



cihidirections icis

Canadian Institute for Health Information • Institut canadien d'information sur la santé



Going Strong

Ten years after opening its doors for business, CIHI continues to innovate

CIHI is celebrating its 10-year anniversary in 2004. It is interesting to remind ourselves what led Dr. Martin Wilk (former Chief Statistician of Canada and Chair of the 1991 National Task Force on Health Information) to find that health information in Canada “was not in good shape,” and was in fact “in a deplorable state.” At the time, Dr. Wilk also concluded that the “threshold strategic issues were structural” and therefore called for the establishment of a pan-Canadian, independent entity acceptable to all health constituencies to oversee, direct and coordinate the evolution of improved health information systems in Canada.

Before CIHI, there was plenty of health information: counts of beds, physicians and procedures and records of discharges, births and deaths. Statistics Canada, Health Canada and provincial agencies counted all kinds of things; but they did it separately, and the information wasn't easy to get at—even in the often-hailed “information age,” much of the data was cumbersome, incomplete or outdated. This type of information gathering wasn't what was needed to manage a health system that seemed, in the early 1990s, to move deeper into chaos every year.

“For several decades the health system was in growth mode, and the debates were about where to spend the next dollar. You don't need really good information to do that,” said Michael Decker, Chair of CIHI and, at the time of its creation, Ontario's deputy minister of health. “But when the system contracted and had to make tough choices, that's when information became important. If you have to close a hospital, you better make sure you're closing the right one. We needed a depth of information we hadn't had before.”

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MANAGING EDITOR'S NOTE

As we are celebrating our 10-year anniversary, we felt the moment was opportune to give our newsletter a brand-new look. *CIHI directions ICIS* is published three times a year and sent to stakeholders across the healthcare spectrum in Canada and around the world. Through our newsletter, we strive to update you on our body of work and recent releases. Take a look—and do let us know if you like it.

Sage Wilk



Canadian Institute for Health Information
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from the PRESIDENT



CIHI is celebrating its 10th anniversary this year, an important milestone not only for this organization but also for the evolution of health information in Canada.

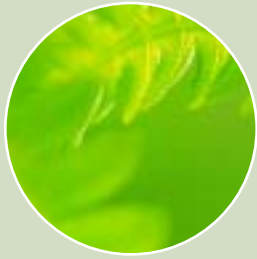
CIHI has played an important role in that evolution. This was confirmed as news of my departure (to take up the position of President and CEO of Canada Health Infoway Inc.) spread. Indeed, as I was inundated with congratulatory notes and good wishes from all parts of the country, the overwhelming sentiment was that CIHI has become a highly respected, credible organization—one of the few success stories in the notoriously fractious relationship between the federal and provincial/territorial governments on health issues. Thank you to all who called and wrote for your exceptionally kind words.

Three essential reasons behind CIHI's achievements and success should be recognized: its high-quality staff, its excellent Board of Directors and the many strong and key partnerships it has built over the years.

Let me begin with partnerships. CIHI has certainly benefited from the goodwill and resolve of different levels of government to work together towards better health information, despite all the "noise" on other important issues. CIHI's ability to create a forum for government-to-government level partnerships has been crucial. We have flourished because of our strong ties to Statistics Canada and Health Canada. Their commitment has made it possible to begin to realize the vision for health information articulated by Dr. Martin Wilk, some 10 years ago. Likewise, our ability to produce policy-relevant documents has been due in large part to the on-going support of provincial and territorial health ministries and their commitment to delivering timely and reliable data.

But it's not just about government. It's also about the partnerships that CIHI has forged with NGOs, regional health authorities and facilities, as well as the research community and many others. We have built these, and the many other working relationships, one person at a time. Time and time again, I am reminded how our work links these people with a common goal: a quality health system supported by the most reliable information possible.

