



Health Care in Canada

A national survey of health care
providers and users

BROUGHT TO YOU BY: Merck Frosst Canada & Co.; POLLARA Research; Coalition of National Voluntary Organizations; Canadian Medical Association; Canadian Nurses Association; Canadian Association of Community Care; Canadian Home Care Association

Health Care in Canada



The Health Care in Canada survey has been tracking the views of Canadian citizens and health care providers for three years now. It provides an ongoing and in-depth look at how people view the overall well-being of the health care system, how well the system is responding to their needs, and what steps are considered necessary to resolve problems in the system.

This year, a greater number of partners working in collaboration resulted in better questions and a clearer picture of the challenges faced by Canada's doctors, nurses and other health workers. We also took on the challenge of involving home care workers in the survey, but faced barriers in accurately identifying and contacting a representative sample population to survey. New ways will have to be found to investigate the views of this diverse and relatively unstructured group of health professionals.

Some questions are repeated year after year to track progress or deterioration in the quality, timeliness and comprehensiveness of health care. Other questions have been added to reflect new issues and the perspectives of new survey partners. The survey continues to provide a unique look at the opinions of both the general public and health care providers in order to compare their views on important health issues.

The survey is sponsored by Merck Frosst Canada & Co., and the questionnaire is developed in partnership with POLLARA Research, the Coalition of National Voluntary Organizations, the Canadian Medical Association, the Canadian Nurses Association, the Canadian Association of Community Care and the Canadian Home Care Association. In September 2000, a national telephone survey of 1200 adult Canadians, 200 physicians, 200 nurses and 200 pharmacists was conducted. Results for the public responses are considered accurate to within $\pm 2.9\%$, 19 times out of 20, while the margin of error for the health care provider responses is $\pm 7.1\%$, 19 times out of 20.

We hope the survey can provide meaningful direction for health care decisions that is truly reflective of the priorities and concerns of Canadian health care providers and users.

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About the partners in the 2000 National Health Care Survey

The Canadian Association for Community Care

Website: www.cacc-acssc.com

The Canadian Association for Community Care (CACC) is the national voice for community care. It works to promote the development of a range of high-quality, flexible, responsive and accessible community care services within the continuum of health care in Canada.

The Canadian Home Care Association

Website: www.cdnhomecare.on.ca

The Canadian Home Care Association (CHCA) is the leadership voice and access point for information and knowledge for home and community care. It represents the national scope of disciplines and structures in home care. The CHCA works to communicate best practices at the national, provincial and local level, to provide information and direction about new technologies in areas of treatment, service delivery and information management for home and community care, and to advocate for the development and maintenance of a knowledgeable, competent and effective workforce. It leads the development of national policy regarding the role of home care in the integration of the continuum of health and human services.

The Canadian Medical Association

Website: www.cma.ca

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to provide leadership for physicians and to promote the highest standard of health and health care for Canadians.

The Canadian Nurses Association

Website: www.cna-nurses.ca

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nursing associations representing more than 110,000 registered nurses. The Canadian Nurses Association's mission is to advance the quality of nursing in the interest of the public. Toward this end, it promotes high standards of practice, education, research and administration.

The Coalition of National Voluntary Organizations

Website: www.nvo-onb.ca

The Coalition of National Voluntary Organizations (NVO) is a not-for-profit organization which promotes volunteerism and enhances the profile of Canada's voluntary and charitable sector. NVO is an umbrella coalition that has as its members 130 national voluntary charities active in a variety of fields ranging from health and social services to the environment, justice, education and international development. NVO links its member organizations by acting as a forum for information exchange and dialogue, and as a vehicle for sectoral voice on matters of common interest.

Merck Frosst Canada & Co.

Website: www.merckfrosst.ca

Merck Frosst is Canada's leading research-based pharmaceutical company, with a long record of innovation and long commitment to the prevention and treatment of disease. Since Charles E. Frosst founded the company in Montreal at the turn of the century, Merck Frosst has been a leader in pharmaceutical research — developing and producing medicines that alleviate suffering, as well as prolong and enhance the lives of Canadians and people around the world. Merck Frosst Canada & Co., the Canadian subsidiary of Merck & Co., Inc., is engaged in the discovery, development, manufacturing, marketing and sales of a wide range of prescription medicines for human health.

POLLARA Research

Website: www.pollara.com

POLLARA is the largest Canadian-owned public opinion and market research firm. POLLARA is a recognized leader in building strategies based on leading edge public opinion and market research.

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INTRODUCTION

The Health Care in Canada survey has been tracking the views of Canadian citizens and health care providers annually since 1998. This year, Merck Frosst Canada & Co. worked with the Coalition of National Voluntary Organizations, POLLARA Research, the Canadian Medical Association, The Canadian Nurses Association, The Canadian Association of Community Care and The Canadian Home Care Association to design more targeted questions that delve deeper into the challenges faced by Canada's health care workers. The 2000 survey looks, in particular, at the six following areas:

1. General attitudes concerning the health care system
2. Making the system accountable
3. Tough choices toward sustainability
4. Who decides coverage?
5. A broader vision of health
6. Federal and provincial roles

METHODOLOGY

This report contains results of a national telephone survey of 1,200 adult Canadians (conducted between September 6 and September 14, 2000) as well as 200 physicians, 200 nurses and 200 pharmacists (conducted between September 15 and October 6, 2000) about their views on different aspects of health care in Canada. Results for the public responses are considered accurate to within $\pm 2.9\%$, 19 times out of 20, while the margin of error for the health care provider responses is $\pm 7.1\%$, 19 times out of 20.

Key findings

General attitudes concerning the health care system
For the third year in a row, the majority of Canadian health care providers and users expressed declining confidence in the health care system, with 51% of the public,

59% of doctors, 58% of nurses and 45% of pharmacists reporting declining confidence.

This year saw a significant jump in members of the public who worry that Canadians are not receiving quality health care today, to 41%, from 28% in 1999 and 31% in 1998. Timeliness of access to care was considered the biggest problem, with 52% of the public, 73% of doctors, 67% of nurses and 63% of pharmacists stating they were somewhat or very unsatisfied with Canadians' current ability to obtain timely care.

A lack of funding remains the most important health care issue facing Canada, according to both the public and health care providers, but other resource scarcity issues such as lack of staff, work overload and long waiting times, are now a major concern.

Making the system accountable

Most Canadians (58%) are at least somewhat satisfied with how accountable health care providers are to the public, but this stands in sharp contrast to the low level of satisfaction with government accountability. Only 30% of the public and even fewer health care professionals believe the government is sufficiently accountable to the Canadian public for the state of health care. The public and health care providers are clearly dissatisfied with the amount of input they have on decisions about the future of health care. Only 29% of the public, 27% of pharmacists, 22% of nurses and 15% of doctors feel they have enough input into health care reform decisions.

Executive summary

Canadians believe that all stakeholders should be consulted before any limitations are made to publicly funded health services. Nine in 10 Canadians agree that patient representatives should be consulted regarding decisions to limit health care services, such as what drugs are covered. A similarly high number agree that health care providers (85%), the general public (84%), and groups representing tax payers (82%) should be consulted. Over half of all Canadians (53%) agree that research-based pharmaceutical companies should be consulted in these decisions as well.

Tough choices toward sustainability

Canadians are willing to make tough choices to maintain their health care system for the future. However, they want to be involved in decisions about what remains covered under medicare and they want decision makers to be accountable for their decisions about which health care services are paid for by public funds: 82% of nurses, 70% of both doctors and the public, and 63% of pharmacists consider this accountability very important.

Canadians would support a number of measures to deal with higher costs of health care as the aging population increases demands on the system. Greater emphasis on keeping people healthy through health promotion and disease prevention receives support from 91% of Canadians. Close to half (48%) of Canadians would support the introduction of co-payments for services such as doctor visits. And two thirds of Canadians (67%) would support finding additional funding from non-social programs such as defense. There is less support for finding money from other social programs (42%) or increasing taxes (39%) to sustain health care.

Canadians are not, however, willing to compromise the range of services covered by medicare or choice within the system in order to deal with increased costs. Eighty percent of the public is opposed to decreasing the number of services covered by medicare, 75% oppose limiting the choice in the health care system, and 67% are opposed to limiting the introduction of new health technology as ways

of controlling health care costs. In fact, nine in 10 Canadians believe that provincial governments should fund all health services that are proven to improve health.

