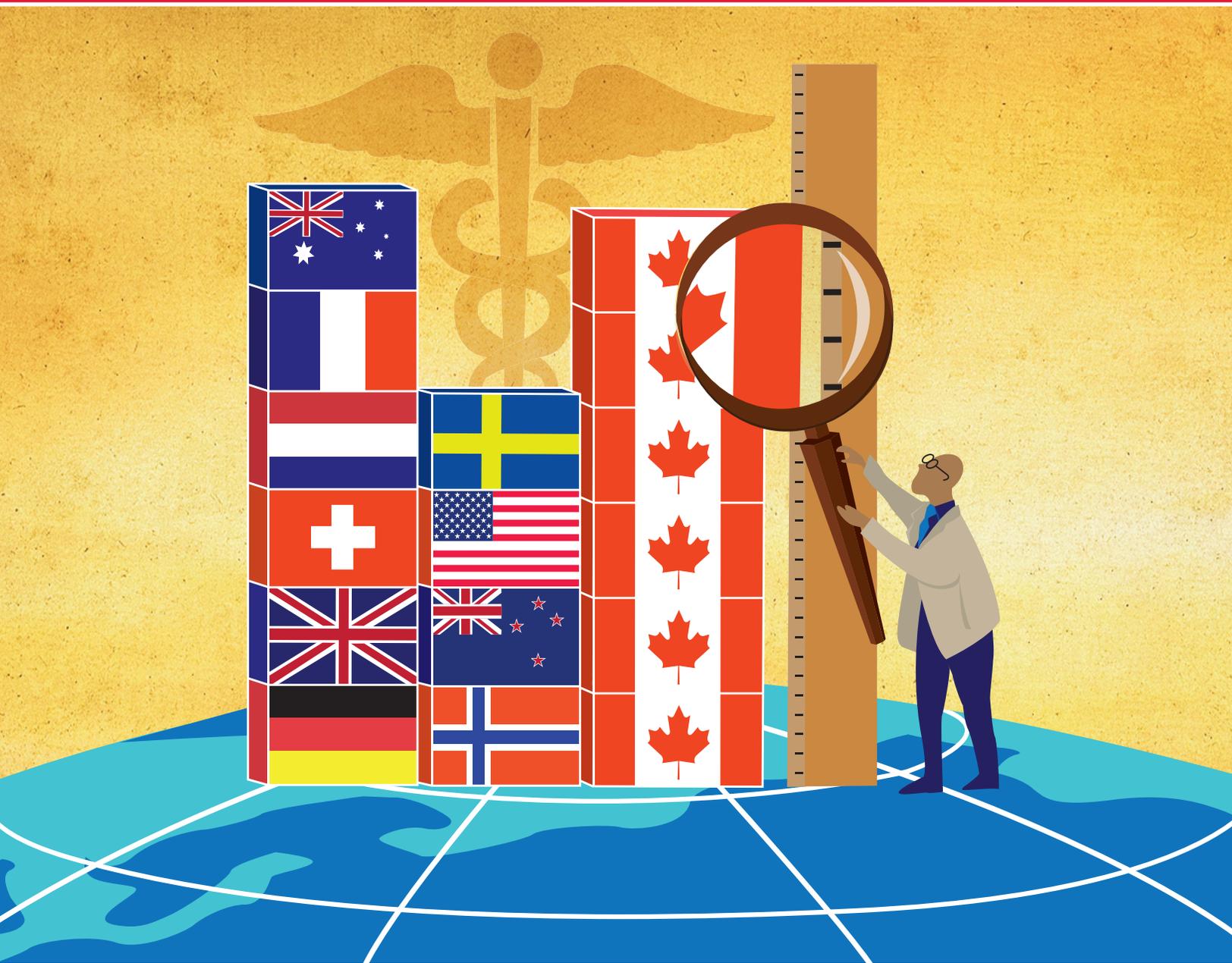


# How Do Canadians Rate the Health Care System?

Results from the 2010 Commonwealth Fund International Health Policy Survey



The Health Council of Canada would like to acknowledge funding support from Health Canada.  
The views expressed here do not necessarily represent the views of Health Canada.

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*"The [Romanow] Commission's extensive consultations with Canadians and its comprehensive research program clearly indicate that Canadians want the system to be sustainable, not only for themselves but for future generations of Canadians. They want it to change, and to change in some very fundamental and important ways. But they also want it to endure and, indeed, to thrive."*

*—Roy J. Romanow, QC, in Building on Values: The Future of Health Care in Canada, 2002*

## FOREWORD

The Health Council of Canada is pleased to report selected results of the *2010 Commonwealth Fund International Health Policy Survey*, which provide insight into the general public's views on health system performance.

The results of this survey are of particular interest because they allow comparisons to be made with 10 other countries. We are also able to compare results for some of the questions with those of the 2004 and 2007 surveys, to help us see whether Canada is improving—or not—in specific areas from the general public's perspective.

This fourth instalment in our *Canadian Health Care Matters* series tells the Canadian health care story from the public's perspective. In the 2004 *10-Year Plan to Strengthen Health Care*, the Health Council of Canada was directed to monitor and report on outcomes of health care renewal. Although measuring this can be difficult, one gauge of success is how satisfied Canadians are with the quality of their care and with the health care system as a whole.

So, how satisfied are Canadians?

Overall, the message Canadians are sending is still consistent with what the Romanow Commission heard in 2002.

Although they say their care is excellent, they aren't happy with their ability to access care in a timely and coordinated way; and Canada rates poorly in these areas when compared with other countries. Too many Canadians report that they use the emergency department to receive care that could, and should, be given by primary health care providers. There are also concerns about costs, particularly for prescription drugs.

As policy, research and provider organizations are turning to a broader focus on patient engagement, we invite all Canadians to consider these findings, and let us know if they resonate with you. We have set up Facebook and Twitter accounts, and a blog on our website to receive your comments and engage others in discussion.

John G. Abbott, *CEO*  
*Health Council of Canada*

**SUMMARY** Our findings from the *2010 Commonwealth Fund International Health Policy Survey* show that there has been little change in Canadians' perceptions over time. Based on our comparison of Canadian results to those of the 10 other countries surveyed, it is clear that we have much to learn from them to improve our system.

### Our Approach

For this bulletin, we focused on the areas of **access to care, affordability, timeliness and coordination of care** because these form the foundation of Canada's publicly-funded health care system and were a focus of the 2003 *First Ministers' Accord on Health Care Renewal* and the 2004 *10-Year Plan to Strengthen Health Care*. Also, based on our previous reporting, we know that these elements are of high priority to both primary care providers and Canadians.

A benefit of Canada's participation in the 2010 *Commonwealth Fund International Health Policy Survey* is that it allows us to compare our health system's performance with performance in other countries. While there are differences in the way other countries' health care systems are structured and funded, we can learn from their experiences. Based on survey findings, and with further scanning and research, we aim to identify countries with leading practices that we can turn to and learn from.

### Our Findings

Canada's universal publicly-funded health care system is an important part of our national identity and a source of pride for many Canadians. Generally, Canadians are satisfied with—and confident in—the health care system, the medical

care they receive, and their ability to afford care should they need it. In fact, the survey findings suggest that people's confidence in the system is improving. However, survey findings also identify gaps in important areas.

Of the countries surveyed, Canadians have the greatest difficulty accessing care in the evenings, on weekends, and on holidays—anywhere other than in the emergency department. As a result, **Canadians are the biggest users of emergency departments**, compared with the other 10 countries. In addition, of those Canadians who used an emergency department in the last two years and who have a regular doctor, almost half said they **could have been treated by their regular care provider had he or she been available**.

