



**July 2009**

## Experiences With Primary Health Care in Canada

### Introduction

Every day a large number of Canadians receive primary health care (PHC) services. PHC is usually the first place people go when they have health concerns, often to a general practitioner (GP) or family physician (FP). PHC typically includes routine care, care for urgent but minor or common health problems, mental health care, maternity and child care, psychosocial services, liaison with home care, health promotion and disease prevention, nutrition counselling and end-of-life care. PHC is also an important source of chronic disease prevention and management and may include other health professionals such as nurses, nurse practitioners, dietitians, physiotherapists and social workers.

The Canadian Institute for Health Information (CIHI) co-funded the 2008 Canadian Survey of Experiences With Primary Health Care (CSE-PHC), which Statistics Canada conducted to provide policy-makers and health system decision-makers with a new source of high-quality PHC information.

### Key Findings

- Ninety-one percent (age-standardized) of adults reported they have a regular place they usually go to if they are sick or need advice about their health. Most reported this to be a doctor's office (clinic or practice) (78%), while 17% went to a walk-in clinic, centre local de services communautaires (CLSC) or community health centre.
- People with three or more select chronic conditions (95%) were more likely than those without any select chronic conditions (88%) to have a regular place of care.
- According to the Canadian Community Health Survey (CCHS), in 2007, 85% of the population age 12 years and older had a regular medical doctor, similar to the proportions in 2005 and 2003.
- More than two-thirds (68%) of adults have been going to their regular doctor or place of care for five years or more.

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- Of the 54% of adults who required routine or ongoing care (such as annual check-ups and blood tests) in the past 12 months, 13% experienced difficulties getting it. Of the 27% of adults who required immediate care for a minor health problem (such as fever, vomiting and major headache) in the past 12 months, 21% experienced difficulties getting it.
- Among those who experienced difficulties getting routine or ongoing care, the most frequent reasons were waiting too long to get an appointment (45%), difficulty getting an appointment (32%), difficulty contacting a physician (18%) and waiting too long to see a physician (10%).
- Of the 54% of adults who needed routine or ongoing care, 85% found the wait time “acceptable” or “somewhat acceptable.” Of the 27% who required immediate care for a minor problem, 79% found the wait time “acceptable” or “somewhat acceptable.”
- Twenty-seven percent of adults with a regular doctor or place of care reported there was a nurse regularly involved in their care, while 16% reported that other health professionals, such as dietitians and nutritionists, were involved in their care.
- Seventeen percent of adults with one or two chronic conditions “always” talked to their provider about specific things to do to improve their health; this increased to 29% for people living with three or more chronic conditions. However, 40% of adults with three or more chronic conditions reported that they “rarely or never” talked to their provider about specific things to do to improve their health.
- Twenty-three percent of adults with one or more of seven select chronic conditions reported that they were “almost always” or “most of the time” given a written list of things to do to improve their health.
- Twenty-two percent of adults with one or more of seven select chronic conditions reported that their provider “almost always” helped them make a treatment plan, and an additional 16% reported that their provider “most of the time” or “sometimes” helped them make a treatment plan. However, 40% of people with one or more of seven chronic conditions reported that they did not make a treatment plan with their primary care provider in the past 12 months.
- Of people with one or more of four select chronic conditions, 94% reported having their blood pressure measured in the past 12 months. In addition, 82% had their cholesterol measured, 80% had their blood sugar measured and 74% had their body weight measured in the past 12 months.
- Of adults who visited their regular doctor in the past 12 months, 65% “always” and 25% “usually or sometimes” reported that their FP or GP allowed them enough time to discuss their feelings, fears and concerns about their health.
- Seventy-six percent of adults who visited a regular doctor in the past 12 months reported that the quality of the health care they received was either “excellent” or “very good.”
- Ninety-two percent of adults who have a regular doctor or place of care would recommend their regular doctor to a friend or relative.

## Methodology

Statistics Canada conducted the 2008 CSE-PHC from April 14, 2008, to June 30, 2008, using computer-assisted telephone interviews. The sample for the survey was a sub-sample of respondents to the CCHS 4.1 (2007) who were 18 and older. The survey did not include residents of First Nations reserves and Crown land, full-time members of the Canadian Forces, inmates of institutions and residents of isolated areas. Additional information on the survey is available from Statistics Canada.

The sample was designed to produce pan-Canadian and provincial estimates. A response weighting strategy was used to ensure the representativeness of the age and sex distributions of the population. A bootstrap technique was used to estimate the variance and confidence intervals. The final sample included a small number of respondents from all territories to ensure pan-Canadian representativeness; however, the sample was too small to produce territorial estimates. Instances where small sample sizes require caution in interpreting results are noted. Estimates deemed unstable due to high variability were suppressed.

A total of 11,582 adults responded to the survey, for an overall response rate of 71%. Provincial response rates ranged from 67% to 76%. Additional technical notes are available upon request from the Primary Health Care Information program ([phc@cihi.ca](mailto:phc@cihi.ca)). Requests for custom tables or information on how to access data should be directed to Statistics Canada ([ssd@statcan.ca](mailto:ssd@statcan.ca)).

## Results

### Access to a Regular Source of Primary Health Care

Access to a regular source of care is an important aspect of PHC. Canadians identify the following features of primary care as important: access, comprehensiveness, continuity, coordination, interpersonal communication, patient-centred care, technical quality, outcomes and satisfaction. As just one of many examples, continuity of care has been shown to be associated with patient experiences (such as patient satisfaction).<sup>1</sup>

Medical homes are places of care where patients have a regular provider who knows them, is easy to contact and coordinates their care.<sup>2</sup> Research suggests that people who have a medical home receive better-quality care and have fewer medical errors and increased satisfaction.<sup>3</sup> Many jurisdictions have policies to enhance access to a regular PHC provider. As one measure of access, the CCHS tracks the proportion of Canadians who have a regular medical doctor. The 2008 CSE-PHC offers additional insights into Canadians' access to a regular source of PHC, as well as to a regular medical doctor.

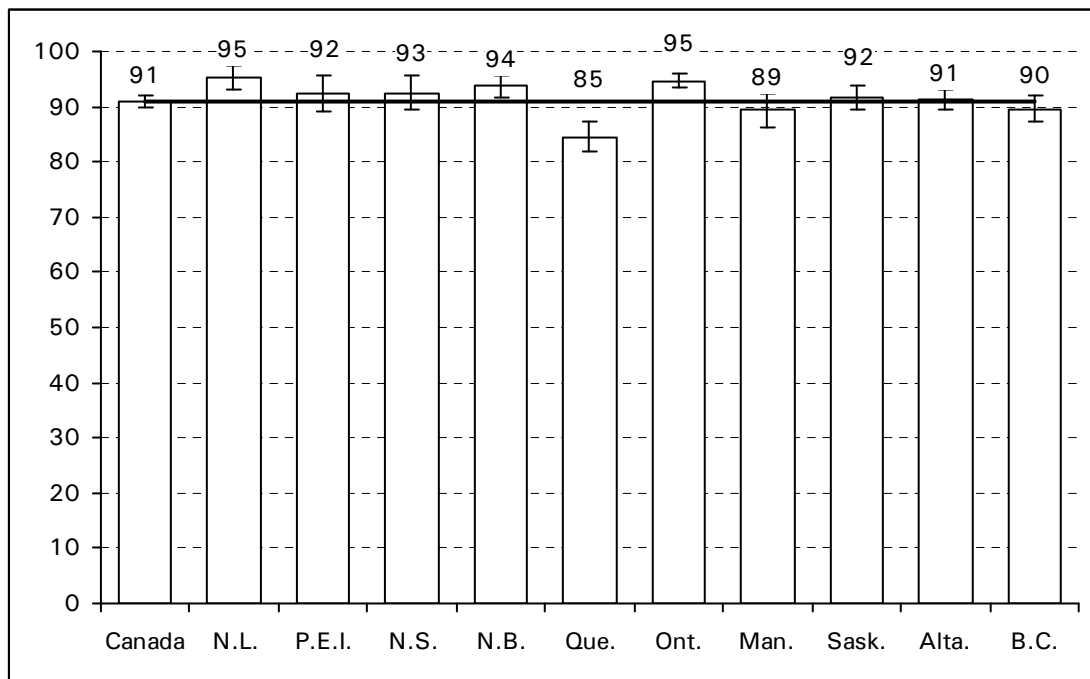
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In 2008, 91% of adults reported they had a place they usually went to if they were sick or needed advice about their health. This ranged from 95% in Newfoundland and Labrador and Ontario to 85% in Quebec (Figure 1). Of these adults, most went to a doctor’s office (clinic or practice) (78%), while 17% went to a walk-in clinic, CLSC or community health centre (Figure 2). The age-standardized percent that reported using a doctor’s office as their regular source of care ranged from 87% in Nova Scotia to 58% in Quebec, while the age-standardized percent that reported using a walk-in clinic, CLSC or community health centre ranged from 32% in Quebec to 8% in Nova Scotia.

