





The Health Care in Canada (HCIC) survey is the most comprehensive annual survey on key health care issues in Canada. It has been developed to provide direction for decision-makers and advisers as they plan and manage health care reform. This is the fourth annual survey of a nationally representative sample of Canadians, health care providers and, this year, managers of the system. Its intent is not to provide a report card on the current status of the system, but rather to gauge the need for change, to provide direction where change is needed, and to identify the options supported by key stakeholders in the system.

The partners in the Health Care in Canada survey are the Canadian Medical Association, the Canadian Nurses Association, the Canadian Association for Community Care, the Canadian Home Care Association, Merck Frosst Canada Ltd., the Coalition of National Voluntary Organisations, POLLARA, the Canadian Healthcare Association, and The Frosst Health Care Foundation. The partnership has grown from three partners in 1998 to the present nine. It now represents a broad base of stakeholders in the system, including health care providers, health organizations and institutions, public opinion experts, patients, the voluntary sector, the community and homecare sectors, and the innovative pharmaceutical industry.

The questionnaires were developed by the partners in a collaborative process. The members of the public surveyed were evenly divided between men and women, came from all income levels, and ranged in age from 18 to 91 years old. The regional distribution was consistent with that of the general population.

We hope this survey will allow the perspective of the public, providers, and managers of the health system to enter into the debate, so that the decisions that will be made and implemented to reform the health system reflect their experience, expertise, judgment, values, and beliefs.

**Owen Adams**  
Assistant Secretary General,  
Research, Policy and Planning,  
Canadian Medical Association

**Penelope Marrett**  
Director, Health Issues,  
Coalition of National Voluntary  
Organizations

**Dr. Ginette Lemire Rodger,**  
President,  
Canadian Nurses Association

**Dr. Taylor Alexander**  
President and CEO,  
Canadian Association for  
Community Care

**Nadine Henningsen**  
Executive Director,  
Canadian Home Care Association

**Kevin Skilton**  
Director, Policy Planning,  
Merck Frosst Canada Ltd.

**Don Guy**  
Vice President, Public Affairs,  
POLLARA Research

**Sharon Sholzberg-Gray**  
President,  
Canadian Healthcare Association

**Janet Dunbrack**  
Executive Director,  
The Frosst Health Care Foundation

Stakeholder group	Sample size	Margin of error	Field dates
Canadian public	1,200	± 2.9%	Aug. 13-21
Managers	200	± 7.1%	Aug. 10-24
Nurses	200	± 7.1%	Aug. 15-28
Pharmacists	200	± 7.1%	Aug. 18-27
Doctors	200	± 7.1%	Aug. 23-Sep. 11



## **The Coalition of National Voluntary Organizations**

Founded 25 years ago, 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 135 national voluntary charities active in a variety of fields ranging from health and social services, to the environment, justice, education and international development.

Members of NVO active in health include the Canadian Breast Cancer Network, the Canadian Cancer Society, the YMCA, the Canadian Child Care Federation, The Parkinson Foundation of Canada and the Heart and Stroke Foundation of Canada, to name a few.

NVO links its member organizations by acting as a forum for information exchange and dialogue, and as a vehicle for speaking on matters of common interest.

## **The Canadian Association for Community Care**

The Canadian Association for Community Care (CACC) is a national, non-profit, bilingual association, formed in 1995 by the merger of Home Support Canada and the Canadian Long Term Care Association. CACC's guiding principle is its commitment to a strong national voice for the community care sector. CACC's mission is to promote the development of a range of high-quality, flexible, responsive and accessible community care services within a seamless continuum of care. CACC's major activities include, promoting information exchange among provinces/territories, producing training resources, carrying out practical research projects, and advocating on behalf of the community care sector.

## **The Canadian Home Care Association**

The Canadian Home Care Association (CHCA) is a national membership association that represents the entire scope of home care and community support, including all disciplines of professionals and paraprofessionals. The CHCA's mission is to ensure the accessibility, quality and development of home care and community support services. It is the united voice and access point of information and knowledge for home care and community support.

## **The Canadian Medical Association**

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. On behalf of its members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/accident prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery. The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 43 affiliated medical organizations.

## **The Canadian Nurses Association**

The Canadian Nurses Association (CNA) is the professional voice of nursing in Canada. It is a federation of 11 provincial and territorial nursing associations, representing 113,000 members. Founded in 1908, the CNA's mission is to advance the quality of nursing in the interest of the public. CNA has expertise in nursing policy, public policy, regulation and international capacity building.

CNA advocates on behalf of Canadian nurses and the public at large for greater access to Canada's publicly funded health care system through a greater focus on preventive care and health promotion. Its top two priorities are advocating on behalf of a publicly funded health care system that is based on the primary health care model (WHO-1979) and for improvements to nursing practice environments as the single best means of retaining and recruiting the nursing workforce so vital to Canada's health care system.



### **Merck Frosst Canada Ltd.**

Merck Frosst Canada Ltd. is one of the country's leading research-based pharmaceutical companies. The Merck Frosst Centre for Therapeutic Research, one of the largest biomedical research facilities in Canada, has a mandate to discover new therapies for the treatment of respiratory, inflammatory and other diseases. In 2000, the company invested more than \$100 million in research and development in Canada. Merck Frosst Canada Ltd. markets an extensive line of cardiovascular products for high blood pressure, elevated cholesterol and heart failure as well as a broad range of vaccines.

