



## Health Care in Canada Survey 2002

A national survey of health care providers, managers, and the public



### Brought to you by

The Coalition of National Voluntary Organizations, The Canadian Association for Community Care, The Canadian Home Care Association, The Canadian Medical Association, The Canadian Nurses Association, Merck Frosst Canada Ltd., The Canadian Healthcare Association, The Canadian Pharmacists Association, The Frosst Health Care Foundation, and POLLARA Research

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# HCIC

## Introduction

The Health Care in Canada (HCIC) survey is the most comprehensive annual survey on key health care issues. It has been developed to provide direction for decision-makers and advisers in managing health care reform. This is the fifth annual survey of a nationally representative sample of Canadians, health care providers, managers and trustees.

The intent and spirit of the survey is not to provide a report card on the current status of the health system, but rather to gauge the need for change and to provide direction on where change is needed and on the options supported by stakeholders of the system. As an annual survey, it allows for the tracking of trends over time.

This survey is unique, as it has been developed by a broad base of stakeholders in the healthcare 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, all working together to provide their experience, perspective, and expertise. 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 Organizations, the Canadian Pharmacists Association, POLLARA, the Canadian Healthcare Association, and The Frosst Health Care Foundation. The partnership has grown from three partners in 1998 to ten partners in this fifth annual survey.

The results from this year's survey were presented at the National Healthcare Leadership Conference in Halifax on May 27, 2002.

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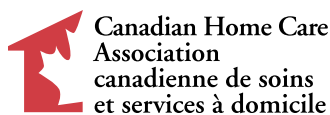
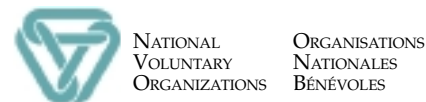
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### Methodology

POLLARA interviewed 1,200 Canadians, 200 doctors, 200 nurses, 200 pharmacists, and 200 managers and trustees, in a nation-wide distribution consistent with that of the general population and professionals. Members of the public surveyed were equally divided between men and women, came from all income levels, and ranged in age from 18 to 91 years old. The survey was conducted in April 2002. Overall results for the public are considered accurate within plus or minus 2.9 per cent 19 times out of 20, while the margin of error for health care providers and managers is plus or minus 7.1 per cent 19 times out of 20.



## **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, the CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care. On behalf of its members and the Canadian public, the 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, 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.

## **The Canadian Pharmacists Association**

The Canadian Pharmacists Association is the national voluntary organization of pharmacists committed to providing leadership for the profession. Our vision is to establish the pharmacist as the health professional whose practice, based on unique knowledge and skills about drug therapy, ensures optimal patient outcomes.

CPhA achieves its vision by serving its members through advocacy, facilitation, provision of knowledge, participation in partnerships, research and innovation, education and health promotion.

### **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 2001, the company invested more than \$120 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 group. 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 cost management 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 its 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 leadership 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 health care reform.

The Frosst Health Care Foundation includes representatives from advocacy groups, medicine, nursing, pharmacy, health policy, and the private sector. 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 useful, 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.



# HCIC

## Executive Summary

### **Confidence in the system is falling**

The 2002 Health Care in Canada Survey shows that confidence in the Canadian health care system is continuing to erode – 58 per cent of Canadians polled said their confidence is falling, 4 per cent more than last year and 7 per cent more than in 2000. Only one Canadian in two is confident a solution will be found to sustain the health care system.

### **Canadians are satisfied with the quality of care received**

While their confidence is falling, seven Canadians in ten are somewhat or very satisfied with the quality of care provided to patients, and this level has increased slightly over the past two years. About half of patients (compared with three-quarters of providers and managers) say that Canadians are currently receiving quality care.

### **Canadians are concerned about accessibility of care**

Although Canadians are reasonably satisfied with the quality of care they receive, they are concerned about the range of care covered under the public system and by timely access to care. Accessibility of care and access-related issues such as long waiting lists, insufficient funding, and poor availability of health care professionals were indicated by the public and by health care providers and managers as priority areas for change.

*“Public opinion surveys reveal a paradox in Canadians’ attitudes and beliefs towards the health care system. While there is great support for the broad principles and the system in general, there is also support for change, given growing concern about access to care and funding of the system. The findings in this survey should help governments and their partners build for the future because it includes the perspective of the citizens, health care providers, and managers of the health system.”*

—Michael Marzolini, Chairman and CEO, POLLARA

### **More health care professionals are needed**

When asked for the most important things that would help them in their work, human resource issues were the most common top-of-mind focus of doctors, nurses and pharmacists, and second only to funding among health care managers. A strong majority of all professionals polled said their professions currently have human resources shortages. And among those seeing shortages in their professions, more than half see them as having a significant negative impact on their ability to function in their jobs.

*“Canada must double the number of nurses it graduates annually and provide nurses with practice environments conducive to the level of quality of care Canadians deserve. The solutions are clear; what we need now is political will.”*

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

### **Repairs to the system are called for**

In order to address perceived deficiencies in the system and to maintain or improve on the current quality of care, many Canadians are asking for change. Two-thirds of the general public, almost three-quarters of doctors and nurses, and nearly two-thirds of pharmacists and managers say Canada’s health system needs some fairly major repairs or, in a minority of cases, a complete rebuilding.

### Canadians want input on change to the system

In spite of the current media focus on health care and the commissions set up to study it, the general public's reaction to the level of reporting to the public on health system performance is mixed at best: 46 per cent dissatisfied, 45 per cent satisfied. Only 29 per cent said they were somewhat or very satisfied with how much input the public has on decisions about the future of the health system.

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

—Dr. Monique Camerlain, President,  
The Frosst Health Care Foundation

### Canadians are willing to pay for access

Most Canadians expect it will take more money to sustain or improve the system, and a majority are willing to pay. However, the majority do not want to erode other social services in order to do so. Three quarters of respondents said that a solution to sustain the health care system will cost Canadians more in taxes or out-of-pocket expenses. Seven Canadians in ten are willing to pay more to increase the range of services, improve the timeliness of care, or both, and small majority are willing to pay more, either in out-of-pocket expenses or through taxes, just to maintain the current level of health care. Given a choice between a general tax increase or a specific tax where funds would only go to health care, three-quarters of respondents said they would prefer a specific health tax.