In the 2008 CSE-PHC, 88% of people with no select chronic conditions, 96% of people with one or two select chronic conditions and 95% of people with three or more select chronic conditions reported that they had a regular place of care.

**Figure 1 Age-Standardized Percent of Adults With a Regular Place of Care, for Canada and by Province**



**Notes**

Based on the percent of adults.  
 Analysis excluded “don’t know” response category.  
 Canada estimate includes the territories.

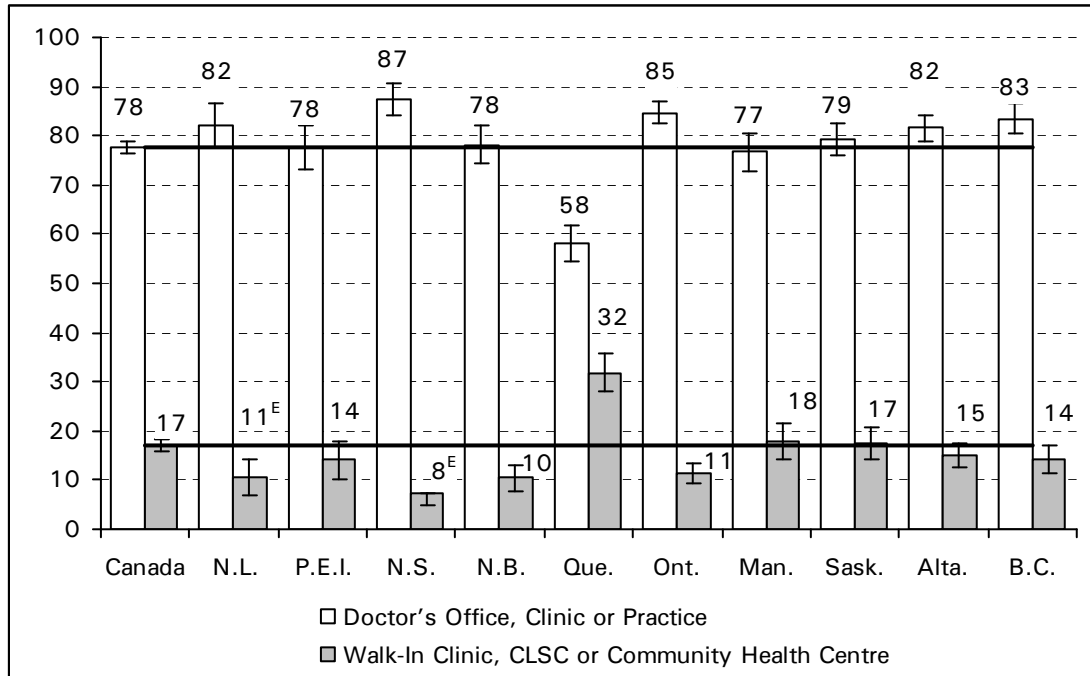
**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

# Analysis in Brief

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**Figure 2 Age-Standardized Percent of Leading Types of Regular Place of Care, by Type of Place, for Canada and by Province**



**Notes**

Based on percent of adults who have a usual place that they go to if they are sick or need advice about their health.

Analysis excluded "valid skip," "don't know" and "not stated" response categories.

Percentages may not add up to 100% due to absence of "other," "urgent care centre" and "emergency department or emergency room" response categories.

Canada estimate includes the territories.

E: interpret with caution as data is less reliable due to small sample sizes.

**Sources**

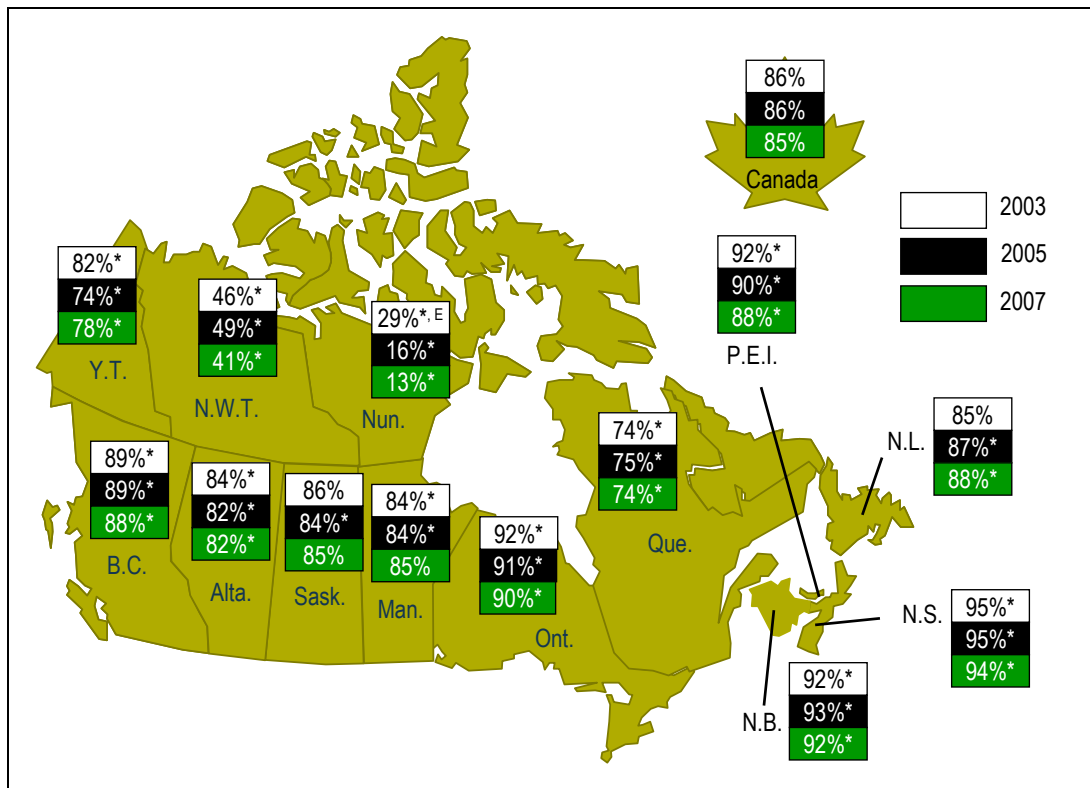
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

Based on the 2007 CCHS, 85% of the population age 12 years and older had a regular medical doctor (Figure 3). This compares to 86% of people in 2005 and 2003. In 2007, the percent that reported having a regular medical doctor ranged from 94% in Nova Scotia to 13% in Nunavut.

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**Figure 3 Percent Age 12 Years and Older With a Regular Medical Doctor, for Canada and by Province<sup>i</sup>**



**Notes**

Population age 12 years and older was asked to report whether they had a regular medical doctor. Analysis excluded Quebec data for Région du Nunavik and Région des Terres-cries-de-la-baie-James, as no data was available.

\* Significantly different than Canada as a whole.

E: interpret with caution.

