



How Canada Compares: *Results from the Commonwealth Fund 2014 International Health Policy Survey of Older Adults*

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CIHR IRSC
Canadian Institutes of Health Research Instituts de recherche
en santé du Canada 1

Background



CMWF surveys conducted annually since 2004

Surveys help fill information gap

CIHI and CIHR new national Canadian co-partners

- Previously, Health Council of Canada

Provincial partners include Health Quality Council
Alberta, HQO and Commissaire de la santé (QC)



2014 Survey Characteristics

This year: focus on older adults (55+)

11 developed countries including Canada

Canadian sample size: 5269 respondents



Objectives



1. To tell the **Canadian story** on the health care experience and views of older adults
2. To highlight how **provinces** perform relative to the international average



Methodology

Random sample of general population age 55 and older in 11 countries:

- Australia
- Canada
- France
- Germany
- Netherlands
- New Zealand
- Norway
- Sweden
- Switzerland
- United Kingdom
- United States

Interviews during March - May 2014 by SSRS

Data was weighted to ensure representativeness



Methodology

Significance testing:

- Canadians results vs. CMWF average
- Provincial results vs. CMWF average
- Provincial results vs. Canadian average

For results that were significant:

- Either indicated with * or

● desirable ● average ● undesirable



Results

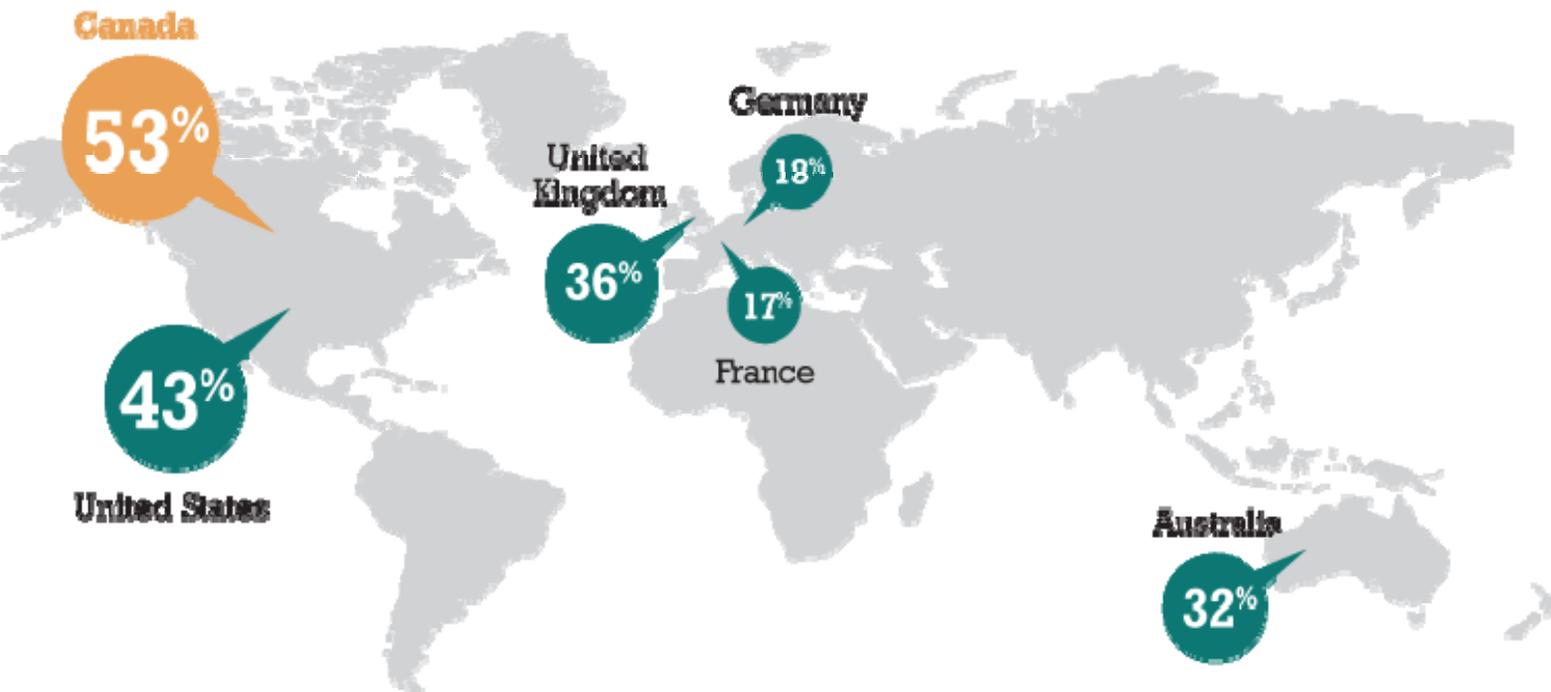
3 major themes:

