



Euro-Canada Health Consumer Index 2010

Ben Eisen and
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Table of Contents

	Foreword	4
1	Executive summary	5
2	Introduction	9
2.1	Frontier Centre for Public Policy	9
2.2	Health Consumer Powerhouse	9
2.3	Background	10
2.4	About the authors	10
2.5	Countries involved	11
2.6	Visual representation of scores	11
3	Project scope	12
4	How to interpret the index results	13
5	Results of the Euro-Canada Health Consumer Index 2010	14
5.1	Overall scores	14
5.2	Results summary	15
5.3	Results in the "Pentathlon"	17
5.4	Results overview: Bismarck beats Beveridge	18
5.5	Summary of Canada's performance	19
5.6	Synopsis for selected interesting countries	22
6	Methodology	24
6.1	Indicator selection	24
6.2	Indicator areas (sub-disciplines)	25
6.3	Scoring	25
6.4	Weight coefficients	26
7	Regional differences	27
8	Indicator definitions and scoring thresholds	28
9	Detailed description of Canada's performance by indicator	32
10	FAQs	42
11	Primary data sources	44
12	References	47
12.1	Useful links	47
	Further reading	48

Foreword

In 2005, the Health Consumer Powerhouse released the first European Consumer Health Index. Since that time, this project has provided an annual comparison of the consumer-friendliness of healthcare systems across Europe. In 2008, Canada was added to the analysis in the first Euro-Canada Health Consumer Index (ECHCI), a study jointly produced by the Health Consumer Powerhouse and the Frontier Centre for Public Policy. This report presents the results of the third Euro-Canada Health Consumer Index, which once again uses the HCP's comprehensive benchmarking methodology to compare the consumer-responsiveness of the Canadian healthcare system to 33 European countries.

The results of the first ECHCI report in 2008 were troubling for Canadians. Despite very high levels of government spending on healthcare, Canada's performance in many areas was middling or worse. Specifically, the report found that Canadians often face long wait times for care, and that bureaucratic obstacles often make it difficult for consumers to access information about their healthcare options. As a result, Canada finished in the bottom quarter of the 2008 Index. The 2009 report painted a similarly dismal picture, as Canada once again finished near the bottom of the pack for many of the same reasons as in 2008.

The 2010 report shows that while serious problems remain, there are finally beginning to be some signs of meaningful progress towards a patient-centered healthcare system in Canada. Access to information is improving in Canada, as hospitals have been required to release more information about their own performance. The wait for new pharmaceuticals to be included in provincial subsidy systems is still too long, but has been dropping over time. The development of a limited set of wait time guarantees in all ten provinces shows an increased commitment to patient rights and respect for the need for clear performance evaluation according to clearly defined benchmarks. In addition to these signs of improvement in areas where Canada has historically been weak, Canada's healthcare system continues to produce impressive medical outcomes including a high survival rate following heart attacks and strong cancer survival rates. In Canada you may wait a very long time to see your doctor, but once you do, three consecutive ECHCI reports have shown that quality of the care you receive will generally be quite good.

To be sure, Canada still has far to go to catch up with Europe's top performers. Canada still ranks near the bottom of this year's index, as the improvements noted above were insufficient to enable Canada to pass very many countries analyzed in this report. Canadians still wait far too long for care, the release of new medicines is still delayed too long, and it is still more difficult for Canadians to access information about their medical options than is the case for Europeans. Canada therefore still lags far behind top European performers in terms of overall consumer-friendliness.

Canada is making some progress, but there remains much more to do in order to create a truly patient-centered healthcare system in Canada. Through the use of benchmarking and the identification of best practices, the authors of the ECHCI hope to contribute to this process by identifying the areas where Canada is performing well and where the country continues to lag behind Europe.

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1. Executive summary

This is the third annual Euro-Canada Health Consumer Index (ECHCI). The ECHCI is an international comparison of healthcare system performance in 34 countries. All 27 European Union member states are examined, along with Norway, Switzerland, Croatia, FYR Macedonia, Iceland, Albania and Canada. For the third straight year, the Netherlands finishes in first place in the ECHCI, earning 857 out of 1,000 possible points.

There are several factors that enable the Dutch healthcare system to score highly each year in the ECHCI. Perhaps most importantly, the Netherlands is characterized by competition between many different healthcare insurers, which are organizationally independent from healthcare providers. This enables competition and consumer choice that helps create a consumer-oriented healthcare system.

The purpose of the ECHCI is to provide an evaluation of healthcare system performance from *the perspective of the consumer*. In many areas of public policy, healthcare included, performance evaluation is often based on the measurement of inputs and certain types of easily measurable outputs that do not necessarily reflect the effectiveness of the relevant program or policy. Counting resource inputs such as hospital beds and doctors per capita does not tell us very much about the care that consumers actually receive; the amount of time the average person has to wait for an MRI is a much better indicator of healthcare quality than the number of MRI machines in a particular country.

Instead of measuring inputs, such as spending levels and resources used, this index attempts to measure *outcomes* from the perspective of the consumer. The ECHCI seeks to measure the *consumer friendliness* of each national healthcare system and should not be interpreted as an attempt to identify the “best” healthcare system.

Our analysis of the performance of the 34 countries in this index shows that performance tends to be higher in countries that are organized around the “Bismarck” model than in those that are organized around the “Beveridge” model. This means that healthcare systems that allow competition between insurance providers, and in which insurers are organizationally independent of healthcare providers, tend to be the top performers. The Beveridge model, of which Canada is an example, uses a single organizational system that includes financing bodies and providers and does not offer choice between insurers. This model generally tends to create inefficiency, unwieldy bureaucracy and a general unresponsiveness to consumer needs.

This year’s report shows that Canada still has a long way to go to catch up to Europe’s top performers, but it also brings some hopeful news to Canadian healthcare consumers. Canada shows evidence of improvement: Canada’s score improved in four of the five categories of indicators (sub-disciplines), and remained unchanged in the remaining category. Canada still dramatically underperforms when compared to top countries such as the Netherlands and Denmark, but this report provides grounds for cautious optimism that Canada is taking steps in the right direction.

In this year’s report, Canada finished in 25th place of the 34 countries analyzed. This is a similar placement to last year, when Canada finished 23rd of 32. This lack of progress in ranking should be a point of concern, however it should also be noted that Canada

improved its total score by 45 points, due to improvement in the patient rights, wait times, outcomes and range and reach of services categories.

Despite this progress, Canada still has substantial room for improvement. Sections five and nine provide a more detailed description of Canada's performance for each sub-discipline and indicator, and the following notes present a brief overview of Canada's performance in this year's ECHCI.

Canada's performance

Overall:

- This year's report shows that Canada still has a long way to go to catch up to Europe's top performers, but it also brings some hopeful news to Canadian healthcare consumers.
- Canada's score improved in four of the five categories of indicators (sub-disciplines) and remained unchanged in the remaining category.
- Canada's overall performance improved, but not enough to enable Canada to pass other countries to move up in the rankings. Canada finishes in 25th place of the 34 countries analyzed in this 2010 index. This is a similar placement to last year, when Canada finished 23rd of 32.

Healthcare spending:

- What makes Canada's placement in the bottom half of the rankings particularly troubling is the fact that per capita healthcare spending in Canada is amongst the highest in the world.
- Canada's national and provincial governments spend over \$3,500 per person on healthcare each year—*more than all but three of the countries analyzed in the index*. Only Norway, Switzerland and Luxembourg spend more money per capita on healthcare than Canada.
- **Canada's poor performance in the ECHCI therefore cannot be attributed to inadequate funding.** Canadians are paying for a world-class healthcare system but for a variety of reasons, they are not getting one.
- Canada's healthcare problems do not stem from a lack of money, and it is therefore unlikely that they can be solved by throwing more money at the problem. Instead, substantial reforms to the way that healthcare is financed and delivered appear to be necessary in order to bring the performance of Canada's healthcare system into alignment with high levels of spending.

Patient rights and information:

- Overall, Canada's performance in this sub-discipline is still well below most European countries, but there have been steps in the right direction.
- The absence of an explicit legislative guarantee of patient rights and the obstacles that patients often face when attempting to seek a second opinion are two examples of how Canada lags behind the top-performing European countries in this area.
- There is some evidence that positive changes are occurring in this area. For example, the federal government has cooperated with the province to develop wait time guarantees for specific medical procedures, some of which are already in place, others of which are in the planning or pilot phase.
- There is improvement in other areas. Of particular importance is the recently enacted requirement for hospitals to publicize hospital standardized morality ratios (HSMR), helping consumers identify high quality providers of healthcare services.

Wait times for care:

- Once again, Canada ranks near the very bottom of the index in this area.
- Wait times for diagnostic scans such as MRIs and CT scans remain extremely long across Canada when compared to Europe. Wait times for these tests are often over two months long in Canada, whereas waits are measured in days and weeks throughout most of Europe.
- Wait times for orthopedic surgery are also extremely long in Canada, a situation which often subjects patients to unnecessary periods of pain and immobility.
- Wait times for cancer radiation therapy are closer to European norms than is the case for diagnostics and orthopedic surgeries.

Patient outcomes:

- Once again, patient outcomes are the major bright spot for Canada in the EHCI. In fact, Canada is one of the top performers in the entire index for this important category.
- In a few areas, Canada tracks close to the European average, and some improvement is required to catch up to top performers. For example, Canada's rate of infant mortality is just slightly higher than in some European countries.
- Canada earned a score of either "fair" or "good" for every indicator in this sub-discipline, with no indicator showing "poor" results. Canada's healthcare system has serious problems—particularly long wait times. But once you see a doctor, the data in this report suggests that the quality of care will be high.

Range and reach of services offered:

- With Canada's high level of spending, it is somewhat surprising that some healthcare services are more easily accessed in Europe than in Canada.
- For example, the percentage of women between ages 50–69 who have received mammograms in the past two years is higher in countries like Norway and the Netherlands than it is in Canada. Rates of infant vaccination are also higher in several European countries than in Canada.
- There are some indicators within this sub-discipline in which Canada performs very well. For example, Canada is a world leader in the provision of vision-improving cataract surgeries.
- Canada's performance is generally middling in this sub-discipline. Canada earned 108 out of 150 possible points, placing in the top half, but near the middle of the index.

Pharmaceuticals:

- The availability of pharmaceuticals is an important component of a high-performing healthcare system. Unfortunately, this is an area of weakness for Canada.
- European countries exhibit a very different attitude concerning public subsidies of prescription medicines. The lowest degrees of subsidy are found in relatively poor Eastern European states, with Lithuania having the lowest rate of public funding covering 45% of prescription drug costs—the same as Canada. Several countries subsidize more than 90% of the cost.
- Particularly troubling is the slow speed of deployment for new medicines. Delays for the approval of new medicine and inclusion in provincial lists of subsidized medicines are still longer in Canada than in most top-performing European countries; this means that consumers can't access products that might help them.
- There are some signs of progress. In 2004, the average delay between a drug's approval and its availability for subsidized purchase was over 500 days. Since then, the average time to subsidy has dropped to 314 days.

