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

Introducing Graham W. S. Scott, Q.C.

You recently accepted to serve as the Board Chair for CIHI. Why?

The future of our health care system is probably the single most important issue in the minds of Canadians. I truly believe that CIHI can and should play a vital role as we collectively make difficult decisions to improve our health system and health outcomes. Serving as CIHI's Board Chair is a tremendous opportunity to make a positive contribution.

As you know, CIHI is celebrating its 10th anniversary this year. As the new Chairman of the Board, what is your vision for our organization the next decade?

Since its inception, CIHI has made great strides in improving the quality of health data and health information in Canada. We have increased substantially the range and quality of available information and are beginning to measure outcomes. But we still have a way to go. Take data quality and timeliness as an example. Is real time data capture possible? Only time will tell. But I do know that by continuing to strengthen and bolster our relationships with data providers and others,

CIHI can further enhance its reputation as a source of high-quality information.

I also believe that CIHI will play an even more important part in ensuring that decision makers have the critical information they need to provide good stewardship for our health system. In Canada, we are moving increasingly towards decisions based on careful consideration of the best available data and analysis. We're not there yet, but expanding our work on indicators—measuring access and performance against targets in certain areas—is an example of how CIHI can help improve the management of the system at all levels.

You have considerable experience in both the private and public sectors, notably as a former deputy minister of health in Ontario. From your perspective, what are the critical issues in health care?

Clearly, access is a critical issue for Canadians. Long waiting lists and wait times, as well as gaps between rural and urban communities in terms of access to specialized care, are examples. In order to manage this issue, we need better information. Related, and yet also separate, is the human resource issue. Are we training enough doctors, nurses and other health professionals to adequately care for Canadians?

Outcomes are another critical piece of the puzzle. Canadians don't frame it this way, but they are concerned with the bottom line: is the money spent on the health system resulting in better health care and better health for me and my family?

CIHI, in collaboration with its many partners, is tackling these issues in order to help provide answers. Along the way, CIHI is adapting its reporting systems to reflect changes in technology and in the way we deliver health services. This takes time, and the cooperation of all the health players. ●



• MANAGING EDITOR'S NOTE.

CIHI's 10th year is one of many changes—including new leadership. In this issue of *CIHI directions ICIS*, we're pleased to present an interview with the new Chair of the CIHI Board of Directors, and to announce the incoming President and CEO, Ms. Glenda Yeates. In fact, the June issue is almost entirely focused on recent exciting developments in health human resources. We hope you'll learn something new about the people delivering health care in Canada—and the challenges ahead.

Suzanne Gill



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As of June 2004

from the PRESIDENT



We've come a long way in health information. Well before the early 1990s, when Dr. Martin Wilk articulated his vision for health information that led to the creation of CIHI, the Royal Commission on Health Care—led by Chief Justice Emmett Hall in 1964—noted that available data on such professions as registered nurses were “not sufficiently complete to produce” reliable supply projections.

When CIHI opened its doors 10 years ago, good information on Canada's health workers was limited primarily to physicians. Some provinces and territories had data on health professionals working within their jurisdictions, but national data on the multitude of other health occupations were limited.

Perhaps even more surprising is that many people—including health professionals—didn't even realize, or seem to care, that Canada didn't have standardized national data on the majority of its health workers. For example, the fact that we didn't know enough about the single largest group of health workers in Canada—nurses—made planning challenging, yet there was still little hue and cry.

But, to paraphrase a baseball movie cliché: build it, and people will come. In fact, people will clamour for more.

In a short decade, awareness of just how important it is to have good data on Canada's health workers has grown exponentially. Not only do professional associations and provinces now willingly provide data to us, they push us to produce higher quality, more comprehensive data. Now they want not only the data, but analysis as well. Health professionals want decisions about the future of their professions to be based on hard evidence, including a greater contextual understanding of how they work.

Another big change is the level of involvement. More and more, associations representing health professionals want to be at the table when decisions are made about how national information gets produced. Dietitians, physiotherapists, radiologists, pharmacists and dentists—name almost any group of health workers—are recognizing the value of working closely with CIHI and other health information providers to improve the quality of data about their professions.

Health information in the area of human resources still has a long way to go.

For example, while data and analysis on nurses and the nursing profession have improved dramatically in the last 10 years, national information on the types of services they provide, the effects on patient health outcomes and cost to the health system are still sketchy, at best. In fact, national data and information relating to a wide variety of health system workers—including unpaid workers and informal caregivers—is lacking.

