

Summary of Health Care Findings from the CARP Poll™



CARP polls its most active and engaged members every two weeks via CARP *ActionOnline*, the organization's e-mail newsletter. Topics covered include government ethics, voting preference, pension security and health care. This report summarizes key findings from our health care polls.

The vast majority of members agree, when asked, that Canada needs to focus health care reform on a national pharmacare drug plan, integrated home care and continuing care and better palliative and end-of-life care (88%).

When asked how to save money in the health care system, members consistently say nurses and pharmacists can take on more routine doctors' duties (45%), while about half this proportion calls for more coordination of home care and community care (18%) or more team practice (14%). Bulk purchase of generic drugs is also called for (13%) as is universal drug coverage (10%).

The Premiers' Report on Health Care makes a number of recommendations. One of these is more team practices. Another recommendation is cooperation between the provinces on bulk purchase of some generic drugs to cut costs. Another recommendation is setting national standards for the treatment of heart disease and diabetes with the aim of improving prevention and disease management. Another recommendation is to examine the best practices from across the country and other jurisdictions and apply them to Canada's health care system. Another recommendation is for the provinces to work together on training, hiring and setting pay scales for health care professionals to keep labour costs down.

How good an idea is this?

	Best Practices	Bulk Drug Purchase	Chronic Disease	Team Practice	Doctor pay
Best idea	52%	52%	48%	36%	33%

Home Care, Long Term Care and Continuing Care

CARP members agree they want to end their lives in their own homes, even though few actually do. While two thirds (66%) say they want to end their days at home, just one quarter expect to (28%). While just one twentieth want to end their days in a nursing home (6%), one third expect to (35%). In fact, in the case of recent deaths in member families, in three quarters of cases, the patient died in a hospital or nursing home (76%) as opposed to just one fifth who died at home (18%).

Regardless of where they spend their last days, the vast majority of members (88%) agree home care is an essential medical service which must be funded under the Canada Health Act.

The majority of members believe home care is capable of handling the most serious conditions and diseases (56%).

While very few CARP members want or expect to end up in continuing care (nursing home), they all recognize the need for these facilities, the fact that they are a last recourse for many and they want them well-regulated and run to provincial or national standards. The vast majority agree all care homes, whether private or public, should be regulated by the government and held to national standards (96%).

How could home care and long term care be improved in Canada?

Seniors to be able to stay home as long as possible	43%
Nurses, pharmacists to take on doctors' duties	16%
Universal public long term care insurance	10%
Enforce national standards	9%
More funding	8%
Affordable private long term care insurance	5%
Doctors to make house calls	4%
NO LONG TERM CARE INSURANCE NECESSARY	1%
OTHER	2%
DON'T KNOW	3%

End-Of-Life Care

CARP members are insistent that they have control over the end of their lives, and they want this to be a good end. They consistently agree Canada needs a more holistic approach to end-of-life and palliative care, with emphasis on staying in the home. Virtually all (95%) agree it is important Canada and the provinces develop a comprehensive end-of-life care plan. Despite their insistence on good end-of-life care, the majority of members repeatedly say they support legalizing physician-assisted suicide for the terminally ill.

Do you support the idea of physician-assisted suicide for those who are terminally ill or at the end of their lives? Do you believe physician-assisted suicide for the terminally ill should be legal in Canada? If Canada had a comprehensive, government-paid system of effective palliative care and compassionate end-of-life care, would you support legalized physician-assisted suicide for the terminally ill?

	Aug. 2010 Unprompted	Dec. 2011 Unprompted	Dec. 2011 Prompted
Support/Yes	71%	68%	70%
Don't support/No	19%	20%	17%
DON'T KNOW	10%	12%	13%

Drug Costs

CARP members favour a national pharmacare plan for drug coverage. They also favour price caps and savings on generic drugs through coordinated pan-provincial bulk purchase (84%). Where generics do the same job as brand name drugs, they favour restricting choice to generics.

One tenth of CARP members have skipped a prescription because of cost in the past (10%), and this is far too high a percentage. Close to half think the government can afford to cover drug costs for all Canadians (46%).

