

How Engaged are Canadians in their Primary Care?

Results from the 2010 Commonwealth Fund International Health Policy Survey



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FOREWORD

Many factors that contribute to patient engagement are enshrined in health professionals' standards of practice, which speak of a duty to a patient-provider relationship grounded in trust, clear communication, and shared decision-making. Yet we know that more can be done to improve patient engagement across the health care system and, in particular, within primary care.

Health care providers no doubt want to work with informed, involved patients who wish to understand their own care and to participate in it. Engaged patients take a more active role in maintaining their health and are often more satisfied with their care and have positive feelings of overall health.

But despite the known rewards of engagement and shared decision-making for patients, providers, and the system as a whole, primary care providers, as well as Canadians generally, may not know where to start to make greater engagement happen.

This bulletin, the fifth in the Health Council of Canada's *Canadian Health Care Matters* series, suggests some good places to start. Our findings are based on Canadians' responses in the *2010 Commonwealth Fund International Health Policy Survey on the General Public's Views of their Health Care System*, and more specifically on their experiences with their regular doctor or regular place of care; for most people, this means their family physician. What we learned from Canadians through our analysis underscores the importance of patient engagement and points to some specific elements of the primary care experience

that patients value highly: adequate time, phone access for information outside of appointments, active follow-up, and help with coordinating other aspects of their care.

Public attitudes about interactions with health care services and providers are changing. In addition to engagement at the patient-provider level, Canadians want to be involved in the planning of health programs and in shaping the health care system. To understand the implications of this changing environment, the Health Council of Canada is continuing to play a leadership role. In addition to the findings presented in this bulletin, we are partnering with the Canadian Health Services Research Foundation to support their work in evaluating tools and practices designed to improve patient engagement. We also recognize and support the work of provincial, territorial and national organizations that are embarking on patient engagement initiatives.

To help advance engagement, we invite patients and providers to take action on our findings, and we encourage researchers to follow up on our suggestions for further study. Let us know if our conclusions resonate with you. Our Facebook and Twitter accounts and our blog at www.healthcouncilcanada.ca are ready to receive your comments and engage others in this discussion.

Dr. Jack Kitts
Chair, Health Council of Canada

INTRODUCTION

Almost half of Canadians with a regular doctor feel engaged in their health care. While this is promising, a goal of 100% is not unreasonable. By *engaged*, we mean that patients always have enough time during visits, can always ask questions about recommended treatment, and are as involved as they want to be in decisions about their care.

About this bulletin

This bulletin provides a Canadian perspective on the enablers and outcomes of patient engagement at the level of one-to-one interaction between patients and their primary care physicians.

To understand this important topic from the patient's point of view—our major focus in this bulletin—we conducted an analysis of data from the *2010 Commonwealth Fund International Health Policy Survey on the General Public's Views of their Health Care System*. In addition, we reviewed current research from Canada and other countries on the patient-provider relationship and patient engagement. To look at the physician's point of view—our secondary focus—we reviewed findings from the *2009 Commonwealth Fund International Health Policy Survey* and the *2007 National Physician Survey*.

In the introduction we provide background on patient engagement, a discussion of our approach to the analysis and our model for analysis. The *Findings* and *Conclusions* sections focus on the analysis itself, closing with suggestions for both patients and providers. To support continued action on needed reforms in primary care, we also consider the implications of our findings for Canadian health care policy and future research. The final section, *A Closer Look*, includes charts illustrating patients' responses to the various survey questions we examined.

Take-away messages

- Patients who are engaged in their primary care are happier with their care and feel better about their health—leading to desirable outcomes for both patients and providers.
- Almost half of Canadians who have a regular doctor or place of care can be considered to be engaged in their primary care.
- Lack of adequate time with a primary care physician appears to be the key limiting factor, or barrier, to engagement.
- Good access to care, continuity of care, coordination of services, and information support—these contribute to, or enable, engagement.
- There are a number of practical changes physicians can make to help engage their patients, and actions that patients can take for themselves.
- There is a need for structural changes and system-level reforms in primary care such as team-based care, payment model reform, and enhanced implementation of electronic health records which can facilitate improvements in access, coordination, continuity of care and information support.

The importance of patient engagement

Among the variety of definitions that describe patient engagement at the level of individual care, one theme stands out: the capacity of patients to discuss issues with their care provider, to generate options for treatment and management, and to share in decision-making. The goal is for the health care provider and patient to work

Key Terms

Patient – Here, as in our past work, we use the term *patient* to refer to anyone who uses health care services; the term is not limited to people who are ill. In fact, everyone is a potential patient and will almost certainly be one at some point.

Engagement – In this report, engagement with one's regular doctor always includes the following features: involvement in decision-making, adequate time during visits and the opportunity to ask questions about recommended treatment.

Enablers – A range of factors seem to influence patients' ability to be engaged in their primary care. For example, patients who receive guidance and support to help them understand the choices available for their treatment are more likely to be engaged.

Outcomes – Measures of the patient experience that can be considered to be a result of engagement. For example, research has shown that engaged patients are more likely to feel confident in their ability to manage a health problem.

together to build a productive relationship.¹ The concept of patient engagement also embraces family and friends who act as supports to patients, recognizing the important interactions that these people, too, may have with the health care system.

Engagement is beneficial for patients, providers, and the system as a whole. Patients who are involved and who feel respected in their interactions with health care providers do better and feel better, compared to those who are less engaged. They take a more confident and active role in maintaining their health, are more satisfied with their care, and feel more positively about their overall health. For physicians, shared decision-making is increasingly recognized as an ideal model of care.² In terms of benefits to the system, engaged patients have improved knowledge and understanding of their care, resulting in better use of health services and resources.³ More broadly, researchers and others

have advocated for more than a decade that engaging patients in planning and designing health care services is an important means to improve the quality of care and strengthen accountability.⁴

These good outcomes—and their potential to foster both a healthier population and a more patient- and family-centred health care system—have been fuelling a growing interest in patient engagement among researchers, national organizations, and patient groups in Canada and abroad.

Levels of engagement

The topic of patient engagement is not new in Canada. In 2001, 2004, and 2007, patient-centred care and public engagement were recurring themes in the *Listening for Direction* series of national consultations on health service policy issues.⁵ Some jurisdictions have implemented legislation requiring that health care services collect feedback from patients to help monitor the quality of care. In addition, a number of provinces have undertaken surveys and other kinds of public consultation to gain input on the design and delivery of health services.

For the most part, engagement activities in Canada have focused on patient participation in program and health system planning. But interest is growing in how to foster engagement at the level of one-to-one interaction between patient and primary care provider. For example, Saskatchewan's *For Patients' Sake* report in 2009 called for a shift in culture within the health system that would promote “listening to patients, sharing decisions at an individual care and policy level, and evaluating decisions based on how they affect the patient.”⁶ *A Charter for Patient-Centred Care*, proposed by the Canadian Medical Association in 2010, calls for building a culture of respectful, shared decision-making, supported by mechanisms (programs, processes, and monitoring) to make such a culture change a reality.⁷

In this bulletin, we look at the level of personal care, the one-to-one interactions between patients and their regular doctor. The other levels of patient engagement will be the focus of future work by the Health Council of Canada.

Levels of engagement

Patient engagement activities are diverse and occur at various levels in the health care system

PERSONAL CARE

Patient and health care provider



Individual patient/family and their provider/care team discussing decisions regarding treatment and ongoing care

PROGRAM OF CARE

Patient as part of a planning group



Groups of patients with a common interest involved in planning for the organization and delivery of specific health services, such as regional cancer services

SYSTEM OF CARE

Citizen or patient as part of an engagement strategy



Citizens or patients providing input into planning or evaluating a broad range of health services or policy, for example through a survey or a public forum

Our approach to understanding engagement in primary care

Qualities of engagement

Our literature review showed that certain qualities of the patient-provider interaction are most commonly cited as defining features of engagement from the patient's perspective.

Engaged patients:

- are involved in decision-making;^{1,8}
- have enough time with their primary care provider;¹
- actively participate in planning and monitoring their care;⁹ and
- share their preferences and priorities with primary care providers.¹⁰

Outcomes of engagement

These qualities are worth striving for because of their positive relationship to health outcomes. Patients who are engaged in their primary care are more likely to:

- make active efforts to participate in disease prevention, screening, and health promoting activities, such as quitting smoking;^{3,11}
- feel confident in their ability to self-manage health conditions;³
- have positive feelings of overall health;¹¹ and
- be satisfied with their care.³

Enablers of engagement

A range of factors seems to influence patients' ability to be engaged in their primary care. Patients are more likely to be engaged when they:

- have easy access to their primary care providers;¹
- understand the information provided;¹
- receive guidance and support to help them understand the choices available for their treatment;^{1,10}
- have their medications reviewed for risks and benefits;¹ and
- have care that is coordinated, with pertinent information communicated among various providers, institutions, and the patient.^{10,12}

For our analysis, we called these factors enablers because they contribute to engagement, and we grouped them into four categories—access to care, continuity of care, coordination of care, and information support.

