

How Good is Canadian Health Care?



Studies in
Health Care Policy



November 2008

How Good Is Canadian
Health Care? 2008 Report
An International Comparison of Health Care Systems

by Nadeem Esmail and Michael Walker



- Nadeem Esmail
 - Director, Health System Performance Studies
- A Critical Analysis of Health Care Reform
- November 13, 2009

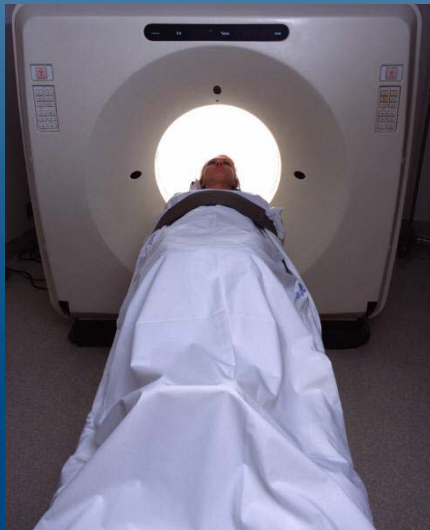
Copyright © The Fraser
Institute, 2009

Comparing Apples with Apples

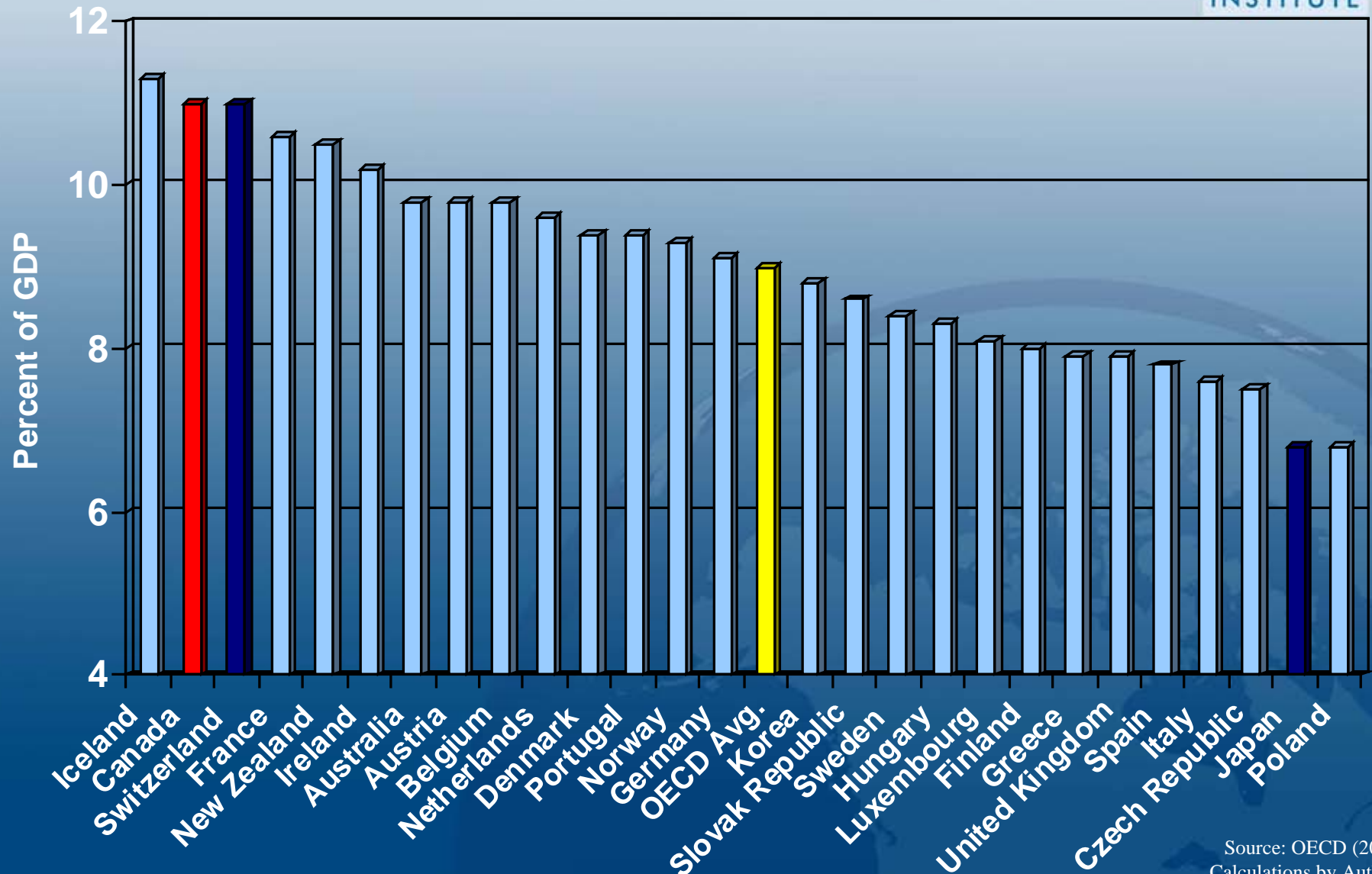


- How does Canada's health care system compare with other equal access, publicly funded health care systems?
- This comparative study does not include the U.S. or Mexico

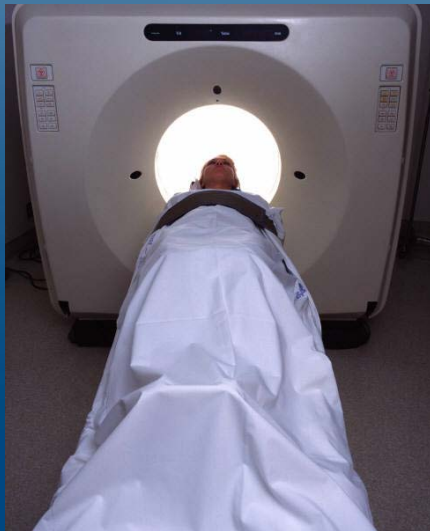
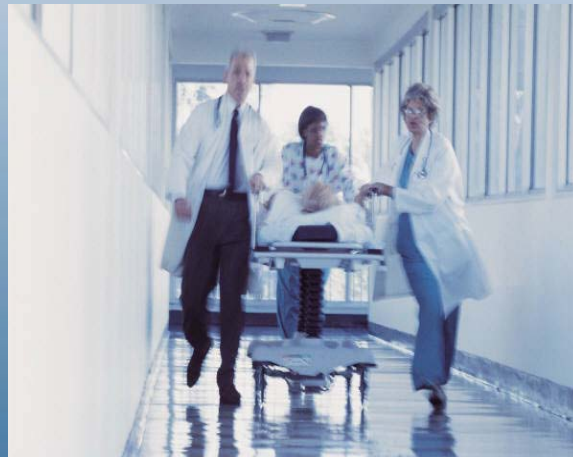
Health Expenditures



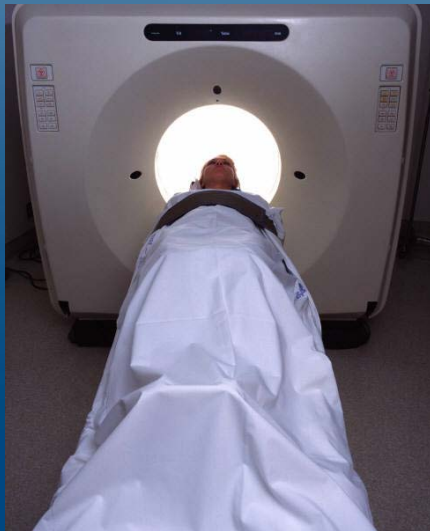
Age-adjusted Health Spending in the OECD 2005



