Developing a Model for Measuring the Efficiency of the Health System in Canada—Policy Review Summary
Our Vision
Better data. Better decisions.
Healthier Canadians.

Our Mandate
To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values
Respect, Integrity, Collaboration, Excellence, Innovation
Process Overview

To better understand the stated objectives and desired outcomes of the health system at various jurisdictional levels, we conducted a review of publicly available documentation from provincial, territorial and federal ministries of health, pertinent to health systems administration, functions and delivery in Canada. Examples of documents included in the review include annual reports, legislation, strategic planning documents and planning or measurement frameworks. For more detail, see the appendix: Consulted Sources.

Search Method

For federal-level documents, an initial sample of pertinent, recent and publicly available sources was identified based on knowledge of the health system field. Additional resources were added using a snowball method as the review progressed (based on sources and links identified within resources from the original list). For the provincial/territorial level, we conducted a systematic review of key websites.

In the review of all documents, we set out to identify objectives, visions, mandates and goals expressed for the health system, as well as any articulation of roles and responsibilities for the health system and certain aspects within health system performance frameworks. This preliminary set of domains guided the scanning of all sources and documents; however, the review process was iterative and adjusted as required. As the team grew more familiar with the content, we refined and adapted our domains, included multiple document types and incorporated various points in time based on preliminary search and review results. Upon completion of the review, we were left with information divided by jurisdiction and various domains, representing a selection of the stated goals from across all searched documents.

Analysis Method

To scope our analyses, we used three categories to group the stated goals of the health system, which were created based on preliminary findings from the literature process that informed the technical report.

1. **Overall Population Health**—statements that focus on obtaining the healthiest population in general, with a focus on prevention, promotion and improving outcomes for the whole population, such as quality of life, well-being and life expectancy.

2. **System Performance/Priorities**—statements that focus on risk reduction/avoidance or risk aversion and improving the situation of those who are ill through quality care, system improvements, allocation of resources or performance measures.

3. **Distribution and Disparities**—statements that focus on reducing inequalities in health status or decreasing disparities that exist between populations with respect to outcomes or access to services, treatment and care. This also included statements that explicitly mentioned improving the health of a particular group or population.
Using these categories, we attempted to answer three main questions:

- What can we say about the emphasis each provincial/territorial and federal body is placing on overall population health and system performance/priorities categories? What trade-offs are being made, and is there more focus on one area than another?
- What can we say about the equity/disparity focus? Is there a more explicit/active focus on reducing disparity as a goal unto itself or a more passive focus seeing equity as a constraint or sub-element of some other larger goal?
- What is the connection between the general visioning and goals of the system and the actual performance measures articulated in various indicator frameworks?

Upon applying our preliminary categories, we found there was minimal overlap and the majority of statements fit into the pre-existing categories. However, during this process, additional themes arose that did not fit into our original scheme, so the following categories were added:

1. **Balancing Priorities**—statements that explicitly discussed the importance of achieving an appropriate balance between population health–oriented goals related to prevention, promotion and protection, and health system–oriented goals related to treatment, care and recovery.

2. **Public Accountability and Sustainability**—statements that reflect engagement with the public in the public’s interest, being responsive to public needs and best available evidence, accountability, sustainability and general reference to the principles of the *Canada Health Act* (universality, portability, comprehensiveness, accessibility, public administration).

### Key Findings

#### 1. Provincial-/Territorial-Level Sources

Our scanning produced a number of documents from each province and territory, resulting in a wealth of articulated visions, goals and performance measurement frameworks. We were thus able to identify several statements and general themes to further build our understanding of each of the analysis categories.

### Overall Population Health

Within our sample, statements categorized under overall population health typically involved mention of optimal health and well-being and, to a lesser extent, quality of life when adapting to disability, illness or aging. Our assessment also revealed some less common themes:

- Enabling health-promoting behaviour and healthy or supportive environments/communities;
- Creating healthy public policy and supporting the social determinants of health;
- Prevention or control of disease and injury; and
- Self-reliance statements.
System Performance/Priorities

Statements categorized under system performance/priorities focused heavily on accessibility\(^1,8,11,12\), and quality/effectiveness of service.\(^4,6,8\) There were also several other themes mentioned to a lesser extent, involving

- Continuity of care;\(^13\)
- Integration of services;\(^11\)
- Patient-centred care;\(^14\)
- Cost effectiveness and efficiency;\(^2\)
- Providing alternative forms of care;\(^7\)
- Innovation;\(^9\)
- Timely and appropriate care.\(^11,15\)

Balancing Priorities

The ministries of health in some provinces had explicit statements about balancing health priorities: “Healthy Manitobans through an appropriate balance of prevention and care”\(^16\) or “The Minister shall develop and implement programs and services to protect, promote and restore the health and the social well-being of the people of Yukon.”\(^17\) The remaining health ministries had a mixture of statements focused on overall population health and health system performance, indicating an overall balance between health and service delivery priorities within the general vision and goals for the system. Of note, in some jurisdictions with larger populations and separate ministries for health and wellness (Ontario and British Columbia), there was a much clearer divide between priorities, with health ministries focusing on health system performance and the wellness-oriented ministries focusing on population health outcomes. Jurisdictions with separate health quality councils (for example, Ontario and Alberta), also had further divisions, with statements related to public accountability and sustainability more often residing in council-specific documents.

