

Treating patients as consumers

2009 Canadian health care
consumer survey report



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Survey methodology

The findings in this paper are based on a national survey of 2,304 Canadian adults, aged 18 and older. In November 2008, they completed a web-based questionnaire that consisted of 74 questions, with 46 potential follow-up questions. To reduce response bias, participants were asked first about behaviours, then about attitudes, within each topic area. Results were weighted to assure proportional representation to the country's population, as reflected in the Canadian census, with respect to age, gender, income and geography. Response margin of error is +/-2% at a .95 confidence level.

Consumers from all ten provinces were surveyed with proportional representation, and grouped into six regions: British Columbia, Alberta, Saskatchewan and Manitoba, Ontario, Quebec and Atlantic (New Brunswick, Newfoundland, Nova Scotia, PEI). The territories were not included in this survey. Regional margin of error is +/-5% at a .95 confidence level. This survey was conducted as part of a global series on health consumerism, which surveyed consumers across the United States, United Kingdom, France, Germany and Switzerland.

Treating patients as consumers

A new prescription for Canada's health care sector

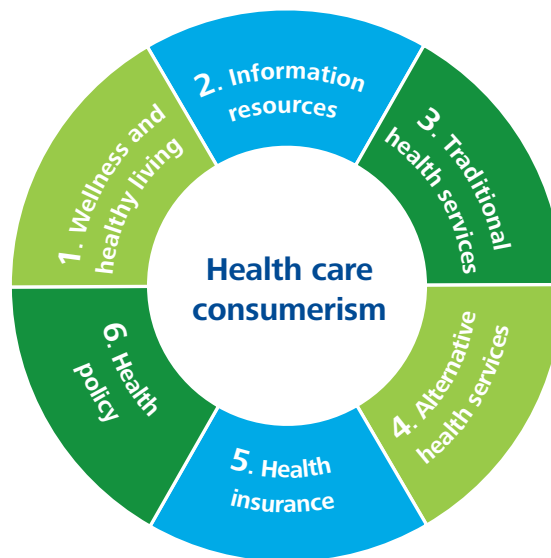
Canadians increasingly want to be treated as consumers rather than as patients. They want improved service, personalized programs and greater access to their health records.

They want more education and options for health self-management. They also want to work collaboratively with industry stakeholders to achieve these goals while keeping costs in check and using existing resources. These are the findings of Deloitte's 2009 Canadian Health Care Consumer Survey – and the findings suggest the need for a new approach to health system design. It's not that Canada's health care system lacks many exceptional features, it's that Canadians' needs continue to evolve and the system is not keeping pace with their expectations.

This is particularly true in light of survey findings that show only 3% of Canadians rated our health system with a grade of "A". Only 37% feel they have a good understanding of how our health system works and only 35% are "very satisfied". Notably, on average, survey respondents also believe that 32% of health system spending is wasted, while 27% feel recent health system restructuring has failed to contribute to a better system.

How these consumers' perceptions compare to the actual state of the health system today can be debated. While most Canadians form these beliefs based on personal experiences rather than through a studied view of the system, this survey did examine their experiences across the health care system, including interactions/experiences with physicians, hospitals, prescription medications, insurance companies and government. This transition from a patient-orientation to a consumer-orientation will have far-reaching implications for all industry stakeholders. It will place new demands on the health system and raise new challenges. Yet it also presents health care industry stakeholders with new opportunities to experiment, to innovate and to adapt to help Canadians improve both their physical and emotional wellness.

To capture the full breadth of consumer behaviours, motivations and unmet needs, this survey focused on six major areas of health care consumer activity. This paper will explore each of these six areas in turn.



1 Wellness and healthy living

How consumers care for themselves

Adequately addressing wellness, health living and chronic disease continues to challenge consumers, who will need active support to improve and maintain health status.

Implications for the health care industry

In light of these findings, health care providers have a clear role to play in helping Canadians improve their health. In particular, they should aim to better motivate consumers to take positive action towards health and wellness.

While interest in programs, tools and resources is strong, improved health status is not enough of a motivator to effect behavioural change. Consider: While 56% of consumers say they're willing to participate in a free wellness program and 58% say they'd do so if given financial incentives to participate, only 16% of Canadians report participating in these programs (and that only rises to 17% among Canadians with one or more chronic illnesses). Even support groups and membership programs get low ratings, with only one in seven consumers seeing their value.

If these types of programs aren't working, what will? Here's what consumers say they want:

- 29% want a personal health coach to help them create and stick to a personal health plan.
- 24% want a care coordinator to help them navigate the health care system.
- 66% want remote monitoring devices and home monitoring technologies that can help them make more informed decisions and determine when to improve their health or treat a health condition. Interest in these technologies rises as people age.

Top findings

60%

60% of Canadians rate their overall health as 'excellent' or 'very good', although this perception decreases with age.

63%

63% reported 'excellent' or 'very good' emotional well-being. Notably, this perception increases with age. It is also linked to income, with higher ratings among 70% of consumers who have a household income above \$100,000.

54%

54% of Canadians are trying to learn how to prevent health problems and improve their well-being. For example, two in three smokers tried to stop last year and one in three alcohol users tried to reduce consumption.

50%

Less than 50% of Canadians are actively working to improve or maintain their health (see Figure 1).

