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Leaving Canada for Medical Care, 2016

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Summary

- In 2015, an estimated 45,619 Canadians received non-emergency medical treatment outside Canada.

- Physicians in British Columbia reported the highest proportion of patients (in a province) receiving treatment abroad (1.5%). The largest number of patients estimated to have left the country for treatment was from Ontario (22,352).

- Across Canada, urologists reported the highest proportion of patients (in a specialty) travelling abroad for treatment (1.6%). The largest number of patients (in a specialty) also travelled abroad for urology procedures (4,974).

- One explanation for patients travelling abroad to receive medical treatment may relate to the long waiting times they are forced endure in Canada's health care system. In 2015, patients could expect to wait 9.8 weeks for medically necessary treatment after seeing a specialist—almost 3 weeks longer than the time physicians consider to be clinically "reasonable" (7.1 weeks).

Introduction

By estimating how many Canadians receive health care outside the country each year, and the type of care they receive, we gain some insights into the state of health care and medical tourism.

Canadians who choose to seek treatment abroad do so for several reasons, many of which may relate to their inability to access quality health care in a timely fashion within Canada's borders. Some patients may be sent out of country by the public health care system due to a lack of available resources or because some procedures or equipment are not provided in their home jurisdiction. Others may choose to leave Canada because they are concerned about quality (Walker et al., 2009) and are seeking more advanced health care facilities, state-of-the-art medical technologies, or better outcomes. Others may leave in order to avoid some of the adverse medical consequences of waiting for care, such as worsening of their condition, poorer outcomes following treatment, disability, or death (Esmail, 2009; Barua et al., 2013; Day, 2013). Some may leave simply to avoid delay and to make a quicker return to normal life.

While there is no readily available data on the number of Canadians travelling abroad for health care, it is possible to produce an estimate of these numbers from data gathered through the Fraser Institute's *Waiting Your Turn* survey and from the Canadian Institute for Health Information (CIHI), which tallies the numbers of procedures performed in Canada.

Table 1: Average Percentage of Patients Receiving Treatment Outside of Canada, 2015

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	0.2%	1.6%	0.0%	0.3%	1.2%	0.3%	0.1%	0.0%	–	0.0%	0.8%
Gynaecology	0.8%	0.2%	0.3%	0.5%	1.2%	0.9%	0.6%	1.2%	–	0.0%	0.9%
Ophthalmology	1.6%	0.4%	0.3%	0.0%	1.4%	0.4%	1.4%	1.3%	1.0%	0.8%	1.1%
Otolaryngology	1.3%	1.4%	0.3%	0.6%	0.9%	0.1%	1.2%	0.3%	0.0%	–	0.8%
General Surgery	1.2%	0.6%	0.3%	0.6%	0.7%	0.3%	0.3%	0.2%	–	0.5%	0.7%
Neurosurgery	0.9%	3.8%	0.0%	–	0.6%	0.0%	5.0%	1.0%	–	–	1.5%
Orthopaedic Surgery	1.7%	0.3%	0.7%	0.0%	1.5%	0.4%	1.4%	0.7%	0.0%	4.5%	1.2%
Cardiovascular Surgery	0.6%	0.7%	0.0%	0.5%	0.6%	0.0%	0.0%	0.0%	–	0.0%	0.4%
Urology	3.3%	1.4%	0.0%	0.5%	1.1%	0.7%	1.7%	1.2%	–	3.0%	1.6%
Internal Medicine	1.5%	2.7%	0.5%	0.8%	1.1%	0.3%	0.8%	1.7%	0.5%	0.0%	1.2%
Radiation Oncology	1.5%	0.3%	2.5%	0.0%	1.6%	0.5%	0.0%	0.0%	–	0.0%	0.9%
Medical Oncology	1.7%	–	–	0.0%	1.3%	0.9%	–	1.3%	–	–	1.3%
All Specialties	1.5%	1.0%	0.4%	0.4%	1.2%	0.5%	0.9%	1.0%	0.4%	1.0%	1.0%

Table 2: Estimated number of patients receiving treatment outside of Canada, 2015

