

How do Canadian primary care physicians rate the health system?

Results from the 2012 Commonwealth Fund International
Health Policy Survey of Primary Care Physicians



Health Council of Canada
Conseil canadien de la santé

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PRIMARY HEALTH CARE CONTINUES TO BE

a focal point for improvement. These findings shed light on the potential for improvement in several key areas: access to primary health care, coordination among health care providers, the uptake of information technology in primary care, and initiatives to drive practice improvement.

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FOREWORD

The Health Council of Canada is pleased to present the seventh bulletin in our Canadian Health Care Matters series. Previous bulletins have reported on aspects of health system performance from the patient perspective. This time we hear what primary care physicians have to say in the 2012 Commonwealth Fund International Health Policy Survey.

The Commonwealth Fund conducts a yearly international survey of either physicians or the general public to learn about their experiences with local health care systems. The findings provide Canadian policy-makers, physicians, and health care managers with valuable information to monitor progress in improving care and to identify high-performing systems that might have lessons to share.

We are also pleased to have been a key contributor to the design and funding of this survey. It helps us fulfill our commitment to bring a system-wide perspective to reporting on progress and innovation in our health care system. We have collaborated with a growing number of Canadian organizations to support the Commonwealth Fund surveys. Our combined contributions allow for expanded data collection in Canada, improving the clarity and usefulness of the findings that emerge from analyses of the survey responses. The expanded Canadian sampling for the 2012 survey was supported by the Health Council of Canada, the Health Quality Council of Alberta, Health Quality Ontario, Commissaire à la santé et au bien-être (Quebec's Health and Welfare Commissioner), and Canada Health Infoway.

"There is almost universal agreement that primary health care offers tremendous potential benefits to Canadians and to the health care system," wrote Commissioner Roy Romanow in his 2002 report on the future of health care in Canada. A decade later, progress toward realizing that potential has been substantial in some areas, while less so in others. Primary health care continues to be a focal point for improvement. Our comparative findings shed light on the potential for improvement in several key areas: access to primary health care, coordination among health care providers, the uptake of information technology in primary care, and initiatives to drive practice improvement. We are optimistic that further improvements are in store as governments continue to invest in primary health care across this country.

Dr. Jack Kitts
Chair, Health Council of Canada

KEY FINDINGS

This bulletin examines Canadian primary care physicians' views on health system performance in 2012, with comparisons to similar surveys in 2006 and 2009. Wide variations exist across Canada, pointing to the potential for improvement. While provinces have clearly achieved progress in some areas of care, Canada's overall performance lags behind other countries specifically in access to care and use of information technology.

Physicians' general perceptions

- Canadian primary care physicians feel more positively about the health care system today than they did six years ago. Still, only 40% say the health care system generally works well and needs "only minor changes."

Access to care

- Compared to physicians in nine other countries, Canadian primary care physicians are the least likely to routinely provide same-day or next-day appointments (47%). They are also among the least likely to make home visits (58%) or have after-hours arrangements so that patients can see a doctor or nurse without going to a hospital emergency department (46%). In each of these areas, several provinces perform above the Canadian average but still well below the top-performing countries.
- Financial and system-related barriers to care vary widely in Canada. Across provinces, up to 51% of Canadian primary care physicians say their patients often have trouble paying for medication or other out-of-pocket health care costs, and up to 62% say their patients often have difficulty getting specialized diagnostic tests.
- Access to specialized diagnostics is particularly difficult for Canadians. Overall, 38% of primary care physicians often have trouble getting these tests for their patients, far more than in the top performing countries: Switzerland (3%), the Netherlands (7%), and Norway (10%).
- In overall national performance, Canada shows no relative improvement in any areas of access to care where we could track changes since 2006.

Coordination of care

- We found wide variation among provinces in the number of primary care physicians who routinely hear from a hospital when one of their patients has been treated in the emergency department (ranging from 8% to 69%).
- The timely flow of information from hospitals and specialists back to a patient's primary care physician seems to be broadly lacking across Canada, although no country seems to have fully met this challenge. Only 16% of primary care physicians say hospitals send them information needed for follow-up care within 48 hours of patients being discharged. Only 26% say they always receive a comprehensive report from specialists who have seen their patients, and far fewer of them (11%) say these reports are always timely.
- More positively, most Canadian primary care physicians (80% or more) say they help to coordinate their patients' care with other providers and services. In some provinces this role is nearly universal (above 90%), similar to the top-performing countries in the survey.
- About two-thirds of Canadian primary care physicians (62%) check in with patients between visits (considerably lower than in the UK at 98%), and about half (47%) work with nurses or other non-physician professionals who do this work.

Use of information technology

- The adoption of information technology in Canadian primary care settings has grown significantly in the past six years, although with large variations among provinces.
- The use of electronic medical records (EMRs) has nearly doubled since 2006, with 57% of Canada's primary care physicians now using computerized patient charts (ranging from 26% to 74% across provinces).
- Almost half of Canadian primary care physicians (43%) routinely use e-prescribing technology today, up from only 11% six years ago. Across provinces, the use of e-prescribing ranges from 10% to 58%.
- Overall in Canada, 41% of primary care physicians say they could easily generate a list of their patients by diagnosis, such as diabetes or cancer—an improvement from 26% in 2006. Similarly, the proportion of physicians who can easily generate a list of any patient's medications has grown from 25% in 2006 to 43% today.

Practice improvement and incentives

- The use of financial incentives for primary care physicians to provide chronic disease management, preventive care, and home visits has increased considerably in Canada and is high compared to other countries, while there is uneven use across provinces.
- Almost three-quarters (71%) of Canadian primary care physicians report receiving incentives for managing patients with chronic conditions or complex needs—71% today, nearly double the 2006 rate of 37%.
- The use of extra pay for providing enhanced preventive care such as counselling (42%) has grown three-fold since 2006. Provincial rates range widely from 4% to 78%.
- In contrast, Canadian primary care physicians are among the least likely, compared to other countries, to work in a practice that regularly reviews clinical performance against targets (41%), with provincial rates ranging from 19% to 62%.

The adoption of information technology in Canadian primary care settings has grown significantly in the past six years.

INTRODUCTION AND METHODS

This bulletin focuses on province-by-province differences in primary health care across Canada from the perspective of the physicians who provide this care. Our findings are based on responses from 2,124 Canadian primary care physicians plus 8,642 from nine other countries who participated in the 2012 Commonwealth Fund International Health Policy Survey.

We present our findings based on three types of comparisons:

- **Provincial:** how performance across Canada varies among nine provinces (we do not report results for Prince Edward Island, Nunavut, Northwest Territories, and Yukon due to small sample sizes);
- **International:** how Canada as a whole compares to nine other countries; and
- **Time trends:** how key aspects of primary health care in 2012 have changed compared to similar surveys of physicians in 2006 and 2009 (where comparable data were available).

Primary health care is the foundation of Canada's health care system. For most Canadians, a family physician or general practitioner is their first point of contact with the system and often their principal source of continuity and coordination of care as they move through the system to meet their health care needs. Primary health care physicians promote good health and disease prevention and respond to patients' urgent issues. In Canada, they are also the main gatekeepers to other services. Most patients can access prescription drugs, diagnostic imaging, specialist care, and treatment in hospitals only through decisions made with their primary care physician.¹

Because of these important roles, primary care physicians have been the focus of considerable policy attention in every province and territory, as well as in other countries. Across Canada, government-led initiatives are promoting a number of changes to primary health care practices. Examples include greater use of electronic medical records, interprofessional team-based care, incentives in support of chronic disease management, and practice

management techniques such as advanced access scheduling to help physicians see more patients, more quickly. However, physicians' experiences with the system are rarely reported. These survey findings will help to fill that knowledge gap in five areas:

1. General perceptions of the system (e.g., Do you feel the care your patients receive from all their providers has improved in recent years, or not?)
2. Access to care (e.g., Are you able to offer same-day or next-day appointments for most of the patients who ask? Do your patients often find it hard to pay out-of-pocket costs such as filling prescriptions?)
3. Coordination of care (e.g., How easy is it for you to get information from a hospital about care a patient has received there?)
4. Use of health information technology (e.g., How easy is it for you to monitor patient results, for example by generating a list of all your patients who have diabetes?)
5. Measurement of clinical practice performance and the use of incentives to improve care (e.g., Do you receive extra funding for managing patients with chronic disease?)

An analysis linking the survey results to specific improvement initiatives or other contextual factors across Canada is beyond the scope of this bulletin. Nonetheless, we hope these findings will show policy-makers and health care providers where their investments are paying off, where more effort may be needed, and where provinces may have the most to learn from one another. To supplement the information found in this report, we recommend exploring the ever-expanding list of innovative practices in primary health care (as well as other areas of health care) that are profiled on the Health Council of Canada's Health Innovation Portal at healthcouncilcanada.ca/innovation.

About the survey

The 2012 Commonwealth Fund International Health Policy Survey was conducted between March 2012 and July 2012. Primary care physicians in 10 countries participated: Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Switzerland, United Kingdom, and United States. Canadian physicians were mailed a written survey; in some countries, the survey was conducted by phone. More information on this and other Commonwealth Fund surveys can be found at commonwealthfund.org.

The Commonwealth Fund provided core support and partnered with the Health Council of Canada, Health Quality Ontario, Commissaire à la santé et au bien-être (Quebec Health and Welfare Commissioner), Health Quality Council of Alberta, and Canada Health Infoway to expand the Canadian sample. Other countries providing co-funding for the survey included: Haute Autorité de Santé and Caisse Nationale de l'Assurance Maladie des Travailleurs Salariés (France); German Federal Ministry of Health and German National Institute for Quality Measurement in Health Care; Dutch Ministry of Health, Welfare, and Sport and the Scientific Institute for Quality of Healthcare at Radboud University Nijmegen; Norwegian Knowledge Centre for the Health Services; Swedish Ministry of Health and Social Affairs; and Swiss Federal Office of Public Health and Swiss Medical Association.

Analytic approach

We conducted provincial and international comparisons of the 2012 survey findings, as well as comparisons to previous Commonwealth Fund surveys (2006 and 2009) where the same questions were asked of primary care physicians. International results are presented by ranking the countries from best to lowest performance.

Data for each of the countries are weighted to accurately represent the local physician population. For example, Canadian data are weighted by age, gender, and provincial distribution of physicians to accurately reflect the

population of physicians in this country as described in the Canadian Medical Directory. Table 1 summarizes demographic and practice-related characteristics of the Canadian survey respondents by province—details that provide context for interpreting the survey findings.

We present provincial results primarily for areas where we found high variation within Canada based on statistical analysis. Provincial results were examined using cross tabulations and the chi-square test for difference. Many statistical comparisons were done for this report because of both the number of questions and the number of comparisons among provinces. Many statistically significant differences were found among provinces, but they do not always reflect substantive differences—that is, differences that are large enough to be important for policy-making and other purposes.

To find the most important differences between provinces, we used another test, lambda, which is a directional measure that assesses the strength of the association among results. Lambda shows the importance of “province” in explaining the differences in responses to a survey question. Except where noted, the provincial comparisons presented in this bulletin have a lambda score of greater than or equal to 0.1, meaning those are the results where we found the most statistically important differences among provinces. A technical appendix with a complete breakdown of provincial results and further detail on the analysis and methods is available by contacting the Health Council of Canada at information@healthcouncilcanada.ca.

SURVEY PROFILE

**Table 1. Profile of survey respondents
(2,124 Canadian primary care physicians)**

	British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	Newfoundland and Labrador	CANADA
Total Respondents (n)	147	341	151	163	488	387	133	148	161	2,124
GENDER										
Male (%)	52	58	62	68	62	49	56	59	67	60
Female (%)	48	43	38	32	38	51	44	41	33	40
AGE										
Under 35 (%)	8	17	18	9	8	13	14	5	15	9
35–44 (%)	27	24	20	29	21	17	21	27	29	24
45–54 (%)	31	24	30	26	28	34	30	34	26	31
55–64 (%)	29	26	18	26	29	25	23	22	18	25
65+ (%)	5	9	14	9	13	11	11	12	12	11
PRACTICE LOCATION										
City (%)	57	61	57	49	55	51	42	42	40	53
Suburb (%)	15	12	4	8	18	16	5	8	4	15
Small town (%)	18	15	20	13	20	17	38	31	30	20
Rural (%)	10	11	18	31	7	16	16	19	25	13
PRIMARY SETTING OF PRACTICE										
Private solo (%)	19	11	17	19	29	19	47	26	16	23
Physician group (%)	60	71	58	46	51	49	32	44	47	53
Community clinic/health centre (%)	6	4	8	15	6	15	10	8	11	9
Walk-in care centre (%)	7	5	4	3	3	3	2	2	<1	4
Ambulatory centre or clinic affiliated with hospital (%)	<1	<1	2	1	1	2	3	2	3	1
On site at hospital or medical centre (%)	5	5	6	9	4	6	5	5	21	5
Other (%)	4	5	5	7	7	6	2	12	3	6

Expanded sample sizes in Alberta, Ontario and Quebec were supported by the Health Quality Council of Alberta, Health Quality Ontario and the Commissaire à la santé et au bien-être respectively.

	British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia	Newfoundland and Labrador	CANADA
Total Respondents (n)	147	341	151	163	488	387	133	148	161	2,124
FUNDING ARRANGEMENT/PAYMENT MODEL										
Fee-for-service based (%)	83	88	68	71	38	70	70	66	66	63
Capitation or roster based (%)	1	2	3	1	34	<1	1	1	1	12
Salary based (%)	6	7	22	14	6	10	22	19	29	10
Blended model (%)	8	2	4	8	20	11	6	6	3	11
Other (%)	2	2	3	6	2	9	2	7	1	4
COMPLEMENTARY FUNDING										
Targeted program/activity funding/grants (%)	22	20	6	5	12	9	7	16	3	13
Targeted staffing funding/grants (%)	2	9	1	1	4	23	2	4	3	8
Performance-based financial incentives (%)	5	1	1	10	25	1	2	17	3	11
Other (%)	8	14	7	8	6	10	9	10	7	9
None (%)	64	55	86	77	52	57	81	53	83	60
ACCEPTING NEW PATIENTS										
Yes (%)	39	43	55	53	37	57	38	39	51	45
No (%)	61	57	45	48	63	43	62	61	49	55

- In British Columbia, Alberta, Ontario, and Quebec, two-thirds or more of survey respondents practise in a city or suburban location. In New Brunswick, Nova Scotia, and Newfoundland and Labrador, about half of respondents practise in a small town or rural area.
- Group practice is the most common setting for the primary care physicians who responded to the survey (44% to 71%) in every province, except New Brunswick (32%) where more respondents are in solo practice (47%). In Newfoundland and Labrador, 21% of respondents practise within a hospital or medical centre.
- Most respondents report being paid on a fee-for-service basis, except in Ontario where about one-third of respondents are paid by the number of patients in their practice (capitation or roster) and 20% work under a blended compensation model. Close to one-third of respondents in Newfoundland and Labrador are paid by salary.

A GUIDE TO THE CHARTS

The charts in this bulletin present three types of findings: provincial, international, and results over time.

Where comparative data were available, all three types are shown for each survey question.

Where relevant, an arrow is provided to the right of the provincial/international chart to indicate the direction of better performance.

Provincial

Based on the 2012 survey, provincial results are presented for nine provinces ordered geographically from west to east:

- BC** British Columbia
- AB** Alberta
- SK** Saskatchewan
- MB** Manitoba
- ON** Ontario
- QC** Quebec
- NB** New Brunswick
- NS** Nova Scotia
- NL** Newfoundland and Labrador

Results for Prince Edward Island and the northern territories are not presented due to small sample sizes.

International

Based on the 2012 survey, international results are presented for 10 countries ordered by performance:

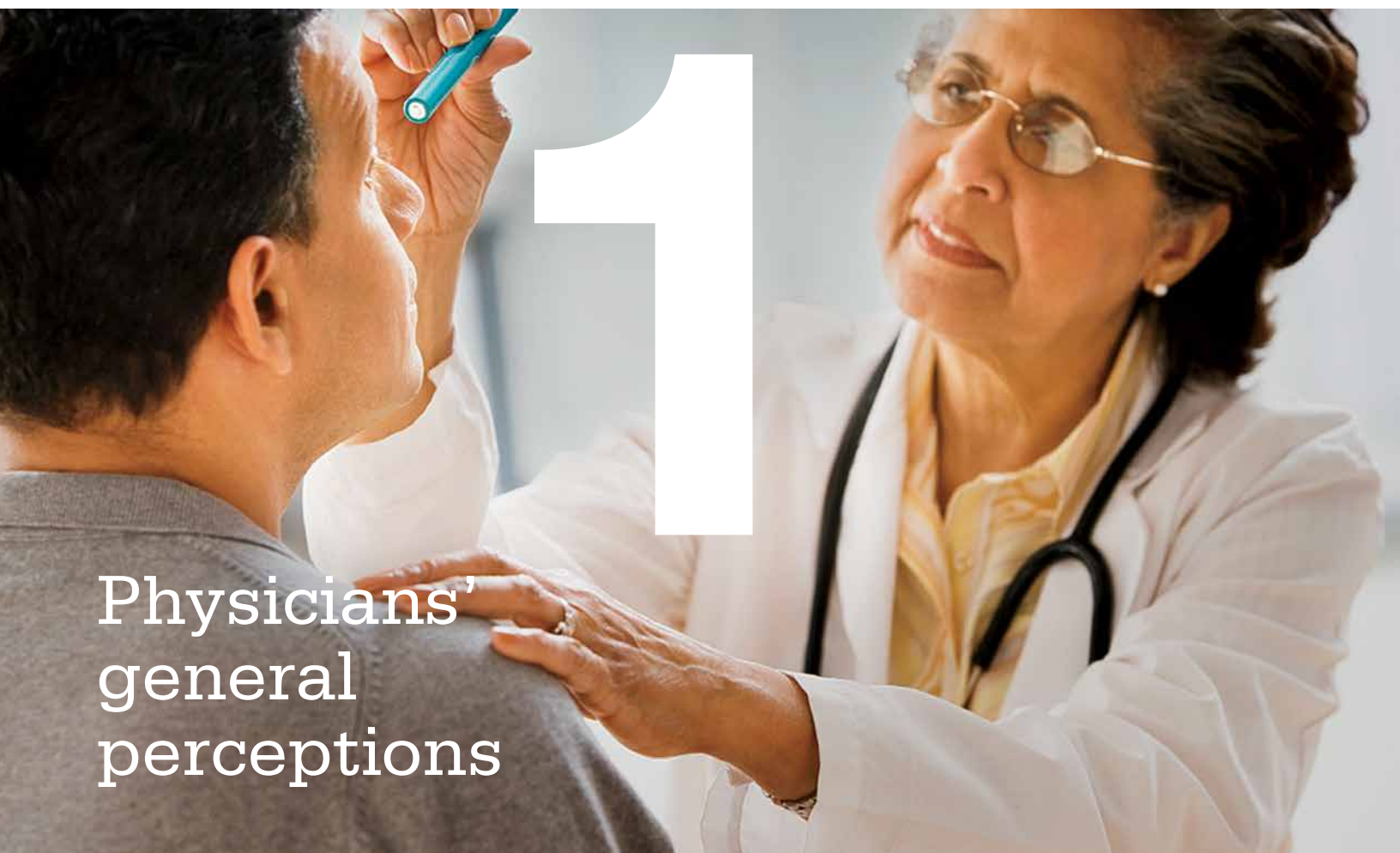
- AU** Australia
- CA** Canada
- FR** France
- DE** Germany
- NLD** Netherlands
- NO** Norway
- NZ** New Zealand
- CH** Switzerland
- UK** United Kingdom
- US** United States

Results over time

Based on The Commonwealth Fund surveys of primary care physicians conducted in 2006, 2009, and 2012, results are presented for seven countries where similar questions were asked in all three years. Canadian values are shown on the charts. For specific results for other countries, a technical appendix for this bulletin is available by contacting information@healthcouncilcanada.ca.

