Progress timeline 2003–2013: Highlights of health care reform

Health Council of Canada
Conseil canadien de la santé
About the Health Council of Canada

Created by the 2003 First Ministers’ Accord on Health Care Renewal, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on innovative practices across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

To download reports and other Health Council of Canada materials, visit healthcouncilcanada.ca.

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In 2003, Canada’s Prime Minister and Premiers set out an action plan for health reform in the 2003 First Ministers’ Accord on Health Care Renewal, known informally as the 2003 health accord. As part of this agreement, they established the Health Council of Canada to monitor and report on provincial, territorial, and federal efforts to improve health care.¹
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FOREWORD

In 2003 and 2004, the provinces, territories, and federal government made commitments to improve health care in Canada through two formal agreements, commonly known as the health accords. At the time, the accords were heralded as the solutions to fix what was wrong with Canadian health care. The Health Council of Canada was established to monitor improvements in health care, and to tell Canadians whether changes were—or weren’t—happening as promised.

In our summary report on the accords, Better health, better care, better value for all: Refocusing health care reform in Canada (September 2013), we looked at where the accords succeeded in driving change and improving health care, and where they fell short. Overall, the accords didn’t lead to the major changes that were expected. Although there are some areas of excellence, in comparison to other OECD countries, Canadian health care is not first-rate. There are many reasons why the accords did not succeed, not the least of which was a lack of clear goals and targets in the accord agreements.

However, the accords (and associated infusion of new funding) receive a large portion of the credit for kick-starting many experiments in doing things differently. Other changes in health care have emerged in response to regional priorities and new challenges. Governments and health care systems have grappled with growing financial pressures, new evidence about the gaps in quality of care and patient safety, an aging population, and increasing public expectations to have a health care system that is better at meeting their needs. Public health crises—particularly SARS—also played a role. All of these factors stirred previously complacent health care systems and governments into looking at what changes must be made to provide better care within finite resources. We’re not there yet—not by a long shot. But compared to 10 years ago, there is a deeper understanding that we can’t continue with the status quo.

As the health accords come to an end in March 2014, so does the Health Council of Canada. This is our final report. As a final assessment of progress in our health care system, we present a timeline of selected reforms that unfolded across the country between 2003 and 2013. It’s a snapshot of the types of system changes across the country during this time as well as the priorities that were emerging, including a growing focus on seniors’ issues, new partnerships with First Nations in a number of provincial health care systems, and the advent of health quality councils to increase the focus on quality of care.

But the timeline is also a valuable history lesson for health care leaders and policy makers. Look at where we spent our collective time and money—almost $2 trillion in public and private health care dollars—over the last decade. Was it worth it? Did these activities create the change that was needed? If not, why not—and what needs to be done differently in the future?

Unfortunately, this is the last time we will be raising such questions. As the Health Council of Canada comes to a close, a trusted and objective voice for both Canadians and their governments is being lost. If governments want to ensure public confidence in the measures they are taking to reform their health care systems, they need to be open about the deficiencies they are trying to fix and their plans for improvement, and they must be prepared to be held accountable. To all Canadians, we say this: It’s your health, and your health care system. Let your leaders know you won’t settle for less than first-rate.

Dr. Jack Kitts
Chair, Health Council of Canada
INTRODUCTION

In 2003, Canada’s prime minister and premiers (First Ministers) set out an action plan for health reform in the 2003 First Ministers’ Accord on Health Care Renewal, known informally as the 2003 health accord. As part of this agreement, they established the Health Council of Canada to monitor and report on provincial, territorial, and federal efforts to improve health care.\(^1\)

In 2004, the First Ministers agreed to a 10-Year Plan to Strengthen Health Care (known as the 2004 health accord), outlining a more comprehensive agenda with ten areas of focus for health care reform.\(^2\) Areas of focus in the accords included:

- Aboriginal health
- access to care in the North
- accountability and reporting
- disease prevention, health promotion, and public health
- dispute resolution
- electronic health records
- health human resources
- health innovation and research
- home and community care
- pharmaceuticals management
- primary health care
- telehealth
- reducing wait times and improving access

Both the 2003 and 2004 health accords reflect important work that took place in the early 2000s. In particular, two reports provided important guidance for the ensuing decade. In October 2002, a Senate Committee led by Michael Kirby issued a report with recommendations related to the state of the Canadian health care system and the federal government’s role in it.\(^4\) In November 2002, the Commission on the Future of Health Care in Canada, chaired by Roy Romanow, made recommendations for change that reflected Canadians’ concerns about their health care and were intended to ensure long-term sustainability of the system.\(^5\)

In this final report of the Health Council, we present a timeline of selected activities and events that have unfolded over the 10 years of the health accords. We focus on both national and provincial/territorial efforts, and also highlight the Health Council’s contributions over this period. The report is not intended to be a comprehensive account of all key activities and events since 2003, but rather provides a snapshot of the range of health system and policy reform that has evolved across Canada. We have categorized the selected activities according to accord themes, related transformation topics, and noteworthy events such as severe acute respiratory syndrome (SARS). Federal, provincial, and territorial government websites hold further information about these activities. As well, a more in-depth analysis of the overall impact of the health accords is available in the Health Council’s September 2013 report, Better health, better care, better value for all: Refocusing health care reform in Canada.
Annual highlights
2003–2013
Federal/national activities

FIRST MINISTERS’ ACCORD ON HEALTH CARE RENEWAL (2003 HEALTH ACCORD)
The First Ministers’ Accord on Health Care Renewal commits governments to reform health care by increasing accessibility, improving quality, and ensuring sustainability.9

ELECTRONIC HEALTH RECORDS
Canada Health Infoway, established in 2001, releases an Electronic Health Record Solution Blueprint to guide the national development of electronic health records (EHR). The blueprint is a pan-Canadian architecture for EHRs that lays out the business and technical considerations and approaches to guide the development of interoperable EHR systems in Canada.7

HEALTH INNOVATION & RESEARCH
In 2003, the Canadian Association for Health Services and Policy Research makes changes to become the principal professional association in Canada to link health services researchers with a wide range of decision-makers who are responsible for organizing, funding, and delivering health services.8

PHARMACEUTICALS MANAGEMENT
A permanent Common Drug Review is implemented by the Canadian Coordinating Office for Health Technology Assessment (now the Canadian Agency for Drugs and Technologies in Health) to share drug reviews and reduce duplication among federal, provincial, and territorial drug plans.9

PREVENTION, PROMOTION & PUBLIC HEALTH
A National Immunization Strategy is released by the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security. The 2003 federal budget provides $45 million over five years to assist with its implementation.10

QUALITY & PATIENT SAFETY
Health Canada begins investing up to $2 million annually in the Canadian Medication Incident Reporting and Prevention System to collect, analyze, and manage data on medication incidents from across the country, and also to mount comprehensive prevention and education programs.11,12 In addition, Health Canada creates the Canadian Patient Safety Institute to provide national leadership in creating a safer health system for Canadians through education, research, interventions, programs, tools and resources.13

SARS IN CANADA
Outbreaks of SARS in 2002 in China spread to Canada, primarily in Ontario and British Columbia. By August 2003, 44 people have died. A National Advisory Committee on SARS and Public Health is established to investigate and respond to future crises.14

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
First Ministers recognize that Canadians want to be part of the implementation of this Accord. They agree to establish a Health Council to monitor and make annual public reports on the implementation of the Accord.  

