



# cihidirectionsicis

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

## From the PRESIDENT

Health and health care are never far from the surface of Canadian policy waters. Some say it is because our health system is part of our Canadian identity. Others say it is simply because it is such a major sector of our economy, and perhaps in particular, a major component of our public expenditures. Others say it is because of its impact on our quality of life as individuals and as a population as a whole.

Whatever the reason, it's clear that health is a social policy area that will continue to demand and attract vigorous policy debate. And it is also clear that in an area as critically important and as complex as health care, we need good information to help Canadians make decisions. Whether at the level of individual citizens, individual clinicians, individual facilities, regional health authorities, or governments, new questions are constantly emerging, and timely data are required to make informed judgments about what is happening in our health system, and what is affecting the health of the population.

I'm very pleased to be joining CIHI as its president and CEO at a time when the need for good

health information is more critical than ever, as I believe CIHI is uniquely positioned to respond. Having been the Deputy Minister of Health in Saskatchewan for the past five years, and having spent many more years working in the health sector, I am keenly aware of the need for solid information to assist in decision-making. The public debate on health underscores how important it is to have a neutral player like CIHI delivering information decision-makers and the public can trust to help manage the health system, and contribute to greater accountability.

In 10 short years, CIHI has become a source of critical data and information on a wide range of health topics—from hip replacements and medical imaging to drug spending and health human resource issues. But information is not just about numbers. For individual Canadians, as for busy decision-makers, understanding what those numbers are telling us is also key.

CIHI is adding value by doing some of this critical analysis. Such analysis helps our



clients, and the public, put the health of Canadians and the health system in context.

In the coming months and years, delivering more of this timely analysis will be a priority for us. We will continue to have as our priority the ongoing issues of building and maintaining ever more comprehensive databases, and ensuring their privacy and quality. We will seek to develop a long-range strategic program of inquiry and analysis to inform decision-makers with information that provides answers to their emerging questions.

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### MANAGING EDITOR'S NOTE

This note usually comes to you from Serge Taillon, CIHI's Director of Client Relations and Communications. But after years on the front lines of health information, Serge is now at home battling his own health problems. We trust he will win the fight, and wish him "bon courage." Appropriately, this issue is dedicated to home care and continuing care—and what CIHI is doing to support both clients and care providers through better information.



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## From the President

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We will push the envelope to create new knowledge—and work to transfer that knowledge so that it can be applied to real life challenges.

To do all this, we will need to strengthen our links to our clients. First and foremost, this means our traditional clients—federal, provincial and territorial governments, regional health authorities, hospitals and other health agencies—those who deliver the data to us and those who use our data and analysis to shape policies and make decisions. It also means broadening our links to the research community, professional associations and other non-government organizations, as well as developing new relationships with emerging organizations such as the Patient Safety Institute, the Public Health Agency and the Health Council of Canada.

I am delighted to be taking on the leadership of CIHI and look forward to working with you, our vast network of partners across the country, to build a stronger health information system in Canada. Together, we will move health information further!



Glenda Yeates  
President and CEO





# Making a Difference in the Health of Canadians: CIHI Data

CIHI's data is helping to influence decisions that are critical to improving the health of Canadians. Sometimes these decisions lead to broad-scale change, such as stronger legislation or the development of new ways to deliver care. In other instances, these decisions have a more local impact.

Here are some examples:

## Boosting Data

Data from the National Trauma Registry was featured in Safe Kids Canada's report, *Booster Seat Use in Canada: A National Challenge*. The data showed a substantial decrease in car crash hospitalizations for children under 5 and aged 10 to 14, but a much smaller drop in hospitalizations for children aged 5 to 9—the booster seat target population. As a result of Safe Kids Canada's push for stronger booster seat legislation, the Ontario government introduced new legislation this past May making booster seats mandatory for children weighing 40 to 80 pounds.

## Heart Attack Care Plan

Each year, CIHI and Statistics Canada jointly release *Health Indicators*, a set of comparable information at the provincial/territorial and health region levels. As a follow-up to the project, CIHI worked with the University of Ottawa Heart Institute to better understand regional indicator results on post-heart attack deaths. Based on the analysis, all hospitals in the region are working on a common care plan for heart attack patients. A second project has been implemented by Ottawa-area hospitals, focused on new ways of caring for a sub-group

of patients that benefit significantly from aggressive, timely treatment.

