

POLICY BRIEF:

Canadians Overwhelmingly Support Reimbursements for Surgery Abroad

Colin Craig | November 2023



Executive Summary

In October 2023, SecondStreet.org hired public opinion firm Leger to ask Canadians about copying a health care policy from the European Union (EU) that could help reduce wait times.

The policy is called the Cross Border Directive and it gives all EU patients the right to travel to another EU country, pay for surgery and then be reimbursed by their home country. Reimbursements cover up to the same amount their home country would have paid to provide surgery locally. The policy is completely optional, helps patients avoid long wait times and provides more choices in terms of the services available.

SecondStreet.org's poll found:

- Canadians overwhelmingly support the idea of their provincial government copying the EU policy (74% agree vs 10% opposed). Support was high across Canada, all age groups, all income levels and both men and women.
- Support was also high for trying the policy out in a limited pilot program before expanding it (73% approve vs 13% opposed).
- Canadians were less enthusiastic about the idea of the governments offering reimbursement rates that are lower than what the government would pay for surgery locally (43% approve vs 35% disapprove).

While the EU policy is not a magic fix for all that ails Canada's health care system, it would take pressure off of the nation's struggling system. Even patients who chose not to travel abroad for care would benefit – each time a patient *does* decide to pursue surgery abroad, everyone behind them in line would move up a spot.



Methodology

The data represented in this report is from a national online survey conducted by Leger of 1,521 Canadian adults between October 20 to October 22, 2023. The respondents to this survey were drawn from Leger's research panel, a representative sample of the broader Canadian population. Were this a probability sample, the margin of error of a survey of this size would be +/- 2.5 %, 19 times out of 20. The numbers have been rounded to the nearest whole number and as a result, may not add up to 100. Please see appendix for polling data.

Findings

In July 2022, SecondStreet.org released an in-depth policy brief that examined the European Union's Cross Border Directive.¹ This was followed up by public opinion research in October 2022 that asked Canadians about the idea of bringing the EU policy to Canada. The SecondStreet.org poll (conducted by Leger) found that 72% of Canadians supported the idea of copying the EU policy. Only 14% opposed the idea while a further 14% didn't know.²

A year later, SecondStreet.org decided to ask Canadians once again about the idea of importing the EU policy. Further, additional questions were included in the poll to probe deeper into Canadians' views on the idea of copying the EU policy.

Q1	
<p><i>In the European Union (EU), patients can avoid long surgical waiting lists by using a government program called the Cross Border Directive. This program allows a patient in one EU country to travel to another EU country, pay for surgery and then be reimbursed by their home country for up to the same amount the government would have paid to provide the surgery at a local hospital. Using this program is completely voluntary. Which statement best represents your view?</i></p>	
74%	Canadian provinces should give patients the same option – allow patients the option of waiting for surgery locally or reimburse them for surgery outside their home province or country.
10%	Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is generally the current practice.
16%	I don't know

As the most recent poll results shows, a slightly higher percentage of Canadians now support the idea of replicating the EU policy. A large majority of Canadians support the policy across the country, including both genders and all income and age groups.

Considering SecondStreet.org research shows approximately one in ten Canadians are currently on a waiting list for surgery, a diagnostic scan or to see a specialist, it's easy to understand how frustrations with the status quo could drive support for this idea to such a high level.³

Fraser Institute research shows that it's not just that many Canadians are waiting for care, wait times are at all-time highs since the organization began tracking this metric thirty years ago. In 1993, the median wait time from referral from a physician to receiving treatment was 9.3 weeks.⁴ As of 2022, wait times had increased to 27.4 weeks – nearly triple their original findings.

Behind these statistics are, of course, countless Canadians who have had to watch their friends, family members and acquaintances suffer on long waiting lists that often exceed a year. In some cases, patients die while waiting for care – care that could, in some cases, save their lives, and in many other cases, improve their quality of life in their final years. SecondStreet.org research shows that at least 14,057 patients died while waiting for surgery or diagnostic scans in 2021-22.⁵

Q2	
<p><i>Would you be supportive of your provincial government trying out this policy of allowing surgeries in different provinces or countries on a limited basis? For example, using this reimbursement model but just for knee surgeries for a six-month period. If the policy worked well, then it could be extended and expanded to include other types of surgeries and procedures.</i></p>	
73%	Yes
13%	No
14%	I don't know

SecondStreet.org sought to determine if Canadians might be more open to the EU policy if it was tried out as a pilot project, rather than a wholesale introduction of the policy across the health care system.

