

# CONTINUITY OF CARE IN THE CONTEXT OF PRIMARY AND EPISODIC CARE

CMA

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# Introduction

1

# Context and Objectives



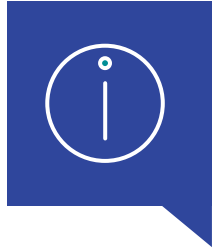
The pandemic has opened up opportunities for the provision of virtual episodic care for Canadians. On the positive side, virtual episodic care can help improve access to care among Canadians – this may be particularly important for certain subgroups who have less access. However, there are also concerns that virtual episodic care can potentially pose risks in the quality of care provided and for patient safety (because of a lack of continuity of care).

The CMA is conducting this study, *Continuity of Care in the Context of Primary and Episodic Care*, among the Canadian general population to understand the meaning of *continuity of care* both in the primary care context as well as in the virtual episodic care context. It also seeks to understand if/when access to care outweighs the desire for continuity of care and vice versa (assuming they are mutually exclusive, which may not be the case).

The study ultimately seeks to understand whether Canadians are willing to accept the risks of one-off virtual visits in exchange for access to primary care and by extension continuity of care, what drives this preference and how this may differ by subgroup and/or factors such as having/not having a primary care provider, age, presence of chronic conditions, place of residence – remote or rural vs. urban, etc.).

A further added objective of this study is to better understand the offering of virtual care by primary care physicians, use and preferences among patients. This information can help provide guidance for physicians as they adapt to the changing needs of the public.

# Definition of Continuity of Care



In the primary care setting, continuity of care is typically regarded as a relationship between a patient and a single practitioner that extends beyond specific episodes of illness or disease. However, the definition and tenets of continuity of care is contentious in the literature (Gulliford, Naithani, & Morgan, 2006). According to Haggerty and colleagues (2003), who performed a multidisciplinary review of the construct, continuity involves two elements: (1) care of an individual patient, and (2) care delivered over time. These elements are necessary but not sufficient to constitute continuity. Rather, they go on to describe three types of continuity, defined below:

- **Relational continuity:** An ongoing therapeutic relationship between a patient and one or more providers
- **Management continuity:** A consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs
- **Informational continuity:** The use of information on past events and personal circumstances to make current care appropriate for each individual

Scholars have noted that continuity is experienced by the individual patient (Haggerty et al., 2003), and thus, patient perceptions of continuity in the context of virtual episodic care, matter.

# Methodology



## PHASE 1. 'COMMUNITY' CONVERSTATIONS

A qualitative exploration via the Ipsos Conversations Community.

Ipsos Conversations is a community of over 500 Canadians designed to offer timely and cost-effective access to qualitative learnings.

Findings in this report are based on **147 participants** who responded to questions posed between **June 18<sup>th</sup> and June 21<sup>st</sup>, 2021**.

The breakdown of participants was as follows:

- Women (58), men (56)
- 18-34 (34), 35-54 (49), 55+ (33)
- Ontario (48), Western Canada (51), Rest of Canada (48)
- Have family doctor (108)



## PHASE 2. ONLINE SURVEY

An online panel survey was conducted among a representative, nationwide sample of **n=2000 Canadians aged 18 years and older**.

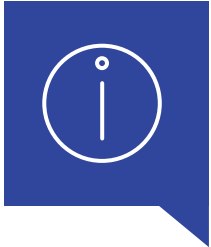
The credibility interval for a sample of this size is +/- 2.5 percentage points, 19 times out of 20.\*

Quotas and weighting were employed to ensure that the sample's composition reflects that of the Canadian population according to census parameters by age, gender and region (excluding the territories).

The survey was conducted between **September 14 and 23, 2021**.

The questionnaire design was informed by the findings from the qualitative conversations.

# Notes to reader



## Reporting conventions

Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question.

We ran statistical significance testing using a t-test applied across subgroups. The test was done at a confidence level of 95%.

Data points that are less than 3% in charts are sometimes not labelled in the chart.

**Acronyms for regions:** BC (British Columbia); AB (Alberta), MB/SK (Manitoba/Saskatchewan); ON (Ontario); QC (Quebec); ATL (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador).

## Limitations

For the purposes of this study, a non-probability online panel methodology was used in which panelists are recruited and incentivized to participate. The sample can be prone to selection bias as the sample universe includes internet users only and those who have been recruited/opted into online panels.

A balanced outgo/quota sampling was used to obtain a representative sample by age, gender and region. Weighting was used to adjust for minor deviations from set quotas.



# Executive Summary

# 2





# Understanding Continuity of Care

Participants in the Community Conversations displayed a fairly sophisticated understanding of the term “continuity of care.” The definitions provided by participants honed in on all three facets of continuity of care. Understanding, however, was not universal.



## INFORMATIONAL

Health care providers' access to patients' **past medical histories via electronic health records** were referenced frequently in the conversations. Patients see the benefit of EHR in helping to provide “**seamless care**,” i.e. providers involved in a patient's care “work together.”



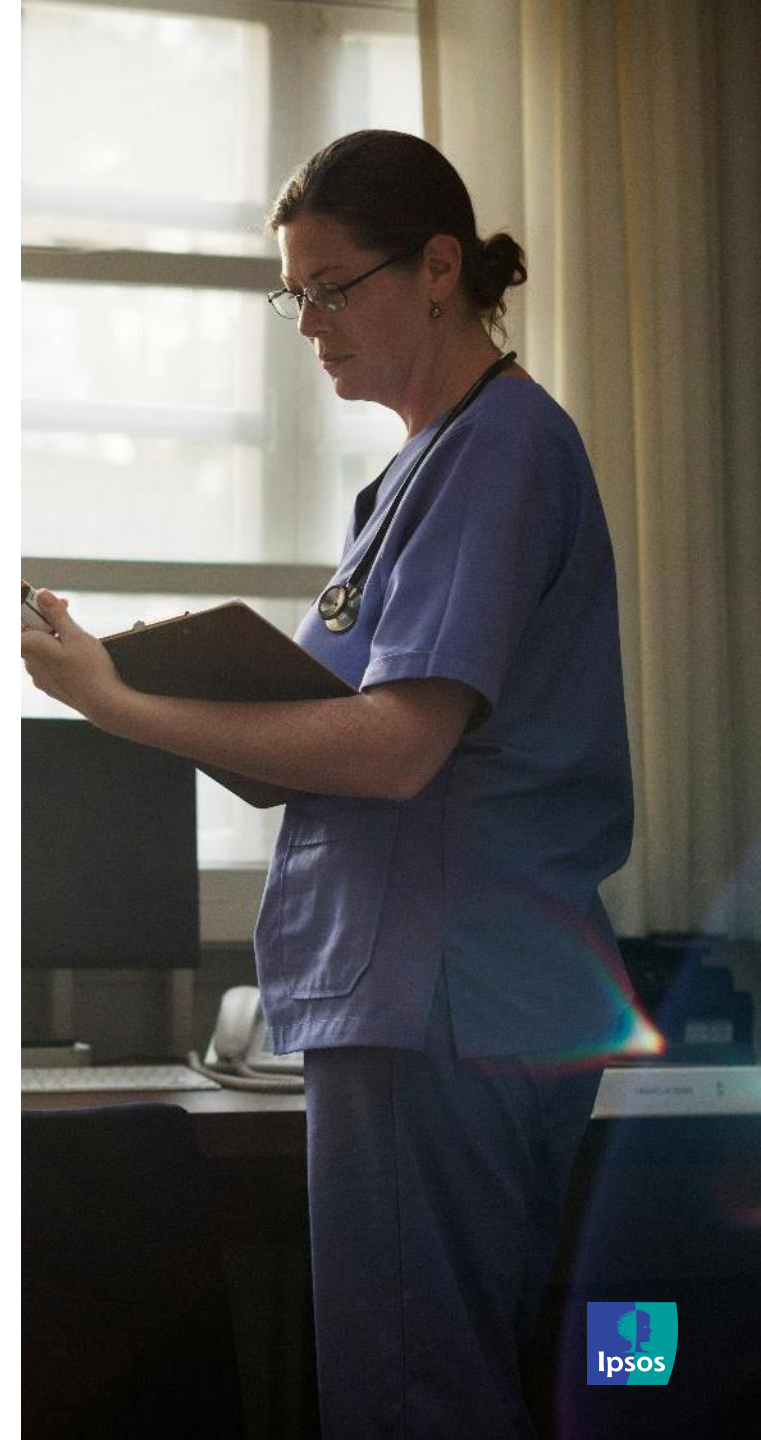
## RELATIONAL

Others took the term to refer to the **long-term relationship** that is built by visiting the same primary care provider over time.



## MANAGEMENT

Continuity of care was further equated with “**ongoing**” access to healthcare of “any circumstances” – the provision of virtual care during the COVID-19 pandemic being a case in point – and to cater to **chronic illnesses**. In a small number of cases, “**consistency**” in the quality of care received over time or from different providers was raised.



**Continuity of care** is important for a majority of Canadians and many value the relational and management aspects of primary care, but **virtual episodic care has a role to play** in providing more timely access to healthcare and it was seen as somewhat **overdue in today's digital world.**

Management and relationship continuity are paramount to the meaning of continuity of care. However, the introduction of informational continuity shifts the perceived weight of the first two aspects.

81%

- 49% Strongly agree
- 32% Somewhat agree

AGREE it is important to have an on-going relationship with a family doctor who understands THEIR CHANGING NEEDS.

79%

- 45% Strongly agree
- 34% Somewhat agree

AGREE it is important to have an on-going relationship with a family doctor who understands THEM AS A PERSON.

**HOWEVER, Canadians are divided when INFORMATIONAL CONTINUITY is considered.**

Roughly one-third agree, while the same proportion disagrees that they are **less concerned about having an ongoing relationship** with one family doctor, as long as the doctors and health care providers have electronic **access to their health records.**

And **over half see timely access** to an appointment to see/speak with a doctor **as more important** than having an ongoing relationship with a designation doctor.

# When asked to select which was more important when it came to their own healthcare needs...

**9%**

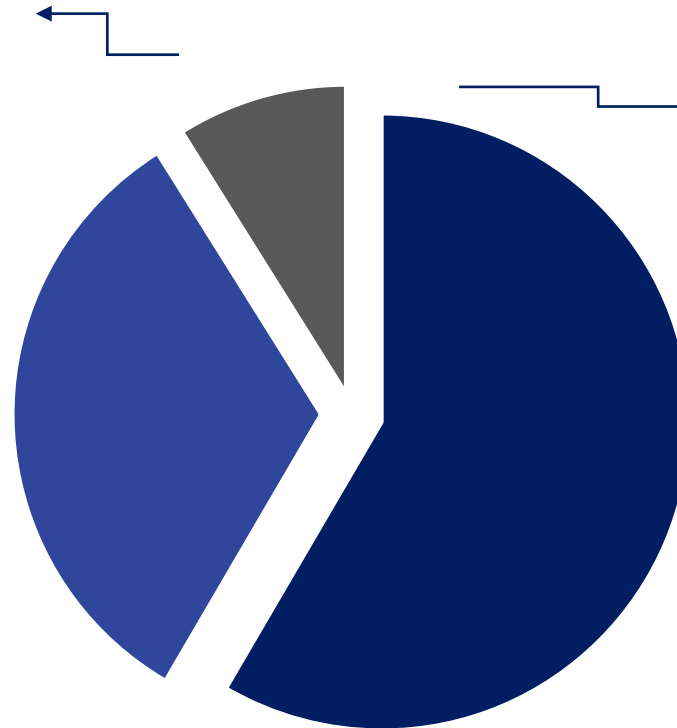
give higher importance to access/the convenience of virtual “walk-in” clinics.

Higher among **18-54 years old**, those who have **immigrated** <10 years, **parents**, **caregivers**, have **no family doctor**, have visited **urgent care/ER**, and whose doctor does **not offer virtual services**.

**33%**

give equal importance to an ongoing relationship with a family doctor/team and access/convenience.

Higher among **18-54 years old**, those who have **immigrated to Canada** (esp. those <10 years), **parents**, and those who rate their relationship with their doctor as **good/fair/poor**.



**59%**

give higher importance to an on-going relationship with a family doctor/team – “continuity of care.”

It is more important to those **older** (55+ years old), those born in Canada, those with **chronic illnesses**, take **5+ medicines/day**, those who have an **established** relationship with their family doctor and rate it as **excellent/very good**.

Participants in the Community Conversations were somewhat reluctant to make a trade-off between access and convenience vs. continuity of care. They were looking for a “balanced approach” and recognized that priorities will vary depending on context. The research identified the following groupings:

### Convenience maximizers

Not all participants desired relationship continuity. This was simply not a priority for some either due to personal preferences or they were at a stage of their lives where it was not deemed necessary. This group consists of younger and healthier participants whose health care needs are served by episodic care and they are drawn to the convenience offered by virtual access.



### Give me access

This group's circumstances dictate a drive to virtual and/or episodic care. Shortages in family doctors means in some cases virtual episodic care serves their needs.

This group includes newer immigrants, those younger, those who do not have a family doctor, have visited urgent care/ER and whose family doctor does not offer virtual services.



### The more choice the better

This group sees value in varying how they access healthcare based on context. Those whose doctors offer virtual services and/or after hours/walk-in appts are more likely to equally select access/convenience as well as continuity of care. Parents and caregivers belong to this group, as do those who live in large urban centres of 1M+.

### Preference for continuity care and in-person care

This group strongly associate quality of care with seeing their primary care provider and in some cases are suspicious of virtual modes of delivery. There is a concern that an increase in virtual care could have negative implications for in-person care.

This group includes those who are older (55+), have a chronic illness, take 5+ meds and have an established relationship with their doctor.





