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OECD HEALTH TECHNICAL PAPERS NO. 2

SHA-BASED HEALTH ACCOUNTS IN THIRTEEN OECD COUNTRIES COUNTRY STUDIES: CANADA NATIONAL HEALTH ACCOUNTS 1999

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DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS

OECD HEALTH TECHNICAL PAPERS

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TABLE OF CONTENTS

FOREWORD

1. A project aimed at presenting initial results from the implementation of the System of Health Accounts has been carried out by the Health Policy Unit at the OECD and experts from thirteen member countries. The results are presented in the form of a comparative study (OECD Health Working Papers No. 16) and a set of OECD Health Technical Papers presenting individual country studies. This volume is the second in this series, presenting the Canadian SHA-based health accounts.

2. In response to the pressing need for reliable and comparable statistics on health expenditure and financing, the OECD, in co-operation with experts from OECD member countries, developed the manual, *A System of Health Accounts* (SHA), releasing the initial 1.0 version in 2000. Since its publication, a wealth of experience has been accumulated in a number of OECD countries during the process of SHA implementation, and several national publications have already been issued. Furthermore, the Communiqué of Health Ministers, issued at the first meeting of OECD Health Ministers held on May 13-14, 2004 emphasised the implementation of the *System of Health Accounts* in member countries as a key item in the future OECD work programme on health.

3. The Secretariat considers as a key task to disseminate the SHA-based health accounts of OECD member countries and their comparative analysis. In the series of Health Technical Papers – that are also available via the internet – the key results are presented on a country-by-country basis, supported by detailed methodological documentation. They – together with the comparative study – will provide a unique source of health expenditure data with interpretation of SHA-based health accounts. In particular, the results describe in a systematic and comparable way that how, and for what purposes, money is spent in the health systems of the participating countries. These papers are also important in a methodological sense: the analysis of data availability and comparability shows where further harmonisation of national classifications with the International Classification for Health Accounts (SHA-ICHA) would be desirable.

4. Thirteen countries participated in this project: Australia, Canada, Denmark, Germany, Hungary, Japan, Korea, Mexico, the Netherlands, Poland, Spain, Switzerland and Turkey. The next edition of the comparative study to be published in 2006, is expected to include several additional countries. Meanwhile, new country studies will be presented on the OECD SHA web page and in the Health Technical Papers when they become available.

5. The OECD Secretariat invites readers to comment on the series of Health Technical Papers on SHA-based health accounts and to make suggestions on possible improvements to the contents and presentation for future editions.

AVANT-PROPOS

6. L'Unité des politiques de santé de l'OCDE et des experts originaires de treize pays Membres ont mené un projet visant à rendre compte des premiers résultats de la mise en œuvre du Système de comptes de la santé (SCS). Ces résultats se présentent sous la forme d'une étude comparative (document de travail sur la santé n° 16 de l'OCDE) et d'un ensemble de rapports techniques sur la santé contenant des études par pays. Ce volume est le deuxième de la série, il examine les comptes de la santé fondés sur le SCS au Canada.

7. Face à la nécessité croissance de disposer de statistiques fiables et comparables sur les dépenses et le financement des systèmes de santé, l'OCDE, en collaboration avec des experts des pays Membres, a élaboré un manuel intitulé *Système des comptes de la santé* (SCS), dont la version 1.0 a été publiée en 2000. Depuis sa publication, une grande expérience a été accumulée dans plusieurs pays de l'OCDE au cours du processus d'application du SCS, et plusieurs publications nationales sont déjà parues dans ce domaine. En outre, le Communiqué des ministres de la santé, diffusé lors de la première réunion des ministres de la santé de l'OCDE qui s'est tenue les 13 et 14 mai 2004, qualifie l'application du *Système des comptes de la santé* dans plusieurs pays Membres d'élément clé du futur programme de travail de l'OCDE sur la santé.

8. Le Secrétariat juge essentiel de diffuser les comptes de la santé fondés sur le SCS des pays Membres de l'OCDE ainsi que leur analyse comparative. Dans la série des rapports techniques sur la santé, également disponibles sur internet, les principaux résultats sont présentés pays par pays et s'accompagnent de documents détaillés sur la méthodologie employée. Ces rapports, conjugués à l'étude comparative, constituent une source unique de données sur les dépenses de santé et fournissent une interprétation des comptes de la santé fondés sur le SCS. Ils décrivent en particulier de manière systématique et comparable la façon dont les dépenses de santé des pays participants s'effectuent ainsi que leur objet. Ces documents sont également importants d'un point de vue méthodologique : l'analyse de la disponibilité et de la comparabilité des données révèle les domaines dans lesquels il serait souhaitable de poursuivre l'harmonisation des systèmes de classification nationaux avec la classification internationale pour les comptes de la santé (ICHA).

9. Treize pays ont participé à ce projet : l'Allemagne, l'Australie, le Canada, la Corée, le Danemark, l'Espagne, la Hongrie, le Japon, le Mexique, les Pays-Bas, la Pologne, la Suisse et la Turquie. La prochaine version de l'étude comparative, à paraître en 2006, devrait inclure plusieurs pays supplémentaires. Pendant ce temps, de nouvelles études par pays seront présentées sur la page web du SCS de l'OCDE et dans les rapports techniques sur la santé dès qu'elles seront disponibles.

10. Le Secrétariat de l'OCDE invite les lecteurs à faire part de leurs commentaires sur la série des rapports techniques sur la santé relatifs aux comptes de la santé fondés sur le SCS, ainsi que de leurs suggestions sur la façon dont le contenu et la présentation des prochaines éditions pourraient être améliorés.

INTRODUCTION

11. In Canada, National Health Accounts were initiated by the Department of National Health and Welfare in the early 1960s, around the time the implementation of the publicly financed program of national hospital insurance was completed in all provinces (1961). Expenditure was compiled by source of finance for only five categories of personal health care: hospitals, prescribed drugs, physicians, dentists and other professionals. A first publication *Expenditures on Personal Health Care in Canada 1953-1961* was released in 1963. The year 1953 was selected as the base year as it was the earliest year with comparable data.

12. In the early 1970s, three categories of expenditure were added to the five original categories under personal health care: nursing homes, non-prescription drugs and health appliances. A new broad category called "Other Health Expenditure" was introduced. This broad category included public health, capital expenditures, administration of insurance programs and research. Estimates for the new categories were made retroactively to 1960.

13. In the 1970s and 1980s, the Department of National Health and Welfare added other expenditures categories (*e.g.*, home care, ambulance services, occupational health, voluntary health organizations, training of health workers) and published regular updates, without extensive changes to estimation methods and data sources.

14. From 1992 to 1995, Health Canada (formerly the Department of National Health and Welfare) conducted a methodological review to revise health expenditure estimation procedures. The methodological review examined a number of concepts, data sources and methods used to estimate health expenditures by sector of finance and by category of expenditure. One of the primary motivations for undertaking the methodology review was that, previously, several categories in the private sector were estimated using a residual calculation method, based on the difference between total health expenditures and public sector health expenditures. As a consequence, errors made in estimating the total were deposited in the private sector.

15. Health Canada maintained the National Health Accounts until 1995 when they were transferred to the newly established Canadian Institute for Health Information (CIHI). Following the transfer of the National Health Accounts to the Canadian Institute for Health Information, estimation methods were further refined and data sources improved. Some series were revised back to 1975 to incorporate these enhancements.

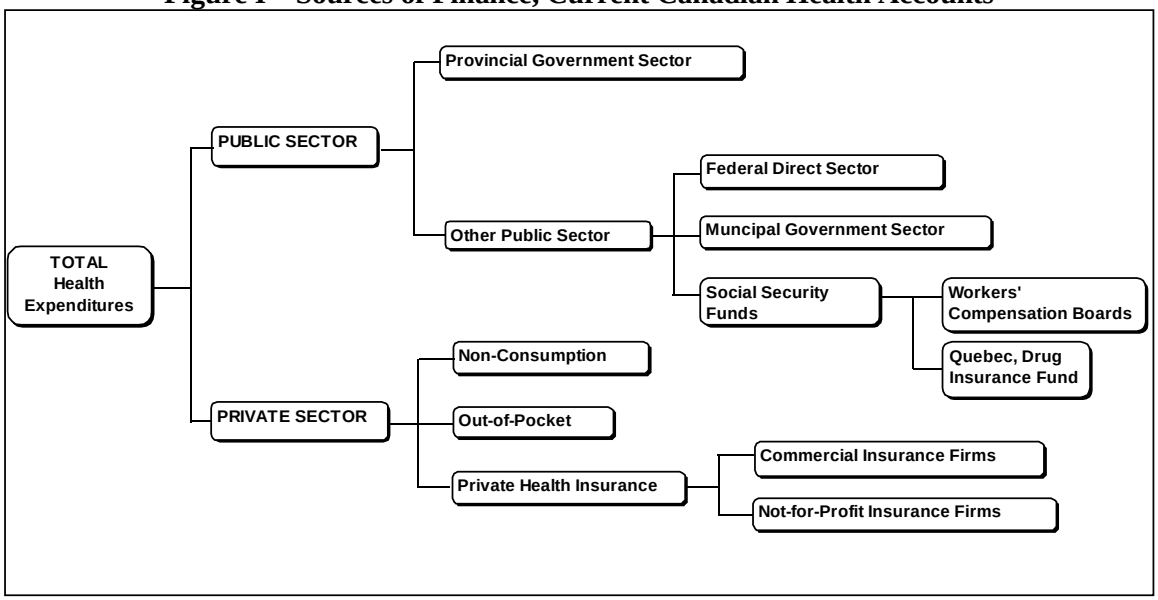
Structure of health expenditure

Health expenditure by financing source

Financing sources in current Canadian Health Accounts

16. Figure I shows the composition of total health expenditure, by source of finance, in the current Canadian Health Accounts.

Figure I – Sources of Finance, Current Canadian Health Accounts



17. National health expenditures are reported based on the principle of *responsibility for payment* rather than on the ultimate source of the funds. It is for this reason, for example, that federal health transfers to the provinces are included in the provincial government sector since it is the responsibility of provincial governments to expend federal transfers on health services. The exception to this principle is that provincial government health transfers to municipal governments are included in the provincial government sector.

18. **Public Sector** – includes health care spending by governments and government agencies. It is sub-divided into four levels, as described below:

1. The *Provincial Government Sector* includes health spending from provincial/territorial government funds, federal health transfers to the provinces/territories, and provincial government health transfers to municipal governments.
2. The *Federal Direct Sector* refers to direct health care spending by the federal government in relation to health care services for special groups such as Aboriginals, the Armed Forces and veterans, as well as expenditures for health research, health promotion and health protection. Federal Direct health expenditure does not include federal health transfers to the provinces.
3. The *Municipal Government Sector* expenditure includes health care spending by municipal governments for institutional services; public health; capital construction and equipment; and, dental services provided by municipalities in the provinces of Nova Scotia, Manitoba and British

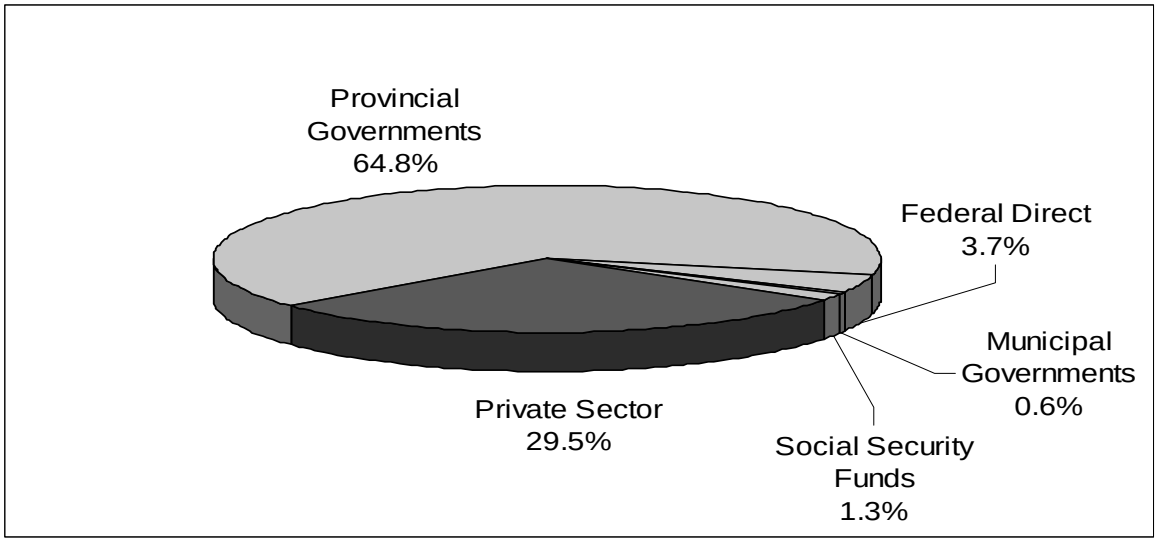
Columbia. Designated funds transferred by provincial governments for health purposes are not included in the municipal sector, but are included with provincial government expenditure.

4. *Social Security Funds* are social insurance programs that are imposed and controlled by a government authority. In Canada, social security funds include the health care spending by workers' compensation boards and the drug insurance fund component of the Quebec Ministry of Health and Social Services drug subsidy program.[1]

19. In the current Canadian Health Accounts, expenditures by the federal direct sector and the provincial government sector do not include tax expenditures, in accordance with the perspective commonly used in National Health Accounts and the SHA manual. However, the tax deductions granted by the federal and provincial governments for private health insurance and private consumption of health are quite substantial. For example, the Canadian Department of Finance estimated that health related tax expenditures of the federal and provincial governments were about 4.8 billion Canadian dollars in 1997. The non-taxation of business-paid health and dental benefits alone represented 2.7 billion Canadian dollars.

20. **Private Sector –** includes out-of-pocket expenditures made by individuals for health care goods and services; the health insurance claims paid by commercial and not-for-profit insurance firms, as well as the cost of administering those claims; non-patient revenues received by health care institutions such as donations and investment income; private spending on health-related capital construction and equipment; and, health research funded by private sources.

Figure II– Percentage Distribution of Total Health Expenditure, by Source of Finance, Current Canadian Health Accounts, 1999



1. Health spending by Workers' Compensation Boards (WCB) includes what the provincial boards commonly refer to as medical aid. Non-health related items often reported by the Workers' Compensation Boards as medical aid expenditure such as funeral expenses, travel, clothing etc. are removed.

   On January 1, 1997 the government of Quebec introduced a drug program that covered residents of the province, who were not otherwise covered by the provincial program or by private health insurance generally offered through employment. Drug claims for these participants of the new plan are paid from the Drug Insurance Fund. This component of the Quebec drug program is self-funded (i.e. it is funded through the compulsory payment of premiums and not by the provincial government of Quebec).

Mapping of sources of finance in current Canadian Health Accounts to ICHA-HF

21. There is a good correspondence between the public sector categories in the Canadian Health Accounts and the ICHA-HF classification of health care financing. However, for the private sector, there is direct correspondence between the two classifications only for out-of-pocket expenditure. The mapping of expenditures by private insurance firms in Canada into the ICHA-HF categories relies on some allocative assumptions and no ICHA-HF category clearly corresponds to the Canadian category "Non-Consumption" (Table 1).

22. Private health insurance **group plans** are about the only scheme in Canada that appears to meet the OECD definition of HF.2.1 private social insurance.

23. Comprehensive data on expenditures of private health insurance group plans are only available for commercial insurance companies that incur 80% of expenditures of all private insurance funds. Except in Quebec, they are generally not available for not-for-profit insurers (Blue Cross, Green Shield, etc.) that incur the remaining 20% of expenditure.

24. In order to populate OECD tables with Canadian data, expenditures by commercial health insurance companies for group coverage were included under HF.2.1 private social insurance. In 1999, the group share of health care expenditures by commercial insurance companies in Canada was 96.4%. An estimate was also made for not-for-profit insurers using the same proportion of group coverage relative to total coverage as reported by not-for-profit-insurers in Quebec. The group share of the health expenditures of not-for-profit insurers in Quebec was about 67% (this proportion was also used for the other provinces).

25. Expenditures for individual coverage were calculated by subtracting from total health care expenditure by insurance companies the estimate for group coverage. Expenditures for individual coverage were included under HF.2.2 private insurance enterprises (other than social insurance).

26. One category of finance in the Canadian National Health Accounts is "non-consumption" expenditures by the private sector. This includes non-patient revenues received by hospitals (*e.g.*, donations, investment income and revenues from ancillary operations), private spending on health-related capital construction and equipment, and health research funded by the private sector. Hospital revenues from ancillary operations such as gift shops, parking garages, cafeterias, etc. are included as they are assumed to subsidize patient care. In reality only profit from ancillary operations, i.e. revenues minus expenses, is used to subsidize patient care. However, while hospital revenues from ancillary operations are reported, profit cannot be easily determined from available data. There is no category equivalent to "non-consumption" in the ICHA-HF classification of health care financing.

Table 1 – Table of Correspondence between Sources of Finance in Current Canadian Health Accounts and ICHA-HF

Health Expenditure by Financing Sources		
Canadian Health Accounts	**ICHA-HF**	
Public Sector	HF.1	General government
Public sector less Social Security Funds	HF.1.1	General government excluding social security funds
Federal Direct Sector	HF.1.1.1	Central government
Provincial Government Sector	HF.1.1.2	State/provincial government
Municipal Government Sector	HF.1.1.3	Local/municipal government
Social Security Funds	HF.1.2	Social security funds
Private Sector	HF.2	Private sector
Group Insurance by Commercial and Not-for-Profit Insurance Firms	HF.2.1	Private social insurance
Individual Insurance by Commercial and Not-for-Profit Insurance Firms	HF.2.2	Private insurance enterprises (other than social insurance)
Out-of-pocket	HF.2.3	Private household out-of-pocket expenditure
	HF.2.4	Non-profit institutions serving households (other than social insurance)
	HF.2.5	Corporations (other than health insurance)
Non-Consumption		
	HF.3	Rest of the world

Effect of implementation of the SHA on the value of total health expenditure

27. The methodological annex to this paper presents departures from SHA boundaries in the calculation of total health expenditure as published in Canada.

28. The calculation of total health expenditure based on the SHA implies the exclusion of social work and pastoral care provided in hospitals and of health-related functions included under health expenditure in the current Canadian Health Accounts (see Annex 1). The calculation also entails an adjustment to expenditures in residential care facilities to meet OECD definitions.