### Canadians would support incentives for appropriate use

Support among public and health care professionals to proposed initiatives to improve the level of appropriate use of the health care system is mixed, but some proposals are favoured by a clear majority. The most favoured options are initiatives such as electronic information sharing and cooperation between providers, an increased role of non-physician health care providers, and a greater emphasis on wellness and prevention.

*"The Survey has repeatedly shown that Canadians support a wellness agenda that focuses on disease prevention, health promotion, research and education with a view to decreasing high-risk behaviours which in turn contribute to increasing the costs of the health care system. It is important that the system reflects the views of not just the Canadian population but of the health care professionals as well."*

—Al Hatton, Executive Director,  
Coalition of National Voluntary Organizations

### Reactions to different models of health care

This year, the survey presented members of the public with several vignettes illustrating approaches to health care that are distinctly different from the current Canadian approach. Canadians gave mixed reactions to the options of user fees and parallel public and private systems. They tend to favour the idea of having an arm's-length organisation administer health care, and they oppose a "medical savings account" approach to funding health care. A clear majority believe it is the responsibility of all Canadians to support the health care system financially.

*"Canadians are proud of their health system. The invitation to present the results of the Survey at an event such as the National Healthcare Leadership Conference indicates that health care providers share a high level of concern with Canadians regarding accessibility and quality of health care. Governments will need to take a leadership role to ensure that these directions are reflected in the reform of the health system. Canadians want quality health care based on health need, not the ability to pay."*

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

# Canadians expect and support change

Confidence in the Canadian health system continues to erode. Most believe the health system needs some fairly major repairs; however, only a small fraction of Canadians say that a complete rebuilding of the system is necessary. Just half of Canadians are confident a solution will be found to sustain the system. There is also significant dissatisfaction with the current level of public input on decisions regarding the future of health care in Canada.

## Confidence is falling

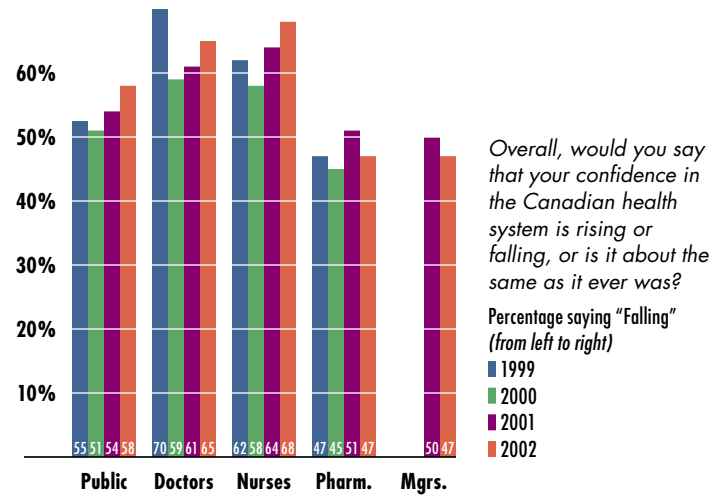
Confidence in the Canadian health system is continuing to erode – 58% of Canadians polled said their confidence is falling, 4% more than last year and 7% more than 2000. The most negative response rate was among women over the age of 34 (66%). And only 51% of Canadians are confident a solution will be found to sustain the health care system.

## Repairs are called for

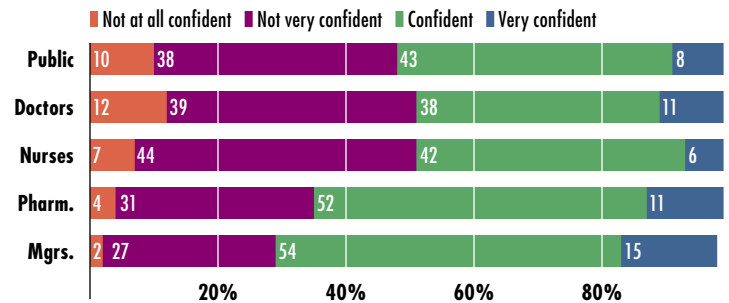
In order to address perceived deficiencies in the system and to maintain or improve on the current quality of care, many Canadians are asking for change. Two-thirds of the general public, almost three-quarters of doctors and nurses, and nearly two-thirds of pharmacists and managers say Canada's health system needs some fairly major repairs. However, only in a minority of cases do Canadians and professionals report that a complete rebuilding from the ground up is required.

## Input on change is desired

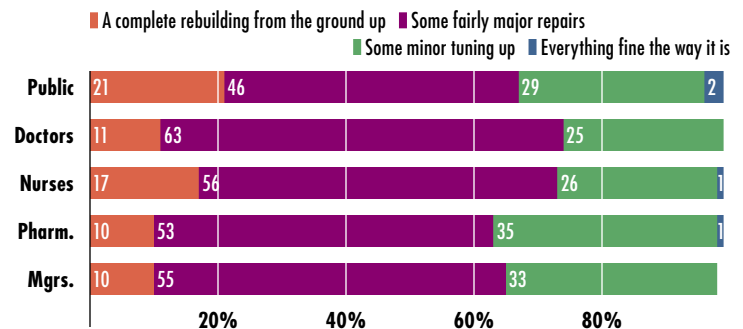
In spite of the current media focus on health care and the commissions set up to study it, the general public's reaction to the level of reporting to the public on health system performance is mixed: 46% dissatisfied, 45% satisfied. And only 29% said they were somewhat or very satisfied with how much input the public has on decisions about the future of the health system.



How confident are you that a solution will be found to sustain the health care system?



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?





