

The people who work in health care

Health care managers and policy-makers around the world grapple with workforce challenges every day. According to the World Health Organization (WHO), 57 countries are now facing severe health-sector staff shortages.

The issues are many. Workers are tempted by new jobs both locally and internationally, health care facilities are challenged to attract enough staff, and managers are continually looking at new ways to retain the people they have. In April, the WHO launched the Health Workforce Decade (2006–2015) with its latest World Health Report, in part to shed light on this growing challenge.

In Canada, CIHI produces a great deal of the information that helps give Canadians and the international health community an accurate and up-to-date profile of Canada's health care workforce. For the past decade, CIHI's data focused mainly on Canada's physician and nursing workforce. Over the next few years CIHI plans to report on other health professions—including those of pharmacists, occupational therapists, physiotherapists, medical radiation technologists and medical laboratory technologists.



A nurse practitioner (NP) at the Civic Campus of the Ottawa Hospital. CIHI provides information on NPs and other health professionals.

In this issue

- 3 From the President
- 4 First picture of pharmacist, occupational therapist workforce
- 4 Nurses give outstanding response to survey
- 5 Paying doctors: beyond fee-for-service



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

From the President

Drugs, high-tech diagnostic equipment, well-built hospitals, labs and other facilities are crucial elements of a good health care system. But the chief resource of any health care system is its people.

It is the people working in health care who make all the crucial decisions, who interpret the results of diagnostic tests, run prevention and screening programs and prescribe appropriate medication. And it is people who deal directly with patients—observing and measuring symptoms and providing the irreplaceable elements of empathy and compassion.

...the chief resource of any health care system is its people.

human resources is one in which we at CIHI—with partners such as professional associations and the provinces and territories—have invested considerable energies and efforts. Currently we are seeking to deepen and expand our data collection and reporting.

Through a new comprehensive survey of Canadian nurses, conducted in partnership with Health Canada and Statistics Canada, we probe more deeply into the health work-life of nurses. You can read about that in this issue.

We are also aware of the challenge for data collection posed by the emerging new ways in which physicians are paid in Canada. CIHI is exploring strategies for capturing data on the growing group of non-fee-for-service physician practices—again, working with partners such as the College of Family Physicians and the Canadian Medical Association. We report on that in this issue.

In this issue of *CIHI Directions*, we focus on this vital human element of the health care system.

This year marks the beginning of the WHO's Health Workforce Decade, and the field of health

We also tell the story of how CIHI is working to broaden its data collection beyond physicians and nurses to include groups such as pharmacists and physiotherapists.

You can get an overall sense of the whole health human resources field from a new feature we are launching in this issue of *Directions*, "Facts-at-a-glance." Just consider the very first fact: as of 2001, fully 10% of the Canadian workforce was employed in health care.

As this issue of our corporate newsletter goes to press, I have the very difficult task of saying goodbye to a good friend and wonderful colleague, CIHI's Vice President and Chief Operating Officer, Bruce Petrie. Bruce has played a key role in the creation and nurturing of this still fairly young organization. We have benefited tremendously from his finely tuned understanding of statistics and his sharp, skeptical mind. We all wish him well in his retirement.

As Bruce leaves, we welcome another veteran of Statistics Canada, Jean-Marie Berthelot, who is our new Vice President of Programs. And we congratulate Louise Ogilvie, who, after holding a number of senior posts at CIHI, takes over as Vice President of Corporate Services.

Farewell Bruce and welcome Jean-Marie and Louise.



