

# **2012 Public Opinion Research: Canadian Views on Electronic Health Records**

**This study was commissioned by the Canadian Institute for Health Information (CIHI) and Canada Health Infoway.**

March 2012

# Summary of Objectives

- A baseline survey was conducted in 2010 to understand Canadians' views on a number of areas:
  - Situating electronic health records in the health care system;
  - Understanding the current state of Canadians' health records;
  - Gauging awareness and impressions of electronic record transition; and
  - Determining awareness and impressions of Health System Usage of records.
- The 2012 survey explored the same areas to identify any changes in impressions from 2010.

# Summary of Methodology

- A total of 1,010 telephone surveys were completed among Canadian adults, (excluding the territories) 18 years of age and over
  - A random sample of Canadians was selected
    - All households with a landline had an equal opportunity in participating in the study
    - The study was not designed to re-contact previous participants. Rather, a “fresh” sample was pulled
- Interviews were conducted between January 31 and February 10, 2012 and averaged 13 minutes in length
- Results from this survey can be considered accurate within a margin of error of +/-3.1%, 19 times out of 20
  - Larger for sub-samples
- Data results are weighted to reflect the population
  - Base sizes (n) indicated below the data are unweighted numbers
- Don't know responses are reported if 5% or greater

## Summary of Methodology (2)

- The table below highlights the completions by region.

Region	Sample Size (Unweighted)
Atlantic Canada	101
Quebec	251
Ontario	329
Manitoba/Saskatchewan	103
Alberta	100
British Columbia	126
Total	1,010

## Key Findings

# Key Findings from the Research

Overall, the data show positive movement in a number of key areas:

- There has been an increase in receptivity to the idea of converting records from paper to electronic (up 11 points to 85% very good or good idea).
- Moreover, the proportion of Canadians who express some concern about the idea of electronic records has decreased.
- More Canadians in 2012 believe that their physician is using electronic records as compared to 2010 (50% vs. 38%).
- The data suggests that Canadians' understanding of an electronic health record as a tool that goes beyond record keeping has increased. Additionally, there is a sense that electronic records would have some impact on patient care and the health care system.
- While there is comfort with health system usage of health information, there are two key considerations:
  - The data indicates that a majority of Canadians would insist on disclosure and consent when their information would be used for this purpose.
  - The information would NOT be shared with private organizations such as insurance or pharmaceutical companies

## Situating Electronic Health Records

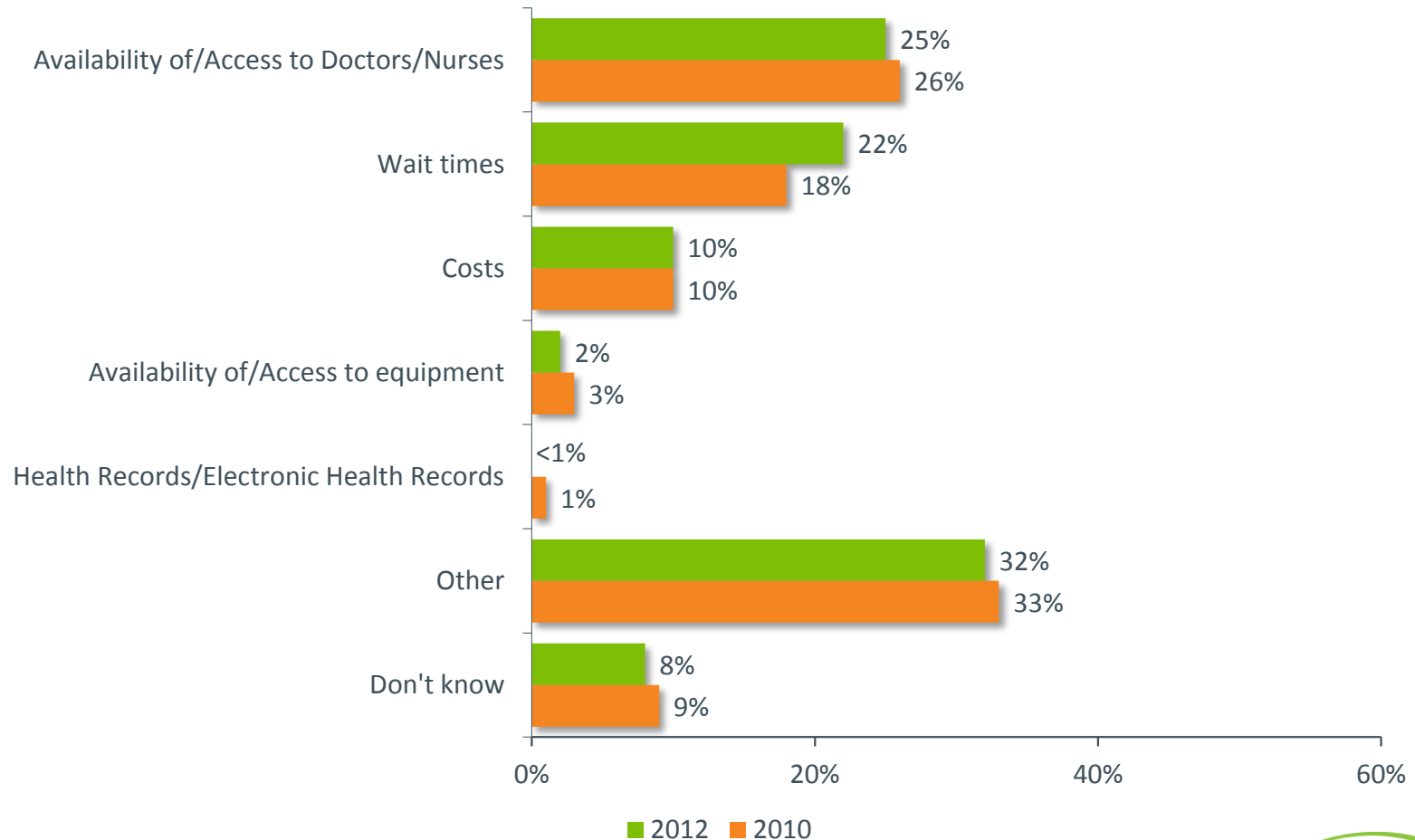
# Key Findings: Situating Electronic Health Records (EHRs)

- Initially, the survey suggests that EHRs are not a top-of-mind issue among Canadians for the health care system.
  - Only 1 person in the full sample named electronic records as the top issue
- Instead, Canadians identify a number issues facing the Canadian health care system relating predominantly to availability/access of resources (25%) or speed of care (22%).



# Resources and access continue to dominate the health care agenda

Q1. Overall, what would you say is the most important issue facing the Canadian Health Care system today – in other words, the one that concerns you most?



Base: All respondents (n=1,010)

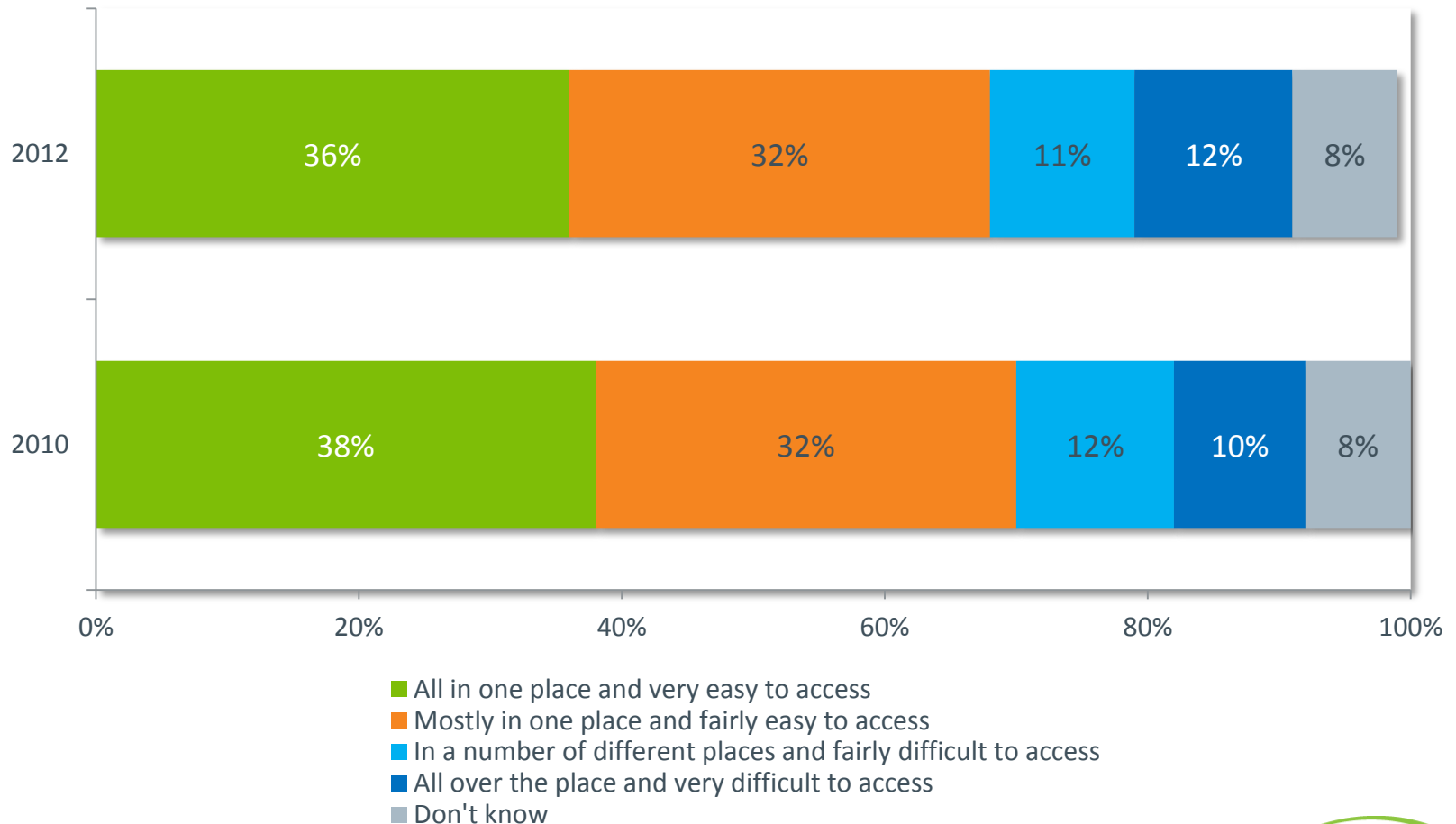
## Current State of Medical Records

# Key Findings: Current State of Medical Records

- Similar to the findings in 2010, a majority have most or all of their medical records in one place and are at least fairly easy to access.
  - 36% say their records are all in one place
  - 32% believe they are mostly in one place and fairly easy to access
  - Close to one in four say they are in a number of different places or all over the place
- Meanwhile, a majority of Canadians see a relationship between where their records are stored and the type of care they receive.
  - A perceived positive impact (59%) outstrips a perceived negative impact (14%)
    - Perhaps not surprising, those whose records are all over consider it having a negative impact on the care they receive
- Canadians are not quite convinced that the way in which their records are stored is a big problem for the health care system at large
  - 7% very big problem; 28% big problem

# Two in three believe their records are fairly easy to access; mostly in one place

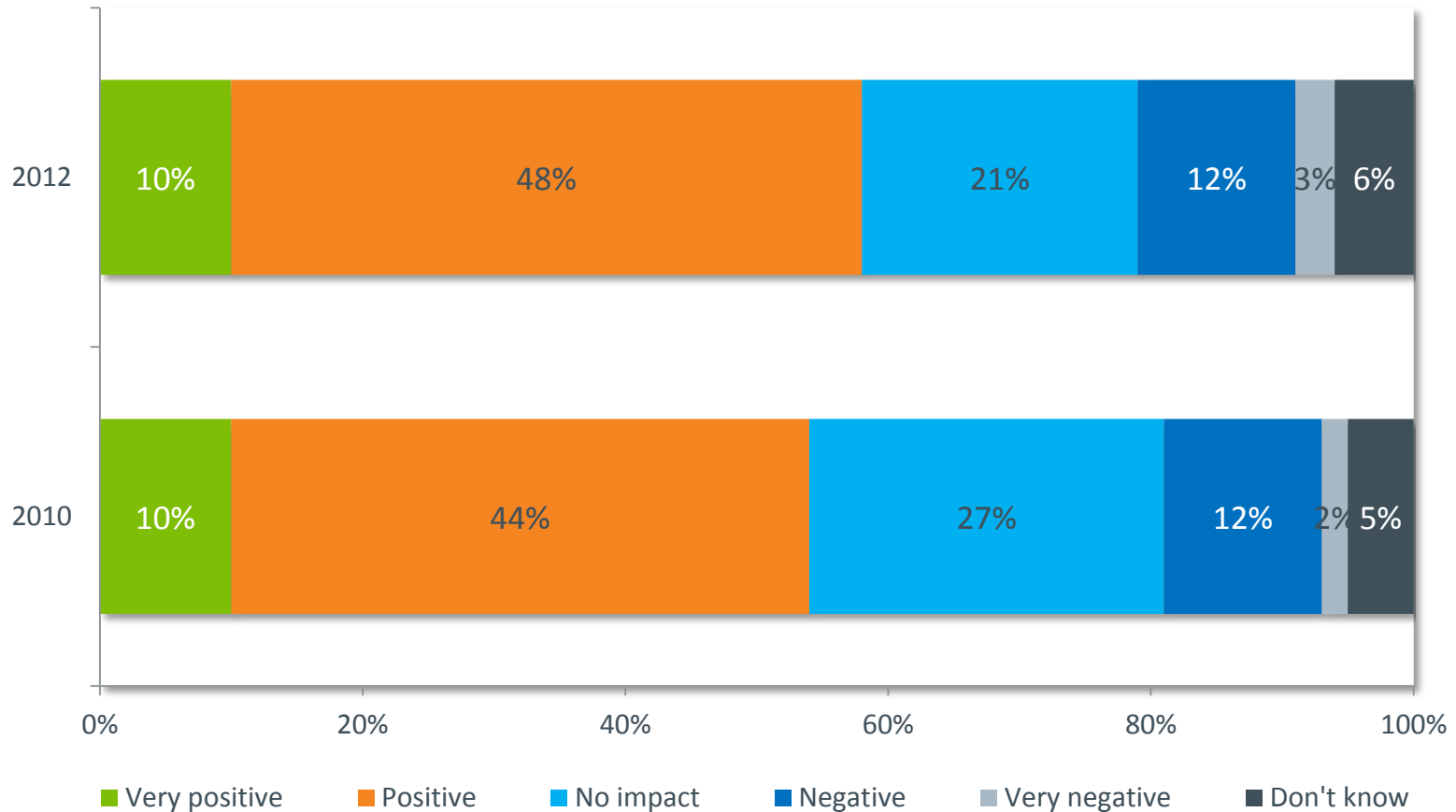
Q2. What about the state, condition and location of your personal health care records? As far as you know are they...



Base: All respondents (n=1,010)

# A small majority believe how their records are maintained has a positive impact on the care they receive

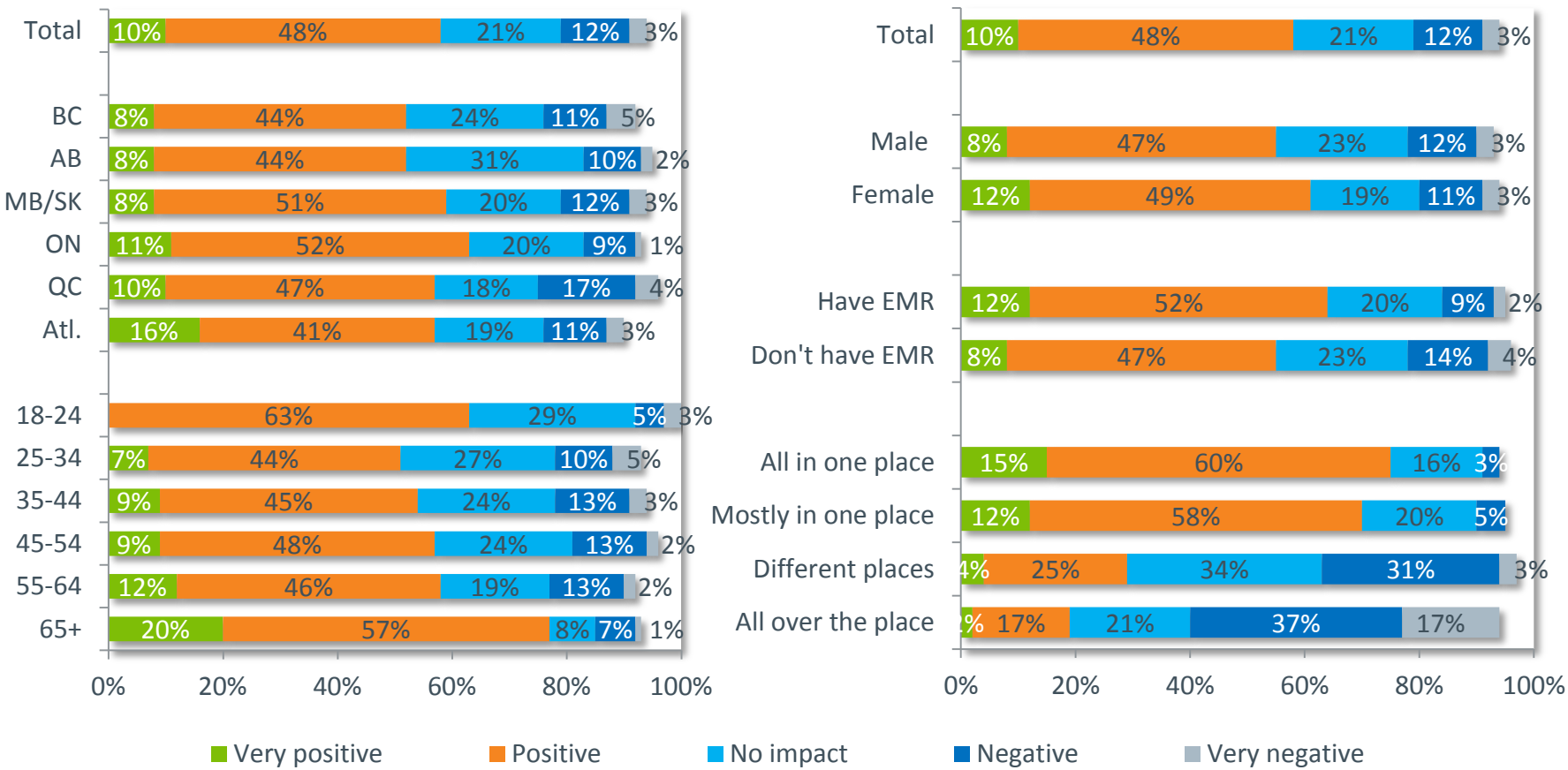
Q3. Would you say the way your health care records are maintained has a very positive impact, a positive impact, no impact, a negative impact, or a very negative impact on the kind of care you receive?



Base: All respondents (n=1,010)

# Perceptions of the impact of record storage on the type of care received increases with age; views vary by storage of medical records

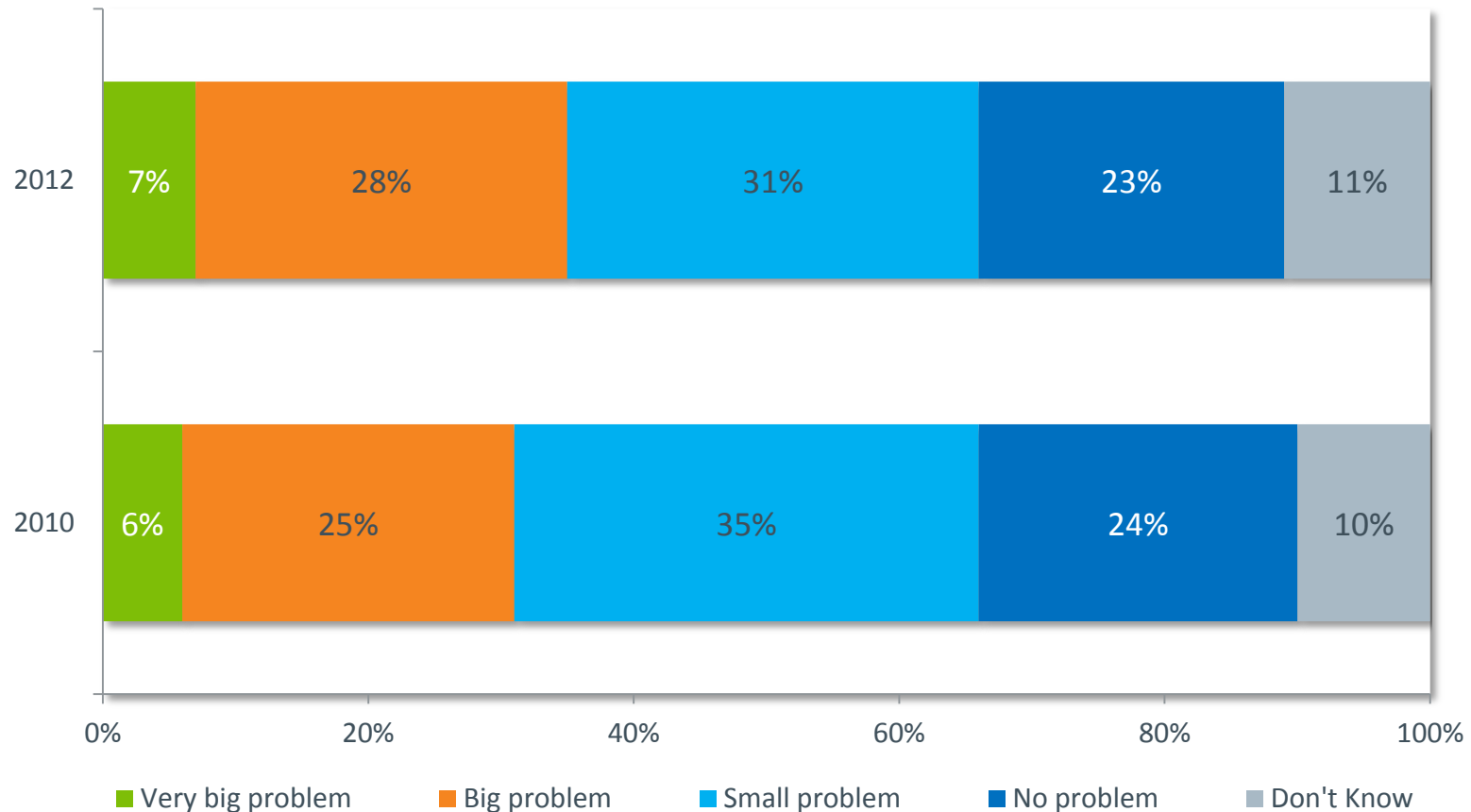
Q3. Would you say the way your health care records are maintained has a very positive impact, a positive impact, no impact, a negative impact, or a very negative impact on the kind of care you receive?