FINDINGS





Physicians' general perceptions

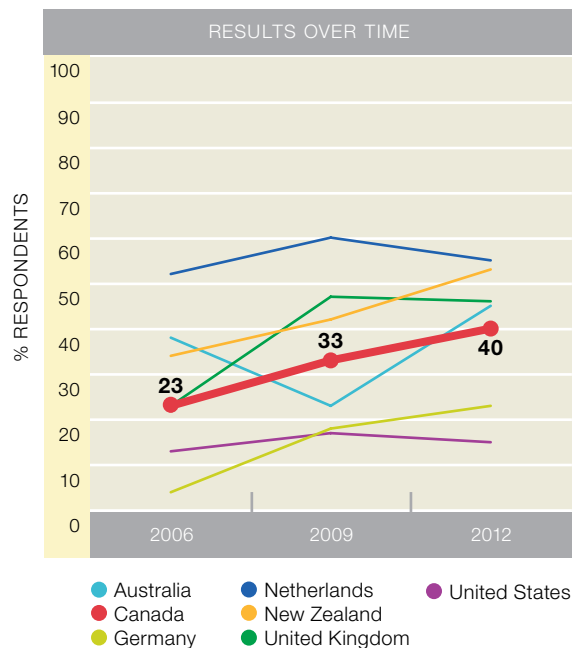
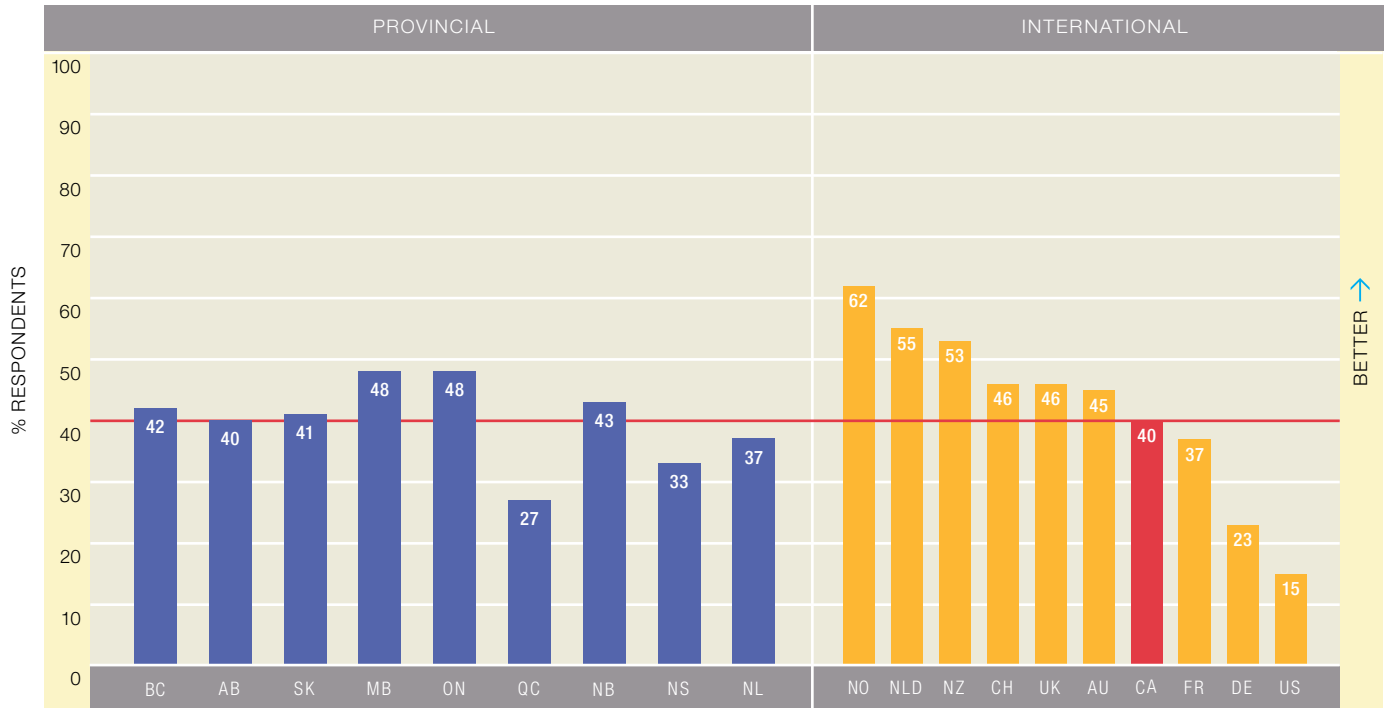
Canadian primary care physicians feel more positively about the health care system today than they did in 2006 and 2009. However, about one in five say the quality of care their patients receive across the system has declined, and about one-quarter feel their patients receive too little care. At the same time, most report they are satisfied with practising medicine.

We found relatively little variation among the provinces in physicians' responses to these questions so, for sections 1.1 to 1.4, we focus our summary of findings on results for Canada compared to other countries and, where available, results over time.

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 your country? (On the whole the health care system works pretty well and only minor changes are necessary to make it work better/There are some good things in our health system, but fundamental changes are needed to make it work better/Our health care system has so much wrong with it that we need to completely rebuild it.)*

Physicians who say only minor changes are needed

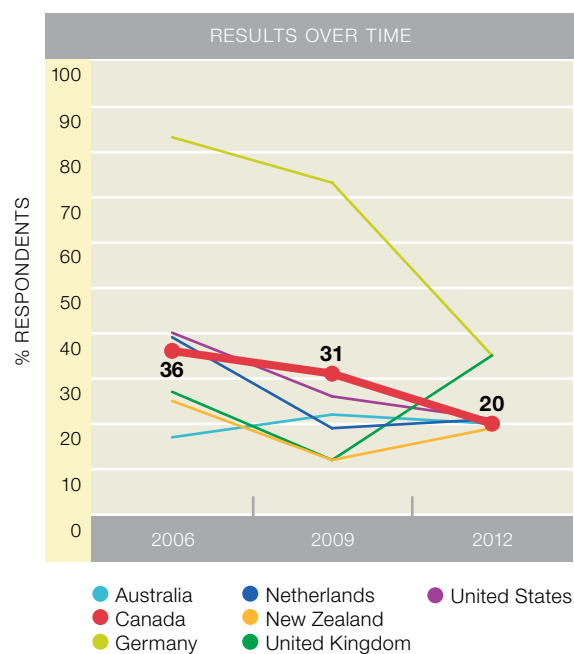
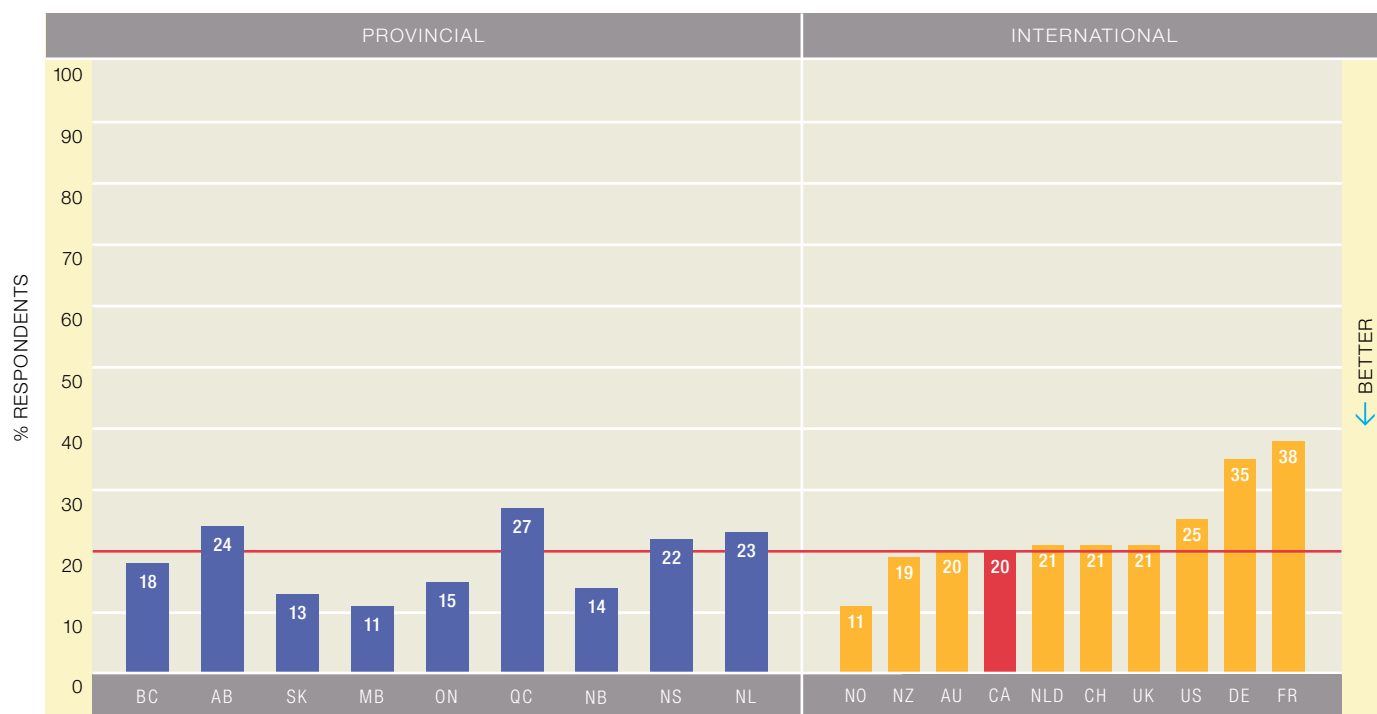


- Internationally, physicians' perceptions about their country's health care systems differ significantly. The proportion who feel generally positive about the system ranges from a low of 15% in the US to a high of 62% in Norway.
- Compared to six years ago, Canadian primary care physicians have greater confidence in the health care system. The percentage who agree that, on the whole, the system "works pretty well and only minor changes are needed" has increased from 23% in 2006, to 33% in 2009, to 40% in 2012.

1.2 Quality of care

Survey respondents were asked: *In general, do you think the quality of medical care your patients receive throughout the health care system has improved, has become worse, or is it about the same as it was three years ago? (Improved/Worse/About the same)*

Physicians who say the quality of medical care their patients receive has declined in the past three years

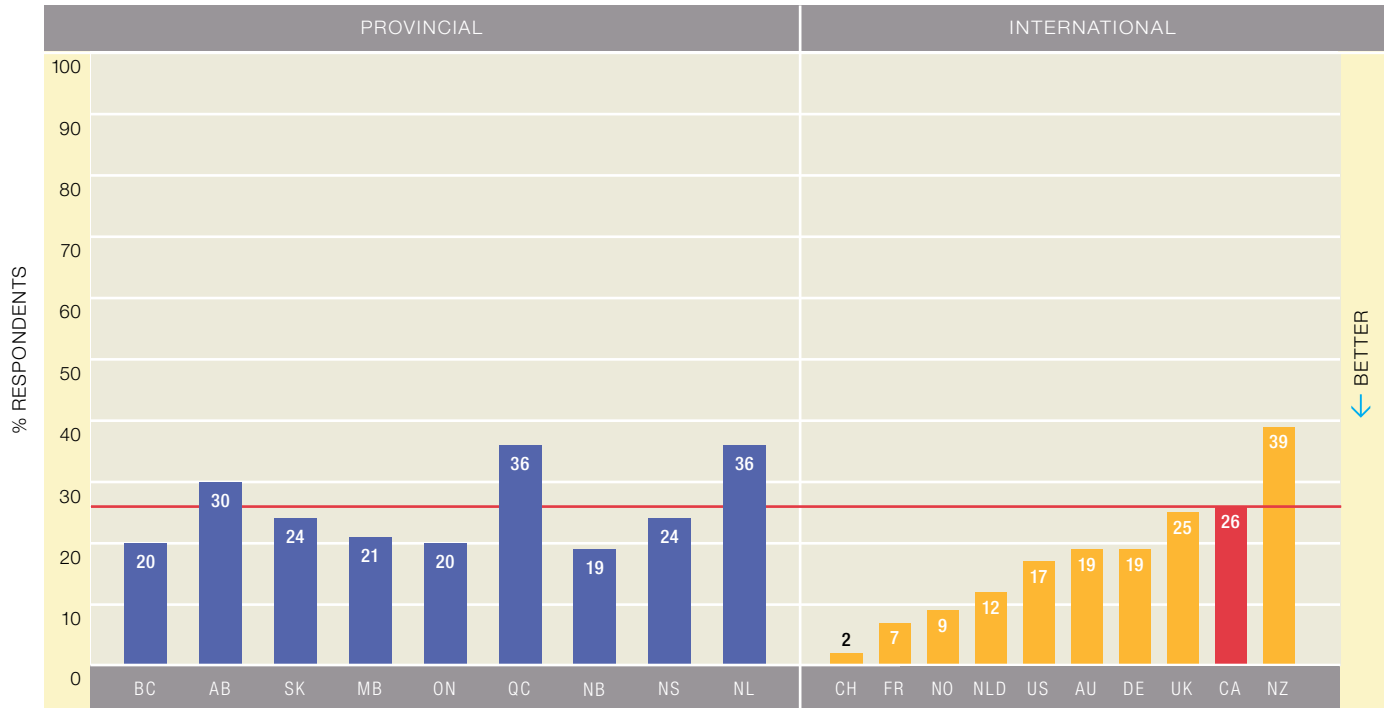


- One in five Canadian primary care physicians (20%) feel the quality of care their patients receive has gotten worse in the past three years. This puts Canada around the mid-point of other countries, ranging from 11% in Norway to 38% in France who say the quality of care has declined.
- Over the past six years, there has been a decrease in the proportion of Canadian physicians who feel the quality of their patients' care has declined.

1.3 Amount of care

Survey respondents were asked: *What is your opinion about the amount of medical care your patients receive, not just from you but from all their providers? (Much too little/Too little/Just about right/Too much/Much too much)*

Physicians who say their patients receive too little or much too little care

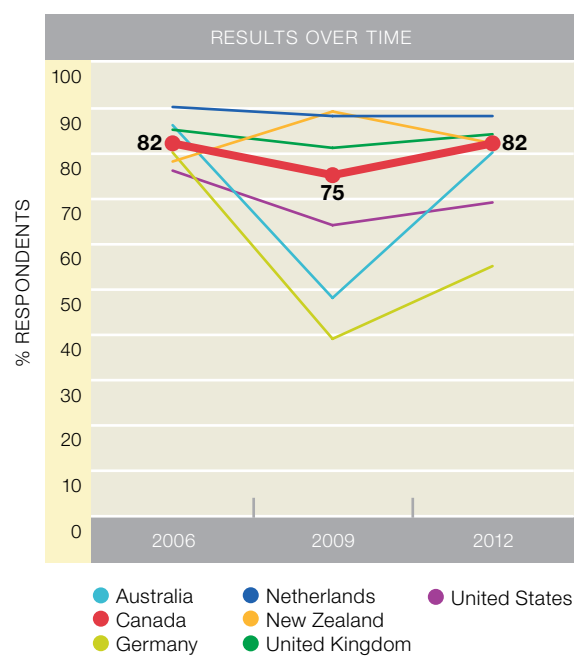
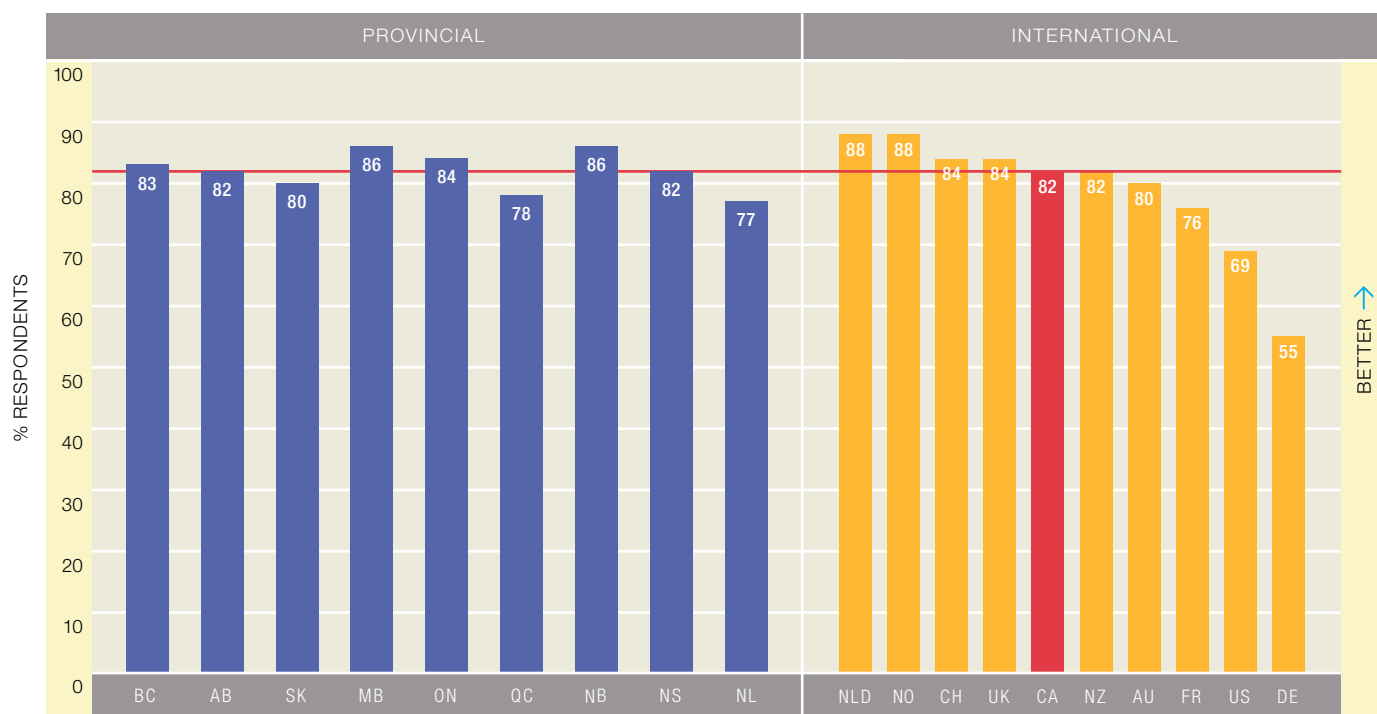


- Asked to consider the full range of medical care their patients receive from all their providers, about one-quarter of Canadian primary care physicians feel the amount is too little. Canada compares relatively poorly in this area to most of the other countries surveyed. As few as 2% of physicians elsewhere feel their patients do not receive an adequate amount of care.

1.4 Satisfaction with practising medicine

Survey respondents were asked: *Overall, how satisfied are you with practising medicine?*
(Very satisfied/Satisfied/Somewhat dissatisfied/Very dissatisfied)

Physicians who say they are satisfied or very satisfied with practising medicine



- Most Canadian primary care physicians (82%) say they are satisfied with practising medicine—a finding in line with many of the other countries surveyed.
- Since 2006, rates of job satisfaction among primary care physicians have changed little in Canada.



Access to care

Having access to a regular source of primary health care can reduce hospital admissions, avert inappropriate use of emergency departments, and improve patients' experiences with care.² While most Canadians report having a regular care provider,³ the survey responses give us insight from primary care physicians regarding the types of obstacles their patients face to get the care they need.

