



International Comparisons at CIHI

February 2017



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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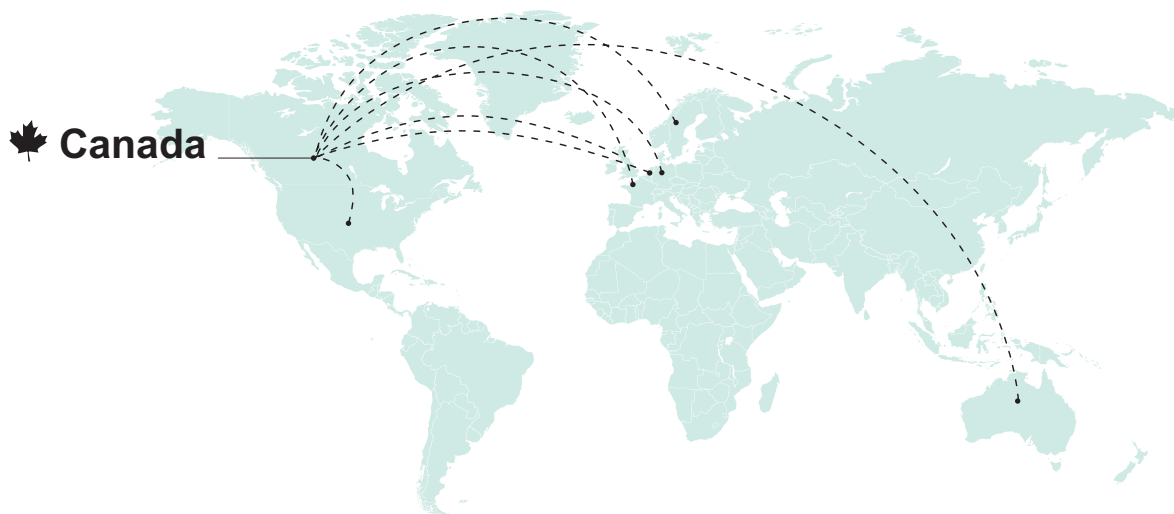
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Why make international comparisons?

International comparisons allow governments and decision-makers in different countries to learn from each other and improve health system performance. They also help the public understand how well their health systems are working.



The Canadian Institute for Health Information (CIHI) has an extensive program of work that meets the rising interest in comparing the performance of Canada's health systems with those in comparable peer countries so we can provide answers to questions such as

How does Canada fare in relation to international benchmarks and targets?

Which countries have the best results, and what can we learn from them?

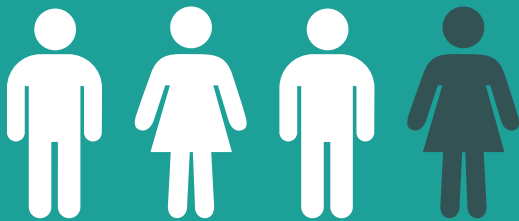
CIHI answers these and other questions with its analytical reports and interactive web tools.

Read on for a sample of what we've found!

How Canada compares

According to a June 2015 Ipsos poll,

3 ^{out of} **4** Canadians



believe that we have the best health care system in the world.

- **But does the data support that belief?**
- **How does Canada really measure up?**
- **Are Canadians getting good value for money from their health care systems?**
- **Are their health care needs being met effectively and efficiently?**

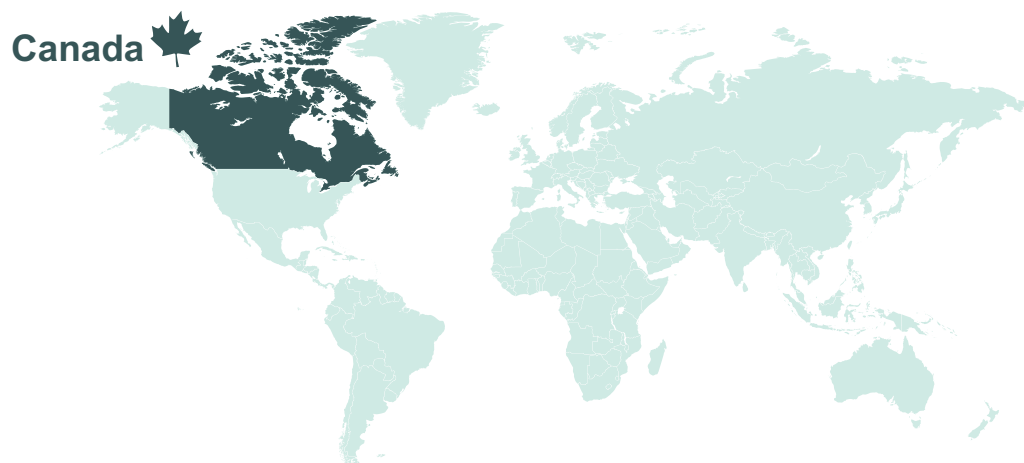
CIHI compares Canada with other countries to begin answering these questions.

Some of the areas that CIHI has looked at are

- Health spending;
- Health system performance over time, by comparing trends in early mortality; and
- Performance in specific areas, such as lung cancer mortality, patient safety and diabetes.

We also compare Canada and the provinces with other countries on selected dimensions of health:

- Health Status;
- Non-Medical Determinants of Health;
- Quality of Care;
- Patient Safety;
- Access to Care; and
- Community Care.