Glenda Yeates
President and CEO



Board of directors

Chair
Mr. Graham W. S. Scott, C.M., Q.C.
Senior Partner, McMillan Binch Mendelsohn LLP

Ms. Glenda Yeates (ex officio)
President and Chief Executive Officer, CIHI

Statistics Canada
Dr. Ivan Fellegi
Chief Statistician of Canada

Health Canada
Mr. Morris Rosenberg
Deputy Minister

Canada-at-Large
Ms. Roberta Ellis
Vice President, Prevention Division,
Workers' Compensation Board of British
Columbia

Dr. Peter Barrett
Physician and Faculty, University
of Saskatchewan Medical School

Canadian Population Health Initiative
Dr. Richard Lessard
Chair, CPHI Council, Director of Prevention
and Public Health, Agence de
développement de réseaux locaux de
services de santé et de services sociaux
de Montréal

REGION 1
**British Columbia
and Yukon Territory**
Dr. Penny Ballem
Deputy Minister, British Columbia Ministry
of Health Services

Mr. Malcolm Maxwell
Chief Executive Officer, Northern Health
Authority

REGION 2
**The Prairies, the Northwest
Territories and Nunavut**
Dr. Brian Postl
Chief Executive Officer, Winnipeg Regional
Health Authority

Vice-Chair
Ms. Sheila Weatherill
President and Chief Executive Officer,
Capital Health Authority, Edmonton,
Alberta

REGION 3
Ontario
Mr. Ron Sapsford
Deputy Minister, Ministry of Health and
Long-Term Care, Ontario

Mr. Kevin Empey
Executive Vice President, Clinical Support
and Corporate Services, University Health
Network

REGION 4
Quebec
Ms. Jocelyne Dagenais
Assistant Deputy Minister of Strategic
Planning, Evaluation and Information
Management, ministère de la Santé et des
Services sociaux

Mr. David Levine
President and Director General, Agence
de la santé et des services sociaux de
Montréal

REGION 5
Atlantic
Ms. Nora Kelly
Deputy Minister, New Brunswick Ministry
of Health and Wellness

Ms. Alice Kennedy
Chief Operating Officer, Long Term Care,
Eastern Health, Newfoundland and
Labrador

As of June 2006



Facts-at-a-glance

Health care providers

- Proportion of Canadians who worked in health care in 2001: **1 in 10**
- Number of health care training programs now offered by Canada's universities and colleges: **more than 150**
- Number of family medicine residency positions offered to medical students in 2004: **533**
- Number of applicants to residency positions who ranked family medicine as their first choice: **338**
- Number of female students enrolled in first-year medical school in 2003–2004: **1,240**
- Number of male students: **856**
- Proportion of Canadians working in health care who worked overtime each week in 2004: **about 1 in 5**
- Percentage of individuals working in ambulatory health care services who report being "very satisfied" with their jobs in 2001: **43**
- Percentage in nursing and residential care: **31**
- Percentage of hospital employees: **25**
- Average number of days lost to illness or disability for each health care worker in Quebec in 2004: **16.5**
- Average number of days lost in Alberta in 2004: **8.4**
- Average 2004–2005 tuition fees for students entering their first year of dentistry training at the University of Saskatchewan: **\$32,000**
- Average 2004–2005 tuition fees for Quebec residents entering their first year of dentistry training at the University of Montréal: **\$2,000**

Source: Canadian Institute for Health Information, *Canada's Health Care Providers: 2005 Chartbook* (Ottawa: CIHI, 2005).

To see the chartbook, please go to www.cihi.ca.

CIHI bids goodbye to VP, welcomes new VPs

It is with mixed emotions that CIHI staff bid goodbye to Vice President and Chief Operating Officer Bruce Petrie, who is retiring.



Bruce Petrie

Bruce joined CIHI in August 1999 after a lengthy and successful career at Statistics Canada. At CIHI, Bruce provided strategic guidance and direction for the development, implementation and maintenance of CIHI's clinical, financial and health human resources information programs. He also co-chaired the Executive Committee, providing oversight and direction on all operational matters, and stepped in as acting President and CEO for six months in 2004. CIHI's Board members and staff wish Bruce a wonderful and well-earned retirement.

Two new vice presidents have joined CIHI as a result of Bruce's pending retirement and the departure of Sylvain Rocque, who left his post as CIHI's Chief Financial Officer late last year.