1. Access to care
2. Quality of care
3. Caregiving and planning for end-of-life care



Timely access to primary care is a challenge....

% who waited at least 2 days to see a doctor or nurse the last time they were sick or needed medical attention





Older Canadians wait longest for primary care



No improvement in % waiting
2 + days for care since 2007

2007
and
2014



30 % waited 6 or more days...
or just gave up! (2014)



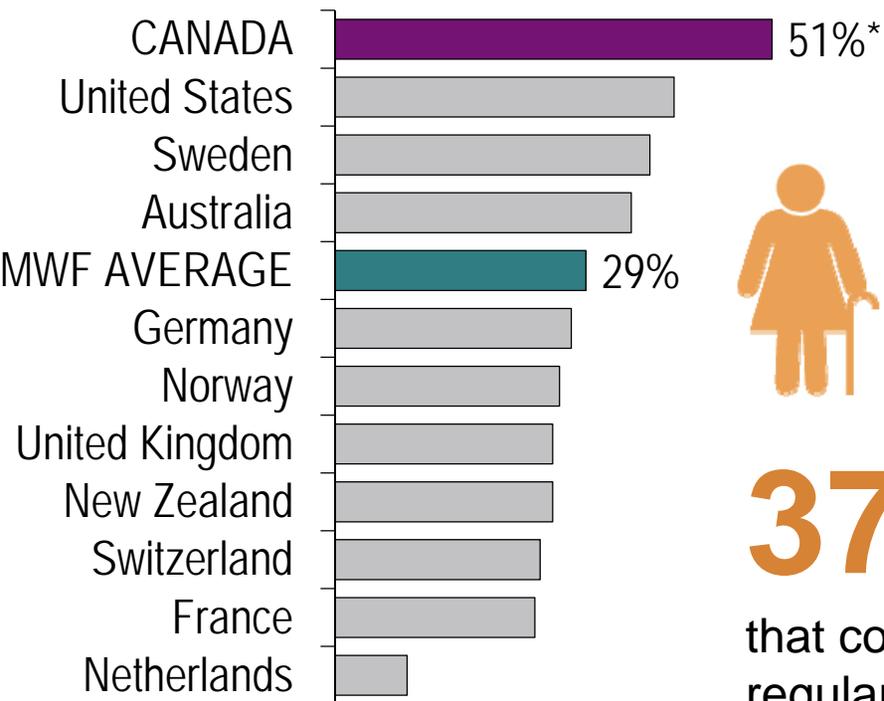
6+
days



Canadians have fewer after-hours options for primary care



51% thought it was very or somewhat difficult to get medical care after-hours without going to the Emergency Department



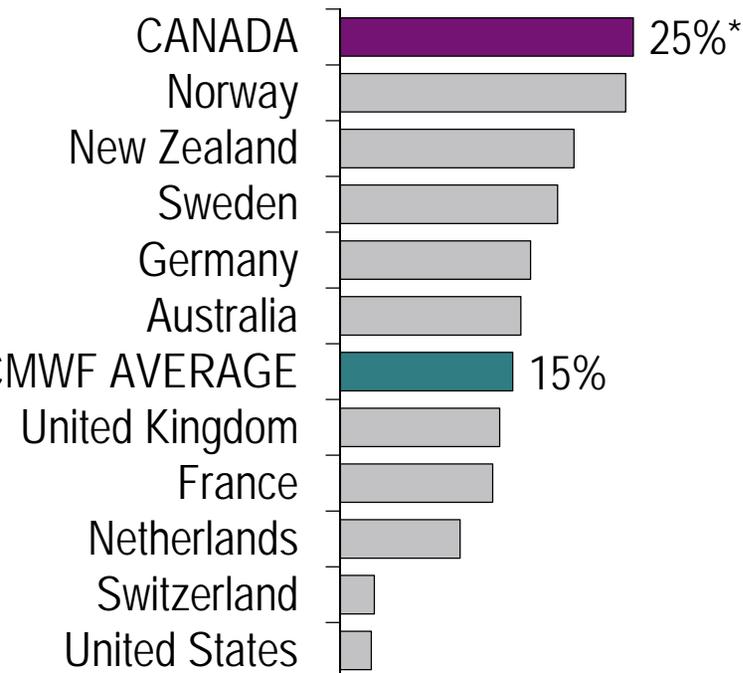
37% visited the ED for a condition that could have been treated by their regular doctor



