

# How Do Sicker Canadians with Chronic Disease Rate the Health Care System?

Results from the 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults





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Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal in Canada. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on leading practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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# Foreword

The Health Council of Canada is pleased to present the sixth bulletin in our *Canadian Health Care Matters* series, which tells the Canadian health care story from the patient's perspective. This bulletin analyzes Canadians' responses to the 2011 *Commonwealth Fund International Health Policy Survey of Sicker Adults*, to provide insight into the experiences of Canadians with chronic conditions in their interactions with the health care system.

The use of patient experience data is growing in Canada (for example, many hospitals conduct patient satisfaction surveys) and efforts are underway to establish pan-Canadian versions of such surveys. Population-based, self-reported data provide unique and vital ways to measure, monitor and evaluate health system performance. No one but patients themselves can tell us how they feel about wait times, or how confident they are in the health care system and its ability to meet their needs, or whether they feel adequately involved in their care. Although a number of individual institutions and jurisdictions tap local data sources to explore these issues, there are relatively few national or international sources of data that provide the patient's viewpoint.

That is why we are pleased to contribute to the design and funding of the Canadian component of the Commonwealth Fund's annual international survey initiatives. The breadth of these wide-ranging, self-report surveys and the large sample sizes involved allow for not only international comparisons but also comparisons within Canada, across time, and in various sub-populations delineated by age, gender, income and other demographic characteristics. These surveys

provide evidence for health policy planners at the local, provincial and national levels and can also speak to health care providers, program planners and patients themselves, giving each group feedback about ways they can help to improve the delivery of health care.

No survey is perfect, and we know biases and errors affect patients' self-reported data, just as they do all data sources. Respondents usually under-report health care use because they forget some encounters. Respondents do not always estimate their waiting times correctly. They may forget about prescriptions. For some kinds of population information, more objective data sources may be available (for example, administrative data from provincial health insurance records). But there are important questions—such as “Do people with more health issues have greater or lesser confidence in our health care system?”—that we can only answer by collecting both kinds of data (administrative and self-reported).

In this bulletin, the Commonwealth Fund data allow us to compare the experiences of so-called sicker Canadians (in this case, people with chronic conditions who describe their health as fair or poor) to the experiences of the general public, which we reported in Bulletin 4 in this series, *How Do Canadians Rate the Health Care System?* (November 2010).

In our random sample of more than 1,200 sicker Canadians, over one-quarter rated their health as poor and 70% had two or more chronic conditions. So what do these Canadians say about their care?

They report relatively good access to timely care. In particular, sicker Canadians with chronic conditions are more likely to have a regular doctor, compared to the general public and, perhaps as a result, are less likely to use a hospital emergency department inappropriately. This suggests that the system is, at least in some ways, working well for those who need it most. But we also found a number of concerning problems, such as:

- cost barriers to accessing medication and other kinds of follow-up care (nearly one in four had a problem affording drugs they were prescribed);
- poor coordination and information flow among their various health care providers; and
- barriers to patient engagement, such as patients not feeling the doctor explains things in a way they can understand and not feeling they have time to ask questions.

The bottom line? Compared to the general public, sicker Canadians give lower ratings to the health care system overall and to the care they have personally received. That alone should spur us to action, and the details of our survey findings help to point the way.

Dr. Jack Kitts  
Chair, Health Council of Canada

## Our related previous work

The Health Council of Canada has used various lenses and information sources to explore patients' and providers' perceptions of the health care system. Other reports include:

- **Canadian Health Care Matters series:**
  - How Engaged Are Canadians in Their Primary Care? Results from the 2010 Commonwealth Fund International Health Policy Survey (Bulletin 5, September 2011)
  - How Do Canadians Rate the Health Care System? Results from the 2010 Commonwealth Fund International Health Policy Survey (Bulletin 4, November 2010)
  - Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care (Bulletin 3, April 2010)
  - Helping Patients Help Themselves: Are Canadians with Chronic Conditions Getting the Support They Need to Manage Their Health? (Bulletin 2, January 2010)
  - Safer Health Care for "Sicker" Canadians: International Comparisons of Health Care Quality and Safety (Bulletin 1, November 2009)
- **At the Tipping Point: Health Leaders Share Ideas to Speed Primary Care Reform (May 2010)**

These and other Health Council of Canada reports on primary health care renewal and the quality of care for chronic health conditions are available at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).

## Summary

Canadians with chronic conditions and in fair or poor health report somewhat better access to care than the general public—an indication that the system is responding appropriately to their needs. But this survey also shows that sicker patients, compared to Canadians generally, more often experience cost barriers to recommended care, poorly coordinated care, and inadequate communication with or among their various health care providers. These problems are reflected in their lower ratings of the health care system and the quality of care they have personally received.

## Introduction

This bulletin reports on the recent health care experiences of Canadians with chronic conditions who are in fair or poor health, and compares their perceptions to those of the general public.

Why make such a comparison? If your goal is a sustainable, high-quality health care system, chronic disease is one place where the rubber hits the road. Chronic diseases are increasingly common, frequently complex (due to the rising numbers of people with multiple chronic conditions), by definition persistent, and often costly to care for, both for the health care system and for individuals and their families. Appropriately, chronic disease was a key theme of the 2004 health accord, the *10-Year Plan to Strengthen Health Care*, in which First Ministers talked about the importance of “reducing pressure on the health care system” and, “in particular, managing chronic disease more effectively [to] counter a growing trend of increasing disease burden.”

Roughly half of Canadians live with one or more chronic health conditions, according to a 2010 report by the Canadian Academy of Health Sciences, *Transforming Care for Canadians with Chronic Health Conditions*. And the prevalence of chronic disease is increasing: In 2007, 46% of Canadians responding to the Commonwealth Fund’s international survey of the general public reported having a chronic condition<sup>1</sup>.

In the same survey three years later, more than half of Canadian respondents (55%) reported living with a chronic condition<sup>2</sup>, although only 11% of all respondents in that survey said they were in fair or poor health. Not everyone with a chronic condition feels sick or uses a lot of health care. In this bulletin, however, we focus on Canadians with chronic conditions who describe their health as fair or poor. In fact, 70% of respondents in our sample have two or more conditions. This analysis allows us to explore how well the health care system is working for them.

The data we use come from Canadians’ responses in two international surveys conducted by the Commonwealth Fund in partnership with the Health Council of Canada and other organizations from Canada and other countries—a 2010 survey of the general public’s views of their health care system (this survey was the basis for our Bulletin 4, *How Do Canadians Rate the Health Care System?*) and a similar 2011 survey of so-called sicker adults that identifies people who are likely to have higher health care needs.