# 2 Canadians want greater access to health care

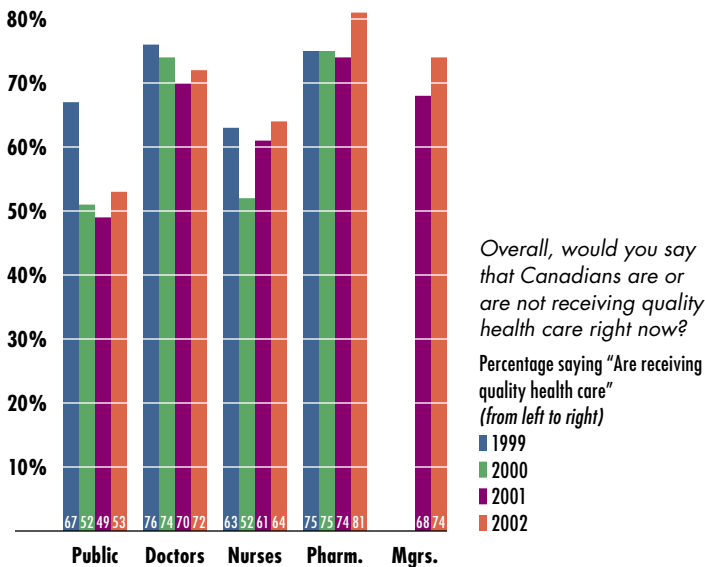
Canadians are reasonably satisfied with the quality of care received by patients, but are concerned about the range of care covered under the public system and about timely access to the care they require. The most prominent top-of-mind areas of concern in the health system for Canadians are related to access, with funding and staffing raised as key issues. Funding and human resources issues are also the most prominent top-of-mind concerns of health care providers and managers.

## Canadians are satisfied with the quality of care received

Seven Canadians in ten are somewhat or very satisfied with the quality of care provided to patients, and this level has increased slightly over the past two years. Canadians are also satisfied with their access to information about disease prevention and wellness, with 75% declaring themselves somewhat or very satisfied. And 53% of Canadians (compared with 72% of doctors, 64% of nurses, 81% of pharmacists and 74% of managers) say that Canadians are currently receiving quality care (response from the public varied between regions, ranging from 41% in the Atlantic region to 57% in Québec).

## There is mixed satisfaction with the range of care covered

A somewhat smaller majority of Canadians – 59% – are satisfied with the range, or comprehensiveness, of care and services covered under government-funded health care. Roughly one-third of Canadians do not agree that access to all medically necessary health care services is provided by the current health system, and about three in ten do not agree that access is provided regardless of ability to pay. Breadth of access appears to be important: given a scenario where the government could not cover all health care costs through taxation, 53% of respondents said they would prefer *partial* coverage for *most* services, while 40% said they would prefer *full* coverage for *some* services.



Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statements about the current Canadian health care system:

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

Access to all medically necessary health care services is provided by the current health system.



Access to all necessary home and support care is provided by the current health system.



Access to all necessary long-term institutional care is provided by the current health system.



Access to medically necessary health care services is provided regardless of ability to pay for services.



Access to all necessary home and support care is provided regardless of ability to pay for services.



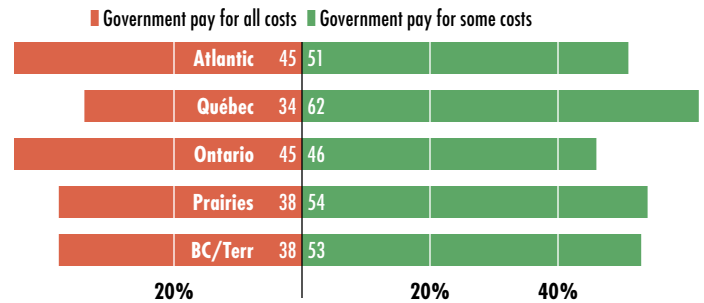
Access to all necessary long-term institutional care is provided regardless of ability to pay for services.



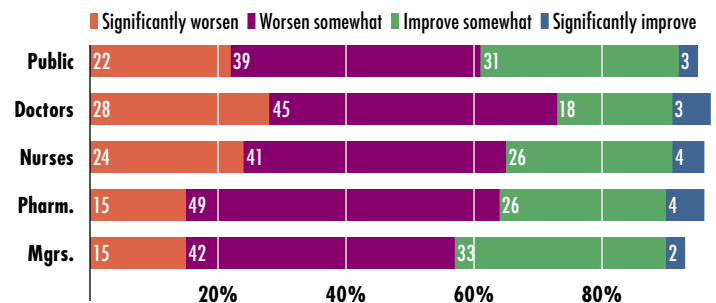
20% 40% 60% 80%

If the government through taxation would not cover all of the costs for all health care, including services such as routine care, emergency care, home care, rehabilitation, mental health care, long term care, etc., which of the following comes closest to your own way of thinking?

**Rotated order of options:** The government should pay for all of the costs for some services, even if it means there is no coverage for other services. OR The government should pay for some of the costs for most services, even if it means part of the costs will be paid by patients.



Over the next five years, do you believe that Canadians' access to timely, quality health care will significantly improve, improve somewhat, worsen somewhat or significantly worsen?



**Open-ended:** What is your main priority area for change?

Among those calling for some fairly major repairs, top three response categories:

	2002	2001
<b>Public</b>	Accessibility/availability of health care Lack of staff/staff cutbacks/manpower Lack of funding/cutbacks	Long waiting period/long lists Accessibility/availability of health care Lack of doctors/specialists
<b>Doctors</b>	Accessibility/availability of health care Lack of funding/cutbacks Better use of funds/allocation of	Lack of funding/cutbacks Accessibility/availability of health care Lack of staff/staff cutbacks/manpower
<b>Nurses</b>	Lack of staff/staff cutbacks/manpower Lack of funding/cutbacks Lack of doctors/specialists	Lack of funding/cutbacks Lack of staff/staff cutbacks/manpower Accessibility/availability of health care
<b>Pharmacists</b>	Accessibility/availability of health care Lack of funding/cutbacks Lack of staff/cutbacks/manpower	Lack of funding/cutbacks Lack of staff/staff cutbacks/manpower Hospital/hospital service/care
<b>Managers</b>	Lack of funding/cutbacks Accessibility/availability of health care Better use of funds/allocation of	Lack of funding/cutbacks Needs restructuring/rearranging/diff. model Care for elderly/aging population

