



The Future of Quality Healthcare in a Deficit Driven World: Quantitative Research for HOOPP

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Gandalf Group**

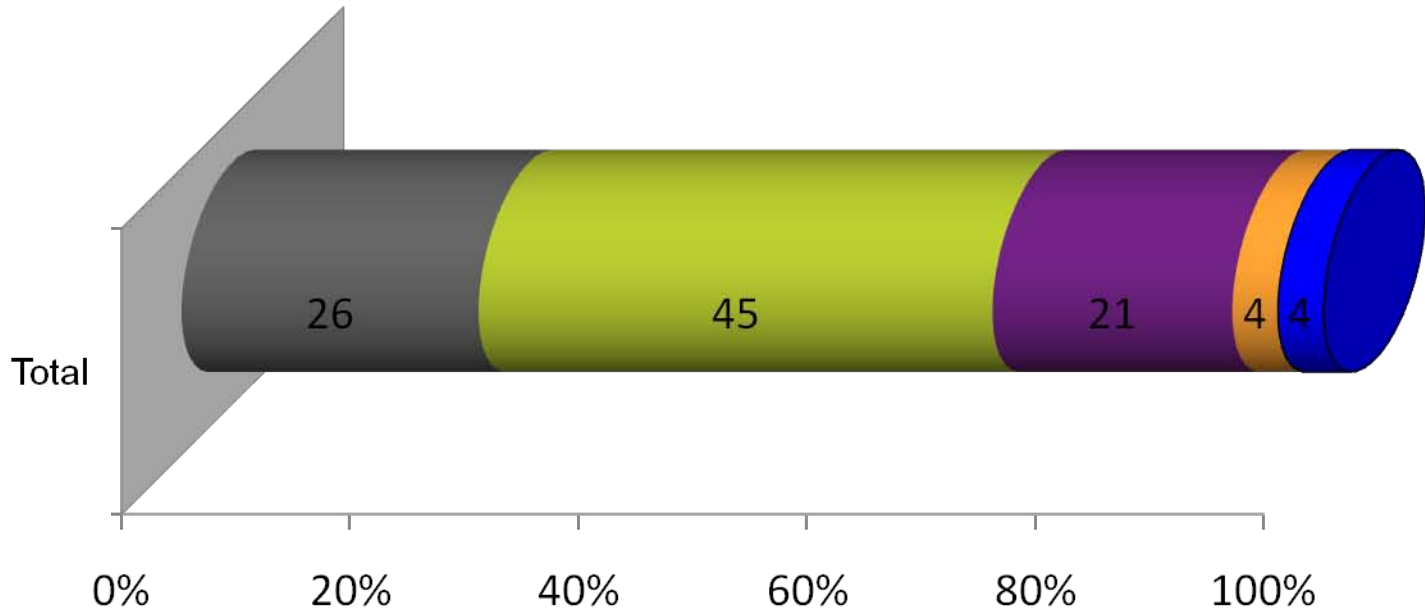
- The Gandalf Group is pleased to present this quantitative research study conducted for the Healthcare of Ontario Pension Plan.
- The survey was conducted online with n=1315 adult Ontarians who were part of a representative and proportionate online sample that supports probability sampling. The survey was weighted according to age and gender.
- The margin of error for this survey is +/- 2.7%, 19/20.
- The survey responses were collected from November 2nd, 2010 to November 8th, 2010.

- There is a strong consensus around the importance and priority of the single payer universal coverage health care system
 - More Ontarians want the provincial government to make health care a high priority than say that about any other issue
 - Most see health care as a joint and equal responsibility between the federal and provincial governments
 - Ontarians would protect health care from cuts more than any other spending envelope
 - Most Ontarians say providing health care is the most important thing the provincial government does

Health Care: The Most Important Thing Government Does



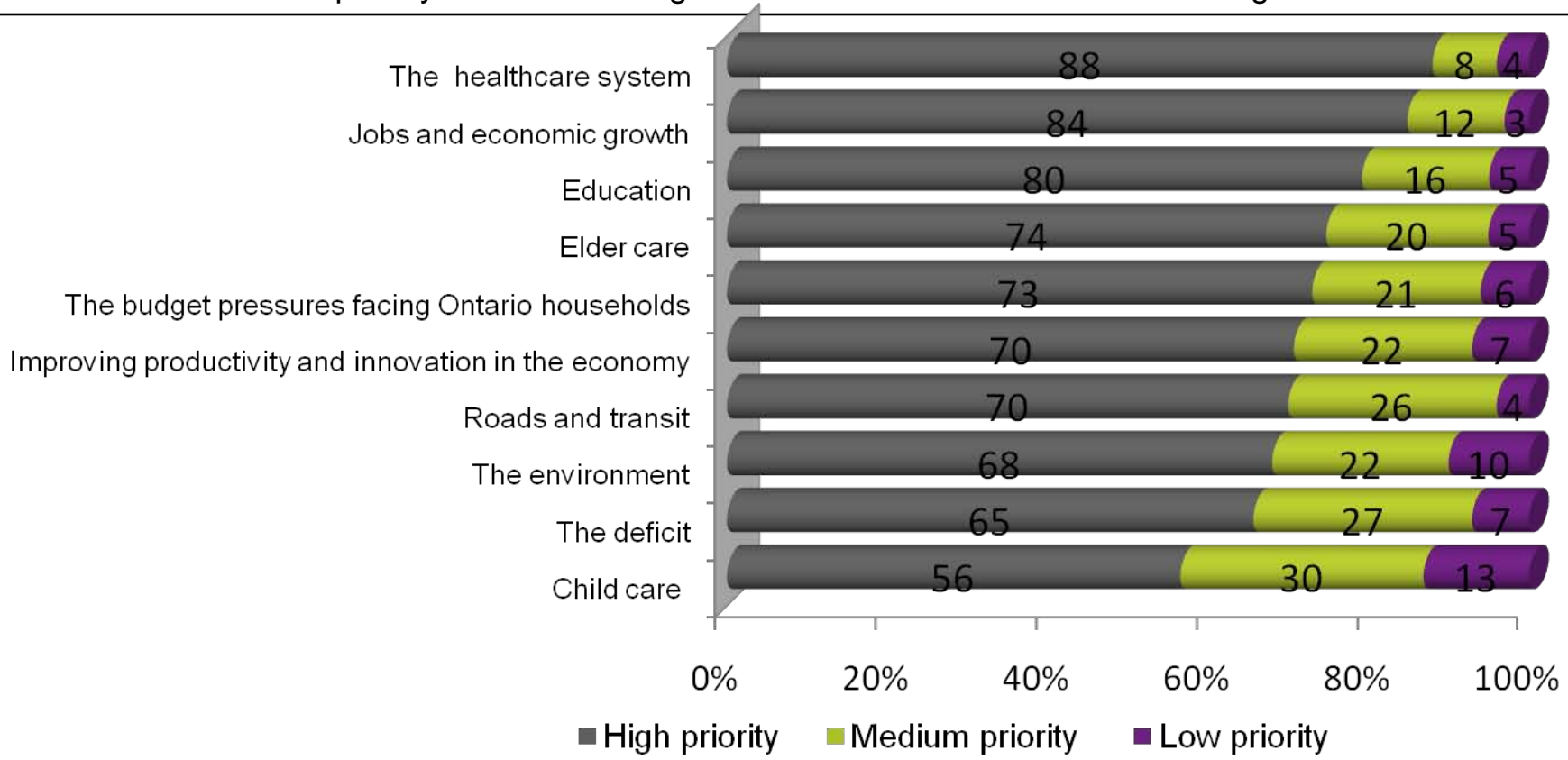
“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree? Providing health care is the most important thing the provincial government does.”



■ Strongly agree ■ Somewhat agree ■ Somewhat disagree ■ Strongly disagree ■ DK/NR

Priorities for the Ontario Government

“On a scale of one to nine where one means a very high priority and nine means not at all a priority, how much of a priority for the Ontario government should each of the following be?”

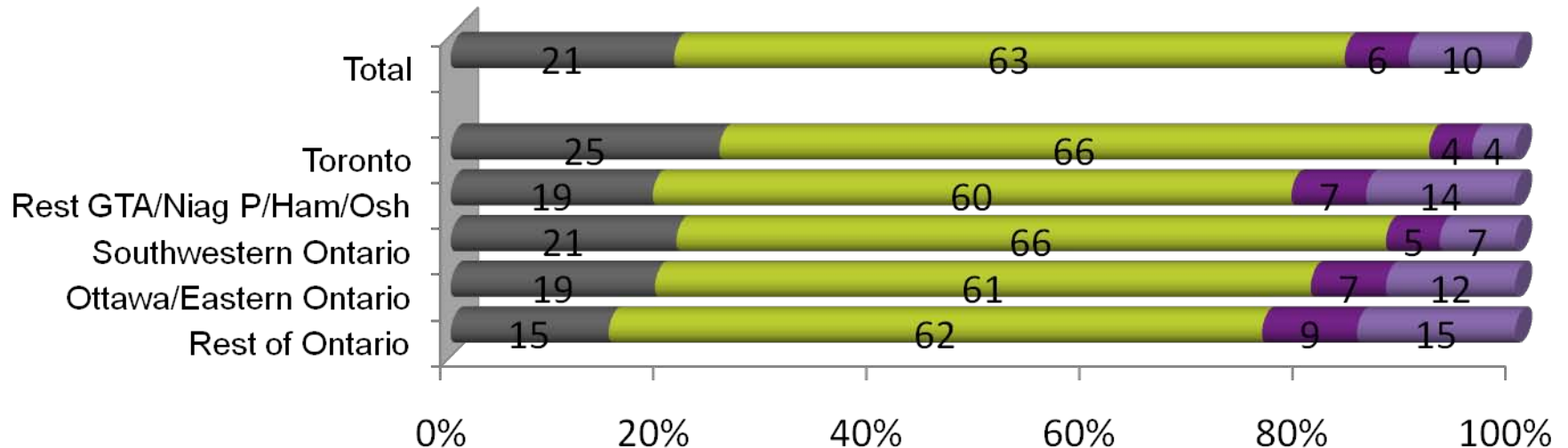


Satisfaction With the System

- Health care not currently a strong pressure point on the government
- Most Ontarians are modestly satisfied with a system that they think provides reasonably good quality
 - Few people think the system is either poor or exceptional
 - Satisfaction levels are significantly higher in Toronto than elsewhere in the province, and with those who have a favourable view of the Ontario government
 - The issues that the public perceives with the system relate to service (wait times, access) more than financing

Quality of Health Care System

“On a scale of one to nine where one means very low quality and nine means very high quality, how would you rate the quality of health care delivered by the health care system in Ontario?”