As in past international surveys, Canada ranks poorly on a number of factors related to access to health care, with no significant improvements over the past six years (2006–2012) in the areas where comparable data were available. For example, Canadian physicians are the least likely, compared to the other countries surveyed, to offer their patients same-day or next-day appointments. They are also among the least likely to have arrangements for shared care or flexible hours to help reduce the inappropriate use of hospital emergency departments for after-hours care—a long-standing concern among

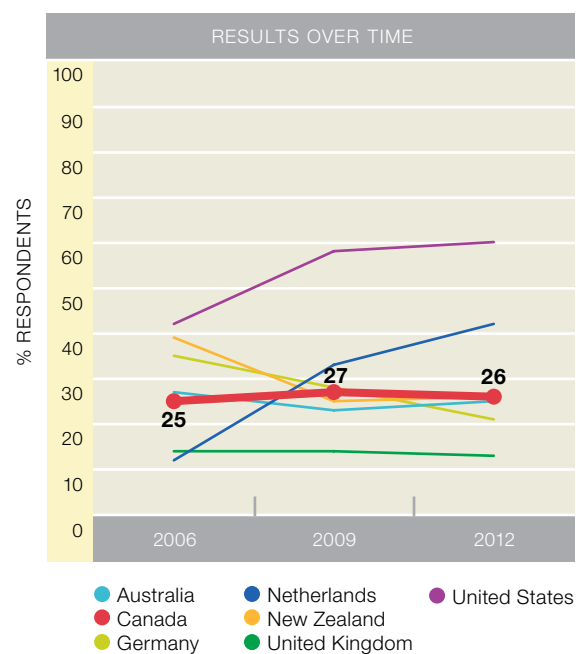
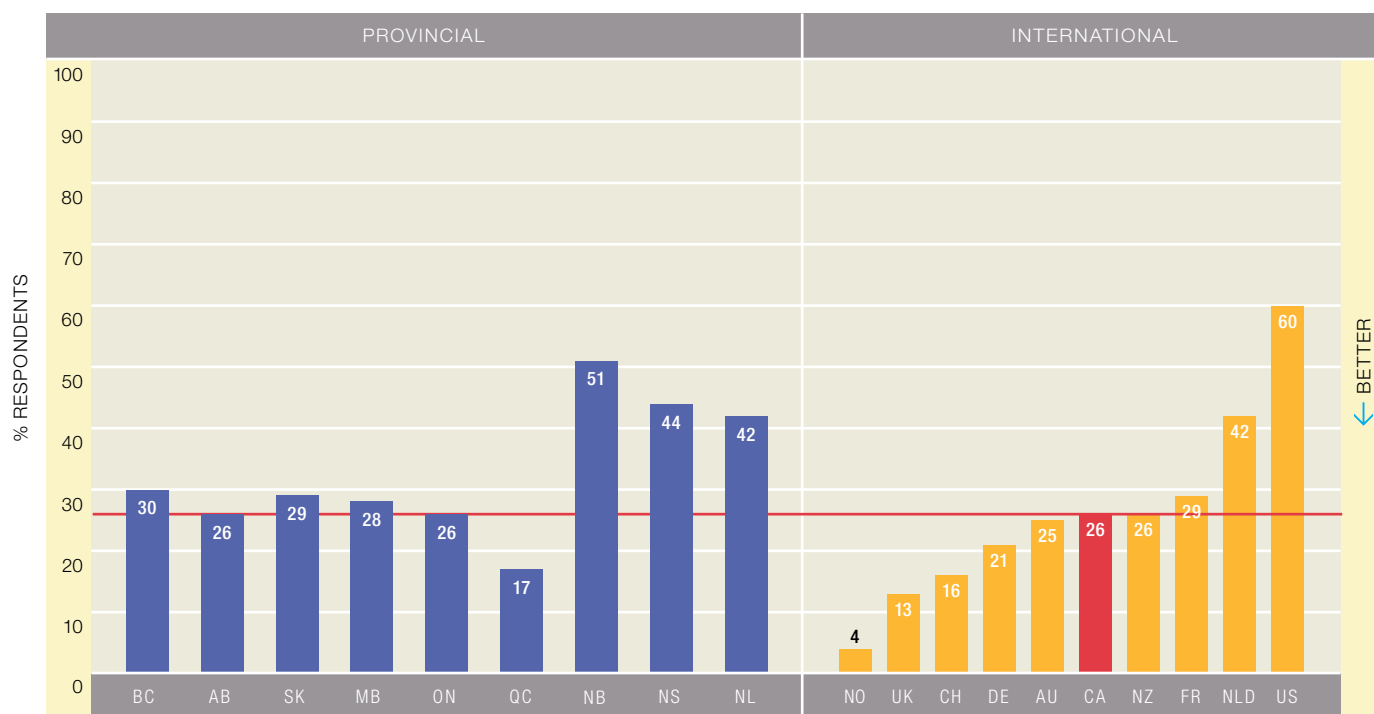
Canadians.⁴ However, some provinces within Canada do fare better in making after-hours arrangements available for their patients.

One key concern for Canadians is the ability to pay for medications and other out-of-pocket costs not covered by public or private health insurance. This is much less of a problem in Quebec (where only about one in six primary care physicians say their patients face this challenge) compared to the Atlantic provinces (where up to half of physicians say their patients often have difficulty paying for non-insured care). The wide variation in these findings reflects the differences across provincial pharmacare programs. Timely access to specialized diagnostic tests continues to be a problem for many Canadians, according to their primary care physicians. Here too we found wide variation among the provinces and a poor ranking internationally, suggesting opportunities to learn from the better-performing jurisdictions, both at home and abroad.

2.1 Out-of-pocket costs

Survey respondents were asked: *How often do your patients have difficulty paying for medications or other out-of-pocket costs? (Often/Sometimes/Rarely/Never)*

Physicians who say their patients often experience difficulty paying for medications or other out-of-pocket costs

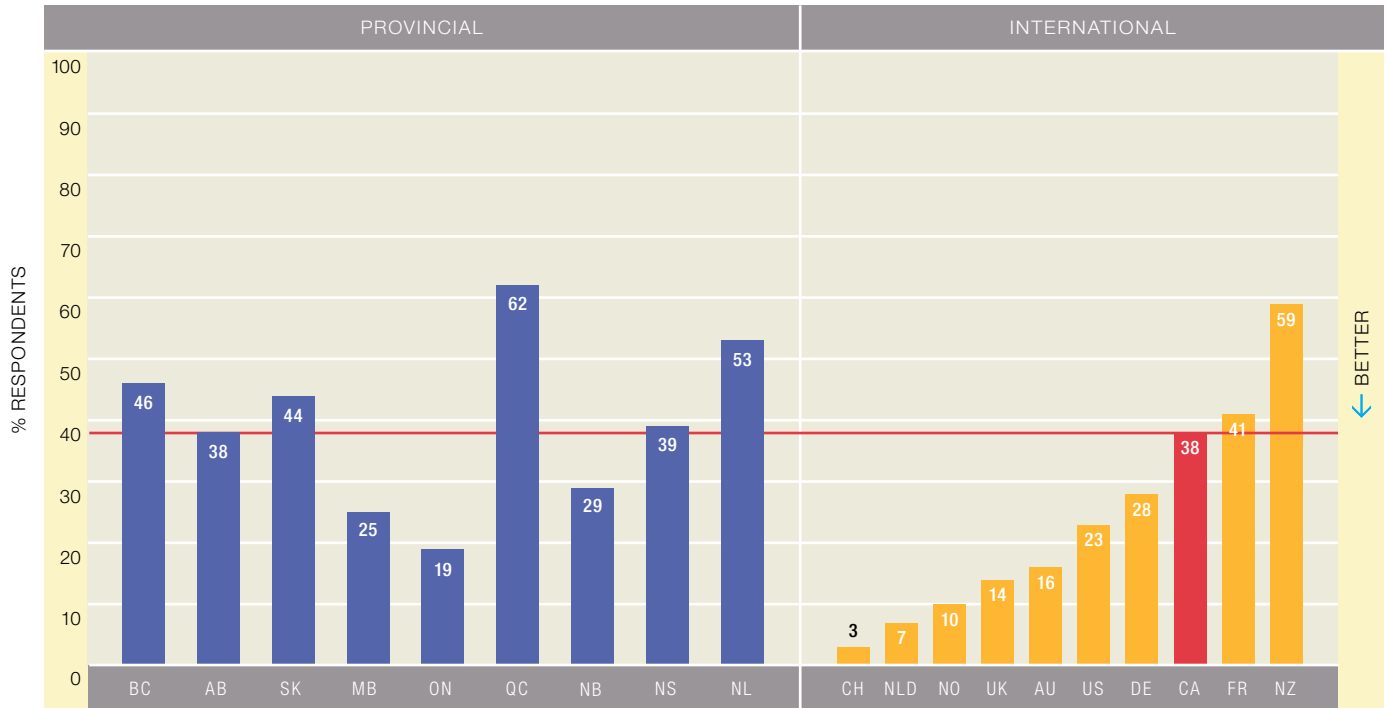


- More than 40% of patients in the Atlantic provinces often have problems paying for medications and other out-of-pocket health care costs, according to their primary care physicians. Quebec patients are the least likely to face financial barriers to care (17%). In British Columbia, Alberta, Saskatchewan, Manitoba and Ontario, the percentage of patients who have difficulty with costs is similar to that for Canada overall (26%).
- Internationally, Canada ranks around the mid-point of the 10 countries surveyed in terms of the proportion of patients who reportedly have difficulty paying for care, which ranged from 4% in Norway to 60% in the US.
- Canada overall has shown no improvement since 2006 in reducing the percentage of patients who have difficulty with out-of-pocket costs, according to their physicians. Some other countries have seen substantial declines (Germany, New Zealand) or increases (US, Netherlands) in this area.

2.2 Access to specialized diagnostic tests

Survey respondents were asked: *How often do your patients have difficulty getting specialized diagnostic tests, such as CT imaging, mammogram, or MRI? (Often/Sometimes/Rarely/Never)*

Physicians who say their patients often experience difficulty getting specialized diagnostic tests

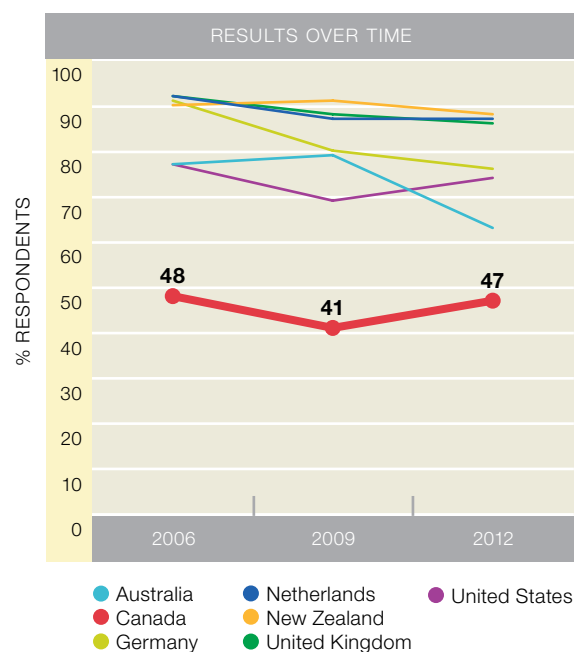
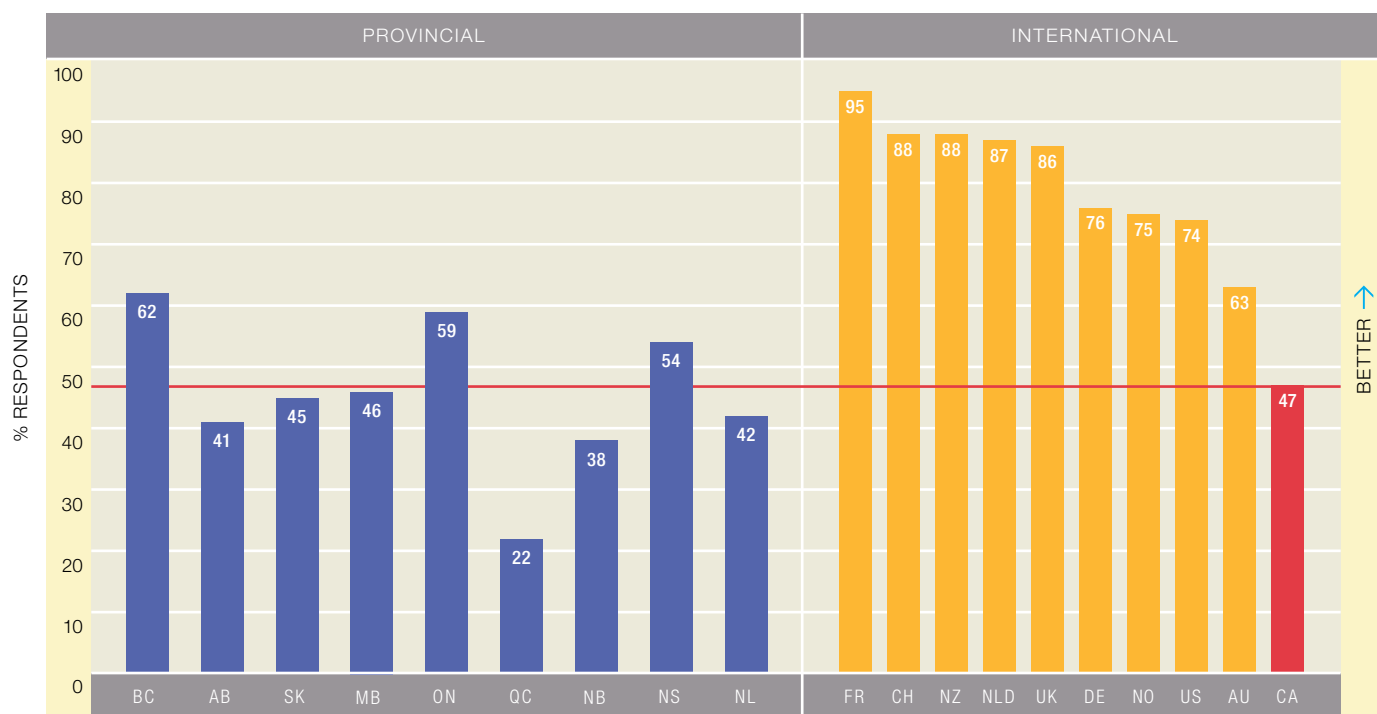


- Primary care physicians in three provinces (Manitoba, Ontario, and New Brunswick) are least likely to indicate that their patients often have difficulty getting specialized diagnostic tests such as CT scans or MRI. Rates in those provinces are well below the percentage for Canada overall (38%). Access to specialized tests is most challenging in Quebec and in Newfoundland and Labrador, according to primary care physicians. More than half (53% to 62%) of physicians in these provinces report that their patients often face problems or delays in getting tests.
- Compared to patients in other countries, Canadians' access to specialized diagnostics is particularly challenging; only New Zealand and France have poorer results. In the better-performing countries, relatively few patients have trouble getting diagnostic tests — for example, just 3% in Switzerland and 14% in the UK.

2.3 Same-day or next-day appointments

Survey respondents were asked: *What proportion of your patients who request a same-day or next-day appointment can get one? (Almost all [>80%]/Most [60-80%]/About half [~50%]/Some [20-40%]/Few [<20%])*

Physicians who say most or almost all of their patients can get a same-day or next-day appointment when requested

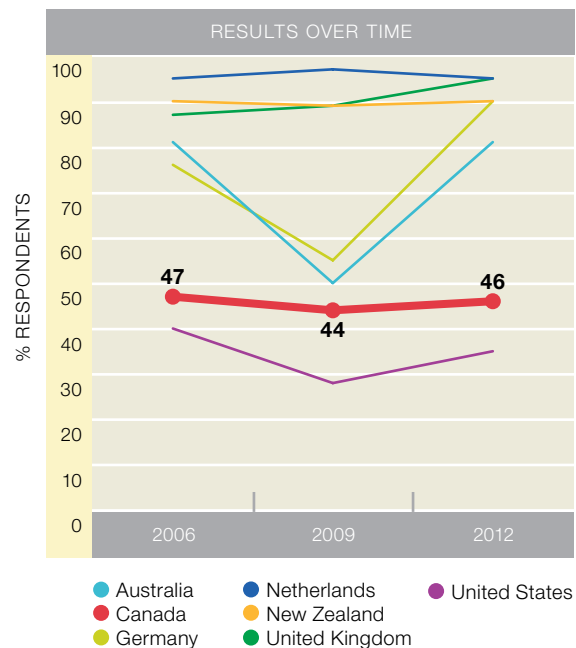
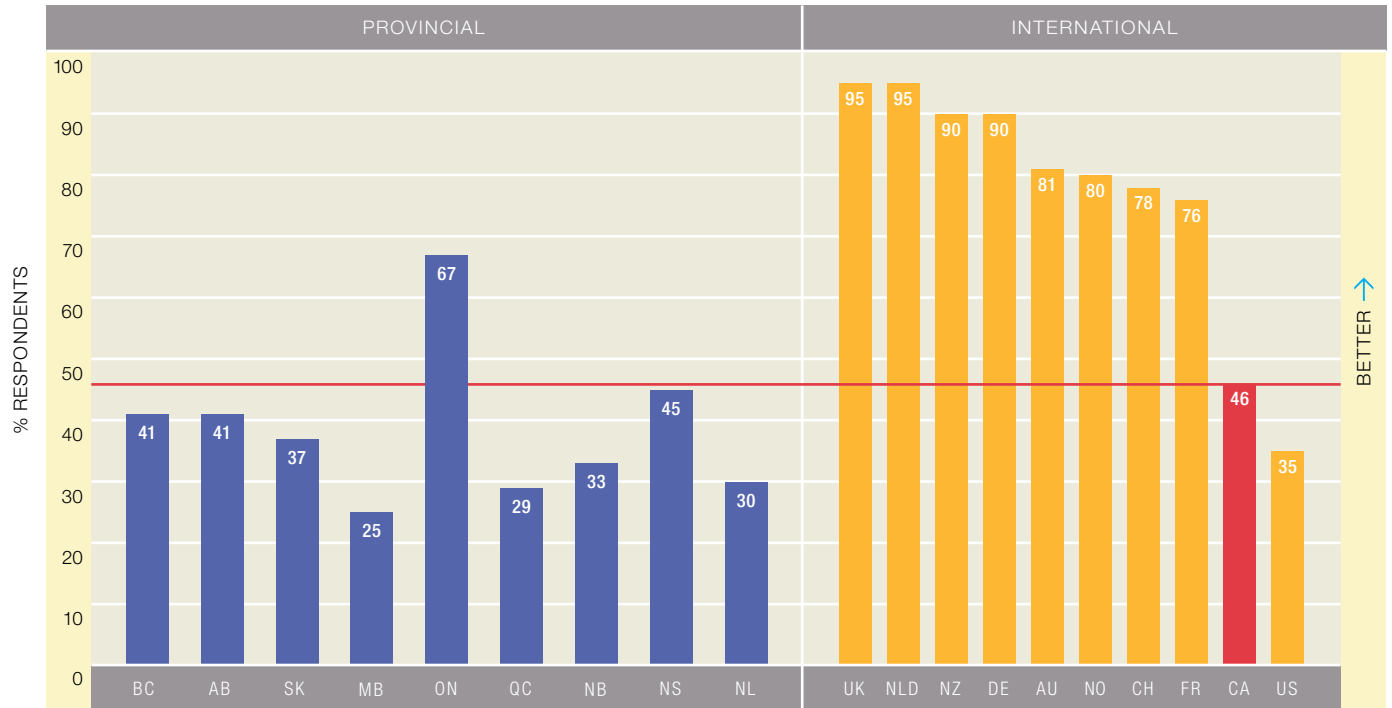


- In three provinces, more than half of patients can easily get a same-day or next-day appointment with their primary care physicians (62% in British Columbia, 59% in Ontario, and 54% in Nova Scotia). In most other provinces, access to same-day or next-day appointments is close to the Canadian average (47%), except in Quebec (22%).
- Canada ranks last and well behind the other nine countries, with less than half of Canadians being able to get a same-day/next-day appointment for primary care. In most other countries, nearly two-thirds of patients or more enjoy this timely access to primary care.
- Since 2006, Canadians' access to same-day or next-day appointments for primary care has not improved. Other countries seem to have experienced moderate declines in this area in the past six years.