Distribution and Disparities

In terms of the distribution and disparity category, there was a mix between explicit statements about addressing disparity and other statements focused on identifying and meeting the needs of vulnerable populations. For instance, some jurisdictions reference “reducing inequalities in health status,”\(^2\) “ensuring equitable and quality services”\(^1\) or simply mention “equity” as a goal or vision for the health system.\(^11\) Other jurisdictions reference providing better care for specific populations (for example the *Nova Scotia Better Care Sooner Plan*\(^14\)). Populations mentioned include seniors, children, people at risk of abuse and those with disability or illness (mainly chronic conditions or mental illness/addictions).\(^1\) Equity-related statements were present in all jurisdictions, although these types of statements were limited in this category compared with the other categories. In addition, despite the spread of general equity-oriented statements in the general vision and goals domains, few performance frameworks included a dimension for measuring equity. The only exceptions we found were B.C., whose indicator framework attempted to capture information on vulnerable populations, and New Brunswick, whose indicator framework had an equity-specific dimension across care settings.\(^6,18\)
Public Accountability and Sustainability

Statements related to public accountability and sustainability were limited in most provinces and territories. References were found mainly in health quality council resources in jurisdictions like Ontario\textsuperscript{19} and Alberta.\textsuperscript{20} Of the available information, common themes from this category related to accountability,\textsuperscript{1} public expectations\textsuperscript{2} and engagement,\textsuperscript{21} sustainability,\textsuperscript{22} evidence-based decision-making\textsuperscript{11} and statements about valuing or respecting diversity.\textsuperscript{10}

Assessing Vision Versus Goals

Based on a high-level review of provincial and territorial health system performance indicator frameworks involving categories or domains of measurement and not specific indicators, we found a stark contrast in the distribution of our analysis categories within the literature sample. Among the performance frameworks reviewed, we found they were more likely to incorporate elements related to health system delivery and, to a lesser extent, involve domains focused on population health, health equity, balancing treatment and care with promotion and prevention, and public accountability and sustainability. Based on our review of the literature, although there is a good mix of various analysis categories in the general visioning and goal-oriented statements, the reporting frameworks available in our sample tend to focus on health care delivery and performance only. In other words, there is a wide spread of themes articulated in goals, but suggestions for measurement are limited to a specific subset of those themes.

2. Federal-Level Sources

Compared with the scanning of the provincial/territorial level, our federal-level scanning yielded less material, resulting in fewer statements related to health system goals. Of the resources available to us, many statements focused on high-level overarching visions for the system involving the following themes:

- Overall health and reaching one’s fullest potential;\textsuperscript{23, 24}
- \textit{Canada Health Act} (CHA) principles of universality, comprehensiveness, accessibility, portability and public administration;\textsuperscript{25}
- Effectiveness and safety;\textsuperscript{26, 27}
- Sustainability;\textsuperscript{27, 28}
- Fairness;\textsuperscript{26, 27} and
- Accountability.\textsuperscript{26, 27}

At the federal level, explicit goals for the system most often involved an articulation of the five CHA principles, with significant focus on ensuring timely access, regardless of ability to pay, and avoiding financial hardship as a result of paying for health care.\textsuperscript{25, 27, 29} Although created as public health goals not specific to the health system, the most comprehensive set of goals for Canada was articulated in a federal, provincial and territorial effort entitled \textit{Health Goals for Canada}. The development of these goals was based on a series of pan-Canadian consultations and a validation process involving each jurisdiction, as well as public health, community and citizen experts. Released in 2005, the goals draw on several themes related to prevention, promotion,
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health disparities and better population health. Governments never formally committed to the
goals, and although they are not widely applied today, the resources from this process—still
available on the Public Health Agency of Canada’s website (www.phac-aspc.gc.ca)—are valuable
in helping to understand aspirations for health in Canada.

Unlike at the provincial level, we found that the majority of federal sources, across all areas of
inquiry, tended to have statements that related to public accountability and sustainability. Apart
from these statements, across areas related to general visioning and goals for the system, there
was a mix of statements related to overall population health and health disparities (for example,
general statements about reducing health disparities and achieving better health). In contrast,
we found that our sample had almost no statements related to system performance and
priorities in the general visioning and goals domains. Alternatively, these statements made up
most of the domains in the specific health system performance measurement frameworks
available to us. In other words, although goals for the health system typically involve overall
population health, disparities, public accountability and sustainability, we have determined that
recommended areas for measurement and indicator monitoring focus more on the quality and
accessibility of care delivery and general performance.

