How Canada Compares

Results From the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries

Methodology Notes

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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.

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ISBN 978-1-77479-210-0 (PDF)

How to cite this document:
Canadian Institute for Health Information. *How Canada Compares: Results From the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries — Methodology Notes.* Ottawa, ON: CIHI; 2023.

Cette publication est aussi disponible en français sous le titre *Résultats du Canada : Enquête internationale de 2022 du Fonds du Commonwealth sur les politiques de santé auprès des médecins de première ligne dans 10 pays — notes méthodologiques.*
ISBN 978-1-77479-211-7 (PDF)

Table of contents

Sampling methodology

The Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians reflects the experiences and perceptions of a random sample of primary care physicians in 10 countries: Australia, Canada,[i] France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and the United States.

Table 1a Total number of interviews completed, by country

Country	Total interviews
Australia	321
Canada	**1,459**
France	530
Germany	947
Netherlands	617
New Zealand	377
Sweden	2,092
Switzerland	1,114
United Kingdom	1,010
United States	1,059

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

Province/territory	Total interviews	Percentage distribution
Newfoundland and Labrador	100	6.9%
Prince Edward Island	18	1.2%
Nova Scotia	128	8.8%
New Brunswick	159	10.9%
Quebec	373	25.6%
Ontario	151	10.3%
Manitoba	117	8.0%
Saskatchewan	129	8.8%
Alberta	147	10.1%
British Columbia	125	8.6%
Yukon, Northwest Territories, Nunavut	12	0.8%
Total	**1,459**	**100%**

Note
Percentages may not add to 100 due to rounding.

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

The sample for Canada was drawn from a national list of physicians provided by Professional Targeted Marketing. The list was derived from the Canadian Medical Directory master file. The Commonwealth Fund funded 500 completed interviews across Canada. The Canadian Institute for Health Information (CIHI) funded 900 additional interviews, including census interviews in Prince Edward Island, Yukon and the Northwest Territories. Sample sizes were further increased in Quebec with funding from the ministère de la Santé et des Services sociaux du Québec. In total, 1,459 interviews were completed across Canada.

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 February 16 to September 22, 2022. Physicians in Quebec were sent all postal mailings in English and French; emails were sent in French to physicians in Quebec. 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	12.2%
Canada	**22.7%**
France	6.5%
Germany	n/a
Netherlands	39.5%
New Zealand	9.9%
Sweden	38.4%
Switzerland	29.4%
United Kingdom	22.3%
United States	18.8%

Notes
n/a: Not applicable. Because of the sampling methodology used in Germany, it is not possible to calculate a response rate.
Response rates are calculated using the approach of the American Association for Public Opinion Research (AAPOR's RR3).

The Canada response rate of 22.7% is lower than the 39.3% attained in the Commonwealth Fund's 2019 International Health Policy Survey of Primary Care Physicians. There was a noticeable decline in response rates across most countries in the 2022 survey.

Coverage

The following subjects were covered in all 10 countries:

- Access to care
- Use of telehealth
- 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
- Personal and practice changes since the COVID-19 pandemic
- Perception of health system performance
- Practice profile and demographic data

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
- Use of lists created by Choosing Wisely Canada in day-to-day clinical practice

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. **Base weight:** The design weight was calculated as the inverse of the selection probability for each sampled record from the frame, with unknown eligibility adjustment and non-response adjustment. Both adjustments were computed within each province crossed by the email availability flag.
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 2022, Canadian Medical Association.

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

Province/territory	Unweighted distribution (%)	Weighted distribution (%)
Newfoundland and Labrador	6.9%	2.2%
Prince Edward Island	1.2%	0.4%
Nova Scotia	8.8%	2.9%
New Brunswick	10.9%	2.7%
Quebec	25.6%	22.5%
Ontario	10.3%	33.6%
Manitoba	8.0%	3.4%
Saskatchewan	8.8%	3.5%
Alberta	10.1%	13.6%
British Columbia	8.6%	14.9%
Yukon, Northwest Territories, Nunavut	0.8%	0.3%

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 2019 International Health Policy Survey.

Significance testing

CIHI developed statistical methods to determine whether Canadian results were significantly different from the average of 10 countries.

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 10 countries and dividing by the number of countries. The Canada average represents the average experience of primary care physicians in all provinces and territories (as opposed to the mean of provincial and territorial results).

Trending analysis

Data from the 2019 and 2015 surveys of primary care physicians is not directly comparable with data from the 2022 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.

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