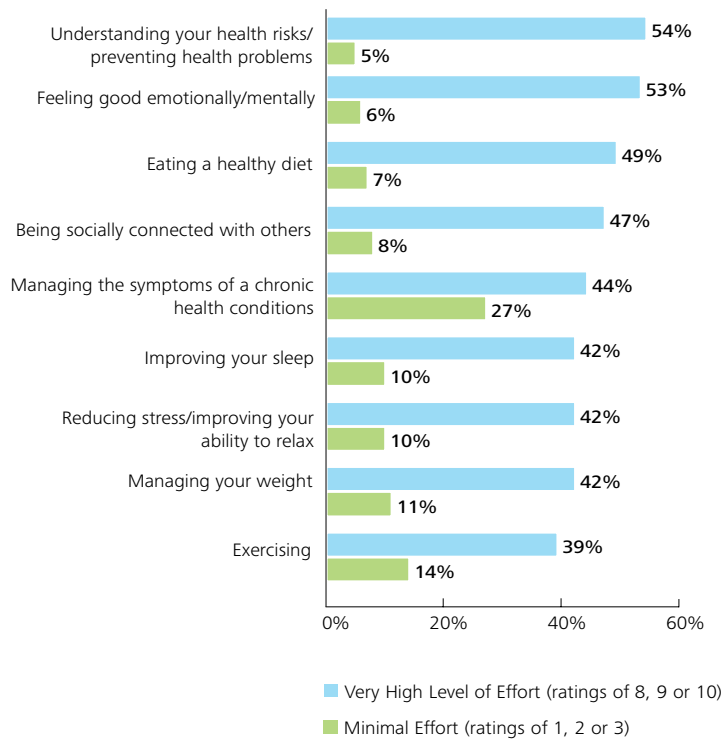
Among the 47% of Canadians who reported being diagnosed with one or more chronic diseases:

- Only one in three participates in a chronic disease management program. While 70% do comply with their treatment regimen to a high degree, less than 8% would do so if they had to pay higher public or private insurance fees, so financial penalties are not a motivator.
- That said, 66% would see a physician or nurse practitioner on a regular basis if it reduced their public or private health insurance costs or provided a financial reward.

- Conversely, a similar number say they would visit their health providers more frequently as long as there is simply no added cost to them – suggesting different models are needed to engage and motivate different groups of consumers.

This rising demand for a personalized approach will be costly under today’s health care system. Yet a shift towards this model is needed to support consumers, suggesting innovative approaches are also needed to effect this shift while maintaining health system sustainability.

Figure 1: How much effort do you currently put into improving or maintaining each of the following dimensions of your health and well-being?



2 Information resources

Top sources of health care information

Consumers want to own more of their health information and want electronic tools to manage both their own and their family's care. Their trust in hospitals and physicians makes them less interested in comparative information.

Top findings

60%

For information about treatment **options**, nearly 60% of respondents went online.

53%

For information about treatment **effectiveness and safety**, 53% went to each of medical associations and academic health sciences centres (AHSCs).

46%

For information about treatment **costs**, 46% went to medical associations and 42% went to AHSCs.

42%

For information on accessing treatment or diagnostic services more quickly, 42% turn to medical societies and associations, while 31% look to hospitals. That said, the majority of consumers don't take any steps to seek information related to the quality and services of a hospital before choosing it for care – which implies that their trust in the system makes them less interested in comparative information. For the 19% of consumers who did search for information in advance, 61% focused on type of services offered while 66% looked for quality ratings.

As to the least trusted sources of information, these tend to be life sciences manufacturers and private health insurance companies.

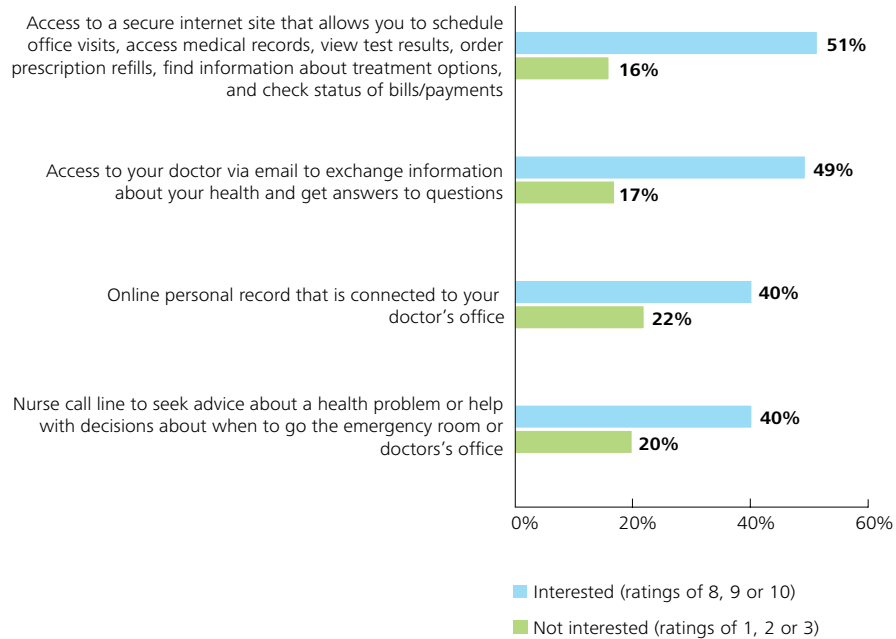
Implications for the health care industry

Based on these findings, health providers can begin to enhance their offerings to deliver the information consumers are seeking. In doing so, it's helpful not only to improve existing information offerings, but also expand those offerings to encompass more of what consumers are looking for (see Figure 2). In particular:

- 61% of consumers want their physicians, hospitals and/or the government to provide them with a personal health record (PHR) or online medical record, while 6% of consumers already maintain one.
- 66% would like to access a family member's PHR.
- 58% want online tools to help them assess, monitor and manage their health (e.g., risk assessment questionnaires, health diaries, etc.).

