

Access to Health Care in Canada: Yesterday, Today and Tomorrow

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Abstract

Canadian universal health care, or Medicare, continues to evolve in its fifth decade. Recently, complex components like patient centred and end of life care have been adjudicated and adopted by a majority of stakeholders. Overall quality of care delivered and received continues to be rated highly by the public and health professionals. However, one concern persists as the most important unresolved care issue by all stakeholders. It is the perception of less than optimal access to care, specifically timely access. Analysis of data from repeated Health Care in Canada (HCIC) surveys over the past two decades reveals that, in 1998, only four percent of the public expressed a general concern around wait times. However, by 2007, the general public's concern had risen to 20 percent; and, rose to 36 percent in 2016. And, timely access was perceived as worsening in all regions of the country over the past five years, the negative momentum being highest in British Columbia and lowest in the Prairie Provinces. The only other issues even approaching this level of concern were perceived shortages of physicians and lack of funding earlier in the century, both of which have receded to 13 percent and seven percent, respectively, in 2016. In terms of access to specific care modalities and professionals, the concern around timely access extends to most aspects of care, including emergency departments, specialists, family physicians, nurse practitioners, palliative, long term and mental health care; and, new medicines. In terms of proposals to improve patients' timely access to care, the public's top choices were increasing the enrolment of professional schools and fostering professionals to work in teams. Enhanced team care was also strongly supported by most professionals, as was enabling nurses and pharmacists to expand their existing roles in diagnosis and treatment. In summary, theoretically-conceived and politically-mandated universal access to health care in Canada, while highly rated in terms of quality, does not translate to universal perception of timely care – stakeholders' most highly rated component of patient-centred care. Viable suggestions for improvement of timely access have been proposed, but stakeholders retain a pessimistic view of solving the issue in

the near future, with an accompanying decrease in perceived quality of care. Things can be better.

Introduction

Since inception, in 1998, the Health Care in Canada (HCIC) surveys have repeatedly measured and reported public and professional opinions on the availability and quality of our nation's health care (1 - 6). During that period, quality of care provided has been consistently rated as high by all stakeholders. And, complex issues and opportunities like patient centred, e-health enabled, non-professional delivered and end of life care have been adjudicated against clinical, fiscal and ethical realities; and, pragmatically, if not seamlessly, adopted by most stakeholders.

In recent years, a consistent and persistent recognition among public and professional stakeholders has been that wait times comprise the most important, and growing, concern in terms of access to many modalities and entry points of care. The purposes of this paper, using data from repeated HCIC surveys, including the recently-completed 2016 survey, are: to highlight specific issues surrounding access as the number-one health care concern; and, to explore possible improvement strategies.

Data Sources / Methods

The original data sources for this paper focused on patients' access to health care were the solicited views of representative samples of the adult Canadian public and a wide spectrum of

health professionals, both clinical and administrative, polled online in the summer of 2016, with comparison to results from previous, and similar, HCIC surveys dating back to 1998. The 2016 HCIC public study population sample (n=1500) was nationally representative of all Canadian adults. Health professional groups' sample sizes were smaller, but also representative of each group: doctors (n=102), nurses (n=102), pharmacists (n=100), administrators (n=100); and, allied professionals, e.g. physiotherapists, occupational therapists, dietitians, social workers, psychologists (n=100). Estimated margins of error for public responses were less than 3 percent; and, less than 10 percent for the professional responses.

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Canadian Medical Association; Canadian Nurses Association; Canadian Pharmacists Association, Constance Lethbridge Rehabilitation Centre, Centre for Interdisciplinary Research in Rehabilitation; McGill University; Health Charities Coalition of Canada; HealthCareCAN; Institute of Health Economics; Studer Group Canada; and Merck Canada Inc. Project management was provided by Strive Health Management. **CareNet** Health Management Consulting delivered survey oversight and leadership.

Access – Medicare’s Central Issue

As illustrated in Figure 1, over the last two decades, serial HCIC surveys have revealed a steady increase in the public’s general concern with wait times as Canada’s most important health care issue (Figure 1). The degree of concern has risen from four percent in 1998, to 36 percent in 2016. No other contemporary care issue is close in public concern. Previously competing contenders, lack of funding and shortage of physicians, have markedly receded in the past decade (Figure 1).

