

# Recent Health Care Trends in Canada: Perceptions of Quality, Access and Affordability; and, Priorities for Improvement, 1998-2014

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## Abstract

Drawing on data from 11 iterations of the Health Care in Canada (HCIC) surveys between 1998 and 2014, this paper summarizes trends in citizens', physicians', nurses', pharmacists' and administrators' perceptions of the quality, access and affordability of health care in Canada, as well as innovative priorities to improve future care and predictions for its success. We found that timely access to, and affordability of, care have become the leading causes of concern in recent years among the public and health professionals alike, displacing inadequate funding and lack of professional staff, the leading causes of concern at the turn of the last century. Moreover, these issues are predicted, by all stakeholders, to likely worsen in the ensuing five years. Nonetheless, the perception among the majority of public and all professional stakeholders of the overall quality of our health system has remained relatively unchanged. In terms of priorities to improve care, increasing professional schools' enrolment remains the public's number one priority, although support is decreasing. Among professionals, requiring health providers to work in teams has become the number one care improvement priority; and, the number two priority among the public. Among both public and all professional stakeholders the recommendation to fund development of national supply systems to reduce costs of care is now a top priority, displacing the previously top-ranked options of shifting funding from other health care arenas, or raising taxes. We conclude that, although things are changing in Canadian health care and some key factors, like timely access, may be worsening, the perception of overall system quality persists. Canadians, both the public and health professionals, have developed realistic, and shared, priorities for targeted improvement. Optimism appears to outweigh pessimism. Things can be better!

The Health Care in Canada (HCIC) survey partnership has repeatedly sampled public and professional perceptions around important issues in Canadian health care since 1998. This paper summarizes trends in citizens', physicians', nurses',

pharmacists' and administrators' perceptions of the quality, access and affordability of care, as well as innovative priorities to make future care better, over the course of 11 iterations of the HCIC surveys, 1998 – 2014.

## The Health Care in Canada Survey - Members and Methods

Since inception, the group of institutional members forming the HCIC partnership has varied; and, expanded, although many members have been present from the beginning. For the eleventh survey, in late 2013 and early 2014, the members were the: Canadian Cancer Society (CCS); Canadian Foundation for Healthcare Improvement (CFHI); the newly merged organizations of the Canadian Healthcare Association (CHA) and Association of Canadian Academic Healthcare Organizations (ACAHO), now called HealthCareCAN; Canadian Home Care Association (CHCA); Canadian Hospice Palliative Care Association (CHPCA); Canadian Medical Association (CMA); Canadian Nurses Association (CNA); Constance Lethbridge Rehabilitation Center, *Centre interdisciplinaire de recherche en réadaptation* (McGill University); Health Charities Coalition of Canada (HCCC); Institute of Health Economics (IHE); Institute of Work and Health (IWH); and Merck Canada Inc. Project management was provided by Strive Health Management. **CareNet** Health Management Consulting delivered survey oversight and leadership.

The HCIC survey methodology has been consistent in all 11 iterations. All surveys were conducted by POLLARA Strategic Initiatives (1, 2), sampling nationally representative samples of members of

the adult Canadian public and key professional groups (doctors, nurses, pharmacists and health administrators). Prior to the 2013-2014 survey, telephone technology was utilized for sampling (1); the most recent survey utilized online technology (2).

Traditionally, survey questions have been developed, in French and English, in consultations with all HCIC partners. The surveys have primarily consisted of 35-40 detailed questions for health care professionals; and, 55-60 for the general public - covering multiple care domains that were similar for both target groups, including: personal health and its social determinants; chronic disease prevalence and its management; the role of non-professional care givers; and, the value of patient-centred care and its most valued components (1, 2).

This paper, reviewing data from all 11 HCIC surveys from 1998 to 2014, tracks general trends in stakeholders' perceptions of health care access, quality and affordability; and, their preferred priorities to make things better.

### Characteristics of survey participants

Over the course of all the HCIC surveys, the public population samples have consistently reflected the general Canadian population-at-large. Sample sizes for the general population have, however, varied between 1000 and 2020 participants in various years. And, professional sample sizes have varied between 100 and 302 per group, per survey.

In the most recent survey, conducted in late 2013 and early 2014, there were 1000 participants in the public population sample, of whom 49 percent were male. The average, non-weighted age of the public sample was 50 ( $\pm 15$ )

years; 5 percent of individuals were 18-24 years; and, 22 percent were  $\geq 65$  years. The weighted 2013-2014 HCIC survey data reflected the 2011 Canadian Census general population data in terms of age, sex and regional variables.

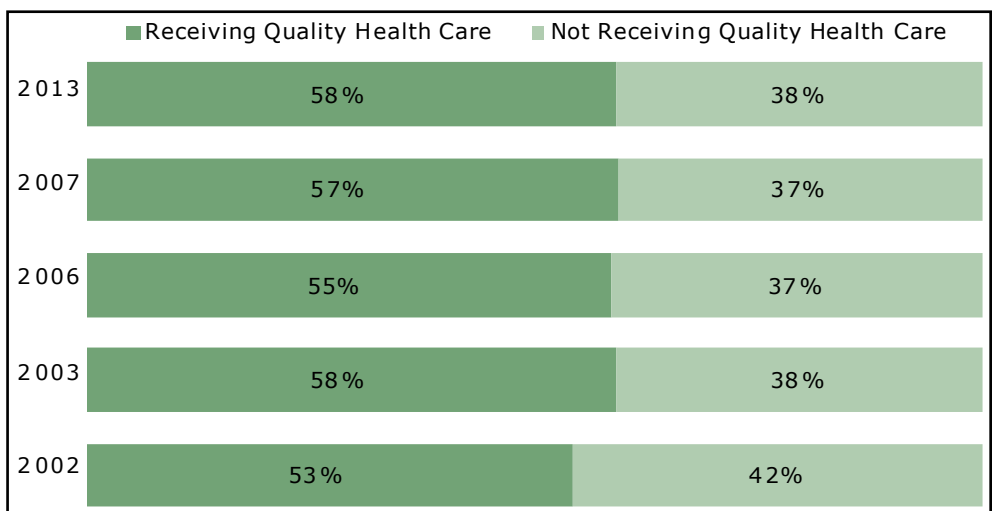
The physician sample size in 2013-2014 was 101, of whom 81 percent were male. There were 100 nurses, of whom 9 percent were male. Forty eight percent of pharmacists (n=100); and, 41 percent of health administrator participants (n=104) were male. The majority of the professional provider groups had eleven or more years of practice experience: physicians, 94 percent; nurses, 72 percent; pharmacists, 64 percent; and, administrators, 56 percent.

