Searching for Best Direction in Healthcare: Distilling Opportunities, Priorities and Responsibilities

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Abstract

Canada's health and its care are evolving. Evidence from serial Health Care in Canada surveys of the public and health professionals over the last two decades reveal a persistent sense of care quality, despite an aging population, decreasing levels of good and excellent health, increasing prevalence of chronic illnesses; and sub-optimal access to timely and patient-centred care. Stakeholders are, however, somewhat pessimistic and many sense complete rebuilding, or major changes, may be necessary. To improve access, the primary health concern of all Canadians – increasing medical and nursing school enrolment, and requiring professionals to work in teams – have attracted increasingly high support from both the public and professionals. However, physicians' support lags behind that of nursing, pharmacy and administrative colleagues; and, currently, only a minority of patients and professionals are actively involved in team care programs. Another example in which high levels of support may not necessarily translate into priority implementation of promising interventions is the realm of patient-centred care. The public and all professionals report a very high level of general support for care provided in a caring and respectful manner. However, while the public rank it second in implementation priority, following timely access, the majority of professionals rank it only fourth. By contrast, there is remarkable pan-stakeholder concordance around interventions to improve the overall health system, with the majority of public and professional stakeholders rating the creation of national supply systems as their top priority to expedite the clinical and cost efficiency of new treatments. There is a similar pan-stakeholder concordance around priority of responsibility to drive innovations, the top three being: federal/provincial governments; research hospitals/regional health authorities; and the pharmaceutical industry. In summary, Canadians are at a healthcare crossroads. Population health is decreasing, chronic diseases are increasing and desire for timely access to patient-centred, team-delivered and technology-supported care remain top concerns. Despite some disconnects between theoretical support for, and priority to implement, promising innovations, there is universal support to optimize resources to make things better. And there is concordance around the leadership best suited to lead innovation. Things can be better.

Introduction

Over the past two decades, repeated Health Care in Canada (HCIC) surveys have measured and reported opinions of the public and health professionals regarding key aspects of our nation's health and its care (Ahmed 2009; Ahmed et al. 2013–2014; Gogovor et al. 2013–2014; Montague et al. 2013–2014; Montague et al. 2015; Nemis-White et al. 2015). Briefly, the serial data, spanning 1998–2014, have recorded

progressively decreasing levels of excellent and good health, concomitantly increasing prevalence of chronic illnesses and increasingly broad support for patient-centred care - that is care delivered in a timely, caring and respectful manner, with shared communication and decision-making facilitated by social networking and electronically-supported practices (Montague 2006, 2011; Montague et al. 2013). Throughout this evolution, the Canadian public and health professionals, despite concerns around key issues like access, have retained a strong sense of overall quality in their healthcare and thoughtful consideration for interventions likely to make care and outcomes better.

The principal purposes of this paper are twofold. First is to provide a contemporary comparison of public and professional stakeholders' level of support and implementation priority for innovations likely to make future care better, as well as a sense of who is most responsible to ensure their implementation. Second is to foster focus around question design for the twelfth iteration of the HCIC survey in 2016.

Data Sources

The principal data underlying this review were the solicited opinions of representative samples of the Canadian general public and health professionals, polled online between November 2013 and January 2014 (Ahmed et al. 2013–2014; Gogovor et al. 2013–2014; Montague et al. 2013–2014; Montague et al. 2015; Nemis-White et al. 2015), with comparisons to similar data from 10 previous HCIC surveys spanning the decade 1998-2008 (Ahmed 2009). The 2013–2014 public study population sample (n = 1000) was nationally representative of all Canadian adults. Health professional groups' sample sizes, although smaller, were also representative of each target group: doctors (n = 101), nurses (n = 100), pharmacists (n = 100) and administrators (n = 104).

POLLARA Strategic Initiatives developed, formatted and administered the survey questions, following repeated consultative input from all HCIC institutional partners: Canadian Cancer Society; Canadian Foundation for Healthcare Improvement; Canadian Home Care Association; Canadian Hospice Palliative Care Association; Canadian Medical Association; Canadian Nurses Association; Constance Lethbridge Rehabilitation Center of McGill University; Health Charities Coalition of Canada; HealthCareCAN, Institute of Health Economics; Institute of Work and Health; Merck Canada; POLLARA; Strive Health Management; and CareNet Health Management Consulting.

