



OurCare National Survey Findings

Summary Report

May 2023

OurCare | NosSoins

Visit the OurCare website: ourcare.ca

Explore OurCare data: data.ourcare.ca

Learn more about deliberative processes: masslbp.com

OurCare is funded by



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The OurCare initiative is made possible through financial contributions from Max Bell Foundation, Even the Odds, and Health Canada. The views expressed herein do not necessarily represent the views of our funders.

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Introduction


OurCare is a national initiative to engage the public on the future of primary care in Canada. Over 15 months, we will hear from thousands of people living in Canada about their hopes and priorities for creating an equitable and sustainable system that delivers better care for all.

This document summarizes key findings from the first stage of the OurCare project, the national research survey. The survey was online from September 20th to October 25th, 2022. In this report, we summarize some key findings based on aggregate, weighted responses for the 9279 people who completed the survey. To explore the data yourself, visit data.ourcare.ca.

The OurCare project is led by Dr. Tara Kiran, a Family Physician and Scientist at MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto and the Fidani Chair of Improvement and Innovation at the University of Toronto. **Learn more at OurCare.ca.**

Key Findings

- 97% of respondents felt that it was important that everyone in Canada should have access to a family doctor, nurse practitioner (NP) or team of health professionals. Yet almost one-quarter (22%) of people in Canada reported not having a family doctor or NP who they see regularly for care.
- Fewer people who were younger in age, were racialized or lived with a low income reported having a family doctor or NP. The biggest differences were regional with fewer people in Quebec and Atlantic reporting they had a family doctor or NP compared to Ontario (69% vs 86%).
- People who reported having a family doctor or NP still have difficulty getting timely urgent care.
- People who didn't have a family doctor or NP reported getting care from walk-in clinics and emergency departments when they had a health problem that worried them. Seeking alternative sources of care sometimes had a cost.
- 17% of people without a family doctor or NP currently were not looking for a family doctor.
- Almost one-third of all respondents (29%) were trying to find a new family doctor or NP and most have been looking for less than two years.
- Overall, the majority of respondents were not willing to use virtual care services if they were owned by a for-profit company or if they were owned or received payments from a pharmaceutical company. Just over seventy percent (71%) said they were not at all willing to use these services if the service sold their de-identified health data to a pharmaceutical or insurance company.
- Scheduled in-person care was the most common way of receiving care and the most important type of appointment people wanted followed by phone calls.
- The majority of people had used an app or website to look up their medical information. The vast majority felt it was important to have a single health record that all health professionals in the province could use when providing care.

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- The attribute of primary care that people thought was most important was that their primary care provider “know me as a person and consider all the factors that affect my health”.
 - Most people’s family doctor or NP did not work with other health professionals but most people wanted them to and 89% said they would be comfortable getting support from another team-member if their family doctor or NP recommended it.
 - Respondents were generally open to new ways of organizing primary care but there was stronger agreement for proposals that maintained continuity with a single clinician.

Detailed Findings

A. Experience with primary care

Too many people in Canada reported not having a family doctor or NP who they see regularly for care.

Only 77% of people reported having a family doctor or NP. Among these, 95% had a family doctor while 5% had a NP.

Fewer people in some groups reported having a family doctor or NP including those who were younger in age, were new to Canada, lived with a low income.

Fewer people from the following groups reported having a regular family doctor or NP:

- o **Younger in age:** 63% of people aged 18–29 years old reported having a regular family doctor or NP compared to 82% of people aged 50–64 years old and 86% of people 65+.
- o **Men or Other gender (e.g. transgender, gender non-binary, gender diverse):** 74% of men and 75% of people reporting a gender other than man or woman reported having a regular family doctor or NP compared to 80% of women.
- o **Low income:** 76% of people with an income of less than \$20,000 reported having a regular family doctor or NP compared to 80% of people with an income of more than \$150,000.

- o **Quebec, Atlantic or Western Region:** 69% of people that live in Quebec and the Atlantic region and 71% of people that live in British Columbia reported having a regular family doctor or NP compared to people that live in the 82% in the Prairies and 86% in Ontario.
- o **Racialized:** 74% of people that are racialized reported having a regular family doctor or NP compared to 78% of people that are not racialized.

