



# Health Care in Canada Survey 2003

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



## **Brought to you by**

the Association of Canadian Academic Healthcare Organisations, the Canadian Association for Community Care, the Canadian College of Health Services Executives, the Canadian Healthcare Association, the Canadian Home Care Association, the Canadian Medical Association, the Canadian Nurses Association, the Canadian Pharmacists Association, The Charles E. Frosst Foundation for Health Care, the Coalition of National Voluntary Organizations, Merck Frosst Canada Ltd., and POLLARA Research

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Following the much-publicized government initiatives of this past year towards health care reform, Canadians appear to have high expectations for results. They remain critical of the current state of affairs, but there are signs of optimism, particularly with respect to the results of the government initiatives. Canadians are concerned about their access to health care, and the persistent lack of health care human resources is especially sharply felt, especially by health care professionals themselves.

To redress the gaps in the system, Canadians are opening the door to new approaches and innovations, including collaborative care, and want more funding and incentives for research in both the public and private sectors. They do not want to see any more cuts to the health system; they want to see improvements, and they want to see these improvements paid for by the federal as well as provincial governments, reallocating funds if necessary from other priorities.

Canadians also want a stronger voice. They feel largely shut out of the decision process, neither listened to nor informed, and they are not satisfied with the leadership of their elected officials. Canadians are presenting a window of opportunity for governments to show leadership as well as increased accountability and openness: to bring in the voices of the public and to take fresh approaches to reinvigorate the Canadian health care system.

# Introduction

## Methodology

POLLARA interviewed 1,200 Canadians, 200 doctors, 200 nurses, 200 pharmacists, and 200 managers and trustees, in a nation-wide distribution consistent with that of the general population and professionals. Members of the public surveyed were equally divided between men and women, came from all income levels, and ranged in age from 18 to 91 years old. The survey was conducted in February and March 2003. Overall results for the public are considered accurate within plus or minus 2.9 per cent 19 times out of 20, while the margin of error for health care providers and managers is plus or minus 7.1 per cent 19 times out of 20.



The Health Care in Canada (HCIC) survey is the most comprehensive annual survey on key health care issues. It has been developed to provide direction for decision-makers and advisers in managing health care reform. This is the sixth annual survey of a nationally representative sample of Canadians, health care providers, managers and trustees.

The intent and spirit of the survey is not to provide a report card on the current status of the health system, but rather to gauge the need for change and to provide direction on where change is needed and on the options supported by stakeholders of the system. As an annual survey, it allows for the tracking of trends over time.

This survey is unique, as it has been developed by a broad base of stakeholders in the healthcare system, including health care providers, health organizations and institutions, public opinion experts, patients, the voluntary sector, the community and homecare sectors, and the innovative pharmaceutical industry, all working together to provide their experience, perspective, and expertise. The partners in the Health Care in Canada survey are (listed alphabetically) the Association of Canadian Academic Healthcare Organisations, the Canadian Association for Community Care, the Canadian College of Health Services Executives, the Canadian Healthcare Association, the Canadian Home Care Association, the Canadian Medical Association, the Canadian Nurses Association, the Canadian Pharmacists Association, The Charles E. Frosst Foundation for Health Care, the Coalition of National Voluntary Organizations, Merck Frosst Canada Ltd., and POLLARA. The partnership has grown from three partners in 1998 to twelve partners in this sixth annual survey.

**Glenn G. Brimacombe**  
Chief Executive Officer,  
Association of Canadian Academic  
Healthcare Organizations

**Dr. Taylor Alexander, RSW**  
President and CEO,  
Canadian Association for Community Care

**Gaston Levac**  
President & CEO,  
Canadian College of Health Service  
Executives

**Sharon Sholzberg-Gray**  
President & CEO,  
Canadian Healthcare Association

**Nadine Henningsen**  
Executive Director,  
Canadian Home Care Association

**Owen Adams**  
Assistant Secretary General, Research,  
Policy and Planning,  
Canadian Medical Association

**Rob Calnan**  
President,  
Canadian Nurses Association

**Dr. Jeff Poston**  
Executive Director,  
Canadian Pharmacists Association

**Michel Lamoureux**  
Executive Director,  
The Charles E. Frosst Foundation for Health  
Care

**Elizabeth Gyorf-Dyke**  
Director (Health),  
Coalition of National Voluntary  
Organizations

**Siobhan Cavanaugh**  
Director, Policy Planning,  
Merck Frosst Canada Ltd.

**Michael Marzolini**  
Chairman and CEO,  
POLLARA Research

# Executive summary

## Confidence in the system is still fragile

Canadians' confidence in their health care system remains low – 51% say their confidence is falling. This is, however, a slight improvement from recent years, and there are other signs of optimism: in comparison with last year, more Canadians are expecting the system to improve in the next five years, and only half as many think the system needs a complete rebuilding.

## Government commissions spur hope

Canadians hold out hope in particular for the results of recent government initiatives on the future of health care, such as government-appointed commissions. Two Canadians in three believe that these commissions will improve Canadians' access to timely, quality care. Health care professionals have naturally been following these developments as well and share the expectation of results.

## Access is important

The quality and range of health care available are important to Canadians. Three in five say they are satisfied with the current quality and variety of care available to them. Somewhat fewer, however, are satisfied with their access to key aspects of health care: more than half, for example, are dissatisfied with their access to emergency care and to specialists and surgeons. Not surprisingly, they emphasize these in their priorities for improvement to the system. Health care professionals highlight similar concerns.

*“Canadians are clear that not only do they expect Government to meet their health needs through the implementation of the First Ministers Accord, but that this will result in a renewal of the health system. We remain ready to collaborate with governments, health providers and the public to build a health system that can improve the health of Canadians now and over the long term.”*

—Sharon Sholzberg-Gray, President and CEO, Canadian Healthcare Association

*“There is a pressing need to increase the number of health professionals and to encourage new collaborative approaches to care delivery. Effectiveness and efficiency could be gained through more appropriate utilization of registered nurses and nurse practitioners. We are very clear on the solutions that need to be implemented to support the provision of quality care and, by extension, to restore the confidence of Canadians in the system.”*

—Rob Calnan, President, Canadian Nurses Association

## More health care professionals are needed

Access to health care, quality of care, and timely delivery of care are strongly affected by availability of health care providers, and shortages of human resources in health care are an important issue for all involved. Canadians express a strong desire for more doctors and nurses, and members of all health care professions surveyed agree overwhelmingly that more members of their professions are needed.

## Canadians support research and innovation

Canadians are open to a variety of different initiatives to improve the health care system. They want to see increased funding and incentives for health research that will contribute to the pace of innovation, and evidence-based decision-making. They are open to the use of electronic patient records and requiring patients to register with one doctor. They favour requiring health care providers to work where they are most needed. They think health care cost statements could be effective in promoting awareness of costs and reducing abuse of the system. They are amenable to contracting care delivery to private clinics. One area that Canadians clearly encourage is collaborative care: teams of health professionals working in concert to improve access and care.

Health care providers also favour collaborative care, but they are divided as to what the main barriers to collaboration are: some blame it on inadequate government planning, while others believe that resistance from health care professionals is the principal problem. They also support, sometimes strongly, increased research as well as innovations such as health care cost statements, requiring patients to register with one doctor, and, by a smaller margin, contracting to private clinics; there are evident differences of opinion on requiring health care professionals to work where most needed.

*“New technology and new approaches to care delivery are transforming the health care system and moving more and more care into community settings. We need to be innovative on how we provide care and services to support Canadians and those working in community settings.”*

—Jeanine Boyd, Canadian Home Care Association

*“Health innovation refers to advancements that lead to improvements to the health outcomes of patients and the performance of the health system. Innovation in the pharmaceutical and biotechnology industries has produced major changes in how diseases are treated today. The Health Care in Canada survey indicates that the public is strongly in favour of innovation including increased public-sector funding for health research and incentives to encourage more private-sector investments in health research. In order to ensure that the improved health outcomes promised by new research are realized we will need increased monitoring and supportive policy and regulatory frameworks, reporting on the uptake of new technologies, greater transparency in health system decision-making and ongoing incentives for innovation and research.”*

—Siobhan Cavanaugh, Director, Health and Industry Policy Planning, Merck Frosst Canada Ltd.



## Canadians see themselves as part of the solution

Canadians feel that elected officials have too much say in health care reform, and that the public has too little. They want more say in the future of health care in Canada, and they also want more information: fewer than half of Canadians are satisfied with the level of government reporting on health care.

## Canadians oppose restricting services

Canadians are willing to put money in to improve the system as well as opinions, but they want to see results: three-fifths of Canadians would pay more to increase the level of service available, but fewer than half would pay more to maintain the current level of service or to make up for lack of funds. And they definitely oppose any further cuts: only one Canadian in five would support restricting the range of services to deal with funding shortfalls. They would rather see money reallocated from other areas of government spending.