Who decides coverage?

In deciding which services should be covered, 93% of the public and 70% to 76% of health care providers believe that the impact of a therapy on quality of life should be an important factor. An equally high number believe that the impact on prevention of disease should play a significant role in public coverage decisions. The impact on survival, the number of people who could benefit from a service and the impact on one's ability to be physically independent were also considered very important factors by a great majority of health care providers and users.

In terms of drug plan coverage, only 11% of Canadians covered by a drug benefit plan and 8% of those with government drug plan coverage believe their plan covers all new drugs approved by Health Canada, while 30% and 34% respectively believe their coverage includes at least three quarters of all new drugs. This contrasts with the finding that 71% of Canadians and 48% of physicians believe that at least three quarters of federally-approved drugs should be covered by drug benefit plans.

Drug plans that impose administrative procedures to access medications do have an influence on physician prescribing behaviour. Sixty-eight percent of doctors say that a patient's coverage influences their choice of treatment, and half of the Canadian public states they think their doctors' prescriptions are influenced by drug plan coverage or their ability to afford a particular medication. As well, 58% of pharmacists estimate that over 25% of drugs originally prescribed by a patient's physician are changed due to formulary restrictions. Over one third (39%) of all doctors believe that drug plan limitations on the type of

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patients eligible to receive reimbursement for a drug have a negative impact on their ability to provide quality pharmaceutical therapy to their patients.

Administrative procedures also affect the choice of prescription drug therapy, with 41% of doctors saying they would prescribe a different medication for at least half of their patients if they could avoid the administrative work.

Physicians and pharmacists are dissatisfied with the amount of time they must spend on administrative tasks to comply with drug plan requirements and do not feel they are adequately compensated for this work. Pharmacists state that nearly 15% of the prescriptions they dispense are initially rejected or delayed because of the need for pre-authorization or approval from the patient's drug plan. Furthermore, on average, pharmacists estimate that nearly 45% of the original prescriptions are changed after contacting a prescribing physician because of a formulary restriction.

A broader vision of health care

Part of the solution to increasing costs is to keep the population healthier, which involves a greater emphasis on disease prevention and health promotion. As well, it involves using non-intensive forms and locales of treatment more effectively. There is an overwhelming consensus among Canadians (91% support) that the health care system should place more emphasis on health promotion and disease prevention, and that this would help offset the impact of an aging population on the cost of health care.

There is also strong support (89%) for having in-home health care covered by medicare in the same way that hospital care is. Two thirds of Canadians (65%) support shifting from hospital care to less expensive forms of care and most Canadians (53%) would prefer to recover from an illness or surgery in their own home.

Federal and provincial roles

Canadians are overwhelmingly supportive of the federal government assuming an important role in health care.

Respondents make the distinction, however, between setting broad directions and standards and actual program delivery. Having the federal government work with the provinces to develop national health goals receives support from 87% of Canadians, while 88% support the federal government working with the provinces to develop and fund a national home care program. More than 80% of Canadians support public reporting on how well each province is delivering care, and 85% support the development of national standards against which provincial care could be measured. ●



Report on survey findings:

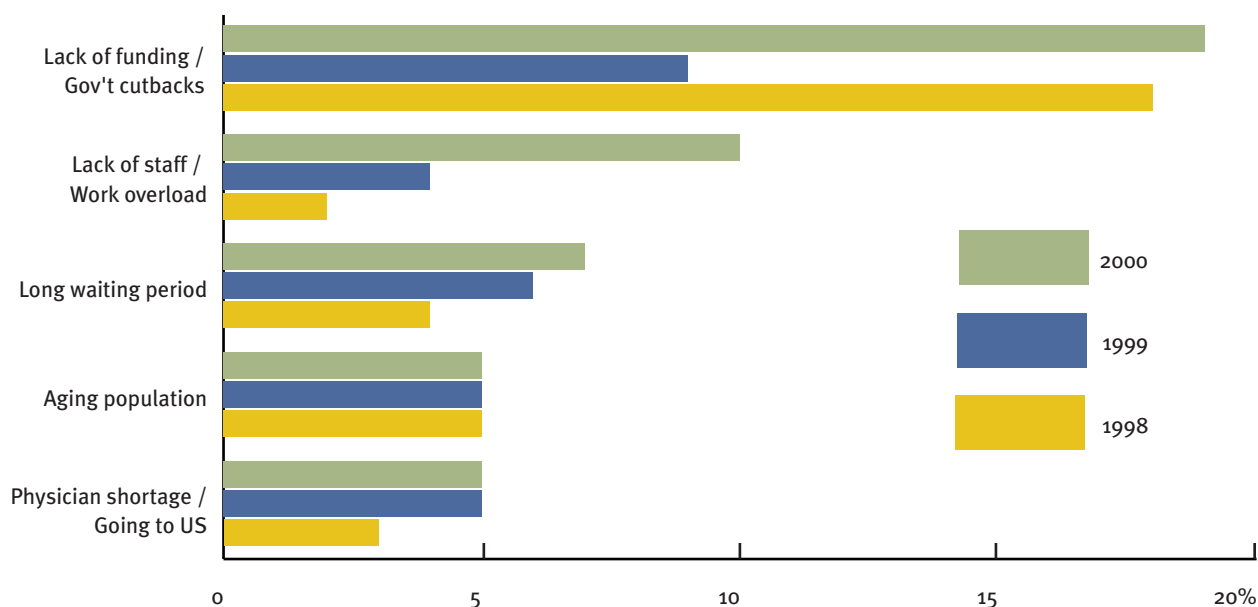
1. A question of confidence: general attitudes concerning the health care system
2. Making the system accountable
3. Tough choices toward sustainability
4. Who decides coverage?
5. A broader vision of health
6. Federal and provincial roles

Section 1. A question of confidence: general attitudes concerning the health care system

The Canadian public once again regards lack of funding and government cutbacks as the most important issue in health care, with 19% mentioning it specifically. The 1999 survey reported a drop to 9% of Canadians specifically concerned about insufficient funding, which may have been attributable to health budgets passed that year. But confidence in the adequacy of government funding has obviously not endured. An even greater portion of Canadians today than in 1998 regard funding and cutbacks as the most important issue, and related resource scarcity issues have also become more prominent.

TABLE 1

What does the Canadian public think is the most important health care issue facing Canada? 3-year comparison



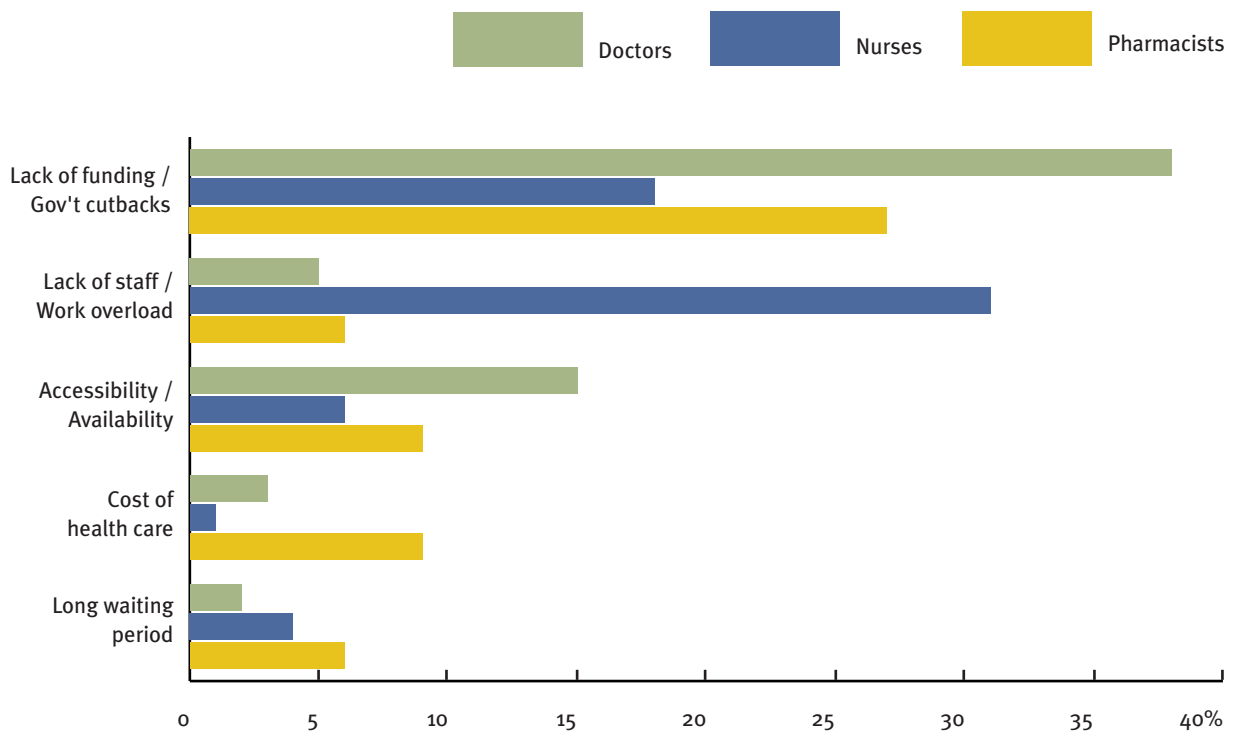
Staff overload and shortages are recognized as an increasing problem, with 10% of Canadians identifying these issues as the most important in health care today, up from 2% in 1998 and 4% in 1999. Another 7% point to long waiting periods as the most significant issue of the day.

