

How are we doing on
Comprehensiveness, Accessibility & Portability
in the 21th Centuryin Canada?

Terrence Sullivan PhD

*The Scope of Medicare:
What Makes Sense Today?*

MUHC Institute for Strategic
Analysis and Innovation

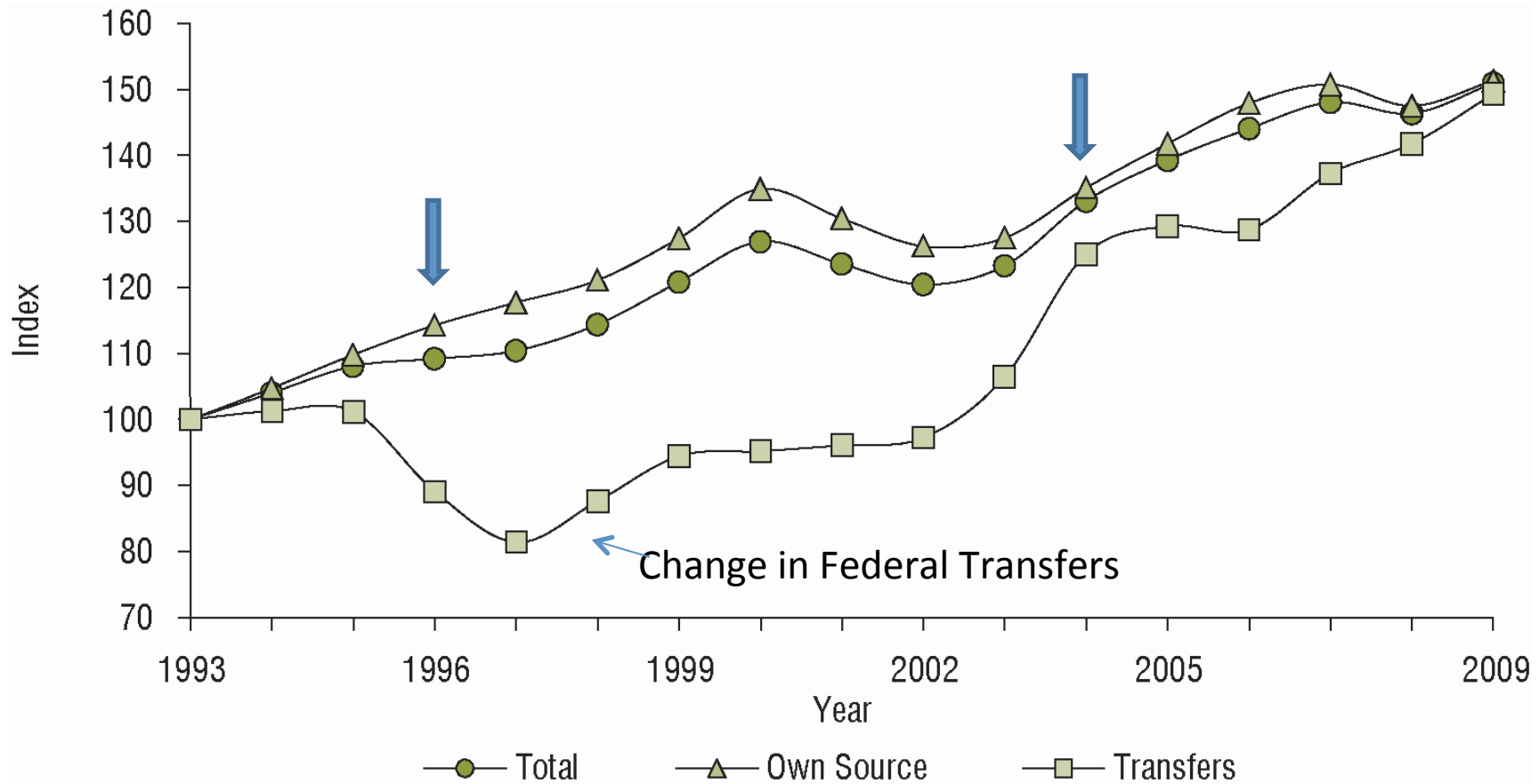
October, 2011

Fiscal Federalism in Context

- Recent History (Since 1996)
- Current State Assessment & The Canada Health Act
- The Major Issues:
 - Changing Coverage*
 - Tax Ceiling
 - Performance & Quality

