

International Comparisons

Experiencing Integrated Care

Ontarians' views of
health care coordination
and communication

Results from the 2014 Commonwealth Fund
International Health Policy Survey of Older Adults

About Us

Health Quality Ontario is the provincial advisor on the quality of Ontario's health system. We play a unique role reporting on the system's performance, sharing the best evidence to guide change and supporting quality improvement. Health Quality Ontario is the operational name for the Ontario Health Quality Council, an agency of the Ministry of Health and Long-Term Care.

Health Quality Ontario's Health System Performance Public Reporting

Since 2006, Health Quality Ontario has been creating a more accountable universal health care system by reporting on the province's health system performance. Our public reporting not only gives Ontarians the information they deserve to know about their health system, it can also lead to direct improvements. Our public reporting products include: online reporting of health system indicators, *Measuring Up*, our yearly report on the health system's performance, and theme reports that delve into topics not covered in our yearly report.

The Common Quality Agenda

The Common Quality Agenda is the name for a set of measures, or indicators, selected by Health Quality Ontario in collaboration with health system partners to focus performance reporting.

Health Quality Ontario uses the Common Quality Agenda to track long-term progress in meeting health system goals to make the health system more transparent and accountable. The indicators are also being used to promote integrated, patient-centred care, and form the foundation of our yearly report, *Measuring Up*. As we grow our public reporting on health system performance, the Common Quality Agenda will evolve, and serve as a cornerstone for all of our public reporting products.

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Foreword

The quality of care in a health system is often most tested when patients transition from one health care provider to another. These transitions can uncover gaps in the system that compromise patient care.

Health Quality Ontario is pleased to share *Experiencing Integrated Care*, a 2015 report on older Ontarians' experiences with their health care and how effectively the system integrates care for these patients as they move between health providers.

As the provincial advisor on quality, we have an obligation to report on the health of the system. Our yearly report, *Measuring Up*, shares measures of health system integration as part of the Common Quality Agenda, a core set of indicators. With *Experiencing Integrated Care* as a Health Quality Ontario theme report, we build upon the yearly report by identifying and examining two specific issues related to integration: communication and coordination.

This report, the first of our new theme reports, exists thanks to the Ontarians (aged 55 years and older) who shared their health care experiences with the 2014 Commonwealth Fund International Health Policy Survey of Older Adults. With this survey we can make interprovincial and international comparisons to highlight areas where we can better understand the linkages between health care providers to improve communication, coordination and ultimately integration across the health care system.

We look forward to seeing – and being a part of – a shift towards a more integrated health system for all Ontarians.

Sincerely,



Dr. Joshua Tepper
President and CEO



Dr. Joshua Tepper

Executive Summary

Good communication – not only between patients and their health care providers but also among providers – is essential for integrated, high-quality health care. So, too, is the coordination of services. For example, when a patient goes home from the hospital, his or her primary care provider needs to know what follow-up services have been arranged. Gaps in communication or coordination can put people at risk of not receiving the care they need.

Using data from the 2014 Commonwealth Fund International Health Policy Survey of Older Adults, we looked at selected survey questions related to communication (among health care providers and with patients) and care coordination. The results tell us, from the patient's perspective, how well different parts of the health system are working together, and they provide a valuable perspective on how Ontarians' experiences compare to those of people in other Canadian provinces and other countries. The

survey focused on people aged 55 years and older in all Canadian provinces and 10 other countries: Australia, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States. In all, 25,530 people participated in the survey, including 1,502 in Ontario.

What did we find? Compared to respondents in other Canadian provinces, Ontarians generally report good experiences with the health system. Ontario is on par with the top-performing countries in the survey. Ontarians aged 55 and older are just as likely as those in the top-ranking countries to get help from their regular doctors in coordinating care from other providers. About four out of five (82%) of Ontario respondents say they receive this kind of care from their regular doctor's practice.

But when we compare Ontario with other countries, we often see a higher bar that we could reach for. In Ontario, one in 10 respondents (10%) say a specialist doctor did not have test results or basic information about the reason for their appointment, and one out of four respondents (23%) who had been hospitalized say they did not receive written information about

what to do and what symptoms to watch for when they returned home. In some countries, the proportion of respondents who say specialists were missing basic information about them is one in 20 or less (3% to 5%), and the proportion who say they did not receive written information when leaving hospital is about one in 10 (10% to 13%).

In addition among those who were advised or decided to see a specialist, just two out of five (42%) respondents in Ontario say they are able to get an appointment with a specialist doctor within four weeks, and almost one-quarter of Ontarians (24%) report a wait of more than eight weeks for a specialist appointment. In most of the other countries, more than half (57% to 79%) report that they had an appointment within four weeks.

The survey results we report here speak mainly to patients' experiences with doctors and hospitals and not with the many other types of professionals and programs who provide care to Ontarians. When we look at responses from patients in other countries, we see that Ontario, like Canada generally, can do more to improve communication and the coordination of care.

Introduction

Ontario has an aging population with greater health care needs, often because people may develop one or more chronic conditions as they age. Compared to younger adults, older Canadians see a doctor more often and are more likely to be hospitalized.[1] We need to understand the experiences of these patients so that the health system can better respond to their needs.

At the same time, the options we have to treat illness and maintain health are rapidly expanding, making Ontario's health system more complex. One of the health system's biggest challenges is ensuring that the various parts work together efficiently and effectively so that patients and their health care providers have the information they need to make informed decisions. It's critical that we make the best use of resources to produce the best outcomes for patients.

At each step in patients' interactions with the health system, communication among health care providers and coordination of services are key factors in determining the quality of care. Is important information about the patient's health available to each care provider at every appointment? Is it hard to get an appointment with a specialist? Between health care visits, or after leaving the hospital, can patients easily contact a health professional with questions? Does anyone help ensure that patients get follow-up care and connect with other services they need?

All of these questions address points when patients are in transition from one provider to another, or from one health care setting to another. Such transitions are often the times when communication and care coordination falter. The people who face the greatest risk from such gaps in quality are those in poor health – who experience many transitions in their health care.[2]

This report presents selected findings from an international survey that allow us to see how

Ontarians aged 55 years and older experience communication and coordination in various aspects of their health care. This focus tells us, from the patient's perspective, how well different parts of the health system are working together. The 2014 Commonwealth Fund International Health Policy Survey of Older Adults interviewed more than 25,000 randomly selected people in the spring of 2014, covering every Canadian province and 10 other countries: Australia, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.[3] Respondents were asked about their experiences as patients – particularly their interactions with doctors and hospitals in the previous one to two years.

To fully understand respondents' experiences would require more detailed information on the health conditions people had and what happened as a result of the care they received. Capturing that kind of detailed data across many countries is challenging. The survey questions we report on here asked mainly about people's interactions with

doctors and hospitals. We recognize that this does not reflect the wide range of health services that make up the Ontario health system, but what we gain from this international survey is insight into the experiences of Ontarians aged 55 and over and how their experiences compare with those of patients in other places.

It is also important to keep in mind that each participating country has its own way of funding and delivering health care, and these differences may influence patients' experiences. Nonetheless, from the survey's broad reach across Canada and the world, we can get a snapshot of how Ontario measures up to other provinces and to the participating countries.

No one source of information tells the complete story. For example, in *Measuring Up 2014*,^[4] our latest yearly report on Ontario's health system, we identified several gaps in the data on the Common Quality Agenda indicators that are the backbone of Health Quality Ontario's performance monitoring. We were able to report on patient experience measures for some sectors, but not for system integration. We also noted, in reporting on access to certain procedures provided in hospital (such as hip and knee replacements), that these results did not capture a patient's entire experience in getting to the procedure; for example, the data did not include how long the patient waited to see a specialist who then recommended the surgery. With this report, we can fill in a few of the missing pieces – namely patient experiences with coordination and communication in their care transitions – that are important components of an integrated health system.

In this report, we use the survey findings to look at patients' experiences during a health care visit, between visits or after a stay in the hospital. Unless otherwise noted, the comparisons we highlight are statistically significant differences between Ontario and other provinces or other countries. In particular, we compare Ontario's results to those of the top-performing countries.

In some cases, particularly for Canada's smaller provinces and for questions asked of only a subset of survey respondents, the number of people answering a question was quite small, so the results should be interpreted with caution. Smaller sample sizes create wider margins of error that do not allow us to determine if some differences are statistically significant. For information on the methods and data behind this report, please see the Methods Notes at the end of this report and the technical appendix available on the Health Quality Ontario website.

Who are the survey respondents?

