

Health Care in Canada Survey

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



Health Care in Canada: 10th Annual Edition Survey Results Part II

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Health Care in Canada 2007 Partners

- Association of Canadian Academic Healthcare Organizations
- Canadian Healthcare Association
- Canadian Home Care Association
- Canadian Medical Association
- Canadian Nurses Association
- Health Charities Coalition of Canada
- Merck Frosst Canada Ltd.
- University of Montreal Groupe de recherche en gestion thérapeutique
- Rogers Media
- POLLARA

Methodology

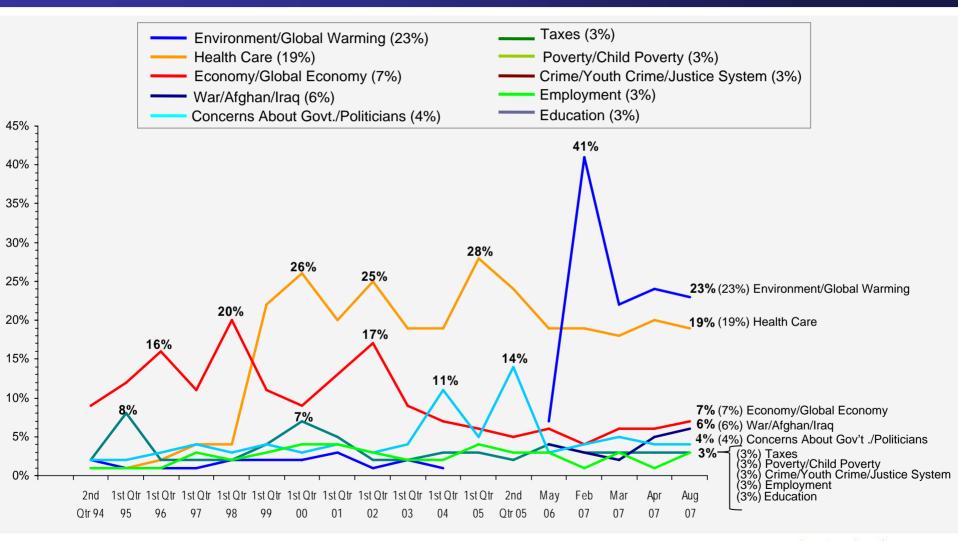
Survey results are based on telephone interviews with nationally representative samples of the Canadian public, doctors, nurses, pharmacists and health administrators.

Fielding of the questionnaire was conducted between October 3rd and November 8th, 2007.

Groups	Sample Size	Margin of Error
Canadian Public	1,223	<u>+</u> 2.8%
Doctors	202	<u>+</u> 6.9%
Pharmacists	202	<u>+</u> 6.9%
Nurses	201	<u>+</u> 6.9%
Managers	201	<u>+</u> 6.9%

Questionnaires were developed by POLLARA working in close consultation with the HCIC partners.

Most Important Issue Facing Canada - Tracking





Pharmaceuticals and Vaccines

Pharmaceuticals and Vaccines

- Almost one-quarter (23%) of Canadians strongly agree that our Federal prescription drug approval system provides us with timely access to new medications compared to the U.S.;
- Forty-one percent (41%) of Canadians strongly agree that the government should establish a maximum limit on how much individuals should have to personally pay for prescribed medications; The same proportion (41%) strongly agree that it is easy to find out if the cost of a newly prescribed medication is covered by their drug plan;
- Forty-three percent (43%) strongly agree that pharmaceutical prices in Canada need to be globally competitive in order to attract research and development funding to Canada;
- Atlantic Canadians (51%) are most likely to strongly agree that the government should establish a maximum limit on how much individuals should have to personally pay for prescribed medications compared with Canadians in other parts of the country.

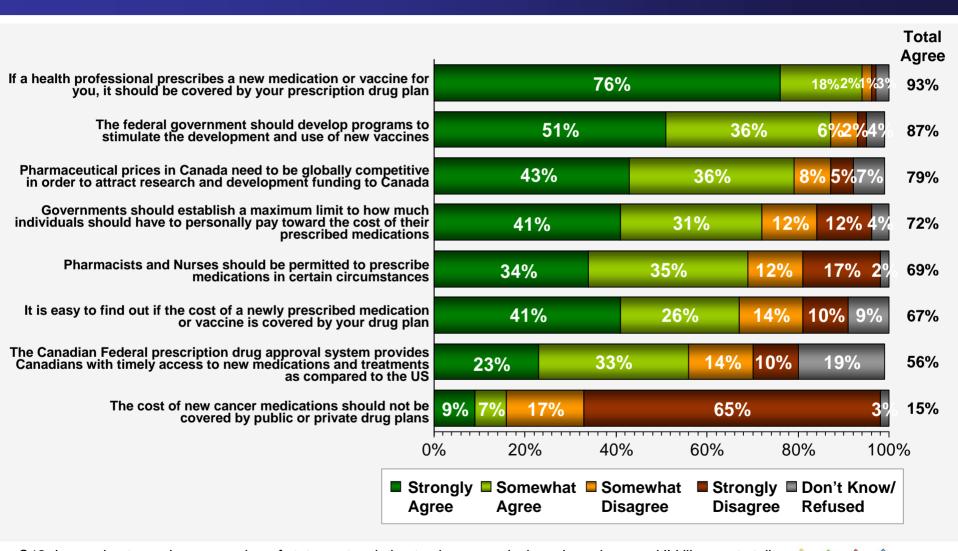
- More Canadians in Quebec (51%) strongly agree that pharmaceutical prices in Canada need to be globally competitive in order to attract research and development funding compared with Canadians in other regions (41%);
- About one-third (34%) of Canadians strongly agree that pharmacists and nurses should be permitted to prescribe medications in certain circumstances;
- Approximately three-quarters (76%) of Canadians (80% Atlantic) strongly agree that if a health professional prescribes a new medication or vaccine it should be covered by a person's drug plan;
- Almost two thirds (65%) of Canadians (71% Alberta, 70% Atlantic) strongly disagree that the cost of new cancer drugs should not be covered by public or private drug plans;
- About half (51%) of Canadians strongly agree that the government should develop programs to stimulate the development and use of new vaccines.

- More pharmacists (24%) strongly agree that our federal prescription drug approval system provides us with timely access to new medications compared to the U.S. than either doctors (11%), nurses (15%) or managers (12%);
- Fewer pharmacists (31%) strongly agree that the government should establish a maximum limit on how much individuals should have to pay for prescribed medications than doctors (43%), nurses (36%) or managers/administrators (42%);
- Managers/administrators (31%) are less likely to strongly agree that pharmaceutical prices in Canada need to be globally competitive in order to attract research and development funding than doctors (45%), pharmacists (44%) or nurses (49%);
- More pharmacists (47%) strongly agree that it is easy to find out if the cost of a newly prescribed medication is covered than doctors (23%), nurses (31%) or managers/administrators (29%).

- Significantly fewer doctors (12%) strongly agree that pharmacists and nurses should be able to prescribe medication in certain circumstances compared to pharmacists (56%), nurses (41%) and managers/administrators (50%);
- More nurses (65%) strongly agree that if a health professional prescribes a new medication or vaccine it should be covered by a person's drug plan than either doctors (45%), pharmacists (36%) or managers/administrators (47%);
- Fewer pharmacists (35%) strongly agree that the federal government should develop programs to stimulate the development and use of new vaccines than doctors (56%), nurses (52%) or managers/administrators (45%).

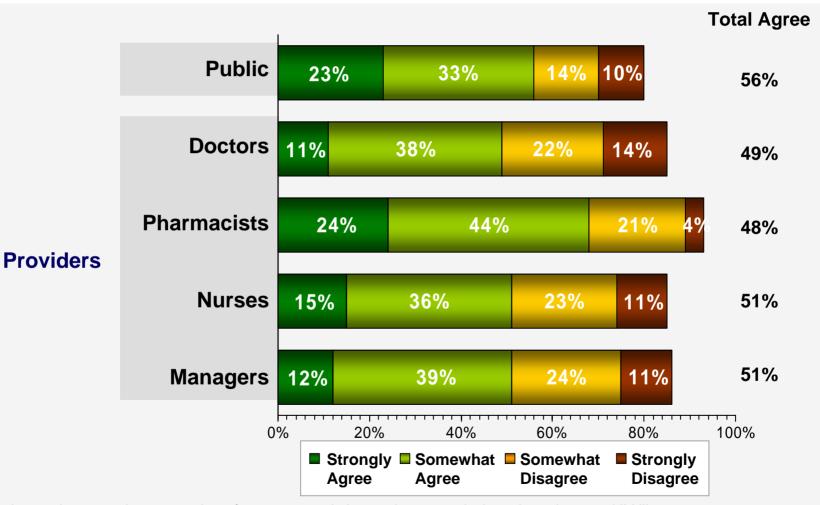
Doctors in Quebec are more likely to strongly agree that our federal prescription drug approval system provides us with timely access to new medications compared to the U.S. (19%), pharmaceutical prices in Canada need to be globally competitive (54%) and pharmacists and nurses should be permitted to prescribe medication in certain circumstances (23%) compared with doctors in other provinces (9%, 42% and 9%, respectively).

Public Opinion on Various Issues Relating to Pharmaceuticals and Vaccines





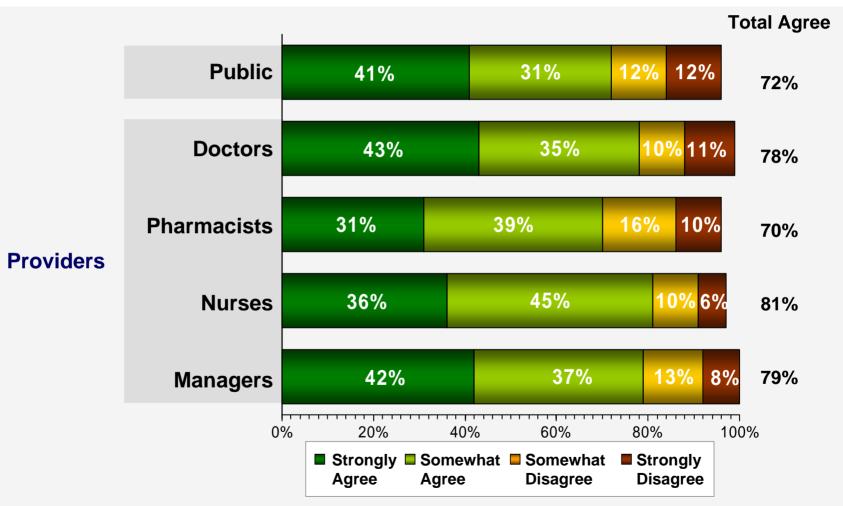
Opinions on the Drug Approval System, by Public and Provider Group



Q18A/9A. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

The Canadian Federal prescription drug approval system provides Canadians with timely access to new medications and treatments as compared to the US.

Opinions on Limiting Personal Spending on Prescriptions, by Public and Provider Group

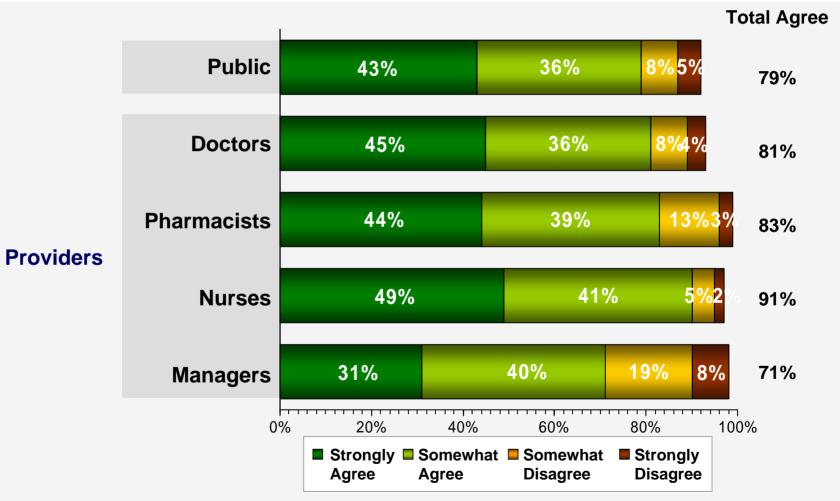


Q18B/9B. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Governments should establish a maximum limit to how much individuals should have to personally pay toward the cost of their prescribed medications.



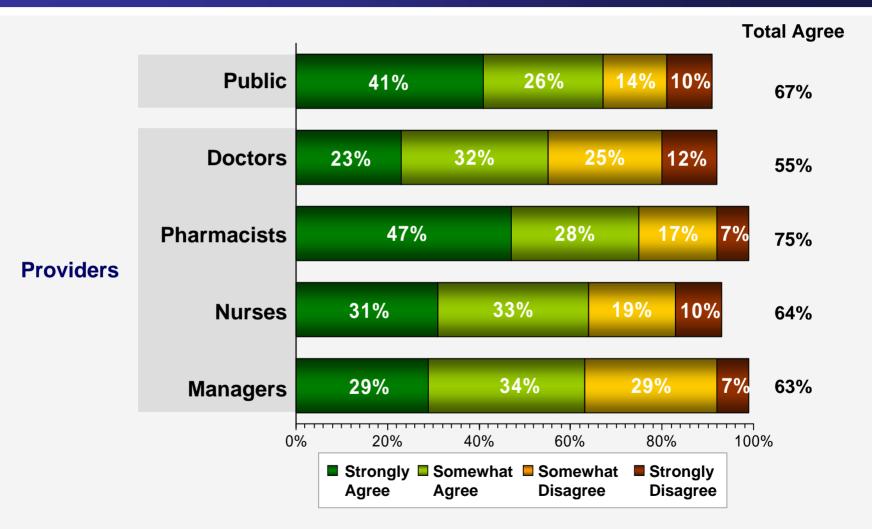
Opinions on the Competitiveness of Pharmaceutical Prices, by Public and Provider Group



Q18C/9C. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Pharmaceutical prices in Canada need to be globally competitive in order to attract research and development funding to Canada.