Taken together, the results of this index show that while there has been some improvement in recent years, Canadian healthcare is still not as responsive to the needs of consumers as top European performers such as the Netherlands and Germany. The 2010 ECHCI aims to identify the strengths and weaknesses of Canadian healthcare from the perspective of the consumer, while pointing out high-performing jurisdictions from which best practices and policy lessons can be drawn.

2. Introduction

2.1 Frontier Centre for Public Policy

The Frontier Centre for Public Policy is a non-partisan think tank that operates throughout Western Canada and carries out research on public policy in many domestic policy areas including healthcare. FCPP seeks to improve policy by providing commentary and analysis on government programs, by bringing to light policy innovations and best practices from other jurisdictions and by proposing effective policy solutions to create high-performance government. The Frontier Centre is independent and does not accept any government funding.

2.2 Health Consumer Powerhouse

The Health Consumer Powerhouse is a centre for vision and action and promotes consumer-related healthcare in Europe. HCP has been publishing the Swedish Health Consumer Index since 2004. By ranking the 21 county councils by 12 basic indicators regarding the design of systems policy, consumer choice, service level and access to information, we introduced benchmarking as an element in consumer empowerment. Since 2005, HCP has extended this methodology to include the comparison of the healthcare systems of all 27 EU member states as well as Norway, Switzerland, Croatia, FYR Macedonia, Iceland, Albania, and Canada.

2.3 Background

Since 2004, HCP has been publishing a wide range of comparative publications on healthcare in various countries. Starting with the Swedish Health Consumer Index in 2004, HCP now has a series of annual publications including the Euro Consumer Health Index, the Euro Consumer Heart Index and the Euro Consumer Diabetes Index. In total, HCP has produced more than 20 different Indexes. As of 2008, HCP in collaboration with FCPP also published the Euro-Canada Health Consumer Index and the Canada Health Consumer Index.

Though it is still a somewhat controversial standpoint, HCP and FCPP argue that quality comparisons within the field of healthcare promote accountability and transparency, thereby benefitting both consumers and governments. For the consumer, better information provides an opportunity for informed choice and action, as well as the capacity to evaluate the performance of their governments. For governments, authorities and providers, the sharpened focus on consumer satisfaction and quality outcomes will assist with the recognition of problem areas and point to high-performing jurisdictions from which best practices and policy lessons can be drawn.

We hope the index will serve as a learning tool that consumers can use to assess the quality of their province's healthcare and demand improvements in areas where their province is underperforming. The index is intended to facilitate informed discussion among and between policy-makers and citizens about the current state of healthcare services and how to introduce positive reforms.

2.4 About the authors

Ben Eisen, MPP, is a policy analyst at the Frontier Centre for Public Policy and is the lead researcher for the Canadian component of the ECHCI 2009.

Dr. Arne Bjornberg is the COO of the Health Consumer Powerhouse and the project manager for this year's index. Dr. Bjornberg has extensive experience in the healthcare field: he served as the CEO of the Swedish National Pharmacy Corporation, Director of Healthcare and Network Solutions for IBM Europe Middle East & Africa and CEO of the University Hospital of Northern Sweden. Dr. Bjornberg was also the project manager for the ECHCI 2005–2009 projects.

2.5 Countries involved

The EHCI includes all 27 European Union member states, as well as Norway, Switzerland, Croatia, FYR Macedonia, Iceland and Albania. Including Canada, 34 countries were included in this index. Countries included in the index:

Albania	Ireland
Austria	Italy
Belgium	Latvia
Bulgaria	Lithuania
Canada	Luxembourg
Croatia	Malta
Cyprus	Netherlands
Czech Republic	Norway
Denmark	Poland
Estonia	Portugal
Finland	Romania
France	Slovakia
FYR Macedonia	Slovenia
Germany	Spain
Greece	Sweden
Hungary	Switzerland
Iceland	United Kingdom

2.6 Visual representation of scores

EHCI scores were developed by grading each national healthcare system on a three-level scale for 32 indicators of performance.

Each of the three levels is represented graphically throughout the report by a colour-coded symbol, as shown below.

Green = good (●)

Amber = fair (●)

Red = poor (○)

For each indicator, every country is assigned points based on which of these three levels of performance they have achieved. A green score earns 3 points, an amber score 2 points and a red score (or a "not available") earns 1 point. For a more detailed description of the scoring system and methodology, please see section six of this report.

Countries for which no recent data was available for a particular indicator are given a score of "red" and only one point for that indicator. These instances are indicated by a red question mark in the results table. A small number of indicators were not applicable to particular countries; in those instances, the country is given a score of "not applicable" for the indicator, and awarded two points. These instances are indicated in the results table by an orange question mark.

3. Project scope

In many areas of public policy, healthcare included, performance evaluation is often based on the measurement of inputs and certain types of easily measurable outputs that do not necessarily reflect the efficacy of the relevant program or policy. Counting resource inputs such as hospital beds and doctors per capita does not tell us very much about the care that consumers actually receive; the amount of time the average person has to wait for an MRI is a much better indicator of healthcare quality than is the number of MRI machines in the province.

Instead of measuring inputs, such as spending levels and resources used, this index attempts to measure outcomes from the perspective of the consumer. In other words, we seek to evaluate the quality of healthcare citizens receive in each evaluated country.

The ECHCI aims to select a limited number of indicators within five straightforward categories which, taken together, present a comprehensive view of how well healthcare consumers are served by their respective healthcare systems.

By measuring the varying performance levels and describing the service delivery models of top-performing countries, the index is designed to contribute to discourse in this area of policy by providing Canadians with a better understanding of the range of possibilities for healthcare delivery that are being used in Europe. The index is animated by the philosophy that citizens should approach healthcare as critically as they do other vital services, and hold governments accountable whenever service levels are less than excellent. Responsive, prompt, high-quality, consumer-friendly healthcare is already being achieved in several European countries and can be achieved in Canada as well.

It is important to stress that the ECHCI is a compilation of available consumer information. A report on medical information systems dealing with scientific evidence such as individual diagnosis or medication guidelines requires very strict criteria; the index must be seen as a compilation and analysis of consumer information and should not be considered clinical or scientific research.

4. How to interpret the index results

In the creation of this index, the FCPP and the HCP strove to use the best, most recent data to measure and rank the performances of the 34 countries included in the index. Although we made use of the best data that we could obtain, there exist limitations and imperfections in the sources that were used for this report. For example, for some indicators, different countries use slightly different approaches to data collection and reporting that can make international comparisons more difficult than we would like. For other indicators, no new data has been collected in the past two years, forcing us to rely upon data that is not as recent as we would like.

With these points clearly stated, we strongly believe it is better to present our results based on the best available data than subscribe to the mistaken belief that if it is impossible to perfectly measure healthcare quality, we should not attempt to do so. The perfect must not be allowed to become the enemy of the good, and we believe that performance measurement and comparative evaluations should be undertaken despite the noted imperfections in the available data. We are satisfied that the data we have is sufficient to allow us to make broad statements about the variations in healthcare from country to country, as well as about system performance in specific areas such as wait times and patient outcomes.

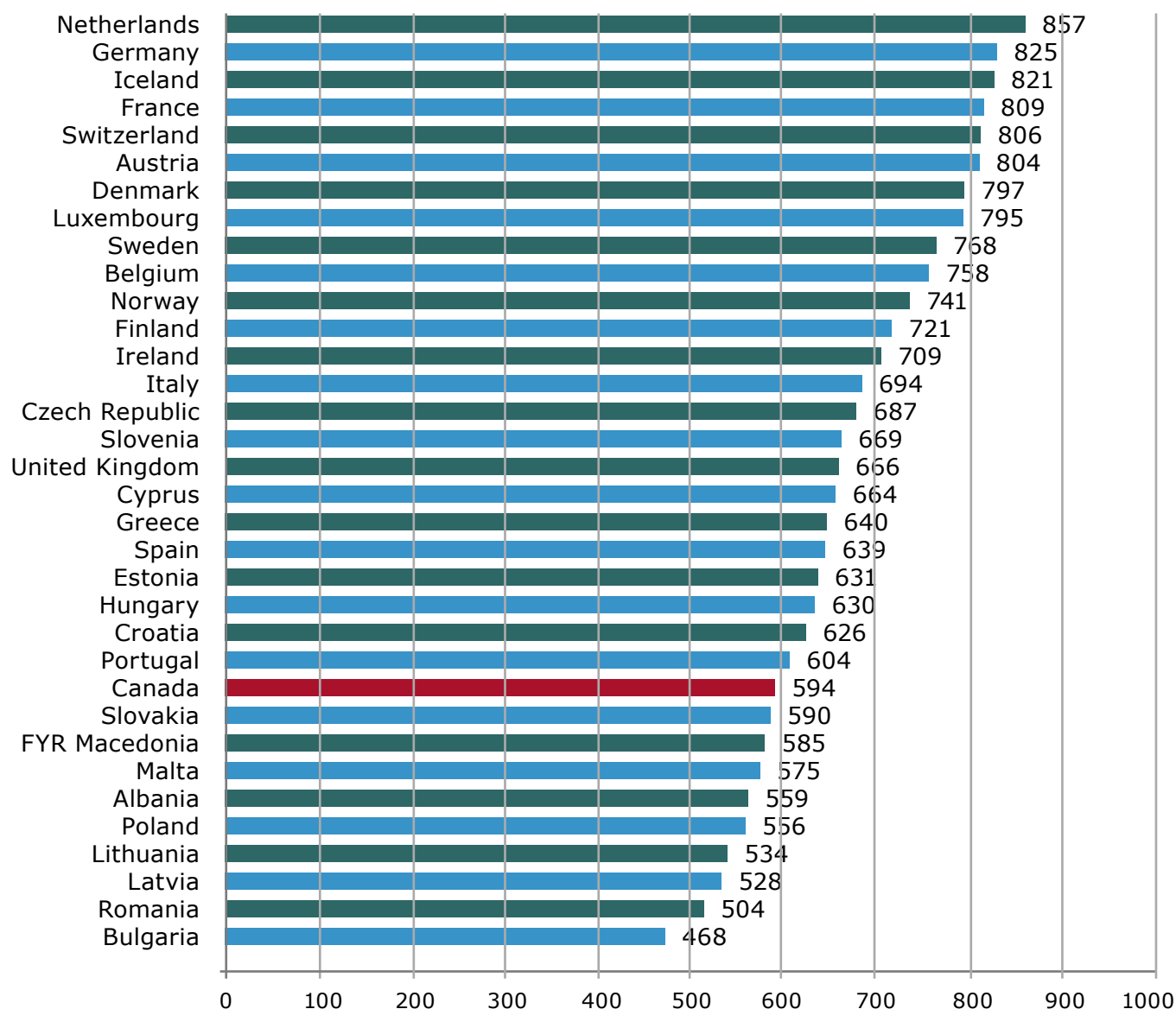
While readers should be careful not to attribute undue importance to small differences between provinces in individual categories or even in overall scores, we are confident our methodology enables us to accurately identify meaningful performance gaps between the countries analyzed in this report. While the existence of a 13-point gap between Germany and Switzerland in terms of their overall scores should not be taken as evidence that Germany's healthcare system is markedly more consumer friendly than its neighbour, the 200-point gap between these nations and Canada can confidently be interpreted as evidence for a meaningful disparity in health-system responsiveness to consumer needs.