On June 5, Jean-Marie Berthelot became our new Vice President of Programs. Jean-Marie worked at Statistics Canada for 25 years, and has extensive experience in the development, management and



Jean-Marie Berthelot

use of data holdings for health services research and population health monitoring. He received the McMaster University Labelle Lectureship in health services research, and was selected as a Harkness Associate in health care policy research. Most recently, Jean-Marie was the Director of the Health Analysis and Measurement Group at Statistics Canada.

In May, Louise Ogilvie assumed the position of Vice President of Corporate Services. Louise replaces our former Chief Financial Officer, Sylvain Rocque. Louise has been with CIHI since it first opened its doors, and has held a variety of leadership positions in the organization, including Director of Standards, Classification and Case Mix, Director of Health Services Information and Director of Health Resources Information. Louise's knowledge, skills and record of fostering strong relationships with our stakeholders will be tremendous assets as she takes on this role.



Louise Ogilvie



Report to give first picture of pharmacist, occupational therapist workforce

What is the average age of pharmacists in Canada? What settings are occupational therapists working in across the country? These and other questions will be answered late next year with CIHI's first-ever reports on the workforce of pharmacists and occupational therapists.

These reports will give a nation-wide snapshot of who is working in these professions, including information such as gender, age, level of education and employment settings.

Thanks to a five-year course of funding from Health Canada, the databases slated to produce these reports are currently under

development and will be followed by the development of databases for three other workforces—physiotherapists, medical radiation technologists and medical laboratory technologists.

Data providers will be targeting the collection of pharmacist and occupational therapist data in the fall of 2006, kicking off an annual cycle of data collection that will result in reports that will highlight health care workforce trends that are useful for health human resource planning.

For more information on CIHI's Health Human Resources databases, please go to www.cihi.ca.

Nurses give outstanding response to first comprehensive workforce survey

Thousands of nurses made time last fall to participate in a comprehensive survey on the relationship between health, the work environment and work-life experiences of nurses across Canada.

CIHI, in collaboration with Statistics Canada and Health Canada, undertook the first-ever national survey of this kind, asking 24,000 registered nurses, registered psychiatric nurses and licensed practical nurses to take part. Roughly 80% of contacted nurses made time for the 30-minute telephone interview that looked at issues such as absenteeism, job satisfaction, hours of work, stress, depression and exposure to risk.

"We're delighted with the response rate," says Francine Anne Roy, Manager of Health Human Resources at CIHI. "It's outstanding—this will provide strong and valuable foundation information about the health of the nursing workforce."



Reflecting the high level of interest in the nursing community, some nurses who had not originally been invited to participate took the unusual step of contacting Statistics Canada to express a desire to be surveyed.

"Nurse absenteeism can be costly to the health system," adds Lucille Auffrey, Chief Executive Officer of the Canadian Nurses Association. "Understanding the factors contributing to the health of nurses, particularly the work environment, is critical to creating a sustainable nursing workforce."

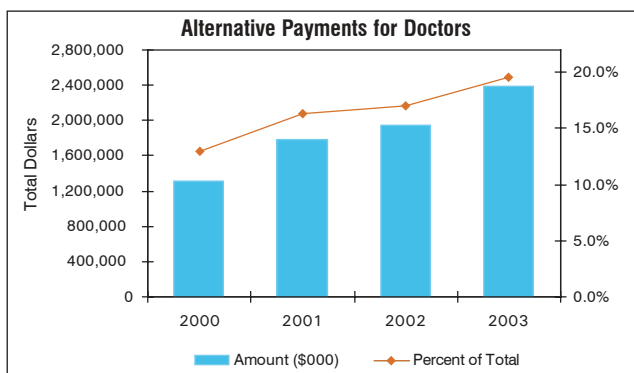
To be published late this year, a report on the survey will enable interprovincial comparisons and provide a baseline for monitoring trends in nurses' health. Results will also provide information useful to the development of workplace health strategies.

For further information about this initiative, please visit our website at www.cihi.ca/nswhn. CIHI and its partners will consider applications for access to these data by researchers after the report is published.