People who reported having a family doctor or NP still have difficulty getting timely urgent care.

- 37% who had a family doctor or NP said that their provider or someone from their practice was not available to help with urgent issues before 9am on a weekday, after 5pm on a weekday or on the weekend; another 27% did not know whether these services were available.
- 40% said they tried to book an appointment with their provider or someone in the practice in the last 12 months because of an urgent issue. Among these people, only 35% were able to get a same or next day appointment; for about one-fifth (21%) of those

Detailed Findings

- who tried to get an urgent appointment, they had to wait 2 or more weeks or were never able to get one.

People who didn't have a family doctor or NP reported getting care from walk-in clinics and emergency departments when they had a health problem that worried them and that care sometimes had a cost.

- About 12% of people without a family doctor or NP said they had another regular health provider, most commonly a specialist physician (25%) or pharmacist (15%).
- People without a family doctor or NP reported that the last time they had a health problem that worried them but was not urgent, they tried to get care at the following places: in-person walk-in clinic (50%), virtual walk-in clinic (27%), hospital emergency room (24%), "other" (17%), pharmacist (14%), community health centre (8%), chiropractor (5%), naturopath (3%), and specialist doctor (3%). Approximately one in five (21%) people reported having to pay a fee when they sought care; 80% said they paid a fee for the appointment itself while 40% paid a fee for medication or supplies that were part of the treatment.

Almost thirty percent (29%) of people were trying to find a new family doctor or NP and most have been looking for less than two years.

- 63% of those trying to find a new family doctor or NP did not currently have one.
- 35% of those trying to find a new family doctor or NP did have one currently. The most common reason, reported by 43% of respondents, was that they were not happy with the care their family doctor or NP provided. The second most common reason was that their provider's office was too far away.
- 35% who were trying to find a new family doctor or NP reported they had been looking for one for less than 12 months while 24% said they were looking for one for the last one to two years.

Almost one-in-five (17%) of people without a family doctor or NP currently were not looking for a family doctor.

- 35% of those people said "I am healthy and don't need one".
- 30% indicated "There are no family doctors or NPs accepting patients in my area".
- 27% said "I am happy to get my care from walk-in clinics".

Detailed Findings

B. What is important

People felt strongly that everyone in Canada should have access to a family doctor, or team of health professionals.

- 97% believed it's fairly or very important that every person living in Canada has a relationship with a family doctor, NP or team of health care professionals that they can see regularly if they need to.

The attribute of primary care that people thought was most important was that their primary care provider “know me as a person and consider all the factors that affect my health”.

- We asked people “When you think about getting care from a family doctor or NP and the practice they work in, how important are each of the following to you?”. The top 5 responses chosen as very important, in rank order, were:
 - i. They know me as a person and consider all the factors that affect my health.
 - ii. They stand up for me.
 - iii. They coordinate the care I get from multiple places.
 - iv. When I have an urgent issue, someone in the practice is able to help me with advice within 24 hours by phone or in person.
 - v. Over time, they help me meet my health goals.

- 42% said that it was very important and 46% fairly important that their family doctor, NP, or team of health care professionals worked close to their home.

C. Care from a team of health professionals

Most people's family doctor or NP did not work with other health professionals but most people wanted them to and 90% said they would be comfortable getting support from another team-member if their family doctor or NP recommended it.

- Among those with a family doctor or NP, 36%, 13%, 12% and 9% reported the practice had a nurse, dietitian, pharmacist or social worker, respectively.
- Respondents felt that the following health professionals were most important to have as part of the team: NP, nurse, pharmacist, and psychologist were selected by 75%, 51%, 51% and 50% of people respectively.
- 89% of people felt comfortable or very comfortable getting support from another member of the team, if their family doctor or NP recommended it.

Detailed Findings

D. Walk-in clinics and virtual care

Almost half of respondents had visited a walk-in clinic in the last year.