While Merck Frosst's main activities are the discovery, development, manufacturing and distribution of medicines, the company also recognizes the responsibility it bears as a member of the health care community. The individual health of every Canadian is tied to the long-term soundness of the country's health system. This insight has led Merck Frosst to establish the Patient Health Management group and a Health Policy Division. These departments are intended to allow the company to participate fully with other stakeholders in the healthcare system to ensure patient access to optimal therapies, while improving costs and health outcomes.

### **The Canadian Healthcare Association**

The Canadian Healthcare Association (CHA) is the federation of provincial and territorial hospital and health organizations across Canada. Through our members, CHA represents a broad continuum of care, including acute care, home and community care, long term care, public health, mental health, palliative care, addiction services, children, youth and family services, housing services, and professional and licensing bodies. These services are provided through regional health authorities, hospitals and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest.

CHA's mission is to improve the delivery of health services in Canada through policy development, advocacy and leadership. CHA's distance education programs, conferences and publishing services contribute to this national leadership. CHA and our members are committed to realizing the vision of a publicly funded health system that provides access to a broad range of comparable health services across Canada.

### **The Frosst Health Care Foundation**

Since October 1998, The Frosst Health Care Foundation, a national not-for-profit organization has been dedicated to providing the leadership necessary to bring the patient's voice to health care reform and health policy in Canada. The Foundation's main objective is to ensure that the needs and values of patients continue to be the first priority in health care.

The goal of The Foundation is to make sure that patients receive the best quality health care, and that their needs are at the centre of the health care reform.

The Frosst Health Care Foundation includes representatives from advocacy groups, medicine, nursing, pharmacy, health policy and the pharmaceutical industry. Through utilizing their expertise and sharing information with the health care community, the Foundation promotes a health care system whose main features include access, quality and choice. The Foundation also works to unify the voice of patients and strengthen their role within health care policy development and reform.

### **POLLARA**

POLLARA is a full-service public opinion and market research firm founded in 1985 as Insight Canada Research. Its team brings together some of North America's top market research and public opinion professionals and is committed to bringing an innovative approach to research, and to providing actionable, insightful advice, guided by collective years of experience.

Its recognized expertise has allowed POLLARA to provide value-added solutions to many of North America's largest corporations and public sector organizations.

# HCCIC Executive Summary

*“Patients are the recipients of care and it is critical that they have the opportunity to provide their experience, perspective and input into decisions about the future of the health care system.”*

—Janet Dunbrack, Executive Director,  
The Frosst Health Care Foundation

*“In this era of health care review and reform, it is essential that all stakeholders be able to make a meaningful contribution to the review process and ultimately to the decisions that are made. The Health Care in Canada survey allows the perspective of the public, providers, and managers of the health system to enter into the debate, so that the decisions that will be made and implemented to reform the health system reflect their experience, expertise, values and beliefs. This annual survey highlights evolving appetites for change, priorities, and preferences, and is a relevant tool to help decision-makers shape the future of the health care system.”*

—Don Guy, Senior Vice President,  
Public Affairs, POLLARA

*“Clearly we have a human resource challenge in the health system, with important consequences on access to and quality of care received.”*

—Dr. Henry Haddad, President,  
Canadian Medical Association

*“This [lack of staff] situation as reported in the survey has significant consequences on the quality of care provided to Canadians.”*

—Dr. Ginette Lemire Rodger, President,  
Canadian Nurses Association

The 2001 Health Care in Canada Survey shows that patient satisfaction is the most common indicator of quality of health care and services available to Canadians as reported by health care providers and managers. A majority of Canadians (68 per cent) are satisfied with the quality of care provided to patients, while 56 per cent of the public are very dissatisfied or somewhat dissatisfied with timeliness of access to care. Improving the quality of the health care system appears to be linked to improving access to care.

Conducted by POLLARA, this survey is of particular importance this year, in light of the Romanow and Kirby Commissions, since the findings of the Survey provide an up-to-date portrait of the way the public, health care providers, and managers perceive health care issues.

## Lack of staff

The declining perception of the overall quality in the health care system appears to be due to “system issues.” The most important “top of mind” health care issue cited by Canadians is lack of staff and work overload. An overwhelming majority of providers and managers report that there is currently a human resource shortage in their profession (90 per cent of physicians, 75 per cent of nurses, 91 per cent of pharmacists, and 79 per cent of managers and trustees).

Health care providers state that more staff is the most important thing that would help them in their work. Doctors and nurses polled indicate that the impact of the shortages are longer waiting periods, increased workload, poor quality and less care for patients, increased mistakes, and morale and burn out issues.

Health care providers, managers of the system, and the public share the same opinion regarding the existence of a gap between current practices in the health system and expectations. A comparison between what is perceived by these groups and what is expected, indicates that there is room to improve the system by offering patients a choice of treatment options, achieving better coordination of care across the health system, and ensuring health provider monitoring and follow-up of patients both in home and in community settings.



## Defining Expectations

The majority of Canadians (56 per cent) feel that governments should be the sole funder of health care and services. Canadians are generally satisfied with the range or comprehensiveness of care and services covered under government-funded health care, and 79 per cent of Canadians strongly oppose or somewhat oppose decreasing the number of services covered by the government funded-health care system. However, 90 per cent of the population expect that governments should fund all health services that are proven to improve health and quality of life.

