

O'Brien Institute for Public Health



UNIVERSITY OF
CALGARY

Setting the Stage:

- *Health Spending*
- *System Performance*
- *Physician Services*

Dr. William Ghali
Scientific Director
O'Brien Institute for Public Health
University of Calgary

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
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Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

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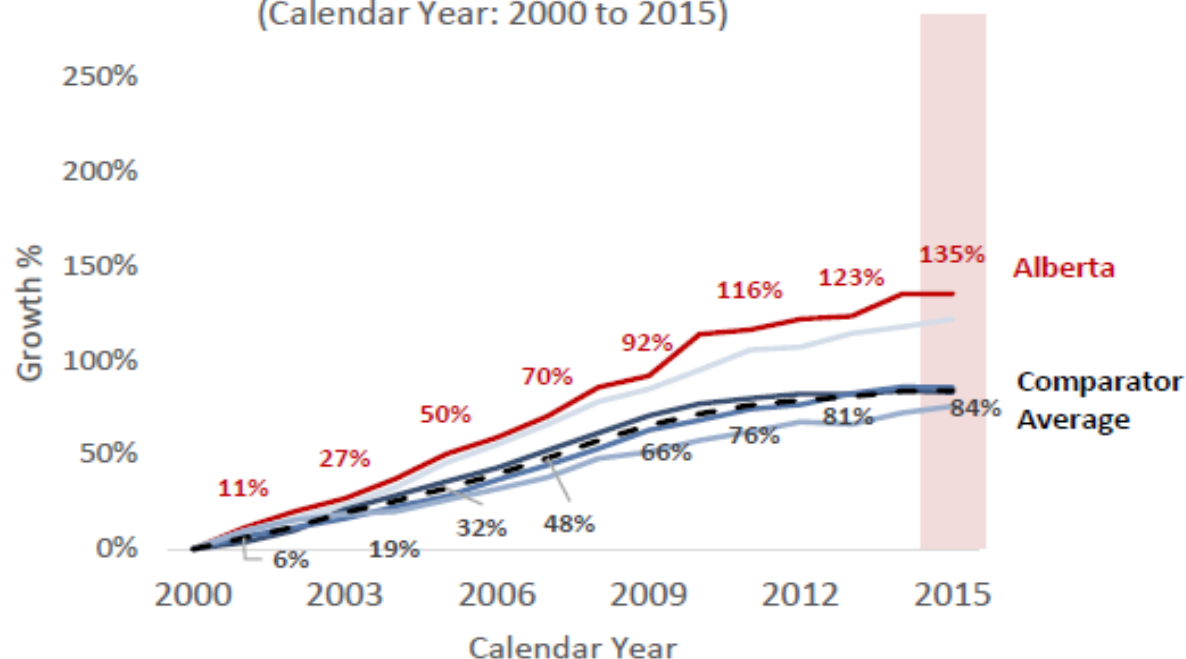


Physician Services Analysis

The following slides were prepared by KPMG on behalf of Alberta Health.

- *All inter-provincial comparisons are based on data published by the Canadian Institute for Health Information (CIHI).*
- *Analysis related to growth in Alberta's physician services budget and physician benefit programs is based on AH physician services budget data.*

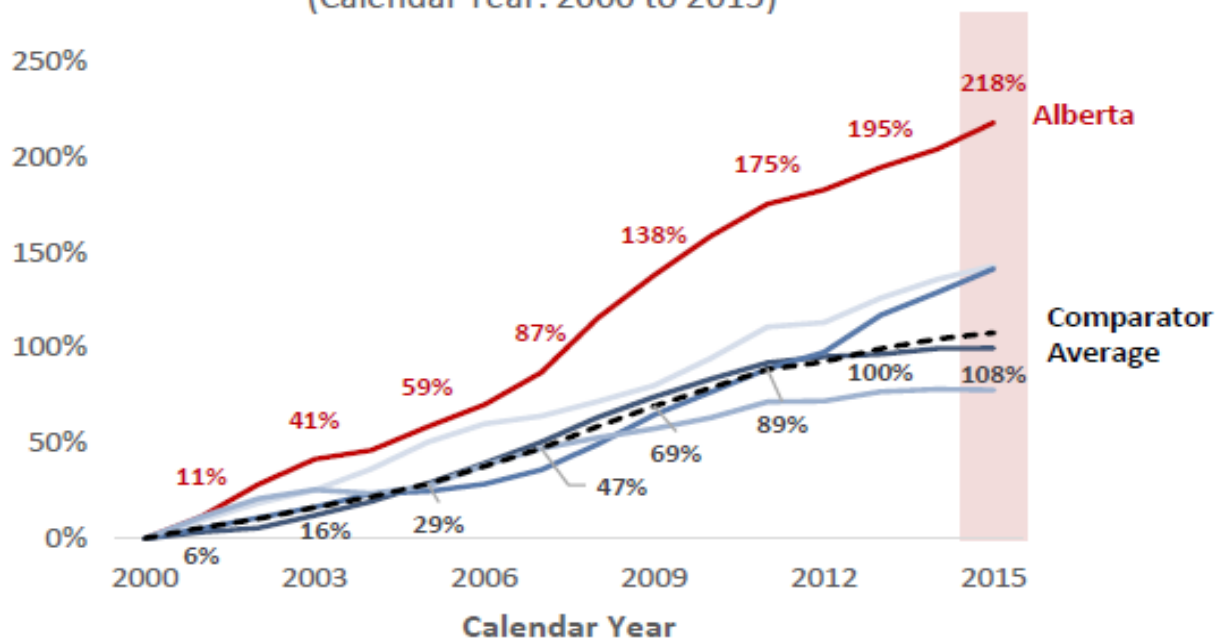
Cumulative Provincial Health Expenditure Per Capita Growth (Calendar Year: 2000 to 2015)



Provincial Health Expenditure (\$ per capita)			
	2000	2015	% Growth
Alta.	\$2,068	\$4,862	135%
Sask.	\$2,082	\$4,621	122%
Ont.	\$2,048	\$3,752	83%
Que.	\$1,969	\$3,656	86%
B.C.	\$2,269	\$3,983	76%
Comparator Average	\$2,062	\$3,798	84%



