

POLICY BRIEF: Died on a Waiting List

Colin Craig | June 2021



In December 2020, SecondStreet.org released ground-breaking research on Canadian patients who died while waiting for surgery.

This policy brief builds on that research with new data from government-run hospitals and health regions across the country, including data during the pandemic period. The figures were obtained through Freedom of Information requests and include: patient deaths while waiting for surgeries, diagnostic scans and appointments with specialists.

Findings from our research include:

- **Lack of data:** Many governments do not track data on patient deaths while waiting for surgery/medical appointments. Thus, the totals in this report are likely underreported.
- **Fiscal year 2019-20:** Government data shows there were at least 2,256 patient deaths while waiting for surgery and 6,202 deaths while waiting for diagnostic scans or appointments with specialists.
- **Calendar year 2020:** SecondStreet.org filed additional requests for data during the pandemic period. This data shows over 2,367 patients died while waiting for surgery in 2020. This is a 4.9% increase over data from the previous year.
- **Wide array of cases:** Patient deaths occurred after waiting less than one month to more than eight years. Patients passed away while waiting for procedures that could be linked to their cause of death (e.g., cardiac surgery), as well as procedures which could have increased their quality of life during their remaining years (e.g., cataract surgery, knee surgery, etc.).

In terms of policy solutions, this policy brief discusses three options.

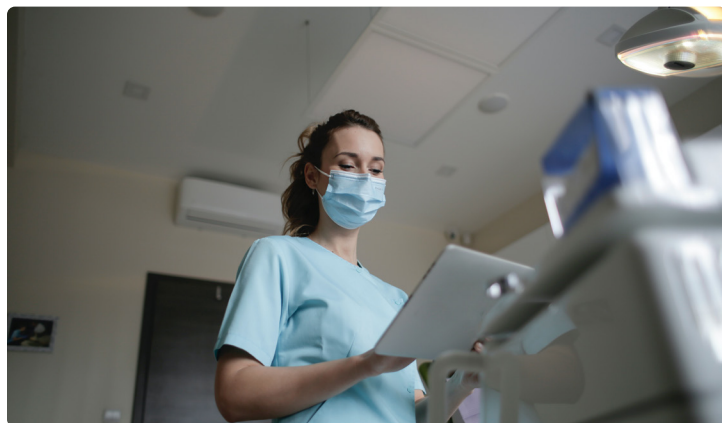


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First, just as governments require businesses to report on workplace injuries and accidents, governments could regularly compile and disclose “waiting list incident reports.” Such reports could include anonymous information on cases where patients die while waiting for surgery, and situations where patients suffer as well (e.g., health complications due to excessive waiting periods, patients developing depression, substance abuse issues, etc.).

Second, governments could maintain our public health care system, but allow non-government clinics to provide the same services and charge the public on a fee-for-service basis. This could potentially save lives and provide patients with more choice instead of suffering on waiting lists during their final years. This option would also take pressure off the public system.

Third, governments could increase output in the health care system by implementing what is known as “activity-based funding”. In short, this would see hospitals funded based on services provided, rather than annual budgets. This approach incentivizes hospitals to complete more surgeries as they receive more funding. Many countries around the world have adopted this model over the past 30 years.

Background

Canada is unique in the world when it comes to access to health care services. Our governments often give patients only two choices:

- Sit on a government waiting list for surgery, a procedure, diagnostic scan, etc.; or
- Leave the country

In many cases, private health care options are outlawed by the state. For instance, in Ontario, citizens cannot pay for something as simple as an MRI scan at a non-government clinic.¹

One key exception to this general rule is in British Columbia, where private clinics provide many diagnostic scans and elective surgical procedures. However, it should be noted that the B.C. government has been fighting in court for several years to prevent those clinics from offering patients a choice outside the public system. (See the *Cambie Surgeries Corporation v. British Columbia* case).

While governments in Canada often appreciate this monopolistic approach to health care when there's an opportunity to receive credit for the system – holding a press conference to announce construction of a new hospital, hiring nurses, etc. – we see less enthusiasm from officials when it comes to disclosing information on shortfalls in the system.

