BRITISH COLUMBIA

Ministry of Health

BC Delegation

Overview of the British Columbia Health Care System

November 2011

Canada


Yukon
Northwest Territories
British Columbia
Alberta
Sask.
Manitoba
Ontario
Quebec
Newfoundland
P.E.I.
New Brunswick
Nova Scotia
VANCOUVER
OTTAWA
TORONTO

Presentation Outline

- Levels of Government
- Health Care in British Columbia
- Public vs. Private Health Care

Financing The Health Care System

- **Federal Government**
  - Finances services covered by the *Canada Health Act* – Physician and Hospital Services
  - Single payer - Canada Health Transfer
- **Provincial Government**
  - Finances services for - prescription drug plans, home care, continuing care and long-term care
  - Provincial insurance plans supplemented by private insurance and private payment
- **Private Sector**
  - Paid directly by citizens or covered through private insurance plans or employee benefit plans – dental plans

Pressures in the Health System

- Shifting demographics
- Increase in the incidence of chronic disease
- Rising costs of hospital and physician services
- Retention and recruitment in health human resources
- Cost of technological innovation
- Growing use and cost of pharmaceuticals

Federal Government's Role

- *Canada Health Act*
- Help fund provincial health care
- Research
- Regulation
- Health promotion
- Funds services to some groups e.g.:
  - Aboriginal people
  - Canadian armed forces

Federal Health Policy - Objectives

- To ensure that all Canadians have timely access to medically necessary health services regardless of their ability to pay for these services.
- To ensure that no Canadian suffers undue financial hardship as a result of having to pay health care bills.

Canada Health Act

Principles:

- Universality
- Comprehensiveness
- Accessibility
- Portability
- Public Administration

Federal Role in Public Administration

- Canadians support national principles in health care
  - federal funding is critical for reform and renewal
  - federal government ensures that provinces have financial resources to meet needs of citizens
- Fundamental changes need a national approach
  - inter-provincial harmonization
- Principle of accountability to the taxpayers
  - requires the federal government to have a say in how that money is spent

Health Care in British Columbia

- Public Health & Health Promotion
- Medical Services Plan
- Hospital Care
- Continuing Care
- Pharmacare

Population and Public Health

- **Health Promotion, Chronic Disease & Injury Prevention**
  - Healthy Families BC (healthy eating, physical activity, targeted home visitation, school & community healthy living programs)
  - Core Public Health Services
  - Mental Health – Healthy Minds, Healthy People
  - Tripartite First Nations Health Plan & First Nations Governance

Population and Public Health

- **Health Promotion, Chronic Disease & Injury Prevention (cont.)**
  - Seniors Healthy Living Framework
  - Tobacco Reduction & Control
  - Immunization
- **Health Protection**
  - Meat Inspection Regulations
  - Drinking Water Protection
- **Health Emergency Management**

Medical Services Plan Eligibility & Premiums

- BC residents that meet eligibility requirements
- 99% of BC residents covered
- Monthly premiums:
  - $60.50 single
  - $109 couple
  - $121 family
- 20-100% subsidy for low income groups.

Medical Services Plan

- All medically required services of a physician
- Services of a specialist
- X-ray, ultrasound & laboratory
- Oral surgery medically required to be performed in hospital
- For those receiving income assistance, supplementary benefits including acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry

Residential Care Services

- Family care homes
- Group homes
- Intermediate care facilities
- Extended care facilities
- Special care units
- Multi-level care

Home Care Services

- Home nursing care
- Home-maker services
- Physiotherapy and Occupational Therapy
- Meals on Wheels
- Adult Day Care Programs

Continuing Care Accessing Services

- Single point of entry via local Continuing Care Office
- Clients assessed by Case Manager
  - eligibility
  - health care needs
  - health services best suited to meet needs
  - financial status to determine subsidy level.