This issue of *CIHI directions ICIS* focuses on some of what CIHI is doing to fill the gaps. Ultimately, we hope to move closer to providing planners with more information on the relationship between health providers and health outcomes. Important research in Canada is focusing on this link and is examining such issues as patient satisfaction and worker

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Understanding the Numbers: Physician Expenditures

CIHI's latest analytical bulletin, *Physician Expenditures: CIHI Physician Databases*, examines physician expenditure and income information from a variety of sources, including its own on-line and published data, as well as survey-based data produced by Statistics Canada and professional medical associations.

One of the major sources for physician expenditure data in Canada is CIHI's National Physician Database (NPBD). The NPBD has historically gathered fee-for-service data. But while fee-for-service payments account for a large part of total physician expenditures, the share varies greatly across the country and has diminished over time. An increasing proportion of physician payments is made through alternative payment programs.

CIHI's National Health Expenditures Database (NHEX) is another major source for physician payment information. Both NHEX and NPBD provide gross physician expenditure information. NHEX contains data on all health expenditures and can even report alternative payments made to physicians. However, both NHEX and the NPBD

fail to uniquely identify certain types of physician payments, such as those made through hospital-based laboratories or regional health authorities.

CIHI analysts compared the two data sources—the NPBD and the NHEX—to get a view on how comprehensive the NPBD is as a source of income information. They found a significant gap in some provinces. For example, NHEX physician expenditures reported for Nova Scotia are 59% higher than NPBD figures for that province. However there is only an 8% difference between the two data sources for Alberta.

“What we are seeing in some provinces is that an increasing amount of physician payments is made through alternative

programs,” explains Steve Slade, Consultant in the Health Human Resources division of CIHI. Provinces like Alberta and Ontario still pay their physicians largely through fee-for-service, whereas Nova Scotia, Newfoundland and Labrador and Manitoba pay through alternative payments.”

Statistics Canada produces average income estimates for physicians based on self-reported income data from the Census. These income estimates are substantially lower than the average payment figures from CIHI's two data sources. CIHI analysts say this likely is the result of the instructions given in the Census questionnaire that ask for income to be reported net of expenses.

“Our data come from provincial and territorial physician payment systems—and they report gross expenditures,” explains Slade. “The proportion of gross physician payments that goes to overhead expenses, like office equipment and staff salaries, can vary widely between medical specialties. It is likely that the Statistics Canada results better reflect doctors' incomes, minus overhead expenses.”

The underlying gaps in measuring the full scope of physician payments are of concern to provincial auditors, but also to health planners, researchers and professional associations. Slade and his team hope that *Physician Expenditures: CIHI Physician Databases* might be a first step in addressing the information gaps. ●



CIHI'S New President and CEO: Glenda Yeates

Graham W. S. Scott, Q.C., Chair of CIHI's Board of Directors, is pleased to announce the appointment of Glenda Yeates as CIHI's new President and Chief Executive Officer, effective August 1. Ms. Yeates, who presently serves as the Deputy Minister of Health in Saskatchewan, has extensive leadership experience at the provincial and national levels.

As Deputy Minister of Health in Saskatchewan, Ms. Yeates oversaw the development of the Action Plan for health care in the province. The Action Plan enjoyed considerable support from a wide variety of stakeholders, and brought about leading-edge initiatives, such as Canada's first health quality council and the creation of a province-wide surgical care network to improve the prioritization and timely delivery

of surgical services. Under Ms. Yeates, the Department of Health in Saskatchewan also developed a recruitment and retention campaign for health care providers.

Ms. Yeates previously served as Deputy Minister of Social Services in Saskatchewan. In this capacity, she was the co-chair of the National Children's Agenda, overseeing development of a multijurisdictional, intersectoral strategy to improve the lives of children in Canada. She also has served as the Chair of the federal/provincial/territorial Advisory Committee on Health Services.

Ms. Yeates has served as the government representative for Saskatchewan on the Health Council of Canada and also serves as a board member for the Canadian Health Services Research Foundation. Last year, Ms. Yeates was one of the recipients of the *Canada's Most Powerful Women: Top 100* award. ●

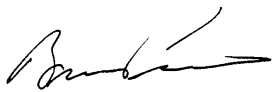
Building Health Information About Health Personnel

From the President

(continued from page 2)

satisfaction. Such research, and the data to support it, will help answer critical questions like, "What is the best mix of health professionals to best care for Canadians?"

