



UBC CENTRE FOR
HEALTH SERVICES AND POLICY RESEARCH

An Overview of the Canadian Health Care System

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ASPE, NIMH

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a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA



Louis knows my dirty little secret.
You're Canadian?

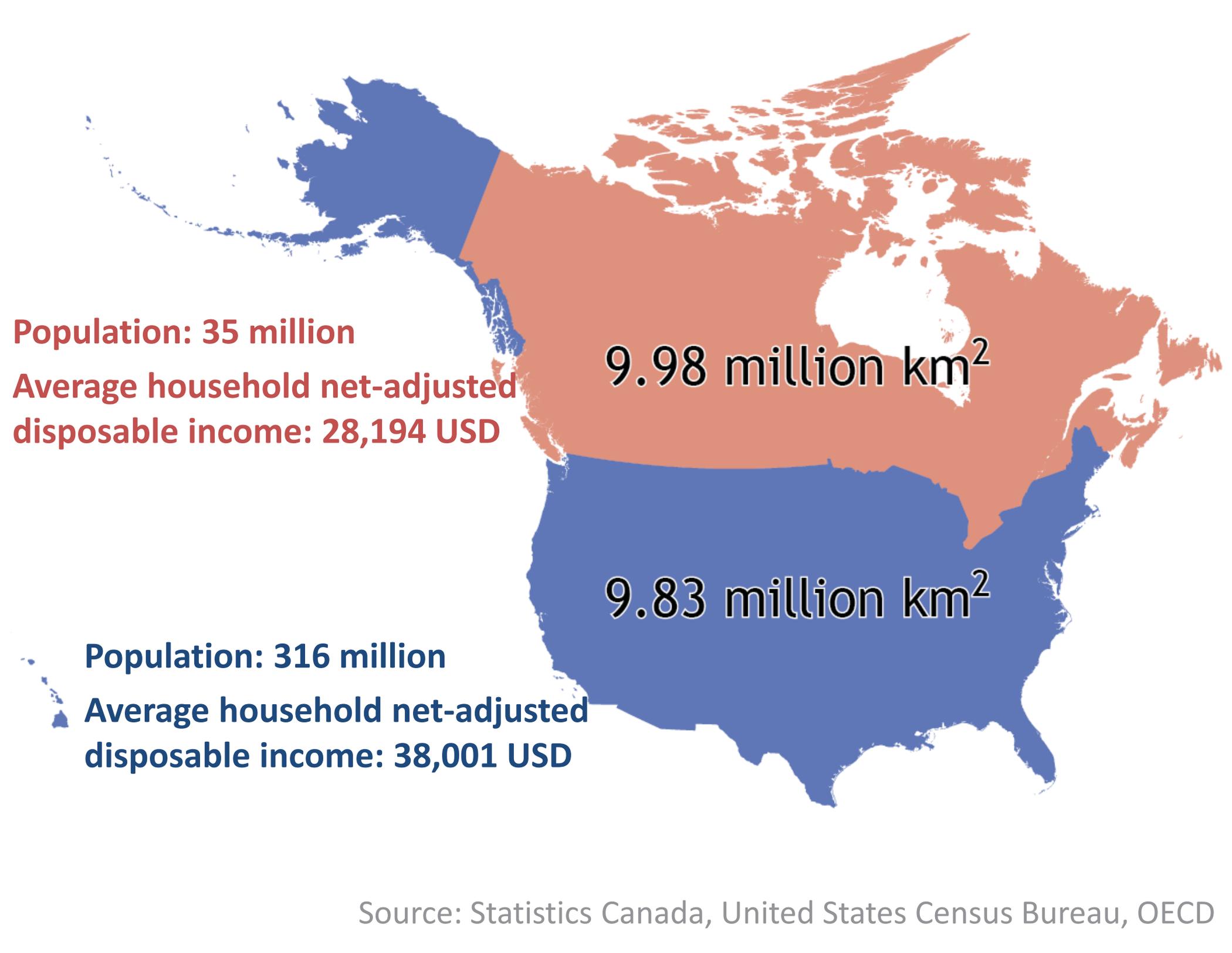


som^{ee}cards
user card

A meme card with a light blue background. It features a cartoon illustration of two men in business suits. One man is looking at the other, who is holding a small object. The text is in a simple, sans-serif font.

July 1st = Canada Day
Canada's B-Day!!!!

A photograph of the Canadian flag waving in the wind against a blue sky with light clouds. The flag is the standard red and white design with a red maple leaf in the center.

A map of North America showing the outlines of Canada and the United States. The Canadian landmass is filled with a light orange color, and the United States landmass is filled with a dark blue color. The map is positioned on the right side of the image. To the left of the map, there are two sets of text in different colors: red for Canada and dark blue for the United States. Each set includes population and average household net-adjusted disposable income. The area of each country is also labeled in the center of the map in white text with a black outline.

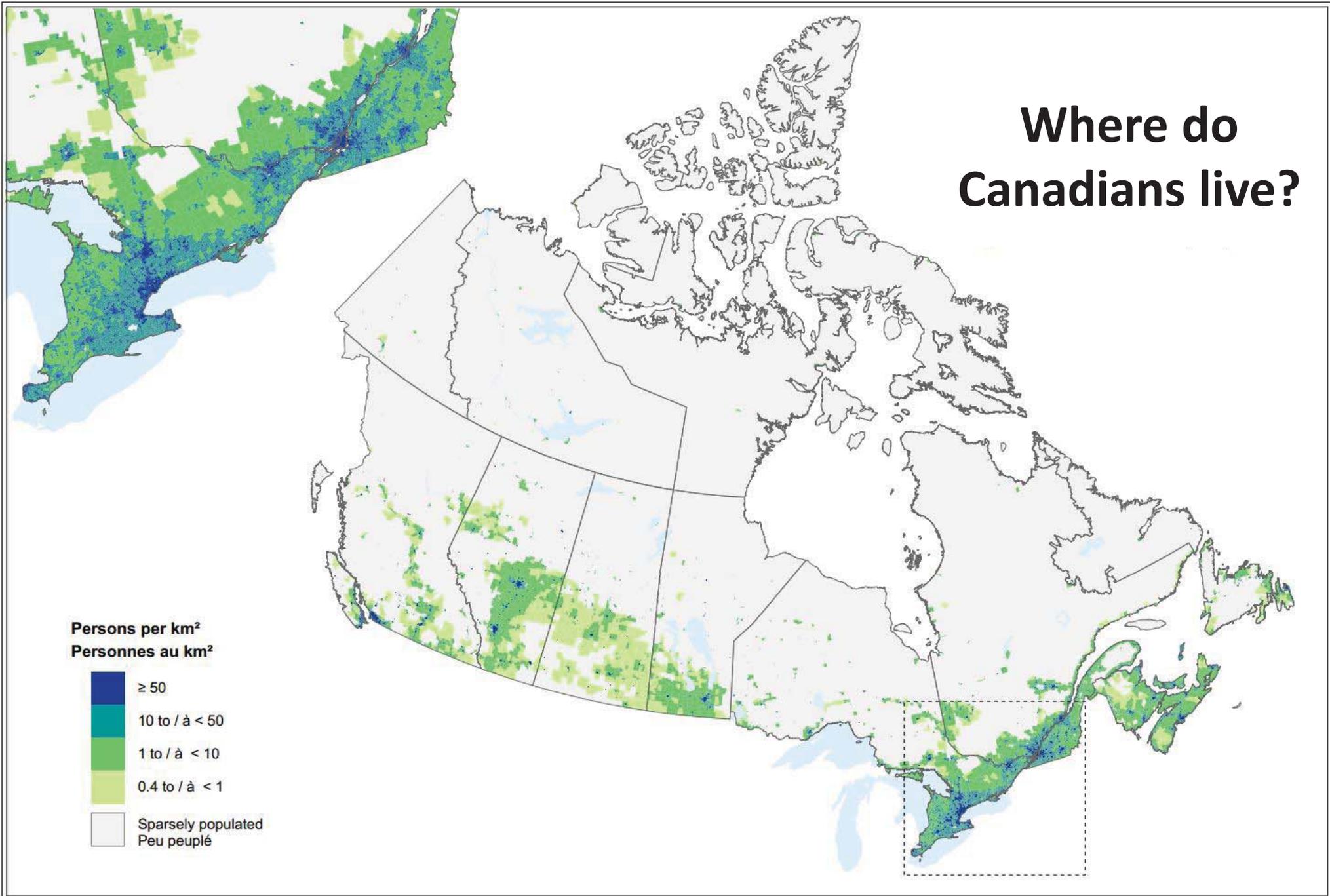
Population: 35 million
Average household net-adjusted disposable income: 28,194 USD

