POLICY BRIEF:
Died on a Waiting List

Colin Craig | December 2022 Edition

Executive Summary

Media in Canada have reported on many cases of patients dying while waiting for the government to provide surgery. Governments have also made headlines for long waiting periods for diagnostic scans to diagnose potentially deadly health problems.

These stories inspired SecondStreet.org to begin gathering government data on the sad reality that, all too often, patients die while waiting for care in Canada. Since 2019, SecondStreet.org has filed freedom of information requests with hospitals, health regions and provincial health bodies across Canada to gather data on surgeries and procedures that were cancelled due to the patient having passed away. SecondStreet.org publishes the findings of this research in annual *Died on a Waiting List* reports.

The data shows thousands of patients die each year while waiting for health services that could have either improved their quality of life in their final years (e.g. hip operations) or potentially even saved their lives (e.g. heart operations). Overall, totals reported by SecondStreet.org are significantly underreported as many government bodies simply do not track this information.

Photo credit: Akram Huseyn

Highlights from this year's research include:

- At least 13,581 patients died while waiting for surgeries, procedures and diagnostic scans in 2021-22. This year's total is up from last year's total of 11,581. The cases include a wide array of services – everything from hip operations and heart surgery to CT and MRI scans.
- Before dying on a waiting list, patients had waited anywhere from less than a month to over eight years. For most health bodies, the number of patients who died waiting for a diagnostic scan was significantly higher than the number of patients who died while waiting for surgery.
- Surgical waiting list deaths are up 24% among health bodies that have provided data since 2018-19.
- Since April 2018, SecondStreet.org has identified a total of 41,144 cases where patients died while waiting for surgery and health procedures from the government.
- Nova Scotia provides the most comprehensive data each year. They were able to note that of the 352 patients who died while waiting for surgery this past year, 28 were waiting for surgeries that could have potentially saved their lives. "Just over sixty percent [of those patients]" had waited longer than the recommended wait time.
- Alberta no longer collects data related to this problem and Saskatchewan did not provide data in time. However, we obtained some data from Newfoundland for the first time. Only partial information was provided by health bodies in B.C., Manitoba and Quebec.

It is not possible to calculate how many of the 13,581 patient deaths in 2021-22 occurred while waiting for surgeries which could have potentially saved their lives. This is due to the fact that not every health region provided a breakdown of their figures by surgical type. Evidence from health bodies that did provide complete data, however, suggests that most patients died while waiting for surgeries and procedures that would

have improved their quality of life (e.g. hip surgery) rather than saved it.

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

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.). At the very least, there is much room for improvement when it comes to tracking this problem. If more provinces copied Nova Scotia's lead, researchers and policymakers would know more about waiting list deaths in Canada – and how to prevent them.

Second, Canada could maintain our government health care system, but allow private clinics (for profit and non-profit) to provide the same services and charge the public on a fee-for-service or insurance 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, provincial governments could reduce waiting lists by copying an EU policy called the cross border directive. In short, this policy would allow patients to pay for surgery in other jurisdictions and be reimbursed by their home governments for the cost. Reimbursements cover up to the same amount the government would have spent to provide the service to the patient locally.

Fourth, 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 or other services; or
- Leave the country

Private health care options are routinely 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 Quebec, where private clinics provide many diagnostic scans and elective surgical procedures. This difference is due to the 2005 Supreme Court ruling *Chaoulli v Quebec*. Justice Beverley McLachlin famously concluded "*Access to a waiting list is not access to health care*."

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, buying equipment, etc. – we see less enthusiasm from officials when it comes to disclosing information on tragedies in the system.

Far too often, it is only the media or other 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 in 2021. The retired nurse from Port Perry, Ontario has lost two daughters due to excessive waiting periods in the health care system. In both cases, the government called to schedule her daughters' surgeries after they had passed away.[4]

Patients can also die from not receiving diagnostic scans in time. Joan Hama, a patient from Kelowna, B.C., described to SecondStreet.org how she almost lost her life due to a long wait for a colonoscopy. While waiting for care, Joan's bowel ruptured and she was resuscitated several times at a local hospital. Her family was even present to say their goodbyes.[5]

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."[6]

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. Governments also do not proactively release qualitative summaries indicating important information, such as: the number of patients that died the previous year 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."[7] In Manitoba, the government discloses names of restaurants and businesses when they break public health rules. For instance, in 2019, they noted the Wood Fired Pizza restaurant in Brandon was shut down for *"Extensively remodel[ing] a food handling establishment without first registering."*

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 ground-breaking 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.[8]

SecondStreet.org's second *Died on a Waiting List* report was released in June 2021 and built upon the first report. The second report identified 2,256 surgical waiting list deaths during 2019-20 and 6,202 deaths while patients waited for diagnostic scans.[9]

The surgeries in question in these two reports ranged from potentially life-saving operations (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 upon those two reports as well as our 2020-21 report.