The error margin at the 95 percent confidence interval for the online public sample population in 2013-2014 was estimated to be  $\pm 3.1$  percent (2). The estimated margins of error, at the 95 percent confidence interval were, respectively:  $\pm 9.6$  percent for administrators,  $\pm 9.7$  percent for doctors, and  $\pm 9.8\%$  for nurses and pharmacists (2). In HCIC surveys with larger sample sizes, the margins of error were proportionally less.

### Quality of Health Care in Canada

Overall, the proportion of Canadians who believe they were, and are, receiving quality health care

**FIGURE 1.** Temporal comparison of the Canadian public's perceptions of quality of their health care over the past decade when asked: "Overall, would you say that Canadians are, or are not, receiving quality health care services right now?"



services has remained relatively unchanged over the past decade and a half, ranging from 53 percent to 58 percent (Figure 1).

**FIGURE 2. Temporal comparison of Canadian health care professionals' perceptions of quality of care over the past decade. When asked: "Overall, would you say that Canadians are, or are not, receiving quality health care services right now?"**

		2007	2006	2003	2002
Doctors	76%	72%	78%	70%	72%
Nurses	62%	66%	66%	58%	64%
Pharmacists	75%	76%	80%	74%	81%
Administrators	73%	91%	86%	88%	74%

However, there have been age, sex, geographic and income-based differences in perceptions of quality care. For example, in 2013-2014, Ontario citizens were most optimistic (66 percent) that they are receiving quality care; those in Quebec, were least optimistic at 51 percent. Men (64 percent) were also more likely than women (53 percent) to perceive Canadians are receiving quality care. Historically, younger citizens, and those with higher incomes have also had perceptions of higher care quality, compared to older persons and those with lower incomes.

A temporal comparison of the level of quality care among Canadian health care professionals over the past decade is illustrated in Figure 2. Among professionals, nurses' views of care quality have most closely reflected the public's views over the years. In comparison, physicians, pharmacists and health administrators have consistently had, and continue to have, a considerably more optimistic opinion of the level of quality care for

Canadians. Administrators have been particularly bullish in their perceptions of quality care in the past, although in the 2013-14 survey, their perceptions have moved more in line with the other professional groups (Figure 2).

Perceptions of the single, most important contemporary issue challenging Canadian health care quality, particularly among the public, has shifted markedly over the years (Figure 3). Dominant foci in the late 90's and early 2000's were lack of funding and / or government cutbacks. The current public focus is access to care, particularly as manifest by timely access. Wait time, the perception of unduly long periods waiting for care access, is now rated the most important health care issue among the general public across most of the country, having increased nearly eight-fold from the original HCIC survey in 1998. The only exception is Atlantic Canada, where shortage of doctors remains the public's perception of the primary challenge to delivery of quality care.

Among health care professionals, administrators agree with the general public that prolonged wait time for access to health care is the most important

**FIGURE 3. Temporal comparison of the Canadian public's perception of the most important health care issue, 1998-2013 when asked: "What is the most important health care issue facing Canada today?"**

		2007	2000	1999	1998
Wait times	31%	20%	7%	6%	4%
Shortage of doctors	16%	19%	5%	5%	3%
Aging population	8%	8%	5%	5%	5%
High cost of care	8%	n/a	n/a	n/a	n/a
Availability/Accessibility	5%	n/a	n/a	n/a	n/a
Cancer care	3%	n/a	n/a	n/a	n/a
Shortage of staff	3%	3%	10%	4%	2%
Lack of funding	3%	2%	19%	9%	18%

care issue facing Canada today (Figure 4). However, the number one issue among the other provider groups – doctors, nurses and pharmacists – is availability / accessibility of care, with wait times rated as the strong number two concern (Figure 4). In contrast, in previous years, particularly between 1999 and 2003, the greatest concern of professionals, as well as the general public, was lack of funding / government cutbacks; and, among nurses, lack of staff and work overload.

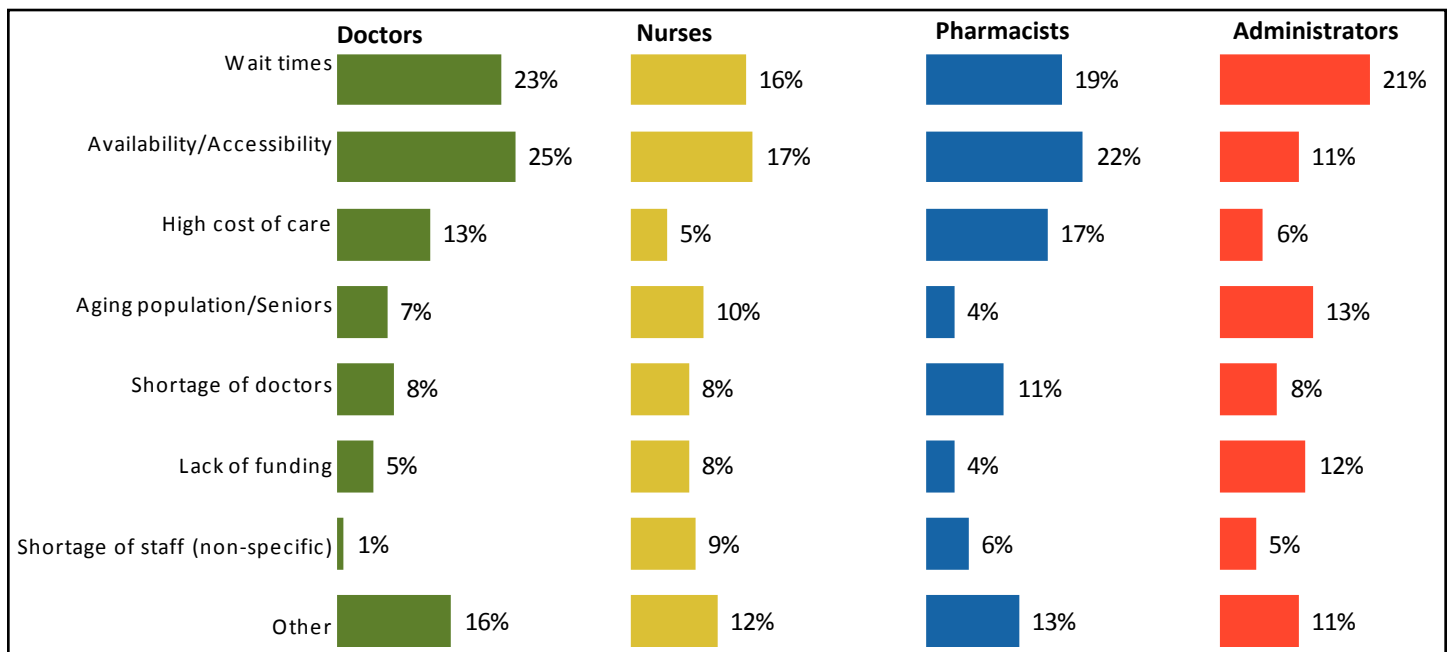
Interestingly, considering the rapid aging of the Canadian population, with its attendant age-related disease burdens (3, 4), concern for an ever-increasing aged populace has remained a single-digit concern among public and most health professionals, except among health administrators (Figure 4). However, concern among older Canadians may be changing. In a recent selective poll of 2000 adults 45 years of age and older, from 26 federal political ridings, 87 percent of respondents felt seniors' health care should be addressed as a top priority in political party platforms (5).