# 3 in 10

say that they would be **very or somewhat likely** to **use a virtual “walk-in” clinic**. 34% say neither likely nor unlikely, or don’t know, and 38% say they are not likely to use.

- **18% are still likely to use** virtual “walk-in” clinics, even if they **had to pay** per visit.
- **4 in 10** agree they would be **more likely to use a virtual “walk-in” clinic instead of a family doctor for minor illnesses/injuries**. This would include prescriptions/refills and minor illnesses, such as infections and viruses/colds.
- The same proportion agree they would **trust a doctor in a virtual “walk-in” clinic** in the absence of relationship continuity.
- 3 in 10 say they are **comfortable foregoing informational continuity** when using a virtual “walk-in” clinic.



# 36% have accessed a virtual “walk-in” clinic/ almost half rate their experience positively



Almost half of those who consulted with a physician through a virtual “walk-in” clinic rated their experience as *excellent/very good*. Almost 1 in 5 rated it as *fair/poor*.

**However, note that ratings are lower (-11 points) than ratings of *excellent/very good* (59%) on overall experience given to family doctors.**

Patients who used the virtual “walk-in” service appreciated the customer service, how quick and easy it was to use. Those who provided negative comments spoke of long wait times and how it didn’t meet their needs.



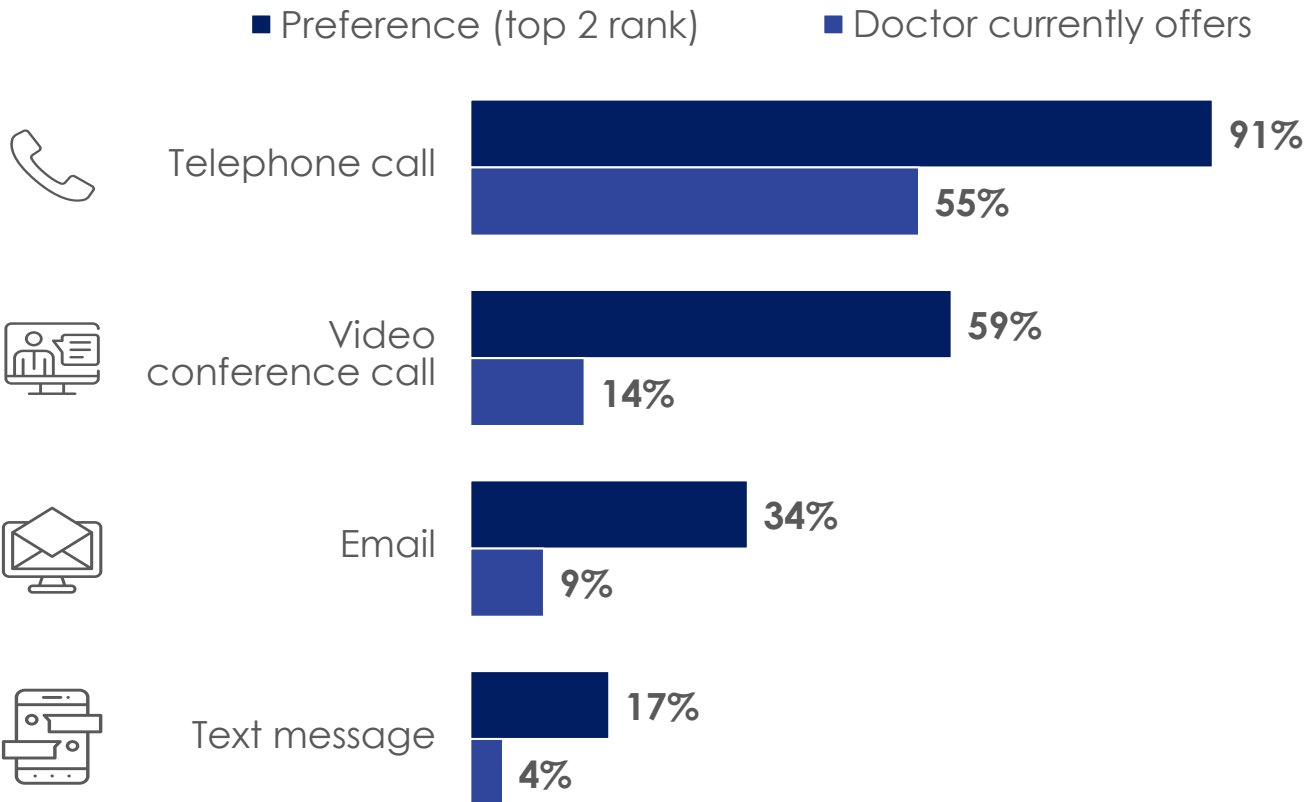
Virtual primary care is a new reality spurred on by the pandemic. Six in 10 say they are aware their family doctor currently offers virtual services. Phone is currently the primary method offered by doctors, but patients show preference for more options including video conference call and email.

6 IN 10

Are aware their family doctor  
CURRENTLY offers at least one of the  
following four types of virtual services  
Compared to only 12% who offered  
this service prior to the pandemic

54%

Say it is very/somewhat important that  
their family doctor offers virtual services



There is a high utilization of urgent care/ER for non-threatening illnesses or injuries and a corresponding need for greater access to the healthcare system after business hours. Expanded virtual care services, both primary and episodic, can help to improve access and to alleviate the burden of the healthcare system.

46%



Have accessed at least one type of urgent care for non-life-threatening illnesses or injuries in the past year.

- 33% went to a walk-in clinic
- 20% went to urgent care
- 26% went to ER

Higher among 18-34, parents, caregivers, 5 or more medicines a day, and those not born in Canada

52%

Disagree they would have access to after-hours care if they needed medical care outside of going to an ER

30%

Agree they are unable to easily see a doctor during regular business hours (higher among parents, caregivers).

43%

Say they waited 4+ days for an appointment with their family doctor at the last appointment

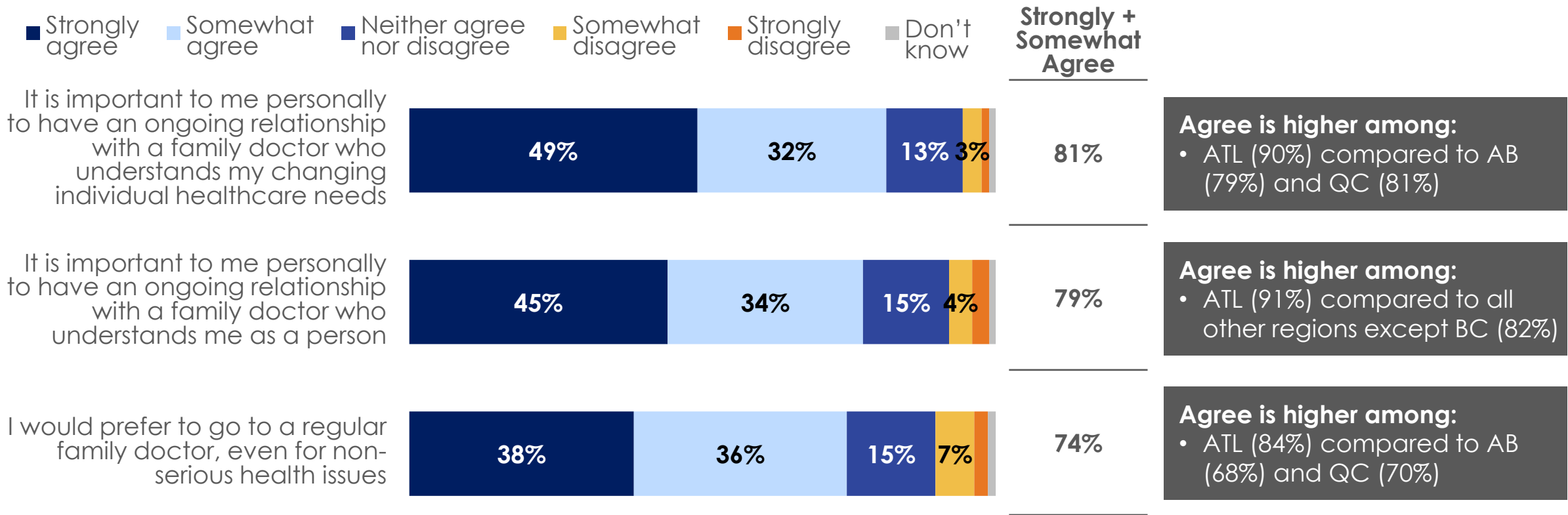
# Detailed Findings

# 3

# Continuity of Care and Preferences

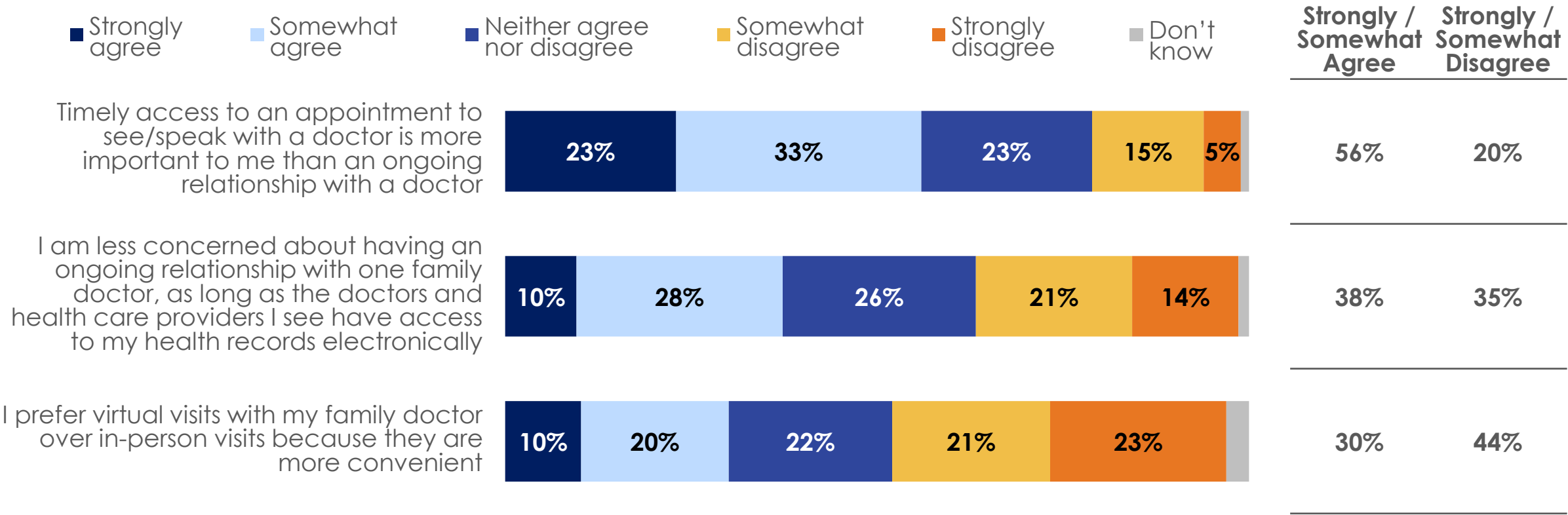
# 3a

Continuity of care is important for a majority of Canadians both in terms of management and relational continuity, particularly those who have chronic illness. Very few would seem to argue otherwise, although those who do not have a primary care provider and those 18-34 are more neutral in their opinions.



Base: All respondents (n=2,000)  
 Q12. Thinking about having a family doctor, to what extent do you agree or disagree with each of the following statements? If you don't have a family doctor, please think about family doctors in general.  
 Values less than 4% not labelled in chart.

About half of Canadians say they want more timely access than an ongoing relationship with a doctor. However, they are split on whether informational continuity can replace an ongoing relationship with a family doctor, and more still prefer in-person visits with their family doctor.



Base: All respondents (n=2,000)  
 Q12. Thinking about having a family doctor, to what extent do you agree or disagree with each of the following statements? If you don't have a family doctor, please think about family doctors in general.  
 Values less than 4% not labelled in chart.

# Key Insights from Qualitative (1/2)

## Continuity of Care and Preferences



**RELATIONAL AND MANAGEMENT** Continuity of care means that you are seeing the same doctor all the time so that he is familiar with your health history, health problems and health needs. The doctor gets to know you and knows how your health is, how it was last visit and the year before etc. VERY important in my mind-and a good portion of the time, necessary for the doctor to be able to properly diagnose and keep you healthy. You would not get continuity of care by going to a different doctor every time you have a health issue.

### INFORMATIONAL

Continuity of care" to me means that regardless who diagnosed and prescribed me a course of action, it would follow me around and the next physician would be aware of what my requirements might be, given my past medical history. Obviously, a personal doctor would have this info but, if I need treatment and my personal doctor is unavailable, I would want whomever I see to be aware of my medical history in order to properly diagnose and prescribe.



### INFORMATIONAL

These words mean that all of the people involved in my healthcare are working together. It means that everyone has access to information, and they are all communicating effectively. I am a part of this and also have a responsibility to share info and ensure everyone is informed. To me, this term means that my healthcare is provided in line with a coordinated care plan that I am aware of and a part of.





# Key Insights from Qualitative (2/2)

## Continuity of Care and Preferences



**The relationship personally with my doctor is good but at usually 5-10mins, I am not really sacrificing too much to use a virtual method.** I am not overly concerned about using a doctor who does not have my full medical records. If it is serious I will use the old method! I am sold on it and will use it for the foreseeable future. I would notify my doctors office after I used the service, if I had changes to my meds. etc. in order to update anything of note.



**I don't think one needs a great relationship with their doctor,** no more than one has a relationship with an optometrist, car dealer, or grocery store clerk. A doctor does **need to have some idea of your medical records** so they don't prescribe you something that wouldn't work or have adverse side effects.