Canada is among the top health spenders internationally

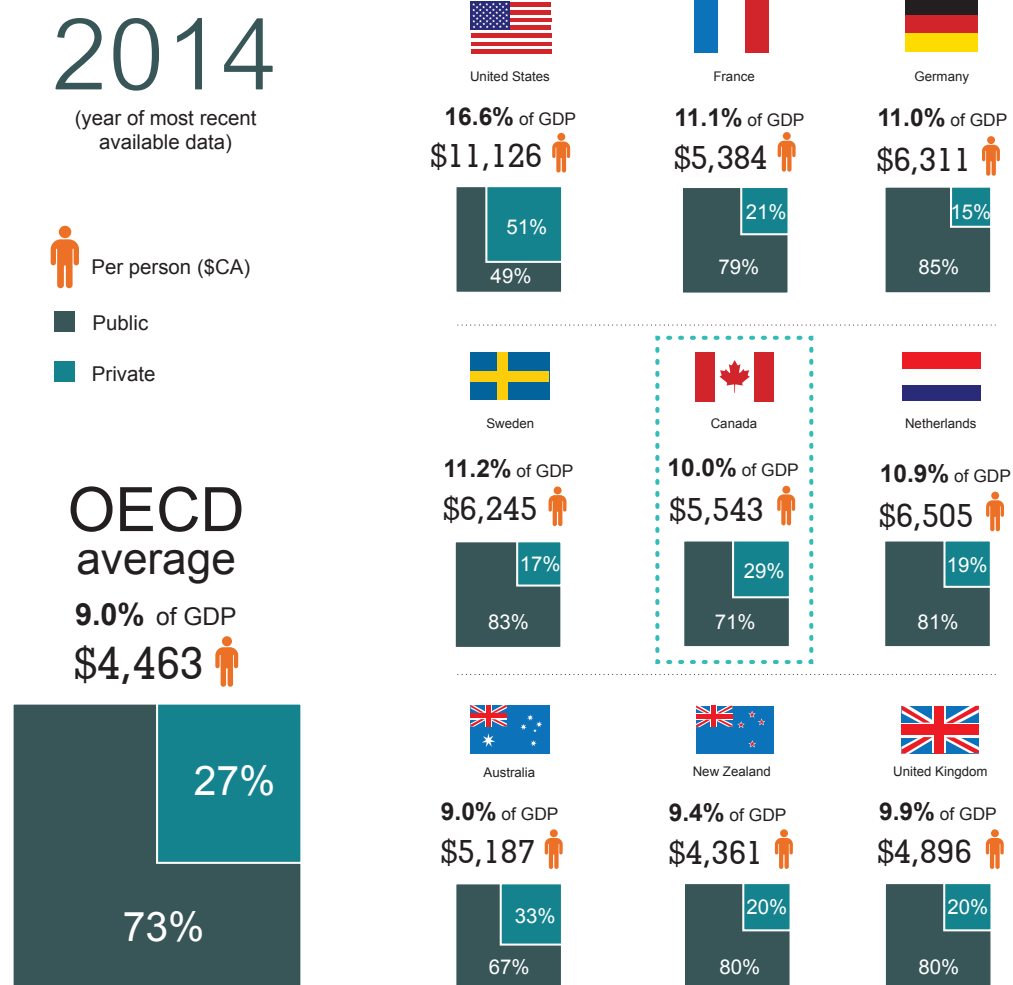
Canada's spending on
health care continues
to top that of most
industrialized countries.

In 2014, Canada spent \$5,543 per person on health care, well above the Organisation for Economic Co-operation and Development (OECD) average of \$4,463.

Provincial governments pay 70% of health costs, with the remainder coming from private insurance plans and individuals' own pockets.

In most OECD countries, the government pays a greater percentage of health costs. Among comparable countries, only the United States and Australia had a lower percentage of costs paid by the government. Canada also has one of the lowest percentages of public coverage for pharmaceutical costs.

How does Canada compare in terms of health spending?



Note

Total current expenditure (capital excluded). Expenditure data is based on the System of Health Accounts.

Source

OECD Health Statistics 2016 (June edition).

For more information on how Canada's health care spending compares, see [National Health Expenditure Trends, 1975 to 2016](#).

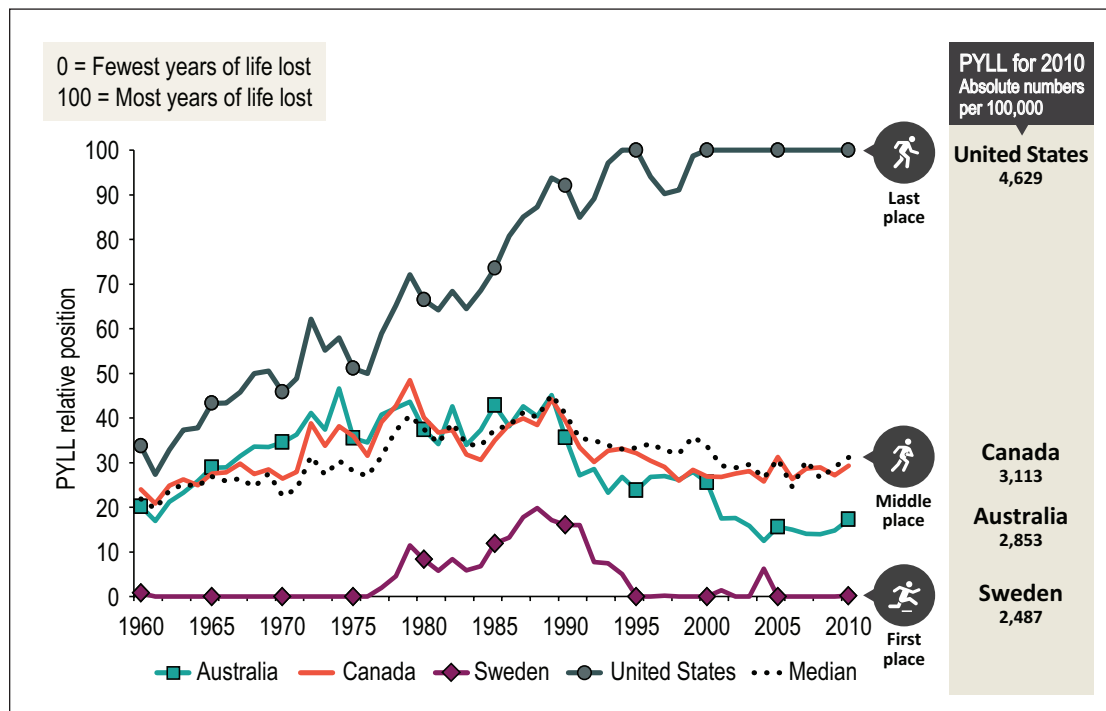
**From 1960 to 2010,
Canada made substantial
improvements in premature
mortality, measured as
potential years of life lost.**

**When compared
with other OECD
countries, Canada's
performance has
consistently been
average over time.**

Potential years of life lost (PYLL) is considered a major population-level outcome indicator that estimates the additional years a person would have lived had he or she not died prematurely (before age 70, as defined by the OECD).

In comparison with 17 other high-income countries, Canada maintained a middle-of-the-pack performance overall and performed behind the international median for deaths from ischemic heart disease, cancer and external causes (e.g., traffic accidents, falls).

All-cause potential years of life lost, 1960 to 2010: Relative positions of selected OECD countries



Canadian men were consistently ahead

of the international median relative to men in the comparator countries, while toward the end of the study period, Canadian women started to lag behind the median for many causes of death (e.g., cancer).

Canada performs in the middle of the pack on 5 dimensions of health

By and large, Canada's performance is in the middle of the pack on 5 dimensions of care — Health Status, Non-Medical Determinants of Health, Quality of Care, Patient Safety and Access to Care — though there are some indicators within each dimension that we do very well on and some that we need to improve on.