Of course, privacy concerns remain paramount. 54% of consumers are concerned about information privacy related to the storage of online health information – requiring providers to take steps to safeguard Canadians' personal data.

Figure 2: Interest in online tools and services



3 Traditional health services

Customer service and convenience drive health care choices

Consumers are generally satisfied with the publicly insured hospitals, physicians and prescription medications they use. However, they are starting to equate 'access' with 'convenience'.

This desire for improved customer service is changing choice and usage patterns. Despite these overall satisfaction ratings, most people still believe that quality varies widely both across hospitals and among physicians. However, few consumers actually take steps to seek information about either a hospital (13%) or a particular physicians (one in eight) before choosing them. In fact, the highest factor for consumer selection of a hospital is its proximity to home (see Figure 3). Similarly, when access to their physician is inconvenient (due to inconvenient appointment times in 20% of the cases), 25% of consumers use walk-in clinics or choose not to seek care at all even when sick or injured.

At the same time, consumers are expanding their criteria for physician selection, with 25% saying they prefer a physician affiliated with a hospital, 25% preferring a physician who works in an inter-professional team and 25% saying they prefer physicians who act as health coaches by providing guidance to help them make their own decisions. Yet 33% of consumers still prefer physicians who act as medical authorities that use their own expertise to recommend the best health care approach.

Top findings

62%

62% of patients who recently visited a hospital were satisfied with the care they received.

75%

75% of Canadians are highly satisfied with the quality of care provided by their primary care physician and 60% choose specialists recommended by their physician.

33%

80% of consumers almost always fill their prescriptions as directed, whether or not they have a chronic disease. However, one in three people with a chronic disease say they forget to take their meds, suggesting a need for improved monitoring.

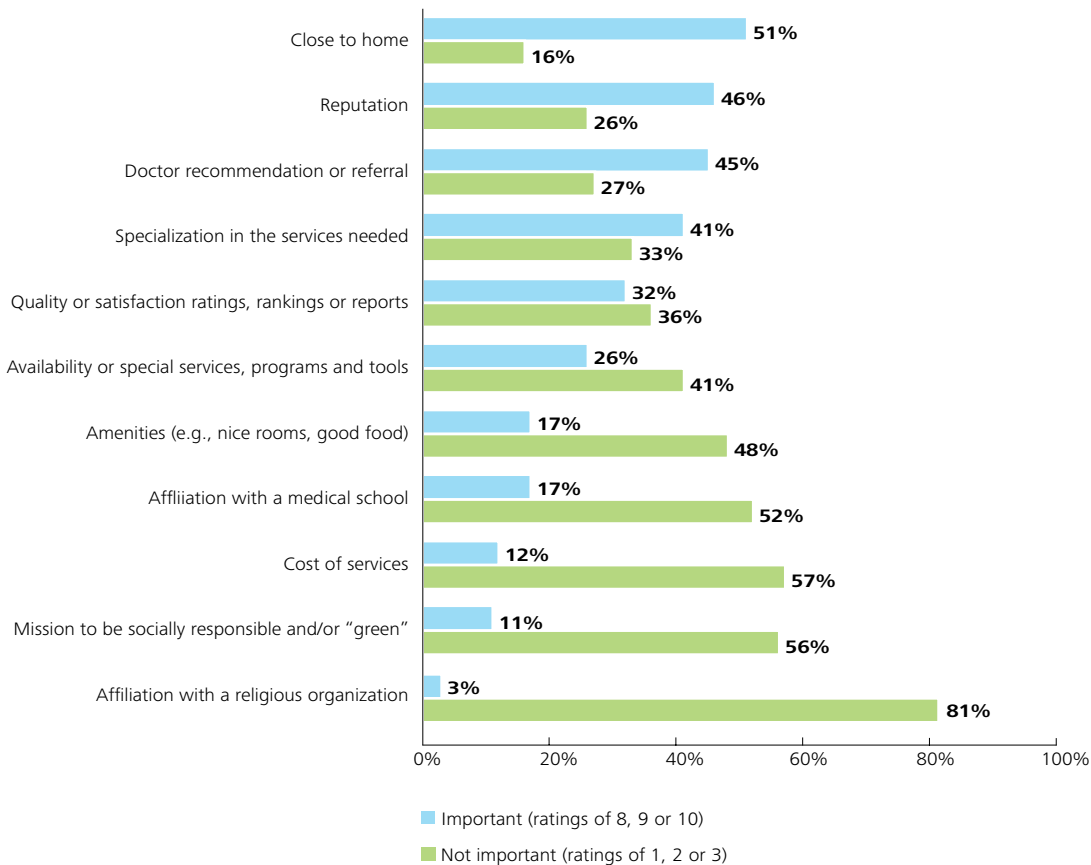
10%

Only 10% of Canadians switched physicians last year – 47% because of dissatisfaction with the care provided and 19% because of dissatisfaction with the service provided by clinic staff. The lowest tendency to switch was in Ontario (at 6%), with the highest in Alberta (15%).

