



UBC CENTRE FOR
HEALTH SERVICES AND POLICY RESEARCH

Is the Canadian health care system sustainable?

Kimberlyn McGrail

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Why would we want to sustain the
current health care system?



The First Law of Improvement

Every system is perfectly designed to achieve exactly the results it gets

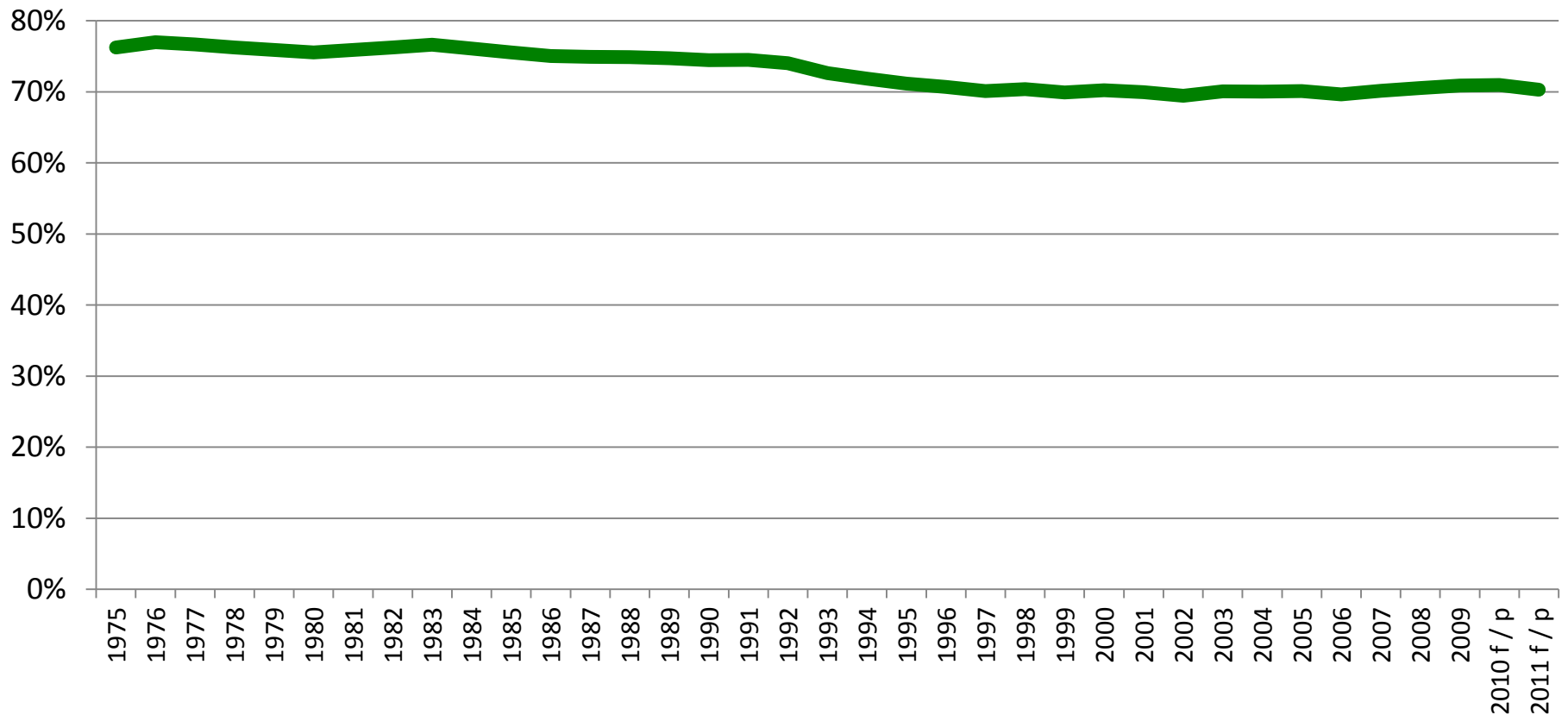


Principles of equity in Canadian health care

- Services based on need rather than ability to pay
- Separation of payment from use of services
- Progressive financing