To participate in the 2011 survey, respondents had to meet one of four criteria: they rated their health as fair or poor; they received care for a serious or chronic illness in the past year; they were hospitalized in the past two years; or they had surgery in the past two years. We then selected only

<sup>1</sup> The 2007 survey asked about the following chronic conditions: arthritis, heart disease, diabetes, asthma, chronic obstructive pulmonary disease, high blood pressure, depression, and cancer.

<sup>2</sup> The 2010 survey asked about the same chronic conditions as in 2007 with the addition of anxiety and other mental health problems.

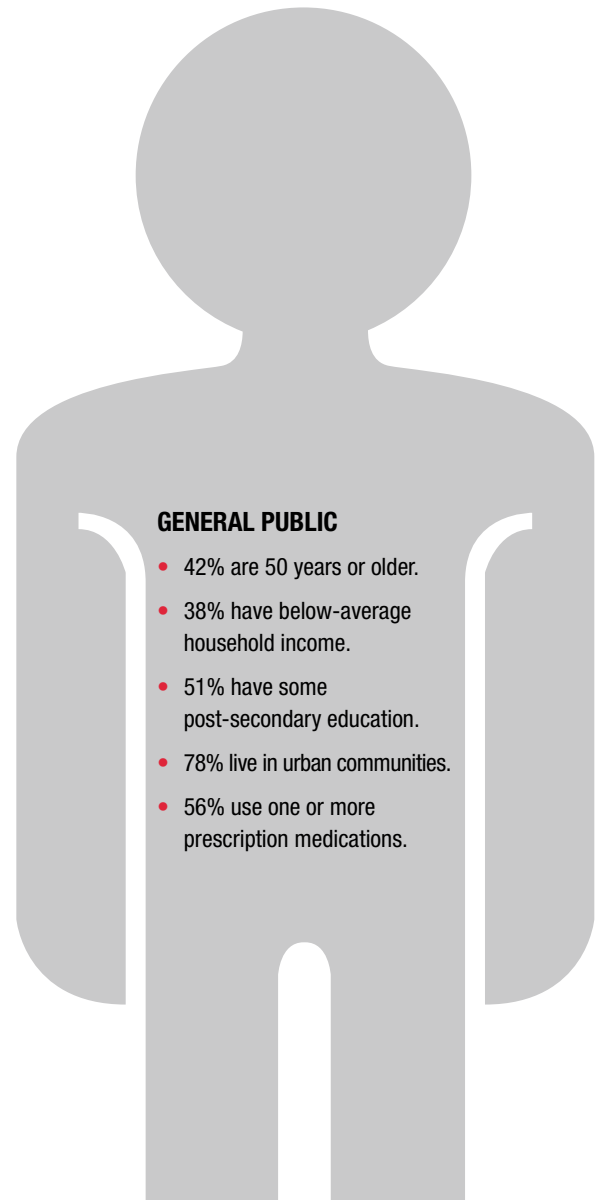
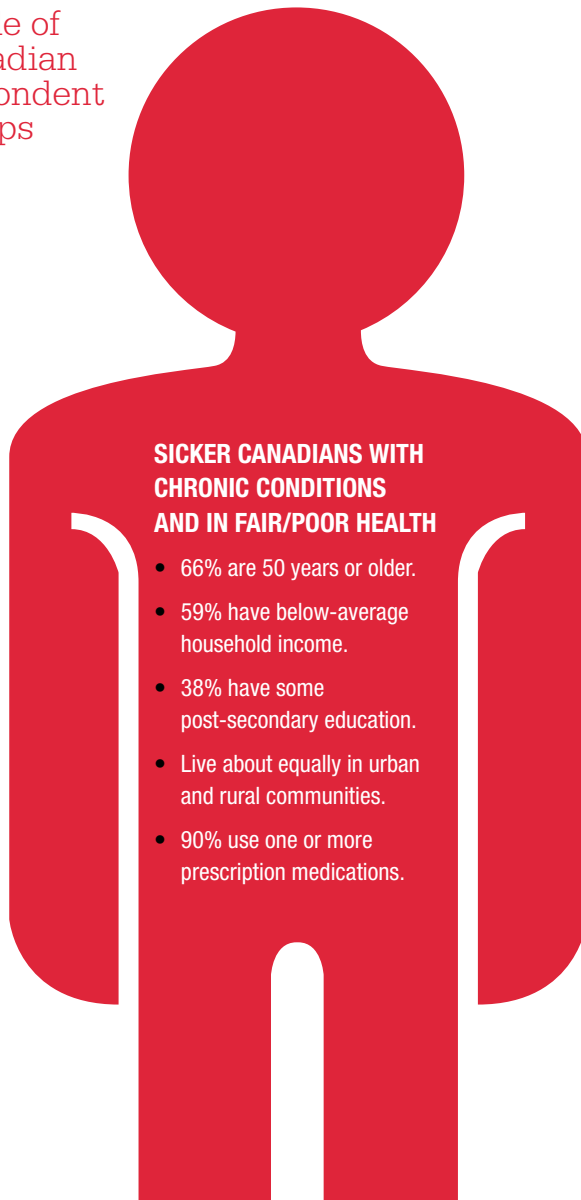
those who said their health was fair or poor *and* reported having one or more of seven common chronic conditions: high blood pressure, heart disease, cancer, diabetes, joint pain or arthritis, chronic lung problems such as asthma or chronic obstructive pulmonary disease (COPD), and mental health problems such as depression or anxiety. Of this sample, 73% rated their health as fair, 27% as poor. Although chronic disease is often thought of as a problem of older age, one-third of our sample were younger than 50.

This group of patients represents a significant portion of health care activity in Canada. They are people who are likely to have repeated interactions with multiple health care providers in a variety of settings. Their perceptions can tell us a great deal about where we are on the road to health care quality and sustainability, not just for high-needs patients but for all

Canadians. In this analysis of their survey responses, we strive to understand if their needs are being met in the areas of access, affordability, timeliness, coordination, and patient engagement. By comparing their experiences with those of Canadians generally, we can identify gaps in important areas of care for this vulnerable population.

We note important demographic differences between the two groups of survey respondents. Compared to the general public, our sicker sample is older, less educated, less well off financially and more likely to live in a rural area. These differences may contribute to respondents' poorer health status as well as their experiences in care. See the sidebar, "Profile of Canadian respondent groups," for details of these and other characteristics of the two survey groups.