2003 First Ministers’ Accord on Health Care Renewal

Provincial/territorial activities

**ELECTRONIC HEALTH RECORDS**

Alberta implements an electronic health record, which allows sharing of health information across providers and services, including physicians, pharmacists, and hospitals, to improve the quality and safety of patient care. Prince Edward Island implements a province-wide Radiology Information System and associated Picture Archiving and Communications System which allows X-rays to be shared electronically among health care providers in different facilities both inside and outside the province.

**PHARMACEUTICALS MANAGEMENT**

British Columbia implements Fair PharmaCare to help families with the costs of prescription drugs, based on family income.

**PRIMARY HEALTH CARE**

Alberta establishes the Primary Care Initiative, a trilateral agreement that creates Primary Care Networks across the province to increase access to primary care, coordinate care services, and increase emphasis on disease prevention and management.

**REDUCING WAIT TIMES & IMPROVING ACCESS**

Saskatchewan initiates a quality program with the launch of the Saskatchewan Surgical Care Network, a government system that provides information about surgeries in the province. The Alberta Ministry of Health and Wellness launches an online Alberta Wait List Registry where patients and providers can find how long wait times are for surgery, magnetic resonance imaging (MRI), computed tomography (CT) scans, radiation, and chemotherapy.

Manitoba Health launches a wait time website for diagnostic testing to allow doctors and patients to determine which hospitals are providing this service in the shortest period of time.

**OTHER REFORMS**

In British Columbia, 52 regional health authorities (RHA) are amalgamated into five RHAs and one provincial health authority to streamline services and gain efficiencies.

The Council of the Federation is established as a forum for provincial and territorial premiers to work together in a productive way on issues of mutual interest and concern, including health care.

**HEALTH COUNCIL OF CANADA**

The Health Council of Canada is created as part of the 2003 First Ministers’ Accord on Health Care Renewal to monitor and report publicly on its implementation. The Council is announced in December 2003. All provinces join the Health Council except Alberta and Quebec, although the Quebec government agrees to collaborate. (Alberta will join the Health Council in 2012.)
Federal/national activities

10-YEAR PLAN TO STRENGTHEN HEALTH CARE (2004 HEALTH ACCORD)
The prime minister and premiers agree on a 10-Year Plan to Strengthen Health Care with commitments in 10 areas of health care that have a strong focus on providing timely access to quality care. In conjunction with the 2003 accord commitments, the federal government commits $41 billion in new federal funding to the provinces and territories over the next 10 years to support this work.

HEALTH HUMAN RESOURCES
Health Canada launches the Health Human Resource Strategy to support effective coordination and collaborative health human resources planning across the country.
The federal government allocates $100 million over five years towards an Aboriginal Health Human Resources Initiative.

PHARMACEUTICALS MANAGEMENT
A federal/provincial/territorial ministerial task force is formed to implement the National Pharmaceuticals Strategy (NPS) and report on progress. The NPS has nine commitments focused on cost, appropriateness, and safety.

PREVENTION, PROMOTION, & PUBLIC HEALTH
The Public Health Agency of Canada is established in 2004, in part as a response to the SARS outbreak of 2003. Its primary goal is to protect and improve the health of Canadians.
The 2004 federal budget provides $100 million to Canada Health Infoway to support the development of a pan-Canadian health surveillance system.

REDUCING WAIT TIMES & IMPROVING ACCESS
The first annual Taming of the Queue conference, sponsored by the federal government and other national organizations, brings together federal, provincial, and territorial governments from across Canada to discuss access to care and wait times issues and progress.

QUALITY & PATIENT SAFETY
Results from the Canadian Adverse Events Study about patient safety in hospitals are published in a landmark paper in the Canadian Medical Association Journal. The overall incidence rate of adverse events in the study was 7.5% of hospital admissions. Of the almost 2.5 million annual hospital admissions in Canada, an estimated 185,000 are associated with adverse events, and close to 70,000 of these are potentially preventable.

Provincial/territorial activities
ACCOUNTABILITY & REPORTING
In the 2004 health accord, all jurisdictions agree to produce regular public reports on the performance of their respective health care systems. All federal, provincial, and territorial governments release 2004 reports on comparable health indicators. Examples include a report to residents of the Northwest Territories on comparable health and health system indicators and a series of four reports in Alberta on access to care, quality of care, population health, and primary health care.

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES ($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

2003 / $124B
2004 / $132B

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
**First Ministers** agree that access to timely care across Canada is our biggest concern and a national priority.

10-Year Plan to Strengthen Health Care

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**HOME & COMMUNITY CARE**

In **British Columbia**, the InterRAI Home Care Assessment System, a standardized assessment tool used to assess home care clients, is implemented across the province.\^23

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**PREVENTION, PROMOTION & PUBLIC HEALTH**

**British Columbia** launches ActNow BC, a comprehensive health promotion program that promotes physical activity, healthy eating, living tobacco-free, and making healthy choices.\^23 **Manitoba** launches a healthy living website as part of its Healthy Living Strategy.\^37

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**REDUCING WAIT TIMES & IMPROVING ACCESS**

**Ontario** announces a Wait Time Strategy to reduce wait times in priority areas, which include MRI/CT scans, hip and knee joint replacements, selected cancer surgery, selected cardiac services, and cataract surgery.\^37 **In** **Nova Scotia**, funding is committed for the collection of province-wide standardized wait time data.\^39

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**TELEHEALTH**

The **Northwest Territories** launches a toll-free telephone line for information and advice called Tele-Care NWT. It provides 24-hour access to health and social services professionals in all the territory’s official languages.\^40

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**OTHER REFORMS**

The **Manitoba** Institute for Patient Safety is established to promote quality and patient safety.\^37 The Alberta Health Services Utilization and Outcomes Commission becomes the Health Quality Council of **Alberta**; its mandate is expanded to include patient safety and access.\^41 **In** **Newfoundland and Labrador**, a plan is approved to reorganize 14 health and community services boards into four regional integrated health authorities,\^42 and a Provincial Advisory Council on Aging and Seniors is planned to ensure that provincial policies, programs, and services meet the needs of seniors.\^42

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**HEALTH COUNCIL OF CANADA**

The Health Council of Canada begins its work in January 2004. Its mandate is expanded by the First Ministers’ **10-Year Plan to Strengthen Health Care** to include annual public reporting on health status and health outcomes. The Health Council develops background papers on primary health care, health human resources, pharmaceuticals management, wait times and access to care, and home care. See page 35 for a list of all 2004 reports.
Federal/national activities

ABORIGINAL HEALTH
First Ministers and leaders of national Aboriginal organizations hold a meeting dedicated to Aboriginal issues such as health, education, and housing. The participants release a joint communiqué called "Strengthening Relationships and Closing the Gap." However, they do not reach consensus on a specific 10-year action plan on Aboriginal health, as originally proposed at the 2004 Special Meeting of First Ministers and Aboriginal Leaders. The prime minister announces additional federal government commitments, targets, and funding.

