

# Health Care Processes and Experiences in Newfoundland and Labrador Compared to Canada and Australia

## Objective

To compare health care processes and experiences as self-reported by the public in Newfoundland and Labrador (NL) compared to other Canadian provinces and Australia (AUS).

## Practice Points

1. The Commonwealth Fund undertakes a survey of the public in 11 Organization for Economic Cooperation and Development (OECD) countries for international comparisons of health care systems. In Canada (CA), this survey is conducted in collaboration with the Canadian Institute for Health Information (CIHI) and includes oversampling in smaller provinces to allow for provincial comparisons.

## Methods

1. Data were obtained from CIHI for the results of the Commonwealth Fund 2020 survey of the general population and the Commonwealth Fund 2021 survey of older adults.
2. For each metric, NL was ranked in comparison to the other provinces with 1 as the best performance/outcome and 10 as the worst. In the tables, rank 1–3 is coloured green, rank 4–7 is yellow, and 8–10 is red.

### Legend For Tables 1–8

NL Rank	1–3	4–7	8–10
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## Results

Table 1. Preventative Care Reported by the Public

	AUS	CA	NL	NL Rank
<b>Among all adults, during the past 12 months, % who talked with their health care provider about:</b>				
Healthy diet and healthy eating	36.4	32.1	36.3	1
Exercise or physical activity	41.3	38.6	38.5	4
Alcohol use	10.4	8.7	2.6	9
Health risks of smoking and ways to quit	55.0	48.6	69.0	1

- NL was comparable to Canada on rates of discussion of preventative care issues, with the exception of alcohol use, where NL ranked as the second worst province, despite high rates of heavy drinking.

Table 2. Chronic Disease Management in Adults

% who:	AUS	CA	NL	NL Rank
Have ≥2 chronic conditions	33.1	32.3	42.1	10
Take ≥4 medications on a regular basis	14.7	20.2	26.0	9
<b>In the past year, % who had seen any health care professional for their chronic conditions:</b>				
Discuss their main goals and priorities	59.0	55.8	57.2	2
Discuss treatment options	54.1	55.0	58.4	5
Provide a written plan to manage own care	29.7	30.9	28.2	8
Review all medications being taken	74.6	75.3	76.5	5

- There are high rates of chronic disease and polypharmacy in NL, and very few individuals with a chronic disease receive a written plan to manage their own care.

Table 3. Health Status Reported by Adults ≥65 Years

% who:	AUS	CA	NL	NL Rank
Describe health as very good/excellent	48.3	45.1	48.1	3
Have chronic conditions	85.0	85.1	93.1	10
Have ≥2 chronic conditions	59.6	58.8	62.0	8
Take ≥5 prescription medications on a regular basis	28.2	33.2	35.6	5
Were admitted to hospital overnight in the past 2 years	32.5	19.9	20.4	7

- There is a high rate of chronic disease among seniors in NL, but almost half of seniors describe their health as very good or excellent.

**Table 4. Patient Engagement and Satisfaction**

	AUS	CA	NL	NL Rank
<b>Among all adults who were in hospital, during the last hospital stay, % who were:</b>				
Always treated with courtesy and respect by doctors	75.4	74.0	64.0	10
Always treated with courtesy and respect by nurses	73.5	71.3	72.8	6
Definitely involved as much as they wanted in decisions about care and treatment	55.0	55.9	54.3	6
<b>Among adults ≥65 years, % who were:</b>				
Completely/very satisfied with the quality of health care received in the past 12 months	72.9	55.8	49.1	10

- The proportion of patients in NL who felt they were not always treated with courtesy and respect by doctors is poor, with NL ranked as the worst province on this metric.
- Quality of health care in NL is ranked as the worst in Canada by seniors.

