Conducting comparative analysis of health care systems in North America and beyond to support evidence-informed policy
Federalism and Decentralization in Health Care examines eight federations that differ in terms of their geography, history, and constitutional and political development. Looking at Canada, Brazil, Germany, Mexico, Nigeria, Pakistan, South Africa and Switzerland, it explores vital health care issues such as constitutional responsibility, national laws, and the source and organization of public revenues.

Beyond these structural considerations, each country’s health care system is subjected to a “decision space analysis” to determine the actual degree of decentralization. A core question is whether national and subnational governments have narrow, moderate or broad discretion in their decisions on governance, access, human resources, health system organization and financing. This comparative approach highlights the similarities and differences among these federations.

Editors Gregory P. Marchildon and Thomas J. Bossert have gathered leading voices on the overall organization of health care systems around the world. Federalism and Decentralization in Health Care is a valuable resource for researchers of health care policy and, also, for readers interested in the practice of federalism.

Greg Marchildon and Michael Sherar co-authored the lead article in this new special issue on Doctors and Canadian Medicare, edited by Adalsteinn Brown, Dean of the Dalla Lana School of Public Health, University of Toronto. In their paper (below) they argue that while some progress has been made to reform primary care in a few jurisdictions, substantive improvement has been hampered by a misalignment between the policy goals and intentions of provincial governments and existing governance and accountability structures.
1. Introduction

In recent years, policy recommendations to “rebalance” health systems from institutionally-based to community-based approaches. This paper offers an analysis of the subsectoral dynamics that impacted sectoral directions.

There has been increased policy discourse urging a “rebalancing” of health systems from institutionally-based care, acute hospital care, and primary health care, each with their own policy arrangements and internal dynamics. Understanding health systems' ability to develop 'critical' status and challenge the dominance of the acute subsector. We conclude that health care is not a monolithic policy sector, but rather a collection of proximate policy sub-sectors, including community-based care, acute, and primary care. Each subsector has its own policy arrangements and internal dynamics.

The purpose of this paper is to assess factors impacting on the capacity to expand opportunities to strengthen community-based care relative to acute care. We report on the results of a policy study in Ontario, Canada that explored factors impacting on the capacity to expand community care in relation to acute care. Specifically, we explore the differences in interviewees, we identified three subsectors (acute, primary, and community care) that seemed to be particularly relevant. This paper highlights the significance of subsectoral politics and dynamics that impact sectoral directions. Policy-oriented scholarship that considers “why is it difficult to rebalance health systems” is needed.

Having considered ‘why is it difficult to rebalance health systems’ we suggest the importance of considering ‘how do we rebalance health systems’ and ‘what are the implications of rebalancing health systems?’. The aim of this paper is to assess factors impacting on the capacity to rebalance health systems. This paper highlights the significance of subsectoral politics and dynamics that impact sectoral directions. Policy oriented scholarship that considers “why is it difficult to rebalance health systems” is needed.

2. Subsectoral Politics

Policy-oriented scholarship that considers “why is it difficult to rebalance health systems” is needed. There has been increased policy discourse urging a “rebalancing” of health systems from institutionally-based care, acute hospital care, and primary health care, each with their own policy arrangements and internal dynamics. Understanding health systems’ ability to develop ‘critical’ status and challenge the dominance of the acute subsector. We conclude that health care is not a monolithic policy sector, but rather a collection of proximate policy sub-sectors, including community-based care, acute, and primary care. Each subsector has its own policy arrangements and internal dynamics.

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3. Methodology

The empirical focus of this paper is on the Canadian context. The research strategy was an exploratory case study that includes both qualitative and quantitative approaches. The qualitative approach involved interviews with key stakeholders in the health system, including policymakers, health professionals, and citizens. The quantitative approach involved the analysis of primary data, including policy documents, media reports, and other sources.

4. Results

The findings of this study indicate that subsectoral politics and dynamics are significant factors impacting on the capacity to rebalance health systems. The results suggest that there is a need for a more comprehensive understanding of the implications of rebalancing health systems.