The findings indicate that support for a pilot project approach is nearly identical with embracing the policy as a whole. From coast to coast, all age and income groups and both men and women, Canadians approve of trying out the EU policy on a limited basis.

Q3

Would you be supportive of this policy if the government provided partial reimbursement for surgery abroad instead of reimbursing patients at the same rate that the government pays to provide the surgery locally? For example, if the government would normally spend \$20,000 on hip surgery for a patient in Canada, it would reimburse a patient for half the cost (\$10,000) if they chose to avoid the wait list and went abroad for the procedure.

43%	Yes
35%	No
22%	I don't know

It was interesting to see that support for a reduced level of reimbursement was considerably lower than a full reimbursement rate. Thus, if governments decide to implement the EU policy, a complete reimbursement rate would be more in line with Canadians' views.

To be sure, there are a number of policy considerations for provincial governments that decide to explore adopting the EU policy. These considerations are thoroughly discussed in SecondStreet.org's policy brief on the Cross Border Directive.

One consideration concerns the jurisdictions that patients would be allowed to travel to for surgery. For simplicity, the government could start by allowing patients to submit qualifying surgical expenses from all provinces in Canada and OECD nations. From there, it could determine a process to approve expenses from high-quality health providers that are located in other non-OECD countries.

Complications from surgery are another consideration. Unfortunately, complications can arise when patients receive care in both Canada and abroad. However, it's important to note that the government's own Canadian Institute for Health Information found that Canada actually trails the OECD average in terms of patient safety.

A 2019 press release from CIHI notes:

*"...rates of avoidable complications after surgery, such as lung clots after hip or knee surgery, are 90% higher [in Canada] than the OECD average."*⁶

One final consideration of this policy is that it empowers Canada's less fortunate. Currently, Canadians who are wealthy, as well as middle-class patients with access to capital, often travel abroad for private health care services in order to avoid long waiting lists. Lower-income Canadians are often left behind.

The EU's Cross Border Directive would help address this problem. It would empower lower income Canadians and provide them with access to health care funding to pay for surgery abroad and escape Canada's long waiting lists.

Conclusion

Canada's health care system is in crisis. Copying the EU's Cross Border Directive could help thousands of Canadians immediately get access to the care they need and reduce patient suffering.

The policy won't solve all of Canada's health care problems, but it could help reduce wait times and improve the quality of life for even more patients.

About the Author

Colin Craig is President of SecondStreet.org. He earned an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective and prepare for our nation's aging population. Most recently, Colin authored several chapters for the eBook, *Life After COVID: What's next for Canada?* Over the past two decades, he has contributed to public policy changes at the federal, provincial and municipal levels in Canada.

References

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2. Craig, Colin. "Policy Brief: Poll Shows Canadians Continue to Want Health Reform", October 2022. SecondStreet.org website. <https://secondstreet.org/wp-content/uploads/2022/10/Policy-Brief-%E2%80%93-Canadians-Want-Health-Reform.pdf>
3. *CanadaWaits.ca* accessed October 24, 2023. SecondStreet.org regularly updates this site with waiting list data obtained through Freedom of Information requests nation-wide.
4. Barua, Bacchus and Mackenzie Moir. "Waiting Your Turn: Wait Times for Health Care in Canada, 2022 Report", December 8, 2022. Fraser Institute website. <https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2022>
5. "Updated Figures: Died on a Waiting List". SecondStreet.org news release, March 2, 2023. <https://secondstreet.org/2023/03/02/updated-figures-died-on-a-waiting-list/>
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Report

SecondStreet.org

Health System OMNI

DATE 2023-10-25 PROJECT NUMBER 83192-004





METHODOLOGY

Methodology



An online survey.