## Canadians are looking for leadership

Canadians believe that governments, federal as well as provincial, should focus their fiscal priorities on health care. The public and health care providers alike believe the federal government should pay at least half the costs of health care. Canadians are also dissatisfied with government accountability in health care spending: more than two-thirds say government is doing a poor job making sure that funds meant for health care get spent on health care and is doing a poor job reporting how health care dollars are spent.

Canadians want innovation in the health care system in this country. Such innovation will require leadership. However, fewer than half believe the federal and provincial governments are providing the necessary leadership; they are more positive to leadership coming from patient groups, those who work directly in the system, and private companies that develop new technology and medicines. The leadership required for the future of health care in Canada will require increased accountability to the public and an increased voice for patients.

*“A continued commitment to Research and Innovation is needed to renew the health care system. One way to do this is to better integrate new innovative products, services, and management and evaluation processes. Aligning research and innovation into every aspect of the health system requires us to think of our investment in health as one that can improve our health status, impact on how health care is delivered, and contribute to our ability to achieve long-term prosperity within an increasingly interdependent and competitive global economy.”*

—Glenn G. Brimacombe, Chief Executive Officer, Association of Canadian Academic Healthcare Organisations

*“While many Canadians already contribute time, money, or both to voluntary or charitable health care organizations, this research showed a decline in the number of Canadians making these contributions. This trend obviously puts added stress on the home and community care sector, which relies heavily upon such support.”*

—Dr. Taylor Alexander, RSW, Canadian Association for Community Care

*“The health system will not be renewed unless governments put aside differences and politics and work for the betterment of all Canadians. Canadians want accountability and transparency and want to know how their tax dollars are spent on our multi-billion dollar health system. We need to work together to modernize our health system. I believe that all Canadians have a role to play in this.”*

—Dr. Dana Hanson, President, Canadian Medical Association

*“Leadership will be needed across the health care system to ensure that recent investments lead to significant reforms. Innovation does not just mean new therapies and procedures but innovation in how we provide services, communicate to those accessing our system and plan for the future.”*

—Gaston Levac, Executive Director, Canadian College of Health Services Executives

*“The findings in this survey should help governments, providers and managers build for the future. Canadians clearly support new innovative approaches to delivery of care, require increased accountability and public input. There is some question whether Canadians believe that the leadership is there with governments to make the necessary changes.”*

—Michael Marzolini, President and CEO, POLLARA

# High expectations

In 2003, following a year of much attention in the public eye to health care, Canadians seem to have high expectations for their health care system. Confidence in the system and perception of quality of care remain low, but there are signs of optimism; Canadians are prepared for innovative solutions and are looking for increased leadership and accountability to bring them about.

## Government commissions

Canadians have been following the news of government commissions on health care and the February 2003 First Ministers' Accord on Health Care Renewal with varying amounts of attention:

- 52% of the public have been following them somewhat or very closely, as have
- 55% of nurses,
- 71% of doctors,
- 52% of pharmacists, and
- 94% of managers.

Of those following these developments (from not very closely to very closely),

- 66% of the public,
- 64% of nurses,
- 67% of doctors,
- 77% of pharmacists, and
- 81% of managers believe these developments will improve or significantly improve Canadians' access to timely, quality care.

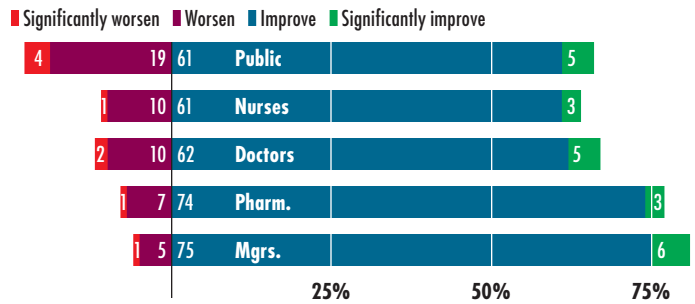
## Optimism

While Canadians hope for good results from government initiatives, optimism about the health care system in general is not strong. However, there is some improvement over previous years. Asked whether they believed that Canadians' access to timely, quality care would improve or worsen over the next five years,

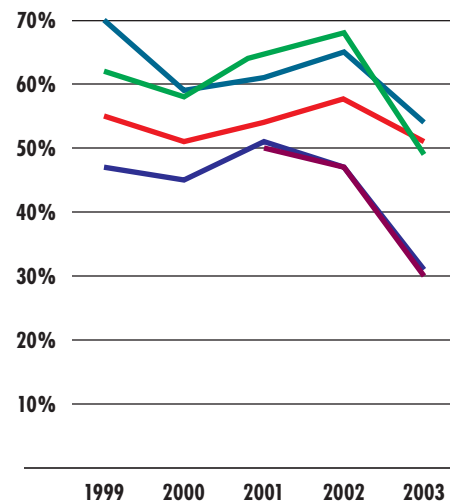
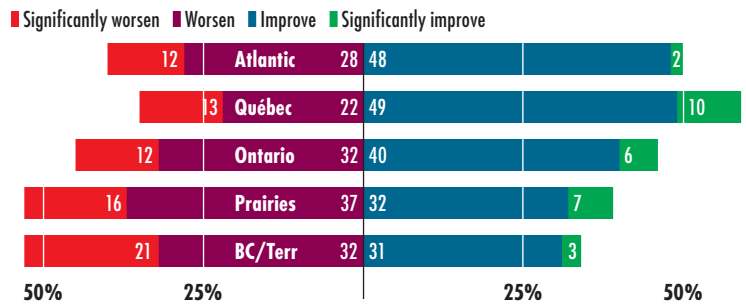
- in 2003, 7% said they thought it would significantly improve, up from 3% in 2002, and
- 40% said they thought it would improve somewhat, up from 31% in 2002.

In total, the number of Canadians expecting improvement (47%) is very close to the number expecting worsening (44%), but this is a significant increase from 2002, when only 34% expected improvement and 61% expected worsening. The turnaround is particularly notable in Québec, where 59% this year expect improvement and 35% expect worsening, a reversal from 2002, when 42% expected improvement and 57% expected worsening.

(EXCLUDING THOSE WHO HAVE NOT BEEN FOLLOWING DEVELOPMENTS AT ALL) Do you think that developments such as the health care commissions and the First Ministers Accord on Health Care Renewal will significantly improve, improve, worsen or significantly worsen Canadians' access to timely, quality health care?



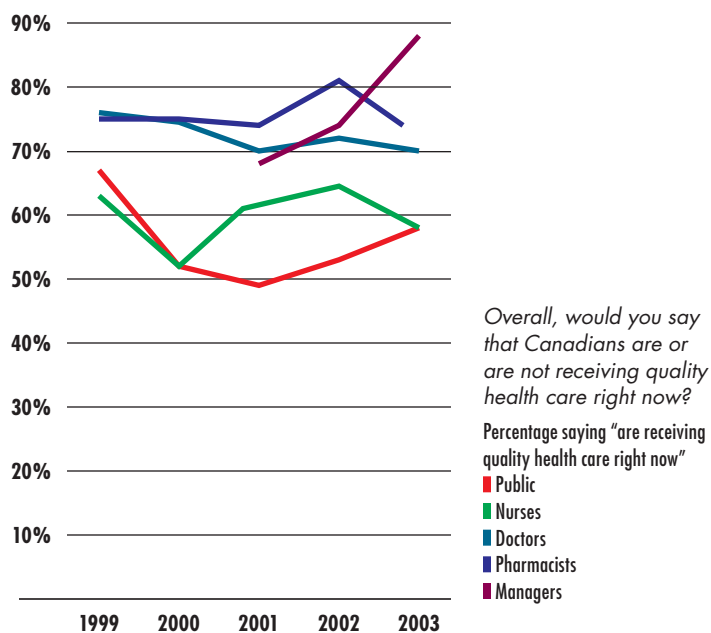
Over the next five years, do you believe that Canadians' access to timely, quality health care will significantly improve, improve somewhat, worsen somewhat or significantly worsen?



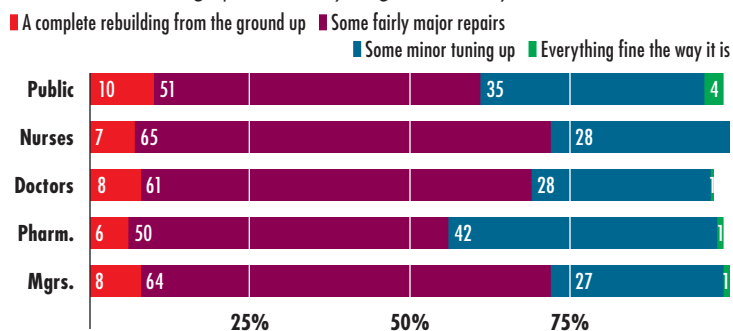
Overall, would you say that your confidence in the Canadian health system is rising or falling, or is it about the same as it ever was?