29. Total health expenditure in the current Canadian Health Accounts includes all revenues from private sources in the following residential care facilities: homes for the aged (including nursing homes), institutions for persons with physical disabilities, psychiatric disabilities, developmental delays, alcohol and drug problems, and for emotionally disturbed children. However, the SHA manual recommends that institutions be listed under HP.2 where a considerable share of all activities performed have a medical component or consist of nursing care with a strong medical component. In the Canadian context, institutions to be listed are those with a considerable share of residents receiving Type II and higher type of care, as reported in the *Residential Care Facilities Survey*. Only three categories of facilities meet this criterion: homes for the aged, institutions for persons with physical disabilities and institutions for persons with psychiatric disabilities. For the implementation of the SHA, estimates of private sector expenditure are therefore limited to expenditures on residents receiving Type II or higher type of care in these three categories of facilities (for definition of Type II and higher type of care, see the section on expenditure by function).

30. The calculation of total health expenditure based on the SHA implies an overall reduction of total health expenditure of CAD 2 977.2 million, or about 3.3% (Table 2).

Table 2 – Effect of the Implementation of the SHA on the Value of Total Health Expenditure, Canada, 1999

CAD Millions

Total Health Expenditure Before Implementation (as shown in current national statistics)	**90,066.6**
Less deductions:	
Training of Health Workers	
Outside hospitals	78.8
In hospitals	592.3
Health Research	
Outside hospitals	1,396.6
In hospitals	532.9
Social Work (in hospitals only)	162.9
Pastoral Care (in hospitals only)	26.8
Food, hygiene and drinking water control (in hospitals only)	1.2
Environmental Health (in hospitals only)	1.7
Private Sector Expenditure on Residents of Residential Care Facilities Receiving Type I and lower care	184.0
Total Deductions	2,977.2
Total Health Expenditure After Implementation	**87,089.4**

31. No new data were obtained to reduce the other departures from SHA boundaries presented in the methodological annex to this paper, although some work has been undertaken on the estimation of medical expenses by public and private insurance plans for motor vehicle insurance. Preliminary estimates indicate that medical expenses by these plans were about 1.2 billion Canadian dollars in 1999. See also the methodological annex for a discussion of how the treatment of imports and exports of health care in the current Canadian Health Accounts diverges from the SHA.

32. At this stage, the SHA has only been partially implemented and the net effect of full implementation on the value of total health expenditure cannot be precisely determined, although the value of total health expenditure would likely be reduced after full implementation because of the large deductions of expenditures on health related functions.

Effect of implementation of the SHA on the structure of financing sources

33. The implementation of the SHA reduces the value of total health expenditure in Canada by narrowing the boundary of health care. The change in the structure of financing sources is a function of the relative value of the excluded functions and the extent of the divergence of their financing structure from the norm. The implementation of the SHA also modifies the structure of the financing sources by the introduction of two new categories: HF.2.1 Private social insurance and HF.2.2 Private insurance enterprises (other than social insurance).

34. Figure 1[2] (on page 25) shows the distribution of total health expenditure by financing sources following the implementation of the SHA. It is presented after paragraph 83 along with three other SHA standard charts.

35. Table 3 shows the effect of the implementation of the SHA on the structure of financing sources. The relative share of Provincial Government, Private Social Insurance, Private Insurance Enterprises (other

2. Note that the standard figures common to all country chapters which show the distribution of expenditure between the ICHA categories are numbered Figure 1 to Figure 4. Other figures presented in the Canadian chapter use the Roman numbering system i.e. Figure I, Figure II, etc.

than social insurance), and Out-of-Pocket increases slightly, while the share of Central Government and Non-Consumption decreases.

Table 3 – Total Health Expenditure by Financing Sources, Before and After Implementation of the SHA, Canada, 1999

Canadian Health Accounts (before implementation)			**ICHA-HF (after implementation)**			
	CAD Millions	% Dist.			CAD Millions	% Dist.
Public Sector	63,479.7	70.5%	HF.1	General government	61,250.9	70.3%
Public sector less Social Security Funds	62,304.9	69.2%	HF.1.1	General government excluding social security funds	60,085.0	69.0%
Federal Direct Sector	3,370.2	3.7%	HF.1.1.1	Central government	2,649.3	3.0%
Provincial Government Sector	58,372.2	64.8%	HF.1.1.2	State/provincial government	56,873.8	65.3%
Municipal Government Sector	562.4	0.6%	HF.1.1.3	Local/municipal government	561.9	0.6%
Social Security Funds	1,174.8	1.3%	HF.1.2	Social security funds	1,165.9	1.3%
Private Sector	26,586.9	29.5%	HF.2	Private sector	25,838.5	29.7%
Group Insurance by Commercial and Not-for-Profit Insurance Firms	8,841.8	9.9%	HF.2.1	Private social insurance	8,820.0	10.1%
Individual Insurance by Commercial and Not-for-Profit Insurance Firms	967.1	1.0%	HF.2.2	Private insurance enterprises (other than social insurance)	960.9	1.1%
Out-of-pocket	14,440.8	16.0%	HF.2.3	Private household out-of-pocket expenditure	14,230.2	16.3%
			HF.2.4	Non-profit institutions serving households (other than social insurance)		
			HF.2.5	Corporations (other than health insurance)		
Non-Consumption	2,337.3	2.6%		*Non-Consumption(1)*	1,827.4	2.1%
			HF.3	Rest of the world		
Total	90,066.6	100.0%		**Total**	87,089.4	100.0%

(1) Not a ICHA-HF category.

36. A large share of the expenditures on the health related functions that were deducted, based on the SHA, was for expenditures in hospitals. For the distribution by source of finance, it was assumed that the breakdown of hospital expenditure by source of finance would be the same for all functions of care (and health-related function) in hospitals.[3]

37. Based on the SHA, public expenditures account for 70.3% of total health expenditure. The provincial government sector alone represents 65.3% of total health expenditure. The remaining three

3. For example, the source of finance "Provincial Government Sector" accounts for 89.7% of total hospital expenditure in the Canadian Health Accounts. It was assumed that it would also account for 89.7% of expenditure on the training of health workers, 89.7% of expenditure on health research, etc. The same percentage was attributed to each and every function in hospitals because of the limitations of the data sources that do not readily provide sources of finance by function.

public sources of finance (central government, local/municipal governments, and social security funds) account respectively for 3%, 0.6% and 1.3% of total health expenditure.

38. The high share of the provincial/territorial governments is explained by the constitutional assignment of jurisdiction over health to the provincial level of government. The ten provincial and three territorial governments are responsible for the regulation, planning and delivery of health care services to their residents. The provincial government sector includes health spending from provincial/territorial government funds, federal health transfers to the provinces/territories, and provincial government health transfers to municipal governments.

39. The federal government exercises influence in the health care area, despite it being primarily an area of provincial jurisdiction, through its spending power. The spending power has been interpreted as to allow the federal Parliament to expend funds in respect of matters over which provinces have primary jurisdiction (the federal transfers to the provinces/territories are included in the provincial government sector that expends the federal transfers on health services). Under the Canadian Constitution, the federal government is responsible for the safety of food, drugs and medical devices, and for direct service delivery to certain groups, including Aboriginals, the military, the Royal Canadian Mounted Police (RCMP), and inmates of federal penitentiaries. Nearly 30 federal government departments provide direct health care to Canadians. Federal departments with the highest health spending include Health Canada, the Department of Veterans Affairs, the Solicitor General of Canada and the Department of National Defence.

40. Private sector expenditure, based on the SHA, represents 29.7% of total health expenditure. Private household out-of-pocket expenditure alone accounts for 16.3% of total health expenditure, while the private social insurance share is 10.1%. Non-consumption and private insurance enterprises represent respectively 2.1% and 1.1% of total health expenditure.

41. Each provincial/territorial public health insurance plan provides universal coverage for medically necessary hospital and medical services on uniform terms and conditions and without financial or other barriers, according to the principles set out in the Canada Health Act. Health services and goods that are not considered medically necessary are paid through private payment when not covered by the provincial/territorial plans as additional benefits. Provincial/territorial plans cover certain groups of the population, for some additional benefits, such as prescription drugs for seniors and social assistance recipients and dental care for children. These additional benefits fall outside the Canada Health Act. They vary from province to province and may be subject to cost-sharing.

42. Out-of-pocket expenditure includes patient cost-sharing of provincial/territorial public health insurance plans additional benefits, patient cost-sharing of private insurance plans benefits and full payment of health goods and services directly by the patient (out-of-pocket excluding cost sharing). Data sources used in the Canadian Health Accounts do no allow for the breakdown of out-of-pocket expenditure into these three components.

43. After implementation of the SHA, the financing source *Non-Consumption* includes non-patient revenues received by hospitals (*e.g.*, donations, investment income and revenues from ancillary operations), and private spending on health-related capital construction and equipment. Private spending on health research, included under *Non-Consumption* in the Canadian Health Accounts, is not included here as health research is a health related function in the SHA.

Table 4 – Health Expenditure Per Capita, Total Health Expenditure as a Share of GDP, and the Share of Current Expenditure and Investments in Total Health Expenditure, After Implementation of the SHA, Canada, 1999

	CAD	USD PPP	%
Health Expenditure Per Capita			
Total	2,864.42	2,407.07	100.0%
Public	2,014.58	1,692.92	70.3%
Private	849.84	714.15	29.7%
Total Health Expenditure as a Share of GDP			8.9%
Share in Total Health Expenditure	CAD (millions)	USD PPP (millions)	%
Current Expenditure	83,668.1	70,309.3	96.1%
Investments	3,421.3	2,875.0	3.9%

44. Total health expenditure per capita in Canada, based on the SHA, was 2 864.42 Canadian dollars (USD 2 407.07) in 1999. The public sector financed 70.3% of total health expenditure and the private sector 29.7%. Total health expenditure represented 8.9% of GDP in 1999. Current expenditure and investments accounted for 96.1% and 3.9% respectively of total health expenditure (Table 4).

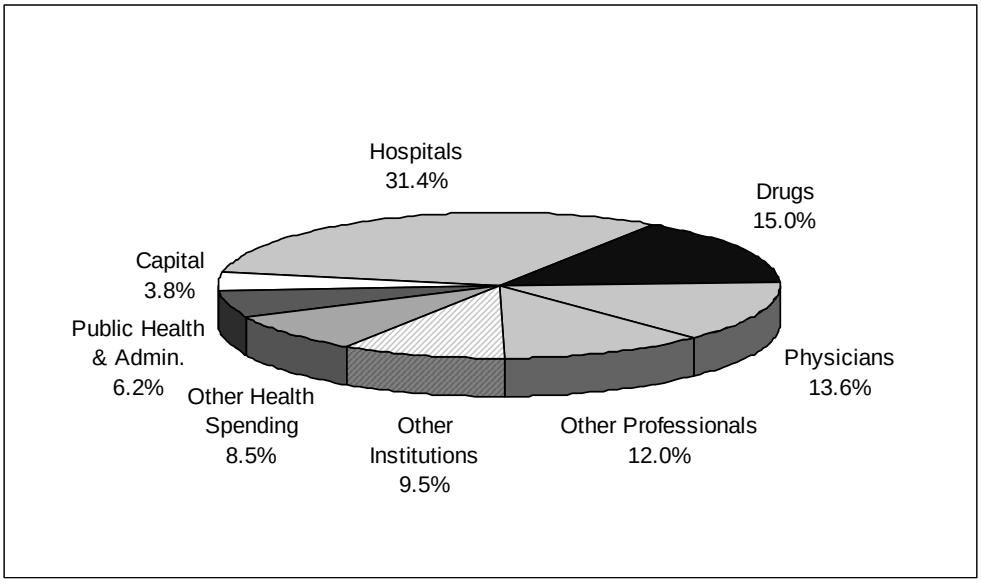
Health expenditure by function

Categories of expenditure (uses of funds) in current Canadian Health Accounts

45. The current Canadian Health Accounts contain 42 discrete categories of expenditure grouped into eight major categories (uses of funds) as shown in Figure III.

46. The classification of uses of funds in the current Canadian Health Accounts may be defined as a mixed classification of providers and functions, but largely a classification of providers.

Figure III – Percentage Distribution of Total Health Expenditure, by Uses of Funds, Current Canadian Health Accounts, 1999



Uses of Funds (eight major categories)

47. **Hospitals –** are institutions where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. Hospitals are licensed or approved as hospitals by a provincial/territorial government, or are operated by the Government of Canada and include those providing acute care, extended and chronic care, rehabilitation and convalescent care, psychiatric care, as well as nursing stations or outpost hospitals.

48. **Other Institutions –** include residential care types of facilities (for the chronically ill or disabled, who reside at the institution more or less permanently) and which are approved, funded or licensed by provincial or territorial departments of health and/or social services. Residential care facilities include homes for the aged (including nursing homes), facilities for persons with physical disabilities, developmental delays, psychiatric disabilities, alcohol and drug problems, and facilities for emotionally disturbed children. Facilities solely of a custodial or domiciliary nature and facilities for transients or delinquents are excluded.

49. **Physicians –** expenditures include primarily professional fees paid by provincial/territorial medical care insurance plans to physicians in private practice. Fees for services rendered in hospitals are included when paid directly to physicians by the plans. Also included are other forms of professional incomes (salaries, sessional, capitation).

50. The physician expenditure category does not include the remuneration of physicians on the payrolls of hospitals or public sector health agencies; these are included in the appropriate category, *e.g.*, hospitals or other health spending.

51. **Other Professionals –** at the aggregate level, represent expenditures for the services of privately practicing dentists, denturists, optometrists, dispensing opticians, chiropractors, massage therapists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses, and naturopaths.

Discrete identification of many of the professions included under other professional services is often possible only when they are reported by provincial medical care insurance plans.

52. This category has been disaggregated at the Canada level in the data tables published by the Canadian Institute for Health Information to provide information on the following sub-categories:

> *Dental Services* – expenditures for professional fees of dentists (includes dental assistants and hygienists) and denturists, as well as the cost of dental prostheses, including false teeth and laboratory charges for crowns and other dental appliances.
>
> *Vision Care Services* – expenditures for the professional services of optometrists and dispensing opticians, as well as expenditures for eyeglasses and contact lenses.
>
> *Other* – expenditures for chiropractors, massage therapists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses, and naturopaths.

53. **Drugs** – at the aggregate level, include expenditures on prescribed drugs and non-prescribed products purchased in retail stores. This category has been disaggregated at the Canada level in the data tables published by the Canadian Institute for Health Information to provide information on the following sub-categories:

- *Prescribed Drugs – substances* sold under the Food and Drug Act which require a prescription.
- *Non-prescribed Drugs* – include two sub-components; Over-the-Counter drugs; and, Personal Health Supplies.
  - *Over-the-Counter Drugs* – therapeutic drug products not requiring a prescription.
  - *Personal Health Supplies* – include items used primarily to promote or maintain health, *e.g.,* oral hygiene products, diagnostic items such as diabetic test strips and medical items such as incontinence products.

54. The drug category does not include drugs dispensed in hospitals and generally in other institutions. These are included with the category of hospitals or other institutions.

55. **Capital –** includes expenditures on construction, machinery and equipment of hospitals, clinics, first-aid stations, and residential care facilities.

56. **Public Health and Administration** – expenditures for items such as measures to prevent the spread of communicable disease, food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing and all costs for the infrastructure to operate health departments.

57. **Other Health Spending –** at the aggregate level includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, prepayment administration, health research and miscellaneous health care. This category has been disaggregated at the Canada level in the data tables published by the Canadian Institute for Health Information to provide information on the following sub-categories:

- *Prepayment Administration* – expenditures related to the cost of providing health insurance programs by either government or private health insurance firms.

- *Health Research* – expenditures for research activities designed to further knowledge of the determinants of health, health status or methods of providing health care, evaluation of health care delivery or of public health programs. The category does not include research carried out by hospitals or drug companies in the course of product development. These amounts would be included with the hospital or drug categories respectively.
- *Other* – expenditures for items such as home care, medical transportation (ambulances), hearing aids, other appliances, training of health workers, voluntary health associations, and occupational health to promote and enhance health and safety at the workplace.

58. The definition of home care that is currently in use in the Canadian Health Accounts is based on the definition used by the OECD, under which only the health professional component of home care is intended to be included. The portion that is commonly referred to as home support is considered to be a social service expenditure rather than a health expenditure and is excluded when it can be identified.

Mapping of uses of funds in current Canadian Health Accounts to ICHA-HC

59. Table 5 shows the correspondence between the eight broad categories (uses of funds) in the current Canadian Health Accounts and the ICHA-HC. The mapping process for each category is summarized below.

Table 5 – Table of Correspondence Between Uses of Funds in Current Canadian Health Accounts and ICHA-HC

Uses of Funds in Canadian Health Accounts Broken Down by Function	
Uses of Funds in Canadian Health Accounts	**ICHA-HC**
Hospitals Canadian hospitals report their expenditures to the Canadian Institute for Health Information according to the MIS (Management Information System) Guidelines. A mapping from the MIS accounts to the functional classification was prepared and is available from CIHI upon request.	HC.1.1 In-patient curative care HC.1.2 Day cases of curative care HC.1.3 Out-patient curative care HC.1.4 Services of curative home care HC.2.1 In-patient rehabilitative care HC.2.2 Day cases of rehabilitative care HC.2.3 Out-patient rehabilitative care HC.3.1 In-patient long-term nursing care HC.4.1 Clinical laboratory HC.4.2 Diagnostic imaging HC.4.3 Patient transport and emergency rescue HC.5.2 Therapeutic appliances and other medical durables HC.6.4 Prevention of non-communicable diseases HC.R.2 Education and training of health personnel HC.R.3 Research and development in health HC.R.4 Food, hygiene and drinking water control HC.R.5 Environmental Health
Other Institutions Type I and lower care was excluded. Expenditures for Type II and Type III care were put under HC.3.1. Expenditures for care above Type III were put under HC.1.1	HC.1.1 In-patient curative care HC.3.1 In-patient long-term nursing care
Physicians The National Physician Database at the Canadian Institute for Health Information contains fee-for-service payments by provincial medical care plans, grouped by type of service according to the National Grouping System (NGS). A mapping from the NGS to the functional classification was prepared and is available from CIHI upon request.	HC.1.1 In-patient curative care HC.1.2 Day cases of curative care HC.1.3 Out-patient curative care HC.1.4 Services of curative home care HC.3.1 In-patient long-term nursing care HC.4.1 Clinical laboratory HC.4.2 Diagnostic imaging
Other Professionals The sub-category “Vision Care Services” includes expenditures for eyeglasses and contact lenses. These expenditures were put under HC.5.2.1 when they could be identified separately from professional services.	HC.1.3.2 Out-patient dental care HC.1.3.9 All other out-patient curative care HC.5.2.1 Glasses and other vision products
Drugs	HC.5.1.1 Prescribed medicines HC.5.1.2 Over-the-counter medicines HC.5.1.3 Other medical durables
Capital	HC.R.1 Capital formation of health care provider institutions
Public Health and Administration	HC.6 Prevention and public health services
Other Health Spending	HC.3.3 Long-term nursing care: home care HC.4.3 Patient transport and emergency rescue HC.5.2 Therapeutic appliances and other medical durables HC.5.2.3 Hearing aids HC.6 Prevention and public heath HC.6.5 Occupational heath care HC.7 Health administration and health insurance HC.R.2 Education and training of health personnel HC.R.3 Research and development in health Undistributed

60. **Hospitals –** Hospitals occupy a prominent place in health care provision. Expenditures on hospitals represented 31.4% of total health expenditure in 1999. Canadian hospitals report statistics on their activity and finances to the Canadian Institute for Health Information according to the Guidelines for Management Information Systems in Canadian Health Service Organizations (MIS Guidelines) which are national standards for collecting, processing and reporting information relating to all aspects of hospitals' operations in Canada. MIS accounts were mapped to 17 categories of the ICHA-HC.

