

Commission on the  
Future of Health Care  
in Canada



Commission sur  
l'avenir des soins de santé  
au Canada

# Public Input on the Future of Health Care

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*Results from the Issue/Survey Papers*

Prepared for the  
Commission on the Future  
of Health Care in Canada

by  
**POLLARA**

NOVEMBER 2002

# Methodology

- The data for this study were collected through both an online questionnaire and a small proportion of mail-in workbooks. Though there were slight differences in the workbooks, the structure and goals were similar. Each questionnaire began with an invitation from the Commissioner, along with a series of instructions on how to proceed and where to obtain additional information. Respondents were presented with a variety of arguments for and against possible future courses for health care before answering each section of questions.
- Full copies mail-in workbooks appear as appendices to this report.
- Three waves of surveys were posted online between May 16<sup>th</sup>, 2002 and September 30<sup>th</sup>, 2002 according to the following timeline:
  - Wave 1: May 16<sup>th</sup> to September 30<sup>th</sup>
  - Wave 2: May 31<sup>st</sup> to September 30<sup>th</sup>
  - Wave 3: July 10<sup>th</sup> to September 30<sup>th</sup>
- Surveys which were posted online for longer period of time attracted the greatest number of respondents.
- A total of 345 paper surveys were completed for Wave 1; 88 for Wave 2; and 76 for Wave 3. These results are incorporated into final results.
- POLLARA did not complete the online data collection, but received the final data sets and conducted the analysis.



# Methodology (Cont'd)

## → Technical Information

- Using the online system, respondents had to answer each question before advancing to the next question. Not all screens included a question and in a number of places the respondent could advance through a series of relevant facts before providing an answer. The next seven pages outline examples of the factual information provided, and the manner in which information and questions were displayed on-screen.
- The paper version had an answer sheet at the back that could be filled in as the person advanced through the workbook.
- Because respondents could exit the online survey at any time, the overall participation rate fluctuated modestly on a question-by-question basis. Sample sizes for each question are located on the corresponding slides throughout the presentation.




# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare*  
**Pharmacare in Canada**

**Pharmacare in Canada**



Many of us have had our lives, or those of people we love, radically changed by prescription drugs. Vaccination and antibiotics have prevented untold deaths. Pain is eased, more normal lives made possible, chronic conditions dealt with. There is hope that someday new drug therapies may be as effective in treating diseases such as cancer and AIDS.

At the same time, the drug costs are continuing to rise, and many Canadians are concerned that this may not be sustainable. Spending on drugs is increasing faster than all other healthcare spending.

*Click Next to continue.*

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**Drug Coverage Facts**

In 2001, 86 percent of Canadians said they believe prescription drugs play an important role in improving the quality of healthcare.

The budget for prescription drugs grew by 344 percent between 1985 and 2000, when Canadians spent \$11.3 billion on prescription drugs.

# Methodology (Cont'd)

## Example of Screen Views

Issue-Survey Paper - Pharmacare

### Pharmacare in Canada

COMMISSION ON THE FUTURE  
OF HEALTH CARE IN CANADA



#### Pharmacare in Canada

**I. Streamlining the regulatory approval process for new drugs.**

Should Canada make it faster and easier for drug companies to bring new drugs onto the market? What are the trade-offs for speeding up drug approval?

**II. Creating a national pharmacare program to pay for prescription drugs.**

Should we create a national pharmacare plan that pays for the drugs Canadians take? Some new drugs can cost hundreds even thousands of dollars for a course of treatment. Many people have drug coverage provided as part of their employee benefits, or are covered by government drug plans. But some Canadians have no drug coverage at all.

**III. Dealing with the rising cost of drugs.**

Should Canada try new ways of keeping drug costs down? Drug budgets continue to increase every year.

As we consider the future of our healthcare system, we may choose to pursue these courses of action separately, in combination with each other, or not at all.

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# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare*

**Pharmacare: Access to New Drugs**

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### Access to New Drugs

It takes a long time to bring a drug to market in Canada. A drug can spend more than a decade in a development process that takes it from basic laboratory research to clinical trials to find regulatory approval.

The industry often criticizes Health Canada for not approving drugs fast enough. And patients sometimes join them in asking the government for faster approvals.

A major reason for the delays at Health Canada is that while the number of proposed new drugs requiring review is increasing every year, the number of reviewers is not. As a result, there is a backlog at Health Canada and it can now take up to six months for a reviewer to even begin looking at an application.

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# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare*

**Pharmacare: Access to New Drugs**

COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA



### Course of Action: Regulatory Streamlining

**Course of Action:**  
Government should streamline the regulatory approval process for drugs

To shorten the time it takes to approve a drug in Canada, Health Canada could:

- I. Increase funding to its drug approval branch so it can hire more staff, and complete more reviews.
- II. Charge the company seeking regulatory approval a user-fee to finance a separate drug review agency.
- III. Co-operate with other countries that review drugs, either by sharing information and resources, or simply adopting the results of drug reviews from other countries.

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# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare*

**Pharmacare: Access to New Drugs**

COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA



### Course of Action: Regulatory Streamlining

#### Arguments For

**Canada is slower than other countries in approving drugs.**  
That means that Canadians may not be able to take a new drug until long after residents of other countries.

**If Health Canada had more funding, it could hire more people to review drugs and approve drugs faster.**

**If other countries are also approving the same drugs at the same time, often using the same process, Canada should share resources with them.**

**In fact, Health Canada already uses the same process as the United States.**  
Canada could just approve the work of the Americans, and allow Canadians to access drugs at the same time.

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### Access to New Drugs Facts

One study found the average time to approve a drug in Canada is about 608 days – longer than Australia (538 days), the United States (496 days), Sweden (360 days), and the United Kingdom (344 days). On average, it takes Canada 3.5 months longer to approve a drug than it takes the U.S.




# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare*

**Pharmacare: Access to New Drugs**

COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA



### Course of Action: Regulatory Streamlining

#### Arguments Against

**Health Canada already fast tracks approval of drugs for life-threatening and serious illness.**

**Most new drugs are not better than treatments currently available.**  
Many medications are not real breakthroughs, so a faster process doesn't necessarily mean better drugs will be available.

**There are better things Health Canada could pay for than hiring more people to review drugs faster.**  
Funds could instead be spent on better monitoring the safety of drugs after they are on the market, so that Health Canada can better monitor drugs that have serious side effects, and take them off the market.

**An international partnership is only as strong as its weakest link.**  
If countries share reviews, drug companies might only submit applications to countries they know will approve them faster. This approach could also compromise Canada's ability to make its own laws.

**Faster drug approvals can compromise public safety.**  
A recent American study showed a greater tendency to find post-approval risks in drugs that had been approved faster. However, another study found that overall risks have not increased since the U.S. has shortened approval times.

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# Methodology (Cont'd)

## Example of Screen Views

*Issue-Survey Paper - Pharmacare* COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

### Pharmacare: Access to New Drugs



#### Course of Action: Regulatory Streamlining

For each of the following questions, please indicate your opinion by selecting the appropriate box.

**Creating a national pharmacare program that ensures that all Canadians have some type of prescription drug insurance will improve healthcare in Canada.**

Strongly agree     Agree     Neutral     Disagree     Strongly Disagree

**Do you believe that Canada should concentrate more resources on speeding up our own drug approval process, or that Canada should pool resources and work more closely with other countries on drug approvals?**

Strongly agree - more resources on our own approval process     Agree - more resources on our own approval process     Neutral     Agree - work more closely with other countries     Strongly agree - work more closely with other countries

*Click Next to continue.*

# Methodology (Cont'd)

- The results presented herein are not transferable to Canadians as a whole for a number of reasons:
- Respondents were not selected randomly. They chose to participate and the overall results reflect this self-selection.
  - While Internet penetration is fairly high, there is still a significant digital divide. As indicated throughout the presentation, the respondents of this survey look quite different from average Canadians in having, for example, much higher education.
  - Because of the nature of the data, it is not possible to conduct tests of significance with this data or to assign significance to the differences between groups in a statistical sense.



# Methodology (Cont'd)

## → Multiple Responses

- According to information provided by the Canadian Policy Research Networks, both the online and paper versions of this survey were available publicly with no means for ensuring that the same person did not submit multiple completions.
- The Commission could have opted for some mechanism of registration (providing each person with a PIN), but this would have clearly been more costly and would have provided an additional burden and constraint on input.
- Other less obvious mechanisms (i.e. allowing only one completion per IP address or computer) would have also been problematic. For example, people who work on a local network or who access the Internet from community access sites would not be able to complete the workbook if someone else had already done so from that same location. Therefore, it is possible that the same person completed the questionnaire more than once, however, given the time commitment (15 to 20 minutes), these responses likely represent a very small proportion of total respondents.



# Methodology (Cont'd)

## →Weighting

- Since the workbook involved self-selected participation, it was never intended to be a survey in the traditional sense: Québec was under-represented, with no more than 66 respondents participating in each wave. Certain demographics, including education and income were also skewed according to Internet availability. As such, the data were not statistically weighted and the results cannot be considered statistically accurate or representative of the Canadian population as a whole.
- The data here are clearly skewed in terms of age, gender and province such that no weighting scheme could be justified.
- In the final analysis a decision was made to report the data unweighted. In effect, any weighting scheme would represent an attempt to impose a representative distribution on unrepresentative data.



# WAVE 1

## Pharmacare in Canada Homecare Access to Health Care





# PHARMACARE IN CANADA



# Summary: Pharmacare

- **Universal prescription drug coverage is believed to be an integral part of improving the Canadian system of health care. This is evidenced by half of respondents expressing strong agreement that a nation-wide Pharmacare insurance program will lead to health care improvements. Moreover, there is strong support for the coverage of *all* Canadians, not just the twelve percent who are currently without drug insurance.**
- **In terms of financing this plan, respondents indicate that the program should be part of medicare (no co-payments or deductibles) and funded through tax revenues rather than mandatory insurance premiums. In addition, three-quarters believe that cost control should be achieved through methods other than co-payments and deductibles in order to improve the current health care system.**
- **Respondents are not willing to sacrifice safety in exchange for quick access to new drugs as two-thirds indicate a preference to wait for thorough safety testing on new prescription medications. In fact, two-in-five respondents indicate that getting drugs approved as fast as possible is the least important principle of the drug approval process compared to the assurance of full Canadian control.**
- **Results of this study suggest that respondents are willing to relinquish some responsibility for Canadian research and development in exchange for decreasing the cost of drugs. In addition, cost saving measures such as referenced based pricing, doctor education and government price negotiation are all strongly supported by survey respondents.**



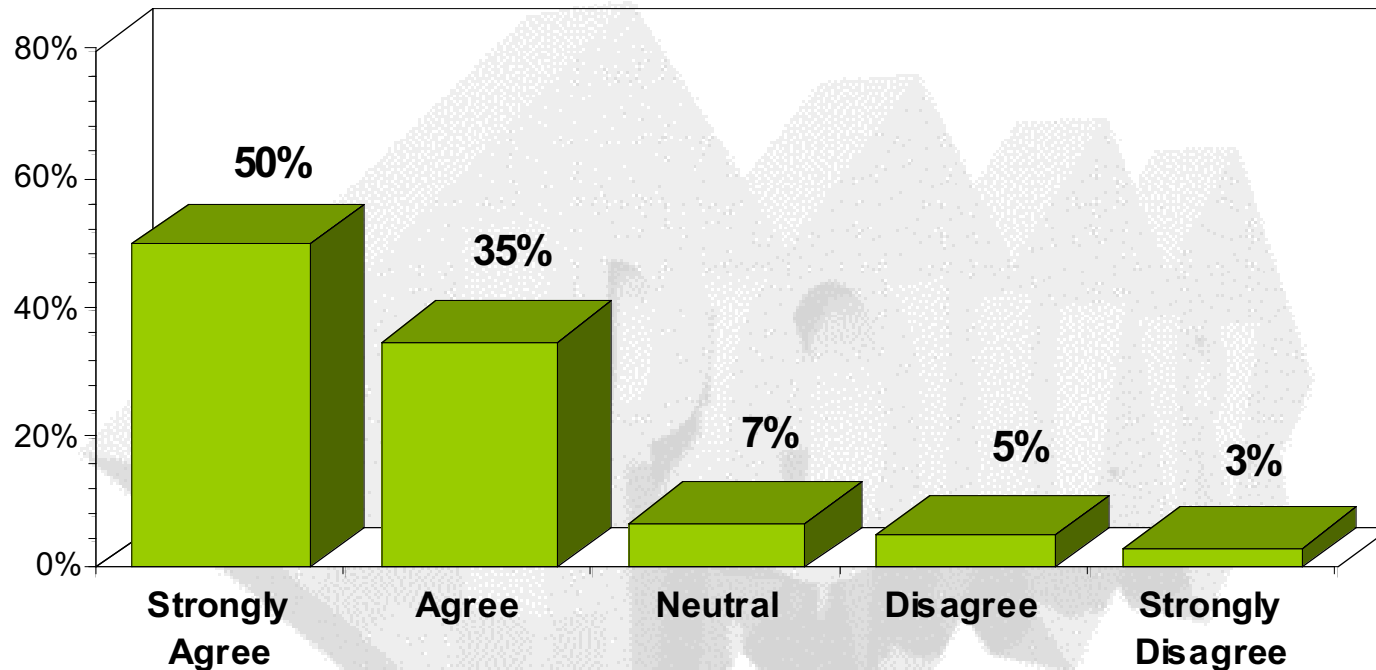




# *Regulatory Streamlining*



# A National Pharmacare Program Will Improve Health Care in Canada

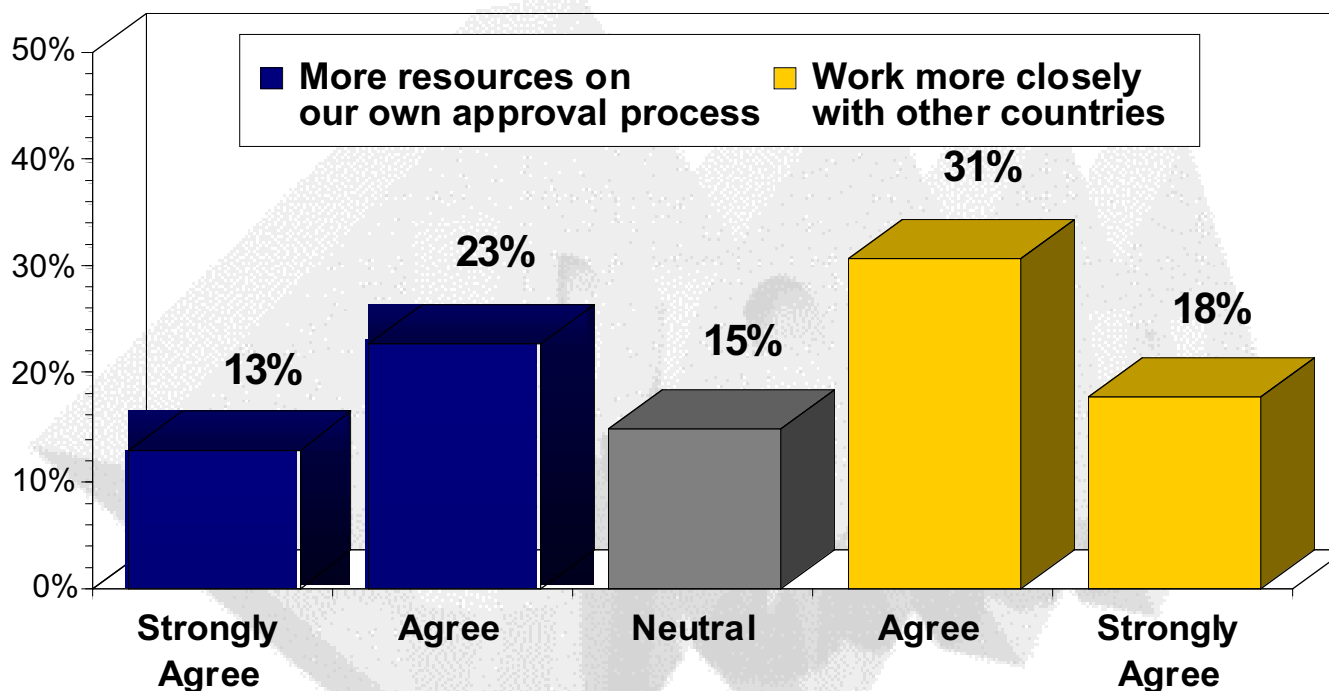


- Men are more likely than women to *strongly agree* a national Pharmacare program will improve Canada's health care (57% vs. 47% respectively).
- Agreement with the statement increases with age and the use of the health care system. For instance, older respondents (90% of seniors) and those who have used the health care system 10 or more times (94%) are significantly more likely than those under 30 years of age (79%) and those who have only used the health care system less than 4 times (83%) to agree with the statement.

Q: Creating a national Pharmacare program that ensures that all Canadians have some type of prescription drug insurance will improve health care in Canada. N=1938



# Preferred Allocation of Resources for Drug Approval Process

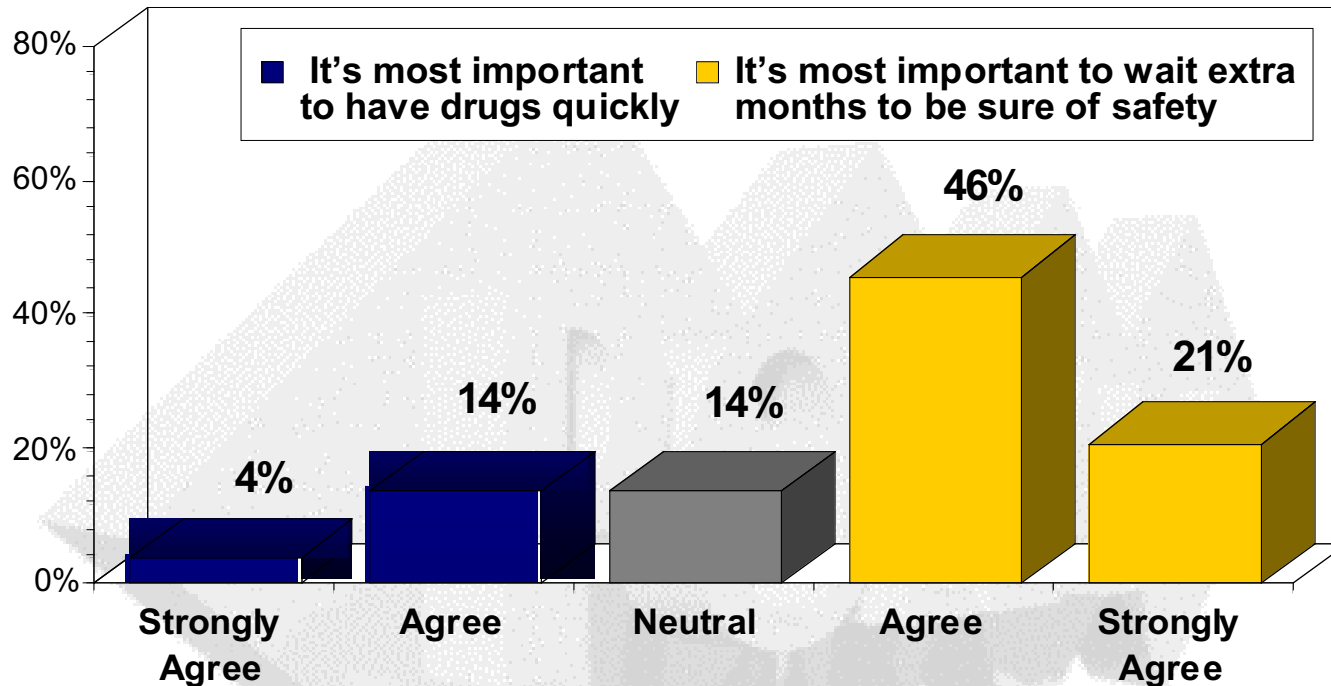


- Those most likely to believe Canada should focus on speeding up its drug approval process include: men under 30 years of age (46%) and those with a high school education.
- Conversely, those most likely to believe Canada should focus on working with other countries on drug approval include: those in households earning more than \$100,000 annually (56%) and those who have used the health care system more than 10 times (55%).



Q: Do you believe that Canada should concentrate more resources on speeding up our own drug approval process, or that Canada should pool resources and work more closely with other countries on drug approval? N=1938

# Speed of Access to New Drugs

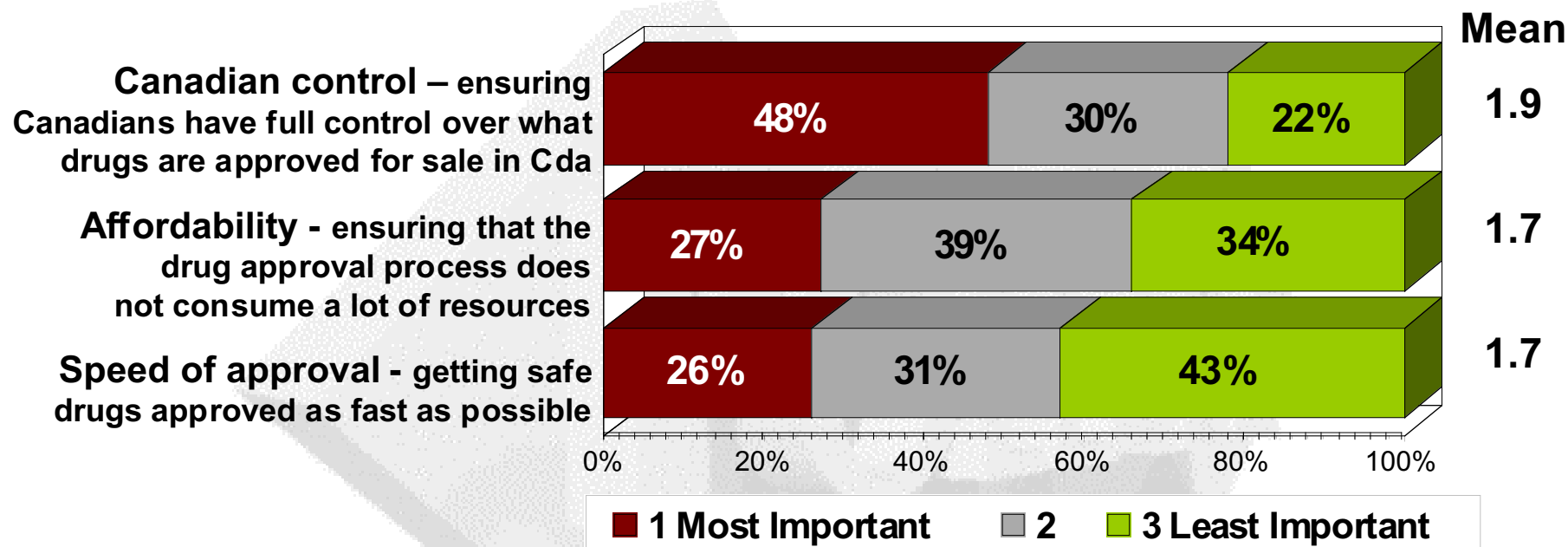


- Health care professionals (74%) and women (72%) are more likely than those who aren't a health care professional (65%) and men (61%) to believe it's better to wait extra months or years to ensure a new drug is safe.
- Conversely, men (23%) and those who aren't health care professionals (21%) are more likely than women (16%) and health care professionals (16%) to agree it is more important to have access to new drugs as quickly as possible.
- Younger respondents (75% of those under 30) are more likely than their older counterparts (67% of those 30 and over) to believe it is more important to wait longer for approval for a new drug. Meanwhile, older respondents are more likely than their younger counterparts to feel it is more important to have access to a new drug as quickly as possible (19% vs. 11%).



Q: In general, do you believe that it is more important to have access to new drugs as quickly as possible, or that it's better to wait extra months or years until we can be sure a new drug is safe for everybody over the long term? N=1931

# importance of Principles Associated with Drug Approval Process



- Among the three factors associated with the drug approval process, Canadian control is considered most important with half (50%) of respondents giving it the highest importance rating. Affordability (26%) and speed of approval (25%) are considered the next most important factors by one-quarter of respondents.
- Meanwhile, women are more likely than men to consider “Canadian control” the most important factor (52% vs. 45% respectively).
- There is little variation in the importance both men and women assign to affordability. Roughly one-quarter assign an importance rating of 3 to this factor (27% of women and 26% of men).
- Men are more likely than women to state “speed of approval is the most important factor associated with the drug approval process (30% vs. 22% respectively).

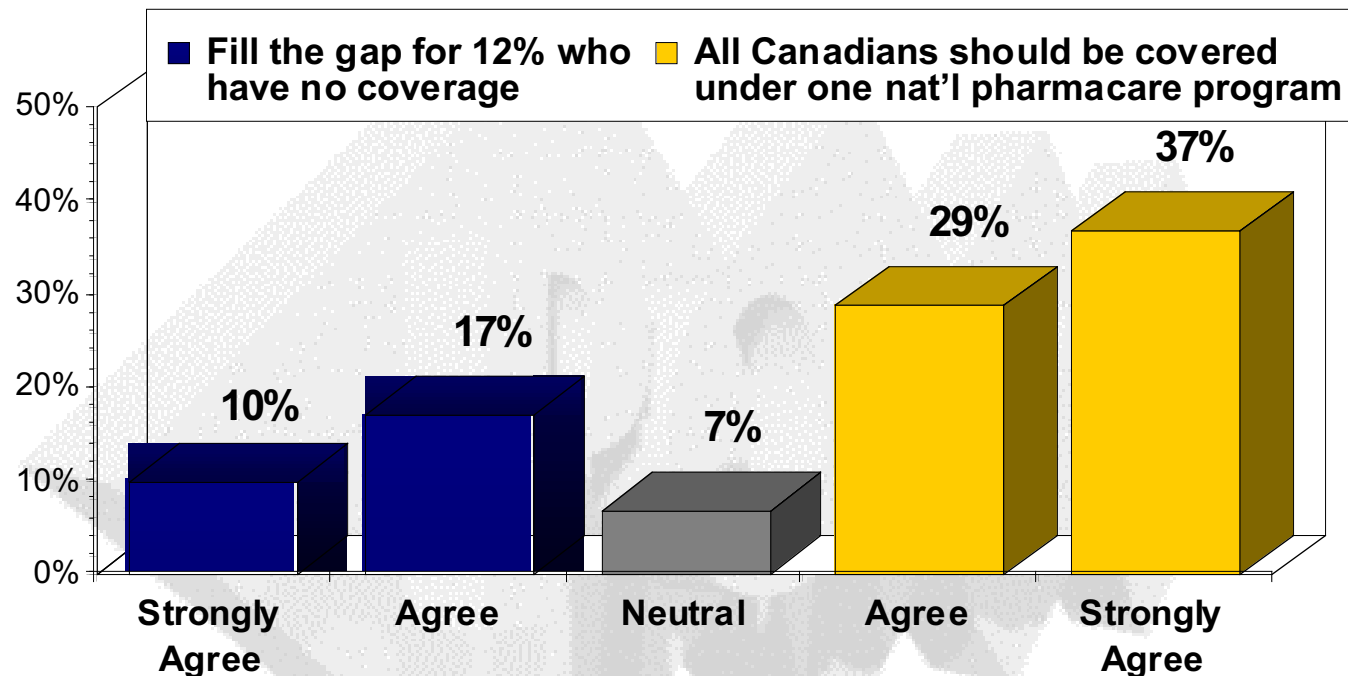


Q: In addition to safety, please rank the importance of these principles for a Canadian drug approval process, where 1 means most important and 3 means least important. N=1847

# *Drug Coverage*



# Drug Coverage Under a National Pharmacare Program

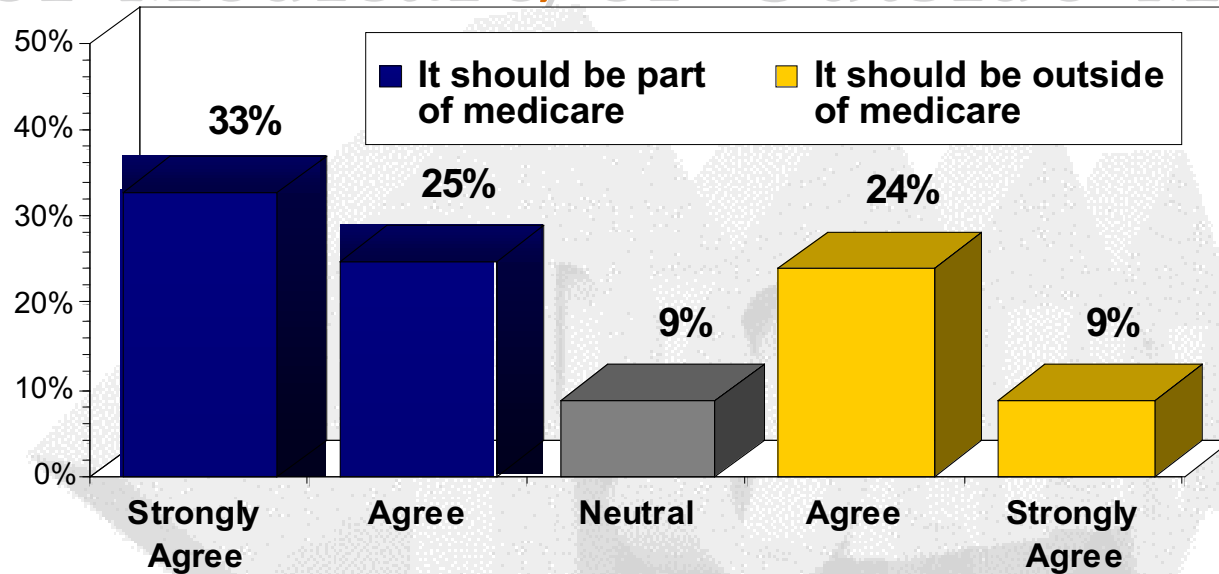


- Agreement that all Canadians should be covered under one national pharmacare program increases with age (79% of seniors vs. 55% of those under 30), as well as with usage of the health care system (71% of those who use it more than 10 times vs. 65% of those who use it 3 times or less).
- Respondents between 19 and 29 years of age are most likely to feel the program should only cover the 12% of Canadians not currently covered.



Q: If the federal government were to introduce a national pharmacare program, do you believe that it should be designed to fill in the gap for the 12% of Canadians who do not currently have drug insurance, or do you believe that all Canadians should be covered under one national pharmacare program? N=1759

# Should National Pharmacare Program Be Part of Medicare/or Outside Medicare?



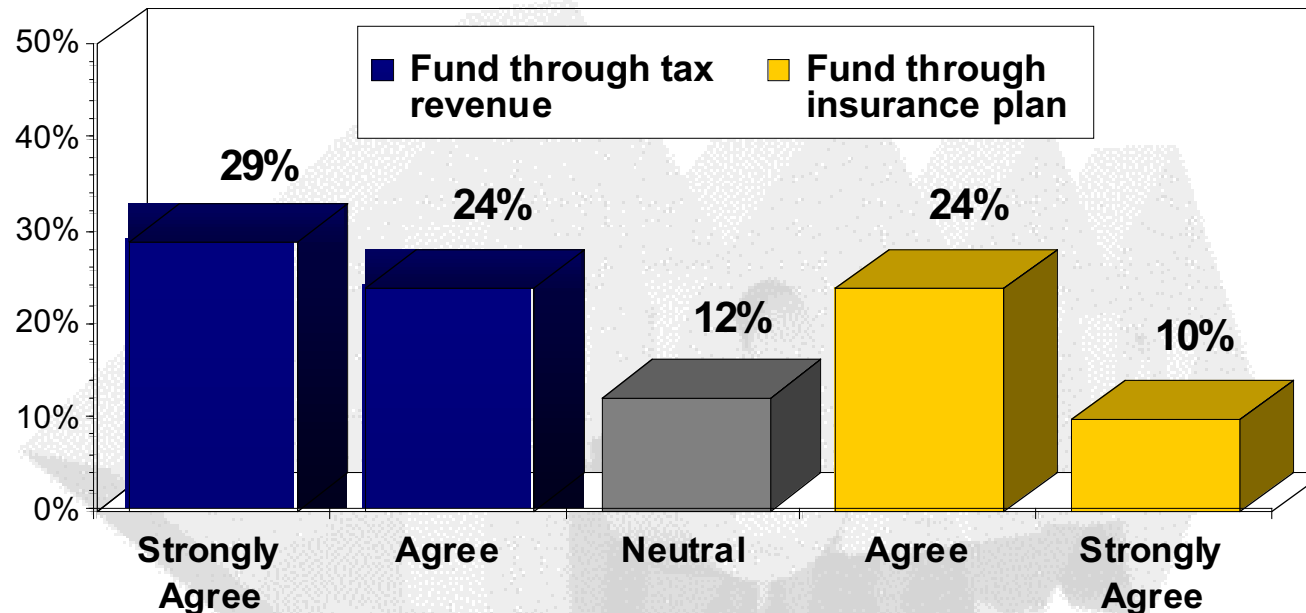
- Men are more likely than women to agree a national pharmacare program should be part of medicare (64% vs. 55%). In addition, men are twice as likely to agree the program should be part of medicare (64%) than outside of medicare (30% vs. 37% of women).
- Not surprisingly, older respondents are more likely than their younger counterparts to feel pharmacare should be part of medicare (62% of those 50 and over vs. 55% of those under 50). Conversely, younger respondents are more likely than their older counterparts to agree a pharmacare program should allow for user fees (36% of those under 50 vs. 31% of those 50 and over).
- Non-health care professionals are twice as likely to agree pharmacare should be covered in medicare than outside medicare (61% vs. 29%). Meanwhile, half (50%) of health care professionals agree pharmacare should be include in medicare, while 44% feel it should allow for user fees.
- Not surprisingly, those who report to use health care services the most (69% of those who use it more than 10 times) and lower annual income households (67% of those earning less than \$20,000) are most likely to agree to a pharmacare program in medicare.
- Meanwhile, support for user fees increases with annual household income.



Q: If the federal government were to introduce a national pharmacare program, do you believe that it should be part of medicare, with no cost to the user at the point of service or outside of medicare, which would allow user fees such as co-payments or deductibles? 1758



# Funding of National Pharmacare Program



- Lower income households (68% of those earning less than \$20,000 annually) and older respondents (60% of those 50 and older) are most likely to agree that the best way to fund a national pharmacare program would be through general tax revenues).
- Conversely, higher income households (39% of those earning more than \$100,000 annually) and those between 30 and 49 years of age (38%) are most likely to feel the best way of funding a pharmacare program is those a separate mandatory premium-based insurance plan.
- While non-health care professionals are more likely to agree with a pharmacare program funded through tax revenues (58% vs. 49% of health care professionals), health care professionals are slightly more likely than non-health care professionals to agree funding should be through a mandatory premium-based plan (39% vs. 31% respectively).



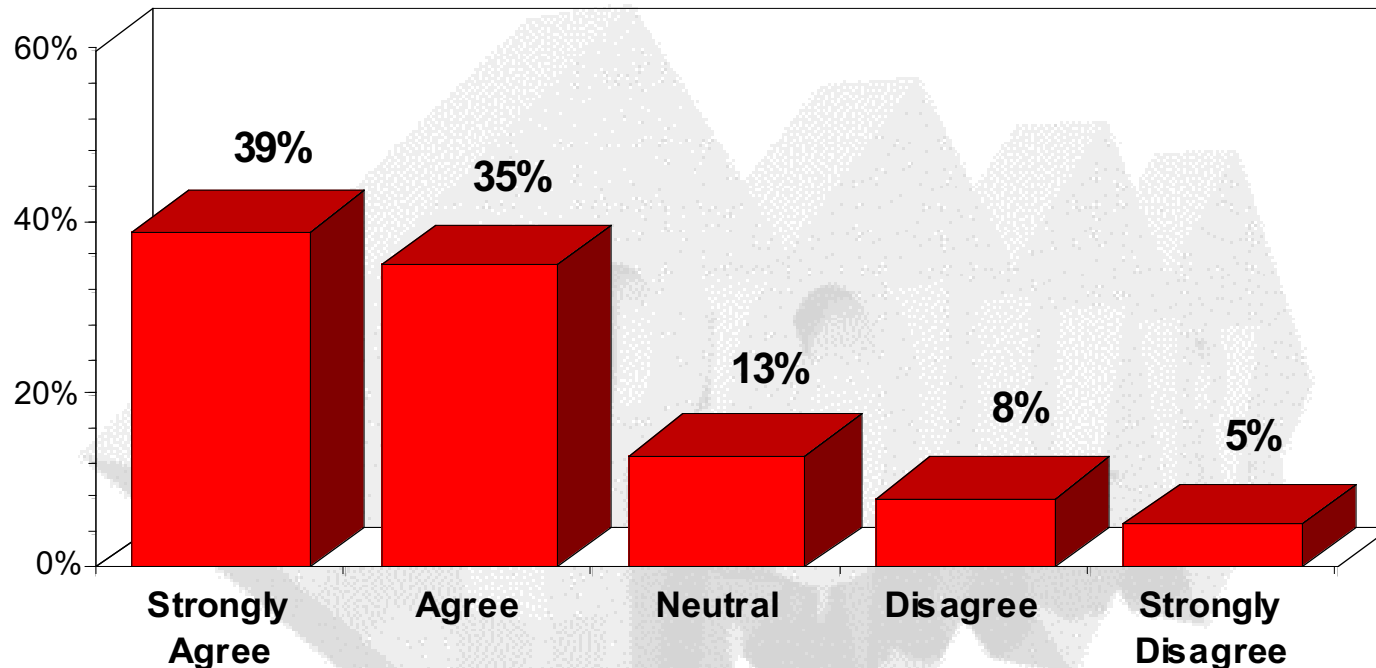
Q: If the federal government were to introduce a national pharmacare program, do you believe that the best way of funding it would be mainly through general tax revenues or through a separate mandatory premium-based insurance plan? N1753



# *Cost Control*



# Controlling the Cost of Drugs Without Affecting Patients

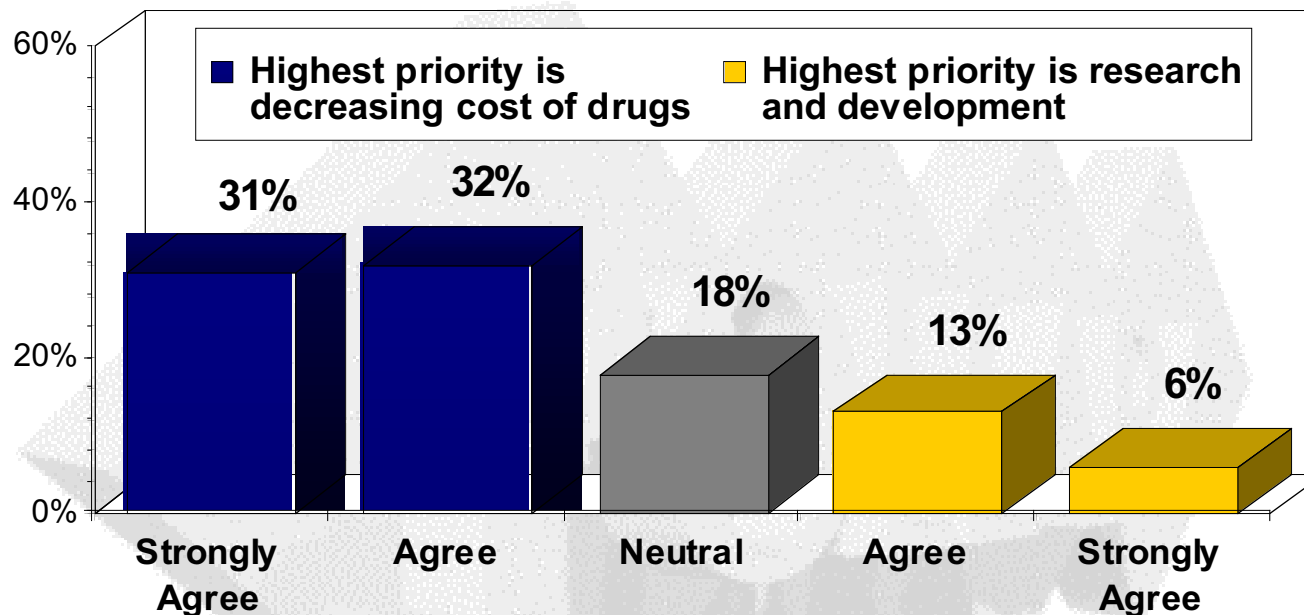


→ **Seven-in-ten respondents across all demographic subgroups agree that controlling costs through means other than shifting them onto the patient will improve health care in Canada.**

Q: Controlling the cost of drugs through means other than shifting drug costs onto patients with co-payments and deductibles will improve health care in Canada. N=1717



# Priorities for Controlling the Cost of Drugs

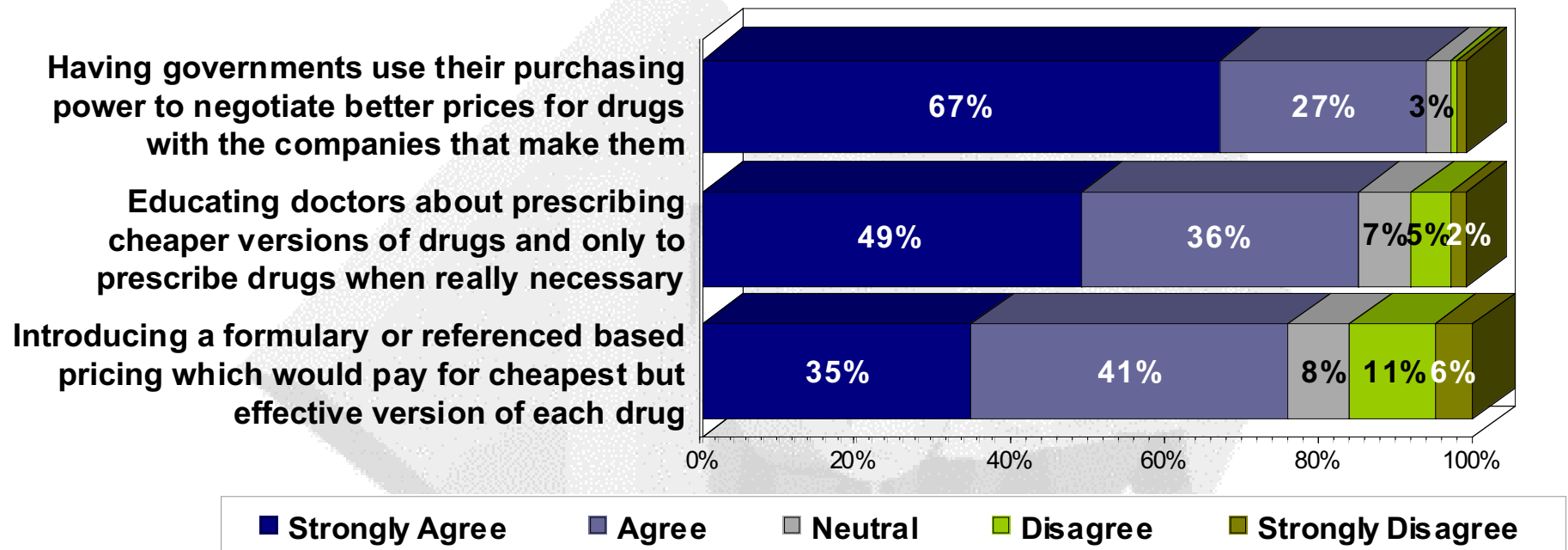


- Respondents 30 years of age or older (66%) are more likely than their younger counterparts (48% of those under 30) to agree the priority should be to decrease the costs of drugs to government and consumers.
- Those most likely to feel the priority should be to encourage more research and development into new drugs include respondents under 30 years of age (28%), those living in households earning over \$100,000 annually (24%) and those who have used the health care system more than 10 times (24%).