## Profile of Canadian respondent groups





## Profile of Canadian respondent groups

	Sicker Canadians	General public
	n=1,202 Self-report of one or more chronic conditions and fair/poor health. Based on the 2011 Commonwealth Fund International Health Policy Survey.	n=3,309 Based on Canadian respondents in the 2010 Commonwealth Fund International Health Policy Survey.
<b>Age (years)</b>		
18–34	11%	27%
35–49	24%	31%
50–64	32%	24%
65+	34%	18%
<b>Household income</b> (compared to Canadian average*)		
Average	24%	27%
Above average	18%	35%
Below average	59%	38%
	* Average in 2011 = \$69,000	* Average in 2010 = \$64,000
<b>Gender</b>		
Male	50%	48%
Female	50%	52%
<b>Education</b>		
Secondary or less	63%	49%
Some post-secondary	38%	51%
<b>Community size</b>		
Urban (100,000+ population)	52%	78%
Rural (<100,000 population)	48%	22%
<b>Health care use in past year</b>		
Received care for chronic illness, injury or disability	62%	N/A
Hospitalized (past 2 years)	38%	18%
Had surgery (past 2 years)	27%	12%
Used emergency department	60%	44%
Used emergency department because regular doctor was not available	40%	47%
<b>Medication use</b>		
Any prescription	90%	56%
1–3 prescriptions	36%	39%
4+ prescriptions	54%	17%
<b>Number of chronic conditions*</b>		
1 condition	30%	29%
2 conditions	34%	15%
3 conditions	23%	7%
4+ conditions	13%	4%
* Total for sicker Canadians is 100% because having a chronic condition was required to be part of this sample.		



## Our findings

In describing our findings, we use the term “sicker Canadians” to mean our sample of survey respondents with chronic conditions who are also in fair or poor health. All comparisons presented here and in the charts that follow show differences that are statistically significant.

Not surprisingly, **sicker Canadians use more health care services** than the general population, and we found that, **in many respects, they have correspondingly better access to care.** They are more likely to be hospitalized, have surgery, use the emergency department (ED) and take prescription medication compared to the general public. Indications of good access include our findings that 96% have a regular doctor or clinic where they go for care (compared to 86% of Canadians generally) and fewer report using the ED because their regular place of care was not available (40% vs. 47%).

On the other hand, **sicker Canadians face more challenges than the general public in affording certain aspects of their health care.** Despite Canada’s universal coverage of physician and hospital services, the secondary costs of accessing care are a problem for many Canadians, and more so for those in poorer health, who are also more likely to be worse off financially. One in eight sicker Canadians (12%) did not see a doctor or skipped a recommended test or follow-up treatment due to concerns over cost, whereas only 4–5% of the general public reported such cost barriers. Non-insured, secondary costs incurred by these Canadians may include care from alternative providers or other health care practitioners such as chiropractors, dietitians and mental health counsellors. Travel to appointments, child care and time away from work may also affect individuals’ decisions to follow through with recommended care. We are unable to assess the exact nature of these costs due to content limitations of the survey.

In addition, **nearly one in four (23%) reported not filling a prescription or skipping a dose of medication due to costs in the past year,** compared to 10% of the general public. This finding is of particular concern because medications have become a common form of treatment for many chronic conditions: 90% of our sicker respondents take one or more prescription drugs, with more than half (54%) taking four

or more, a reflection of the complexity of their conditions. Medications that alleviate pain or prevent complications from chronic disease can contribute to a better quality of life, longer years of economic productivity, and reduced health care costs. Yet our findings show that the very people who need these medications tend to have below-average income and cannot afford all the drugs or other non-insured treatment that their doctors are prescribing.

People with chronic conditions are likely to see multiple health care providers, and **our findings relating to timely referrals and coordination of care are mixed.** On the positive side, sicker Canadians find it somewhat easier than Canadians generally to get a same-day or next-day appointment for an urgent problem (50% vs. 45%), and they find that their regular doctor is more likely to seem informed about the care they have received from the emergency department. On the other hand, half of our sicker sample (50%) had to wait four weeks or more to see a specialist, compared to 43% of the general public who needed to see a specialist. In addition, fewer sicker Canadians received help from their regular doctor’s office in coordinating their care with specialists (51% vs. 56%). Sicker Canadians are more likely to say that test results or medical records were not available for their appointments (23%) and that the specialist did not have basic medical information from their regular doctor (18%), compared to 12–13% of the general public experiencing these problems.

As we reported in Bulletin 5, *How Engaged Are Canadians in Their Primary Care?*, patients who feel involved in decisions about their care and have time to ask questions experience better health outcomes. They take a more active role in maintaining their own health and often feel better. Nowhere is this kind of patient engagement more important than in the care for chronic conditions, where patients’ knowledge and ability to manage their health between visits can be a major factor in their long-term outcomes. However, we found that **sicker Canadians feel less engaged in their care than the general public:** they are less likely to say their doctor explains things in a way they can understand (63% vs. 72%) and do not always feel they have enough time with their doctor (55% vs. 58%).

Reflecting overall on their experience with the health care system, sicker Canadians have **less positive perceptions about their own care and the system as a whole**, compared to the general public, a difference that may seem predictable given the problems identified in this survey. Less than half (48%) rate the quality of medical care they have personally received as excellent or very good, compared to three-quarters (76%) of the general population, and only 27% say the system works pretty well overall, compared to 38% of Canadians generally.

## Conclusions

Overall confidence in the health care system and satisfaction with care are useful indicators of the quality of the system. Although Canadians have consistently been shown to value their publicly funded health care system, our survey analysis suggests the system is not fully meeting the needs of many of the Canadians who need it most. Canadians with chronic conditions and in fair or poor health have lower confidence in the system, compared to the general public, and are less likely to feel they have received high-quality care.

For the most part, we did not find large differences between the experiences of sicker Canadians and the general public, but the direction of those differences is a concern. In many areas, it is the opposite of what one would hope to find. The more people need and use health care, the more (not less) should they feel they are respected partners in their care, and the more (not less) should their care be coordinated, supportive and affordable.

Our findings point to areas where care for Canadians with complex or challenging chronic health conditions needs to improve. But another way to think about our findings is that, by exploring the experiences of people who use a lot of health care, the survey of sicker adults exposes problems we might not see from a survey of the general public, who use health care more sporadically.