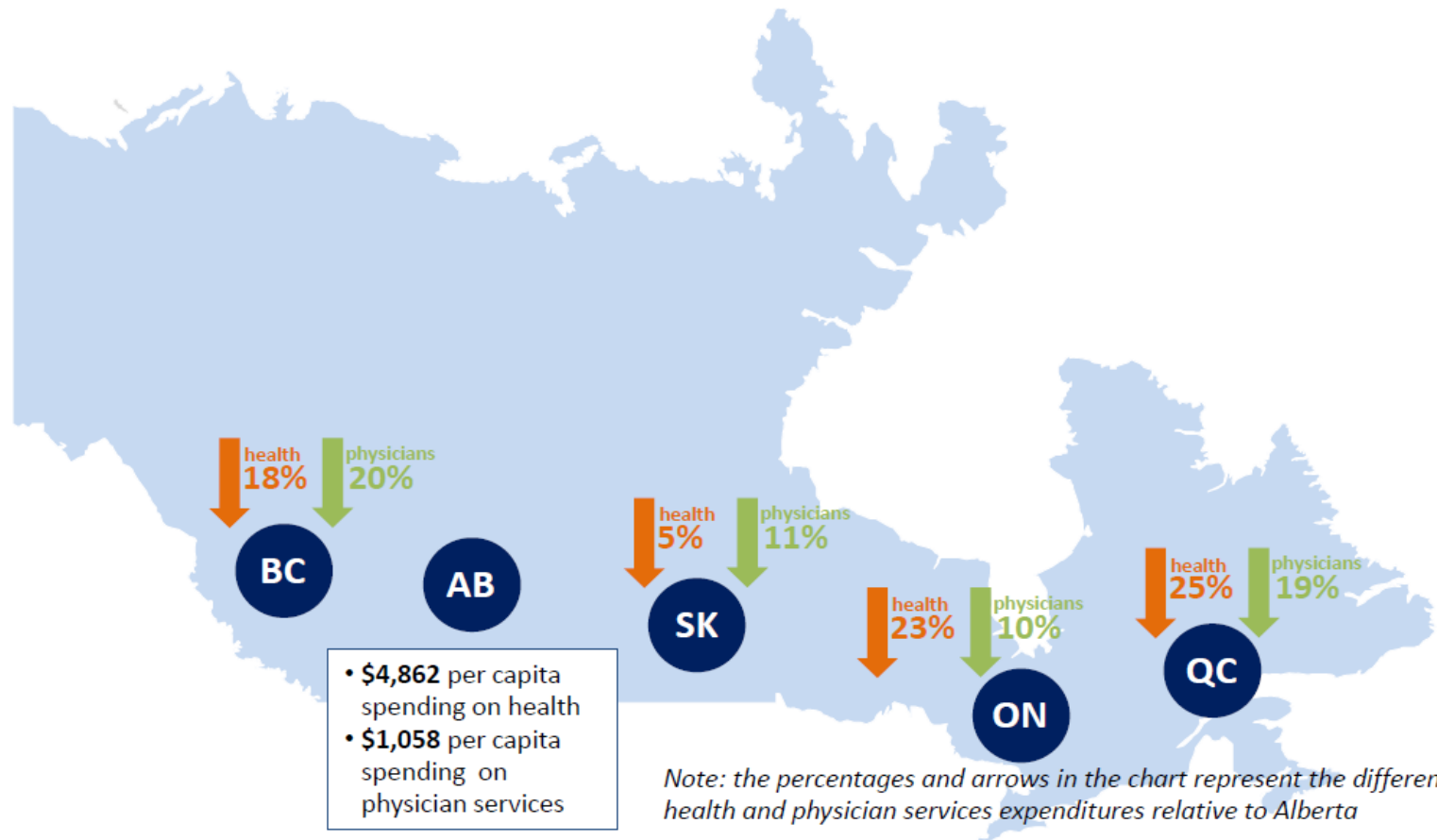
Cumulative Provincial Physician Expenditure Per Capita Growth (Calendar Year: 2000 to 2015)



Provincial Physician Expenditure (\$ per capita)			
	2000	2015	% Growth
Alta.	\$333	\$1,058	218%
Sask.	\$388	\$942	143%
Ont.	\$474	\$947	99%
Que.	\$353	\$852	142%
B.C.	\$477	\$848	78%
Comparator Average	\$434	\$902	108%