Health Results: Getting What We Pay For

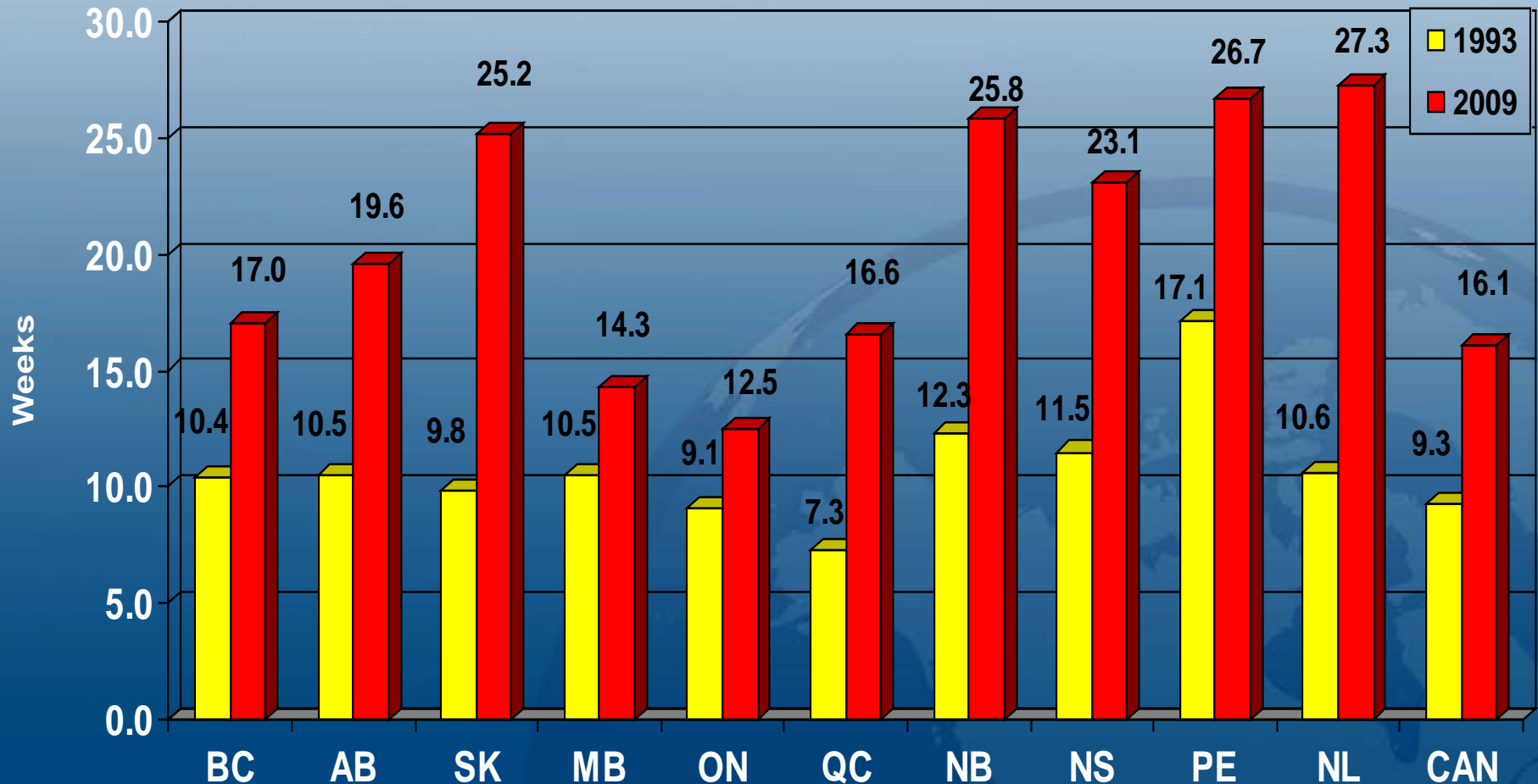


Health Results: Waiting Times

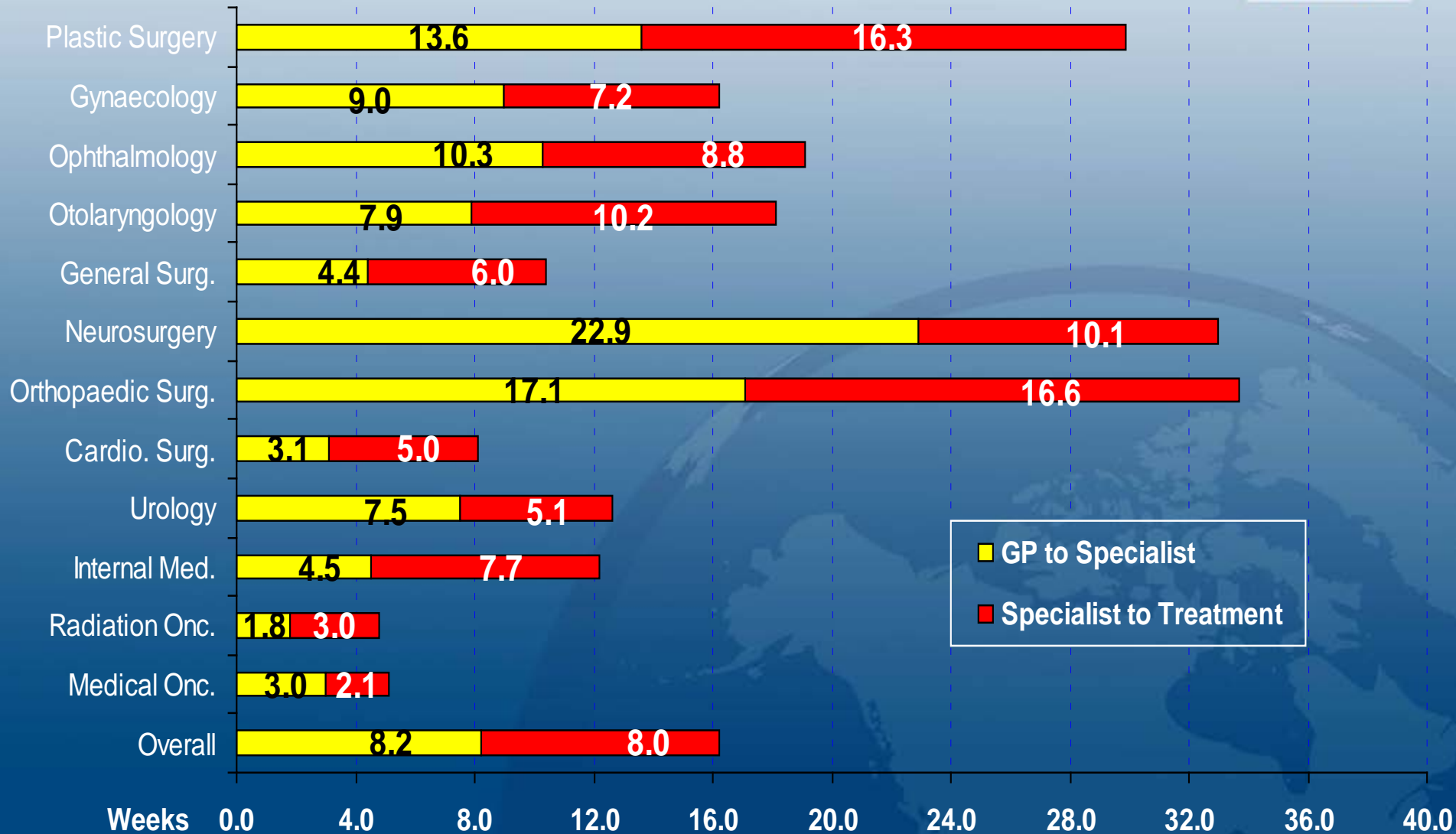


Waiting For Care – 2009 v. 1993

Waiting Time Between Referral by GP and Treatment, by Province, 1993 and 2009

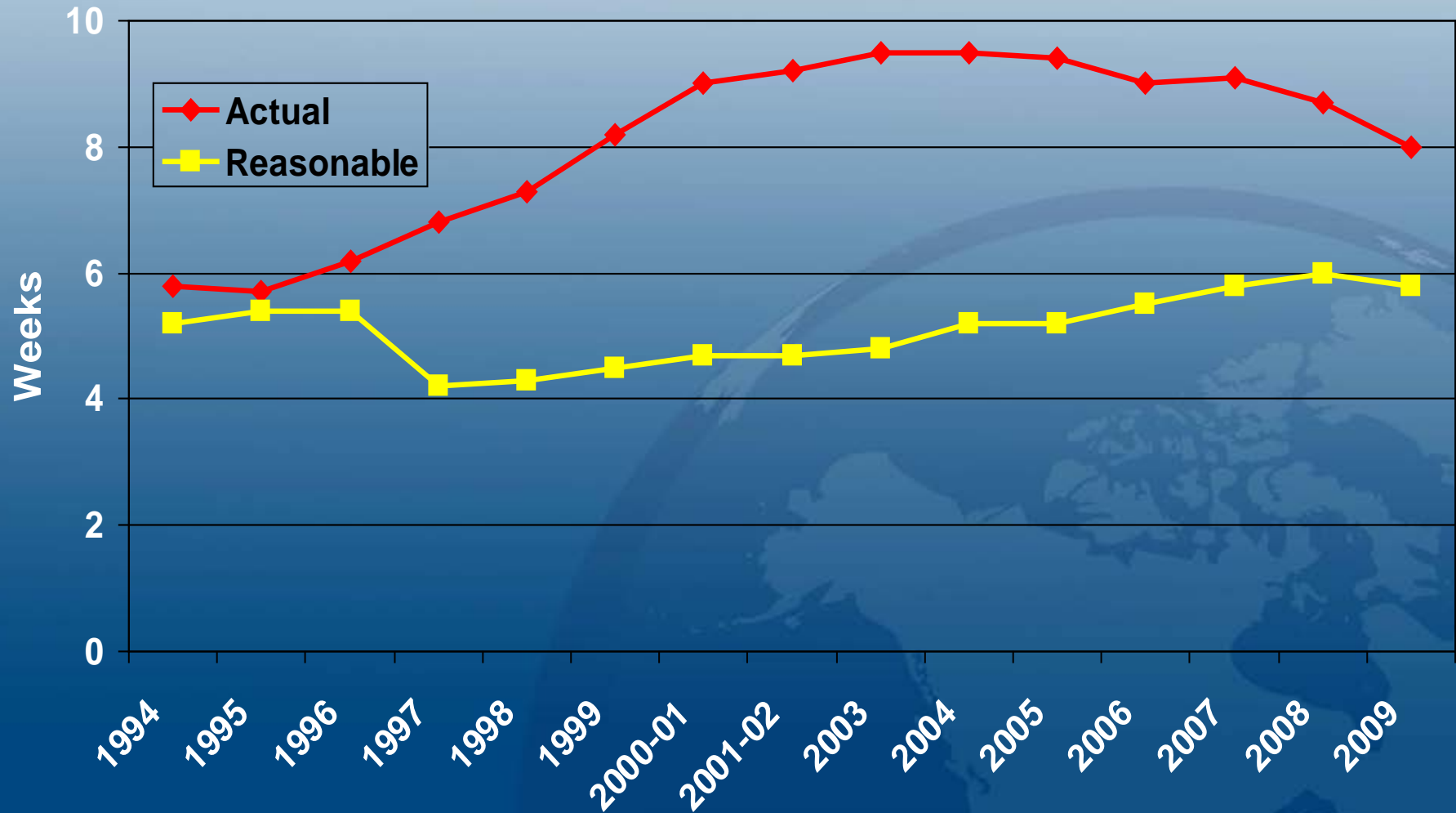


Median Wait by Specialty, 2009

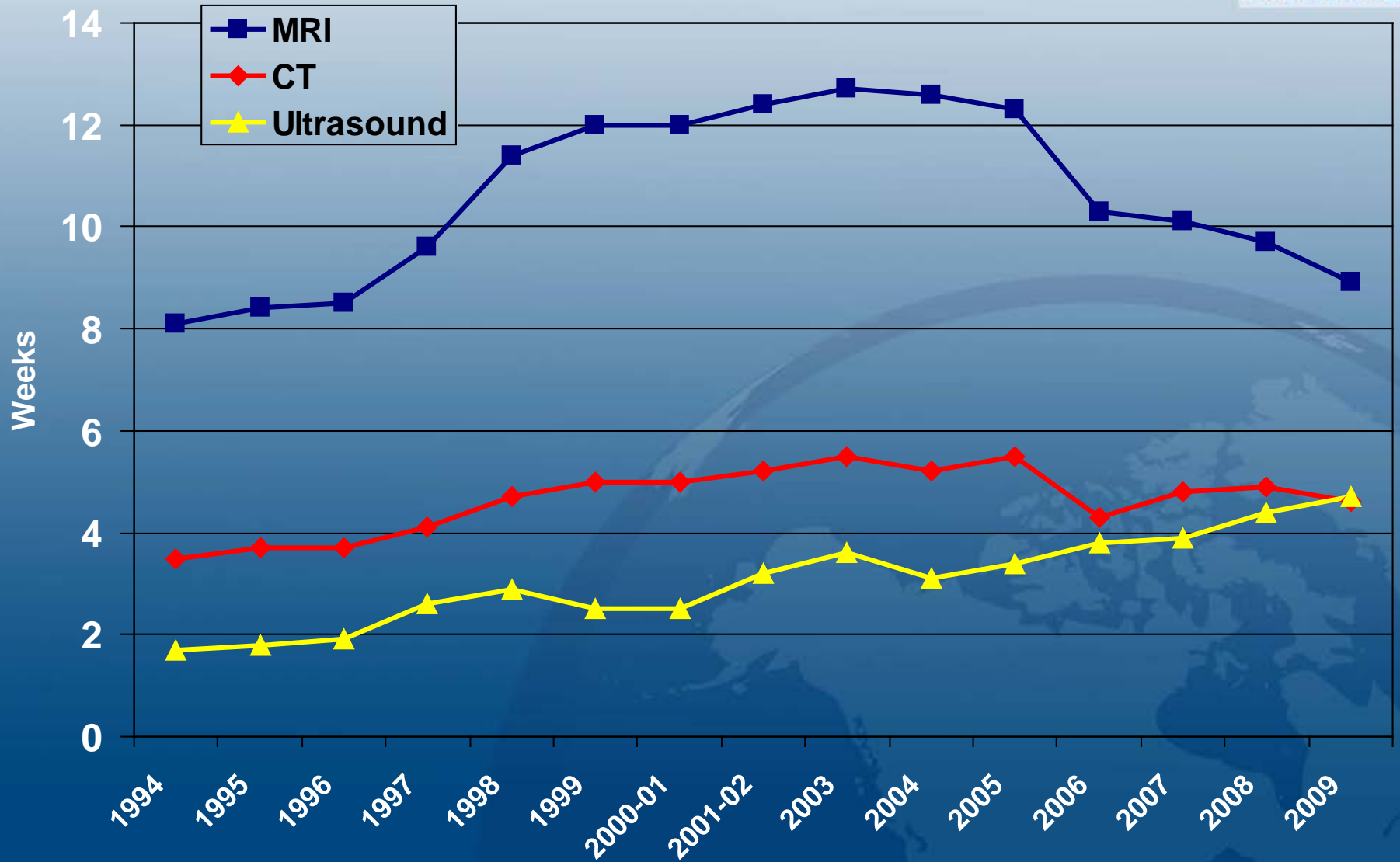


Actual Wait Time v. Reasonable

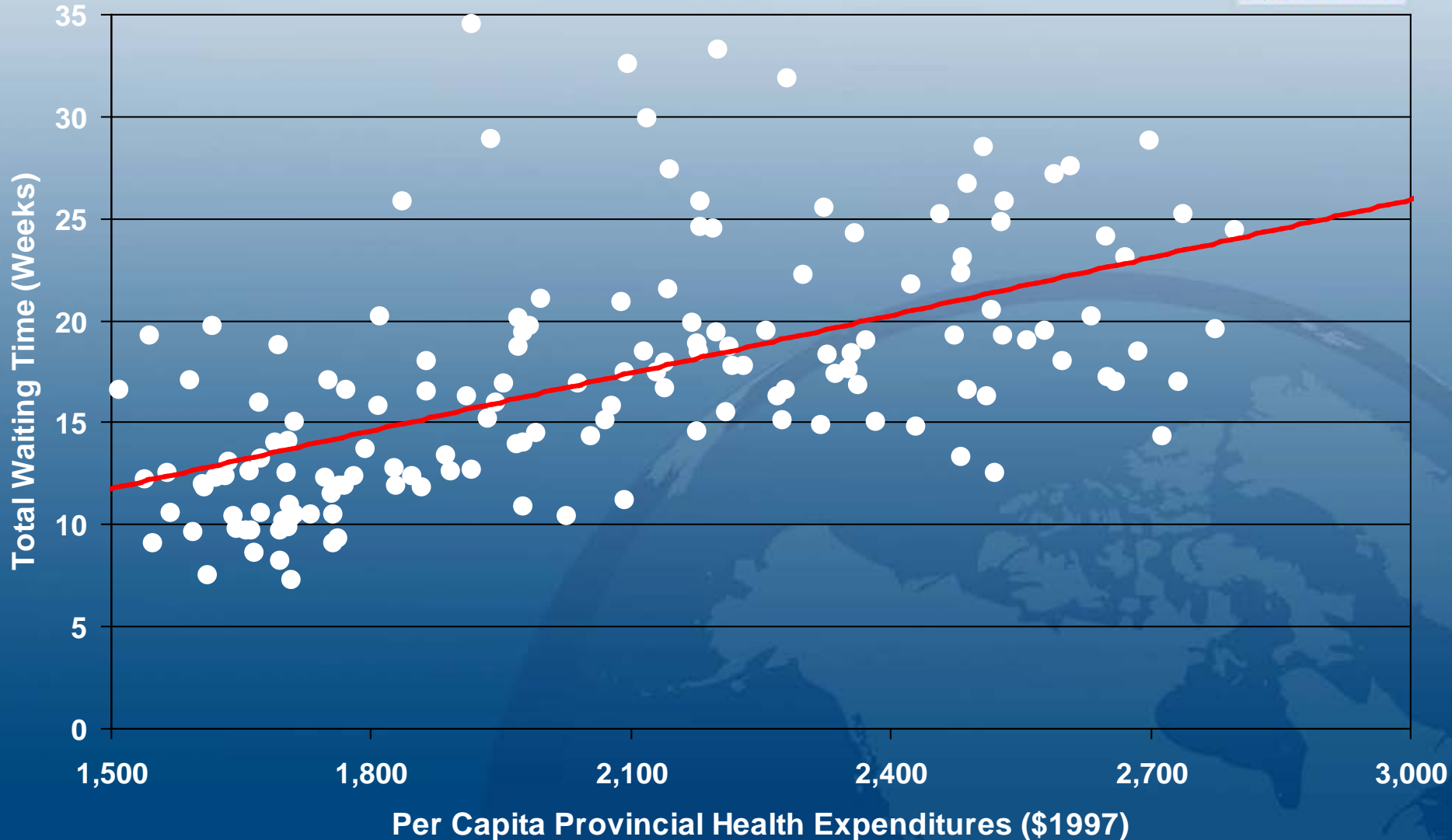
Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, Canada, 1994 through 2009



