



The path to improving equitable access to healthcare in Canada

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If Canada were judged on its ability to provide accessible, equal and timely healthcare to all its citizens, it would receive a failing grade. Out of eleven countries studied in the 2017 Commonwealth Fund report, Canada was ranked second last for overall access to care, and last for timeliness of care.¹ Access is a multifactorial issue, but two key problems that arise are wait times, and equity. It is widely acknowledged that Canadians need to wait a long time for many health interventions, but it can often erroneously be assumed that equal access and affordability are no longer issues in a universal healthcare system. Evidence demonstrates that this is wishful thinking. As we deal with the Covid 19 pandemic, these challenges protrude in an already failing system.

In a 2020 Fraser institute report, 2020's wait times for medically necessary treatment were the longest reported since the survey's inception in 1993.² At an average delay of 22.3 weeks between referral by a general practitioner to receiving treatment, wait times are not just an inconvenience, but can have serious quality of life and even mortality consequences for patients. Another Fraser institute report on Canadian women demonstrated that increased wait times from 1993 to 2009 may have resulted in an additional 44,000 deaths.³

Room for improvement is evident, but how can this be accomplished? It has been suggested that using wait time data to focus attention on hotspots, along with public

education, could be beneficial.⁴ Public education could help reassure patients where wait times are not harmful, and could motivate change and apply pressure where they are. It would then be important to further support primary care for proper triage, and promote appropriate use of testing and procedures, for example through education and evidence-based guidelines.^{4, 5} Choosing Wisely Canada is an example of one campaign that aims to reduce unnecessary tests and treatments. They provide physicians with easy to browse recommendations on avoiding treatments that can be costly, take up time, and potentially expose patients to harm, without adding value.

Beyond wait times, a crucial component of access to healthcare is equitability. In Canada, people of lower socioeconomic status continue to be sicker and live shorter; with fewer tools and options at their disposal.⁶ It has been shown that in particular, people who identify as Indigenous face many healthcare-related barriers and experience worse health outcomes.^{7, 8} Though there are many factors that contribute to socioeconomic disparities, gaps in Canada's supposed universal healthcare system exacerbate the problem.

Many healthcare services such as psychotherapy, physiotherapy, and pharmaceuticals are rarely or incompletely covered in Canada. Patients faced with high costs of care will often forgo important treatment.⁹ Thus, patients with low socioeconomic means will struggle to access these treatments because they are prohibitively expensive. This could also mean certain conditions are left minimally treated until they are serious enough to require emergency or hospital care. Apart from the immorality, it is also illogical from an economics perspective: providing preventative care is often more cost-effective than allowing people's health to deteriorate to the point where they need urgent care.¹⁰ Introducing more coverage for cost-effective treatments and preventative medicine, including psychotherapy and pharmacare, could significantly improve the health of Canadians, particularly those that are most disadvantaged.^{11, 12}

Recently, my research has had a focus on the effects socioeconomic status and distance from treatment centres can have on access to healthcare and disease outcomes. We have found that patients of lower socioeconomic status tend to live further away from hospitals and face delays

in accessing care. For these individuals, these may be significant contributors to worse health outcomes.¹³ We expect that by improving timely access, particularly for those living further away, the gap in health outcomes between these groups could be diminished. Measures to support transport to medical care have had varying degrees of success, but telemedicine has gained a lot of attention recently for its ability to reach people.

With the Covid-19 pandemic, travel restrictions, isolation requirements, and fears of contracting the virus have added to the challenges in accessing healthcare. The so called hidden costs of the pandemic are the large backlogs of patients awaiting medical services, including surgery and cancer screening, which may continue to negatively impact Canadians for years to come.¹⁴⁻¹⁶

The pandemic has not been all bad news in terms of access to care; it has motivated the widespread adoption of telemedicine. Many physicians that have never before given virtual care have adapted and improved virtual delivery.^{17, 18} Telemedicine can offer patients the quality healthcare that they need and deserve, at a distance, for a reduced cost.¹⁹ This may be especially beneficial for individuals living in rural and remote areas. While this system is intrinsically limited in its abilities, and by no means perfect, virtual care is an important option in caring for patients who would otherwise struggle to access healthcare services. Hopefully telemedicine will remain an option for patients and physicians after the pandemic has subsided, because of the opportunity for widespread and quality healthcare that it provides to Canadians.

For all the Canadian healthcare system does well, it continues to be plagued by issues of access to timely and equitable care. In the face of looming healthcare backlogs from the Covid-19 pandemic, addressing these issues is increasingly pertinent. Expanding coverage for cost effective treatments, further support to primary and specialist care, and widespread access to telemedicine will be crucial steps in closing the gap in patient care. Ultimately, by addressing the flaws in our healthcare system, we will improve equitability, especially for those most disproportionately affected, allowing for better care for all Canadians.

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