2.4 After-hours arrangements: seeing a physician/nurse

Survey respondents were asked: *Does your practice have an arrangement where patients can see a doctor or nurse if needed when the practice is closed, without having to go to the hospital emergency department? (Yes/No)*

Physicians who say their patients can see a physician or nurse when the practice is closed, other than at a hospital emergency department

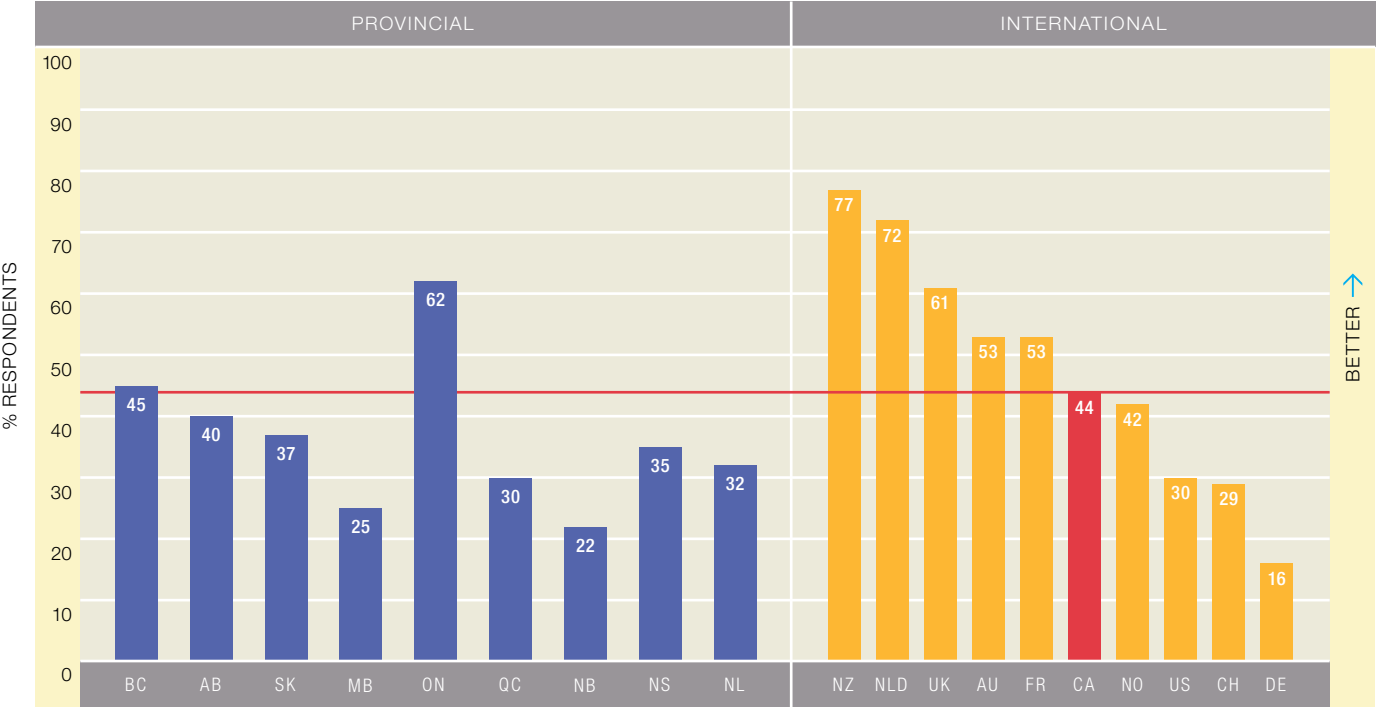


- Two-thirds of primary care physicians in Ontario (67%) say their patients can see a physician or nurse after regular clinic hours without having to go to a hospital emergency department. In all other provinces, the percentage of practices that offer this kind of after-hours care is at or below the rate for Canada overall (46%).
- Canada's reliance on hospital emergency departments for after-hours care is substantially higher than in most other countries surveyed. Only the US has fewer primary care practices that provide after-hours care (35%); in other countries, 76% to 95% of practices provide after-hours care.
- Canada has seen no major change since 2006 in the proportion of primary care physicians who provide after-hours care.
- It is important to note that primary care practices providing telephone consultations when the clinic is closed would not be captured in this survey, which asked only whether patients could see a doctor or nurse after hours.

2.5 After-hours arrangements: sharing services with other practices

Survey respondents were asked: *Does your practice share after-hours service with other practices or groups? (Yes/No)*

Physicians who say their practice shares after-hours services with other practices or groups

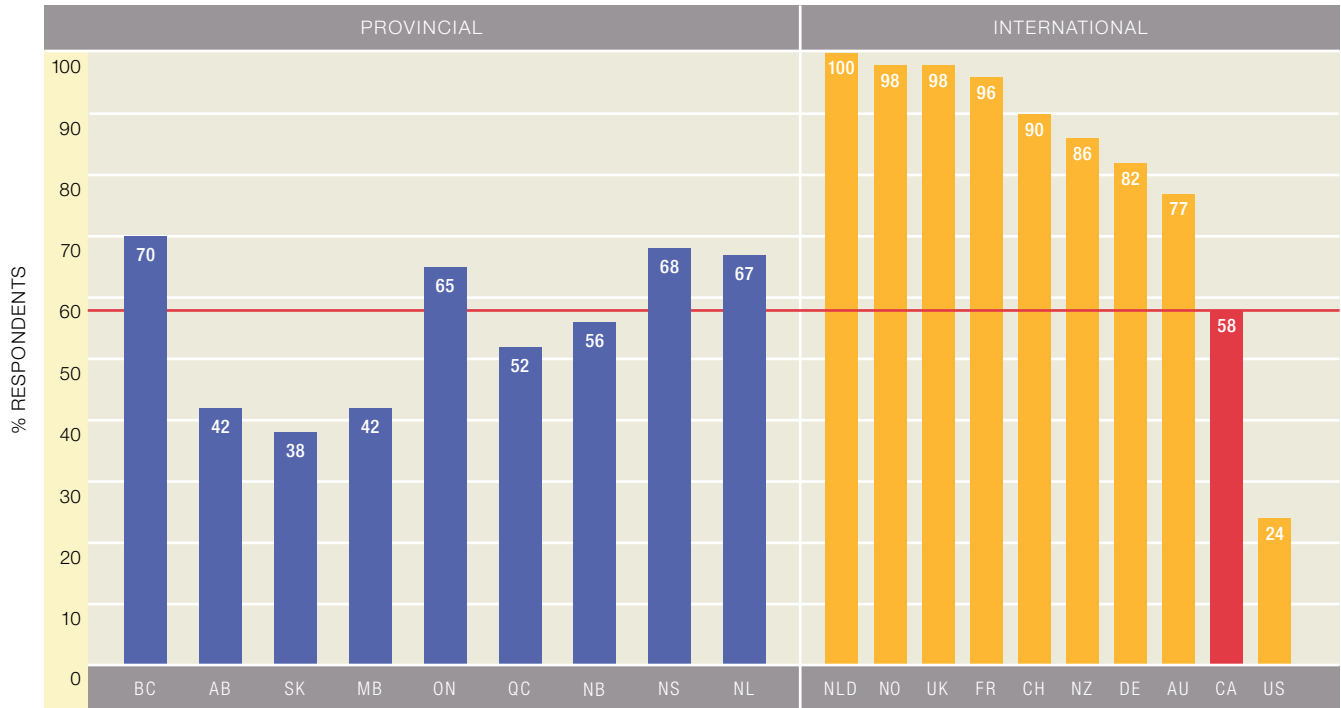


- Less than half of primary care physicians in Canada have formal arrangements with other practices to share after-hours services. This kind of arrangement is most common in Ontario (62%), with other provinces near or well below the level for Canada overall (44%).
- Experiences in other countries show that inter-practice sharing of after-hours services is one of the ways patients get access to primary care services on evenings and weekends, with rates as high as 72% and 77% in the Netherlands and New Zealand, respectively.

2.6 Home visits

Survey respondents were asked: *Do you make home visits? (Yes/No)*

Physicians who make home visits



- Overall in Canada, just over half of primary care physicians make home visits (58%). Seeing patients in their homes is much more common in four provinces: 70% of physicians in British Columbia make home visits, while about two-thirds of them do in Newfoundland and Labrador, Nova Scotia, and Ontario.
- Internationally, Canadian primary care physicians are among the least likely to make home visits, whereas home visits are routine practice for physicians in France, the UK, Norway, and the Netherlands (96% to 100%), and they are quite common in all other countries except the US.

A LOOK AT TEAM-BASED CARE: HOME VISITS

About 60% of primary care physicians in Canada say they work alongside nurses, therapists, or other non-medical professionals. These non-physician team members may conduct home visits.

- **22% of Canadian primary care physicians say they practise with non-physician team members who make home visits, ranging from 16% to 30% across the provinces.**
- **Internationally, we found much wider differences in this type of arrangement. Home visits by non-physician professionals are most common in the Netherlands (92%) and least common in France (12%) and the US (13%).**



3

Coordination of care

Effective coordination among care providers can play an important role in improving the quality of care that patients receive. Timely communication between primary care physicians, specialists, and hospitals eases transitions in care as patients move between different areas of the system and helps to ensure they receive optimal care.

Coordination of care is an area for improvement in Canada, and it appears to be an issue for other countries as well. We found wide variation among provinces in the number of primary care physicians who routinely hear from a hospital when one of their patients has been treated in the emergency department. Although we did not find strong provincial differences for other results related to coordination of care (see Sections 3.2–3.7), we report these provincial findings because of the importance of the issues they touch on. For example, the timely flow of information from hospitals and specialists back to patients' primary care providers seems to be broadly lacking across Canada: Only 26% of primary care physicians say

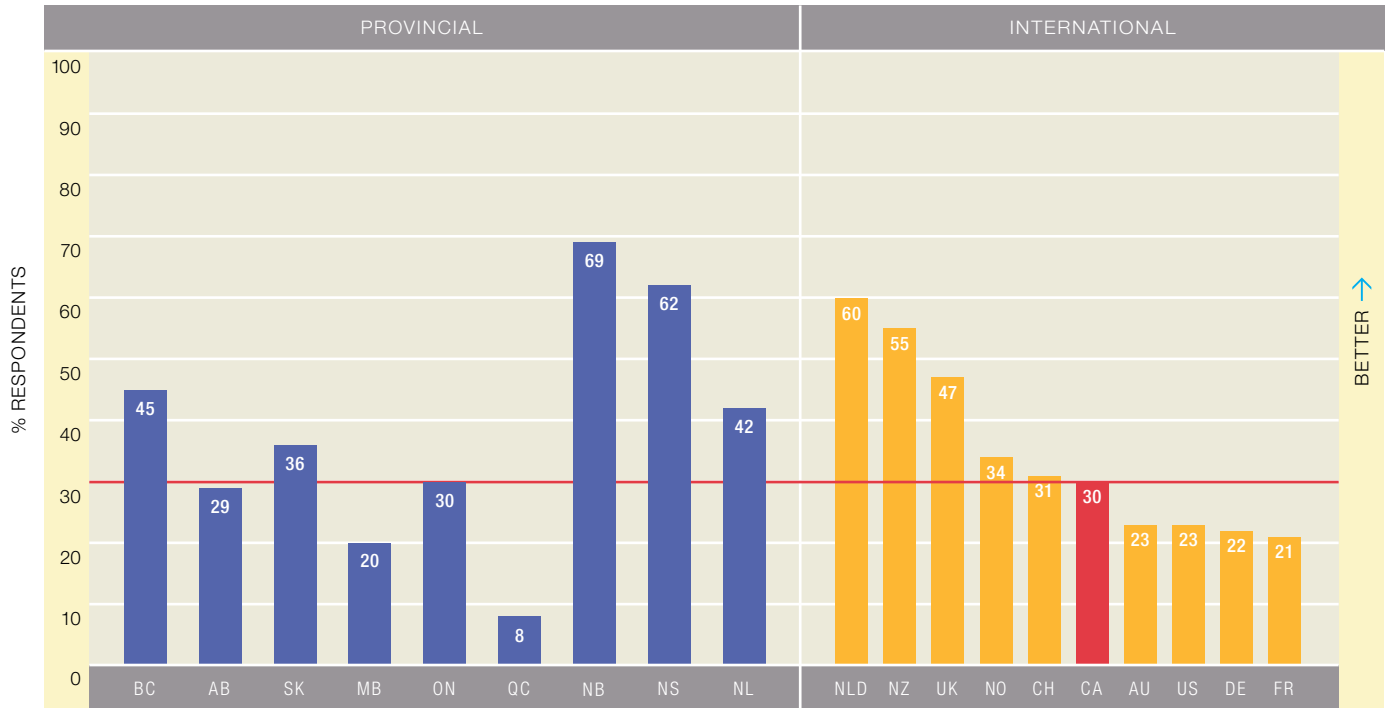
they always receive a comprehensive report from specialists who have seen their patients, and far fewer (11%) say this information is always timely.

Internationally, Canada ranks mid-to-low among the countries surveyed in terms of receiving timely communication from hospitals and specialists who have seen their patients. At the same time, no country seems to have fully met this challenge. More positively, most Canadian primary care physicians (80% or more) say they help to coordinate their patients' care with other providers and services, and in some provinces this role is nearly universal (above 90%), similar to the top-performing countries in the survey. About two-thirds of Canadian primary care physicians (62%) contact patients between visits to monitor their conditions (considerably lower than the 98% in the UK), and about half (47%) work with nurses or other non-physician professionals who monitor patients between visits.

3.1 Notification that patient has been seen in the emergency department

Survey respondents were asked: *When your patients go to the emergency department, how often do you receive notification that your patient has been seen there?* (Always/Often/Sometimes/Rarely/Never)

Physicians who say they are always notified when their patients go to the emergency department

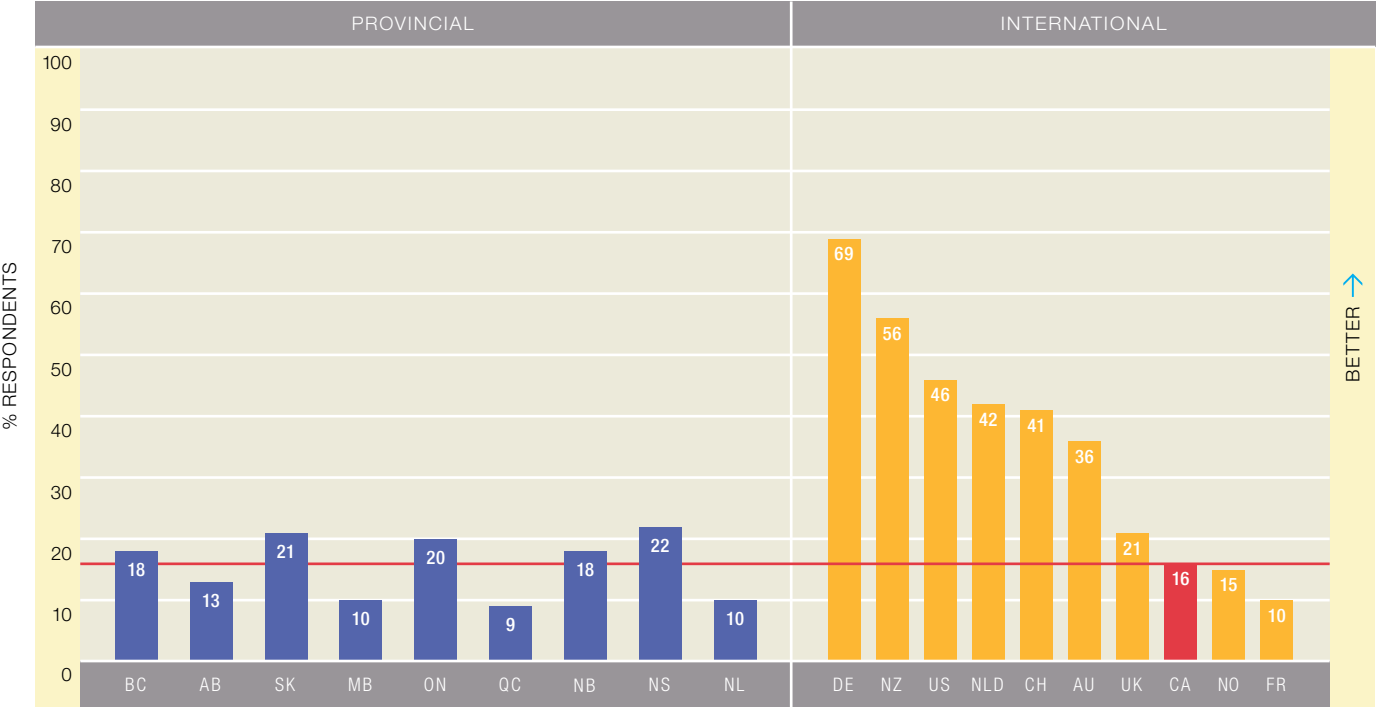


- In two provinces (New Brunswick and Nova Scotia), more than 60% of primary care physicians are always notified by the hospital when one of their patients has been seen in the emergency department. In the rest of Canada, this communication is much less routine, ranging from under one in 10 in Quebec (8%) to less than half in British Columbia (45%).
- Overall, just one in three Canadian primary care physicians (30%) always learn when a patient has been seen in a hospital emergency department. This finding is only slightly better than the poorest-performing countries (21% to 23%) and is far behind the countries where this practice is most common (55% in New Zealand and 60% in the Netherlands).

3.2 Timely information following hospital discharge

Survey respondents were asked: *After your patient has been discharged from the hospital, on average how long does it take before you receive the information you need to continue managing the patient, including recommended follow-up care? (Less than 24 hours/24–48 hours/2–4 days/5–14 days/15–30 days/More than 30 days/Rarely or never)*

Physicians who say they receive information for continued management of their patients within 48 hours of hospital discharge

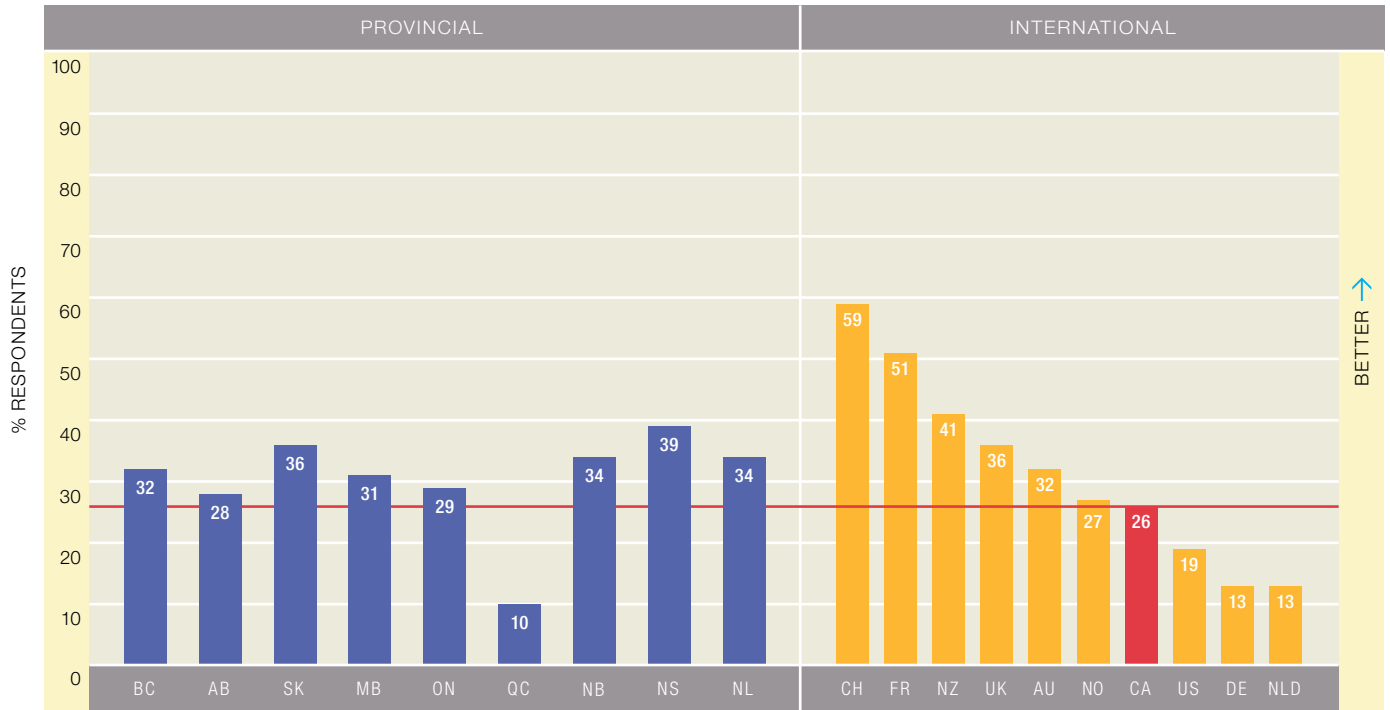


- Overall, only 16% of Canadian primary care physicians say they receive information about their patients within two days of hospital discharge. Five provinces perform near or somewhat better than the national average, while in four other provinces communication from hospitals back to primary care physicians is slower.
- Compared internationally, Canada ranks low in this aspect of timely coordination. In many other countries, the percentage of primary care physicians who receive information within 48 hours of discharge is much higher.