Base: All respondents (n=1,010)

# Less convinced that the maintenance of records is a big problem for the health care system

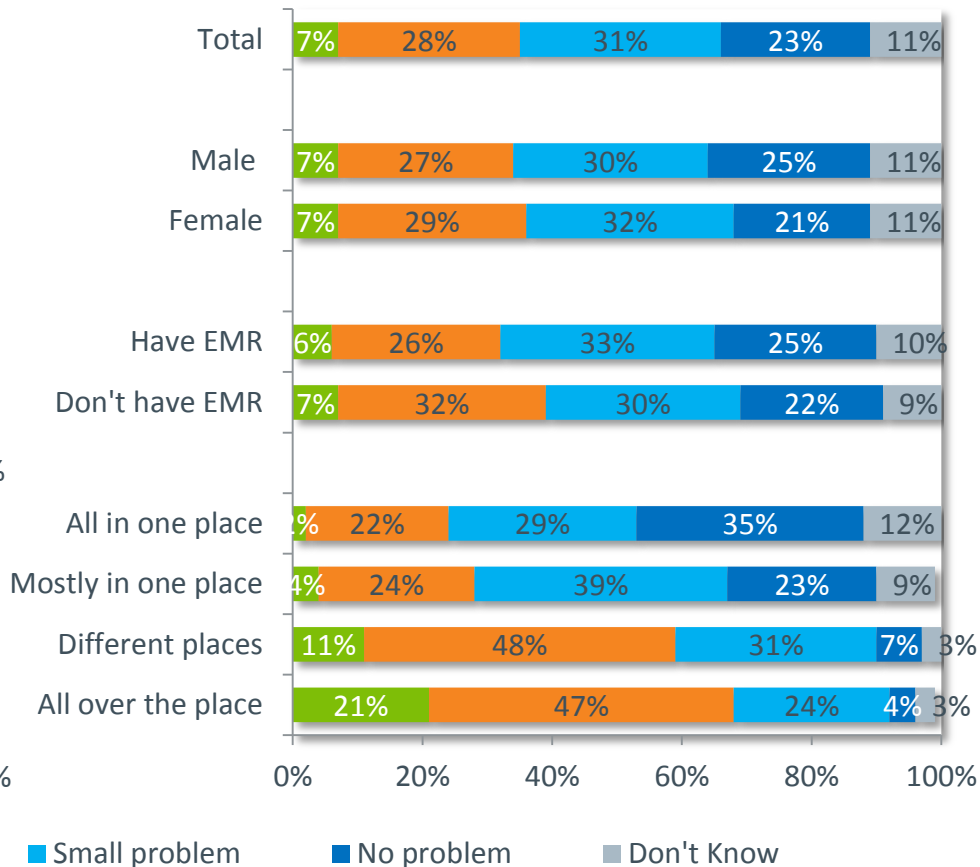
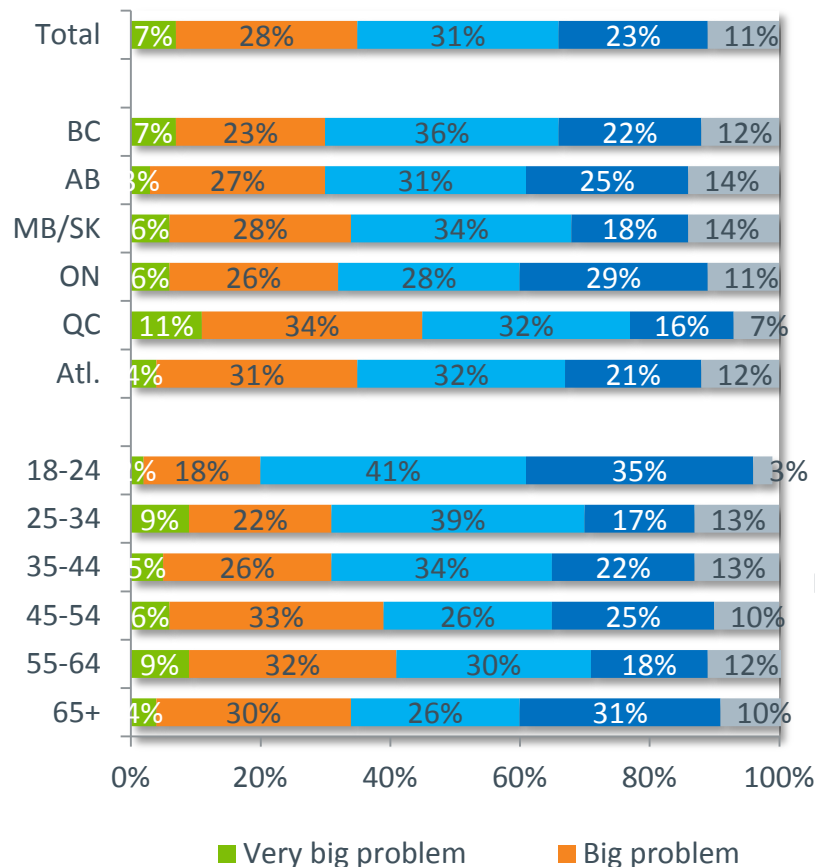
Q4. And would you say that the way personal health care records are maintained is a very big problem, a big problem, a small problem or no problem whatsoever for the Canadian health care system?



Base: All respondents (n=1,010)

# Likelihood of recognizing problem is related to storage of records

Q4. And would you say that the way personal health care records are maintained is a very big problem, a big problem, a small problem or no problem whatsoever for the Canadian health care system?



Base: All respondents (n=1,010)



# Those with easy access more convinced of the positive benefits

	All in one place and very easy to access		Mostly in one place and fairly easy to access		In a number of places and fairly difficult to access		All over the place and very difficult to access	
Impact on Personal care	2012	2010	2012	2010	2012	2010	2012	2010
Positive	76%	72%	70%	62%	29%	17%	20%	18%
None	16%	23%	20%	27%	34%	36%	21%	26%
Negative	3%	1%	6%	7%	34%	40%	54%	52%
Impact on System	2012	2010	2012	2010	2012	2010	2012	2010
Very big/Big problem	24%	20%	28%	26%	59%	51%	69%	62%
Small/No Problem	64%	71%	62%	65%	38%	44%	28%	35%

Base: All respondents (n=1,010)

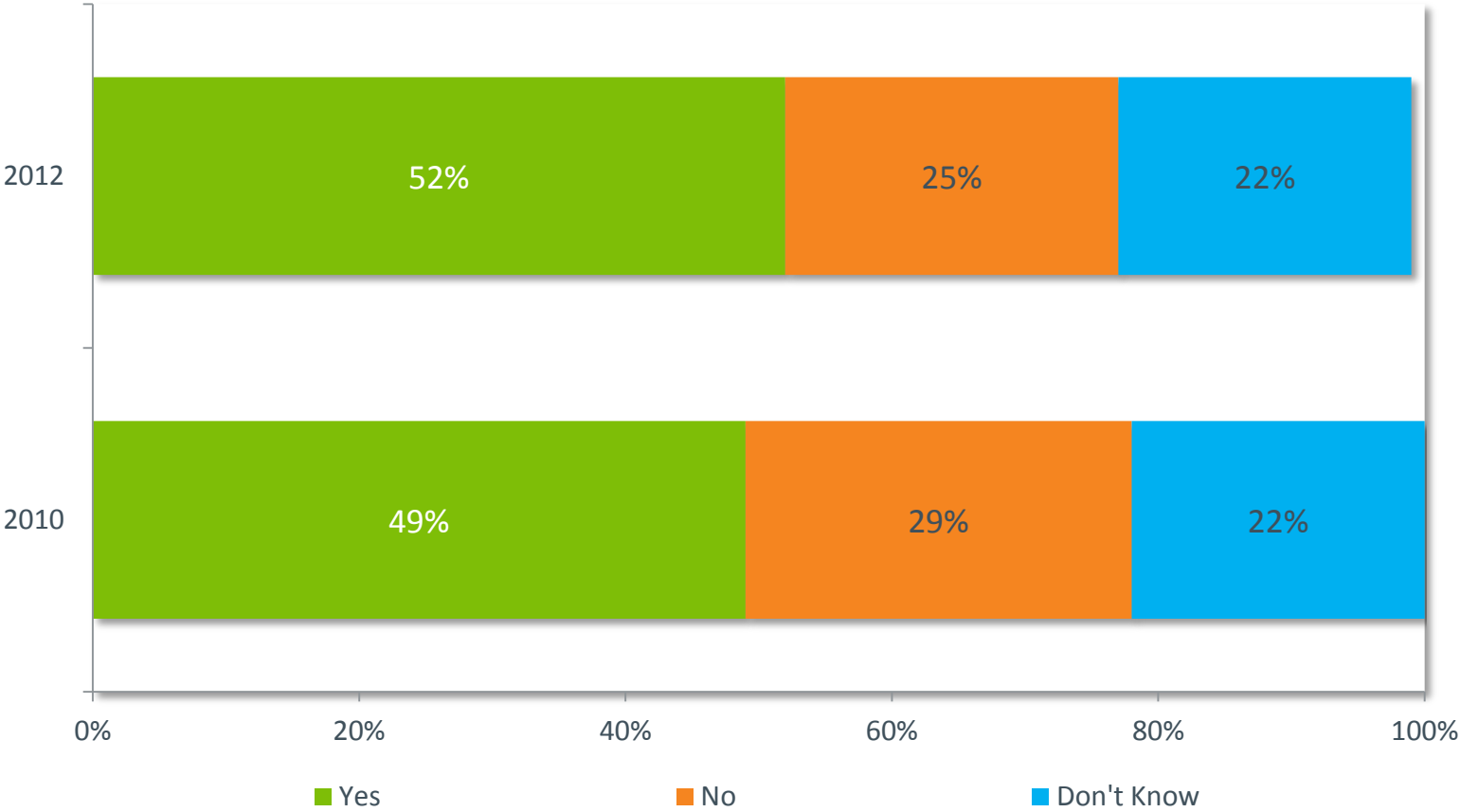
## Awareness and Impressions of Electronic Record Transition

# Key Findings: Awareness and Impressions of Transition

- Just over half of Canadians believe that there is a goal to convert health records from paper to electronic.
- While overall awareness has not changed, there has been a marked increase in the receptivity to converting personal health records from paper to electronic.
  - 46% say this a very good idea in 2012 in comparison to 29% in 2010
    - Generally, those with records in more places are stronger proponents of this idea
- The primary concern with this idea continues to focus on privacy and identify theft. That said, fewer in 2012 say they have a concern in comparison to 2010.
- There has been an increase in perceptions that their physician is using an electronic record system in their office.
  - 50% say this is the case in 2012 vs. 38% in 2010
  - The data suggests that current use of an electronic record by their physician does not have an impact on the perceived value of it
    - 86% with an EMR say it is a good idea while 84% of those without one feel this way

# Half think there is a goal of converting paper records to electronic

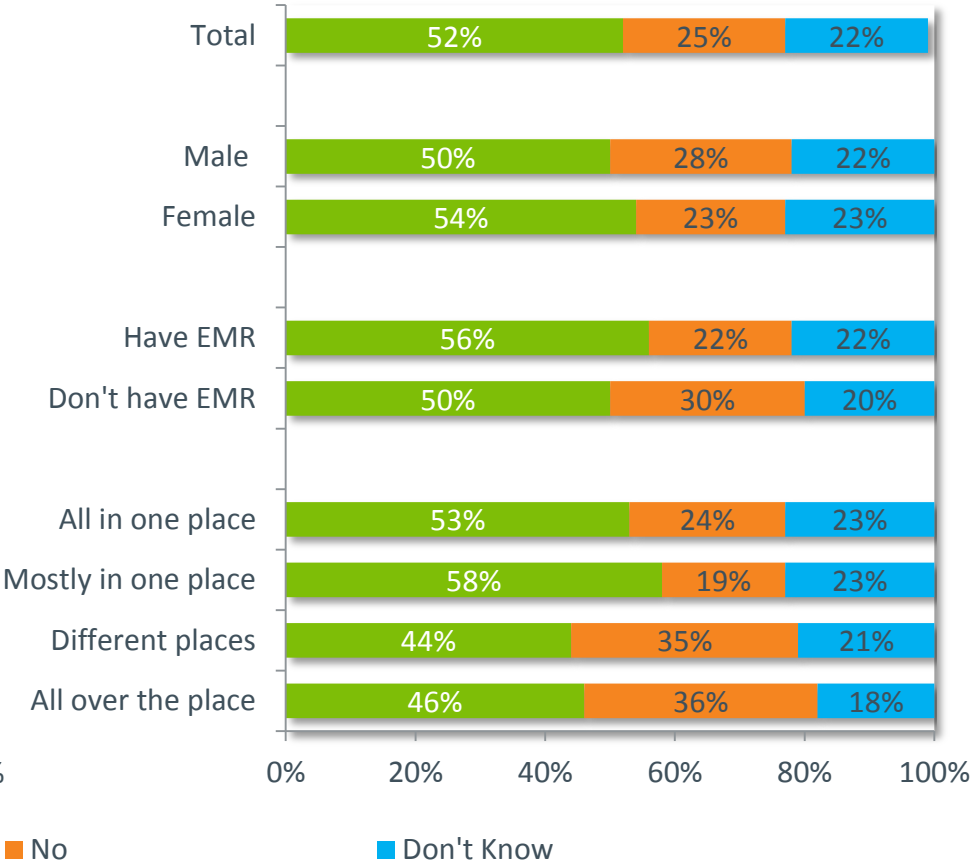
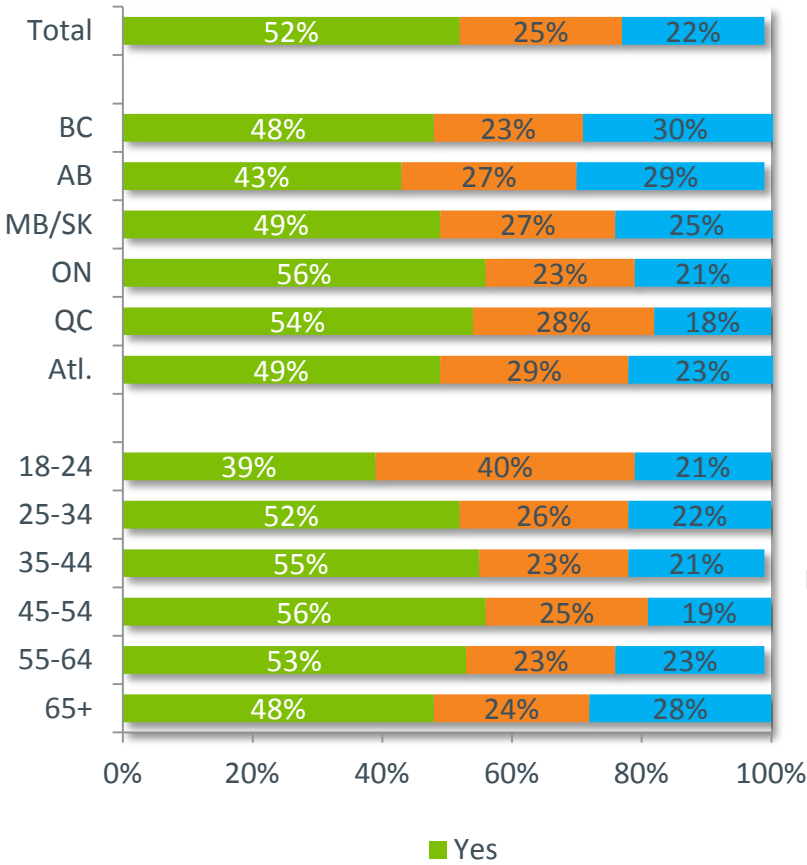
Q5. As far as you know, do we have a goal and a plan to convert all personal health care records in Canada from a paper format into an electronic format?



Base: All respondents (n=1,010)

# Younger Canadians are less aware of a national goal to convert records

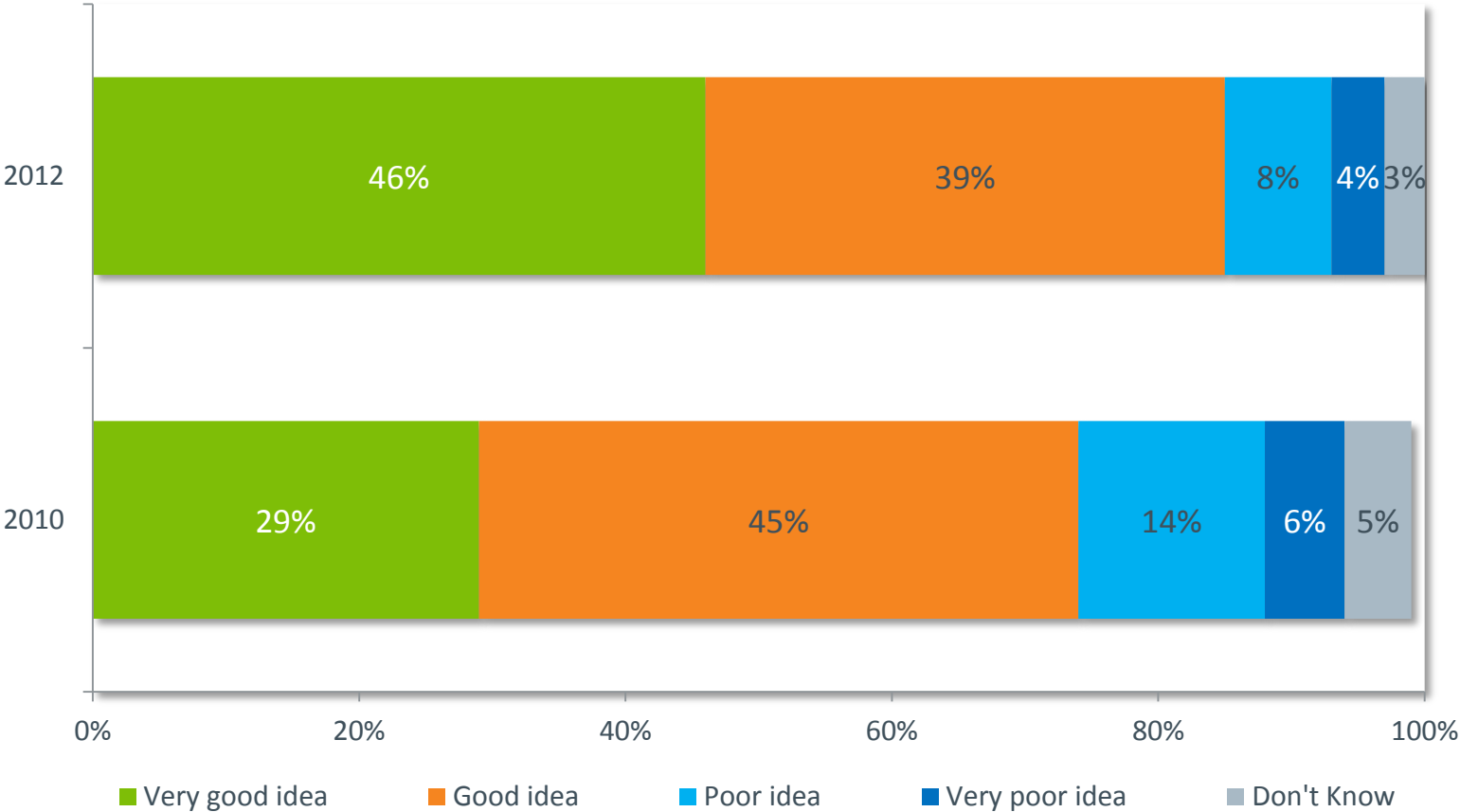
Q5. As far as you know, do we have a goal and a plan to convert all personal health care records in Canada from a paper format into an electronic format?



Base: All respondents (n=1,010)

# Increase in receptivity to converting from paper to electronic records

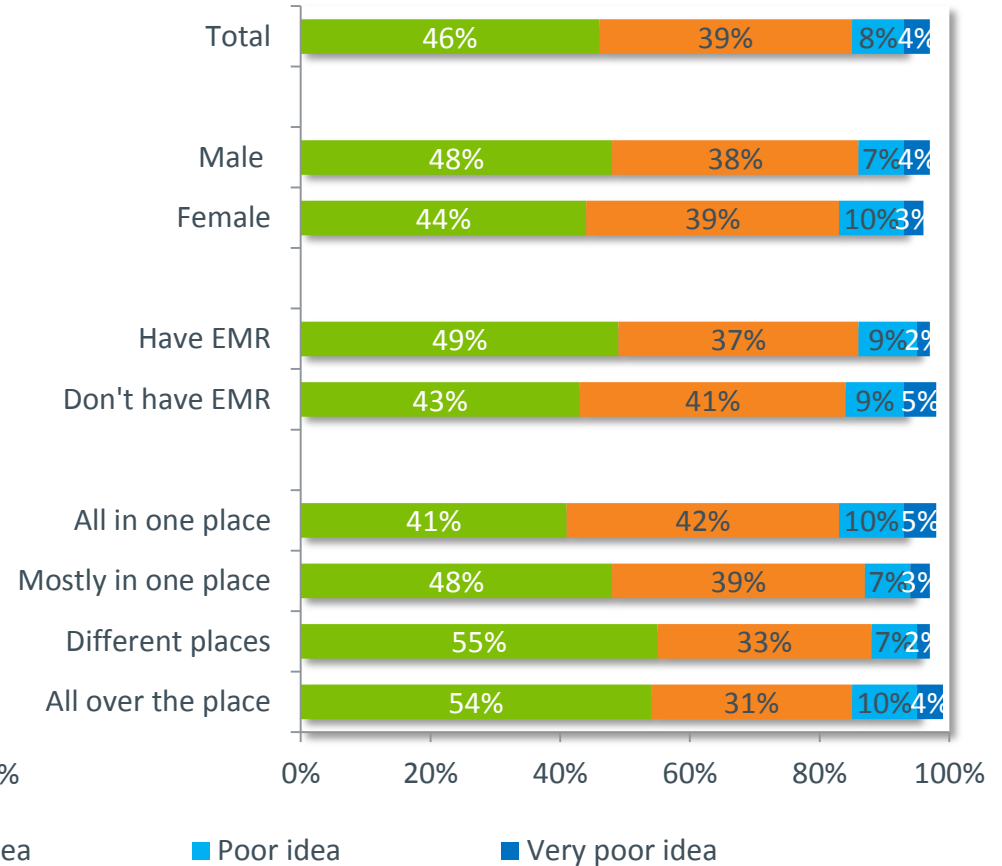
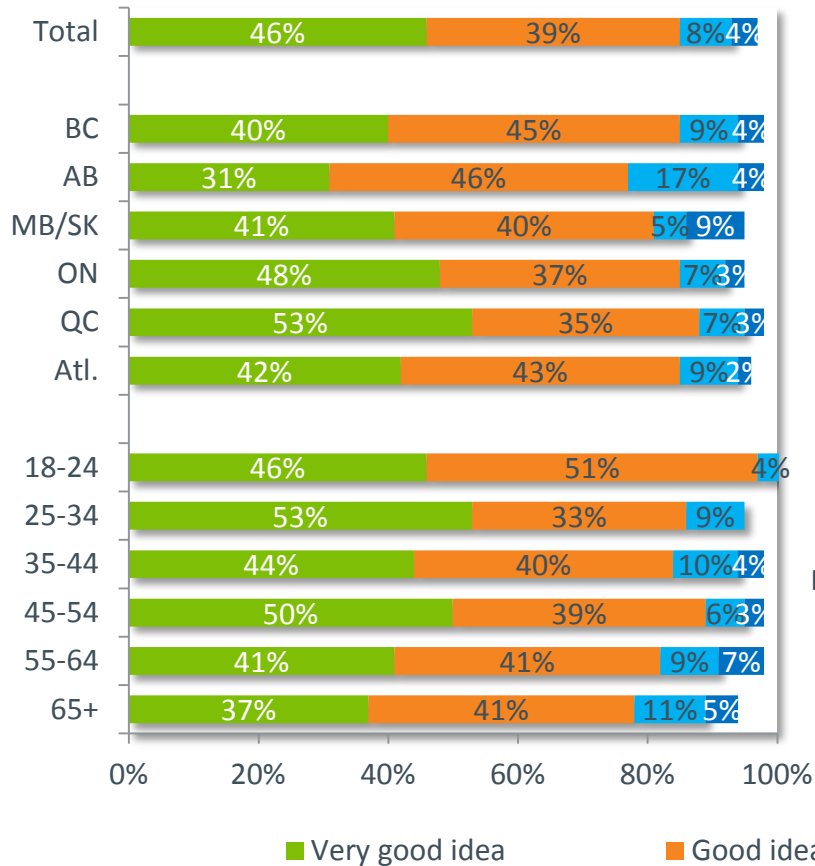
Q6. On balance, do you think that converting all personal health records from a paper format to an electronic format would be a very good idea, a good idea, a poor idea or a very poor idea?



