

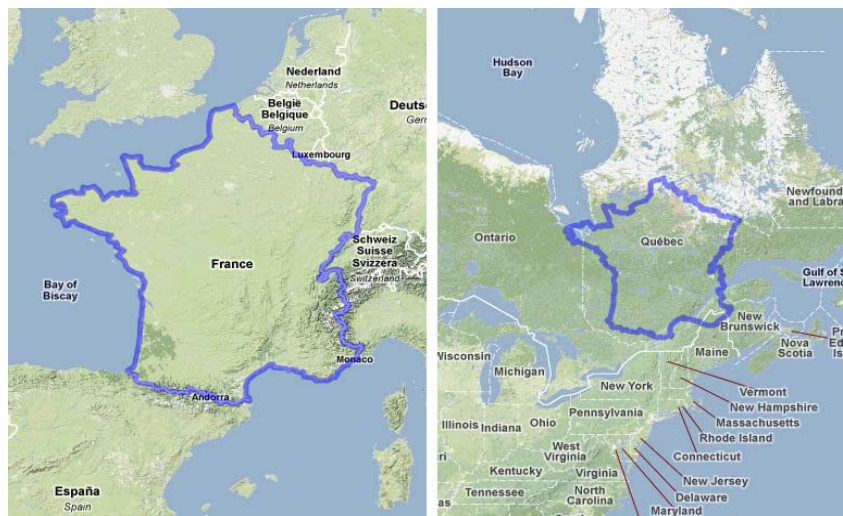


# CANADA AND FRANCE IN COMPARATIVE PERSPECTIVE

**Dr. Antonia Maioni**  
**Professor**  
**Department of Political Science**  
**Institute for Health and Social Policy**  
**McGill University**  
**Montreal, Quebec**

# DIFFERENT TERRITORY/POPULATION, SIMILAR OUTCOMES

- **9,984,670 sq. km**
- **Population: 35.1 million (2013)**
- **Life Expectancy: 81.1 Years (2009)**
- **Fertility rate 1.61 (2012)**
- **Birth rate: 10.29 Death rate: 7.0 (2013)**
- **Immigration: 248,748 new permanent residents (2011)**



# SHARED HISTORY & LANGUAGE ... DIFFERENT POLITICAL CONTEXT & CONSTITUTIONAL RULES

- **Canada's Constitution Act, 1867, makes no mention of health insurance**
- **Provinces considered to have primary responsibility in health**
- **Federal government can “tax and spend” in social programs**



