



April 8, 2026

From: Tingting Zhang
To: Health System Observers
Re: SENIORS' CARE IN CANADA: STRONG CARE, LIMITED ACCESS

Many Canadians are proud of our healthcare system, and for good reason, especially compared with the United States. But when we look beyond North America, the story changes. Canada often trails other high-income countries in overall performance, mostly due to access challenges.

So, what good is high-quality care if seniors can't actually access it?

Using [data](#) from the 2024 Commonwealth Fund International Policy Survey of Older Adults, my recent C.D. Howe Institute [report](#) shows that Canada ranks seventh among 10 high-income countries for seniors' care, ahead of France, Germany, and Sweden. Canada excels in care process and healthcare outcomes once patients enter the system but fails at the point of entry.

Eight percent of older Canadians – approximately 600,000 people – lack a regular doctor or place of care, significantly above the international average of 2.5 percent. Moreover, 71 percent struggle to access after-hours care. Just 25 percent can book an appointment within 48 hours, far below the international average of 39 percent.

All Canadian provinces fall significantly below the international average in access to care. Even high-performing provinces such as Ontario and Alberta struggle with it. New Brunswick and Newfoundland and Labrador are the poorest performers, trailing all 10 comparator jurisdictions.

Without access to a primary care provider, many older Canadians use more costly hospital services. Canada reports one of the highest rates of seniors visiting emergency departments for non-urgent conditions. As the population ages and chronic disease prevalence rises, these access gaps will further strain emergency wards and raise system costs.

Meanwhile, provinces have been implementing various initiatives to improve access. In 2024, Canada saw family physician numbers [increase](#) by 1.9 percent, the highest growth rate since 2019, yet the percentage of Canadians with a regular healthcare provider declined by 0.2 percent during 2023–24. Simply increasing physician supply won't work if we don't redesign how they work. Countries like the Netherlands show that better population access outcomes are achievable even though they have a lower density of family physicians than Canada. This means that structure matters more than headcount.

To explore how Canadian provinces could improve, I simulated what would happen if they matched top performers across three dimensions.

First, improving attachment – ensuring 99 percent of seniors have a regular doctor – alone won't suffice. Without other changes, only Ontario and Alberta would remain above the international average.

While expanding the number of family physicians helps improve attachment, optimizing the efficiency and utilization of the existing workforce is critical. Addressing current and future demands requires substantial reforms in the organization and funding of care delivery, along with an expanded scope of practice for other primary care providers. This requires reducing administrative burdens, implementing alternative payment models, and advancing team-based primary care, complemented by telehealth to improve access while containing costs. Accountability also matters.

Second, expanding after-hours access could transform outcomes. On top of improving attachment, if 51 percent of seniors could book appointments within 48 hours and only 37 percent faced after-hours barriers (matching Germany and the Netherlands), five provinces would exceed the international average in access to care. Quebec's overall healthcare performance would also reach the international average.

The Netherlands offers valuable lessons for Canada in this regard. General practitioners there must provide 50 hours of after-hours care annually to maintain their professional licensure. Most GPs also participate in cooperatives that provide care in the evenings and on weekends, and more than half of these cooperatives are fully integrated with hospital emergency departments. This reorganization has reduced emergency visits by 13 to 22 percent while improving access.

Third, addressing the remaining gaps in drug and dental affordability would further improve several provinces' performance. Currently, 21.5 percent of Canadian seniors skip dental care due to cost, almost double the international average. Canada has made progress: early evidence suggests that the Canadian Dental Care Plan can help reduce financial barriers for seniors. However, universal pharmacare coverage remains incomplete. While federal programs can help alleviate costs, improving access to primary care providers will require more complex changes to how healthcare is delivered across provincial systems. In this regard, addressing scenarios 1 and 2 will be critical.

Canada already spends 11 percent of GDP on healthcare – above the OECD average – yet only half of the population was satisfied with the availability of quality healthcare. Older adults are, on average, the highest-cost users of our health-care services, and as Canada faces an aging population, addressing their needs becomes increasingly important.

Other universal systems, including the Netherlands and New Zealand, show that it is possible to deliver timely, affordable, and high-quality care without high costs. Targeted investments that improve access and maintain world-class quality can lead to better outcomes without significantly increasing overall costs. Canada should act now.

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