

## **10. FAQs**

### **Why is the ECHCI 2008 produced, and for whom?**

The HCP and FCPP provide the ECHCI to empower consumers of healthcare services. When you make public comparisons, things start to happen. When you do them systematically, experience show that things grow better.

Improved insight into European healthcare standards will support patient mobility within the EU. Evaluating Canada in this context will provide ample opportunities for Canadian policymakers and consumers to consider new and effective ways to deliver accessible and excellent healthcare.

### **Why add Canada, a non-European country?**

The Canadian healthcare system – publicly financed and governed – has much more in common with Europe than its American counterpart, to which it is traditionally compared. All the countries included in the Index share Canada's commitment to accessible and effective healthcare, and by comparing the performance of Canada's healthcare institutions with those of the extremely varied 29 European states, we can develop a better understanding of the performance of Canada's model and how it might be improved in the future.

### **What will this index bring to Canada?**

The Euro-Canada Health Consumer Index is a step towards bringing consumer friendly healthcare to Canada. Primarily, the very existence of the Index will provide an objective basis by which Canadians can see how where their system is succeeding and failing. Canada lacks a culture in which consumers have high expectations of healthcare services, without which significant reform is unlikely.

Ultimately, Canadians will be well served by a better understanding of the range of possibilities for healthcare that exist in Europe. Responsive, consumer friendly healthcare with excellent outcomes is possible – it is being achieved in the top performing states in Europe, and can be achieved in Canada as well.

### **You talk of “consumers” – does this mean that you want to privatize Canadian healthcare?**

No, to us the term “healthcare consumer” expresses the evolution where the weak, uninformed patient becomes transformed into the powerful, informed actor – the consumer. This transformation is essential in meeting the higher, more sophisticated service expectations among modern people and building pressure for consumer-oriented change from below.

The Index is neutral on whether there are public and private funding solutions to healthcare, i.e. there are no criteria to measure how the healthcare system is funded. Public-private or left-right distinctions are not considered in the Index's analysis.

**It is called a Consumer Index – can consumers easily understand this information?**

Rankings of consumer services – for example, in housing, mobile phones or cars – are increasingly becoming important news. Healthcare consumers have a clear interest in learning more so they can make the best possible choices.

Although the index contains a great deal of relatively complex information, it is presented in a matrix in a consumer friendly way that shows the differences in the consumer orientation of healthcare.

**How can the consumer use the index?**

The index highlights the strong and weak points of the national healthcare system. Such insights can provide a foundation for making informed choices. For example, can I ask for a second opinion? Is it necessary to go abroad to find treatment? In the new era of patient mobility and “health tourism” cross-border consumer comparisons will have growing importance.

**This is now the fourth year of this kind of indexes. What concrete difference have the index findings made?**

The indexes have significantly contributed to healthcare investments in a number of countries. For instance, following our 2006 EHCI, the Danish government added more money to improve Danish healthcare. In Ireland, its poor ranking the same year caused a media outcry and intense political debate that resulted in pressure for reform. In Sweden, significant steps toward public ranking of healthcare were taken following the release of our report.

One big difference the Index has made has been to improve the transparency of information required to make such comparisons. Ireland, for instance, suffered in the 2006 index by furnishing out-of-date and incomplete information. As a result, it – and many other countries – have been much more forthcoming in supplying this information. This in turn improves the reliability of the Index.

The European Commission has declared that transparency and competition are essential elements for making European healthcare more efficient.

**What will be the next step?**

The FCPP will continue to work with the HCP to produce evaluations of Canada’s performance as compared with European healthcare systems. Additionally, the first Canadian Health Consumer Index, in which provincial performances are assessed along lines similar to those of the Euro-Canada Index but tailored to Canadian health issues, will be released later in 2008. HCP is also working on pan-European disease-specific indexes, such as heart disease and diabetes.

### **Who is behind the EHCI?**

The index was initiated and produced by the Health Consumer Powerhouse, which holds the copyright to the Indexes. The HCP is a private healthcare analyst and information provider, registered in Sweden, with offices in Brussels and Stockholm. The Frontier Centre for Public Policy, an independent and non-partisan Canadian think-tank, has partnered with HCP to produce the Euro-Canada Index.

### **How was the EHCI 2008 funded?**

The pan-European Indexes are HCP flagship products which are now being introduced into Canada. HCP accepts non-restricted research and educational grants from institutions and companies and sells healthcare-related information in the competitive-intelligence market. The HCP does not, however, accept grants from any entities measured in the indexes.

Regarding the Euro-Canada Index 2008 HCP has sold limited rights to use the index methodology and brand to FCPP.

The FCPP is funded by private sector donors and charitable foundations that support public policy research. It does not accept any government grants. A strict separation is maintained between funders, the centre's board of directors and all research activity.

### **Is it possible to measure and compare healthcare in this from a consumer perspective?**

Yes, no doubt! Healthcare is the largest industry in the world and there is a pressing need to find relevant and comprehensive ways of assessing its performance, not just measuring the input of resources (staff, beds, medication et cetera) as has been traditionally done without regard to outcomes.

The advantage of a more outcomes focussed method is that it focuses on measures that affect the ability of the consumers to use their healthcare services and on the differences between countries. It also helps consumers understand what more they can and should reasonably expect from their providers.

### **How reliable are index data?**

The data are as reliable as the data that could be found using the methods described. HCP and FCPP have brought the data together from public statistics and our investigations and research. The access to public data in many fields is not only slow but also appallingly poor. This means that for one country the latest data might be quite recent, while for another it might be several years old. The HCP has a system to assess and validate all data, but there might be uncertain data which should be used selectively and with great care.

**Some of the data used for the indicators are relatively dated and other sources are current. Why such a variation?**

The Index always uses the most recent data. Highlighting the fact that such information anyhow can be rather dated is one purpose of the entire exercise. This is consumer information, and our view is that presenting data – even where inconsistent – is better than saying nothing at all. This poor quality of public data represents a major challenge of governments and institutions rather than part of an index weakness.

**Differing weights are given to indicators. Why?**

Numerous surveys show that patients generally say that medical outcomes and accessibility to healthcare are the most important aspects of healthcare services. This is true even for countries, where waiting-list problems are moderate.

**What is measured – public health or healthcare performance?**

Healthcare performance. Governments, EU and WHO deliver data on public health – which is undeniably important at the policy level. For consumers, we find that an assessment of what the national healthcare system delivers to patients as more relevant. We are not measuring public health in general, which is related closely to diet, smoking habits, obesity et cetera and cultural factors.