Far too often, it is only the media or third parties who bring to light stories of tragic outcomes and patient suffering in Canada's health care system.

Laura Hillier's tragic case is a good example. The 18-year-old Ontario student was fighting cancer and had a bone marrow donor lined up, but passed away while waiting seven months for a bed and a surgeon to become available.² The government had only rationed enough funds for five transplants per month and Laura was forced to wait. This case became famous not because of proactive government disclosure, but because the young patient's public cry for help went viral.

Michel Houle's story in Quebec is also tragic. The 72-year-old patient required cardiac surgery within two to three months. Nine months after he was placed on a waiting list, the government phoned to schedule his surgery. But by then, he had passed away.³

More recently, SecondStreet.org brought to light Judy Anderson's story. The retired nurse from Port Perry, Ontario has lost two daughters due to excessive waiting periods in the health care system.⁴

Even where governments have disclosed information on adverse patient cases, their reports lack details. For example, a critical incident report from Manitoba in 2019-20 simply notes that a patient died and that there were "*gaps in monitoring of results, communication to care providers, and treatment delays led to a significant decline in a patient's medical condition.*"⁵

What was the procedure that was delayed? How long was the delay? Was it longer than the maximum recommended wait time? Were hospital procedures changed as a result? The reports don't answer these questions, nor do they provide qualitative summaries indicating important information, such as: the number of patients that died while waiting for surgeries that could have saved their life, or perhaps the number of patients that died while spending their final years in pain.

This lack of transparency stands in stark contrast to what governments require businesses to disclose. For example, the British Columbia government's WorkSafeBC program requires incident reports from employers when accidents occur. Even the most minor of incidents are reported publicly. The government's website notes, for instance, that in September 2019, a young worker in the lower mainland who was "using stilts while applying drywall mud tripped and fell to the ground." This accident resulted in "bruising."⁶

With this in mind, it is crucial for media and research-based organizations such as SecondStreet.org to examine the performance of Canada's government-run health care system.

In December 2020, SecondStreet.org released groundbreaking research into the sad reality that many patients in Canada die before receiving the surgery they require. During the 2018-19 fiscal year, government data showed at least 1,480 patients were removed from surgical waiting lists as the patient had passed away.

The surgeries in question ranged from potentially life-saving surgeries (e.g., heart surgery) to surgeries that could have improved a patient's quality of life during their final years (e.g. hip operations). The data showed patients had waited anywhere from less than a month to more than eight years before passing away.

This policy brief builds on that previous research.

Methodology and interpreting the results

SecondStreet.org filed multiple Freedom of Information requests with 31 large provincial health departments, health regions and hospitals across Canada.

We asked for data on the number of surgical procedures, diagnostic scans and appointments with specialists that were cancelled during the 2019-20 fiscal year (April 1, 2019 – March 31 2020) as the patient had passed away. SecondStreet.org requested data on a fiscal year basis as it was in keeping with the approach used for our first report.

For example, our request for surgical cancellations included the following language:

Please provide data on the number of patients that died while on a waiting list for a surgical procedure in fiscal year 2019-20. Please break the data out by procedure and case info - date the patient was referred to a specialist, decision date, date for the procedure and date of cancellation. Please also note the government's target time for providing the procedure in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations)

After COVID-19 emerged in Canada, however, we decided to apply for data on patients dying while waiting for surgery during calendar year 2020 as well. This would allow us to examine the effects of the pandemic on the health care system. (Note: Due to budget constraints, we did not ask for data on patients who passed away while waiting for diagnostic scans or appointments with a specialist in 2020.)

Readers should exercise caution when sharing content from this report and be mindful of the following:

The data contained in this report is incomplete as it does not cover the entirety of Canada. When SecondStreet.org conducted research for our first *Died on a waiting list* report, we discovered that many government health bodies were often unable to, or refused to provide the information we requested. For that reason, we primarily directed Freedom of Information requests for this policy brief to health bodies that previously provided data.

Further, some health bodies, such as Alberta Health, informed us that the cause for cancelling a procedure isn't always tracked for all procedures, and may not be recorded by all staff.