- Adults aged 55 years or older: 5,269 in Canada, including 1,502 in Ontario
- Among the survey respondents in Ontario:

Eight out of 10 (82%) had at least one chronic condition, including more than half (54%) with two or more chronic conditions*

Close to one-third (31%) saw one doctor (not including hospitalizations) and nearly two-thirds (61%) saw two or more doctors in the previous year; only 8% did not see any doctors in the previous year

More than half (59%) saw or needed to see a specialist doctor in the previous two years

One in five (20%) were hospitalized in the previous two years

99% had a regular doctor or place they usually go for health care

* Respondents were asked if they had ever been told by a doctor that they had any of the following conditions: diabetes; high blood pressure; heart disease; asthma or chronic lung problems; depression, anxiety or another mental health problem; cancer; or joint pain or arthritis.

During a Health Care Visit

Poor communication among health care providers can lead to errors and delays in diagnosis and treatment.[5] Likewise, delays to see a specialist can affect patients' health by leading to greater worry, prolonged pain or other concerns.[6] On the other hand, well-coordinated care is associated with improved patient satisfaction and health.[7]

In this section, we report on the availability of test results and other patient information at health care appointments, and on the coordination of appointments with specialists.

Key Findings

Respondents who say their regular doctor did not seem informed about the care they had received from a specialist:

18%
in Ontario

4%
in France

Respondents who had to wait eight weeks or longer for an appointment with a specialist doctor:

24%
in Ontario

3%
in Switzerland

3%
in United States

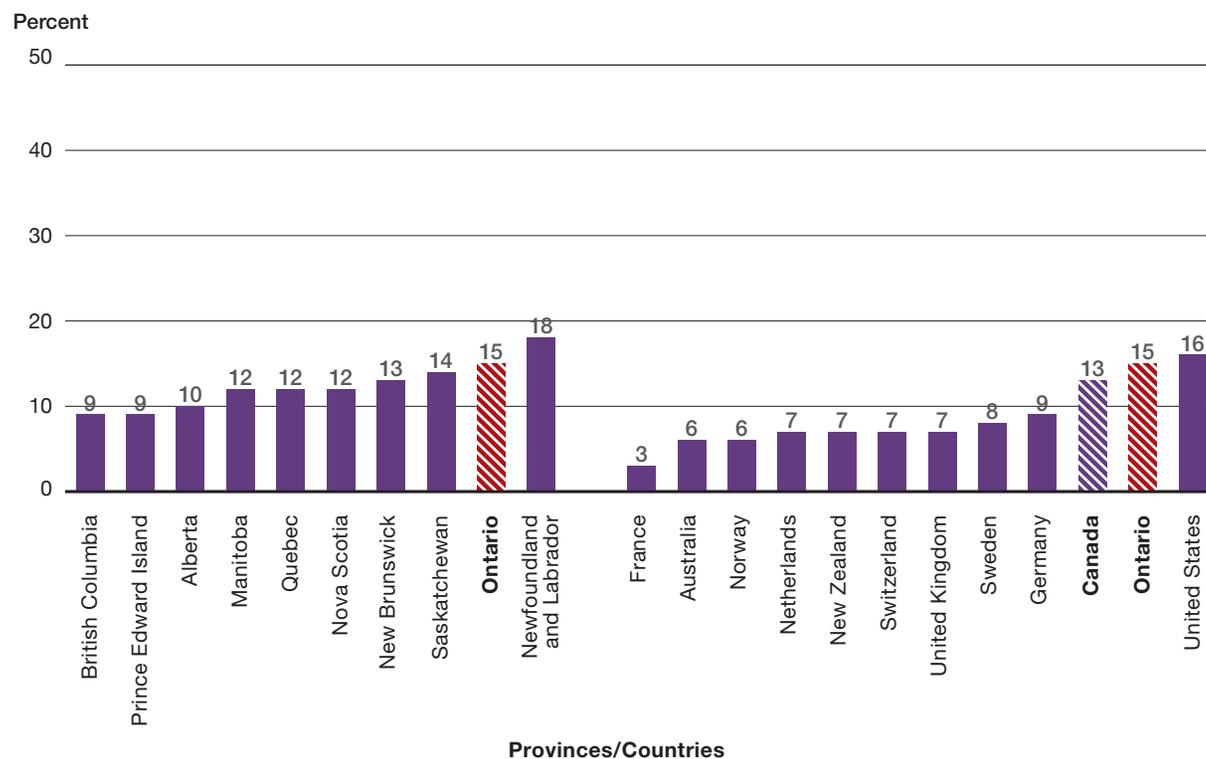
Test results or medical records not available

Test results and medical records are usually available at scheduled medical appointments for patients in Ontario. However, for one in every seven respondents (15%) in Ontario, there was a time in the previous two years when this information was not available at a scheduled appointment. In British Columbia and Prince Edward Island, only 9% of respondents report having this problem (Figure 2.1).

The international results show that it is possible for a very small proportion of people to encounter this problem. In France, 3% of respondents say they had experienced test results or records not being available at a scheduled appointment; the rate in all other countries except the United States is under 10% (Figure 2.1).

FIGURE 2.1

In the past two years, when receiving care for a medical problem, was there ever a time when test results or medical records were not available at the time of your scheduled medical care appointment? (Percentage who said yes)



Within Canada, there is a statistically significant difference between the Ontario rate and the rates in British Columbia, Prince Edward Island, Alberta and Quebec. Internationally, there is a statistically significant difference between the Ontario rate and the rates in France, Australia, Norway, the Netherlands, New Zealand, Switzerland, the United Kingdom, Sweden, Germany and Canada. See Methods Notes for a description of statistical significance.

Getting an appointment to see a specialist doctor

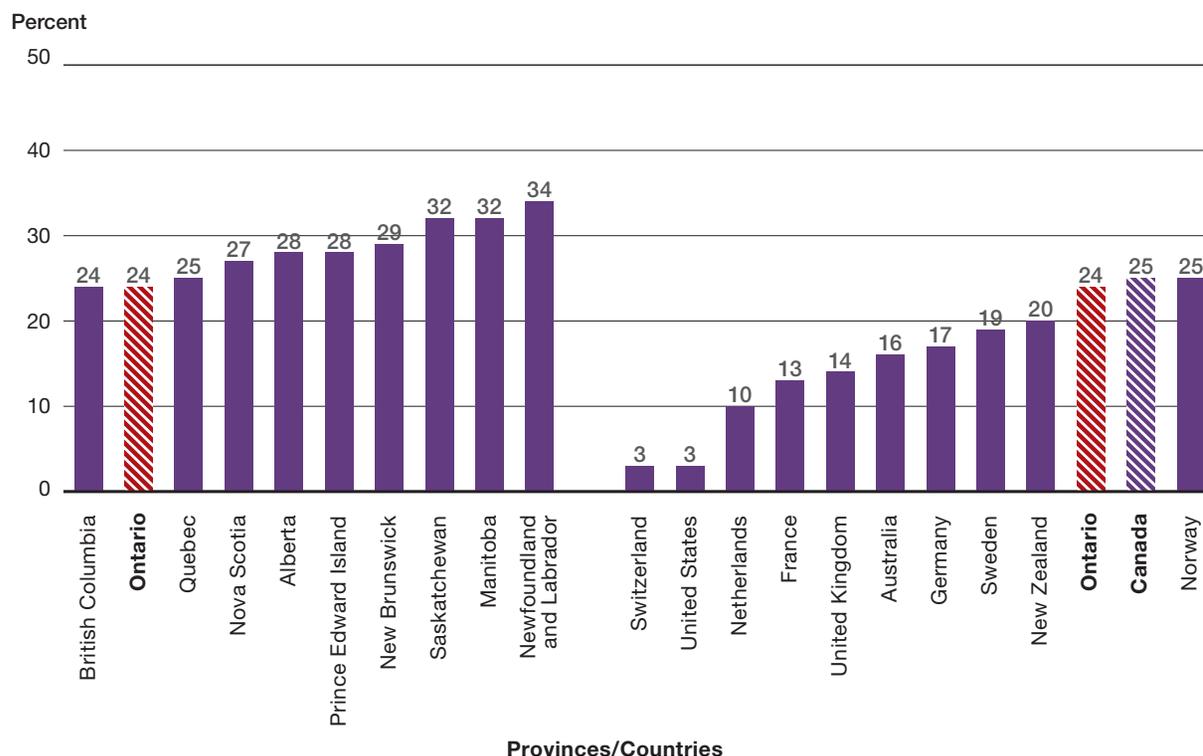
To see a specialist doctor in Ontario (as in Canada generally) patients need a referral from their primary care provider. Securing an appointment with a specialist is an important step in the coordination of care.

Most Ontario survey respondents (59%) had seen or had been referred to a specialist doctor in the previous two years. In this group, nearly one in four people (24%) report waiting more than 8 weeks to get an appointment with a specialist. While the result in Ontario is better than that of other provinces, these differences are not statistically significant (with one exception). In most countries in the survey, fewer respondents report a wait of more than eight weeks; the smallest proportion is 3% in both the United States and Switzerland (Figure 2.2).