Health Status

How healthy
are Canadians?



Non-Medical Determinants of Health

Are Canadians living
healthy lifestyles?



Quality of Care

Are Canadians receiving
high-quality care?



Patient Safety

Are Canadians receiving
care that is safe?



Access to Care

Can Canadians get the
health services they need?

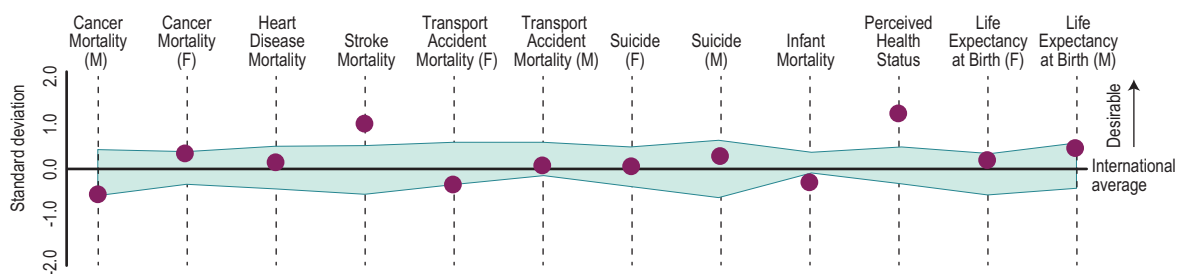


No single country outperforms Canada on all indicators.

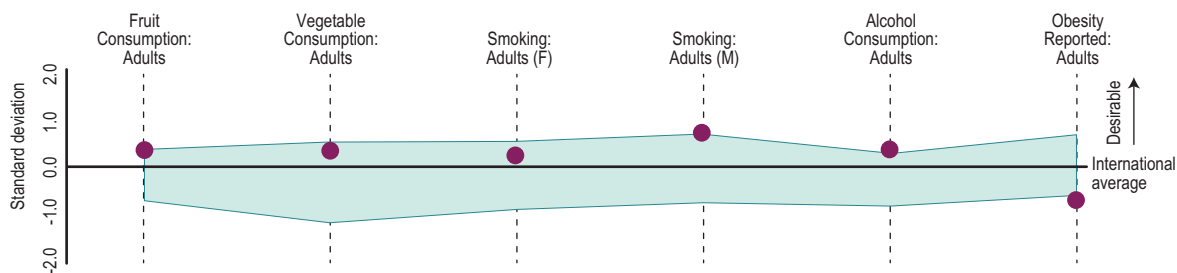
● Indicates Canada's results for each indicator in the category.

□ Represents average performance (between the 25th and 75th percentiles) for all OECD countries included.

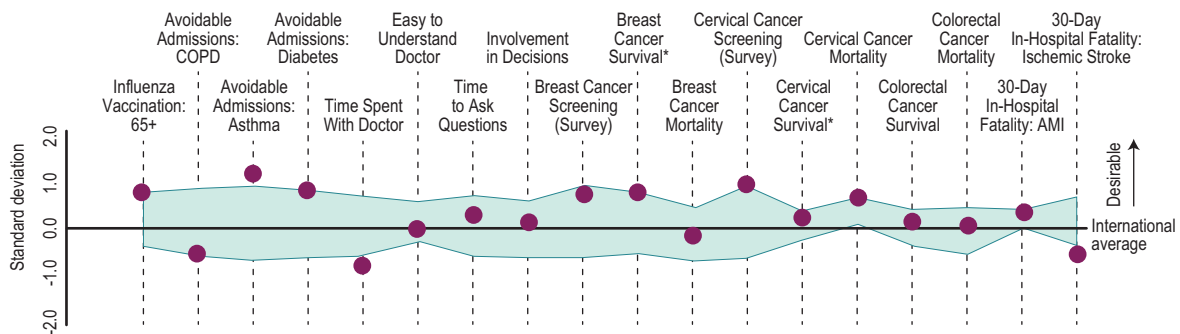
Health Status



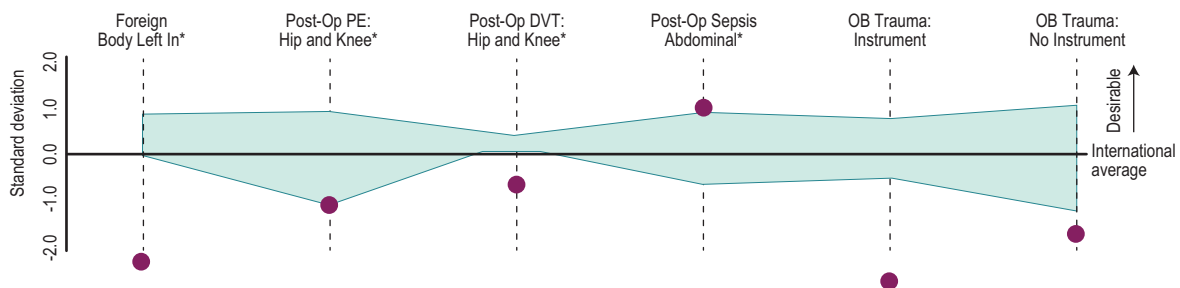
Non-Medical Determinants of Health



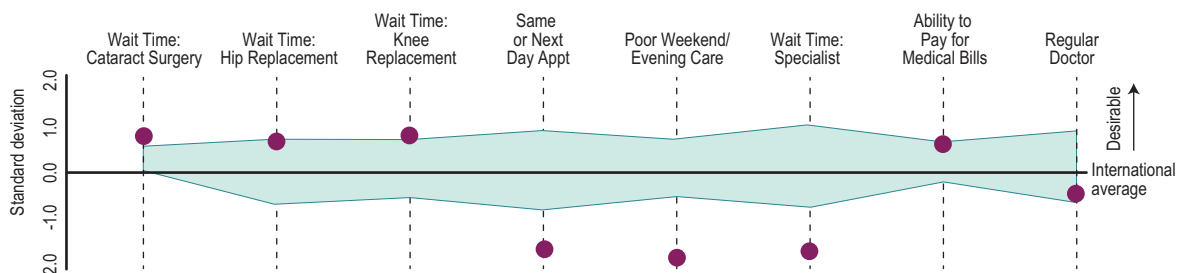
Quality of Care



Patient Safety



Access to Care



Notes

* Not available for all provinces.

Results are from the 2015 update of the eTool, but data years vary by indicator.

For more information, please refer to the [OECD Interactive Tool: International Comparisons](#).