Speaking of quality, our volunteer Board of Directors has been instrumental in providing strategic direction, monitoring progress and encouraging us to take on challenging but relevant issues—all the while resisting the temptation to "meddle" in the day-to-day operational and administrative affairs of CIHI. Michael Decter, who has served as Chair of the Board for the last six years, has been very instrumental in our growth and has been a huge inspiration and an invaluable partner of mine. I thank him for his dedication,



Going Strong (continued from page 1)

Once the need for a Canada-wide approach to health information was officially recognized by the federal, provincial and territorial ministers of health in September 1992, negotiations commenced. They had to come to terms with the mandate and funding for the new institute. Health Canada and Statistics Canada had to effect transfers to the new organization. It was December 1993 when the incorporation of the Canadian Institute for Health Information was announced. CIHI assumed responsibility for The MIS Group (located in Ottawa) and the Hospital Medical Records Institute (Toronto based; one of the reasons for CIHI's split-office structure). As it went into business, if only for partial operations, CIHI already had an impressive amount of information to manage. Over the next 18 months, work continued to pave the transfer of programs and activities to CIHI by Health Canada and Statistics Canada, even as the partnerships with those two organizations were growing and strengthening.

There's a long list of firsts for CIHI over the past decade, from the *National Health Expenditure Trends report (1975–1997)*, which included forecasts to the current year for the first time and was the object of CIHI's first media release, to the recent *Medical Imaging in Canada*. However, just recounting milestones doesn't begin to show the depth of change CIHI has brought to both the day-to-day functions of health care and the research and policy planning that goes into running the system. Mr. Decter states that the hardest part of being a deputy

minister of health pre-CIHI was advising government without good information. "The reality was, the information was old, often two or three years out of date, and incomplete. The great value of CIHI is how it has dramatically improved the breadth of the material available, the depth of the material available and its timeliness."

Jerry Hurley, a professor at McMaster University's Centre for Health Economics and Policy Analysis, said the advent of CIHI concentrated sometimes-obscure data and raised its profile, adding: "nothing is more important than good information in the development of research to inform policy in Canada."

Cathy Fooks, Director of the Canadian Policy Research Networks' Health Network agrees, added that CIHI's information is the essential source for information on expenditures, utilization and health human resources that she needs for her policy work. But what really stands out for her is CIHI's

"The great value of CIHI is how it has dramatically improved the breadth of the material available, the depth of the material available and its timeliness."

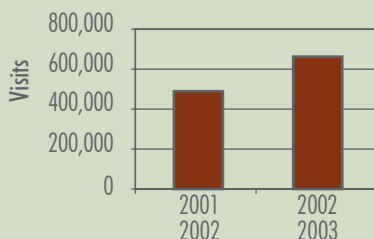
Michael Decter

commitment to accessibility and its excellent Web site. "Ten years ago, getting data was a long, arduous process, but we need things in real time," she said. "I can go to the Web site, find the data I need and download it. CIHI," she says, "has done more to take advantage of the Internet than many other organizations. They have made the Web a real cornerstone of what they do, and I give them full marks for it."

While it is true that an immense amount of the work done by CIHI's almost 400 employees revolves

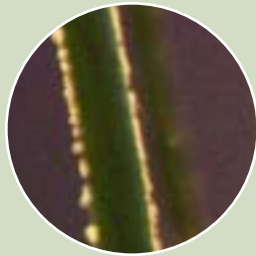


CIHI Web Activity

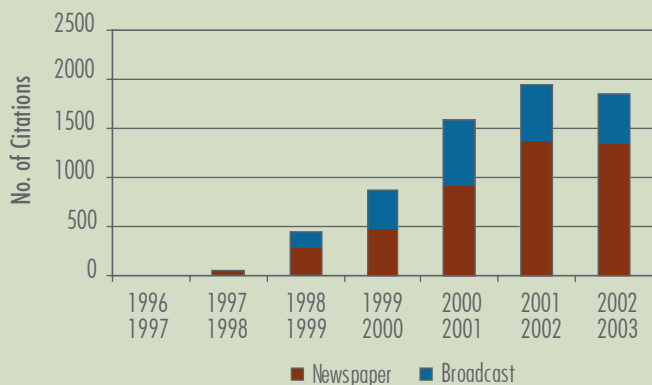


Note: This represents the year over year increases based on the counts of the visits. In May 2002, CIHI redesigned its Web site.

(continued on page 4)



Number of Media Citations



around the technical side of gathering, storing and analyzing health information, CIHI's true strength is its responsiveness—the result of a tireless commitment to listening to stakeholders and delivering what they need. From an organization that simply collected and delivered numbers for crunching by various interested parties, CIHI has grown to become an indispensable tool for health care managers, researchers, policy makers and members of the public,

role—CIHI will say, for instance, how many doctors there are and where; but it will never say whether that's good or bad, adequate or inadequate. Judgments and action are left to others.

