Selected Quotes on the Health Care system and Information

The choices each country makes with respect to health policy reflect the extent to which it is a just and caring society.


..And in Canada, despite expenditure restraint and an escalating rhetoric of crisis, no major policy change occurred, and the basic features of the system remained essentially unchanged.


In common with every other industrialized nation, Canada is struggling with how to optimize the "impossible triad" of health care objectives: quality, accessibility, and affordability.


All voice dissatisfaction with the organization of their delivery systems; they all deplore "fragmentation" and aspire to "integration." International literature and their own observations teach that overuse of services is substantial and that, to coin a phrase, care ought to be better managed. Having long allowed physicians and hospitals to practice medicine largely as they please – a norm crucial to the quid pro quo in which providers accepted regulations of their payments – these countries now seek efficiencies in production that supposedly accompany organizational innovation.


It is clear that decisions concerning the allocation of public resources necessarily involve important trade-offs and the balancing of competing interests. In the final analysis, Canadians must decide what portion of public resources should be devoted to health promotion and prevention and how much on the treatment of illness. Similarly, we must determine whether government resources should be directed towards other health-related uses, such as electronic patient records, the health infostructure, health research and so on, rather than on the direct delivery of health care services.

A major weakness in our current health care system is that it still operates as a "cottage industry" (see the first part of Chapter 5), despite the fact that the health care sector is an extremely information intensive industry. Indeed, the most important single ingredient in any diagnosis or treatment is information. The
health care sector in Canada is not making use of information and communications technology to the same extent as do other information intensive industries.

Greater use of information and communications technology along with better integration of health care providers and institutions would facilitate the determination of causal relationships between the various inputs typical of the health care system and the resulting outputs or outcomes. This would greatly improve evidence-based decision-making by health care providers, health care managers and health care policy makers. This would allow us to answer such questions as: Are we investing enough, too much, or too little in health care technology? Are there too many, too few, or just enough physicians, nurses, or other health care professionals? Are we getting our money’s worth? Currently, we simply do not know the answers to these questions.

The scarcity of indicators for measuring improvements in health status and the lack of information on the effects of medical treatments make it difficult to assess the effectiveness of care and the overall performance of the health care system. Hence, there is, at present, insufficient evidence to demonstrate that improved efficiencies alone would be enough to bridge the gap between increasing health care costs and government funding. (p. 51)


The task of trying to reconcile the incredible mass of available information—occasionally factual, often anecdotal, invariably contradictory, but always absolutely compelling—is daunting.