

HealthCast

The customization of prevention, diagnosis, care and cure
Canadian Compendium

Introduction to
HealthCast

Consumers
Perspective

Experts and Leaders
Perspective

The future of
Healthcare

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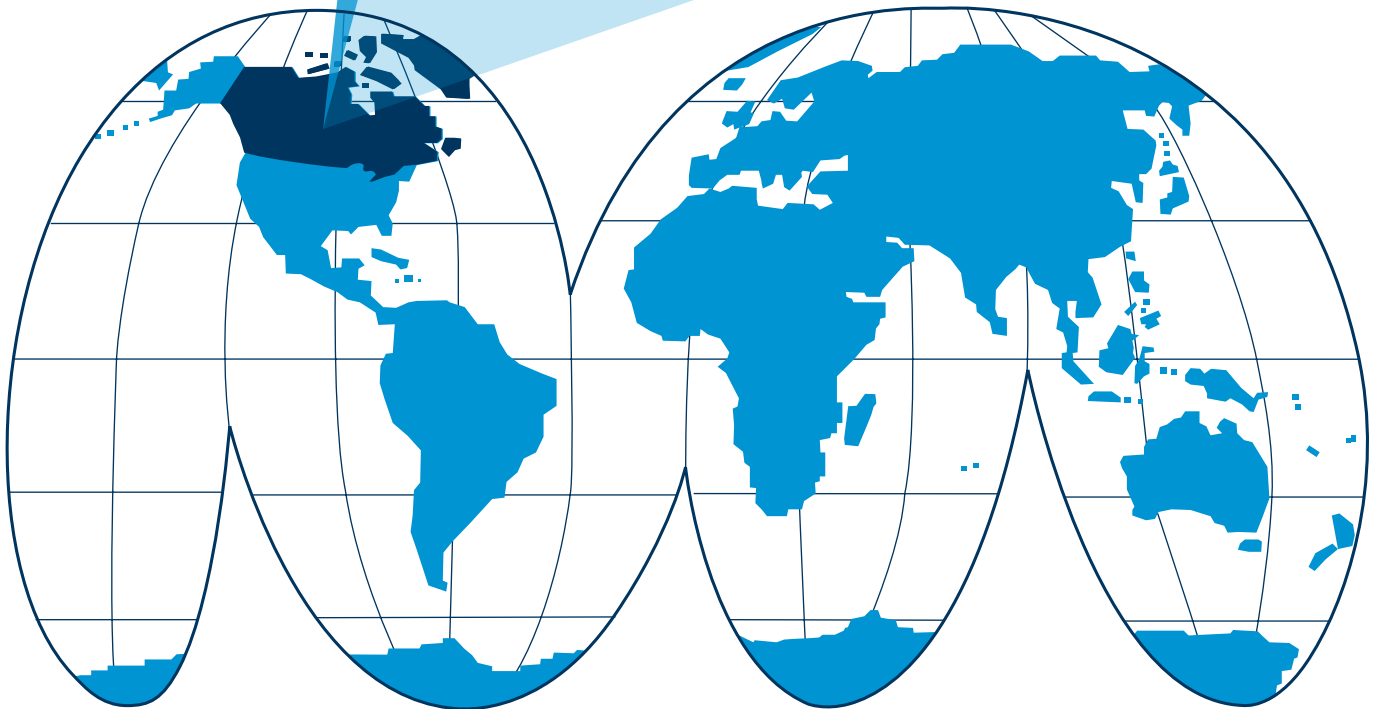
500 consumers

+ 50 leaders

+ 35 experts

= HealthCast,

The customization of prevention,
diagnosis, care and cure



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The customization of prevention, diagnosis, care and cure engages patients before, during and after they are ill or injured.

A growing and aging population, more people living with chronic disease and inconsistent service delivery, due in part to financial and workforce challenges, are placing increased pressure on the healthcare system in Canada. Information technology systems have not yet been able to meet expectations to support timely decision-making, integrate resources, monitor progress and evaluate performance. The benefits of preventing disease have never been more obvious. Innovations in treatment increasingly point to a customized approach to prevention, diagnosis, care and cure. To ensure Canadians get the healthcare they deserve, including better access, high-quality care and a sustainable system, transformation of our current healthcare system is urgently needed.

Canada's healthcare challenges are similar to those around the world, although the priorities may be different. Each province and territory in Canada is responsible for administering its own healthcare, which has resulted in interprovincial differences in funding, administration, availability of diagnostic resources, treatments and planning.