Working together, we are building consensus around what we know—and what we are missing. Partnerships with the many professional groups—as well as the provincial/territorial governments, researchers, regional health authorities and hospitals—are strengthening our capacity to respond to the emerging needs of Canada's health human resource planners.



Bruce Petrie
Interim President

A new CIHI-led initiative will be the foundation for the first-ever national health information standards on a broad range of health personnel providing care to Canadians.

The first step in this initiative is to identify a "core minimum data set" relevant to health human resource management. It may include such basic elements as age, gender, activity, migration and education, as well as other employment characteristics.

Presently, provincial and territorial governments across Canada have developed, or are developing, health human resource (HHR) information systems to support their HHR management activities. But no national or comparative data exist to support planning and decision making on a larger scale.

More often than not, current available data are found to be inadequate for even the most basic HHR decision-making needs—let alone more advanced modelling

or projection activities designed to help plan for the future.

This initiative will help planners to better understand the providers of health care in Canada. This is a complex undertaking that will require the support and collaboration of many key stakeholders. A consultative process is to be continued during the summer and early fall of 2005.

For more information, contact Brent Barber (bbarber@cihi.ca). ●

Comprehensive Physician Survey

CIHI is providing support for a national survey of all physicians in Canada. The National Physician Survey (NPS) is aimed at improving health planners' detailed knowledge of what physicians are doing in their practices to respond to health needs across the country.

The NPS is co-led by the Canadian Medical Association, The College of Family Physicians of Canada and The Royal College of Physicians and Surgeons of Canada. Questionnaires were mailed out during winter/spring 2004.

As a census survey of all physicians in Canada, the National Physician Survey will present an opportunity to analyse results by province, sub-provincial region and individual specialty group. Medical residents and medical students are included in the polling to document the perspectives of future physicians.

Along with CIHI, Health Canada is providing financial support for the NPS. ●



New Director of Health Services Information (Ottawa)

Bruce Petrie, Interim President and CEO, is pleased to announce the appointment of Brent Diverty as Director, Health Services Information. In this newly created position, Mr. Diverty will be responsible for providing leadership and direction in fostering CIHI's activities and relationships in the areas of rehabilitation, mental health/addiction, continuing care and home care.

Mr. Diverty comes to CIHI from Phase 5 Research, where he served as vice president in charge of the firm's eHealth practice, as well as its marketing research and strategic services to the health sector. Prior to this, Mr. Diverty worked for Statistics Canada, specializing in information management and qualitative analysis. He also played a key role in the design and implementation of the Canadian Community Health Survey (CCHS). ●

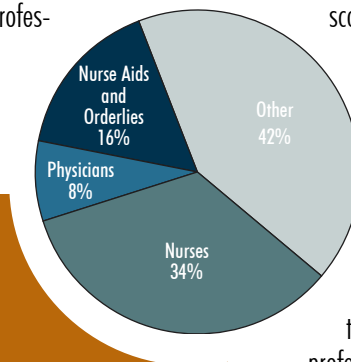
Looking at Canada's Health Care Workforce

Planning a healthy future for Canadians requires good information about a range of health personnel. *Health Personnel Trends in Canada, 1993— 2002*, released by CIHI in April, provides critical information on 21 health personnel groups in Canada.

"There is presently very little standardized national data on health professionals in Canada outside of physicians and regulated nurses," explains Brent Barber, Consultant in Health, Human Resources at CIHI. "Within allied health professionals, national standards for data do not exist, and there are data gaps in areas such as demographics, education/training and practice information."

The groups of health workers examined in this publication include physicians and the regulated nursing professions, as well as chiropractors, dietitians, dentists, medical physicists, midwives, occupational therapists, optometrists, psychologists and social workers, and seven other professional groups.

Using administrative data from professional groups/licensing bodies, cross-referenced for the first-time with census and Labor Force Survey (LFS) data, Health Personnel creates profiles of each professional group. Each profile includes useful features, such as an overview of the scope of work and supply trends. For the first time, this report also includes information about entering the profession, including education and training requirements, critical context on the regulatory environment for the profession and an overview of the latest research in the particular area of the health field (recommended by professionals themselves).



The Changing Work Life of Canada's Family Physicians

The family physician remains the cornerstone of Canada's health care system, but times have changed. Though family doctors continue to meet health care needs in both rural and urban settings, their roles are evolving differently in each setting.

