

1999 Health Care in Canada

A national survey of health care
providers and users



Health Care in Canada



Introduction

Health care has never been so important an issue in Canada. Unprecedented advances in medical technologies and increasing pressure on health care budgets ushered in the current era of reform. The health care system has to change, but knowing which direction to move towards and which areas to focus on is not always easy. We need information about how to produce the best health outcomes, but also about what matters most to Canadian people.

This second annual National Survey of Health Care Providers and Users was undertaken to discover Canadians' views on some of today's most pressing health care issues, and to provide health care decision makers with information useful in making today's policy decisions. This survey is unique in that it seeks the opinion of both the general public and health care providers. It therefore becomes possible to compare and contrast their views, gain deeper insight into important health care issues, and contribute to the ongoing dialogue and debate between members of the health care community.

In 1998, Merck Frosst Canada & Co. teamed up with the Coalition of National Voluntary Organizations to take the pulse of Canadian citizens and their health care providers' opinions of the health care system. The results provided a useful guide to what health care issues matter most to Canadians. This year, we are pleased to announce that POLLARA has joined the team as a full strategic partner, contributing years of surveying and analytical experience.

Last year's survey taught us a number of things; most importantly to ask the questions that are relevant to the policy choices available. This is the kind of information that has the best chance of directing health care decisions and is of greatest value to Canadians.

We have resolved to make the National Survey of Health Care Providers and Users an annual event, pro-

viding not just a snapshot of Canadian views on health care, but tracking them over time to see which areas are advancing, which are regressing and which should receive attention. The survey report has also been redesigned into five key areas to make it easier to see the story being told in the answers Canadians provide.

We are inviting comments on the survey results from all those involved in the health system (see page 31), and are also hoping to expand the partnership of groups involved in planning the survey for next year. In this way, it will become possible to tailor next year's survey even more closely to the information needs of health care stakeholders.

We are grateful to the Canadians and health care providers who took the time to share their thoughts and opinions in this survey. What is presented in the following pages is a summary of the survey results.

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Executive Summary

Introduction: Expanding on the success of their landmark 1998 survey on health care, Merck Frosst Canada & Co., the Coalition of National Voluntary Organizations and POLLARA have taken the survey to a deeper, more strategic level, with a focus on the following key areas: 1. The Canadian Outlook: General Attitudes Concerning the Health System; 2. Managing Affordability & Sustainability; 3. Access, Quality and Choice; 4. Patient-Physician Interaction; 5. Stakeholder Roles and Responsibilities. The survey differentiates itself from other health care surveys in that it seeks the opinion of both the general public and health care providers in order to compare and contrast their views on important health care issues.

Methodology: This report contains results of a national telephone survey, regarding the future of health care in Canada, of 1,200 adult Canadians (conducted between July 21, 1999 and August 25, 1999), as well as 250 physicians, 300 nurses and 300 pharmacists (conducted between August 5, 1999 and August 31, 1999). Overall results for the public are considered accurate to within $\pm 2.9\%$, 19 times out of 20, while the margin of error associated with overall results is $\pm 6.3\%$ for physicians and $\pm 5.8\%$ for nurses and pharmacists.

Key findings:

Canadian Outlook on Health Care: Canadians and health care providers take pride in the health system but their confidence continues to erode. Specifically, they are concerned that the quality of care and timely access to care continue to deteriorate. One-in-three Canadians believe that they are not receiving quality health care. More than half of doctors and nurses believe that the quality of health care is falling behind. Furthermore, 84% of doctors, 72% of pharmacists, and 65% of nurses believe timely access to health care is falling behind.

Managing Affordability and Sustainability: Canadians believe that current levels of waste in health care threaten

the system's viability. However, Canadians want increased spending to address health care needs so long as cost-efficiencies in the system continue to be sought out. Moreover, in the event of budget cuts, 74% of Canadians want to protect the health care system at the expense of other non-social programs. Canadians are further prepared to support out-of-pocket payments or user-fees to protect the system.

The vast majority (70%) of Canadians support having those who can afford it pay for a reasonable portion of their health care costs, while 56% of Canadians support user fees for health care services. Most Canadians oppose finding additional funding from other social programs, increasing taxes or reducing access, quality and choice to sustain the system. Canadians are also willing to pay to improve their access to new and innovative medications. Indeed, 82% of Canadians say they support the idea of having those who can afford it pay for a reasonable portion of their prescription medication costs. Three quarters of Canadians (76%) and health care providers (82% pharmacists, 75% nurses, 73% doctors) believe that new and innovative medications save the health care system money.

Access, Quality and Choice: Timely access to health care is vitally important to Canadians; in fact, there is near universal agreement (98%) among the public that timely access to health care should be available to everyone. Despite this finding, 84% of doctors and 65% of nurses believe timely access to health care is falling behind. Health care providers also believe restrictive drug plans adversely influence patient care. When asked, 86% of doctors believe that they would be limited as to how they

Executive Summary

treat their patients; 80% believe patients would be denied the best quality treatments and 83% believe that patient health would suffer as a result of restrictive drug plans. The majority (67%) of Canadians oppose reducing access, quality and choice in drug benefit plans as a way to cope with cost pressures. There is overwhelming belief that new and innovative medications positively contribute to the well-being and quality of life (93% public, 96% pharmacists, 95% doctors, 92% nurses) and productivity of Canadians (82% public, 94% pharmacists, 85% doctors, 81% nurses).

One out of three Canadians believes that they are not currently receiving quality health care, while more than half of doctors and nurses believe that the quality of health care is falling behind. For most Canadians, if the end-point of the health care system is patient care, the end-point of patient care is enhancing the *quality* of life rather than just extending the *quantity* of life.

Canadians want choice from the health care system when it comes to access. If timely access is not available they feel they should have the option of seeking private care utilizing their own resources. However, keep in mind that 70% of Canadians support having those who can afford it pay for a reasonable portion of their health care costs, while 56% of Canadians support user fees for health care services.

Patient-Physician Interaction: Half of Canadians say the doctor is their number one source of information on health conditions and treatments for patients. Most patients who have been treated for a health condition say they are active participants in the treatment regime and ask their doctor for reasons behind a treatment decision all the time (49%) or some of the time (33%). There is widespread consensus among health care providers that informed patients are more likely to be involved in the decision-making process of choosing the most suitable medication. As well, informed patients are more likely to be compliant when taking medication.

There is significant disparity between patients and physicians about the degree to which drug benefit cover-

age influences treatment decisions. Of physicians who request a patient's coverage information, 85% say this knowledge affects their treatment decision, while only 46% of those patients who have been asked about their drug coverage believe the information influences the doctor's treatment decision.

Patient-physician interaction is being influenced by the administrative procedures physicians are required to complete so that patients are reimbursed for their drug costs. To avoid an administrative procedure, the majority (72%) of doctors prescribe a different medication for some to all of their patients — all patients (10% of doctors), 51% to 99% of patients (21% of doctors), 50% of patients (11% of doctors), 1% to 49% of patients (30% of doctors). Canadians for the most part are unaware of such procedures, with only 21% believing their physician follows an administrative procedure. However, 63% say they would in fact be bothered to learn their physician did prescribe a different medication to avoid an administrative procedure.

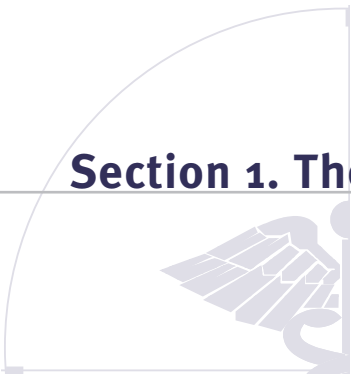
Stakeholder Roles and Responsibilities: The majority of Canadians and health care providers believe that doctors, nurses, and pharmacists should take a lead role in setting policies to protect patients and ensure that they get the best care possible. They also believe that health care providers should lead the process in finding a balance between quality and efficiency in the health care system. Governments, patients and their families, as well as health charities, are also identified as having a significant role to play. ■



Report on survey findings:

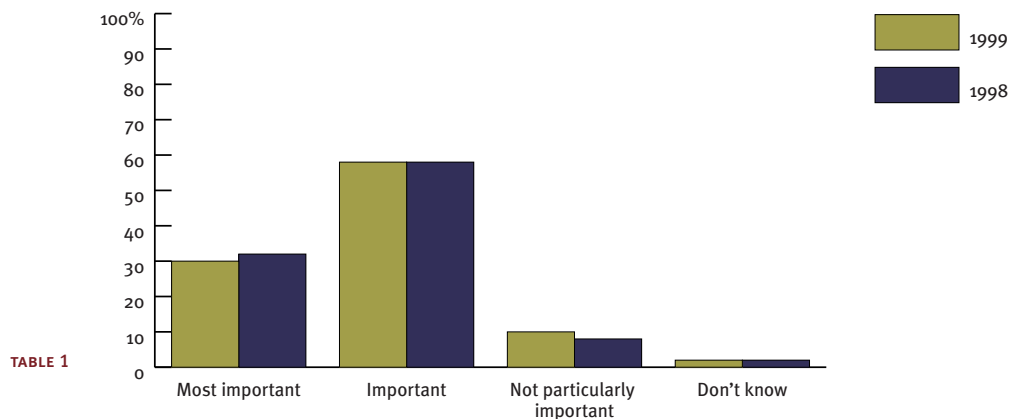
1. The Canadian Outlook: General Attitudes Concerning the Health System
2. Managing Affordability and Sustainability
3. Access, Quality and Choice
4. Physician and Patient Interaction
5. Stakeholder Roles and Responsibilities

Section 1. The Canadian Outlook



Health care has ranked among the top concerns of Canadians for the past few years and is assuming an ever more significant place in public opinion. It is not just the media directing their attention to health care (and especially to the impact of budgetary cutbacks on acute care and waiting lists); recent provincial elections have centred on health care issues, and both federal and provincial politicians have responded to the concerns of Canadians by increasing health care budgets over the past year.