Base: All respondents (n=1,010)

# Younger Canadians are the most receptive to the idea of an electronic format for health records

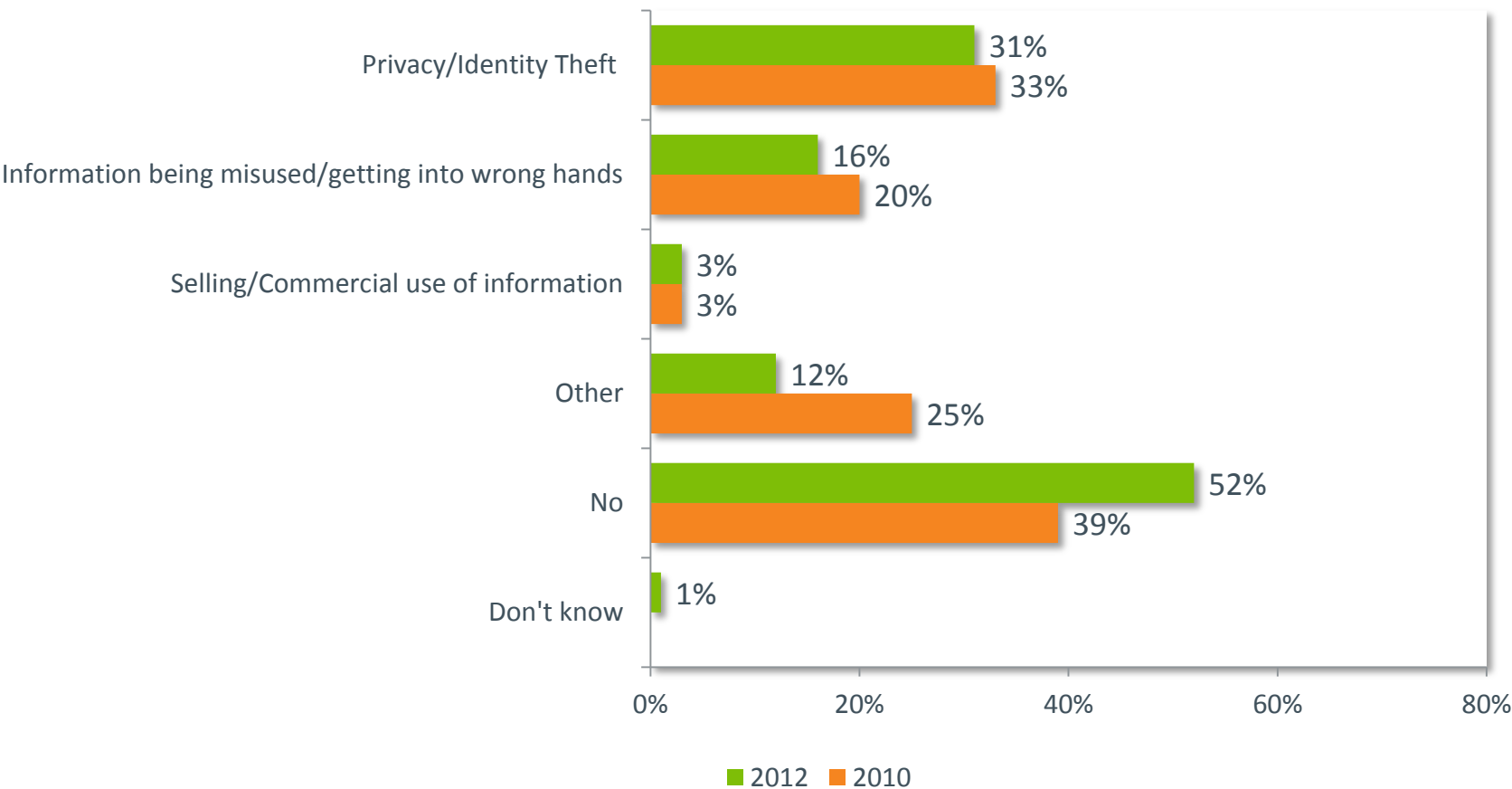
Q6. On balance, do you think that converting all personal health records from a paper format to an electronic format would be a very good idea, a good idea, a poor idea or a very poor idea?



Base: All respondents (n=1,010)

# Privacy continues to be the chief concern with electronic records

Q7. Is there anything about having your health records in an electronic format that would concern you?

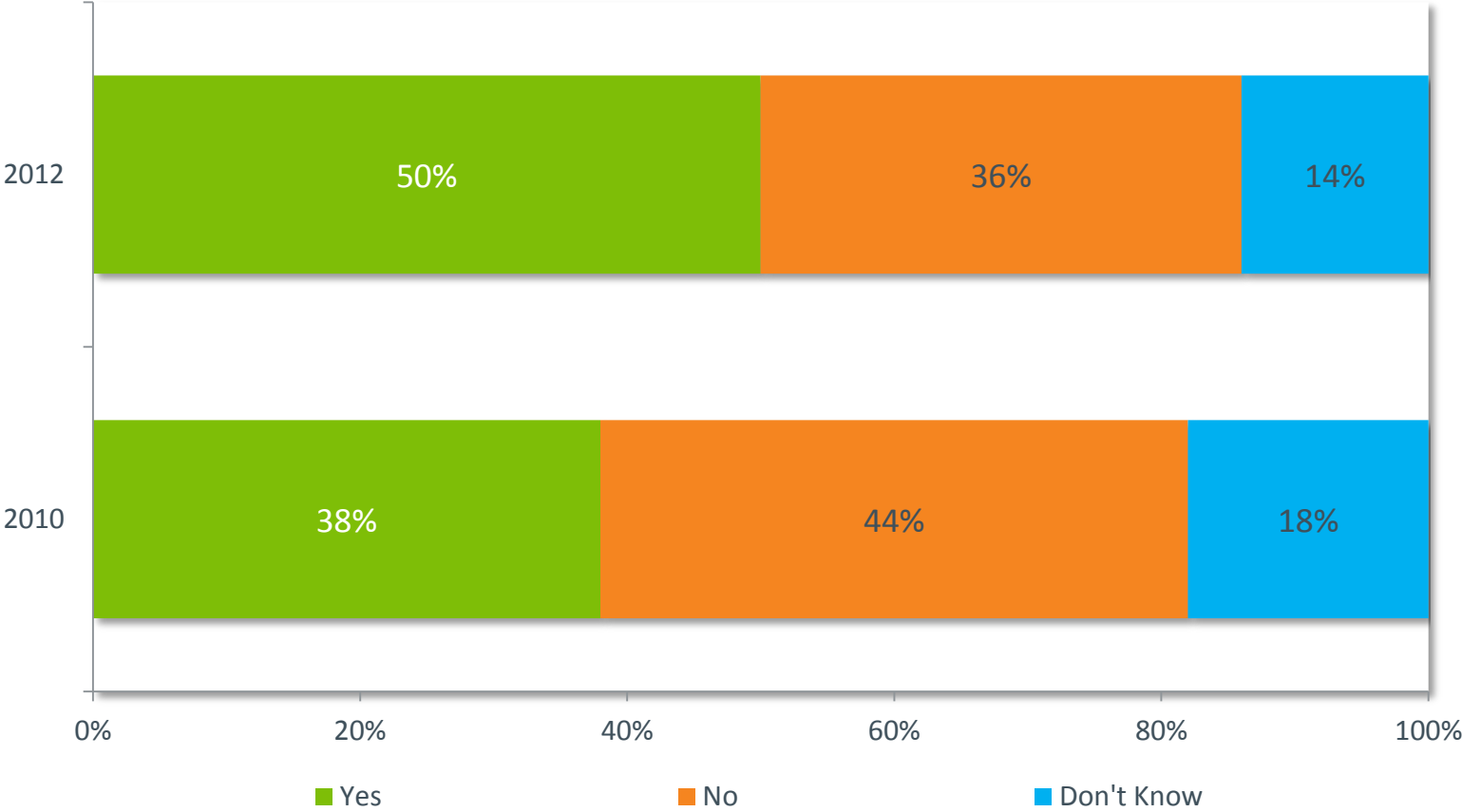


Base: All respondents (n=1,010)



# Reported Use of Electronic Records in Doctor's office has risen

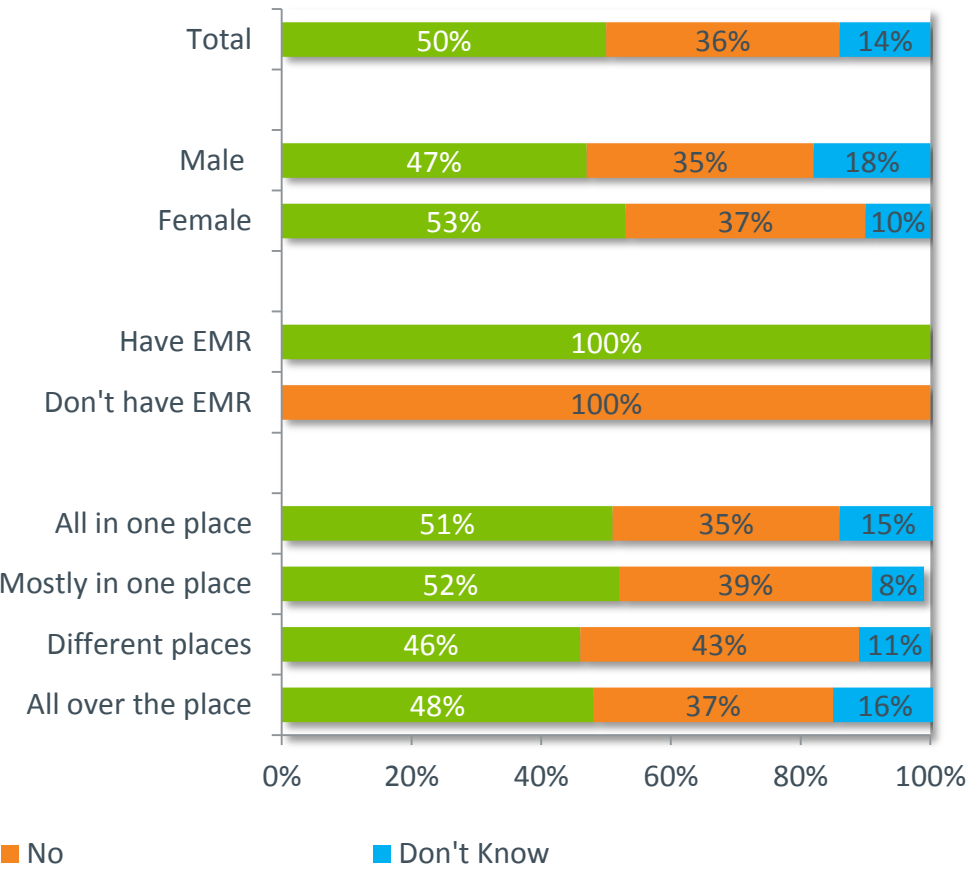
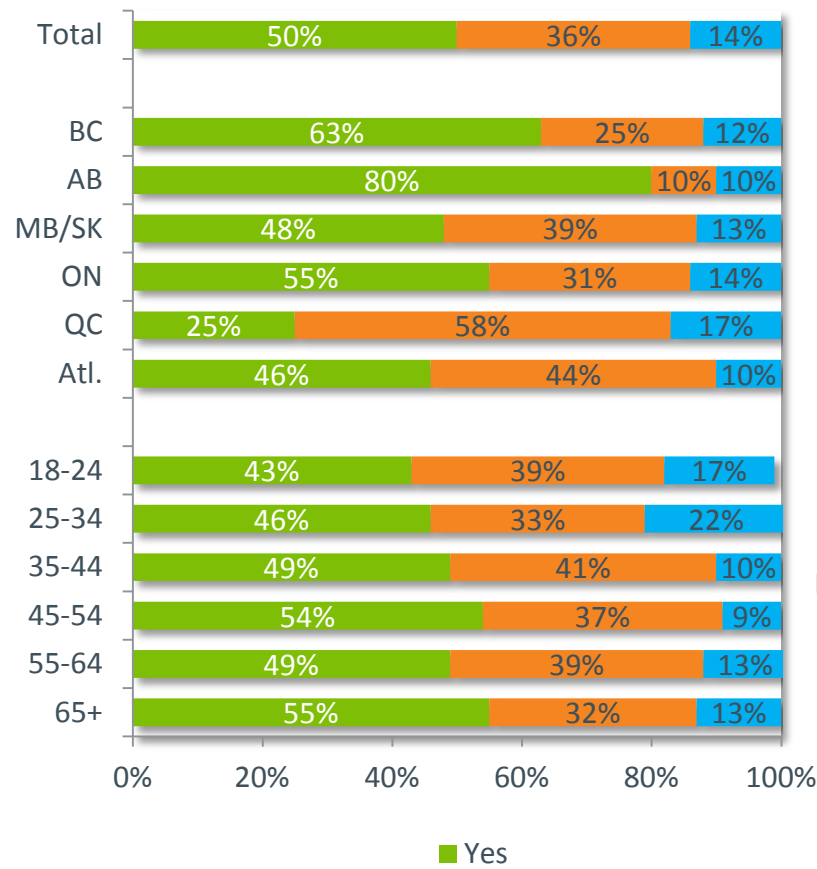
Q8. Does your principal doctor or care provider use an electronic record in their office?



Base: All respondents (n=1,010)

# There is significant variance by region on reported use of electronic records

Q8. Does your principal doctor or care provider use an electronic record in their office?



Base: All respondents (n=1,010)

# Both those with and without electronic records feel that EHRs are a good idea

EHRs are...	Have EMR		Don't have EMR	
	2012	2010	2012	2010
Good idea	86%	78%	84%	73%
Bad idea	12%	17%	13%	22%

Base: All respondents (n=1,010)

## Awareness of Health System Usage

# Key Findings: Awareness of Health System Usage

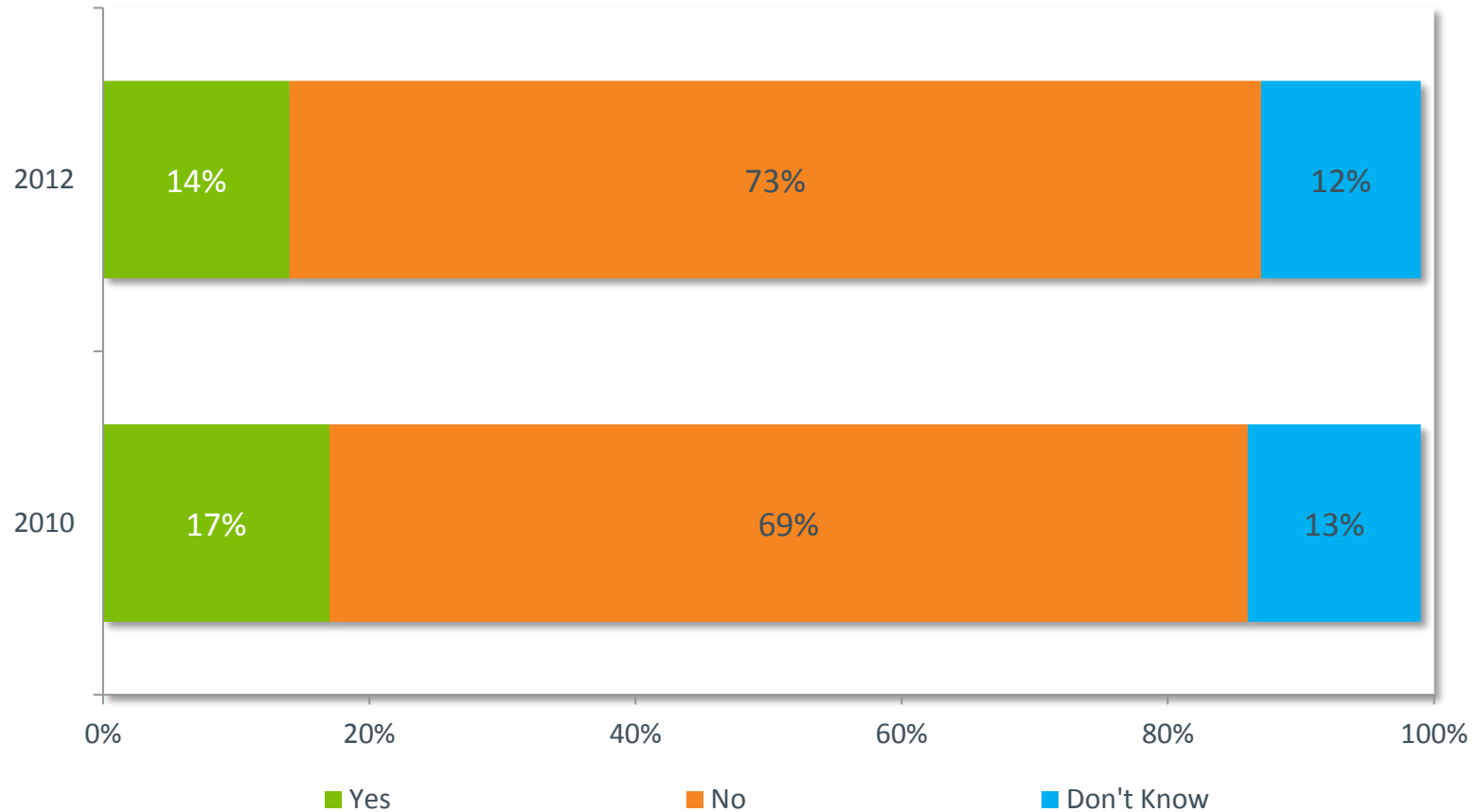
- As far as most Canadians believe, personal health information is not used for any other purpose other than by their health care provider.
- Meanwhile, three in four Canadians believe that personal health records that are electronic could be used in more ways as compared to paper records.
- There has been a notable decline in Canadians' awareness of the term "Health System Use or Secondary Uses": now 18% from 34% in 2010.
- Four areas of health system usages were tested:
  - Using this information to improve front-line health care
  - Using this information to better track the health of the general population
  - Using this information to improve the efficiency and effectiveness of health care delivery to the public
  - Using this information to strengthen medical and health research
- The data suggests that there has been in an increase in positive perceptions on health system usages of data on the overall healthcare system.
  - Increase most noted in the "very positive" impressions, as well as positive impressions overall (top 2 box scores)

## Key Findings: Awareness of Health System Usage (2)

- A strong majority believe that Health System Usage of data will have a major or minor impact on both the healthcare system and patient care.
- There has been a decline in the proportion of Canadians who are concerned about their individual information being used for HSU.
  - 14% very concerned (down 6 from 20% in 2010) and 22% somewhat concerned (down 7 from 29% in 2010)
- The data suggests that de-identifying information alleviates some concern about personal use of data for HSU.
- An increasing number of Canadians are comfortable with sharing de-identified information with organizations where Canadians see value in sharing the data, such as health care organizations, research, and statistics.
- There is **very little comfort** with private organizations, such as drug and insurance companies.