Percentage saying "Falling"

- Public
- Nurses
- Doctors
- Pharmacists
- Managers



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?



## Confidence

In spite of some increases in optimism and hope for good results from government initiatives, achieving the results will not be an easy task, as **overall confidence in the health care system** at present remains fairly weak. The 2003 levels are identical to those expressed in 2000:

- a slim majority (51%) said that their confidence is falling, and
- only one Canadian in sixteen (6%) expressed rising confidence.

However, this is an improvement from the past two years; in 2002, 58% expressed falling confidence and only 4% expressed rising confidence, and in 2001, the levels were 54% and 4% respectively.

Health care providers – and doctors and nurses in particular – also remain somewhat pessimistic in general, but the numbers of health professionals expressing rising confidence are the highest they have been in the past five years, and numbers expressing falling confidence are the lowest.

- Among nurses, 7% expressed rising confidence, up from 2% in 2002, and 49% expressed falling confidence, down from 68%.
- Among doctors, 8% expressed rising confidence, up from 4%; 54% expressed falling confidence, down from 65%.
- Among pharmacists, 11% expressed rising confidence, up from 4%, and 31% expressed falling confidence, down from 47%.
- Among managers, 17% expressed rising confidence, up from 7%, and 30% expressed falling confidence, down from 47%.

## Quality care

Public perception of quality of care has also increased moderately, with 58% this year agreeing that **Canadians are receiving quality care right now**, up from 53% in 2002 and 49% in 2001. Those who have been hospitalized or know someone with chronic illness are slightly less likely than average to agree, as are those who are paying close attention to health care policy developments.

Among health care professionals, the assessment of quality of care

is more positive than that of the general public; agreement that Canadians are receiving quality care right now is at

- 58% of nurses, compared to 64% in 2002;
- 70% of doctors this year compared to 72% in 2002;
- 74% of pharmacists, compared to 81% in 2002; and
- 88% of managers, compared to 74% last year.

## Rebuilding

Another measure of improved confidence is the decreased number of Canadians calling for a **complete rebuilding of the system from the ground up or some fairly major repairs** compared with those calling for **some minor tuning up**:

- in 2003, 10% of the public called for a complete rebuilding this year, compared to 21% in 2002;
- this decrease was partially offset by an increase in those calling for some fairly major repairs, to 51% this year from 46% last year; but
- 35% called for some fairly minor tuning up, up from 29% last year.

The change in view has been quite pronounced in Québec. This year, only 11% of Québec respondents from Québec called for a complete rebuilding from the ground up; in 2002, 43% of Québec respondents did. This decrease is only partially offset by an increase in those calling for some fairly major repairs, to 58% this year from 37% in 2002; the number calling for some minor tuning up has increased to 26% from 17%. It is clear that there is still a definite desire for change, but the change desired is not as drastic this year.

The overall mood of Canadians remains guarded, and change is clearly desired. But change is also expected – Canadians appear to be looking to government initiatives to address the gaps in the system, and they may take a much more positive outlook if the perceived promise is fulfilled.

Canadians' priorities for improvement in the health care system focus largely on access, and their main concerns with access are related to lack of health care professionals. Health care professionals in all fields see a need for increased numbers in their respective professions.

## Priorities for improvement

When asked what their highest priorities for improvements in the system were, members of the Canadian public most often mentioned

- access to emergency care (55% gave this as a top priority),
- quality of care (51% gave this as a top priority),
- access to specialists and surgeons (50% gave this as a top priority), and
- timeliness to access of care (49% gave this as a top priority).

Nurses and pharmacists strongly emphasized

- quality of care (63% of nurses and 47% of pharmacists) and
- access to emergency care (58% of nurses and 53% of pharmacists);

doctors and managers gave greatest emphasis to

- timeliness of care (44% of doctors and 50% of managers);
- access to primary care (41% of doctors and 53% of managers).

## Range and quality of care

Although quality of care is a high priority for improvement, it does not appear to be the area in which dissatisfaction is most strongly felt. Three Canadians in five (60%) say they are satisfied with the quality of care provided to patients, and the same percentage say they are satisfied with the range or comprehensiveness of care and services covered under government-funded health care; there has been comparatively little variation in this in recent years. Once people are able to get access to system they appear to be pleased with the quality of service.

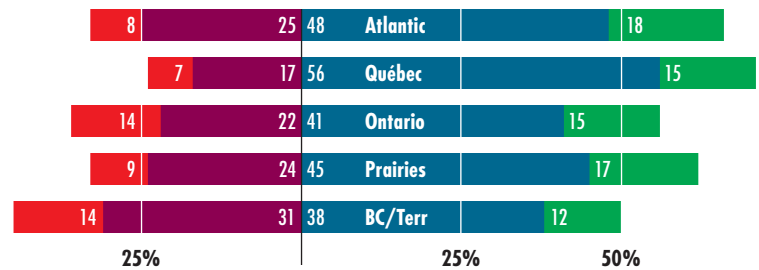
In February 2003 the Prime Minister and Premiers announced a number of initiatives to renew the health care system. I am going to read you a list of areas in which the governments could focus new health care investments in. Please tell me whether each should be a top priority, a high priority, not much of a priority or not a priority at all. (READ AND ROTATE)

Percent saying "a top priority"; top four in each category in red

	Public	Nurses	Doctors	Pharm.	Mgrs.
The range, or comprehensiveness, of care and services covered under government-funded health care	35	28	21	17	24
Timeliness of access to care	49	50	44	48	50
Quality of care provided to patients	51	63	39	47	56
Access to care in the home or community	29	43	24	24	40
Access to information about disease prevention and wellness	30	37	17	27	35
Access to primary care, where Canadians first contact the system	32	36	41	33	53
Access to emergency care	55	58	38	53	47
Access to specialists and surgeons	50	38	31	35	28
Access to long-term institutional care	29	27	19	21	31
Access to diagnostic services, like MRIs, lab tests and ultrasounds	44	38	26	37	32
Access to the latest prescription medications	28	15	10	16	17
Access to appropriate palliative and end-of-life care	29	36	18	29	33
Access to community mental health programs	28	35	23	25	40

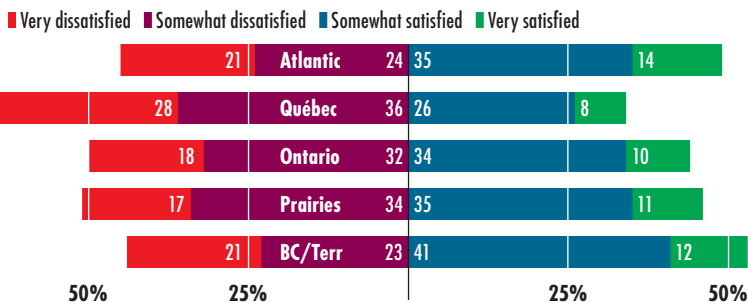
**Satisfaction:** The range, or comprehensiveness, of care and services covered under government funded health care

Very dissatisfied Somewhat dissatisfied Somewhat satisfied Very satisfied

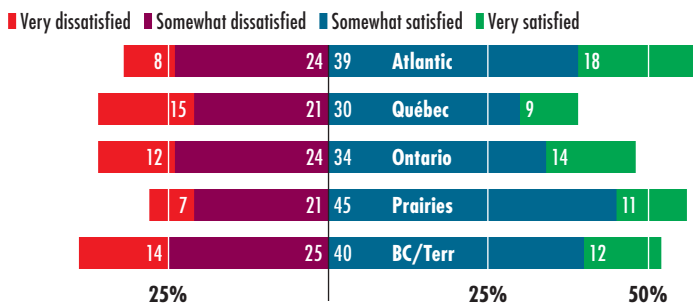




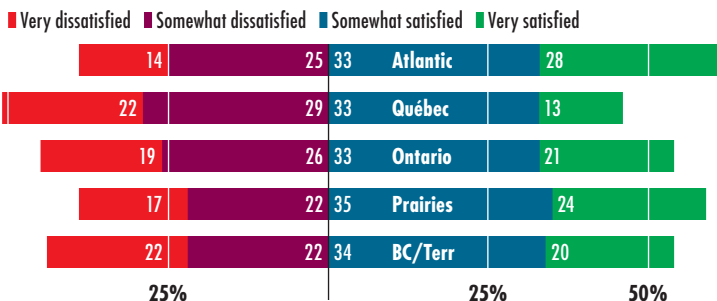
**Satisfaction:** Timeliness of access to care



