancer treatment and cardiovascular care – patient safety remains an issue. Primary care, with problematic wait times and relatively high rates of avoidable hospital admissions, is a concern. Based on available statistics, progress on improving quality of care and access to services while containing costs is limited.

Canadians should get greater value from the money we invest in health care. But doing so requires knowing more about the specific health outcomes we get for money spent, for which we still know very little.

The 2004 Health Accord between the federal and provincial governments focused on improved access to care for priority conditions. It achieved some improvements, but fell short of a number of goals, including meeting clinical benchmarks on priority interventions for 90 percent of patients.

However, it is unclear that more care means more appropriate and necessary care, or better patient outcomes. For example, we do not measure how much more cataracts lead to better visual acuity for Canadians, or how much more hip and knee replacements improve the mobility of Canadians relative to the past. Outcome measures can help better understand whether a health system achieves its goals, and these measures support better decision-making by relating investment decisions to outcomes.

[C.D. Howe Institute research](#) recommends that federal and provincial governments should complement current data collection with outcome measures of relevance to patients, clinicians, system managers and policy practitioners. In particular, patient-reported outcome and experience measures should augment existing datasets and information shared by organizations with a mandate to report publicly on health-system performance.

A number of countries – the United Kingdom and Nordic countries, for example – are leading the way in the measurement and transparent reporting of health outcomes. Canada is trying to catch up. But if we are serious about improving the value that our health care system delivers to Canadians, then it is important to collect data, report transparently, and put to use the information that answers the most important questions:

- Are Canadians better off after they have had one or multiple interactions with the health care system?; and
- Has their experience with the health care system met high-quality care standards?

The federal government is negotiating a health accord with Canadian provinces and insists that the agreement be focused on results. In doing so, the federal government has the ability, perhaps via the Canadian Institute for Health Information, to lead on measuring health care outcomes for Canadians, including patient reported outcomes.

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