

Comparing Performance of Universal Health Care Countries, 2020

by Bacchus Barua and Mackenzie Moir

Comparing the performance of different countries' health-care systems provides an opportunity for policy makers and the general public to determine how well Canada's health-care system is performing relative to its international peers. Overall, the data examined suggest that, although Canada's is among the most expensive universal-access health-care systems in the OECD, its performance is modest to poor.

This study uses a "value for money approach" to compare the cost and performance of 28 universal health-care systems in high-income countries. The level of health-care expenditure is measured using two indicators, while the performance of each country's health-care system is measured using 43 indicators, representing the four broad categories: [1] availability of resources; [2] use of resources; [3] access to resources; [4] quality and clinical performance.

This year's report includes one new resource indicator (long-term care bed availability) and two new patient safety indicators: post-operative wound dehiscence; and post-operative sepsis after abdominal surgery. Five measures of the overall health status of the population are also included. However, these indicators can be influenced to a large degree by non-medical determinants of health that lie outside the purview of a country's health-care system and policies.

Expenditure on health care

Canada spends more on health care than the majority of high-income OECD countries with universal health-care systems. After adjustment for "age", the percentage of the population over 65, it ranks second highest for expenditure on health care as a percentage of GDP and seventh highest for health-care expenditure per capita.

Availability of resources

The availability of medical resources is perhaps one of the most basic requirements for a properly functioning

health-care system. Data suggests that Canada has substantially fewer human and capital medical resources than many peer jurisdictions that spend comparable amounts of money on health care. After adjustment for age, it has significantly fewer physicians, acute-care beds, and psychiatric beds per capita compared to the average of OECD countries included in the study. It ranks slightly above the average for nurses and ranked seventh for the number of long-term care beds (per 1,000 over the age of 65). While Canada has the second most Gamma cameras (per million population, age-adjusted), it has fewer other medical technologies than the average high-income OECD country with universal health care for which comparable inventory data are available.

Use of resources

Medical resources are of little use if their services are not being consumed by those with health-care demands. Data suggests that Canada's performance is mixed in terms of use of resources, performing at higher rates than the average OECD country on just under half the indicators examined (for example, consultations with a doctor and knee replacement), and average to lower rates on the rest. Canada reports the least degree of hospital activity (as measured by rates for curative-care discharges) in the group of countries studied.

Access to resources

While both the level of medical resources available and their use can provide insight into accessibility, it is also beneficial to measure accessibility more directly by examining measures of

timeliness of care and cost-related barriers to access. Canada ranked last (or next to last) on four of the five indicators of timeliness of care; and ranked seventh (out of ten) on the indicator measuring the percentage of patients who reported that cost was a barrier to access.

Quality and clinical performance

When assessing indicators of availability of, access to, and use of resources, it is of critical importance to include some measure of quality and clinical performance in the areas of primary care, acute care, mental health care, cancer care, and patient safety. While Canada does well on seven indicators of clinical performance and quality (such as rates of survival for breast, colon, and rectal cancers, and post-operative complication rates), its performance on the seven others examined in this study are either no different from the average or in some cases—particularly obstetric traumas and diabetes-related amputations—worse.

The data examined in this report suggest that there is an imbalance between the value Canadians receive and the relatively high amount of money they spend on their health-care system. Although Canada ranks among the most expensive universal-access health-care systems in the OECD, its performance for availability and access to resources is generally below that of the average OECD country, while its performance for use of resources and quality and clinical performance is mixed.



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Canada, one of the highest spenders among universal health-care systems, ranks modest to poor on performance

	Canada	Australia	Germany	Switzerland
Health-care Spending (% of GDP)	2 nd /28	10 th /28	5 th /28	1 st /28
Doctors (per thousand)	26 th /28	10 th /28	14 th /28	1 st /28
Hospital Beds (per thousand)	25 th /27	n/a /27	3 rd /27	10 th /27
Specialist Wait (>2 months)	10 th /10	5 th /10	1 st /10	4 th /10

Note: Data for spending, doctors and beds are adjusted for age