

Analysis in Brief

March 2010 Health System Performance



Have Health Card, Will Travel: Out-of-Province/-Territory Patients Introduction

In accordance with the portability criterion of the *Canada Health Act*, eligible Canadian residents are assured continuing coverage of insured hospital and physician services when temporarily absent from their province/territory of residence or when moving to another province or territory. Bilateral (provincial/territorial) reciprocal billing agreements facilitate interprovincial billing and payment of insured hospital and medical services provided to insured out-of-province/-territory (OP/T) patients. This report pertains to patients who had an inpatient hospitalization at an acute care hospital in a province or territory outside of the one that issued their health card. OP/T patients receive care outside their home province or territory for reasons of travel, education, employment, medical referral or a recent move.ⁱ The current eligibility and portability agreements between all provinces and territories cover eligible Canadian residents who travel or move between provinces and territories, whereas the reciprocal billing policy addresses emergency services and services not available within their own provinces and territories.

This report describes Canadian OP/T patient volumes and reasons for acute care hospitalizations in 2007–2008. Areas of focus include distance from home, mothers and newborns, and patients with expensive procedures and stays in intensive care units (ICUs). The Provinces and Territories at a Glance section of the report highlights OP/T patient inflow, outflow and characteristics at the jurisdictional level.

Portability in Action

Canadians access inpatient hospital care outside their home province or territory for a variety of reasons, including urgent care needs while travelling, services not being available locally and patient choice, particularly for Canadians who live close to provincial borders.

i. Most jurisdictions allow residents who move to another province or territory three months to change their health insurance coverage. In the interim, coverage is provided by the province or territory that issued the health card.

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Taking health information further

- In 2007–2008, there were just more than 50,000 inpatient hospitalizations for OP/T patients. This represented 2% of all hospitalizations in Canada.
- Many jurisdictions had one region or a few hospitals in particular that attracted a large proportion of OP/T patients. For example, tertiary care hospitals in one or two regions received the majority of inflow for specialized cardiac procedures and transplants.
- Hospitals close to provincial borders treated patients from neighbouring provinces and territories. This was most evident for childbirth.
- Top reasons for OP/T hospitalizations varied by jurisdiction. For example, in Alberta, circulatory conditions were the top reasons, whereas in Manitoba, pregnancies and childbirth accounted for the majority of OP/T hospitalizations.
- Maternal and newborn stays accounted for almost one-quarter of OP/T hospitalizations. Almost two-thirds of the pregnancy and childbirth hospitalizations were planned, and almost half of these occurred in the Champlain region in Ontario, the Prairie North region in Saskatchewan and the Winnipeg region in Manitoba.
- Six percent of OP/T hospitalizations were for patients who underwent one of the following expensive procedures: cardiac catheterization, pacemaker insertion or transplant.
- One in seven (14%) OP/T hospitalizations included ICU stays. Almost half of these stays were in Alberta or Ontario.
- Alberta had the largest inflow of OP/T patients, at 25%. This was followed by Ontario, which had 20% of OP/T hospitalizations.
- The highest outflow rates were in the territories. In general, this outflow of patients reflected geography, population distribution and established agreements with other provinces and transportation providers.

Important Notes

Data sources: OP/T hospitalizations for all provinces and territories except Quebec were determined using CIHI's Discharge Abstract Database (DAD) for 2007–2008. OP/T hospitalizations in Quebec were determined using the Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Analyses that excluded Quebec hospitalizations: The major clinical category (MCC) data element in the DAD was used to determine the main reason for hospital stay. Distance from home was calculated using postal code information in the DAD. These data elements are not included in the Med-Écho data file submitted to CIHI; as such, hospitalizations for OP/T patients in Quebec are not included in these analyses.

Governance and Planning for Out-of-Province/-Territory Health Care

The in-Canada portability provisions of the *Canada Health Act* are, for the most part, implemented through a series of bilateral reciprocal billing agreements between the provinces and territories for insured hospital and physician services. The intent of these agreements is to ensure that eligible Canadian residents do not face point-of-service charges for insured hospital and medical services when they travel within Canada. These agreements are interprovincial/-territorial and signing them is not a requirement of the *Canada Health Act*.¹ The Interprovincial Health Insurance Agreement Committee of Canada (IHIACC) oversees the application of interprovincial health insurance agreements in accordance with the *Canada Health Act*.

IHIACC establishes and approves all hospital per diem rates for the purposes of reciprocal billing for payment of insured hospital services provided to insured OP/T patients. This includes jurisdictions with a regular and predictable inflow or outflow of OP/T patients, jurisdictions with hospitals that border other provinces or territories and jurisdictions with hospitals that provide tertiary care or specialized services not available in other provinces or territories. This is especially important for the territories which, in certain circumstances, rely on provinces such as British Columbia, Alberta, Manitoba and Ontario to provide hospital services for many of their residents who require hospitalization.

Through provincial and territorial reciprocal billing arrangements, jurisdictional health care planning decision-makers have a good understanding of the inflow and outflow of patients at the local level. The aim of this report is to provide a broader examination of this topic at a pan-Canadian level.

Where Are Patients Going and How Far Are They From Home?

Inflow and outflow patterns reflect population size and availability of hospital services in Canada's provinces and territories.