ACCESS TO CARE IN THE NORTH
The federal government establishes the five-year Territorial Health System Sustainability Initiative to support the transformation of territorial health systems as they increase their ability to meet Northern Canadians’ needs and improve community-level access to services.

HEALTH HUMAN RESOURCES
Health Canada launches the Internationally Educated Health Professionals Initiative, with a budget of $18 million per year, to promote the assessment and integration of internationally educated health professionals in seven priority professions into the Canadian health care workforce.

HOME & COMMUNITY CARE
The Canadian Institute for Health Information launches the Home Care Reporting System to provide information about publicly funded home care in Canada.

PREVENTION, PROMOTION & PUBLIC HEALTH
The Public Health Agency of Canada, in collaboration with the provinces and territories, releases an Integrated Pan-Canadian Healthy Living Strategy aimed at improving health outcomes and reducing health disparities. The federal, provincial, and territorial health ministers establish a Pan-Canadian Public Health Network to improve collaboration on public health issues.

QUALITY & PATIENT SAFETY
The Canadian Patient Safety Institute launches "Safer Healthcare Now!", a program to improve patient safety in health care organizations across Canada.

REDUCING WAIT TIMES & IMPROVING ACCESS
The Canadian Institutes of Health Research partners with provincial and territorial governments to launch a rapid response funding competition to support research that will help to establish evidence-based benchmarks for medically acceptable wait times in five clinical priority areas. In December 2005, governments announce 10 common wait times benchmarks in priority areas, which include cardiac care, cancer care, joint replacements, and sight restoration. A pan-Canadian definition of wait time measurement is developed and subsequently adopted by governments.

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2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

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Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
From time to time, our reports and advice may make Canadians, providers and governments uncomfortable. We firmly believe that we will serve no purpose if we do not present an unvarnished view of reality on the implementation of the Accord.

Health Care Renewal in Canada: Accelerating Change
(Health Council of Canada, 2005)

SUPREME COURT RULES ON PRIVATE HEALTH INSURANCE
Dr. Chaoulli and his patient, George Zeliotis, launch a legal challenge against a ban on private health insurance in Quebec, after Mr. Zeliotis waited a year for hip replacement surgery. The Supreme Court of Canada rules that the ban is not legally enforceable. The Quebec government responds with changes to its private health insurance law but caps related wait times, effectively creating a disincentive for using private insurance.

OTHER REFORMS
Federal, provincial, and territorial governments establish the Pan-Canadian Joint Consortium for School Health to provide leadership and facilitate a comprehensive approach to school health by building the capacity of education and health systems to work together.

Provincial/territorial activities

HEALTH HUMAN RESOURCES
Eight of 14 governments post health human resource action plans publicly by the target date set in the 2004 health accord.

PREVENTION, PROMOTION & PUBLIC HEALTH
Manitoba implements a Chronic Disease Prevention Initiative to address risk factors related to chronic conditions. The government launches Manitoba in Motion to increase physical activity.

REDUCING WAIT TIMES & IMPROVING ACCESS
British Columbia invests $60.5 million in a wait time management strategy that includes creating a Centre for Surgical Innovation. Manitoba invests $155 million to improve access and reduce wait times in key areas. Among other activities, Ontario and Nova Scotia both launch wait times websites to present standardized data and New Brunswick creates a Surgical Care Network.

OTHER REFORMS
In Ontario, 14 Local Health Integration Networks are created to help improve the delivery of health care services. In the Northwest Territories, an Integrated Service Delivery Model is finalized, which focuses on service integration, professional collaboration, and making a core set of services available.
Federal/national activities

ABORIGINAL HEALTH

British Columbia hosts a National Summit on Aboriginal Health which brings together federal government representatives, premiers, provincial/territorial health ministers, and leaders of national Aboriginal organizations to discuss Aboriginal peoples’ health issues and outcomes.65

PHARMACEUTICALS MANAGEMENT

The Federal/Provincial/Territorial Ministerial Task Force on the National Pharmaceuticals Strategy releases a progress report on the implementation of the NPS and makes a series of recommendations.28 The Canadian Coordinating Office for Health Technology Assessment adopts a new name and brand, the Canadian Agency for Drugs and Technologies in Health, to reflect its broader range of services.66,67

REDUCING WAIT TIMES & IMPROVING ACCESS

The Federal Advisor on Wait Times, Dr. Brian Postl, releases a report which identifies a number of priority areas for reducing wait times, including benchmarking research, modern management practices and innovations, accelerated implementation of information technology solutions, and changes in the work culture to better support system renewal.68

OTHER REFORMS

The Canadian Strategy for Cancer Control: A Cancer Plan for Canada is released.80 The federal government commits $250 million over five years to implement the plan.73 Later, the government will re-commit to another five years of funding, starting in 2012.73

Provincial/territorial activities

HEALTH HUMAN RESOURCES

HealthForceOntario is founded as part of a health human resource strategy to retain and increase the number of health professionals in Ontario.82

PHARMACEUTICALS MANAGEMENT

Newfoundland and Labrador begins implementation of the Pharmacy Network, an information system that will, over time, hold a record of all medications prescribed regardless of where they are dispensed.72

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES

($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

2003 / $124B
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2006 / $151B

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
The Health Council has a blunt and simple message—the health of Canadians will not be improved by a focus only on access to health care services.

*Health Care Renewal in Canada: Clearing the Road to Quality* (Health Council of Canada, 2006)

**REducing_wait_times & Improving_access**

A surgical patient registry becomes operational in all *Saskatchewan* health regions to track all patients who are booked for surgery in the province.\(^73\)

The *Manitoba* Patient Access Network is established to collaborate with and provide advice to the Department of Health on wait times and other issues related to timely access of the health care system.\(^74\)

**OTher reforms**

*Quebec* appoints its first Commissaire à la santé et au bien-être to provide advice that informs public debate and government decision-making, with an overarching goal of improving the health and well-being of Quebec residents.\(^75, 76\)

*British Columbia* launches a province-wide *Conversation on Health* to engage residents in a meaningful discussion on the future of health care in British Columbia.\(^77\)

**HEALTH COUNCIL OF CANADA**

The Health Council releases its second annual report documenting progress on health care renewal, titled *Health Care Renewal in Canada: Clearing the Road to Quality*. The central message is that enhancing the quality of care is just as important as ensuring timely access to care. In June 2006, the Health Council co-sponsors a policy conference on health information technology with Canada Health Infoway. The goal is to support efforts to accelerate the adoption of electronic health records in Canada. The Council produces *Beyond Good Intentions: Accelerating the Electronic Health Record in Canada*, which highlights the key themes and insights from the conference. See page 35 for a list of all 2006 reports.
Federal/national activities

ABORIGINAL HEALTH
Jordan’s Principle passes unanimously in the House of Commons. In the event of a jurisdictional dispute over the funding of health care for a First Nations child, the current service provider that is caring for the child will continue to pay for necessary services until there is a resolution. Health Canada releases a Strategic Action Plan for First Nations and Inuit Mental Wellness.