We also looked at the shorter end of the spectrum of wait times to see a specialist doctor. Forty-two percent of Ontario survey respondents report a wait of four weeks or less for a specialist appointment, similar to most of the other Canadian provinces (data not shown). In most of the participating countries, people are able to get an appointment with a specialist doctor more quickly. In Switzerland and the United States, for example, 79% of respondents report a wait of four weeks or less for a specialist appointment (data not shown).

FIGURE 2.2

After you were advised to see or decided to see a specialist, how long did you have to wait for an appointment? (Percentage who waited more than eight weeks)



Within Canada, there is a statistically significant difference between the Ontario rate and the rate in Newfoundland and Labrador. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Switzerland, the United States, the Netherlands, France, the United Kingdom, Australia, Germany and Sweden. See Methods Notes for a description of statistical significance.

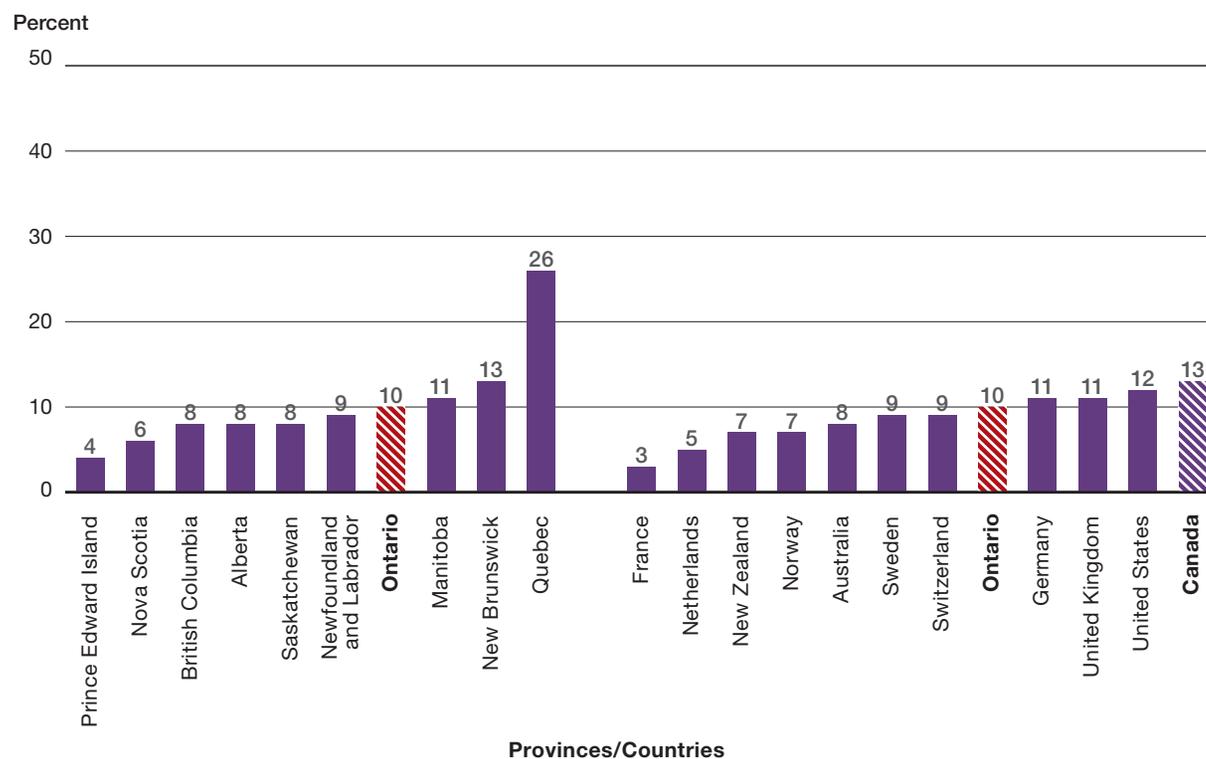
Communication among regular doctors and specialist doctors

In Ontario, regular doctors or usual places of care are generally primary care providers or family doctors. Among Ontario respondents who had seen a specialist, one in 10 (10%) say that the specialist doctor did not have basic medical information or test results from their regular doctor about the reason for their visit. Some provinces have better results than Ontario's, but these differences are not statistically significant (Figure 2.3).

In France and the Netherlands, respondents are significantly less likely to have encountered this problem of poor communication among their doctors. In France, only 3% of survey respondents say there was a time in the previous two years when the specialist doctor had not received basic information or test results (Figure 2.3).

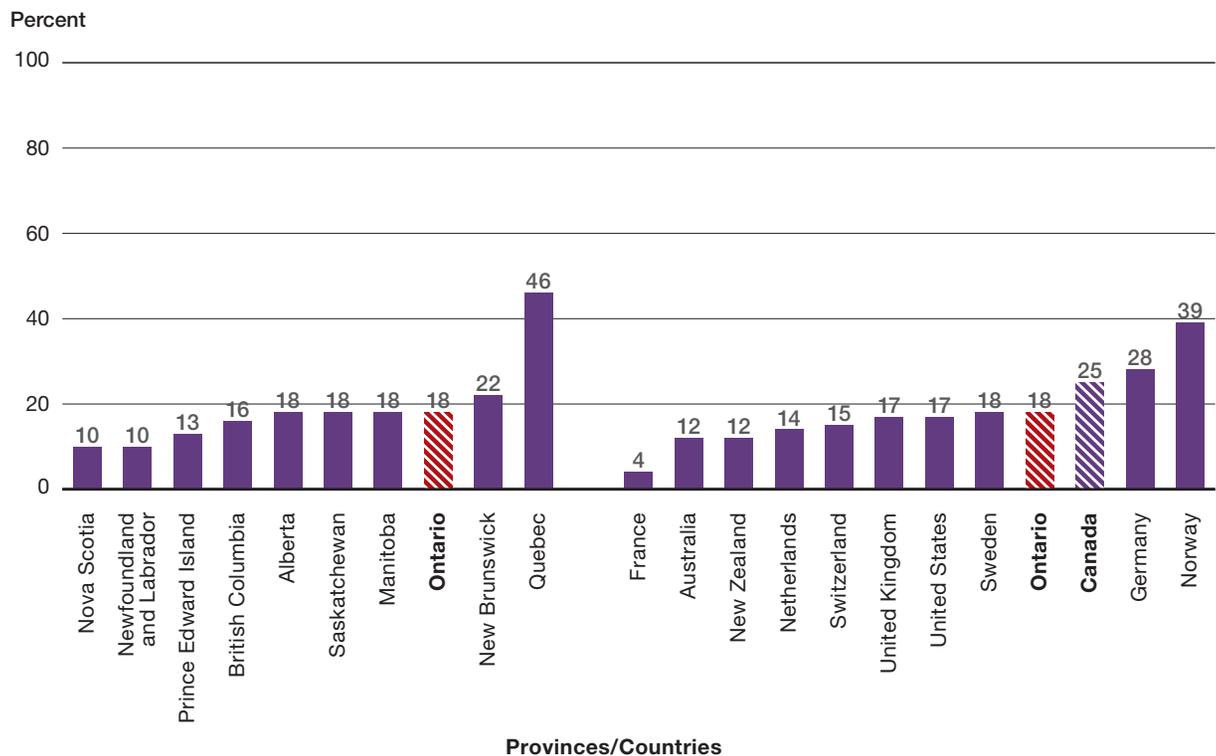
FIGURE 2.3

In the past two years, was there a time when a specialist did not have basic medical information or test results from your regular doctor or place of care about the reason for your visit? (Percentage who said yes)



Within Canada, there is a statistically significant difference between the Ontario rate and the rate in Quebec. Internationally, there is a statistically significant difference between the Ontario rate and the rates in France, the Netherlands and Canada. See Methods Notes for a description of statistical significance.

FIGURE 2.4
In the past two years, after you saw the specialist, was there a time when your regular doctor or place of care did not seem informed and up-to-date about the care you got from the specialist? (Percentage who said yes)



Within Canada, there is a statistically significant difference between the Ontario rate and the rates in Nova Scotia, Newfoundland and Labrador and Quebec. Internationally, there is a statistically significant difference between the Ontario rate and the rates in France, Australia, New Zealand, the Netherlands, Canada, Germany and Norway. See Methods Note for a description of statistical significance.

After seeing a specialist doctor, patients typically return to see their regular doctor, (i.e., in Ontario, a family doctor or primary care provider), and usually the specialist will have sent a report with his or her assessment or recommendations for follow-up care.

In Ontario, almost one in five respondents (18%) who had seen a specialist in the previous two years report that there was a time when their regular doctor did not seem up-to-date about the care they had received from the specialist. Fewer respondents (10%) in both Nova Scotia and Newfoundland and Labrador report this issue. There are statistically significant differences between the results in those provinces and the result in Ontario (Figure 2.4).