- 47% tried at least once to get care at a walk-in clinic in the last 12 months. 76% received care at a walk-in clinic in person, 32% by phone, 12% by video, 8% on an app, and 5% via online chat (respondents could select more than one response).
- Respondents provided the following reasons for attending a walk-in clinic: 33% selected “The walk-in clinic was the only place I thought I could get care from at the time”, 28% indicated “I don’t have a regular health care provider”, 28% reported “I was unable to get an appointment with my care provider or their team as soon as I wanted.” and 26% said “I was unable to get an appointment with my care provider or their team”.

Overall, respondents were skeptical about new virtual services where one can quickly and easily connect with a doctor by phone, video, or online chat at a day and time that is convenient given connections to for-profit care and/or pharmaceutical companies.

- 58% were not at all or not very willing to use these services if the service was owned by a for-profit company.
- 70% were not at all or not very willing to use them if the company that ran the service received payments from or was owned by a pharmaceutical company.

- 78% were not at all or not very willing to use them if the service charged them for things they could get for free if being seen by their regular doctor or NP.
- 84% were not at all or not very willing to use these services if the company that ran the service sold their health data to pharmaceutical or insurance companies after removing information that could identify them.

Scheduled in-person care was the most common way of receiving care and the most important type of appointment people wanted followed by phone calls.

- Among those with a family doctor or NP, the most prevalent methods of communication were scheduled in-person visits and phone calls (74% and 71%, respectively).
- When asked how they would like to receive care, scheduled in-person appointments and phone appointments were the two most common modes ranked as most important (93% and 66%, respectively).

Detailed Findings

E. Access to medical information

The majority of people had used an app or website to look up medical information and the vast majority felt it was important to have a single health record that all health professionals in the province could use when providing care.

- 59% of people have used an app or website to see their medical information with lab test results and vaccination history being the most common information looked at online (90% and 59%, respectively).
- 75% of people said it was fairly or very important to be able to look at personal health information online.
- 94% said it was fairly or very important to have one personal health record that all health professionals working in the province could see and use when they are providing care to people.

F. Reimagining care

Respondents were generally open to new ways of organizing primary care but there was stronger agreement for proposals that maintained continuity with a single clinician.

- 73% somewhat or strongly agreed that teams of family doctors and NPs in Canada should have to accept as a patient any person who lives in the neighbourhood near their office.
- 66% somewhat or strongly agreed that every person living in Canada should be guaranteed a family doctor, NP, or health team in their neighbourhood, even if it means patients will be encouraged to change providers once they move to a different neighbourhood.
- 91% were somewhat or very willing to see the same NP consistently for most things except when the NP feels a doctor is needed.
- 76% were somewhat or very willing to see any family doctor or NP in the practice.
- 65% were somewhat or very willing to have to choose from a list of family doctors or NPs close to their home, instead of being able to choose anyone in the province.

Method Notes

The [OurCare](#) survey was conducted in partnership with Vox Pop Labs. The survey was designed with the input of health system leaders, clinicians, researchers, patients, survey methodologists and patient education specialists. It was made available in English and French and distributed in two ways. An anonymous link was distributed widely, and promoted through our partner networks, traditional media and social media. In addition, [Vox Pop Labs](#) sent a unique link to 122,053 people who are part of their panel and followed up with two personalized reminders. Vox Pop Lab's proprietary panel contains a list of over 700,000 individuals who voluntarily signed up for inclusion through Vox Pop Lab's applications.

Survey responses from the two links were combined and weighted via iterative proportional fitting (raking) according to latest Statistics Canada Census estimates. Weighting helps ensure the data presented reflect a pool of respondents who roughly match the demographics of people living in Canada. We analyzed data only for completed surveys in order to have sufficient data for weighting. We used the following attributes for weighting: age, gender, education, income, language and region.

We received 7213 responses from the Vox Pop Labs panel with 5969 completed surveys. We received 6805 responses from the anonymous link with 3310 completed surveys. In total, we analyzed data for 9279 completed responses, 69% in English and 28% in French.

Limitations

We recognize that despite the large number of respondents and the methods we used to weight responses, the OurCare survey has limitations. For example, we did not hear from enough people who are racialized, Indigenous or new to Canada. The survey was conducted in English and French and required a relatively high literacy level as well as time to engage in the process. We plan to deepen our understanding of people's perspectives on primary care through Priorities Panels in 5 regions of Canada. In addition, we will be conducting 10 Community Roundtables with marginalized communities to understand how their needs, priorities and values may differ. For more information about the OurCare initiative, visit [OurCare.ca](#).