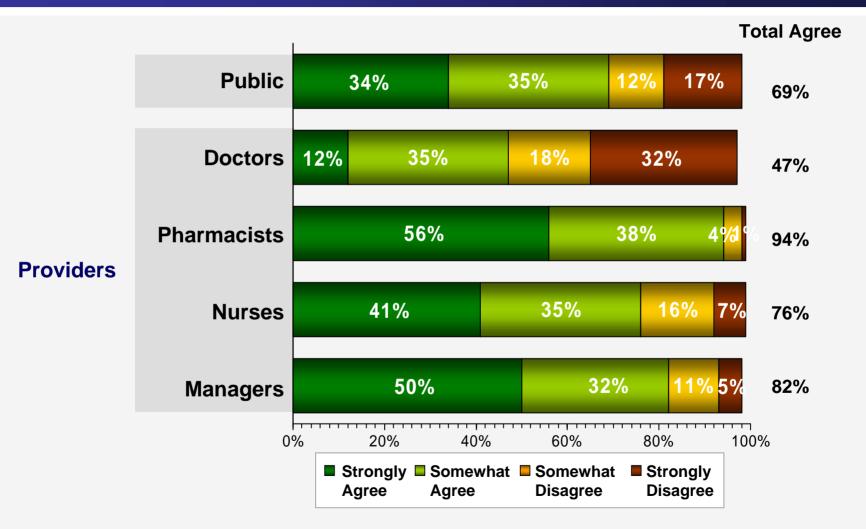
Opinions on the Ease of Finding Out If the Cost of a New Prescription Is Covered by Drug Plan, by Public and Provider Group



Q18D/9D. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)



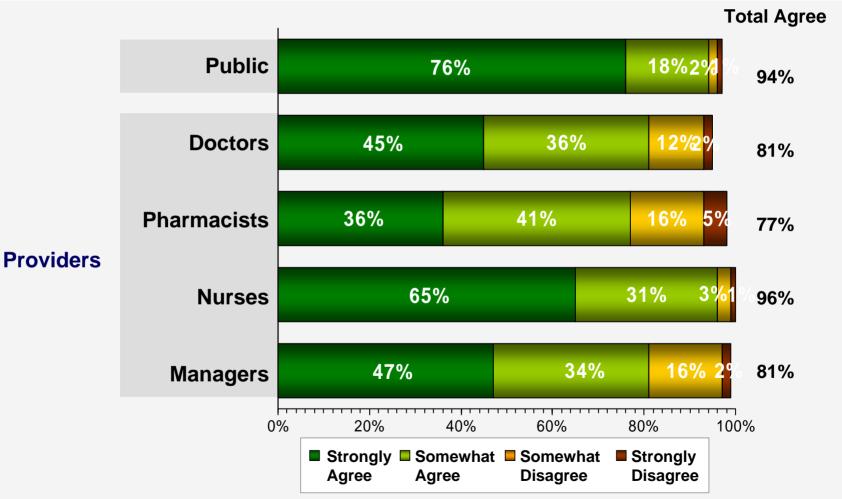
Opinions on Whether Pharmacists and Nurses Should Be Allowed to Prescribe Medications, by Public and Provider Group



Q18E/9E. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Pharmacists and Nurses should be permitted to prescribe medications in certain circumstances.

Opinions on Whether New Prescribed Medications and Vaccines Should Be Covered by Drug Plans, by Public and Provider Group

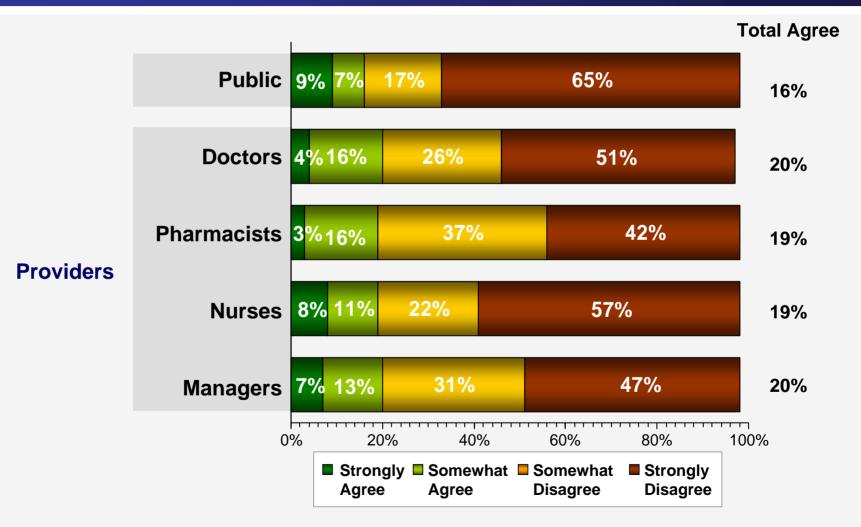


Q18F/9F. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

If a health professional prescribes a new medication or vaccine for you, it should be covered by your prescription drug plan.

POLLARA

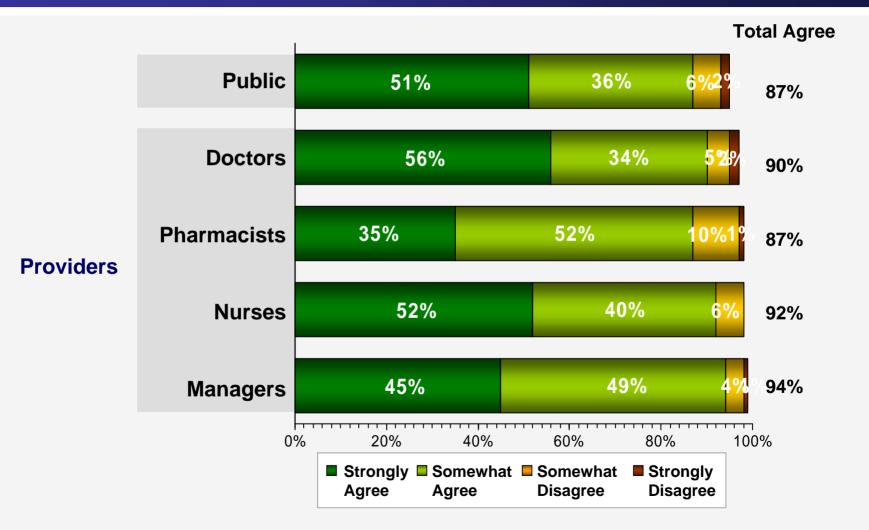
Opinions on Whether the Cost of New Cancer Drugs Should Be Covered, by Public and Provider Group*



Q18G/9G. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE) *Note reversed question wording: The cost of new cancer medications should not be covered by public or private drug plans.

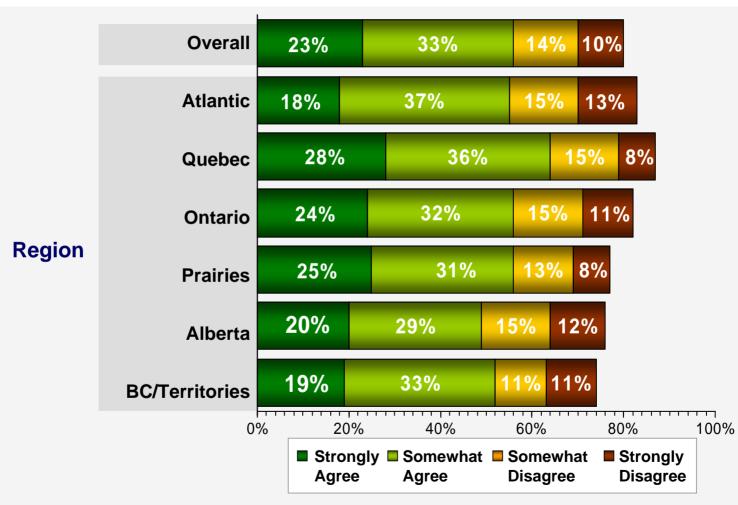


Opinions on Whether the Government Should Develop Programs to Stimulate Development and Use of New Vaccines, by Public and Provider Group



Q18H/9H. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

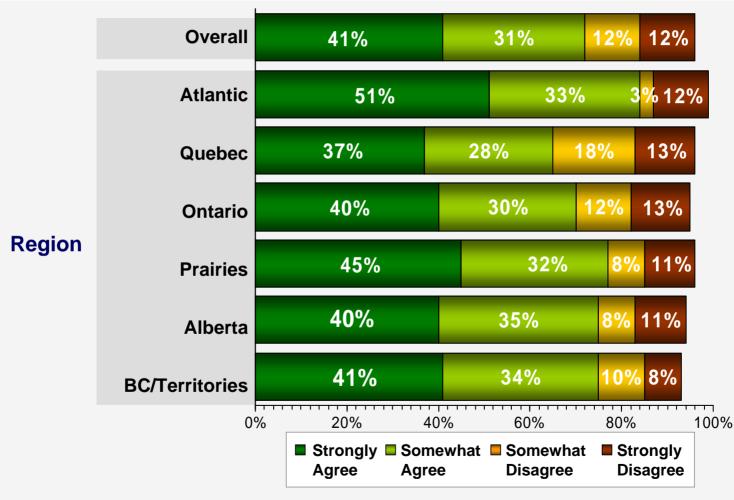
Opinions on the Drug Approval System, by Region



Q18A/9A. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

The Canadian Federal prescription drug approval system provides Canadians with timely access to new medications and treatments as compared to the US.

Opinions on Limiting Personal Spending on Prescriptions, by Region

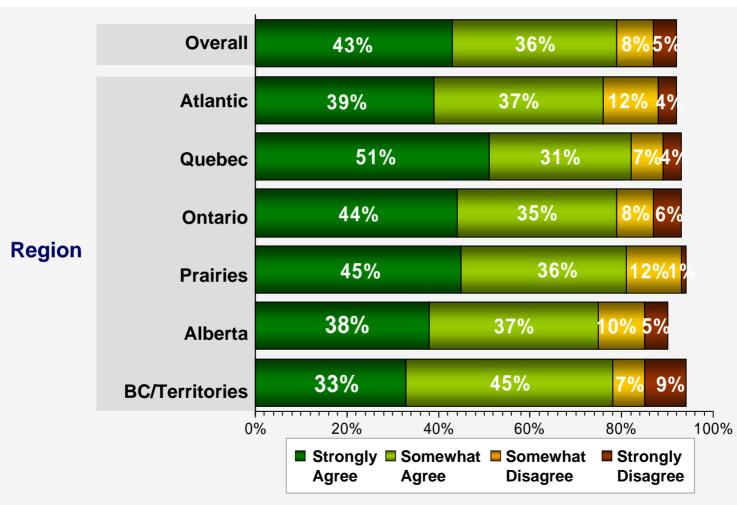


Q18B/9B. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Governments should establish a maximum limit to how much individuals should have to personally pay toward the cost of their prescribed medications.



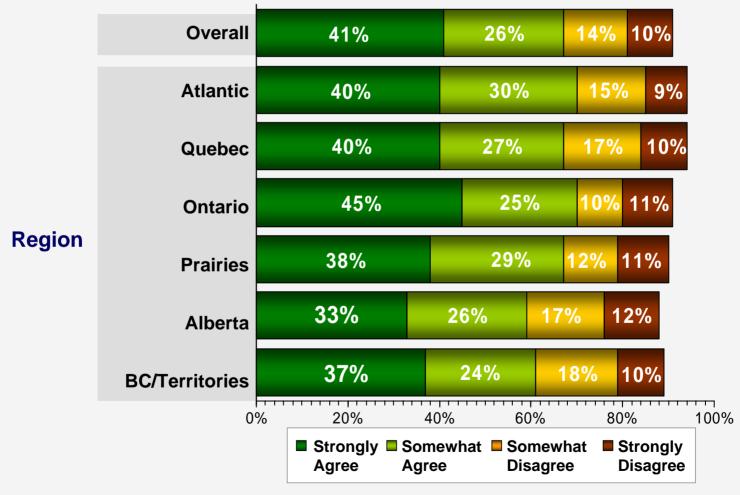
Opinions on the Competitiveness of Pharmaceutical Prices, by Region



Q18C/9C. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Pharmaceutical prices in Canada need to be globally competitive in order to attract research and development funding to Canada.

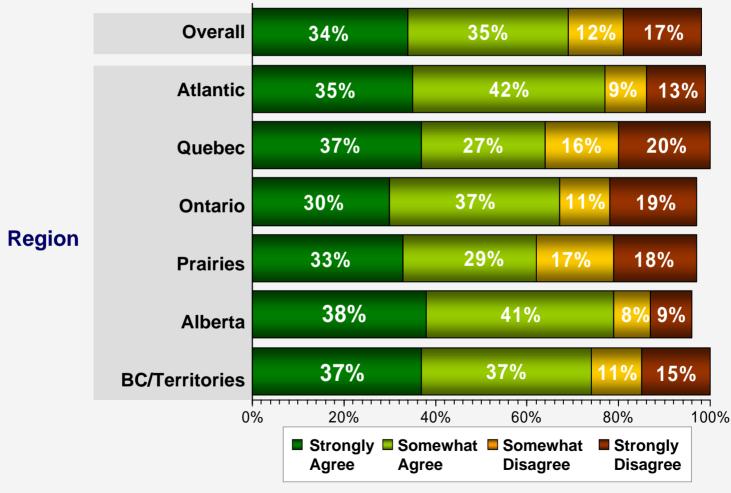
Opinions on the Ease of Finding Out If the Cost of a New Prescription Is Covered by Drug Plan, by Region



Q18D/9D. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

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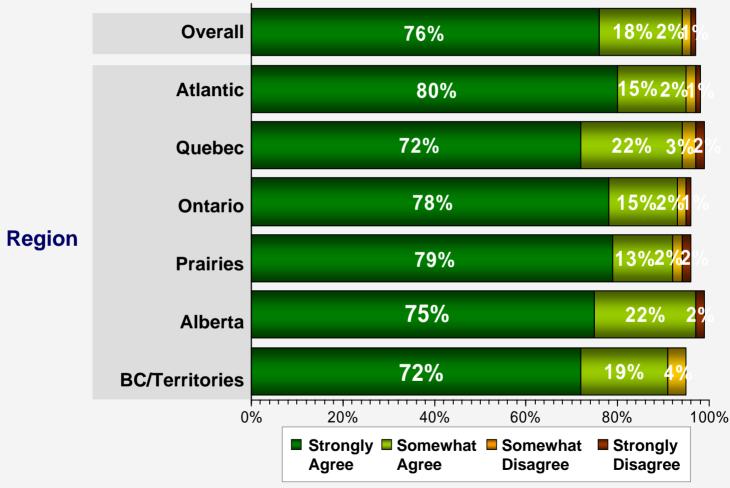
Opinions on Whether Pharmacists and Nurses Should Be Allowed to Prescribe Medications, by Region



Q18E/9E. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

Pharmacists and Nurses should be permitted to prescribe medications in certain circumstances.