5. Results of the Euro-Canada Health Consumer Index 2010

The two following subsections respectively provide a graphical representation of each country's total score, and a presentation of each country's score for each indicator. For the full title of each indicator, more detail about the indicators and a description of the scoring thresholds for our three-level scale, please consult section eight of this report.

5.1 Overall scores

Total Scores in Euro-Canada Health Consumer Index 2010



5.2 Results Summary: Euro-Canada Health Consumer Index 2010

Sub-discipline	Indicator	Canada	Albania	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Rep.	Denmark	Estonia	Finland	France	Macedonia	Germany	Greece	Hungary	Iceland	Ireland	Italy
1. Patient rights and information	1.1 Patients Rights Law	○	●	●	●	○	●	●	○	●	●	●	●	●	○	●	●	●	○	●
	1.2 Patient organizations involved in decision making	○	○	○	●	○	●	○	○	●	●	○	●	○	●	○	●	○	○	○
	1.3 No-fault insurance	○	○	●	○	○	○	○	○	●	○	●	○	○	○	○	○	○	○	○
	1.4 Right to second opinion	○	●	●	●	○	●	○	○	●	●	○	●	○	●	●	●	●	●	○
	1.5 Access to own medical record	○	●	●	●	○	●	○	○	●	○	●	●	●	●	○	●	●	○	○
	1.6 Register of legit doctors	○	●	●	●	○	○	●	○	●	●	●	●	○	○	○	●	●	●	●
	1.7 Web or telephone HC info 24/7	●	○	●	○	○	○	○	○	●	●	●	○	○	○	○	○	●	○	○
	1.8 Cross-border Care	○	?	○	○	○	?	○	○	●	○	○	○	?	○	○	○	?	○	○
	1.9 EPR	○	○	○	○	●	●	○	○	●	○	○	○	●	●	○	●	●	○	○
	1.10 Provider Catalogue	○	○	○	○	○	○	○	○	●	○	○	○	○	●	○	○	○	○	○
	Score (/150)	80	95	125	110	80	105	95	75	150	110	120	120	100	110	70	120	125	95	95
2. Waiting time for treatment	2.1 Family doc. same day access	○	●	●	●	●	●	●	●	○	○	○	●	●	○	○	○	○	●	○
	2.2 Direct access to specialist	○	●	●	●	○	○	●	○	○	○	○	○	○	●	●	○	○	○	○
	2.3 Non-acute ops. <90 days	○	●	○	●	○	○	○	○	○	○	○	●	●	●	○	○	○	○	○
	2.4 Cancer therapy <21 Days	○	●	○	●	○	○	●	○	○	○	○	●	○	○	○	○	○	○	○
	2.5 CT/MRI scan	○	○	●	○	○	○	○	○	○	○	○	○	○	●	○	●	●	○	○
	Score (/250)	100	233	217	233	150	150	200	167	150	150	117	217	200	233	183	183	217	150	150
3. Outcomes	3.1 Heart infarct case fatality	●	○	○	○	○	○	○	○	○	○	○	○	?	○	○	○	○	○	○
	3.2 Infant deaths	○	○	●	●	○	○	●	●	●	○	●	●	○	●	●	○	●	●	●
	3.3 Cancer Survival Rates	○	○	●	○	○	○	○	○	○	○	○	○	○	●	○	○	○	○	○
	3.4 Preventable Years of Life Lost	○	○	●	○	○	○	○	○	○	○	○	○	○	●	○	○	○	○	○
	3.5 MRSA infections	○	○	○	○	○	○	○	○	○	○	○	○	?	○	○	○	○	○	○
	3.6 Suicide Decline	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	3.7 HbA1c levels (> 7) diabetics	●	○	○	○	?	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Score (/300)	243	114	229	186	129	171	186	229	243	171	271	243	129	257	229	143	271	243	257
4. Range and Reach of Services	4.1 Cataract ops / 100 000 seniors	●	?	○	●	○	○	○	○	○	○	○	○	?	○	○	○	○	○	○
	4.2 Infant vaccination	○	●	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.3 Kidney transplants	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.4 Dental Care	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.5 Mammograms	○	○	○	○	?	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.6 Informal payments	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Score (/150)	108	67	108	142	58	100	108	117	117	100	125	117	92	100	83	83	108	108	92
5. Medicines	5.1 Rx subsidy	○	?	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	5.2 Layman's formulary	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	5.3 Cancer drugs deployment rate	○	○	○	○	○	?	?	○	○	○	○	○	?	○	○	○	?	○	○
	5.4 Access to new drugs	○	○	○	○	○	○	○	○	○	○	○	○	?	○	○	○	○	○	○
	Score (/150)	63	50	125	88	50	100	75	100	138	100	88	113	63	125	75	100	100	113	100
	Total score (/1000)	594	559	804	758	468	626	664	687	797	631	721	809	583	825	640	630	821	709	694
	Rank	25	29	6	10	34	23	18	15	7	21	12	4	27	2	19	22	3	13	14

5.2 Results Summary: Euro-Canada Health Consumer Index 2010

Sub-discipline	Indicator	Canada	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Switzerland	UK
1. Patient rights and information	1.1 Patients Rights Law	○	○	●	●	○	●	●	●	●	●	●	●	●	○	●	●
	1.2 Patient organizations involved in decision making	●	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●
	1.3 No-fault insurance	○	○	●	○	○	●	●	○	○	○	○	●	○	●	○	○
	1.4 Right to 2nd opinion	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	1.5 Access to medical record	●	●	●	●	○	●	●	●	●	○	●	●	●	●	●	●
	1.6 Register of legit doctors	●	●	●	●	●	●	○	●	●	○	○	●	○	○	●	●
	1.7 Web or telephone HC info 24/7	●	○	●	●	●	●	●	○	●	○	●	●	○	●	●	●
	1.8 Cross-border Care	○	○	○	●	○	●	?	○	○	○	○	●	○	●	?	○
	1.9 EPR Penetration	○	○	○	●	○	●	●	○	●	○	○	●	○	●	●	●
	1.10 Provider catalogue	●	○	○	○	○	●	○	○	○	○	○	○	○	○	○	●
	Score (/150)	80	75	110	115	80	140	120	95	110	75	90	125	75	105	120	110
2. Waiting time for treatment	2.1 Family doc. same day	○	○	●	●	●	●	○	●	○	●	●	●	○	○	●	○
	2.2 Direct access to specialist	○	●	●	●	○	●	○	●	○	○	○	○	○	○	●	○
	2.3 Non-acute ops. <90 days	○	○	●	●	○	●	○	○	○	○	○	○	○	○	●	○
	2.4 Cancer therapy <21 Days	●	●	●	●	●	●	○	○	○	○	○	●	○	○	●	○
	2.5 CT/MRI scan <7 days	○	○	○	○	○	○	○	○	○	○	○	○	○	○	●	○
	Score (/250)	100	150	150	217	150	183	133	133	100	150	167	150	117	117	233	100
3. Outcomes	3.1 Heart infarct mortality	●	○	○	●	○	●	●	●	○	○	○	○	●	●	●	○
	3.2 Infant deaths	○	○	○	●	○	○	●	○	●	○	○	●	●	●	●	○
	3.3 Cancer Survival Rates	○	○	○	○	○	○	●	○	○	○	○	○	○	●	●	○
	3.4 Preventable Years of Life Lost	○	○	○	●	●	●	●	○	○	○	○	○	○	●	●	○
	3.5 MRSA infections	○	○	○	○	○	●	●	○	○	○	○	○	○	●	○	○
	3.6 Suicide Decline	●	○	○	○	○	●	●	○	○	○	○	○	○	●	●	●
	3.7 HbA1c levels (> 7) diabetics	●	●	○	○	?	●	○	○	○	?	?	○	○	●	?	●
	Score (/300)	243	157	157	243	157	271	271	157	186	129	129	186	214	300	257	214
4. Range and Reach of Services	4.1 Cataract ops / 100 000	●	○	○	●	○	●	○	○	○	○	○	○	○	○	○	○
	4.2 Infant vaccination	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.3 Kidney transplants	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.4 Dental Care	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	4.5 Mammograms	○	○	○	○	?	○	○	○	○	?	○	○	○	○	○	○
	4.6 Informal payments	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Score (/150)	108	83	67	133	100	125	117	83	108	75	92	108	108	133	83	117
5. Medicines	5.1 Rx subsidy	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	5.2 Layman-adapted formulary	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	5.3 Cancer drugs	○	○	○	○	?	○	○	○	○	○	○	○	○	○	○	○
	5.4 Access to new drugs	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Score (/150)	63	63	50	88	88	138	100	88	100	75	113	100	125	113	113	125
	Total score (/1000)	594	528	534	795	575	857	741	556	604	504	590	669	639	768	806	666
	Rank	25	32	31	8	28	1	11	30	24	33	26	16	20	9	5	17

5.3 Results in the “Pentathalon”

The ECHCI 2010 is made up of five sub-disciplines. No country excels across all five dimensions of consumer friendliness studied in this report. A review of the results for each country in each element of the ECHCI “pentathalon” is therefore necessary in order to identify the strengths and weaknesses of each national healthcare system. Each country’s performance in the five categories is summarized in the following tables:

Sub-discipline	Canada	Albania	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	FYR Macedonia	Germany	Greece	Hungary	Iceland	Ireland
Patient Rights and Information	80	95	125	110	80	105	95	75	150	110	120	120	100	110	70	120	125	95
Wait Times	100	233	217	233	150	150	200	167	150	150	117	217	200	233	183	183	217	150
Outcomes	243	114	229	186	129	171	186	229	243	171	271	243	129	257	229	143	271	243
Range and Reach of Services	108	67	108	142	58	100	108	117	117	100	125	117	92	100	83	83	108	108
Medicines	63	50	125	88	50	100	75	100	138	100	88	113	63	125	75	100	100	113
Overall Score	594	559	804	758	468	626	664	687	797	631	721	809	583	825	640	630	821	709
Overall Ranking	25	29	6	10	34	23	18	15	7	21	12	4	27	2	19	22	3	13

Sub-discipline	Canada	Italy	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Norway	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Switzerland	UK	Average
Patient Rights and Information	80	95	75	110	115	80	140	120	95	110	75	90	125	75	105	120	110	104
Wait Times for Treatment	100	150	150	150	217	150	183	133	133	100	150	167	150	117	117	233	100	166
Outcomes	243	257	157	157	243	157	271	271	157	186	129	129	186	214	300	257	214	204
Range and Reach of Services	108	92	83	67	133	100	125	117	83	108	75	92	108	108	133	83	117	102
Pharmaceuticals	63	100	63	50	88	88	138	100	88	100	75	113	100	125	113	113	125	96
Overall Score	594	694	528	534	795	575	857	741	556	604	504	590	669	639	768	806	666	671
Overall Ranking	25	14	32	31	8	28	1	11	30	24	33	26	16	20	9	5	17	

5.4 Results overview: Bismarck beats Beveridge

The healthcare systems of Europe can be classified into two distinct models: the Bismarck model and the Beveridge model.