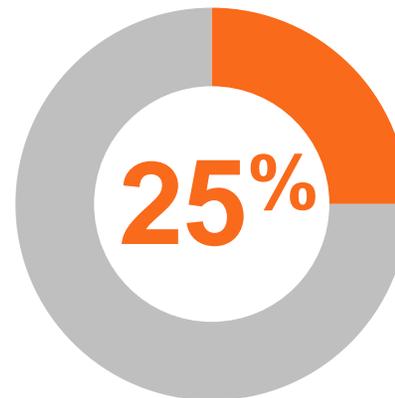
Canadians wait longest for specialist care

25% of older Canadians waited for at least 2 months to see a specialist; these waits had not improved over time.

How does Canada compare (2014)?



2010
and
2014



Sources

The Commonwealth Fund, 2010 Commonwealth Fund International Health Policy Survey.



How do the provinces compare?

The timeliness of primary and specialist care was significantly below the international average for all Canadian provinces.

Older Canadians (55+) who	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can. ³
Waited for at least 2 days to see a doctor	50%	55%	57%	54%	50%	58%	54%	55%	53%	53%	53%
Said it was very or somewhat difficult to get medical care after hours	47%	45%	49%	55%	47%	60%	53%	59%	57%	65%	51%
Waited for at least 2 months to see their specialist	24%	28%	32%	32%	24%	25%	29%	27%	28%	34%	25%

compared with the CMWF average

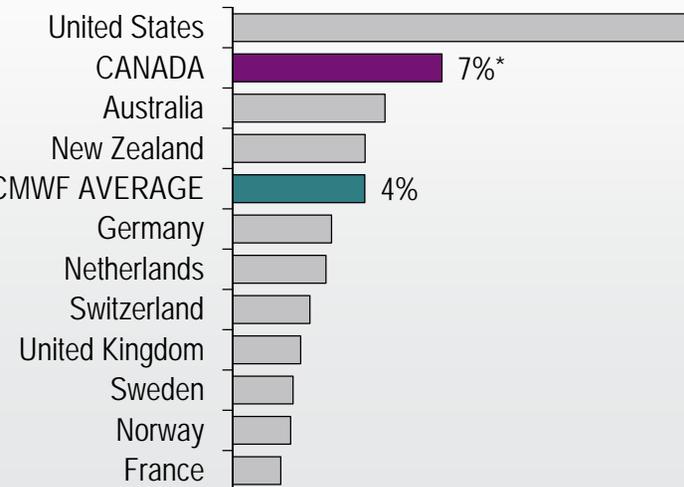
● Above average ● Same as average ● Below average



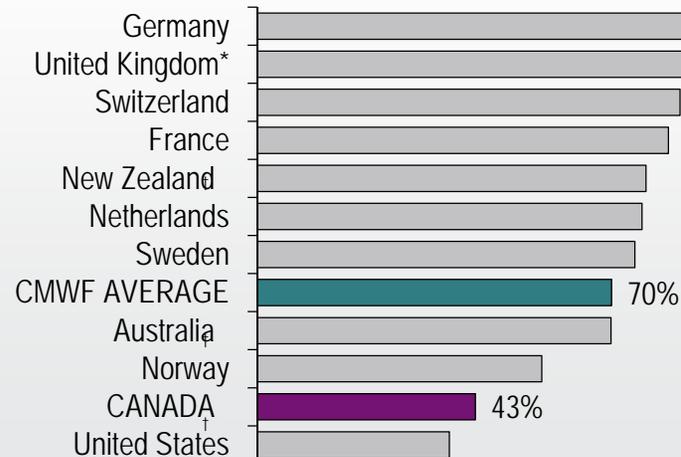
Cost can be a barrier for prescription drugs

How does Canada compare (2014)?