Closely linked to enablers of engagement are their opposite—barriers. Some constraints to engagement include:

- physicians' lack of time or resources to engage patients to the desired level;¹
- phone systems that are difficult for patients to navigate;¹⁰

- lack of coordination among providers in communicating about the patient's health condition and plan of care;¹³
- patients feeling they do not have enough information and support to enable them to become as involved as they would like;¹
- patients' lack of confidence to ask questions, seek additional opinions on diagnoses or treatment, or ask to revisit treatment plans;¹⁰ and
- lack of health literacy; patients must be able to read and understand health information, in order to apply it to decisions about their own situation.^{1,8}

Model for analysis

To guide our analysis, we developed a model of relationships associated with patient engagement in primary care. The model defines engaged Canadians and summarizes enablers and outcomes based on our literature review and on the data that could be assessed from questions asked in the *2010 Commonwealth Fund International Health Policy Survey*.

Using our model, we tested the following relationships:

- When enablers are present, are Canadians more likely to feel engaged in their care?
- Are engaged Canadians more likely to experience the beneficial outcomes that have been linked to engagement?
- Which demographic and contextual variables are associated with engagement?

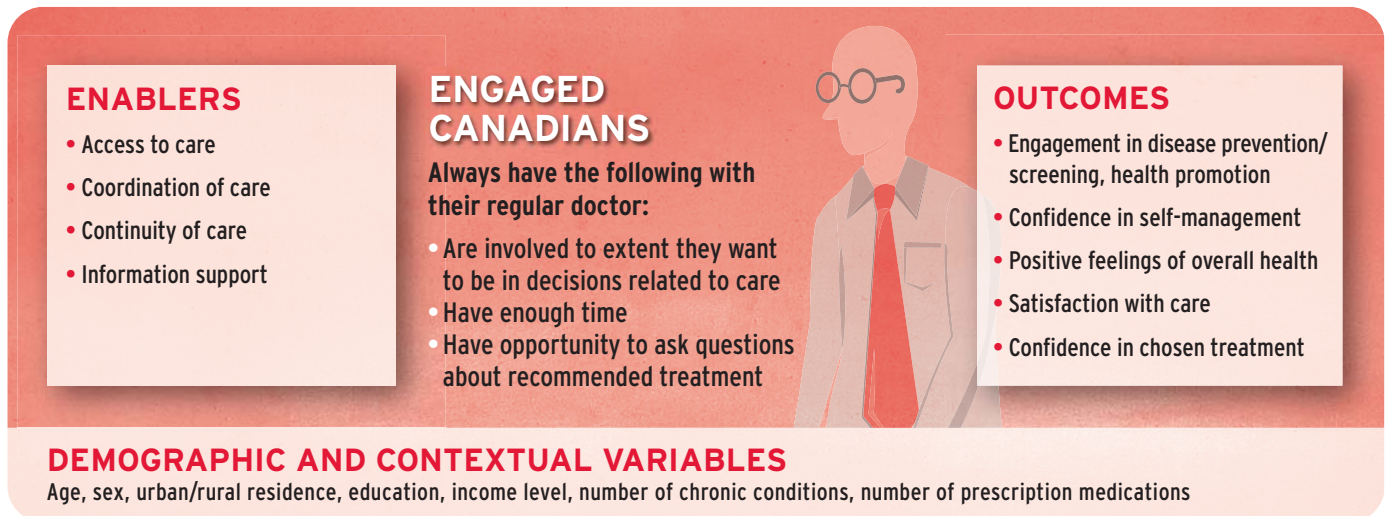
We also conducted statistical tests to understand which enablers had the strongest association with engagement. This information allowed us to assess where potential improvements in health care practice and policy could have the most impact on helping more Canadians become engaged in their primary care.

As with all survey-based research, our findings are derived from self-reported data from a sample of the population. The survey was developed to measure patients' experiences, not necessarily their engagement, so we were limited by its content and, as a result, weren't able to explore this complex topic as fully as it deserves. There are other elements of patient engagement as well as enablers and outcomes

that could be included in future research. However, we believe that our model for analysis and the findings summarized in this bulletin provide a sound foundation for discussion and for future investigation.

More details about our analysis are provided in the *Methodology* section.

Model of relationships associated with patient engagement in primary care



FINDINGS

Engagement makes a real difference in how people feel and act with respect to their own health and the care they receive. Everyone benefits when health care providers can take time with patients to discuss their questions, provide clear information and support, and share decision-making.

Patients' perspectives

Approximately 82% of Canadian respondents reported having a regular doctor or place they go for care. This is similar to levels found in other national surveys: 85% in Statistics Canada's *2009 Canadian Community Health Survey*,¹⁴ and 86% in the *2007 Canadian Survey of Experiences with Primary Health Care*, co-sponsored by the Health Council of Canada.¹⁵

How engaged are Canadians in their primary care?

Almost half (48%) of Canadians who have a regular doctor or place of care can be considered to be engaged in their primary care. They always have enough time during visits, always have the opportunity to ask questions about recommended treatment, and are always as involved as they want to be in decisions about their care.

Feeling rushed during appointments is a key barrier to engagement. Not having enough time with their doctor keeps many Canadians from feeling engaged in their care. (See sidebar, *The range of Canadians' engagement in primary care*)

When enablers are present, are Canadians more likely to feel engaged in their care?

As noted earlier, we have grouped enablers into four categories—access to care, continuity of care, coordination of care, and information support. In essence, enablers speak to the quality of a patient's interactions with his or her doctor.

Good communication, respect for a patient's time, and assistance with follow-up care—the importance of these qualities is reinforced by our findings.

A handful of enablers show the strongest relationships with engagement. As patients, engaged Canadians are likely to experience the following:

- They find it very easy to telephone their doctor about a health problem and get the answers they need.
- They don't feel their time is wasted by waiting a long time to see the doctor for a scheduled appointment.
- Their doctor always knows important information about their medical history.
- Their doctor explains things in a way they can easily understand.
- Someone follows up to give them test results.
- Someone in their doctor's practice helps them coordinate care with specialist and other services.

We also found a number of other enablers to be associated with engagement. Canadians are significantly more likely to be engaged if they experience the following:

- They can get a same-day or next-day appointment with their regular doctor when needed, and if their doctor provides easy access to after-hours care.
- They have been with the same doctor for five years or more.
- Their time is not wasted by poorly organized care, and test results and records are always available at their visits.

- They don't feel they have to wait too long for a diagnosis.
- Their regular doctor knows about care they have received from specialists.
- They don't get conflicting information from multiple providers.
- Their doctor explains potential side effects of any medications they are taking, and periodically reviews all their medications with them.

Are engaged Canadians more likely to experience beneficial outcomes that have been linked to engagement?

Consistent with past research, we found several positive outcomes linked to patient engagement. Canadians who are engaged with their primary care physician are more likely to rate their recent medical care as excellent. Engaged Canadians are also more likely to be very confident about the quality of future care and about their ability to manage their own health.

The benefits of engagement also extend to people's perceptions of their health. Two-thirds (66%) of engaged Canadians rate their health as excellent or very good, compared to 57% of those who are not engaged, a group more likely to report good, fair, or poor health. This difference in self-rated health is interesting in light of the general parallels that exist between the two groups—they have similar levels of chronic health conditions and similar use of prescription drugs.

Which demographic and contextual variables are associated with patient engagement?

Engaged Canadians tend to be female (58% of the engaged are women, compared with 42% men). They are also more likely to be age 50 or older; both men and women in younger age groups are less likely to feel engaged. None of the other demographic or contextual variables captured by this survey showed a significant relationship to patient engagement. However, research studies have shown that factors such as educational status, disease severity, cultural background and health literacy may also influence patient engagement.¹³

The range of Canadians' engagement in primary care

We selected three questions from the 2010 *Commonwealth Fund International Health Policy Survey* to define *engaged* Canadians:

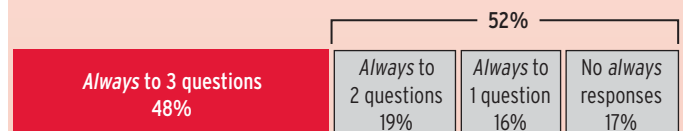
1. How often are you involved to the extent that you want to be in decisions related to your care?
2. How often do you have enough time with your physician?
3. How often do you have the opportunity to ask questions about your recommended treatment?

