



Accessible
Report

How Canada Compares

Results From The Commonwealth Fund's
2017 International Health Policy Survey
of Seniors



Canadian Institute
for Health Information

Institut canadien
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Executive summary

Health of Canadian seniors

- 8 out of 10 Canadian seniors — a higher proportion than the international average — rate their health as excellent, very good or good.
- However, many Canadian seniors face problems with their health and well-being, more so than seniors in other countries. A third live with at least 3 chronic conditions, 32% take 5 or more regular medications and 14% face a mental health problem such as depression or anxiety.
- 9% of Canadian seniors worry about not having enough money to buy nutritious meals or to pay for housing or other bills; this proportion is similar in other countries. 18% cannot pay for dental care, higher than the international average.

Perceived quality of health care

- Canada continues to perform below the international average (76%), with only two-thirds of Canadian seniors (67%) being satisfied with the overall quality of the health care they received; however, they report better experiences with their primary health care provider than the international average.

Access to primary health care

- Canada continues to perform below the international average for timely access to primary health care (44%), with almost two-thirds (59%) of seniors unable to get a same- or next-day appointment.
- Close to two-thirds (62%) of Canadian seniors had difficulty getting medical care after hours without going to the hospital emergency department (ED). Consequently, almost a third (31%) reported that the last time they went to the ED, it was for a condition that could have been treated by their regular doctor.

Primary health care

- Generally, Canadians report better experiences with their primary health care provider than the international average, with respect to their regular doctor knowing their medical history, involving them in medical decisions, spending enough time with them and encouraging them to ask questions.
- When it comes to managing the complex medical needs of seniors, the majority of Canadian seniors (82%) — more than the international average — had a medication review within the past 12 months as well as a treatment plan for their chronic conditions.

- Only 65% have a health care professional they can easily contact to ask a question between doctor visits, and even fewer (14%) have a health care professional contacting them between doctor visits; both of these proportions are below the international average.
- While better than the international average, 59% of Canadian seniors are not very confident in managing their own health problems.
- Canadian seniors are more likely to discuss healthy lifestyle choices with their care providers, but gaps remain. For instance, close to half did not discuss a healthy diet or exercise.

Coordination

- Well-coordinated care is especially important for seniors. 1 out of 7 seniors saw at least 4 doctors in the previous 12 months. Primary health care providers play an essential role in both providing and coordinating care. 82% of Canadian seniors said their regular doctor helps coordinate care from other places, which is above the international average.
- Some Canadian seniors face coordination problems. 12% said medical test results were unavailable at their appointment, 11% had received conflicting information from different health care providers and 8% thought a medical mistake had been made in their treatment or care. For the most part, these results are similar to the international average.

Specialist care

- Results suggest that access to and coordination of specialist care could be improved. Canadian seniors had the longest wait times for specialists, with 3 out of 5 waiting at least 4 weeks for an appointment.
- As well, 5% of seniors said their specialist did not have basic medical information from their regular doctor, while 13% said their regular doctor did not seem informed about the specialist care they'd received. Both results are close to the international average.

Hospital care

- Although Canada's results are very similar to the international average, gaps remain in communication and hospital discharge planning for seniors. 1 out of 5 did not receive written information on what to do after discharge or did not have follow-up care arranged. One-quarter of seniors (27%) did not have someone review the purpose of each of their medications with them.
- 1 out of 10 Canadian seniors said that their regular doctor did not seem informed about their hospital care.

Home care (Canada only)

- 11% of Canadian seniors had help with certain activities of daily living; most of them (4 out of 5) received it from a family member or friend.
- 1% of Canadian seniors reported needing help with activities of daily living but not receiving it.
- 6% of Canadian seniors received publicly funded home care services. The majority were satisfied with the services received and with the coordination between their home care provider and their regular health care professional. They felt these services helped them stay at home.
- 3% of Canadian seniors felt they needed publicly funded home care services but did not receive them.

End-of-life planning and medical assistance in dying

- More Canadian seniors have engaged in end-of-life care planning than seniors in other countries. Approximately two-thirds have discussed their end-of-life care wishes with someone (66%) and have documented a substitute decision-maker (63%). In contrast, less than half (44%) have a written plan or document describing their end-of-life care wishes.
- For the first time, survey respondents were asked about medical assistance in dying (MAID). 12% of Canadian seniors or a family member have talked to a health care provider about access to MAID, and 64% are confident or very confident that they would be able to obtain MAID in their community if they were eligible and wished to receive it. (Canada only)

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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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About this report

The 2017 edition of The Commonwealth Fund International Health Policy Survey focused on the views and experiences of seniors (age 65 and older) in 11 developed countries. This report highlights the Canadian story of seniors' interactions with their health system, and it examines how these experiences vary across Canada relative to comparator countries and how they are changing over time.

Supplementary data tables are available online. These show more detailed responses to the questions presented here as well as some additional questions not covered in this report. Full data sets of the survey results are available to researchers upon request by writing to cmwf@cihi.ca. As well, a chartbook version of this report with visuals is available on CIHI's website.

Interpreting results

CIHI applied statistical methods to determine whether Canadian and provincial results were significantly different from the international average of 11 countries. Results are described throughout the report as above average, same as average or below average.

Above-average results are more desirable relative to the international average, while below-average results often indicate areas for improvement.

New in this year's report: predictive analysis was conducted for Canada to identify significant relationships between survey questions.

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 with different significance testing relative to the international average.

In conducting the survey, efforts were made to ensure a representative and diverse sample that covers the target population — adults age 65 and older in Canada. The sampling design for the Canadian survey covered more than 95% of in-service landline numbers, including telephone numbers of people in long-term care residential facilities. However, a potential bias may exist, given that the survey excludes seniors who were physically or cognitively unable to complete the survey at the time it was conducted. This caveat applies to the other countries as well.

The most robust samples are in Quebec and Ontario because of the additional funding provided from these provinces. The overall response rate for the survey in Canada was 23.2%, for a total of 4,549 respondents.

Some of the questions were part of the Canadian survey only and were not asked in other countries. International comparison is therefore not possible. Findings for these questions are labelled "Canada only" in this report.

To provide additional context, this report also references information from CIHI and other sources. References can be found at the end of the report.

Setting the context: Patients' interactions with their health system

Delivering patient-centred care is a health system goal in Canada and many other developed countries. By comparing Canadian seniors' experiences and interactions across their health care system with those of seniors in 10 other developed countries, this report provides important perspective on how well health systems in Canada are meeting the needs and expectations of seniors.

At the centre of the patient's interactions is the primary health care physician who provides essential care, as well as necessary coordination across various components of a health care system, including specialist care, hospital care, home care and end-of-life planning. This report provides information on the experience of seniors with each of these components.

Patients' experiences with their health system

The report is organized in a way that reflects how patients interact with their health system. First, it describes the health of Canadian seniors, followed by their overall perceived quality of health care. Next, it examines access to primary health care and the primary health care experience. Then coordination between primary health care providers and different components of a health system, such as specialist care, hospital care, home care and end-of-life planning, is analyzed, as is the care experience overall.

Health of Canadian seniors

Key findings

- 8 out of 10 Canadian seniors — a higher proportion than the international average — rate their health as excellent, very good or good.
- However, many Canadian seniors face problems with their health and well-being, more so than seniors in other countries. A third live with at least 3 chronic conditions, 32% take 5 or more regular medications and 14% face a mental health problem such as depression or anxiety.
- 9% of Canadian seniors worry about not having enough money to buy nutritious meals or to pay for housing or other bills; this proportion is similar in other countries. 18% cannot pay for dental care, higher than the international average.

Canadian seniors have better self-perceived health than seniors in most other countries

Percentage of respondents who described their own health as excellent, very good or good: Country results from highest to lowest

New Zealand, 88%; Canada, 81% (above average); Australia, 81%; Switzerland, 79%; United Kingdom, 76%; Commonwealth Fund average, 75%; United States, 73%; Sweden, 73%; Norway, 71%; France, 70%; Netherlands, 67%; Germany, 62%

In the 2014 Commonwealth Fund survey, older Canadians (age 55+) gave similar answers to the same question, and Canada's placement among other countries was also similar.¹

Predictors of positive self-perceived health status include

- Fewer chronic conditions;
- High level of confidence in managing health problems; and
- Higher income.

Provincial snapshot: Self-reported health excellent, very good or good

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Percentage of respondents who described their own health as excellent, very good or good: Province results from east to west

Newfoundland and Labrador, 80% (same as average); Prince Edward Island, 76% (same as average); Nova Scotia, 82% (above average); New Brunswick, 74% (same as average); Quebec, 80% (above average); Ontario, 80% (above average); Manitoba, 83% (above average); Saskatchewan, 83% (above average); Alberta, 84% (above average); British Columbia, 84% (above average); Canada, 81% (above average); Commonwealth Fund average, 75%

Canadian seniors have more chronic conditions than seniors in most other countries

Table 1 Percentage of seniors who have 3 or more, 2, 1 or 0 chronic conditions,* by country

| Country | 3 or more | 2 | 1 | 0 |
|---------------------------|-----------|-----|-----|-----|
| New Zealand | 19% | 23% | 30% | 28% |
| Netherlands | 20% | 22% | 33% | 25% |
| Norway | 20% | 28% | 31% | 21% |
| Switzerland | 24% | 25% | 31% | 20% |
| France | 24% | 27% | 28% | 21% |
| Australia | 27% | 26% | 26% | 21% |
| Commonwealth Fund average | 27% | 26% | 28% | 19% |
| Germany | 29% | 27% | 27% | 18% |
| Sweden | 30% | 28% | 27% | 16% |
| United Kingdom | 30% | 25% | 29% | 15% |
| Canada | 33% | 26% | 26% | 14% |
| United States | 44% | 26% | 20% | 11% |

Notes

* Chronic conditions include the following: hypertension or high blood pressure; heart disease, including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema or chronic obstructive pulmonary disease; depression, anxiety or other mental health problems; cancer; joint pain or arthritis; stroke.

