

Better Canadian Health Care Access and Outcomes Requires Moving Toward a Combined Salaried Public and Selected Private Physician Remuneration Model

Description

Better Canadian Health Care Access and Outcomes Requires Moving Toward a Combined Salaried Public and Selected Private Physician Remuneration Model

Wilson RD, Munro MG

ABSTRACT

Introduction: Canada's healthcare system produces below-average health outcomes and higher healthcare costs compared to economically similar European Union / OECD countries. Innovative healthcare policies are required. **M/M:** A scoping review methodology was used to compare and evaluate comparable OECD countries for fiscal and clinical indicators considering human resource planning, remuneration models, quality and outcome accountability criteria, and focused public-private service collaboration. **Evidence:** Canada has significant healthcare challenges requiring human resource planning, revision of funding models, provider accountability, outcome quality, patient satisfaction, and innovation. The OECD comparison identified areas to evaluate, including salaried funding models, public and private healthcare options commonly used in other countries, the need for increased hospital beds and physicians, and quality-associated processes to improve patient satisfaction. **Conclusion:** Comparative evidence indicates that a salaried public and private system remuneration models result in better healthcare outcomes. A collaborative provincial (fiscal) and medical provider (service) based process, using regulation, finance, and delivery processes for the revision of provider remuneration practices is required using a fiscally balanced and patient-focused remuneration program (benefit for patient, provider, and system) and clinical collaborative public and private services for ambulatory and hospital-based care with measured and evidenced-based criteria for clinical accountability and improved outcome quality.

Authors credentials and affiliations:

R Douglas Wilson MD MSc Professor Emeritus Cumming School of Medicine Department of Obstetrics and Gynecology, University of Calgary, Calgary, Alberta, Canada.

MG Munro MD Professor Department of Obstetrics and Gynecology UCLA, Los Angeles CA, USA.

Corresponding Author: RD Wilson, doug.wilson@ahs.ca, mobile: 403-470-7229.

Funding: DEAR Fund / Department of Obstetrics and Gynecology; Cumming School of Medicine; University of Calgary, Canada

Disclosure: The authors have no conflicts of interest related to this topic.

Status: Peer reviewed.

Submitted: 17 NOV 2024 | **Published:** 31 JAN 2025

Citation: Wilson RD, Munro MG. (2025). Better Canadian Health Care Access and Outcomes Requires Moving Toward a Combined Salaried Public and Selected Private Physician Remuneration Model. *Canadian Health Policy*, JAN 2025. <https://doi.org/10.54194/CXKW2925>.
canadianhealthpolicy.com.

References

1. Canada Health Act R. S. C., 1985, c.C-6; Last amended December 12, 2017; Current to December 15, 2023; <http://laws-lois.justice.gc.ca>; Accessed March 16, 2024.
2. OECD (2023), Health at a Glance2023: OECD Indicators, OECD Publishing, Paris. <https://doi.org/10.1787/7a7afb.35-en>.
3. Kirkpatrick K, Laupacis, A. A focus on access to health care in Canada. *CMAJ* 2023; 195: E123-4. doi:10.1503/ cmaj.230040
4. National survey highlights worsening primary care access. *CMAJ* 2023; 195: E592-3; doi: 10.1503/cmaj.1096049
5. CMA Understanding public and private health <https://www.cma.ca/our-focus/public-and-private-health-care/understanding-public-and-private-health-care> /Accessed June 20, 2024
6. Globe and Mail; Why CMA is taking on public and private healthcare in Canada. Globe Content Studio August 29, 2023; <https://theglobeandmail.com/bussiness/adv/article-why-cma-is-taking-on-public-and-private-health-care-in-canada/>; Accessed 9/6/23.

[FULL TEXT, REFERENCES, TABLES, AND FIGURES AVAILABLE IN THE DOWNLOAD VERSION]