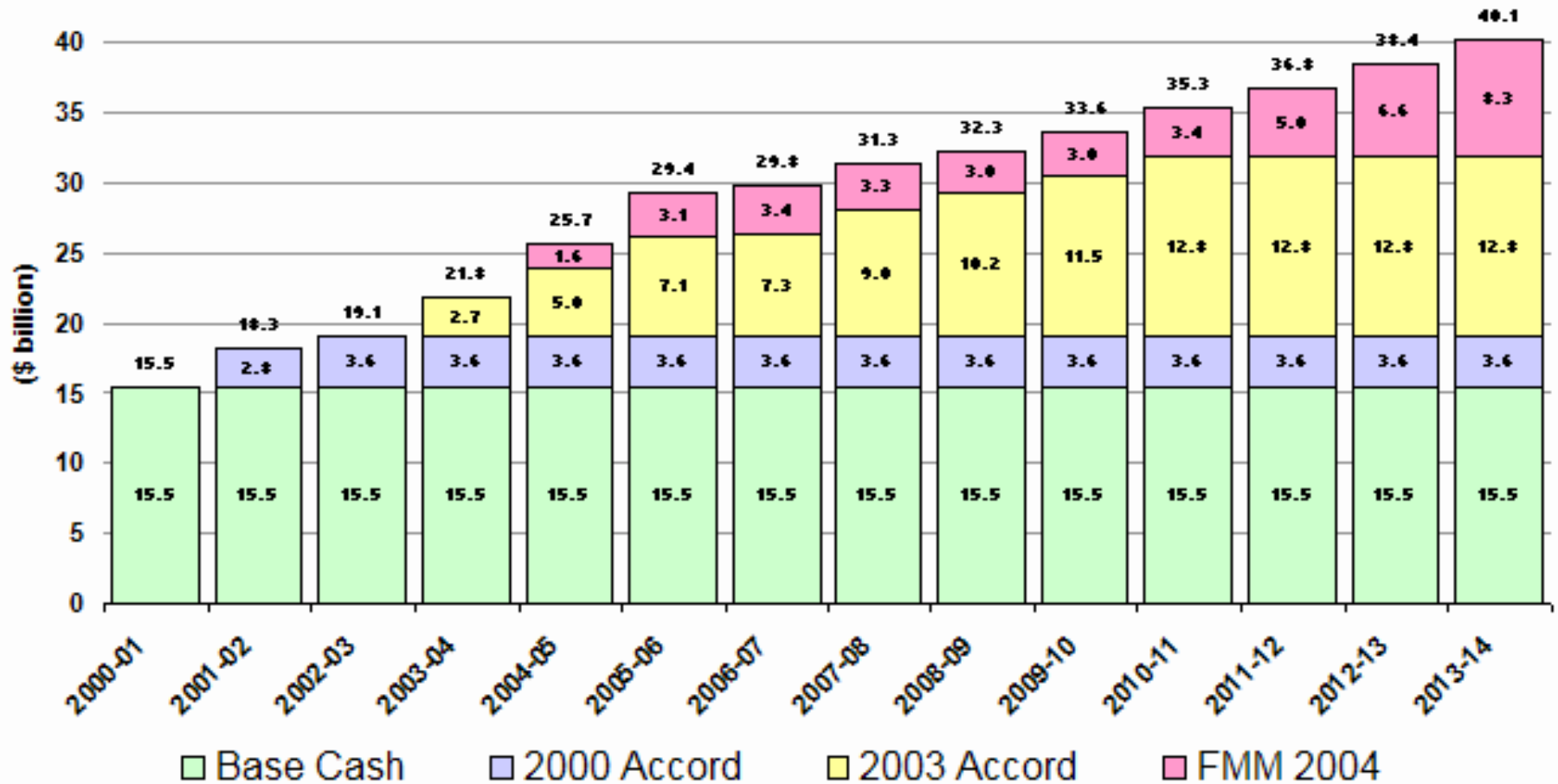
* **Comprehensiveness, Accessibility and Portability**