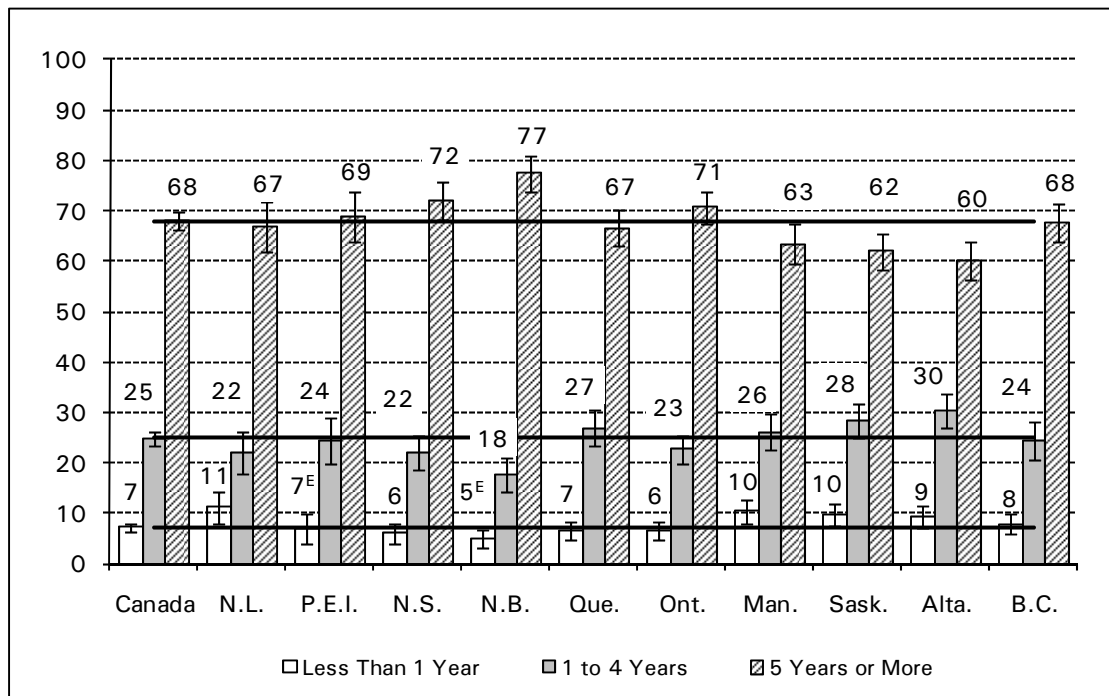
**Sources**

Canadian Community Health Survey, 2003, 2005 and 2007, Statistics Canada.

More than two-thirds (68%) of Canadian adults who have a regular doctor or place of care reported being with that doctor for five years or more (age-standardized percent ranged from 77% in New Brunswick to 60% in Alberta) (Figure 4). An additional 25% of adults reported seeing their doctor for one to four years, and 7% have been with their doctor for less than one year.

i. According to the 2008 CCHS data released on June 25, 2009, 84% of the population age 12 years and older reported that they have a regular medical doctor; this ranged from 94% in Nova Scotia to 12% in Nunavut. In general, the 2008 CCHS estimates show a slight decrease across the provinces/territories, compared to prior years' data.

**Figure 4 Age-Standardized Percent for Length of Time Adults Have Been With Their Regular Source of Care, for Canada and by Province**



**Notes**

Based on percent of adults who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health.

Analysis excluded "valid skip," "don't know," "refusal" and "not stated" response categories.

Canada estimate includes the territories.

E: interpret with caution. Data is less reliable due to small sample sizes.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

## Difficulties Accessing Primary Health Care

Some people may have a regular source of care but experience difficulties accessing services when needed, while others do not have a regular source of care. In both instances, these people may have preventable experiences. For example, an Ontario study found that people who have chronic conditions and do not have a regular medical doctor were 1.2 times more likely to have visited an emergency department (ED) in the previous two years than people with a regular medical doctor. In addition, these people were 1.3 times more likely to have a medical non-elective hospital admission. People who made three or more physician visits but had low continuity of care were 1.6 times more likely to visit an ED than those with high continuity of care.<sup>4</sup> In some circumstances, access to appropriate PHC and greater continuity of care (for example, an ongoing relationship with a provider) could reduce some hospitalizations associated with ambulatory care sensitive conditions.<sup>5</sup>

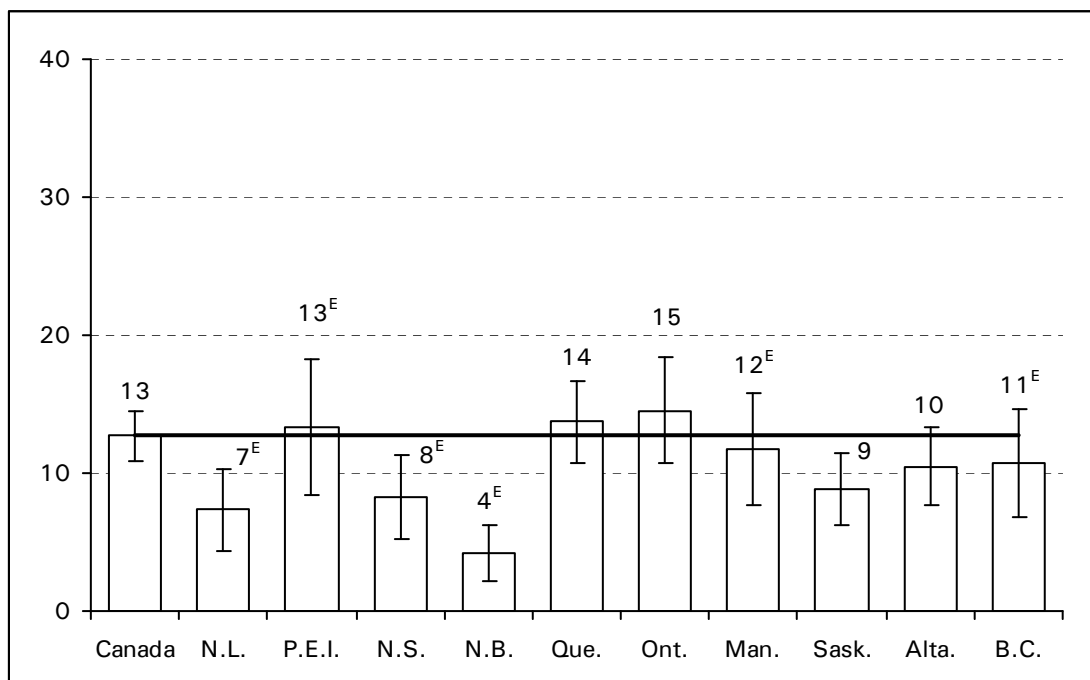
# Analysis in Brief

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In 2008, 54% of adults required routine or ongoing care in the past 12 months; of these, 13% experienced difficulties getting it (Figure 5). The age-standardized percent experiencing difficulties ranged from 15% in Ontario to 4% in New Brunswick. The top four difficulties were waiting too long for an appointment (45%), difficulty getting an appointment (32%), difficulty contacting a physician (18%) and waiting too long to see the physician (10%) (Figure 6).

In comparison, 27% of adults needed immediate care for a minor health problem in the past 12 months, and 21% of these individuals had difficulties obtaining it (age-standardized percent ranged from 24% in Alberta to 11% in Nova Scotia).