61. MIS accounts do not always neatly correspond to ICHA-HC categories. For example, the type of service recipient "Client" in the MIS Guidelines includes both day care and out-patient care without distinction between the two types of care. Since this breakdown is not available, expenditures for "Clients" under the MIS major section DIAGNOSTIC AND THERAPEUTIC SERVICES were entirely allocated to out-patient curative care and ancillary services (clinical laboratory and diagnostic imaging for out-patients). This has the effect of overstating expenditures for out-patient care and understating expenditures for day care.

62. About two thirds of hospital operating expenses could be directly allocated to ICHA-HC categories. Most expenditures on administrative and support activities (the remaining third of operating expenses) were allocated to ICHA-HC categories at pro rata of the direct costs. The document *Allocation of Expenditure of Canadian Hospitals to ICHA-HC*, available from CIHI, presents a detailed description of methods of cost allocation.

63. **Other Institutions –** The Canadian Health Accounts category of "other institutions" represented 9.5% of total health expenditure in 1999. The data for the public and private sectors are from two different sources.

Public sector financing – The public sector is the main source of finance for "other institutions". Public sector expenditures included in the current Canadian Health Accounts consist of expenditures of Ministries of Health or health-related expenditures by combined ministries of health and social services. These expenditures are extracted from provincial/territorial public accounts. All expenditures of institutional continuing care programs funded through Ministries of Health are included. Funding by Ministries of Social Services is provided for a variety of institutional care, including educational services and domiciliary care not related to health. Only health-related care is included where it is possible to distinguish between health and other social services. Expenditures from provincial/territorial public accounts were allocated to HC.3.1 In-patient long-term nursing care, with the exception of a relatively small estimate for higher type of care that was allocated to HC.1.1 In-patient curative care.

Private sector financing – Private sector expenditures for "other institutions" in the current Canadian Health Accounts are estimated from the *Residential Care Facilities Survey* conducted annually by Statistics Canada. They include all revenues from private sources in the following residential care facilities: homes for the aged, institutions for persons with physical disabilities, developmental delays, psychiatric disabilities, alcohol and drug problems, and for emotionally disturbed children. However, the SHA manual recommends that all institutions be listed where a considerable share of all activities performed have a medical component or consist of nursing care with a strong medical component, but only an estimate of the medical part of expenditure of the establishments under ICHA-HP.2 be recorded in the expenditure accounts of the SHA. In the Canadian context, institutions to be listed are those with a considerable share of residents receiving Type II and higher type of care, as reported in the *Residential Care Facilities Survey*. Only three categories of facilities meet this criterion: homes for the aged, institutions for persons with physical disabilities, institutions for persons with psychiatric disabilities. For the implementation of the SHA, estimates of private sector expenditure are therefore limited to expenditures on residents receiving Type II, Type III and higher type care in these three

categories of facilities. Estimates of revenues from private sources for Type II and Type III care were allocated to HC.3.1 In-patient long-term nursing care. A relatively small estimate for higher type care was allocated to HC.1.1 In-patient curative care.

Type II care – *is that required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who, having reached the apparent limit of his recovery, in not likely to change in the near future, who has relatively little need for diagnostic and therapeutic services of a hospital, but who requires availability of personal care for a total of 1.5 - 2.5 hours in a 24 hours day, with medical and professional nursing supervision and provision for meeting psycho-social needs.*

Type III care – *is that required by a person who is chronically ill and/or has a functional disability (physical and mental), whose acute phase illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited, and who requires a range of therapeutic services, medical management and skilled nursing care plus provision for meeting psycho-social needs. A minimum of 2.5 hours of individual therapeutic and/or medical care is required in a 24-hour day.*

Higher type care – *involves more nursing and/or medical care than Type III. Very few residents would receive this type of care. Care above Type III is usually provided in a hospital setting.*

Source: Residential Care Facilities Survey, Statistics Canada

64. **Physicians –** In the current Canadian Health Accounts, the category "physicians" represents payments to private practice physicians regardless of where the services are provided (offices of physicians, hospitals, etc). This category amounted to 13.6% of total health expenditure in 1999. The physician expenditure category does not include the remuneration of physicians on the payrolls of hospitals or public sector health agencies; these are included in the appropriate category, *e.g.,* hospitals or other health spending.

65. Provincial governments are by far the major sources of funds for physicians' services. In 1999, payments by provincial governments accounted for 96.6% of expenditures reported under the category "physicians" (Table 6). Payments by provincial governments mainly include professional fees (fee-for-service payments) paid directly by the provincial medical care plans to self-employed physicians. These payments account for 86% of all payments reported under the category "physicians". Payments by provincial governments also include salaries, sessional payments, capitation and other forms of contractual professional income (alternative payments).

66. The National Physician Database at the Canadian Institute for Health Information contains fee-for-service payments made by medical care plans of the ten Canadian provinces, grouped by type of service according to the National Grouping System (NGS).[4] In the SHA implementation, fee-for-service payments (86% of expenditure on physicians in CHA) were allocated to seven categories of the ICHA-HC, based mainly on information from the National Physician Database.[5] Payments by the private sector, the federal government, the three territorial governments and social security funds, for which no breakdown by type of service was readily available, as well as alternative payments by provincial governments (altogether 14% of expenditure on physicians in CHA), were entirely allocated to the default category HC.1.3 Out-patient curative care. An allocation of alternative payments by provincial governments to more

4. The database, however, does not include data from the three Canadian territories (Yukon, Northwest Territories, Nunavut).

5. When the mode of production (in-patient care, day care, home care, out-patient care) of a service could not be determined from the National Physician Database, the payment was put under HC.1.3 Out-patient curative care (default allocation).

than one category of the ICHA-HC was attempted but not used in view of the large degree of uncertainty about the allocation, and until further study is completed. The default allocation to HC.1.3 Out-patient curative care has the effect of overstating the payments for that category. The document *Allocation of Provincial Governments' Payments for the Category "Physicians" in the Canadian Health Accounts to ICHA-HC & ICHA-HP*, available from CIHI, contains a detailed description of methods of cost allocation.

Table 6 – Expenditure on Physicians, Current Canadian Health Accounts, 1999

Expenditure by Source of Finance	CAD Millions	% distribution
Private Sector	153.2	1.3%
Public Sector Other Than Provincial Governments	264.1	2.2%
Provincial Governments	11,806.5	96.6%
Alternative Payments	1,293.2	10.6%
Fee-For-Service Payments	10,513.3	86.0%
Total Expenditure on Physicians	12,223.8	100.0%

67. **Other Professionals** – In the current Canadian Health Accounts, the category "other professionals" represented 12% of total health expenditure in 1999. This category includes expenditures for the services of privately practicing dentists, denturists, optometrists, opticians, chiropractors, massage therapists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses, and naturopaths.

68. For the implementation of the SHA, expenditures on dentists and denturists were allocated to HC.1.3.2 Out-patient dental care. The cost of dental X-rays could not be allocated to HC.4.2 Diagnostic imaging at it is not identified separately in data sources. It is included under HC.1.3.2.

69. Expenditures on the remaining categories of "other professionals" were allocated to HC.1.3.9 All other out-patient curative care, with the exception of a portion of the expenditure on optometrists and opticians that was allocated to HC.5.2.1 Glasses and other vision products. Data sources tend to report expenditure as a lump sum (vision care) that includes both vision products and professional services. In Canada, optometrists dispense eyeglasses and contact lenses in addition to providing professional services. Expenditures on eyeglasses and contact lenses were allocated to HC.5.2.1 when they could be identified separately from professional services.

70. **Drugs** – In the current Canadian Health Accounts, the category "drugs" represented 15% of total health expenditure in 1999**.** This category includes expenditures on prescribed drugs, over-the-counter drugs and personal health supplies purchased in retail stores.

Prescribed Drugs – substances sold under the Food and Drug Act which require a prescription. Expenditures for this sub-category were entirely allocated to HC.5.1.1 Prescribed medicines.

Over-the-Counter Drugs – therapeutic drug products not requiring a prescription. Expenditures for this sub-category were entirely allocated to HC.5.1.2 Over-the-counter medicines.

Personal Health Supplies – include items used primarily to promote or maintain health, *e.g.*, oral hygiene products, diagnostic items such as diabetic test strips and medical items such as incontinence products. Expenditures for this sub-category were entirely allocated to HC.5.1.3 Other medical non-durables.

71. **Capital –** In the current Canadian Health Accounts, the category "capital" represented 3.8 % of total health expenditure in 1999. Includes expenditures on construction, machinery and equipment of hospitals, clinics, first-aid stations, and residential care facilities. For the implementation of the SHA, expenditures for this category were allocated to HC.R.1 Capital formation of health care provider institutions.

72. **Public Health and Administration** – In the current Canadian Health Accounts, the category "public health and administration" represented 6.2% of total health expenditure in 1999. This category includes expenditures for items such as measures to prevent the spread of communicable disease, food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing and all costs for the infrastructure to operate health department with the exception of insurance programs. Administrative costs of a government department or branch responsible for health programs, other than insured health services, are therefore included here. This departs from the SHA guidelines of including these expenses under general government administration of health. Work has been undertaken to identify government administrative expenses separately from expenditures on public health. This work, however, is not yet completed and this distinction is not yet reflected in the Canadian data. For the implementation of the SHA, expenditures for the category "public health and administration" were entirely allocated to HC.6 Prevention and public health services.

73. **Other Health Spending –** In the current Canadian Health Accounts, the category "other health spending" represented 8.5% of total health expenditure in 1999. This category includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, prepayment administration, health research and miscellaneous health care. This category has been disaggregated at the Canada level in the data tables published by the Canadian Institute for Health Information to provide information on the following sub-categories:

Prepayment Administration – expenditures related to the cost of providing health insurance programs by either government or private health insurance firms. Expenditures for this sub-category were allocated to HC.7. Health administration and health insurance.

Health Research (for definition, see Annex) – Expenditures for this sub-category were allocated to HC.R.3 Research and *development* in health.

Other – expenditures for items such as:

- home care (allocated to HC.3.3 Long-term nursing care: home care);
- medical transportation (allocated to HC.4.3 Patient transport and emergency rescue);
- hearing aids (allocated to HC.5.2.3 Hearing aids);
- other health appliances and prosthesis (allocated to HC.5.2 Therapeutic appliances and other medical durables);
- other health care goods financed by the private sector (allocated to HC.5.2 Therapeutic appliances and other medical durables);
- training of health workers (allocated to HC.R.2 Education and training of health personnel);
- voluntary health associations, defined as societies dedicated to prevention and treatment of major diseases such as arthritis, cancer, diabetes, cerebral palsy, lung, kidney, liver and heart diseases, etc. (allocated to HC.6 Prevention and public health);
- occupational health (allocated to HC.6.5 Occupational health care).

74. Expenditures on "unspecified health services financed by the public sector" and "other health care services financed by the private sector" could not be allocated to any ICHA-FC category and were left undistributed. The undistributed amount is 719.1 million of Canadian dollars, representing less than 1% of total health expenditure.

Structure of total health expenditure by major functional categories

75. Figure 2 shows the distribution of total health expenditure by major functional categories. Services of curative and rehabilitative care are combined in Figure 2 as most services of rehabilitative care could not be distinguished from services of curative care.

76. While only the major functional categories are discussed below, Table A2 also shows the relative importance of the sub-categories.

77. **HC.1.2 Services of curative & rehabilitative care –** This category represents 46.3% of total health expenditure. With the exceptions of in-patient rehabilitative care and day cases of rehabilitative care financed out of the hospital budget, services of rehabilitative care could not be distinguished from services of curative care.

78. **HC.3 Services of long-term nursing care –** This category accounts for 13.8% of total health expenditure. It includes almost all expenditures of "other institutions" in the current Canadian Health Accounts, as well as an estimate for long-term nursing care in hospitals. It also includes all expenditures by the public sector for home care programs. The programs, however, may include some expenditure for curative and rehabilitative care than cannot be distinguished from expenditure on long-term nursing care.

79. **HC.4 Ancillary services to health care –** This category represents 8.2% of total health expenditure. The largest shares are for clinical laboratory and diagnostic imaging, mainly in hospitals. This category also includes expenditure on patient transport financed by the public sector.

80. **HC.5 Medical goods dispensed to out-patients –** This category represents 18.1% of total health expenditure. Prescribed medicine alone accounts for about two thirds of expenditures in this category.

81. **HC.6 Prevention and public health services –** This category represents 6.9% of total health expenditure. Administrative costs of a government department or branch responsible for health programs, other than insured health services, are included here. This departs from the SHA guidelines of including these expenses under general government administration of health. Work has been undertaken to identify government administrative expenses separately from expenditures on public health. This work, however, is not yet completed and this distinction is not yet reflected in the Canadian data.

82. **HC.7 Health administration and health insurance –** This category accounts for 1.9% of total health expenditure. It includes only the cost of providing health insurance programs by either government or private health insurance firms.

83. **Undistributed –** Expenditures on "unspecified health services financed by the public sector" and "other health care services financed by the private sector" could not be allocated to any ICHA-HC category and were left undistributed. The undistributed expenditures represent 0.8% of total health expenditure.

Figure 1**: Total health expenditure by financing agent** (Total health expenditure = 100)
Canada, 1999

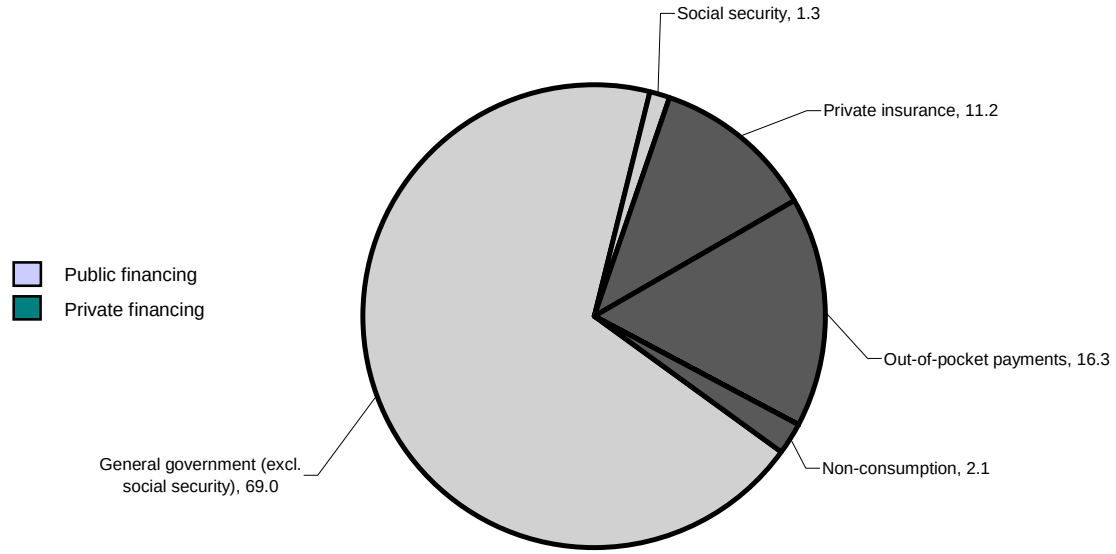


Figure 2: **Total health expenditure by function** (Total health expenditure = 100)
Canada, 1999

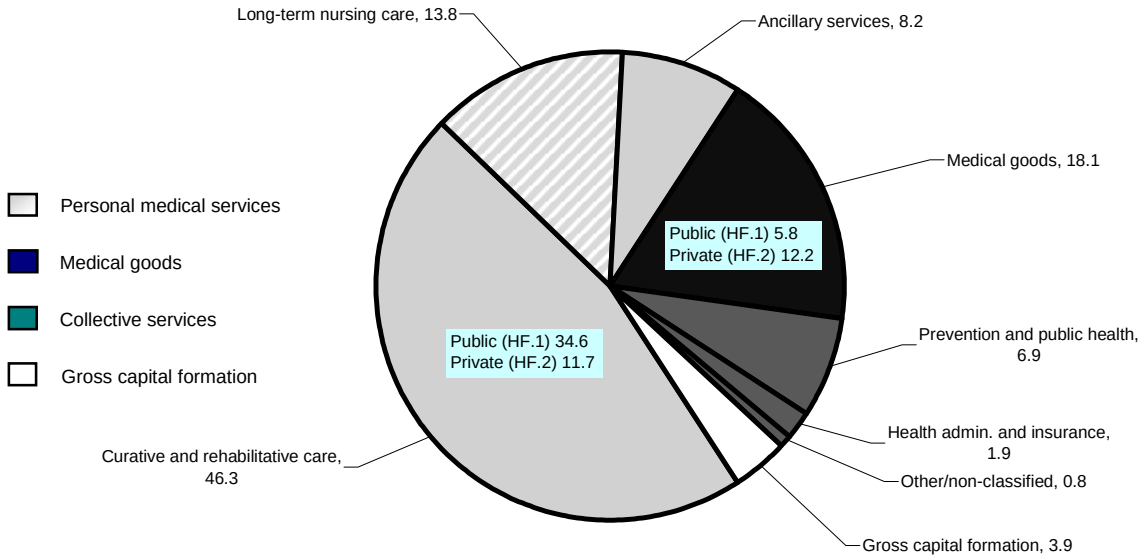


Figure 3: **Current health expenditure by mode of production** (Current health expenditure = 100)
Canada, 1999

