

A POLLARA Report

Health Care in Canada Survey Retrospective 1998-2003

October 2003

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I. Introduction

The Health Care in Canada (HCIC) survey is the most comprehensive annual survey on key health care issues. Now entering its seventh year, it allows for the tracking of trends over time. The intent and spirit of the survey is not to provide a report card on the status of the health care system, but to gauge the need for change and to provide overarching direction on where change is needed and desired, in the public's eyes.

POLLARA is pleased to present the following analysis of the Health Care in Canada series from 1998 to 2003. The main purpose of this report is to examine the evolution of public opinion to determine whether there are any lessons worthy of communicating to decision-makers, public and provider organizations. This retrospective analysis was financed by Merck Frosst Canada Ltd.

Each year, POLLARA interviews 1,200 Canadians "on the issue of health care". The distribution of this sample is consistent with the nation-wide distribution by gender, income levels and age. Overall results for the public are considered accurate within plus or minus 2.9 per cent 19 times out of 20.

The main objective of this report is to provide a qualitative analysis of the public's changing mindset on health care in Canada. Wherever possible, issues will be tracked over time to gauge public sentiment toward:

- Perceptions of the health care system's quality and confidence in the future (attitudes, priorities);
- Willingness to pay to maintain or improve quality, timeliness, or comprehensiveness of care;
- Accountability and transparency of health care decision-making;
- Consumer opposition to restricting benefits;
- Support for delivery approaches that link to components of PHM (collaborative care, monitoring and feedback, health information sharing);
- Pharmaceutical coverage issues; and,
- Innovation in the health care system.

To fully understand the evolution of public opinion on health care issues, it is also necessary to examine their context. To this end, the Retrospective will be examining major shifts in government budget statements to explore the links between changes in economic priorities and trends in public opinion.

The last section of this report will provide an overview of the evolution of the questionnaire. This section will highlight the ways in which the questionnaire was adapted over time to reflect the evolution of health care issues in Canada.

II. Strategic Findings

The Health Care in Canada Retrospective highlights changing public opinion on key health care issues. This section provides an overview of the key trends illuminated through analysis of the six years of data contained in the HCIC series.

The Rise of the Health Care Issue

Since January 1999, health care has been the dominant public policy concern of Canadians. Demands for increased health care spending have outpaced all other spending demands on the federal government, forcing governments to respond with significant reinvestments in 1999, 2000 and spring 2003.

A Crisis in Confidence

Between the years 2000 to 2002, Canadians' confidence in the system continued to erode. In 2002, Canadian confidence reached its lowest since 1998. However, 2003 saw the trend towards erosion of public confidence reverse slightly. In 2003, half of Canadians (51%) reported falling confidence in the system, compared to 58% in 2002. It remains to be seen whether this represented a one-time reaction to new policy and funding developments over the past year, or whether this will represent a more positive longer term trend.

Perceptions of Quality & Satisfaction with the Health Care System

Although satisfaction with quality of care has not returned to the levels seen in 1998, there has been a slight, but steady, increase in satisfaction levels since 2001. The lowest satisfaction continues to be in terms of access and timeliness.

Satisfaction levels have remained stable over the past three years:

- quality of care: 70% satisfied (2003);
- range and comprehensiveness of care: 60% satisfied (2003);
- access to care in the community: 48% satisfied (2003); and,
- timeliness of access to care: 43% satisfied (2003).

Attitudes & Priorities

Canadians are very supportive of government funding of services that improve health and quality of life, and are in general disagreement with the idea of rationing services or dismantling universality. Above all else, Canadians want their health care system to be available to them when they need it. In 1998, 83% of Canadians strongly agreed that the guiding principle of health care should be “that a quality health care system delivers the right care at the right time”. In 1999, we asked Canadians to prioritize which patients get what health care in Canada, and how quickly. The urgency of need when the patient is evaluated was the top priority (a mean score of 8.7 on a 10 point importance scale).

Given the public’s focus on meeting needs, it is not surprising that the top priority for new health care investments is access to emergency care (a top priority for 55%, 2003). Other public priorities are: improving quality of care (a top priority for 51%, 2003); access to specialists and surgeons (a top priority to 50%, 2003); and, the timeliness of access to care (49% a top priority, 2003).

Willingness to Pay for Care

Over the last five years, public sentiment has shifted in favour of increasing spending on health care. There is a clear sense that more funding for health care should be found within government coffers. In 2000, the public sentiment was that not enough of their federal (64%) or provincial (62%) dollars were going into the health care system. Canadians show continued support for the idea of finding additional funds by making cuts to other non-social government services (67% support in 2003), rather than passing the burden along to the user through an income-based health tax (46% support in 2003) or implementing user fees (39% support in 2003).

In 2002, the majority of Canadians were willing to pay more out-of-pocket or through taxes to improve or even maintain the system. Willingness to pay declined slightly in 2003, linked to optimism of potential improvements from government announcements of increased funding. .

- Half of Canadians are willing to pay more to maintain the current level of care, either out-of-pocket or through tax payments (56% in 2002, 47% in 2003).
- A slightly higher number are willing to pay more to increase the range of services offered and the timeliness of care (69% in 2002, 60% in 2003).

Opposition to Restricting Benefits

Canadians are staunchly opposed to the idea of rationing or restricting health care services. The public – in general – feels that the government should fund all services that are proven to improve health and quality of life (90% strongly agreed with this statement in 2001). Strategies that introduce limits on the scope of services have been met with opposition.

Canadians are supportive of initiatives that provide them with choice and increased scope, even if this means partial payment. In 2001, 71% of Canadians agreed with the government partially funding a number of health care services in a given disease area, as opposed to fully funding one service in an area. Canadians also support (61%, 2001) the idea of an additional public insurance program, funded through premiums, to cover what is not already funded in the current health system.

Accountability & Decision Making

In the eyes of Canadians, there has been little progress in improving the accountability of the system. A majority of Canadians (67%, 2003) continue to feel that the government is doing a poor job of making sure that every tax dollar intended for health care is being spent on health care. Increased accountability, via a more transparent system, is very much needed. Close to all Canadians (95%, 2000) feel that it is very important to make those who decide which health care services are paid for by public funds accountable to the public for their decisions.

In spite of the recent health care commissions, the public feels that the government is doing a poor job reporting the results of how health care dollars are spent to Canadians (69%, 2003) and satisfaction on the level of reporting is modest (47%, 2003). According to Canadians, health care professionals (42%, 2003) and patients (40%, 2003) should have the strongest role in future health care reforms, in contrast to the elected officials that have had a strong voice until now (56% dissatisfied with the accountability of elected officials, 2001).

Support for Components of Collaborative Care

A majority of Canadians (70%, 2003) are supportive of the idea of collaborative care, defined as “a team including a doctor, nurse, pharmacist, or other health care provider who would collectively provide care”. Overall, Canadians feel that this model will improve the quality of patient care (73%, 2003) and improve the speed of access to care (69%, 2003). In spite of their support, Canadians are not clear on how collaborative care will change the cost of delivering health care to taxpayers.

In general, there is widespread support for policies that monitor health care usage via information sharing, patient feedback and provider registration. Canadians are clearly ready for policies that will promote greater awareness of health care costs, thus leading to a more efficient use of the current system.