Q: Which should be the highest priority: decreasing the cost of drugs to governments and consumers or encouraging more research and development into new drugs by drug companies in Canada? N=1694



# Agreement with Methods of Controlling Drug Costs



- Older respondents (50 and older) are more likely than their younger counterparts to agree with each of the statements tested.
- While there is little variation between health care professionals and non-health care professionals agreement with governments using their purchasing power to negotiate better prices for drugs and educating doctors about prescribing cheaper versions of drugs, health care professionals are more likely than non-health care professionals to agree with a formulary or referenced based pricing for drugs (82% vs. 75% respectively).



Q: Do you agree or disagree with each of the following ways of controlling drug costs? N=1710



# Summary: Homecare

- There is strong support for the creation of and increased spending on a national homecare program that covers social services in addition to medically necessary services. When given the choice, seven-in-ten respondents would opt for a program that is part of medicare and fully paid for by the health care system.
- Three-quarters agree that the government has a role to play in providing formal homecare and that providing support to unpaid caregivers (through tax breaks, respite care, day hospitals and other means) will improve the current health care system. However, direct support (such as cash, service vouchers and care allowances) and tax breaks are among the least favoured approaches.
- Public funding of all homecare services that are normally funded through institutions is viewed not only to be a health care improvement, but also worthy of increased government spending.
- With respect to government funding of homecare products and services, there may be some difficulty in determining which aspects are eligible for coverage, as therapies, medical devices, drugs, bandages and, to a lesser degree, equipment or home medications and non-medical monitoring and assistance are all viewed as items which should be covered under a national plan.



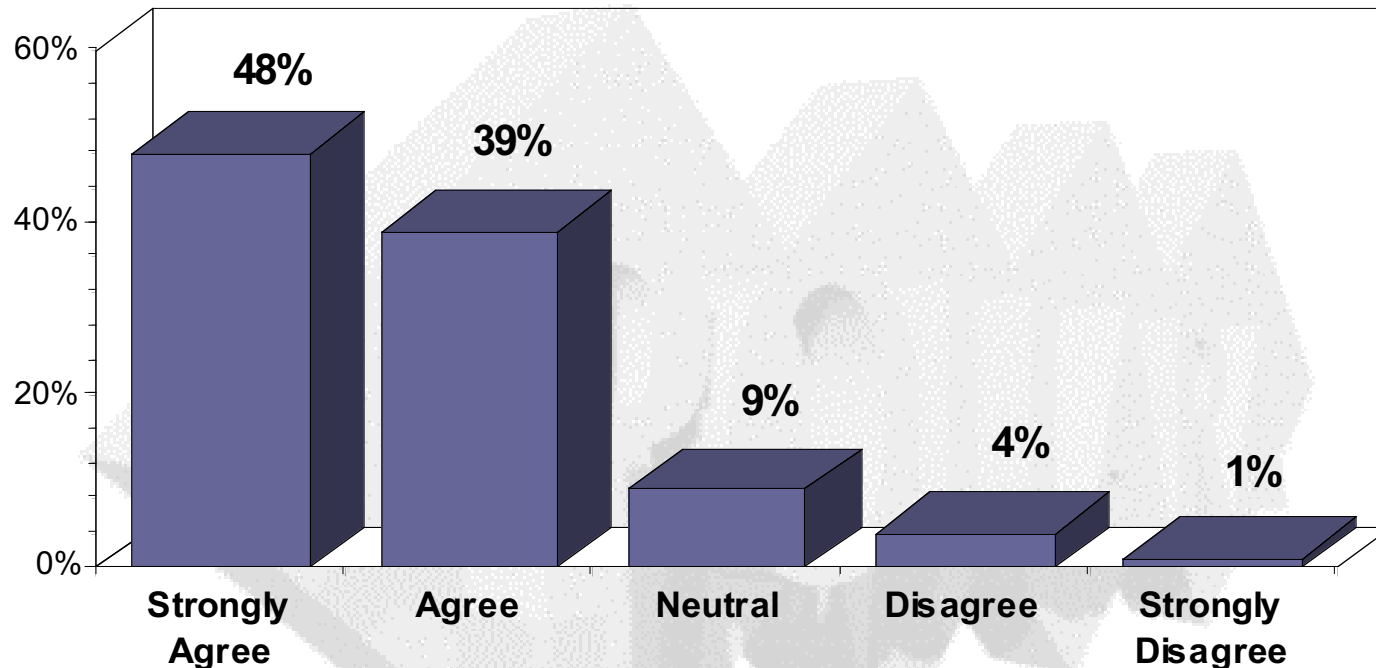


# *National Homecare Program*





# A National Homecare Program Will Improve Health Care

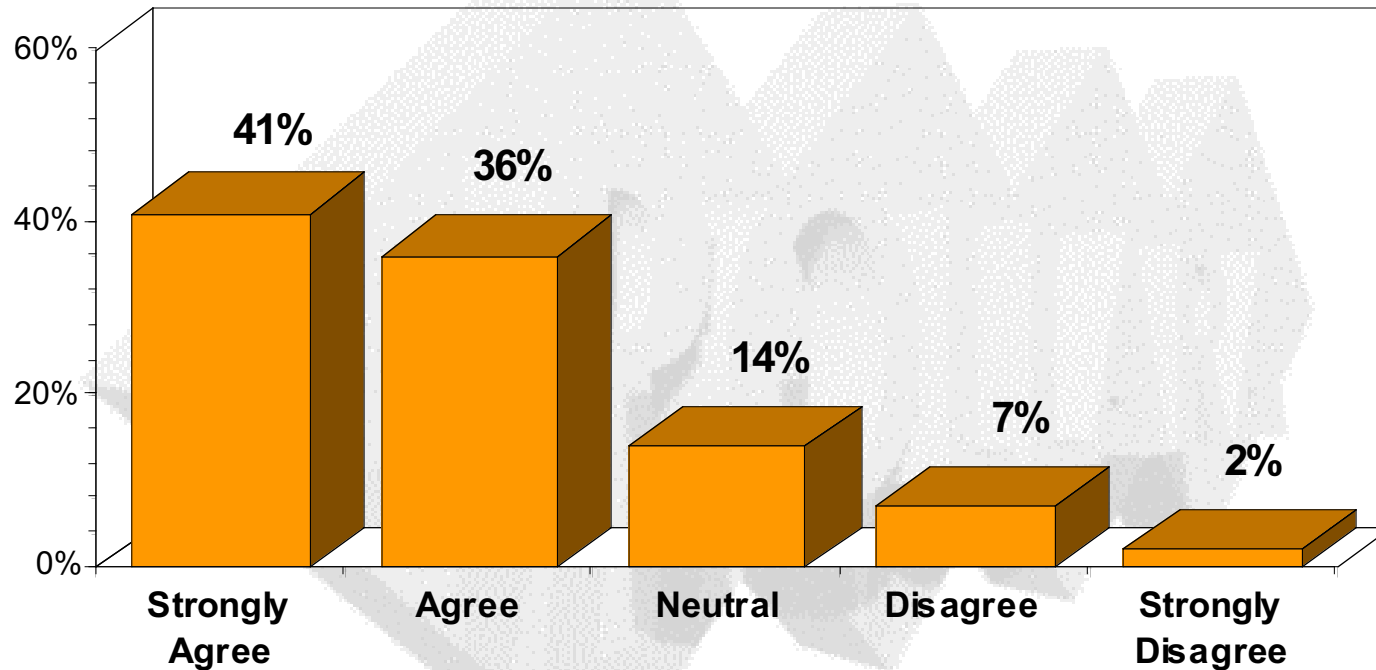


→ Nearly nine-in-ten respondents in each demographic breakdown agree creating a national homecare program will improve health care in Canada.

Q: Creating a national homecare program will improve health care in Canada. N=3726



# Should Government Increase Health Care Spending to Create a National Homecare Program?

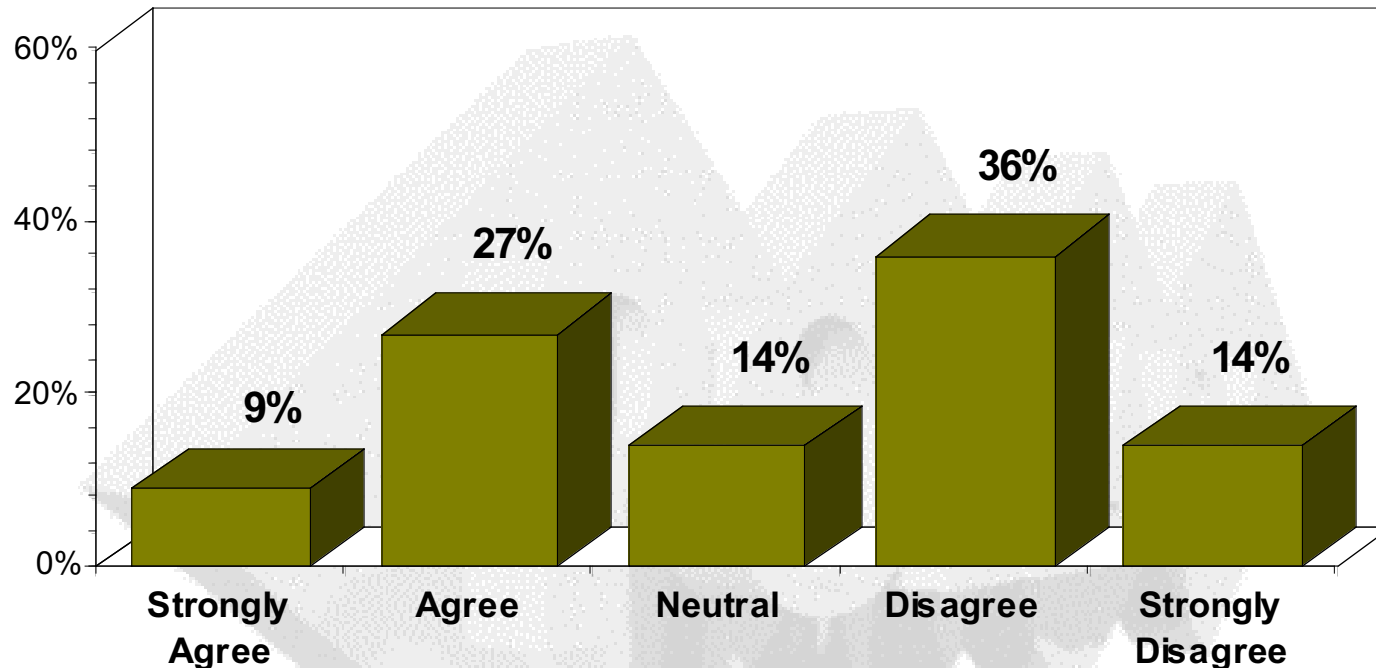


→ Roughly eight-in-ten respondents across all demographic categories agree the government should increase health care spending in order to create a national homecare program.

Q: Government should increase health care spending in order to create a national homecare program. N=3723



# Coverage Under a National Homecare Program

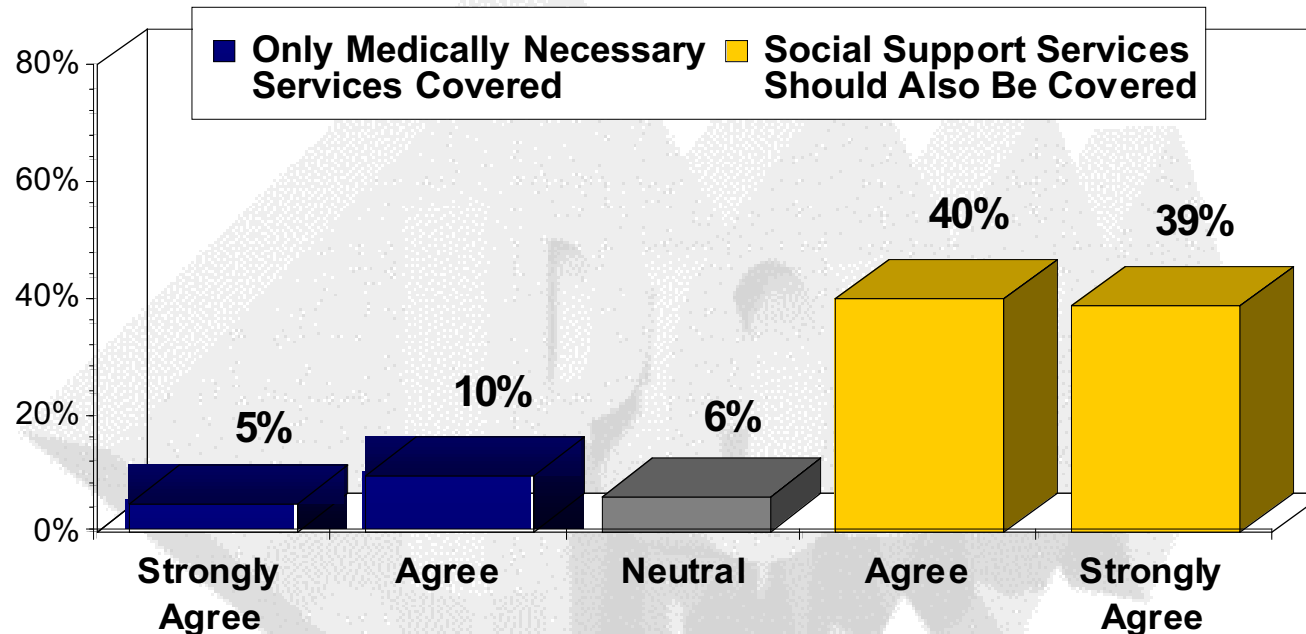


- Women are more likely than men to disagree that a national homecare program should only cover homecare expenses when they are cheaper than institutional care (55% vs. 45% respectively).
- Respondents 65 or younger are more likely than seniors to disagree that a homecare program should only cover expenses when they are cheaper than institutional care (53% vs. 44% respectively).
- Conversely, seniors (41%) are more likely than their younger counterparts (34%) to agree that homecare expenses should only be covered under a national plan if they are cheaper than institutional care.



Q: A national homecare program should only cover expenses when homecare is cheaper than institutional care. N=3626

# Coverage: Medically Necessary Services/Social Support Services

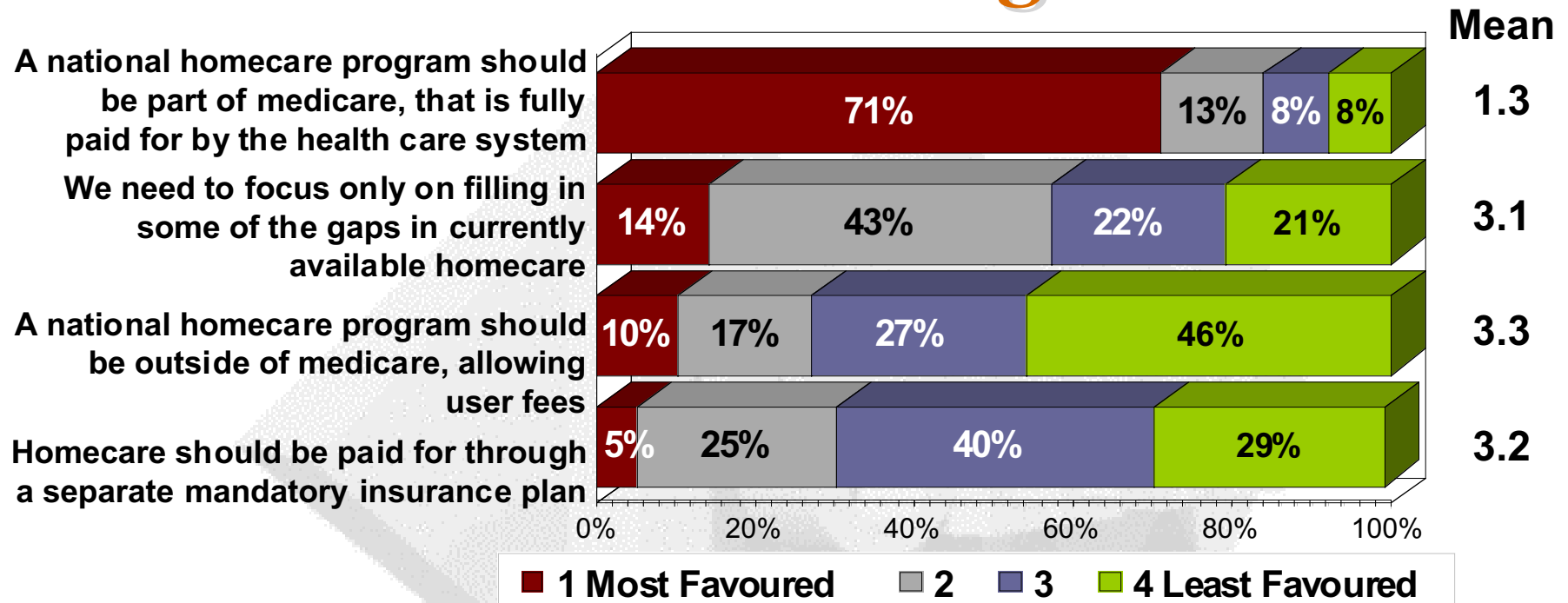


- Women are more likely than men to agree a national homecare program should also cover social support services in addition to medically necessary services (83% vs. 76% respectively).
- Roughly eight-in-ten respondents across all demographic subgroups agree that social support services should be covered in a national homecare program.

Q: Do you believe that a national homecare program should only cover medically necessary services or do you believe that it should also cover social support services - like meal preparation and housecleaning - where providing these services will probably reduce hospital use? N=3621



# Preferred Options For a Homecare Program



- Respondents prefer a national homecare program that is fully paid for by the health care system, and are less inclined to favour a program that only provides partial coverage.
- Among the options presented, seven-in-ten respondents across all demographic subgroups would most likely favour a national homecare program that is fully paid for by the health care system.
- Meanwhile they are least likely to favour a program that would allow user fees. In fact roughly three-quarters of respondents across all demographic subgroups state this option is their least favoured.

Q: Please rank the following options for a national homecare program in order of preference, with 1 being your most favoured option and 4 being your least favoured option. N=3417

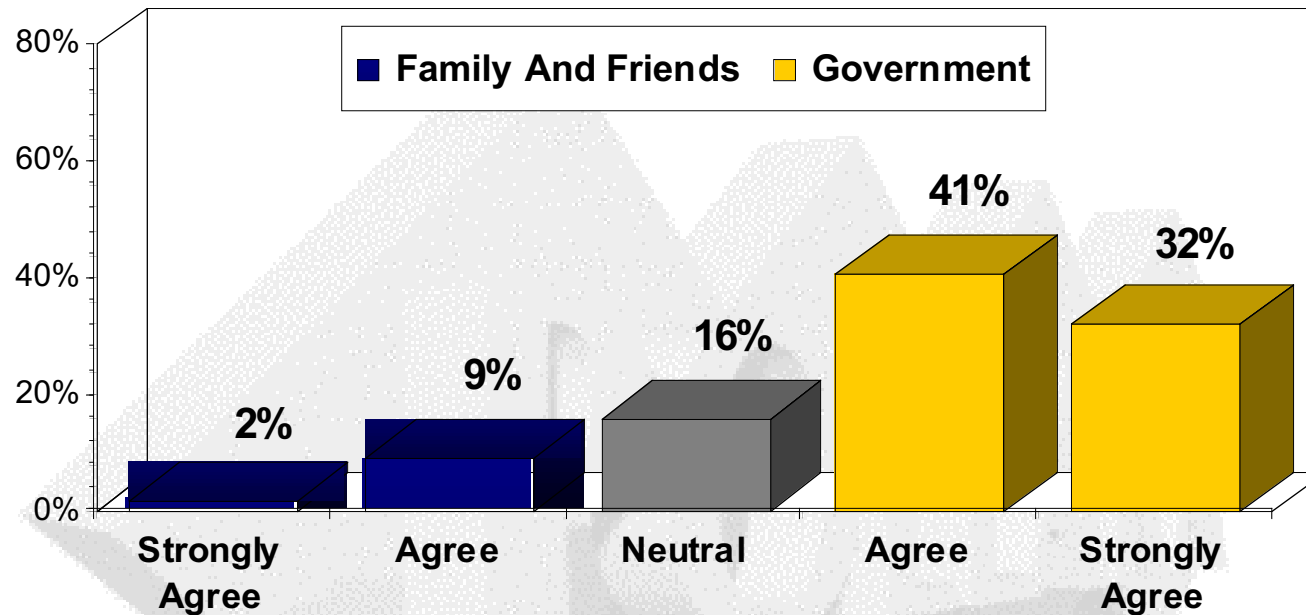




*Support for Unpaid Caregivers*



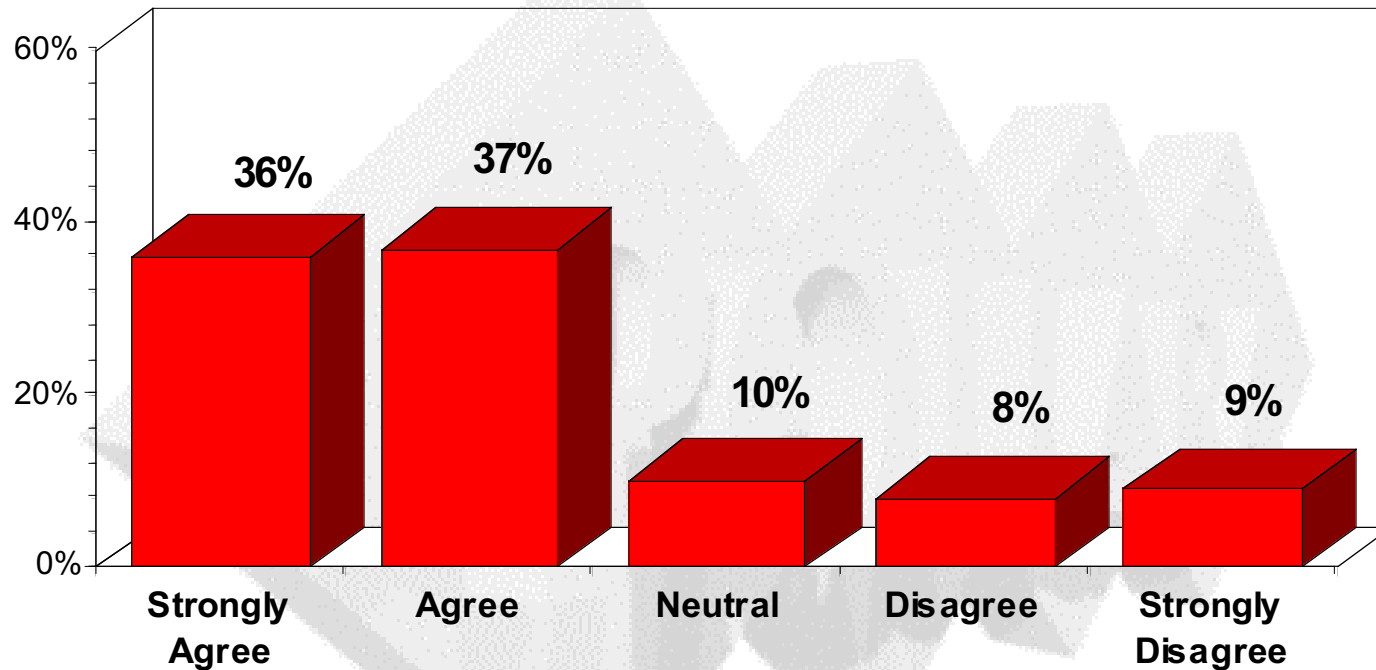
# Responsibility for Homecare



- Respondents 30 years of age and older are more likely than those under 30 years of age to agree that the government should provide as much formal homecare as needed (75%).
- Non-health care professionals are more likely than health care professionals to agree that the government not family and friends should have the responsibility of providing care to injured, disabled or older people at home (75% vs. 68% respectively).

Q: Which of the following is closest to your own point of view on who should bear the responsibility for homecare? Caring for injured, disabled, or older people in the home is the responsibility of their family and friends, not the government. OR Government should provide as much formal homecare as needed so that we don't rely on family and friends to provide care to injured, disabled, or older people in the home. N=2993

# More support for Unpaid Caregivers Will Improve Health Care



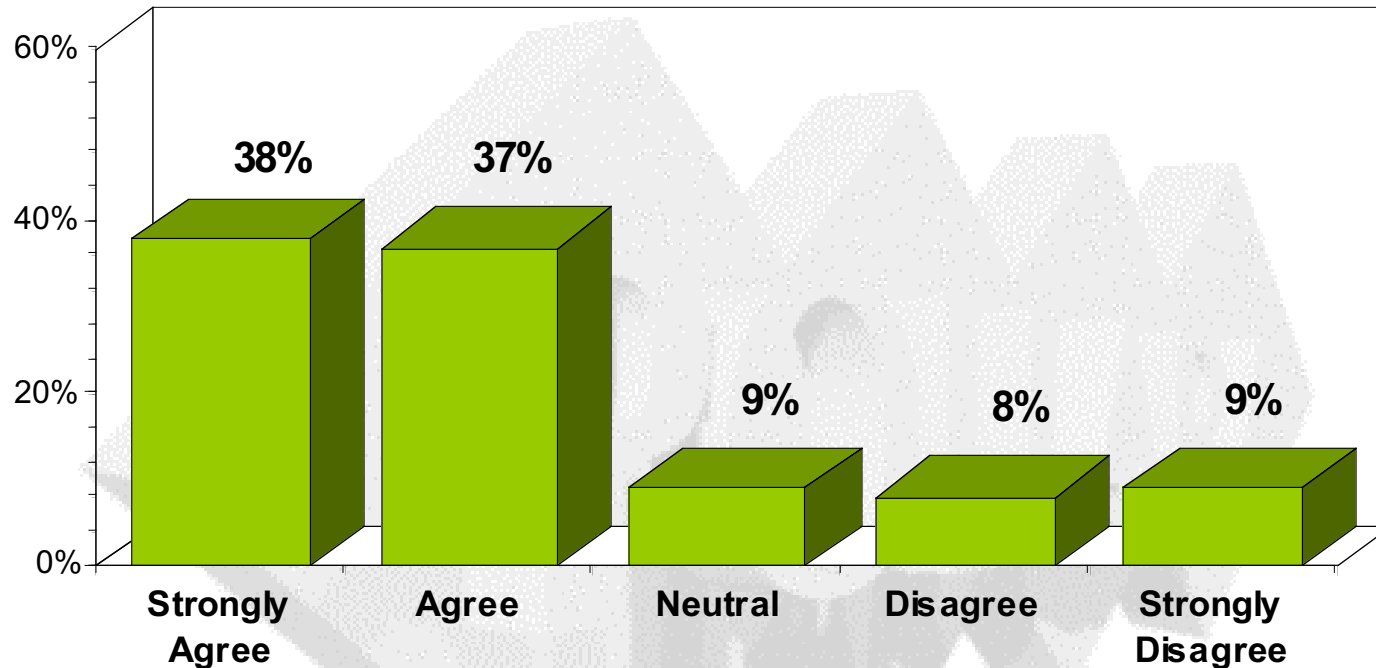
- Seven-in-ten respondents in every age, economic and educational subgroup agree that providing more support to unpaid caregivers will improve health care in Canada.

Q: Providing more support to unpaid caregivers will improve health care in Canada. N=2971





# Increased Government Spending for Unpaid Caregivers

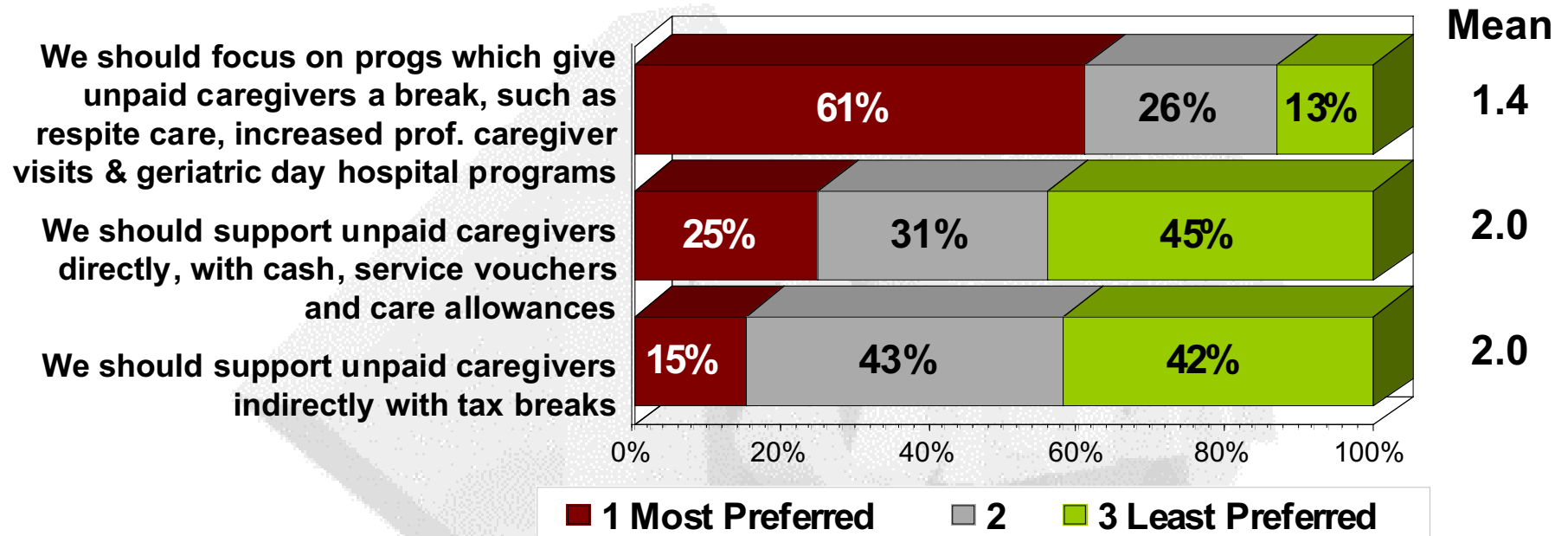


- With the exception of respondents under 30 years of age, three-quarters of respondents in all age brackets agree the government should increase health care spending in order to support unpaid caregivers through tax breaks, respite care and day
- Respondents under 30 years of age (68%) are slightly less likely to agree that the government should increase health care spending to support unpaid caregivers.

Q: Government should increase health care spending in order to support unpaid caregivers through tax breaks, respite care, day hospitals and other means. N=2968



# Preferred Approaches for Supporting Caregivers



- Health care professionals are more likely than non-health care professionals to prefer supporting unpaid caregivers through programs which give them a break such as respite care, increased visits and geriatric programs (70% vs. 57% respectively), but are the most likely to least favour supporting unpaid caregivers with tax breaks (45% vs. 36% of non-health care professionals).
- Conversely, health care professionals are more likely than non-health care professionals to least prefer supporting unpaid caregivers with cash (55% vs. 39%).
- Men are more likely than women to prefer supporting unpaid caregivers with cash (29% vs. 22%), while women are more likely to prefer to support these caregivers with programs that provide them with a break (65% vs. 53% respectively).



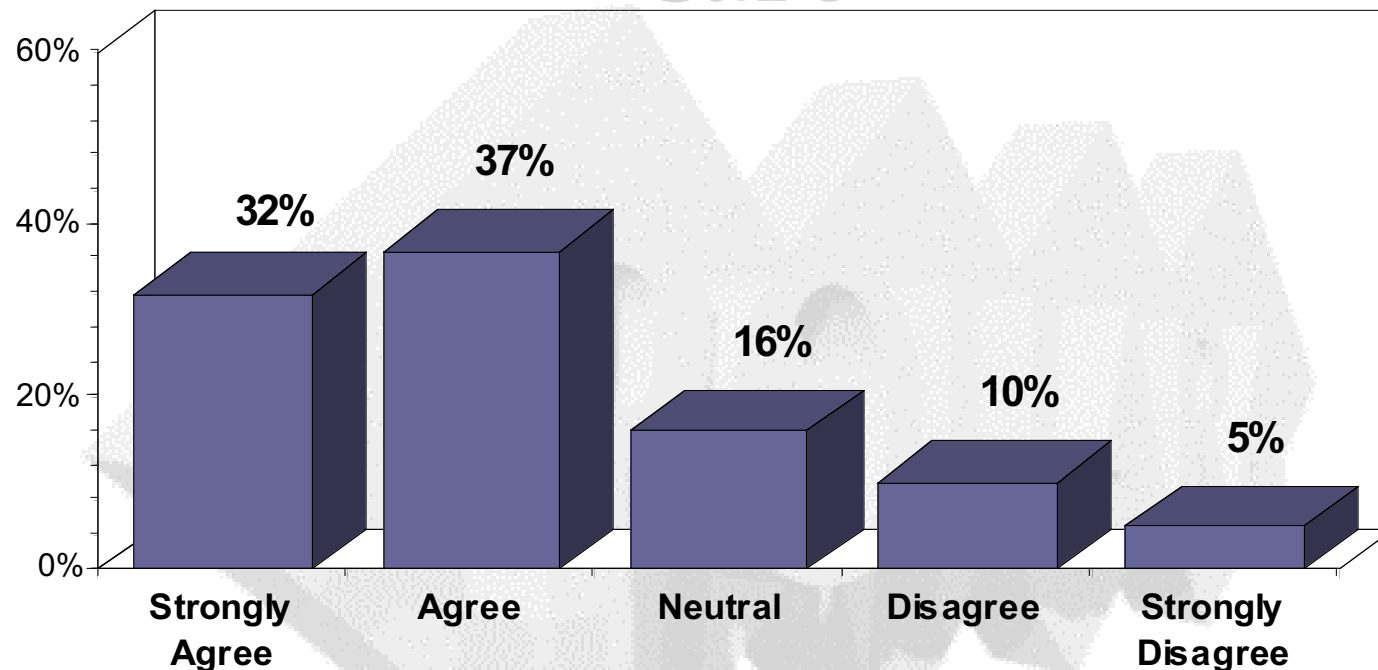
Q: Please rank the following approaches for supporting caregivers in order of preference, with 1 being your most preferred and 3 being your least preferred. N=2944



*Expanding Funding for  
Acute Homecare*



# PUBLICLY FUNDING ALL HOMECARE Services Will Improve Health Care

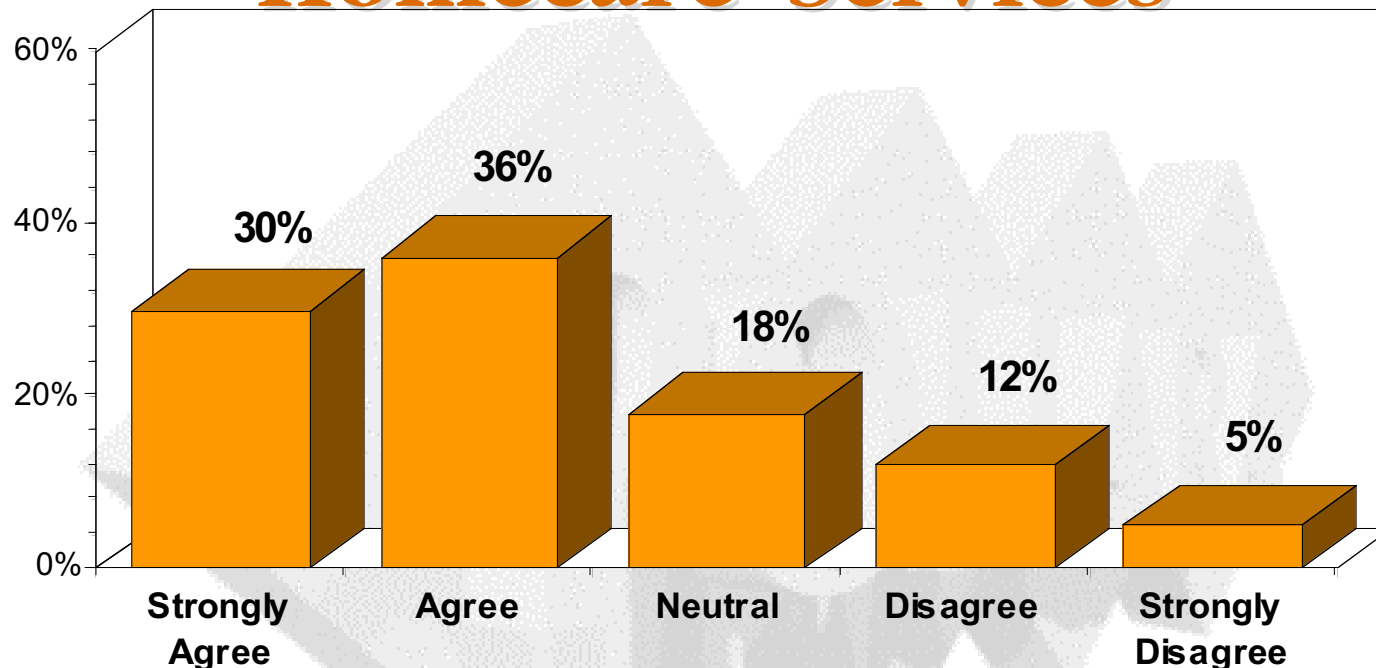


→ The older the respondent the more likely they are to agree that publicly funding all services in the home that are publicly funded when provided in an institution will improve health care in Canada.

Q: Publicly funding all services in the home that are publicly funded when provided in an institution will improve health care in Canada. N=2899



# Government should increase Spending in Order to Fund All Homecare Services

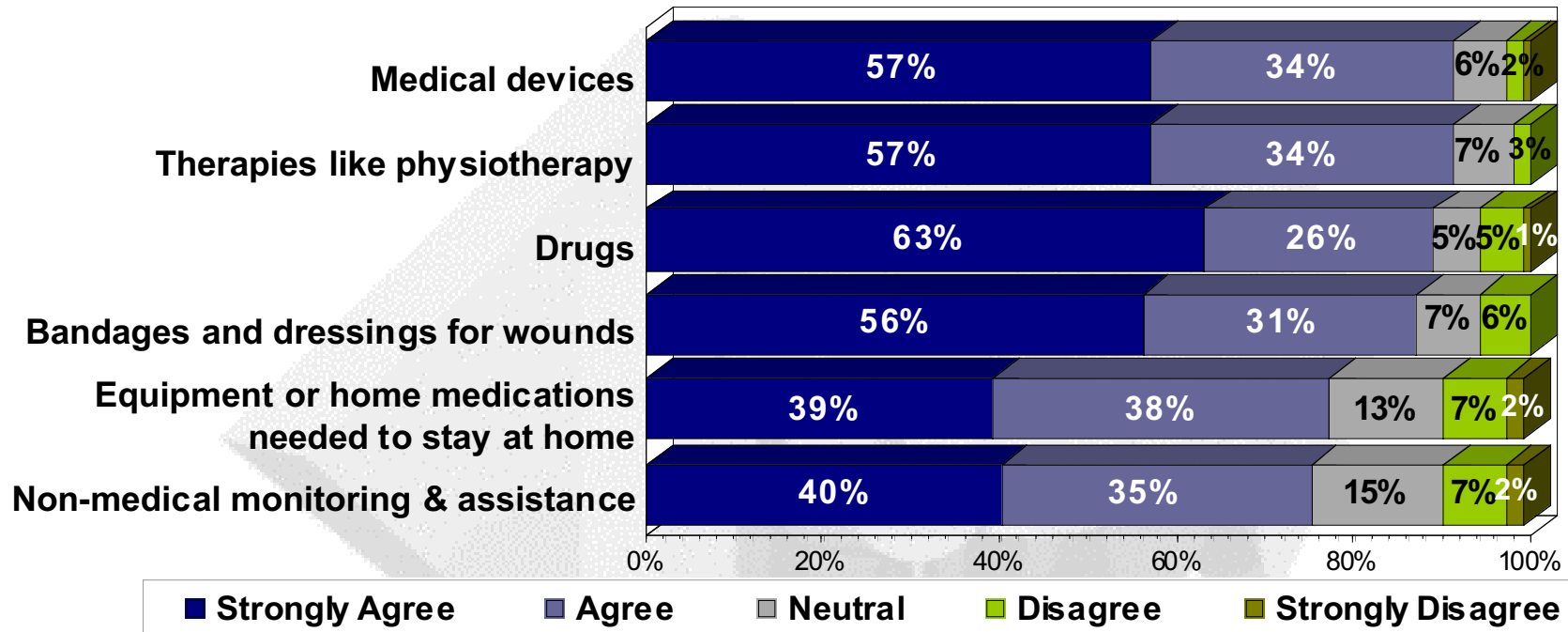


- Agreement with the government increasing health care spending in order to fund all services in the home that are publicly funded when provided in an institution increases with age, but decreases as annual household income increases.