As noted above, access to care, particularly its timeliness, has become an issue of overarching concern for Canada's public and health professionals. Approximately one third of the Canadian public (31 percent) currently identify it as our most important health care issue, compared to 20 percent six years ago; and, 4 percent, 15 years ago (Figure 3).

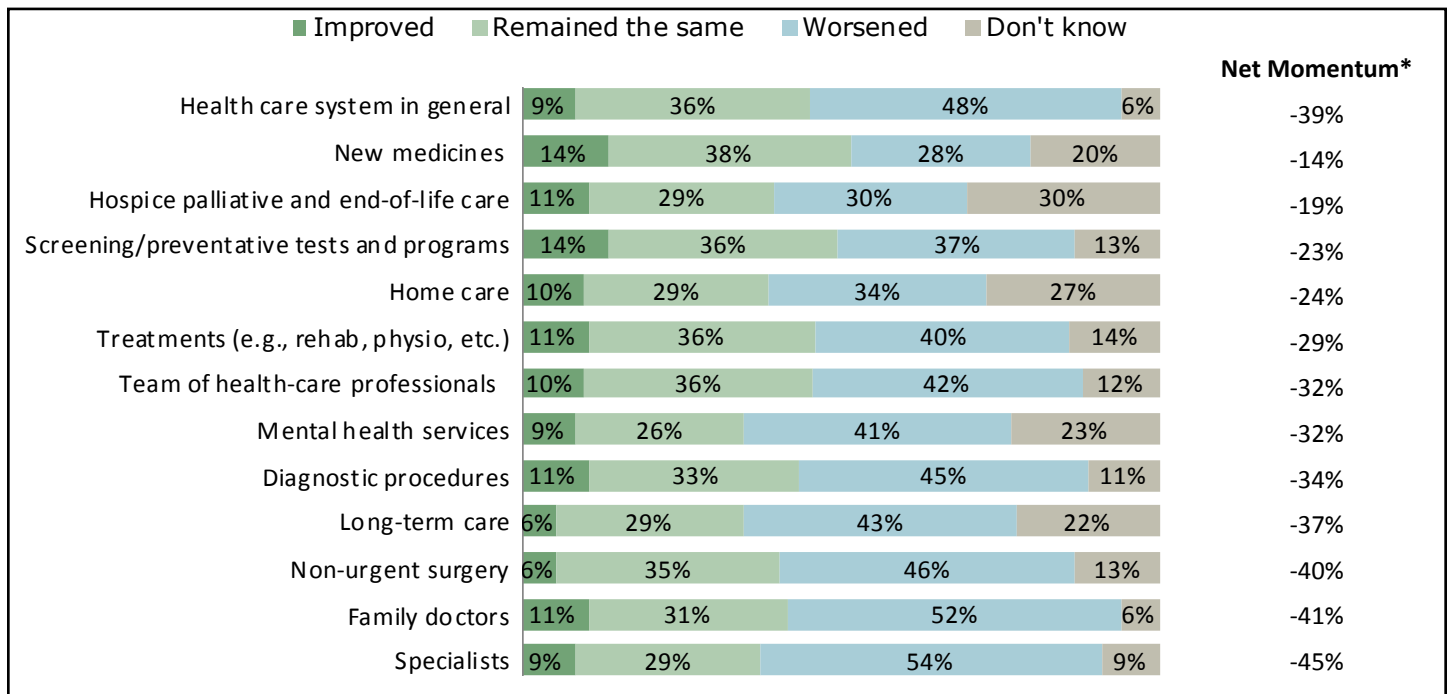
Moreover, the overwhelming perception of the public and professionals is that access to care, in general, has gotten worse over the last several years (Figures 5, 6). Geographically, the public perception of deterioration in access to care has been most marked in Quebec, British Columbia, Manitoba, Saskatchewan and the Atlantic provinces; less so, in Alberta and Ontario. And, the public perceives the deterioration in access to exist across the entire spectrum of diagnostic and therapeutic services (Figure 5). In contrast, among professionals, a few areas, including access to diagnostic services, new medicines and palliative / end of life care, were felt to have improved, or at least not deteriorated.

### Access to Health Care in Canada

**FIGURE 4.** Comparison of Canadian health professionals' perceptions of the most important health care issue, 2013-2014, when asked: "What is the most important health care issue facing Canada today?"



**FIGURE 5.** Canadian public's perceptions in 2013-2014 when asked: "Has timely access over the past five years improved, worsened or remained the same?"