MENTAL HEALTH & ADDICTIONS
The federal government creates the Mental Health Commission of Canada in response to a recommendation in the Standing Senate Committee report, Out of the Shadows at Last — Transforming Mental Health, Mental Illness, and Addiction Services in Canada.

PREVENTION, PROMOTION & PUBLIC HEALTH
Statistics Canada launches the Canadian Health Measures Survey to collect key information about the health of Canadians through direct physical and laboratory measurements. It will address long-standing limitations and data gaps within Canada’s health information system.

REDUCING WAIT TIMES & IMPROVING ACCESS
The federal government provides additional funding of more than $1 billion over three years, ending in 2009/2010, to build on wait times reduction efforts. This consists of $400 million for Canada Health Infoway, $612 million for a Patient Wait times Guarantee (PWTG) Trust, and up to $30 million for a PWTG Pilot Project Fund. The prime minister announces that all provinces and territories have agreed to establish a wait times guarantee in one or more priority areas of their choice and to implement this by 2010. Six jurisdictions choose radiation therapy.

In 2007, the Canadian Institute for Health Information (CIHI) releases the first annual Analysis in Brief report on provincial wait times. CIHI was asked to report on jurisdictional progress in meeting wait times benchmarks.

OTHER REFORMS
The federal government creates the Canadian Partnership Against Cancer to implement the national cancer control strategy.

Provincial/territorial activities

ABORIGINAL HEALTH
British Columbia becomes the first jurisdiction to finalize a tripartite agreement between the province, Health Canada, and First Nations. The Tripartite First Nations Health Plan is based on the Transformative Change Accord: First Nations Health Plan signed in 2006 which contains 29 actions to close the health gap for Aboriginal people in BC.

A tripartite agreement is signed by local Aboriginal leaders and the governments of Canada and Ontario to pave the way for the Weeneebayko Area Health Authority in James Bay.

HEALTH HUMAN RESOURCES
Ontario’s Nursing Graduate Guarantee is introduced to provide every new Ontario nursing graduate with an opportunity for temporary full-time employment, allowing them to gain work experience.

Alberta releases a Health Workforce Action Plan, outlining key initiatives to address health workforce shortages in the province. The Yukon launches a Nurse Mentorship Program as part of its Health Human Resource Strategy to help attract and retain nurses.

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

2003 / $124B
2004 / $132B
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2007 / $160B

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
Canadians receive approximately 400 million prescriptions each year. But we do not systematically capture information that can tell us whether the right drugs are reaching the right people with the intended benefits, while avoiding unintended harm.

Optimal Prescribing and Medication Use in Canada: Challenges and Opportunities
(Health Council of Canada, 2007)

HOME & COMMUNITY CARE
In the 2004 health accord, First Ministers agreed to provide first-dollar (100%) coverage for specific home care services by 2006. In January 2007, all provincial and territorial health ministers report that their jurisdictions had taken steps towards fulfilling their home care commitments, but specifics were not provided.

PREVENTION, PROMOTION & PUBLIC HEALTH
Newfoundland and Labrador establishes a Healthy Aging Policy Framework. The goal is to create an age-friendly province which enables seniors to live independently and in good health.

PRIMARY HEALTH CARE
British Columbia launches a Primary Health Care Charter to set direction on seven health priorities, including chronic disease management.
Manitoba starts implementing a primary care renewal initiative called Physician Integrated Networks.

REDUCING WAIT TIMES & IMPROVING ACCESS
In 2007, New Brunswick implements a provincial surgical data registry across the province. The registry tracks all patients waiting for surgery in New Brunswick.

HEALTH COUNCIL OF CANADA
The Health Council of Canada releases its third progress report on health care reform, titled Health Care Renewal in Canada: Measuring Up? The report indicates that while the federal, provincial, and territorial governments are making gains on some renewal commitments, they are generally not reporting the type of information needed to assess progress. The Council urges governments to work towards developing and implementing comparable health indicators and adopting more consistent reporting methods. The Council releases another five reports about chronic disease and sponsors a symposium on optimal prescribing and medication use. A report on the symposium describes the factors and challenges that affect appropriate prescribing. See page 35 for a list of all 2007 reports.
Federal/national activities

ABORIGINAL HEALTH
The government of Manitoba and the Assembly of First Nations host the National Aboriginal Health Summit. Held in follow-up to the 2005 First Ministers Meeting on Aboriginal Health and the 2006 Aboriginal Health Summit, the goal of the forum is to support strategic joint planning at the provincial and national levels. Health experts are engaged on three key themes: sustainability, relationship building, and access to services.99, 100

ACCOUNTABILITY & REPORTING
The House of Commons Standing Committee on Health releases a report on its review of the 10-Year Plan to Strengthen Health Care and makes recommendations that include encouraging jurisdictions to submit public reports within the accord deadlines, and to agree on a set of comparable data and indicators to improve the ability to track progress on accord commitments.99

QUALITY & PATIENT SAFETY
The Canadian Council on Health Services Accreditation changes its name to Accreditation Canada. The organization also launches a new accreditation program called Qmentum.101

Provincial/territorial activities

ABORIGINAL HEALTH
The Saskatchewan government, the federal government, and the Federation of Saskatchewan Indian Nations sign a Memorandum of Understanding on First Nations Health and Well-being.102, 103 A tripartite partnership is established to improve the health of First Nations communities and develop a 10-year plan.

ACCOUNTABILITY & REPORTING
The Yukon commissions a Yukon Health Care Review to examine and make recommendations on the sustainability of Yukon’s health care system over the next decade. This is followed by a public dialogue about the recommendations that results in a report, Taking the Pulse: What We Heard.104

HEALTH HUMAN RESOURCES
British Columbia introduces legislation to significantly enhance fairness and accountability in its health profession regulatory bodies registration, inquiry and discipline processes, including establishment of an independent Health Professions Review Board.92 Midwifery becomes a provincially recognized and self-regulated health profession in Saskatchewan.91

HOME & COMMUNITY CARE
New Brunswick introduces the Quick Response Home Care Program to prevent unnecessary admissions to hospital through emergency departments.99 Ontario implements a Home First program which uses enhanced home care and intensive case management to prevent premature admissions to long-term care homes from hospitals.106 Alberta releases a new Continuing Care Strategy: Aging in the Right Place to improve health and personal care for seniors and persons with disabilities, and allow them to continue living in their communities.107

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES ($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

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Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
Canadians pay the price for the shortcomings [of health care reform] every day. They pay through missed opportunities to receive appropriate health care and missed opportunities for better health or quality of life.