# Awareness and Use of Virtual “Walk-in” Clinics

# 3b



### Higher awareness:

18-34 (50%)  
35-54 (41%)  
Parents (47%)  
Caregiver (51%)  
No family doctor (59%)  
BC (45%), ON (42%), QC (43%)

### Lower awareness:

AB (31%)  
55+ (33%)

# 40%

Aware of virtual “walk-in” clinics

**4 in 10 Canadians have heard of virtual “walk-in” clinics.**  
**Awareness is higher among those <55 years old, parents, caregivers, those who have no family doctor, and those residing in BC, ON and QC.**

**AB residents and those older are less likely to have heard of virtual “walk-in” clinics.**

As you may know, there are also virtual “walk-in clinics.”

Just like an in-person walk-in clinic, a virtual “walk-in clinic” is typically a consultation session between a doctor and patient. Instead of going in-person, people can access a doctor VIRTUALLY (via video conference call, text message, email, or phone call).

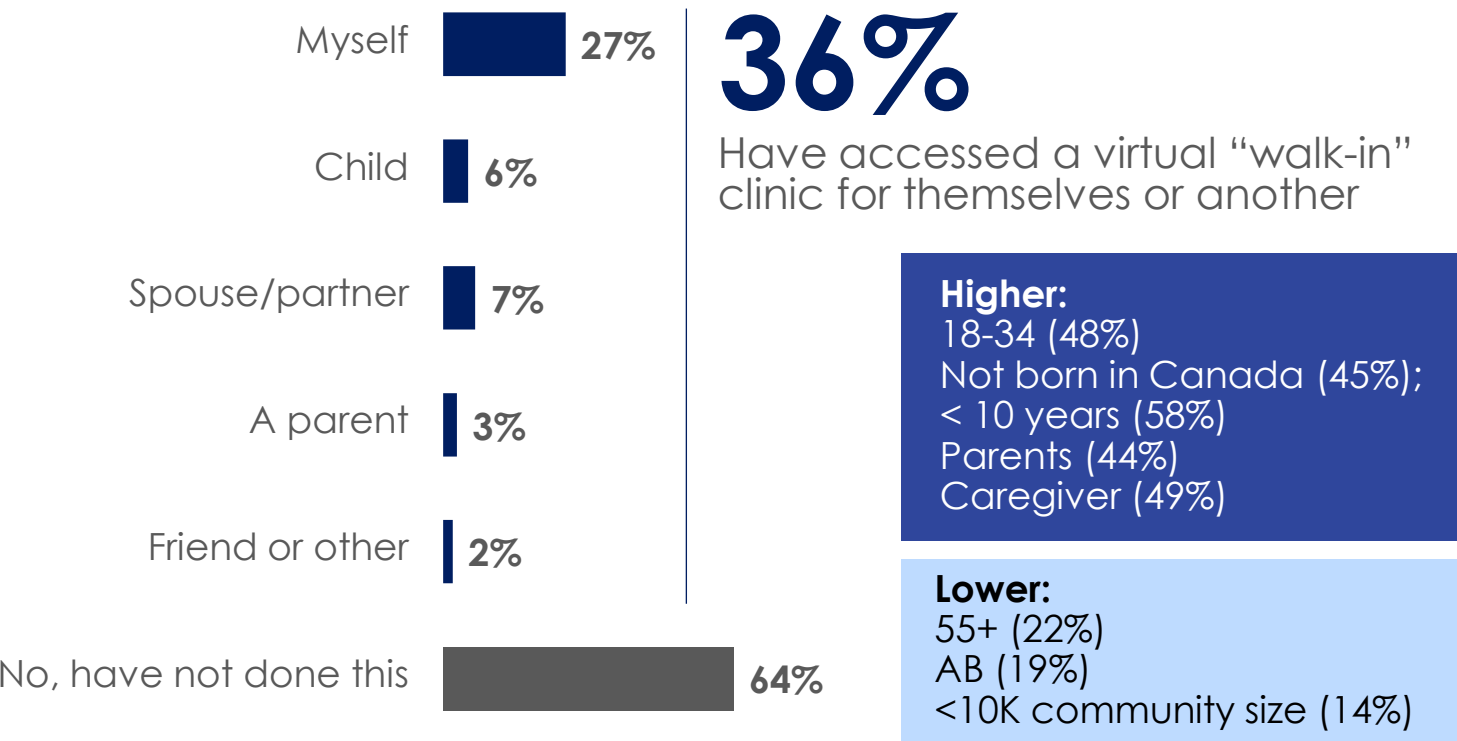
These clinics may be open 7 days a week, 24/7 or by appointment.

Again, just like an in-person walk-in clinic, the doctor you would see in a virtual “walk-in” clinic is not your family doctor and not in the same practice as your family doctor.

Q15. Before today, had you heard of these virtual “walk-in clinics”? Base: All respondents (n=2,000).

Over one-third of Canadians have ever accessed a virtual “walk-in” clinic; higher among 18-34, newer immigrants, parents and caregivers.

EVER ACCESSED VIRTUAL “WALK-IN” CLINIC



HOW PAID FOR VISIT

- **69%** used health card
- **16%** paid for by insurance
- **8%** paid out of pocket
- **2%** other
- **11%** don't know

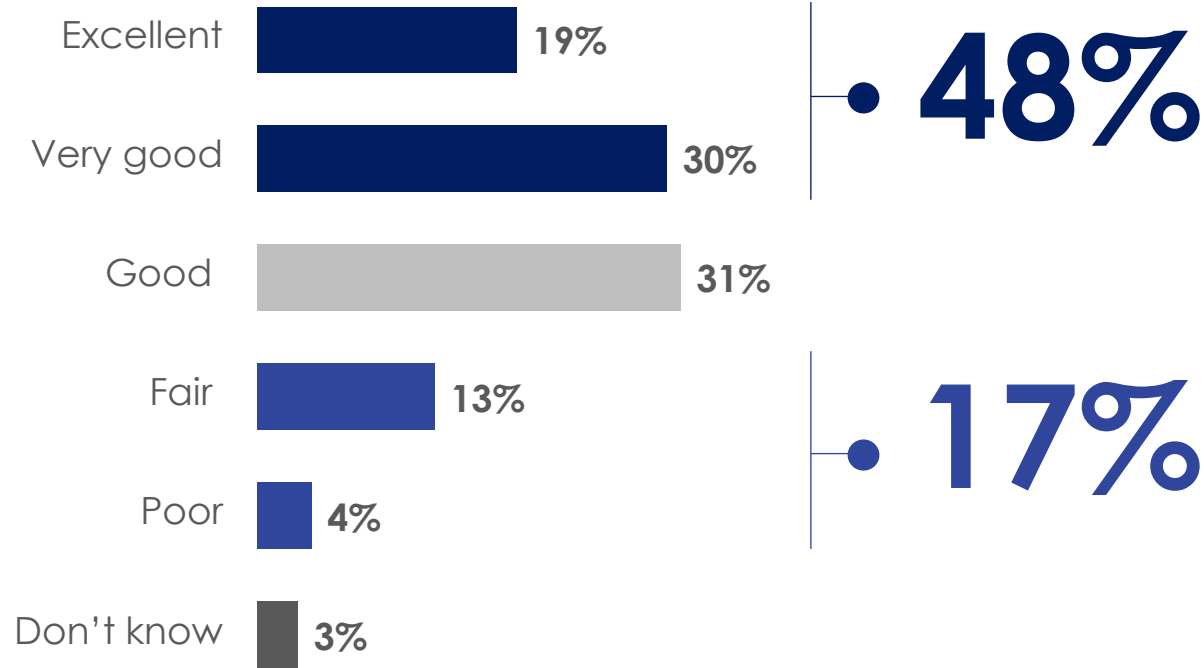
HOW MANY VISITS PAST YEAR

|                        | For yourself<br>(n=197) | For someone<br>else (n=107) |
|------------------------|-------------------------|-----------------------------|
| Once                   | 49%                     | 35%                         |
| 2-3 times              | 30%                     | 39%                         |
| 4 or more times        | 7%                      | 4%                          |
| None in past 12 months | 16%                     | 21%                         |

Base: Aware of virtual walk-in clinics (n=775). Q16. Have you ever consulted a doctor through a virtual “walk-in clinic” either for yourself or for someone else? Please remember this is not a consultation with your family doctor or specialist. Base: Have used a virtual walk-in clinic (n=265). Q17. In total, how many times have you consulted a doctor through a virtual “walk-in clinic” in the past 12 months either for yourself or for someone else (family member or friend)?

Almost half of those who consulted with a physician through a virtual “walk-in” clinic rated their experience as excellent/very good. Almost 1 in 5 rated it as fair/poor.

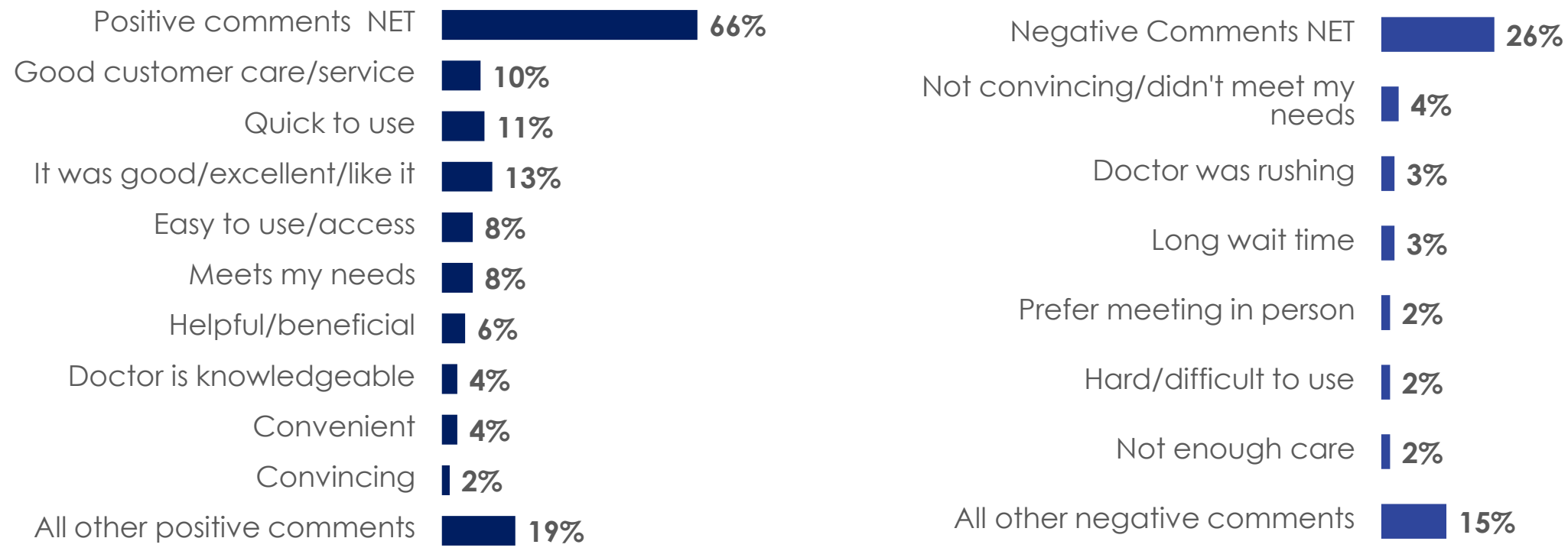
RATING OF EXPERIENCE WITH VIRTUAL “WALK-INS”



Compared to 59% who rate their overall experience with their family doctor as excellent/very good.

Base: Have used a virtual walk-in clinic (n=265)  
Q17b. How would you rate your experiences at the virtual “walk-in” clinic?

Patients who used the virtual “walk-in” service appreciated the customer service, how quick and easy it was to use. Those who provided negative comments spoke of long wait times and how it didn’t meet their needs.



Base: Have used a virtual walk-in clinic (n=265)  
 Q17c. Why did you give a rating of "[insert rating from Q17b]" in your experience at the virtual 'walk-in' clinic?  
 Themes <2% not shown in chart



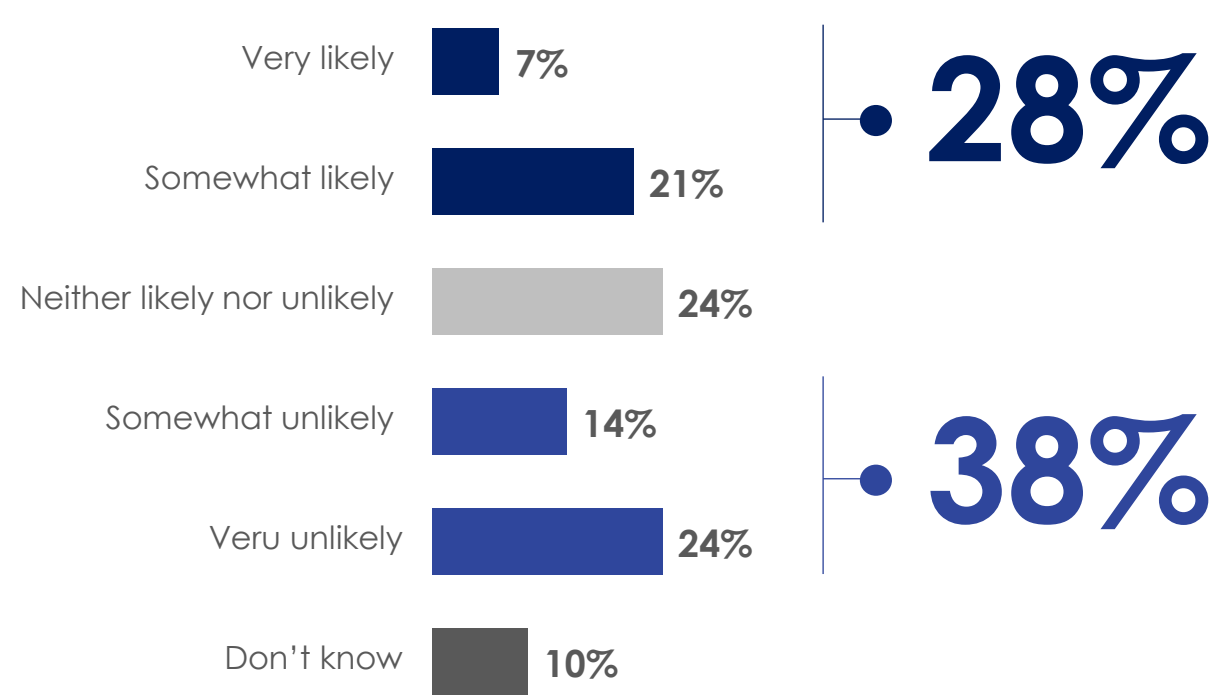
# Likelihood to Use Virtual “Walk-in” Clinics

# 3c



Almost 3 in 10 Canadians say they are likely to use the services of a virtual “walk-in” clinic, higher among parents, caregiver, and those not born in Canada. Those who have used these services prior are over three times as likely to use it compared to those who have not.