The patterns may also reflect patient choice due to proximity to borders and willingness to travel to access certain services or physicians, and physician referral patterns.

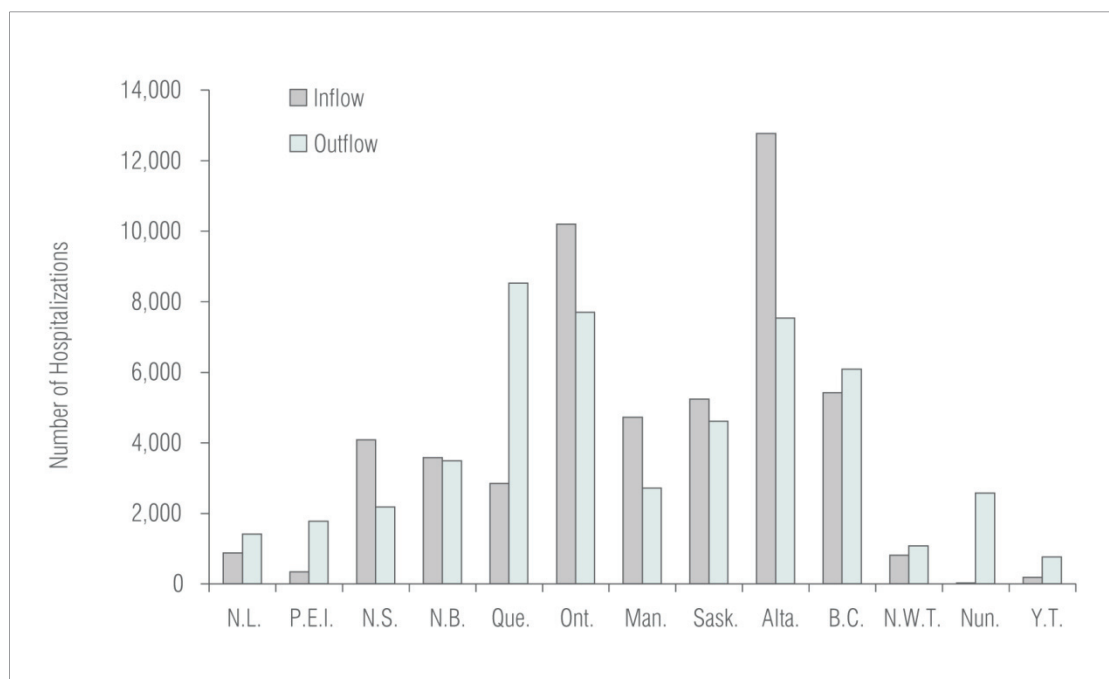
The magnitude of inflow and outflow of patients varies by jurisdiction. For example, in terms of inflow, just 1% or fewer of total hospitalizations in Ontario and Quebec were for patients from outside the province. However, 14% of hospitalizations in the Northwest Territories were for OP/T patients. Patient outflow, on the other hand, is expected and planned for in the territories; more than half of Nunavut residents that were hospitalized in 2007–2008 went to hospitals outside of Nunavut, and about 20% of Northwest Territories and Yukon residents who were hospitalized stayed in hospitals outside of their territory.

Twenty percent of all OP/T hospitalizations were in Ontario. A large majority of these patients were residents of the Outaouais region of Quebec, which borders the Champlain region of eastern Ontario.

Similar to Ontario, many provinces had one region that hosted the largest number of OP/T patients. Examples include Capital Health in Nova Scotia, the Montréal region in Quebec, the Capital Health and Calgary regions in Alberta and the Prairie North region in Saskatchewan.

Figure 1

Inflow and Outflow Volume by Province and Territory



Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Table 1

Inflow and Outflow as a Percent of Hospitalizations Within Jurisdictions

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Nun.	Y.T.
Inflow (%)	2	2	5	4	1	1	4	4	4	1	14	1	6
Outflow (%)	3	10	2	4	4	1	2	3	2	2	18	58	21

Notes

Inflow refers to the percent of hospitalizations in the jurisdictions for patients from outside of the province or territory that issued their health card. For example, 14% of hospitalizations in the Northwest Territories were for patients from outside the territory.

Outflow refers to the percent of residents who were hospitalized outside of their home province or territory. For example, of the Nunavut residents who were hospitalized, 58% were hospitalized outside of Nunavut.

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

The Provinces and Territories at a Glance section of the report provides an overview of inflow and outflow patterns, including patient characteristics. Appendix A and Appendix B also illustrate the percent of patient inflow and outflow between provinces and territories.

How Far Were OP/T Patients From Home?

In many cases, provinces with hospitals close to provincial borders treated patients from the neighbouring province or territory. The largest outflow of patients to a neighbouring province was found in the Outaouais region of western Quebec. Many of these patients were women giving birth in the Champlain region of eastern Ontario. As well, many residents of the Mamawetan Churchill River region in Saskatchewan received inpatient services from the Flin Flon Hospital in Manitoba, and residents living on the Alberta side of Lloydminster, which sits on the Alberta–Saskatchewan border, regularly crossed to the Saskatchewan side, where the Lloydminster Hospital is located, for inpatient care.ⁱⁱ

Table 2

Distance OP/T Patients Travelled From Home

10th Percentile	25th Percentile	Median	75th Percentile	90th Percentile
11 km	65 km	299 km	1,021 km	2,260 km

Source

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information.

