

Beyond the Basics

The Importance of Patient-Provider Interactions
in Chronic Illness Care



The Health Council of Canada is pleased to offer the third bulletin in our series, *Canadian Health Care Matters*. This series presents our analyses of data from Canadian and international surveys co-sponsored by the Health Council of Canada.

Like the others in this series, this bulletin tells a story from the patient's perspective. It is based on self-report responses to the wide-ranging 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults. The responses represent a large but particular piece of the Canadian fabric – people with substantial needs for health care and living at home.

For our analysis of this survey data, we zeroed in on the responses from Canadians with a regular doctor or clinic, and with common chronic health conditions – diabetes, heart disease, high blood pressure, asthma, lung disease, cancer, and mental health problems such as depression. Everyone included in our results has at least one of these conditions, and two out of every three respondents have two or more chronic illnesses.

Increasingly, these are the faces in the primary care waiting rooms across Canada—people with multiple, interacting chronic conditions who need lifelong monitoring, treatment, and support to develop the knowledge and skills to manage their health between visits.

The messages from our results are loud and clear: First, going “beyond the basics” makes a big difference in the quality of patients’ care. Simply “being seen” is not enough. It matters that your doctor knows your medical history and understands that you need support in coordinating your care with specialists or other professionals you see. And second, not enough of these vulnerable patients— even among the group with better results— are receiving the well-organized, patient-centred, high-quality primary health care that Canadians should expect.

While this survey asked people primarily about the care they receive from their regular doctor, we remain convinced that team-based care is an essential strategy to address the gaps identified in our results. As we have reported elsewhere (see *Teams in Action: Primary Health Care Teams for Canadians* and other publications in the reading list on page 11) research strongly supports the use of primary health care teams to care for people with chronic health conditions. These patients benefit from the expertise of a range of professionals such as nurses, pharmacists, social workers, and nutrition and exercise coaches to help them manage their conditions and prevent complications. Teams are also an effective way to provide primary health care in rural, remote, and under-served areas that don’t have enough family doctors.

With the value of team-based care in mind, it’s important to highlight our findings on the percentage of “sicker” Canadians who have a nurse or nurse practitioner regularly involved in their chronic illness care. On the one hand, people whose primary care includes the two basic elements by which we grouped respondents for our analysis (their doctor knows their history and helps to coordinate their care) were more likely to report having a nurse or nurse practitioner regularly involved in their care. On the other hand, it is much more common *not* to have this additional professional support. We still have a long way to go before team-based care is the norm for Canadians with chronic conditions, although interest and investments in this model of care are growing.

A survey of health care providers, rather than patients, might tell a different story about the complexity and challenges of delivering high-quality chronic illness care. However, the main messages could end up much the same: Knowing your patients, helping them navigate the system when they need care outside your office walls, and keeping their needs front and centre are elements of care that pay big dividends for your patients, your practice, and our health care system.

Jeanne Besner, RN, PhD
Chair, Health Council of Canada

Overview

For Canadians with chronic illness, the quality of interaction with their family doctor makes a difference not only in primary care, but in other settings as well.

Canadians in poorer health who have a regular doctor or place of care – where their medical history is known and care is coordinated with specialists – report that their health care is safer, more supportive, more appropriate and better quality, compared to similar patients whose regular doctor does not provide one or both of those basic elements of good primary care.

In an international survey of people with high needs for health care, Canadians with chronic health conditions were more likely to rate their care as “excellent” *if* their regular doctor knows their history and helps to coordinate their care. These respondents were also more likely to report the following and other positive outcomes:

- better monitoring of their chronic conditions,
- more support to help them manage their chronic conditions at home,
- well-organized care,
- better access to care, and
- fewer errors in their care.

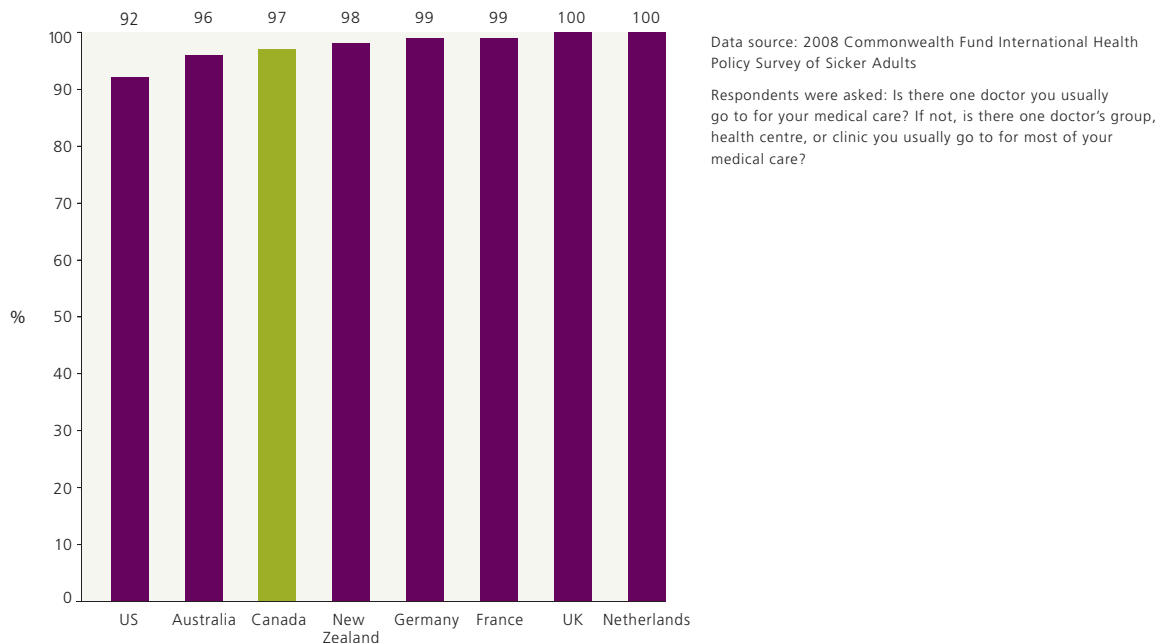
Based on analysis of data from the 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults, the Health Council of Canada found significant differences among two groups of Canadians, across a number of measures that reflect the quality of their health care in a variety of settings. We looked at responses not only about patients’ interactions with their regular doctor (primary care) but also some aspects of their interactions with the broader health care system, such as medication safety and medical errors.