# There continues to be limited awareness of using health information for purposes other than providing care

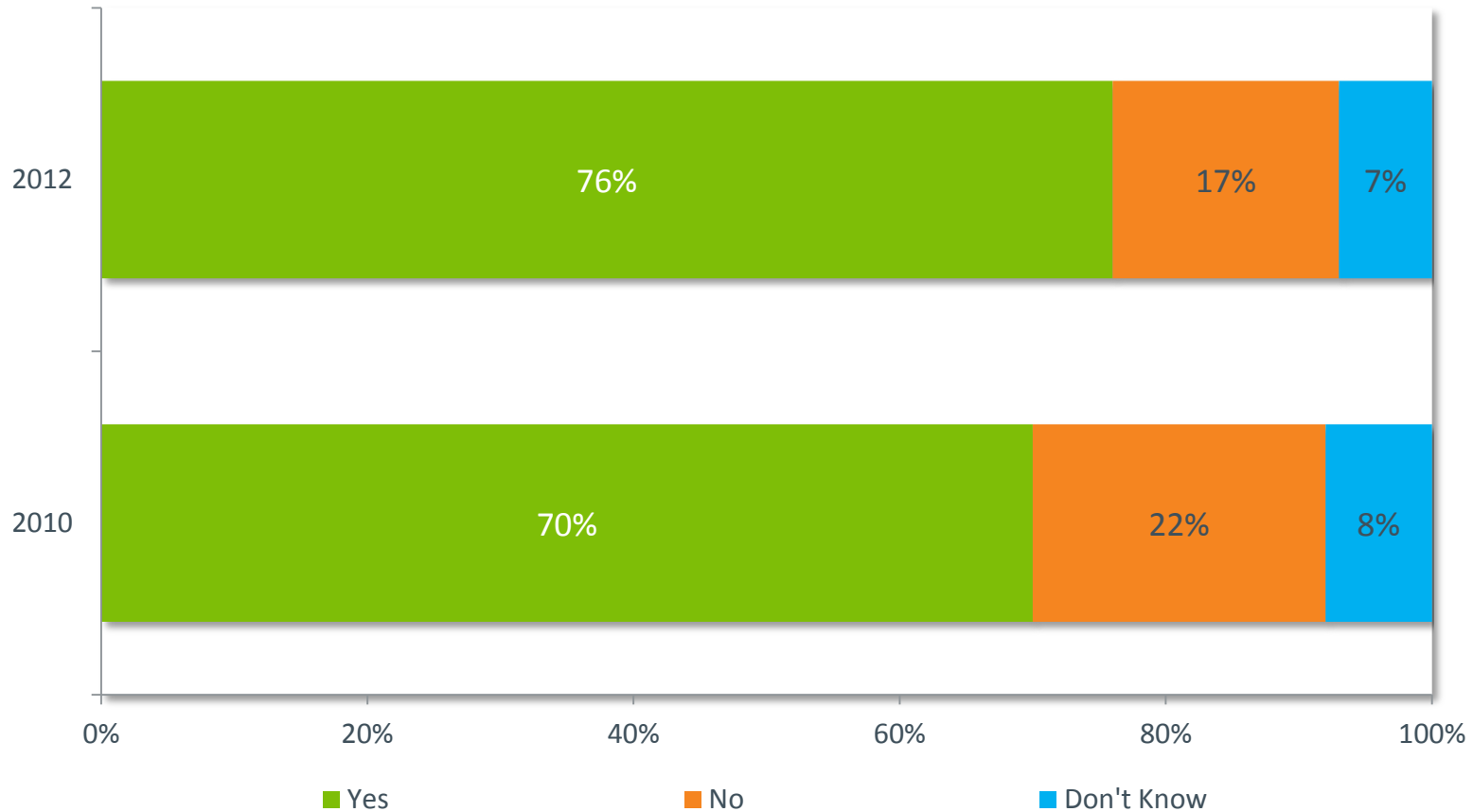
Q9. As far as you know, is personal health information used for any purpose other than by your health care providers in giving care to an individual patient?



Base: All respondents (n=1,010)

# A majority believe that electronic records can be used in more ways than paper records

Q10. Do you think that personal health information could be used in different or more ways if it was stored as an electronic record, as compared to a paper record?

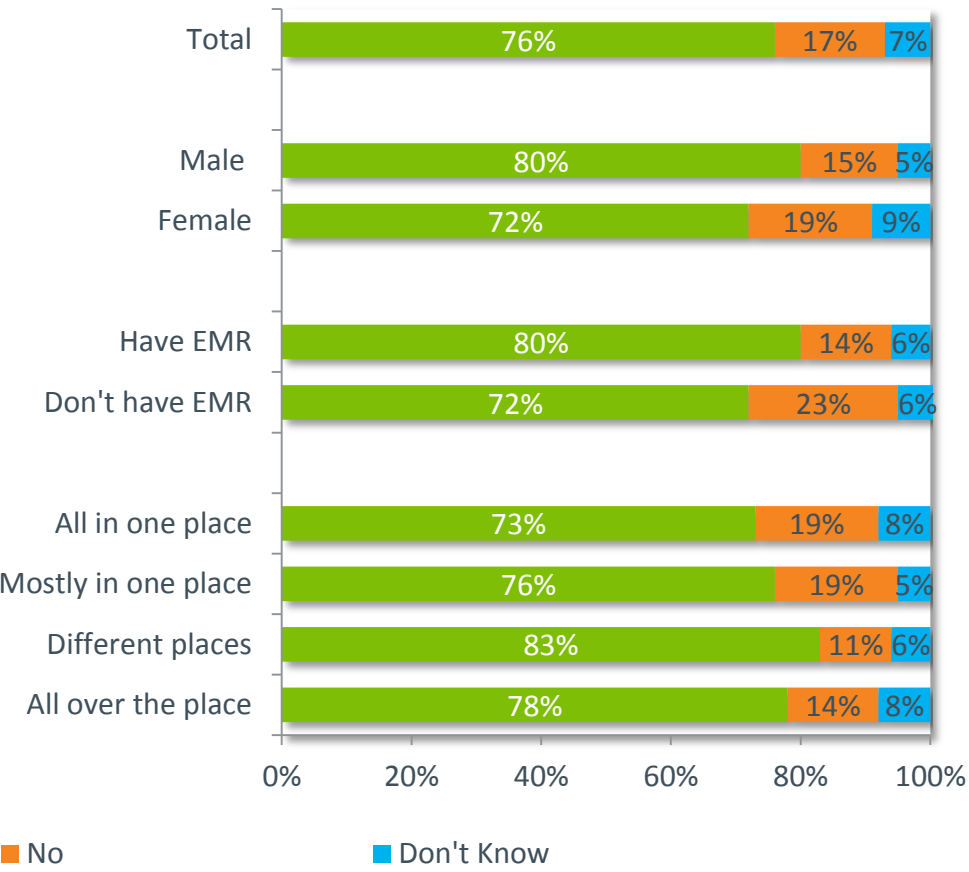
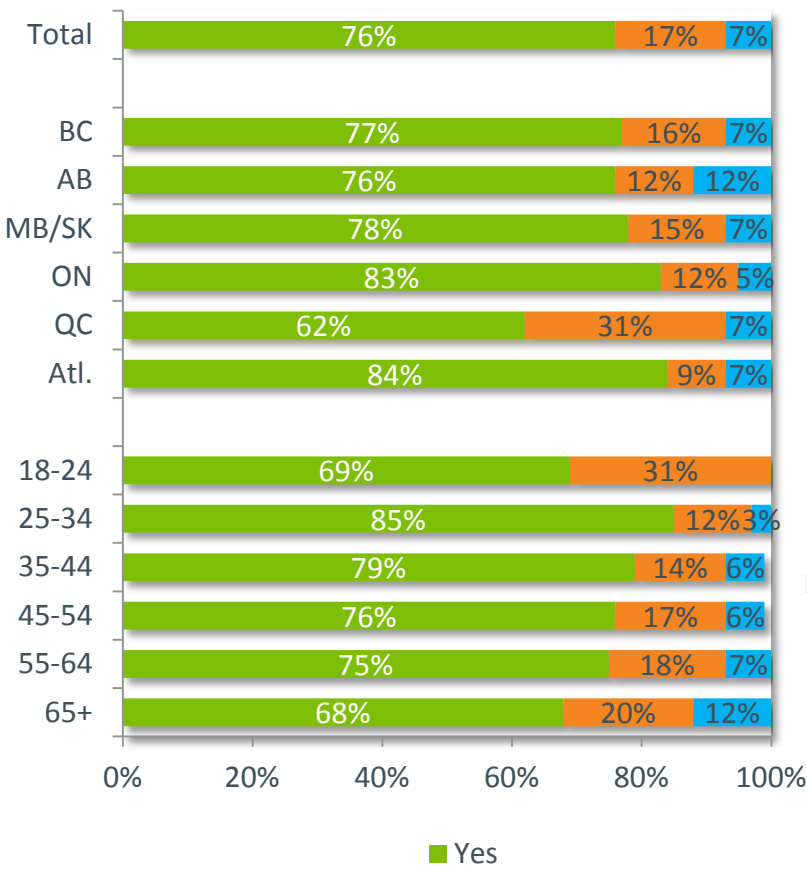


Base: All respondents (n=1,010)



# Quebecers are less aware of multiple uses of electronic records

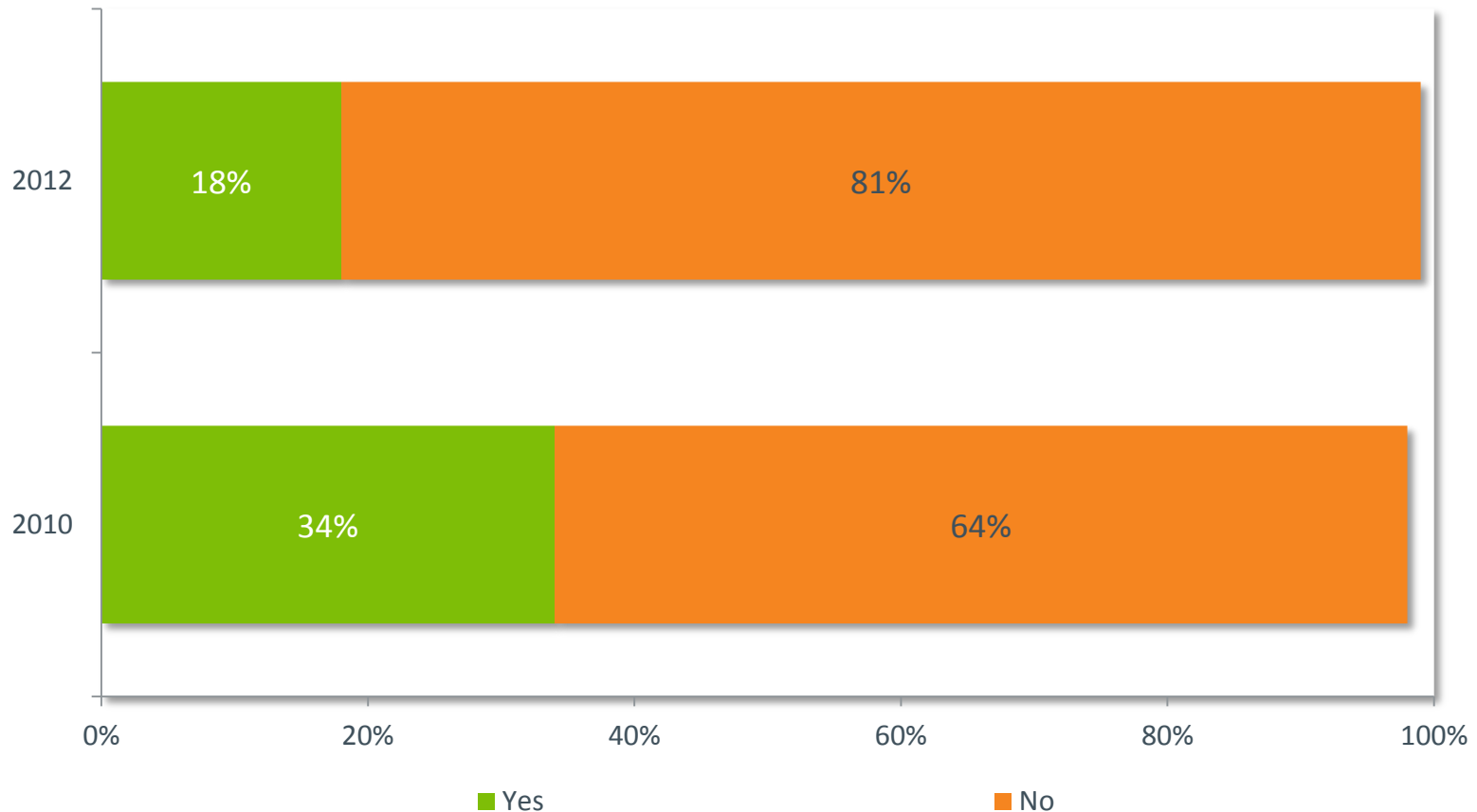
Q10. Do you think that personal health information could be used in different or more ways if it was stored as an electronic record, as compared to a paper record?



Base: All respondents (n=1,010)

# A decline in awareness the terms health system use or secondary uses

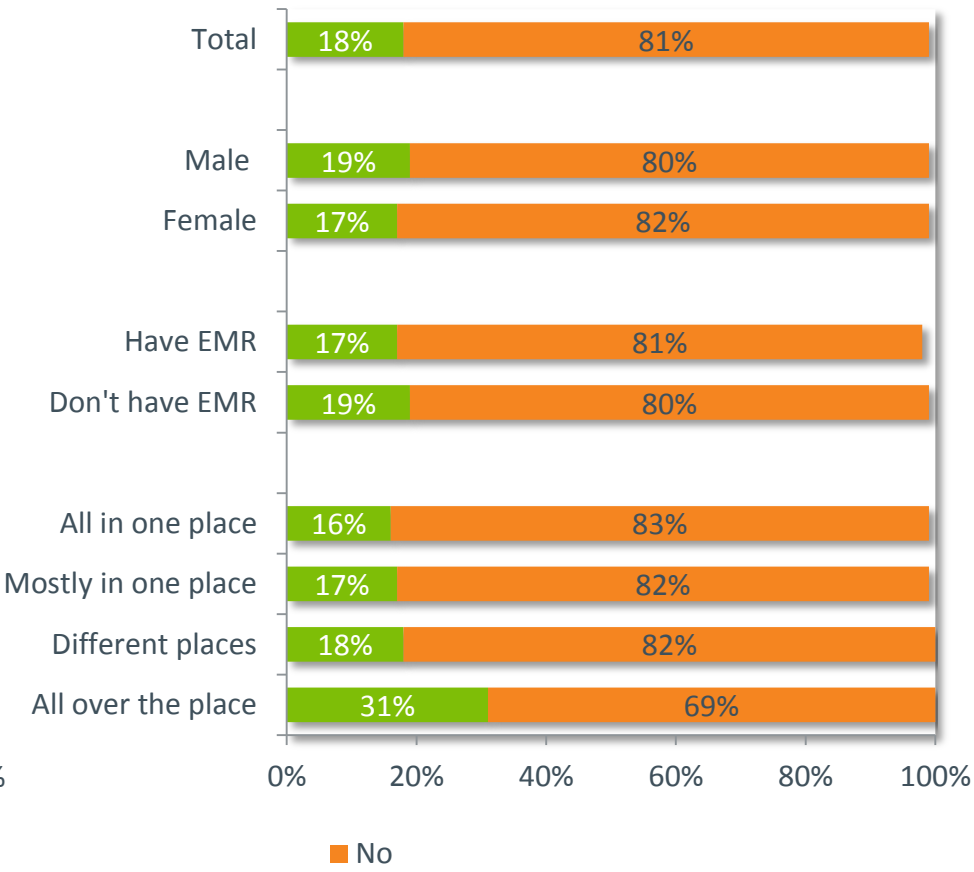
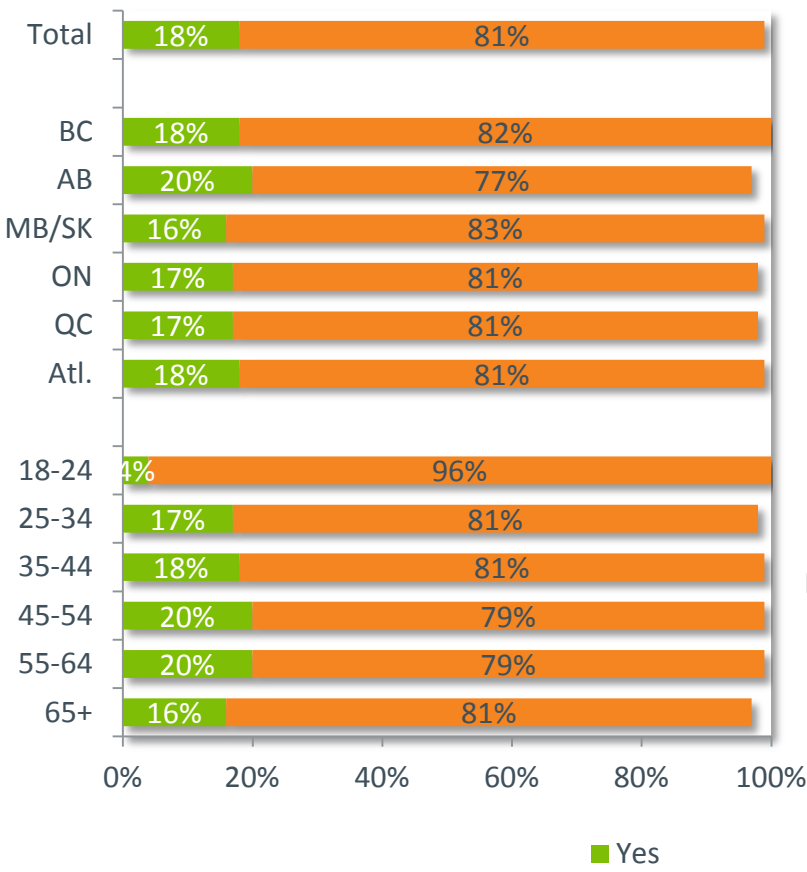
Q11. Have you ever heard of Health System Use or Secondary Uses of patient health information?



Base: All respondents (n=1,010)

# Younger Canadians least aware of Health System Use of information

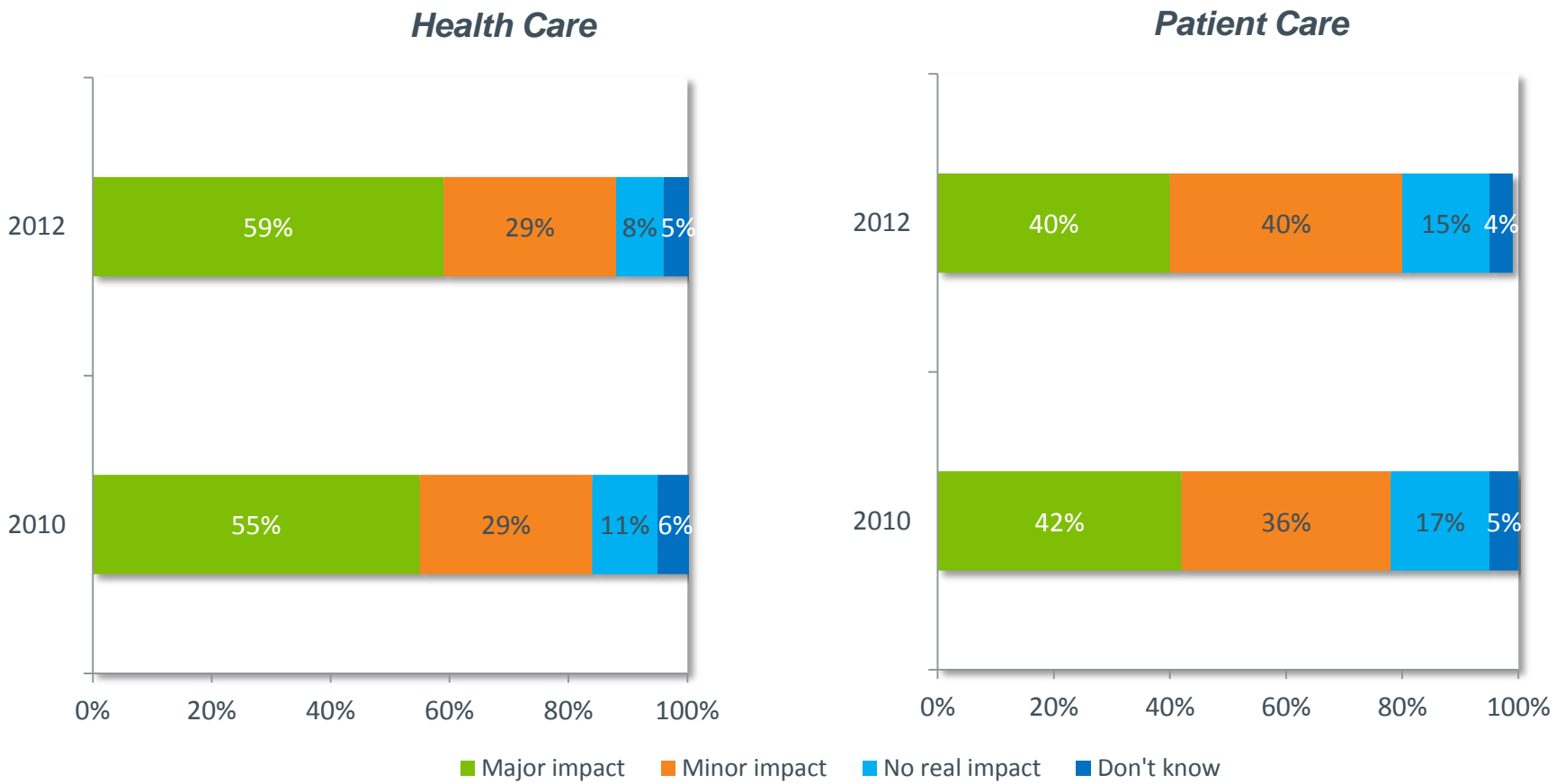
Q11. Have you ever heard of Health System Use or Secondary Uses of patient health information?



Base: All respondents (n=1,010)

# A sense that HSU has an impact on health care and patient care

Q12-13. Knowing a little more about Health System or Secondary Use of this information, does this strike you as something that can have a major impact, a minor impact or no real impact on the operation and quality of health care in Canada/on the kind of care you might receive as a patient?