Totals may not add to 100% due to rounding.

Canadian seniors have a median of 2 chronic conditions. Those with 3 or more chronic conditions

- Saw more doctors;
- Had more hospital visits;
- Used the ED more;
- Had worse emotional health; and
- Had worse self-rated health.

More Canadian seniors take 5 or more medications regularly than seniors in most other countries

Table 2 Percentage of seniors who take 5 or more, 2 to 4, 1 or 0 different prescription medications on a regular or ongoing basis, by country

| Country | 5 or more | 2 to 4 | 1 | 0 |
|---------------------------|-----------|--------|-----|-----|
| France | 12% | 50% | 22% | 16% |
| Switzerland | 19% | 46% | 17% | 18% |
| New Zealand | 19% | 42% | 16% | 22% |
| Norway | 20% | 45% | 18% | 18% |
| Australia | 21% | 49% | 14% | 16% |
| Commonwealth Fund average | 26% | 43% | 15% | 16% |
| Germany | 27% | 42% | 15% | 17% |
| Sweden | 28% | 41% | 14% | 17% |
| Netherlands | 29% | 38% | 14% | 19% |
| Canada | 32% | 42% | 13% | 13% |
| United Kingdom | 35% | 39% | 12% | 14% |
| United States | 42% | 37% | 9% | 12% |

Note

Totals may not add to 100% due to rounding.

Canadian seniors take a median number of 3 different prescription medications on a regular basis. Similar findings were seen in the Canadian Health Measures Survey, 2007 to 2011:²

Table 3 Percentage of seniors who take medications regularly

| Number of medications taken regularly | Percentage of seniors age 65 to 79 |
|---------------------------------------|------------------------------------|
| 1 | 13% |
| 2 to 4 | 40% |
| 5 or more | 30% |

Source

Rotermann M, et al.; Statistics Canada. [Prescription medication use by Canadians aged 6 to 79](#). Accessed November 6, 2017.

Provincial snapshot: Chronic conditions

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who had at least 1 chronic condition: Province results from east to west

Newfoundland and Labrador, 90% (below average); Prince Edward Island, 83% (same as average); Nova Scotia, 88% (below average); New Brunswick, 86% (same as average); Quebec, 80% (same as average); Ontario, 89% (below average); Manitoba, 83% (same as average); Saskatchewan, 85% (same as average); Alberta, 91% (below average); British Columbia, 85% (same as average); Canada, 86% (below average); Commonwealth Fund average, 81%

Percentage of respondents who had at least 3 chronic conditions: Province results from east to west

Newfoundland and Labrador, 48% (below average); Prince Edward Island, 35% (below average); Nova Scotia, 46% (below average); New Brunswick, 36% (below average); Quebec, 26% (same as average); Ontario, 36% (below average); Manitoba, 25% (same as average); Saskatchewan, 36% (below average); Alberta, 33% (same as average); British Columbia, 37% (below average); Canada, 33% (below average); Commonwealth Fund average, 27%

Percentage of respondents who take at least 5 different prescription medications regularly: Province results from east to west

Newfoundland and Labrador, 40% (below average); Prince Edward Island, 29% (same as average); Nova Scotia, 31% (same as average); New Brunswick, 39% (below average); Quebec, 36% (below average); Ontario, 33% (below average); Manitoba, 24% (same as average); Saskatchewan, 33% (below average); Alberta, 32% (same as average); British Columbia, 20% (same as average); Canada, 32% (below average); Commonwealth Fund average, 26%

More Canadian seniors have depression, anxiety or other mental health problems than seniors in many other countries

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

Percentage of respondents who experienced depression: Country results from lowest to highest

Netherlands, 6%; Norway, 9%; Germany, 10%; New Zealand, 10%; Switzerland, 11%; France, 12%; Sweden, 12%; Commonwealth Fund average, 12%; Canada, 14% (below average); Australia, 14%; United Kingdom, 16%; United States, 20%

94% of those with depression, anxiety or other mental health problems also have other chronic medical conditions.

Emotional well-being in Canadian seniors

Proportion of seniors who experienced **emotional distress**, such as anxiety or great sadness, in the past 2 years, which they found difficult to cope with by themselves: yes, 19%; no, 81%

In 2016, 27% of the general population (age 18+) surveyed in Canada reported having experienced emotional distress.³

Proportion of seniors who **felt isolated** from others: often, 5%; some of the time, 12%; hardly ever or never, 83%

Importance of social connectedness⁴

- A senior's social network can positively influence healthy behaviours, such as successful smoking cessation or remaining active.
- Social isolation is associated with higher levels of depression and suicide.

Provincial snapshot: Emotional health in seniors

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who experienced depression: Province results from east to west

Newfoundland and Labrador, 14% (same as average); Prince Edward Island, 16% (same as average); Nova Scotia, 15% (same as average); New Brunswick, 17% (same as average); Quebec, 13% (same as average); Ontario, 15% (below average); Manitoba, 13% (same as average); Saskatchewan, 11% (same as average); Alberta, 17% (same as average); British Columbia, 15% (same as average); Canada, 14% (below average); Commonwealth Fund average, 12%

Percentage of respondents who experienced emotional distress, such as anxiety or great sadness, which they found difficult to cope with by themselves in the past 2 years: Province results from east to west

Newfoundland and Labrador, 20% (same as average); Prince Edward Island, 20% (same as average); Nova Scotia, 15% (same as average); New Brunswick, 20% (same as average); Quebec, 19% (same as average); Ontario, 20% (below average); Manitoba, 17% (same as average); Saskatchewan, 18% (same as average); Alberta, 16% (same as average); British Columbia, 20% (same as average); Canada, 19% (same as average); Commonwealth Fund average, 18%

Percentage of respondents who felt isolated some of the time or often: Province results from east to west

Newfoundland and Labrador, 18% (same as average); Prince Edward Island, 14% (above average); Nova Scotia, 14% (same as average); New Brunswick, 17% (same as average); Quebec, 18% (same as average); Ontario, 17% (same as average); Manitoba, 18% (same as average); Saskatchewan, 16% (same as average); Alberta, 11% (above average); British Columbia, 20% (same as average); Canada, 17% (above average); Commonwealth Fund average, 19%

1 out of 5 Canadian seniors provided care to someone living with age- or health-related problems at least once a week

Many of the seniors who provide care to others have high needs themselves:

- 2 out of 9 rated their health as fair or poor.
- 3 out of 9 had at least 3 chronic conditions.
- 3 out of 9 regularly used at least 5 prescription medications.
- 1 out of 9 needed help with daily activities.

2 out of 10 seniors who provided care to others received government help, such as occasional relief or respite care, financial support or tax credits to accommodate them in their caregiving duties (Canada only).

Income has an impact on the well-being of Canadian seniors

Table 4 Physical, emotional, social and financial well-being, low- and high-income groups

| Well-being characteristic | Annual household income of less than \$25,000 | Annual household income of more than \$55,000 |
|---|---|---|
| Described own health as fair or poor | 29% | 11% |
| Felt emotional distress in the past 2 years | 28% | 14% |
| Felt isolated from others some of the time or often | 29% | 8% |
| Needed someone to help with daily activities | 18% | 5% |
| Worried about having enough money for nutritious meals | 11% | 1% |
| Worried about having enough money for rent/mortgage | 12% | 1% |
| Worried about having enough money for other monthly bills | 13% | 1% |

9% of Canadian seniors were always or usually worried or stressed about having enough money, similar to the proportion in other countries.

Provincial snapshot: Material hardship

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who answered “not applicable.”

Percentage of respondents who were always or usually worried or stressed about having enough money to buy nutritious meals: Province results from east to west

Newfoundland and Labrador, 6% (same as average); Prince Edward Island, 5% (same as average); Nova Scotia, 7% (same as average); New Brunswick, 2% (above average); Quebec, 4% (same as average); Ontario, 5% (same as average); Manitoba, 6% (same as average); Saskatchewan, 4% (same as average); Alberta, 6% (same as average); British Columbia, 7% (same as average); Canada, 5% (same as average); Commonwealth Fund average, 5%

Percentage of respondents who were always or usually worried or stressed about having enough money to pay the rent or mortgage: Province results from east to west

Newfoundland and Labrador, 4% (same as average); Prince Edward Island, 4% (same as average); Nova Scotia, 4% (same as average); New Brunswick, 3% (same as average); Quebec, 4% (same as average); Ontario, 5% (same as average); Manitoba, 4% (same as average); Saskatchewan, 8% (same as average); Alberta, 3% (same as average); British Columbia, 3% (same as average); Canada, 4% (same as average); Commonwealth Fund average, 4%

Percentage of respondents who were always or usually worried or stressed about having enough money to pay other monthly bills: Province results from east to west

Newfoundland and Labrador, 6% (same as average); Prince Edward Island, 6% (same as average); Nova Scotia, 9% (below average); New Brunswick, 4% (same as average); Quebec, 4% (same as average); Ontario, 6% (below average); Manitoba, 4% (same as average); Saskatchewan, 7% (same as average); Alberta, 5% (same as average); British Columbia, 4% (same as average); Canada, 5% (same as average); Commonwealth Fund average, 5%

Canadian seniors with low income face more cost barriers

Table 5 Cost barriers faced, low- and high-income groups

| Cost barrier | Annual household income of less than \$25,000 | Annual household income of more than \$55,000 |
|---|---|---|
| Did not fill a prescription or skipped doses of medicine because of cost | 9% | 1% |
| Had a medical problem but did not visit doctor because of cost | 5% | 1% |
| Skipped medical test, treatment or follow-up that was recommended by doctor because of cost | 7% | 1% |
| Did not visit dentist when needed to because of cost | 27% | 8% |
| Had problems or was unable to pay medical bills in the past 12 months | 8% | 2% |

Average spending in households headed by seniors:⁵ prescriptions, \$646; health care services, \$273; dental services, \$417

Provincial snapshot: Cost barriers to care in the past 12 months

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who answered “not applicable.”