3.3 Reports from specialists

Survey respondents were asked: *When your patient has been seen by a specialist, how often do you receive a report back with all relevant health information?* (Always/Often/Sometimes/Rarely/Never)

Physicians who say they always receive a report back from specialists with all relevant health information

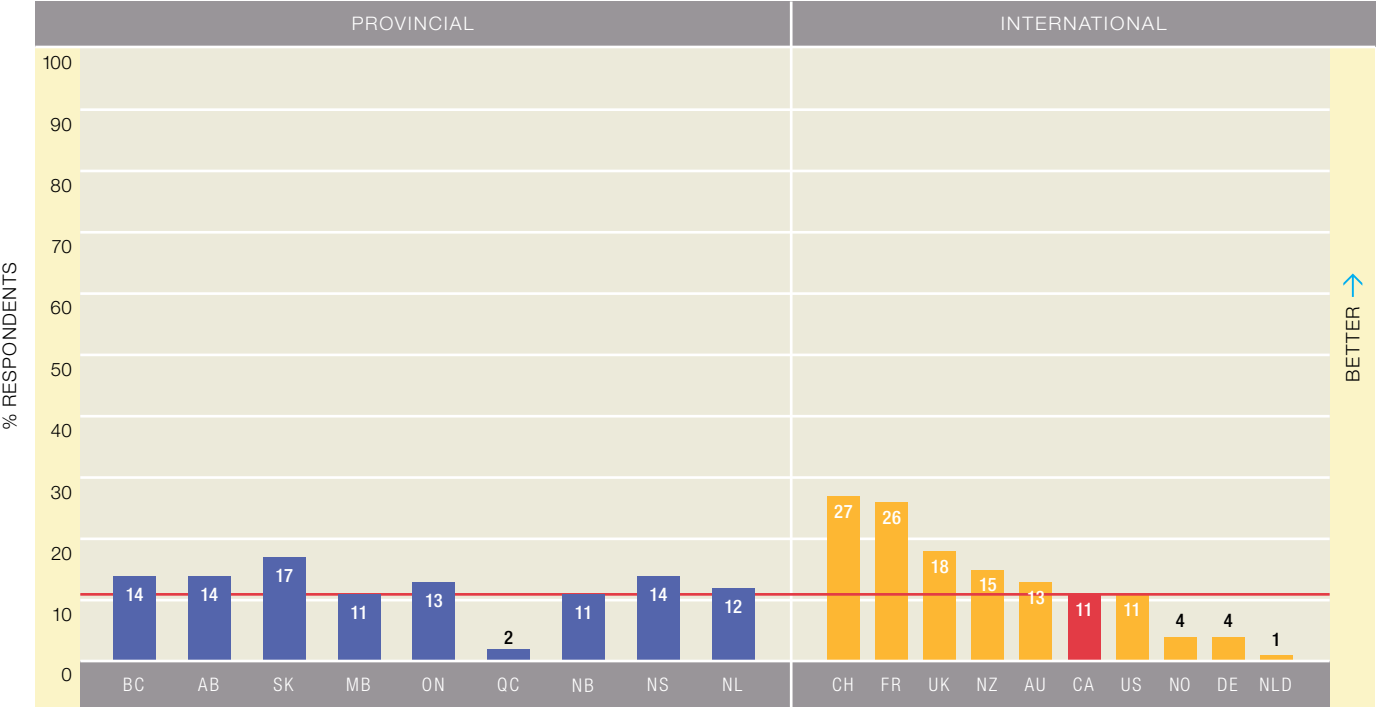


- Overall, about one-quarter (26%) of Canadian primary care physicians report that they always receive all the information they need from a specialist who has seen one of their patients. However, in six provinces the results are somewhat more positive, with 31% to 39% of primary care physicians receiving a full report on their patients from consulted specialists.
- Canada also ranks relatively low in this type of care coordination. The percentage of primary care physicians who say they always receive a report from a specialist is as high as 59% in other countries (Switzerland).

3.4 Timely information from specialists

Survey respondents were asked: *When your patient has been seen by a specialist, how often do you receive information that is timely and available when needed?* (Always/Often/Sometimes/Rarely/Never)

Physicians who say the information they receive from specialists is always timely

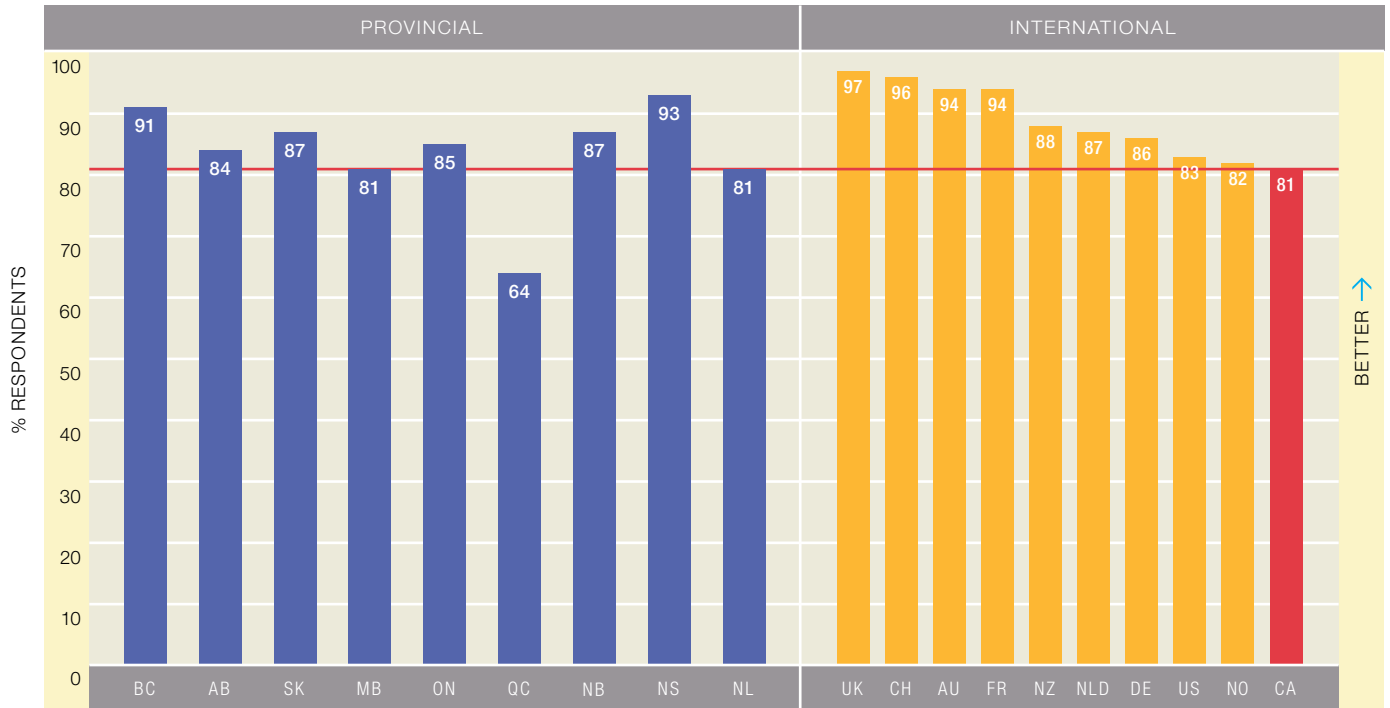


- About one in 10 Canadian primary care physicians (11%) say the information they receive from specialists who have seen their patients is always timely. Results in most provinces are fairly close to the national rate, with only Quebec (2%) and Saskatchewan (17%) differing widely.
- Timely communication from specialists back to primary care physicians is not the norm in any of the countries surveyed. Canada ranks in the middle of a generally low-performing group of countries, ranging from just 1% in the Netherlands to 27% in Switzerland.

3.5 Coordinating post-hospital care

Survey respondents were asked: *Do you help manage and coordinate care after hospital discharge? (Yes/No)*

Physicians who manage and coordinate their patients' care after discharge from hospital



- More than 80% of primary care physicians across Canada (except in Quebec) say they help to manage and coordinate their patients' care after they have been discharged from hospital.
- In some other countries, primary care physicians play a greater role in coordinating post-hospital care, notably France and Australia (94%), Switzerland (96%), and the UK (97%).

A LOOK AT TEAM-BASED CARE: POST-HOSPITAL CARE

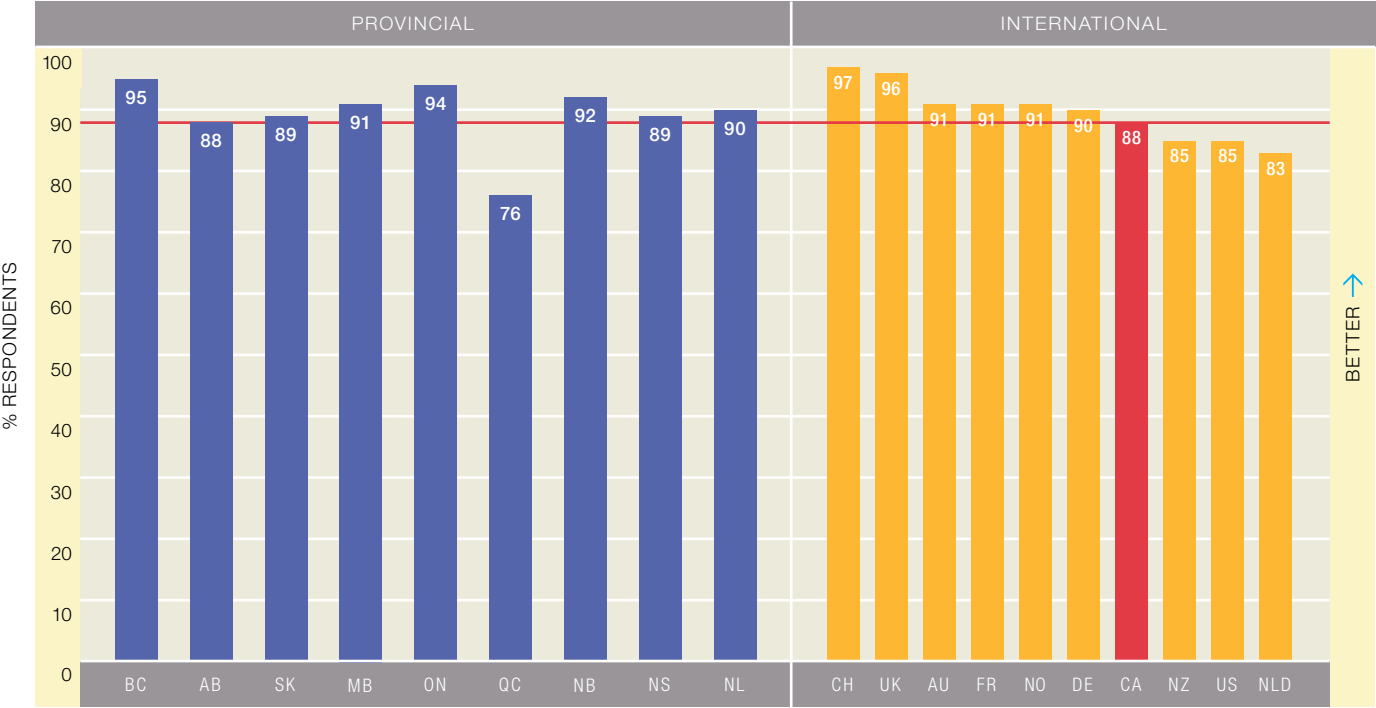
Non-physician professionals can also help to manage and coordinate care after hospital discharge.

- Overall in Canada, 39% of primary care physicians say they practise with non-medical team members who coordinate post-hospital care, with little variation across provinces (32% to 45%). This aspect of team-based care is most common in Saskatchewan (43%) and Quebec (45%).
- In five of the other nine countries surveyed, primary care physicians are more likely than in Canada to practise alongside other professionals who coordinate post-hospital care (51% to 79%).

3.6 Coordinating care with community services

Survey respondents were asked: *Do you coordinate care with social services or other community providers? (Yes/No)*

Physicians who coordinate care with social services or other community providers



- Most Canadian primary care physicians (88%) say they coordinate their patients’ care with social services and other community providers, with relatively small differences among the provinces (76% to 95%).
- Across the 10 countries surveyed, most primary care physicians play a coordinating role when their patients need community services (83% to 97%).

A LOOK AT TEAM-BASED CARE:
COMMUNITY CARE COORDINATION

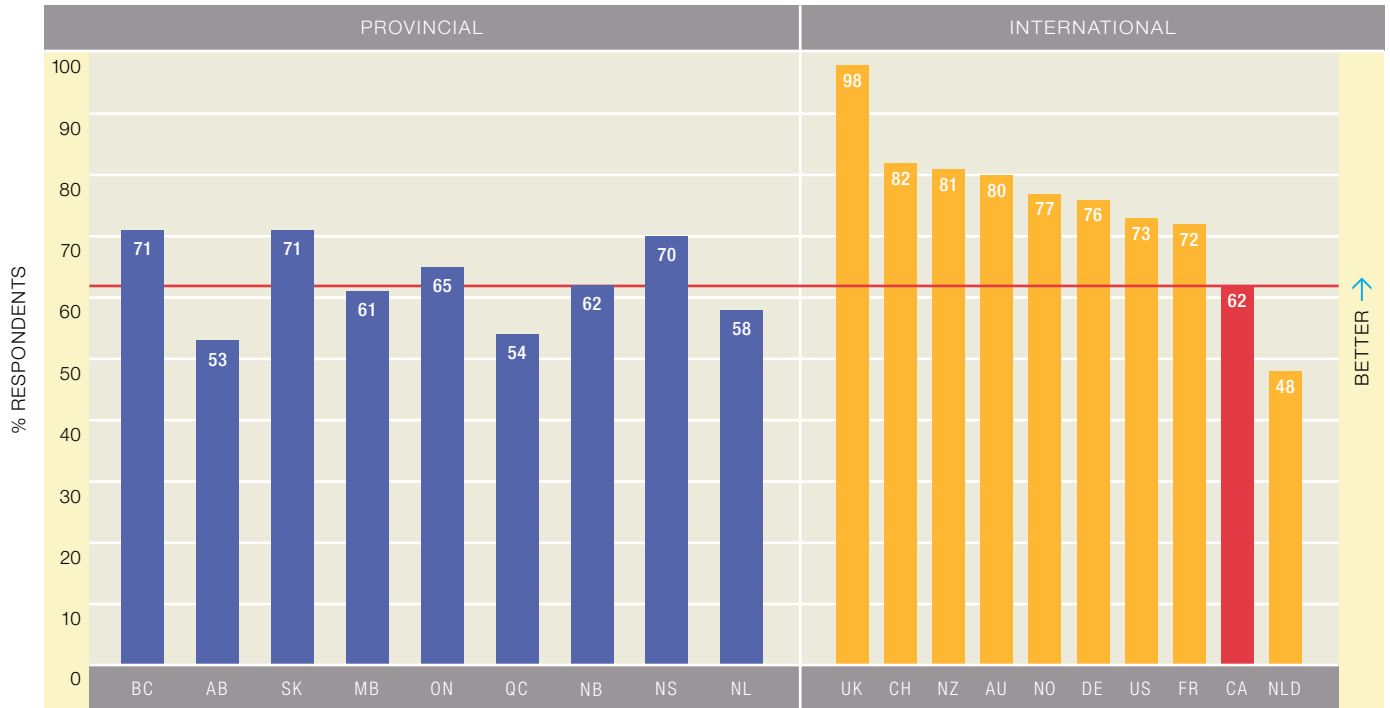
In team care settings, other professionals such as nurses and therapists may help to coordinate care with community providers.

- Within Canada, about half of primary care physicians say they work in practices where non-medical professionals support patients by coordinating care with community service providers, ranging from 35% to 59% across provinces.
- In most countries in the survey, the use of non-physician professionals in primary care practices to coordinate patients’ community care is similar to that in Canada (41% to 66%), although it is much more common in New Zealand (89%) and least common in France (9%).

3.7 Monitoring patients between visits

Survey respondents were asked: *Do you contact patients between visits to monitor their conditions? (Yes/No)*

Physicians who contact patients between visits to monitor their conditions



- Less than two-thirds of Canadian primary care physicians (62%) say they contact patients between visits to monitor their conditions, ranging from 53% to 71% across provinces.
- In all other countries surveyed except the Netherlands, primary care physicians are more likely than those in Canada to check in with patients between visits.

A LOOK AT TEAM-BASED CARE: BETWEEN VISITS

Primary care teams may include non-physician professionals who check in with patients between visits to help monitor their conditions.

- In Canada, 47% of primary care physicians say their practice uses non-physicians in this role, and it is most common in Alberta (54%) and Quebec (55%).
- In other countries surveyed, this practice ranges widely, from 7% in France to 71% in the UK and 84% in New Zealand.



4

Use of information technology

The use of information technology is vital to the management of patient information and can facilitate better communication with patients. It is also an essential tool for quality improvement. For example, physicians must be able to easily and accurately describe their patient populations by diagnostic group in order to monitor how their practice is doing in terms of managing chronic disease.