**Figure 5 Age-Standardized Percent of Adults Who Required Routine or Ongoing Care and Reported Difficulties Accessing It in the Past 12 Months, for Canada and by Province**



**Notes**

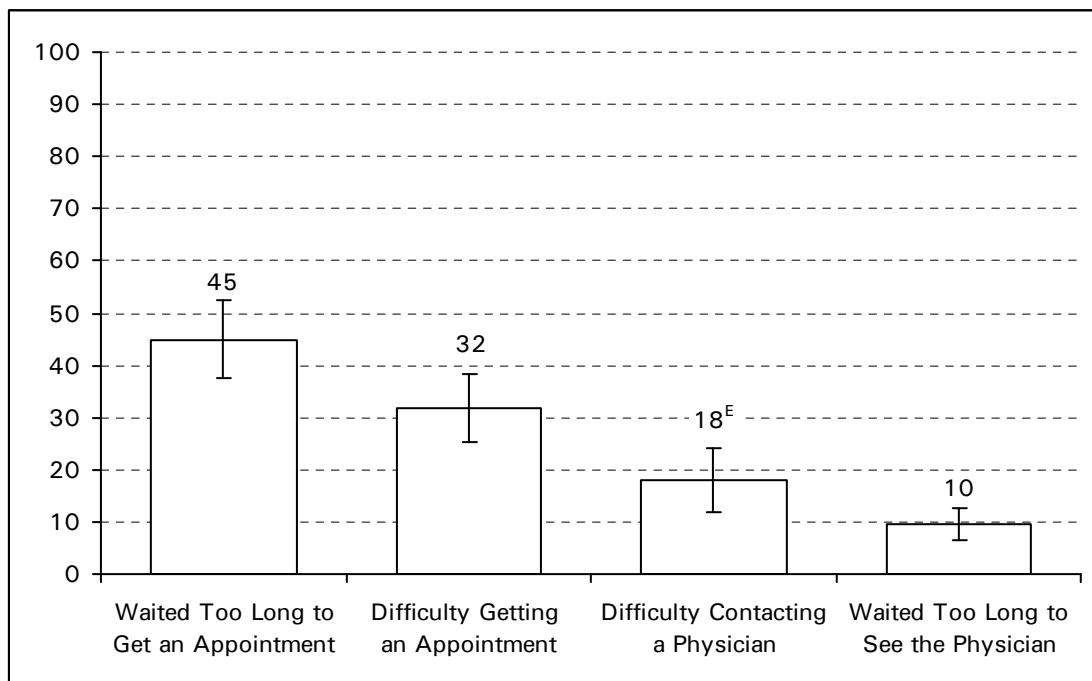
Based on percent of adults who required routine or ongoing care in the past 12 months. Analysis excluded “valid skip,” “don’t know” and “not stated” response categories. “Routine or ongoing care” includes annual check-ups and blood tests. Canada estimate includes the territories. E: interpret with caution. Data is less reliable due to small sample sizes.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.



**Figure 6 Percent of Adults That Required Access to Routine or Ongoing Care and Reported Difficulty Receiving It, in the Past 12 Months, Top Four Reasons, Canada**



**Notes**

Based on percent of adults who reported experiencing difficulties accessing routine or ongoing care in the past 12 months.

Analysis excluded “valid skip,” “don’t know” and “not stated” response categories.

Respondents could mark more than one reason for difficulty accessing routine or ongoing care when they needed it in the past 12 months and less common reasons are not reported here. Therefore, the results do not add to 100%.

Canada estimate includes the territories.

E: interpret with caution. Data is less reliable due to small sample sizes.

**Sources**

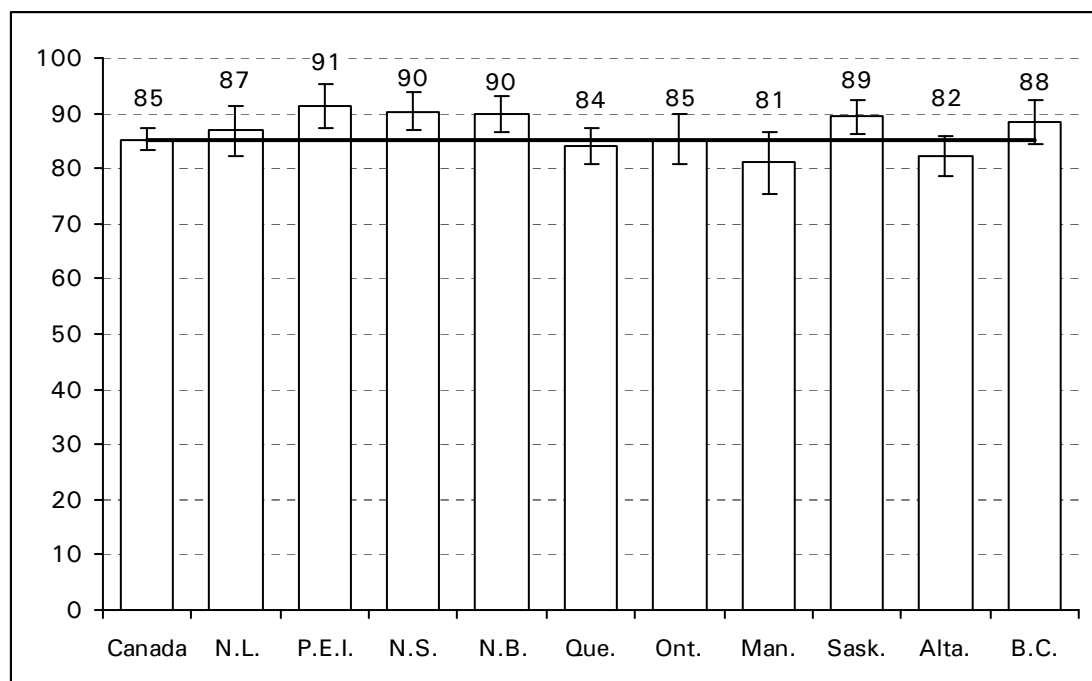
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

Of the 54% of adults who needed routine or ongoing care, 85% found the wait time “acceptable” or “somewhat acceptable” (Figure 7). This percent ranged from 91% in Prince Edward Island to 81% in Manitoba (age standardized). The median wait time for routine care for all adults was two days, compared to a median of 14 days for adults who found the wait time “not very acceptable” or “not acceptable.” Forty-six percent of adults reported receiving routine or ongoing care in one day or less. An additional 22% received care within two to seven days, 20% within 8 to 30 days and 11% in one to six months.

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**Figure 7 Age-Standardized Percent of Adults Who Required Routine or Ongoing Care in the Past 12 Months and Rated the Wait Time “Acceptable” or “Somewhat Acceptable,” for Canada and by Province**



**Notes**

Based on percent of adults who required routine or ongoing care in the past 12 months. Analysis excluded “valid skip,” “don’t know,” “refusal” and “not stated” response categories. Canada estimate includes the territories.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

The median wait time for the 27% of adults who needed immediate care for a minor health problem in the past 12 months was three hours. Of the adults who rated their wait time as “not very acceptable” or “not acceptable,” the median wait time was five hours. For adults requiring immediate care for a minor problem, 85% received care within one day, 11% received care in two to seven days and 4% received care in more than seven days.

This analysis also explored language barriers in PHC and found that 94% of adults who required routine or ongoing care reported that they “rarely” or “never” experienced language barriers when they tried to get the care they needed.

## Access to Interdisciplinary Teams

Interdisciplinary teams are composed of different health care professionals (such as physicians, nurses, pharmacists, dietitians and physiotherapists) working together. A Canadian group looking at international research on the impact of collaboration on PHC teams found a wide range of potential benefits to providers, patients and the health care system, including a broader range of services, more efficient use of health care, better access to services, shorter wait times and more coordinated care. In addition, some patients report higher levels of satisfaction and more positive experiences with team-based care.<sup>6</sup> It is important to note that there is still much to learn about which PHC service models work best in different circumstances.

A 2007 pan-Canadian study found that adults who reported having access to PHC teams were less likely to report a time when they needed health care but didn't receive it.<sup>7</sup> In the same study, people who had access to PHC teams used emergency rooms less and were hospitalized less, and were more likely to be confident in the health care system.

The 2008 CSE-PHC results for Canada showed that 27% of adults who had a regular doctor or place of care reported that a nurse was regularly involved in their care, and 16% had other health professionals involved in their care. Among the provinces, nearly 10% reported that they "don't know" if a nurse was regularly involved in their PHC.