Opinions on Whether New Prescribed Medications and Vaccines Should Be Covered by Drug Plans, by Region

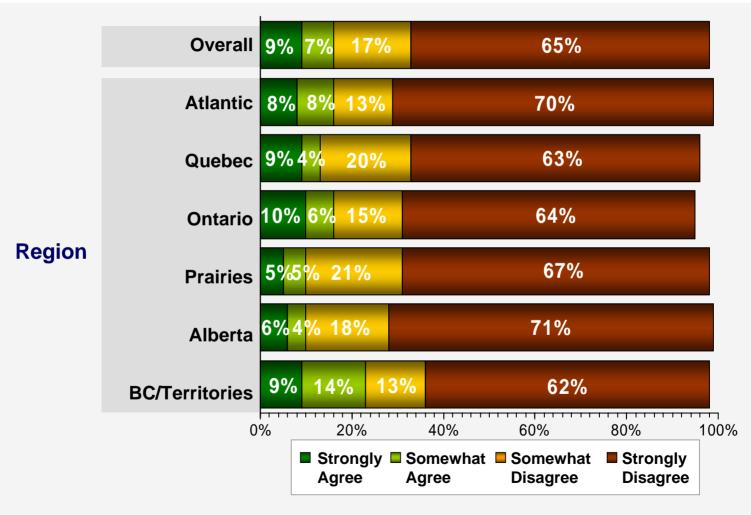


Q18F/9F. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)

If a health professional prescribes a new medication or vaccine for you, it should be covered by your prescription drug plan.

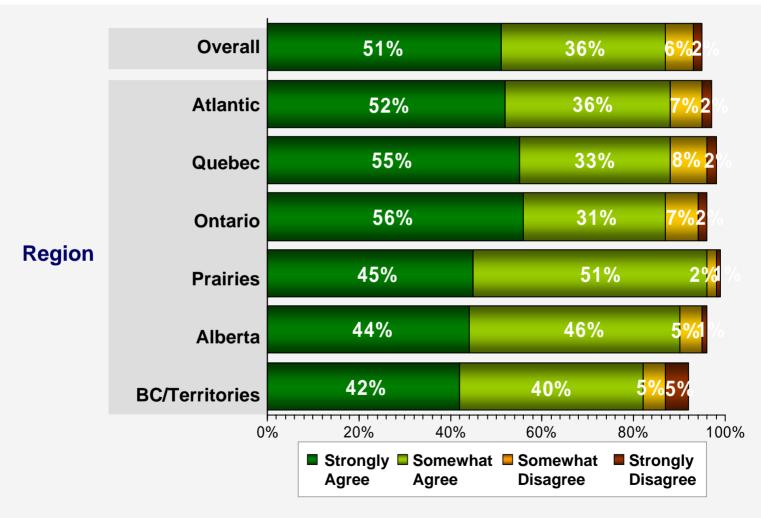
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Opinions on Whether the Cost of New Cancer Drugs Should Be Covered, by Region



POLLAR

Opinions on Whether the Government Should Develop Programs to Stimulate Development and Use of New Vaccines, by Region



Q18H/9H. I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each (READ AND ROTATE)



Health Care Funding

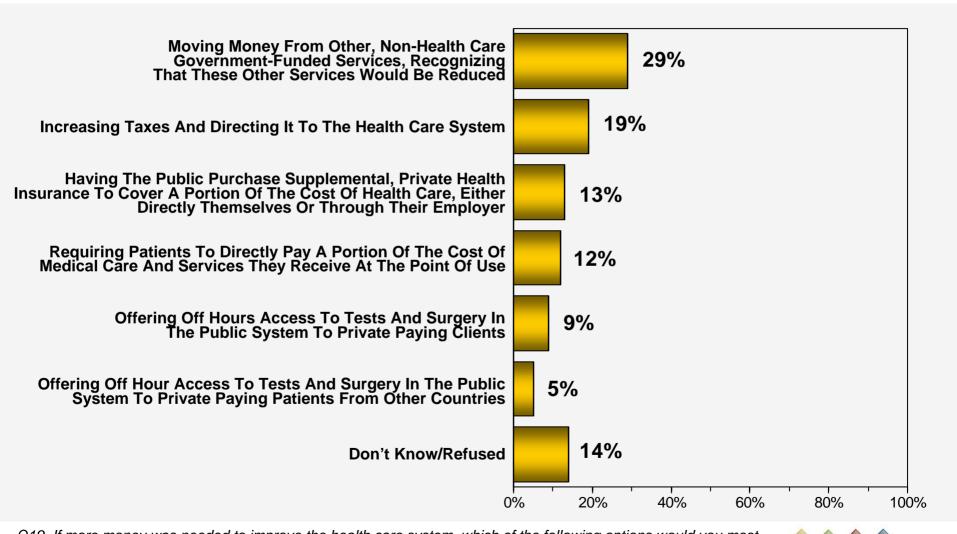
Health Care Funding

- Among all the options presented, Canadians express the greatest support for moving money from other, non-health care government-funded services, recognizing that these other services would be reduced in order to improve the health care system;
- Women (33%) are more likely than men (25%) to support moving money from other, non-health care government-funded services, recognizing that these other services would be reduced;
- Men (22%) are more likely than women (16%) to support increasing taxes and directing it to the health care system in order to improve it;
- Canadians in Quebec (11%) are less likely to support increasing taxes and directing it to the health care system compared with Canadians in other regions (21%).

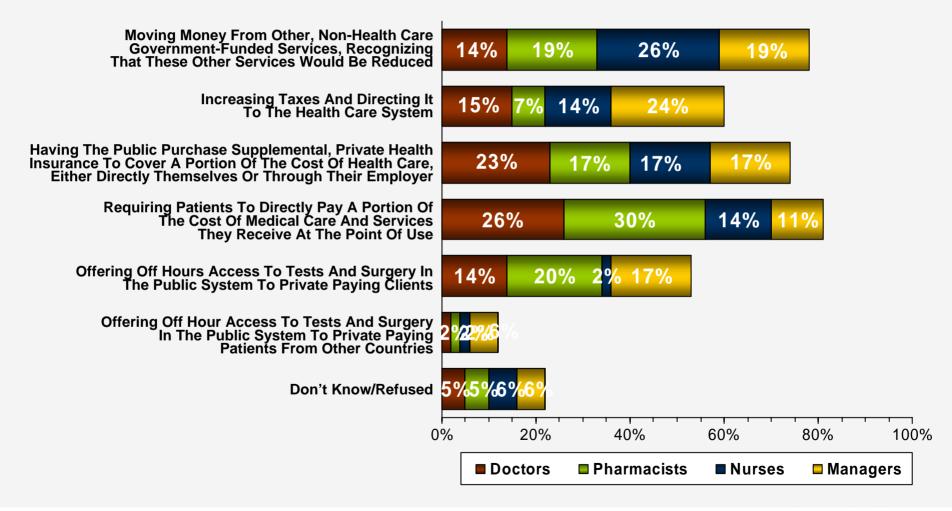
Health Care Funding (cont'd)

- Doctors (26%) and pharmacists (30%) express the greatest support for requiring patients to directly pay a portion of the cost of medical care and services they receive at the point of use;
- Nurses prefer the option of moving money from other, non-health care government-funded services, recognizing that these other services would be reduced (26%) in order to improve the health care system;
- Nurses in Quebec are less likely to prefer moving money from other, non-health care government-funded services (16%) and more likely to prefer requiring patients to directly pay a portion of the cost of medical care and services (22%) compared to nurses in other regions (30% and 12%, respectively).
- Increasing taxes and directing it to the health care system (24%) is the preferred solution for managers/administrators;
- More pharmacists in Quebec prefer offering off hours access to tests and surgery in the public system to private paying clients (38%) compared with those in other provinces (15%) and less likely to prefer moving money from other, non-health care government-funded services (9%) than pharmacists in other provinces (22%).

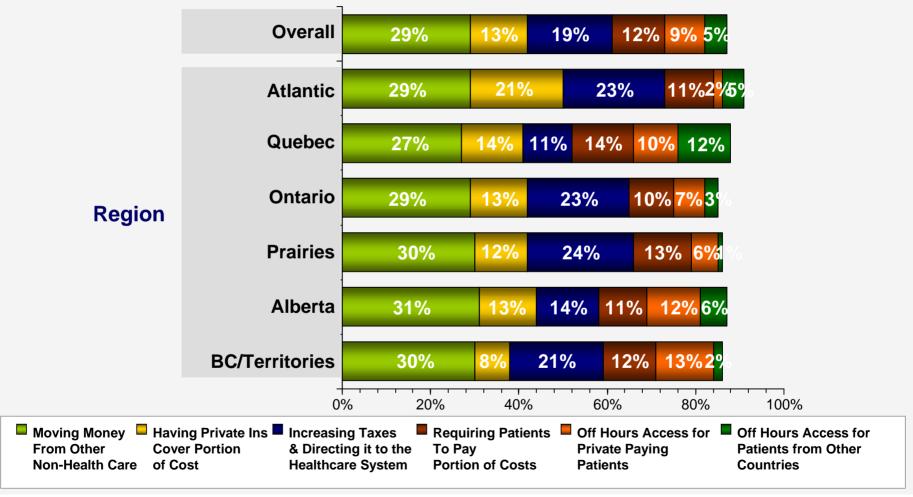
Public Support for Various Options to Improve the Health Care System



Support for Various Options to Improve the Health Care System, by Provider Group



Public Support for Various Options to Improve the Health Care System, by Region



Q19. If more money was needed to improve the health care system, which of the following options would you most strongly support? (CHOOSE ONE ONLY)

Views on Private Insurance

Views on Private Insurance

- Canadians and health care providers are ambivalent about the costs and benefits of private insurance. One third (33%) of Canadians strongly agree that private insurance will improve access to health care services for everyone;
- Fewer Albertans strongly agree that private insurance will improve access to health care for everyone compared to Canadians living in other provinces;
- Forty-one percent (41%) of Canadians strongly agree that private insurance will create a two-tier system;
- Canadians who report their health as very good or excellent (44%) are more likely to strongly agree that private insurance will create a two-tier system compared with those who rate their health as good (40%) or those who rate their health as poor or fair (35%);
- About one-quarter (26%) of Canadians strongly agree that private insurance will result in increasing health care costs;
- Almost one-third (32%) of Canadians strongly agree that private insurance will result in shorter wait times;
- More Canadians in Quebec (40%) strongly agree that private insurance will result in shorter wait times compared with Canadians in other regions (29%).

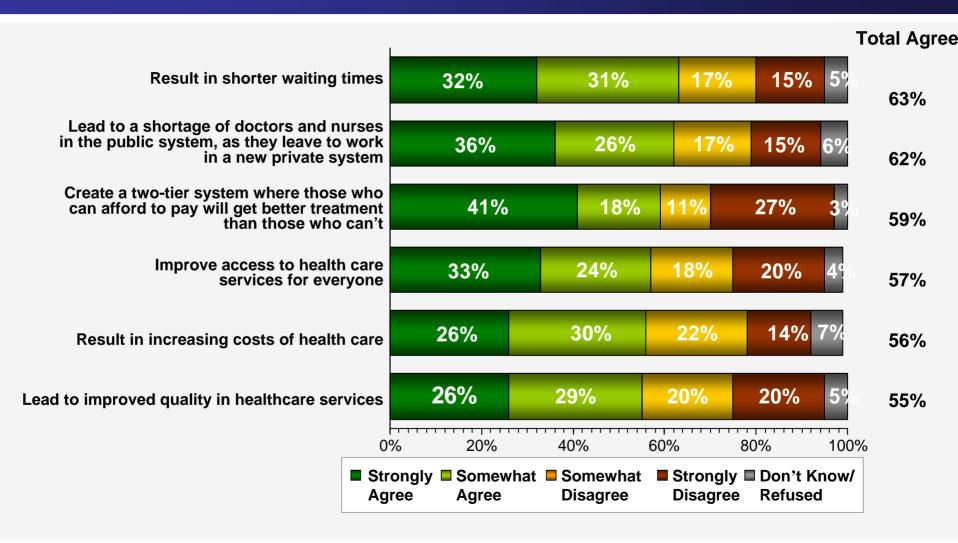
- About one-quarter (26%) of Canadians strongly agree that private insurance will lead to improved quality of health care services;
- Canadians who describe their health as poor or fair (31%) are more likely to strongly agree that private insurance will lead to *improved quality of health* care services than those who describe their health as good (26%) or very good/excellent (24%);
- More Canadians in Quebec (35%) strongly agree that private insurance will lead to improved quality of health care services than Canadians living in other provinces (23%);
- Over one-third (36%) of Canadians strongly agree that private insurance will lead to a shortage of doctors and nurses in the public system;
- Fewer Canadians in Quebec (30%) strongly agree that private insurance will lead to a shortage of doctors and nurses in the public system than Canadians living in other provinces (38%).

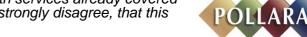
- In general, managers/administrators are less convinced of the benefits of private insurance for health services covered under medicare than the other health care provider groups;
- Fewer managers/administrators (17%) strongly agree that private insurance will improve access to health care for everyone than either doctors (24%), pharmacists (25%) or nurses (28%);
- More nurses (46%) and managers/administrators (44%) strongly agree that private insurance will create a two-tier system than doctors (35%) or pharmacists (32%);
- Managers/administrators (30%) are most likely to strongly agree that private insurance will lead to increasing health care costs while pharmacists (13%) are least likely to strongly agree this will happen;
- Fewer managers/administrators (14%) strongly agree that private insurance will lead to shorter wait times compared with doctors (32%), pharmacists (34%) or nurses (28%);
- Similarly, fewer managers/administrators (9%) strongly agree that private insurance will lead to improved quality of health care than doctors (18%), pharmacists (19%) or nurses (17%).