Paying doctors: moving beyond fee-for-service

More and more Canadian doctors are being paid in new ways, according to a CIHI report released in March. Instead of charging the health care system per service provided to each patient (also known as “fee-for-service”), a growing number of physicians are opting to be paid—at least in part—through other means, such as regular salaries and per-patient lump sums.



Sources: Provincial/Territorial Ministries of Health; CIHI National Health Expenditures Database for Ontario 2001 and Manitoba 2001 to 2003.

The prevalence of alternative payment plans varies across the nation, according to CIHI’s report on alternative payments for physicians, published this year. Prince Edward Island tops the country, with 73.3% of physicians receiving some or all of their income through alternative modes in 2003–2004; Alberta has the lowest percentage, at 6.6%.

This means that alternative clinical payments to physicians increased to \$2.4 billion (or 19.5% of all clinical payments) in 2003–2004, up from \$1.9 billion (or 17% of all clinical payments) in 2002–2003. Preliminary estimates for 2004–2005 show alternative payments reaching \$2.6 billion. By comparison, alternative payments amounted to only \$1.3 billion, or 13% of all clinical payments, in 2000–2001.

While there are many benefits to alternative payment programs, including a reduction in administrative work, implementing them can pose new hurdles—especially when it comes to keeping track of the kinds of services doctors provide to Canadians. When doctors no longer have to bill for each service or procedure, gathering data on physician services becomes more challenging.

Says Steve Slade, Physician Program Lead in CIHI’s Health Human Resources division, “Either way, collecting data on the care doctors are giving to Canadians will need to evolve. If we’re to move ahead with gathering more comprehensive alternative payment information, we’ll have to work closely with existing data providers and new data providers to see how we can fill that gap.”

To get a copy of *Alternative Payments and the National Physician Database (NPDB): The Status of Alternative Payment Programs for Physicians in Canada, 2003–2004 and Preliminary Information for 2004–2005*, please go to www.cihi.ca.

More nurse practitioners licensed in Canada

The number of nurse practitioners (NPs) licensed in Canada increased from 725 in 2003 to 1,026 in 2005, according to new data from CIHI and the Canadian Nurses Association. The number of licensed NPs in Alberta almost doubled in this period, from 76 in 2003 to 132 in 2005.

The new report, *The Regulation and Supply of Nurse Practitioners in Canada: 2006 Update*, provides an updated summary of provincial and territorial legislation and regulation, and a demographic and employment profile of the 2005 NP workforce.

In 2005, more than three-quarters of licensed NPs were employed on a full-time basis in Canada, compared to approximately 51% to 54% of registered nurses. For a copy of the report, please go to www.cihi.ca.

Number of Licensed NPs by Province or Territory of Registration, Canada, 2003–2005

	2003	2004	2005	Percent Change
B.C.	–	–	>5	n/a
Alta.	76	112	132	73.7%
Sask.	–	42	75	n/a
Man.	–	–	<5	n/a
Ont.	552	598	653	18.3%
Que.	–	–	–	n/a
N.B.	6	14	22	266.7%
N.S.	29	34	43	48.3%
P.E.I.	–	–	–	n/a
N.L.	57	62	68	19.3%
Y.T.	–	–	–	n/a
N.W.T./Nun.	5	16	22	340.0%
Canada	725	878	1,026	41.5%

Sources: CIHI/RNDB and provincial and territorial RN regulatory authorities.

Short-term heart attack survival rates rise



CIHI's most recent *Health Care in Canada* report has good news for Canadians at risk of having a heart attack: 401 fewer Canadians died within the first month of having a new heart attack in 2004–2005, compared to five years before.

The seventh annual report, which looks at the performance of Canada's health system, shows that 11.1% of people died in hospital after being admitted with a new heart attack in 2004–2005—versus 13.4% five years earlier.

While heart attack survival rates are improving, stroke survival rates have, for the most part, remained stable. In 2004–2005, 18.8% died in hospital within 30 days after being admitted with a new stroke. This rate was relatively stable over the preceding five years.