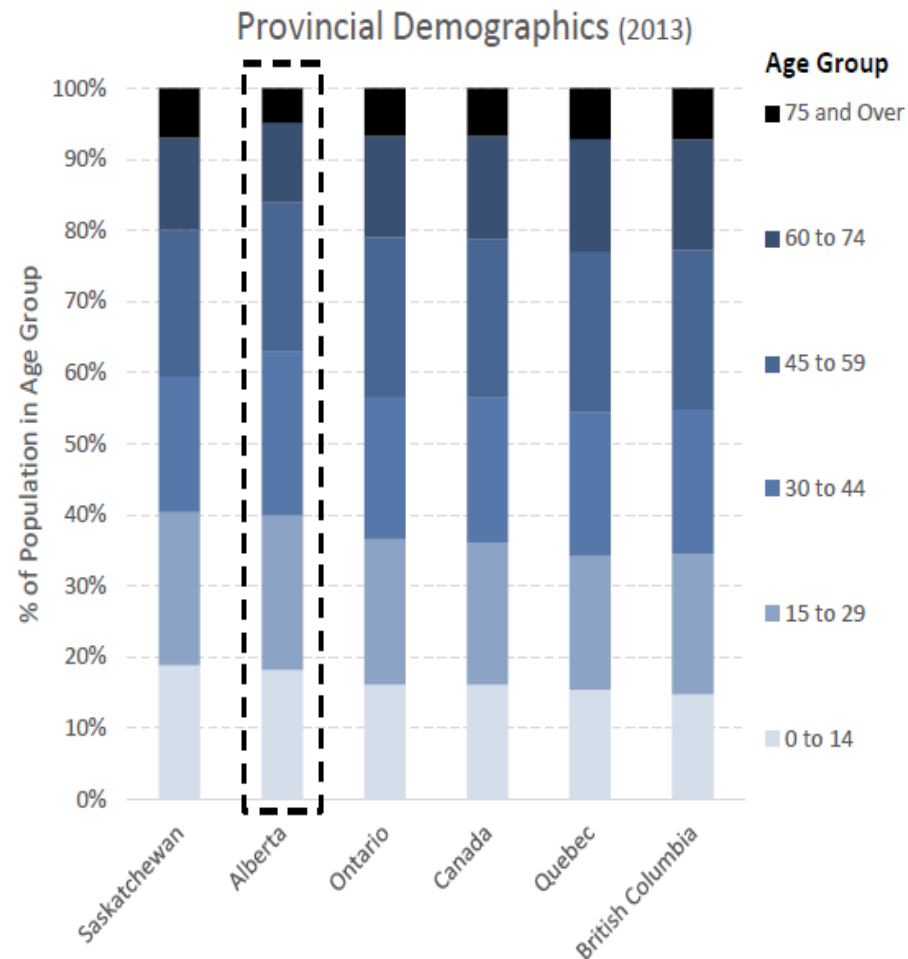


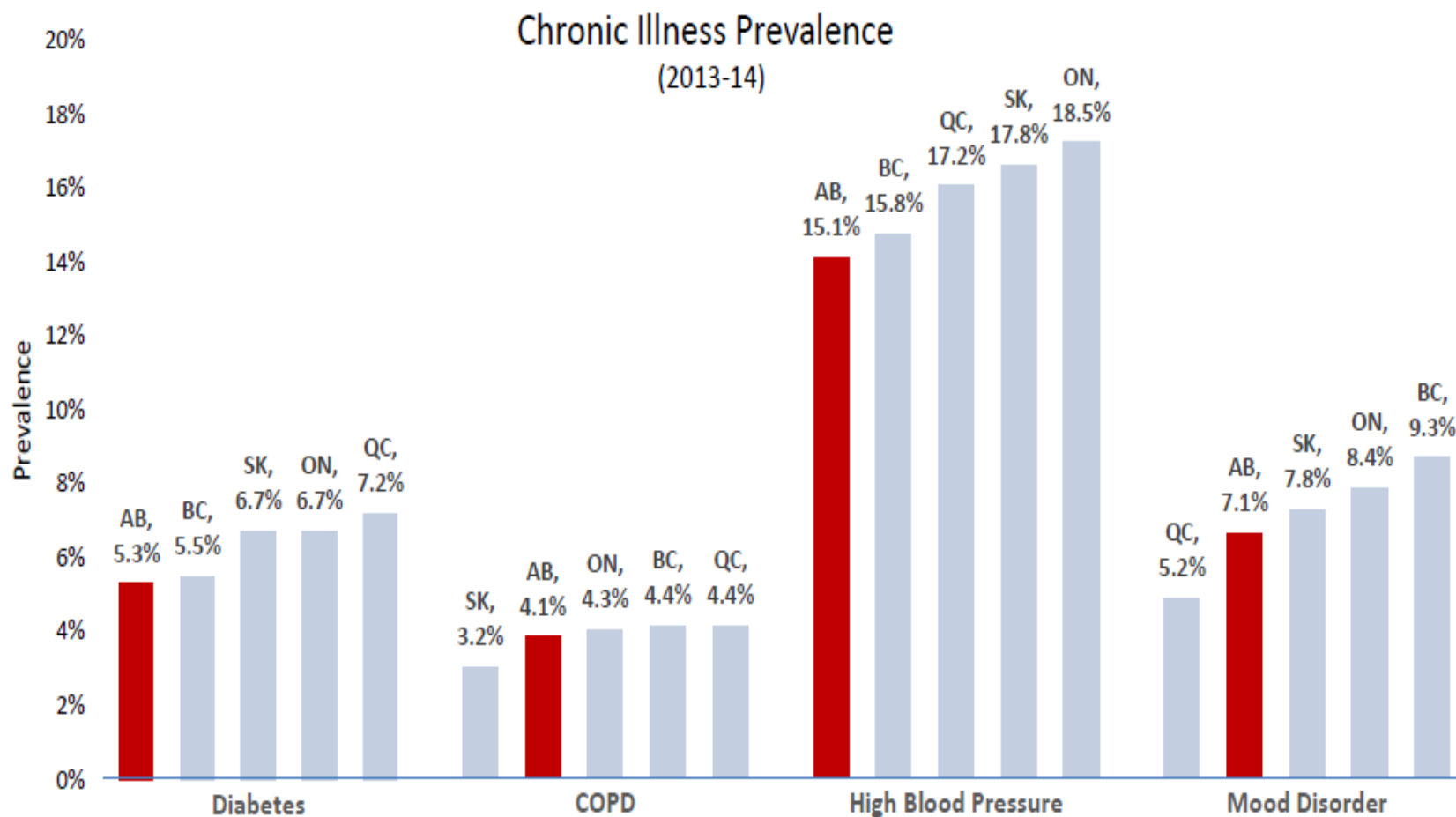
In 2015 Alberta had the highest provincial expenditure on health per capita and physician services per capita among the comparator provinces



Per Capita Provincial Expenditure 2015	BC	AB	SK	ON	QC
Health	\$3,983	\$4,862	\$4,621	\$3,752	\$3,656
Physician Services	\$848	\$1,058	\$942	\$947	\$852

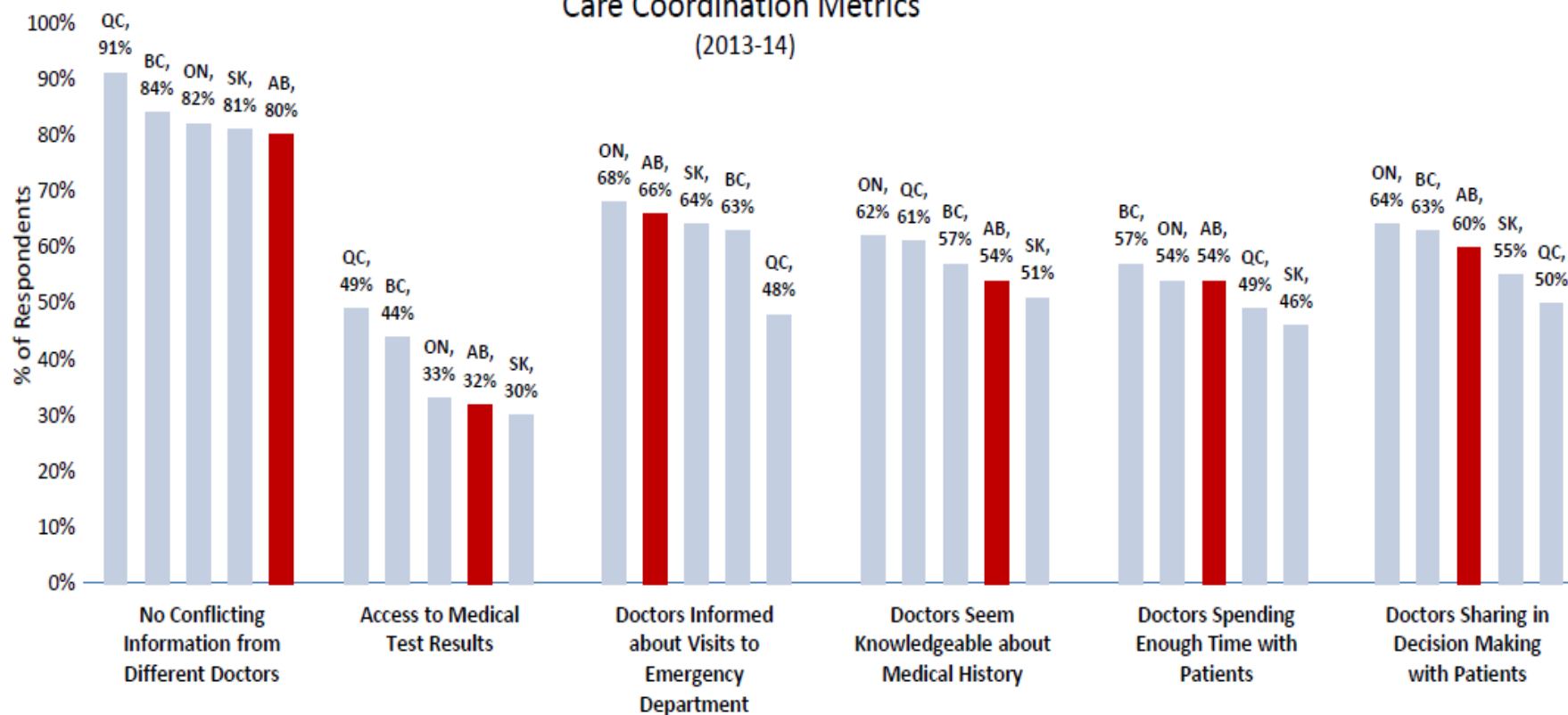
- 63% of Albertans were under the age of 45 compared to
 - 59% in Saskatchewan
 - 57% in Ontario
 - 56% in Canada
 - 55% in British Columbia
 - 54% in Quebec
- Only 4.9% of Albertans were 75 and older
 - 7.3% in British Columbia
 - 7.2% in Quebec
 - 7.1% in Saskatchewan
 - 6.8% in Ontario
 - 6.8% in Canada