Provincial/Territorial Government Revenues, Constant Dollar Indices (1993 = 100), Canada, 1993 to 2009 (NHEX Database, CIHI)



Fiscal Federalism at Work

Federal Cash Transfers to Provinces and Territories
for Health and Social Programs



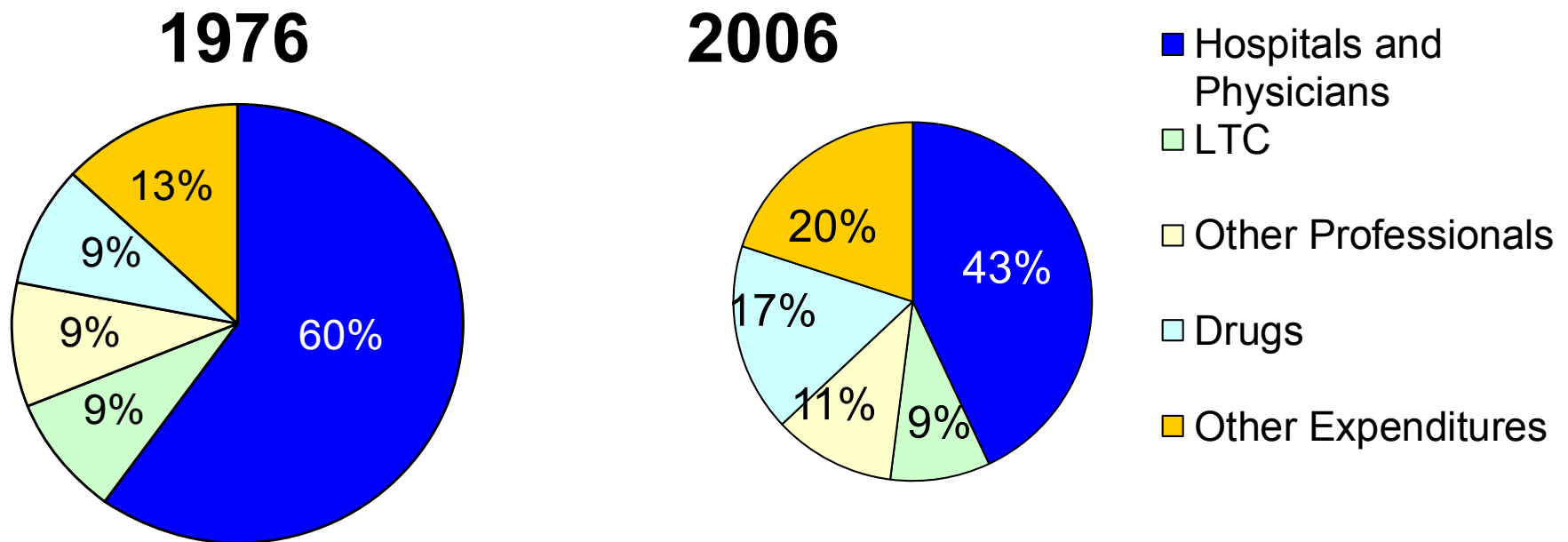
Elements of 2004 Agreement

- *Reducing Wait Times and Improving Access*
- **Strategic Health Human Resource (HHR) Action Plans**
- **Home Care**
- **Primary Care Reform**
- **Access to Care in the North**
- **National Pharmaceuticals Strategy**
- **Prevention, Promotion and Public Health**
- **Accountability and Reporting to Citizens**
- **Dispute Avoidance and Resolution**

Comprehensiveness?

