Communication Matters

O! Canada!

Bonne Année, Happy New Year and welcome to the first *Communication Matters* issue of 2015! Recent changes in our Canadian operations inspired us to examine some of the commonalities and differences in the US and Canada. We are honored to continue our work with an array of terrific partner organizations throughout North America.

Warmly,

Kathleen Bonvicini, MPH, EdD
Chief Executive Officer

Barbara Andrews, MPPM, MPH
Director of Grants and Projects, Editor

Katheryne Stewart, BSc
Director, Office of Outreach and Quality Outcomes

Canada and the US share a nearly-4,000 mile border, and many cultural, historical and commercial characteristics. IHC has long-standing and strong ties to Canada: Key staff and members of our Board and Advisory Council are based in Canada, as are many IHC faculty members. More than 4,000 learners have attended IHC-Canada workshops each year, and close to 1,000 IHC faculty members are Canadian. Several Canadian provinces have enthusiastically endorsed and launched IHC training programs.

While the US and Canada are close and friendly neighbors, there are clear asymmetries between the two countries. Even though Canada has a slightly greater total area than the US, it has just over 10 percent of the US population. Both countries have significant diversity, but in diverse ways. The US and Canada have long been one another's largest trading partners. The US Gross Domestic Product (GDP, a standard measure of economic activity) is more than 9 times greater than the GDP of Canada; Canada's GDP per capita, however, is higher.

Differences in the sheer volumes of people and goods drive a dominance of US commerce and culture northward across the border. The stereotypes that Canadians and Americans sometimes hold about one another find voice in the popular press, political discourse and, naturally, jokes.

Q: What are the two seasons in Canada?
A: Winter and road construction

Q: What are the two seasons in the US?
A: Football season and waiting-for-football season

IHC has a unique perspective. From our vantage point, the similarities are overwhelming. In Canada, as in the US, we see outstanding examples of individuals' and organizations' commitment to the meaningful transformation of healthcare. We also see struggles to back that commitment with funding and sustained effort. In our experience, providers at every level display a hunger for communication skills and techniques, and enthusiasm for incorporating those skills and techniques into their daily practice. Our direct experience suggests that the stereotype of Canadians as nice and cooperative is true!

Q: How do you get 100 Canadians out of a pool on the hottest summer day?
A: Just yell: "OK, everyone out of the pool."

Healthcare is a fascinating lens through which we can compare the US and Canada. For anyone interested in healthcare and health policy, there are myriad examples of more rational and functional bases for health services Canada.

Canada, in contrast to the US, not only has better health outcomes; it achieves those results at lower cost. (1) It is old news that US per capita health expenditures averaging $8,745 are by far the highest in the world; Canada's still relatively high per capita health spending is just over one-half that of the US at $4,602. Another way to express this is health spending is as a percentage of total national GDP. In 2012 Canada spent less than 11% of its GDP on healthcare, while the US spent nearly 17% of GDP.

All those greenbacks (and loonies) are yielding very different aggregate outcomes. Just a few examples illustrate this:

- Life expectancy in Canada is 3.7% higher than in the US
- Infant mortality is 18.8% higher in the US
- The prevalence of obesity in the US is higher (2)
- Avoidable hospital admissions (asthma, uncontrolled diabetes) occur at lower rates in Canada (3)

Generally, Canadians may have to wait longer for non-emergency care than Americans. The Canadian provincial health authorities have been addressing this issue, which has dialed down the volume of complaints in many areas.

There are some fundamental differences in the way care systems are organized and compensated. Canada's "single-payer system" runs through its ten provinces and three territories, each of which finances and operates its own health insurance program. In the US, Medicare is a single-payer program that covers selected services and is accessible only to the elderly and certain disabled individuals. The Canadian federal government mandates coverage of certain medically necessary services; beyond that, each province or territory can opt to cover additional services. [1] This is analogous the federal-state partnerships in the US comprising Medicaid. Just as Canadian provinces and territories can opt for services beyond the federally-mandated minimums, so can states adjust their Medicaid coverage limits. Of course, Medicaid is accessible only to low-income individuals.