**Satisfaction:** Access to care in the home or community

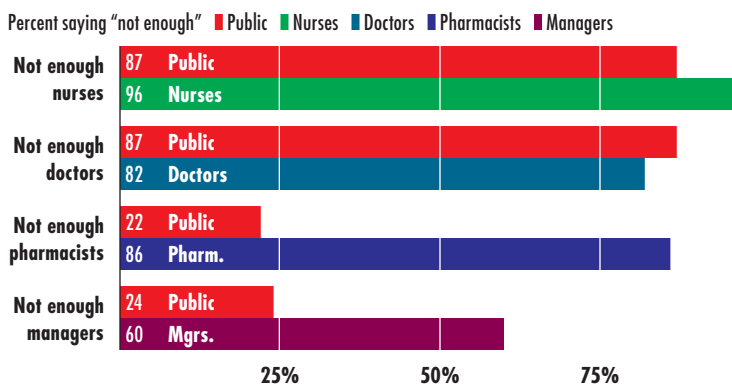


**Satisfaction:** Access to emergency care



**Public:** Do you believe that Canada has more than enough, enough, or not enough of each of the following skilled health care professionals to meet our population's needs? (READ AND ROTATE)

**Professionals:** Do you believe that Canada has more than enough, enough, or not enough members of your own profession to meet our population's needs?



**Access**

Satisfaction with access is not quite as high as with quality of care. This year, as in 2002, 52% said they were dissatisfied with the timeliness of access to care. Levels of dissatisfaction with access were notably high for

- emergency care (53%);
- specialists and surgeons (51%) and

others with more than 25% dissatisfaction with access were

- diagnostic services (45%),
- long-term institutional care (37%),
- care in the home or community (35%),
- palliative and end-of-life care (26%), and
- community mental health programs (26%),

while the areas with the least dissatisfaction with access were

- primary care (22%),
- the latest prescription medicines (19%), and
- information about disease prevention and wellness (19%).

Areas with which there is the most dissatisfaction are areas that are likely to require queuing by patients and are affected by a lack of health care providers, as with hospitals and other care facilities. The two areas with the least dissatisfaction are areas where lack of access is less a human resource or timeliness issue and the ability of the public to assess quality of access is limited.

**Human resources**

As may be anticipated from the above results, lack of health care human resources is felt most sharply by the Canadian public and health care professionals. 87% of Canadians feel that there are not enough doctors in Canada, and the same number feel there are not enough nurses. The lack of human resources is most remarked in the Atlantic provinces, where only 5% said there were enough doctors and only 8% said there were enough nurses. Among health care professionals, the clear majority in all categories identified a lack of professionals in their respective fields:

- 96% of nurses,
- 82% of doctors,
- 86% of pharmacists, and
- 60% managers.

# Innovation

Canadians support innovation in health care, and are open to a variety of means of increasing efficiency and effectiveness of health care. Health care providers are also generally supportive of initiatives, although some barriers remain.

## Research

To address perceived shortfalls in the health care system, Canadians appear to be strongly in favour of innovation. One area in particular that patients and health care providers alike want to see more investment in is health research. There is strong support for **increased public-sector funding for health research**, with

- 83% of the public,
- 81% of nurses,
- 82% of doctors,
- 75% of pharmacists, and
- 80% of managers agreeing or strongly agreeing with it.

It is also felt that **incentives should be put in place to encourage more private-sector investments in health research**:

- 76% of the public,
- 69% of nurses,
- 75% of doctors,
- 78% of pharmacists, and
- 70% of managers agree or strongly agree with this idea.

## Collaborative care

Another innovation that has received much support from the Canadian public and health care professionals is a more cooperative approach to health care. When asked about **instituting a collaborative, team-based model of health care**,

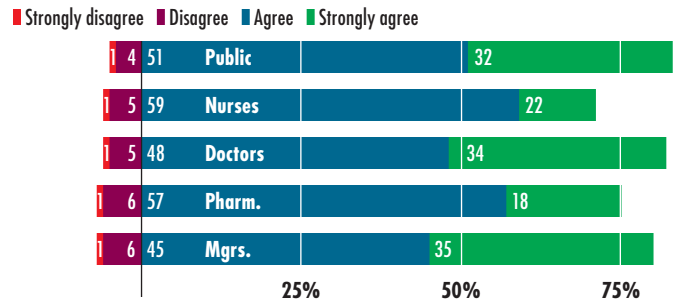
- 70% of Canadians favoured **changing to this approach**;
- 73% said it would **improve the quality of patient care**, and
- 69% said it would **improve the speed of access to care**.

There was no consensus on how this approach would affect costs.

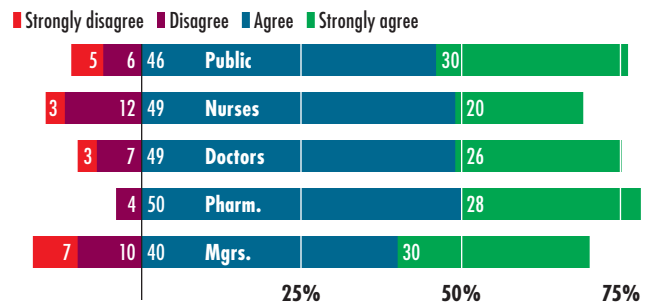
When asked whether they support **requiring health care professionals to work in teams with other types of health care providers to increase access to health care professionals, fully**

- 89% of the public,
- 95% of nurses,
- 70% of doctors,
- 95% of pharmacists, and
- 98% of managers said they supported or strongly supported it.

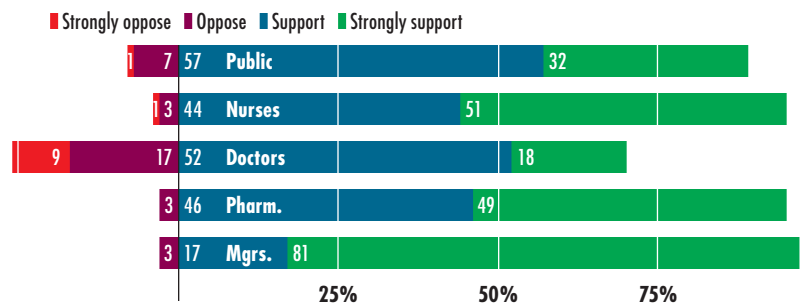
*There should be increased public sector funding for health research, such as at universities, teaching hospitals and other not-for-profit organizations.*



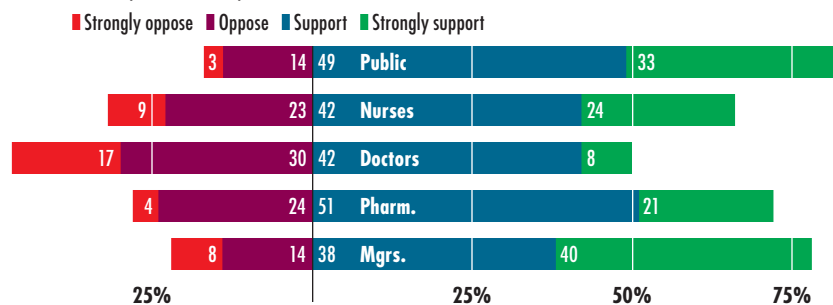
*Incentives should be put in place to encourage more private sector investments in health research such as at universities, teaching hospitals and other not-for-profit organizations.*



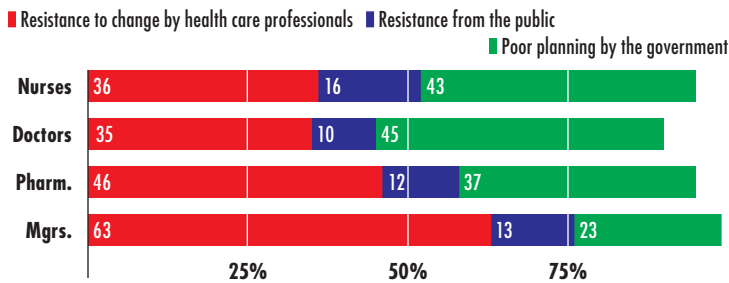
**Support:** *Requiring health care professionals to work in teams with other types of health care providers*



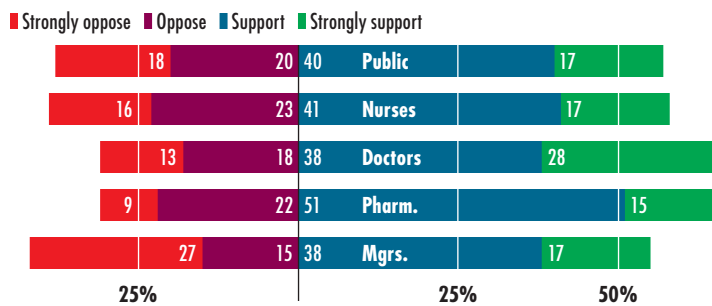
**Support:** *Requiring health care professionals to work in the parts of the country where they are most needed*



Which of the following do you believe is the most significant barrier to moving to collaborative care model – by this I mean Canadians might see a member of a team including a doctor, nurse, pharmacist or other health care provider who would collectively provide their care. (READ AND ROTATE)



**Support:** Allowing the government to be able to contract out the delivery of publicly covered services to private clinics, for instance having medicare pay for knee surgery at a private clinic rather than a public hospital?