Wait Times for Diagnostic Technology



Spending & Waiting, 1993-2009

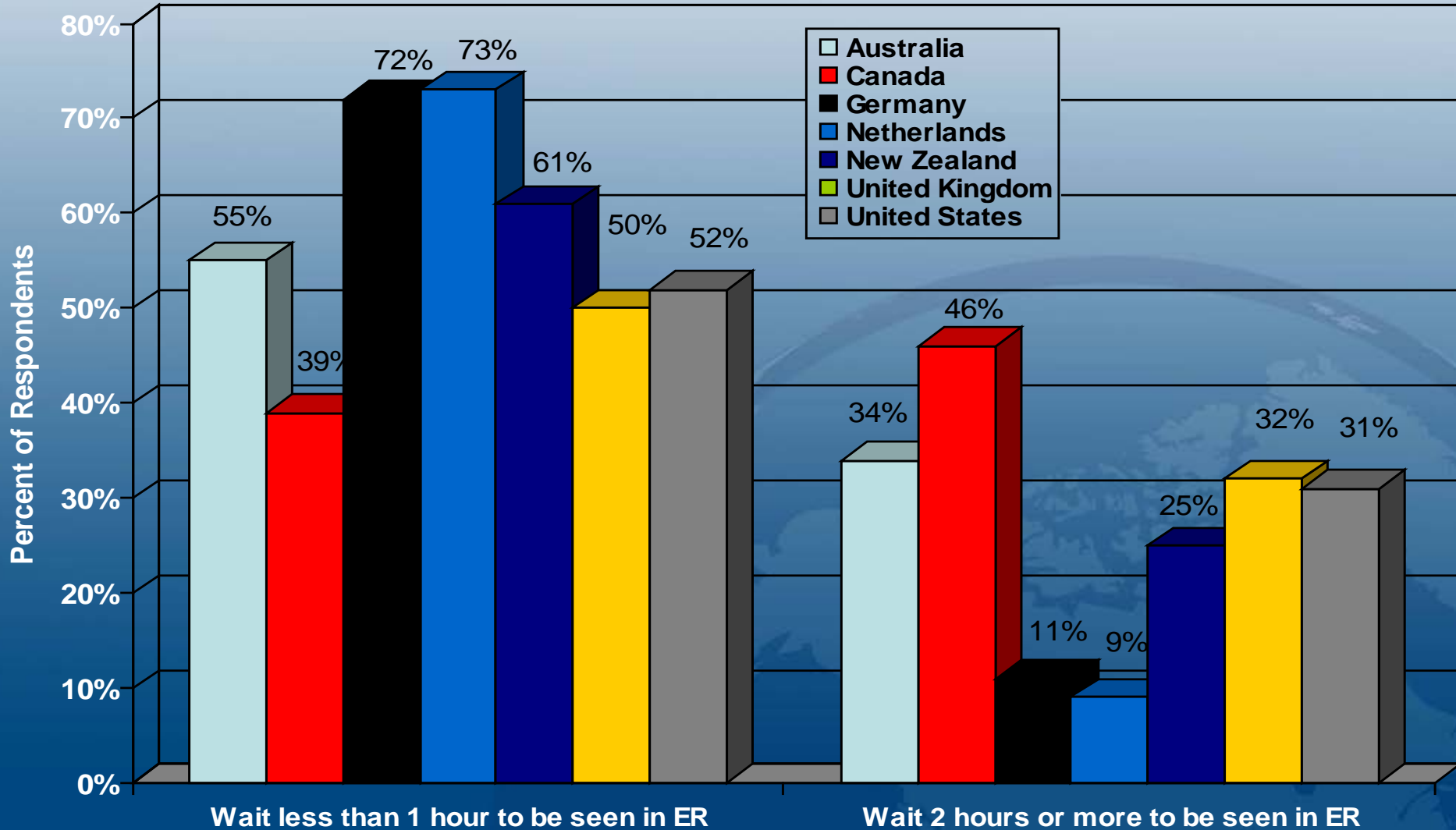


Implications of Waiting Experience

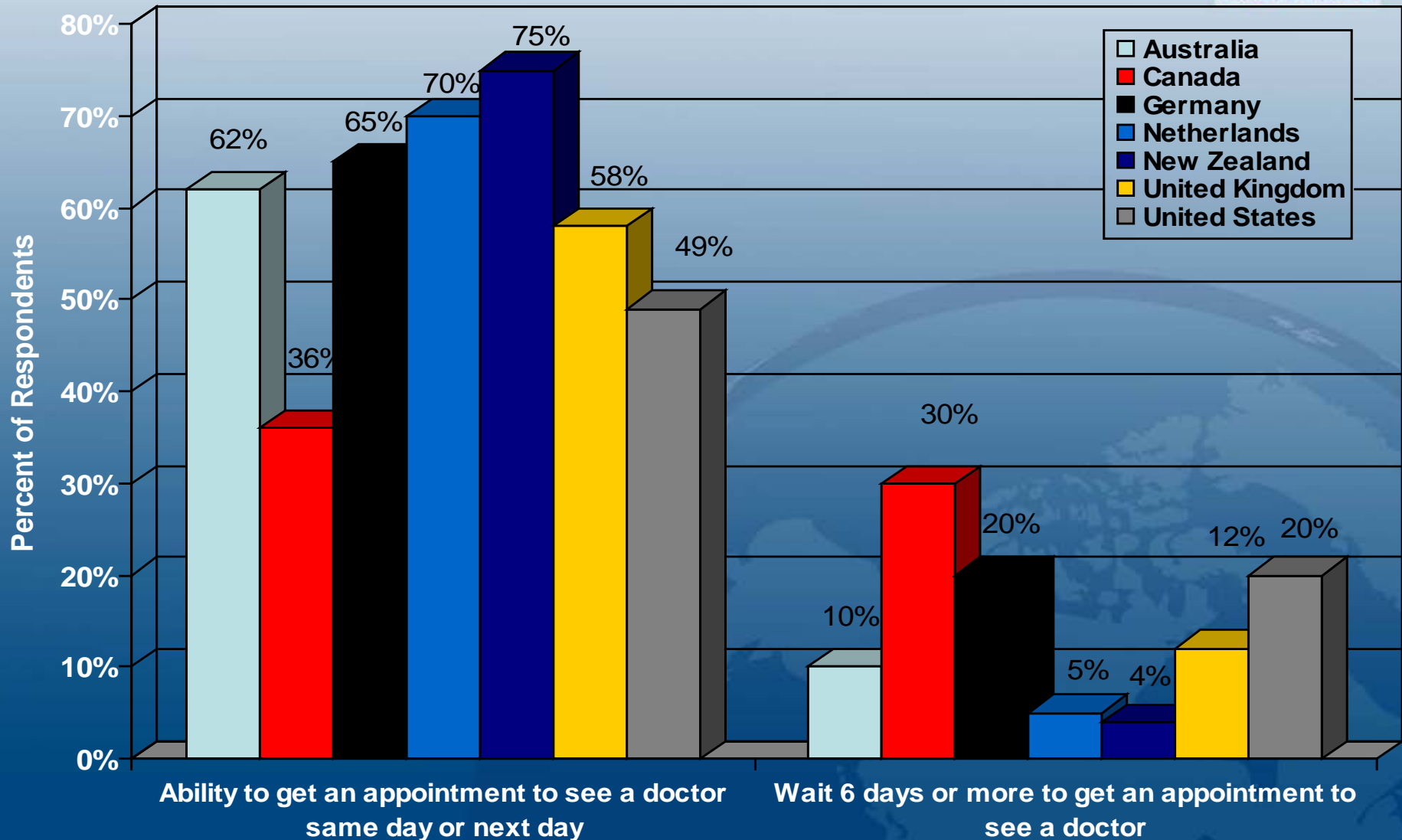


- Wide differences between provinces...12.5 weeks total wait in Ontario versus 27.3 weeks in Newfoundland & Labrador
- Workers compensation cases, RCMP, prisoners, and wealthy escapees jump queue (*Cambie Surgery Center*)
- 80% of Internal Medicine practitioners and 53% of hospital CEOs admit to involvement in queue jumping for other than medical reasons (*Source: Annals of Internal Medicine, Sept. 1998*)