The latest research from PricewaterhouseCoopers' Health Research Institute (HRI), HealthCast provides rich insight from 3,500 consumers around the world, including 500 Canadians, as well as 590 global health leaders (50 in Canada). In-depth interviews were conducted with 225 top executives in government, hospital systems, insurance companies, physician groups, pharmaceutical and life science companies and technology firms in 50 countries, including 35 Canadian experts.

This Canadian Compendium is designed to complement the HRI global report by providing a summary of key highlights from the Canadian perspective. What are the healthcare concerns of Canadian consumers, the true end users of the healthcare system? What are healthcare leaders saying about moving Canada towards an innovative system of customized care and prevention? What does healthcare look like now and how will things change through to 2020? This Compendium offers a robust overview of the challenges, strengths and opportunities of healthcare in Canada.

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What consumers are saying

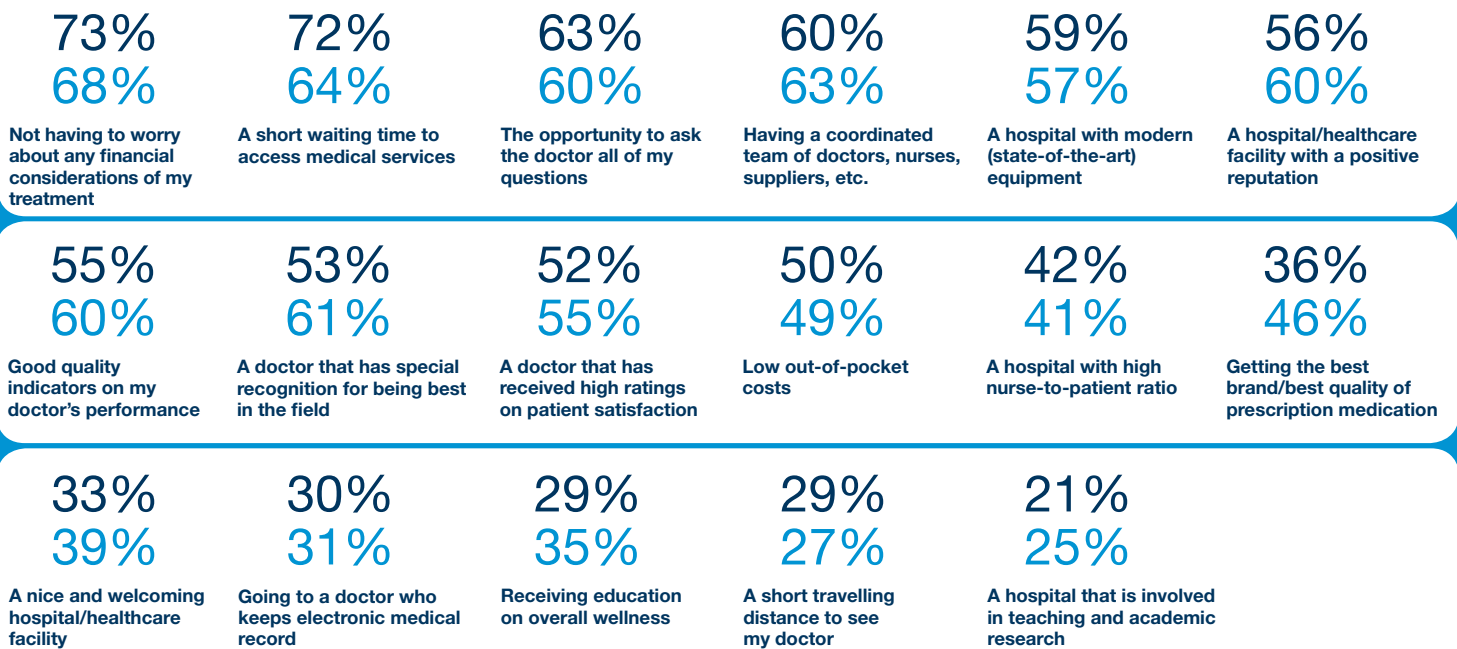
If customized care is the future, understanding the needs and concerns of Canadian consumers is an important first step. While three-quarters of Canadians responded that they believe they are in very good or excellent health, versus 64% of consumers from the rest of the world, aspects of our current healthcare system have Canadian consumers feeling uneasy.

