Fact Sheet

Better health, better care, better value for all

This report looks back on the last decade of health care reform, identifies what worked and what didn’t, and recommends a better path to achieving a high-performing health system for Canada into the future.

Canada’s health accords

Ten years ago, the federal, provincial and territorial governments set an agenda for health care reform in the 2003 First Ministers’ Accord on Health Care Renewal, followed by the 2004 10-Year Plan to Strengthen Health Care. The Health Council of Canada was established to monitor and report on progress in light of the commitments made.

A decade of health care reform: investment

- The funding associated with the health accords contributed to an overall rise in total health expenditures (public and private) between 2003 and 2012, from $124 billion to an estimated $207 billion.
- Despite accord commitments to address primary health care, Aboriginal health, home care, and drug coverage, Canada’s allocation of health care dollars changed very little during the past decade. The proportion of total Canadian health expenditures directed to hospitals, drugs and physicians—the three largest areas of health care spending—remained remarkably unchanged over this period. Contrast this with a country like the Netherlands, which during the same ten-year period strategically adjusted its spending mix, reducing the proportion of its expenditures on hospitals and drugs and dramatically increasing its proportional investment in long-term care. The Netherlands emerged from the last decade as a top-performing health system. Canada did not.

Progress to date and international comparisons

- Canada spends 11.2% of its GDP on health and compared to other high income countries, it falls in the middle in terms of health expenditures.
- Compared to other high-income countries, Canada’s hospital spending is low. Conversely, drug spending in Canada is relatively high, as are physician salaries, despite Canada having the lowest number of physicians per capita.
- Although the resources to improve our health system and the health of Canadians were made available, the success of the health accords in stimulating health system reform and better health for Canadians was limited.
- Overall, the decade saw few notable improvements on measures of patient care and health outcomes and Canada’s performance compared to other high-income countries is disappointing.

While the number of Canadians with access to a primary care provider has remained high, close to half (47%) of Canadians still cannot get a same day or next day appointment, and their reliance on emergency rooms is among the highest when compared to 10 other high-income countries.\footnote{\textit{The Commonwealth Fund}. (2010). \textit{The Commonwealth Fund 2010 International Health Policy Survey in eleven countries}. New York, NY: The Commonwealth Fund.}\footnote{\textit{The Commonwealth Fund}. (2007). \textit{2007 International Health Policy Survey in seven countries}. New York, NY: The Commonwealth Fund.}

While life expectancy has risen marginally, the percentage of Canadians who report they have two or more chronic conditions has increased and we fall in the middle of other high income countries in the percentage of people with multiple chronic conditions.\footnote{\textit{Organisation for Economic Co-operation and Development}. (2011). \textit{Health at a glance 2011: OECD indicators}. Paris, FR: OECD.}\footnote{\textit{Organisation for Economic Co-operation and Development}. (2013). \textit{OECD.StatExtracts}. Data extracted between July 18-September 5, 2013 from http://stats.oecd.org/}

Canada also ranks worst in percentage of patients waiting over four months for elective surgeries.\footnote{\textit{The Commonwealth Fund}. (2010> \textit{The Commonwealth Fund 2010 International Health Policy Survey in eleven countries}. New York, NY: The Commonwealth Fund.}

\section*{Assessing the impact: The health of Canadians}

- Between 2004 and 2010, the percentage of Canadians who reported they did not fill a prescription or skipped doses because of cost remained relatively steady at about 10%.\footnote{\textit{The Commonwealth Fund}. (2010). \textit{The Commonwealth Fund 2010 International Health Policy Survey in eleven countries}. New York, NY: The Commonwealth Fund.}
- Life expectancy has risen marginally. Chronic conditions, such as diabetes, are on the rise and the percentage of Canadians who report that they have two or more chronic conditions continues to increase—from 26% in 2007 to 31% in 2010.\footnote{\textit{The Commonwealth Fund}. (2010). \textit{The Commonwealth Fund 2010 International Health Policy Survey in eleven countries}. New York, NY: The Commonwealth Fund.}\footnote{\textit{The Commonwealth Fund}. (2007). \textit{2007 International Health Policy Survey in seven countries}. New York, NY: The Commonwealth Fund.}

\section*{A call for action}

- Investing significantly more money in Canada’s health system is unrealistic given the current financial climate, and spending more money is unlikely to achieve the desired results.
- The results of the last 10 years make it clear that we need to do things differently.
- Provincial and territorial leaders must encourage and support pan-Canadian collaboration and must invite a willing federal government to the table to dialogue in good faith.
- A high-performing health system is possible in this country. However, it will require a renewed commitment to pan-Canadian collaboration, the articulation and pursuit of balanced goals, and the active and sustained support of key enablers.
- All governments, health care organizations, and health care providers must pursue the same balanced goals: better health, better care, and better value, with an overarching aim of achieving equity for all Canadians.
- The enablers to make this possible are: leadership, policies and legislation, capacity building, innovation and spread, and measurement and reporting. This approach can readily be taken up by governments, policy-makers, agencies and RHAs, NGOs, institutions and research organizations.