Pharmacare

- Assistance for prescription drugs & other medically necessary supplies
- Fair Pharmacare introduced in 2003
- Pharmacare covers 70% of eligible expenditures between a deductible (0%-3%) and maximum proportion of net family income (2%-4%).
- Enhanced coverage for persons born in 1939 and earlier.

Public vs. Private Health Care System

- Benefits of Public System
  - Health Services are available to everyone, everywhere
  - No one is discriminated against in terms of:
    - Age
    - Income
    - Health Status

Advantages of Public Administration

- Supported by Canadian citizens
- Efficient administration of health care insurance
- Eliminates costs associated with:
  - marketing of competitive health care insurance policies
  - billing for and collecting premiums
  - evaluating insurance risks.

Advantages for Employers

- Health System Contributes to Business Competitiveness:
  - Lower Benefit Plan Costs
  - Labour Mobility
  - Employers have a pool of healthy workers to draw on
- Relatively low portion of GDP Spent on Health Care
  - More funding for economic development

Sustainability of Health Care System

The pace of growth in health care spending is increasing:

- Drug Costs
- New Technology
- Aging Population
- Cost of Health Care Human Resources
- Health Research
- Growing Public Expectations

Overlap: Public and Private Services

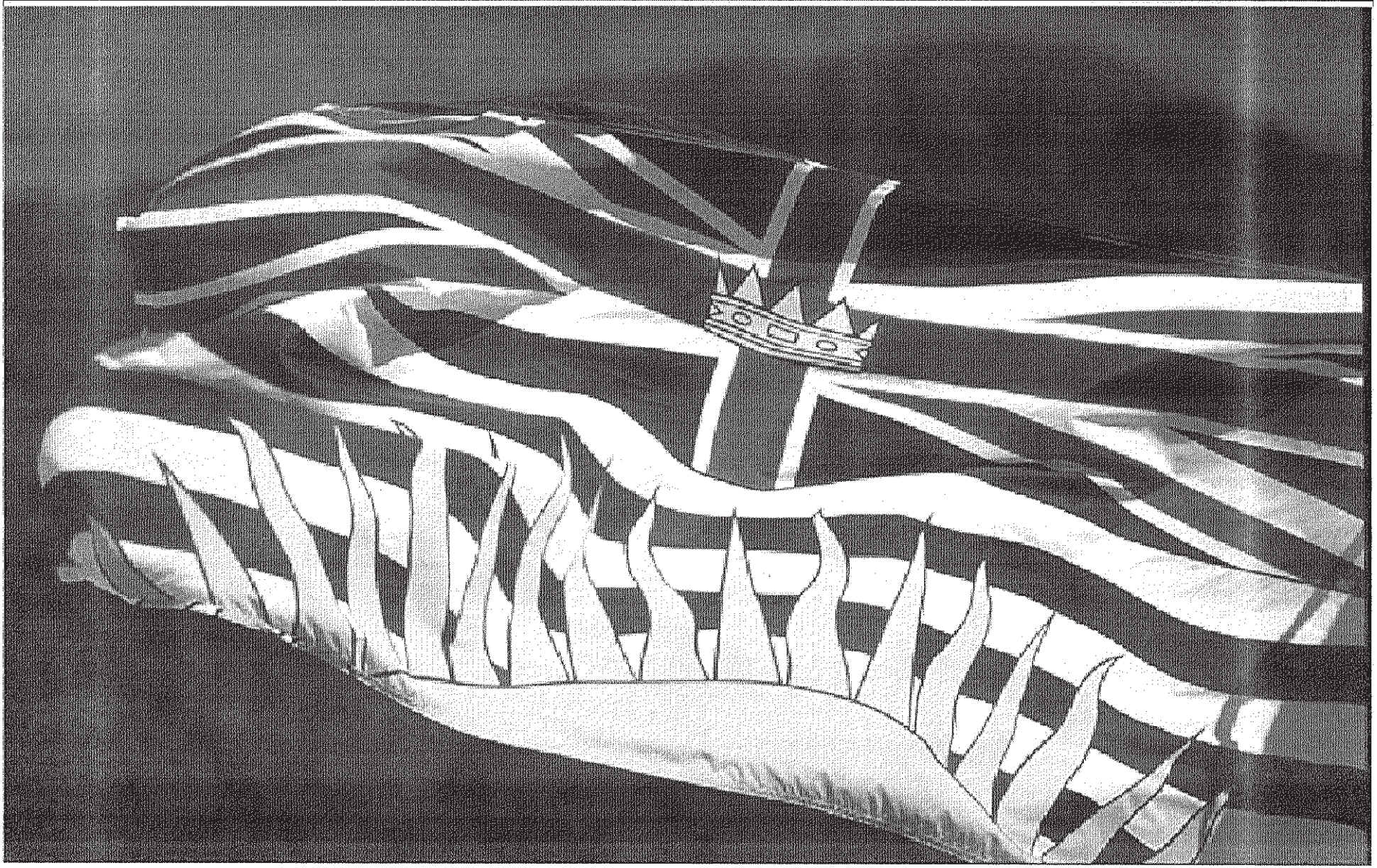
- Services provided under workers' compensation programs; and