Further reading

Check-out the [five-part series](#) on HealthyDebate that goes deeper into the survey findings, exploring key topic areas and discussing implications for Canadian primary care policy. Each blog is written by OurCare collaborators and Dr. Tara Kiran, OurCare project lead.

- [Access to primary care in Canada](#) - Infographic on page 13
- [Virtual care with your family doctor](#) - Infographic on page 14
- [Primary care wish-list](#) - Infographic on page 15
- [Team-based primary care](#) - Infographic on page 16
- [Reimagining primary care](#) - Infographic on page 17

Explore the survey data yourself at data.ourcare.ca.

The OurCare study surveyed a diverse group of more than 9,000 people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Here's some of what we learned about:

Access to Primary Care in Canada

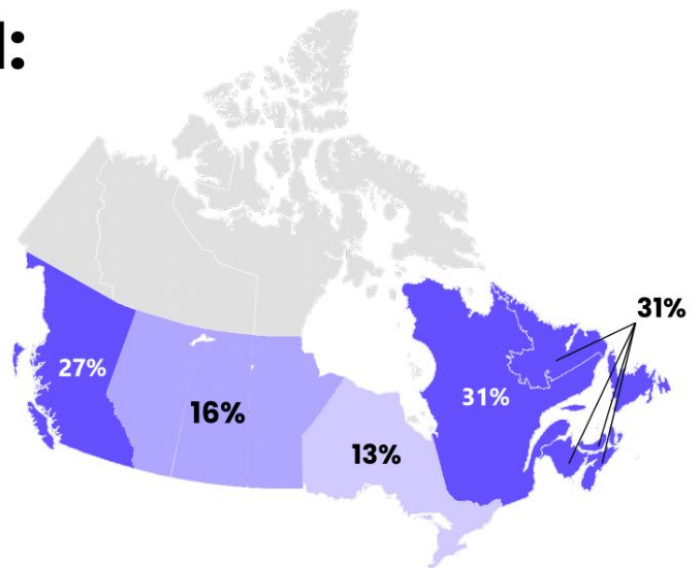
More than **6.5 million adults** in Canada don't have a regular family doctor or NP – that's more than **1 in 5 adults**.



What the survey found:

22% of people in Canada age 18+ do not have a family doctor or nurse practitioner (NP) who they see regularly for care.

- » **More people in Québec, British Columbia, and the Atlantic region reported not having a family doctor compared with people in Ontario and the prairie region.**



Where people without a family doctor or NP are seeking care that is not urgent*:



*The question asked about the last time someone sought care for a health problem that was worrisome but not urgent. People could select more than one response.

21% of those without a primary care provider said they had to pay a fee when they had a health issue and sought care and **80%** said the fee was for the appointment itself.

More research is needed to understand what services people are being charged for.

OurCare

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Virtual Care with your Family Doctor

In the past year, many people in Canada communicated with their family doctor or nurse practitioner (NP) virtually:



71%

Telephone



18%

Email or Secure Messaging

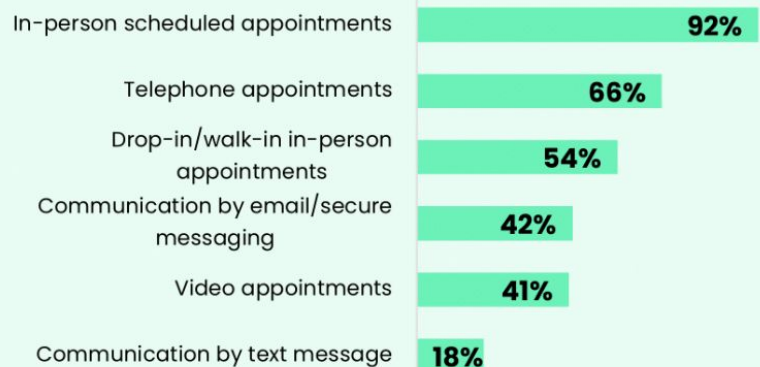


5%

Video

When asked how they would like to get care from a family physician or NP, in-person care rose to the top but virtual options were still important.