**Table 5. End-of-Life Care for Adults ≥65 Years**

% who:	AUS	CA	NL	NL Rank
Discussed with family, a close friend, or a health care professional what health care treatment is wanted if they became very ill or injured and cannot make decisions for themselves	62.4	66.3	57.9	10
Have a written plan or document describing the health care treatment wanted at the end of life	29.7	45.6	31.0	10
Have a written document that names someone to make treatment decisions if they cannot make decisions for themselves	56.7	63.2	51.7	9
Ever talked to a health care provider about access to medical assistance in dying	N/A	14	7.0	9
Are very confident they will have enough services in the community to support them at the end of life in their location of choice	N/A	34	24.9	10

- Planning for end-of-life care is very poor in NL compared to other Canadian provinces

**Table 6. Timeliness of Health Care Reported by the Public**

% who:	AUS	CA	NL	NL Rank
Were able to get an appointment on the same day if sick or needed medical attention	42.8	22.3	16.5	9
Always get a response on the same day when contacting a regular doctor's office	36.7	41.9	44.4	4
Getting medical care after hours without going Emergency Department (ED) is very difficult	15.6	28.1	44.6	10
Never used an ED in the past two years for own medical care	68.5	57.7	46.0	9
Went to ED but thought it could be treated by regular doctor	30.3	38.1	42.1	6
Went to ED and waited ≥4 hours for treatment	12.3	29.3	29.8	7
Waited ≥1 year for elective surgery	9.3	11.5	12.5	5
Waited ≥1 month to see a specialist	45.0	61.1	64.7	6

- As a country, Canada performs poorly on timeliness of care and there is further opportunity for improvement in NL, particularly in terms of patients being able to get same day or after hours care and not using an ED for care.

**Table 7. Cost Barriers Reported by the Public**

	AUS	CA	NL	NL Rank
<b>In the past 12 months, % who had a medical problem, but because of cost:</b>				
Did not visit a doctor	10.2	5.0	2.4	2
Skipped test/treatment/follow-up	13.7	5.2	3.8	2
Skipped doses of medicine or did not fill a prescription	8.3	8.9	8.1	2
Skipped dental care	31.7	26.8	29.6	8
Had serious problems paying medical bills	9.1	6.8	7.6	5

- In general, cost barriers to health care in NL are not a major issue, with the exception of accessing dental care. Because of cost barriers, 30% of adults skipped dental care, the third highest province for this metric.

**Table 8. Administrative Efficiency Reported by the Public**

% reporting:	AUS	CA	NL	NL Rank
In the past 2 years, test results/medical records not available at medical appointment	-	9.5	5.5	1
Doctor ordered an unnecessary test	-	8.0	4.5	2
<b>In the past 2 years when seeing a specialist:</b>				
The specialist did not have basic medical information or test results from the regular provider	13.4	15.0	11.6	3
After seeing the specialist, the regular family physician was not up to date on the care the specialist provided	18.4	20.2	21.1	5
<b>After leaving the hospital:</b>				
Hospital made arrangements for follow-up care	79.7	76.1	80.3	5
Patient received written information about symptoms or problems to watch out for	77.4	76.5	68.1	7
Regular provider seemed informed about care received in hospital	71.8	77.6	65.5	9

- For most of the metrics on administrative efficiency NL was comparable to Canada, except regular family practitioners did not seem informed about care received in hospital and patients did not receive written information about symptoms or problems to watch out for after leaving the hospital.

## Conclusions

- Health status and rates of chronic disease are poor in NL compared to CA and AUS. Addressing these issues will require prioritizing the social determinants of health and preventative care.
- Courtesy and respect toward patients in hospital by doctors needs to improve.
- Seniors' satisfaction with the quality of the health care they receive is low in CA compared to AUS and low in NL compared to CA. Factors contributing to low satisfaction in NL should be investigated and addressed.
- Improvement in planning and communication about end-of-life care is critical and should be emphasized in primary care and long-term care.
- Timeliness of primary care needs to be enhanced to include access to same-day and after-hours care without reliance on EDs to provide primary care services.
- Cost barriers to accessing dental care impact health equity in NL, requiring solutions to be identified.
- Administrative efficiency and electronic infrastructure should be enhanced to improve coordination and communication from hospitals and specialists to primary care providers.