Did not fill a prescription for medicine or skipped doses because of the cost



Public share of total prescribed drug spending, 2012 or nearest year



Notes

* 2008 data.

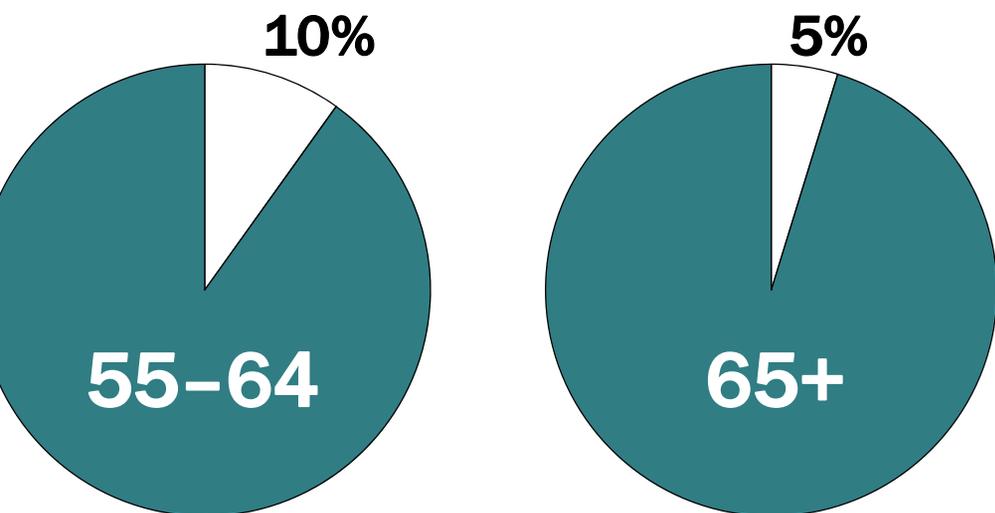
† 2011 data.

Drug costs affect a higher proportion of people younger than 65



L in 10 Canadians age 55 to 64 did not fill their prescriptions or skipped their medications because of the cost.

Proportion by age



Most Canadian provinces have public drug coverage programs for seniors age 65+.



Quality of Care

Patient experience in Canada (55+):

...generally **on par** with or **better** than international average



However, continuity of care between regular doctors and specialists can be improved

In the past 2 years, was there a time when	Canada	CMWF average
A specialist did not have basic information or test results from the patient's regular doctor about the reason for the visit	13%	9%
A patient's regular doctor did not seem informed and up to date about the specialist care received	25%	18%

Compared with the CMWF average

● Above average ● Same as average ● Below average



How do the provinces compare?

Continuity of care between primary doctors and specialists was comparable to the international average in most Canadian provinces.

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.	CMWF Avg.
Specialist did not have basic medical information from primary doctor	8%	8%	8%	11%	10%	26%	13%	6%	4%	9%	13%	9%
Primary doctor did not seem informed or up to date about care from specialist	16%	18%	18%	18%	18%	46%	22%	10%	13%	10%	25%	18%

Compared with the CMWF average

- Above average
- Same as average
- Below average

Quality of care for management of chronic conditions



78% of older Canadians had at least 1 chronic condition* (CMWF average 71%).