1521 Canadians aged 18+.



Completed between 20th and 22nd of October, 2023, using Leger's online panel.



No margin of error can be associated with a non-probability sample (i.e. a web panel in this case).

For comparative purposes, though, a probability sample of 1521 respondents would have a margin of error of $\pm 2.5\%$, 19 times out of 20.

Leger's online panel

Leger's online panel has more than 400,000 members nationally and has a retention rate of 90%.

Quality control

Stringent quality assurance measures allow Leger to achieve the high-quality standards set by the company. As a result, its methods of data collection and storage outperform the norms set by WAPOR (The World Association for Public Opinion Research). These measures are applied at every stage of the project: from data collection to processing, through to analysis. We aim to answer our clients' needs with honesty, total confidentiality, and integrity.

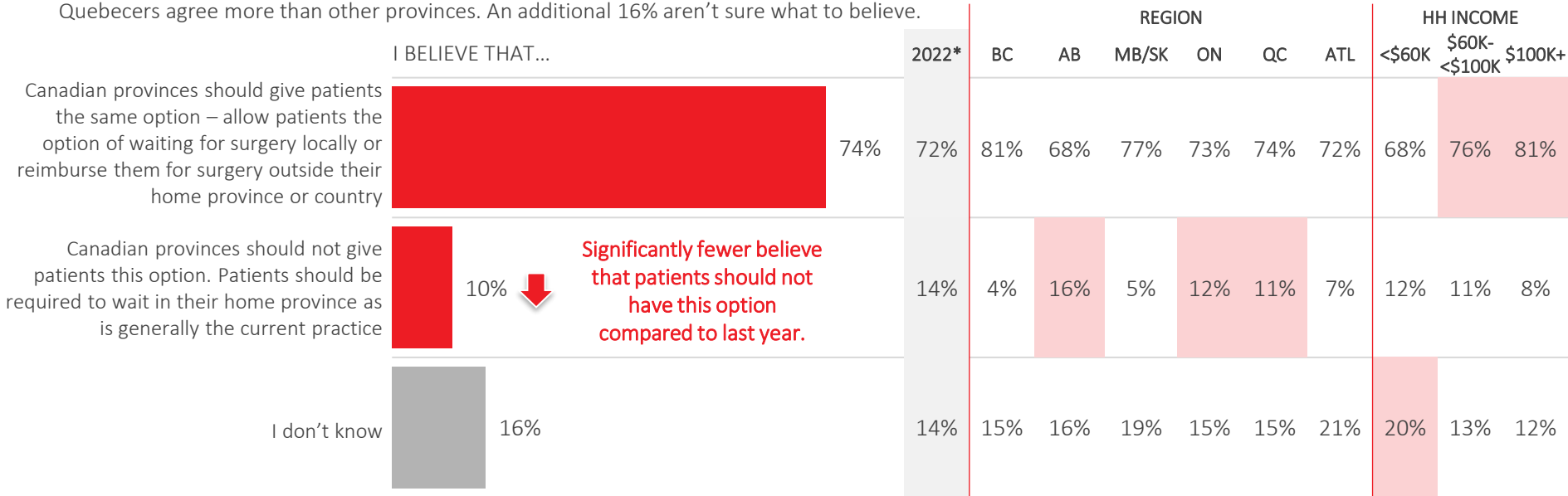
Leger is the largest Canadian-owned market research and analytics company, with more than 600 employees in eight Canadian and US offices. Leger has been working with prestigious clients since 1986.



DETAILED RESULTS

The majority of Canadians agree that provinces should give patients the option of waiting for surgery locally or reimbursing them for out-of-province or -country surgery.

Three-quarters (74%) say, 'Canadian provinces should give patients the same option – allow patients the option of waiting for surgery locally or reimburse them for surgery outside their home province or country', particularly among those with household incomes of \$60K or more (vs. less) and BC residents (compared to those in Alberta or Ontario). Among the 10% who agree with the statement, 'Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is generally the current practice', Albertans, Ontarians, and Quebecers agree more than other provinces. An additional 16% aren't sure what to believe.