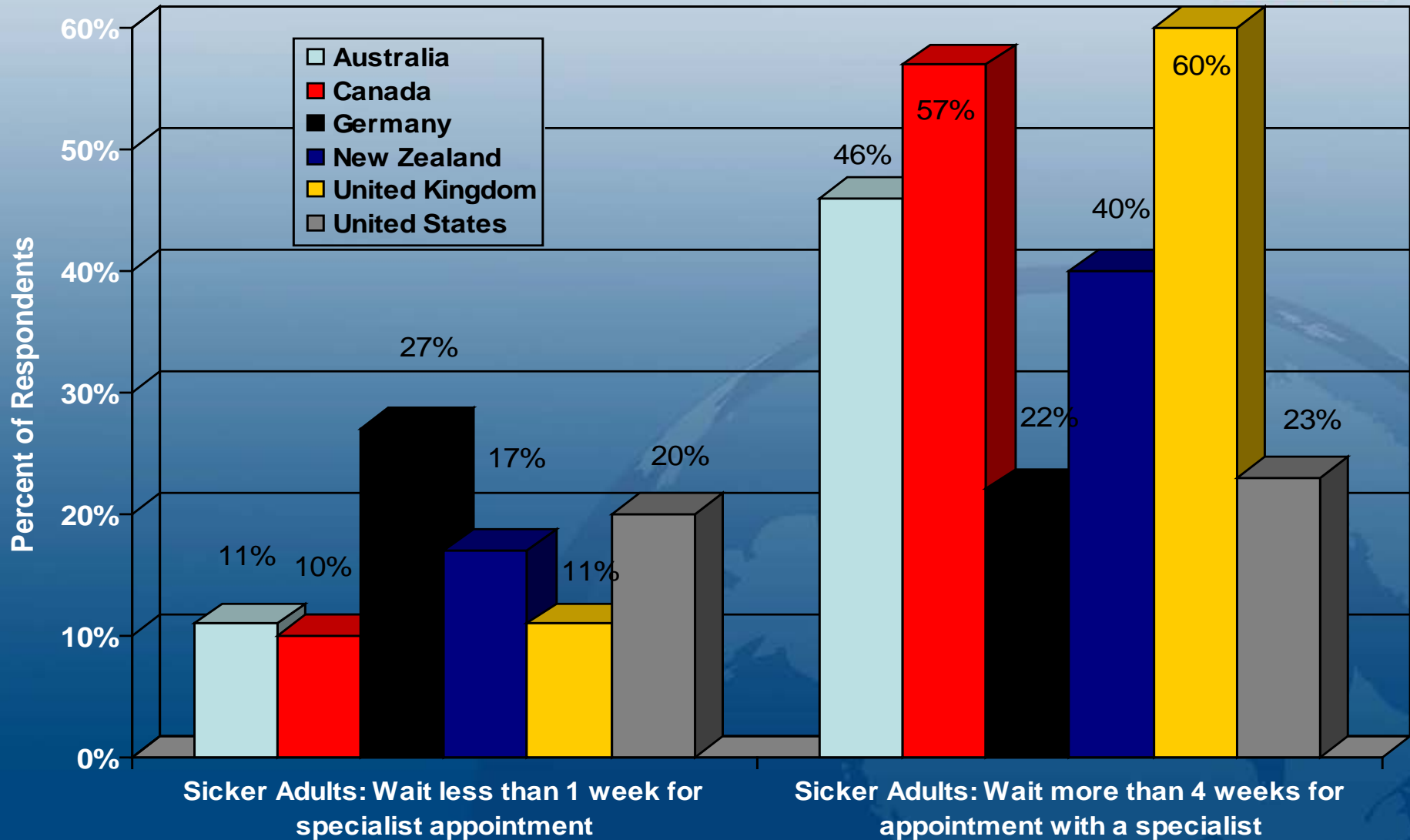
Canadians Wait Longer Than Others



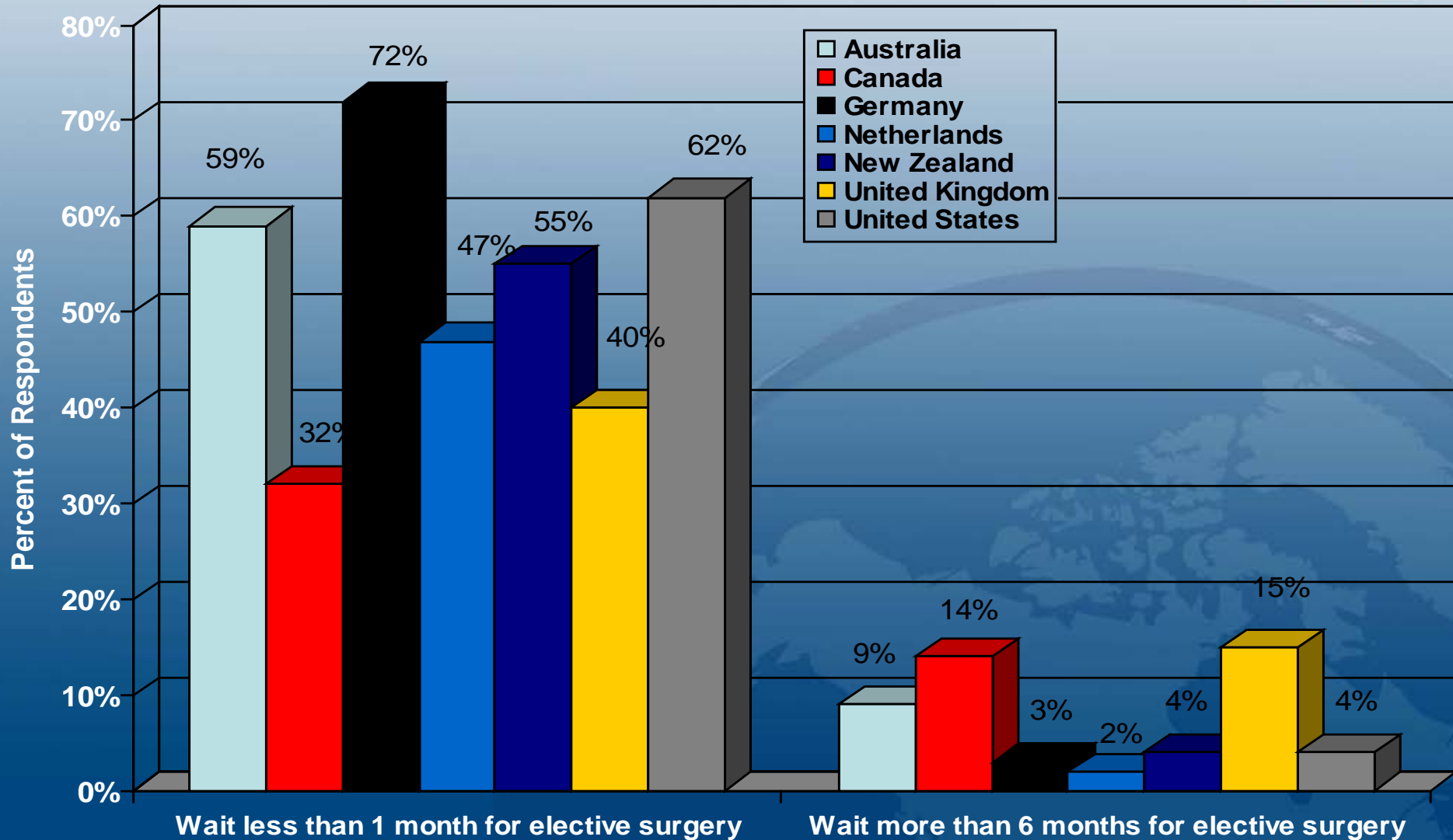
Canadians Wait Longer Than Others



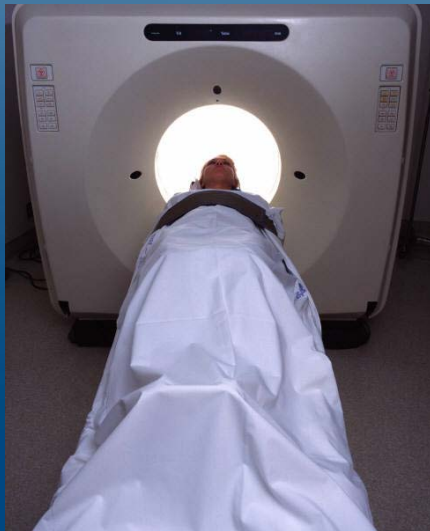
Canadians Wait Longer Than Others



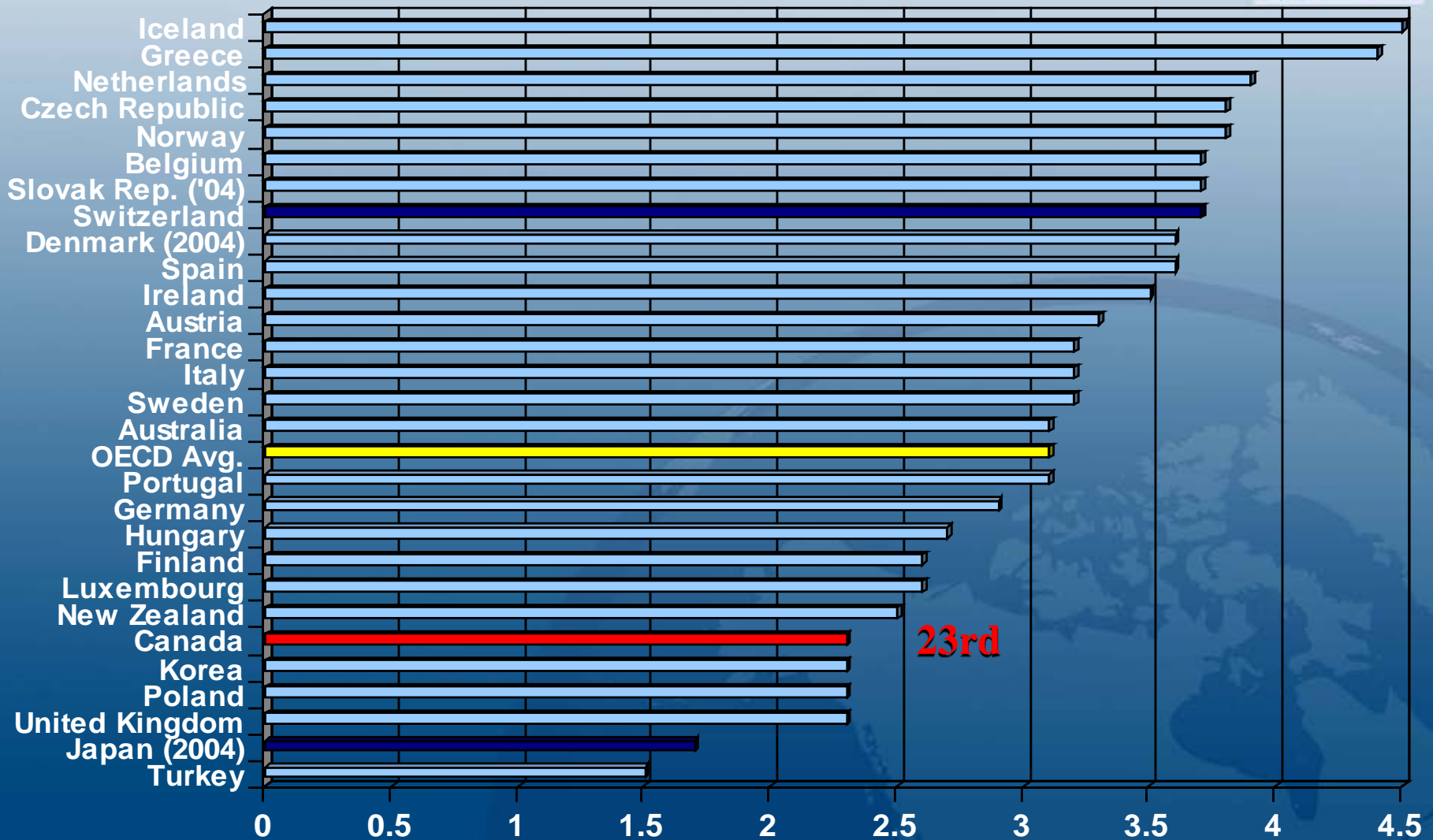
Canadians Wait Longer Than Others



Health Results: Access to Doctors & Technology

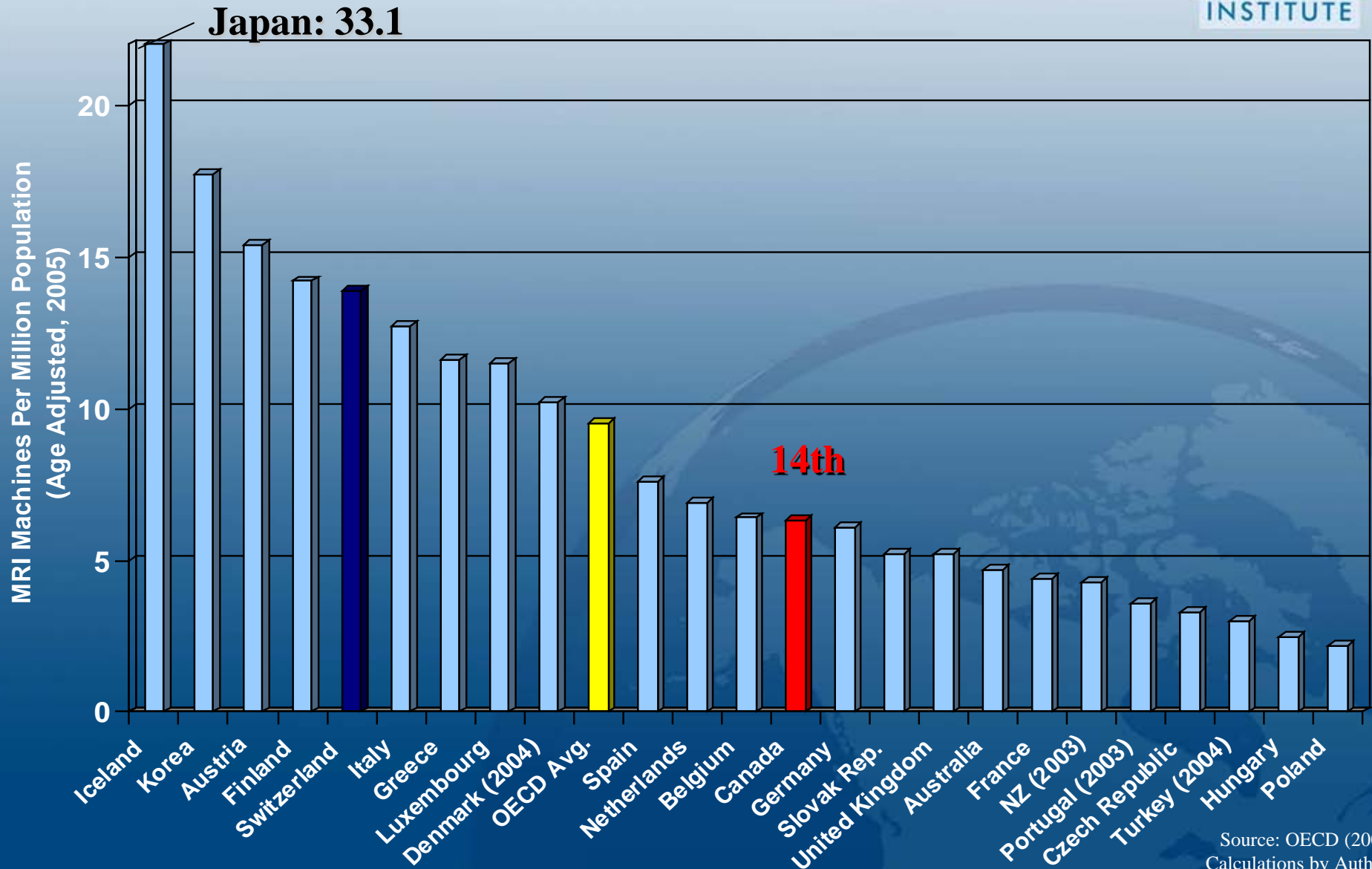


Doctors in the OECD



Doctors per 1000 population (Age Adjusted, 2005)