Distance from home tended to vary by reason for hospitalization. Pregnant women and newborns, for instance, were hospitalized a median distance of 78 kilometres from home,ⁱⁱⁱ while patients with an ICU stay were about four times further, with a median distance of about 306 kilometres. Patients hospitalized for elective procedures were closer to home than those admitted as urgent cases, at median distances of 223 kilometres and 440 kilometres, respectively. And patients who underwent specialized cardiac procedures were a median distance of 300 kilometres from home, while transplant patients were a median of 532 kilometres from home.

At the jurisdictional level, patients hospitalized in Nunavut were the furthest from home, at a median distance of 1,851 kilometres. Patients hospitalized in Ontario, Saskatchewan and New Brunswick were the closest to home, at median distances of 32, 61 and 69 kilometres, respectively.^{iv}

Reasons for Hospitalization

Most OP/T hospitalizations (63%) were urgent admissions. Both urgent and elective admissions appeared to be driven by such things as service availability, access and patient choice. For example, varied access to tertiary-level health care services—such as vascular surgery, brain and spinal cord operations, pediatrics or complex urology—is believed to be a contributing factor for Prince Edward Island residents going out of province for specialty care.² Similarly, in the territories, arrangements exist with neighbouring provinces to accommodate services not available locally.³

The specific clinical groupings that drove OP/T volumes included birth-related hospitalizations, diseases and disorders of the circulatory system and diseases and disorders of the digestive system.

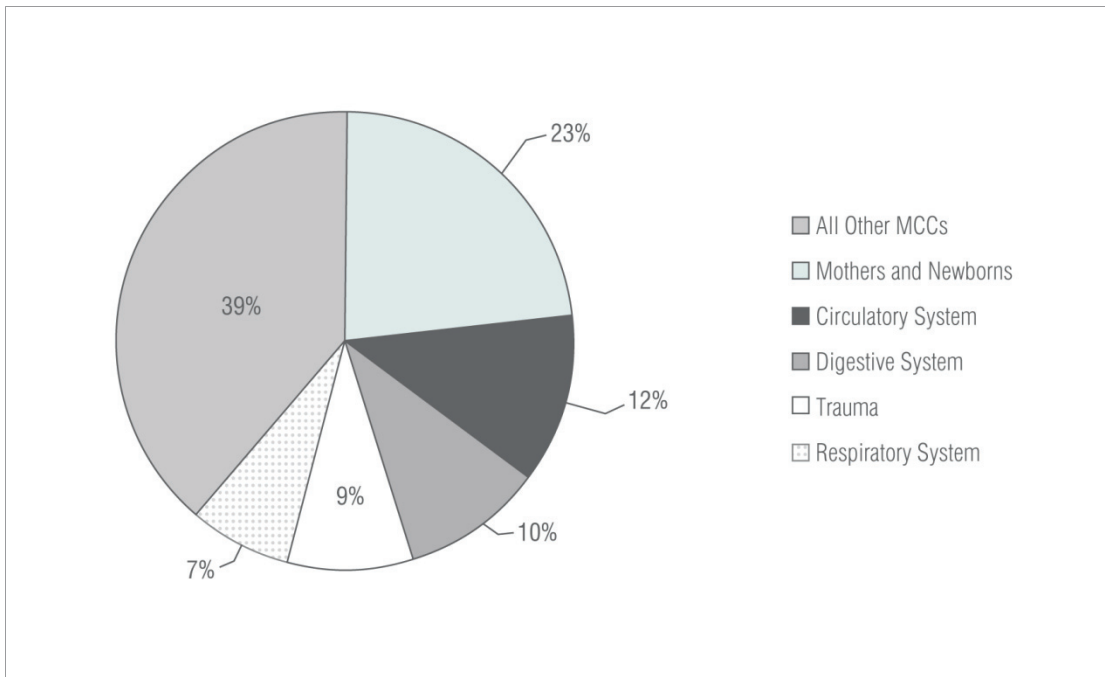
ii. This situation is excluded from reciprocal billing as it is currently governed by the Lloydminster Charter, agreed to by the provinces of Alberta and Saskatchewan in 1998.

iii. This includes both planned and unplanned admissions.

iv. Distance from home refers to the distance between the hospital where patients were treated and their home addresses (determined by postal code) at the time of hospitalization. Distance travelled was calculated only for those patients where the hospital and home addresses were in different provinces or territories. Distance travelled for OP/T patients hospitalized in Quebec is not included.

Figure 2

Hospitalizations Across Major Clinical Categories

**Note**

Based on major clinical categories (MCCs) as reported in the DAD for hospitalizations in Canada, excluding Quebec.

Source

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information.

Mothers and Newborns

About one-quarter of the OP/T hospitalizations in 2007–2008 were related to childbirth or newborns. Almost two-thirds of pregnancy and childbirth hospitalizations were planned, and almost half of these planned admissions occurred in one of three regions:

- Nearly one-quarter (24%) of childbirth OP/T hospitalizations occurred in the Champlain region of Ontario (74% of these patients resided in the Outaouais region of Quebec).
- Ten percent occurred in the Prairie North region of Saskatchewan (92% of these patients were from the East Central region of Alberta).
- Nine percent occurred in the Winnipeg region of Manitoba (where 47% of patients were from Nunavut and another 43% were from the North West region of Ontario).

