



# How Canada Compares: Results From The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians

Report

January 2016



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# Executive summary



For most people, primary care clinicians such as family doctors and nurses are the first point of contact with the health care system. They provide and coordinate the care that people need to manage their health problems in the community, and help to prevent people from getting sick in the first place. Research shows that good primary care provides better care for patients at a lower cost to the health system. Across Canada, there have been many efforts to improve the delivery of primary care.

By providing comparable information on the experiences of primary care doctors in 10 countries, The Commonwealth Fund 2015 International Health Policy Survey provides an important perspective on how well primary care works in Canada and where improvements still need to be made.

From the point of view of primary care doctors, access to care continues to pose significant challenges for Canadian patients. When doctors are asked how well care for their patients is coordinated with other health or social services providers, results are mixed in this country and show room for improvement overall. And Canadian primary care doctors are less likely than their peers in other countries to use information technology to manage patient care, and to measure and monitor the performance of their clinics.

On a more positive note, Canadian results that can be compared over time seem to be improving. Further analysis shows that new models of primary care delivery appear to be making a difference for patients in Canada; doctors working in family health teams (or other funded models of primary care) outperform their peers in most measures of access, continuity and quality of care.

# Executive summary (cont'd)



Finally, results show significant provincial variation across the country. This suggests we can collectively reflect on and learn from the policies and programs that have proven to be most effective elsewhere in Canada or in other comparator countries.

The matrix below provides a summary of Canadian results by theme compared with the international average of countries. The number in each cell represents the number of indicators in each theme that are below, the same as or above The Commonwealth Fund (CMWF) average of 10 countries.

	Below average	Same as average	Above average
<b>Access to care</b>	5	1	0
<b>Coordination of care</b>	6	1	6
<b>Information technology adoption</b>	4	0	0
<b>Performance measurement</b>	4	1	0

# Executive summary (cont'd)

## Access to care

### Primary care doctors report that timely access to primary and specialist care remains a challenge in Canada.

- Only 53% of doctors report that most of their patients who request a same- or next-day appointment can get one. Less than half (48%) of doctors have arrangements for their patients to see a doctor or nurse when the practice is closed (after hours) without going to the hospital emergency department. These results are among the lowest in comparison with other countries in the survey.
- However, timely access to primary care has improved over time; one-third more doctors in Canada are able to provide same- or next-day access in 2015 than in 2009.
- 7 in 10 primary care doctors in Canada say their patients often experience long wait times to see a specialist, the highest proportion of all 10 countries. Canadian doctors report more difficulties in getting diagnostic tests for their patients, though time to treatment after diagnosis is similar to the international average and improving in Canada.
- Canadian doctors are more likely to report that their patients often have difficulty paying for medications or other out-of-pocket costs (30%). Reported cost barriers to care vary significantly across the country.

# Executive summary (cont'd)

## Coordination of care

**Coordination of care between primary care doctors and other health providers and services varies by sector, and shows room for improvement across the board.**

- Canadian primary care doctors are more likely (29%) to say that they *always* receive relevant health information from specialists than doctors in other countries (23%).
- Canadian primary care doctors wait the longest on average to receive discharge information from hospitals. 22% waited more than 15 days for reports on their patients who were recently hospitalized in order to continue managing their care.
- Coordination of care with home care services and other social services is lower in Canada than in most other countries.
- 50% of Canadian primary care doctors report that at least 1 patient experienced problems in the past month because care was poorly coordinated across health care sectors. This is slightly lower than the international average but still high.
- Coordination of care for patients varies widely by province, with some provinces reporting results on par with or better than the international average.

# Executive summary (cont'd)

## Organization of practice

**The way primary care is organized influences how care is delivered. In general, Canadian physicians working in models supported by public funds had better overall results than their Canadian peers in other models.**

- 51% of Canadian doctors say that they work in a primary care model that is supported by public funds.\*
- These doctors reported that their practices were more likely to coordinate care with other health care providers, monitor patients between visits and provide after-hours arrangements for their patients than doctors who were not a part of these models.

## Information technology and performance measurement

**Use of electronic medical records (EMRs) to manage patient care is lower in Canada than the international average, but uptake is increasing. However, measuring the performance of primary care is still not standard practice in this country.**

- Fewer Canadian primary care doctors (73%) use EMRs compared with the international average (88%). However, uptake has doubled in Canada since 2009 (37%).
- Of those who have EMRs, Canadian doctors are less likely to use them to understand the health of their patients or to help make decisions to care for them.
- Canadian primary care doctors are considerably less likely than doctors in other countries to routinely review surveys on patient satisfaction and patient experiences (17% versus 47%) or to compare their performance with that of other primary care practices (17% versus 37%).

\* Examples include groupes de médecine de famille (GMFs) or cliniques-réseau in Quebec, family health teams in Ontario, and primary care networks or family care clinics in Alberta.

# About this report



The 2015 edition of The Commonwealth Fund International Health Policy Survey focused on the views and experiences of primary care doctors. This report highlights the Canadian story and examines how these experiences vary across Canada and relative to other developed countries.

Questions that were asked of only Canadian respondents are indicated throughout this report using a maple leaf. 🍁

To provide additional context, this report references information from the Canadian Institute for Health Information (CIHI) and other sources. References can be found in the notes section of applicable slides. All other data is from The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians.

Supplementary [data tables](#) are available online. These cover additional topics such as chronic disease management and physician satisfaction. Full data sets of the survey results are available to researchers upon request at [cmwf@cihi.ca](mailto:cmwf@cihi.ca).

# About this report (cont'd)



## Interpreting results

CIHI applied statistical methods to determine whether Canadian and provincial results were significantly different from the international average of 10 countries.

Results are displayed throughout the report using the following colour codes:

- Above average
- Same as average
- Below average

Above average results are more desirable relative to the international average, while below average results often indicate areas in need of improvement. This method measures only what is statistically different and not necessarily what is a large variation in results.

In addition, sample sizes in some provinces are much smaller than in others and have wider margins of error. For this reason, 2 provinces may have the same numeric results in different colours (e.g., 1 result might be green, or same as average, while the other is orange, or below average). The wider the margin of error, the more difficult it is for a result to show up as significantly different from the average. The most robust samples are in Quebec and Ontario because of the additional funding from those provinces.

## Access to care

Timely access to care

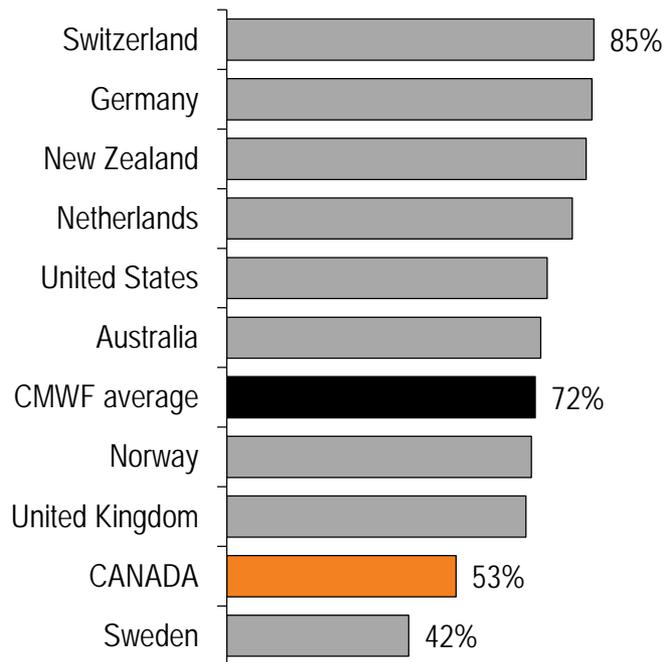
Barriers to health care

# Timely access to primary care a challenge in Canada but improving

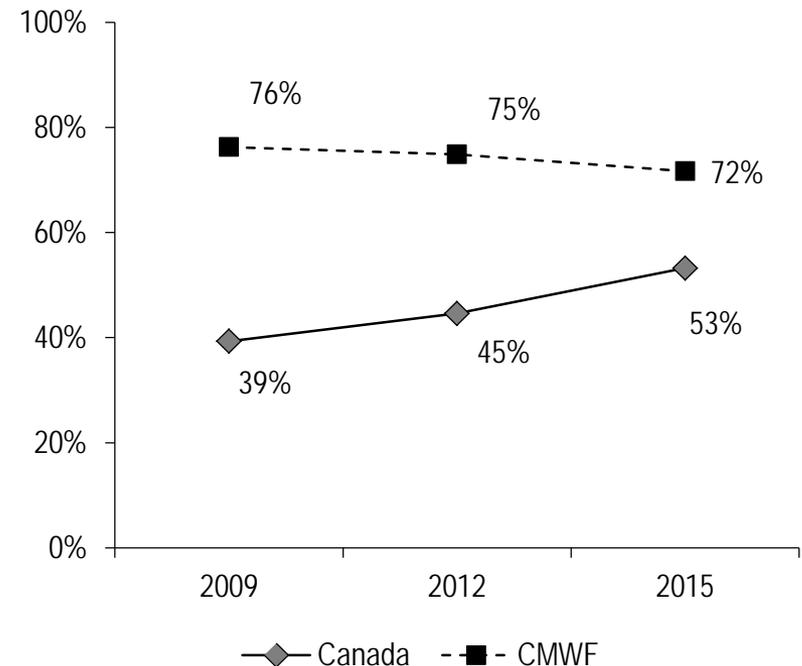
**53%**

of Canadian primary care doctors reported that **almost all or most** of their patients who request a same- or next-day appointment can get one.

## How does Canada compare (2015)?



## Comparison by year

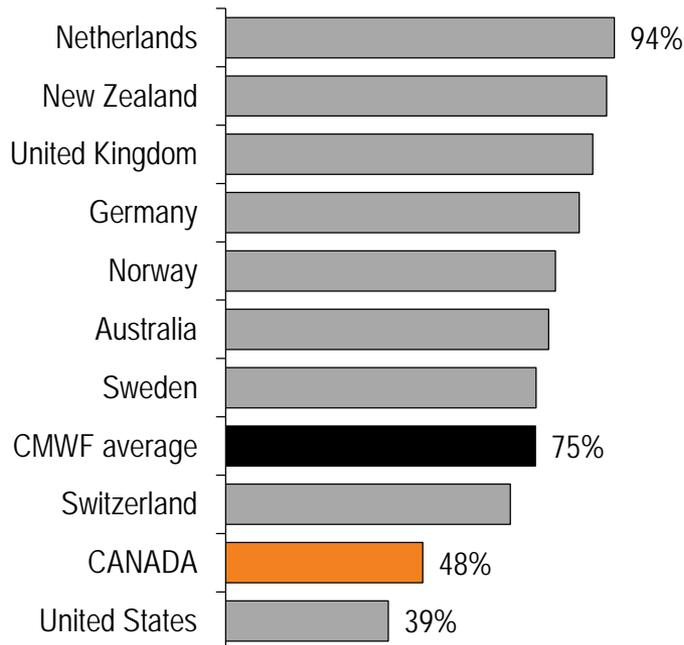


# Access to after-hours care significantly below average in Canada

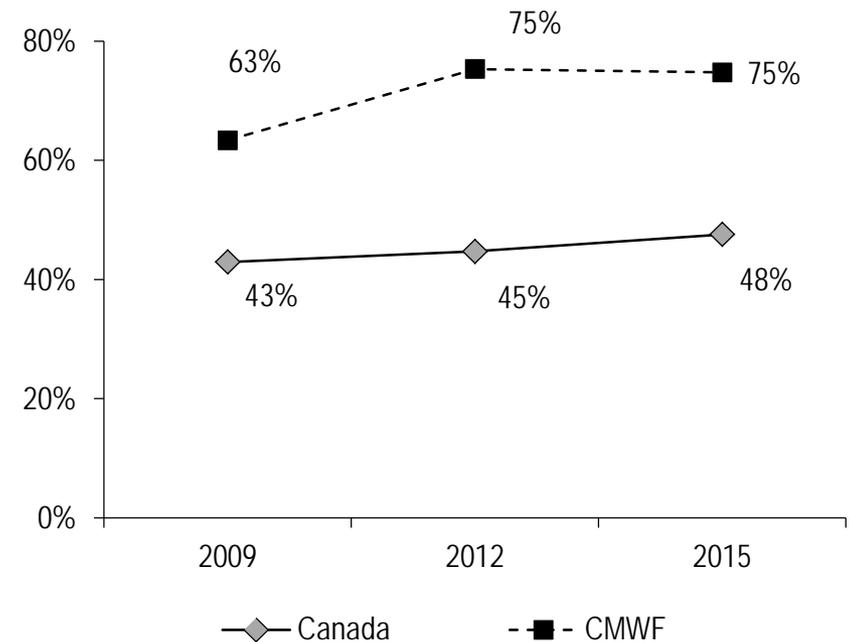
**48%**

of Canadian doctors have an arrangement in their practice where patients can see a doctor or nurse if needed when the practice is closed (after hours) without going to the hospital emergency department.

