



How Canada Compares

Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians

Methodology Notes



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

Production of this document is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

All rights reserved.

The contents of this publication may be reproduced unaltered, in whole or in part and by any means, solely for non-commercial purposes, provided that the Canadian Institute for Health Information is properly and fully acknowledged as the copyright owner. Any reproduction or use of this publication or its contents for any commercial purpose requires the prior written authorization of the Canadian Institute for Health Information. Reproduction or use that suggests endorsement by, or affiliation with, the Canadian Institute for Health Information is prohibited.

For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120

cihi.ca

copyright@cihi.ca

ISBN 978-1-77109-892-2 (PDF)

© 2020 Canadian Institute for Health Information

How to cite this document:

Canadian Institute for Health Information. *How Canada Compares: Results From the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians — Methodology Notes*. Ottawa, ON: CIHI; 2020.

Cette publication est aussi disponible en français sous le titre *Résultats du Canada : Enquête internationale de 2019 du Fonds du Commonwealth sur les politiques de santé auprès des médecins de soins primaires — notes méthodologiques*
ISBN 978-1-77109-893-9 (PDF)

Table of contents

Sampling methodology	4
Data collection	5
Coverage	6
Weighting of results	7
Significance testing	8
Averages	9
Trending analysis	9

Sampling methodology

The Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians reflects the experiences and perceptions of a random sample of primary care physicians in 11 countries: Australia, Canada,ⁱ France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States.

Table 1a Total number of interviews completed, by country

Country	Total interviews
Australia	500
Canada	2,569
France	1,287
Germany	809
Netherlands	788
New Zealand	503
Norway	661
Sweden	2,411
Switzerland	1,095
United Kingdom	1,001
United States	1,576

Table 1b Total number of interviews completed, by province/territory

Province/territory	Total interviews	Percentage distribution
Newfoundland and Labrador	192	7.5%
Prince Edward Island	44	1.7%
Nova Scotia	186	7.2%
New Brunswick	196	7.6%
Quebec	464	18.1%
Ontario	597	23.2%
Manitoba	186	7.2%
Saskatchewan	206	8.0%
Alberta	177	6.9%
British Columbia	203	7.9%

i. A census was done in Prince Edward Island, Yukon, the Northwest Territories and Nunavut rather than a random sample.

Province/territory	Total interviews	Percentage distribution
Yukon, Northwest Territories, Nunavut: local physicians	51	2.0%
Yukon, Northwest Territories, Nunavut: locum physicians	67	2.6%
Total	2,569	100%

Note

Percentages may not add to 100 due to rounding.

The Commonwealth Fund funded 500 completed interviews across Canada. The Canadian Institute for Health Information (CIHI) and Canada Health Infoway funded 1,084 additional interviews, including census interviews in P.E.I., Yukon, the Northwest Territories and Nunavut. Sample sizes were further increased in Quebec and Ontario with funding from the ministère de la Santé et des Services sociaux du Québec and Health Quality Ontario, respectively. In total, 2,569 interviews were completed across Canada. The interviews in the territories included physicians who practise exclusively in the territories (local physicians) as well as physicians who practise in the territories and somewhere else (locum physicians). Local and locum physicians were identified in collaboration with the territorial governments and from publicly available lists. Locum physicians were instructed to focus on their experience practising in the territories.

Data collection

The survey consisted of paper and online surveys, as well as computer-assisted telephone interviews, that used a common questionnaire that was translated and adjusted for country-specific wording as needed.

In Canada, Social Sciences Research Solutions (SSRS) conducted mail and online surveys from January 29 to June 3, 2019, for the provinces (except P.E.I.), and censuses for P.E.I. and the territories from February 27 to July 30, 2019. Physicians in New Brunswick and Quebec were sent all postal mailings in English and French, and respondents in all provinces had the option to complete the survey online in English or French.

Table 2 Response rates, by country

Country	Total
Australia	14.5%
Canada	39.3%
France	20.0%
Germany	14.7%
Netherlands	48.7%
New Zealand	16.2%
Norway	33.8%
Sweden	42.2%
Switzerland	42.8%
United Kingdom	26.8%
United States	21.2%

Note

Response rates are calculated using the approach of the American Association for Public Opinion Research.

The Canadian response rate of 39.3% is higher than the 31.7% attained in the 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Coverage

The following subjects were covered in all 11 countries:

- Access to care
- Care management for patients with chronic conditions and other special needs
- Care coordination with other providers
- Care coordination with home care and social service providers
- Office systems and use of information technology
- Provider experiences with their practice
- Perspectives on the health care system

Additional subjects were covered in Canada:

- Primary care practice organization (group practice, solo practice, community clinic/health centre, etc.)
- Capacity to accept new patients
- Electronic access to regional, provincial and territorial information systems
- Patients requesting medical assistance in dying

Weighting of results

Data in Canada was weighted to account for

- The over-representation of primary care physicians in some provinces;
- The availability of an email address (since respondents with email addresses could be contacted both by mail and email); and
- Differential non-response along known geographic and demographic parameters.

The weighting adjustment was conducted in 2 stages:

- 1. Design weight:** The distributions by email availability and province were balanced to the breakdown in the sampling frame. In addition, a design-weight adjustment for province was done. The design-weight adjustments were done separately for P.E.I., Quebec, Ontario and the rest of Canada.
- 2. Post-stratification weight:** Weighting was accomplished using SPSSINC RAKE, an SPSS extension module that simultaneously balances the distributions of all variables using the GENLOG procedure.

To handle missing data among some of the demographic variables, SSRS employed a technique called hot decking. Hot deck imputation randomly replaces the missing values of a respondent with the values of a similar respondent who has no missing data.

In Canada, data was weighted by age and gender (for Quebec, Ontario and the rest of Canada) and by province. All benchmarks were derived from the CMA Masterfile, January 2018, Canadian Medical Association.

Table 3 Unweighted and weighted distributions of respondents, by province/territory

Province/territory	Unweighted distribution (%)	Weighted distribution (%)
Newfoundland and Labrador	7.5%	2.1%
Prince Edward Island	1.7%	0.4%
Nova Scotia	7.2%	3.0%
New Brunswick	7.6%	2.7%
Quebec	18.1%	22.9%
Ontario	23.2%	33.3%
Manitoba	7.2%	3.3%
Saskatchewan	8.0%	3.3%
Alberta	6.9%	12.2%

Province/territory	Unweighted distribution (%)	Weighted distribution (%)
British Columbia	7.9%	13.2%
Yukon, Northwest Territories, Nunavut: local physicians	2.0%	0.3%
Yukon, Northwest Territories, Nunavut: locum physicians	2.6%	3.2%

Note

Percentages may not add to 100 due to rounding.

The weights help ensure that the outcome is representative of the primary care physician population, based on the population parameters and selected specialty types. Weighting procedures were, overall, consistent with the protocol used in the Commonwealth Fund's 2015 International Health Policy Survey.

Significance testing

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 11 countries;
- Provincial results were significantly different from the international average; and
- Provincial results were significantly different from the Canadian average.

A colour-coded legend is used in the chartbook to show whether results are significantly different.

For the calculation of variances and confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments.

Averages

In the analysis, the Commonwealth Fund average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians in all provinces and territories (as opposed to the mean of provincial and territorial results).

Trending analysis

Data from the 2015 International Health Policy Survey of Primary Care Physicians is not directly comparable with data from the 2019 survey. In particular, due to changes to some questions (e.g., question text revised, response options added, question placement changed, translation changed), some trends may have been affected. Therefore, caution should be used when interpreting the trends.

**CIHI Ottawa**

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

21186-1119