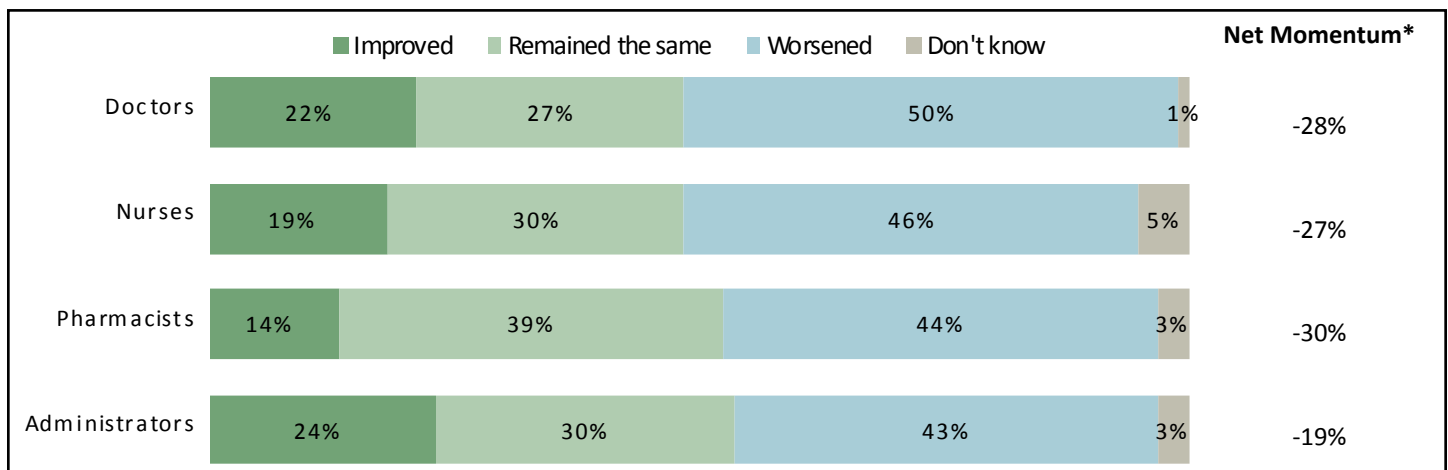


One specific access concern worth highlighting among the growing number of Canadians with one or more chronic diseases, and their family and friends who provide them with valuable non-professional care, is needed access to the information to help manage patient care (2). In the 2013-2014 HCIC survey, the majority of public responders (68 percent) said they always, or often, have such access; and, interestingly, information access rose with patient age (2).

#### Affordability of Health Care

As with access to care, perceptions of affordability of care among the public and health professional stakeholders are not temporally moving in a positive direction (Figures 7, 8). The general public views affordability very pessimistically, generally; with equally negative perceptions of specific care services (Figure 7). These perceptions of worsening affordability rival, or are even more negative, than the public's perceived worsening of timely access to care and services over the last several years (Figure 5).

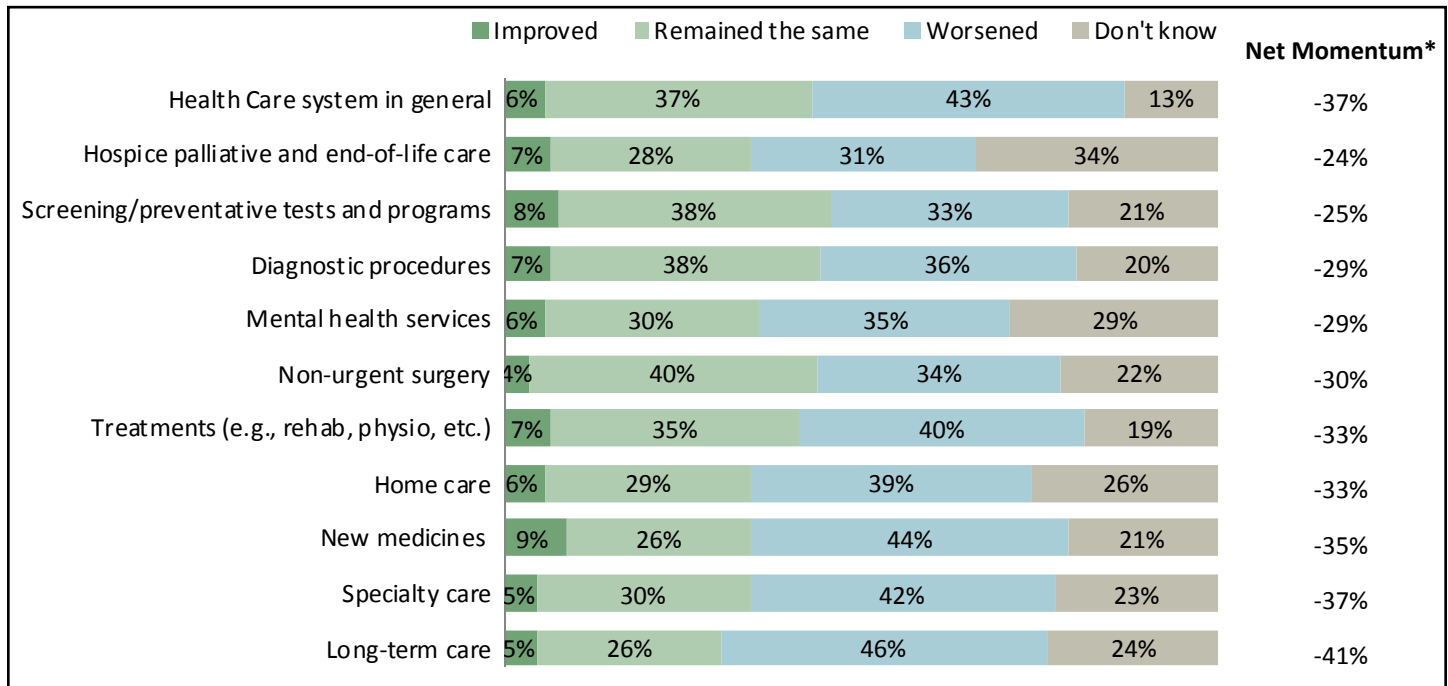
**FIGURE 6.** Canadian health providers' perceptions in 2013-2014 when asked: "Has timely access to care over the past five years improved, worsened or remained the same?"



\*Net Momentum equals Total Improve minus Total Worsen.