5. Conclusion

In conclusion, this paper highlights the significance of subsectoral politics and dynamics that impact sectoral directions. Policy-oriented scholarship that considers “why is it difficult to rebalance health systems” is needed. There has been increased policy discourse urging a “rebalancing” of health systems from institutionally-based care, acute hospital care, and primary health care, each with their own policy arrangements and internal dynamics. Understanding health systems’ ability to develop ‘critical’ status and challenge the dominance of the acute subsector. We conclude that health care is not a monolithic policy sector, but rather a collection of proximate policy sub-sectors, including community-based care, acute, and primary care. Each subsector has its own policy arrangements and internal dynamics.

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RAPID REVIEWS

Rapid reviews are environmental scans or quick literature reviews on policy issues identified as urgent or emerging by NAO members.

Policy Innovations in Primary Care Across Canada RR 1, Mar. 2018
This review explores the state of primary care reform across Canada with an aim to elicit jurisdictions that have progressed primary care most innovatively through the last decade.

Primary Care Reforms in Ontario, Manitoba, Alberta, and the Northwest Territories RR 2, Sept. 2018
This review examines the extent to which these four jurisdictions have improved access to after-hours care; expanded the scope of services through access to interdisciplinary teams; and improved communication and coordination through information technology and EMRs.

Healthcare Quality Councils: A Pan-Canadian Scan RR 3, forthcoming
This report describes quality councils and Quality Improvement activities throughout Canada—their structural features, mandates, and roles, and suggests some opportunities for collaboration across jurisdictional lines.

Assistive Devices: Regulation and Coverage in Canada RR 4, Oct. 2018
This review describes publicly supported assistive devices programs in Canadian jurisdictions, including program mandates, eligibility criteria, types of devices included/excluded, how decisions to include/exclude are made, and how they are funded.

Assistive Devices Coverage: Ontario Compared to Other High-Income Jurisdictions RR 5, Oct. 2018
These rapid reviews compare coverage policies in Ontario to Australia, Germany, Italy, the Netherlands, New Zealand, Norway, the United Kingdom for four categories of assistive devices.

Assisted Devices: Regulation and Coverage in Australia RR 6, Oct. 2018
This review provides an in-depth assessment of coverage policies of assisted devices programs in Australia.

Assisted Devices: Regulation and Coverage in New Zealand RR 7, Oct. 2018
This review provides an in-depth assessment of coverage policies of assisted devices programs in New Zealand.

Assisted Devices: Regulation and Coverage in five European Countries RR 8, Oct. 2018
This review provides an in-depth assessment of coverage policies of assisted devices programs in Germany, Italy, the Netherlands, Norway, and the United Kingdom

Accountable Care Organizations and the Canadian Context RR 9, Nov. 2018
This rapid review describes public ACOs, summarizes the results of recent evaluations of ACOs in the US, and explores initiatives across Canada with respect to implementing ACO-like models.

Province-Wide Services RR 10, Nov. 2018
This rapid review describes the approaches provincial governments have taken to centralize health and back-office administrative services in provincial arm’s-length organizations.
Updated Health System Profiles for Canada and the United States, as well as the first-ever Profile on Mexico, will all be prepared for the European Observatory on Health Systems and Policies as part of its Health Systems in Transition (HiT) series, and published by the University of Toronto Press.

Health System Profile of Canada - Marchildon, G., & Allin, S.

Health System Profile of the United States of America - Rice, T., et al.