Among health care professionals, lack of funding and government cutbacks are underlined as the most important issue by 38% of doctors, 27% of pharmacists and 18% of nurses. For nurses, the problem comes second to lack of staff and work overload, which 31% fully identify as the most important issue facing health care.

A question of confidence

TABLE 2

What do health care providers think is the most important health care issue facing health care today?

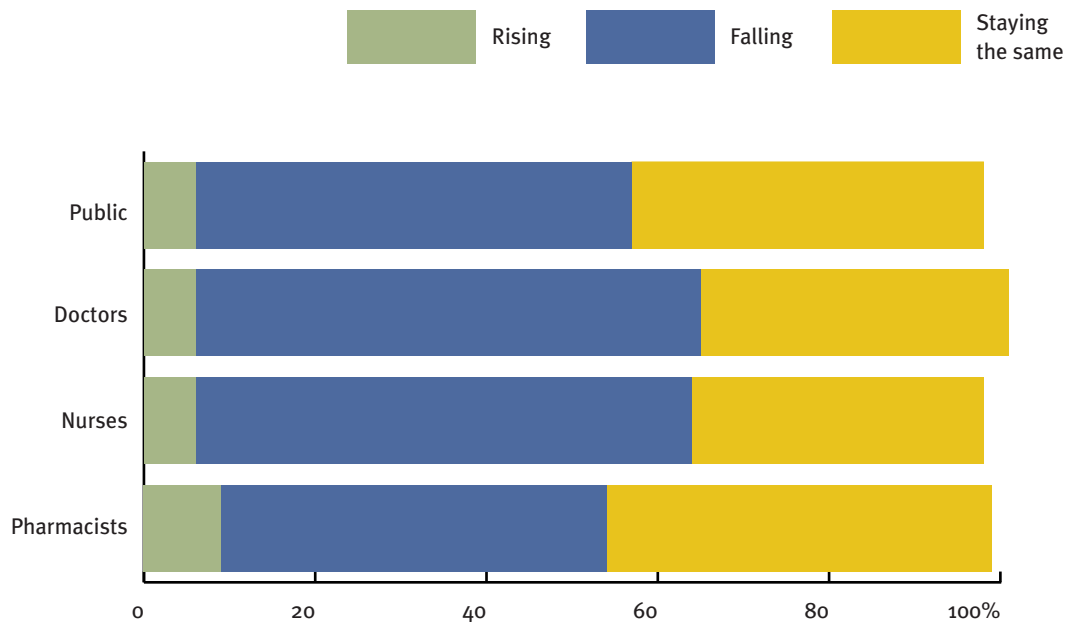


When asked to identify the most pressing issue facing their own profession, a total of 25% of physicians, 40% of nurses and 26% of pharmacists pointed to shortages of staff and overworked staff as key problems. A further 8% of nurses cited either stress, burn out or recruitment and retention problems as the most pressing issues. Funding shortages and government cutbacks were second, mentioned by 12% of doctors and 10% of nurses as the most important problems facing their professions, while 7% of pharmacists pointed to lack of reimbursement by government and third party payers as a key issue.

A question of confidence

TABLE 3

Confidence in the Canadian health care system today



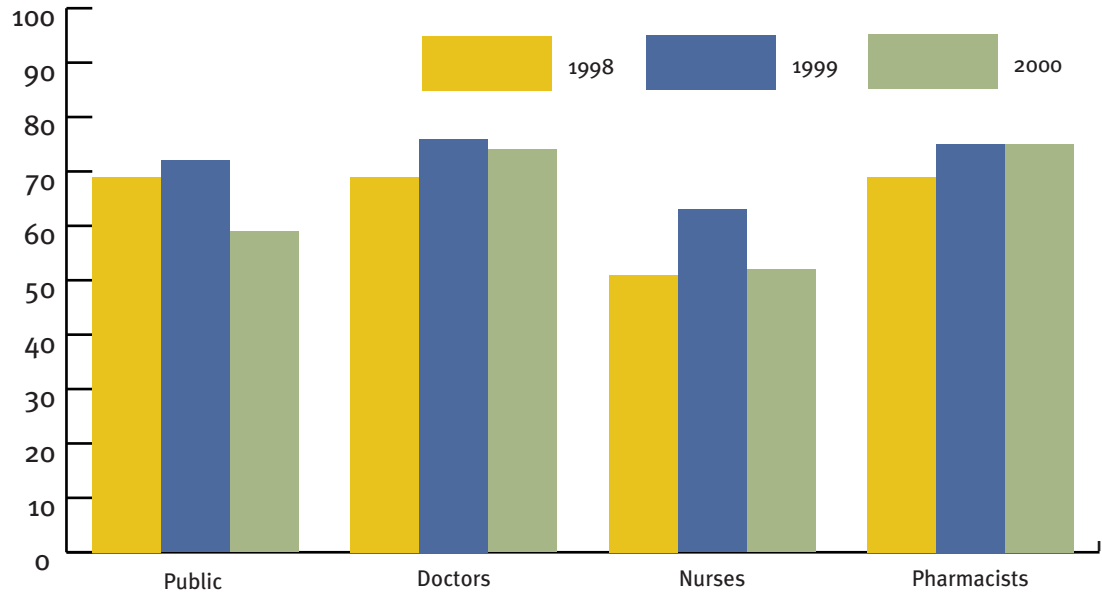
The majority of Canadian health care providers and users continues to express declining confidence in the health care system, with 51% of the public, 59% of doctors, 58% of nurses and 45% of pharmacists reporting declining confidence. Only 6% of doctors, nurses and members of the public express rising confidence in the system, with the balance stating their confidence was unchanged. Health care professionals who say their confidence is declining all point to government cutbacks and lack of funding as the main reason for their falling confidence (22% of nurses, 21% of doctors and 15% of pharmacists).

Declining confidence is compounded by the view that the overall quality of health care services is declining, a view held by 54% of doctors, 59% of nurses, 49% of pharmacists and 58% of members of the public. Women are more likely than men to report falling confidence (57% vs. 45%) and are more likely to believe that the overall quality of health care services is declining (63% vs. 52%). And regionally, residents of British Columbia are more negative about the health care system than residents of other provinces. Sixty-one percent of BC residents say their confidence is falling and that the quality of services is decreasing.

A question of confidence

TABLE 4

Perceptions of the quality of health care, 3-year trends (% who say Canadians are receiving quality health care)



This year saw a significant jump in members of the public who worry that Canadians are not receiving quality health care today, to 41%, from 28% in 1999 and 31% in 1998. Among nurses, only 52% feel that Canadians are receiving quality health care today (down from 63% last year). Significantly, 12% of nurses now describe the ability to provide safe, quality care as the biggest challenge facing the nursing profession. Physicians and pharmacists are more positive about the state of health care, with 75% of pharmacists and 74% of doctors stating they believe that Canadians are receiving quality health care.

Three measures of satisfaction

To better understand exactly where the health system is failing people, health care providers and users were asked to assess their level of satisfaction with three important aspects of health care: the quality, timeliness and comprehensiveness of care. Timeliness was considered the most compromised of the three, with 52% of the public, 73% of doctors, 67% of nurses and 63% of pharmacists stating they were somewhat or very unsatisfied with the timeliness of access to care.