Older people with chronic conditions who	Canada	CMWF average
Had discussions about main goals or priorities with their health providers	60%	55%
Received clear instructions about symptoms to watch for	60%	56%

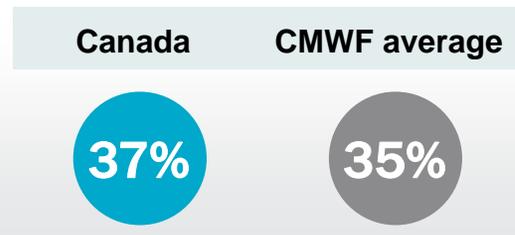
Compared with the CMWF average

● Above average ● Same as average ● Below average



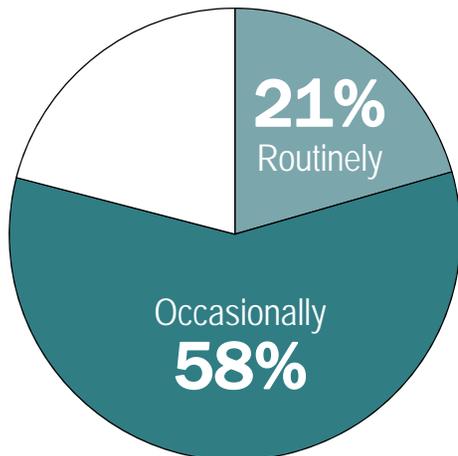
However, there is room to improve across countries

People with chronic conditions who received a written plan for self-management from their health provider



Compared with the CMWF average

Above average Same as average Below average



21% of family physicians routinely gave their patients with chronic conditions written instructions for self-management.

Source

The Commonwealth Fund, 2012 Commonwealth Fund International Survey of Primary Care Doctors.



How do the provinces compare?

In most provinces, management of chronic conditions was similar to the international average experience.

In the past 12 months, has a health professional

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.	CMWF Avg.
Discussed with patients their main goals or priorities in caring for this condition	59%	59%	61%	57%	61%	61%	56%	60%	61%	58%	60%	55%
Given patients clear instructions about symptoms to watch for and when to seek further care or treatment	56%	57%	60%	60%	58%	68%	62%	58%	62%	58%	60%	56%
Given patients a written plan to help them manage their own care	42%	32%	36%	34%	35%	38%	35%	41%	42%	39%	37%	35%

Compared with the CMWF average

- Above average
- Same as average
- Below average



Caregiving and planning for end-of-life care

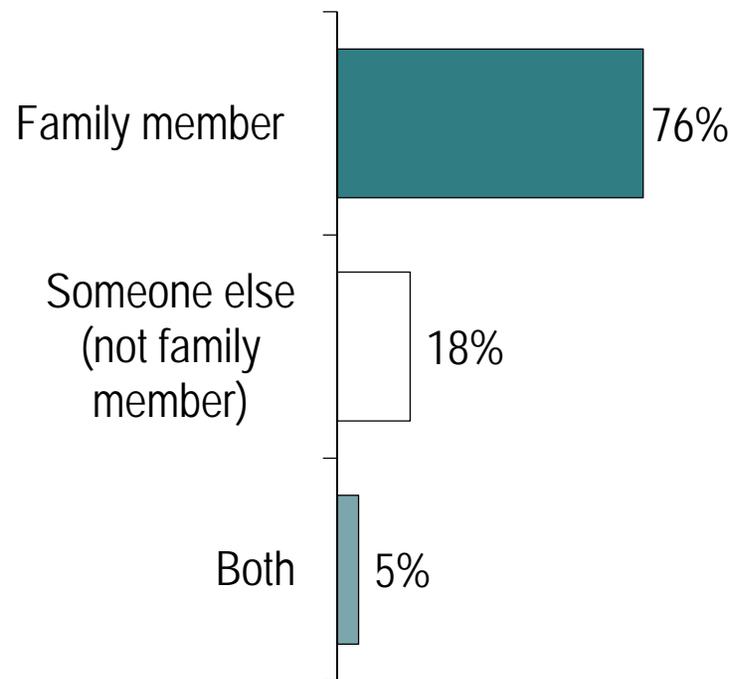
Informal caregiving is common across countries



1 in 5 older Canadians provided care to someone with an age-related problem at least once a week. ...

About the same as CMWF average.

