



CIHR IRSC
2005-2006

Healthcare System

The CIHR Institute

CIHR's Institute for Health Services and Policy Research is helping the country meet the challenge of making high-quality healthcare available to all those who need it, while ensuring that Canada's healthcare system is strong and sustainable. It fosters debate on reconciling privacy concerns with access to data needed to facilitate health research in order to protect Canadians and promote their health.

About CIHR

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's agency for health research. CIHR's mission is to create new scientific knowledge and to catalyze its translation into improved health, more effective health services and products, and a strengthened Canadian healthcare system. Composed of 13 Institutes, CIHR provides leadership and support to more than 10,000 health researchers and trainees across Canada.

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's agency for health research. Through CIHR, the Government of Canada invested approximately \$28.9 million in 2005-06 in research on Canada's healthcare system.

The Facts

- In 2005, Canada was forecast to spend \$142 billion on healthcare, an average of \$4,411 per Canadian, a 6.9% increase over 2004.
- In 2005, spending was expected to increase to 10.4% of the gross domestic product.
- Hospitals remain the single largest category of spending, accounting for almost 30% of total spending. In 2005, spending was forecast at \$42.4 billion, up 6.4% from 2004.
- Drug expenditures continued to be the fast-growing category of health spending. Spending for 2005 was estimated to be \$24.8 billion, compared to \$16.7 billion five years before.
- In 2005, Canada was forecast to spend \$18.2 billion on physician services, up 6.4% from 2004.
- Private-sector health spending (insurance and out-of-pocket expenditures) was expected to increase to \$43.2 billion in 2005. Most private-sector spending was expected to go to drugs and dentistry.
- Public-sector spending on healthcare was expected to reach \$98.8 billion by the end of 2005.

Research Finding Healthcare Solutions

- CIHR, in partnership with the provincial and territorial Ministries of Health, funded eight Canadian research teams to examine wait times in the areas of cancer, joint replacement and sight restoration. The teams synthesized Canadian and international evidence from the best available research studies to help answer two questions: (1) What does existing research say about the relationship between clinical condition, wait times and health outcomes or quality of life for individuals waiting for treatment? and (2) What are the national or international wait time benchmarks (proposed or in use) for treatment, and what research evidence (if any) are they based on? The research helped inform the development of the first evidence-based benchmarks, which were announced in December 2005, and identified key gaps where further research is needed.
- Prescription drugs are the fastest-growing category of healthcare spending in Canada. A recent study by CIHR-funded researcher Dr. Steve Morgan at the University of British Columbia gives, for the first time, an accurate picture of how drugs are being used across Canada. The Canadian Rx Atlas highlights differences in drug use in different parts of the country and breaks down the factors that drive drug spending. The Atlas will be useful to provincial and territorial health officials across Canada as they face the complex problem of how to control rising prescription drug costs.
- According to a CIHR-supported study led by Dr. Marilyn Hodgins of the University of New Brunswick, patients in the province do not automatically head to the emergency room when they have a non-life-threatening illness. The survey of close to 2,000 New Brunswickers found that 74% tried to treat themselves first. Why do they go to the emergency department at all? Respondents cited fear that the condition might get worse; advice from others; and the lack of other options for dealing with the problem. Information such as this about New Brunswickers' use of healthcare services will help develop cost-effective and quality services that respond to people's healthcare needs.

- Is prenatal screening becoming as routine as a blood test? Is prenatal screening being presented as the responsible choice for the health of the baby? CIHR-supported researcher Dr. Brenda Wilson at the University of Ottawa suggests that some women are not making fully informed choices about these sorts of tests. As a consequence, more effort should be made to identify ways in which the healthcare system can promote informed decision-making. This might include training healthcare workers to provide better counselling to pregnant women, so that the personal ramifications of prenatal testing are considered just as much as the technical procedures.

In the Pipeline... Improving Services for Rural Residents with Alzheimer's Disease

Dr. Debra Morgan of the University of Saskatchewan is leading a New Emerging Team studying how to improve services for people with Alzheimer's disease who live in rural or remote areas. Research is ongoing but, so far, the team has designed, implemented and evaluated a memory clinic. The goal was to improve access to assessment, diagnosis and management of early-stage dementia. Seniors from rural and northern communities can now access streamlined one-day assessments at a centre in Saskatoon. Video conferencing or telehealth is used before and after the clinic assessment for pre-assessment and follow-up.

The Researchers... Dr. Heather Boon – Helping Define Modern Pharmacy Practice

The earliest pharmacists were persons skilled with knowledge of plants and herbs. With the rise of modern medicine and drugs based on synthesis of chemical compounds, attention to and knowledge of these earlier practices diminished. Today, however, such natural health products (NHPs) are very much part of the landscape of the modern pharmacy. The question is, are pharmacists ready and able to deal with this change? According to CIHR-supported researcher Dr. Heather Boon, the answer varies widely.

“Pharmacists get lots of questions from consumers seeking advice and information about natural health products. While some of them are able to answer these questions, there's also frustration among others that they don't have the answers. There are also big questions about whether NHPs are really part of pharmacy practice,” she notes.

Dr. Boon is helping pharmacists address these questions.

As part of a new research project, Dr. Boon and her team will be investigating attitudes and opinions about the role of the pharmacists in dealing with the now widespread use of NHPs, a category that includes everything from herbal remedies and homeopathy to vitamins and minerals. All told, there are more than 50,000 such products currently on the market.

The research team will seek input from pharmacists through one-on-one interviews and focus groups and through literature reviews. The team is also seeking input from doctors, the NHP industry, natural medicine practitioners and, most importantly, consumers themselves.

“We're very interested in what consumers are saying, since they are the ones who are driving the change and everyone else has been trying to play catch up,” Dr. Boon says.

“At the end of this project, we will have some very concrete and useful information that can be used to change both the regulation and practice standards for pharmacists and also influence education policies to make sure that pharmacists get the training they need in this area,” she says.

“Above all, we want to remove some of the variability that exists right now with the handling of natural health products across Canada, and what consumers can expect to be able to learn from pharmacists.”