Comprehensiveness and quality of care fared significantly better among all groups, with 33% of the public, 21% of physicians, 29% of nurses and 26% of pharmacists stating they were somewhat or very unsatisfied with the comprehensiveness of what is covered under medicare. Nurses were the most likely to report dissatisfaction with the quality of care provided to patients (35%), with the public (30%), doctors (26%) and pharmacists (22%) remaining more satisfied with quality of care.

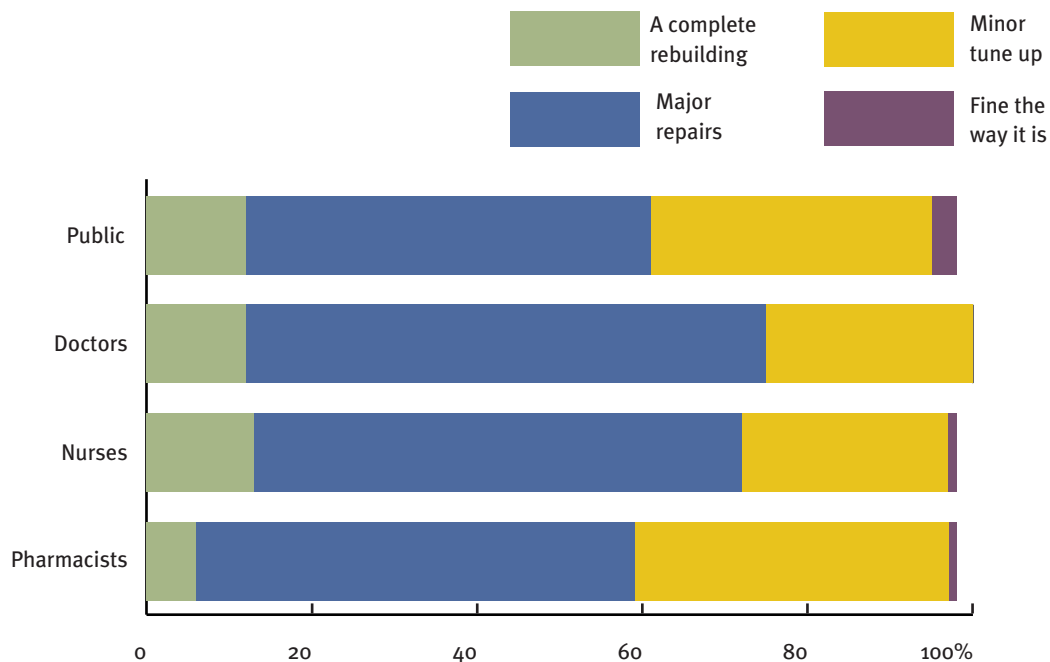


A question of confidence

In terms of what nurses feel is the most important thing they can do to ensure the quality of health care, continuing their own education (11%) and public education (9%) rank only just ahead of lobbying the government for increased resources (8%) and advocating on behalf of patients (8%).

TABLE 5

What degree of reform is needed?



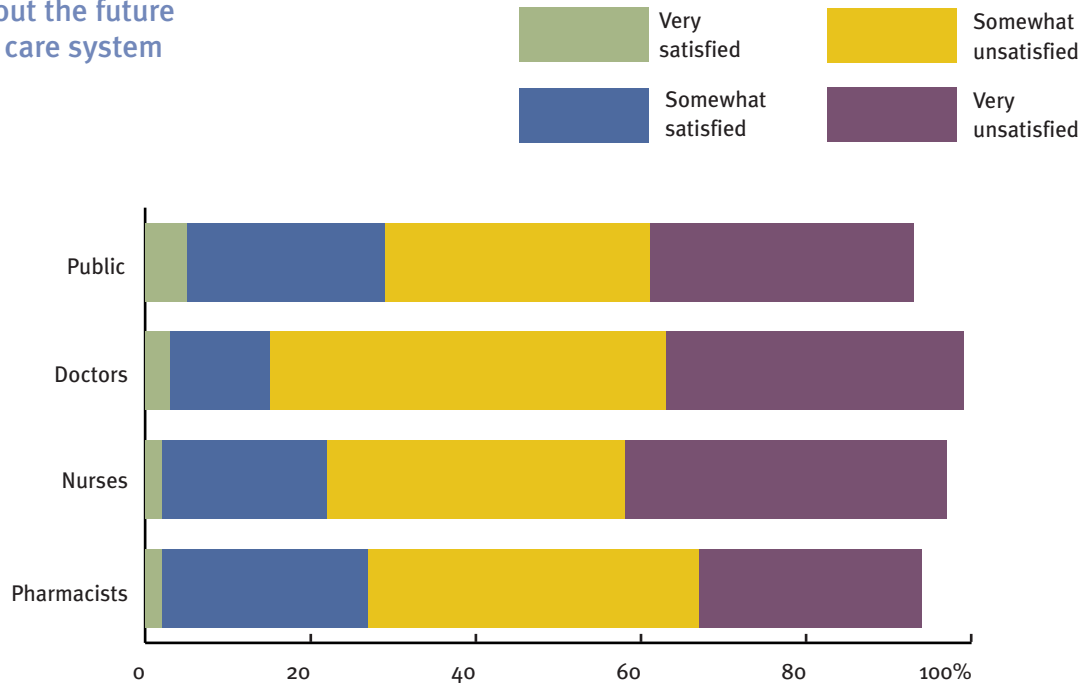
Less than 3% of the Canadian public, and even fewer health professionals, feel the health care system is fine the way it is. On the other hand, only around 12% feel that the system needs to be completely rebuilt. Half of the public (49%), 63% of doctors, 59% of nurses and 53% of pharmacists describe what's needed as major repairs, while a quarter of nurses and doctors, and 34% of the public think a minor tune up is all that's required. As in 1999, there are significant regional differences on this issue, with twice as many Quebeckers advocating a complete rebuilding (21%) as Ontarians (8%) or people from British Columbia (10%).

Section 2. Making the system accountable

A majority of Canadians are at least somewhat satisfied with how accountable health care providers are to the public (58%), which stands in sharp contrast to the low level of satisfaction with how accountable governments are to the public (only 30% are somewhat or very satisfied). Canadians believe that all stakeholders should be consulted before any limitations are made to publicly funded health services and that health care service decision makers should be accountable to the public. Furthermore, the public and health care providers are clearly dissatisfied with the amount of input they have on decisions about the future of health care. Only 29% of the public, 27% of pharmacists, 22% of nurses and 15% of doctors feel they have enough input into health care reform decisions.

TABLE 6

Satisfaction with input on decisions about the future of the health care system



Canadians support having a wide range of interests play significant roles in shaping future reforms of the health care system. Nearly four in 10 (38%) would like to see groups that represent patients play a lead role, and another 47% would see them playing a significant role in shaping reforms. The public also feels that a lead role in reforms should be played by government (33%), the general public (30%), groups representing health care providers (29%) and groups that represent taxpayers (25%).