In either case, our findings reinforce some key areas for improvement that the Health Council of Canada has identified in the past. Steps must be taken to:

- **Ensure that care is well-coordinated by improving communication among health care providers and across various sites of care.** The risk of error, duplication and wasted resources increases as patient care gets more complex, as it does for people with multiple chronic conditions, the population represented in this analysis. Electronic medical records, long overdue in most parts of Canada, are important tools for improving information flow and care coordination, but a culture shift is also needed to keep patients at the centre of every aspect of care.
- **Improve the ability of health care providers and patients to engage in a productive, respectful patient-provider relationship.** Health care providers and patients can work together to develop plans for self-management in which patients become partners in their care. Team-based care and other kinds of practice redesign, such as group medical visits (where patients learn together about managing chronic conditions), can promote engagement; these changes can reduce the rushed atmosphere at medical appointments that too often keeps patients from feeling they can take time to ask questions and be as involved as they want to be in their care. To improve communication, health literacy skills and techniques can be provided to both health care providers and patients. (The Health Council of Canada will be exploring these areas in more depth in two upcoming reports: one on the role of primary health care in supporting self-management for people with chronic conditions, and the other reporting on our October 2011 National Symposium on Patient Engagement.)
- **Eliminate cost barriers so that Canadians can afford to fill and use prescriptions as recommended by their doctors.** Many vulnerable Canadians have inadequate or no insurance coverage, either public or private, for their drug costs. Public coverage particularly for catastrophic drug costs continues to vary substantially across Canada's jurisdictions. These gaps in coverage can create further inequities for sicker people with chronic conditions who, as we found, are very likely to have multiple prescriptions to fill (54% are taking four or more drugs) and yet tend to have lower incomes. For more discussion of the complex area of drug costs and related policies, see our 2009 status report and commentary, *The National Pharmaceuticals Strategy: A Prescription Unfilled* and our 2010 discussion paper, *Generic Drug Pricing and Access in Canada: What Are the Implications?*

- **Investigate and reduce cost barriers currently preventing Canadians from seeing a doctor or following up on recommended tests and treatment.**

Keeping in mind that sicker Canadians live equally in urban and rural areas, alternatives to face-to-face visits are a strategy that may deserve wider implementation. The use of telemedicine, email and telephone consultations can reduce the need for patients to travel, take time off work or arrange family or child care in order to get to medical appointments. Such innovations may also improve the coordination of care and address other concerns about communication between primary care doctors and specialists for Canadians with chronic conditions. Additional strategies to address specific cost-related barriers should be implemented, once these barriers are better understood, along with general strategies to reduce income inequalities in Canada.

The experiences of patients with chronic conditions have a lot to tell us, not only about the quality of care for this important population but also for the quality of the health care system as a whole. This survey research highlights familiar areas for improvement to support sustainable, high-quality health care systems across Canada.

# 1. General Perceptions of Care

Overall confidence in the health care system and satisfaction with care are useful indicators of the quality of the system. Although Canadians have consistently been shown to value their publicly funded health care system, our survey analysis suggests the system is not fully meeting the needs of many of the Canadians who need it most.

Canadians with chronic conditions and in fair or poor health have lower confidence in the system, compared to the general public, and are less likely to feel they have received high-quality care.

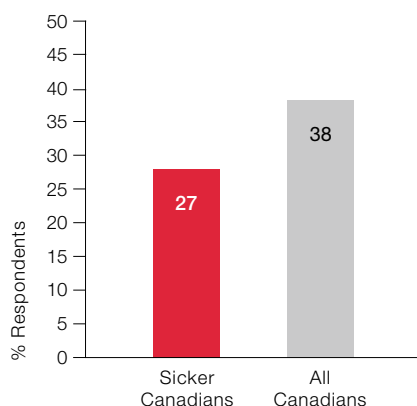
- Overall, fewer sicker Canadians (27%) feel that their health care system is working well compared to the general public (38%).

- Less than half (48%) of sicker Canadians rate the quality of care they've received as excellent or very good, in comparison to nearly three-quarters of Canadians generally (76%).

## 1.1 Health system performance

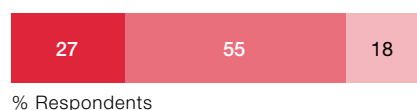
Survey respondents were asked:

*Which statement comes closest to expressing your overall view of the health care system in this country?*



### Responses from sicker Canadians compared with all Canadians

On the whole, the system works pretty well and only minor changes are necessary to make it work better



### Sicker Canadians' responses by category

Health system performance

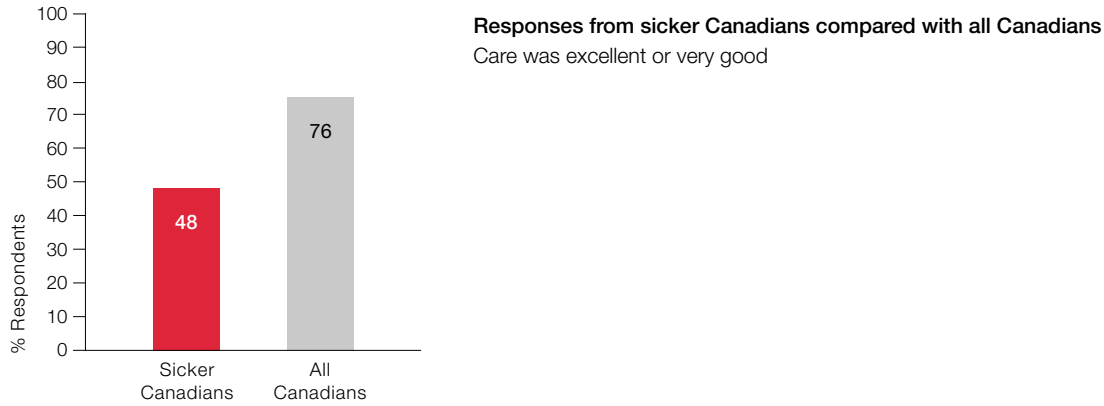
■ Works pretty well ■ Fundamental changes are needed ■ Needs to be completely rebuilt

## 1.2 Quality of care received

Survey respondents were asked:

*Overall, how do you rate the medical care you have received in the past 12 months?*

(All Canadians' respondent group was asked about the quality of medical care received from regular doctor's practice or clinic.)



## 2. Access to Care

Access to appropriate care has been a central concern for Canadians and for governments. In our analysis of the experiences of sicker Canadians with chronic conditions, we found that their access to primary care is slightly better than for Canadians overall.

- Nearly all sicker Canadians (96%) have a regular doctor or place of care compared to the general public (86%).
- While sicker Canadians use a hospital emergency department (ED) more often than the general public

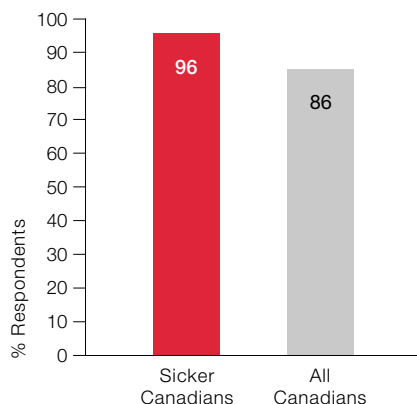
does (60% vs. 44%), they are less likely to use it inappropriately. Nearly half of the general population (47%) report using the ED for care that could have been provided at their regular place of care, compared to 40% of sicker Canadians.