All the respondents in our analysis had at least one chronic health condition and significant health issues. Two-thirds of the Canadians whose responses we explored have two or more chronic conditions. These people are likely to have multiple interactions with a variety of health care providers as they live with their chronic conditions. If the health care system does not work well for these vulnerable people, this raises concern for all Canadians.

FIGURE 1

How many “sicker” adults with chronic conditions have a regular doctor /place for health care?

Similar to all the countries surveyed, nearly all Canadian respondents with chronic conditions had a regular doctor or place where they receive health care.



Good access to care overall, but access is just the beginning

Almost all (97%) of the “sicker” Canadians with at least one chronic condition in the international survey reported having either a regular doctor or regular place where they receive health care. Considering that these are people with chronic disease and with recent poor health or significant needs for health care, this high level of access to a regular primary care provider is good news. This compares well with the other countries surveyed, where 92% to 100% of respondents with chronic conditions have a regular doctor or place they go for health care (Figure 1).

But access is just the beginning. Given Canada’s progress in improving access to family doctors, much of the debate about improving primary health care has shifted to understanding the quality of those provider-patient interactions and to re-orienting services around the needs of patients and their families (instead of around the needs of health care providers, the way our system has evolved).^{1,2}

To contribute to this discussion, we looked at the survey data from the perspectives of two groups of patients – one group with two elements of patient-centred primary care practice (patient feels their doctor knows important things about their medical history and helps to coordinate other aspects of their care), the other group having a regular doctor or place of care but missing one or both of these features of good care.

Further good news: more than two-thirds (69%) of the Canadians in our analysis have a primary care provider who knows their history and offers care coordination (Figure 2). This is the group of patients more likely to report positive experiences in their health care.

Figure 3 illustrates the two groups we compare.

FIGURE 2

Regular doctor knows respondent’s medical history and helps to coordinate care

Of the 8 countries surveyed, Canada had one of the highest proportions of respondents with chronic conditions whose regular doctor knows their medical history and helps to coordinate their care with specialists or other services – basic elements of good primary care.

