Progress Report 2013: Health care renewal in Canada

Progress to date

- Commitments made in the 2003 *First Ministers' Accord on Health Care Renewal* and 2004 *10-Year Plan to Strengthen Health Care* centred on the following themes: wait times; health human resources; home care; primary care; pharmaceuticals management; Aboriginal health; accountability and reporting; dispute avoidance and resolution; electronic health records; access to care in the North [2004]; prevention, promotion, public health [2004]; and health innovation [2004].
- Progress Report 2013 reports on five themes: wait times, primary health care and electronic health records, pharmaceuticals management, disease prevention/health promotion and Aboriginal Health.

Wait times

- The following chart depicts the wait time benchmarks that were agreed to by provincial governments in December 2005 and the progress to date. Territories do not report on wait times.

*Data provided by CIHI

2005 Benchmarks	Progress in 2012*
radiation therapy for cancer within four weeks of patients being ready for treatment	All provinces met the radiation therapy benchmark for at least 90% of patients (except Nova Scotia at 89%)
hip/knee replacement within 26 weeks	15% more hip and knee replacement surgeries were performed in Canada than two years earlier. But the proportion of these surgeries performed within the pan-Canadian benchmark decreased by 4%. Among all priority areas, patients seeking knee replacements have the longest waits
hip fracture repair within 48 hours	Wait times for hip fracture repair have remained fairly stable since 2010. From 2010 to 2012, wait times for hip fracture repair improved in only two provinces—Ontario and Saskatchewan
cataract surgery within 16 weeks for those at high risk	Wait times for cataract surgeries have remained fairly stable since 2010. Alberta is the only province in which the percentage of cataract surgeries performed within the benchmark increased
coronary artery bypass graft (CABG)surgery within 2 weeks for level 1 urgency, 6 weeks for level 2 urgency, and 26 weeks for level 3 urgency	Due to the lack of comparable data for CABG, CIHI no longer includes CABG wait times in its annual report. However, CIHI's website indicates that on average, 90% of Canadian patients receive CABG surgery within 46 days, although waits range from 19 days in Saskatchewan to 84 days in Alberta

- National benchmarks for diagnostic imaging were not set due to lack of evidence.
- Work on reducing wait times beyond the priority areas such as those for emergency departments, primary health care, and long-term care has been initiated by a number of provinces and work in these areas must continue.

Primary health care and electronic health records

- Canadians have not received 24/7 access to primary health care services.
  - The Health Council's analysis of the 2012 Commonwealth Fund Survey showed that the percentage of practices providing after-hours care remained below 50% for all provinces except Ontario.
- Although progress has been made overall in implementing EHRs and EMRs, physicians are slow to implement.
  - In the 2012 survey, 57% of Canadian physicians reported using an EMR, but use varied across the country; this was an increase from 2006 where only 23% of physicians were using EMR.
  - As of March 2012, EHRs with the six core components (registries, diagnostic imaging, drug information systems, lab test results, clinical reports, and immunizations) were in place for 52% of the Canadian population.

Pharmaceuticals management

- Jurisdictions have collaborated on lowering prescription drug prices.
  - The Pan-Canadian Pricing Alliance capitalizes on jurisdictions' combined purchasing power to achieve lower drug costs, increase drug treatment options and support more consistent drug listing decisions across the country.
  - All jurisdictions except Manitoba and the territories have developed generic drug policies to decrease the cost of generic drugs. Most provinces are gradually reducing generic drug prices to 35% of the brand name cost; Ontario and British Columbia are reducing prices to 25% of the brand name cost.
- The federal government is responsible for monitoring drugs after they have entered the market. However, Health Canada does not have the authority to require drug companies to conduct post-market studies or to make labeling changes in response to safety issues. They are also not authorized to monitor drug company patient registries or impose penalties.

Disease prevention/health promotion

- Ministers of Health endorsed a "Declaration on Prevention and Promotion" as well as a new framework, "Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights".
- Recent data on obesity confirms the need for action: the prevalence of obesity has increased between 2003 and 2011 in most regions across Canada.

Examples of estimated prevalence of Obesity in Canadian adults

	2003	2011
BC	15-19%	20-24%
ON	20-24%	25-29%
Eastern Provinces (PEI, NS, NB, NL)	25-29%	30-34%

Aboriginal health

- There are significant overall health and socio-economic disparities between First Nations, Inuit and Métis populations and the larger Canadian population.[1]:
  - Aboriginal children are more likely to die in the first year of life
  - have a higher burden of chronic health conditions and infectious diseases
  - are more likely live in poor health and die prematurely
  - are less likely to graduate from high school and more likely to be unemployed
- The Aboriginal Health Transition Fund (AHTF) was established in 2004/2005
- The AHTF funded 311 projects across the jurisdictions in areas such as e-health, substance abuse, child and youth care, mental health, chronic disease, public health, home care, and governance
- 75% of AHTF projects were directed by First Nations, Inuit, or Métis organizations or communities.
- In 2010, Health Canada announced five-year funding for the new Health Services Integration Fund, a successor to the AHTF focusing on service integration and collaboration.
- As of January 2013, more than 70 projects have been approved.
- Collaborations and partnerships are occurring between federal/provincial/territorial governments and First Nations, Inuit, and Metis leadership and communities across the country
- There is limited understanding of any improvements that may have been made due to lack of measurement. Data ownership and sharing issues need to be addressed to support effective measurement and evaluation.

[1] Understanding and Improving Aboriginal Maternal and Child Health in Canada: Conversations about Promising Practices across Canada