

# Registered Nurse Prescribing Referral

Rapid Response on Key Patient Care Access Challenges in Ontario

February 2016

Please note that this Preliminary Literature Review is a summary of information from other sources, not a representation of the policy position or goals of the Ministry of Health and Long-Term Care. If material in the review is to be referenced, please cite the original, primary source, rather than the review itself.



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## Rapid Response on Key Patient Care Access Challenges in Ontario

The following document presents some findings from the research literature, grey literature, and relevant websites on topics pertaining to key challenges faced by patients in accessing health care services in Ontario. While key access challenges specifically related to registered nurses (RNs) and/or RN prescribing were of interest, findings pertaining to any type of health care access issue faced by patients in general were also included in this rapid response.

The findings presented here reflect the limited information identified and summarized by one person in four working days, and may not represent consensus positions or the most updated literature. As such, the findings should be interpreted with caution.

### Summary of Main Findings

- The identified literature provided evidence that Ontario patients experienced persistent challenges and inequalities in access to health care, including in the following three areas:
  - **Accessing Primary Health Care:** Patients experience the following challenges in accessing primary health care in Ontario: 1) access to a regular doctor or place of primary care; 2) access to coordinated, patient-centred primary care; and 3) access to primary care in remote and rural locations.
  - **Wait Times for Primary and Secondary Health Care:** According to a 2014 report by the Commonwealth Fund, Ontario (and Canada in general) ranks near-to-last on most measures of timeliness of care, including same- or next-day access to primary care, emergency department wait times, and access to specialists.
    - A 2011 report by the Ontario Medical Association noted that immigrants face a systemic barrier to accessing both primary and specialized health care due to the three-month waiting period before they qualify for coverage under the Ontario Health Insurance Plan.
  - **Out-of-Pocket Costs:** A 2013 Commonwealth Fund survey reported that 22% of Ontario patients are not confident that they would be able to afford the care they need in the event that they become seriously ill. The identified research literature suggested that substantial cost-related barriers faced by patients include those related to accessing prescription drugs, having chronic diseases or serious illnesses (e.g., cancer), and living in remote and/or rural areas.

### Limitations

Limited literature was identified pertaining to the challenges faced by patients accessing health care services specifically in Ontario, as well as literature specific to RNs and/or RN prescribing.

### Description of Findings

A 2014 report by the Health Council of Canada (HCC)<sup>a</sup> examined the findings of the 2013 Commonwealth Fund International Health Policy Survey of the general public.<sup>b</sup> The survey explored Canadian patients'

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<sup>a</sup> Created by the 2003 *First Ministers' Accord on Health Care Renewal*, the HCC was an independent national agency that reported on the progress of health care renewal. The HCC provided a system-wide perspective on health care reform in Canada, and disseminated information on innovative practices across the country ([Health Council of Canada, n.d.](#)).

<sup>b</sup> The 2013 Commonwealth Fund International Health Policy Survey of the general public reflects the perceptions of a random sample of the general public (aged 18 years and older) in 11 countries: Australia, Canada, France, Germany, Netherlands, New

views on and experiences with health care in Canada, and provided comparative data at the provincial level.<sup>c</sup> According to the survey, most Ontarians gave high ratings to the medical care they received in the past 12 months from their doctor or clinic, with 74% of respondents rating it as “very good” or “excellent.”<sup>1</sup> Similarly, a 2013 report by the Environics Institute<sup>d</sup> noted that Ontarian’s confidence in Canada’s health system is the highest in the country at 58% — up 8% since 2010.<sup>2</sup>

However, the HCC report on the 2013 Commonwealth Fund Survey and other identified literature also highlighted several key challenges that patients face when trying to access health care services in Ontario, including: 1) accessing primary health care; 2) wait times for primary and secondary health care; and 3) out-of-pocket costs.

## **1. Challenges in Accessing Primary Health Care**

The identified literature reported on the following challenges that patients experience in accessing primary health care in Ontario: 1) access to a regular doctor or place of primary care in Ontario; 2) access to coordinated, patient-centred primary care; and 3) access to primary care in remote and rural locations.