When asked about the healthcare system, nearly three-quarters of Canadians said not having to worry about financial considerations in healthcare was most important to them. Shorter wait times were also identified as vital, even within the context of the numerous initiatives addressing wait time concerns that are currently underway throughout Canada. For the rest of the world, these were also the top considerations.

Not having to worry about financial considerations and short waiting time to access medical services are most important to respondents.

Which statement is most important to you?

Canada / Rest of the world



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What other issues are Canadians concerned about? According to PwC's HealthCast survey, uneasiness about availability of and access to healthcare services is more acute for Canadians than those in the rest of the world. The fact that of 11 developed countries, Canada ranked second last on the availability of after-hours primary care illustrates the importance of access issues as identified by the HealthCast study.¹ Forty-two percent of Canadians who responded to the survey indicated that immediate access to a doctor or healthcare provider is top-of-mind in their definition of "quality" healthcare, compared to only 30% globally. Respondents in the UK, whose healthcare system is considered to be similar to Canada, likewise chose immediate access as defining quality of healthcare. In comparison, for Dutch consumers, affordable care ranked highly in their definition.

When it comes to specialized care, Canadians have a much harder time accessing specialist physicians than the rest of the world. Almost half said it was difficult to see a specialist, compared to only 29% of global respondents. Canada and the UK ranked poorly on this scale, whereas respondents from the US, the Netherlands and India found it easier to access specialists in their country.

Availability and accessibility of health services along with sufficient exercise were among the other key concerns. However Canadians worry less about financing future healthcare needs than those in the rest of the world. This may be attributed to the fact that Canadian medicare covers medically-necessary services.

Canadians rely heavily on their physicians as a source of medical information. In fact, 72% said they prefer to go to the doctor's office to obtain information about their personal health—and the rest of the world reported results consistent with our own. However, better access to information can empower people to take more responsibility for their own health. Indeed, about three-quarters of global health leaders surveyed said inadequate access to health knowledge obstructs an individual's capacity to take responsibility for their own health. This problem is particularly acute among vulnerable populations including the elderly, the sick, those living in poverty and those without formal education.

Consumers also want silos to be broken down in healthcare. Two-thirds of global consumers surveyed said coordinated clinical teams are important to them, similar to 60% of Canadian consumers. All over the world, hand-offs between care providers are challenging; a strong healthcare system would be well-integrated to ensure that when individuals are cared for by more than one provider in the same system, a proper flow of information among providers and patients is in place.

¹ MacKinnon NJ, Sanmartin C. Middle of the healthcare pack: Canada's performance in the 2007 Commonwealth Fund international Survey. *Can Fam Phys* 2008;54(7):965-71.

What experts and leaders believe

As Canadian consumers demand more patient-centred care, Canadian leaders are being forced to take a look at how they integrate people, technologies and other stakeholders to meet the demand for this growing trend.

According to Tom Closson President and CEO of the Ontario Hospital Association *“To achieve successful health outcomes, there should be a combination of good processes, good technology and good incentives. Incentives aimed at providers, the public and patients, and to encourage innovation and collaboration are needed, along with consistent, evidence-informed improvements in how diagnosis and care are delivered. We also need technologies that support decision-making at point-of-care, monitor system performance, and facilitate communication between the individual and providers for improved decision-making. This combination is essential for change in the future of healthcare delivery and improved health outcomes in Canada.”*

Indeed, the top three components of “quality” for Canadian leaders, in line with leaders worldwide, were reduced medical errors, immediate access, and affordability.

Overwhelmingly, Canadian leaders feel the country needs more doctors and nurses. But while 79% of leaders around the world thought an increased supply of physicians would make their system more efficient, the majority of Canadian leaders favoured adding both nurses and doctors.

To meet this shortfall, doctors from other countries are seen in Canada as a rich resource. Seventy percent of Canadian leaders surveyed identified relaxation of country restrictions on foreign medical graduates (FMGs) as most likely to affect the health system in the next five years. But some argue that injecting more FMGs into the system denies capable Canadian students an opportunity to practice medicine, and that, instead, provinces should relax regulation on physician training, practice and pricing.

“In order to support patient self-management we need to learn from such leading examples as: patients have access to their own medical records in the Netherlands, this is an important element of a progressive, high-quality healthcare system as it enables patients to participate more actively in their care and provides an important way for physicians and patients to be on the same page.”

Janet Davidson
President and CEO
Trillium Health Centre

Which of the following ways is your healthcare system adapting to deliver more personalized patient care?

