

***Rhetoric, Fallacy or Dream?  
Examining the Accountability of  
Canadian Health Care to Citizens***

**by**

**Cathy Fooks and Lisa Maslove**

**Executive Summary**

**March 2004**

Health Care Accountability Papers – No|1 is available at  
<http://www.cprn.org> or on request at (613) 567-7500.

## Executive Summary

One of the many threads in the ongoing debates about Canadian health care is improving accountability. All the provincial and national system reviews over the last number of years have made suggestions to strengthen the accountability of health care systems to citizens. These have taken many forms including public reporting, changing governance structures, providing care guarantees and creating new organizations with a quality mandate. Governments are implementing many of these recommendations in the name of enhancing health care accountability.

This paper reviews general concepts of accountability and how they relate, or don't relate, to the delivery of health care in Canada. We make the following observations:

- Governments are clearly accountable to citizens but don't appear to have *specific* accountabilities to other actors in the health care system.
- The accountability relationship between citizens (as opposed to patients) and health care facilities, regulators and health professions is unclear.
- Financial and managerial accountability are the main types focused upon in Canada.
- Accountability relationships in Canadian health care are uni-directional – there is very little shared accountability for specific goals or outcomes.
- Demonstrating accountability has primarily been undertaken through a commitment to public reporting on indicators of health system performance and population health.

In thinking about the future development of accountability mechanisms, there are at least three gaps that need to be addressed as policy makers move forward. First, there is a definitional gap created by the application of general definitions of accountability to health care delivery. General definitions are based on a traditional notion of government accounting to citizens. The concept of accounting to citizens is now being applied to health care providers, although the nature of the relationship between providers and society isn't clear. Second, there is a communications gap as the primary route for creating accountability appears to be performance indicators. There is some debate about whether these reporting exercises are useful to citizens and a potential gap between what is reported and what citizens want to know. Third, there is an implementation gap as the generation of information is not directly linked to actors or actions.

Identifying these gaps is not meant to imply that work to date has not been worthwhile. Much good work has been undertaken and governments have pledged to continue health system reform including further development of their accountability mechanisms. The following suggestions are offered to support that continued effort:

- Address the difficulty of using a general accountability definition to fit all aspects of health care relationships by being clearer about roles and responsibilities for specific outcomes. For example, who is responsible for ensuring access to care? Who is

responsible for ensuring quality of care? Who is responsible for improving health outcomes?

- Think about how to create a stronger connection between providers and citizens (rather than patients). What is the societal expectation?
- Think about how to create a stronger professional *group* accountability at the system level for system outcomes.
- Think about how to operationalise and make visible shared accountability relationships.
- Move beyond the reliance on public reporting of performance information as a primary accountability mechanism and start to experiment with other mechanisms such as citizen engagement processes.
- If public reporting is going to continue in the short term as a key citizen accountability mechanism then further refine the kind of information being reported and the way in which it is being reported to making it more useful to citizens. This should involve discussions with citizens.
- Create implementation processes for responding to the published information that explicitly explains to citizens what needs to occur and outlines the consequences of not acting.

Within the next several months, CPRN will be releasing a series of papers with the goal of stimulating more thoughtful discussion about how the health care system and its institutions can respond to the growing pressures from citizens, taxpayers and patients for greater transparency and accountability for a public service which is central to the health and well-being of all Canadians.