

Engaging Canadians to Identify Priorities for Healthcare Reform

Summary

- We sought a deeper understanding of perceptions regarding possible reform to the Canadian healthcare system among public citizens, decision-makers, health leaders, and academics.
- Participants identified three structural problems with Canadian healthcare: the system is reactive, Canadians strongly identify with the current system precluding reform, and there is discomfort with privatization.
- Participants identified three process problems with Canadian healthcare: staffing shortages, inconsistent care, and inefficient care.
- Recognized opportunities to improve health outcomes included: clearly delineating roles and defining scope of practice to minimize redundancies and maximize expertise, increasing overall public health literacy, and focusing on preventative care.

The full technical report is currently under peer review:

Parsons Leigh J, Moss SJ, Mizen SJ, Sriskandarajah C, FitzGerald EA, Quinn AE, Clement F, Farkas B, Dodds A, Columbus M, Stelfox HT. “We’re sinking”: A qualitative interview-based study on stakeholder perceptions of structural and process limitations to the Canadian healthcare system. 2023. Under review.



Background

Canada's healthcare system has not undergone any substantial reform since 1963, often described as "frozen in time." (1,2). In 2020, compared to other countries in the Organisation for Economic Co-operation and Development (OECD) with universal healthcare, Canada had the second-most expensive healthcare system (3,4). Despite this high price tag, Canadians are getting middle of the road results. The Canadian healthcare system is being pressured to adapt to be more responsive in contributing to better health outcomes considering increasing expectations for cost-effective, high-quality care (4,5). Reform to the Canadian healthcare system is essential to develop a higher performing system that addresses complex challenges related to efficiency, sustainability, and implementation challenges.

The objective of this study was to develop a deeper understanding of the views of Canadian stakeholders on structural and process deficiencies. We also sought to understand strategies to improve the Canadian healthcare system's performance.

Using existing contacts from professional networks, social media recruitment, and contact information available on websites, we targeted one man and one woman from five regions in Canada across four, broadly defined groups:

- (1) public citizens
- (2) healthcare leaders
- (3) academics; and
- (4) political decision makers.

Donabedian's Model (structure, process, and outcome) was the underpinning conceptual framework.

Participants were asked questions regarding their experiences with the healthcare system, perceived areas for improvement, and possible strategies to address current issues. Responses were analyzed to identify recurring themes and similarities in responses.

Summary of Evidence

We interviewed 31 stakeholders that included 13 public citizens, 10 healthcare leaders, four academics, and four political decision makers across Canada.