Percentage of respondents who did not fill a prescription for medicine or skipped doses of their medicine because of the cost: Province results from east to west

Newfoundland and Labrador, 6% (same as average); Prince Edward Island, 6% (same as average); Nova Scotia, 4% (same as average); New Brunswick, 5% (same as average); Quebec, 3% (same as average); Ontario, 5% (same as average); Manitoba, 6% (same as average); Saskatchewan, 6% (same as average); Alberta, 4% (same as average); British Columbia, 9% (below average); Canada, 5% (same as average); Commonwealth Fund average, 4%

Percentage of respondents who had a medical problem but did not visit a doctor because of the cost: Province results from east to west

Newfoundland and Labrador, 2% (above average); Prince Edward Island, 1% (above average); Nova Scotia, 2% (above average); New Brunswick, 5% (same as average); Quebec, 3% (same as average); Ontario, 3% (above average); Manitoba, 3% (same as average); Saskatchewan, 3% (same as average); Alberta, 3% (same as average); British Columbia, 3% (same as average); Canada, 3% (above average); Commonwealth Fund average, 4%

Percentage of respondents who skipped a medical test, treatment or follow-up that was recommended by a doctor because of the cost: Province results from east to west

Newfoundland and Labrador, 2% (above average); Prince Edward Island, 3% (same as average); Nova Scotia, 3% (same as average); New Brunswick, 4% (same as average); Quebec, 5% (same as average); Ontario, 3% (above average); Manitoba, 5% (same as average); Saskatchewan, 5% (same as average); Alberta, 2% (above average); British Columbia, 5% (same as average); Canada, 4% (above average); Commonwealth Fund average, 5%

Percentage of respondents who did not visit a dentist when they needed to because of the cost: Province results from east to west

Newfoundland and Labrador, 18% (below average); Prince Edward Island, 11% (same as average); Nova Scotia, 13% (same as average); New Brunswick, 16% (same as average); Quebec, 17% (below average); Ontario, 17% (below average); Manitoba, 15% (same as average); Saskatchewan, 13% (same as average); Alberta, 18% (below average); British Columbia, 21% (below average); Canada, 18% (below average); Commonwealth Fund average, 12%

Very few Canadian seniors use wearable devices or digital technologies to monitor their health (Canada only)

Percentage who used a smartphone, digital tablet or wearable device such as a watch or clip-on monitoring device to help monitor certain aspects of their health and well-being in the past 12 months: yes, using a device in partnership with a health care provider, 3%; yes, using a device by themselves, 11%; no, 85%

Note: Total does not add to 100% due to rounding.

Research from *Diffusion of Smart Devices in Canada* (2017):⁶

- 56% of seniors have heard of smart devices/wearables for health and well-being.
- Only 7% use one or more smart connected devices related to health and well-being.

Perceived quality of health care

Key findings

- Canada continues to perform below the international average (76%), with only two-thirds of Canadian seniors (67%) being satisfied with the overall quality of the health care they received; however, they report better experiences with their primary health care provider than the international average.

Fewer Canadian seniors were satisfied with the quality of the health care they received than seniors in other countries

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

Percentage of respondents who were completely or very satisfied with the quality of the health care they received during the past 12 months (excluding respondents who did not receive health care in the past year): Country results from highest to lowest

Switzerland, 84%; Norway, 83%; New Zealand, 82%; Sweden, 80%; United Kingdom, 76%; Commonwealth Fund average, 76%; Netherlands, 76%; Germany, 75%; United States, 75%; Australia, 72%; France, 68%; Canada, 67% (below average)

The opinions of older Canadians (age 55+) about their health systems haven't changed since 2014.¹

Canadians generally have high ratings for their regular physician but not for the overall system (2016).³

Table 6 General population's rating of medical care received from regular doctors and overall quality of medical care in the country, 2016

| Percentage who rated excellent or very good | Canada | Commonwealth Fund average | How Canada compared with Commonwealth Fund average |
|--|--------|---------------------------|--|
| The medical care that they received in the past 12 months from their regular doctor's practice or clinic | 74% | 65% | Above average |
| The overall quality of medical care in their country | 45% | 51% | Below average |

Provincial snapshot: Seniors who are completely or very satisfied with the quality of health care they received in the past 12 months

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who were completely or very satisfied with the quality of the health care they received during the past 12 months (excluding respondents who did not receive health care in the past year): Province results from east to west

Newfoundland and Labrador, 71% (same as average); Prince Edward Island, 69% (below average); Nova Scotia, 66% (below average); New Brunswick, 69% (same as average); Quebec, 55% (below average); Ontario, 73% (below average); Manitoba, 61% (below average); Saskatchewan, 75% (same as average); Alberta, 71% (same as average); British Columbia, 64% (below average); Canada, 67% (below average); Commonwealth Fund average, 76%

Access to primary health care

Key findings

- Canada continues to perform below the international average for timely access to primary health care (44%), with almost two-thirds (59%) of seniors unable to get a same- or next-day appointment.
- Close to two-thirds (62%) of Canadian seniors had difficulty getting medical care after hours without going to the hospital ED. Consequently, almost a third (31%) reported that the last time they went to the ED, it was for a condition that could have been treated by their regular doctor.

Access to primary health care in Canada is below Commonwealth Fund average

1 out of 8 Canadian seniors waited at least 2 weeks to see their regular doctor.

Table 7 Timely access to care, Canada and Commonwealth Fund average

| Percentage of respondents who | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|---|-------------------------|--------|---------------------------|--|
| Were able to get a same- or next-day appointment* | 41% to 75% | 41% | 56% | Below average |
| Thought it was very or somewhat easy to get medical care after hours without going to the ED† | 29% to 76% | 38% | 51% | Below average |
| Always or often received a same-day response for a medical concern from their regular doctor‡ | 73% to 92% | 73% | 84% | Below average |

Notes

* Excludes respondents who did not seek a medical appointment.

† Excludes respondents who never needed care evenings, weekends or holidays.

‡ Excludes respondents who never tried to contact their doctor.

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

In the 2014 (age 55+)¹ and 2016 (age 18+)³ Commonwealth Fund surveys, Canadians reported similar results for accessing their primary care provider. Canada's place among other countries was similar in both years.

Provincial snapshot: Access to primary health care

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Percentage of respondents who were able to get an appointment to see a doctor or a nurse the same or next day the last time they were sick or needed medical attention (excluding respondents who did not seek a medical appointment; this information was not available in earlier years): Province results from east to west

Newfoundland and Labrador, 36% (below average); Prince Edward Island, 36% (below average); Nova Scotia, 35% (below average); New Brunswick, 37% (below average); Quebec, 32% (below average); Ontario, 47% (below average); Manitoba, 40% (below average); Saskatchewan, 44% (below average); Alberta, 42% (below average); British Columbia, 46% (below average); Canada, 41% (below average); Commonwealth Fund average, 56%

Percentage of respondents who thought it was very or somewhat easy to get medical care evenings, weekends or holidays without going to the hospital ED (excluding respondents who never needed care evenings, weekends or holidays): Province results from east to west

Newfoundland and Labrador, 24% (below average); Prince Edward Island, 22% (below average); Nova Scotia, 31% (below average); New Brunswick, 42% (below average); Quebec, 34% (below average); Ontario, 41% (below average); Manitoba, 24% (below average); Saskatchewan, 43% (same as average); Alberta, 49% (same as average); British Columbia, 37% (below average); Canada, 38% (below average); Commonwealth Fund average, 51%

Percentage of respondents who always or often got an answer the same day when they contacted their regular doctor's office with a medical concern during regular practice hours (excluding respondents who never tried to contact their doctor): Province results from east to west

Newfoundland and Labrador, 75% (below average); Prince Edward Island, 71% (below average); Nova Scotia, 71% (below average); New Brunswick, 69% (below average); Quebec, 67% (below average); Ontario, 78% (below average); Manitoba, 72% (below average); Saskatchewan, 74% (below average); Alberta, 74% (below average); British Columbia, 70% (below average); Canada, 73% (below average); Commonwealth Fund average, 84%

Canada is closer to the international average for seniors' ED use for conditions that could have been treated by their regular doctor

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

Percentage of respondents who reported that the last time they went to the hospital ED, it was for a condition that they thought could have been treated by the doctors or staff at the place where they usually get medical care if they had been available: Country results from lowest to highest

Australia, 21%; New Zealand, 21%; Sweden, 22%; Netherlands, 23%; Norway, 25%; Germany, 26%; United Kingdom, 26%; Commonwealth Fund average, 28%; Canada, 31% (same as average); Switzerland, 32%; United States, 41%; France, 43%

Table 8 Trend over time, percentage who reported using the ED for a condition that could have been treated by usual doctors*

| Country | 2014 (65+ subpopulation) | 2017 |
|---------------------------|-----------------------------|------|
| Canada | 39% | 31% |
| Commonwealth Fund average | 27% | 28% |

Note

* Percentage of respondents who reported that the last time they went to the hospital ED, it was for a condition that they thought could have been treated by the doctors or staff at the place where they usually get medical care if they had been available.

The trend over time improved slightly for Canada.

Provincial snapshot: Seniors' ED use for conditions that could have been treated by their regular physician

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who reported that the last time they went to the hospital ED, it was for a condition that they thought could have been treated by the doctors or staff at the place where they usually get medical care if they had been available: Province results from east to west

Newfoundland and Labrador, 45% (below average); Prince Edward Island, 45% (below average); Nova Scotia, 41% (below average); New Brunswick, 44% (below average); Quebec, 29% (same as average); Ontario, 32% (same as average); Manitoba, 34% (same as average); Saskatchewan, 24% (same as average); Alberta, 26% (same as average); British Columbia, 31% (same as average); Canada, 31% (same as average); Commonwealth Fund average, 28%

Did you know?