## Health Promotion and Chronic Disease Prevention and Management

PHC affects the health of individuals and the need for other types of health care through health promotion and disease prevention. For example, in 2002, an estimated 17% of all Canadian deaths were tobacco related, and tobacco use cost Canadians \$17 billion, mostly due to lost productivity related to illness and premature death.<sup>8</sup> Counselling on risky health behaviours, including smoking cessation counselling and/or nicotine replacement, helps reduce smoking rates.<sup>9</sup> In another example, a review of studies found brief interventions by primary care providers reduces excessive alcohol consumption.<sup>10</sup>

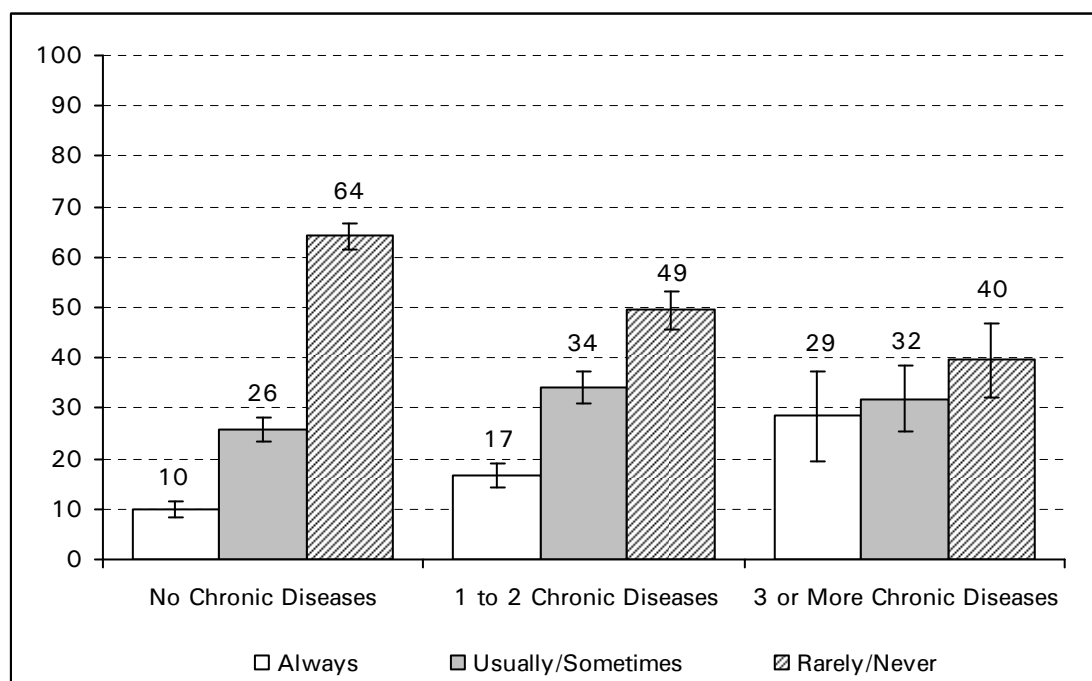
Health promotion, disease prevention and self-management activities are particularly important to maintaining health and preventing complications among people who have chronic health conditions. One literature review suggests that patients involved in collaborative care, shared decision-making with health professionals and chronic disease self-management have better outcomes.<sup>11</sup> It also found that training patients in self-care management increased function, decreased pain and decreased costs. A review of self-management education for chronic obstructive pulmonary disease found that it led to fewer hospital admissions.<sup>12</sup>

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Taking health information further

The results from the 2008 CSE-PHC show that people who have chronic conditions were more likely to be counselled in the past 12 months by a health professional about things they can do to improve their health and prevent illness, such as smoking cessation, limiting alcohol consumption and exercise, than people without any select chronic conditions (Figure 8). Ten percent of adults without any select chronic conditions were “always” counselled by a health professional about what they could do to improve their health, compared to 17% of adults with one or two select chronic conditions and 29% of adults with three or more select chronic conditions. When we look at who was “rarely or never” counselled about things to do to improve their health, we find that this was the experience for 64% of adults without any select chronic conditions, compared to 49% of adults with one or two select chronic conditions and 40% of adults with three or more select chronic conditions.

**Figure 8** Percent of Adults Who Talked to a Health Professional About Specific Things to Do to Improve Their Health or Prevent Illness in the Past 12 Months, by Number of Select Chronic Conditions, Canada



**Notes**

Seven select chronic conditions are arthritis, cancer, emphysema or chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure and mood disorders (other than depression).

Based on percent of adults/all respondents.

Analysis excluded “don’t know” and “not applicable” response categories. Columns may not add to 100% due to rounding.

Canada estimate includes the territories.

**Sources**

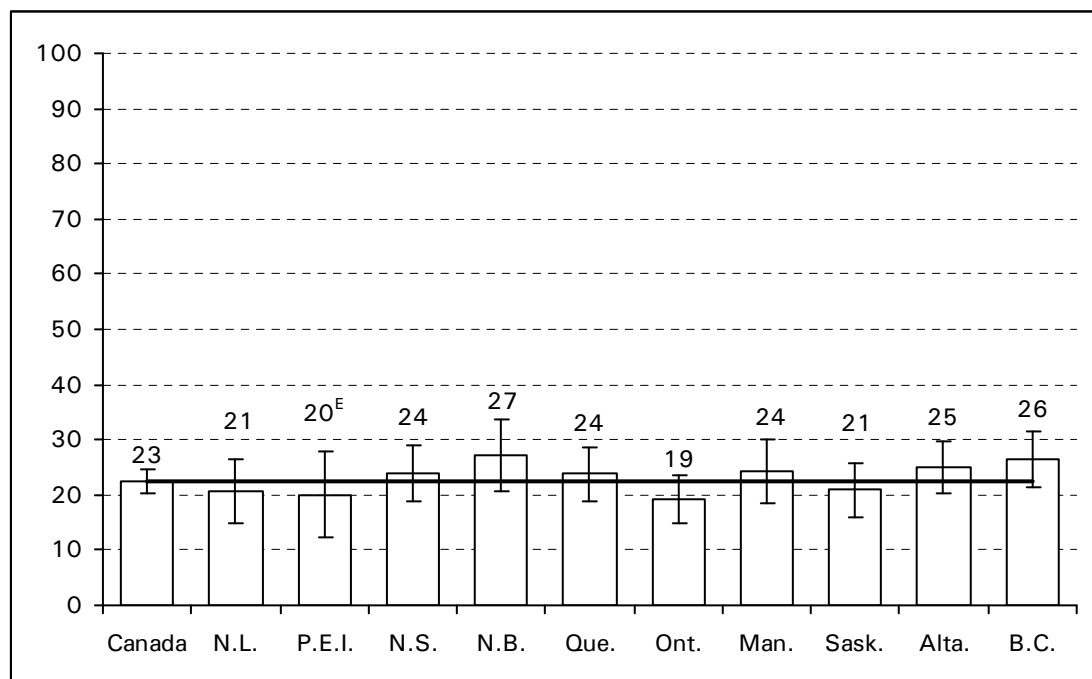
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

# Analysis in Brief

Taking health information further

The percent of adults in Canada with one or more of seven high-impact, highly prevalent chronic conditions who reported that they were “almost always” or “most of the time” given a written list of things to do to improve their health was 23% (Figure 9). This ranged from 27% in New Brunswick to 19% in Ontario (age standardized).

**Figure 9 Age-Standardized Percent of Adults With One or More of Seven Select Chronic Conditions Who Were “Almost Always” or “Most of the Time” Given a Written List of Things to Do to Improve Their Health in the Past 12 Months, for Canada and by Province**



**Notes**

Based on percent of adults with one or more of seven chronic conditions: arthritis, cancer, emphysema or chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure and mood disorders (other than depression).

Analysis excluded “valid skip,” “don’t know,” “refusal,” “not applicable” and “not stated” response categories. Canada estimate includes the territories.

E: interpret with caution. Data is less reliable due to small sample sizes.

