



Editorial

In this issue of *Healthcare Quarterly*, we have a wide variety of essays and papers filled with thoughts on how to improve the efficiency and effectiveness of health services in Canada.

Barer reminds us of one of the remarkable contributions of Justice Emmett Hall who is renowned for his 1964 Royal Commission report on Canada's health system. What has often gone unrecognized is that Hall was also the originator of Canadian discussions on knowledge transfer in healthcare through health services research. Barer expands on this tradition with a discussion of issues related to direct-to-consumer advertising and its potential impact on patients and the system as a whole.

Flood and Sinclair are consistent with their theme that many of the problems with healthcare in Canada are primarily attributable to a deficiency of governance of our ill-coordinated non-system of health and healthcare services. They suggest that devolution of management responsibility and authority from central governments to decision-makers closer to the people affected, can contribute substantially to the resolution of those problems. This is a theme that is "old" news to all provinces except Ontario. However, Jim Saunders, who has years of experience with regionalization in Western Canada, suggests that the issue of devolution is far more complex to implement than may first be envisioned. There is no quick fix or universally acceptable solution that will resolve the philosophical differences in opinion about what the right mix is related to the perceived roles and accountabilities of governments, healthcare boards and executive healthcare management groups.

Next, Lowe points out that there is a growing consensus that Canada's health system employers must do more to support and develop their staff within healthy and positive work environments. We need a renewed perspective in which employees are viewed by managers, boards, and governments as the core assets of the system. Leadership in health human resources means investing in people, supporting them to deliver excellent patient care and related services, and developing their capabilities for the long-term.

An interesting paper by Wahl and his colleagues outlines the "care gap" between best care versus usual care for many important diseases. In particular, poor adherence (compliance by patients) remains a significant, yet inadequately addressed, aspect of this gap. For instance, nearly half of all patients with chronic diseases stop refilling prescriptions within one year. As Wahl et al. point out, several effective interventions are available and adaptations of clinical trials practices offer promise for further improvement. In a

related piece, Carruthers provides a comprehensive review of the recently released book, *Patients First* which looks at the root causes and possible solutions to the persistent gap in care.

Continuing with the theme of innovation in healthcare, we have a report from the Council for Health Research in Canada (CHRC) which recently formed a Leaders' Forum Steering Committee – a multi-sectoral partnership representing organizations and agencies at both the federal and provincial levels – that strongly believed it was time to bring health research leaders together to take stock of our accomplishments, identify our challenges and discuss future directions.

I also recommend the columns in this issue. We are delighted to have the first in what will be an on-going series from the new federal Minister of Health, Ujjal Dosanjh who outlines some of his plans for the national health ministry. Regular columns from CIHR, ICES, CHSRF and CIHI all provide new insights and evidence that is valuable to policy- and decision-makers. We also bid farewell with thanks to Green Healthcare editor and columnist, Trevor Hancock who has advised us for several years. His current focus is public health and we look forward to hearing from him in future issues.

In *Electronic Healthcare* (Vol. 3, No. 3), Pederson and Leonard present the results from a study analyzing the amount of Information Technology (IT) spending in eight Canadian Academic Health Sciences Centres. Specifically, they focused on one indicator: the IT spend ratio. This ratio is defined as the percentage of total IT net costs to total hospital net operating costs, and aims to provide a "relative (or percentage) measure of spending" so as to make the comparisons meaningful. One such comparison shows that hospitals spend only 55% of IT spending in the financial services sector. Protti adds further commentary from his related research to confirm that IT spending in healthcare is only a fraction of where it should be.

Recent survey work by our publisher gives us top rating in both numbers of readers and ratings by readers when we are compared to other leading Canadian journals. We have our authors and our readers to thank for this. Your ideas, contributions and your feedback contribute significantly to the contents and presentation of this best practices journal. We thank you and applaud you.

Peggy Leatt, PhD