The international results show that this communication problem is even less common in some countries. In France, for example, 4% of survey respondents report that their regular doctor did not seem well informed about the care they had received from the specialist doctor (Figure 2.4).

In summary

In any visit with a doctor or medical clinic, patients want and expect integrated care, including good communication and coordination among the various health care providers and other service providers involved in their care. The experiences of people in this survey show that Ontario has room for improvement in these areas.

This is especially true for wait times to see a specialist doctor, a critical part of a patient's wait that is either not captured by available data or not publicly reported in Ontario and across Canada. Fewer than half of Ontarians in this survey report being able to get a specialist appointment within four weeks, and one-quarter report waiting more than eight weeks – among the poorest performance in the survey. These wait times likely vary a great deal depending on the type of specialist or the urgency of the health concern, but we do not have the ability to see those differences from this survey question.

Fifteen percent of people aged 55 and older in Ontario report arriving at a medical appointment to find that some basic medical information or test results were not available – a problem that is much less common in most other countries in the survey. Similarly, patients report gaps in communication among their care providers. While the flow of information between primary care providers and specialists generally appears to work well in both directions, at least 10% of Ontario patients experience times when their doctors did not seem to have communicated well with one another about their care. The results from the other countries show that better communication and coordination is possible.

International differences in how patients are referred to specialist doctors and how doctors communicate may play a role in the results presented in this chapter. For example, in Canada, people usually see a specialist doctor only after referral from a primary care provider, but this is not the case in all the countries included in this survey. In the United States, patients can access a specialist doctor directly without seeing a primary care provider first.

“ We phoned for blood work and they sent it by snail mail instead of by fax. The doctor needed it the next day and was waiting for it. **It took a lot of calling around to solve the issue. It was very, very frustrating.**”

– Laraine, patient

Between Visits

Key Findings

Respondents whose regular doctor's office coordinated care for them:

82%
in Ontario

80%
in the United Kingdom

Respondents with chronic conditions who can easily contact a health care professional between visits for help with medical questions or advice:

63%
in Ontario

79%
in the Netherlands

79%
in the United States

More than 80% of Ontarians responding to this survey report having one or more ongoing health concerns, such as diabetes, high blood pressure, arthritis or another chronic condition.

Helping people manage their chronic conditions outside of visits to health care providers has become a focus for improving chronic illness care in recent years, particularly for family medicine practices.[8] Among other changes, this can include supporting patients with ongoing contact between visits and helping patients coordinate

other services they need. In terms of support between visits, regular follow-up phone calls with a health professional for chronic disease care can improve patients' health.[9,10] Furthermore, an expert panel assembled by the Canadian Academy of Health Sciences has recommended that primary care practices serve as a navigation point for people with chronic conditions to ensure they get the other services they need in an increasingly complex health system.[11]

In this section, we report on contact with health care providers between medical appointments and getting help with care coordination.

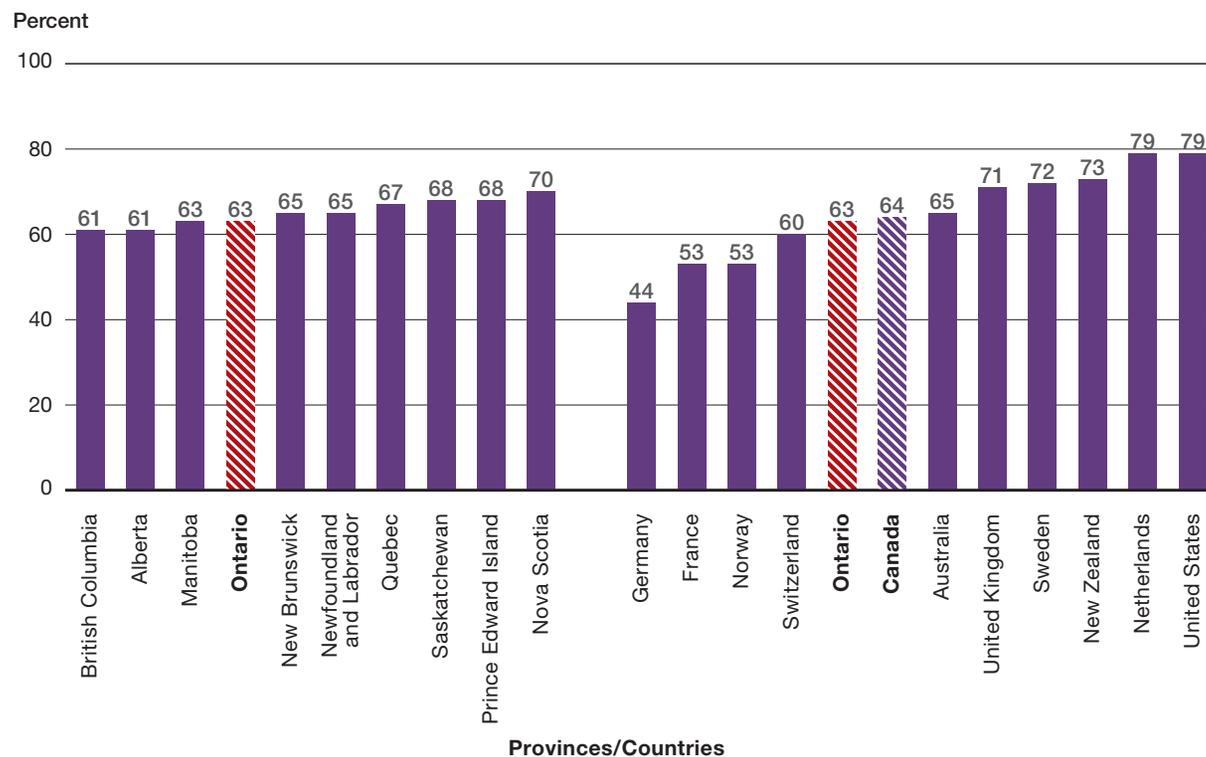
Getting in touch between visits

Among people aged 55 and older who have one or more chronic conditions, about two-thirds (63%) in Ontario say that, between visits to the doctor, they could easily contact a health care professional to ask a question or get advice. Some provinces had better results, but there is no statistically significant difference when compared to Ontario (Figure 3.1).

Many countries surveyed report easier access between visits. In the top two countries (the United States and the Netherlands), 79% of respondents say there is a health care professional they could easily contact for information or advice between visits to the doctor (Figure 3.1).

FIGURE 3.1

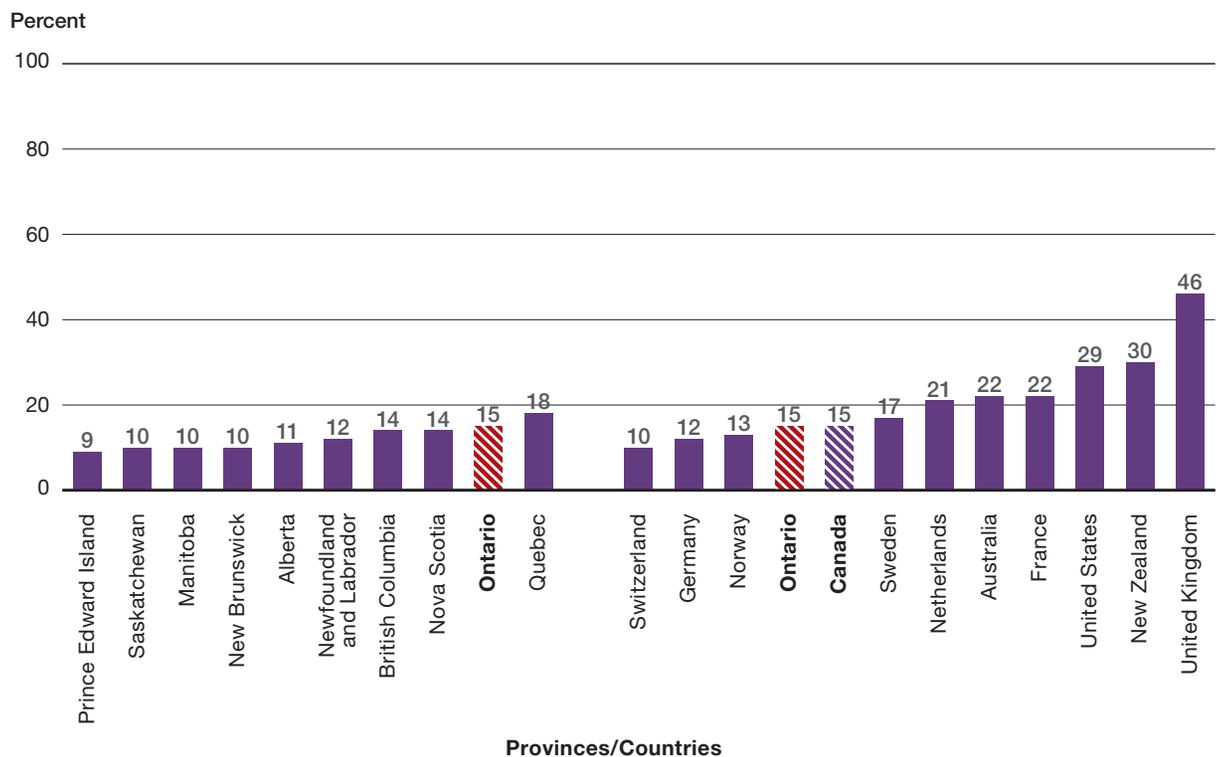
Between doctor visits, is there a health care professional you can easily contact to ask a question or get advice about your health condition(s)? (Percentage of respondents with one or more chronic conditions who said yes)



Within Canada, there is no statistically significant difference between the Ontario rate and the rates in other provinces. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Germany, France, Norway, the United Kingdom, Sweden, New Zealand, the Netherlands and the United States. See Methods Notes for a description of statistical significance.