To cover what is not included in the current government-funded health system, a majority of Canadians (61 per cent) support the creation of an additional public insurance program, funded through premiums. This willingness to pay for an additional insurance program does not change according to income status. Support is strongest in Atlantic Canada (75 per cent) and weakest in Québec (54 per cent).

However, Canadians do not support paying for health services at the point at which care is delivered, for example through user fees (57 per cent) and co-payments (61 per cent). There is also little support (59 per cent) for patients contributing a portion of the costs of the care and services they use based on income.

Furthermore, 71 per cent of respondents strongly agree or somewhat agree that governments should partially fund a number of health care services in a given disease area, as opposed to fully funding only one, in order to increase access and choice.

## Finding solutions for the future of the system

An overwhelming number of Canadians (85 per cent) support the development of national standards for health care delivery and services. Practices strongly supported by the public, providers, and managers of the system include early disease detection, access to a number of treatment options, coordinated care across the system, monitoring of patient care by professionals in the home and community setting, and patient follow-up after care receipt to document changes in health and quality of care received.

*“Canadians think that governments have a leadership role to play in order to ensure access to the health care system in a way that is comparable in all provinces. These principles based on Canadian values are very important to citizens.”*

*—Sharon Sholzberg-Gray, President,  
Canadian Healthcare Association*

*“The public, providers, and managers of the system have identified a gap in terms of the way care is currently received, and their expectations. Closing this gap, perhaps through the adoption of a disease management approach, will have benefit both in terms of increased patient, provider, and manager satisfaction, as well as important health outcome gain.”*

*—Dr. Terrence Montague, Executive  
Director of Patient Health Management,  
Merck Frosst Canada Ltd.*

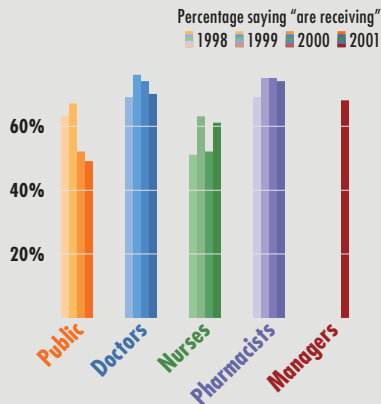
*“The time is ripe for a ‘wellness agenda’ which focuses on disease prevention, health promotion, research and education with a view to decreasing high-risk behaviours which contribute to higher costs for the health care system. The voluntary sector working in health is poised to become an active partner in a wellness agenda.”*

*—Penelope Marret,  
Director of Health Charities, Coalition of  
National Voluntary Organizations*

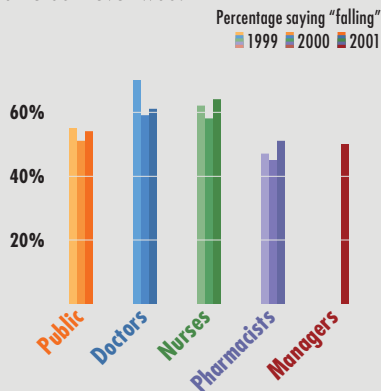
# 1

## There is support for change

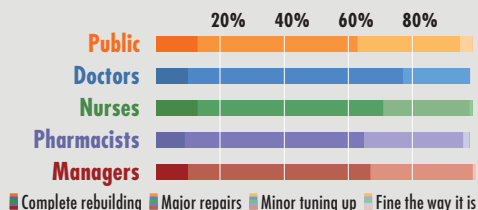
Overall, would you say that Canadians are or are not receiving quality health care right now?



Overall, would you say that your confidence in the Canadian health system is rising or falling, or is it about the same as it ever was?



What approach would you say that Canada's health system requires at present – a complete rebuilding from the ground up, some fairly major repairs or some minor tuning up – or is everything fine the way it is?



The majority of respondents across all groups report that Canadians are, overall, presently receiving quality health care. However, there is an appetite for change; confidence in the system is declining, and a majority report that major repairs are necessary. Only a small percentage support a complete rebuilding of the system.

### Declining confidence

Only half (49%) of respondents from the general public said that overall, Canadians are receiving quality health care right now; this is down 3% from last year and 18% from 1999. As well, 54% said their confidence in the Canadian health system is falling, compared with 51% last year and 55% in 1999. Only 4% said their confidence was rising, down from 6% last year and 5% in 1999. Confidence is greatest in Québec, with 5% saying "rising" and 42% saying "falling," and least in BC and the Territories, with 2% saying "rising" and 69% saying "falling," respectively. And while a majority of health care professionals and managers said that Canadians, overall, are receiving quality health care now (from 61% of nurses to 74% of pharmacists), they were no more optimistic than the general public in their confidence in the system: 64% of nurses and 61% of doctors, and just over half of managers and pharmacists, expressed falling confidence.

### Repairs are needed

The majority of Canadians called for fairly major repairs to the system. Only a small percentage supported a complete rebuilding from the ground up. Among the general public, calls for complete rebuilding were strongest in BC and the Territories, at 21%, and in Québec, at 19%; only 7% in the Prairies saw such a need. In all regions, roughly half advocated "some fairly major repairs," from 49% in Ontario and the Prairies to 56% in the Atlantic provinces. Health care professionals and managers were even stronger than the public in this. Doctors were strongest among those calling for repairs: 67% said the system needs fairly major repairs.