## How does Canada compare (2015)?



## Comparison by year

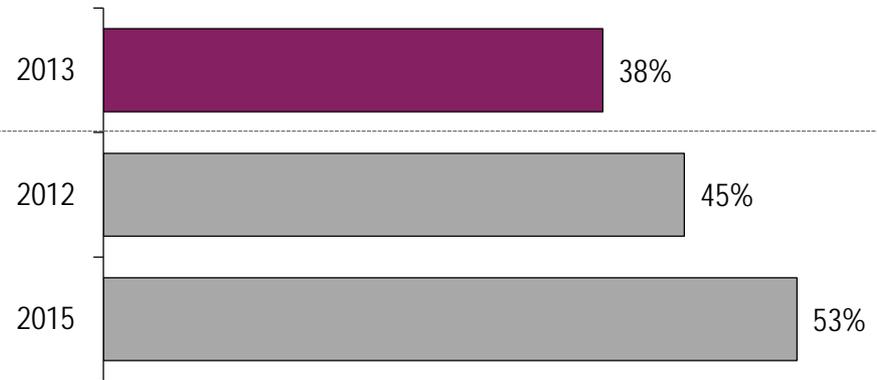


# Canadian doctors report timelier access to primary care than patients

## Same or next-day appointments



Patients who said they could get a same- or next-day appointment

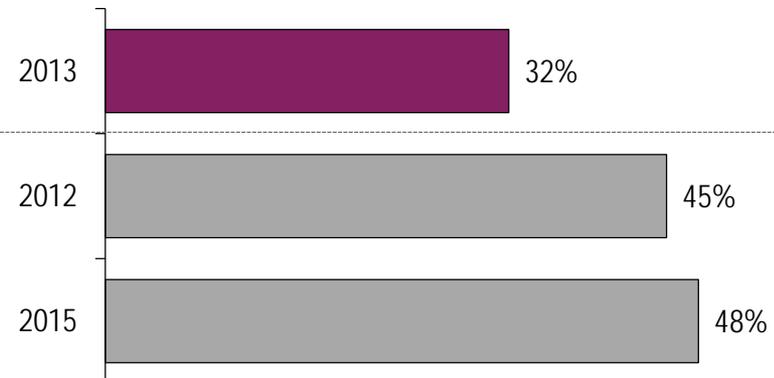


Primary care physicians who said most (at least 60%) of their patients can get a same- or next-day appointment

## After-hours care



Patients who said it was easy or somewhat easy to access medical care after hours without going to the emergency department



Primary care physicians who reported having after-hours care arrangements

# How do the provinces compare?



Despite some variation among provinces, access to timely primary care in Canada is significantly lower than the international average in all reporting provinces.

## Proportion of primary care doctors who

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Were able to provide a <b>same- or next-day</b> appointment to <i>almost all or most</i> of their patients	56%	53%	54%	52%	66%	34%	45%	56%	51%	53%	72%
Have an arrangement where patients can see a doctor or nurse if needed when the practice is closed ( <b>after hours</b> ) without going to the hospital emergency department	31%	52%	43%	26%	67%	37%	39%	41%	33%	48%	75%

### Compared with the CMWF average results

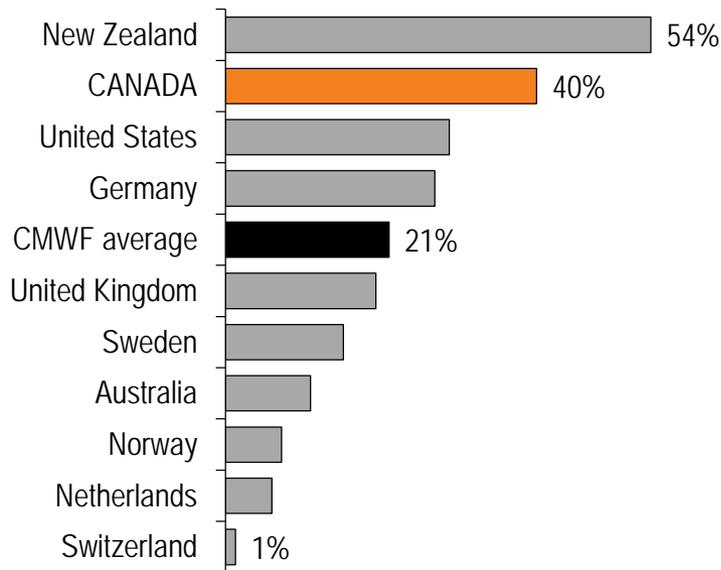
● Above average 
 ● Same as average 
 ● Below average

# Barriers to care: Access to diagnostic imaging often more difficult in Canada

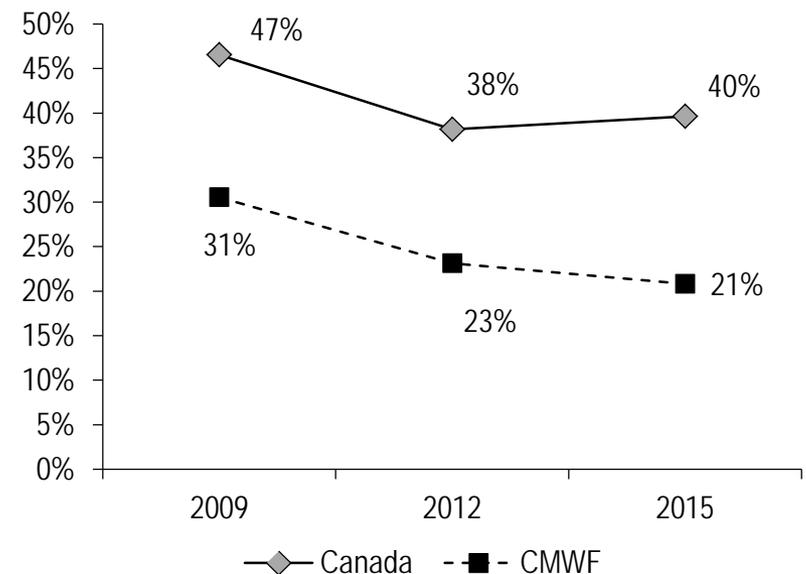
**40%**

of Canadian primary care doctors thought their patients **often** experienced difficulty getting specialized diagnostic tests (e.g., CT imaging, mammogram, MRI).

## How does Canada compare (2015)?



## Comparison by year



### Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

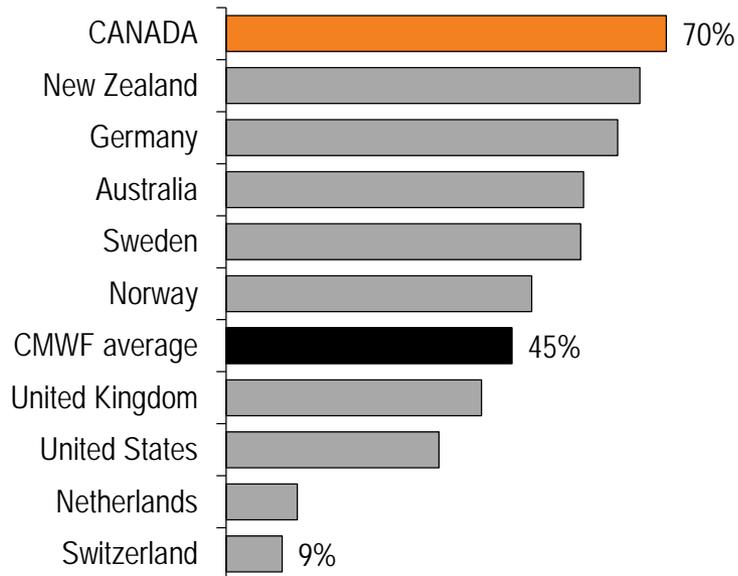
Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# Wait times for specialists are longest in Canada

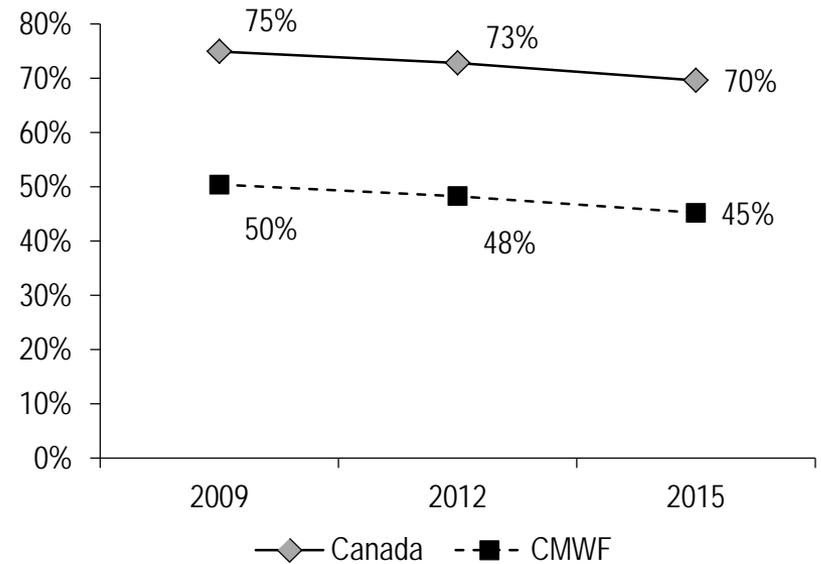
**70%**

of Canadian primary care doctors thought their patients **often** experienced long wait times to see a specialist.