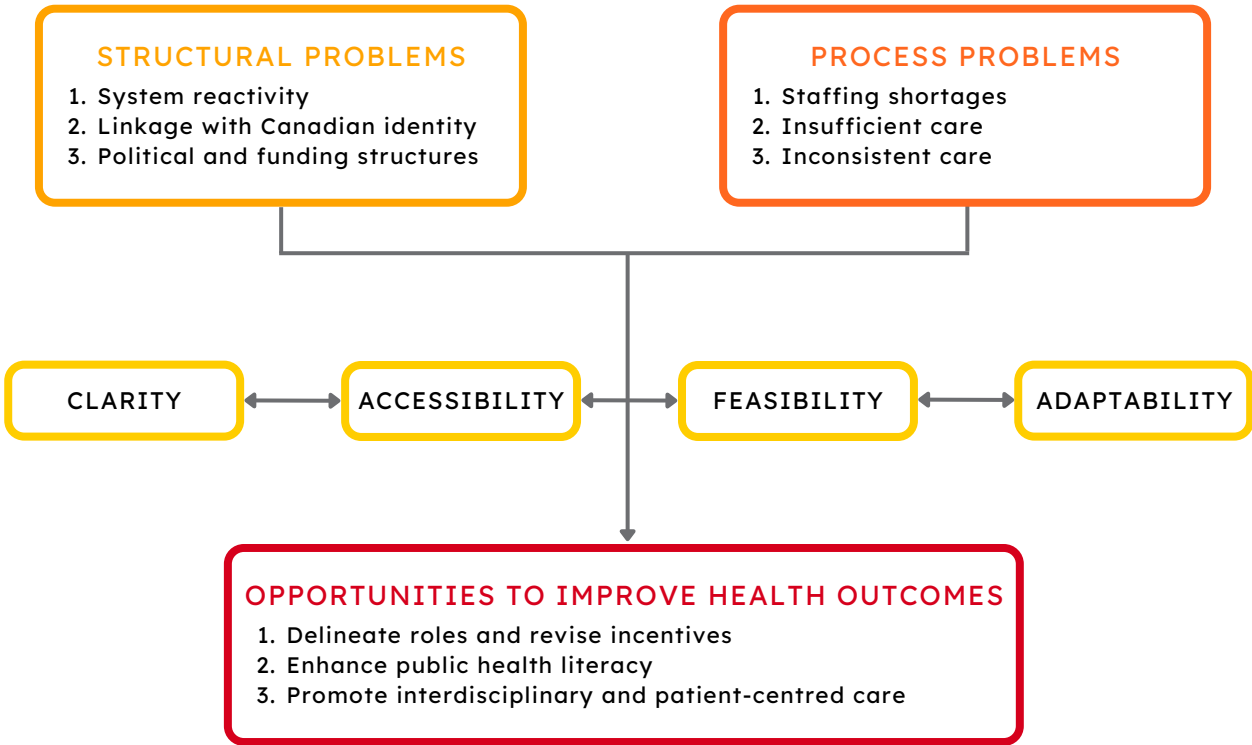


Figure 1. Thematic Findings from Stakeholder Interviews

Structural Problems

- Nearly all participants commented on Canada’s healthcare system reactivity given the system often waits for an individual to become sick before reacting and it was not designed to prevent disease onset; participants suggested the best solution is a model focused on preventing illness.
- Participants reflected on the healthcare system as linked with the Canadian identity describing a sense of duty to protect our current universal model thereby resisting change.
- The political and funding structure of the Canada Health Act was mentioned frequently by participants as a barrier to providing regionally responsive healthcare; four-year political cycles were perceived to challenge long-term change.

Process Problems




- Staffing shortages were recognized by all participants across the healthcare system, especially by public citizens who commented on challenging experiences with accessing family physicians.
- Concerns regarding inefficient care were voiced by participants with regard to wait times to see healthcare professionals, communication challenges such as service duplication, and a lack of a national centralized information system for cross-regional care.
- A common sentiment across all participants regarded inconsistent care considering financial coverage across regional health authorities as well as race and ethnicity; racism and prejudice in the healthcare system especially toward Indigenous peoples are noted.

Opportunities for Improved Health Outcomes

- Participants highlighted the importance of delineating roles and revising incentives to minimize redundancies, maximize expertise, and retain professionals in the Canadian healthcare system.
- Public health literacy was described as a defining factor for the future of the healthcare system and a significant factor in healthcare disparity and equity; participants suggested that healthcare professionals should be accountable to key stakeholders including patients and the public.
- There was a concordance among participants favouring interventions to promote interdisciplinary and patient-centred care, benchmarked using quality indicators.

Recommendations

Canadians in our sample desired a healthcare system that is clear, accessible, feasible, and adaptable. While there is no silver bullet for a crisis decades in the making, several recommendations were made.

-  Deployment of a pan-Canadian database that would make data more organized, improve collaboration between healthcare professionals, and help the healthcare system to operate more efficiently and save more lives.
-  Research to uncover and understand the relationship between the Canadian identity and our current healthcare system with clear emphasis on the social determinants of health and citizen engagement in system reform.
-  Development and implementation of health literacy promotion policies with sustained funding and coordination across sectors and with regular surveillance.

References

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About the Initiative

Government spending on health care has been growing more rapidly than inflation for years and is at risk of crowding out spending on other publicly funded services. This has been exacerbated by the COVID-19 pandemic which has increased health care spending, reduced government revenues, deferred care for non-urgent health problems and exposed and exacerbated health inequities. The result is that urgent action is needed to ensure the long-term sustainability of health care systems and other publicly funded programs.

In an effort to build a more sustainable future for Canada's health system, The Centre for Health Policy is leading the Health System Sustainability Initiative (HSSI). The goal of this initiative is to design evidence-informed health policy options to increase value for money in Canada's health care systems and to improve health system sustainability. By prioritizing evidence and engagement, this initiative aims to foster evidence-informed health policy reform that is urgently needed for the well-being of all Canadians.

Learn more about the initiative [here](#).



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O'Brien Institute for Public Health
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About the Centre for Health Policy

The mission of the O'Brien Institute for Public Health is to advance public health through research excellence. Our role is to support academic scholars to tackle public health challenges, bringing them together with health practitioners, citizens, governments, businesses, and non-governmental organizations when collective actions is required.

The Centre operates using a partnership model where community organizations and university researchers bring health policy challenges and solutions to the Centre. We broker partnerships between those with public health challenges and those working on solutions. We bring together all the key players - citizens, community groups, researchers, government officials and health system leaders to ensure we have both the necessary expertise at the table and a 360 degree view of the challenge.

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Disclaimer

The opinions expressed are the authors' alone and therefore do not represent those of the Centre for Health Policy or the University of Calgary.

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