- Tax subsidies for private sector: supplementary insurance - for prescription drugs and dental services not covered in provincial and territorial plans

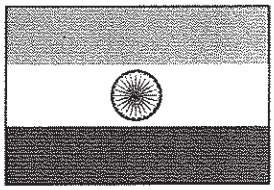
Questions and Answers

BRITISH COLUMBIA

Ministry of Health



Profile of India



Overview of India[1]

India is located between Nepal, China, and Pakistan, and borders the Arabian Sea and the Bay of Bengal. India became independent from the United Kingdom on August 15, 1947 and its common law and parliamentary system are based on the English model.

The Government of India, also known as the central government, was established by the Constitution of India and is the governing authority of 28 states and 7 territories. Its capital is New Delhi. Dr. Manmohan Singh became Prime Minister on May 22, 2004 when the Indian National Congress party was elected. The Prime Minister of India is the Head of the union (federal) government, and is distinct from the President of India (Smt. Pratibha Devisingh Patil), who is the Head of State. The As per the Westminster model, the Prime Minister oversees the day-to-day functioning of the federal government.

As of July 2011, India's population is estimated at 1,189,172,906. Nearly 30% (29.7%) of the population is aged 0-14 years; 64.9% is 15-64 years; and 5.5% is 65 years and over. Life expectancy is 66.8 years old.

India has a labour force of 478.3 million and its unemployment rate is 10.8% (2010 estimates). Its labour force by occupation is 34% for services; 14% for industry; and 52% for agriculture. Its main industries are textiles, chemicals, food processing, steel, transportation equipment, cement, mining, petroleum, machinery, software, and pharmaceuticals. India has a fast-growing economy and a large, skilled workforce. Unfortunately, it continues to experience widespread poverty and inequities in health.

Health System

India has a universal health care system run by states and territories. The National Health Policy was endorsed by Parliament in 1983 and updated in 2002. Its objective is to achieve an acceptable standard of good health among the general population of the country based on goals to be achieved by 2015.

The provision of health care by the public sector is a responsibility shared by the central government, states and territories, and local governments. General health services are the primary responsibility of the states with the central government focusing on areas such as medical education, drugs, population health, and disease control. India's Constitution outlines that each state has a primary duty to raise the level of nutrition and the standard of living of its population, and improve overall public health. The central government's

[1] The information in this profile comes from a variety of sources, including India's Ministry of Health and Family Welfare (the Ministry) website, United Nations websites, and the CIA World Factbook website. Due to broken links and missing/out-dated information on the Ministry's website, data should be read as close estimates.

national health programs, such as reproductive and child health and communicable disease, contribute significantly to state health programs. Governments have a mandate to shape, strengthen, support, and sustain a health system where every citizen has access to readily available, qualitatively appropriate, and adequately wide ranging health services at affordable costs.