The leading areas of focus among members of the general public calling for repairs are long waiting periods, accessibility, and lack of personnel. Among those who say Canadians are not receiving quality care, the focus is even stronger on waiting periods. Health care professionals and managers, when asked the same questions, gave lack of funding as the leading answer. We will look at these issues in greater detail in the next section of this report.



# 2 Patient satisfaction is the #1 indicator of quality of health care and services

**P**atient satisfaction is the most common indicator of the quality of health care and services available to Canadians reported by health care providers and managers. Increasing patient satisfaction appears to be linked to increasing access to care.

## Ask the patients

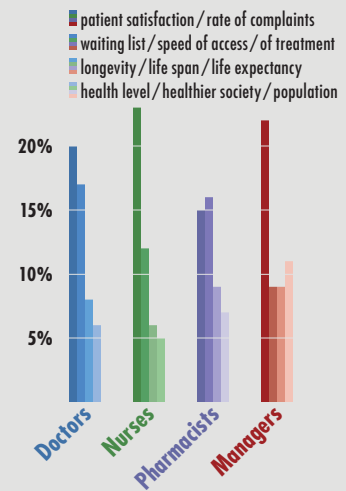
The health care professionals and managers responding to this survey gave strong support to a straightforward means of determining health care quality: ask the patients. Among doctors, nurses, and managers, patient satisfaction was the most common “best indicator” of health care quality mentioned; it was a close second among pharmacists, is related to patient satisfaction: waiting lists and speed of access and treatment. Between them, these two patient-focused areas were by a good margin the most common measures preferred.

## Access is most important

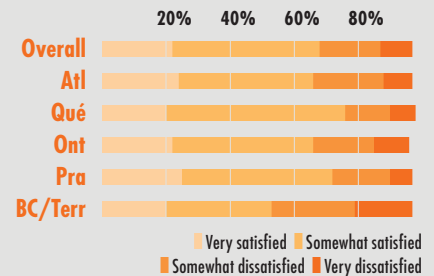
As we will see in this report, Canadians focus strongly on availability of health care professionals and timeliness of access in their evaluation of health care. A majority (68%) are satisfied with the quality of care provided to patients; however, fewer than half (48%) are satisfied with access to care in the home or community, and even fewer (38%) are satisfied with timeliness of access to care. Moreover, 73% of doctors and 57% of nurses said that Canadians’ access to their respective professions’ services is decreasing.

Access showed up repeatedly as an important issue among the public. Although, as we shall see, they strongly advocated full and comprehensive government funding of health care, nearly three-quarters (71%) said they would prefer partial funding of several treatment options in a given disease area, as opposed to full funding of only one, in order to increase access and choice. In short, some government funding support for a number of treatment options in a given area is preferred to “all or none” support for only one option.

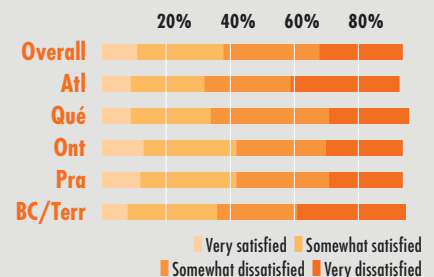
**Open-ended:** In your opinion, what is the best indicator of the quality of health care and services available to Canadians?



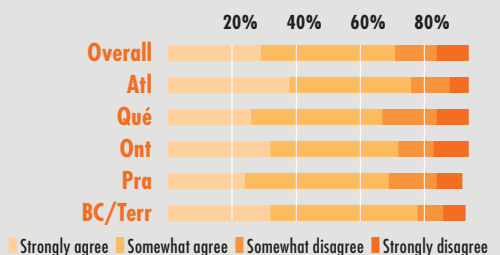
**Satisfaction:** Quality of care provided to patients



**Satisfaction:** Timeliness of access to care



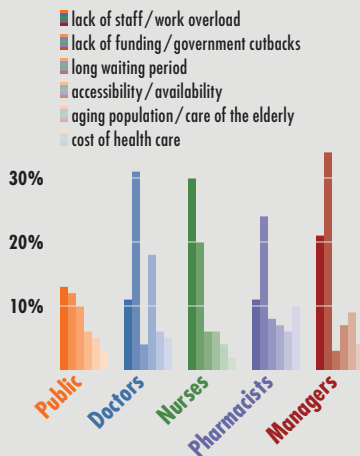
**Agreement:** Governments should partially fund a number of health care services in a given disease area, as opposed to fully funding only one, in order to increase access and choice



# 3 Lack of staff and lack of funding are the most important health care issues

The declining perception of quality in the health care system appears to be due to “system issues.” And the most important “top of mind” health care issues cited by Canadians are lack of staff and work overload, and lack of funding. More than three-quarters of providers and managers report a human resources shortage in their professions. They say that more staff is the most important thing that would help them in their work, and that lack of staff is leading to longer waiting periods, affecting the quality of care provided and negatively impacting the well-being of health care professionals.

