

Experiencing the Canadian Healthcare System – A Patient’s View

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Why?

Background

- Health care has been in a state of perpetual change over the past decade. The broad-based landscape of changes affecting health care is extensive and incredibly complex.
- In particular, the aim of the healthcare reform in Canada is to develop healthcare systems that are more coordinated, patient-centred, comprehensive, accessible, and community focused, and that emphasize illness prevention, health promotion and greater use of computer technologies.
- Despite these changes and reforms, many critical gaps in our healthcare systems hinder optimal patient care.
- Majority of gaps reveal themselves at the system and healthcare provider levels.
- Most critical gaps according to the literature are:
 - Evidence-based medicine is not well translated into clinical practice
 - Healthcare system public debate is centred around costs instead of health outcomes
 - Under-treatment and under-diagnosis is widespread
 - Fee-for-service physician remuneration is not aligned with managing complex chronic conditions
 - Patient nonadherence is under-recognized and very complex to manage
 - Patients are dissatisfied with their current access to quality interactions with healthcare professionals

Who?

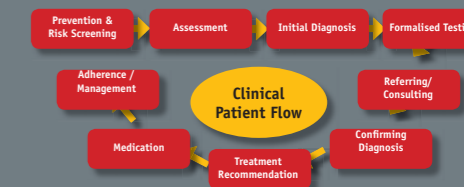
	HCPs (GPs, FPs, ophthalmologists, nurses, pharmacists, physiotherapists, dieticians)	Patients (Diagnosed with one of the targeted therapeutic area)	Administrators (Regional health authorities, hospitals)	Total
Qualitative	119	66	25	210
Quantitative	755	422	10	1187
Total	874	488	35	1397

How?

An IRB approved mixed-method approach was employed including qualitative and quantitative data collection techniques. The data collection approach followed the patient clinical flow and was conducted from a) multiple perspectives (patient, physicians, allied healthcare providers, and hospital and government administrators), b) across multiple disease and conditions, and within c) multiple regions across Canada. In the qualitative phase, 18 focus groups and 122 telephone interviews were conducted. In the quantitative online surveys were deployed based upon the findings of the qualitative phase.

- Phase 1: Literature review and environmental scan**
- Phase 2: Collaborative mixed-methods design**
 - Ethics (IRB) approval
- Phase 3: Qualitative data collection**
 - 18 Focus groups
 - 122 Telephone interviews
- Phase 4: Quantitative data collection**
 - National online surveys
- Phase 5: Collaborative triangulated analysis**

Framework: Clinical Patient Flow



What?

Research Objectives

- To identify and better understand issues and challenges that impact patient care from multiple perspectives (patient population, healthcare professionals in community interdisciplinary group practices, hospital and government administrators)
- To better understand patients’ experiences within the Canadian healthcare system in multiple therapeutic areas
- To identify gaps and barriers to optimal care, and their causes, in the current Canadian context given the changes in Canadian healthcare system
- To expand understanding of the healthcare environment beyond the individual physicians’ perspective



Multiple Perspective

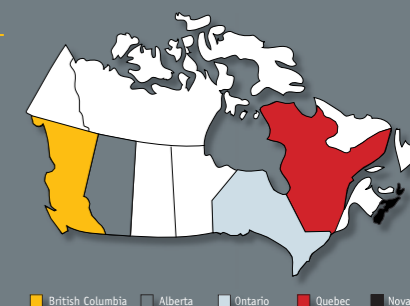


This research looked at patient needs not only from the patient’s perspective, but the perspective of multiple stakeholders in the healthcare system

Multiple Therapeutic Areas

Age 15-24	Age 25-54	Age > 54
<ul style="list-style-type: none"> Human Papillomavirus (HPV) Asthma 	<ul style="list-style-type: none"> Metabolic syndrome <ul style="list-style-type: none"> Hypertension Hyperlipidemia Diabetes Obesity Migraine Prostate Hyperplasia Glaucoma 	<ul style="list-style-type: none"> Metabolic syndrome <ul style="list-style-type: none"> Hypertension Hyperlipidemia Diabetes Obesity Osteoarthritis Osteoporosis Varicella Zoster Virus Prostate Hyperplasia Glaucoma

Multiple Regions



Key Patient Care Gaps

- Suboptimal collaboration and integration between HCPs
- Patients not active participants in their health management
- Therapeutic relationship undermines patients’ adherence
- GPs/FPs not providing patient education to support necessary lifestyle changes
- GPs/FPs avoid situations that will generate patient distress or anxiety
- GPs/FPs’ emphasis on curative care, neglecting prevention
- GPs/FPs struggle to provide emotional and psychological support to patients

“We are moving into a very different new governance agreement with the creation of level health integrated networks. And they are taking on an awful lot at the local level. So, just kind of maturing that, those new governance arrangements and relationships will be challenging in and of themselves. I think kind of integrated planning and collaboration or LHIN enables, still has to be realized. And I think that is a big shift for local providers, as well as local stakeholders who now have to get used to working with local LHINs instead of at, strictly at the provincial level”

Administrator

“We look at other sources, we also look in how we can sort of, you know beg, borrow, steal from our acute care budget to make things happen (in preventative care)”

Administrator

“It’s a challenge for me, how to motivate them, increasing compliance. One is time, the other I guess, I guess it does come to some knowledge. How to motivate a patient, not just knowing about the disease but how do I tell them in the way they understand and apply.”

GP/FP – Diabetes

“Everything, fast food, fast information, you know, “fix it now” mentality that perpetuate most of North American Society and much of other parts of the world and lack of self-responsibility. It’s always up to somebody else to fix something.”

GP/FP – Migraine

“It’s a frustration. Definitely. You know, we waste so much time counseling patients and they don’t do what you say anyway.”

GP/FP – Hyperlipidemia

“So I got all these little warnings all the way along and I didn’t pay any attention. So it was a shock, it was a, it was a shock and I told you it was a sense of fear: Oh my god, what’s going to happen next.”

Patient – Diabetes

“They just sort of said: “Well you’re fat because you eat, of what you eat and this is what you should be eating, then they won’t be fat. And if you’re fat tomorrow it’s because you didn’t listen to us.” So that was very impersonal, very cold. Very cold delivery”

Patient – Obesity