How Important Are Health Care Issues In Your Voting Decisions?



Health care is the most important issue facing Canadians, which is reflected in the overwhelming majority (88%) of survey respondents who indicate that health care will be an important issue the next time they vote in an election. This response has been borne out in a number of recent provincial elections, including those in Manitoba, Nova Scotia and New Brunswick. In a post-election POLLARA survey in Ontario, 28% of voters said that health issues were the most important issue for them in the election.

Just under one-third (30%, down 2% from 1998) of survey respondents maintain that health care will be the most important issue for them the next time they vote in an election. An additional 58% say that health care will be important in their next vote, though not necessarily the most important issue. This proportion has remained consistent since last year. Only 10% (up 2%) say that health issues will not be particularly important for them the next time they vote.

Canadians with a negative impression of the health care system will accord the health issue greater importance in the next election. For instance, 97% of

Canadians who are not at all impressed with the health system state that the issue will be important or most important (40% and 57% respectively) in their next vote. This falls to 81% among individuals who are very impressed with the health system.

What Does the Canadian Public Think Is the Most Important Health Care Issue Facing Canada Today?

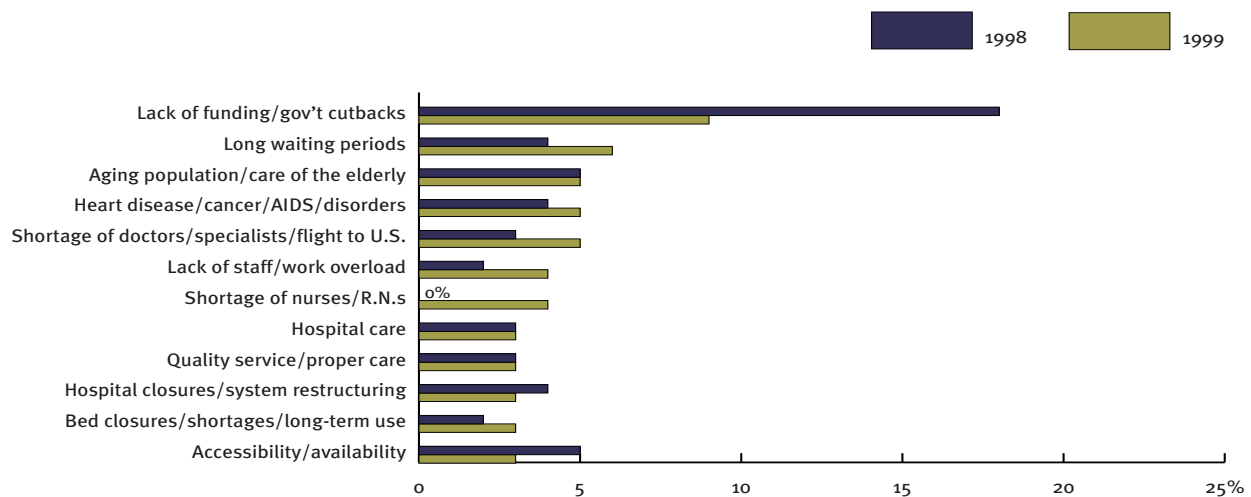


TABLE 2

Canadians were then asked what they feel is the most important health care issue facing Canada. In the 1998 survey, lack of government funding and cutbacks were the issues most frequently mentioned (identified by 18% of respondents). These are still the most commonly cited issues, but the number of mentions has been cut in half, to 9%. This may reflect the increased federal and provincial commitments to health demonstrated in recent health budgets. It may also reflect the fact that Canadians are becoming more knowledgeable about problems in the health system, and are articulating them more precisely.

Other important health care issues this year include long waiting periods (6%, up 2%), caring for the aging population (5%, no change), specific diseases such as heart disease, cancer, AIDS and other medical disorders (5%, no change) and the migration of doctors/specialists to the U.S. (5%, up 2%). The issue that has shown the most growth, however, is the shortage of nurses, which was mentioned by fewer than 1% last year, but by 4% this year.

The Canadian Outlook

What Do Health Care Professionals Think Is the Most Important Health Care Issue Facing Canada Today?

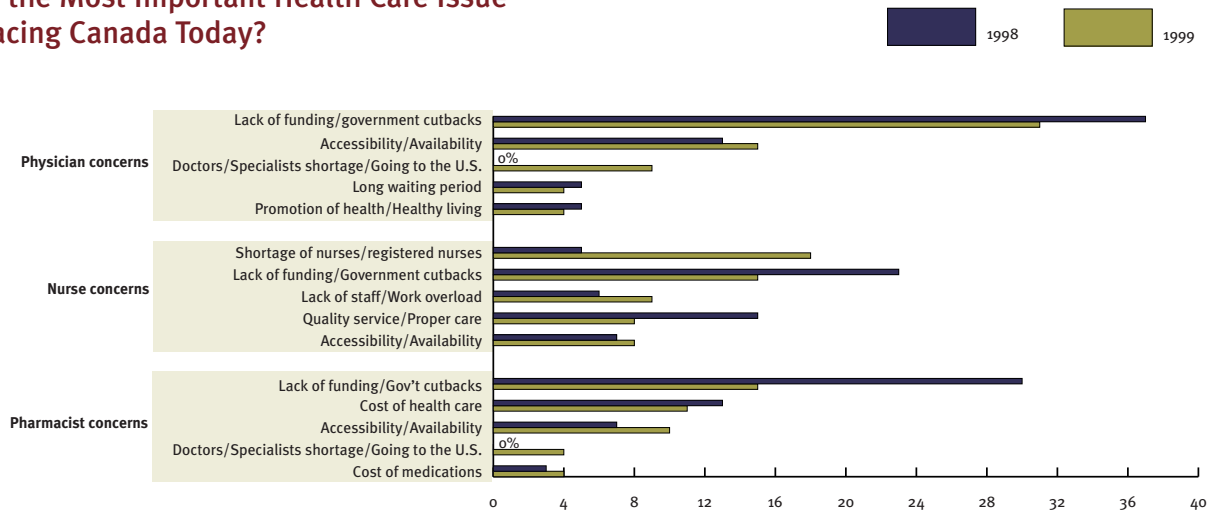


TABLE 3

It was interesting to see that health care providers, who are at the front line of health care delivery, also rank lack of funding and government cutbacks as the top issues. Providers, as well as the Canadian public, have shared concerns about the accessibility and availability of health care and the related issue of long waiting lists. Providers also have specific concerns about human resources within the health care system such as physician or nurse shortages and work overload, concerns that did not appear in last year's survey results. Finally, nurses appear to be especially concerned about the quality of care. One-third of nurses (compared with 22% of physicians and pharmacists) do not believe Canadians are receiving quality health care.

Confidence in the Canadian Health Care System Today

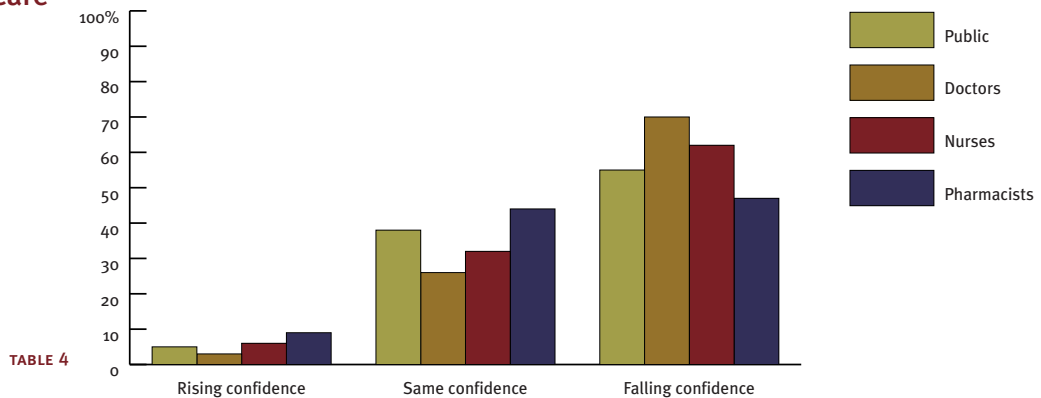


TABLE 4

The Canadian Outlook

The Canadian public's confidence in the health system is still falling. This year's survey also looked at confidence levels among health care providers and found that confidence is falling to an even greater extent among physicians and nurses than among the general public.

The majority of the Canadian public (55%, down 4% from 1998) state that their confidence is either falling, rather than rising or holding firm (38%, up 3%). The 5% who say it is rising attribute the boost in confidence to advances in medical technology and the discovery of cures (16%, up a full ten points over 1998). The second most common answer is a sense that the system is offering more services and providing better care (10%, up 4%), followed by a general sense that the system is improving (8%, up 2%). The view that governments have reset priorities to help health care (5%, down 3%) and that governments are putting more money back into the system (5%, up 4%) follow closely behind as reasons for greater confidence in the system.