Overall, just over 1 in 10 heart attack patients and almost 1 in 5 stroke patients die within 30 days of being admitted to hospital, says the report. Of these, roughly half die within four days. The

report also indicates that women are 11% more likely to die than men when suffering a stroke, and 16% more likely to die from a heart attack.

Other findings include:

- There is wide variation in short-term death rates across the country for Canadians who have suffered a heart attack or stroke.
- Overall spending on health care increased to \$142 billion in 2005, or \$4,411 per person.
- Less than one-fifth of urban family physicians said they were taking new patients in 2004. The proportion accepting new patients among rural family doctors was substantially higher, at over one-third.

To learn more, please go to www.cihi.ca.

Electronic health records one step closer

A recent agreement between Canada Health Infoway and the Canadian Institute for Health Information (CIHI) has given the green light to establishing a new Canada-wide coordination body housed by Infoway. The Infoway Standards Collaborative will manage, deliver and maintain health information standards, including those standards related to pan-Canadian electronic health records.

Currently, Canada's health information standards are managed by several different organizations and initiatives, including CIHI. Upholding these standards ensures that the data collected about Canada's health system meet quality criteria and can be easily compared.

The Infoway Standards Collaborative will take on several of CIHI's initiatives that support health information standards, including the Partnership for Health Information Standards,

HL7 Canada and liaison activities with Digital Imaging and Communications in Medicine (DICOM). While CIHI will no longer be managing the same slate of standardization activities, it will continue to provide leadership in the development and maintenance of the key content standards (such as ICD-10-CA, CCI, MIS Standards) underpinning its information products and services.

This announcement follows on the heels of the release of a revised version of the Electronic Health Record Solution Blueprint developed by Infoway. The revised blueprint provides stakeholders developing Electronic Health Record Solutions with a technology framework for sharing health information securely and appropriately across Canada. It also takes a closer look at privacy and security issues.

For more information on Canada Health Infoway, please go to www.infoway-inforoute.ca.

Healthcare Information Systems Symposium—Exhibition approaches

The 17th edition of the Healthcare Information Systems Symposium—Exhibition will be held at the Montréal Convention Centre on September 28 and 29, 2006. It is being hosted by the Association Québécoise d'établissements de santé et de services sociaux (AQESSS), and CIHI participated in the event's organization committee. This year's theme is "L'informatisation clinique : une force à déployer." For more information, please go to www.aqesss.qc.ca/fr.





Where you'll see CIHI next!

June 2006

18–21 Canadian Nurses Association Biannual Convention, Saskatoon

September 2006

17 Data Users' Conference 2006, Vancouver

17–19 2006 Annual Canadian Association for Health Services and Policy Research Conference, Vancouver

28–29 Informatique-Santé 17e édition/Healthcare Information Systems 17th edition, 2006, Montréal

October 2006

25–27 Ontario Public Health Association 2006 Conference, Cornwall

Telling the story as a way of transferring knowledge

Hearing about others' success in moving research results into practice can be a valuable source of knowledge and inspiration.

That's why CIHI's Canadian Population Health Initiative and the Institute of Population and Public Health of the Canadian Institutes of Health Research (CIHR) recently released a collection of stories about the challenges and rewards of putting population and public health research results into action.

Moving Population and Public Health Knowledge Into Action: A Casebook of Knowledge Translation Stories highlights original submissions from across Canada that focus on lessons learned from both successful, and less-than-successful, knowledge translation activities, and demonstrates the impact of population and public health research evidence in shaping policy and practice change. Examples include initiatives in Aboriginal health, child and youth health, women's health,

occupational and workplace health and infectious and chronic diseases.

Two success stories that spotlight CIHI are included in a second similar publication that was also released in 2006 by CIHR's Institute of Health Services and Policy Research called *Evidence in Action, Acting on Evidence: A Casebook of Health Services and Policy Research Knowledge Translation Stories*.

Focusing on putting health services and policy research to work in the real world, one case looks at CIHI's efforts to prepare stakeholders for the release of the Canadian Adverse Events Study in 2004. A second case looks at CIHI's participation in a program that shows how influential physicians can raise awareness of research findings and spread best practices among their colleagues and within their networks.