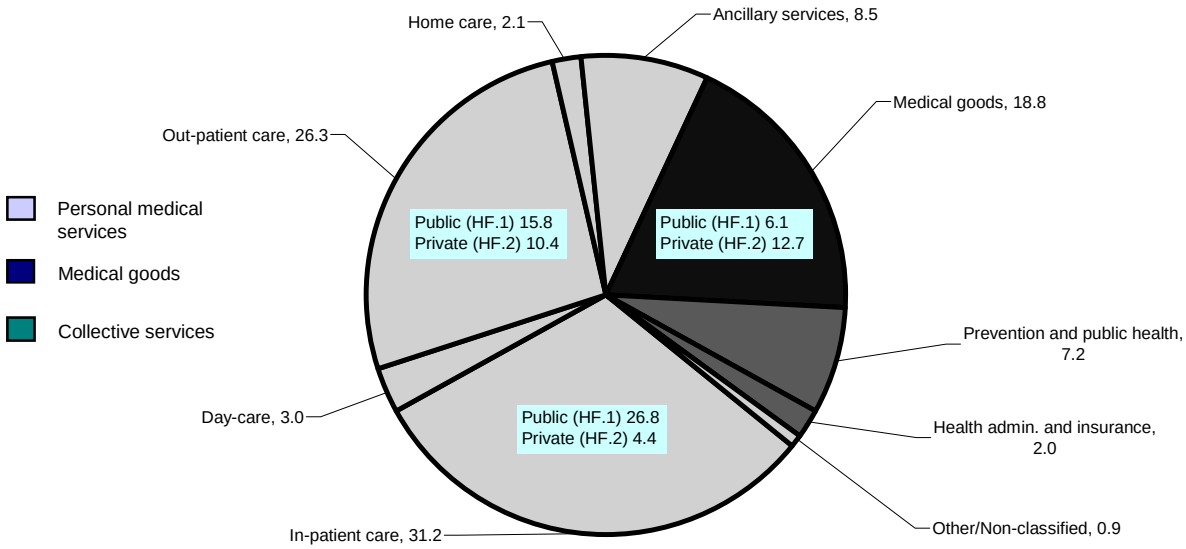
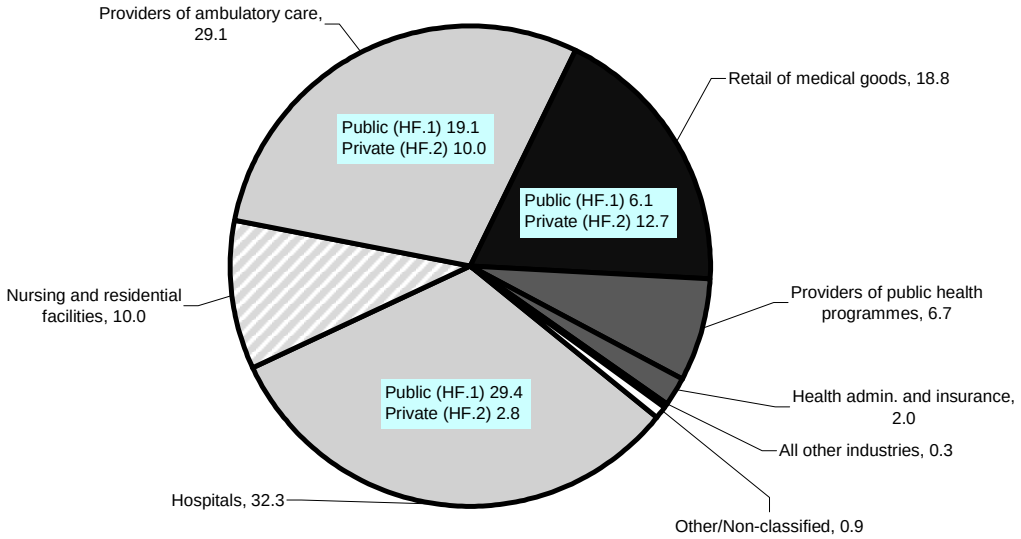


Figure 4: **Current health expenditure by provider** (Current health expenditure = 100)
Canada, 1999



Current health expenditure by mode of production

Uses of funds in current Canadian Health Accounts broken down by mode of production

84. Table 7 groups by mode of production the functions already determined in Table 5 for eight broad categories (uses of funds) of the current Canadian Health Accounts. The breakdown of five uses of funds by mode of production is discussed below. The modes of production are not applicable to the following three uses of fund: drugs, capital, public health and administration.

Table 7 – Uses of Funds in Current Canadian Health Accounts Broken Down by Mode of Production

Uses of Funds in Canadian Health Accounts	IHCA-Modes of Production
Hospitals	**In-patient care** HC.1.1 In-patient curative care HC.2.1 In-patient rehabilitative care HC.3.1 In-patient long-term nursing care **Services of day care** HC.1.2 Day cases of curative care HC.2.2 Day cases of rehabilitative care **Out-patient care** HC.1.3 Out-patient curative care HC.2.3 Out-patient rehabilitative care **Home care** HC.1.4 Services of curative home care
Other Institutions	**In-patient care** HC.1.1 In-patient curative care HC.3.1 In-patient long-term nursing care
Physicians	**In-patient care** HC.1.1 In-patient curative care HC.3.1 In-patient long-term nursing care **Services of day care** HC.1.2 Day cases of curative care **Out-patient care** HC.1.3 Out-patient curative care **Home care** HC.1.4 Services of curative home care
Other Professionals	**Out-patient care** HC.1.3.2 Out-patient dental care HC.1.3.9 All other out-patient curative care
Other Health Spending	**Home care** HC.3.3 Long-term nursing care: home care

85. **Hospitals –** All four modes of production are found in hospitals. Canadian hospitals report statistics on their activity and finances to the Canadian Institute for Health Information according to the MIS (Management Information System) Guidelines. The MIS Guidelines are composed of primary accounts (or functional centres) to which secondary financial and statistical accounts are attached. Primary accounts by themselves do not always allow for the allocation of expenditures to ICHA modes of production. In some instances, secondary statistical accounts on service units by type of service recipient, attached to the primary accounts, must also be considered. The document *Allocation of Expenditure of Canadian Hospitals to ICHA-HC*, available from CIHI, presents a detailed description of methods of cost allocation.

86. As already discussed, MIS accounts do not always neatly correspond to ICHA modes of production. This has the effect of overstating expenditures for out-patient care and understating expenditures for day care.

87. **Other Institutions –** Expenditures for "other institutions" are entirely allocated to the in-patient care mode of production. Expenses on outreach workers employed by residential care facilities but providing home care services cannot be distinguished and are included under in-patient care.

88. **Physicians –** Physicians provide services according to all four modes of production. Includes payments to physicians, by provincial medical care plans, for home care in only three provinces: Nova Scotia, Quebec and British Columbia. Fee-for-service payments by provincial medical care plans to physicians in private practice were allocated to modes of production based mainly on information from the National Physician Database.[6] Payments by the private sector, the federal government, the three territorial governments and social security funds, for which no breakdown by mode of production was readily available, as well as alternative payments by provincial governments, were entirely allocated to the default category HC.1.3 Out-patient curative care.

89. **Other Professionals –** All expenditures for the category "other professionals" were allocated to out-patient care (for more details, see the section on "Mapping of uses of funds in current Canadian Health Accounts to ICHA-HC").

90. **Other Health Spending –** This category includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, prepayment administration, health research and miscellaneous health care. Within the broad category "other health spending", the modes of production are only applicable to home care.

Current health expenditure by mode of production

91. Figure 3 shows the distribution of current health expenditure by mode of production. In-patient care, the largest category of modes of production, accounts for 31.2% of total current expenditure. The share of out-patient care is 26.3%. However, methods of allocation of expenditures on hospitals and physicians would generally overstate expenditures for out-patient care, as indicated in previous sections. Day care and home care represent respectively only 3% and 2.1% of total health expenditures.

92. Expenditures on "unspecified health services financed by the public sector" and "other health care services financed by the private sector" could not be allocated to any mode of production and were left undistributed. The undistributed expenditures represent 0.9% of total current health expenditure.

93. Table A3 shows health care functions within modes of production. Fee-for-service payments by provincial medical care plans for care in offices of family physicians were entirely allocated to HC.1.3.1 Basic medical and diagnostic services, while fee-for-service payments by provincial medical care plans for care in hospitals and in offices of medical specialists were entirely allocated to HC.1.3.3 All other specialised health care. The latter category also includes out-patient care in hospitals financed out of the hospital budget. Alternative payments by provincial medical care plans, payments to physicians by the public sector other than provincial governments as well as payments to physicians by the private sector are included in *Out-patient care* but could not be distributed between HC.1.3.1 and HC.1.3.3.

6. When the mode of production of a service could not be determined from the National Physician Database, the payment was put under HC.1.3 Out-patient curative care (default allocation).

Current health expenditure by provider

Mapping of uses of funds in current Canadian Health Accounts to ICHA-HP

94. Table 8 shows the correspondence between the eight broad categories (uses of funds) in the current Canadian Health Accounts and the ICHA-HP. The mapping process for each category is summarized below.

Table 8 – Table of Correspondence Between Uses of Funds in Current Canadian Health Accounts and ICHA-HP

Uses of Funds in Canadian Health Accounts	**ICHA-HP**
Hospitals	HP.1 Hospitals
Other Institutions	HP.2 Nursing and residential care facilities
Physicians	HP.3.1 Offices of physicians
Other Professionals	HP.3.2 Offices of dentists HP.3.3 Offices of other health practitioners HP.4.2 Retail sale and other suppliers of optical glasses and other vision products
Drugs	HP.4.1 Dispensing chemists
Capital	Not applicable
Public Health and Administration	HP.5 Provision and admin. of public health programs
Other Health Spending	HP.3.6 Providers of home health care services HP.3.9 All other providers of ambulatory health care HP.4.3 Retail sale and other suppliers of hearing aids HP.4.4 Retail sale and suppliers of medical appliances HP.5 Provision and admin. of public health programs HP.6.1 Government administration of health HP.6.3 Other social insurance HP.6.4 Other (private) insurance HP.7.1 Establishments as providers of occupational health care services

95. **Hospitals –** There is a good correspondence between the category "hospitals" in the Canadian Health Accounts and the category HP.1 Hospitals in the ICHA-HP. However, the breakdown of expenditures by type of hospitals (HP.1.1 General hospitals; HP.1.2 Mental and substance abuse hospitals; and HP.1.3 Specialty hospitals other than mental health and substance abuse) is not available in the Canadian Health Accounts. Expenditures by the public sector are from public accounts that generally do not provide a breakdown by type of hospital.

96. **Other Institutions**

- For the implementation of the SHA, expenditures from provincial/territorial public accounts were entirely allocated to HP.2 Nursing and residential care facilities.

- For implementation of the SHA, estimates of private sector expenditure are limited to expenditures on residents receiving Type II or higher type of care in three categories of facilities:[7] homes for the aged, institutions for persons with physical disabilities and institutions for persons with psychiatric disabilities. The private sector expenditures so determined were allocated to HP.2 Nursing and residential care facilities.

97. **Physicians –** Provincial governments are by far the major sources of funds for physicians' services. In 1999, payments by provincial governments accounted for 96.6% of expenditures reported under the category "physicians". The National Physician Database at the Canadian Institute for Health Information contains fee-for-service payments made to private practice physicians by the medical care plans of the ten Canadian provinces. While some of the fee-for-service payments are broken down by service site (offices of physicians, hospitals, medical and diagnostic laboratories, detention centres), the service site breakdown was not used in the mapping to ICHA-HP in order to remain consistent with the way in which physicians' income is recorded in the current Canadian Health Accounts. All payments to private practice physicians were allocated to HP.3.1 Offices of physicians.

98. **Other Professionals** – In the current Canadian Health Accounts, this category includes expenditures for the services of privately practicing dentists, denturists, optometrists, opticians, chiropractors, massage therapists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, private duty nurses, and naturopaths.

99. For the implementation of the SHA, all expenditures for the services of dentists and denturists were allocated to HP.3.2 Offices of dentists, including the cost of dental X-rays which is not identified separately in data sources.

100. Expenditures on the remaining categories of "other professionals" were allocated to HP.3.3 Offices of other health practitioners, with the exception of expenditures on eyeglasses and contact lenses that were allocated to HP.4.2 Retail sale and other suppliers of optical glasses and other vision products, when they could be identified separately from professional services.

101. **Drugs** – In the current Canadian Health Accounts, the category "drugs" includes expenditures on prescribed drugs, over-the-counter drugs and personal health supplies purchased in retail stores. For the implementation of the SHA, all expenditures on drugs were allocated to HP.4.1 Dispensing chemists.

102. **Public Health and Administration** – For the implementation of the SHA, expenditures for the category "public health and administration" were entirely allocated to HP.5 Provision and administration of public health programs.

103. **Other Health Spending –** This category includes expenditures on home care, medical transportation (ambulances), hearing aids, other appliances and prostheses, prepayment administration, health research and miscellaneous health care. This category has been disaggregated at the Canada level in

7. Although alcohol-drug addiction facilities reported less than 10% of care at Type II or higher levels, the type of care provided in these institutions frequently involves counselling. Addiction counsellors are a relatively new category of health professional. They are recognized as health professionals in Canada, but not in the SHA manual. Alcohol and drug addiction programs are normally considered health care when identified in the Canadian public accounts. For these reasons, it may seem appropriate to include expenditures on alcohol-drug addiction facilities as health expenditures. The OECD might consider the issues of including addiction counsellors among its list of recognized health professionals and expanding its definition of nursing and residential care facilities to include institutions that provide rehabilitation services to persons with alcohol and drug addictions.

the data tables published by the Canadian Institute for Health Information to provide information on the following sub-categories:

Prepayment Administration – expenditures related to the cost of providing health insurance programs by either government or private health insurance firms. Expenditures for this sub-category were allocated to HP.6.1 Government administration of health, HP.6.3 Other social insurance, and HP.6.4 Other (private) insurance

Other – expenditures for items such as:

- home care (allocated to HP.3.6 Providers of home health care services);
- medical transportation (allocated to HP.3.9 All other providers of ambulatory health care);
- hearing aids (allocated to HP.4.3 Retail sales and other suppliers of hearing aids);
- other health appliances and prosthesis (allocated to HP.4.4 Retail sale and suppliers of medical appliances – other than optical goods and hearing aids);
- other health care goods financed by the private sector (allocated to HP.4.4 Retail sales and other suppliers of medical appliances other than optical glasses and hearing aids);
- training of health workers (a health-related function, therefore the classification of health care providers is not applicable);
- voluntary health associations (allocated to HP.5 Provision and administration of public health programmes);
- occupational health (allocated to HP.7.1 Establishments as providers of occupational health care services).

104. Expenditures on "unspecified health services financed by the public sector" and "other health care services financed by the private sector" could not be allocated to any provider industry. These expenditures amount to 719.1 million of Canadian dollars, representing 0.9% of total current health expenditure.

Structure of current health expenditure by major types of providers

105. Figure 4 shows the distribution of current health expenditure by major types of providers.

106. While only the major provider categories are generally discussed below, Table A4 also shows the relative importance of the sub-categories.

107. **HP.1 Hospitals** represent 32.3% of total current health expenditure. This category excludes payments made directly to private practice physicians by provincial governments for services rendered in hospitals.

108. **HP.2 Nursing and residential care facilities** account for 10% of total current health expenditure.

109. **HP.3 Providers of ambulatory health care** represent 29.1% of total current health expenditure. The two sub-categories HP.3.1 Offices of physicians and HP.3.2 Offices of dentists account for more than three quarters of the expenditure in the category. In order to remain consistent with the way in which physicians' income is recorded in the current Canadian Health Accounts, all payments to private practice physicians were allocated to HP.3.1 Offices of physicians regardless of where the services were provided.

110. **HP.4 Retail sale and other providers of medical goods –** This major type of providers accounts for 18.8% of total current expenditure. The sub-category HP.4.1 Dispending chemists alone represent 16.2% of total current health expenditure.

111. **HP.5 Provision and administration of public health programs –** The share of this category in total current health expenditure is 6.7%. However, the category includes administrative costs of government departments or branches responsible for health programs, other than insured health services. It was not yet possible to separate these costs from expenditures on public health.

112. **HP.6 General Health administration insurance –** This category accounts for 2% of total current health expenditure. It includes only the cost of providing health insurance programs by either government or private health insurance firms.

113. **HP.7 All other industries –** This category represents 0.3% of total current health expenditure. It includes expenditures on occupational health.

114. **Undistributed –** Expenditures on "unspecified health services financed by the public sector" and "other health care services financed by the private sector" could not be allocated to any ICHA-HP category and were left undistributed. The undistributed expenditures represent 0.9% of total current health expenditure.

Current health expenditure by function and provider (SHA Table 2)

115. Total current health expenditure in Canada, in 1999, (83 668 million Canadian dollars) was allocated in SHA Tables 2.1, 2.2 and 2.3 to ICHA-HC function of care and ICHA-HP provider industry. In the descriptive comments, hereafter, all expenditure figures are reported in millions of Canadian dollars.

116. In order to remain consistent with the way in which physicians' income is recorded in the current Canadian health accounts, fee-for-service payments made directly to private practice physicians by provincial medical care plans were entirely allocated to HP.3.1 Offices of physicians regardless of where the services were provided (offices of physicians, hospitals, detention centres, medical and diagnostic laboratories, etc.).

117. Expenditure on **in-patient care** (CAD 26 129 million) represents 31.2% of total current expenditure on health care. Providers of in-patient care include hospitals, nursing & residential care facilities, and offices of physicians (private practice physicians). This last category includes estimated fee-for-service payments made directly to private practice physicians by provincial medical care plans for in-patient services in hospitals and detention centres. Hospitals account for 63.2% of total expenditure on in-patient care, while the share of nursing & residential care facilities reaches 31.9% and the share of offices of physicians is 4.9%.

118. Expenditure on **day care** (CAD 2 491 million) accounts for 3% of total current expenditure on health care. Providers of day care include hospitals and offices of physicians (private practice physicians). This last category includes estimated fee-for-service payments by provincial medical care plans for day surgeries in hospitals. The cost shown for hospitals represents expenditures on day cases of curative/rehabilitative care paid out of the hospital budget. Hospitals and offices of physicians account respectively for 76.1% and 23.9% of total expenditure on day care.

119. Expenditure on **out-patient care** (CAD 22 001 million) represents 26.3% of total current expenditure on health care. Providers of out-patient care include hospitals, offices of physicians (private practice physicians), offices of dentists and offices of other health practitioners. The cost shown for hospitals represents expenditures on out-patient care paid out of the hospital budget. Methods of allocation

of expenditures generally overstate expenditures for out-patient care (See the section on Mapping of uses of funds in current CHA to ICHA-HC). The category "offices of other health practitioners" includes expenditures for vision care and the services of privately practising chiropractors, orthoptists, podiatrists, osteopaths, naturopaths, private duty nurses, physiotherapists and massage therapists. The respective share of each type of provider in total expenditure on out-patient care is as follows: hospitals (18.9%), offices of physicians (38.6%), offices of dentists (30.8%) and offices of other health practitioners (11.7%) (SHA Table 2.2).