## Trading Donuts for Carrots

Is selling donuts at a school skating party setting a bad example in terms of food choices? At a Toronto school's Parent Teacher Association meeting, a summary of recent CIHI/CPHI-funded research on childhood obesity was brought forward to inform the debate. As a result, the school's annual spring fair offerings included free carrot sticks and apple slices. The kids ate it right up! ●

## DID YOU KNOW?

CIHI data and analysis on a wide range of topics including obesity, health services for mothers and babies, playground injuries, drug expenditures and even organ donation rates are regularly featured in media articles, on the radio and on national television. Much of that data comes from the dozens of reports and studies produced by CIHI every year.

Here are some interesting facts about who is reading CIHI's reports and studies:

- Representatives from governments at all levels, hospitals and regional health authorities, community agencies, political parties, advocacy groups, professional associations, educational institutions, unions, insurance companies, non-governmental organizations, consulting firms, journalists and members of the public are among those who have downloaded CIHI reports.
- CIHI reports are finding an audience not only in Canada, but also internationally. For example, readers in over 30 countries have downloaded *Health Care in Canada* and *Improving the Health of Canadians*.
- CIHI reports are sought out for library collections and educational programs. For example, users at universities and colleges account for almost 40 percent of the downloads of the report *Bringing the Future into Focus: Projecting RN Retirement in Canada*.
- CIHI readers have a strong interest in comparative data. More than one-fifth of those who download the *Ontario Hospital Report* from the CIHI Web site are from Canadian provinces outside of Ontario. *Health Indicators*, a joint initiative of CIHI and Statistics Canada, is one of the most frequently accessed free documents on Statistics Canada's Web site.

Are you reading CIHI's reports and studies? If not, check out what you may be missing by visiting the CIHI Web site, at [www.cihi.ca](http://www.cihi.ca). ●

# CIHI and Home Care

## Home Care: Fast Growing Segment of the Health Care System

When we think about home care, most of us think about an elderly person who is living alone and needs supportive services to remain at home. But with hospital stays becoming shorter, a wide range of people with acute illnesses or requiring palliative care now require home care services.

Home care covers a long list of support services at home, for palliative care patients, patients recovering from surgery, those with chronic illnesses and those needing rehabilitation services. Having access to such services at home not only enables the patient to live in a familiar and comfortable setting, but also frees up space in hospitals and long-term care facilities for patients requiring a bed in a facility with round-the-clock nursing care.

Services offered to home care clients vary widely across provinces and territories. Technology is one of the driving forces behind expanded home care services. Not too long ago, services such as chemotherapy and dialysis could be delivered only in hospitals and other institution settings. Now many jurisdictions offer these services to patients at home.

Not surprisingly, then, enhancing access to home care services is one of the reforms of Medicare being debated by the federal and provincial governments. The 2003 First Ministers' Accord on Health Care Renewal committed the provinces to ensuring that a core set of home care services are in place by 2006. At the first ministers' health summit this past September, federal and provincial health leaders agreed to provide "first-dollar" coverage to three areas of home care services (including short-term acute mental health home cases).

Traditionally, home care has represented a small piece of health care spending. In recent years, the bulk of the investments have gone to hospitals, doctors and drugs. But there are signs that this trend is changing. For example, Ontario recently expanded its home care spending by \$103 million a year to \$1.3 billion—most of it earmarked for the community care centres across the province that co-ordinate the delivery of home care services. ●

## A Picture of Canada's Home Care Clients

Last summer, CIHI concluded an important home care pilot project with participating health regions in Newfoundland and Labrador, Manitoba, Saskatchewan, Alberta, British Columbia and the Yukon Territory. Through the enthusiastic efforts of home care staff in these regions, CIHI collected information on over 2,000 home care clients.

CIHI used this information to populate a set of proposed home care indicators. The priority indicators for the pilot test were identified through a four-year research and consultation project launched in 1999 under the Health Information Roadmap Initiative, a collaboration of Statistics Canada, Health Canada and CIHI.

Information gathered through the Roadmap Pilot Project sheds some light on who is using home care services—and provides insight into some of the unique challenges in the home care sector.