**Sources**

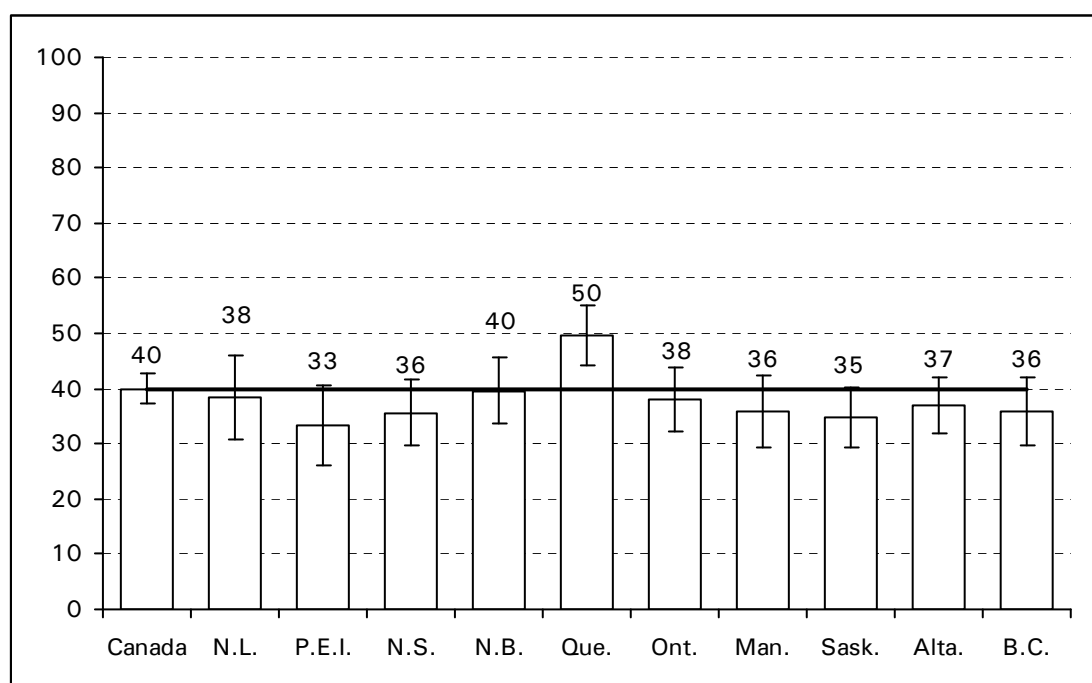
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

# Analysis in Brief

Taking health information further

Patient-oriented interventions can help improve patient outcomes.<sup>13</sup> The 2008 CSE-PHC found that in the past 12 months, 22% of adults with one or more of seven chronic conditions reported that their provider “almost always” helped them make a treatment plan, and an additional 16% reported that their provider “most of the time” or “sometimes” helped them make a treatment plan. However, 22% reported that in the past 12 months their provider “generally did not” or “almost never” helped them make a treatment plan, and 40% “didn’t make a plan” (Figure 10). The age-standardized percent of adults who reported that they “didn’t make a plan” in the past 12 months ranged from 33% in Prince Edward Island to 50% in Quebec.

**Figure 10 Age-Standardized Percent of Adults With One or More of Seven Select Chronic Conditions Who Reported They Did Not Make a Treatment Plan With Their Primary Care Provider in the Past 12 Months, for Canada and by Province**



**Notes**

Based on percent of adults with one or more of seven chronic conditions: arthritis, cancer, emphysema or chronic obstructive pulmonary disease, diabetes, heart disease, high blood pressure and mood disorders (other than depression).

Analysis excluded “valid skip,” “don’t know,” “refusal,” “not applicable” and “not stated” response categories. Canada estimate includes the territories.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

Caring for people with chronic conditions is a large component of the PHC workload, and enhancing patients’ self-care management skills is an important part of that service. Self-care management includes patients or their families/friends providing management and monitoring between visits to their primary care provider.<sup>14</sup>

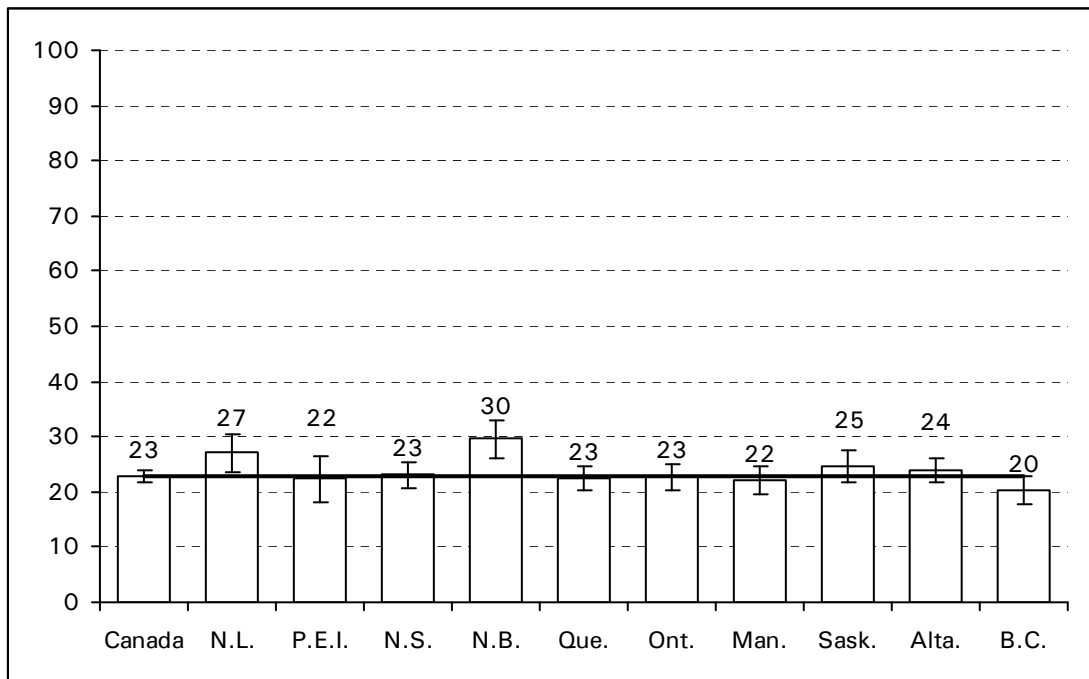
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Self-care management helps people with chronic conditions prevent complications and reduces the risk of getting additional chronic conditions. Several practice guidelines recommend that people who have diabetes, heart disease, stroke or high blood pressure (hypertension) have their blood pressure, cholesterol, body weight and blood sugar measured at least once every 12 months (if not more often) in order to understand care effectiveness and when more action needs to be taken.<sup>15-19</sup>

The results of this survey showed that 23% of adults had diabetes, heart disease, stroke and/or high blood pressure (Figure 11). The age-standardized percent ranged from 20% in British Columbia to 30% in New Brunswick.

**Figure 11 Age-Standardized Percent of Adults With One or More of Four Select Chronic Conditions, for Canada and by Province**



**Notes**

Based on percent of adults with one or more of four chronic conditions: diabetes, heart disease, stroke and high blood pressure (hypertension).  
 Canada estimate includes the territories.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

Of the four screening tests studied, adults with one or more of the four select chronic conditions most frequently reported having a blood pressure measurement (94%) in the past 12 months (Figure 12 and Appendix). The age-standardized percent of patients having a blood pressure measurement ranged from 97% in Manitoba and Ontario to 88% in Prince Edward Island.