On the other hand, the majority of people who state they are losing confidence in the system continue to point to a lack of funding attributed to government cut-backs (17%, down 3%), waiting lists — specifically for surgeries, tests, beds or specialist physicians (12%, up 2%) and poor quality service (7%, up 2%) as the main reasons. A total of 6% mention the related issues of doctor out-migration and doctor shortages. Other reasons cited are poor personal experiences (5%, up 2%) or perceptions based on media coverage (4%, up 2%).

The public's falling confidence is correlated with the impression that the health system is falling behind in these areas: quality of health care; timely access to care; research and development (R&D) into new treatments and techniques; and health research. In addition, falling confidence is correlated with a lack of confidence that current governments are able to monitor how well health funds are being spent or ensure that the infrastructure and finances required to manage future demands on the system are in place. Falling confidence is more widespread among women aged 35 or older and among people of both sexes who are not covered by a private or public drug benefit plan.

Falling confidence does not translate into despair. Rather than raze the current system and rebuild from scratch (an option chosen by 13%), most Canadians advocate keeping and repairing the current system, though opinion is split between those who feel repairs should be major (42%, down 3%) and those who feel that only minor repairs are necessary (40%, up 3%).

Physicians are even more likely than members of the public to express eroding confidence in the health system. Only 3% say their confidence is rising, while 70% admit it is falling. Similarly, 62% of nurses are losing confidence in the health system. Pharmacists, on the other hand are more optimistic as just 47% say their confidence is falling, while an almost equal number say their confidence has remained unchanged (44%). Health care providers' falling confidence is correlated with the impression that Canada is falling behind in the following areas: quality of health care; timely access to health care; R&D into new treatments and techniques; and health research.



The Canadian Outlook

Public Satisfaction with How the Health System is Performing

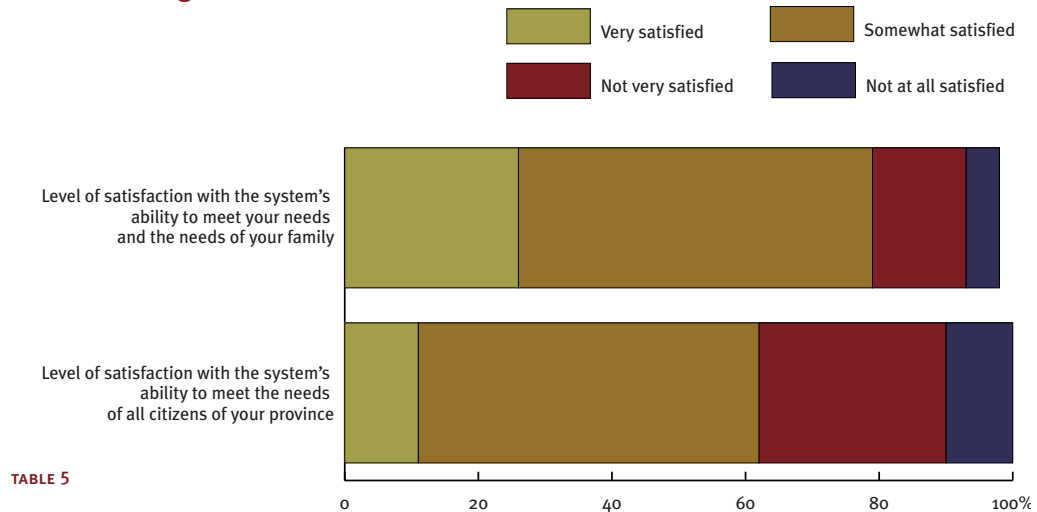


TABLE 5

Canadians are more satisfied with how their provincial health systems are meeting their own family's needs (79% state being very or somewhat satisfied), compared with the needs of their fellow citizens (62%). It appears that the perception of sub-standard quality health care is more widespread than dissatisfying personal experiences, which is perhaps emphasised in the media or anecdotal reports.

There is little difference between the number of Canadians stating they are somewhat satisfied with how their families' needs (53%) and the needs of their fellow citizens (51%) are being served by the health care system. However, while 26% indicate that they are very satisfied with the way the health care system is meeting the needs of their own family, only 11% are very satisfied with the way it meets the needs of the rest of the people in their province.

Canadians between the ages of 45 and 64, who may be feeling the burden of caring for elderly parents or ill partners are among the least likely to be satisfied that the health care system is meeting their needs (74%) or the needs of all those in the province (57%).

While there is little significant regional variation in levels of satisfaction that the health system is meeting the needs of provincial residents (ranging from 58% in British Columbia to 64% in Ontario), satisfaction with care received by respondents and their families is lower in the Atlantic provinces (73%) and Quebec (73%) than in Ontario (85%).

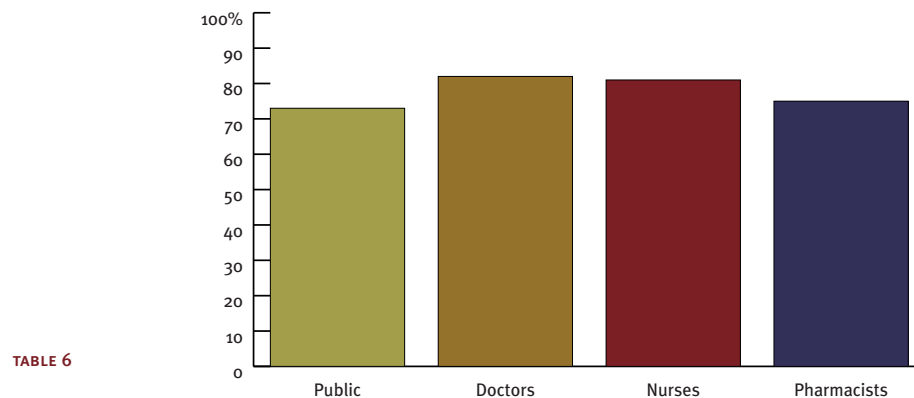
The overall trend from 1998 to 1999 is positive, with 2% of Canadians becoming more satisfied with the way their own needs are being met, and 5% becoming more satisfied with the way the system is meeting the needs of their fellow citizens. ■

Section 2. Managing Affordability and Sustainability

Over the past year there has been a concerted effort on the part of the federal and provincial governments to respond to the public's concern and demonstrate that substantial funds are being reinvested in health care. The most prominent example was the February 1999 federal budget, which many refer to as "The Health Budget".

Despite such efforts, there is little consensus as to whether the amount of money going into the health system is rising (26%), falling (39%) or the same as it ever was (30%). The reinvestment message has not been convincing to everyone. Nonetheless, the public has clear and strong views about how governments should budget for health in the future.

Percentage of Public and Health Care Professionals who Think the Government Should Spend More to Meet Current Health Care Needs



There is general agreement (73%) that governments should spend more money to meet the health needs of Canadians, as long as governments continue to work on cost-efficiencies in the system. Health care professionals (82% of physicians, 81% of nurses, and 75% of pharmacists) also agree that more money is needed to fund the system.

Canadians who are less impressed with the health system are more likely to think that the government should spend more money. For example, 90% of people who are not at all impressed think that more money should be spent, while only 58% of very impressed individuals feel that way.

If it were necessary to make cuts to budgeted programs, Canadians would choose to protect health care at the expense of other programs (74%) rather than cut health care at the same rate as other programs (20%). In order to protect the health system, a slim majority of Canadians say they would support the introduction of user fees for health care services (24% strongly support, 32% somewhat support). The idea of having those Canadians who can afford it pay for a



Managing Affordability and Sustainability

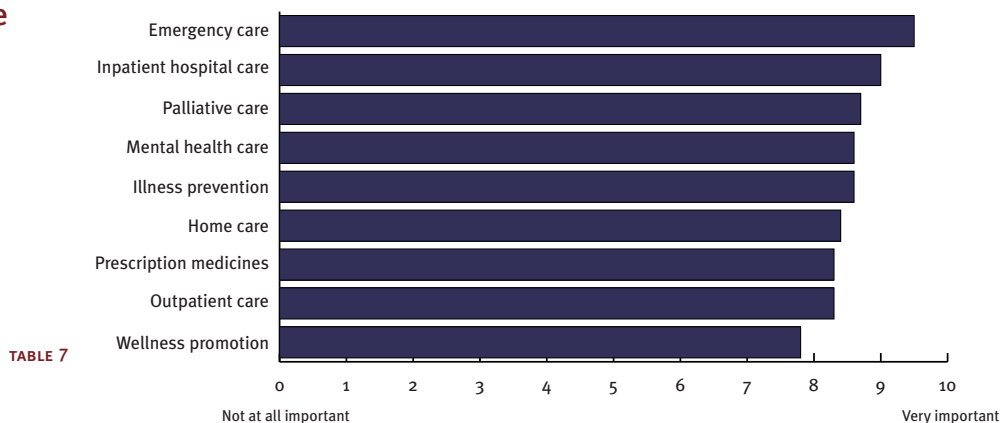
reasonable portion of their health care costs garners much more support (around 70%) as a means of protecting the system.

When looking for savings within the system, most people (78%) advocate investing in measures that could bring long-term improvements to health and savings in the long run. Responding to this desire will likely require moving beyond silo budgeting to identifying measures most able to reduce pressure on the system over the long term.