- Doctors in Quebec (44%) are more likely to strongly agree that private insurance will lead to a two-tiered system but also more likely to strongly agree that it will lead to shorter wait times (48%) and improved quality of care (27%) compared with doctors in other provinces (32%, 27% and 15%, respectively);
- Doctors in Quebec (13%) are less likely to strongly agree that private insurance will increase the costs of health care compared to doctors elsewhere (23%);

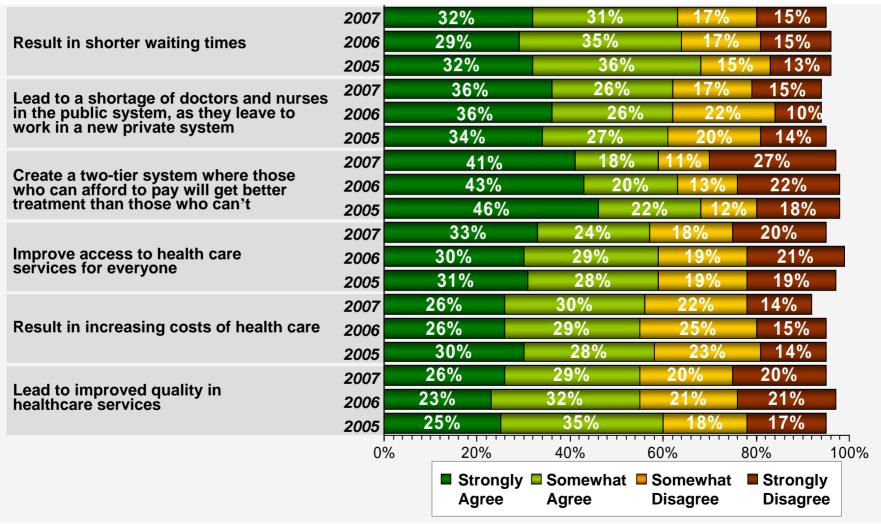
- Pharmacists in Quebec are less likely to strongly agree that private insurance will create a two-tiered system (23%), will increase the cost of health care (4%) and create a shortage of doctors and nurses in the public system (19%) compared to pharmacists in other provinces (35%, 16% and 28%, respectively);
- More pharmacists in Quebec (40%) strongly agree that private insurance will lead to shorter wait times than pharmacists elsewhere (32%);
- Likewise, nurses in Quebec are also less likely to strongly agree that private insurance will create a two-tiered system (37%), will increase the cost of health care (14%) and create a shortage of doctors and nurses in the public system (27%) compared to nurses in other provinces (49%, 27% and 34%, respectively);
- Nurses in Quebec (20%) are somewhat more likely to strongly agree that private insurance will lead to improved quality of health care than nurses in elsewhere (16%).

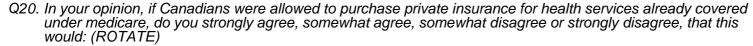
Public Agreement With Various Statements Regarding Private Insurance for Health Services





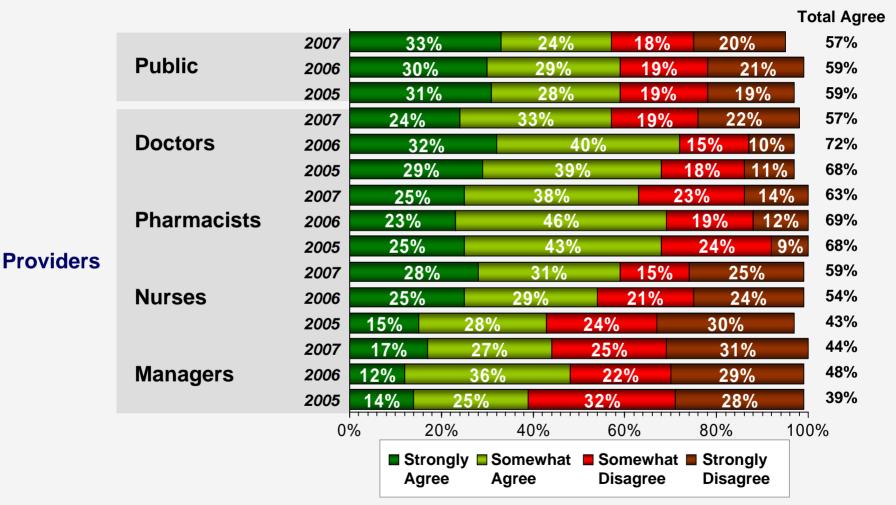
Public Agreement With Various Statements Regarding Private Insurance for Health Services: Tracking







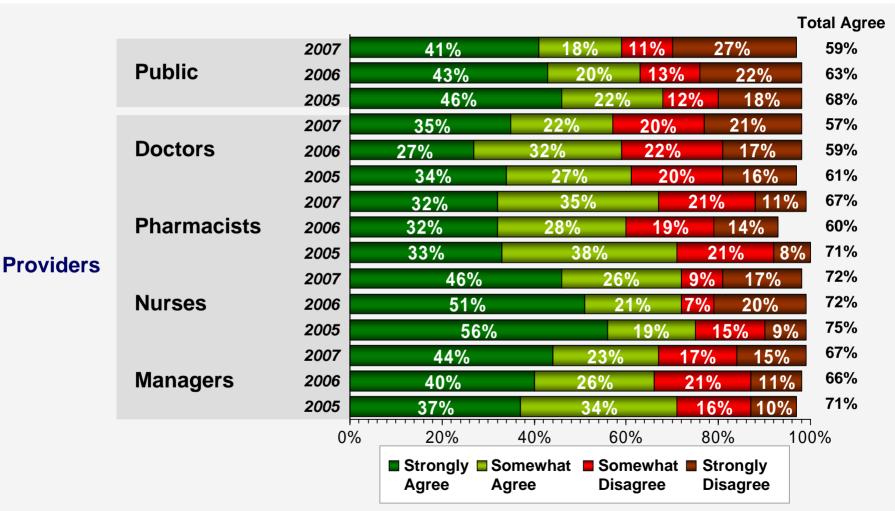
Private Insurance Will Improve Access: Tracking, by Public and Provider Group



Q11A. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Improve access to health care services for everyone

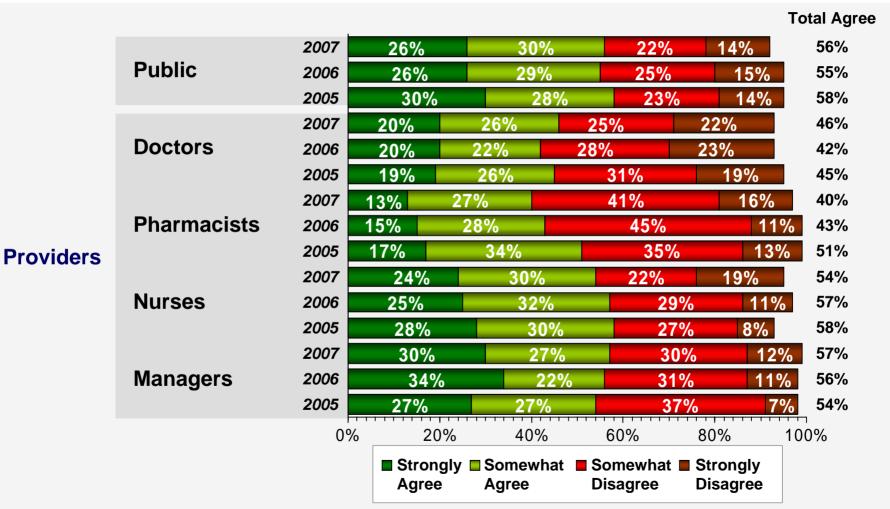
Private Insurance Will Create a Two-Tier System: Tracking, by Public and Provider Group



Q11B. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Create a two-tier system where those who can afford to pay will get better treatment than those who can't

Private Insurance Will Result in Increased Costs: Tracking, by Public and Provider Group

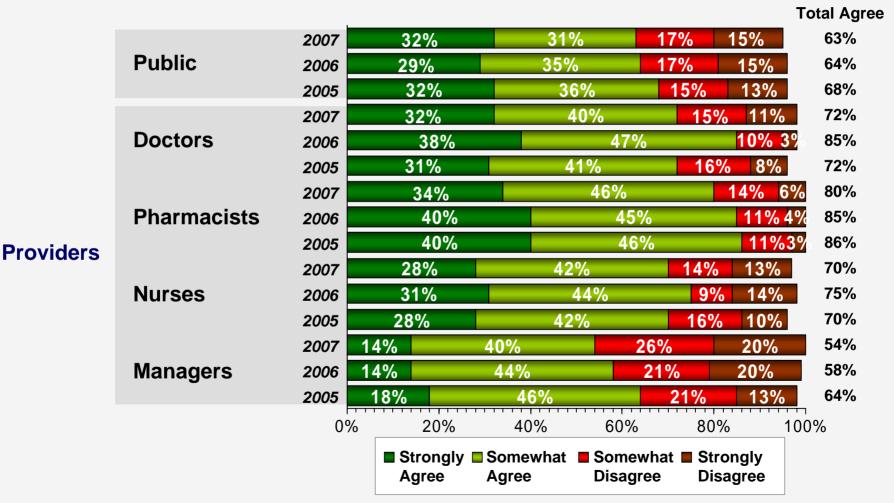


Q11C. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Result in increasing costs of health care



Private Insurance Will Result in Shorter Wait Times: Tracking, by Public and Provider Group

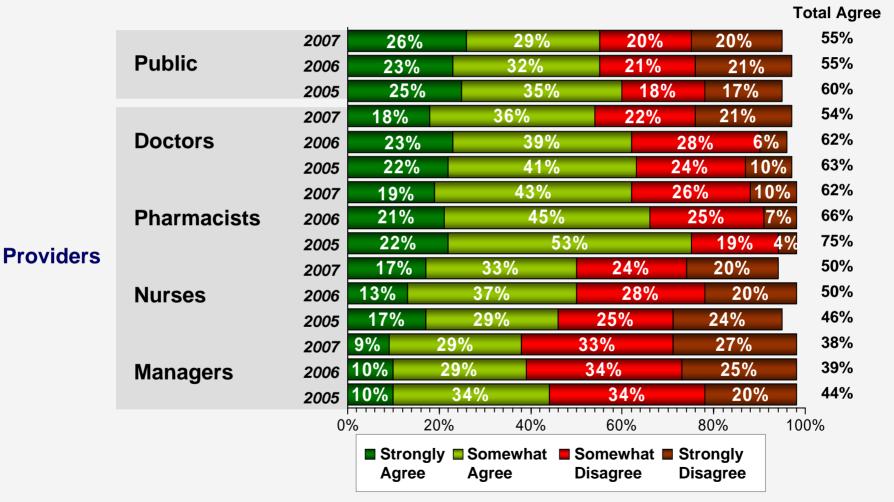


Q11D. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Result in shorter waiting times



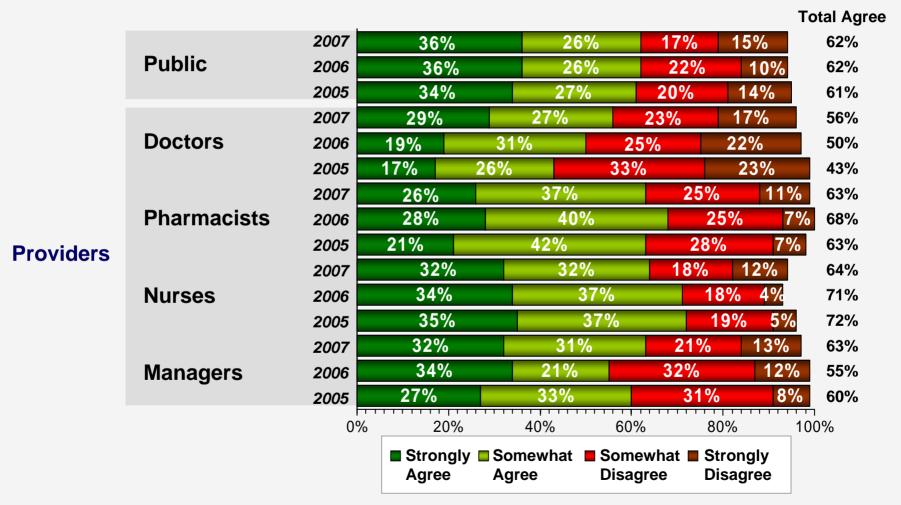
Private Insurance Will Improve the Quality of Health Care Services: Tracking, by Public and Provider Group



Q11E. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Lead to improved quality in healthcare services

Private Insurance Will Lead to a Shortage of Doctors and Nurses: Tracking, by Public and Provider Group



Q11F. In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would: (ROTATE)

Lead to a shortage of doctors and nurses in the public system, as they leave to work in a new private system



Innovation in the Health System

Innovation in the Health Care System

- Just over half (55%) of Canadians strongly agree that there should be more government funding for health research at universities, teaching hospitals and other charitable institutions;
- Forty-three percent (43%) of Canadians strongly agree that the government should put incentives in place to encourage more private sector investments into health research;
- Half (50%) of Canadians strongly agree that government incentives should be put into place to encourage the adoption of new health care technologies;
- More Canadians in Quebec (56%) strongly agree that government incentives should be put into place to encourage the adoption of new health care technologies compared with Canadians in other provinces (48%).