120. Expenditure on **home care** (CAD 1 746 million) accounts for 2.1% of total current expenditure on health care. Providers of home care include hospitals, offices of physicians (private practice physicians) and providers of home health care services. Hospitals and offices of physicians account respectively for only 4.7% and 1.6% of total expenditure on home care. The share of providers of home health care services, including such agencies as the Victoria Order of Nurses, is 93.7%.

121. Expenditure on **ancillary services** (CAD 7 116 million) represents 8.5% of total current expenditure on health care. Providers of ancillary services include hospitals, offices of physicians (private practice physicians) and all other providers of ambulatory health care. Hospital expenditure includes clinical laboratory, diagnostic imaging and patient transport. The category "offices of physicians" includes estimated fee-for-service payments made directly to private practice physicians by provincial medical care plans for clinical laboratory and diagnostic imaging regardless of where the services were provided, including services provided in hospitals and licensed (non-hospital) medical and diagnostic laboratories. The category "other providers of ambulatory health care" represents payments by the public sector for ambulance services. Hospitals account for 58.1% of expenditure on ancillary services, while the share of offices of physicians is 25.9% and that of other providers of ambulatory health care is 16%

122. **Hospital** expenditure (CAD 26 984 million) represents 32.3% of total current health expenditure, the highest share among types of providers. In-patient care accounts for 61.2% of current expenditure in hospitals (53.2% for in-patient curative & rehabilitative care; 8% for in-patient long-term nursing care) (SHA Table 2.3). In-patient care is the sole mode of production in hospitals that could be broken down between curative & rehabilitative care and long-term nursing care. Other modes of production were entirely considered curative & rehabilitative care. The share of day care and out-patient care in current expenditure of hospitals is respectively 7% and 15.4%. Expenditure for home care represents only 0.3% of current expenditure of hospitals. Expenditure on ancillary services accounts for 15.3% of current expenditure. Two last functional categories, "medical goods dispensed to out-patients" and "prevention and public health services" represent respectively only 0.01% and 0.7% of total current expenditure of hospitals.

123. In addition to the above expenditures financed from the hospital budget, provincial medical care plans make fee-for-service payments directly to physicians for services in hospitals. These payments (CAD 2 278 million), estimated from the National Physician Database at the Canadian Institute for Health Information, are included in SHA Tables 2.1, 2.2 and 2.3 under the provider category "offices of physicians".

Current health expenditure by provider and financing agent

Spending structure of financing agents (SHA Table 3.3)

124. Current health expenditure of each financing agent is distributed below between providers, in decreasing proportions of expenditure:

General government *(CAD 58 415 million)*

- 42.2% for hospitals and 27.3% for providers of ambulatory care (20.7% for offices of physicians alone);
- 10.4% for nursing and residential care facilities, 9.6% for provision and administration of public health programmes, 8.7% for retail sales and other providers of medical goods;
- 0.7% for general health administration and insurance and 0.4% for other industries (rest of the economy);
- 0.6% cannot be distributed between providers.

125. The high proportions of general government expenditure for hospitals and offices of physicians reflect the universal coverage by government health insurance plans of medically necessary hospital and medical services.

General government excluding social security *(CAD 57 249 million) and*
state/provincial governments *(CAD 54 172 million)*

- The distribution between providers follows closely the pattern shown above for general government.

Central government *(CAD 2 640 million)*

- 45.2% for provision and administration of public health programmes, 17.9% for providers of ambulatory health care, 13% for retail sale and other providers of medical goods;
- 8.4% for hospitals and 3.4% for nursing and residential care facilities;
- 1.2% for other industries (rest of the economy) and 0.8% for general health administration and insurance;
- 10.3% cannot be distributed between providers.

126. In Canada, the central (federal) government is responsible for the safety of food, drugs and medical devices, and for direct service delivery to certain groups, including Aboriginals, the military, the Royal Canadian Mounted Police (RCMP), and inmates of federal penitentiaries.

Local/Municipal government *(CAD 438 million)*

- 96.5% for provision and administration of public health programmes;
- 2.5% for hospitals and 1% for providers of ambulatory health care.

Social security funds *(CAD 1 166 million)*

- 33.4% for providers of ambulatory health care and 32.9% for retail sales and other providers of medical goods;
- 15.5% for hospitals and 11.2% for other industries (rest of the economy);
- 0.04% for provision and administration of public health programs and 0.02% for nursing and residential care facilities;

- 7.1% cannot be distributed between providers.

127. Social security funds expenditure includes the health care spending by workers' compensation boards and the drug insurance fund component of the Quebec Ministry of Health and Social Services drug subsidy program.

Private sector *(CAD 25 253 million)*

- 42.1% for retail sale and other providers of medical goods and 33.2% for providers of ambulatory health care (25.3% for offices of dentists alone);
- 9.3% for hospitals, 8.9% for nursing and residential care facilities, and 5.1% for general health administration and insurance;
- 1.3% cannot be distributed between providers.

Private social insurance *(CAD 8 820 million)*

- 46.2% for ambulatory health care (36.9% for offices of dentists alone) and 35.3% for retail sale and other providers of medical goods;
- 13% for general health administration and insurance and 5.1% for hospitals;
- 0.5% cannot be distributed between providers.

Other private insurance *(CAD 961 million)*

- 34.3% for ambulatory health care (26.5% for offices of dentists alone) and 33.8% for retail sale and other providers of medical goods;
- 16.4% for general health administration and insurance and 13.2% for hospitals;
- 2.2% cannot be distributed between providers.

Private household out-of-pocket payments *(CAD 14 230 million)*

- 50.6% for retail sale and other providers of medical goods and 27.9% for providers of ambulatory health care (20.2% for offices of dentists alone);
- 15.7% for nursing and residential care facilities and 3.8% for hospitals;
- 1.9% cannot be distributed between providers.

Non-consumption *(CAD 1 242 million)*

- 100% for hospitals.

How different providers are financed (SHA Table 3.2)

128. The expenditure of CAD 26 984 million on **hospitals** is funded at 91.3% by general government agencies (89.7% by state/provincial governments alone) and at 8.7% by the private sector. Private sector

sources of finance include social insurance (1.7%), insurance enterprises other than social insurance (0.5%), household out-of-pocket expenditures (2%) and "non-consumption" sources (4.6%).

129. The expenditure of CAD 8 340 million on **nursing and residential care facilities** is financed at 73.2% by the general government (72.1% by state/provincial governments alone) and at 26.8% by household out-of-pocket payments.

130. The CAD 24 351 million expenditure on **providers of ambulatory health care** is funded at 65.6% by the general government (62% by state/provincial government alone) and at 34.4% by the private sector. The private sector funding is divided between household out-of-pocket (16.3%) and private social insurance/other private insurance (respectively, 16.7% and 1.4%).

Current expenditures by function and financing agents

Functional structure of spending by financing agents (SHA Table 4.3)

131. 88.4% of total current expenditure of general government is for personal health care services and goods (HC.1-HC.5) while 11% is for collective health care (HC.6+HC.7) and 0.6% cannot be distributed. Within collective health care, expenditure on prevention and public health services alone accounts for 10.3% of total current expenditure of general government. In comparison, the private sector has a slightly higher percentage of its current expenditure on personal health care services and goods (93.4%) while the percentage on collective health care is considerably lower (5.2%) and 1.3% cannot be distributed. Within collective health care, expenditure on health administration and health insurance alone accounts for 5.1% of total current expenditure of the private sector.

132. Although comparable percentages of public and private sector funding are expended on personal health care services and goods (88.4% versus 93.4%), the distribution of these funds within this broad function differs between the two sectors. Compared to the private sector, public funding is more directed towards in-patient services (38.4% for the public sector versus 14.6% for the private sector), day care services (4% versus 0.7%), home care services (3% versus 0.03%), and ancillary services (11.6% versus 1.4%), with less allocated to out-patient services (22.7% versus 34.6%) and, especially, medical goods dispensed to out-patients (8.7% versus 42.1%).

133. Within the public sector, the pattern of social security spending compared to that of general government excluding social security is more directed towards out-patient services (32.7% for social security versus 22.5% for general government excluding social security) and, especially, medical goods dispensed to out-patients (32.9% versus 8.2%) and less to in-patient services (9.5% versus 39%) and ancillary services (2.8% versus 11.7%).

134. Within the private sector, the pattern of private household out-of-pocket payments compared to that of private insurance is more directed towards in-patient services (18.1% versus 3.1% for private social insurance and 8.1% for other private insurance) and medical goods dispensed to out-patients (50.6% versus 35.3% for private social insurance and 33.9% for other private insurance) and less to out-patient services (28.5% versus 47% for private social insurance and 36.3% for other private insurance).

How the different functions are financed (SHA Table 4.2)

135. **In-patient services** are funded at 85.9% by the general government (at 85.5% by the general government excluding social security alone) and at 14.1% by the private sector (at 9.8% by private household out-of-pocket payments alone).

136. **Day care services** are funded at 93.3% by the general government, with private sector sources representing the remaining 6.7%. Within the public sector, the share of the general government excluding social security is 92.8%. More than one half the 6.7% private sector funding is derived from "non-consumption" sources (3.5%).

137. **Out-patient services** are funded at 60.3% by the general government (at 58.5% by the general government excluding social security alone). The 39.7% private sector funding is almost evenly balanced between household out-of-pocket (18.4%) and private social insurance/other private insurance (respectively, 18.8% and 1.6%), with 0.9% derived from "non-consumption" sources.

138. **Home care services** are funded at 99.6% by the general government (at 97.8% by the general government excluding social security alone) and at 0.4% by private sector sources of finance. The Survey of Household Spending and special tabulations from private insurers, two major data sources on private sector funding, do not show expenditure on home care separately from expenditures on some other health care services. For this reason, expenditure on home care, as reported from these two data sources, is included under "Undistributed" in Table A3 and SHA Table 4. The CAD 7.1 million from private sector sources, shown explicitly for home care, is an estimate of private sector funding for hospital-based home care.

139. **Ancillary services** are funded at 94.9% by the general government, with private sector sources representing the remaining 5.1%. Within the public sector, the share of the general government excluding social security is 94.5%. About one half of the 5.1% private sector funding is derived from "non-consumption" sources (2.7%).

140. **Medical goods dispensed to out-patients** are funded at about one third by the general government (32.4%) and two thirds by private sector sources (67.6%). For the 32.4% from general government sources, 29.9% is funded directly with 2.4% provided through social security. The 67.6% private sector funding is divided between household out-of-pocket (45.8%) and private social insurance/other private insurance (respectively, 19.8% and 2.1%).

141. **Pharmaceuticals and other medical non-durables** are funded at 33.9% by the general government and at 66.1% by the private sector. For the 33.9% from government sources, 31.5% is funded directly by government with 2.3% provided through social security. The 66.1% private sector funding is composed of household out-of-pocket (41.1%) and private social insurance/other private insurance (respectively, 22.8% and 2.3%).

142. Finally, **prevention and public health services** are funded at 99.7% by the general government, with private sector sources representing the remaining 0.3%. For the 99.7% funding from government sources, 97.5% is funded directly with 2.2% provided through social security. The 0.3% private sector funding is an estimate for prevention and public health services in hospitals.

Conclusions

The effect of the implementation of the SHA on the value of total health expenditure and on the structure of financing sources

143. Departures of the current Canadian Health Accounts from the SHA, in the calculation of total health expenditure, are identified in section 3 of the methodological annex.

144. Based on the SHA, expenditures on health-related functions (both inside and outside hospitals), expenditures on social work and pastoral care in hospitals and expenditures by the private sector for Type I and lower care in residential care facilities were deducted from total health expenditure as defined in the

current Canadian Health Accounts. This resulted in a reduction of total health expenditure of 3 billion Canadian dollars in 1999, or about 3.3%. Total health expenditure as a percentage of GDP diminished from 9.2% before implementation to 8.9% after implementation. Preliminary estimates indicate that medical expenses by motor vehicle insurance plans were about 1.2 billion Canadian dollars in 1999. Imports and exports of health care are treated somewhat differently in the current Canadian Health Accounts than in the SHA. In the working paper, no adjustments were made for this difference in treatment. At this stage, the SHA has only been partially implemented and the net effect of full implementation on the value of total health expenditure cannot be precisely determined, although the value of total health expenditure would likely be reduced after full implementation because of the large deductions of expenditures on health related functions.

The mapping to ICHA-HF

145. For the public sector, there is a good correspondence between the classification of sources of finance in the Canadian Health Accounts and the ICHA-HF classification of health care financing. For the private sector there is direct correspondence between the two classifications only for out-of-pocket expenditure. The mapping of expenditures by private not-for-profit insurance firms in Canada into the ICHA-HC categories relies on cost allocation assumptions. No ICHA-HF category clearly corresponds to the Canadian category “non-consumption”.

The mapping to ICHA-HC and modes of production

146. The Canadian Health Accounts group expenditures into eight major categories (uses of funds): hospitals, other institutions, physicians, other professionals, drugs, capital, public health and administration, and other health spending. Only expenditures on drugs and capital could easily be mapped to ICHA-HC functional categories. The other uses of funds had, to various extents, limitations to their level of details for accurate mapping.

147. The ICHA-HC classification of functions is not a pure functional classification, but rather a hybrid classification, as it incorporates two dimensions: functions and modes of production. The mapping to the ICHA-HC is made particularly difficult by the fact that the available expenditure data must correspond to both dimensions, and at the same time be broken down by source of finance (a third dimension). For example, expenditures for the category “hospitals”, which represents the largest share of total health expenditure (31.4%), were mapped to 17 categories of the ICHA-HC using data extracted from the Canadian MIS Database (CMDB). This database contains information on the activity and finances of Canadian hospitals, according to the MIS Guidelines (national standards for collecting, processing and reporting hospital data). However, MIS accounts do not always neatly correspond to ICHA-HC categories, and revenues by sources are often recorded at the hospital level, not at the functional centres’ level.

148. About two thirds of hospital operating expenses could be directly allocated to ICHA-HC categories. Most expenditures on administrative and support activities (the remaining third of hospital operating expenses) were allocated to ICHA-HC categories at pro rata of the direct costs. Other countries might have allocated the overhead costs using quite different methods. For improved comparability between countries, the OECD might want to foster the development of a standard method of allocation of hospital overhead costs.

149. In the Canadian Health Accounts, the categories “physicians” and “other professionals” represent respectively 13.6% and 12% of total health expenditure. However for these two categories, it was generally not possible to distinguish between curative and rehabilitative care (and preventive care), and the expenditures were put by default under curative care.

150. Methods of allocation of expenditures on "hospitals" and "physicians" would generally over-estimate expenditures for out-patient care. For "hospitals", when it was not possible to distinguish between day care and out-patient care, the expenditure was put under out-patient care. For "physicians", when the mode of production of a service could not be determined, the expenditure was put under out-patient care.

151. Curative and rehabilitative care account together for 46.3% of total health expenditure in 1999, while the share of long-term nursing care is 13.8%. Ancillary services to health care represent 8.2% of total health expenditure. The share of medical goods dispensed to out-patients is 18.1% (15.5% for pharmaceuticals and other medical non-durables alone). Prevention & public health, health administration & health insurance and capital formation account for respectively 6.9%, 1.9% and 3.9% of total health expenditure. Less than 1% of total health expenditure is not distributed by function.

152. In-patient care is the most important mode of production, representing 31.2% of total current expenditure on health care, while the respective proportions for out-patient care, day care and home care are 26.3%, 3% and 2.1%.

The mapping to ICHA-HP

153. The Canadian Health Accounts group expenditures into eight major categories (uses of funds): hospitals, other institutions, physicians, other professionals, drugs, capital, public health and administration, and other health spending. The mapping of the Canadian categories to the ICHA-HP was rather straightforward except for the categories "other institutions" and "physicians".

- The category "other institutions" includes expenditures by the private sector on residential care facilities for persons with alcohol and drug problems. These expenditures were excluded from the ICHA-HP category HP.2 Nursing and residential care facilities after the SHA implementation.

- The category "physicians" represents payments to private practice physicians regardless of where the services are provided. There exists some information, at the national level, on the distribution of fee-for-service payments by provincial medical care plans according to service site (offices of physicians, hospitals, medical and diagnostic laboratories, detention centres). However, the service site breakdown was not used in the mapping to ICHA-HP in order to remain consistent with the way, considered the most policy-relevant, in which physicians' income is recorded in the Canadian health accounts, under a single category. All payments to private practice physicians were therefore allocated to HP.3.1 Offices of physicians.

154. Expenditure on hospitals represents 32.3% of total current expenditure on health care while the proportion for nursing of residential care facilities is 10%. Providers of ambulatory health care account for 29.1% of total current expenditure (the share of offices of physicians alone is 14.6%). Expenditure on retail sale and other provider of medical goods represent 18.8% of total current expenditure. About one half of out-of-pocket payments by private households and one third of payments by private insurers were for medical goods.

Progress made in harmonizing Canadian health expenditure data with the SHA-ICHA and plan for next few years

- In the present SHA Working Paper, Canada has mapped hospital expenditures in 1999 to 17 functional categories and physicians' expenditures to 7 functional categories, and revised the estimate of expenditures by the private sector on nursing and residential care facilities to exclude expenditure on residents that receive residential care and social services rather than medical services.

- For *OECD Health Data 2004*, Canada has provided expenditure estimates for the years 1999 to 2003 by function of health care and category of providers based on the methods of cost allocation developed in the SHA Working Paper. For future *OECD Health Data* submissions, Canada will consider the revision, based on the SHA, of the core variables back to 1990, and even 1980 if possible, as recommended by the OECD.

- Canada will consider further refinements in methods of cost allocation of expenditures on physicians' services to functions of health care and modes of production in consultation with the provincial representatives for the National Physician Database, as well in the cross-tabulation of hospital expenditure by function of health care and source of funding.

- Canada plans to reduce the existing departures of the current Canadian Health Accounts from the SHA, as identified in section 3 of the methodological annex. Canada has undertaken work to identify and report government administrative expenses separately from expenditure on public health. Canada has also undertaken work on the estimation of medical expenses by public and private insurance plans for motor vehicle insurance.

- Canada plans to reduce the divergences with the SHA in the treatment of imports and exports of health care.