While Canadians enjoy publicly-funded health care for services covered under Medicare, the survey results show that **cost can be a barrier to access and treatment**—particularly for prescription drugs. One in 10 respondents said they had not taken medications due to cost, and 5% had skipped a recommended test, treatment, or follow-up for the same reason. This suggests that the cost of care alone is not the only consideration when accessing care. There are other costs, such as travel to medical appointments and services required to support the diagnosis

### Our Related Previous Work

In our earlier work on patient perceptions of the health care system, we have also used patients' self-reported data drawn from polls and surveys. Regardless of the poll or survey, we continue to hear the same message from Canadians: **the quality of care is excellent; accessing care and information in a timely way is a challenge.**

Other reports from the Health Council of Canada that explore patient and provider perceptions of the health care system include:

- Canadian Health Care Matters Bulletin series:
  - *Safer Health Care for "Sicker" Canadians: International Comparisons of Health Care Quality and Safety*
  - *Helping Patients Help Themselves: Are Canadians with Chronic Conditions Getting the Support They Need to Manage Their Health?*
  - *Beyond the Basics: The Importance of Patient-Provider Interactions in Chronic Illness Care*
- *At the Tipping Point: Health Leaders Share Ideas to Speed Primary Health Care Reform*
- *Canadian Perceptions of the Health Care System: A Report to the Health Council of Canada*

or treatment that may not be covered by provincially-funded health care insurance. When taking a closer look at the data, we found that Canadians with higher levels of income and access to private insurance coverage beyond what is available through provincial funding were less likely to skip a medical appointment or fail to fill a prescription due to concerns about cost.

### Canada also ranks poorly in terms of timeliness

**care.** Canada ranks lowest of all the countries when it comes to people's ability to get an appointment on the same or next day – when they're sick or in need of medical attention. Canadians also fare poorly, compared to others, in how long they have to wait for an appointment with a specialist or to get a diagnosis.

One out of five Canadians say their time has been wasted due to **poorly organized or poorly coordinated care.** More than one in 10 say medical records were not available for a scheduled appointment. Sharing of information between doctors and specialists also rates poorly. More than one in 10 Canadians report that their specialist was missing basic information from their regular doctor. About one-quarter of those who saw a specialist say their regular doctor did not seem informed or up-to-date on the care they had received from the specialist.

## Conclusions

These survey results highlight **gaps in the health care system**. While there appears to be improvement in Canadians' overall confidence in the system over time, there are gaps in coverage and challenges in the way information is shared. These are manifested in poor results for access, affordability, timeliness, and coordination.

Steps must be taken to close these gaps:

- Timely access to both primary care providers and specialists must improve, to avoid the overuse of emergency departments.
- Better drug coverage must be implemented, as part of the National Pharmaceuticals Strategy, to help ensure that *no* Canadian ever needs to skip or adjust a dose of medication due to cost.
- Information sharing and coordination between physicians and specialists must improve—for example, through electronic health records—to ensure that accurate and up-to-date test results and medical records are available where and when they are needed.

Canadians continue to report that their health care system isn't perfect. Ideally, the analysis and discussion of survey results such as these will both inform and make a difference—having an impact on the areas of greatest concern.

### The National Pharmaceuticals Strategy (NPS)

The NPS was established in 2004 to develop nationwide solutions to some of the concerns about the safety and affordability of prescription drugs in Canada. The strategy was part of the 2004 *10-Year Plan to Strengthen Health Care*, in which participating governments agreed to make a variety of improvements to their health care systems, paid for in part by the federal government.

In our 2009 report, *The National Pharmaceuticals Strategy: A Prescription Unfilled*, the Council reviewed progress on the NPS and reported that it appeared to have stalled.

During 2010, pharmaceutical reforms have been progressing in individual jurisdictions, and a pan-Canadian purchasing alliance has been announced. At the September 2010 Conference of Provincial-Territorial Ministers of Health, ministers agreed to develop a pan-Canadian purchasing alliance allowing governments to pursue joint procurement of prescription drugs, medical supplies, and equipment in an effort to drive value for money in health care spending.

**METHODOLOGY** Every year, the Commonwealth Fund conducts an International Health Policy Survey to gain a perspective on health system performance. The focus of the 2004, 2007, and 2010 surveys was the general public's views of how their health systems were performing.

### About the Survey

The *2010 Commonwealth Fund International Health Policy Survey* reflects the perceptions of a random sample of about 20,000 adults across 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. Participants were interviewed by telephone between March and June, 2010.

The core study was funded by the Commonwealth Fund. The Health Council of Canada sponsored a portion of this study along with the Ontario Health Quality Council and the Québec Health and Welfare Commissioner (Commissaire à la santé et au bien-être du Québec).

More information on this and other Commonwealth Fund surveys is available at [www.cmf.org](http://www.cmf.org).

### About the Data and Analyses

Survey respondents were asked approximately 100 questions. This bulletin summarizes responses to about one-third of the survey questions.

Data for each of the countries are “weighted” in order to more accurately represent the populations of the countries they come from. For example, Canadian data are weighted by age, sex, education, and other elements to reflect the demographic composition, based on 2006 Census data.

The Canadian sample size was 3,309. Due to a small number of survey participants in some provinces and territories, results could not be broken down by jurisdiction.

As part of the analysis we “drilled down” the survey results to determine if factors such as a respondent's age, sex, income, access to private insurance, location or level of education had an impact on the overall survey results. We found that, in general, these factors did not influence the results in a substantial way. There were a few exceptions related to income, access to private insurance, and the ability to access care in a timely way.

To test for differences that are statistically significant, we compared Canada's overall results with the average of all countries (the average includes Canada) using a significance level of  $p \leq 0.001$  (the chance of there being no difference is less than or equal to one in 1000). Canada's results were significantly different from the average for all questions with the exception of those illustrated in charts 3.1, 5.2, 5.3, 5.4, and 5.5. Changes over time in Canada were also tested for statistical significance at  $p \leq 0.001$  and differences are noted within the charts.

A technical report is available by contacting: [information@healthcouncilcanada.ca](mailto:information@healthcouncilcanada.ca).

## About the Charts

To provide an in-depth look at the survey results, questions have been grouped into five topic areas: general perceptions of care, access to care, affordability, timeliness, and coordination. For each topic area we have created a summary of findings and a series of charts to illustrate responses to the relevant questions.

Depending on the survey question, there may be up to three charts to illustrate the following:

- Canadian Responses Compared with Other Countries
  - The bars are ordered from the **top-performing country on the left** to the lowest-performing on the right.
- Canadian Responses by Category
  - A breakdown of responses is provided for those questions where participants were not limited to yes or no answers.
  - Due to rounding, the numbers may not add up to 100.
- Canadian Responses Over Time
  - This is provided if the same question was asked in the 2004, 2007 and 2010 surveys.

In all cases, numbers shown in the charts have been rounded to the nearest whole number.

## 1.0 GENERAL PERCEPTIONS OF CARE

Canadians' confidence in their health care system is related to many complex factors, including personal experiences within the system, stories from friends and acquaintances, and articles in the news. This confidence has been steadily improving since 2004. However, it is still below average compared with the other countries surveyed; almost two-thirds of Canadians think the system needs fundamental changes to make it work better.

- Over one-third of Canadians (38%) view the health care system as working well with only minor changes necessary to make it better. However, just over half (52%) say that fundamental changes are required to make the system work better, and 10% believe it needs to be completely rebuilt.
- About three-quarters of Canadians (76%) rate the quality of medical care they've received as excellent or very good; this is above the international average. Only 2% of Canadians rate the quality of medical care as poor.
- About three-quarters of Canadians (77%) feel very confident or confident that they'll be able to get the most effective treatment, including drugs and diagnostic tests, if seriously ill. However, this leaves about one in four who are not confident.