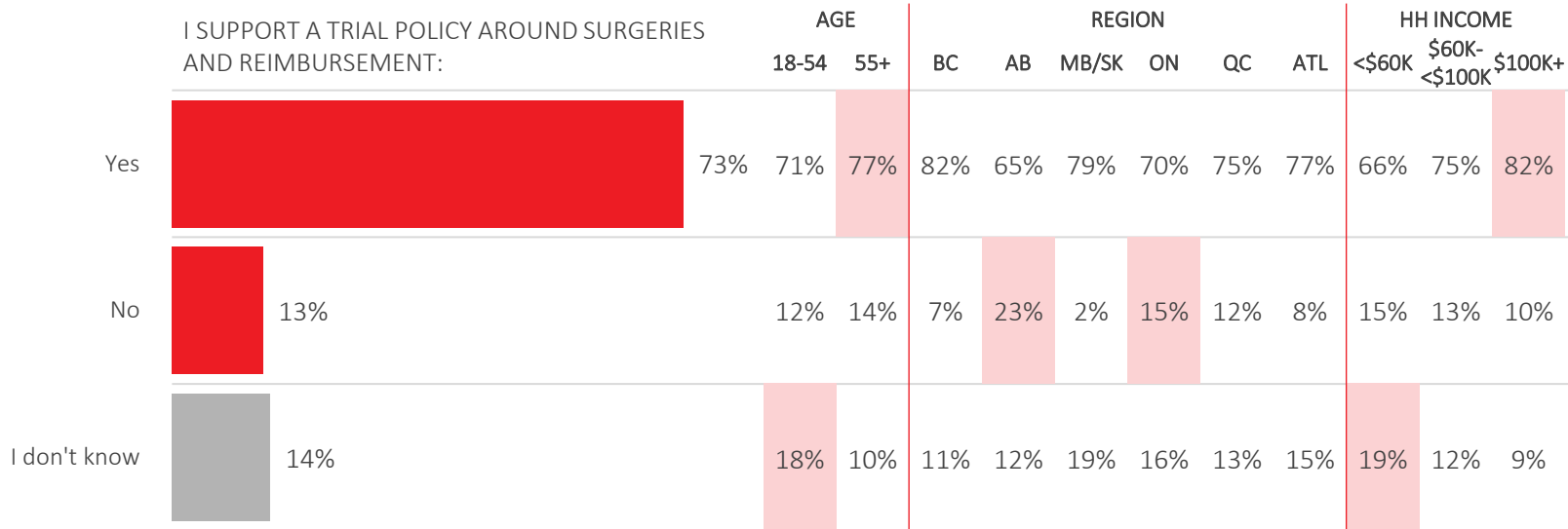
Q1. In the European Union (EU), patients can avoid long surgical waiting lists by using a government program called the Cross Border Directive. This program allows a patient in one EU country to travel to another EU country, pay for surgery and then be reimbursed by their home country for up to the same amount the government would have paid to provide the surgery at a local hospital. Using this program is completely voluntary. Which statement best represents your view regarding implementing this program in Canada?

Base: All respondents (n=1521) | 2022* (n=1534)

Significantly higher.

Three-quarters (73%) would support their provincial government trying out a policy of allowing and reimbursing for surgeries outside of their province on a limited basis.

A policy that would test out a reimbursement model for one common type of surgery over a six-month period that would allow surgeries in different provinces or countries on a limited basis, and that could be extended and expanded over time to include other types of surgeries and procedures would be supported by most Canadians, especially those aged 55+ (vs. 18-54), higher earners (\$100K+), and those in BC and the Prairies compared to those in Alberta or Ontario. Albertans and Ontarians are significantly more likely to be opposed to trying out this type of reimbursement model.