The Current Situation

Between the tenth (2007–2008) (Ahmed 2009) and eleventh (2013–2014) (Ahmed et al. 2013–2014) iterations of the HCIC survey, the public's sense of generally good, very good or excellent health has declined, and the prevalence of one, or more, chronic disease has risen. Although the perception of the general quality of healthcare has remained relatively high, difficulty in timely access to diagnosis, treatment and information needed to manage their illness, or illnesses, has risen to become the number one contemporary healthcare concern among the Canadian public (31%) and health professionals (16–23%) (Ahmed et al. 2013–2014). In contrast, in 1998, wait times were rated as the number one healthcare concern by only 4% of the public (Ahmed et al. 2013–2014).

Moreover, today's stakeholders are not optimistic about the future of patients' access to care. Fifty-six per cent of the public, 68% of doctors, 65% of nurses, 63% of pharmacists and 58% of administrators believe access to timely healthcare services in Canada will get worse over the next five years (Ahmed et al. 2013–2014). If these predictions of deteriorating care access prove correct, it is likely that stakeholders' heretofore positive perceptions of overall quality of Canadian healthcare may also deteriorate.

Considering this pessimistic forecast, it is not surprising that the majority of stakeholders have an increasing sense that major repairs, or a complete rebuilding, may be required to improve our health system. Among the public, 68% favoured such high degrees of remodelling in the latest HCIC survey, compared to 58% in 2007–2008 (Ahmed 2009; Ahmed et al. 2013–2014). The great majority of healthcare providers in 2013–2014 also agreed with the public that Canada's healthcare system requires some fairly major repairs, particularly nurses, 91% of whom feel such major rebuilding is required (Ahmed et al. 2013–2014).

The following is a comparative summary of the most highly supported and practically prioritized interventions considered by the Canadian public and professionals to likely improve key areas of patient care, and our health system overall, going forward, with companion insights as to who is most responsible for interventional implementation.

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Enhancing Access and Patient-Centred Care

To improve patient access to care, the public, in 2013–2014, favoured increasing medical and nursing school enrolment as the most strongly supported proposal, followed by requiring professionals to work in teams (Figure 1).

In 2007–2008, these proposals also drew the highest levels of support among the public and professionals (Ahmed 2009). In contrast, among health professionals in the 2013–2014 survey, increasing the number of multi-disciplinary health management teams rose to first place as the most widely supported intervention likely to improve patient care access, displacing enhanced professional schools' enrolment (Figure 2).

FIGURE 1.
Levels of public (*n* = 1000) support in 2013–2014 for widespread implementation of policy interventions likely to increase patient access to healthcare professionals, on a scale of 1 to 10, where 1 means "strongly oppose" and 10 means "strongly support"