## How does Canada compare (2015)?



## Comparison by year



### Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

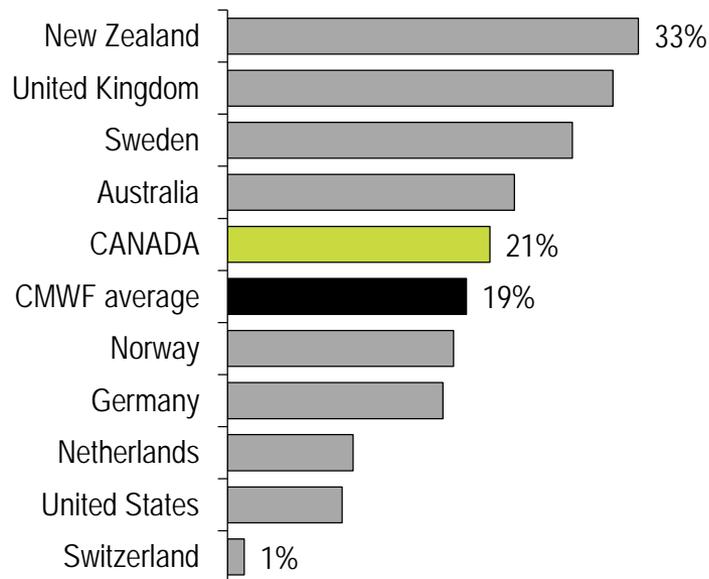
Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# Wait times for treatment after diagnosis are improving in Canada

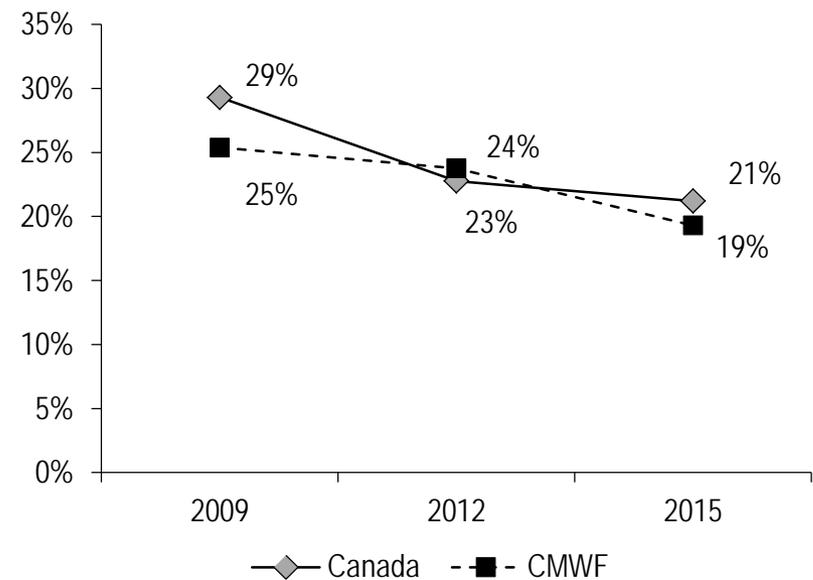
**21%**

of Canadian primary care doctors thought their patients **often** experienced long wait times to receive treatment after diagnosis.

## How does Canada compare (2015)?



## Comparison by year



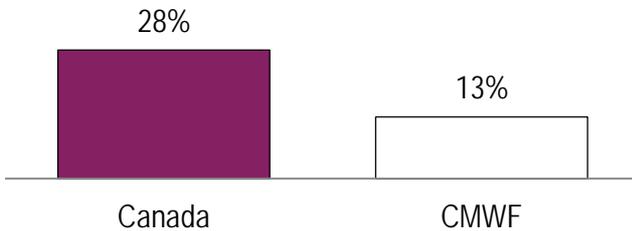
### Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

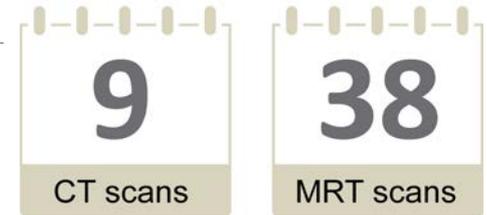
Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# Canadians wait longer to see specialists but less time for priority surgeries

Proportion of patients who waited **2 months or more** to see a specialist

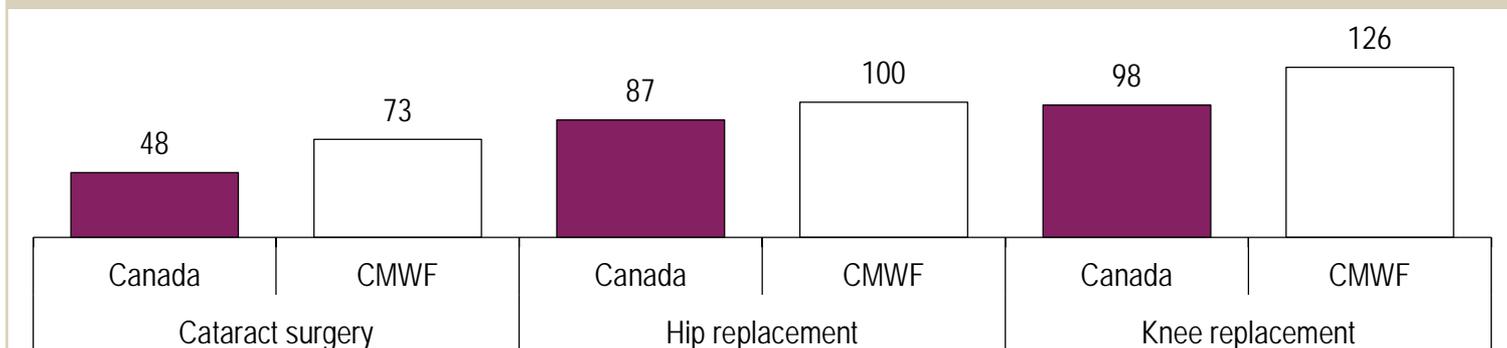


Median wait times for **diagnostic tests** in 2014 (days)



Pan-Canadian population-weighted average based on Alberta, Manitoba, Nova Scotia, Ontario and Prince Edward Island.  
**Source:** Wait Times Database, CIHI.

Median wait times for priority procedures in 2014 (days)



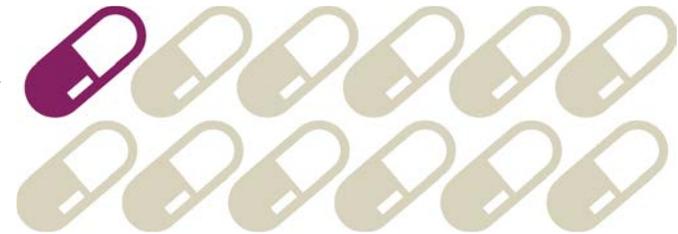
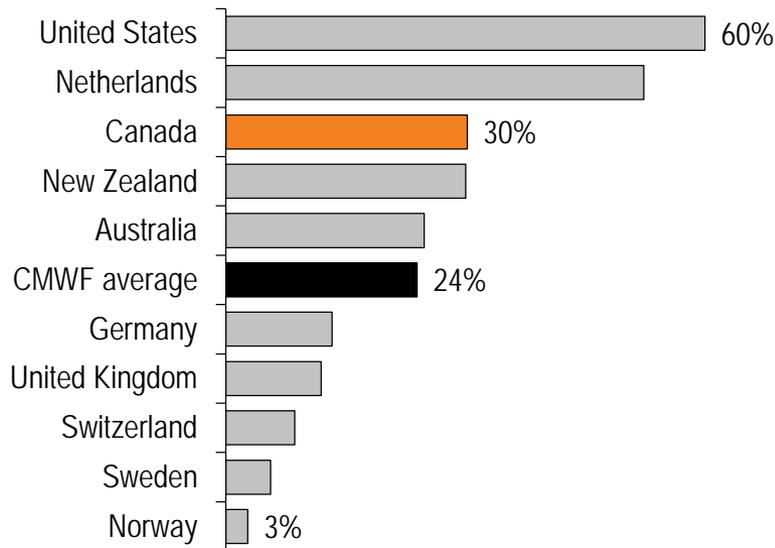
CMWF average based on Australia, Canada, New Zealand, Norway and the United Kingdom.

# Medication cost barriers for patients are higher in Canada than in most other countries

**30%**

of Canadian primary care doctors thought their patients **often** experienced difficulty paying for medications or other out-of-pocket costs.

## How does Canada compare (2015)?



In 2013, **1 in 12** Canadians reported that they did not fill a prescription for medicine or skipped doses of their medicine because of the cost.

### Compared with the CMWF average results

● Above average ● Same as average ● Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# How do the provinces compare?



Canadian primary care doctors report that their patients often experience more access barriers than the international average.

## Proportion of primary care doctors who thought their patients **often**

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Have difficulty getting specialized diagnostic tests (e.g., CT imaging, mammogram, MRI)	58%	37%	37%	25%	20%	64%	27%	30%	30%	40%	21%
Experience long wait times to see a specialist	75%	72%	57%	68%	60%	81%	70%	75%	64%	70%	45%
Experience long wait times to receive treatment after diagnosis	32%	19%	17%	14%	20%	20%	14%	25%	15%	21%	19%
Have difficulty paying for medications or other out-of-pocket costs	43%	23%	27%	27%	31%	22%	51%	36%	36%	30%	24%

### Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

## Coordination of care

With specialists

With hospitals

Between patient visits

With home care and social services

Inefficiencies resulting from poor coordination

# Coordination with specialists better than average in Canada, but all countries have low results

When their patient has been seen by a specialist, Canadian primary care doctors **always** received

Canada

CMWF average



A report back from the specialist with **all relevant** health information

29%

23%

Information about **changes** the specialist made to the patient's medication or care plan

27%

23%

Information that is timely and available when needed

13%

9%

Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

# How do the provinces compare?

Coordination of care between primary doctors and specialists is above the international average in most Canadian provinces, but there is still room to improve overall.

When their patient has been seen by a specialist, Canadian primary care doctors **always** received

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
A report back from the specialist with <b>all relevant</b> health information	33%	25%	42%	38%	31%	17%	42%	43%	38%	29%	23%
Information about <b>changes</b> the specialist made to the patient's medication or care plan	33%	21%	39%	34%	31%	12%	37%	43%	36%	27%	23%
Information that is timely and available when needed	18%	14%	18%	20%	14%	4%	10%	17%	17%	13%	9%

## Compared with the CMWF average results

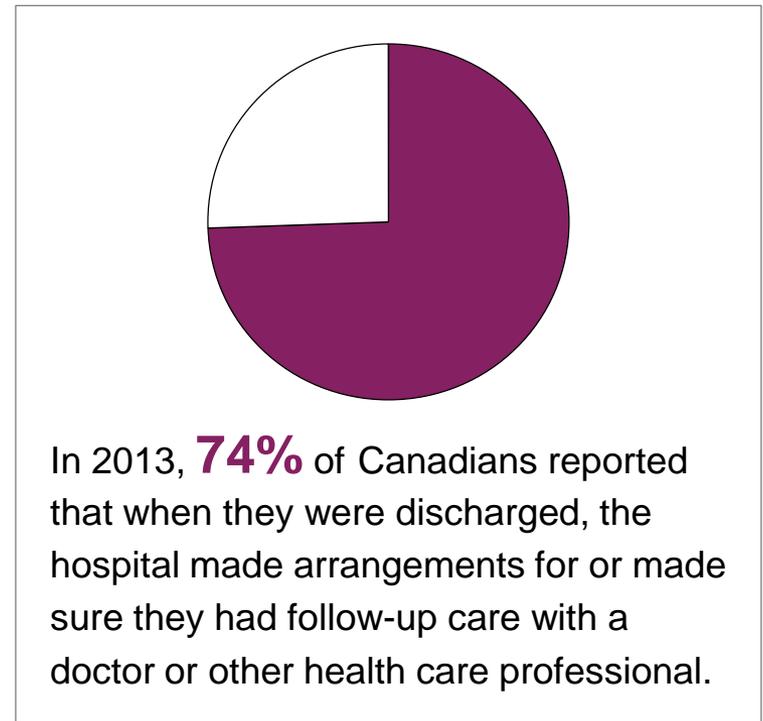
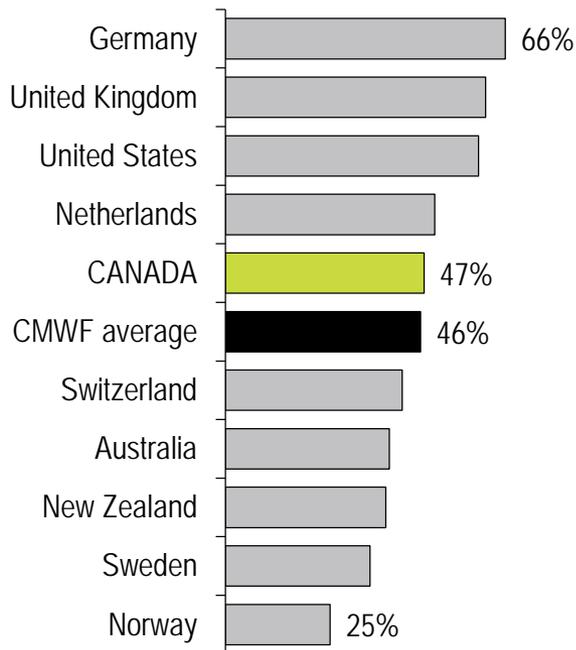
● Above average 
 ● Same as average 
 ● Below average

# Coordination with hospitals similar to average in Canada

**47%**

of Canadian primary care doctors or other personnel in their practice **frequently** coordinate follow-up care with hospitals for patients being discharged.