Sixty-four percent of mothers were pre-registered and expected at the hospital. These women were a median distance of 60 kilometres from home. The remaining 36% of mothers, who had unplanned or urgent admissions, were further from home, at a median distance of 190 kilometres.

Stays in an Intensive Care Unit

One in seven OP/T hospitalizations in 2007–2008 included an ICU stay.

- About 15% of ICU stays occurred in the Champlain region of eastern Ontario (85% were patients from Quebec).
- Another 15% occurred in the Capital Health region of Alberta (mainly patients from British Columbia, Saskatchewan and the Northwest Territories).
- Eleven percent were in hospitals in Nova Scotia's Capital Health region (84% were patients from P.E.I. and New Brunswick).

These OP/T patients were a median distance of 306 kilometres from home and were more likely to have been admitted as urgent (72%) rather than elective. Just fewer than 26% of hospitalizations that had ICU stays involved either cardiac procedures or transplants.

When grouped by MCC, more than 40% of these hospitalizations were for reasons relating to the circulatory system, such as myocardial infarction, coronary artery bypass graft surgery or angioplasty. Another 16% of all ICU stays were for newborns and neonates.

Table 3

Out-of-Province/-Territory Stays in ICU

Province/Territory	OP/T Hospitalizations With an ICU Stay		Percent of All OP/T ICU Stays in Canada
	Number	Percent	
N.L.	97	11	1
P.E.I.	46	14	<1
N.S.	765	19	11
N.B.	624	17	9
Que.	583	20	8
Ont.	1,561	15	22
Man.	507	11	7
Sask.	443	9	6
Alta.	1,835	14	26
B.C.	524	10	7
Y.T.	17	9	<1
N.W.T.	37	5	1
Nun.	0	0	0
Canada	7,039	14	100

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Expensive Procedures

Approximately 6% of OP/T hospitalizations in 2007–2008 were for patients who underwent one of the following expensive procedures: cardiac catheterization, pacemaker insertion or transplant. Hospitals in Ontario and Alberta hosted most (48%) of these patients.

Table 4

Out-of-Province/-Territory Hospitalizations With Expensive Procedures

Province/Territory	OP/T Hospitalizations With Expensive Procedures		Percent of All OP/T Expensive Procedures in Canada
	Number	Percent	
N.L.	31	4	1
P.E.I.	7	2	<1
N.S.	596	15	18
N.B.	109	3	3
Que.	498	17	15
Ont.	703	7	21
Man.	205	4	6
Sask.	63	1	2
Alta.	878	7	27
B.C.	181	3	6
Canada	3,272	6	100

Note

The territories had small numbers of hospitalizations associated with expensive procedures.

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

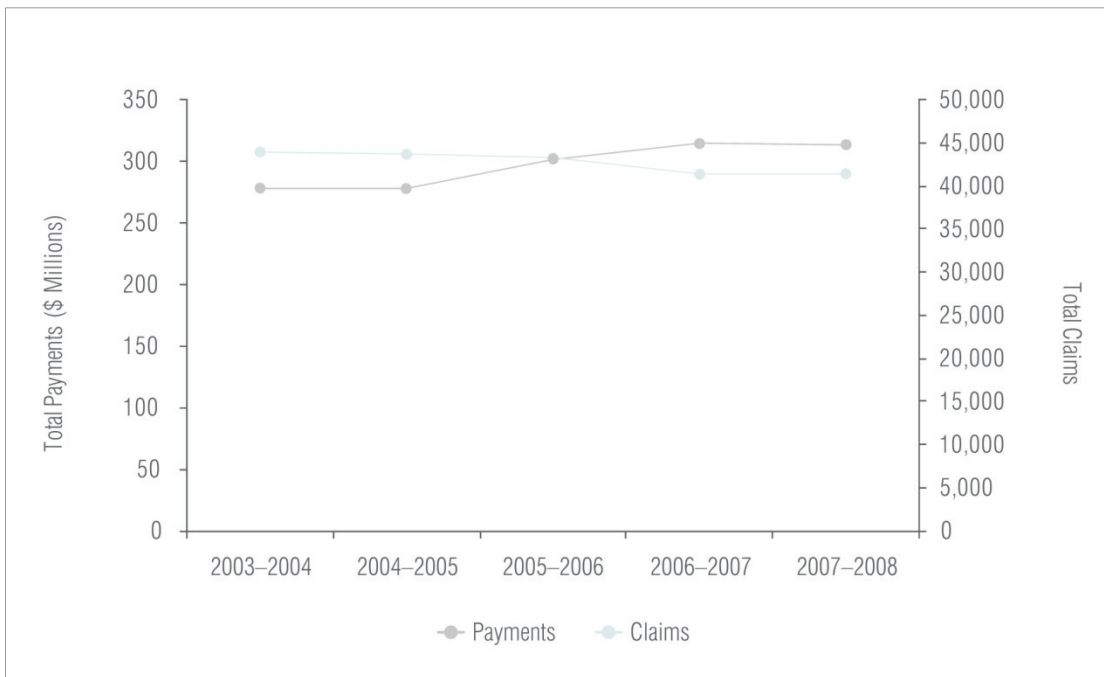
Payment of Insured Hospital Services Provided to Insured OP/T Patients