Canada / Rest of the world

88%
79%

Increasing usage in technology

84%
76%

Increasing emphasis on primary health care services

76%
69%

Providing more health information and education to patients

72%
50%

Increasing access to care in the home

72%
63%

Coordinating care across practice settings

68%
56%

Increasing number of co-located healthcare services

62%
45%

Investing in targeted drug therapies and genomics

34%
47%

Using customer service and hospitality approaches

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“We in healthcare are doing ourselves a disservice by continuing to separate e-health from healthcare. An EMR is not an end in itself – the goal should be to enable better healthcare delivery and outcomes through the application of technology. When we talk about banking we no longer distinguish between banking and e-banking – it’s interchangeable. I believe the time has come to re-integrate e-health into healthcare.”

Sharon Baker
Chief Corporate Affairs & CFO,
Ontario Association of Community
Care Access Centres

Leaders worldwide and in Canada believe another way to improve the system’s efficiency is to provide incentives for physicians to follow best practices. A majority of doctors in Canada are paid under the fee-for-service model, which rewards quantity rather than quality of care. But what incentives will best support making care delivery better serve the needs and preferences of the patient? Canadians surveyed said providers should be reimbursed on the basis of improved quality health outcomes.

With so much change in the industry, how are global healthcare systems adapting? Providing better home care is one way. Seventy-two percent of Canadian leaders said that the country is delivering more access to care in the home as a way to personalize patient care. This compares favourably to the rest of the world, where only half of leaders pointed to better home care in their country.

According to the survey, the government in Canada appears to be a powerful force in healthcare. Among Canadian leaders surveyed, over half believed government has the greatest influence on health status. In the UK, leaders identified the individual and in the Netherlands, it was care providers.

The research on management of chronic diseases indicated a shift in roles between primary physicians and patients. While most Canadian leaders (64%) indicated that the primary care doctor should be primarily responsible for managing chronic diseases, 50% also identified that the patient should be responsible. Similarly, leaders in the Scandinavian countries (Denmark, Finland, Norway and Sweden) also identified the primary care doctor (45%) as responsible for managing chronic care to a great extent. Globally, however, 57% of world leaders believe the patient is responsible for managing chronic care, with 55% indicating that primary care doctors should be in the lead.

With both primary care doctors and patients being ranked so closely, the survey results indicate that priorities are changing; while there is a shift towards patients taking control and participating in their own care, an ideal model would include both roles—doctor and patient—participating in the management of chronic diseases.

Information technology has been slow to take hold in Canada. While 21% of global PwC leaders say electronic medical records (EMRs) have taken on an increasing presence in their healthcare systems, only 16% of Canadian leaders perceived an increasing use of EMRs. Optimism is fairly high that EMRs will be the norm in Canada in five years. Beyond the high cost of developing and implementing high-tech systems and ensuring privacy, one of the biggest challenges is facilitating physician adoption of these new technologies into routine practice. Uptake will present a significant challenge, requiring innovative approaches to facilitate physician change. In 2007, just under one-quarter of Canadian primary healthcare practices reported having an EMR (compared to 98% in the Netherlands, for example) and only 5% of Canadians with a “medical home” reported having electronic access to their medical chart.²

² Schoen C, Osborn R, How SKH, Doty MM, Peugh J. In chronic condition: experiences of patients with complex healthcare needs in eight countries, 2008. Health Affairs 2008;28(1):w1-16.

Funding arrangements across the country, to a large extent, currently focus on helping Canadians once they are sick. The population is well served in hospitals and clinics offering acute care. But 84% of Canadian leaders said healthcare in the future should focus on redistribution of resources toward funding wellness, similar to the rest of the world. Increased funding in prevention is anticipated to result in reductions in the more significant costs associated with appropriate chronic disease management.

The future of healthcare

The new, customized world of healthcare can be framed into six vectors that personalize prevention, diagnosis and care:

1. Develop incentives for improved health outcomes

There is a shift towards a major redistribution and reprioritization of health spending so that payments are based on patient outcomes. While there is greater consensus among the healthcare community to work towards patient-centred care, the challenges lie in implementation. Patients are expecting greater involvement and this will require an adjustment in the traditional paradigm of physician control.

Recognizing that healthcare extends far beyond hospital walls, the Province of Quebec, much like the UK, has merged health and social services. Community health, long-term care and hospital care are blended into a single service network. In the UK, the population is pleased with the result, as consumers believe their healthcare system is adapting to deliver more personalized patient care (85% versus 69% globally). Around the world, the greatest progress towards delivering patient-centred care is being made where governments are accelerating innovation and seeking public-private partnerships around outcomes-based care.