### 2.1 Having a regular place of care

Survey respondents were asked:

*Is there one doctor's practice, health centre, or clinic you usually go to for most of your medical care?*

*Is there one doctor you usually see for your medical care at this place?*

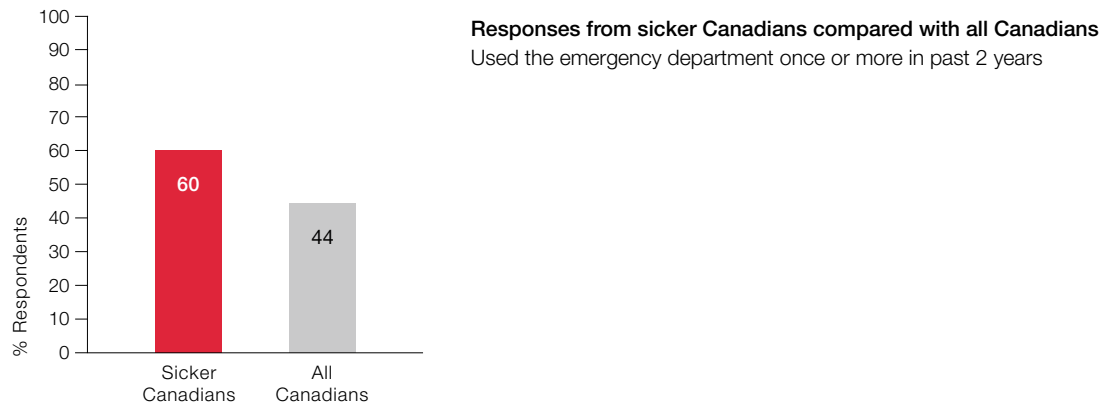


**Responses from sicker Canadians compared with all Canadians**  
Has a regular doctor or place of care

## 2.2 Emergency department use

Survey respondents were asked:

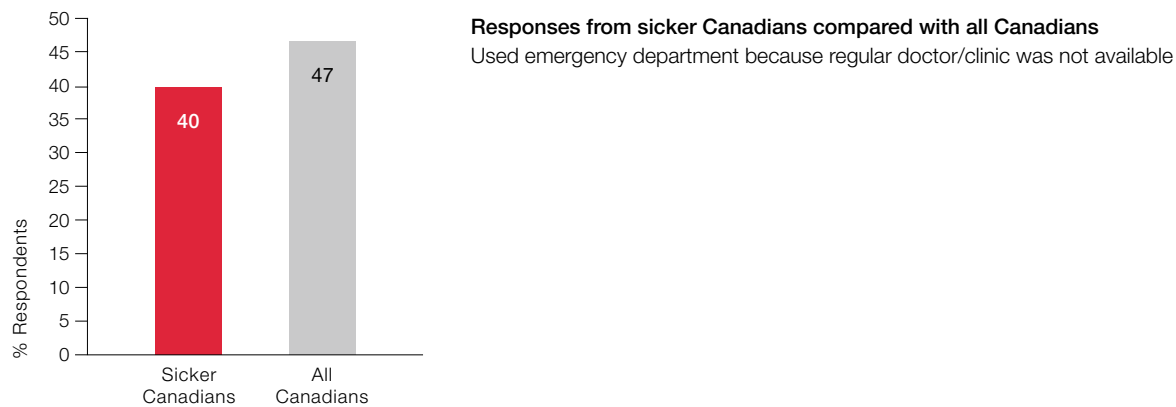
*How many times have you personally used a hospital emergency department in the past 2 years?*



## 2.3 Emergency department use instead of regular place of care

Survey respondents were asked:

*The last time you went to the hospital emergency department was it for a condition that you thought could have been treated by doctors or staff at the place where you usually get medical care if they had been available?*





### 3. Affordability

Although all physician and hospital services deemed medically necessary are publicly funded in Canada, 30% of health care services in this country are paid for through private sources—either out-of-pocket by patients and families or through private insurance funded by individuals or their employers.

There are also secondary costs associated with accessing health care, such as travel, child care or time away from work. Consistent with other surveys (see sidebar, “Looking deeper into cost barriers to health care”), we found that many Canadians, particularly those with greater health care needs, report that cost is a barrier to filling prescriptions, visiting a doctor or getting some of the follow-up care recommended by their doctor.

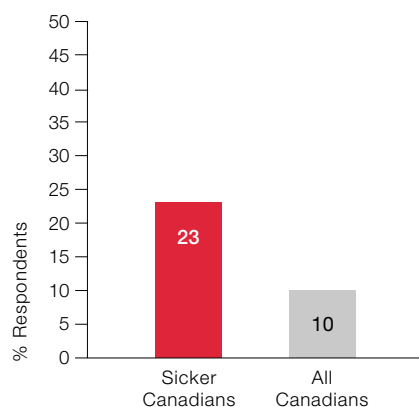
- Nearly one-quarter of sicker Canadians (23%) report that they did not fill a prescription or skipped a dose of medication due to cost; one in 10 Canadians generally reported a problem with the cost of medications.

- More than one in 10 sicker Canadians (12%) report not visiting a doctor, compared to 4% of the general public.
- The same proportion of sicker Canadians (12%) report skipping medical tests, treatment or recommended follow-up due to costs, more than twice as many as Canadians generally (5%) who reported this problem with affording recommended care.

#### 3.1 Concerns about cost: prescriptions

Survey respondents were asked:

*During the past 12 months, was there a time when you did not fill a prescription for medicine, or you skipped doses of your medicine, because of the cost?*



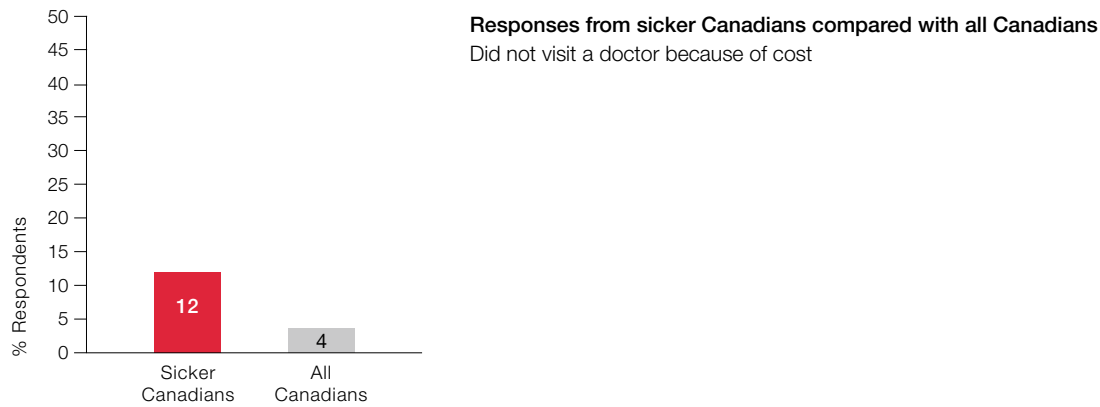
**Responses from sicker Canadians compared with all Canadians**