LIKELY TO USE VIRTUAL “WALK-IN” CLINICS

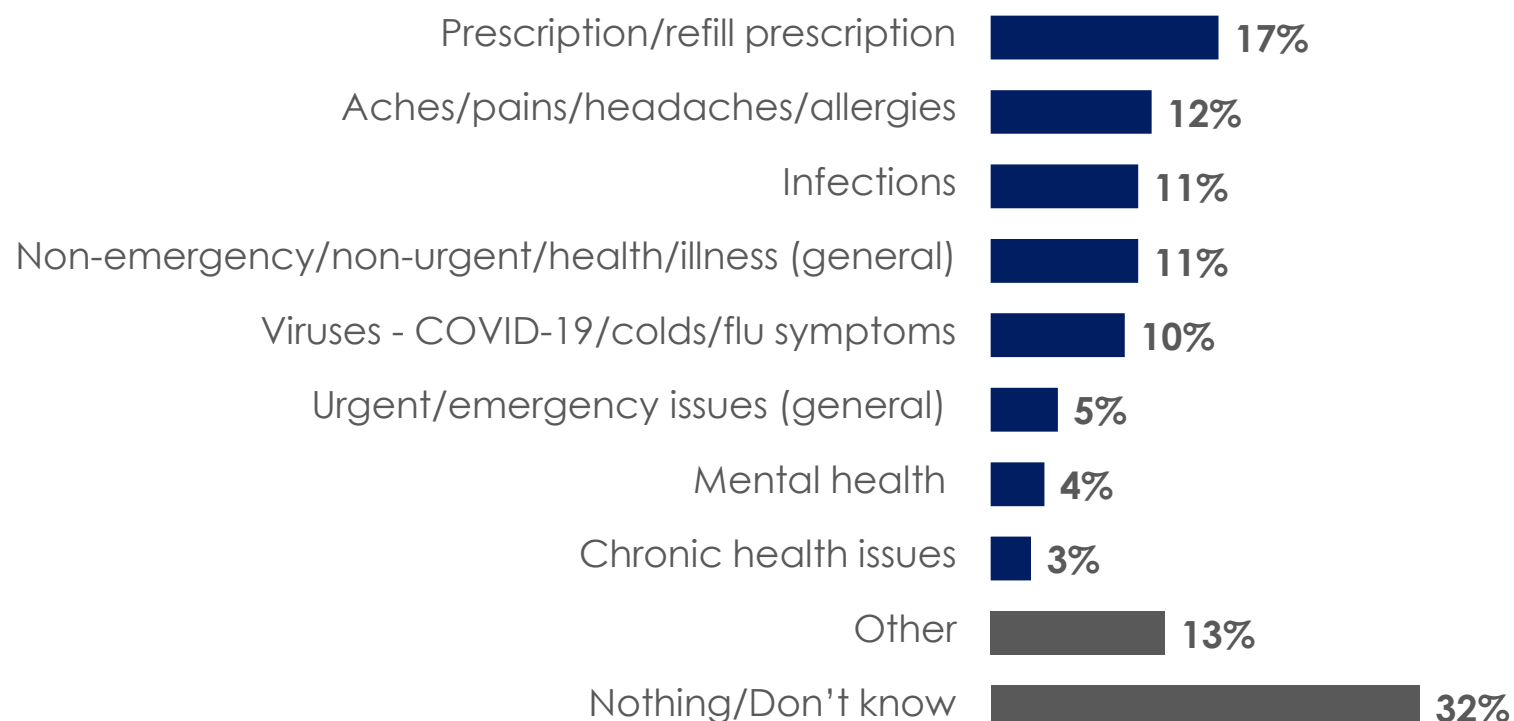


**Higher among:**

- Used it before (57% vs. 17% never used)
- Rate experience as excellent/very good (79%)
- 18-34 (37%), 35-54 (30%)
- Parents (42%)
- Caregivers (42%)
- Not born in Canada (35%)
- ATL (37%), higher than BC (24%), AB (24%) and ON (25%)
- Those who think that virtual services are important (38%)
- Those whose family doctors offer after hours/walk-ins (34%)
- Note: those with chronic illness or take 5+ pills per are not any more likely to say they would be likely to use it

Base: All respondents (n=2000)  
 Q18. How likely are you to use a virtual “walk-in” clinic in the next 12 months?  
 A virtual “walk-in clinic” is typically a consultation session between a doctor and patient. Just like an in-person walk-in clinic, the doctor you would see in a virtual “walk-in” clinic is not your family doctor and not in the same practice as your family doctor.

The most common type of issue for anticipated use of a virtual “walk-in” clinic would be for prescriptions and refills. Others say they would visit for healthcare issues such as infections, non-urgent health concerns, and viruses/colds. Smaller proportions also mention urgent/emergency issues, mental health and chronic health issues.

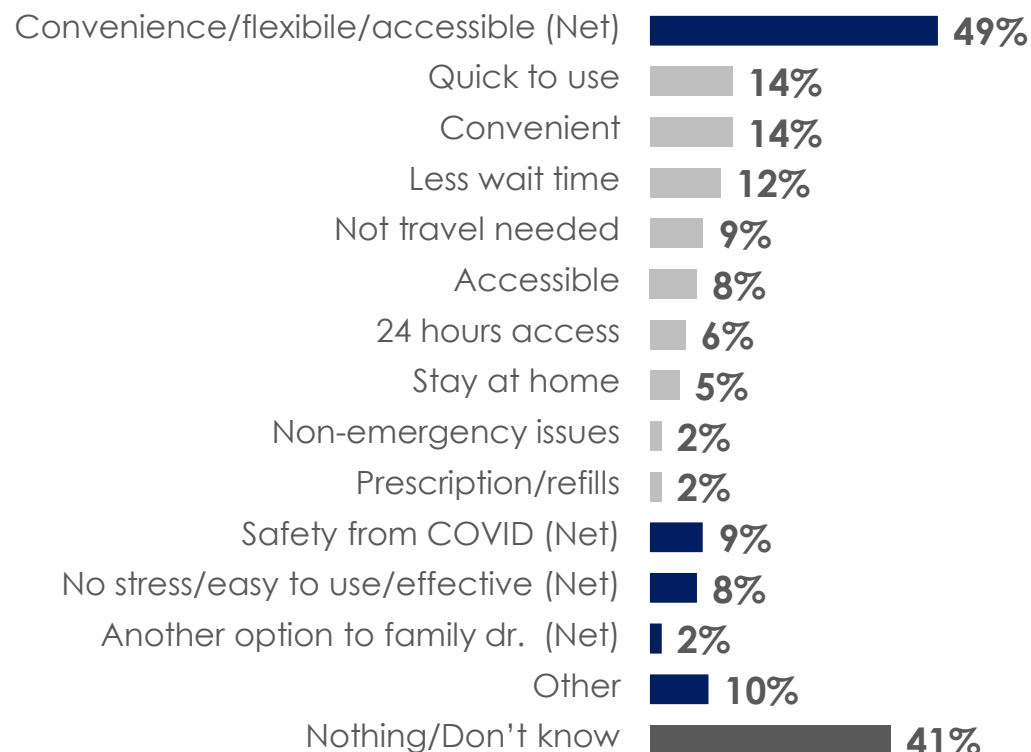


Base: All respondents (n=2,000)

Q19. For what types of healthcare issue(s) do you see yourself consulting a doctor in a virtual “walk-in” clinic?

The greatest perceived benefit of using virtual “walk-in” clinics is about convenience, flexibility, and accessibility. Issues and concerns focus on a lack of personal relationship and no access to records, as well as no physical exam.

## BENEFITS OF VIRTUAL “WALK-INS”



## ISSUES/CONCERNS ABOUT VIRTUAL “WALK-INS”



Base: All respondents (n=2,000). Q20. What do you see as the main benefits of virtual “walk-in” clinics (either for yourself personally or generally)? Please name all the benefits that come to mind.

Base: All respondents (n=2,000). Q21. What do you see as the main issues or concerns with virtual “walk-in” clinics (either for yourself personally or generally)? Please name all the concerns you have.

# Key Insights from Qualitative

## Likelihood to Use Virtual “Walk-in” Clinics



**Participants were provided with a definition of virtual episodic care and how it differs from virtual care provided by primary care providers. Much of the benefits that participants highlighted with respect to virtual episodic care centred on the virtual mode of delivery. Specifically, accessibility, convenience and reducing the risk of contracting other illnesses were the main benefits participants highlighted.**

Still, participants were cognizant that virtual episodic care improves access to the healthcare system for patients who do not have a family doctor. They also added, again thinking about the *virtual* mode of delivery that access is also improved for those living in rural areas and people with disabilities.

Being able to see a doctor from the “comfort of one’s personal space”, complemented by not having to spend time travelling to (for participants in more remote locations this can be a significant time saving) and waiting in a clinic, was the major component of the perceived convenience of virtual episodic care. Other dimensions of convenience highlighted included: being able to see a doctor sooner than waiting for an appointment with their own doctor or outside of clinic hours; not having to make alternative arrangements to see a doctor (e.g., find a babysitter, take time off work); not having to worry about parking and transportation for those with no cars; and the overall end-to-end online process (i.e., check-in online, ability to monitor wait time online and to complete visit virtually). Related to convenience, virtual visits were seen as more efficient for “simple questions”, saving doctors’ and patients’ time.

Not having to sit in a waiting room with other patients who are unwell was a further draw of virtual care – a benefit relevant for even non-pandemic times.

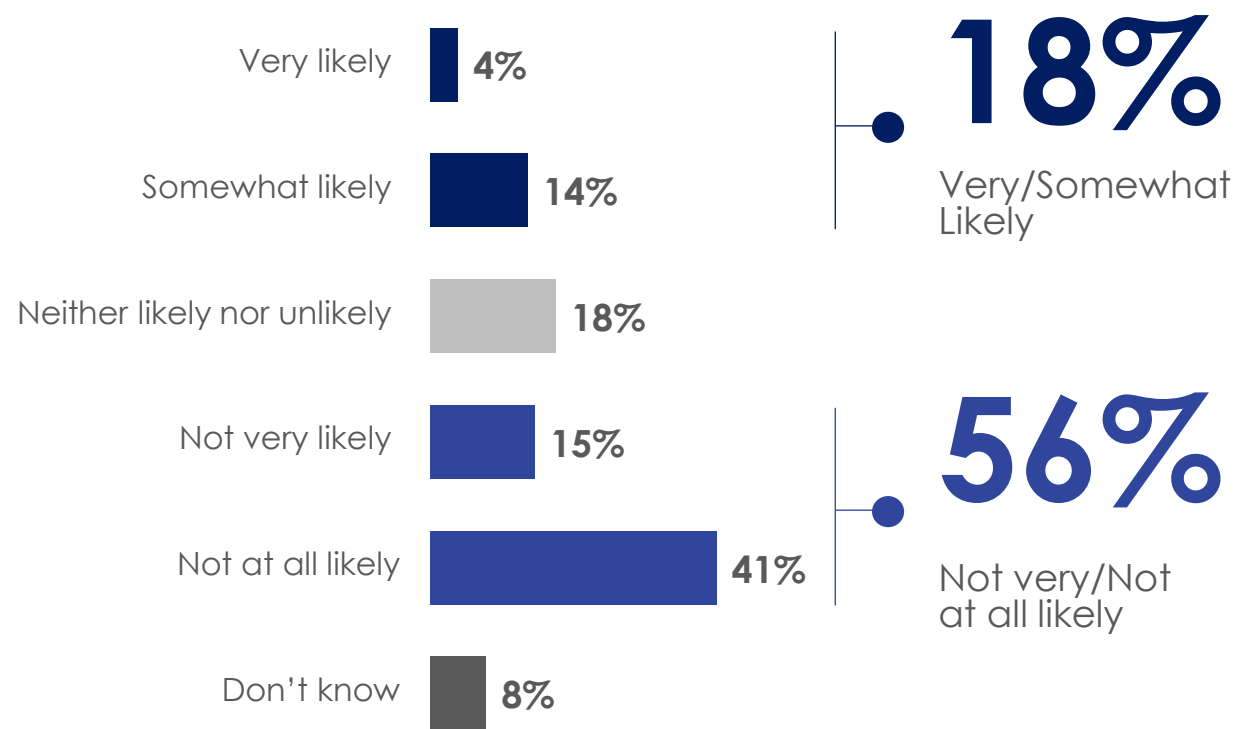


*For me personally, I think virtual walk-ins are extremely beneficial as I cannot reach my family doctor. My family doctor requires me to schedule the day of for an appointment that is not guaranteed. If this is the case, I might as well visit a virtual walk-in clinic and speak to someone immediately or schedule it according to my own time. I think it's also helpful as I do not have to leave the comfort of my own home. My doctor is actually pretty far from me and I think sometimes it deters me from consulting my doctor.*

*Virtual walk-in clinics are a great idea. There is a shortage of medical staff/ nurses and doctors. The population of people has increased, so this would be a huge advantage in getting people health care. In addition, this would be good for people in remote locations as well or can't travel too far.*

Roughly 1 in 5 say they are likely to pay to use these services but over half say virtual “walk-in” clinics are not a service they are willing to pay for.