Pharmaceutical Coverage

Three-quarters of Canadians (78%, 2003) agree that improving access to the latest prescription medications should be a top or high priority for future investments. This trend has held since 1998, when 76% of Canadians thought that there should be more of a focus on the research and development of new medical therapies. For now, Canadians are moderately satisfied with their access to the latest prescription medications (49% somewhat satisfied, 23% very satisfied, 2003).

Canadians are no longer anticipating a national pharmacare plan. In 1998, the public thought that such a plan should be an important national priority. By 2002, most Canadians felt it was unlikely that the government would expand the health care system to include more coverage for pharmaceutical drugs. At this time, Canadians opposed options for increasing coverage such as taking funding from other health or social programs, or increasing taxes for drug benefits.

Although expansion of drug programs is no longer expected, there is general opposition to the idea of placing restrictions on existing drug plans. For now, Canadians have accepted the status quo. Their concern is with ensuring access to the best medicines available.

Innovation in the Health Care System

Canadians want to see progress, in both the development and availability of new medicines and technologies. Both awareness and access are key issues to Canadians. Canadians want to know what treatments are available to them as a way of ensuring that they are getting the best medicine possible, if they need it. Innovation should not be pushed aside at the expense of other health care priorities. Canadians support a role for the federal government in funding health care research (96% overall support in 2001: 66% strongly, 30% somewhat) and generally oppose limiting the introduction of new health technology to maintain the financial sustainability of the system (67% oppose this approach in 2000).

On a different note, the public is ready for changing models of care that will sustain or improve the level of care already provided. The Canadian public is largely supportive of increased public sector funding, and private sector investments, in health research. Other funding options – which lay the burden of payment on the user – are generally less popular (specifically, partial payment, income-based taxes, and usage based taxes). The public is open to private sector involvement at the planning table, but prefers to have the government, the public, and providers in the driver's seat.

III. Shifts in Government Spending

No social policy is more cherished or more vital to the quality of life of all Canadians than our publicly funded health care system. The federal government is committed to ensuring that future generations will have access to universal quality care—based on need, not the ability to pay.

(Deputy Prime Minister and
Minister of Finance John Manley,
2003 budget speech)

In 1998, the federal government balanced the budget for the first time in decades. Since then, Canadians have witnessed back-to-back balanced budgets and economic surpluses. Yet simultaneously, the health care system has been in a state of crisis and reform.

The origin of this crisis precedes the Health Care In Canada research. In the early to mid 1990s, the government had a single focus, as noted by Paul Martin in his 1995 budget speech: “The time to reduce deficits is when the economy is growing. So now is the time...not to act now to put our fiscal house in order would be to abandon the purposes for which our Party exists and this government stands – competence, compassion, reform and hope” (Budget Speech, February 27, 1995). Over the next few years, the government focused on meeting incremental deficit targets to eliminate an overall deficit of \$42 billion (1993 /1994).

Between 1995 and 1997, the Chrétien government’s budgets focused on spending cuts, rather than increasing levels of taxation, in the hopes of restoring Canadians’ confidence in the future. Across the board, program spending was cut, and a federal contingency reserve was established to handle unforeseen changes in the economy. In 1995, an Expenditure Management System was put in place, so that new programs would be funded from the existing budgets of departments, rather than out of general policy reserves. In 1996/1997, the Canada Social Transfer was created as a single consolidated block transfer to the provinces. A departure from the Canada Assistance Plan, this block transfer allowed for reductions in transfers to the provinces by consolidating all payments into one block fund¹. The Canada Social Transfer also served to decentralize the delivery of social programs, allowing the provinces more ‘flexibility’ in their delivery.

In 1998, when the Health Care In Canada study was first fielded, Canadians felt the economy / recession was the most important issue facing Canadians. The public’s concern with the economy was not at all

¹ In 1997-1998, the Canada Social Transfer was \$4.5 billion less than it would have been under the previous transfer system. By 1998-1999, spending was reduced to \$105.5 billion from \$120 billion in 1993-1994, a steady and absolute decline in program spending over a six year period.

surprising, given the fiscal priorities and budgetary constraints of preceding years. At the same time, the first balanced budget was announced, and the government shifted into spending mode (tax reductions for low and middle income Canadians and spending on social programs). In 1998, the economic turnaround was self-evident: the unemployment rate was at 9%, interest rates had decreased, and the nation's economic growth surpassed that of the previous year by 3.5%.

However, after years of decreased spending on health care, Canadians were clearly feeling its effects. By 1999, health care was the most important issue facing Canadians. In reaction to the heightened profile of a health care system in crisis, Paul Martin delivered "The Health Care Budget" in 1999. This budget, in his words, "acts strongly on the highest priority Canadians have – strengthening their system of health care for today and tomorrow" (Budget Speech, 1999). With the new freedom that accompanied consecutive balanced budgets, the government's priorities switched to strengthening health care. Following an increase of \$1.5 billion to transfer payments in 1998, the 1999 budget allocated more funds to health care than to any other area.

The commitment to health care continued in 2000. In an era of continued economic expansion, and with a surplus of \$12.3 billion, the government made a new commitment of \$23.4 billion to the Canadian Health and Social Transfer. Aside from improving health care services overall, the objective of this investment was to provide funding for the purchase of diagnostic equipment, to develop modern information technology in the health care sector, and to speed up access to innovations in front line services. Simultaneously, HCIC 2000 showed that the public's falling confidence in the health care system had stopped.

However, 2001 and 2002 saw confidence levels fall once again. The 2001 budget posted an economic downturn resulting from a weakened global economy (post the terrorist attacks of September 11, 2001) and a slower than expected rate of growth at home (1.3% in 2001, down from 4.4% in 2000). Nonetheless, the government continued to provide funding to provincial governments at the rate promised in 2000, and invested additional resources of \$75 million in the Canadian Institutes for Health Research (formed in 1999). Fortunately, the Canadian economy rebounded from this slump quickly (in 2002, it had outpaced the recovery of the United States). This success was the product of a strong housing market, a rebound in exports, and healthy gains in consumer spending in the last six months of 2001. A result of this rebounding, the 2002 budget was optimistic, yet cautious in its spending initiatives. Again, Canadians were exposed to a budget shift, towards sound fiscal management and

prudence in an uncertain world. In hindsight, confidence in our health care system reached an all-time low.

