

Canada healthcare payer system and the us healthcare payer system essays examples...

[Sociology](#), [Population](#)



The Canada healthcare system and the US healthcare system have over time been compared to ascertain which of the two systems is most effective. This comparison has been based on the premise that these two nations share similar cultural and social aspects and that the differences could automatically define the loopholes in any of the systems and provide for better approaches to increasing the efficiency of any of these systems. The Canadian healthcare system takes up to 10 percent of the country's GDP while the US healthcare system has been said to take up to 16 percent of the total GDP (Squires, 3). Surprisingly, the Canadian system has not shown any indications of increasing the revenues it consumes while the US healthcare system shows a trend where the total funds allocated to the system will continually increase. This brings into question the long term viability of the system (Ridic, 112).

In terms of effectiveness, the Canadian system has been labeled as a model cost effective and service intensive system whose long term viability is assured and whose sustainability is not into question. Ideally, the Canadian system does not place an extra strain on the nation's budget even with changing demographic characteristics. Essentially, the system has been labeled as being a model that consumes less and delivers sufficiently (Squires, 11). The US healthcare payer system on the other hand, is shaped and determined by changing demographics with minimal changes requiring an extra level of spending within the system. These differences are more attributed to the mode of funding for each of the systems. The Canadian system is based on single payer system in which a majority of the funding is done publicly with little strain on private funding (Lasser, 379).

On the other hand, the US system is a multi-payer system mostly supported and dominated by the private sector players with the public funding only acting as the major source of funding to these private entities for the services they render to the citizenry. In essence, one of the major aspects of the Canadian system that places it above the US multi-payer system is that it helps connect more directly with the deserving populations because of less bureaucracy associated with a single payer system (Squires, 5). For the US system, the level of bureaucracy especially with the development of different payer models by the private entities to serve different classes of people, there is a burden placed on the deserving populations since these private entities are more concerned about returns and profits for these services they render. This means that for these populations and those payer models that do not assure of sufficient returns, then there is a high likelihood that the deserving populations will be sidelined in both the long term and the short term with the government ability to support these people highly limited by the associated bureaucracies (Ridic, 112).

The publicly funded Canadian system has one key pillar of success and this is the ability to provide universal healthcare access to the citizenry across all social classes. The US healthcare system while it has its basis on the Affordable Care Act (2010) which sought to facilitate increased access to care for the previously sidelined and deserving populations has proven to be less effective in ensuring equity in distribution of resources and increasing access to care. In fact, for every five persons classified as non-elderly, one is uninsured within the US (Lasser, 379). This is among the overheads placed by a multi-payer private based system. On a positive aspect the most

important aspect of the US multi-payer system is that it eliminates the aspect of waiting times which has over time been a major challenge for the Canadian system. This is usually attributed to the increasing number of patients who are served by the system and due to the limited ability of the healthcare providers to serve these populations all at once. Patients are forced to book and wait until when they are at the top of the priority queue to be served. This has been cited in Canada as a threat to the health of citizens especially in those cases that are deemed emergency situations (Lasser, 379).

In the US, such wait times are essentially absent since there is a multiplicity of payers as well as care providers all wishing to maximize the number of person's they serve over ascertain duration since their returns are anchored on the number of patient as well as type of care provided. While this is beneficial, it places a risk situation whereby care providers may neglect the aspects of quality of care as they seek to maximize returns (Squires, 7). The same problem however exists in the Canadian system as the workforce struggle to cater for the increasing number of patients amidst the pressure to reduce the average wait time for patients. Each of these systems, both in the US and Canada has its flaws and in order to find a more viable solution, it would mean aligning the two system together and picking those positive aspects in each and eliminating the negatives on each.

Works cited

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