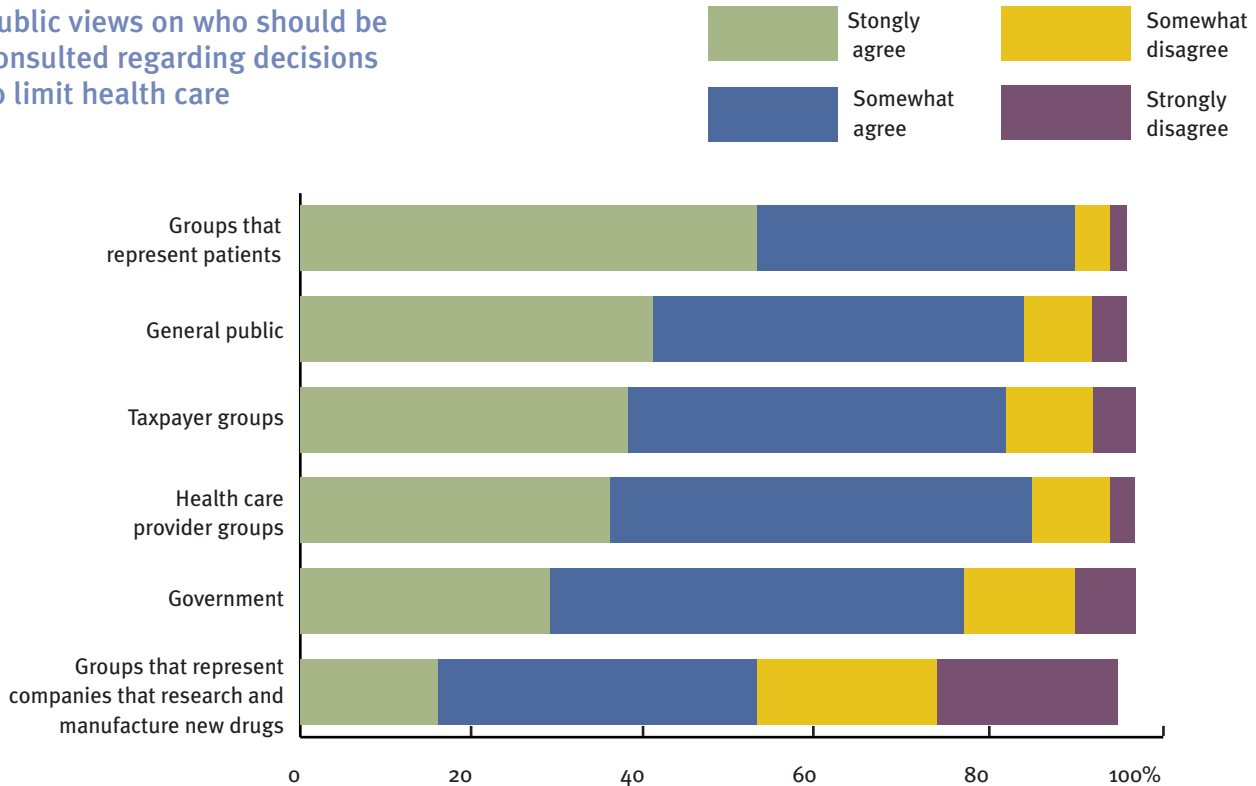


Making the system accountable

The public further supports each of these groups playing a significant or lead role in making decisions if limitations to health care services become necessary. Twenty-nine percent feel that groups representing patients should take a lead role in these decisions, followed by government (27%), the general public (26%), groups that represent health care providers (25%) and groups that represent taxpayers (24%). The Canadian public is obviously not willing to let any significant limitation to publicly-funded health care be brought in without broad consultation and shared responsibility.

TABLE 7

Public views on who should be consulted regarding decisions to limit health care

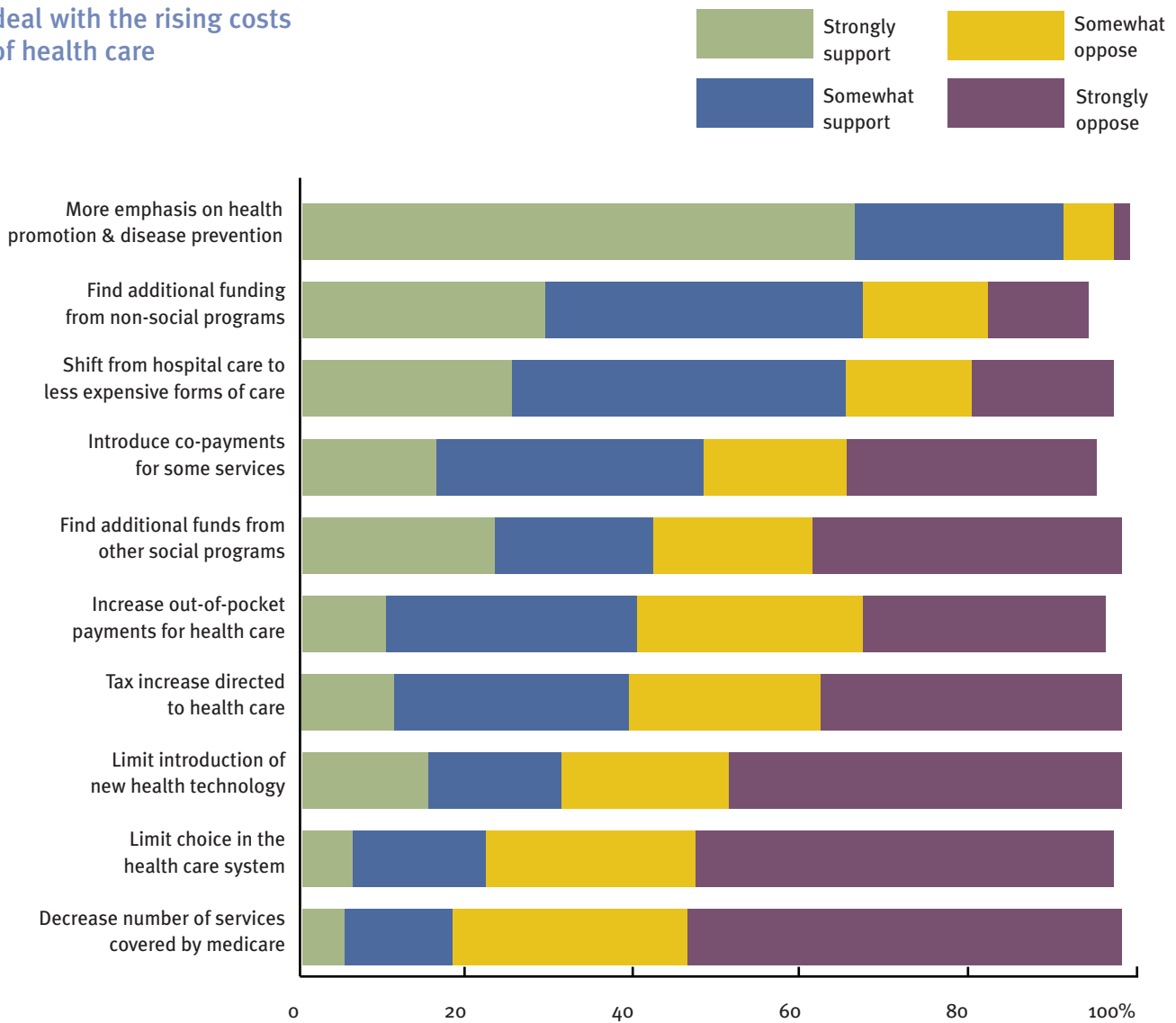


Canadians believe that all stakeholders should be consulted before any limitations are made to publicly funded health services. Nine in 10 Canadians agree that patient representatives should be consulted regarding decisions to limit health care services, such as what drugs are covered. A similarly high number agree that groups representing health care providers (85%), the general public (84%) and groups representing tax payers (82%) should be consulted. Over half of all Canadians (53%) agree that research-based pharmaceutical companies should be consulted in these decisions as well.

Section 3. Tough choices toward sustainability

Survey respondents were presented with the idea that the cost of health care will continue to rise as the Canadian population ages, and that decisions will have to be made in order to maintain the financial sustainability of the system. The questions in this section were answered within this context.

TABLE 8
Public views on how we should deal with the rising costs of health care





Tough choices toward sustainability

Canadians are clearly willing to make tough choices to maintain their health care system for the future. However, they want to be involved in decisions about what remains covered under medicare and they want decision makers to be accountable for their decisions about which health care services are paid for by public funds: 82% of nurses, 70% of both doctors and the public, and 63% of pharmacists consider this accountability very important.

Canadians would support a number of measures to deal with higher costs of health care. Greater emphasis on keeping people healthy through health promotion and disease prevention receives support from 91% of Canadians. Close to half (47%) of Canadians expressed some or strong support for the introduction of co-payments for services such as visits to the doctor. And two thirds of Canadians (67%) would support finding additional funding from non-social programs such as defense. There is less support for finding money from other social programs (42%) or increasing taxes (39%) to sustain health care. These responses do not vary significantly from support expressed for various solutions to increasing health care costs expressed in the 1999 survey.