### How are other countries performing?

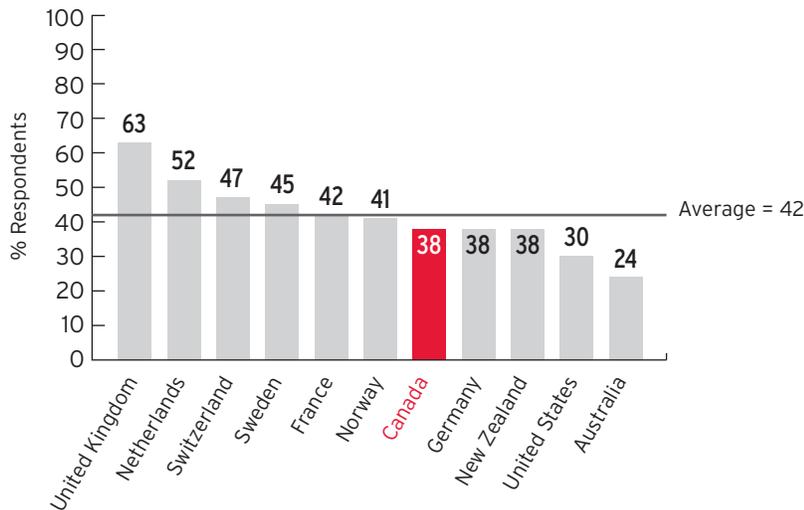
- Respondents from the United Kingdom show the most confidence in their ability to access effective treatment, drugs and diagnostic tests, and highly rate the quality of medical care received. Almost two-thirds (63%) of respondents from the United Kingdom feel their health care system is working pretty well with only minor changes needed to make it work better.

## 1.1 Overall View of the Health Care System

Survey respondents were asked: *“Which statement comes closest to expressing your overall view of the health care system in this country?”*

### Canadian Responses Compared with Other Countries

On the whole, the system works pretty well and only minor changes are necessary to make it work better

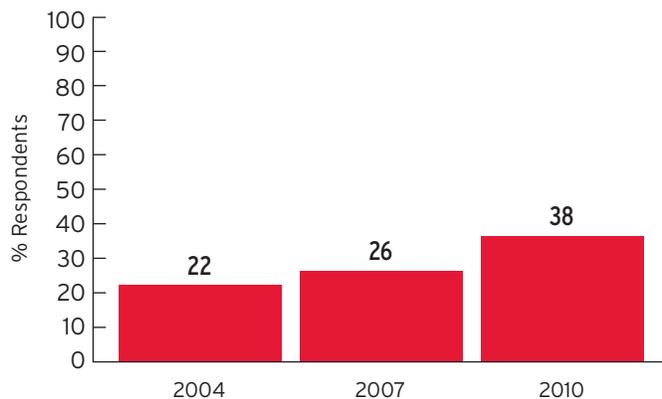


### Canadian Responses by Category



### Canadian Responses over Time

On the whole, the system works pretty well and only minor changes are necessary to make it work better.



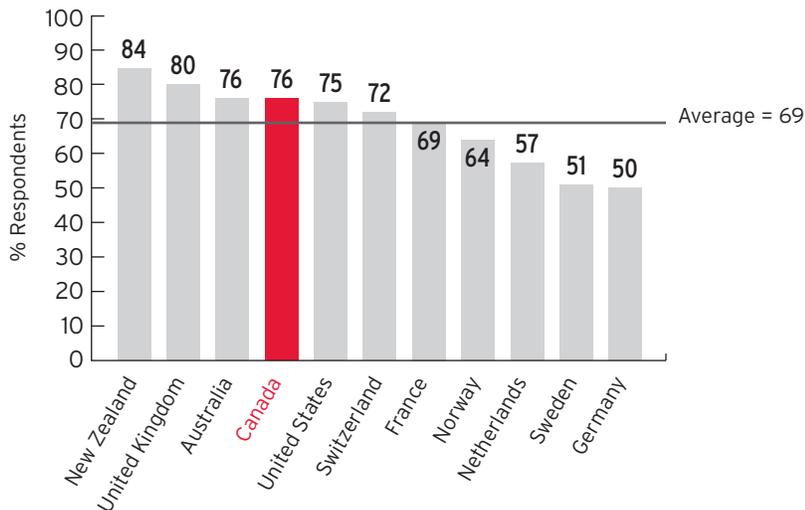
This change over time is statistically significant.

## 1.2 Quality of Medical Care

Survey respondents were asked: *“Overall, how do you rate the medical care you have received in the past 12 months from your regular doctor’s practice or clinic?”*

### Canadian Responses Compared with Other Countries

The quality of medical care received is excellent or very good



### Canadian Responses by Category

Range of ratings of quality of medical care

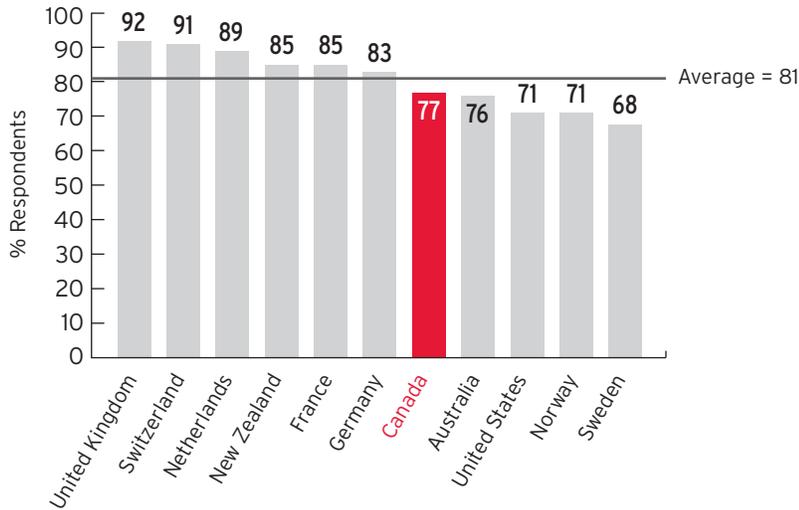


### 1.3 Confidence in Access to Most Effective Treatment

Survey respondents were asked: *“How confident are you that if you become seriously ill, you will receive the most effective treatment, including drugs and diagnostic tests?”*

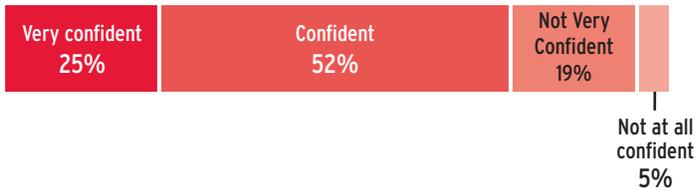
#### Canadian Responses Compared with Other Countries

Very confident or confident in receiving the most effective treatment if seriously ill



#### Canadian Responses by Category

Range of confidence levels in receiving the most effective treatment if seriously ill



## 2.0 ACCESS TO CARE

Better access to care was a key element of the 2003 *First Ministers' Accord on Health Care Renewal* and the 2004 *10-Year Plan to Strengthen Health Care*, and is an important aspect of Canada's health care renewal. How does Canada compare? Not particularly well. Most Canadians have difficulty accessing care outside daytime hours. This has led to Canadians being the biggest users of emergency departments of all countries surveyed. Of those Canadians who used an emergency department in the last two years and have a regular place of care, nearly half say they could have been treated at their usual place of care if it had been available.