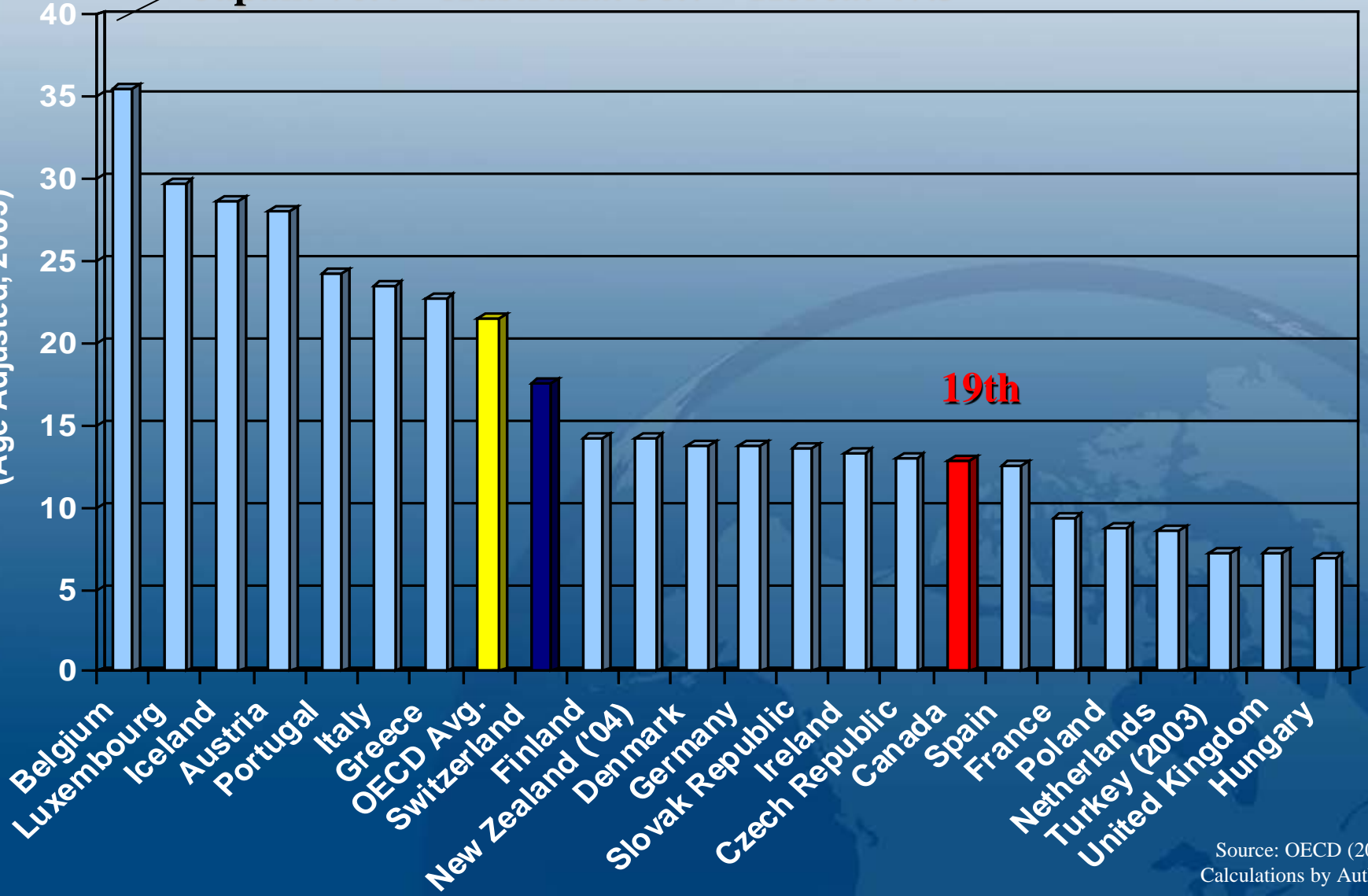
MRI Machines in the OECD



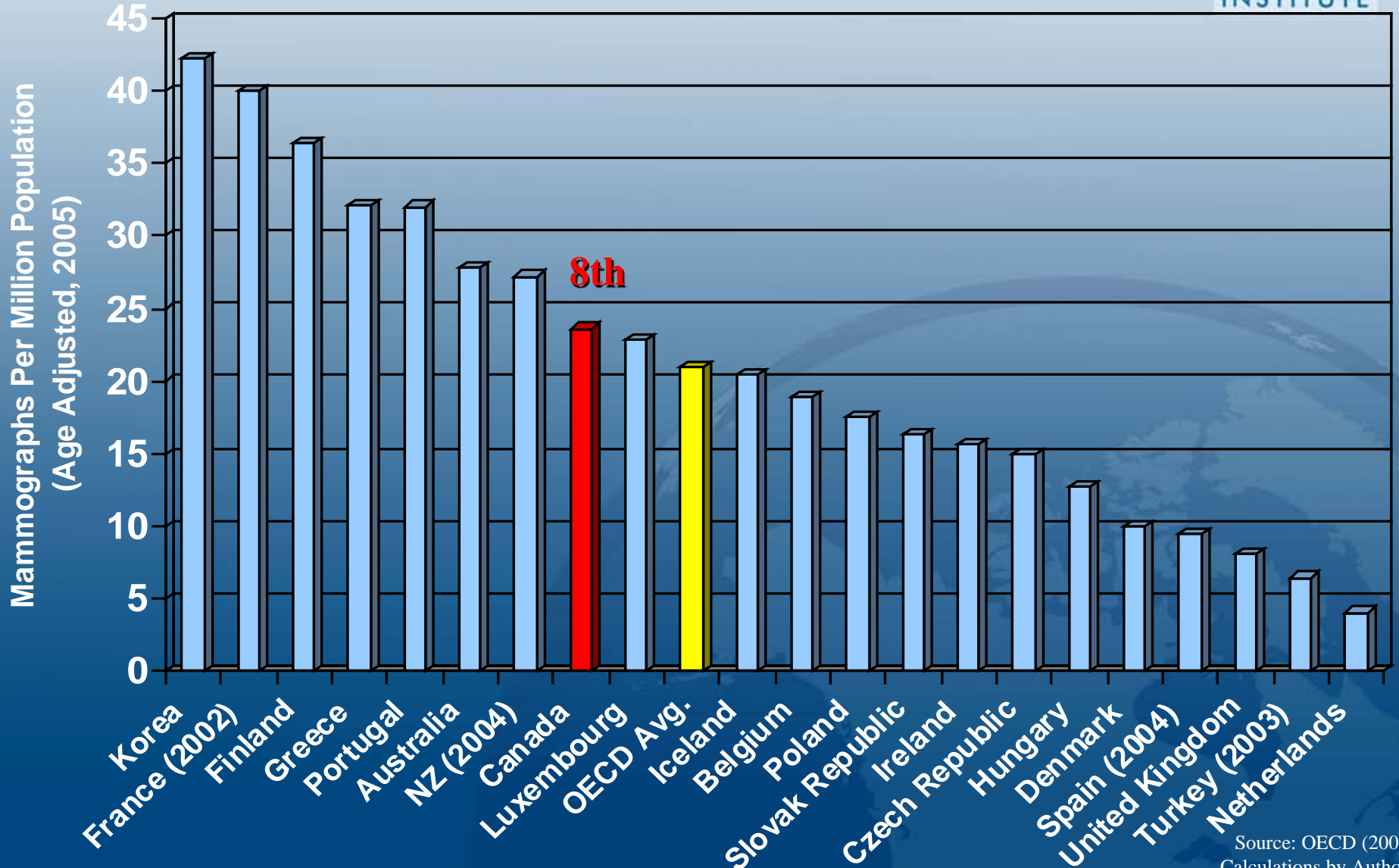
CT Scanners in the OECD

Japan: 76.4—Australia: 56.7—Korea: 47.3

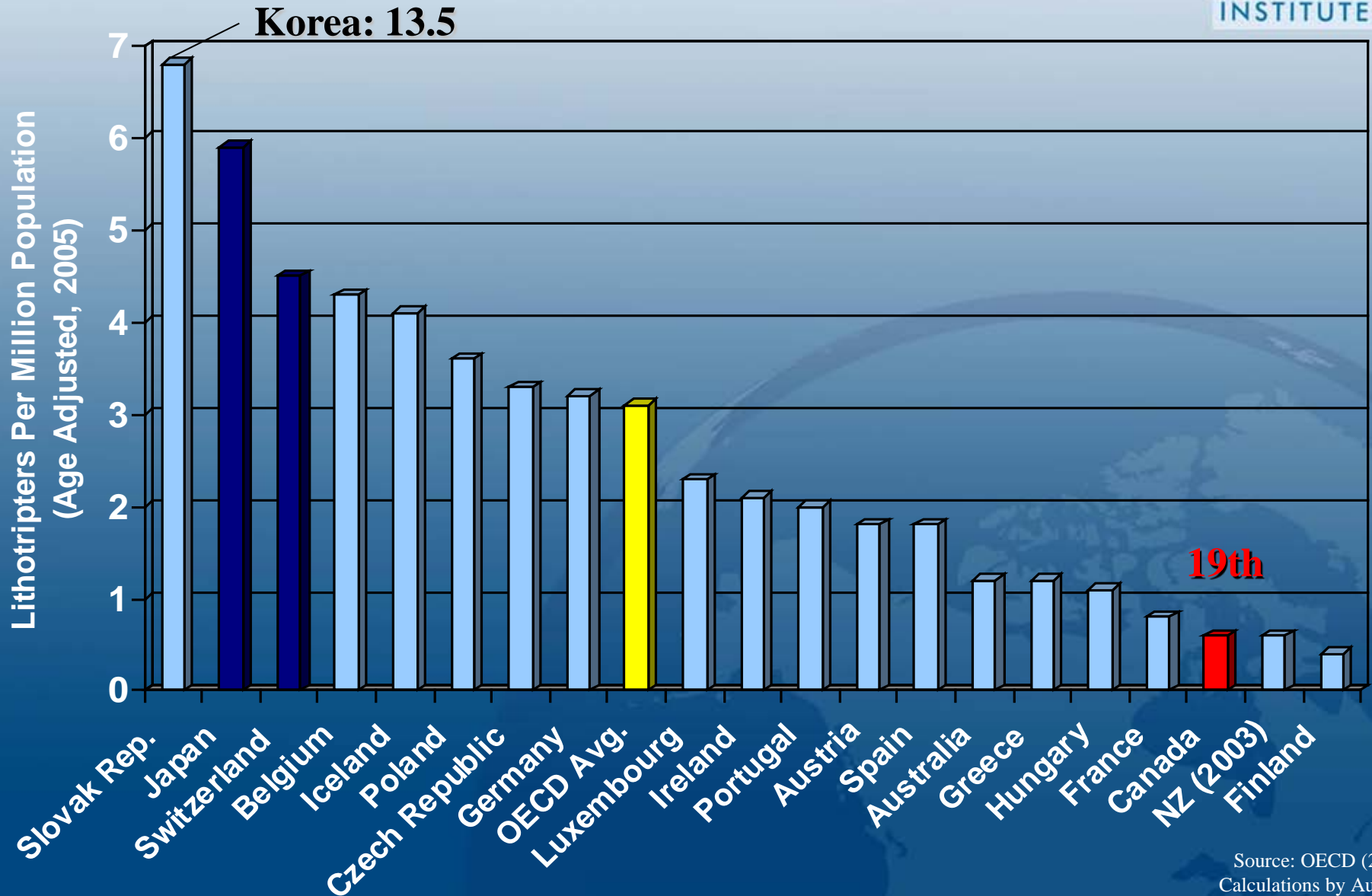
CT Scanners Per Million Population
(Age Adjusted, 2005)



Mammographs in the OECD



Lithotriptors in the OECD

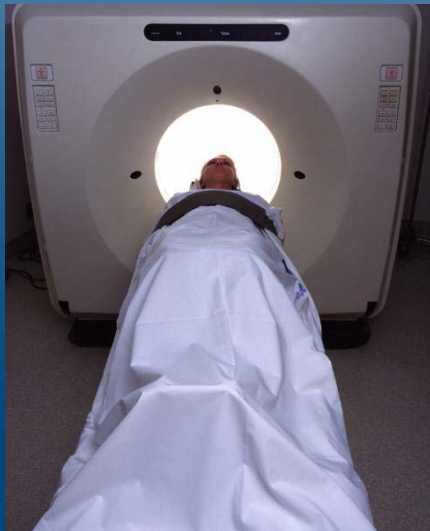


Comparisons of Age-Adjusted Access

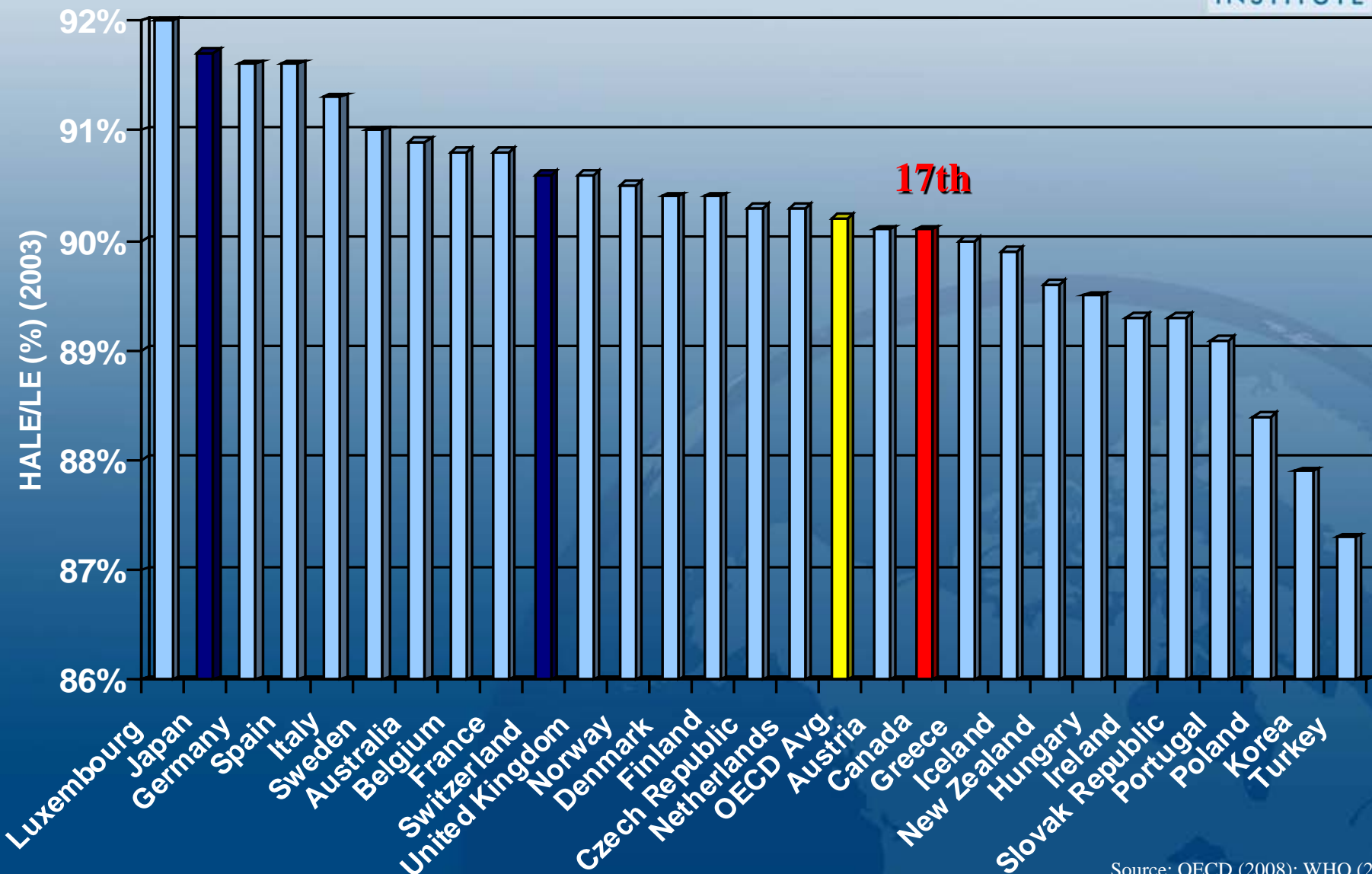


- 23rd of 28 countries for access to physicians
- 14th of 25 countries for access to MRI machines
- 19th of 26 countries for access to CT scanners
- 8th of 21 countries for access to Mammographs
- 19th of 21 countries for access to Lithotriptors