Canadians want decision-makers to look to overall outcomes, particularly as they affect patient well-being. This would suggest that certain areas such as home care and pharmacare, which might provide better health and long-term savings, would be supported by Canadians as strategically important areas in which to invest. New and innovative medications appear as one investment that Canadians (76% of the public, 73% of physicians, 75% of nurses, and 82% of pharmacists) believe can save the health care system money.

Canadians indicate that they regard health care professionals as best able to manage the effectiveness and efficiency of scarce health care resources. Nearly eight-in-ten Canadians believe that current levels of waste, duplication and overlap still pose a significant (49%, down 2% from 1998) or very significant (29%, up 4%) threat to the viability of the system. Just under half (49%, no change) of Canadians have at least some confidence that governments are able to monitor how well their health dollars are being spent, though only a small minority (5%, no change) say they have a great deal of confidence.

What are the Most Important Components of the Health System?



Canadians feel that it is important for patients to have access to the full continuum of care within the health system. Based on a scale from 1 (not at all important) to 10 (very important), emergency care (9.5) ranks as the most important service, but other aspects of care such as inpatient hospital care (9.0), palliative care for long term illness (8.7), mental health care (8.6), illness prevention (8.6),

Managing Affordability and Sustainability

home care (8.4), prescription medicines (8.3) and outpatient care (8.3) are also very highly rated. No more than 10% of Canadians rate any of these services as unimportant, with the exception of wellness promotion.

The idea that a quality health system delivers the right care at the right time echoes throughout these results, and when Canadians are questioned directly as to whether this should be the guiding principle of a quality health system, 83% strongly agree, while another 15% agree. Developing systems for managing and delivering integrated health care is perhaps the greatest challenge that Canadians are issuing to decision-makers in this year's study.

How Should We Ensure the Future Sustainability of the Health System?

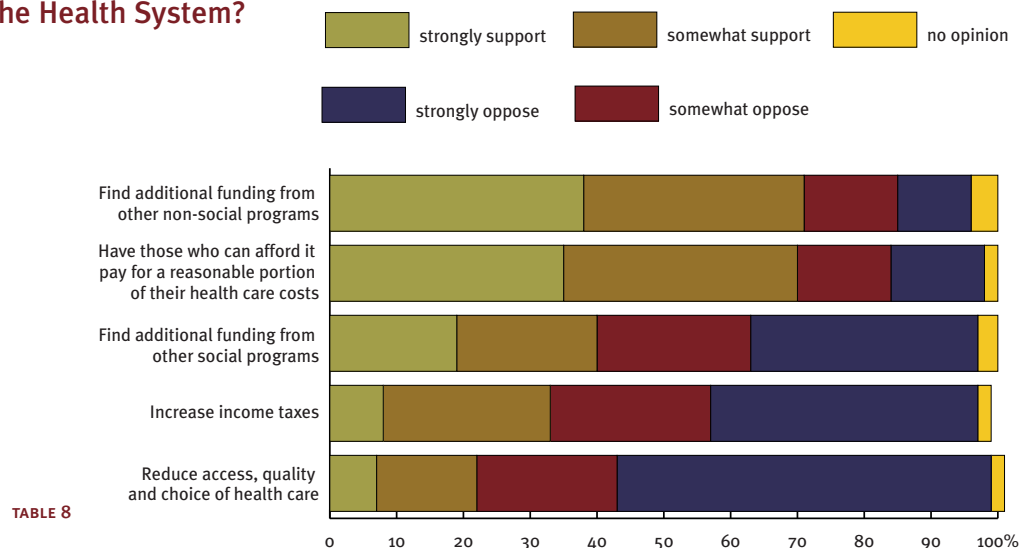


TABLE 8

As the Canadian population ages, one of the most important challenges to the health system will be meeting the increased demand for services in a system that relies on funding from a tax-payer base that is, in relative terms, shrinking. However, only 45% of Canadians have at least some confidence that current governments are planning to ensure that the infrastructure and finances to manage the future demand of the aging population are in place. A majority (54%) lack this confidence.

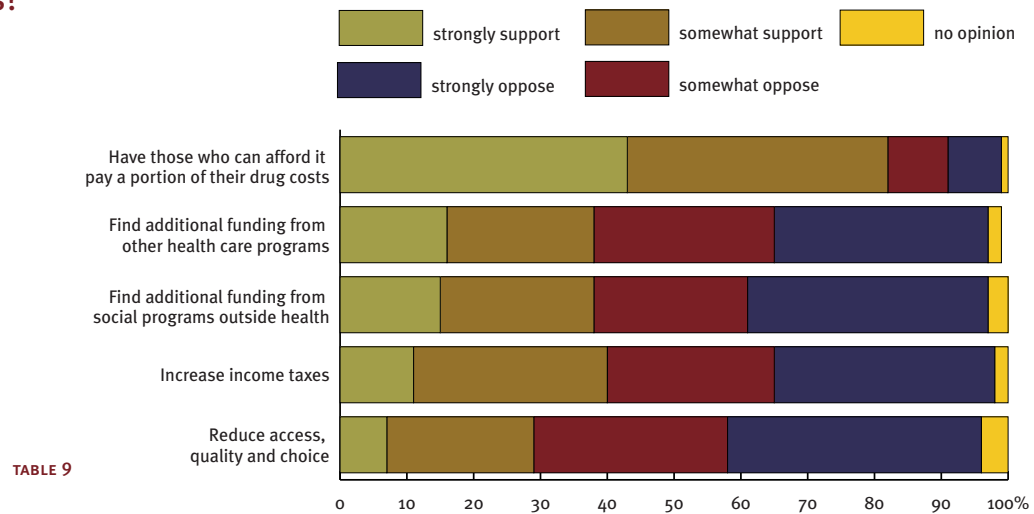
The public respondents were asked their opinion on a number of potential solutions to maintain the long-term sustainability of the system. Overall, there is widespread support for finding additional funding from other non-social programs (71% support, 25% oppose) and for having those who can afford it pay for a reasonable portion of their health care costs (70% support, 28% oppose). In contrast, the majority oppose finding additional funding from other social programs (40% support, 57% oppose), increasing taxes (33% support,



Managing Affordability and Sustainability

64% oppose) or reducing access, quality and choice of health care (22% support, 77% oppose).

How Should We Ensure the Future Sustainability of Provincial Drug Benefit Plans?

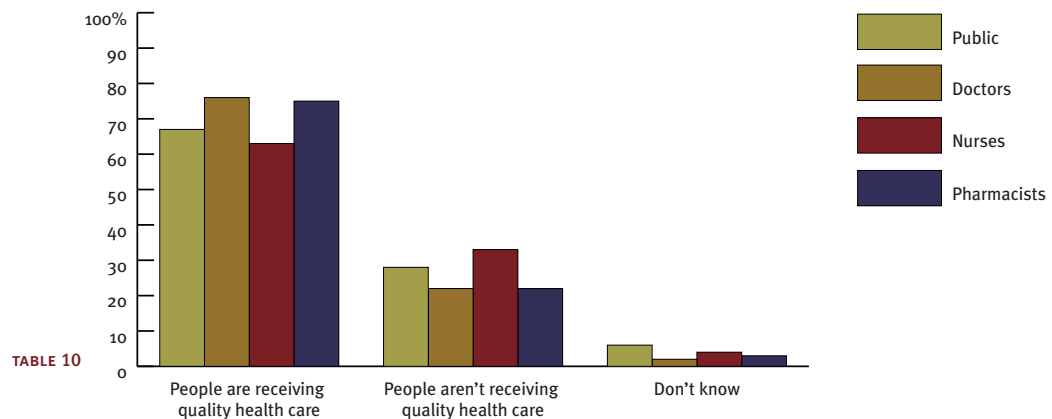


Faced with an anticipated increase in the cost of provincial drug programs, the majority of Canadians support the idea of having those who can afford it pay for a reasonable portion of their prescription costs (82% support, 17% oppose) as many Canadians already do. In contrast, there is considerably less support for alternative solutions such as increasing income taxes (40% support, 58% oppose), finding additional funding from other health programs (38% support, 59% oppose) or finding funding from social programs outside of health care (38% support, 59% oppose). There is even less support for reducing access, quality and choice of drug benefit plans (29% support, 67% oppose) in order to cope with the impact an aging population will have on government drug benefit budgets. This provides a good indication of what might be most acceptable among the measures available to make drug plans sustainable.

These findings indicate that Canadians do not wish to reduce access, quality and choice of their health care and pharmacare programs. Yet, as we will see in the following section, Canadians recognise that quality and timely access is declining, and this contributes to their falling confidence in the health system. If needed, there is willingness to cut program spending outside the social policy envelope to meet the health needs of Canadians. There is also support for having those who can afford it pay for a reasonable portion of their health care and pharmacare costs. ■

Section 3. Access, Quality and Choice

Perceptions of the Quality of Health Care



When asking Canadians about the state of access, quality and choice in the Canadian health system, it becomes clear that both the public and health care providers regard patient care as the ultimate end-point of Canadian health care policy.

Despite diminished confidence in the system, two-thirds of the public (67%, up 4%) feel they are currently receiving quality health care, while an even greater percentage of physicians (76%, up 7%) and pharmacists (75%, up 6%) agree that Canadians are currently receiving quality health care. However, similar to the pattern seen last year, nurses (63%) are the least likely to feel that Canadians are receiving quality health care.

Most people (42%) think that the quality of health care is declining, while just 20% believe it is advancing and 37% characterise it as standing still. Doctors and nurses are more likely than the public to believe that the quality of health care is falling (55% of physicians, 53% of nurses), while only 39% of pharmacists share this view.

