

## **E-Rounds**

A systematic review of studies comparing health outcomes in Canada and the United States. Gordon H. Guyatt et al. Open Medicine, April 18, 2007. Vol. 1 (1), pp. 27-36.

**Background:** Although Canada and the United States share many of the same standards for treatment, health outcomes in both countries vary. This difference may be attributed to the financing systems – private vs. public and for-profit vs. not-for-profit– and to the variation in expenditure levels between the two countries.

**Objective:** To identify the health outcomes for patients in Canada versus the United States, when treated for similar medical conditions.

**Design:** A retrospective systematic review of 38 studies comparing health outcomes in both Canada and the United States. The review only included articles that adjusted for severity of illness, or recruited comparable populations in the two nations. The meta-regression technique used in the analysis adequately mitigated any variability in study size.

**Focus:** Mortality and Morbidity of patients

**Results:** Overall, the findings indicate that mortality and morbidity rates were found to be less in Canada versus the United States (Relative Risk 0.95, CI= 0.92-0.98, p=.002).

**Limitations:** The major limitation was “statistical heterogeneity”, resulting from incompatibility in the quantitative results among studies. Also, it is likely that nearly all of the patients in the U.S. studies were insured, which is not representative of the entire US population given that 46 million people are uninsured. Excluding uninsured Americans from the U.S. studies would, therefore, tend to understate the Canadian advantage when comparing nation to nation.

**Relevance:** Highly relevant to the debate on quality of care in private for-profit versus private not-for-profit hospitals. Suggests that health outcomes are better in Canada versus the U.S. but differences are not consistent. Demonstrates that Canada’s single payer system, which relies on not-for-profit delivery and mostly public financing, achieves health outcomes that are at least equal to those in the US, at two-thirds the cost.

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