Did not fill a prescription or skipped doses because of cost

### 3.2 Concerns about cost: physician services

Survey respondents were asked:

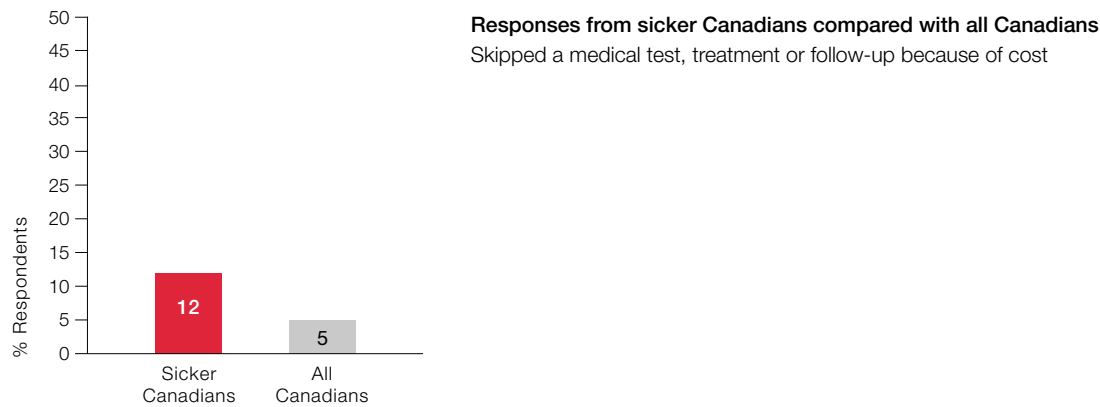
*During the past 12 months, was there a time when you had a medical problem but did not visit a doctor because of cost?*



### 3.3 Concerns about cost: medical tests, treatment, follow-up

Survey respondents were asked:

*During the past 12 months, was there a time when you skipped a medical test, treatment or follow-up that was recommended by a doctor because of the cost?*



## Looking deeper into cost barriers to health care

To better understand the issues of affordability of care highlighted in our analysis, we dug deeper into the 2011 Commonwealth Fund survey and reviewed global and Canadian findings of the *2011 Survey of Health Care Consumers* by the Deloitte Center for Health Solutions.\*

- Sicker Canadians are less likely than the general public (50% vs. 58%) to have private health insurance to help pay for services not publicly covered. As noted earlier, sicker Canadians are also more likely to have below-average incomes (59% vs. 38%).
  - Most sicker Canadians (74%) report having out-of-pocket costs for medical treatment or services in the past year that were not covered by insurance, and nearly one-third (30%) of this group report spending more than \$1,000. More than one in 10 sicker Canadians (13%) say they have had serious problems paying medical bills, or have not been able to pay them at all.
  - More than one-quarter (28%) of Canadians in fair or poor health do not feel well-prepared financially to cope with future health care costs, according to the Deloitte survey.
- Further results from the 2011 Deloitte survey of the general public are consistent with our findings related to financial concerns in accessing recommended care:
- 5% of Canadians decided not to see a doctor in the past year due to cost.
  - 24% were reluctant or unable to pay for treatment due to out-of-pocket costs, and 6% cited costs as a reason for delaying or not following up on recommended treatment in the past year.
  - 40% of Canadians said their private spending on health care limits their ability to buy other essentials such as housing, groceries, fuel or education.
  - One component of out-of-pocket or privately insured expenses is the growing interest in alternative health care practitioners such as herbalists, homeopaths and chiropractors. One in five (19%) of Canadians consulted an alternative health care practitioner in the past year, according to the 2011 Deloitte survey.

\* The Deloitte studies include responses from 2,304 Canadians (general public, ages 18 and older, demographically similar to the general population) to a web-based questionnaire of more than 100 questions in April 2011.

## 4. Timeliness

Waiting for care has been a long-standing concern for Canadians and a focus of a great deal of policy discussion and initiatives across the country. In this survey of a higher-needs population, the wait-times story is not positive.

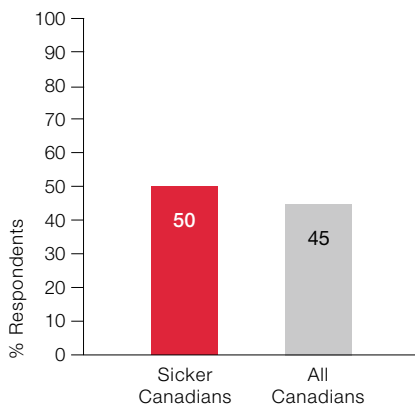
Survey limitations do not allow us to assess whether longer waits for care had an impact on respondents' health.

- Only half of sicker Canadians (50%) report that they were able to get a same-day or next-day appointment when they needed care, slightly better than for the general public (45%).
- Half of sicker Canadians (50%) are also waiting four or more weeks to see a specialist they were referred to, compared to 43% among the general population.

### 4.1 Time to get an appointment

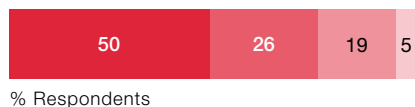
Survey respondents were asked:

*Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or nurse (not including visits to the hospital emergency department)?*



#### Responses from sicker Canadians compared with all Canadians

Got a same-day or next-day appointment when needed medical attention



#### Sicker Canadians' responses by category

Time to get an appointment

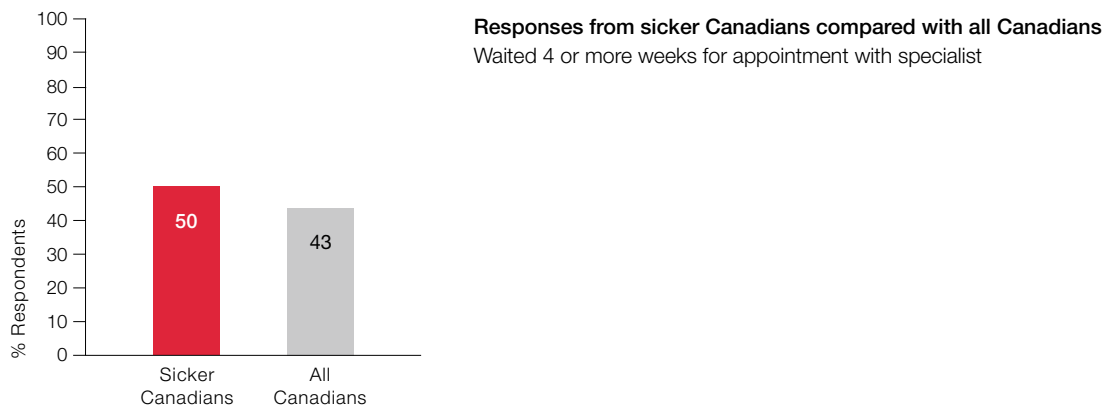
■ Same/next day ■ Within a week ■ Over a week ■ Never

## 4.2 Time to see specialist

Survey respondents were asked:

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

(Asked of respondents who were referred to a specialist in the past 2 years.)



