Cancer Care: Assuring quality to improve survival

Country note: Canada

Canada has relatively good cancer care outcomes: above average survival and generally about average mortality compared with other OECD countries. According to the latest data, five-year relative survival estimate for breast cancer was 87.7% vs. OECD average of 84.2%; 66.6% for cervical cancer vs. OECD average of 66.0%; and for colorectal cancer 63.5% vs. OECD average of 60.7%. Drug authorisation is relatively fast and access to cancer care is free.

Canadian efforts include improving the capacity of cancer care delivery through building cancer centres and investing in medical technologies, strengthening cancer care through enhancing continuing training and establishing certification programmes in oncology for registered nurses, and monitoring and reporting on progress in cancer control through the System Performance initiative of the Canadian Partnership Against Cancer. There are additional areas that Canada could improve as shown below.

Improve screening coverage

Cancer screening coverage is above the OECD average. It is, however, below the participation rates in the US; 73.4% of women aged 20-69 in the past three years for cervical cancer in 2012 vs. 85.0% in 2010 and 72.2% of women aged 50-69 in the past two years for breast cancer in 2012 vs. 80.4% in 2010. The US is considered to have attained high screening coverage through fee-for-service, pay-for-performance, malpractice liability system for the providers, insurer’s quality monitoring, national guidelines and its dissemination, mass media campaigns and tested promotion programmes (although recently some have noted that these US awareness programs may overstate the benefits of screening, without making the population aware of potential risks). Most regional screening programmes in
Canada have information systems, networks of supporting labs, quality assurance and systems of monitoring and evaluation, and regularly track and report on program performance.

Reduce regional variations

Because health care in Canada is the responsibility of the provinces/regions, access to cancer care delivery is not identical across regions. The distribution of specialised institutions and professionals is sometimes a challenge to address, particularly in rural and isolated areas. Efforts have been made to address this, such as increasing investments in infrastructure of cancer care delivery and providing chemotherapy via satellite clinics. In addition, due to differences in reimbursement policies, the availability of drug treatment varies across regions. The Canadian Partnership Against Cancer undertakes the monitoring of cancer control and regularly provides regional evidence detailing, among other things, waiting time, adherence to treatment guidelines and cancer patient experiences. These reports have helped contributed to timely and high quality delivery of cancer care. Based on the monitoring, regional variations needs to continue to be addressed regularly.

Strengthen feedback mechanisms

Efforts to provide feedback on provider performance contribute to reducing practice and outcome variations and improving quality across providers. Canada could undertake systematic reviews of individual provider practices as done in the Netherlands and some health care organisations in the United States. In the latter, health systems like Intermountain Health and Kaiser Permanente have robust systems of assessment and feedback. Public reporting is also important to promote provider accountability and patient-centred care delivery.


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