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	13	116	0	4	269	34	2	0	-	0	438
Gynaecology	156	48	21	34	729	246	28	60	-	0	1,321
Ophthalmology	1,092	204	48	0	2,382	483	122	231	16	55	4,635
Otolaryngology	189	189	20	28	455	39	49	12	0	-	981
General Surgery	1,358	361	105	184	2,108	204	24	52	-	100	4,495
Neurosurgery	71	208	0	-	121	0	62	10	-	-	472
Orthopaedic Surgery	694	98	93	0	1,742	271	108	62	0	191	3,259
Cardiovascular Surgery	65	42	0	6	156	0	0	0	-	0	269
Urology	1,727	361	0	35	2,116	227	112	149	-	247	4,974
Internal Medicine	873	932	71	124	1,641	82	26	202	8	0	3,959
Radiation Oncology	12	2	6	0	133	16	0	0	-	0	169
Medical Oncology	54	-	-	0	222	70	-	12	-	-	358
Residual *	4,010	2,054	348	286	10,277	1,688	361	676	27	558	20,288
Total	10,315	4,616	712	702	22,352	3,360	894	1,466	52	1,151	45,619

* The residual count was produced using the average provincial percent of patients receiving treatment outside of Canada and the residual count of procedures produced in *Waiting your turn*, 2015 report.

Source: *Waiting Your Turn 2015*, calculations by authors.

Estimating the number of patients leaving Canada for health care

Each year, the Fraser Institute conducts a survey of physicians across Canada in 12 major medical specialties: plastic surgery, gynaecology, ophthalmology, general surgery, neurosurgery, orthopaedic surgery, cardiovascular surgery, urology, internal medicine, radiation oncology, and medical oncology.[1]

Included in the survey is the question: "Approximately what percentage of your patients received non-emergency medical treatment in the past 12 months outside Canada?" The answers are averaged for each of the specialties studied in *Waiting Your Turn* for each province, producing a table that reports the average percentage of patients receiving treatment outside Canada (Barua, 2015: table 11). These percentages are shown in table 1.

In 2015, 1.0% of patients in Canada were estimated to have received non-emergency medical treatment outside Canada, compared to 1.1% in 2014 (Barua and Fathers, 2014: table 11). Physicians in British Columbia reported the highest proportion of patients (in a province) that received treatment abroad (1.5%), while at the other end of the scale physicians in Saskatch-

[1] See Barua (2015) for information regarding procedures constituting each specialty.

ewan, Manitoba, and Prince Edward Island reported that only 0.4% of their patients travelled abroad for treatment in 2015.

Across Canada, urologists reported the highest proportion of patients (in a specialty) travelling abroad for treatment (1.6%), while the lowest proportion of patients (in a specialty) travelled abroad for cardiovascular surgery (0.4%) (see table 1).

Combining these percentages[2] (table 1) with the number of procedures[3] performed in each province and in each medical specialty gives an estimate of the number of Canadians who likely received treatment outside the country.

Results

Table 2 indicates that a significant number of Canadians—an estimated 45,619 people—may have received treatment outside of the country in 2015. This is a decrease from the 52,513 who were estimated to have travelled abroad in 2014 (Barua and Ren, 2015) but higher than the 41,838 who were estimated to have travelled abroad in 2013 (Esmail and Barua, 2013).

Increases between 2014 and 2015 in the estimated number of patients going outside Canada for treatment were seen in five provinces: Newfoundland & Labrador (from 327 to 1,151), British Columbia (9,799 to 10,315), Nova Scotia (975 to 1,466), New Brunswick (742 to 894), and Prince Edward Island (48 to 52). Conversely, in that period there was a decrease in the estimated number of patients who received treatment outside Canada in Saskatchewan (from 1,050 to 712), Manitoba (1,048 to 702), Alberta (5,988 to 4,616), Quebec (6,284 to 3,360), and Ontario (26,252 to 22,352).

Table 2 also shows the estimated number of patients receiving treatment outside of Canada by specialty. For example, we estimate that approximately 4,974 Canadians travelled abroad in 2015 to receive urological treatments. On the other hand, we estimate that only about 169 Canadians went abroad to receive radiation oncology treatment in 2015.