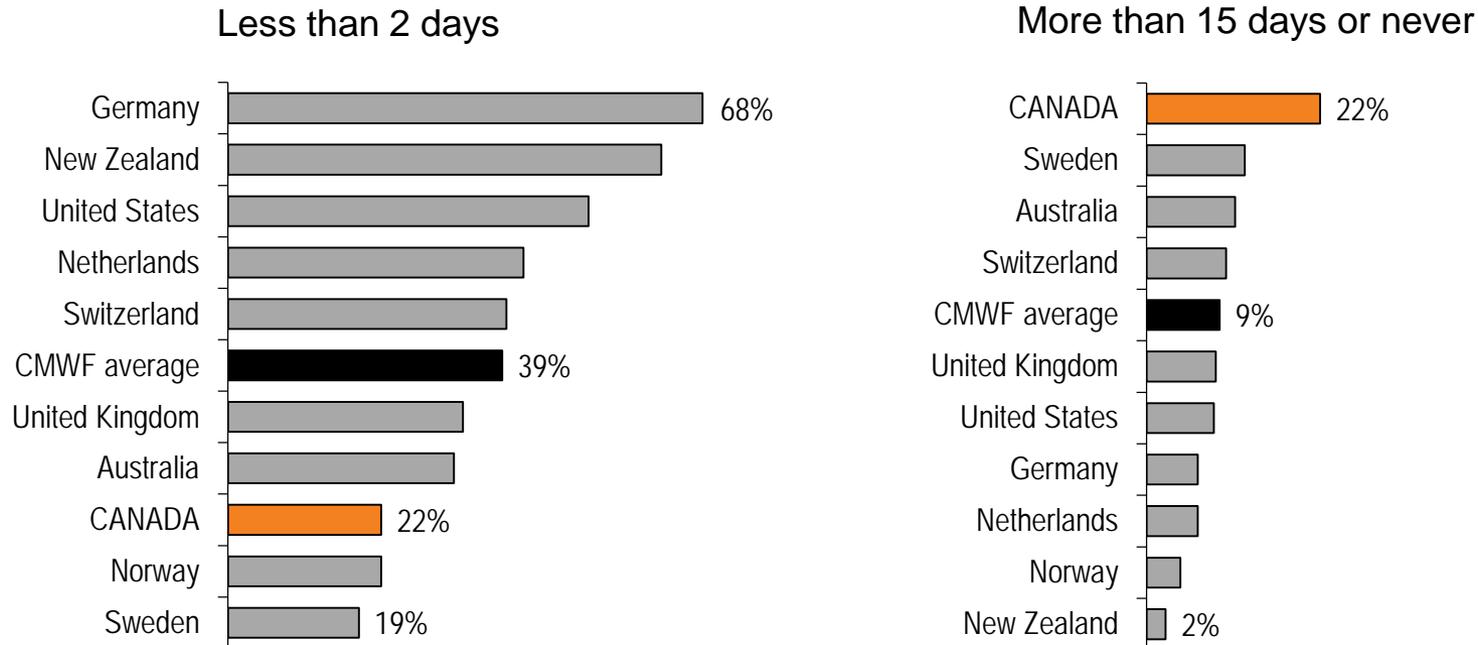
How does Canada compare (2015)?



# Coordination of discharge information from hospitals less timely in Canada

**22%**

of Canadian primary care doctors said it takes **more than 15 days** on average to get the information they need after a patient is discharged from hospital to continue managing the patient's care.



## Compared with the CMWF average results

● Above average ● Same as average ● Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# How do the provinces compare?

Primary care doctors in most provinces wait longer than the international average before they receive management plans for their patient after discharge from the hospital.

Proportion of primary care doctors who reported that they or other personnel in their practice **frequently**

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Coordinate follow-up care with hospitals for patients being discharged	50%	38%	64%	57%	50%	37%	65%	56%	46%	47%	46%

Length of time, on average, for primary care doctors to receive the management plan after a patient has been discharged from the hospital

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Less than 2 days	30%	23%	26%	20%	28%	9%	18%	23%	16%	22%	39%
More than 15 days or never	8%	24%	18%	21%	11%	44%	28%	9%	31%	22%	9%

## Compared with the CMWF average results

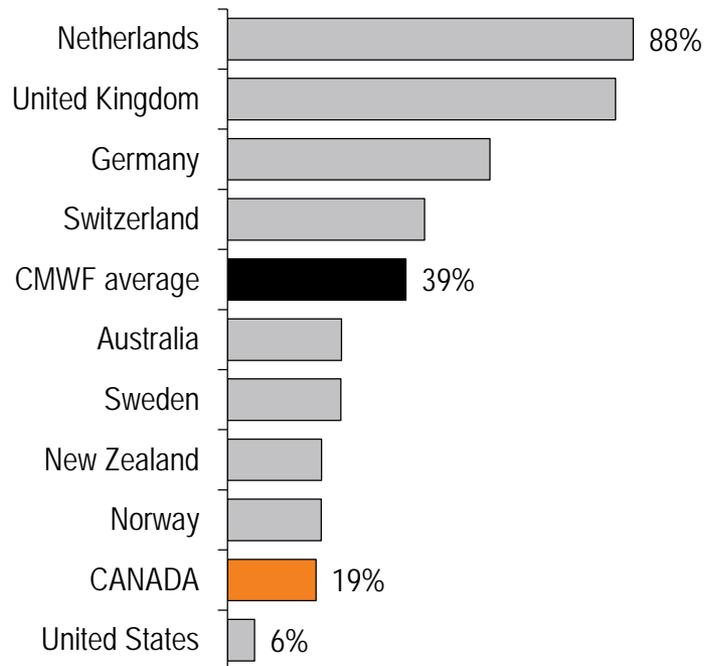
● Above average 
 ● Same as average 
 ● Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

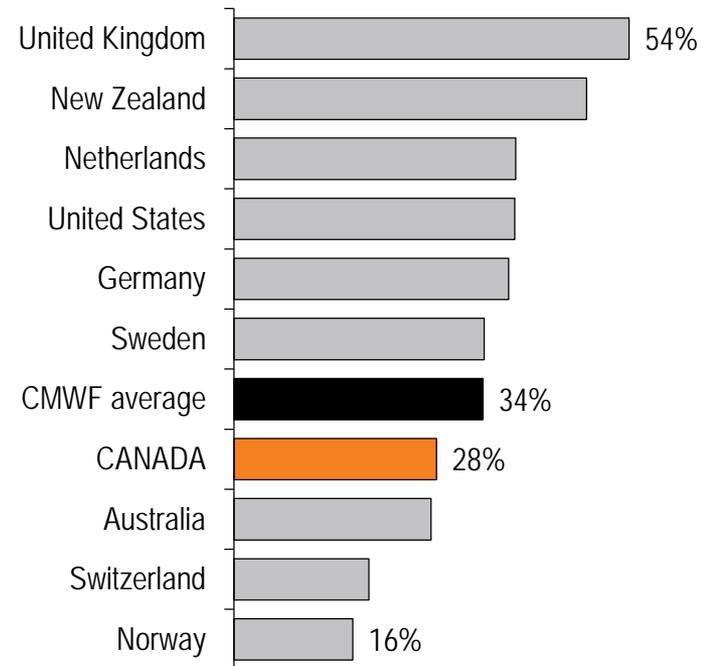
# Home contact with patients is less frequent in Canada

Proportion of primary care doctors who reported that they or other personnel in their practice **frequently** provide care in the following ways:

### Make home visits



### Contact patients between visits to monitor their condition



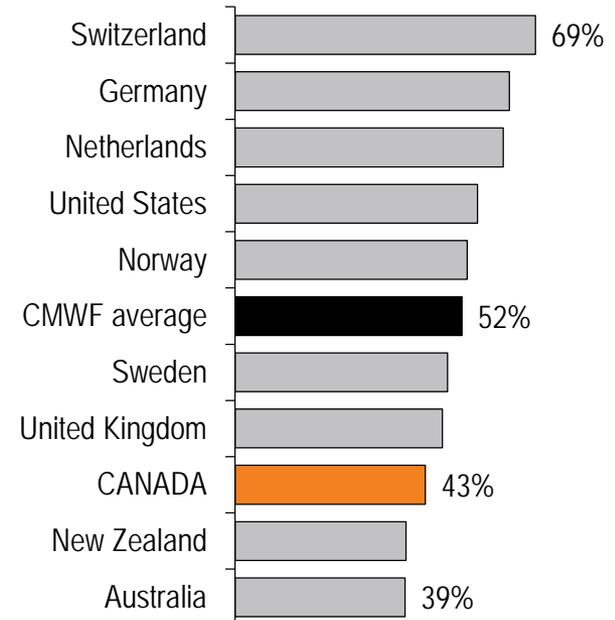
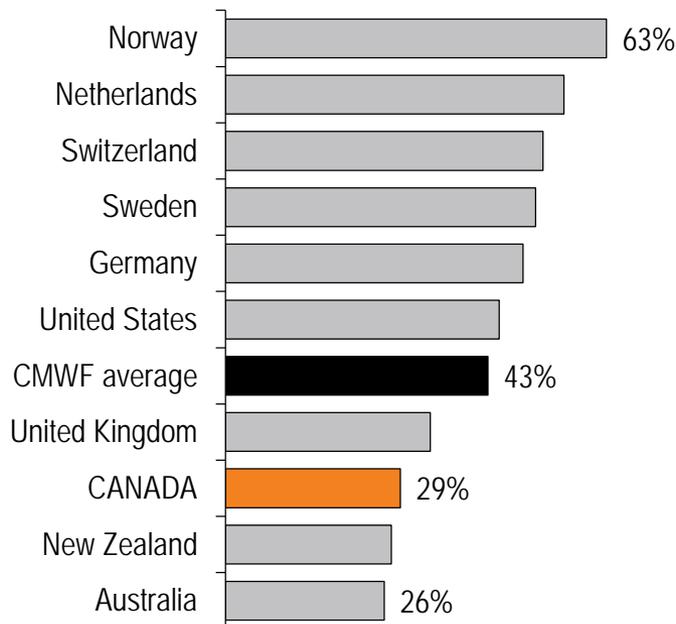
# Primary care and home care services not as integrated in Canada



Practice **routinely** communicates with a case manager or home care provider about a patient's needs when a patient is receiving home care services



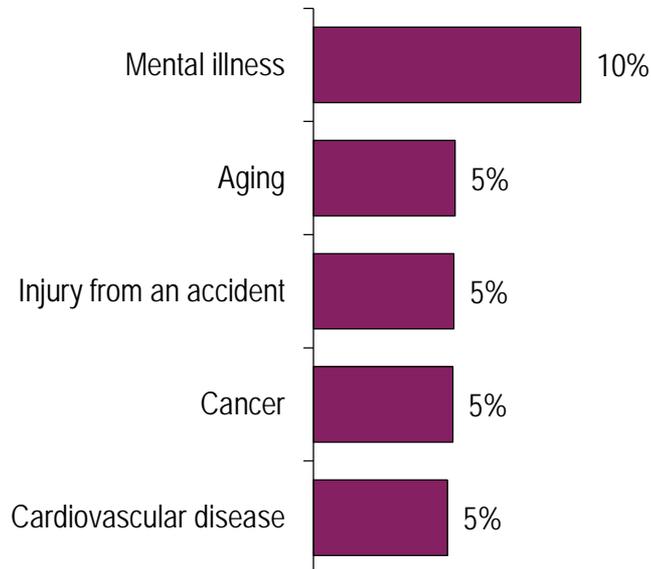
Primary care doctors are **routinely** advised of a relevant change in the condition or health status of their patients who are receiving home care services