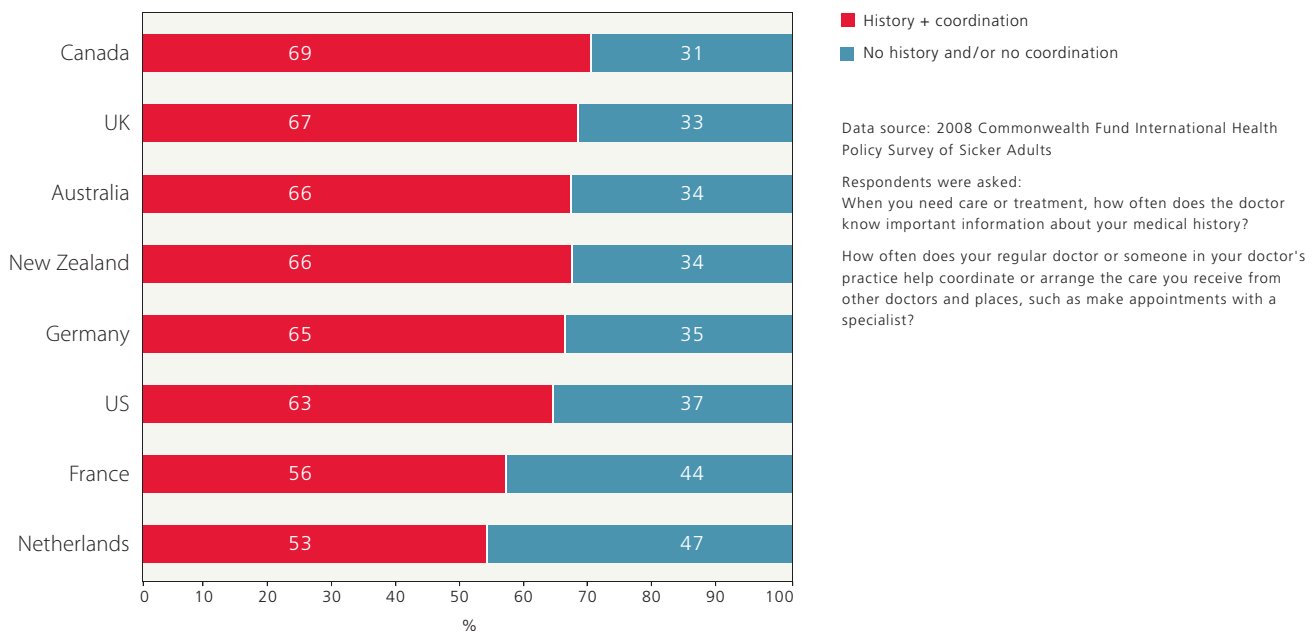
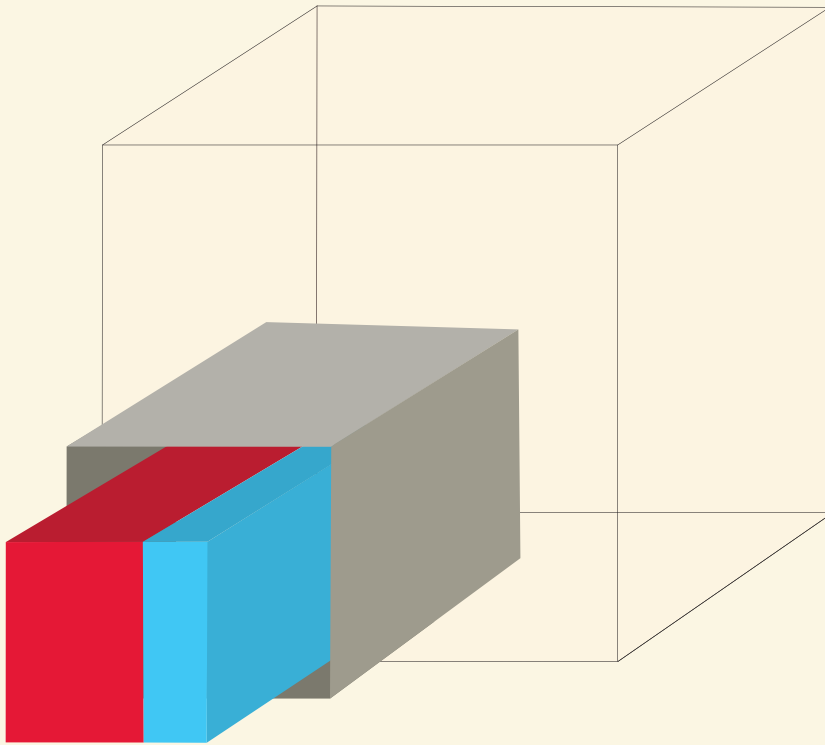


FIGURE 3
Our sample of the 2008 Commonwealth Fund
International Health Policy Survey of Sicker Adults



□ **2008 Commonwealth Fund International Health Policy Survey of Sicker Adults** interviewed 9,634 respondents from Australia, Canada, France, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States who had significant need for health care in past 2 years and/or described their health as fair or poor.

■ **Just over 2,600 Canadian participated in the survey.**

■ **1,680 "sicker" Canadians reported that they:**

- have a regular physician or place they received care; *and*
- have one or more of 7 common chronic conditions: arthritis, cancer, chronic lung problems such as asthma or Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease including heart attack, high blood pressure, and mental health problems such as anxiety or depression; *and*
- gave valid answers (*always/often or sometimes/rarely or never*) to 2 survey questions:
 - When you need care or treatment, how often does your regular doctor know important information about your medical history?
 - How often does your regular doctor or someone in your doctor's practice help coordinate or arrange the care you receive from other doctors and places, such as appointments with a specialist?

■ **Group A (History and coordination)**

1,167 respondents (69%) said their doctor *always/often* knows their medical history *always/often* and coordinates care.

■ **Group B (No history and/or no coordination)**

513 respondents (31%) said their doctor *sometimes/rarely or never* knows their medical history and *sometimes/rarely or never* coordinates care.

Differences between Group A and Group B*

Respondents in Group A were slightly more likely to:

- be older (56 years old, on average, vs. 50 years for Group B)
- have more chronic conditions (2.2 conditions, on average, vs. 2.0 for Group B)
- have been with the same regular doctor or place of care for 5 years or more (72% vs. 56% for Group B).

* All comparisons between Group A and B for the Canadian samples in this bulletin are statistically significant ($p < .01$).

Key results

We recognize there is a great deal more to good primary care than simply knowing a patient’s medical history and helping to coordinate his or her care with specialists. Even so, we found strong differences in people’s responses about the quality of their care based on whether or not their interactions with their regular doctor included these basic elements of good primary care.

