

Health-Care System



The Canadian Institutes of Health Research (CIHR) is the Government of Canada's agency for health research. Through CIHR, the Government of Canada invested approximately \$25.5 million in 2006-07 in research on Canada's health-care system.

The Facts

- In 2006, Canada was forecast to spend \$148 billion on health care, an average of \$4,548 per Canadian and a 5.8% increase over 2005. Of this, private-sector health spending (insurance and out-of-pocket expenditures) was expected to increase to \$44 billion in 2006, accounting for 30% of total spending on health care.
- In 2006, health-care spending was expected to amount to 10.3% of the gross domestic product.
- Hospitals remain the single largest category of spending, accounting for almost 30% of total spending. In 2006, hospital spending was forecast at \$44 billion.
- Drug expenditures were forecast to grow by 6% over 2006, accounting for 17% of total health-care spending.
- In 2006, Canada was forecast to spend \$19.4 billion on physician services, up 7.1% from 2005.
- Most private-sector spending was expected to go to drugs and dentistry.



About CIHR

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's agency for health research. CIHR's mission is to create new scientific knowledge and to catalyze its translation into improved health, more effective health services and products, and a strengthened Canadian health-care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 11,000 health researchers and trainees across Canada.

Finding Solutions

Been to intensive care? Don't forget to keep taking your medications

Being in an Intensive Care Unit (ICU) at the hospital can be dangerous to your long-term health according to CIHR-supported researcher Dr. Chaim Bell of St. Michael's Hospital in Toronto, especially if you're a senior taking medications for chronic diseases. Dr. Bell studied a group of patients at Ontario hospitals and found that, when discharged from the hospital ICU, one-third of them had at least one of their medications unintentionally discontinued. The new information will help create changes to make sure that patients keep following their daily drug treatment routine.

The importance of nursing leadership

Making changes to health-care practices takes several steps, such as collecting evidence to support the use of new procedures and, just as important, making sure these new clinical practices become part of the daily routine in hospitals. A study by CIHR-supported researcher Dr. Nancy Edwards of the University of Ottawa suggests that leadership from the nursing community plays a major role in the success or failure of new clinical guidelines. Successful leaders closely monitor clinical outcomes, help individual nurses use the guidelines, ensure ongoing education and serve as positive role models. Information from the research project will help nursing administrators develop practical guidelines that the nursing community can use to encourage these leadership qualities.

Reducing infections among newborns

Newborns in hospitals are getting fewer infections thanks to innovations by Dr. Shoo Lee, a CIHR-supported researcher at the University of Alberta and head of the Canadian Neonatal Research Network, which links neonatal units in hospitals across Canada. Dr. Lee used a process known as quality improvement to increase awareness among Network members of specific risks for hospital-acquired infections. The results of the research project included recommendations on how to change practices to reduce the chance of infection. Examples included better use of antibiotics and better attention to feeding tubes or other lines among babies identified as high risk. Among hospitals participating in the project, the infection rate dropped by nearly 50% over two years.



The Researchers

Dr. Steve Morgan – Finding answers in sea of health-care data

When Dr. Steve Morgan, a health-care economist from the University of British Columbia, looks at the sea of data produced by the health-care system he doesn't see information overload – he sees opportunity.

"We have the biggest, most culturally diverse laboratory for studying the value of medicine. We could be miles ahead of the world in this area," he declares.

Dr. Morgan is especially interested in prescription drug use in Canada, studying how a drug is prescribed once it's approved for use.

"Clinical trials are tested in a very small population. Once a drug gets licensed, it goes into the world and

gets used by people in a different way," Dr. Morgan points out.

In 2005, his team published a major study on this subject, compiling a detailed study of prescription drug use across Canada called the *Canadian Rx Atlas*.

Drug spending is doubling every 10 years and, in 2007, Canadians are forecast to spend \$30 billion on pharmaceuticals, about 50% more than is spent on doctors. According to Dr. Morgan, the Atlas has proved a useful tool to help policy-makers understand key factors, such as which drugs accounted for the most spending and variations in per capita drug spending between provinces. Such information is useful for taking measures to control spending or make changes to insurance plans to ensure better coverage.

"The Atlas is an easy-to-understand metaphor. With a map, for example, one is far more likely to spot variations in drug use in different regions," he notes. Dr. Morgan's goal is to seek out and better understand the causes for these variations and, most importantly, their impact on Canadians' health and Canada's health-care system.

