

Analyse des Gesundheitssystems der USA (German Edition)

Comparisons of Health Care Systems in the United States, Germany and Canada

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Comparisons of Health Care Systems in the United States, Germany and Canada

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REVIEW

SUMMARY

The purpose of this research paper is to compare health care systems in three highly advanced industrialized countries: The United States of America, Canada and Germany. The first part of the research paper will focus on the description of health care systems in the above-mentioned countries while the second part will analyze, evaluate and compare the three systems regarding equity and efficiency. Finally, an overview of recent changes and proposed future reforms in these countries will be provided as well. We start by providing a general description and comparison of the structure of health care systems in Canada, Germany and the United States.

Key words: health care systems, Canada, Germany, USA.

1. CANADA'S NHI – OVERVIEW, ORIGINS AND HISTORY

Canada has a national health insurance program NHI (a government run health insurance system covering the entire population for a well defined medical benefits package). Health insurance coverage is universal. General taxes finance NHI through a single payer system (only one third-party payer is responsible for paying health care providers for medical services). Consumer co-payments are negligible and physician choice is unlimited. Production of health care services is private; physicians receive payments on a negotiated fee for service and hospitals receive global budget payments (Method used by third party payers to control medical care costs by establishing total expenditure limits for medical services over a specified period of time).

Canada's health care system is known as Medicare (the term should not be confused with the Medicare program for the elderly in the U.S.). Canada's population is about 31 million people and the country is divided into 10 provinces and two territories. Most of the population lives within 100 miles of the United States border. From the American point of view, Canada provides a good comparison and contrast in terms of the structure of its health care systems. U.S. and Canada share a similar heritage in terms of language and culture; the two countries also share a long border and have similar economic institutions (Folland et al 542).

The origins of the current Canadian health care system can be traced back to the 1940's when some provinces introduced compulsory health insurance. The Canadian health care system began to take on its current form when the province of Saskatchewan set up a hospitalization plan immediately after WWII. The rural, low-income province was plagued by shortages of both hospital beds and medical practitioners. The main feature of this plan was the creation of the regional system of hospitals: local hospitals for primary care, district hospitals for more complex cases, and base hospitals for the most difficult cases. In 1956, the federal parliament enacted the Hospital and Diagnostic Services Act laying the groundwork for a nationwide system of hospital insurance. By 1961 all ten provinces and the two territories had hospital insurance plans of their own with the federal government paying one half of the costs.

By 1971 Canada had a national health insurance plan, providing coverage for both hospitalization and physician services. As recently as 1971, both the United States and Canada spent approximately 7.5 % of their GDP's on health care. Since 1971 the health care system has moved in different directions. While Canada has had publicly funded national health insurance, the United States has relied largely on private financing and delivery. During this period, spending in the United States has grown much more rapidly despite large groups that either uninsured or minimally insured.

The provisions of the 1984 Canada Health Act define the health care delivery system as it currently operates. Under the

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