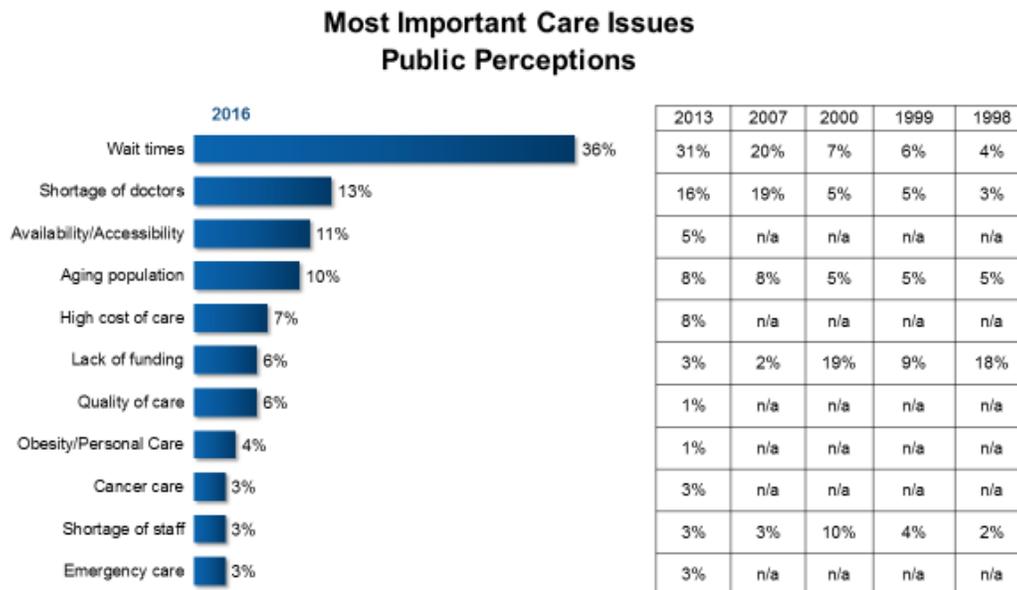


Figure 1. The Canadian adult public’s responses when asked, in serial HCIC surveys, 1998 to 2016: “What is the most important health care issue facing Canada today?”

This overarching concern about lack of timeliness in accessing care pervades and dominates almost every specific point of contact, or avenue of patients' entry, into the health care system (Figure 2). Moreover, the public perceived a generally negative momentum of continuing worsening of timely access over recent years and, with the exception of

pharmacist-provided primary care, for all specific types of care (Figure 2).

The public's sense of negative momentum, that is worsening, of timely access is also consistent in all regions of the country, ranging from a high in British Columbia (-49 percent) to lowest in the Prairies (-23 percent); and, averages -35 percent overall.

Timely Access, in General, and to Specific Aspects, of Care Public Perceptions

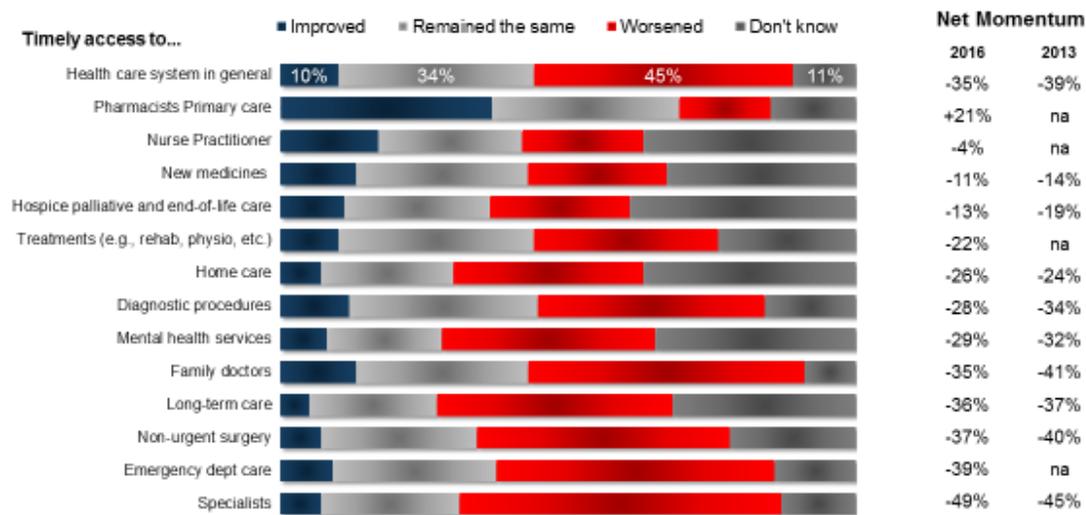


Figure 2. The Canadian adult public's responses when asked in the 2016 HCIC survey: "For each of the following, please indicate whether timely access over the past five years has improved, worsened or remained the same." Net Momentum equals total improve minus total worsen.