Q: Government should increase health care spending in order to fund all services in the home that are publicly funded when provided in an institution. N=2900



# Homecare Products and Services Covered by Government



- With the exception of drugs which men are more likely than women to agree they should be covered (94% of men vs. 87% of women), there is little variation between gender as to which products and services they are most likely to agree should be covered (94% vs. 87% of women).
- Overall, the older the respondent the more likely they are to agree that each of the products and services listed should be paid by government if provided in a home setting.

Q: If government were to pay for certain products and services provided in the home which are paid for when provided in the hospital, which products and services should be covered? N=645





# ACCESS TO HEALTH CARE IN CANADA



# Summary: Access to Health Care

- While two-thirds agree that centrally managed waiting lists for elective care will improve health care in Canada, a much smaller proportion agrees that the government should allocate health care spending to this task. There is, however, clear support for central management as opposed to physician management of waiting lists. The majority disagree that waiting lists should be eliminated to the point that there are unused resources available.
- Opinions are varied over how waiting lists should be handled, as one-half would see the next available specialist rather than wait for someone in particular, but equal proportions agree and disagree that they would be willing to travel up to five hours to get faster care in another location.
- Some support exists for a Patients' Bill of Rights to outline standards of care, but health care provider education is seen as a prerequisite. The vast majority agree that such a Bill should also include patient responsibilities and three-quarters believe that organizations should be held accountable for meeting health care targets.
- There is some degree of perplexity over complementary and alternative medicines as one-half believe coverage of these medicines would improve the health care system, but an equal proportion believes the people who use these medicines should assume responsibility for payment.
- Respondents indicate a need for scientific proof that alternative medicines work before they are paid for through the health care system.

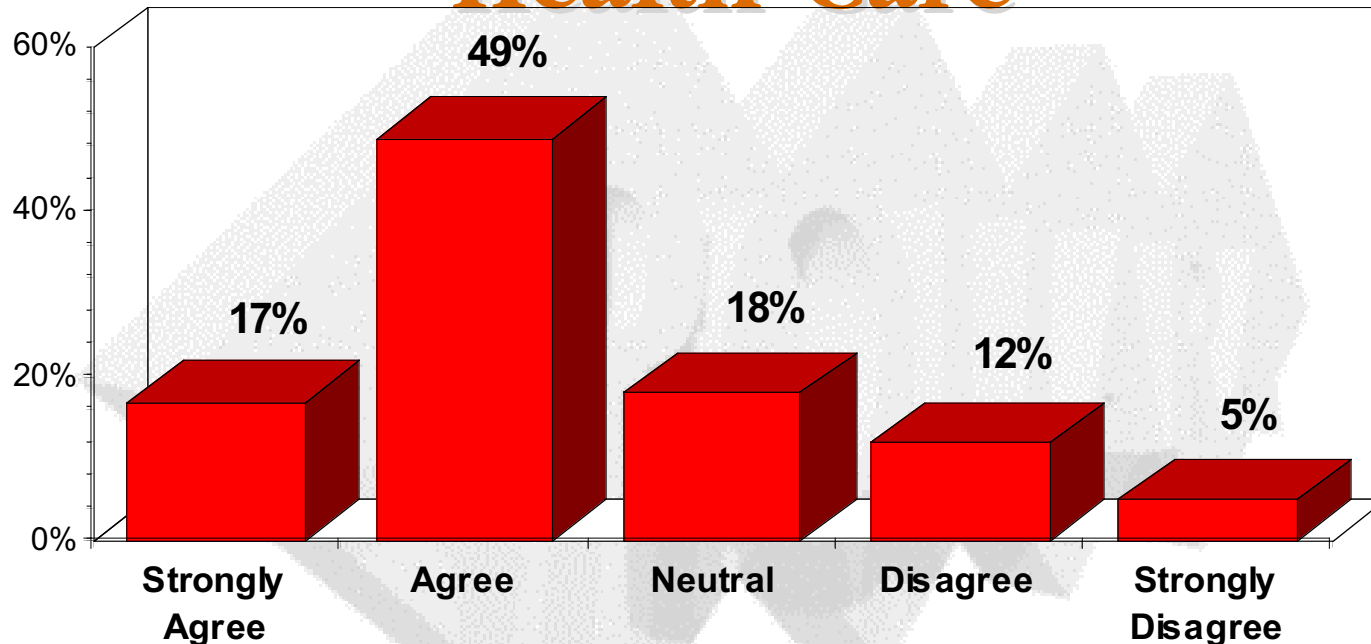






# *Waiting Lists*

# Centralized Management of Waiting Lists for Elective Care Will Improve Health Care

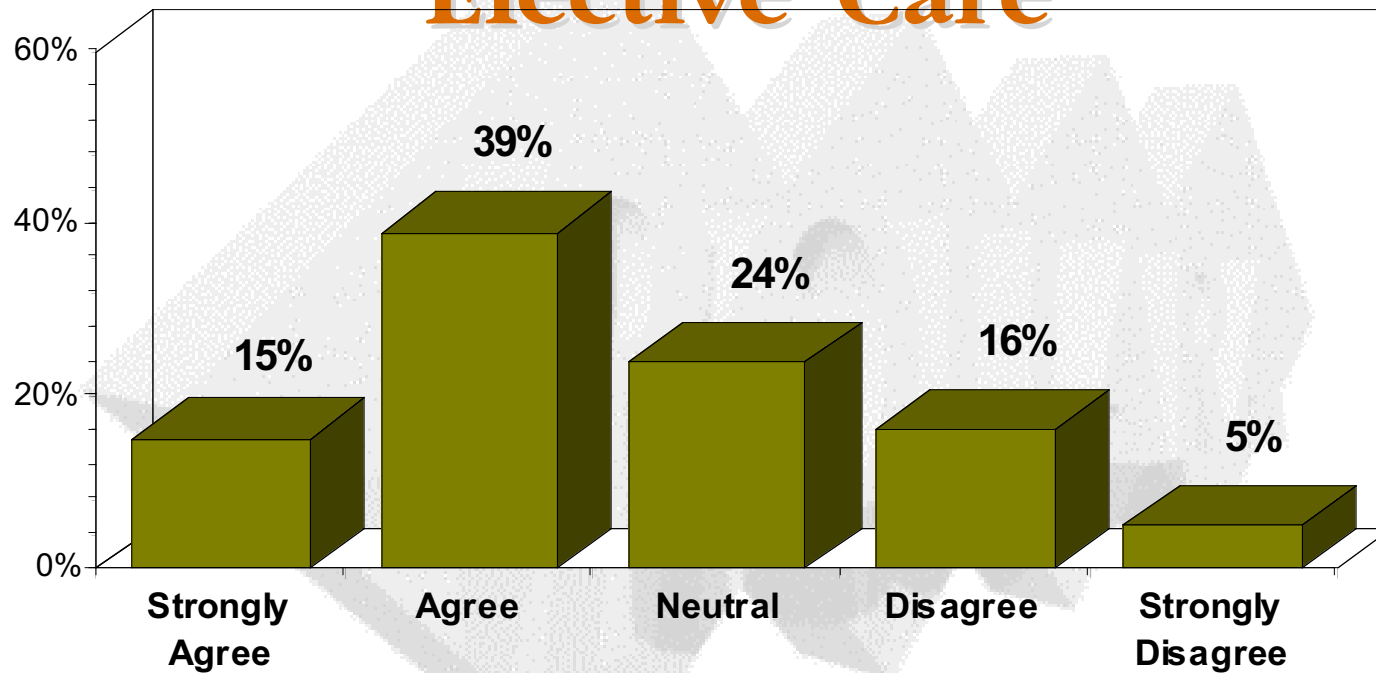


→ Those most likely to either *strongly agree* or *somewhat agree* that a centralized management of waiting lists for elective care will improve health care in Canada include households earning more than \$100,000 annually (70%), men (69%) and those under 30 years of age (68%).

Q: Centralized management of waiting lists for elective care will improve health care in Canada. N=1971



# increase health care spending in Order to Manage Waiting Lists for Elective Care

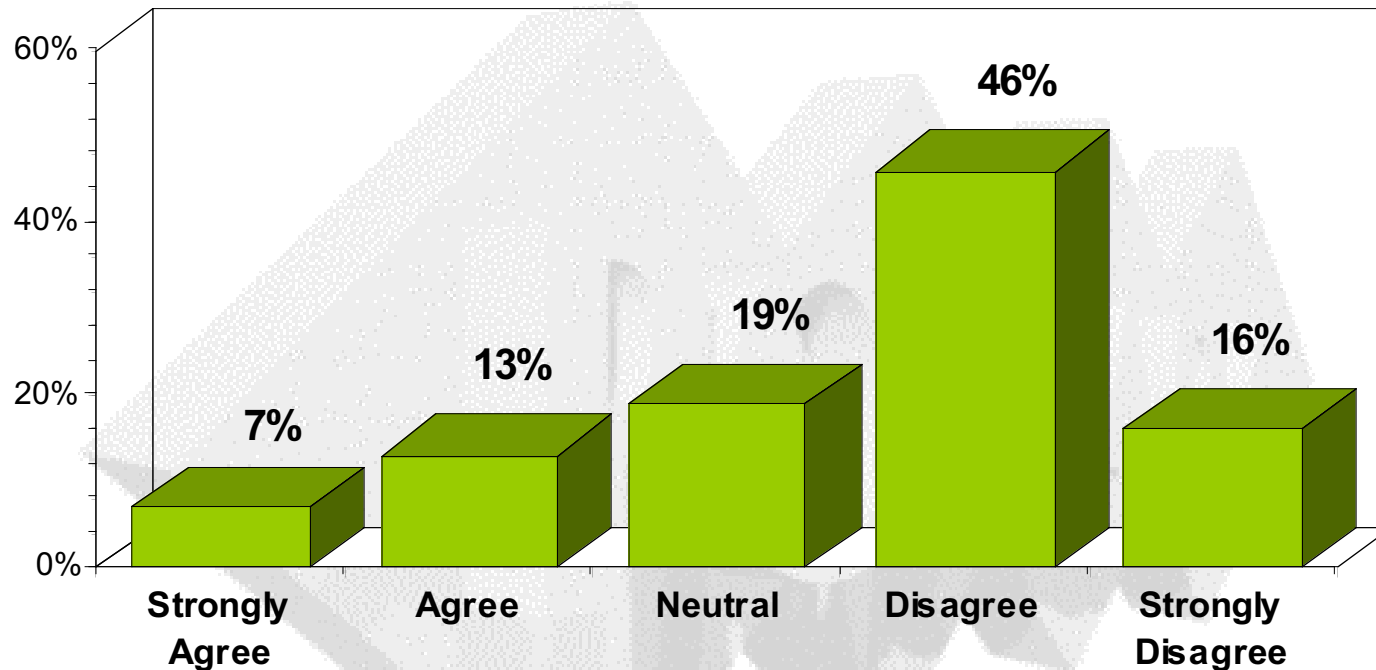


→ **One-in-two respondents in each demographic subgroup agree the government should increase health care spending in order to centrally manage waiting lists for elective care.**

Q: Government should increase health care spending in order to centrally manage waiting lists for elective care.  
N=1971



# Increase Government Spending to Eliminate Waiting Lists

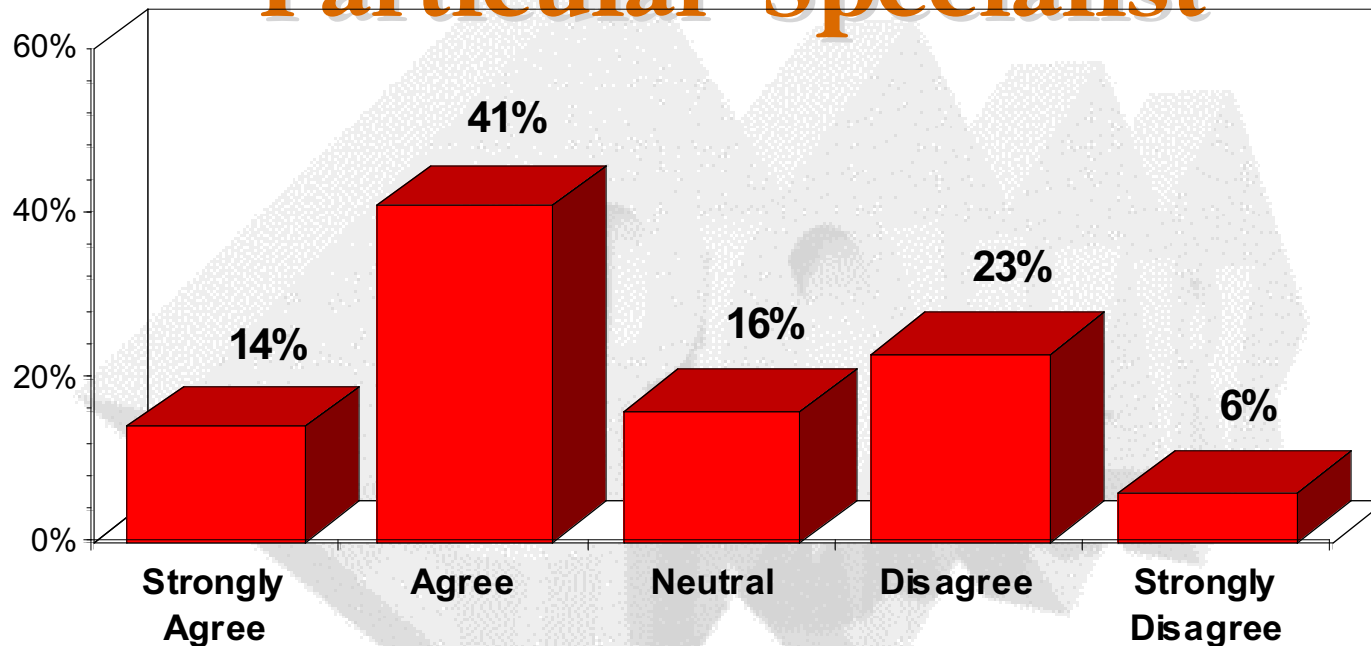


- Women are more likely than men to disagree that government should spend enough money to completely eliminate waiting lists (66% vs. 57% respectively).
- Opposition to the government spending enough money to completely eliminate waiting lists increases with annual household income.
- Health care professionals are more likely than non-health care professionals to disagree with the concept (74% vs. 58%).

Q: Government should spend enough money to completely eliminate waiting lists, even though the system would then have a lot of unused resources much of the time. N=1969



# EXPERIENCE: SEE NEXT AVAILABLE Specialist vs. Waiting Longer for a Particular Specialist

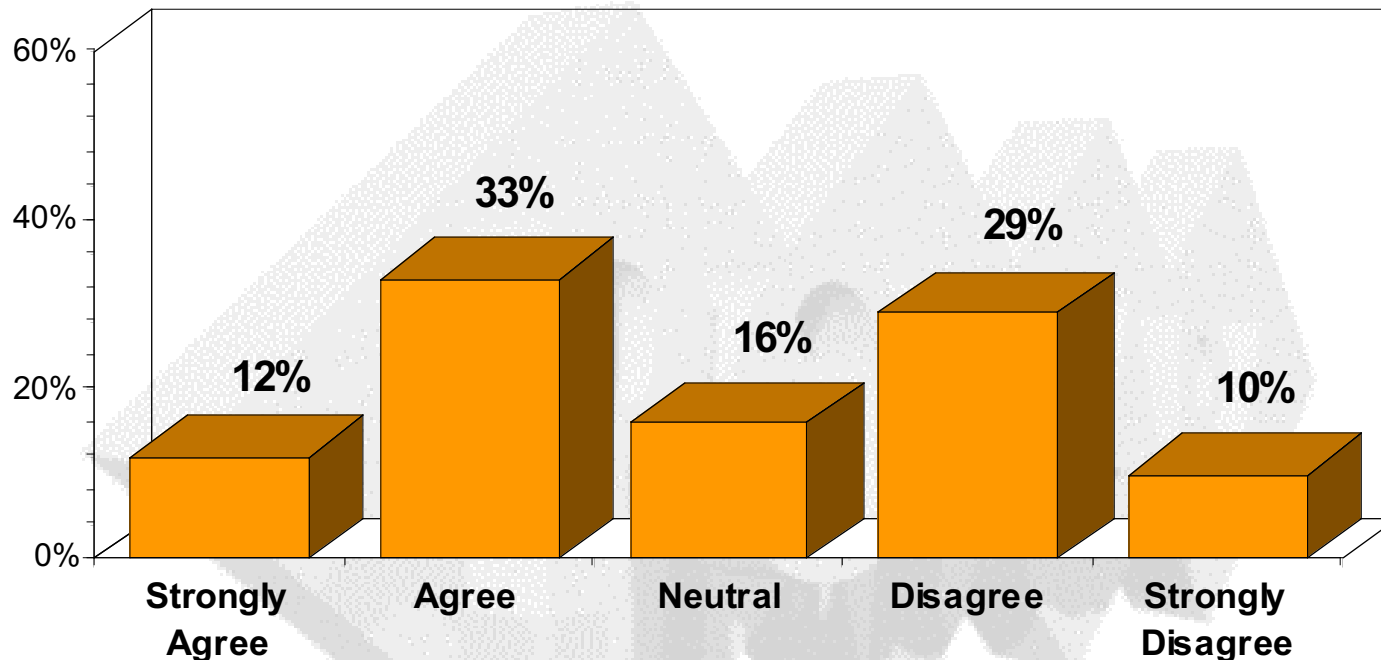


- Men are more likely than women to prefer to see the next available specialist rather than wait longer for a particular specialist (63% vs. 51% respectively).
- Younger respondents (63% of those under 30) and seniors (60%) are more likely than middle-aged respondents (54% of those between 30 and 65) to state they would rather see the next available specialist than wait longer for a particular specialist.

Q: I would prefer to see the next available specialist rather than wait longer for a particular specialist. N=1951



# Willingness to Travel Up to 5 Hours for Faster Care

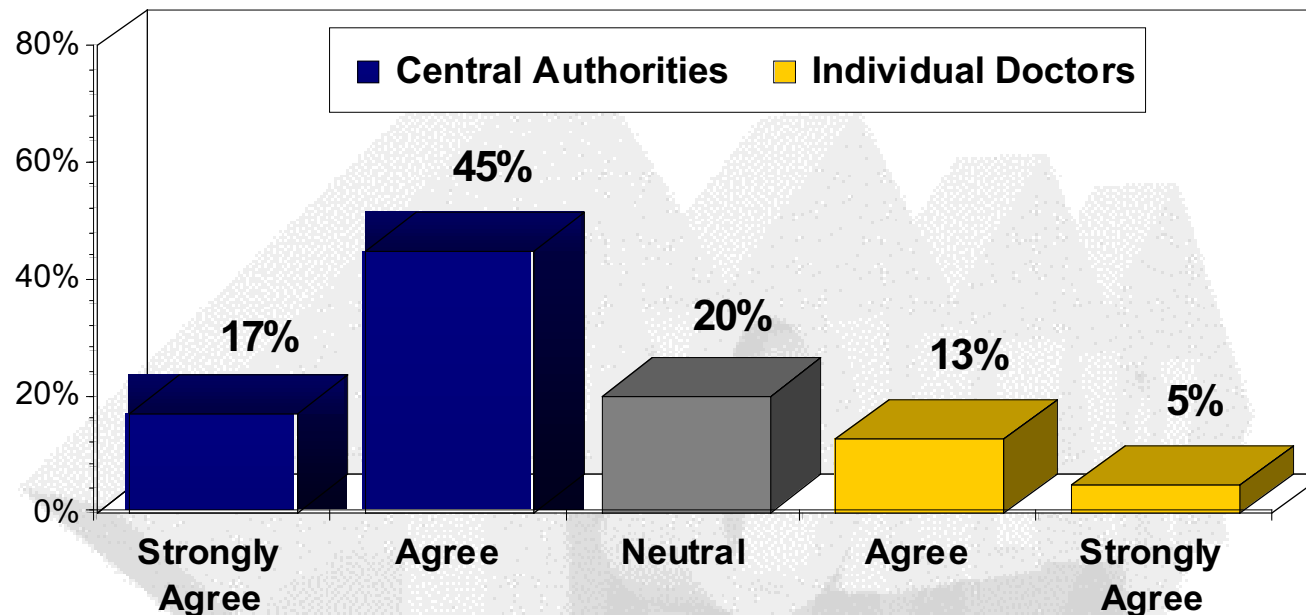


- Residents living in households earning more than \$100,000 annually are among the most likely to be willing to travel up to five hours to get faster care in another location (58%).
- Conversely, seniors (38%) are among the least likely to be willing to travel five hours to receive faster care.

Q: I would be willing to travel up to 5 hours to get faster care in another location. N=1951



# Responsibility for Managing Waiting Lists



- Respondents in each demographic subgroup are roughly three times as likely to believe central authorities, as opposed to individual doctors should manage waiting lists.
- Those most likely to believe central authorities are responsible for managing waiting lists include respondents living in households earning more than \$100,000 annually (71%) and men (67%).
- Meanwhile, those most likely to believe that individual doctors should be responsible for managing such lists include households earning less than \$20,000 annually (24%), those residing in a rural community (20%) and respondents under 30 years of age (20%).

Q: Do you believe that central authorities or individual doctors should manage waiting lists? N=1937



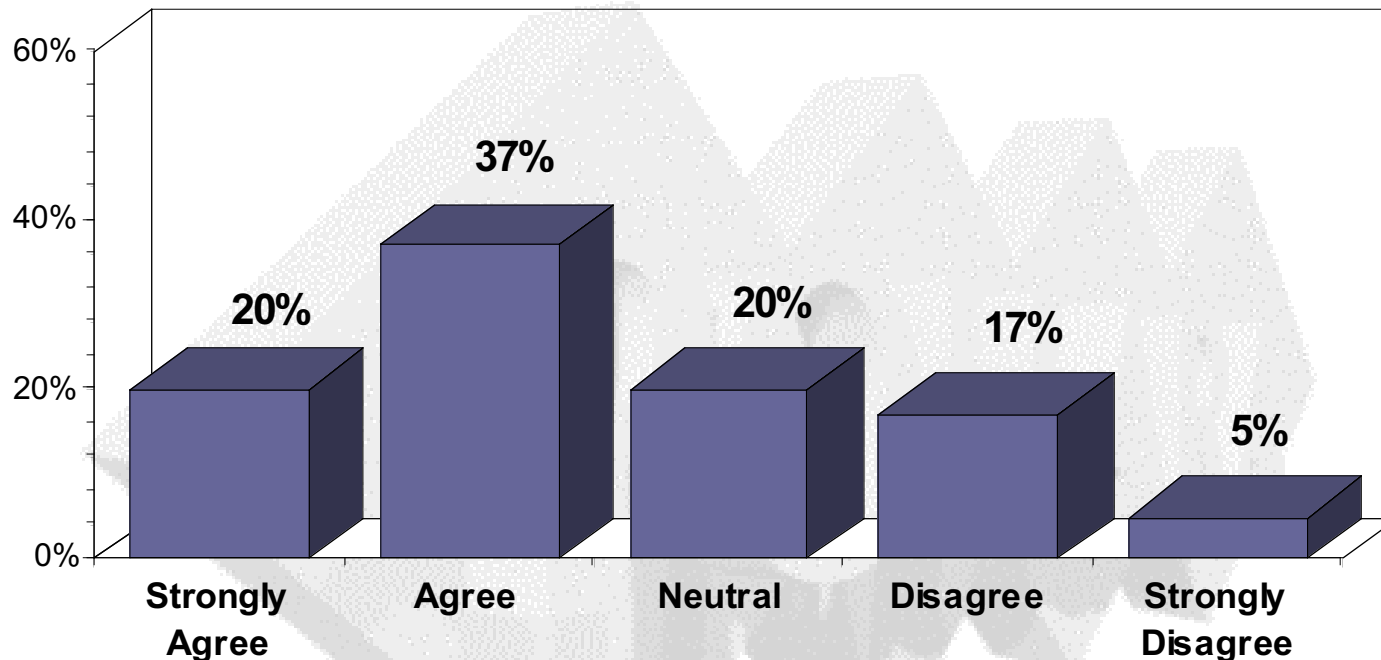


*Patients' Bill of Rights*





# Patients' Bill of Rights Will Improve Health Care

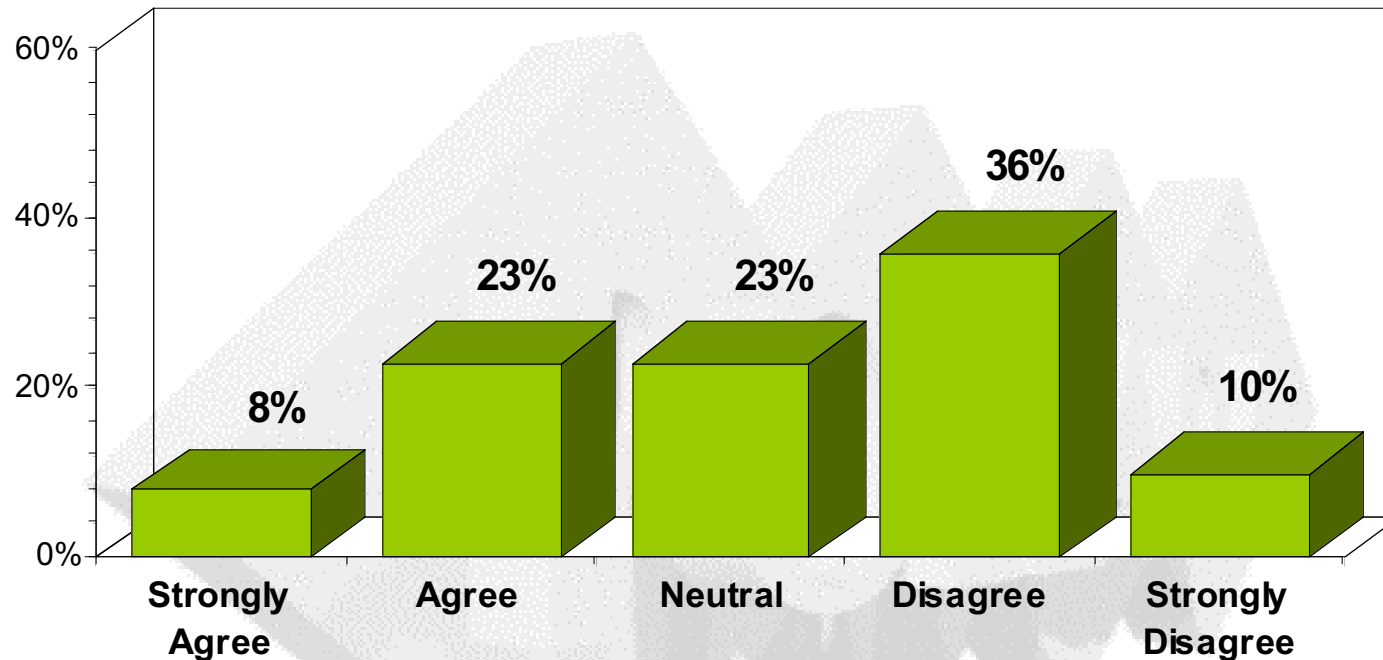


- Men are more likely than women to believe a Patients' Bill of Rights will improve health care in Canada (64% vs. 53% respectively).
- Households earning less than \$40,000 annually (65%) are more likely than higher income households (55%) to believe a Patients' Bill of Rights would improve health care in Canada.
- Surprisingly, health care professionals are less likely than non-health care professionals to believe Canada's health care system would improve with a Patients' Bill of Rights (51% vs. 59% respectively).



Q: A common Patients' Bill of Rights that defines standards of care, including access guarantees such as maximum waiting times for elective care, will improve health care in Canada. N=1868

# Expectations of a Patients' Bill of Rights

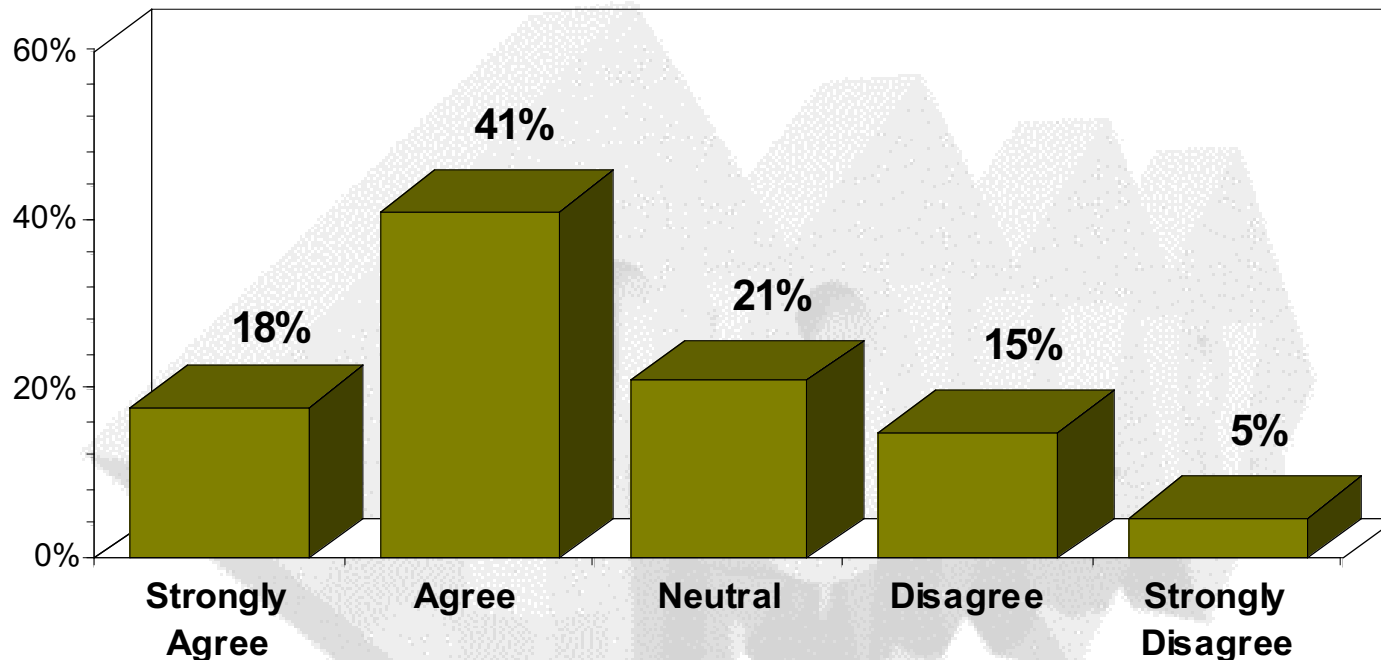


→ **Non-health care professionals (50%) and men (51%) are more likely than health care professionals (40%) and women (44%) to disagree that a Patients' Bill of Rights would raise public expectations for health care services to a level beyond that which the health care system could meet.**

Q: A Patients' Bill of Rights would raise public expectations for health care services to a level beyond that that the health care system could meet. N=1868



# Introduction of a Patients' Bill of Rights

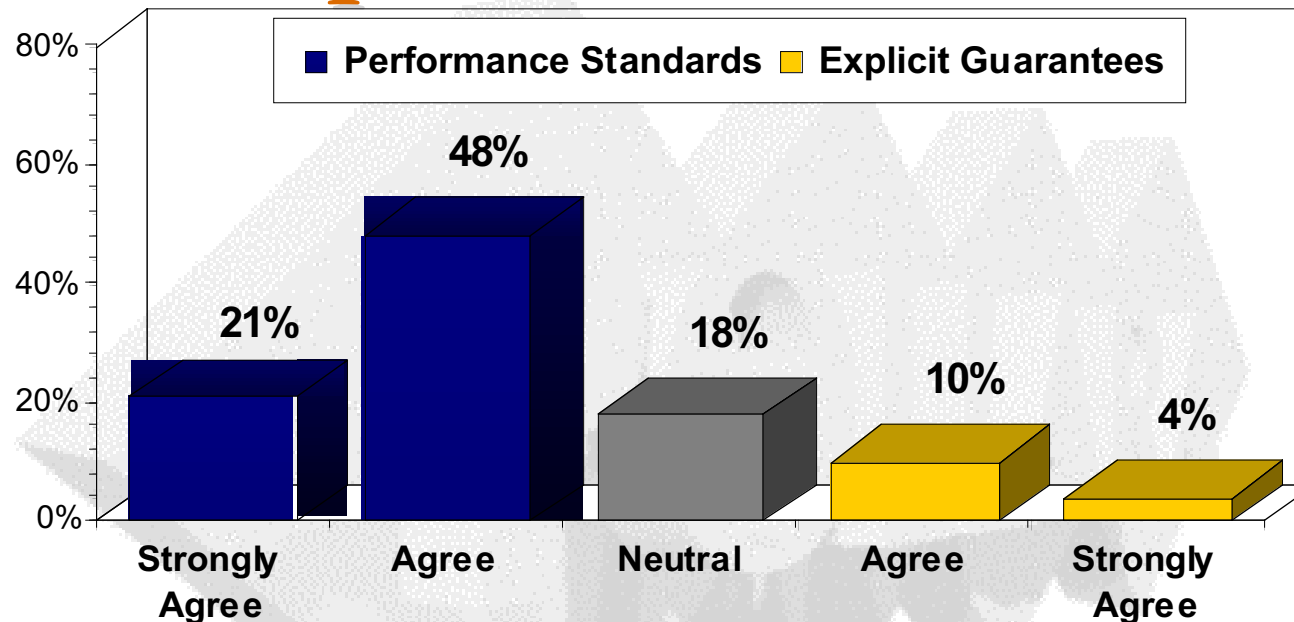


- Women are slightly more likely than men to agree governments should only introduce a Patients' Bill of Rights once they have first added significant resources to the system and done extensive education with health care providers (62% vs. 58% respectively).
- Agreement with the statement decreases with level of education.

Q: Governments should only introduce a Patients' Bill of Rights once they have first added significant resources to the system and done extensive education with health care providers. N=1870



# PATIENTS' BILL OF RIGHTS: Performance Standards vs. Explicit Guarantees

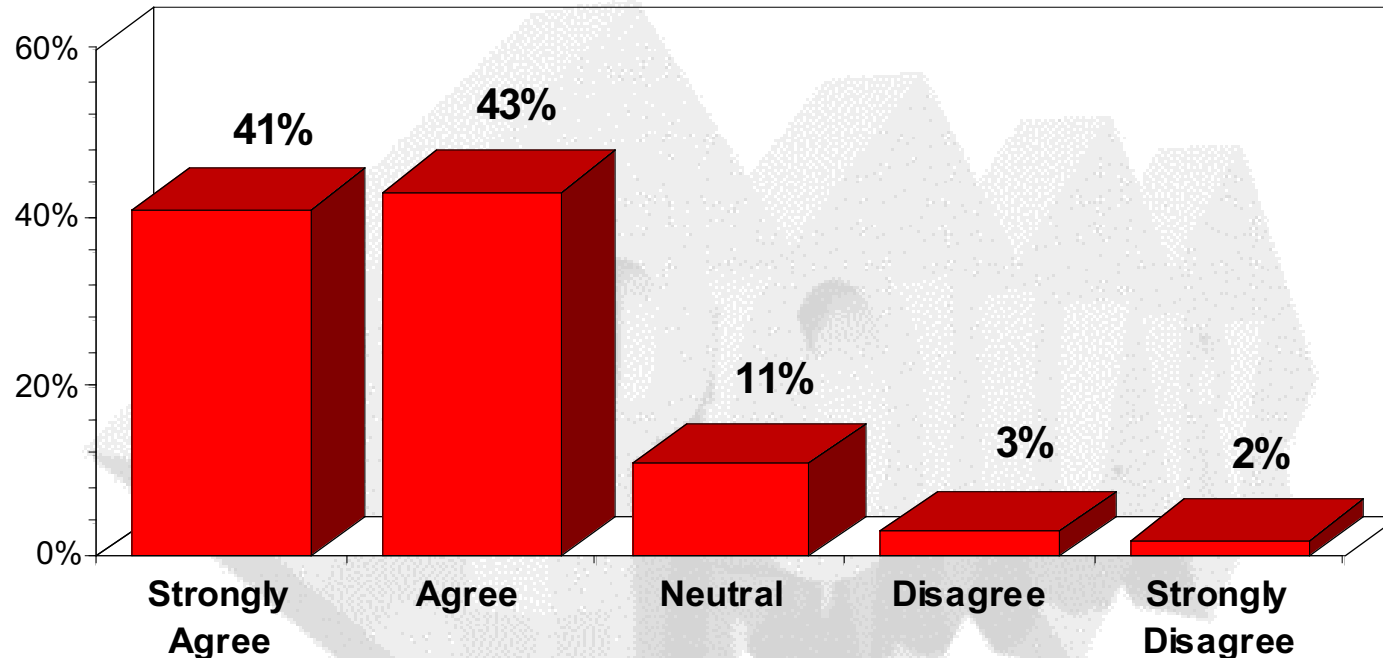


- Roughly seven-in-ten respondents in every demographic subgroup agree a Patients' Bill of Rights should describe desired performance standards.
- In addition, respondents in every subgroup are more than six times as likely to agree a Patients' Bill of Rights should describe desired performance standards rather than make explicit guarantees of timely treatment.
- Women 65 and older are among the most likely to agree a Patients' Bill of Rights should describe desired performance (77%), while men between 18 and 29 years of age are among the least likely to agree (66%).



Q: A Patient's Bill of Rights should describe desired performance standards, or make explicit guarantees of timely treatment. N=1830

# Patients' Bill of Rights: Patient Responsibilities

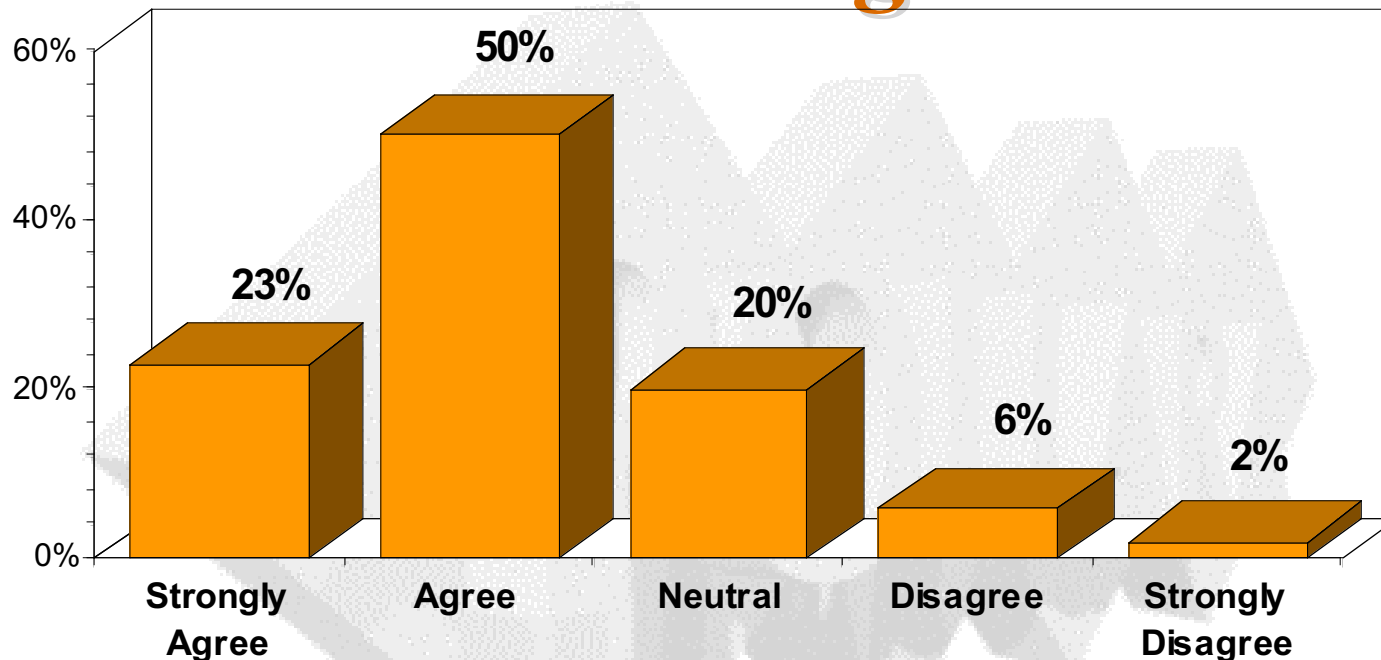


- Health care professionals are more likely than non-health care professionals to agree a Patients' Bill of Rights should include patient responsibilities (90% vs. 81%).
- Seniors (93%) are more likely than their younger counterparts (83% of those under 65) to agree patient responsibilities should be included in a Patients' Bill of Rights.

