10 big problems in Canadian Healthcare
Funding has not kept up with population growth & aging.
Population of Ontario

- 1970: 7.8M
  - Median age: 27
  - % over 65: 8.3%

- 2020: 15.1M
  - Median age: 40
  - % over 65: 18.4%
Ontario Health Care Budget

1975: $3.14B
2023: $81.6B
Budget increased by 25x!
Ontario Health Care Budget

1975: $378/person

2023: $5370/person

Budget increased by 25x?

Budget increased by 13x!
Per-capita Healthcare Spending

**Ontario Health Care Budget**

- **1975:** $378/person
- **2023:** $5370/person
- **2023 (in 1975$):** $980/person

Budget increased by 25x?
Budget increased by 13x?
Budget increased by 1.6x
Ontario Health Care Budget

- **1975:** $378/person
- **2023:** $5370/person

Budget increased by 25x?

Budget increased by 13x?

Budget increased by 1.6x

Per-capita Healthcare Spending

- **1975:** $378/person
- **2023 (in 1975$):** $980/person
Ontario Health Care Budget

Budget increased by 25x?

Budget increased by 13x?

From 1975: Budget increased by 160%
From 1991: Budget increased by 60%

Per-capita Healthcare Spending

1975: $378/person
1991: $603/person
2023: $5370/person
2023 (in 1975$): $980/person
Per-capita Healthcare Spending

1975: $378/person
1991: $603/person
2023: $5370/person

2023 (in 1975$): $980/person

From 1975: Budget increased by 160%
From 1991: Budget increased by 60%
From 1991: Budget increased by 26% → 0.7% per year

Standardized to 1991 population
% change in budget compared to 2009

Standardized to 2019 population distribution
Hospitals are operating over capacity.
Ontario’s major hospitals operating over capacity, documents reveal

At Toronto’s Hospital for Sick Children (SickKids), for example, during one quarter in 2013-14 and one in 2014-15, the occupancy rate was above 100 per cent; at the London Health Sciences Centre – University Hospital site, there were 10 consecutive quarters where the occupancy rate exceeded 100 per cent.

**Ontario Hospitals: Lowest per capita in Canada**

- Funding
- Acute care beds
- Rate of in-patient hospitalization

& Lowest average length of stay in Canada
Surge in patients forces Ontario hospitals to put beds in ‘unconventional spaces’

By Theresa Boyle Health Reporter

It was bigger than in years past and caught many by surprise. Patient capacity at about half of Ontario’s 145 hospital corporations exceeded 100 per cent and reached as high as 130 per cent, according to figures requested by the Star from the Ontario Hospital Association (OHA).

To accommodate the overflow, hospitals have been forced to open at least 1,100 “unfunded beds,” more than 250 of them in unconventional spaces, according to the OHA. The organization said these are conservative estimates because not all hospitals participated in a survey on capacity.

An unfunded bed is one that a hospital did not budget for and therefore did not receive provincial funding to operate. To cover the cost, a hospital must dip into funds raised for capital projects, equipment and research through, for example, fees on parking, private rooms and food vendors.
Average annual hospital occupancy and average daily number of hallway patients, by fiscal year

Note: 2022-23 Q1 is for April to July of 2022. “Hallway patients” refers to hospital patients who received care in hallways or other unconventional spaces. Source: FAO analysis of information provided by the Ministry of Health.
Total hospital beds & Beds per 1000 Ontarians

- Hospital beds (Acute + MH + Rehab)
- Projected
- Covid-19 Surge
- Hospital beds per 1000 population
- Hospital beds per 114 people over 65

Growth in elderly Ontarians has exceeded growth in the number of hospital beds:

2.6% growth
56% growth
Three.

Insufficient long-term care capacity.
LTC beds per 1000 Ontarians 75+

- Actuals
- Projected

# beds: 78,000 80,000 90,000 105,000
Median Wait Time for Long-term Care

- **Community & Homecare and Other (200 days)**
- **Overall**
- **From Hospital (72 days)**

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<td>2022</td>
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Shortage of LTC beds causes patients to stay in hospital
Four.