Methodology and Interpreting the Results

Beginning in May 2022, SecondStreet.org filed multiple Freedom of Information requests with over 30 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 2021-22 fiscal year (April 1, 2021 – March 31 2022) 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 2021-22. 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)*

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 informed SecondStreet.org that the cause for cancelling a procedure isn't always tracked for all procedures, and may not be recorded by all staff. Alberta Health shared this caution when SecondStreet.org began working on this initiative back in 2019.

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 deaths while waiting for surgery, diagnostic scans and appointments with specialists can generally be classified into two groups:

First, cases whereby a patient may have died *because* of a long waiting period 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. The Nova Scotia Health Authority provides the most insightful data in the country when it comes to this category. Their most recent response to our query noted there were 352 total waiting list deaths, but only 28 were cases where patients were waiting for procedures which could have potentially saved their lives. The government noted:

> "Twenty-eight (8%) of all deaths on the waiting list involved procedures where delays in treatment might reasonably be implicated causally. Among these are bowel resections; cancer resections and coronary artery bypass surgery. Among these, just over sixty percent were waiting beyond the recommended wait times for the procedure in question."

However, despite providing the most insightful data in Canada, Nova Scotia did not clearly indicate how many patient deaths were due to long waiting periods. The government noted some patients may have been "inappropriately" left on the waiting list even though a patient decided not to proceed with surgery. Ideally, governments should be able to note definitively how many patients died each year due to long waiting periods. Doing so would allow governments to identify problem areas and take action to prevent future deaths.

Hamilton Health Sciences' response from 2020 provided some additional insight into 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.[10] (Note: Private clinics were allowed to help patients with such needs at the time.)

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 died in a motor vehicle accident.

All of the ambiguity surrounding waiting list deaths and suffering could be cleared up if governments took more care tracking, analyzing and reporting on these problems in the health care system.

Note: Each health body's response to SecondStreet.org, can be viewed on the news release post for this policy brief at www.secondstreet.org.

Research Findings

As noted, many health bodies in Canada previously informed SecondStreet.org that they do not track the reasons for surgical cancellations. This includes, almost all health regions in Quebec, New Brunswick, Newfoundland and Labrador, two major health regions in British Columbia, the Winnipeg Regional Health Authority and several hospitals in Ontario.

Furthermore, we have learned of several anecdotal examples whereby a government health care body does not learn that a patient has died until administrators call to schedule a surgery or appointment. Considering the tremendous backlog in the health care system, it is likely that governments will not learn that some patients died until 2022-23 – or whenever they finally call to schedule the medical appointments.

For those reasons, the findings in this report are underreported.

In terms of data that health bodies were able to provide SecondStreet.org, the following table summarizes the figures provided to SecondStreet.org:

Table 1

Patient Deaths While Waiting for Surgeries and Diagnostic Scans (2021-22)

Jurisdiction	Surgery	Diagnostic Scan	Total
BC – Interior Health	224	1,009	1,233
BC – Fraser Health	327	1,188	1,515
AB – Alberta Health Services*	–	–	–
SK – Ministry of Health*	–	–	–
MB – Prairie Mountain Health	48	–	48
MB – Winnipeg RHA*	–	–	–
ON – Ontario Health	1,417	7,397	8,814
QC – Quebec City (Capital Nationale)	569	209	778
NB – Department of Health	59	–	59
NS – NS Health Authority**	352	205	557
PEI – Health PEI	27	–	27
NL – Eastern Health	171	379	550
TOTAL	**3,194**	**10,387**	**13,581**

**No data provided this year*
***Diagnostic scan or appointment with specialist*

The quality of data provided by health bodies varies greatly. As previously noted, Nova Scotia continues to be a leader when it comes to tracking data related to patients dying while waiting for surgery.

While the quality of Nova Scotia's data was positive overall, many of the stories behind the numbers are likely tragic. The government's data suggests that some patients may have died in the province due to long waiting periods for potentially life-saving surgery.

Furthermore, the Nova Scotia data shows over 100 patients died after waiting more than a year for surgery. In one case, a patient decided in 2012 to proceed with a hemorrhoidectomy, but died in 2021 after a more than eight-year wait. In another case, a patient decided to proceed with angioplasty, an important heart operation, in 2018, but died in 2021 – nearly three years later.

The Nova Scotia government was able to provide data showing 205 patients died while waiting to see a specialist or receive a diagnostic scan.