FIGURE 3.2

Between doctor visits, is there a health care professional who contacts you to see how things are going? (Percentage of respondents who said yes and have one or more chronic conditions)



Within Canada, there is a statistically significant difference between the Ontario rate and the rates in Prince Edward Island, Manitoba and Alberta. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Switzerland, the Netherlands, Australia, France, the United States, New Zealand and the United Kingdom. See Methods Notes for a description of statistical significance.

It is not common practice in any Canadian province for respondents with a chronic condition to be contacted, between their visits to the doctor, by a health care professional who asks how things are going. In Ontario, 15% of survey respondents with a chronic condition say they get this kind of follow-up, and rates are similar in most other provinces (Figure 3.2).

On the other hand, this practice is more common in six of the 10 other countries in the survey (there is a statistically significant difference when compared to Ontario). Although it is not the norm in any of the participating countries, nearly half of respondents with a chronic condition (46%) in the United Kingdom say they are contacted by a health care professional between their medical visits – three times more than in Ontario (Figure 3.2).

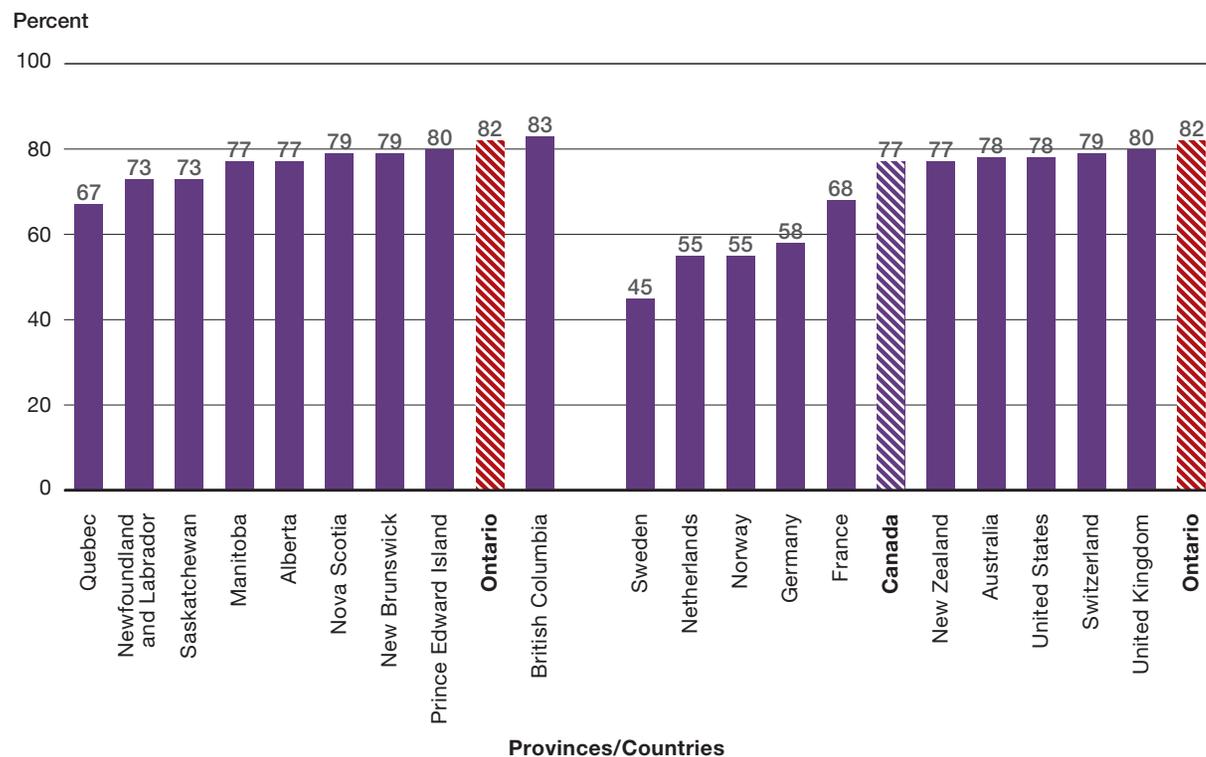
Coordinating care

Survey respondents who have a regular doctor or place of care and who also receive health care from other doctors or places of care were asked how often their regular doctor's practice helps them coordinate or arrange other care. This help could include making appointments, following up to make sure they get their recommended care, or making sure other doctors have important information about them.

In Ontario, eight out of 10 respondents (82%) say they receive this kind of care coordination or assistance. Along with British Columbia (83%), Ontario had the best result in Canada for this question. Internationally, Ontario is on par with the top-performing countries in the survey (Figure 3.3).

FIGURE 3.3

How often does your regular doctor's practice help coordinate or arrange the care you receive from other doctors and places? (Percentage of all respondents who said always/often)



Within Canada, there is a statistically significant difference between the Ontario rate and the rates in Quebec, Newfoundland and Labrador, Saskatchewan, and Alberta. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Sweden, the Netherlands, Norway, Germany, France, Canada, New Zealand and the United States. See Methods Notes for a description of statistical significance.

In summary

Ontarians aged 55 and older are just as likely as those in the top-ranking countries in this survey to get help from their regular doctors in coordinating care they receive from other providers. About 80% of Ontario respondents receive this kind of care from their regular doctor's practice.

Almost two-thirds of Ontario respondents with chronic conditions say they have easy access to someone who could help with medical questions between visits – lower than in some of the countries surveyed. In the United States and the Netherlands, nearly 80% of respondents report being able to easily contact someone with their questions.

Although contact is a recommended step in chronic disease management,[5] in most countries in the survey it is not common for people with a chronic disease to receive a check-up phone call or other contact from a health care professional between doctor visits. The United Kingdom is the exception, but even there the proportion of respondents who say they receive contact is less than 50%.

“At my family doctor's clinic, they check up on you and make sure you get the care you need. They have every service there. I have diabetes, so I see a pharmacist every few months to go over my meds and check my blood sugar. The doctors check my feet. **They involve you in your own care, which I think is important. I think they've got a great system.**”

– Theresa, patient

After a Stay in the Hospital

One out of every five Ontarians (20%) in this survey had been admitted to a hospital in the previous two years. After a hospital stay, it is important that patients understand how to manage their health.

One of the best ways to ensure people have this information is through what is known as an individualized discharge plan, which includes written instructions and in-person teaching designed to help patients continue their care after they leave the hospital.[12] The discharge process also involves transmitting information to other health care providers and making sure that follow-up care has been arranged. With this kind of communication and support, people may be able to go home sooner and are less likely to be hospitalized again.[13]

In this section, we report on communication and coordination of care after a stay in the hospital.