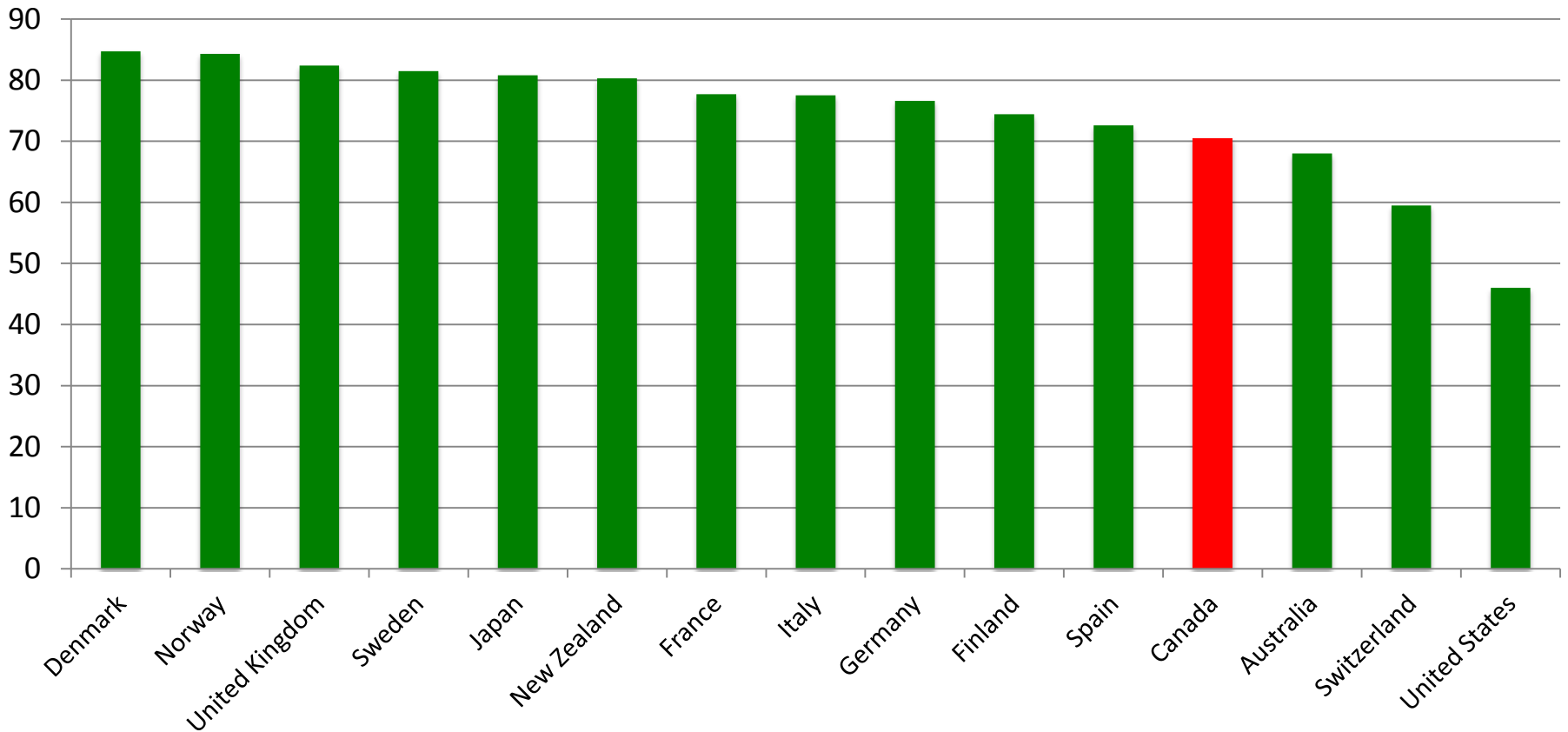


Public financing as share of total health care, Canada, 1975 – 2011





Public financing as a percent of total, OECD countries, 2008





Who pays for health care?

| | Wealthy | Poor |
|---------|---------|------|
| Healthy | | |
| Sick | | |



Who pays for health care?