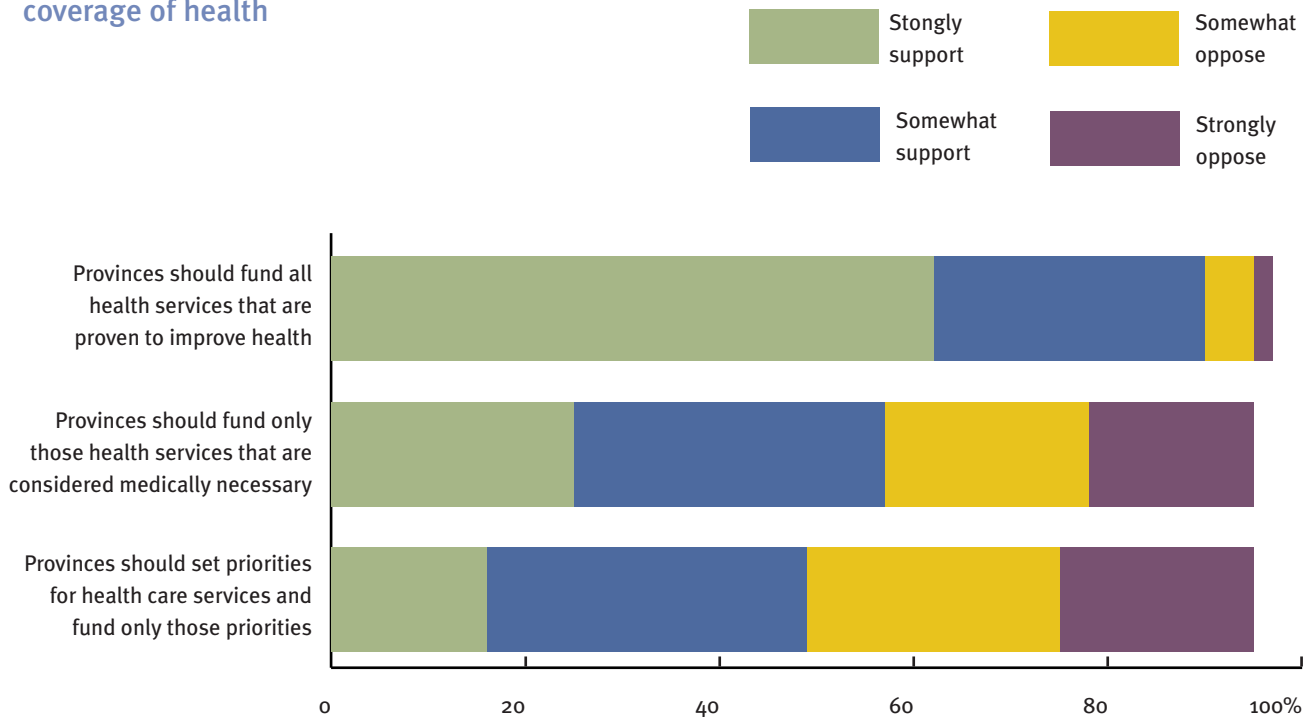
Canadians are not, however, willing to compromise the range of services covered by medicare or choice within the system in order to deal with increased costs. Eighty percent of the public is somewhat or strongly opposed to decreasing the number of services covered by medicare, 75% oppose limiting the choice in the health care system and 67% is opposed to limiting the introduction of new health technology as ways of controlling health care costs.

Section 4. Who decides coverage?

We have already seen, in Section 2, that Canadians want a broad range of players involved in any decision to limit coverage for health care services, and that they want their public authorities, as well as their health care practitioners to be accountable for any decision that limit services. This section turns, then, to examine on what basis Canadians feel coverage decisions should be made.

TABLE 9

Public views on what should decide provincial government coverage of health



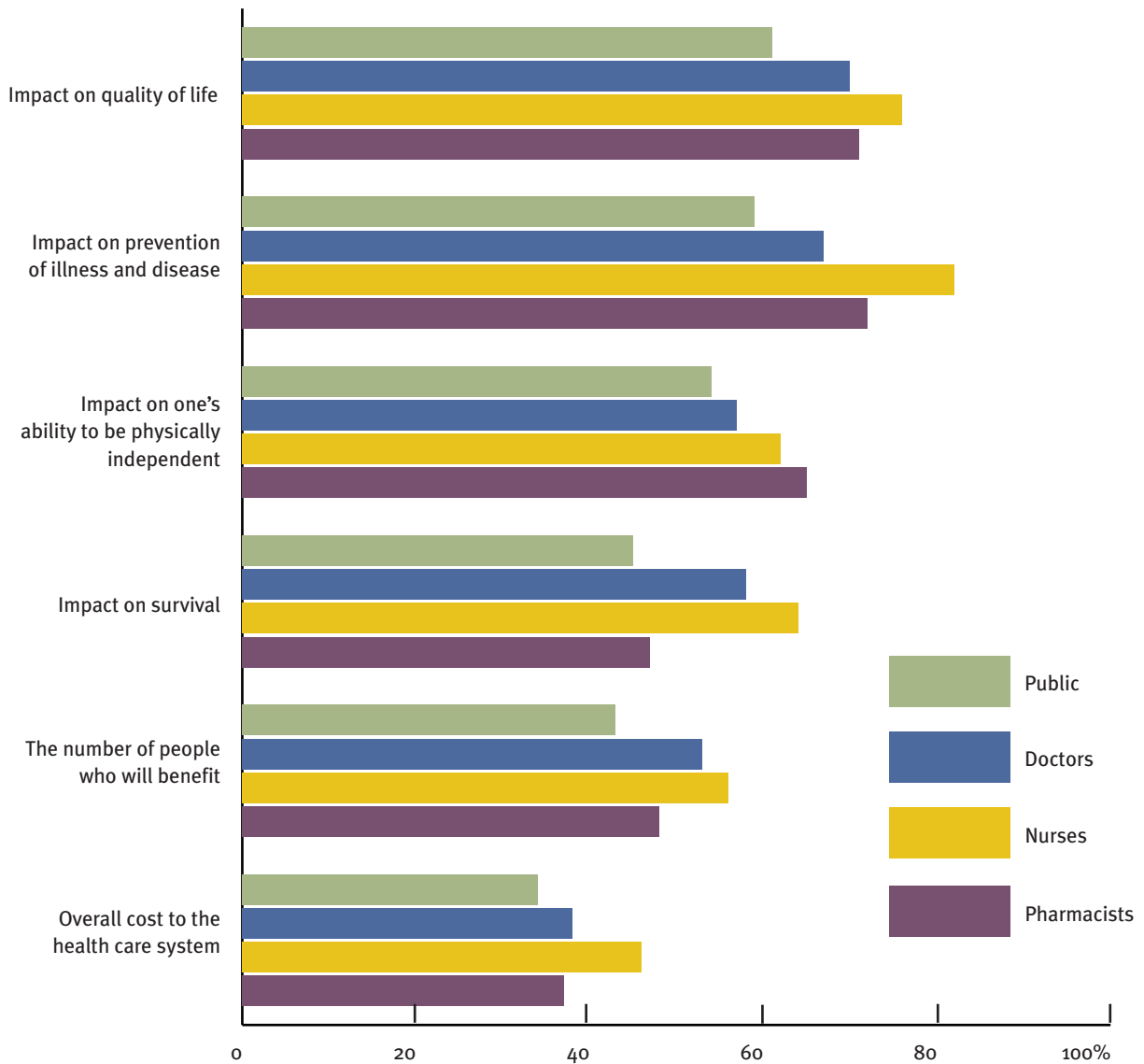
Provincial governments are responsible for the actual delivery of care, but Canadians appear reluctant to give them too much discretion over what services are covered. Nine in 10 Canadians believe that provincial governments should fund all health services that are proven to improve health. Less than half of Canadians (49%) would support provincial governments funding only health care services that aimed to meet set priorities.



Who decides coverage?

TABLE 10

What criteria should play a very significant role in deciding public funding of a health care service?