Bismarck systems have been described as a “social insurance” model. In these systems, there are multiple different insurance organizations that exist and compete with one another. These insurers are organizationally independent of the healthcare providers in the country.

Under the Beveridge model, the financing and provision of healthcare are handled within one organizational system. Financing bodies and providers are either wholly or partially contained within a single organization. Britain’s National Health Service, the Nordic countries’ medical systems and Canada’s Medicare system are all examples of the Beveridge model.

Throughout the history of the ECHCI, healthcare systems based on the Bismarck model have been shown to outperform the Beveridge systems. In the initial, 12-nation pilot project conducted in 2005, which focused entirely on Europe, the researchers observed that Bismarck healthcare systems tended to have shorter wait times for care and be more responsive to the needs of consumers than Beveridge systems.

Since that time, Bismarck countries have consistently earned the top spots in the HCP and FCPP’s international comparisons. Where Beveridge countries have performed well, it has been in Nordic countries with small populations, where the effective management of a bureaucratic Beveridge system is more feasible. The larger Beveridge systems—Canada, Italy and Great Britain—have consistently been ranked near or below the middle of the indexes.

These results strongly suggest that the separation of insurers from providers and the provision of consumer choice are important principles for the development of high-performing healthcare systems—especially in medium- and large-sized countries.

5.5 Summary of Canada's performance

Overall:

This year's report shows that Canada still has a long way to go to catch up to Europe's top performers, but it also brings some hopeful news to Canadian healthcare consumers. Canada shows evidence of improvement in several important areas. Canada's score improved in four of the five categories of indicators (sub-disciplines) and remained unchanged in the remaining category. Canada still dramatically underperforms when compared to top countries such as the Netherlands and Denmark, but this report provides grounds for cautious optimism that Canada is taking steps in the right direction.

In this year's report, Canada finishes in 25th place of 34 countries analyzed. This is a similar placement to last year, when Canada finished 23rd of 32 countries.

This lack of progress in the rankings should be a point of concern, however it should also be noted that Canada improved its total score by 45 points, due to improvement in the patient rights, wait times, outcomes and range and reach of services categories.

Healthcare spending:

What makes Canada's placement in the bottom half of the rankings particularly troubling is the fact that per capita healthcare spending in Canada is amongst the highest in the world. Canada's national and provincial governments spend over \$3,500 per person on healthcare each year—more than all but three of the countries analyzed in this index. Only Norway, Switzerland and Luxembourg spend more money per capita on healthcare than Canada.

Canada is the only big-spending country (more than \$3,000 per person) that does not rank in the upper echelons of the EHCI rankings. Furthermore, Canada outspends some of the very highest performing countries like the Netherlands, Germany and France. Canada's poor performance in the EHCI therefore cannot be attributed to inadequate funding.

Canadians are paying for a world-class healthcare system, but for a variety of reasons, they are not getting one. Canada's healthcare problems do not stem from a lack of money, and it is therefore unlikely that they can be solved by throwing more money at the problem. Instead, substantial reforms to the way that healthcare is financed and delivered appear to be necessary in order to bring the performance of Canada's healthcare system into alignment with high levels of spending.

Patient rights and information:

Canada still lacks a policy framework that supports a patient-oriented, consumer-friendly medical culture. As a result, Canada once again scores near the bottom of the pack in this component of the index. The absence of an explicit legislative guarantee of patient rights and the obstacles that patients often face when attempting to seek a second opinion are two examples of how Canada lags behind the top-performing European countries in this area.

However, there is some evidence that positive changes are occurring in this area where Canada has been historically weak. For example, the federal government has cooperated with the provinces to develop wait time guarantees for specific medical procedures, some of which are already in place, others of which are in the planning or pilot phase. Hopefully, these efforts will expand to include meaningful wait time guarantees in more areas, and will eventually lead to an explicit legislative statement of patient rights in all areas.

There is improvement in other areas. Of particular importance is the recently enacted requirement for hospitals to publicize hospital standardized morality ratios (HSMR), helping consumers identify high quality providers of healthcare services. Several European countries publicize more detailed descriptions of case mixes and other statistics that provide a more complete account of provider quality.

Though overall Canada's performance in this sub-discipline is still well below most European countries, there have been steps in the right direction.

Wait times for care:

Once again, Canada ranks near the very bottom of the index in this area. Wait times continue to be the single biggest problem in the Canadian healthcare system, and continue to drive Canada's low score in the ECHCI.

Wait times for diagnostic scans such as MRIs and CT scans remain extremely long across Canada when compared to Europe. Wait times for these tests can be over two months long in Canada, whereas waits are measured in days and weeks throughout most of Europe. Wait times for orthopedic surgery are also extremely long in Canada, a situation that often subjects patients to unnecessary periods of pain and immobility.

Wait times for coronary bypass surgeries are still long in Canada, although the situation in this area is not as extreme as it is for diagnostic scans and orthopedic surgeries. If bypass surgery waiting times were an independent indicator rather than a part of the "major non-urgent surgery" indicator, Canada likely would have earned a score of amber rather than red. Wait times for cancer radiation therapy are also closer to European norms than is the case for diagnostics and orthopedic surgeries.

There is also some evidence that quick access to family doctors is becoming more widely available in Canada. Due to the adoption of innovative solutions such as "open access scheduling" in some jurisdictions, primary care doctors are better able to accommodate urgent requests for attention. Unfortunately, no new national data is available for this indicator that could clearly show how much progress has been made, making it impossible for us to adjust Canada's score from the "red" it has earned in recent years. Just how much improvement has taken place is impossible to say without comprehensive data, but there is anecdotal evidence that it is significant, and this may enable Canada to improve its score for this indicator in the near future if new data becomes available.

Patient outcomes:

Once again, patient outcomes are the major bright spot for Canada in the ECHCI. In fact, Canada is one of the top performers in the entire index for this important category. Canada shows improvement in terms of heart infarct mortality rates and now finishes in

the green category for that indicator. Canada also shows above average cancer survival rates. Canada was ultimately awarded a score of amber for this indicator, but was very close to the green/amber threshold. Canada's performance is certainly above average in this area.

In a few areas, Canada tracks close to the European average, and some improvement is required to catch up to top performers. For example, Canada's rate of infant mortality is slightly higher than in some European countries. However, Canada earned a score of either "fair" or "good" for every indicator in this sub-discipline, with no indicator showing "poor results." Canada's healthcare system has serious problems—particularly long wait times. But once you see a doctor, the data in this report suggests that the quality of care will be high.

Range and reach of services offered:

With Canada's high level of spending, it is somewhat surprising that some healthcare services are more easily accessed in Europe than in Canada. For example, the percentage of women between ages 50–69 who have received mammograms in the past two years is higher in countries like Norway and the Netherlands than it is in Canada. Rates of infant vaccination are also higher in several European countries than in Canada.

There are some indicators within this sub-discipline in which Canada performs very well. For example, Canada is a world leader in the provision of vision-improving cataract surgeries—the number of such procedures performed per 1,000 senior citizens is higher in Canada and Belgium than any other country in the index.

Canada's performance is generally middling in this sub-discipline. Canada earned 108 out of 150 possible points, placing in the top half, but near the middle of the index.

Pharmaceuticals:

Effective use of pharmaceuticals has the potential to significantly reduce the need for more drastic interventions and to improve the quality of life for consumers. The availability of pharmaceuticals is therefore an important component of a high-performing healthcare system. Unfortunately, this is an area of weakness for Canada. Canada earns just 63 of 150 available points, placing it near the bottom of the index. Particularly troubling is the slow speed of deployment for new medicines. Delays for the approval of new medicines and inclusion in provincial lists of subsidized medicines are still longer in Canada than in most top-performing European countries, which means that consumers can't access products that might help them.

Although Canada's performance is still poor in this area, it is important to note that even here there are signs of progress. In 2004, the average delay between a drug's approval and its availability for subsidized purchase was over 500 days. Since then, the average wait for subsidy approval has dropped to 314 days. This improvement did not impact Canada's score because the red/amber threshold is 300 days, which means that Canada's performance is still considered "poor" in comparison to Europe. However, it is encouraging that even in this area of weakness Canada has made progress in recent years, and if that progress continues, Canada is approaching one the EHCI's thresholds and may earn higher scores in coming years.

5.6 Synopsis for selected interesting countries

The Netherlands: 1st Place

The Netherlands is the only country consistently placing among the top three in the total ranking of any European index published by the Health Consumer Powerhouse since 2005. The Netherlands performs strongly in all areas of the index, particularly pharmaceutical access, patient rights and medical outcomes. The Netherlands only area of relative weakness is in the category of wait times, where performance is still above average but not as strong as in the other sub-disciplines.

There are several factors that enable the Dutch healthcare system to score highly each year in the EHCI. Perhaps most importantly, the Netherlands is characterized by competition between many different healthcare providers, which are organizationally independent from healthcare providers. This enables competition and consumer choice that helps create a consumer-oriented healthcare system.

The Health Consumer Powerhouse also notes that the structure of the Netherlands healthcare system removes politicians and bureaucrats from the decision making processes in a number of important areas, leaving medical professionals (with patient cooperation) to make operative healthcare decisions. The Health Consumer Powerhouse states that politicians and bureaucrats seem to be further removed from operative healthcare decisions in the Netherlands than any other country in the index, and argues that this is an important reason for the Netherlands' outstanding performance.

Sweden: 9th Place

Sweden is, in some important respects, like Canada. Sweden is once again the top performer in our index in the medical outcomes category—the same area where Canada excels. In fact, Sweden earns a green score for every indicator examined in the index. These results demonstrate that it is possible, within a Beveridge-style system, for a medical system to deliver adequate patient outcomes.

However, similarly to Canada, healthcare in Sweden is characterized by long, stressful and painful waiting lists. Although the situation is not as bad as in Canada and some reforms have been taken—like the introduction of patient-based funding in some jurisdictions—waiting periods are a very serious problem in Swedish healthcare. Waits for diagnostic scans like MRIs and CTs are generally much longer than the European average, and wait times are not markedly shorter than the European average for any of the indicators examined in this study.

These results seem to show that even in smaller countries, the Beveridge approach inevitably results in some inefficiency, which translates into longer waiting periods for patients. While Sweden's healthcare professionals and medical technologies are clearly among the best in the world, reforms are necessary to promote consumer choice, and allow competition to cure the system's inefficiency and shorten wait times.

United Kingdom: 17th Place

The UK is a large country that uses a Beveridge model in healthcare—a sure recipe for inefficiency, lengthy wait times and unresponsiveness to consumer needs. The National Health Service shares the same fundamental problems as other centrally-planned healthcare systems such as Sweden, but the size of the country exacerbates the problem, as central coordination of healthcare delivery becomes even more difficult in a country of 50 million people. Long waits for care are standard in the United Kingdom, resulting in a final placement near the middle of the EHCI.