**Open-ended:** What do you think is the most important health care issue facing Canada today?



## Lack of professionals

Canadians in general are growing more concerned about lack of health care personnel. In 1999, only 4% indicated that this issue is the most important health care issue facing Canada; that number grew to 10% in 2000 and now stands at 13%. This concern is strongest in the Prairies (17%) and the Atlantic provinces (16%). Lack of funding is close behind: 12% of Canadians, including 18% of those in the Atlantic region, provided this response as their greatest concern. In total, nearly half of Canadians gave responses focusing on lack of resources – money, facilities, or staff.

**Open-ended:** What do you think is the most important health care issue facing your own profession?

	Doctors	Nurses	Pharmacists	Managers	year
lack of staff/overworked; shortage of doctors/specialists; shortage/lack of nurses; lack of pharmacists	30%	48%	42%	32%	2001
	25%	40%	26%		2000
lack of funding/government cutbacks	11%	8%	4%	17%	2001
	12%	10%	3%		2000

Of the nearly half of Canadians who said we are not receiving quality care right now, the largest portion cited issues related to lack of health care personnel. Nearly a quarter (23%, ranging from 14% in the Atlantic provinces to 32% in the Prairies) mentioned long waiting lists or waiting periods; another 12% (and as many as 19% in the Atlantic provinces) spoke directly of shortages of doctors, nurses, and other staff. Likewise, patients and health care professionals who felt that the health care system is in need of repairs focused on lack of personnel, loss of doctors to the US, and long waiting periods for health care.

When health care professionals and managers were asked for the most important health care issue facing their respective professions, the dominant response in all fields – and in greater numbers than last year – focused on lack of personnel. No less than 90% of doctors, 75% of nurses, 91% of pharmacists, and 79% of health care managers said there are currently human resource shortages within their respective professions. More than half of doctors and nurses said that more people in their professions would be the most important thing to help them in their work.

### Waits, mistakes, and burnout

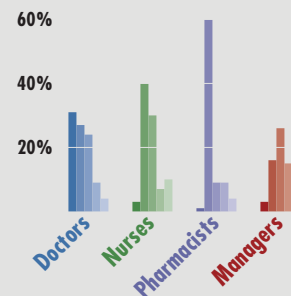
When asked about the impact of human resource shortages, significant numbers in all professions cited increased workload. Other responses point to possible effects of this increased workload: 31% of doctors mentioned waiting periods, which as we have already seen are a major concern for patients; more than a quarter of nurses, doctors, and managers spoke directly of poor quality of care, including medical mistakes; and increased stress and burnout was a “top five” response.

### Lack of funding

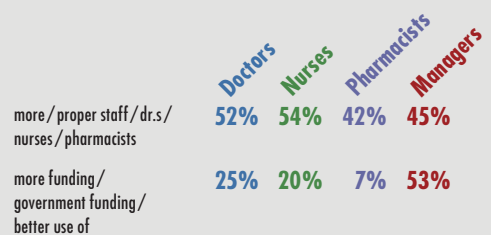
Funding problems were, by a significant margin, the most commonly mentioned priority for system repairs among doctors, nurses, pharmacists, and managers. Government funding was also the leading choice among all four groups for the best indicator of the sustainability of the health system. And lack of funding was the leading “top of mind” response among doctors, pharmacists, and managers asked about the most important health care issue facing Canada today; lack of staff was close behind, and leading among nurses.

**Open-ended:** What is the impact of [human resource] shortages [within your profession]?

- long/longer waiting periods
- increased workload/long hours/overtime
- poor quality/less care/service/mistakes
- lack of staff/to do the job/schedule
- high stress/low morale/burnout

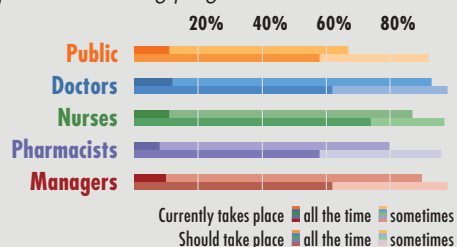


**Open-ended:** What are the most important things that would help you in your work?

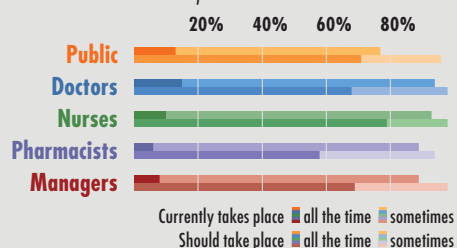


# 4 There is a gap between care expectations and experience

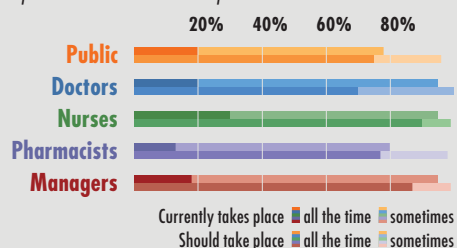
**Currently takes place/should take place:** The health system seeks out individuals at risk for disease to support early disease detection, for example through population screening programs



**Currently takes place/should take place:** Patients are able to choose the best treatment for them from a number of treatment options



**Currently takes place/should take place:** Care is coordinated across the health system; for example, physician reports are communicated to other health care providers for follow-up



There is a gap between expectation and reality with respect to the functioning and practices of the health care system. Areas where expectations are not being met include patient choice, coordination of care, and patient monitoring and follow-up by health professionals.

