



Cost and Coverage Challenges for Patients and Providers

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Supporting the Mental and Physical Health of Public Safety Personnel: Panel 4
Opportunities and Challenges

OVERVIEW

- Health system and policy perspective
- Health system structure in Canada
- The three-layer cake
 - Important exceptions and nuances that can generate disparities
- Some illustrations using PSP
- Challenges and opportunities

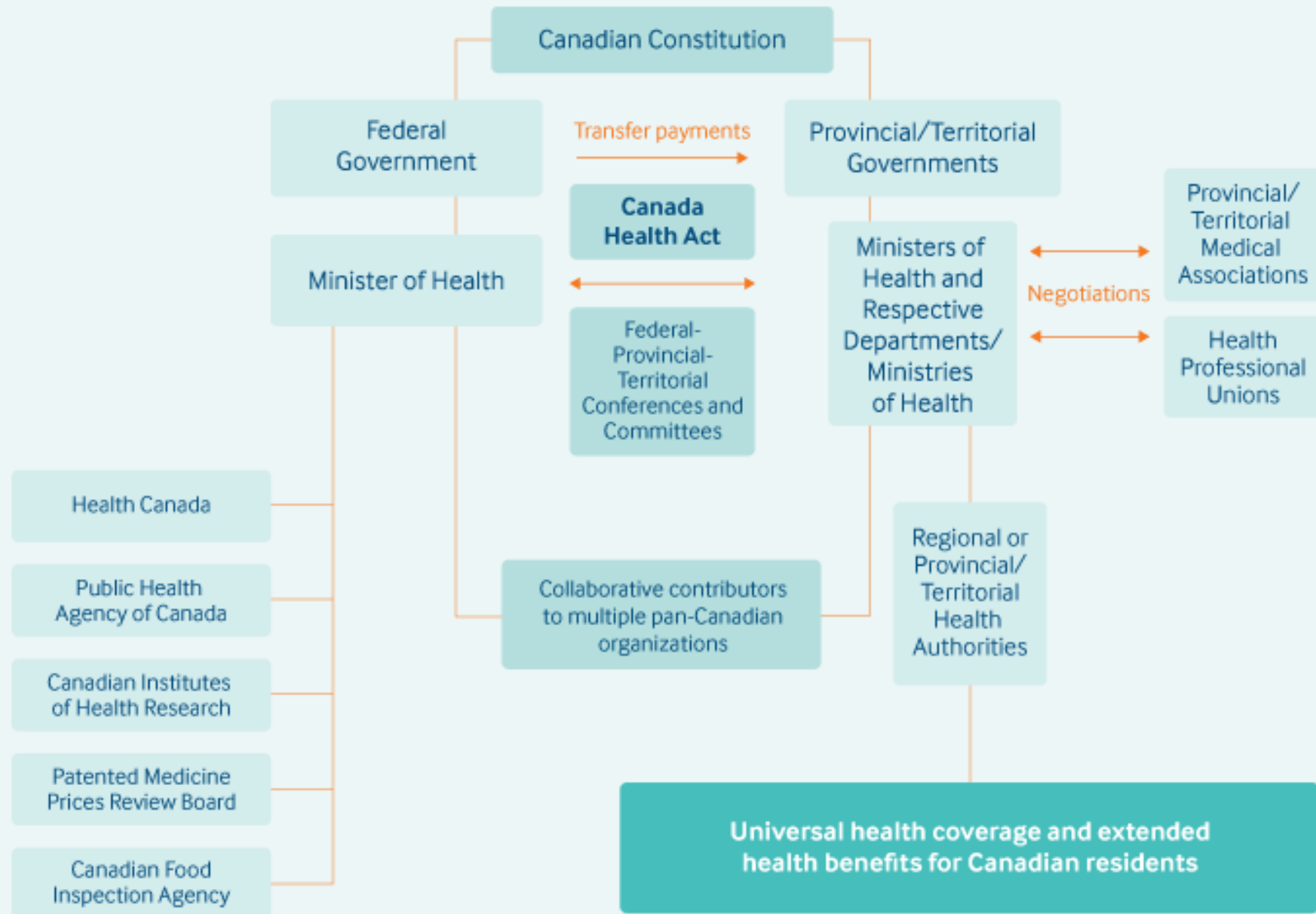


Health System Perspective



- Goals of a health system
 - Improving health of population
 - Providing appropriate health services in responsive manner
 - Fairness in financing
- Complex adaptive system
 - People, processes and institutions
 - Public finance = democratic accountability through government
 - Legitimate policy authority
 - Federal division of powers and publicly delegated bodies
 - Private delivery (physicians + healthcare organizations)

ORGANIZATION OF THE HEALTH SYSTEM IN CANADA



A decentralized federation



Three Layers: The Canadian Health “System”

Services

Funding

Administration

Delivery

Layer 1: Medicare
(UHC)– 100% public
funding

Hospital
Physicians
Core providers
Diagnostics

General taxation (PT
governments + federal
government)

Universal single-payer
systems;
Private self-regulating
professions

Private professional,
for-profit, not-for-profit;
and public arms
length facilities

Layer 2: “Mixed”
services – combined
public and private
funding

Prescription drugs
Home care
Long term care
Mental health care

General taxation (PT),
private insurance, out-
of-pocket payments

Public services
generally targeted
(welfare-based); public
regulation of private
services

Private professional,
for-profit, not-for-profit;
and public arms
length facilities

Layer 3: “Private”
services – almost all
private funding

Dental care
Vision care
Complementary
medicine

Private insurance, out-
of-pocket payments

Private ownership;
private professions;
limited public
regulation

Private professional,
for-profit facilities

1. Medicare Layer

- Medicare: deep but narrow coverage
- Funded by both orders of government through general taxation (income, consumption and other taxes and public fees)
- Provincial single-payer administrations
- Single-tier of facilities and providers
- Physicians – private contractors
- Hospitals and other facilities: ownership varies in country
- National framework: *Canada Health Act*