6. Methodology

6.1 Indicator selection

In the ECHCI and the CHCI, our objective is to select a number of indicators from within a relatively small number of evaluation areas that, taken together, present a comprehensive picture of how well the healthcare consumer is being served. A brief rationale for the inclusion of each particular indicator is provided in section 11, and the sources for each indicator are listed in section 4.

In the design and selection of indicators, the ECHCI and CHCI have been working on the following three criteria since 2005:

- Relevance
- Scientific soundness
- Feasibility (i.e. can data be obtained)

There exist many useful indicators of healthcare quality, and we chose a small number for this index. Relevance, scientific soundness and feasibility were the three key criteria by which we evaluate potential indicators. The following bullet points provide more detail about the criteria that were used to select the indicators:

- An indicator must provide important information about the quality of provincial healthcare systems from the consumer's perspective. It must be a measure of outcomes, not simply inputs to the healthcare system.
- For each indicator, there must be relatively recent, reliable and publicly-accessible data.
- In the selection of indicators for this year's index, we sought to include a broad mix of indicators that measure healthcare system performance across several different dimensions of quality. We included indicators that seek to evaluate the openness and transparency of healthcare systems as well as indicators that provide more easily quantified measurements of outcomes and wait times.
- In our selection of indicators, we emphasized metrics that provincial authorities and providers have the power to directly affect through policy.
- Indicators must reflect healthcare system performance rather than other dimensions of public health. A great many factors aside from the healthcare system influence the health level of people living in a particular jurisdiction. This index seeks to evaluate the performance of healthcare systems and therefore does not include measures of public health in general, which are affected by diet, smoking habits, obesity and other factors. Therefore, indicators such as life expectancy, which are largely shaped by factors other than the healthcare system, are not included in the index.

6.2 Indicator areas (sub-disciplines)

The 2010 Index is, like our previous indexes, built up with indicators grouped in sub-disciplines. This year, the same 32 indicators from the 2009 ECHCI were evaluated. The following table shows how the 32 indicators have been grouped into the five sub-disciplines.

Sub-discipline	Number of indicators
1. Patient rights and information	10
2. Waiting times for treatment	5
3. Outcomes	7
4. Range and reach of services provided	6
5. Pharmaceuticals	4

6.3 Scoring

The performance of each national healthcare system was graded on a three-level scale for each indicator. Each of the three levels is represented graphically throughout the report by a colour-coded symbol, as shown below.

Green = good (●), Amber = fair (●) and Red = poor (○).

For each indicator, every country is assigned points based on which of these three levels of performance they have achieved. A green score earns 3 points, an amber score 2 points and a red score (or a “not available”) earns 1 point.

In devising this three-level scale, we did not seek to establish a global, scientifically-based principle for the cut-off lines separating the three possible scores. Instead, these values were set after studying the national statistics for each indicator, in order to ensure some variation in scoring. An indicator for which each country achieved the same rating would provide the reader with little information about the relative quality of the national healthcare systems. For this reason, we established thresholds at points that ensure that the top-performing provinces are rated “good,” the worst-performing provinces are rated “poor” and those in the middle are rated “average.”

For each of the five sub-disciplines, the country score was calculated as a percentage of the maximum possible available points. The score for each country is calculated by dividing the number of points earned by the number of points that could have been achieved in that category, if the country had earned all green scores.

For example, if a country earns 10 points in the “Wait Times” category, that score is divided by the maximum possible points that could be earned in that category (15), and then rounded to the nearest integer to produce the sub-discipline score. In this case, the country would earn 67 points.

The five sub-discipline scores were then multiplied by the weight coefficients, a process described in the following section, and added up to make the final country score.

6.4 Weight coefficients

In 2006, the decision was made to begin weighting the different subcategories, based on the importance of each category to patients. Numerous discussions with expert panels and analysis of patient survey studies have shown that wait times and quality of care are of the utmost importance to consumers, and so the decision was made to award more points for high performance in those categories than in the three other sub-disciplines.

In the ECHCI 2010, the scores for the five sub-disciplines were given the following weights:

Sub-discipline	Relative weight (“All Green” score contribution to total)	Points for a Green score
1. Patient rights and information	150	15.00
2. Waiting times for treatment	250	50.00
3. Outcomes	300	42.85
4. Range and reach of services provided	150	25.00
5. Pharmaceuticals	150	37.50

Consequently, as the percentages of full scores were multiplied by their respective relative weights and added, the maximum theoretical score attainable for a national healthcare system in the index is 1,000 and the lowest possible score is 333.

It should be noted that high performance in each category is correlated with high performance in all the others. There are very few examples of countries that excel in one sub-discipline but do very poorly in others. Therefore, the final ranking of countries presented by the ECHCI 2010 is remarkably stable when scores are calculated using a wide range of different weight coefficients.

The project has been experimenting with other sets of scores for Green, Amber and Red, such as 2, 1 and 0 which would really punish low performers and also 4, 2 and 1 which would reward real excellence. The final ranking is also remarkably stable during these experiments.

7. Regional differences

The Health Consumer Powerhouse and the Frontier Centre for Public Policy recognize that many European states and Canada have decentralized healthcare systems. This is particularly important in Canada, where healthcare is the responsibility of the provincial governments.

However, many Canadian indicators are readily available at the national level and for those indicators present only at the provincial level, it is generally possible to calculate a national score by weighting each province's performance according to its share of the total population. Although variations between the Canadian provinces complicates international comparisons, it is generally possible to obtain an accurate sense of Canada's overall performance for each indicator, and to confidently place Canada on the three-level benchmarking scale used for this index.

These differences and their impact on healthcare performance are looked at closer in the separate Canadian province-to-province index.

8. Indicator definitions and scoring thresholds

Sub-discipline	Indicator	Comment	Good	Fair	Poor
1. Patient Rights and Information	1.1 Healthcare law based on Patients' Rights	Is national HC legislation explicitly expressed in terms of patients' rights?	Yes	Various kinds of patient charters or similar by-laws	No
	1.2 Patient organization involvement decision making	Are patient groups formally involved in the policy-making process?	Yes, statutory	Yes, by common practice in advisory capacity	No, not compulsory or generally done in practice
	1.3 No-fault malpractice insurance	Can patients get compensation without the assistance of the judicial system in proving that medical staff made mistakes?	Yes	Fair; > 25% invalidity covered by the state	No
	1.4 Right to second opinion	Is there a meaningful right to a second opinion that patients can exercise in practice?	Yes	Yes, but difficult to access due to bad information, bureaucracy or doctor negativism	No, or severe obstacles that very often cause difficulties accessing a formal right to 2 nd opinion
	1.5 Access to own medical record	Can patients read their own medical records?	Yes, they get a copy by simply asking their doctor(s)	Yes, requires written application or only access with medical professional "walk-through"	No, no such statutory right.
	1.6 Register of legitimate doctors	Can the public readily access the info: "Is doctor X a bona fide specialist?"	Yes, on the www or in widely-spread publication	Yes, but publication is expensive or cumbersome to acquire	No

Sub-discipline	Indicator	Comment	Good	Fair	Poor
	1.7 Web or 24/7 telephone HC info with interactivity	Information which can help a patient make decisions about how to proceed when facing a problem	Yes	Yes, but not generally available	No
	1.8 Cross-border care seeking financed from home	Can patients choose to be treated in another jurisdiction if they prefer, or if there are shorter wait times elsewhere?	Yes; including elective in-patient procedures	Yes, with pre-approval, but usually no problem, or limited to out-patient procedures	Not at all or in some situations with pre-approval, or very limited choice (for care not given in home country)
	1.9 EPR penetration	What percentage of GP practices use electronic patient records?	> 90%	50–90%	< 50%
	1.10 Provider catalogue with quality ranking	"Dr. Foster" in the UK a typical qualification for a Green score. The "750 best clinics" published by LaPointe in France would warrant a Yellow.	Yes	"Not really", but attempts under way	No
2. Wait Times For Treatment	2.1 Family doctor same day access	Can I count on seeing my primary care doctor today?	Yes	Yes, but not quite fulfilled	No
	2.2 Direct access to specialist	Without referral from family doctor (GP)	Yes	Quite often in reality, or for limited number of specialties	No
	2.3 Major non-acute operations <90 days	Coronary bypass/ PTCA and hip/ knee joint	90% <90 days	50–90% <90 days	> 50% > 90 days

Sub-discipline	Indicator	Comment	Good	Fair	Poor
	2.4 Cancer therapy < 21 days	Time to get radiation/ chemotherapy after decision	90% <21 days	50-90% <21 days	> 50% > 21 days
	2.5 Diagnostic Scan < 7days	Wait time for MRI or CT Scan.	Typically <7 days	Typically <21 days	Typically > 21 days
3. Outcomes	3.1 Heart infarct case fatality	28 (30)-day case fatality of hospitalized MI patients	Clearly better than EU average	Not clearly far from EU average	Clearly not as good as EU average
	3.2 Infant deaths	/1,000 live births	<4	< 6	≥6
	3.3 Cancer Survival Rates	5-year Cancer Survival Rates.	≥ 60%	50 - 60%	≤ 50%
	3.4 Preventable Years of Life Lost	All causes, Years lost, /100,000 pop., 0-69	< 3300	3300-4500	>4500
	3.5 MRSA infections	Susceptibility results for S. aureus isolates, %	<5%	5-20%	>20%
	3.6 Rate of decline of suicide	Incline of e-log line for suicide SDR:s 1995-I.a.	Strongly negative	Modestly negative	Positive (increased suicide rate)
	3.7 % of diabetics with high HbA1c levels (> 7)	Percentage of total diabetic population with HbA1c above 7	< 50%	50-60%	>60%
4. Range and Reach of Services	4.1 Cataract operations per 100 000 age 65+	Total number of procedures divided by 100,000's of pop. > 65 years	> 5000	3000-5000	< 3000
	4.2 Infant 4-disease vaccination	Diphtheria, tetanus, pertussis and poliomyelitis, arithmetic mean	≥97%	≥92-<97%	<92%

Sub-discipline	Indicator	Comment	Good	Fair	Poor
	4.3 Kidney transplants per million pop.	Living and deceased donors, procedures p.m.p.	≥ 40	40–30	< 30
	4.4 Is dental care included in the public healthcare offering?	Is dental care subsidized on essentially the same terms as somatic healthcare (20–64 yrs old)	Yes, financially treated as other forms of healthcare	> 40% of the cost reimbursed	Essentially a private affair for people 20–64
	4.5 Rate of mammography	Percentage of females aged 50–69 screened, latest data available	≥ 80%	<80%–>60%	≤ 60%
	4.6 Informal payments to doctors	Mean response to question: “Would patients be expected to make unofficial payments?”	No	Sometimes; depends on the situation	Yes, frequently
5. Pharmaceuticals	5.1 Rx subsidy	Proportion of total sales of Rx drugs paid for by public subsidy	>90%	60–90%	<60%
	5.2. Layman-adapted pharmacopeia	Is there a layman-adapted formulary readily accessible by the public (www or widely available)?	Yes	Yes, but not really easily accessible or frequently consulted	No
	5.3. New cancer drugs deployment speed	Speed of deployment for novel cancer drugs.	More intense than EU average	Close to EU average	Less intense than EU average
	5.4. Access to new drugs (time to subsidy)	Between registration and inclusion in subsidy system	<150 days	<300 days	>300 days

9. Detailed description of Canada's performance by indicator

The Euro-Canada Health Consumer Index 2010 is the third annual report in which the Canadian healthcare system is compared to the healthcare systems of Europe. Although the European countries range widely in terms of wealth, population size and history, all of the countries in the index provide universally accessible healthcare services to their citizens.