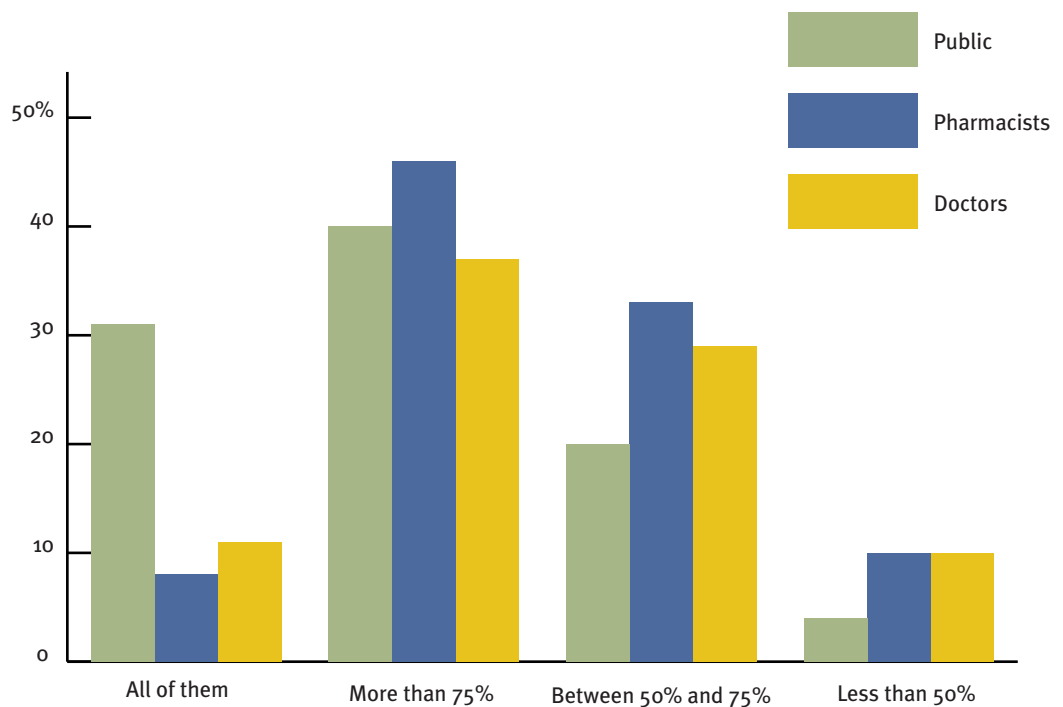
In deciding which services should be covered, 93% of the public and 70% to 76% of health care providers believe that the impact of a therapy on quality of life should be an important or very important factor. An equally high number believe that the impact on prevention of disease should play a significant role in public

Who decides coverage?

coverage decisions. The impact on survival, the number of people who could benefit from a service and the impact of one's ability to be physically independent were also considered very important factors by many health care providers and users.

TABLE 11

What percentage of new drugs should be covered by drug benefit plans?

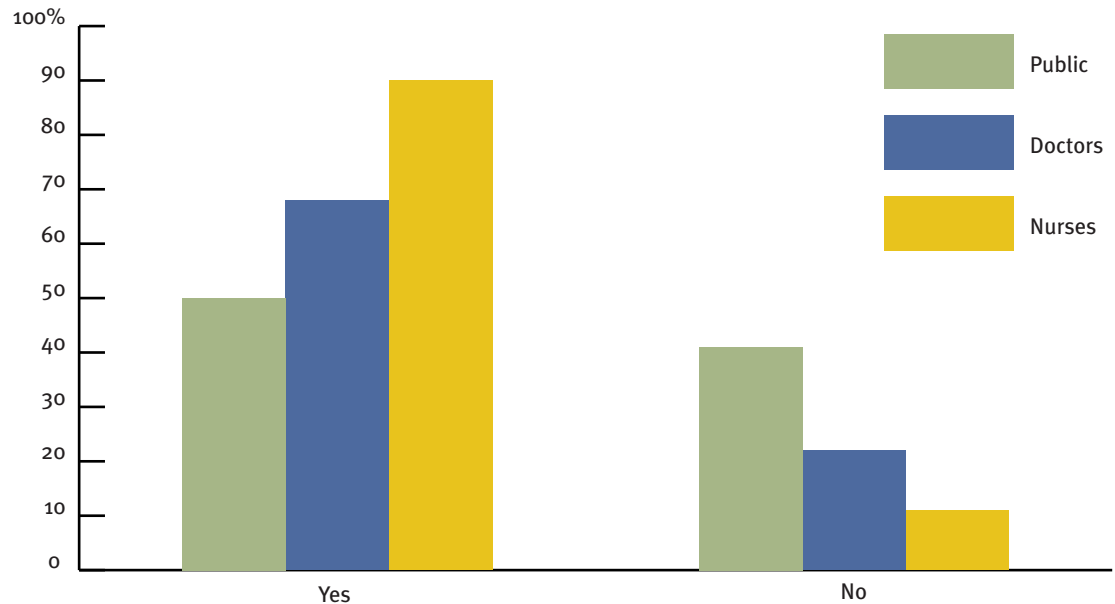


Canadians do, however, recognize that there are currently limits to coverage in the area of drug therapy. In terms of drug plan coverage, only 11% of Canadians covered by a drug benefit plan and 8% of those with government drug plan coverage believe their plan covers all new drugs approved by Health Canada, while 30% and 34% respectively believe their coverage includes at least three quarters of all new drugs. This contrasts with the finding that 71% of Canadians and 48% of physicians believe that at least three quarters of federally approved drugs should be covered by their plan. Canadians also want to know about which new drugs that are approved by Health Canada are and are not covered by their drug plans, with 91% stating a desire to be informed of such decisions.

Who decides coverage?

TABLE 12

Does drug plan coverage affect doctors' prescription decisions?



Drug plans that limit coverage or impose administrative procedures to access medications does influence how physicians prescribe. Sixty-eight percent of doctors say that a patient's coverage influences their choice of treatment, a view shared by 89% of pharmacists. However, only half of the Canadian public states they think their doctors' prescriptions are influenced by drug plan coverage or their ability to afford a particular medication. As well, 58% of pharmacists estimate that over 25% of drugs originally prescribed by a patient's physician are changed due to formulary restrictions once they get to the pharmacist's counter.

Over one third (39%) of all doctors believe that drug plan limitations on the type of patients eligible to receive reimbursement for a drug have a negative impact on doctors' abilities to provide quality pharmaceutical therapy to their patients. The other type of limitation imposed by many drug benefit plans is to request that the physician justify a prescription decision in order for the patient to be reimbursed for a particular drug. Doctors admit that these administrative procedures also affect the choice of prescription drug therapy, with 41% of doctors saying they would prescribe a different medication for at least half of their

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patients if they could avoid the administrative work. This percentage would drop to 31%, doctors say, if the administrative task was simplified.

Physicians and pharmacists are dissatisfied with the amount of time they must spend on administrative tasks to comply with drug plan requirements and do not feel they are adequately compensated for this work. Pharmacists state that nearly 15% of the prescriptions they dispense are initially rejected or delayed because of the need for pre-authorization or approval from the patient's drug plan. They report that a mean of 13.5% of prescriptions require a phone call to the doctor to obtain pre-authorization or approval from a patient's drug plan. On average, pharmacists estimate that nearly 45% of the original prescriptions are subsequently changed after contacting a prescribing physician because of a formulary restriction.

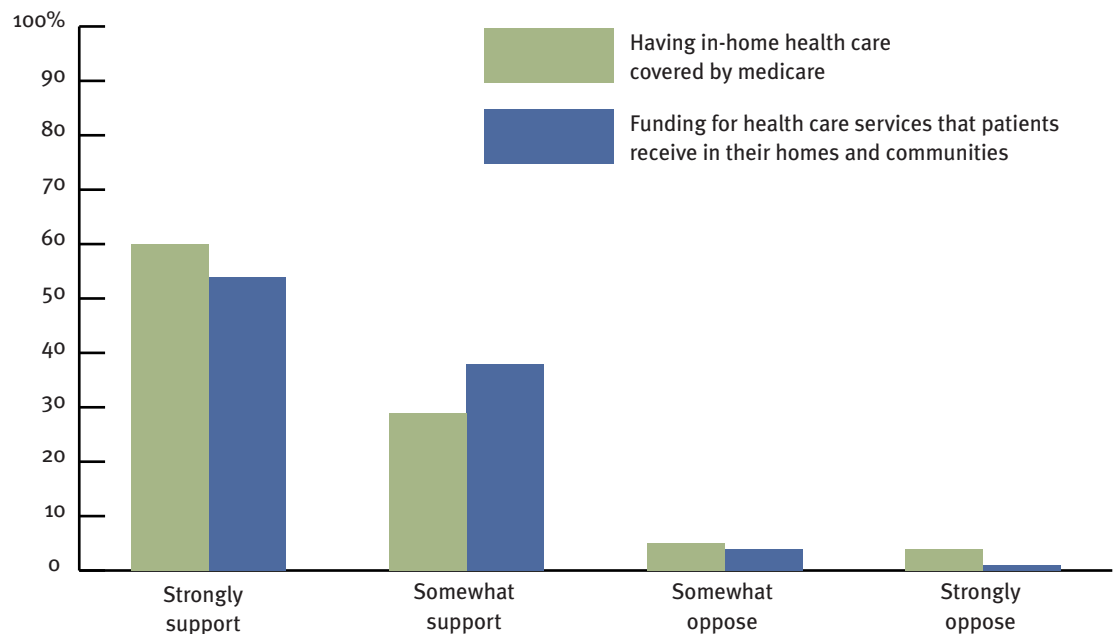
Public and physician views conflict on the benefits or drawbacks of having clinical practice guidelines linked to which drugs a benefit plan will reimburse. Among the public, 54% oppose the idea, while 42% support it. Among physicians, 39% believe that linking practice guidelines to reimbursement would have a negative impact on their ability to tailor pharmaceutical therapies to individual patient needs, while 27% say it would have a positive impact and 20% say it would not have much impact at all.