Interrogation of health professionals regarding timeliness of care access, in general, also revealed a consistent sense of negative momentum among all provider groups (Figure 3), very similar to the impressions of the Canadian public.

In terms of specific aspects of care, in distinction from the public, all health professional groups perceived improvement, or positive momentum,

over the past five years with regard to timely access to nurse practitioners and community pharmacists. Also, nurses and administrators perceived small improvements in access to new medicines. However, timeliness of access to all other care and delivery of services was perceived as having worsened, that is having negative momentum or moving in the wrong direction, over the past five years - very similar to public opinion.

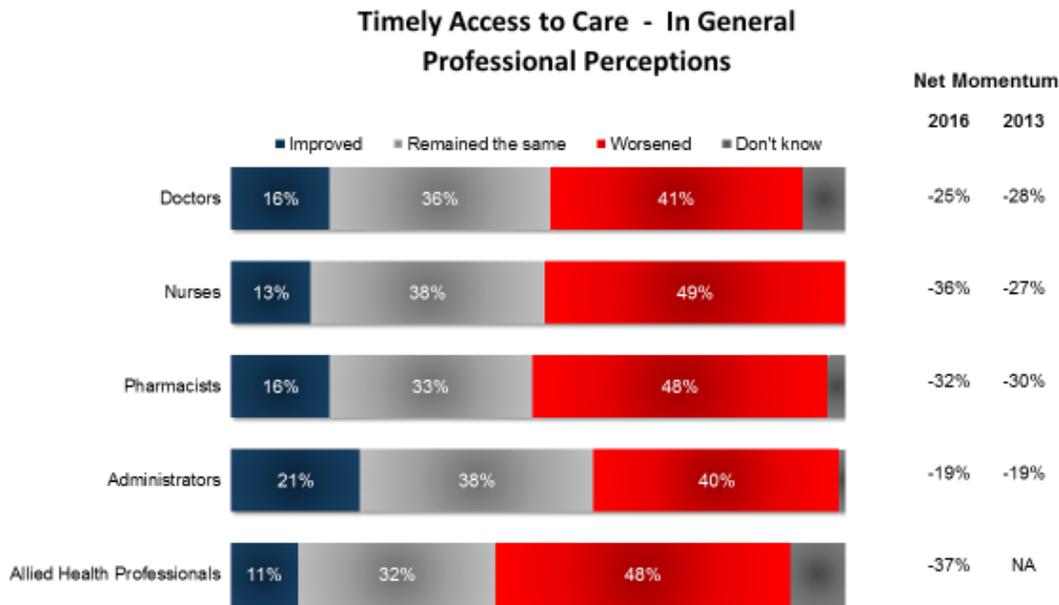


Figure 3. Canadian health professionals’ responses when asked in the 2016 HCIC survey: “Please indicate whether timely access to health care over the past five years has improved, worsened or remained the same.” Net momentum equals total improve minus total worsen.

In summary, timeliness of access to care in Canada, in general and for most services, has been, and continues to be, perceived as the most important health care issue by all stakeholders.

Unfortunately, it is not perceived to be evolving in a positive direction.

Access Improvement – Support for Proposed Improvements

In light of the dominant, pan-stakeholder concern regarding less than optimal timeliness of access to health care, and the equally, or more, concerning perception that things are getting worse, it is relevant to consider suggestions for possible improvement.

Among the public, the top two candidates for improving access were increasing professional schools’ enrolment and requiring professionals to work in teams, although formal training in coordinated care and enabling nurses and pharmacists to have expanded roles in diagnosis and treatment were very close contenders (Figure 4).

Among the various professional groups surveyed, although there was some inter-profession variation, the most highly favoured proposals to improve future care access also included requiring providers to work in teams; and, enabling expansion of existing roles of nurses and pharmacists to further patient diagnosis and treatment, including medication prescription (Figure 5), similar to the public’s top preferences (Figure 4).