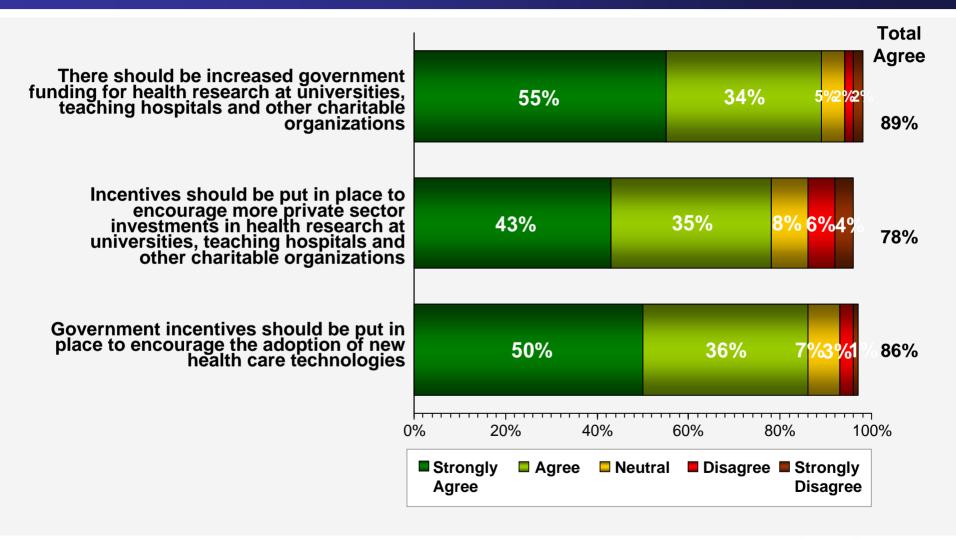
Innovation in the Health Care System (cont'd)

- Fewer pharmacists (41%) and managers/administrators (44%) strongly agree that there should be more government funding for health research at universities, teaching hospitals and other charitable institutions compared to doctors (57%) or nurses (53%);
- More doctors (53%) strongly agree that the government should put incentives in place to encourage more private sector investments into health research compared with pharmacists (40%), nurses (42%) or managers/administrators (37%);
- Fewer pharmacists (38%) strongly agree that government incentives should be put into place to encourage the adoption of new health care technologies compared to doctors (49%), nurses (48%) or managers/administrators (50%).

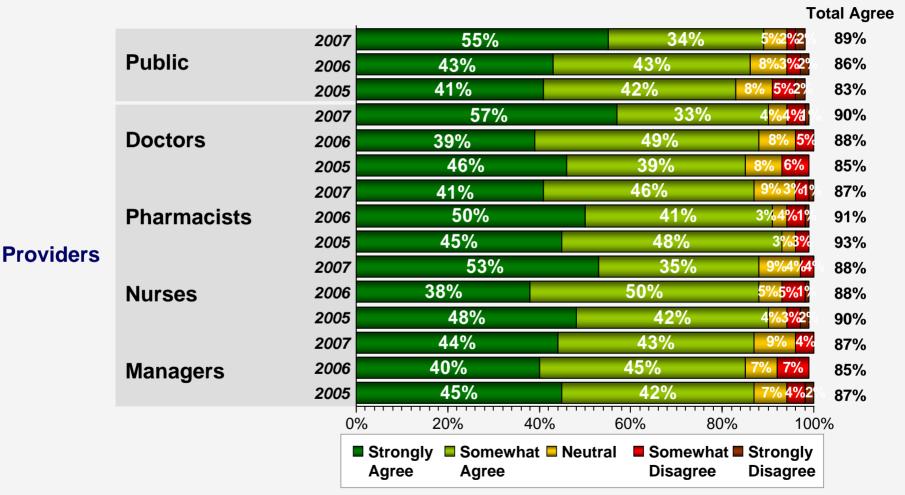
Innovation in the Health Care System (cont'd)

- Doctors in Quebec (60%) are more likely to strongly agree that the government should put incentives in place to encourage more private sector investments into health research than doctors in other regions (51%);
- Pharmacists in Quebec (34%) are less likely to strongly agree that there should be more government funding for health research at universities, teaching hospitals and other charitable institutions compared with pharmacists elsewhere (43%);
- Nurses in Quebec (55%) are more likely to strongly agree that government incentives should be put into place to encourage the adoption of new health care technologies than nurses in other provinces (46%).

Public Agreement With Various Statements Regarding Health Research Funding



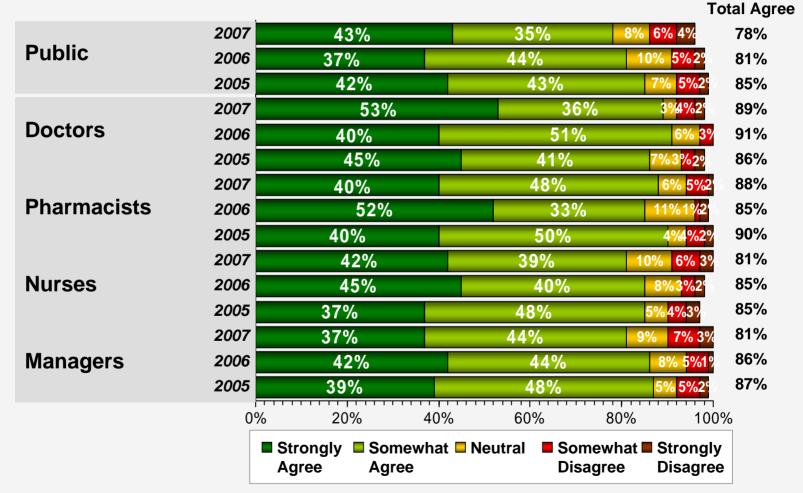
There Should Be Increased Government Funding for Health Research: Tracking, by Public and Provider Group



Q12A. Health research can include research into treatments, into the best ways to provide care, and into management of the health care system. Would you say that you strongly agree, agree, are neutral, disagree, or strongly disagree with each of the following? (READ AND ROTATE)

There should be increased government funding for health research at universities, teaching hospitals and other charitable organizations.

There Should Be More Incentives From Government for Private Sector Investment Into Research: Tracking, by Public and Provider Group



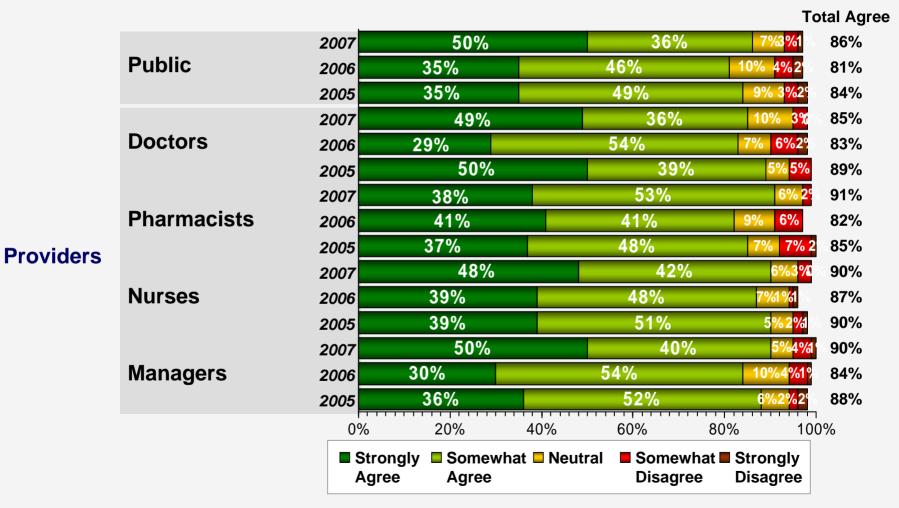
Q12B. Health research can include research into treatments, into the best ways to provide care, and into management of the health care system. Would you say that you strongly agree, agree, are neutral, disagree, or strongly disagree with each of the following? (READ AND ROTATE)

Government incentives should be put in place to encourage more private sector investments in health research at universities, teaching hospitals and other charitable organizations

Providers

POLLARA

Need More Government Incentives to Encourage the Adoption of New Health Care Technologies: Tracking, by Public and Provider Group



Q12C. Health research can include research into treatments, into the best ways to provide care, and into management of the health care system. Would you say that you strongly agree, agree, are neutral, disagree, or strongly disagree with each of the following? (READ AND ROTATE)

Government incentives should be put in place to encourage the adoption of new health care technologies



- More than one-quarter (28%) of Canadians strongly support increasing the use of non-physician health care providers;
- Over one-third (35%) strongly support increasing investments to help patients manage their chronic illness;
- Canadians who rate their health as poor or fair (42%) are more likely to strongly support investments to help patients manage their chronic illness than those who rate their health as good (32%) or very good/ excellent (34%);
- Forty-four percent (44%) of Canadians strongly support the implementation of wait time guarantees for critical tests and treatments;
- Canadians who rate their health as poor or fair (51%) are more likely to strongly support wait time guarantees for critical tests and treatments than those who rate their health as good (45%) or very good/excellent (42%);
- More women (50%) than men (38%) strongly support wait time guarantees for critical tests and treatments.

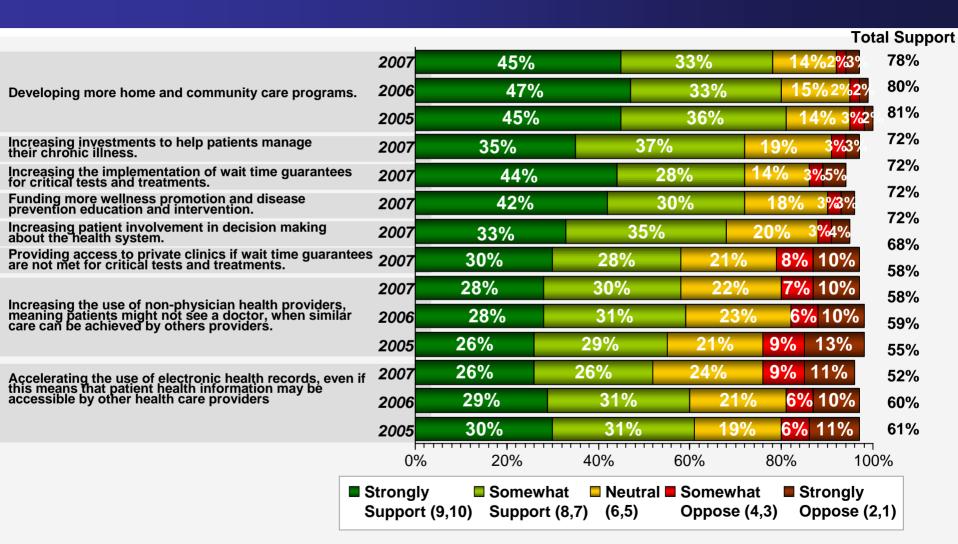
- Forty-five percent (45%) of Canadians strongly support developing more home and community care programs;
- Canadians in Quebec (56%) are more likely to strongly support developing more home and community care programs than those in other regions (42%);
- More women (52%) and residents of rural communities (51%) strongly support developing more home and community care programs than men (38%) or those living in urban areas (44%);
- Forty-two percent (42%) of Canadians strongly support funding more wellness promotion and disease prevention education and interventions.

- About one-quarter (26%) of Canadians strongly support accelerating the use of electronic health records;
- Thirty percent (30%) of Canadians strongly support providing access to private clinics if wait time guarantees are not met;
- Residents of Quebec (41%) are more likely to strongly support providing access to private clinics if wait time guarantees are not met than residents of other provinces (26%);
- One third (33%) of Canadians strongly support increasing patient involvement in decision making about the health system;
- Women (38%) and residents of rural communities (42%) are more likely to strongly support increasing patient involvement in decision making about the health system than men (28%) and Canadians living in urban areas (31%).

- Doctors (18%) are significantly less likely to strongly support increasing the use of non-physician health providers than pharmacists (40%), nurses (60%) or managers/administrators (67%);
- More nurses (55%) strongly support increasing investments to help patients manage their chronic illness compared to doctors (32%), pharmacists (26%) or managers/administrators (43%);
- More nurses (56%) strongly support implementing wait time guarantees compared with doctors (29%), pharmacists (33%) or managers/ administrators (32%);
- More nurses (67%) and managers/administrators (55%) strongly support developing more home and community care programs compared with doctors (44%) or pharmacists (39%);
- Managers/administrators (61%) are more likely to strongly support accelerating the use of electronic health records compared with doctors (32%), pharmacists (46%) or nurses (33%).

- Nurses (66%) are most likely to strongly support funding more wellness promotion and disease prevention education and interventions while doctors are least likely to support this initiative (47%);
- Nurses (38%) are most likely to strongly support providing access to private clinics if wait time guarantees are not met compared with doctors (23%), pharmacists (26%) or managers/administrators (17%);
- More nurses (54%) strongly support increasing patient involvement in decision making about the health system compared with either doctors (31%), pharmacists (29%) or managers/administrators (45%);
- More doctors in Quebec strongly support the use of non-physician health providers (25%), increasing investments to help patients manage their chronic illness (42%), implementing wait time guarantees (38%), developing more home and community care programs (52%), funding more wellness promotion and disease prevention education and interventions (60%), providing access to private clinics if wait time guarantees are not met (46%) and increasing patient involvement in decision making (48%) than doctors in other provinces (16%, 28%, 25%, 42%, 43%, 15% and 25%, respectively).

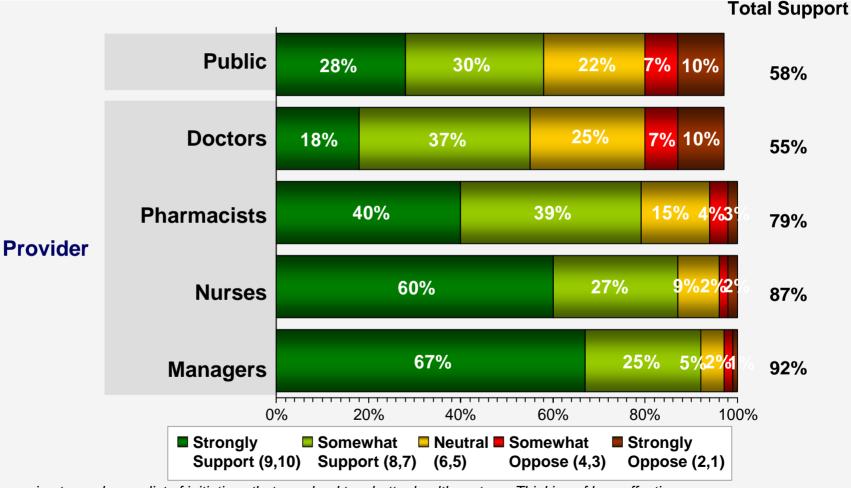
Public Support for Various Initiatives to Improve the Health Care System: Tracking*



Q22. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ...(READ AND ROTATE) *Where applicable – not all questions were asked in previous years.