Each question had the same response options: *always, often, sometimes, or rarely/never*.

We determined respondents who answered *always* to all three of the questions to be engaged, and we discovered the following:

- 48% of respondents fit our definition of engaged.
- Of the remaining 52%, the majority answered *always* to one or two of the three defining questions.
- Of the three questions, the one least likely to receive a response of *always* was *How often do you have enough time with your physician?*
- An important sub-group to note are the nearly one in five respondents (17%) who reported that they do not always have enough time with their doctor, *nor* do they always have the opportunity to ask questions, *nor* are they always involved to the extent they want to be in decisions relating to their care.

Distribution of responses to questions used to define engagement



Physicians' perspectives

Patient engagement involves a two-way relationship. To learn about family doctors' perceptions of the relationship, we reviewed data from the *2009 Commonwealth Fund International Survey of Primary Care Physicians*—selecting questions similar to those asked of patients in the *2010 Commonwealth Fund International Health Policy Survey*. We also looked at results from the *2007 National Physician Survey*, a collaborative project of the College of Family Physicians of Canada, the Canadian Medical Association, and the Royal College of Physicians and Surgeons of Canada.

These surveys give a sense of how Canadian physicians feel about their rapport with patients, and how they experience some of the same enablers of—and barriers to—engagement. In some cases, physicians' responses closely match what we learned from patients, and as with patients, some of the responses reflect factors and situations that are beyond an individual's control.

In the *2007 National Physician Survey*, primary care doctors reported the following:

- Almost half (48%) reported that they were very satisfied with their relationship with their patients.
- More than one-third (37%) said they were somewhat satisfied, and the remaining 15% felt neutral about or dissatisfied with these relationships.
- Three-quarters (75%) reported that increasing patient expectations are placing increasing demands on their time.
- Physicians age 45 and older tended to show higher levels of satisfaction with their patient relationships.

In the *2009 Commonwealth Fund International Survey of Primary Care Physicians*, Canadian doctors were asked to respond to a number of questions relevant to patient engagement:

- Three-quarters (75%) said their patients often experience long waits to see a specialist or consultant.

- Fewer than one in five physicians (18%) could provide same-day or next-day appointments for most patients who requested one.
- Less than half (44%) had arrangements for after-hours care where patients could see a doctor or nurse without going to the hospital emergency department.
- Only 16% routinely gave their patients with chronic diseases written instructions about how to manage their care at home, and about half (52%) said they did so occasionally.
- Receiving timely reports from specialists is a challenge for some primary care physicians. More than one in seven (15%) said they *sometimes* or *rarely/never* get reports back with all the relevant health information they need after one of their patients has been seen by a specialist; and one-third said the information is *sometimes* or *rarely/never* timely.
- Only about one-third (35%) said it would be easy for them to generate a list of all medications taken by an individual patient, using the system in place at their practice. For close to half (48%), gathering the information for a review of all their patients' medications would be difficult or could not be done at all.
- Only 15% of physicians reported that their practice routinely received and reviewed data on their patients' satisfaction and experience with care, suggesting a major information gap between primary care doctors and their patients.

Canada's primary care physicians are largely on the same page as their patients in describing some of the current challenges around access to care, continuity, coordination, and information support—challenges that can be barriers to an engaged patient-provider relationship.

CONCLUSIONS

We know that Patient First will be a reality in Saskatchewan when a patient, hurriedly preparing to leave his family doctor's treatment room, hears the physician say, "We still have some time. Is there anything else you'd like to talk about?"

*- Tony Dagnone, Commissioner
For patient's sake: Patient First Review
Commissioner's report to the Saskatchewan Minister of Health*

By exploring the patient-provider relationship through the lens of patient engagement, this bulletin highlights the importance of specific aspects of Canadians' interactions with primary care. In particular, our survey analysis and background research show that time is a fundamental currency for patients and a challenge for many family doctors. Patients benefit from being engaged in their care; they feel better about their care and about their health. But this requires that physicians both have time and take time for meaningful discussion and interaction.

As with our past research, our findings suggest there is room for improvement in primary care in Canada. Taken as a whole, the enabling factors and good outcomes that we can link to patient engagement represent the experience of only 48%—just under half—of Canadians who have a regular doctor or place of care. Without these qualities in their primary care, Canadians are less likely to be engaged; the absence of enablers creates barriers to engagement.

As detailed in the next section, *A Closer Look*, we found that too few Canadians enjoy good access to care, good continuity of care, help in coordinating specialist and other services, and clear information from their provider. Improvements in these areas could help more Canadians and their health care providers reap the known benefits of patient engagement.

Time pressures are one of the major problems cited by patients and physicians alike.^{6,16} To help relieve the time pressures that create barriers to the delivery

of patient-centred primary care, jurisdictions across Canada are experimenting with a variety of structural changes and system-level reforms. Examples include team-based models of primary care, which can free up physicians' time to see those patients who are in greatest need of their clinical skills; payment reforms that move away from the traditional fee-for-service system; and electronic health records, which can make comprehensive information about a patient's medical history easily available to everyone involved in that care. Accelerated efforts across Canada to implement needed structural changes in primary care will help to ensure that physicians and patients have the time they need for shared dialogue and coordination of care.

What can physicians do?

Our findings point to a number of practical steps providers can take to re-design their services around patient needs. We recognize that some of these steps are not simple to achieve, and some may have policy implications that put them out of reach of individual care providers.

With this complex environment in mind, and recognizing the need for continuing system reforms, we encourage physicians to consider what they can change in their own practice so they are better able to engage patients. As a physician, your patients may be more likely to reap the benefits of engagement if you can:

- ask patients if they feel involved to the extent that they want to be in decisions related to their care. If they don't, find out what more you can do;

- take the time that's needed with each patient. Give them the opportunity to ask questions;
- check in with patients to see whether you are explaining things in a way they can understand;
- make it easy for patients to phone your office and get answers about health problems. Not all questions can be dealt with on the phone, but are you doing what you can in this area?
- review your scheduling practices and investigate innovative models of scheduling such as advanced access, which has been shown to open access to needed appointments and improve patient and provider satisfaction;¹⁷
- make sure you and your office partners have easy access to up-to-date electronic records of patient history and prescriptions;
- have someone in your office follow up with patients to provide their test results (whether positive or negative) and address relevant questions;
- consider use of self-management support strategies for patients with chronic conditions;
- have someone in your practice help coordinate patients' care with specialists and other services; and
- work as part of a health care team, collaborating with professionals such as dietitians, pharmacists, nurses, nurse practitioners, and others, so that patients can see the most appropriate provider for the care or conversation they need.

What can patients do?

We also recognize that our model of engagement for this analysis is based on aspects of care over which patients have little or no control: patients can't influence how long they have to wait for appointments, or whether someone in their doctor's office is available to follow up with them. But patients do have control over their side of the patient-provider relationship, and a responsibility to ask questions and seek more information when they need it.

As a patient, you may be more likely to be engaged—and to experience the good results of engagement—if you are able to:

- bring a list of your questions and concerns to your appointment;
- describe your symptoms accurately (again, notes could help);
- ask for what you want and need during the appointment;
- ask your doctor to explain things again if you don't understand;
- bring someone along, if you're comfortable with that. They may raise points you haven't thought of, and can help you sift through information later and remember what was said; and
- follow the treatment plan, including self-management support strategies that you and your doctor have agreed on.

In summary

Our findings raise a number of questions for further research and discussion:

- What are the barriers to higher levels of patient engagement? Do they relate to system-level structural issues that can be addressed by policy change?
- How do models of primary care influence engagement? For example, are patients more likely to be engaged if their doctor is part of an interprofessional primary care team?
- Do patients and physicians have different expectations of their relationship? And if so how does this influence engagement?
- How do demographic and contextual factors influence the extent and likelihood of engagement?
- What can we learn from other countries about patient engagement?
- What is needed to shift system-level design of health care services from provider-focused to patient-centred and how do we get there?

We look forward to further discussion and action—by governments, primary care providers and patients—on the continued journey to better health and a better health care system.