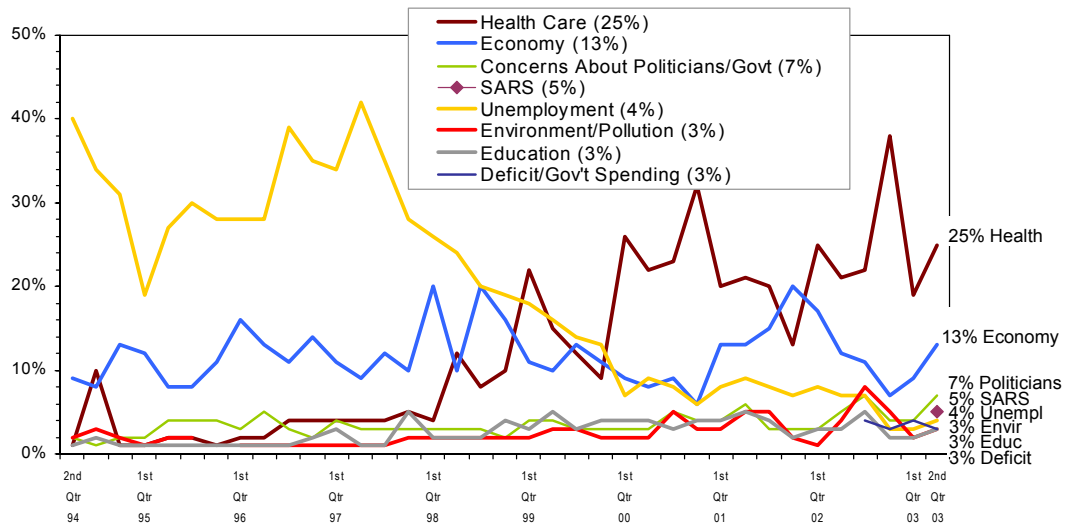
What the 2002 budget did promise was a long-term plan for medicare, to be implemented in budget 2003. In a context of continued economic growth, the 2003 budget followed through. In February 2003, John Manley announced increased health care investments in the amount of \$17.3 billion over the next three years, and \$34.8 over the next five years. Of these funds, \$5.5 billion are earmarked for health promotion and \$16.0 million are earmarked for a Health Reform Fund (targeted to primary care, home care and catastrophic drug coverage). In the spirit of renewing the system, the government also announced an end to the combined Canada Health and Social Transfer, effective April 1, 2004. A result of the new Accord on Health Care Renewal, the government has also made accountability a centerpiece of the health system, creating a more targeted Canada Health Transfer and a Health Council to report publicly to Canadians on the progress of health reform. Not surprisingly, there is a sense of increased calm and cautious optimism among Canadians when talking about the future of their health care system.

IV. Trends in Popular Opinion

A. The Rise of the “Health Care” Issue

In 1996, in the aftermath of the 1995 federal budget and various provincial budget measures, the issue of health care began asserting itself in the public’s mind. By January 1999 “health care” had become the most frequently cited response to the question, “Tell us in your own words, what is the most important issue facing Canada today?” Since that time, with one brief exception, health care has been the dominant salient public policy concern of Canadians.

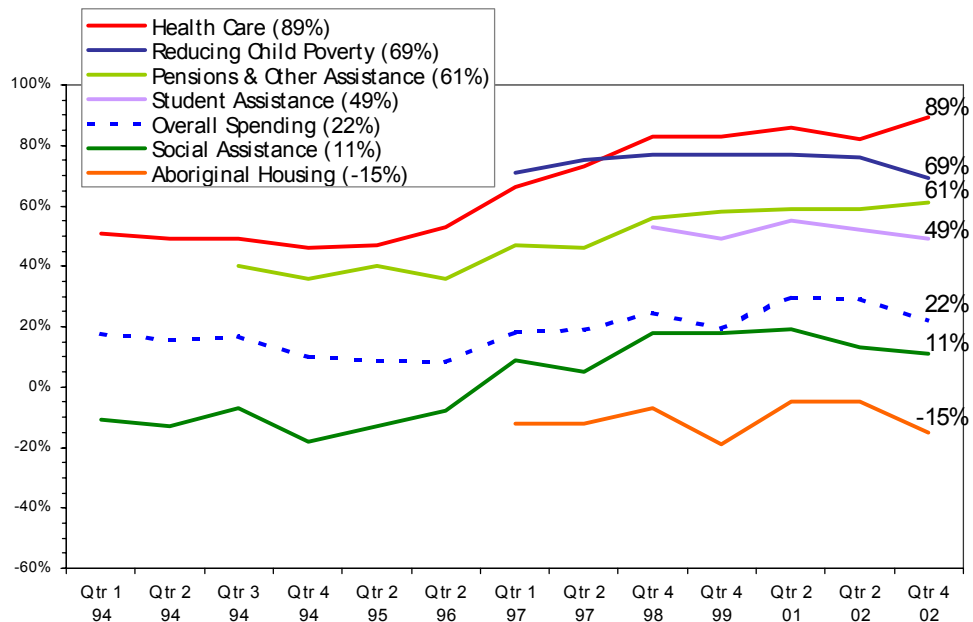
Figure 1
Most Important Issue Facing Canada (Tracking)



Question: In your opinion, what is the single most important issue facing Canada today?

In the wake of the rise in the salience of the health care issue among the public, Canadians began to demand that the federal government spend more on health care. Soon demands for increased health care spending outpaced all other spending demands from the public on the federal government, forcing governments to respond with significant reinvestments in fall 2000 and spring 2003.

Figure 2
Areas of Social Investment²



Question: I'd like to read to you a list of areas in which the federal government currently spends your taxes. For each one, please tell me whether you believe the government should spend more, spend the same, or spend less of your tax dollars in that area. How about...

While Canadians who said that health care was Canada's top issue tended to be women and older, the demand for increased spending, which peaked at 89% in the 4th quarter of 2002, was shared among virtually all Canadians. As a result, other social priorities began to lose public support in comparative and absolute terms.

² Figure 2 illustrates the net difference between the proportion of Canadians that feel that the federal government should spend more on that particular priority and the proportion that feel that the government should spend less. The dotted blue line represents the overall average net spending preferences, thereby clearly identifying those areas for which spending preferences are above average.

B. A Crisis in Confidence?

The rapid and dramatic change in public opinion was caused by the erosion of confidence in the performance of the Canadian health care system, primarily access, but in certain instances, quality.

More Canadians were beginning to doubt that the next generation of Canadians would be able to make the claim that Canada has the best health care system in the world (53% in 1998).

In 2000, the effects of consecutive years of government cutbacks were trickling down to the public. When asked to name the most important health care issue facing Canada, top of mind responses included lack of staff/work overload (10%), long waiting periods (7%), care of the elderly (5%), doctor/specialist shortage (5%), and accessibility/availability (4%). These issues have remained top of mind since.

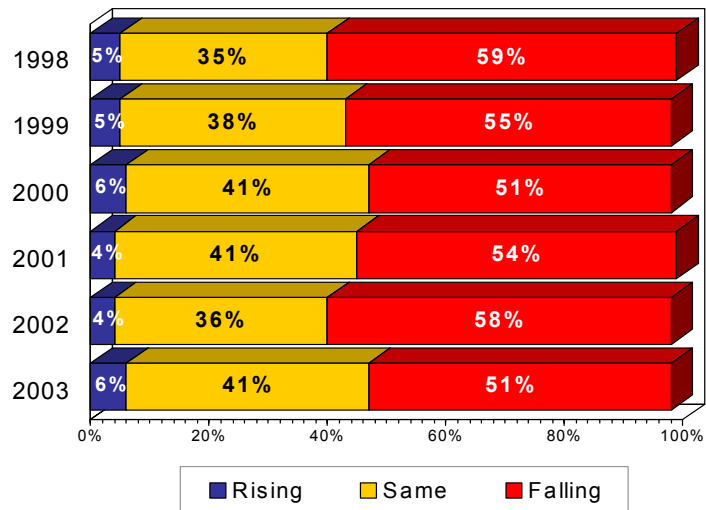
Table 1
Most Important Issues

	'98	'99	'00	'01	'02	'03
	%	%	%	%	%	%
Lack of funding/govt cutbacks	18	9	19	12	15	14
Long waiting period	4	6	7	10	9	11
Lack of staff/overload	2	4	10	13	8	10
Accessibility/availability	5	3	4	6	8	8
Aging population/elderly	5	5	5	5	3	6
Cost of health care	3	2	3	3	4	4

Question: What do you think is the most important health care issue facing Canada today
(OPEN-END)?