# HISTORICAL INSPIRATION : SIMILAR AND DIFFERENT



# WELFARE STATE "LATECOMER"

**1946: Saskatchewan hospital insurance**

**1957: Federal cost-sharing hospital insurance**

**1962: Saskatchewan medical insurance**

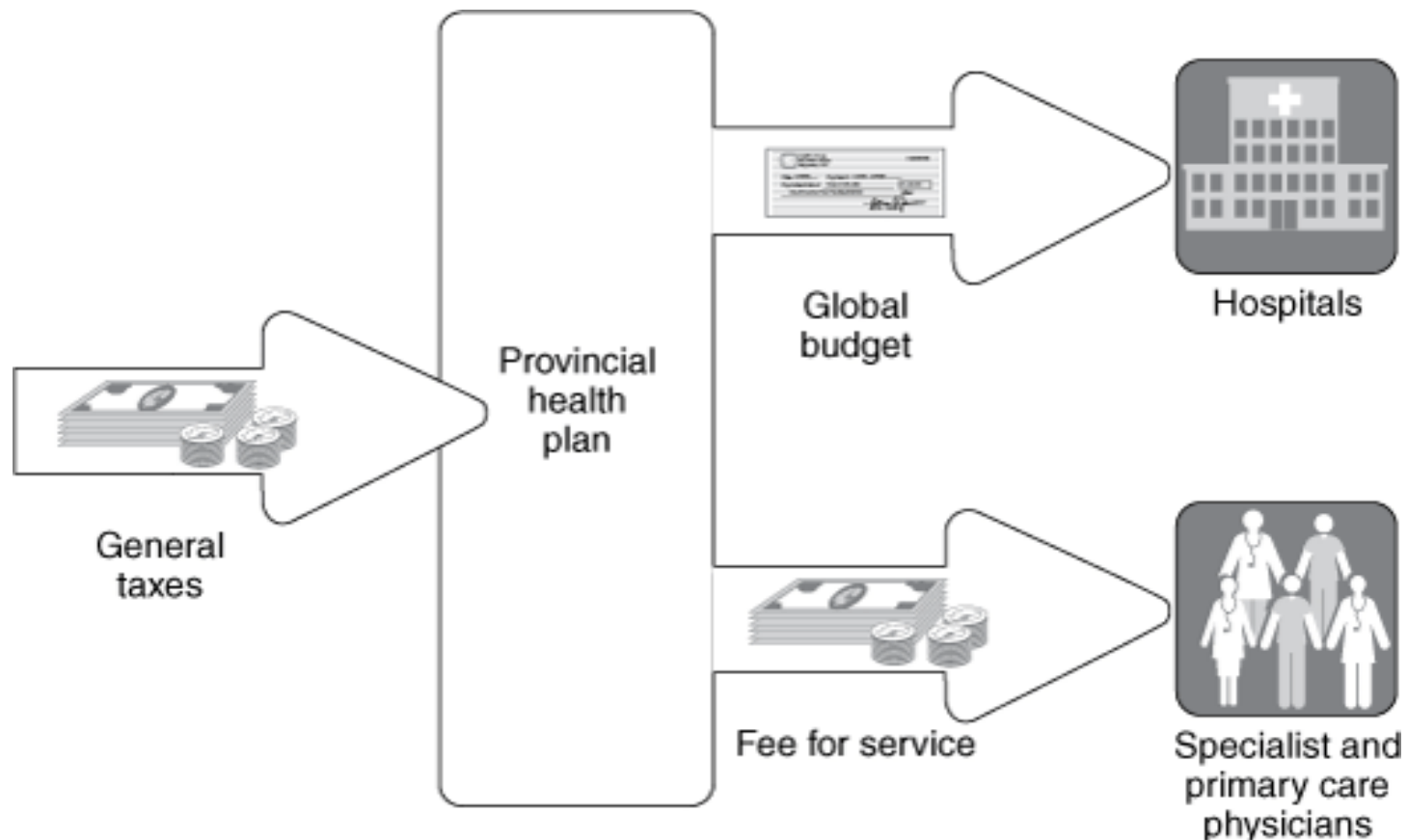
**1966: Federal cost-sharing medical insurance**

**1984: Canada Health Act**

**1960: Quebec hospital insurance**

**1970: Quebec health and social services act**

# NOT SOCIAL INSURANCE; NOT A "NATIONAL" HEALTH SYSTEM



Source: Bodenheimer TS, Grumbach K: *Understanding Health Policy: A Clinical Approach*, 4th Edition: <http://www.accessmedicine.com>