PREVENTION, PROMOTION & PUBLIC HEALTH
Seniors in British Columbia: A Healthy Living Framework is developed to support the aging population in British Columbia by creating age-friendly communities, mobilizing and supporting volunteerism, promoting healthy living, and supporting older workers. The Your Way to Wellness Program, a peer-led self-management program for individuals with chronic disease, is launched across Nova Scotia.

OTHER REFORMS
The British Columbia Patient Safety and Quality Council is created to provide system-wide leadership and a provincial perspective on patient safety and health care quality improvement activities. A New Brunswick Health Council is established through legislation and the province’s eight regional health authorities are merged into two.

HEALTH COUNCIL OF CANADA
In June 2008, the Health Council releases Rekindling Reform: Health Care Renewal in Canada, 2003–2008. This report reviews the first five years of progress under the health accords. Despite a nation-wide commitment to build real and lasting change and the infusion of billions of dollars of new health care funding, progress falls short of what should have been achieved. The Council also releases Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada. The report concludes that although many renewal efforts are taking place in primary health care and home care, it is difficult to get a complete picture of progress. The Council calls for jurisdictions to set targets for improvements, monitor progress, and publicly report their results. See page 35 for a list of all 2008 reports.
Federal/national activities

**H1N1 IN CANADA**
The Pan-Canadian Public Health Network’s improved national surveillance system for disease outbreaks is tested by the H1N1 outbreak in Canada; governments and health service providers respond effectively. Canada orders millions of doses of the H1N1 vaccine, leading to the largest mass immunization campaign ever held in the country. Canada has one of the highest H1N1 vaccination rates in the world, at between 40 – 45% of the population.

**HOME & COMMUNITY CARE**
The Canadian Healthcare Association issues *Home Care in Canada: From the Margins to the Mainstream*. The report identifies similarities and differences in home care services across provinces and territories, how we compare internationally, and makes recommendations to address the issues and gaps.

**MENTAL HEALTH & ADDICTIONS**
The Mental Health Commission hosts an international roundtable in Canada to consider the impact of the recession on the mental health of workers, especially youth.

**REDUCING WAIT TIMES & IMPROVING ACCESS**
The Canadian Institute for Health Information reports that all provinces now have websites dedicated to making wait time information publicly available.

**Provincial/territorial activities**

**ABORIGINAL HEALTH**
Nova Scotia initiates the development of the Mi’kmaq Health Framework to better understand and address service barriers and gaps in Mi’kmaq and Aboriginal health.

**ACCOUNTABILITY & REPORTING**
The Newfoundland and Labrador government releases the report of the Commission of Inquiry on Hormone Receptor Testing. The government accepts all recommendations of the inquiry and commits to moving them forward, including planning for an accreditation system for laboratories and diagnostic imaging services.

**ELECTRONIC HEALTH RECORDS**
The Northwest Territories releases *A Foundation for Change: Building a Healthy Future for the NWT 2009–2012*. One priority is to use information technologies to improve access to timely, high-quality services.

**HEALTH HUMAN RESOURCES**
Alberta adds midwifery to its publicly funded services to increase the supply of midwives across the province and provide expectant mothers with greater access to them. New Brunswick approves the use of physician assistants in emergency departments.

**HOME & COMMUNITY CARE**
Ontario reports publicly on the quality of home care based on key performance indicators, comparing individual Community Care Access Centres. The implementation of InterRAI Home Care begins in Newfoundland and Labrador. Prince Edward Island launches its Home Care Renewal Strategic Initiative.

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2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($) BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

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Source: Canadian Institute for Health Information’s 2013 report: *National Health Expenditure Trends 1975–2013*. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
Sometimes more care or newer services do not produce better health. On average, we are all getting more care, undergoing more tests, and receiving more prescriptions. Are we healthier as a result?


### Prevention, Promotion & Public Health

**New Brunswick** announces an enhanced Wellness Strategy to respond to findings of the Select Committee on Wellness, with a continued focus on physical activity, healthy eating, tobacco-free living and mental fitness and resilience at school, home, work, and in the community.¹²²

**Primary Health Care**

A number of primary and specialty clinics successfully complete the **Manitoba** advanced access training program. Advanced access is a system that offers patients same-day access to a primary care provider and five-day access to a specialist.¹²³

**Telehealth**

**Nova Scotia** launches HealthLink 811, a confidential telecare health service line. Its staff provide health advice and information, 24 hours a day and 7 days a week.¹²⁴

### Other Reforms

**Alberta** replaces nine regional health authority boards, the Mental Health Board, Cancer Board, and Alcohol and Drug Abuse Commission with one provincial governance board and health authority—Alberta Health Services, which becomes fully operational in 2009.¹²⁵ The **Saskatchewan** Patient First Commissioner releases *For Patients’ Sake* to the Saskatchewan Minister of Health. It makes recommendations for high-impact changes to the Saskatchewan health care system.¹²⁶

### Health Council of Canada

A Health Council of Canada report, *Value for Money: Making Canadian Health Care Stronger*, asks pointed questions about value for money in health care, and how we can make the best possible use of the billions we spend. Several other reports discuss the importance of primary health care teams, particularly for managing chronic disease. In *The National Pharmaceuticals Strategy: A Prescription Unfilled*, the Council calls on governments to meet the commitments they made in the strategy. See page 35 for a list of all 2009 reports.
Federal/national activities

ABORIGINAL HEALTH
Health Canada announces five-year funding for the Health Services Integration Fund, a successor to the Aboriginal Health Transition Fund that focused on service integration and collaboration.103

ACCOUNTABILITY & REPORTING
The Canadian Medical Association releases Health Care Transformation in Canada, with recommended changes that include greater accountability and a shift to a patient-centred culture.127

ELECTRONIC HEALTH RECORDS
The federal government commits up to $500 million in funding for Canada Health Infoway. It will be used to continue work on electronic health records, to accelerate the implementation of electronic medical record (EMR) systems in doctors’ offices, and to create electronic systems connecting health system service locations, such as hospitals and pharmacies.128

In April 2010, the Auditor General of Canada releases a report which synthesizes findings from a 2009 federal audit and six provincial audits of electronic health record (EHR) systems. The report identifies implementation challenges that include EHR system upgrades to meet national standards and more EMR systems in primary care.7

PREVENTION, PROMOTION & PUBLIC HEALTH
In 2010, the Integrated Pan-Canadian Healthy Living Strategy is strengthened through a greater focus on prevention of obesity, promotion of mental health, and prevention of injury.129 All federal, provincial, and territorial governments adopt the Declaration on Prevention and Promotion and Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights.48

Provincial/territorial activities

ACCOUNTABILITY & REPORTING
Ontario’s Excellent Care for All Act is passed. The Act is part of a broad-based quality improvement strategy to put patients first by improving the quality of their care and their experience.130

HEALTH HUMAN RESOURCES
Prince Edward Island begins implementing its Collaborative Model of Care Initiative to address challenges in health human resources identified in its 2008 health system review report.131

HOME & COMMUNITY CARE
British Columbia’s Innovation and Change Agenda includes key areas to support the implementation of an integrated model of community care and primary care, and to more effectively meet the needs of frail seniors as well as patients with chronic and mental health and substance use conditions.132

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

2003 / $124B
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2008 / $172B

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
Research points to inappropriate prescribing of drugs and over-use of diagnostic imaging. It is critical that clinical decision supports are in place to help family physicians make the best decisions.