A CLOSER LOOK

In this section, we take a closer look at our findings from the *2010 Commonwealth Fund International Health Policy Survey on the General Public's Views of their Health Care System*. We cover the enablers and outcomes of patient engagement from the patients' perspective, as well as an international perspective on where Canada stands compared with other countries.

Getting in the door, getting questions answered, getting relevant information to guide shared decision-making, having someone follow up and help to coordinate other aspects of care—our findings suggest that these things make a big difference in patients' engagement with their primary care physicians.

Our findings on factors that contribute to, or enable, engagement are presented in four categories:

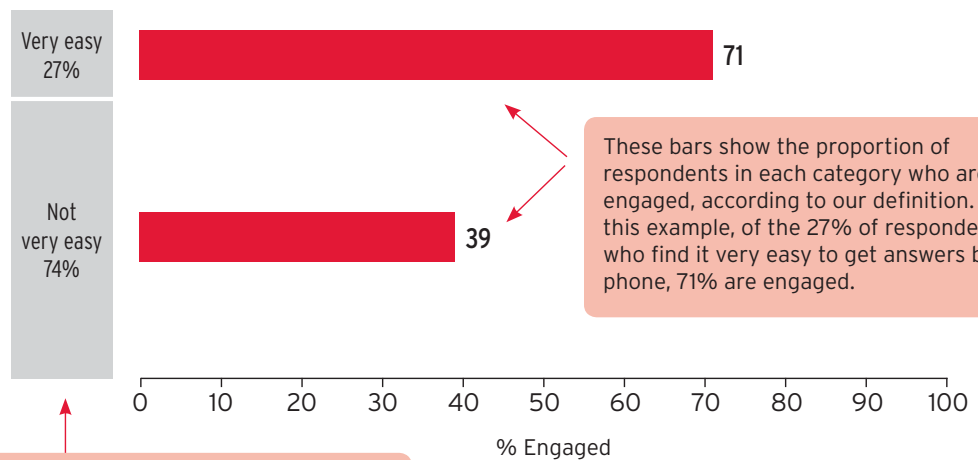
1. Access to care
2. Continuity of care
3. Coordination of care
4. Information support

Guide to interpreting the charts

Get answers by phone

How easy or difficult is it to telephone your doctor's practice during regular practice hours about a health problem and get the answers you need?

Question asked of all survey respondents



These bars show the proportion of respondents in each category who are engaged, according to our definition. In this example, of the 27% of respondents who find it very easy to get answers by phone, 71% are engaged.

This bar shows answers to the survey questions for all Canadian respondents, grouped in two categories. The top segment shows the more desirable state. In this example, 27% of all respondents find it very easy to get answers from their doctor's practice by phone; 74% do not.

* Due to rounding, the two segments may not sum to 100%.

1. ACCESS TO CARE

Better access to care was a key element of the 2003 *First Ministers' Accord on Health Care Renewal* and the 2004 *10-Year Plan to Strengthen Health Care*, and this analysis underscores the value of those commitments. Timely access to a doctor, getting information quickly (especially by phone), and not wasting time in waiting rooms or because of a lengthy process to book appointments—these things enable Canadians to feel engaged.

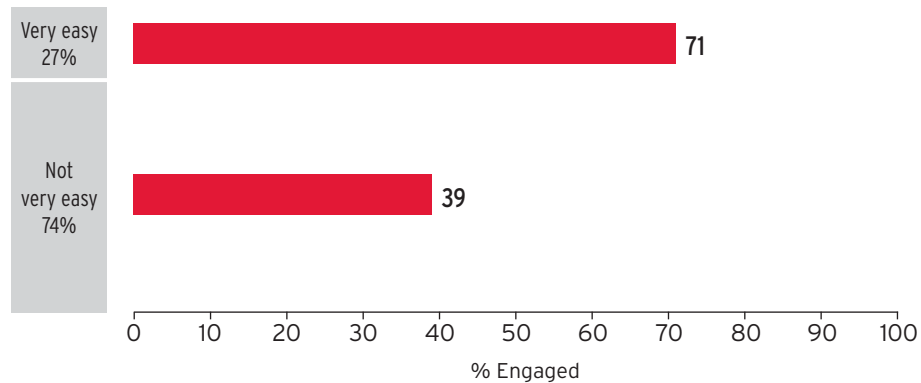
Our analysis reveals the following about access to care as an enabler of engagement for Canadians who have a regular doctor:

- Being able to phone the doctor's practice during office hours and get an answer about a health problem is strongly related to engagement. Just over one-quarter of respondents (27%) find it very easy to get answers by phone, and of this group 71% are engaged. Of the much larger group (74%) who do not find it very easy, only 39% are engaged.
- Sitting in the waiting room a long time does not help patients feel engaged. More than half of respondents who don't believe their time has been wasted in waiting for scheduled appointments are engaged (56%). But of the one-third who do believe they've wasted time this way, only 31% are engaged.
- Patients who have not spent a lot of time scheduling a specialist appointment or test are more likely to feel engaged (53%). Of the approximately one-quarter of respondents who believe their time has been wasted due to a lengthy or complicated scheduling process, only 32% are engaged.
- Same-day or next-day appointments when patients need medical attention also play a major part. Of Canadians who have such good access, 56% are engaged. Of those who can't see their doctors that quickly, 40% are engaged.
- Waiting long for a diagnosis does not contribute to engagement. Only one in five Canadians have had this problem, and one-third (34%) of them are engaged. Of the larger group who didn't feel they have waited too long for a diagnosis, over half (52%) are engaged.
- Over half (58%) have waited four weeks or more for a specialist appointment, and less than half of them (42%) are engaged. Among those who have seen specialists more quickly, 55% are engaged.
- Only 10% of Canadians reported very easy access to after-hours care, and 65% of this group feel engaged. Of the remaining vast majority (90%), 44% are engaged.

Access to care as an enabler of engagement

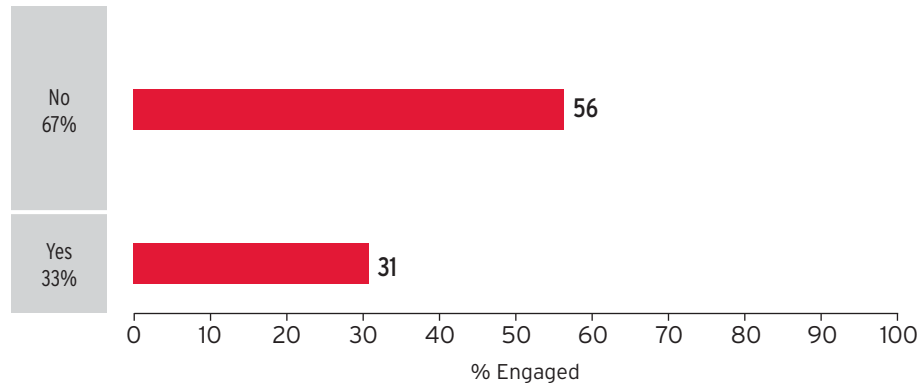
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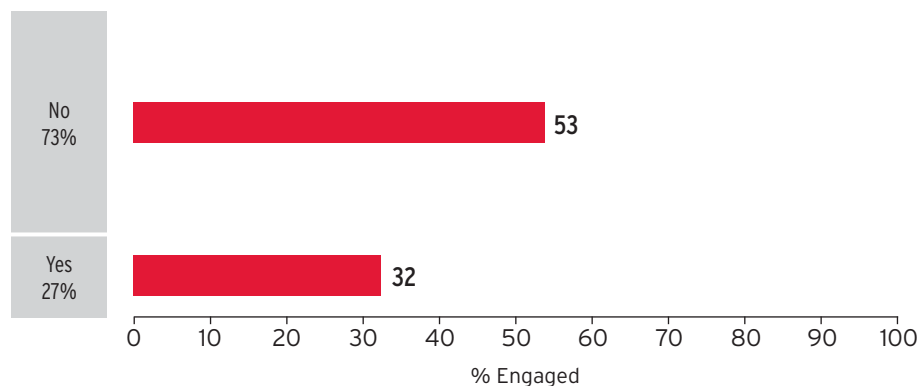
Time wasted at scheduled appointment

In the past 2 years, have you ever felt your time was wasted because you were kept waiting a long time to see the doctor for a scheduled appointment?