Canada Health Act—Annual Report, 2007–2008 provides details of insurance plan descriptions and aggregate payments submitted by provinces and territories for insured hospital (inpatient and outpatient), physician and surgical–dental services provided to their residents. In 2007–2008, provinces and territories (excluding Quebec) spent just less than \$313 million for OP/T insured inpatient hospital services involving 41,464 claims.¹ British Columbia's costs were the highest at \$55 million, followed by Ontario's at \$46 million and New Brunswick's at \$42 million.

While there was a 6% decrease in the number of claims paid by the provinces and territories for insured inpatient services between 2003–2004 and 2007–2008, total payments increased by 13% over the past five years.

Figure 3

Claims and Payments for Hospitalization of OP/T Patients

**Source**

Health Canada, *Canada Health Act—Annual Report, 2007–2008* (Ottawa, Ont.: Health Canada, 2008).

Out-of-Province/-Territory Patients and Wait Times

The first ministers' 10-Year Plan to Strengthen Health Care focused on reducing wait times for elective medical services in five priority areas; responding to this, researchers and health care organizations, including the Wait Times Alliance and the Canadian Medical Association, touched on the concept of encouraging access to priority services out of province.⁴ However, in 2007–2008, only 1% of hip replacements, less than 1% of knee replacements and 3% of coronary artery bypass grafts were performed out of province or territory.

Recently, some provinces have shown support for the Wait Times Alliance's⁵ recommendation suggesting that the provinces and territories reimburse costs for out-of-province care when the requisite services are not available in a timely manner at home. For example, as part of Ontario's strategy to alleviate wait lists for access to bariatric surgery, the Ministry of Health and Long-Term Care negotiated a preferred-provider agreement with an organization in Quebec to provide bariatric surgery to eligible Ontario residents in 2009.⁶

Provinces and Territories at a Glance

The following tables provide a more in-depth focus on each jurisdiction's inflow and outflow patterns and patient characteristics in 2007–2008.

Newfoundland and Labrador		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	871	1,411
Total Newfoundland and Labrador Hospitalizations (%)	2	N/A
Residents Hospitalized Outside Newfoundland and Labrador (%)	N/A	3
Female (%)	56	45
Urgent Admission (%)	60	71
ICU Stay (%)	11	14
Expensive Procedure (%)	4	9
Median LOS (Days)	3	3
Age Group (%)		
0–12 Months	12	5
1–19 Years	10	13
20–64 Years	62	64
65+ Years	16	18
Most Common Major Clinical Categories (%)		
	Pregnancy and Childbirth (16) Digestive Issues (15) Newborns and Neonates (11)	Circulatory Issues (17) Digestive Issues (13) Respiratory Issues (9)
Median Distance From Home		
	N/A	2,013 km
Contributing Province/Territory (%)		
	Quebec (25) Ontario (24)	Ontario (28) Alberta (27) Nova Scotia (22)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Prince Edward Island

Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	335	1,773
Total P.E.I. Hospitalizations (%)	2	N/A
Residents Hospitalized Outside P.E.I. (%)	N/A	10
Female (%)	54	43
Urgent Admission (%)	80	65
ICU Stay (%)	19	27
Expensive Procedure (%)	2	21
Median LOS (Days)	3	4
Age Group (%)		
0–12 Months	9	6
1–19 Years	9	11
20–64 Years	59	55
65+ Years	23	28
Most Common Major Clinical Categories (%)		
	Circulatory Issues (16) Digestive Issues (13) Mental Health Issues (13)	Circulatory Issues (31) Musculoskeletal Issues (9) Nervous System Issues (8)
Median Distance From Home		
	N/A	185 km
Contributing Province/Territory (%)		
	Ontario (31) Nova Scotia (19) New Brunswick (19)	Nova Scotia (67) New Brunswick (22)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Nova Scotia		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	4,084	2,183
Total Nova Scotia Hospitalizations (%)	5	N/A
Residents Hospitalized Outside Nova Scotia (%)	N/A	2
Female (%)	49	49
Urgent Admission (%)	57	66
ICU Stay (%)	19	14
Expensive Procedure (%)	15	3
Median LOS (Days)	3	3
Age Group (%)		
0–12 Months	11	7
1–19 Years	20	9
20–64 Years	49	54
65+ Years	20	29
Most Common Major Clinical Categories (%)		
	Circulatory Issues (21) Digestive Issues (8) Ear, Nose, Mouth and Throat (8)	Trauma (13) Circulatory Issues (11) Digestive Issues (10)
Median Distance From Home		
	N/A	125 km
Contributing Province/Territory (%)		
	New Brunswick (43) Prince Edward Island (29)	New Brunswick (51) Ontario (17) Alberta (16)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

A Region in Focus: Capital Health

Capital Health is one of nine health regions in Nova Scotia. It includes Halifax and Dartmouth. This region hosted about 85% of all OP/T hospitalizations in the province; thus the numbers and types of patients in this region drove the numbers for the rest of the province. Twenty-two percent of OP/T hospitalizations in this region were for circulatory issues, 20% had ICU stays and 17% involved expensive cardiac procedures or transplants.