Given the importance of the quality of health care and the widespread perception that the quality of care may be declining, it is not surprising that a large majority of Canadians (77%) believe it would be worthwhile to have publicly available report cards that would evaluate the quality of care in various areas such as hospital care, community care, home care and provincial drug plans.

Access, Quality and Choice



What Does Quality Mean in the Health Care System?

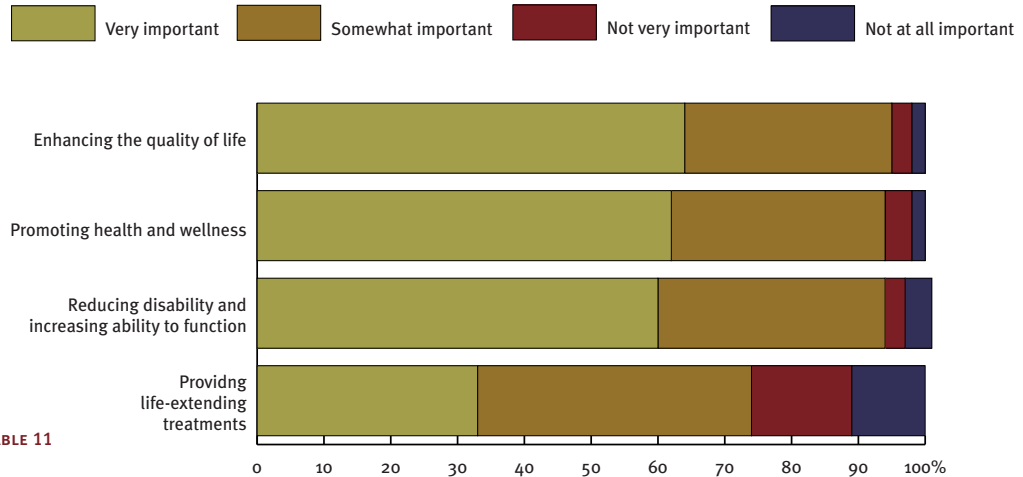


TABLE 11

For most Canadians, if the end-point of the health care system is patient care, the end-point of patient care is enhancing the quality of life rather than just extending the quantity of life. Six-in-ten Canadians say the most important mandate of a quality health system is to enhance the quality of life (64% very important), promote health and wellness (62%) and reduce a patient's level of disability (60%). In contrast, just one-third (33%) believe that providing life-extending treatments is a very important goal for a quality health system. In terms of outcomes, nearly all Canadians agree that quality health care should lead to the best clinical results (71% strongly agree, 24% agree).

Views on New and Innovative Medications

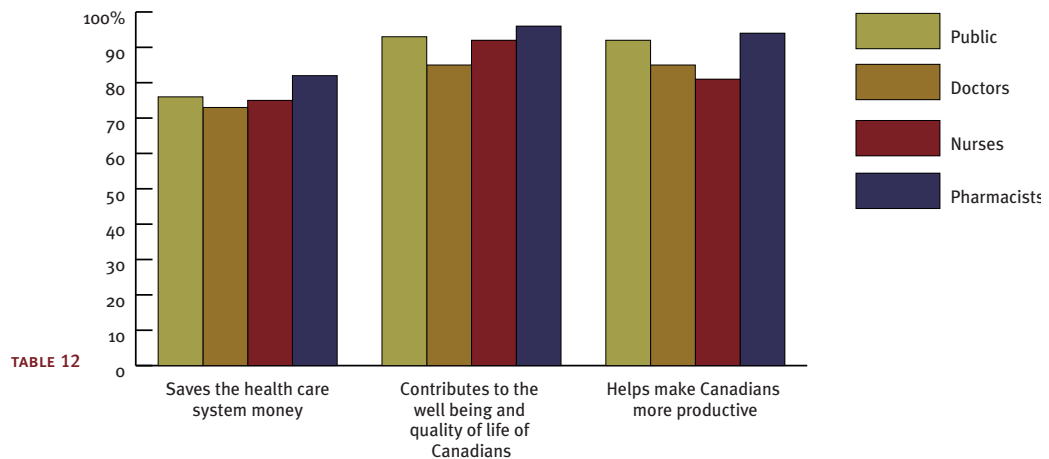


TABLE 12

Access, Quality and Choice

The vast majority of Canadians believe that new and innovative medications make Canadians more productive (82% of the public, 85% of physicians, 81% of nurses, and 94% of pharmacists) and still more believe that new and innovative medications contribute to Canadians' well being and quality of life (93% of the public, 95% of physicians, 92% of nurses, 96% of pharmacists). These findings highlight the importance of new and innovative medications as an important contributor to productivity, quality of life and well-being.

Views on Health Research and the Development of New Treatments and Techniques

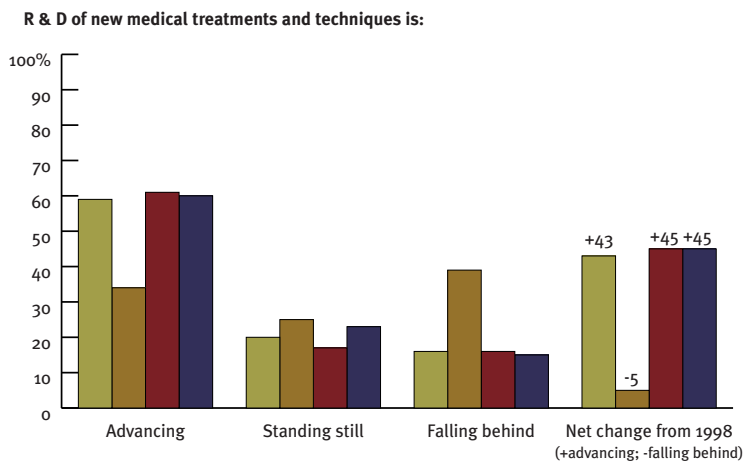
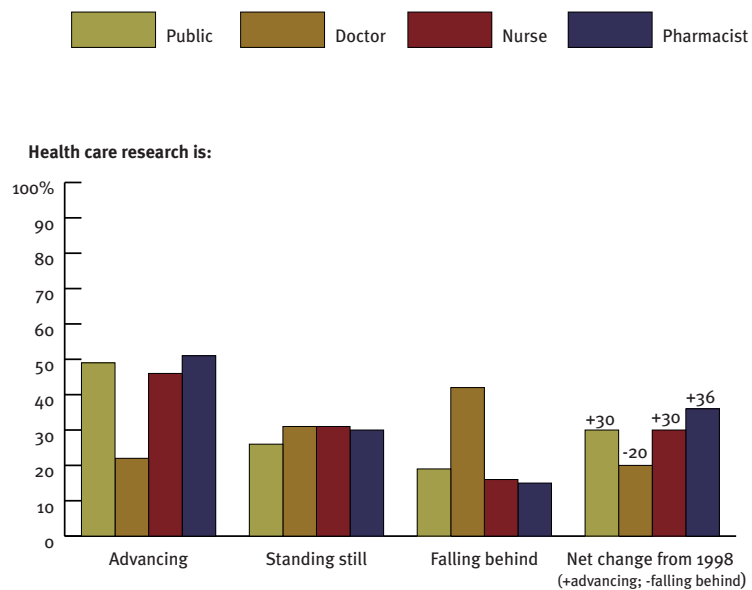


TABLE 13



Views on Access to Health Care

Access, Quality and Choice

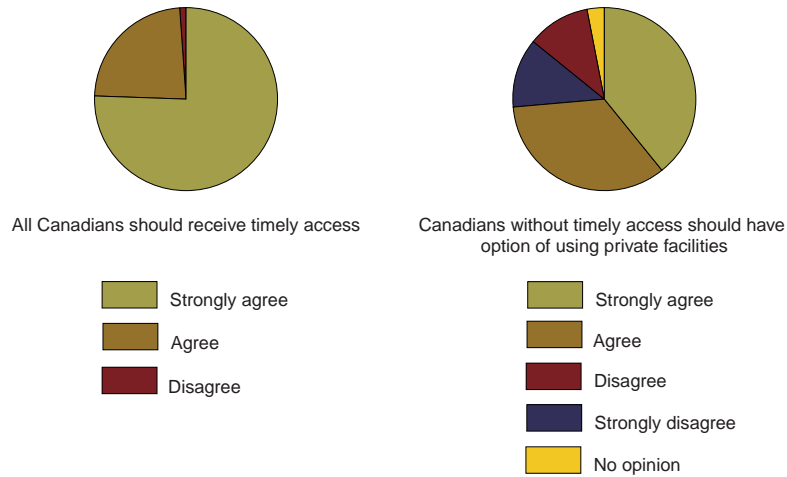


TABLE 14

About half of the Canadian public (49%), nurses (46%) and pharmacists (51%) believe that, in general, health research is advancing in Canada, while fewer than one-in-five believe it is falling behind. Physicians are far more pessimistic about the state of health research, with only 22% believing it is advancing, while 42% believe it is falling behind and 31% believe that it is stagnant.

All four groups are slightly more likely to believe that the research and development of new medical treatments and techniques are advancing (61% of nurses, 60% of pharmacists, 59% of the general public and 34% of physicians). However, physicians are again much more pessimistic than the other groups.

