

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

Description

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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.

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