**FIGURE 7. Canadian public's perceptions in 2013-2014 when asked: "Has affordability of each of the following improved, worsened or remained the same over the past five years?"**



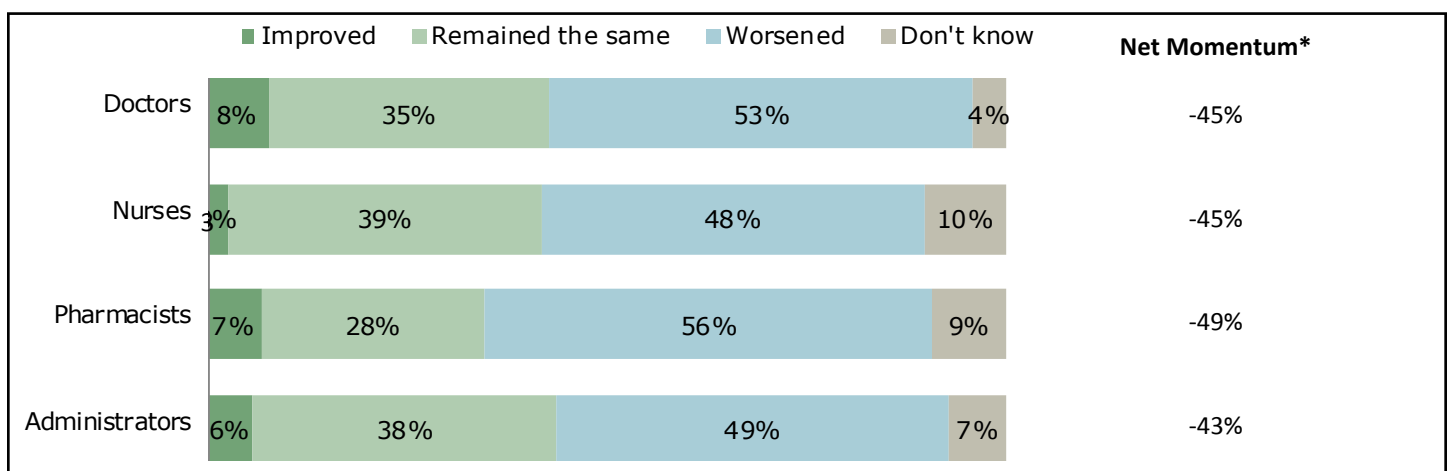
And, among the various professional stakeholder groups in Canadian health care, the general impressions of affordability of care over the last five years are even more pessimistic (Figure 8).

**Going Forward – Priorities to Make Things Better**

In terms of addressing the most critically rated issue in contemporary Canadian health care, that is improving timely access to care, the public's most strongly supported target remains increasing medical and nursing school enrolment levels (Figure 9). Support has, however, slipped since 2007, except among Canadians older than 65 years.

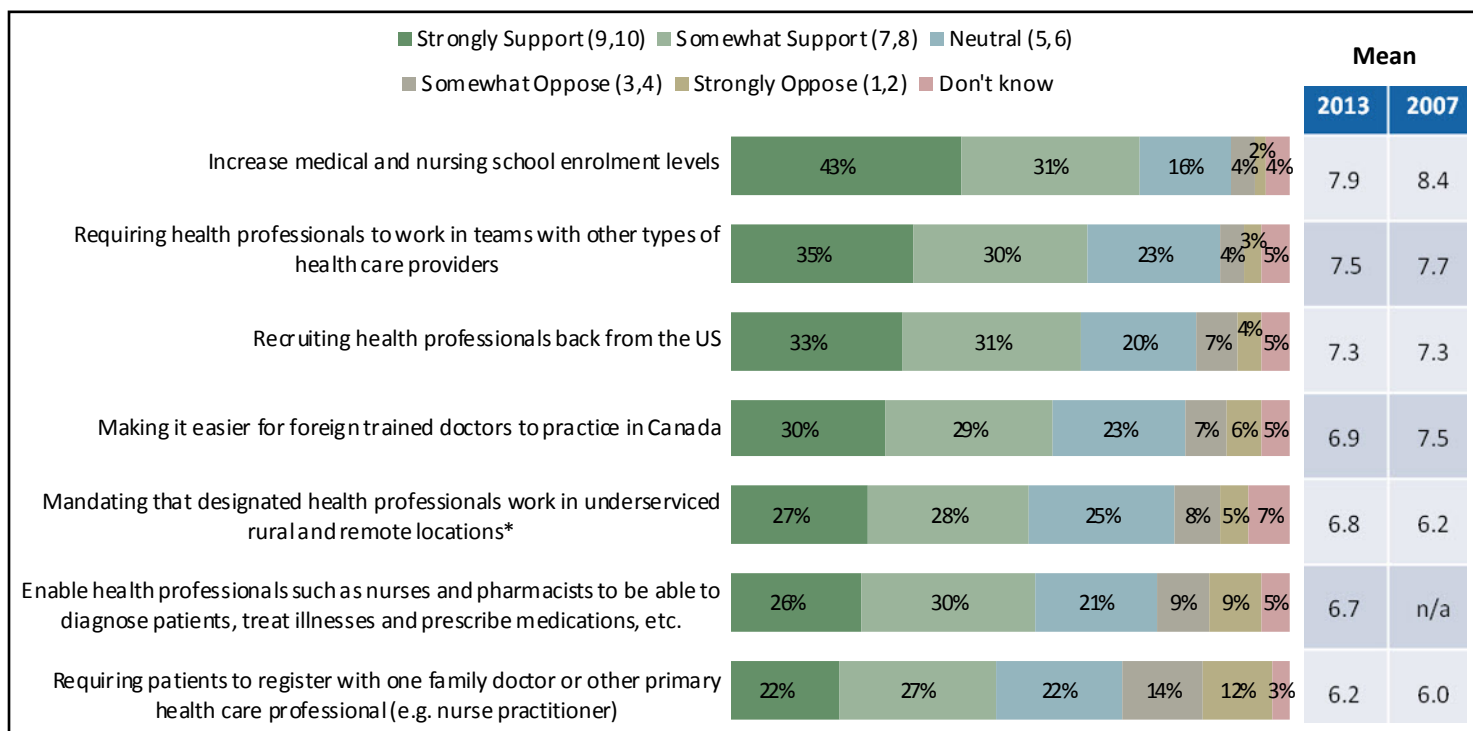
Among professional care providers, similar to the general public, the most strongly supported initiative to increase access to care in 2007 was increasing medical and nursing school enrolment. However, in the 2013 - 2014 survey, it was replaced by requiring health professionals to work in teams as the top initiative for improving access. And, the greatest temporal change in support for team-based care among professional providers over the past several years occurred within the physician group (Figure 10).