The research team collected data for 32 healthcare performance indicators, which was grouped into five sub-disciplines: Patient rights and information, Waiting times for treatment, Outcomes, Range and reach of services provided and Pharmaceuticals.

The ECHCI rankings are neutral regarding how healthcare systems allocate financial resources and the extent to which private or public funding models are used. In other words, no points are allocated based on how a particular healthcare system is funded, and public-private and left-right ideological distinctions are not considered in the creation of the index rankings. Instead, the indicators in this index are entirely performance-based and seek to measure the extent to which the actual healthcare needs of citizens are met. This feature of the index is important for promoting a constructive dialogue about healthcare in Canada, as it enables a comparison of healthcare performance that does not directly refer to emotional conflicts about the appropriate role of private sector actors in the delivery of care. The index measures the things that matter to healthcare system users such as patient outcomes and consumer friendliness—not the extent to which each system conforms to one ideological preference or another in terms of the appropriate role of the private sector.

Sub-discipline: Patient rights and information

The patient rights and information sub-discipline measures the ability of a healthcare system to provide the patient with a status strong enough to diminish the gap between professional and patient. Even the poorest countries can allow themselves to grant the patient with a firm position within the healthcare system.

Patients should have easy access to information about their healthcare options and they should be permitted to exercise a substantial degree of informed choice in the selection of their healthcare provider. The indicators in this sub-discipline measure the extent to which patients' rights are respected and the accessibility of information about providers and individual health to those who need it.

Poor results in the other categories often have at their root a culture that is disdainful of the rights of healthcare consumers and is lacking in transparency. Transparency allows consumers to hold their healthcare providers accountable, and it is the only real mechanism for empowering consumers.

Scoring on this sub-discipline is based on the following ten indicators:

Healthcare law based on patients' rights

At the national level, Canadian healthcare is largely governed by the Canada Health Act (1984). As healthcare is constitutionally a provincial responsibility, the CHA lays out the terms under which it will transfer money to the provinces for health spending. The Act determines treatments that are provided at public expense, imposes restrictions on additional fees and mandates portability and accessibility. Accessibility, though, is expressed solely in terms of the right of all patients to uniform treatment without regard to age, lifestyle or other circumstances. The right to timely, appropriate or effective treatment is not mandated.

Patients' rights laws are common in Europe, and have been an important tool for reformers to pressure governments into delivering timely and effective services.

In Canada, individual provinces have considered various proposals for entrenching patients' rights in legislation, but to date there is no province with a clearly enshrined right to timely and effective treatment that provides practical remedies. In this regard, Canada falls well behind the great majority of European countries in the index. Canada scores the lowest mark, Red. ○

Patient organizations involved in decision making

There is no statutory requirement to involve patient advocacy (or other stakeholder) groups in the policy-making process. Nonetheless, in practice, broad, national groups (such as the Canadian Cancer Society and the Canadian Diabetes Association) as well as more disease-specific patient groups are invited to share information with policy-making bodies, and they commonly endorse or criticize decisions made by regional, provincial and federal bodies regarding healthcare and their areas of interest. While a full score is awarded to countries in which patient and consumer groups are formally included in the formation of health policy, Canada gets partial marks, Amber, for doing this in common practice. ●

No-fault malpractice insurance

Canada does not have no-fault medical malpractice insurance. Patients seeking compensation after an adverse event have the only option to sue their healthcare provider. There is a growing awareness that this system only focuses on finding faults instead of cultivating efficiency or patient safety. Recommendations have also been made at the federal level to improve this situation. As long as medical staff is discouraged from admitting errors for fear of lawsuits or until patients can get compensation without the assistance of the judicial system, Canada retains a score of Red on this indicator. ○

Right to second opinion

Canada provides no explicit, legislated guaranteed right to a second opinion. While many patient advocacy groups speak of a “right to a second opinion,” this right is not guaranteed in law. However, many of the provincial bodies that license doctors do explicitly note that patients have a right to a second opinion. But since a second opinion from a specialist requires a referral and often a lengthy wait, even those regions that seek to provide second opinions have great difficulty in translating this into reality.

The literature indicates that the accessibility of second opinions remains much worse than that of specialist referrals in general. Canada accordingly gets the lowest mark on this indicator, Red. ○

Access to own medical record

Canadian law considers medical records the property of the practitioner, although the patient retains the right to access the contents. In practice, this means that unless a physician can demonstrate that allowing the patient or his proxy access to a record will harm the patient or a third party, the contents of the record must be made available to patients. Practitioners can require that records be examined only in their presence, or charge a fee for the transfer of information, making the exercise of this right occasionally problematic. Because Canadians have the nominal right to access their records but the exercise of this right is subject to various conditions, Canada scores Amber on this indicator. ●

Register of legit doctors

All provincial medical associations provide a directory of physicians within their province. Medical associations will also provide disciplinary action information, although often the nature of such complaints and the disciplinary action taken is not available to the public. The accessibility and content of physician directories vary between provinces. Verified physician profiles and information on family physicians accepting new patients are not always readily available through a web- or telephone-based service. Further, because many registries depend upon self-reporting from physicians and accurate information about specialties is harder to obtain, Canada scores Amber. ●

Web or 24/7 telephone healthcare information

Almost all provinces and territories provide 24/7 telephone access to registered nurses through call centres. The Public Health Agency of Canada provides some basic health information online and at the provincial level many Ministries of Health also provide

access to healthcare information online. However, there is a great range in the quality and accessibility of the information offered. Based on the large proportion of the population having access to 24/7 healthcare hotlines Canada gets the highest mark on this indicator, Green. ●

Provider catalogue with quality ranking

Canada has made progress on this indicator in recent years. The Canadian Institute for Health Information collects comprehensive statistical information on hospital performance and in recent years more of this information has been made available for public consumption.

In particular, the CIHI has begun to release hospital standardized mortality ratios (HSMR). The HSMR compares the death rate in each hospital with the Canadian average, making adjustments for several variables that are likely to impact mortality rates.

This is a very important step forward, but Canada still trails behind some European countries in terms of the level of detail publicized by healthcare providers, which enables consumers in those countries to make informed choices.

Although some European countries continue to outperform Canada on this indicator, Canada has improved on the red score that it was given in each of the last two EHCIs, and gets intermediate marks in this category for 2010, Amber. ●

E-Health proficiency

Canada Health Infoway, an organization funded by the federal government, has set as its goal that 50 per cent of Canadians should have electronic patient records by 2010. An article published in Health Affairs in 2007 states that only 23% of primary care practices in Canada use electronic medical records. Infoway reports that Canada is far from achieving the 50 per cent goal. As of March 31, 2009, Infoway estimates that the core components of an electronic health records system were accessible to 17% of Canadians. Further evidence that Canada lags in this indicator was discovered by a recent Commonwealth Fund survey of primary care physicians, in which just 37% of Canadian doctors stated that they use electronic patient records, compared to over 90% in countries like Sweden, Italy, the UK and the Netherlands.

Since the index cut-off for the lowest criteria is a 50% use of electronic medical records among general practitioners, Canada clearly is in the bottom category for this indicator and scores Red. ○

Cross-border care

This indicator is meant to measure the ease with which consumers can choose to seek medical care in another country while receiving financing from the home government. Since the Medicare system of Canada does not encourage healthcare delivery outside of a resident's home province, cross-border treatments are rare. Patients might, under special circumstances, be sent out of province for treatment or get healthcare out of country, but this generally only happens in cases where medical treatment is not available or waiting lines are extremely long. Canada scores Red on this indicator. ○

Sub-discipline: Waiting times for treatment

Health consumers with a complicated condition can be subject to up to four lengthy waits: the first, to see their family doctor, or to find a general practitioner; the second, to see the appropriate specialist for their ailment; the third, for diagnostic procedures to determine appropriate treatment; and the fourth, for treatment.

A high-performing healthcare system must deliver excellent outcomes and short waits for services so that patients do not endure unnecessary periods of pain and stress while waiting for care. This category of indicators looks at wait times in several areas to examine variations in the delivery of timely care.

This sub-discipline is made up of five indicators, which are discussed below.

Family doctor same-day access

This indicator examines the likelihood that a consumer will be able to see their family doctor on the same day that they request an appointment.

The 2007 Commonwealth Fund International Health Policy Survey interviewed adults in seven countries. Twenty-two per cent of Canadian respondents stated they got an appointment the same day to see a doctor the last time they needed care, while 30% waited more than six days to get an appointment. As a comparison, the same results for the UK were 41% and 12%, respectively. There are signs that substantial improvement is being made in some jurisdictions for this indicator. For example, many healthcare providers in British Columbia have embraced “advanced-access” or “open-access” scheduling systems, which have dramatically improved the ability of patients to quickly obtain an appointment with their general practitioner.

Unfortunately, however, no comprehensive data has been collected for this indicator since 2007, and the Commonwealth Fund survey remains the most recent reliable national data for this indicator. For this reason, Canada still gets the lowest mark on this indicator, but it is important to note that progress is being made and that Canada may earn a higher score in future indexes as new data becomes available. Red. ○

Direct access to specialist

While a referral to see a specialist is not required in Canada, incentives makes self-referral a rarity in practice. Specialists may see patients without a referral, but since the fee is reduced most practices operate by referral only. On this indicator Canada scores Red. ○

Major non-acute operations < 90 days

This indicator looks at the decision-to-treat to treatment interval for a basket of coronary bypass/PTCA and hip/knee joint surgeries. Nation-wide, Canadian provinces report up-to-date waiting times for a varying number of procedures.

In recent years, Canada has made some progress on this indicator. In particular, the establishment of uniform reporting processes for hip/knee joint surgeries and coronary bypass procedures has improved transparency and accountability. There is a significant range between the provinces in terms of wait times for these procedures, but on the

whole, some progress is being made. In particular, wait times for bypass surgery tend to be becoming shorter over time.

Unfortunately, wait times for orthopedic surgery are still unusually long in Canada. For example, the median wait time for a hip replacement in Manitoba was reported at 110 days in 2009. In some provinces, progress is being made even in this area of general weakness, but long wait times for orthopedic surgery remain a major problem across Canada.

