

CANADA

Canada Letter: Health Care Comparisons and an NYT Offer

By IAN AUSTEN SEPT. 22, 2017

This week's Canada Letter includes observations from the Yukon and a ticket offer for Times subscribers. But first we have an exclusive item for readers of this newsletter from our colleagues at The Upshot, the group at The Times that examines the world through data.

Aaron E. Carroll, a professor of pediatrics at Indiana University School of Medicine, and Austin Frakt, a health economist with several governmental and academic affiliations, frequently analyze health care policy for The Upshot. (They also have an excellent blog about health care economics.)

Recently, they gathered two other economists and a physician and held a tournament to pick the world's best health care system. Canada was knocked out early by Britain. Long wait times delivered the fatal blow. But in this essay for the Canada Letter, Professor Carroll and Dr. Frakt offer a positive take on that result:

One of the most common complaints about the Canadian health care system is the duration of wait times. That was the reason that some judges favored other nations in The Upshot's tournament-style comparison of various countries' health systems. Indeed, fear of long wait times is one of the most commonly cited reasons people in the United States reject a single-payer health system.

But there are trade-offs for seemingly everything in health care systems, and Canada benefits in other ways.

Let's acknowledge that, compared with patients elsewhere, those in Canada often have to wait longer for care. In the recent international comparison published by the Commonwealth Fund, only 43 percent of Canadians were able to see a doctor or nurse on the same or next day when they needed care, tying for last. Half of them had to wait two or more hours for care in the emergency room (again, last place). Thirty percent of them had to wait two or more months to see a specialist (last place), and 18 percent had to wait four or more months for elective surgery (last place).

But these access issues are not necessarily because Canada has a single-payer, or government-run, system. After all, Britain has a much more socialized system, and performs much better than many other countries with respect to wait times.

Further, many of the wait time comparisons made between the United States and Canada focus on elective procedures like hip replacements and cataract removals, which predominantly affect older people. Older Americans are covered by Medicare, which is a single-payer system.

The reason for longer wait times in Canada is not because of the system's design. It's because of the system's spending. Canada spends, on average, about half of what the United States does for health care. Spending so much less has to have consequences, either decreased access or decreased quality.

We can quibble about various metrics, but the same Commonwealth Fund study that faulted Canada for access issues didn't find huge differences in outcomes. Canada beats the United States on population metrics, while the United States wins with respect to hospital-based ones. The United States also does well in cancer survival rates, but we've discussed why survival rates are flawed before. Canada may have longer wait times, but it's hard to see how they are negatively affecting Canadians in comparison with Americans.

The bottom line is that while Canada does have longer wait times compared with other countries, it seems to have made the decision to accept this as a trade-off for significantly reduced spending. We can choose to value different things, but those wait times are most likely an economic decision, not one inherent to single-payer.