In the next decade, he would like to see CIHI's work and staff recognized as the gold standard for health information in the world, much as its long-time partner Statistics Canada sets the standard for national statistics agencies.

The goal is to keep on doing what CIHI is doing well. "The long-term issue has to be continuing to be relevant, trying to stay on the money with the questions we ask and getting stakeholders the information they need," he said. ●

because it collects and presents the information they need to make decisions.

"We're moving a lot more into the area of outcomes, of looking at how the system is doing and if it is delivering value for money; we're trying to answer questions in terms of where policy makers and Canadians want the system to go," says Richard Alvarez, CIHI's President and Chief Executive Officer. The recent report on medical imaging, for example, provides a baseline for future reports that will show whether all the money poured into providing MRIs and CT scanners is actually making Canadians healthier. The result, Mr. Alvarez says, are debates that are better informed and decisions on health care that are based on information rather than on rhetoric.

Looking back, Mr. Alvarez takes pride in CIHI's particular success in getting the federal, provincial and territorial governments to work well together on a very contentious issue. He credits the organization's unflinching objectivity and rigorous avoidance of any kind of political

From the President

(continued from page 2)

experience and generous contribution to CIHI over the years. We wish him the very best in his new role as Chair of the Health Council of Canada.

Finally, perhaps my strongest and most lasting contribution to CIHI is reflected in the dedicated, highly competent and congenial staff I leave behind. Thank you for all of your hard work! I feel confident that because of the staff, the Board and the partnerships we have built these past 10 years, CIHI will become a national treasure. I am honoured and proud to have been part of this journey.

Richard C. Alvarez
President and CEO

Managing Editor's Note: We at CIHI wish to thank Mr. Alvarez for his dedication and leadership over the years. Mr. Bruce Petrie has been named interim CEO.



New Director of Research and Indicator Development

Richard Alvarez, President and CEO, is pleased to announce the appointment of Greg Webster as Director, Research and Indicator Development. In this new role, Mr. Webster will be responsible for providing vision, leadership and direction in fostering CIHI's relationships with the health services research community, in developing comparative health indicators and in enhancing CIHI's analytical capacity.

Mr. Webster first joined CIHI in November 2000 as Manager of Clinical Registries, which includes the Canadian Joint Replacement Registry, two trauma registries and the Canadian Organ Replacement Register. He has over ten years of experience in health information, health services research and population health. Mr. Webster has a Master of Science in Epidemiology from the University of Toronto. ●



CPHI TODAY

New Study Shows Relation Between Health Services Usage and Income

The perception that low-income people overuse physician and hospital services appears to have been a myth—a myth that was recently refuted in a new CPHI-funded study by Drs. Noralou P. Roos, Evelyn Forget, Randy Walld and Leonard MacWilliam from the Manitoba Centre for Health Policy at the University of Manitoba. The authors conclude that, given their poor health status, low-income residents of Winnipeg tend to use fewer physician services than might be expected. In fact, despite their health status, those in lower-income neighbourhoods have physician expenditures similar to those living in wealthier neighbourhoods.

Using 1999 Manitoba data on the cost of physician and hospital services (drawn from claims filed), as well as 1996 census data for socioeconomic status and various databases for measures of health status, the authors compared health status and health care use of residents living in areas in Winnipeg with low average household incomes to those living in areas with high average household incomes.

Among the results, the authors found that, while more money is spent on physician services and hospital care for those with the lowest incomes, this could be attributed to their relatively poorer health status. The paper found that the health care costs examined in the study are driven by poor health and hospital expenditures; therefore, the authors argued, policies such as user fees and medical savings accounts will not reduce overall health care costs.

These policies target patient demand and discourage physician, rather than hospital, services. The authors maintain that user fees would discourage preventive health services (such as pap tests, immunizations and prenatal care), which previous research has shown to be disproportionately low in low-income neighbourhoods.

The study was published in January 2004 in the *Canadian Medical Association Journal*. ●

Manitoba and CIHI Sign New Bilateral Agreement

Manitoba Health and CIHI recently signed a three-year bilateral agreement that will allow regional health authorities and facilities in Manitoba to access (and participate in) a suite of CIHI products and services—including national standards, national databases and registries, performance indicators and comparative and annual reports. This includes the implementation support for ICD-10-CA/CCI.