2020
2021

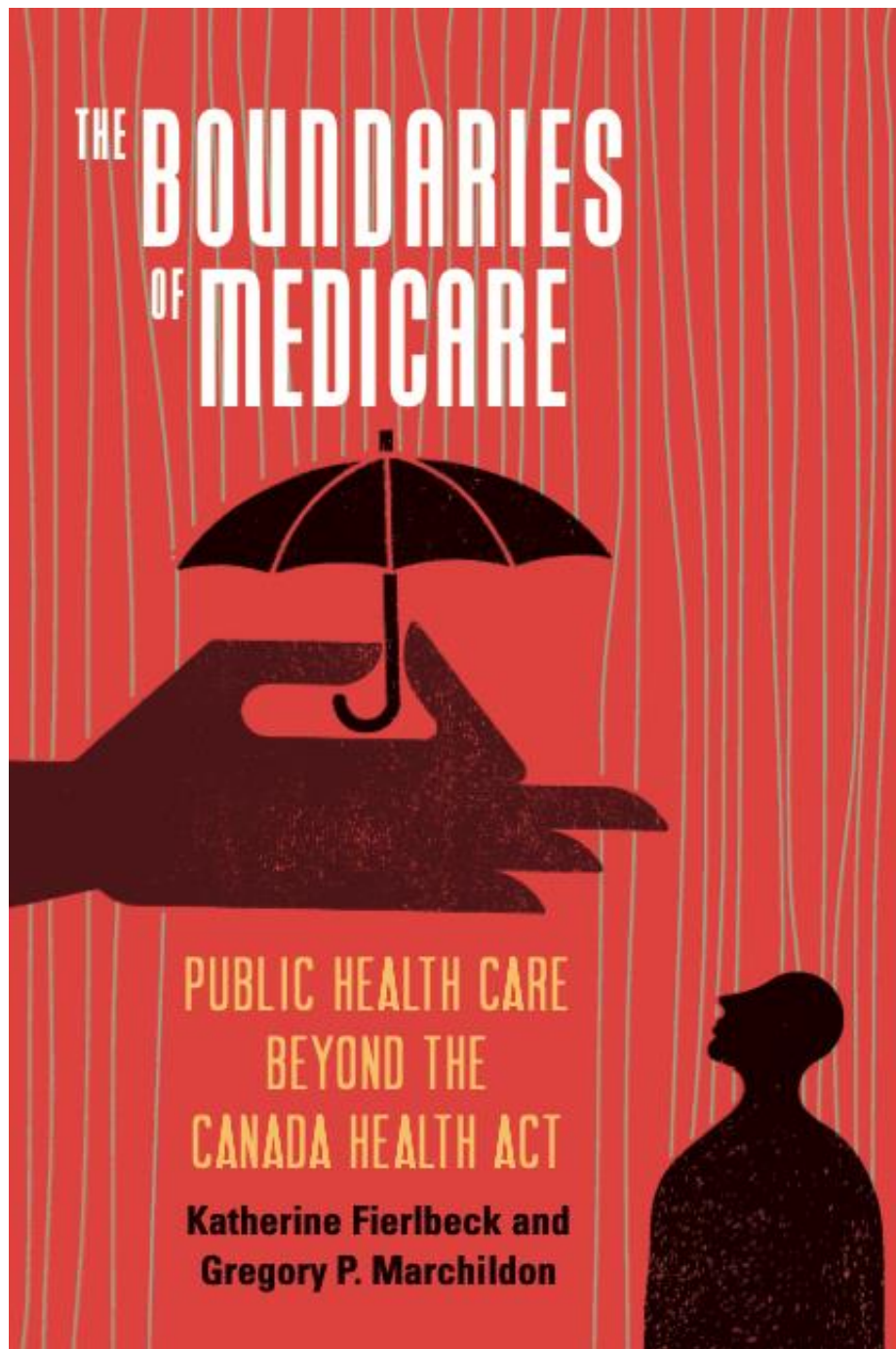


CANADA HEALTH ACT ANNUAL REPORT

PUBLIC ADMINISTRATION | COMPREHENSIVENESS | UNIVERSALITY | PORTABILITY | ACCESSIBILITY

Government of Canada (Canada Health Act) Requirements for Provincial Government UHC Programs

National standards and requirements	Section in Canada Health Act	Each provincial UHC plan must: (or be subject to discretionary transfer withdrawal from federal government):
Public administration	8	Be operated on a non-profit-making basis by public authority
Comprehensiveness	9	Cover all UHC health services without major exclusions
Universality	10	Ensure entitlement to UHC on uniform terms and conditions
Portability	11	Home province to pay for its own residents when elsewhere etc.
Accessibility	12	Not impede or preclude access based on financial barriers
		<i>Provincial governments that allow user fees are subject to:</i>
Extra-billing	18	Mandatory (dollar for dollar) federal transfer withdrawal
User charges	19	Mandatory (dollar for dollar) federal transfer withdrawal



Layer 1: Carve-outs and nuances Canada Health Act

- Workers' Compensation
 - PT and federal WC plans
 - Services carved-out
- Canadian Armed Forces
 - Members carved-out
 - Run 14th health system
- Mental Health
 - Psychiatrists
 - Psychologists and others
- First Nation and Inuit
 - Not carved-out
 - Medicare (PT health card)
 - Extended benefits (NIHB - federal government)

2. Mixed Public and Private Layer

- Mental health
 - Access to psychological services in particular often private
 - But some services (very targeted) covered under PT programs. However, varies considerably across the country as not defined as “insured services” under Canada Health Act
- Prescription drug plans
 - Private health insurance (group employment plans)
 - Provincial government plans
- Social care (nursing homes + home care + supportive community care)
 - Public subsidies and services (roughly 75%)
 - Private purchase mainly out-of-pocket

3. Private Layer

- Not referring to delivery but to private financing of services
 - Out-of-pocket payment
 - Private health insurance (employment benefit package)
- Most dental care
- Most vision care
- Almost all complementary and alternative (CAM) services and medicines
- More than 50% of prescription drugs
- Many clinical psychology services



Relevance of layers to treatment of PSP?