While India has a publically financed health system, the private sector has a dominant presence in health, including medical education and training, medical technology and diagnostics, pharmaceutical manufacture and sale, hospital construction and ancillary services, and the provision of health care. For example, the private sector provides approximately 80% of all outpatient care and 60% of all in-patient care. Over 68% of hospitals are in the private sector- the majority located in urban areas- and 70% of health workers are employed by the private sector. The number of health workers in urban areas is nearly four times that of rural areas, and 72% of the population resides in rural areas.

The Ministry of Health and Family Welfare

The Ministry of Health and Family Welfare (the Ministry) is mandated to oversee health services and public/population health, and government programs relating to family planning and maternal health. Ghulam Nabi Azad is India's Minister of Health and Family Welfare[2], and is assisted by a Minister of State for Health and Family Welfare.

According to the Ministry's website, the Ministry is comprised of the following departments, each headed by a secretary to the government:

- Department of Health and Family Welfare;
- Department of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy);
- Department of Health Research; and
- Department of AIDS Control.

The Directorate General of Health Services (DGHS) is attached to the Department of Health and Family Welfare and has offices throughout India. The DGHS provides technical advice on medical and public health and is involved in the implementation of various health services.

The Department of Health and Family Welfare is responsible for health services and population/public health, and family welfare including reproductive health, maternal health, pediatrics, and work with NGOs and international aid groups. The Department of AYUSH develops educational standards, promotes the cultivation of medicinal plants, facilitates research, and raises awareness as it relates to traditional Indian medicine (Ayurveda) and alternative medicines. The Department of Health Research promotes and

[2] In July 2011, a meeting took place between the Ministry of Health and Family Welfare and Indian policy makers and elected representatives for HIV-AIDS. Minister Ghulam Nabi Azad was quoted as saying intimate relations by men with men is unnatural. He noted it is important to reach out to this population to prevent the spread of HIV. The Minister received strong criticism from the media and health organizations for what were recorded as being his remarks.

coordinates basic, applied, and clinical research; provides guidance on ethical issues in research; facilitates international cooperation in research; and provides technical support for epidemics and outbreaks. The Department of AIDS Control focuses on data collection, policies, and services and outreach programs for HIV/AIDS.

According to the Ministry of Health and Family Welfare's *2010 Annual Report to the People on Health*, given the high cost of treatment for non-communicable diseases and the continued work needed to mitigate communicable diseases, the most cost-effective option to address health is to invest in health promotion, including the promotion of healthy lifestyles and behavioural changes.

Healthcare issues

Malnutrition: Approximately 47% of India's children below the age of three are malnourished, almost twice the statistics of the sub-Saharan African region. The World Bank estimates this figure (conservatively) to be 60 million children. Approximately 36% of adult women are classified as being undernourished.

Maternal and infant mortality: Maternal mortality rates are approximately 230 deaths/100,000 live births, and infant mortality rates are 47.57 deaths/1,000 births. An estimated 1.72 million children die each year before turning one. Shortages of healthcare providers, poor intra-partum and newborn care, and high levels of diarrheal diseases and acute respiratory infections contribute to a high infant mortality rate. Infrastructures like hospitals and roads, and safe water and sanitation are lacking in many rural areas which contribute to mortality and illness.

Disease and infection: There is a high degree of risk for contracting infectious diseases, including from contaminated food and water and contact with animals. Dengue fever, hepatitis, tuberculosis, malaria, and pneumonia continue to plague India due to increased resistance to drugs. Roughly 2.4 million people are living with HIV/AIDS and it is estimated that in 2009, 170,000 deaths were related to HIV/AIDs.

More than 122 million households have no toilets and 33% of the population lacks access to latrines. According to 2008 data, approximately 88% of the population has access to safe/protected drinking water. Of this population, 26% of India's "slum population" has access to safe drinking water. The lack of safe drinking water contributes to the spread of disease and infection.