9.98 million km²

9.83 million km²

Population: 316 million
Average household net-adjusted disposable income: 38,001 USD

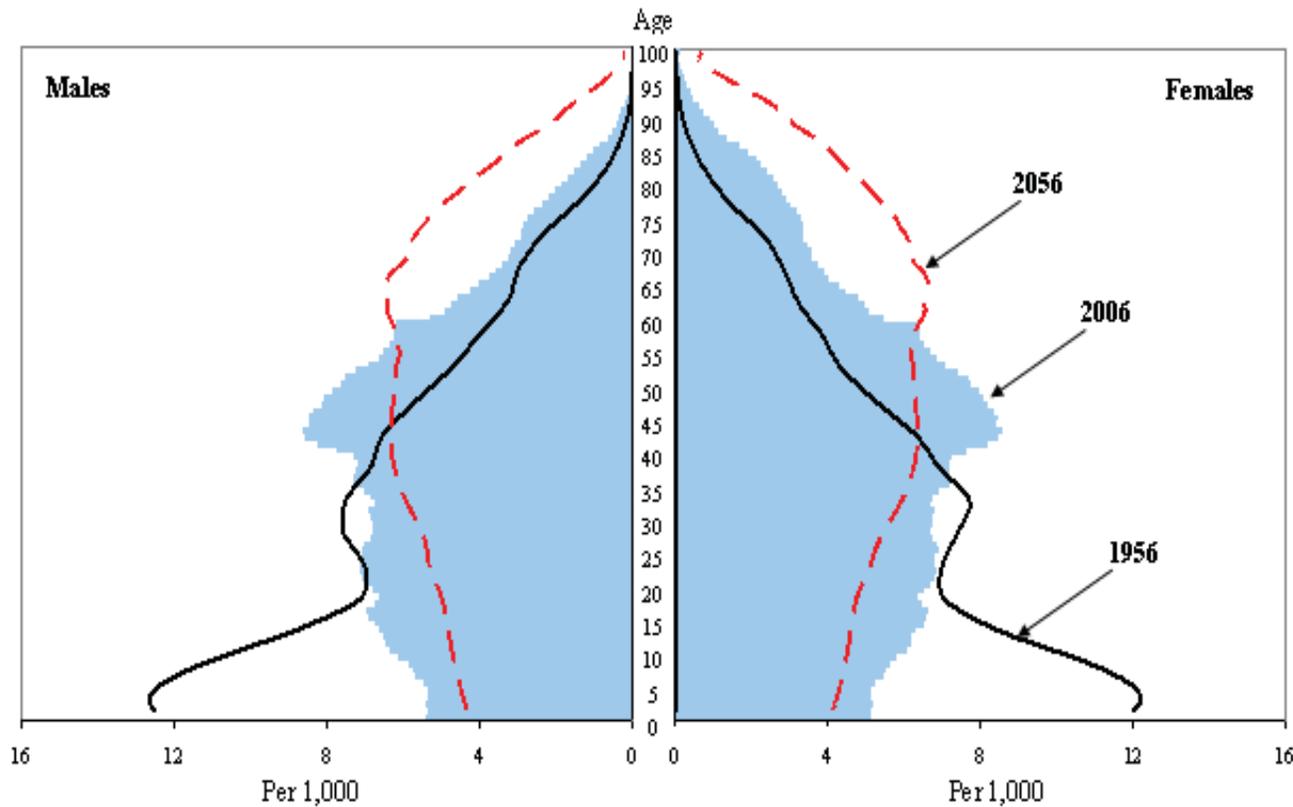
Where do Canadians live?



Sources: 2006 Census of Canada. Produced by the Geography Division, Statistics Canada, 2007.
Recensement du Canada de 2006. Préparé par la Division de la géographie, Statistique Canada, 2007.