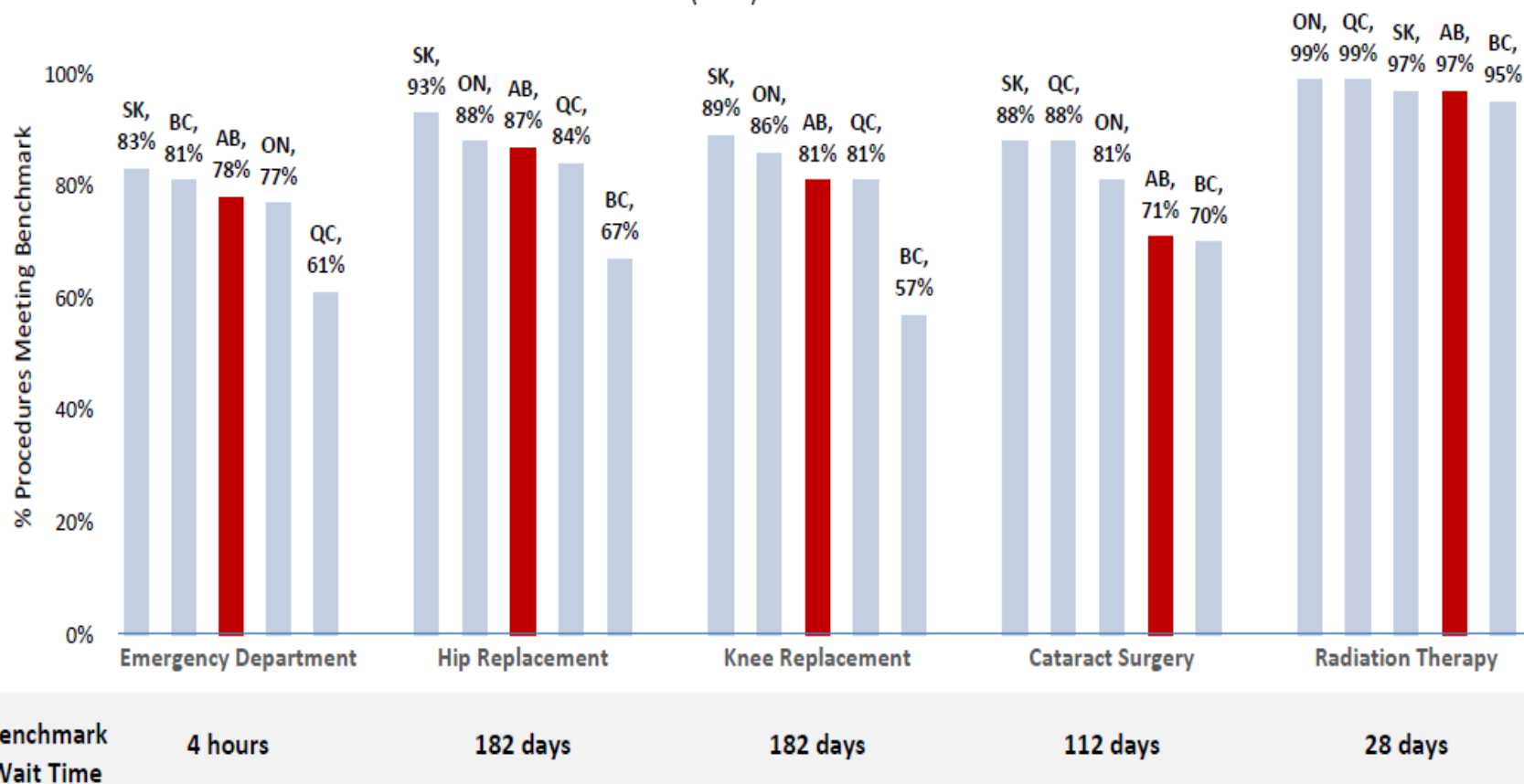


Care Coordination Metrics (2013-14)