New Brunswick

Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	3,580	3,489
Total New Brunswick Hospitalizations (%)	4	N/A
Residents Hospitalized Outside New Brunswick (%)	N/A	4
Female (%)	52	47
Urgent Admission (%)	67	59
ICU Stay (%)	18	18
Expensive Procedure (%)	3	18
Median LOS (Days)	3	3
Age Group (%)		
0–12 Months	9	9
1–19 Years	7	22
20–64 Years	50	50
65+ Years	34	19
Most Common Major Clinical Categories (%)		
	Circulatory Issues (13) Trauma (10) Pregnancy and Childbirth (10)	Circulatory Issues (15) Digestive Issues (10) Ear, Nose, Mouth and Throat (10)
Median Distance From Home		
	N/A	275 km
Contributing Province/Territory (%)		
	Quebec (38) Nova Scotia (31)	Nova Scotia (50) Quebec (29)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Quebec		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	2,851	8,529
Total Quebec Hospitalizations (%)	1	4
Residents Hospitalized Outside Quebec (%)	N/A	1
Female (%)	44	57
Urgent Admission (%)	63	55
ICU Stay (%)	20	15
Expensive Procedure (%)	17	5
Age Group (%)		
0–12 Months	5	19
1–19 Years	16	11
20–64 Years	58	49
65+ Years	22	21
Most Common Major Clinical Categories (%)		
		Pregnancy and Childbirth (18) Newborns and Neonates (17) Circulatory Issues (12)
Median Distance From Home		
	N/A	17 km
Contributing Province/Territory (%)		
	Ontario (46) New Brunswick (35)	Ontario (75) New Brunswick (16)

Note

Due to differences in data element availability in Med-Écho data, we were unable to determine the three most common MCCs and median distance from home for OP/T patients hospitalized in Quebec.

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

A Region in Focus: Outaouais

More than half of the OP/T hospitalizations associated with residents of Quebec were for patients who lived in the Outaouais region, which borders the Champlain region of eastern Ontario. In 2006–2007, the Agence de la santé et des services sociaux de l'Outaouais (the organization that manages health and social services for the Outaouais region) reported an increase in the number of west Quebec residents visiting emergency departments in eastern Ontario. A shortage of family physicians and overcrowding in Quebec hospitals are believed to be responsible for this phenomenon.⁷

Ontario

Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	10,200	7,701
Total Ontario Hospitalizations (%)	1	N/A
Residents Hospitalized Outside Ontario (%)	N/A	<1
Female (%)	55	50
Urgent Admission (%)	56	69
ICU Stay (%)	17	13
Expensive Procedure (%)	7	5
Median LOS (Days)	3	3
Age Group (%)		
0–12 Months	17	9
1–19 Years	11	11
20–64 Years	52	59
65+ Years	20	21
Most Common Major Clinical Categories (%)		
	Pregnancy and Childbirth (17) Circulatory Issues (14) Newborns and Neonates (14)	Pregnancy and Childbirth (12) Trauma (12) Circulatory Issues (12)
Median Distance From Home		
	N/A	792 km
Contributing Province/Territory (%)		
	Quebec (63)	Manitoba (30) Alberta (20) Quebec (17)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

A Region in Focus: North West Local Health Integration Network (LHIN)

Half of Ontario's OP/T patients were residents of the North West LHIN. These patients were seen mainly in the Winnipeg health region of Manitoba (89%). Seventeen percent of hospitalizations were related to childbirth and 14% were for circulatory issues. Seventeen percent involved ICU stays and 6% involved expensive cardiac procedures.

Manitoba		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	4,719	2,718
Total Manitoba Hospitalizations (%)	4	N/A
Residents Hospitalized Outside Manitoba (%)	N/A	2
Female (%)	54	54
Urgent Admission (%)	58	66
ICU Stay (%)	13	13
Expensive Procedure (%)	4	8
Median LOS (Days)	3	3
Age Group (%)		
0–12 Months	16	11
1–19 Years	16	11
20–64 Years	49	55
65+ Years	19	23
Most Common Major Clinical Categories (%)		
	Pregnancy and Childbirth (15) Newborns and Neonates (12) Circulatory Issues (9)	Circulatory Issues (15) Pregnancy and Childbirth (13) Digestive Issues (10)
Median Distance From Home		
	N/A	599 km
Contributing Province/Territory (%)		
	Ontario (49) Nunavut (27)	Saskatchewan (41) Alberta (24) Ontario (20)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Saskatchewan

Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	5,237	4,610
Total Saskatchewan Hospitalizations (%)	4	N/A
Residents Hospitalized Outside Saskatchewan (%)	N/A	3
Female (%)	61	54
Urgent Admission (%)	63	57
ICU Stay (%)	9	11
Expensive Procedure (%)	1	7
Median LOS (Days)	2	3
Age Group (%)		
0–12 Months	16	11
1–19 Years	9	14
20–64 Years	52	54
65+ Years	23	21
Most Common Major Clinical Categories (%)		
	Pregnancy and Childbirth (18) Newborns and Neonates (15) Digestive Issues (12)	Pregnancy and Childbirth (12) Circulatory Issues (12) Trauma (9)
Median Distance From Home		
	N/A	343 km
Contributing Province/Territory (%)		
	Alberta (66) Manitoba (21)	Alberta (74) Manitoba (13)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

A Region in Focus: Prairie North

Saskatchewan's Prairie North region borders Alberta. Almost half (46%) of Saskatchewan's OP/T hospitalizations occurred in this region. Many of these were related to childbirth (44%). Very few involved expensive cardiac procedures (less than 1%) or ICU stays (7%).