Access Improvement Proposals Public Perceptions

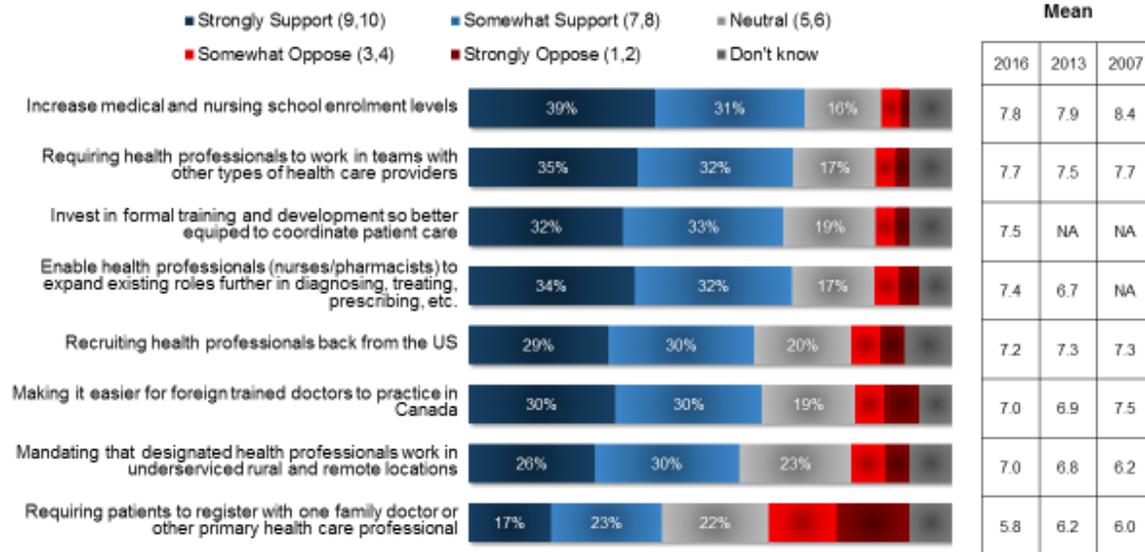


Figure 4. The Canadian adult public’s responses when asked in the 2016 HCIC survey: “To what extent would you support or oppose each of the following policies to increase access to health professionals, using a scale from one to 10, where ones means you would ‘strongly oppose’ it and 10 means you would ‘strongly support’ it?”

Access Improvement Proposals Professional Perceptions

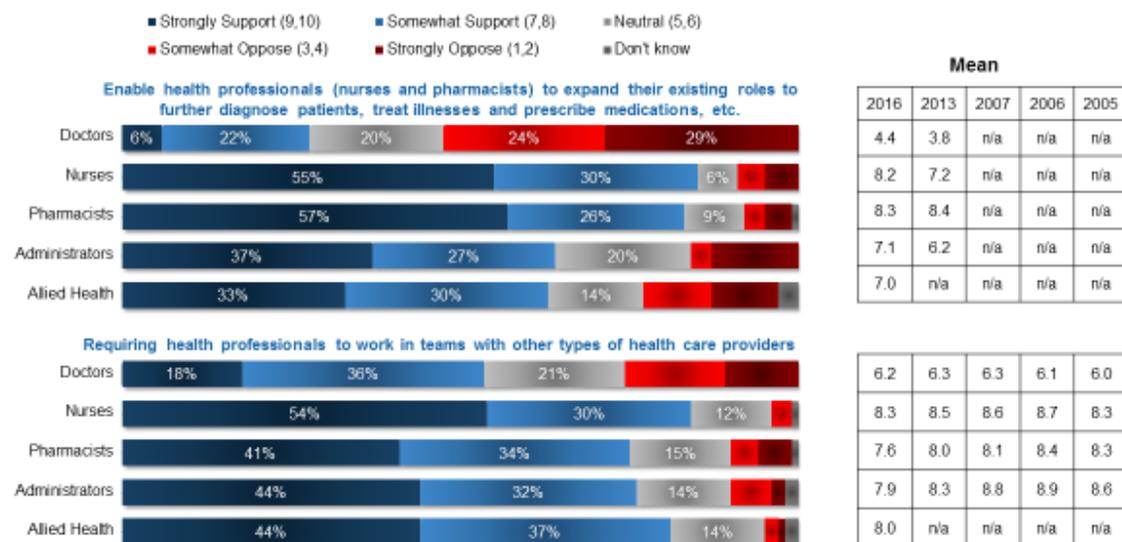


Figure 5. Canadian health professionals’ responses when asked in the 2016 HCIC survey: “To what extent would you support or oppose each of the following policies to increase access to health professionals using a scale from one to 10, where ones means you would ‘strongly oppose’ it and 10 means you would ‘strongly support’ it?”