The Atlantic provinces have higher proportions of the population living in rural areas than other provinces.⁷ In rural Canada, the ED may be the only place to receive treatments that are performed in family practice settings in urban areas.⁸

Primary health care

Key findings

- Generally, Canadians report better experiences with their primary health care provider than the international average, with respect to their regular doctor knowing their medical history, involving them in medical decisions, spending enough time with them and encouraging them to ask questions.
- When it comes to managing the complex medical needs of seniors, the majority of Canadian seniors (82%) — more than the international average — had a medication review within the past 12 months as well as a treatment plan for their chronic conditions.

- Only 65% have a health care professional they can easily contact to ask a question between doctor visits, and even fewer (14%) have a health care professional contacting them between doctor visits; both of these proportions are below the international average.
- While better than the international average, 59% of Canadian seniors are not very confident in managing their own health problems.
- Canadian seniors are more likely to discuss healthy lifestyle choices with their care providers, but gaps remain. For instance, close to half did not discuss a healthy diet or exercise.

Almost all Canadian seniors have a regular doctor or place of care, and report better experiences with their regular doctors than Commonwealth Fund average

Table 9 Primary health care experiences, Canada and Commonwealth Fund average*

| Percentage of respondents who said that their regular doctor or medical staff always | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|--|-------------------------|--------|---------------------------|--|
| Knows important information about their medical history | 53% to 77% | 72% | 66% | Above average |
| Spends enough time with them | 41% to 78% | 65% | 61% | Above average |
| Encourages them to ask questions | 18% to 68% | 54% | 46% | Above average |
| Explains things in a way that is easy to understand | 53% to 80% | 74% | 69% | Above average |
| Involves them as much as they want in decisions about their treatment or care | 26% to 74% | 67% | 61% | Above average |

Note

* Excludes respondents who answered “not applicable.”

Canadians’ experience with regular doctors remains better than the international average, as was also seen in the 2014 (age 55+)¹ and 2016 (age 18+)³ surveys.

Provincial snapshot: Patient experience with regular doctor

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Results exclude respondents who answered “not applicable.”

Percentage of respondents who said that their regular doctor or medical staff *always* knows important information about their medical history: Province results from east to west

Newfoundland and Labrador, 68% (same as average); Prince Edward Island, 69% (same as average); Nova Scotia, 74% (above average); New Brunswick, 70% (same as average); Quebec, 75% (above average); Ontario, 72% (above average); Manitoba, 62% (same as average); Saskatchewan, 68% (same as average); Alberta, 76% (above average); British Columbia, 67% (same as average); Canada, 72% (above average); Commonwealth Fund average, 66%

Percentage of respondents who said that their regular doctor or medical staff *always* spends enough time with them: Province results from east to west

Newfoundland and Labrador, 64% (same as average); Prince Edward Island, 61% (same as average); Nova Scotia, 66% (same as average); New Brunswick, 62% (same as average); Quebec, 69% (above average); Ontario, 66% (above average); Manitoba, 59% (same as average); Saskatchewan, 66% (same as average); Alberta, 65% (same as average); British Columbia, 59% (same as average); Canada, 65% (above average); Commonwealth Fund average, 61%

Percentage of respondents who said that their regular doctor or medical staff *always* encourages them to ask questions: Province results from east to west

Newfoundland and Labrador, 43% (same as average); Prince Edward Island, 51% (same as average); Nova Scotia, 53% (same as average); New Brunswick, 51% (same as average); Quebec, 57% (above average); Ontario, 56% (above average); Manitoba, 47% (same as average); Saskatchewan, 49% (same as average); Alberta, 52% (same as average); British Columbia, 50% (same as average); Canada, 54% (above average); Commonwealth Fund average, 46%

Percentage of respondents who said that their regular doctor or medical staff always explains things in a way that is easy to understand: Province results from east to west

Newfoundland and Labrador, 65% (same as average); Prince Edward Island, 75% (above average); Nova Scotia, 75% (above average); New Brunswick, 67% (same as average); Quebec, 78% (above average); Ontario, 74% (above average); Manitoba, 69% (same as average); Saskatchewan, 73% (same as average); Alberta, 77% (above average); British Columbia, 69% (same as average); Canada, 74% (above average); Commonwealth Fund average, 69%

Percentage of respondents who said that their regular doctor or medical staff always involves them as much as they want in decisions about their treatment or care: Province results from east to west

Newfoundland and Labrador, 65% (same as average); Prince Edward Island, 63% (same as average); Nova Scotia, 69% (above average); New Brunswick, 64% (same as average); Quebec, 64% (same as average); Ontario, 69% (above average); Manitoba, 61% (same as average); Saskatchewan, 69% (above average); Alberta, 76% (above average); British Columbia, 64% (same as average); Canada, 67% (above average); Commonwealth Fund average, 61%

Canadian seniors are more likely to discuss healthy lifestyle choices, but more could be done

Table 10 Discussion of healthy lifestyle choices, Canada and Commonwealth Fund average*

| Percentage of respondents who, in the past 2 years, talked to their doctor or other clinical staff at their regular place of care about | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|---|-------------------------|--------|---------------------------|--|
| A healthy diet and healthy eating | 24% to 65% | 45% | 42% | Above average |
| Exercise or physical activity | 37% to 70% | 52% | 50% | Above average |
| Alcohol use | 11% to 28% | 17% | 18% | Same as average |
| Things in their life that worry them or cause stress | 9% to 32% | 21% | 20% | Same as average |

Note

* Excludes respondents who had not seen a doctor in the past 2 years.

Provincial snapshot: Healthy lifestyle discussions as part of regular care with family doctor

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Results exclude respondents who had not seen a doctor in the past 2 years.

Percentage of respondents who, in the past 2 years, talked to their doctor or other clinical staff at their regular place of care about a healthy diet and healthy eating: Province results from east to west

Newfoundland and Labrador, 38% (same as average); Prince Edward Island, 40% (same as average); Nova Scotia, 53% (above average); New Brunswick, 43% (same as average); Quebec, 43% (same as average); Ontario, 47% (above average); Manitoba, 44% (same as average); Saskatchewan, 45% (same as average); Alberta, 50% (same as average); British Columbia, 40% (same as average); Canada, 45% (above average); Commonwealth Fund average, 42%

Percentage of respondents who, in the past 2 years, talked to their doctor or other clinical staff at their regular place of care about exercise or physical activity: Province results from east to west

Newfoundland and Labrador, 41% (below average); Prince Edward Island, 48% (same as average); Nova Scotia, 53% (same as average); New Brunswick, 45% (same as average); Quebec, 48% (same as average); Ontario, 55% (above average); Manitoba, 56% (same as average); Saskatchewan, 51% (same as average); Alberta, 55% (same as average); British Columbia, 53% (same as average); Canada, 52% (above average); Commonwealth Fund average, 50%

Percentage of respondents who, in the past 2 years, talked to their doctor or other clinical staff at their regular place of care about alcohol use: Province results from east to west

Newfoundland and Labrador, 7% (below average); Prince Edward Island, 12% (below average); Nova Scotia, 10% (below average); New Brunswick, 11% (below average); Quebec, 22% (above average); Ontario, 15% (below average); Manitoba, 17% (same as average); Saskatchewan, 12% (below average); Alberta, 21% (same as average); British Columbia, 16% (same as average); Canada, 17% (same as average); Commonwealth Fund average, 18%

Percentage of respondents who, in the past 2 years, talked to their doctor or other clinical staff at their regular place of care about things in their life that worry them or cause stress: Province results from east to west

Newfoundland and Labrador, 12% (below average); Prince Edward Island, 19% (same as average); Nova Scotia, 19% (same as average); New Brunswick, 20% (same as average); Quebec, 20% (same as average); Ontario, 22% (same as average); Manitoba, 18% (same as average); Saskatchewan, 16% (same as average); Alberta, 23% (same as average); British Columbia, 20% (same as average); Canada, 21% (same as average); Commonwealth Fund average, 20%

4 out of 5 Canadian seniors with 2 or more medications had a medication review

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Of those who took at least 2 different medications regularly, percentage who had a medication review in the past 12 months: Country results from highest to lowest

New Zealand, 90%; United States, 88%; Australia, 88%; Canada, 82% (above average); United Kingdom, 74%; Switzerland, 73%; Commonwealth Fund average, 72%; Netherlands, 66%; Norway, 63%; Germany, 58%; France, 57%; Sweden, 54%

Of those who took at least 2 different medications regularly in the past 12 months, percentage who had a medication review: Province results from east to west

Newfoundland and Labrador, 56% (below average); Prince Edward Island, 76% (same as average); Nova Scotia, 78% (same as average); New Brunswick, 71% (same as average); Quebec, 82% (above average); Ontario, 84% (above average); Manitoba, 79% (same as average); Saskatchewan, 75% (same as average); Alberta, 86% (above average); British Columbia, 78% (same as average)

Only 4 out of 10 Canadian seniors who have a chronic condition are very confident in managing their health problems

Table 11 Chronic condition management experiences, Canada and Commonwealth Fund average*

| Percentage of respondents who | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|---|-------------------------|--------|---------------------------|--|
| Are very confident in their ability to control and manage their health problems | 17% to 50% | 41% | 35% | Above average |
| Discussed their goals and care priorities with a health care professional | 32% to 75% | 63% | 60% | Above average |
| Received clear instructions about symptoms to watch for and when to seek further care or treatment | 42% to 80% | 59% | 59% | Same as average |
| Have a treatment plan to carry out in their daily lives | 40% to 88% | 80% | 67% | Above average |
| Have a health care professional contacting them between doctor visits | 10% to 31% | 14% | 19% | Below average |
| Have a health care professional who they can easily contact to ask a question between doctor visits | 53% to 80% | 65% | 67% | Below average |

Note

* There is a slight methodological difference in the 2017 results due to updates in question design and a new exclusion of respondents who were no longer receiving treatment.