Between the years 2000 to 2002, Canadians' confidence in the system continued to erode. In 2002, Canadian confidence reached its lowest since 1998. However, 2003 saw the trend towards erosion of public confidence reverse slightly. Half of Canadians (51%) reported falling confidence in the system, compared to 58% in 2002. It remains to be seen whether this represented a one-time reaction to new policy and funding developments over the past year, or whether this will represent a more positive trend.

Figure 3
Confidence in the Health Care System

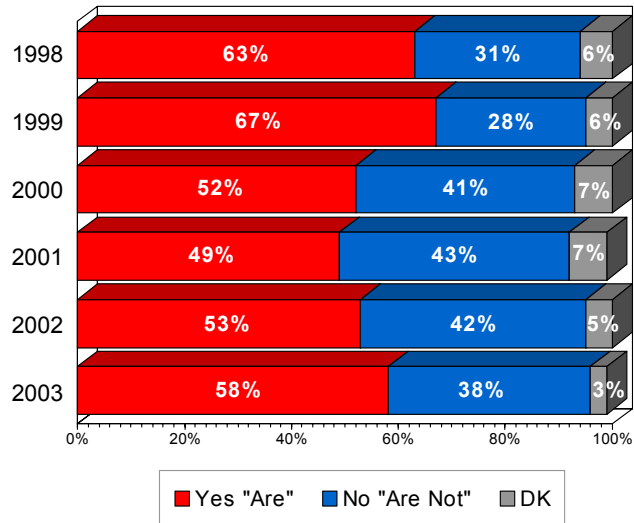


Question: Overall, would you say that your confidence in the Canadian health system is rising or falling, or is it about the same as it ever was?

This tentative shift towards optimism is also grounded in an upward swing in terms of improved experiences with the health care system. Although satisfaction with quality of care³ has not returned to the levels seen in 1998, there has been a slight, but steady, increase in satisfaction levels since 2001. Although Canadians still feel that the health care system requires repairs, there is a sense emerging for the first time in six years that our health care system can be ‘fixed’. This is evidenced in that only 10% of Canadians believe that the health care system needs a complete rebuilding in 2003, a drastic turnaround from the 21% who held this opinion in 2002.

³ Since 1998, younger Canadians and those in higher income brackets are more likely to state that they are receiving quality care. Canadians between the ages of 18-24 were more likely to be satisfied with the quality care received (76% in 1998, 78% in 2003) than Canadians in the over 55 age group (55% in 1998 and 2003). More Canadians in higher income brackets (annual income of over \$75,000) feel that they are receiving quality care versus those with annual incomes of under \$44,000 (67% and 56% respectively, 2003 data). In British Columbia / the Territories, Canadians are less likely to feel that they are receiving quality health care (47% in 2003). Here, dissatisfaction has spiraled downward since 1998. The perceived quality of care has also spiraled downward in Quebec (36% not receiving quality care in 2003, up from 26% in 1998).

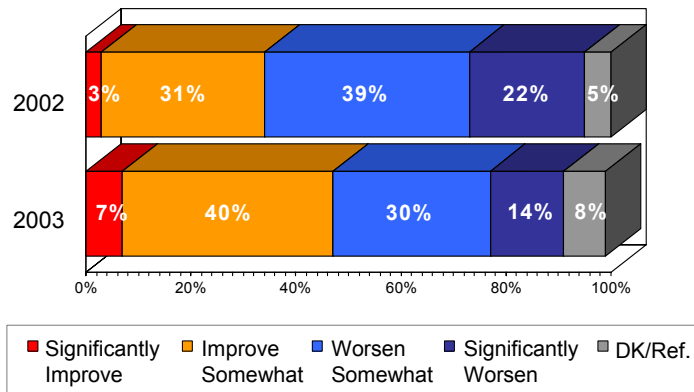
Figure 4
Percentage Receiving Quality Health Care Now



Question: Overall would you say that Canadians are or are not receiving quality health care right now?

Moreover, there is a significant increase in the proportion of Canadians who expect access to timely, quality health care to improve over the next five years (47% in 2003, 34% in 2002).

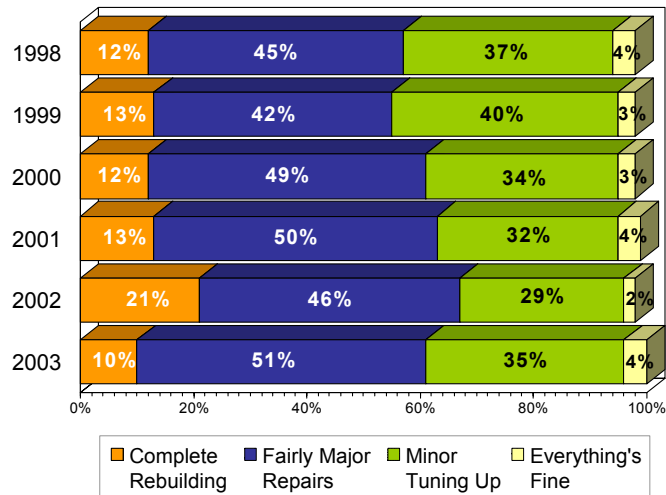
Figure 5
Expectations of Improvement to Access to Care



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

In spite of the recent mood of cautious optimism among the public, there is a continued feeling that the health system requires a complete rebuilding / some fairly major repairs (61%, 2003). In spite of the public consultation and investments made in health care since 1998, Canadians' continue to feel now, as they did in 1998 - that the health care system is need of major reform.

Figure 6
Approach for System

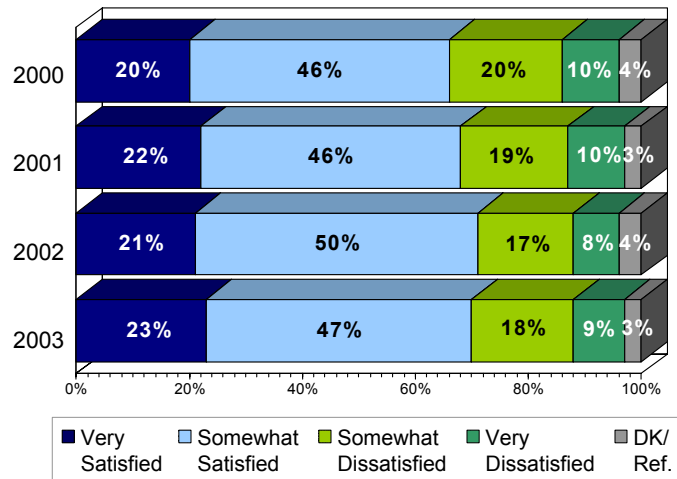


Question: What approach would you say that Canada's health system requires at present - a complete rebuilding from the ground up, some fairly major repairs or some minor tuning up, or is everything fine the way it is?

C. Perceptions of Quality & Satisfaction with the Health Care System

What is driving this new optimism? Canadians are just as satisfied as they were in 2000 with the quality of care provided to patients. Over the past four years, satisfaction levels have, for the most part, remained stable. In 2000, 66% of the public was satisfied versus 70% satisfied in 2003.