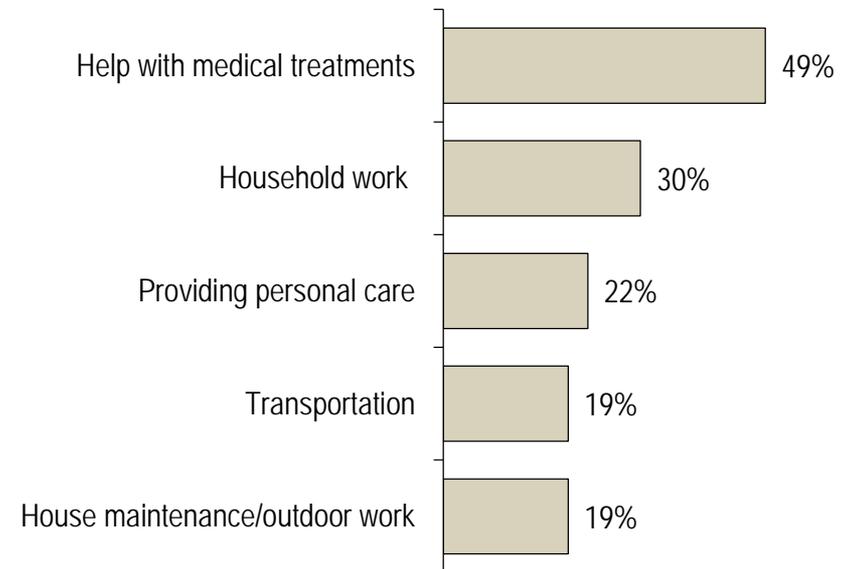
# Snapshot of home care in Canada as reported by patients

**2.2 million** (8%) Canadians reported that they rely on help or care at home to cope with a long-term health condition, a disability or age-related needs.

Top conditions of home care patients who received professional services



Top 5 types of care received at home by Canadians from professional services

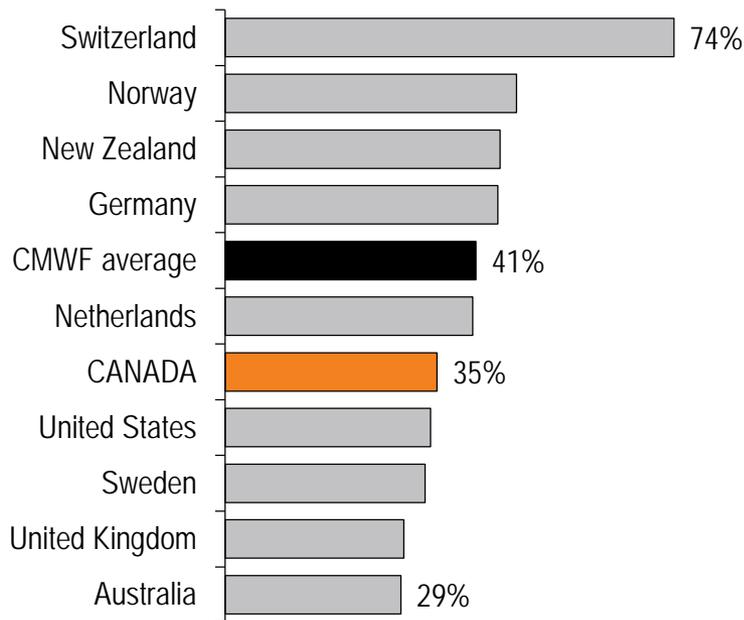


# Coordinating care with social services not always easy in Canada

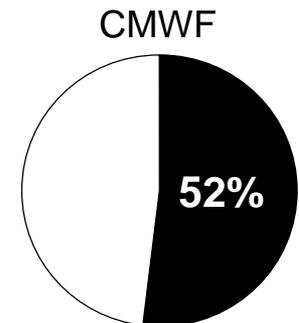
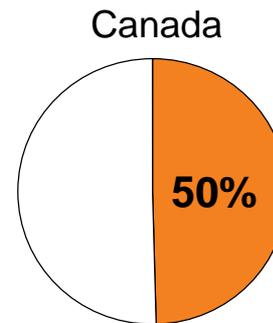
**35%**

of Canadian primary care doctors thought it was **easy or very easy** to coordinate their patient's care with social services or other community providers when needed (e.g., housing, meals, transportation).

How does Canada compare (2015)?



**50%** of primary care doctors frequently coordinate care with social services or other community providers



# How do the provinces compare?

Coordination with home care services varies across the country, with results in some provinces more in line with the international average.

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Proportion of primary care doctors who reported that they or other personnel in their practice <b>frequently</b>											
Make home visits	11%	10%	8%	6%	20%	30%	12%	18%	34%	19%	39%
Contact patients between visits to monitor their condition	22%	21%	35%	31%	30%	30%	23%	31%	31%	28%	34%
If any of their patients receive home care services, primary care doctors who <b>routinely</b>											
Communicate with their patient's case manager or home care provider about their patient's needs and the services to be provided	33%	32%	58%	36%	27%	18%	45%	37%	28%	29%	43%
Are advised of a relevant change in their patient's condition or health status	48%	48%	63%	51%	41%	33%	66%	55%	39%	43%	52%

## Compared with the CMWF average results

● Above average  
 ● Same as average  
 ● Below average

# How do the provinces compare?

Coordination with social services varies widely across the country and is better than the international average in some provinces.

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Proportion of primary care doctors who reported that they or other personnel in their practice <b>frequently</b>											
Coordinate care with social services or other community providers	44%	45%	62%	61%	53%	46%	61%	49%	48%	50%	52%
Primary care doctors who thought it was <b>easy</b> or <b>very easy</b>											
To coordinate their patient's care with social services or other community providers when needed (e.g., housing, meals, transportation).	32%	34%	55%	37%	36%	32%	32%	45%	35%	35%	41%

## Compared with the CMWF average results

● Above average  
 ● Same as average  
 ● Below average

# Inefficiencies resulting from poor coordination high in Canada and across most countries

During the past month, the following has occurred with at least one of their patients	Canada	CMWF average
 <p>A patient's medical record or other relevant clinical information was not available at the time of the patient's scheduled visit</p>	 <p>61%</p>	 <p>65%</p>
 <p>Tests or procedures had to be repeated because results were unavailable</p>	 <p>28%</p>	 <p>30%</p>
 <p>A patient experienced problems because care was not well-coordinated across multiple sites or providers</p>	 <p>50%</p>	 <p>53%</p>

## Compared with the CMWF average results

 Above average 
  Same as average 
  Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

# How do the provinces compare?

Primary care doctors in most provinces report fewer or the same amount of inefficiencies resulting from poor coordination compared with the international average.

During the past month, the following occurred with at least one of their patients:

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
A patient's medical record or other relevant clinical information was not available at the time of the patient's scheduled visit	63%	55%	59%	60%	57%	69%	61%	56%	49%	61%	65%
Tests or procedures had to be repeated because results were unavailable	31%	24%	34%	39%	25%	34%	19%	18%	21%	28%	30%
A patient experienced problems because care was not well-coordinated across multiple sites or providers	52%	53%	47%	47%	49%	55%	42%	40%	39%	50%	53%

## Compared with the CMWF average results

● Above average  
 ● Same as average  
 ● Below average

Interpretation note: Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

## How organization of practice influences care

How Canadian doctors are practising

Primary care models and coordination of care

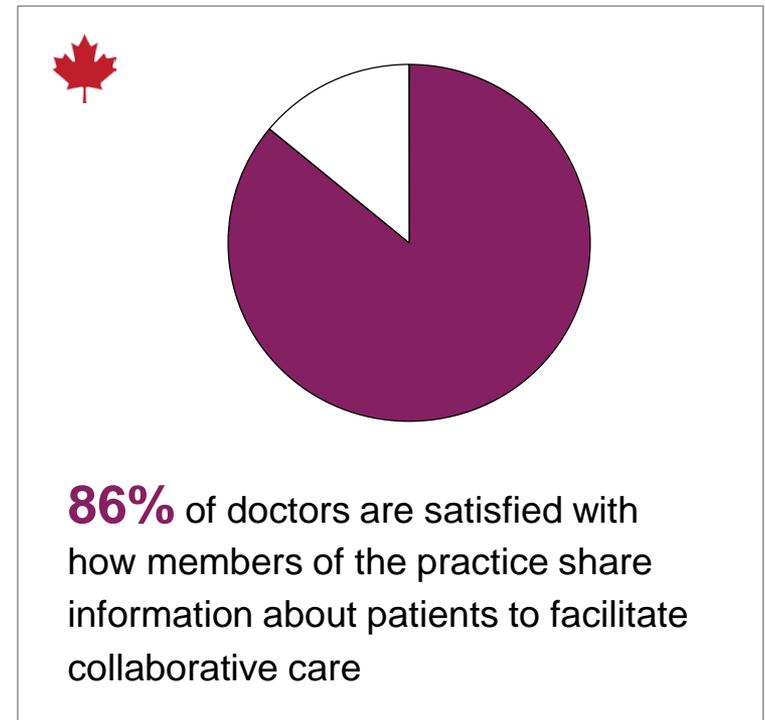
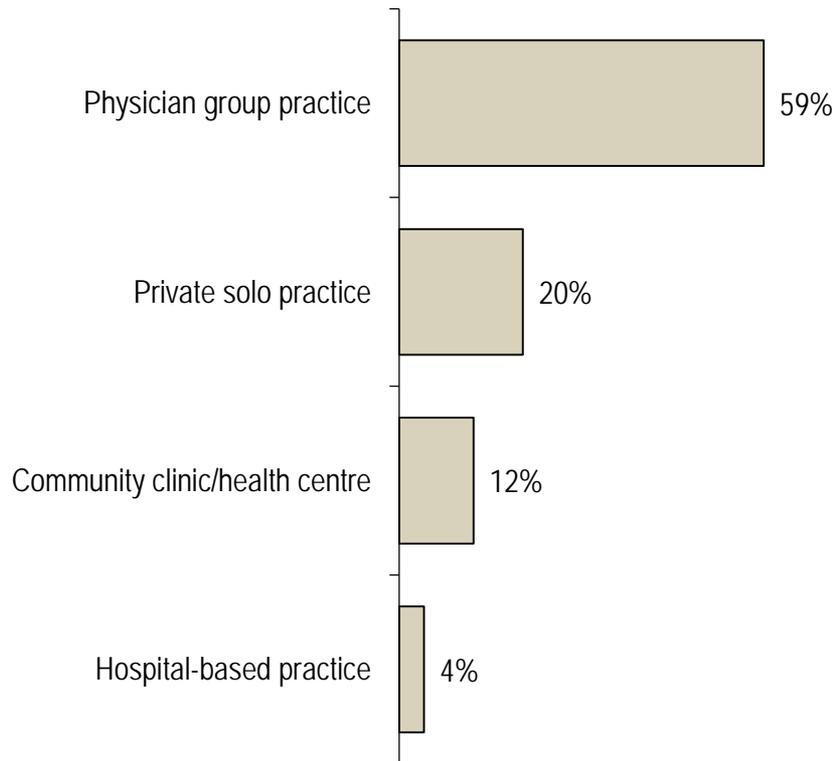
Primary care models and electronic medical records

Primary care models and access to care

# How Canadian doctors are practising

**59%**

of Canadian primary care doctors work in a practice with other physicians.