- Just over half of home care clients in CIHI's sample study were over the age of 65, dispelling the notion that most home care clients are seniors. The biggest concentration of seniors is in long-term home care—three quarters of long-term home care clients are seniors.
- One-quarter of the sample reported living alone as their permanent living arrangement.

In the over-85 age group, over 57 percent of the women lived alone, compared with 28 percent of men in the same age category.

- Home care clients don't generally wait long for service. One in 10 home care clients received their first service on the same day as they were referred to home care—and over a third received service on the next day. Half of the sample received service within two days.
- While most home care clients received some health services (for example, nursing or therapies), only 15 percent of the sample received home support services (for example, personal care or homemaking).
- Caregivers of long-term home care clients expressed feeling strain or burden more frequently than those caring for acute or end-of-life clients, suggesting that caregiver stress may be related to the expectation of the duration of care.

As the HCRS is implemented and more data becomes available, it will be interesting to see how the findings from the pilot compare to the general population receiving home care. Look for the final report of the Roadmap Pilot Project on the CIHI Web site, at [www.cihi.ca](http://www.cihi.ca). ●

# Overview

## CIHI: Supporting Home Care With Quality Information

CIHI is building a strong foundation of quality information to support home care across Canada. With renewed emphasis on home care services, both provincial and federal governments have identified the need for more comprehensive information to support an enhancement of services and greater accountability. CIHI is taking a leadership role in that effort by working closely with front-line, managerial and administrative home care professionals and policy-makers across the country to identify and develop home care data standards. Such standards will serve as the basis for timely information—and improved quality of care.

Following extensive consultations—including a national meeting in December 2003—CIHI launched the development of the pan-Canadian Home Care Reporting System (HCRS).

The HCRS will be a modular system, using clinical assessment instruments as the foundation for clinical data and CIHI-defined elements to capture administrative and utilization data. The first clinical instrument to be incorporated in the HCRS will be the RAI-HC<sup>®</sup>, currently being implemented for long-term home care clients in several jurisdictions across Canada.

The province of British Columbia will be the first to participate in HCRS. CIHI is currently consulting with other interested jurisdictions and will develop a collaborative strategy for provincial/territorial implementation beyond the prototype year to support comparative reporting.

Feedback from stakeholders suggests that the HCRS represents a tremendous opportunity to develop a rich source of standardized data to support system planning, equitable resource allocation, and, most importantly, improved quality of care. ●

## Moving Closer to Standardized Indicators for Home Care

Working closely with Statistics Canada and Health Canada, CIHI has identified, and created the data standards for, a set of priority home care indicators designed for national reporting. The CIHI Home Care Roadmap Indicators include measures of:

- Access (population rates and waiting times)
- Health and functional status
- Personal resources and living conditions
- Clinical outcomes
- Utilization of services

The development and use of home care indicators will allow regions, provinces and territories in Canada to compare their client populations and their system's performance. This initiative will allow for a phased approach to indicator reporting, building on progress made by individual provinces in developing effective electronic data collection systems for the home care sector. ●

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## New Director of Architecture, Planning and Standards



Glenda Yeates, CIHI's President and Chief Executive Officer, is pleased to announce the appointment of Mark Fuller as Director of Architecture, Planning and Standards. In this newly created position, Mr. Fuller will be responsible for leadership and direction in information technology architectural standards and enterprise solutions within CIHI's Information Technology and Infostructure Standards division.

Mr. Fuller has 20 years' experience as an information systems consultant specializing in architecture, data warehousing, electronic health records and standards within a healthcare setting. Mr. Fuller assumes this new role after working with

CIHI as an external consultant. His recent work at CIHI has included a number of tactical and strategic technical initiatives, most notably directing the development of a new analytical initiative designed to improve direct access to CIHI's data and analytical services. Mr. Fuller has also worked in a consulting capacity for a number of other health care organizations in both Canada and Britain. ●

# Continuing Care Reporting System Soon to Go Pan-Canadian

Nine nursing homes across Nova Scotia are now providing data to CIHI, giving a healthy boost to ongoing efforts to make the Continuing Care Reporting System (CCRS) a truly national data source.