Provincial snapshot: Chronic condition management

Note: There is a slight methodological difference in the 2017 results due to updates in question design and a new exclusion of respondents who were no longer receiving treatment.

Percentage of respondents who are very confident in their ability to control and manage their health problems: Province results from east to west

Newfoundland and Labrador, 45% (above average); Prince Edward Island, 37% (same as average); Nova Scotia, 47% (above average); New Brunswick, 40% (same as average); Quebec, 23% (below average); Ontario, 47% (above average); Manitoba, 36% (same as average); Saskatchewan, 40% (same as average); Alberta, 50% (above average); British Columbia, 42% (same as average); Canada, 41% (above average); Commonwealth Fund average, 35%

Percentage of respondents who discussed their goals and care priorities with a health care professional: Province results from east to west

Newfoundland and Labrador, 59% (same as average); Prince Edward Island, 58% (same as average); Nova Scotia, 69% (above average); New Brunswick, 63% (same as average); Quebec, 62% (same as average); Ontario, 61% (same as average); Manitoba, 56% (same as average); Saskatchewan, 67% (same as average); Alberta, 68% (above average); British Columbia, 67% (same as average); Canada, 63% (above average); Commonwealth Fund average, 60%

Percentage of respondents who received clear instructions about symptoms to watch for and when to seek further care or treatment: Province results from east to west

Newfoundland and Labrador, 52% (same as average); Prince Edward Island, 60% (same as average); Nova Scotia, 65% (same as average); New Brunswick, 60% (same as average); Quebec, 60% (same as average); Ontario, 60% (same as average); Manitoba, 50% (below average); Saskatchewan, 59% (same as average); Alberta, 58% (same as average); British Columbia, 60% (same as average); Canada, 59% (same as average); Commonwealth Fund average, 59%

Percentage of respondents who have a treatment plan for their chronic condition that they can carry out in their daily lives: Province results from east to west

Newfoundland and Labrador, 84% (above average); Prince Edward Island, 78% (above average); Nova Scotia, 85% (above average); New Brunswick, 86% (above average); Quebec, 70% (same as average); Ontario, 82% (above average); Manitoba, 83% (above average); Saskatchewan, 81% (above average); Alberta, 84% (above average); British Columbia, 84% (above average); Canada, 80% (above average); Commonwealth Fund average, 67%

Percentage of respondents who have a health care professional contacting them to see how things are going between doctor visits: Province results from east to west

Newfoundland and Labrador, 9% (below average); Prince Edward Island, 11% (below average); Nova Scotia, 12% (below average); New Brunswick, 18% (same as average); Quebec, 14% (below average); Ontario, 15% (below average); Manitoba, 7% (below average); Saskatchewan, 10% (below average); Alberta, 16% (same as average); British Columbia, 13% (same as average); Canada, 14% (below average); Commonwealth Fund average, 19%

Percentage of respondents who have a health care professional who they can easily contact to ask a question or get advice about their health condition(s) between doctor visits: Province results from east to west

Newfoundland and Labrador, 62% (same as average); Prince Edward Island, 65% (same as average); Nova Scotia, 67% (same as average); New Brunswick, 70% (same as average); Quebec, 59% (below average); Ontario, 66% (same as average); Manitoba, 59% (same as average); Saskatchewan, 62% (same as average); Alberta, 76% (above average); British Columbia, 65% (same as average); Canada, 65% (below average); Commonwealth Fund average, 67%

Coordination

Key findings

- Well-coordinated care is especially important for seniors. 1 out of 7 seniors saw at least 4 doctors in the previous 12 months. Primary health care providers play an essential role in both providing and coordinating care. 82% of Canadian seniors said their regular doctor helps coordinate care from other places, which is above the international average.
- Some Canadian seniors face coordination problems. 12% said medical test results were unavailable at their appointment, 11% had received conflicting information from different health care providers and 8% thought a medical mistake had been made in their treatment or care. For the most part, these results are similar to the international average.

15% of Canadian seniors saw at least 4 doctors in the past 12 months (excluding hospitalizations)

Table 12 Percentage of seniors who saw 4 or more, 2 or 3, 1 or 0 doctors, by country

| Country | 4 or more | 2 or 3 | 1 | 0 |
|---------------------------|-----------|--------|-----|-----|
| Norway | 7% | 33% | 51% | 9% |
| France | 9% | 47% | 32% | 11% |
| Australia | 11% | 58% | 26% | 5% |
| Netherlands | 13% | 36% | 32% | 19% |
| New Zealand | 13% | 45% | 37% | 4% |
| Switzerland | 15% | 46% | 33% | 7% |
| Canada | 15% | 42% | 34% | 9% |
| Sweden | 15% | 33% | 33% | 19% |
| Commonwealth Fund average | 15% | 43% | 32% | 10% |
| United Kingdom | 18% | 42% | 27% | 12% |
| United States | 25% | 44% | 23% | 8% |
| Germany | 27% | 48% | 19% | 6% |

Note

Totals may not add to 100% due to rounding.

Canadians rely more on doctors to provide care compared with other countries.³ Seniors in other countries, such as the Netherlands and Sweden, may need to see fewer doctors due to more interprofessional collaboration involving nurses in primary health care delivery.^{9, 10}

Most Canadian seniors always or often received help from their regular doctor's office to coordinate care

Table 13 Frequency with which seniors received help from their doctor's practice to coordinate the care they received from other doctors and places

| Country | Always or often | Sometimes, rarely or never |
|---------------------------|------------------------|----------------------------|
| New Zealand | 92% | 8% |
| Australia | 89% | 11% |
| Switzerland | 86% | 14% |
| Canada | 82% (above average) | 18% |
| Germany | 81% | 19% |
| United States | 77% | 23% |
| Commonwealth Fund average | 77% | 23% |
| Norway | 75% | 25% |
| France | 73% | 27% |
| Netherlands | 69% | 31% |
| United Kingdom | 66% | 34% |
| Sweden | 54% | 46% |

Note

There is a slight methodological difference in the 2017 result, as it excludes respondents who never needed coordination.

Of the 18% whose doctor's office sometimes, rarely or never helped coordinate care, 31% needed help in coordinating care or treatment they received from different health care professionals.

Provincial snapshot: Care coordination by regular doctor

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Percentage of respondents who saw 4 or more different doctors in the past 12 months, not counting any time they may have been hospitalized: Province results from east to west

Newfoundland and Labrador, 14% (same as average); Prince Edward Island, 11% (above average); Nova Scotia, 11% (above average); New Brunswick, 17% (same as average); Quebec, 13% (above average); Ontario, 17% (same as average); Manitoba, 13% (same as average); Saskatchewan, 13% (same as average); Alberta, 13% (same as average); British Columbia, 15% (same as average); Canada, 15% (same as average); Commonwealth Fund average, 15%

Percentage of respondents who reported that their regular doctor or someone in their doctor's practice always or often helps coordinate or arrange the care they receive from other doctors and places (excluding respondents who never needed coordination): Province results from east to west

Newfoundland and Labrador, 79% (same as average); Prince Edward Island, 83% (same as average); Nova Scotia, 87% (above average); New Brunswick, 84% (same as average); Quebec, 75% (same as average); Ontario, 86% (above average); Manitoba, 74% (same as average); Saskatchewan, 84% (same as average); Alberta, 85% (above average); British Columbia, 78% (same as average); Canada, 82% (above average); Commonwealth Fund average, 77%

Care coordination in Canada is similar to Commonwealth Fund average

Table 14 Care coordination, Canada and Commonwealth Fund average*

| Percentage of respondents | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|--|-------------------------|--------|---------------------------|--|
| Whose test results or medical records were not available at the time of their scheduled medical care appointment | 2% to 15% | 12% | 10% | Below average |
| Who received conflicting information from different doctors or health care professionals | 2% to 17% | 11% | 11% | Same as average |
| Whose doctors ordered a medical test that they felt was unnecessary because the test had already been done | 4% to 13% | 7% | 7% | Same as average |
| Who thought a medical mistake had been made in their treatment or care | 3% to 12% | 8% | 9% | Same as average |

Notes

* Excludes respondents who answered “not applicable.”

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

Provincial snapshot: Care coordination

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who answered “not applicable.”

Percentage of respondents whose test results or medical records were not available at the time of their scheduled medical care appointment: Province results from east to west

Newfoundland and Labrador, 9% (same as average); Prince Edward Island, 11% (same as average); Nova Scotia, 4% (above average); New Brunswick, 12% (same as average); Quebec, 11% (same as average); Ontario, 11% (same as average); Manitoba, 10% (same as average); Saskatchewan, 10% (same as average); Alberta, 13% (same as average); British Columbia, 15% (same as average); Canada, 12% (below average); Commonwealth Fund average, 10%

Percentage of respondents who received conflicting information from different doctors or health care professionals: Province results from east to west

Newfoundland and Labrador, 10% (same as average); Prince Edward Island, 10% (same as average); Nova Scotia, 7% (above average); New Brunswick, 12% (same as average); Quebec, 10% (same as average); Ontario, 12% (same as average); Manitoba, 10% (same as average); Saskatchewan, 12% (same as average); Alberta, 11% (same as average); British Columbia, 13% (same as average); Canada, 11% (same as average); Commonwealth Fund average, 11%

Percentage of respondents whose doctors ordered a medical test that they felt was unnecessary because the test had already been done: Province results from east to west

Newfoundland and Labrador, 8% (same as average); Prince Edward Island, 3% (above average); Nova Scotia, 4% (above average); New Brunswick, 6% (same as average); Quebec, 6% (same as average); Ontario, 7% (same as average); Manitoba, 8% (same as average); Saskatchewan, 8% (same as average); Alberta, 7% (same as average); British Columbia, 8% (same as average); Canada, 7% (same as average); Commonwealth Fund average, 7%

Percentage of respondents who thought a medical mistake had been made in their treatment or care: Province results from east to west

Newfoundland and Labrador, 7% (same as average); Prince Edward Island, 7% (same as average); Nova Scotia, 8% (same as average); New Brunswick, 8% (same as average); Quebec, 8% (same as average); Ontario, 7% (above average); Manitoba, 8% (same as average); Saskatchewan, 8% (same as average); Alberta, 10% (same as average); British Columbia, 11% (same as average); Canada, 8% (same as average); Commonwealth Fund average, 9%

Specialist care and coordination with primary health care

Key findings

- Results suggest that access to and coordination of specialist care could be improved. Canadian seniors had the longest wait times for specialists, with 3 out of 5 waiting at least 4 weeks for an appointment.
- As well, 5% of seniors said their specialist did not have basic medical information from their regular doctor, while 13% said their regular doctor did not seem informed about the specialist care they'd received. Both results are close to the international average.