When it comes to prescription drugs:

- 47% of consumers take prescription medications, with 37% taking three or more. Of these, 71% believe they have a good understanding of the risks associated with their medications.
- 44% of consumers are highly likely to choose lower cost generic drugs recommended by their pharmacists, although most prefer brand-name medications, primarily due to the comfort of knowing the manufacturer’s name.
- 18% of consumers would purchase medications out-of-country to reduce costs and 9% would purchase online instead of at a pharmacy, suggesting consumer interest in these alternative avenues to prescription medications remains low.
- When faced with a chronic or serious health condition, one in three consumers would purchase prescription medications outside of Canada, if they were recommended by their physician and not yet available in Canada.

Figure 3: Factors important to consumers in choosing the hospital they used most recently

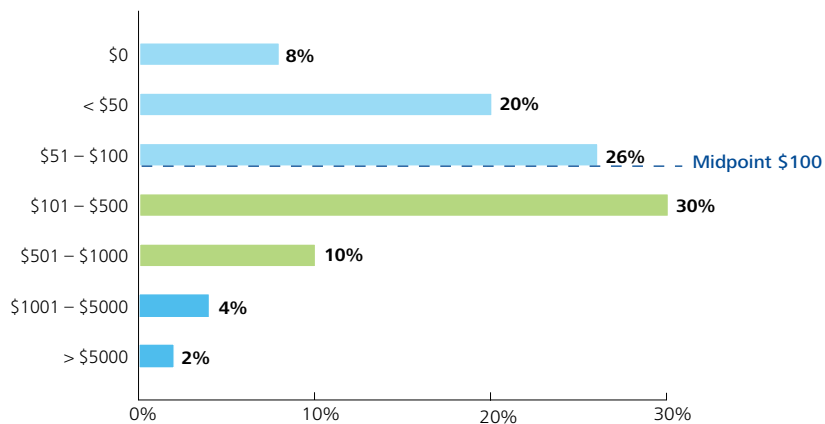


To pay or not to pay?

Some interesting trends arose when consumers were asked about their willingness to pay for various treatment options and medical services.

- 69% of Canadians will choose a standard treatment covered by public health insurance that has a 70% chance of success over an uncovered treatment with an 80% success rate.
- Only 23% will pay for necessary out-of-country procedures, while 17% will pay for elective ones. And only 2% have actually left the country to consult a physician, take a test or receive treatment.
- A full 62% of Canadians are unaware of biologics, or personalized therapeutics. While Canadians are willing to pay an average of \$980 in out-of-pocket expenses for personalized testing, 54% are not willing to pay more than \$100, the midpoint of survey results, significantly below the typical cost of this testing. As might be expected, higher family income is strongly correlated with a willingness to pay these costs (see Figure 4).
- Notably, while only 6% of consumers used a private medical or surgical clinic that required them to pay out-of-pocket for services, 23% said they would do so for improved quality of care, 17% would do so for improved access and 14% would do so for improved convenience.

Figure 4: Amounts consumers are willing to pay out-of-pocket for a genetic test to enable personalized therapeutics



Implications for the health care industry

Consumer choices to either avoid care, switch physicians or seek care (where convenient but not consistent) may have a significant impact on the efforts of health providers and governments trying to implement screening programs, chronic disease prevention, and management and pandemic planning. New approaches are needed that focus on access and customer service to engage consumers across a broader array of traditional and non-traditional health settings.

More than 46% of Canadians say they would use a walk-in clinic rather than waiting for a doctor's appointment.



4 Alternative health services

Seeking alternatives – in combination with traditional therapies

Consumers who use alternative health services are inclined to maintain parallel traditional therapies.

Implications for the health care industry

Although alternatives remain of low interest to most Canadians, industry stakeholders can begin to meet some consumers' needs by better integrating alternative health services into the traditional approaches to health care. In doing so, it will be important to maintain a unified view of each consumer's health history across service providers.

Top findings

25%

25% of consumers used alternative or natural therapy to treat a health problem in the last year. However, 16% say their physician does not know they are using alternatives and another 15% are unsure.

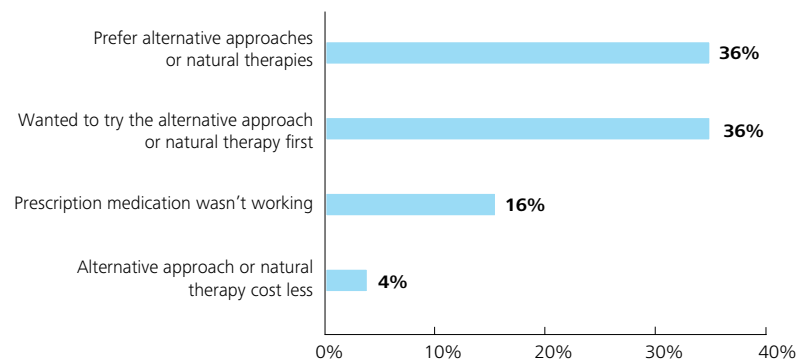
7%

Only 7% substituted a natural therapy for a prescribed medication, although 16% did supplement prescriptions with a natural therapy (see Figure 5).

