HealthCareCAN is the result of the January 1, 2014 merger of two legacy organizations:

– Association of Canadian Academic Healthcare Organizations (ACAHO)
– Canadian Healthcare Association (CHA)
What we are aiming for

**Our Vision:**
- Improved health for the people of Canada through an evidence-based and innovative healthcare system.

**Our Mission:**
- To advance an integrated, innovative, sustainable and accountable healthcare system that provides the people of Canada with a world-leading health system by:
  - Being the collective voice of Canada’s healthcare organizations;
  - Enhancing pathways to innovation;
  - Supporting service excellence across the continuum of care; and,
  - Developing the health leaders of today and tomorrow.
Key Result Areas.

OVERVIEW OF STRATEGIC PLAN

KEY RESULT AREAS

- Advancing S&T in Service of Health
- Advancing Healthcare Innovation
- Developing People
- Supporting Learning Organizations

- Patient & Family Centered
- Learner-Focused
- Policy Research
- One Voice
- Service Bureau
- Member Engagement
- Advocacy & Representation

- CULTURE: Helping, Caring, Sharing

Representation of the full Continuum of Care

October 2014
Our Members
Our Values:

- **Unity** – we speak as one voice, on behalf of our members at the national and international level.

- **Excellence** – we support the generation, implementation and evaluation of evidence-based strategies.

- **Innovation** – we believe that investments in research and the adoption of innovative solutions are essential to a high performing health system.

- **Leadership** – we take a leadership role in identifying and disseminating solutions to the challenges facing the health system, and in educating and training the leaders of tomorrow.

- **Collaboration** – we value the importance of working in strategic partnership with others.

- **Accountability** – we support a transparent approach to decision-making, and the effective alignment of health system accountabilities with their authorities.
Our priorities

• Research
  – Creating the Winning Conditions for Research & Innovation
  – Leveraging Research and Innovation Solutions
  – Showcasing Research Excellence in Patient Care Settings
Our priorities

• Policy
  – Closing the Indigenous health gap
  – Improving workplace mental health
  – Addressing the opioid crisis
  – Addressing cyber security and critical infrastructure
  – Increasing anti-microbial stewardship
The Great Canadian Healthcare Debate

• National Health Leaders Conference (700+)
• 120+ motions submitted over past 3yrs
• Top 10 put forward to conference delegates
• 6 Debated
• Next debate will be June 12, 2017 at the NHLC in Vancouver
The Great Canadian Healthcare Debate

Debate Results (2015):
1. Funding for mental health
2. Electronic health records
3. National Pharmaceutical Strategy

• Debate Results (2016):
1. Improving Indigenous Health
2. Public Reporting of Patient Safety Incidents
3. Adopting Recommendations from Naylor Panel on Health Innovation
• “There has never been a major development in the history of health care in Canada where the federal government was not there, was not a collaborative player”

The Honourable Jane Philpott, CMA General Council, Vancouver, August 23, 2016
Historical Context: Use of Federal Spending Power

- Hospital Construction Grants Program - 1948
- Hospital Insurance and Diagnostic Services Act – 1957
- Health Resources Fund Act - 1966
- Medical Care Act – 1968
- Established Programs Financing – 1977
- Canada Health Act - 1984
Historical Context

Canada Health Act Principles:

• Public Administration
• Comprehensiveness
• Universality
• Portability
• Accessibility
Historical Context

First Ministers’ Health Accords:

- 2000 – Jean Chrétien
- 2003 – Jean Chrétien
- 2004 – Paul Martin
- 2016/17 – Justin Trudeau
Provincial/Territorial Context

• Decentralization:
  
  ... Canada has the most decentralized health insurance system in the world.
  
  ... Substantial differences across provinces, subject to meeting minimum national standards under CHA.
  
  ... Payment systems for MDs/others; modified block funding of hospitals.
Most provinces and territories have some form of regionalized health services delivery structure.
Services Delivered

- “Medicare” – all medically necessary hospitals and physician services
- P/T health public insurance plans
• Mix of public and private providers:
  – Regional health authorities
  – Ontario...Patient’s First initiative.
  – Physicians (41% in blended models (FFS+ other incentives); 38% strict FFS; 8% salary; 1.2% capitation)
  – Out-of-hospital Rx
Role of Governments

- Federal
  - First Nations and Inuit Health
  - Correctional Services
  - Canadian Forces (DND)
- Provincial and Territorial
Total Health Expenditures by Source of Finance, 2016 (percentage)

- Provincial Government: 65%
- Private Health Insurance: 12%
- Out of Pocket: 15%
- Non-Consumption: 3%
- Other Public Sector: 5%

Source: National Health Expenditure Database, CIHI, 2016
Total Health Expenditures by Use of Funds, 2016 (percentage)