LIKELY TO USE VIRTUAL “WALK-INS” IF HAD TO PAY PER VISIT

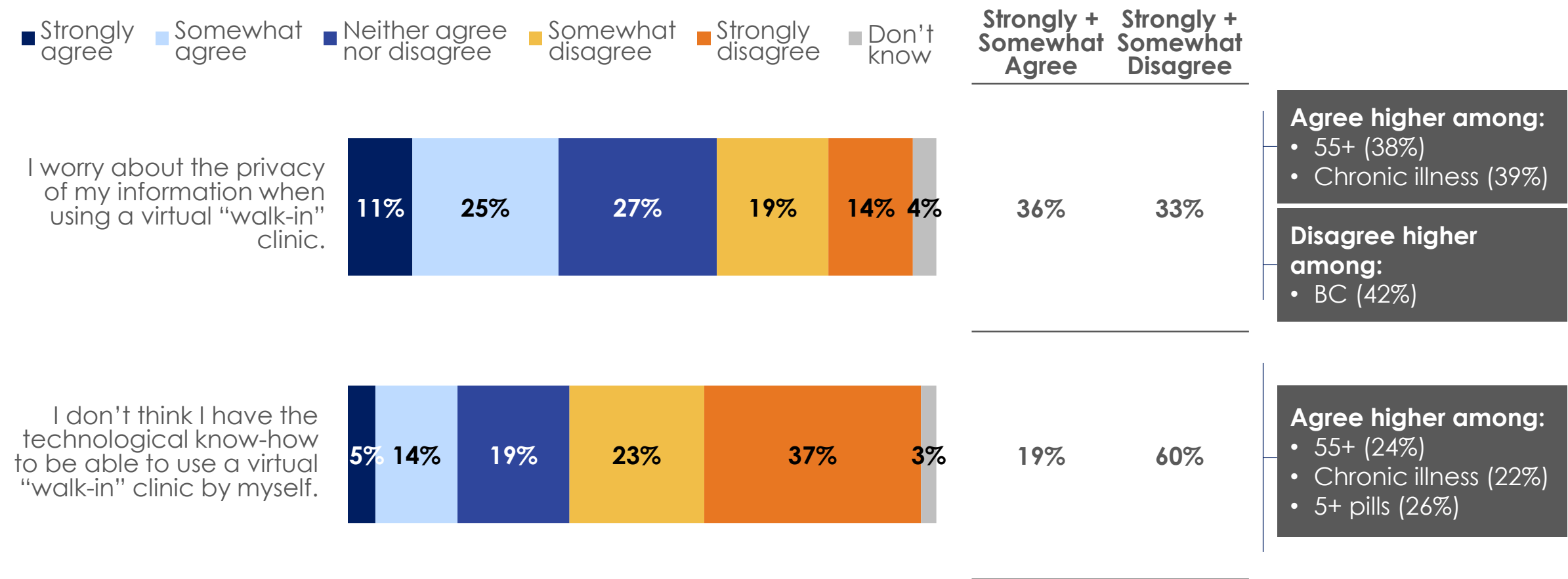


**Higher among:**

- Those who have used it before (33%).
- Rate experience as excellent/very good (46%)
- 18-34 (23%), 35-54 (20%)
- Parents (25%)
- Caregiver (26%)
- Not born in Canada (25%); <10 yrs (37%)
- ATL (27%) higher than BC and ON (both 15%)
- Those who think that virtual services are important (23%)
- Those whose doctors offer after hours/walk-ins (24%)

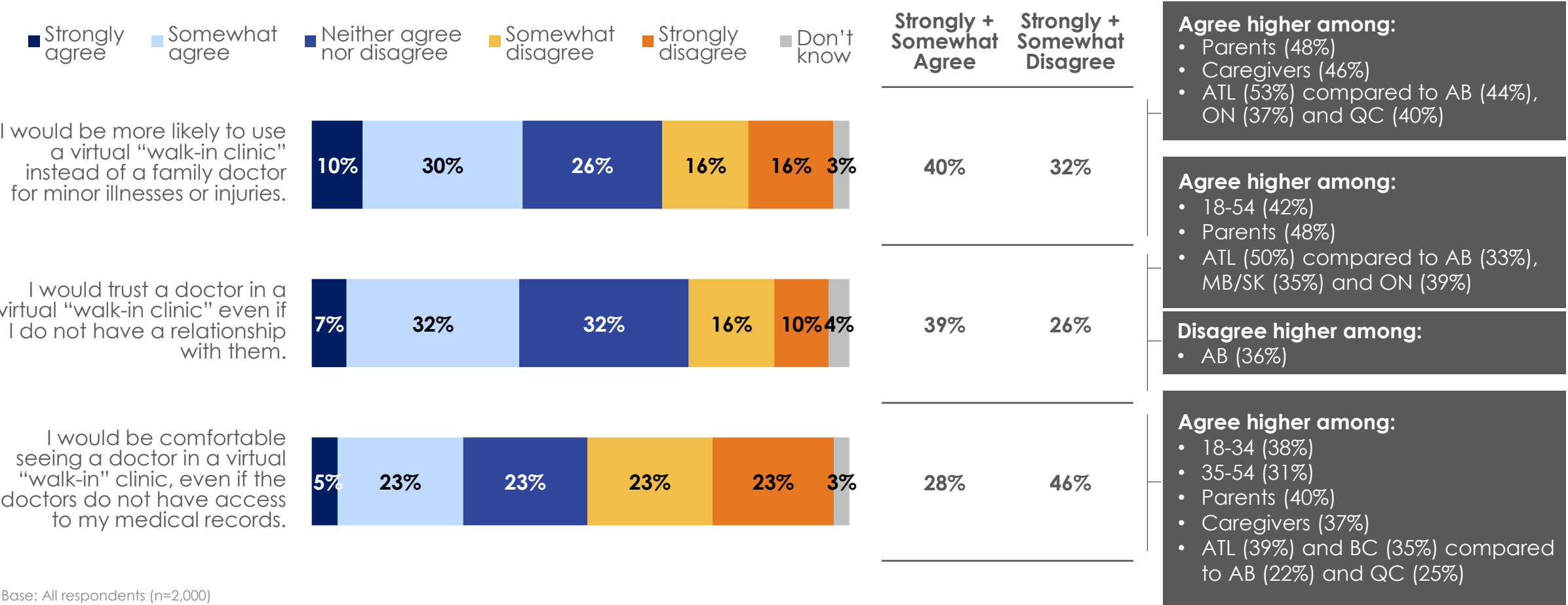
Base: All respondents (n=2,000)  
Q21a. How likely would you be to use a virtual “walk-in” clinic if you had to pay per visit with the doctor?

Canadians are divided when it comes to worrying about the privacy of their information when using a virtual “walk-in” clinic. One in five say they don’t have the technological know-how to be able to use this service by themselves.



Base: All respondents (n=2,000)  
Q22. To what extent do you agree or disagree with each of the following statements?

The same proportion, four in 10, who say they would trust a doctor they do not have a relationship with at a virtual “walk-in” clinic also agree they would likely use them instead of a family doctor for minor illnesses or injuries. Only three in 10 are comfortable with using this kind of clinic when there is no informational continuity.



Base: All respondents (n=2,000)  
Q22. To what extent do you agree or disagree with each of the following statements?



# **Importance of Continuity of Care vs. Access / Convenience**

# 3d

# Key Insights from Qualitative (1/4)

Importance of Continuity of Care vs. Access / Convenience

Virtual episodic care was very much seen as a complement as opposed to a replacement of other ways of accessing care.



For some, virtual episodic care was a **“no brainer” for: issues that can be “easily diagnosable”** by describing the symptoms (e.g., earache, sore throat,); issues that participants can partly self-diagnose based on past experience (e.g., infections); prescription refills; specialist referrals; and as a form of a “better than Dr. Google” screen for whether an ER visit is warranted. **In these instances, virtual episodic care was seen as potentially replacing visits to their primary care provider**, in-person walk-in clinics and ER visits.



Issues that require physical examination (e.g., broken bones, measuring blood pressure) were likely to be reserved for an in-person visit.

There was **greater comfort attached to seeing a doctor in-person for more “complex issues”** (e.g., mental health, tracking a newborn’s health and development) and for “life-threatening” issues, ER visits remained a necessity.



Notably, it was more common for participants to emphasize the **benefits of an in-person interaction** as opposed to comfort in seeing their own family doctor (c. two-thirds of participants had a family doctor). The exception to this was among a handful of participants who made a point of highlighting positive relationships with their family doctor. For participants without a family doctor, the convenience afforded by virtual episodic care was seen as worthy of replacing in-person walk-in visits.

# Key Insights from Qualitative (2/4)

Importance of Continuity of Care vs. Access / Convenience

Facets of continuity care were brought up unaided in terms of disbenefits of virtual episodic care. The more obvious disadvantages were in reference to the virtual mode of care delivery.

1

Some participants were concerned about the **loss of a personal relationship with a doctor**, which could in turn result in an impersonal care experience. Further questions were raised in the quality of care received when there is a lack of consistency in which doctor participants' see over time and seeing a doctor that "does not know [them]" and their previous healthcare history.

2

Much of the disadvantages highlighted centred on the limits of the virtual delivery mode. Participants pointed out that virtual care **does not allow for physical examination** or tests to be conducted by the doctor. There was some distrust in a virtual consultation and in turn lead to concerns about being misdiagnosed. The **lack of inclusivity in virtual care** for those who are less technologically savvy or lack access to appropriate technology was highlighted.

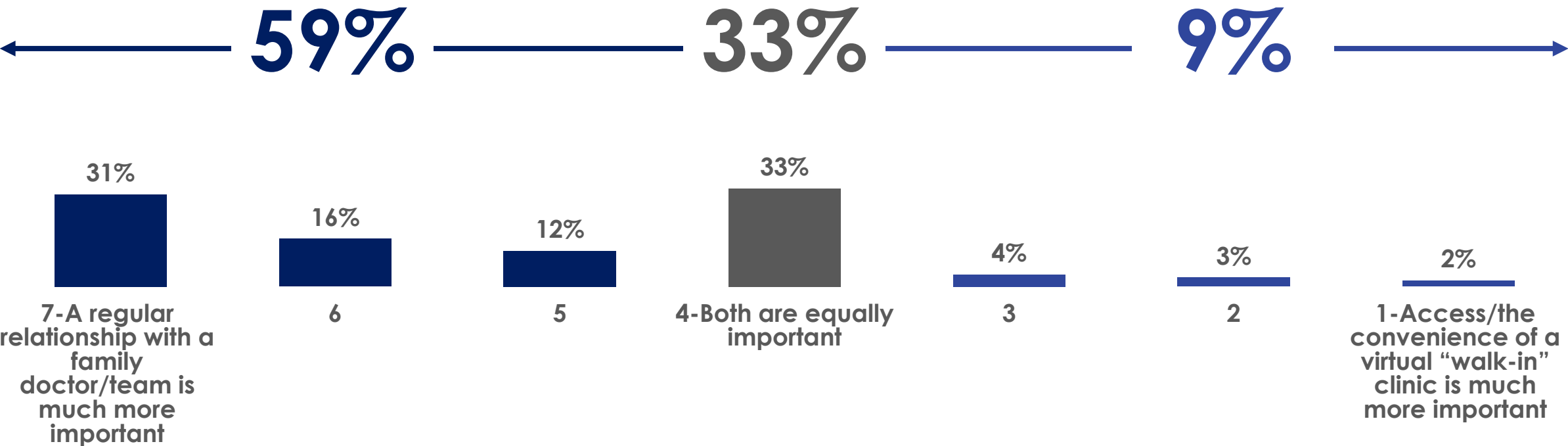
“

*A virtual walk-in clinic could be a good thing for me because I live in a rural community and I usually have to travel to get to one if I am unable to see my doctor during his regular office hours. It may be a good thing for people that have mobility problems as well. The flip side is...I don't think a virtual exam is as good as a real-life exam. If you are meeting with a doctor that has never met you and knows nothing about your medical history how can a proper diagnosis be made without a proper physical exam?*



Canadians were asked to select which was more important to them personally when it came to their own medical and healthcare needs:  
 Six in 10 Canadians give higher importance to an on-going relationship with a family doctor/team, while far fewer selected access and convenience of a virtual “walk-in” clinic. One-third say they value both as equally important.

IMPORTANCE OF CONTINUITY OF CARE OF FAMILY DOCTOR VS. ACCESS/CONVENIENCE OF VIRTUAL “WALK-IN” CLINIC



Base: All respondents (n=2,000)  
 Q23. Thinking about your own medical and healthcare needs, which is more important to you personally...

