

Notes

Part I

Chapter 1

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The other determinants of health include biology, the environment, and lifestyle. Excellent research on the relationships among all these influences on the health of Canadians is being done by the Canadian Institute for Advanced Research. See Robert G. Evans and Greg L. Stoddart (1990), *Producing Health, Consuming Health Care*, Population Health Working Paper No. 6, Canadian Institute for Advanced Research, Toronto. This research reinforces the consensus that further increases in health care expenditures do not translate into commensurate improvements in the health of the population.

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Part II

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- 19 Essex County, *op. cit.*, p. 162
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- 1 Contandriopoulos et al. (1993), "Regulatory Mechanisms in the Health Care Systems in Canada and Other Industrialized Countries: Description and Assessment," Queen's-University of Ottawa Economic Projects, Working Paper 93-01, University of Ottawa, Ottawa, p. 123.
- 2 *Ibid.*, p. 139.
- 3 *Ibid.*, p. 140.
- 4 *Ibid.*, p. 135.
- 5 *Ibid.*, p. 139.
- 6 World Health Organization (1991), *Organization and Financing of Health Care Reform in Countries of Central and Eastern Europe*, Report of a meeting, Geneva, WHO Task Force on Health Development for Countries of Central and Eastern Europe, Geneva, 22-26 April, pp. 16-17.
- 7 Contandriopoulos et al., *op. cit.*, p. 20.
- 8 OECD (1992), *The Reform of Health Care: A Comparative Analysis of Seven OECD Countries*, Health Policy Studies No. 2, OECD, Paris, p. 140.
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- 10 Donald L. Patrick and Pennifer Erickson (1993), *Health Status and Health Policy: Quality of Life in Health Care Evaluation and Resource Allocation*, Oxford University Press, New York, p. 375.
- 11 Health and Welfare Canada (1992), *OECD Health Care Reform Project, National Paper-Canada*, paper prepared for Ministers of Health and Finance Meeting, June 17-18, p. 22.
- 12 Bohumir Pazderka (1993), "Managing the Funder-Provider Interface in Canada's Health Care System," Queen's-University of Ottawa Economic Projects, Working Paper No. 93-02, University of Ottawa, Ottawa.
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19 *Ibid.*, p. 149.

20 Pazderka, *op. cit.*, p. 41

21 *Ibid.*, pp. 149-50

Ibid., p. 150.

23 *Ibid.*

24 Pazderka, *op. cit.*, p. 80.

25 *Ibid.*, p. 133

26 *Ibid.*, p. 38.

27 *Ibid.*, p. 37.

28 *Ibid.*

29 WHO, *op. cit.*, p. 33

30 When governments exercise their inherent monopsony power, overall health care expenditures – especially those in the public sector – are much more effectively controlled. For instance, for the past three years in Canada, health care costs have remained at a relatively constant 10 percent of GDP.

Part III

Chapter 7

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- 9 *Ibid.*, p. 7. The reader should note that costs of hospital stays are usually considered as "costs per day," while in home care they are usually calculated as "costs per episode." See also chapter 8.
- 10 *Ibid.*

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- 8 *Ibid.*, p. 15.
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- 5 OECD (1987), *op. cit.*
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Part IV

Chapter 11

- 1 For discussions of competition among providers (which is occurring in the United Kingdom, the Netherlands, and Germany), see L. Soderstrom and A. Blomqvist in Blomqvist, Ake and David M. Brown (eds) (1994), *Limits to Care: Reforming Canada's Health System in an Age of Restraint*, C.D. Howe Institute, Toronto. However, no evidence exists as to whether or not these alternative regulatory frameworks are effective. Without such evidence, different regulatory paradigms must be considered cautiously, i.e., because of the potential that adverse incentives might conflict with the original policy objectives with regard to better macromanagement and equity.
- 2 The foundation for such data exists in the national Management Information System (MIS) at the Canadian Institute for Health Information, which is operating in a number of hospitals. In mixed-market regimes, pressures from providers tend to increase the requirement to fully implement the MIS in every hospital. The need to compete for resources at the regional level in the United Kingdom has provided

significant incentives to develop such hospital information systems. In Canada's emerging decentralization models, such information is no less essential if resources are to be allocated efficiently, equitably and effectively.