For those reasons, readers should note the figures reported in this policy brief are likely underreported. This policy brief also does not cover cases where a patient *did* receive surgery but died during or shortly thereafter due to conditions worsened by the wait.

Data we obtained on patient's deaths while waiting for surgery, diagnostic scans and appointments with specialists can generally be classified into two groups:

First, cases whereby a patient died because of their long wait for treatment. For example, a patient dies from a heart attack after waiting too long for heart surgery or a diagnostic scan to identify a potentially fatal illness. This is obviously a very dreadful situation.

The Nova Scotia Health Authority's 2019-20 response suggests that this type of problem may have occurred under their watch:

“Thirty-three (7.8%) of all deaths on the waiting list involved procedures where delays in treatment might reasonably be implicated causally. Among these are bowel resections; angioplasty; pacemaker insertion; cancer resections and abdominal aneurysm surgery. Among these, just under two thirds were waiting beyond the recommended wait times for the procedure in question.”

Hamilton Health Sciences' response from the previous year provided some additional insight into data related to cases where a patient died while waiting for a procedure that could be implicated causally. The health body noted that in some cases patients might not be medically ready for treatment, which prolonged their waiting period. In other cases, the patient may have been waiting to receive another procedure first.

The second category includes cases whereby patients died while waiting for non-life-saving surgery (e.g., a hip replacement, cataract operation, MRI to examine shoulder pain, etc.) which may have affected their quality of life before passing. Indeed, patients often value eyesight and mobility as much as life itself.

The story of late British Columbia patient Erma Krahn helps illustrate this problem.

The first time Krahn required knee surgery, she was 75 years old and was told it would take a year before she could receive the procedure in the public system. As Krahn was fighting cancer, she didn't want to have limited mobility during her precious remaining years, so she went to a private clinic in Vancouver and paid out-of-pocket for the surgery.⁷

It is also entirely possible that in both cases – that is, patients waiting for potentially life-saving treatment and those waiting for non-life-saving treatment – death occurred for reasons

unrelated to the health care system or the patient's medical condition. For example, the system may have been quick to schedule a procedure or appointment with a specialist, but, during the wait, the patient was involved in a motor vehicle accident and succumbed to their injuries.

Note: Should readers wish to view each health body's response to SecondStreet.org, please see the news release for this policy brief on our website.

Research findings

As noted, many health bodies in Canada previously informed SecondStreet.org that they do not track the reasons for surgical cancellations. We were unable to obtain data from Quebec, New Brunswick, Newfoundland and Labrador, two major health regions in British Columbia, the Winnipeg Regional Health Authority and several hospitals in Ontario

However, unlike our first report, we were able to obtain data from a centralized tracking system operated by Ontario Health. Unfortunately, they refused to provide additional information on the cases in question (the type of surgery, when the patient was put on the waiting list, maximum recommended wait time, etc.) It is also not clear if data from individual hospitals in Ontario overlaps with the data provided by Ontario Health. For that reason we have provided two totals at the bottom of each table: a “subtotal” of all identified waiting list deaths and a “total” which nets out data from individual hospitals in Ontario to avoid the potential for double counting.

The “data quality” column in each table grades the quality of data provided by each health body. “Good” grades denote responses that include significant information and allow for analysis into how long patients waited for various procedures before passing away. “Fair” responses denote cases which provide some information and “poor” grades represent responses with little in the way of useful data.

As previously noted, even within the health care system, some services track the reasons for surgical cancellations better than others. This could explain how Alberta, with its 4.4 million people, only saw 45 patients removed from waiting lists due to death while Fraser Health, which serves 1.8 million people, saw 307 patients removed from waiting lists due to death. Below are short summaries of responses by health bodies in each province.

As we discovered while working on our first *Died on a waiting list* policy brief, responses from health bodies in Canada differ greatly. On one extreme, we find hospitals with no information whatsoever, while some health bodies refused to provide details beyond total death counts. For instance, Sinai Health Systems in Ontario charged SecondStreet.org \$45 simply to inform us that three patients died while waiting for surgery in 2019-20 – one each for oncological, gynecological and otolaryngical procedures. No information was provided on how long each patient waited for surgery, the recommended maximum wait times or other related details.