Opinions on Increasing the Use of Non-physician Health Care Providers, by Public and Provider Group



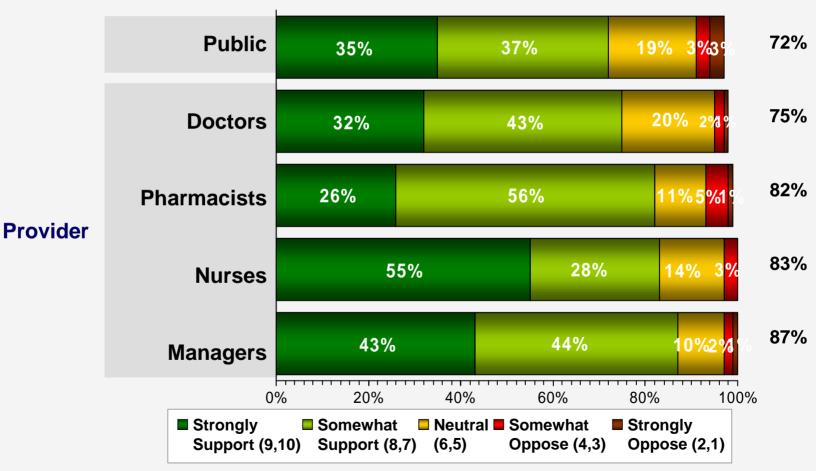
Q13A. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ... (READ AND ROTATE) Increasing the use of non-physician health providers, meaning patients might not see a doctor, when similar

care can be achieved by others providers.

POLLARA

Opinions on Increasing Investments to Help Patients Manage Chronic Illness, by Public and Provider Group

Total Support



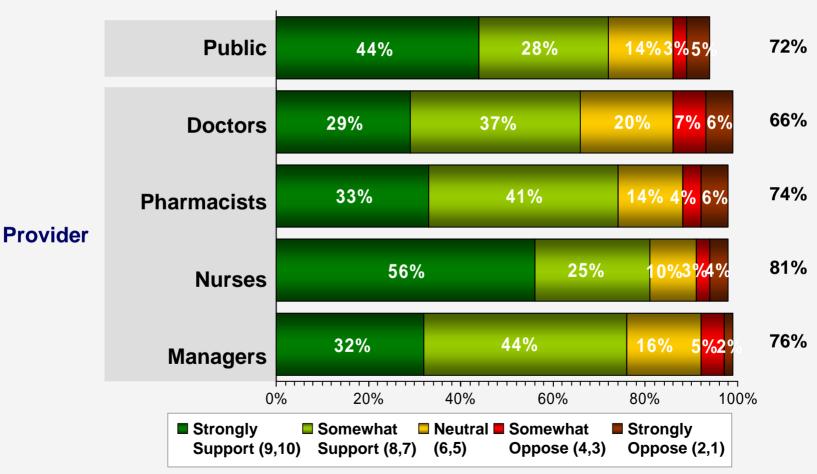
Q13B. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ... (READ AND ROTATE)

Increasing investments to help patients manage their chronic illness

POLLARA 6

Opinions on the Implementation of Wait Time Guarantees, by Public and Provider Group

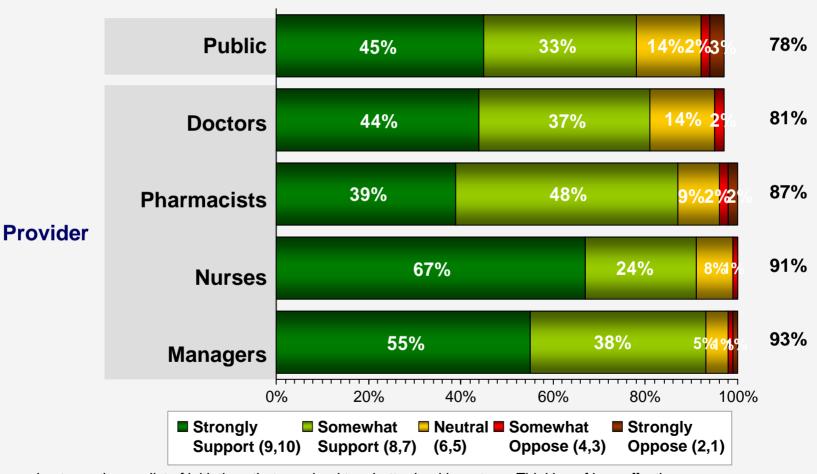
Total Support



Q13C. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ... (READ AND ROTATE) Increasing the implementation of Wait time guarantees for critical tests and treatments

Opinions on the Need to Develop More Home and Community Care Programs, by Public and Provider Group

Total Support

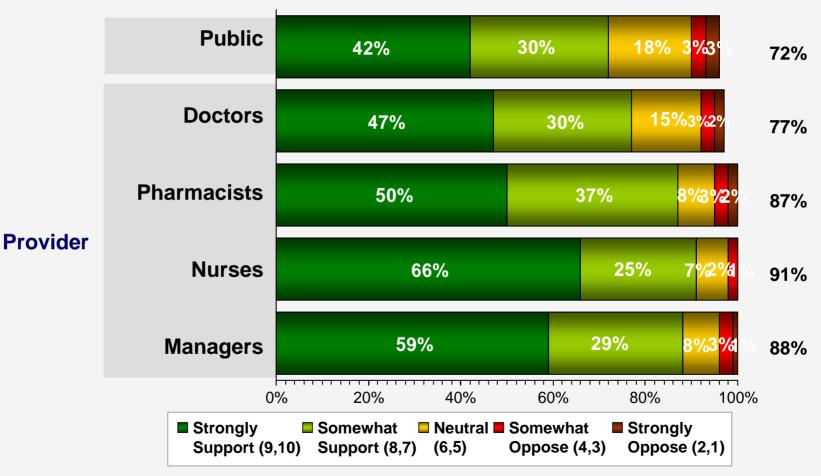


Q13D. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ...(READ AND ROTATE)

Developing more home and community care programs

Opinions on More Funding for Wellness Promotion and Disease Prevention Education and Interventions, by Public and Provider Group



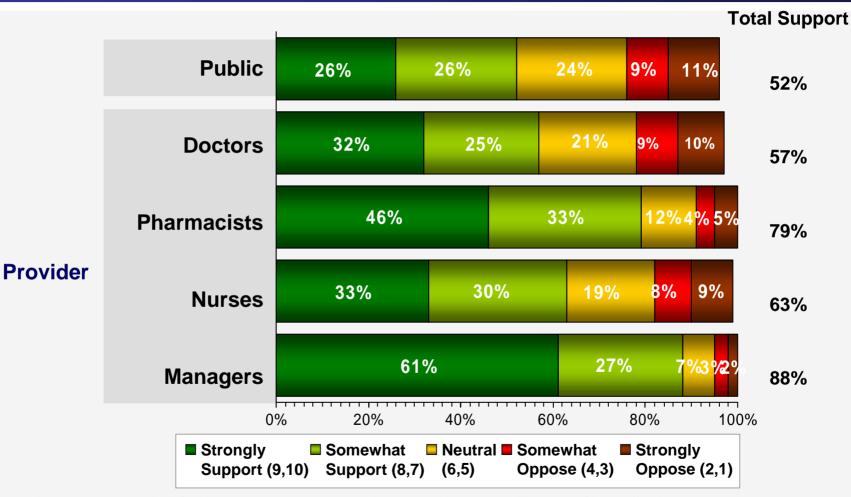


Q13E. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ...(READ AND ROTATE)

Funding more wellness promotion and disease prevention education and interventions



Opinions on Accelerating the Use of Electronic Patient Records, by Public and Provider Group



Q13F. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ... (READ AND ROTATE)

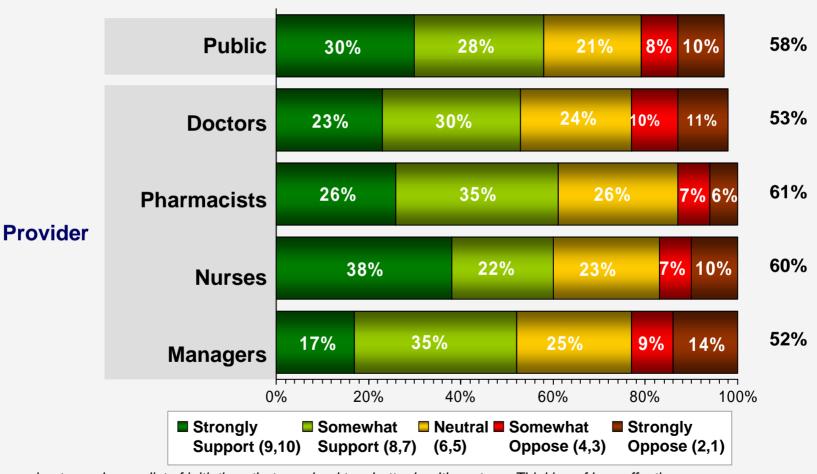
Accelerating the use of electronic health records, even if this means that patient health information may be

accessible by other health care providers

POLLARA

Opinions on Providing Access to Private Clinics if Wait Time Guarantees Are Not Met, by Public and Provider Group

Total Support

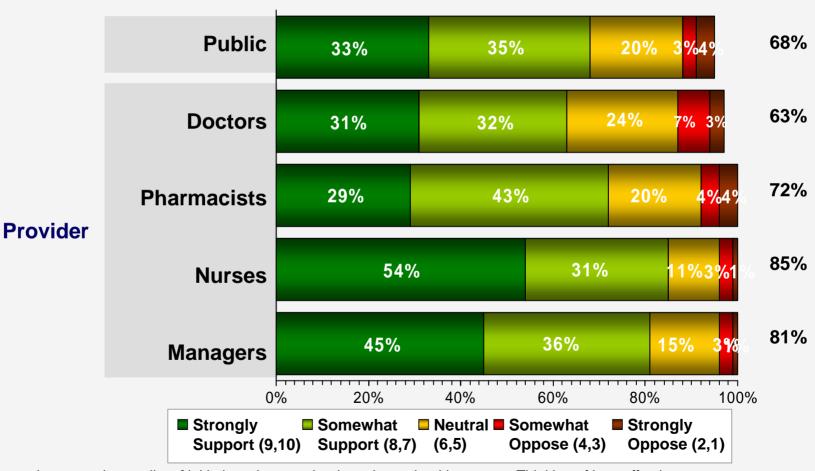


Q13G. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ...(READ AND ROTATE)

Providing access to private clinics if wait time guarantees are not met for critical tests and treatments

Opinions on Increasing Patient Involvement In Health System Decision Making, by Public and Provider Group

Total Support



Q13H. I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you Strongly oppose and 10 means you Strongly support each one. What about ... (READ AND ROTATE)

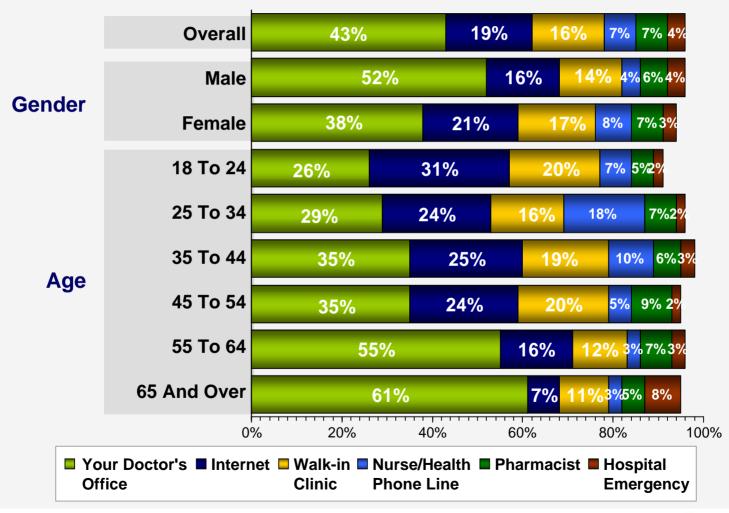
Increasing patient involvement in decision making about the health system

Personal Experience (Public Only)

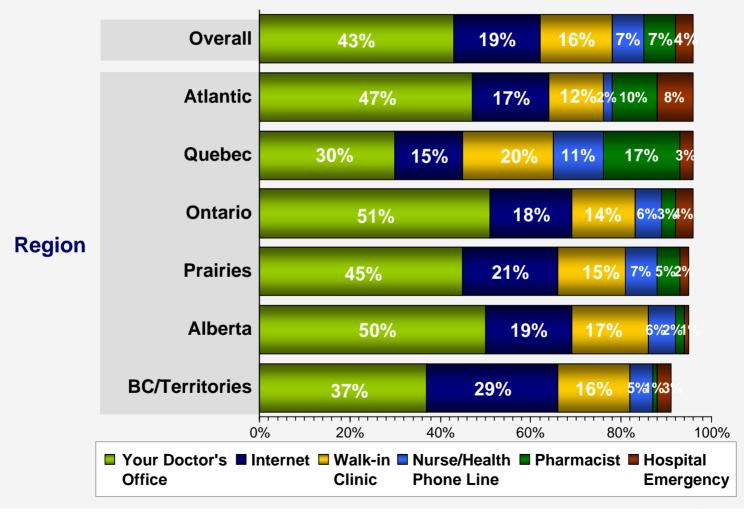
Where Canadians Go for Health Information

- Canadians are most likely to seek information about a non-life threatening illness from their doctor's office (43%) followed by the Internet (19%), walkin clinics (16%), nurses or health phone lines (7%), pharmacists (7%) and hospital emergency departments (4%);
- Those with a chronic illness (52%) are more likely to first seek information from their doctor compared to those without a chronic illness (38%);
- Canadians in Quebec are less likely to seek information from their doctor (30%) or the Internet (15%) and are more likely to seek information from a walk-in clinic (20%), pharmacist (17%) or nurse/health phone line (11%) compared to Canadians in other regions (47% - doctor, 21% - Internet, 15% walk-in clinic, 4% - pharmacist, 6% - nurse/health phone line).