**FIGURE 8. Canadian health providers' perceptions in 2013-2014 when asked: "In general, has affordability of care over the past five years improved, worsened or remained the same?"**

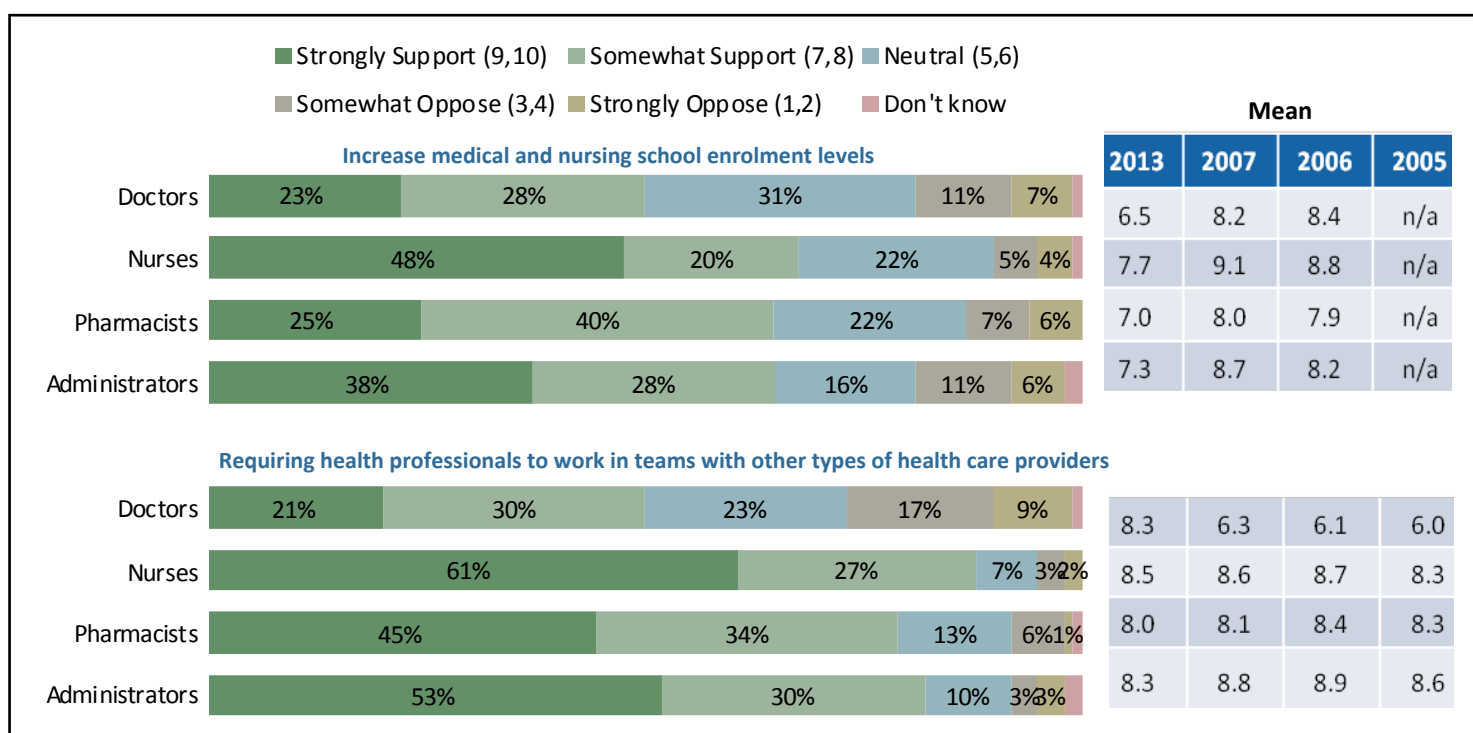


\*Net Momentum equals Total Improve minus Total Worsen.

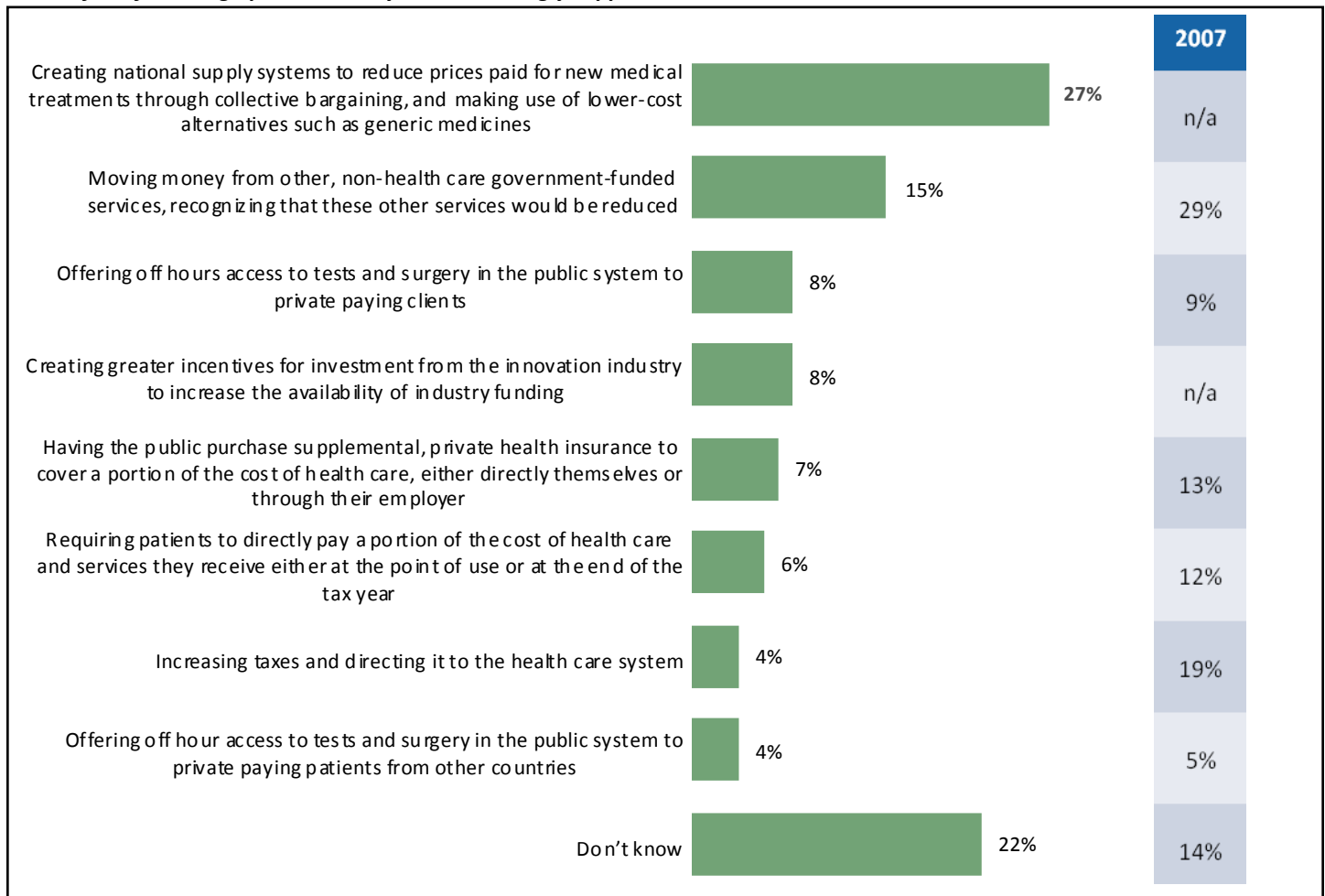
**FIGURE 9. Canadian public's perceptions in 2013-2014 when asked: "To what extent would you support or oppose each of the following policies to increase access to health professionals, using a scale from one to 10, where ones means you would strongly oppose and 10 means you would strongly support?"**



