Health Accord, One Year Later: Accountability Still A Challenge

Friday, March 19, 2004 – Canadians have made it clear – they see greater accountability as essential to health reform.

And the First Ministers made accountability a key thrust of their new Accord on Health Care Renewal, a year ago. Governments across Canada are taking steps to deliver on that commitment. Yet, despite all the talk and the evident goodwill, we are still far from having a truly accountable health care system.

The first of the Health Care Accountability Papers, a new series of reports from CPRN's Health Network, points to some of the reasons. ***Rhetoric, Fallacy or Dream? Accountability to Citizens in Canadian Health Care***, by Cathy Fooks and Lisa Maslove, finds confusion over the meaning of "accountability", and a failure to think through its application to the relationships within the health care system.

"What we try to do in this paper," says Fooks, "is to step back from current efforts, review how accountability has been defined in other contexts, and then try to clarify what it actually means in the context of health care delivery."

This paper provides an overview of current accountability concepts, maps the complex relations among health care actors and citizens, and attempts to fit the two together. In the process, the authors identify issues that need clarifying on the way to an accountable health care system.

Among their observations:

- Governments are clearly accountable to citizens, but don't appear to have specific accountabilities to anyone else in the system.
- There is no obvious accountability relationship between citizens and the regulators, health care facilities, or the health professions.
- Canadian initiatives focus primarily on financial and managerial accountabilities, leaving professional accountability related to health care delivery and clinical decision making in question.
- Almost all the accountability relationships that do exist are uni-directional, when shared responsibility might suggest otherwise.
- Currently, participation in governance and public reporting are the primary mechanisms for accountability to citizens. It is not clear that these adequately meet citizens' expectations.

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The authors identify a number of potential "gaps" they see as standing in the way of a truly accountable system. Among them:

- *A Definitional Gap* – a definition of accountability based on the historic relationship between governments and citizens may not fit a system of quasi-independent health providers. While there is accountability between providers and governments and between providers and patients, the accountability between providers and society needs clarification.
- *A Communications Gap* – current public reporting of performance measurements and outcomes needs to be in a format that citizens can readily use to identify responsibilities and assess accountability processes. There may also be a gap between the information provided and what citizens actually want. An in-depth discussion with citizens is needed.
- *An Implementation Gap* – between the desired and actual effect of reporting information. There is a need for implementation plans to deal with the implications of information reported – what does the information say about system performance, who is responsible for changing it, and at what level?

"We hope this study and the others to follow will provide the essential research base for specific recommendations to strengthen accountability in Canada's health care systems," says Fooks.

Future reports in the Health Care Accountability Papers will cover:

- mapping current responsibilities and accountabilities in the health care system;
- the effectiveness of citizen engagement as a citizen accountability mechanism;
- the effectiveness of performance reporting as a citizen accountability mechanism;
- the effectiveness of legal approaches as a citizen accountability mechanism;
- the effectiveness of governance approaches as a citizen accountability mechanism, and;
- a final report with recommendations.

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