The percentage of people who selected the type of care as most important*:



*Respondents could choose more than one option

Virtual walk-in clinics

We asked people about new virtual services where you can easily connect with a doctor by phone, video, or online chat but where you may not know the doctor, the doctor may not have access to your health records and the doctor may not be able to schedule a follow-up appointment in person.



57% were **not willing** to use new virtual services if the service was **owned by a for-profit company**



70% were **not willing** to use new virtual services if the company that ran the service **received payments from or was owned by a pharmaceutical company**



78% were **not willing** to use new virtual services if the services **charged for things you could get for free** from your regular doctor or NP



84% were **not willing** to use new virtual services if the company that ran the service **sold their health data to pharmaceutical or insurance companies** after removing information that could identify them

*Data combines respondents who chose either not at all willing or not very willing

OurCare

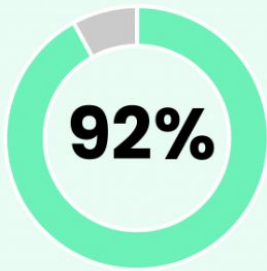
The OurCare study surveyed a diverse group of more than 9,000 people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Here's some of what we learned about:

What's most important to patients?

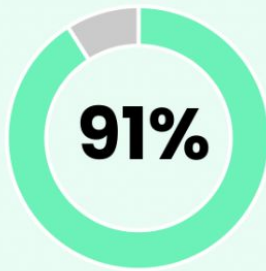


98% of Canadians feel it is important that everyone have access to a family doctor, NP or team of health professionals that they can see regularly.

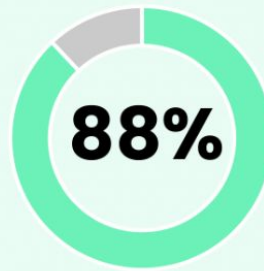
What patients value most about their family doctor or nurse practitioner :



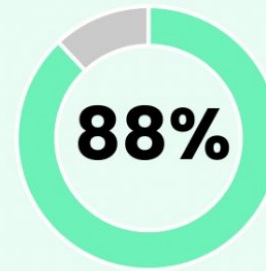
They know me as a person and consider all the factors that affect my health



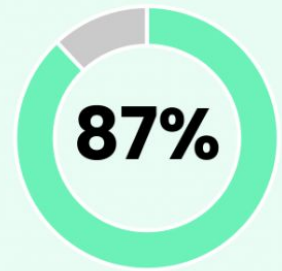
They make it easy for me to get care during the day



They are able to provide most of my care



They coordinate the care I get from multiple places



They stand up for me



88% think it is important that their family doctor or NP work close to their home.

People also wanted better access to their own records:

75%

of Canadians think it is important to have online access to their health information

93%

think it is important to have one personal health record which all health professionals who care for them in the province can use

Data presented includes respondents who said that the attribute was either fairly or very important

OurCare

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Reimagining primary care



Survey respondents were supportive of organizing primary care similar to how the public school system is organized in Canada.

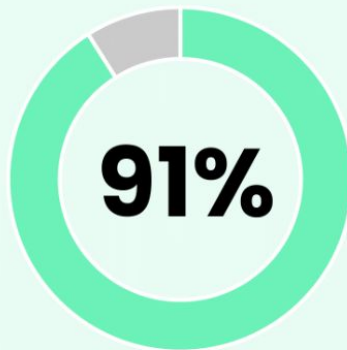
72%

agreed that teams of family doctors and nurse practitioners (NPs) should be required to take as a patient anyone who lives in their neighbourhood

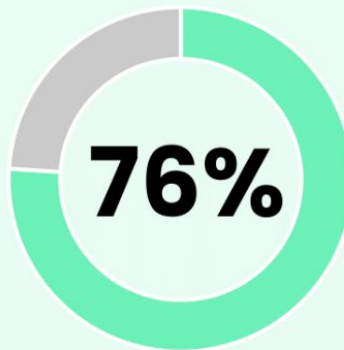
66%

agreed every person should be guaranteed a family doctor, NP or health team in their neighbourhood even if it means people will be encouraged to change providers when they move