Decisions, Decisions: Family Doctors as Gatekeepers to Prescription Drugs and Diagnostic Imaging in Canada (Health Council of Canada, 2010)

PHARMACEUTICALS MANAGEMENT
In 2010, the premiers establish a Pan-Canadian Pricing Alliance through the Council of the Federation. The alliance capitalizes on jurisdictions' combined purchasing power to consolidate publicly funded health system purchases of common drugs, medical supplies, and equipment and to achieve cost savings. British Columbia, Alberta and Ontario announce their intent to introduce further pharmaceutical reforms such as lowering generic drug prices.

PREVENTION, PROMOTION & PUBLIC HEALTH
The Northwest Territories Department of Health and Social Services and the Canadian Foundation for Healthcare Improvement establish a formal partnership to support the development of an integrated chronic disease management strategy.

REDUCING WAIT TIMES & IMPROVING ACCESS
The Saskatchewan Surgical Initiative is launched to reduce surgical wait times and transform the surgical experience for patients. Nova Scotia starts implementing Collaborative Emergency Centres, which are intended to provide faster, quality care by nurses, doctors, and other health care providers.

OTHER REFORMS
Health PEI is created to deliver publicly funded health services in Prince Edward Island. This is a major step toward realizing a One Island Health System. The Patient Voices Network is created in British Columbia to provide a mechanism for patients and caregivers to guide health system change in the province.

HEALTH COUNCIL OF CANADA
In 2010, the Health Council’s mandate is amended to place greater emphasis on identifying best practices and highlighting innovation in health care from across Canada. The Council releases 10 reports, three of which focus on issues related to pharmaceuticals. The Council also sponsors a dialogue on primary health care reform through the McMaster Health Forum. The key actions identified to accelerate primary health care reform include connecting the dots about the value of primary health care; linking funding agreements to strengthen primary health care; putting management structures in place; and placing more emphasis on change management. See page 36 for a list of all 2010 reports.

2009 / $182B 2010 / $193B
Federal/national activities

ACCOUNTABILITY & REPORTING
The Canadian Nurses Association and the Canadian Medical Association issue six principles to help guide efforts to transform the health care system. The six principles—patient-centred care, quality, promotion and prevention, equity, sustainability, and accountability—139—are endorsed by more than 120 organizations.140

FUNDING
The federal government announces the Canada Health Transfer will continue to grow at 6% per year until 2017 when a new funding formula will take effect.141,142

HEALTH HUMAN RESOURCES
A Pan-Canadian Health Human Resources Network is launched to build a network of HHR experts, researchers, and policy makers. Its web portal provides access to current information on health human resources and evidence on innovative practices.143 The federal government announces funding for the Family Medicine Residencies Initiative ($39.5 million over six years) to support residency positions and advanced training in rural and remote areas across the country.144

HOME & COMMUNITY CARE
The federal government announces a Family Caregivers’ Tax Credit in its 2011 budget. It is created to support the caregivers of dependent relatives, including spouses and common-law partners.3

PHARMACEUTICALS MANAGEMENT
The Canadian Institutes of Health Research (CIHR) holds an inaugural meeting of a new Drug Safety and Effectiveness Network. The initiative is a collaboration between Health Canada and CIHR to increase post-market research, evidence, and knowledge translation about the safety and effectiveness of pharmaceuticals.145

OTHER REFORMS
Patients Canada (formerly the Patients’ Association of Canada) is formed to help bring the voice of patients and caregivers to health care in Canada.146

Provincial/territorial activities

HEALTH INNOVATION & RESEARCH
Alberta begins implementing the Alberta Health Research and Innovation Strategy, which was announced in 2010.147 The strategy provides a high-level framework to guide health research and innovation investments and decisions.148

PREVENTION, PROMOTION & PUBLIC HEALTH
New Brunswick launches a Chronic Disease Self-Management Portal149 as a source of online education and information to support self-management by people with diabetes.

PRIMARY HEALTH CARE
British Columbia creates Divisions of Family Practice, community-based groups of primary care physicians working together on common goals for their population’s health.150

2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

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Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
Compared to the general public, sicker Canadians give lower ratings to the health care system overall and to the care they have personally received. The system is not fully meeting the needs of many of the Canadians who need it most.

How do Sicker Canadians with Chronic Disease Rate the Health Care System?
(Health Council of Canada, 2011)

QUALITY & PATIENT SAFETY
The Nova Scotia Quality and Patient Safety Advisory Committee is created to provide advice and make recommendations to the Minister of Health and Wellness on quality and patient safety in Nova Scotia’s health care system. The Atlantic Quality and Patient Safety Collaborative is launched. Participants from each of the four Atlantic provinces will develop common strategies to improve patient safety and quality of care and bring recommendations back to their respective health ministries.

REDUCING WAIT TIMES & IMPROVING ACCESS
The Cancer Wait Time Strategy — Transforming the Cancer Patient Journey in Manitoba is launched.

TELEHEALTH
The number of telehealth sites in Manitoba, which support the delivery of specialized health care and continuing education in rural and northern communities, passes the 100 mark. Nearly 25% of the sites are in First Nations communities.

OTHER REFORMS
Health Quality Ontario is formed as a result of an amalgamation of six organizations in the province. Its role includes recommending evidence-based standards and best practices as indicated in the Excellent Care for All Act. The National Institute for Excellence in Health and Social Services is created in Quebec. Its mission is to promote clinical excellence and the effective use of resources in the health and social services sectors.