The Future

Predicting the future is not without challenges. However, the data generated from 12 Health Care in Canada surveys over two decades provide a uniquely robust evidence base to identify and highlight issues, opportunities and trends for improved care and outcomes, particularly in the key areas of access to, and quality of, care.

As outlined in Figure 6, the predictions of the Canadian public regarding timely access to, and quality of, health care in the future are not optimistic. In terms of timely access, the weight of the public's prediction is that it will continue to decrease (Figure 6).

And, the public's predicted best case scenario for quality of care is that it will remain unchanged (Figure 6).

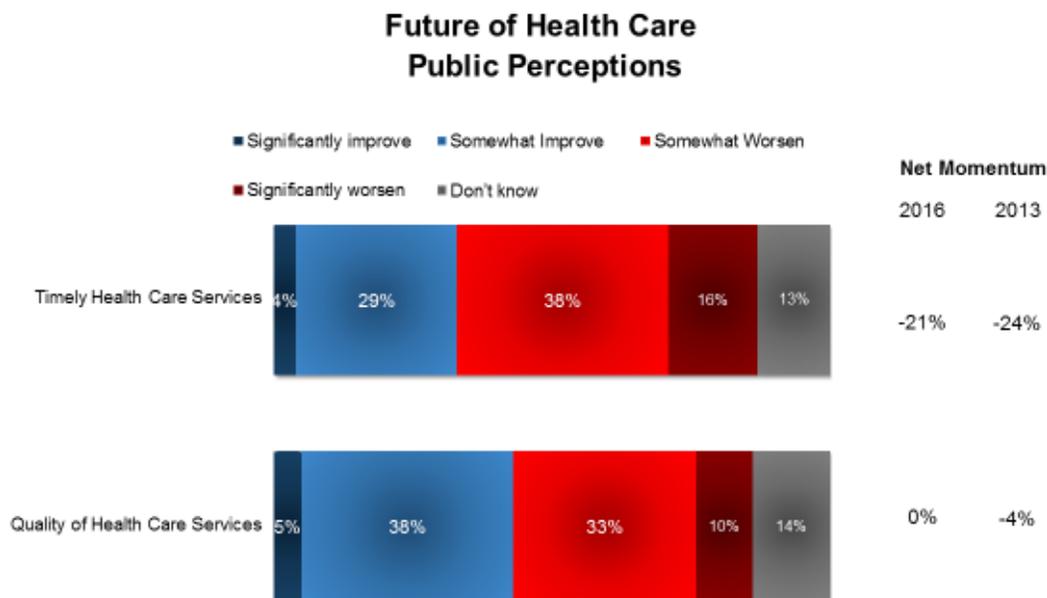


Figure 6. The Canadian adult public's responses when asked in the 2016 HCIC survey: "Over the next five years, do you believe that Canadians' access to the following will significantly improve, somewhat improve, somewhat worsen or significantly worsen?" Net momentum equals total improve minus total worsen.

Health professionals' predictions for the future of timely access and quality of care are summarized in Figure 7. Briefly, and discouragingly, all professionals believe that timely access to care will continue to decrease over the next five years. And, unfortunately from a quantitative viewpoint, they are not predicting a small change (Figure 7).

Perhaps even more discouraging are professionals sense of the future quality of care. With the exception of administrators, all clinically-oriented health care professionals are predicting a decline in quality of provided health care (Figure 7).