## Canadians are very concerned about access

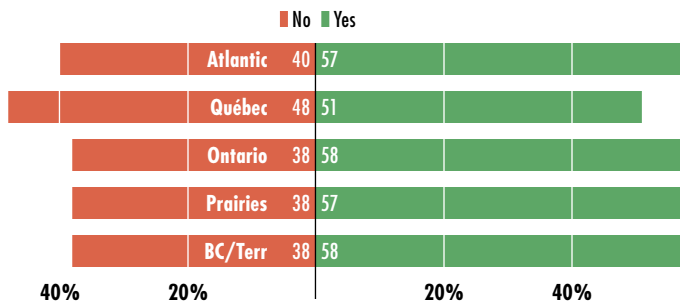
Asked an open-response question on their main priority areas for change, members of the public mentioned accessibility and availability directly and also brought up access-related issues such as long waiting lists, insufficient funding, and poor availability of health care professionals. Funding, health care personnel and access were also primary issues for health care providers and managers.

Levels of satisfaction with the accessibility of various parts of the system vary. Only 39% of those asked said they were satisfied with their access to long-term institutional care; 34% said they were dissatisfied, and 28% did not offer an opinion. Slightly less than half of Canadians are very or somewhat satisfied with their access to care in the home or community (48%) and to surgical care (45%); 54% are satisfied with their access to emergency care, and 66% are satisfied with their access to a doctor, nurse, clinic, or other health provider. And the majority of Canadians and professionals do not expect that patient access to timely, quality care will improve over the next five years.

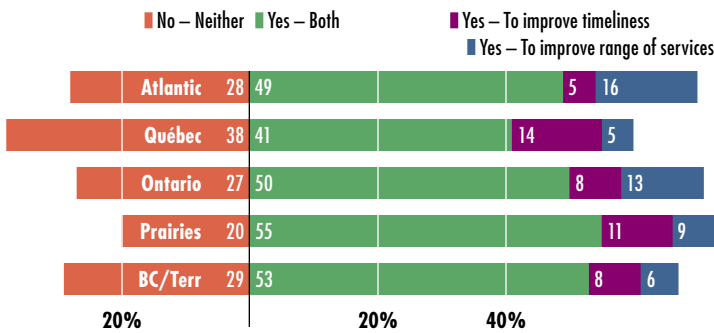
## More health care professionals are needed

Human resource issues were the most common top-of-mind focus of doctors, nurses and pharmacists when asked for the most important things that would help them in their work, and they were second only to funding among managers. Of health care professionals polled, 93% of doctors, 80% of nurses, 93% of pharmacists, and 76% of managers said their professions currently have human resource shortages. And among those seeing shortages in their professions, more than half see them as having a significant negative impact on their ability to function in their jobs – 61% of doctors, 64% of nurses, 50% of pharmacists and 54% of managers.

Would you be willing to pay more, either out-of-pocket or tax payments, to maintain the current level of health care provided by the system?

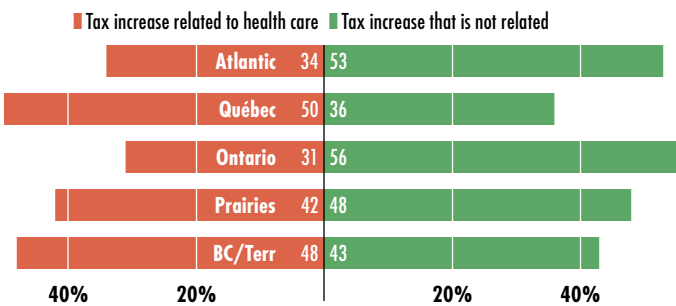


Would you be willing to pay more, either out-of-pocket or tax payments, to increase the range of services offered or to improve timeliness of care provided by the health care system?

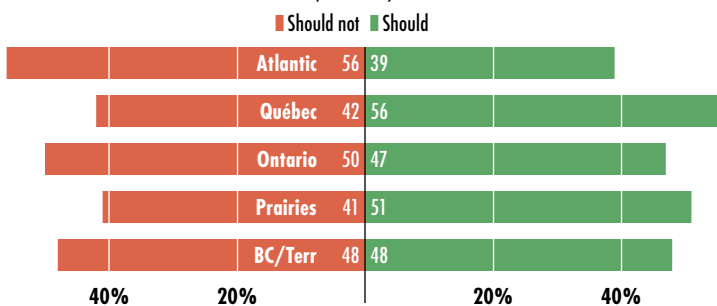


If governments were to increase funding for health care, which of the following options would you most prefer?

**Rotated order of options:** Implementing a tax increase related to how much one uses the health care system OR a tax increase that is not related to how much one uses the health care system.



Do you believe that Canadians should or should not be able to pay out of their own pocket to receive services from private clinics faster than in the public system?



# Canadians are willing to pay for access

Most Canadians expect it will take more money to sustain or improve the system. However, most do not want to erode other social services in order to do so. A majority of Canadians are willing to pay through taxes or out-of-pocket to maintain or increase the current level of health care coverage.

## Most Canadians are willing to pay for improved access

Only one-quarter of respondents feel that there is enough money in the health care system right now. And 76% said that a solution to sustain the health care system will cost Canadians more in taxes or out-of-pocket expenses. Seven Canadians in ten are willing to pay more to increase the range of services, improve the timeliness of care, or both. And a small majority are willing to pay more, either out-of-pocket or through taxes, just to maintain the current level of health care.

## The source and allocation of funding are important

Respondents were asked for their preferences if governments were to increase funding for health care. If a tax increase were implemented to fund the system, more respondents would prefer it not to be related to how much the individual uses the system (48% versus 40%). Given a choice between a general tax increase or a specific tax where funds would go only to health care, 74% said they would prefer a specific increase and only 13% a general increase. And, if given a choice between reallocating public funds to health care from other social service sectors, for example education, or reallocating public funds from non-social sectors such as transportation, 63% said they would advocate drawing from non-social sectors, with only 15% preferring reallocation of funds from social sectors.