Key Findings

Respondents who left the hospital with written information on what to do at home and what symptoms to watch for:

75%
in Ontario

89%
in the United States

Respondents whose regular place of care knew about their stay in hospital:

77%
in Ontario

90%
in Germany

Getting written information about what to do at home

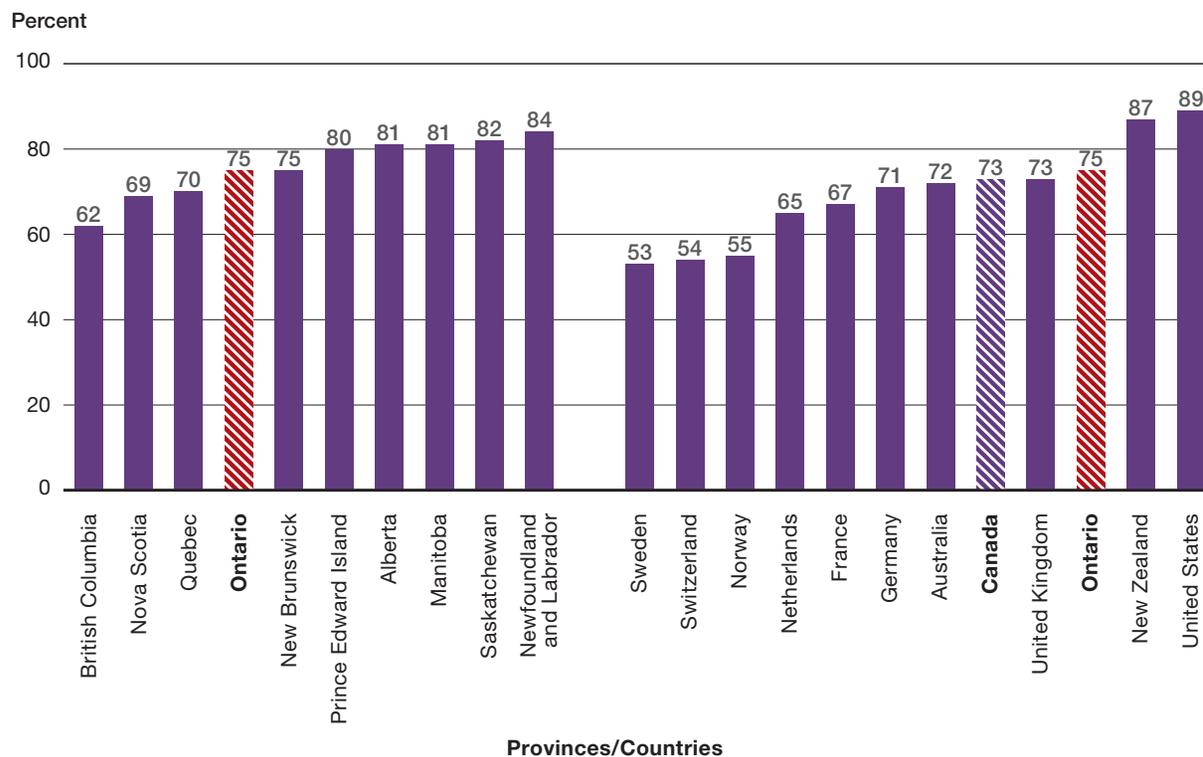
For Ontarians aged 55 and older who were admitted to hospital in the last two years, most but not all of them received written information about what to do at home after a hospital stay. Three-quarters (75%) of survey respondents in Ontario say they received written instructions about what to do at home and what symptoms to watch for (Figure 4.1).

In the other provinces, the proportion of respondents who say they received written information when they left the hospital is as high as 84%, although none of these results represent a statistically significant difference when compared to Ontario.

In only two countries are respondents more likely than in Ontario to report receiving written discharge instructions when leaving hospital. In the United States and New Zealand, nearly 90% of respondents say they received written information about caring for themselves when they left the hospital after an overnight stay (Figure 4.1).

FIGURE 4.1

When you left the hospital, did you receive written information on what to do when you returned home and what symptoms to watch for? (Percentage of respondents who said yes and had stayed overnight in hospital in the past two years)



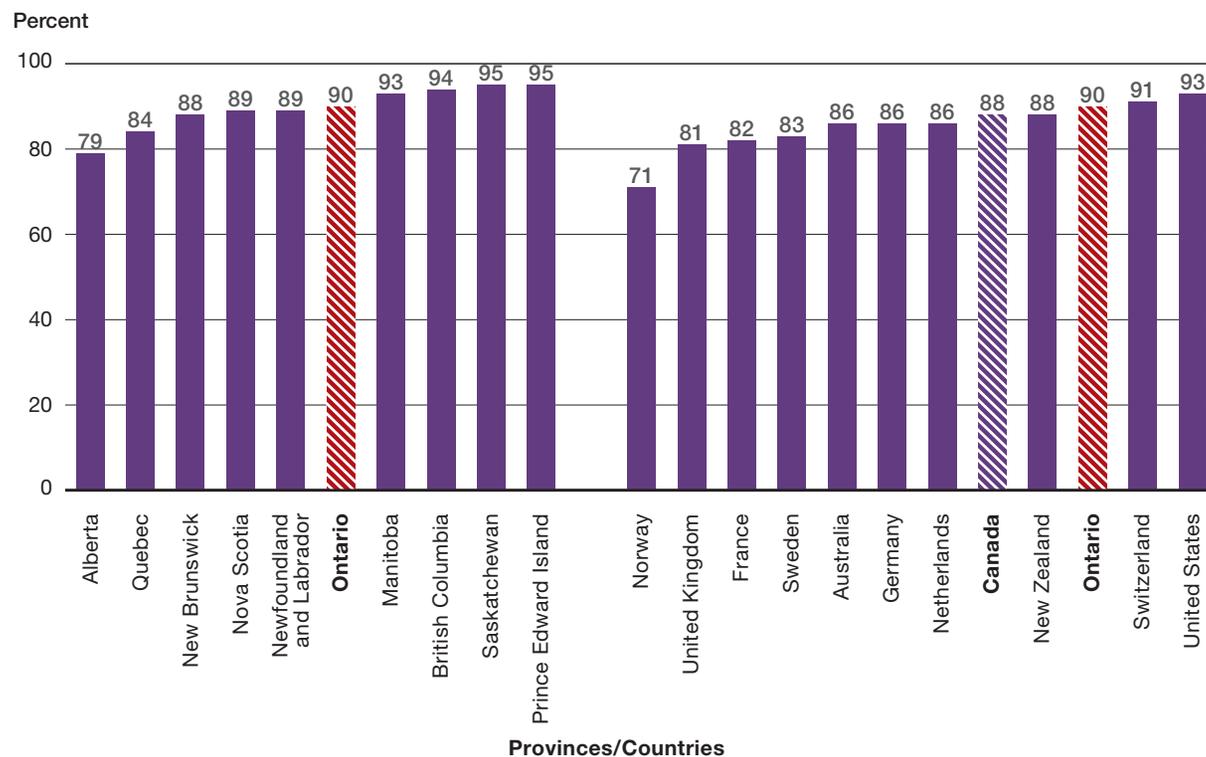
Within Canada, there is no statistically significant difference between the Ontario rate and the rates in other provinces. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Sweden, Switzerland, Norway, the Netherlands, New Zealand and the United States. See Methods Notes for a description of statistical significance.

Knowing whom to contact

In Ontario, 90% of survey respondents who had reported a hospital stay in the previous two years say that, when they left the hospital, they knew whom to contact if they had a question about their condition or treatment. Ontario's results were similar to most other provinces. In the international comparison, Ontario performs better statistically than four countries on this measure and is on par with the rest (Figure 4.2).

FIGURE 4.2

When you left the hospital, did you know who to contact if you had a question about your condition or treatment? (Percentage of respondents who said yes and had stayed overnight in hospital in the past two years)



Within Canada, there is a statistically significant difference between the Ontario rate and the rate in Alberta. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Norway, the United Kingdom, France and Sweden. See Methods Notes for a description of statistical significance.

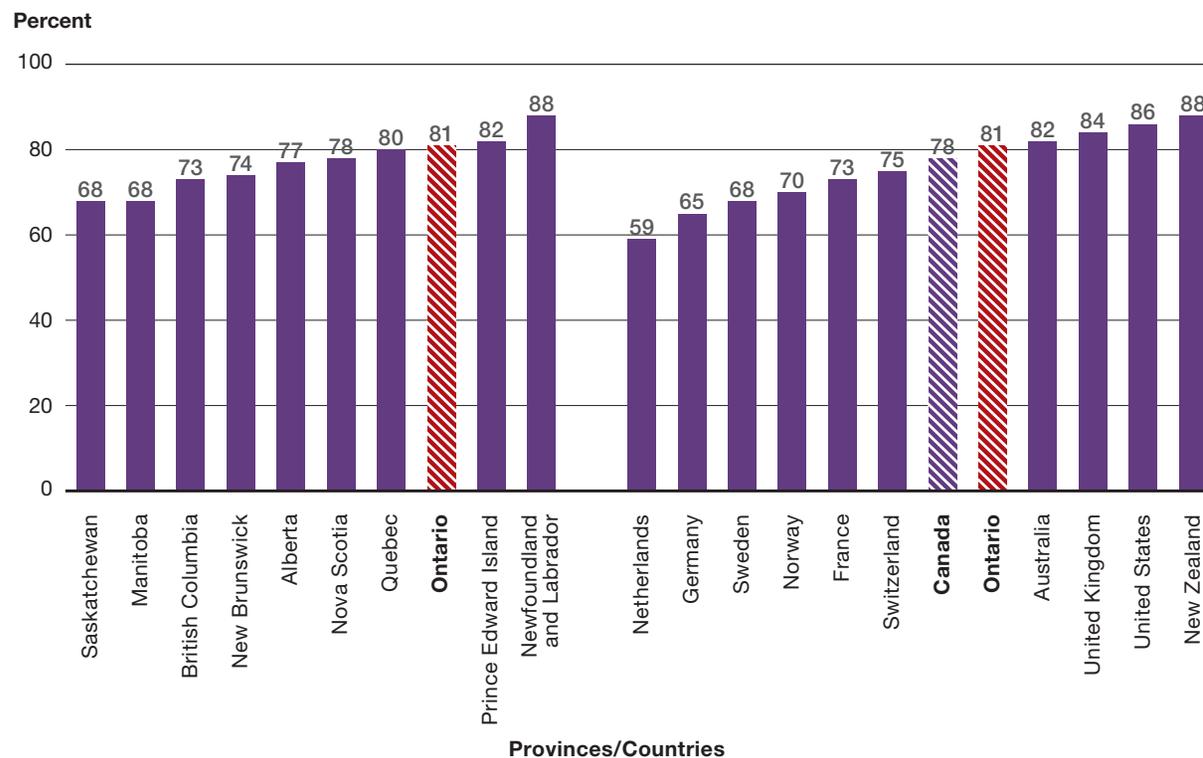
Arrangements for follow-up care

After a stay in hospital, do Ontario patients go home with arrangements for their follow-up care? Based on this survey, most do: eight out of 10 (81%) respondents say this reflects their experience, and about one in six (16%) say they left the hospital without arrangements for follow-up care (Figure 4.3).