- Compared with respondents in the other countries, Canadians have more difficulty accessing care in the evenings, on weekends, and on holidays, without going to an emergency department.
- A majority of Canadians (65%) report that accessing medical care in the evenings, on weekends, and on holidays is somewhat or very difficult.
- Canadians use emergency departments more than respondents in any of the other countries—44% having visited one in the past two years.
- Of those who went to an emergency department but had a usual place of care, nearly half (47%) say their condition could have been treated by staff at their usual place of care had they been available.

### How are other countries performing?

- Respondents from the Netherlands and United Kingdom report the least difficulty in accessing care after hours.
- Respondents from Germany are least likely to use the emergency department. Among those who did go to the emergency department, only one-quarter feel they could have been treated by their usual care provider had they been available.

#### Access to Care outside Daytime Hours Linked with High Overall Ratings of Care

A more detailed analysis of the Canadian data reveals the following:

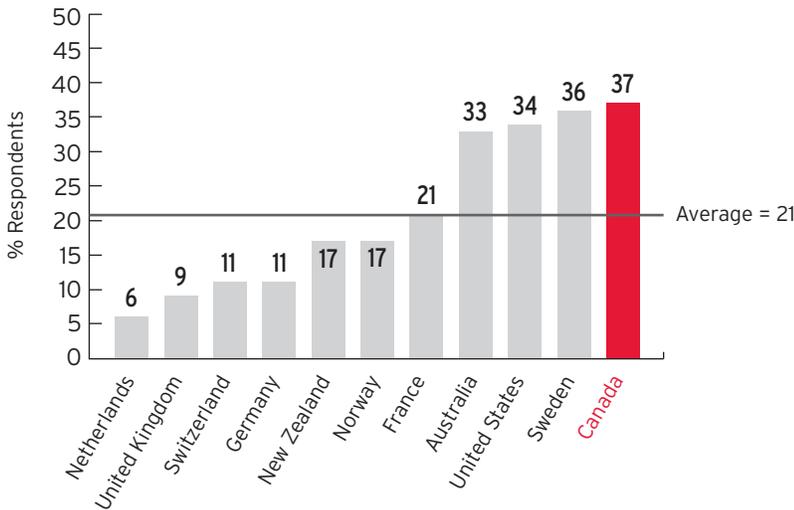
- Canadians who found it “very easy” to access care outside daytime hours were more inclined to report that they are “very confident” about receiving the most effective treatment (47%) and are also more inclined to rate the quality of care they receive from their doctor as “excellent” (63%).

## 2.1 Access to Care after Hours

Survey respondents were asked: *“How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital emergency department?”*

### Canadian Responses Compared with Other Countries

Very difficult to get care in the evenings, on weekends, or holidays without going to the hospital emergency department



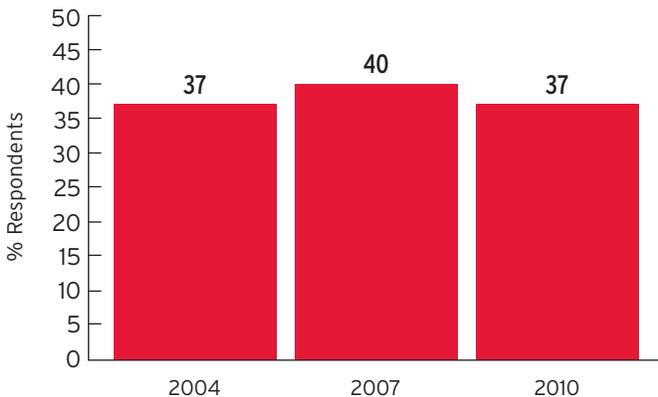
### Canadian Responses by Category

Ability to get care in the evenings, on weekends, or holidays without going to the hospital emergency department



### Canadian Responses over Time

Very difficult to get care in the evenings, on weekends, or holidays without going to the hospital emergency department



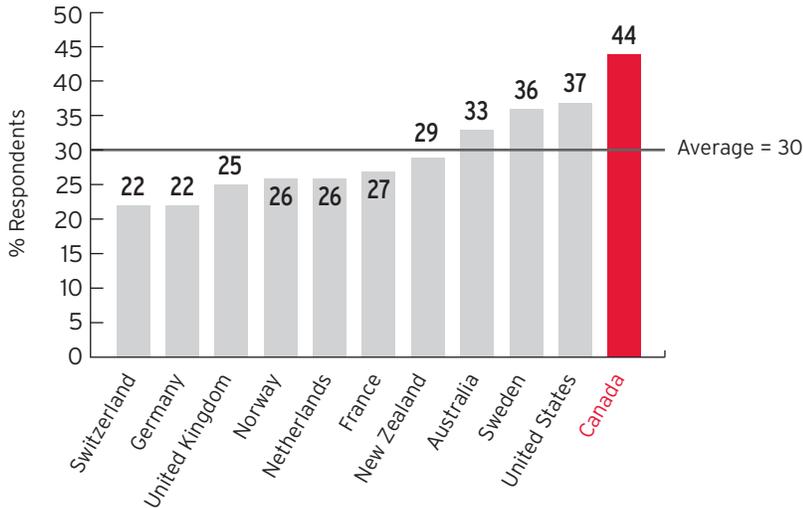
This change over time is not statistically significant.

## 2.2 Emergency Department Use in Past Two Years

Survey respondents were asked: *“How many times have you personally used a hospital emergency department in the past two years?”*

### Canadian Responses Compared with Other Countries

At least one visit to the emergency department in the past two years

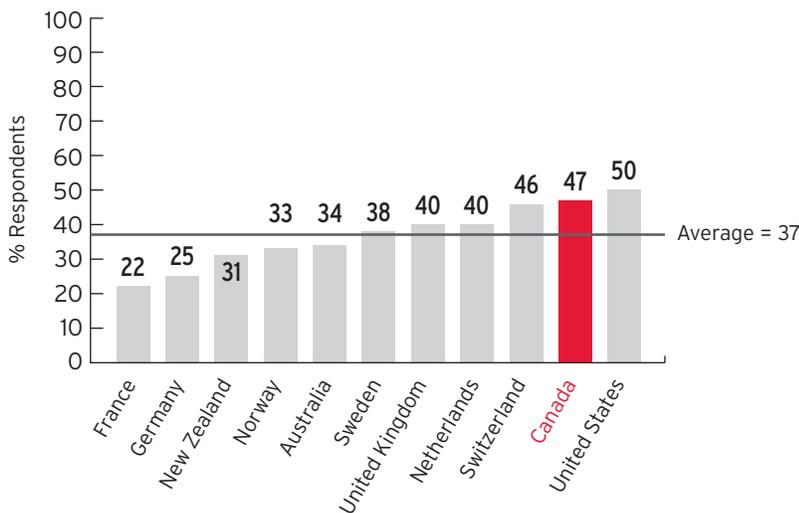


## 2.3 Emergency Department Use Instead of Regular Place of Care

Survey respondents who went to an emergency department and had a regular place of care were asked: *“The last time you went to the hospital emergency department was it for a condition that you thought could have been treated by doctors or staff at the place where you usually get medical care if they had been available?”*

### Canadian Responses Compared with Other Countries

Could have been treated at usual place of care instead of emergency department



### 3.0 AFFORDABILITY

Canadians have identified that cost can be a barrier to accessing care. While Medicare ensures that Canadians have access to health care through provincially-funded health care insurance, other costs cannot be ignored. For example, there are costs associated with travel to medical appointments, equipment and services required to support diagnosis and treatment, and in some cases, prescription drugs.