## Canadians are divided over parallel systems

Regarding private contributions, Canadians are evenly split on the issue of whether those who can afford it should be able to pay out-of-pocket to receive faster care from private clinics. Response to the issue was most positive among the younger respondents, with 64% of those 18–24 years old supporting the idea; negative responses were greater among older respondents, with 52% of those 45 years and older opposing the idea.

# 4 Canadians would support incentives for appropriate use

Support among public and health care professionals to proposed initiatives to improve the level of appropriate use of the health care system is mixed, but some proposals are favoured by a clear majority. The most favoured options are initiatives such as electronic information sharing and cooperation between providers, an increased role of non-physician health care providers, and a greater emphasis on wellness and prevention.

## Support for incentives was tested

Members of the public and health care professionals were polled on several ideas that are currently being discussed for improving the level of appropriate use of the Canadian health care system. For each option, potential benefits and negative consequences were provided to respondents.

## There is mixed support for tax breaks

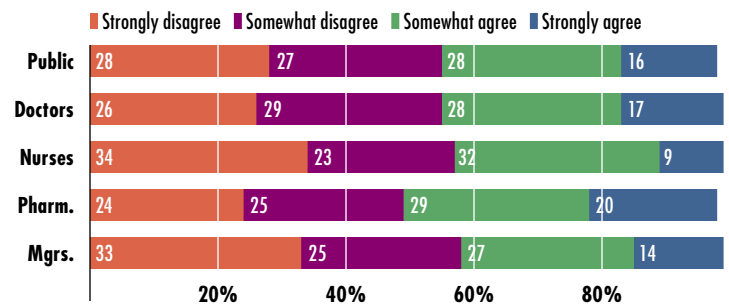
By a small majority, respondents disagreed with providing tax breaks for those who do not use many health care services, although they were slightly more receptive to the idea of providing tax breaks to relatives and friends who provide homecare to those in need – health care professionals in particular favoured this latter option. An incentive to more appropriate use of health care resources that received greater support among all groups except doctors was the provision to patients of an itemized description of the costs of the health care they receive: 67% of the general public, 59% of doctors, 81% of nurses, 79% of pharmacists, and 81% of health care managers agreed with this idea.

## A majority favour greater use of non-physician providers

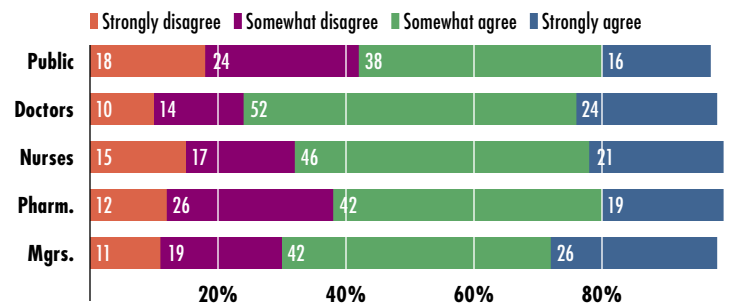
Six in ten Canadians favour increasing the use of non-physician health care providers when a similar outcome can be achieved at a lower cost; response to the option is also positive among health care professionals, with 60% of doctors, 77% of nurses, 79% of pharmacists, and 84% of managers agreeing with the idea. A slight majority of respondents from the public (55%) agreed with requiring

*I am going to read you a few options that may lead to better use of the health care system. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following? How about...*

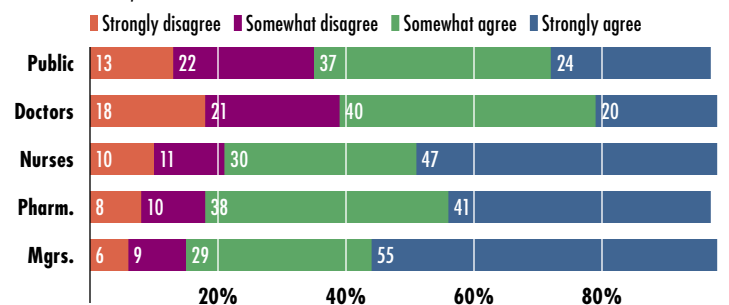
*Providing tax breaks for those who do not use many health care services, even if this means that some people may not seek necessary care.*



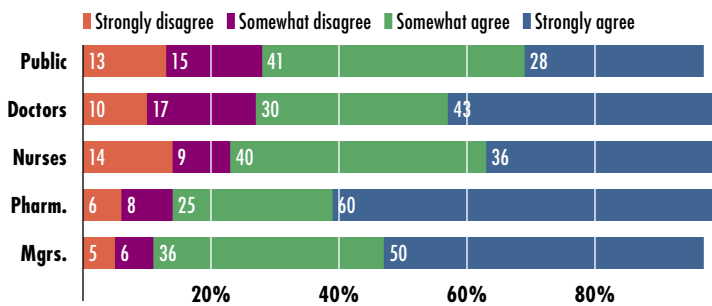
*Providing tax breaks to friends and relatives who provide homecare to those in need, even if it means that the tax breaks may be abused.*



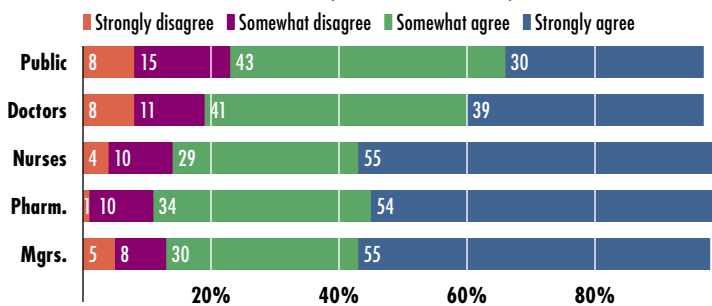
*Increasing the use of non-physician health care providers when a similar outcome can be achieved at a lower cost, even if this means that patients won't see a doctor.*



Implementing electronic patient records to improve the integration of services and monitor the use of health care resources, even if this means that patient health information may be accessible by other health care providers.