London Health Sciences Centre provided data showing 11 cases whereby patients died waiting for cardiac care. The health body only had information on the maximum recommended wait time for two cases where the patient agreed to proceed with surgery. Of the two cases, one died after waiting 26 days longer than the government's recommended time period.

In Newfoundland and Labrador, SecondStreet.org obtained data showing 550 patients passed away while waiting for surgery or a diagnostic scan. For mammograms, the data showed 20 patients passed away while waiting for the diagnostic scan; 19 of those patients waited longer than the government's 60-day target. One patient's scan was scheduled two years after she was added to the waiting list.

While the Alberta government has provided data the past three years, SecondStreet.org was informed this year that "Alberta Health no longer tracks the information." This is a step backwards when it comes to learning more about patient deaths in the health care system.

B.C.'s Interior Health Authority provided little in the way of data. However, they did note that of the 224 patients who died on their surgical waiting list in 2021-22, approximately 46% were waiting longer than the benchmark time. This is an improvement on 2020-21 (58%).

On the other end of the spectrum, The Ottawa Hospital indicated they would only be able to provide the total number of deaths (no relevant details), arguing that additional information would violate patients' privacy rights and that they did not have time to respond more thoroughly to our request. Readers should note that other Ontario hospitals, which fall under the same privacy legislation, had no problem sharing additional details.

Ontario Health, which oversees millions of patients, also only provided totals on patient deaths while waiting for surgery, CT scans and MRI scans. They too refused to provide additional details arguing the same claim – that providing additional details could compromise patient identities. Again, this argument does not stand the test of reason as other health bodies which cover far fewer patients – including in Ontario – were able to provide the information requested. If any health body in Canada could provide additional details without compromising patient identities, it would be Ontario Health.

Not having adequate data on the types of procedures patients were waiting for when they died prevents a comprehensive examination into cases where long waiting lists may have contributed to patient deaths. However, in cases where the data is available, it appears the majority of deaths occurred during waits for procedures that would have merely improved a patient's quality of life (e.g. hip operation).

Readers will note that responses from individual hospitals in Ontario were not included in the table above. This is because Ontario Health maintains a centralized tracking system and could not confirm if figures provided by individual Ontario hospitals would overlap with its province-wide figures. To avoid duplication, SecondStreet.org did not include data provided by individual Ontario hospitals in the table above. The details provided by individual hospitals are listed in the table below for information purposes.

As you can see in Table 2, some data is missing, making a comparison of yearly totals imprecise. However, this can be mitigated by merely comparing the total for hospitals which did provide waiting list death data throughout the four-year period. Doing so shows an increase in total deaths each year, rising from 200 waiting list deaths in 2018-19 to 323 waiting list deaths in 2021-22.

Table 2

Patient Deaths While Waiting for Surgery at Ontario Hospitals (2021-22)

Jurisdiction	2021/22	2020/21	2019/20	2018/19
Hospital for Sick Children	10	8	10	7
Guelph General Hospital	16	18	19	8
Trillium Health Partners	–	62	28	33
Queensway Carleton Hospital	9	3	5	6
Sinai Health	2	6	3	5
Southlake Regional Health Ctr	–	31	41	60
Mackenzie Health	23	19	5	12
Scarborough Health Network	24	31	21	12
London Health Sciences	43	41	51	9
Hamilton Health Sciences	48	48	41	78
The Ottawa Hospital	125	73	38	26
Thunder Bay Regional HSC	46	45	27	49
Lakeridge Health (Oshawa)	50	29	41	–
Markham-Stouffville Hospital	8	4	4	–
Hôpital Montfort	35	9	10	–
Halton Health Care	13	7	10	–
Niagara Health Systems	77	32	37	–
Total	**529**	**466**	**391**	**305**
Total for hospitals with four years of data	**323**	**273**	**215**	**200**

Growth in Waiting List Deaths Nation-Wide

Since SecondStreet.org began investigating waiting list deaths, the scope of this research and the number of sources have grown. While SecondStreet.org's first report only examined data pertaining to patients dying while waiting for surgery, the second report included diagnostic scans and limited data on patients dying while waiting for appointments with specialists. The second report also began including information from Ontario Health, the largest source of medical data in Canada.

However, if we strictly examine national surgical waiting list data from sources with information for the past four fiscal years, we see an increase in the number of patients who died while waiting for care. According to the data, five of six health bodies saw an increase in patients who died while waiting for surgery.