## Gap between expectation and experience

All respondents were asked about a number of practices in the health care system: whether they take place, and whether they *should* take place. In general, it was felt that these practices take place some of the time but should take place all of the time. In some cases, however, there were significant differences in perception between groups. For instance, while 93% of doctors said that early screening takes place at least sometimes, only 67% of the general public said so – but nearly equal numbers of both groups (62% of doctors and 58% of the public) agreed that it should take place all of the time. And even among the public, views varied regionally: in Québec, 18% said early screening always takes place, while between 7% and 9% in other provinces said so.

## Patient choice

Similarly, patient choice, while in all cases expected all the time and thought to occur sometimes, was viewed differently in different parts of Canada. While 68% of Ontarians felt they sometimes had choice, only 53% in the Atlantic provinces felt so; and while all across the country it was strongly felt that patients should have choice, the strength of the feeling increased going eastward, with 63% of those in BC and the Territories saying it should exist all of the time, and 34% saying some of the time, compared with 71% and 26% respectively in the Atlantic provinces.

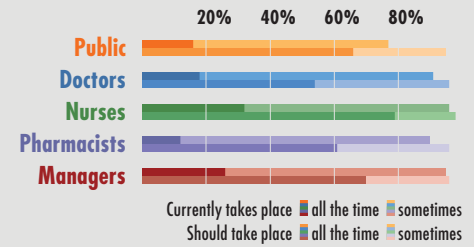
## Follow-up

Follow-up is the area where the greatest gap between reality and expectation appears. While 68% of the public said that patients should always be contacted after receiving care to monitor changes in health, only 63% felt that this happens even some of the time, and just 16% believe it happens all of the time. Doctors see follow-up as happening more often – 79% said it happens at least some of the time and 18% said it happens all of the time – but fewer than one-half believe it should be a universal practice: only 47% said it should take place all of the time, though 98% said it should take place at least some of the time.

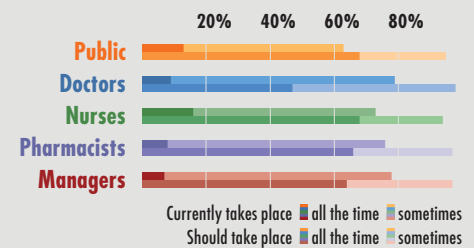
## Assessment of patient satisfaction

Patient satisfaction is one area of significant disparity between expectation and experience. Only half of Canadians said that quality of care is monitored by follow-up even sometimes, while 60% said it should take place all of the time and another 37% said it should happen sometimes. Advocacy for this was strongest in Québec, with 73% saying it should take place all of the time. Among doctors, the response to quality-focused follow-up was very similar to that for health-focused follow-up, yet nurses were the strongest advocates: 63% said it should happen all of the time.

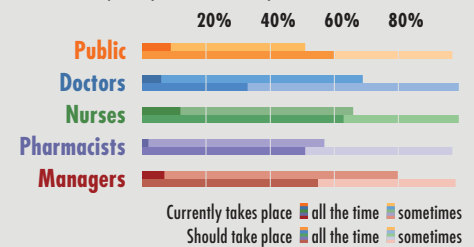
**Currently takes place/should take place:** Patient care in the community or home setting is monitored by health care providers



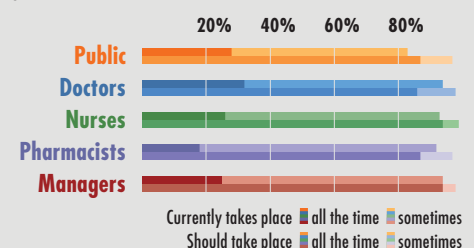
**Currently takes place/should take place:** Patients are contacted after receiving clinical services to document if any change in health has occurred because of the treatment



**Currently takes place/should take place:** Patients are contacted after receiving clinical services to measure the quality of care they received

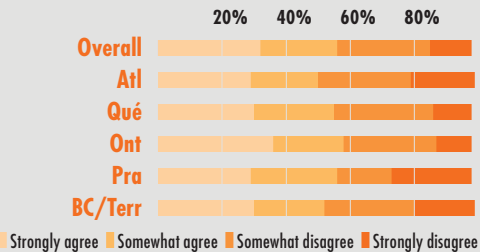


**Currently takes place/should take place:** Patients diagnosed with a new condition are provided with information on how they will be treated and by whom

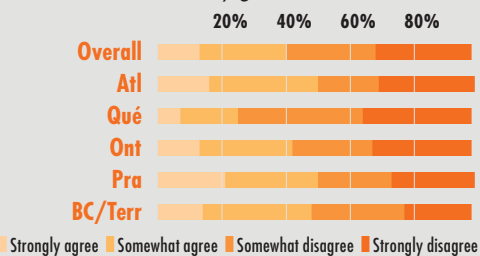


# 5 Canadians expect broad access to care and services

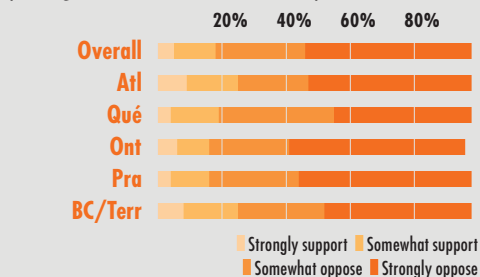
**Agreement:** Governments should be the sole funders of health care and services