## 5. Coordination

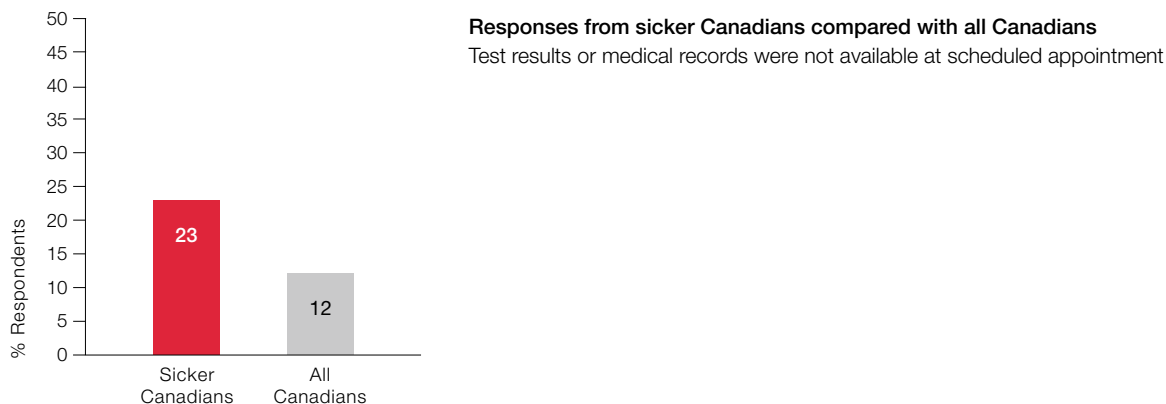
Well-coordinated care, particularly for patients with complex needs, is an attribute of a high-performing health care system. In our analysis, we find that sicker Canadians have more challenges in accessing coordinated care compared to the general public.

- Nearly one-quarter (23%) of sicker Canadians report that their test results or medical records were not available at the time of their medical appointment, compared to 12% of all Canadians who report the same issue.
- About one in five sicker Canadians (18%) report that their specialist did not have basic medical information from their regular doctor. The same issue was faced by 13% of all Canadians.
- However, sicker Canadians were more likely than the general public to report that their regular doctor was updated about care they received from the emergency department (80% vs. 65%).
- Nearly half of Canadians are not getting help from their regular doctor's office in coordinating their care. Only 56% in the general population and 51% of sicker Canadians report receiving help in coordinating their care after referrals to specialists or other services.

### 5.1 Availability of test results or medical records at scheduled appointments

Survey respondents were asked:

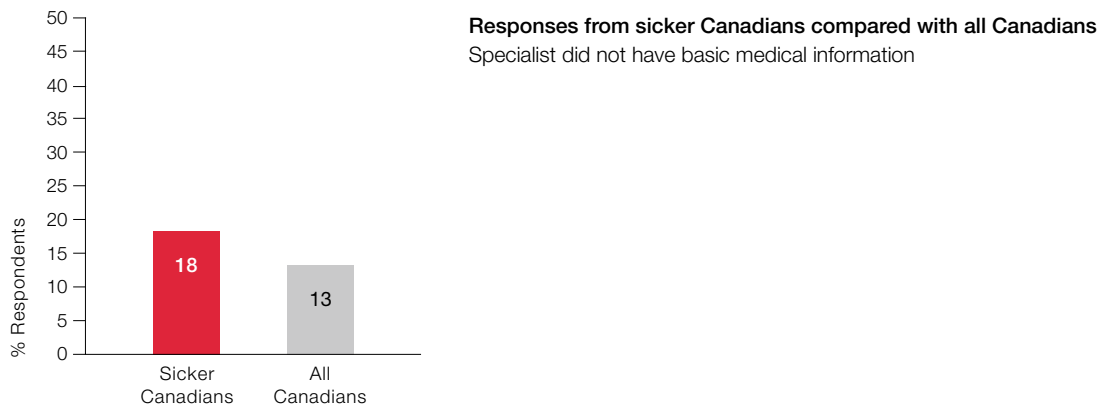
*Thinking about the past 2 years, when receiving care for a medical problem, was there ever a time when test results or medical records were not available at the time of your scheduled medical care appointment?*



## 5.2 Information flow from regular doctor to specialist

Survey respondents were asked:

*In the past 2 years, have you experienced the following when seeing a specialist: The specialist did not have basic medical information?* (Asked of respondents who were referred to a specialist in the past 2 years.)

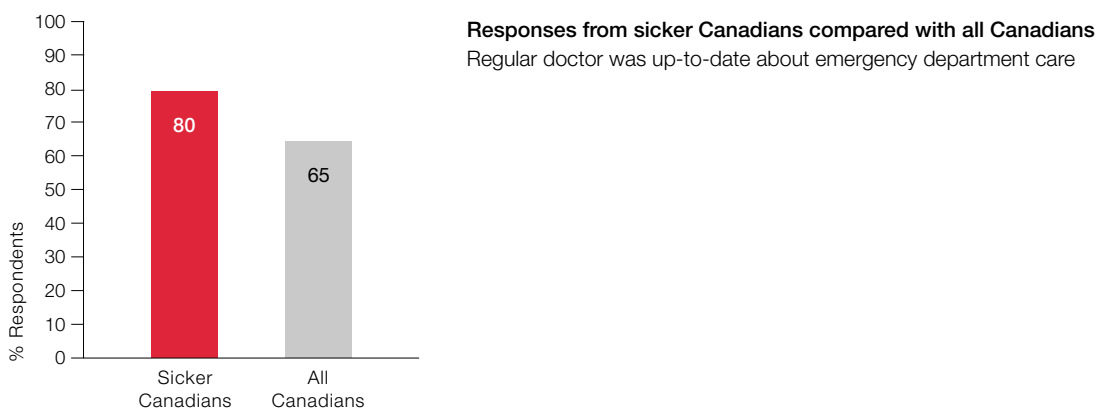


## 5.3 Information flow from hospital emergency department to regular doctor

Survey respondents were asked:

*After your visit in the hospital emergency department, did the doctors or staff at the place where you usually get medical care seem informed and up-to-date about the care you had received in the emergency department?*

(Asked of respondents who had a regular doctor and were treated in the emergency department in the past 2 years.)

