Canada can tackle growing backlog of surgeries with funding reforms and expanded role for private-care providers within public system

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VANCOUVER—Unlike Canada, other universal health-care systems around the world have managed to reduce their surgical backlogs by using the private sector to their advantage and incentivizing greater efficiency through alternative funding models, according to a new study released today by the Fraser Institute, an independent, non-partisan Canadian public policy think-tank.

“Canadians were already dealing with a record-long medical wait-times before the COVID-19 pandemic, which exacerbated an already bad situation,” said Yanick Labrie, Fraser Institute senior fellow and author of Tackling the Surgery Backlog in the Canadian Provinces: Some Lessons from International Experience.

“Recent estimates suggest that over half a million Canadians were waiting for treatment at the beginning of 2023,” Labrie said.

The study shows that as COVID-19 cases began to rise in early 2020, medically necessary treatments ranging from cataract removal to coronary bypass surgery, and even cancer surgeries, were postponed in Canada due to the pandemic—resulting in even longer waiting lists and a growing backlog of non-emergency (referred to as elective) surgeries.

In fact, the Organization for Economic Co-operation and Development (OECD) ranked Canada last out of 11 comparable, high-income health-care systems based on timeliness of access to care in 2020.

For example, only six-in-ten Canadian patients (62 per cent) reported waiting less than four months for elective surgeries, whereas 71 per cent of Swedish patients, 72 per cent of British patients and 87 per cent of Dutch patients—or nearly nine-in-ten patients—received their surgeries within four months.

Crucially, those other countries—which also have universal health-care—have adopted a number of policy reforms in order to significantly improve access to care for their populations, including:

- Allowing private care providers a more active role in delivering care within the public system, thereby increasing available capacity to help clear surgical backlogs.
- Publishing information on wait times and quality, and allowing patients to compare and choose care providers accordingly—including private hospitals—for their publicly-funded treatments.
- Shifting away from fixed health budgets for hospitals (widely practiced in Canada) towards activity-based funding, which ensures money follows the patient. By making patients no longer a source of expenses in a fixed budget but rather a source of additional revenue, patient-based funding schemes encourage providers to deliver quality services in order to attract more patients.

“In order to reduce wait times for Canadian patients—which are longer because of the pandemic—policymakers should look to other universal health-care systems that incentivize greater efficiency and have added capacity to the universal health system through the use of private-care providers,” Labrie said.
“As these international examples show, it is possible to have universal health-care that provides timely access to care for patients, which is not the case in Canada today.”

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