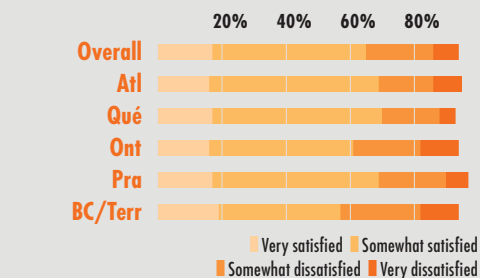
**Agreement:** There should be limits to the number of health services funded by government



**Support:** Decreasing the number of services covered by the government-funded health system



**Satisfaction:** The range, or comprehensiveness, of care and services covered under government-funded health care



A majority of Canadians feel that governments should be the sole funder of health care and services, and nearly all expect governments to fund all health services that are proven to improve health and quality of life. Canadians are generally satisfied with the comprehensiveness of government-funded health care, but they oppose any reduction in the number of services covered by the government.

## Support for government involvement and broad access

A majority of the public polled (56%) agreed that governments should be the sole funders of health care. Support for this position was strongest in Ontario, where 36% strongly agreed and another 22% somewhat agreed, and weakest in the Atlantic provinces, where 29% strongly agreed and 21% somewhat agreed.

## Comprehensiveness of services

Almost two-thirds (65%) of Canadians said they are at least somewhat satisfied with the comprehensiveness of government-funded care and services. However, 57% said there should be no limits to the number of health services funded by government, and 90% agreed that governments should fund all health services that are proven to improve health and quality of life. Support for such full coverage is especially strong in the Atlantic provinces, where 71% strongly agree and another 24% somewhat agree.

# 6 Canadians are willing to pay more to improve access to care

Canadians do not support paying for health services at the point at which care is delivered, and do not support requiring patients to contribute a portion of the costs of the care and services they use based on income. However, there is an indication of a willingness to pay, as manifested by support for an additional public insurance program, funded through premiums, to cover what is not included in the current government-funded health system.

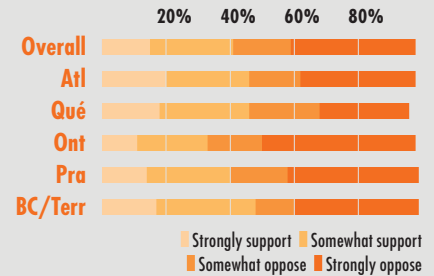
## Opposition to “point-of-care” payment

Canadians willingly give of their personal resources; 72% of respondents have given time, money, or both to voluntary or charitable health organizations. In the last year alone, one-third of respondents gave their time or money or both to provide health care or support health charities. However, Canadians do not support paying for health services at the point at which care is delivered, for example through user fees (57% opposed, 4 in 10 strongly opposed) and increasing co-payments where they currently exist (61% opposed, 3 in 10 strongly opposed). There is also little support (59% opposed, 4 in 10 strongly opposed) for patients contributing a portion of the costs of the care and services they use based on income. Opposition to extra user fees ranged from 50% in Québec to 63% in Ontario.

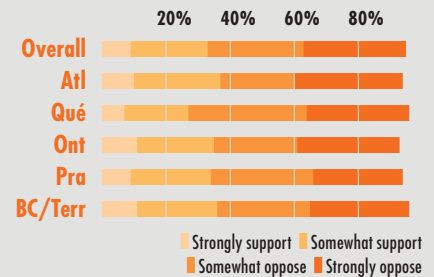
## Support for a supplemental public health insurance program

To cover what is not included in the current government-funded health system, a majority of Canadians support (61%, 1 in 4 strongly support) the creation of an additional public insurance program, funded through premiums. Support for an additional insurance program did not change according to income status. Support is strongest in Atlantic Canada (75%) and weakest in Québec (54%).

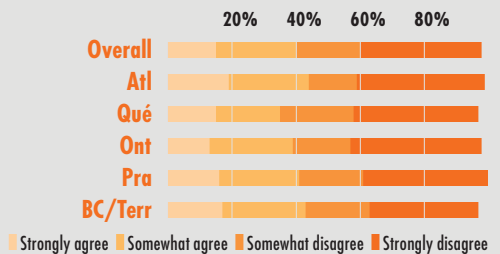
**Support:** Charging a user fee for certain health services covered by the government-funded system for which there is currently **not** a co-payment requirement, for example emergency room visits



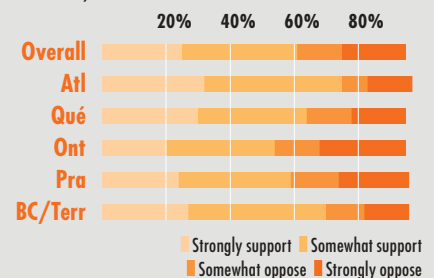
**Support:** Increasing the amount of money that Canadians already directly pay for health care and services, for example increasing the co-payment for prescription drugs or other services for which there is currently a co-payment requirement



**Agreement:** Canadians who can afford it should be required to personally contribute to a portion of the costs of the care and services they use, in addition to the taxes they already pay

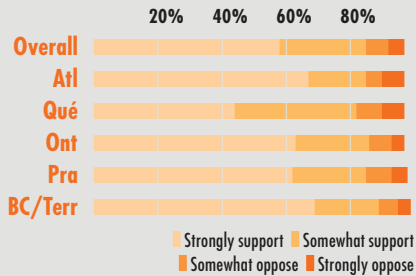


**Support:** Creating an additional public insurance program, funded through premiums, that is to cover what is not included in the current government-funded health system