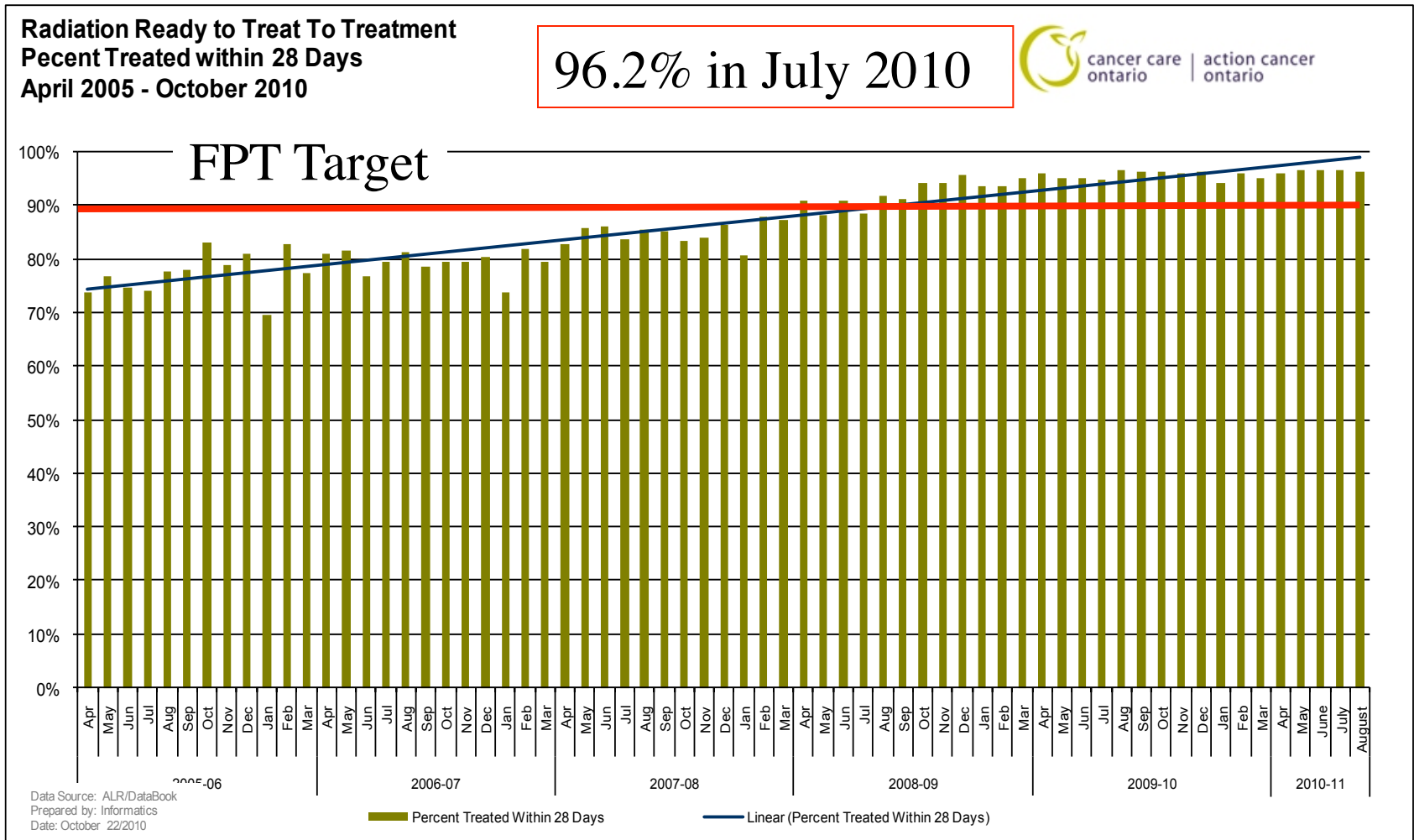
- Good coverage for doctors and hospitals
- No effective standard for pharmaceuticals or community services
- No national base coverage for pharmaceuticals outside of drugs for hospital inpatients (C.H.A. influenced but not determined)
 - Successive failed commitments to create national catastrophic coverage
 - Weak national pharmaceutical policy
 - Weak harmonization of efforts
 - Interprovincial harmonization still possible
- Real Discussion of Social Insurance beginning (Quebec is one Model)

