**NURS 5010**

**National Health Plan Case Study**

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| **Country:** | | | | |  |
| **Description of Nation** | **Summation of Health Plan** | **Health Coverage** | **Access to Care** | **Cost** | **Prevention** |
| Canada is a Nation with a diverse population including an indigenous people. The population of Canada is approximately 38,051,389 as of 2021 and the countries population is equivalent to 0.48% of the total world population. This makes it the second largest country. The density of the population is four per square kilometer and 81.3% of the population is urban, the median age is 41.1 (Worldometer n.d.). Canada’s government is structured as a Monarchy consisting of Government Du Canada, Prime Minister, a Constitutional Monarchy, and the Crown as the corporation sole percent  (Government of Canada & Gouvernement du Canada, 2015). | The Canadian health plan includes hospital services and inpatient and out- patient; only when they are determined to be medically necessary for preventing disease or injury or maintaining health. They must be provided by medical practitioners (Government of Canada & Gouvernement du Canada, 2015).  There are three layers: Layer one includes hospital, diagnostic and physician services paid for by general tax dollars with no copay. Layer two is for outpatient prescriptions, homecare and long- and it is institutional long term-care. It is financed by a combination of private and public insurance funds and it does require out of pocket payments. Layer three includes routine vision, dental care and physical therapy and is provided by private insurance (Martin et al., 2018). | If the service is deemed medically necessary by collaboration of Physicians, Colleges, and groups on the territory or province level, it is covered under the healthcare insurance plan. The Canada Health act does not define medical necessity  (Government of Canada & Gouvernement du Canada, 2015).  Funding for coverage is provided for indigenous people, Canadian forces, inmates and veterans and certain groups of refugees (Martin et al., 2018).  Mental health provided by psychologists, social workers are not billable under the public health insurance within Canada (Bartram & Stewart, 2019). | Access to care is provided across a large territory, not all services are provided in every area and larger centres provide specialty services, some must travel to access these. Three percent of specialists live in rural areas such as the Northwest Territories. When these situations occur, there are provisions for travel benefits with a valid card for those who live rurally, this covers return airfare, ambulance and some meals. It is noted that follow up care can be untimely and responses from specialized tests in remote areas can prevent early treatment (Kerber et al., 2019). | Access to healthcare is based on need rather than the ability to pay (Martin et al., 2018). Federal Government expenditures provides these services with taxes collected that are determined by income levels, with percentages ranging between15 and 33 percent  (Government of Canada & Gouvernement du Canada, 2015). Further employee provided insurance costs have variables which include age, address, student status. Privately held insurance can reduce waiting times, accessibility and includes better specialty procedures provided in other countries, if they are better suited, with follow care in Canada (International Citizens, Insurance 2021). | Canada has a task force for preventative care it is called the Canadian Task force for Preventative Care and was created by the Public Health agency of Canada. The task force consists of volunteer health professionals who develop clinical preventative healthcare guidelines for providers. This is intended to provide preventative educational healthcare (Government of Canada & Gouvernement du Canada, 2015). |

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