**FIGURE 10. Canadian health providers' perceptions in 2013-2014 when asked: "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 one means you would strongly oppose and 10 means you would strongly support?"**



**FIGURE 11.** Canadian public's declared level of support in 2013-2014 when asked: "In order to improve the health care system, which of the following options would you most strongly support?"



Other priority areas of clinical care identified by the public for future developmental support included: increasing home and community care services; and, accelerating the use of personal electronic health records (79 percent in 2013-2014 versus 52 in 2007).

When asked what, in general, they would support to improve the Canadian health system, the public's first choice in the 2013-2014 survey was the creation of national supply systems to reduce prices paid for new medical treatments through collective bargaining, and making use of lower-cost alternatives such as generic medicines (Figure 11). Alternative options, including moving money from non-health care government services and increasing taxes, have declined in popularity compared to 2007.

Among professional stakeholder there was also a very similar recommendation of top priority support for the creation of national supply systems to reduce prices of care and its components, ranging from 24 percent for physicians, to 31 percent among health administrators.

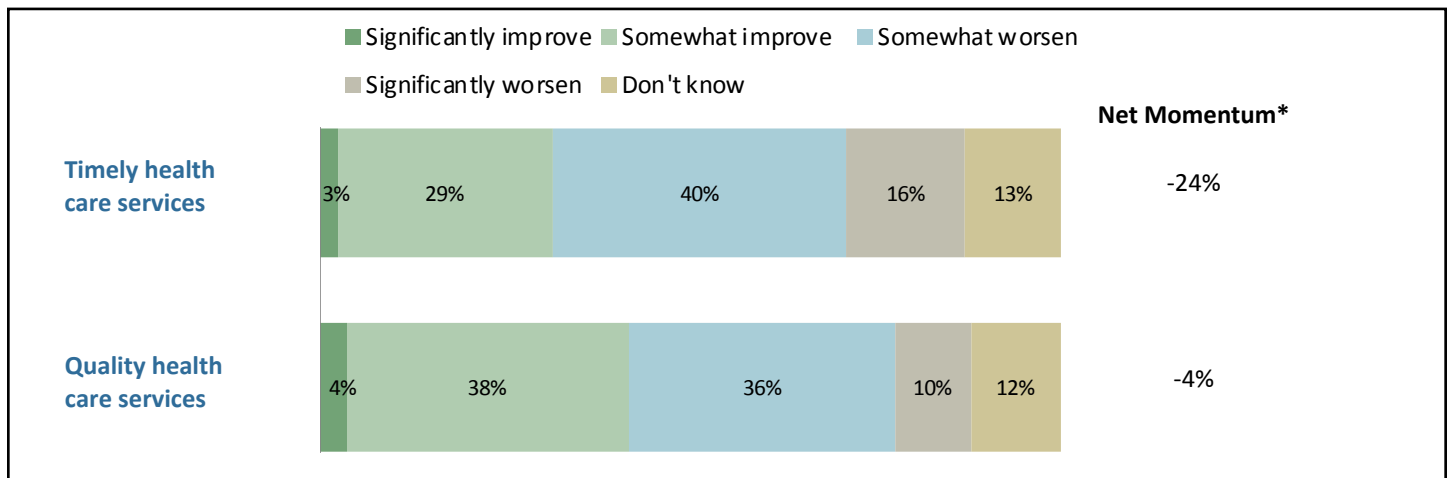
### Predicting the Future

The predictive value for determining the future of Canadian health care quality access and affordability is uncertain. Nonetheless, there are consistencies of opinion among all stakeholders in 2013-2014 about the future of our health care.

For example, the majority of the Canadian public (56 percent) believe access to *timely* health care services in Canada will get worse over the next five years; and, 46 percent predict a similar worsening of access to *quality* care (Figure 12).