## Electronic patient records

There is also support for electronic patient records to improve the integration of services and monitor the use of many health care resources, even if this means that the records will be accessible by other health care providers: 66% of Canadians agree or strongly agree with implementing such records.

## Registering patients

Another measure for streamlining delivery of health care that has received clear support in most quarters is requiring patients to register with a single family doctor to increase access to health care providers:

- 74% of the public support or strongly support this, as do
- 74% of nurses,
- 74% of pharmacists, and
- 75% of managers.

Support is slightly weaker among doctors, at 60%.

## Requiring professionals to work where most needed

Support is also strong among the public for requiring health professionals to work in the parts of the country where they are most needed in order to increase access to health care providers, with 82% favouring it; this level of support was fairly consistent across the country, ranging from 78% in the prairie provinces to 88% in Québec. Among health care professionals, support for this proposition is divided.

- Managers clearly favour it, with 78% in support.
- Among pharmacists, 71% support the idea.
- Fewer nurses, but still two in three – 66% – support it.
- Doctors are split on the issue, with just 50% supporting it.

## Barriers to collaboration

In spite of the support on all sides for collaborative care, there has not yet been much evident action in its direction. There are differences of opinion among health professionals as to what is preventing collaborative care from coming into place. When asked which they believe is the most significant barrier to moving to a collaborative care model, managers and pharmacists placed the onus on resistance to change by health care professionals, with

- 63% of managers and
- 46% of pharmacists giving it as the main barrier,

while doctors and nurses were more inclined to blame poor planning by the government, with

- 43% of nurses and
- 45% of doctors naming it as the main problem.

In all cases, the third option – resistance from the public – was the least chosen, with between 10% (doctors) and 16% (nurses) naming it as the most significant barrier.

## Contracting out to private clinics

An idea that has drawn intense debated over the past year is the question of allowing the government to be able to contract out the delivery of publicly covered services to private clinics, for instance having medicare pay for knee surgery at a private clinic rather than at a public hospital. All groups polled leaned towards allowing private contracting, but by generally small margins: the proposal was favoured by

- 57% of the general public,
- 58% of nurses,
- 66% of doctors,
- 66% of pharmacists, and
- 60% of managers.

## Cost statements

Health care cost statements are solidly supported:

- 70% of the public,
- 91% of nurses,
- 79% of doctors,
- 90% of pharmacists, and
- 85% of managers agreed that they should be issued.

The slightly weaker public support may be explained by a certain ambivalence towards the costs versus the benefits of such statements:

- 84% said such statements would promote greater awareness of health care costs, and
- 68% said they would lead to less abuse of the system, but
- 60% said that these statements would cost too much money that should be spent on delivering health care services.

It appears that the Canadian public want most of all to see improvements in access to and delivery of health care services, and want to make sure that all available funds are dedicated to that end.

# Participation in the process

Canadians expect the government to make health care a funding priority and want increased input into decisions about how the health system is managed. Canadians are willing to pay more to increase the range of services or timeliness of care.

## Information and input

Canadians want more information on how the health system is doing: only 47% said they were somewhat or very satisfied with the level of reporting to the public on health system performance. This has not changed significantly in recent years.

Canadians also want more say in decisions about the health care system, and this is not a new issue. Asked how satisfied they were with how much input the public has on decisions about the future of the health system, just 29% said they were somewhat or very satisfied. This percentage has not changed in the past four years.

When asked who has the strongest voice in health care reform in Canada,

- 38% of Canadians said health care professionals,
- 42% said federal or provincial elected officials, and only
- 12% said patients.

When asked who should ideally have the strongest voice, however,

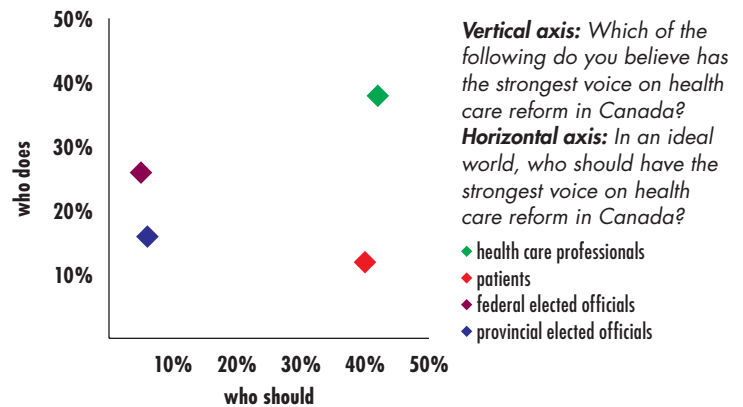
- 42% said health care professionals,
- 40% said patients, and only
- 11% said federal or provincial elected officials.

## Willingness to pay more

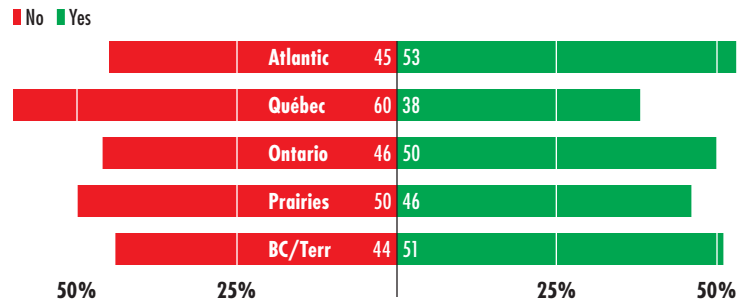
Canadians are willing to put more than just opinions into the improvement of the Canadian health care system, but they expect improvements. Three Canadians in five (60%) would be willing to pay more, either out of pocket or through taxes, to increase the range of services offered (8%), improve timeliness of care (11%), or both (41%). However, only 47% would be willing to pay more to maintain the current level of health care provided by the system.

## Volunteering time and money

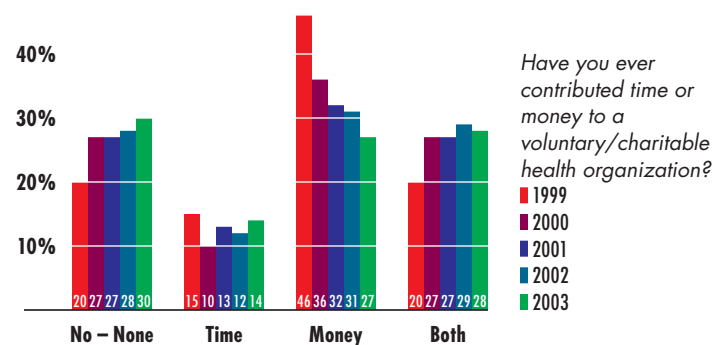
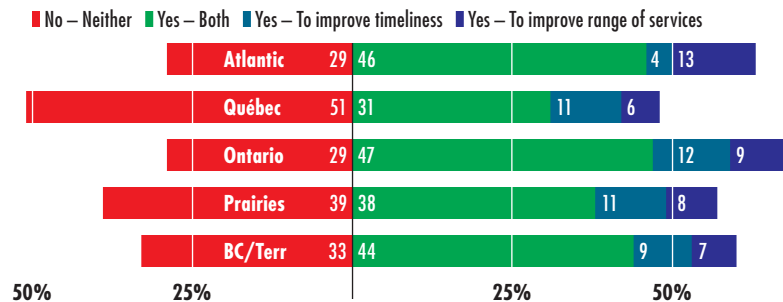
Many Canadians are already contributing time, money, or both to voluntary or charitable health care organizations – 69% have contributed one or both, ranging from 74% in the Prairies to 66% in the Atlantic provinces and in B.C. and the Territories. However, there has been a trend of declining numbers of Canadians saying they have contributed time, money or both: the percentage has decreased since 1999, when 81% of Canadians said they had contributed one or both. This obviously puts stress on the community care sector and on the health system.



Would you be willing to pay more, either out-of-pocket or tax payments, to maintain the current level of health care provided by the system?



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?