Base: All respondents (n=1,010)

# Overall increase in perceptions of benefits of HSU of information in a number of areas in health care

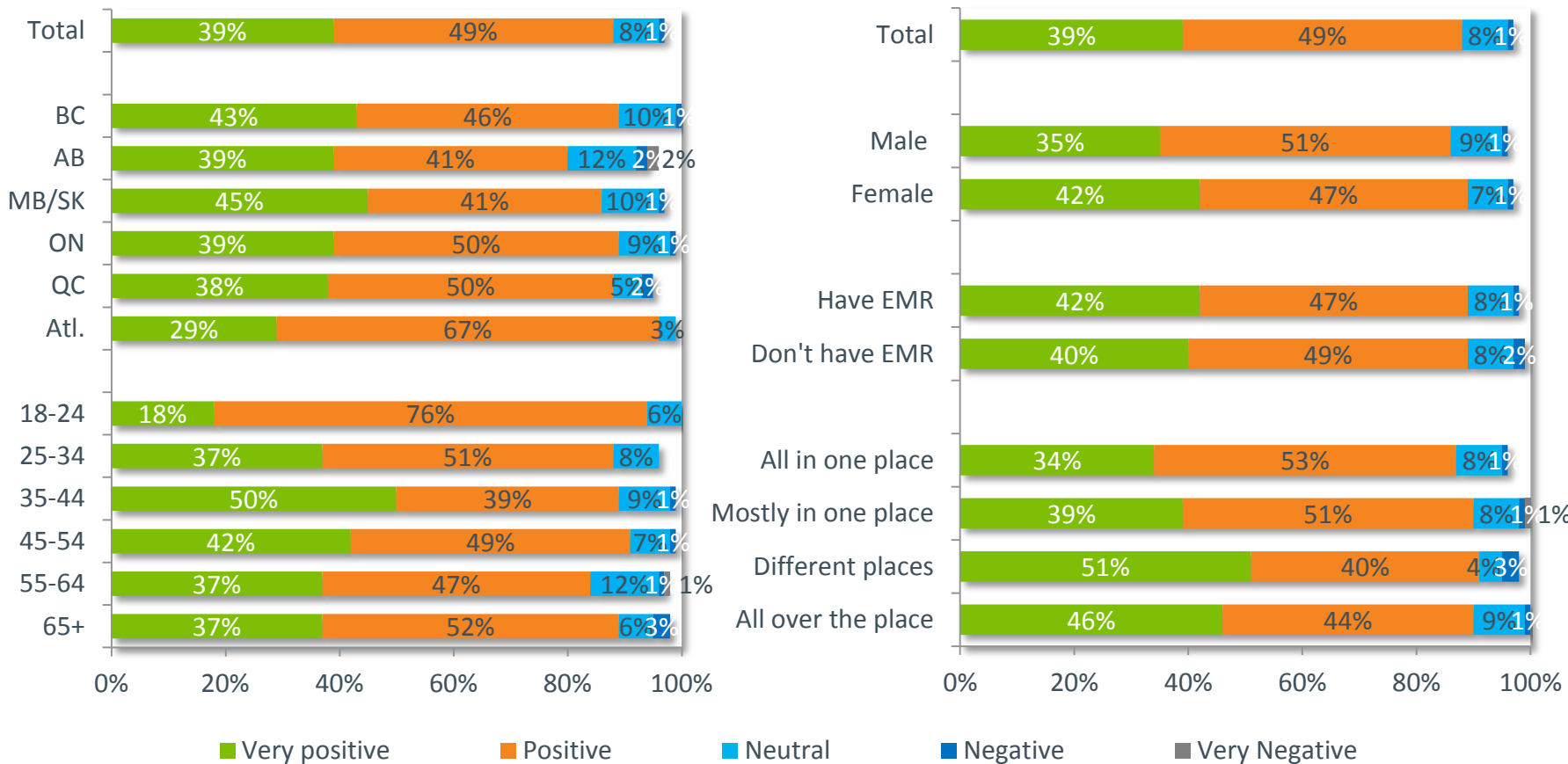
Q14-17. I'm going to read you a few more ways how health information from electronic records might be used for health system or secondary purposes and for each one have you tell me whether you think that it would have a very positive, positive, neutral, negative or very negative impact on the operation and quality of health care in Canada.



Base: All respondents (n=1,010)

# Some variance in perceived impact on front-line health care

Q14. I'm going to read you a few more ways how health information from electronic records might be used for Health system or secondary purposes and for each one have you tell me whether you think that it would have a very positive, positive, neutral, negative or very negative impact on the operation and quality of health care in Canada.  
Using this information to improve front-line health care.

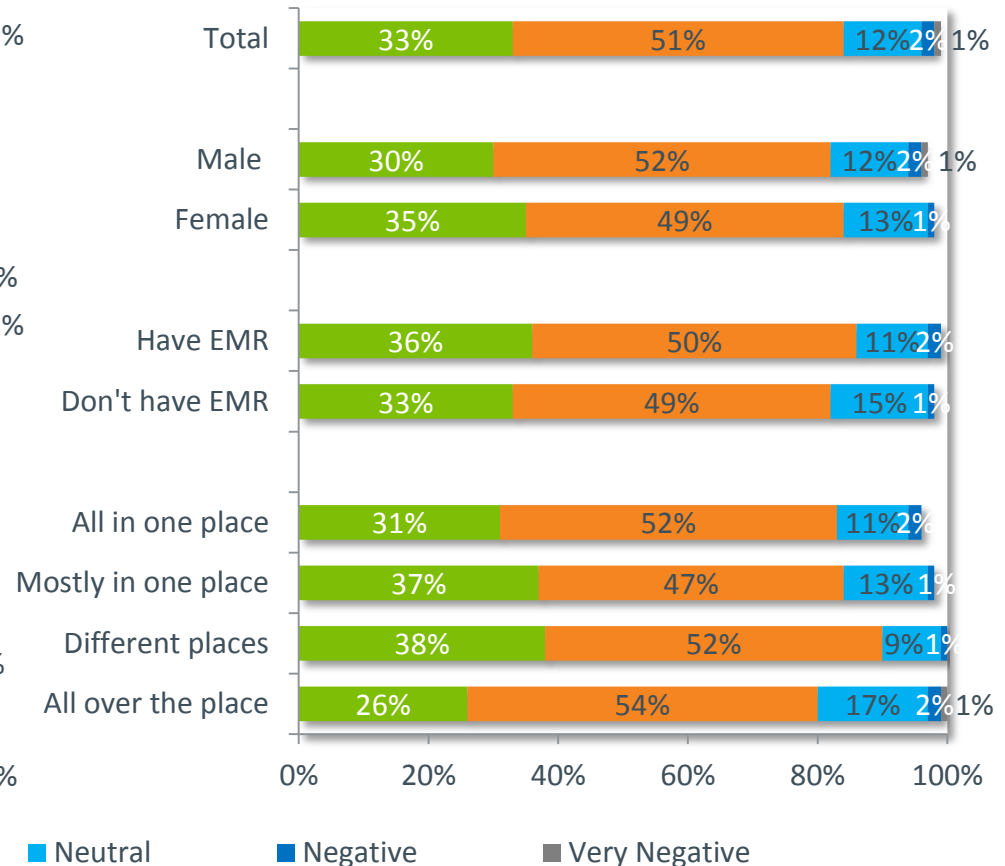
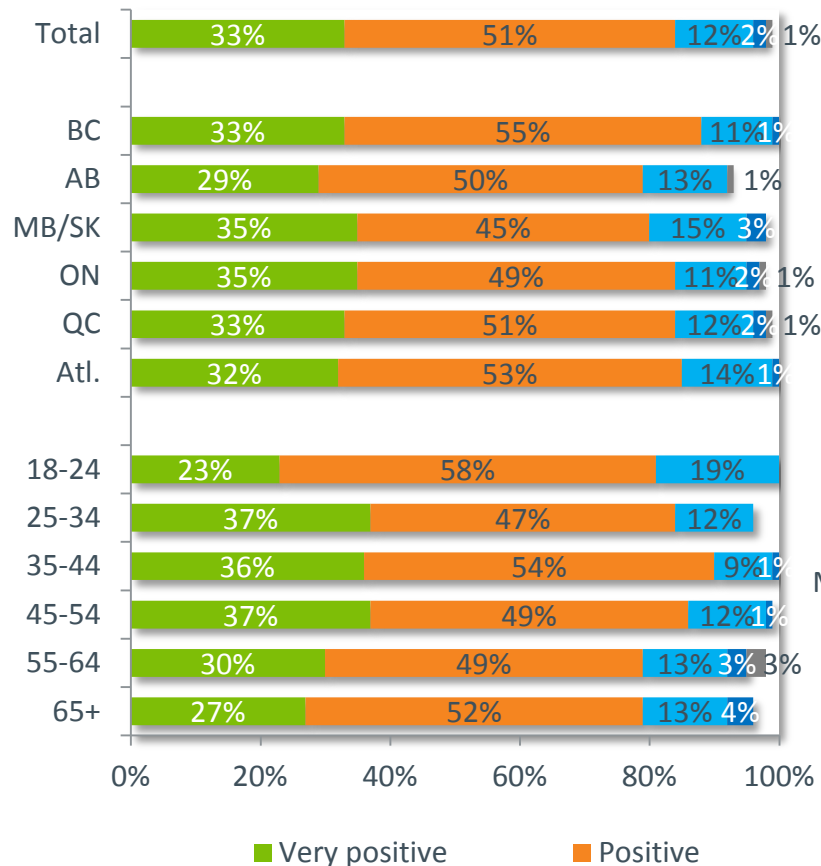


Base: All respondents (n=1,010)

# Younger Canadians less likely to see very positive impacts on delivery of care to the public

Q15. I'm going to read you a few more ways how health information from electronic records might be used for Health system or secondary purposes and for each one have you tell me whether you think that it would have a very positive, positive, neutral, negative or very negative impact on the operation and quality of health care in Canada.

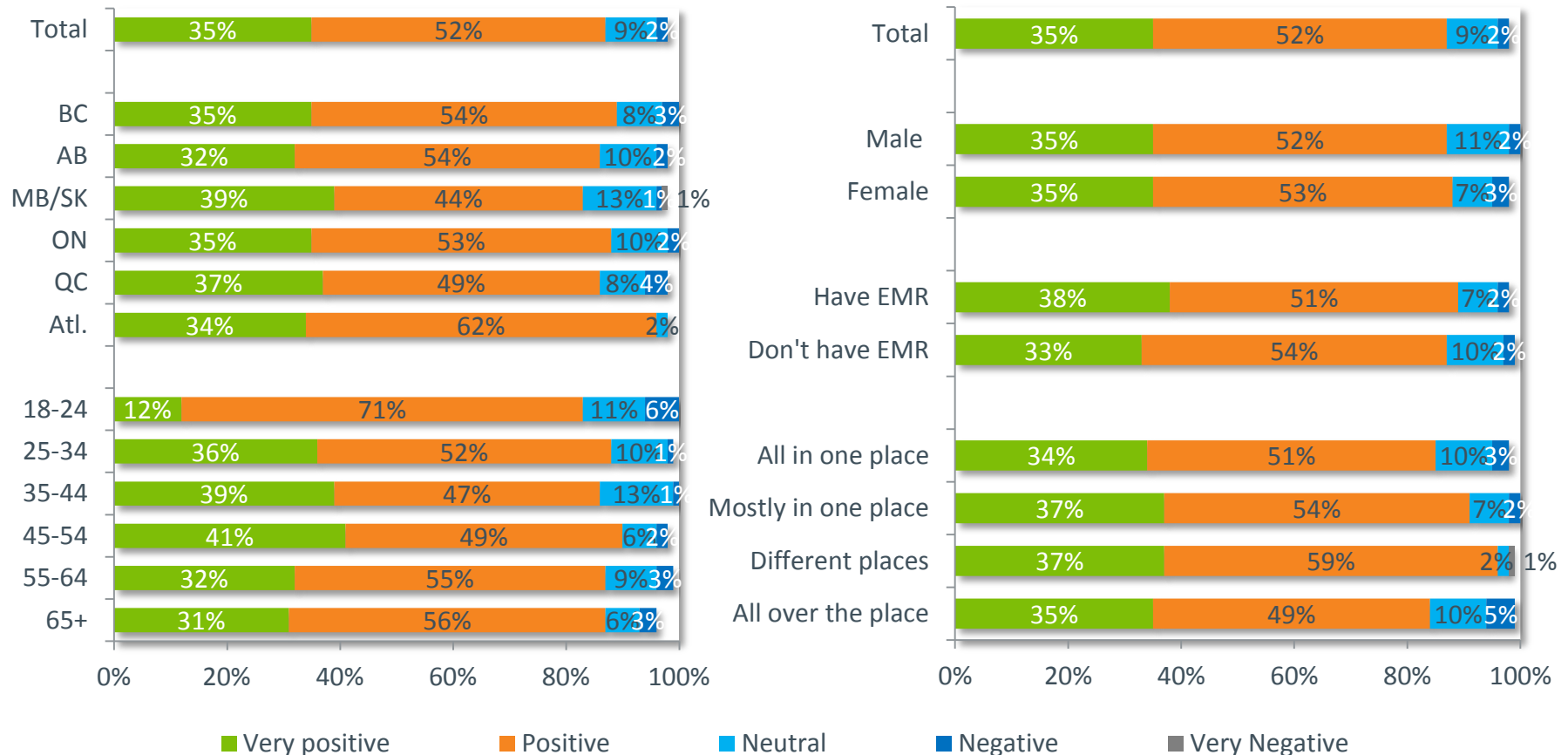
Using this information to improve the efficiency and effectiveness of health care delivery to the public.



Base: All respondents (n=1,010)

# Younger Canadians less positive that HSU of information would be able to better track the health of the population

Q16. I'm going to read you a few more ways how health information from electronic records might be used for Health system or secondary purposes and for each one have you tell me whether you think that it would have a very positive, positive, neutral, negative or very negative impact on the operation and quality of health care in Canada.  
Using this information to better track the health of the general population.

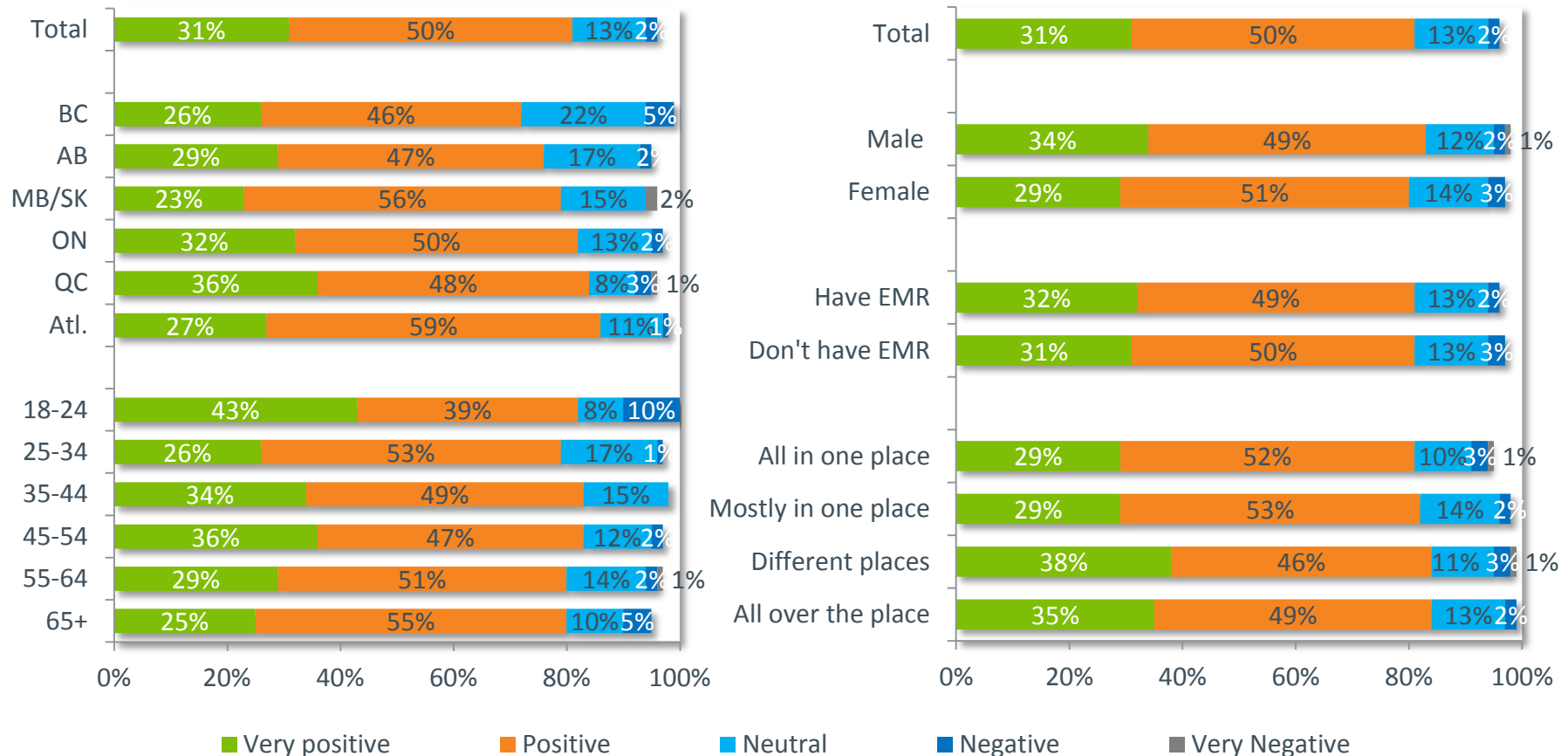


Base: All respondents (n=1,010)



# Younger Canadians most likely to see a very positive impact on HSU of information for strengthening medical and health research

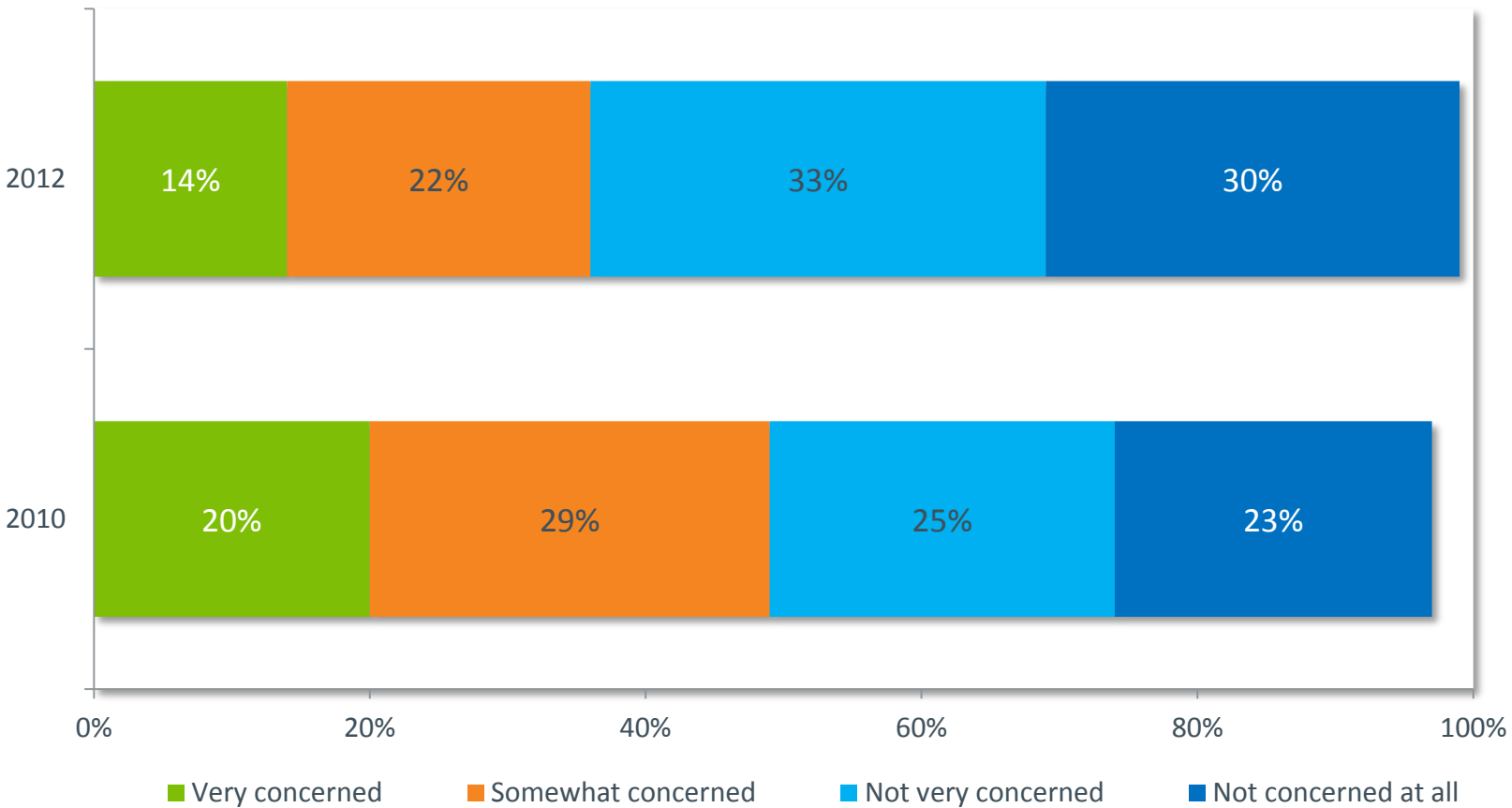
Q17. I'm going to read you a few more ways how health information from electronic records might be used for Health system or secondary purposes and for each one have you tell me whether you think that it would have a very positive, positive, neutral, negative or very negative impact on the operation and quality of health care in Canada.  
Using this information to strengthen medical and health research.



Base: All respondents (n=1,010)

# Decline in personal concern of using health information for HSU

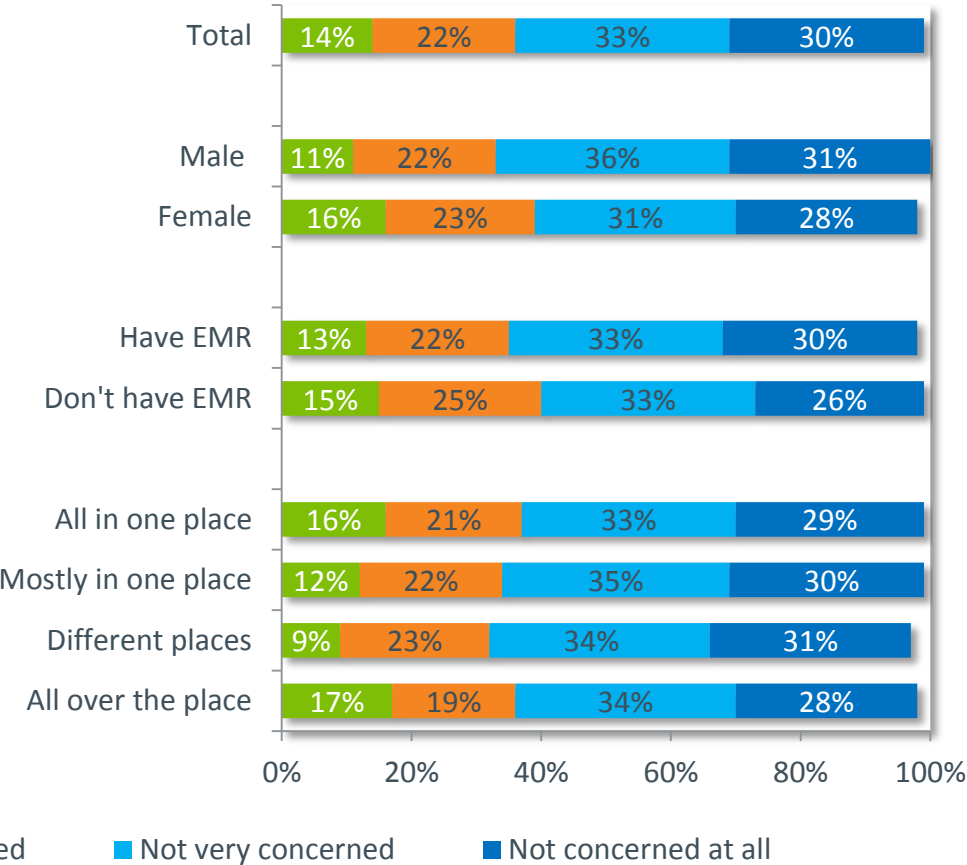
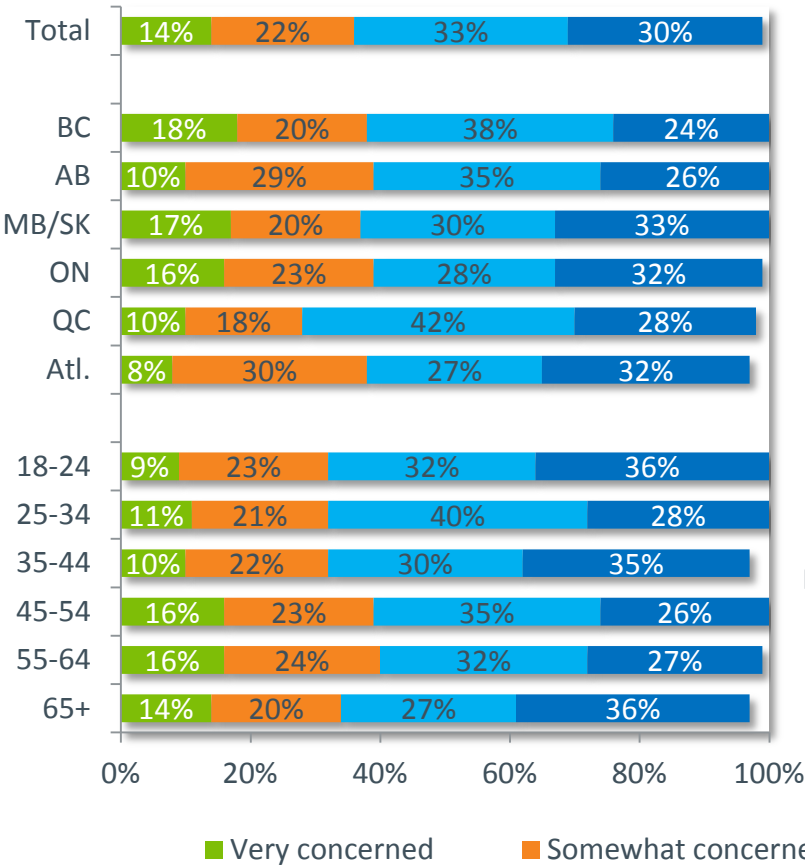
Q18. Would you personally be very concerned, somewhat concerned, not very concerned or not concerned at all about your own health information being used for these types of Health System Uses?