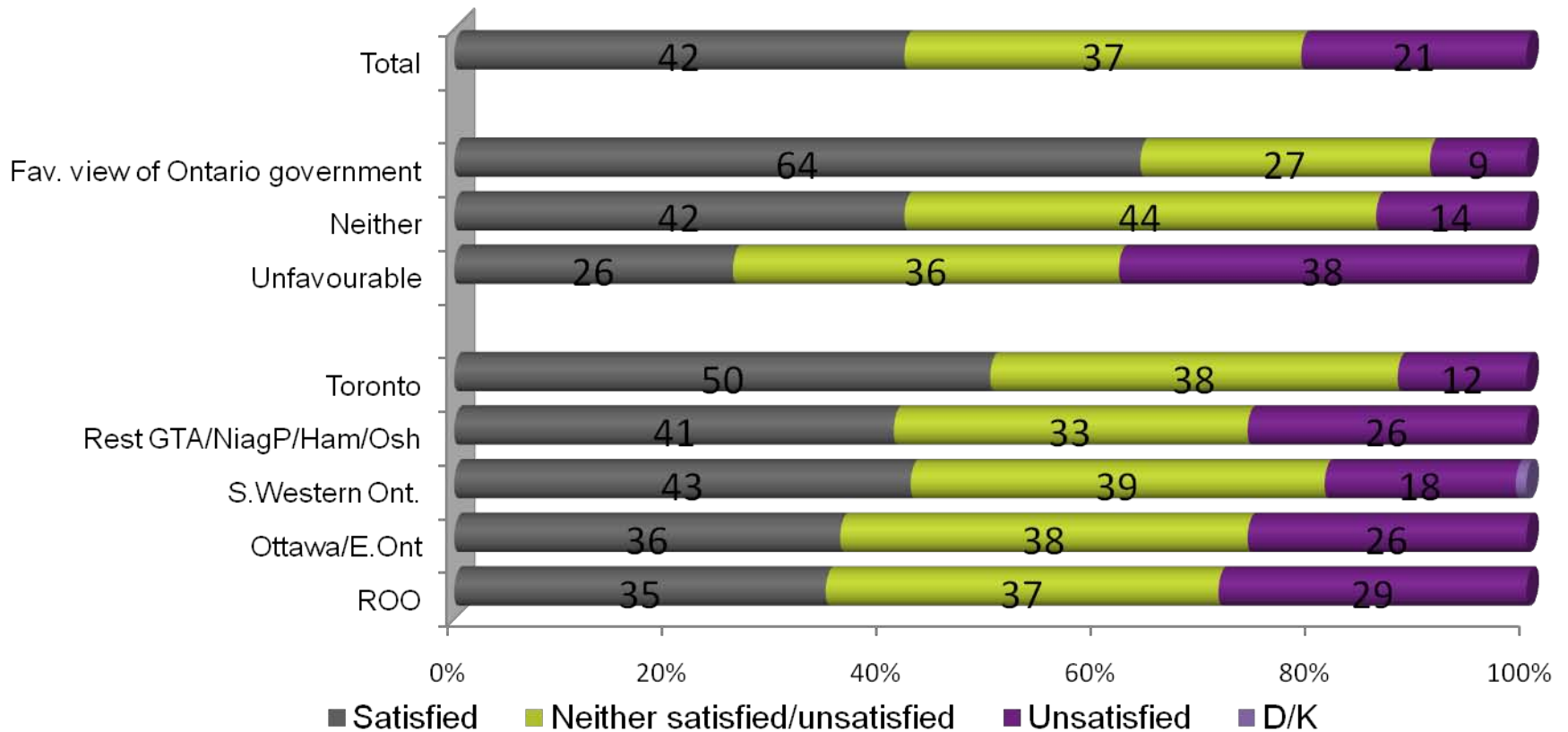


■ Exceptional quality (8-9) ■ Good quality (5-7) ■ Moderate quality (4) ■ Poor quality (1-3)

Satisfaction With Health Care in Ontario



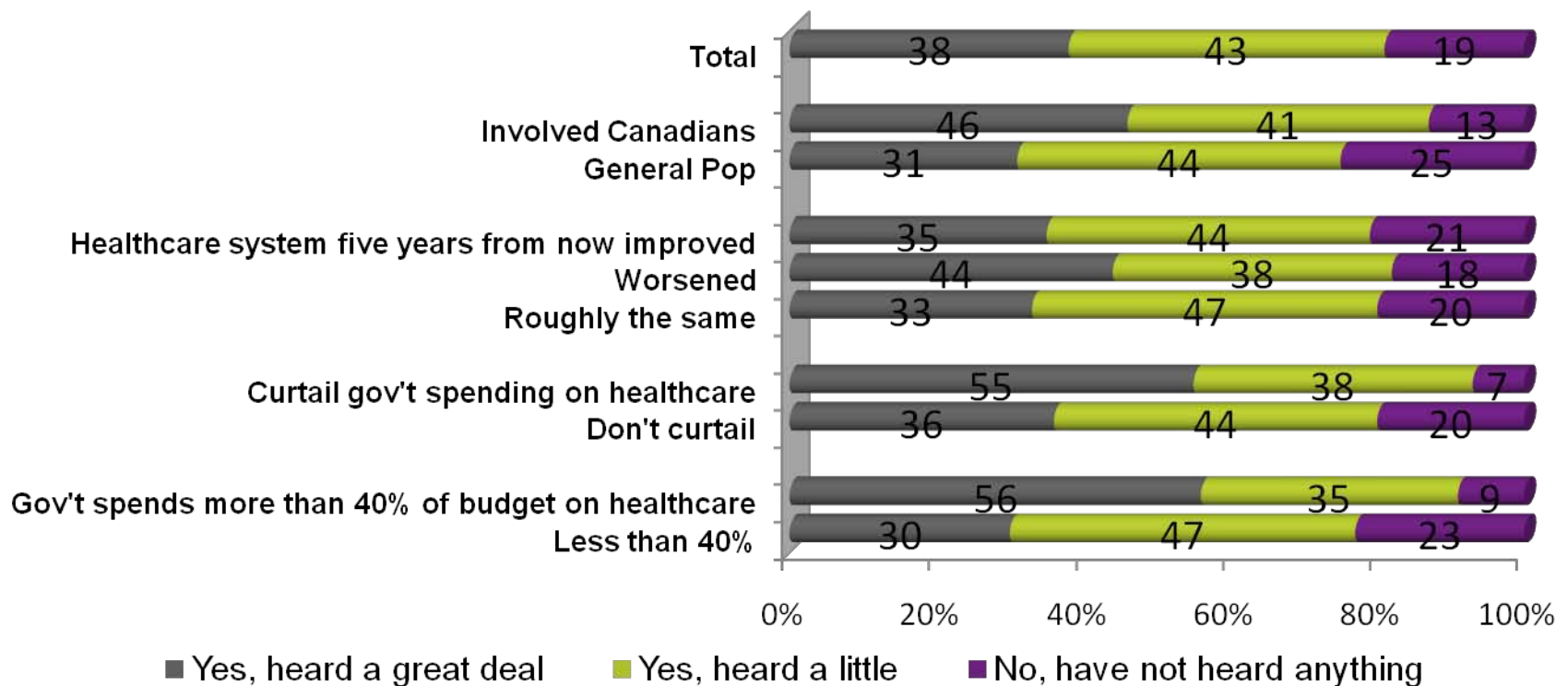
“On a scale of one to nine where one means very unsatisfied and nine means very satisfied, how satisfied with the state of the health care system in Ontario are you?”



Discussion About Rising Health Care Costs



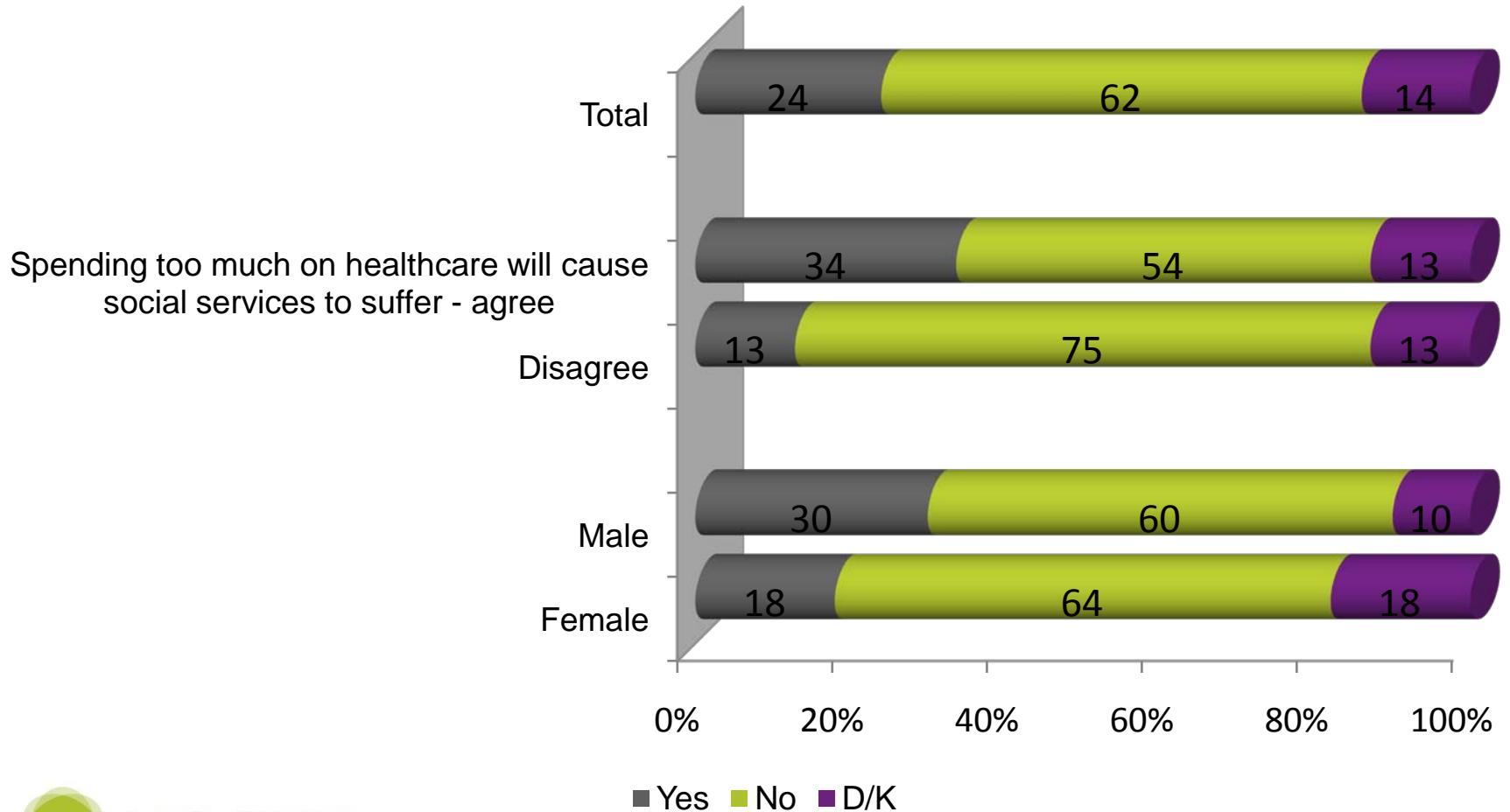
“Some people have suggested that health care costs to the government are rising too rapidly and changes will have to be made to reduce spending increases on health care. Have you heard about this?”