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# CANADA HEALTH ACT

**In order to receive federal financing, provincial health care plans must be:**

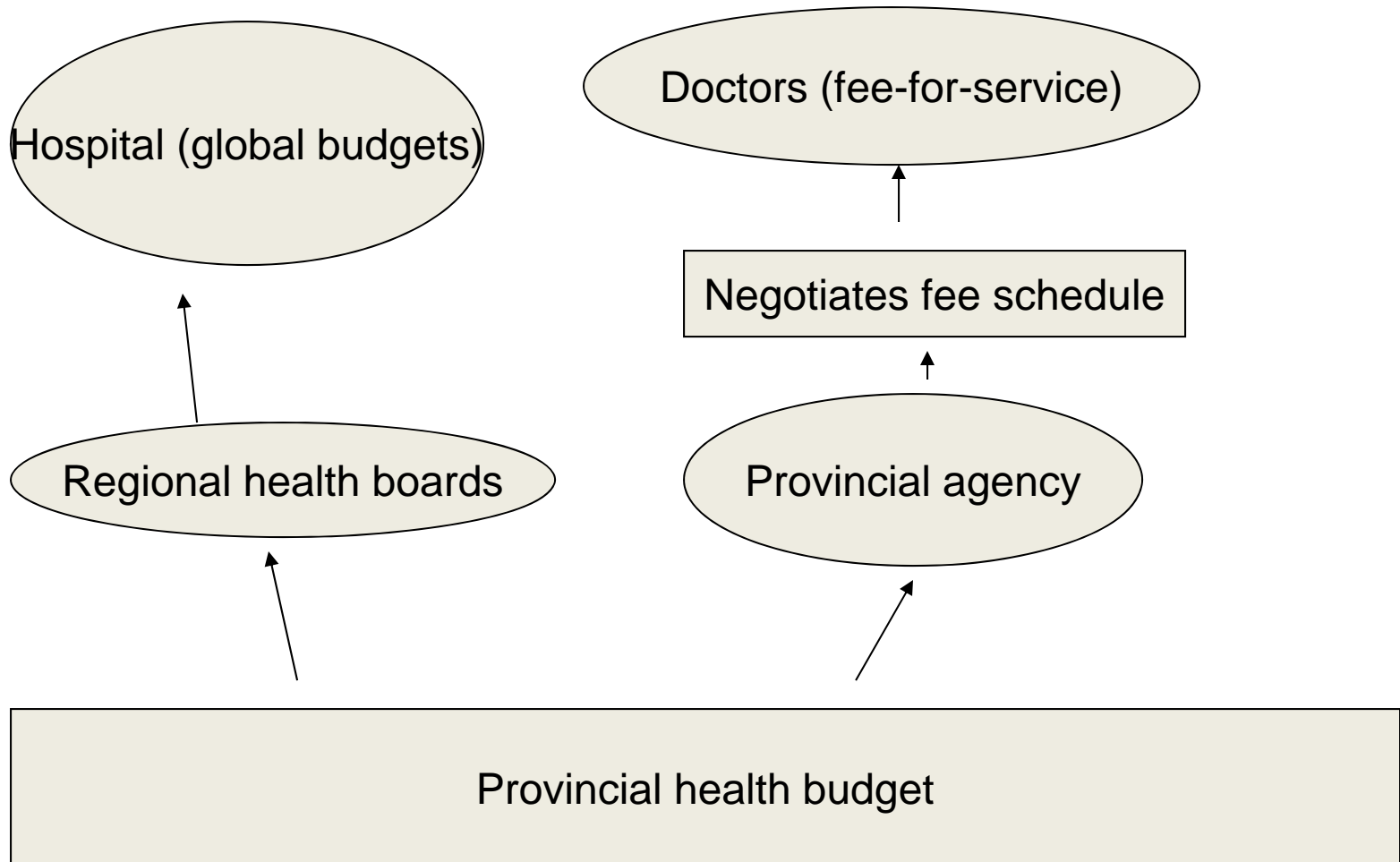
- Comprehensive
- Accessible
- Portable
- Universal
- Publicly administered