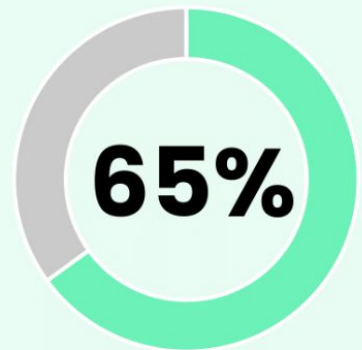
People were open to organizing care differently if it meant that every person in Canada could have access to primary care. They preferred options where they could have a relationship with one clinician.



were willing to see one NP consistently for most of their care.



were willing to see any family doctor or NP in a group practice with shared records even if it meant not seeing the same person consistently.



were willing to choose from a list of available family doctors or NPs close to their home, instead of being able to choose anyone in the province.

OurCare

The OurCare study surveyed a diverse group of more than 9,000 people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Here's some of what we learned about:

Team-based Primary Care

Team-based primary care is a way of delivering care in which family doctors and nurse practitioners (NP) work with other health care professionals like nurses, social workers, pharmacists, dietitians and physiotherapists. Ideally, team members use the same health record and work under one roof.

Done right, team-based care can:



Increase the number of patients a family doctor or NP can care for



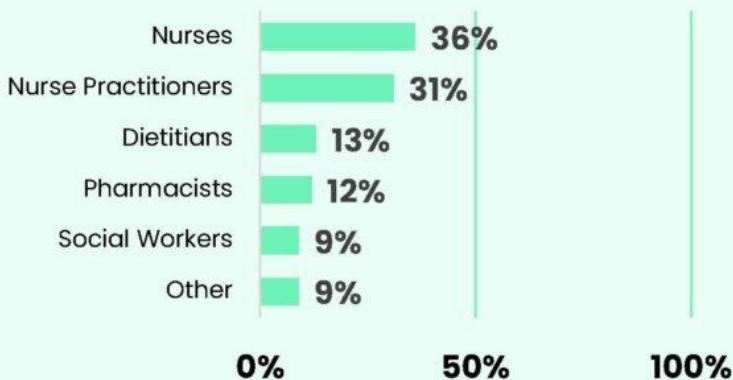
Improve the health of patients



Improve joy in work for providers

The OurCare survey found that few people have a family doctor or NP who works with other team members.

Who is currently part of family practices apart from family doctors*?

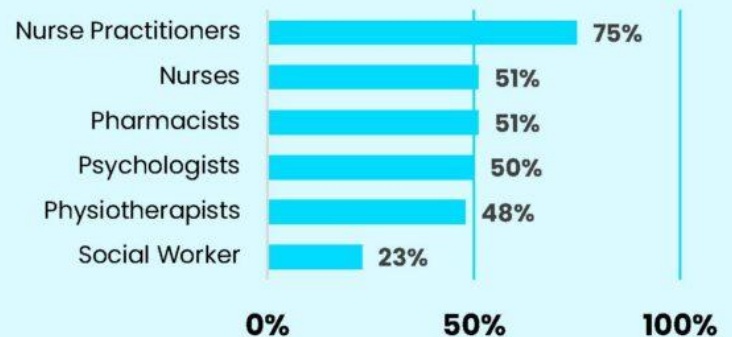


*Respondents could choose more than one option

Support for team-based primary care is strong:

90% of respondents said they were comfortable getting care from another team member if recommended by their own family doctor or NP.

Which health professionals would be most important to have as part of the team*?



*Respondents could choose more than one option

About OurCare

OurCare is a pan-Canadian conversation with everyday people about the future of primary care. The project is led by Dr. Tara Kiran, a family doctor and renowned primary care researcher. OurCare has three stages:

1. National Research Survey

The survey was online from September 20th to October 25th, 2022. More than 9,500 Canadians completed the survey, sharing their perspectives and experiences. Vox Pop Labs co-designed and executed the survey.

2. Priorities Panels

Priorities Panels will be held in five regions: Nova Scotia, Quebec, Ontario, British Columbia and Manitoba. MASS LBP is co-designing and executing the panels with OurCare advisors and local delivery partners.