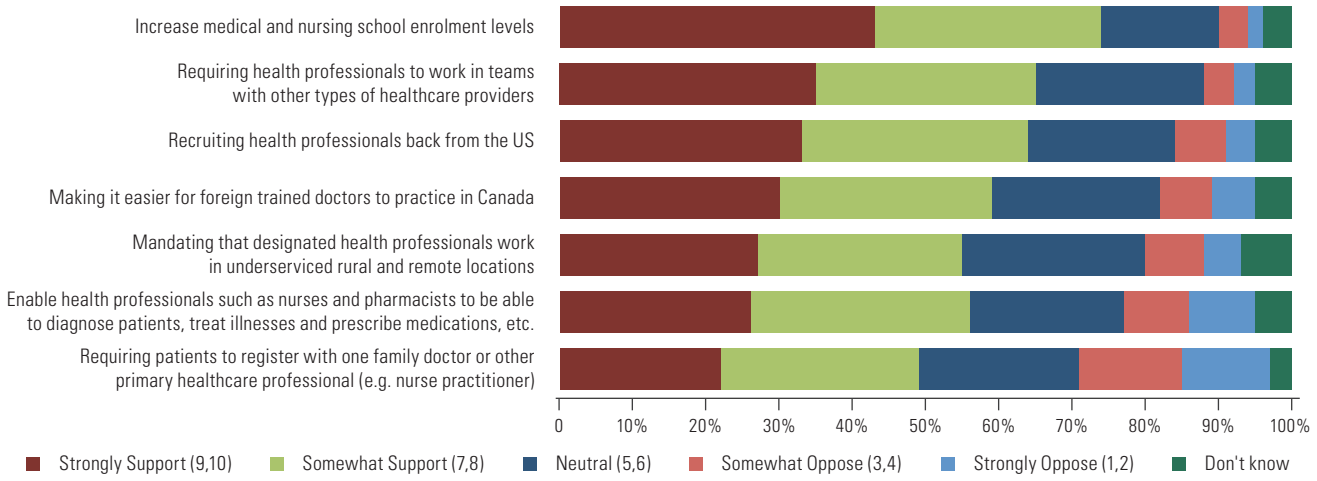
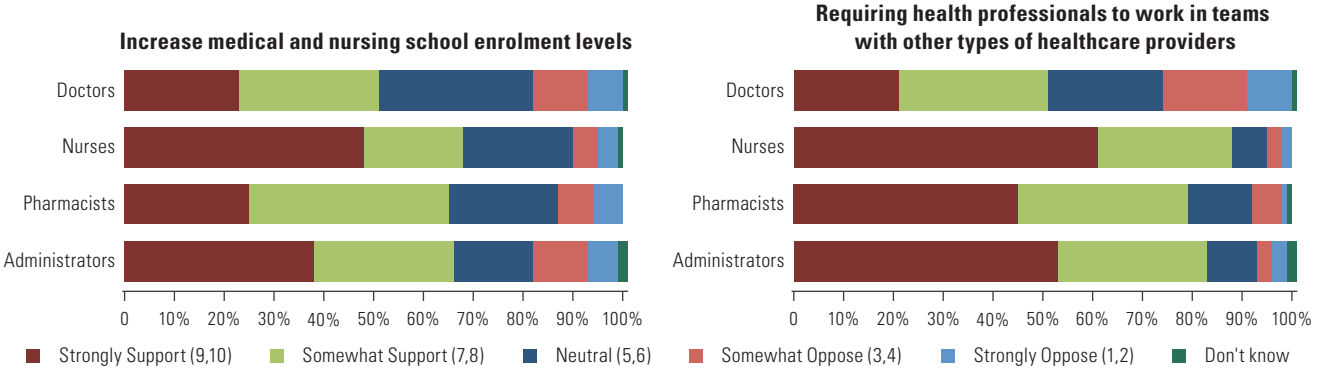


FIGURE 2.
Levels of support in 2013–2014 among health professionals (Doctors (*n* = 101), Nurses (*n* = 100), Pharmacists (*n* = 100), Administrators (*n* = 104)) for widespread implementation of policy interventions likely to increase patient access to healthcare professionals, on a scale of 1 to 10, where 1 means "strongly oppose" and 10 means "strongly support"



One concern, however, is that physicians' support for team care continues to lag behind that of nursing, pharmacist and administrative colleagues (Figure 2). Another concern, as illustrated in Figures 3 and 4, is that high levels of general support for care improvement attributes may not necessarily transfer to specific priority for their implementation. Another reality, perhaps reflective of the apparent dichotomies between theoretical support for, and priority to implement, specific interventions to improve care is that only 18% of the public, 31% of physicians, 45% of nurses and 22% of pharmacists are currently involved in a team-care health management program (Ahmed et al. 2013–2014).

A major driving force underlying patients' perceived importance of care access is the increasing burden of chronic illnesses as the Canadian population ages. Since 2007, the prevalence of one or more chronic illnesses among adult Canadians has risen from 37% to 58% in 2013–2014, led by arthritis, cardiovascular and mental health disorders (Ahmed et al. 2013–2014). Thus, it is likely that patients' concerns with access to care, and information needed to best manage their illnesses, will continue to increase.

Another increasingly frequent topic in Canadian healthcare dialogues is patient-centred care, especially the recognition and embrace by professionals of patients' values and concerns in their care management. In the 2013–2014 HCIC survey, the public's and health professionals' most frequently supported attributes to improve patient centricity were care that is: readily and timely accessed, provided with caring, respect and in informed, communicative partnerships (Figures 3 and 4).