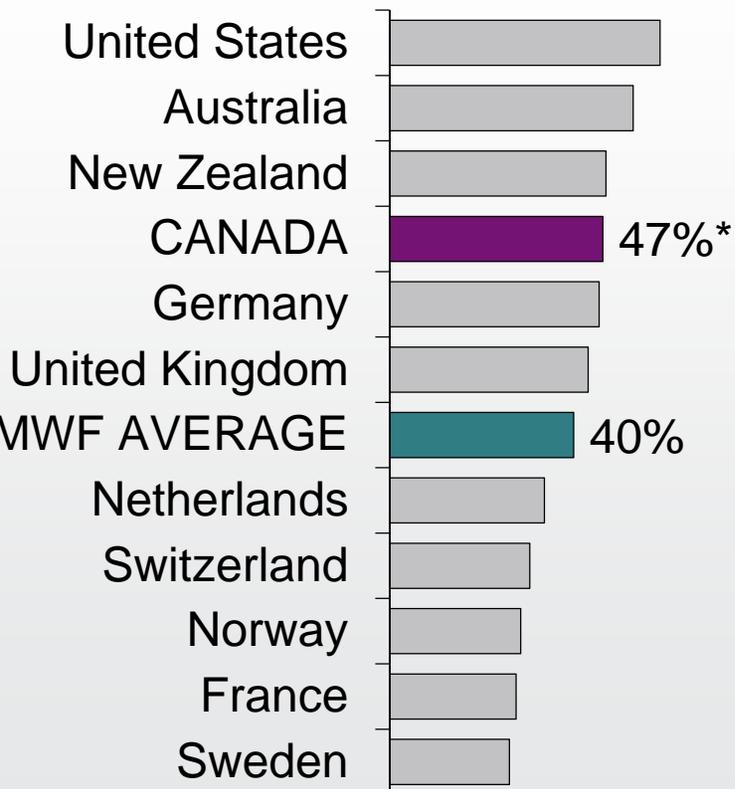
Relationship with care receiver



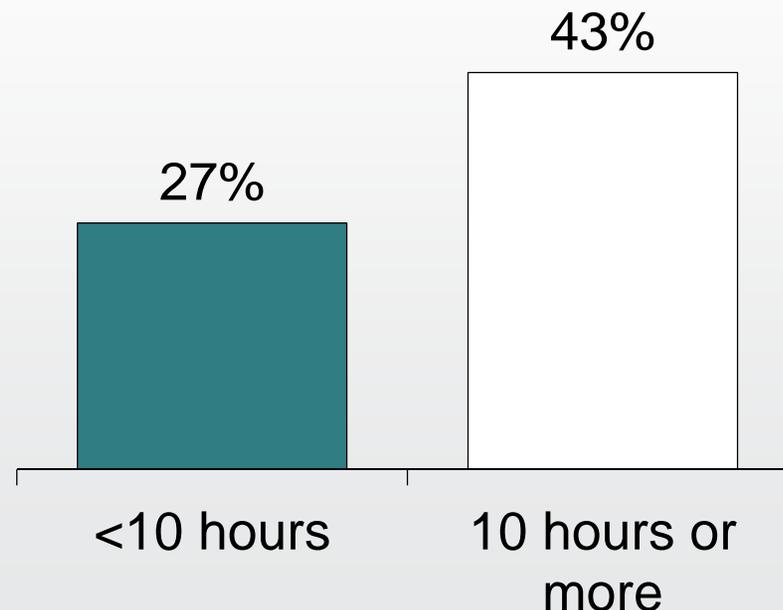
Distress is common among Canadian caregivers



Proportion providing care
at least 10 hours a week (2014)



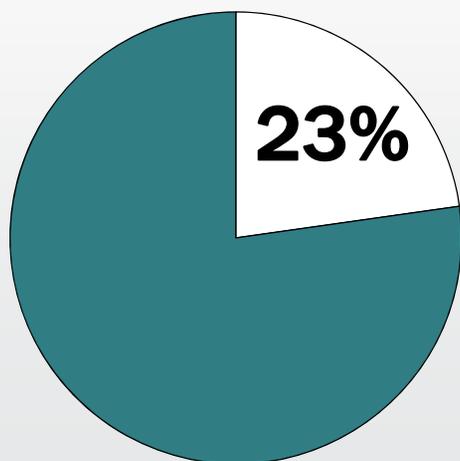
Proportion of caregivers who
experienced distress, anger or
depression,
by hours of care provision 