2. Work on regulatory reforms that enable competition and innovation

Governments write the regulatory frameworks under which healthcare systems operate, and too often those rules don't keep up with the changing requirements of the public and private systems. Because governments spend so much of their budgets on healthcare, regulatory reform is a constant process. To be effective, however, regulatory reforms need to be sensitive to patients' needs and preferences, governments' fiduciary responsibilities, and the private sectors' interests to remain competitive and viable. To help accelerate the transformation to a more patient-centric system, health systems need to become innovative, efficient and responsive to these interests.

About half of Canadian leaders believe we have the right amount of regulation in Canada, in contrast to leaders in other countries who would like to see more regulatory reform. Better regulation that paves the way for prevention, enables IT, increases efficiency, solves human resources problems and creates seamless transitions from acute care to community care—is the essence of future healthcare. Having a balanced workforce so that the right skills are available to Canadians when they need them is an age-old challenge. To truly move ahead on major reform to the Canadian healthcare system, having the right mix and skills of healthcare providers is simply not enough: healthcare organizations and governments also need to consider how they work together to deliver the best possible care.

“Regulators can only support and facilitate innovation if they are involved early to identify what kinds of regulatory changes might be required. Sometimes innovative products are fully developed before anyone asks whether there are any rules that might apply. Even with support, the process of changing regulations is complicated and time-consuming, so early collaboration is critical.”

Maureen Boon
Associate Director, Policy,
College of Physicians and
Surgeons of Ontario

3. Plan funding reform for better care coordination

As stated earlier, Canadian and global leaders agree there must be a shift in funding from treating sick patients to keeping them well. However, to succeed in these models, individuals, government, communities and the private sector must be familiar with how they can work more efficiently, effectively, and seamlessly to deliver health care.

Prevention programs include primary prevention initiatives such as tobacco control, nutrition, physical activity, mental health programs, population screening, vaccination (where appropriate) and education at all levels of society. Other research supports the PwC survey that it is time to reconsider and rebalance the distribution of funding from sickness to wellness. One study, in particular, reported that only 40% of Canadians with chronic diseases said they received reminders regarding when they were due for preventive or follow-up care (only 29% of Canadian without a medical home), compared to 70% in the US.³

New strategies that encourage and incent individuals to participate in healthier lifestyle practices should also be considered. Currently, Canadians are eligible to receive a federal tax credit for enrolling their children in organized physical activity programs (e.g. team and individual sports programs). Incentives directed at communities may be another creative solution as well as modifying reimbursement strategies that reward physicians and health professionals for facilitating prevention.

At the service delivery level, all eyes are on Alberta and Ontario, where governments are moving towards activity-based funding. Each hospital, clinic or funded entity will be accountable for the efficiency of its services and payments include incentives to provide appropriate care efficiently. However knowledge is critical for governments when planning funding strategies and money must be directed to robust interventions that are planned, tested, and transferrable.

Canadian leaders believe there should be greater funding for home care and away from the traditional health system in a community-the-hospital. However, while technology allows more services to move from hospitals to outpatient, home and clinic settings, hospitals and communities are often reluctant to abandon their capital-intensive structures.

“Home care service will need to ramp up; we have spent far too little in recent years on home care. We have spent way too much on hospitals and doctors; these are very expensive forms of delivery. Home care funding has increased 17% over the past two to three years, but this is still far short of where it should be,” said Linda Miller, Former Deputy Minister of Health, Alberta, Canada.

“Collaboration between ministries is also important. Health and education agencies need to coordinate better to decrease obesity.”

David Levine
President of the Montreal
health agency in Canada

³ Schoen C, Osborn R, Doty MM, Bishop M, Peugh J, Murukutla N. Toward higher-performance health systems: adults' healthcare experiences in seven countries, 2007. Health Affairs 2007;26(6):w717-734.

4. Providing patient communication that supports shared decision-making

Patient communication means getting usable, timely information to the individual to enable her/him to make decisions that meet their own personal healthcare needs and expectations. The UK has implemented electronic educational materials that are lively, easy to understand and accessible to the entire population. Interestingly, 85% of UK respondents to the HealthCast survey said their healthcare system was providing more health information and education (versus 69% globally).