3. Community Roundtables

Two community roundtables will be hosted in each of the five regions, focusing on equity-deserving groups that we did not hear enough from during stages 1 and 2. MASS LBP is co-designing and executing the community roundtables with OurCare advisors and local community organizations.

OurCare Project Partners

We are grateful to collaborate with the following individuals and organizations who contributed to shaping the survey and interpreting the findings.

Health Canada

Health Canada is the Federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Staples Canada – Even the Odds Campaign

Staples and MAP have come together to create Even the Odds: an initiative to raise awareness of inequity in Canada and to help build vibrant, healthy communities. The partnership is based on the shared belief that everyone should have the opportunity to thrive. Even the Odds funds research and solutions to help make the future fair for everyone. Learn more at staples.ca/eventheodds

Max Bell Foundation

Max Bell Foundation began making grants to Canadian charities in 1972. Today, the Foundation supports innovative projects that are designed to inform public policy change in four program areas: Education; Environment; Health & Wellness; and Civic Engagement & Democratic Institutions. The Foundation also delivers the Public Policy Training Institute, a professional development program designed to help participants more effectively engage in the public policy process, and PolicyForward, a future-oriented speaker series that brings thought leaders together to discuss the intersections of policy, technology, and innovation.

OurCare is based at:

MAP Centre for Urban Health Solutions

MAP Centre for Urban Solutions is a research centre dedicated to creating a healthier future for all. The centre has a focus on scientific excellence, rapid scale-up and long term community partnerships to improve health and lives in Canada. MAP is based at St. Michael's Hospital in Toronto.

St. Michael's Hospital, Unity Health Toronto

St. Michael's Hospital is a Catholic research and teaching hospital in downtown Toronto. The hospital is part of the Unity Health Toronto network of hospitals that includes Providence Healthcare and St. Joseph's Health Centre.

OurCare Project Partners

Department of Family & Community Medicine, University of Toronto

The University of Toronto's Department of Family & Community Medicine is the largest academic department in the world and home to the World Health Organization Collaborating Centre on Family Medicine and Primary Care.

St. Michael's Foundation

Established in 1992, St. Michael's Foundation mobilizes people, businesses and foundations to support St. Michael's Hospital's world-leading health teams in designing the best care – when, where and how patients need it. Funds support state-of-the-art facilities, equipment needs, and research and education initiatives. Because St. Michael's Foundation stops at nothing to deliver the care experience patients deserve.

OurCare is supported by:

Jennifer Rayner, **Alliance for Healthier Communities**

Bryn Hamilton, **Association for Family Health Teams of Ontario**

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Mylaine Breton, **Canadian Institutes of Health Research**

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Kimberly Moran, **Ontario College of Family Physicians**

Mekalai Kumanan, **Ontario College of Family Physicians**

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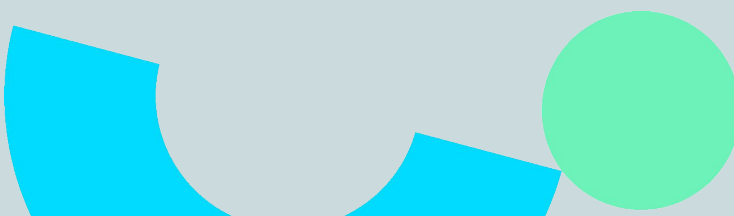
Rose Zacharias, **Ontario Medical Association**
Jim Wright, **Ontario Medical Association**
Mike Green, **Queen's University**
Lindsay Hedden, **Simon Fraser University**
Andrew Pinto, **St. Michael's Hospital**
Katrina Grieve, **Unity Health Toronto**
Scott Garrison, **University of Alberta**
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Sabrina Wong, **University of British Columbia**
Kamila Premji, **University of Ottawa**
Vivian R Ramsden, **University of Saskatchewan**
Monica Aggarwal, **University of Toronto**
Noah Ivers, **Women's College Hospital**
Aisha Lofters, **Women's College Hospital**
Dominik Nowak, **Ontario Medical Association**
Vanessa Wright, **Women's College Hospital**

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