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For Immediate Release

Attn: Assignment Editor

CIHI/Commonwealth Fund study on health: the good the bad and what's missing

Toronto – In the Canadian Institute for Health Information's spin-off report from the annual Commonwealth Fund International Health Survey of 11 countries released today, Canada fared pretty well. Though the Canadian Institute for Health Information led its media messaging with wait times, it should be noted that the study ranks Canada at or above average in 24 measures and below average in 17 measures. The measures compare access to care and patient experiences.

In the past, pro-privatization groups in Canada have misused data from such international reports in an attempt to drive down public confidence in public health care and to push privatization. They will likely try to do the same with this report, but the evidence actually shows that where public resources have been levied (such as toward target surgeries) our rankings go up, and where services are covered by public health care our access to care rankings are higher than most of our peers. These findings support the case for more public health care, not more privatization.

The good:

- Canada ranked high in cost and access to care. Patients can easily access doctors' care here without extra user fees here compared to other countries. Where we did poorly – in cost and access to drugs and dental care – the services are not publicly covered. This underlines the importance for our federal government to enforce the Canada Health Act and its protections for Canadian patients against extra user fees for needed care.
- We rank high in terms of timely access to "professional help" for mental health care.
- 93 per cent of Canadians have a family doctor or a place of care – on par or above the rest of the countries – and we lead the pack in the quality of care patients say they receive and in information from doctors and medication reviews.
- Canadian doctors ranked higher in discussing with their patients lifestyle choices such as healthy nutrition, exercise, smoking cessation, alcohol use and stress.

The bad:

- Canada's ranking is low on access to same- or next-day appointments with family doctors. Note: CIHI did not measure whether a same- or next- day appointment was actually needed. It appears that no other primary care team members such as nurse practitioners and health care professionals were included in the study.
- Canada has the longest emergency department waits. In the media commentary so far, there has been focus on e-health records relating to this, though large sums of public money have already been invested in e-records. In the actual study, CIHI focused on emergency department utilization by patients and rural access to primary care. What was not included anywhere is the fact that Canada's hospital beds have been cut and reduced beyond any country in the Commonwealth Fund study. This is, without any doubt, a major cause of emergency department waits, cancelled surgeries and waits for admission to hospitals.
- Canada also has wait times for specialists and non-emergency surgeries that are highest among the 11 countries. For target surgeries, where governments have put in resources, Canada's rankings were good. Again, the cuts to public hospital capacity that have resulted in lengthening wait lists were not mentioned.
- Several social determinants of health were highlighted. Working age Canadians worried about being able to pay for housing and nutritious meals. Rates are disturbingly high among those in their 20s and 30s, more so than peers in other countries.
- Canadians with below –average incomes face more cost barriers for health care. Cost of transportation to medical appointments and taking time off work can be a barrier for low income Canadians (this impacts many seniors).