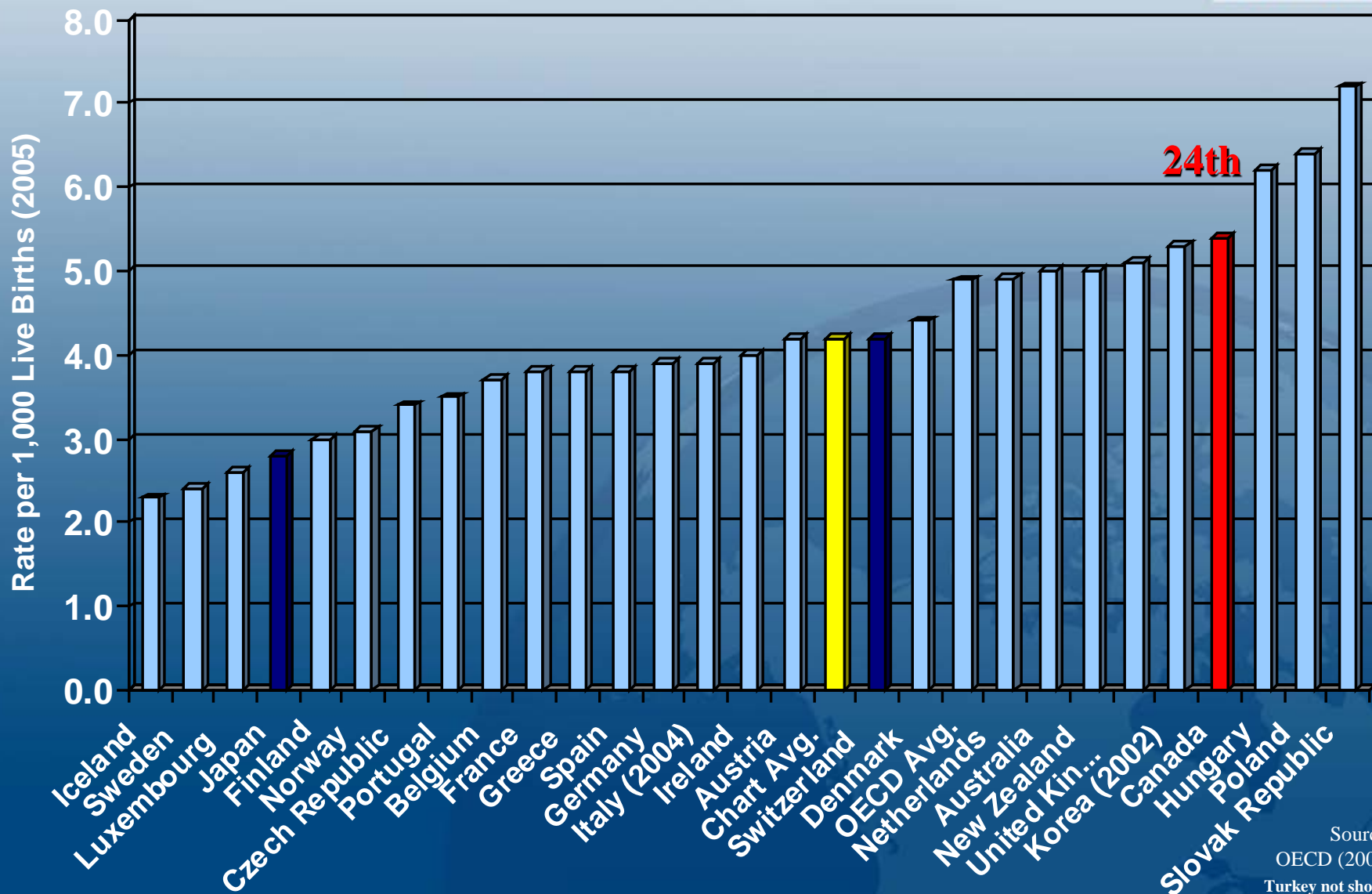
Health Results: Health Outcomes



Life Expectancy in Full Health in the OECD

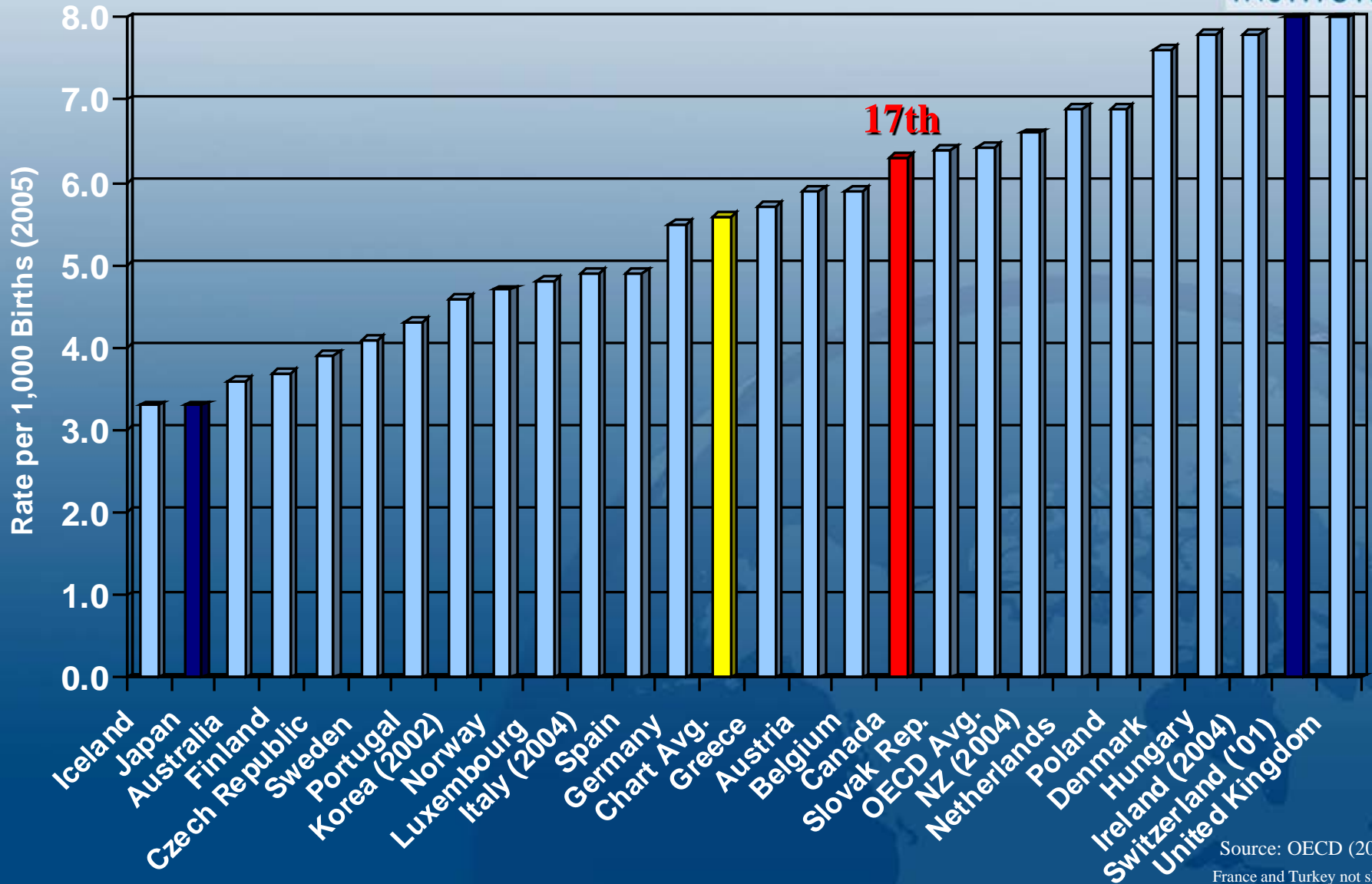


Infant Mortality in the OECD

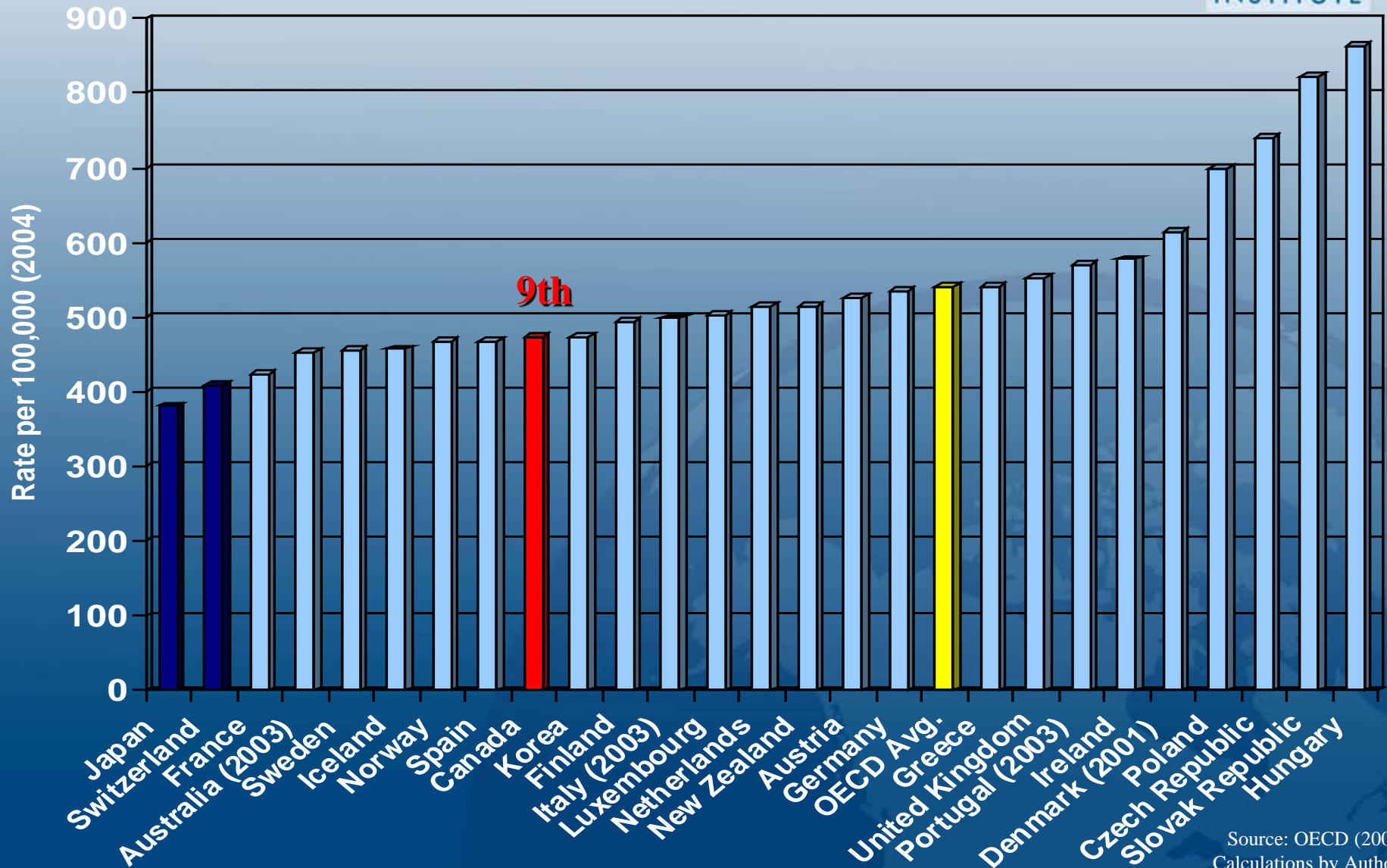


Source:
OECD (2008)
Turkey not shown

Perinatal Mortality in the OECD

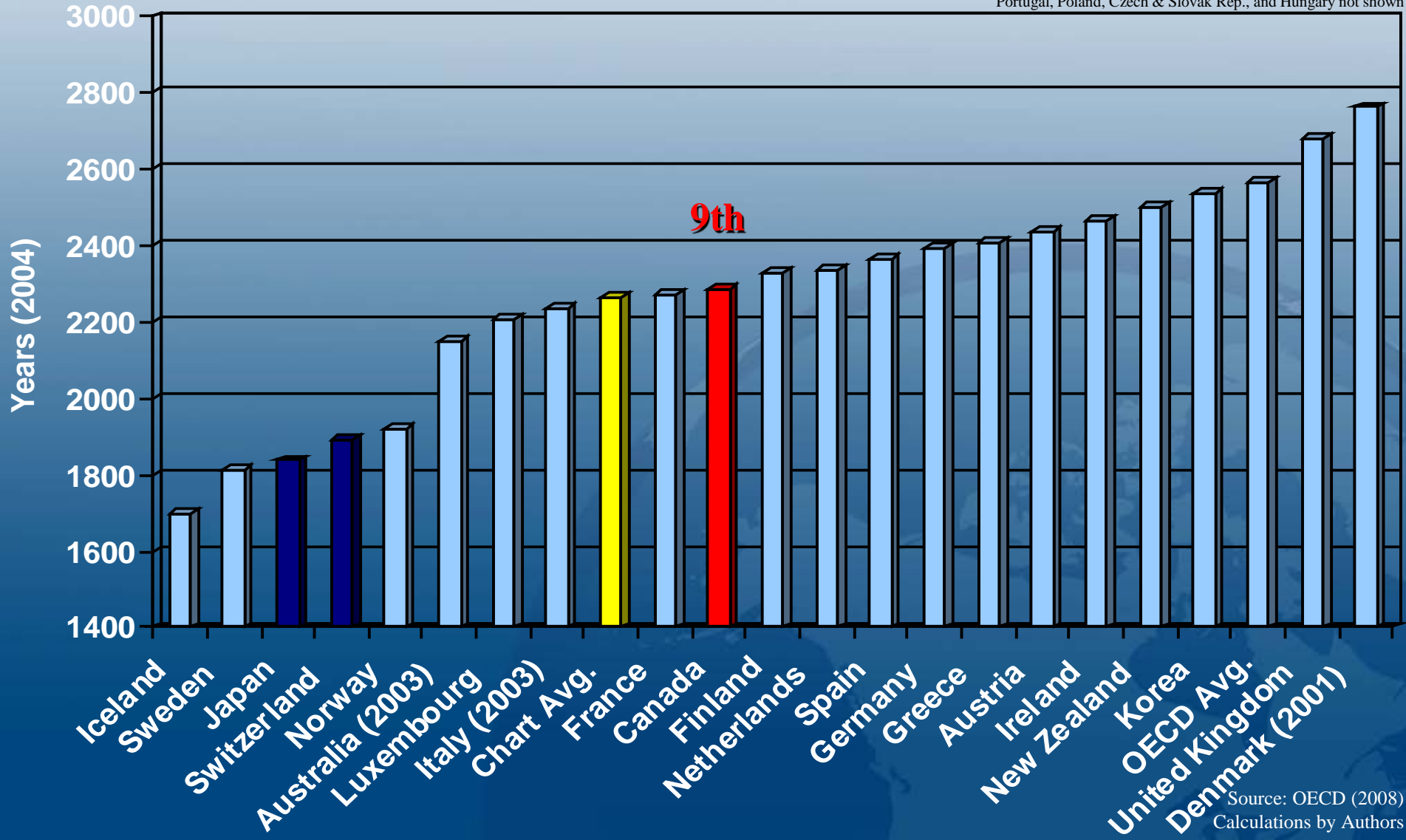


Mortality from Disease in the OECD

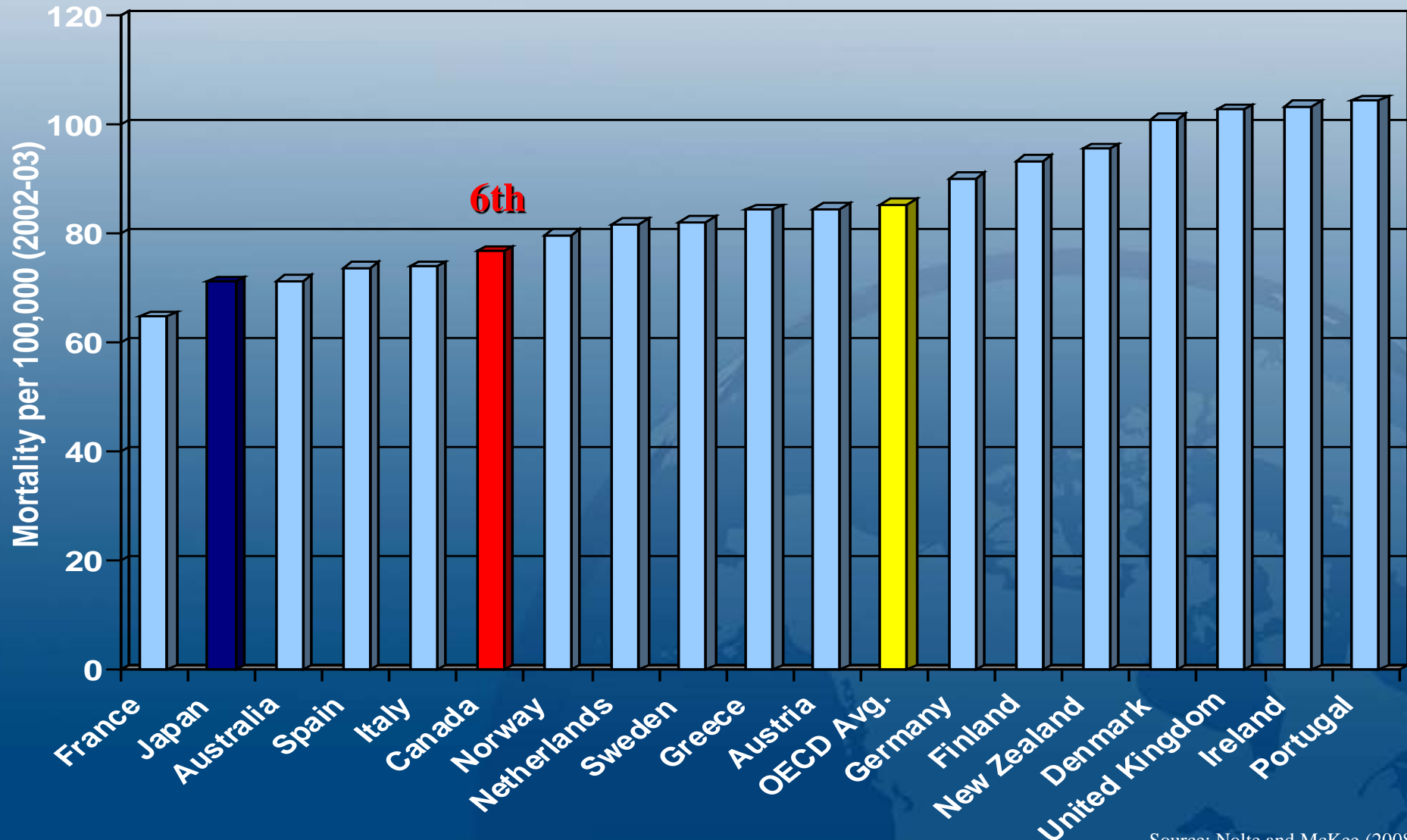