Q: A Patient's Bill of Rights should include patient responsibilities. N=1856



# Accountability Under the Patients' Bill of Rights



→ Men are slightly more likely than women to agree that organizations in the health system should be measured against the targets in the Patients' Bill of Rights, and held accountable for meeting those targets (76% vs. 71%).

Q: Organizations in the health system should be measured against the targets in the Patients Bill of Rights and held accountable for meeting those targets. N=1853

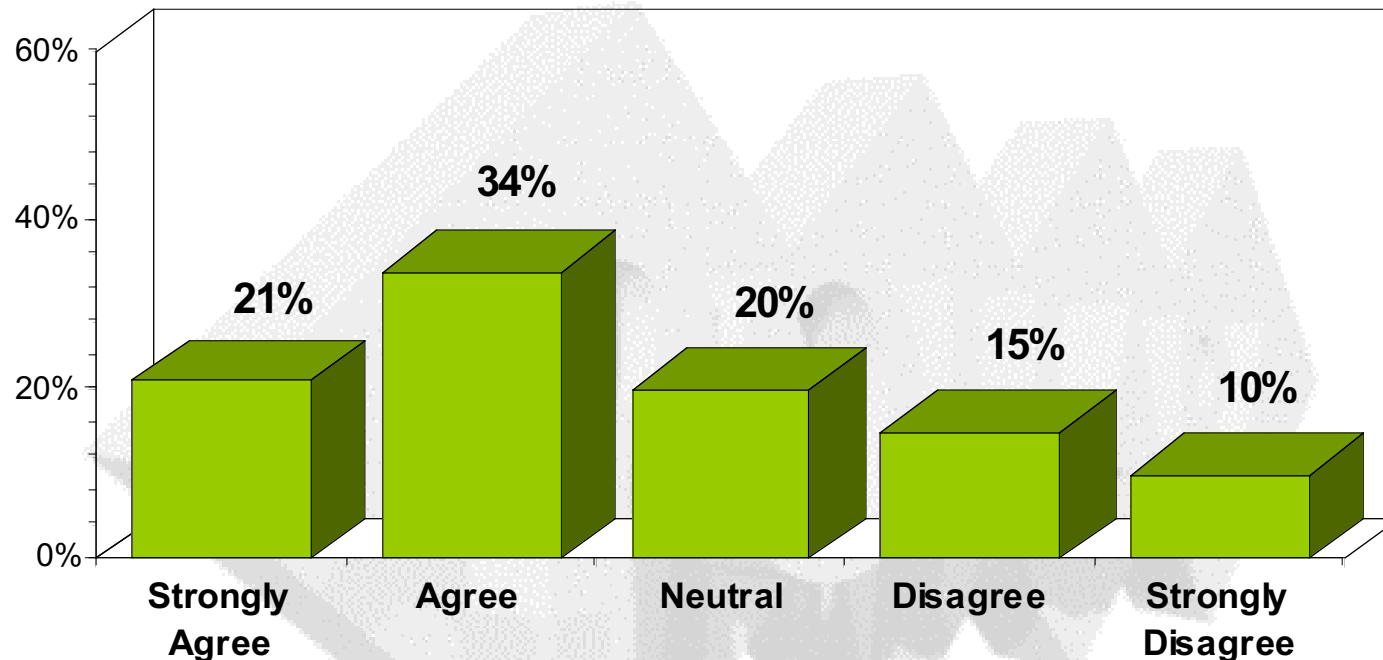




*Complementary and  
Alternative Medicines (CAMs)*



# Complementary and Alternative Medicine Will Improve Health Care



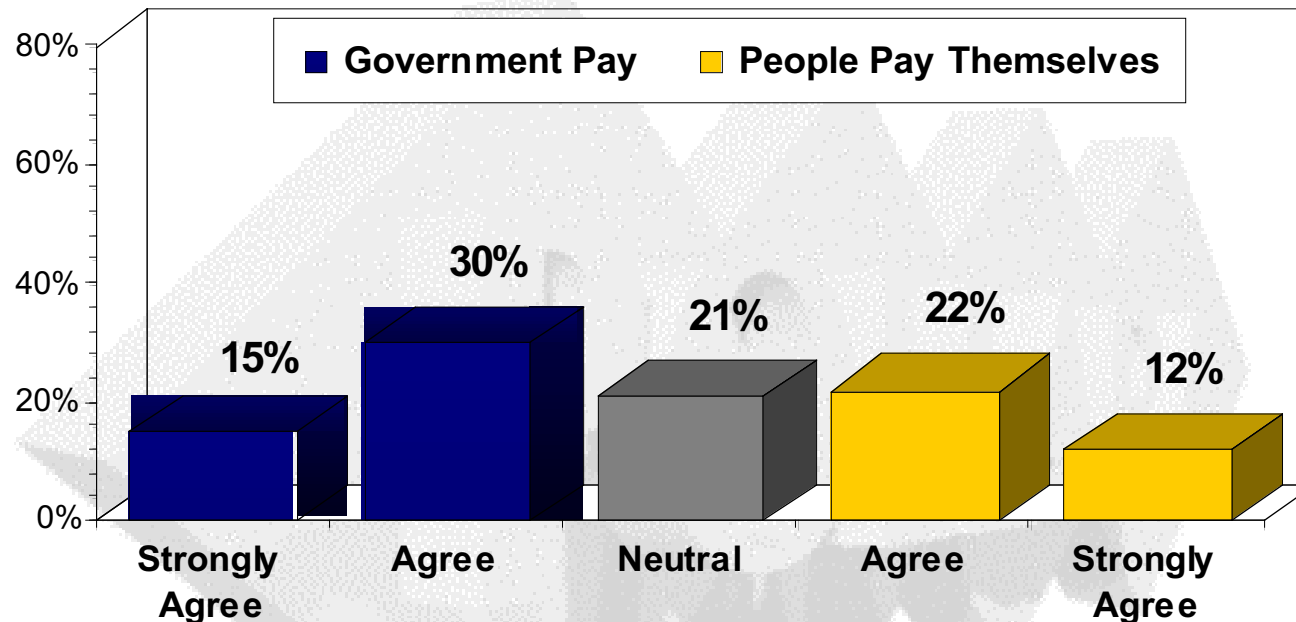
- Women are slightly more likely than men to agree that covering CAMs under medicare will improve health care in Canada (58% vs. 51% respectively).
- Sixty percent of non-health care professionals agree covering CAMs medicare will improve health care, compared to 46% of health care professionals.

Q: Covering complementary and alternative medicine under medicare will improve health care in Canada. N=1788





# Financial Responsibility for Covering CAMS

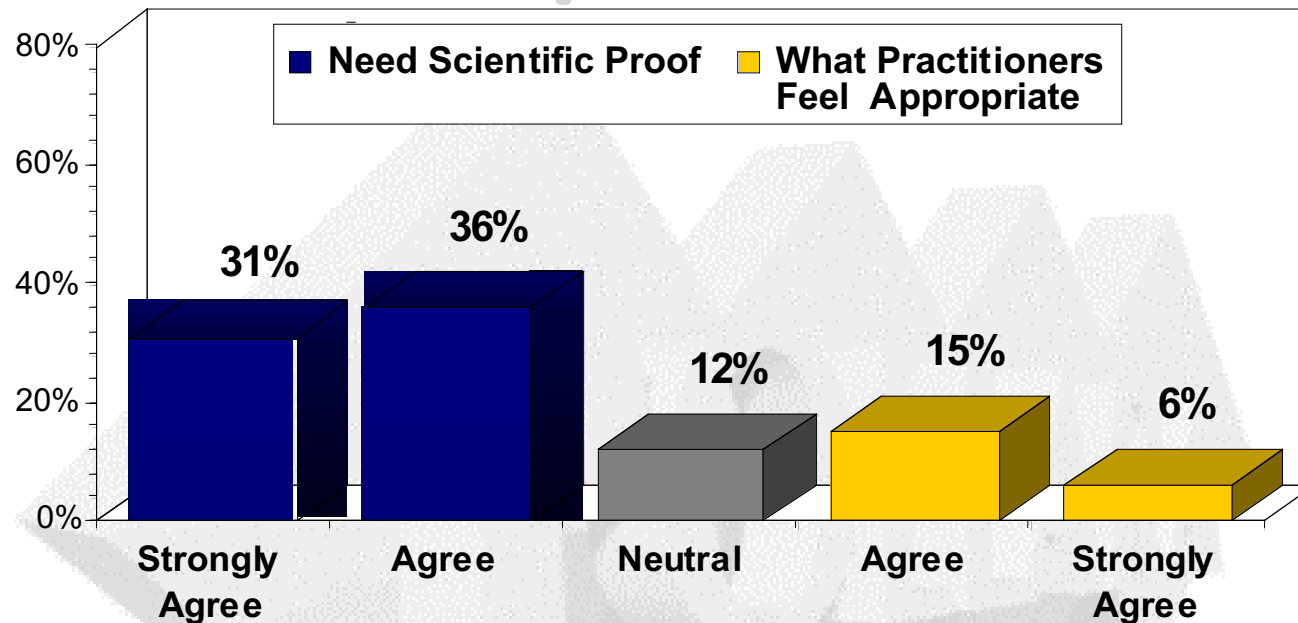


→ While respondents under 65 years of age (47%) are more likely than seniors (34%) to believe the government should increase health care spending in order to cover CAMs under medicare, seniors are more likely to believe that people who want to use CAMs should pay for them rather than the government (41% vs. 33%).

Q: Which comes closest to you own view? Government should increase health care spending in order to cover complementary and alternative medicine under medicare or should people who want to use CAMs should pay for them.  
N=1789



# CAM Coverage Under Health Care System

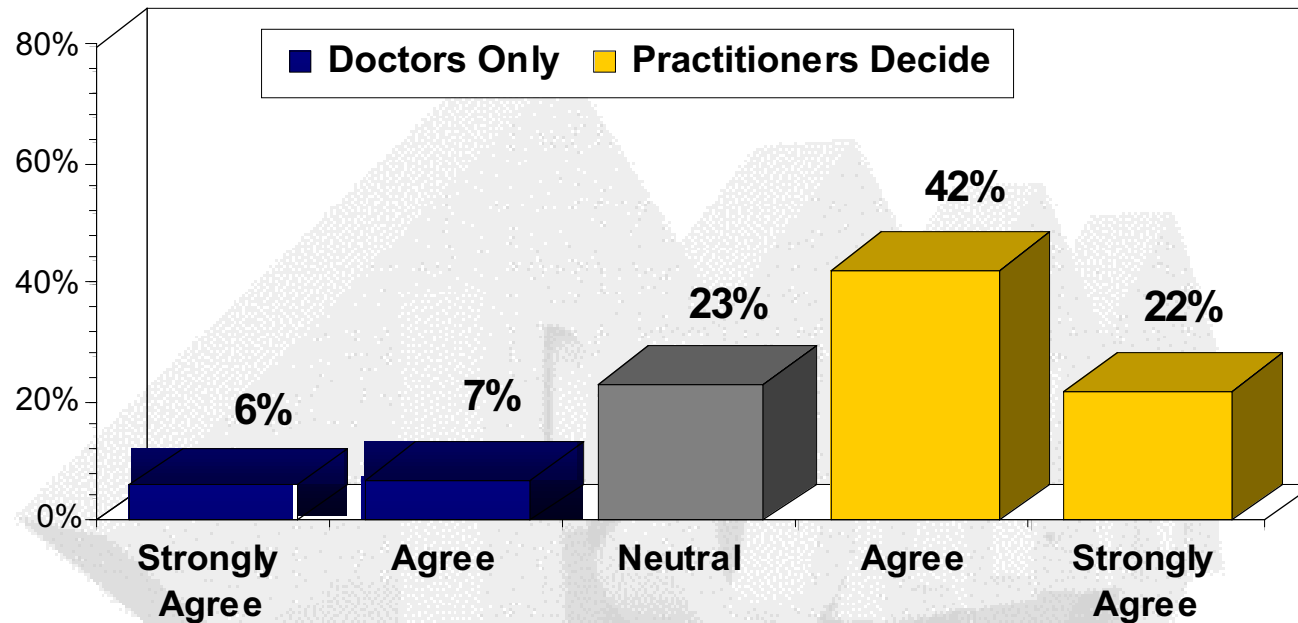


- At least six-in-ten respondents in every demographic subgroup believe we need scientific proof that each CAM product and service works before it is covered by government, compared to roughly one-in-five who believe the health care system should pay for any product or service that health care practitioners or organizations feel appropriate.
- Men in every age category with the exception of those 65 and older are more likely than their female counterparts to believe we need scientific proof that CAM products and services work before paying for it through the health care system.
- Women 65 and older (78%) are more likely than their male counterparts (71%) to believe scientific proof is needed on CAM products before we cover it through the health care system.

Q: Which comes closest to your own view? We need scientific proof that each CAM product and service works before paying for it through the health care system or the health care system should pay for any product or service that health care practitioner organizations feel appropriate?  
N=1789



# Licencing CAMS

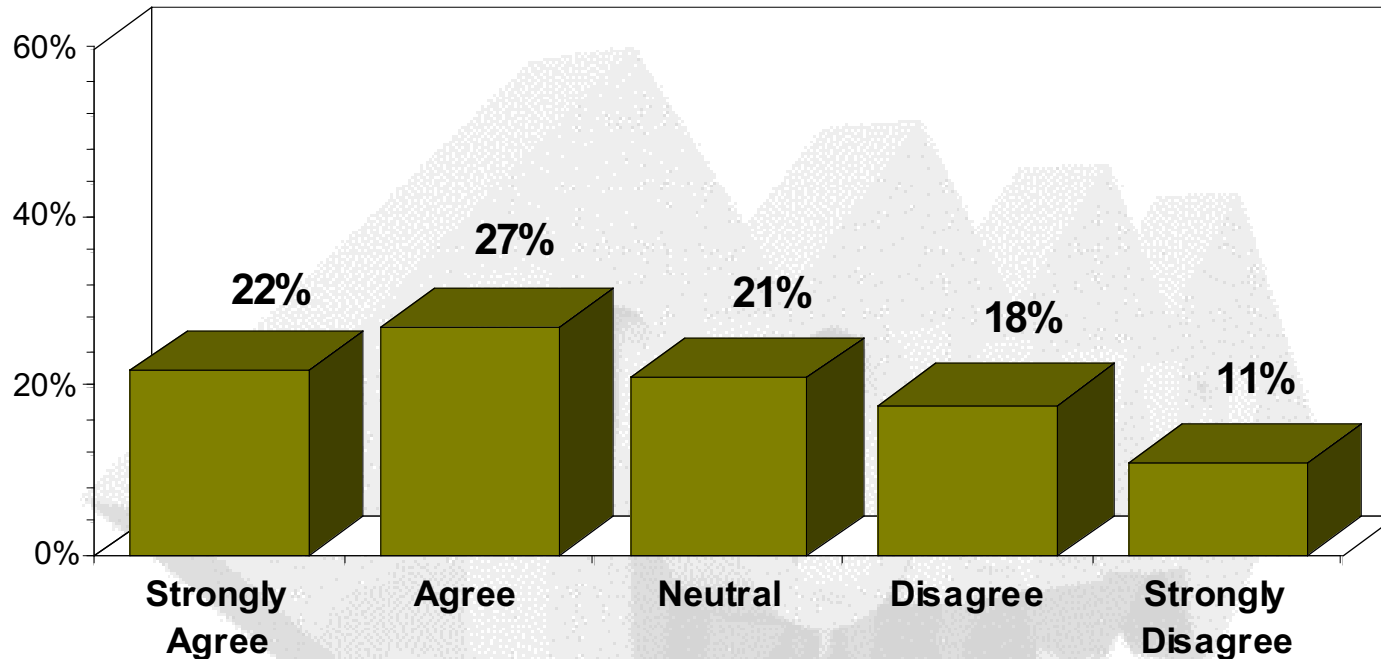


- Respondents across all demographic subgroups are roughly three times as likely to believe that practitioner organizations should decide who is licensed to provide CAMs, rather than strictly doctors.
- Women are more likely than men to believe practitioner organizations should decide who is licensed to provide CAMs (67% vs. 59%)

Q: Which comes closest to your own view? Doctors should be the only people licensed to provide CAMs services or practitioner organizations should decide who is licensed to provide CAMs? N=1784



# Usage of CAMS



- Women are more likely than men to agree there have been times when they would have used a CAM, but it was too expensive (57% vs. 39% respectively).
- The younger the respondents are, the more likely they are to agree that they would have used a CAM on occasion if it had not been too expensive.

Q: There have been times when I would have used a CAM, but it was too expensive. N=1783



## **WAVE 2**

# **Canada Health Act Consumer Choice Sustainability**





# CANADA HEALTH ACT

# Summary: Canada Health Act

- Respondents are apprehensive that modernizing the Canada Health Act will result in improved health care in Canada as most are inclined to believe that the principles of the Act still reflect the values of Canadians and do not believe that the Act in itself hampers the health care system.
- There is widespread disagreement that health care should be treated as a commodity. Rather, respondents indicate that it should be based on need.
- There is strong support for federal involvement in the health care of Canadians, despite its provincial jurisdiction. Two-thirds agree that the federal government should implement stronger penalties to provincial violators of the CHA and that interpretation of the CHA should be based on a *partnership* between the federal and provincial governments. Three-quarters support the federal government's right to impose conditions on transfer payment spending.
- Eight-in-ten agree that definition of medically necessary services should be incorporated into the CHA in order to improve health care and a similar proportion believes these are deserving of increased health care spending and inclusion under medicare.
- Responsibility for determining medical necessity should be shared between the federal and provincial governments, according to three-quarters of respondents.
- Support exists for moving forward on health care improvements, as half of respondents disagree that medicare should not be expanded until current costs are under better control.



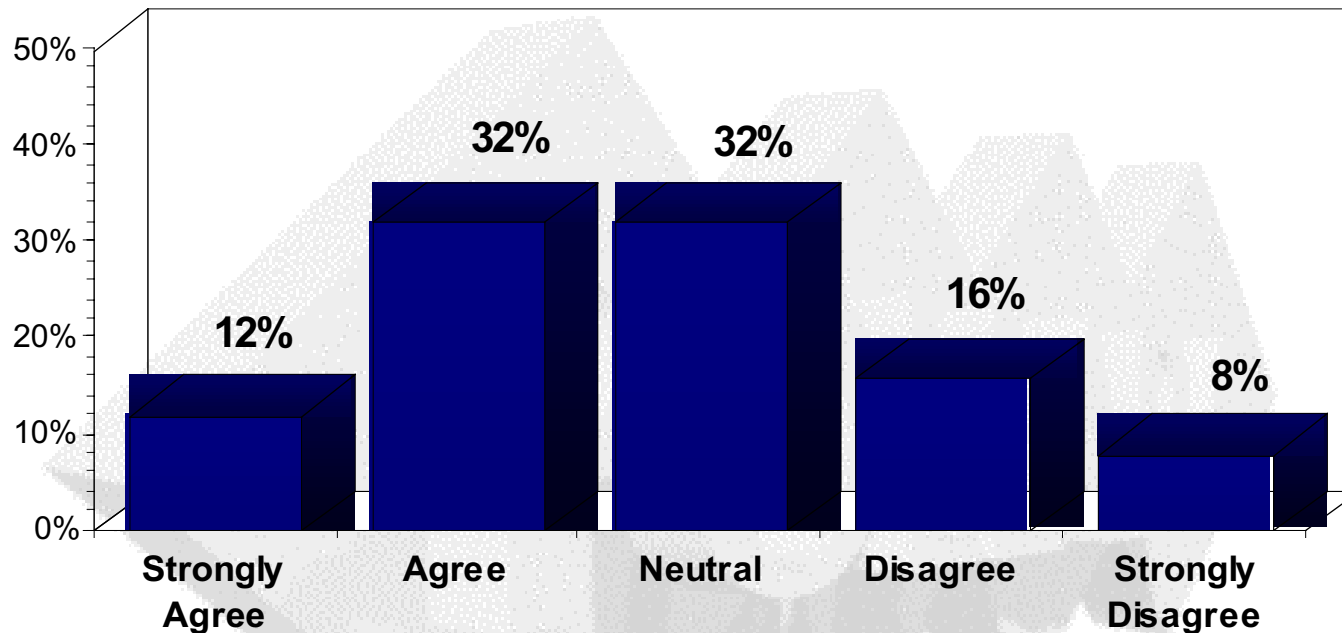


# *Modernizing CHA*





# Modernizing the Canada Health Act Will Improve Health Care

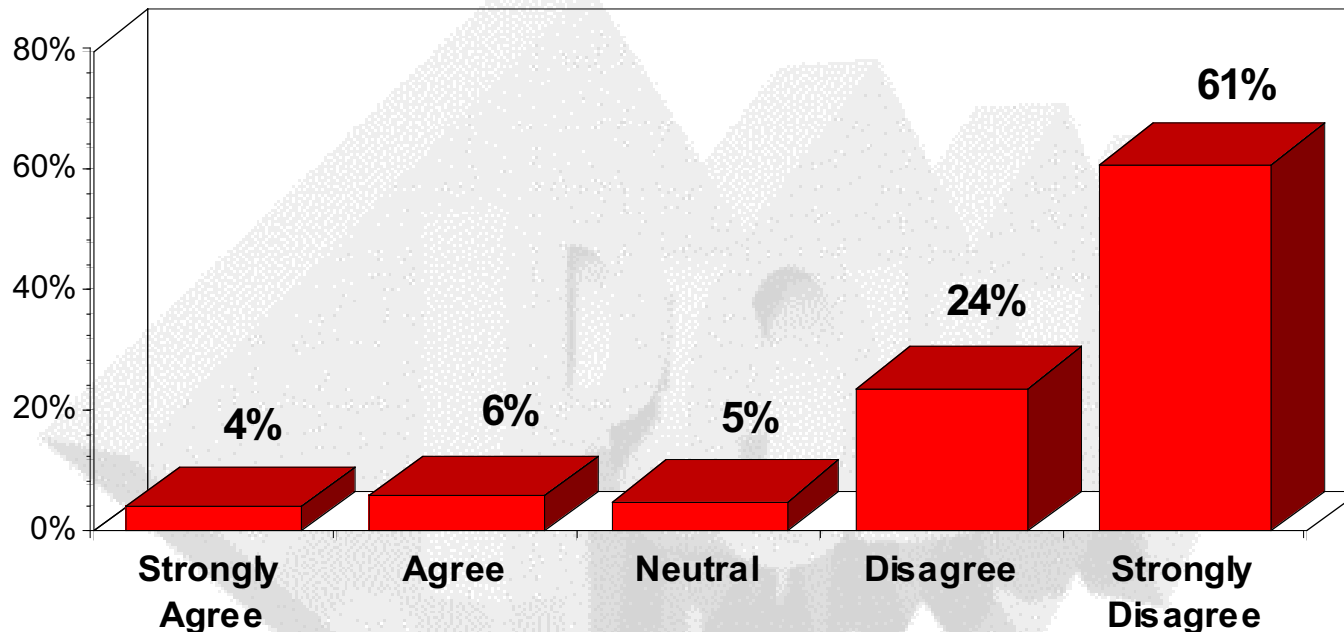


- Health care professionals are more likely than non-health care professionals to agree that modernizing the Canada Health Act will improve health care in Canada (54% vs. 42%).
- Seniors are least likely to agree that modernizing the CHA will improve the system (37%), while those between 30 and 49 years of age are most likely to feel this would be the case (47%).

Q: Modernizing the Canada Health Act will improve health care in Canada. N=1166



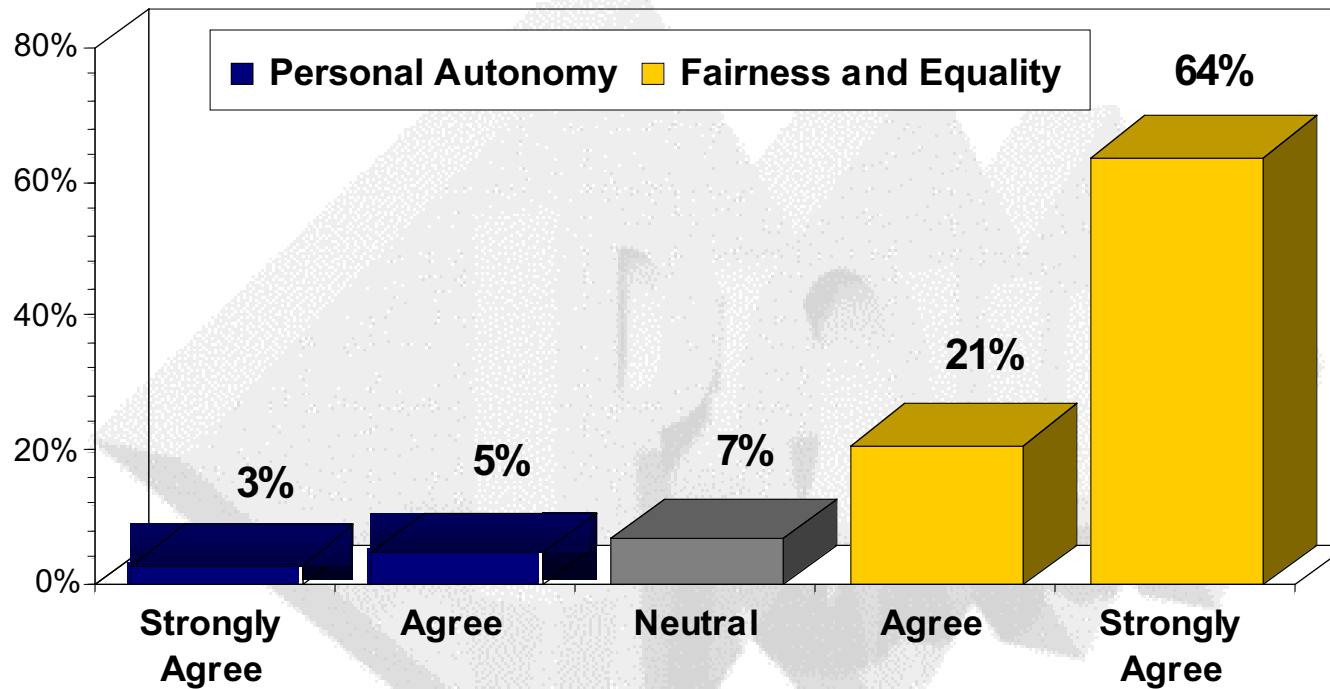
# Do the Five Principles of the Act Reflect the Values of Canadians?



- At least 85% of respondents in each demographic subgroup disagree with the statement that the five principles in the CHA no longer reflect the values of Canadians.
- Strong disagreement with this statement increases with education.

Q: The five principles of the Act - universality, comprehensiveness, accessibility, portability, public administration - no longer reflect the values of Canadians N=1168

# Values that Provide Better Foundation for CHA

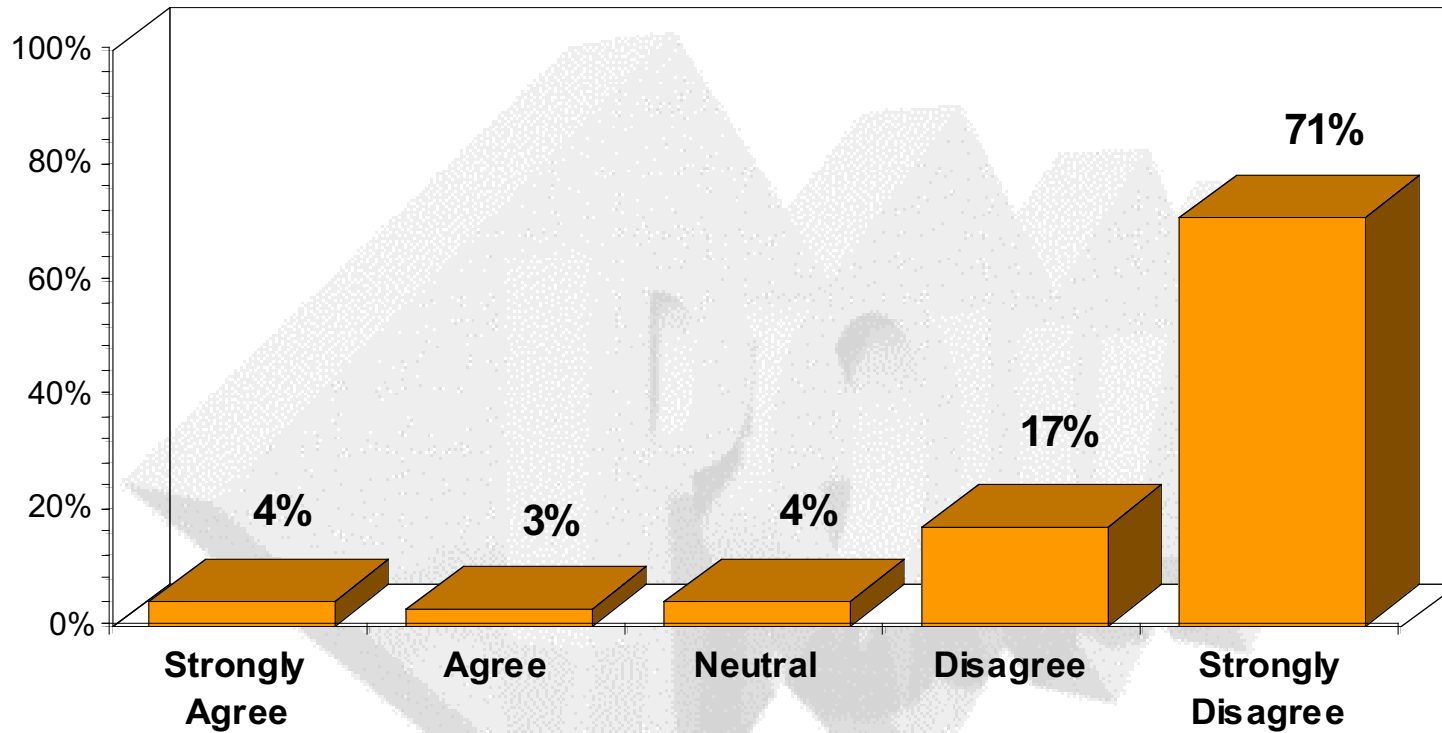


- Roughly six-in-ten respondents in each demographic subgroup *strongly agree* and an additional one-in-five *agree* that fairness and equality are the values that provide a better foundation for the CHA. Meanwhile, less than one-in-ten respondents in each demographic subgroup agree that personal autonomy and freedom of choice are the values that provide a better foundation.

Q: Which set of values provides a better foundation for the Canada Health Act today... Personal autonomy and freedom of choice OR fairness and equality? N=1165



# Basis for Access to Health Care

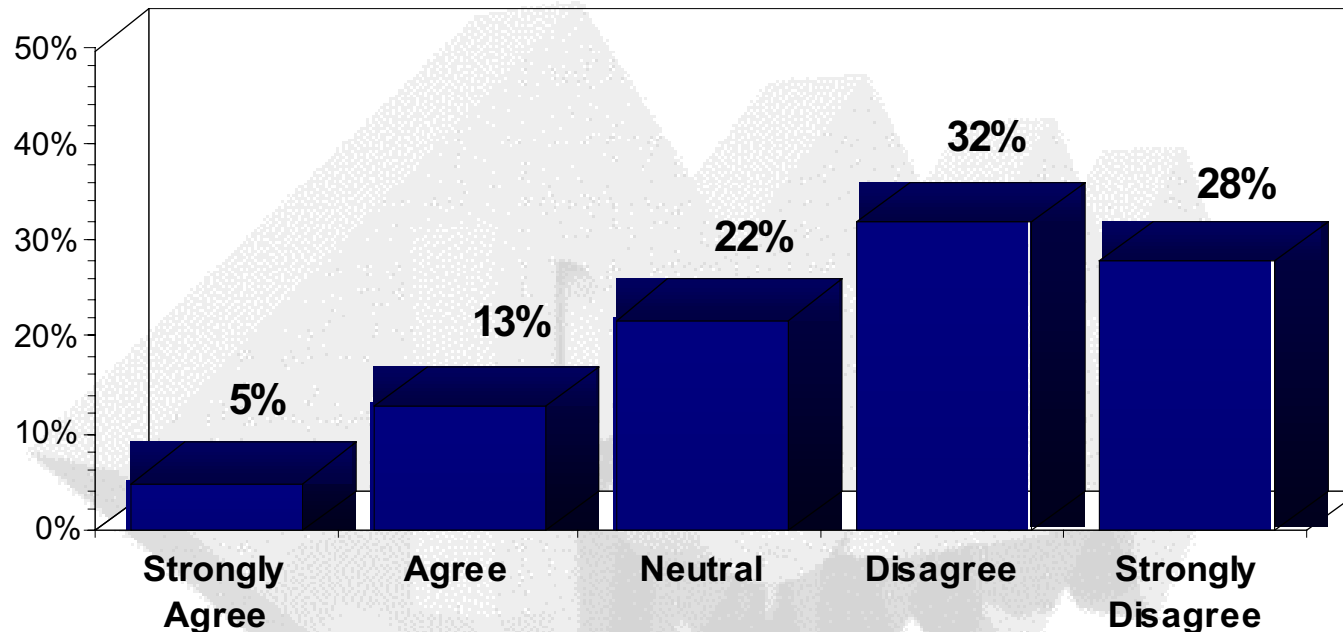


→ Disagreement with the statement increases with the number of times respondents state they have used the health care system.

Q: Our access to health care, like other consumer goods, should not be based on need but on want and willingness to pay. N=1166



# Does CHA Prevent Changes to Health Care System?



- Respondents 30 years of age and older (62%) are more inclined than those between 19 and 29 years of age (55%) to disagree with the statement that the CHA stops Canada from making needed changes to the health care system.
- Disagreement with the statement increases with the level of education. Fifty-six percent of respondents without a post-secondary education disagree with the statement, compared to 62% of those with a post-secondary education.

Q: The Canada Health Act stops Canada from making needed changes to the health care system. N=1166

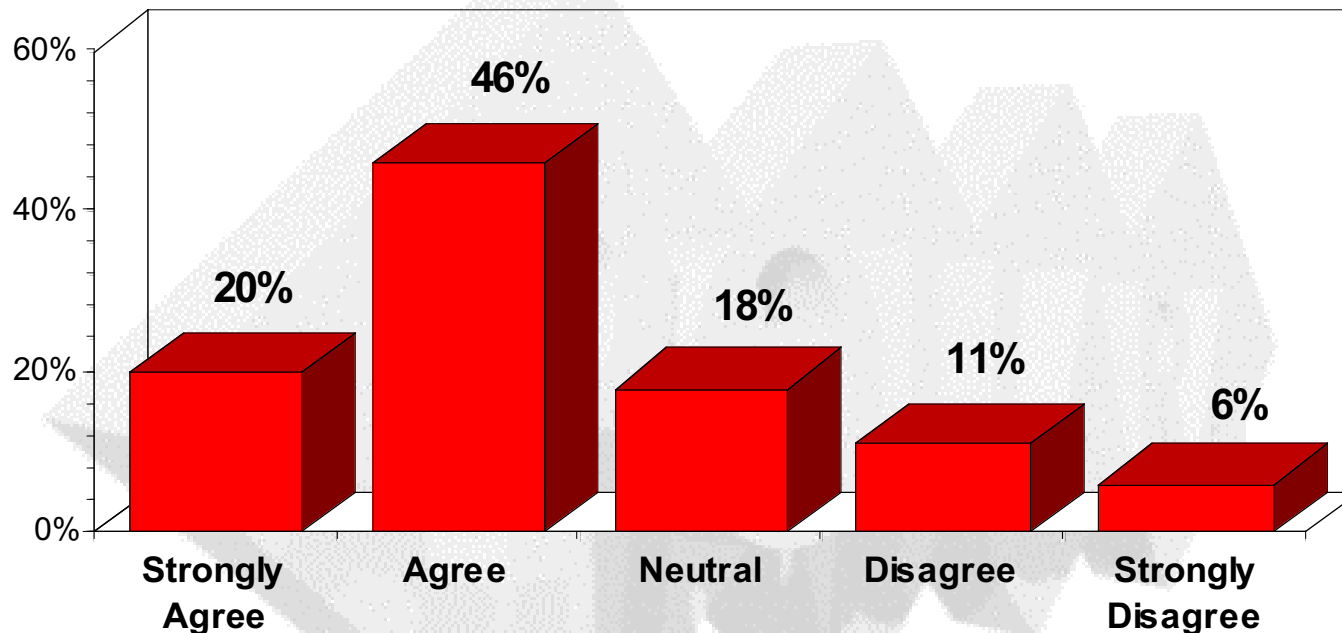




# *Dispute Resolution*



# improvements to Health Care Through Arm's-Length Dispute Resolution

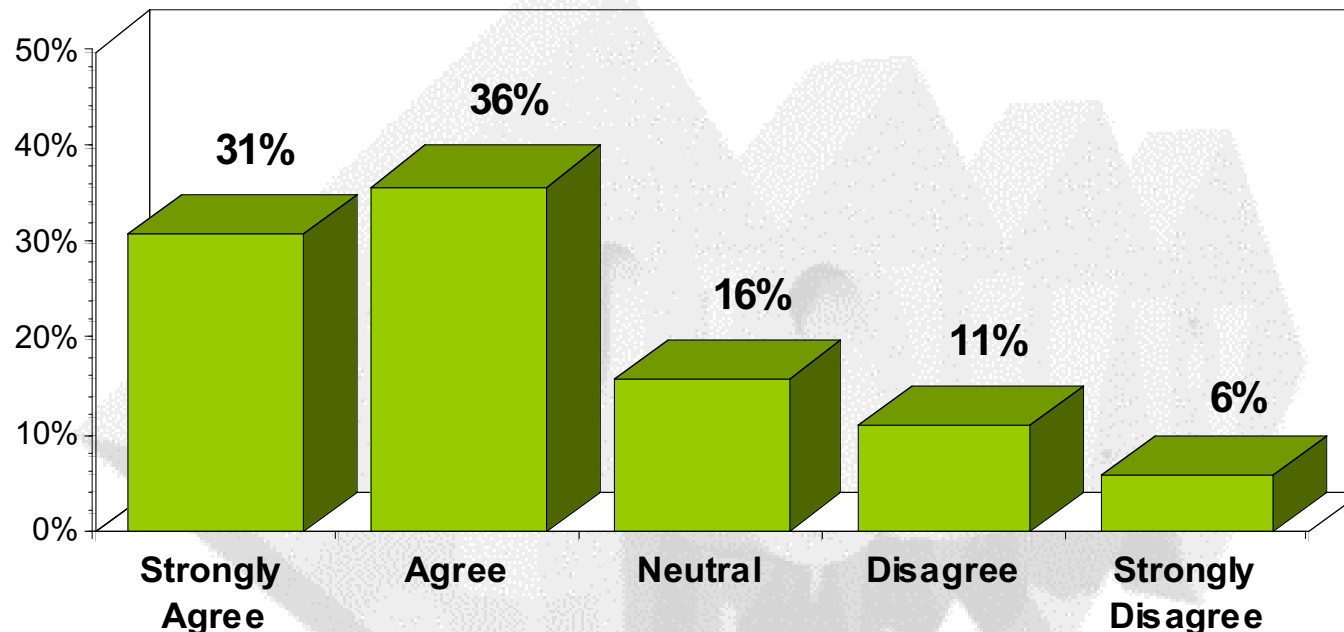


- Health care professionals (74%) and those residing in a rural area (73%) are more likely than non-health care professionals (65%) and those residing in an urban centre (66%) to agree that health care in Canada would improve if federal/provincial disputes over the interpretation of the CHA were resolved through an arm's length mechanism that is both objective and binding.



Q: Health care in Canada would improve if federal/provincial disputes over the interpretation of the Canada Health Act were resolved through an arm's-length mechanism that is both objective and binding. N=1117

# Penalties for Provinces that Violate CHA



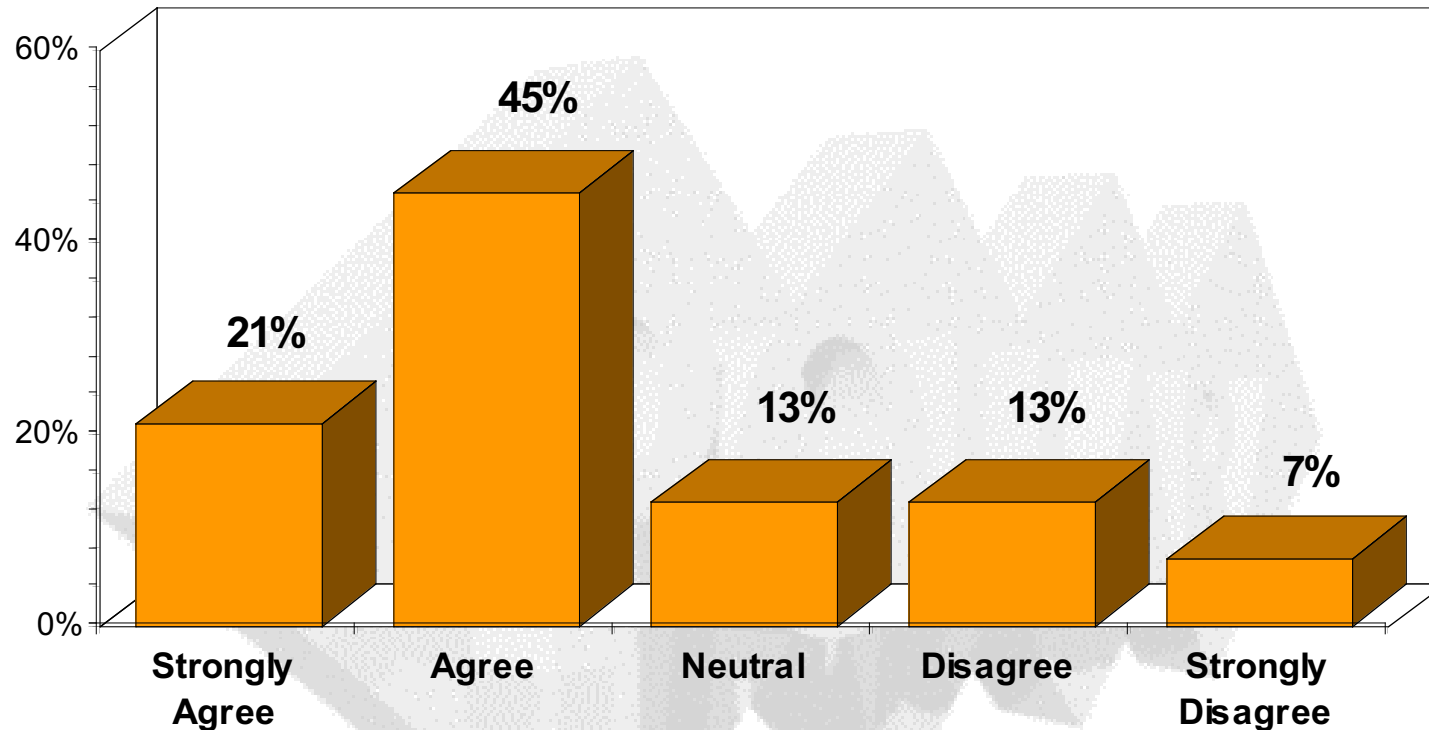
- Respondents between 30 and 65 years of age (69%) are more likely than those between 19 and 29 years of age (64%) and seniors (60%) to agree the federal government should implement stronger penalties for provinces that violate the CHA.
- Respondents living in households earning between \$60,000 and \$79,000 are most likely to agree provinces that violate the CHA should face severe penalties from the federal government (77% vs. 61% of those earning over \$80,000 and 71% less than \$60,000 annually).