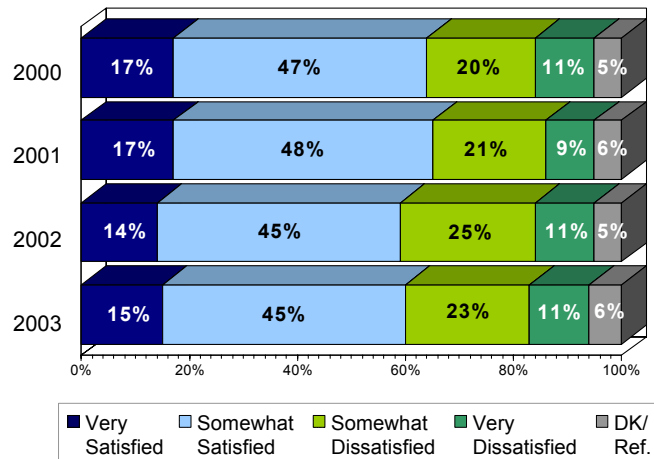
Figure 7
Quality of Care



Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... Quality of care provided to patients.

Satisfaction levels with the range and comprehensiveness of care have also remained steady. There has been a slight decrease in overall satisfaction levels since 2000 (60% satisfied in 2003, down from 64% in 2000) however it is not significant. Whether this downward trend becomes more of a public issue in the future remains to be seen.

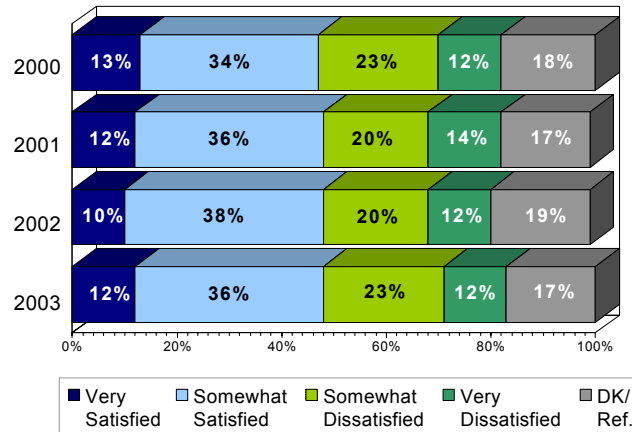
Figure 8
Satisfaction with Range and Comprehensiveness



Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... The range, or comprehensiveness, of care and services covered under government funded health care.

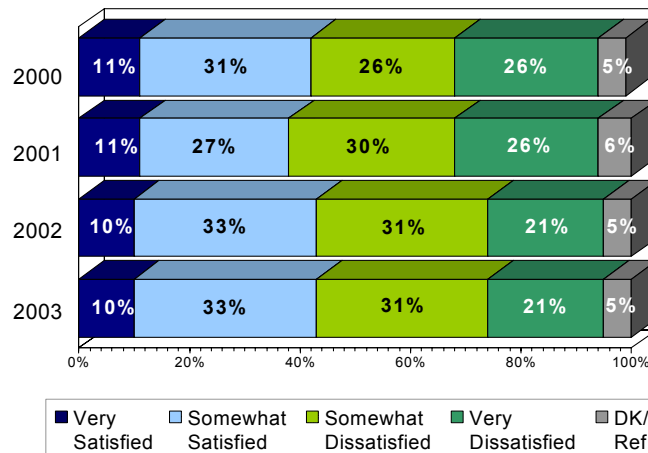
In the eyes of the public, timeliness of access to care and access to care at home or in the community need to be improved upon. On both these counts, less than half of Canadians are satisfied, a number which has not changed over the past four years (in spite of the dip in public confidence in 2002).

Figure 9
Satisfaction with Access in Community



Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... Access to care in the home or community.

Figure 10
Timeliness of Access to Care



Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... Timeliness of access to care

In 2003, HCIC also assessed public satisfaction with access to primary care, specialists and surgeons, diagnostic services, palliative care / end-of-life care, long term institutional care, and emergency care. Although year-over-year tracking is not available on these services, there is a clear sense that improvements are also warranted in these areas. Overall, satisfaction levels are modest for access to primary care (59% satisfied) and emergency care (53% satisfied). Canadians are less satisfied with access to diagnostic services (49% satisfied), access to specialists and surgeons (44% satisfied), and access to long-term institutional care (37% satisfied).

D. Attitudes & Priorities

In 1998, we asked Canadians to rank (by importance) the five principles of the Canada Health Act. The principle of accessibility was ranked first in importance by 40% of Canadians, while universality followed (ranked first by 28%, and second by 19%). Canadians universally agree that the main goal of the health care system should be the best quality of life (94%, 1998) rather than the longest life possible (4%, 1998).

To this end, Canadians are very supportive of government funding for services to improve health and quality of life, and disagree with the idea of rationing services or dismantling universality. According to this year's data, the top priorities for new health care investments are access to emergency care (a top priority for 55%); improving quality of care (a top priority for 51%); access to specialists and surgeons (a top priority to 50%); and, the timeliness of access to care (49% a top priority).

Above all else, Canadians want their health care system to be available to them when they need it. In 1998, 83% of Canadians strongly agreed that the guiding principle of health care should be "that a quality health care system delivers the right care at the right time". In 1999, we asked Canadians to prioritize which patients get what health care in Canada, and how quickly. The urgency of need when the patient is evaluated was the top priority (a mean score of 8.7 on a 10 point importance scale). Canadians were also asked about the importance of having different health care services available. Overall, emergency care was of top importance (a mean score of 9.5 on a 10 point importance scale) as was in-patient hospital care (a mean score of 9 on a 10 point importance scale). Wellness promotion (mean score of 7.8) and outpatient care (mean score of 8.3) were of comparatively lesser importance.

E. Willingness to Pay for Care

Over the last five years, public sentiment has shifted in favour of increasing spending on health care. In 1998, the overall public sentiment was that the government needed to work to improve cost efficiencies within the system (58%, 1998) rather than needing to spend more money on health care (40%, 1998). However, 1999 saw a shift in thinking. Canadians felt that the government should be spending more money to meet the health care system's needs, provided that they continued to work on cost efficiencies in the system (73%). The perceived need for increased funding was based in the belief that levels of funding for the health care system were falling (39%, 1999) or staying the same (30%, 1999).

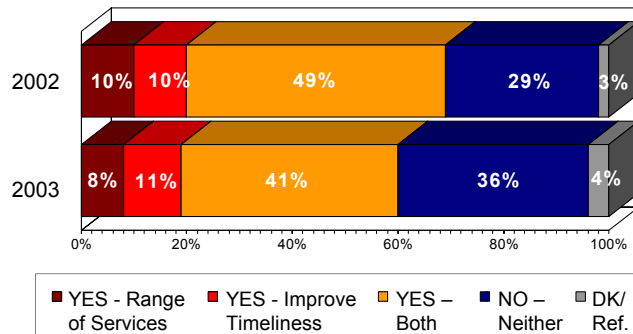
In 2002 and 2003, Canadians were asked whether they would be willing to pay more to maintain the current level of care, either out-of-pocket or through tax payments. In 2002, 56% of Canadians stated that they would, in 2003 this number fell to 47%⁴.