HEALTH COUNCIL OF CANADA
Five reports are released this year, including a progress report on the health accords that outlines achievements in wait times, pharmaceuticals management, electronic health records, teletriage, and health innovation. Two reports and a national symposium focus on patient engagement. Symposium participants advocate for a shift to patient-centred care and for involving patients in health system planning. Consultations are held across Canada to learn more about efforts to reduce health disparities between Aboriginal and non-Aboriginal mothers and children. This culminates in a report titled Understanding and Improving Aboriginal Maternal and Child Health in Canada. See page 36 for a list of all 2011 reports.
Federal/national activities

**ABORIGINAL HEALTH**
Health Canada discontinues its funding of the National Aboriginal Health Organization, which has been in operation for 12 years.156

**ACCOUNTABILITY & REPORTING**
A Senate Committee conducts a legislated review of the 2004 10-Year Plan to Strengthen Health Care. A key recommendation is that annual federal funding increases—already committed through the Canada Health Transfer—be used to establish incentives for true transformational change. Senators say that implementation activities should build on the report’s many recommendations and the objectives in the 2004 accord (e.g., measurable goals, timetables, and annual public reporting). The report also notes that governments have, for the most part, met their commitments to establish wait times benchmarks in priority areas and report on progress, yet it acknowledges that wait times are an ongoing challenge.78

The Canadian Nurses Association’s National Expert Commission releases A Nursing Call to Action: The Health of Our Nation, the Future of Our Health System with a plan for health system transformation.157

**MENTAL HEALTH & ADDICTIONS**
The Mental Health Commission of Canada releases the first mental health strategy for the country, titled Changing Directions, Changing Lives.158

**PRIMARY HEALTH CARE**
Towards a Primary Care Strategy for Canada, commissioned by the Canadian Working Group for Primary Healthcare Improvement, is released. It provides detailed information about what is needed to create a high-performing primary care system for Canadians.159

**QUALITY & PATIENT SAFETY**
The Canadian Health Services Research Foundation is re-named the Canadian Foundation for Healthcare Improvement. It places an increased focus on collaboration to support the quality improvement efforts of health care providers, regional health authorities, and decision-makers.160

Provincial/territorial activities

**HEALTH HUMAN RESOURCES**
Nova Scotia’s Regulated Health Professions Network Act supports collaboration among health professions.161 The Northwest Territories Health and Social Services Professions Act becomes law.162

**HOME & COMMUNITY CARE**
Newfoundland and Labrador releases a 10-year strategy to guide the delivery of long-term care and community support services.163 An external evaluation of Nunavut’s Home and Community Care Program shows that home care is being delivered in a culturally sensitive way.164

**PHARMACEUTICALS MANAGEMENT**
British Columbia introduces the Pharmaceutical Services Act to enshrine the provision of pharmaceutical services for BC in legislation.165 A related regulation will lower the price of generic drugs from 35% to 25% of the brand name price by April 1, 2013, and to 20% as of April 1, 2014.166

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**2003–2013 CANADA’S ANNUAL TOTAL HEALTH EXPENDITURES**
($ BILLIONS, CURRENT DOLLARS, PUBLIC AND PRIVATE)

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Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
**Many Aboriginal people**
don’t trust—and therefore don’t use—mainstream health care services because they don’t feel safe from stereotyping and racism, and because the Western approach to health care can feel alienating and intimidating.

*Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care*

(Health Council of Canada, 2012)

### PREVENTION, PROMOTION & PUBLIC HEALTH

**Nova Scotia** releases *Thrive: A Plan for a Healthier Nova Scotia*. The plan targets healthy eating and physical activity to combat childhood obesity and address preventable chronic disease.¹⁰⁶

### PRIMARY HEALTH CARE

A Primary Health Care Framework is released in **New Brunswick**.¹⁰⁷ Later that year, the government announces the launch of the first family health team in the province.¹⁰⁸

### QUALITY & PATIENT SAFETY

**Saskatchewan** starts to implement a LEAN management system across the entire provincial health care system.¹⁰⁹ In **Nova Scotia**, the Patient Safety Act is passed, with the aim of improving patient safety through increased transparency, openness, and accountability.¹¹⁰

### REDUCING WAIT TIMES & IMPROVING ACCESS

**Newfoundland and Labrador** announces two new wait times strategies for hip and knee joint replacement surgery and for emergency department wait times.¹¹¹

### OTHER REFORMS

The 11 regional health authorities in **Manitoba** are merged into five regional health authorities. The intent is to streamline administration and reinvest the savings into direct patient care.¹¹²

The premiers establish a Health Care Innovation Working Group through the **Council of the Federation** to create a collaborative process for transformation, innovation, and capacity building.¹¹³ It releases its first report.¹¹⁴

**HEALTH COUNCIL OF CANADA**

Alberta joins the Health Council.¹²⁵ In addition to its annual progress report, the Health Council releases four reports. In *Seniors in need, caregivers in distress*, the Council takes an in-depth look at seniors who are receiving home care, showing that seniors with complex health needs are receiving, at most, a few more hours of home care a week than what is offered to seniors with moderate needs. Another report outlines why a systematic approach to self-management support within primary health care is needed. *Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care* discusses concerns about racism and a lack of cultural understanding in the health care system. See page 36 for a list of all 2012 reports.

The Health Council launches the Health Innovation Portal, a website that holds information on innovative health care practices, policies, programs, and services from across the country. The Council also hosts a national symposium on integrated care, and releases a video series on clinical practice guidelines.
Federal/national activities

ACCOUNTABILITY & REPORTING

The College of Family Physicians of Canada issues The Role of the Federal Government in Health Care: Report Card 2013 which provides grades in five areas where the government has a role in supporting the health care system.178

As part of its Health System Performance initiative, the Canadian Institute for Health Information launches an interactive website—OurHealthSystem.ca—to provide Canadians with comparable information on health system performance in five key areas: access, quality of care, health care spending, health promotion, and health outcomes.177

The Canadian Nurses Association proposes five indicator-based goals for health improvement as a basis for implementing its action plan. The goals include increasing the percentage of primary care practices offering after-hours care, and decreasing hospital admissions for uncontrolled diabetes-related conditions.179

HEALTH INNOVATION & RESEARCH

The Conference Board of Canada issues a report assessing provincial health system performance using 90 indicators in four categories: lifestyle factors, health status, health system resources, and health care system performance.179

HEALTH INNOVATION & RESEARCH

The Canadian Institutes of Health Research announces development funding for a Strategy for Patient-Oriented Research Network in Primary and Integrated Health Care Innovations. The collaborative research of this network will support evidence-based transformation, integration, and cost-effective health care delivery in community-based primary health care.180

HOME & COMMUNITY CARE

The 2013 federal budget announces expansion of health-related tax relief for homemaker services that include personal care services such as bathing and feeding.181 The Canadian Patient Safety Institute reports that between 10–13% of home care clients experience adverse events.182 The Canadian Home Care Association issues the Home Care Lens, a decision support tool for policy planners and service providers to help them develop and apply integrated models of care.183

Provincial/territorial activities

ABORIGINAL HEALTH

Authority for health care for First Nations in British Columbia is transferred to the new provincial First Nations Health Authority. This becomes operational on October 1, 2013.184

HEALTH HUMAN RESOURCES

A nurse practitioner Master’s program is launched through Memorial University of Newfoundland as the result of an investment of approximately $3.6 million over five years by the government of Newfoundland and Labrador.185 The scope of practice for nurse practitioners in the Yukon is expanded through legislative and regulatory amendments.186

HEALTH INNOVATION & RESEARCH

In its second phase of work, the Council of the Federation’s Health Care Innovation Working Group focuses on issues related to the cost of pharmaceuticals and the appropriateness of care. The group also looks at innovative practices in seniors’ care that prioritize home care over long-term care and identifies best practices to assist in the early diagnosis of dementia.187

Source: Canadian Institute for Health Information’s 2013 report: National Health Expenditure Trends 1975–2013. For annual total health expenditures (public and private) in constant dollars, please refer to this document.
We have been very focused in Canada on setting up measurement and reporting systems; but if people are not trained on how to turn the information into improved care, that work is of little value.