Base: All respondents (n=1,010)

# Quebecers less concerned with secondary use of their information

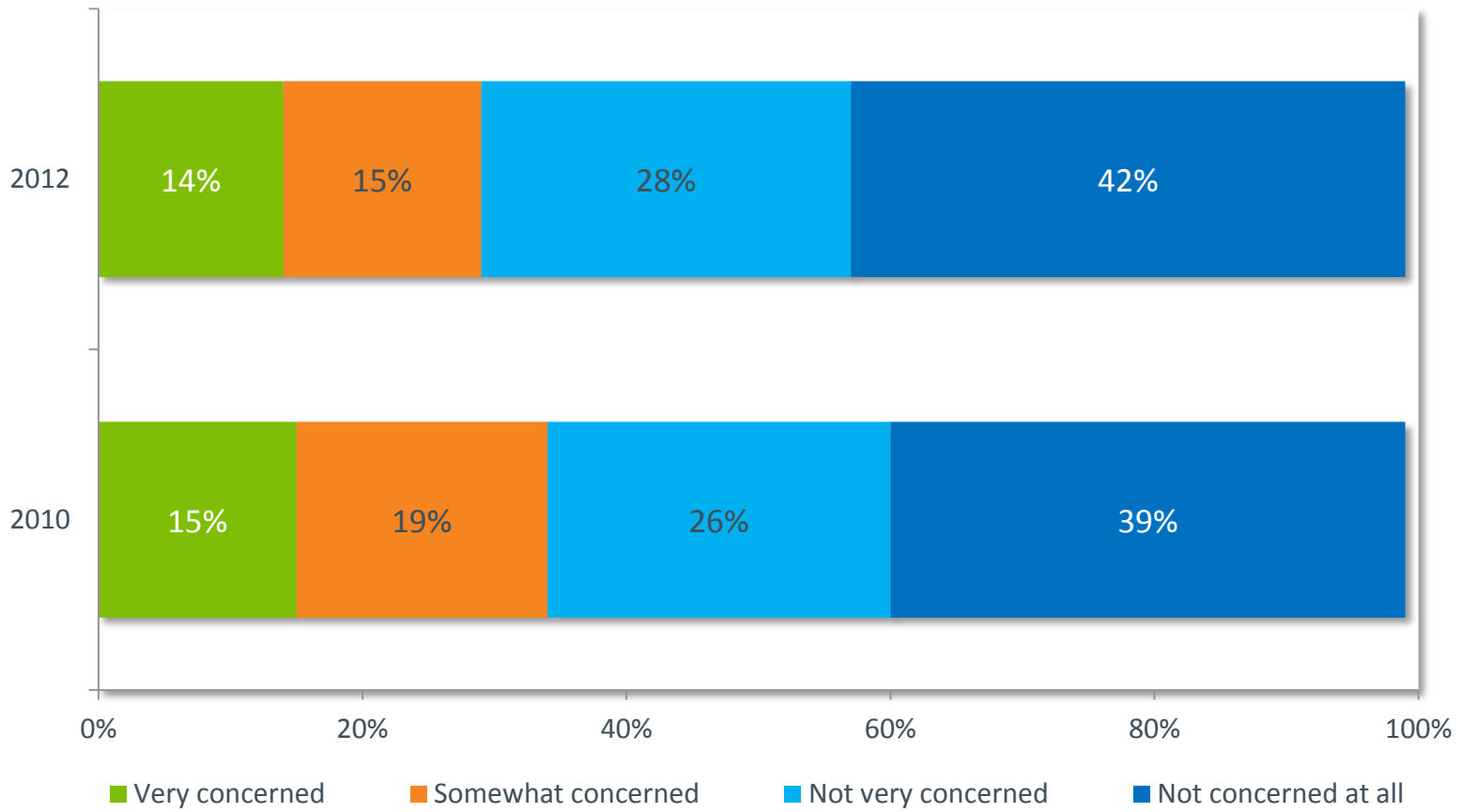
Q18. Would you personally be very concerned, somewhat concerned, not very concerned or not concerned at all about your own health information being used for these types of Health System Uses?



Base: All respondents (n=1,010)

# De-identifying information further reduces concern of system usage of information

Q19. If your health information was de-identified, would you personally be very concerned, somewhat concerned, not very concerned or not concerned at all about it being used for Health system purposes?

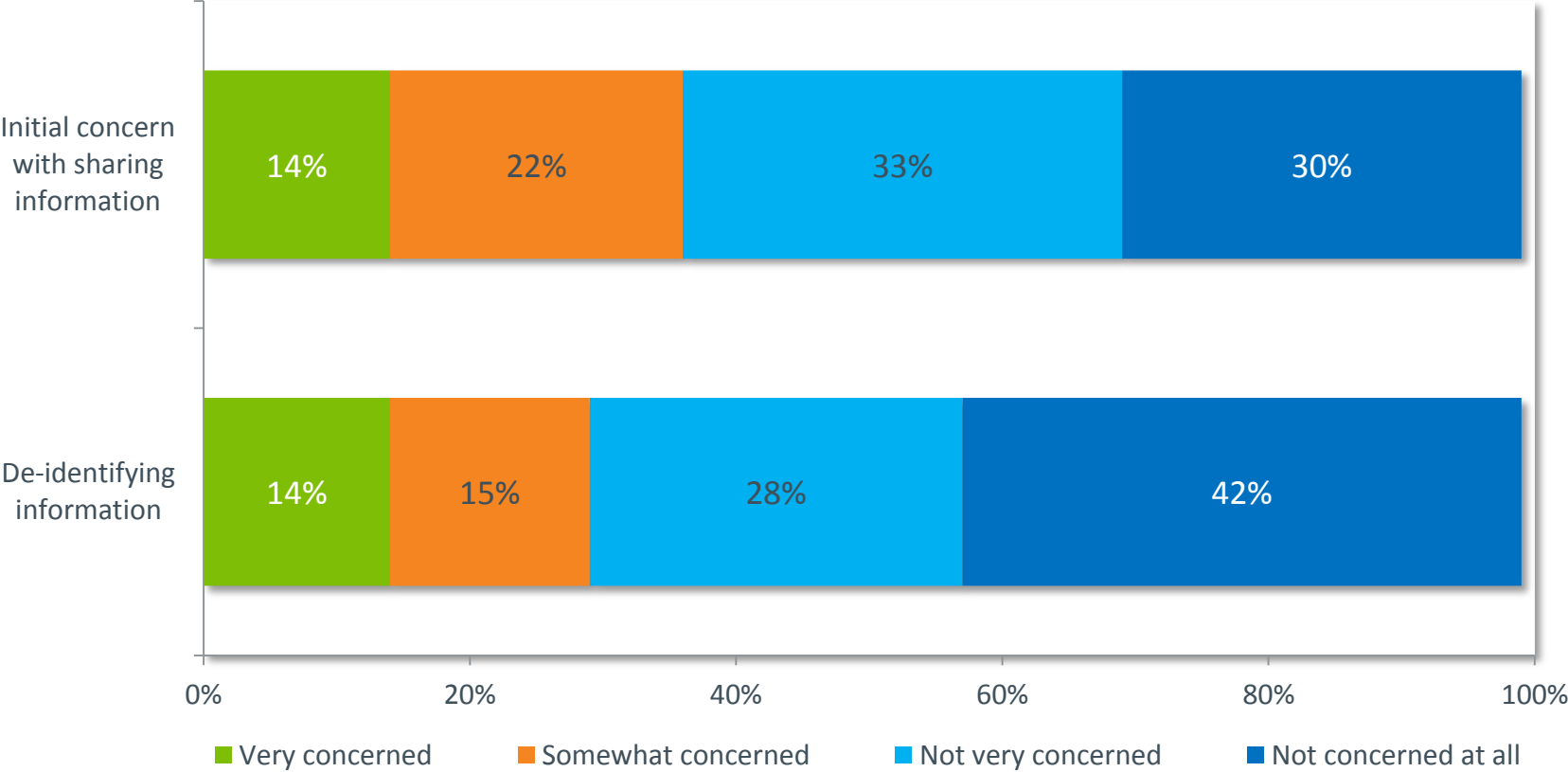


Base: All respondents (n=1,010)

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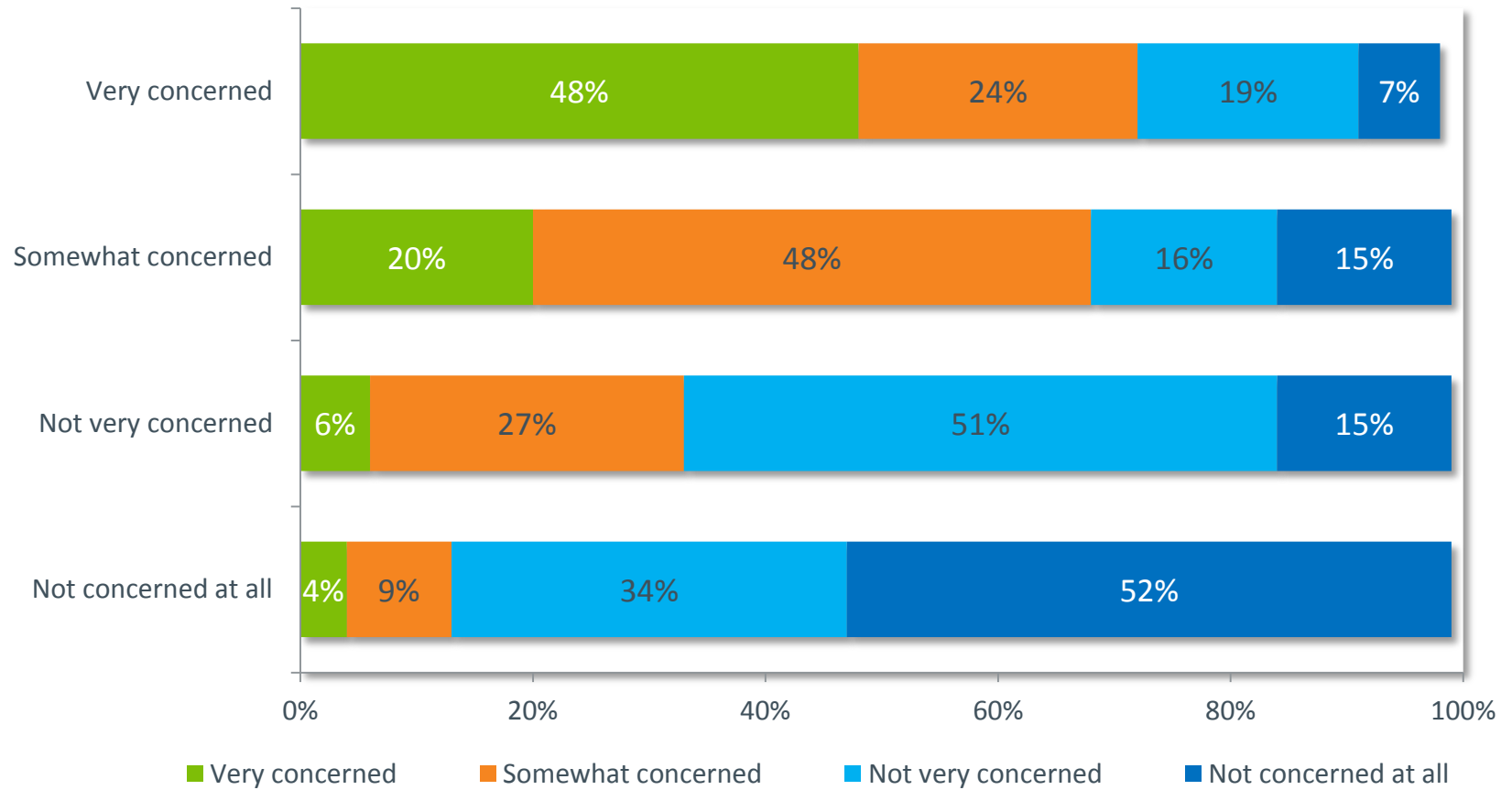


Base: All respondents (n=1,010)

# Relationship exists between initial concern of using information and concern if information is de-identified

Q18. Would you personally be very concerned, somewhat concerned, not very concerned or not concerned at all about your own health information being used for these types of Health System Uses?

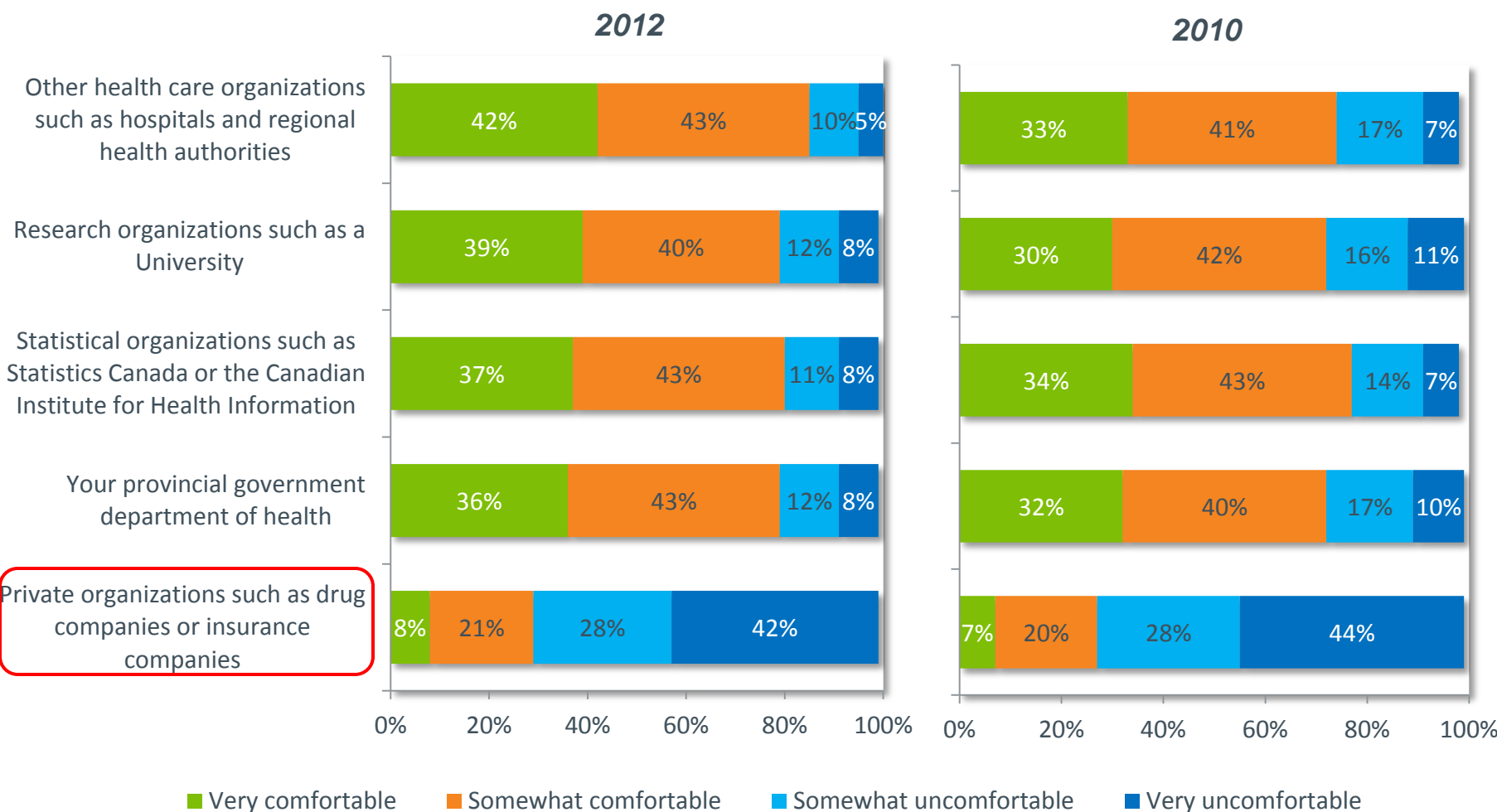
Q19. If your health information was de-identified, would you personally be very concerned, somewhat concerned, not very concerned or not concerned at all about it being used for Health system purposes?



Base: All respondents (n=1,010)

# Little comfort with sharing de-identified information with private organizations

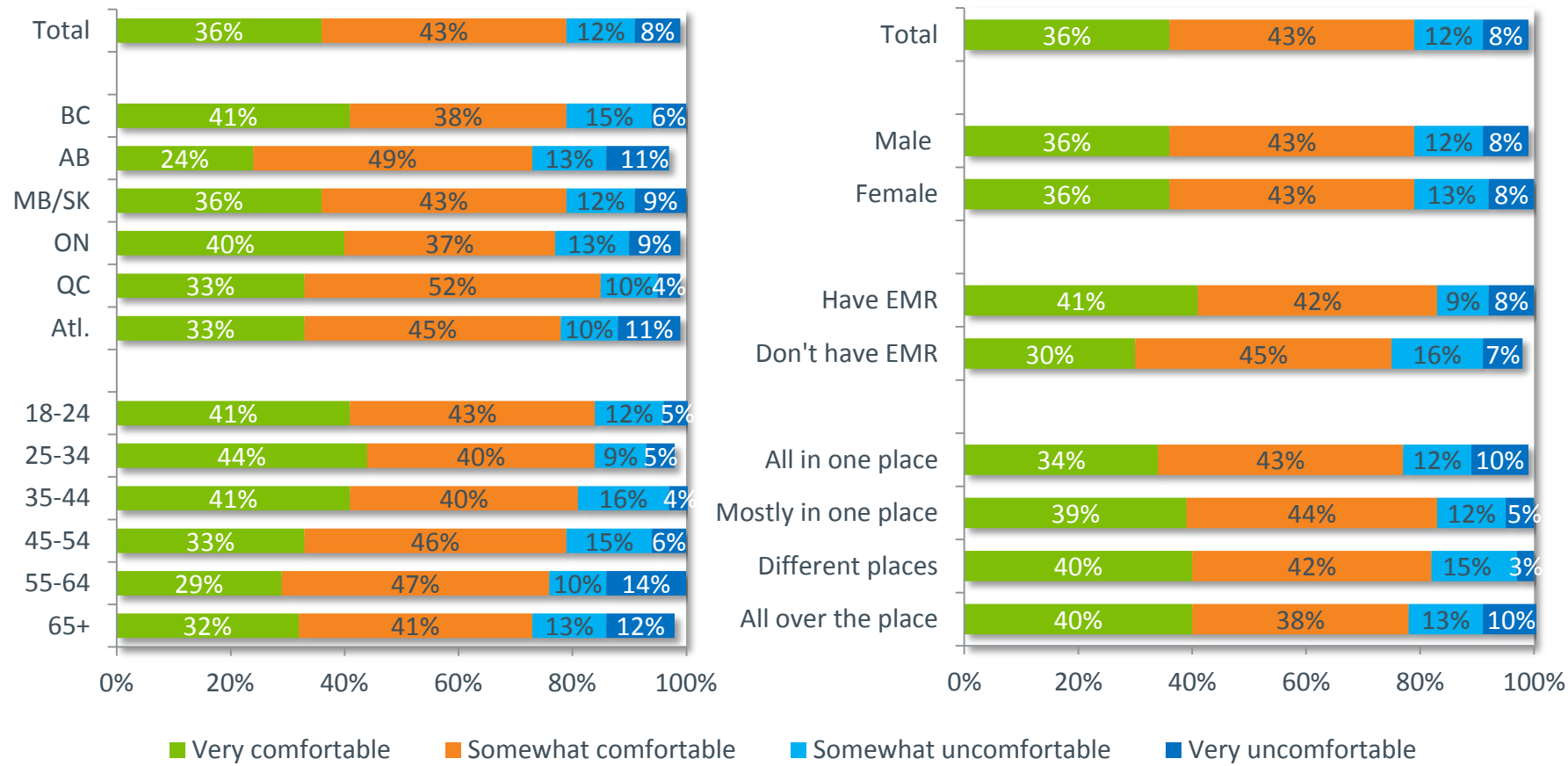
Q20-24. How would you feel about sharing your de-identified health information with the following organizations?