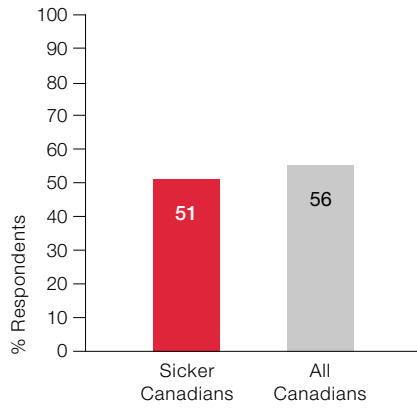




## 5.4 Help in coordinating care

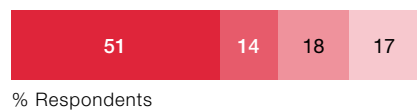
Survey respondents were asked:

*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?*



### Responses from sicker Canadians compared with all Canadians

Always receives help with coordinating care from regular place of care



### Sicker Canadians' responses by category

Receives help in coordinating care

Always Often Sometimes Rarely or never

## 6. Patient Engagement

Patients can be said to be engaged when they feel involved in their care, don't feel rushed at appointments, and have clear communication with their health care providers. As we described in Bulletin 5 of this series, *How Engaged Are Canadians in Their Primary Care?*, engaged patients feel better, are more involved in managing their own health, and feel positively about the health care system.

We also reported that just under half of Canadians (the general public) can be considered to be engaged in their primary care, suggesting many missed opportunities for more positive outcomes by enhancing the patient-provider relationship. With increasing complexity of disease, the importance of empowering patients to take an active role in managing their health grows as well. For this bulletin, we examined the same "engagement-enabling" elements of care among our sample of sicker Canadians and found that this higher-needs group tends to have somewhat

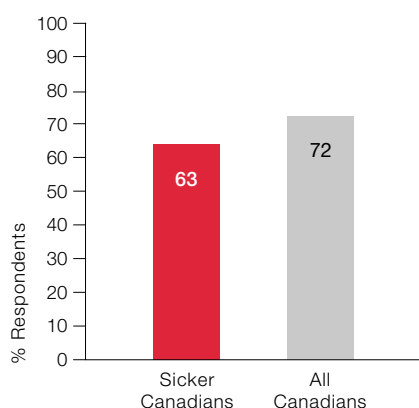
less, not more, opportunity to be engaged in their care, compared to the general public.

- Compared to Canadians generally (72%), fewer sicker Canadians (63%) feel that their provider always explains things in a way that is easy to understand.
- About half of sicker Canadians (55%) and similarly in the general public (58%) feel they always have enough time with their doctor.

### 6.1 Clarity of information from regular doctor

Survey respondents were asked:

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



**Responses from sicker Canadians compared with all Canadians**

Things always explained in a way that is easy to understand



**Sicker Canadians' responses by category**

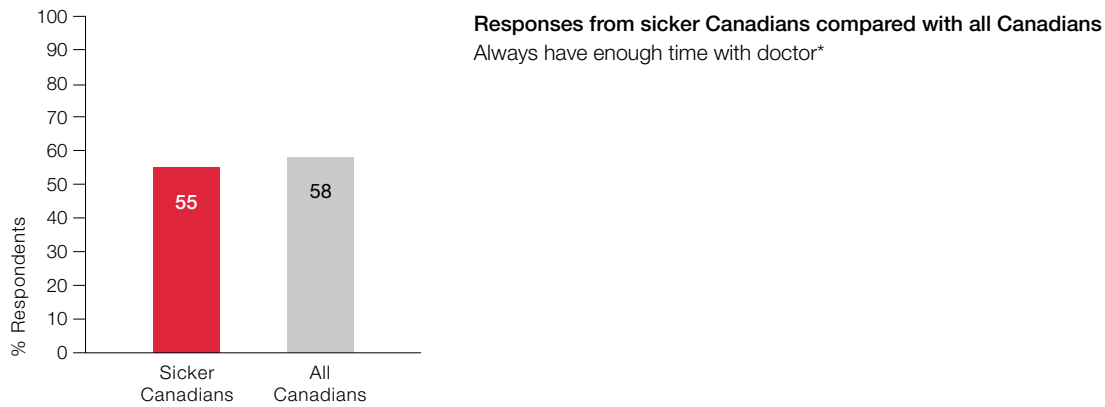
Things explained in a way that is easy to understand

■ Always ■ Often ■ Sometimes ■ Rarely or never

## 6.2 Time with doctor

Survey respondents were asked:

*How often do you have enough time with your physician?*



\*The difference between all Canadians and sicker Canadians is statistically significant at  $p < 0.05$ .

# Methodology

## About the survey

Every year, The Commonwealth Fund conducts an international survey to gain perspective on health system performance across developed countries. The focus of the 2011 survey was to assess the health care experiences of adults who are likely to have greater health care needs (so-called sicker adults).

The *2011 Commonwealth Fund International Health Policy Survey* reflects the perceptions of a random sample of about 19,000 adults across 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. Participants, including 3,958 Canadians, were interviewed by telephone between March and June 2011.

To participate in the 2011 survey, eligible respondents had to report at least one of the following four criteria: they rated their health as fair or poor; they received care for a serious or chronic illness in the past year; they were hospitalized in the past two years; or they had surgery in the past two years.

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

More information on this and other surveys in the Commonwealth Fund annual series is available at [www.cmwf.org](http://www.cmwf.org).

## About the data and analyses

The findings presented in this bulletin reflect a selected sample (n=1,202) from the broader sample of sicker Canadians. We analyzed responses of those who said their health was fair or poor and reported having one or more of seven common chronic conditions: high blood pressure, heart disease, cancer, diabetes, joint pain or arthritis, chronic lung problems such as asthma or chronic obstructive pulmonary disease (COPD), and mental health problems such as depression or anxiety.

Survey respondents were asked approximately 100 questions. This bulletin summarizes responses to about one-third of the survey questions.

Data for each of the countries are weighted in order to more accurately represent the populations of the countries they come from. For example, in Canada data are weighted by age, gender, education, and other characteristics to reflect the composition of the country as a whole, based on 2006 Census data. Due to a small number of survey participants in some provinces and territories, we do not present results by jurisdiction.

We compare sicker Canadians' experiences to those of the general public based on a representative sample (n=3,309) of Canadians in the *2010 Commonwealth Fund International Health Policy Survey*, which surveyed the general public in 11 countries. Differences in the wording of questions in the two surveys are noted where relevant along with their respective findings. We only report on observed differences between sicker adults and the general population when an appropriate statistical test tells us they are 'statistically significantly' different (at  $p < 0.01$ ), that is, the difference we observe is unlikely to have occurred by chance alone. Due to rounding, some results may not sum to 100%.

A technical report is available by contacting the Health Council of Canada at [information@healthcouncilcanada.ca](mailto:information@healthcouncilcanada.ca).

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