1/7

One in seven consumers prefer physicians who integrate holistic approaches into their practice.

Figure 5: Reasons consumers substituted alternative approaches/natural therapies for prescription medication



n = 166 consumers who substituted

As consumer-centred health care evolves, engaging consumers in their pursuit of alternative health services, and integrating traditional and alternative health information will become important factors for success among health service providers.



5 Health insurance

Concerns about future needs are rising

Consumers are concerned about their ability to handle future health care costs and the impact of family caregiving.

In a related trend, 20% of family caregivers report a reduced ability to earn income. While only 28% of Canadians provide health care assistance to a family member, friend or other, 38% of caregivers have been providing constant care for more than two years – and those numbers are only set to increase as the population ages. With 51% of caregivers between the ages of 25 and 44, and a roughly even split between female and male caregivers (see Figure 7), this raises serious concerns about caregiver earning potential. In fact, these findings emphasize the impact of caregiving not only on the health system, but also on broader economic growth.

Top findings

75%

While 75% of Canadians have private health insurance, primarily through their employer, only 25% feel well-insured across their public and private insurance plans. For the majority, coverage includes prescriptions, dental and eye care and, in 16% of cases, Health Savings Accounts.

25%

At the same time, 25% of Canadians lack any private health insurance – primarily due to cost, change of jobs or a lack of employer benefits.

32%

While 32% of Canadians report increased household spending on health care products and services (for some as high as 20% per month), only 39% feel they are well-prepared to handle future health care costs (see Figure 6).



Figure 6: To what extent do you feel your household is financially prepared to handle future health care costs?

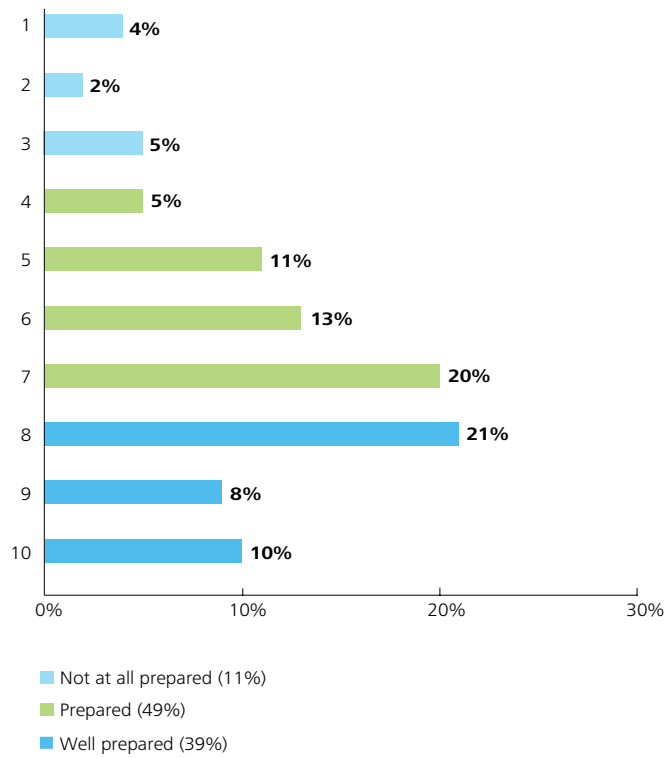
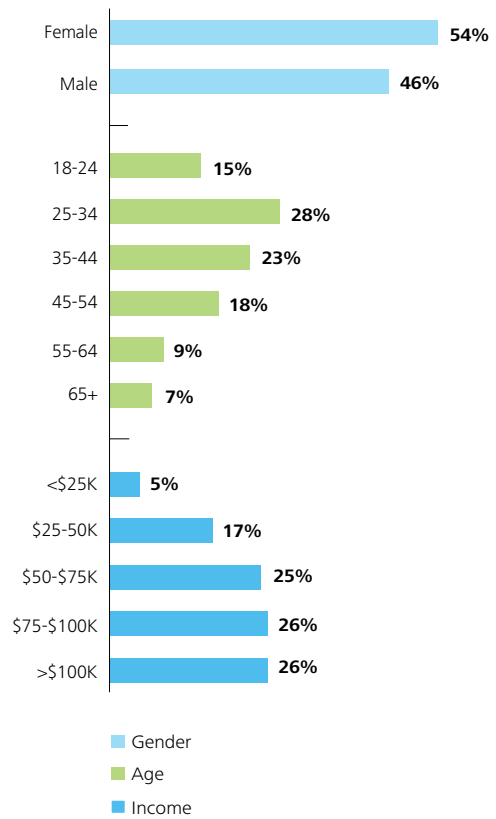


Figure 7: Canadian family caregiver demographics (%)



6 Health policy

Physicians and community services top policy concerns

Consumers believe improving availability of physicians and community health services is the most important policy program for government to focus on to improve Canada's health care system.