Insufficient home-care capacity.
80% of care at home is provided by family
Avg: 17-26h/week ~4 years

2019:
Over 150,000 people purchased approx. 20 million homecare visits
~2.6 h/week
Insufficient capacity at all stages in the continuum of care
High rates of unmet need for homecare
Number of people >65 years receiving homecare

- 2019: 410,300
- 2020: ~420,000
- 2021: ~430,000
- 2022: ~440,000
- 2023: ~450,000
- 2024: ~460,000

% of people over age 65 receiving any homecare

- 2019: 16.3%, 2.06 h/w
- 2020: ~15.8%, 2.10 h/w
- 2021: ~15.3%, 2.12 h/w
- 2022: ~14.8%, 2.14 h/w
- 2023: ~14.3%, 2.16 h/w
- 2024: ~13.8%, 2.18 h/w
Shortage of Primary Care Physicians.
Number of doctors per capita in Canada reaches record high

Despite growth in doctor supply, many Canadians continue to report difficulties finding a family physician

‘Kicked to the curb’: Group Health drops thousands of patients amid worsening doctor shortage

Over the past six years, close to 3,000 patients have been ‘de-rostered’ by GHC — and that number will ‘significantly increase over the next few years’

'A very difficult day': Group Health Centre dropping another 10,000 patients

An additional 6,000 patients are at risk of losing primary care in near future if trends continue; Sault MPP Romano to launch task force to look for solutions to crisis
26% fewer family physicians per person over 65

64% more family physicians!
Six.

Fragmented care system.
Expensive novel technologies.
Per-capita, Canada has the third highest spending on prescription drugs

Canadian list prices for individual medicines are third highest among OECD countries

Between 2006 and 2021, annual treatment costs for the 20 top-selling patented medicines

- Weighted mean cost: ↑ 20x
- Median cost: ↑ 100x

Median in 2021: $42,600

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Prescribed drug spending in Canada, 2023
CIHI (November 2, 2023)

PMPRB 2021 Annual Report
Patented Medicine Prices Review Board (September 15, 2022)
Is a new treatment good value for money?

Incremental Cost Effectiveness Ratio

\[ \text{ICER} = \frac{\Delta \text{Cost}}{\Delta \text{QALY}} = \$ \text{ per QALY–gained} \]
Cost effectiveness plane

Costs More
Less QALYs

Costs More
Less QALYs

Poor Value

Value for Money
Judgments

Good Value

Costs Less
Less QALYs

Costs Less
More QALYs
Good value-for-money... But, what money?

- Historically, we have considered $50,000 per QALY-gained ‘good value’

- If a technology increases costs → it must impose an opportunity cost
- If a technology decreases costs... but in the future
  → It must impose an opportunity cost now

*It is often expensive to be poor.*
Eight.

Shortages of nurses & PSWs.
Nurses per 100,000 population over 65 in Ontario

- Total: NP + RN + LPN
  - ↑ 8%
  - ↓ 13%

- RN
  - ↓ 3%

- LPN
  - ↑ 32%
  - ↓ 22%
  - ↑ 7%

Nurses providing direct patient care in Ontario
Challenging and underappreciated work

Bill 124
Capped public sector wage increases at 1% per year since 2019
- Nurses left the profession
- Nurses retired
- Nurses switched employers: to for-profit nursing agencies

Impacts on ED nurses
- FT nurse vacancy rate: 6 → 26%
- PT nurse vacancy rate: 26 → 51%
- One ED spent $8M on agency nurses in 2022
c.f. 2.4M in 2021 and 1M in 2020

• One LTC where 50% of direct patient care was provided by agency staff

Agency nurses make 1.5-2.5x the hourly rate of full-time staff nurses.

2023 Auditor General of Ontario
In its last fiscal year ending March 2022, the University Health Network, Canada's largest research and teaching hospital network, has already spent $6.7 million on agency nurses - a significant jump compared to 2018, when it spent $1.035 million.
Burnout throughout the system.
Nine.

Burnout throughout the system.
Shortages, shortages, everywhere.
Treating rather than preventing poor health outcomes.
Eleven.

All the problems are connected.
Staff Burnout

Community hospital temporary closures

Increased demand for hospital services

Hospital wait times & service reductions

Unaddressed complex health needs

Family doctor shortage

Worsening social determinants of health
- Housing affordability
- Childhood poverty
- Food insecurity
- Mental health
- Addiction services

Long-term care bed shortage

Patients wait in ALC beds in hospital

Patients wait with unmet care needs in community

Underpaid nurses & PSW

Staffing Shortages

Hospital occupancy >95%

Family caregiver burnout

Wait times & unmet homecare needs
Thank you.
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