Some progress is being made, but all together Canada again scores Red in the waiting times sub-discipline, mostly due to the extremely long wait times for orthopedic surgeries. ○

Cancer therapies < 21 days

This indicator measures the time interval between treatment decision and cancer treatment (radiation therapy and chemotherapy). Canada-Europe comparisons are problematic for this indicator, because Canada uses a 28-day benchmark to monitor performance rather than the 21- or even 14-day benchmarks tracked in most European countries. Each Canadian province collects data showing the percentage of the time that treatment begins within 28 days, but this is difficult to translate into a score for the 21-day indicator.

However, the data that we do have suggests that Canada's performance on this indicator does not stand out as uniquely poor or uniquely excellent in comparison to European countries. In the various provinces, between 80–100% of treatments begin between the nationally tracked 28-day benchmark. For the provinces that track detailed information about the distribution of wait times, the median wait time for treatment is between seven and 21 days. Since wait times for individuals in the 90th percentile range from 19 days to 38 days, Canada does not earn top marks, because a significant number of people are still being required to wait more than 21 days.

Based on the information at our disposal, Canada appears to perform reasonably well on this indicator, and earns a score of Amber. ●

MRI examinations < 7 days

Canada has substantially fewer MRI scanners per capita than many other countries. Furthermore, a recent survey of public MRI facilities in Canada (Emery et al.) reported that strategies in place to reduce wait times are largely ineffective and uncoordinated. From the reported waiting times for MRI examinations provided by the provincial health ministries, no province comes close to the Index waiting time cut-off of three weeks. As an example, Ontario posts an average waiting time of approximately 8 weeks for an MRI. Canada scores Red also on the last indicator on waiting times. ○

Sub-discipline: Outcomes

The outcomes sub-discipline assesses the performance of different national healthcare systems when it comes to results of treatment. The strength of Canada's healthcare system lies in its ability to deliver good medical outcomes. Canada ranks among the top ten performers in the outcomes sub-discipline. The seven indicators on medical outcomes are presented below.

Heart infarct case fatality

In Europe, data on heart infarct mortality rates is surprisingly fragmented and incoherent. Canadian heart infarct case mortality rates are not available, but comparing the available 30-day in-hospital rate, 9.4%, with the equivalent European data gives Canada a score of Green. Canada is close to the green/amber cutoff for this indicator, but this year's green score is an improvement on last year, when Canada was given an intermediate score. Green. ●

Infant deaths

In well-developed countries the increased infant mortality occurs primarily among very low birth weight infants, many of whom are born prematurely. In Europe, very low birth weight infants probably account for more than half of all infant deaths. According to the CIA World Factbook, 5.04 infant deaths occurred for every 1,000 live births in Canada. Canada is still below the top European countries for this indicator, and earns a score of Amber. ●

Cancer 5-year survival

This indicator measures the percentage of patients alive five years after their initial diagnosis of cancer. Reports on five-year survival of cancer put Canada in a competitive position relative to the European top-performers. We have excellent, comparable data for European countries for this indicator, but slight differences in the methodology for Canadian reporting makes direct comparisons difficult. Canada is extremely close to the amber/green divide for this indicator, but with the information available, we have determined that an intermediate score of Amber is most appropriate. ●

Avoidable deaths—years of life lost

Potential years of life lost, PYLL, is an estimate of the years of life forfeited by those who die prematurely. This indicator takes into account the age at which deaths occurs by giving greater weight to deaths at younger age and lower weight to deaths at older age. Although for this indicator Canada is once again near the green/amber cutoff, with a score of 3,365 years lost per 100,000 population, Canada scores Amber on this indicator. ●

MRSA infections

Public disclosure of nosocomial infection rates, such as MRSA infection, is not mandatory in Canada. Starting in 2008, participating healthcare institutions were asked by Accreditation Canada to report infection rates for either *C. difficile* or MRSA.

Fragmentary national data exists from 2003 and 2006 which, taken together, indicates that Canada deserves a score of Amber for this indicator. ●

Rate of decline of suicide

This indicator measures the relative decline of suicide rate. By using logarithmic values, effects from countries having very different absolute suicide rates are eliminated. Thus, a country lowering its suicide rate from 4 to 3 gets the same trend line as a country that lowers its rate from 40 to 30. Since the mid-1990s Canada shows a stable declining trend in the number of suicides, matched only by a handful of countries in the index. On this indicator Canada scores Green. ●

Percentage of patients with high HbA1c levels (> 7)

The HbA1c test is an important assessment tool of how well diabetes has been managed on individual patients. While there is no official and national report on this indicator in Canada, a 2005 national cross-sectional study reported that 49% of diabetes patients had an HbA1c higher than 7. This was the same data that informed this report last year, and no new comprehensive data has become available since that time. Canada is among the top countries in the index, and earns a score of Green. ●

Sub-discipline: Range and reach of services provided

This sub-discipline measures the breadth of services provided and the rate at which insured services are offered. Canada's healthcare system performs close to the index average when it comes to range and reach of services provided. A closer look at the six indicators that make up the range and reach of services provided sub-discipline is given here.

Cataract operations

This indicator measures the number of cataract operations performed on seniors aged 65 years and older. Canada performs a very large number of cataract surgeries each year, reporting 5,479 operations per 100,000 population aged 65 years and older. Along with Belgium, Canada is the top performer in the world for this indicator, and earns a score of Green. ●

Infant 4-disease vaccination

UNICEF provides an international comparison for this data, and reports that Canada is roughly in line with most European countries for this indicator. For diphtheria, tetanus and pertussis, UNICEF reports an immunization rate of 94%. This clearly earns Canada a score of Amber for this indicator. ①

Kidney transplants

There is a commonly encountered notion that the number of kidney transplants is greatly influenced by factors outside the control of healthcare systems, such as the number of traffic victims in a country. However, the level of kidney donations also reflects a complex range of factors internal to the healthcare system. A high level of donation requires everything from appropriate training for anesthesiologists, dedicated donation teams that involve doctors, nurses and counselors, and a high number of ICU beds. This means that the level of kidney transplants is influenced by the performance of a national

healthcare system, and is not merely an indicator on the volume of traffic victims. With 38 transplants per one million people, Canada scores Amber on this indicator. 🟡

Dental care affordability

Dental care is generally not included in Canadian Medicare, which means that individuals either purchase private dental insurance or pay for their dental expenses out of pocket. Many European countries include dental services in their national healthcare plans. Canada scores Red on this indicator. 🔴

Mammography reach

Early screening for the development of cancers is an important way to improve survival rates. Early detection of breast cancer dramatically improves an individual's chance of survival. Breast cancer is the most common cancer among females, and mammograms are an important tool in its early detection, as they can find small lumps several years before they can be felt.

Statistics Canada reports that in 2008, 72.5% of women between ages 50–69 had received a mammogram in the past two years. This is an improvement on the score of 70.4% reported in last year's EHCI, but Canada is still below the amber/green cut-off, and earns a score of Amber. 🟡

Informal payments to doctors

An informal payment is considered any payment made by the patient in addition to official co-payment. As reported in last year's EHCI, under-the-table payments are more common in some western European countries than perhaps previously believed. However, in Canada there are no indications of unofficial payments and Canada scores Green on this indicator. 🟢

Sub-discipline: Pharmaceuticals

Effective use of pharmaceuticals has the potential to significantly reduce the need for more drastic interventions and to improve the quality of life for consumers. The availability of pharmaceuticals is a crucial measure of how well a healthcare system serves its consumers. Whether most people can afford drugs is one aspect of this. Others are the speed with which new drugs are made available to consumers and the degree to which information about new drugs is accessible to the public.

Rx subsidy

Canada does not have a national pharmaceutical program. Each province sets its own policy for access, coverage and cost sharing and as a result copayments vary between provinces. Overall, public expenditure on prescription medicines totals 45%, earning Canada a score of Red on this indicator. 🔴

Layman-adapted pharmacopeia

Canada does not have a consumer-friendly service equivalent to US-based RxList, a medical resource website, which offers detailed pharmaceutical information on both

brand and generic drugs. The Drug Product Database (DPD) offered by Health Canada is a listing of drugs approved for use in Canada. The database covers 23,000 drugs but information on each drug is sparse and the data provided is of a very technical nature. Most of the provinces also have online formularies which provide information for healthcare professionals. While the DPD and provincial formularies serve healthcare professionals, they are not adapted to the needs of consumers. Canada scores Red on this indicator. ○

New cancer drugs deployment speed

A comparison between Canada and Europe is difficult for this indicator. For the European countries, we have access to a sophisticated study that provides the deployment time for 21 novel cancer drugs. We do not have rich Canadian data that can easily be compared to this data.

However, recent research by the Cancer Advocacy Coalition of Canada provides a direct comparison between Canada and the United States, from which we are able to draw some conclusions about Canada's international standing in this area. For many novel cancer drugs, delays are significantly longer in Canada than in the United States.

Since the level of funding and access to cancer drugs varies between provinces in Canada, additional waiting times such as provincial funding approval and guideline writing are also added to the total waiting time before a drug can be used by patients in some provinces. However, there are also substantial delays for cancer drug deployment in many other countries—Canada is not unusual in this regard. On the whole, we have determined that Canada deserves a score of Amber on this indicator. ●

Access to new drugs (time to subsidy)

Canada has made substantial progress for this indicator in recent years. In 2004, the average time to subsidy length was 552 days. Our most recent data from 2007 places the average delay before subsidy at 314 days in Canada—a substantial improvement. Unfortunately, Canada still earns a score of Red for this indicator, but has come a long way in recent years and is now approaching the amber/red threshold of 300 days. If improvement continues, Canada may earn a higher score in coming years for this indicator. ○

10. FAQs

What is the Euro-Canada Health Consumer Index?

The Euro-Canada Health Consumer Index measures the performance of the healthcare systems in Europe and Canada from the perspective of the consumer. The information is presented as a series of easily understood rankings that are designed to allow consumers to compare the performance of each country's national healthcare system.

Why is Canada included in a primarily European index?

As with the healthcare systems of Europe, Canada's system is publicly financed and governed. All of the countries included in the index share Canada's commitment to universally accessible healthcare. By comparing the quality of healthcare in Canada to 33 different European countries, we can develop an improved understanding of the strengths and weaknesses of the Canadian model.

What is the intended impact of this report on policy discourse in Canada?

A major objective of the ECHCI is to promote the development of consumer-oriented healthcare in Canada. The index gives consumers the ability to evaluate their healthcare system in several different areas, and to determine where the system is succeeding and failing.

Policy discourse in Canada will benefit from a heightened awareness of the range of possibilities for delivering healthcare to citizens that exist in Europe. The top European performers show that responsive, consumer-friendly healthcare is possible within the framework of a universally accessible system.

Is it possible to measure and compare healthcare in this way—from a consumer perspective?

Yes. Healthcare represents a major sector of the economy in each country evaluated in this index, and is one of the most important areas of government activity. There is a pressing need to find relevant and comprehensive ways of assessing performance and of moving away from measuring resource inputs (staff, beds, etc) as has often been done in the past when gauging healthcare quality. Our approach measures the quality of the services that are delivered, and therefore provides a measure of how well citizens are being served in each country.