- Higher prevalence of certain conditions among PSP
- Three major mental disorders due to nature of work (Mausz et al., 2022; Carleton et al., 2018)
 - PTSD
 - Major depressive disorders (MDD)
 - Generalized anxiety disorders
- Lifetime prevalence rate of PTSD in Canada (Wilson et al., 2016)
 - *General population: 9.2%*
 - Police: 8-32%
 - Paramedics: 26%
 - Corrections workers: 17-26%
 - Firefighters: 17%
- Different forms of coverage create disparities in access
- Major challenges:
 - Carve-out for WC in Canada Health Act
 - WC distinction between paid and volunteers
 - Mental health cuts across all three layers
 - Hospital care, diagnostics and physicians (psychiatrists)
 - Psychologists, social workers and others
 - Some PT provision as part of Medicare (clinics)
 - WC benefits
 - Private health insurances

Illustration 1: Firefighters

- Professional
 - Medicare
 - WC benefits and access
 - Employment-based benefits
- Volunteer
 - Medicare
 - WC only if PT legislation permits + ability of sponsoring organization to pay premiums
 - No employment-based benefits



Illustration 2: First Nations and Inuit Police



The image features the Eeyou Eenuu Police Force logo, which is a blue shield with a yellow border. The shield contains the text "EYYOU EENOU POLICE" in yellow, with "EYYOU EENOU" on the top line and "POLICE" on the bottom line. Below the shield is a yellow banner with the text "PROUD TO SERVE". To the right of the logo is a photograph of a police officer in uniform, wearing a black cap and a black vest with "POLICE" written on it. The officer is looking upwards and to the right. The background of the officer's photo is yellow.

Become part of a growing team of Cree police officers in Eeyou Istchee.

For information, call 819-856-5660, email recruitment@eepf.ca, or visit your local detachment.

Eeyou Eenuu Police Force
@eeyouenoupoliceforce

- Indigenous self-government
- Individual police officers draws on four distinct systems
 - Medicare (relevant PT system)
 - Workers' compensation scheme
 - Federal: Non-Insured Health Benefits (NIHB)
 - Private – health benefit plan as part of employment benefits

Illustration 3: Emergency Medical Personnel

- Paramedics
 - Medicare
 - If employed, then:
 - WC
 - Employment benefits package
- Canadian Armed Forces Medical Technicians*
 - Separate health system
 - CAF Health Services Group
 - CAF Health Service Centres