The opinion that health research and research into new medical treatment and techniques are advancing is positively correlated to satisfaction with how well the system is meeting the individual's and all citizens' needs, to confidence in the health system and to the perception that Canadians are receiving quality health care. Canadians who have more positive impressions of the system also have more positive perceptions of advancements in research. For example, only 3% of Canadians who are not at all impressed see the health care system as advancing. This is in great contrast to the 60% of very impressed Canadians who indicate that the health care system is advancing.

Canadians generally believe that a number of patient-based criteria are important in deciding which patients get what type of health care in what time frame. Based on a 1 (not at all important) to 10 (very important) scale, the urgency of need when the patient is evaluated (8.7) and how much the patient is suffering (8.6) are considered to be of greatest importance, while Canadians attribute slightly less importance to the likely consequences of delayed care (8.4) or how much opportunity there is to extend the patient's life (8.1).

There is near universal agreement (98%) that timely access to health care should be available to everyone. If timely access were not available, almost three-

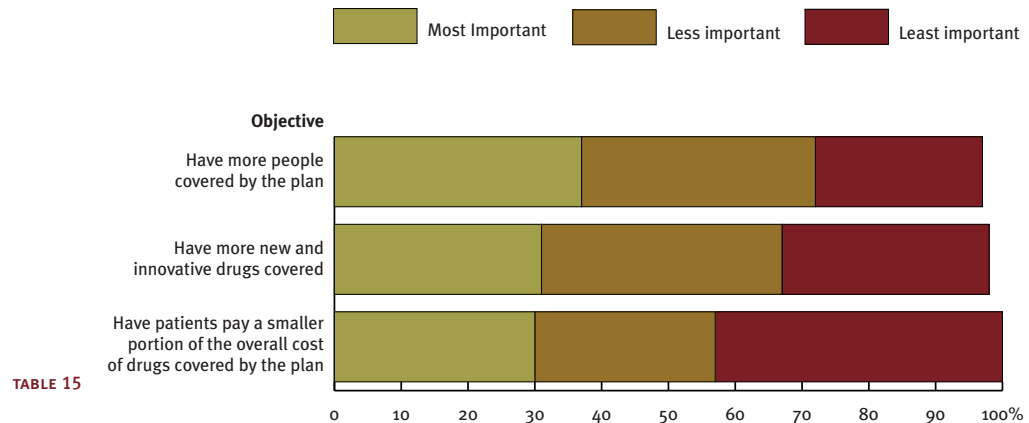
Access, Quality and Choice

quarters of Canadians (73%) feel that patients should have the option of seeking private care using their own resources.

Despite the importance the public attaches to timely access to medical care, and the potential consequences for patients if timely access is not provided, very few Canadians (15%) believe progress is being made in this crucial area. Instead, most believe ground is being lost (45%) or standing still (38%). A considerably higher number of health care providers are of the opinion that timely access to health care is falling behind (84% of physicians, 72% of pharmacists, 65% of nurses).

Furthermore, over nine-in-ten Canadians agree that procedures to treat medical conditions and the availability of the latest high-tech medical equipment, personnel and medications should be consistent from province to province, a sentiment which has grown considerably stronger since last year (66% strongly agree, up 15%, 26% agree, down 17%). At the same time, if they were to discover that procedures, equipment, personnel and medication varied, sometimes widely, from province to province, Canadians indicate that they would become concerned, with half (50%) saying they would be very concerned (up 4% over last year).

How Can Drug Benefit Plans be Improved?



Provincial drug plans across Canada vary widely in terms of access to prescription medications. Variations occur in the following: “who is covered”, “level of coverage” and “what is covered.”

Overall, more Canadians support the objective of expanding drug benefit plan coverage than any other goal, and reducing the portion that patients pay is viewed as less important than expanding the range of treatments covered.

However, there is no consensus regarding what the most important objective should be for the future. Instead, the results support a balance that doesn't compromise “who” and “what” is covered. Furthermore, when asked to trade off the

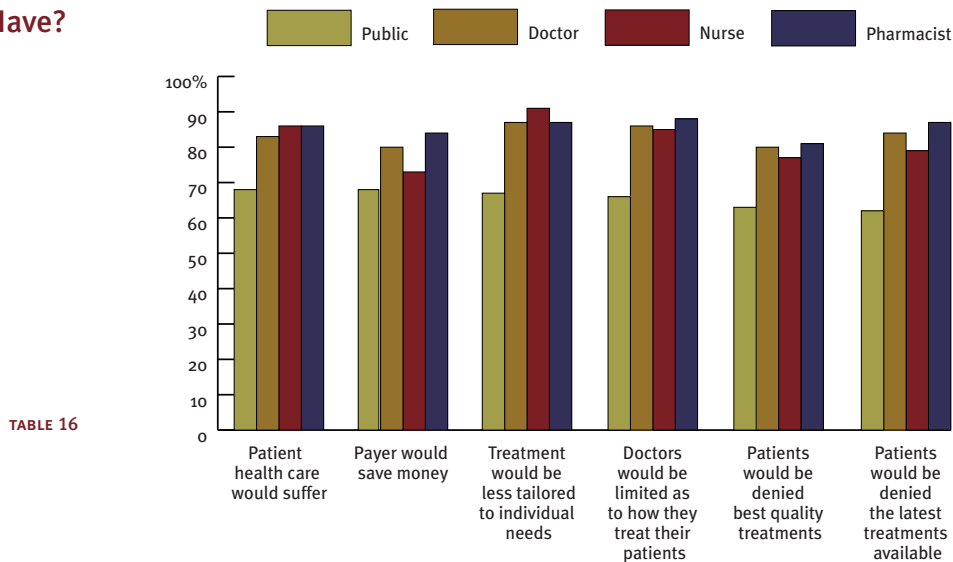


Access, Quality and Choice

following choices: 1) Increasing the portion of the total prescription cost that is paid for by the plan, and 2) Increasing the range of new prescription medications that are covered by the plan; those covered by either public or private plans indicate a preference for increasing the scope of coverage of new prescription medications (59%) rather than increasing the total prescription cost covered by the government or the insurance company (34%). These results are consistent across Canada, with support for increasing the scope of coverage ranging from a low of 58% in BC, Ontario and Atlantic Canada to 59% in Quebec and 66% in the Prairie Provinces.

These findings suggest that Canadians do not want to reduce their access to new and innovative medications and are willing to make the trade-off of paying a higher portion of drug costs in order to ensure access and choice.

What Effect do Guidelines that Restrict Treatment Reimbursement Have?



Canadians and their health care providers are clearly aware of the value of having a full range of prescription medications for the physician and patient to select from when making a treatment decision. Public drug benefit plans, and to a lesser extent, private plans, have set up very specific criteria or guidelines that are aimed at limiting the use of certain medications; reimbursement is made only if these criteria are met or guidelines are followed.

Nearly two-thirds of Canadians with a drug plan oppose having their drug plan set up criteria or guidelines that would restrict the treatments paid for (63% oppose, 30% support). As the table above illustrates, over six-in-ten members of the public agree that there would be a number of negative outcomes if drug plans were to set up criteria or guidelines that would restrict which treatments are paid for. Those involved in providing health care are even more likely to foresee these consequences. ■

Section 4. Patient-Physician Interaction: Treatment Decisions and Information Needs

The survey looked at the interaction between patients and physicians in Canada by asking a series of questions to people who have made use of the health care system in the past year, both by visiting a doctor and by receiving treatment for a health condition. These people will be designated as “patients” in this section.

The doctor remains the number one source of information on health conditions and treatments (49%). Fewer patients turn to print media such as books and journals (23%), newspapers (12%) or magazines (11%). Internet technology is mentioned by 19% followed by television (12%) and word of mouth (11%).

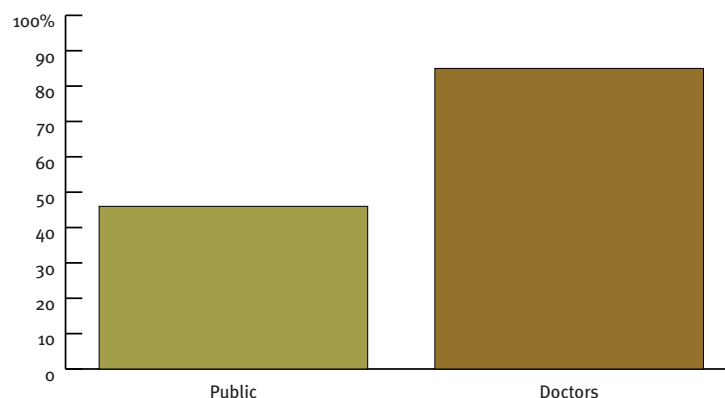
Four-in-ten (39%) patients report that their doctor always offers reasons for his or her treatment decision without being asked. Just half of doctors themselves say they always offer reasons for treatment decisions without being prompted by their patient (49%). Relatively few physicians (6%) say that they only rarely or never (4%) offer reasons for their treatment decisions.

Most patients who have been treated for a health condition say they are active participants in their treatment regimen, with just under half (49%) asking their doctor the reasons for a treatment decision all the time, and another third (33%) sometimes asking. Another 11% say that they question the doctor on rare occasions and 7% admit they never pose these questions to their doctor. This pattern of interaction appears to satisfy the majority of patients, as fewer than a quarter of patients say they don't think their doctor spends enough time with them (22%) or doesn't provide enough information to help them participate in the decision as to which treatment would best suit their lifestyle and preferences (19%).