ANNEX 1: METHODOLOGY

1. Data sources

National Health Expenditure estimates are compiled by the Canadian Institute for Health Information (CIHI) based on information from the following sources**.**

Provincial Government Sector

- Provincial Public Accounts and Main Estimates
- Provincial Departments of Health Annual Reports and Statistical Supplements where available
- Annual Reports of various foundations, agencies and commissions
- Special tabulations and specific information from various provincial departments reporting health expenditures.
- Federal Transfers as a part of Provincial Government spending:
  - EPF, CHST – Federal-Provincial Relations Division, Federal Department of Finance
  - CAP – Cost Shared Programs Division, Human Resources and Development Canada
  - Contributions to the Governments of the Northwest and Yukon Territories – Public Accounts of Canada, Department of Indian Affairs and Northern Development
  - Health Resource Fund – Health Canada

Federal Direct Sector

- Public Accounts of Canada
- Special tabulations/information from:
  - Health Canada
  - Department of Veterans Affairs
  - Department of National Defense
  - Solicitor General of Canada
  - Statistics Canada
  - Citizenship and Immigration Canada
  - Several organizations that are responsible for administering research funds from federal government such as Canada Foundation for Innovation, Canadian Health Services Research Foundation and the Canadian Institute for Advanced Research

Social Security Funds Sector

- Special tabulations on medical aid spending provided by the provincial/territorial Workers' Compensation Boards
- Annual Reports of provincial/territorial Workers' Compensation Boards

- Annual Report of the Régie de l'assurance-maladie du Québec

Municipal Government Sector

- Special tabulation purchased from the Public Institutions Division of Statistics Canada.

Private Sector

- Private Insurance Component
  - The *not-for-profit* portion is captured from special tabulations provided by the not-for-profit insurance companies.
  - The *commercial* portion is captured by a special tabulation provided by the Canadian Life and Health Insurance Association (CLHIA).

- Out-of-pocket Component
  - Survey of Household Spending, Statistics Canada (formerly the Family Expenditures Survey (FAMEX)), except for the following categories
  - **Hospitals –** (adjusted income from *patient services*) Annual Return of Hospitals Database maintained by Statistics Canada until 1994/1995, and the Canadian MIS Database maintained by CIHI after 1994/1995
  - **Other Institutions –** Residential Care Facilities Survey fielded by Statistics Canada
  - **Over-the-Counter Drugs** and **Personal Health Supplies –** Market Review of Selected Drug Categories at Retail, a special tabulation purchased from AC Nielsen Canada

- Non-consumption Component
  - **Hospitals** – (adjusted income from *non-patient services*) Annual Return of Hospitals Database maintained by Statistics Canada until 1994/1995 and the Canadian MIS Database maintained by CIHI after 1994/1995
  - **Capital Expenditures –** special tabulation purchased from the Investment and Capital Stock Division of Statistics Canada
  - **Health Research –** The Association of Canadian Medical Colleges, *Canadian Medical Education Statistics*, Expenditure for Biomedical and Health Care Research of Canadian Faculties of Medicine by Source of Funds

2. Current state of ICHA implementation

Health Expenditure by Financing Agent

ICHA	SHA Manual	**Categories used in national practice and / or departures from the ICHA as to the content of the category**
HF.1	General government	Excludes medical expenses by public insurance plans for motor vehicle insurance.
HF.1.1	General government excluding social security funds	
HF.1.1.1	Central government	Direct spending by the Federal Government.
HF.1.1.2	State/provincial government	Includes spending of federal health transfers to the provinces/territorires.
HF.1.1.3	Local/municipal government	
HF.1.2	Social security funds	Expenditures by workers' compensation boards and the Quebec Drug Insurance Fund.
HF.2	Private sector	Excludes medical expenses by private insurance plans for motor vehicle insurance. Excludes expenditure by private insurers for out-of-country care provided to Canadians.
HF.2.1	Private social insurance	Group insurance.
HF.2.2	Private insurance enterprises (other than social insurance)	Individual insurance.
HF.2.3	Private household out-of-pocket expenditure	Expenditure made directly by patients for health care goods and services.
HF.2.3.1	Out-of-pocket excluding cost-sharing	
HF.2.3.2	Cost-sharing: central government	
HF.2.3.3	Cost-sharing: state/provincial government	
HF.2.3.4	Cost-sharing: local/municipal government	
HF.2.3.5	Cost-sharing: social security funds	
HF.2.3.6	Cost-sharing: private social insurance	
HF.2.3.7	Cost-sharing: other private insurance	
HF.2.3.9	All other cost-sharing	
HF.2.4	Non-profit institutions serving households (other than social insurance)	
HF.2.5	Corporations (other than health insurance)	
	Non-consumption	Non-consumption expenditure consists of non-patient revenues earned from investment, food services and ancillary operations in hospitals, real estate rentals, donations and other sources.
HF.3	Rest of the world	

Health Expenditure by Function

ICHA	SHA Manual	Categories used in national practice and / or departures from the ICHA as to the content of the category
HC.1	Services of curative care	Also includes rehabilitative care, with the exception of day cases of rehabilitative care in hospitals. For providers of ambulatory health care, such as offices of physicians, it is not possible to distinguish between curative and rehabilitative care.
HC.1.1	In-patient curative care	Also includes rehabilitative care. Although a distinction can be made between in-patient curative and rehabilitative care for services paid out of the hospital budget, no such distinction can be made for services rendered to hospital in-patients by physicians paid directly by the provincial medical care plans.
HC.1.2	Day cases of curative care	Represents expenditures on day cases of curative care in hospitals, including estimated fee-for-service payments made directly to physicians by provincial medical care plans for day surgeries in hospitals.
HC.1.3	Out-patient curative care	Also includes rehabilitative care. Out-patient curative care and rehabilitative care can only be distinguished for services paid out of the hospital budget. Includes payments to physicians by provincial medical care plans that cannot be allocated to any other ICHA-HC categories based on available information in NPDB. Includes services under the MIS major section DIAGNOSTIC AND THERAPEUTIC SERVICES provided to out-patients and day care patients in hospitals (with the exception of clinical laboratories and diagnostic imaging). For services under this MIS major section, it was not possible to distinguish between out-patient care and day care.
HC.1.3.1	Basic medical and diagnostic services	Fee-for-service payments by provincial medical care plans to family physicians for care in offices of physicians.
HC.1.3.2	Out-patient dental care	Includes expenditure for services of dentists, dental assistants, hygienists and denturists. It includes the cost of diagnostic imaging and dental prostheses, including false teeth and laboratory charges for crowns and other dental appliances.
HC.1.3.3	All other specialised health care	Includes fee-for-service payments by provincial medical care plans to medical specialists for care in offices of physicians and expenditure for out-patient care in hospitals (incl. fee-for-service payments by medical care plans for out-patient care in hospitals).
HC.1.3.9	All other out-patient curative care	Represents expenditures for vision care and the services of privately practising chiropractors, orthoptists, podiatrists, osteopaths, naturopaths, private duty nurses, physiotherapists and massage therapists. The category “Vision Care Services” includes expenditures for the professional services of optometrists and dispensing opticians, as well as expenditures by private insurers for eyeglasses and contact lenses. Household out-of-pocket expenditures on eyeglasses and contact lenses as well as expenditures by the public sector were excluded when they were reported separately from the expenditures for the professional services of optometrists and dispensing opticians.
HC.1.4	Services of curative home care	Includes hospital-based home care. Includes payments to physicians, by provincial medical medical care plans, for home care in only three provinces: Nova Scotia, Quebec and British

		Columbia. May also include some rehabilitative care and long-term nursing care.
HC.2	Services of rehabilitative care	Includes only day cases of rehabilitative care in hospitals.
HC.2.1	In-patient rehabilitative care	Although a distinction can be made between in-patient curative and rehabilitative care for services paid out of the hospital budget, no such distinction can be made for services rendered to hospital in-patients by physicians paid directly by the provincial medical care plans.
HC.2.2	Day cases of rehabilitative care	Day cases of rehabilitative care in hospitals.
HC.2.3	Out-patient rehabilitative care	Out-patient curative care and rehabilitative care can only be distinguished for services paid out of the hospital budget. For providers of ambulatory health care, such as offices of physicians, it is not possible to distinguish between curative and rehabilitative care.
HC.2.4	Services of rehabilitative home care	
HC.3	Services of long-term nursing care	
HC.3.1	In-patient long-term nursing care	
HC.3.2	Day cases of long-term nursing care	
HC.3.3	Long-term nursing care: home care	Represents expenditures by the public sector for home care programs including payments to Victoria Order of Nurses. May include some expenditure for curative and rehabilitative care. Expenses on outreach workers employed by the residential care facilities but providing home care services cannot be distinguished and are included under HC.3.1.
HC.4	Ancillary services to health care	Represents laboratory and diagnostic imaging services provided to out-patients and day care patients in hospitals, and patient transport paid for by the public sector. For laboratory and diagnostic imaging services in hospitals, it was not possible to distinguish between out-patient care and day care. Direct payments by the provincial medical care plans to physicians for laboratory and diagnostic imaging services provided in offices of physicians, and commercial facilities headed by physicians, are included here when available in NPDB.
HC.4.1	Clinical laboratory	Includes laboratory services provided to out-patients and day care patients in hospitals. For laboratory services in hospitals, it was not possible to distinguish between out-patient care and day care. Also includes direct payments by the provincial medical care plans to physicians for laboratory services provided in offices of physicians, and commercial facilities headed by physicians, when available in NPDB. Some payments for laboratory services by Regional Health Authorities are allocated to hospitals. The cost of provincial laboratories, when identifiable as such in the provincial public accounts, is included under “public health”.
HC.4.2	Diagnostic imaging	Includes diagnostic imaging services provided to out-patient and day care patients in hospitals. For diagnostic imaging in hospitals, it was not possible to distinguish between out-patient care and day care. Also includes direct payments by the provincial medical care plans to physicians for radiology services provided in offices of physicians, and commercial facilities headed by physicians, when available in NPDB.
HC.4.3	Patient transport and emergency rescue	Expenditure on patient transport financed by the public sector.
HC.4.9	All other miscellaneous ancillary services	
HC.5	Medical goods dispensed to out-patients	

HC.5.1	Pharmaceuticals and other medical non-durables	
HC.5.1.1	Prescribed medicines	
HC.5.1.2	Over-the-counter medicines	
HC.5.1.3	Other medical non-durables	
HC.5.2	Therapeutic appliances and other medical durables	
HC.5.2.1	Glasses and other vision products	Expenditure on eyeglasses and other vision products financed by the public sector and direct expenditure by households. Excludes expenditure by private insurers which is included under HC.1.3.9.
HC.5.2.2	Orthopaedic appliances and other prosthetics	
HC.5.2.3	Hearing aids	Expenditure by the public sector only.
HC.5.2.4	Medico-technical devices, including wheelchairs	
HC.5.2.9	All other miscellaneous medical durables	
HC.6	Prevention and public health services	Expenditures for items such as measures to prevent the spread of communicable disease, food and drug safety, health inspections, health promotion activities, community mental health programs, public health nursing and all administrative expenses of government except the cost of administering insured programs. Includes expenditure on occupational health care. Includes payments by the public sector to voluntary health associations.
HC.6.1	Maternal and child health; family planning and counselling	
HC.6.2	School health services	Included in HC.6, except for expenditure on school health services made by provincial ministries of education.
HC.6.3	Prevention of communicable diseases	
HC.6.4	Prevention of non-communicable diseases	
HC.6.5	Occupational health care	
HC.6.9	All other miscellaneous public health services	
HC.7	Health administration and health insurance	Includes only administrative expenses of health insurance programs (public and private). Excludes other administrative expenses of government (these are included under HC.6).
HC.7.1	General government administration of health	
HC.7.1.1	General government administration of health (except social security)	
HC.7.1.2	Administration, operation and support activities of social security funds	
HC.7.2	Health administration and health insurance: private	
HC.7.2.1	Health administration and health insurance: social insurance	
HC.7.2.2	Health administration and health insurance: other private	
	Undistributed	Expenditures on “unspecified health services financed by the public sector” and “other health care services financed by the private sector”.
Health Related Expenditures		
HC.R.1	Capital formation of health care provider institutions	
HC.R.2	Education and training of health personnel	Includes education and training inside and outside hospitals.
HC.R.3	Research and development in health	Includes research inside and outside hospitals
HC.R.4	Food, hygiene and drinking water control	Includes only hospital-based services.
HC.R.5	Environmental health	Includes only hospital-based services.
HC.R.6	Administration and provision of social services in kind to assist living with disease and impairment	
HC.R.7	Administration and provision of health-related cash-benefits	

Health Expenditure by Provider

ICHA	SHA Manual	Categories used in national practice and / or departures from the ICHA as to the content of the category
HP.1	Hospitals	Expenditure by the public sector is from public accounts. Breakdown by type of hospitals is generally not available in public accounts. Excludes estimated payments made directly to physicians by provincial governments for services rendered in hospitals, i.e. for physicians' services in hospitals not paid out of the hospital budget.
HP.1.1	General hospitals	
HP.1.2	Mental health and substance abuse hospitals	
HP.1.3	Speciality (other than mental health and substance abuse) hospitals	
HP.2	Nursing and residential care facilities	Expenditure by the public sector is from public accounts. Breakdown by type of nursing and residential care facilities is generally not available in public accounts. Expenditure by the private sector is from a survey of residential care facilities for the aged, the physically disabled and the psychiatrically disabled. Only private revenue for Type II and higher care in these three types of facilities was included.
HP.2.1	Nursing care facilities	
HP.2.2	Residential mental retardation, mental health and substance abuse facilities	
HP.2.3	Community care facilities for the elderly	
HP.2.9	All other residential care facilities	
HP.3	Providers of ambulatory health care	
HP.3.1	Offices of physicians	Represent payments to private practice physicians regardless of where the services are provided (*e.g.,* offices of physicians, hospitals, etc.).
HP.3.2	Offices of dentists	
HP.3.3	Offices of other health practitioners	Represents expenditures for vision care and the services of privately practising chiropractors, orthoptists, podiatrists, osteopaths, naturopaths, private duty nurses, physiotherapists and massage therapists. The category “Vision Care Services” includes expenditures for the professional services of optometrists and dispensing opticians, as well as expenditures by private insurers for eyeglasses and contact lenses.
HP.3.4	Out-patient care centres	In the Canadian Health Accounts, out-patient care centres would be mostly classified under “public health” but also under “physicians services” (*e.g.,* clinics for cataract surgery) and even “hospitals” (*e.g.,* Ottawa Riverside Hospital which provides only out-patient care).
HP.3.4.1	Family planning centres	
HP.3.4.2	Out-patient mental health and substance abuse centres	
HP.3.4.3	Free-standing ambulatory surgery centres	Payments to private practice physicians are allocated to HP.3.1 Offices of physicians regardless of where the services are provided.
HP.3.4.4	Dialysis care centres	
HP.3.4.5	All other out-patient multi-speciality and co-operative service centres	
HP.3.4.9	All other out-patient community and other integrated care centres	
HP.3.5	Medical and diagnostic laboratories	Provincial medical care plan payments to licensed laboratories headed by physicians, as shown in the National Physician Database (NPDB), are included under HP.3.1 Offices of physicians.

HP.3.6	Providers of home health care services	Represents expenditures by the public sector for home care including payments to Victoria Order of Nurses.
HP.3.9	Other providers of ambulatory health care	
HP.3.9.1	Ambulance services	Includes only payments by the public sector.
HP.3.9.2	Blood and organ banks	
HP.3.9.9	Providers of all other ambulatory health care services	
HP.4	Retail sale and other providers of medical goods	
HP.4.1	Dispensing chemists	Includes expenditures on prescribed drugs, over-the-counter drugs and personal health supplies purchased in retail stores (mostly pharmacies).
HP.4.2	Retail sale and other suppliers of optical glasses and other vision products	
HP.4.3	Retail sale and other suppliers of hearing aids	
HP.4.4	Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)	
HP.4.9	All other miscellaneous sale and other suppliers of pharmaceuticals and medical goods	
HP.5	Provision and administration of public health programmes	Includes expenditure by the public sector on public health and public sector payments to voluntary health associations (societies dedicated to prevention and treatment of major diseases such as arthritis, cancer, diabetes, lung, kidney, liver and heart diseases, etc.). Also includes all administrative expenses of government except the cost of administering insured programs.
HP.6	General health administration and insurance	Prepayment Administration-expenditures related to the cost of providing health insurance programs by either government or private health insurance firms. Excludes the cost for the general administration of health departments which is included under HP.5
HP.6.1	Government administration of health	
HP.6.2	Social security funds	
HP.6.3	Other social insurance	
HP.6.4	Other (private) insurance	
HP.6.9	All other providers of health administration	
HP.7	Other industries (rest of the economy)	
HP.7.1	Establishments as providers of occupational health care services	Includes expenditures on provincial health and safety inspection services, expenditures of the Canadian Centre for Occupational Health and Safety, expenditures for occupational health reported by workers compensation boards.
HP.7.2	Private households as providers of home care	
HP.7.9	All other industries as secondary producers of health care	Fee-for-service payments to physicians for services in detention centres are included under HP.3.1 Offices of physicians.
HP.9	Rest of the world	
	Undistributed	Expenditures on “unspecified health services financed by the public sector” and “other health care services financed by the private sector”.

3. Estimates of total expenditure

Departures from SHA Boundaries

National health expenditure as published in Canada **includes**:

- Expenditure of Canadian hospitals for care provided to non-Canadians.
- Revenues of Canadian hospitals from ancillary operations (gift shops, parking lots, etc.). Only profit used to subsidize patient care should be included, however. While hospital revenues from ancillary operations are reported, profit cannot easily be determined from available data.
- Expenditure for training of health workers that includes concomitant care of patients.
- Health research.
- Hospital expenditures for food, hygiene and drinking water control, and for environmental health.
- Expenditure of in-patient facilities for alcohol/drug addiction.
- Expenditure by the private sector in some long-term residential care facilities providing mainly room and board and social services (*e.g.*, facilities for mental retardation, emotionally disturbed children).

National health expenditure as published in Canada **excludes**:

- Expenditure on school health made by provincial ministries of education.
- Expenditure by private insurers for out-of-country care provided to Canadians.
- Private sector expenditure on occupational health care.
- Some expenditures of voluntary health associations (societies dedicated to prevention and treatment of major diseases such as arthritis, cancer, diabetes, cerebral palsy, lung, kidney, liver and heart diseases, etc.).
- Medical expenses by public and private insurance plans for motor vehicle insurance.