3 out of 5 Canadian seniors needed to see or had seen a specialist in the past 2 years

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Percentage of respondents who needed to see or had seen a specialist in the past 2 years: Country results from lowest to highest

France, 53%; Norway, 53%; United Kingdom, 57%; New Zealand, 57%; Sweden, 57%; Commonwealth Fund average, 61%; Canada, 61% (same as average); Switzerland, 65%; Australia, 66%; Netherlands, 66%; United States, 67%; Germany, 70%

Percentage of respondents who needed to see or had seen a specialist in the past 2 years: Province results from east to west

Newfoundland and Labrador, 61% (same as average); Prince Edward Island, 53% (above average); Nova Scotia, 59% (same as average); New Brunswick, 55% (same as average); Quebec, 57% (above average); Ontario, 66% (below average); Manitoba, 58% (same as average); Saskatchewan, 56% (same as average); Alberta, 60% (same as average); British Columbia, 62% (same as average)

Wait times for specialists growing longer in Canada

Notes

- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who never tried to get an appointment.

Percentage of seniors who waited at least 4 weeks to see a specialist in the past 2 years: Country results from lowest to highest

United States, 21%; Switzerland, 22%; Netherlands, 24%; Germany, 37%; Commonwealth Fund average, 41%; France, 42%; Sweden, 45%; New Zealand, 45%; United Kingdom, 51%; Norway, 54%; Australia, 55%; Canada, 59% (below average)

Table 15 Trend over time, percentage of seniors who waited at least 4 weeks to see a specialist in the past 2 years

| Country | 2014 (65+ subpopulation) | 2017 |
|---------------------------|-----------------------------|------|
| Canada | 54% | 59% |
| Commonwealth Fund average | 37% | 41% |

More Canadian seniors waited at least 4 weeks to see a specialist in 2017 than in 2014.

1 out of 4 Canadian seniors waited at least 2 months to see a specialist in 2017.

Two-way communication between specialists and regular doctors is now similar to Commonwealth Fund average

Notes

- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who never saw a specialist and those who had not seen a regular doctor or GP since seeing the specialist.

Percentage of respondents who said their specialist did not have basic medical information or test results from their regular doctor about the reason for their visit: Country results from lowest to highest

France, 2%; New Zealand, 3%; Australia, 3%; Netherlands, 4%; United Kingdom, 5%; Norway, 5%; Canada, 5% (same as average); Commonwealth Fund average, 6%; Germany, 8%; Sweden, 9%; Switzerland, 9%; United States, 10%

Percentage of respondents who said their regular doctor did not seem informed and up to date about the care they got from the specialist after they saw the specialist: Country results from lowest to highest

France, 5%; Australia, 7%; New Zealand, 9%; Canada, 13% (same as average); Switzerland, 13%; United Kingdom, 13%; Commonwealth Fund average, 14%; Netherlands, 15%; Norway, 18%; Sweden, 18%; United States, 19%; Germany, 22%

In 2014, 13% of Canadian older adults (age 55+) reported that specialists did not have information from their regular doctor (higher than Commonwealth Fund average of 9%) and **25%** reported that their regular doctor did not have information from specialists (higher than Commonwealth Fund average of 18%).¹

Provincial snapshot: Specialist care and coordination with primary health care

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who waited for 4 weeks or more for a specialist appointment after being advised to see one (excluding respondents who never tried to get an appointment): Province results from east to west

Newfoundland and Labrador, 65% (below average); Prince Edward Island, 60% (below average); Nova Scotia, 56% (below average); New Brunswick, 60% (below average); Quebec, 61% (below average); Ontario, 55% (below average); Manitoba, 59% (below average); Saskatchewan, 68% (below average); Alberta, 64% (below average); British Columbia, 61% (below average); Canada, 59% (below average); Commonwealth Fund average, 41%

Percentage of respondents who said their specialist did not have basic medical information or test results from their regular doctor about the reason for their visit (excluding respondents who never saw a specialist and those who had not seen a regular doctor or GP since seeing the specialist): Province results from east to west

Newfoundland and Labrador, 8% (same as average); Prince Edward Island, 5% (same as average); Nova Scotia, 4% (same as average); New Brunswick, 3% (same as average); Quebec, 6% (same as average); Ontario, 4% (same as average); Manitoba, 5% (same as average); Saskatchewan, 6% (same as average); Alberta, 4% (same as average); British Columbia, 7% (same as average); Canada, 5% (same as average); Commonwealth Fund average, 6%

Percentage of respondents who said their regular doctor did not seem informed and up to date about the care they got from the specialist after they saw the specialist (excluding respondents who never saw a specialist and those who had not seen a regular doctor or GP since seeing the specialist): Province results from east to west

Newfoundland and Labrador, 11% (same as average); Prince Edward Island, 10% (same as average); Nova Scotia, 6% (above average); New Brunswick, 21% (same as average); Quebec, 15% (same as average); Ontario, 11% (above average); Manitoba, 17% (same as average); Saskatchewan, 17% (same as average); Alberta, 12% (same as average); British Columbia, 12% (same as average); Canada, 13% (same as average); Commonwealth Fund average, 14%

Hospital care and coordination

Key findings

- Although Canada's results are very similar to the international average, gaps remain in communication and hospital discharge planning for seniors. 1 out of 5 did not receive written information on what to do after discharge or did not have follow-up care arranged. One-quarter of seniors (27%) did not have someone review the purpose of each of their medications with them.
- 1 out of 10 Canadian seniors said that their regular doctor did not seem informed about their hospital care.

More Canadian seniors used the ED but fewer stayed in the hospital compared with Commonwealth Fund average

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

Percentage of respondents who had used a hospital ED for their own medical care in the past 2 years: Country results from lowest to highest

France, 18%; Netherlands, 23%; Norway, 26%; Switzerland, 26%; Germany, 29%; United Kingdom, 31%; Commonwealth Fund average, 31%; New Zealand, 34%; Sweden, 36%; Canada, 38% (below average); United States, 39%; Australia, 42%

Percentage of respondents who had been admitted to the hospital for an overnight stay in the past 2 years: Country results from lowest to highest

France, 16%; Canada, 22% (above average); United Kingdom, 23%; New Zealand, 26%; Netherlands, 27%; Commonwealth Fund average, 28%; United States, 28%; Sweden, 28%; Australia, 29%; Switzerland, 32%; Norway, 33%; Germany, 40%

Provincial snapshot: Hospital use

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

Percentage of respondents who had used a hospital ED for their own medical care in the past 2 years: Province results from east to west

Newfoundland and Labrador, 47% (below average); Prince Edward Island, 44% (below average); Nova Scotia, 47% (below average); New Brunswick, 44% (below average); Quebec, 35% (below average); Ontario, 39% (below average); Manitoba, 37% (same as average); Saskatchewan, 37% (same as average); Alberta, 38% (same as average); British Columbia, 39% (same as average); Canada, 38% (below average); Commonwealth Fund average, 31%

Percentage of respondents who had been admitted to the hospital for an overnight stay in the past 2 years: Province results from east to west

Newfoundland and Labrador, 21% (above average); Prince Edward Island, 19% (above average); Nova Scotia, 22% (above average); New Brunswick, 22% (same as average); Quebec, 24% (above average); Ontario, 21% (above average); Manitoba, 24% (same as average); Saskatchewan, 24% (same as average); Alberta, 23% (same as average); British Columbia, 23% (same as average); Canada, 22% (above average); Commonwealth Fund average, 28%

89% of Canadian seniors who were hospitalized felt they had the support and services they needed to help them manage their health condition at home

Percentage who felt they had the support and services they needed to help them manage their health condition at home after discharge from the hospital (excluding respondents who did not need support to manage their health after discharge): Country results from highest to lowest

New Zealand, 96%; United States, 92%; Australia, 91%; Norway, 90%; United Kingdom, 90%; Canada, 89% (same as average); Commonwealth Fund average, 88%; Switzerland, 88%; Germany, 88%; Sweden, 85%; France, 84%; Netherlands, 78%

Factors that contributed to these patients feeling well supported included

- Having arrangements for follow-up care with a health care professional;
- Having someone discuss the purpose of each medication; and
- Knowing who to contact for questions about their condition.

1 out of 10 Canadian seniors said their regular doctor/clinic did not seem informed about their hospital care after discharge

Notes

- The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).
- Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.
- Results exclude respondents who did not see their doctor after leaving the hospital.