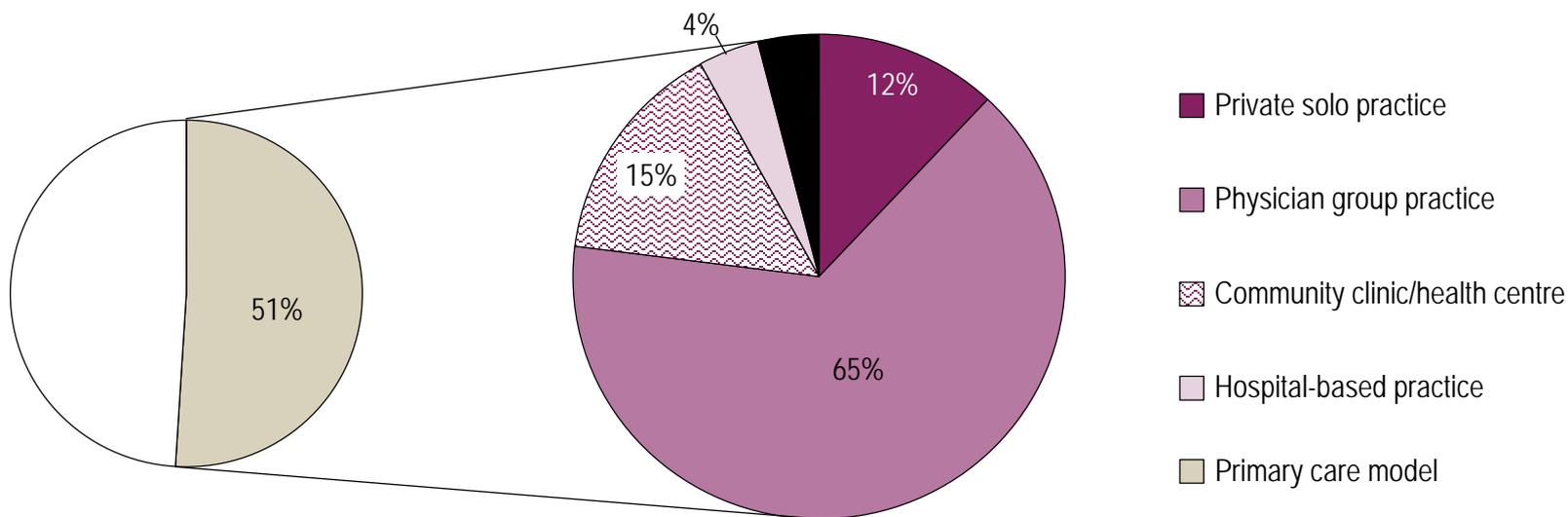
# How Canadian doctors are practising

# 51%

of Canadian primary care doctors work in a practice that is part of a primary care model supported by public funding.\*



These practices are arranged in a variety of formats, with **12%** of doctors the sole physician in the team.



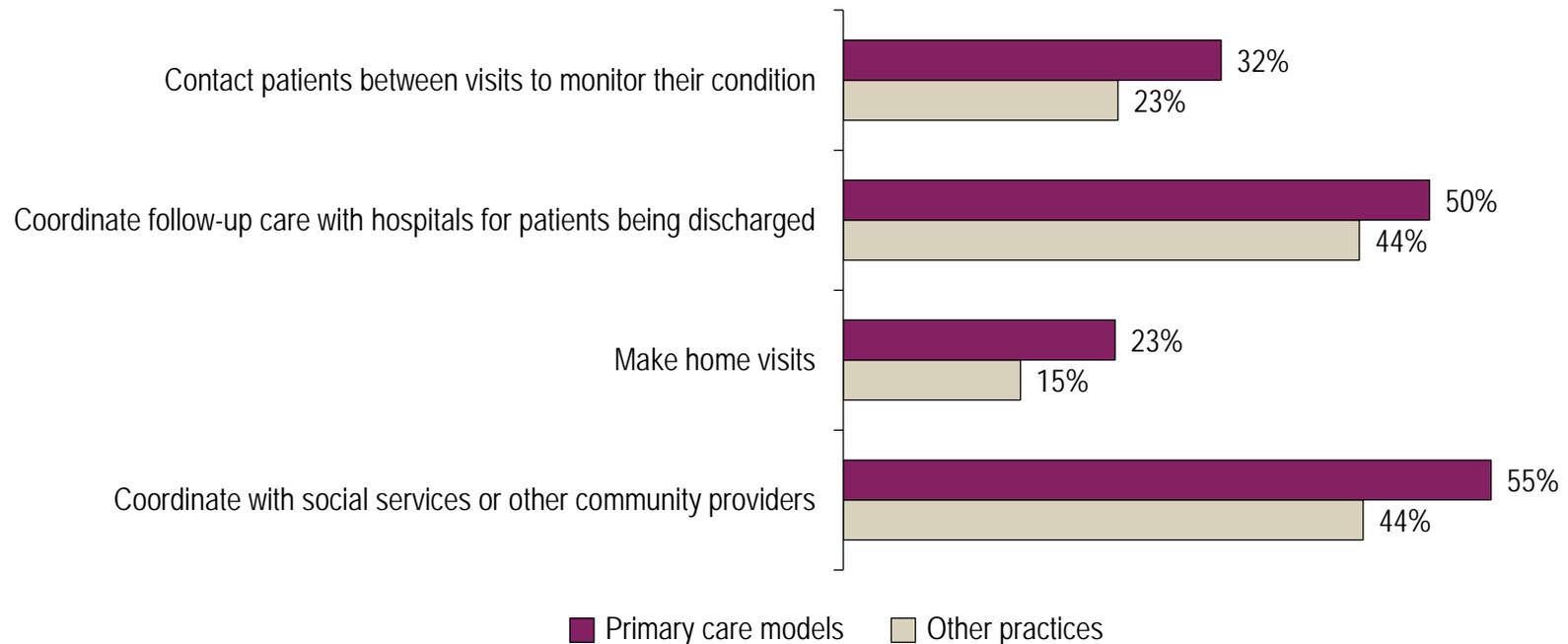
\* Examples include groupes de médecine de famille (GMFs) or cliniques-réseau in Quebec, family health teams in Ontario, and primary care networks or family care clinics in Alberta. (Provincial breakdowns are provided in the appendix.)

# Primary care models and coordination of care

Physicians who work in primary care models supported by public funding report better coordination of care and follow-up for their patients.



## Physicians/other personnel who frequently

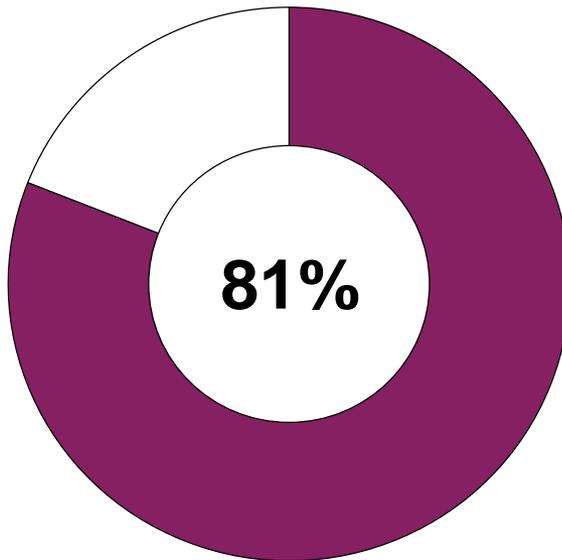


# Primary care models and electronic medical records

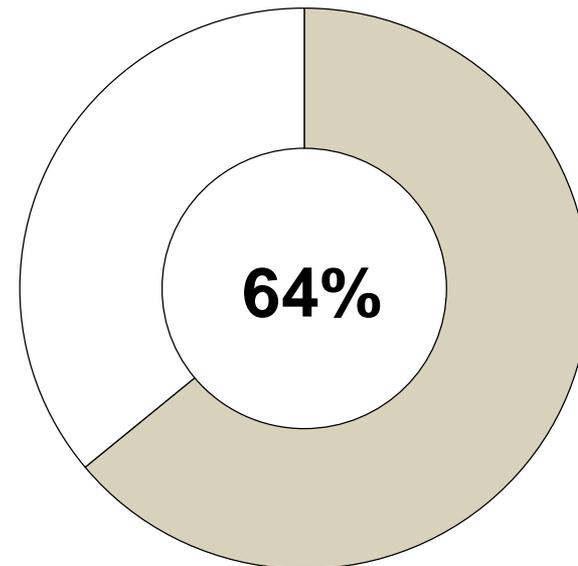
Physicians who work in primary care models supported by public funding use electronic medical records more often.



Primary care models



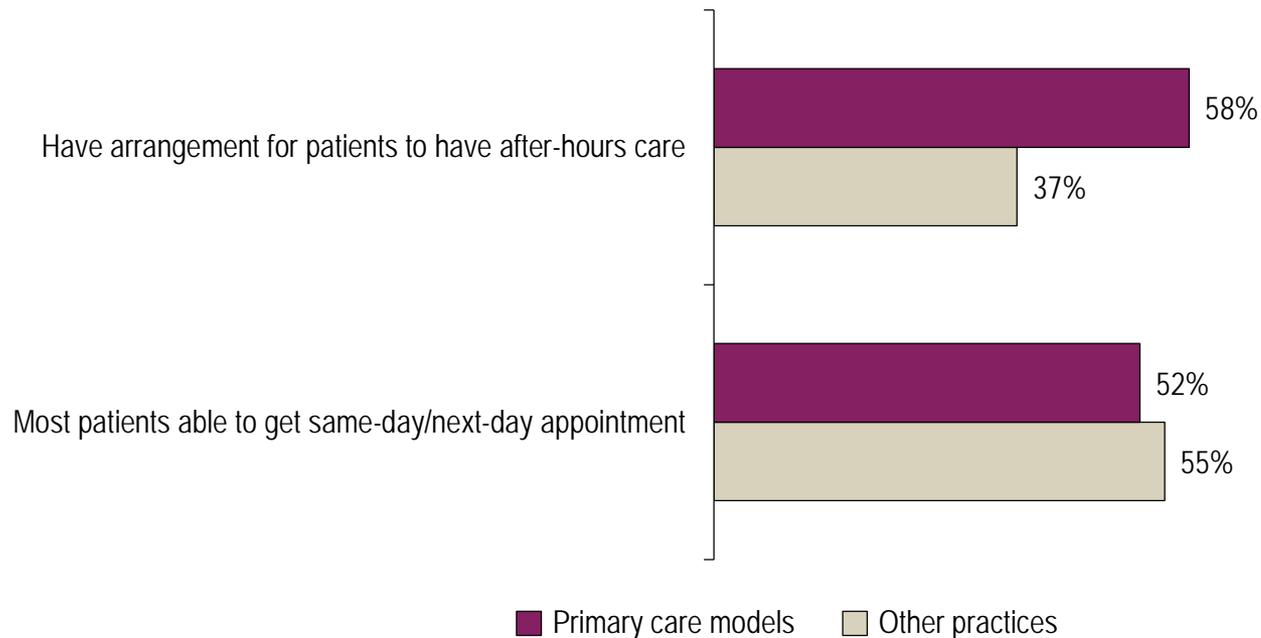
Other practices



# Primary care models and access to care



Physicians in primary care models supported by public funding offer better access to after-hours care, but timeliness of care remains a challenge regardless of the delivery model.



