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# Canadians' Priorities for Primary Health Care Executive Summary

Prepared for Health Canada

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***Ce sommaire est aussi disponible en français.***

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This public opinion research executive summary presents the results of focus groups conducted by Earncliffe Strategy Group on behalf of Health Canada. The research was conducted in January 2022.

Cette publication est aussi disponible en français sous le titre : Les priorités des Canadiens concernant les soins de santé primaires.

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## Executive Summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of qualitative research aimed at understanding what Canadians want from their health care system.

Integrated, people-centred primary care is the foundation of high-performing health care, providing a first point of contact with the system for most patients and an initial site of treatment for many health complaints or conditions. However, access to primary care in Canada has been flagged as a persistent challenge. Even those with a dedicated primary care provider often have to wait days or weeks for an appointment and can struggle with a lack of coordination between their primary care provider and other care settings.

In the 2021 Speech from the Throne, the Government of Canada committed to strengthening our healthcare system and the public health supports for all Canadians, with a focus on accessibility.

This research was required to support the Government of Canada’s understanding of public priorities and perceptions with respect to innovative models of primary care, team-based care, and virtual care. The total contract value for this research was \$107,416.29 including taxes.

To meet the research objectives, Earnscliffe conducted a series of fifteen online focus groups. The groups took place from January 24 to 27, 2022. Ten of the groups comprised of people residing in one of five specific regions: Atlantic Canada, Quebec, Ontario, the Prairies, and British Columbia/Territories. In each region, two groups were conducted – one among those who were identified as heavy users of the health care system (defined as people with a chronic health condition); and the other among people with more typical usage of the system (“regular” users were defined as those with no chronic health condition). In addition, separate groups were conducted with each of five specific audiences: LGBTQ2S+; official language minorities (Anglophones in Quebec and Francophones outside of Quebec); Indigenous participants; and recent immigrants. These groups included a mix of regular and heavy system users. The groups with regular and heavy system users in Quebec, as well as the group with Francophones outside Quebec, were conducted in French. The sessions were approximately 90 minutes in length.

*It is important to note that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number. As such, results are directional only.*

## Key Findings

Participants value the universality of the Canadian health care system but are frustrated by delays in access to health care services, including primary care. **In their minds, high quality care is directly linked to timely access, not just the quality of the actual health care services an individual receives. Consequently, participants were reluctant to describe the Canadian system in purely positive terms.**

Most were keen to be involved, as partners, in decisions impacting their health care. However, some noted that some find it difficult to influence their doctor's decisions about their health care in ways they want and/or feel the need to prepare arguments or questions in advance of appointments. **Often, they find that because the system is overloaded, their doctor does not have the time to explain their decisions or listen to patient concerns, another factor that drives negative impressions of the system.**

Participants were open to some services or types of care aimed at filling current accessibility gaps. Upon learning about the team-based approach to care, most could see how the option to meet with health practitioners other than their family doctor, as long as they were qualified to deal with the issue at hand, could improve access, reduce wait times and meet their health care needs. Those who understood the concept of coordinated care agreed that it was fundamental to providing high quality care. In contrast, walk-in clinics were viewed as necessary, but a reliance on them was an unsatisfactory way to fill current gaps in access. **Taken together, the results suggest that faster access to a dedicated primary care team is fundamental to improving the quality of primary care in the eyes of participants.**

While virtual care was welcomed, particularly in the context of COVID, with time-savings for patients noted as a principle advantage for participants, it was clear that **not all care should be virtual**. Appropriateness was about patients having choice in their care modality (in-person vs. virtual), as well as being about the nature of the health concern.

Access to personal health information was valued and participants were generally keen to take advantage of new health care digital tools. The **benefits of digital health and digital tools were largely about efficiency** (flow of information, tracking appointments, etc.), but also about transparency between patient and doctor and access to information. **The biggest drawback to digital health tools is the risk of a security breach**. Some felt such a breach was unavoidable, while others had more confidence that systems would be put in place to adequately protect their information, including deidentified health data. **Weighing the benefits against the drawbacks, none of the participants felt the risks to the privacy of their information outweighed the efficiency and access benefits to using digital health and related tools**, largely as people assumed policies and measures would be implemented that would lessen the impact of the drawbacks. In short, they are open to more broad adoption of digital health tools.

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I hereby certify as a representative of Earnscliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

Date: February 9, 2022



Stephanie Constable  
Principal, Earnscliffe