First Place Public Goes for Information on Nonlife Threatening Illnesses, by Gender and Age



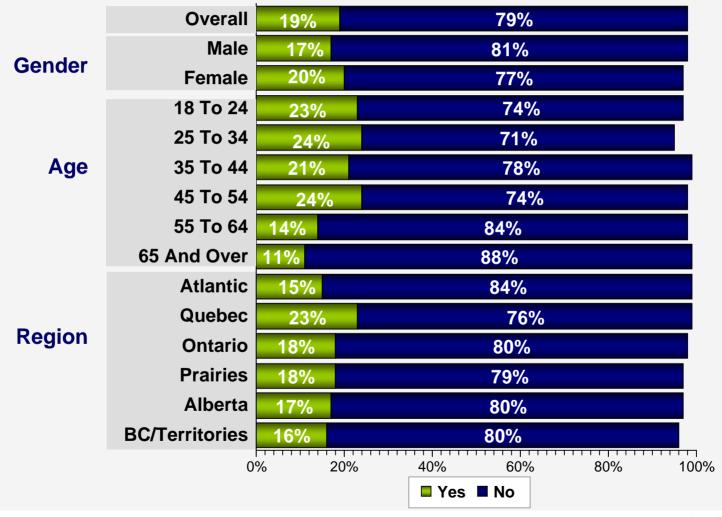
First Place Public Goes for Information on Nonlife Threatening Illnesses, by Region



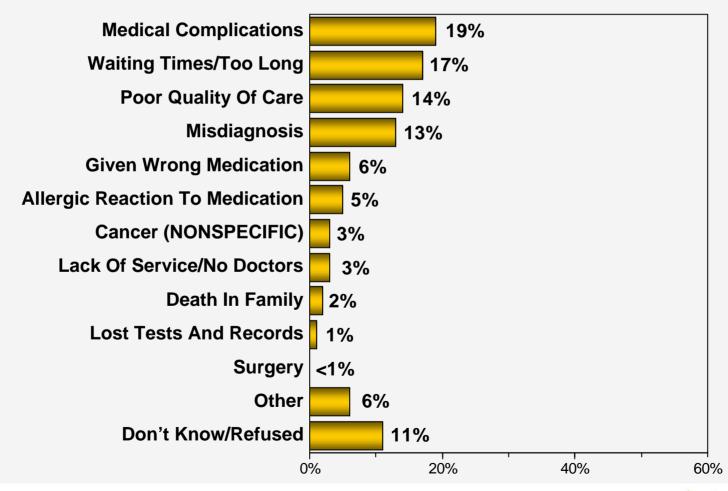
Adverse Events in the Health Care System

- Less than one-fifth (19%) of Canadians report that either themselves or someone in their family has experienced an adverse effect or event as a result of care received in the health care system;
- More Canadians in Quebec (23%) report an adverse effect or event than Canadians in other provinces (17%);
- The most common event reported is medical complications (19%) followed by wait time too long (17%), poor quality of care (14%), misdiagnosis (13%), given the wrong medication (6%) and allergic reaction to medication (5%).

Adverse Effects or Events As a Result of Care Received in Canada's Health Care System, Overall and by Gender, Age and Region



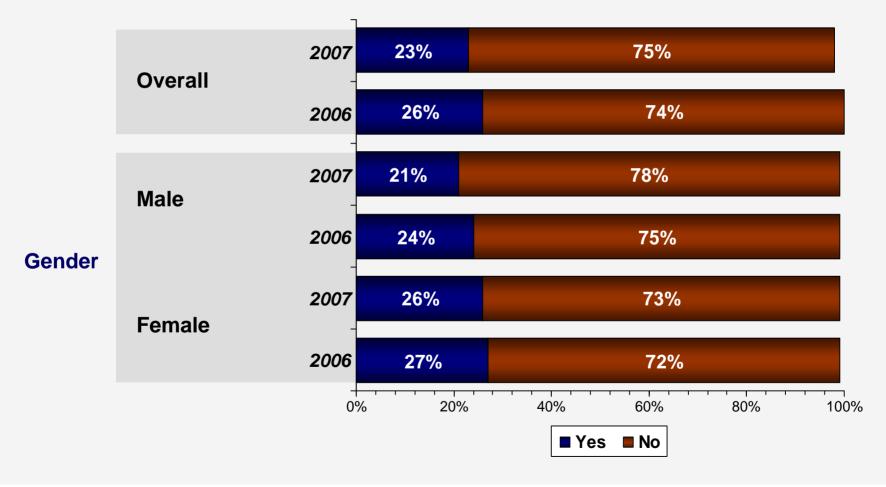
Adverse Events Experienced



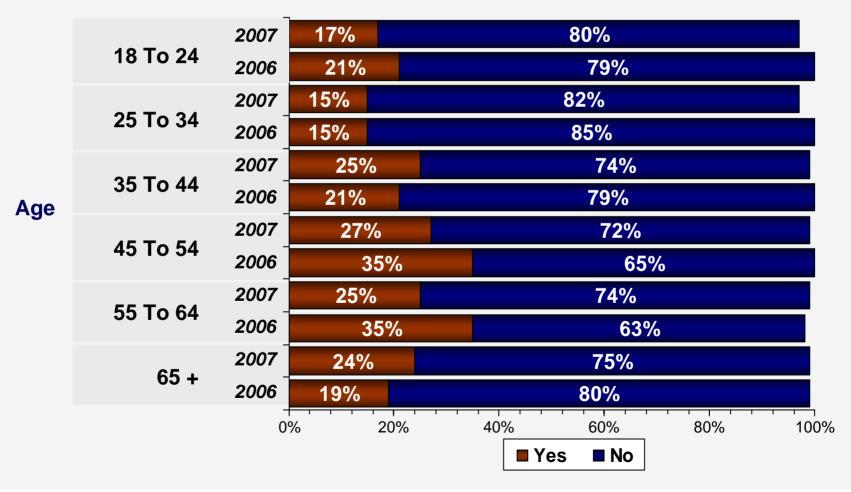
Canadians Providing Care for Family or Friends

- Almost one-quarter (23%) of Canadians provided care for a family member or friend with a serious health problem within the past year;
- More than one-fifth (22%) of these care givers were forced to take one or more months off of work;
- Fewer Canadians in Quebec (12%) had to take time off of work compared to those in other provinces (24%);
- Eleven percent (11%) of Canadian care givers had to quit their job in order to care for their family member or friend;
- Seven percent (7%) accessed the Employment Insurance Compassionate Care Benefit provided by the Federal government;
- Nine percent (9%) of the care givers accessed other benefits from their employer;
- Forty-one percent (41%) were forced to use personal savings to survive while caring for their family member or friend.

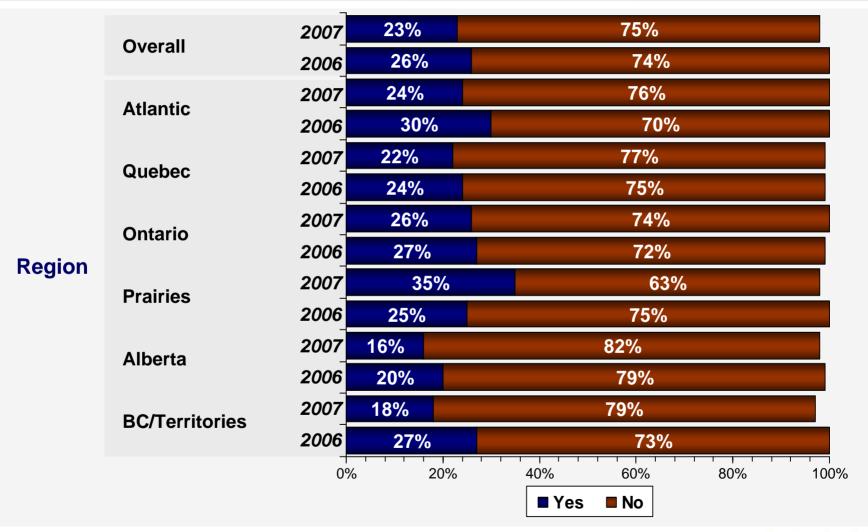
Cared for Family or Friend With Serious Health Problem in Past 12 Months, Overall and by Gender: Tracking



Cared for Family or Friend With Serious Health Problem in Past 12 Months: Tracking, by Age

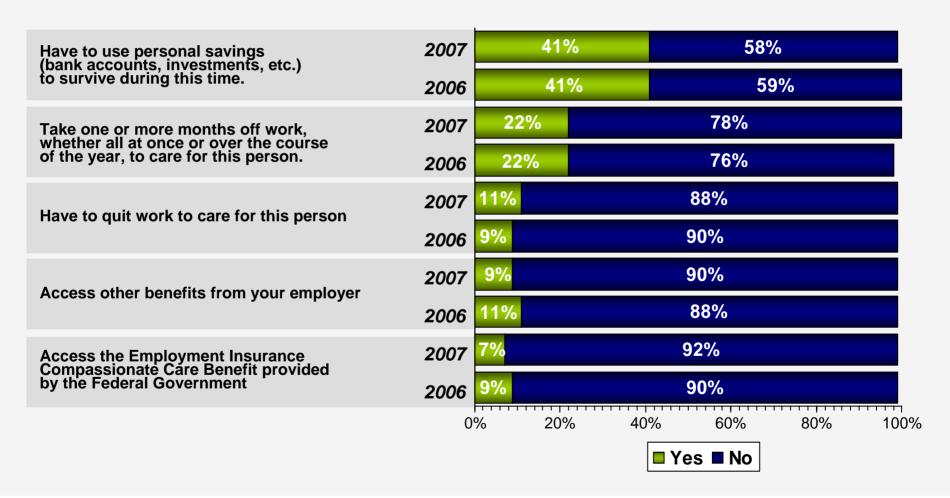


Cared for Family or Friend With Serious Health Problem in Past 12 Months: Tracking, by Region



80

Outcome of Caring for Family or Friend: Tracking



Chronic Disease Care and Management (Providers Only) *New to 2007*

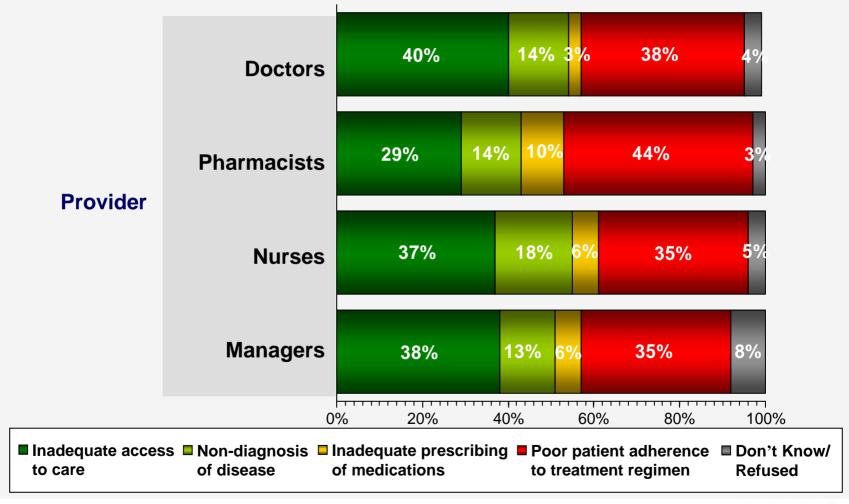
Chronic Disease Care and Management

- Doctors, nurses and managers/administrators are each about equally likely to attribute care gaps in chronic disease management to either *inadequate* access to care (40%, 37%, 38%, respectively) or *poor patient adherence to* treatment regimen (38%, 35%, 35%, respectively);
- Pharmacists are most likely to attribute care gaps to poor patient adherence to treatment regimen (44%) followed by inadequate access to care (29%);
- Doctors in Quebec are more likely to attribute care gaps to non-diagnosis of disease (25%) and less likely to attribute them to poor patient adherence to treatment regimen (27%) compared to doctors in other provinces (10% and 42%, respectively);
- Nurses in Quebec are more likely to attribute care gaps to inadequate access to care (45%) and non-diagnosis of disease (22%) and less likely to blame poor patient adherence to treatment regimen (27%) than nurses elsewhere (34%, 16% and 38%, respectively).

Chronic Disease Care and Management (cont'd)

- Nurses (42%) are most likely to be involved in a coordinated intervention program to help patients manage chronic disease, followed by managers/administrators (35%), doctors (31%) and pharmacists (26%);
- Doctors (19%), nurses (24%) and pharmacists (13%) in Quebec are less likely than doctors, nurses and pharmacists in other provinces (35%, 47% and 29%, respectively) to be involved in such a program.