155. **Note on the treatment of imports and exports of health care -** The SHA manual defines total expenditure on health as to include imports of health care, such as health spending abroad by tourists and other persons traveling abroad, and exclude exports of health services, i.e. services provided by domestic providers to foreigners. By contrast, the current Canadian Health Accounts try to measure the value of goods and services provided in Canada, regardless of whether or not the recipient is a Canadian citizen. The Canadian Health Accounts exclude health spending abroad by Canadians and include spending in Canada by foreigners, whenever these costs can be clearly identified. For example, payments by private insurance firms in Canada for out-of-country care are explicitly excluded (CAD 284.9 million in 1999). Hospital revenues from non-Canadian residents are explicitly included (CAD 56.2 million in 1999). However, when spending abroad by Canadians cannot be identified separately from spending in Canada, it is included in total health expenditure. For example, data from the Survey of Household Spending fielded by Statistics Canada and data on over-the-counter drugs and personal health supplies obtained from AC Nielsen Canada, used to estimate household out-of-pocket expenditures would include spending by Canadian residents for out-of-country care. Household out-of-pocket expenditure on hospitals, however, is estimated from the Canadian MIS Database maintained by CIHI, and does not include spending by Canadian residents for out-of-country hospital care. Provincial public accounts are the major data sources on expenditures by provincial governments. Expenditures of provincial governments used in the Canadian Health Accounts are net of recoveries, when the recoveries are reported in the provincial public accounts. The recoveries are generally shown as a lump sum. They would include recoveries for care provided to non-Canadian residents, in addition to recoveries for care provided to residents of other provinces, recoveries for medical expenses from motor vehicle insurance plans, etc. Therefore, health expenditures of provincial governments would exclude export of health services, in agreement with the definition of total

expenditure on health in the SHA manual. In this paper, no adjustments were made for any divergence, in practice, of the Canadian Health Accounts from the SHA definition that includes imports of health care and excludes exports.

Effect of the Implementation of the SHA on the Value of Total Health Expenditure

156. Total health expenditure in the current Canadian Health Accounts includes expenditure on social work and pastoral care in hospitals. These two activities do not represent activities of health care as defined in the SHA.

- *Social Work (hospital expenditures only)* – expenditures pertaining to helping inpatients/residents/clients and their families deal with personal, socio-economic and environmental problems which influence the inpatients'/residents'/clients' condition.

- *Pastoral Care (hospital expenditures only)* – expenditures pertaining to providing and coordinating a religious ministry to inpatients/residents/clients and their families.

157. Total health expenditure in the current Canadian Health Accounts includes the following health related functions that are excluded from the definition of total health expenditure in the SHA:

- *Training of Health Workers*– expenditures for training that includes concomitant care of patients. Payments to hospitals or other on-the-job sites are included, but payments to colleges and universities for educational programs are not included.

- *Health Research*–expenditures for research activities designed to further knowledge of the determinants of health, health status or methods of providing health care, evaluation of health care delivery or of public health programs. This comprises the production and dissemination of health statistics. This departs from the OECD guidelines of including the production and dissemination of technical documentation and statistics on health under Health administration and insurance (HC.7).

- *Food, hygiene and drinking water control (hospital expenditures only)* – expenditures on mandated environmental health protection services, to ensure that the food supply, water and other aspects of the human environment are safe for disease, contaminants and other health and safety hazards.

- *Environmental Health (hospital expenditures only)* – expenditures pertaining to activities for licensing and support services which safeguard the well being of individuals for facilities such as child day care facilities and adult and child residential care facilities.

158. The calculation of total health expenditure based on the SHA involves the deduction of expenditures on social work and pastoral care in hospitals, on health related functions and expenditures by the private sector for Type I and lower care in residential care facilities. It results in an overall reduction of total health expenditure of CAD 2 977.2 million, or about 3.3%. No new data were obtained to reduce the other departures from SHA boundaries mentioned above, although some work has been undertaken on the estimation of medical expenses by public and private insurance plans for motor vehicle insurance.

Effect of the Implementation of the SHA on the Value of Total Health Expenditure, Canada, 1999

CAD Millions

Total Health Expenditure Before Implementation (as shown in current national statistics)	**90,066.6**
Less deductions:	
Training of Health Workers	
Outside hospitals	78.8
In hospitals	592.3
Health Research	
Outside hospitals	1,396.6
In hospitals	532.9
Social Work (in hospitals only)	162.9
Pastoral Care (in hospitals only)	26.8
Food, hygiene and drinking water control (in hospitals only)	1.2
Environmental Health (in hospitals only)	1.7
Private Sector Expenditure on Residents of Residential Care Facilities Receiving Type I and lower care	184
Total Deductions	2,977.2
Total Health Expenditure After Implementation	**87,089.4**

4. Other methodological issues

159. The following two documents, available from the Canadian Institute for Health Information, contain a detailed description of methods of allocation to the functional classification, respectively of hospital expenditures and of fee-for-services payments by provincial medical care plans to physicians in private practice:

- Allocation of Expenditure of Canadian Hospitals to ICHA-HC
- Allocation of Provincial Governments' Payments for the Category "Physicians" in the Canadian Health Accounts to ICHA-HC & ICHA-HP

ANNEX 2: TABLES

Table A1

Total health expenditure by financing agents

		1999	
		CAD (millions)	percent
HF.1	General government	61,251	70.3%
HF.1.1	General government excluding social security funds	60,085	69.0%
HF.1.1.1	Central government	2,649	3.0%
HF.1.1.2;1.1.3	Provincial/local government	57,436	66.0%
HF.1.2	Social security funds	1,166	1.3%
HF.2	Private sector	25,839	29.7%
HF.2.1	Private social insurance	8,820	10.1%
HF.2.2	Private insurance enterprises (other than social insurance)	961	1.1%
HF.2.3	Private household out-of-pocket expenditure	14,230	16.3%
HF.2.4	Non-profit institutions serving households (other than social insurance)	-	-
HF.2.5	Corporations (other than health insurance)	-	-
	Non-consumption (not a ICHA-HF category)	1,827	2.1%
HF.3	Rest of the world	-	-
	Total health expenditure	**87,089**	**100.0%**

Table A2
Health expenditure by function of care

		1999	
		millions of CAD	percent
HC.1;2	Services of curative & rehabilitative care	40,341	46.3%
HC.1.1;2.1	In-patient curative & rehabilitative care	15,739	18.1%
HC.1.2;2.2	Day cases of curative & rehabilitative care	2,491	2.9%
HC.1.3;2.3	Out-patient curative & rehabilitative care	22,001	25.3%
HC.1.4;2.4	Home care (curative & rehabilitative)	109	0.1%
HC.3	Services of long-term nursing care	12,027	13.8%
HC.3.1	In-patient long-term nursing care	10,390	11.9%
HC.3.2	Day cases of long-term nursing care	-	-
HC.3.3	Home care (long term nursing care)	1,637	1.9%
HC.4	Ancillary services to health care	7,116	8.2%
HC.4.1	Clinical laboratory	3,004	3.4%
HC.4.2	Diagnostic imaging	2,955	3.4%
HC.4.3	Patient transport and emergency rescue	1,158	1.3%
HC.4.9	All other miscellaneous ancillary services	-	-
HC.5	Medical goods dispensed to out-patients	15,730	18.1%
HC.5.1	Pharmaceuticals and other medical non-durables	13,520	15.5%
HC.5.2	Therapeutic appliances and other medical durables	2,210	2.5%
HC.6	Prevention and public health services	6,050	6.9%
HC.7	Health administration and health insurance	1,684	1.9%
	Undistributed/not classified	719	0.8%
	CURRENT HEALTH EXPENDITURE	83,668	96.1%
HC.R.1	Capital formation of health care provider institutions	3,421	3.9%
	TOTAL HEALTH EXPENDITURE	87,089	100.0%

Table A3
Current health expenditure by mode of production

		1999	
		CAD (millions)	percent
	In-patient care	26,129	31.2%
HC.1.1;2.1	Curative & rehabilitative care	15,739	18.8%
HC.3.1	Long-term nursing care	10,390	12.4%
	Services of day-care	2,491	3.0%
HC.1.2;2.2	Day cases of curative & rehabilitative care	2,491	3.0%
HC.3.2	Day cases of long-term nursing care	-	-
	Out-patient care	22,001	26.3%
HC.1.3;2.3	Out-patient curative & rehabilitative care	22,001	26.3%
HC.1.3.1	Basic medical and diagnostic services	3,462	4.1%
HC.1.3.2	Out-patient dental care	6,775	8.1%
HC.1.3.3	All other specialised health care	7,480	8.9%
HC.1.3.9;2.3	All other out-patient curative care	2,575	3.1%
	Home care	1,746	2.1%
HC.1.4;2.4	Home care (curative & rehabilitative)	109	0.1%
HC.3.3	Home care (long term nursing care)	1,637	2.0%
HC.4	*Ancillary services to health care*	7,116	8.5%
HC.5	*Medical goods dispensed to out-patients*	15,730	18.8%
HC.5.1	Pharmaceuticals and other medical non-durables	13,520	16.2%
HC.5.2	Therapeutic appliances and other medical durables	2,210	2.6%
	Total expenditure on personal health care	**75,215**	**89.9%**
HC.6	*Prevention and public health services*	6,050	7.2%
HC.7	*Health administration and health insurance*	1,684	2.0%
	Undistributed/not classified	719	0.9%
	Total current expenditure on health care	**83,668**	**100.0%**

Table A4
Current health expenditure by provider

		1999	
		CAD (millions)	percent
HP.1	Hospitals	26,984	32.3%
HP.2	Nursing and residential care facilities	8,340	10.0%
HP.3	Providers of ambulatory health care	24,351	29.1%
HP.3.1	Offices of physicians	12,224	14.6%
HP.3.2	Offices of dentists	6,775	8.1%
HP.3.3-3.9	All other providers of ambulatory health care	5,352	6.4%
HP.4	Retail sale and other providers of medical goods	15,726	18.8%
HP.5	Provision and administration of public health	5,616	6.7%
HP.6	General health administration and insurance	1,684	2.0%
HP.6.1	Government administration of health	384	0.5%
HP.6.2	Social security funds	-	-
HP.6.3;6.4	Other social insurance	1,300	1.6%
HP.7	Other industries (rest of the economy)	248	0.3%
HP.7.1	Occupational health care services	248	0.3%
HP.7.2	Private households as providers of home care	-	-
HP.7.9	All other secondary producers of health care	-	-
HP.9	Rest of the world	-	-
	Undistributed/not classified	719	0.9%
	Total current expenditure on health care	**83,668**	**100.0%**

ANNEX 3: CANADA 1999 SHA TABLES

SHA Table 2.1 **Current expenditure on health by function of care and provider industry** (CND, millions)

Health care by function	ICHA-HC code	**Total current health expenditure**	**HP.1** Hospitals	**HP.2** Nursing and residential facilities	**HP.3** Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	**HP.4** Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	**HP.5** Providers of public health programmes	**HP.6** General health admin.and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	**HP.7** All other industries	*Undistributed*
In-patient care		26,129	16,512	8,340	1,277	1,277	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.1; 2.1	15,739	14,365	108	1,265	1,265	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.1	10,390	2,147	8,232	12	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Services of day-care		2,491	1,897	-	594	594	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.2; 2.2	2,491	1,897	-	594	594	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care		22,001	4,167	-	17,834	8,485	6,775	2,575	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	HC.1.3.1	3,462	-	-	3,462	3,462	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	HC.1.3.2	6,775	-	-	6,775	-	6,775	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	HC.1.3.3	7,480	4,167	-	3,313	3,313	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	HC.1.3.9, 2.3	2,575	-	-	2,575	-	-	2,575	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care		1,746	82	-	1,665	28	-	-	-	-	1,637	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.4; 2.4	109	82	-	28	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.3	1,637	-	-	1,637	-	-	-	-	-	1,637	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	7,116	4,136	-	2,981	1,840	-	-	-	-	-	1,141	-	-	-	-	-	-	-	-	-	-
Medical goods	HC.5	15,730	4	-	-	-	-	-	-	-	-	-	15,726	13,520	2,206	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	HC.5.1	13,520	-	-	-	-	-	-	-	-	-	-	13,520	13,520	-	-	-	-	-	-	-	-
Therapeutic appliances	HC.5.2	2,210	4	-	-	-	-	-	-	-	-	-	2,206	-	2,206	-	-	-	-	-	-	-
Total expenditure on personal health care		75,215	26,798	8,340	24,351	12,224	6,775	2,575	-	-	1,637	1,141	15,726	13,520	2,206	-	-	-	-	-	-	-
Prevention and public health services	HC.6	6,050	186	-	-	-	-	-	-	-	-	-	-	-	-	5,616	-	-	-	-	248	-
Health administration and health insurance	HC.7	1,684	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,684	384	-	1,300	-	-
Undistributed		719	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	719
Total current health expenditure		83,668	26,984	8,340	24,351	12,224	6,775	2,575	-	-	1,637	1,141	15,726	13,520	2,206	5,616	1,684	384	-	1,300	248	719

CANADA 1999

SHA Table 2.2 **Current expenditure on health by function of care and provider industry** (% of expenditure on functional categories)

Health care by function	ICHA-HC code	**Total current health expenditure**	**HP.1** Hospitals	**HP.2** Nursing and residential facilities	**HP.3** Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	**HP.4** Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	**HP.5** Providers of public health programmes	**HP.6** General health admin.and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	**HP.7** All other industries	*Undistributed*
In-patient care		100.0	63.2	31.9	4.9	4.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.1; 2.1	100.0	91.3	0.7	8.0	8.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.1	100.0	20.7	79.2	0.1	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Services of day-care		100.0	76.1	-	23.9	23.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.2; 2.2	100.0	76.1	-	23.9	23.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care		100.0	18.9	-	81.1	38.6	30.8	11.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	HC.1.3.1	100.0	-	-	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	HC.1.3.2	100.0	-	-	100.0	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	HC.1.3.3	100.0	55.7	-	44.3	44.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	HC.1.3.9; 2.3	100.0	-	-	100.0	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care		100.0	4.7	-	95.3	1.6	-	-	-	-	93.7	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.4; 2.4	100.0	74.8	-	25.2	25.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.3	100.0	-	-	100.0	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	100.0	58.1	-	41.9	25.9	-	-	-	-	-	16.0	-	-	-	-	-	-	-	-	-	-
Medical goods	HC.5	100.0	0.0	-	-	-	-	-	-	-	-	-	100.0	85.9	14.0	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	HC.5.1	100.0	-	-	-	-	-	-	-	-	-	-	100.0	100.0	-	-	-	-	-	-	-	-
Therapeutic appliances	HC.5.2	100.0	0.2	-	-	-	-	-	-	-	-	-	99.8	-	99.8	-	-	-	-	-	-	-
Total expenditure on personal health care		100.0	35.6	11.1	32.4	16.3	9.0	3.4	-	-	2.2	1.5	20.9	18.0	2.9	-	-	-	-	-	-	-
Prevention and public health services	HC.6	100.0	3.1	-	-	-	-	-	-	-	-	-	-	-	-	92.8	-	-	-	-	4.1	-
Health administration and health insurance	HC.7	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	22.8	-	77.2	-	-
Undistributed		100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0
Total current health expenditure		100.0	32.3	10.0	29.1	14.6	8.1	3.1	-	-	2.0	1.4	18.8	16.2	2.6	6.7	2.0	0.5	-	1.6	0.3	0.9

CANADA 1999

SHA Table 2.3 **Current expenditure on health by function of care and provider industry** (% of provider category expenditure)

Health care by function	ICHA-HC code	**Total current health expenditure**	**HP.1** Hospitals	Nursing and residential facilities	**HP.3** Providers of ambulatory care	HP.3.1 Offices of physicians	HP.3.2 Offices of dentists	HP.3.3 Offices of other health practitioners	HP.3.4 Out-patient care centres	HP.3.5 Medical and diagnostic laboratories	HP.3.6 Providers of home health care services	HP.3.9 All other providers of ambulatory health care	**HP.4** Retail sale of medical goods	HP.4.1 Dispensing chemists	HP.4.2-4.9 All other sales of medical goods	**HP.5** Providers of public health programmes	**HP.6** General health admin.and insurance	HP.6.1 Government admin. of health	HP.6.2 Social security funds	HP.6.3, 6.4 Private insurance	**HP.7** All other industries	*Undistributed*
In-patient care		31.2	61.2	100.0	5.2	10.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.1; 2.1	18.8	53.2	1.3	5.2	10.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.1	12.4	8.0	98.7	0.0	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Services of day-care		3.0	7.0	-	2.4	4.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.2; 2.2	3.0	7.0	-	2.4	4.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care		26.3	15.4	-	73.2	69.4	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	HC.1.3.1	4.1	-	-	14.2	28.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	HC.1.3.2	8.1	-	-	27.8	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	HC.1.3.3	8.9	15.4	-	13.6	27.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	HC.1.3.9; 2.3	3.1	-	-	10.6	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care		2.1	0.3	-	6.8	0.2	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.4; 2.4	0.1	0.3	-	0.1	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.3	2.0	-	-	6.7	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	8.5	15.3	-	12.2	15.1	-	-	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-
Medical goods	HC.5	18.8	0.0	-	-	-	-	-	-	-	-	-	100.0	100.0	100.0	-	-	-	-	-	-	-
Pharmaceuticals / non-durables	HC.5.1	16.2	-	-	-	-	-	-	-	-	-	-	86.0	100.0	-	-	-	-	-	-	-	-
Therapeutic appliances	HC.5.2	2.6	0.0	-	-	-	-	-	-	-	-	-	14.0	-	100.0	-	-	-	-	-	-	-
Total expenditure on personal health care		89.9	99.3	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	100.0	100.0	100.0	-	-	-	-	-	-	-
Prevention and public health services	HC.6	7.2	0.7	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	100.0	-
Health administration and health insurance	HC.7	2.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	100.0	-	100.0	-	-
Undistributed		0.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0
Total current health expenditure		100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	100.0	100.0

CANADA 1999

SHA Table 3.1 **Current expenditure on health by provider industry and source of funding** (CND, millions)

Health care provider category	ICHA-HP code	**Total current expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Hospitals	HP.1	26,984	24,625	24,445	180	2,359	573	446	127	544	-	-	1,242
Nursing and residential care facilities	HP.2	8,340	6,102	6,102	0	2,238	-	-	-	2,238	-	-	-
Providers of ambulatory health care	HP.3	24,351	15,974	15,586	389	8,376	4,406	4,076	329	3,970	-	-	-
Offices of physicians	HP.3.1	12,224	12,071	11,925	145	153	1	1	0	152	-	-	-
Offices of dentists	HP.3.2	6,775	396	388	8	6,379	3,509	3,255	255	2,870	-	-	-
Offices of other health practitioners	HP.3.3	2,575	730	530	201	1,844	896	821	75	948	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	1,637	1,637	1,607	30	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	1,141	1,141	1,136	5	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	15,726	5,087	4,704	383	10,639	3,437	3,112	325	7,202	-	-	-
Dispensing chemists	HP.4.1	13,520	4,578	4,261	318	8,942	3,387	3,079	309	5,554	-	-	-
All other sales of medical goods	HP.4.2-4.9	2,206	509	444	65	1,697	49	33	16	1,648	-	-	-
Provision and administration of public health programmes	HP.5	5,616	5,616	5,615	0	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	1,684	384	384	-	1,300	1,300	1,143	158	-	-	-	-
Government (excluding social insurance)	HP.6.1	384	384	384	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	1,143	-	-	-	1,143	1,143	1,143	-	-	-	-	-
Other (private) insurance	HP.6.4	158	-	-	-	158	158	-	158	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	248	248	117	131	-	-	-	-	-	-	-	-
Occupational health care	HP.7.1	248	248	117	131	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	-	-	-	-	-	-	-	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Undistributed		719	379	296	82	340	64	43	21	276	-	-	-
Total current expenditure on health		83,668	58,415	57,249	1,166	25,253	9,781	8,820	961	14,230	-	-	1,242