Canadians voice stronger support for the idea of paying more for increasing the range of services offered and improving the timeliness of care. In 2002, a full two thirds of Canadians (69%) said they would pay more to see these improvements. In 2003, this number dropped to 60%, indicating that Canadians are less likely to want to pay more – even for better services – than they have been in the past.⁵

⁴ Younger Canadians (18-24 years) are significantly more likely to want to pay more to maintain the current level of health care (59% would pay more, compared to a national average of 47%) or to improve it (national average of 60%, 75% among 18-24 year olds).

⁵ Relative to the rest of Canada, fewer Quebecers are willing to pay more to maintain the current system (38%) or to improve upon it (48%). In spite of their lower levels of satisfaction with the health care they are currently receiving, 60% of Canadians in B.C. / the Territories are willing to pay more to increase the range of services or improve the timeliness of care.

Figure 11
Willingness to Pay More



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

Where will the additional government funds come from? There is a clear sense among Canadians that increased funding should be found within government coffers. In 2000, the public sentiment was that not enough of their federal (64%) or provincial (62%) dollars were going into the health care system. Canadians show continued support for the idea of finding additional funds by making cuts to other non-social government services (67% support in 2003), rather than passing the burden along to the user through an income-based health tax (46% support in 2003) or implementing user fees (39% support in 2003).

Rather than paying more to maintain or improve care, Canadians are more supportive of innovative solutions and incentives for appropriate use – that work within or expand upon - the current system:

- providing more care in community settings (87% support in 2001);
- being provided with a statement that outlines the cost of health care they have received (84% in 2003);
- creating an additional public insurance program to cover what is not funded in the public system (61% support in 2001);
- contracting out delivery of publicly funded services to private clinics (57% support in 2003); and,
- providing tax breaks to those who do not use many health care services (55% in 2002).

F. Opposition to Restricting Benefits

Canadians are staunchly opposed to the idea of rationing or restricting health care services. The public – in general – feels that the government should fund all services that are proven to improve health and quality of life (90% strongly agreed with this statement in 2001). In 2001, any strategy that introduced limits on the scope of services was met with opposition, including funding only medically necessary services (54% disagree), funding only those services that are considered a priority by government (57% disagree), and setting limits to the number of health services funded by government (57% disagree). Opposition to restricting benefits has only grown stronger over the last couple of years. In 2003, a full three-quarters of Canadians (76%) opposed restricting the range of services offered to Canadians if the government could not cover all the costs of health care. Opposition to restricting services is strongest in Atlantic Canada (87% opposed). Other concepts that place limits on Canadians' use of the system – such as a medical savings account – are also met with opposition (67% disagree with this idea).

Conversely, Canadians are supportive of initiatives that provide them with choice and increased scope, even if this means partial payment. In 2001, we asked Canadians how they felt about the government partially funding a number of health care services in a given disease area, as opposed to fully funding one service in this area. A full 71% agreed with this concept, a departure from staunch opposition around limiting the scope of services. Canadians also support (61%, 2001) the idea of an additional public insurance program, funded through premiums, to cover what is not already funded in the current health system.

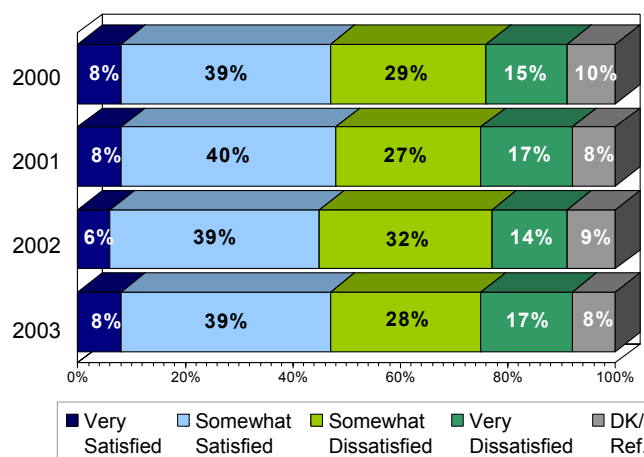
G. Accountability & Decision Making

In the eyes of Canadians, there has been little progress in improvements to the accountability of the system. In 1999, fifty per cent of Canadians were not confident that governments were able to monitor how well their health care dollars were being spent. Three-quarters of Canadians (76%) felt that current levels of waste, overlap and duplication were a significant threat to the viability of the health care system (1999). This sentiment remains strong in 2003, as Canadians (67%) continue to feel that the government is doing a poor job of making sure that every tax dollar intended for health care is being spent on health care.

Increased accountability, via a more transparent system, is very much needed. Close to all Canadians (95%, 2000) feel that it is very important to make those who decide which health care services are paid for by public

funds accountable to the public for their decisions. In spite of the recent health care commissions, the public feels that the government is doing a poor job reporting the results of how health care dollars are spent to Canadians (69%, 2003) and satisfaction on the level of reporting is modest (47% in 2003). There is clearly room for improvement in terms of transparency, as Canadians are not sure that their tax dollars are being appropriately allocated to health care. To this end, there is some support for the idea that funds would be managed more efficiently by a government or non-government arm's-length administration, rather than by elected officials (50% versus 40%, 2002).

Figure 12
Level of Reporting



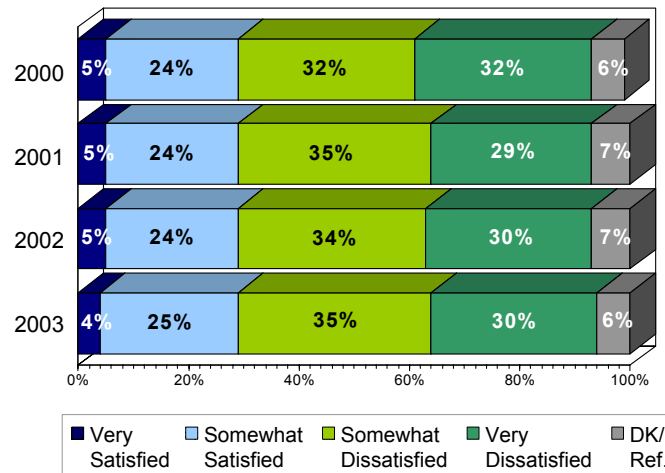
Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... The level of reporting to the public on health system performance.

In 2001, HCIC measured Canadians' satisfaction with the accountability of various groups. The data indicate that – over time – public opinion on who should be leading health reform has changed. According to Canadians, health care professionals and patients should have the strongest role in future health care reforms, in contrast to the elected officials that have had a strong voice until now (2003). The public is generally dissatisfied with the accountability of elected officials (56% dissatisfied, 2001) and with public servants in the Ministry of Health (44% dissatisfied, 2001).

In contrast, the public is clearly more satisfied with the performance of providers (80%, 2001). Given these higher satisfaction levels, it is not surprising that “in an ideal world” health care professionals (42% in 2003) and patients (40% in 2003) – rather than elected officials - would have a

lead role in shaping reforms to the health care system. As is highlighted in the following figure, there is also room for improvement in the amount of public input on the future of the health care system.

Figure 13
Satisfaction with Amount of Public Input



Question: Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system? (READ AND ROTATE) ... How much input the public has on decisions about the future of the health system?