Section 5. A broader vision of health

As we saw earlier in this report, there is strong support among Canadians for moving toward disease prevention, health promotion and less intensive forms of care. These pursuits are regarded as a means of ensuring the sustainability of the health care system, by keeping the population healthier even as it ages and thus reducing the burden on the health care system. However, maintaining a well population is also seen as a valid goal in itself for the health care system.

TABLE 13

Public support for medicare coverage of in-home health care



Canadians also express their support for using non-intensive forms and locales of treatment more effectively. The majority of Canadians (53%, down from 58% in 1998) would prefer to recover from an illness or surgery in their own home, while 39% would prefer to recover in hospital. This does not mean however, that people are willing to assume the costs of care in the home. Ninety-two percent are highly supportive of having provincial governments provide funding for health care services that patients receive in their own home, and 89% support having in-

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home care covered by medicare in the same way that hospital care is covered. Only 5% and 9%, respectively, are opposed to these ideas.

Currently, 50% of nurses and the public state they are satisfied with the level of support provided to patients who require care in the home or community. Pharmacists are more likely to be satisfied (63%), while doctors are considerably less so, with only 33% reporting being satisfied with this aspect of care. Among these, however, very few (6% of doctors, 10% of nurses, 12% of pharmacists and 13% of the public) report being very satisfied.

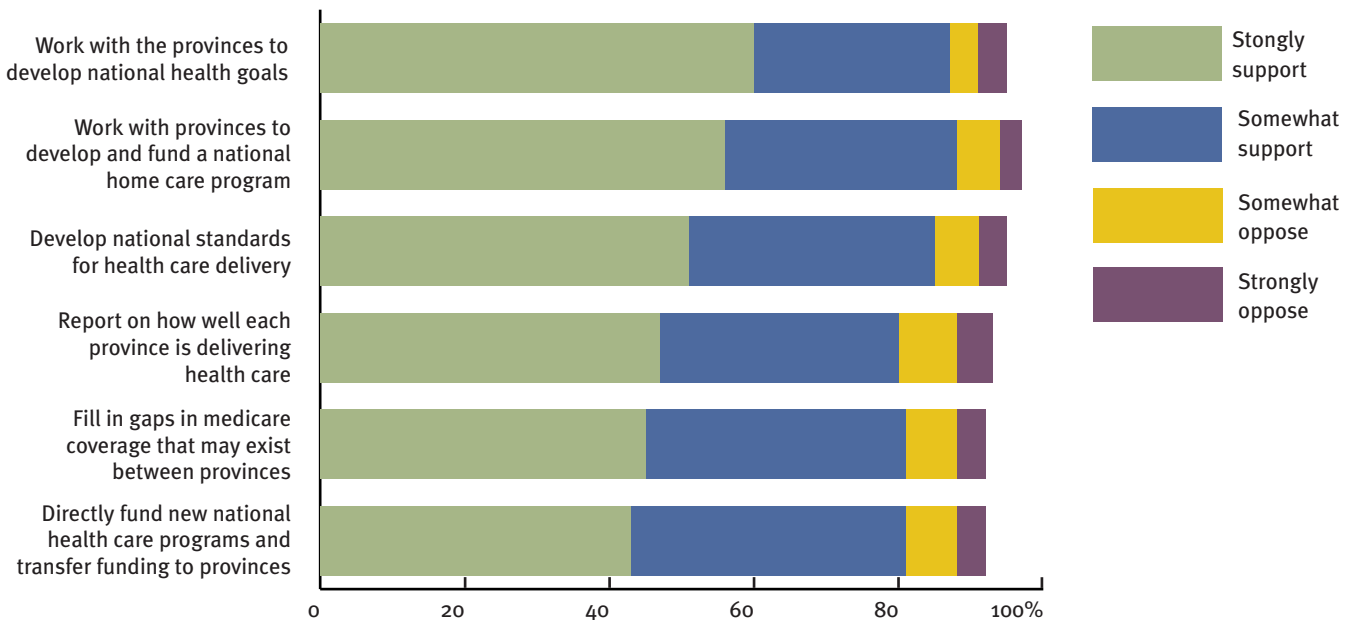
Three in 10 (29%) Canadians state that they currently volunteer time to provide care to a relative, neighbour or friend on a regular basis, 25% of whom volunteer 11 or more hours a week. In the past year, 30% of Canadians have reached out to a voluntary health organization (such as the Arthritis Society) for information about or help with a health problem. As well, 73% have contributed time or money to a voluntary health organization, down from 80% in 1999.

Section 6. Federal and provincial roles

Canadians are overwhelmingly supportive of the federal government assuming an important role in health care. However, 64% do not feel that the federal government is directing enough of their tax dollars into health care. A similar number (62%) feel the same about provincial government use of tax monies.

TABLE 14

Public support for federal government initiatives



Of the various roles inquired about in the survey, support is strongest for having the federal government work with the provinces to develop national health goals (for example, reducing cardiovascular disease by 10%). Sixty percent of Canadians strongly support and 27% somewhat support this role for the federal government. Another 88% support the federal government working with the provinces to develop and fund a national home care program. More than 80% of Canadians support public reporting on how well each province is delivering care and 85% support the development of national standards against which provincial care could be measured.

Support for each of these federal initiatives is weakest in Quebec, though only a minority of Quebec residents actually stand in opposition to any of the initiatives mentioned in the survey.

H e a l t h C a r e i n C a n a d a

FAX your comments
US on the 2000 National Survey
of Health Care Providers
and Users

(514) 397-0228

(Please photocopy and fax this page)

Name:

Affiliation:

Telephone number:

Comments on this year's survey:

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



Key findings

Attitudes concerning the health care system

Confidence in the health care system continues to decline for most Canadians this year, with a 10% jump in the number of Canadians who worry that they are not receiving quality health care today. Inadequate funding, lack of timely access to care and shortages of staff are considered major problems.

Making the system accountable

Canadians and their health care providers think they should be but aren't consulted on decisions about the future of health care. They are also dissatisfied with government accountability to the Canadian public for the state of health care.

Affordability and sustainability

Canadians are willing to make tough choices to maintain their health care system for the future but they demand to be involved in decisions about what is covered under medicare. Co-payments for some services, diverting money from non-social programs or even other social programs, are options supported by close to half of Canadians. Thirty-nine percent feel that increasing taxes would be an acceptable solution. Canadians are not, however, willing to compromise the range of services covered by medicare or choice within the system in order to deal with increased costs. In fact, nine in 10 Canadians believe that provincial governments should fund all health services that are proven to improve health.

Who decides coverage?

The vast majority of Canadians believe that the impact of a service or therapy on quality of life should be an important factor in deciding what's covered under medicare, as

should its impact on preventing disease, improving survival and keeping people physically independent.

Most Canadians now recognize that their private and public drug plans do not cover even three quarters of federally approved drugs, though 71% of Canadians and 48% of physicians feel that they should. As well, physicians and pharmacists increasingly acknowledge the impact of drug plan restrictions and administrative requirements on their prescription choices. Over one third of all doctors believe that drug plan limitations have a negative impact on their ability to provide quality pharmaceutical therapy to their patients.

A broader vision of health care

Canadians want greater emphasis placed on health promotion and disease prevention. They also want medicare coverage extended to health services received in the home. Just over half of Canadians would prefer to recover from an illness or surgery in their own home.

Federal and provincial roles

Canadians are overwhelmingly supportive of the federal government assuming an important role in health care, especially in the areas of setting standards for the delivery of care and developing national health goals. They also want public reporting on how well each province is delivering care.