An aging population



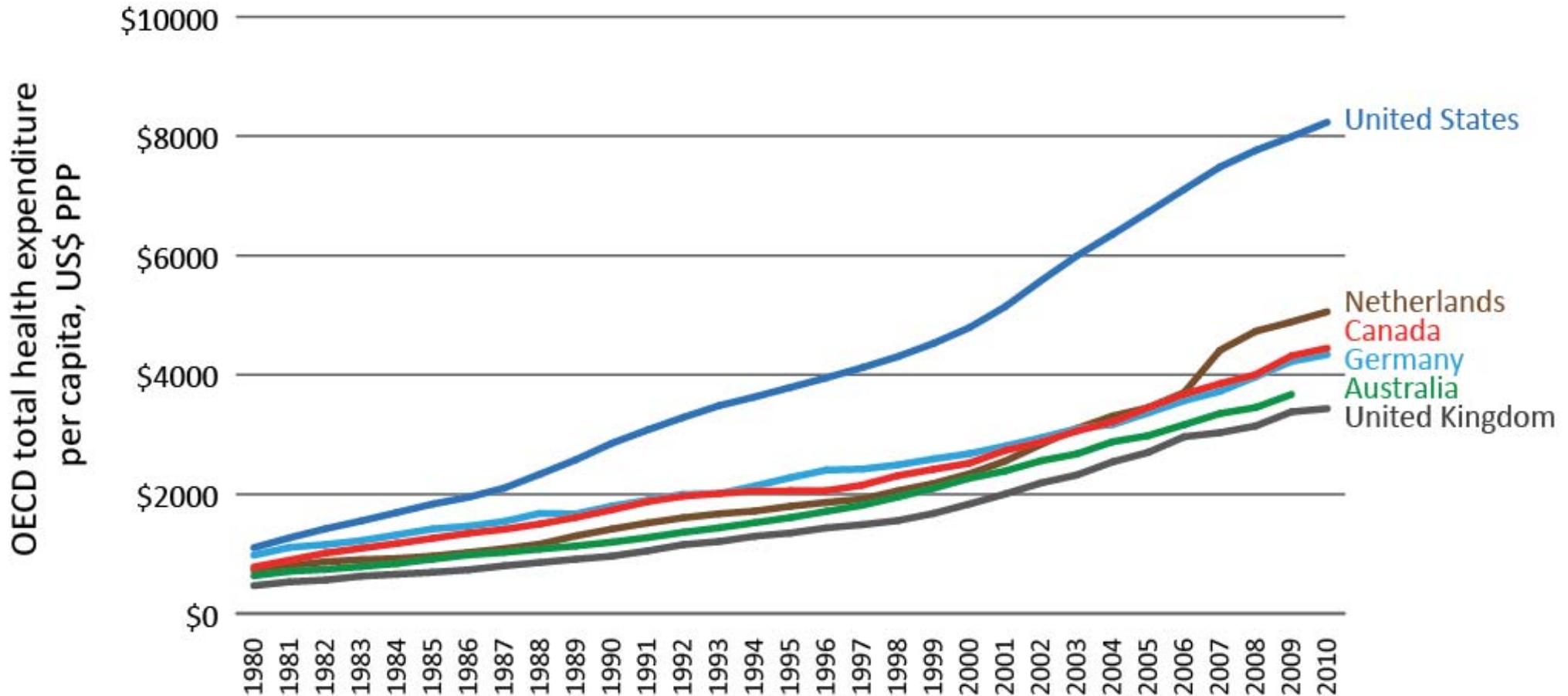
Proportion of total population aged 60 and over (%)