Q: The federal government should unilaterally implement stronger penalties to provinces that violate the Canada Health Act. N=1118



# Interpretation of CHA

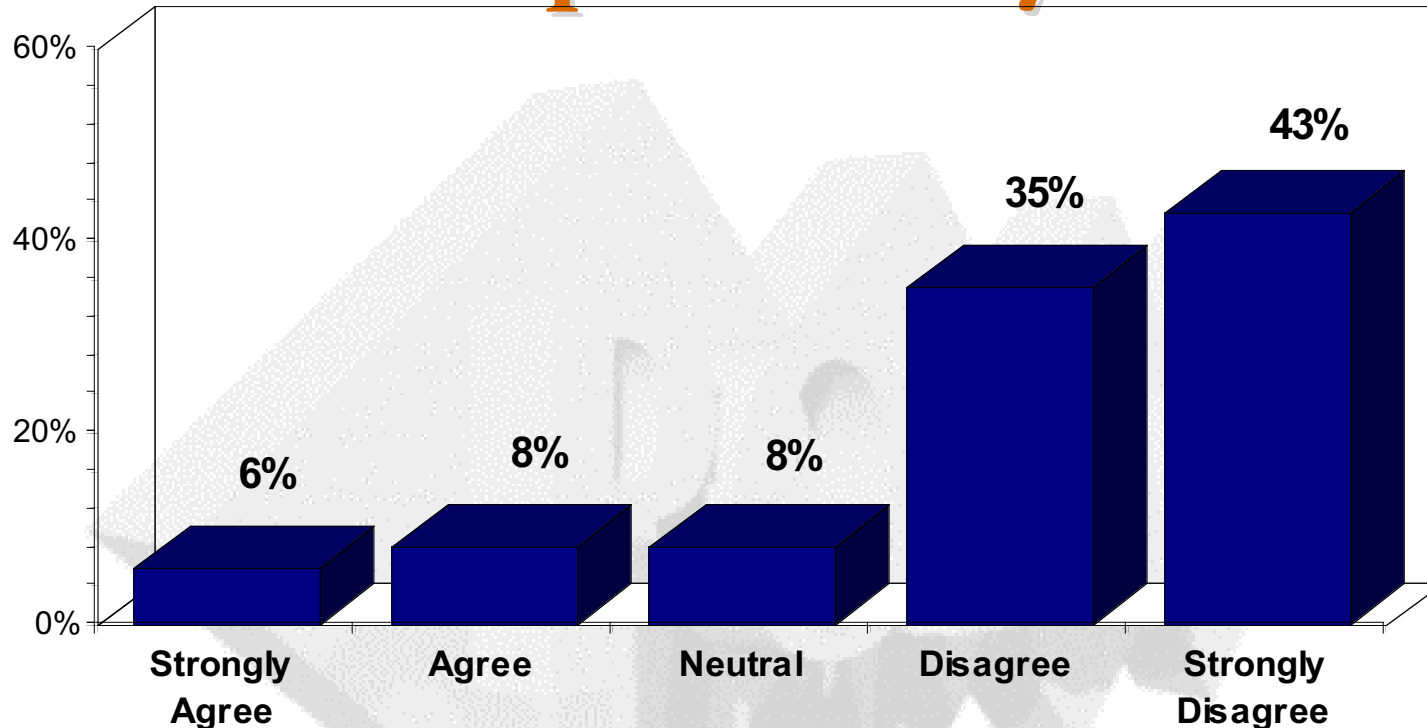


- Health care professionals are more likely than non-health care professionals to agree the federal government should interpret the CHA in partnership with the provinces (74% vs. 64% respectively).
- Women are more likely than men to agree with the statement (69% vs. 63%).

Q: The federal government should interpret the Canada Health Act in partnership with the provinces. N=1119



# Health: A Provincial Responsibility?



- Respondents residing in urban centres are significantly more likely than those in rural areas to disagree that health care is a provincial responsibility and that the federal government should not place conditions on how the provinces spend federal transfers (81% vs. 62% respectively).
- Others most likely to disagree with the statement include men between 18 and 29 years of age (87%), respondents with a graduate degree (86%) and households earning between \$40,000 and \$79,000 annually (85%).
- Women 65 and older are least likely to disagree with the statement (64%), compared to men under 30 years of age (87%).



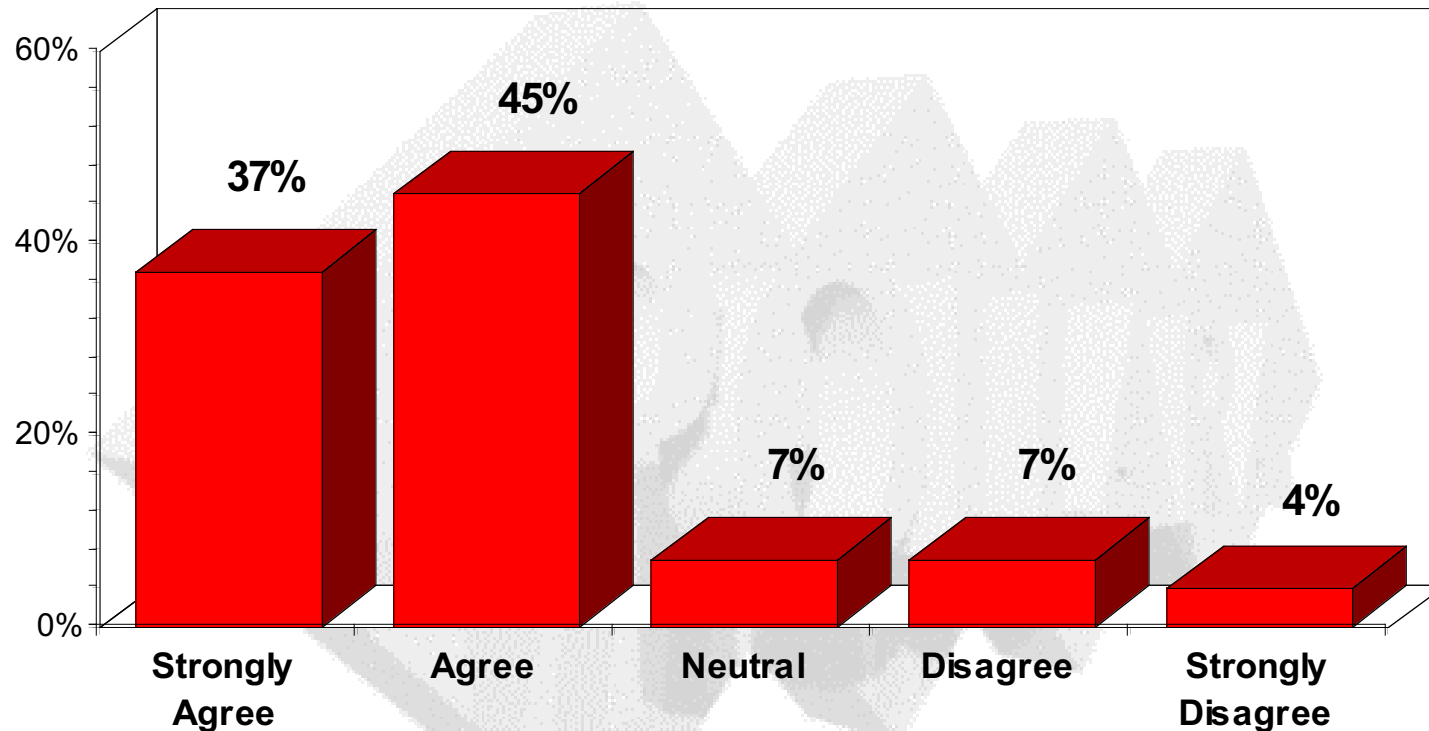
Q: Health is a provincial responsibility, and the federal government should not place conditions on how the provinces spend federal transfers. N=1119



***Broadening the CHA***



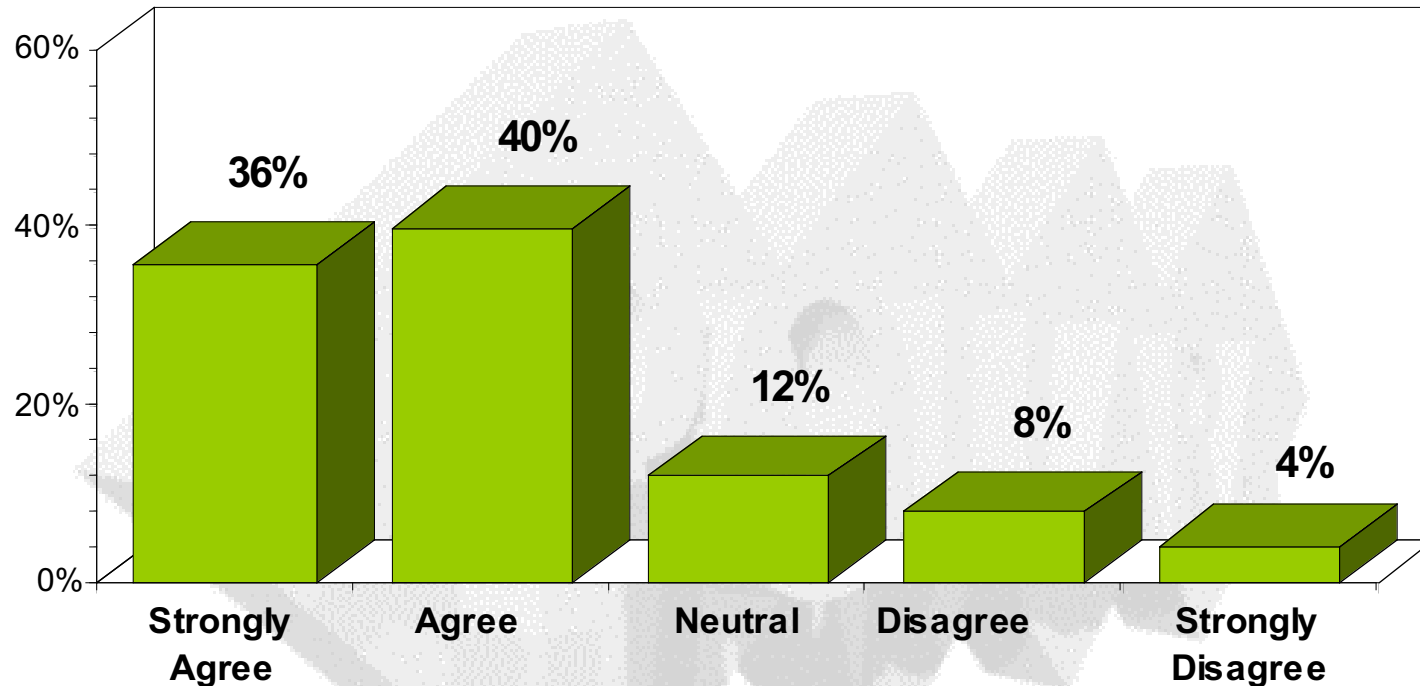
# Improvement of Health Care Through Broadening CHA



→ While those between 30 and 49 years of age (85%) are most likely to agree health care would improve if the CHA was broadened to include other “medically necessary services”, seniors (71%) are least likely to agree this would be the case.

Q: Health care in Canada would improve if the Canada Health Act was broadened to include other “medically necessary” services, not just those provided by doctors and hospitals. N=1105

# GOVERNMENT SHOULD INCREASE HEALTH CARE Spending to Include All Necessary Services

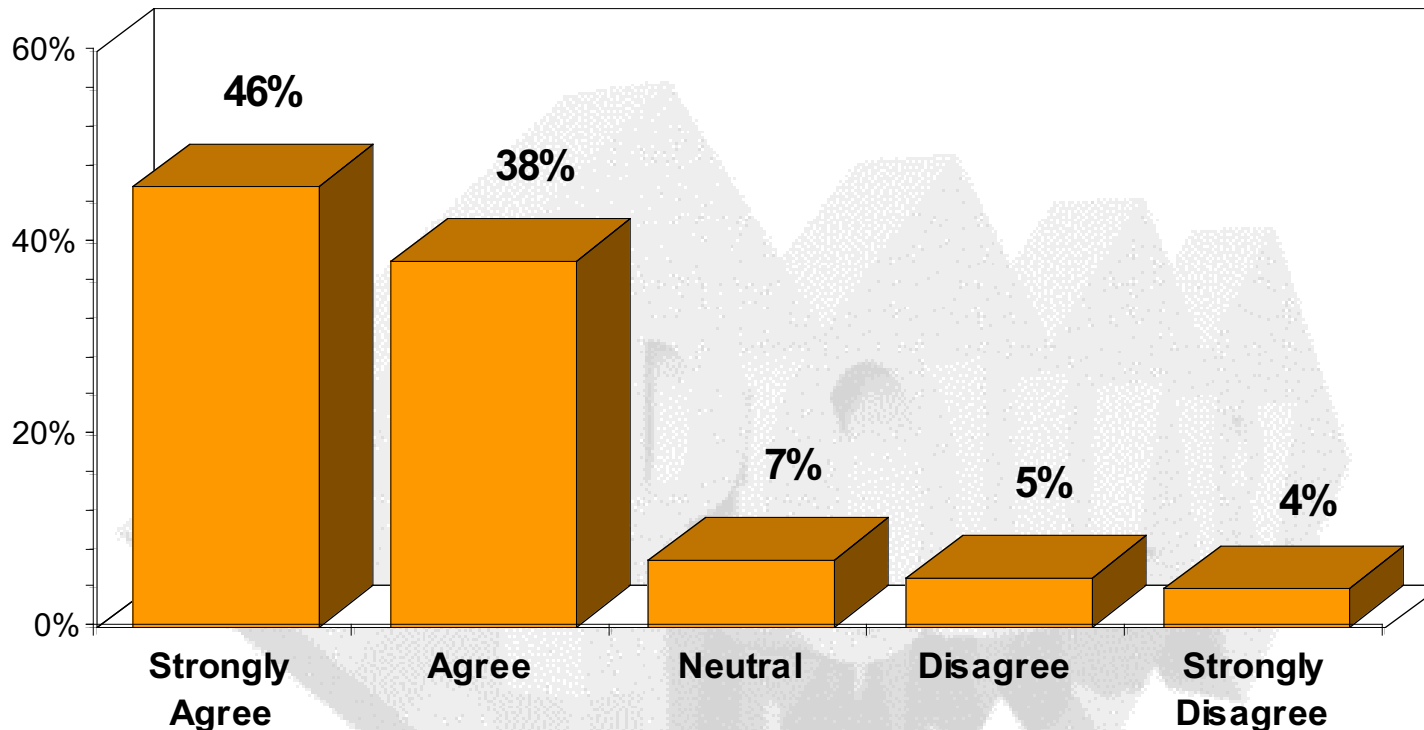


- Respondents between 30 and 65 years of age (78%) are more likely than those between 19 and 29 years of age (69%) and seniors (66%) to agree government should increase health care spending to cover all medically necessary services.
- Eighty-two percent of respondents living in households earning \$79,000 or less annually (82%) agree that public funding should cover medically necessary services, compared to 72% of respondents living in households earning \$80,000 or more.

Q: Government should increase health care spending to cover all medically necessary services. N=1107



# All Services Should Be Part of Medicare

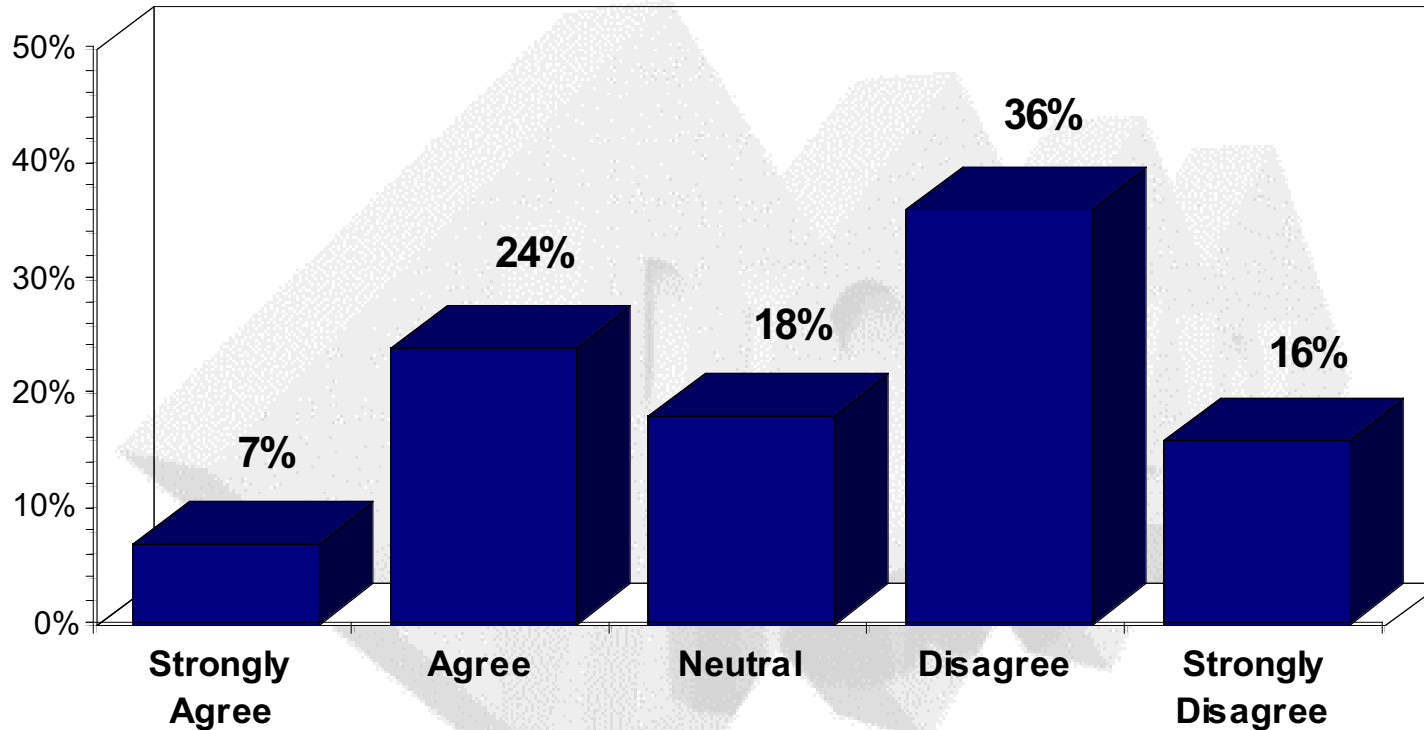


- Similar to previous findings on increased spending for all medically necessary services, respondents between 30 and 65 years of age (88%) are more likely than their younger (78% of those between 19 and 29 years of age) and older counterparts (77% of seniors) to agree health care services such as drugs, physiotherapy and homecare are just as medically necessary as doctors and hospitals and should be part of medicare.
- Agreement with the statement increases with respondents' level of education. For example, nine-in-ten (90%) respondents with a graduate degree agree health care services should be part of medicare, compared to eight-in-ten respondents without a post-secondary school education (83%).



Q: Health care services such as drugs, physiotherapy or homecare are just as medically necessary as doctors and hospitals, and should be part of medicare. N=1107

# EXPANSION OF MEDICARE ONCE CURRENT COST ARE BETTER CONTROLLED

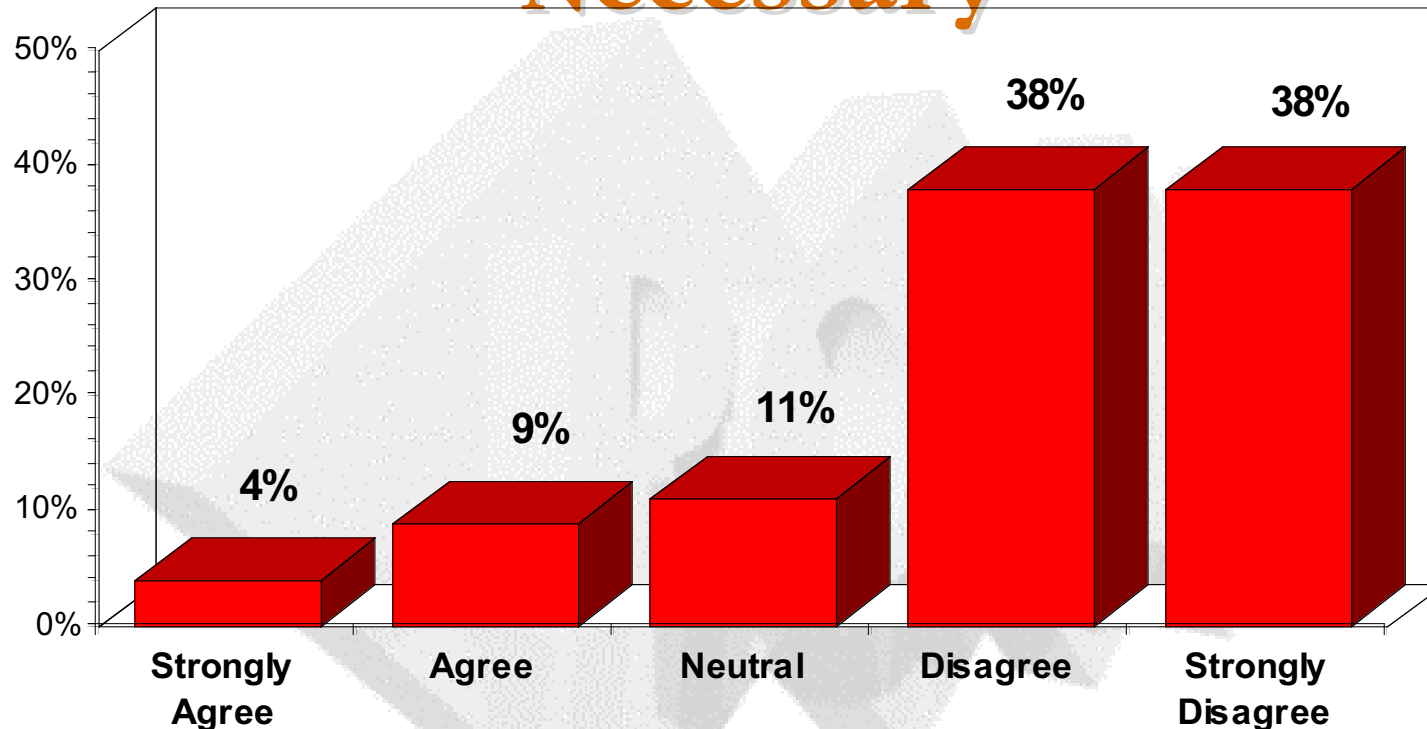


→ Respondents between 19 and 29 years of age (38%) and seniors (37%) are more likely than those between 30 and 65 years of age (28%) to agree we should not expand medicare until its current costs are better controlled.

Q: We should not expand medicare until its current costs are better controlled. N=1104



# PROVINCES SHOULD DECIDE WHICH SERVICES ARE MEDICALLY NECESSARY



- Eight-in-ten (79%) respondents between 30 and 65 years of age, compared to 70% of those between 19 and 29 years of age and 65% of seniors disagree that the provinces are responsible for health and that they should be able to choose which services they pay for as medically necessary.
- Middle to upper- middle income households (82% of those earning between \$40,000 and \$100,000 annually) are more likely than lower income households (73% of those earning less than \$40,000) and upper income households (71% of those earning more than \$100,000) to disagree with the statement.



Q: Provinces are responsible for health and they, not the federal government, should be able to choose which services they pay for as medically necessary. N=1104





# CONSUMER CHOICE



# Summary: Consumer Choice

- From a choice perspective, respondents express that the current principles of Canadian health care should be preserved. There is little support for individual management of health care through medical savings accounts as two-thirds disagree that individual consumers should be able to buy the services they want. Similarly, six-in-ten disagree that they would choose to buy services differently if they personally controlled their share of health care funds. About half disagree that knowing the cost of services would increase their reluctance to consume health services and there is no clear decision whether individuals should have a say in deciding specific investments in personal health care. Consequently, it appears that the public is not prepared to assume responsibility for their own health care management.
- Three-quarters disagree that out-of-pocket payment and privately funded providers would improve health care in Canada and the majority disagrees that doctors should be allowed to work in both a public and private system.
- While respondents do not advocate drastic changes to the current health care set-up, they are receptive of information that could help them, as consumers, to compare and make informed health care choices.

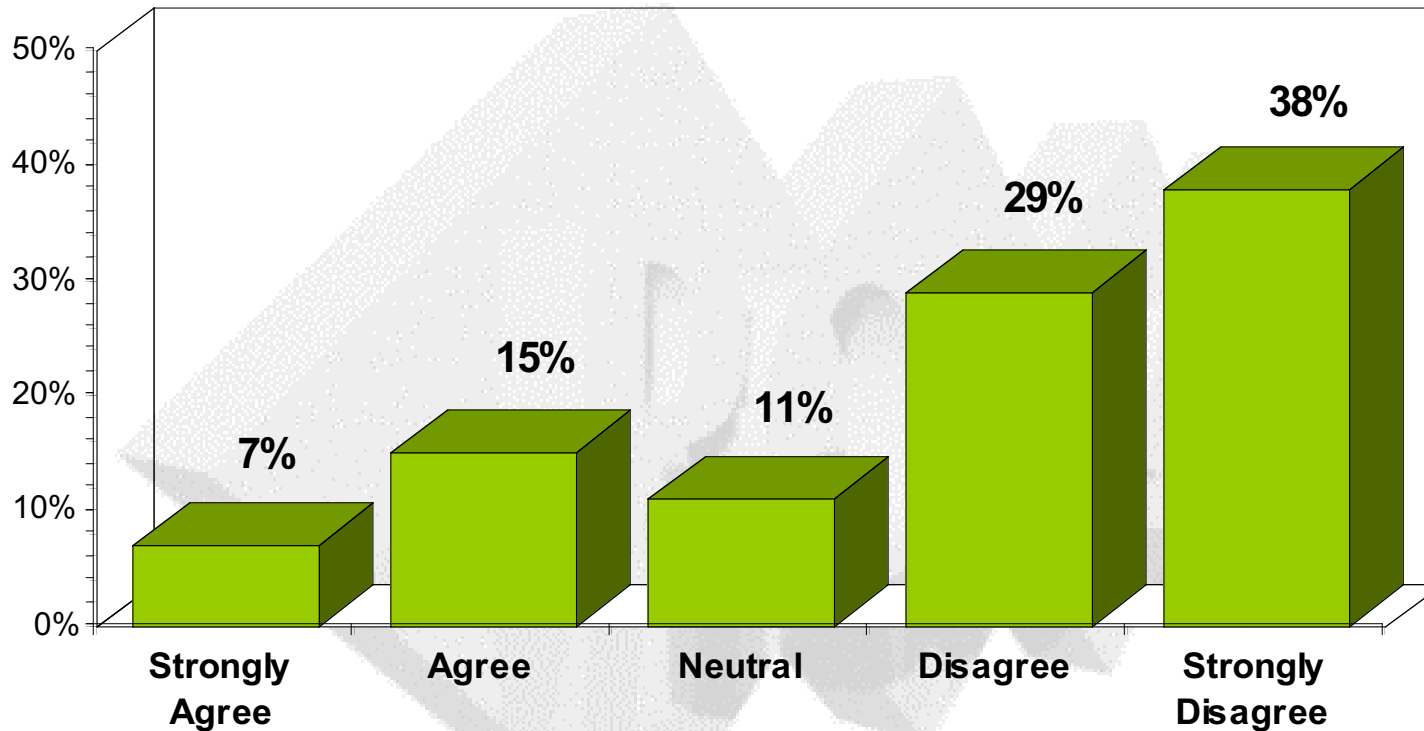




*Medical Savings Accounts*



# Consumers Deciding Which Services They Want

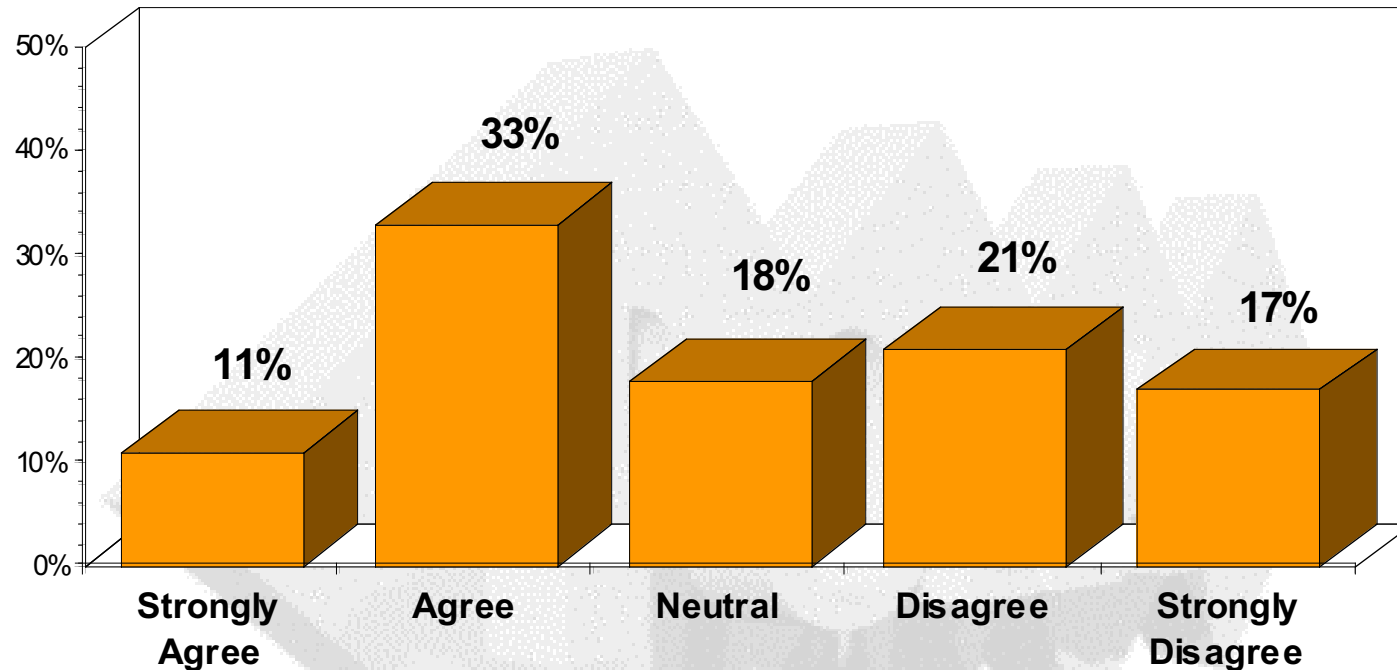


→ **At least six-in-ten respondents in every demographic subgroup disagree that health care in Canada would improve if governments put some funding back into the hands of consumers to let them buy the services they want.**

Q: Health care in Canada would improve if governments put at least some health care funding back in the hands of individual consumers to let them buy the services they want. N=1368



# Taxpayers Should Have a Say in Health Care Investments

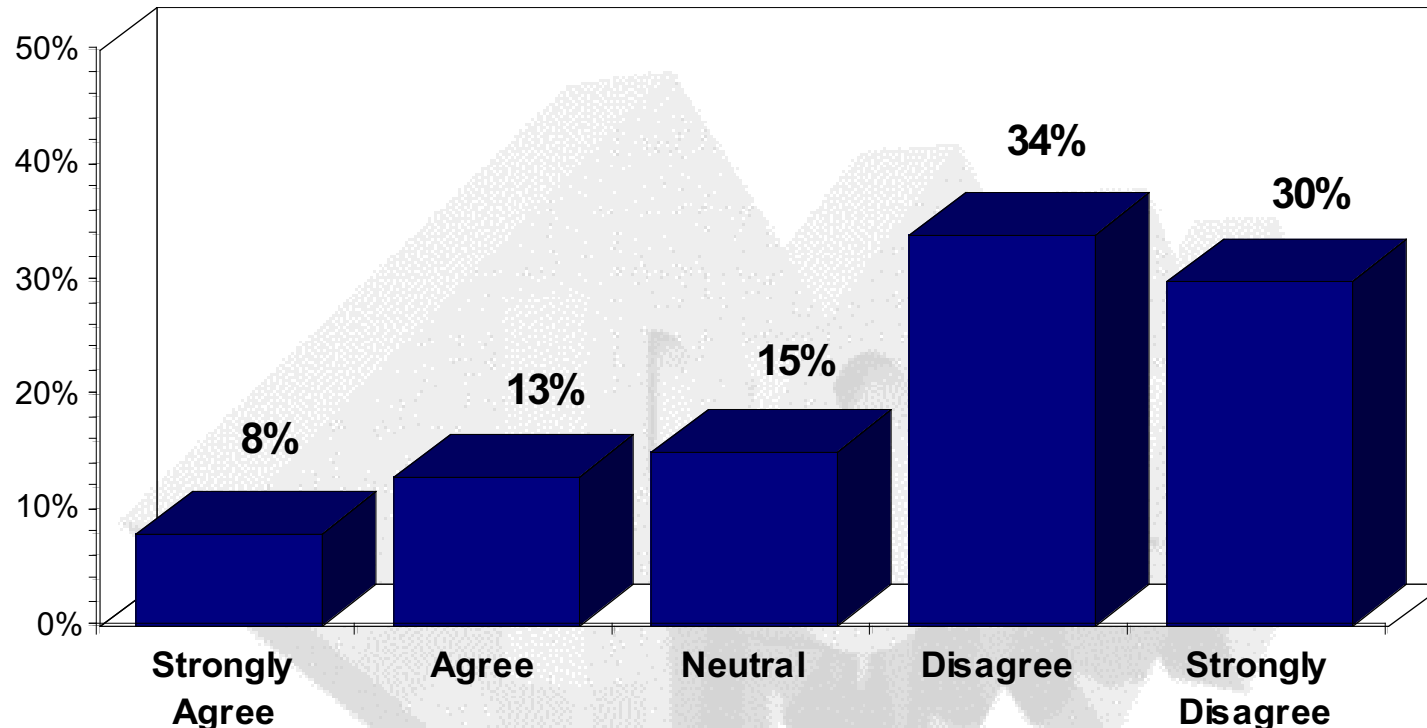


- While women (47%) are more likely than men (39%) to agree that a taxpayer should have a say in deciding not just overall investments in health care, but also specific investments in their personal health care, men are more likely than women to disagree with this choice (44% vs. 35% respectively).
- With the exception of seniors (48% who disagree vs. 39% who agree), respondents in every age category are more likely to agree rather than disagree that taxpayers should have a say in deciding overall investments in health care and specific investments as they pertain to their personal health care.
- Half (50%) of health care professionals agree with the statement, compared to just over one-third that disagree (35%), non-health care professionals are split on whether they agree or disagree with the statement (41% respectively).



Q: As a taxpayer, I should have a say in deciding not just overall investments in health care, but also specifically investments in my personal health care. N=1368

# Consumer Choice

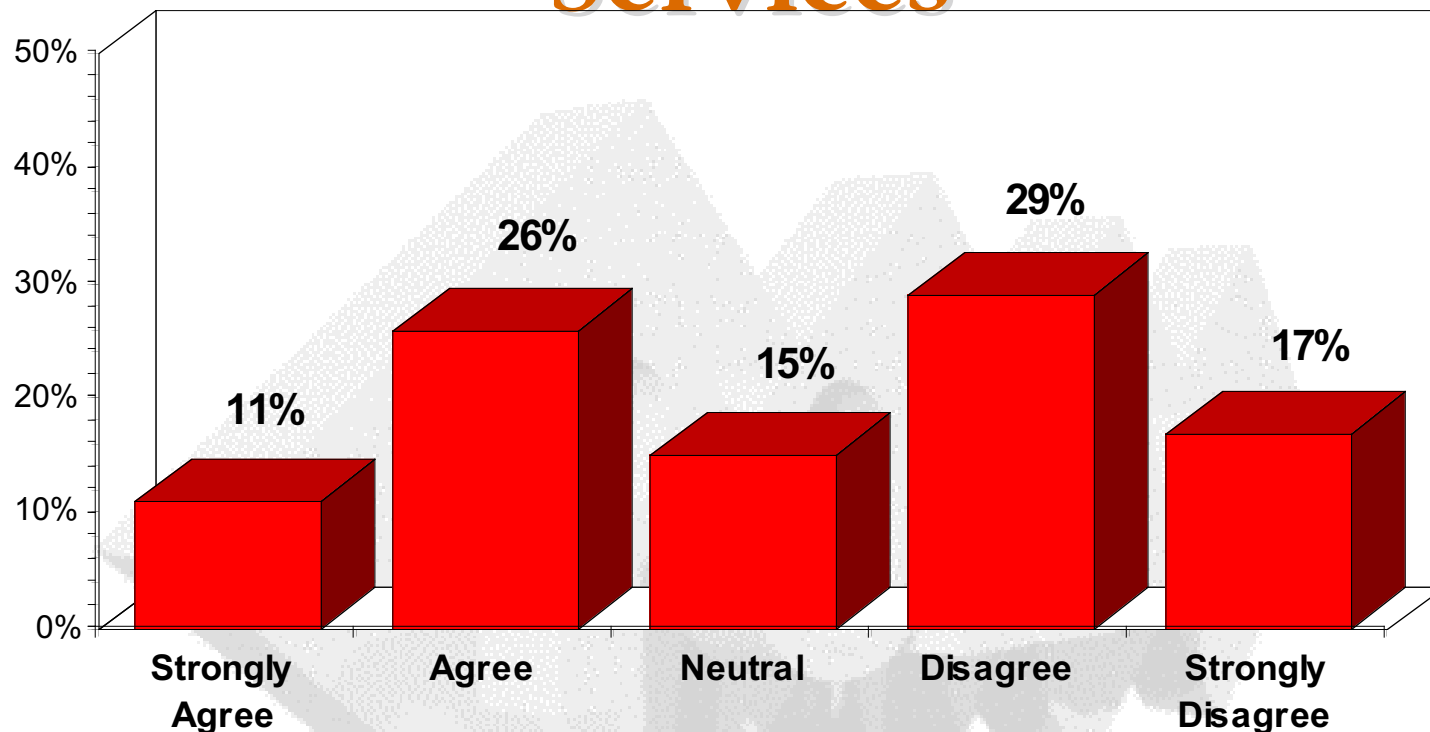


➔ **Disagreement with the statement increases with age. Nearly three-quarters (72%) of seniors disagree with the statement, compared to just over one-in-two respondents between 19 and 29 years of age (58%). Roughly six-in-ten respondents between 30 and 65 years of age disagree with the statement.**

Q: If I controlled “my share” of health care funds, I would choose to buy quite different services than those I access now. N=1367



# Effect of Cost on Use of Health Services



- As Canadians age, the impact of knowing the cost of each service becomes less relevant. One-half (55%) of respondents over 65 disagree, compared to 35% of those between 19 and 29 years of age).
- Respondents residing in a rural area are more likely to disagree rather than agree that knowing the cost of each service would make them more reluctant to consume health services (49% vs. 37% respectively). Meanwhile, those residing in an urban centre are split on whether they agree or disagree with this statement (38% disagree; 37% agree).

