

Canada's Health Care System At A Glance—Nationally, Provincially, Territorially – How well does it serve Seniors?

Defining Generic Key Terms and Concepts—look to understand/answer these from information in the Power Point slides and the lectures:

▪ **What is the Canada Health Act?**

The *Canada Health Act* is Canada's Federal Health Insurance legislation. The Act sets out the primary objective of Canadian health care policy:

“..to protect and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial barriers.”

The Act establishes criteria and conditions related to insured health care services and extended health care services that the provinces and territories must meet in order to receive the full federal cash contribution under the Canada Health and Social Transfer (CHST).

▪ **Evolution of the Act:**

“The principles of the Canada Health Act began as simple conditions attached to federal funding for medicare. Over time, they became much more than that. Today, they represent both the values underlying the health care system and the conditions that governments attach to funding a national system of public health care. The principles have stood the test of time and continue to reflect the values of Canadians.” (Roy J. Romanow, Q.C. November, 2002)

There are two **types of services defined in the Canada Health Act**.

1. **Insured Services:** are medically necessary hospital, physician and surgical-dental services provided to insured persons.

- **Hospital Services Insured:** These are defined under the Canada Health Act and include medically necessary in- and out – patient services such as standard or public ward accommodation; nursing services; diagnostic procedures such as blood tests and x-rays; drugs administered in hospital; and the use of operating rooms, case rooms and anaesthetic facilities.

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- **Physician Services Insured:** These services are defined under the act as “medically required services rendered by medical practitioners”. Medically required physician services are generally determined by physicians in conjunction with their provincial and territorial health insurance plans. Note: Insured surgical-dental services are services provided by a dentist in a hospital, where a hospital setting is required to properly perform the procedure.

- 2. **Extended Health Care Services:** These are defined in the Canada Health Act as certain aspects of long-term residential care (nursing home intermediate care and adult residential care services), and the health aspects of home care and ambulatory health care.

- **Justice Emmet Hall’s concerns about user fees and extra billings:**
Both extra billing and user fees are seen as a barrier or impediment for people seeking medical care, therefore both contrary to the accessibility criterion of the Canada Health Act.

- **Romanow and Kirby Reports: Recent milestone – 2002**
In 2002, two major reports on Canada’s Health Care needs and requirements were released.
Roy Romanow, head of the Commission on the Future of Health Care in Canada, outlined the Commission’s finding in their report, *Building on Values: The Future of Health Care in Canada*. Senator Michael Kirby, Chair of the Standing Senate Committee on Social Affairs, Science and Technology released their findings of their *Study on the State of the Health Care System in Canada*. Although both reports documented similar concerns and recommendations, the reports did reveal some fundamental differences in their assessment of the extent of the ‘overhaul’ required, and the role of public and private funding.

- **Federal/Provincial/Territorial Accords: recent milestone 2004**

The 2003 Health Accord focused on several themes - Timely Access, Quality, Health Status and Wellness, and Sustainability - and showed that First Ministers agreed to the following:

Jurisdictions will continue to report to the public on how they spend health care dollars annually - including comprehensive and regular public reporting on their health programs and services, on health system performance, health outcomes and health status. Reports will include the indicators articulated in the *First Ministers' Communiqué on Health* and any other comparable indicator identified by health ministers on the above-mentioned themes. Jurisdictions will develop the required data infrastructure and collect the data necessary to facilitate quality reporting (i.e., data will be comparable, relevant, feasible, technically robust and reliable).

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The First Ministers' meeting of 2004 built upon the 2003 Health Accord by reiterating the commitment of governments to strengthen health care in Canada. Subsequently, the 2004 Health Accord, also referred to as the *10-Year Plan to Strengthen Health Care*, was agreed to by First Ministers in September 2004. It addresses Canadians' priorities for sustaining and renewing the health care system and provides long-term funding to make those reforms a reality. The 2004 Accord also addresses issues related to reducing wait times and improving access - especially in the priority areas of cancer and heart treatments, diagnostic imaging, joint replacements and sight restoration. Under the 2004 Accord, federal investments of \$41 billion over 10 years were intended to allow governments to plan ahead, to build with confidence, and to invest with certainty in renewal and positive change. As part of their commitment to accountability, the First Ministers also agreed to report to their residents on the performance of the health system.

▪ 5 Principles Of The Canadian Health Act:

--**Public Administration:** The administration of the health care insurance plan of a province or territory must be carried out on a non-profit basis by a public authority.

--**Comprehensiveness:** All “medically” necessary services provided by hospitals and doctors must be insured.

--**Universality:** 100% of the insured residents of provinces and territories must be entitled to the insured services of the plans. Residents register with the plan to establish entitlement.

--**Portability:** Coverage for insured services must be maintained when an insured person moves or travels within Canada or travels outside the country. This includes health coverage if a person gets ill while visiting another province or territory, if a person moves to another province or territory (3-month residency rule) and reimbursement for services out-of-country up to the level offered at home.

--**Accessibility:** Residents must be provided with reasonable access to services and this access must be unimpeded by financial or other barriers. Maintaining accessibility is the rationale for prohibiting extra billing and user fees.

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Core Concepts, Definitions and Practice Questions

- **How is Canada's Health Status measured?**

The universal measures used to determine health status are: Self-rated health, life expectancy (high in Canada) and infant mortality rate (low in Canada). Canada's health status is rated favourable with the notable exception of Aboriginal health.

- **Un-met Health Needs most often cited by Canadians?**

The three main problems cited are long waits, unavailability of services and accessibility due to costs of transportation (reported by people with chronic conditions) (Source, Statistics Canada, March 2002)

- **Spending on Health Care in Canada:**

Statistics from 2004 report total health expenditures of \$130.3 billion dollars or \$4,077.00 per capita which represented 10.1% of Gross Domestic Product.

- **Where does our Health Care Funding Come From?**

Public sector funding accounts for about 70% of our total health expenditures (\$7 of our every \$10 spent on health care comes from the public purse). The remainder comes from Insurance and employers (13%) and personal out-of-pocket expenses (16%)

- **How can we improve the health status of Canadian Seniors?**

The priority target areas for improving the health of seniors are the prevention of injuries, the promotion of physical activity (especially to those 75+) and suicide prevention (especially for men 85+)

- **Aboriginal Health Challenges:** Canada's health status is rated favourable with the notable exception of Aboriginal health. First Nations persons in Canada have a shorter life span, higher incidence of diabetes and of addiction and are often more remote from facilities. Additionally, it was found that this community tend to access the health care system at more acute stages of need. Urban dwelling First Nations citizens have a better health status than those living on the reserves.