Where Canada does well

Stroke Mortality

Canada's overall rate for the Stroke Mortality indicator, which includes out-of-hospital deaths, is one of the lowest, even though Canada has the highest in-hospital stroke death rate among OECD countries.

Perceived Health Status

Canada has the second-highest rate.

Avoidable Admissions: Asthma

We are well above average.

Where Canada could improve

Obesity

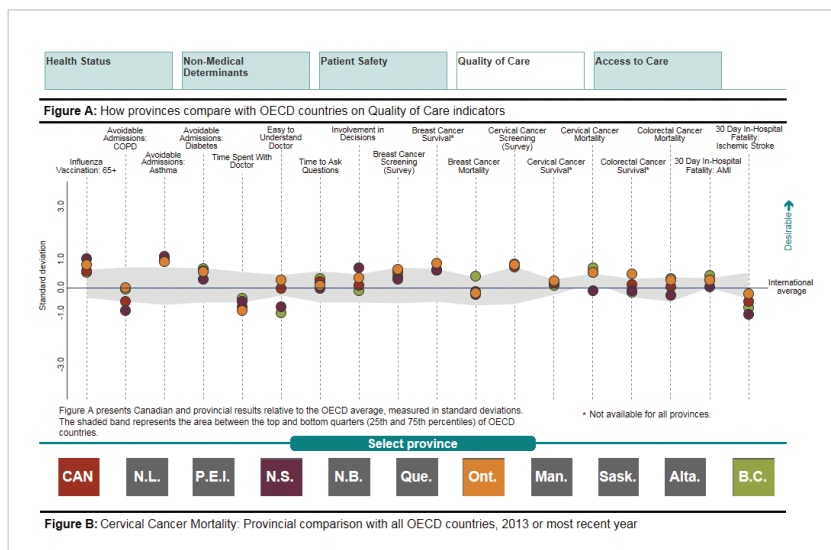
Canada has one of the highest levels of obesity, even though Canadians report healthier eating and lifestyle habits than people in many other countries.

Patient Safety

Canada is in the lowest quarter of OECD countries for 4 out of 6 indicators in this dimension.

Access to Care

Canada is in the lowest quarter of OECD countries for 3 out of 8 indicators in this dimension.



For more information on how Canada's health system performance compares, use our [International Comparisons eTool](#).

In addition to country-to-country comparisons, results are also available for each province, so decision-makers can drill down and see how their system compares with those in other provinces and countries.



Canada has one of the highest prevalence rates of diabetes among peer OECD countries

Canada fares below average on rates of obesity, diet and physical activity — well-known factors in preventing this disease.

Preventing diabetes



Healthy weight



Diet



Physical activity



Below average



Below average



Average

Managing patients with diabetes



Avoidable admissions



Lower-limb amputations



Diabetes-related deaths



Average



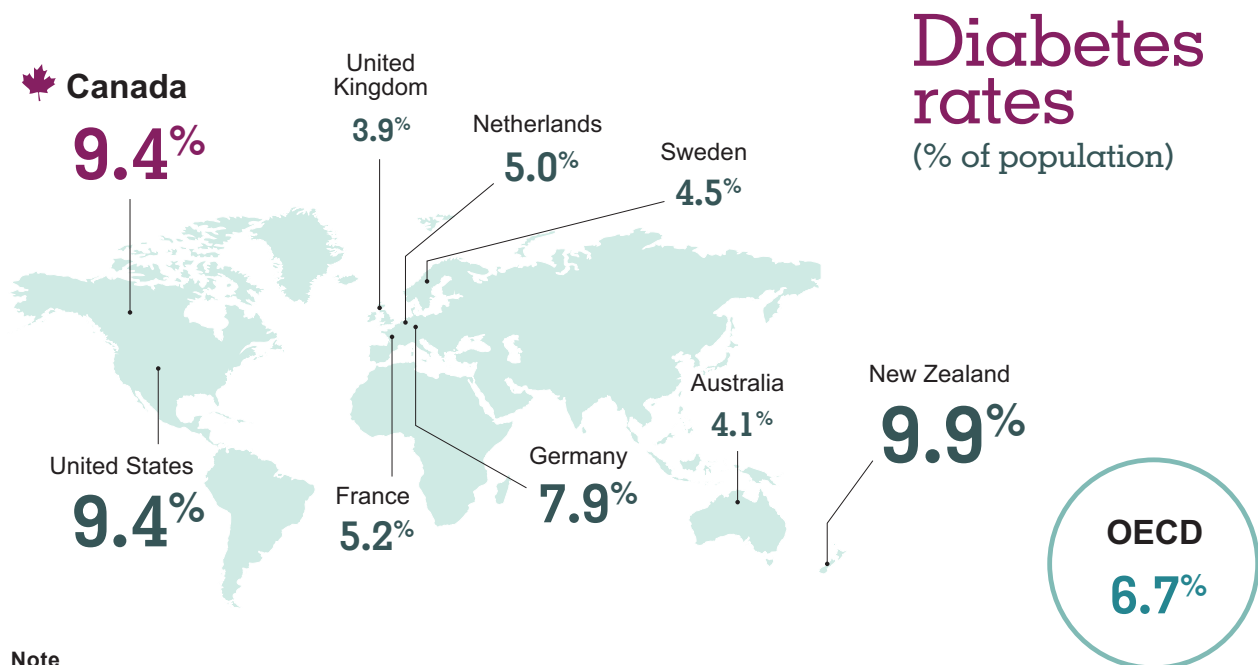
Average



Average

For more information on Canada's performance on diabetes, see [International Comparisons: A Focus on Diabetes](#).