Potential Years of Life Lost in the OECD

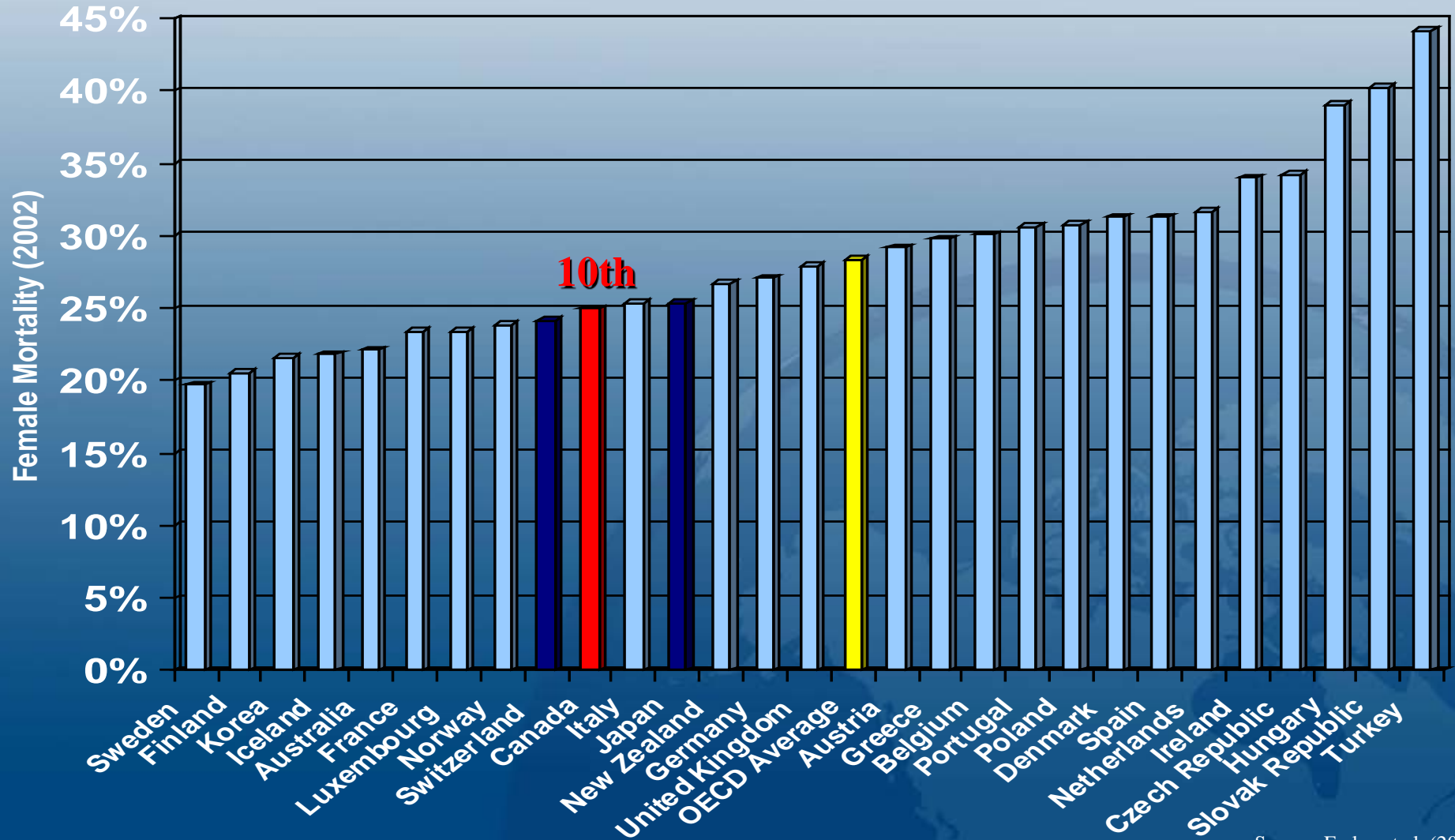
Portugal, Poland, Czech & Slovak Rep., and Hungary not shown



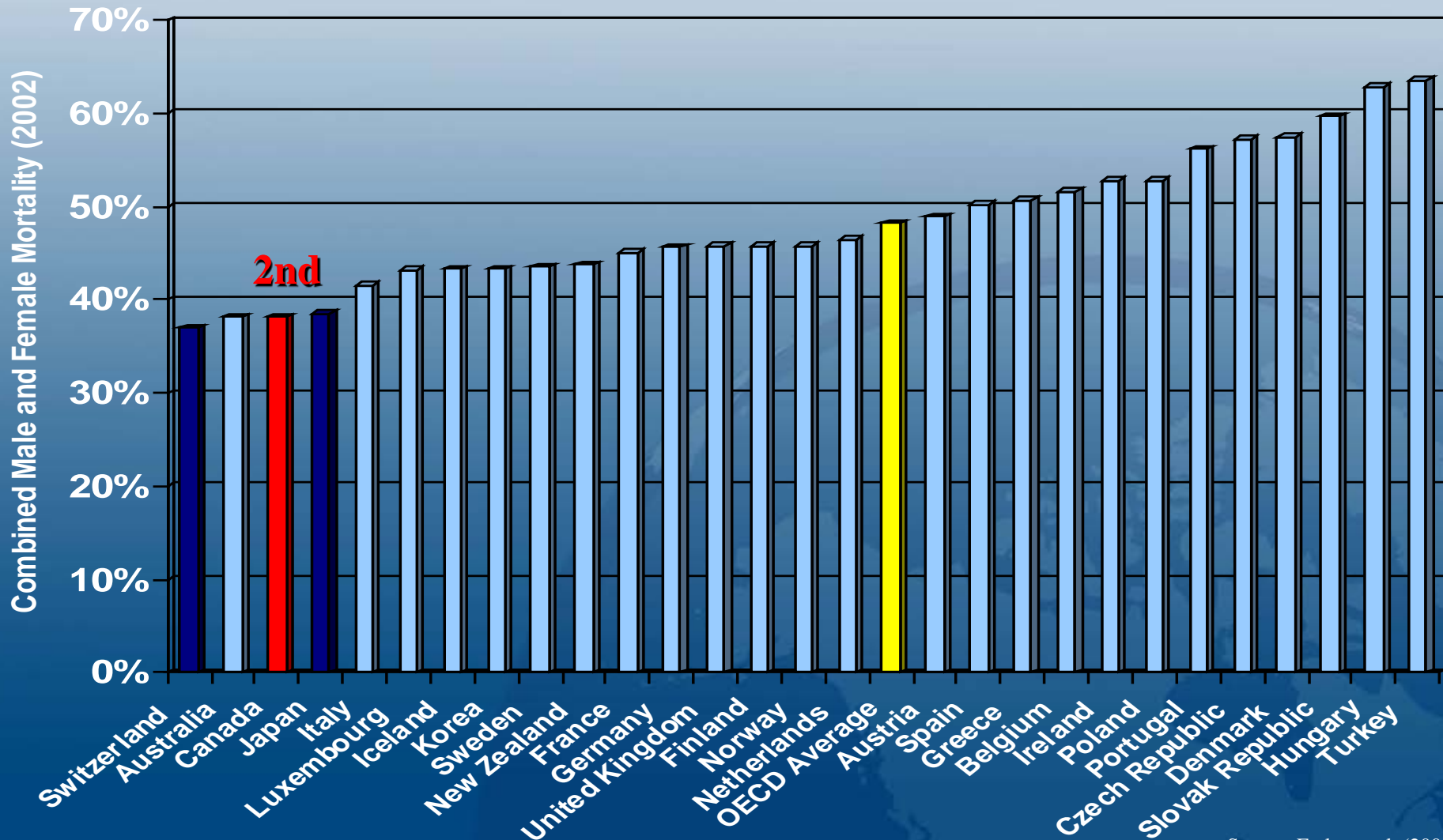
Medically Avoidable Mortality (MAHC)



Breast Cancer Mortality in the OECD



Colon/Rectum Cancer Mortality in the OECD



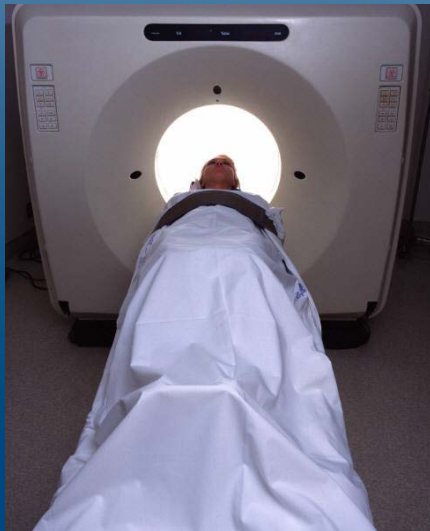
Health Results Canada: Getting What We Pay For?