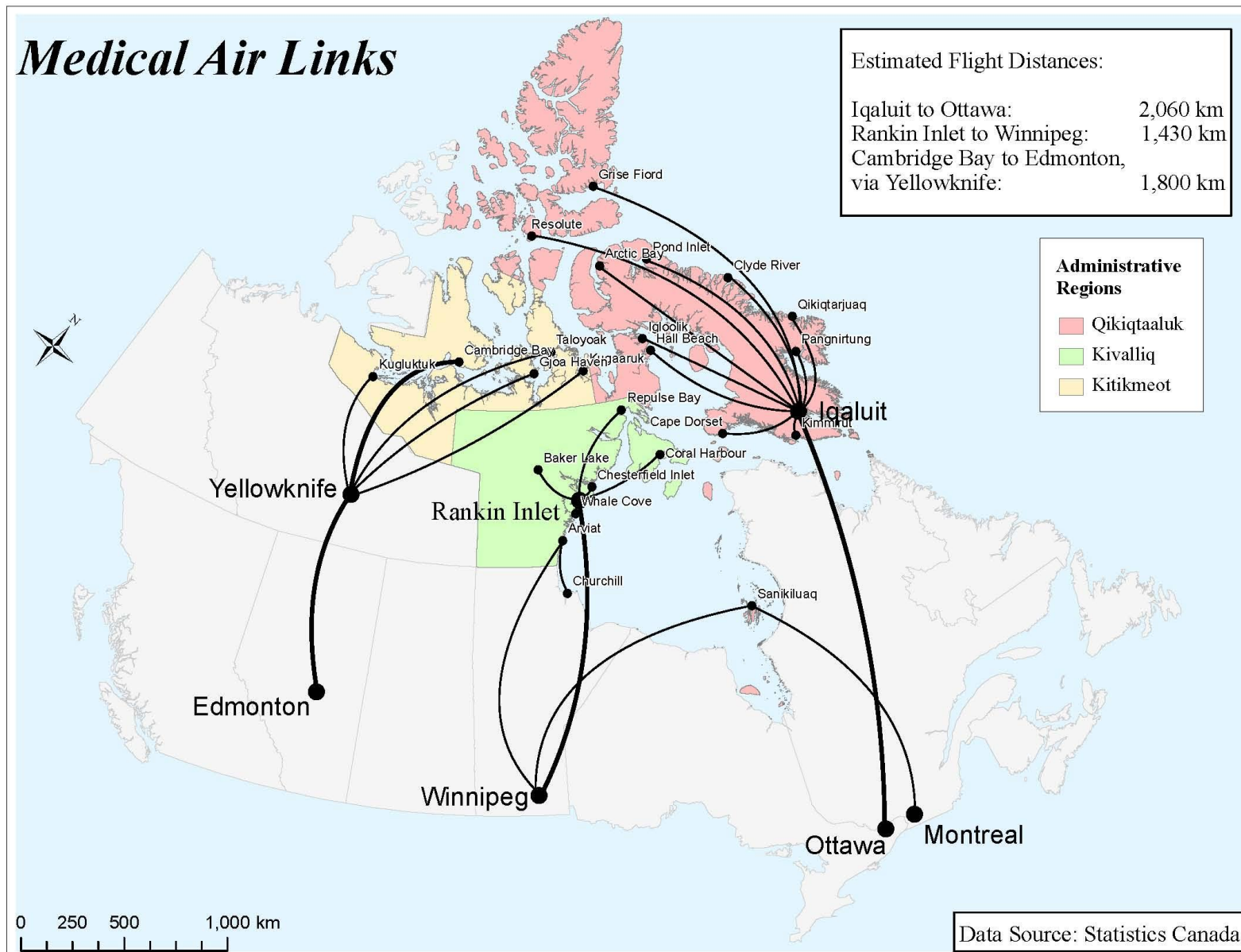
*Those qualified as primary care paramedics or advanced care paramedics



Challenges

- Difficult public-private divides that both patients and providers must navigate
- In private realm, there are always “disparities” as private plans differ by definition
- Decentralized federation does create some disparities across country in terms of access to health care benefits and care
- But also due to geography (rural and remote vs. urban) and to private system of benefits (PHAC 2020, 13)

Geographical Distance as Factor: Nunavut



Opportunities

- Better understanding re: treatment modalities of mental conditions that are prevalent among PSP (focused applied research in Canada).
- Continue institution building and looking for best practices in ROW
- Use of presumptive legislation for WC: some PTs recognize “the impact that certain occupations can have on an individual’s mental health”
 - Corresponding presumptive legislation for WC claims” in order “to allow for early intervention” (PHAC 2020, 11).
- Apply beyond this to definition of medically necessary in PT Medicare schemes or in extended benefit regimes.



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