In comparing Ontario's performance to other provinces, Newfoundland and Labrador has better results, but the difference is not statistically significant. In the international comparison, Ontario is on par with the top-performing countries (Figure 4.3).

FIGURE 4.3

When you left the hospital, did the hospital make arrangements or make sure you had follow-up care with a doctor or other health care professional? (Percentage of respondents who said yes and had stayed overnight in hospital in the past two years)



Within Canada, there is a statistically significant difference between the Ontario rate and the rate in Manitoba. Internationally, there is a statistically significant difference between the Ontario rate and the rates in the Netherlands, Germany, Sweden, and Norway. See Methods Notes for a description of statistical significance.

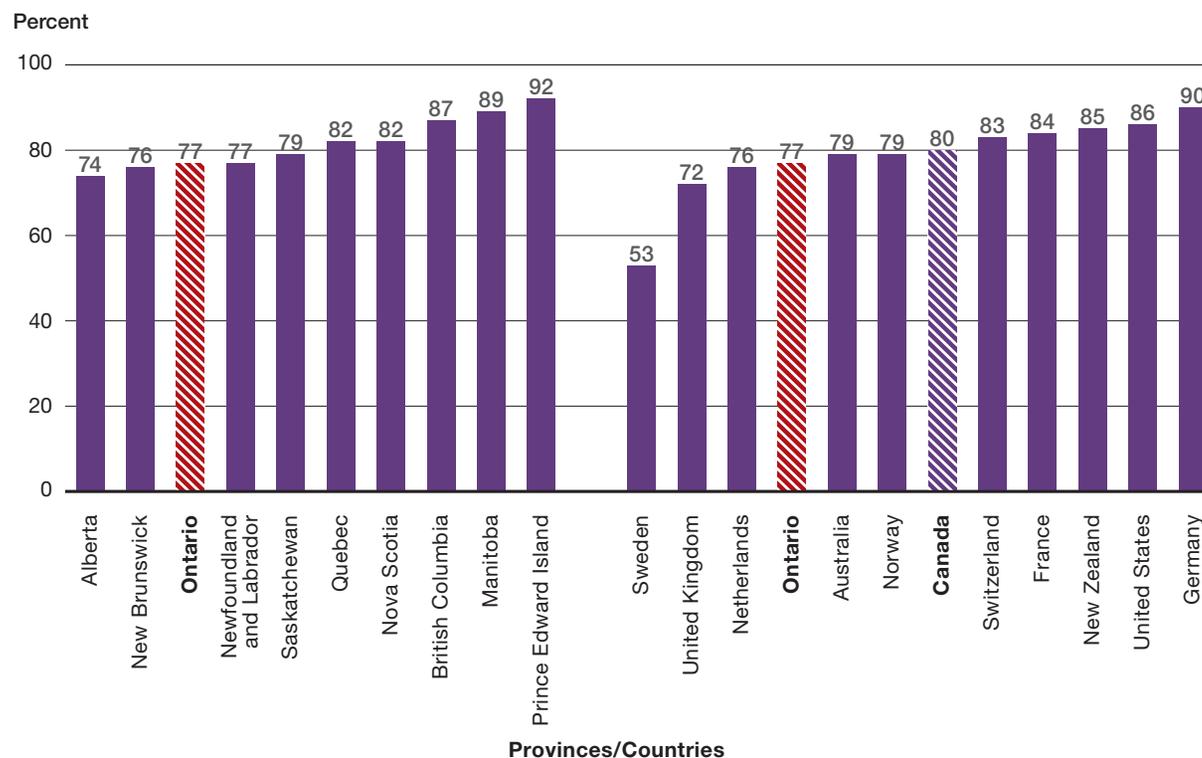
Regular doctor knowing about your hospitalization

In Ontario, three out of four respondents (77%) who were hospitalized in the previous two years say that, when they left hospital and went back to see their regular doctor or clinic, the health care providers there seemed up-to-date about the care they had received in the hospital. In several other provinces, more survey respondents report this positive experience (up to 92%). However, due to the smaller numbers of people answering this question (it is limited to people who had been hospitalized in the previous two years), there are no statistically significant differences between the results in each province (Figure 4.4).

Here, too, responses in Ontario are similar to those in most countries in the survey. The top two countries perform better than Ontario, with a statistically significant difference. In the United States and Germany, 86% and 90% of respondents, respectively, say their regular doctor was up-to-date about their recent hospital care (Figure 4.4).

FIGURE 4.4

After you left the hospital, did the doctors or staff at the place where you usually get medical care seem informed and up-to-date about the care you received in the hospital? (Percentage of respondents who said yes and had stayed overnight in hospital in the past two years)



Within Canada, there is no statistically significant difference between the Ontario rate and the rates in other provinces. Internationally, there is a statistically significant difference between the Ontario rate and the rates in Sweden, the United States and Germany. See Methods Notes for a description of statistical significance.

In summary

After a stay in hospital, people aged 55 and older in Ontario experience good communication on what to do next. Most Ontarians responding to the survey report that, after an overnight hospital stay, the hospital makes sure they are armed with information for the transition home and with follow-up care arranged. When respondents return to their usual care providers for follow-up, most find the providers are up-to-date about the care they had received in hospital. On all these points, we found few statistically significant differences between Ontario and other provinces. Ontario generally compares well with the top countries in the survey in most of these areas.

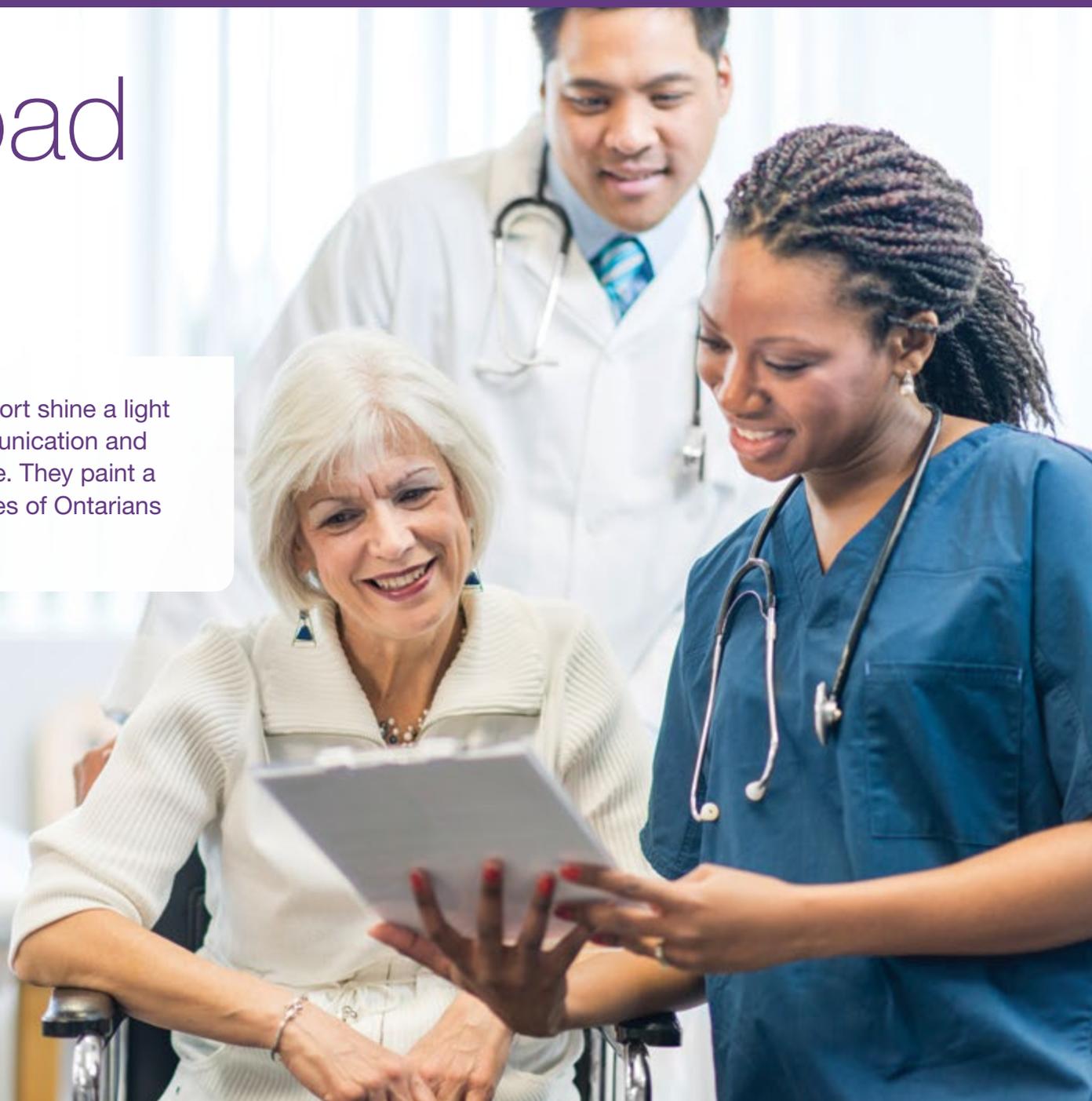
Still, Ontario has room for improvement to ensure that all patients leaving hospital have support for their transition home. After a recent hospital stay, nearly one-quarter (23%) of Ontario survey respondents did not receive written information for self-care at home. According to about one-sixth of Ontario respondents who had a hospital stay in the two years before the survey, arrangements for follow-up care were not in place when they went home (16%), and their regular care provider was not informed about the care they had received in hospital (17%).