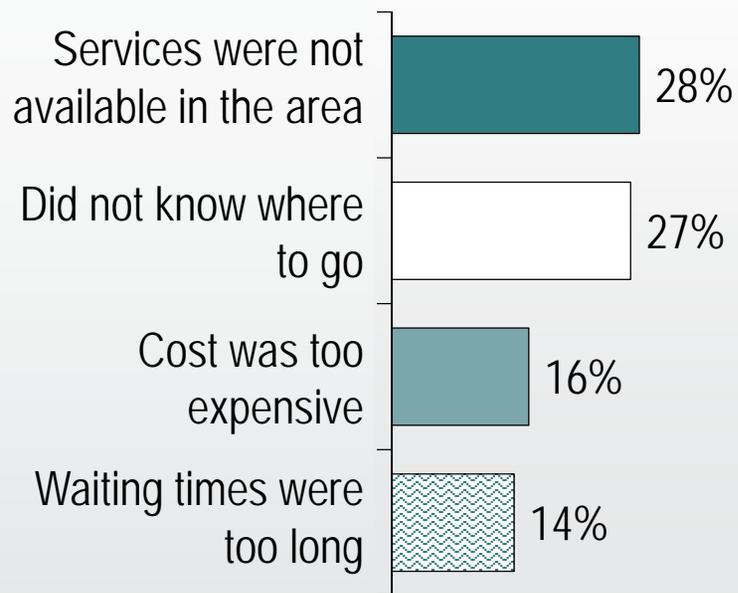
Informal caregivers in Canada don't always get the support they need



Proportion of caregivers who needed help to provide care in the past year but did not receive it



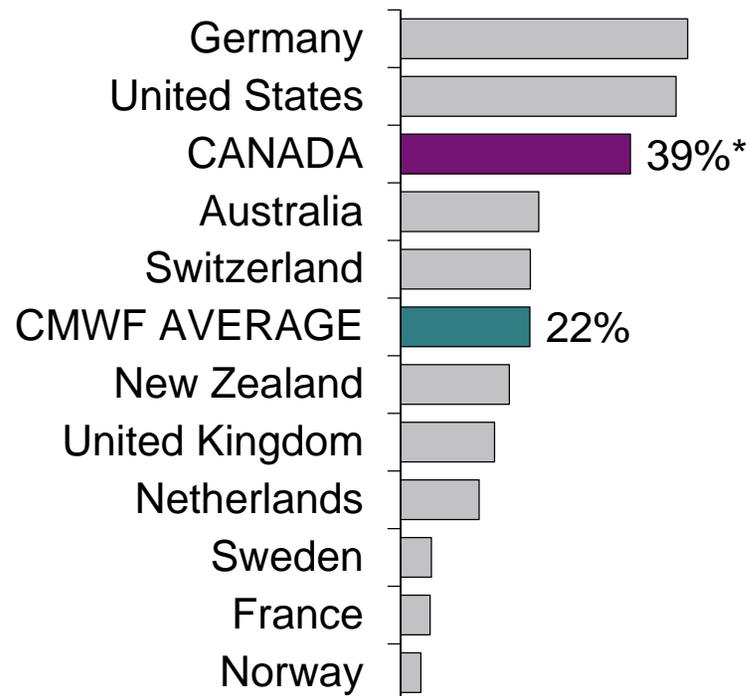
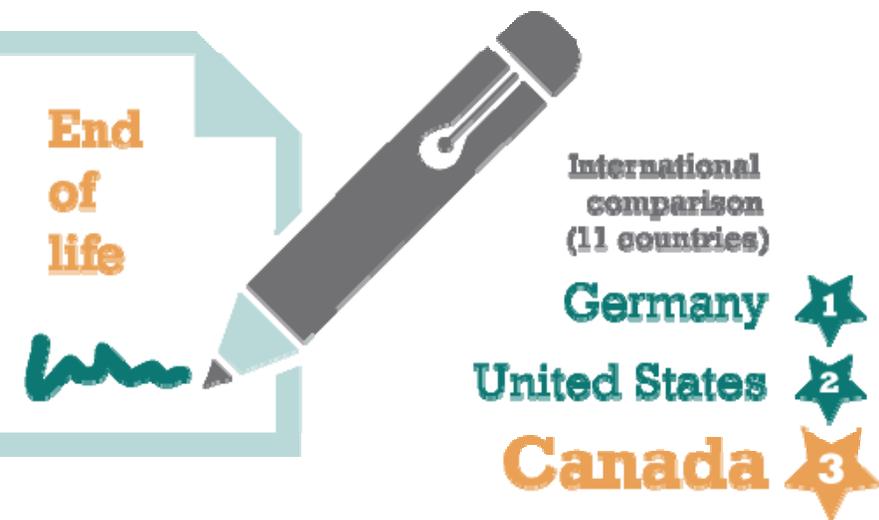
Reasons for not receiving the help needed to provide care