Comprehensiveness: Changing Composition of Coverage /Expenditure



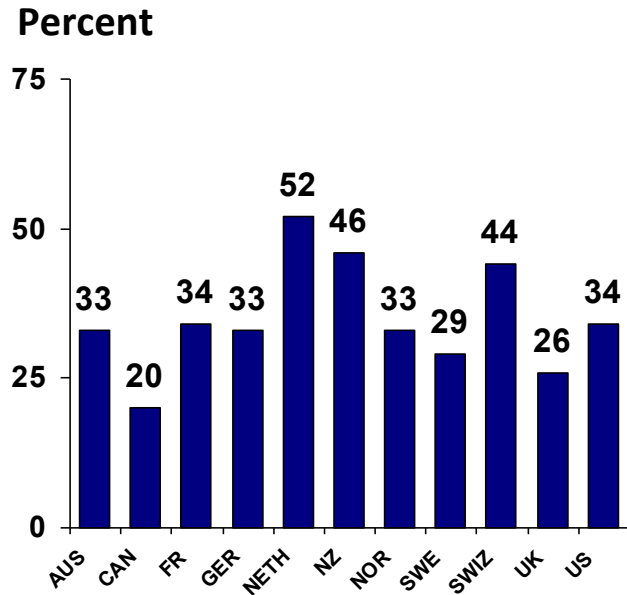
Source: Canadian Institute for Health Information.

Accessibility: Real Progress from Chouilli and 2004 Accord – Need to Move beyond wait 2 focus

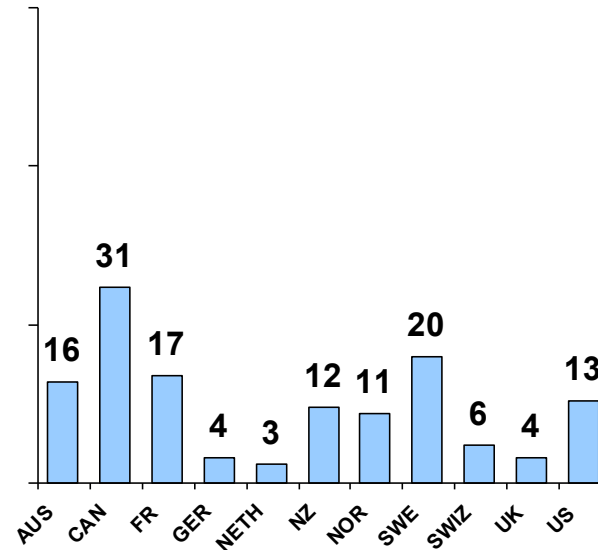


Wait Time in Emergency Room Before Being Treated

Less than 30 minutes



Four hours or more



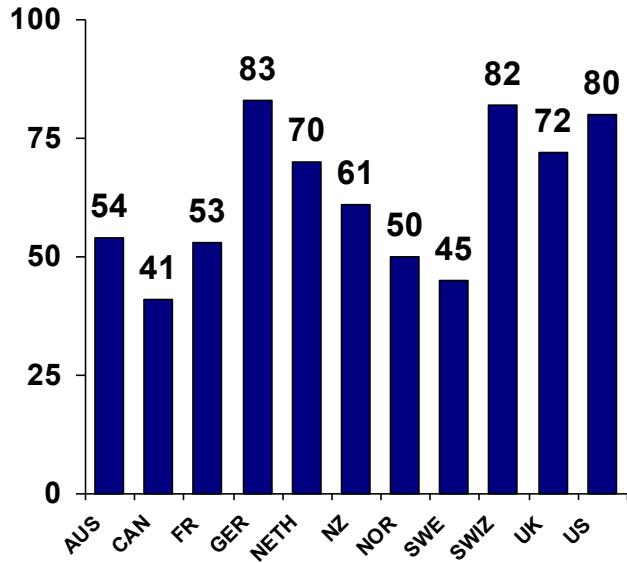
Base: Used ER in past two years.