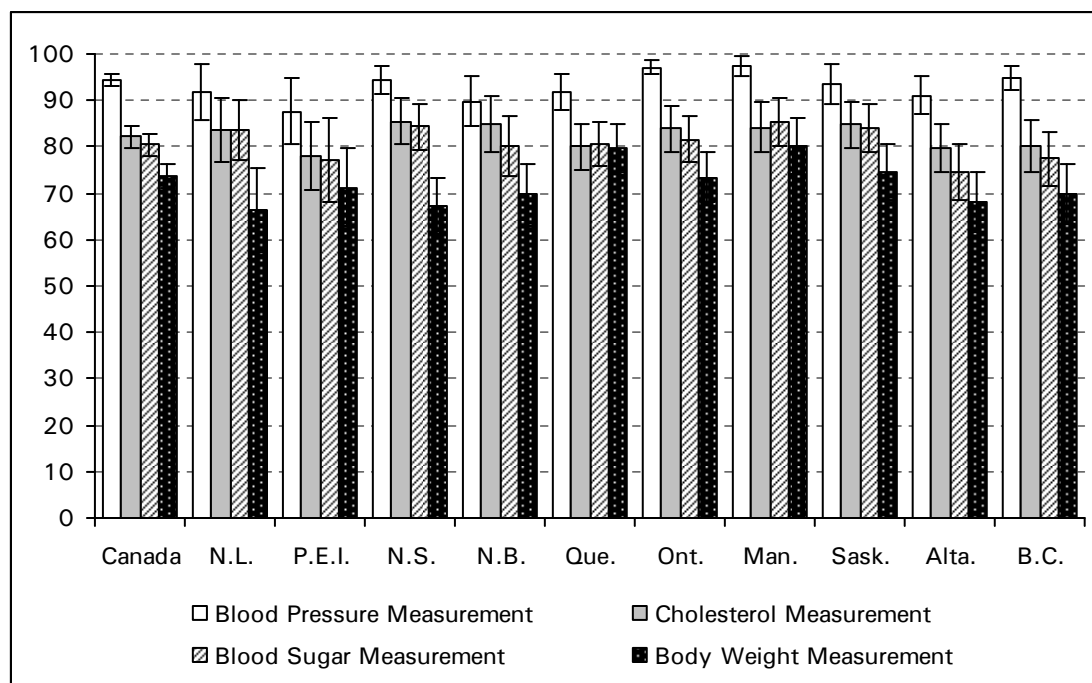
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Most of these adults (82%) also reported that they had a cholesterol measurement in the past 12 months (age-standardized range: 86% in Nova Scotia to 78% in Prince Edward Island), and 80% had a blood sugar measurement in the past 12 months (age-standardized range: 85% in Manitoba to 75% in Alberta).

Three out of four (74%) adults with one or more of the four select chronic conditions reported having their body weight measured by their PHC provider in the past 12 months. The age-standardized range was 80% in Quebec and Manitoba to 66% in Newfoundland and Labrador. The data table for Figure 12 is included in the Appendix.

**Figure 12 Age-Standardized Percent of Adults With One or More of Four Select Chronic Conditions Who Had Measurements for Blood Pressure, Cholesterol, Blood Sugar and Body Weight in the Past 12 Months, for Canada and by Province**



**Notes**

Based on percent of adults with one or more of four chronic conditions: diabetes, heart disease, stroke and high blood pressure (hypertension).

Analysis excluded "valid skip," "don't know" and "not stated" response categories.

Canada estimate includes the territories.

See Appendix for specific estimates for Canada and by province.

**Sources**

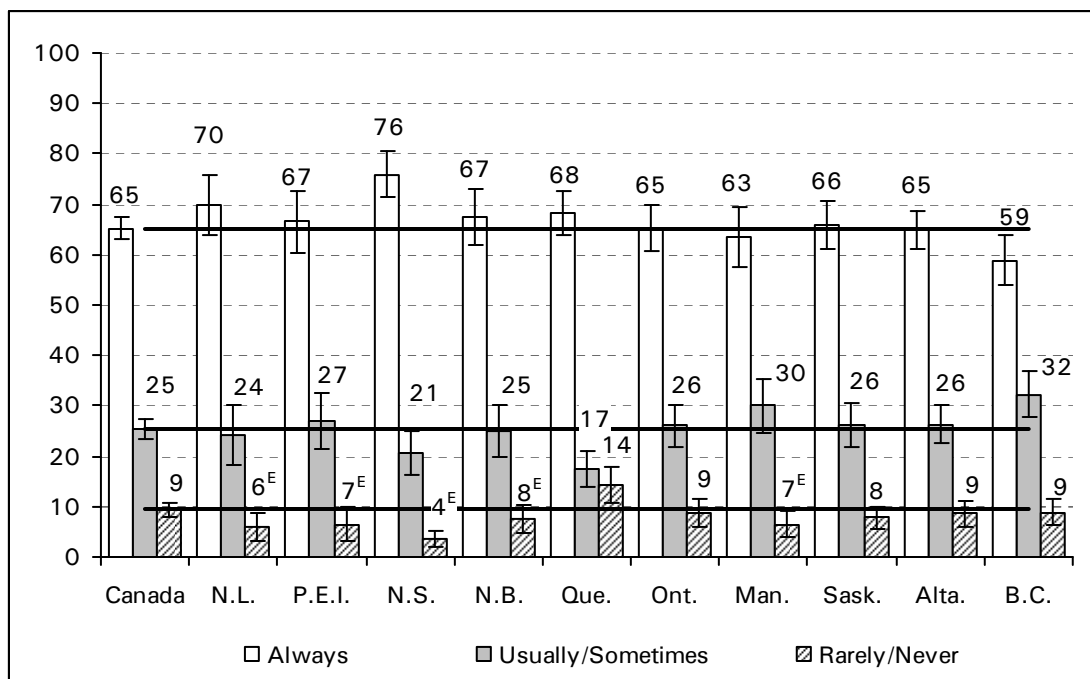
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.



## Overall Views on Visit Time and Quality of Primary Health Care

People visiting a PHC provider need sufficient time to adequately express their needs for care so providers have enough information to provide appropriate services. In Canada, among those who had visited their regular doctor at least once in the past 12 months, 65% “always” and 25% “usually or sometimes” reported that their FP or GP allowed them enough time to discuss their feelings, fears and concerns about their health (Figure 13). The age-standardized percent of adults that reported that they “always” had enough time ranged from 76% in Nova Scotia to 59% in British Columbia. For Canada overall, 9% of people reported that in the past 12 months they “rarely or never” were allowed enough time.

**Figure 13 Age-Standardized Percent of Adults Who Reported That Their Family Physician or General Practitioner Allowed Them Enough Time to Discuss Their Feelings, Fears and Concerns About Their Health in the Past 12 Months, for Canada and by Province**



**Notes**

Based on percent of adults who saw or talked to an FP or GP in the past 12 months. Analysis excluded “valid skip,” “don’t know,” “refusal,” “not applicable” and “not stated” response categories. Some percentages do not add to 100% due to rounding. Canada estimate includes the territories. E: interpret with caution. Data is less reliable due to small sample sizes.

**Sources**

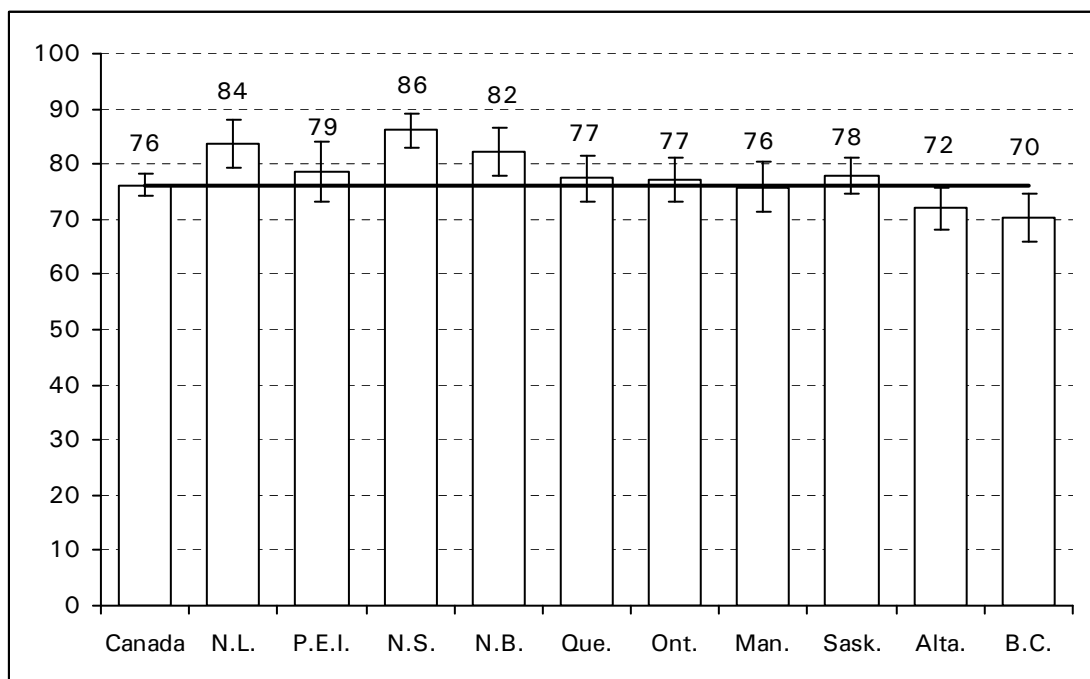
Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