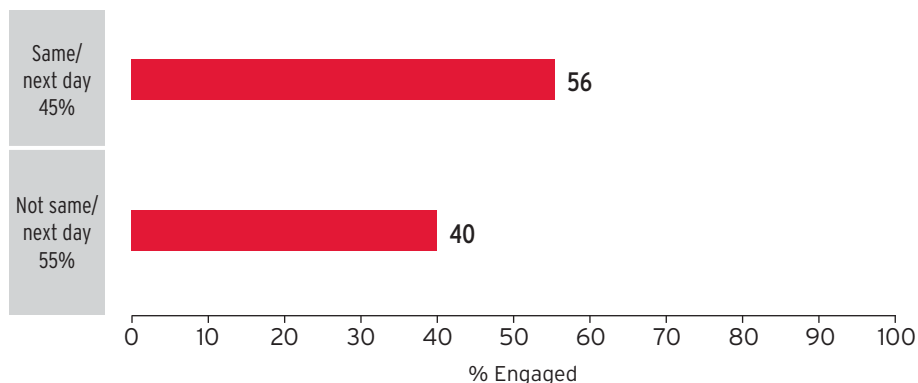
Time wasted booking specialist or test

In the past 2 years, have you ever felt your time was wasted because it took you a lot of time to schedule specialist appointments or tests?

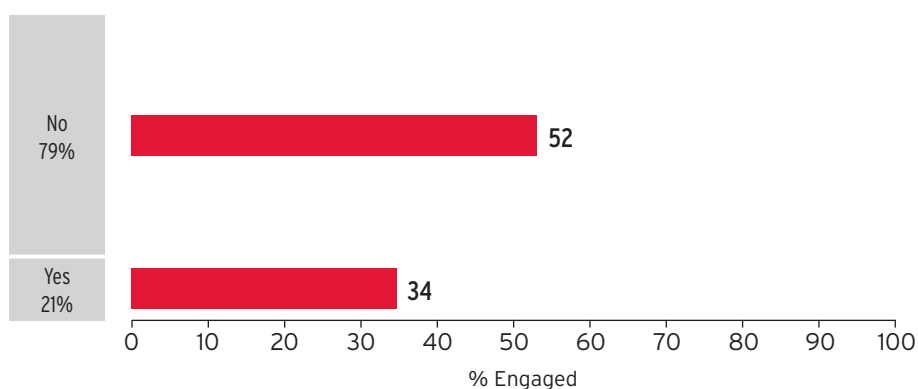


Get appointment when needed

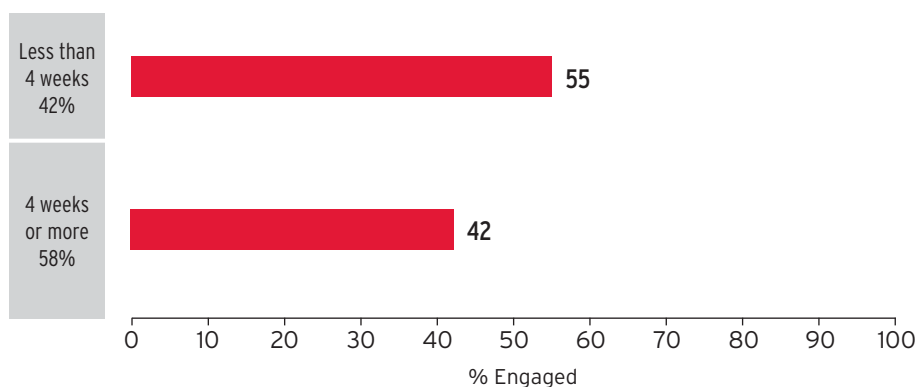
Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or nurse?

**Long wait for diagnosis**

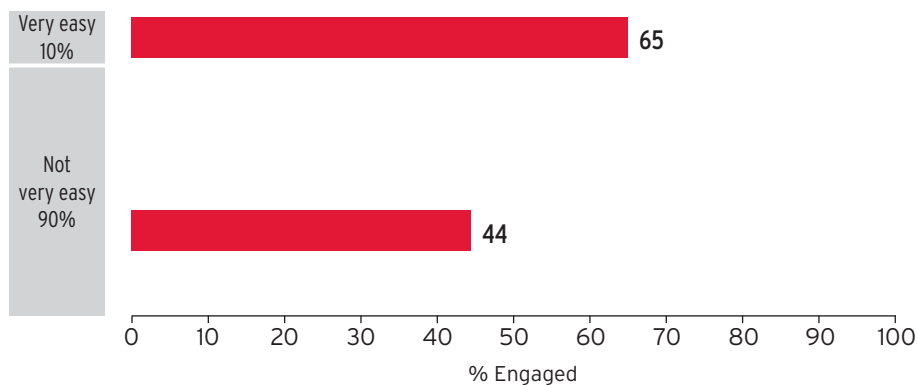
During the past 12 months, was there ever a time when you had a medical problem you were worried about and it took a long time to get a diagnosis?

**Time to see specialist**

After you were advised to see or decided to see a specialist doctor, how many days, weeks or months did you have to wait for an appointment?

**Get after-hours care**

How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital emergency department?



2. CONTINUITY OF CARE

A long-standing relationship with the same physician enables patient engagement, so does having a doctor who always knows key information about one's medical history, and has test results available at the appointment.

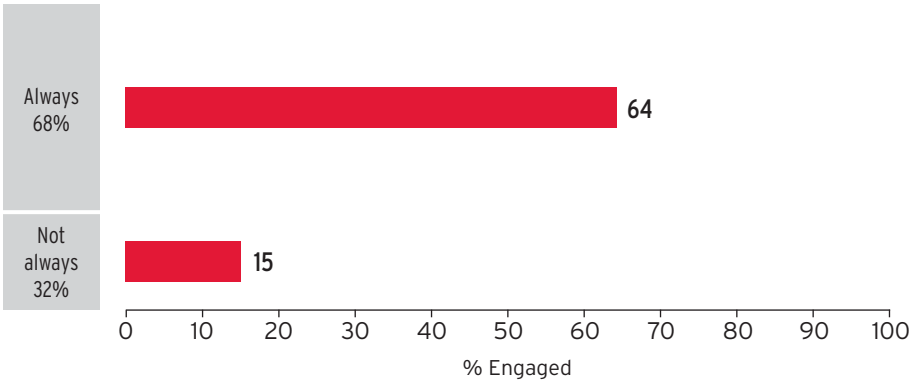
Our analysis reveals the following about continuity of care as an enabler of engagement for Canadians with a regular primary care physician:

- More than two-thirds (68%) report that their regular doctor always knows important information about their medical history, and 64% of this group are engaged. Among the 32% who feel their doctor doesn't know their history, patient engagement is dramatically lower—only 15%.
- 65% of respondents have had the same doctor for five years or more, and 52% of this group are engaged. Among the remaining 36%, who have been with their doctors for less than five years, the rate of engagement is only 39%.
- Relatively few respondents (12%) have experienced the problem of not having test results or medical records available at their appointment; only 29% of them are engaged. This is far below the engagement rate (50%) for patients who haven't encountered this.

Continuity of care as an enabler of engagement

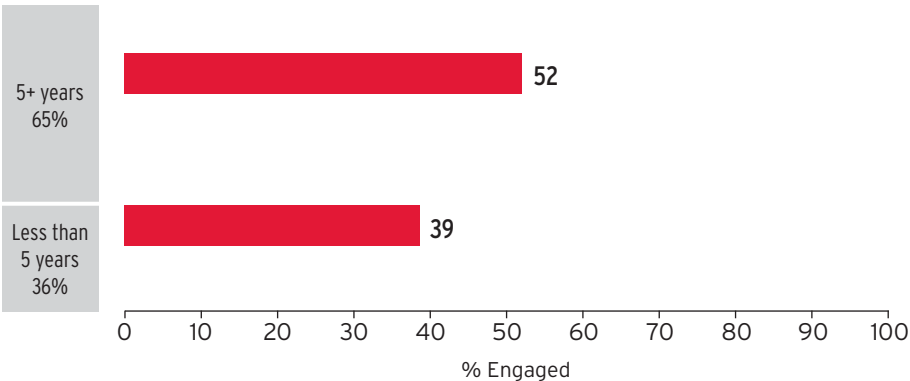
Doctor knows medical history

When you need care or treatment, how often does your regular doctor or medical staff you see know important information about your medical history?