Nova Scotia is the second province to participate in CCRS. Ontario's complex care system was mandated by the Ontario Ministry of Health to provide data to CIHI in 1996.

Nova Scotia nursing homes are voluntary participants and, supported by the Nova Scotia Health Department, have worked with CIHI to obtain the necessary education required for data collection, submission and reporting purposes.

In return for their data, CIHI will give the nursing homes comparative reports, including quality indicators, outcome measures and client characteristics. These reports will enable the facilities to plan services based on their residents' needs. They will also support comparisons across facilities to help them identify best practices in the care of nursing home residents. In the long run, data coming out of the CCRS will lead to inter-provincial/territorial, national and international comparisons of continuing care populations and the quality of care.

The long-term care sectors of British Columbia, the

Yukon Territory, Alberta, Saskatchewan and Ontario are in various stages of planning for collection of clinical assessment data to support front-line quality of care and to provide information for evidence-based policy and planning decisions.

contributing valuable data for facility and system-wide planning, quality monitoring and accountability. ●

© MDS 2.0 copyright InterRAI Corporation, Washington DC, 1997, 1999.

CIHI will give the nursing homes comparative reports . . . . [that] will enable the facilities to plan services based on their residents' needs.

## What Is the Continuing Care Reporting System?

CCRS was designed to capture information collected in continuing care facilities, such as nursing homes. The data on health and functional status, services and treatments are collected by professionals using the MDS 2.0®, a clinical assessment instrument developed by InterRAI, an international, non-profit consortium of researchers. This tool provides real-time feedback to care providers on residents' health status and potential risks, while also

## Bringing Home Care Managers Together Through the Web

The first of a series of innovative education sessions held in British Columbia this past summer demonstrated the power of distance learning technologies.

A three-hour CIHI Web conference manager education session brought together home care managers in six far-flung B.C. locations: Vancouver, Victoria, Dawson Creek, Terrace, Prince George and Smithers.

Targeted for managers of front-line home care services, the education session provided an introduction to the Home Care Reporting System (HCERS) being developed by CIHI, and also demonstrated the RAI-HC Assessment Instrument (a standardized clinical assessment tool to support front-line care planning and quality) and applications for use of the data.

Feedback from participants was very positive. Many agreed that the Web session was a valuable opportunity to bring first-hand experience from the field to support discussions on use of data in decision-making. ●

## New Report Highlights Regional Differences in Giving Birth in Canada

A new report released last month by CIHI indicates that nearly half of Canadian women (45.5%) had an epidural during delivery and notes increases in caesarean sections and medical inductions—but a decline in the use of forceps during delivery.

"The findings of the report highlight the increasingly common use of pain management strategies such as epidurals, the rise in C-section births and other innovations in obstetrical technology. However, the regional variations in childbirth services are substantial," says Glenda Yeates, CIHI's new President and CEO. "Does a high rate indicate better access, local provider or consumer preference? Conversely, does a low rate indicate poor access to care or more appropriate care?"

*Giving Birth in Canada: A Regional Profile* presents for the first time information describing maternal and infant care at the regional, provincial/territorial and national levels. ●



# where you'll see CIHI next!

## OCT. 2004

**14–20** Fall HL7 Canada and Partnership Conferences, Montréal (Quebec)

**14–16** Halifax 4: The Canadian Healthcare Safety Symposium, Edmonton (Alberta)

**20–22** Healthcare Information Systems Show, 2004 Edition, Laval (Quebec)

**25–26** Canadian Home Care Conference, Halifax (Nova Scotia)

**27–30** PCS/E Patient Classification Systems/Europe 2004: 20th International Working Conference, Budapest (Hungary)

## NOV. 2004

**15–17** Ontario Hospital Association Annual Convention, Toronto (Ontario)

**24–26** Tools for Advancing Pharmaceuticals Management, Ottawa (Ontario)

## Conference Focusing on Improving National Drug Information



Tools for Advancing  
Pharmaceuticals  
Management

On November 24 to 26, 2004, the Canadian Institute for Health Information—along with the Canadian Coordinating Office for Health Technology Assessment, Health Canada's Therapeutic Products Directorate and the Patented Medicine Prices Review Board—is sponsoring **Tools for Advancing Pharmaceuticals Management**, a two-day conference being held in Ottawa.