# Importance of Continuity of Care vs. Access/Convenience



## CONTINUITY OF CARE

- Older 55 + (73%)
- Born Canada (61%)
- Chronic illness (66%)
- Take 5+ meds a day (70%)
- Have a family dr. (63%)
- Have a 4+ year relationship with family dr (65%)
- Rating of experience with family doctor as *excellent/very good* (68%)

## BOTH EQUALLY IMPORTANT

- 18-34 (40%), 35-54 (38%)
- Not born in Canada (40%); <10 years (46%)
- Parents (41%)
- Rating of experience with family dr. as *good* (34%) or *fair/poor* (44%)

## ACCESS/CONVENIENCE

- 18-34 (12%), 35-54 (11%)
- Parents (12%)
- Caregiver (12%)
- Immigrated <10 years ago (16%)
- No family doctor (16%)
- Visited urgent care/ER (11%)
- Family dr. does not offer virtual services (10%)
- Those who have more options to access healthcare including those whose:
  - Family dr. offered virtual services before COVID-19 (12%)
  - Family dr. offers after hours/walk-in appts (10%)



# Key Insights from Qualitative (3/4)

## Importance of Continuity of Care vs. Access / Convenience



I think it completely depends on the situation. Personally, **I love the idea / concept of continuity of care. But those days are gone.** Too many people. And too many worried patients. Makes the system too busy. If I had a medical situation that I felt a doctor could diagnose virtually... I would take the 'convenience' route every time. But I would prefer to see my family doctor annually for a physical. Hands on.



That's a tough question! It's really a balance of both. If one of them is super great but the other is not, the whole experience can be ruined so I'd say finding that **sweet spot where you can have both the convenience and the continuity of care are important.** I am sure it can be done, would maybe just require time to plan and some trial and error before it gets fine tuned.



It's hard to choose one or the other because depending on circumstances, **they are both important, but continuity of care is definitely important because many medical/health concerns are not a one-time thing.** A lot of medical conditions are long-term or chronic which means on-going care is important. It really gives you a peace-of-mind when you know a doctor or group of doctors know what is going on with you and you don't feel like a complete stranger every time you see a different doctor with no knowledge of you. It is easier for you to keep track of your own health when health services have constant up-to-date information about your health and progress every time you go for a checkup.

# Key Insights from Qualitative (4/4)

## Importance of Continuity of Care vs. Access / Convenience



I would **not consider it a replacement** - an in-person visit (to a walk-in clinic or family doctor) is still preferable as they are more thorough, and you may need in-person follow-up anyways. Virtual consultations could serve as an add-on for simple, quick health concerns (prescription refills, simple infections or slight injuries).

For me, it **is a replacement** as I haven't been able to get a family doctor assigned for a number of years. I am healthy, fit, [...] I have been outright told that being single and no kids doesn't make me a 'preferred candidate'. I don't like walk-in clinics as you simply don't know how long you will wait - the last time I did this was nearly 5 hours.



I will use one if I need a **quick prescription filled** or am looking for a specialist that requires a family doctor referral. However, this really requires me to already know what is wrong with me, and I have **limited confidence in a doctor being able to diagnose me properly in a virtual setting**, so for illness where I am unsure of cause I would much rather bite the bullet and wait in line at a walk-in clinic.

I could not imagine an instance where I will use a virtual clinic. I **have a reliable family doctor** that will be me at any time. I just will never trust the care that is provided virtually. I am **concerned about missed or wrong diagnoses**. If I had an emergency and my family doctor was not able to see me, I would rather just go to the hospital.





# Accessing the Healthcare System

3e

# Have a family doctor

# 83%\*



## LESS likely to have a family doctor:

- **18-34** (75%)
- **BC** (76%), **QC** (78%), **MB/SK** (79%)
- **Not born in Canada** (78%)
  - **Immigrated <10 years** (65%)

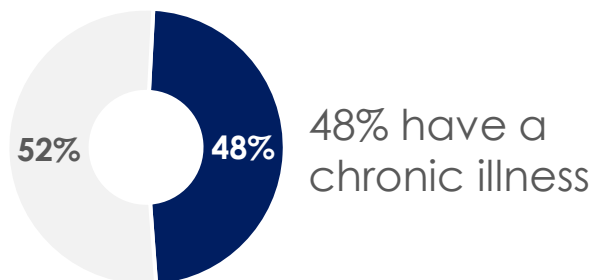
## MORE likely to have a family doctor:

- **35-54** (85%), **55+** (88%)
- **ON** (88%), **AB** (87%) **and ATL** (87%)
- **Parents** of children <18 years old (87%)
- **Chronic illness** (90%)
- **Take 5+ meds a day** (92%)

\*Compared to Statistics Canada 2019 – 86%  
<https://www150.statcan.gc.ca/n1/pub/82-625-x/2020001/article/00004-eng.htm>

# Profile of higher healthcare needs subgroups

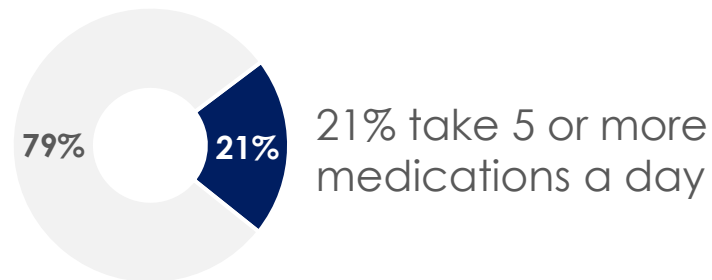
## HAVE A CHRONIC ILLNESS



### Of those who have a chronic illness:

- 56% are women
- 47% are 55 and older; average age is 50.9 years old
- 40% take 5+ meds a day
- 18% are a caregiver
- 84% are born in Canada
- 75% identify as white
- 30% rate their physical health as fair/poor
- 34% rate their mental health as fair/poor

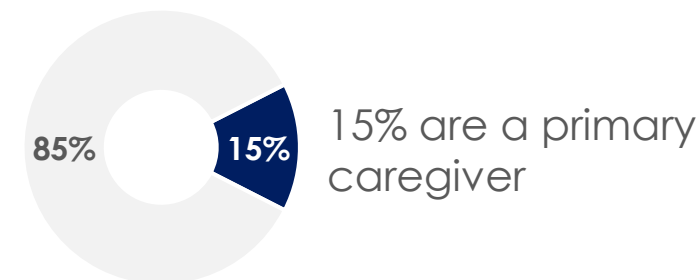
## TAKE 5+ MEDS A DAY



### Of those who take 5+ meds a day:

- 53% are women
- 51% are 55 and older; average age is 53.2 years old
- 89% have a chronic illness
- 85% are born in Canada
- 76% identify as white
- 37% rate their physical health as fair/poor
- 30% rate their mental health as fair/poor

## PRIMARY CAREGIVER



### Of those who are primary caregivers:

- 59% are women
- 58% are parents
- 51% are 25-44 years old; average age is 42 years old.

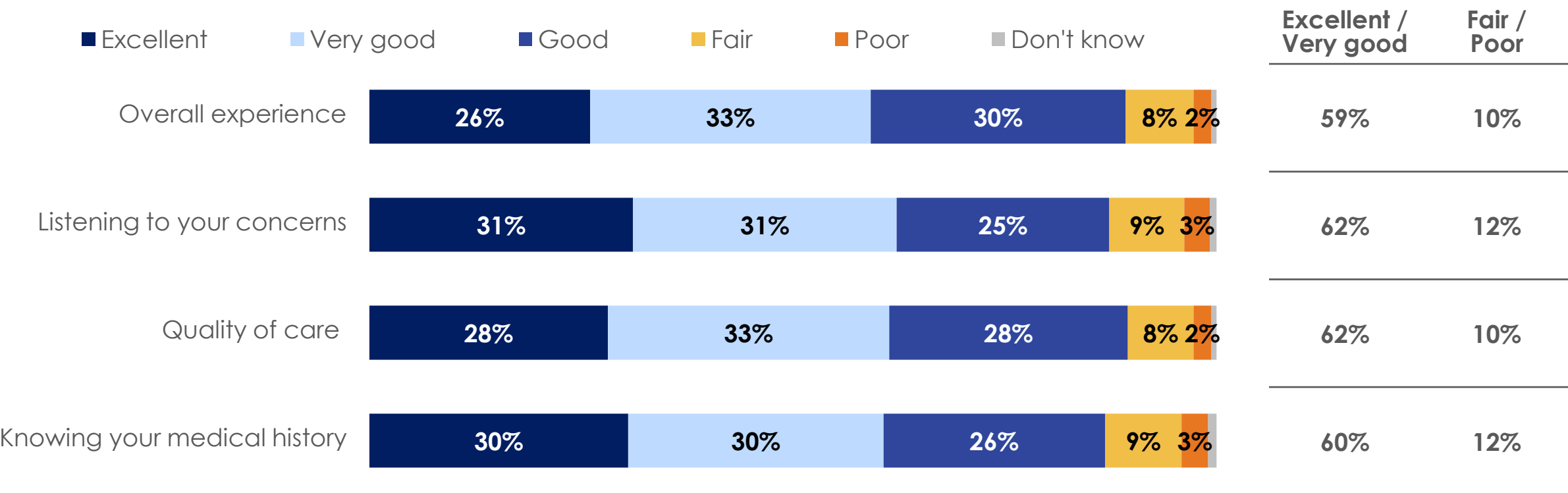
3. Do you suffer from any chronic condition or illness, i.e. a condition that has lasted more than 3 months? Common chronic conditions include high blood pressure, depression, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), arthritis, asthma, and viral diseases such as HIV, among others.

4. Do you take 5 or more medications on a daily basis? Please think about prescribed medications as well as those bought over the counter.

5. Are you a primary caregiver? A primary caregiver is someone who is caring for a child, a senior, a spouse, a family member or friend who has a terminal illness or requires assistance with daily activities.

# Six in 10 rate their overall experience with their family doctor as *excellent/very good* and a further one-third rate it as *good*. A small proportion rate it *fair* or *poor*.

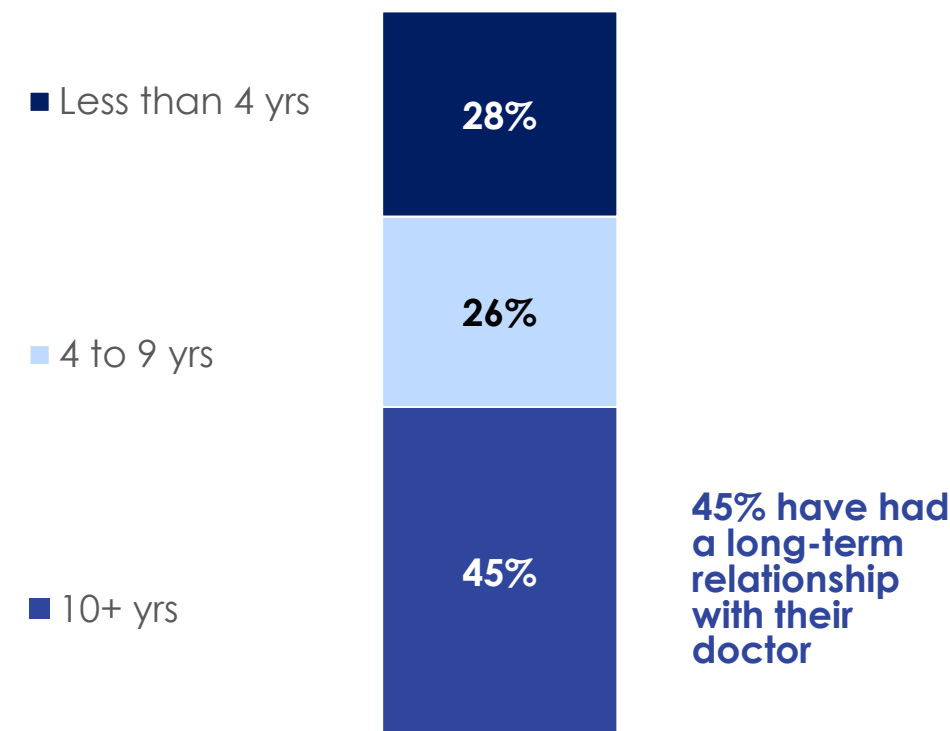
Ratings of different aspects of care are rated slightly higher but are consistent with overall experience.



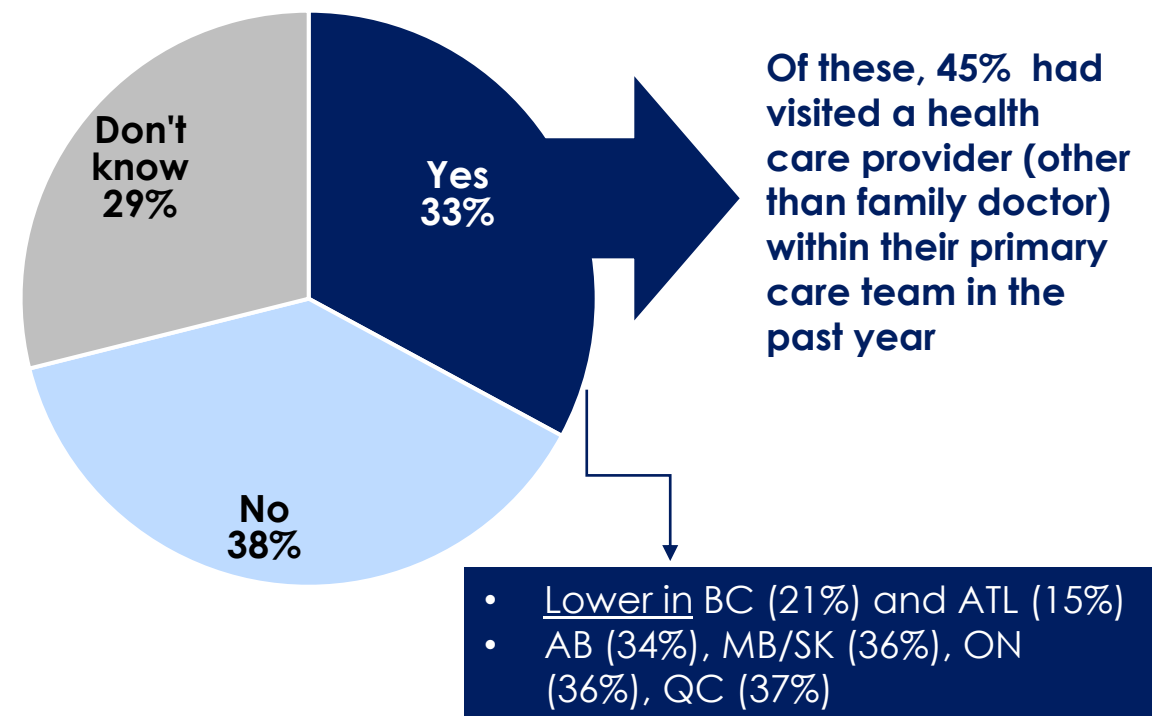
Base: Have a regular family doctor (n=1,654)  
 Q11. In general, how would you rate the following when thinking about your experiences with your family doctor?  
 Values less than 2% not labelled in chart.