Canada’s Quality Improvement Conundrum (Health Council of Canada, 2013)

Mental Health & Addictions
The Alberta government responds to a province-wide flood disaster by consolidating mental health resources under a new provincial Chief Mental Health Officer to ensure mental health priorities are being addressed to help citizens in affected communities.188

Pharmaceuticals Management
The Council of the Federation announces that the provinces and territories are collaborating to set lower prices for six widely used generic drugs; the new prices take effect on April 1, 2013.189

Primary Health Care
New Brunswick introduces a Salaried Physicians Monitoring System, based on accountability benchmarks, to determine whether physicians have room in their practices to take on more patients.190

Quality & Patient Safety
Nova Scotia begins online reporting of patient safety indicators, showing how often health care workers are cleaning their hands and the extent of the hospital-acquired infection Clostridium difficile.191

Other Reforms
Nunavut establishes an Office of Patient Relations, along with a simplified process for patients and families to raise issues when they believe a health care concern has not been addressed satisfactorily.192

Arising from recommendations made in Alberta’s 2010 Putting People First report, the Alberta Health Act is proclaimed in 2013 and takes effect in 2014.193

Health Council of Canada
The Health Council’s summative report on the impact of health reforms over the past 10 years is released. Better health, better care, better value for all: Refocusing health care reform in Canada finds that, with some exceptions, changes to Canada’s health care system have not kept pace with the evolving needs of Canadians or the improvements achieved in other high-income countries. A report and national symposium on system-level quality improvement focus on key developments across the country and the role of quality and patient safety organizations in this field. Finally, in April 2013, the federal government informs the Health Council that it will discontinue the organization’s funding in 2014. With the pending expiry of the 2004 health accord, the Health Council is considered to have completed its mandate. An independent evaluation of the Health Council’s operations notes the positive impact and influence of its work with health care decision-makers and the Canadian public. The Council holds its last face-to-face meeting on November 28, 2013 and continues to issue reports into the winter of 2013-14. See page 36 for a list of all 2013 and 2014 reports.

2009 / $182B
2010 / $193B
2011 / $200B
2012 / $206B
2013 / $211B
EPILOGUE

As the Health Council of Canada winds up operations in early 2014, the next phase of health care system reform begins. Health system change driven by government-initiated health accords has come to an end. The Council has been privileged to have documented and commented on the many efforts by governments, organizations, health system leaders, and providers across the country to meet the health accord commitments in an effort to transform the health system to meet the needs and expectations of Canadians.

What will the Canadian health system look like ten years from now? Many leaders—from the Council of the Federation, national health professional organizations, patient and family associations, and more—have specific ideas about the reforms needed to improve the health of Canadians. The next phase of health system changes will undoubtedly continue to be influenced by the economic and political challenges we saw in the last decade, as well as events such as SARS and H1N1.

It’s now time to leverage and channel the energy and efforts of the past 10 years of reform activity towards a new period of faster, more targeted, and more effective health system reform that creates the high-quality care Canadians expect and deserve.
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86 Canadian Partnership Against Cancer. (n.d.). *Partnership history and structure.* Retrieved from http://www.partnershipagainstcancer.ca/about/who-we-are/partnership-overview/


Highlights of health care reform

HEALTH COUNCIL OF CANADA SYMPOSIA, REPORTS, AND VIDEO SERIES

SYMPOSIUM
• National Summit on Health Human Resources (2005)
• Policy Symposium—Safe and Sound: Optimizing Prescribing Behaviours (2007)
• National Symposium on Patient Engagement—Turning What We Know Into Action (2011)
• National Symposium on Quality Improvement—Towards A High-Performing Health Care System: The Role of Canada’s Quality Councils (2013)

VIDEO SERIES
• Understanding Clinical Practice Guidelines (2012)
• Innovations in Reducing Wait Times (2013)

REPORTS
2005
• Health Care Renewal in Canada: Accelerating Change
  ◦ The Health Status of Canada’s First Nations, Métis and Inuit Peoples: A background paper to accompany Health Care Renewal in Canada: Accelerating Change
  ◦ Wait Times and Access: A background paper to accompany Health Care Renewal in Canada: Accelerating Change
  ◦ Home Care: A background paper to accompany Health Care Renewal in Canada: Accelerating Change
  ◦ Pharmaceuticals in Canada: A background paper to accompany Health Care Renewal in Canada: Accelerating Change
  ◦ Primary Health Care: A background paper to accompany Health Care Renewal in Canada: Accelerating Change
  ◦ An Environmental Scan of Current Views on Health Human Resources in Canada: Identified Problems, Proposed Solutions and Gap Analysis
  ◦ Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change
  ◦ 10 Steps to a Common Framework for Reporting on Wait Times
  ◦ A Background Note on Benchmarks for Wait Times
  ◦ A Review of Scopes of Practice of Health Professions in Canada: A Balancing Act
  ◦ Compassionate Care Benefit: Analysis and Evaluation

2006
• Health Care Renewal in Canada: Clearing the Road to Quality
• Direct-to-Consumer Advertising of Prescription Drugs in Canada: What are the Public Health Implications?
• Their Future is Now: Healthy Choices for Canada’s Children and Youth
• Beyond Good Intentions: Accelerating the Electronic Health Record in Canada
• Primer on Public Involvement

2007
• Health Care Renewal in Canada: Measuring Up?
• Canadian Perceptions of the Health Care System: A Report to the Health Council of Canada
• Why Health Care Renewal Matters: Lessons from Diabetes
• Optimal Prescribing and Medication Use in Canada: Challenges and Opportunities
• Wading through Wait Times: What Do Meaningful Reductions and Guarantees Mean—An Update on Wait Times for Health Care
• Safe and Sound: Optimizing Prescribing Behaviours—Summary of Main Themes and Insights (report on a policy symposium)
• Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions
• Population Patterns of Chronic Health Conditions in Canada: A data supplement to Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions
• Canadians’ Experiences with Chronic Illness Care in 2007: A data supplement to Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions
• Health Care Renewal and Chronic Illness: Report on a Public Consultation

2008
• Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada
• Canadian Survey of Experiences with Primary Health Care in 2007: A data supplement to Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada
• Sustainability in Public Health Care: What Does it Mean? A Panel Discussion Report
2009
• A Commentary on the National Pharmaceuticals Strategy: A Prescription Unfilled
• A Status Report on the National Pharmaceuticals Strategy: A Prescription Unfilled
• Value for Money: Making Canadian Health Care Stronger
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