A Need to Curtail Healthcare Spending? Tier 1



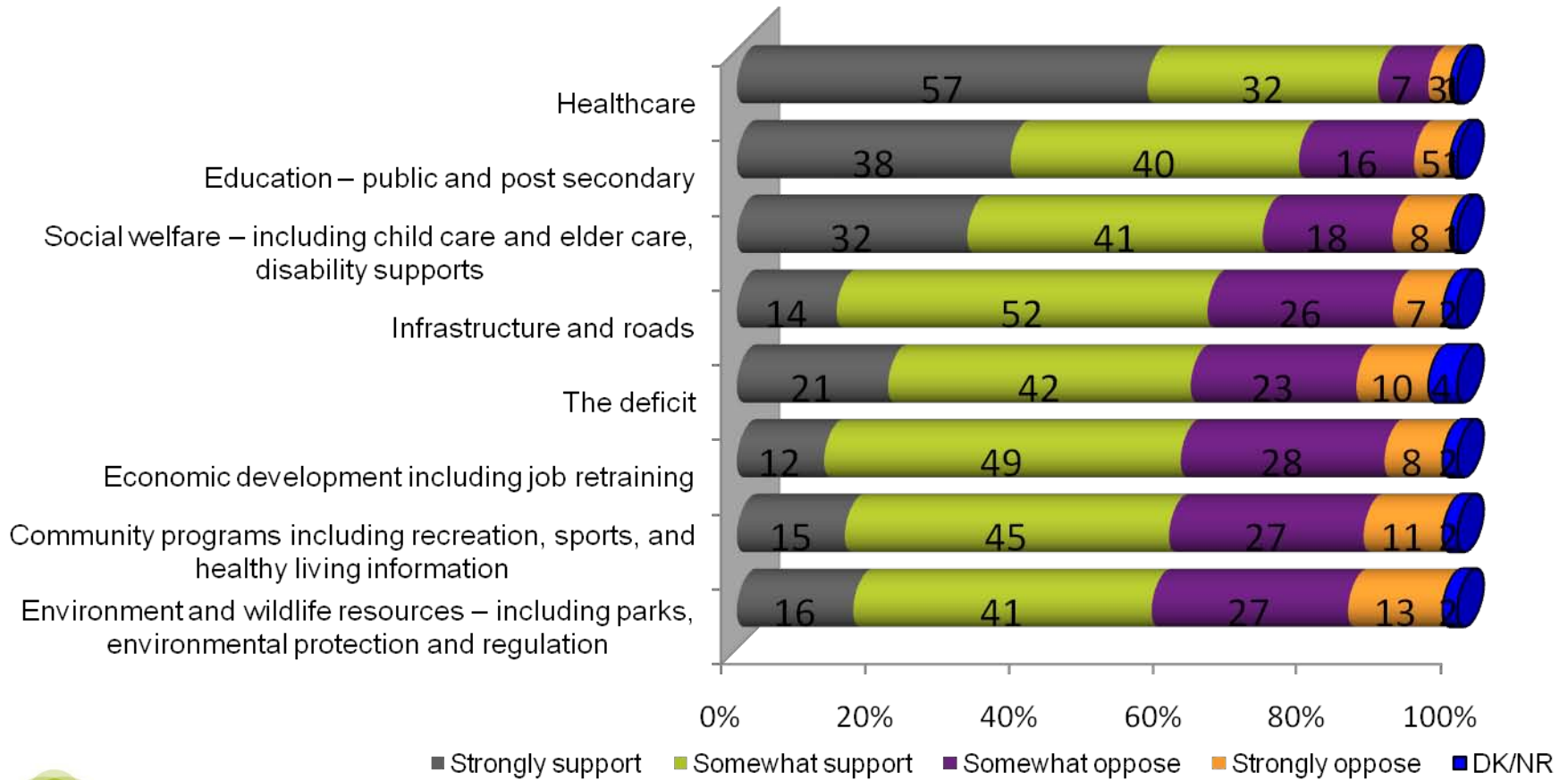
“Do you believe that government spending on healthcare needs to be curtailed?”



- Resistance to spending cuts in health care is deep and strong
 - Most say that the government should spend whatever it takes to provide universal quality coverage
 - Most claim they would be prepared to pay more taxes to sustain the system
 - When asked to allocate cuts among a variety of spending envelopes, health care is protected more than any other spending area.
 - When asked to allocate new spending, health care is the top priority
 - There is no strong certainty that 60% of the budget is too much
 - The thesis of cutting spending on health care because we should focus on future prosperity measures is widely rejected.

Increases in Public Spending

“Assuming the Ontario government is going to increase funding to different areas of government spending, please tell us whether you would strongly support, somewhat support, somewhat oppose or strongly oppose funds going to each of these seven areas of public spending?”

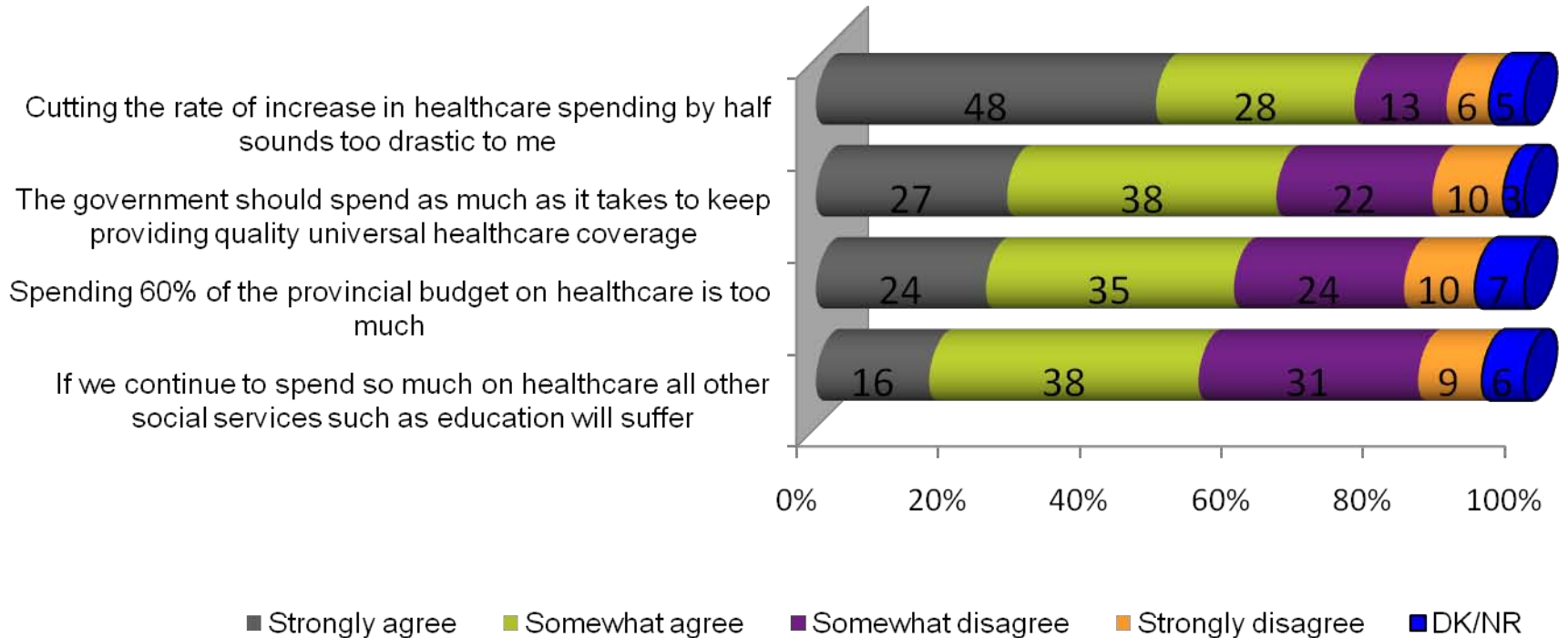


The Financing Challenge

- Most see managerial and governmental inefficiencies as the main cost drivers in health care. There is a resistance to seeing anything that relates to service, and service improvements, as implicated in the rising costs of health care
- Those who feel that health care would be strengthened with private delivery are strong believers in waste in the system being a cost driver
- While this is not currently the case, the arguments around crowding out have some potential to resonate with the public
- Involved Canadians are more likely to protect health care from cuts.
- Even most of those who support cuts are not envisioning large reductions in spending