Wealthy

Poor

Wealthy

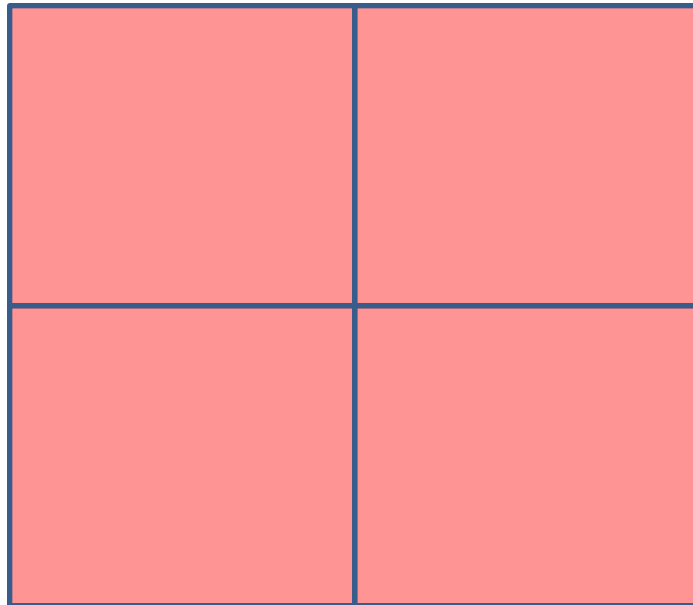
Poor

Healthy

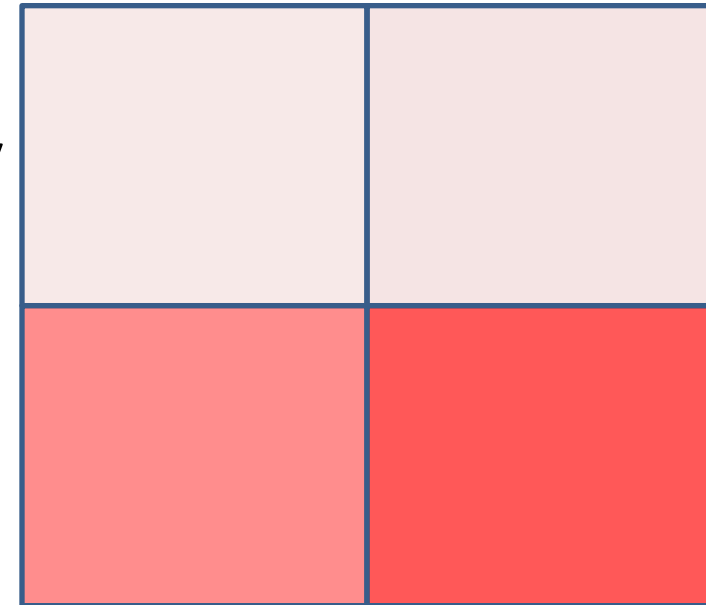
Healthy

Sick

Sick



Tax financing

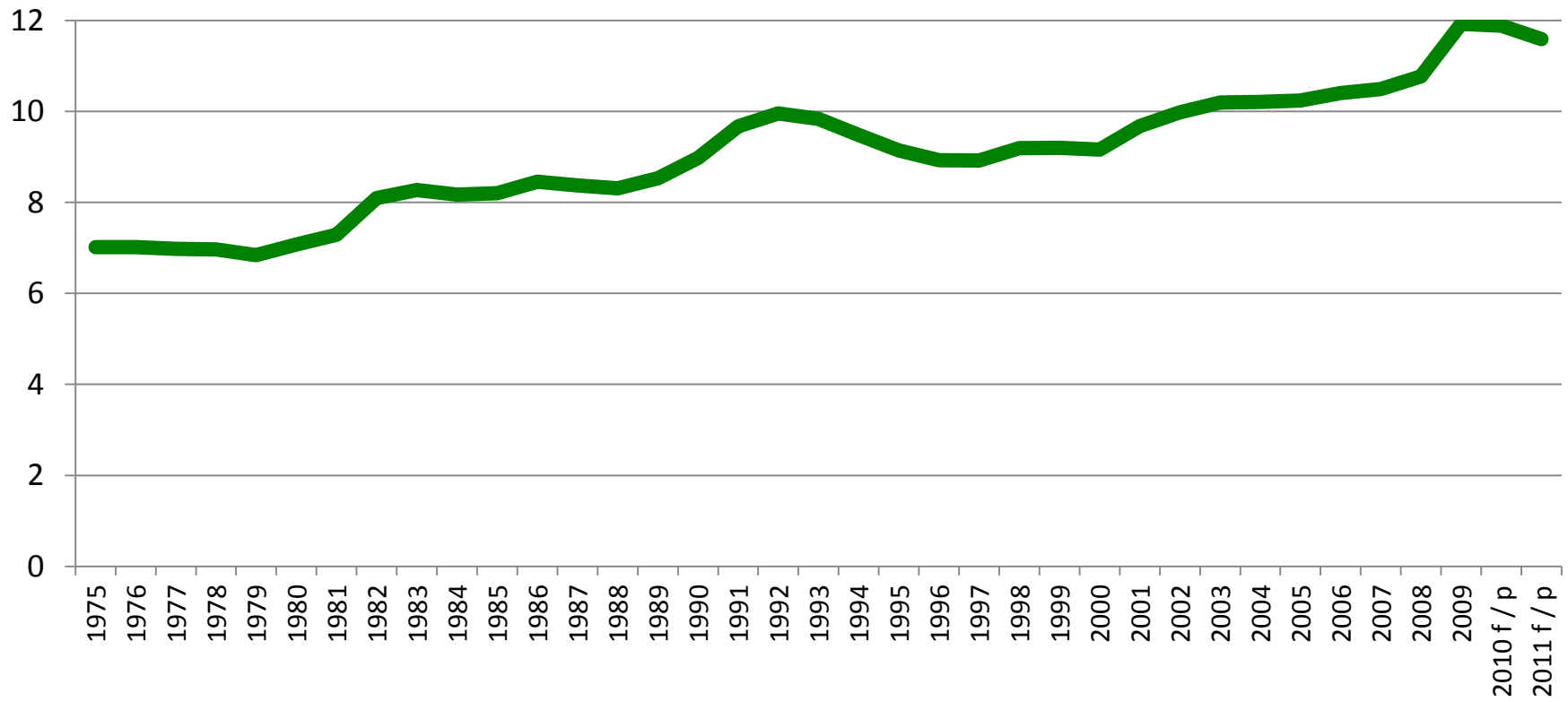


User pay financing