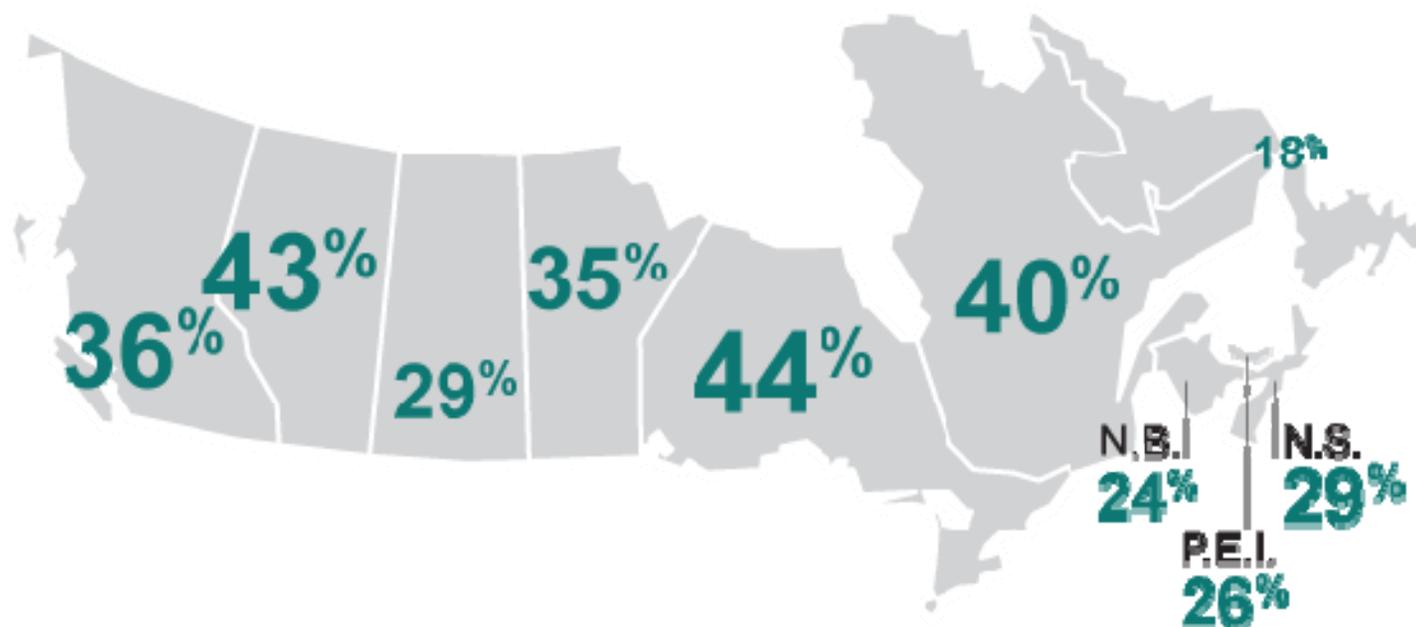
End-of-life care planning is common in Canada



39% of older Canadians had a written plan about their end-of-life wishes.



How do the provinces compare in end-of-life care planning?



The proportion of those who had written plans for their end-of-life care

varied widely by province.

Conclusion



Timely access remains a challenge

Quality of care comparable to other countries

Older Canadians spend more time as informal caregivers, and do not always get the care they need

Older Canadians more likely to plan for their end-of-life care wishes, but room for improvement in having a written plan



Questions?

Contact us at cmwf@cihi.ca

or

Visit CIHI website @ www.cihi.ca for full report