## IT adoption

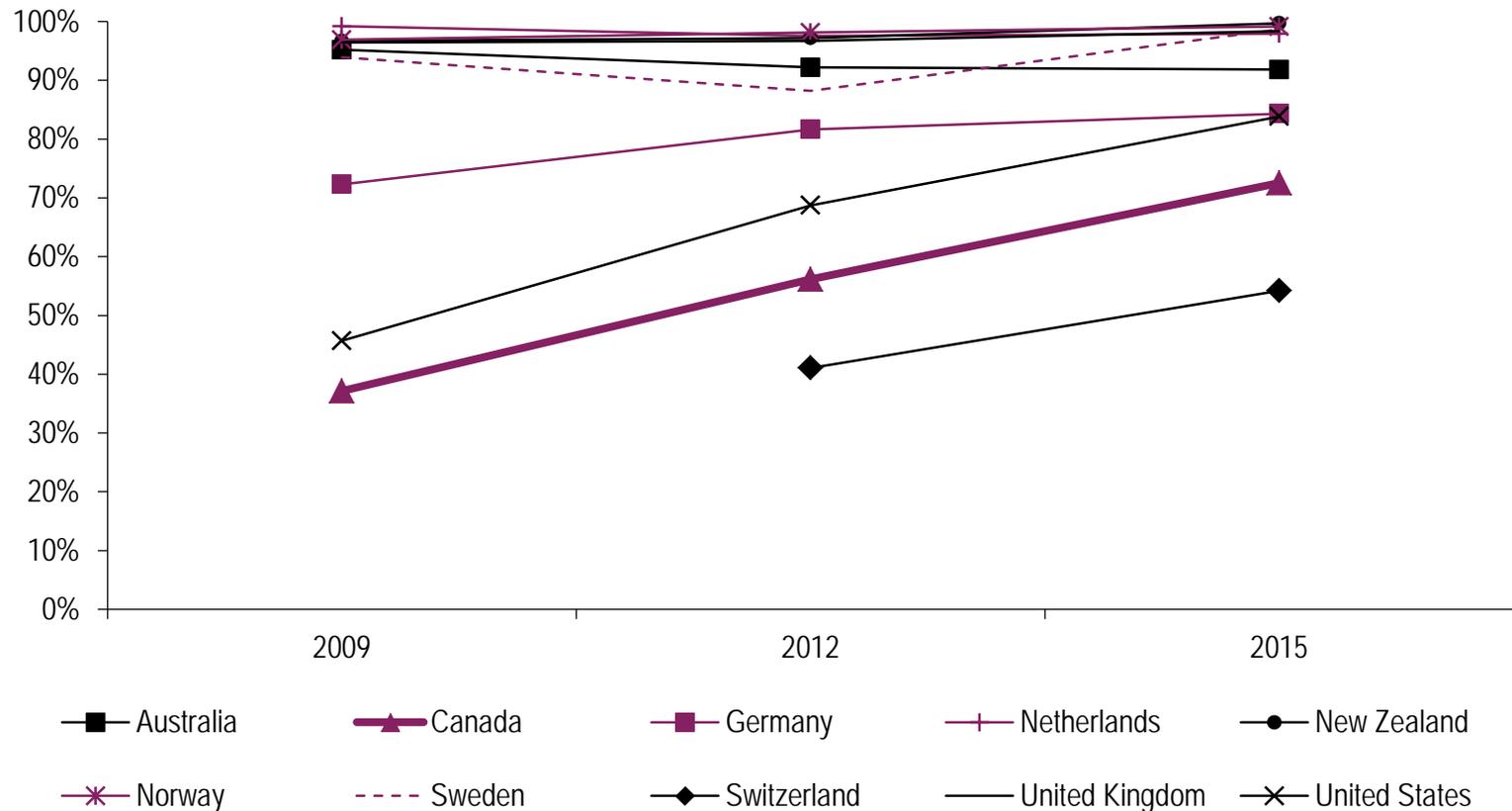
Use of electronic medical records (EMRs)

Computerized care decision support

Electronic communication for patients

# EMR use catching up in Canada

Use of EMRs has more than doubled since 2009, but Canada is still below the international average.



# How do the provinces compare?



With the exception of a few Western provinces, the adoption of patient EMRs is below the international average in Canada.

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Proportion of primary care doctors who use patient EMRs in their practices (not including billing systems)	82%	85%	83%	73%	78%	60%	40%	71%	36%	73%	88%

### Compared with the CMWF average results

- Above average
- Same as average
- Below average

# Canadian doctors less likely to make full use of EMRs to manage care and population health

Of doctors who use EMRs, practice can electronically generate at least 2 of the following, by category:		Canada	CMWF average
<b>Population health management</b>	• List of patients by diagnosis		
	• List of patients who are due or overdue for tests or preventive care		
	• List of all patients taking a particular medication		
<b>Patient care management</b>	• List of all medications taken by an individual patient		
	• List of all laboratory results for an individual patient		
	• Clinical summary for each visit to give to the patient		

## Compared with the CMWF average results

 Above average 
  Same as average 
  Below average

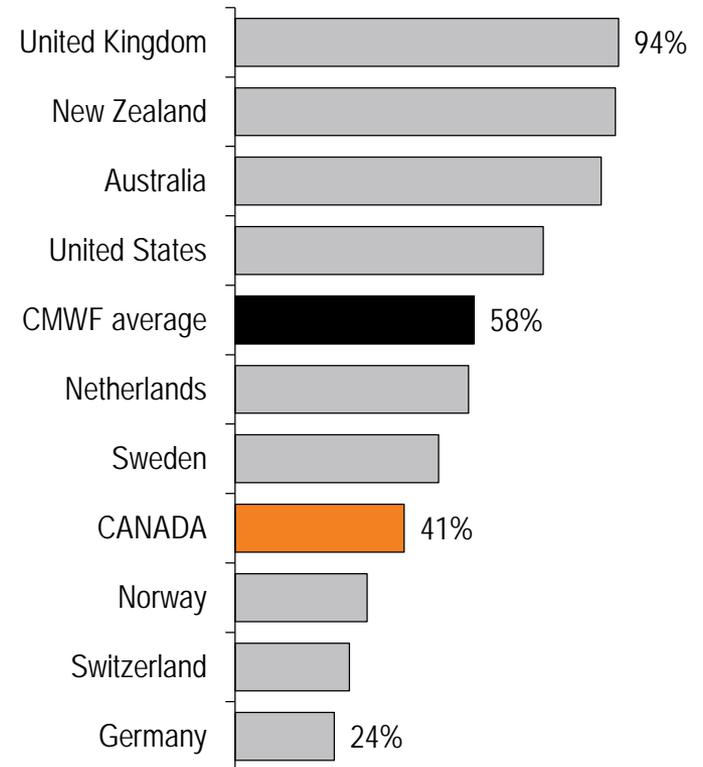
# EMRs less often used in Canada to support quality of care decisions



Of those who use EMRs, proportion of physicians who **routinely** use a computerized system for at least 2 of the following:

- Electronic alert or prompt about a potential problem with drug dose or drug interaction
- Reminder notices for patients when it is time for regular preventive or follow-up care
- Alert or prompt to provide patients with test results
- Reminder for guideline-based interventions and/or screening tests

## How does Canada compare (2015)?



# How do the provinces compare?



EMR functionality underutilized in most primary care clinics compared with the international average.

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Of those who use patient EMRs											
At least 2 patient care management uses	76%	79%	83%	72%	70%	71%	63%	80%	52%	73%	78%
At least 2 population health management uses	84%	73%	67%	65%	82%	33%	68%	74%	47%	69%	77%
At least 2 quality decision-support uses	42%	36%	51%	39%	62%	9%	29%	35%	20%	41%	58%

## Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

# Electronic communication with patients



Only a small fraction of Canadian practices offer electronic communication with patients.



	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.
Proportion of practices that offer the following means of electronic communication with patients:										
Request appointments or referrals online	10%	18%	14%	11%	12%	9%	5%	7%	4%	11%
Request refills for prescriptions online	3%	7%	15%	10%	10%	6%	3%	5%	2%	7%
View test results on a secure website	36%	22%	22%	17%	13%	11%	12%	11%	21%	18%

## Compared with the Canadian average results

● Above average 
 ● Same as average 
 ● Below average 
 

# Performance measurement

Measuring patient outcomes and experience

Monitoring preventive care

Performance measurement against  
benchmarks and peers

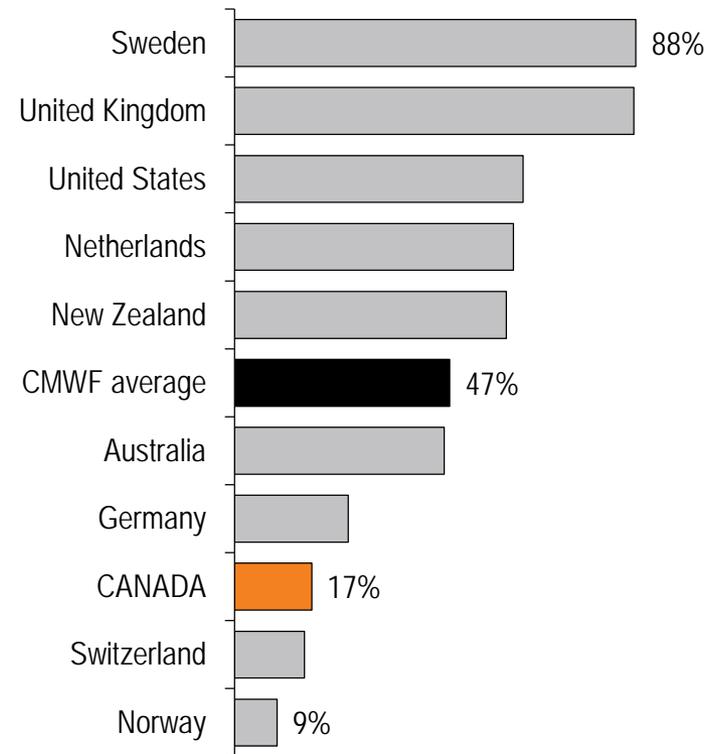
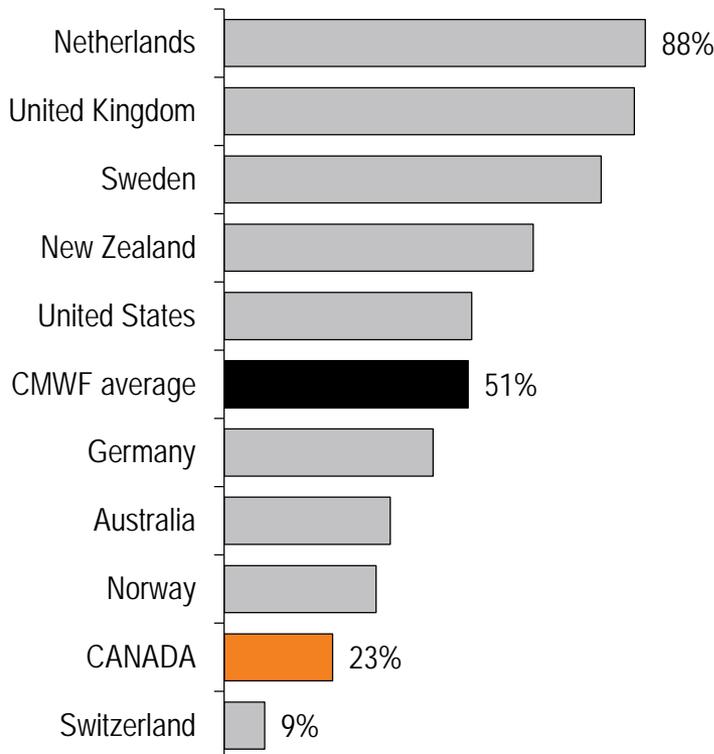
# Canadian primary care doctors less than half as likely to measure patient outcomes or experiences



Measure clinical outcomes such as percentage of patients with diabetes or asthma with good control