The evolving scope of work of family physicians is the subject of a new CIHI report, scheduled for release in fall 2004. This new report on Canada's family physicians uses fee-for-service billing information to track practice patterns over a 10-year period, 1992 to 2001.

The study focuses on the provision of care by family doctors in nine broad clinical service areas, including office assessments, inpatient hospital care, mental health care, obstetrical deliveries, anaesthesiology, surgical services and surgical assistance, as well as a variety of basic and advanced procedural skills ranging from simple allergy shots to setting broken bones.

Preliminary findings from the report highlight the following:

- There has been a consistent reduction in the participation of family physicians in almost all areas of clinical activity—most notably with

respect to surgery, surgical assistance and obstetrical delivery services.

- While relatively fewer family doctors are providing certain services, like delivering babies, those who remain engaged provide, on average, more services now than in the past.
- Rural family physicians are more likely to provide a range of services, including surgical services and advanced procedures.

The study notes that many family doctors provide a broad range of services, while others have, for a variety of reasons, stopped providing specific services in their day-to-day practice. Other family doctors may be choosing to focus their practice even further, providing speciality care in areas like obstetrics and psychotherapy/counselling.

Given the critical role family doctors play as "entry points" into the health system for many Canadians, a fuller understanding of family physician work patterns is critical for long-term health planning. ●

"What we are doing represents the only national source of baseline trend data on such a wide range of health personnel over a 10-year period," explains Barber. "This information supplies health planners, researchers and health care managers with the best available national information." ●

21 Health Personnel Groups

- Chiropractors
- Dental hygienists
- Dentists
- Dietitians
- Health record professionals
- Health service executives
- Licensed practical nurses
- Medical laboratory technologists
- Medical physicists
- Medical radiation technologists
- Midwives
- Occupational therapists
- Optometrists
- Pharmacists
- Physicians
- Physiotherapists
- Psychologists
- Registered nurses
- Registered psychiatric nurses
- Respiratory therapists
- Social workers



More Than 1 in 5 Canadian Babies Now Delivered by C-Section

Fewer family doctors delivering babies

Canada's caesarean section rate reached an all-time high of 22.5% of in-hospital deliveries in 2001–2002, according to a new report by CIHI. This trend coincides with a decline in the number of family doctors delivering maternity care services. Just over 31% of family physicians billed for obstetrical services in 1989—compared with fewer than 19% in 1999.

Giving Birth in Canada: Providers of Maternity and Infant Care examines trends in birthing and maternity care, as well as the changing scope of practice for maternal and infant care providers. Specifically, the report presents a fact-based compilation of current research, historical trends and new data and findings in the area of maternity care. This report is the first in CIHI's series of four special reports on the health and health care of Canada's mothers and infants. ●



Survey on the Work and Health of Nurses

CIHI, in collaboration with Statistics Canada and Health Canada, is undertaking a national survey on the work and health of nurses.

The survey will be administered to a random sample of registered nurses (RNs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs) from across Canada. It will help to identify relationships between selected health outcomes, the work environment and work life experiences.

The survey will produce valuable information on the health and working conditions of nurses across Canada. The results from the survey will contribute to the development of evidence-based workplace health strategies aimed at improving the nurses' health and well-being and will support the development of appropriate government policies.

Although survey implementation isn't scheduled until fall 2005, preparation for the survey is underway. A national advisory group has been set up, consisting of 16 individuals with expertise in nursing policy, research and healthy workplace environments. The advisory group is chaired by Dr. Judith Shamian, President and CEO of the Victorian Order of Nurses for Canada (VON Canada).

If you require further information about this initiative, or would like to be placed on an e-mail update distribution list for updates, please contact Rummy Dhoot (rdhoot@cihi.ca). ●

New Director, Canadian Population Health Initiative (CPHI)

Bruce Petrie, Interim President and CEO, is pleased to announce the appointment of Elizabeth Gyorfi-Dyke as Director of the Canadian Population Health Initiative (CPHI).

Prior to joining CIHI, Ms. Gyorfi-Dyke was Director of the Health Charities Council of Canada (HCCC), where she worked closely with key stakeholders on a variety of health issues. She has also worked in P.E.I. on the Heart Health Project, and at Alberta Health and Wellness on healthy aging. ●



Grouper Redevelopment Project Underway

Last fall, CIHI launched its Grouper Redevelopment Project. The aim of this project is to redevelop CIHI's acute inpatient grouper, Resource Intensity Weights (or RIW™) and Ambulatory Care Weights (ACW) methodologies—as well as to enhance the Comprehensive Ambulatory Care System (CACS) and Day Procedure Groupers (DPG) groupers.