On the other end of the spectrum, we find responses like the one provided by the Nova Scotia Health Authority. The health authority released significant details on patient deaths, including information on how many of the cases may have involved a patient dying while waiting for potentially lifesaving treatment. The Nova Scotia Health Authority also tracked information on how long the patient waited beyond the maximum recommended wait time.

Overall, the data showed that patient deaths occurred after waiting less than a week for surgery to just over eight years.

Surgical cancellations due to patient deaths in 2019-20		
Jurisdiction	Number of patient deaths	Data quality
BC – Interior Health	149	Fair
BC – Fraser Health	307	Fair
AB – Alberta Health	45	Good
SK – Ministry of Health	248	Fair
MB – Prairie Mountain Health	33	Poor
ON – Hospital for Sick Children	10	Poor
ON – Guelph General Hospital	19	Fair
ON – Trillium Health Partners	28	Fair
ON – Queens Way Carleton Hospital	5	Poor
ON – Sinai Health System	3	Poor
ON – Southlake Regional Health Centre	41	Fair
ON – Mackenzie Health	5	Fair
ON – Scarborough Health Network	21	Fair
ON – London Health Sciences Centre	51	Fair
ON – Hamilton Health Sciences Corp.	41	Good
ON – The Ottawa Hospital	38	Fair
ON – Thunder Bay Reg. Health Sciences Ctr	27	Fair
ON – Lakeridge Health (Oshawa)	41	Fair
ON – Markham-Stouffville Hospital	4	Poor
ON – Hôpital Montfort*	10	Poor
ON – Halton Health Care	10	Poor
ON – Niagara Health Systems	37	Fair
ON – Ontario Health (Central Tracking)	1,032	Poor
NS – Nova Scotia Health Authority	424	Good
PEI – Health PEI	18	Poor
Subtotal	2,647	
<i>– Less individual Ontario hospital figures</i>	391	
TOTAL	2,256	

*The hospital refused to provide additional data beyond acknowledging there were between 10-22 patient deaths

Note: Figures from Ontario hospitals were removed from the total as some or all may be captured in the Ontario Health (central tracking) figure

Diagnostic scans/Appointments with specialists cancelled due to patient deaths in 2019-20		
Jurisdiction	Number of patient deaths	Data quality
BC – Interior Health	618	Fair
AB – Alberta Health	50	Fair
ON – Hospital for Sick Children*	22	Poor
ON – Guelph General Hospital	17	Poor
ON – Trillium Health Partners (Credit Valley)	1,057	Fair
ON – Queens Way Carleton Hospital	72	Poor
ON – Sinai Health System	0	Poor
ON – Mackenzie Health	63	Poor
ON – Scarborough Health Network	68	Fair
ON – London Health Sciences Centre	32	Fair
ON – The Ottawa Hospital	445	Fair
ON – Thunder Bay Reg. Health Sciences Ctr	24	Fair
ON – Lakeridge Health (Oshawa)	166	Poor
ON – Markham-Stouffville Hospital	4	Poor
ON – Hôpital Montfort	10	Poor
ON – Halton Health Care	85	Poor
ON – Niagara Health Systems	195	Fair
ON – Ontario Health (Central Tracking)	5,534	Poor
Subtotal	8,462	
– Less individual Ontario hospital figures	2,260	
TOTAL	6,202	

Note: Figures from Ontario hospitals were removed from the total as some or all may be captured in the Ontario Health (central tracking) figure.

*The Hospital for Sick Children confirmed the total is between 20-24

Government data shows that over 6,202 patients died in 2019-20 while waiting for a diagnostic scan or an appointment with a specialist. These cancellations ranged from CT scans and ultrasounds to urology consultations and coagulation follow-ups. The vast majority of data provided concerned diagnostic scans rather than information on appointments with specialists. Overall, patient deaths occurred after waiting less than one month for an appointment to almost three years.