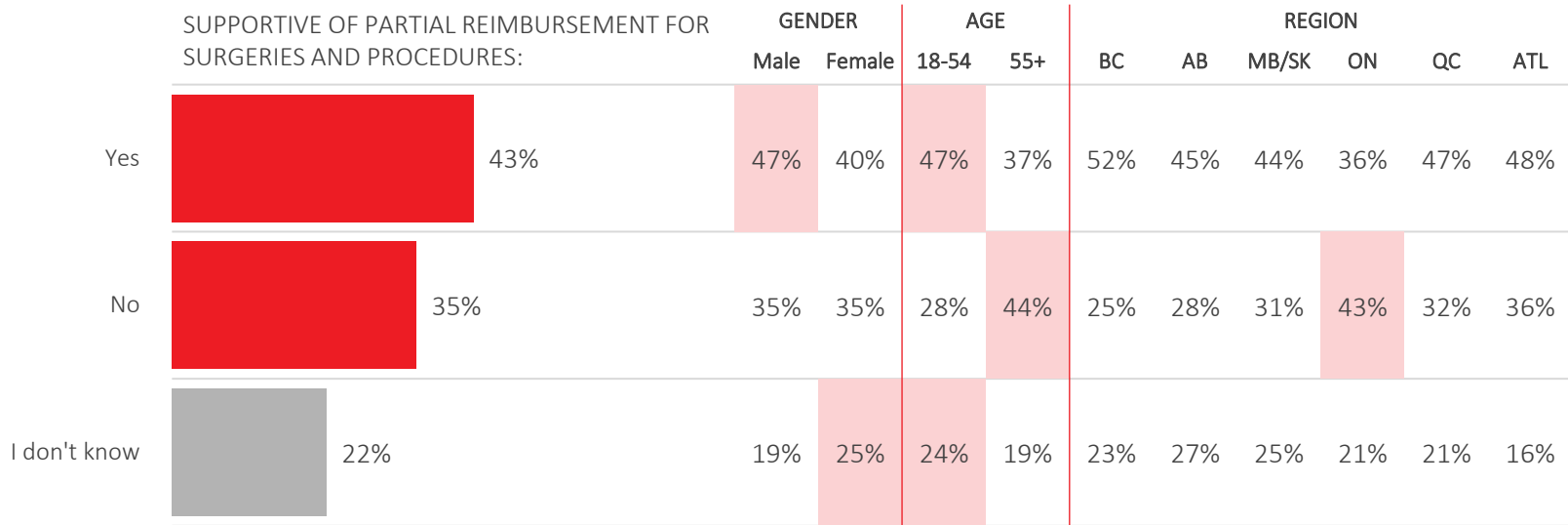


Q2. Would you be supportive of your provincial government trying out this policy of allowing surgeries in different provinces or countries on a limited basis? For example, using this reimbursement model but just for knee surgeries for a six-month period. If the policy worked well, then it could be extended and expanded to include other types of surgeries and procedures. Base: All respondents (n=1521)

Significantly higher.

If Canadians chose to avoid a wait list and have their procedure done in another country, they would be less happy with just a partial reimbursement.

While three-quarters would support policies that allowed Canadian patients to bypass their provincial health system and/or to be fully reimbursed for having a surgery or procedure outside of the country, a policy that was a partial one rather than at the same rate paid to provide the surgery locally, shows agreement dropping to just 43%. Agreement for a partial reimbursement policy is higher among men and younger Canadians (aged 18-54), but those aged 55+ and Ontarians are significantly more likely to say they would not be supportive of this approach.



Q3. Would you be supportive of this policy if the government provided partial reimbursement for surgery abroad instead of reimbursing patients at the same rate that the government pays to provide the surgery locally? For example, if the government would normally spend \$20,000 on hip surgery for a patient in Canada, it would reimburse a patient for half the cost (\$10,000) if they chose to avoid the wait list and went abroad for the procedure.

Base: All respondents (n=1521)

Significantly higher.



TEAM

The Central Canada Communications And Public Affairs Team:



Lisa Covens, CAIP
Senior Vice-President
Communications and Public Affairs

lcovens@leger360.com



Ashley Simac
Associate Vice-President
Communications and Public Affairs

asimac@leger360.com



Kathleen Theriault, CAIP
Research Analyst
Communications and Public Affairs

ktheriault@leger360.com

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