	2012	2050
Canada	21	31
United States	19	27

Source: Statistics Canada, UN DESA

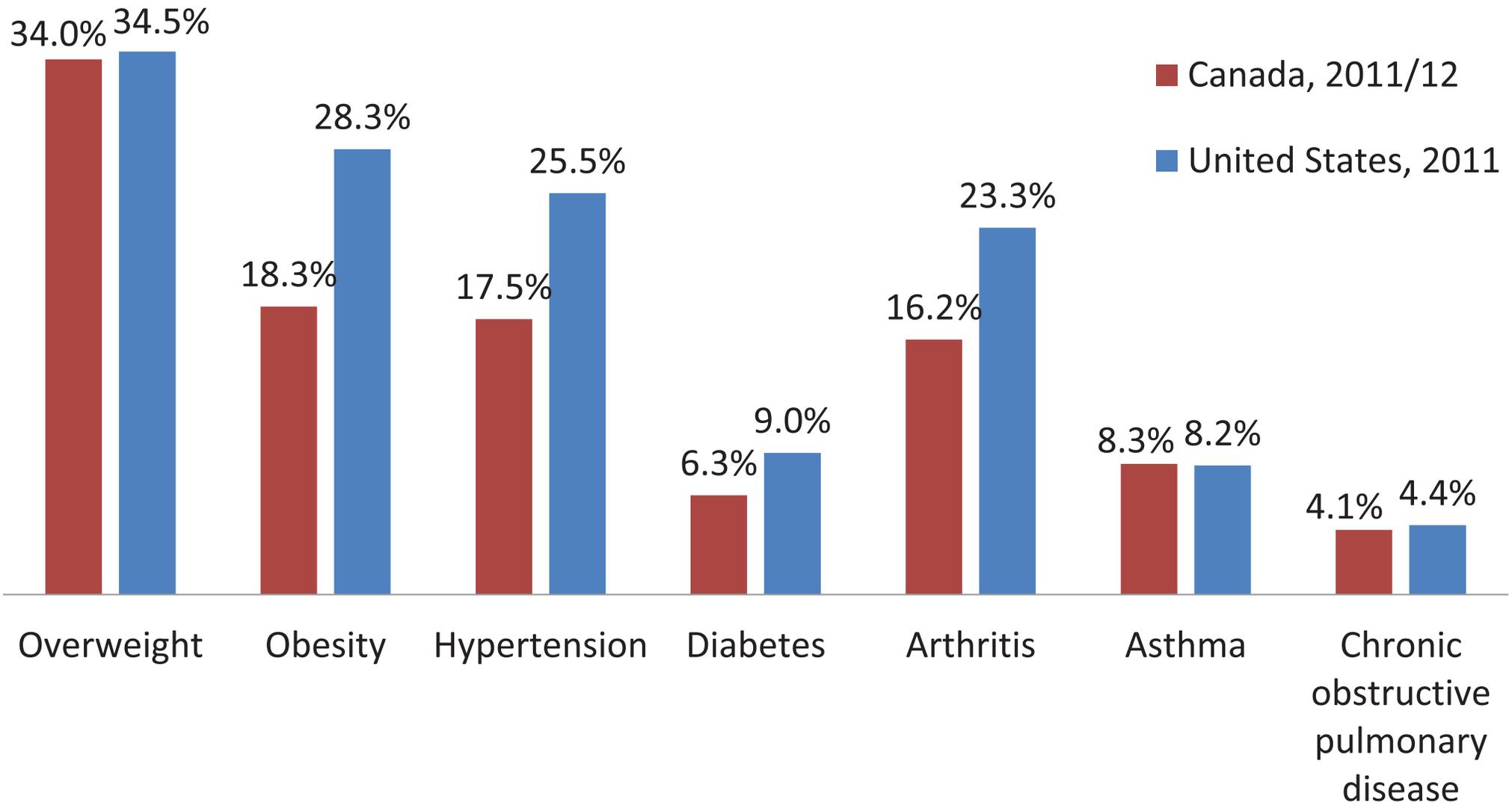


Health Spending Per Capita, OECD, 1980-2010





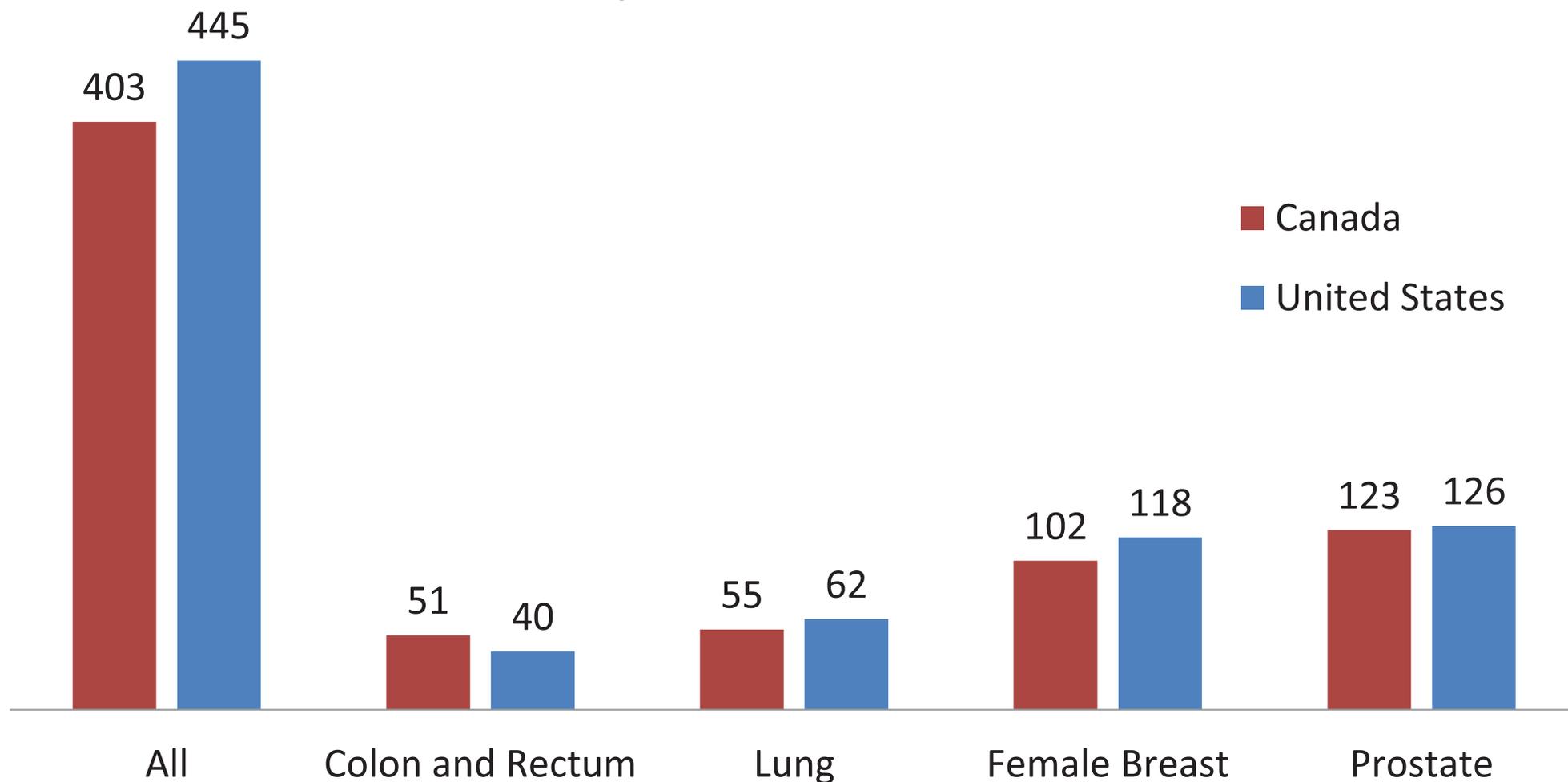
Health Conditions





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Age-Standardized Cancer Incidence Per 100,000 Population, 2010



■ Canada
■ United States



Health Outcomes

		Canada	United States
Infant mortality per 1,000 live births, 2008		5.1	6.6
Life expectancy at birth, years, 2008	Male	78.5	75.6
	Female	83.1	80.6
Life expectancy at age 65, years, 2008	Male	18.3	17.3
	Female	21.5	20
Potential years of life lost for all causes of death per 100,000 population, aged 0-69 years old, 2008		4870.3	3304.6

Source: OECD



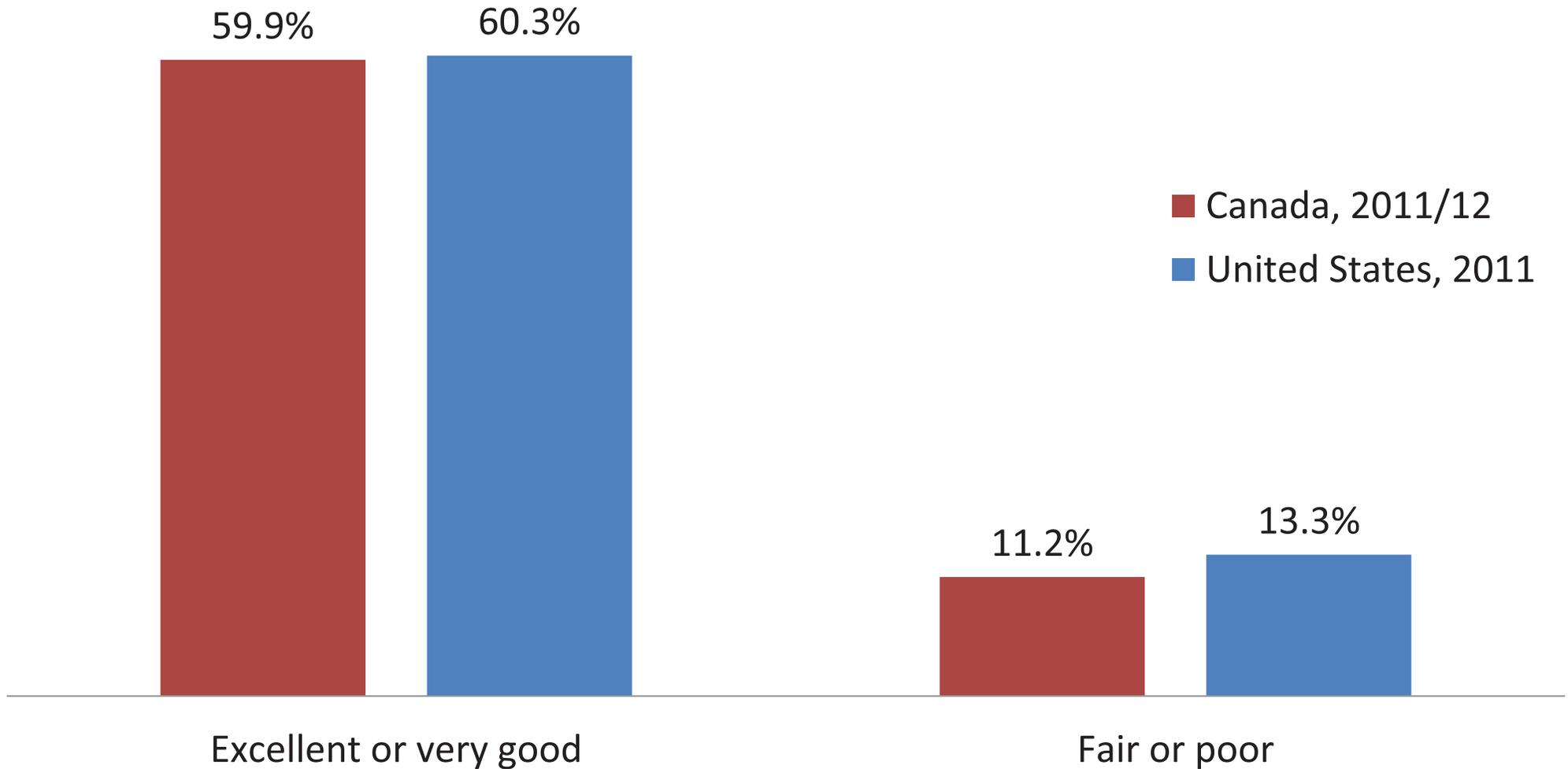
Top Three Causes of Death, Percent of Total Deaths, 2009