While most health services flow through public spending, Canada also has a sizable private insurance market, which covers supplemental services such as dental care. Canada's private insurance has never reached the vast scope of private insurance in the US. While Canadian employers may pay for supplemental health insurance, Canada's healthcare payment system is not tied as closely to employment as the US system has been historically since the 1960s. (4)

At IHC we have been gratified to see-and be part of-efforts in Canada to fundamentally transform the way healthcare services are provided. For example, the **Ontario** Ministry of Health funds a **Diabetes Self-Management Program**, which supports, among many other activities, clinician training to lead IHC Choices and Changes: Motivating Healthy Behaviors workshops. Also, EMS personnel in **Alberta** have taken up IHC's Treating Patients with C.A.R.E. curriculum in a big way, and the government of **Newfoundland and Labrador** has embraced Disclosing Unanticipated Medical Outcomes training as a response to disclosure issues identified across their system.

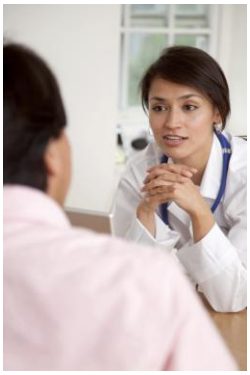
Over the past nine years, the **College of Family Physicians of Canada** (CFPC) generously provided IHC with administrative support and space. Recently, CFPC, faced with new organizational constraints, decided to discontinue its direct relationship with IHC-Canada as of the end of 2014. This was a difficult decision, balancing the demonstrable high quality and importance of IHC's activities with competing priorities. **IHC continues to offer our full range of educational, coaching and consulting services to**

Canadian organizations. Katheryne Stewart, former manager of IHC-Canada, is continuing her work with IHC, managing the transition to the New Haven, Conn. office and retaining and building ties to organizations embarking on communication skills development.

Notes

1. Allen, AC. Countries spending the most on health care. USA Today. July 7, 2014.
2. America, United North. Comparisons Between Canada And The United States of America . [Online] Jan 20, 2015. http://www.unitednorthamerica.org/simdiff.htm.
3. Canada, OECD. Health at a Glance 2011: OECD Indicators. Key Findings: Canada. [Online] 2011. [Cited: Jan 23, 2015.]
4. Starr, P. The Social Transformation of American Medicine. NY: Basic Books, 1982.
5. Kliff, S. Everything you ever wanted to know about Canadian health care in one post. [Online] The Washington Post, Jul 1, 2012. [Cited: Jan 23, 2015.] http://www.washingtonpost.com/blogs/wonkblog/wp/2012/07/01/everything-you-ever-wanted-to-know-about-canadian-health-care-in-one-post/.

Upcoming train-the-trainer faculty courses



Build skills and enhance organizational training capacity with IHC's flagship train-the-trainer faculty course, Clinician-Patient Communication to Enhance Health Outcomes. This fast-paced and content-rich program enables learners to strengthen their own communication skills, enhance their facilitation skills and develop a plan for integrating IHC communication skills training into their home organizations. Program duration is 3.5 days.

The next session will be held **March 16-19, 2015 in Atlanta, Georgia**.

Enhance patient experience with strong communication skills among all staff members! IHC's Treating Patients With C.A.R.E. train-the-trainer faculty course focuses on foundational communication skills that help everyone who interacts with patients and families to enhance patient satisfaction and encourage patient partnership. Program duration is 3 days.

The next session will be held **March 25-27, 2015 in Edmonton, Alberta**.

Contact us at info@healthcarecomm.org to learn about communication skills training programs that will meet your needs. Upcoming courses are listed on the IHC website.

IHC is nationally accredited to provide continuing medical education and continuing nursing education by three major accreditation agencies (ACCME, AAFP, and ANCC). IHC takes responsibility for the content, quality and scientific integrity of all its CME/CE activities. IHC workshops are accredited in Canada for Mainpro-M1 credits by the College of Family Physicians of Canada.

Institute for Healthcare Communication
171 Orange Street, 2R
New Haven, CT 06510-3111
(800) 800-5907
info@healthcarecomm.org
www.healthcarecomm.org