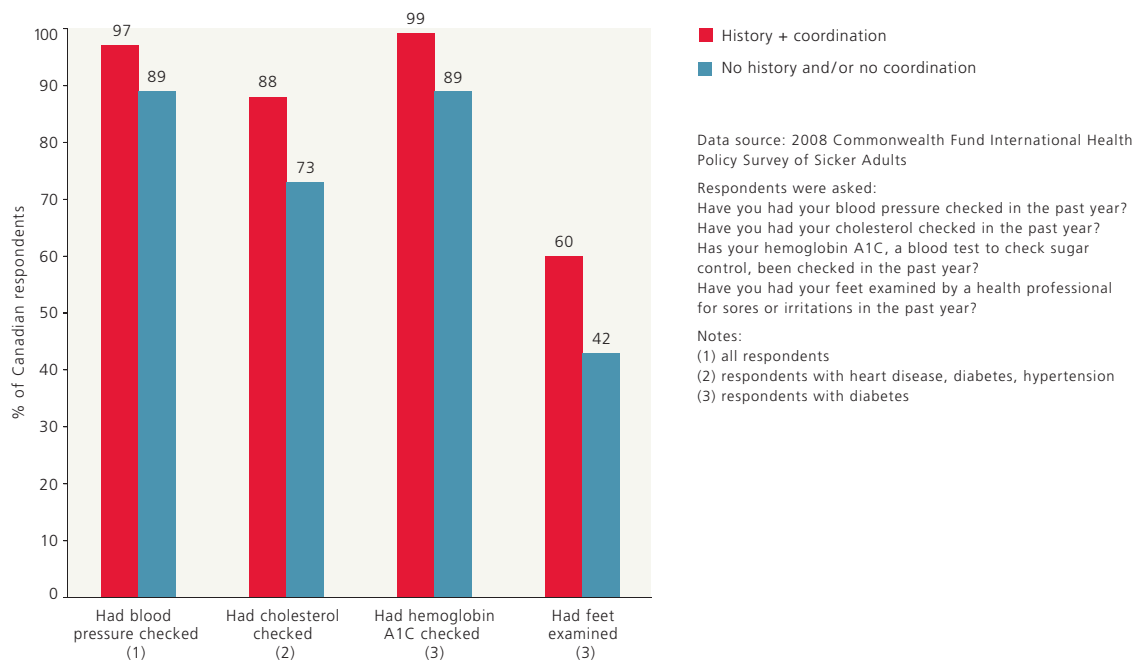
Compared to Canadians *with* a regular doctor but *without* those basic elements of good care, people whose regular doctor knows their history and helps to coordinate their care were:

- more likely to get recommended routine tests to monitor their conditions, such as – for diabetes patients – checks of their blood pressure, cholesterol, foot health, and hemoglobin A1C level (Figure 4),
- more likely to receive support in caring for their chronic conditions, such as getting clear advice about symptoms to watch for (92% vs. 50%) and discussing their personal goals for their care (77% vs. 51%; Figure 5).
- more likely to have all their medications reviewed by a doctor or pharmacist (69% vs. 38%), and more likely to have a nurse or nurse practitioner regularly involved in their care (25% vs. 16%; Figure 6),
- more likely to *not* feel their time was wasted because their care is poorly organized (80% vs. 51%) or *not* receive conflicting instructions about their care (90% vs. 81%; Figure 6),
- more likely to get a same-day or next-day appointment to see their regular doctor (45% vs. 24%), and to get after-hours care (48% vs. 33%; Figure 7),
- less likely to have experienced a medication error (9% vs. 17%) or medical mistake (11% vs. 25%; Figure 8), and
- more than three times as likely to rate the overall quality of their medical care as excellent (37% vs. 11%; Figure 9).

FIGURE 4
Recommended care

To monitor their chronic conditions, patients need certain exams and tests on a regular basis. For example, people with diabetes should have their feet examined professionally because the disease may damage nerves, a condition that can lead to foot amputation if problems are not caught early. The survey included questions about some of these recommended tests.

In both groups, most respondents had received most of the tests in the past year. But people whose regular doctor knows their medical history and coordinates their care were more likely than other respondents to receive the recommended tests.



Discussion

Why these findings matter

These findings help to validate what we know about the importance of good primary care, especially for the population of Canadians at the centre of our analysis. Nearly 40% of Canadian adults have one or more of the seven chronic conditions included in our analysis,³ and they account for a high and growing proportion of health care services use.⁴ As the frontline of chronic illness care, family doctors and other primary care providers should play a key role in helping these patients navigate the health care system, set goals for their care, monitor how they are doing, and manage their condition(s) during their daily lives.^{3, 5, 6}

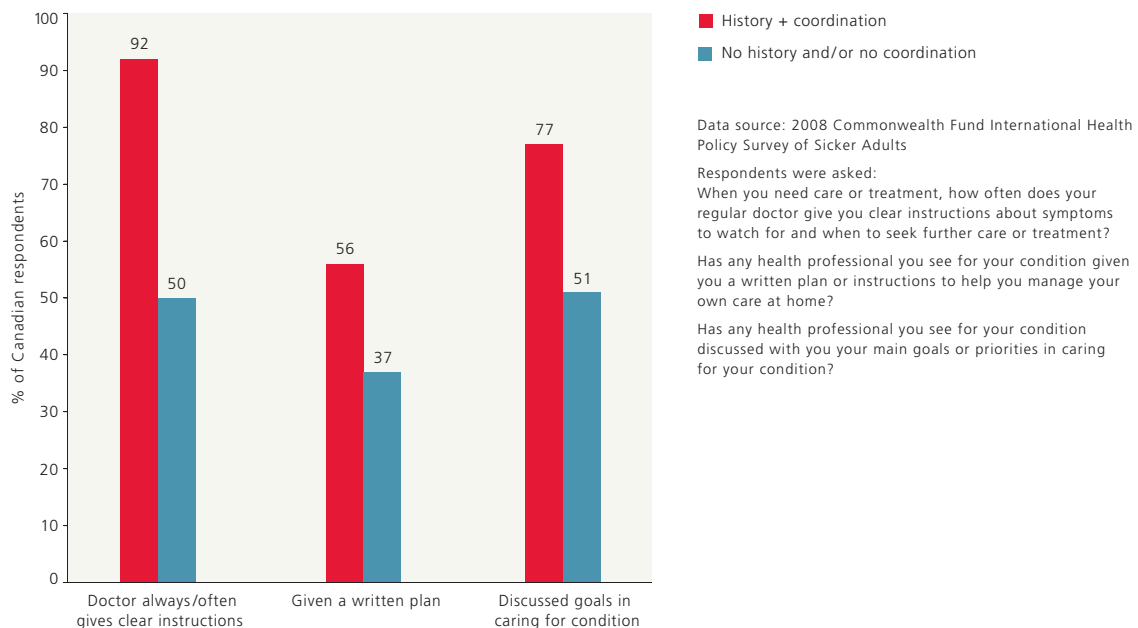
Continuity of care – meaning the patient experiences ongoing care as a coordinated and supportive relationship, instead of a series of fragmented episodes – is considered a foundation of effective primary health care.^{7, 8, 9} Studies have shown that patients who see the same doctor regularly feel more supported and satisfied with their care,^{10, 11} including patients with complex health problems, like those in our analysis.¹² When patients have confidence that their doctor knows their history and understands their needs, this translates not only into patients being more satisfied and active in their care, but also results in better coordination with specialists and improved health outcomes for patients.^{13, 14, 15}

