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**Assignment 2A: Analysis of International Health Care Systems**

Canadian Healthcare

In Canada, healthcare is funded publicly and ensures all residents can access essential hospital and physician services without incurring additional expenses.1 Each province or territory has control over its own plan, provided the standards of the Canada Health Act are satisfied. The standards to be addressed are public administration, comprehensiveness, universality, portability and accessibility. The public administration standard ensures that care is non-profit. Comprehensiveness means that all medically necessary (MN) services must be covered, including hospital, physician, and hospital-based dental care. This allows Canadians to access preventative care routinely, minimizing the need for more invasive or palliative services. In addition, services should be readily available and accessible to all Canadian residents. Yet, Canadians experience unreasonable wait times that can impact health significantly.2 In some cases, the result is fatal.3,4

Non-MN services under the Canada Health Act are not covered and differs in regulation between province or territory.1 This includes dental care, vision care, prescription drugs, ambulance services and home care. Some services are covered federally for special populations (SP), such as First Nations people living on reserves. Provinces can also delegate supplemental coverage for SP. For example, in British Columbia, the Healthy Kids program covers children up to 19 years-old in low-income families.5 $2000 is available biennially for basic dental, optical and hearing care. Otherwise, private insurance can be purchased or treatment is paid out-of-pocket.6

American Healthcare

In contrast, no healthcare plan (HCP) exists covering all residents in the United States of America (USA).7 Most plans are privately owned for-profit or non-profit, and can be applied for on a Marketplace.8 A study conducted in 2012 by Ridic G, Gleason S and Ridic O found that 70% of individuals were covered privately, while 26% were covered publicly.7 Employment-based plans are popular as group plans are cost-effective. Public HCPs like Medicare and Medicaid also exist but cover SPs only. Medicare covers those who are aged and disabled, with inpatient hospital care, limited nursing home care and some home health services. Outpatient hospital care, including laboratory, radiology and home heath services are optional but the patient must pay a deductible and a co-payment.7 Medicaid covers low-income families, including basic services like hospital, physician and nursing home services.7,9 Still, health inequities emerge as the states determine independently what is covered. Furthermore, 16% of Americans in 2010 remained uninsured and which may prevent them from seeking the necessary preventative care.

While both Medicare and Medicaid were enacted in 1965, no significant reforms to the HCP occurred until 2010, when the Affordable Care Act was passed.10 Its goals were to increase accessibility, quality and affordability. More funding was given to states that expanded and improved Medicaid, including insurance for individuals with pre-existing conditions. As a result, the uninsured rate dropped to 9.1%.Payment methods were also altered to put more outcomes responsibility on healthcare entities, improving efficiency. However, opponents question its achievements, as the middle class without prior Medicaid coverage continues to be uninsured.11

Similar to the Canadian HCP, dental care is not covered and may only be a benefit when enrolled in publicly funded programs for SPs or private-owned companies.12 Medicaid is required to provide coverage to all children under the Children’s Health Insurance Program, referred to as the Early and Periodic Screening, Diagnostic and Treatment benefit.9 This includes pain relief, restorations, and oral management. It will depend on the state to determine whether adults also receive coverage. Otherwise, residents must pay out-of-pocket for all oral care.

Conclusion

Overall, the HCPs in Canada and the USA differ greatly, as all Canadians are covered for MN procedures while some residents in the USA are not covered at all. While Canada employs five standards, the USA is making improvement in its own system with the Affordable Care Act, advancing in accessibility, affordability and quality.10,11 Further alterations should be made in public administration, as for-profit healthcare plans in the USA still exist while Canada’s HCP continues to be fully non-profit. In both countries, oral health benefits are not universally available to residents and may be paid for under private insurance plans, public care plans for SPs or as an out-of-pocket expense. Nevertheless, the Canadian system is preferable and increases access and availability to preventative care. Canadians rely heavily on their publicly funded healthcare, and are mostly satisfied with the system.7 The American system would not suit Canadians at this time. However, improvements in the Canadian system are necessary regarding long wait times for treatment and also the lack of universal oral and other non-MN benefits.

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