In many cases, the data showed patients waited longer than the government’s target time. For instance, in Ontario, where the government does not allow patients to pay for private MRI scans, several patients died after waiting longer than the target time for an MRI. In one case, a patient was scheduled by Niagara Health on October 2, 2019 for an MRI scan on January 3, 2020. This created a 94-day wait even though the

target time was ten days. The patient died after waiting 23 days. The details of this situation are unknown, but the data suggests it was a more urgent matter, as most of the patients had target times of 28 days.

According to the Ontario government, a patient with a 10-day waiting period for an MRI is classified as having the following clinical description: “any condition in which failure to diagnose/treat would result in moderate deterioration/deficit.”⁸

What’s also interesting about the overall data is that it shows the discrepancies in how governments track medical information. For instance, Saskatchewan’s Ministry of Health, the Prairie Mountain Health Region in Manitoba and the Nova Scotia Health Authority were able to provide us with data on cases where patients had passed away while waiting for surgery, but were not able to provide us the same data for situations where a patient passed away while waiting for a diagnostic scan or appointment for a specialist.

Similarly, Interior Health and Fraser Health in British Columbia were able to provide us with data on patients who passed away while waiting for surgery. However, only Interior Health could provide us with data on patients who passed away while waiting for a diagnostic scan or an appointment with a specialist.

Overall, we were only able to obtain data on the deaths of patients waiting for diagnostic scans and appointments with specialists from three provinces – Ontario, Alberta and one health region in British Columbia.

A 2019 story from the CBC illustrates why it is important to track this information. The news outlet reported that wait times for echocardiograms in Manitoba soared to 70 weeks in 2018-19 – up from 21 weeks in 2016-17.⁹ It’s easy to imagine how a patient could have passed away while waiting for the diagnostic scan, never reaching the stage where the patient met with a specialist and was recommended surgery. Unfortunately, Shared Health Manitoba (a provincial health body) informed SecondStreet.org they do not track data on patient deaths while waiting for echocardiograms.

COVID-19 period

After COVID-19 emerged in Canada, governments postponed hundreds of thousands of surgeries, procedures and other medical appointments. SecondStreet.org decided to file Freedom of Information requests across Canada for data on patients who died while waiting for surgery in calendar year 2020.

Unfortunately, fewer health bodies provided data for this time period. In one case, the Southlake Regional Health Centre in New Market (ON) refused to provide the data as they have on three previous occasions. They are currently looking into charging SecondStreet.org for the information.

Surgical cancellations due to patient deaths in 2020		
Jurisdiction	Patient deaths April 1, 2019 to March 31, 2020	Patient deaths January 1, 2020 to December 31, 2020
BC – Interior Health	149	209
BC – Fraser Health	307	338
AB – Alberta Health	45	52
SK – Ministry of Health	248	251
MB – Prairie Mountain Health	33	20
ON – Hospital for Sick Children	10	9
ON – Guelph General Hospital	19	15
ON – Trillium Health Partners	28	33
ON – Queens Way Carleton Hospital	5	3
ON – Sinai Health System	3	6
ON – Mackenzie Health	5	24
ON – Scarborough Health Network	21	29
ON – London Health Sciences Centre	51	13
ON – Hamilton Health Sciences Corp.	41	47
ON – The Ottawa Hospital	38	92
ON – Thunder Bay Regional HSC	27	37
ON – Ontario Health (Central Tracking)	1,032	1,086
NS – Nova Scotia Health Authority	424	399
PEI – Health PEI	18	12
Subtotal	2,504	2,675
– Less individual Ontario hospital figures	248	308
TOTAL	2,256	2,367

Note: Figures from Ontario hospitals were removed from the total as some or all may be captured in the Ontario Health (central tracking) figure.

We received more responses with data on patients dying while waiting for surgery in 2019-20 than we did for calendar year 2020. For that reason, the two years cannot be compared without making adjustments.

If we strictly compare the data for health bodies that were able to provide figures for patients passing away while waiting for surgery in the 2019-20 fiscal year as well as the 2020 calendar year, there were 111 more patient deaths in 2020. We saw the same trend with data from Ontario Health and its central tracking system: 1,032 deaths in 2019-20 versus 1,086 deaths in 2020.