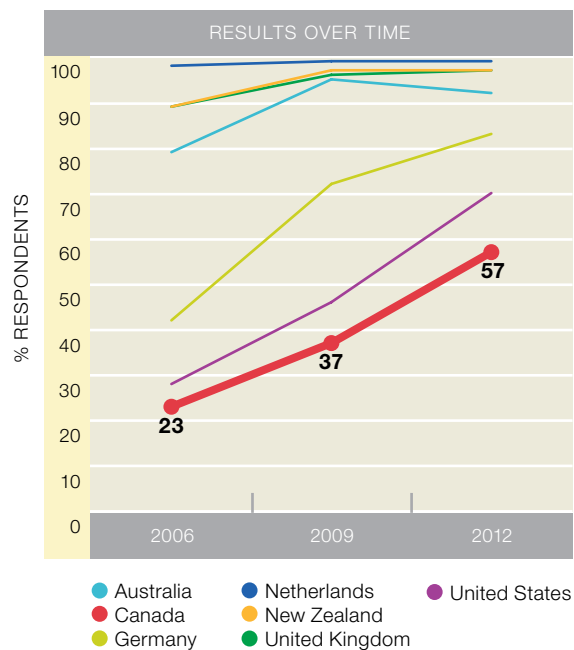
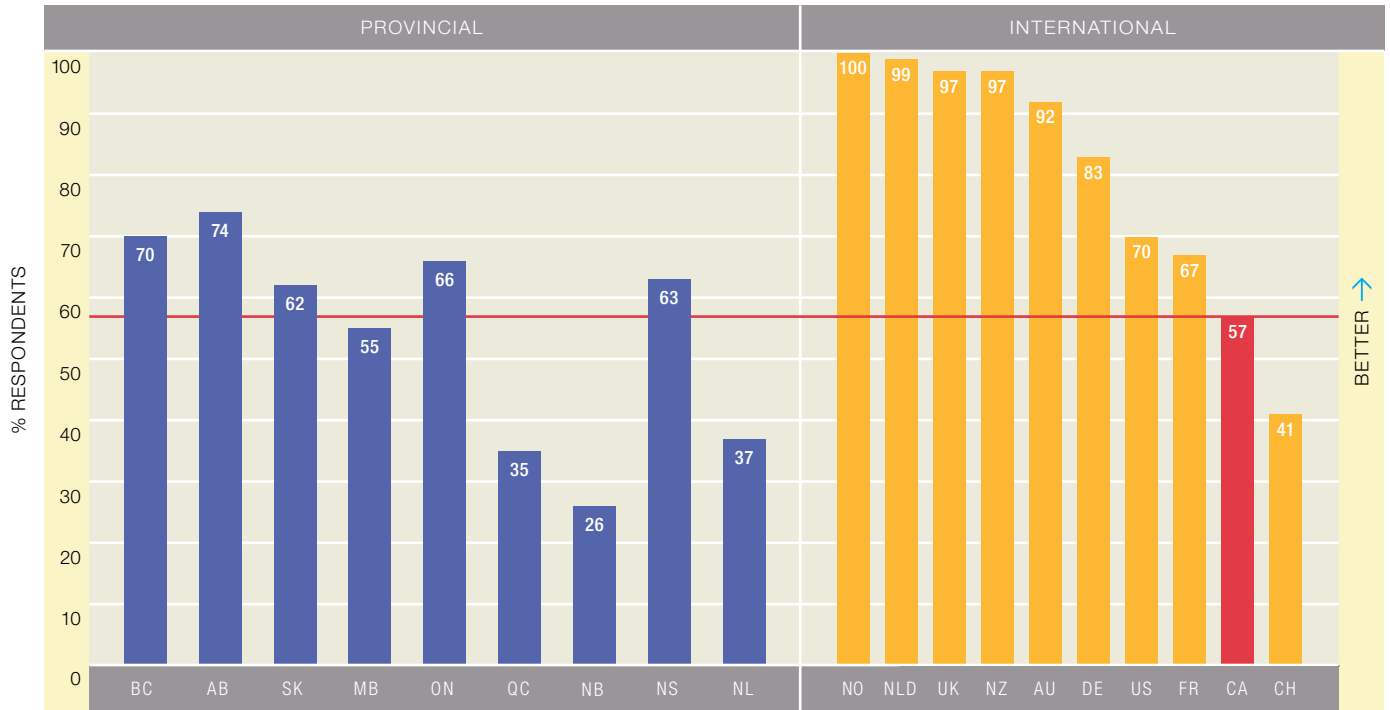
Our analysis shows that the use of information technology in primary care is one area where Canada has seen significant progress. The shift to computerized medical charts (electronic medical records, or EMRs) and electronic prescribing of medications have both increased substantially in the past six years, though their use varies widely among provinces. From a policy perspective, it is important to note that each of the six provinces with EMR adoption above 50% has implemented a program to fund physicians to convert to electronic systems.⁵ Such funding appears to be key to driving growth in the use of information technology in health care.

At the same time, Canada continues to lag far behind other countries, where electronic patient charts and electronic prescribing have become more routine. Greater uptake of information technology has resulted in improvements in the ability of physicians to generate information about their patient populations and to produce clinical summaries for patients to take home. Both types of information are important for improving quality of care. However, progress here is also uneven across provinces, and Canada's performance overall is still far below our international counterparts.

4.1 Electronic medical records

Survey respondents were asked: *Do you use electronic patient medical records in your practice (not including billing systems)? (Yes/No)*

Physicians who use electronic medical records

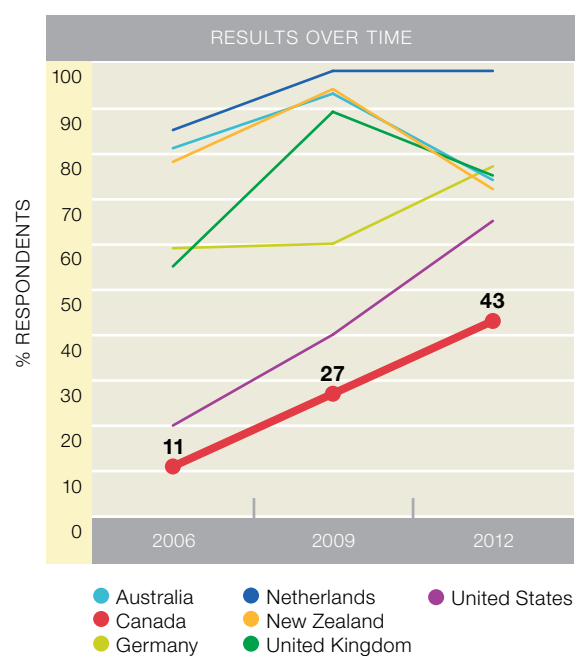
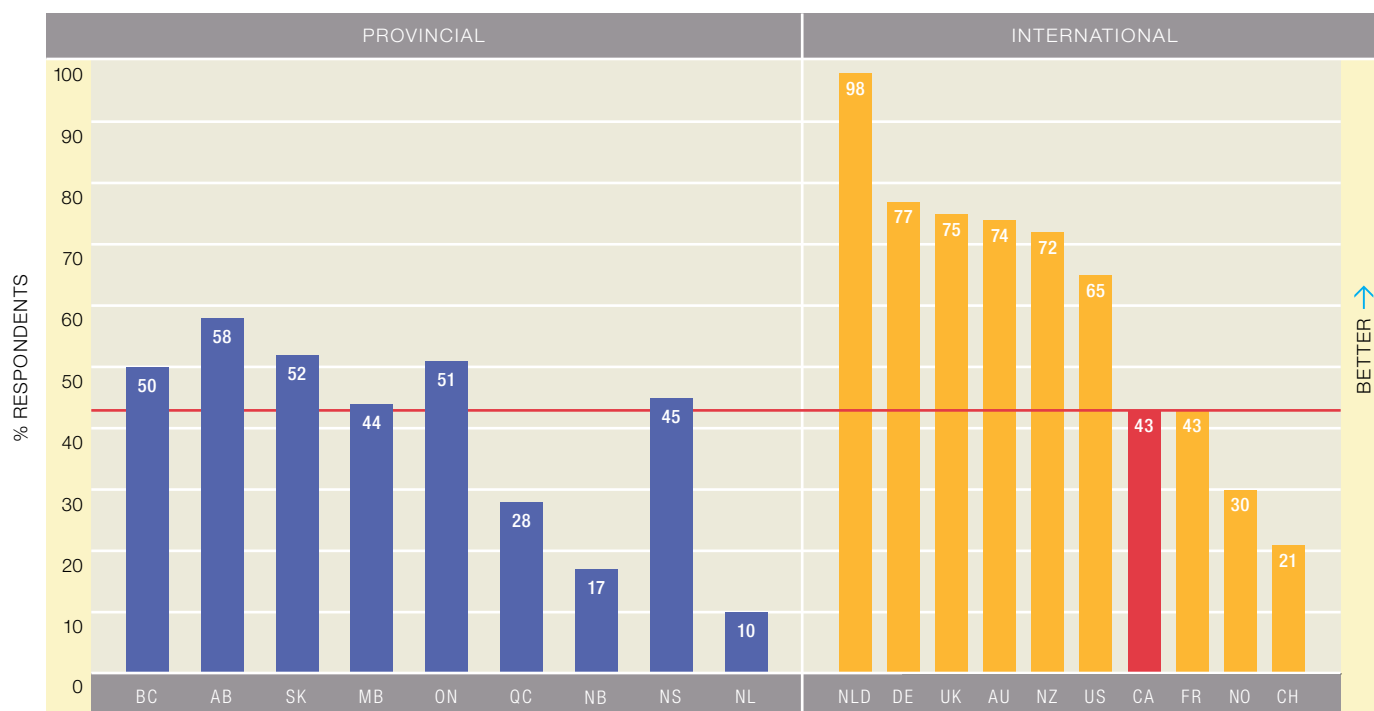


- In five provinces, nearly two-thirds or more of primary care physicians use electronic medical records in their practice. In three provinces, only one-quarter to one-third of primary care physicians use EMRs, well below the overall Canadian rate of 57%.
- Canada ranks ninth out of 10 countries in the proportion of primary care physicians who have switched to electronic medical records.
- The use of EMRs in primary care in Canada more than doubled between 2006 (23%) and 2012 (57%). The US and Germany have seen similar growth, while the use of EMRs in most other countries in the survey has remained very high during this period.

4.2 Electronic prescribing

Survey respondents were asked: *Do you use electronic prescribing of medication in your practice? (Routinely/Occasionally/No)*

Physicians who routinely use electronic prescribing of medications

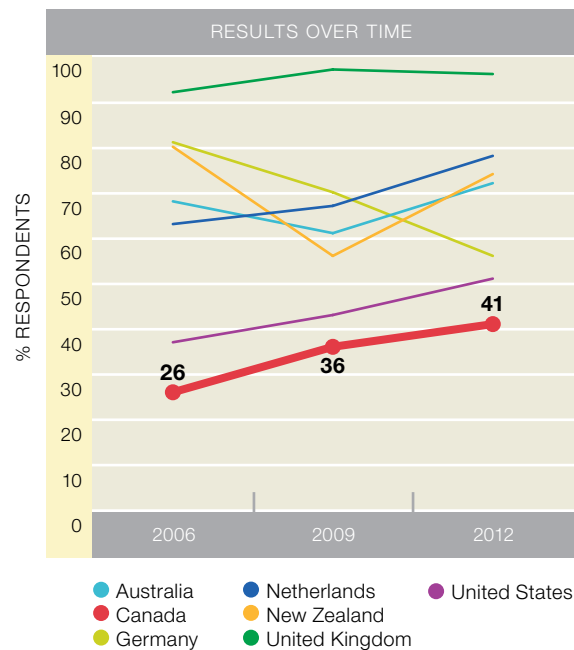
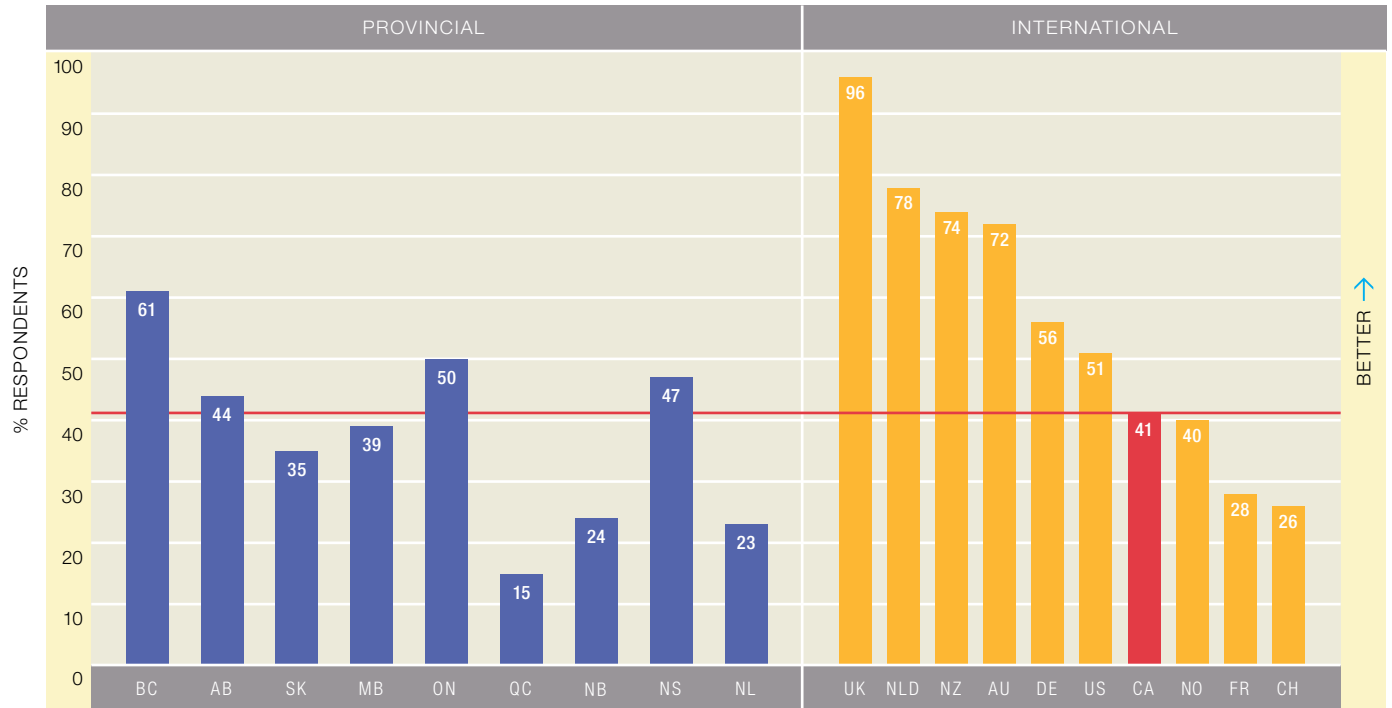


- Overall, about four out of 10 Canadian primary care physicians (43%) routinely use electronic systems to prescribe medications. This use is highest in Western Canada, Ontario, and Nova Scotia.
- Internationally, Canada ranks low (seventh out of 10 countries) in the use of e-prescribing. These systems are least common in Switzerland (21%) but are almost universally used in the Netherlands (98%).
- In the past six years, Canada has seen an almost four-fold increase in the use of e-prescribing in primary care, from 11% in 2006 to 43% in 2012.
- Physicians who say they routinely use electronic prescribing could include those with fairly simple systems (e.g., they can enter prescriptions in their EMRs and print them out for patients to take to the pharmacy) as well as those with more sophisticated systems (e.g., their EMRs are linked to a provincial drug information system with electronic transfer to pharmacies and automated feedback about potential adverse reactions). Given the questions asked in the survey, we are not able to distinguish between these two groups.

4.3 Generating information: patient groups by diagnosis

Survey respondents were asked: *With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate a list of patients by diagnosis such as diabetes or cancer? (Easy/Somewhat difficult/Difficult/Cannot generate)*

Physicians who can easily generate a list of patients by diagnosis

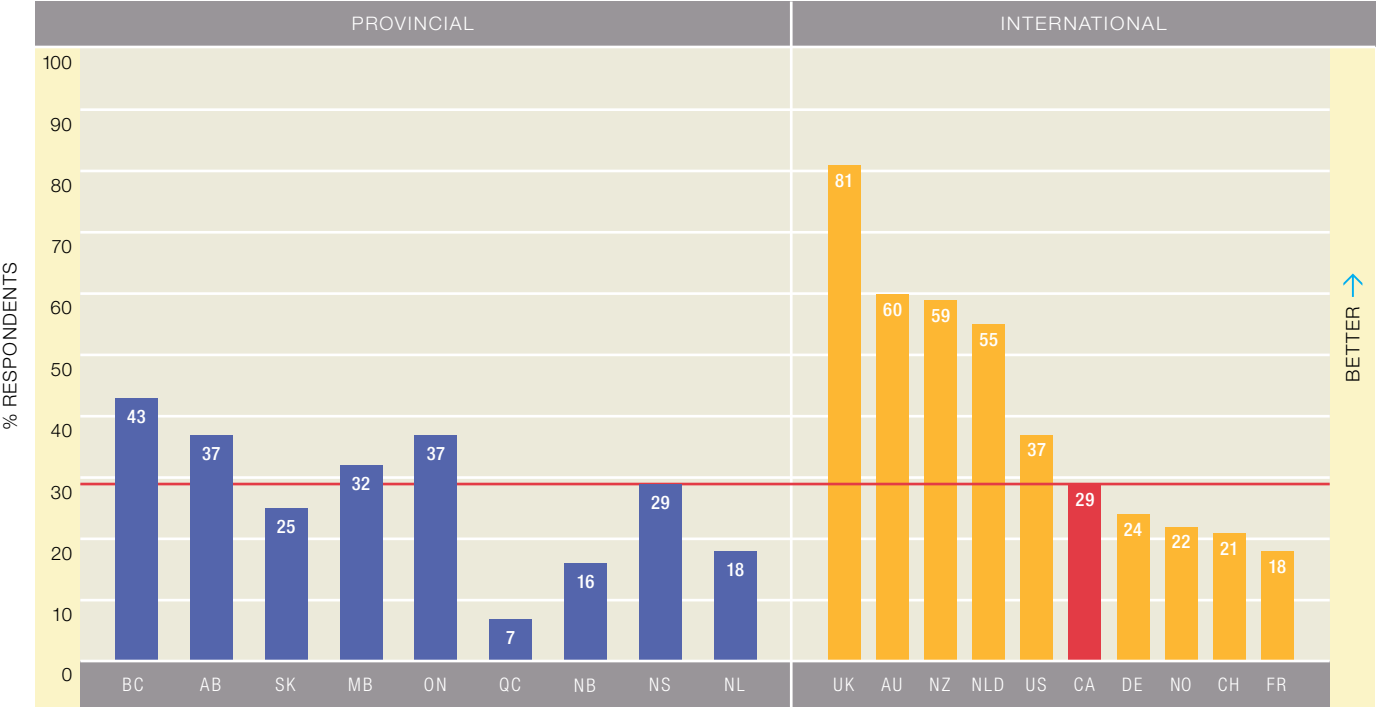


- Overall, in Canada, about four in 10 primary care physicians (41%) say that they could easily generate a list of their patients by diagnosis, such as diabetes or cancer. Only two provinces have substantially higher rates (50% in Ontario, 61% in British Columbia).
- Canada ranks seventh out of 10 countries in the proportion of primary care physicians who can easily generate a list of patients by diagnostic group. About three-quarters of physicians can do this in Australia, New Zealand, and the Netherlands, all topped by performance in the UK (96%).
- In parallel with the growth of EMRs in Canada in the past six years, Canada has seen substantial growth in the ability of primary care physicians to understand their patient groups by diagnosis, from 26% in 2006 to 41% in 2012.