For more information, please contact communications@cihi.ca. ●



New CIHI Board Chair Announced

CIHI is pleased to announce the election of Graham W. S. Scott, Q.C., as Chairperson of its 16-member national Board of Directors (effective March 1). Mr. Scott brings considerable leadership experience to guide the Institute's work of supporting sound health policy with an expanded and improved health information system.

A distinguished lawyer, Mr. Scott has more than three decades of senior experience in the public and private sectors. Notably, he has served as Deputy Minister of Health for Ontario, as the Chair

of the Task Force on the Use and Provision of Medical Services (Ontario) and as the independent chair or co-chair of several different hospital amalgamation processes. Mr. Scott has extensive experience in governance issues in the non-profit sector. He is also the former Chairman of the Public Policy Forum, a non-partisan organization promoting greater collaboration between the public and private sectors.

Mr. Scott is the managing partner of McMillan Binch LLP and partner-in-charge of the firm's public policy and government issues practice. ●

Identifying Policy Priorities to Battle Obesity

Obesity continues to be on the minds of many Canadians. But knowing there's a problem, and knowing what works to address the problem, are two very different issues.

This is why the Canadian Population Health Initiative (CPHI) and the Institute of Nutrition, Metabolism and Diabetes (INMD) of the Canadian Institutes of Health Research (CIHR) agreed to establish a partnership on obesity research and policy to shed light on what we know and do not know about effective strategies to improve the health of Canadians with respect to body weight.



To this end, CPHI and CIHR hosted a roundtable on June 23 and 24, 2003: **Obesity in Canada: Identifying Policy Priorities**. The overall goal was to identify key priorities for policy-relevant obesity research and to explore policy options to prevent obesity. The 30 invited participants (among them, key policy- and decision-makers, leading researchers in obesity and health and representatives from various government agencies), identified six key areas that should be given top attention for both policy research and options related to policy action. They also proposed a number of "next steps" for addressing obesity in Canada.

A full synthesis of the roundtable discussions, key priorities and next steps is now available in a complete report: *Obesity in Canada: Identifying Policy Priorities, Proceedings of a Roundtable*. To obtain a copy of the report, please visit the Web site at www.cphi.ca. ●

CPHI Releases First Flagship Report

As we were printing this newsletter, the Canadian Population Health Initiative released its first flagship report entitled *Improving the Health of Canadians* (scheduled for February 25). The Canadian Population Health Initiative (CPHI), a program of the Canadian Institute for Health Information since 1999, released this report in an effort to foster a better understanding of factors affecting the health of individuals and communities, and to contribute to developing policies that reduce inequities and improve the health and well-being of Canadians. *Improving the Health of Canadians* aims to engage the full range of individuals and organizations—governments, community-based groups and the private sector—in an informed discussion about new ways of working together to improve health.

For more information about *Improving the Health of Canadians* or CPHI, please visit www.cphi.ca. ●



e-Health 2004

Promises to Be a Wake-up Call

From May 8 to 11, the Canadian Institute for Health Information, in collaboration with Canada's Health Informatics Association (COACH), will host **e-Health 2004: Challenges Today for Success Tomorrow** at the Victoria Conference Centre in Victoria, British Columbia. Now in its fifth year, the conference promises to offer top-quality learning and networking opportunities for individuals and organizations that value quality health information as well as new products and services.

The preliminary program is now available. For more information, or to register, please visit the conference Web site at www.e-healthconference.com. ●

CIHI Presents the 10th Annual NACC Conference on ICF

This year, in partnership with the World Health Organization (WHO) Collaborating Center for the Family of International Classifications for North America (NACC), CIHI will host the **10th Annual NACC Conference on ICF**. The conference will be held in Halifax, Nova Scotia, from June 1 to 4.



In keeping with this year's theme, **Advancing a Research Agenda for ICF**, the conference will focus on the development of a comprehensive research plan. Conference attendees can expect to exchange knowledge on the application of ICF as a statistical, research, clinical, social policy and educational tool. Further consideration will be given to utilization of ICF with respect to other clinical tools and health policies.

For more information, or to register, please visit the conference Web site at www.icfconference.com or e-mail info@icfconference.com. ●

CIHI Presents at Taiwan Conference!

Dr. Eugene Wen (Senior Consultant, Health Indicators) travelled to Taiwan this December to participate in the **International Conference of National Health Interview Survey**. The purpose of the conference was to reveal the findings of the first national health interview survey ever conducted in Taiwan.