Percentage of respondents who reported the doctors or staff at the place where they usually get medical care did *not* seem informed and up to date about the care they received in the hospital: Country results from lowest to highest

New Zealand, 3%; Switzerland, 6%; Australia, 6%; Norway, 6%; Canada, 11% (same as average); Commonwealth Fund average, 12%; United Kingdom, 12%; Netherlands, 13%; Germany, 14%; United States, 14%; France, 16%; Sweden, 28%

Percentage of respondents who reported the doctors or staff at the place where they usually get medical care did *not* seem informed and up to date about the care they received in the hospital: Province results from east to west

Newfoundland and Labrador, 7% (same as average); Prince Edward Island, 5% (same as average); Nova Scotia, 8% (same as average); New Brunswick, 7% (same as average); Quebec, 16% (same as average); Ontario, 12% (same as average); Manitoba, 23% (same as average); Saskatchewan, 19% (same as average); Alberta, 5% (above average); British Columbia, 3% (above average)

Did you know?

In New Zealand, primary health care providers can receive electronic hospital discharge summaries directly. This may contribute to the reason very few seniors in New Zealand said that their regular doctor was not informed about their hospital care.¹¹

Some seniors who had a hospital stay did not receive comprehensive discharge planning

Table 16 Discharge planning, Canada and Commonwealth Fund average

| Percentage of respondents | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|---|-------------------------|--------|---------------------------|--|
| Who did <i>not</i> receive written information on what to do when they returned home and what symptoms to watch for | 8% to 42% | 21% | 24% | Same as average |
| Whose hospital did <i>not</i> make arrangements for or make sure they had follow-up care with a doctor or other health care professional* | 8% to 48% | 20% | 21% | Same as average |
| Who did <i>not</i> have someone discuss with them the purpose of taking each of their medications [†] | 13% to 43% | 27% | 29% | Same as average |
| Who did <i>not</i> know who to contact if they had a question about their condition or treatment | 5% to 27% | 10% | 12% | Same as average |

Notes

* Excludes respondents who did not need follow-up care.

† Excludes respondents who did not need to take any medications.

Provincial snapshot: Discharge planning

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

**Percentage of respondents who felt they had the support and services they needed to help them manage their health condition at home after discharge (excluding respondents who did not need support to manage their health after discharge):
Province results from east to west**

Newfoundland and Labrador, 87% (same as average); Prince Edward Island, 96% (above average); Nova Scotia, 88% (same as average); New Brunswick, 96% (above average); Quebec, 87% (same as average); Ontario, 89% (same as average); Manitoba, 80% (same as average); Saskatchewan, 88% (same as average); Alberta, 97% (above average); British Columbia, 90% (same as average); Canada, 89% (same as average); Commonwealth Fund average, 88%

Percentage of respondents who received written information on what to do when they returned home and what symptoms to watch for when they left the hospital: Province results from east to west

Newfoundland and Labrador, 75% (same as average); Prince Edward Island, 69% (same as average); Nova Scotia, 67% (same as average); New Brunswick, 82% (same as average); Quebec, 70% (same as average); Ontario, 86% (above average); Manitoba, 79% (same as average); Saskatchewan, 75% (same as average); Alberta, 81% (same as average); British Columbia, 78% (same as average); Canada, 79% (same as average); Commonwealth Fund average, 76%

Percentage of respondents whose hospital made arrangements for or made sure they had follow-up care with a doctor or other health care professional when they left the hospital (excluding respondents who did not need follow-up care): Province results from east to west

Newfoundland and Labrador, 83% (same as average); Prince Edward Island, 83% (same as average); Nova Scotia, 85% (same as average); New Brunswick, 82% (same as average); Quebec, 72% (below average); Ontario, 84% (above average); Manitoba, 71% (same as average); Saskatchewan, 74% (same as average); Alberta, 95% (above average); British Columbia, 75% (same as average); Canada, 80% (same as average); Commonwealth Fund average, 79%

Percentage of respondents who had someone discuss with them the purpose of taking each of their medications when they left the hospital (excluding respondents who did not need to take any medications): Province results from east to west

Newfoundland and Labrador, 80% (same as average); Prince Edward Island, 70% (same as average); Nova Scotia, 72% (same as average); New Brunswick, 77% (same as average); Quebec, 66% (same as average); Ontario, 74% (same as average); Manitoba, 74% (same as average); Saskatchewan, 67% (same as average); Alberta, 76% (same as average); British Columbia, 81% (same as average); Canada, 73% (same as average); Commonwealth Fund average, 71%

Percentage of respondents who knew who to contact if they had a question about their condition or treatment after they left the hospital: Province results from east to west

Newfoundland and Labrador, 91% (same as average); Prince Edward Island, 96% (above average); Nova Scotia, 86% (same as average); New Brunswick, 93% (same as average); Quebec, 85% (same as average); Ontario, 90% (same as average); Manitoba, 82% (same as average); Saskatchewan, 95% (same as average); Alberta, 98% (above average); British Columbia, 97% (above average); Canada, 90% (same as average); Commonwealth Fund average, 88%

Home care (Canada only)

Key findings

- 11% of Canadian seniors had help with certain activities of daily living; most of them (4 out of 5) received it from a family member or friend.
- 1% of Canadian seniors reported needing help with activities of daily living but not receiving it.
- 6% of Canadian seniors received publicly funded home care services. The majority were satisfied with the services received and with the coordination between their home care provider and their regular health care professional. They felt these services helped them stay at home.
- 3% of Canadian seniors felt they needed publicly funded home care services but did not receive them.

11% of Canadian seniors received help with certain activities of daily living

Note: Multiple responses were allowed, so the sum of responses does not total 100%.

For those who received help with certain activities of daily living (housework, preparing meals, managing daily medications or shopping), they received it from family members or friends, 59%; both family or friends and health professionals, 22%; aide, nurse or other health professional, 8%; religious or charitable organization, 6%.

Canadian seniors received various types of help

11% of all Canadian seniors surveyed received help with certain activities of daily living, such as housework, preparing meals, managing daily medications or shopping. 1% of Canadian seniors needed help with activities of daily living but did not receive it.

6% of all Canadian seniors surveyed received publicly funded home care services in the last 12 months, such as nursing care, medical equipment or supplies, personal or home support, allied health care services, palliative care or end-of-life care, and other services. 3% of Canadian seniors needed publicly funded home care services but did not receive it.

3% of Canadian seniors received both help with activities of daily living and publicly funded home care.

Note: In addition to the 6% who received publicly funded home care services for themselves, 4% of respondents said that someone else (of any age) in their household was receiving publicly funded home care services.

6% of seniors surveyed received publicly funded home care services

54% of home care service recipients started receiving services after a hospital visit.

Table 17 Those receiving publicly funded home care services have higher needs*

| Characteristic | Not receiving home care services | Receiving home care services |
|-------------------------------------|----------------------------------|------------------------------|
| Age 75 or older | 42% | 59% |
| Describe own health as fair or poor | 17% | 43% |
| 3 or more chronic conditions | 32% | 53% |
| 5 or more medications | 29% | 59% |
| Lives alone | 30% | 46% |

Notes

* Only respondents who answered that they are receiving home care services themselves or that they and someone else in their household are receiving home care services are included in the “receiving home care services” category. Respondents who answered that no one in their household is receiving home care services are included in the “not receiving home care services” category.

In addition to the 6% who received publicly funded home care services for themselves, 4% of respondents said that someone else (of any age) in their household was receiving publicly funded home care services.

Provincial-level analyses were not performed due to small sample sizes.

Canadian seniors received a variety of publicly funded home care services

Table 18 Types of services received by Canadian seniors receiving publicly funded home care services

| Types of services | Percentage of those receiving home care services |
|---|--|
| Nursing care (e.g., bandage changes, preparing medications, a check-up from a nurse) | 51% |
| Medical equipment or supplies (e.g., wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment) | 43% |
| Personal or home support such as help with bathing, housekeeping or meal preparation | 41% |
| Other health care services such as physiotherapy, occupational therapy, speech therapy and nutrition counselling | 31% |
| Any other services | 6% |
| Palliative care or end-of-life care | 6% |

Notes

The following groups of respondents were included in this analysis:

- Those who are receiving home care services themselves, and those who answered that they and someone else in their household are receiving home care services.
- Those who reside in a seniors-only household, for those who answered that someone else in their household is receiving home care services.

Multiple responses were allowed, so the sum of responses does not total 100%.

Provincial-level analyses were not performed for publicly funded home care services due to small sample sizes.

Most publicly funded home care recipients were satisfied with the services received

Table 19 Level of satisfaction with publicly funded home care services received by Canadian seniors

| Level of satisfaction | Percentage of those receiving home care services |
|------------------------------------|--|
| Very satisfied | 64% |
| Somewhat satisfied | 29% |
| Neither satisfied nor dissatisfied | 3% |
| Somewhat dissatisfied | 3% |
| Very dissatisfied | 1% |

Notes

The following groups of respondents were included in this analysis:

- Those who are receiving home care services themselves, and those who answered that they and someone else in their household are receiving home care services.
- Those who reside in a seniors-only household, for those who answered that someone else in their household is receiving home care services.

Provincial-level analyses were not performed for publicly funded home care services due to small sample sizes.

86% of those who received home care (for themselves or someone in their household) said that the **services helped the recipient stay at home.**

Most home care recipients were satisfied with the *coordination* between the home care provider and their regular health care provider

Table 20 Satisfaction with coordination between home care provider and regular health care provider by seniors receiving publicly funded home care services

| Satisfaction | Percentage of those receiving home care services |
|--------------|--|
| Excellent | 24% |
| Very good | 31% |
| Good | 33% |
| Fair | 8% |
| Poor | 4% |

Notes

The following groups of respondents were included in this analysis:

- Those who are receiving home care services themselves, and those who answered that they and someone else in their household are receiving home care services.
- Those who reside in a seniors-only household, for those who answered that someone else in their household is receiving home care services.

Provincial-level analyses were not performed for publicly funded home care services due to small sample sizes.

In *Better Home Care in Canada: A National Action Plan*, one of the goals identified was to accelerate the adoption of technology in the home care sector to ensure that everyone involved can easily access and share relevant health information and the care plan.¹²

3% of Canadian seniors felt they needed publicly funded home care services but did not receive them

Notes

- 3% represents 135 people. Given the small sample size, please exercise caution in interpreting results.
- Multiple responses were allowed, so the sum of responses does not total 100%.