### **1.1 Access to a Regular Doctor or Place of Primary Care**

According to a 2014 report by the Commonwealth Fund that compared international health care systems, an average 7% of Canadians did not have a regular doctor or clinic where they go for care.<sup>3</sup> A 2015 Ontario Medical Association (OMA)<sup>e</sup> policy paper reported that 9% of Ontarians did not have a regular place to obtain primary health care and that 13% of Ontario patients reported difficulty with accessing such care.<sup>4</sup>

The 2013 Commonwealth Fund Survey found that an average of 58% of Ontarians found it difficult to access medical care in the evenings, on weekends, or holidays without going to the hospital emergency department.<sup>5</sup> The 2015 OMA policy report further noted that 15% of Ontarians reported that their wait time for primary health care was unacceptable.<sup>6</sup>

### **1.2 Access to Coordinated, Patient-Centred Primary Care**

According to a 2015 OMA policy report, formal collaborative interdisciplinary family health care services [i.e., Family Health Teams (FHTs) and Community Health Centres (CHCs)] provided care to three million Ontario patients in 2015. However, the report noted that Ontario offers uneven care through an inequitable approach to organizing primary care services. Patients connected to formal collaborative interdisciplinary family health care organizations received facilitated access to the programs, services, and supports they required, with little or no cost to the patient, by virtue of their proximity to a CHC or their physician’s practice arrangement. Patients who were not affiliated with a FHT or CHC still typically received necessary primary

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Zealand, Norway, Sweden, Switzerland, United Kingdom, and United States. Participants were interviewed by telephone between March and June 2013. The Commonwealth Fund sponsored the survey, along with four Canadian partners (and organizations in other countries) who contributed to expanding the sample size: the Commissaire à la santé et au bien-être (Quebec Health and Welfare Commissioner), the Health Council of Canada, the Health Quality Council of Alberta, and Health Quality Ontario ([Health Council of Canada, n.d.](#)) ([Canadian Health Care Matters, 2014](#)).

<sup>c</sup> A total of 5,412 Canadian respondents were surveyed in the 2013 Commonwealth Fund Survey. Alberta, Ontario, and Quebec paid for expanded sample sizes for their provinces; the territories were excluded due to small sample sizes ([Canadian Health Care Matters, 2014](#)).

<sup>d</sup> The Environics Institute is a not-for-profit Ontario corporation established to promote public opinion and social research on issues of public policy and social change ([The Environics Institute, n.d.](#)).

<sup>e</sup> The OMA is an organization that represents the political, clinical, and economic interests of the Ontario’s medical profession. Its membership includes practicing physicians, medical residents, and students enrolled in Ontario faculties of medicine ([Ontario Medical Association, n.d.](#)).

care services, but had variable access, may have received less navigation and care coordination, and may have had to pay for services out-of-pocket.<sup>7</sup>

The 2013 Commonwealth Fund Survey and other research literature highlighted the following four challenges for patients in accessing coordinated, patient-centred primary care in Ontario:

- **Face Time:** 46% of Ontario patients (n=1,543) felt that their doctor or medical staff did not spend enough time with them.<sup>8</sup> A 2015 OMA policy paper further found that 35% of patients reported that they did not have enough time to discuss their medical concerns with their doctor.<sup>9</sup>
- **Conflicting Information:** 18% of Ontarians reported that they had received conflicting information from different doctors or health care professionals about their health care.<sup>10</sup>
- **Lack of Communication:** 32% of Ontarians reported that after a visit to a hospital emergency department their doctors or staff did not seem informed and up-to-date about the care they had received.<sup>11</sup>
- **Knowledge of Patient Medical History:** 38% of Ontarians reported that, when they sought care or treatment, their regular doctor or medical staff did not know important information about their medical history. The 2014 HCC report by noted that the proportion of primary care doctors who know their patients' medical history has declined since 2007.<sup>12</sup>

### 1.3 Underserved Geographic Areas

A 2013 systematic review and qualitative meta-synthesis noted that Ontario faced many challenges in providing health care services to remote and rural populations, where approximately 15% of the Ontario population lives. Two of the twelve studies included in the review were conducted in Ontario; four in other Canadian jurisdictions; and the remainder in the US, Europe, Australia, and New Zealand. All studies, including the Ontario studies analyzed in the review, noted that shortages of local health care professionals contributed to being a barrier to patient access to primary care.<sup>13</sup>

## 2. Wait Times for Primary and Secondary Health Care

According to the 2014 report by the Commonwealth Fund that compared international health care systems, Canada ranks last or near-to-last on most measures of timeliness of care.<sup>14</sup> In particular, the literature identified patient challenges with: 1) access to their doctors for same-day, next-day, evening, and weekend appointments; 2) long wait times for emergency care; 3) difficulty getting speciality tests; 4) receiving treatment after diagnosis; 5) wait times to see a specialist; and 6) wait times for elective surgery.<sup>15,16,17</sup>

As reviewed below, information was identified about patient wait times for accessing primary care physicians, emergency department care, and specialists, as well as access barriers and wait times faced by Ontarian immigrants.