FIGURE 3.
Levels of recorded support/opposition among health professionals and the public for widespread implementation of policy interventions likely to enhance a culture and practice of patient-centred care, on a scale of 1 to 10, where 1 means "strongly oppose" and 10 means "strongly support"

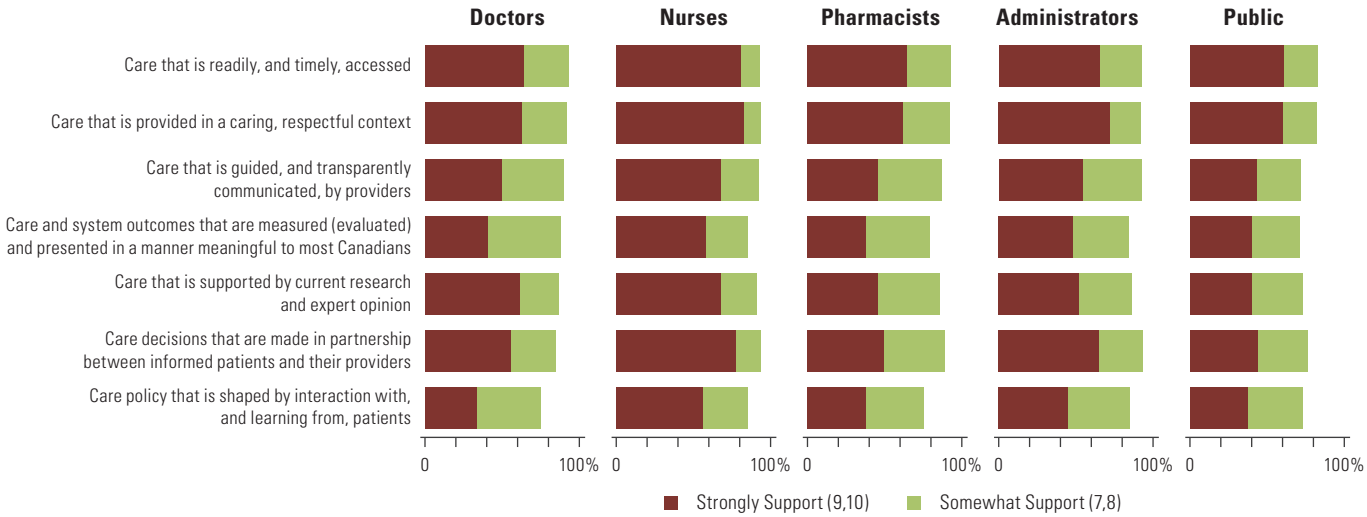
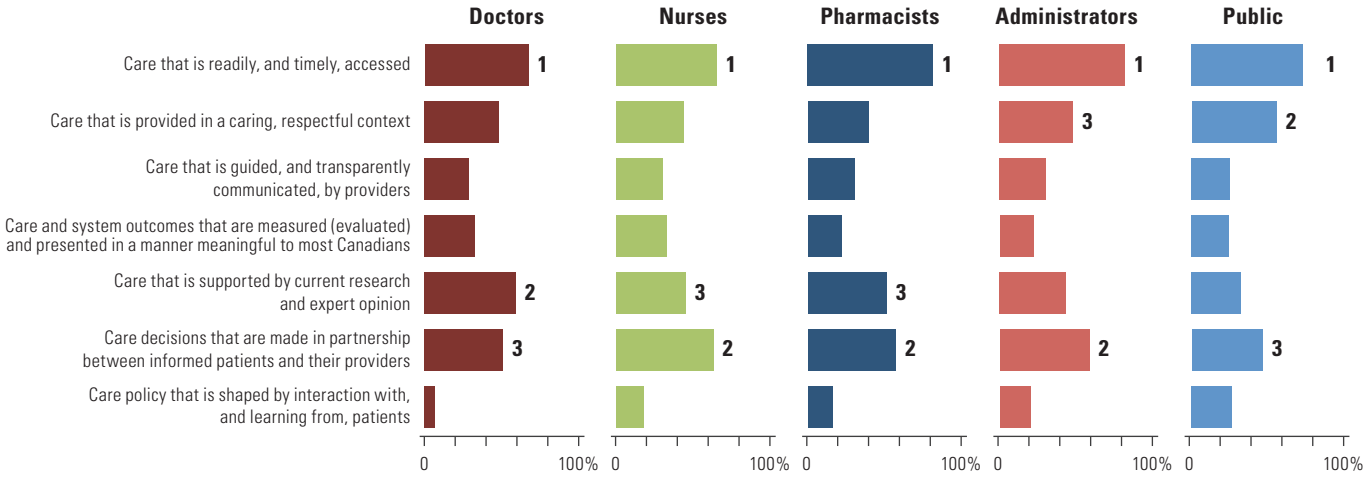


FIGURE 4.
Health professionals' and the public's top three priorities for implementation, when asked: "Which three attributes likely to enhance patient-centred care would you most strongly support?"