Table 21 Reasons publicly funded home care services were not received by those who felt that services were needed in their households

| Reasons | Percentage of those not receiving home care services |
|---|--|
| Unknown reason | 49% |
| Not eligible for home care | 44% |
| Too expensive | 42% |
| Services were not available in their area | 38% |
| Did not know where to go | 34% |
| Wait times were too long | 29% |
| Inconvenient hours | 12% |

Table 22 Types of home care services needed that were not received by those who felt that services were needed in their households

| Services | Percentage of those not receiving home care services |
|--|--|
| Personal or home support | 52% |
| Other health care services such as physiotherapy, occupational therapy, speech therapy and nutrition counselling | 33% |
| Nursing care | 29% |
| Medical equipment or supplies | 28% |
| Any other services | 22% |
| Palliative | 3% |

End-of-life planning and medical assistance in dying

Key findings

- More Canadian seniors have engaged in end-of-life care planning than seniors in other countries. Approximately two-thirds have discussed their end-of-life care wishes with someone (66%) and have documented a substitute decision-maker (63%). In contrast, less than half (44%) have a written plan or document describing their end-of-life care wishes.
- For the first time, survey respondents were asked about medical assistance in dying (MAID). 12% of Canadian seniors or a family member have talked to a health care provider about access to MAID, and 64% are confident or very confident that they would be able to obtain MAID in their community if they were eligible and wished to receive it. (Canada only)

More Canadian seniors have engaged in end-of-life care planning than seniors in other countries

Table 23 End-of-life care planning, Canada and Commonwealth Fund average

| Percentage of respondents who | Range of country values | Canada | Commonwealth Fund average | How Canada compares with Commonwealth Fund average |
|--|-------------------------|--------|---------------------------|--|
| Have had a discussion with family, friends or health care professionals about their end-of-life wishes | 22% to 76% | 66% | 49% | Above average |
| Have a written plan or document describing their end-of-life wishes | 4% to 63% | 44% | 28% | Above average |
| Have a written document that names someone to make treatment decisions for them if they cannot make decisions for themselves | 7% to 68% | 63% | 36% | Above average |

Provincial snapshot: End-of-life care planning

Note: The Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial results).

Percentage of respondents who have had a discussion with family, a close friend or a health care professional about the health care treatment they want or do not want in the event that they cannot make decisions for themselves: Province results from east to west

Newfoundland and Labrador, 50% (same as average); Prince Edward Island, 59% (above average); Nova Scotia, 69% (above average); New Brunswick, 61% (above average); Quebec, 64% (above average); Ontario, 70% (above average); Manitoba, 71% (above average); Saskatchewan, 67% (above average); Alberta, 68% (above average); British Columbia, 59% (above average); Canada, 66% (above average); Commonwealth Fund average, 49%

Percentage of respondents who have a written plan or document describing the health care treatment they want or do not want at the end of their lives: Province results from east to west

Newfoundland and Labrador, 23% (same as average); Prince Edward Island, 32% (same as average); Nova Scotia, 33% (same as average); New Brunswick, 36% (above average); Quebec, 43% (above average); Ontario, 48% (above average); Manitoba, 44% (above average); Saskatchewan, 39% (above average); Alberta, 51% (above average); British Columbia, 38% (above average); Canada, 44% (above average); Commonwealth Fund average, 28%

Percentage of respondents who have a written document naming someone to make treatment decisions for them if they cannot make decisions for themselves: Province results from east to west

Newfoundland and Labrador, 43% (same as average); Prince Edward Island, 52% (above average); Nova Scotia, 51% (above average); New Brunswick, 53% (above average); Quebec, 64% (above average); Ontario, 71% (above average); Manitoba, 62% (above average); Saskatchewan, 52% (above average); Alberta, 61% (above average); British Columbia, 54% (above average); Canada, 63% (above average); Commonwealth Fund average, 36%

Medical assistance in dying (Canada only)

Percentage of Canadian seniors who said that they or a family member have talked to a health care provider about access to medical assistance in dying (excluding respondents who said that MAID is not an option they would consider): Province results from east to west

Newfoundland and Labrador, 10%; Prince Edward Island, 9%; Nova Scotia, 10%; New Brunswick, 12%; Quebec, 18%; Ontario, 10%; Manitoba, 12%; Saskatchewan, 8%; Alberta, 10%; British Columbia, 8%; Canada, 12%

Percentage of Canadian seniors who are confident or very confident that they would be able to obtain medical assistance in dying in their community if they were eligible and wished to receive it (excluding respondents who would never wish to receive MAID): Province results from east to west

Newfoundland and Labrador, 71%; Prince Edward Island, 66%; Nova Scotia, 56%; New Brunswick, 65%; Quebec, 55%; Ontario, 67%; Manitoba, 63%; Saskatchewan, 68%; Alberta, 71%; British Columbia, 66%; Canada, 64%

Methodology notes

The Commonwealth Fund's 2017 International Health Policy Survey includes responses from seniors in 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

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

In Canada, phone surveys (landline) were conducted from March to May 2017 by Social Science Research Solutions (SSRS). There were 4,549 respondents. Due to small sample sizes in the 3 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 23.2%.

Weighting of results

Survey data for Canada was weighted by age, gender and educational attainment within each province. Data was weighted for knowledge of official languages in Quebec and in Canada as a whole. Additionally, data was then weighted to reflect Canada's overall geographic distribution for all provinces and territories.

Sample size by province

Provincial results are flagged for questions for which the denominator is less than 30. Due to small sample sizes, provincial results are to be interpreted with caution. For more information on sample sizes for individual questions, please refer to the companion data tables on CIHI's website.

Averages and trends

For this report, The Commonwealth Fund average was calculated by adding the results from the 11 countries 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 Commonwealth Fund surveys.

Trending results are for reference only, and caution should be used when interpreting the results. The 65+ subpopulation in 2014 is not directly comparable to the population for the 2017 survey. Specifically, the 2014 data is a self-weighted sample of those age 65 and older, meaning they were weighted as part of the 55+ weighting scheme but not specifically to represent the 65+ subpopulation. In 2017, all interviews were completed with respondents age 65 and older and were weighted to population targets for this age group. Another factor that should be considered is changes in the questionnaire (e.g., question text revisions, response option additions, question placement changes, translation changes).

Statistical analysis

Consistent with other published reports on The Commonwealth Fund data,¹³ non-response categories such as “not sure,” “declined to answer” and “not applicable” were excluded from reporting and statistical analyses.

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 11 countries; and
- Provincial results were significantly different from the international average.

For the calculation of variances and confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments.

Relationships between different variables were analyzed using logistic regression modelling. A main response category was determined for each question, and responses were dichotomized such that the response value of interest was coded as 1 and all other values, excluding non-response categories, were coded as 0. Logistic regression was then used to fit this binary variable on explanatory variables with appropriate adjustment for survey weights and stratification variables using the SAS procedure SURVEYLOGISTIC for the analysis.

Demographics of survey respondents

Total respondents (number)

Newfoundland and Labrador, 254; Prince Edward Island, 253; Nova Scotia, 259; New Brunswick, 273; Quebec, 1,002; Ontario, 1,504; Manitoba, 250; Saskatchewan, 251; Alberta, 250; British Columbia, 250; Canada, 4,549

Percentage male (unweighted)

Newfoundland and Labrador, 34%; Prince Edward Island, 37%; Nova Scotia, 37%; New Brunswick, 43%; Quebec, 35%; Ontario, 37%; Manitoba, 36%; Saskatchewan, 33%; Alberta, 48%; British Columbia, 38%; Canada, 37%

Percentage female (unweighted)

Newfoundland and Labrador, 66%; Prince Edward Island, 63%; Nova Scotia, 63%; New Brunswick, 57%; Quebec, 65%; Ontario, 63%; Manitoba, 64%; Saskatchewan, 67%; Alberta, 52%; British Columbia, 62%; Canada, 63%

Percentage age 65 to 74 (unweighted)

Newfoundland and Labrador, 62%; Prince Edward Island, 57%; Nova Scotia, 58%; New Brunswick, 60%; Quebec, 61%; Ontario, 52%; Manitoba, 52%; Saskatchewan, 50%; Alberta, 46%; British Columbia, 51%; Canada, 55%

Percentage age 75 and older (unweighted)

Newfoundland and Labrador, 37%; Prince Edward Island, 42%; Nova Scotia, 41%; New Brunswick, 39%; Quebec, 38%; Ontario, 46%; Manitoba, 47%; Saskatchewan, 50%; Alberta, 54%; British Columbia, 47%; Canada, 44%

Percentage age 65 and older, exact age not provided (unweighted)

Newfoundland and Labrador, 1%; Prince Edward Island, 1%; Nova Scotia, 2%;
New Brunswick, 1%; Quebec, 0%; Ontario, 1%; Manitoba, 1%; Saskatchewan, 0%;
Alberta, 0%; British Columbia, 2%; Canada, 1%

Percentage born in Canada (unweighted)

Newfoundland and Labrador, 92%; Prince Edward Island, 91%; Nova Scotia, 93%;
New Brunswick, 92%; Quebec, 91%; Ontario, 73%; Manitoba, 87%; Saskatchewan, 93%;
Alberta, 81%; British Columbia, 74%; Canada, 84%

**Percentage Indigenous (First Nations [status and non-status],
Métis and Inuk/Inuit) (unweighted)**

Newfoundland and Labrador, 4%; Prince Edward Island, 0%; Nova Scotia, 3%;
New Brunswick, 3%; Quebec, 3%; Ontario, 2%; Manitoba, 4%; Saskatchewan, 4%;
Alberta, 3%; British Columbia, 3%; Canada, 3%

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