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Total health care expenditures as a % of GDP, 1975 - 2011



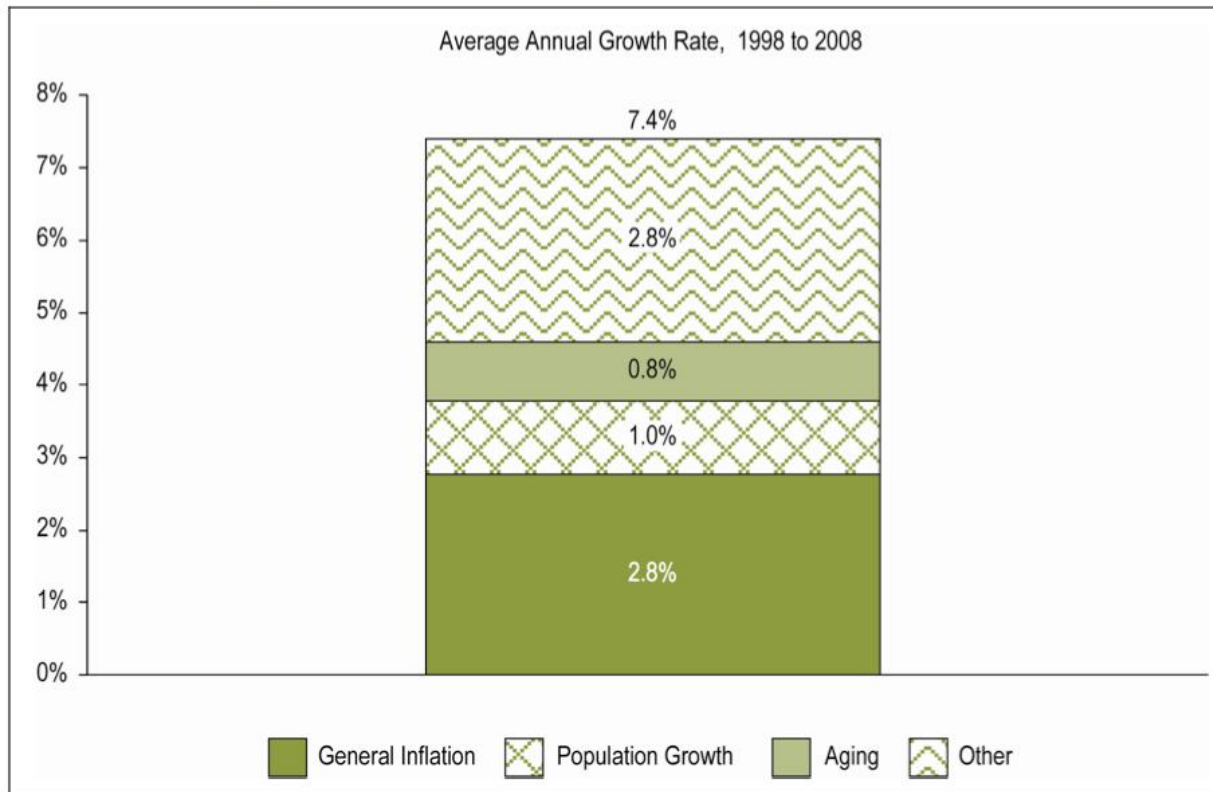
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Source: CIHI NHEX 2011