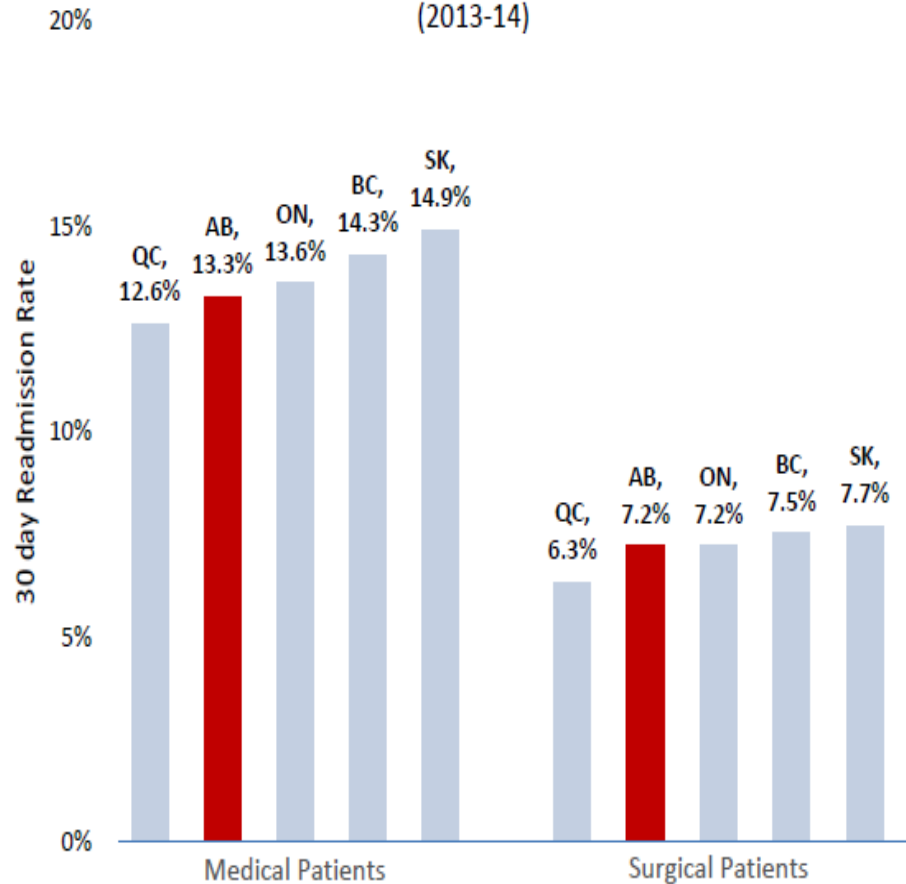




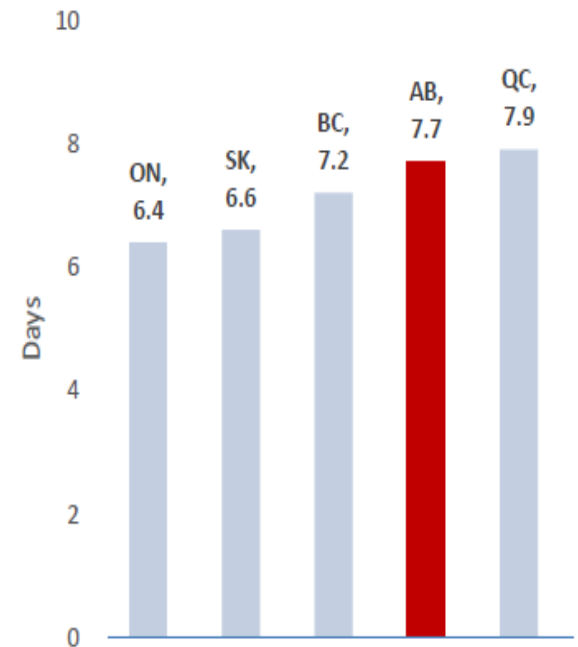
Procedures Meeting Benchmark Wait Times (2014)



Readmissions to Hospital within 30 Days (2013-14)



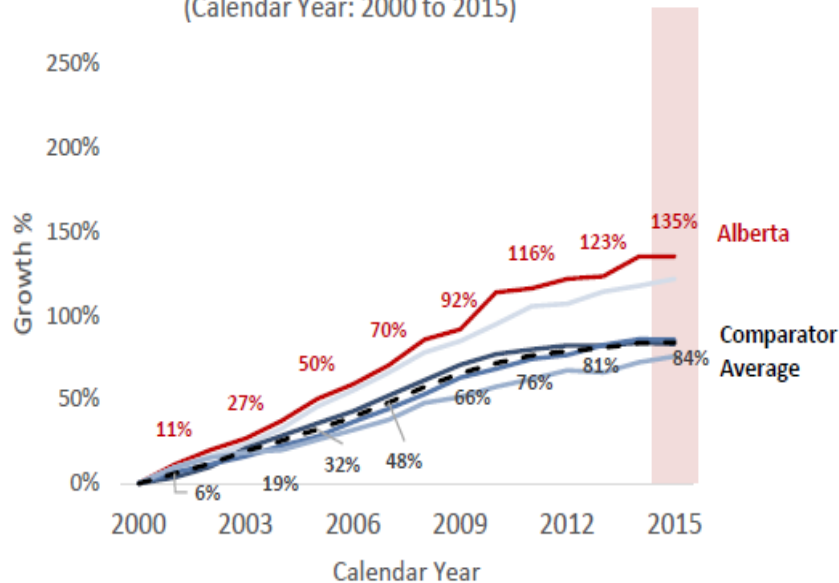
Age Standardized Avg. Length of Stay for Acute Inpatient Hospitalizations (2011-12)





Cumulative Provincial Health Expenditure Per Capita Growth

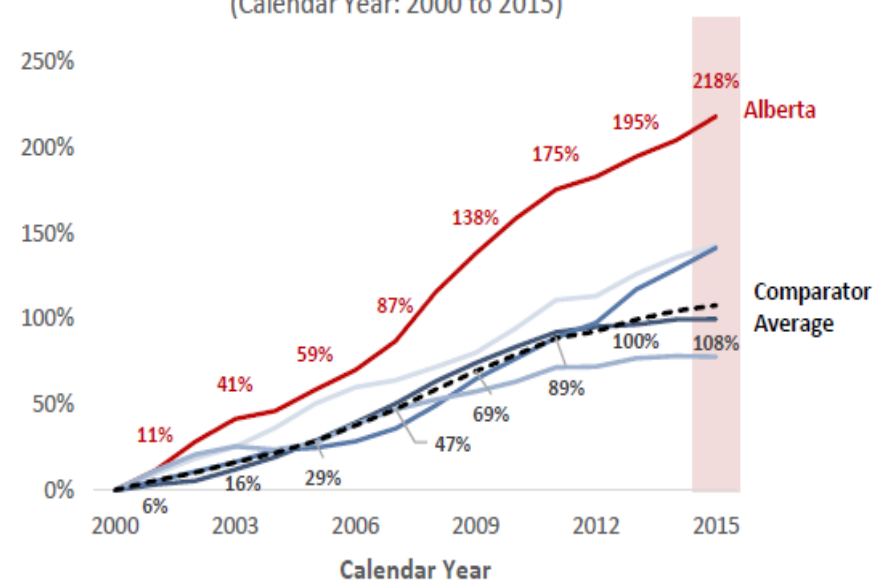
(Calendar Year: 2000 to 2015)