“The introduction of the new ICD-10-CA/CCI classification standards has created the need for an inpatient grouping methodology,” says André Lalonde, Director, Operations, Planning and Support at CIHI. “We anticipate the new grouper will be ready for implementation in April 2006, but there is a lot of work to be done in the meantime, since we are building this new grouper from scratch.”

Three national advisory groups are supporting the development of the new grouper. The CIHI project team is currently doing exploratory analysis to determine the best approach. A survey was also conducted in February to better understand clients' needs.

For more information, contact grouperredevelopment@cihi.ca or visit the CIHI Web site at www.cihi.ca.

Population Health at the CPHA Conference

The Canadian Population Health Initiative (CPHI) will be very visible at the Canadian Public Health Association's annual conference, being held this year in St. John's, Newfoundland and Labrador, June 13 to 16. CPHI will present findings from its new flagship report, *Improving the Health of Canadians*, and will also offer a population health perspective on health planning and resource allocation.

In addition, the Institute for Population and Public Health (IPPH) of the Canadian Institutes of Health Research (CIHR) is co-sponsoring the following panels with CPHI:

- The Impact of Housing on Population Health
- Income and Income Disparities: Implications for Population Health
- Understanding the Relationship Between Place and Health
- The Role of Income Support in Population Health

Visit the CPHA Web site for details, at www.cpha.ca



where
you'll see
CIHI
next!

JUNE 2004

13–16 Canadian Public Health Association Conference, St. John's (Newfoundland and Labrador)

13–16 Canadian Society for Medical Laboratory Science Conference, Saskatoon (Saskatchewan)

16 Midnight Sun Healthcare Management Conference 2004, Yellowknife (Northwest Territories)

17–19 Canadian Health Information Management Association Conference, Burnaby (British Columbia)

20–23 Canadian Nursing Association Biennial Convention and Annual Meeting, St. John's (Newfoundland and Labrador)

SEPT. 2004

22–25 Case Mix 2004, Salt Lake City (Utah)

26–28 Data Users Conference 2004: Quality Health Care, Quality Information, Ottawa (Ontario)

OCT. 2004

2–6 Cochrane Colloquium, Ottawa (Ontario)

20–23 Healthcare Information Systems Show, 2004, Laval (Quebec)

2004 Catalogue of Products and Services Available



CIHI recently published a 10th anniversary edition of its *Products and Services Catalogue*. Along with the many standards, analytical reports and publications that CIHI produces, this document is further testimony to our organization's growth and development since we opened our doors for business in 1994. The first catalogue, produced in 1997, highlighted 14 databases managed by CIHI. CIHI now offers products and services on some 21 databases, as well as special reports on a range of topics in the area of population health and other emerging areas of health information. ●

CIHI Opens Western Office

CIHI is pleased to announce the opening of its new western office, located in Victoria, British Columbia. This western location is an important part of CIHI's ongoing efforts to strengthen service and improve consultation at the regional level. For more information on CIHI's activities in western Canada, or if you'd like to visit CIHI's newest office, contact Anne McFarlane, the recently appointed Executive Director for Western Canada, at amcfarlane@cihi.ca. ●

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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.



Giving Birth in Canada: Providers of Maternity and Infant Care

The first in a series of four reports on maternal and infant care in Canada.



Improving the Health of Canadians

This report provides up-to-date information on what we know and don't know about the health of Canadians.



Health Personnel Trends in Canada, 1983-2002

The focus of the current publication continues to be the provision of aggregate, supply-based trend information by province/territory and year, for 21 selected health personnel groups.



CJRR Report: Total Hip and Total Knee Replacements in Canada 2004

This annual report provides information on hip and knee joint replacements performed in Canada, and includes demographic, provincial and outcome analysis, as well as surgery-specific information.



National Trauma Registry Report: Injury Hospitalizations, 2001-2002

This report provides data available from the Registry's Minimum Data Set and includes demographic, diagnostic and procedural information on all admissions to acute care facilities in Canada due to injury.



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.



Health Indicators 2004

This publication provides new data on a range of health and health system-related indicators at both regional and provincial/territorial levels.



Drug Expenditure Trends, 1985-2003

Updates trends in drug spending in Canada, primarily from retail establishments, in total, by public and private payers, and by type of drug (prescribed and non-prescribed).