Observations

Just as we saw with the data gathered for last year’s report, there were a number of patients who died while waiting for non-life saving procedures (e.g., hip and knee operations). However, such cases should not be dismissed as those patients are often living with severe pain and have had their quality of life adversely affected.

Data in this report does show, however, that there are cases where some patients may have died due to long waiting periods. For example, the Nova Scotia Health Authority’s 2019-20 response indicates that 33 patients died while waiting for potentially life-saving surgery in 2020 – two-thirds of whom had waited longer than the recommended wait time.

More than anything, this report shows that Canada’s rationed health care system ultimately fails many patients – either by letting them spend their final days with a reduced quality of life, or by leaving them to die.

If governments improved their tracking and disclosure of patient suffering in the health care system, it would be easier to determine the magnitude of the problem.

General comments by province

Province	Comment
British Columbia	<p>Interior Health saw a significant increase in the number of patients who died while waiting for surgery – from 149 to 209 between fiscal 2019-20 and calendar year 2020. The percentage of patients who passed away after waiting longer than the recommended time period for surgery increased from 11% to 43%.</p> <p>Fraser Health also saw an increase in patients who died while waiting for surgery – from 307 to 338 between fiscal year 2019-20 and calendar year 2020. The percentage who died after waiting longer than the recommended time period increased from 36% to 40%.</p> <p>The data quality from the two regions was “fair”. Readers should note the other health regions indicated they did not track the data during our previous request.</p>
Alberta	<p>Patients died while waiting anywhere from four days for surgery (e.g., heart valve operation) to more than five years (eg. cataract surgery). In one case, a patient waited just over three years for heart valve surgery.</p> <p>In 2019-20, the data shows that in most cases (92%), where the government provided a benchmark, patients waited longer than the recommended period when they passed away.</p> <p>The response provided by Alberta Health included more information than last year; we have upgraded their data quality grade from “fair” to “good”.</p>
Saskatchewan	<p>In 2019-20, approximately 60% of patient deaths occurred after the government’s target time frame.</p> <p>Readers should note that almost half of the 248 deaths while waiting for surgery in 2019-20 were for cataracts. However, the list also included surgeries related to the brain/spinal cord, removal of the prostate and cystoscopies (examination of the bladder) to name a few.</p> <p>Saskatchewan’s data quality could be improved by including more information on when patients decided to proceed with surgery.</p>
Manitoba	<p>Prairie Mountain Health Region’s data shows that in 2019-20, most patient deaths – for which the government provided data – saw patients wait longer than the recommended period when they passed away (65%).</p> <p>While researching our previous report, we learned most health regions in Manitoba do not track data for this topic.</p>
Ontario	<p>Hospitals in Ontario provided responses with varying degrees of quality. For example, Sinai Health only provided the number of deaths and type of surgery, while Niagara Health gave detailed data for individual patients such as the decision to treat date, the cancellation date and the benchmark time for the procedure in question.</p> <p>Along with data from individual hospitals, SecondStreet.org was able to obtain province-wide data from Ontario Health’s central tracking system. The data showed there were 1,032 patients across the province who died while waiting for surgery in 2019-2020, and 1,086 patients who died while waiting for surgery in calendar year 2020.</p>
Quebec	<p>When replying to the inquiries of our previous report, most health regions in Quebec indicated they did not track data on this topic.</p>
Newfoundland & Labrador	<p>Newfoundland and Labrador’s three health regions indicated they do not track data on patients dying while waiting for surgery, procedures, diagnostic scans and appointments with specialists.</p>
Nova Scotia	<p>Nova Scotia provided the best quality of data in the country.</p> <p>Unfortunately, Nova Scotia’s high numbers give cause for concern. Included in their figures was the fact that 33 patients died while waiting for surgery in 2019-20 which could have been linked causally. Of those patients, “just under two thirds” waited longer than the recommended time frame.</p>
Prince Edward Island	<p>The average patient who died while waiting for surgery in Prince Edward Island in 2019-20 waited longer than the benchmark time.</p> <p>The data is not broken out for each patient, so it is impossible to draw conclusions about individual cases.</p>
New Brunswick	<p>Requests with New Brunswick’s two health regions have yielded no data. The two regions do not appear to track this information.</p>

Policy options

To address the issues discussed in this policy brief, governments could consider the following three policy options:

1) Waiting list incident reports: Governments could do a much better job of tracking and disclosing information on patient suffering in the health care system.