Paying to promote wellness and prevent disease rather than just treating diseases, even if this means higher costs in the short term which takes resources away from the current system.



**Open-ended:** Can you identify any barriers you see to collaborative practice?

**Top four response categories:**

- Doctors**
  - No/nothing/no barriers
  - Lack teamwork/rivalry/turf protection
  - Funding/financial barriers
  - Administration/organization of services
- Nurses**
  - No/none/no barriers
  - Won't cooperate/won't give up their role
  - Attitudes/egos/doctors think they are gods
  - Nurses not listened to/not recognized
- Pharmacists**
  - No/nothing/it would be great
  - Acceptance/collaboration of health care providers/doctors
  - Communication/with health care providers/doctors
  - Access to info/concerns about sharing info
- Managers**
  - No/nothing/none
  - Agreement/cooperation between bodies
  - Turf protection
  - Communication/information barriers

patients to register with a single doctor or group of doctors to focus accountability for patients' health; among providers and managers, favourable reactions ranged from 50% among doctors to 70% among managers, with 66% of nurses and pharmacists agreeing with the idea.

### Prevention and information sharing are important

Support is strong from all respondent groups for electronic information sharing and an emphasis on wellness and prevention. Seven in ten Canadians polled somewhat or strongly agreed with implementing electronic patient records to improve the integration of services and to monitor the use of health care resources, even if this means that patient health information may be accessible to other health care providers. Support among health care providers was even stronger, at 73% of doctors, 76% of nurses, 85% of pharmacists, and 86% of managers. And, while 75% of Canadians polled said they were satisfied with their access to information about disease prevention and wellness, 73% agreed with the idea of paying to promote wellness and disease prevention rather than just treating disease, even if this means higher costs in the short term taking away resources from the current system – agreement ranged from 66% in the Atlantic provinces to 79% in Québec. Support for this initiative was even stronger among health care providers.

### Cooperation and communication are key to collaborative practice

Health care providers were asked if they could identify any barriers to collaborative practice. The most common response – given by 18% of doctors, 29% of nurses, 16% of pharmacists, and 24% of managers – was that there are no barriers. The most common barriers identified were with the willingness of other health care professionals to cooperate and communicate. When asked what roles they saw for their respective professions in a collaborative practice, health care professionals gave responses largely in line with their current status: the dominant response among doctors was that they would be the team captains; nurses saw themselves in a strong and increasing role with an emphasis on education and patient interaction; pharmacists tended to view their role as information providers and monitors for medication use.



# Reactions to different models of health care

The survey presented members of the public with several vignettes illustrating approaches to health care that are distinctly different from the current Canadian approach. Canadians gave mixed reactions to the options of user fees and parallel public and private systems. They tend to favour the idea of having an arm's-length organization administer health care, and they oppose a "savings account" approach to funding health care. A clear majority believe in the responsibility of all Canadians to financially support the health system.

## Reactions to proposal were tested with vignettes

This year, the survey presented members of the public with several vignettes illustrating approaches to health care that are distinctly different from the current Canadian approach. They were given five scenarios of different health systems and were asked what words they would use to describe these systems. They were then presented with arguments for and against each scenario and were asked which of these came closest to their own way of thinking. In this section, each of the scenarios will be presented with a summary and discussion of the results.

## Vignette 1

Ken lives in a place where, like in your province, access to public health care insurance is provided to all citizens. In contrast to the situation in your province, people are allowed to purchase private insurance that covers the same services as the public system. The most common reason people take out private insurance is to avoid waiting for services, as they can receive faster care outside of the public system.

**Open-ended:** What words would you use to describe this health care system?  
**Top descriptive responses\*:**

Negative	Descriptive	Positive
Unfair/Discriminatory	Two-tier/Private	Options/Freedom of choice
Benefits rich/Rich get better care	Americanized/Not Canadian	Fair
Only good if you can afford it		
Elitist/Cadillac system/ Class hierarchy		
Expensive		

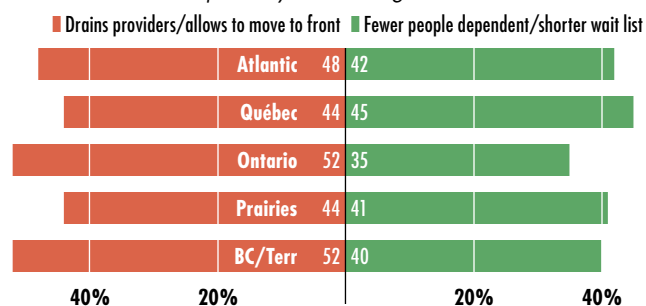
\*Excluding basic terms such as "bad" and "good idea." Response frequency is not indicated and may be as low as 1%.

Which of the following views comes closest to your own way of thinking?

### Rotated order of options:

Some/Others say that this drains health care providers out of the public system and allows only those who can afford private insurance to move to the front of waiting lists.

Others/Some say this leaves fewer people dependent on the public system and therefore shortens public system waiting lists.



## Reactions are mixed to parallel private and public systems

Respondents were nearly evenly divided over whether a system that allowed people to purchase private insurance to receive faster care would have a negative effect, draining providers from the public system (48%), or whether it would have a positive effect, shortening waiting lists in the public system (40%). This supports the response earlier during the survey to the question of whether Canadians should or should not be able to pay out of their own pockets to receive services from private clinics faster than in the public system: 49% said they should and 47% said they should not.

## Vignette 2

Valerie lives in a place where, like in your province, access to public health care insurance is provided to all citizens. However, public coverage is much broader than in your province and includes physicians, hospitals, prescription drugs, and some community-based care and home care services. In contrast to your province, user charges in addition to taxes paid are required for all publicly funded services. There is a maximum people are required to pay each year.