Canada		United States	
Malignant neoplasms	29.8%	Diseases of heart	24.6%
Diseases of heart	20.7%	Malignant neoplasms	23.3%
Cerebrovascular diseases	5.9%	Chronic lower respiratory diseases	5.6%

Source: Statistics Canada, CDC U.S.



Perceived Health





Patient Confidence

Country	"Very confident" that they will get quality and safe care
Australia	34%
Canada	28%
Germany	24%
Netherlands	59%
United Kingdom	28%
United States	35%



Legislation: Canada Health Act (CHA)

Health care is organized, delivered and funded by the 10 provinces

The Canada Health Act defines national principals for provincial health insurance plans:

Universality, Accessibility, Portability,
Comprehensiveness, Public administration

Sets conditions for provincial and territorial health insurance plans to meet in order to obtain federal contributions via the Canada Health Transfer (CHT)



Federal Role

Co-finances provincial healthcare programs

20% of total provincial/ territorial health care expenditures were federally financed in 2011

Direct delivery of services to select groups of people

- Inuit, First Nations residing on reserves
- Members of Canadian Forces



Financing Health in Canada

Federal government Canada Health Transfer (CHT)

- Paid out on an equal per capita basis

General taxation

- Provincial income tax and sales tax



Provincial and Territorial Roles

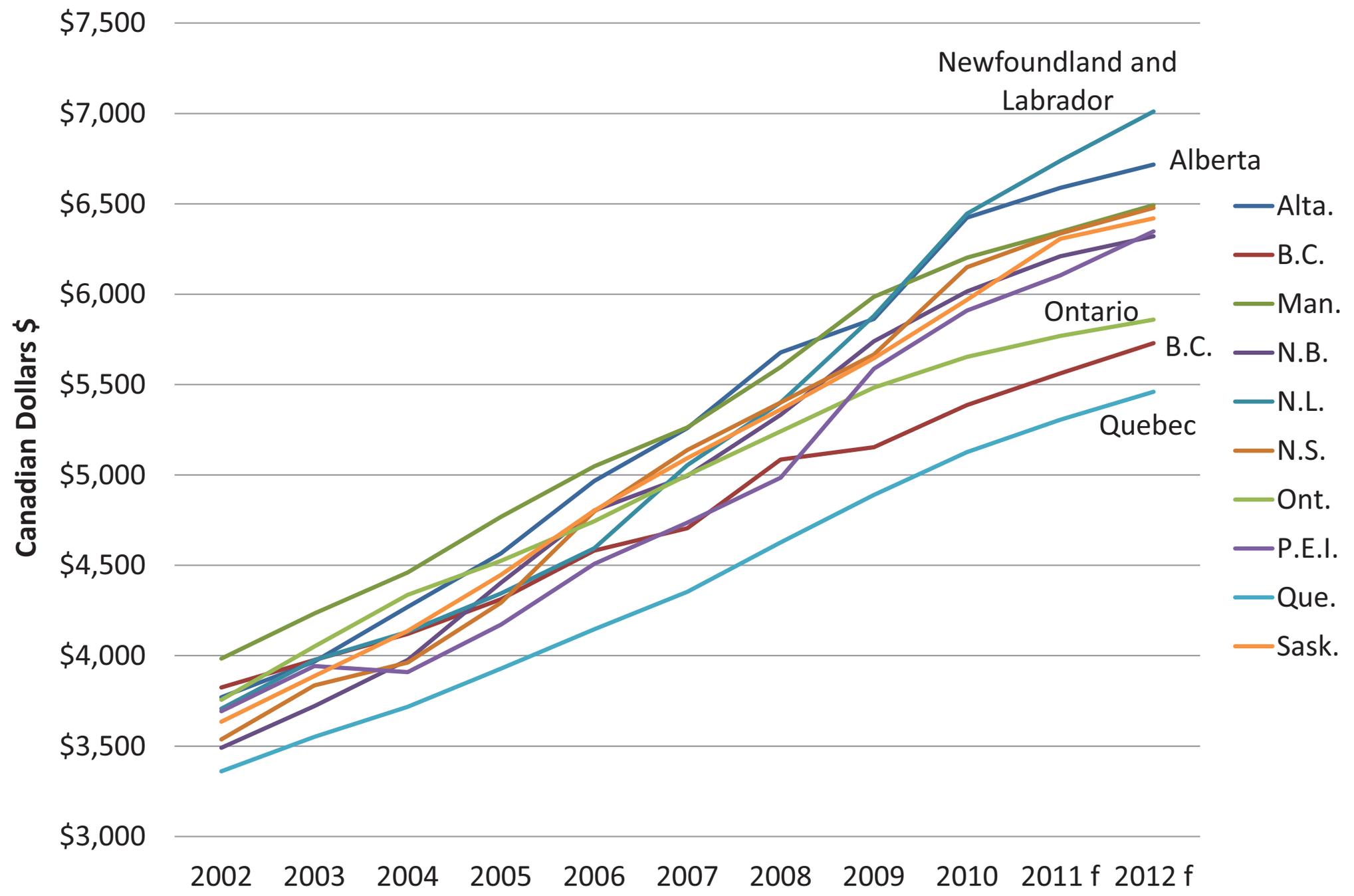
Each province and territory determines what services are medically necessary and thus covered publicly

No national 'benefit' package

Covers medically necessary hospital and physician services.