### 2.1 Wait Times for Accessing Primary Care Physicians

The 2013 Commonwealth Fund Survey reported that an average of 41% of Canadians said they could receive an appointment on the same or next day with a doctor or nurse when they were sick or needed medical attention. This was the lowest reported percentage among the 11 high-income countries included in the study. The same study reported that the average was 42% among Ontarians. Moreover, the survey found that when Ontario patients called their regular doctor's office with a medical concern during regular practice hours, 65% received an answer the same day.<sup>18</sup>

## **2.2 Wait Times for the Emergency Department**

The 2014 HCC report noted that Ontario patients waited longer for emergency department care compared with other high-income countries. Specifically, the report found that in 2013, 23% of Ontarians waited four or more hours before being treated at the hospital emergency department the last time they visited.<sup>19</sup>

## **2.3 Wait Times for Ontario Specialists**

A 2013 study that analyzed Ontario data from the Canadian Community Health Survey<sup>f</sup> found that wait time was the most frequently cited challenge experienced by patients when accessing specialist care within the previous 12 months (67.1%). In this study, “wait time” referred to time spent waiting in the specialist’s office (12.7%), time spent waiting to secure an appointment with a specialist (77.9%), or both (9.4%).<sup>20</sup>

## **2.4 Wait Times Faced by Immigrants in Ontario**

As highlighted in a 2011 OMA policy report, thousands of new Ontarians face an access barrier of a three-month waiting period from the date of their arrival before they qualify for coverage under the Ontario Health Insurance Plan (OHIP). While the Interim Federal Health Program covers emergency and essential care for refugee claimants, new legal immigrants are encouraged to buy private insurance prior to arriving in Canada to cover the wait period. However, the report noted that this type of insurance is often either not purchased, unavailable, or the coverage is insufficient.<sup>21</sup>

The 2013 study analyzing the Canadian Community Health Survey data found that, in general, immigrants in Ontario were much more likely to report difficulties and longer wait times in accessing specialist care in comparison with the Canadian-born Ontario population. Specifically, 69.2% of newcomers to Canada (i.e., those living in the country for less than 10 years) and 72.1% of longer-term immigrants reported difficulties with wait times, while 64.3% of their Canadian-born counter-parts reported the same difficulties related to wait times.<sup>22</sup>

## **3. Out-of-Pocket Costs**

The 2013 Commonwealth Fund Survey found that 22% of Ontarians are “not very” or “not at all” confident that they would be able to afford the care they need in the event that they become seriously ill.<sup>23</sup> As reviewed below, the literature identified substantial cost-related barriers faced by Ontario patients, including those related to accessing prescription drugs, having chronic diseases or serious illnesses (e.g., cancer), and living in remote and/or rural areas.

### **3.1 Cost-Related Challenges in Accessing Prescription Medication**

Cost as a barrier to accessing prescription drugs in Ontario and Canada in general is well documented in the literature.<sup>24,25,26,27</sup> According to the literature, outpatient prescription medications fall outside the scope of the [Canada Health Act \(1984\)](#), and as a result, drug financing in Canada is a “patchwork” that includes: 1) provincially, territorially, and federally administered plans for specific populations; 2) private health care plans; and 2) out-of-pocket payments that depend on whether and to what extent one has access to a public or private insurance plan.<sup>28,29,30</sup> The 2013 Commonwealth Fund Survey reported that Canadians are among the highest users of prescription drugs compared with other countries,<sup>31</sup> and according to a 2015

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<sup>f</sup> The Canadian Community Health Survey collects information annually on health status, health care use, and determinants of health. It relies upon a large sample of respondents and is designed to provide reliable estimates at the regional level ([Canadian Community Health Survey, n.d.](#)).