In Canada, progress has yet to be made in step with IT developments; however, Canada is noted around the world as publishing more information online. Linda Miller, Former Deputy Health Minister for Alberta, Canada notes “Information is key to moving to a patient-centric model. Right now, the provider has access to the information; the patient’s understanding is very limited. Providers have always dominated the system because they have the power of information. Give people access to data as well as access to the tools. This is critical to manage their care.”

5. Explore workforce models that allow greater flexibility

As the demand for health services has grown, so have global workforce shortages. These shortages, along with the move towards coordinated care and incentive-based payment, break down traditional delivery hierarchies and create new roles.

While the College of Family Physicians of Canada estimates that as many as five million Canadians don’t have a family doctor, recent data indicates that nearly 15% of Canadians do not have regular access to a family physician⁴, making the country one of the worst in the developed world in terms of doctor-to-population ratio.

Clearly, systems must be redesigned to increase efficiencies. Nurse practitioners are stepping in to fill the void where doctors are scarce. In several provinces, pharmacists have been granted authority to prescribe medications. Collaborative groups are springing up all over the country, where doctors work with nurses, physiotherapists, physician assistants, dieticians, and other allied professionals to build a network of care and prevention around patients.

In Nova Scotia, for example, a comprehensive, multi-disciplinary eye care program has been developed that breaks down previously existing silos. It brings together eye care professionals—ophthalmologists, optometrists and general practitioners—in a patient-focused framework.

Nationally, Local Health Integration Networks (LHIN) are training staff at a new Centre of Excellence in Aboriginal Health. Understanding the patients’ beliefs, values, and cultural traditions allow providers to influence how healthcare information is shared and received. Often, providers face an ethnically diverse population whose cultural beliefs can hinder a doctor’s treatment protocol for their patients. The Centre of Excellence in Aboriginal Health is a positive step forward toward breaking down these barriers and delivering more personalized care.

⁴ Schoen C, Osborn R, Doty MM, Bishop M, Peugh J, Murujutla N. Toward higher-performance health systems: adults’ healthcare experiences in seven countries, 2007. *Health Affairs* 2007;26(6):w717-734

6. EMRs and information technology that ease collaboration and customization

By 2020, health systems will move from paper records controlled by the industry to digital ones controlled by patients, enabling individuals to play a more active role in care. Indeed, two-thirds of global consumers said they preferred electronic records to paper ones. But whether to opt in or opt out, standards of consent, degrees of privacy and security, who owns the record, and legal protection for clinicians making decisions using electronic records are all under debate country by country. In the end, however, the implementation of EMRs and health IT is seen as an important way to promote collaboration, empower patients and customize care.

Canada Health Infoway is currently mandated by the federal government to accelerate the use of EMRs across the country, and significant investments have been made. There have been pockets of success, particularly in public health surveillance, paperless doctors' offices, wait time registries on the web and electronic reminders. With proper implementation, making EMRs available to clinicians would make their systems more efficient by reducing errors and duplication, and concurrently enhance self-management if made available to patients.

There are many examples across Canada that showcase better incorporation of IT. PharmaNet BC links all British Columbia pharmacies to a central set of data systems, as well as hospitals, medical practices and colleges of pharmacists and physicians. The Synoptic Reporting Project in Alberta uses technology to deliver guidelines to cancer surgeons at the point of care, capture surgical reports synoptically, facilitate data retrieval and assess quality improvement. Synoptic pathology reporting is also taking place in different jurisdictions throughout Canada to facilitate timely decision-making, reduce errors from narrative reporting and enable performance monitoring and outcomes measurement. The Ontario Telemedicine Network ensures remote Ontarians have access to specialists in big cities.

Making the future possible

Between now and 2020, healthcare's vital signs will be under pressure. Canadian health systems will turn from reactive medicine to proactively understanding and supporting individuals in managing their own health. But to be successful, health organizations must focus less on their own organization, and more on what is best for the patient.

The customization of prevention, diagnosis, care and cure engages patients before, during and after they are ill or injured. Customizing care to the individual takes health systems out of their traditional comfort zones, forcing them to integrate people, technologies and organizations that are not part of their current routines.

Results of the HealthCast survey indicate that consumers demand more personalized care. By 2020, individuals will likely access a newly networked model of care research and financing. Silos will be broken down and collaboration will reign. Looking to the future now, rather Canadian health leaders must focus their efforts on becoming agile caretakers of interdependent networks that get smarter as they get to know and support each other.

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