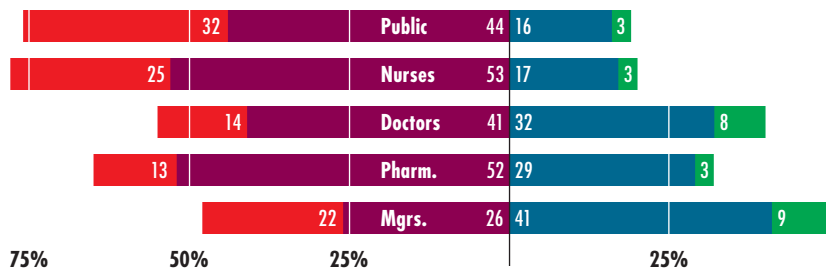




If the governments through taxation could not cover all of the costs for all health care, including services such as routine care, emergency care, home care, rehabilitation, mental health care, long term care and prescription drugs, they might have to make choices as to how to deal with the shortfall. Would you strongly support, support, oppose or strongly oppose each of the following choices? (READ AND ROTATE)

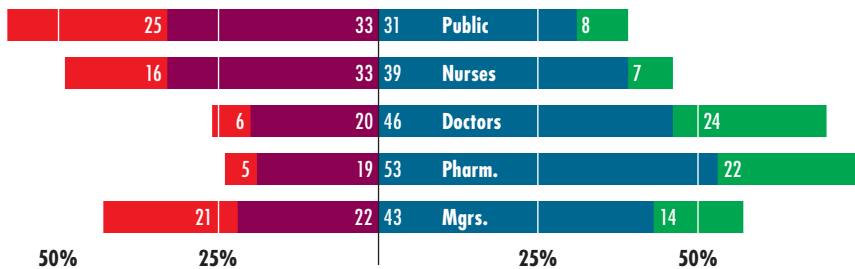
**Covering shortfalls: Restricting the range of services that are offered**

■ Strongly oppose ■ Oppose ■ Support ■ Strongly support



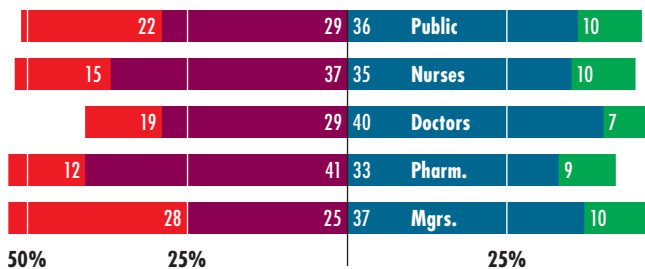
**Covering shortfalls: Asking patients to pay for part of the cost of services**

■ Strongly oppose ■ Oppose ■ Support ■ Strongly support



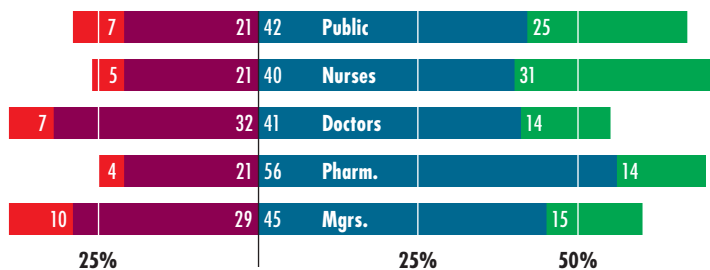
**Covering shortfalls: Levying a health care tax on all citizens linked to their income**

■ Strongly oppose ■ Oppose ■ Support ■ Strongly support



**Covering shortfalls: Making cuts in other government services and directing it to health care**

■ Strongly oppose ■ Oppose ■ Support ■ Strongly support



**Covering shortfalls**

Canadians expect the government to make up shortfalls by reallocation of funds rather than by service cuts or new taxes. When asked what should be done if the governments through taxation could not cover all of the costs for all health care, public and providers were not in favour of restricting the range of services offered. Support for such a move was voiced by only

- 19% of the public,
- 20% of nurses,
- 40% of doctors,
- 32% of pharmacists, and
- 50% of managers.

Asked whether they supported or opposed asking patients to pay for part of the cost of services, only 39% of the general public supported it. There was considerable difference among health care providers on this issue, however, with

- 46% of nurses,
- 70% of doctors,
- 75% of pharmacists, and
- 57% of managers supporting it.

The idea of levying a health care tax on all citizens linked to their income was supported by just under half of all groups, with

- 46% of the public,
- 45% of nurses,
- 47% of doctors,
- 42% of pharmacists, and
- 47% of managers supporting it.

The solution most favoured appears to be making cuts in other government services and directing the funds to health care:

- 67% of the public supported or strongly supported, as did
- 71% of nurses,
- 55% of doctors,
- 70% of pharmacists, and
- 60% of managers.

# Leadership and accountability

Canadians are looking for leadership and accountability to prepare the health system for the future. They seem to lack confidence that dollars are being spent in the most effective way and appear more satisfied with the leadership shown by advocacy groups and other non-governmental parties than with the leadership shown by elected officials.

## Accountability

Canadians want to be part of the process not just in paying for health care or having input into decisions about the future of the system. They also want to know what is being done now, and they don't feel that they are told enough: 69% of Canadians believe that the government is doing a poor or very poor job of reporting the results of how health care dollars are spent in Canada.

A significant factor in this appears to be the discrepancy between intention and results. Two-thirds (67%) of Canadians feel that the government does a poor or very poor job of making sure that every tax dollar intended for health care is spent on health care.

## Federal funding

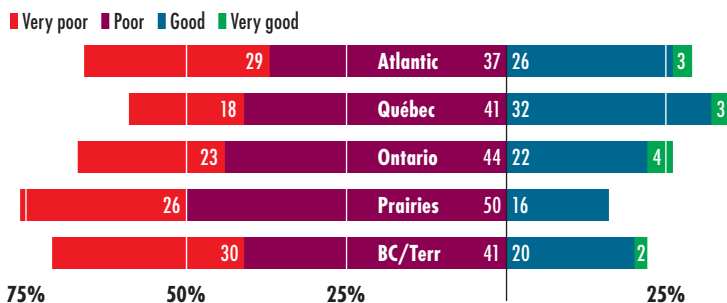
Canadians believe the government should be focusing fiscal priorities on health care, and they see it as a federal responsibility as well as a provincial one. When asked how much they think the federal government currently pays, fully 43% said they didn't know or declined to answer. However, 17% of respondents thought that the federal government currently pays half or more of the costs.

Clearly Canadians feel that the federal share of spending should increase: 69% of Canadians said they think the federal government should pay half or more of the costs of health care. Health care professionals were of similar opinion:

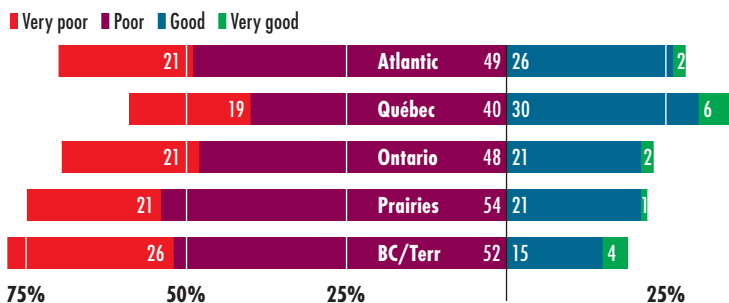
- 68% of nurses,
- 69% of doctors,
- 67% of pharmacists, and
- 65% of managers said the federal government should pay half or more of the costs of health care.

*Note: Actual figures on how much is spent depend on the source. The Premiers' Council on Canadian Health Awareness states that 14% of all health care spending comes from the federal government (<http://www.premiersforhealth.ca/facts.php>); the federal government says that it contributes more than 40% of public spending on health care ([http://www.fin.gc.ca/factsheets/fshc4\\_e.html](http://www.fin.gc.ca/factsheets/fshc4_e.html)).*

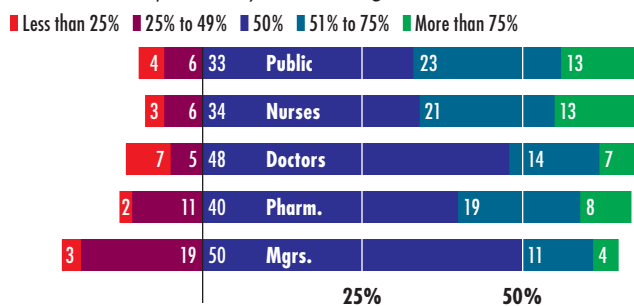
Do you believe that the government does a very good, good, poor or very poor job of each of the following? (READ AND ROTATE)  
Making sure that every tax dollar intended for health care is spent on health care



Reporting the results of how health care dollars are spent to Canadians

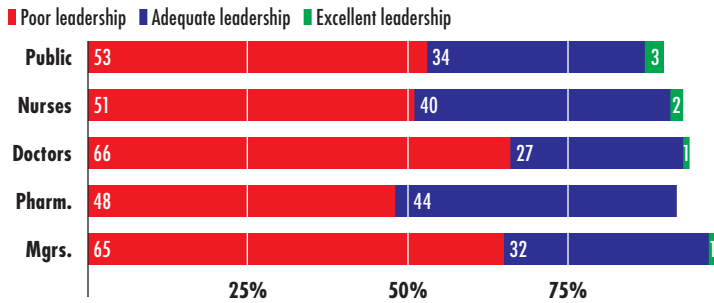


In each province and territory, health care costs are paid for by both the federal and provincial governments. What percentage of these costs do you think should be paid for by the federal government?