Provinces may extend coverage into long-term care, home care on the basis of age, need and income. Other goods or services are insured by public, private and out-of-pocket payments

Total Health Expenditure Per Capita by Province, 2002-2012



Source: CIHI

*f indicates forecasted values



Organization

Many provinces have 'regionalized' healthcare:

One or several regional entities

Funded by the province with global budget

Region is responsible for the health needs of residents (excluding physicians and drugs)

- Own the hospitals (or private not-for-profit)
- Fund long-term care and home care
- Responsible for quality and efficiency



Physician Payment

Physicians are funded directly by the province

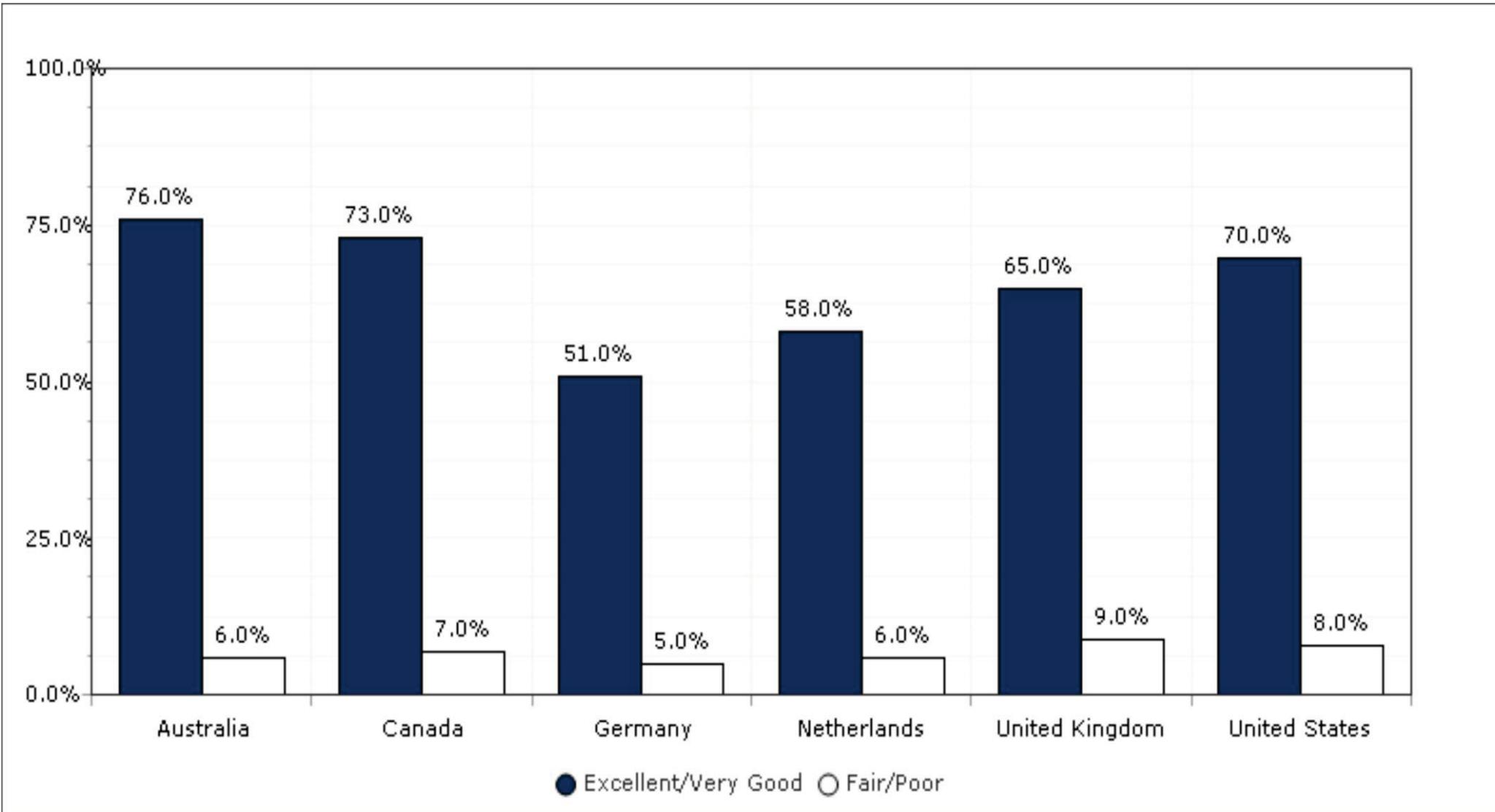
Predominantly fee-for-service (GP and specialist)

Fee schedule are negotiated and administered by provincial governments

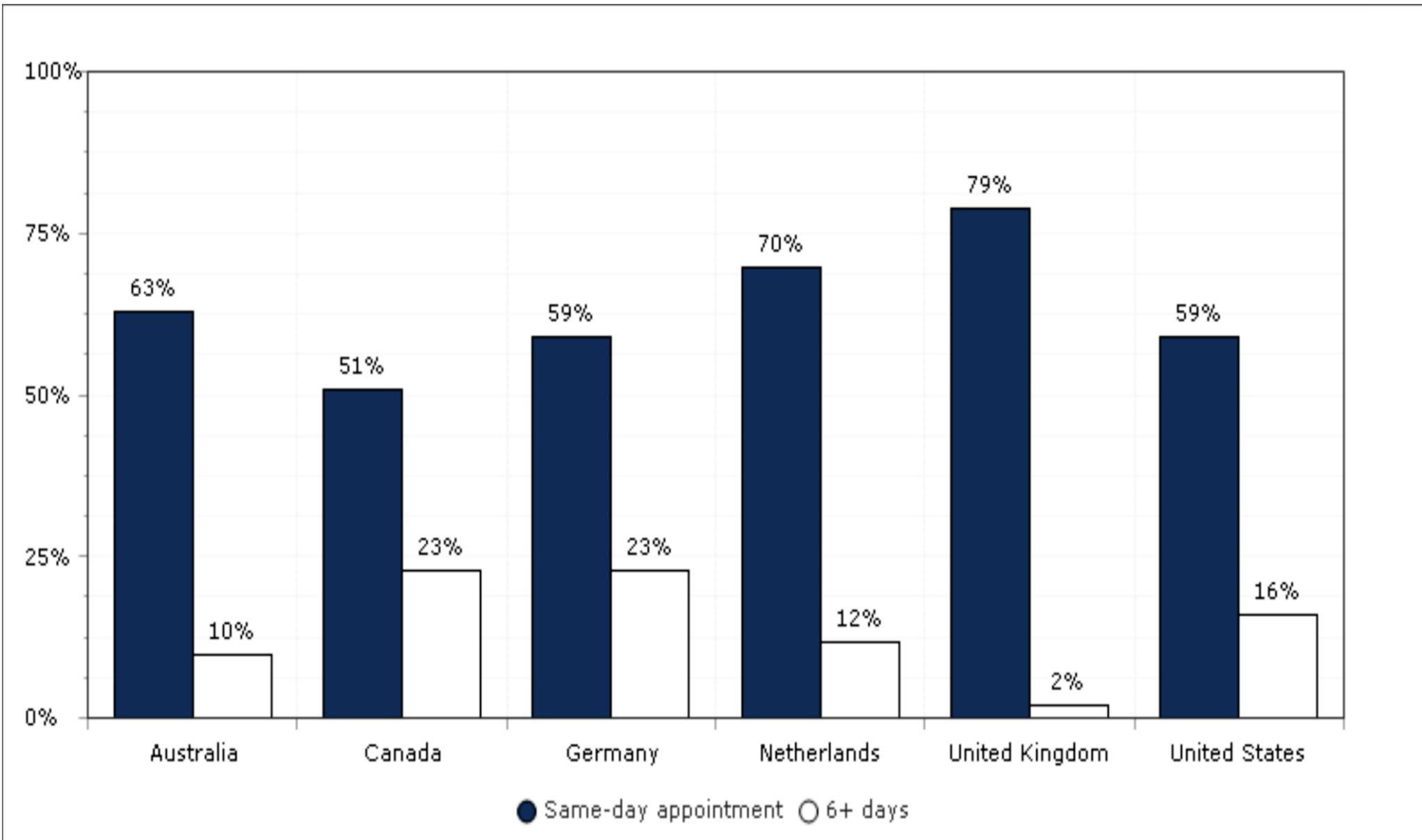
Several provinces have been implementing alternative funding methods