Base: All respondents (n=1,010)

# Albertans less comfortable with de-identified health information being shared with their provincial department of health

Q20. How would you feel about sharing your de-identified health information with the following organizations?  
Your provincial government department of health

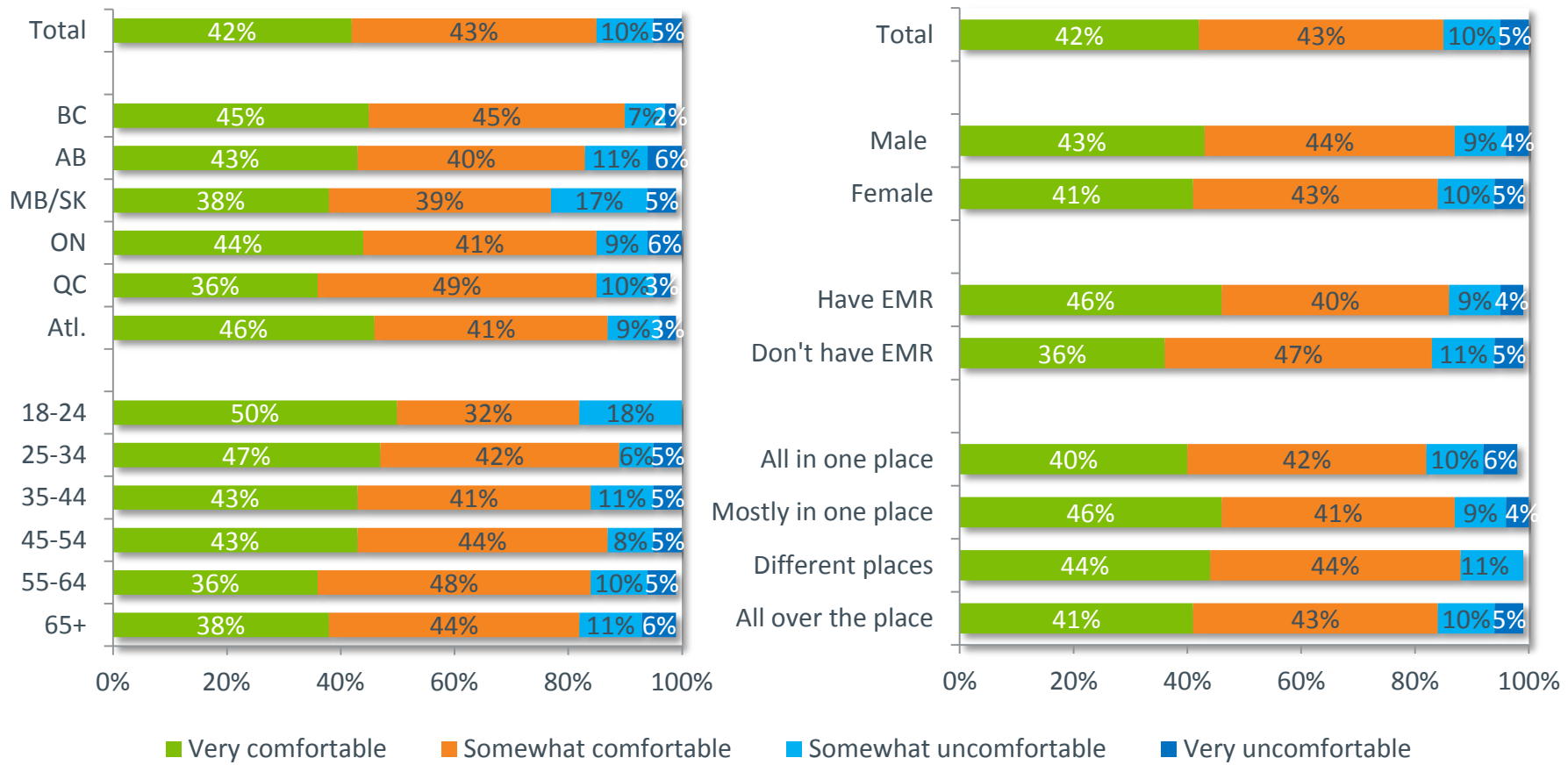


Base: All respondents (n=1,010)



# Those with an EMR more comfortable with sharing information locally

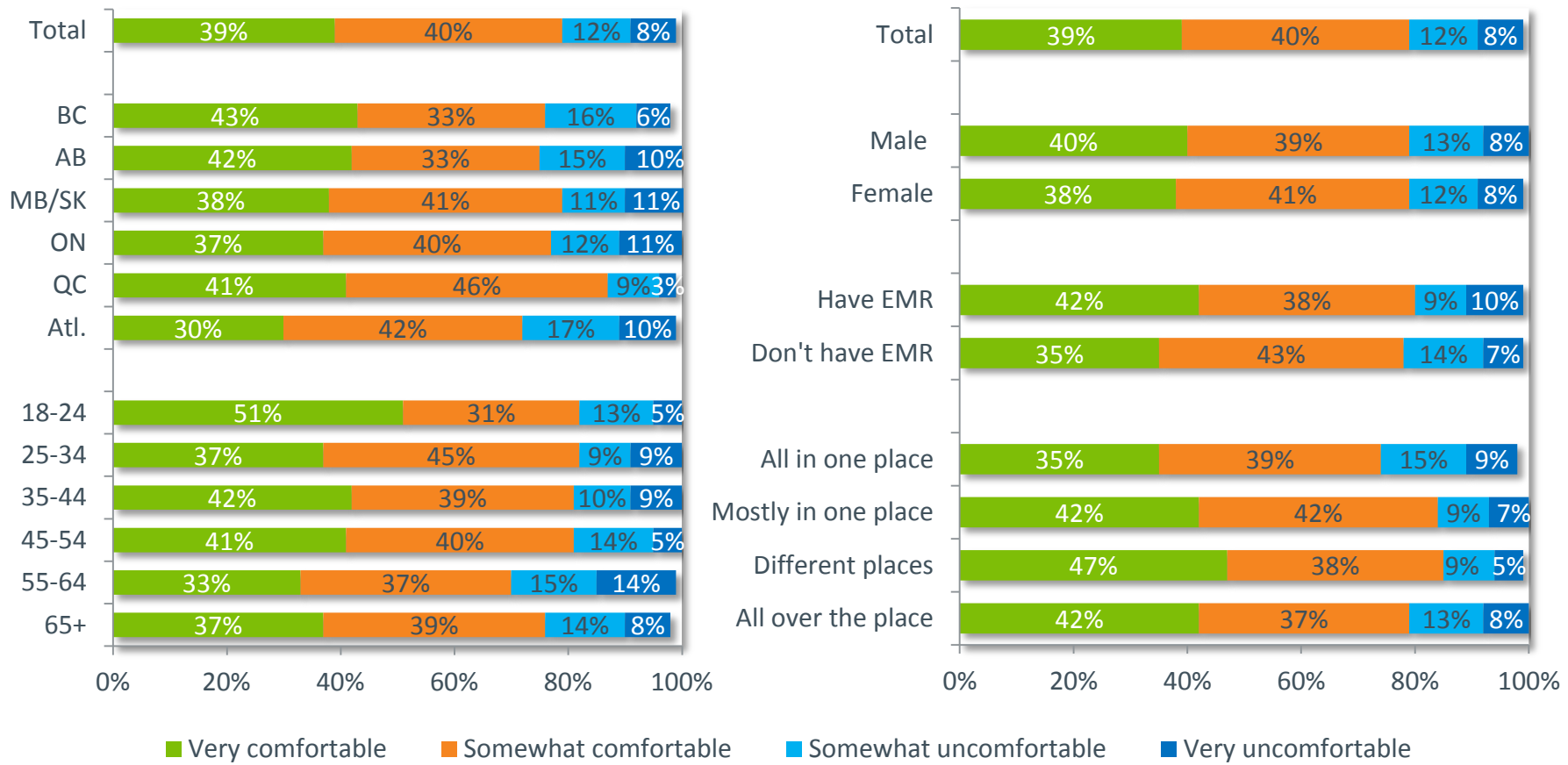
Q21. How would you feel about sharing your de-identified health information with the following organizations?  
Other health care organizations such as hospitals and regional health authorities.



Base: All respondents (n=1,010)

# Youth most comfortable with sharing information for research

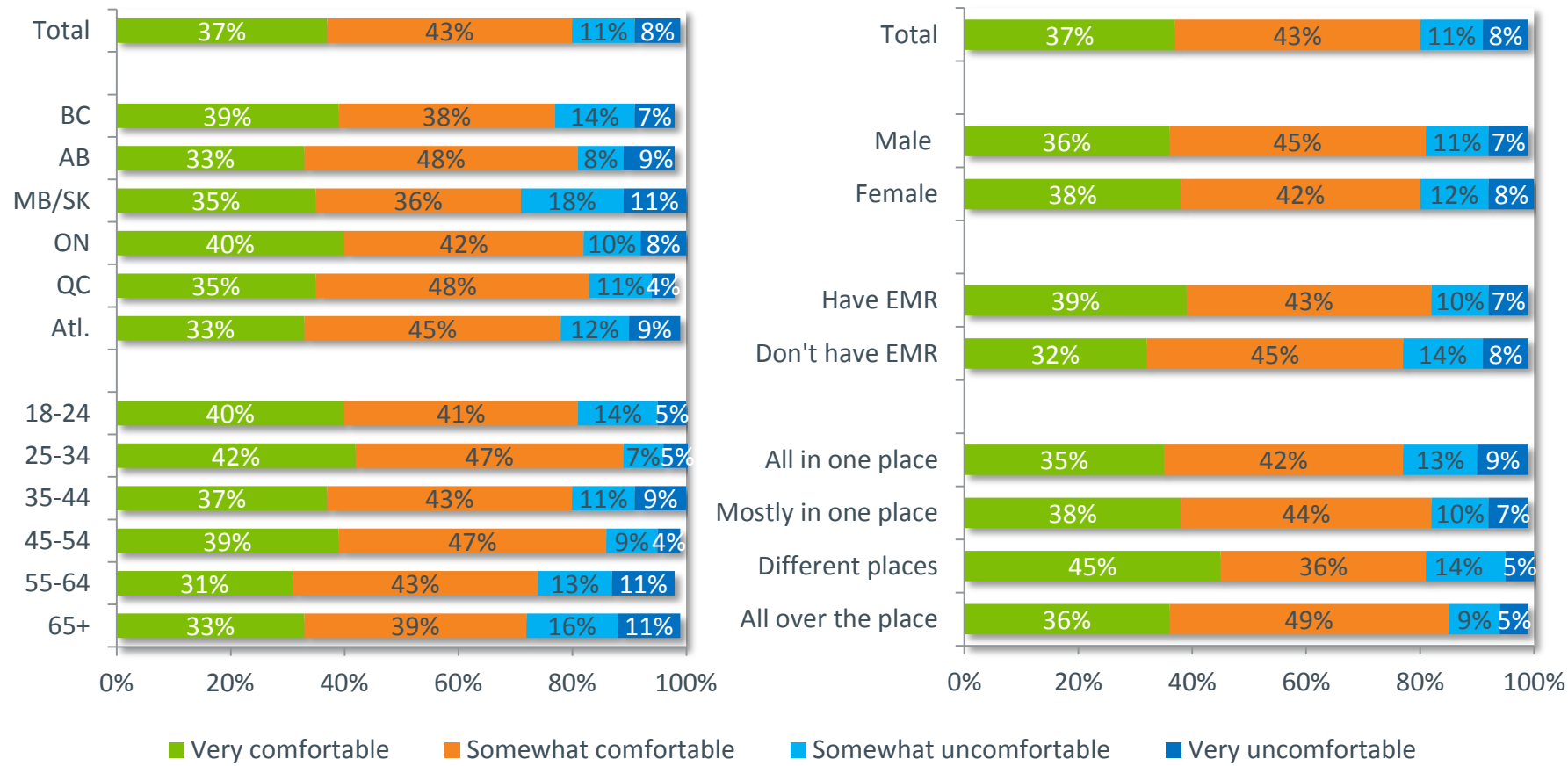
Q22. How would you feel about sharing your de-identified health information with the following organizations?  
Research organizations such as a University.



Base: All respondents (n=1,010)

# Older Canadians slightly less comfortable with sharing de-identified information with statistical organizations

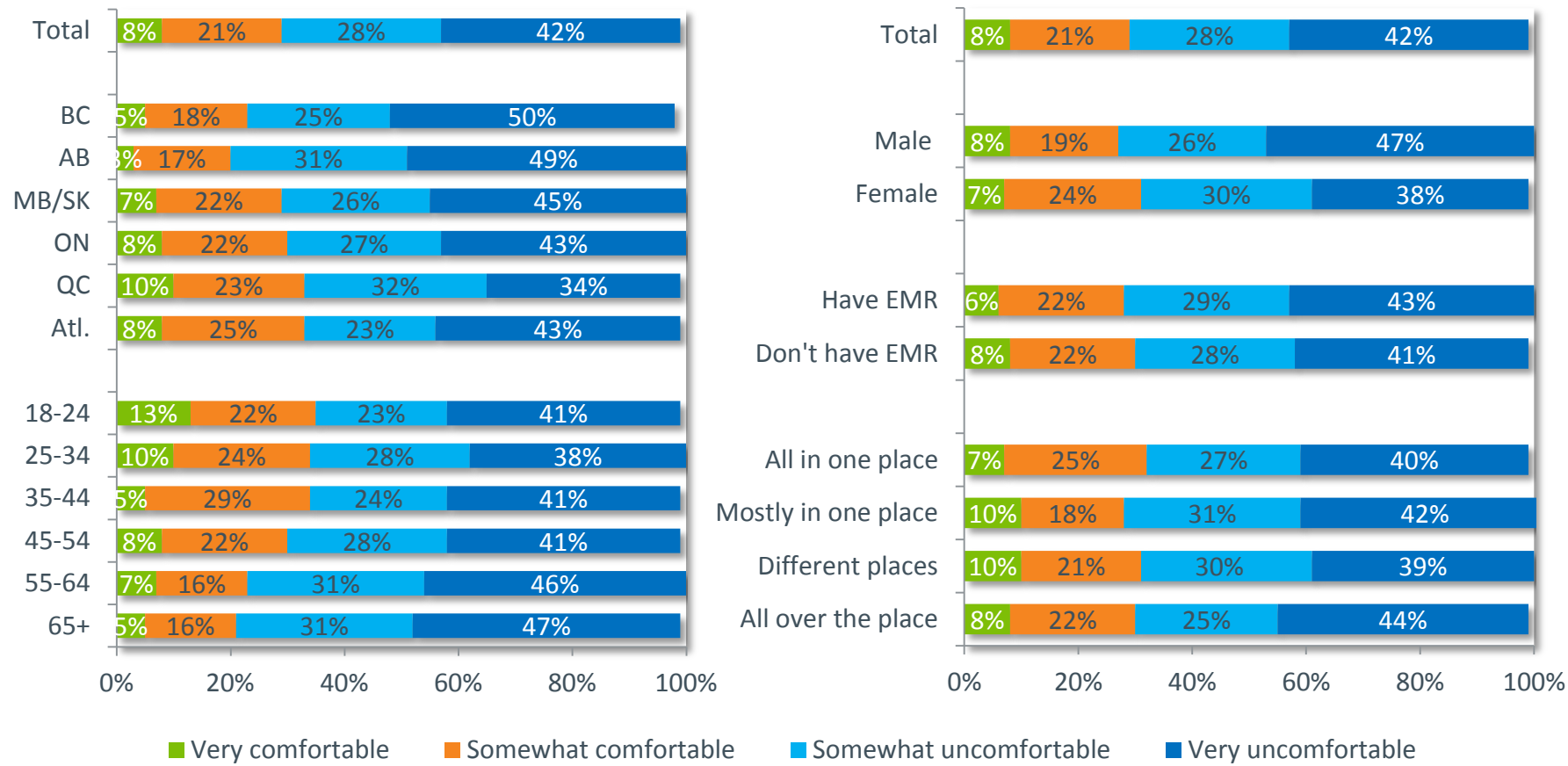
Q23. How would you feel about sharing your de-identified health information with the following organizations?  
Statistical organizations such as Statistics Canada or the Canadian Institute for Health Information.



Base: All respondents (n=1,010)

# Comfort with private organizations having de-identified health information decreases with age

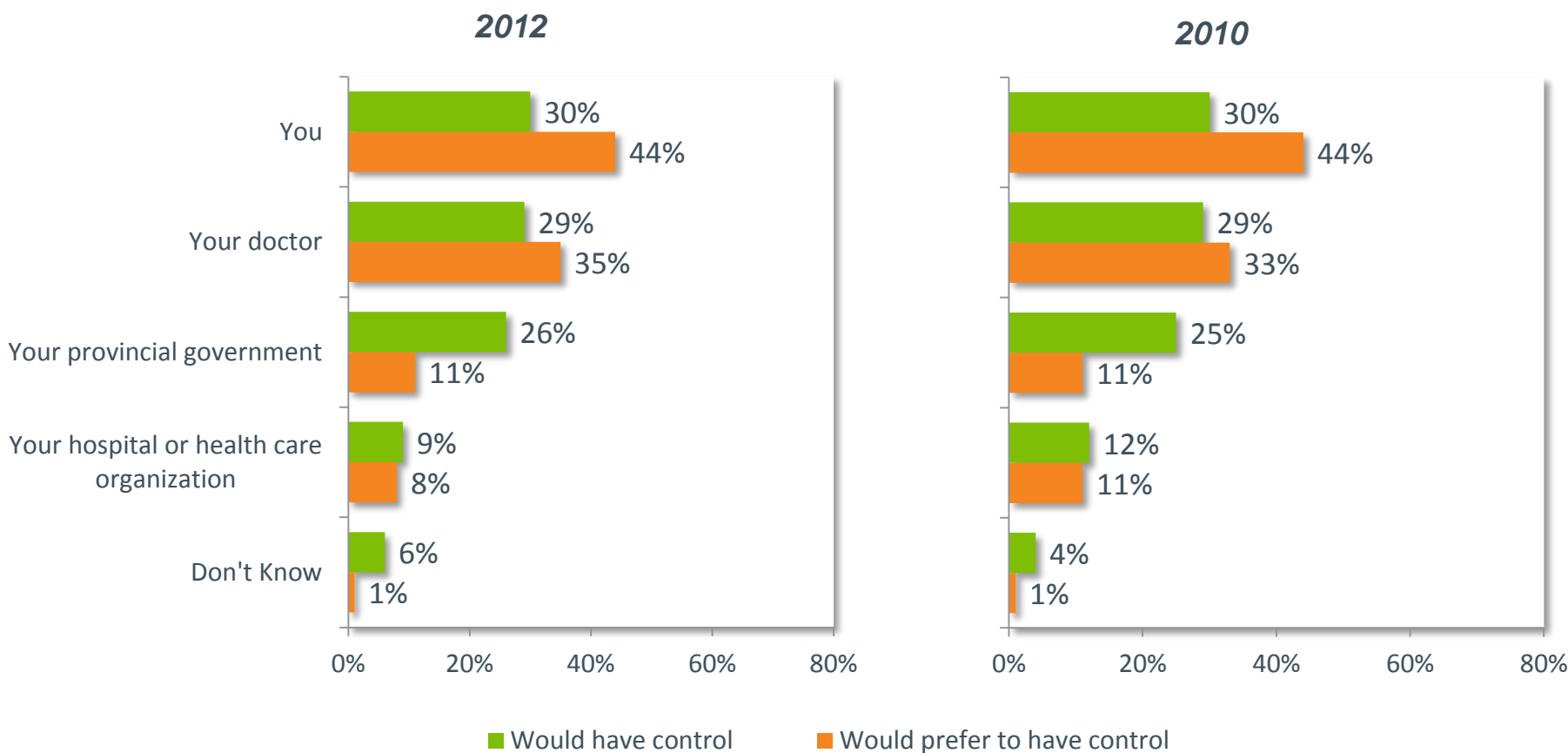
Q24. How would you feel about sharing your de-identified health information with the following organizations?  
Private organizations such as drug companies or insurance companies.



Base: All respondents (n=1,010)

# There is no consensus on who should control sharing information

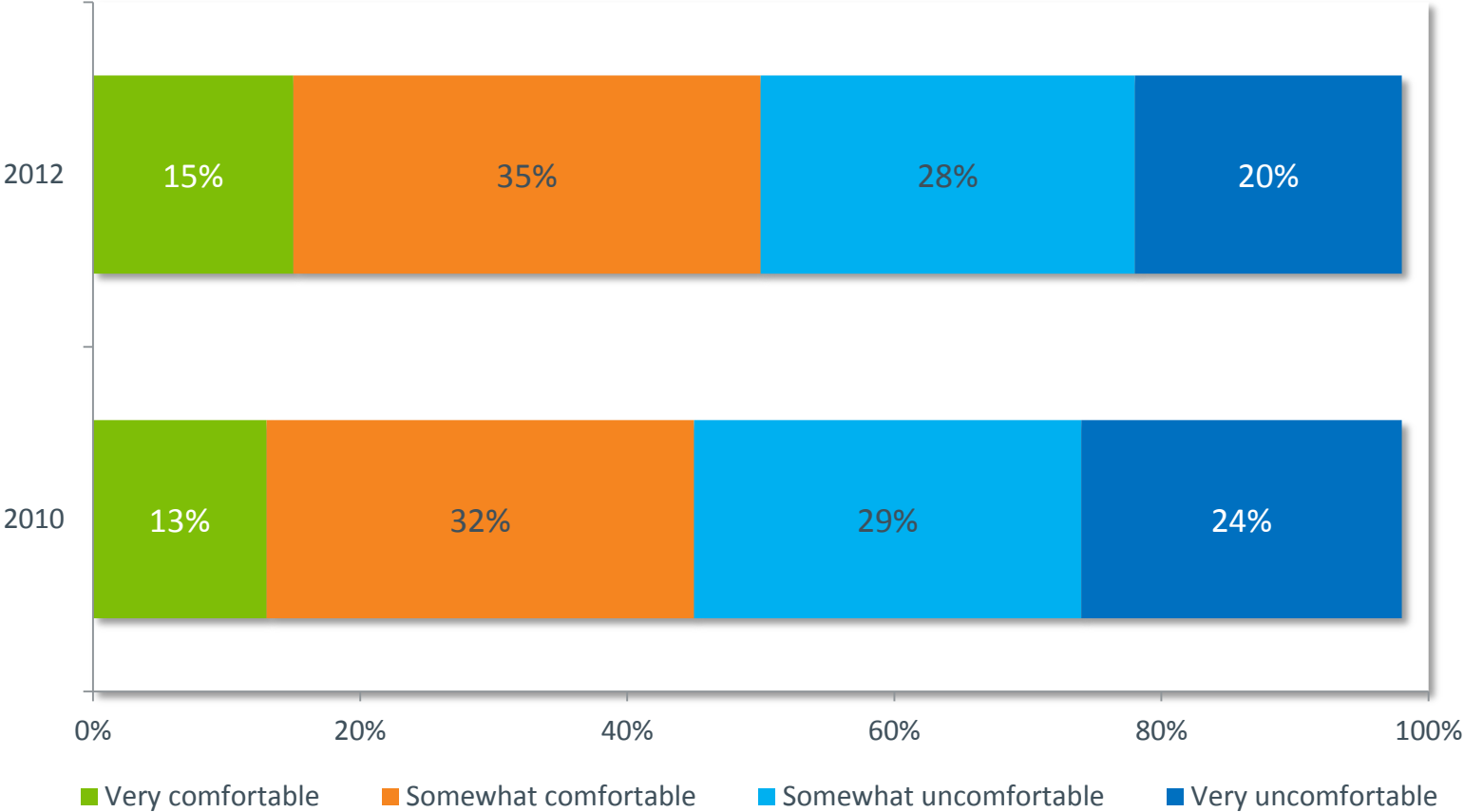
Q25-26. If your information was used in this way, and was shared with other doctors, hospitals and health researchers, who do you think would/who would you prefer to have control of these data and make that decision?