report published by the Wellesley Institute<sup>9</sup> in Toronto (Ontario), 22% of prescription drugs were paid for out-of-pocket by patients in 2014.<sup>32</sup>

According to a 2012 Canadian study, costs related to the variability in insurance coverage for prescription medications appeared to be a key factor that negatively impacted adherence to prescription drugs in Ontario.<sup>33</sup> The 2013 Commonwealth Fund Survey noted that 55% of Ontarians took one or more medications and 35% reported taking two or more on an ongoing basis;<sup>34</sup> however, the 2015 Wellesley Institute report found that one-third of working Ontarians do not have employer-provided benefits and Ontario does not offer coverage for people with low incomes.<sup>35</sup> The province does, however, provide mixed population-based coverage for seniors (aged 65 years and older) and for those on social assistance. In addition, Ontario offers catastrophic coverage to those whose drug costs exceed 4% of net family income.<sup>36</sup> Nevertheless, the 2013 the Commonwealth Fund Survey found that 11% of Ontarian patients did not fill a prescription or they skipped a dose due to cost within the previous 12 months.<sup>37</sup> This statistic was higher than the national average of 8%; internationally only the US ranked higher at 21%.<sup>38</sup>

### 3.1.1 Cost-Related Barriers in Accessing Cancer Drugs

A 2014 Ontario study analyzed the financial challenges to patients, survivors, families, employers, insurance plans, and the health care system as a whole with respect to cancer patients. The study noted that there are disruptions in income-earning power, increasingly costly co-payments (according to the study, approximately 75% of private plans have co-payments of 20%) and supportive care costs that deplete savings.<sup>39</sup>

According to a 2014 study, the [Canada Health Act \(1984\)](#) provides for government reimbursement for intravenous cancer drugs because they are administered in a hospital or medical setting. In most provinces, patients must personally pay some or all of the cost of medications that are taken at home, even if they are considered essential as part of internationally accepted treatment protocols. Canada's western provinces, Quebec, and the northern territories cover the reimbursement of oral cancer drugs for all in need, while Ontario and the Atlantic provinces do not.<sup>40</sup> Blue Cross has determined that, when take-home medicines are only partially covered by private insurance or not reimbursed at all, one in six cancer patients with high out-of-pocket costs abandon their medication.<sup>41</sup>

## 3.2 **Cost-Related Barriers Faced by Rural Populations**

A 2007 study assessed the monthly out-of-pocket costs of cancer patients within the general population (n=282) of Ontario by analyzing the results of a survey conducted between October 2001 and April 2003. Travel costs were found to be the most problematic for patients compared to all other out-of-pocket expenses (e.g., parking/fares, medical devices, prescription drugs, accommodation, home care) at that time.<sup>h</sup> The mean monthly travel costs among survey respondents was \$372, with a range of \$0–\$6,180.<sup>42</sup>

Six studies were identified that reported on the cost-related barriers faced by rural populations in Ontario:

- A 2013 Canadian Cancer Society Action Plan proposal indicated that rural and northern Ontario families experienced much higher out-of-pocket costs in terms of travel, accommodation,

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<sup>9</sup> The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy institute. The institute focuses on developing research, policy, and community mobilization to advance population health ([Wellesley Institute, n.d.](#)).

<sup>h</sup> Out-of-pocket mean monthly costs for all those other than travel costs totalled an average CAD \$213 and were as follows: parking/fares (\$47); devices (\$46); prescription drugs (\$45); accommodation (\$43); complementary and alternative medicine (\$29); vitamins (\$25); homemaking (\$14); family care (\$12); home care (\$2); and other (\$8). Imputed travel mileage costs were \$372.

subsistence, family care, and lost wages than urban families in the province. In one instance, a rural family paid CAD \$25,000 out-of-pocket to access the same treatment over a six-month period for which an urban family would have paid CAD \$2,000.<sup>43</sup>

- A 2005 study found that sometimes appointments for health care services in urban centres were not scheduled in a way that considered the significant travel time involved for rural patients, which required them to make multiple trips or arrange overnight accommodation to make an early-morning appointment.<sup>44</sup>
- Three studies noted that transportation and associated costs (e.g., gas, parking) is a commonly reported burden to many patients.<sup>45,46,47</sup>

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