In the public-private debate, consumers demonstrate tolerance for private care to have a role in the health system, but limited support for expanding private-pay or for-profit services. While more than half of consumers support private care where there is no impact on public services, only 35% maintain that support if an impact does arise (see Figure 8).

Top findings

85%

Consumers' top priorities, in order of ranking, regarding government allocation of health care funds are as follows: expanding physician teaching programs (85%); expanding community care services (68%); improving public health surveillance and outbreak response (61%); and mandating employer health insurance (60%) (see Figure 9).

69%

Canadians' support of politicians hinges on their commitment to increasing access to services, physicians and medications (69%); improving the quality of care (68%); and reducing health costs (51%).

Figure 8: Consumer perspective on private care

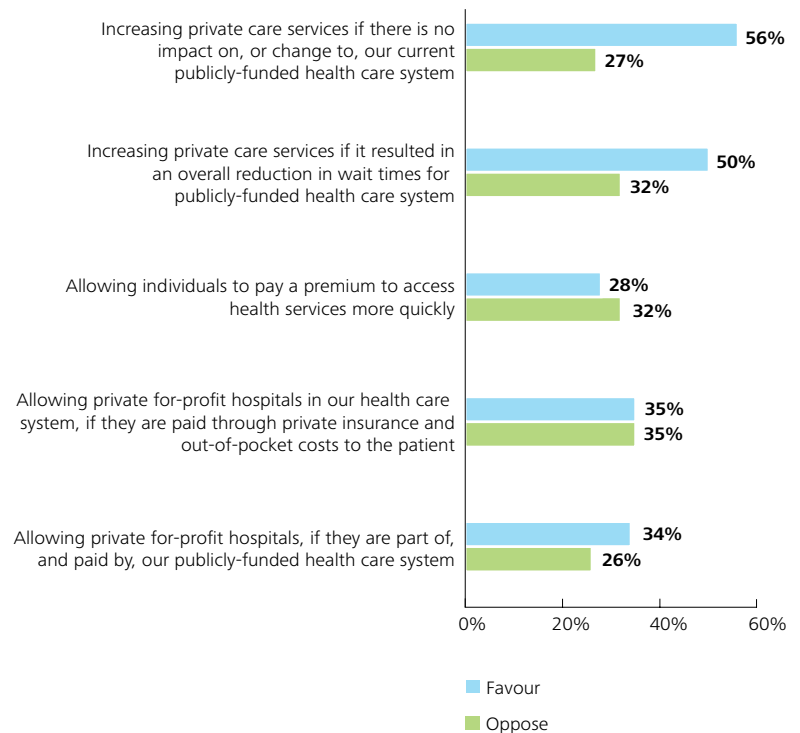


Figure 9: Public policy debate on 25 health reforms

		Favour	Oppose
1	Expanding teaching programs in Canadian schools of medicine to increase the supply of primary care physicians	85%	2%
2	Expanding teaching programs in Canadian schools of medicine to increase the supply of specialist physicians	80%	3%
3	Increasing government funding and incentives to support expanding community care services (home care, day programs, meals-on-wheels and other local health resources)	68%	7%
4	Increasing funding for public health surveillance and response to potential disease outbreaks	61%	8%
5	Requiring every employer to provide health insurance for their employees	60%	16%
6	Having a government-provided electronic health record that can be used by hospitals, physicians, other health providers and consumers to manage their health information	59%	9%
7	Expanding primary care services by allowing nurses to diagnose problems and administer care for uncomplicated conditions	59%	13%
8	Improving health insurance and health care for military personnel and veterans	58%	9%
9	Increasing federal funding for mental/behavioral health services	58%	9%
10	Increasing government funding and incentives to support the adoption of electronic medical records by physicians, hospitals, and health plans	58%	10%
11	Creating a tax reduction for individuals who follow a defined set of healthy-living activities and behaviours	58%	14%
12	Having the federal government fund a national program for prescription medications	55%	13%
13	Allowing Health Canada to compile information about individuals who take prescription medications to monitor product safety and effectiveness after the products have been introduced in the market	48%	11%
14	Establishing a special court system to address medical malpractice issues using scientifically-based guidelines to determine negligence or malpractice	47%	14%
15	Expanding teaching programs in Canadian schools of medicine to increase the supply of primary care physicians, if it causes a corresponding decrease in the supply of specialist physicians	43%	17%
16	Requiring holistic and non-traditional methods of care to be taught in Canadian schools of medicine	41%	18%
17	Assigning every Canadian to a primary care practitioner who will assist in co-ordinating care and referring them to needed specialty services	39%	22%
18	Having government, hospitals, physicians, other health providers or insurance companies scan individuals' medical records to identify individuals for whom special programs and incentives might be of interest in helping them improve or manage their health	38%	22%
19	Paying physicians and hospitals based on clinical results and outcomes rather than on the number of patients they serve or services they provide	37%	23%
20	Establishing a national program that provides financial incentives for physicians who follow scientifically proven approaches when treating specific conditions	32%	20%
21	Increasing provincial or federal support for long-term care and home care funding, even if it means shifting some funding from other parts of the health system	31%	15%
22	Increasing funding toward the prevention of chronic diseases and other health conditions, even if it means reducing funding to other parts of the health system	30%	18%
23	Passing provincial laws to allow consumers to purchase and use prescription drugs directly from other countries	25%	27%
24	Creating a 'passport' for chronic disease management, where patients with chronic diseases would be given a set amount of funding for their health services and related lifestyle-management needs, that they would individually manage	24%	23%
25	Requiring every Canadian to have supplemental health insurance by purchasing it on their own, obtaining it through an employer or enrolling in a government program	21%	42%

A Canadian-U.S. comparison

While Canadian and U.S. consumers do share similar perspectives on their respective health care systems, some opinions do diverge.

