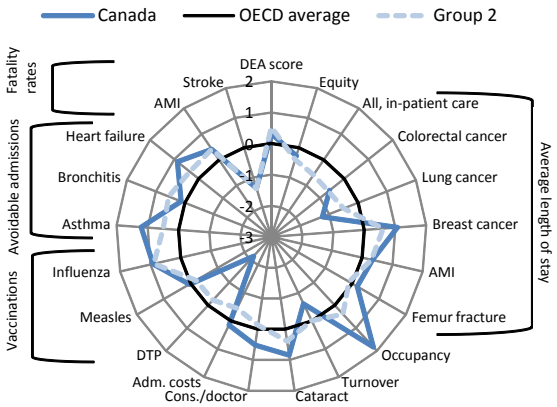
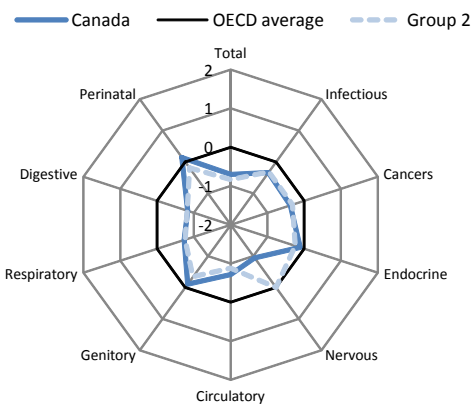
Canada: health care indicators

Group 2: Australia, Belgium, Canada, France

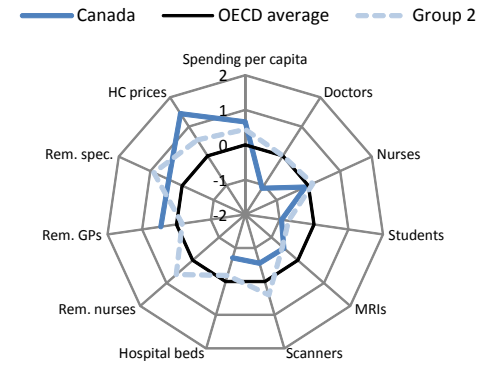
A. Efficiency and quality



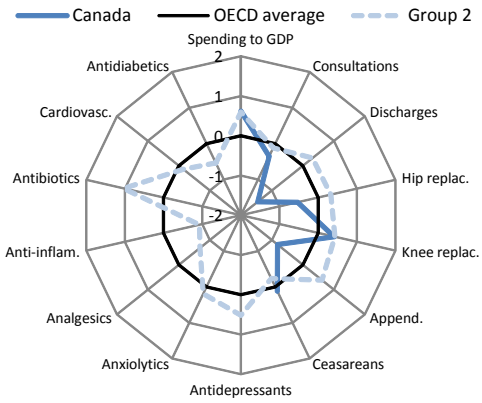
B. Amenable mortality by group of causes



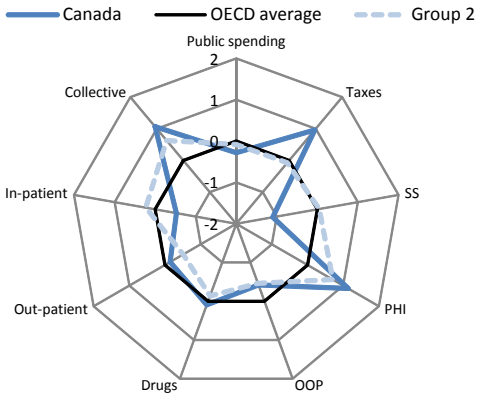
C. Prices and physical resources



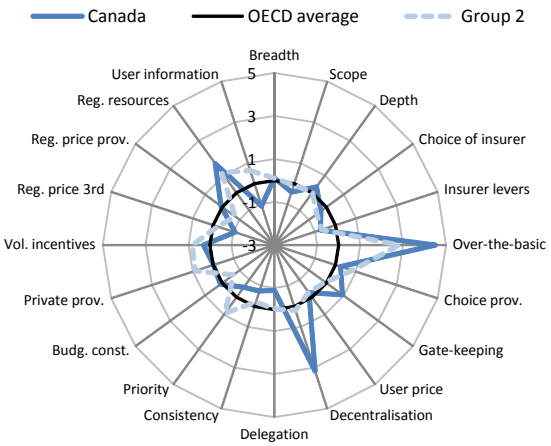
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

CANADA

GROUP 2: Public basic insurance coverage combined with private insurance beyond the basic coverage. Heavy reliance on market mechanisms at the provider level, with wide patient choice among providers and fairly large incentives to produce high volumes of services contained by gate-keeping arrangements.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
High DEA score but slightly higher inequalities in health status. Low rate of amenable mortality			Higher PHI share	Lower scope of basic insurance coverage and heavy reliance on (supplementary) PHIs	Assess the main causes of the inequalities in health status and, in particular, the role of the supplementary insurance system and of the scope of the basic insurance package
Mixed signals on output/hospital efficiency	Less high-tech equipment and acute care beds	Less hospital discharges *per capita*	Lower in-patient share	Less choice among providers and more gate-keeping	
High quality of out-patient and preventive care	Less doctors and medical students	Less consultations of doctors *per capita*		Less private provision and volume incentives. More regulation on provider prices and on workforce and equipment	Regulations on hospital employment and equipment may need to be softened if hospitals are increasingly paid on the basis of their activity
Lower administrative costs	Higher relative income level of GPs			Less regulation on prices paid by third-party payers. Higher decentralisation but less consistency in responsibility assignment. Less priority setting	Higher consistency in the allocation of responsibilities across levels of government could deliver efficiency gains