Prevalence of diabetes



Note

Includes type 1 and type 2 diabetes

Source

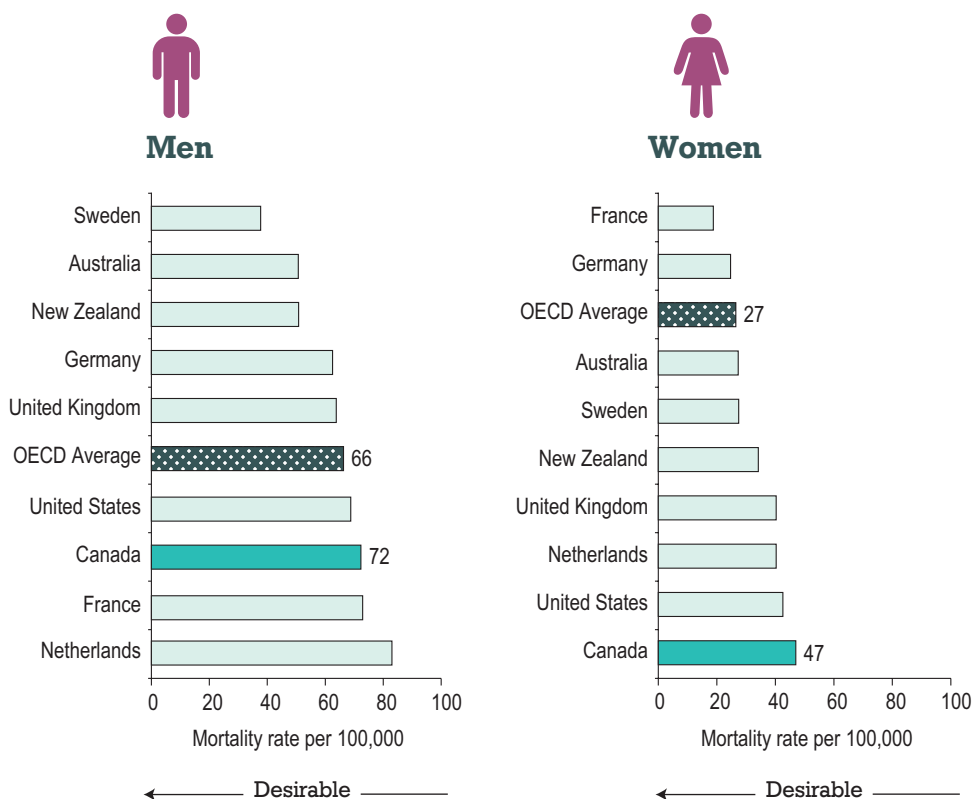
International Diabetes Federation. [IDF Diabetes Atlas, 6th Edition](#). 2014.

Though Canada is in line with the OECD average when it comes to health care provided to people who already have diabetes, we are not as good at preventing the disease.

When looking at lung cancer mortality specifically, mortality among women in Canada was almost double the female average for OECD peer countries.

While Canada performs well on many indicators of cancer screening and care, our performance on lung cancer mortality is only average overall — primarily because Canadian women fare worse than women in other countries.

Lung cancer mortality for selected OECD countries, 2012 (or nearest year)

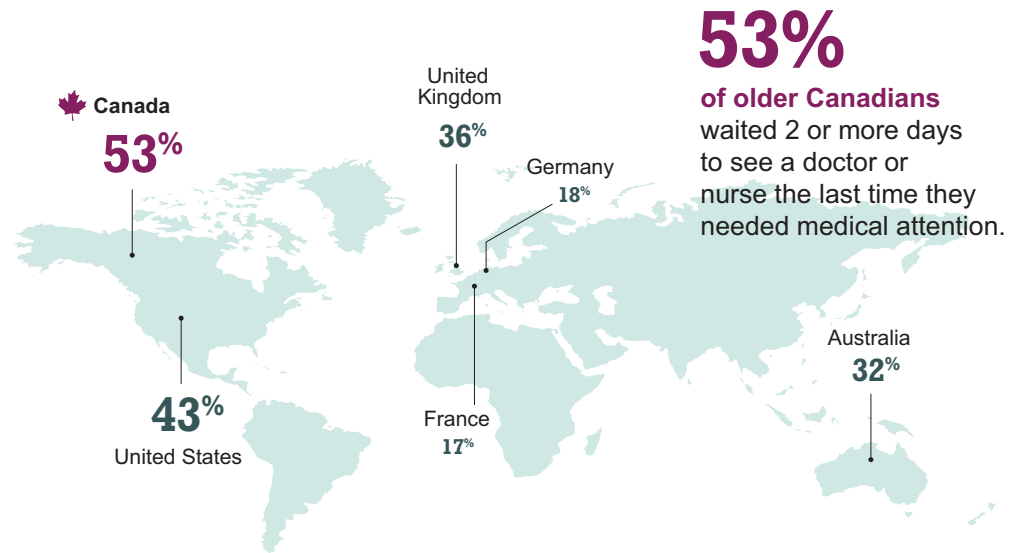


For more information on Canada's premature mortality versus that in other countries and on our performance on lung cancer mortality specifically, see [Benchmarking Canada's Health System: International Comparisons](#) and [Canada's International Health System Performance Over 50 Years: Examining Potential Years of Life Lost](#).

Canada lags in community care performance

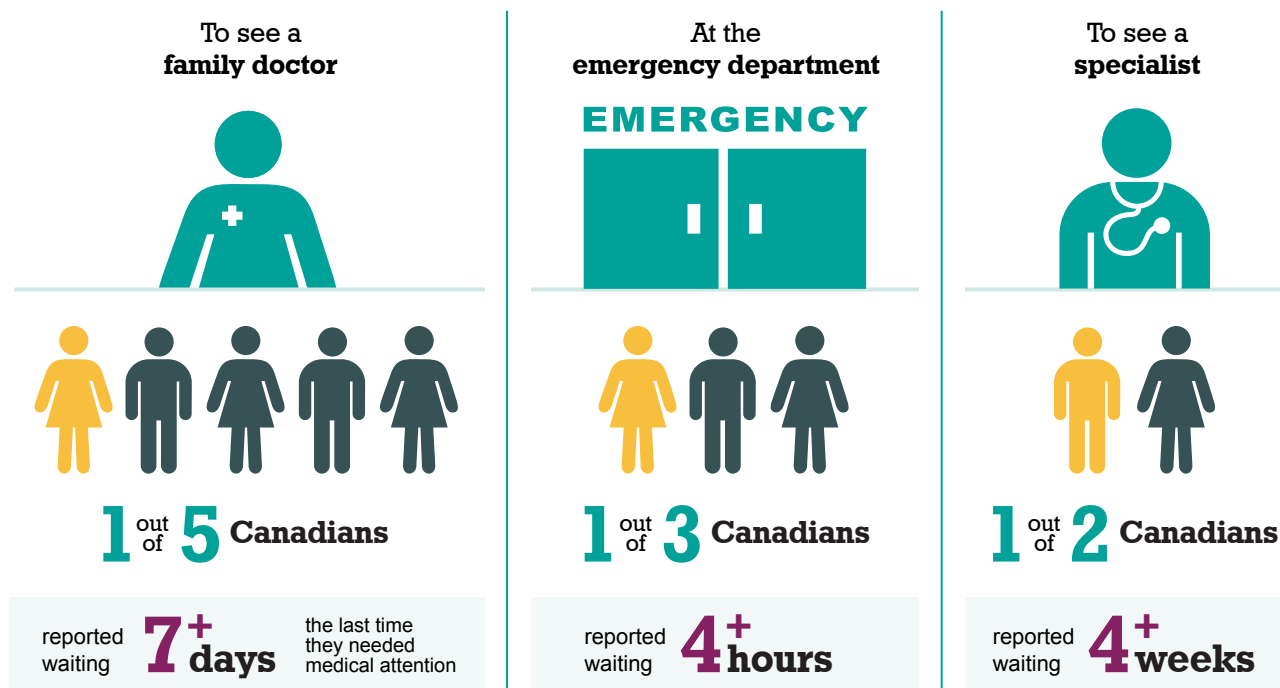
Canada's results were below average for 19 out of 28 measures in The Commonwealth Fund's 2015 international survey of primary care doctors.