Almost half of Canadians who have a family doctor have had a long-term relationship (10+ years) with them. One-third say their family doctor is a part of a multi-disciplinary team.

### YEARS SPENT SEEING FAMILY DOCTOR



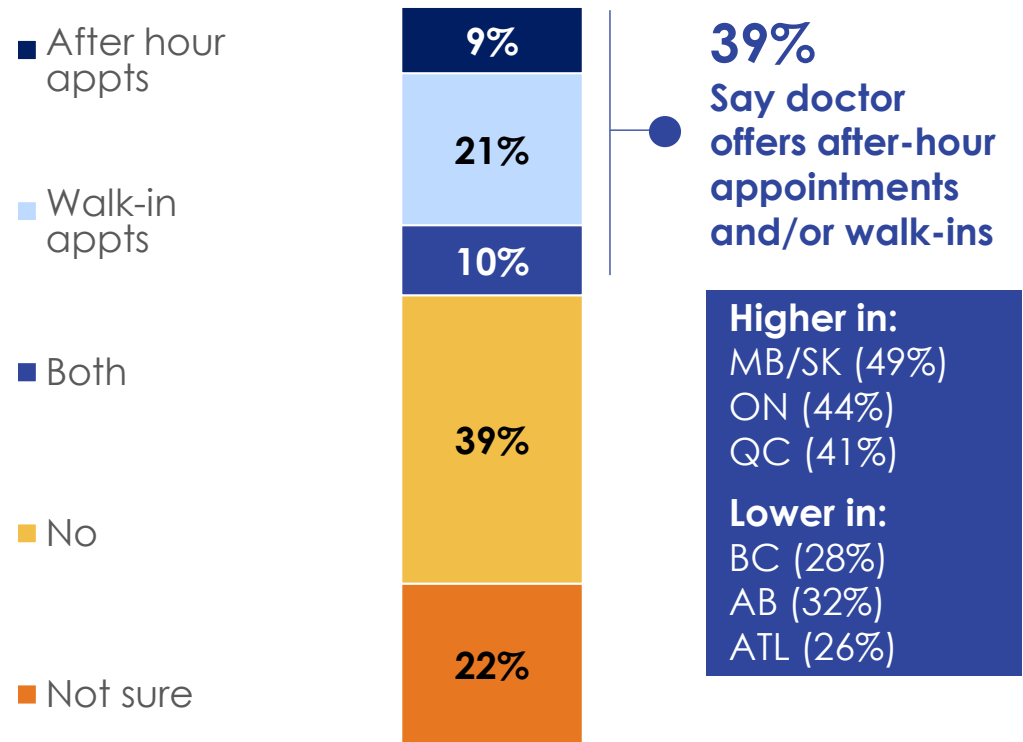
### DOCTOR PART OF MULTI-DISCIPLINARY TEAM



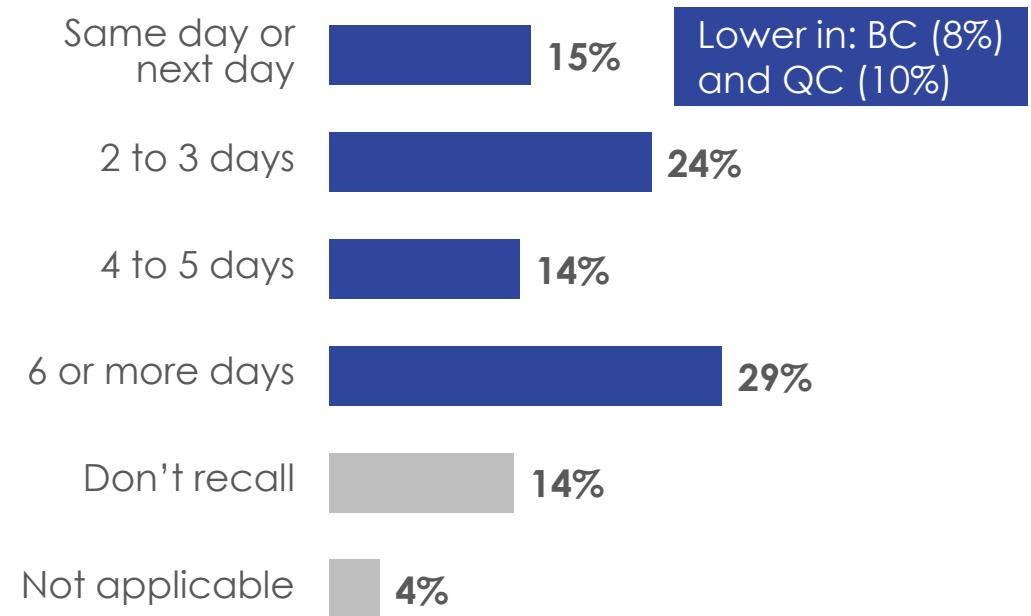
Base: Have a regular family doctor (n=1,654). Q7. How many years have you been seeing your current family doctor?  
 Base: Have a regular family doctor (n=1,654). Q8. Does your family doctor work as a part of a multi-disciplinary primary care team? A multi-disciplinary primary care team includes family physicians, nurses, social workers, dietitians, and/or other professionals who work together to provide primary health care for the community.  
 Base: Family doctor is part of multi-disciplinary team (n=546). Q9a. You answered earlier that your family doctor belongs to a multi-disciplinary primary care team (family physicians, nurses, social workers, dietitians, and/or other professionals). Have you visited a health care provider (other than your family doctor) within this primary care team in the past 12 months?

# Four in 10 say their doctor's clinic offers after-hours or walk-in opportunities. Three in 10 had to wait six or more days for their last visit to their family doctor.

## DOCTOR OFFERS AFTER/HOUR OR WALK-INS

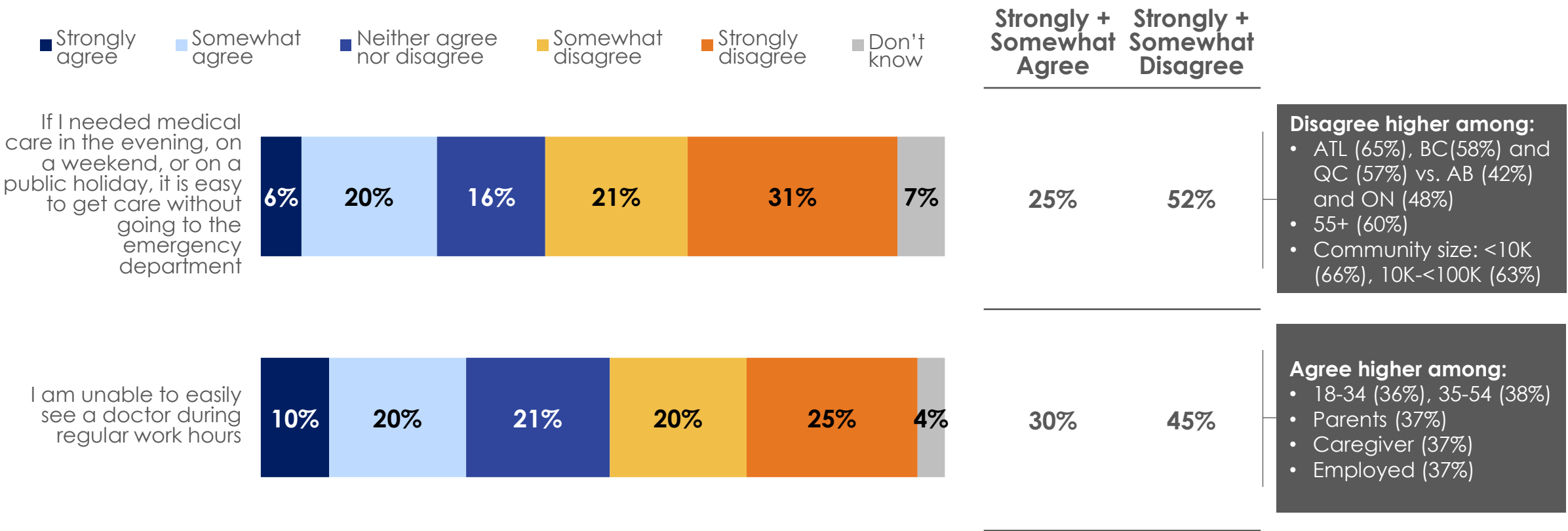


## DAYS WAITED FOR DOCTOR'S APPT



Base: Have a regular family doctor (n=1,654). Q10e. Does your family doctor's clinic offer after-hour appointments and/or walk-in opportunities for their patients?  
Base: Have a regular family doctor (n=1,654) 10f. Thinking about the last appointment you made with your family doctor (even if more than 12 months ago), how many days did you wait to speak to/see your family doctor?

Over half of Canadians say they would not have access to after-hours care if they needed medical care outside of business hours. Three in 10, agree they are unable to easily see a doctor during regular business hours (higher among parents, caregivers).



Base: All respondents (n=2000)  
Q13. To what extent do you agree or disagree with each of the following statements?



# Almost half of Canadians have accessed urgent care for non-life-threatening illnesses or injuries, including a quarter who went to an emergency room, in the past year.



46%

Have accessed at least one type of urgent care in past 12 months for a non-life-threatening illness or injury

Once 2-3 times 4-5 more times 6 or more times



Visited a doctor at a walk-in clinic (IN-PERSON)

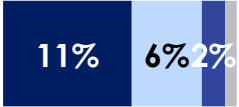


33%

- 18-34 (48%)
- Not born in Canada (42%)
- Parents (45%)
- Caregiver (48%)



Went to an urgent care centre

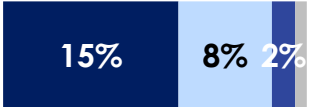


20%

- 18-34 (31%)
- Not born in Canada (24%)
- Parents (29%)
- 5+ meds (28%)
- Caregiver (38%)



Went to an emergency room at a hospital



26%

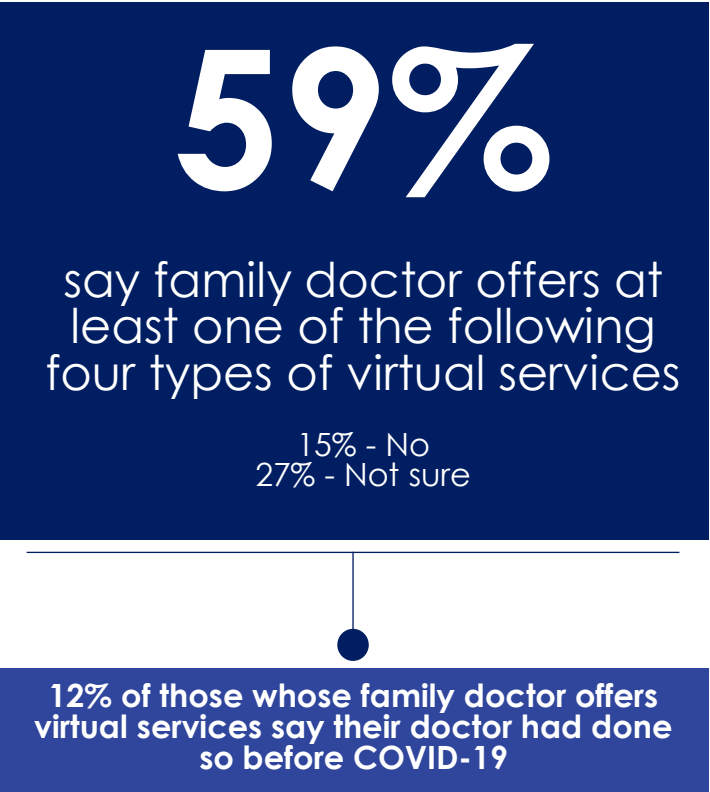
- 18-34 (35%)
- Parents (35%)
- Chronic Illness (32%)
- 5+ Meds (39%)
- Caregiver (43%)

Base: All respondents (n=2,000)  
Q14. How often have you done the following in the past 12 months to be assessed or treated when you had a non-life-threatening illness or injury?  
Values less than 4% not labelled in chart.

# Primary Care Virtual Services

3f

Six in 10 say their doctor currently offers VIRTUAL SERVICES, compared to only 12% prior to the start of the pandemic. Most doctors offer telephone; few currently offer video conference call, email or text. Virtual services are used widely (85%) among those whose doctors offer them.