Quality of Care from Doctor

Percent of adults with a regular doctor who rate care received in past 12 months as fair/poor or excellent/very good



Access to Doctor When Sick



Source: Commonwealth Fund



Drugs

Outpatient prescription medications paid for by private insurance or out-of-pocket

Unless qualified to receive supplementary benefits (seniors, children, low-income residents) offered by some provincial governments (BC, ON)

‘Patchwork’ of prescription drug coverage across Canada

Growing yearly expenditure on drugs → accounts for second highest share in health spending since 1997



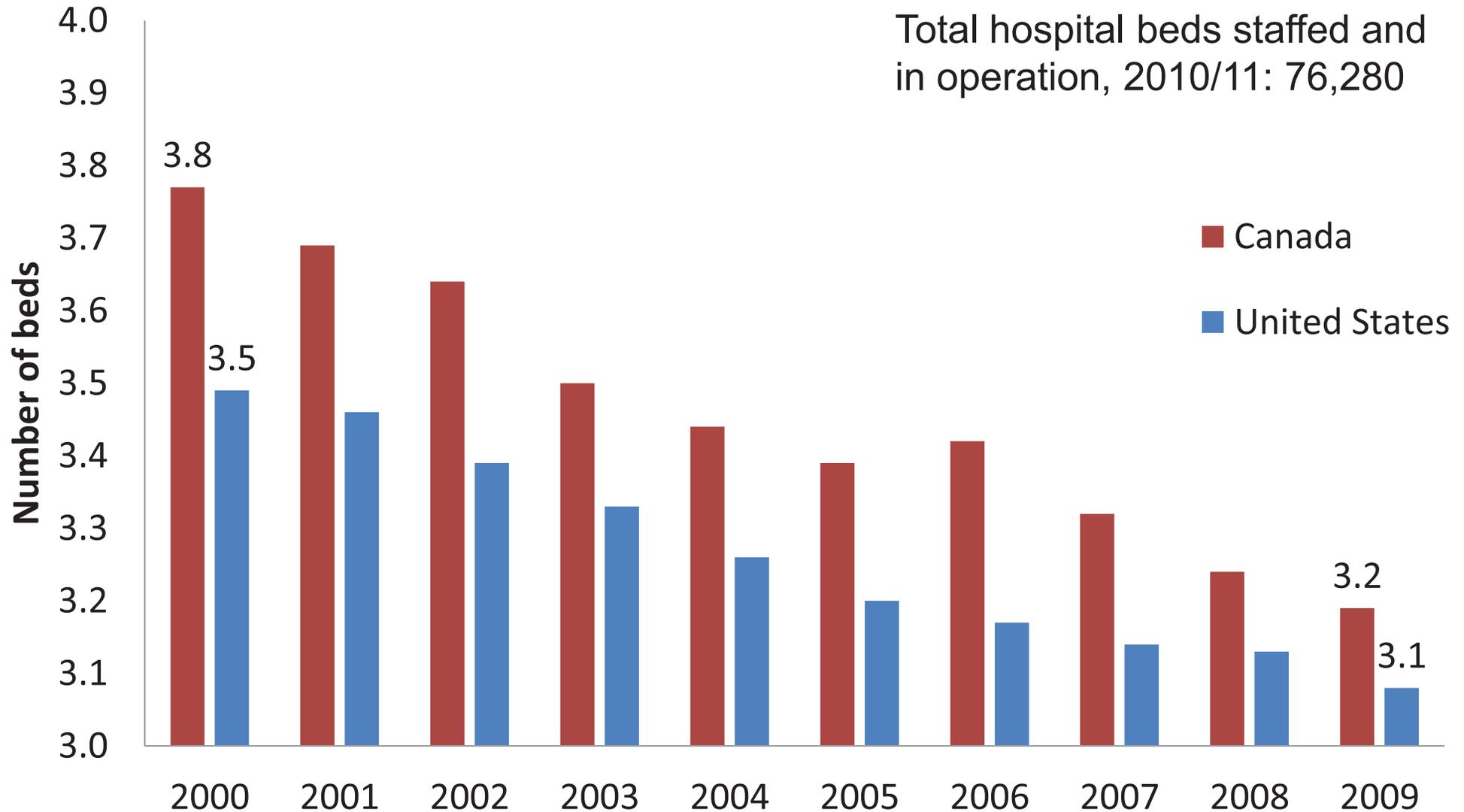
Access to Drugs

New drugs must undergo extensive national review and approval process before available for sale

Often long delays in both federal approval and provincial eligibility for reimbursement