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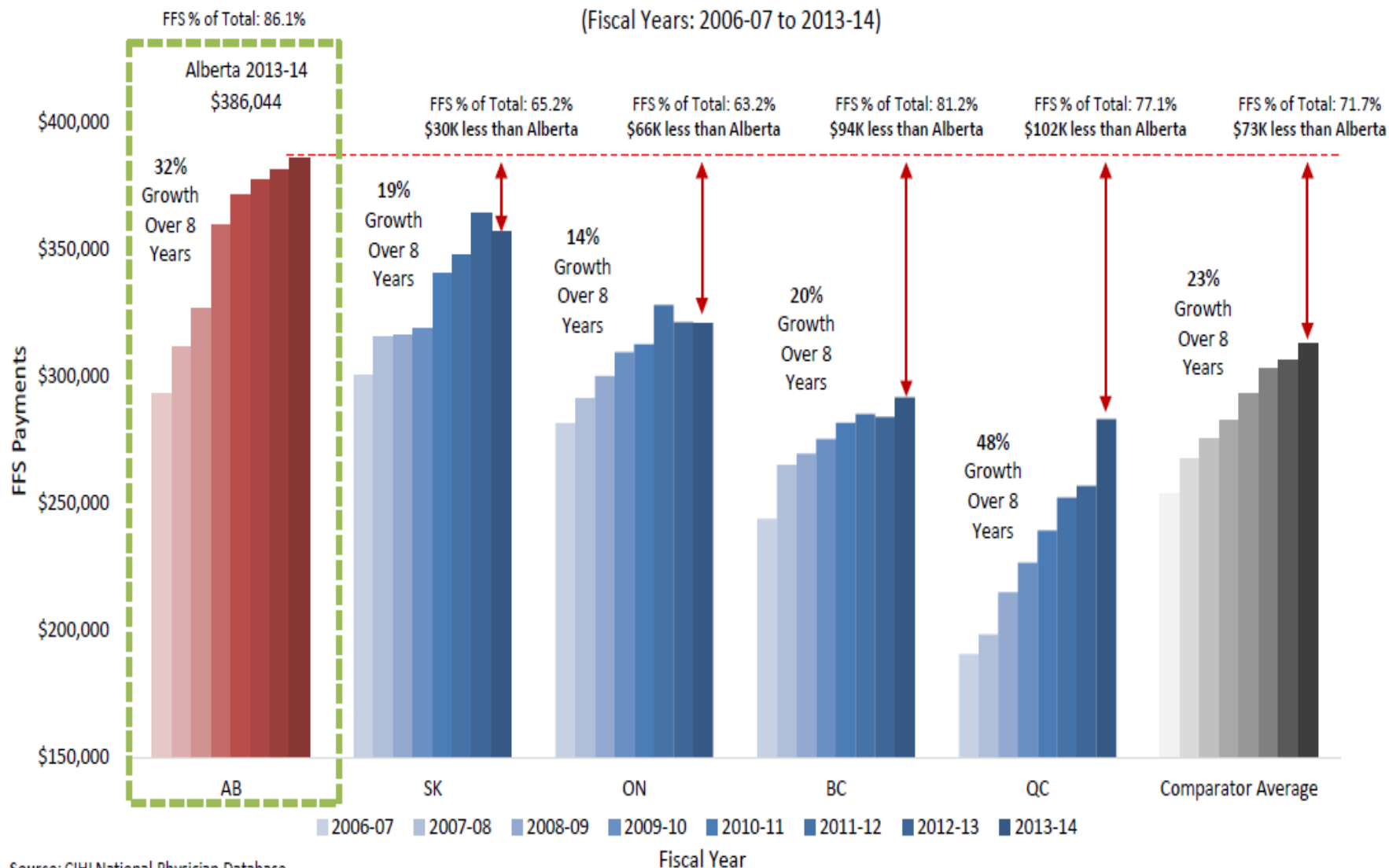
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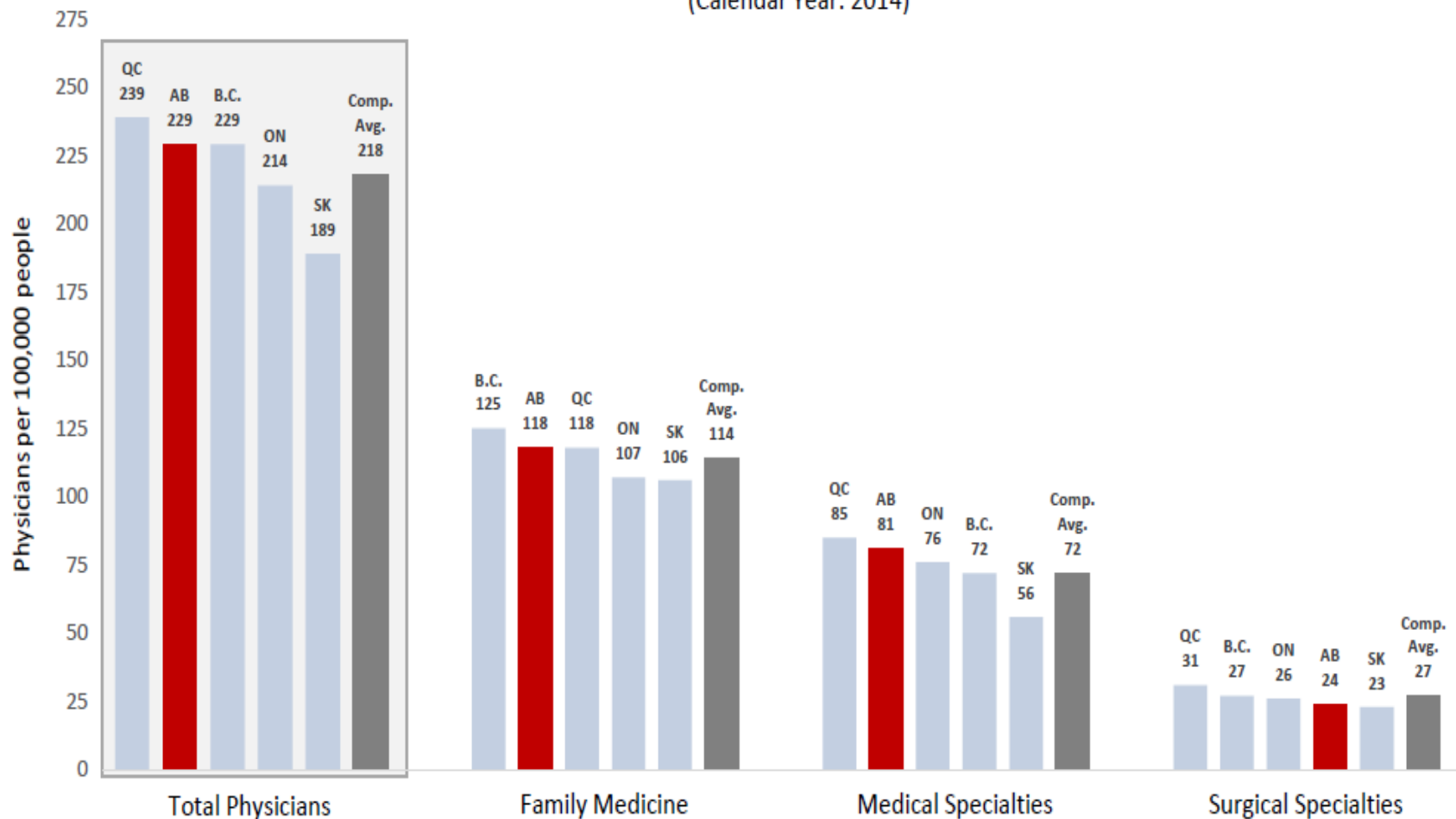
Average Gross FFS Payment > \$60,000 for All Physicians

(Fiscal Years: 2006-07 to 2013-14)





Physicians per 100,000 population by Specialty and Province (Calendar Year: 2014)



of physicians
in province

% of physicians who continued
to practice in the same province
(2013-2014)