- More than two-thirds of Canadians say they feel confident or very confident that they would be able to afford the care they need if they become ill. The rest—29%—are not very, or not at all, confident.
- Few Canadians (4%) indicate that they had a medical problem in the past year but did not consult a physician because of concerns about cost—this rate is significantly less than the average of 8% of all survey respondents, and much less than the 22% of respondents from the United States who did not consult a physician due to concerns about cost.
- About 10% of Canadians report not filling a prescription or skipping a dose due to cost.
- 5% of Canadians report skipping a test, treatment, or follow-up visit because of concerns about cost—this is a reduction from 8% of respondents in 2004.

#### How are other countries performing?

- Respondents from the Netherlands and the United Kingdom express the least concern about affordability and cost.

#### Private Insurance and Income Play a Role in Access

A more detailed analysis of the Canadian data reveals the following:

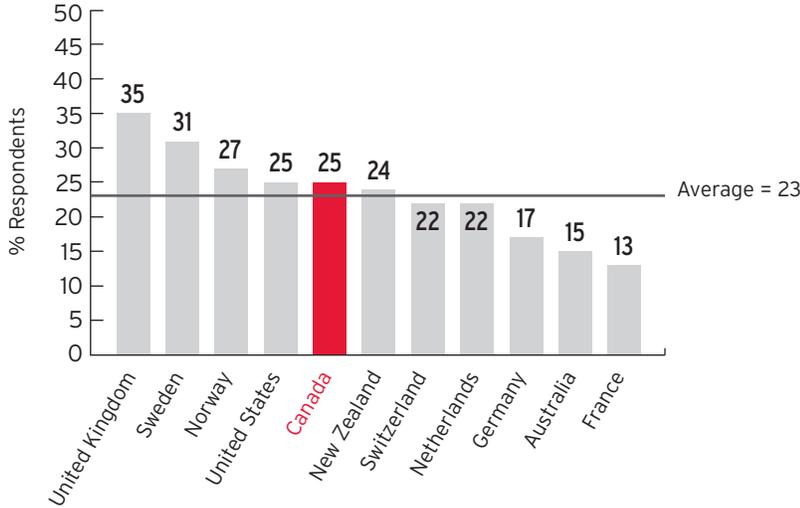
- Over half of Canadians (58%) report that in addition to government-funded health services, they are currently covered by private health insurance that they pay for, or an employer or association provides. In 2007 and 2004, the rates were 65% and 64% respectively.
- Canadians with private insurance are less likely to not fill a prescription due to cost (7% compared with 15% for those without private insurance).
- As their income levels increase, Canadians are less likely to report not visiting a doctor, skipping treatments, or not filling prescriptions due to cost.
  - 9% of lowest-income Canadians report not consulting a doctor because of cost, compared with 1% of highest-income Canadians.
  - 10% of lowest-income Canadians report skipping a medical test or treatment due to cost, compared with only 3% of those with the highest income.
  - 21% of Canadians with the lowest income report not filling a prescription because of cost, compared with only 2% of those with the highest income.

### 3.1 Confidence in Affordability of Care

Survey respondents were asked: *“How confident are you that if you become seriously ill, you will be able to afford the care you need?”*

#### Canadian Responses Compared with Other Countries

Very confident in ability to afford care if seriously ill



#### Canadian Responses by Category

Range of confidence levels in ability to afford care if seriously ill

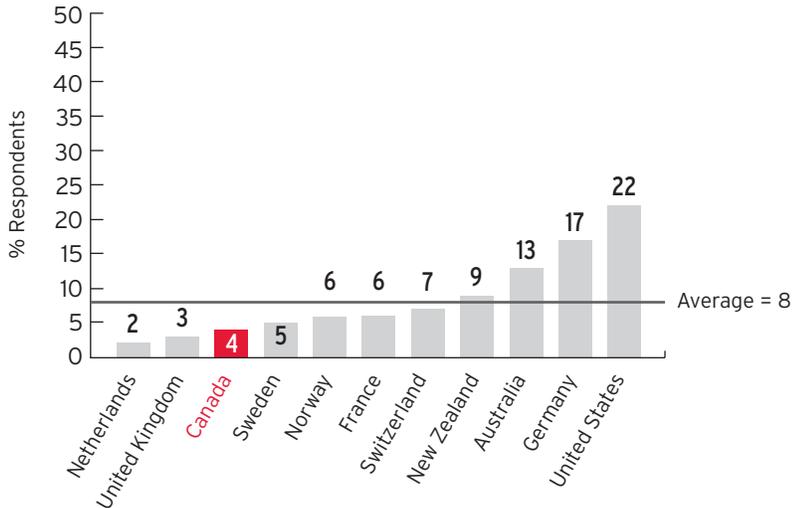


### 3.2 Concerns about Cost: Visiting a Doctor

Survey respondents were asked: “During the past 12 months, was there a time when you had a medical problem but did not visit a doctor because of cost?”

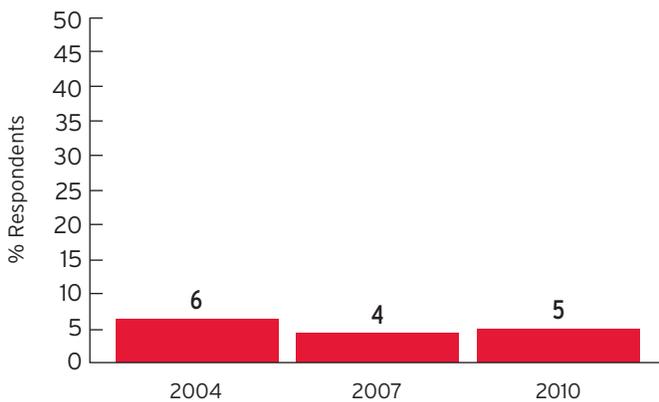
#### Canadian Responses Compared with Other Countries

Had a medical problem but did not visit a doctor because of cost



#### Canadian Responses over Time

Had a medical problem but did not visit a doctor because of cost



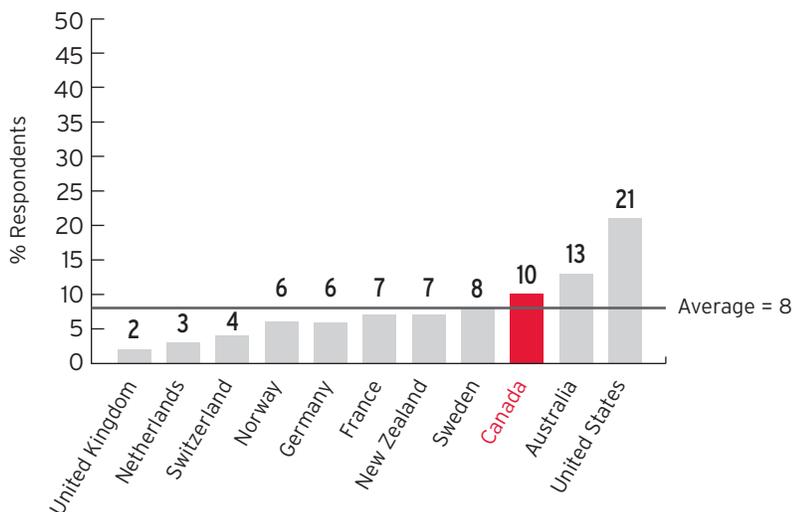
This change over time is not statistically significant.

### 3.3 Concerns about Cost: Prescription Medication

Survey respondents were asked: “During the past 12 months, was there a time when you did not fill a prescription for medicine, or you skipped doses of your medicine because of cost?”