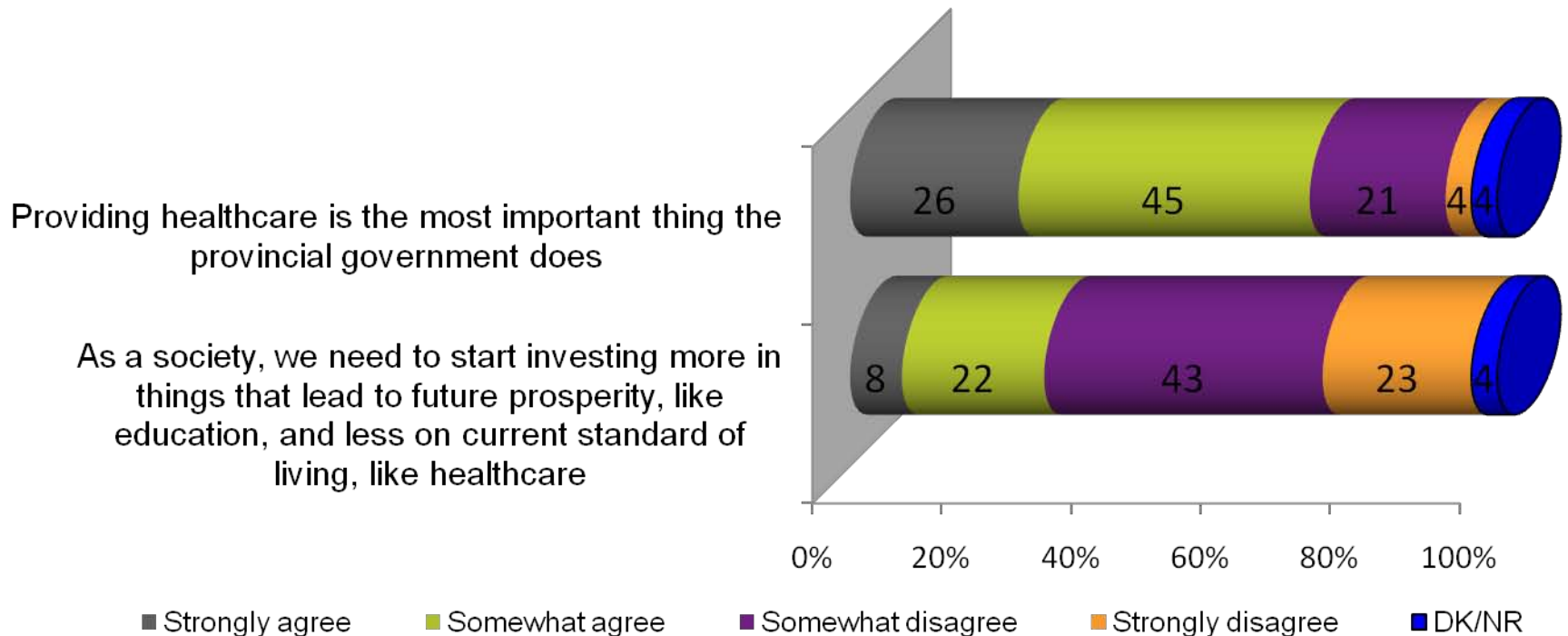
Is There a Limit?

“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?”



Importance of Health Care as a Priority

“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?”



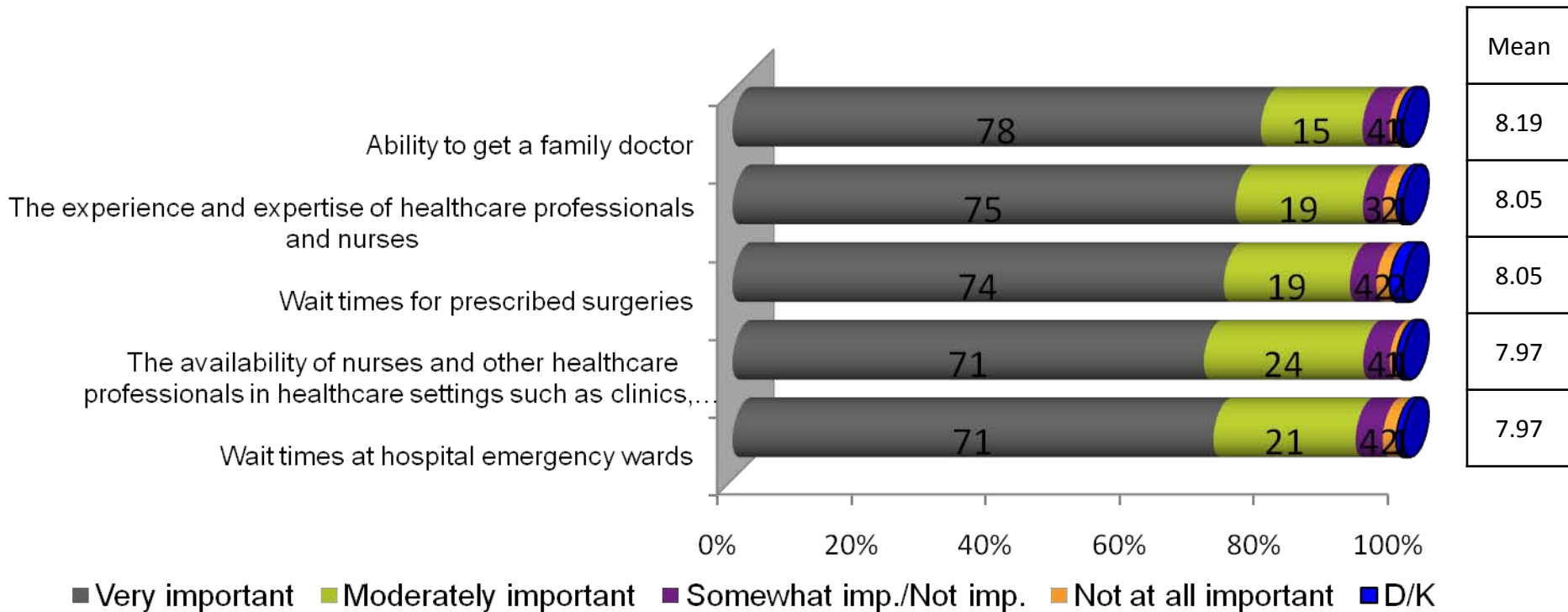
Public Reaction to Cost Control Measures

- What do people most value about the health care system?
 - Short wait times for prescribed surgeries and at emergency wards should be a core priority, wait times for optional surgeries are a low priority
 - Wait times pressure on general practitioners or walk in clinic are important but don't constitute a pressure point
 - Access (wait times, ability to have a family doctor) is valued more than excellence (best drugs, doctors or tech)
 - Technology valued over drugs
 - Ensuring the availability of experienced nurses with strong expertise is a major priority

Indications of Quality Health Care – Tier 1

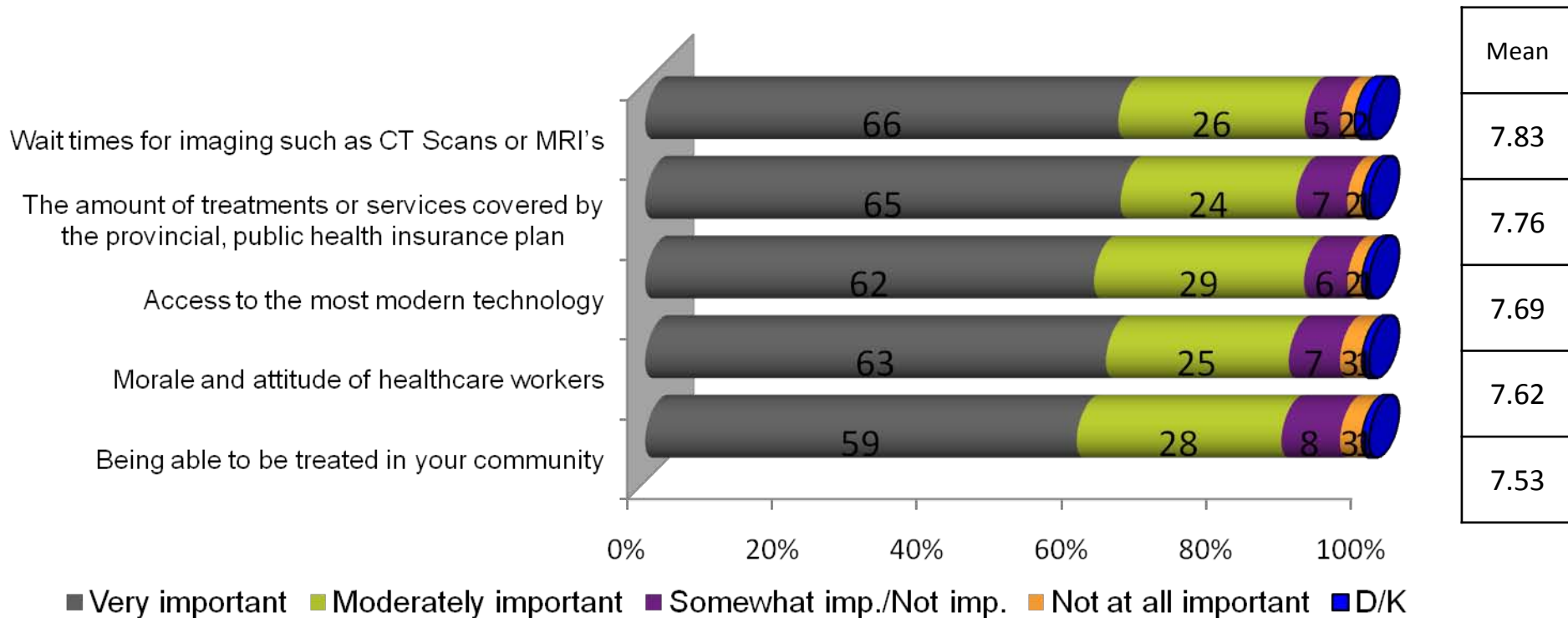


“Different things will indicate quality health care to people. For each of the following, using a scale where one means not at all important and nine means very important, how important should each of the following be to those running the health care system?”