Future of Health Care Access Professional Perceptions

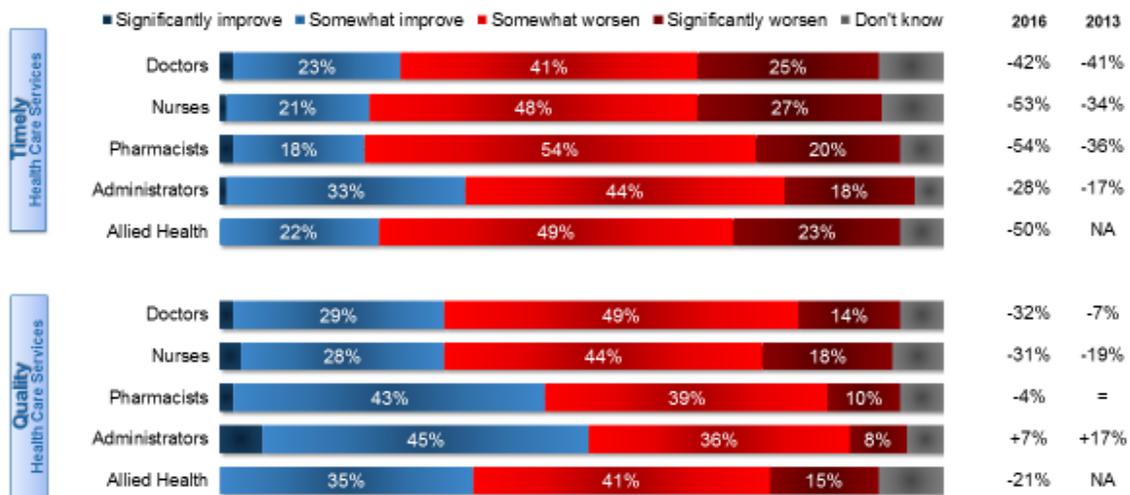


Figure 7. Canadian health professionals’ responses when asked in the 2016 HCIC survey: “Over the next five years, do you believe that Canadians’ access to the following will significantly improve, somewhat improve, somewhat worsen or significantly worsen?” Net momentum equals total improve minus total worsen.

Conclusions

Canadians appreciate Medicare. Specifically, serial HCIC surveys, have confirmed that both the public and health professionals have expressed a consistent perception of overall quality of our health care. Perhaps, after nearly half a century, it may be that we take Medicare and quality of health care for granted. We should not.

There is an increasing sense of imperfect access, specifically lack of timely access to all care modalities, among all stakeholders. Recent HCIC surveys confirm co-existence with, and most likely contribution to, an increasing perception that quality of care is also being compromised; and, suggest both will continue to be future trends. Suggestions for access improvement have been proposed; their likelihood of success is uncertain.

Things can be better.

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Data Access

Health Care in Canada raw data are overseen by McGill University, Montreal, QC. HCIC data can be accessed via request to: info@hcic-sssc.com or hcic@mcgill.ca

References

1. Montague, T, Gogovor, A, Marshall, L, Cochrane, B, Ahmed, S, Torr, E, Aylen, J, Nemis-White, J, for the Health Care in Canada Survey Members. 2016. "Searching for Best Direction in Health Care: Distilling Opportunities, Priorities and Responsibilities." *Healthcare Quarterly*. 19(3): 44-49.
2. Montague, T, Nemis-White, J, Marshall, L, Gogovor, A, Torr E, Ahmed S, for the Health Care in Canada Survey Members. 2015. "Recent Health Care Trends in Canada: Perceptions of Quality, Access and Affordability; and, Priorities for Improvement, 1998-2014." https://www.mcgill.ca/hcic-sssc/files/hcic-sssc/hcic_trends_quality_access_affordability_2015.pdf.
3. Ahmed S, Gogovor, A, Berman, E, Miloff, M, Burnand, B, Krelbaum, M, Montague, T, for the 2008 Health Care in Canada Survey Partners. 2009. "Changing Health Care: Stakeholder Perceptions of the Burden of Chronic Disease and the Value of Teams, Measurement and Communication." *Healthcare Quarterly* 12(2): 1-13.
4. Nemis-White, J, Torr, E, Gogovor A, Marshall, L, Ahmed, S, Montague, T, for the Health Care in Canada Survey Members. 2014. "Stakeholder Surveys of Canadian Health Care Performance: What Are They Telling Us? Who Should Be Listening? Who Should Be Acting; and, How?" *Healthcare Quarterly* 17(4): 22-27.
5. Montague, T, Gogovor, A, Ahmed, S, Torr, E, Aylen, J, Marshall L, Henningsen, N, Nemis-White, J, for the 2013-2014 Health Care in Canada Survey Members. 2015. "Contributions and Challenges of Non-Professional Patient Care: A Key Component of Contemporary Canadian Healthcare." *Healthcare Quarterly* 18(3): 18-22.

6. Gogovor, A, Nemis-White, J, Torr, E, Aylen, J, Marshall, L, Ahmed, S, Montague, T, for the 2013-2014 Health Care in Canada Survey Members. 2015. "Patient-centred, evidence-based and technology-facilitated health care." https://www.mcgill.ca/hcic-sssc/files/hcic-sssc/hcic_patient-centred_evidence-based_technology-facilitated_2015.pdf.

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