CANADA 1999

SHA Table 3.2 **Current expenditure on health by provider industry and source of funding** (% of provider category expenditure)

Health care provider category	ICHA-HP code	**Total current expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Hospitals	HP.1	100.0	91.3	90.6	0.7	8.7	2.1	1.7	0.5	2.0	-	-	4.6
Nursing and residential care facilities	HP.2	100.0	73.2	73.2	0.0	26.8	-	-	-	26.8	-	-	-
Providers of ambulatory health care	HP.3	100.0	65.6	64.0	1.6	34.4	18.1	16.7	1.4	16.3	-	-	-
Offices of physicians	HP.3.1	100.0	98.7	97.6	1.2	1.3	0.0	0.0	0.0	1.2	-	-	-
Offices of dentists	HP.3.2	100.0	5.8	5.7	0.1	94.2	51.8	48.0	3.8	42.4	-	-	-
Offices of other health practitioners	HP.3.3	100.0	28.4	20.6	7.8	71.6	34.8	31.9	2.9	36.8	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	100.0	100.0	98.2	1.8	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	100.0	100.0	99.6	0.4	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	100.0	32.4	29.9	2.4	67.6	21.9	19.8	2.1	45.8	-	-	-
Dispensing chemists	HP.4.1	100.0	33.9	31.5	2.3	66.1	25.1	22.8	2.3	41.1	-	-	-
All other sales of medical goods	HP.4.2-4.9	100.0	23.1	20.1	3.0	76.9	2.2	1.5	0.7	74.7	-	-	-
Provision and administration of public health programmes	HP.5	100.0	100.0	100.0	0.0	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	100.0	22.8	22.8	-	77.2	77.2	67.8	9.4	-	-	-	-
Government (excluding social insurance)	HP.6.1	100.0	100.0	100.0	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	100.0	-	-	-	100.0	100.0	100.0	-	-	-	-	-
Other (private) insurance	HP.6.4	100.0	-	-	-	100.0	100.0	-	100.0	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	100.0	100.0	47.3	52.7	-	-	-	-	-	-	-	-
Occupational health care	HP.7.1	100.0	100.0	47.3	52.7	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	-	-	-	-	-	-	-	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Undistributed		100.0	52.7	41.2	11.5	47.3	9.0	6.0	3.0	38.4	-	-	-
Total current expenditure on health		100.0	69.8	68.4	1.4	30.2	11.7	10.5	1.1	17.0	-	-	1.5

CANADA 1999

SHA Table 3.3 **Current expenditure on health by provider industry and source of funding** (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	**Total current expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organisations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Hospitals	HP.1	32.3	42.2	42.7	15.5	9.3	5.9	5.1	13.2	3.8	-	-	100.0
Nursing and residential care facilities	HP.2	10.0	10.4	10.7	0.0	8.9	-	-	-	15.7	-	-	-
Providers of ambulatory health care	HP.3	29.1	27.3	27.2	33.4	33.2	45.0	46.2	34.3	27.9	-	-	-
Offices of physicians	HP.3.1	14.6	20.7	20.8	12.5	0.6	0.0	0.0	0.0	1.1	-	-	-
Offices of dentists	HP.3.2	8.1	0.7	0.7	0.6	25.3	35.9	36.9	26.5	20.2	-	-	-
Offices of other health practitioners	HP.3.3	3.1	1.3	0.9	17.2	7.3	9.2	9.3	7.8	6.7	-	-	-
Out-patient care centres	HP.3.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	-	-	-	-	-	-	-	-	-
Providers of home health care services	HP.3.6	2.0	2.8	2.8	2.6	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	1.4	2.0	2.0	0.4	-	-	-	-	-	-	-	-
Retail sale and other providers of medical goods	HP.4	18.8	8.7	8.2	32.9	42.1	35.1	35.3	33.8	50.6	-	-	-
Dispensing chemists	HP.4.1	16.2	7.8	7.4	27.2	35.4	34.6	34.9	32.1	39.0	-	-	-
All other sales of medical goods	HP.4.2-4.9	2.6	0.9	0.8	5.6	6.7	0.5	0.4	1.7	11.6	-	-	-
Provision and administration of public health programmes	HP.5	6.7	9.6	9.8	0.0	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	2.0	0.7	0.7	-	5.1	13.3	13.0	16.4	-	-	-	-
Government (excluding social insurance)	HP.6.1	0.5	0.7	0.7	-	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	1.4	-	-	-	4.5	11.7	13.0	-	-	-	-	-
Other (private) insurance	HP.6.4	0.2	-	-	-	0.6	1.6	-	16.4	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	0.3	0.4	0.2	11.2	-	-	-	-	-	-	-	-
Occupational health care	HP.7.1	0.3	0.4	0.2	11.2	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	-	-	-	-	-	-	-	-	-	-	-	-
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Undistributed		0.9	0.6	0.5	7.1	1.3	0.7	0.5	2.2	1.9	-	-	-
Total current expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0

CANADA 1999

SHA Table 4.1 **Current expenditure on health by function of care and source of funding** (CND, millions)

Health care function	ICHA-HC code	**Total current exp.**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Personal health care services	HC.1-HC.3	52,368	39,773	39,238	535	12,595	4,887	4,451	436	6,665	-	-	1,043
In-patient services		26,129	22,448	22,337	110	3,682	351	273	78	2,571	-	-	760
Day care services		2,491	2,326	2,313	13	166	40	31	9	38	-	-	87
Out-patient services		22,001	13,261	12,879	381	8,740	4,494	4,145	349	4,054	-	-	192
Home care services		1,746	1,739	1,708	31	7	2	1	0	2	-	-	4
Ancillary services to health care	HC.4	7,116	6,755	6,722	33	362	88	68	19	83	-	-	190
Medical goods dispensed to out-patients	HC.5	15,730	5,091	4,708	383	10,639	3,437	3,112	325	7,202	-	-	0
Pharmaceuticals and other medical non-durables	HC.5.1	13,520	4,578	4,261	318	8,942	3,387	3,079	309	5,554	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	2,210	513	447	65	1,697	49	33	16	1,648	-	-	0
Personal health care services and goods	HC.1-HC.5	75,215	51,619	50,668	951	23,596	8,412	7,631	781	13,950	-	-	1,233
Prevention and public health services	HC.6	6,050	6,034	5,901	132	16	4	3	1	4	-	-	9
Health administration and health insurance	HC.7	1,684	384	384	-	1,300	1,300	1,143	158	-	-	-	-
Undistributed		719	379	296	82	340	64	43	21	276	-	-	-
Total current expenditure on health		83,668	58,415	57,249	1,166	25,253	9,781	8,820	961	14,230	-	-	1,242

CANADA 1999

SHA Table 4.2 **Current expenditure on health by function of care and source of funding** (% of expenditure on functional category (mode of production))

Health care function	ICHA-HC code	**Total current exp.**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Personal health care services	HC.1-HC.3	100.0	75.9	74.9	1.0	24.1	9.3	8.5	0.8	12.7	-	-	2.0
In-patient services		100.0	85.9	85.5	0.4	14.1	1.3	1.0	0.3	9.8	-	-	2.9
Day care services		100.0	93.3	92.8	0.5	6.7	1.6	1.3	0.4	1.5	-	-	3.5
Out-patient services		100.0	60.3	58.5	1.7	39.7	20.4	18.8	1.6	18.4	-	-	0.9
Home care services		100.0	99.6	97.8	1.8	0.4	0.1	0.1	0.0	0.1	-	-	0.2
Ancillary services to health care	HC.4	100.0	94.9	94.5	0.5	5.1	1.2	1.0	0.3	1.2	-	-	2.7
Medical goods dispensed to out-patients	HC.5	100.0	32.4	29.9	2.4	67.6	21.8	19.8	2.1	45.8	-	-	0.0
Pharmaceuticals and other medical non-durables	HC.5.1	100.0	33.9	31.5	2.3	66.1	25.1	22.8	2.3	41.1	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	100.0	23.2	20.2	3.0	76.8	2.2	1.5	0.7	74.6	-	-	0.0
Personal health care services and goods	HC.1 -HC.5	100.0	68.6	67.4	1.3	31.4	11.2	10.1	1.0	18.5	-	-	1.6
Prevention and public health services	HC.6	100.0	99.7	97.5	2.2	0.3	0.1	0.1	0.0	0.1	-	-	0.1
Health administration and health insurance	HC.7	100.0	22.8	22.8	-	77.2	77.2	67.8	9.4	-	-	-	-
Undistributed		100.0	52.7	41.2	11.5	47.3	9.0	6.0	3.0	38.4	-	-	-
Total current expenditure on health		100.0	69.8	68.4	1.4	30.2	11.7	10.5	1.1	17.0	-	-	1.5

CANADA 1999

SHA Table 4.3 **Current expenditure on health by function of care and source of funding** (% of expenditure by financing agent category)

Health care function	ICHA-HC code	**Total current exp.**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Personal health care services	HC.1-HC.3	62.6	68.1	68.5	45.9	49.9	50.0	50.5	45.4	46.8	-	-	84.0
In-patient services		31.2	38.4	39.0	9.5	14.6	3.6	3.1	8.1	18.1	-	-	61.2
Day care services		3.0	4.0	4.0	1.1	0.7	0.4	0.4	0.9	0.3	-	-	7.0
Out-patient services		26.3	22.7	22.5	32.7	34.6	46.0	47.0	36.3	28.5	-	-	15.4
Home care services		2.1	3.0	3.0	2.6	0.0	0.0	0.0	0.0	0.0	-	-	0.3
Ancillary services to health care	HC.4	8.5	11.6	11.7	2.8	1.4	0.9	0.8	2.0	0.6	-	-	15.3
Medical goods dispensed to out-patients	HC.5	18.8	8.7	8.2	32.9	42.1	35.1	35.3	33.9	50.6	-	-	0.0
Pharmaceuticals and other medical non-durables	HC.5.1	16.2	7.8	7.4	27.2	35.4	34.6	34.9	32.1	39.0	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	2.6	0.9	0.8	5.6	6.7	0.5	0.4	1.7	11.6	-	-	0.0
Personal health care services and goods	HC.1-HC.5	89.9	88.4	88.5	81.6	93.4	86.0	86.5	81.2	98.0	-	-	99.3
Prevention and public health services	HC.6	7.2	10.3	10.3	11.4	0.1	0.0	0.0	0.1	0.0	-	-	0.7
Health administration and health insurance	HC.7	2.0	0.7	0.7	-	5.1	13.3	13.0	16.4	-	-	-	-
Undistributed		0.9	0.6	0.5	7.1	1.3	0.7	0.5	2.2	1.9	-	-	-
Total current expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0

CANADA 1999

SHA Table 5.1 **Total expenditure on health including health-related functions** (CND, millions)

Health care function	ICHA-HC code	**Total expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Services of curative and rehabilitative care	HC.1;HC.2	40,341	30,142	29,652	491	10,198	4,842	4,416	426	4,413	-	-	944
Services of long-term nursing care	HC.3	12,027	9,631	9,586	45	2,397	46	36	10	2,252	-	-	99
Ancillary services to health care	HC.4	7,116	6,755	6,722	33	362	88	68	19	83	-	-	190
Medical goods dispensed to out-patients	HC.5	15,730	5,091	4,708	383	10,639	3,437	3,112	325	7,202	-	-	0
Pharmaceuticals and other med. non-durables	HC.5.1	13,520	4,578	4,261	318	8,942	3,387	3,079	309	5,554	-	-	-
Therap. appliances and other med. durables	HC.5.2	2,210	513	447	65	1,697	49	33	16	1,648	-	-	0
Personal medical services and goods	HC.1-HC.5	75,215	51,619	50,668	951	23,596	8,412	7,631	781	13,950	-	-	1,233
Prevention and public health services	HC.6	6,050	6,034	5,901	132	16	4	3	1	4	-	-	9
Health administration and health insurance	HC.7	1,684	384	384	-	1,300	1,300	1,143	158	-	-	-	-
Undistributed		719	379	296	82	340	64	43	21	276	-	-	
Total current expenditure on health		83,668	58,415	57,249	1,166	25,253	9,781	8,820	961	14,230	-	-	1,242
Gross capital formation	HC.R.1	3,421	2,836	2,836	-	586	-	-	-	-	-	-	586
Total expenditure on health		87,089	61,251	60,085	1,166	25,838	9,781	8,820	961	14,230	-	-	1,827
Memorandum items: Further health related functions													
Education and training of health personnel	HC.R.2	671	619	615	4	52	-						
Research and development in health	HC.R.3	1,929	1,434	1,430	4	496	-						
Food, hygiene and drinking water control	HC.R.4	1	1	1	0	0	-						
Environmental health	HC.R.5	2	2	2	0	0	-						
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	-	-	-	-	-	-						
Administration and provision of health-related cash benefits	HC.R.7	-	-	-	-	-	-						

CANADA 1999

SHA Table 5.2 **Total expenditure on health including health-related functions** (% of expenditure on functional category)

Health care function	ICHA-HC code	**Total expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Services of curative and rehabilitative care	HC.1;HC.2	100.0	74.7	73.5	1.2	25.3	12.0	10.9	1.1	10.9	-	-	2.3
Services of long-term nursing care	HC.3	100.0	80.1	79.7	0.4	19.9	0.4	0.3	0.1	18.7	-	-	0.8
Ancillary services to health care	HC.4	100.0	94.9	94.5	0.5	5.1	1.2	1.0	0.3	1.2	-	-	2.7
Medical goods dispensed to out-patients	HC.5	100.0	32.4	29.9	2.4	67.6	21.8	19.8	2.1	45.8	-	-	0.0
Pharmaceuticals and other med. non-durables	HC.5.1	100.0	33.9	31.5	2.3	66.1	25.1	22.8	2.3	41.1	-	-	-
Therap. appliances and other med. durables	HC.5.2	100.0	23.2	20.2	3.0	76.8	2.2	1.5	0.7	74.6	-	-	0.0
Personal medical services and goods	HC.1-HC.5	100.0	68.6	67.4	1.3	31.4	11.2	10.1	1.0	18.5	-	-	1.6
Prevention and public health services	HC.6	100.0	99.7	97.5	2.2	0.3	0.1	0.1	0.0	0.1	-	-	0.1
Health administration and health insurance	HC.7	100.0	22.8	22.8	-	77.2	77.2	67.8	9.4	-	-	-	-
Undistributed		100.0	52.7	41.2	11.5	47.3	9.0	6.0	3.0	38.4	-	-	-
Total current expenditure on health		100.0	69.8	68.4	1.4	30.2	11.7	10.5	1.1	17.0	-	-	1.5
Gross capital formation	HC.R.1	100.0	82.9	82.9	-	17.1	-	-	-	-	-	-	17.1
Total expenditure on health		100.0	70.3	69.0	1.3	29.7	11.2	10.1	1.1	16.3	-	-	2.1
		-	-	-	-	-	-	-	-	-	-	-	-
Memorandum items: Further health related functions		-	-	-	-	-	-	-	-	-	-	-	-
Education and training of health personnel	HC.R.2	100.0	92.3	91.7	0.6	7.7	-	-	-	-	-	-	-
Research and development in health	HC.R.3	100.0	74.3	74.1	0.2	25.7	-	-	-	-	-	-	-
Food, hygiene and drinking water control	HC.R.4	100.0	91.3	90.6	0.7	8.7	-	-	-	-	-	-	-
Environmental health	HC.R.5	100.0	91.3	90.6	0.7	8.7	-	-	-	-	-	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	-	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of health-related cash benefits	HC.R.7	-	-	-	-	-	-	-	-	-	-	-	-

CANADA 1999

SHA Table 5.3 **Total expenditure on health including health-related functions** (% of expenditure by financing agent category)

Health care function	ICHA-HC code	**Total expenditure on health**	**HF.1** General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	**HF.2** Private sector	HF.2.1 + HF.2.2 Private insurance	HF.2.1 Private social insurance schemes	HF.2.2 Other private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	*Non-consumption*
Services of curative and rehabilitative care	HC.1;HC.2	46.3	49.2	49.4	42.1	39.5	49.5	50.1	44.3	31.0	-	-	51.7
Services of long-term nursing care	HC.3	13.8	15.7	16.0	3.8	9.3	0.5	0.4	1.0	15.8	-	-	5.4
Ancillary services to health care	HC.4	8.2	11.0	11.2	2.8	1.4	0.9	0.8	2.0	0.6	-	-	10.4
Medical goods dispensed to out-patients	HC.5	18.1	8.3	7.8	32.9	41.2	35.1	35.3	33.9	50.6	-	-	0.0
Pharmaceuticals and other med. non-durables	HC.5.1	15.5	7.5	7.1	27.2	34.6	34.6	34.9	32.1	39.0	-	-	-
Therap. appliances and other med. durables	HC.5.2	2.5	0.8	0.7	5.6	6.6	0.5	0.4	1.7	11.6	-	-	0.0
Personal medical services and goods	HC.1-HC.5	86.4	84.3	84.3	81.6	91.3	86.0	86.5	81.2	98.0	-	-	67.5
Prevention and public health services	HC.6	6.9	9.9	9.8	11.4	0.1	0.0	0.0	0.1	0.0	-	-	0.5
Health administration and health insurance	HC.7	1.9	0.6	0.6	-	5.0	13.3	13.0	16.4	-	-	-	-
Undistributed		0.8	0.6	0.5	7.1	1.3	0.7	0.5	2.2	1.9	-	-	-
Total current expenditure on health		96.1	95.4	95.3	100.0	97.7	100.0	100.0	100.0	100.0	-	-	68.0
Gross capital formation	HC.R.1	3.9	4.6	4.7	-	2.3	-	-	-	-	-	-	32.0
Total expenditure on health		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	-	-	100.0
Memorandum items: Further health related functions													
Education and training of health personnel	HC.R.2												
Research and development in health	HC.R.3												
Food, hygiene and drinking water control	HC.R.4												
Environmental health	HC.R.5												
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6												
Administration and provision of health-related cash benefits	HC.R.7												

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