There is widespread consensus among health care providers that informed patients are more likely to be involved in the process of choosing the most suitable medication for themselves (78% of doctors, 85% of pharmacists, 88% of nurses) and are more likely to be compliant when taking medication (89% of doctors, 90% of nurses, 93% of pharmacists).

Does Drug Benefit Plan Coverage Affect Treatment Decisions?

TABLE 17





Patient-Physician Interaction

While most physicians (88%) say they have asked at least some of their patients about their drug benefit coverage before writing a prescription, just over half (56%) of patients indicate that their physician has requested such information. This may be explained by the fact that physicians often have prior knowledge of the patient's coverage. Of those who have been asked about their drug benefit coverage status, over half say their doctor has either frequently (35%) or sometimes (29%) discussed treatment options based on which medications were covered by the drug plan.

Regionally, residents of Atlantic Canada (73%) and Ontario (67%) are much more likely than those living on the Prairies (36%) or in British Columbia (40%) to indicate that their doctor has asked about their drug benefit coverage.

There is a significant disparity between the impact patients believe their drug benefit coverage has on their doctor's decisions and physicians' own acknowledgement of the impact coverage information has on their decisions. Of the physicians who have requested a patient's coverage information, 85% say that this knowledge affected their treatment decision, while only 46% of those patients who have been asked about drug coverage believe that their response influenced prescription decisions made by their physicians.

The survey asked both physicians and patients whether they thought that the special administrative processes physicians must follow to get a patient's drug reimbursed under many private and public plans would affect the physician's prescription decision; i.e. if he or she would prescribe another drug in order to avoid the administrative process.

Only 21% of patients with drug plan coverage believe that their physician must follow a special administrative process to ensure that their drug plan pays for certain prescription medications. While 57% maintain that their doctor is not required to follow such a process, a sizeable minority (22%) is unsure whether their physician has to follow a special administrative process for certain prescription medications.

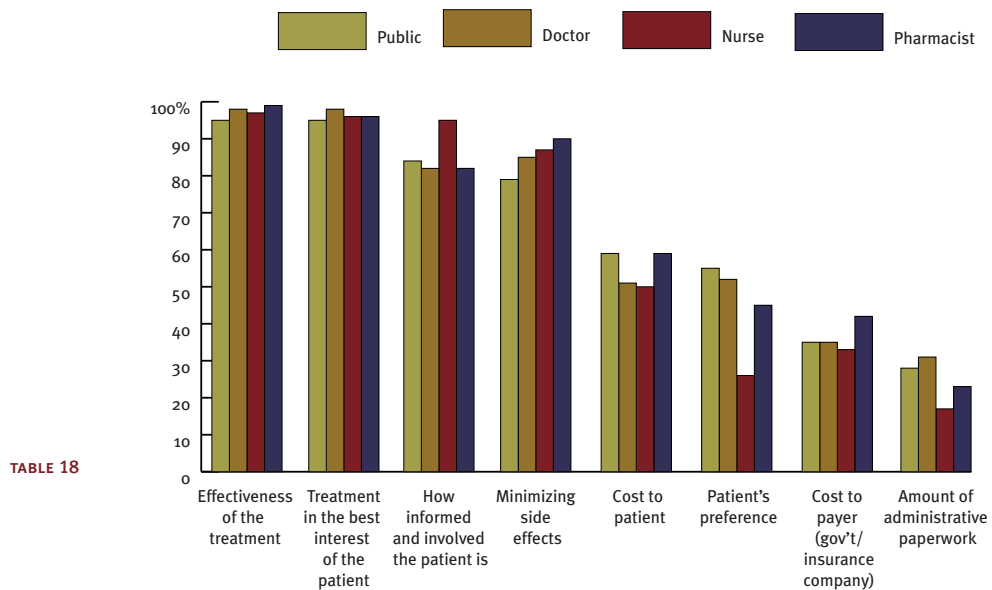
While a third (33%) of patients covered by drug plans believe that their physician would prescribe a different medication if administrative procedures were involved, over seven-in-ten physicians themselves report that their prescribing patterns would change under these circumstances (10% for all of their patients, 21% for the majority of their patients and 41% said that they would prescribe different medications to up to half of their patients). If the administrative process were simplified, such as requiring only a justification code on a prescription, 62% of physicians still maintain that they would prescribe a different medication for at least some of their patients (average of 34% of patients, down from 41% with a non-simplified process).

Most patients who are covered by drug benefit plans, understandably, would be either somewhat bothered (36%) or bothered a great deal (27%) if they learned that their access to medications was being deterred by special administrative processes. One-third (34%) would not be bothered at all by having a different medication substituted due to an administrative process.

Patient-Physician Interaction

It should be noted that no information was given about the nature of the different medications such as their relative efficacy or side-effect profile. Nevertheless, the thought that their physicians' prescribing could be altered by the presence of an administrative process is troublesome to almost two-thirds of Canadians (27% would be bothered a great deal and 36% would be somewhat bothered).

Importance of Medical Treatment Decision Factors

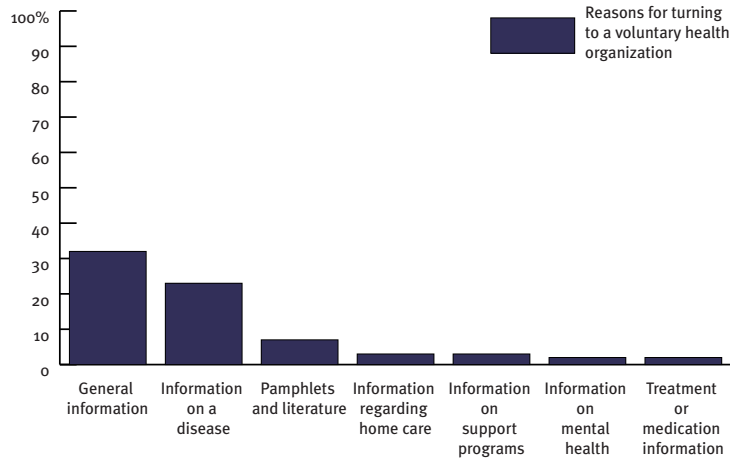


As the following table illustrates, physicians, nurses, pharmacists and the public all agree that the most important factors to be considered in medical treatment decisions include the effectiveness of the treatment, the best interest of the patient, how informed and involved the patient is and minimizing side-effects. Overall, the least important factors should be the cost to the payer (government and insurance companies) and the amount of administrative paperwork involved. ■

Section 5. Stakeholder Roles and Responsibilities

Voluntary Health Organizations

TABLE 19

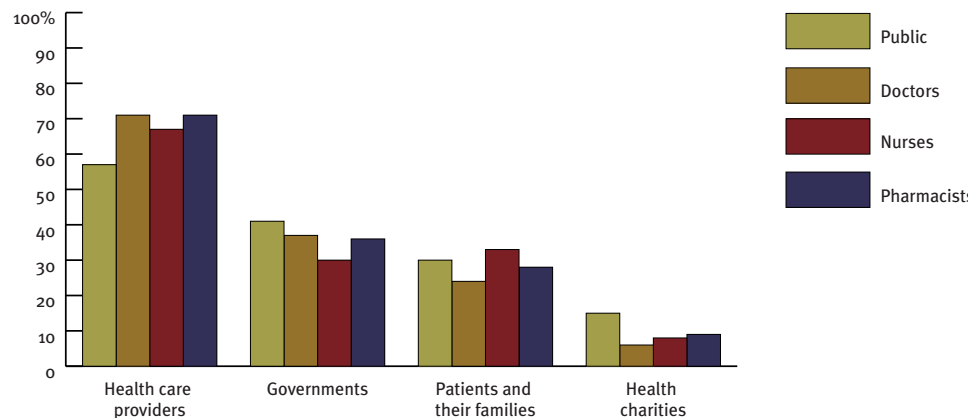


More than a quarter of Canadians (27%) say they have reached out to a voluntary health organization, whether for information or for help at least once. Table 19 describes the reasons people turn to voluntary health organizations. The majority of those who have never reached out to a voluntary health organization say they simply haven't had reason to (69%).

Eight-in-ten Canadians say they have contributed time or money to a voluntary health organization (19% have given both time and money, 46% have just given money and 15% have just given time). Those who have not given time to a voluntary health organization most frequently say this is because they are too busy (39%) or do not have a reason to contribute their time (24%). Others say they have never thought about it (5%), have health problems (4%) or volunteer in other areas (4%). Those who have never contributed money most frequently mention their inability to afford it (37%), though 22% say they don't have any reason for not contributing money.

Who Should Play a Lead Role in Setting Policies to Protect Patients and Ensure the Best Care?

TABLE 20



Stakeholder Roles and Responsibilities

Fifty-seven percent of Canadians believe health care providers such as doctors, nurses and pharmacists should take a lead role in setting policies to protect patients and ensure that they get the best care possible. An additional 38% believe these stakeholders should assume a significant, although not leading, role. Only a small minority believe that health care providers should not be involved at all (1%) or should play only a minor role (4%) when it comes to determining policies that would protect patients and ensure the quality of their care.

A large majority of health care providers strongly support the idea that they should have a lead role in setting policies to protect patients and ensure they get the best care (71% of physicians, 67% of nurses, 71% of pharmacists). The remainder feel they should have no less than a significant role (27% of physicians, 33% of nurses, 29% of pharmacists). Fewer respondents believe that either governments (41% lead role, 39% significant role) or patients and their families (30% lead role, 55% significant role) should be taking the lead role to develop these policies.