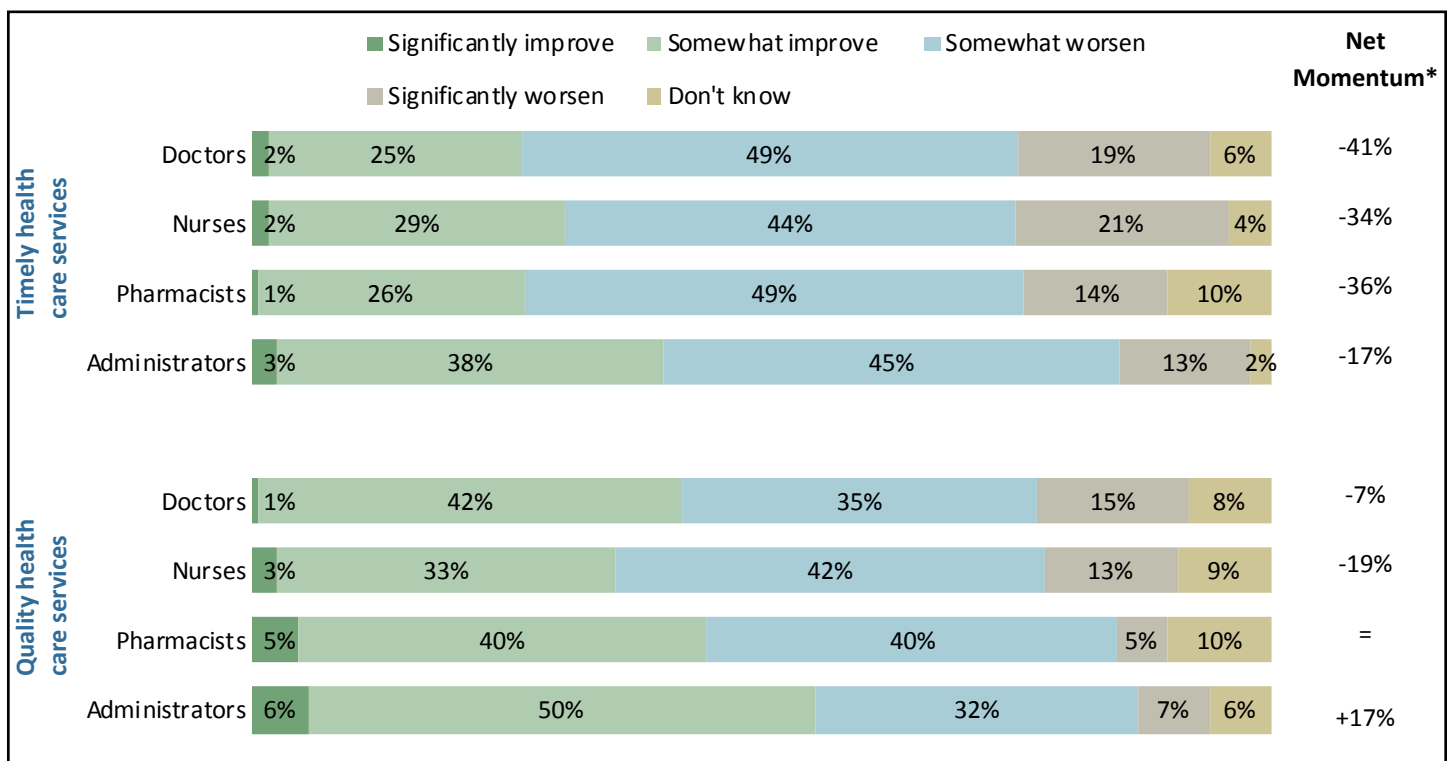
**FIGURE 12.** Canadian public's predictions in 2013-2014 when asked: "Over the next five years, do you believe that Canadians' access to the following will significantly improve, somewhat improve, somewhat worsen or significantly worsen?"



The great majority of Canadian health care providers agree with the general public's prediction that access to timely health care services will worsen over the next five years: doctors, 68 percent; nurses, 65 percent; pharmacists, 63 percent; and, administrators, 58 percent (Figure 13). And, providers' prediction for the quality of health care services over the next five years is

equally pessimistic. Fifty percent of physicians, 55 percent of nurse, 45 percent of pharmacists and 39 percent of health administrators expect negative momentum, or deterioration, in quality of care (Figure 13).

**FIGURE 13.** Canadian health providers' predictions in 2013-2014 when asked: "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.

## Discussion

The principal finding in this 15-year review of the Canadian public's, and professional providers', perceptions of the quality, access and affordability of care, as well as their priority preferences for improving care and its likelihood of success, is that, although perceptions of some key issues reflect a changing, and worsening, landscape, there is an enduring belief in the overall quality of our health system.

Specifically, timely access to care, and its affordability, have become leading causes of concern in recent years, among both the public and health professionals, displacing previous top-of-mind issues like lack of funding and inadequate supply health care professionals. In terms of priorities to make future care better, increasing professional schools' enrolment has remained the top concern among the public, although with recently decreasing support. Among professionals, requiring health professionals to work in teams has now become the top contemporary improvement priority; and, it has also risen to the number two position among the public.

And, perhaps as a reflection of growing knowledge around health and economic realities, as well as increasing political sophistication, both public and professionals' contemporary priority recommendations to improve care are now shifting to development of funding national supply systems to reduce costs of care. This new focus replaces the previously top-ranked, and more generic, and perhaps more unrealistic, options of shifting funding from other funding envelopes, particularly government envelopes, or raising taxes.

The particular strengths of the HCIC surveys are their unique abilities to compare rigorously and simultaneously acquired perceptions of multiple professional stakeholders and the general public, coupled with the ability to compare temporal trends in targeted areas of interest. Potential

weakness of the HCIC results, like all similar survey-based data, is that they utilize self-reported data. Comparison with results from other individual contemporary health population health surveys have, however, demonstrated HCIC data to be very compatible (1, 2). The HCIC series of 11 surveys have, however, no equivalent temporal trend comparators.

Next steps in the HCIC survey members' planning include enhancement and measurement of knowledge translation impact, and follow up studies to explore outstanding questions. In particular, what underlies the reality of Canadian citizens, and major health provider professionals, continuing to perceive an acceptable, perhaps even superior, quality of our health care system, despite their perceptions of less-than-perfect delivery of key components like timely access and challenging affordability? Are they, for example, perceiving counter-balancing quality improvements, such as care delivered with enhanced caring and respect; and, in a more collaborative patient-provider covenant (2)?

In conclusion, the HCIC survey data from 1998 to 2014 demonstrate that things have changed in Canadian health care. Moreover, they suggest that things will likely continue to change. For sure, they should continue to be measured.

Things can be better!

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## References

1. Ahmed S, Gogovor A, Berman E, Miloff M, Burnand B, Krelbaum M, Montague T, for the 2008 Health Care in Canada Survey Partners. Changing Health Care: Stakeholder perceptions of the burden of chronic disease and the value of teams, measurements and communication. *Healthcare Quarterly* 2009; 12(2): 1-13.
2. Ahmed S, Marshall L, Gogovor A, Morton W, Norman J, Nemis-White J, Montague T, for the 2013-2014 Health Care in Canada Survey Members. Challenges and opportunities: Results of the 2013-2014 Health Care in Canada survey. *Healthcare Papers* (Submitted Picard A. CMA slams Ottawa's inaction on medicare. *The Globe and Mail* 2014; 21 August: A5.
3. Picard A. CMA slams Ottawa's inaction on medicare. *The Globe and Mail* 2014; 21 August: A5.
4. Murphy SL, Xu J, Kochanek MA. Deaths: final data for 2010. *National Vital Statistics Reports* 2013; 61: 1-118.
5. Canadian Medical Association. Seniors care anxiety could sway the next federal election. *CNW Newswire* 2014; 08 April: <http://cnw.ca/17xD>.

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