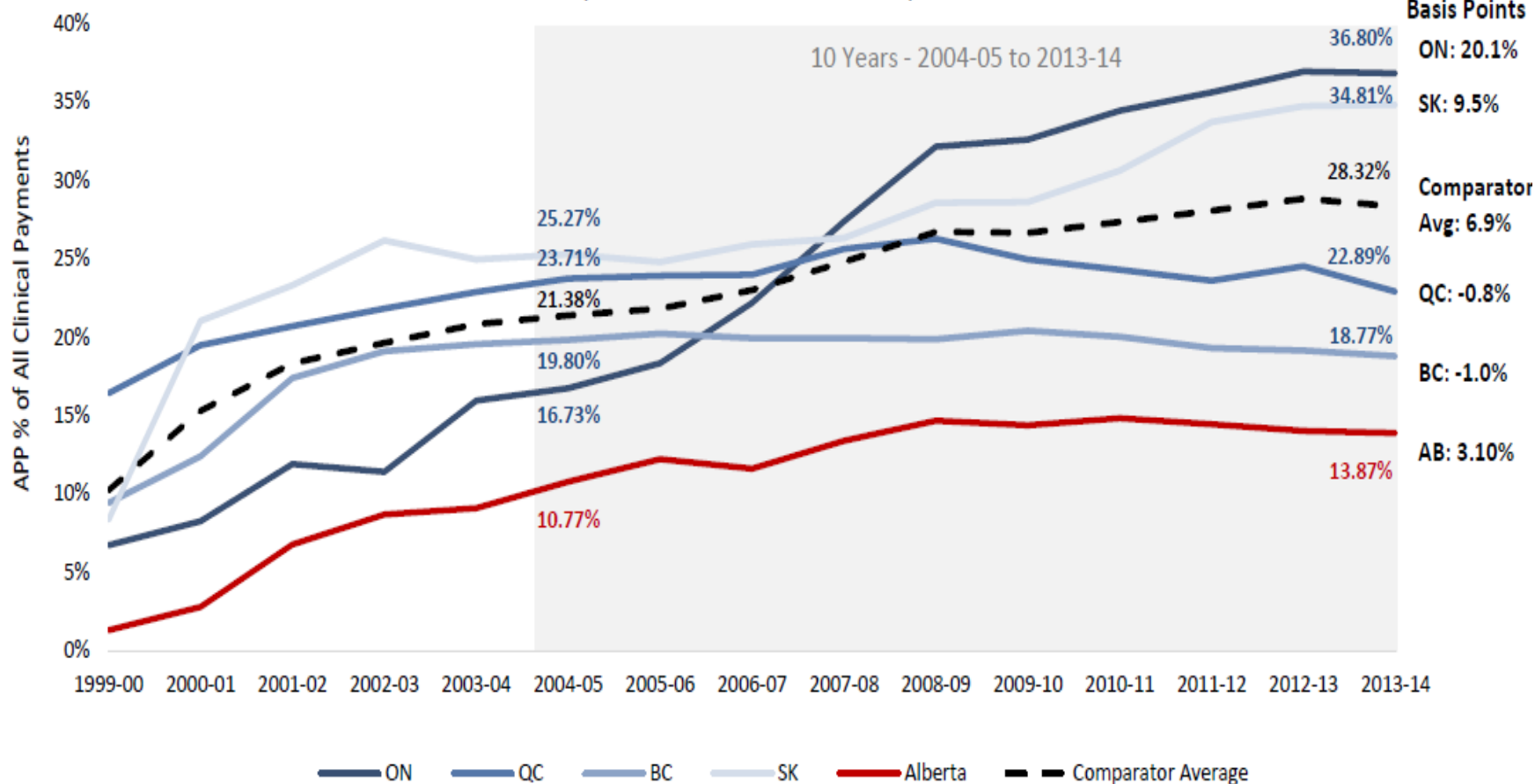
of physicians moving to practice in
selected province from the rest of
Canada (2013-14)

Net increase in # of physicians including new
graduates, physicians from abroad, physicians who
did not practice the previous year (2013-14)

2013-14 Province	Total Physicians	Retention Rate	Retention Rate Rank	Net Interprov. Migration Rank	Change in Physician-100,000 from Prior Year	Total In Migration Rank
Alberta	8,851	98.70%	4	2	8	1
N.L.	1,211	96.80%	10	6	7	2
Sask.	1,988	96.90%	9	8	5	3
Ontario	28,144	99.30%	2	4	5	4
B.C.	10,178	98.80%	3	1	4	5
N.B.	1,687	97.60%	5	7	2	6
Quebec	18,952	99.80%	1	3	2	7
N.S.	2,361	97.60%	6	5	-1	8
Man.	2,538	97.30%	8	10	-3	9
P.E.I.	264	97.30%	7	9	-11	10



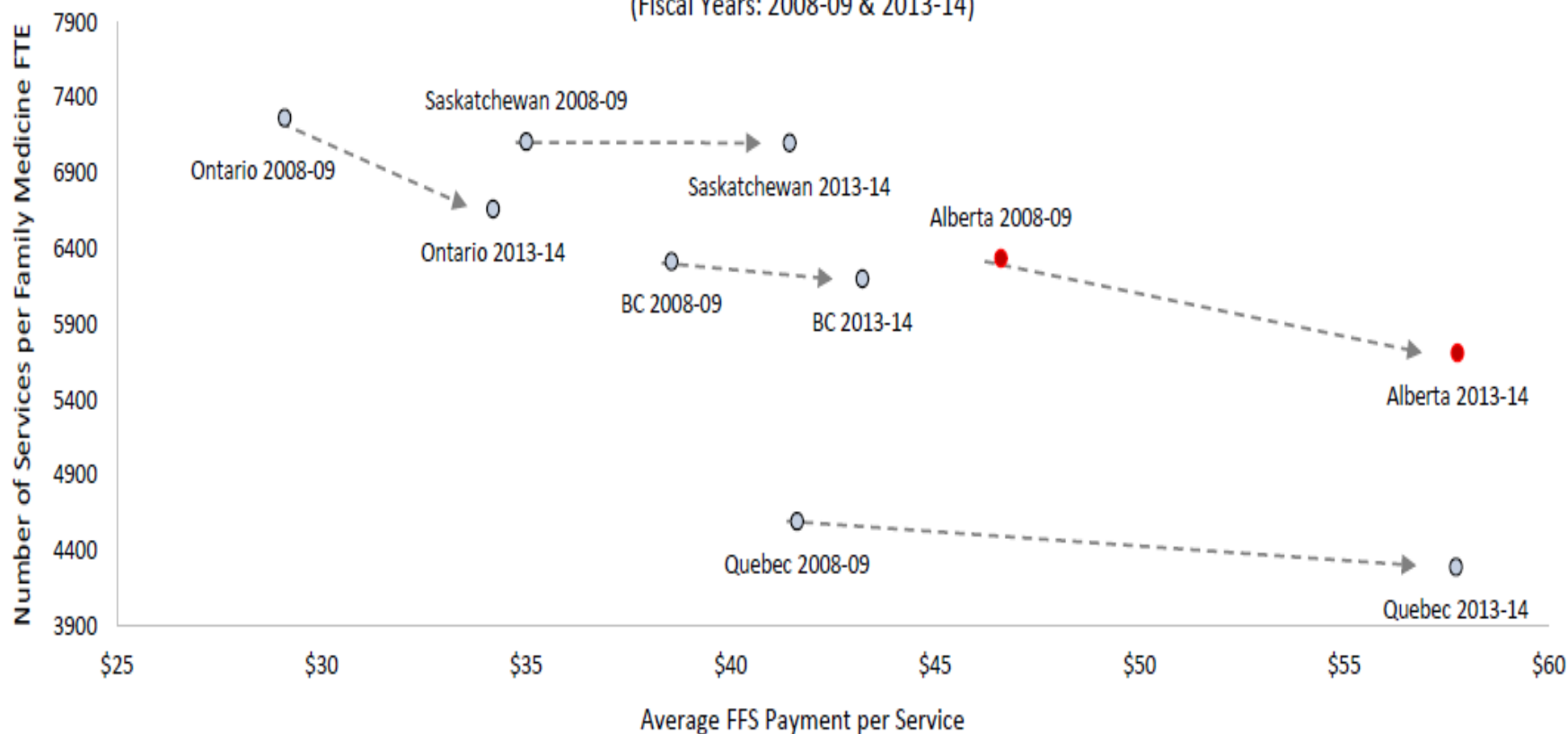
Annual APP % of All Clinical Payments (Fiscal Years: 1999-00 to 2013-14)