Dr. Wen presented participants with an overview of CIHI's health indicators, including their initial development and dissemination.

The conference was organized by Taiwan's Bureau of Health Promotion, Department of Health and National Health Research Institutes in order to promote international collaboration and comparison in understanding the health status of a population—crucial in allocating health care resources. ●



where
you'll see
CIHI
next!

FEB. 2004

22–24 Ontario Injury Prevention Conference, Toronto (Ontario)

APR. 2004

Spring 2004 Partnerships and HL7 Canada Conferences, Calgary (Alberta)

MAY 2004

6–8 Primary Care Today, Toronto (Ontario)

6–8 World Congress for Psychiatric Nurses, Winnipeg (Manitoba)

8–11 e-Health 2004

15–18 Canadian Pharmacists Association, Niagara Falls (Ontario)

26–28 Conference of the Canadian Association for Health Services and Policy Research, Montréal (Quebec)

27–30 Canadian Physiotherapy Association Congress, Québec (Quebec)

JUNE 2004

1–4 NACC on ICF 2004, Halifax (Nova Scotia)

CIHI Responds to the Home Care Issue in a Big Way

Even before the 2003 *First Minister's Accord on Health Care Renewal* highlighted home care as a key priority for the future of the Canadian health system, CIHI was helping to facilitate the development of standardized information on home care services. In 1999, CIHI began nationwide consultation within the field, which led to the identification of an initial priority set of national indicators for home care in September 2002. These indicators were pilot-tested in 2003 in six health regions.

Having established the foundation data required to populate the indicators, CIHI is going forward with a new, groundbreaking initiative. By April 2005, CIHI plans to roll out the Home Care Reporting System (HCRS), which will provide a standardized means of collecting quality home care data and reporting comparative home care information. Over the next year, CIHI will finalize the data standard and begin developing the technical requirements for the system. Progress on the HCRS throughout 2004 will occur through continued collaboration with and support from experts across the country.

For more information, please contact hcrs@cihi.ca. ●

Careers at CIHI

At CIHI, our work is challenging and constantly evolving, and we put a high value on people with the skills and talents to handle it. We're serious about investing in building a winning team, and it shows: in our latest employee survey, conducted by the Hay Group, and where CIHI was compared to 500 other companies, our people gave us top marks!

At CIHI, employees are encouraged to take on new challenges and are provided with the tools, the training and the opportunity to realize their goals. We offer competitive salaries, generous vacation entitlement, an excellent flexible benefit scheme and a comprehensive pension plan.

If you would like to join our team, please visit our Web site for more information on current opportunities: www.cihi.ca. ●



CREDITS

CIHI directions ICIS is published by the Canadian Institute for Health Information (CIHI). Since 1994, this national, not-for-profit organization has been working to improve the health of Canadians and the health system by providing quality health information.

CIHI provides reliable and relevant information to support sound health policies, help manage the Canadian health system effectively and promote informed public discussion of issues affecting health and health services.

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Cette publication est également disponible en français.

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Ontario Hospital Report 2003: Acute Care

Aims to help people in Ontario better understand and assess the performance of their local hospital and the province's hospitals as a whole.



National Health Expenditure Trends, 1975-2003

This is CIHI's seventh annual health expenditure trends publication and provides detailed updated information on health expenditures in Canada.



National Trauma Registry: Major Injury in Canada, 2001-2002

The report contains data on patients hospitalized with major trauma.

upcoming reports



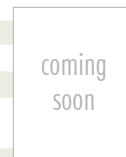
Canadian Population Health Initiative Improving the Health of Canadians

This is the first flagship report for the CPHI and looks at population health issues such as obesity, early childhood development, Aboriginal health and income.



National Trauma Registry: Hospital Injury Admissions, 2001-2002

This report includes demographic, diagnostic and procedural information on all admissions to acute care hospitals in Canada due to injury.



National Rehabilitation Reporting System: Inpatient Rehabilitation in Canada, 2002-2003

This is the first annual report and it includes client data collected from participating adult inpatient rehabilitation facilities across Canada.



Health Care in Canada 2004

This report provides up-to-date information on what we know and don't know about the performance of Canada's health care system. This year's report focuses on patient safety. Other topics covered include health care expenditures, Canada's health care professionals and updated information on patient satisfaction and wait times.