Many health care providers (42% of physicians, 44% of nurses, 45% of pharmacists) also feel that governments should occupy a significant, although not leading, role. Some (37% of physicians, 30% of nurses, 36% of pharmacists) however, believe that government should play a leading role. Very few (13% of physicians, 20% of nurses, 16% of pharmacists) health care professionals believe that the government's role should be only minor. The government is thought to have no role in setting policies by only handful of health care providers (8% of physicians, 6% of nurses, 2% of pharmacists).

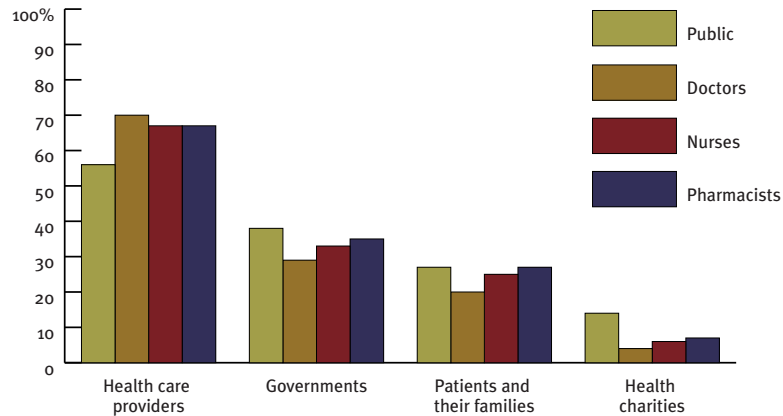
Few health care professionals (24% physicians, 33% nurses, 28% pharmacists) feel that it is the role of patients and their families to lead the process of setting policies. However, most agree (62% of physicians, 63% of nurses, 57% of pharmacists) that patients and their families should play a significant role. Still fewer (14% of physicians, 4% of nurses, 14% of pharmacists) believe that patients and their families should play only a minor role in setting policies. Few believe that health charities should assume a lead role (15% of the public, 9% of pharmacists, 8% of nurses, 6% of doctors). Most believe that, when it comes to setting policies to protect patient care, the role of health charities should be either insignificant or minor.



Who Should Play the Lead Role in Managing Priorities and Balancing Quality and Efficiency?

Stakeholder Roles and Responsibilities

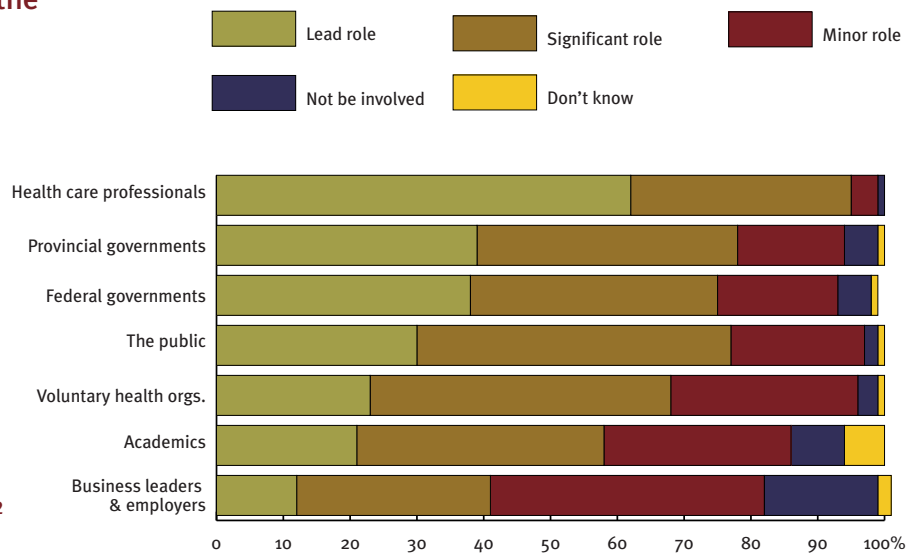
TABLE 21



A similar pattern was found in questions about who should be managing priorities and the balance between quality and efficiency in the health care system. Fifty-six percent believe health care providers such as physicians, nurses and pharmacists should take the lead role, compared with 38% who believe it is the government’s responsibility to assume the lead role. Twenty-seven percent believe patients and families should take a lead role, while 14% believe health charities should take the lead role. As the above table illustrates, health care professionals echo these views.

Who Should Play a Lead Role in Shaping Reforms of the Health System?

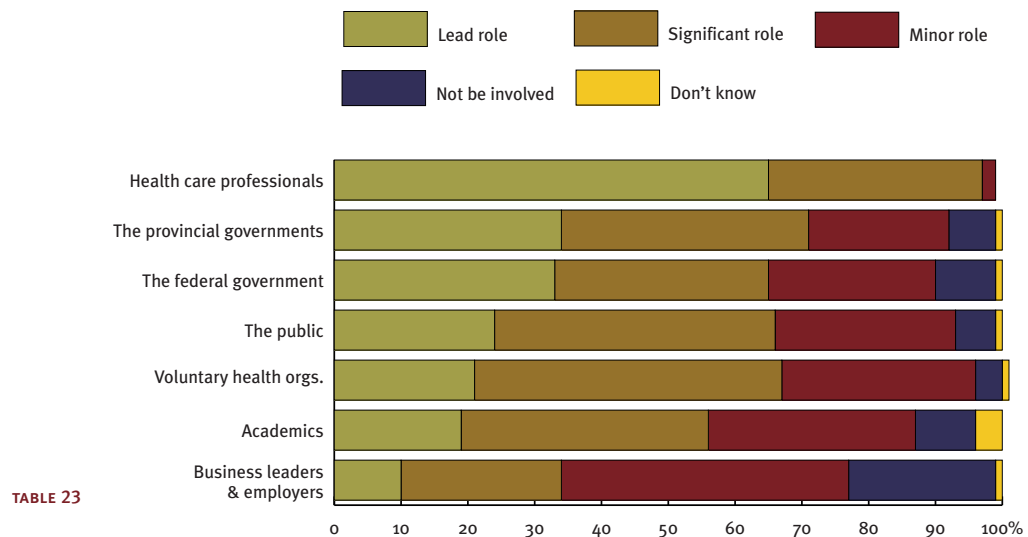
TABLE 22



Stakeholder Roles and Responsibilities

Compared with last year's results, Canadians are now considerably more likely to favour having health reforms led by health care professionals (62%, up 14%) rather than by the provincial government (39%, up 5%) or the federal government (38%, down 2%). Similar to last year's results though, only a relative minority believe that academics (21%), voluntary health organizations (23%) and the general public (30%) should take the lead role in shaping health care reforms. However, virtually all Canadians believe these stakeholders should be involved in at least a minor role. Canadians continue to accord business leaders the least amount of responsibility for shaping reforms in the health system (12% lead role, 29% significant role, 41% minor role, 17% not be involved).

Who Should Determine Guidelines on How to Treat and Manage Illness?



Earlier in the study, evidence was presented of public concern that patient health would be affected if guidelines were put in place that limited access to certain therapies. At the same time, there is strong evidence of the trust that Canadians put in their health care professionals. Consequently, two-thirds of Canadians (65%) believe that health care professionals should assume the lead role when determining guidelines regarding how to treat and manage illness, while another 32% believe they should have a significant role.



Stakeholder Roles and Responsibilities

In comparison, only a third believe that either the provincial (34%) or federal (33%) governments should lead the development of clinical practice guidelines. Few believe that the provincial (7%) or federal (9%) government should not be involved at all. A quarter of all respondents (24%) would like to see the public take a lead role in determining guidelines to treat and manage illness, a third believe the public should be limited to a minor role (27%) or should not have any role at all (6%). A higher proportion (42%) believes the public should assume a significant role.

Stakeholders such as voluntary health organizations (21% lead role, 46% significant role, 29% minor role, 4% not involved at all), academics (19% lead role, 37% significant role, 31% minor role, 9% not involved at all) and business leaders and employers (10% lead role, 24% significant role, 43% minor role, 22% not involved at all) are not perceived by respondents as significant players in the development of treatment guidelines. ■

Fax us your comments

on the 1999 National Survey of Health Care Providers and Users

Health Care
in Canada

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Name: _____

Affiliation: _____

Telephone number: _____

Comments on this year's survey: _____

What questions would you like to see in next year's survey? _____

Key messages

Canadian Outlook on Health Care: Canadians take pride in Canada's health system but their confidence is eroding. Specifically, Canadians and health care providers are concerned that the quality of care and timely access to care is deteriorating.

Managing Affordability and Sustainability: Canadians believe that current levels of waste in health care threaten the system's viability. However, Canadians want increased spending to address health care needs and are willing to protect the system at the expense of other non-social programs. Canadians are prepared to support out-of-pocket payments or user-fees if these are needed to protect the system. Canadians are also willing to pay to improve their access to new medications.

Access, Quality and Choice: Timely access to health care is vitally important to Canadians, and almost three-quarters would be willing to use their own resources. They feel that they should have the option of seeking private care if timely access is not available. Also, more than three quarters of Canadians and health care providers believe that new and innovative medications save the health system money.

Patient-Physician Interaction: Health care providers believe that restrictive drug plans adversely affect patients and that administrative processes to assure reimbursement deter patients' access to medications.

Roles and Responsibilities: Canadians want health care providers to take a lead role in determining health policy, with the cooperation of patients, health charities and governments. They also believe that health care providers should lead the process in finding a balance between quality and efficiency in the health system.