# DIFFERENT RULES FOR PROVIDERS

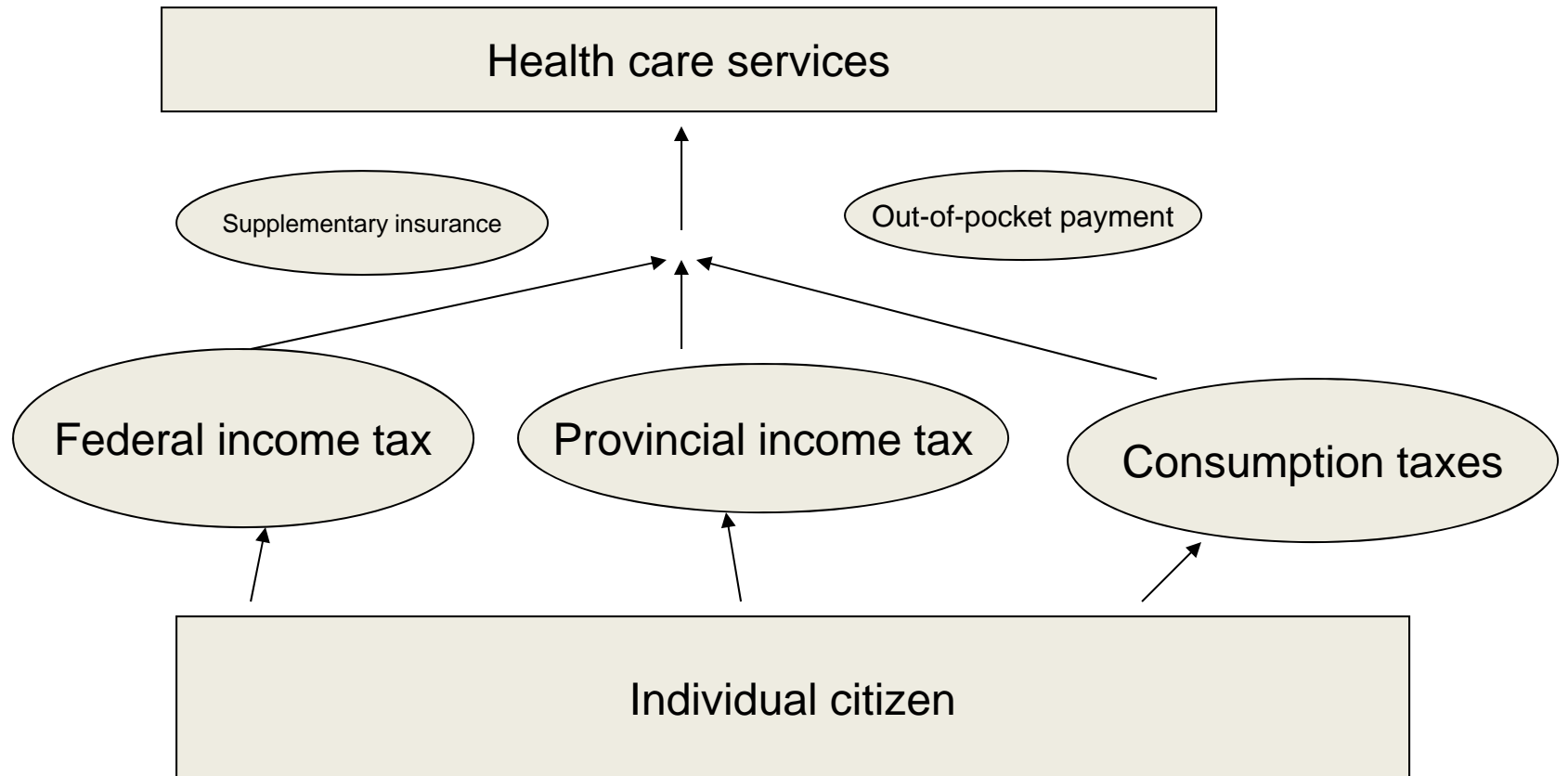
- **Publicly funded institutions**
  - regular accreditation assessments & audits
  - Mix of financing, mainly global budgets
- **Health professionals are**
  - governed by professional corporations and regulated by legislation
  - mix of reimbursement, mainly fee-for-service