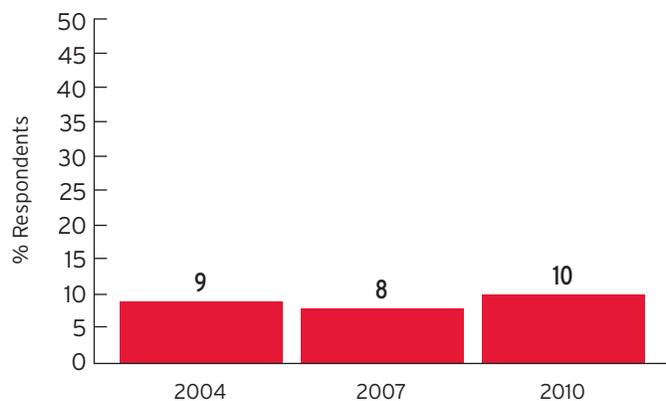
#### Canadian Responses Compared with Other Countries

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



#### Canadian Responses over Time

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



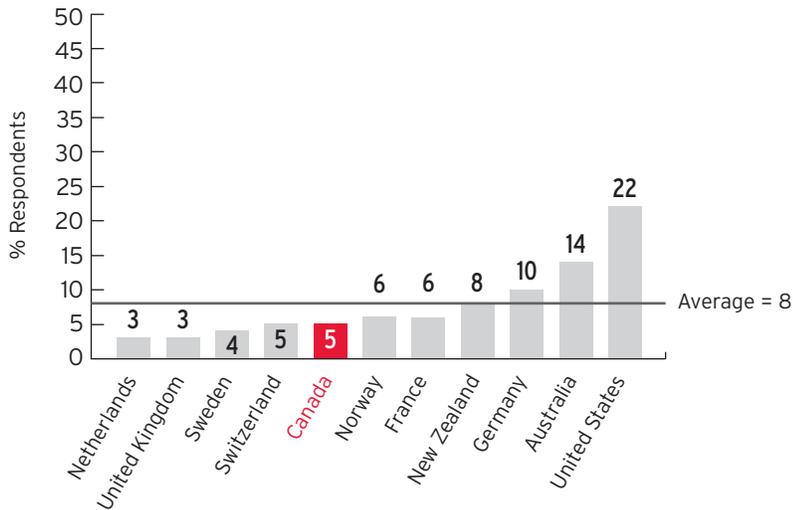
This change over time is not statistically significant.

### 3.4 Concerns about Cost: Medical Tests, Treatment, and Follow-Up

Survey respondents were asked: “During the past 12 months, was there a time when you skipped a medical test, treatment, or follow-up that was recommended by a doctor because of cost?”

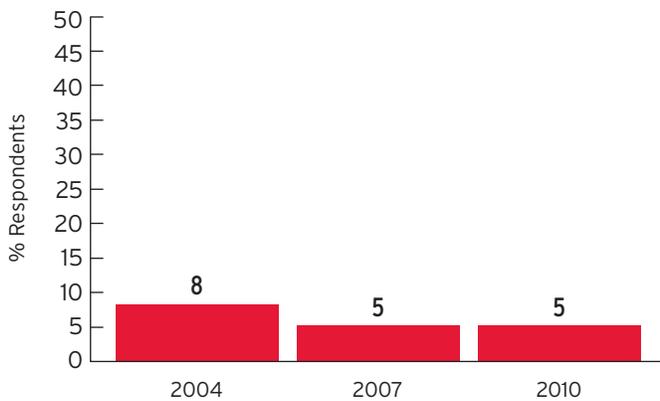
#### Canadian Responses Compared with Other Countries

Skipped a medical test, treatment, or follow-up that was recommended by a doctor because of cost



#### Canadian Responses over Time

Skipped a medical test, treatment, or follow-up that was recommended by a doctor because of cost



This change over time is statistically significant.

## 4.0 TIMELINESS

Long wait times for primary care, or to see a specialist or get a test can make all the difference in the health and treatment of Canadians, and the perception of the quality of care they receive. Canada ranks lowest of all the countries when it comes to people's ability to get an appointment on the same or next day—when they're sick or in need of medical attention. Canadians also fare poorly, compared to others, in how long they have to wait for an appointment with a specialist or to get a diagnosis.

- Fewer than half of Canadians (45%) say they are able to get an appointment on the same or next day when they're sick or need medical attention. This has improved from 2007 when the rate was 40%.
- About one in five Canadians (21%) report waiting a long time to get a diagnosis for a medical problem they were concerned about.
- When compared with respondents in other countries, Canadians have long waits to see a specialist. Over 40% say they have had to wait four or more weeks to see a specialist after being advised to do so.

### How are other countries performing?

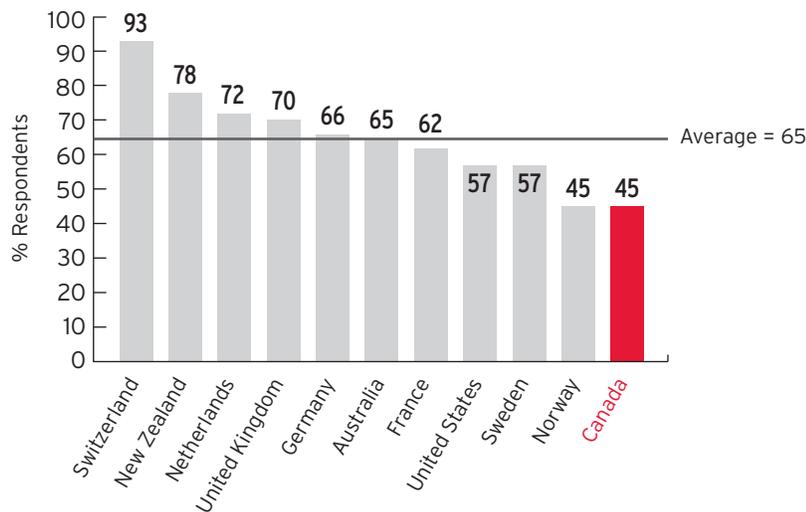
- Switzerland has the top results in timely access to care and information.
- Respondents from Sweden, Norway and Canada all report long waits for access to care providers or a diagnosis.

## 4.1 Same- or Next-Day Appointment When Needed

Survey respondents were asked: “Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or nurse?”

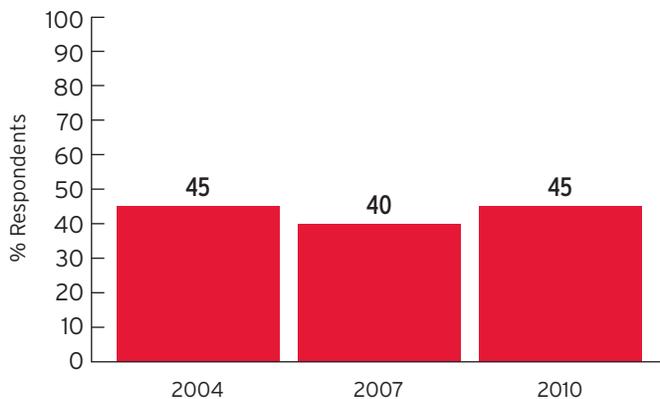
### Canadian Responses Compared with Other Countries

Able to get an appointment on the same or next day when sick or in need of medical attention



### Canadian Responses over Time

Able to get an appointment on the same or next day when sick or in need of medical attention



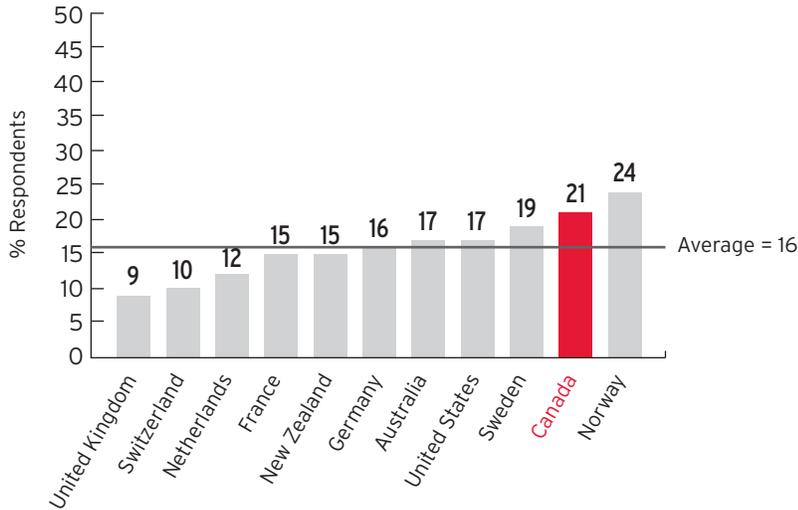
This change over time is statistically significant.