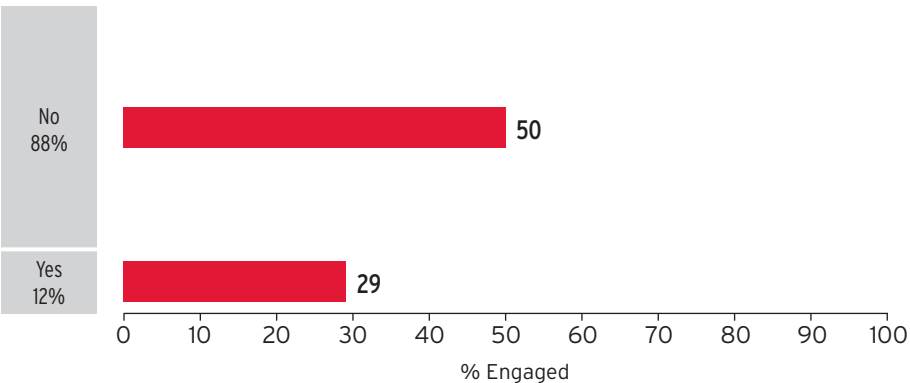
Years with same doctor

How long have you been seeing this doctor for your medical care?



Results not available at appointment

Thinking about the past 2 years, when receiving care for a medical problem, was there ever a time when test results or medical records were not available at the time of your scheduled medical care appointment?



3. COORDINATION OF CARE

Patients appreciate well-coordinated care and, not surprisingly, poorly organized care detracts from engagement. Canadians are more likely to feel engaged when they get help from their primary care doctor in coordinating other aspects of their health care, do not receive conflicting information from their various providers, and find that their regular doctor is always up-to-date with information from their specialists.

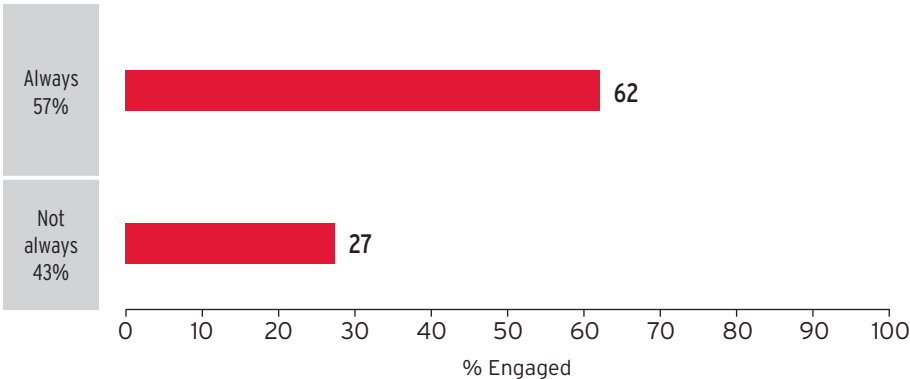
Our analysis reveals the following about coordination of care as an enabler of engagement for Canadians with a regular primary care physician:

- More than half of respondents (57%) receive help from their regular doctor's office in coordinating their care from other providers, and 62% of this group are engaged. Of the 43% who do not get this help, only 27% are engaged.
- Poorly organized care cuts engagement rates almost in half. Most Canadians (82%) have not found their recent care to be poorly organized, and more than half of this group (52%) are engaged. Of the 18% who believe their time has been wasted due to poor organization and coordination, only 28% are engaged.
- One in five (20%) have received conflicting information from their health care providers, and only 30% of these respondents are engaged. Of the 80% who have not had this problem, more than half (52%) are engaged.
- Most (77%) report that their regular doctor is up-to-date on the care they have received from specialists; more than half of them (52%) are engaged. Of the 23% of respondents who report otherwise, only one-third (32%) are engaged.

Coordination of care as an enabler of engagement

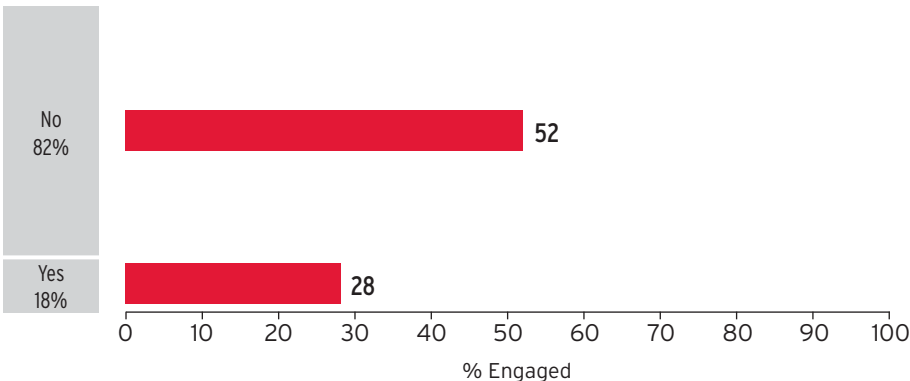
Help coordinating other care

How often does your regular doctor or someone in your doctor's practice help coordinate or arrange the care you receive from other doctors and places?



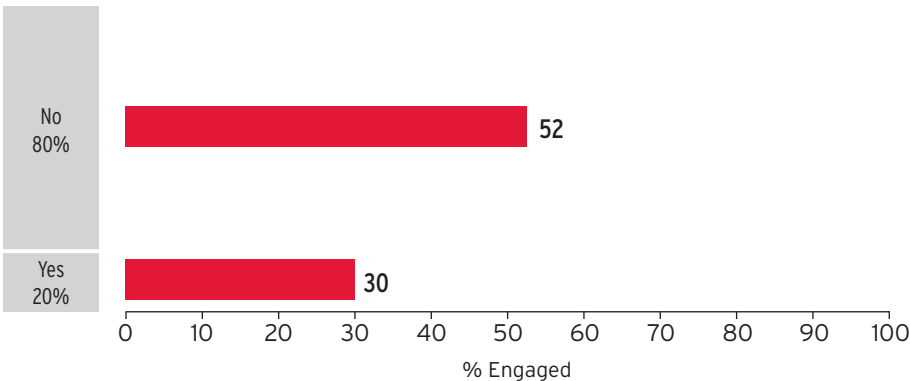
Time wasted by poorly organized care

In the past 2 years, have you ever felt your time was wasted because your care was poorly organized or poorly coordinated?



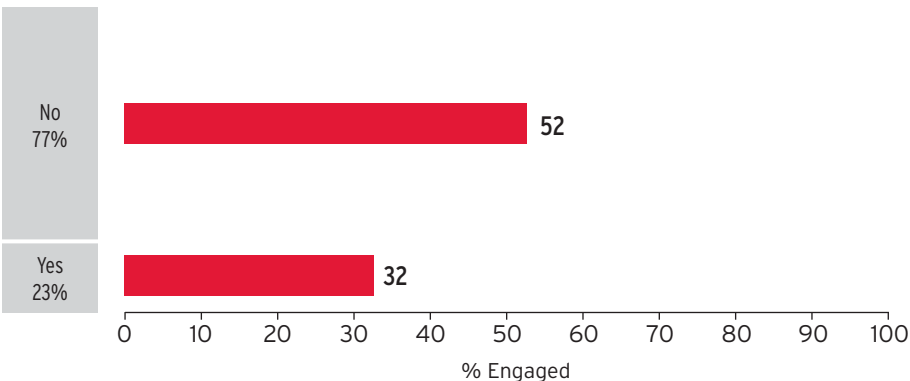
Conflicting information

Thinking about the past 2 years, when receiving care for a medical problem, was there ever a time when you received conflicting information from different doctors or health care professionals?



Doctor up-to-date on care from specialist

In the past 2 years, after you saw a specialist, was there a time when your regular doctor did not seem informed and up-to-date about the care you got from the specialist? (Asked of respondents who saw a specialist in the past 2 years, n=1,364)



4. INFORMATION SUPPORT

Patients appreciate clear, proactive communication from health care providers. We found that people who receive good information support, particularly about their prescription medications and test results, are much more likely to be engaged in their primary care.