Figure 9: Cost Driver Shares of Average Annual Growth in Public-Sector Health Spending, 1998 to 2008

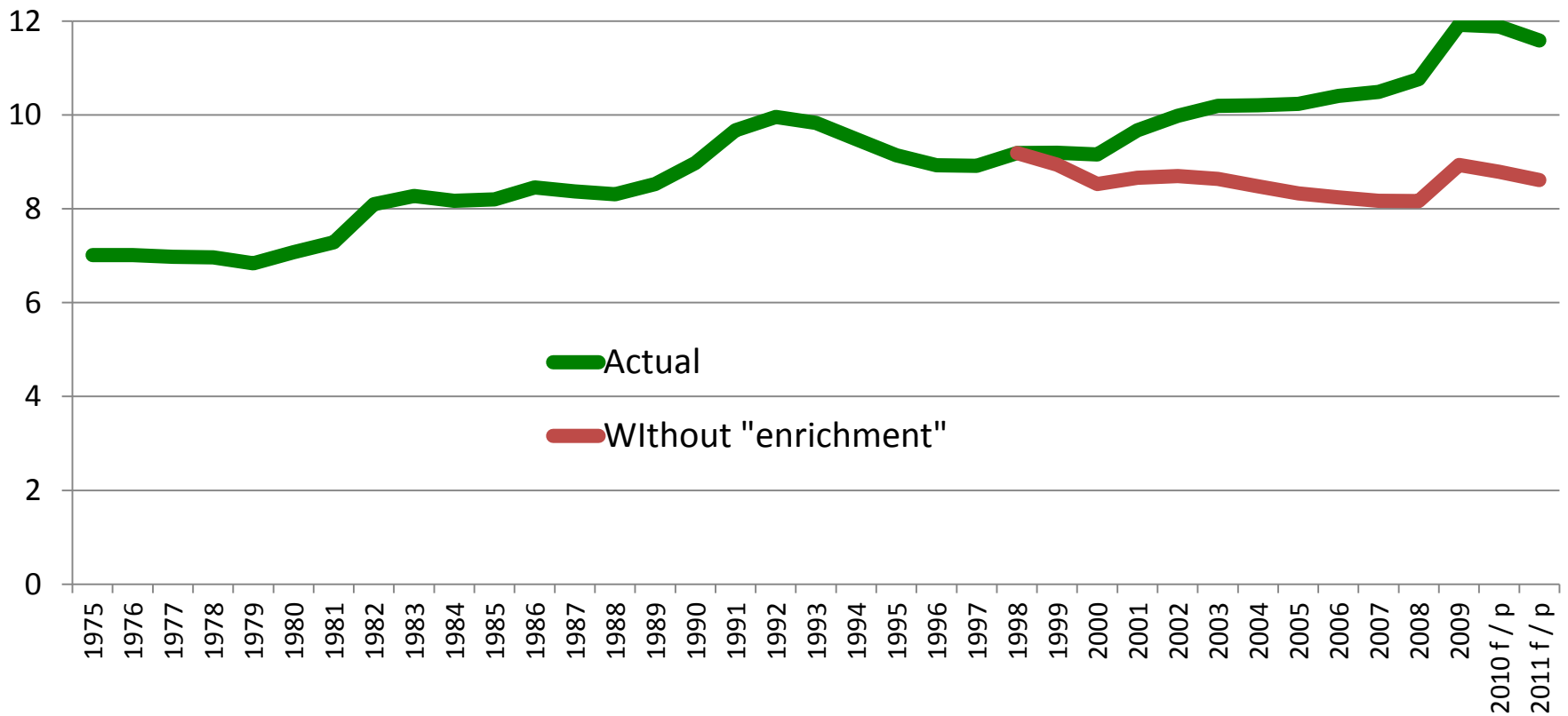


Sources

National Health Expenditure Database, Canadian Institute for Health Information; GDP Deflator, 2010, Statistics Canada.



Total health care expenditures as a % of GDP, actual and holding utilization constant, 1975 - 2011





Final thoughts

- If efficiency / productivity increase at the same pace as “enrichment”, increases will be manageable
- “Health care spending is unsustainable, we need to introduce user charges” is a nonsensical statement
- But fighting for the status quo is equally nonsensical
- Is the concern with the *public* system or the system as a whole?