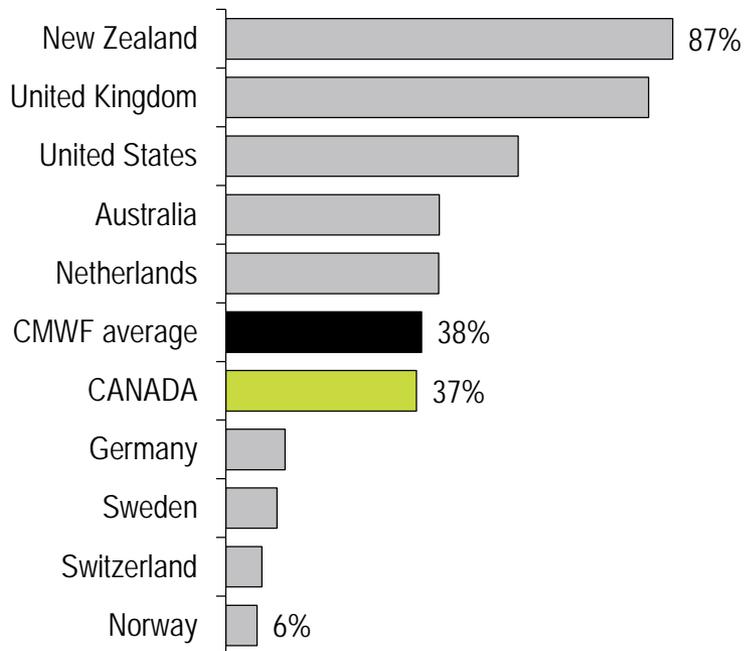


Survey patient satisfaction and experiences with care

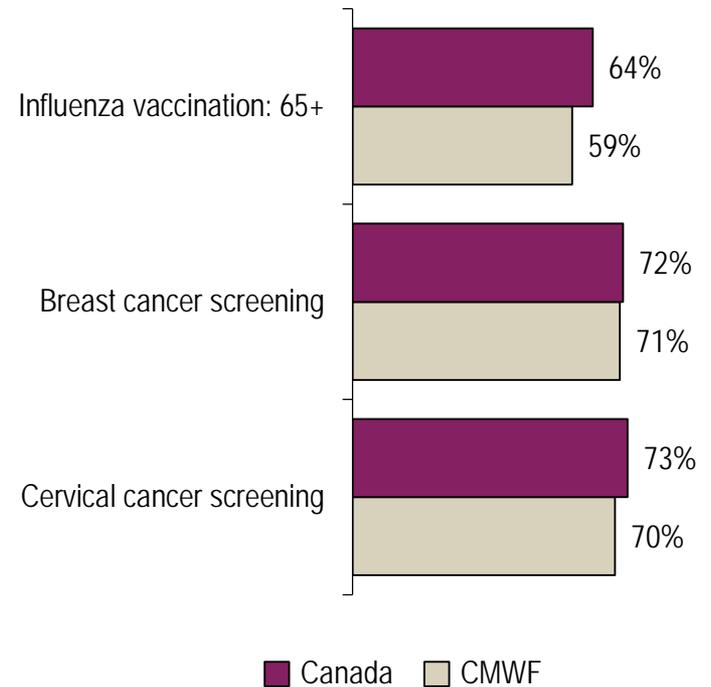


# Monitoring preventive care similar to international average; slightly better in results for patients

Practices that routinely review data on how many of their patients receive recommended preventive care



Proportion of patients receiving recommended preventive care, 2013 or nearest year



Source: OECD Health Statistics, 2015.

# How do the provinces compare?

Most provinces are below the CMWF average in receiving and reviewing data on clinical performance, though variation is substantial in preventive care monitoring.

Physicians who **routinely** receive and review data on

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Clinical outcomes	21%	23%	26%	26%	32%	9%	33%	23%	15%	23%	51%
Surveys of patient satisfaction and experiences with care	11%	21%	31%	23%	24%	7%	11%	19%	10%	17%	47%
Percentage of patients who have received recommended preventive care	32%	23%	25%	38%	72%	6%	13%	26%	22%	37%	38%

Compared with the CMWF average results

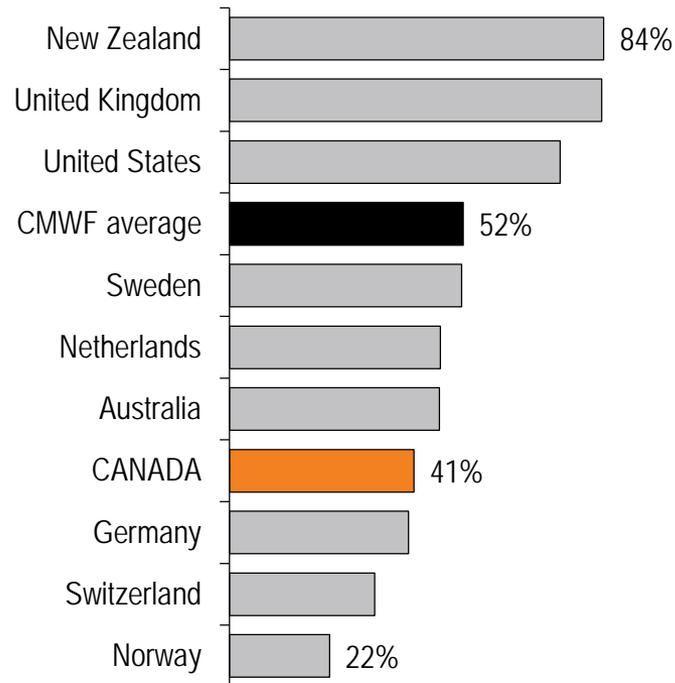
- Above average
- Same as average
- Below average

# Use of information for performance management not as common in Canada's primary care sector

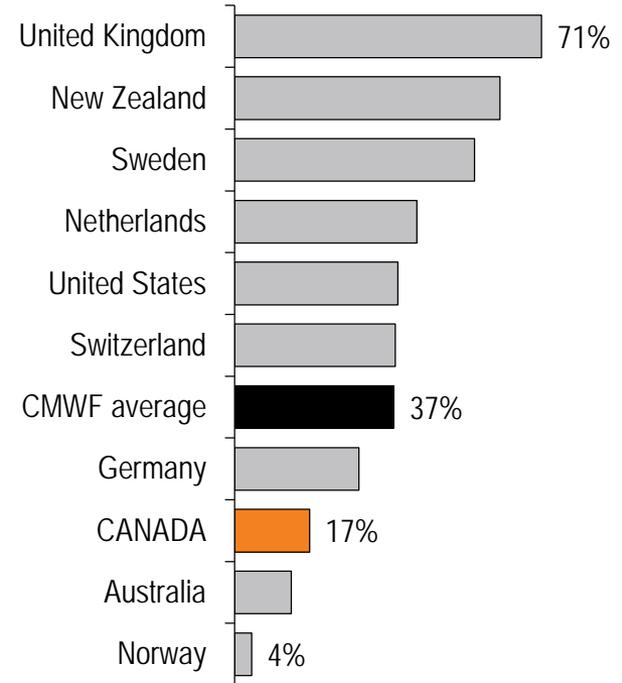


## Proportion of primary care doctors who

Have reviewed their own clinical performance against targets at least annually



**Routinely** receive information on how the clinical performance of their practice compares with that of other practices



# How do the provinces compare?

Most provinces are below the international average in use of performance measurement.

Proportion of primary care doctors who

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Can.	CMWF avg.
Have reviewed their own clinical performance against targets at least annually	45%	29%	42%	43%	65%	13%	38%	38%	33%	41%	52%
<b>Routinely</b> receive information on how the clinical performance of their practice compares with that of other practices	24%	8%	15%	20%	31%	1%	8%	17%	6%	17%	37%

Compared with the CMWF average results

● Above average 
 ● Same as average 
 ● Below average

# Acknowledgements and methodology notes

# Acknowledgements



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Bureau of Health Information (Australia); La Haute Autorité de Santé (France); the Caisse Nationale d'Assurance Maladie des Travailleurs Salariés (France); BQS Institute for Quality and Patient Safety (Germany); the German Federal Ministry of Health; the Dutch Ministry of Health, Welfare and Sport; the Scientific Institute for Quality of Healthcare, Radboud University Nijmegen (the Netherlands); the Norwegian Knowledge Centre for the Health Services; the Swedish Ministry of Health and Social Affairs; the Swiss Federal Office of Public Health; the Health Foundation (United Kingdom); and other country partners.

Within Canada, funding for an expanded Canadian sample was provided by the Canadian Institute for Health Information (CIHI), Canada Health Infoway, the Commissaire à la santé et au bien-être du Québec and Health Quality Ontario. In addition, funding from the Canadian Institutes of Health Research contributed to data quality analysis for this report and to the promotion of The Commonwealth Fund survey data among Canadian researchers.

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Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

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# Methodology notes



The Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians includes responses from doctors in 10 countries: Australia, Canada, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States. The 2015 survey was also conducted in France, but results were not ready in time for inclusion in this report.

More detailed [methodology notes](#), including a complete list of response rates from all countries surveyed, are available online.

In Canada, mail and online surveys were conducted from March through June 2015 by Social Science Research Solutions (SSRS). There were 2,284 respondents. Due to small sample sizes in Prince Edward Island and the 3 Canadian territories, these jurisdictions are not included in the provincial results. Sample sizes were further increased in Quebec and Ontario with funding from provincial organizations. The overall response rate in Canada was 31.7%.

Province/territory	Number of responses	Percentage distribution
<b>Newfoundland and Labrador</b>	166	7%
<b>Prince Edward Island</b>	4	0%
<b>Nova Scotia</b>	173	8%
<b>New Brunswick</b>	180	8%
<b>Quebec</b>	455	20%
<b>Ontario</b>	558	24%
<b>Manitoba</b>	183	8%
<b>Saskatchewan</b>	189	8%
<b>Alberta</b>	179	8%
<b>British Columbia</b>	196	9%
<b>Yukon</b>	1	0%
<b>Total</b>	<b>2,284</b>	<b>100%</b>

# Methodology notes (cont'd)



## Weighting of results

The survey data for Canada was first weighted within each of the 10 provinces by age and gender. Data was subsequently weighted by province to reflect Canada's primary care physician distribution. Benchmarks for physician distribution were derived from the CMA Masterfile, January 2015, Canadian Medical Association.

## Averages and trends

For this report, The Commonwealth Fund average was calculated by adding the results from the 10 countries (France excluded) and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results). Except where otherwise noted, results were compared over time using data from previous CMWF surveys of primary care doctors.

# Appendix

# Demographics



	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.
<b>Gender</b>											
Male (%)	52	54	62	57	53	41	49	55	75	61	52
Female (%)	48	46	38	43	47	58	51	45	25	39	48
<b>Age</b>											
Younger than 35 (%)	13	15	18	11	10	23	23	8	25	14	15
35–44 (%)	17	24	28	27	23	22	22	17	50	35	23
45–54 (%)	30	26	25	26	26	20	23	31	0	19	25
55–64 (%)	27	22	14	22	26	23	21	31	0	21	24
65 and older (%)	12	12	15	13	15	11	10	14	25	10	13

# Demographics (cont'd)



## Practice location

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.
<b>City (%)</b>	55	64	41	56	57	46	36	38	0	31	49
<b>Suburb (%)</b>	14	8	5	6	16	18	3	9	0	5	12
<b>Small town (%)</b>	12	16	23	11	18	18	29	31	75	27	20
<b>Rural area (%)</b>	19	10	29	25	8	16	31	21	25	36	19

# Practice type and organization



## Practice type

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.
<b>Private solo practice (%)</b>	17	12	15	16	23	10	52	30	50	16	20
<b>Physician group practice (%)</b>	66	76	52	53	62	54	29	50	0	51	56
<b>Community clinic/ health centre (%)</b>	10	6	24	22	9	16	11	13	50	20	14
<b>Hospital-based practice (%)</b>	2	2	4	5	1	15	2	1	0	8	5

## Practice organization

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	Can.
<b>Primary care model (%)</b>	11	80	33	22	65	63	14	16	50	11	43

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