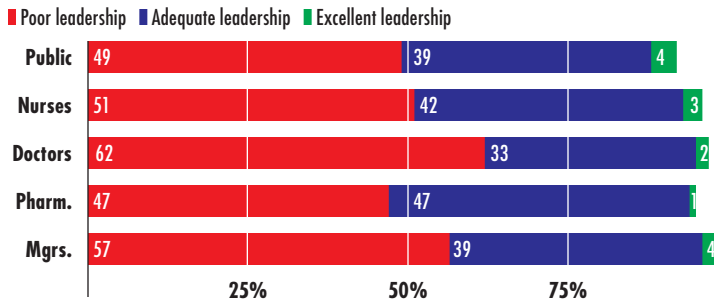


Do you believe that each of the following have demonstrated excellent leadership, adequate leadership or poor leadership in helping to prepare our health care system for the future? (READ AND ROTATE)

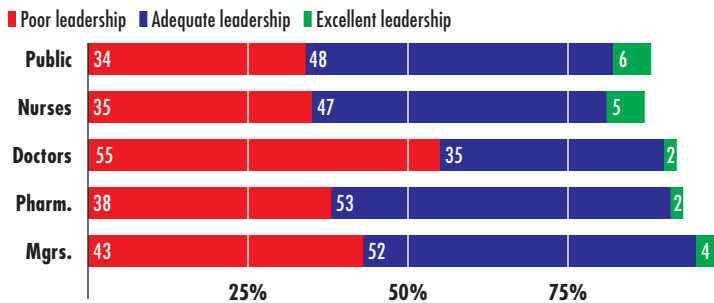
**Leadership: Federal elected officials**



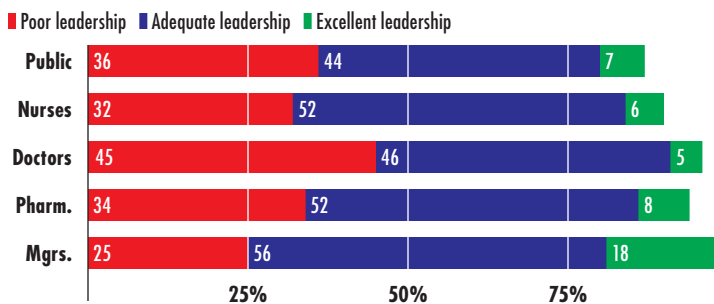
**Leadership: Your provincial elected officials**



**Leadership: Public servants within ministries of health**



**Leadership: Government-appointed health care commissions**



**Leadership: government**

Canadians expect the governments' input to extend beyond funding, however. As they look to the near future for change, and as they hope for innovation and a greater voice, Canadians are also looking for leadership in helping to prepare our health system for the future. They do not seem to see as much of it as they would like from federal elected officials: just

- 37% of the general public,
- 42% of nurses,
- 28% of doctors,
- 44% of pharmacists, and
- 33% of managers said federal elected officials have shown adequate or excellent leadership in this.

The assessment of the leadership of provincial elected officials is similar:

- 43% of the general public,
- 45% of nurses,
- 35% of doctors,
- 48% of pharmacists, and
- 43% of managers said they have demonstrated adequate or excellent leadership.

Public servants within ministries of health fared only slightly better, at

- 54% of the public,
- 52% of nurses,
- 37% of doctors,
- 55% of pharmacists, and
- 56% of managers saying they have demonstrated adequate or excellent leadership.

And although Canadians are hopeful of good results from government-appointed health care commissions, assessment of their leadership is varied:

- 51% of the public,
- 58% of nurses,
- 51% of doctors,
- 60% of pharmacists, and
- 74% of managers said they have demonstrated adequate or excellent leadership,

## Leadership: organizations

There is greater satisfaction with the leadership shown by other groups. **Groups that represent health care providers** were seen to have demonstrated adequate or excellent leadership by

- 82% of the public,
- 90% of nurses,
- 85% of doctors,
- 88% of pharmacists, and
- 72% of managers.

Approval is varyingly strong for the leadership shown by **managers and administrators of health care organizations like regional health authorities, community agencies, and hospitals**, with

- 65% of the public,
- 71% of nurses,
- 50% of doctors,
- 74% of pharmacists, and
- 86% of managers seeing adequate or excellent leadership.

The case is similar for the leadership shown by **boards of directors of health care organizations**, with

- 65% of the public,
- 67% of nurses,
- 50% of doctors,
- 71% of pharmacists, and
- 76% of managers seeing adequate or excellent leadership.

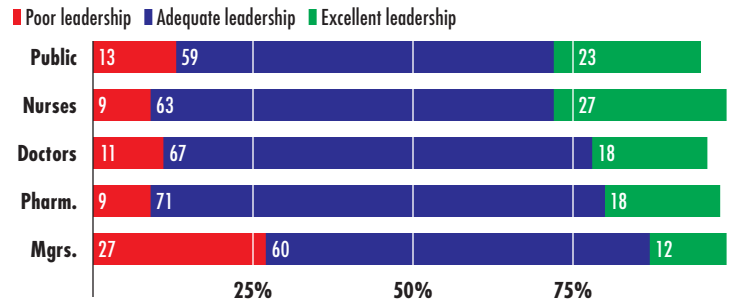
There is also reasonable approval for the leadership shown by **patient advocacy and disease organizations**.

- 71% of the public believe these organizations have shown leadership, as do
- 81% of nurses,
- 72% of doctors,
- 83% of pharmacists, and
- 80% of managers.

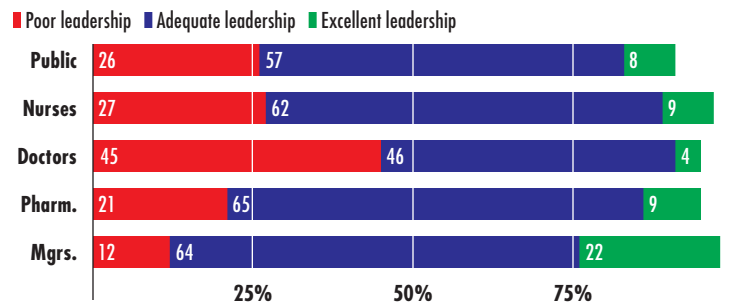
And, finally, Canadians are generally satisfied with the leadership shown by **private sector companies that develop new medical technology and medicines**:

- 66% of the public,
- 69% of nurses,
- 66% of doctors,
- 81% of pharmacists, and
- 54% of managers said such companies have shown adequate or excellent leadership.