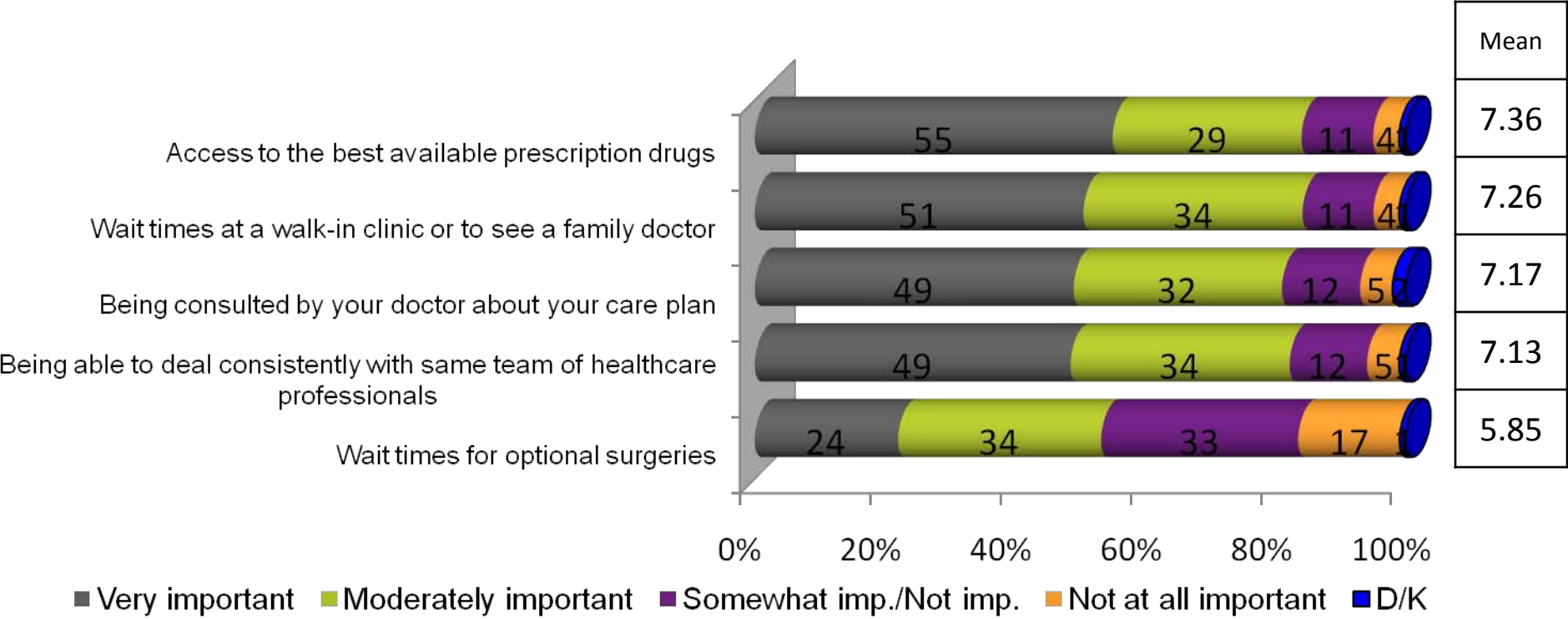
Indications of Quality Health Care – Tier 2

“Different things will indicate quality health care to people. For each of the following, using a scale where one means not at all important and nine means very important, how important should each of the following be to those running the health care system?”



Indications of Quality Health Care – Tier 3

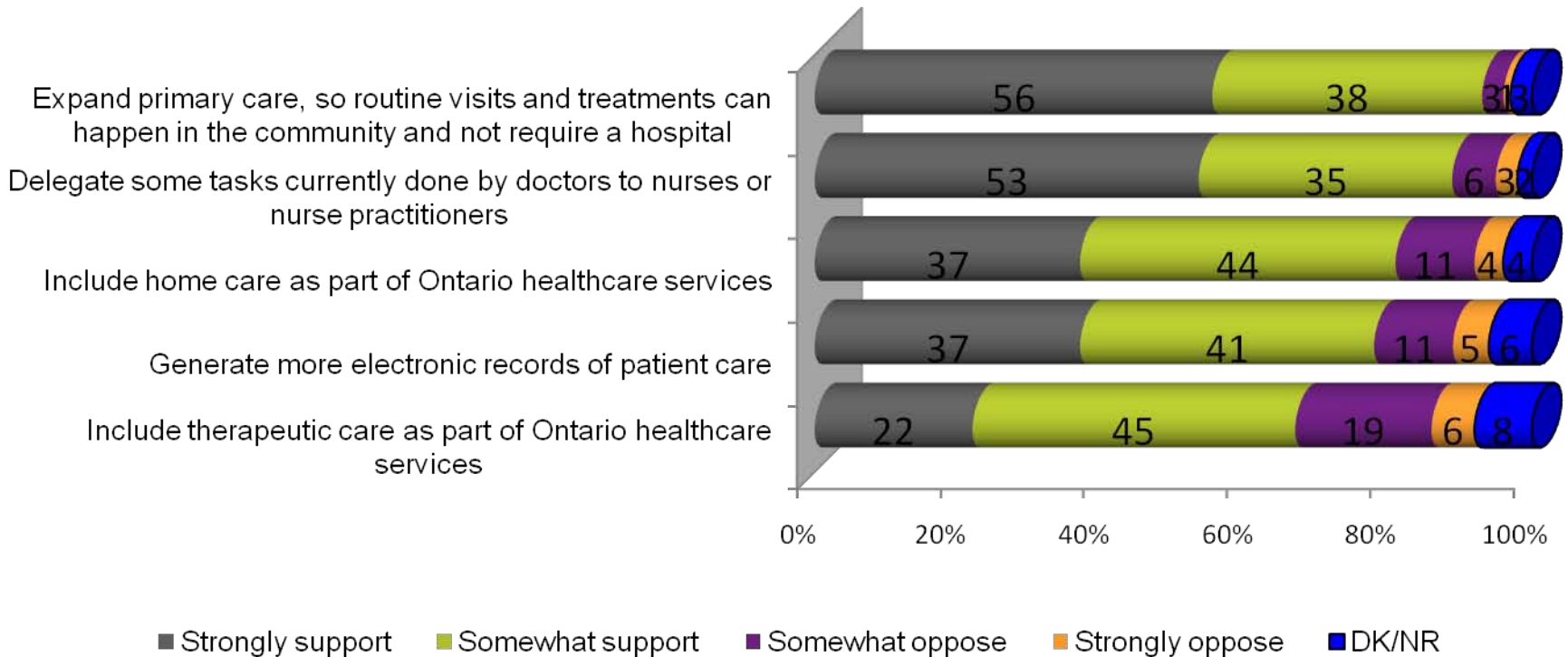
“Different things will indicate quality health care to people. For each of the following, using a scale where one means not at all important and nine means very important, how important should each of the following be to those running the health care system?”



Proposed Health Care Cost-Cutting Measures - Tier 1



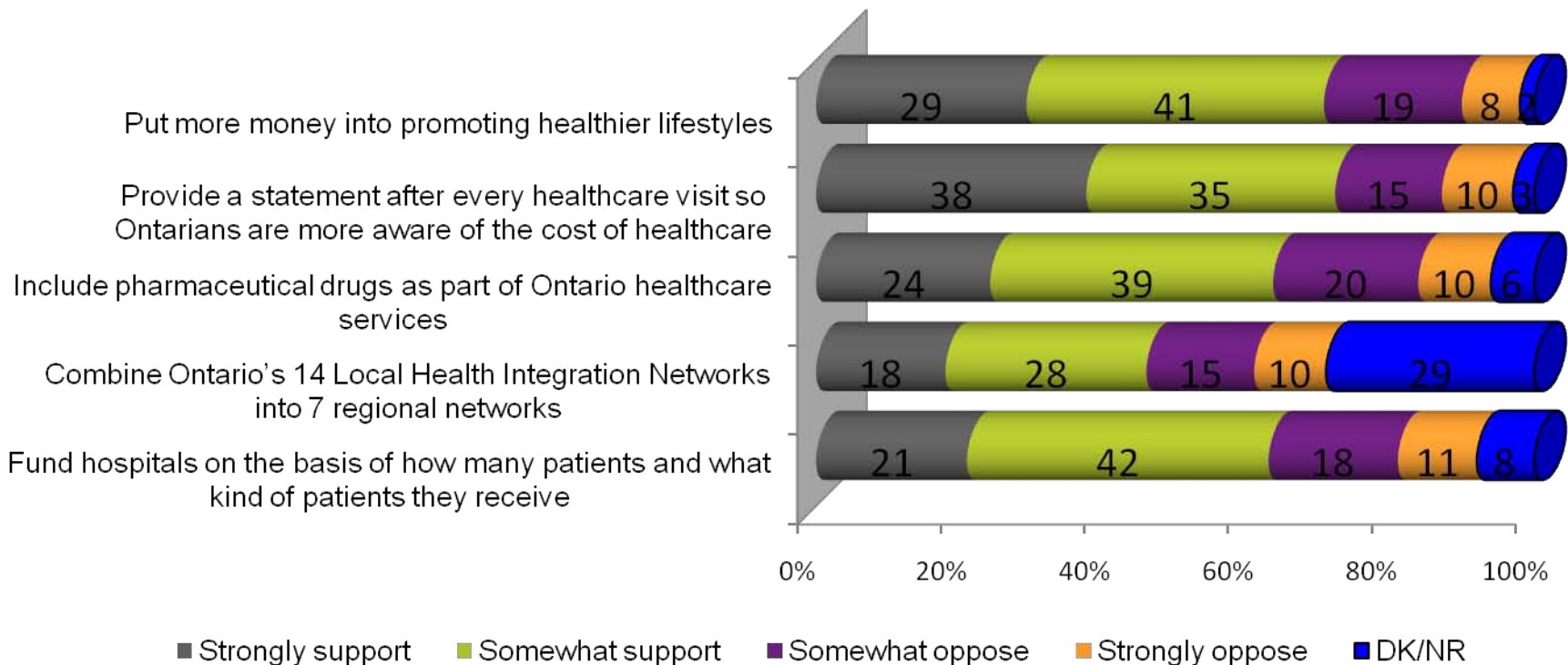
“Assuming that the Ontario government is going to do something to health care costs so that the health care system remains affordable, would you strongly support, somewhat support, somewhat oppose or strongly oppose the Ontario government implementing the following health care reforms that have been suggested by various studies?”