4.4 Generating information: patient groups by lab results

Survey respondents were asked: *With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate a list of patients by laboratory result such as HbA1C>9.0? (Easy/Somewhat difficult/Difficult/Cannot generate)*

Physicians who can easily generate a list of patients by lab results

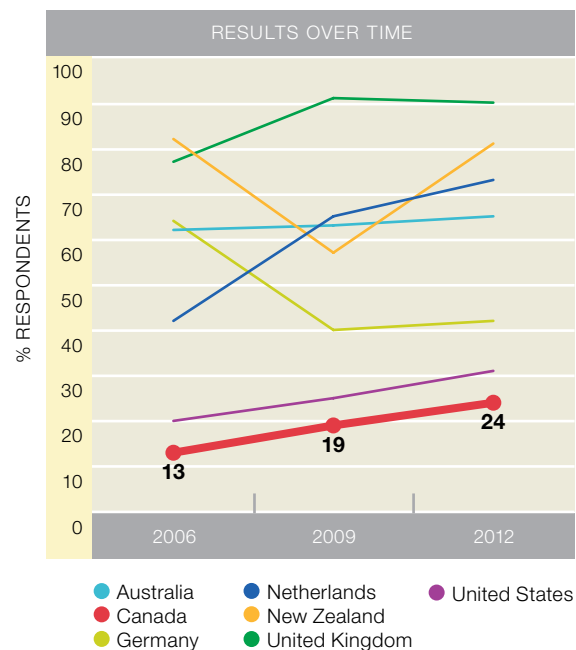
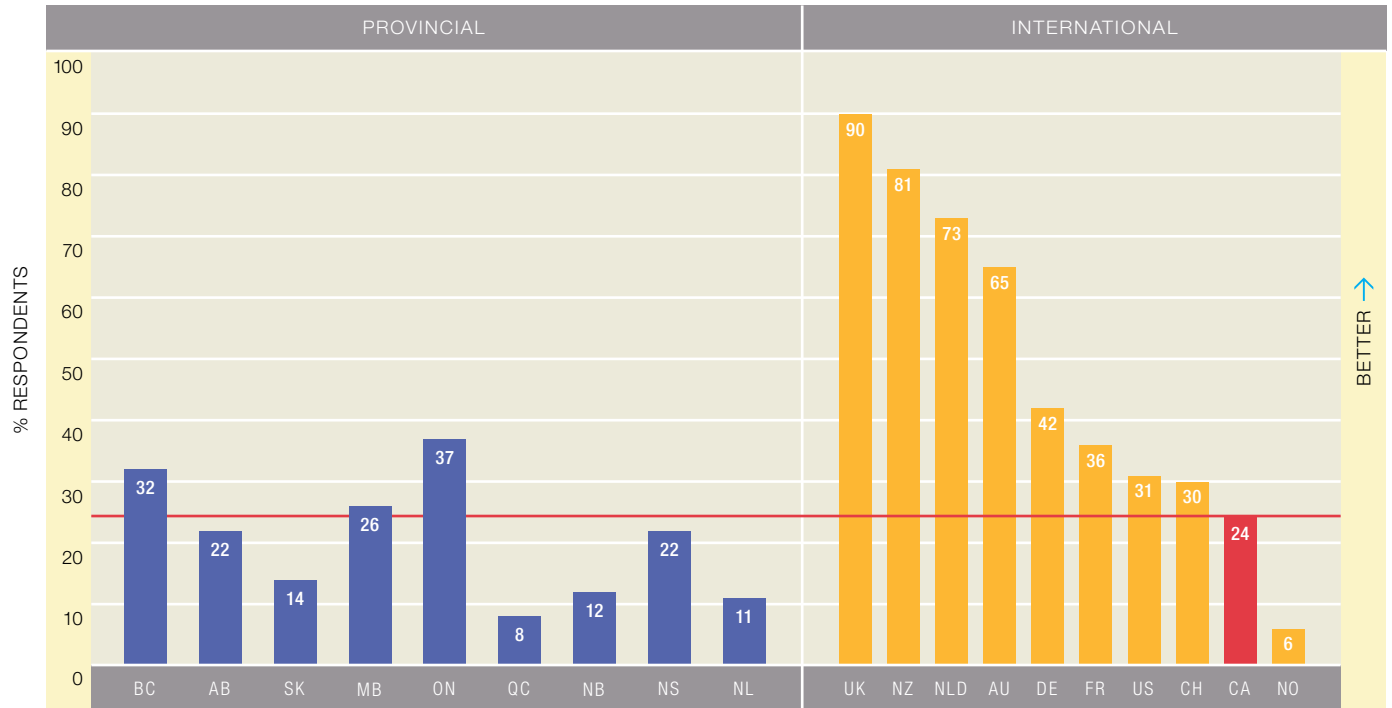


- Overall, in Canada, 29% of physicians say it would be easy for them to generate a list of their patients by lab result, such as identifying all patients with a particular level of high blood glucose.
- In most countries, the ability to easily generate a list of patients by lab results is lower than for other aspects of information technology use in the survey. Canada ranks sixth out of 10 countries in this category.

4.5 Generating information: patients due for preventive care

Survey respondents were asked: *With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate a list of patients who are due or overdue for tests or preventative care, such as flu vaccine? (Easy/Somewhat difficult/Difficult/Cannot generate)*

Physicians who can easily generate a list of patients due for tests or preventive care

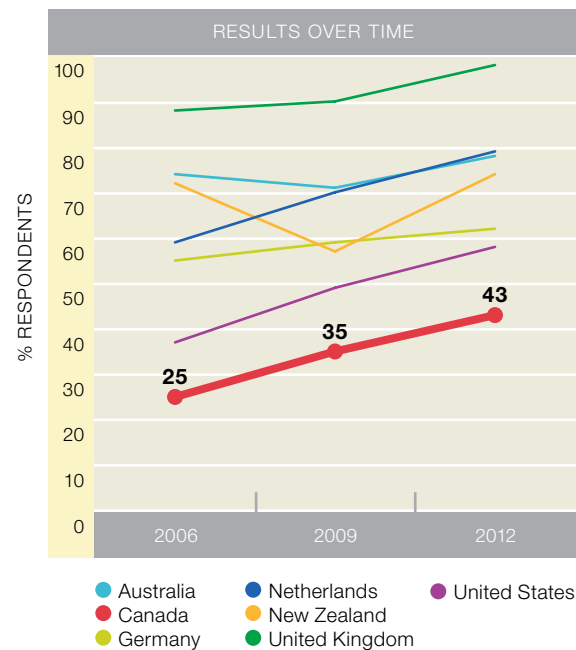
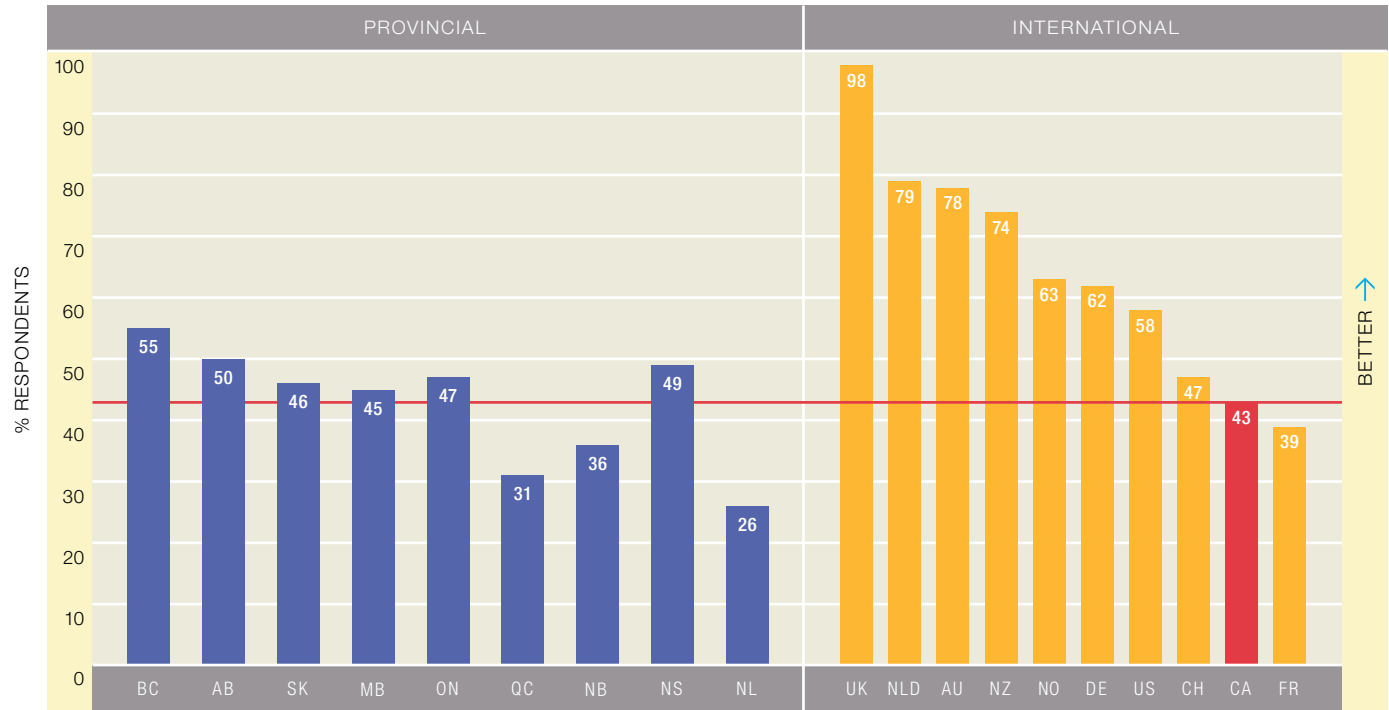


- Overall in Canada, about one-quarter of primary care physicians (24%) say they could easily generate a list of patients who are due for a test or preventive care such as the annual flu vaccine. In two provinces, closer to one-third of physicians could easily produce such a list (32% in British Columbia, 37% in Ontario).
- Wide variation exists among countries in the percentage of physicians who can easily identify their patients due for preventive care. Canada ranks ninth out of 10 countries, which ranged from 6% in Norway to 90% in the UK.
- Despite a low rate overall, Canada has seen growth in recent years in the ability of physicians to call up a list of patients due for preventive care. The change from 13% in 2006 to 24% in 2012 parallels similar growth in the US.

4.6 Generating information: a patient's medications

Survey respondents were asked: *With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to generate a list of all medications taken by an individual patient, including those that may be prescribed by other doctors?*
(Easy/Somewhat difficult/Difficult/Cannot generate)

Physicians who can easily generate a list of an individual patient's medications

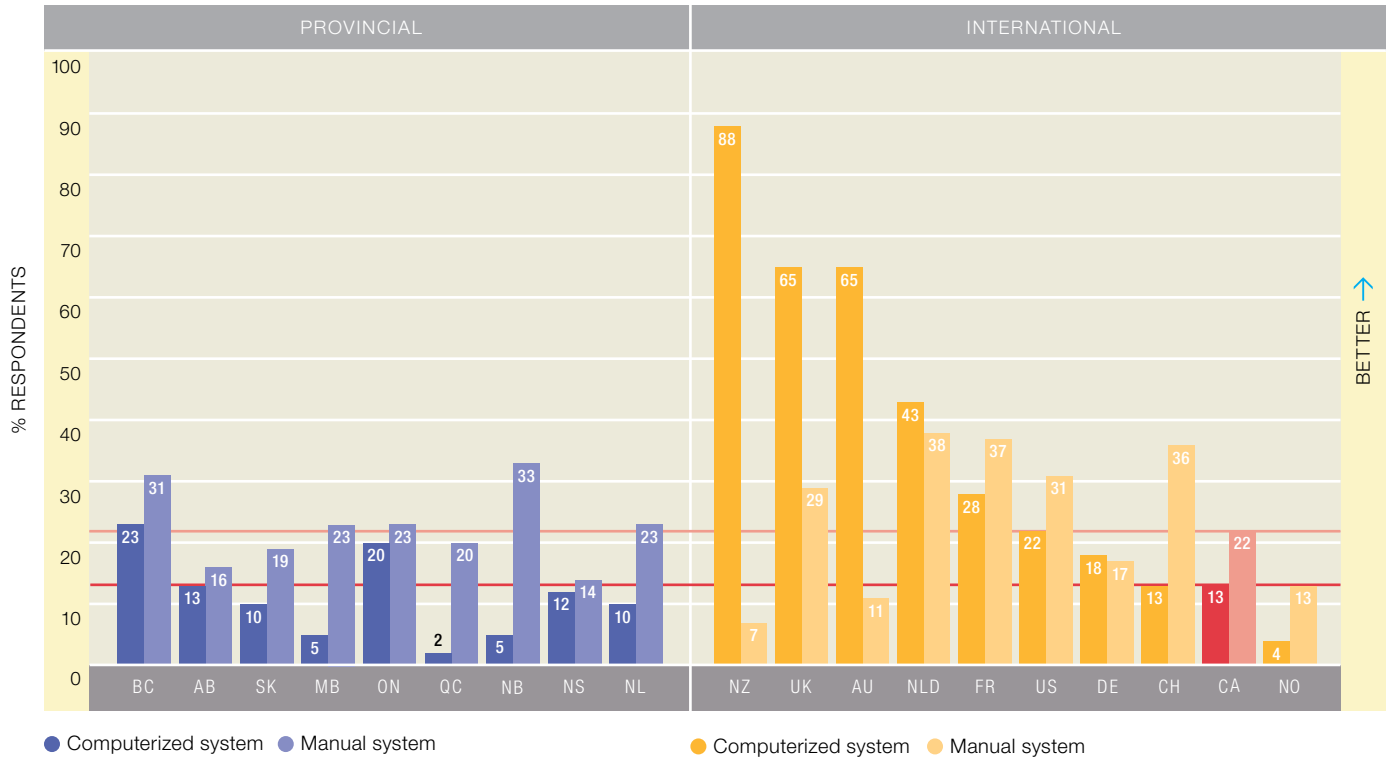


- Approximately half of primary care physicians in Western Canada, Ontario, and Nova Scotia say they could easily generate a list of an individual patient's medications, including those prescribed by other physicians.
 - Canada's overall rate of 43% places it ninth out of 10 countries in the survey. The best-performing country is the UK, where 98% of primary care physicians say they can easily generate a list of a patient's medications.
 - In the past six years, the ability of Canadian primary care physicians to easily produce a list of medications for an individual patient has grown significantly, from 25% in 2006 to 43% today.
- Several other countries have seen similar growth, but at much higher levels.
- These findings do not necessarily mean that physicians use electronic systems linked to a comprehensive drug information system. As with our findings for e-prescribing, the results likely reflect different levels of infrastructure. In Canada, only a few provinces have e-prescribing systems in place and none are yet capable of electronically capturing all of a patient's drug-related interactions across the health care system.⁶

4.7 Sending reminder notices

Survey respondents were asked: *In your practice, are patients routinely sent reminder notices when it is time for regular preventive or follow-up care, such as flu vaccine or HbA1C test for diabetic patients? (Yes, using a computerized system/Yes, using a manual system/No)*

Physicians who routinely send reminder notices to patients due for preventive or follow-up care

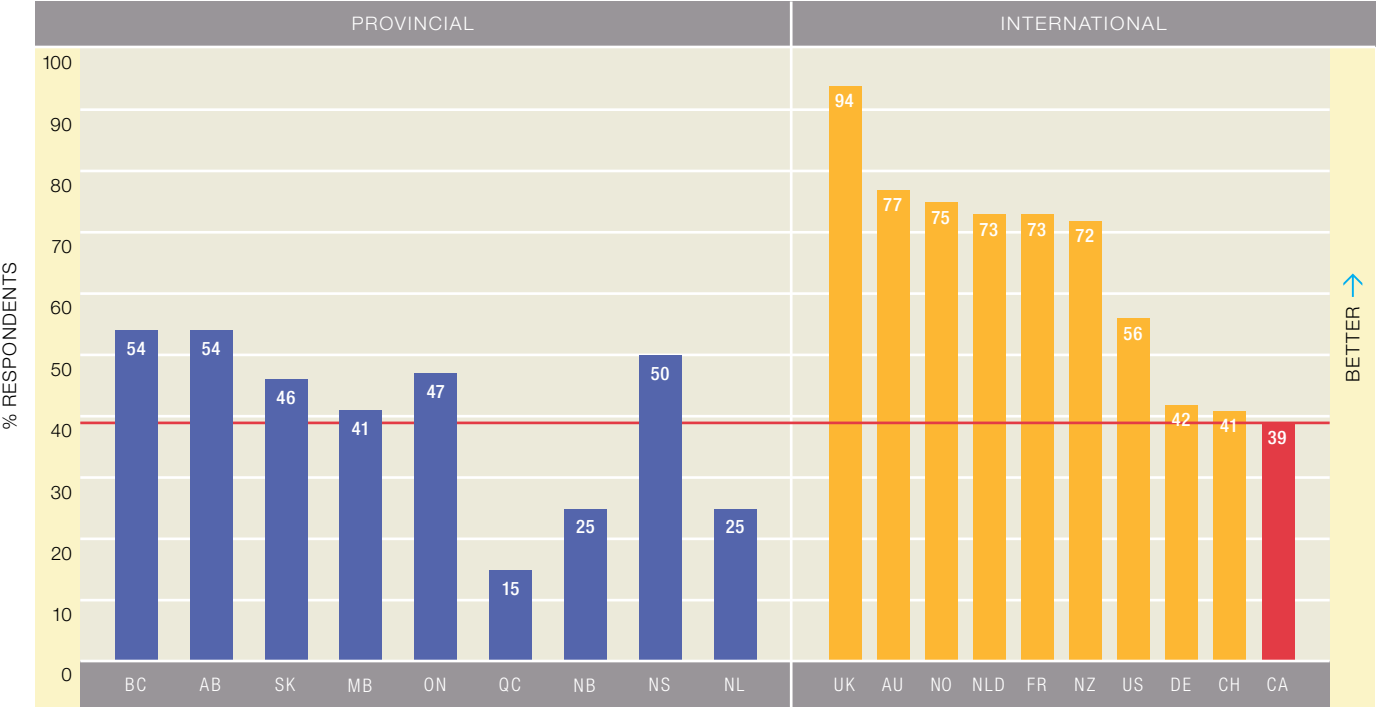


- Just over one-third of Canadian primary care physicians (35%) routinely send reminder notices about preventive or follow-up care, including only 13% who use a computerized system to generate the notices. Among the provinces, this practice ranges from 22% in Quebec (with just 2% computerized) to 54% in British Columbia (with 23% computerized).
- Internationally, Canada ranks in the bottom third of the countries surveyed in terms of routine notification of patients, whether manually or electronically, when it is time for preventive or follow-up primary care.

4.8 Providing clinical summaries

Survey respondents were asked: *With the patient medical records system you currently have, how easy would it be for you (or staff in your practice) to provide patients with clinical summaries of each visit? (Easy/Somewhat difficult/Difficult/Cannot generate)*

Physicians who can easily provide their patients with a clinical summary at each visit



- A clinical summary gives patients a record of key information discussed and decisions made during their visits, so that they can better manage their health at home. In three provinces (British Columbia, Alberta, and Nova Scotia), half of primary care physicians (50% to 54%) say they could easily give patients a clinical summary of each visit. In three other provinces (Saskatchewan, Manitoba, and Ontario), rates are also above the Canadian overall rate (39%), while the three remaining provinces have considerably lower rates.
- Canada ranks last among the 10 countries surveyed, far below the best-performing country (UK, 94%).



Practice improvement and incentives

Measuring performance provides an opportunity to provide feedback, set goals, and motivate individuals to perform at a higher level.⁷ While there is mixed evidence on the impact of incentives to improve health system performance, our findings confirm that financial incentives—such as extra pay to support the greater time required to deliver preventive services and to work with patients with chronic disease—are increasingly being used in high-income countries worldwide.