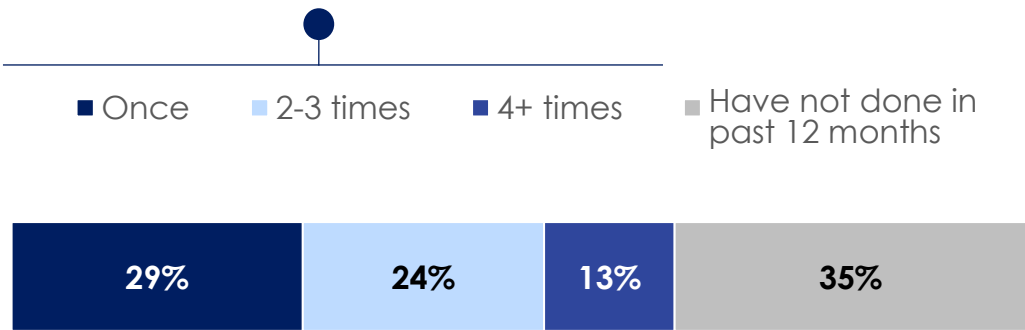
Base: Have a regular family doctor (n=1,654). Q10. Some people use virtual methods to connect with their family doctor. Instead of going to see a doctor in-person, patients can consult with their doctor through a video conference call, text message, email, or phone call. Does your family doctor offer virtual services?  
 Base: Family doctor offers any virtual services (n=985)  
 10a. How often have you consulted with your family doctor VIRTUALLY in the past 12 months?  
 10b. Did your doctor offer virtual consultations before the COVID-19 pandemic started?

Among those who have family doctors, nearly two thirds have visited their doctors in-person and half have visited them virtually in the past year.

65%



have consulted with family doctor  
**IN-PERSON** in the past year



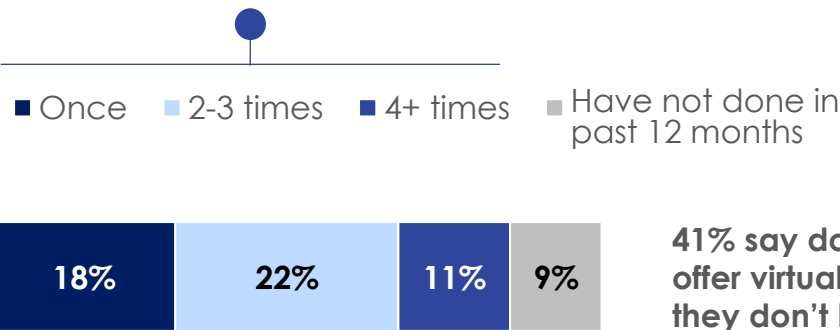
- Have consulted in-person is higher among those in AB (83%) and MB/SK (79%)

Base: Have a regular family doctor (n=1,654)  
Q9. How often have you visited your family doctor IN-PERSON in the past 12 months?

51%



have consulted with family doctor  
**VIRTUALLY** in the past year



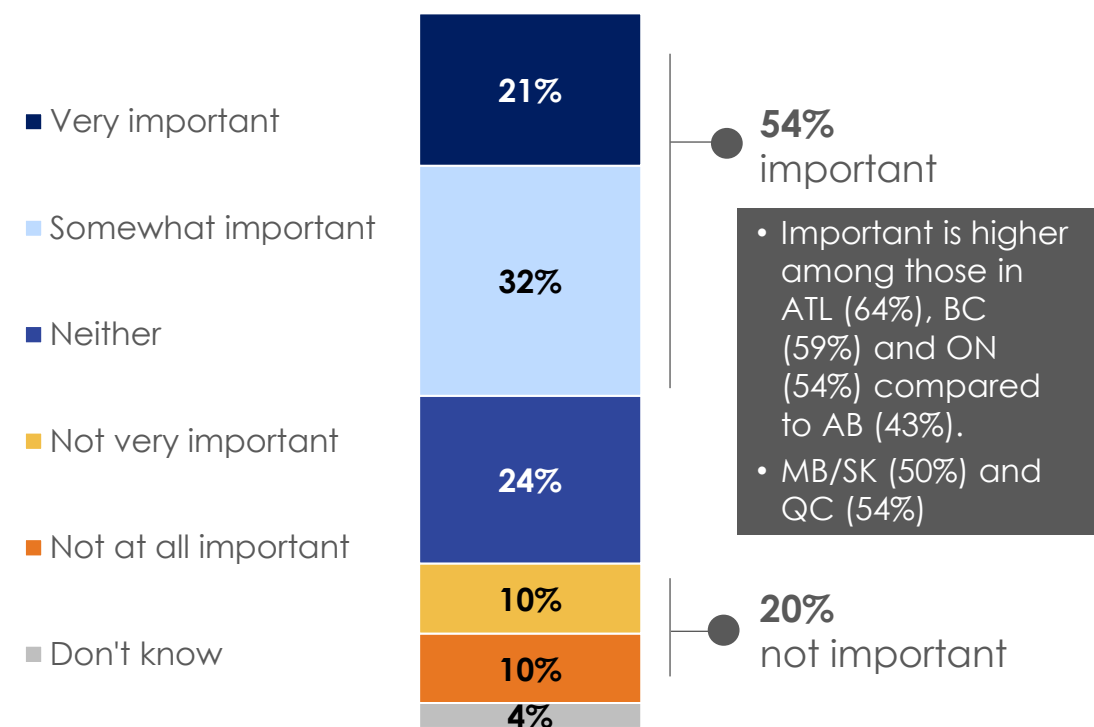
41% say doctor does not offer virtual services or say they don't know

- Have consulted virtually is higher among those in BC (66%) and ATL (57%)

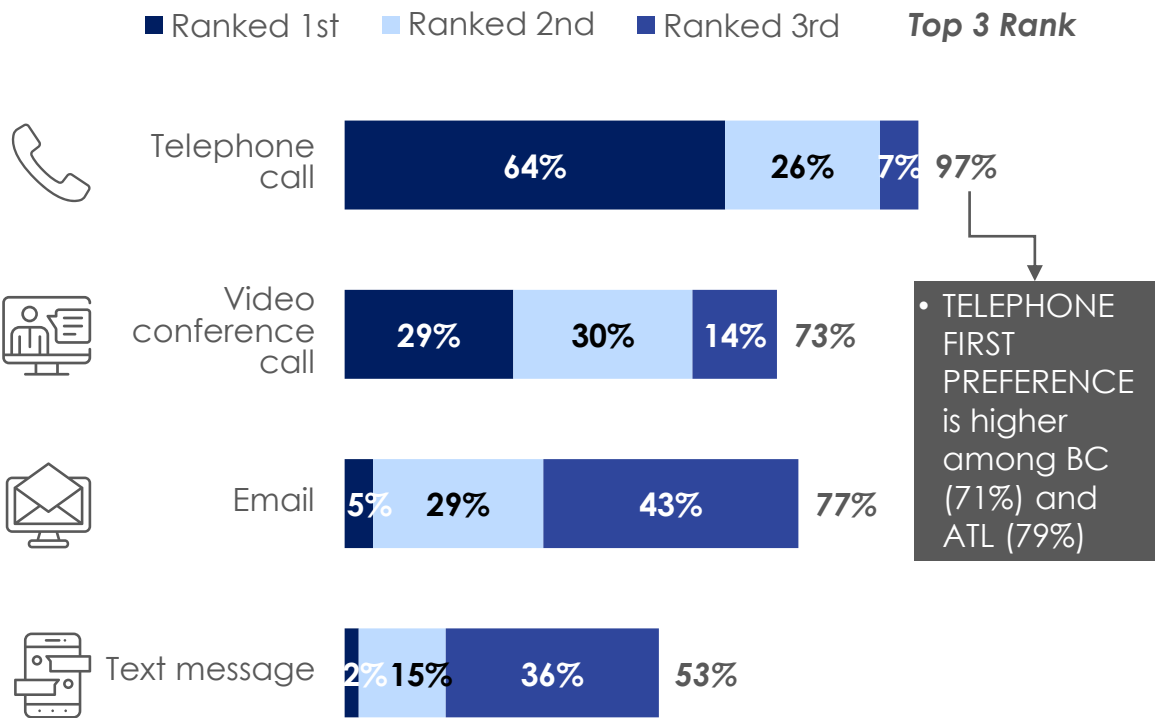
Base: REBASED to all who have a family doctor (n=1,654)  
10a. How often have you consulted with your family doctor VIRTUALLY in the past 12 months?

Over half of Canadians say that it is important to them personally that a family doctor offers virtual services. Higher preference is given to speaking with the doctor by phone, followed by video call.

### IMPORTANCE OF VIRTUAL SERVICES



### PREFERRED TYPE OF VIRTUAL SERVICE



Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?  
 Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B; Even if virtual consultations are not important to you personally, please rank your preference].

# Higher healthcare needs groups including parents, those taking 5+ medicines/per day and primary caregivers, and those in larger cities, are significantly more likely to see the importance of virtual services. (1/5)

Some groups show greater preference for video conference calls: <54 years old, residents in urban centres, parents and caregivers

|   | Total Sample | GENDER |        |
|---|--------------|--------|--------|
|   |              | Male   | Female |
| Base: Have a family doctor                              | 1 654        | 775    | 871    |
| Very/ somewhat important doctor offers virtual services | 54%          | 51%    | 55%    |
| Telephone – 1 <sup>st</sup> preference                  | 64%          | 63%    | 66%    |
| Video call – 1 <sup>st</sup> preference                 | 29%          | 31%    | 26%    |

Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?  
 Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B: Even if virtual consultations are not important to you personally, please rank your preference].

# Higher healthcare needs groups including parents, those taking 5+ medicines/per day and primary caregivers, and those in larger cities, are significantly more likely to see the importance of virtual services. (2/5)

Some groups show greater preference for video conference calls: <54 years old, residents in urban centres, parents and caregivers

|  | Total Sample | AGE   |       |     |
|--|--------------|-------|-------|-----|
|  |              | 18-34 | 35-54 | 55+ |
| <b>Base: Have a family doctor</b>                              | 1 654        | 385   | 583   | 686 |
| <b>Very/ somewhat important doctor offers virtual services</b> | <b>54%</b>   | 54%   | 58%   | 49% |
| <b>Telephone – 1<sup>st</sup> preference</b>                   | <b>64%</b>   | 50%   | 63%   | 75% |
| <b>Video call – 1<sup>st</sup> preference</b>                  | <b>29%</b>   | 37%   | 30%   | 22% |

Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?

Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B: Even if virtual consultations are not important to you personally, please rank your preference].



# Higher healthcare needs groups including parents, those taking 5+ medicines/per day and primary caregivers, and those in larger cities, are significantly more likely to see the importance of virtual services. (3/5)

Some groups show greater preference for video conference calls: <54 years old, residents in urban centres, parents and caregivers

|   | Total Sample | REGION |     |       |     |     |     |
|---|--------------|--------|-----|-------|-----|-----|-----|
|   |              | BC     | AB  | MB/SK | ON  | QC  | ATL |
| Base: Have a family doctor                              | 1654         | 213    | 194 | 111   | 682 | 333 | 121 |
| Very/ somewhat important doctor offers virtual services | 54%          | 59%    | 43% | 50%   | 54% | 54% | 64% |
| Telephone – 1 <sup>st</sup> preference                  | 64%          | 71%    | 60% | 62%   | 64% | 60% | 79% |
| Video call – 1 <sup>st</sup> preference                 | 29%          | 23%    | 30% | 31%   | 30% | 32% | 14% |

Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?  
 Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B: Even if virtual consultations are not important to you personally, please rank your preference].

# Higher healthcare needs groups including parents, those taking 5+ medicines/per day and primary caregivers, and those in larger cities, are significantly more likely to see the importance of virtual services. (4/5)

Some groups show greater preference for video conference calls: <54 years old, residents in urban centres, parents and caregivers

|  | Total Sample | POPULATION SIZE   |                |
|--|--------------|-------------------|----------------|
|  |              | 100,000 - 999,999 | 1 MILLION PLUS |
| <b>Base: Have a family doctor</b>                              | 1654         | 470               | 771            |
| <b>Very/ somewhat important doctor offers virtual services</b> | <b>54%</b>   | 55%               | 57%            |
| <b>Telephone – 1<sup>st</sup> preference</b>                   | <b>64%</b>   | 69%               | 62%            |
| <b>Video call – 1<sup>st</sup> preference</b>                  | <b>29%</b>   | 24%               | 31%            |

Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?

Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B: Even if virtual consultations are not important to you personally, please rank your preference].

# Higher healthcare needs groups including parents, those taking 5+ medicines/per day and primary caregivers, and those in larger cities, are significantly more likely to see the importance of virtual services. (5/5)

Some groups show greater preference for video conference calls: <54 years old, residents in urban centres, parents and caregivers

|   | Total Sample | HIGHER NEEDS SUBGROUPS |                 |          |                    |
|---|--------------|------------------------|-----------------|----------|--------------------|
|   |              | Parents                | Chronic illness | 5+ PILLS | Primary care-giver |
| Base: Have a family doctor                              | 1654         | 396                    | 854             | 401      | 276                |
| Very/ somewhat important doctor offers virtual services | 54%          | 61%                    | 57%             | 60%      | 62%                |
| Telephone – 1 <sup>st</sup> preference                  | 64%          | 54%                    | 66%             | 73%      | 58%                |
| Video call – 1 <sup>st</sup> preference                 | 29%          | 36%                    | 27%             | 23%      | 35%                |

Base: Have a regular family doctor (n=1,645). Q10c. How important is it to you personally that your family doctor offers virtual services?

Base: Have a regular family doctor (n=1,654). Q10d. Please rank each of the following virtual methods in terms of personal preference when consulting with your family doctor. [SHOW ONLY IF RATED 1 TO 3 IN Q10B: Even if virtual consultations are not important to you personally, please rank your preference].

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So that our clients can act faster, smarter and bolder. Ultimately, success comes down to a simple truth:  
**You act better when you are sure.**

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