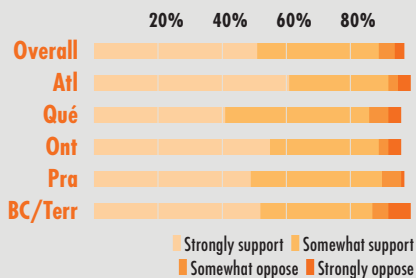


# 7 There is support for national standards, information sharing, and public input

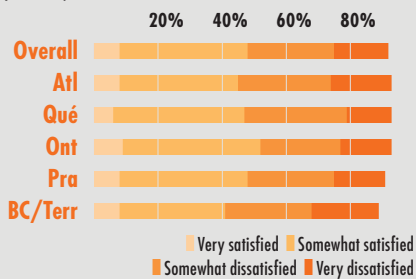
**Support:** Development of national standards for health care delivery and services, for example maximum waiting times for certain services



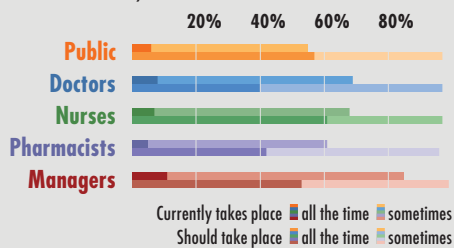
**Support:** Developing information systems to make it easier to access and share information



**Satisfaction:** The level of reporting to the public on health system performance



**Currently takes place/ should take place:** The public has opportunity to participate in decision-making about the health system



Canadians advocate the development of national standards for health care delivery and services. Practices supported include disease prevention, access to a number of treatment options, patient monitoring and follow-up by professionals in the home and community setting, and care coordination. There is definite support among the public and professionals for electronic information sharing systems. And the Canadian public also want more say in health care decisions.

## National standards

There is very solid support for national standards in health care: 85% of respondents somewhat or strongly supported their development.

## Practices supported by Canadians

Practices strongly supported by the public, providers and managers of the system include early disease detection, access to a number of treatment options, coordinated care across the system, monitoring of patient care by professionals in the home and community setting, and patient follow-up after care receipt to document changes in health and quality of care received.

## Information sharing

There is also extremely strong support for information sharing systems. Among the public, 89% voiced support for information systems to improve information access and sharing. Among pharmacists, 88% said that electronic drug monitoring systems have improved their ability to provide patient care; 96% agreed that access to information from other health providers would improve their ability to provide patient care. And 85% of doctors said they are comfortable with the use of new technology to share patient information with other health care providers.

## A stronger voice for the public

Half of all Canadians are dissatisfied with the level of reporting to the public on health system performance, and 64% voiced dissatisfaction with their level of input on decisions about the future of health care. While 45% said the public at least sometimes has the opportunity to participate in decision-making about the health system, 57% said they should be able to participate all the time, and another 40% said they should sometimes. Health professionals and managers also agreed that the public currently has less input than it should.









*Fax us your comments on the  
Health Care in Canada 2001 Survey.*

*Photocopy this page and fax it with your comments to **416.383.0005**  
or email **comments@hcic-sssc.ca***

**Name**

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**Affiliation**

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**Telephone number**

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**Email address**

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**Comments on this year's survey**

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

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### 1. There is support for change

The majority of respondents across all groups report that Canadians are, overall, presently receiving quality health care. However, there is an appetite for change; confidence in the system is declining, and a majority report that major repairs are necessary. Only a small percentage support a complete rebuilding of the system.

### 2. Patient satisfaction is the #1 indicator of quality of health care and services

Patient satisfaction is the most common indicator of the quality of health care and services available to Canadians reported by health care providers and managers. Increasing patient satisfaction appears to be linked to increasing access to care.

### 3. Lack of staff and lack of funding are the most important health care issues

The declining perception of quality in the health care system appears to be due to “system issues.” And the most important “top of mind” health care issues cited by Canadians are lack of staff and work overload, and lack of funding. More than three-quarters of providers and managers report a human resources shortage in their professions. They say that more staff is the most important thing that would help them in their work, and that lack of staff is leading to longer waiting periods, affecting the quality of care provided and negatively impacting the well-being of health care professionals.

### 4. There is a gap between care expectations and experience

There is a gap between expectation and reality with respect to the functioning and practices of the health care system. Areas where expectations are not being met include patient choice, coordination of care, and patient monitoring and follow-up by health professionals.

### 5. Canadians expect broad access to care and services

A majority of Canadians feel that governments should be the sole funder of health care and services, and nearly all expect governments to fund all health services that are proven to improve health and quality of life. Canadians are generally satisfied with the comprehensiveness of government-funded health care, but they oppose any reduction in the number of services covered by the government.

### 6. Canadians are willing to pay more to improve access to care

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### 7. There is support for national standards, information sharing, and public input

Canadians advocate the development of national standards for health care delivery and services. Practices supported include disease prevention, access to a number of treatment options, patient monitoring and follow-up by professionals in the home and community setting, and care coordination. There is definite support among the public and professionals for electronic information sharing systems. And the Canadian public also want more say in health care decisions.