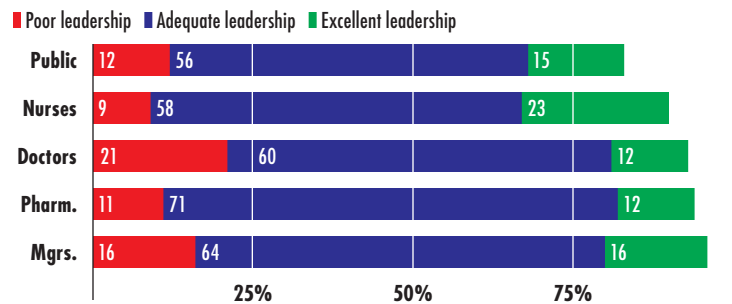
**Leadership:** Groups that represent health care providers like doctors and nurses [public]/Groups that represent our own profession like doctors and nurses [professionals]



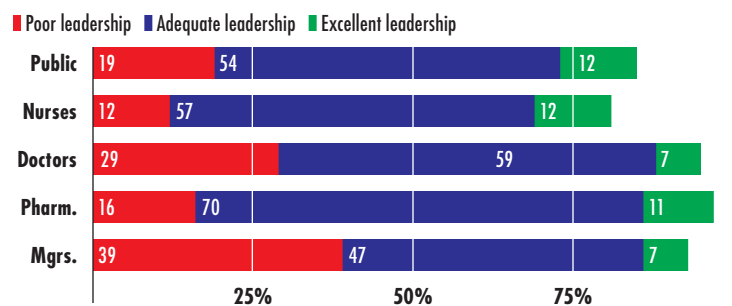
**Leadership:** Managers and administrators of health care organizations like regional health authorities, community agencies and hospitals



**Leadership:** Patient advocacy and disease organizations



**Leadership:** Private sector companies that develop new medical technology and medicines





# What do you think?



*Fax us your comments on the  
Health Care in Canada 2003 Survey.*

*Photocopy this page and fax it with your comments to **416.383.0005**  
or email **comments@hcic-sssc.ca***

**Name**

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**Affiliation**

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**Telephone number**

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**Email address**

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**Comments on this year's survey**

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**What questions would you like to see in next year's survey?**

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## Association of Canadian Academic Healthcare Organisations

The Association of Canadian Academic Healthcare Organizations (ACAHO) is a member-based association that represents more than 40 teaching centres, which are a combination of teaching hospitals and Regional Health Authorities who have jurisdictional responsibilities for teaching institutions. Members range from single hospital organizations to multi-site, multi-dimensional regional facilities. The mission of ACAHO is to provide national leadership and effective policy representation in the three separate but related areas of (1) the funding, organization, management and delivery of highly specialized tertiary and quaternary as well as primary health care services; (2) the education and training of the next generation of Canada's health care professionals; and (3) providing the necessary infrastructure to support and conduct basic and applied health research, medical discovery and innovation.

## The Canadian Association for Community Care

The Canadian Association for Community Care (CACC) is a national, non-profit, bilingual association, formed in 1995 by the merger of Home Support Canada and the Canadian Long Term Care Association. CACC's guiding principle is its commitment to a strong national voice for the community care sector. CACC's mission is to promote the development of a range of high-quality, flexible, responsive and accessible community care services within a seamless continuum of care. CACC's major activities include promoting information exchange among provinces/territories, producing training resources, carrying out practical research projects, and advocating on behalf of the community care sector.

## Canadian College of Health Services Executives

The Canadian College of Health Service Executives, founded in 1970, is a national professional association that serves approximately 3000 members and 75 corporate members. The vision of the College is to "lead and promote the profession of health service management." The College offers a wide range of services to its members and is known in particular for its credentials of Certified Health Executives (CHE) and Fellowship (FCCHSE) and as the publisher of *Healthcare Management FORUM*, a quarterly journal.

## The Canadian Healthcare Association

The Canadian Healthcare Association (CHA) is the federation of provincial and territorial hospital and health organizations across Canada. Through its members, CHA represents a broad continuum of care, including acute care, home and community care, long term care, public health, mental health, palliative care, addiction services, children, youth and family services, housing services, and professional and licensing bodies. These services are provided through regional health authorities, hospitals, and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest.

CHA's mission is to improve the delivery of health services in Canada through policy development, advocacy and leadership. CHA's distance education programs, conferences and publishing services contribute to this national leadership. CHA and our members are committed to realizing the vision of a publicly funded health system that provides access to a broad range of comparable health services across Canada.

## The Canadian Home Care Association

The Canadian Home Care Association (CHCA) is a national membership association that represents the entire scope of home care and community support, including all disciplines of professionals and paraprofessionals. The CHCA's mission is to ensure the accessibility, quality and development of home care and community support services. It is the united voice and access point of information and knowledge for home care and community support.

## The Canadian Medical Association

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care. On behalf of its members and the Canadian public, the CMA performs a wide variety of functions, such as advocating health promotion and disease/accident prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery. The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 43 affiliated medical organizations.

## **The Canadian Nurses Association**

The Canadian Nurses Association (CNA) is the professional voice of nursing in Canada. It is a federation of 11 provincial and territorial nursing associations, representing 117,000 members. Founded in 1908, CNA's mission is to advance the quality of nursing in the interest of the public. CNA has expertise in nursing policy, public policy, regulation and international capacity building.

CNA advocates on behalf of Canadian nurses and the public at large for greater access to Canada's publicly funded health care system through a greater focus on preventive care and health promotion. Its top two priorities are advocating on behalf of a publicly funded health care system that is based on the primary health care model (WHO-1979) and for improvements to nursing practice environments as the single best means of retaining and recruiting the nursing workforce so vital to Canada's health care system.

## **The Canadian Pharmacists Association**

The Canadian Pharmacists Association is the national voluntary organization of pharmacists committed to providing leadership for the profession. Our vision is to establish the pharmacist as the health professional whose practice, based on unique knowledge and skills about drug therapy, ensures optimal patient outcomes.

CPhA achieves its vision by serving its members through advocacy, facilitation, provision of knowledge, participation in partnerships, research and innovation, education and health promotion.

## **The Charles E. Frosst Foundation for Health Care**

Since October 1998, The Charles E. Frosst Foundation for Health Care, a national not-for-profit organization, has been dedicated to providing leadership to bring the patient's voice to health care reform and health policy in Canada. The Foundation's main objective is to ensure that the needs and values of patients continue to be the first priority in health care. The goal of The Foundation is to make sure that patients receive the best quality health care, and that their needs are at the centre of health care reform.

The Charles E. Frosst Foundation for Health Care includes representatives from advocacy groups, medicine, nursing, pharmacy, health policy, and the private sector. Through utilizing their expertise and sharing information with the health care community, the Foundation promotes a health care system whose main features include access, quality and choice. The Foundation also works to unify the voice of patients and strengthen their role within health care policy development and reform.

## **The Coalition of National Voluntary Organizations**

Founded 25 years ago, the Coalition of National Voluntary Organizations (NVO) is a not-for-profit organization which promotes volunteerism and enhances the profile of Canada's voluntary and charitable sector. NVO is an umbrella coalition that has as its members 135 national voluntary charities active in a variety of fields ranging from health and social services to the environment, justice, education and international development.

Members of NVO active in health include the Canadian Breast Cancer Network, the Canadian Cancer Society, the YMCA, the Canadian Child Care Federation, The Parkinson Foundation of Canada and the Heart and Stroke Foundation of Canada, to name a few.

NVO links its member organizations by acting as a forum for information exchange and dialogue and as a vehicle for speaking on matters of common interest.

## **Merck Frosst Canada Ltd.**

Merck Frosst Canada Ltd. is one of the country's leading research-based pharmaceutical companies. The Merck Frosst Centre for Therapeutic Research, one of the largest biomedical research facilities in Canada, has a mandate to discover new therapies for the treatment of respiratory, inflammatory and other diseases. In 2001, the company invested more than \$120 million in research and development in Canada. Merck Frosst Canada Ltd. markets an extensive line of cardiovascular products for high blood pressure, elevated cholesterol, and heart failure, as well as a broad range of vaccines.

While Merck Frosst's main activities are the discovery, development, manufacturing and distribution of medicines, the company also recognizes the responsibility it bears as a member of the health care community. The individual health of every Canadian is tied to the long-term soundness of the country's health system. This insight has led Merck Frosst to establish the Patient Health Management group and a Health Policy group. These departments are intended to allow the company to participate fully with other stakeholders in the healthcare system to ensure patient access to optimal therapies while improving cost management and health outcomes.

## **POLLARA**

POLLARA is a full-service public opinion and market research firm founded in 1985 as Insight Canada Research. Its team brings together some of North America's top market research and public opinion professionals and is committed to bringing an innovative approach to research, and to providing useful, insightful advice, guided by collective years of experience.

Its recognized expertise has allowed POLLARA to provide value-added solutions to many of North America's largest corporations and public sector organizations.

# From a crisis of confidence to great expectations

## High expectations

In 2003, following a year of much attention in the public eye to health care, Canadians seem to have high expectations for their health care system. Confidence in the system and perception of quality of care remain low, but there are signs of optimism; Canadians are prepared for innovative solutions and are looking for increased leadership and accountability to bring them about.

## Access

Canadians' priorities for improvement in the health care system focus largely on access, and their main concerns with access are related to lack of health care professionals. Health care professionals in all fields see a need for more in their professions.

## Innovation

Canadians support innovation in health care, and are open to a variety of means of increasing efficiency and effectiveness of health care. Health care providers are also generally supportive of initiatives, although some barriers remain.

## Participation in the process

Canadians expect the government to make health care a funding priority and want increased input into decisions about how the health system is managed.

## Leadership and accountability

Canadians are looking for leadership and accountability to prepare the health system for the future. They seem to lack confidence that dollars are being spent in the most effective way and appear more satisfied with the leadership shown by advocacy groups and other non-governmental parties than with the leadership shown by elected officials.

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