Proposed Health Care Cost-Cutting Measures - Tier 2



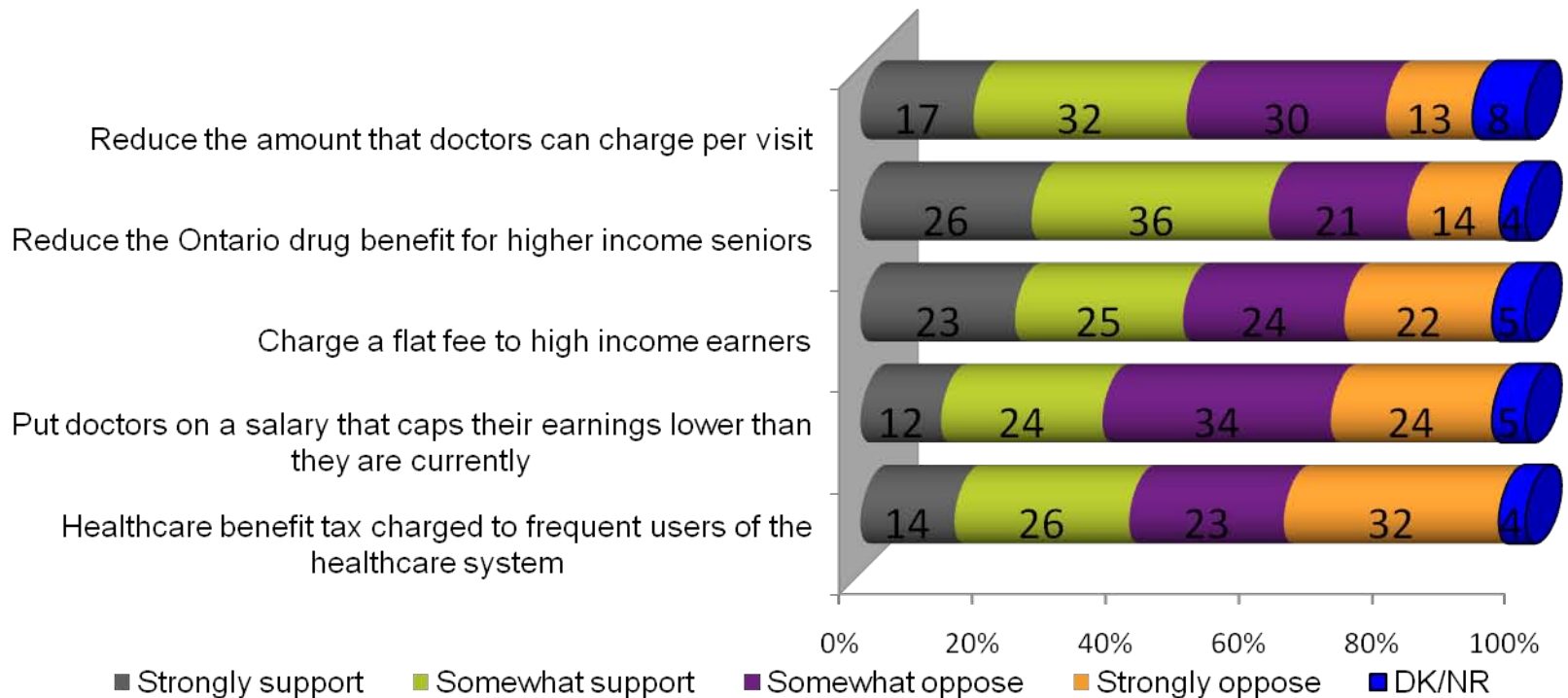
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Proposed Health Care Cost-Cutting Measures - Tier 3



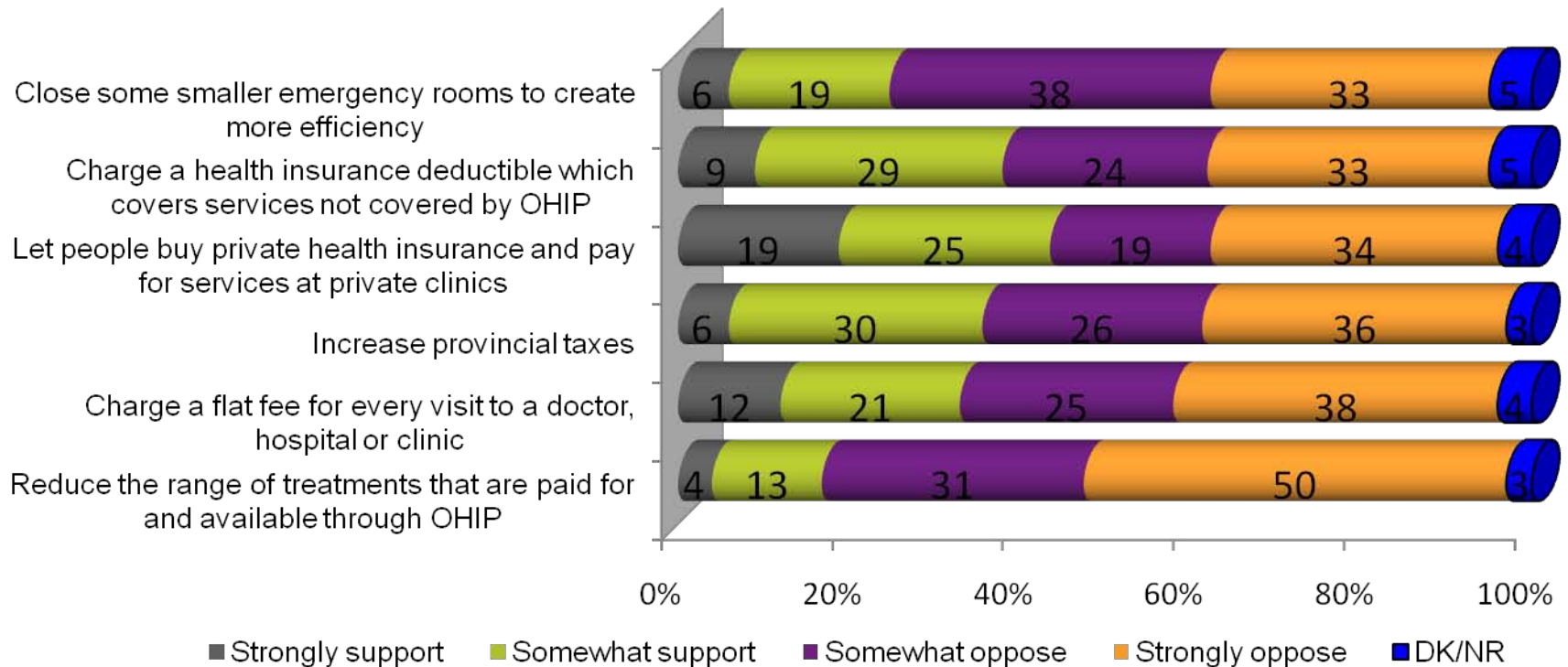
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Proposed Health Care Cost-Cutting Measures - Tier 4

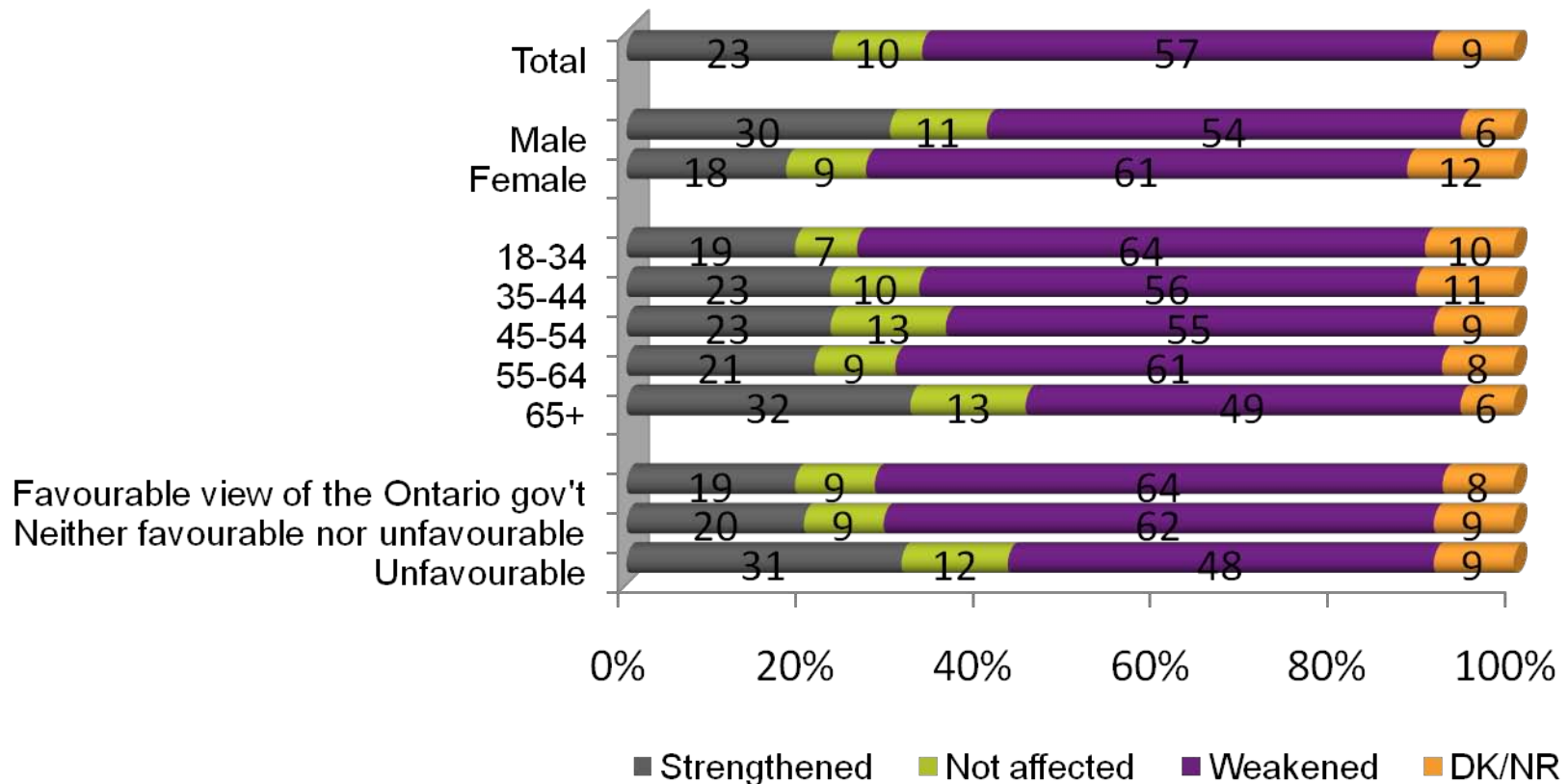


“Assuming that the Ontario government is going to do something to health care costs so that the health care system remains affordable, would you strongly support, somewhat support, somewhat oppose or strongly oppose the Ontario government implementing the following health care reforms that have been suggested by various studies?”