To get a free copy of either of these documents, please go to www.cihr-irsc.gc.ca.

CIHI named one of Canada's top 100 employers 2006

Every day, CIHI contributes to improving Canada's health system and the health of Canadians. At the heart of this work is our winning team of highly skilled, knowledgeable professionals who care about making a difference.

Understanding and celebrating the value of our staff has always been a key part of CIHI. That is why we are so proud to have been named one of Canada's top 100 employers once again in 2006.



Nova Scotia mother fêted as public health hero

CIHI would like to offer its sincerest congratulations to Nova Scotia resident Caroline Whitby, who was recently recognized with a 2006 Public Health Hero Award honourable mention for her tireless efforts to improve the health of school-aged children.



Whitby is a Nova Scotia parent who has been working since 1997 to ensure that affordable and healthy foods and physical activity opportunities are made available to Nova Scotia students. Among other things, her actions have resulted in inspiring the Annapolis Valley Health Promoting School Project, in which eight schools worked to help children make healthy choices about nutrition and physical activity on a daily basis, largely based on recommendations developed by the Centers for Disease Control and Prevention in the United States.

The success of the Nova Scotia school-based project was reflected in the Children's Lifestyle and School-Performance Study, which looked at the exercise and eating habits of 5,200 Nova Scotia fifth-graders in 2003. The study, led by Dr. Paul Veugelers and sponsored by CIHI's **Canadian Population Health Initiative**, found that only 4% of fifth-grade students in schools with a comprehensive healthy living program were obese, compared to 10% of fifth-graders in schools with a less comprehensive program or no program at all.

To learn more about the Children's Lifestyle and School-Performance Study, please go to www.nsclass.ca.

Careers at CIHI

At CIHI, employees are encouraged to take on new challenges and are provided with the tools, the training and the opportunity to make a difference in the health system and the health of Canadians. We offer competitive salaries, an excellent flexible benefit scheme and a comprehensive pension plan.



If you would like to join our team, please visit our website for more information on current opportunities, at www.cihi.ca.

Credits

CIHI Directions ICIS is published by the Canadian Institute for Health Information (CIHI). CIHI collects and analyzes information on health and health care in Canada and makes it publicly available. For comments, suggestions or additional copies of this publication, in English or French, please contact the editor, at:

Editor, *CIHI Directions ICIS*
495 Richmond Road, Suite 600
Ottawa, ON K2A 4H6

Phone: (613) 241-7860
Fax: (613) 241-8120

Email: communications@cihi.ca
Website: www.cihi.ca

Cette publication est également disponible en français.

Recently Published Reports

Health Care in Canada 2006



This report is CIHI's seventh annual publication on the state of the health system. For the first time, this year's report analyzes trends for short-term mortality rates following admission to hospital with a new heart attack or with a new stroke.

Waiting for Health Care in Canada: What We Know and What We Don't Know

This new report compiles information from various data sources to provide a unique picture of waits for assessment and diagnosis, surgery and post-acute care.



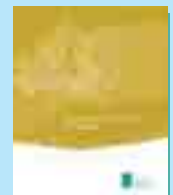
Giving Birth in Canada: The Costs

This report is the third report in a series on the health and health care of Canada's mothers and infants. It explores the costs associated with delivering maternity and infant care in Canada, including provincial, national and international comparisons, where available.



Drug Expenditure in Canada, 1985 to 2005

This annual report looks at drug spending in Canada over the last 20 years. Data in the report show that prescribed drugs continue to account for the vast majority of drug spending in Canada.



Improving the Health of Canadians: Promoting Healthy Weights



This second report in the *Improving the Health of Canadians* report series offers a comprehensive overview of the factors that play a role in Canadians' body weight and takes a close look at some of the policy options for promoting healthy weights in the community, at work, at home and at school.

Facility-Based Continuing Care in Canada, 2004-2005

The data contained in this report present an emerging profile of the characteristics of continuing-care patients and the services they receive in hospital-based facilities and in nursing homes.