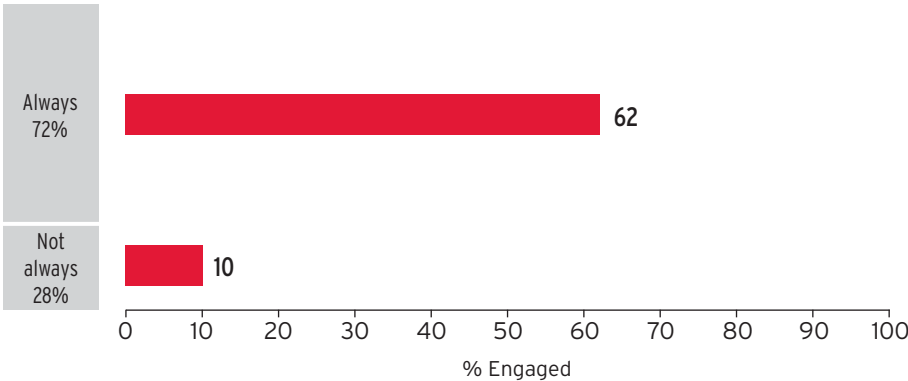
Our analysis reveals the following about information support as an enabler of engagement for Canadians with a regular primary care physician:

- Poor communication dramatically reduces engagement. More than one-quarter of respondents (28%) say their doctor does not always explain things in a way they can easily understand, and only 10% of these patients are engaged—in sharp contrast to the 62% rate of engagement among those who do not have this problem.
- Patients are almost twice as likely to be engaged if someone follows up to give them their test results. Nearly two-thirds of respondents have always had someone do this; 58% of them are engaged. Of the one-third who have not had reliable follow-up, only 32% are engaged.
- Among patients who take prescription medications, more than half (55%) are engaged if their doctor has talked to them about potential side effects, or if their doctor or another provider has reviewed all their medications with them in the past year (54%). Of patients who have not received this kind of information, only about one-third (34% and 39%, respectively) are engaged.

Information support as an enabler of engagement

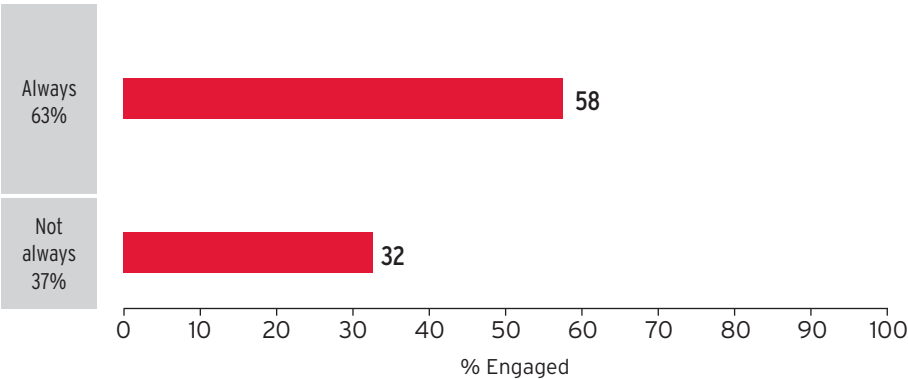
Easy to understand

When you need care or treatment, how often does your regular doctor or medical staff you see explain things in a way that is easy to understand?



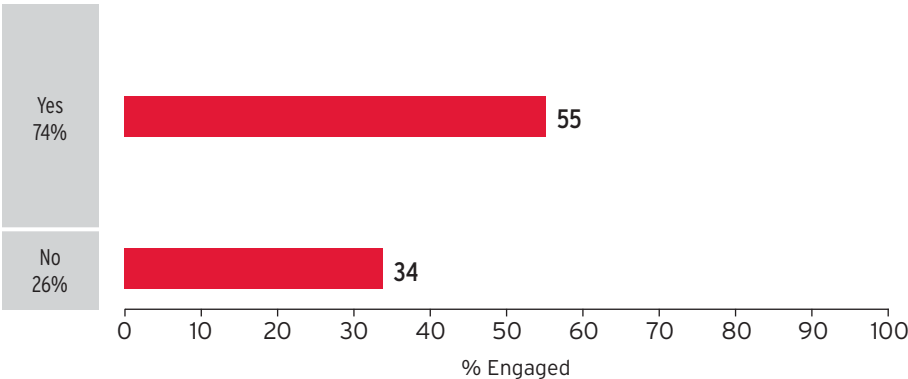
Follow up with test results

When you had blood tests, x-rays or other tests, how often did someone follow up to give you the results?



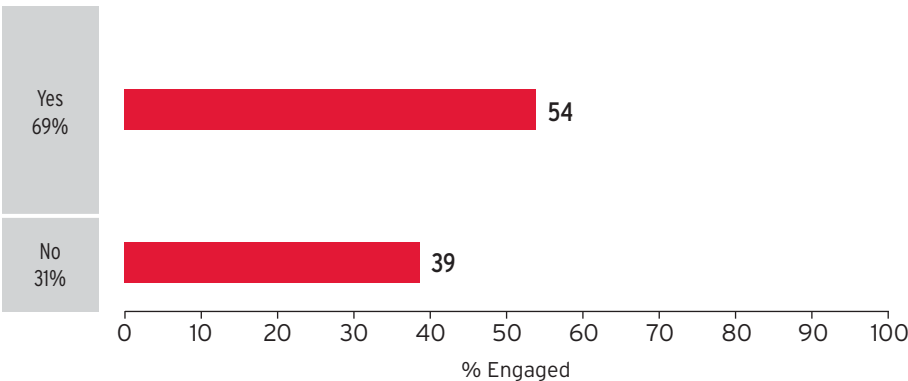
Medication side effects explained

In the past 12 months, has a doctor or staff at your place of care explained the potential side effects of any medication that was prescribed? (Asked of respondents taking at least one prescription medication, n=1,592)



Medications reviewed

In the past 12 months, has a doctor or staff at your place of care reviewed with you any medications you take, including those prescribed by other doctors? (Asked of respondents taking at least one prescription medication, n=1,598)



OUTCOMES OF ENGAGEMENT

Consistent with past research on health outcomes of patient engagement, we found that engaged respondents have greater satisfaction with their care, greater confidence in their ability to self-manage health problems, and better self-rated health. The difference in self-rated health is intriguing given that engaged and not-engaged Canadians in our sample reported similar levels of chronic health conditions and similar use of prescription drugs.

Our analysis reveals the following about the outcomes of engagement for Canadians who have a regular primary care physician:

- Engaged Canadians are three times as likely to rate the quality of the medical care they have received as *excellent*, compared to those who are not engaged.
- Engaged Canadians are much more likely to describe themselves as *very confident* in receiving the most effective treatment and in managing their own health problems.
- Patients who are engaged are slightly more likely to feel their doctor has not ordered an unnecessary repeat test. Engaged respondents are also more likely to feel informed about why they have been given a new prescription, or about how to take it properly.
- Engaged Canadians are more likely to rate their own health as *excellent* or *very good*. Those who are not engaged are more likely to rate their health as *good*, *fair*, or *poor*.

Respondents were asked:

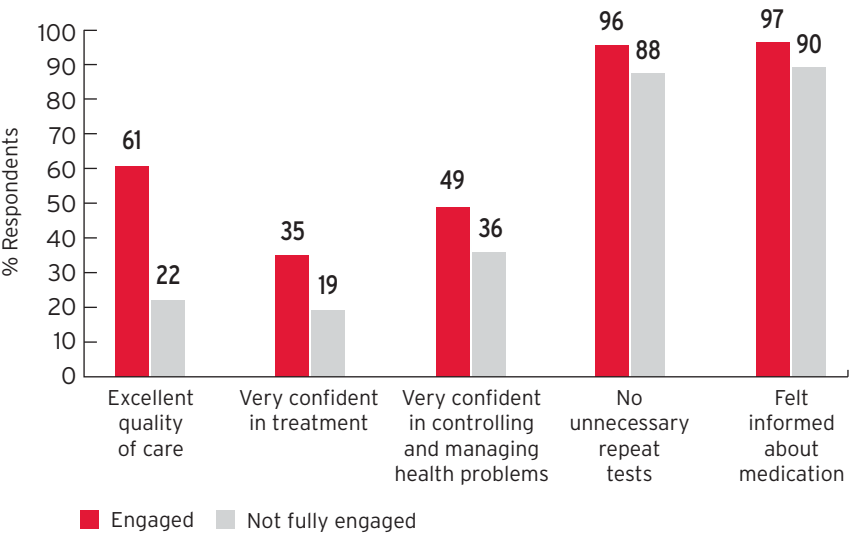
Overall, how do you rate the medical care that you have received in the past 12 months from your regular doctor's practice or clinic?

How confident are you that if you become seriously ill, you will receive the most effective treatment, including drugs and diagnostic tests?