List of Tables, Charts, and Figures

Tables

7-	Number of Operating Hospitals by Type and Approved Bed Complement, Canada, 1990-91	82
7-2	Number and Cost of Various Surgical Procedures by Venue (Inpatient and Outpatient), Canada, Edmonton, Alberta, 1992/93	85
9-	Growth Rate of Population and Selected Health Personnel, Canada, 1981-91	99

Charts

2-1	Total Health Care Expenditures as a Percentage of Gross Domestic Product (GDP), Canada, 1960-93	8
2-2	Distribution of Total Health Expenditures by Major Category, Canada, Selected Years, 1960-93	9
2-3A	Health Care Expenditures as a Percent of GDP in Selected OECD Countries, 1960-91	10
2-3B	Sensitivity Ratios, Selected OECD Countries, 1960-70, 1970-80, and 1980-90	10
2-4	The Public Share of Total Health Expenditures, 1960-91	
2-5	Proportion of Financing That Is Patients' Responsibility, by Major Sector, Selected OECD Countries, 1991	11
2-6	Per Capita Established Programs Financing Transfers, Fiscal Years 1980/81-92/93	14
2-7	The Hall Commission's Projections Of and the Actual Population, Number of Physicians, and Number of Hospital Beds, Canada, 1966-91	16
4-1	Health Care Prices and Other Prices, Canada, 1961-91	28
4-2	Change in Prices and Costs of Health Care, Canada, 1960-88/89	28
4-3	Distribution of Health Care Expenditures by Major Sector, Canada, 1960-93	29
4-4	Change in Hospital Admissions Attributable to the Aging of the Population and Other Factors, Canada, 1961/62-88/89	31
4-5	Growth of Wage Rates and Price Indexes of Various Hospital Inpatient Services, Canada, 1961-90	32
4-6	Intensity of Nursing Services for Hospital Inpatients, Canada, 1961, 1979/80, and 1988/89	34

4-7	Change in Hospital Expenditures, by Type of Cost, Canada, 1961-89/90	35
4-8	Number of Hospital Patients per \$1 Million Hospital Expenditure, Canada, 1961-89	37
4-9	Contribution of Cost per Service and Service Intensity to Changes in Physician Costs Per Capita, 1979/80-1989/90	38
4-10	Contribution of Wage Rates, Prices, and Service Intensity to the Changes in Costs of Residential Care Facilities, Canada, 1979/80 to 1989/90	39
4-11	Factors Contributing to the Growth of Health Care Expenditures, by Type of Cost and Health Care Sector, Canada, 1980-90	41
4-12	Survivors Out of 100,000 Born Alive, by Age and Sex, Canada, 1971, 1981, and 1991	44
4-13	Variations in Per Capita Health Care Expenditures, Canada and Selected Provinces, by Health Care Sector, 1989/90	45
4-14	Contributions of Various External and Health-Care-Specific Factors to Provincial Variations in Per Capita Health Care Expenditures, Selected Provinces, Canada, 1989/90	46
4-15	Contributions of the Health Sectors to Variations in Per Capita Health Care Expenditures in Selected Provinces, by Type of Expenditure, Canada, 1989/90	48
4-16	Contributions of Various Health-Care-Specific Factors to Differences in Per Patient Costs in Residential Care Facilities in Selected Provinces, 1989/90	49
5-1	Bed and Length of Stay Reduction of 20 Percent	54
5-2	Substitute Continuing Care for Acute Inpatient Care	55
5-3	Reduce Rate Variation; Substitute Same-Day for Inpatient Surgery	57
5-4	Facility Substitution and De-institutionalization	58
5-5	Three Types of Downsizing Strategies	60
6-1	International Rankings of Cost Control Performance in the 1980s	71
6-2A	Life Expectancy at Birth, Selected OECD Countries, 1970 and 1990	72
6-2B	Infant Mortality Rate, Selected OECD Countries, 1970 and 1990	72
7-1	Annual Growth in Hospital Expenditures, Canada, 1961-89/90	83
7-2	Costs Per Episode of Care, by Medical and Surgical Categories, Canada and Edmonton, Alberta, 1992/93	84
8-1	The Age Distribution of Users of Residential Care Facilities in Canada, 1990-91	91
8-2	The Age and Sex Distributions of Users of Continuing-Care Services in British Columbia, 1991-92	92
9-1A	Ratio of Physicians' and Nurses' Earnings to Average Economy-Wide Earnings, Selected OECD Countries, 1991	101

List of Tables, Charts and Figures

9-1B	Ratio of Canadian Physicians' and Nurses' Incomes to Those of Selected OECD Countries, 1991	
9-2	Ratio of Physicians' Earnings to Nurses' Earnings, Selected OECD Countries, 1991	103
10-1	Determinants of Increases in Drug Costs, British Columbia, 1981/82-88/89	
10-2	Lorenz Curves of Expenditures in British Columbia, 1988-89, and Ontario, 1990-91	107
10-3	Drug Exposures by Drug Category and Number of Prescribing Physicians, British Columbia, 1988-89	108
10-4	Some Characteristics of Six Provincial Drug Plans, Canada	110
11-1	Potential Cost Reductions	116

Figures

1-1	A Framework for the Cost-Effectiveness of Health Care	3
1-2	Commissioned Studies for the Cost-Effectiveness of the Health Care System Project	4
3-1	Health Care System Pressures	19
6-1	Health Care System Modes of Regulation	68
8-1	The Origins and Current Status of the Continuing-Care System, Canada	89
8-2A	Core Elements of the Existing Continuing-Care System, Canada	90
8-2B	Possible Additional Services in the Continuing-Care System	90
9-1	Health Personnel in Canada	99

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