Based on Deloitte's surveys in Canada and the U.S., opinions diverge with respect to overall health system performance, spending and the impact of cost on consumer behaviours (see Figure 10). For example:

- Canadians give higher ratings to, and are more satisfied with, their health system.
- In terms of health, wellness and information resources, Canadian and U.S. opinions align – although Canadians are more concerned about the privacy of their online health information.
- Canadians are also less satisfied with their recent hospital care experiences than Americans and are less likely to switch to generic drugs.
- Additionally, Canadians report a lower increase in household spending on health care costs and a higher proportion of Canadians feels prepared for future health costs.

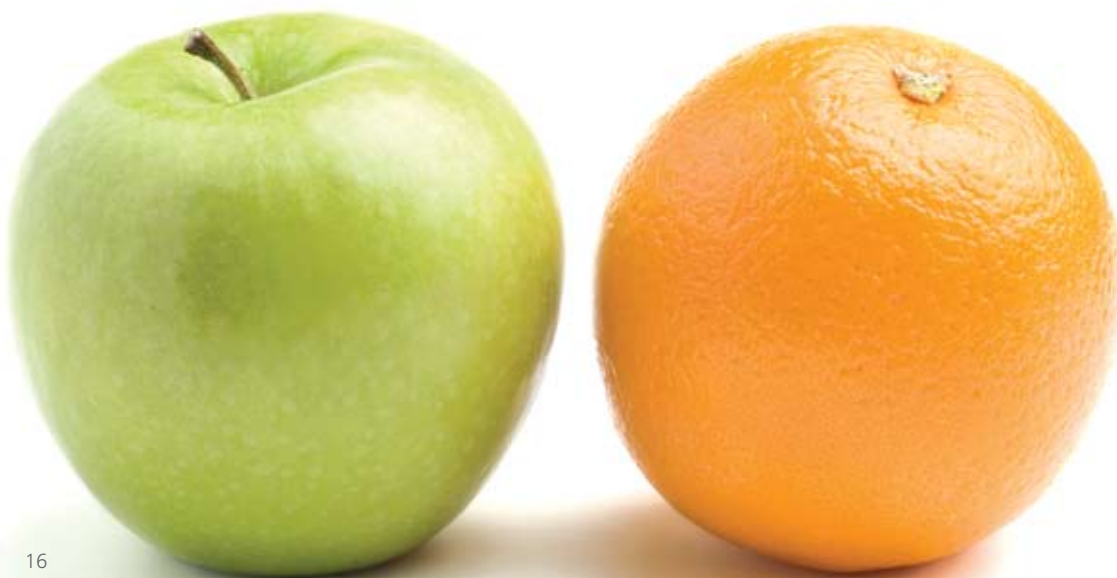


Figure 10: Comparing Canadian and U.S. health consumer activities and perspectives

Domains of health care consumer activity		Canadians	Americans
Overall health system	Percent who give the health system a grade of A or B	43%	21%
	Percent who feel they have a good understanding of how the health system works	37%	27%
	Percent who believe that 50% or more of health system spending is wasted	15%	52%
Wellness and healthy living	Percent who rate their overall health as 'excellent' or 'very good'	60%	63%
	Percent participating in wellness programs	16%	19%
	Percent willing to participate in a wellness program at no cost	56%	59%
	Percent reporting one or more chronic diseases	47%	55%
	Percent interested in remote and/or home monitoring devices	66%	68%
Information resources	Percent who seek information on quality or services in choosing a hospital	19%	15%
	Percent highly interested in Personal Health Records	40%	42%
	Percent concerned about privacy for health information stored online	54%	40%
Traditional health services	Percent satisfied with recent hospital care	62%	74%
	Most important factors in choosing a hospital used recently	Close to home	Insurance coverage
	Percent satisfied with their primary care physician	75%	71%
	Percent highly likely to switch to generic drugs at pharmacist's suggestion	44%	80%
Alternative health services	Percent who use alternative or natural therapies	25%	20%
	Percent who prefer physicians who integrate holistic approaches	14%	10%
Health insurance	Percent with an increase in household spending on health care over the past year	32%	48%
	Percent who feel financially well-prepared for future health care costs	39%	29%

Laying the foundation for consumer-centred health care

The findings and conclusions from this survey suggest that the expectations of health care consumers will intensify in the coming years, resulting in several key implications for health system stakeholders.

Delivering on this notion of ‘patient-centred care’ requires stakeholders to offer more personalized options, which will drive a parallel need for stakeholders to converge their strategies. For example, this may mandate greater co-operation between providers, employers and insurance companies to provide consumers with active support to improve and maintain their health, access health information online and better manage their own care.