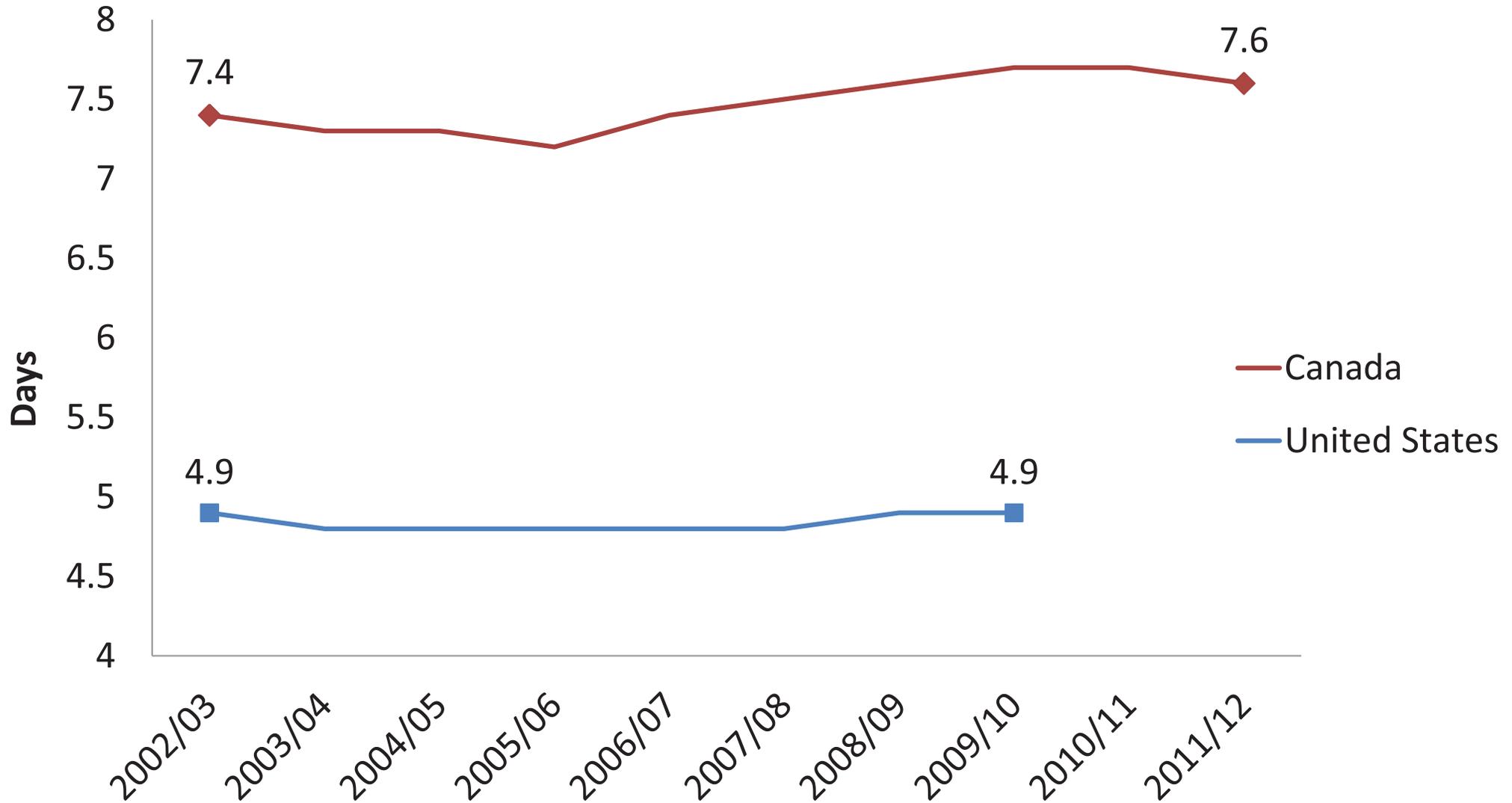


Total Hospital Beds Per 1,000 Population



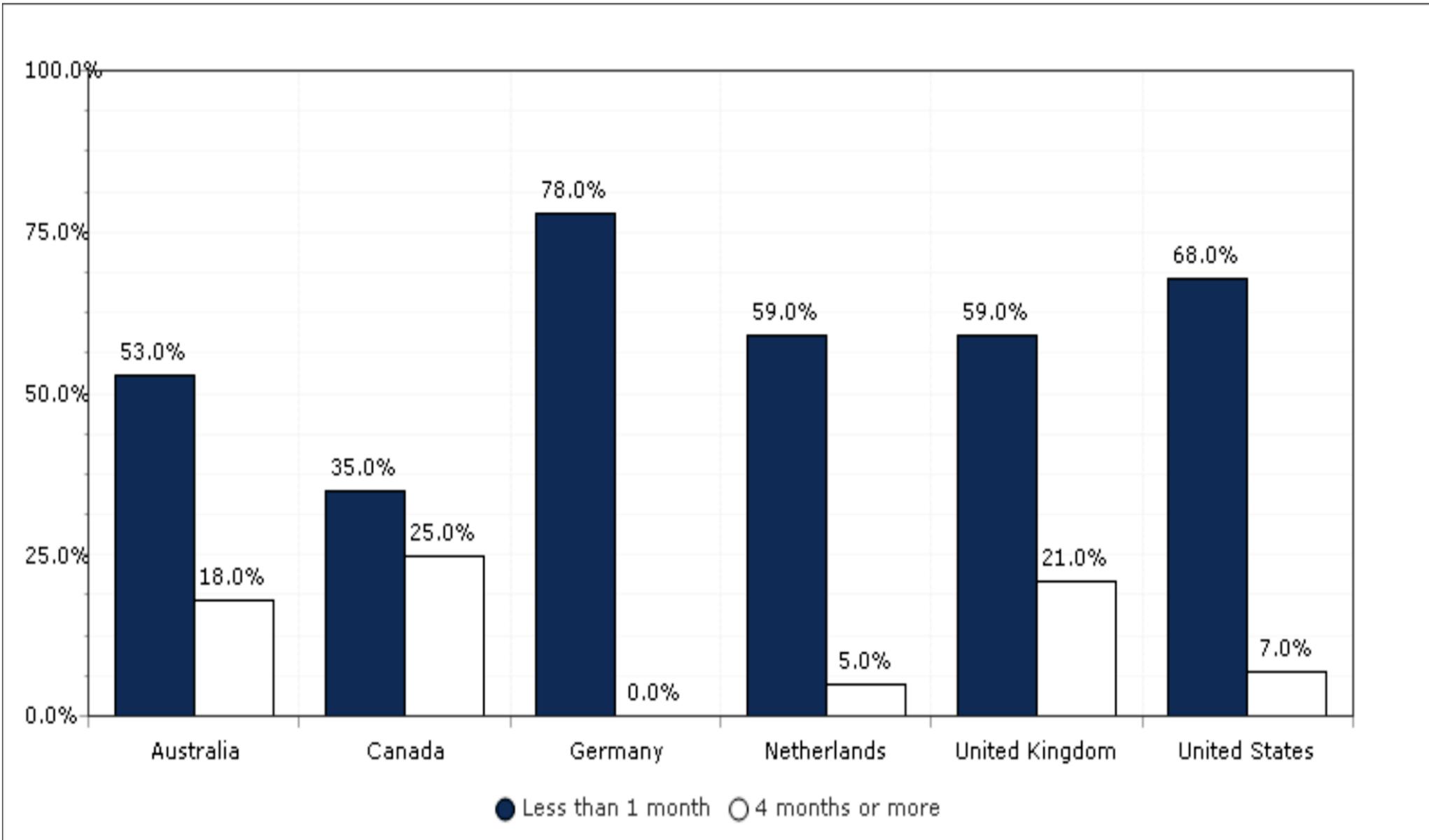


Average Length of Stay in Inpatient Hospitals



Wait Times for Elective Surgery

Percent of adults who needed elective surgery in past 2 years



Source: Commonwealth Fund



Post Acute Care

Not insured under CHA.... LTC and palliative services typically funded by provincial government while room and board costs are borne by the patient

LTC facilities mostly publicly funded (72%)

Increase in demand for private at-home services due to shortages in publicly funded facilities

Fragmented funding policies



Major Challenges

- Over reliance on hospital-based care
- Access (geographic and equitable)
- Global budgets haven't been successful
- Mis-aligned incentives: co-ordination
- Drug payment policy
- Fragmentation
- Poor accountability for quality and effectiveness



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