Comparison of Average FFS Payment and # of Services per Family Medicine Practitioner FTE

(Fiscal Years: 2008-09 & 2013-14)



Review

Physician wellness: a missing quality indicator

Jean E Wallace, Jane B Lemaire, William A Ghali

Lancet 2009; 374: 1714–21

See [Editorial](#) page 1653

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When physicians are unwell, the performance of health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to health-care systems. We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Introduction

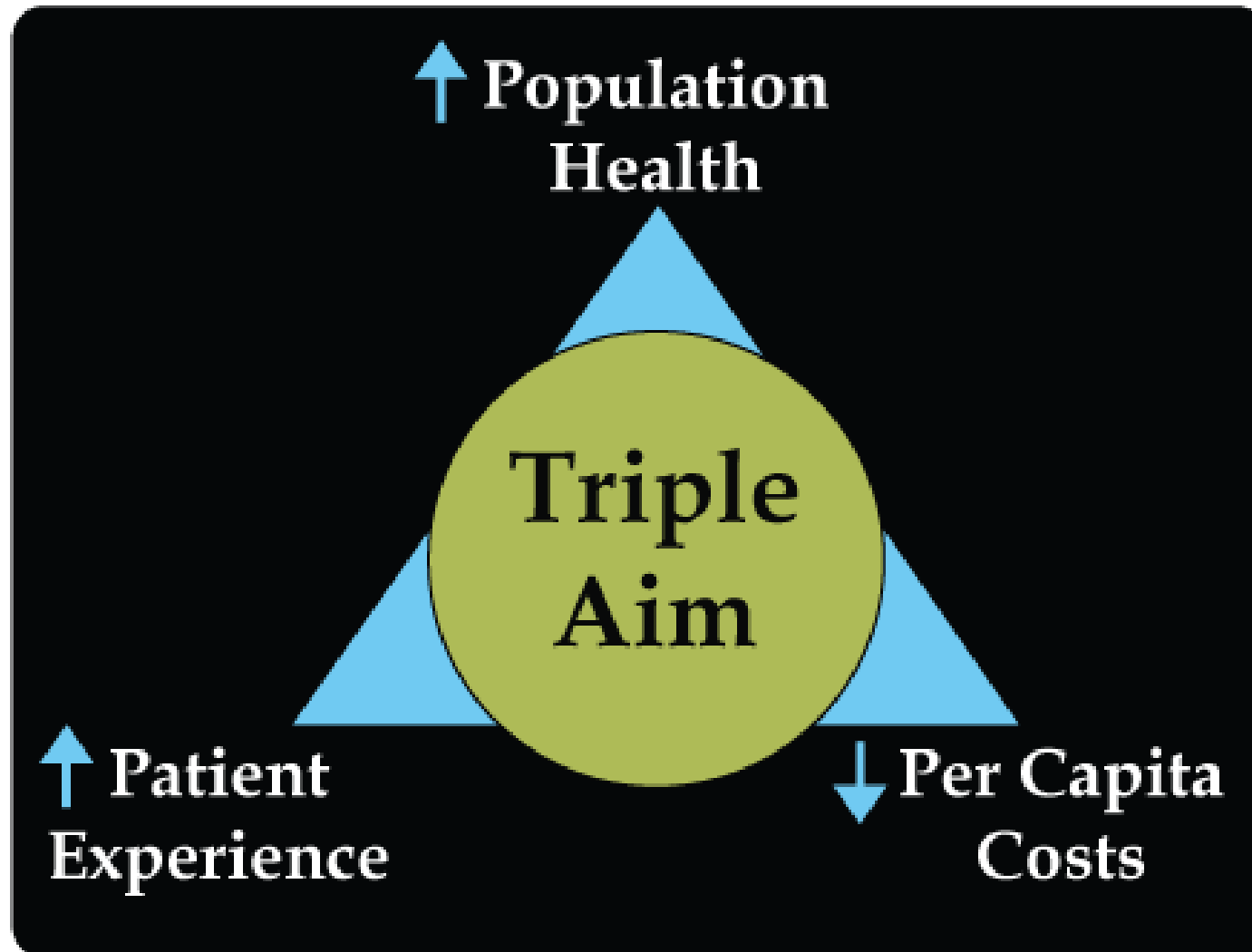
“Healthy citizens are the greatest asset any country can have.”

Sir Winston Churchill

Physicians are important citizens of health-care systems, and evidence indicates that many physicians are unwell. Physicians who are affected by the stresses of their work may go on to experience substance abuse, relationship troubles, depression, or even death.^{1–4} Results of emerging research show that physicians’ stress, fatigue, burnout, depression or general psychological distress negatively

review the potential consequences of self-neglect by physicians, both individually and at the level of health-care systems. We also address why health systems should routinely measure physician wellness as an indicator of health-system quality in view of the growing recognition that suboptimum physician wellness adversely affects system performance. We discuss some of the measurement and operational challenges associated with implementation of this missing quality indicator, and raise several issues that will need to be addressed to achieve the desired outcomes of improved physician wellness and system quality.









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