Health Goals for Canada

**Basic Needs (Social and Physical Environments)**
- Our children reach their full potential, growing up happy, healthy, confident and secure.
- The air we breathe, the water we drink, the food we eat and the places we live, work and play in are safe and
  healthy—now and for generations to come.

**Belonging and Engagement**
- Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships
  and diverse communities.
- We keep learning throughout our lives through formal and informal education, relationships with others and
  the land.
- We participate in and influence the decisions that affect our personal and collective health and well-being.
- We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

**Healthy Living**
- Every person receives the support and information they need to make healthy choices.

**A System for Health**
- We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts
  across the country and around the world.
- A strong system for health and social well-being responds to disparities in health status and offers timely,
  appropriate care.

*Source*
3. Key Findings Summary

Based on our review at all jurisdictional levels, there seems to be a balance between health system goals related to overall population health and health system performance/priorities, with no apparent trade-offs being made. In our sample, general statements related to accountability and sustainability were more common at the federal level than at the provincial/territorial level, which tended to have more specific goals and visioning. There was a limited focus on equity across the literature we reviewed, although there were examples of explicit statements referring to the reduction of health disparities and inequalities, as well as specific reference to improving the health of certain populations. In answer to our final research question, we can say that although there is reference to population health, balancing promotion and treatment, and ensuring accountability and sustainability in general visioning and goals of the system, the actual performance measures articulated in various indicator frameworks tend to focus on the delivery and efficiency of health care services.
Appendix: Consulted Sources

Below is a broad list of the relevant sources from which we drew our documentation.

- Senate Subcommittee on Population Health and Committee on Social Affairs, Science and Technology website and relevant reports
- House of Commons Committee on Health website and relevant reports
- Health Canada website and *Canada Health Act* annual reports
- Health Council of Canada website and relevant reports
- Strategic planning documents from Listening for Direction I, II, III
- Ministers of health speeches
- Provincial/territorial ministry websites (including health- and health promotion-/ wellness-related ministries) and legislation
- *Hansard*
- Provincial health quality councils websites (or equivalent)
- Web-based search engine (Google) to find specific sources mentioned in retrieved sources but unavailable on ministry websites through scanning

Based on our searching of these sources and initial scanning, we did a more intensive review of the following key sources:

- 2003 Health Accord; 10-Year Plan to Strengthen Health Care (2004 Accord); and Quebec Communiqué on Health (Asymmetrical Federalism That Respects Quebec’s Jurisdiction 2004)
- Statutory Parliamentary Review of the 10-Year Plan to Strengthen Health Care (House of Commons Standing Committee on Health)
- *Health Goals for Canada* final report
- *The Health of Canadians: The Federal Role* (Standing Senate Committee on Social Affairs, Science and Technology)
- *A Healthy, Productive Canada: A Determinant of Health Approach* (Standing Senate Committee on Social Affairs, Science and Technology)
- Strategic planning documents from Listening for Direction I, II, III
- *About the Health Council of Canada 2007–2008*
- *Value for Money: Making Canadian Health Care Stronger* (Health Council of Canada)
- *Canada Health Act Annual Report 2009–2010*
- *Alberta Health Services Strategic Direction 2009–2012: Defining Our Focus/Measuring Our Progress*
- *Health Quality Council of Alberta 2009–2010 Annual Report*
- *Becoming the Best: Alberta’s 5-Year Health Action Plan 2010–2015*
- *Newfoundland Department of Health and Community Services Strategic Plan 2008–2011*
- **PEI Health System Strategic Plan 2009–2012**
- **Nova Scotia Better Care Sooner: The Plan to Improve Emergency Care**
- **New Brunswick Provincial Health Plan 2008–2012**
- Quebec’s **Plan stratégique 2010-2015**
- **Ontario Ministry of Health and Long-Term Care Results-Based Plan Briefing Book**
- **What Has to Change? A Planning Framework—Government of Manitoba**
- **Quality Health for Manitobans—The Action Plan**
- **Saskatchewan Health Strategic Directions 2011–2012**
- **The Yukon Health Care Review**
- **A Foundation for Change: Building a Healthy Future for the NWT 2009–2012**
- **Government of Nunavut Business Plan 2009–2010**
- **Developing Healthy Communities: A Public Health Strategy for Nunavut 2008–2013**

Numerous additional sources were scanned and reviewed for relevance, including legislation, annual reports and strategic planning documents; however, most were deemed to not have enough information related to health system goals and are too numerous to list here.
References


24. Standing Senate Committee on Social Affairs, Science and Technology *A Healthy, Productive Canada: A Determinant of Health Approach* (The Senate of Canada, 2009).


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