# Analysis in Brief

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Patients who trust and are committed to their PHC provider are more likely to follow medical advice.<sup>20</sup> In Canada, 76% of adults who visited their regular doctor at least once in the past 12 months reported that the quality of the health care they received was “excellent” or “very good” (Figure 14 ). The age-standardized percents ranged from 86% in Nova Scotia to 70% in British Columbia.

**Figure 14 Age-Standardized Percent of Adults Who Rated the Quality of Health Care They Received From a Family Physician or General Practitioner in the Past 12 Months as Excellent or Very Good, for Canada and by Province**



**Notes**

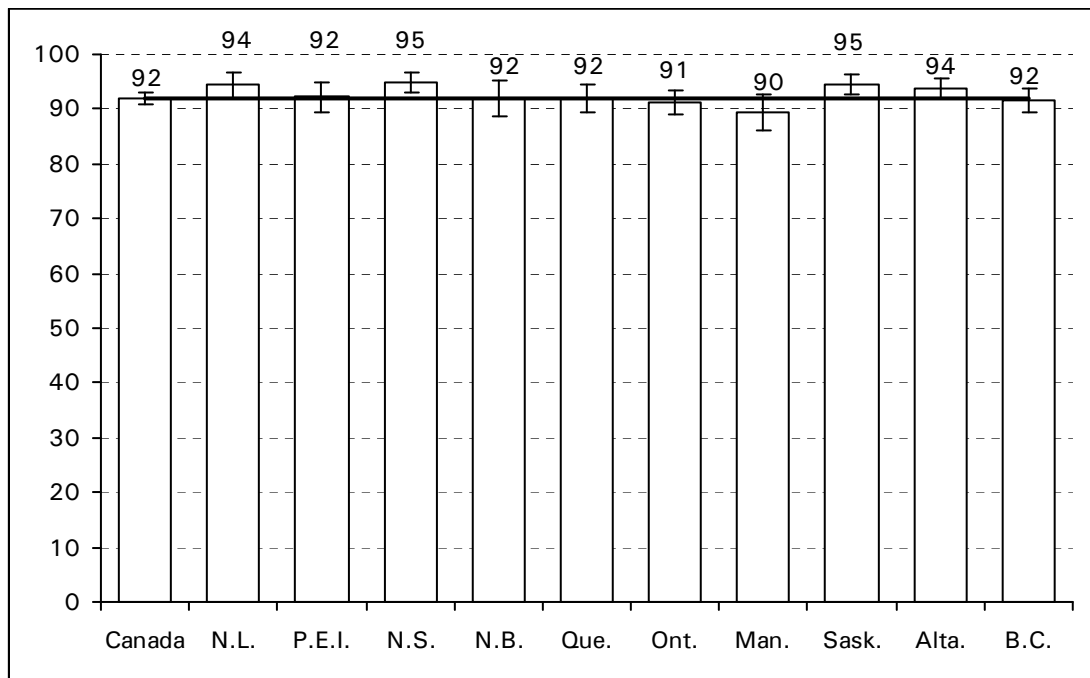
Based on percent of adults who saw or talked to an FP or GP in the past 12 months. Analysis excluded “valid skip,” “don’t know,” “refusal,” “not applicable” and “not stated” response categories. Canada estimate includes the territories.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

In Canada, 92% of adults who have a regular medical doctor or place of care reported that they would recommend their doctor to a friend or relative (Figure 15). The age-standardized percents ranged from 95% in Saskatchewan and Nova Scotia to 90% in Manitoba.

**Figure 15 Age-Standardized Percent of Adults Who Would Recommend Their Primary Care Provider to a Friend or Relative, for Canada and by Province**



**Notes**

Based on percent of adults who have a regular medical doctor or who have a place that they usually go to if they are sick or need advice about their health.

Analysis excluded “valid skip,” “don’t know,” “refusal,” “not applicable” and “not stated” response categories. “Not applicable” category included respondents who knew their PHC provider was retiring or not accepting new patients.

Canada estimate includes the territories.

**Sources**

Canadian Survey of Experiences With Primary Health Care, 2008, Statistics Canada; Canadian Institute for Health Information.

## Conclusion

This report provides important new findings on several priority areas for PHC using data from the 2008 CSE-PHC. Future analyses of the 2008 CSE-PHC will provide more insights about experiences with PHC in Canada.

It is also important to note that there are significant gaps in the area of PHC information. The successful development and implementation of electronic health records and electronic medical records across Canada have the potential to address some of these gaps. However, an integrated approach is required to improve information gathered from patient and provider survey sources, as well as through electronic medical records. With this in mind, CIHI is working with a range of stakeholders to lead the development of new sources of PHC data that can be used to provide even more information on this important part of the health care system.

## Additional Resources

Additional reading on PHC and data figures from this survey are available from the CIHI website ([www.cihi.ca/phc](http://www.cihi.ca/phc)). Some additional resources that may be of interest are listed below.

*Primary Health Care (PHC) Indicators Chartbook: An Illustrative Example of Using PHC Data for Indicator Reporting*

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_2490\\_E&cw\\_topic=2490](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_2490_E&cw_topic=2490)

Pan-Canadian Primary Health Care Indicator Development Project

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=GR\\_1489\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=GR_1489_E)

Primary Health Care Information

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=indicators\\_phc\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=indicators_phc_e)

Health Indicators

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=indicators\\_e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=indicators_e)

*Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_1690\\_E&cw\\_topic=1690  
&cw\\_rel=AR\\_2509\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_1690_E&cw_topic=1690&cw_rel=AR_2509_E)

## About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

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## Appendix

**Table for Figure 12 Age-Standardized Percent of Adults With One or More of Four Select Chronic Conditions Who Had Measurements for Blood Pressure, Cholesterol, Blood Sugar and Body Weight in the Past 12 Months, for Canada and by Province**

Country/ Province	Blood Pressure		Cholesterol		Blood Sugar		Body Weight	
	Percentage	CI (95%)	Percentage	CI (95%)	Percentage	CI (95%)	Percentage	CI (95%)
Canada	94	(93–96)	82	(80–85)	80	(78–83)	74	(71–76)
N.L.	92	(86–98)	84	(77–91)	84	(77–90)	66	(57–75)
P.E.I.	88	(80–95)	78	(70–86)	77	(68–86)	71	(63–80)
N.S.	94	(91–98)	86	(81–90)	84	(79–89)	67	(61–73)
N.B.	90	(84–95)	85	(79–91)	80	(74–87)	70	(63–76)
Que.	92	(88–96)	80	(75–85)	81	(76–85)	80	(74–85)
Ont.	97	(96–99)	84	(79–89)	82	(77–87)	73	(68–79)
Man.	97	(95–100)	84	(79–90)	85	(80–91)	80	(74–86)
Sask.	93	(89–98)	85	(80–90)	84	(79–89)	75	(68–81)
Alta.	91	(87–95)	80	(75–85)	75	(69–80)	68	(62–75)
B.C.	95	(92–97)	80	(74–86)	77	(72–83)	70	(63–76)