FIGURE 5
Self-management support

People with chronic conditions benefit from self-management support – assistance from health care professionals to help them develop the skills and confidence to effectively manage their conditions at home.

Respondents whose regular doctor knows their medical history and coordinates their care were much more likely to receive self-management support. They were:

- nearly twice as likely to say their doctor always/often gives them clear instructions about symptoms to watch for and when to seek further care,
- much more likely to have received written instructions to help them manage their own care at home, and
- much more likely to have discussed with a health professional their personal goals for caring for their condition(s).



Room to improve

In Bulletin 2 of our *Canadian Health Care Matters* series, we reported that Canadians with multiple chronic conditions (as opposed to those with a single chronic illness) are more likely to say they receive certain types of supports from their primary care provider that are recommended to help them manage their chronic conditions. But our results in that bulletin also suggested that the overall commitment to best practices in helping patients manage chronic illness seems to be falling short, as many Canadians were not getting self-management support as part of their regular primary care.³

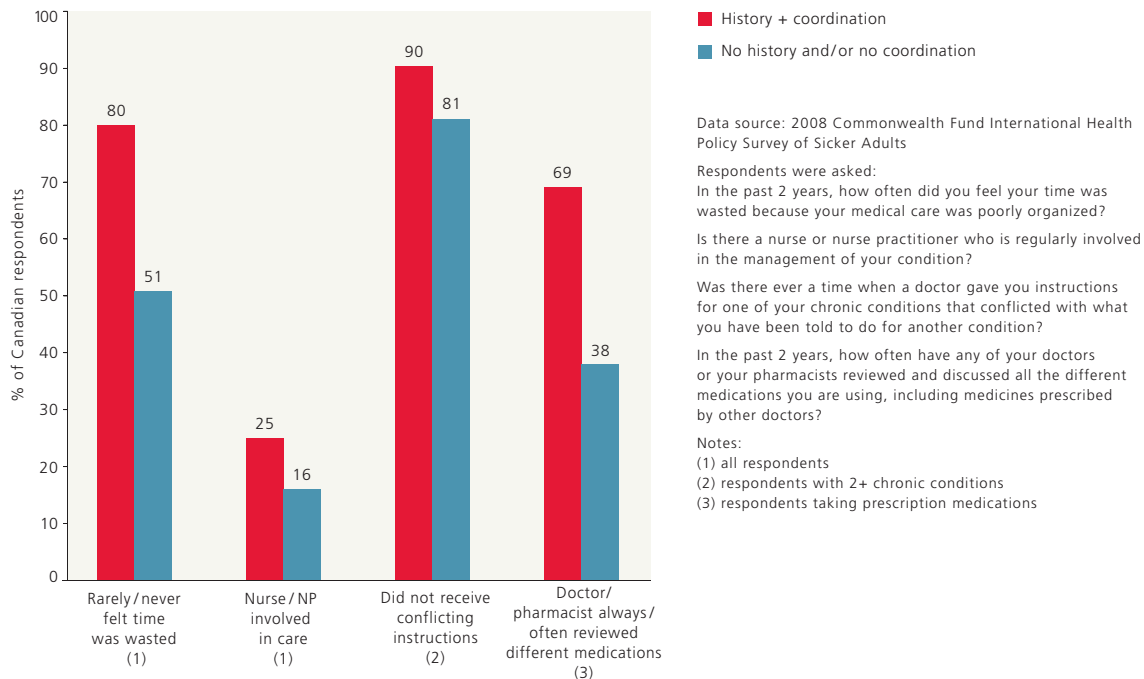
Similarly, the Commonwealth Fund’s own analysis of the same survey data we look at here found that Canada compared poorly to other countries in terms of timely appointments to see a family doctor and easy access to after-hours care.¹⁶ On the other hand, the use of telephone help lines for health care advice (a strategy being used across Canada to improve access to health care professionals)¹⁷ is relatively high among “sicker” Canadians with chronic conditions, compared to the other countries surveyed.¹⁶

FIGURE 6
Organization of care

Research strongly supports the use of primary health care teams (such as nurses and other professionals working closely with physicians) to ensure that care for people with chronic disease is coordinated and comprehensive.