Anonymous “waiting list incident reports,” similar to how governments disclose even relatively minor workplace accidents in private businesses, could be an effective accountability measure while helping governments understand the shortcomings of their operations.

Death is of course the ultimate adverse event. Not only do many patients suffer while waiting, but some deteriorate to the point that the surgical outcome is negatively impacted or surgery is no longer possible.

Waiting list incident reports could include information on:

- The procedure a patient required;
- The recommended maximum wait time for that procedure;
- The date the decision was made to proceed with treatment;
- How long a patient waited to meet with a specialist for a consultation;
- How long a patient waited for diagnostic testing during their journey (MRI, CT, PET, etc.);
- How long a patient waited to receive surgery (or when their surgery was scheduled for when they passed away); and
- Consequences from waiting (e.g., death, health complications from relying on painkillers for too long, depression, mobility loss in other limbs, etc.).

One tool that could help with compiling such information would be coroner reports. When patients pass away, coroners could advise as to whether or not a long wait for treatment played a role in the patient’s demise.

Public opinion research commissioned by SecondStreet.org in early 2020 suggests there is public support for greater transparency when it comes to patients suffering in the health care system. The poll of 1,008 Canadians found “81% agree or somewhat agree with the idea of governments publicly disclosing each year the number of patients that die while on a waiting list.”¹⁰

It would be remarkable if governments held themselves to the same standard to which they hold private companies and disclosed more information on patient suffering.

2) More health care choices: A second policy option that governments could pursue – and one that would give more patients dignity during their final years – would be to increase the choices available to patients. Instead of patients having to decide between waiting for the government to provide a particular health procedure and leaving the country for care somewhere else, the government could allow non-government clinics in Canada to provide the same procedures as the public health care system.

This approach would be similar to how parents across Canada can choose to put their children in public schools or pay out-of-pocket and send their children to private schools.

As the number of non-government health care clinics increases in Canada, they would not only increase patient choice, but also take pressure off our public health care system. Most importantly, they would provide more patients with an alternative to spending their final days in pain and suffering. They might even allow some patients to avoid dying while waiting for medically necessary care.

3) Activity-based funding: The Montreal Economic Institute, Fraser Institute and many other health care observers in Canada have, for years, recommended reforming the way hospitals are funded in order to incentivize better results for patients.

“Activity-based funding” is a tool they have recommended as a possible solution.

Currently, hospitals in Canada are funded through a method that is commonly referred to as “global budgeting.” This approach sees hospitals provided with a large envelope of funding each year along with an expectation to do their best with providing the care patients require.

Activity-based funding turns this approach on its head.

The model compensates hospitals based on services provided to patients. This means that patients are no longer thought of as people “to have to help” but rather as customers that should be welcomed as they represent additional funding for the hospital. Thus, this approach incentivizes output as every patient that receives a procedure/surgery, results in more funding for the hospital.

Not only does activity-based funding incentivize output and customer service, but it also helps hospitals focus on patient care rather than some of the distractions that hospitals sometimes pursue. For example, the Windsor Regional Hospital has operated a money-losing Tim Hortons franchise for over a decade.¹¹ Under an activity-based funding model, the hospital would have more of an incentive to focus on providing surgery for patients rather than continuing to subsidize double doubles.

A 2021 Fraser Institute report notes: “nearly all of the world’s developed nations with universal-access health-care systems have moved away over the last three decades from global budgets towards at least partially having money follow patients for hospital care.”¹²

Considering Canada would be a slow adopter of activity-based funding, one benefit is that our country could learn from mistakes other nations made when they implemented this model decades ago.

About the author

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