Today's Objectives

• To discuss government plans for medical needs

Recall that:

- Our federal government created the national health care system
 - Hospital Insurance Act in 1958
 - Medical Care Act in 1968
 - 1984 Canada Health Act (CHA) replaced both of the above



- CHA sets criteria and conditions that a provincial health program must meet to be eligible for "unreduced federal funding":
 - i. Public Administration
 - ii. Comprehensiveness
 - iii. Universality
 - iv. Portability
 - v. Accessibility

- 4. Provincial Health Plans
- Scope of Coverage includes:
 - i. Hospital Services
 - ii. Medical Services
 - iii. Supplementary Benefits
 - iv. Out-of-Province/Benefits

- 4. Provincial Health Plans
- Scope of Coverage:
 - **Hospital Services**
 - Provincial plans cover all necessary costs of hospitalization accommodations up to the ward level rates
 - Plans also covers medically necessary expenses related to a **hospital stay** such as:
 - Nursing care (long-term care is not vovered).
 - Drugs/antibiotics administered in hospital
 - Operating room/anesthetic facilities
 - Lab/diagnostic services

 - Radio/physiotherapy facilities
 Out-patient services for emergencies
 - Medically necessary doctor services

Government Plans

- 4. Provincial Health Plans
- Scope of Coverage:
 - i. Hospital Services
 - No limit on length of hospital stay (other than it must be medically necessary for active treatment)
 - Elective services are not covered such as the following:
 - Private duty nursing
 - Semi-private or private room
 - Emergency ambulance service (some plans do, some have a charge)

- word level room.

- Expenses incurred in nursing homes
- Routine dental care
- Eye-glasses
- Outpatient prescription drugs

- 4. Provincial Health Plans
- Scope of Coverage:
 - i. Hospital Services
 - Note: Provincial plans used to be able to charge "user fees" for ward accommodation, but CHA abolished that
 - However, hospitals can charge a user fee for chronic care hospitalization (about ½ of hospitals do this)

- 4. Provincial Health Plans
- Scope of Coverage:
 - ii. Medical Services
 - All provincial plans cover:
 - Fees for medically required physician services
 - Medically required surgical services
 - Administering of anesthetics
 - X-rays
 - Diagnostic services
 - Lab tests
 - Certain oral (dental) surgical procedures are covered <u>when</u> <u>performed in a hospital</u>

- 4. Provincial Health Plans
- Scope of Coverage:
 - ii. Medical Services
 - Note: The government and physicians negotiate the fees that physicians can charge for various services and physicians cannot charge the patient anything above these rates
 - In some provinces, a physician can choose not to participate in the provincial plan
 - If a patient receives services from a physician who is not part of the provincial health plan:
 - » Patient pays the physician
 - » Patient gets reimbursed up to standard rates by provincial plan, but no more than that
 - » Note that Quebec will not reimburse any services by a physician that has opted out of the provincial plan

- 4. Provincial Health Plans
- Scope of Coverage:
 - iii. Supplementary Benefits
 - Many provinces expanded health plan coverage beyond required hospital care, physician services and medical services
 - Examples of supplementary benefits include:
 - Basic dental care for children-covered in a few provinces
 - Eye exams (no longer covered in Ontario)
 - Prescription drugs for the elderly (65+) and the poor
 - » Still covered in most provinces for these groups
 - » But list of covered drugs has shrunk

Government Plans

4. Provincial Health Plans



Scope of Coverage:

- iii. Supplementary Benefits
 - Supplementary benefits also include other health care practitioners but there tends to be only limited coverage for other health care practitioners such as:
 - OptometristsPhysiotherapists
 - ChiropractorsOsteopaths
 - PodiatristsNaturopaths
 - Massage therapists

- 4. Provincial Health Plans
- Scope of Coverage:
 - iii. Supplementary Benefits
 - When cutbacks are done, usually supplemental benefits are the first to go
 - For example in Ontario:
 - Optometrists: no longer a covered service (as of Nov 2004)
 - Chiropractors: no longer covered (as of Nov 2004)
 - Physiotherapists: no longer covered (as of April 2005)

Government Plans

- 4. Provincial Health Plans
- Scope of Coverage:
 - iv. Out-of-Province Benefits
 - All provinces except Quebec have reciprocal agreements which means if an Ontario resident needs emergency health care services in Alberta, Alberta will provide the services (free to the patient) and bill OHIP
 - But if for example an Ontario resident needs health care services in Quebec, the patient will be billed by Quebec and pay the doctor/hospital directly
 - Patient will then submit their medical bills to OHIP for reimbursement

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- 4. Provincial Health Plans
- Scope of Coverage:
 - iv. Out-of-Province Benefits
 - Most provincial plans cover emergency hospital and medical costs arising outside of Canada
 - But only up to the amount that would have been paid if service had been performed in the home province
 - Some non-emergency services are covered if service is:
 - Medically necessary and
 - An acceptable equivalent is not available within the province
 - It is pre-approved by the province

- 5. Health Care Financing Comments (Canada)
- While the federal government used to cover 50% of costs, the federal portion of health care costs covered now are well < 50% of total
 - The federal government backed out of direct funding decades ago (1977)
 - Instead, they transfer some tax revenue to the provinces to help provinces pay for health care costs
 - This was to encourage provinces to contain health care costs,
 but rising costs have more than outpaced tax revenues
 - Proportion of health care costs funded by provincial versus federal government continues to be a contentious issue

- 5. Health Care Financing Comments (Canada)
- It is worth nothing that the federal government fully finances
 health care programs for groups that fall outside of provincial
 plans, e.g. RCMP, some First Nations programs, federal inmates, etc.
- Each province has established method for financing balance of costs not covered by federal government through transfer payments
 - Some provinces raise funds through general revenues
 - Some provinces use a payroll tax on employers
 - Some provinces <u>charge their residents a premium</u> (i.e., residents share the cost)

- 6. Provincial Plan Eligibility Example Ontario (OHIP)
- To be eligible for OHIP, a person must:
 - i. Be a Canadian citizen or have immigration status
 - ii. Make their permanent / principal home in Ontario
 - iii. Be physically present in Ontario at least 153 days in any 12month period $\frac{1}{5}$
- Also, OHIP is available only after you have been a resident in Ontario for 3 months

- 7. Concluding Comments on Canada's Health Care System
- Philosophy of Canadian health care system is universal access and one level of care but the system is not perfect
- **Rising costs** has let to governments:
- Cutting benefits
- hyper uses Controlling the number of doctors

 Controlling doctor's fees
 - - Controlling hospital budgets

- 7. Concluding Comments on Canada's Health Care System
- Criticisms of Canada's Health Care Systems:
 - Administrative inefficiencies
 - Supply shortage/waiting lists
 - Conflicts with provider (doctors and nurses)
 - Sacrificed technology for cost savings

Why do other countries like the US envy Canada's system?

- Lower health care cost per capita than USA
- Universal, comprehensive coverage
- Patient can choose any doctor or hospital (in USA, for those that are covered by a health plan, the employee is often restricted to an approved list of doctors)
- Access to care, uncompensated care and cost-shifting are not factors as they are in the USA