Alberta		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	12,769	7,531
Total Alberta Hospitalizations (%)	4	N/A
Residents Hospitalized Outside Alberta (%)	N/A	2
Female (%)	49	58
Urgent Admission (%)	65	67
ICU Stay (%)	14	9
Expensive Procedure (%)	7	2
Median LOS (Days)	3	2
Age Group (%)		
0–12 Months	9	14
1–19 Years	12	9
20–64 Years	61	57
65+ Years	18	20
Most Common Major Clinical Categories (%)		
	Circulatory Issues (12) Trauma (12) Pregnancy and Childbirth (11)	Pregnancy and Childbirth (17) Newborns and Neonates (13) Digestive Issues (12)
Median Distance From Home		
	N/A	278 km
Contributing Province/Territory (%)		
	British Columbia (36) Saskatchewan (27)	Saskatchewan (46) British Columbia (34)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Regions in Focus: Calgary, Capital Health and East Central

Together, hospitals in the Capital Health and Calgary regions had 67% of Alberta's OP/T hospitalizations. Calgary's inflow profile was similar to the whole of Alberta's, with 9% of hospitalizations involving expensive cardiac procedures and 14% involving ICU stays. Circulatory issues (16%) and trauma (12%) were among the top reasons for hospitalization. Ten percent of hospitalizations in Capital Health involved expensive cardiac procedures and 22% had ICU stays. Fourteen percent of hospitalizations involved circulatory issues and 12% were for trauma patients.

Many Alberta residents hospitalized outside of the province were from the East Central region. Less than 1% of hospitalizations involved expensive procedures, 8% included ICU stays and almost half (42%) were for childbirth and newborns.

British Columbia

Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	5,418	6,083
Total B.C. Hospitalizations (%)	1	N/A
Residents Hospitalized Outside B.C. (%)	N/A	2
Female (%)	50	49
Urgent Admission (%)	76	65
ICU Stay (%)	10	16
Expensive Procedure (%)	3	7
Median LOS (Days)	2	3
Age Group (%)		
0–12 Months	8	7
1–19 Years	8	10
20–64 Years	62	59
65+ Years	22	24
Most Common Major Clinical Categories (%)		
	Trauma (15) Digestive Issues (13) Circulatory Issues (12)	Circulatory Issues (15) Digestive Issues (11) Trauma (11)
Median Distance From Home		
	N/A	492 km
Contributing Province/Territory (%)		
	Alberta (47) Ontario (21)	Alberta (75) Ontario (10)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Northwest Territories		
Out-of-Province/-Territory Hospitalizations	Inflow	Outflow
Number of Hospitalizations	814	1,076
Total Northwest Territories Hospitalizations (%)	14	N/A
Residents Hospitalized Outside the Northwest Territories (%)	N/A	18
Female (%)	57	47
Urgent Admission (%)	54	64
ICU Stay (%)	5	16
Expensive Procedure (%)	0	6
Median LOS (Days)	2	3
Age Group (%)		
0–12 Months	25	12
1–19 Years	18	15
20–64 Years	48	59
65+ Years	9	14
Most Common Major Clinical Categories (%)		
	Pregnancy and Childbirth (23) Newborns and Neonates (19) Respiratory Issues (11)	Trauma (13) Pregnancy and Childbirth (12) Newborns/Circulatory Issues (9)
Median Distance From Home		
	N/A	994 km
Contributing Province/Territory (%)		
	Nunavut (79)	Alberta (83) British Columbia (7)

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Given the Northwest Territories' population level, lower service volume requirements and geographic limitations, it is not possible to have all specialist services and care options available within the territory. The Northwest Territories manages the provision of these services through locum specialist clinics and medical travel to facilities in provinces, generally Alberta. The Northwest Territories also has agreements with some agencies within provinces to provide specific support services and care.⁸

Nunavut	
Out-of-Province/-Territory Hospitalizations	Outflow
Number of Hospitalizations	2,576
Residents Hospitalized Outside Nunavut (%)	58
Female (%)	56
Urgent Admission (%)	59
ICU Stay (%)	11
Expensive Procedure (%)	2
Median LOS (Days)	3
Age Group (%)	
0–12 Months	26
1–19 Years	22
20–64 Years	44
65+ Years	8
Most Common Major Clinical Categories (%)	
	Pregnancy and Childbirth (20) Newborns and Neonates (18) Respiratory Issues (15)
Median Distance From Home	1,403 km
Contributing Province/Territory (%)	
	Manitoba (49) Northwest Territories (25) Ontario (18)

Note

Inflow is not reported due to a small number (<30) of hospitalizations for OP/T patients.

