



Topic Brief: Healthcare Models for Vulnerable Canadian Populations

Date: 3/04/2022

Nomination Number: 0970

Purpose: This topic brief summarizes the information addressing a nomination submitted through the AHRQ Effective Health Care Website on March 1, 2022. This information was used to inform the Evidence-Based Practice Center (EPC) Program’s decisions about whether to produce an evidence review on the topic, and if so, what type of evidence product would be most appropriate.

Issue: Canada's universal publicly funded healthcare system emphasizes equitable access to medical services based on one’s need rather than ability to pay. However the geographic, cultural, and economic diversity of the Canadian population creates unintended inequities in health outcomes and care access for vulnerable populations.¹ This nomination seeks to examine alternative strategies of health care delivery for underserved and rural populations in Canada that would increase their access to care while optimizing health care utilization and costs.

Program Decision: The AHRQ EPC Program will not develop a new evidence review on this topic. The Program is commissioning a new evidence review focused on patient, clinician, and systems-level interventions address disparities in health outcomes, and the concerns of this nominator may be addressed in this planned review.

Background

While the Canadian healthcare system is commonly perceived as a universal single payer-based system, health care services in Canada are delivered through several distinct mechanisms operating at provincial, territorial, and federal levels. The Canadian federal government sets uniform standards and helps finance provincial and territorial health care services, while provincial and territorial governments are responsible for delivering services according to the needs of the local populations. These local governments provide a relatively equitable access to outpatient primary care and acute care services through a network of provincial and territorial tax funded public insurance plans. Nevertheless, rural communities, socioeconomically disadvantaged populations, and ethnically diverse communities face challenges accessing the care they need.¹

Approximately 18 percent of the Canadian population reside in geographically rural areas however only 14 percent of family physicians and less than 3 percent of medical specialists practice in these areas. As a result, Canadians living in remote areas must often travel long distances to receive care beyond the most basic medical services.² Canada is also home to large immigrant and refugee populations, with approximately one in every five Canadian citizens being foreign-born. National statistics show that new immigrants may be twice as likely to experience difficulties in accessing care compared to Canadian-born citizens, and refugees

experience even more challenges in receiving their needed care.³ Socioeconomically disadvantaged populations also face inequities in accessing medical care. Nearly one third of working Canadians lack employer-based supplemental private insurance and as a result, may have trouble affording prescription medications or accessing mental health services or dental care.²

These inequities in access to health care driven by adverse social determinants of health have been further exacerbated by the recent COVID-19 pandemic. The Canadian national Survey on Access to Health Care and Pharmaceuticals During the Pandemic (SAHCPDP) conducted between March and May 2021, found that approximately half of Canadian adults who required medical care during the first year of the pandemic experienced difficulty receiving the services they needed.⁴ These and other challenges have led the Canadian government to propose a number of initiatives to enhance equitable access to care, including expanding telemedicine delivered services and implementing integrated care delivery models.⁵

The EPC Program assessed another nomination focused on [Interventions to Address Health Disparities](#), and is in the process of commissioning a new review that may address patient, clinician, and systems-level interventions to improve outcomes for disadvantaged populations.

Assessment Methods

We assessed the nomination for priority for a systematic review or other AHRQ EPC Program report using a hierarchical process based on established selection criteria. Assessment of each criterion (outlined below) determined the need to evaluate the next.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EPC Program.
2. Establish the overall *importance* of the nominated topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or another AHRQ evidence product would be duplicative.
4. Assess the *potential impact* a new systematic review or another AHRQ evidence product.
5. Assess whether the *current state of the evidence* allows to develop a systematic review or another AHRQ evidence product (*feasibility*).
6. Determine the *potential value* of a new systematic review or another AHRQ evidence product.

References

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