Source: ⁹2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

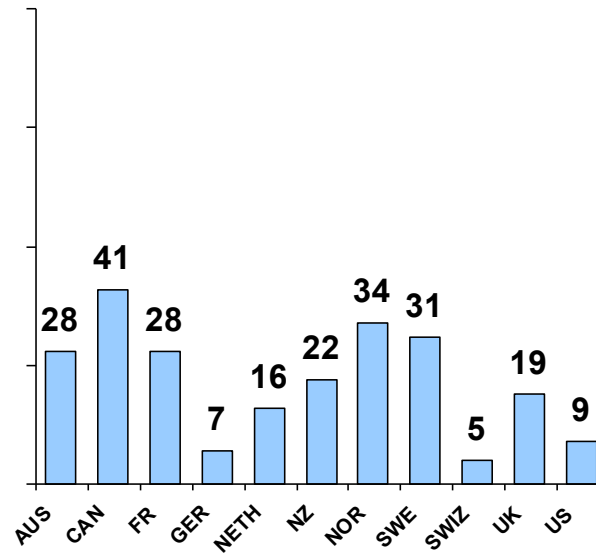
Wait Time for Specialist Appointment

Less than 1 month

Percent



Two months or more

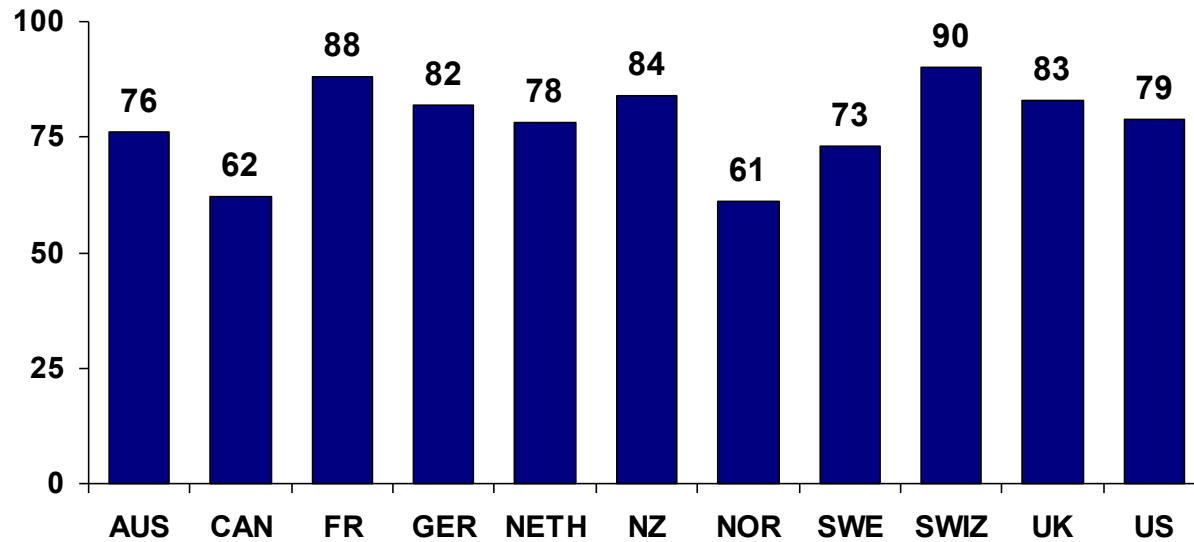


Base: Needed to see a specialist in past two years.

Source: ¹⁰2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

Easy to Contact Doctor by Phone During Regular Hours

Percent reporting *somewhat/very easy*



Base: Has regular doctor/place of care and tried contacting.