H. Support for Components of Collaborative Care

The 2003 HCIC study examined various components of health reform, including collaborative care, increased monitoring / feedback and health information sharing. Overall, the research revealed that a majority of Canadians (70%) are supportive of the idea of collaborative care, defined as a “team including a doctor, nurse, pharmacist, or other health care provider who would collectively provide care”. Overall, Canadians feel that this model will improve the quality of patient care (73%) and improve the speed of access to care (69%).

In spite of their support, Canadians are not clear on how collaborative care will change the cost of delivering health care to taxpayers. Their reactions are split three ways, with 30% believing that it would cut costs, 21% foreseeing no change, and 37% believing that it would increase costs to taxpayers.

Collaborative care is most popular in Quebec, where 85% of the populace supports changing to this type of health care. More so than is evident in

other regions, Quebecers feel that collaborative care will improve the quality of patient care (80%) and improve the speed of access to care (79%); they are divided however on the effect that collaborative care will have on the cost of delivering care.

There is more resistance to this concept in the Atlantic provinces, where 25% of the populace opposes changing to collaborative care. The concern here is with increased costs (41%), as Atlantic Canadians fall in line with others in their belief that this model will improve patient care (73%) and speed of access to care (78%).

In general, there is widespread support for policies that monitor health care usage via information sharing, patient feedback and provider registration. Canadians are supportive of the idea that patients are required to register with one family doctor (74% support this policy), and receive a statement outlining the cost of health care that they have received (70%). To a lesser degree, Canadians agree (66%, down from 69% in 2002) with the idea of information sharing, defined as 'implementing electronic patient records to improve the integration of services and monitor the use of many health care resources, even if this means that patient health information may be accessible by other health care providers'.

Moving forward, Canadians are clearly ready for policies that will promote greater awareness of health care costs, thus leading to a more efficient use of the current system. Support for a shared provider model is clearly fueled by Canadians' understanding of the current economic and human health care crises facing the system (87% of Canadians feel that Canada does not have enough doctors and nurses to meet our population's needs).

I. Pharmaceutical Coverage

Canadians are moderately satisfied with the access they have had to the latest prescription medications. Most Canadians (72%, 2003) feel satisfied with their access to the latest prescription medications, although the majority is somewhat, rather than very, satisfied (49% and 23% respectively). Dissatisfaction with access to prescription medicines is especially evident in B.C. / the Territories (27%) and among older Canadians (21% of Canadians 55 and older are dissatisfied).

Such moderate satisfaction levels suggest that the public is ready to see more resources invested in developing new therapies. Improving public access to the latest prescription medications is a key theme throughout this research. In 2003, 78% of Canadians agreed that improving access to the latest prescription medications should be a top or high priority for future investments. This trend has held since 1998, when 76% of Canadians

thought that there should be more of a focus on the research and development of new medical therapies. This focus is underscored by the belief that new medications contribute to the well-being and quality of life of Canadians (93% agree, 1999); help make Canadians more productive (82%, 1999) and save the health care system money (76%, 1999).

In 1998, HCIC explored Canadians' desire for, and expectations of, a national pharmacare plan. At the time, Canadians felt that ensuring full and equal access to medically necessary drugs should be an important national priority (86%), and were generally in support of a national pharmacare program to pay for medically necessary drugs (83%, 1998). Such a program would provide basic coverage for all Canadians (65%) and would cover at least half of the cost of each prescription (46%). Under this plan, the public would have access to the newest drugs rather than those that are deemed to be cost effective by government (81% and 14%, respectively).

By 2002, Canadians had stopped expecting increased pharmaceutical coverage. Sixty-six per cent of Canadians felt that it was unlikely that the government would expand the health care system to include more coverage for prescription drugs. Canadians had internalized the notion of economic trade-offs, and were not willing to trade off other elements of the health care system at the expense of increased drug coverage. When asked about funding options for sustaining provincial drug programs, at least half of Canadians were opposed to: reducing the access, quality and choice of drug benefit plans (67%); finding additional funding from other health care programs (59%); finding additional funding from other social programs (59%); and, increasing taxes for drug benefits (58%). Canadians are comparably more supportive of the idea of partial payments among those who can afford to pay a reasonable portion of their health care costs (82% in 1999).

Canadians are generally opposed to having any limits/restrictions placed on drug plans, and are more willing to pay for partial coverage than willing to limit the coverage available. For now, Canadians have accepted the status quo, but want to ensure continued access to the best medicines available. Their concern is – when making a medical treatment decision – the effectiveness of the treatment (95% said this was very important in 1999) rather than its cost. To ensure they are getting the best medicine, Canadians are proactively involved in the prescribing decision. In 1999, 82% of Canadians said that they asked the doctor all the time / sometimes about the reasons for their treatment decision.

Again and again, Canadians have told us that decisions on what medical treatments patients receive should be made in the best interest of the

patient. In 1999, we asked Canadians about the importance of different factors in the medical treatment decision. The effectiveness of the treatments was, by far, the most important factor (very important to 95% of Canadians); followed by the treatment being in the best interest of the patient (95% very important) and how informed and involved the patient is in the health care decisions that affect them (84% very important). Minimizing side effects was also considered very important (79% very important). Other factors such as the cost of treatment to the patient (59% very important), the cost to the government or insurance company (35% very important) and the amount of administrative paperwork that the doctor has to complete for coverage (28% very important) were significantly less important to Canadians.

J. Innovation in the Health Care System

In order to assess policy choices and identify alternative approaches to managing health care, HCIC has assessed the public's opinion on changing models of health care. It has become clear over the last six years that the public is ready for new investments to sustain or improve the level of care already provided.

The Canadian public is largely supportive of increased public sector funding, and private sector investments, in health research. This is an option that draws little opposition (83% and 76% agree with these options, respectively, 2003).

Other funding options – which lay the burden of payment on the user – are generally less popular. In 2003, more than half of Canadians (58%) were opposed to the idea of asking patients to pay for part of the cost of services received, while 51% voiced opposition to the idea of levying a health care tax on all citizens linked to their income. Other alternatives, such as tax increases based on usage, are also unpopular (48%, 2002).

Canadians continue to be split on the idea of a two tier health system. In 2002, Canadians were asked whether they should be able to pay out of pocket to receive services from private clinics faster than they would in the public system; 49% were in favour of this idea, while 47% were not. Public sentiment on this issue has not changed over the past six years. For Canadians, this seems to be a confusing issue. In spite of believing that patients should be able to upgrade to the best medical treatments available using their own private resources (63%, 1998), Canadians feel that exercising such choice undermines the universality of the Canadian health care system (61%, 1998), a principle which they are not prepared to forego.

When it comes to their health care system, the public prefers having the government, rather than the private sector, in the driver's seat. In 1998, we asked Canadians whether 'run for profit' means running more smoothly or looking for cuts. Fifty-two percent felt that running for profit meant looking for cuts, clearly a dim prospect to the public. In spite of the poor performance scores that government officials receive for their leadership and management of the health care system, they are largely preferred to private sector management alternatives.