In 2014, adults age 55 and older were surveyed about their experiences. Canada had the longest wait times for primary and specialist care.



For more information, see [How Canada Compares: Results From The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians](#) and [How Canada Compares: Results From The Commonwealth Fund 2014 International Health Policy Survey of Older Adults](#).

Canadians report the longest waits of patients in 11 countries*



Canadians are generally happy with the quality of their care



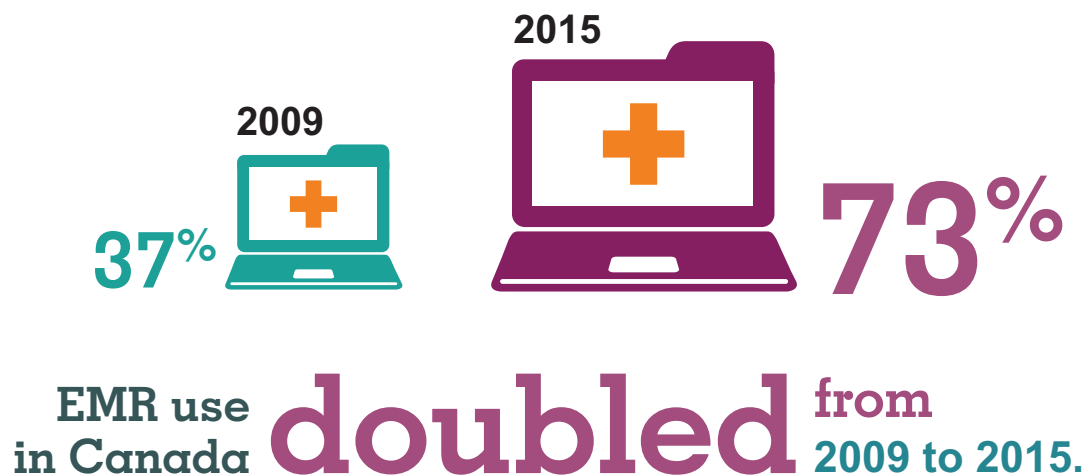
Note

* The Commonwealth Fund (CMWF) surveyed adults in 11 countries through its 2016 International Health Policy Survey.

For more information, see [How Canada Compares: Results From The Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries](#).

Canadian doctors
are using more
IT — but still less
than their peers

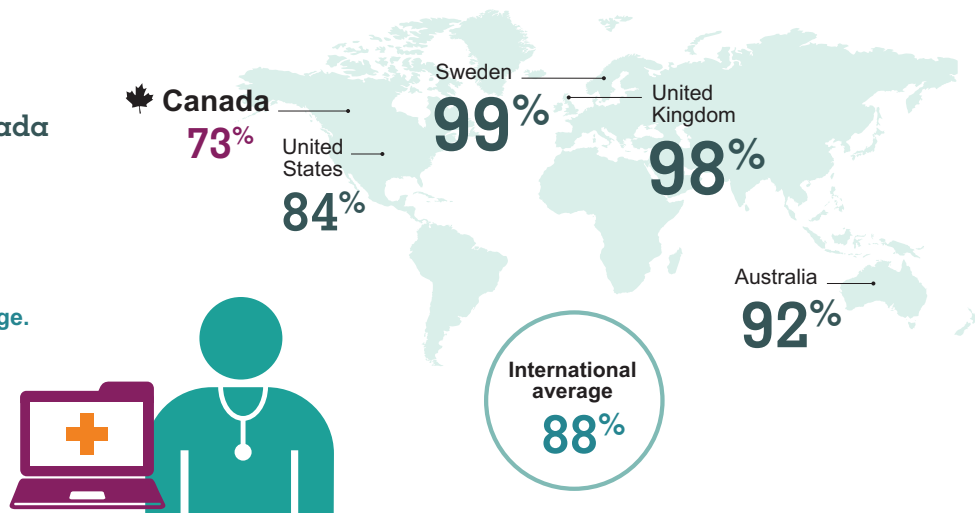
More Canadian family
doctors than ever before
are using information
technology — like electronic
medical records — but
we still lag behind
other countries.



Fewer family doctors in Canada

**use
EMRs**

compared with the
international average.



Family doctors in Canada
are less than

half as
likely

as those in other countries
to review surveys on patient
satisfaction and experience.



For more information, see [How Canada Compares: Results From The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians](#).

How CIHI contributes to international data and knowledge production

CIHI has long-standing relationships with several international organizations, including the OECD, The Commonwealth Fund, the World Health Organization (WHO), interRAI, the Pan American Health Organization, the World Bank and the International Council of Nurses. We provide Canadian data so Canada can be included in international comparisons, and we help develop indicator and survey methodologies so that, as much as possible, countries measure the same thing in the same way.

CIHI's priorities are similar to those of our international partners, which means we can work closely together and make meaningful comparisons with other countries.



Priority themes and populations

CIHI

Populations

Seniors and aging
Mental health and addictions
First Nations, Inuit and Métis
Children and youth



Themes

Patient experience
Quality and safety
Outcomes
Value for money



Health system performance

OECD

Themes

Monitoring health systems
Health care quality
Value for money
Public health
Population aging
Health workforce
Inequality

The Commonwealth Fund

Populations

Elderly people
Low-income people
Uninsured people
Minority Americans
Young children

Themes

High-performing health care system
Improved quality
Greater efficiency

CIHI's work with the OECD

Ever since we opened our doors more than 20 years ago, we've been submitting Canada's data to the OECD.