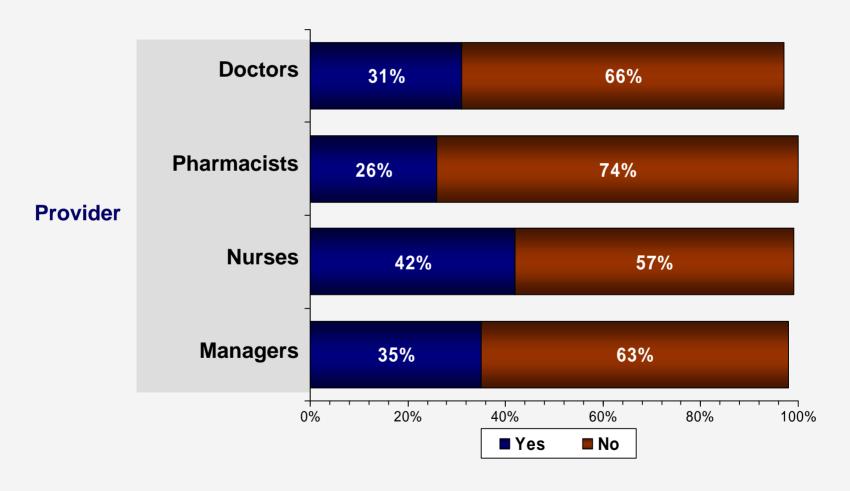
Primary Cause of Care Gaps, by Provider Group



Q14. It has been estimated that half of all Canadian adults have one or more chronic diseases, many of which have care gaps, or gaps between recommended care and the care actually received. Which of the following do you see as the primary cause of these care gaps (CHOOSE ONLY ONE)



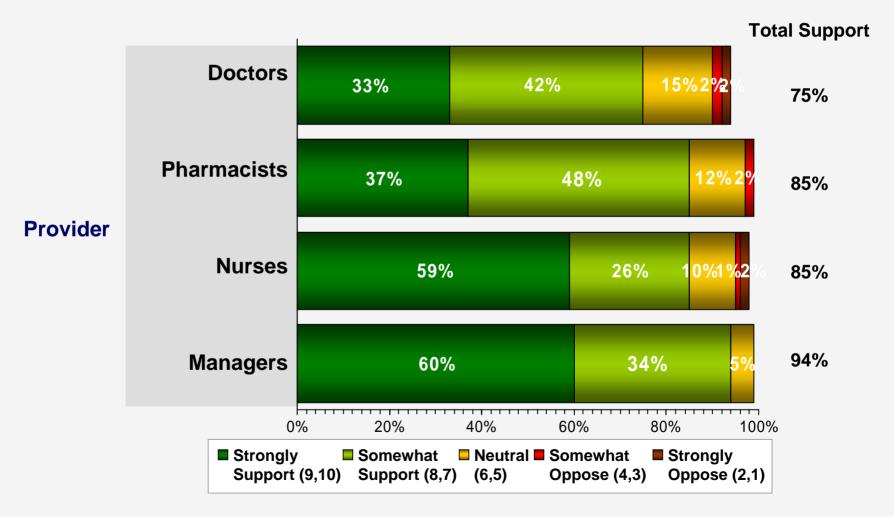
Involvement in a Coordinated Intervention Program With a Team of Health Professionals, by Provider Group



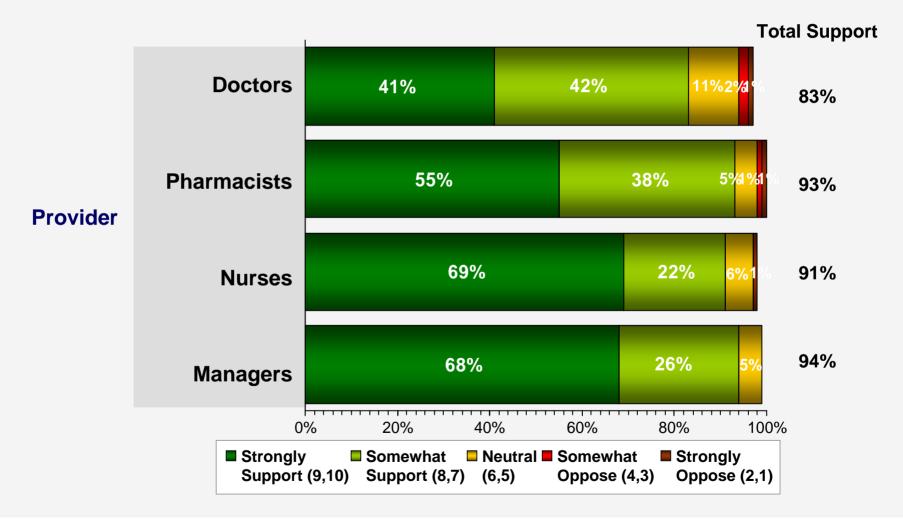
Support for Various Interventions to Improve Patient Care

- In general, nurses and managers/administrators express more support for all of the interventions to improve patient care that were mentioned compared with doctors and pharmacists;
- More doctors in Quebec (60%) strongly support programs that help patients with self-care compared with doctors in other provinces (45%);
- Pharmacists in Quebec are less likely to strongly support regular and ongoing feedback to care providers (38%), regular communication between patients and providers regarding test results, adherence and disease education (55%) and programs that help patients with self-care (40%) compared with pharmacists elsewhere (60%, 66% and 51%, respectively);
- Fewer nurses in Quebec strongly support regular and ongoing feedback to care providers (61%), regular communication between patients and providers regarding test results, adherence and disease education (65%), programs that help patients with self-care (65%) than nurses in other regions (72%, 76% and 76%, respectively).

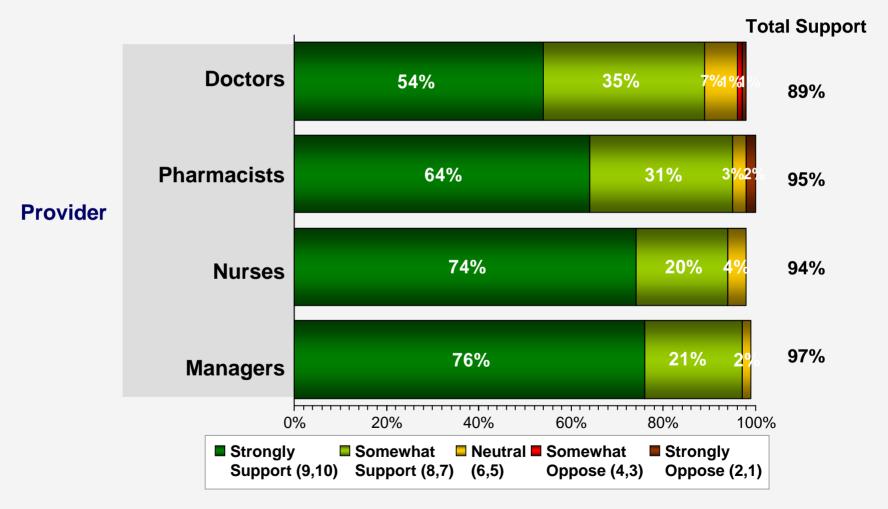
Support for Implementation of Programs Based on Chronic Disease Management Model, by Provider Group



Support for Regular Feedback to Care Providers of Test Results, Etc., by Provider Group

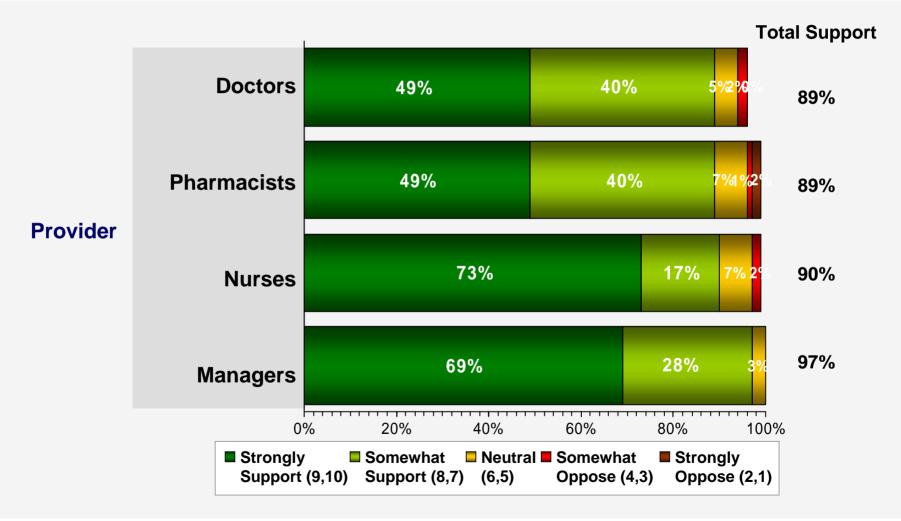


Support for Regular Communication Between Patients and Care Provider, by Provider Group



Q16C. On a 10-point scale where 1 means "Strongly oppose" and 10 means "strongly support", please indicate how strongly you support or oppose each of the following specific interventions to improve patient care: Regular communication between patients and care providers regarding test results, adherence and disease education

Support for Programs That Help Patients With Self-care, by Provider Group



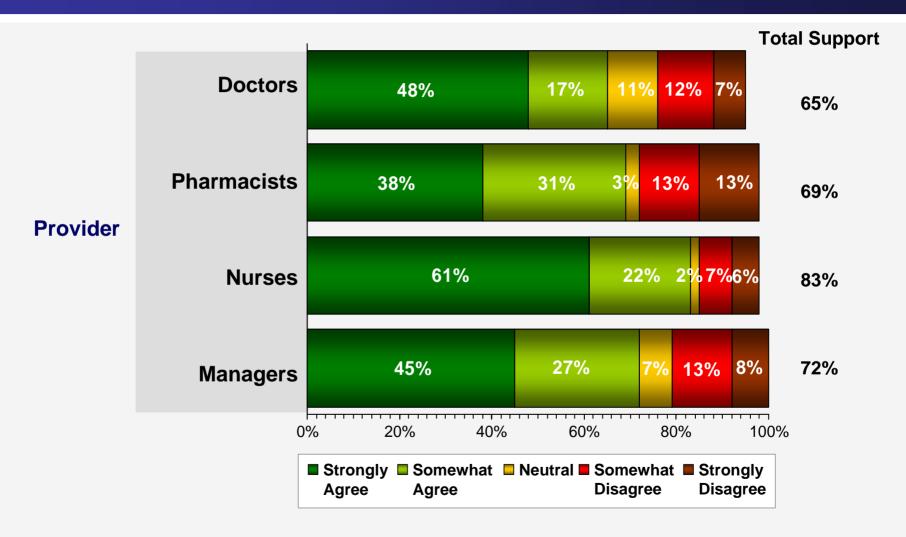
Use of Electronic Health Records

- More nurses (61%) strongly agree that individual consent should be required before information about a patient is included in the electronic health records compared to doctors (48%), pharmacists (38%) and managers/administrators (45%);
- Fewer managers/administrators (7%) strongly agree that the use of electronic health records makes it difficult to ensure privacy and confidentiality than doctors (21%), pharmacists (15%) or nurses (23%);
- Managers/administrators (63%) are most likely to strongly agree that the expected benefits of having electronic patient records outweigh the risks to privacy compared to doctors (42%), pharmacists (51%) or nurses (35%).

Use of Electronic Health Records

- More doctors in Quebec (27%) strongly agree that the use of electronic health records makes it difficult to ensure privacy and confidentiality compared with doctors in other provinces (19%);
- Pharmacists in Quebec (43%) are less likely to strongly agree that the expected benefits of having electronic patient records outweigh the risks to privacy compared with pharmacists elsewhere (53%).
- Nurses in Quebec (37%) are more likely to strongly agree that the use of electronic health records makes it difficult to ensure privacy and confidentiality compared with nurses in other regions (19%).

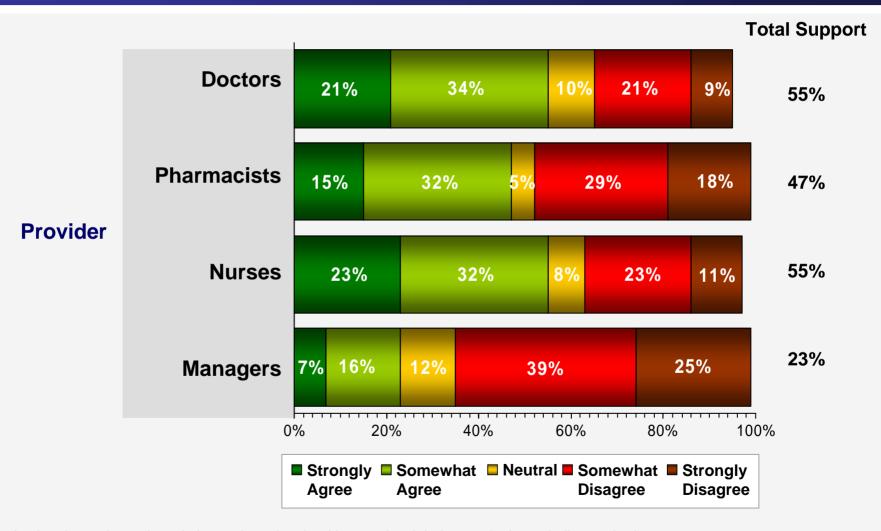
Opinions on Consent for Shared Electronic Patient Records, by Provider Group



Q17A. In situations where shared electronic patient health records might be used, please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements: Individual consent should be required before information about a patient is included in the electronic health records



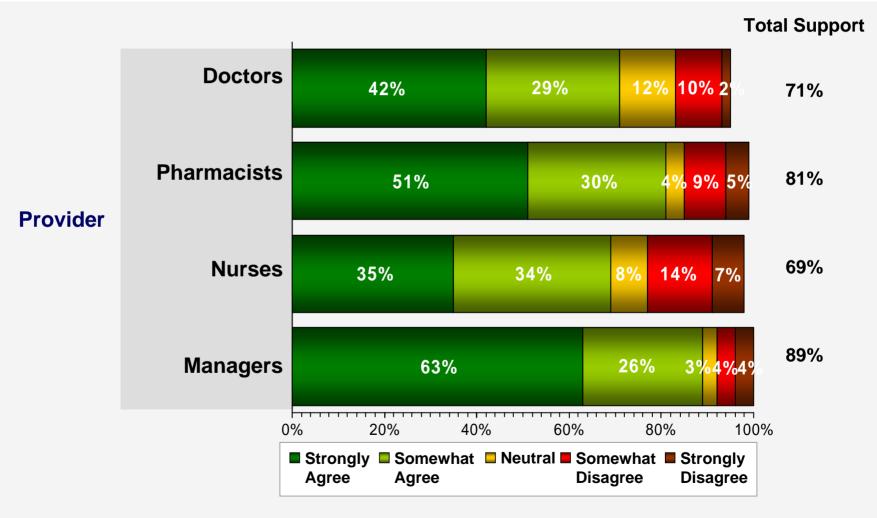
Opinions on Difficulty Ensuring Privacy and Confidentiality When Using Shared Electronic Patient Records, by Provider Group

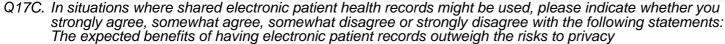


Q17B. In situations where shared electronic patient health records might be used, please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements: The use of electronic health records makes it difficult to ensure privacy and confidentiality



Benefits Versus Risks of Using Electronic Patient Records, by Provider Group









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