International Innovation asks a range of North American health professionals to share their thoughts on the attributes of the ‘model’ healthcare system.
HEALTHCARE SYSTEMS ARE an ongoing topic of political debate in North America and beyond. Although originally quite similar, different combinations of funding mechanisms have been implemented within the Canadian and US systems since the 1960s, and the two are now distinct.

In the US, a healthcare reform law, officially called the Patient Protection and Affordable Care Act, was signed by President Obama on 23 March 2010. The aim is to ensure tens of millions of Americans have access to affordable health insurance.

The Canada Health Act was adopted in 1984. It enables the Government to certify that the provinces and territories meet certain requirements, such as free and universal access to publicly-insured healthcare.

The US spends significantly more money on healthcare than Canada. According to health data collated by the Organisation for Economic Cooperation and Development (OECD) for 2013, health spending accounted for 11.2 per cent of GDP in Canada in 2011, whereas the US spent 17.7 per cent of its GDP on health in the same year – over 8 per cent higher than the OECD average of 9.3 per cent.

However, at around 80 years, Canada’s life expectancy is one of the highest of industrialised countries, which many attribute to its healthcare system. Further to this, the National Bureau of Economic Research has suggested the Canadian system is a possible model for the US.

What constitutes a ‘model’ healthcare system? Would further comparison of the US and Canadian healthcare systems be conducive to achieving this?

**Professor Morris Karmazyn** (University of Western Ontario):

Although a non-expert in this area, I do have a passionate concern about the quality of healthcare delivery, which is critical for an ageing populace. The nature of a national healthcare system obviously reflects societal needs and attitudes and I really do not believe that a one-system-fits-all approach is logical. Despite being less than perfect, the Canadian healthcare system is generally supported by most Canadians as it provides universal access to all. Political rhetoric in the US, including unwarranted comparisons with Canada’s healthcare system, is not conducive to a rational discussion of the issue.

**Dr Norm Campbell** (Heart and Stroke Foundation of Canada):

From a Canadian perspective, it’s rare to find a compatriot who is happy with their own healthcare system. I personally think we have an excellent system. However, I do not believe it’s the world’s best. Our system is in a rapid state of evolution, which is the same for those in most countries. The healthcare system in Canada consumes an enormous amount of our GDP, to the extent that I think it’s negatively impacting other areas of our society such as education and infrastructure. My understanding is that we need to spend much less, not more, on healthcare. Good education systems, food systems, transportation systems etc. would have a bigger impact on health than putting money into the healthcare system itself.

I think our system needs to become much leaner and more effective for the benefit of the health of Canadians. More money should be invested in improving health, eg. multidisciplinary care models, improving people’s own ability to stay healthy, ensuring the Canadian landscape is as healthy as possible – that includes food, environment, pollution etc. We need to be much broader than healthcare professionals and their interaction with patients. I think many countries are struggling with this and we don’t have a perfect model, so all of the healthcare systems that I am aware of are trying to rapidly change to address this issue. Sadly, many of them are still putting more money into this system and I actually think that to benefit the health of countries we need to take money out.

**Professor Daniel Sinnet** (University of Montreal):

To promote research activities, knowledge transfer and interventions/disease prevention, primary and secondary care should be easily accessible to all patients. Health professionals should be trained and aware of research activities that could be beneficial for their patients. This training and knowledge transfer should be initiated through referrals to tertiary/quaternary care institutions, where biomedical research projects are usually conducted/initiated with new knowledge being rapidly and efficiently transferred to the system. A model healthcare system should be able to create a continuum between basic and clinical research and clinical practice under the umbrella of the healthcare system, to increase research opportunities and accelerate knowledge transfer.

**Dr Jon Stoessl** (University of British Columbia & Vancouver Coastal Health):

This is a politically loaded question. I think the Canadian system is far from perfect – but I am completely committed to accessible healthcare for all, and am strongly opposed to privatisation of healthcare. Indeed, in countries where both are permitted to operate in parallel, the private system may sap the capacity and resources of the public system and in these dual systems, serious illness almost always requires the public system. Having said that, our current system is unsustainable and yet still fails to deliver what is needed in a timely fashion. We do an outstanding job of ensuring anyone who needs acute care for a medical catastrophe...
can get it, regardless of ability to pay. However, we fall seriously short in terms of providing multidisciplinary care to those with chronic disease, many of whose families struggle to provide care at great personal cost – both financial and to their own health. I am no expert on health economics, and it is a great oversimplification, but one would think that it should be possible to at least partially redistribute existing resources, to rely less on physician care, to reward procedure-orientated medicine less, health maintenance more, and to be prepared to make politically difficult decisions about providing intensive and expensive care when it is futile.

Dr Michael Sullivan (McGill University):

Models of healthcare are rooted in culture as much as they are rooted in policy. Publicly-funded care works for the culture of Canada; it does not fit well with US culture. With publicly-funded healthcare comes compromises; reduced services, wait lists, reduced options, limited consumer control over healthcare options. In Canada, we seem to be okay (most of the time) with these compromises; a large sector of the US population would have difficulty with such compromise. We conduct considerable research with colleagues in the US, and as similar as Canada and the US can appear in other domains, they are very far apart on the issue of publicly-funded (or even affordable) healthcare. I congratulate Obama for his determination in healthcare reform, but he faces, and will continue to face, considerable opposition. Barriers that emerge from culture are difficult to change.

Chris Clark (Canadian Partnership Against Cancer):

I am not sufficiently knowledgeable to be able to comment on the US healthcare system and whether or not the Canadian system would be an improvement, as each country has its own unique requirements. Having said that, by comparing systems that exist around the world we can learn about what makes them work well, and seek to understand whether certain attributes of how they work may apply to other countries. For example, in Canada and through this strategy, we work across a federated health environment, where provincial and territorial governments are responsible for the delivery of healthcare and programmes. Our strategy has determined a way to work collaboratively and in a coordinated way across these boundaries to advance cancer control outcomes, respecting some of the unique requirements of each jurisdiction. Internationally, when I attended the Union for International Cancer Control congress hosted in Montreal in 2012, it was clear that many others around the world who had similarly organised systems felt that there was something to be learned from the way we are achieving this.

Lastly, while I always heard complaints about the Canadian healthcare system, it has functioned well for me. I moved very quickly from my primary care provider to an oncology specialist, and found the professionals highly skilled, the nurses compassionate and the treatment efficient and, thankfully, effective. It has now been over seven years since I was diagnosed with cancer. I am completely back to where I was before I was diagnosed. Having said that, I am well aware that I am not immune to one day having to fight the battle again, although I believe that through the work being done by the Partnership, the chances of this happening are being reduced and I will have an even greater chance of survival.

Professor Roy Curtiss (Arizona State University):

I believe that the current acceleration of healthcare costs in the US is not sustainable. I also firmly believe that prevention of disease is the best means for better health and will result in a significant reduction in healthcare costs. I therefore have always advocated universal healthcare for everyone. There is also a great need for better individual and public education pertaining to healthy lifestyles, including personal and food hygiene.