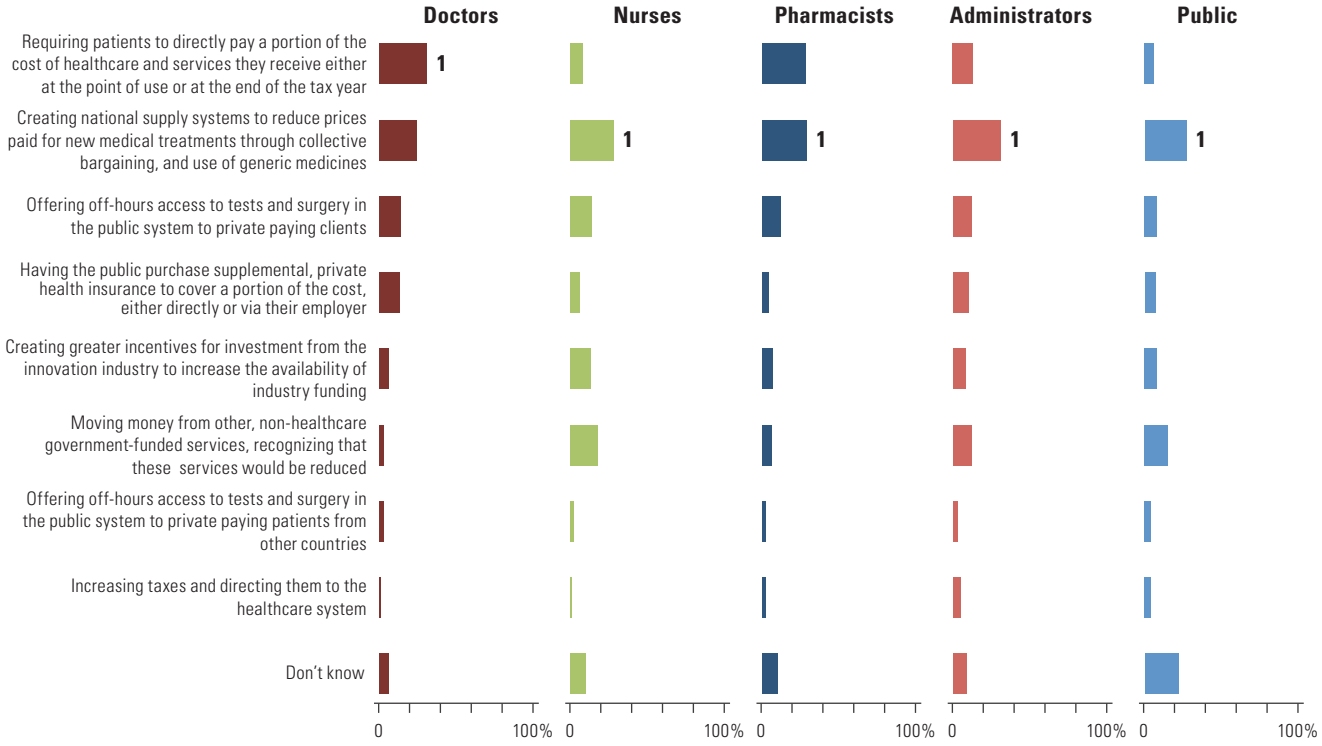
When asked to priortize their most strongly supported patient-centric care attribute (Figure 4), the public's top three priority choices reflected their general levels of support (Figure 3), namely: care readily and timely accessed, care provided in a caring and respectful manner and care decisions determined via partnership and communication.

There was, however, a key inter-stakeholder difference between the public and professionals regarding priorities for enhancing patient-centred care. Whereas professionals' level of general support for care delivered in a caring, respectful manner was highly rated (Figure 3), it fell to third, or fourth, place in terms of priority for implementation (Figure 4), displaced by care supported by current research and expert opinion. A similar disconnect between strong general support and low priority ranking was also apparent among professionals around use of electronic health records, particularly among physicians and nurses (Gogovor 2013–2014).

Enhancing the System

In terms of priority for innovative options to improve the overall health system, there were key similarities among the public and health professionals' priorities (Figure 5).