# HOW GOVERNMENTS PAY FOR SERVICES



# HOW INDIVIDUALS CONTRIBUTE



# A SINGLE-PAYER SYSTEM ...

## **Public insurance**

- Everyone is insured
- Everyone contributes

## **Public funding of services**

- Money flows through provincial governments to hospitals and physicians

## ... WITH SIGNIFICANT PRIVATE SPENDING

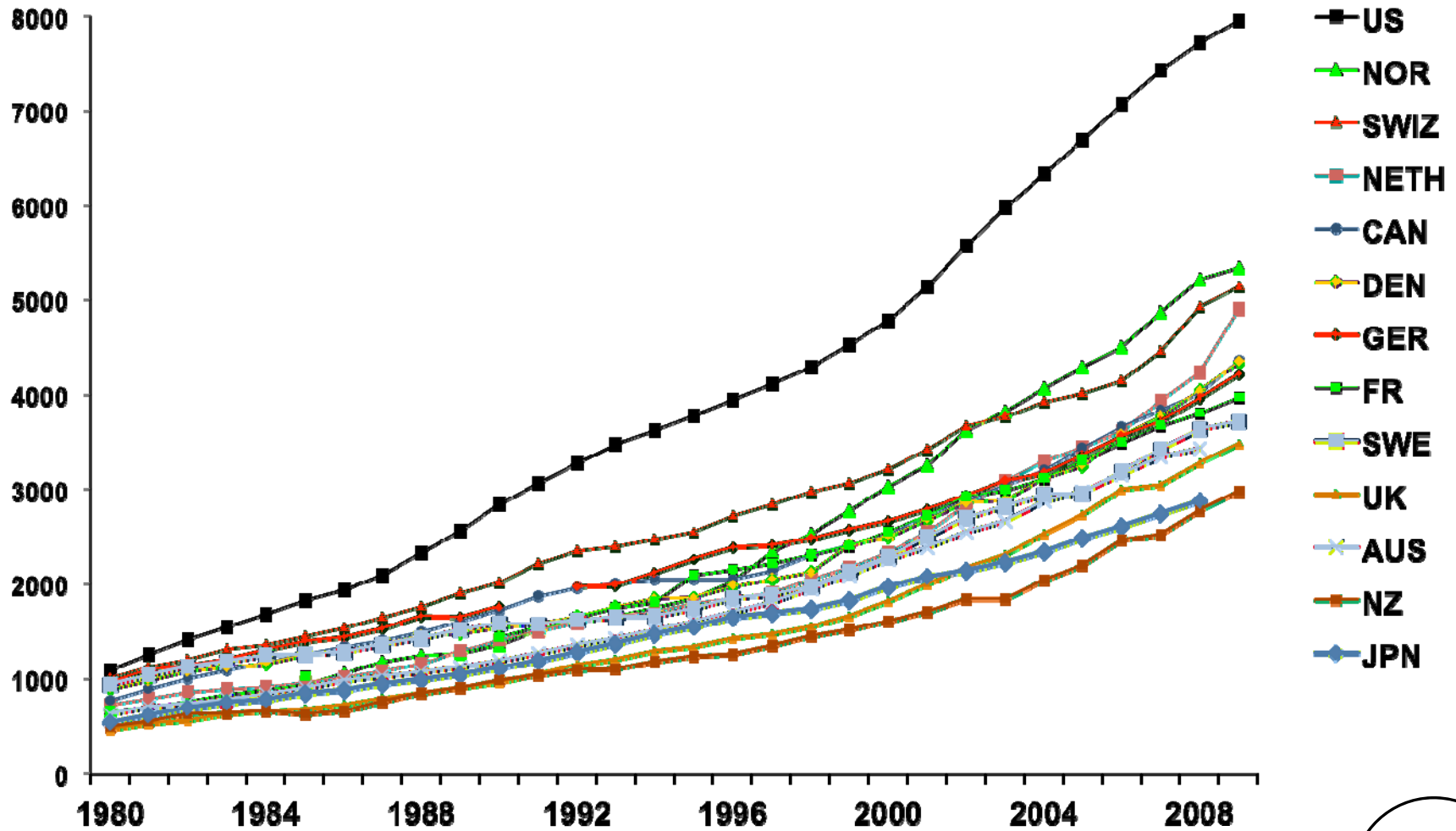
**Almost 30 % of health care spending in Canada is through out-of-pocket payment and supplementary private insurance**

**Big-ticket items include prescription drugs, dental care, and vision services, which are not covered in most provinces**

# AVERAGE HEALTH CARE SPENDING PER CAPITA, 1980–2009

ADJUSTED FOR DIFFERENCES IN COST OF LIVING

Dollars



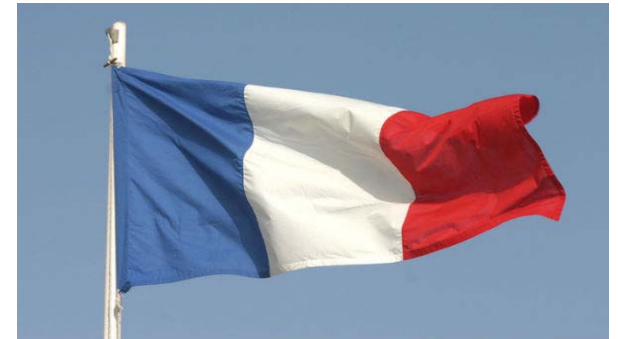
Source: OECD Health Data 2011 (June 2011).



# DESPITE ALL THESE DIFFERENCES ... SIMILAR CONCERNS

- **Concerns about costs:**
  - not framed as “national solidarity” but rather in terms of capacity and sustainability of public financing
- **Concerns about equity:**
  - Health status of population subgroups (e.g., aboriginals)
  - Access to care in rural areas and remote settings
- **Concerns about demographic changes:**
  - aging population
  - chronic disease management

# LESSONS FROM FRANCE?



- **Difficult to transfer learning or transplant lessons in such different political settings and institutional systems**
- **Important take-away: in Canada, health reform lacks a “national” strategy**
- **Could be lessons in exploring coordinated “chantiers” (cost control, medical home, electronic medical records)**