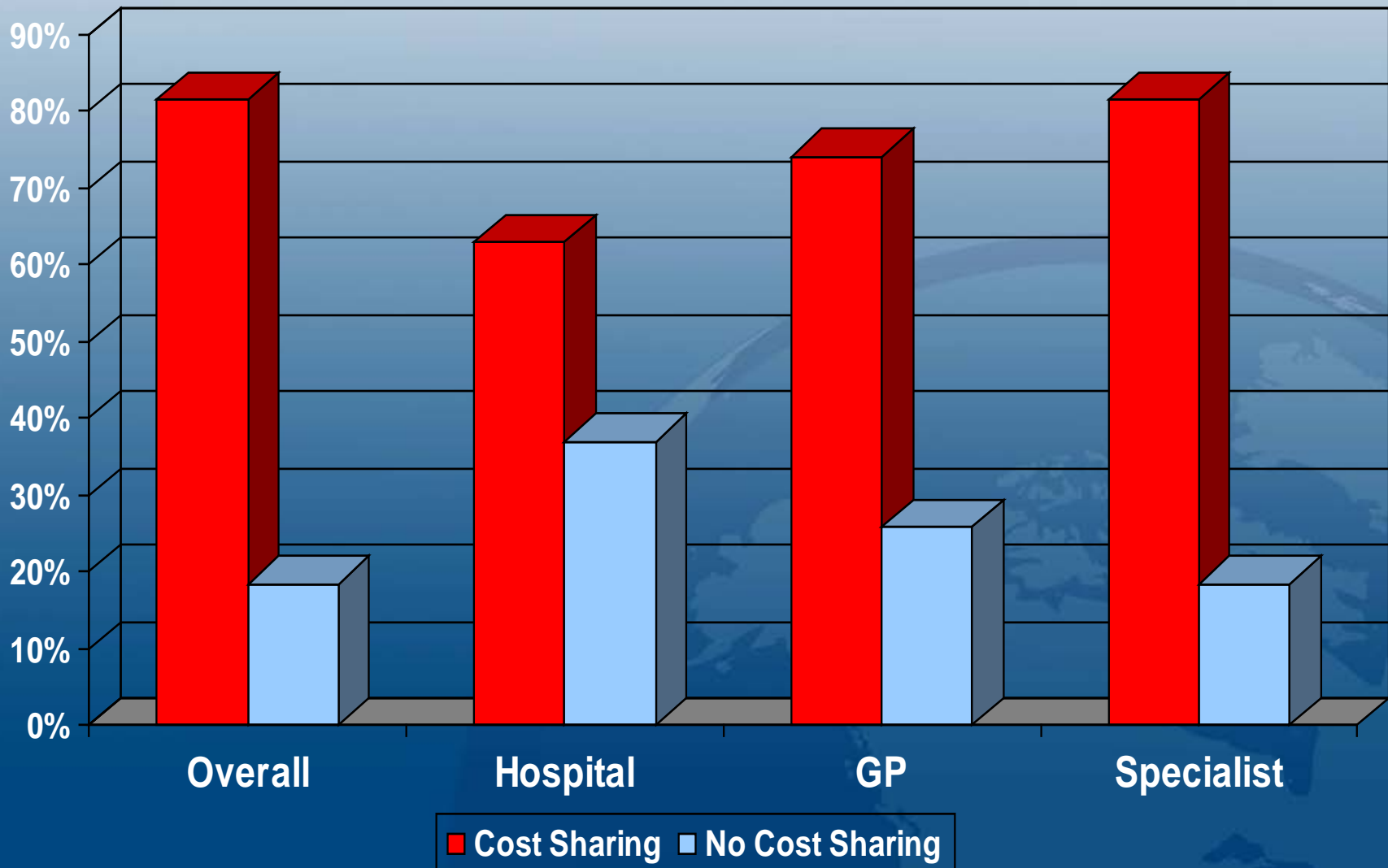
- High cost system
- Worsening waiting times
- Poor performance on waiting times for elective medical care
- Poor results on access to doctors and technology
- Satisfactory performance on health outcomes



Canada's Policies are the Problem



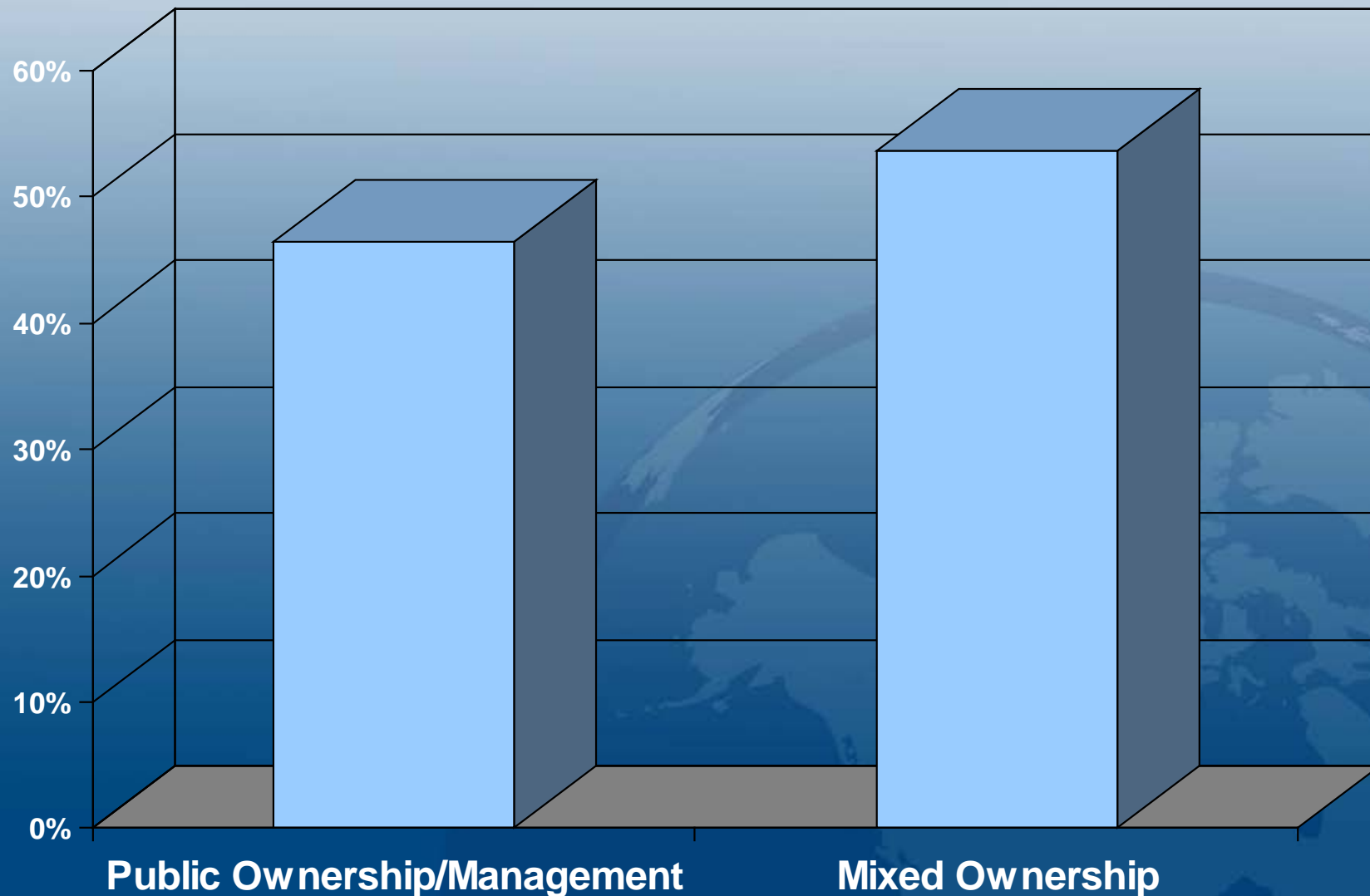
Cost Sharing – User Fees, Deductibles and Co-payments – in the OECD



Cost Sharing in the OECD

- Only 5 countries do not have some form of cost sharing for major health care services in the public system: Canada, Denmark, Slovak Republic, Spain, and the United Kingdom.
- Four of the 5 experience problems with waiting times—Canada, Denmark, Spain, and the United Kingdom—and one is an economy still in transition.

Providers of Public Health Care in the OECD

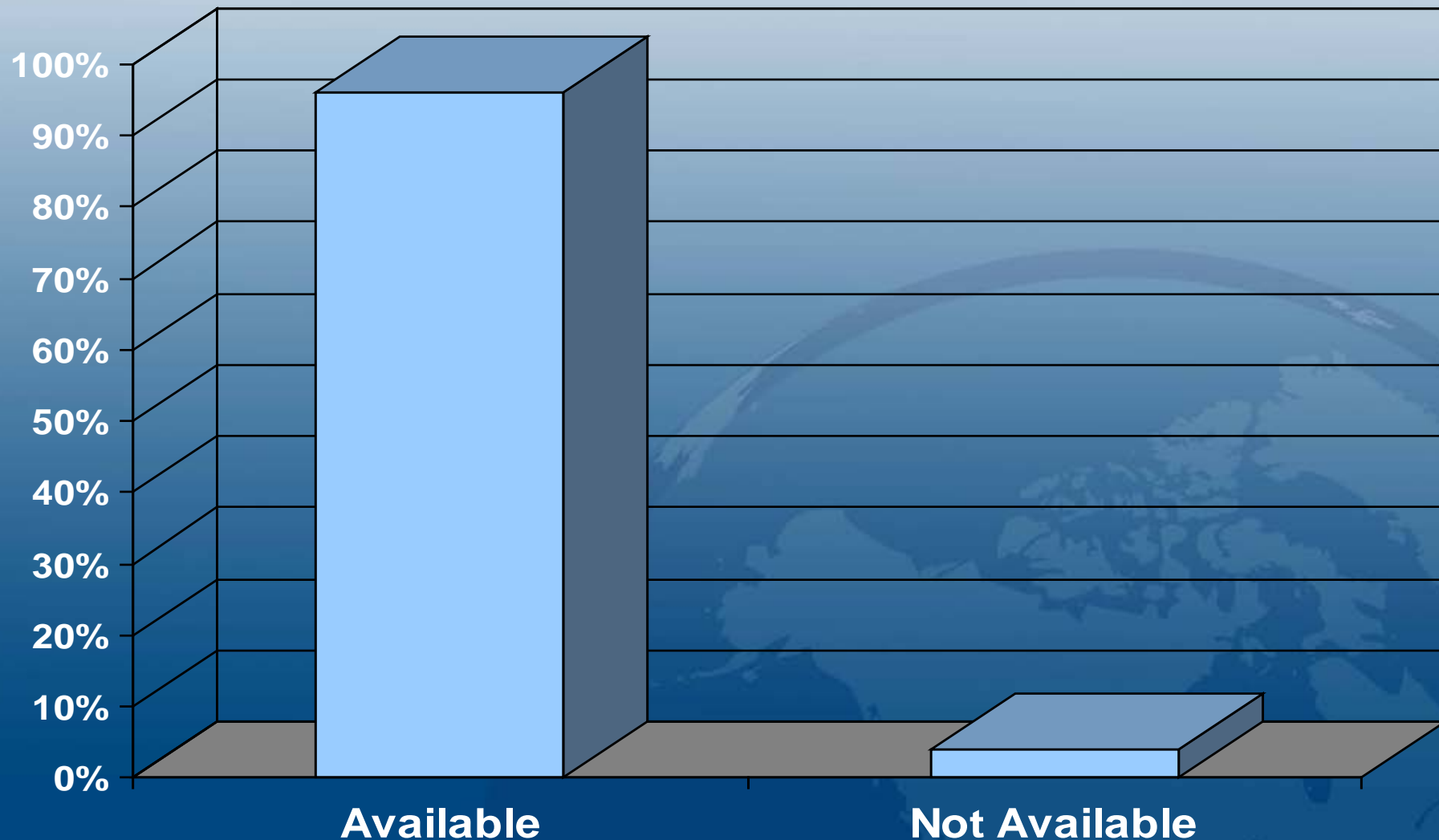


Providers of Public Health Care in the OECD



- 13 OECD countries rely almost exclusively on public hospitals to deliver publicly-funded health care.
- Of these 13, 10 experience problems with long waiting times.
- The remaining 3 are transition economies still in the process of reforming their economies and social service systems.
- Not one of the countries with strictly public provision exhibits attributes that would be counter to economic theory which suggests that this would result in inefficient provision of services.

Private Parallel Health Care in the OECD

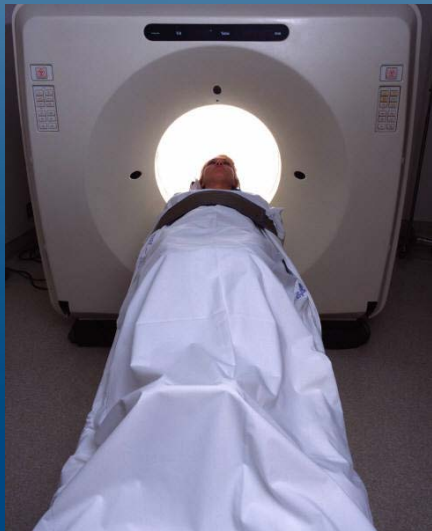


Is Canada Unique?

- Only 1 of the 28 countries surveyed has no comprehensive private provision of healthcare: Canada.
- Canada is the only country to effectively outlaw private parallel health care.



A Look at the Most Successful Universal Health Insurance Programs



Understanding Australia, Japan, Sweden, Switzerland, and France

- Lower/similar healthcare costs
- Better healthcare outcomes
- User fees or co-payments
- Parallel private medical treatment
- Private hospitals competing to supply publicly funded care



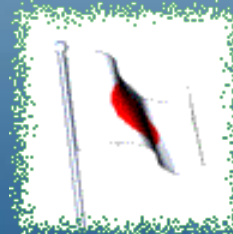
Understanding Austria, Belgium, France, Germany, Japan, Luxembourg, and Switzerland



➤ Lower/similar healthcare costs



➤ No waiting lists



➤ User fees or co-payments

➤ Parallel private medical treatment



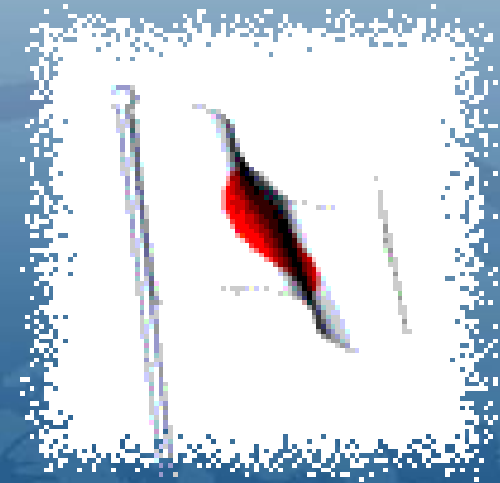
➤ Social insurance financing

➤ Private hospitals competing to supply publicly funded care



Japan

- Cost sharing accounted for 11.7 percent of total health expenditures in 2001
- User fees of between 25 and 30 percent for physician services and hospital care, varying rates for drugs
- Almost total freedom to choose and use private and public health care services without a referral system
- Competitive private delivery of care (79.9 percent of hospitals and 93.8 percent of clinics privately owned)



Switzerland

- Competing insurance funds – decentralized, self-administered, not-for-profit. (Risk redistribution)
- Various deductible arrangements (varies between insurance policies) and 10% coinsurance rate
- Direct patient payments accounted for 28% of total expenditure (both co-payments and private out of pocket payments)
- Competitive private delivery of care



A faint, blue-tinted image of a globe showing the continents of North and South America, serving as a background for the text.

More information at
www.fraserinstitute.org