Healthcare expenditures

India's healthcare industry is growing at a rapid pace and is expected to become a US$280 billion industry by 2020. Rising income levels and a growing elderly population are factors driving this growth. In addition, changing demographics and disease profiles and the shift from chronic to 'lifestyle based' diseases in the country have led to increased spending on healthcare delivery.

India's health expenditures are 2.4% of its GDP. There are 0.599 physicians and 0.9 hospital beds per 1,000 population.

In order to meet human resource shortages and reach world standards, it is estimated that India will require investments of up to $20 billion over the next five years.

Recent achievements/good news in health

The Ministry of Health and Family Welfare's *2010 Annual Report to the People on Health* highlights the following achievements:

- Increased the number of medical and paramedical staff. During the year 2009-10, 2,475 MMBS doctors (entry-level doctors), 160 medical specialists, 7,136 auxiliary nurse midwives, 2,847 staff nurses, and 2,368 AYUSH doctors and 2,184 AYUSH paramedics were appointed/hired.
- Increased the Mobile Medical Units to 363 districts in 2009-10, up from 310 in 2008-09. The units primarily serve remote areas and provide diagnostic and outpatient care close to small towns and villages.
- Set up approximately 50,000 Village Health and Sanitation Committees.
- Increased the number of cataract operations from 22 lakh in 2007-08 to 59 lakh in 2009-10. (*'Lakh' is equal to one hundred thousand.)*
- Established an additional 4 blood banks and 28 blood component separation units in 2009-10. In addition, over 60,000 donation blood camps were organized.
- Reduced the total fertility rate (the average number of children that a woman would bear over her lifetime) from 5.2 in 1971 to 2.6 in 2008. A target is 2.1, the replacement level, which is when a population is considered to be stabilized.
- Continued to implement a broad-based family planning approach, with comprehensive policies containing a range of reproductive health services and services for children. Since 1995, this holistic approach has replaced the previous unitary sterilization-centered approach.
- To increase the number of doctors across the country and medical colleges, regulations for land and infrastructure were rationalized in order to attract more entrepreneurs, particularly in under-served and difficult to reach areas.
- For the first time, in 2009/10, India permitted registered companies to set up medical colleges.
- Launched an Annual Health Survey in 9 states/284 districts, to provide data on key health indicators, such as the total fertility rate and infant mortality rate. A proposal has also been approved for surveying anemia, malnutrition, hypertension, diabetes, and iodine in salt used by households.
- Set up a national tracking system of individual pregnant women and infants with a focus on antenatal care and immunization in order to monitor the health status of each pregnant woman and infant across the country.
- The National Rural Health Mission was launched in 2005 and continues to address structural issues in the health system, promote policies that strengthen public health management and service delivery, and provide basic access to health services rural areas.
- Initiated a major effort in tobacco control in the form of a national program.
- Planned short-term courses on health promotion to be implemented through the National Institute of Health and Family Welfare.

The Ministry of Health and Family Welfare maintains a "Healthy India" website alongside the Public Health Foundation of India (www.healthy-india.org/). The website, similar to content on the ActNowBC website, endeavours to help prevent disease through encouraging earlier detection and treatment of chronic diseases, and fostering healthy living through the provision of information and resources on maintaining a healthy lifestyle. This includes information and resources on implementing a healthy diet and physical activity, and reducing tobacco and alcohol use.

Due to the acute care human resource shortage particularly in rural areas, on October 19, 2011, Minister Ghulam Nabi Azad gave the Medical Council of India a three-week deadline to endorse the implementation of a 3.5 year medical degree (the Bachelor of Rural Medicine degree). This degree will train new health workers to serve exclusively in rural and difficult to reach areas. Courses have already been developed and the goal of the degree is to equip rural public health officers in the areas of primary and preventative health care. If the Medical Council of India does not endorse the degree in the three week timeline, the government will send a directive that it needs to.