Q: Knowing the cost of each service would make me more reluctant to consume health services. N=1367



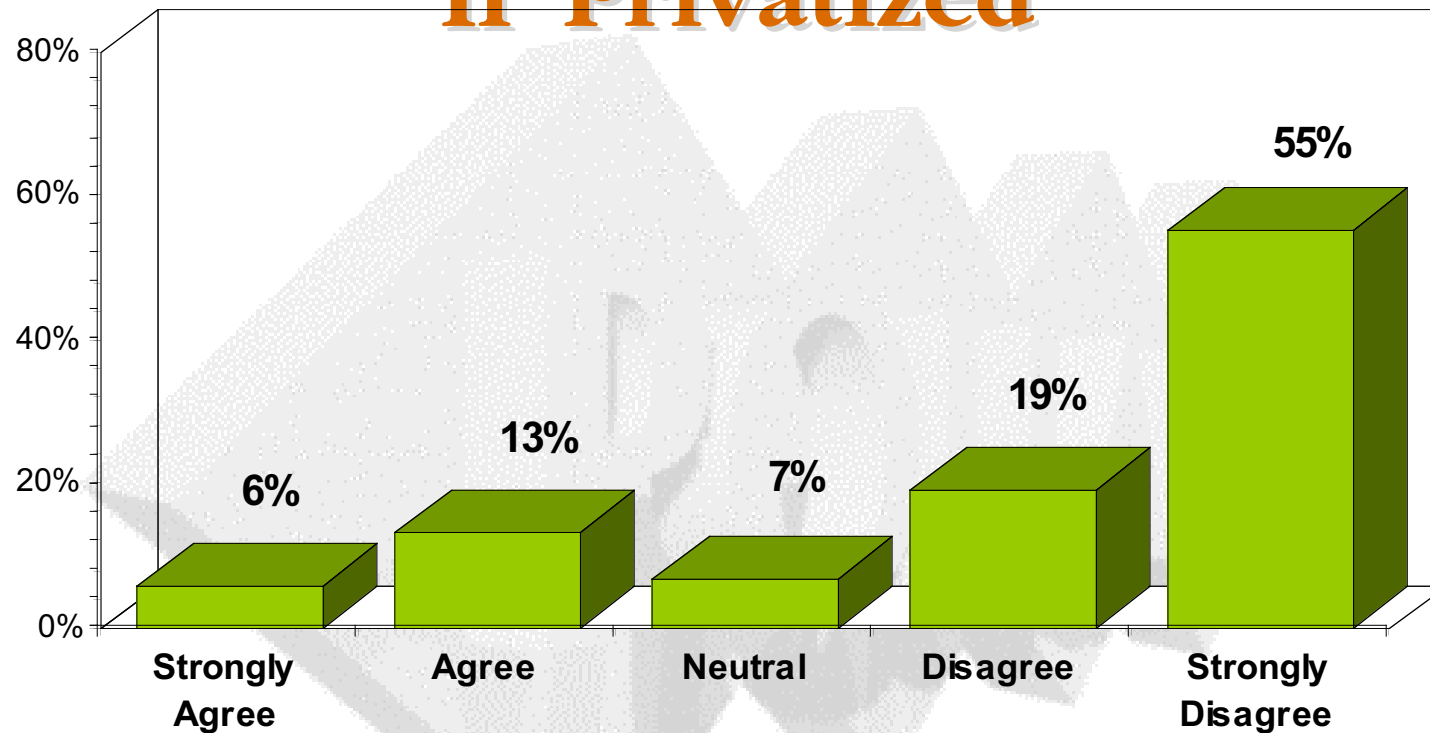


# *Private Funding*





# Health Care System would Improve If Privatized

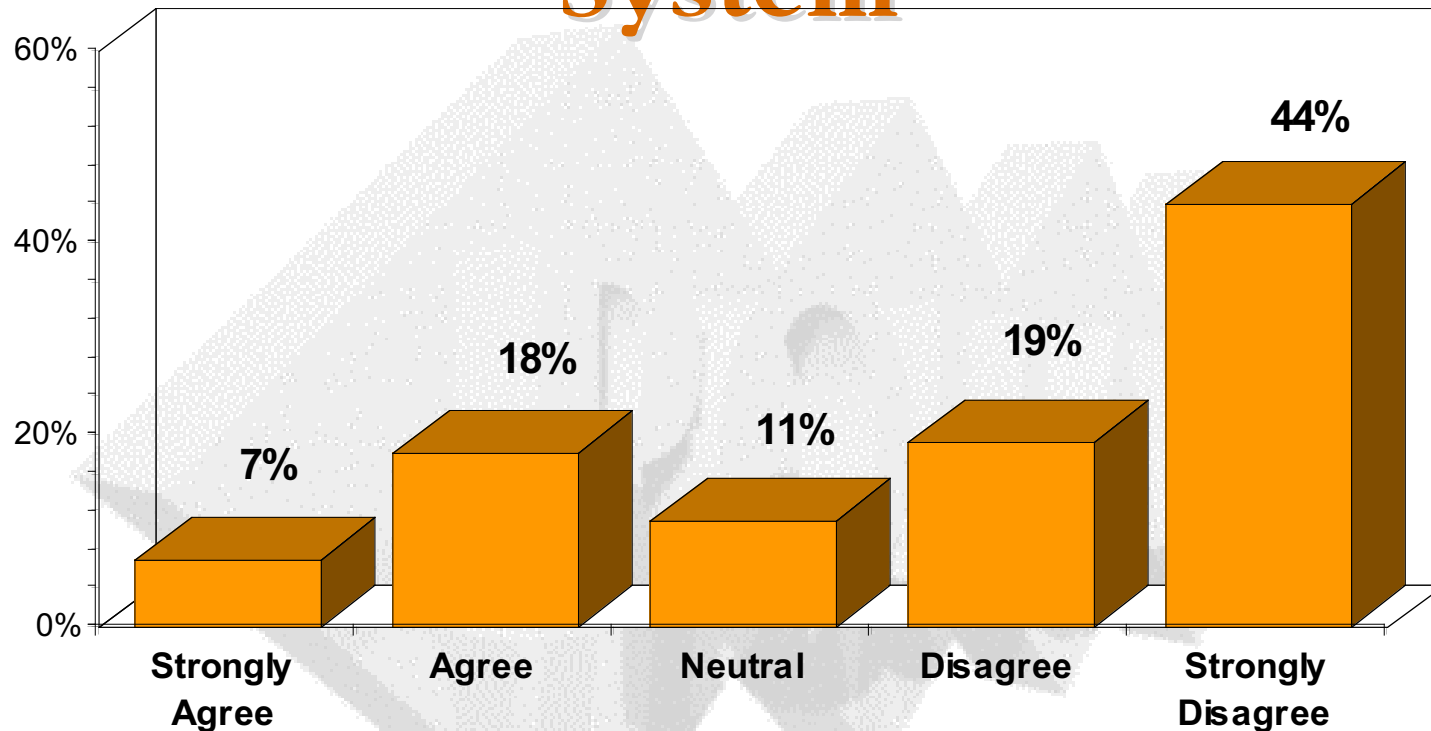


→ Respondents living in households with an annual income between \$60,000 and \$79,000 (80%) and those between 60 and 65 years of age are most likely to disagree that the health care system would improve if Canadians pay for health care services out of their own pocket (79%).

Q: The health care system would improve if government let people pay additional money out of their own pockets to get faster access or other advantages from privately funded providers of medicare services. N=1317



# DOCTORS SHOULD BE ALLOWED TO Work in Public and Private System

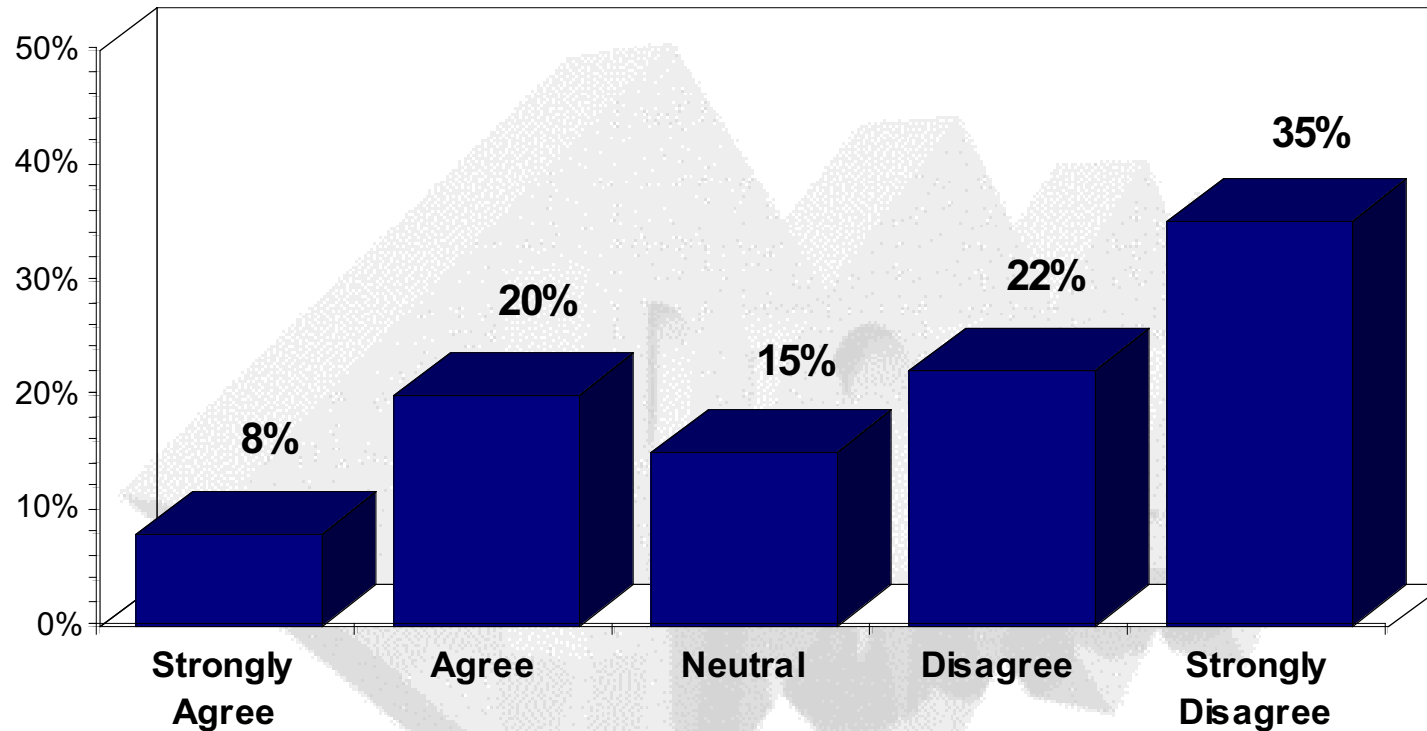


➔ Regardless of demographic differences, about six-in-ten respondents disagree that doctors should be permitted to work in either a public or private health care system.

Q: Doctors should be allowed to work in both a public and a private health care system. N=1317



# Consumers Should Have a Choice of Care

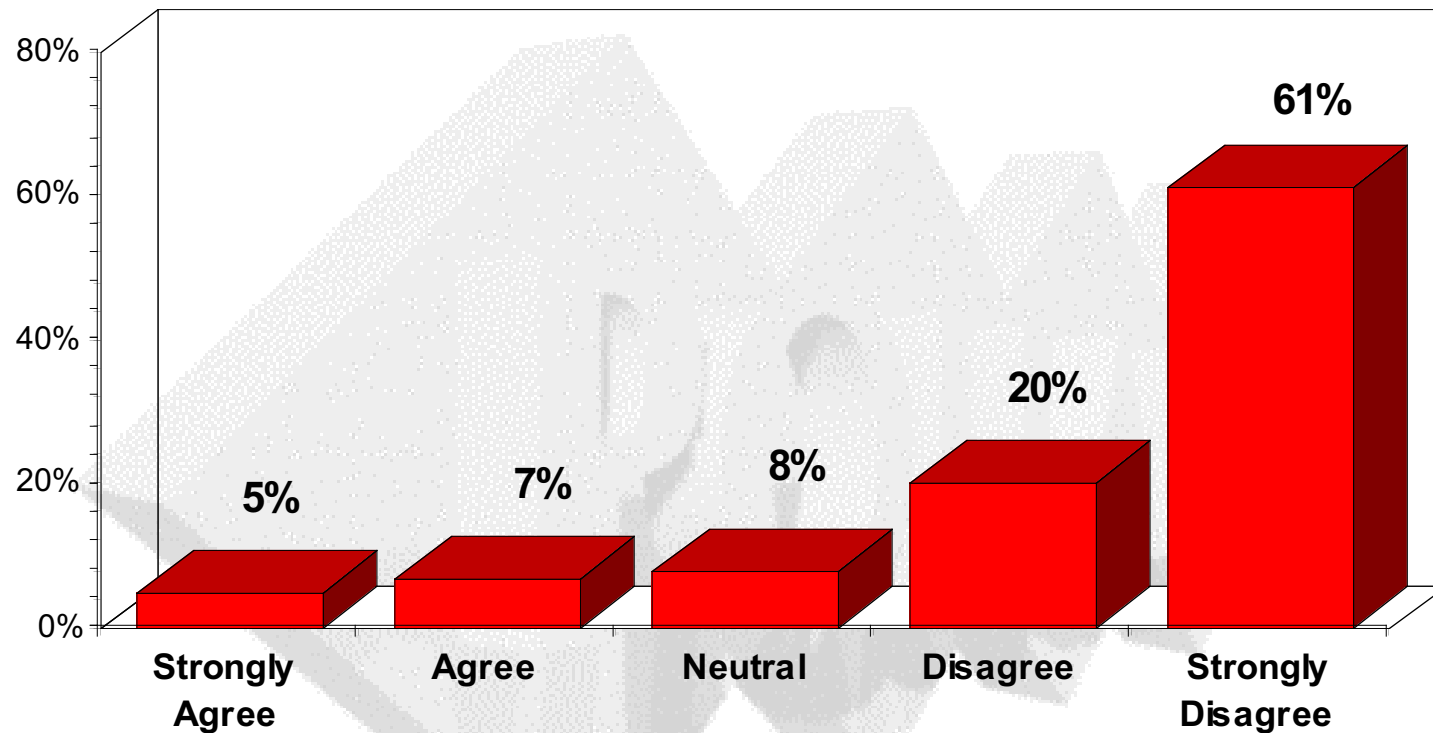


- Senior women are significantly more likely than their male counterparts to disagree that as consumers, they should be able to choose to buy the care they want (62% vs. 52%).

Q: As a consumer, I should be able to choose to buy the care I want. N=1317



# Private Purchase of Health Care Services



→ Disagreement with such a concept tends to decrease with annual household income.

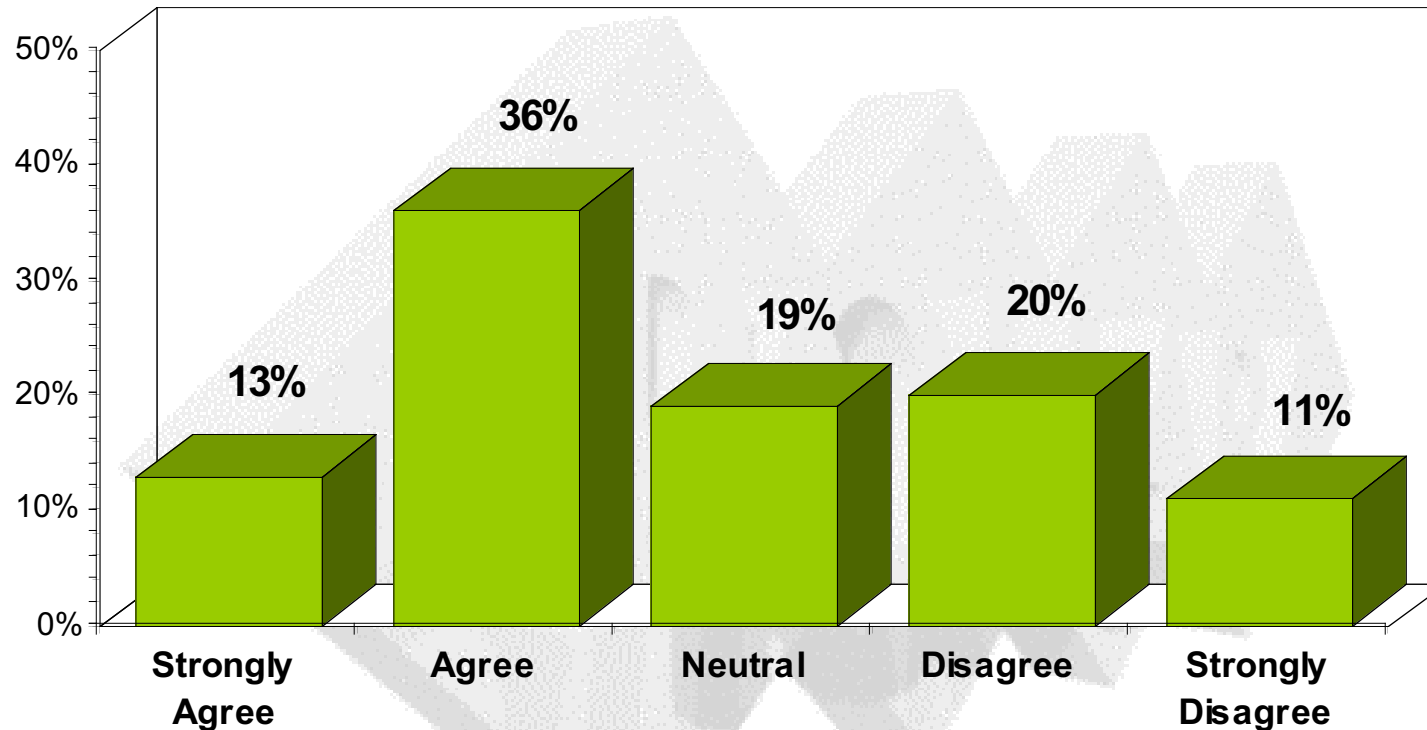
Q: We should allow private purchase of health care services on principle, regardless of whether it helps or harms the public health care system. N=1317



***Performance Information***



# Mandatory Collection and Public Dissemination of Information

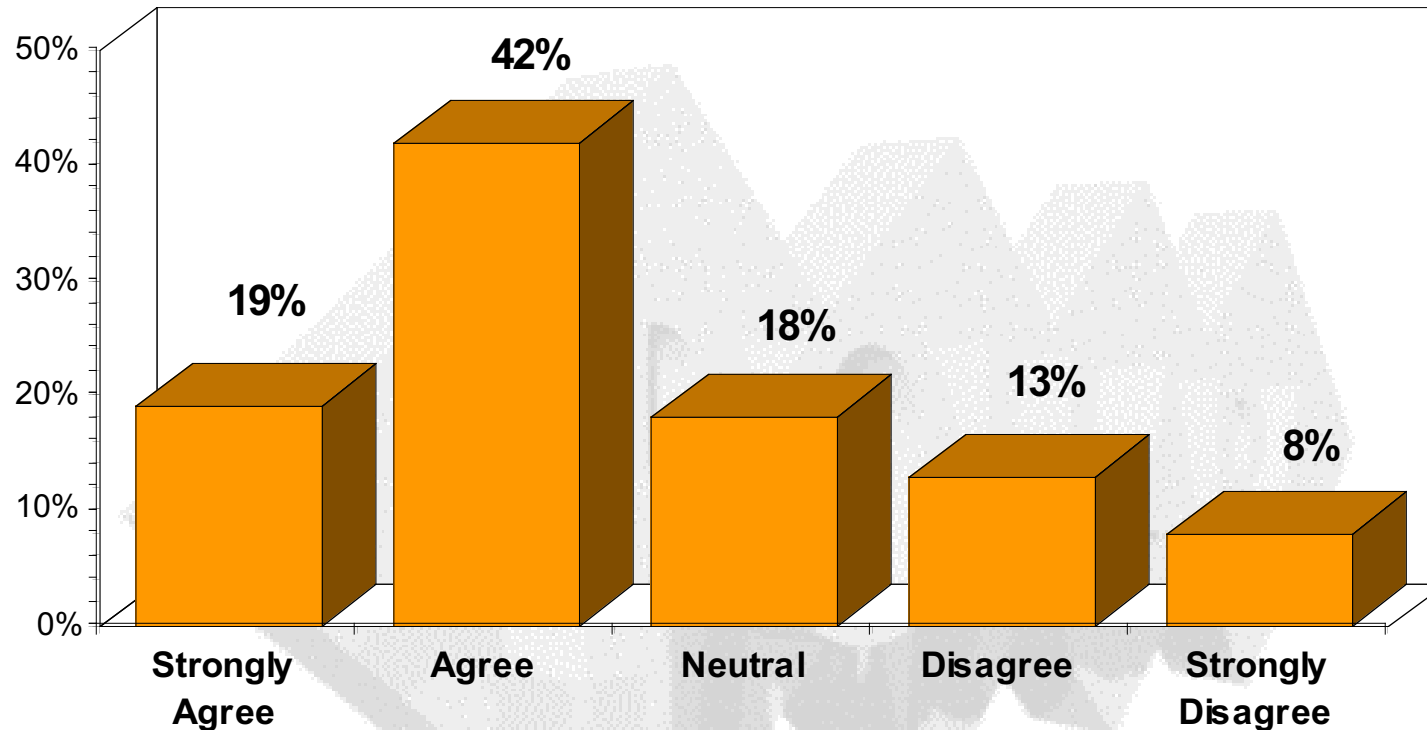


→ **Men (54%) and those residing in a rural area (54%) are more likely than women (47%) and those in urban centres (49%) to agree that health care in Canada would improve if government required the collection and public dissemination of comprehensive information on the performance of health care providers and organizations so that consumers can make informal health care choices.**



Q: Health care in Canada would improve if government required the collection and public dissemination of comprehensive information on the performance of health care providers and organizations so that consumers can make informed health care choices. N=1298

# Comparison of Hospitals and Doctors

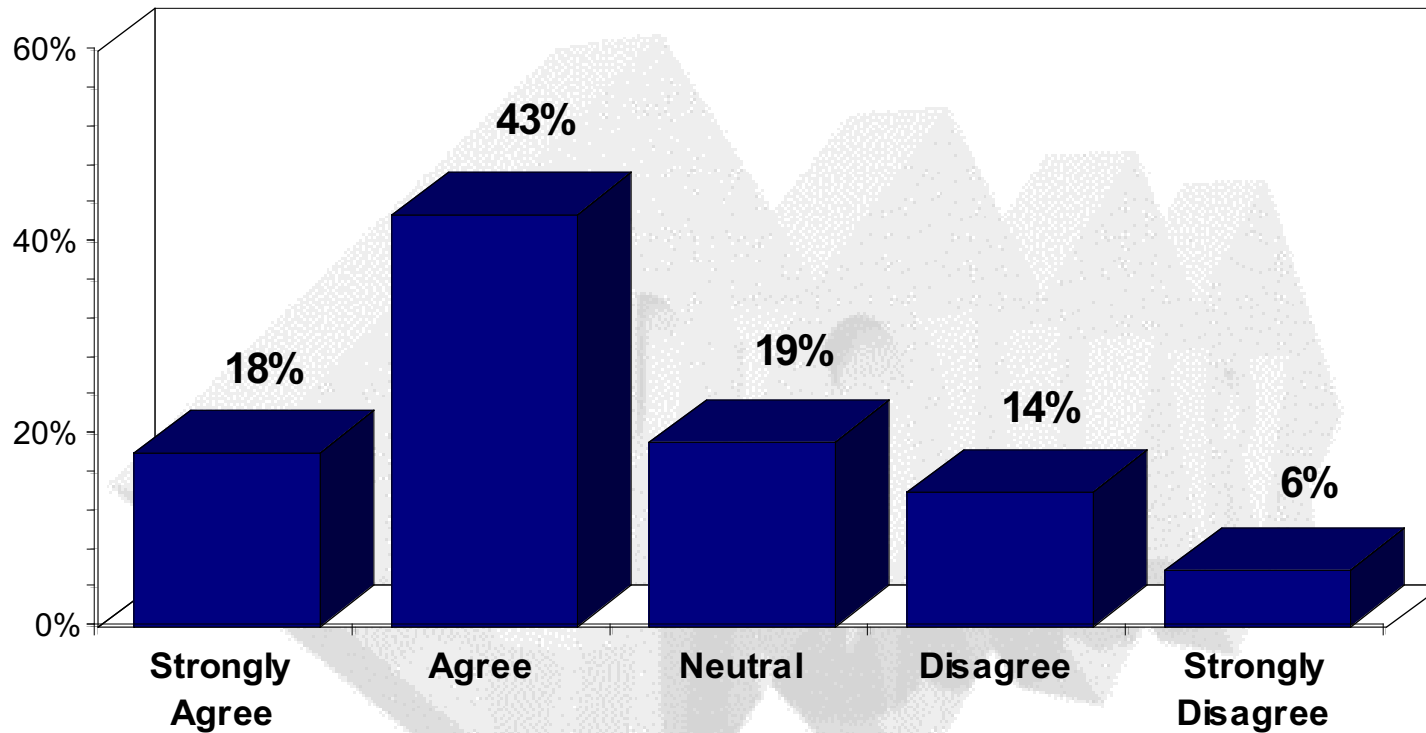


→ Respondents residing in rural areas are more likely than those in urban centres to agree they would like to have data comparing the quality of hospitals and doctors (66% vs. 61% respectively).

Q: As a consumer, I would like to have data comparing the quality of hospitals and doctors. N=1299



# Quality Affects Choice of Care



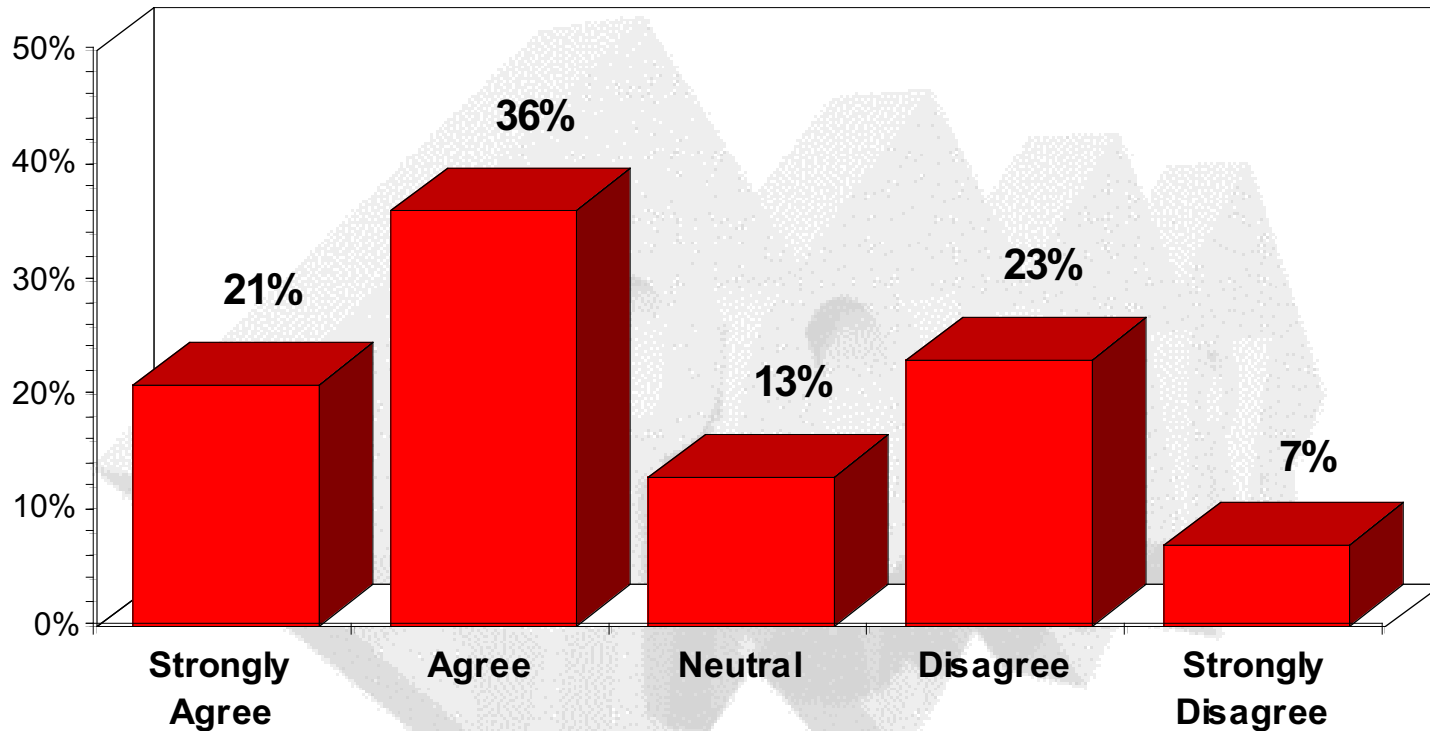
- Roughly six-in-ten respondents between 19 and 65 years of age agree that data about the quality of hospitals, family doctors and specialists would influence to whom they go for care, compared to one-in-two (51%) seniors.

Q: Data about the quality of hospitals, family doctors and specialists would influence who/where I go to for care.  
N=1299





# Preferences Hard to Measure and Report



→ Equal proportions of men and women agree that the things they care about most in a doctor would be hard to measure and report (57% respectively).

Q: The things I care about most in a doctor would be hard to measure and report. N=1299





# SUSTAINABILITY



# Summary: Sustainability

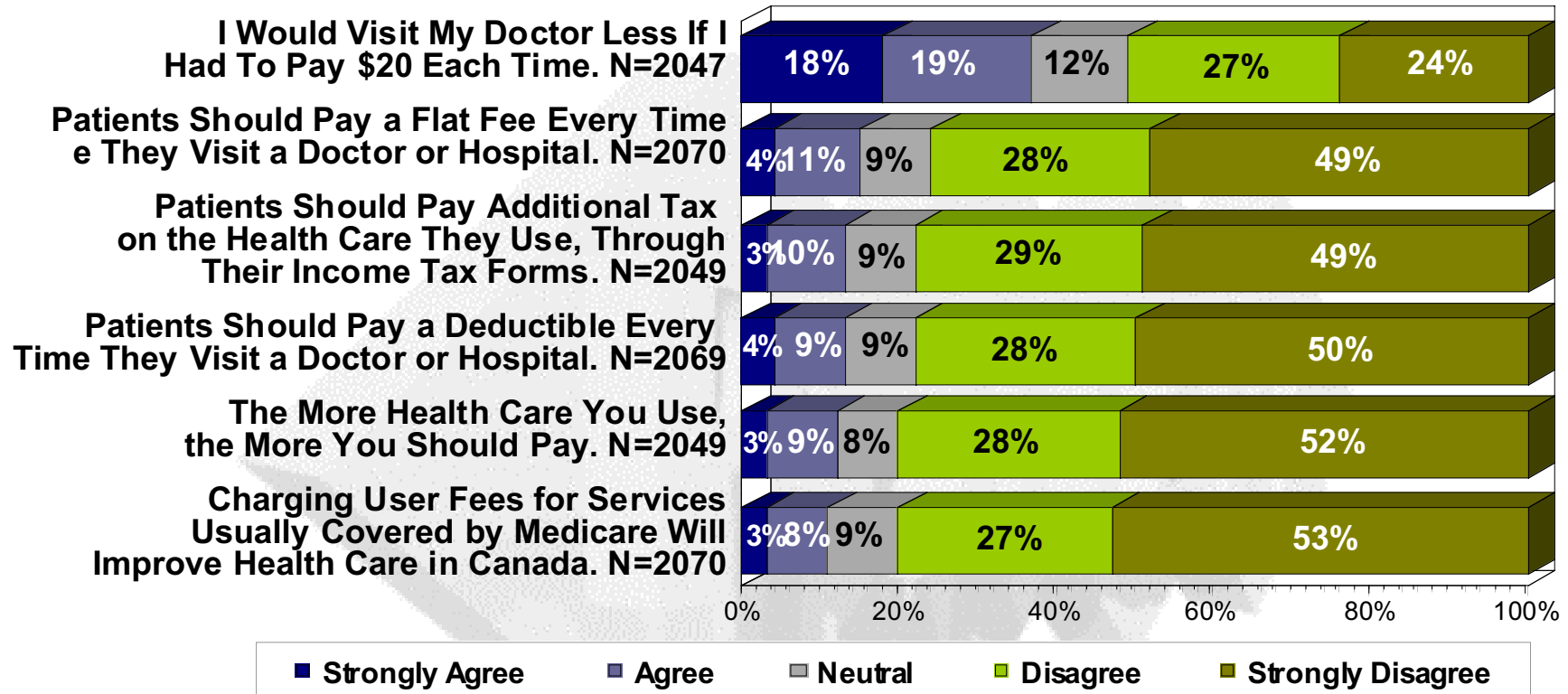
- **User fees and other means of co-payment are not favoured by survey respondents. Eight-in-ten disagree that charging user fees will improve health care in Canada and similar proportions disagree that patients should pay a flat fee, deductible or additional tax every time they visit a doctor or hospital. Likewise, respondents do not believe that health care payments should be based on frequency of use and half disagree that they would visit their doctor less often if they had to pay \$20 per visit.**
- **Support exists for advanced health care planning and the notion of “spending better”, but the majority disagrees that spending caps, as a means of dealing with new technology and an aging population, would improve health care.**
- **There is a lack of consensus as to whether a focus on disease prevention and health promotion would lead to improved health care, but the majority agree that health care spending should be increased in order to invest in these areas.**
- **Nearly all respondents agree that health care is about keeping people healthy, not just fixing them when they’re sick, however, only a slight majority agree that Canada should spend as much money preventing illness as treating it.**



# *User Fees*



# Agreement with Various User Fees



- With the exception of seeing a doctor less if there was a \$20 fee for each visit, at least three-quarter of respondents disagree with the various user fees tested. This feeling is more acute among those earning less than \$20,000 annually (88% vs. 75% of those earning over \$100,000).
- Conversely, respondents living in households earning more than \$100,000 annually are most likely to disagree they would visit a doctor less if they paid \$20 each time (60%).
- Overall, those who frequent health care facilities more than ten times in the past year are more likely than those who used the health care system six or less times to disagree with the various user fees mentioned.

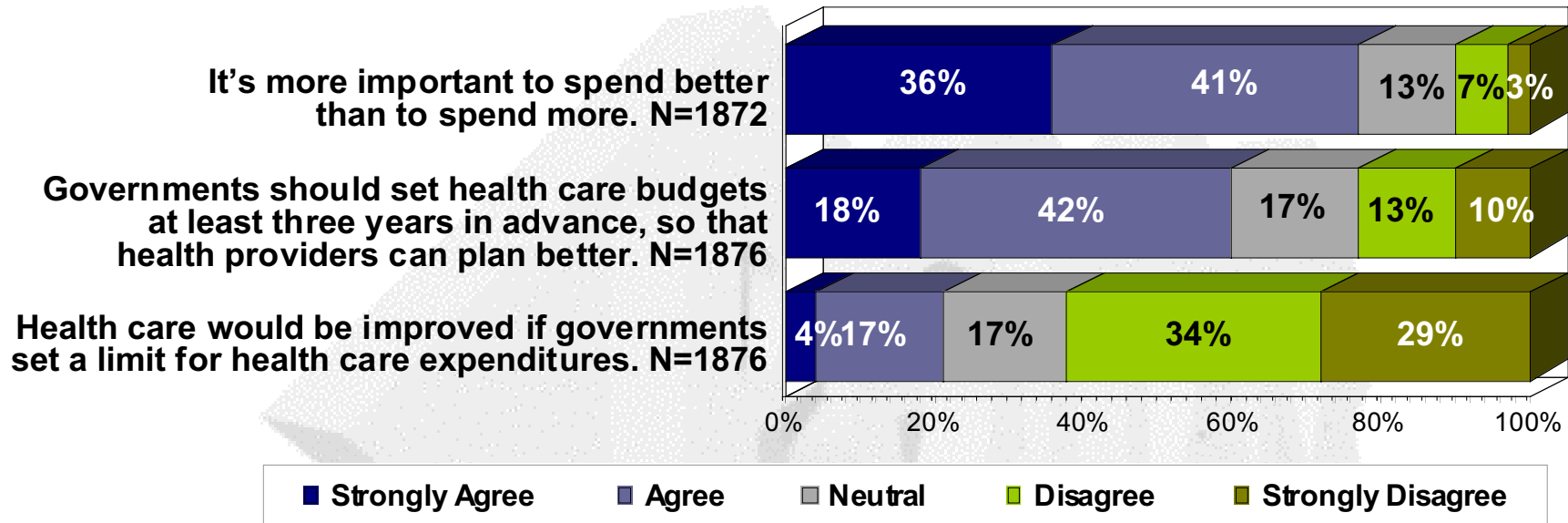


Q: Please indicate your opinion by checking the appropriate response to each of the following.



# *Spending Caps*

# Agreement with Various Spending Caps



- Roughly six-in-ten respondents in every demographic subgroup disagree that health care in Canada would be improved if governments set a limit for health care expenditures to encourage greater innovation in how the health care system deals with new technology and the aging population.
- Health care professionals are more likely than non-health care professionals to agree that governments should set health care budgets every three years (68% vs. 57% respectively).
- Respondents living in rural areas are more likely than those in urban centres to agree it's more important to spend better than to spend more (83% vs. 77% respectively).

Q: Please indicate your opinion by checking the appropriate response to each of the following...



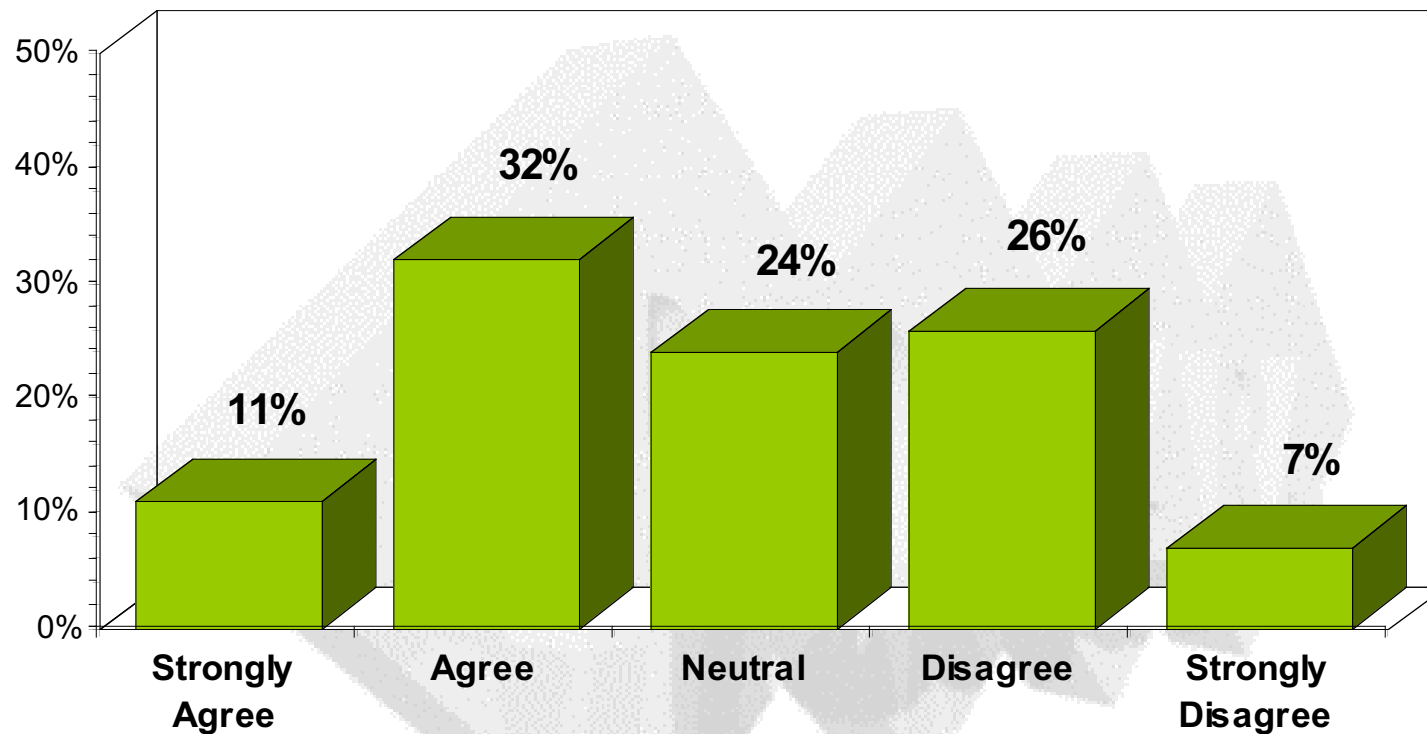


*Health Promotion*





# Disease Prevention and Health Promotion vs. Acute Care

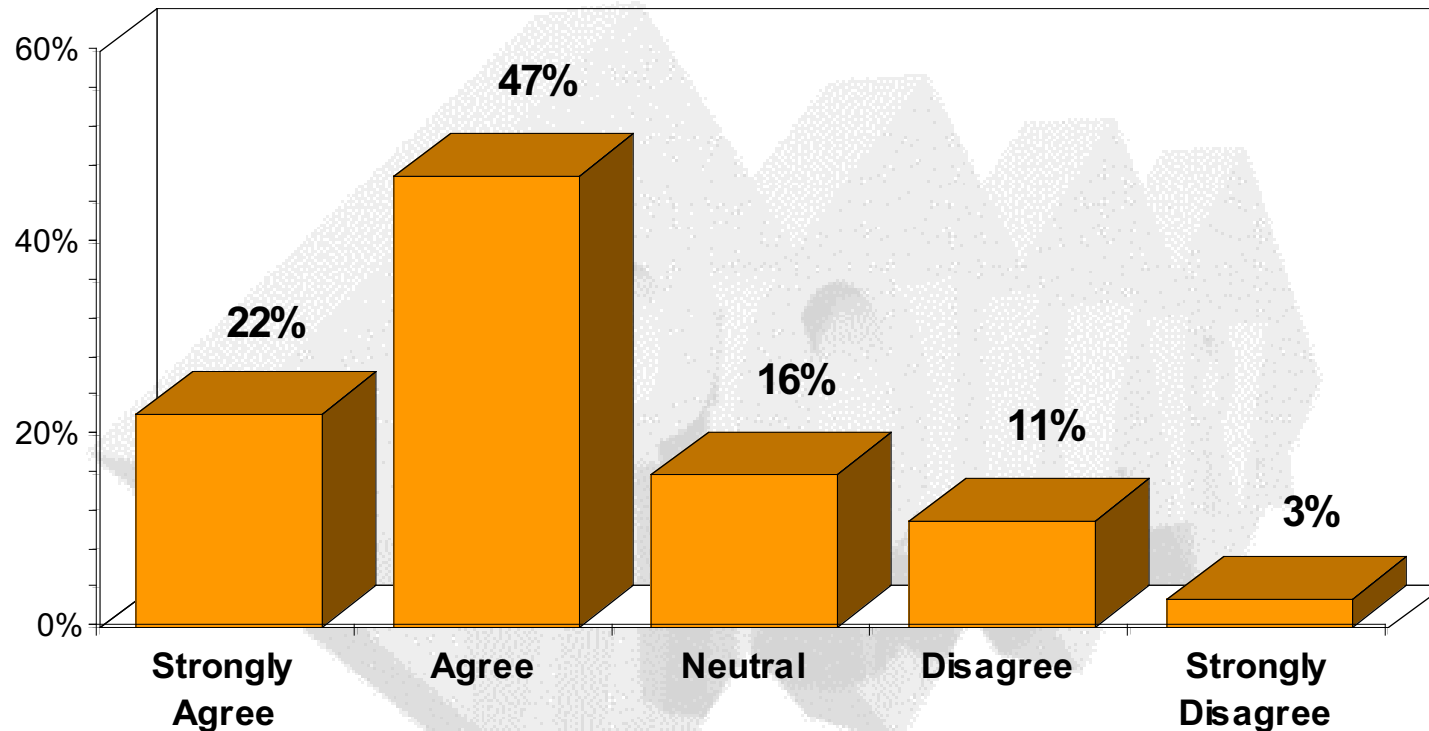


- Younger respondents between 19 and 29 years of age (50%) are most likely of any age cohort to agree that health care in Canada would be improved if the majority of any new health expenditures by government was devoted to disease prevention and health promotion, while seniors are least likely to agree (37%).