FIGURE 5.
The reported top choice for priority implementation, of both Canadian health professionals and the general public, when asked: "In order to improve the healthcare system, which of the following options would you most strongly support?"



In what might be called a "Big Box" approach, the public favoured the creation of national supply systems to reduce prices paid for new medical treatments through collective bargaining and making use of lower-cost alternatives such as generic medicines (Figure 5). This was also the most favoured priority option among nurses, pharmacists and administrators (Figure 5).

On the other hand, there were some major differences. Notably, only 6% of the general public preferred patient user fees, a funding option preferred by many doctors (31%), pharmacists (28%) and administrators (13%) (Figure 5).

Making Things Better: Who is Responsible?

When the public and professionals were asked to indicate their perceived extent of responsibility of every Canadian to take care of their own health through prevention of illnesses and injuries, and by leading a healthy lifestyle and to work together with providers to manage and maintain good health, both groups reported agreement or strong agreement at, or above, the ninetieth percentile. And, as indicated in Figure 6, there is remarkable concordance among public and professional stakeholders in terms of their sense of who has the greatest responsibility to drive healthcare improvement innovations, namely: federal/provincial governments, research hospitals/RHAs and the pharmaceutical industry.

Conclusion

We are at a crossroads in Canadian healthcare.

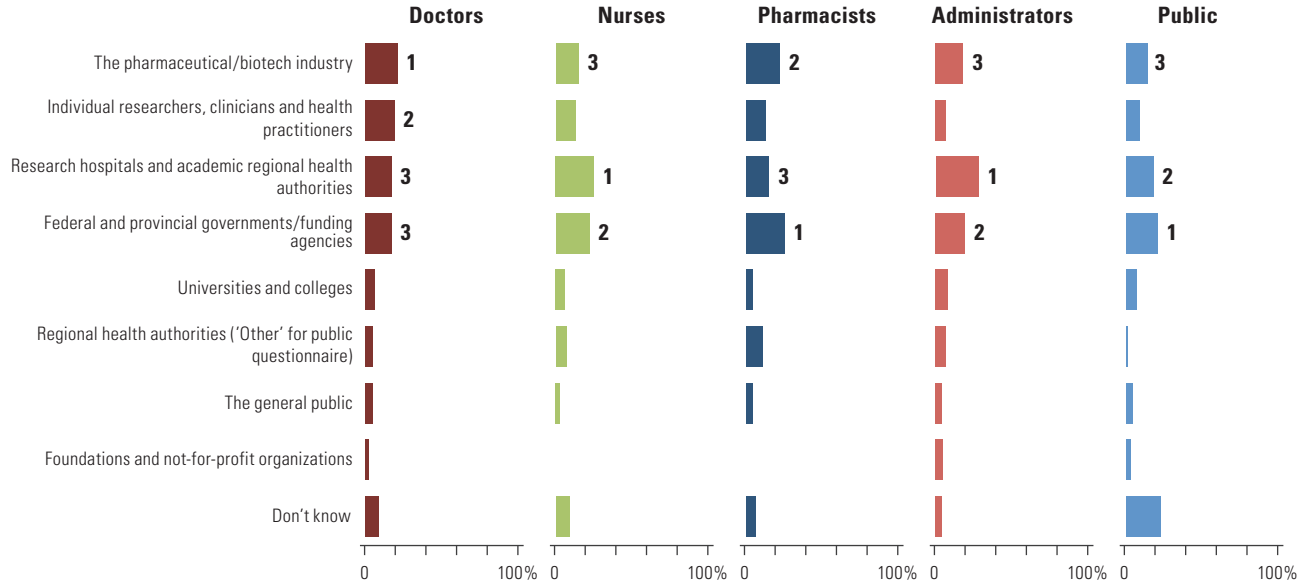
Although perception of quality in Canadian healthcare persists, population health is decreasing, chronic diseases are increasing and key issues like timely access to patient-centred care remain vital concerns. Despite some stakeholder pessimism and disconnects between theoretical support and implementation priorities for improvement options, there is concordant support to optimize resources to make things better, and a common sense regarding who is best suited to lead innovation.

The bottom line is that we are all in the healthcare business together. We are all responsible. We all have a role in making things better, and the insights and resources to make it happen.

Things can be better! HQ

FIGURE 6.

The top three reported choices of Canadian health professionals and the general public when asked: "Who is most responsible to drive implementation of future innovations to our healthcare system?"



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