How confident are you that you can control and manage your health problems? (Asked of respondents who had a chronic condition, n=1,265)

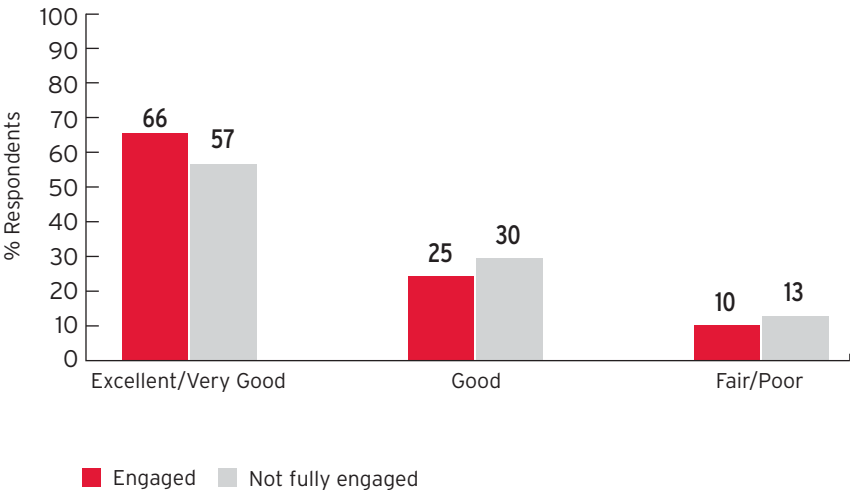
In the past two years was there ever a time doctors ordered a medical test that you felt was unnecessary because the test had already been done?

In the past two years, when you received a new prescription medication, was there ever a time when you were not sure what it was for or when or how to take it?



Respondents were asked:

In general, how would you describe your own health?



PATIENT ENGAGEMENT IN PRIMARY CARE— CANADA COMPARED WITH OTHER COUNTRIES

One benefit of Canada's participation in the annual Commonwealth Fund surveys is that it allows us to compare our health system's performance with systems in other countries. We can identify countries with leading practices and learn from them.

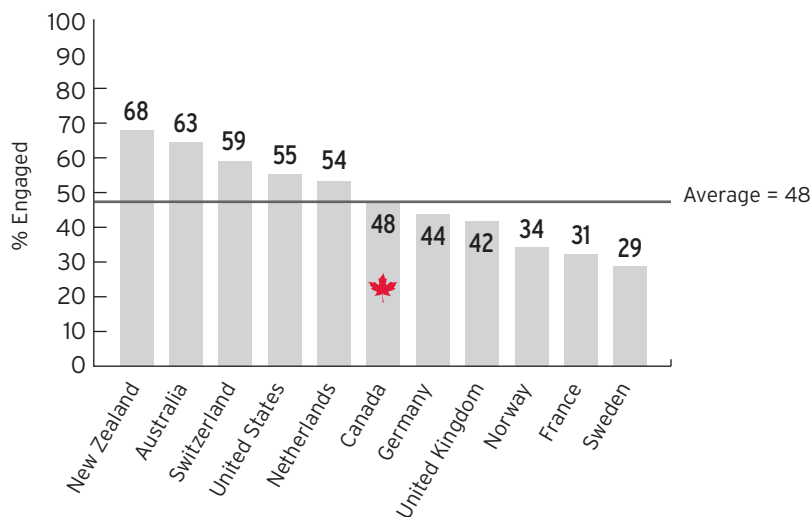
We applied our definition of engaged patients to respondents from all 11 countries in the *2010 Commonwealth Fund International Health Policy Survey*.

- Canada falls exactly in the middle, close to the international average.
- The leading countries are New Zealand, Australia, and Switzerland. It is interesting to note, from our

2010 bulletin, *How Do Canadians Rate the Health Care System?*, that the systems in these same countries (New Zealand and Switzerland especially) earned high ratings from citizens in the areas of access, affordability, timeliness, and coordination of care.

- Some countries such as the United Kingdom—which, in past surveys, have performed well on health systems measures such as access to care—do not show strong rates of patient engagement according to our definition. This is consistent with other findings on patient engagement and preferences, based on responses to Commonwealth Fund surveys in 2007 and 2008.¹⁸

Engagement in primary care: Canada compared with other countries



METHODOLOGY

About the survey

Every year, the Commonwealth Fund conducts an international health policy survey to gain perspective on health system performance. *The Commonwealth Fund's 2010 International Survey of the General Public's Views of their Health Care System's Performance in Eleven Countries* reflects the perceptions of a random sample of about 20,000 adults across 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom, and United States.

The core study was funded by the Commonwealth Fund. The Health Council of Canada sponsored a portion of the study along with the Ontario Health Quality Council* and the Quebec Health and Welfare Commissioner (Commissaire à la santé et au bien-être du Québec).

The Commonwealth Fund is a private foundation whose mission includes the support of independent research on health system issues. More information on the 2010 survey and others in the Commonwealth Fund annual series is available at www.cmwf.org.

About the sample

Survey firms in various countries conducted the survey by telephone interview with nationally representative cross-sections of adults ages 18 and older. The interviews were held between March and June 2010, in the language appropriate to the country, with the option of French in Canada and Spanish in the United States. Data for each of the countries are weighted in order to more accurately represent the national populations. For example, Canadian data are weighted by age, sex, education, and other elements to reflect our demographic composition, based on the 2006 Census.

Given its size (3,309 respondents) and the weighting applied, the Canadian sample can be considered representative of Canada as a whole, with a margin of error of approximately $\pm 2\%$ at the 95% confidence level.

The sample used in our analysis is based on responses from Canadians who indicated that they had a regular doctor or place of care ($n=2,715$). This represents 82% of the Canadians who participated in the survey, and has an accuracy level only marginally lower than that of the whole Canadian sample. Accuracy of different sub-groups of answers varies appreciably by sample size; we have noted important differences in sample size (for example, respondents who saw a specialist) in the previous section, *A Closer Look*.

* In 2011 the Ontario Health Quality Council became Health Quality Ontario.

About our analysis

Informed by findings from our literature review, we selected about one-third of the survey's approximately 100 questions, grouping them into three categories to assess patient engagement:

Enablers of engagement are aspects of care that might foster greater engagement; we tested whether the presence of the enabler was associated with engagement. For example, if patients can easily get information about a health problem, it should follow that they are more likely to be engaged.

Outcomes of engagement are measures of the patient experience that are a consequence of engagement; we tested whether engaged patients did better on these variables. They could, for example, be expected to give the quality of their medical care a higher rating. Our model of these relationships is illustrated on page 9.

To determine which outcome and enabler measures had the most important relationships with engagement, we used several statistical strategies, including cross-tabulation and chi-square tests of statistical significance, and either Phi or Cramer's V. The questions we highlight in this bulletin were associated with engagement and are statistically significant at $p < 0.01$.

In our analysis, we found that some of the survey questions we had selected did not show a statistically significant association with our engagement measure. In other cases, we found the response rate to the question to be so low that it was relevant only to a very small segment of the Canadian population. We have not included these results in this bulletin, but results for all the questions we considered can be found in our technical report, available on request at information@healthcouncilcanada.ca.

We also analyzed **demographic and contextual variables** to determine whether specific groups of Canadians were more likely to be engaged based on, for example, their age or where they live. We looked at the following factors:

- Age: 18–24, 25–34, 35–49, 50–64, 65+
- Sex: male, female
- Income: much above average, somewhat above average, average, somewhat below average, much below average
- Education: secondary or less, at least some post-secondary
- Urban versus rural: 100,000 population and over, less than 100,000 population
- Number of prescription medications: none, one, two to three, four or more
- Number of chronic conditions: none, one, two, three or more

We note that other demographic and contextual variables may be related to engagement, but we were only able to examine factors captured by the survey questions.

OUR RELATED PREVIOUS WORK

The Health Council of Canada has used various lenses to look at people's perceptions of their health care and the health care system. We continue to hear the same message from Canadians: the quality of care is excellent, but accessing care and information in a timely way is a challenge for many.

Previous work exploring patients' experiences with health care:

- Canadian Health Care Matters bulletin series
 - *How Do Canadians Rate the Health Care System? Results from the 2010 Commonwealth Fund International Health Policy Survey* (November 2010)
 - *Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care* (April 2010)
 - *Helping Patients Help Themselves: Are Canadians with Chronic Conditions Getting the Support They Need to Manage Their Health?* (January 2010)
 - *Safer Health Care for "Sicker" Canadians: International Comparisons of Health Care Quality and Safety* (November 2009)

Previous work exploring current challenges and innovations in primary health care from a system perspective, with recommendations for reform:

- *Decisions, Decisions: Family Doctors as Gatekeepers to Prescription Drugs and Diagnostic Imaging in Canada* (September 2010)
- *At the Tipping Point: Health leaders share ideas to speed primary health care reform* (May 2010)
- *Teams in Action: Primary Health Care Teams for Canadians* (April 2009)
- *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada* (January 2008)

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