Compared to those in other countries surveyed, Canadian primary care physicians are among the most likely to receive extra pay to enhance various aspects of their practice—although we found very wide variation among the provinces in the use of these incentives. On the other hand, Canadian physicians are among the least likely to work in a practice where clinical performance is reviewed at least annually against improvement targets. Although

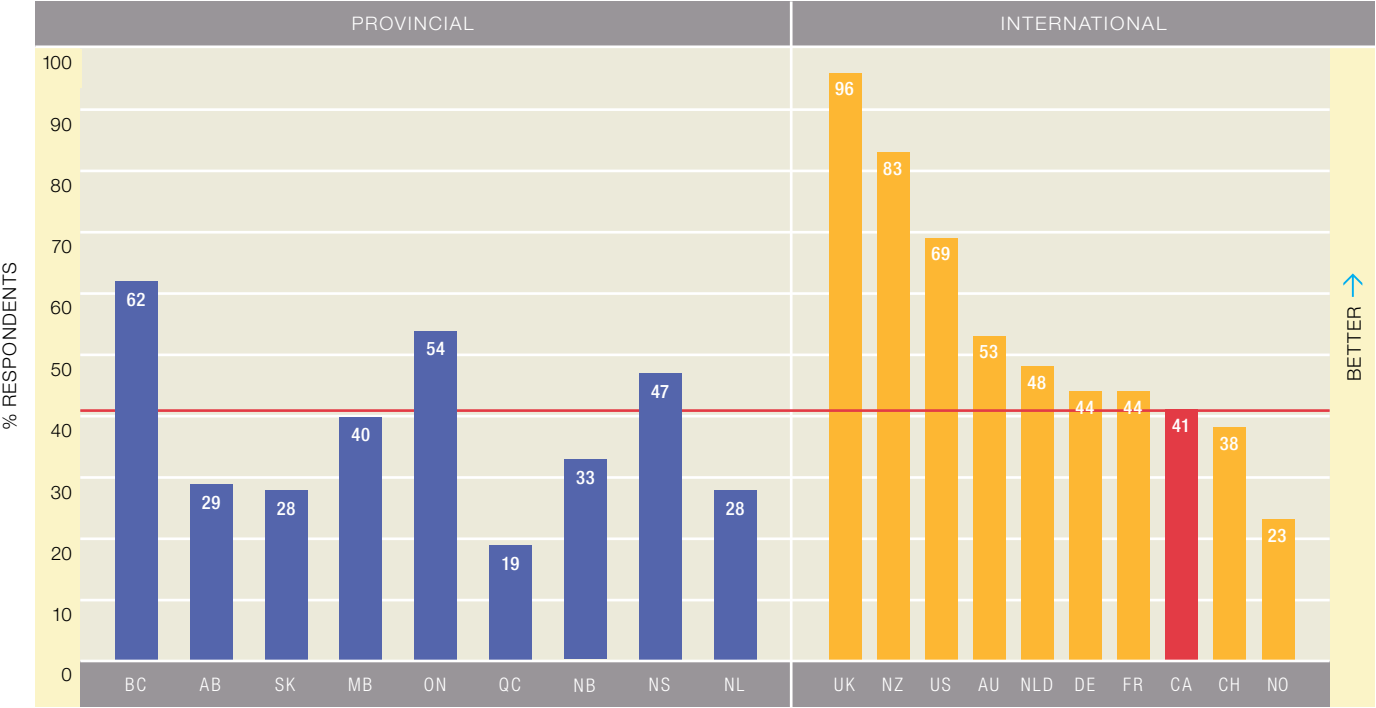
these efforts are much more common in some provinces, no province yet approaches the levels of routine clinical performance review found in the highest-performing countries.

In comparing jurisdictions, it is important to note that the survey asked physicians whether they receive or “have the potential to receive” various incentives (see Sections 5.2, 5.3, and 5.4). We cannot differentiate between physicians who receive incentives and those who are eligible but choose not to. Note also that the way physicians are paid (see Table 1, page 8) may affect whether or not they use the incentives that are offered in their jurisdiction.

5.1 Clinical performance review

Survey respondents were asked: *In the place where you practice, are any areas of clinical performance reviewed against targets at least annually? (Yes/No)*

Physicians who review areas of clinical performance against targets at least annually

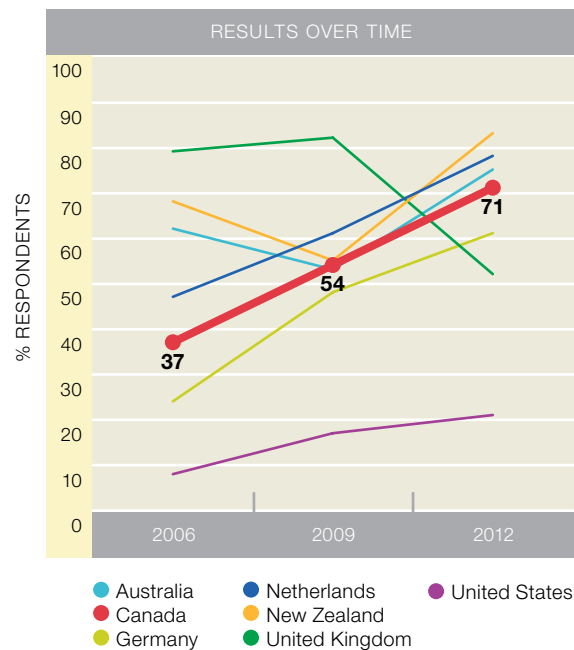
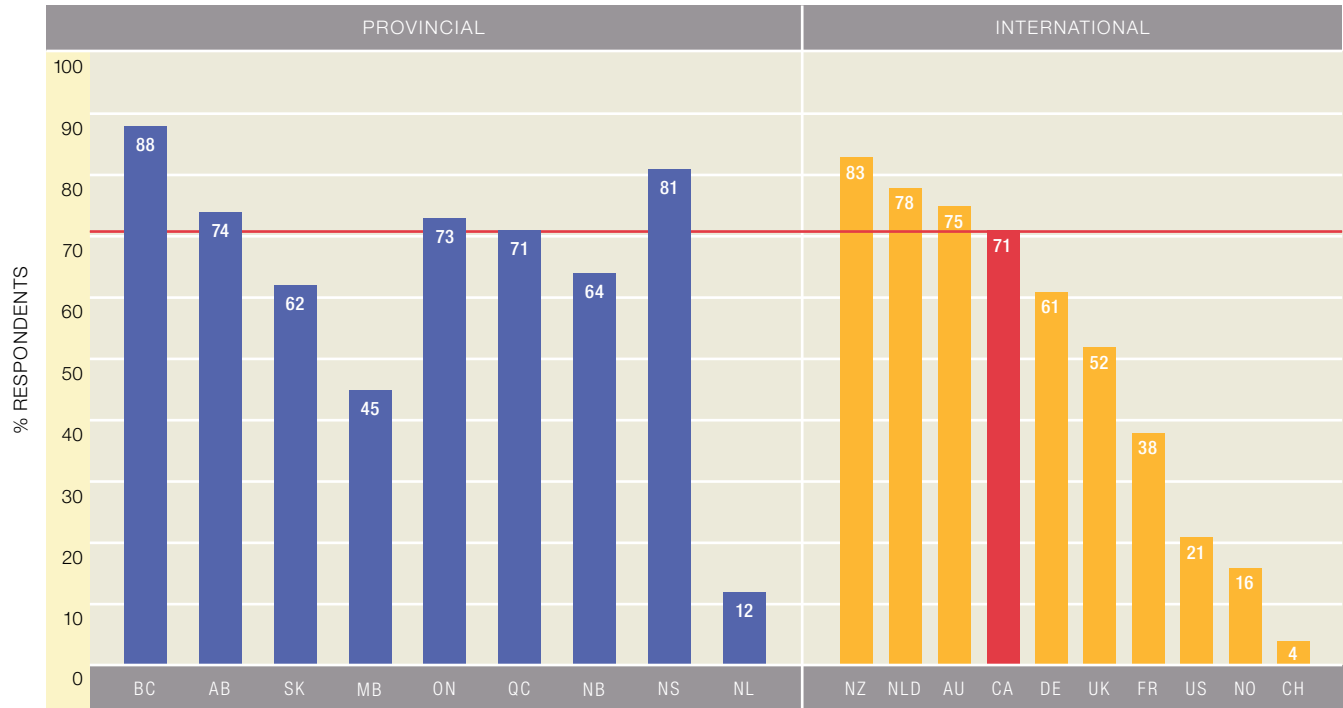


- Less than half of primary care physicians in Canada (41%) say that their practice reviews aspects of its clinical performance against targets at least annually. Clinical performance reviews are more common in British Columbia (62%), Ontario (54%), and Nova Scotia (47%).
- Among 10 countries, Canada ranks as the third lowest in the use of clinical performance monitoring in primary care. In contrast, performance monitoring is fairly routine in New Zealand (83%), the UK (96%), and the US (69%).

5.2 Financial incentives: chronic/complex care

Survey respondents were asked: *Do you have the potential to receive or currently receive extra financial support, such as special payments, higher fees, or reimbursements, for managing patients with chronic disease or complex needs? (Yes/No)*

Physicians who receive extra financial support for managing patients with chronic disease or complex needs

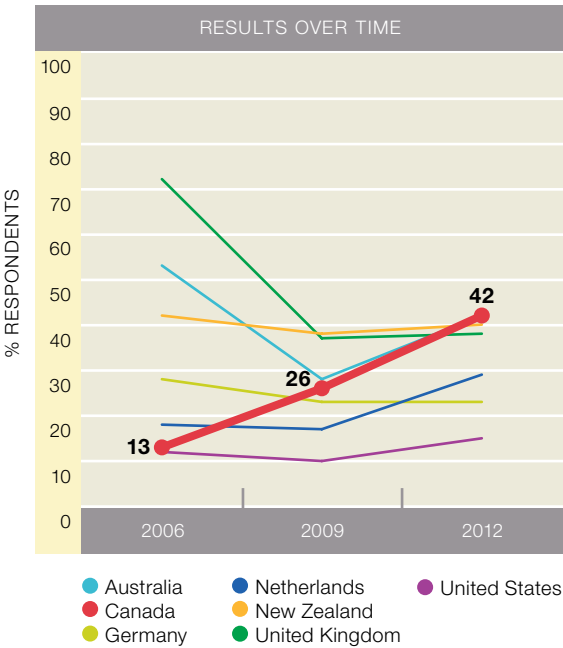
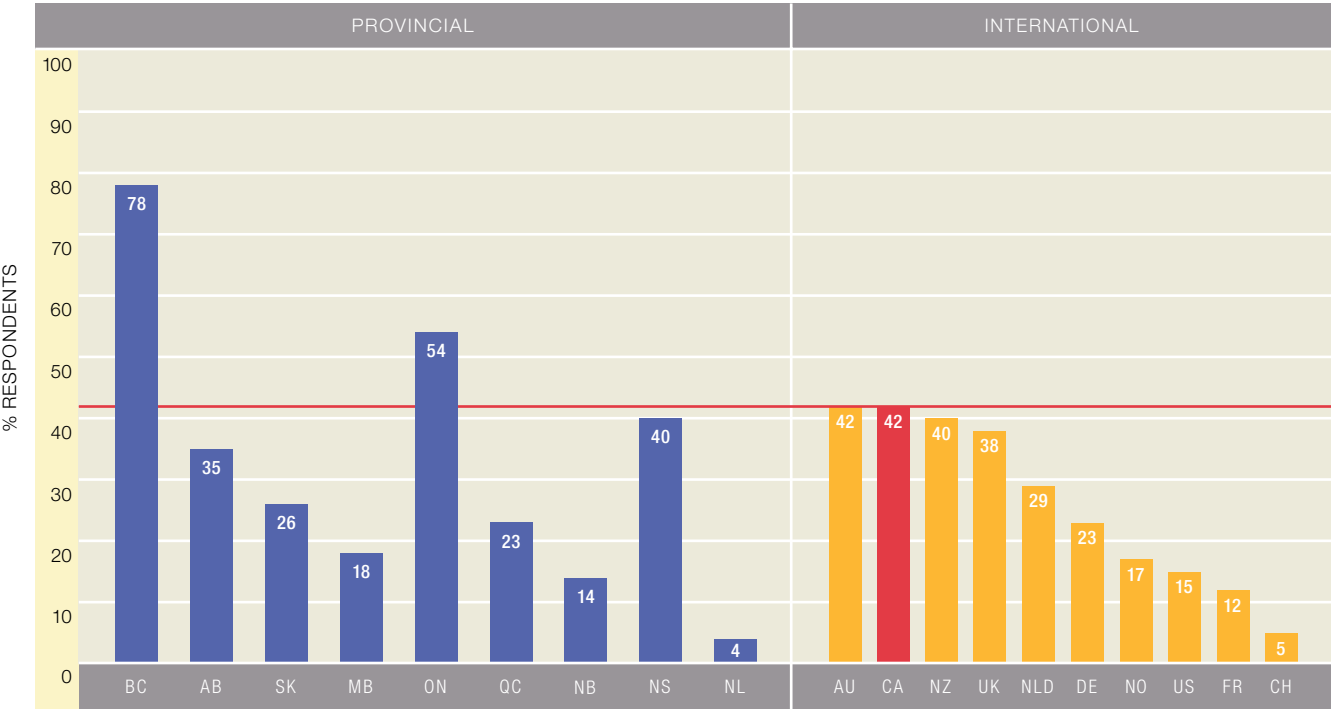


- Overall, 71% of Canadian physicians report receiving incentives for managing patients with chronic conditions or complex needs. This practice appears to be becoming the norm, with provincial rates as high as 88% in British Columbia and 81% in Nova Scotia. Only two provinces have substantially lower rates (45% in Manitoba and 12% in Newfoundland and Labrador).
- Canada ranks fourth highest among the 10 countries surveyed in the percentage of primary care physicians who receive extra pay for managing complex patients. Only Australia (75%), the Netherlands (78%), and New Zealand (83%) have higher rates.
- The use of financial incentives for chronic/complex disease management in Canada has nearly doubled in the last six years and has also risen in other countries, with the exception of the UK.

5.3 Financial incentives: enhanced preventive care

Survey respondents were asked: *Do you have the potential to receive or currently receive extra financial support, such as special payments, higher fees, or reimbursements, for providing enhanced preventative care activities, including patient counseling or group visits? (Yes/No)*

Physicians who receive extra financial support for providing enhanced preventive care

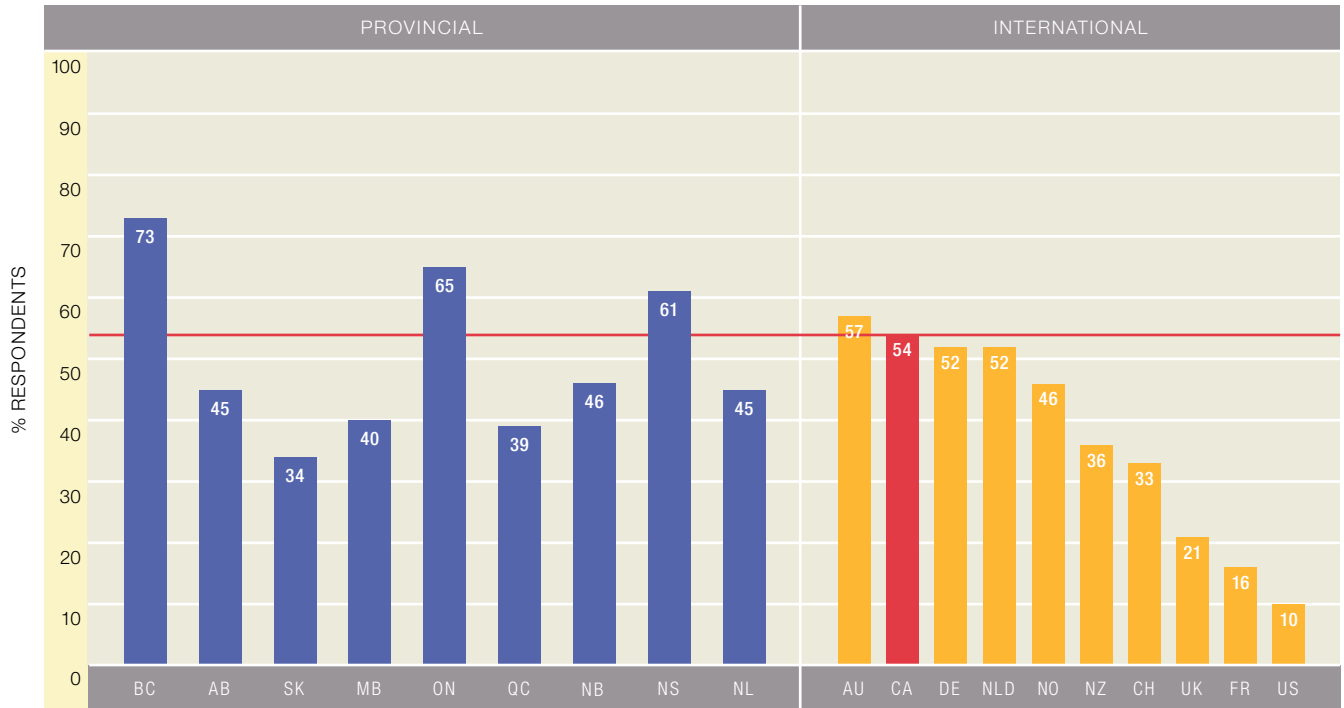


- Overall, in Canada, 42% of primary care physicians receive extra pay to provide enhanced preventive care through activities such as individual counselling or group visits. The variation among provinces in the use of this incentive is particularly wide, with rates dramatically higher in British Columbia (78%) and lower than 40% in seven provinces.
- Compared with their international counterparts, Canadian and Australian physicians are the most likely to receive pay incentives to spend more time on preventive care. This extra support is least common in Switzerland (5%).
- The use of extra pay to enhance preventive care activities such as counselling has seen more than a three-fold increase in Canada since 2006, a pattern not seen as clearly among the other countries in the survey.

5.4 Financial incentives: home visits

Survey respondents were asked: *Do you have the potential to receive or currently receive extra financial support, such as special payments, higher fees, or reimbursements, for making home visits? (Yes/No)*

Physicians who receive extra financial support for making home visits



- In three provinces, more than 60% of primary care physicians receive extra pay for making home visits (61% in Nova Scotia, 65% in Ontario, and 73% in British Columbia). In the six other provinces included in this analysis, the use of this incentive ranges from 34% in Saskatchewan to 46% in New Brunswick—all below the overall Canadian level.
- About half of Canadian primary care physicians (54%) receive extra support to make home visits, making Canada among the countries where this practice is most common. Rates in other countries range from 10% in the US to 57% in Australia.

CONCLUSION

This bulletin provides a comparative look at the performance of primary health care in Canada from the perspective of primary care physicians — over time, across provinces, and compared with nine other countries.

Canada ranks poorly compared to other countries on many factors related to access to primary care and coordination of care between primary and specialist providers. Of particular concern is the widespread lack of timely reporting by hospitals and specialists—information that primary care physicians need to provide appropriate follow-up care. Although there are large differences among some provinces, Canada shows minimal, if any, improvement in recent years in the areas where we could monitor performance over time. For example, less than half of primary care physicians regularly offer same-day or next-day appointments or have arrangements for patients to see a doctor or nurse after hours except through the local hospital emergency department—and neither measure has improved since 2006. Provincial governments continue to offer that improving access to primary care is a priority. They are using a variety of approaches to achieve that goal, including support for interprofessional team-based care and new strategies to provide after-hours care. Yet, the results are not encouraging, especially when viewed against the other comparable systems.

Our analysis of survey responses highlights the significant advances in the adoption of electronic medical records and e-prescribing achieved in Canada from 2006 to 2012. Increased use of these tools in primary care practices means more physicians can easily generate information about their patient populations. At the same time, overall health IT activity in Canada still rarely breaks the 50% mark, and progress across provinces continues to be uneven. Higher rates of health IT use in some provinces and most of the other countries surveyed demonstrate that it should be possible for Canada as a whole to do much better.

Electronic tools are essential facilitators in the monitoring and improvement of care. With Canada's relatively slow uptake of IT in primary care, it may not be surprising that we rank eighth lowest among 10 countries in the proportion of primary care physicians whose practices regularly review their progress in meeting clinical performance targets. In addition, nearly one in five Canadian primary care physicians feel the quality of care their patients receive (system-wide) has declined in recent years. For these statistics to improve, all physicians must be able to monitor their clinical outcomes and compare their performance to their peers.

Performance monitoring becomes particularly important as primary care physicians receive significantly more funding through financial incentives to improve patient outcomes. Compared with international counterparts, Canada is a high user of financial incentives in primary care. More than two-thirds of our primary care physicians report receiving or having the potential to receive extra pay to manage patients with chronic disease or complex needs, double the number who did six years ago, with rates consistently high across most provinces. Similarly, the number of primary care physicians who receive additional support to provide prevention-focused but time-intensive activities such as counselling or group visits has more than tripled since 2006. This growth is driven by programs in British Columbia and Ontario, where the use of incentives is much more common than in the rest of the country. Currently some provinces link these incentives to performance measurement, while others do not. Other countries, in particular the UK, have seen declines in the use of financial incentives. Canada must carefully analyze the impact of this approach to ensure full value for money.

The wide variability of results among provinces that we report here underscores the reality that Canadian health care is not a single system, but rather a collection of separate systems, albeit offering similar primary health care services to a growing but aging population. Our findings point to areas where Canada's provinces can learn from one another and from other countries to improve the quality of primary health care across the board and across the country.

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