Q: Health care in Canada would be improved if the majority of any new health expenditures by government was devoted to disease prevention and health promotion, not acute care. N=1858



# Government should invest in Disease Prevention and Health Promotion

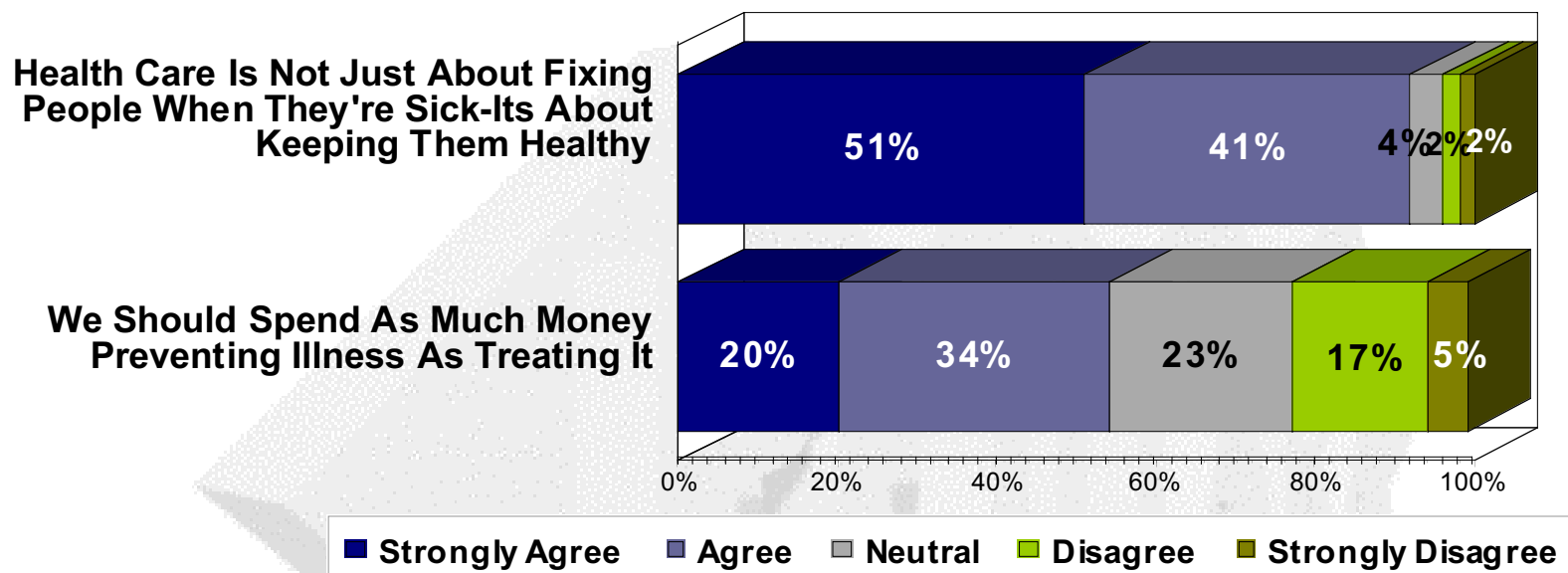


- Men and women are equally as likely to agree that the government should increase health care spending in order to invest in disease prevention and health promotion (71% and 70% respectively).

Q: Government should increase health care spending in order to invest in disease prevention and health promotion.  
N=1858



# Promotion of Health



- Overall, respondents 65 and younger (94%) are more likely than seniors (84%) to agree Canada should focus on keeping people healthy.
- About half of all respondents agree that Canada should spend about as much money prevention illness as treating it.

Q: Please indicate your opinion by checking the appropriate response to each of the following... N=1859



## **WAVE 3**

# **Globalization Medically Necessary Health Human Resources**





# Summary: Globalization

- In the minds of respondents, protecting and, in fact, enhancing the current medicare system is of paramount importance. This issue not only dominates the domestic policy agenda, but also extends into the international trade arena, as respondents are insistent that medicare not be undermined during such negotiations. As an extension of this sentiment, the introduction of foreign for-profit health care companies as a means of stimulating competition would be unacceptable to most respondents.
- With respect to governments paying the costs of patients choosing to go abroad for treatment not adequately available in Canada, half of respondents disagree that improved health care would ensue. Rather, results of this study suggest that respondents would rather see improvements in services offered at home. A strong majority indicates that if the government were to pay for such services, limitations should be imposed to restrict unnecessarily expeditious treatments. Moreover, respondents infer that an approval process should be in place, as the majority disagree that prior approvals should be waived if foreign facilities have agreements in place with Canadian governments.
- Public opinion is clearly on the side of keeping health care professionals in the country. This applies to not permitting the free flow of these individuals in international trade negotiations, increasing spending to provide appropriate training to immigrating professionals and focusing on training to keep health care professionals in Canada, rather than recruiting them from elsewhere. Not surprisingly, those currently employed in health-related professions hold this view to an even greater extent than the population at large.

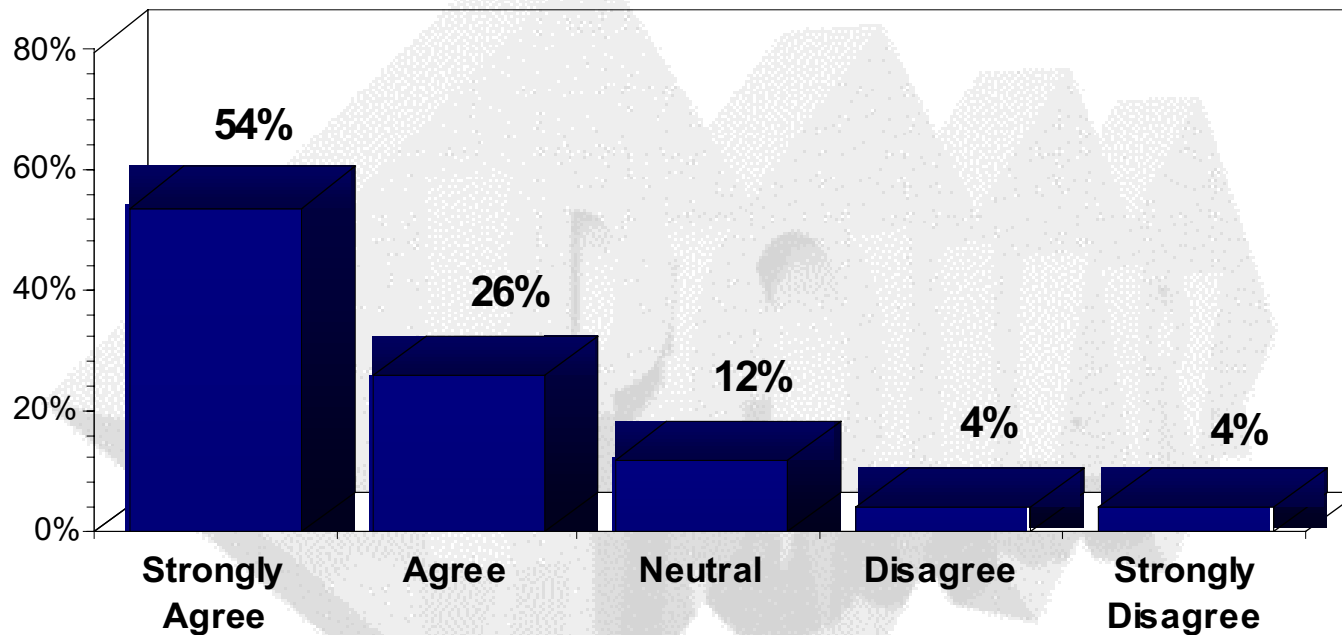




***Protecting Medicare in  
International Trade Agreements***



# Protection of Medicare in International Trade Negotiations



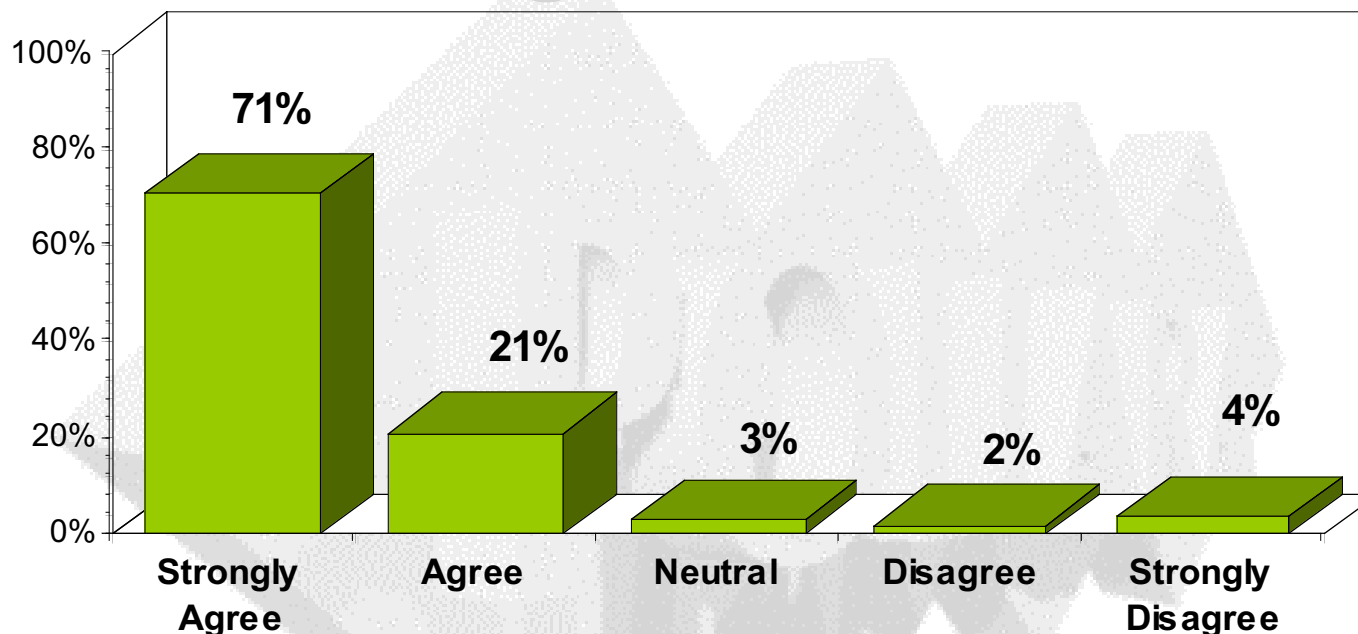
→ The vast majority of respondents (80%) agree either strongly (54%) or somewhat (26%) that protection of the single-payer medicare system will improve health care in Canada.

Q: Health care in Canada would improve if the federal government protected our single-payer medicare system in all international trade negotiations. N=1659





# PROTECTION OF NATIONAL Health Care Programs in International Trade Negotiations

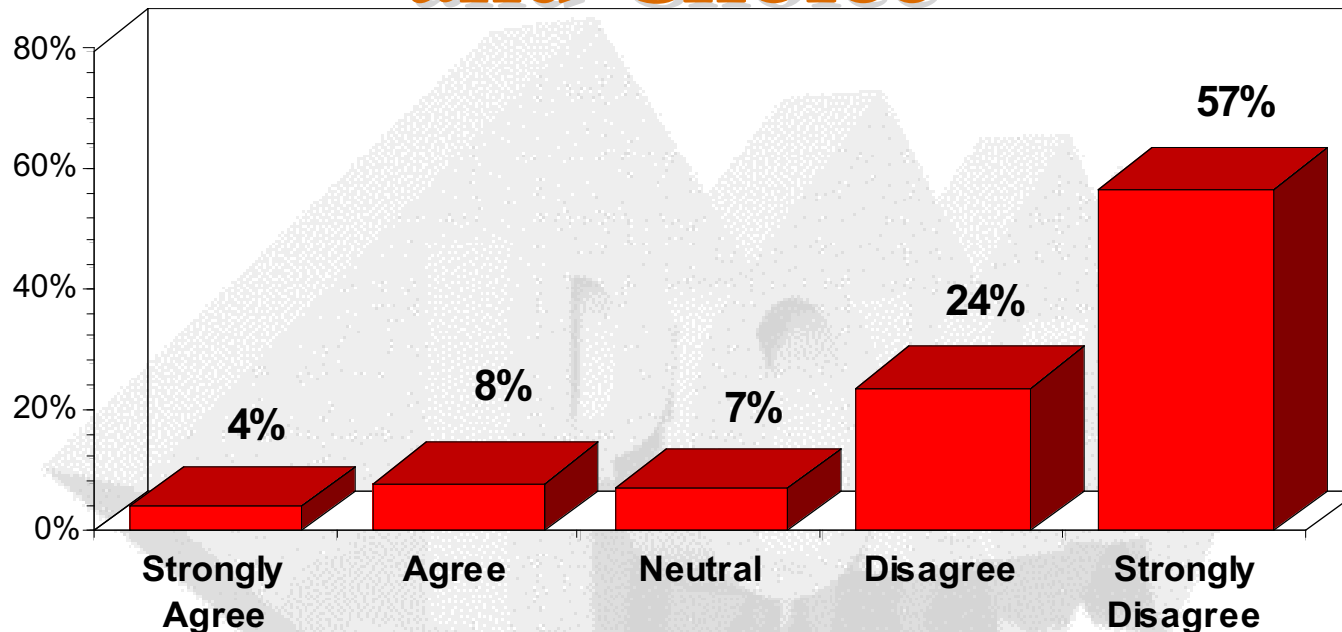


- In addition to supporting the protection of medicare, the vast majority (92%) of respondents agree either strongly (71%) or somewhat (21%) that Canada's ability to develop new national health care programs should be protected.
- The strong desire to safeguard the Canadian system of health care remains constant throughout various demographic subgroups.

Q: It's important that in international trade negotiations, Canada protect its ability to develop new government-funded national health care programs, like homecare or pharmacare.



# FOREIGN FOR-PROFIT HEALTH CARE Companies Providing Competition and Choice

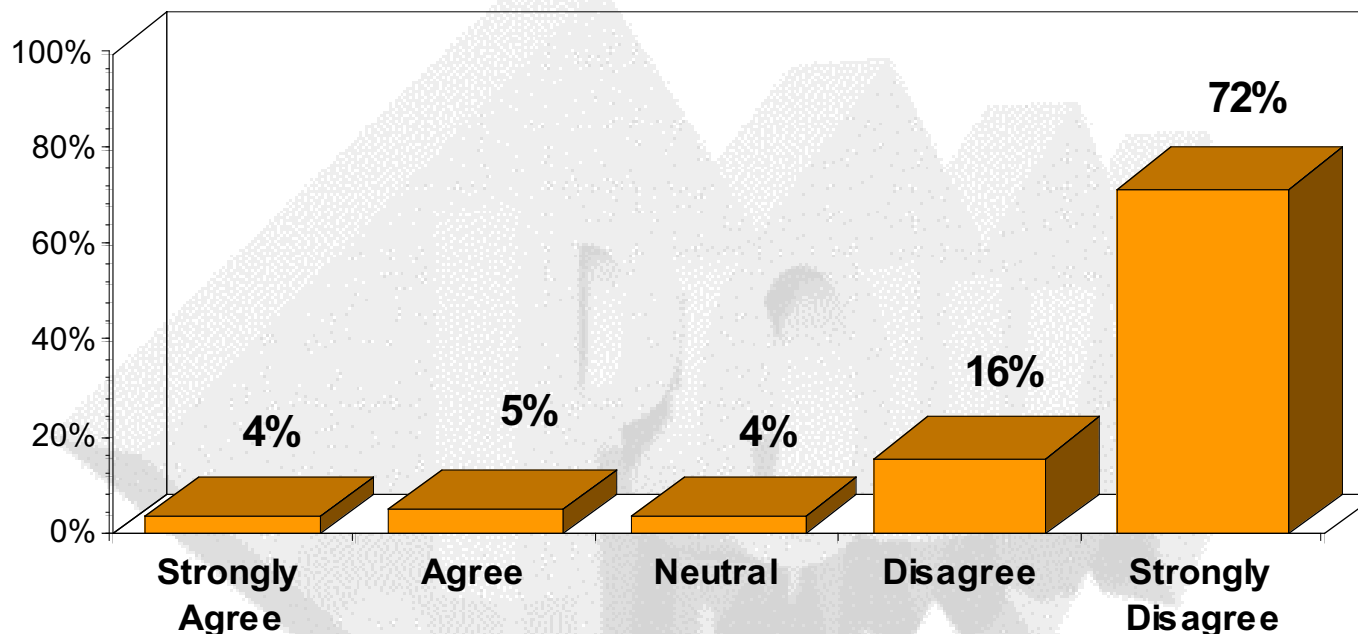


- Foreign competition would not be a welcome addition to Canadian health care as eight-in-ten (81%) disagree either strongly (57%) or somewhat (24%) that foreign for-profit health care companies would bring useful competition and choice to the Canadian system.
- The level of resistance is significantly higher among respondents who possess a graduate degree (87%), compared to total respondents, or those with a secondary school education (76%). In addition, opposition is particularly strong among those earning middle incomes of between \$40,000 and \$59,000 per year (88%).

Q: Foreign for-profit health care companies would bring useful competition and choice to our health care system. N=1659



# Ownership of Hospitals and Health Care Organizations



- Nearly nine-in-ten (88%) respondents disagree Canadian ownership of hospitals and health care organizations is not important. Consequently, domestic ownership is of great concern.
- Compared to respondents overall, those earning more than \$100,000 per year are statistically least resistant to foreign ownership, however, three-quarters (75%) are still opposed.

Q: It doesn't make a difference to me whether the hospitals and health care organizations which provide my care are Canadian-owned or not. N=1659

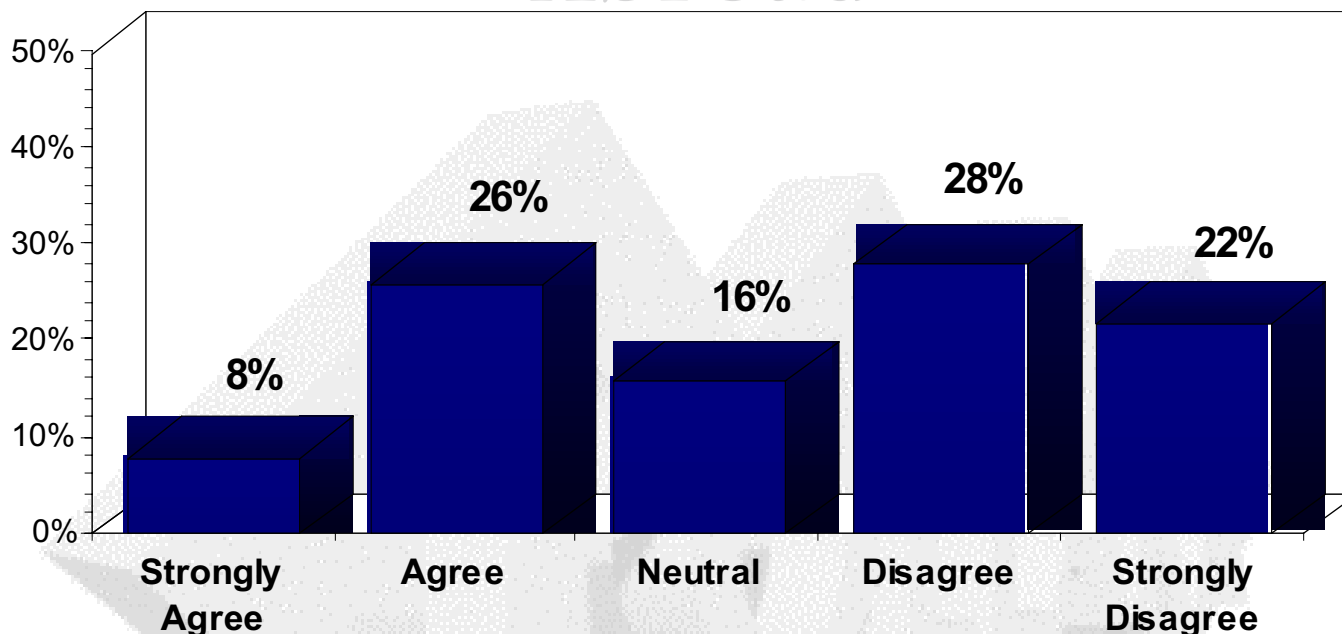




*Paying for Treatments Abroad*



# Support for Paying for Treatments Abroad

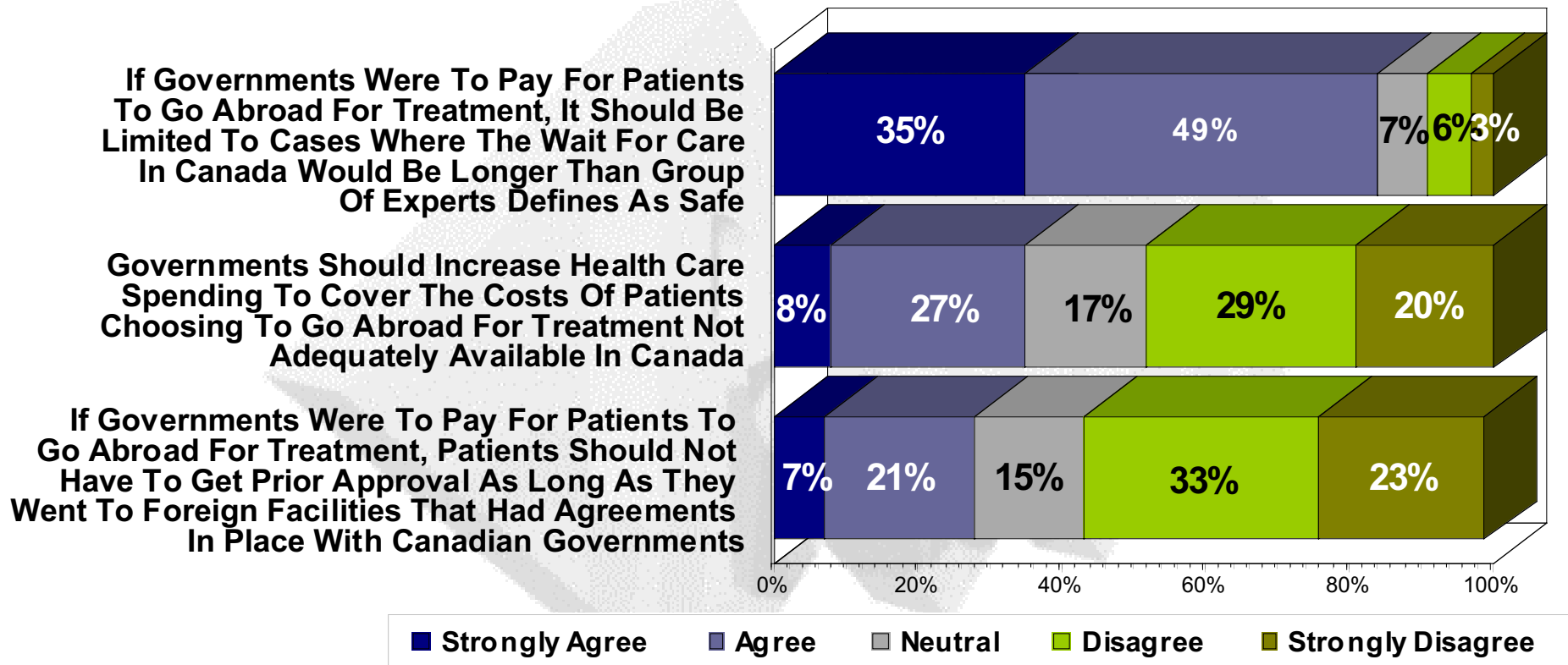


- The ability of patients to go abroad for treatment not adequately available in Canada is generally not seen as an option for improved health care. Half of respondents (50%) disagree either somewhat (28%) or strongly (22%) that health care in Canada would improve if governments paid these costs. However, one-third (34%) agree that, to some extent, this would be an appropriate policy decision.
- Compared to average citizens (49%), those who are employed in the health care profession are more likely to disagree (58%) that government financing for optional out-of-country treatment would lead to health care improvements.
- Opinions diverge according to the frequency with which health care services are used, as those accessing services more than ten times in the past year are significantly more likely to agree that this course of action would improve health care (43%), compared with those who have used services less often (31%).
- Accordingly, highly educated respondents (who are less likely to use health care services excessively) are also among the most likely to disagree with this suggestion (61% among those with a graduate degree).



Q: Health care in Canada would improve if governments paid the costs of patients choosing to go abroad for treatment not adequately available in Canada. N=1612

# Agreement with Funding Out-of-Country Treatments



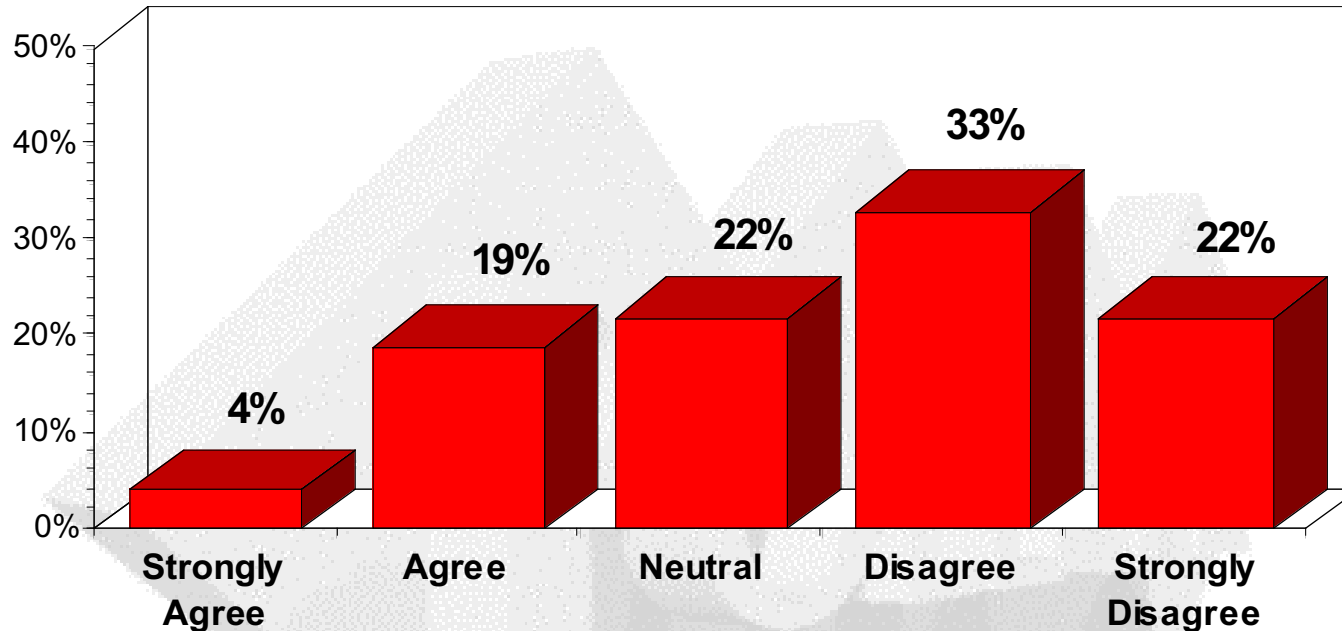
Q: Please indicate your opinion by checking the appropriate response to each of the following... N=1612



# Agreement with Funding Out-of-Country Treatments

- A similar pattern of opinion emerges for increasing spending to fund out-of-country treatments. One-half (49%) disagree that governments should increase health care spending to cover patients being treated abroad, while one-third (35%) agree that such coverage should be available.
- Those holding graduate degrees (58%) and professional certifications (51%) are among the most likely to disagree with this option.
- By contrast, heavy users of the health care system (53%) are significantly more likely than respondents overall to support such a spending plan.
- While one-third support payment for out-of-country treatment, eight-in-ten (84%) agree that payments should be limited to cases where the wait time in Canada would exceed safety standards. Compared to respondents overall, those in the \$60,000 to \$79,000 income category are significantly more likely to agree with this stipulation (90%).
- Furthermore, while half of respondents (56%) disagree that patients should not have to obtain prior approval for such out-of-country treatment, just over one-quarter (28%) agree that approval should be waived if foreign facilities have agreements in place with Canadian governments. Those who used health care services more than ten times in the past year are most likely to agree that patients should not have to obtain prior approval (37%).

# Free Flow of Health Care Professionals



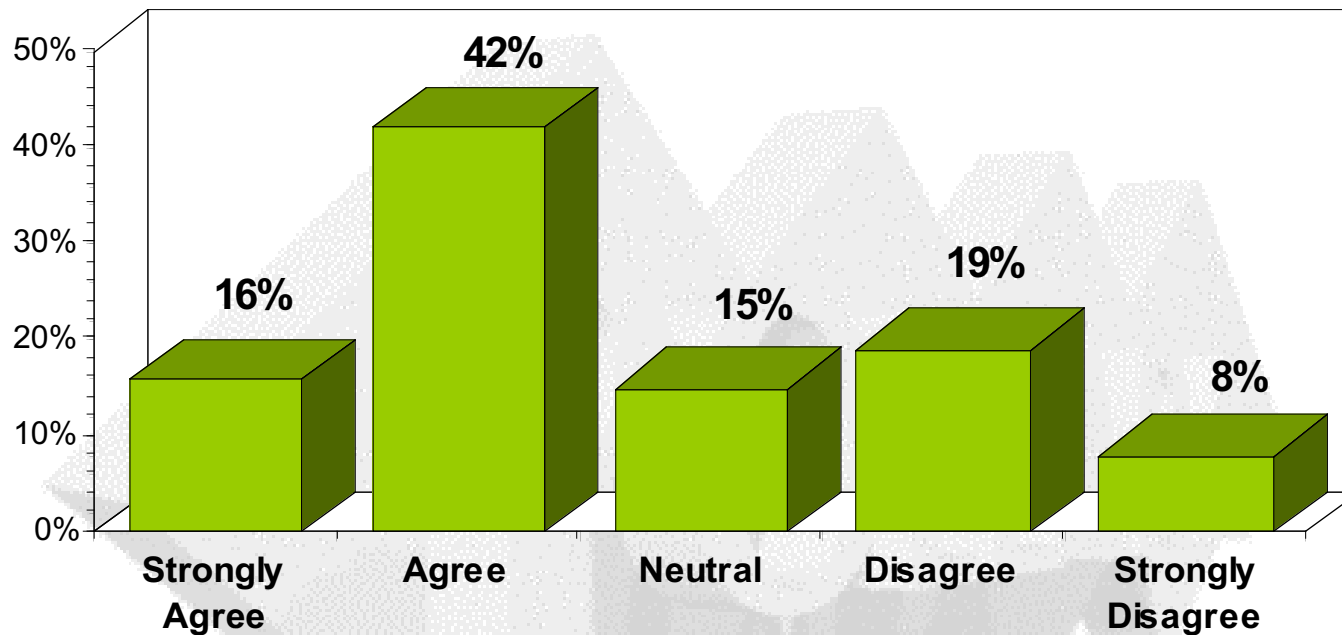
- Respondents indicate a strong preference to keep health care professionals within national borders as just over half (55%) disagree that health care would improve if the government negotiated the free flow of these individuals in international trade agreements. A further four-in-ten (45%) are either neutral (22%) or in agreement (23%) with such a proposal.
- Not surprisingly, health care professionals are significantly more likely (61%) than average respondents (53%) to disagree with this prospect.

Q: Health care in Canada would improve if the federal government negotiated the free flow of health care professionals in international trade agreements. N=1584





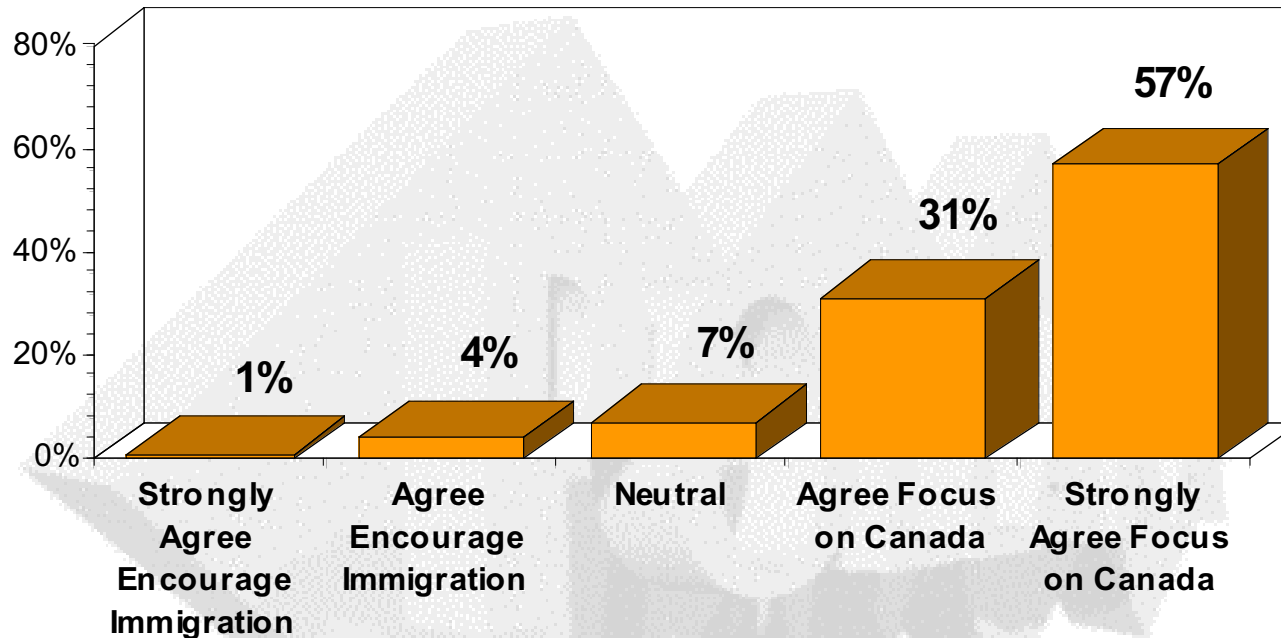
# Training Immigrating Health Care Professionals



- Nearly six-in-ten (58%) agree that health care spending should be increased to provide immigrating health care professionals with appropriate training to practice in Canada. One-quarter (27%) do not support such expenditures.
- As one might expect, health care professionals are considerably less likely to support this initiative (47%) than average respondents (62%). Moreover, those who hold a professional certification (which could include nursing and other health care fields) are somewhat less likely to support this type of training (50%).

Q: Governments should increase health care spending to provide health care professionals immigrating to Canada with appropriate training and certification to practice in Canada. N=1584

# Encourage Immigration of Doctors vs. Training Domestic Doctors



- The vast majority (88%) of respondents believe that health care professionals should be encouraged to stay in Canada, rather than being lured from abroad (5%).
- Once again, health care professionals (92%) are significantly more likely than the general population (87%) to agree that Canada should focus on keeping its doctors within the country.

Q: Which comes closest to your own opinion? We should encourage more doctors to immigrate to Canada, even if we draw them away from countries that really need them. OR We should focus on training and keeping more health care professionals in Canada rather than seeking them elsewhere. N=1582





**MEDICALLY NECESSARY**



# Summary: Medically Necessary

- There is a lack of consensus among respondents with respect to whether the explicit definition of the term “medically necessary” would improve health care in Canada. However, the majority agrees that a set of inter-provincial guidelines is necessary for the purposes of consistency, and that all Canadians should have the same access to health care services.
- A plurality of respondents agrees that experts should determine the concept of “medically necessary” and the majority concurs that these experts must be objective. Respondents also believe that as patients and taxpayers, the public should assume some responsibility for determining what constitutes a “medically necessary” service or treatment. Most respondents agree that however “medically necessary” is ultimately defined, the decision process must be transparent.
- Many respondents agree that some consideration must be given to individual patient circumstances, and that blanket standards may not result in the best possible health care system. Moreover, the majority believes that when considering the necessity of a service, the benefit to an individual must be considered paramount to the benefits or costs to society as a whole. Consequently, the prevalent attitude among respondents is that an ideal health care system is not only broad enough to ensure universal coverage, but also, to some extent, flexible enough to take into account extenuating medical circumstances.