Respondents whose regular doctor knows their medical history and helps to coordinate their care were:

- less likely to feel their time was wasted because their care was poorly organized,
- more likely to have a nurse or nurse practitioner regularly involved in their care,
- less likely to receive conflicting instructions about their care, and
- more likely to have their various medications reviewed by a doctor or pharmacist.



This bulletin provides new information about which Canadians are receiving good chronic illness care, and which are not. Nearly one-third (31%) of our sample reports lacking one or both of the basic elements (knowledge of medical history and support for care coordination) in their interactions with their regular doctor. This suggests an opportunity for improvement.

There are also opportunities for improvement among Canadians whose regular doctor *does* know their history and helps to coordinate their care:

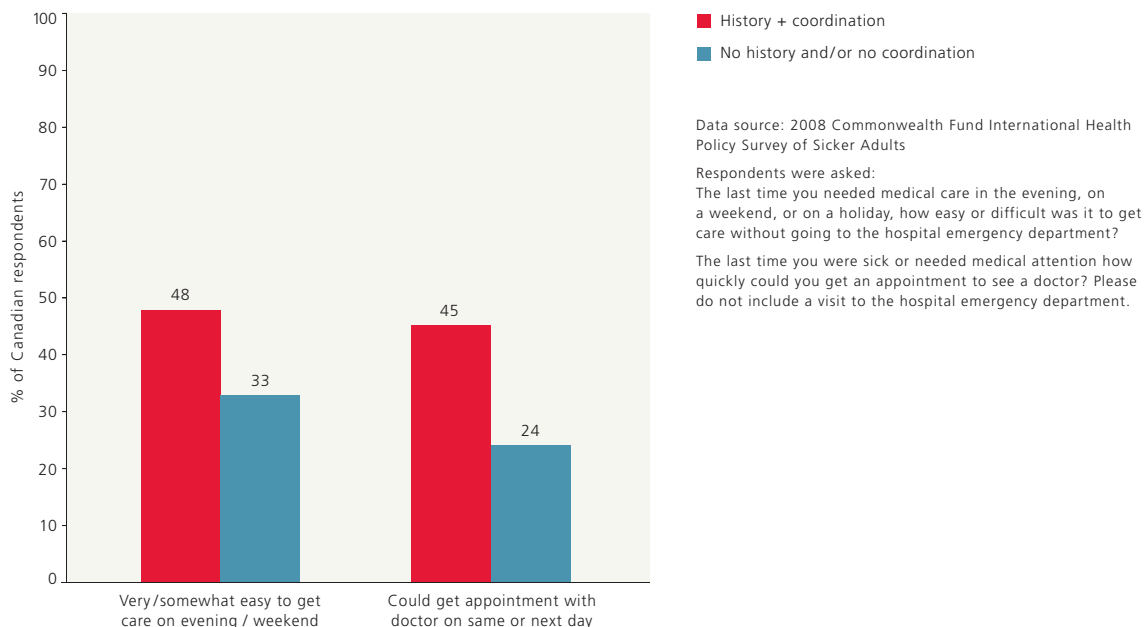
- One in five (20%) felt their time was “sometimes” or “often” wasted because their care was poorly organized (Figure 6).

- One in 10 (10%) received conflicting instructions about their care (Figure 6).
- Close to one-third (31%) had *not* had all their medications reviewed in the past two years (Figure 6).
- Less than half found it easy to see a doctor after hours (48%) or get a same-day or next-day doctor’s appointment (45%; Figure 7).
- Also about one in 10 said a medical mistake was made in their care (11%) or they were given the wrong dose or wrong medication in the past two years (9%; Figure 8).

FIGURE 7
Access to care

An important goal of efforts to improve primary health care across Canada has been to ensure that people can see their regular doctor or someone in their doctor’s practice when they need care, even after hours. We don’t know from these survey questions whether respondents were referring to seeing their regular doctor, or some other doctor or clinic. However, respondents whose regular doctor knows their history and coordinates their care found it easier to:

- get medical care at night or on weekends and holidays (other than going to a hospital emergency department),
- get a same-day or next-day appointment to see a doctor.



Our finding on access to after-hours care is supported by the 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians. Just 43% of Canadian doctors (a low ninth ranking of 11 countries) said they have arrangements for patients to be seen on evenings and weekends, beyond sending people to a hospital emergency department. In the top-ranked countries (the Netherlands, New Zealand and the UK) about 90% of doctors arrange for after-hours care.¹⁸

Also of interest, we found that being with the same doctor for a long time does not guarantee that he or she will know your medical history and support coordination of your care. Of respondents who said their doctor knows their medical history and helps to coordinate care, 72% had been with their doctor for five years or more. But among those who were missing one or both of these elements in their interactions with their regular doctor, 56% had been with that doctor five years or more.

How should primary health care in Canada change?

A full discussion of what’s needed to address these gaps is beyond the scope of this bulletin, but we want to highlight two issues here.