CARP members are especially likely to agree with having the same drugs covered across Canada (91%) and allowing patients to pay extra in order to get a drug which isn't covered (77%). They are not in favour of a plan where only the least expensive effective drug is covered (28%) or, especially, where no choice other than the covered drugs are offered (7%).

The vast majority of members agree it is urgent that the provinces stop talking about group purchase of generic drugs and just get on with it (91%).

What would be the best solution for cost-effective access to medications?

Bulk purchase of generics	31%
Provincial/federal cooperation on drug pricing	25%
Universal drug coverage	16%
Bulk purchase of brand name drugs	10%
Universal catastrophic drug coverage	4%
Drug coverage just for means-tested groups	3%
Drug coverage just for kids and seniors	2%
CURRENT COVERAGE OK	5%
OTHER	2%
DON'T KNOW	3%

Doctors' Pay and Duties

The majority of CARP members disagree fee cuts to family doctors and specialists can help control rising health care costs; rather they focus on less concrete strategies like reviewing procedures for efficiencies (32%) and reducing non-medical salaries (24%). They also, as mentioned earlier, favour more nurse practitioners and fewer doctors (14%).

Members do agree the provinces should collaborate on training, hiring and pay protocols for doctors to prevent "jurisdiction shopping" (63%).

Members agree nurses can do more within the health care system than they do now, citing routine vaccinations (42%), overseeing a doctor-designed treatment plan (28%) and taking house calls (13%).

Pharmacists are seen to be best able to review medications and adjust them (42%) as well as taking on some routine doctors' services, like vaccinations (27%). Some say the role they have now is appropriate, no more (18%).

How much do you agree health care spending can be controlled by freezing or cutting family doctors' fees? How much do you agree health care spending can be controlled by freezing or cutting fees for specialists like radiologists, cardiologists and ophthalmologists?

	GPs	Specialists
AGREE	21%	31%
DISAGREE	70%	60%
DON'T KNOW	10%	9%

Government and Health Care

CARP members reacted very favourably to the Drummond Report's recommendations, and focused on those which would deal with drug pricing (98% agree), salary caps for CEOs (93%), more home care (92%), nurse practitioners and pharmacists' duties (92%) and better end-of-life care (91%).

Items which were accepted included PSWs taking on more medical duties (81%), electronic discharge and lab records (80%), expanding health coverage to drugs and long

term care (76%), pharmacists expanding their duties (74%), means testing for free drug benefits (62%) and fewer long term care beds replaced by more home care spaces (55%).

Ideas which did not find favour include capping increases to health care funding at 2.5% a year (46% agree) and paying doctors fee for service instead of salary (39%).

Outcomes implied by the Drummond Report are assessed by members: They are most likely to approve of health care teams replacing family doctors (29%), spending less time with the doctor and more with the nurse or pharmacist (18%), means testing for drug benefits (12%), fewer long term care beds and more home care (12%). Other outcomes envisaged include pharmacists taking on doctors' duties, less effective treatments and drugs being struck from the formulary, PSWs taking on more medical duties and an increasing regionalization of health care services.

The federal government's "hands-off" approach to provincial health care funding splits CARP members by their opinions; about half approve and about half disapprove:

Minister Flaherty announced the federal government would impose no restrictions on how (health care funding) was spent, as long as the Canada Health Act was observed. Which of the following statements best describes your reaction to this plan?

GOOD IDEA	44%
Each province has it's own needs	18%
Falls under provincial jurisdiction	15%
Allows provinces to experiment/innovate	11%
OTHER	1%
Neither a good nor not such a good idea	3%
NOT SUCH A GOOD IDEA	50%
Federal govt. has role to play in national standards	28%
Provinces haven't shown they can self-monitor	11%
Will lead to two tier health care	10%
OTHER	1%
DON'T KNOW	3%

CONCLUSION

CARP members have consistently agreed the following steps need to be taken to reform health care in Canada:

1. More home care, so that anyone who wants to be treated at home can be
2. Nurses to take on more routine doctors' services
3. Better palliative and end-of-life care, funded by the government
4. Bulk purchase by provinces of generic (and brand name) drugs
5. A national drug coverage plan

These needs may be seen to be the template for an effective program of national health care reform.

