Canadian "medicare refugee myth" debunked in major US study

Canadians are *not* rushing across the border to purchase medical care in the United States, a new study based largely on American data has concluded. In fact, the use of American medical facilities by Canadians is "so small as to be barely detectable."

The authors of "Phantoms in the snow: Canadians' use of health care services in the United States" — the article appeared in the May/June issue of *Health Affairs*, the most influential US health policy journal (**www.healthaffairs.org/freecontent/v21n3/s6.htm**) — conclude that debate over the issue has been driven by politics, not facts. They drew this conclusion from a telephone survey of ambulatory care facilities in heavily populated US urban areas bordering Canada (Buffalo, Detroit and Seattle) and from statewide hospital discharge data from Michigan, New York State and Washington State. Author Steven Katz of the University of Michigan and his colleagues created a catchy label for the "phantom hordes of Canadian medical refugees" by tagging the notion a "policy zombie" — an idea that is intellectually dead because there is no evidence to substantiate it but somehow manages to live on because it is useful to certain powerful interest groups.

The study, funded by the Canadian Institutes of Health Research, demonstrates that headlines about "medicare refugees" are "a tip without an iceberg." Of the US ambulatory facilities surveyed, 40% reported seeing no Canadians and a further 40% had seen fewer than 10.

Only 5% of facilities had seen more than 25 Canadians in the previous year, and the most frequent services accessed were diagnostic radiology and ophthalmologic procedures, particularly cataract surgery.

The picture emerging from state hospital discharge data was similar. From 1994 to 1998, 2.3 Canadians were admitted to hospital in the 3 US states studied for every 1000 admissions in the 3 neighbouring Canadian provinces.

Moreover, 80% of the stateside admissions were prompted by emergencies and pregnancies. Of Canadian admissions to US hospitals, only 14% in Michigan, 20% in New York and 17% in Washington State were elective.

Dr. Michael Walker, executive director of the right-leaning Fraser Institute, acknowledges that demand for treatment in US institutions is limited. "We did a survey of US hospitals 10 years ago and heard that Canadians were not a significant percentage of their patient populations."

Nevertheless, he insists that a Fraser Institute survey of 2700 Canadian physicians' experiences with waiting lists suggests there has been a modest increase in the number of people looking for treatment in the US. "We asked what percentage of their patients have gone to the US for help. The figure used to be 1% percent, and it has risen to 1.5%. Tiny, but significant."

Frustration with the current Canadian system fuels misperceptions about better service across the border. Michael Decter, a former deputy minister of health in Ontario, says funding cutbacks during the 1990s meant waiting lists developed for some diagnostic services such as MRI scans and for treatment of specific illnesses.

This led several provinces to sign temporary contracts with US providers to secure specific services, such as cancer treatment. Information about the greater availability of such services in the US was part of every waiting list horror story. But Decter, who now chairs the board of the Canadian Institute of Health Information, points out that availability doesn't equal access. "Less than 5% of Canadians feel they are denied access to health care because of cost," he argues. "The equivalent figure in the US is 24%."

The medical-migration stories serve some people well, he adds. "Health-system bashing is popular. This myth suits provider groups who want more money and it suits policy-makers interested in floating ideas about privatization."

Decter says the Katz study raises the interesting economic argument that contracts with US institutions to provide care for Canadian patients can be "a perfectly sensible approach to dealing with patient queues" because they allow service shortages in Canada to be matched to excess capacity in the US.

However, such a practice is largely unacceptable to providers and patients, and this means that politicians who favour or recommend it will likely face a "chorus of accusations that the system fails to meet the medical needs of their constituents."

" 'If it bleeds, it leads' is media lore," Decter concluded. " 'Canadians staying home for health care' is not a good headline." — *Charlotte Gray*, Ottawa

Tobacco warnings are winners

The European Commission is being asked to introduce the same types of graphic health warnings used on cigarette packages in Canada and Brazil. Cancer Research UK and 6 other research groups say the ads make smoking "less stylish." A survey of Canadian smokers indicates the warnings work; 43% of respondents said the warnings raised their concern about the health effects of smoking and 44% said they are now more motivated to quit (*CMAJ* 2002;166[1]:1453). The European Parliament recently voted to increase the size of warnings to between 30% and 40% of cigarette package surfaces and banned the use of terms such as "mild" and "light." — *CMAJ*