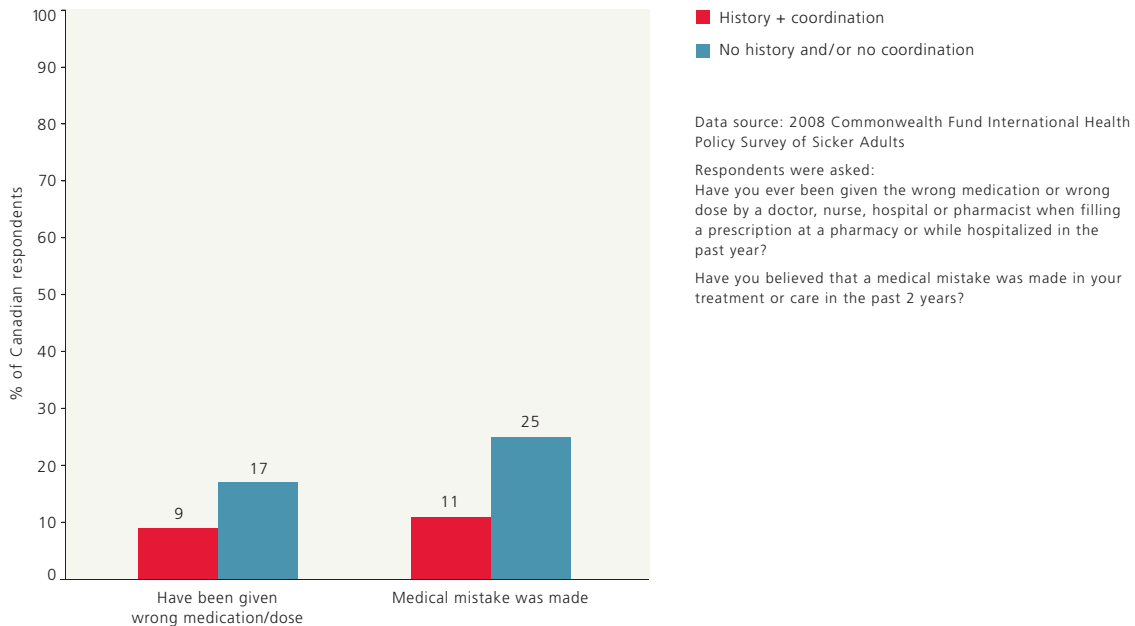
Team-based care has been shown to be particularly effective for people with chronic conditions, like those in our analysis.^{19, 20} A supportive and coordinated team of doctors, nurses, pharmacists and other professionals such as social workers and dietitians makes it easier for patients to get the services they need and increases opportunities for providers to focus on wellness, prevention, and patient education. From past research we know that the number of primary health care teams is growing, and that Canadians with chronic conditions are more likely to have a regular doctor whose practice includes other professionals, compared to Canadians without chronic conditions.²¹ We strongly support the continued development of team-based primary health care for Canadians with chronic conditions.

FIGURE 8
Patient safety

Prescription drugs are commonly used to treat chronic conditions. In our analysis, 85% of respondents had at least 1 prescription, 69% were taking 2 or more drugs, and 43% had 4 or more prescriptions. Helping such patients safely manage multiple medications is an important part of primary health care.

Respondents whose regular doctor knows their medical history and coordinates their care were:

- about half as likely to say they had been given the wrong medication or wrong dose in the past year,
- about half as likely to say that a medical mistake had been made during their care in the past 2 years.



Similarly, electronic health records are widely recognized as an essential tool to coordinate care, particularly for patients with chronic conditions who may see a number of professionals either in a health care team or in different locations such as family doctors' offices and specialists' clinics. Here too, Canada ranks poorly on the international stage—only 37% of family doctors use electronic medical records, putting us last among the 11 countries surveyed.¹⁸ Although the use of electronic records in primary health care is growing, most family doctors in Canada continue to rely on paper records.

For well over a decade, efforts have been underway across Canada to strengthen primary health care—by encouraging family doctors to extend after-hours care, build teams to support chronic illness care, and adopt electronic information systems and other reforms. A number of exciting and effective initiatives across Canada have grown out of a series of intergovernmental agreements to improve primary health care,^{22, 23, 24} and a number of reports have shared the results of these activities.^{17, 20, 21, 25}

Earlier this year, the Health Council of Canada commenced a dialogue on strengthening primary health care in Canada. Conclusions of this dialogue, conducted by the McMaster Health Forum, indicate the need for a systems approach. The group of experts at this forum concluded that a number of elements need greater attention: funding arrangements, electronic health records, and ways to accelerate change and monitor the quality of care.²⁶ Watch for our commentary on this dialogue in the coming months.

READ MORE

The Health Council of Canada has focused much of our research and reporting on chronic conditions because of their huge impact on the health care system and on Canadians' lives. We have highlighted the evidence showing that much of this burden can be prevented through changes in health care and public policies related to health.

All of the following reports are available in our online library at www.healthcouncilcanada.ca:

Helping Patients Help Themselves: Are Canadians with Chronic Conditions Getting the Support They Need to Manage Their Health? *Canadian Health Care Matters, Bulletin 2* (January 2010)

Safer Health Care for "Sicker" Canadians: International Comparisons of Health Care Quality and Safety. *Canadian Health Care Matters, Bulletin 1* (November 2009)

Teams in Action: Primary Health Care Teams for Canadians (April 2009)

Getting It Right: Case Studies of Effective Management of Chronic Disease Using Primary Health Care Teams (April 2009)

Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada (January 2008)

Why Health Care Renewal Matters: Learning from Canadians with Chronic Health Conditions (December 2007)

Population Patterns of Chronic Health Conditions in Canada: A Data Supplement (December 2007)

Canadians' Experiences with Chronic Illness Care in 2007: A Data Supplement (December 2007)

Why Health Care Renewal Matters: Lessons from Diabetes (March 2007)