Source: ¹¹2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

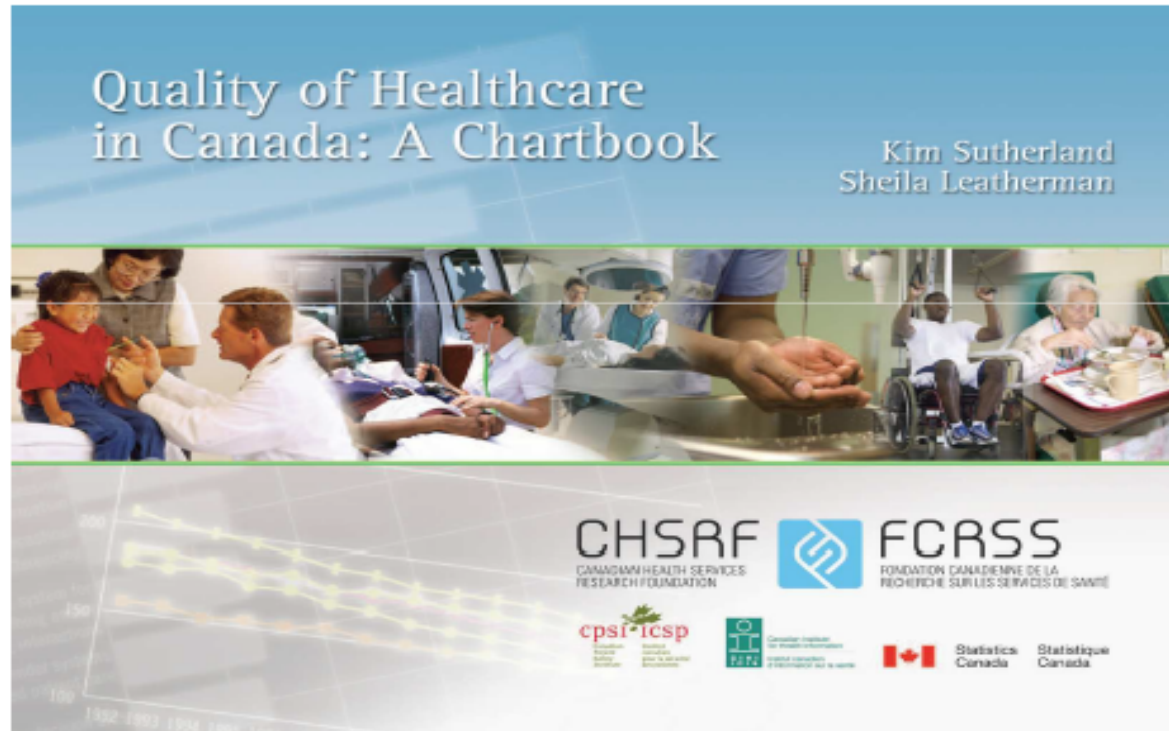
Portability.....not much of an issue
interprovincially except uninsured
differences between provinces.....
and barriers to entrepreneurial
medicine

*Bigger issue is inappropriate variation
within and between provinces*

Table 3: Number and Percentage of Cancer Patients Undergoing Pancreatectomy and Esophagectomy at High-Volume Acute Care Hospitals, by Patient's Province/Territory of Residence, 2006–2007 to 2009–2010

Province/Territory	Cancer-Related Pancreatectomy		Cancer-Related Esophagectomy	
	Patients No.	Care in High-Volume Hospital No. (%)	Patients No.	Care in High-Volume Hospital No. (%)
British Columbia	322	251 (78%)	378	337 (89%)
Alberta	238	210 (88%)	205	155 (76%)
Saskatchewan	51	*	107	15 (14%)
Manitoba	63	48 (76%)	95	80 (84%)
Ontario	870	688 (79%)	1,112	700 (63%)
Quebec	432	277 (64%)	338	43 (13%)
New Brunswick	31	*	59	*
Nova Scotia	76	67 (88%)	107	77 (72%)
Prince Edward Island	11	11 (100%)	9	*
Newfoundland and Labrador	32	19 (59%)	36	14 (39%)
Yukon	*	*	*	*
Northwest Territories	*	*	*	*
Nunavut	0	0	*	*
Canada	2,130	1,582 (74%)	2,449	1,432 (58%)

Performance & Quality Issues in Search of Leadership Improvement and Capacity Development



Summary Report on the 2010 Chartbook from the CHSRF Leaders Forum

Access	C+	<ul style="list-style-type: none"> ▲ B + on access to a regular doctor ▲ C- on waits for primary care (for sicker adults), in emergency departments, and for specialist care (for sicker adults)
Capacity	B	<ul style="list-style-type: none"> ▲ B for the number of practising nurses per 1,000 population ▲ C- for primary care physicians' use of electronic patient medical records
Effectiveness	B+	<ul style="list-style-type: none"> ▲ B on adherence to recommended care processes ▲ C- on childhood immunization coverage for diphtheria, tetanus and pertussis
Equity	B	<ul style="list-style-type: none"> ▲ B on cost concerns as barriers to medical care, dental care and pharmacy
Patient-Centredness	B	<ul style="list-style-type: none"> ▲ B on patient rating of overall quality in the preceding 12 months ▲ A- for clinician-patient engagement (for patients with chronic conditions)
Safety	B	<ul style="list-style-type: none"> ▲ A- for patients having received clear instructions on discharge from hospital ▲ C- for doctors routinely receiving alerts about potential problems with drug doses or interactions

How Are We Doing.....

Somewhere between the dream and sleepwalking

The Dream
(1961)
T. Douglas



The Electorate
(2011)
Still Dreaming