How reliable is the index data?

HCP and FCPP have brought this data together from publicly available statistics, as well as some of our own independent research. The access to public data in many fields is unfortunately slow, and in some cases of poor quality. This means that for some indicators, we may have more recent data from one country than for another. The HCP has a system in place for assessing and validating all data, and we are confident that

our methodology is an effective approach for providing an overall measure of consumer friendliness in each country. However, data imperfections do exist, and affect the results of particular indicators.

Is public health or healthcare performance measured?

Healthcare performance is measured—not public health. There does exist significant data on public health, which is certainly important for public policy. This report, however, focuses entirely on the performance of the healthcare system in each country, and how well they meet the needs of consumers. We exclude indicators such as obesity and life expectancy that are important measures of public health but are impacted considerably by diet, smoking habits and other factors that are unrelated to healthcare system performance.

11. Primary data sources

For each indicator, additional research has been done consulting other sources to augment the information drawn from the primary data sources listed below.

Indicator	Main Data Sources
Healthcare law based on patients' rights	<ul style="list-style-type: none"> - http://europatientrights.eu/about_us.html ; - Patients' Rights Law (Annex 1 to EHCI report) ; - http://www.healthline.com/galecontent/patient-rights-1 ; - http://www.adviceguide.org.uk/index/family_parent/health/nhs_patients_rights.htm; www.dohc.ie ; - http://www.sst.dk/Tilsyn/Individuelt_tilsyn/Tilsyn_med_faglighed/Skaerpet_tilsyn_med_videre/Skaerpet_tilsyn/Liste.aspx ; - http://db2.doyma.es/pdf/261/261v1n2a13048764pdf001.pdf . <p>Review of recent legislative activity in Canada.</p>
Patient organization involvement decision	<ul style="list-style-type: none"> - Patients' Perspectives of Healthcare Systems in Europe; survey commissioned by HCP 2008. Personal interviews.
No-fault malpractice insurance	<ul style="list-style-type: none"> - Swedish National Patient Insurance Co. (All Nordic countries have no-fault insurance); - www.hse.ie ; - www.hiqa.ie . Rekindling Reform: Health Care Renewal In Canada, 2003–2008. Health Council of Canada. 2008.
Right to a second opinion	<ul style="list-style-type: none"> - Patients' Perspectives of Healthcare Systems in Europe; survey commissioned by HCP 2008. Health and Social Campaigners' News International: Users' perspectives on healthcare systems globally, Patient View 2005. Personal interviews. Review of Canadian legislation and health ministry mandates.
Access to own medical records	<ul style="list-style-type: none"> - Patients' Perspectives of Healthcare Systems in Europe; survey commissioned by HCP 2008. Health and Social Campaigners' News International: Users' perspectives on healthcare systems globally, Patient View 2005. Personal interviews; - www.dohc.ie.
Register of legit doctors	<ul style="list-style-type: none"> - Survey commissioned from Patient View by HCP 2009. National physician registries; - http://www.sst.dk/Tilsyn/Individuelt_tilsyn/Tilsyn_med_faglighed/Skaerpet_tilsyn_med_videre/Skaerpet_tilsyn/Liste.aspx ; - http://www.collegesofphysicians.ca . Provincial Colleges of Physicians and Surgeons in Canada.
Web or 24/7 telephone HC info with interactivity	<ul style="list-style-type: none"> - Patients' Perspectives of Healthcare Systems in Europe; - Survey commissioned by HCP 2008. Personal interviews; - http://www.nhs.uk; - www.hse.ie ; - www.ntpf.ie . Review of provincial government health websites in Canada.

Indicator	Main Data Sources
Cross-border care seeking financed from home	- Survey commissioned for Heart Index by HCP from Patient View 2008. Interviews with healthcare officials.
EPR penetration	- Commonwealth Fund International Health Policy Survey of Primary Care Physicians; - Benchmarking ICT use among GP:s in Europe. European Commission, 2008. Study by Empirica. Bonn, Germany (p.60). Gartner Group; - CEEC-IST-NET. EFPConsulting. 2006. Project co-funded by the European Commission; - Toward Higher-Performance Health Systems: Adults' Health Care Experiences in Seven Countries, 2007. Health Affairs. 2007. Infoway Annual Report 2009.
Provider catalogue with quality rankings	- http://www.drfooster.co.uk/home.aspx ; - http://www.sundhedskvalitet.dk/ ; - http://www.sykehusvalg.no/sidemaler/VisStatiskInformasjon____2109.aspx ; - http://www.hiqa.ie/ ; - http://212.80.128.9/gestion/ges161000com.html .
Family Doctor Same Day Access	- Survey commissioned from Patient View by HCP 2009. National healthcare agencies. Commonwealth Fund.
Direct access to specialist	- Survey commissioned by HCP from Patient View 2009. Interviews with healthcare officials, feedback from national agencies. Review of provincial practices in Canada.
Wait for major non-accute operations	- Survey commissioned by HCP from Patient View 2009. Interviews with healthcare officials, feedback from national agencies. Canadian Institute for Health Information.
Cancer therapy wait time	- Survey commissioned by HCP from Patient View 2009. Interviews with healthcare officials, feedback from national agencies. Canadian Institute for Health Information.
Diagnostic scan wait time	- Survey commissioned by HCP from Patient View 2009. Interviews with healthcare officials, feedback from national agencies. Websites of Provincial Health Ministries. Canadian Institute for Health Information.
Heart Infarct Case Mortality	- Compilation from OECD Health at a Glance; - December 2007, MONICA, national heart registries. Canadian Institute for Health Information.
Infant Deaths	- WHO Europe Health for All mortality database August 2009, latest available statistics. http://globalis.gvu.unu.edu/indicator_detail.cfm?IndicatorID=25&Country=BE .
Cancer Survival Rates	- J. Ferlay et al., Annals of Oncology, 2007. Statistics Canada.
Preventable Years of Lost Life	- OECD Health Data 2009; Non-OECD: WHO HfA SDR all causes per 100000, ages 0-64.

Indicator	Main Data Sources
MRSA Infections	- EARSS, June 2009.
Rate of Decline of Suicide	- MINDFUL, WHO HfA Mortality database, January 2009.
HbA1c Levels for Diabetics	- EUCID, Interviews with national diabetes experts and health care officials, National Registries.
Cataract Indicators Operations per 100,000 Senior Citizens	- OECD Health Data 2009, WHO HfA database, Aug -09, WHO Prevention of Blindness and Visual Impairment Programme, European Community Health.
Infant 4-Disease Vaccination	- WHO HfA database, Aug 2009. UNICEF Compilation of health statistics.
Kidney Transplants per million pop.	- OECD Health Data 2009, Council of Europe Newsletter 13/2008, Croatian registry for renal replacement therapy, Rozental R: Donation and transplantation in Latvia 2006.
Dental Care Affordability	- European Observatory HiT Reports, National healthcare agencies
Rate of mammography	- OECD Health Data 2009; WHO World Health Survey 2006. Statistics Canada.
Informal Payments to Doctors	- Survey commissioned from Patient View by HCP 2009. National healthcare agencies.
Rx subsidy	- http://www.efpia.org/6_publ/infigure2004h.pdf . 2005 update? WHO Health for All database 2005; - http://www.laegemiddelstyrelsen.dk/statistik/overvaagning/udgifter/2007-1/2007-1.asp .
Layman Adopted Formulary	- Survey commissioned from Patient View by HCP 2009. National healthcare agencies. Health Canada, Review of Provincial Drug Formularies. Review of Provincial Drug Formularies.
New Cancer Drug Deployment	- "A pan-European comparison regarding patient access to cancer drugs", February 2009, Nils Wilking & Bengt Jönsson, Karolinska Institute, Stockholm. Cancer Advocacy Coalition of Canada.
Access to New Drugs (Time to Subsidy)	- Phase 6 Report Feb 2007. PATIENTS W.A.I.T. Indicator Commissioned by EFPIA. IMS Global Consulting. "A pan-European comparison regarding patient access to cancer drugs", Nils Wilking & Bengt Jönsson, Karolinska Institute, Stockholm. Fraser Institute Report: Access Delayed, Access Denied (2009).

12. References

The main sources of input for the various indicators are given in Chapter 11 (Indicator definitions and data sources). For all indicators, this information has been supplemented by interviews and discussions with healthcare officials in both the public and private sectors.

12.1 Useful links

Useful complementary information was obtained from these Web sites:

<http://www.aesgp.be>

<http://www.canadianemr.ca>

<http://www.cihi.ca> (Canadian Institute for Health Information)

<http://www.cmaj.ca> (Canadian Medical Association Journal)

<http://www.easd.org>

<http://www.diabetes-journal-online.de>

<http://www.drfooster.co.uk>

<http://www.rivm.nl/earss>

<http://www.eudental.org>

http://europa.eu/abc/european_countries/index_en.htm

http://europa.eu/pol/health/index_en.htm

http://ec.europa.eu/public_opinion/index_en.htm

<http://www.eurocare.it>

<http://www.ehnheart.org>

<http://www.euro.who.int/observatory>

<http://www.escardio.org>

<http://epp.eurostat.ec.europa.eu>

http://ec.europa.eu/health-eu/index_en.htm

<http://www.euro.who.int> (Health Ministries of Europe addresses)

<http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/ptrole/index-eng.php>
(Ministries of Health, Canada)

<http://www.healthcouncilcanada.ca>

<http://www.hospitalcompare.hhs.gov>

<http://www.hope.be>

<http://www.idf.org>

<http://www.infoway-inforoute.ca> (Canada Health Infoway).

<http://www.eatlas.idf.org>

<http://www.hospitalmanagement.net>

12.1 Useful Links, Cont'd

<http://www.isic.lt> (Lithuanian Health Info Centre)
<http://www.lse.ac.uk/collections/LSEHealthAndSocialCare>
<http://www.medscape.com/businessmedicine>
<http://www.oecdbookshop.org> (OECD Health Data)
<http://www.oecd.org/els/health>
<http://aitel.hist.no/~walterk/wkeim/patients.htm> (Patients' Rights Laws in Europe)
<http://www.patient-view.com/hscnetwork.htm>
<http://www.phac-aspc.gc.ca> (Public Health Agency of Canada)
<http://www.statcan.gc.ca> (Statistics Canada, Health Indicators)
<http://www.pickereurope.org>
<http://www.100tophospitals.com>
<http://www.vlada.si> (Slovenia Health Ministry)
<http://www.worldcongress.com>
<http://www.who.int/topics/en>
<http://www.who.int/healthinfo/statistics/mortdata/en>
<http://www.euro.who.int/hfadb> (WHO Health for All database)
<http://www.who.int/genomics/public/patientrights/en>
<http://www.waml.ws> (World Association of Medical Law)

Further reading



Canada Health Consumer Index 2009

European and Canadian Think Tanks release first consumer-focused bench-marking of Canada's provincial healthcare systems

http://www.fcpp.org/main/publication_detail.php?PubID=2346



Separating the Twins

<http://www.fcpp.org/publication.php/2254>