Table 3

Surgical Waiting List Deaths (2018-19 to 2021-22)

Jurisdiction	2021/ 2022	2020/ 2021	2019/ 2020	2018/ 2019
BC – Interior Health	224	206	149	175
BC – Fraser Health	327	321	307	277
MB – Prairie Mountain Health	48	24	33	27
NS – Nova Scotia Health Authority	352	367	424	398
ON – Ontario Health	1,417	1,096	986	1,039
PE – Health PEI	27	7	18	16
TOTAL	2,395	2,021	1,917	1,932

Overall, the six health bodies saw a 24% increase in waiting list deaths. COVID-19 has likely exacerbated the problem, but data suggests that waiting list deaths were on the rise prior to the arrival of the pandemic. Note that data from Ontario Health shows a 323% increase in patients dying while waiting for CT scans between 2015-16 and 2018-19. This period is entirely prior to COVID. During the same period, MRI scan waiting list deaths grew 243%.

Table 4

Waiting List Deaths – Ontario Health (2015-16 to 2021-22)

	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17	2015/16
Surgeries	1,417	1,096	986	1,039	1,138	1,045	940
CT Scan	5,404	4,624	3,924	3,991	3,346	2,838	944
MRI Scan	1,993	1,867	1,610	1,363	1,171	1,058	397
Total	8,814	7,587	6,520	6,393	5,655	4,941	2,281

A 2019 story from the CBC illustrates why it is important to not only track surgical waiting list deaths, but also deaths while waiting for diagnostic scans. 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.[11] 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 to discuss a possible next step: surgery.

Policy Options

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

1) Waiting List Incident Reports: Governments could improve how they track and disclose 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 patient was referred to a specialist;
- The date the patient met with a specialist;
- The date the decision was made to proceed with treatment;
- The scheduled date for surgery (if scheduled)
- How long a patient waited for diagnostic testing during their journey (MRI, CT, PET, etc.);
- How long a patient waited from the time they were referred to a specialist until they received surgery (or when they passed away if they died on a waiting list);
- Consequences from waiting (e.g., death, health complications from relying on painkillers for too long, depression, mobility loss in other limbs, etc.); and
- Any corrective measures implemented by the health body to rectify the problem.

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.

Such reports could also include the macro data – how many waiting list deaths occurred in the province during the year. This would especially help policymakers identify and correct problem areas.

A 2021 poll commissioned by SecondStreet.org shows that 79% of Canadians think governments should carefully track and disclose data on how long patients wait for care, how that compares with maximum recommended waiting periods and the eventual patient outcome – including situations whereby patients die while waiting.[12] A 2022 poll commissioned by SecondStreet.org found 66% of Canadians believe governments should have to go further – not only track waiting list deaths, but hold a press conference each year and announce the number of patients that died due to long waiting lists.[13]

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 keep the public health care system, but allow non-government clinics in Canada to provide the same procedures.

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.

Countries with higher-performing universal health care systems than Canada allow patients a choice between public and private health care services. The aforementioned 2022 poll commissioned by SecondStreet.org shows that a majority (51%) of Canadians "strongly support" or "somewhat support" this option while only 38% responded with "somewhat oppose" or "strongly oppose".[14]

3) Copy the EU's Cross Border Directive:
According to public opinion research procured by SecondStreet.org, 72% of Canadians support copying a European Union (EU) policy called the "cross border directive." This policy gives EU patients the right to travel to other EU countries for health care, pay for the procedure, and then be reimbursed by their home government. Reimbursements cover up to the amount their government would have spent to provide the surgery locally.

This policy could immediately help provincial governments in Canada reduce waiting list backlogs in Canada as some patients would decide to travel outside the province for health care instead of depending on local health care. Not only would this benefit patients who decide to travel for health care, it would also benefit those who remain in Canada. This is due to the fact that patients remaining in Canada for health care would move up a spot in the waiting list each time someone ahead of them chose to travel for health care.

Provincial governments would need to determine which health facilities patients would be allowed to travel to for health care and receive reimbursements. A simple solution in the short-term would be to approve all health facilities in the United States and Europe. A more thorough review could determine how to approve quality providers in other countries. (See SecondStreet.org's policy brief on this policy for more information.)

4) Activity-based funding: The Montreal Economic Institute, Fraser Institute and many other organizations which research health care 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. This model sees hospitals funded based on services provided to patients instead of annual cheques to cover almost everything (global budgets). 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.[15] 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 that: "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."[16]

Considering Canada would be a late 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.

Conclusion

Governments do not like to discuss it – or even to report the details publicly – but Canadian patients continue to suffer on waiting lists each year; thousands even die while waiting for care.

The government data gathered for this policy brief suggests this is a growing problem, as well as one that predates COVID-19. However, the pandemic has exacerbated the problem and, without reform, the suffering of patients will be a major problem for years to come. Fortunately, many health reform options are available for policy makers to consider that could immediately improve health outcomes for patients without requiring significant government funding.

About the Author

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