Limitations

Two data-related issues must be noted. First, data for the number of procedures performed in Quebec in 2012/13 was not available to Barua and Fathers (2014). As a result, they made a prorated estimate of surgeries in Quebec using the number of acute surgeries performed in the province in 2011/12.[4] However, Barua and Ren (2015) received and incorporated data for Quebec from the Hospital Morbidity Database in their calculations (upon which this current update is based). As such, year-to-year comparisons of estimates for the number of patients from Quebec who received treatment abroad (and hence, the Canadian total) cannot be made reliably.

Second, there is a temporal mismatch between the timing of the Fraser Institute's *Waiting Your Turn* survey and the CIHI's annual data release. Specifically, procedure counts data used for *Waiting Your Turn* are typically one year behind (e.g., the 2015 edition of *Waiting Your Turn*

[2] Readers should note that this calculation uses the exact values, not the rounded values that appear in table 11 in Barua (2015).

[3] Data are for 2013/14 from the Discharge Abstract Database (CIHI, 2015a) and the National Ambulatory Care Reporting System (CIHI, 2015b), and the Hospital Morbidity Database (HMDB) (CIHI, 2015c). For further details see Barua (2015).

[4] This may limit comparisons with estimates from previous years for Quebec, and for Canada as a whole.

used procedure counts from 2013/2014). While the calculations above use the temporally mismatched procedure counts to provide up-to-date information, previous calculations adjusting for the temporal mismatch show that it does not appear to materially affect the trend witnessed in the overall count of Canadians. However, it does, as expected, affect the actual counts of Canadians (Esmail, 2007).[5]

The number of patients receiving treatment outside Canada each year produced by this methodology is likely to be an underestimate. This is the result of a few factors. Most importantly, these numbers are based on specialist responses, which means that patients who leave Canada without consulting a specialist[6] are not likely to be included in the count shown in table 2. The counts are also based on the number of procedures estimated to have been performed in Canada, which is less than the total number of patients consulted and less than the total number of Canadians who would have required treatment, including those who left Canada to seek it.

Discussion

These numbers are not insubstantial. They point to a sizeable number of Canadians whose needs and health care demands could not be satisfied within Canada's borders.

There are a number of possible reasons why this may have been the case. Some patients may have been sent out of country by the public health care system due to a lack of available resources or the fact that some procedures or equipment are not provided in their home jurisdiction. Others may have chosen to leave Canada in response to concerns about quality (Walker et al., 2009), seeking more advanced health care facilities, more state-of-the-art medical technologies, or better outcomes.

Another explanation may relate to the long waiting times that patients are forced endure in Canada's health care system. For example, in 2015, patients could expect to wait 9.8 weeks for medically necessary treatment after seeing a specialist.[7] This wait time (which does not include the 8.5 week wait to see a specialist) is almost 3 weeks longer than what physicians consider to be clinically "reasonable" (7.1 weeks).

Thus, it is possible that some patients may have left the country to avoid some of the adverse medical consequences of waiting for care, such as worsening of their condition, poorer outcomes following treatment, disability, or death (Esmail, 2009; Barua et al., 2013; Day, 2013). At the same time, others may have left simply to avoid delay and to make a quicker return to normal life.

Conclusion

In 2015, an estimated 45,619 Canadians received non-emergency medical treatment outside Canada. In some cases, these patients may have needed to leave Canada due to a lack of available resources or a lack of appropriate proce-

[5] Specifically, the Canadian counts with the temporal mismatch for 2004, 2005, and 2006 were 49,392, 44,022, and 39,282, respectively. Accounting for the mismatch, the counts for 2004 and 2005 were 47,011 and 45,776, respectively (see Esmail, 2007).

[6] In 2015, the national median wait time between referral by a general practitioner and consultation with a specialist was 8.5 weeks (see Barua, 2015).

[7] The Fraser Institute's Waiting Your Turn survey measures wait times for elective treatment in most specialties. For more information, see Barua, 2015.

dures or technologies. In others, their departure may have been driven by a desire to return more quickly to their lives, to seek out superior quality care, or perhaps to save their own lives or avoid the risk of disability.

Clearly, the number of Canadians who ultimately receive their medical care in other countries is not insignificant. That a considerable number of Canadians travelled abroad and paid to escape the well-known failings of the Canadian health care system speaks volumes about how well the system is working for them.

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