**Open-ended:** What words would you use to describe this health care system?  
**Top descriptive responses\*:**

Negative	Descriptive	Positive
Discriminating/Unfriendly/Unequal	Depend on charge/Agree if affordable	Fair/Evenly spread/Equitable Fees are good
Expensive/Rip-off/Unaffordable	Pay as you go	Less abuse/Not take for granted
Complicated/Confusing	Two-tier system	Efficient
Limited access/Not universal	Should depend on income	

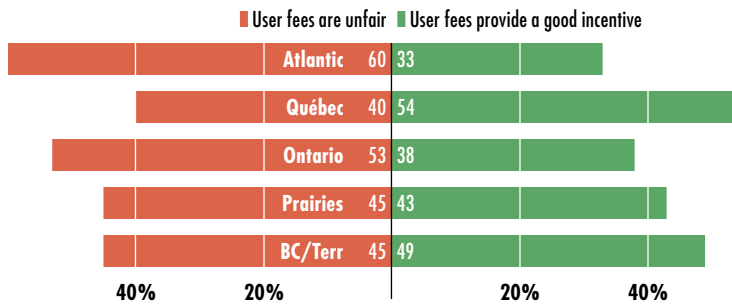
\*Excluding basic terms such as "bad" and "good idea." Response frequency is not indicated and may be as low as 1%.

Which of the following views comes closest to your own way of thinking?

**Rotated order of options:**

Some/Others say user fees are unfair as they penalize the sick and prevent those who need care from seeking it.

Others/Some say user fees provide a good incentive to reduce unnecessary use of the health system and provide additional revenue to the health sector so that more services can be covered.



### Responses are split over user fees

Responses were split on the issue of user fees, with an insignificant difference between the number who thought they provide a good incentive to reduce unnecessary use (44%) and the number who saw them as penalizing the sick and discouraging necessary care (48%). When asked earlier during the survey about adding user fees on top of tax-based payment for health care, however, 66% of Canadians disagreed with the idea, 33% somewhat and 33% strongly.

## Vignette 3

Duncan lives in a place where, like your province, access to public health care insurance is provided to all citizens. In contrast to the situation in your province, where governments fund, administer, and regulate health insurance plans, an arm's-length [SPLIT SAMPLE] government/non-government [SPLIT SAMPLE ENDS] organization administers the health insurance plans. These organizations funded and regulated by government.

**Open-ended:** What words would you use to describe this health care system?  
**Top descriptive responses\*:**

Negative	Descriptive	Positive
Inefficient/Unworkable	Privatization/Semi-Private	Fair/Equity
Complicated/Confusing	Government system/Govt. regulated	Efficient/Workable/Practical/Effective
Unfair/Unequitable	American system/HMO/Non-Canadian	
Costly		
Dangerous/Controversial		
Bureaucratic/Too much bureaucracy		

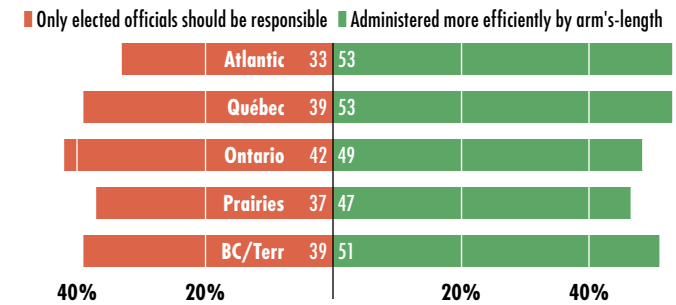
\*Excluding basic terms such as "bad" and "good idea." Response frequency is not indicated and may be as low as 1%.

Which of the following views comes closest to your own way of thinking?

**Rotated order of options:**

Some/Others say only elected officials should be responsible and accountable for the way public funds are spent.

Others/Some say the health system can be administered more efficiently by an arm's-length agency which can plan on a more long term basis.



### There is some support for arm's-length administration

Responses in favour of the idea that arm's-length administration of health funds would be more efficient were slightly stronger, at 50%, than those favouring the assertion that only elected officials should be responsible and accountable for public funds, at 40%. Responses were largely the same regardless of whether the arm's-length organization would be governmental or non-governmental.

## Vignette 4

Marjorie lives in a place where, like your province, every citizen is provided with health care insurance to protect them from catastrophic costs due to serious injury or long-term illness. Unlike the situation in your province, routine health care expenses are not paid directly through the tax system, but individuals and their families are provided with funds from the tax system to either pay for their routine health care expenses in a given year, or save in an account for use in future years.

**Open-ended:** What words would you use to describe this health care system?  
**Top descriptive responses\*:**

Negative	Descriptive	Positive
Wasteful/Be used elsewhere/not for health care	Banking/Deposit account	Fair/Equal/Impartial
Unfair/Unequal/Unjust		Cost-effective/Economical
Abusable		Efficient/Practical
Danger/Risky		
Inefficient/Unworkable		
Complicated/Confusing		
Idealistic/Unrealistic		
Difficult to administer/Unmanageable		

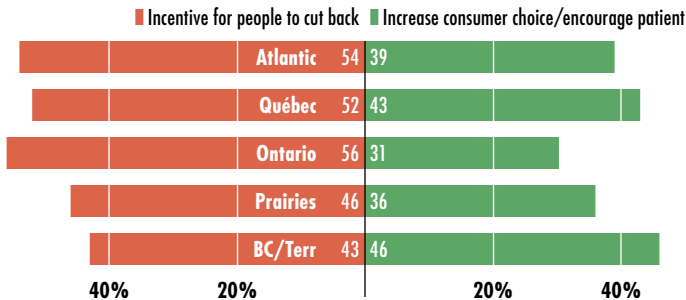
\*Excluding basic terms such as "bad" and "good idea." Response frequency is not indicated and may be as low as 1%.

Which of the following views comes closest to your own way of thinking?

**Rotated order of options:**

Some/Others say this has an adverse impact on health as it provides the incentive for people cut back on necessary health care and is overall a more costly way of delivering health care.

Others/Some say this increases consumer choice and encourages patients to make more prudent use of health services.