In making these changes, it’s important to consider a range of strategic questions. Only by honestly reviewing these questions and carefully devising answers can industry stakeholders hope to redesign the health system to meet evolving consumer needs.

Consumer expectations

Consumers want **improvements in the health system overall**, with a focus on initiatives that increase access to physicians and community services

Consumers want **technology – online tools, personal health records and access to their physicians** – to supplement not replace trusted provider-patient relationships

Consumers are **starting to differentiate based on quality, service, satisfaction and the value proposition** for their unique circumstance

Consumers are willing to entertain **increased costs for specialized services or enhanced private care** if the public health system is maintained

Stakeholders implications

National and provincial policy reform that **prioritizes physician and community service access** will achieve the greatest return in consumer value

Stakeholders need to **improve access to customizable Internet tools** and continue to push forward on an e-health agenda that enables personalized health services in a sustainable cost model

Stakeholders need to **sharpen their skills in targeting consumers**, especially on quality, safety and convenience as public reporting increases, and private or off-shore services are being explored

Health reform efforts to **expand private care options can proceed**, but not in an ‘either/or’ manner – efforts must proceed cautiously to ensure the integrity of the public health system

Stakeholder	Strategic questions
Hospitals and health professionals	How should providers adapt to consumer demand for improved service, price transparency, integration of holistic care with conventional services and demonstrated quality via publicly-reported outcomes?
	Can provider organizations transition from patient-oriented clinical models to consumer-focused models that feature shared decision making and technology-enabled care?
	What clinical services represent the greatest opportunities for provider organizations to deliver value to consumers?
	What are the different consumer segments unique to a provider's organization and how should providers adapt programs and services to accommodate distinct segments of health consumers?
Federal and provincial governments	Can policymakers shift responsibility to consumers for self-care and adherence to treatment plans to reduce avoidable costs?
	Can policymakers encourage consumer-centric innovations via oversight policies and regulations?
	How should policymakers structure incentives to encourage healthy living for different populations?
	What tools and resources should policymakers make available to citizens to assist in self-care, provider selection, health insurance selection or use of self-pay options for products and services?
Health insurance companies (HICs)	Can HICs encourage healthy behaviours among enrollees as a means of reducing costs and improving population-based outcomes?
	How can HICs help members save money and improve their health and wellness?
	How can HICs differentiate themselves based on quality, cost and service?
	How should HICs engage with employers to enhance employee wellness and healthy living?
Health information technology companies (HITCs)	How can HITCs facilitate the coordination of care between providers and consumers using information technology to reduce costs while improving service and quality?
	Can HITCs leverage clinical and administrative health applications to provide personal technology solutions?
	How can HITCs partner with providers and plans to enhance self-care and reduce avoidable costs from complications, non-adherence and mistakes?
	How can HITCs differentiate themselves based on strength and accuracy of clinical prompts, alerts and reminders to providers to providers/consumers?
Medical device firms	Can medical diagnostic and monitoring devices leverage consumer receptivity to technology-enabled care management into innovative solutions that improve outcomes and reduce costs?
	What direct-to-consumer market opportunities exist for medical device and monitoring companies?
	How will transparency of pricing for medical devices not covered by provincial insurance change the dynamics between provider recommendations and consumer willingness to pay? What role could a "national device formulary" model have?
	What innovative channels offer increased access to consumer markets?
Pharmaceutical and biotechnology companies	Can therapeutics makers assist consumers in medical adherence and healthier lifestyles?
	Can therapeutics companies create demand for their products when formulary designs and government-funding influence otherwise?
	How can drug and biotech companies create and sustain brand loyalty among users?
	How will the continued implementation of comparative effectiveness programs modify brand positioning and consumer preferences for products?
	What is the optimal marketing strategy? What is the right balance of push through health professionals and pull through direct-to-consumer channels?
	What innovative channels offer increased access to consumer markets?

Integrating consumerism into health care planning

Health consumerism is not a fad, it is a trend. It continues to grow and, in doing so, it is emerging as an important market driver that will fundamentally change the health care system in Canada.

While industry stakeholders are only beginning to grasp the demands that consumerism will place on the system, new challenges and opportunities are already arising. For example, as the most trusted advisors to consumers, physicians and academic health sciences centres may want to play a more active role in educating consumers and advocating for the health care system's strengths. As consumers pursue wellness and healthy living, providers can help them adopt effective self-care strategies. And as consumers seek more convenient types of care, providers can introduce personalized and self-service solutions to meet their needs.

At the same time, consumers also have an active role to play in the evolution of the health care system. Increasingly, they will need to take more control in managing their own health. This includes more than simply comparing physicians, hospitals, medications, devices and other treatment options. It also includes contemplating new ways to pay for services to receive the quality and convenience consumers desire.

These changes don't come without implications. A growing reliance on early- and mid-career caregivers contributes to a fragile future for the health care system and may have serious repercussions on the broader national economy. Rising consumer expectations of the health system also affect the value proposition and business model of every health system stakeholder. All stakeholders will be challenged to coordinate their efforts and resources to identify and pursue convergence opportunities.

Only through an across-the-board change will the potential benefits be realized. Fortunately, this type of change is well within the skill set of Canada's health system providers – promising opportunities for transformation that can only help to improve both personal and systemic health.

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