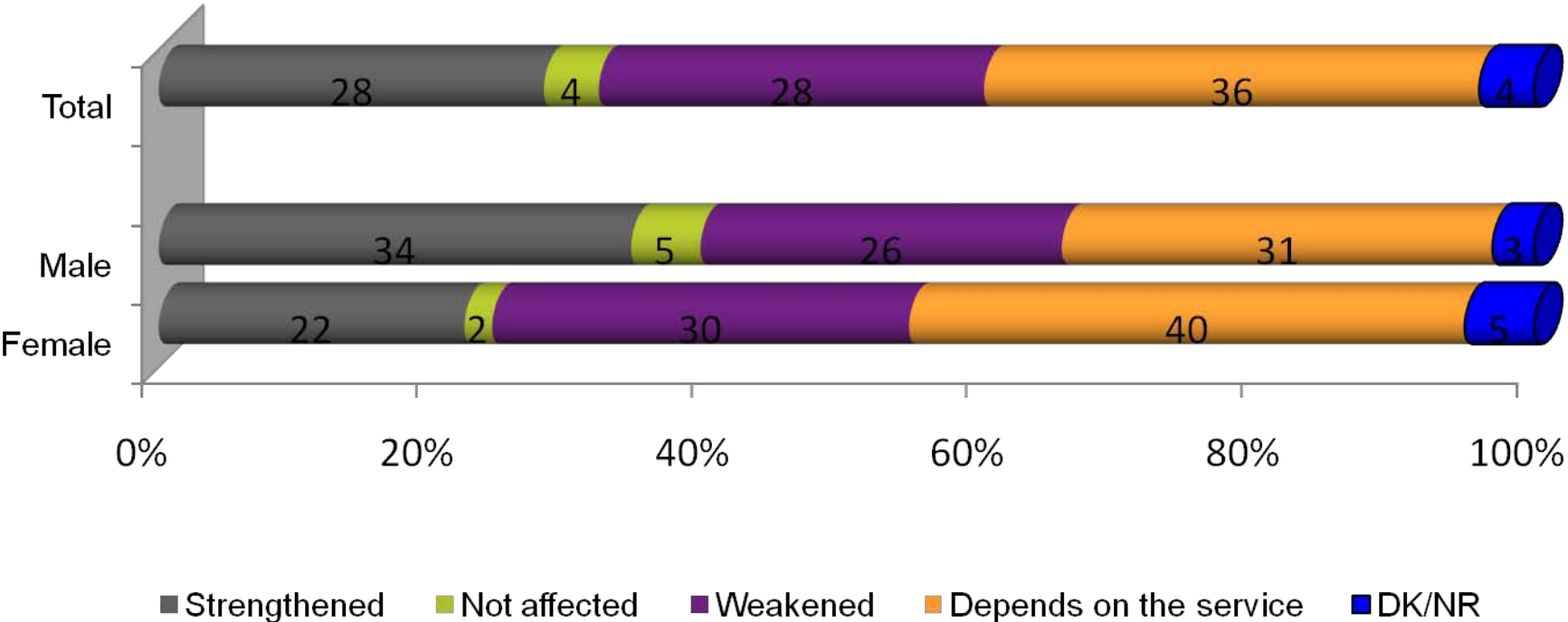
- Most Ontarians think allowing private payment for medical services would weaken rather than strengthen the health care system
 - Fewer than one quarter of Ontarians think allowing private payment would strengthen the system
 - Men more than women support this approach
 - Those 65+ are more likely than younger Ontarians to support private pay
 - Those with an unfavourable view of the Ontario government are more likely to feel that private pay would strengthen the system, as are those who feel that there is a need to curtail government spending on health care
 - Involved Canadians feel that private pay would weaken the system, as do those with lower household incomes

“If people had the option of paying for more of the health care services they need instead of having them paid for only by OHIP (public health insurance) do you believe the health care system would be strengthened, would be weakened, or would not be affected?”



- Is perceived much more benignly than private payment. Only one quarter assume that it would weaken the system.
 - Men are more likely than women to support it
- Nor however, is it assumed to be a positive. A large number of Ontarians say the acceptability of private delivery depends on the service we are talking about
 - The most acceptable service that could be privately delivered is diagnostic testing (MRI's, CT's, ultrasounds, blood work, medical imaging).
 - The next most acceptable service that could be privately delivered is minor, elective surgery.
 - The most unacceptable service that could be privately delivered is required surgery
- Those who feel that health care would be strengthened by the private delivery of services feel strongly that high system costs are caused by waste in the system, which means they are looking for private sector efficiency.

“If you had the option of having certain health care services delivered by a private company – while still having those services paid for by OHIP (public health insurance) do you believe the health care system would be strengthened, would be weakened, would not be affected, or would it depend on the service?”



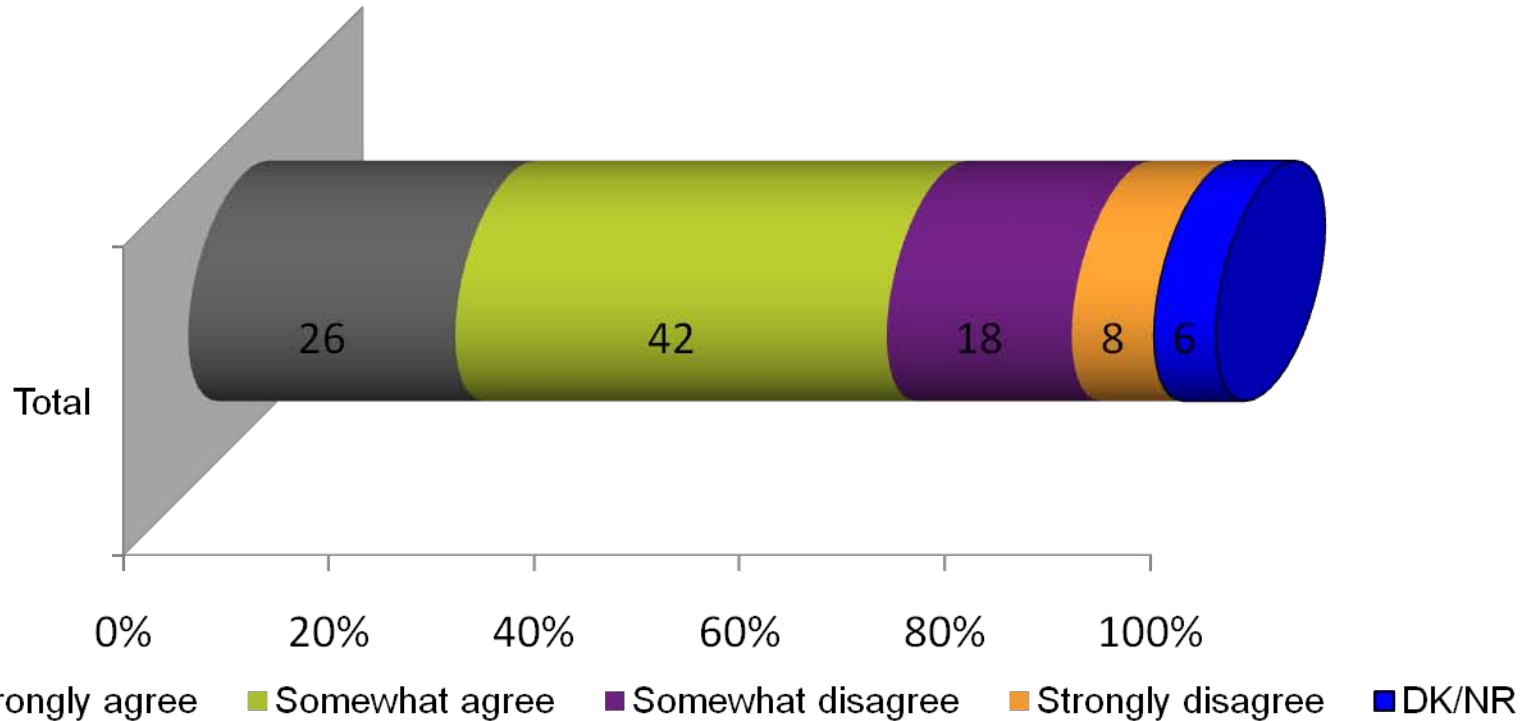
- Not seen as a primary cost driver in the system
 - Only 23% think it is a major contributor
- Little enthusiasm/significant opposition to measures designed to reduce compensation to doctors
 - Younger male and female Ontarians are more supportive of measures designed to reduce compensation towards doctors as a way of effecting cost savings for the health care system

- More openness toward ideas that have systemic efficiency as their objective, but may have the result of reducing physician compensation
 - Strong agreement with the idea that doctors are performing functions that could be performed by nurses or nurse practitioners
 - Majority support for and little strong opposition to putting doctors on salary
 - Two-thirds of those who are supportive of putting doctors on salaries are still supportive of this measure even if it means some doctors might leave the province for higher earnings elsewhere, such as in the U.S.
 - The statement that doctors could be replaced by other health care providers who could handle some of their responsibilities is a side door to cutting doctors' compensation, which the public will allow more readily than a front door cut.

Doctors Paid Too Much For Things Other Health Care Providers Can Do



“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree? Doctors are paid too much to do things that could be done by other health care providers”



- 60% of Ontarians say they would be prepared to pay more in taxes to ensure access to a quality publicly funded system. This appears to be more in theory than practice.
 - Those who feel that health care would be strengthened with private delivery are much more against paying more in taxes than those who feel that health care would be weakened.