“I left the hospital after my surgery with a file folder of instructions for what to do at home. There was a schedule for my medications, and a follow-up visit with the specialist was booked. I had a list of things to look out for, and names and numbers of who to contact. A nurse went through everything with me and my husband and answered our questions. **I had been worried, but with all this information I felt ready and confident we could handle things at home.**”

– Linda, patient

The Road Ahead

The data we present in this report shine a light on some key aspects of communication and care coordination in health care. They paint a mixed picture of the experiences of Ontarians aged 55 years and older.



After leaving hospital, Ontarians largely report positive experiences with coordination of care and communication between the hospital and their regular care provider. In some cases, the results in Ontario are among the best compared to other countries.

However, about a quarter of Ontarians face delays of more than eight weeks to see a specialist doctor. Some Ontarians also report problems with communication among their various care providers and problems with test results or other information not being available when needed, such as during visits to the doctor.

Work is underway in Ontario to improve health care coordination. Initiatives such as Family Health Teams and Health Links (a program serving some of Ontario's sickest patients) were established to improve access to and coordination of care. The focus of these programs is on the patient, with the goal of improving people's experiences with care and making the best use of health care resources.

Health Quality Ontario is also focusing its work on the patient, and an important aspect of that work is measuring patients' experiences with health care. With this survey from The Commonwealth Fund, we can get a snapshot of patient experiences in Ontario, although not a complete picture. For example, the survey asked people mainly about their experiences with doctors and hospital staff, but we also need information about the many other kinds of providers who are involved in patient care, such as nurse practitioners and rehabilitation therapists, who are

involved in caring for patients. To understand how to prevent readmissions to hospital, we also need to better understand communication and coordination with and among home care services. More work needs to be done to measure patient experience in meaningful, actionable ways that can lead to further improvements in Ontario's health system.

Experiencing Integrated Care is our first report focused entirely on data from The Commonwealth Fund's annual international health policy surveys. These surveys are conducted on a yearly basis, with a three-year rotation in topics. The 2014 survey targeted adults aged 55 years and older. From the dozens of wide-ranging survey questions that respondents were asked, we chose to focus on some key areas related to communication and coordination of care. Other reporting on the 2014 survey results is available from the Canadian Institute for Health Information[14], Commissaire à la santé et au bien-être[15], and The Commonwealth Fund.[16] The 2015 survey will focus on primary care doctors, and the 2016 survey will cover all adults and their experiences with the health system. We plan to issue similar reports using data from these surveys to compare Ontario's performance to other provinces and countries.

Using data from the 2014 survey, we provide information that complements *Measuring Up 2014* – Health Quality Ontario's yearly report on health system performance. *Experiencing Integrated Care* adds new information on the patient experience, presents more pan-Canadian and international comparisons to help put Ontario's performance in



context, and reports on an aspect of patient's wait for care (time spent waiting for an appointment with a specialist doctor) that is not captured in other data sources currently available in Ontario.

For most of the survey questions included in this report, we found relatively small differences between Ontario and other provinces, but between Ontario and the countries in the survey, the range between the best and worst performance is often much wider. This additional perspective underscores the value of the international comparisons available through Commonwealth Fund surveys. These data help to provide some direction toward areas of improvement. As we monitor and report on Ontario's health system performance, Health Quality Ontario will continue to explore data sources that offer pan-Canadian and international comparisons to help us see how we measure up.

Methods Notes

The 2014 Commonwealth Fund International Health Policy Survey of Older Adults was conducted among a random sample of the general population aged 55 years and older in 11 countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

For the Canadian portion of the survey, Social Science Research Solutions conducted telephone survey interviews between March 4 and May 28, 2014, in both official languages. The Canadian sample was 5,269 respondents, including 1,502 in Ontario.

Sampling methodology

The sampling methodology varied in each country. In Canada, only land lines were called because the number of people aged 55 and older who have only a cell phone in this country is very small (estimated to be less than 5% of this age group). In most other countries, both land lines and cell phones were dialed.

Health Quality Ontario provided additional funding to increase the sample size in Ontario. This oversampling increases the ability to detect statistically significant differences in performance.

Weighting of results

The survey data for Canada were weighted to represent the Canadian population aged 55 years and older. Parameters used for weighting were age-by-gender, education and knowledge of either English or French, all based on information from the 2011 census by Statistics Canada. Each of the 10 sets of provincial data were weighted separately, so that each subsample accurately represented the corresponding population.

In a final step, the weights were adjusted up or down so that each province's share of the total sample reflected its share of the Canadian population aged 55 years and older (see table below). For example, the Ontario sample (28.5% of the total Canadian sample) was weighted to represent the province's true share of the national population (37.6%), and this increased the Ontario sample to 1,980 respondents.

Number of interviews conducted in each province*

Provinces*	Distribution, unweighted	Distribution, weighted	Total number of interviews
British Columbia	4.7%	14.0%	250
Alberta	18.1%	8.8%	953
Saskatchewan	4.8%	3.0%	254
Manitoba	4.8%	3.4%	252
Ontario	28.5%	37.6%	1,502
Quebec	19.1%	25.2%	1,006
New Brunswick	5.3%	2.5%	277
Nova Scotia	4.9%	3.1%	258
Prince Edward Island	5.0%	0.5%	261
Newfoundland and Labrador	4.8%	1.7%	252

* Four interviews were conducted in the territories. These respondents are included in the results for Canada overall, but the number was too small to analyze the territories separately.

Significance testing

Social Science Research Solutions conducted statistical analyses to compare performance across countries and provincial performance within Canada. For provincial comparisons, statistical tests were conducted to compare each province's performance to every other province and to the total Canadian results. Ontario's results were also compared to those of other countries. Significance was assessed based on a P-value less than 0.05, meaning there was less than a 5% probability that the difference was due to chance rather than real differences in respondents' experiences.

Limitations of the survey

- The survey did not include people living in institutions during the interview period (such as hospitals or long-term care homes) or who do not have a land line phone. This means that people who were sicker, marginalized, socially disadvantaged or unstably housed may not be well represented in the survey results.
- People who could not participate in either English or French were not included in the survey; this excludes a group of people who may face greater challenges related to communication and coordination of health services.

- Small sample sizes and wider margins of errors make statistical testing difficult for some provincial comparisons.
- The survey provides self-reported data, which relies on respondents to recall aspects of their health care over the previous one to two years. There may be some gaps or errors in their memory of events, and the survey is not able to verify information.
- The "don't know/decline to answer" responses were not excluded from the analysis for every survey question. However, the number of these responses tended to be very small (generally 1%–2%).
- Data for a specific population through The Commonwealth Fund surveys are available every three years; however, this was the first of these surveys to be conducted only with adults aged 55 years and older, which limits our ability to compare these survey results with previous surveys from The Commonwealth Fund.

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Report development

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About The Commonwealth Fund:

The Commonwealth Fund is a foundation that aims to promote high performing health care systems. One way it does this is through an international program in health policy.

Each year, The Commonwealth Fund conducts a health policy survey of high-income countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

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