Focus on developed economies - Canada

As a developed economy, Canada expends 10.9% of its GDP or $219 billion annually in healthcare which equates to $6105 per capita. This places it approximately sixth of OECD countries in terms of expenditures on health. As health care is principally a provincial priority this is approximately 39 to 43% of total provincial expenditures.

Yet despite this very significant investment, our health outcomes are average at best. This may be because our expenditures are principally focussed around the acute care sector (hospitals 30%, drugs 16%, physicians 15%) and there has been declining investment in the social determinants of health while public health accounts for approximately 1.8- 2.5% of total healthcare expenditures.

There is increasing recognition that while some health outcome parameters continue to improve others have not shown the same degree of improvement and this has been attributed to increasing social inequity and the resulting health and health care inequity. Disadvantaged groups and populations throughout Canada experience very poor health outcomes often at higher cost. Our inability to develop primary processes that prevent health inequity and then subsequently mitigate inequity in health services delivery, leads to outcomes in these communities comparable to that of many impoverished countries.

Within Canada that there is a growing consensus that our existing system of healthcare delivery is unsustainable and must be transformed to include; patient centered, team-based care, that is accountable, driven by evidence and focused on equitable care for healthy communities and a population health perspective.

Some jurisdictions within Canada are moving to blending traditional healthcare systems with a population based health and health care model focusing on specific geographic or community responsibilities and the integration of public health with a primary and secondary prevention approach. Evidence driven models of care with meaningful performance data and the alignment of regulatory, funding and accountability systems are essential.

An illustrative example of this approach that promotes effective population based health and health care for Ottawa’s homeless will be provided.