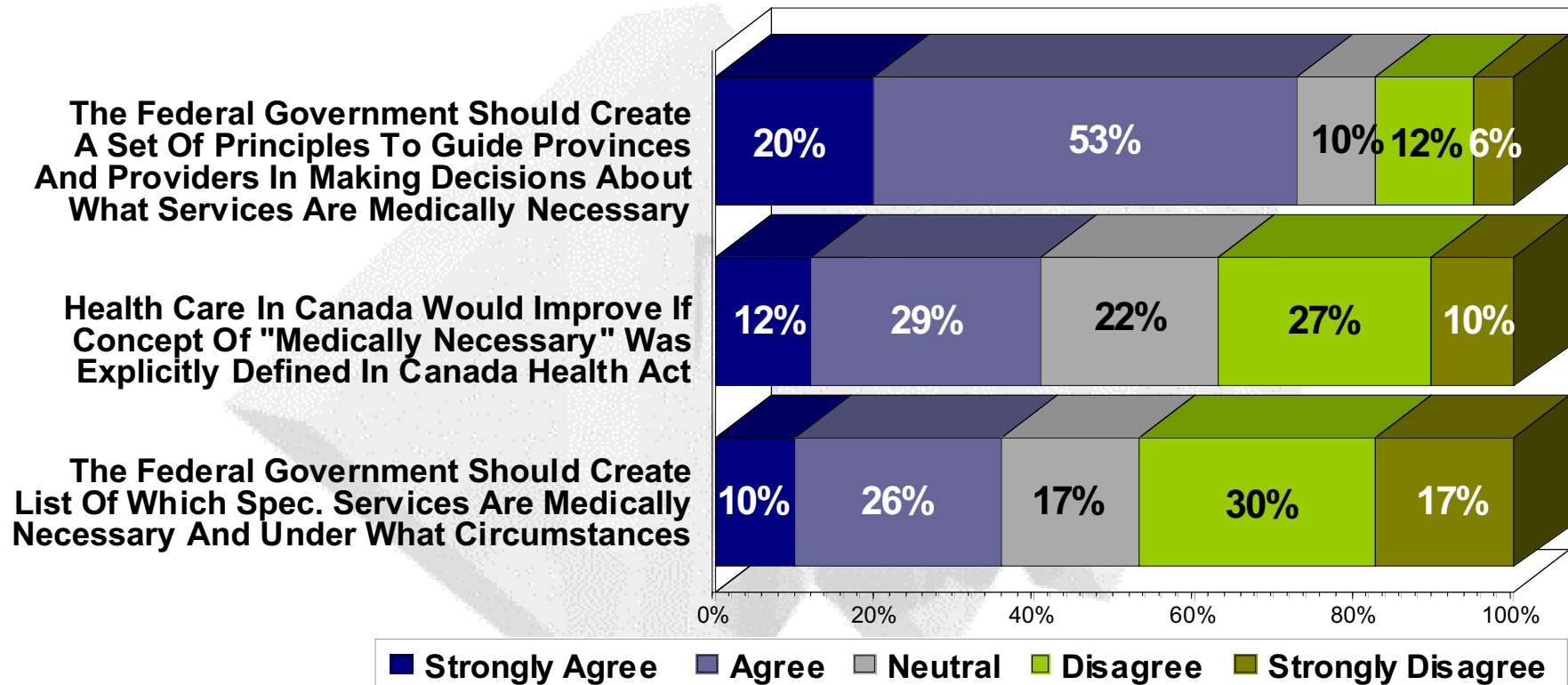




*Defining Medically Necessary*



# Defining Medically Necessary



Q: Please indicate your opinion by checking the appropriate response to each of the following... N=1373

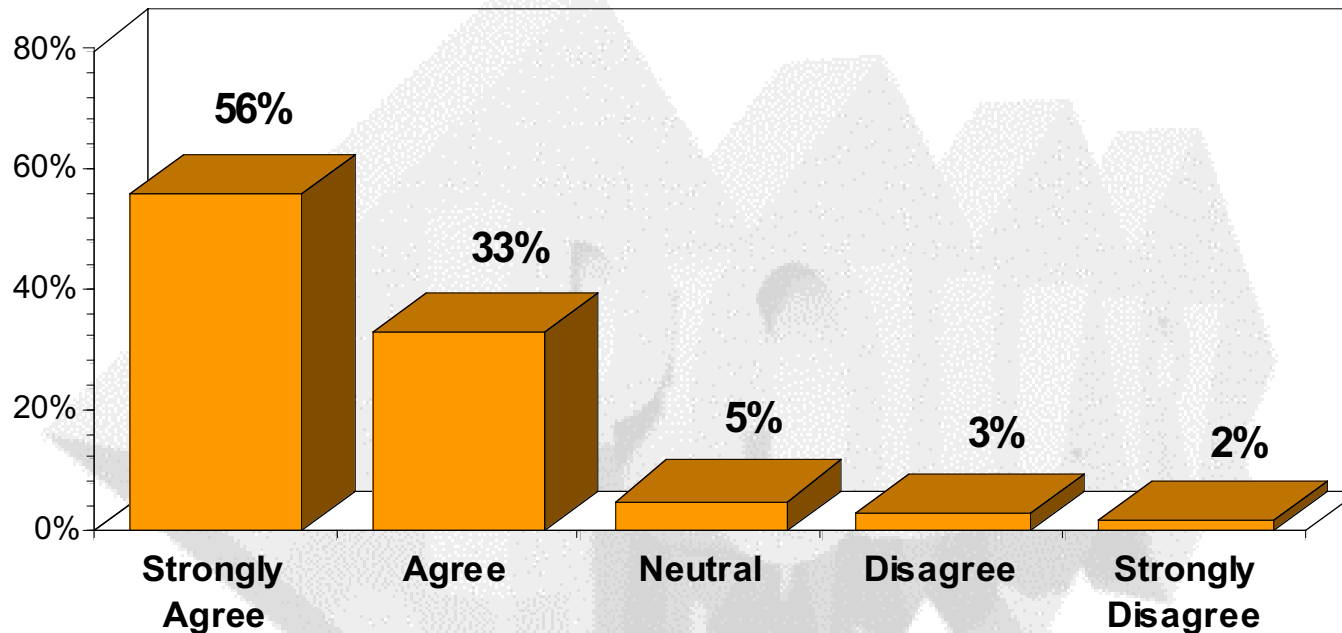


# Defining Medically Necessary

- Opinions are split over this issue. Four-in-ten (41%) agree that this would be beneficial for Canadian health care, just over one-third (37%) disagree that it would have an impact and one-in-five (22%) are neutral.
- Men (48%) are significantly more likely than women (37%) to agree that defining the term is essential.
- Likewise, those employed in the health care profession (48%) have a greater tendency to believe this would be effective, compared with the general population (40%).
- Nearly three-quarters (73%) agree that the government should create a set of principles to guide provinces and providers in determining what services are medically necessary. A significantly greater proportion disagrees (47%) than agrees (36%) that this list should include specific circumstances.
- Men (77%) are significantly more likely than women (71%) to agree that a list of principles should be devised. Similarly, highly educated respondents (77% among those with a university degree) are more inclined to share this view than those with a professional certification or less (66%).



# Importance of Standard Service Access



→ **Nine out of every ten (89%) respondents believe that it's important that people in different provinces have the same access to services, a view that is unaffected by demographic differences.**

Q: It's really important for people in different provinces to have the same access to services. N=1373





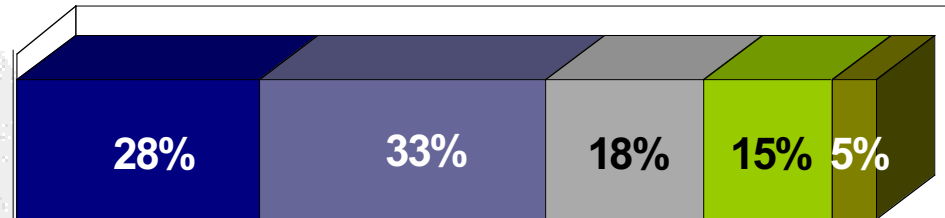


*Expert Determination*



# Responsibility for Defining Medically Necessary

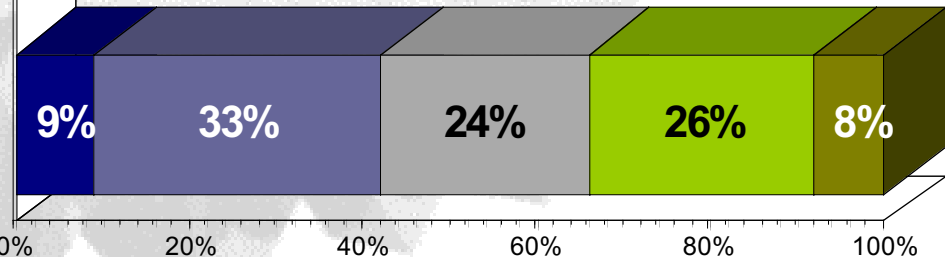
As Patients And Taxpayers, The Public-Not Just Experts-Should Play A Major Role In Deciding What Services Are Medically Necessary



It's Important To Have Objective Expert Group Set Standards That Apply To Everybody For Deciding Services Medically Necessary



Health Care In Canada Would Improve If a Group Of Health Care Experts Were The Ones To Decide What Treatments Or Services Are "Medically Necessary"



■ Strongly Agree  
 ■ Agree  
 ■ Neutral  
 ■ Disagree  
 ■ Strongly Disagree

Q: Please indicate your opinion by checking the appropriate response to each of the following... N=1332

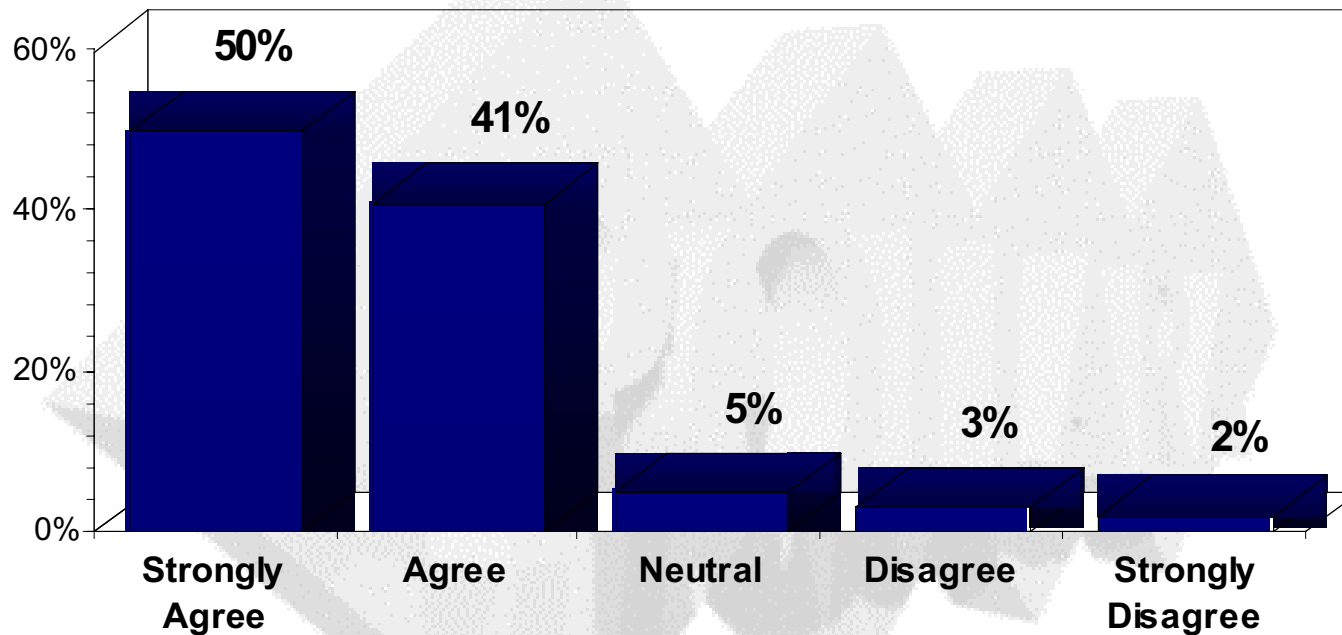


# Responsibility for Defining Medically Necessary

- Four-in-ten respondents (42%) agree that health care would improve if health care experts decided which treatments or services were medically necessary, while one-third (34%) disagrees. One-quarter of the population is neutral (24%).
- Among those who agree, men (48%) are significantly more likely than women (38%) to do so. In addition, age plays an important role in deference to health care experts, as older respondents (49% among those over the age of 65) tend to agree with this statement to a greater extent than those in younger age cohorts (39% among those between the ages of 19 and 29).
- Six-in-ten (61%) agree either somewhat (46%) or strongly (15%) that an objective expert group must set such standards. However, the same proportion (61%) agrees that as taxpayers and patients, the public should play a role in this decision.
- Among those believing that an objective group should be responsible, men (67%) and those in health care professions (68%) are more likely to hold this view than women (58%) or non-health care employed respondents (59%). The perceived need for public involvement is constant across demographic groups.



# Importance of Clear Guidelines



➔ **Nearly all respondents (91%), regardless of demographic characteristics, agree that the determination of which services are medically necessary be transparent.**

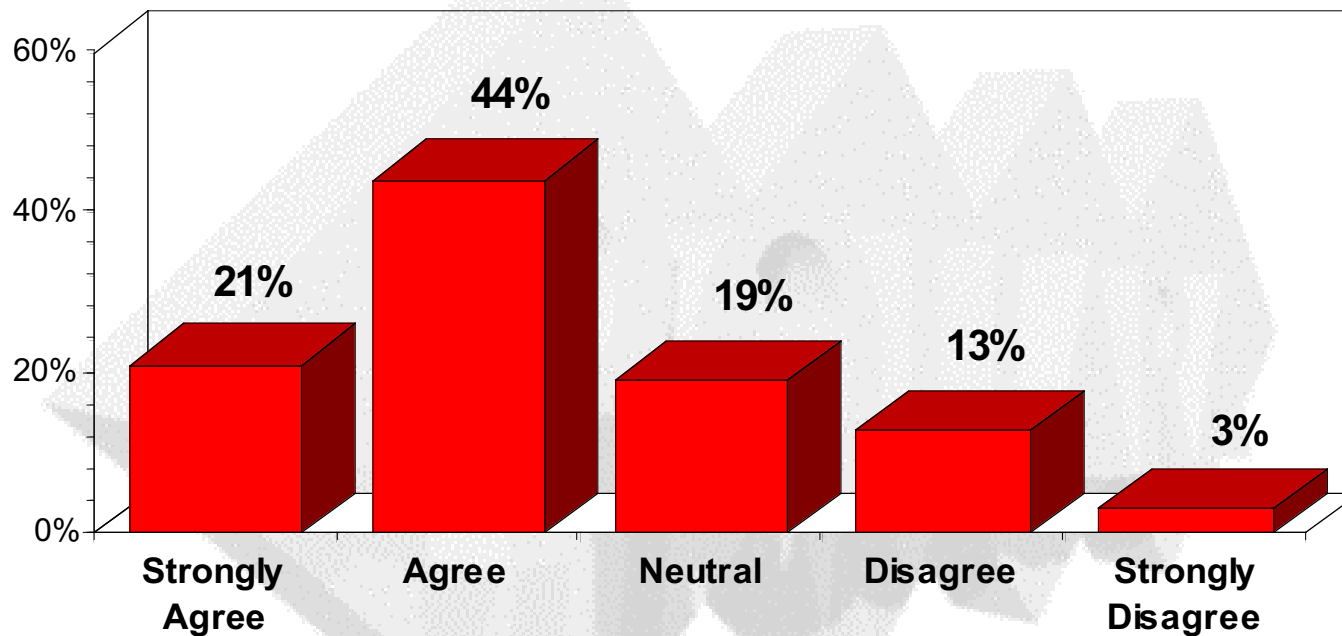
Q: It's important that all Canadians can see how and what decisions have been made, and by whom, about which services are medically necessary. N=1331





*Individual Benefit*

# Individual Benefit: Criteria for Determining Medical Necessity



➔ **Two-thirds (65%) agree that the benefit to an individual's health should be used as the criteria to decide what is medically necessary, although those with a university degree (61%) are less likely to hold this opinion than those with less education (74%).**

Q: Health care in Canada would improve if the benefit to an individual's health were the criteria used to decide what is medically necessary. N=1295

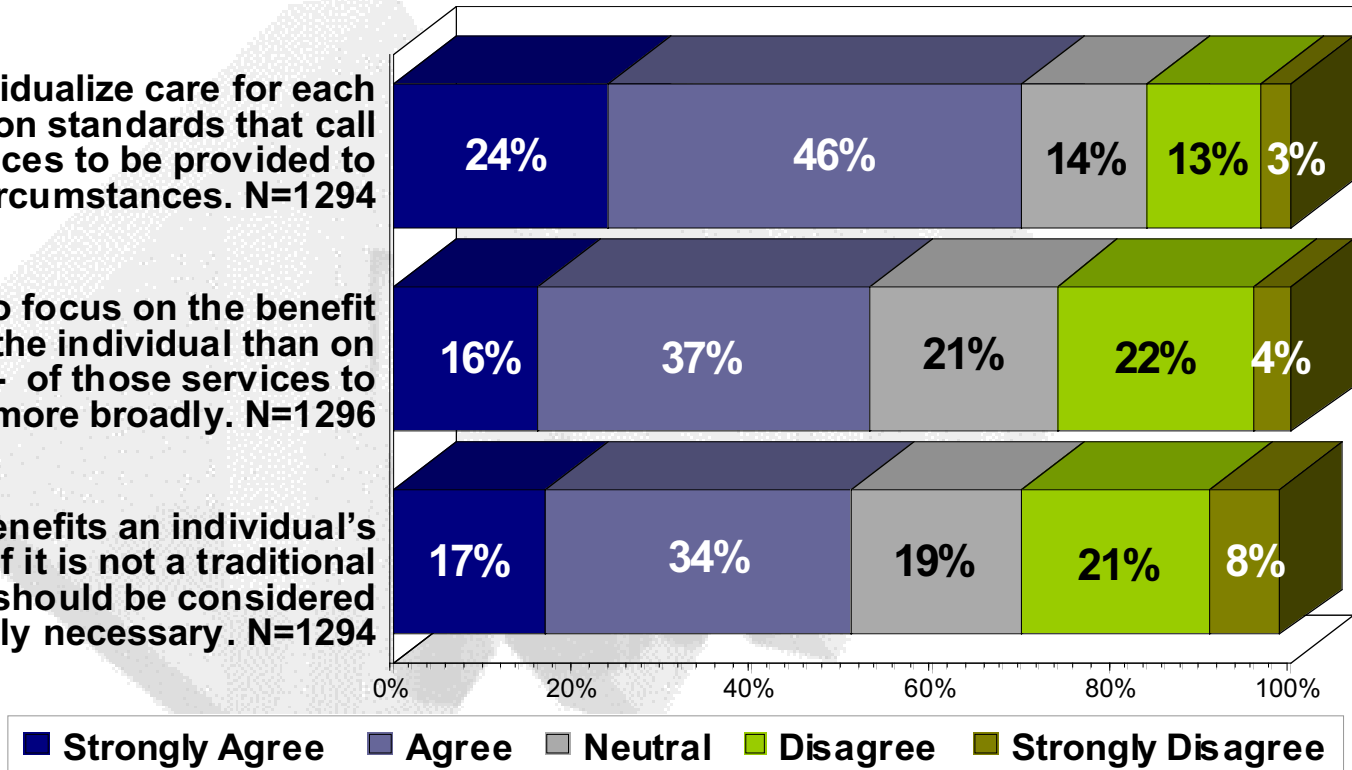


# Individual vs. Group Care

It's important to individualize care for each person rather than rely on standards that call for the same services to be provided to everybody in similar circumstances. N=1294

It's more important to focus on the benefit of specific services to the individual than on the benefit - or the cost - of those services to society more broadly. N=1296

Any service which benefits an individual's health - even if it is not a traditional medical treatment - should be considered medically necessary. N=1294



Q: Please indicate your opinion by checking the appropriate response to each of the following...



# Individual vs. Group Care

- **Seven-in-ten (70%) respondents support the notion of individualized care as opposed to blanket standards. Interestingly, those who rely heavily on the health care system are, statistically speaking, no more likely to be insistent on individualized care than average or light users.**
- **While half (53%) agree either somewhat (37%) or strongly (16%) that there should be a focus on the benefits of specific services to the individual rather than the benefit or cost of those services to society, one-quarter (26%) disagree and two-in-ten (21%) are neutral, suggesting that there may be some reservation to customized care. respondents most likely to disagree include: those in the highest income bracket (35% among those with an annual income of more than \$100,000), health care professionals (30%) and light users of the health care system (28% among those using the system three times or less in the past year).**
- **Similarly, while half (51%) agree that even non-traditional treatments should be considered medically necessary, three-in-ten (29%) disagree and two-in-ten (19%) remain neutral. Those most likely to support non-traditional treatments include women (56% versus 45% men), rural residents (61% versus 49% urban) and non-health care employees (54%). In addition, education appears to be inversely related to support for non-traditional treatments, as those with a university degree (46%) are significantly less likely than those with less education (60%) to support this type of health care.**







# HEALTH HUMAN RESOURCES



# Summary: Health Human Resources

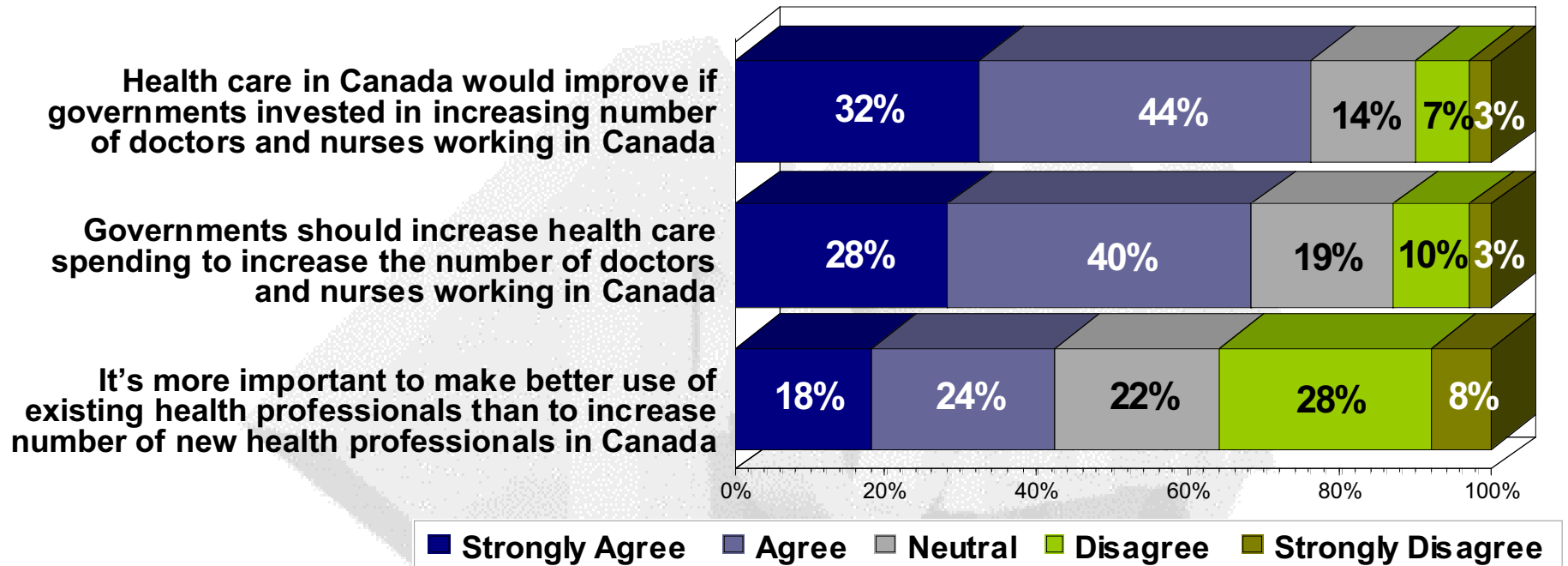
- While the majority of respondents agree that greater investment in the number of health care professionals would improve the system, this should not be done at the expense of making better use of existing professionals. Improving working conditions is thought to be one way by which health care professionals may be enticed to remain in Canada. In addition, respondents support the notions that practitioners jobs should be matched to their training, and that health care professionals should not be restricted in the care they are able to dispense, providing they are adequately trained.
- From an economic standpoint, it may be possible to offload some responsibilities typically reserved for doctors to nurses, as most respondents would not object to receiving medical treatment from a fully trained nurse.
- In terms of expanding upon and improving access to services, the majority of respondents would use the services provided by a group practice where a range of health professionals provide an array of services, including after-hours access.



***Increasing the Number of  
Doctors and Nurses***



# Increasing the Number of Nurses and Doctors

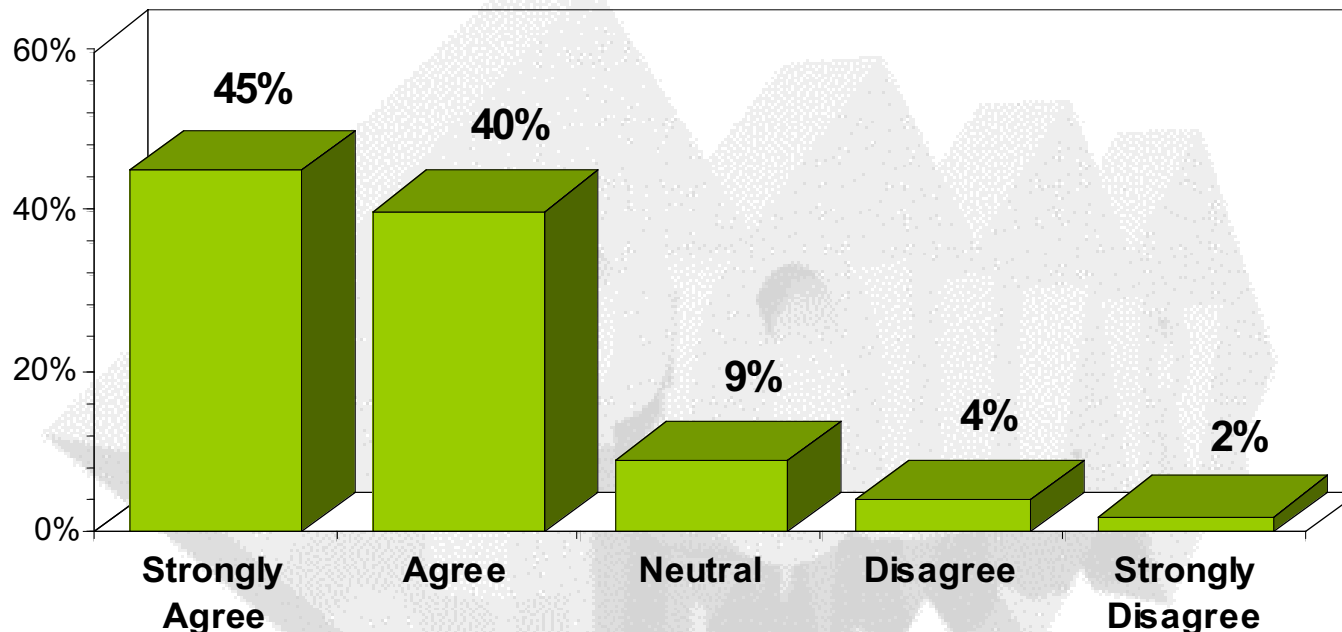


- Three-quarters (76%) agree that health care would improve if governments invested in increasing the number of doctors and nurses working in Canada and two-thirds (68%) agree that health care spending should increase to meet this objective. Younger respondents (under the age of 30) are significantly more likely than their older counterparts (over the age of 65) to agree both that this would lead to an improvement in the health care system and that the spending is warranted.
- While four-in-ten (42%) agree that Canada should make better use of existing health professionals instead of increasing the number of new professionals, a similar proportion (36%) disagrees, and two-in-ten remain neutral (22%) to the argument, suggesting that new investment alone is not believed to be enough to enrich the current health care system.

Q: Please indicate your opinion by checking the appropriate response to each of the following... N=1249



# Improving Working Conditions for Health Professionals



- A strong majority (85%) agrees that improving working conditions for health professionals is the most important way to keep them in Canada.
- Women (89%) and, not surprisingly, health care professionals (92%) are significantly more likely than men (82%) or the general public (84%) to profess the importance of working conditions. In addition, agreement is inversely related to age as younger respondents support this argument to a greater extent than their older counterparts.

Q: Improving working conditions for health professionals is the most important way to keep them in Canada. N=1249

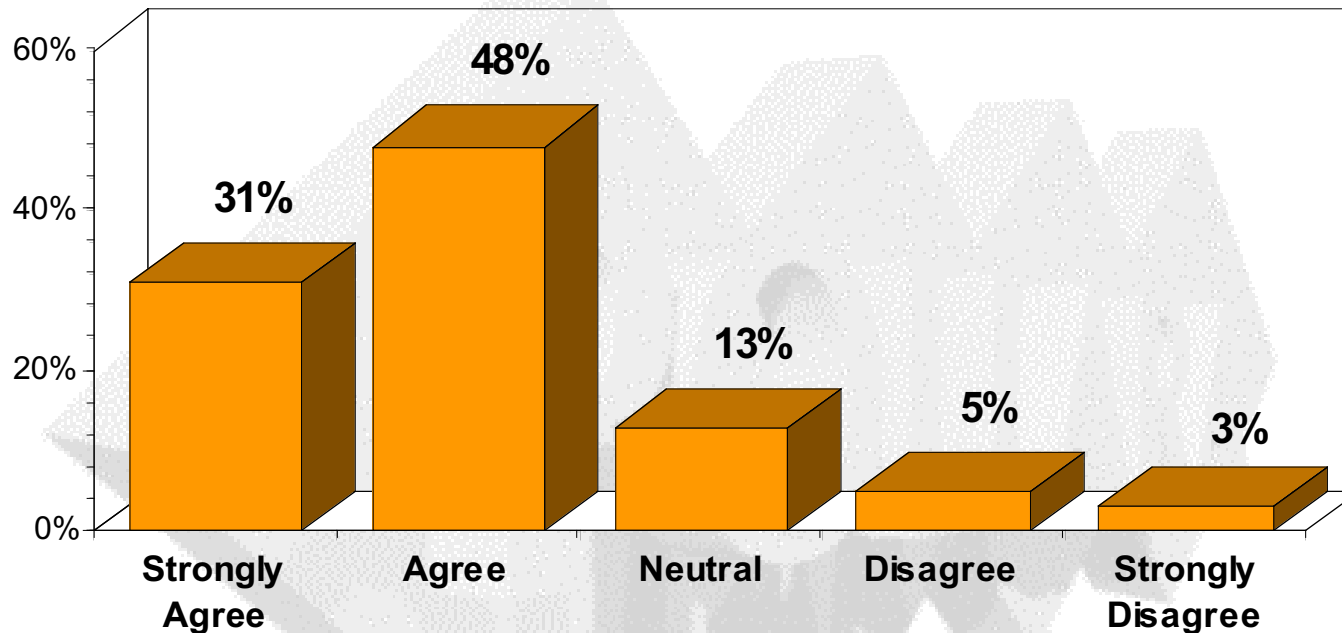




# *Changing Job Descriptions*



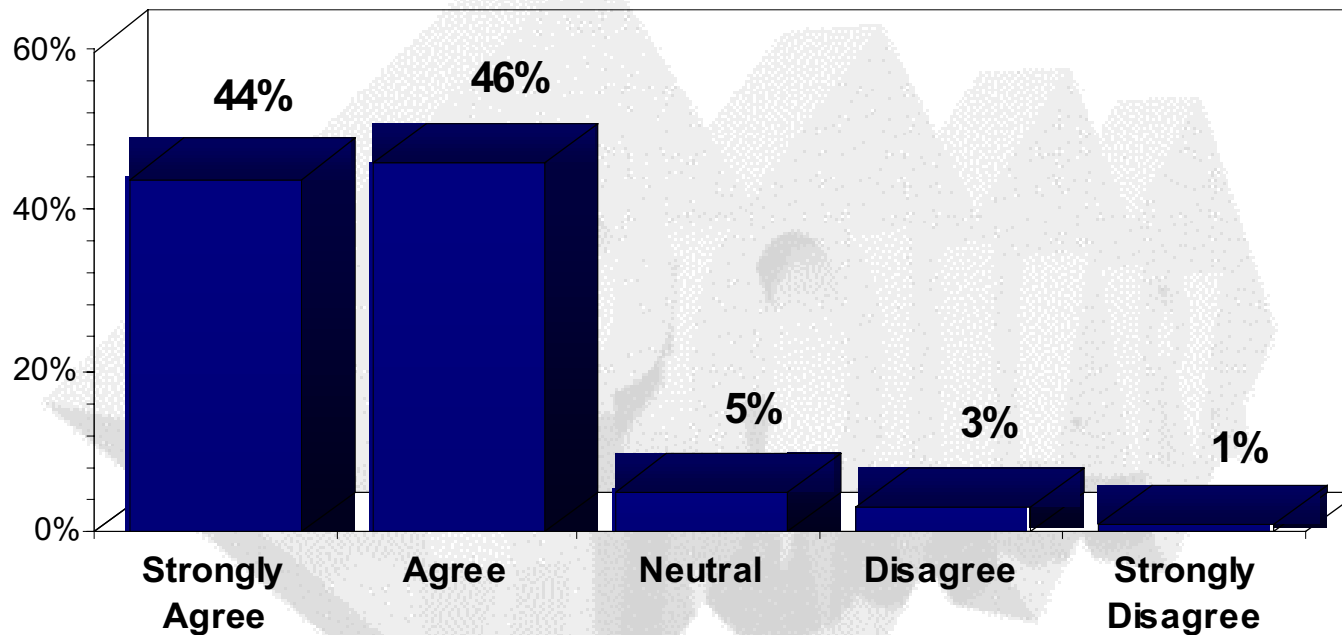
# Improved Coordination Between Regulations and Health Care Practitioner's Training



→ **Eight-in-ten (79%) agree that health care would improve if governments and health care employers made an effort to match practitioners' jobs to their training. This opinion is consistently held among most respondents, regardless of demographic differences.**

Q: Health care in Canada would improve if governments and health care employers changed laws, regulations and employment agreements to better match health care practitioners' jobs to their training. N=1228

# Health Care Professionals Providing Care Based on Training



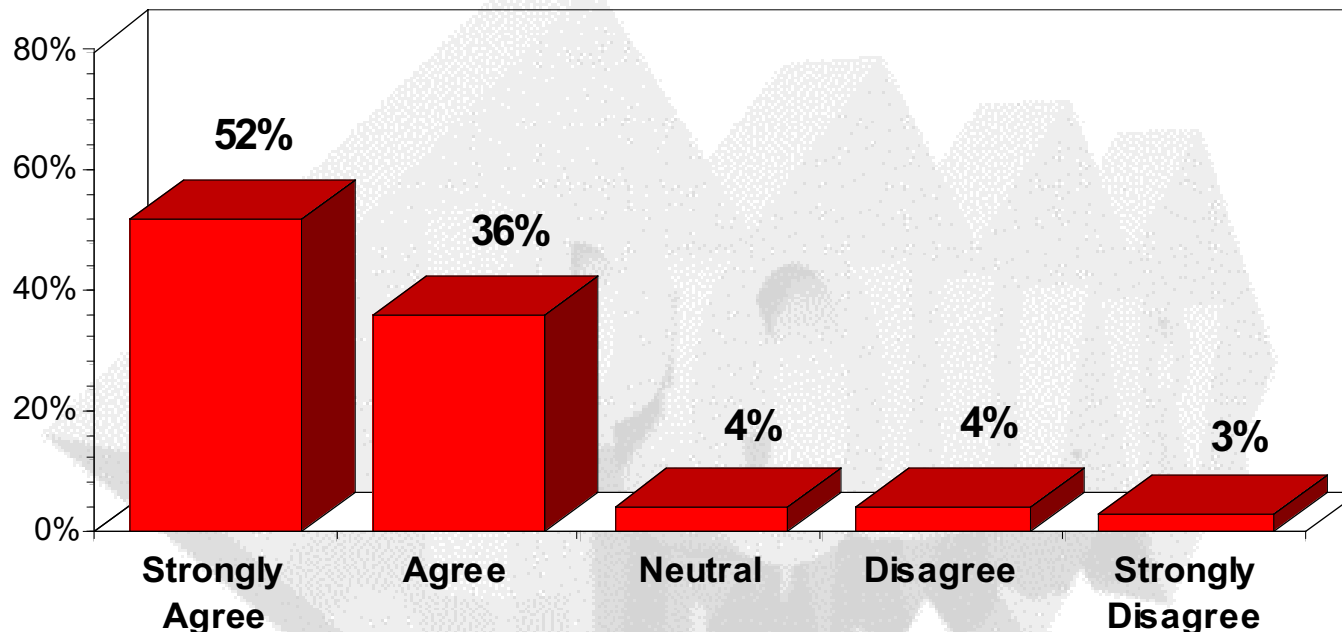
→ Nearly all respondents (90%) believe that health care professionals should not be limited in the type of care they are prepared to provide. Once again, this attitude is not subject to demographic variation.

Q: Health care professionals should be allowed to provide all the care their training has prepared them to provide.  
N=1228





# Receiving Treatment From a Nurse vs. a Doctor

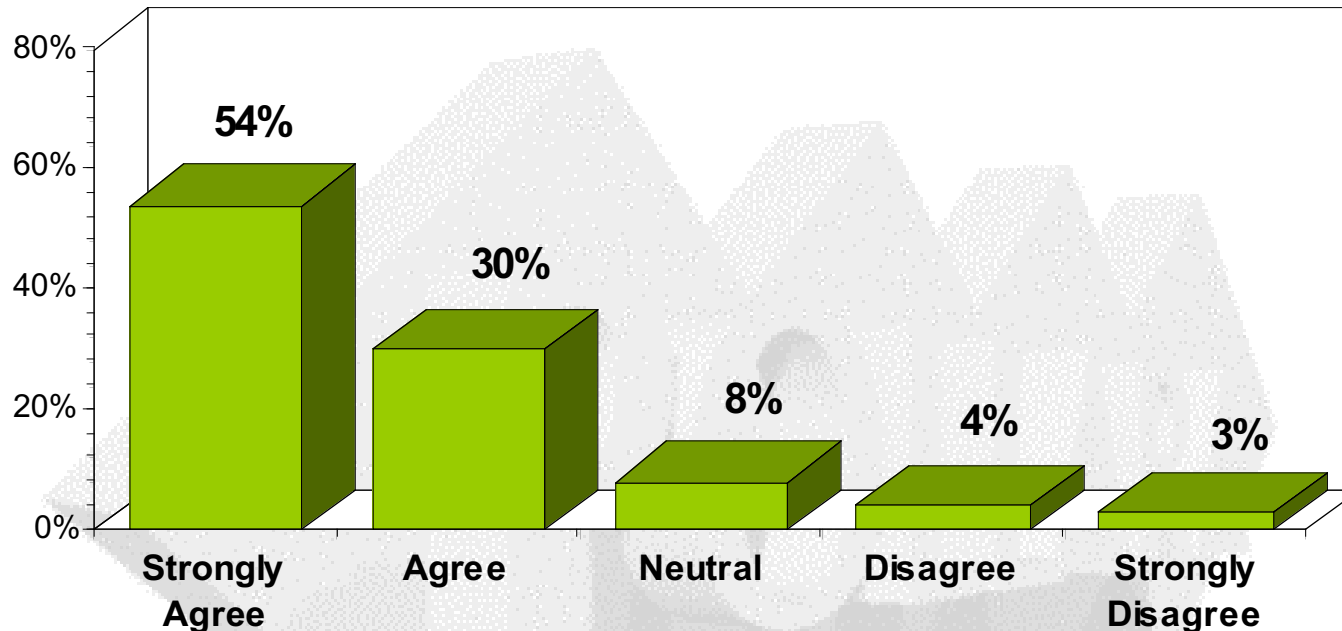


→ The majority would not object to health care services being administered by nurses. Seven out of every eight respondents (88%) - even those who use health care services most frequently - would be willing to receive care from a fully trained nurse instead of a doctor.

Q: I would be happy to receive care from a nurse instead of a doctor if that nurse has been fully trained to deal with my care. N=1228



# Support for Group Practice



- Not only do respondents want to maintain the current level of service, they would also like to see health care delivery enhanced. Just over eight-in-ten (84%) respondents are receptive to group practices that provide greater after-hours access to services.
- Those who have used health care services three times or less in the past year are significantly more likely (89%) than those who have used services more than ten times (77%) to support the notion of a group practices. Similarly, higher income respondents are somewhat more likely to entertain this concept than those in lower income brackets. It is reasonable to deduce that busy schedules have an impact on one's desire for convenient, after-hours service.

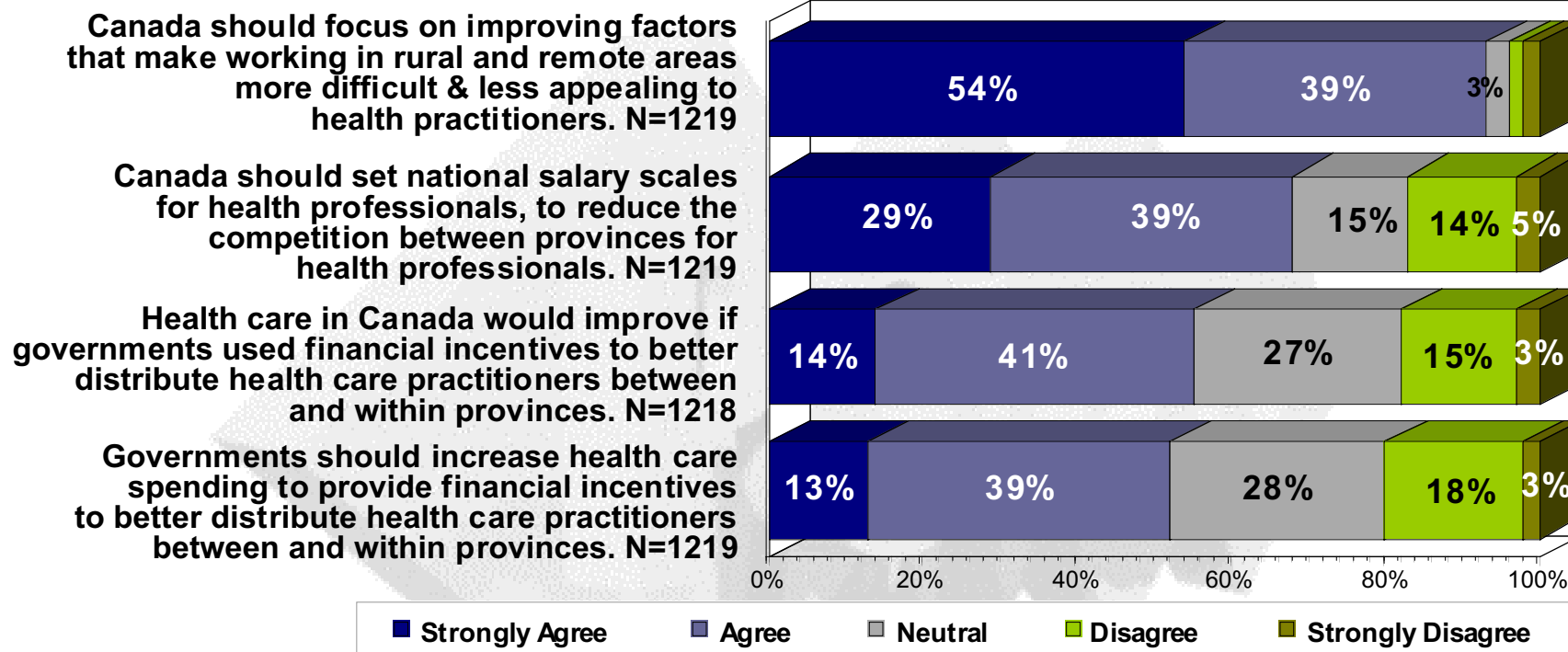
Q: I would like my family doctor to work as part of a group practice where I would be taken care of by a range of health professionals, and have greater after-hours access to services. N=1228





***Distribution of Health Care  
Workers***

# Means of Distributing Health Care Practitioners



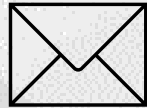
- The majority (55%) agrees that health care would improve if governments used financial incentives to better distribute health care practitioners between and within provinces, but one-quarter (27%) remain neutral.
- Men (61%) are considerably more likely than women (61%).
- Half (52%) agree that spending should be increased to meet this objective, while one-quarter (28%) is neutral and two-in-ten (21%) disagree. Two-thirds agree (68%) that Canada should set national salary scales for health professionals to reduce inter-province competition.
- Nearly all respondents (93%) agree (half (54%) strongly agree) that rural working conditions should be made more appealing to health practitioners.



Q: Please indicate your opinion by checking the appropriate response to each of the following...

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