The first day of the conference is dedicated to a workshop led by the World Health Organization's Norwegian Collaborating Centre for Drug Statistics and Methodology. Delegates will discuss, among other topics, the WHO's Anatomical Therapeutic Chemical Classification (ATC)/Defined Daily Dose (DDD) system.

The second day of the conference focuses on developing a common understanding of drug standards and drug utilization measurement methodologies in Canada. Canadian leaders and researchers in the areas of data and technology standards, as well as methodologies related to drug information, will be among the presenters. This conference provides an opportunity for all delegates to share information and develop collaborative relationships.

For registration information, please visit [www.drugstandards2004.com](http://www.drugstandards2004.com). ●

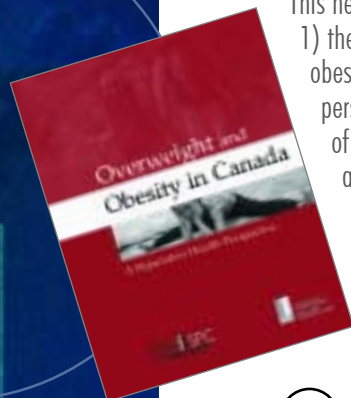
## Overweight and Obesity in Canada: A Population Health Perspective

Rising rates of obesity over the past 20 years have significant public health implications. Applying a population health lens to the problem of obesity may provide insight into how best to address obesity and its causes through a wide variety of policy options.

The Canadian Population Health Initiative (CPHI) of CIHI is pleased to announce the release of *Overweight and Obesity in Canada: A Population Health Perspective*, research by Dr. Kim Raine, Director and Professor at the Centre for Health Promotion Studies at the University of Alberta.

This new report synthesizes the current state of knowledge related to 1) the nature and extent of the problem of obesity, 2) the impact of obesity as a case for prevention and control, 3) a population health perspective on the determinants of obesity, and 4) the effectiveness of strategies for addressing obesity and its determinants. The paper also identifies priorities for future policy-relevant research and presents the author's opinions for promising interventions for reducing population obesity levels.

The report is available for download on the CIHI Web site at [www.cihi.ca/cphi](http://www.cihi.ca/cphi). ●



# CIHI—Your Partner in Health Research

Every year, many researchers use CIHI data to build on the current body of existing knowledge related to health and to health care. Through their use of CIHI data, regular feedback to CIHI and participation in expert/advisory groups, researchers also contribute to the development and quality of CIHI data and analysis.

For its part, CIHI provides data to researchers in accordance with its privacy policies, carries out analytical studies, collaborates with research organizations and individual researchers and occasionally commissions research in priority areas.

CIHI is in the process of strengthening its research and analytical capacity in order to be a better partner with the research community. CIHI is also looking at ways to improve the accessibility, quality and timeliness of CIHI data for researchers. In addition, CIHI develops tools, resources, conferences and workshops to support the work of researchers.

If you'd like to know more about how CIHI works with researchers—or how to access CIHI data, visit [www.cihi.ca/research](http://www.cihi.ca/research) or e-mail us at [research@cihi.ca](mailto:research@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](http://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.*



### **Giving Birth in Canada: A Regional Profile**

The second installment in CIHI's Giving Birth in Canada series marks an important step in providing information about maternal and infant care. For the first time, CIHI presents a set of indicators describing the delivery of childbirth services at regional, provincial/territorial and national levels.



### **Supply, Distribution and Migration of Canadian Physicians, 2003**

This report provides demographic and descriptive statistics for physicians in 2003, including international entries and exits, as well as migration within Canada. In addition, provincial, territorial and Canada summaries provide selected data from 1999 to 2003.



### **Complex Continuing Care in Ontario: Resident Demographics and System Characteristics, 1996-1997 to 2002-2003**

This comprehensive analytical report provides demographic and system characteristics for Ontario's designated chronic care beds.



### **Inpatient Rehabilitation in Canada**

This report is based on data submitted to the National Rehabilitation Reporting System (NRS) at CIHI. The report provides a snapshot of adult inpatient rehabilitation services in participating hospitals across Canada.



### **Ontario Trauma Registry Report: Injury Hospitalizations, 2002-2003**

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



### **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.