Health System Profile of Mexico - González-Block, M., Reyes, H., Cahuana, L. et al.
Quebec doctors use loophole to sidestep new law banning extra fees - CBC.ca - Jan. 24, 2017

UofT home to first North American academic hub for health system comparison - Feb. 10, 2017

Rapid Policy Response: Scholar-practitioners “on call” to provide insight to decision makers - Feb. 15, 2017

When it comes to health care funding in Canada, we should stop living in the past - Evidence Network - Mar. 2017

Caregivers need more support to figure out health and social systems - Toronto Star - Jul. 16, 2017

Spotlight on Canada’s health-care system during Bernie Sanders’s visit to Toronto - U of T News - Oct. 26, 2017

Bernie Sanders awed by Canadian health care - Toronto Star - Oct. 28, 2017

Bernie Sanders compares U.S. health-care struggles to rights movements - Toronto Star - Oct. 29, 2017

Bernie Sanders lauds Canadian health-care system in Toronto speech - Globe and Mail - Oct. 29, 2017

Bernie Sanders wants Canadians to ‘Be a little bit louder’ with health debate - Huffington Post - Oct. 29, 2017

Bernie Sanders can’t say enough good things about Canada’s health care system - National Post - Oct. 29, 2017

‘So much to be learned’: Bernie Sanders commends Canada’s health care - CBC Toronto - Oct. 29, 2017

CTV Toronto: Bernie Sanders lends star power to Ontario premier at health care talk (Greg Marchildon interview - Why was Sanders in Toronto?)

National pharmacare plan a step in right direction for Canadians: U of T expert - U of T News - Mar. 06, 2018

Premier Moe’s equalization plan would curb redistribution - Regina Leader-Post - June 27, 2018

One country, Many Health Systems - U of T News (Q&A With Greg) - Aug. 13, 2018

Québec election: Health care is No. 1 voter issue - Montreal Gazette - Sep. 17, 2018

L’emploi précaire: un enjeu de santé mentale - Le Journal de Montréal - Oct. 25, 2018

Greg – distinguished LSE alumni - London School of Economics Alumni Association - June 16, 2017
NAO LECTURE SERIES

The NAO Lecture Series brings leading scholars and great thinkers from around the world to the University of Toronto to present their applied research on comparative health systems and policies. Of interest to health system decision-makers and managers as well as scholars and students, these NAO lectures are free of charge and open to anyone to attend.


Thomas Rice
November 12, 2018

Evaluating Health System Decentralization in Federal Systems: Eight International Cases

Thomas Bossert
October 24, 2018

Towards universal health coverage in Mexico. Progress and Challenges.

Miguel Angel González-Block
February 28, 2018

Access and Quality: The Performance of Health Systems Worldwide

Martin McKee
July 6, 2017

Improving performance in Healthcare: evaluation systems and governance tools

Sabina Nuti
November 9, 2018

Learning from abroad? Canadian pharmaceutical policy in comparative perspective

Katherine Boothe
March 21, 2018

Perverse Policies? Comparing Private Insurance in Australia and Canada

James Gillespie
September 25, 2017

Public Policy on Dual (Public-Private) Physician Practice: Israel and Canada Compared

Bruce Rosen
May 11, 2017

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John has been in his position at IHE since 2007, and spent time with the Alberta government in 2 secondments, and has contributed to Alberta’s provincial health innovation strategies.

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Prior to joining the WHO, Dr. Aslanyan was federal public servant working with the Public Health Agency of Canada (PHAC) and the Department Foreign Affairs, Trade and Development (DFATD) in Ottawa. Garry is Adjunct Professor, Dalla Lana School of Public Health, and Institute of Health Policy, Management and Evaluation, University of Toronto.

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NEW FUNDING

2017 - CIHR Operating Grant: A comparative policy analysis of programs to support people with dementia and co-existing complex needs and their caregivers (BC, ON, NL, VT, NY). PI: Greg Marchildon $500,000 from Jan 1, 2017 to Dec 31, 2020

2018 - CIHR Project Grant: Primary care reform and medication appropriateness for seniors: A comparative study of two provinces (ON, QC), Co-PI: Co-Pls: Sara Allin, Agnes Grudniewicz, Elisabeth Martin, David Rudoler, Erin Strumpf, $501,075 from April 1, 2018 to March 31, 2021

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