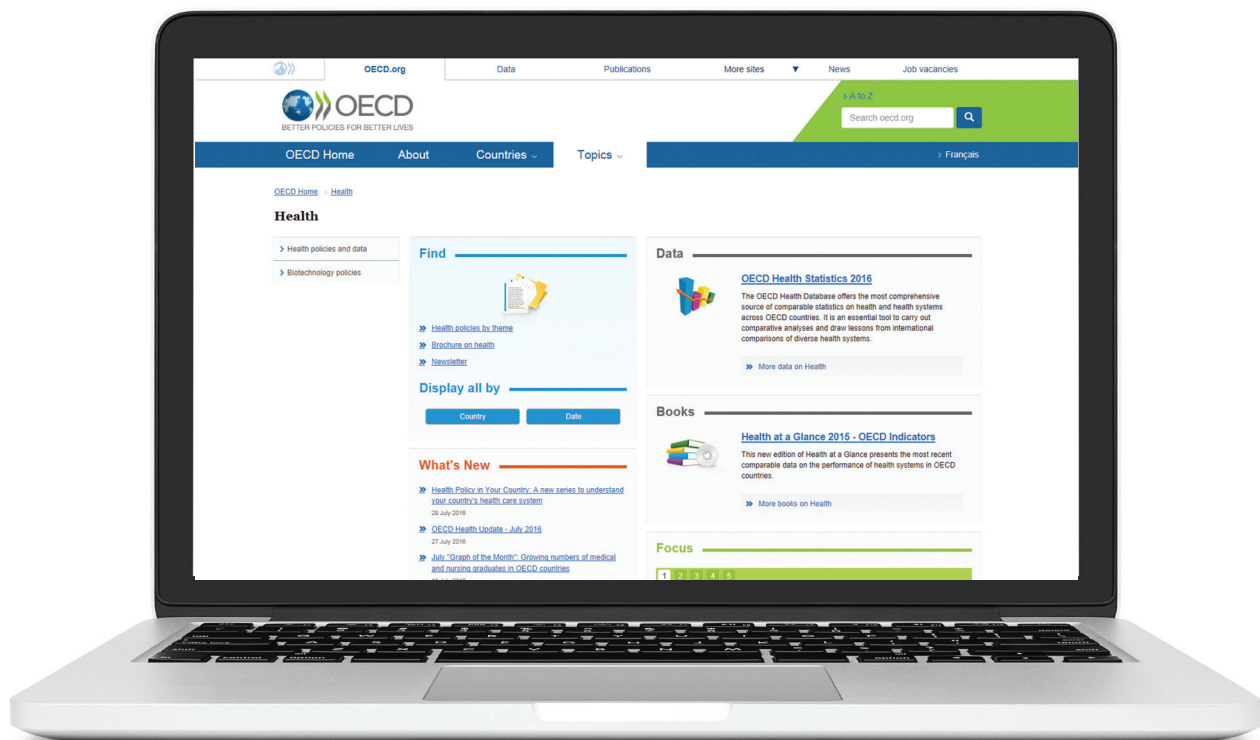


CIHI contributes a considerable number of data metrics and indicators in many areas of health care: health spending, human resources for health, utilization, quality of care, access, patient experiences, pharmaceuticals and more!

This information is included in the OECD's flagship publications [*OECD Health Statistics*](#) and [*Health at a Glance*](#).

CIHI also works with the OECD's Health Committee and its expert advisory groups to tackle special projects by submitting data and sharing expertise. Some of the topics we've worked on include

- Geographic variations in health care for common surgical procedures;
- Variations in hospital costs;
- Variations in hospital performance;
- Patient-reported experience and outcome measures;
- Dementia; and
- Ineffective health spending and waste (through the Choosing Wisely campaign).



CIHI's work with The Commonwealth Fund

Every year, The Commonwealth Fund conducts its International Health Policy Survey of patient and provider experience.



The
COMMONWEALTH
FUND

CIHI is the Canadian national partner of the International Health Policy Survey and provides input on

- What questions should be asked, including suggestions on emerging issues;
- The survey's methodology, including the Canadian reference population so answers can be weighted properly; and
- Data quality, to help continuously improve the survey.

CIHI's work with the World Health Organization

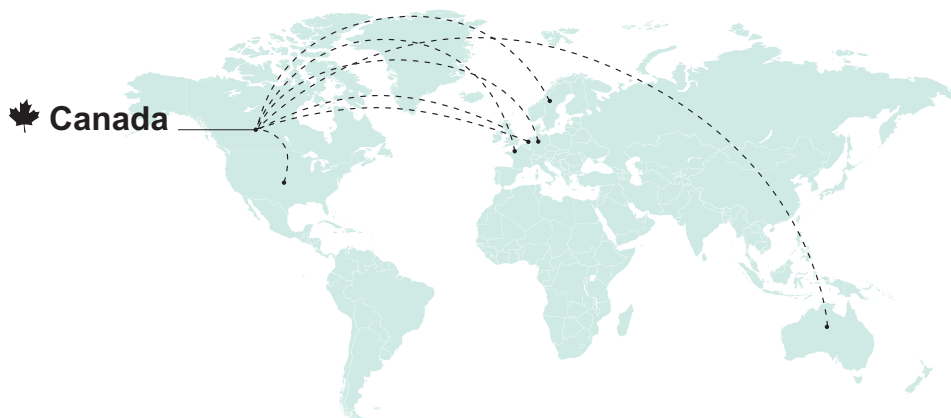
The WHO leads the Family of International Classifications (FIC) to support national and international health information systems, statistics and evidence.

CIHI, along with Statistics Canada, is part of an international network of organizations that develops, disseminates, maintains and uses the WHO-FIC. CIHI has involvement in the 3 reference classifications: the International Statistical Classification of Diseases and Related Health Problems (ICD), the International Classification of Health Interventions (ICHI) and the International Classification of Functioning, Disability and Health (ICF). CIHI also contributes workforce information to the WHO's *Mental Health Atlas* to support resource planning.

This participation brings Canada many benefits: foremost is that we make sure the international standards meet our needs for data and information, and we learn and draw from a broad network of international experts on clinical matters and standards.

Looking ahead

CIHI will continue to provide comparable and actionable data and information that are used to accelerate improvements in Canada's international standing with respect to health care, health system performance and population health.



The priorities of our Canadian stakeholders will evolve and the availability of international data will fluctuate. CIHI will continue to contribute to and draw from a broad network of clinical and standards experts, as well as the experiences of other countries. This will include updating and expanding our international comparison reports and tools, as well as participating in various initiatives and working groups.

We will collaborate with our stakeholders to improve our work on comparing Canada and the provinces internationally.

For more information

To get more details on how Canada compares, CIHI's reports and tools, and how we're working to provide international context to decision-makers, visit [CIHI's website](#) or write to hsr@cihi.ca.

Appendix: Text alternatives for images

Data table for figure How does Canada compare in terms of health spending?