- Hospitals (29.5%)
- Drugs (16%)
- Physicians (15.3%)
- Other Professionals (9.9%)
- Other Institutions (10.6%)
- Other Health Spending (6.2%)
- Public Health (5.6%)
- Administration (2.9%)
- Capital (4%)
- Other Health Spending (6.2%)

Source: National Health Expenditure Database, CIHI, 2016
Historical Trends

Hospitals, Physician and Drug Expenditures
Percent of Total Health Expenditures, 1975-2014

Source: National Health Expenditure Database, CIHI, 2016
• Total health spending projected to be $6,299 per person in 2016:
  – modest growth since 2011
  – varies among provinces
  – Among highest per capita spending of 35 OECD countries
• Share of funds attributed to hospitals has been stable since 2001.
• Population aging is not the primary driver of rising healthcare costs
International Comparisons of Health Spending

Health Spending (excl. investments) as a percent of GDP, G7 Countries, 2014

Source: FOCUS on Health Spending, OECD Health Statistics 2015
International Comparison – Rank Ordering

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>1</td>
</tr>
<tr>
<td>Switzerland</td>
<td>2</td>
</tr>
<tr>
<td>Sweden</td>
<td>3</td>
</tr>
<tr>
<td>Australia</td>
<td>4</td>
</tr>
<tr>
<td>Germany</td>
<td>5</td>
</tr>
<tr>
<td>Netherlands</td>
<td>5</td>
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<tr>
<td>New Zealand</td>
<td>7</td>
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<td>Norway</td>
<td>7</td>
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<tr>
<td>France</td>
<td>9</td>
</tr>
<tr>
<td>Canada</td>
<td>10</td>
</tr>
<tr>
<td>United States</td>
<td>11</td>
</tr>
</tbody>
</table>

Based on the Commonwealth Fund’s “Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally”
# International Comparisons of Health Spending

<table>
<thead>
<tr>
<th></th>
<th>Canada</th>
<th>OECD Average</th>
<th>Canada's OECD Ranking</th>
<th>Canada's Rank Among Peer Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Health Expenditure As A % of GDP</strong></td>
<td>10.2</td>
<td>8.9</td>
<td>10/34</td>
<td>7/11</td>
</tr>
<tr>
<td><strong>Total Health Expenditure Per Capita</strong></td>
<td>$4,351</td>
<td>$3,453</td>
<td>10/34</td>
<td>7/11</td>
</tr>
<tr>
<td><strong>Public Expenditure on Health Per Capita</strong></td>
<td>$3,074</td>
<td>$2,535</td>
<td>13/34</td>
<td>8/11</td>
</tr>
<tr>
<td><strong>Public Share of Total Health Expenditure</strong></td>
<td>70.6%</td>
<td>72.7%</td>
<td>22/34</td>
<td>8/11</td>
</tr>
<tr>
<td><strong>Hospital Expenditure Per Capita</strong></td>
<td>$1,338</td>
<td>$1,316</td>
<td>15/29</td>
<td>9/9</td>
</tr>
<tr>
<td><strong>Physician Expenditure Per Capita</strong></td>
<td>$720</td>
<td>$421</td>
<td>4/27</td>
<td>4/8</td>
</tr>
<tr>
<td><strong>Drug Expenditure Per Capita</strong></td>
<td>$761</td>
<td>$517</td>
<td>2/31</td>
<td>2/9</td>
</tr>
</tbody>
</table>

Notes: Peer countries consist of Australia, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, US, and UK; Ranking are ordered from highest to lowest expenditure; Based on 2013 data where available or next available preceding year; All figures are in $US and adjusted for purchasing power parity.

Source: OECD Health Statistics 2015
Mandate:

• Identify the five most promising areas of innovation in Canada and internationally that have the potential to reduce growth in health spending while leading to improvements in care.

• Recommend five ways the federal government could support innovation in these areas.
Themes:

• Patient Engagement and Empowerment
• Health System Integration with Workforce Modernization
• Technological Transformation via Digital Health & Precision Medicine
• Better Value from Procurement, Reimbursement & Regulation
• Industry as an economic driver and innovation catalyst
Two essential healthcare innovation enablers going forward:

1. Healthcare Innovation Fund
2. Healthcare Innovation Agency of Canada (HIAC)
3. Leadership (Health Council of Canada 2015)
Challenges and Opportunities

• Fiscal – zero means zero
• Political – no national health accord
• Technological
  – Cybersecurity
  – Personalized medicine vs population health
  – Technology vs harms associated with treatment
  – Privacy v patient demands for use of technology
• Demographics
  – increases in chronic disease
  – ageing population
Questions and Answers?
For further information,
please contact me at 613-241-8005 or
btholl@healthcarecan.ca