The public is open to private sector involvement at the planning table. Half of the public (54%) feels that private sector companies that develop new medical technologies and medicines have only provided "adequate leadership" in helping our health care system prepare for the future (2002). Although Canadians feel that health care professionals and patients should take a lead role in future health care reforms (42% and 40% respectively, 2003), there is opportunity for other players – such as pharmaceutical companies - to show strong leadership in the future.

Canadians want to see progress, in both the development and availability of new medicines and technologies. Both awareness and access are key issues to Canadians, as new technologies and medicines will only benefit them if they are available to them. A full 91% of Canadians feel that they should be made aware of new drugs that have been approved by Health Canada irrespective of whether these drugs are covered by their drug plan (2000). Canadians want to know what treatments are available to them as a way of ensuring that they are getting the best medicine possible, if they need it.

Innovation should not be pushed aside at the expense of other health care priorities. Canadians support a role for the federal government in funding health care research (96% overall support in 2001: 66% strongly, 30% somewhat) and generally oppose limiting the introduction of new health technology to maintain the financial sustainability of the system (67% oppose this approach in 2000). In 1999, we asked Canadians whether "the research and development of new medical treatments and techniques was advancing, standing still or falling behind"? More than half of Canadians (59%) felt that the research and development of new medical treatments and techniques was advancing. Given that four years have passed since this question was asked, asking this question again could produce some interesting results.

V. Evolution of the Questionnaire

Since its inception, the Health Care in Canada survey instrument has grown significantly in terms of the collaborative input from various health care stakeholders. In 1998, the questionnaire was designed primarily by POLLARA and the health policy division of Merck Frosst. In 1999 the Coalition of National Voluntary Organizations lent their perspective – forming the foundation of a partnership which is today one of the survey’s most distinctive strengths. By 2003 the partnership has grown to include The Canadian Association for Community Care, The Home Care Association, The Canadian Association of The Canadian Medical Association, The Canadian Nurses Association, The Canadian Healthcare Association, The Canadian College of Health Service Executives, The Association of Canadian Academic Healthcare Organizations, The Canadian Pharmacists Association and The Frosst Foundation for Health Care. With such a diversity of collaboration, each successive year of Health Care in Canada has both deepened and broadened our understanding of the Canadian viewpoint on our most valued social program.

The first four years of the questionnaire were fielded in the late summer months of August and September. Starting in 2002, the questionnaire has fielded earlier in the year - April in 2002, and later in February and March of 2003. Moving the fielding of the survey to the early spring has provided a context of budget and policy announcements to frame Canadians reference.

In the inaugural year of 1998, the quantitative questionnaire was preceded by a national set of qualitative discussion groups with Canadians. Lively and passionate discussions about the value of health care and the hard decisions facing the system formed the framework of the quantitative questionnaire, which focused on:

- issues facing Canada and the health care system;
- overall confidence in the health care system and approach needed in the future (rebuilding versus minor tune ups);
- familiarity with the principles of the Canada Health Act;
- defining the most important elements of quality health care (e.g. best medicine, cost to patient);
- satisfaction with provincial health care system and access to different components of the health system;
- Perceived progress of the health care system (quality of services, development of new medical treatments, etc.);

- which stakeholders should be playing a role in health care system reforms;
- perceived sufficiency of stakeholder funding in the health care system;
- the importance of health care issues in the voting decision (focus on provincial and federal voting behaviours and intentions);
- performance of governments in monitoring how well health care dollars are being spent;
- support for the federal government setting national standards for health care;
- priorities for health care system in the future;
- opinions / attitudes towards rostering patients, in-home medical care, national pharmacare, information tracking between providers, increased patient choice in use of services;
- the importance of various factors in the medical treatment decision (role of patient, doctor, government, cost); and,
- opinions on diseases/medical conditions that are in most urgent need for cures.

In 1999, with input from the NVO, the questionnaire began to track key metrics such as confidence in the system, satisfaction with the system and appetite for change. In the second year, we also looked to Canadians for their input on:

- the priorities of the health care system (e.g. timely access, best clinical results, the degree of patient suffering);
- the importance of various health care services being available to the public (e.g. wellness promotion, inpatient hospital care, outpatient care);
- the preferred approach for sustaining government funding to the system;
- the role of various stakeholders in setting policies to protect patients and ensure quality and efficiency of care (e.g. governments, providers, patients);
- support for various approaches to maintaining the financial sustainability of the system and provincial drug programs (increasing taxes, reducing access);
- the role of new innovative medications in the health care system;
- defining the goals of a quality health care system;
- perceptions of progress in Canada's health care system (e.g. research and development, timely access to care);

- desired role of stakeholders in developing guidelines to treat and manage illness;
- attitudes and perceived consequences of private drug plans setting up guidelines to restrict coverage of treatments;
- understanding of public drug plan coverage and improvements to drug plans in the future;
- health condition information seeking behaviour and sufficiency of information provided by doctor; and,
- prioritizing the importance of factors involved in a medical treatment decision.

As the partnership grew in 2000, HCIC continued to track key metrics as well as providing insight into the Canadian public's opinion on:

- satisfaction with specific aspects of the health care system (comprehensiveness, accountability, public input, etc.);
- opinion on changing federal and provincial government roles in health care (funding new programs, finding options);
- opinion on which groups should have a role in decision making and reforms;
- satisfaction with governments' allocation of tax dollars towards the health care system to date (perceived sufficiency);
- view on making funding decision makers accountable to the public; and,
- assessed patient involvement in therapy decisions (the role of cost in therapy decisions) and understanding of private drug insurance plans.

In its fourth year, the 2001 questionnaire looked at:

- satisfaction with the accountability of various groups to the public;
- ideal versus actual use of different options/services in the health system (e.g. being able to choose the best treatment, follow up after treatment, etc.);
- priorities for change to the system;
- attitudes toward limiting or expanding the scope of coverage and towards the principles of medicare (e.g. portability, funding); and,
- actual use of the health care system over the past year.

The 2002 questionnaire proved to be a watershed year for Health Care in Canada. With five years of tracking – results garnered significant interest from national media, senior federal and provincial health officials as well as the Romanow Commission. Topics focus on:

- satisfaction with access to different elements of the system (e.g. surgical care, long term care, etc.);
- assessed public understanding of the range of services provided under medicare and options towards limiting scope of services;
- assessed public confidence in finding a solution to sustain the system;
- measured expectations of access to quality health care over the next 5 years;
- examined whether Canadians expect to pay to sustain the system or improve upon it (range of services or timeliness of care);
- explored expectations of expansion for home care and drug coverage, incentives for appropriate use and monitoring health care usage to improve efficiencies; and,
- Operationalized values underlying various health care system scenarios (two tier system, medical savings account, user fees, arms-length administration, voluntary high income opt out).

As the profile and credibility of the survey results have now become a greatly anticipated annual event, the questionnaire in 2003 attempted to look forward to an era of increased resources and the trade-offs and tough choices that will still need to be made. Question areas included:

- assessing satisfaction with access to various elements of the system;
- priorities for renewing the health care system (post the First Minister's Accord on Health Care Renewal);
- new financing options (restricting range of services, levying a health tax, contracting out services);
- support for public and private sector investments in health research;
- the performance of various stakeholders in preparing the health care system for the future;
- satisfaction with the accountability of government in monitoring and reporting the results of health care spending;
- collaborative care (human resource demands, expectations and support for model, implementing electronic patient records); and,
- openness to receiving a statement outlining health care costs.