## 4.2 Waiting for a Diagnosis

Survey respondents were asked: *“During the past 12 months, was there a time when you had a medical problem you were worried about and it took a long time to get a diagnosis?”*

### Canadian Responses Compared with Other Countries

Took a long time to get a diagnosis when worried about a medical problem

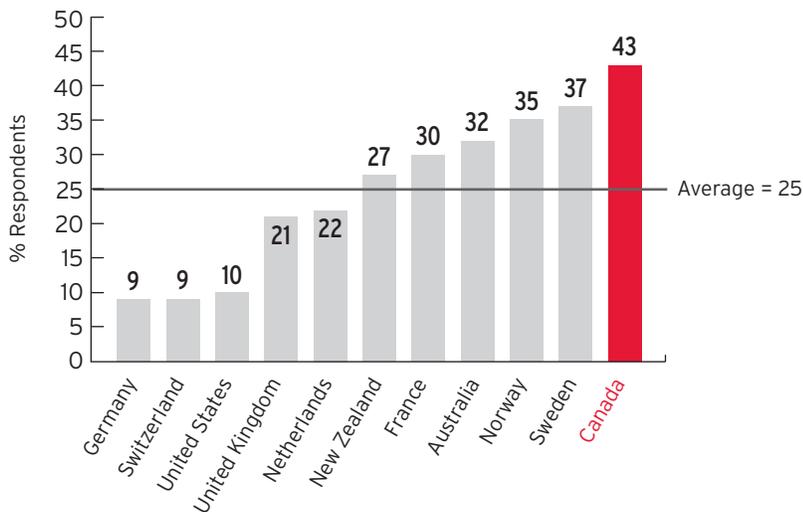


## 4.3 Waiting to See a Specialist

Survey respondents who needed to see a specialist in the past two years were asked: *“After you were advised to see a specialist doctor, how many days, weeks or months did you have to wait for an appointment?”*

### Canadian Responses Compared with Other Countries

Had to wait four or more weeks after being advised to see a specialist



## 5.0 COORDINATION

There is room for improvement in sharing of information between family doctors and specialists. One-fifth of Canadians report that their time has been wasted due to poorly organized or poorly coordinated care. More than one out of 10 say medical records or test results weren't available at the time of a scheduled appointment with their doctor, and 13% say their specialist was missing basic information from their regular doctor.

- With 20% of Canadians saying that their time has been wasted due to poorly organized and poorly coordinated care, Canada is the second lowest performing country in this area.
- 12% of Canadians report that medical records or test results were not available at the time of an appointment.
- 13% say the specialist did not have basic information from their regular doctor about the reason for their visit.
- Almost one-quarter of Canadians (23%) say their regular doctor did not seem to be up-to-date about care they had received from a specialist.
- While not statistically significant, results suggest that the sharing of information between emergency departments and patients' regular doctors is improving.

### How are other countries performing?

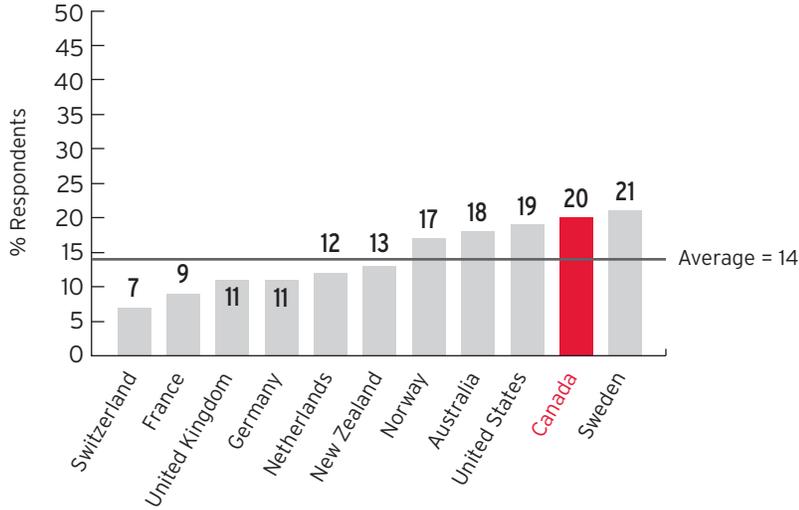
- Respondents from Switzerland and France report that test results and medical records are available where and when they need to be, and time is not wasted due to poorly organized or coordinated care.
- Almost one quarter (21%) of respondents from Sweden say they have felt their time was wasted because their care was poorly organized or coordinated. Sweden is one of the lowest performing countries for information sharing between physicians and specialists, and between emergency departments and physicians.

## 5.1 Time Wasted Due to Poorly Organized or Poorly Coordinated Care

Survey respondents were asked: *“In the past two years, have you ever felt your time was wasted because your care was poorly organized or poorly coordinated?”*

### Canadian Responses Compared with Other Countries

Time was wasted because care was poorly organized or poorly coordinated

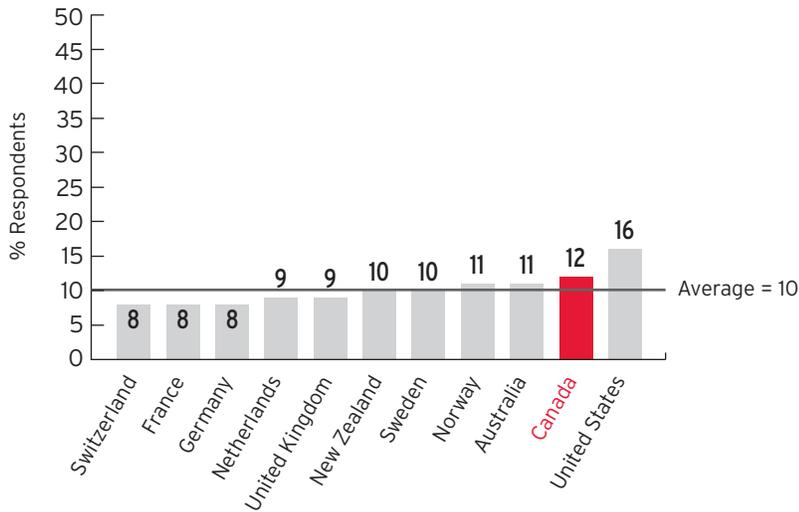


## 5.2 Medical Records at Appointment

Survey respondents were asked: *“Thinking about the past two years, when receiving care for a medical problem, was there ever a time when test results or medical records were not available at the time of your scheduled medical care appointment?”*