- Most do not like revenue ideas that are seen to be discouraging use of the system, even though most agree that abuse of the system is a problem
 - Deductible, fee per visit, heavy user tax are all opposed by most Ontarians
 - Older men are most supportive of a deductible and a flat fee
 - Older women are least supportive of a heavy user fee
- Most are also opposed to an increase in the health care premium, but there is less strong opposition to this than there is to the other revenue options, or a reduction in service
 - Older men are more supportive of this
 - Those who feel that health care would be strengthened with private delivery are most opposed to this measure

Number of / Compensation for Nurses and other Health Care Professionals

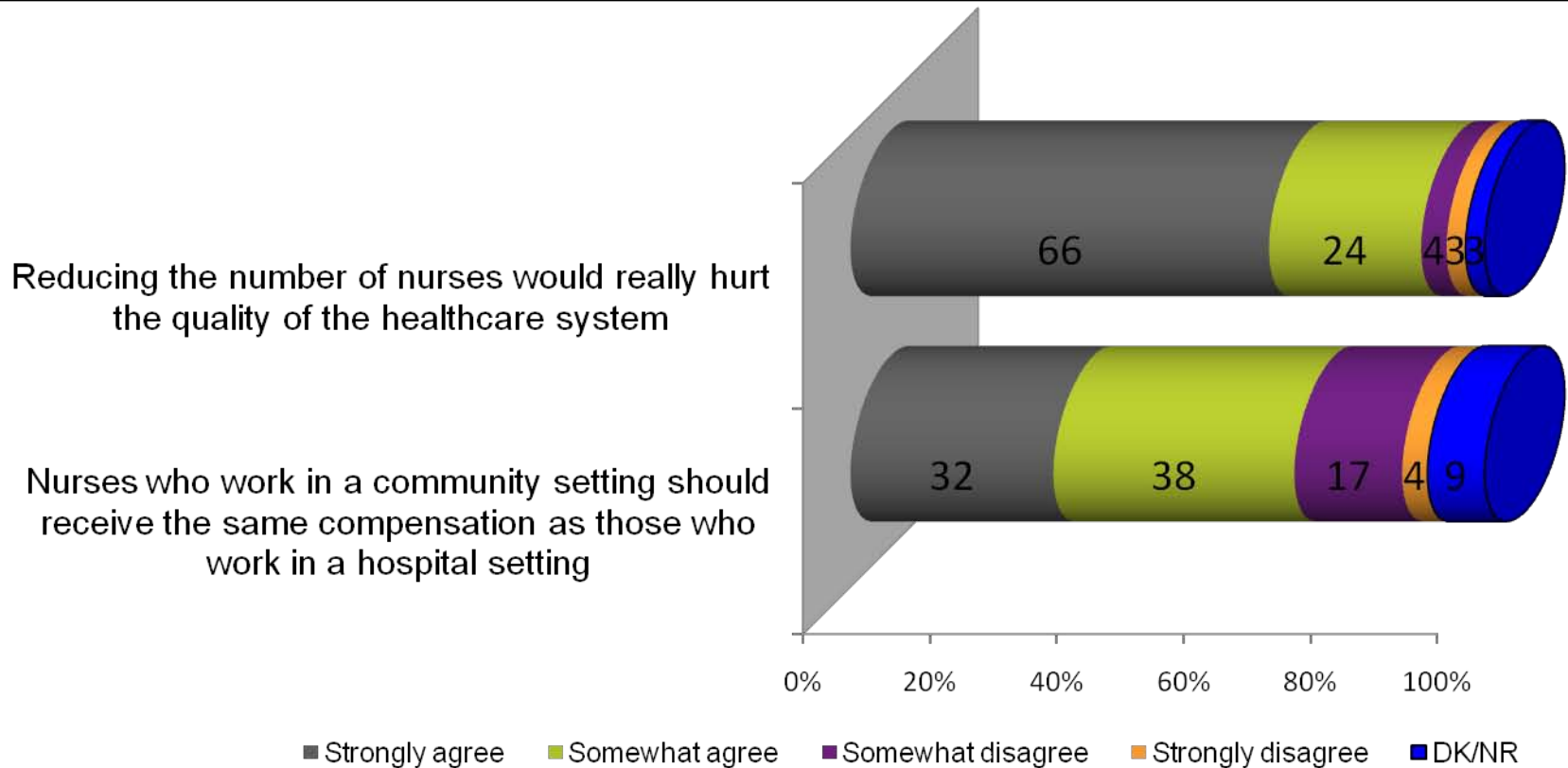


- Most Ontarians believe that the system needs more nurses not fewer
- Involved Canadians are more likely than the general population to feel that nurses who work in community settings should receive the same compensation as nurses who work in hospitals

Number of / Compensation for Nurses



“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?”



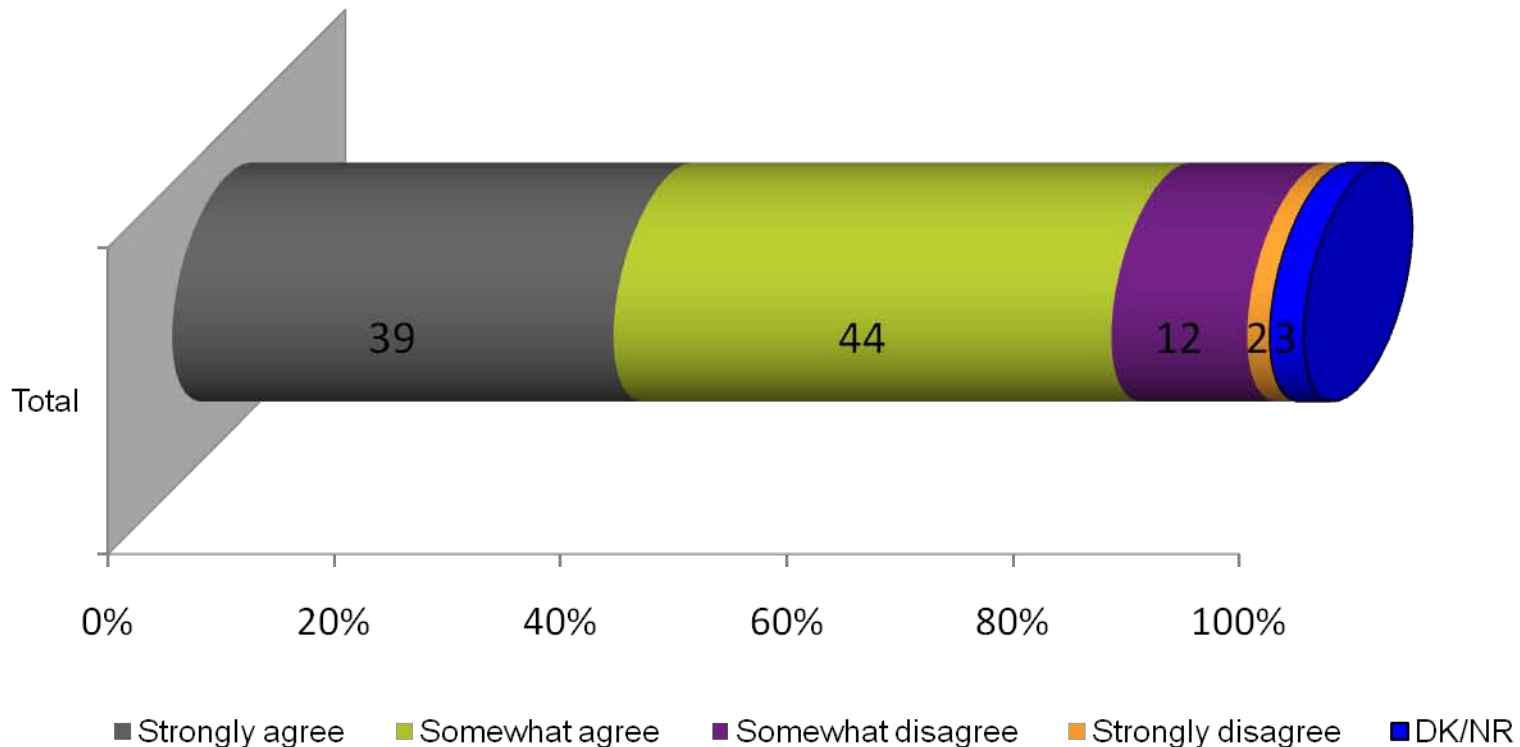
- Most see room for greater efficiency in the way hospitals are run and the way the health care system is managed
- Few would bemoan a consolidation of the LHIN system. Women are more critical of this proposal
- Most would support changing the hospital funding formula, but there will be great sympathy for hospital closures and no acceptance of emergency room closures. Older men are most supportive of changing the hospital funding formulas. Younger women are least likely to want to close emergency rooms.
- People support receiving statements outlining the costs of their service from the system, particularly young women
- There is very strong support for expanding community primary care in order to reduce the number of hospital visits, especially among older men and women
 - However, the quality of that care must equal that in hospitals

- There remains strong support for building electronic records, particularly among young men and women
- Of the ideas the OECD advanced to expand the scope of the health care system as a way of curtailing overall system costs, the idea of bringing home care under OHIP receives overwhelming support, especially among older Ontarians
 - Pharmacare also, but less so than home care, and particularly among older Ontarians
- Most would support and few strongly oppose means testing the seniors drug benefit to exclude high income earners, especially younger men and women

Quality of Care in Community and Family Clinics



“The following are statements about health care. Would you say you strongly agree, somewhat agree, somewhat disagree, or strongly disagree? The quality of the care offered in community and family clinics should be as good as that in a hospital”



- Ontarians are deeply attached to the universal single public payer health care system, and to the principles behind it – the primacy of health care over other needs, and equality of access
 - This makes them exceptionally resistant to trading it off against other spending areas or taxes
- They are currently unaware that it is threatened
 - Satisfaction levels and perceptions of quality are much higher than a decade ago
 - Few have heard that there is a need to curtail costs
 - Most underestimate how much it costs
 - The provincial deficit is one of the lowest concerns

- Those two factors combine to mean that there is no context for this discussion to occur publicly yet
 - There is evidence that Ontarians are receptive to the argument that health care cannot be allowed to crowd out all other spending
 - But there is no sense that either the provincial balance sheet is that bad or that health care is becoming that expensive
 - All that is assumed by the policy elites is unknown to most of the public
- That context must be created before Ontarians will show any engagement in this issue or any willingness to accept the consequences of spending reductions in health care
- Health care is of primary, but not singular importance

- Nonetheless, Ontarians did provide us with a roadmap for acceptable reform
- They believe there is a lot of inefficiency in the system and will be open minded toward ideas designed to get more bang for buck. Cautionary note – highest perception of waste is with Government
- There is a clear difference between private pay and private delivery. Private pay is two-tier, it violates the core principles of our health care system, and there is little desire for it and a lot of opposition to it. In a new development, private delivery is a concept most people are open to, and would prefer to many other reform options.

- Most people do not consider physicians to be overpaid, but they do believe that the way they are paid and what they are paid for are inefficiencies in the system. People will be uncomfortable with anything that looks punitive to doctors, but few will oppose measures that reduce physician compensation
- Nurses are seen as having a central role in the system. A reduction in the number of nurses would be a clear signal of lower quality in the system. Most believe they could take on tasks currently more expensively done by doctors.

- There appears to be room to squeeze more out of Pharma/generics with public support
- There are few strong opinions about the LHIN system. At the outset, few would be upset about consolidation
- Between the support/demand for elder and home care, and the support for community primary care, there appears to be support for moving services out of hospitals. However, the expectation is that quality remains the same.
- All ideas for raising additional revenue are unpopular. The most resisted are those that are seen to violate the equal access principle by providing a disincentive to access the system