Beyond the basics

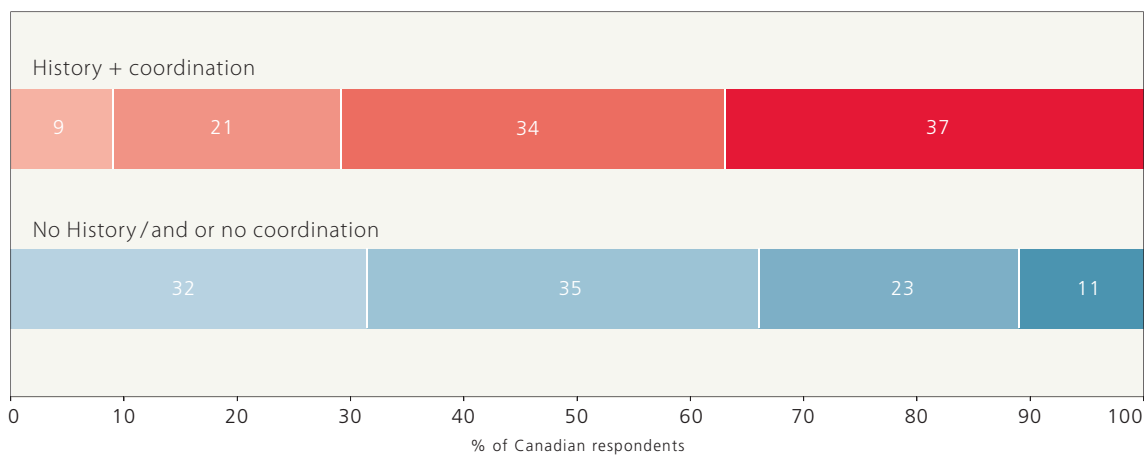
Our analyses support a recent Canadian review of research about the benefits of high-quality primary health care which concluded that, with a regular provider, patients receive more accurate diagnoses and more preventive care, need fewer tests and prescriptions, and make fewer visits to their doctor, specialists, and hospital emergency departments, all resulting in lower costs.²⁷

These benefits are not only good for individual patients but also contribute to Canada’s ability to sustain our public health care system. There is evidence that countries with a strong primary health care system have healthier populations,^{8, 27} and a healthy population is a key to a sustainable health care system.

Strengthening this foundation is increasingly critical as patients with complex chronic disease now account for a growing share of the workload of Canadian family doctors.^{1, 28} That’s why improving primary health care for Canadians with chronic conditions has been a key focus of health care reforms in Canada, and has been central to the work of the Health Council of Canada (see “Read more,” page 11).

FIGURE 9
Patients’ ratings of the quality of their care

Respondents whose regular doctor knows their medical history and coordinates their care were more than 3 times as likely to rate the overall quality of their care in the past year as excellent, compared to respondents whose doctor does not provide 1 or both of those basic elements of good primary care. More than 70% of respondents in the “history plus coordination” group rated their care as very good or excellent, but the majority of respondents in our comparison group said their care was good, fair, or poor (67%).



- Fair/poor
- Good
- Very good
- Excellent

Data source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults

Respondents were asked: Overall, how do you rate the quality of medical care that you have received in the past 12 months?

Note: Bars do not sum to 100% due to rounding.

Ask yourself

If you are a Canadian with a chronic condition, ask yourself:

How would I have answered this survey?

Does my doctor always know important things about my medical history?

Does someone in my regular family practice help to coordinate other aspects of my care?

Does my doctor work with other professionals in a primary health care team?

Should I be getting team-based care?

Should I ask my doctor about these things on my next visit?

Am I missing out on the benefits of these and other elements of patient-centred care?

If you are a family doctor, ask yourself:

How would my patients have responded to this survey?

Do I consistently know my patients' history and help to coordinate their care?

If not, what else are my patients missing out on?

If I am providing good continuity and coordination now, are my patients doing as well as they could?

How can I do better for my patients? What do I need to help me get there?

Would developing a team environment improve my practice?

Ask yourself, and tell us what you think. Click on
Canada Values Health at www.healthcouncilcanada.ca.

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TECHNICAL APPENDIX

A technical appendix containing further details of our analysis is available from the Health Council of Canada on request (information@healthcouncilcanada.ca).

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ABOUT THE HEALTH COUNCIL OF CANADA

Canada's First Ministers established the Health Council of Canada in the 2003 *Accord on Health Care Renewal* and enhanced our role in the 2004 *10-Year Plan to Strengthen Health Care*. We report on the progress of health care renewal, on the health status of Canadians, and on the health outcomes of our system. Our goal is to provide a system-wide perspective on health care reform for the Canadian public, with particular attention to accountability and transparency.

The participating jurisdictions have named Councillors representing each of their governments and also Councillors with expertise and broad experience in areas such as community care, Aboriginal health, nursing, health education and administration, finance, medicine, and pharmacy. Participating jurisdictions include British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Labrador, Yukon, the Northwest Territories, Nunavut, and the federal government. Funded by Health Canada, the Health Council operates as an independent non-profit agency, with members of the corporation being the ministers of health of the participating jurisdictions.

The Council's vision

An informed and healthy Canadian public, confident in the effectiveness, sustainability and capacity of the Canadian health care system to promote their health and meet their health care needs.

The Council's mission

The Health Council of Canada fosters accountability and transparency by assessing progress in improving the quality, effectiveness and sustainability of the health care system. Through insightful monitoring, public reporting and facilitating informed discussion, the Council shines a light on what helps or hinders health care renewal and the well-being of Canadians.

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