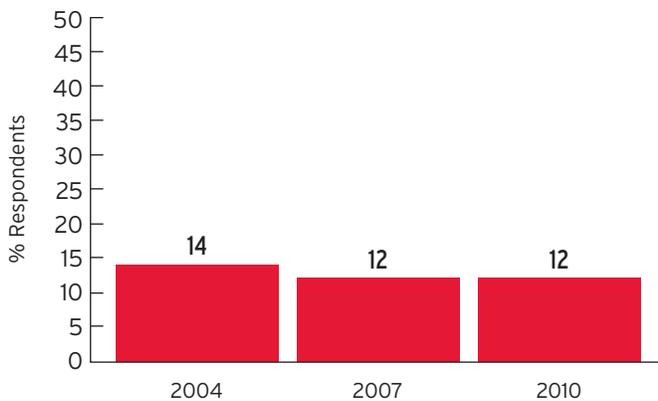
### Canadian Responses Compared with Other Countries

Test results or medical records were not available at medical appointment



### Canadian Responses over Time

Test results or medical records were not available at medical appointment



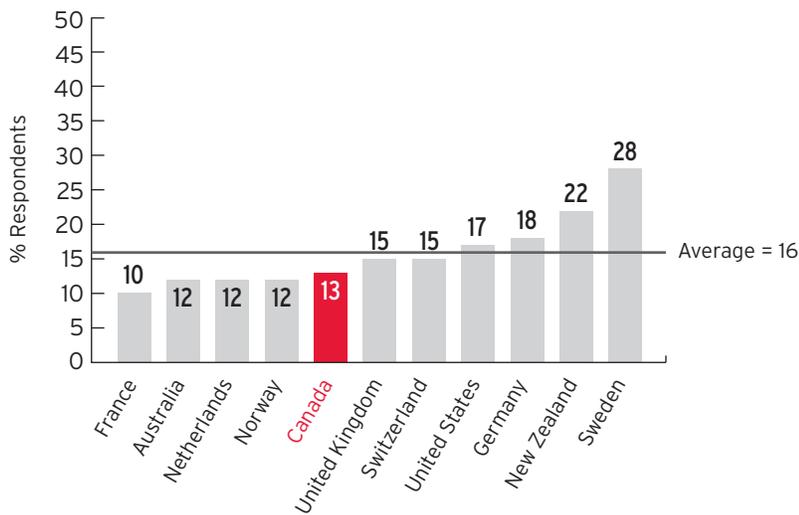
This change over time is not statistically significant.

### 5.3 Information from Doctor to Specialist

Survey respondents who have a regular place of care, and saw a specialist, were asked: *“In the past two years, have you experienced the following when seeing a specialist: The specialist did not have basic medical information from your regular doctor about the reason for your visit or test results?”*

#### Canadian Responses Compared with Other Countries

Specialist did not have basic medical information from regular doctor

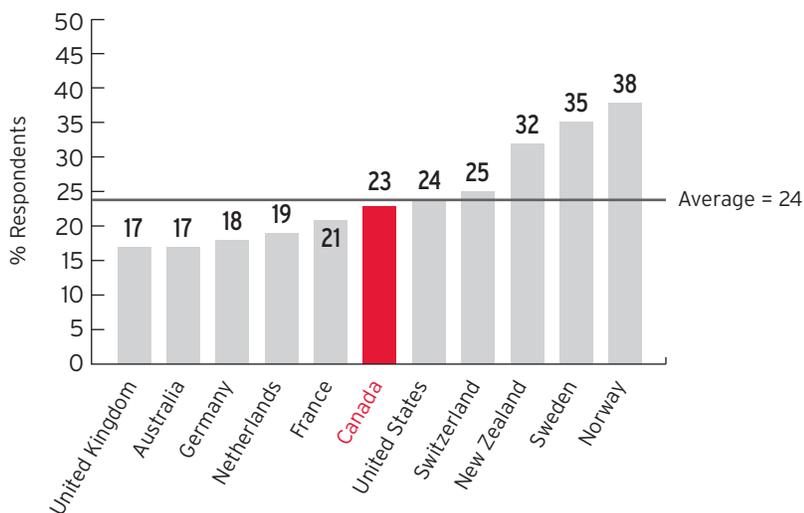


### 5.4 Information from Specialist to Doctor

Survey respondents who have a regular place of care, and saw a specialist, were asked: *“In the past two years, have you experienced the following when seeing a specialist: After you saw the specialist, your regular doctor did not seem informed and up-to-date about the care you got from the specialist?”*

#### Canadian Responses Compared with Other Countries

Regular doctor did not seem informed and up-to-date about care received from specialist

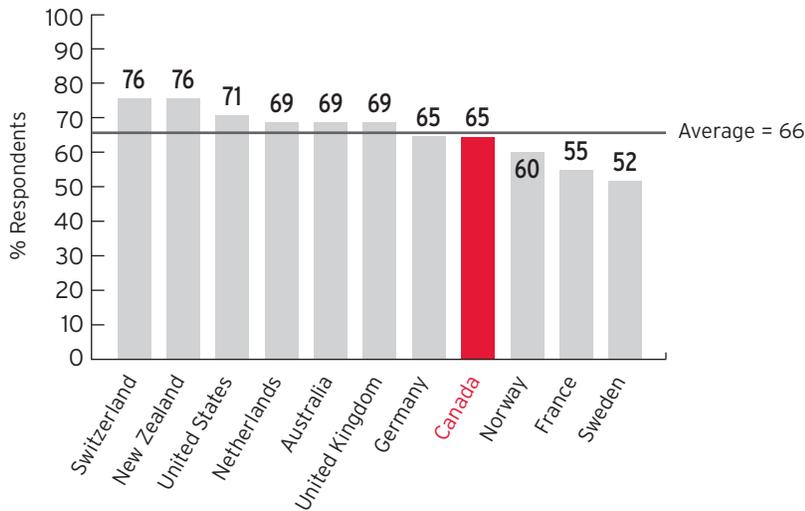


## 5.5 Information from Emergency Department to Doctor

Survey respondents who had a regular doctor and used the emergency department in the past two years were asked: *“After your visit in the hospital emergency department, did the doctors or staff at the place where you usually get medical care seem informed and up-to-date about the care you had received in the emergency department?”*

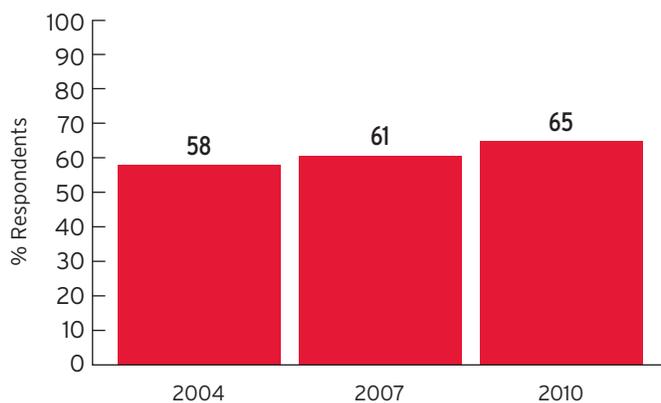
### Canadian Responses Compared with Other Countries

Doctors and staff at usual place of care seemed informed and up-to-date about care received in the emergency department



### Canadian Responses over Time

Doctors and staff at usual place of care seemed informed and up-to-date about care received in the emergency department



This change over time is not statistically significant.

## ABOUT THE HEALTH COUNCIL OF CANADA

Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the Health Council of Canada is an independent national agency that reports on the progress of health care renewal in Canada. The Council provides a system-wide perspective on health care reform in Canada, and disseminates information on best practices and innovation across the country. The Councillors are appointed by the participating provincial and territorial governments and the Government of Canada.

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