Country	Cost per person (Canadian dollars)	Percentage of GDP	Percentage public	Percentage private
OECD (average)	\$4,463	9.0%	73%	27%
United States	\$11,126	16.6%	49%	51%
Sweden	\$6,245	11.2%	83%	17%
France	\$5,384	11.1%	79%	21%
Germany	\$6,311	11.0%	85%	15%
Netherlands	\$6,505	10.9%	81%	19%
Canada	\$5,543	10.0%	71%	29%
United Kingdom	\$4,896	9.9%	80%	20%
New Zealand	\$4,361	9.4%	80%	20%
Australia	\$5,187	9.0%	67%	33%

Note

Total current expenditure (capital excluded). Expenditure data is based on the System of Health Accounts.

Source

OECD Health Statistics 2016 (June edition).

Text alternative for figure All-cause potential years of life lost, 1960 to 2010: Relative positions of selected OECD countries

Canada was a middle-of-the-pack performer over the 50-year study period (1960 to 2010) with respect to potential years of life lost (PYLL); Canada’s performance was similar to Australia’s and was closely aligned with the international median. Through the 1970s, Canada fell slightly behind, but it regained its position around the median line through the 1980s and maintained this position for the rest of the study period. In 2010, Canada lost 3,113 potential years of life per 100,000, which was 626 more years of life lost than the top performer, Sweden. The United States was in last place, with its PYLL more than doubling from 1960 to 2010.

Data table

Country	PYLL for 2010 in absolute numbers
United States	4,629
Canada	3,113
Australia	2,853
Sweden	2,487

Text alternative for figure Health Status

The Health Status dimension includes 12 indicators: Cancer Mortality (Female), Cancer Mortality (Male), Heart Disease Mortality, Stroke Mortality, Transport Accident Mortality (Female), Transport Accident Mortality (Male), Suicide (Female), Suicide (Male), Infant Mortality, Perceived Health Status, Life Expectancy at Birth (Female) and Life Expectancy at Birth (Male). For most indicators in this dimension, Canada performed within the average compared with OECD countries. Canada particularly performed well on Stroke Mortality and Perceived Health Status, whereas it fell below the OECD average for Cancer Mortality and Infant Mortality.

Note

Results are from the 2015 update of the eTool, but data years vary by indicator.

Text alternative for figure Non-Medical Determinants of Health

The Non-Medical Determinants of Health dimension includes 6 indicators: Fruit Consumption: Adults, Vegetable Consumption: Adults, Smoking: Adults (Female), Smoking: Adults (Male), Alcohol Consumption: Adults and Obesity Reported: Adults. Canada fared above the OECD average for all indicators except Obesity Reported.

Note

Results are from the 2015 update of the eTool, but data years vary by indicator.

Text alternative for figure Quality of Care

The Quality of Care dimension includes 18 indicators: Influenza Vaccination: 65+, Avoidable Admissions: COPD, Avoidable Admissions: Asthma, Avoidable Admissions: Diabetes, Time Spent With Doctor, Easy to Understand Doctor, Time to Ask Questions, Involvement in Decisions, Breast Cancer Screening (Survey), Breast Cancer Survival*, Breast Cancer Mortality, Cervical Cancer Screening (Survey), Cervical Cancer Survival, Cervical Cancer Mortality, Colorectal Cancer Survival, Colorectal Cancer Mortality, 30-Day In-Hospital Fatality: AMI and 30-Day In-Hospital Fatality: Ischemic Stroke. Canada performed above the OECD average for many indicators but fell below the OECD average for Avoidable Admissions: COPD, Time Spent With Doctor and 30-Day In-Hospital Fatality: Ischemic Stroke.

Notes

* Not available for all provinces.

Results are from the 2015 update of the eTool, but data years vary by indicator.

Text alternative for figure Patient Safety

The Patient Safety dimension includes 6 indicators: Foreign Body Left In*, Post-Op PE: Hip and Knee*, Post-OP DVT: Hip and Knee*, Post-Op Sepsis: Abdominal*, OB Trauma: Instrument and OB Trauma: No Instrument. With the exception of Post-Op Sepsis, Canada performed below the OECD average on all indicators.

Notes

* Not available for all provinces.

Results are from the 2015 update of the eTool, but data years vary by indicator.

Text alternative for figure Access to Care

The Access to Care dimension includes 8 indicators: Wait Time: Cataract Surgery, Wait Time: Hip Replacement, Wait Time: Knee Replacement, Same or Next Day Appointment, Poor Weekend/Evening Care, Wait Time: Specialist, Ability to Pay for Medical Bills and Regular Doctor. Canada fell within the OECD average on all but 3 indicators: Same or Next Day Appointment, Poor Weekend/Evening Care and Wait Time: Specialist.

Note

Results are from the 2015 update of the eTool, but data years vary by indicator.

Data table for figure Prevalence of diabetes

Country	Diabetes rates as a percentage of the population
Canada	9.4%
United States	9.4%
United Kingdom	3.9%
France	5.2%
Netherlands	5.0%
Germany	7.9%
Sweden	4.5%
Australia	4.1%
New Zealand	9.9%
OECD average	6.7%

Note

Includes type 1 and type 2 diabetes.

Source

International Diabetes Federation. [IDF Diabetes Atlas, 6th Edition](#). 2014.

Text alternative for figure Lung cancer mortality for selected OECD countries, 2012 (or nearest year)

Canada’s lung cancer mortality rate for men was 72 per 100,000, compared with the OECD average of 66 per 100,000. For women, at 47 per 100,000, Canada was well above the OECD average of 27. Note that a lower number is more desirable.

Data table for figure Proportion waiting 2 or more days for medical care

Country	Percentage of older patients who waited 2 or more days to see a doctor or nurse the last time they needed medical attention
Canada	53%
United States	43%
United Kingdom	36%
France	17%
Germany	18%
Australia	32%

Text alternative for figure Canadians report the longest waits of patients in 11 countries*

1 out of 5 Canadians reported waiting 7 or more days to see a family doctor the last time they needed medical attention. 1 out of 3 Canadians reported waiting 4 or more hours the last time they went to the emergency department. 1 of out 2 Canadians reported waiting 4 or more weeks to see a specialist.

Note

* The Commonwealth Fund (CMWF) surveyed adults in 11 countries through its 2016 International Health Policy Survey.

Text alternative for figure Canadians are generally happy with the quality of their care

74% of Canadians say they received excellent or very good care from their regular doctor, which is above The Commonwealth Fund’s 11-country average of 65%.

Data table for figure Fewer family doctors in Canada use EMRs compared with the international average

Country	Percentage of family doctors who use electronic medical records
Canada	73%
United States	84%
United Kingdom	98%
Sweden	99%
Australia	92%
International average	88%



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