

Research About – Health Systems

CIHR

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Through CIHR, the Government of Canada invested approximately **\$55.1 million** in 2007-08 in health systems-related research across Canada.



CIHR IRSC

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The Facts

- A Canadian Institute of Health Information report pegs Canada's health care bill at \$160.1 billion dollars for 2007, up from \$150.3 billion in 2006.
- Public-sector spending on health care represents about 71%, while private-sector spending (privately insured and out-of-pocket expenses) accounts for a 29% share of the total.
- The top three expenses for health care are hospitals (representing about 28% of total spending), drugs (17%) and physicians (13%).
- Drug spending has increased more rapidly than total health expenditures; total drug spending in Canada is estimated to have reached \$26.9 billion in 2007. Health care spending as a share of Canada's gross domestic product (GDP) has increased slowly but steadily over five years – reaching 10.6% in 2007, up from 10.4% in 2006.
- About 1 in 10 Canadians work in health and social services.
- In 2005, there were two physicians for every 1,000 people in Canada, comparable to other OECD countries such as the U.S. and the UK, but below Germany and France.

(Source: Canadian Institute of Health Information)



Finding Solutions

Drug advertising – powerful lessons for Canada

A new study by CIHR-funded researcher Dr. Steve Morgan illustrates the powerful impact of direct-to-consumer advertising (DTCA) on prescription drug spending in the United States. The University of British Columbia's Dr. Morgan reports that U.S. pharmaceutical firms spent US\$4.24 billion on DTCA in 2005 – 11 times what they spent in 1995 when DTCA began to flourish. Over that period, the difference in per capita spending on prescription drugs between Canada – where DTCA that makes product claims is not allowed – and the United States soared from approximately C\$31 to \$356. The study was published in the inaugural edition of *Open Medicine* at: <http://www.openmedicine.ca/article/view/23/26>.

Lingering legacies thwart mental health reform

History can hold back efforts to reform how mental health care is provided, a new paper shows. The study, co-authored by Dr. Paula Goering from the University of Toronto, examines how Ontario's introduction of psychiatric hospitals in the mid-1800s and of Medicare 100 years later have influenced the province's efforts to develop a coordinated, consumer-centred mental health system and rebalance spending from institutional to community-based care. The study concludes that while widespread reform has proved elusive, "below-the-surface changes have occurred, supported by changing public attitudes that may support mental health reform as part of ongoing general health system reform in the province of Ontario."

MDs speak up about EMR

How do physicians feel about implementing electronic medical records (EMR) in their clinics? Attitudes are mixed, according to a study published in the April 2008 edition of the Canadian Medical Association's *Future Practice*. "I get very afraid of losing some data and not being able to flag it," said one physician. Another sang EMR's praises: "Physicians in the emergency room get a patient coming in with a complete medical history of all their drugs, operations, everything. It's super." The data was collected as part of a CIHR-funded project called "Informatics: Enhancing the Clinical Experience?" led by Dr. Nicola Shaw of the University of Alberta.

The Researchers

Dr. Pascale Lehoux – What makes a good new medical technology?

Inventors of medical devices don't always like the feedback Dr. Pascale Lehoux gives them. She understands. Perhaps the device is the brainchild of a physician who thinks it's the hottest new medical technology. But the University of Montreal researcher looks beyond the shiny stainless steel and flashing lights to ask questions such as, will it be easy to use outside a hospital?

"What I do is bring the big picture into the assessment of health technologies," says Dr. Lehoux. "We can't make decisions about new technologies by only looking at the technology itself."

The CIHR-funded leader says that this big picture assessment takes into account the often overlooked complex social components of many new technologies.

For example, while conducting a genetic test might appear to be as simple as extracting a blood sample from a patient and analyzing it, the test creates a much larger service demand for the associated genetic counseling.



"We tend to overestimate the benefits of new technologies and underestimate the resources needed to make them work properly," says Dr. Lehoux.

To try and change this situation, Dr. Lehoux and colleagues recently launched an innovative website and blog designed to engage decision makers in a broader conversation on health technologies.

"The media tend to boil down the public policy debate on the regulation of new technologies to a single issue – affordability," she notes. "But this excludes public health and social implications from the debate."

The website and blog bring together health policy makers, journalists, patient associations and others in a context where "all different perspectives are present and can cross-fertilize – something that rarely happens elsewhere," says Dr. Lehoux.



For more information, go to
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