Source

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information.

Nunavut has three health regions but only one hospital (in Iqaluit on Baffin Island). As a result of the geography and population distribution in Nunavut, sending residents from the western regions of the territory who require hospital services to hospitals in Manitoba and Ontario represents an effective way of delivering services to them. To this end, the Government of Nunavut has agreements with provinces and transportation providers regarding providing services to Nunavut residents.⁹

Yukon	
Out-of-Province/-Territory Hospitalizations	Outflow
Number of Hospitalizations	760
Residents Hospitalized Outside the Yukon (%)	21
Female (%)	46
Urgent Admission (%)	60
ICU Stay (%)	18
Expensive Procedure (%)	9
Median LOS (Days)	4
Age Group (%)	
0–12 Months	7
1–19 Years	9
20–64 Years	65
65+ Years	19
Most Common Major Clinical Categories (%)	
	Circulatory Issues (15) Musculoskeletal Issues (13) Trauma (11)
Median Distance From Home	1,485 km
Contributing Province/Territory (%)	
	British Columbia (63) Alberta (32)

Note

Inflow is not reported due to a small number (<200) of hospitalizations for OP/T patients.

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Given the Yukon's small jurisdictional size (around 33,000) it is not possible to have all specialist services and care options available within the territory. The Yukon provides these services through locum specialist clinics and medical travel to facilities in the southern provinces, generally British Columbia and Alberta. In rare cases, services may also be accessed in some of the more eastern provinces. In addition to reciprocal billing agreements for fee-for-service billings between jurisdictions, there are various agreements with some provincial agencies to provide specific support services and care.³

Yukon hospitals did treat non-Yukon residents. Of the 187 out-of-territory hospitalizations, 56% were residents of British Columbia, 13% were residents of Ontario and 12% were residents of Alberta.

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About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

Appendix A: Provincial/Territorial Comparison of Inflow

This table illustrates the inflow of patients among provinces and territories. The number in each cell represents the percent of OP/T hospitalizations for patients with a health card from another jurisdiction. For example, 31% of the OP/T hospitalizations in P.E.I. were for patients with an Ontario health card.

		Province/Territory Issuing Health Card													
		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Nun.	Y.T.	Unknown
Province/Territory of Hospitalization	N.L.		2	8	4	25	24	1	<1	14	3	1	1	0	17
	P.E.I.	9		19	19	5	31	1	<1	12	4	0	0	0	<1
	N.S.	8	29		43	1	11	1	<1	4	2	<1	<1	<1	1
	N.B.	2	11	31		38	11	1	<1	4	2	<1	<1	<1	1
	Que.	3	1	3	35		46	2	1	4	4	<1	1	<1	0
	Ont.	4	1	4	3	63		5	2	6	6	<1	5	<1	2
	Man.	<1	0	<1	<1	1	49		13	6	4	<1	27	<1	<1
	Sask.	<1	<1	<1	<1	1	4	21		65	6	<1	<1	<1	1
	Alta.	3	1	3	2	2	12	5	27		36	7	1	2	<1
	B.C.	1	<1	2	1	3	21	5	6	47		1	<1	9	3
	N.W.T.	2	<1	2	1	<1	4	<1	2	6	3		79	1	0
	Nun.	15	0	4	0	44	19	0	0	4	11	4		0	0
	Y.T.	0	0	0	1	2	13	2	4	12	56	11	1		0

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

Appendix B: Provincial/Territorial Comparison of Outflow

This table illustrates the outflow of patients among provinces and territories. The number in each cell represents the percent of OP/T hospitalizations for patients with a health card from another jurisdiction. For example, 67% of P.E.I. residents who went out of province were hospitalized in Nova Scotia.

		Province/Territory Issuing Health Card													
		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Nun.	Y.T.	Unknown
Province/Territory of Hospitalization	N.L.		1	3	1	3	3	<1	<1	2	<1	<1	<1	0	23
	P.E.I.	2		3	2	<1	1	<1	<1	1	<1	0	0	0	<1
	N.S.	22	67		50	1	6	1	<1	2	1	1	<1	<1	5
	N.B.	6	22	51		16	5	1	<1	2	1	1	<1	<1	3
	Que.	7	1	4	29		17	2	1	1	2	1	1	<1	0
	Ont.	28	4	17	8	75		20	4	9	10	1	18	1	32
	Man.	1	0	<1	<1	<1	30		13	4	3	1	49	<1	<1
	Sask.	1	<1	1	<1	<1	3	41		46	5	2	<1	1	5
	Alta.	27	4	16	8	2	20	24	74		75	83	6	32	8
	B.C.	5	1	4	2	2	15	11	8	34		7	<1	63	24
	N.W.T.	1	<1	1	<1	<1	<1	<1	<1	1	<1		25	2	0
	Nun.	<1	0	<1	0	<1	<1	0	0	<1	<1	<1		0	0
	Y.T.	0	0	0	<1	<1	<1	<1	<1	<1	2	2	<1		0

Sources

Discharge Abstract Database, 2007–2008, Canadian Institute for Health Information; Fichier des hospitalisations Med-Écho, 2007–2008, ministère de la Santé et des Services sociaux du Québec.

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