### There is some opposition to medical savings accounts

Response to a medical savings account scenario was generally negative: 37% of respondents inclined towards the view that such a plan would increase consumer choice and encourage more prudent use of the system, while 52% said their views were closer to the position that it would encourage people to cut back on necessary health care and would be more costly overall. This is consistent with the response to a question earlier during the survey: respondents were asked whether they agreed or disagreed with providing people with a sum of money to spend on health care or save for future use rather than covering the services under Medicare; 67% disagreed somewhat or strongly.

## Vignette 5

Michel lives in a place where, like your province, every citizen is guaranteed access to health care insurance for catastrophic costs due to serious injury or long-term illness. There is also coverage for basic medical care that is mandatory for everyone below a certain income level. Unlike the situation in your province, higher income earners who feel that they will not use many basic health care services, or will pay for the costs themselves, can opt out and are not required to pay taxes into the basic care insurance plan.

**Open-ended:** What words would you use to describe this health care system?  
**Top descriptive responses\*:**

Negative	Descriptive	Positive
Unfair/Discriminatory/Inequitable	Capitalist	Fair/Equal/Balanced
Not universal/Not accessible	Privatization/Semi-private	Flexible/Giving options
Everyone should pay		
Better for/catering to rich		
Elitist/Exclusionary/Feudal		
Abuse/Cheater system/Opportunistic		
Dangerous/Risky		
Wouldn't work/Inefficient		

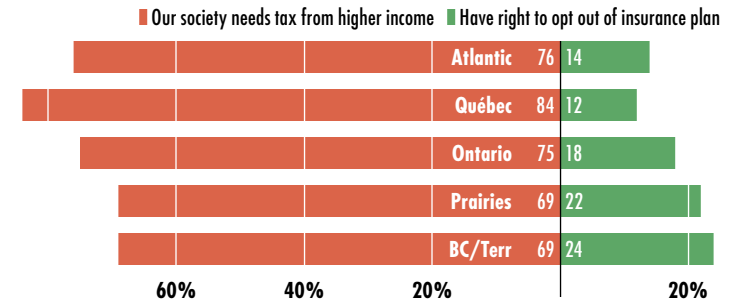
\*Excluding basic terms such as "bad" and "good idea." Response frequency is not indicated and may be as low as 1%.

Which of the following views comes closest to your own way of thinking?

**Rotated order of options:**

Some/Others say our society needs the taxes from higher income, young and healthy people to offset the cost of health care for the aged, sick and those with low incomes.

Others/Some say that those who do not use a lot of routine health care and services should have the right to opt out of the insurance plan.



### There is strong opposition to voluntary high-income opt-out

Response to the idea of allowing high-income earners to opt out of the public health care plan was clearly negative, with 75% saying that the taxes paid by the wealthy and healthy are needed and only 18% saying those who don't use health care should have the right to opt out. This is consistent with responses to the question, posed earlier during the survey, of whether individuals should be allowed to select the services for which they're covered: 69% responded that the government should provide the same level of coverage to all citizens.

# Summary

A majority of Canadians are satisfied with the care provided to patients, but there are significant issues with access to health care and providers, and there is concern about the sustainability of the system. There is support for major changes to the health system, and most Canadians are willing to pay for change. Public and health care professionals alike show highest levels of concern with accessibility of health care, funding issues and levels of staffing. Responses to initiatives such as user fees and a parallel private system are mixed, and a clear majority of respondents oppose allowing those with higher incomes to opt out of the public system. A majority of members of the public and health care professionals agree with a coordinated team approach to health care, electronic information sharing, and an emphasis on wellness and prevention.

## Themes, concerns, and perspectives

The words used by Canadians to describe the different scenarios above illustrate common themes, concerns, and perspectives on health care. Certain themes come up repeatedly in the most common responses:

### *Equality and fairness*

- unfair
- fair
- discriminatory
- equitable
- unequal
- equal
- unjust

### *Class distinction*

- benefits rich
- elitist

### *Cost*

- expensive
- cost-effective
- unaffordable
- costly

### *Choice*

- freedom of choice
- flexible

### *Practicality*

- efficient
- inefficient
- workable
- unworkable

### *Privatization*

- two-tier
- private
- semi-private

### *Canada vs. the US*

- American
- non-Canadian

# HCIC

## Notes

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*Fax us your comments on the  
Health Care in Canada 2002 Survey.*

*Photocopy this page and fax it with your comments to **416.383.0005**  
or email [comments@hcic-sssc.ca](mailto: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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### Canadians expect and support change

Confidence in the Canadian health system continues to erode. Most believe the health system needs some fairly major repairs; however, only a small fraction of Canadians say that a complete rebuilding of the system is necessary. Just half of Canadians are confident a solution will be found to sustain the system. There is also significant dissatisfaction with the current level of public input on decisions regarding the future of health care in Canada.

### Canadians want greater access to health care

Canadians are reasonably satisfied with the quality of care received by patients, but are concerned about the range of care covered under the public system and about timely access to the care they require. The most prominent top-of-mind areas of concern in the health system for Canadians are related to access, with funding and staffing raised as key issues. Funding and human resources issues are also the most prominent top-of-mind concerns of health care providers and managers.

### Canadians are willing to pay for access

Most Canadians expect it will take more money to sustain or improve the system. However, most do not want to erode other social services in order to do so. A majority of Canadians are willing to pay through taxes or out-of-pocket to maintain or increase the current level of health care coverage.

### Canadians would support incentives for appropriate use

Support among public and health care professionals to proposed initiatives to improve the level of appropriate use of the health care system is mixed, but some proposals are favoured by a clear majority. The most favoured options are initiatives such as electronic information sharing and cooperation between providers, an increased role of non-physician health care providers, and a greater emphasis on wellness and prevention.

### Reactions to different models of health care

The survey presented members of the public with several vignettes illustrating approaches to health care that are distinctly different from the current Canadian approach. Canadians gave mixed reactions to the options of user fees and parallel public and private systems. They tend to favour the idea of having an arm's-length organization administer health care, and they oppose a "savings account" approach to funding health care. A clear majority believe in the responsibility of all Canadians to financially support the health system.