Base: All respondents (n=1,010)

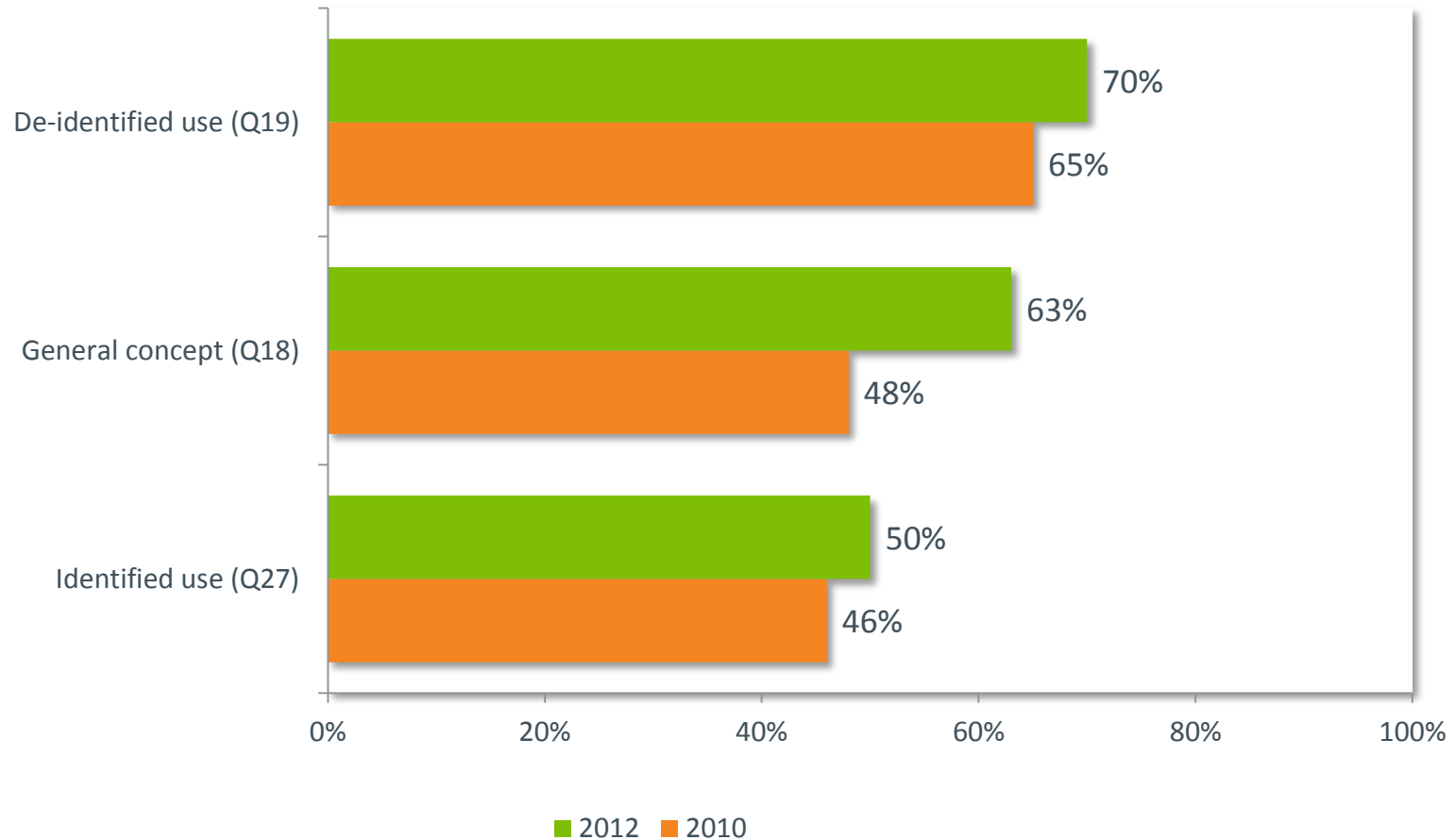
# No agreement on comfort with using identified information to track how well treatments were working

Q27. In rare cases, the use of your personal health information may contain your name or address. For example, if a doctor doing research needed to track the health of individuals to determine how well different treatments were working. Would you feel very comfortable, somewhat comfortable, somewhat uncomfortable or very uncomfortable if your identified health information was used in this way?



Base: All respondents (n=1,010)

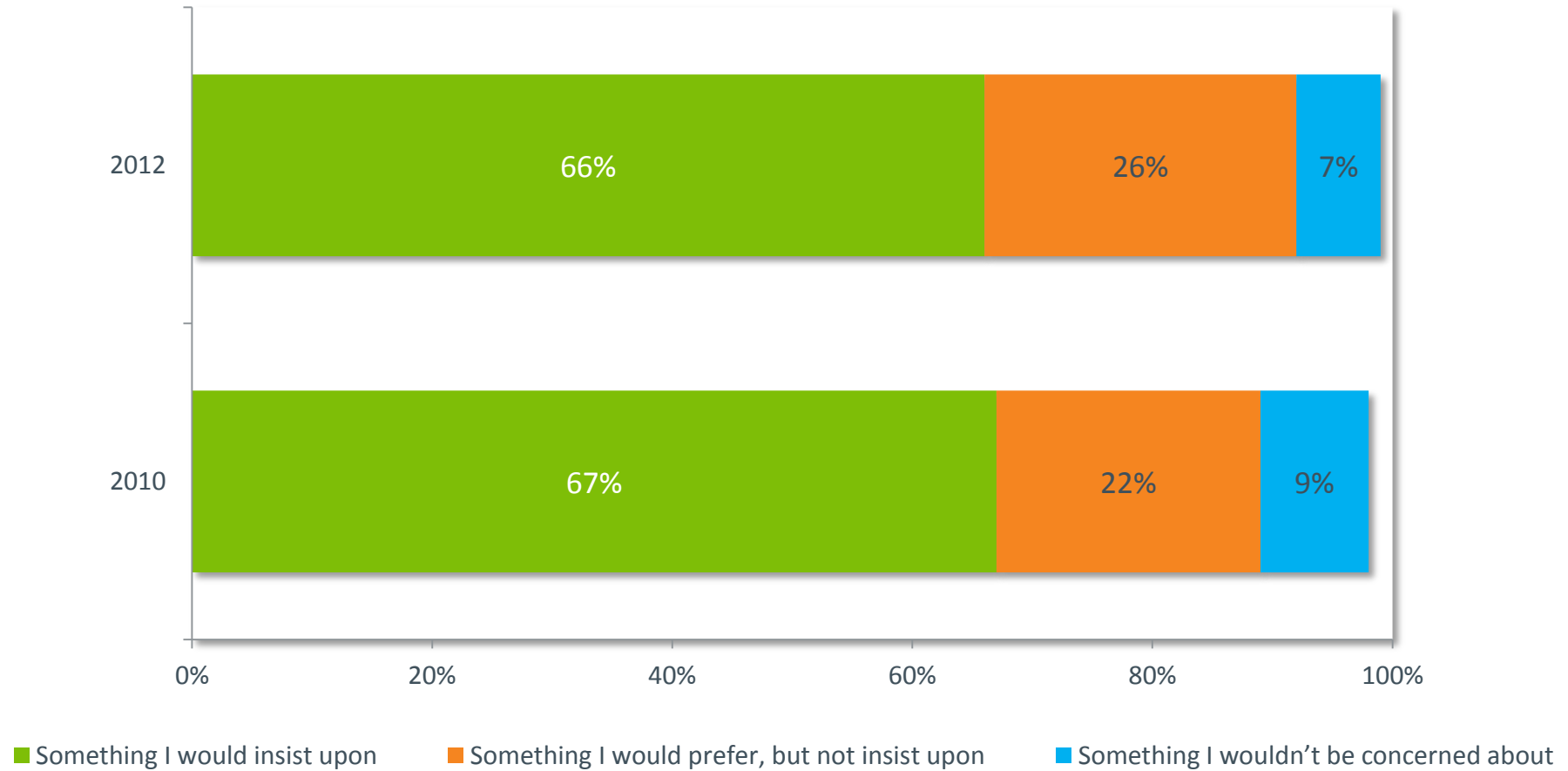
# Comparison of Comfort/Concern about the General Concept of HSU vs. De-Identified vs. Identified Uses (top 2 box scores)



Base: All respondents (n=1,010)

# Two in three continue to insist on requiring consent to use identified information

Q28. In cases like this, where you were identified, how would you feel about a requirement that your personal approval or consent would have to be given before your health information was used? Is this something that you insist upon, you would prefer but not insist upon or something that you wouldn't be concerned about and would not require your personal approval or consent?

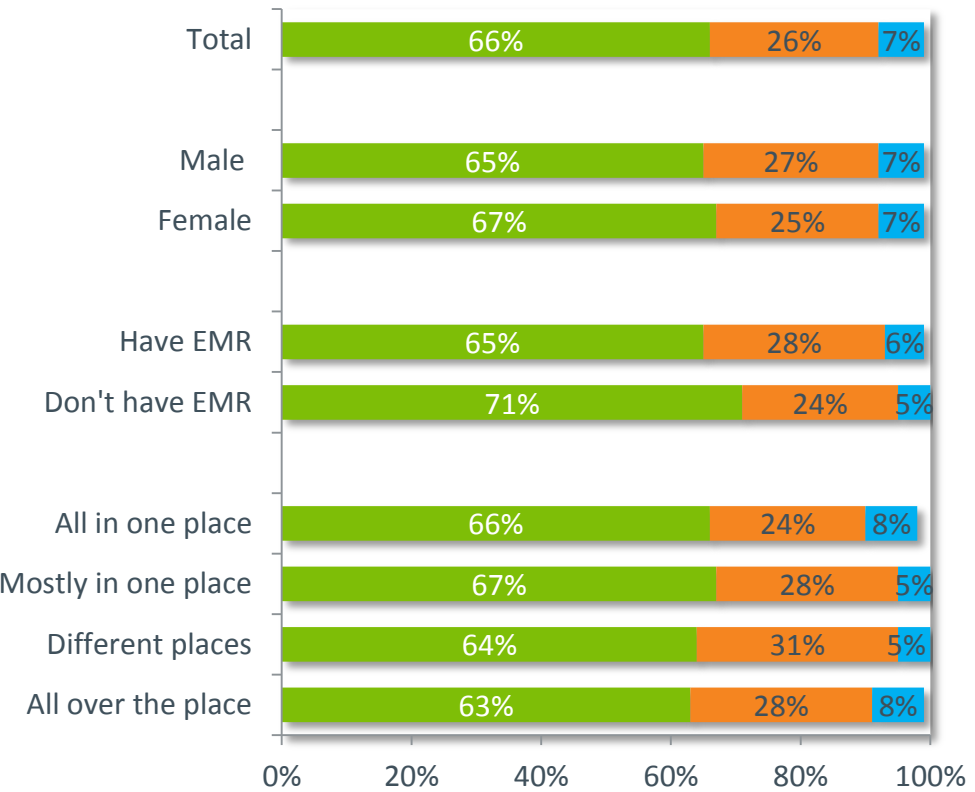
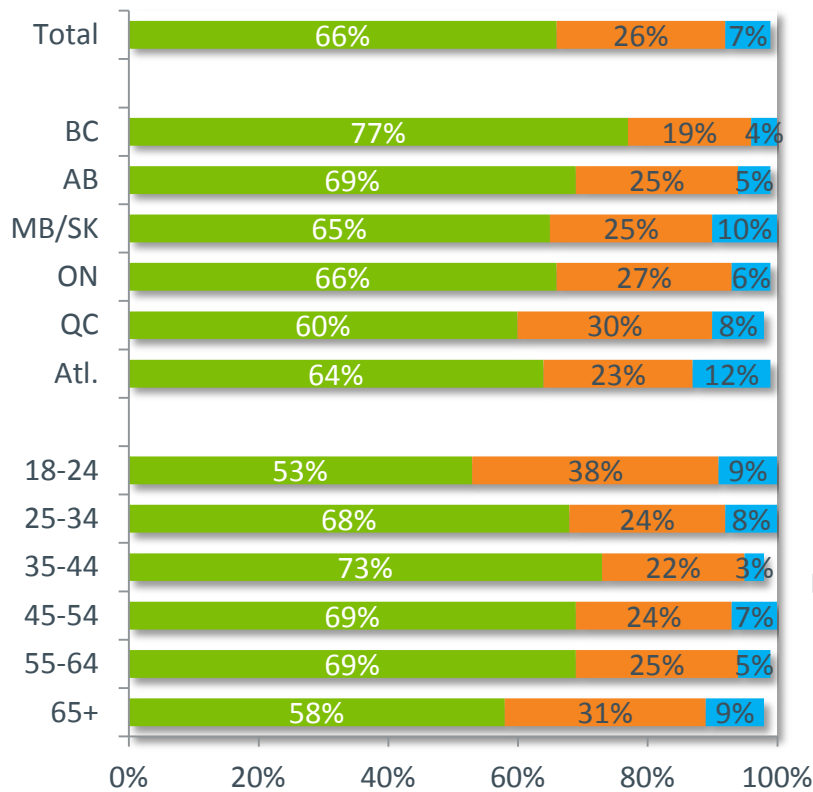


Base: All respondents (n=1,010)



# Those in BC most insistent on consent

Q28. In cases like this, where you were identified, how would you feel about a requirement that your personal approval or consent would have to be given before your health information was used? Is this something that you insist upon, you would prefer but not insist upon or something that you wouldn't be concerned about and would not require your personal approval or consent?

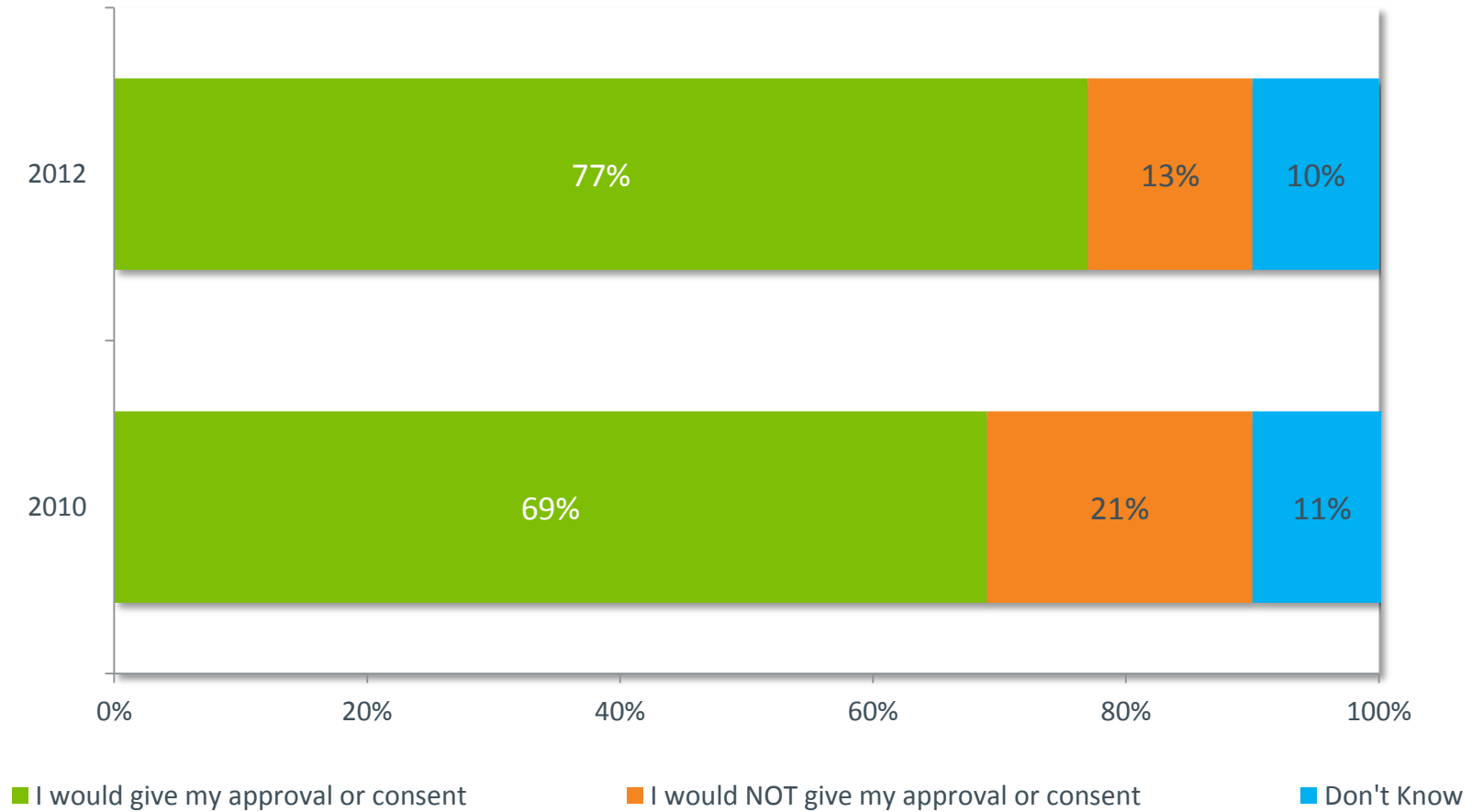


■ Something I would insist upon ■ Something I would prefer, but not insist upon ■ Something I wouldn't be concerned about

Base: All respondents (n=1,010)

# Three in four claim that they would give their consent for HSU of information

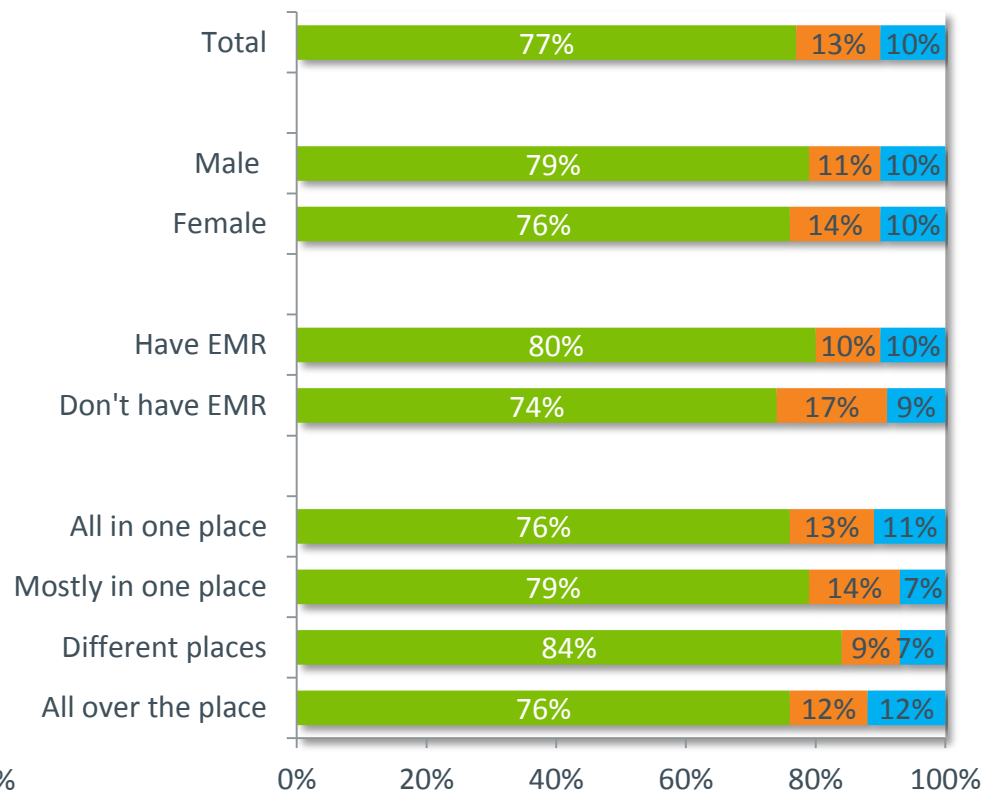
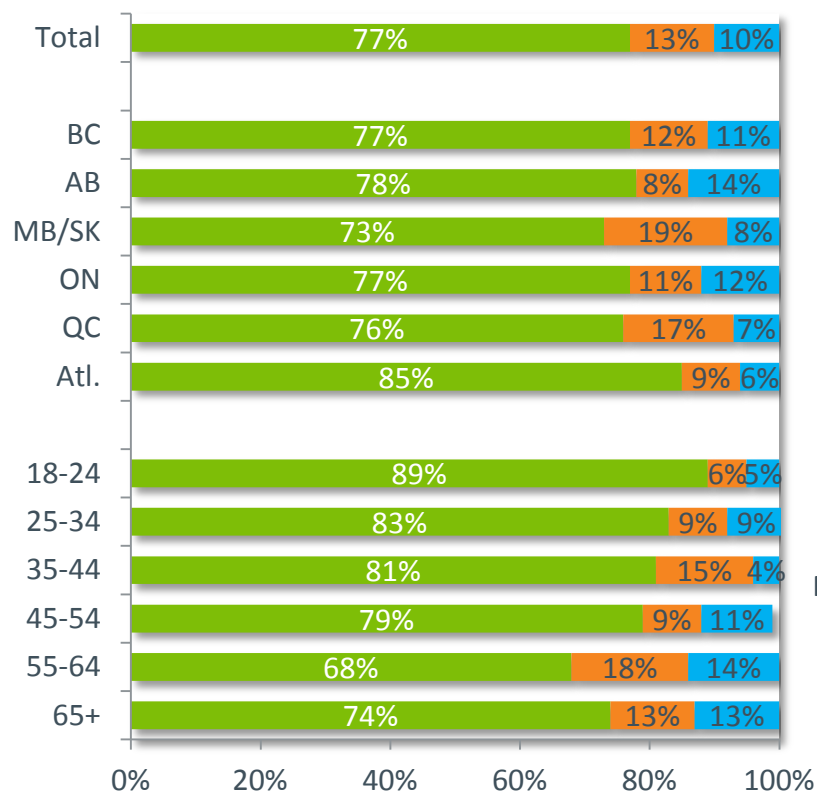
Q29. And if your approval or consent was required before your identified information could be used for health system purposes, do you think you would give your approval or consent or you would not give your approval or consent?



Base: All respondents (n=1,010)

# Atlantic and younger Canadians most apt to give consent for health system uses of their information

Q29. And if your approval or consent was required before your identified information could be used for health system purposes, do you think you would give your approval or consent or you would not give your approval or consent?

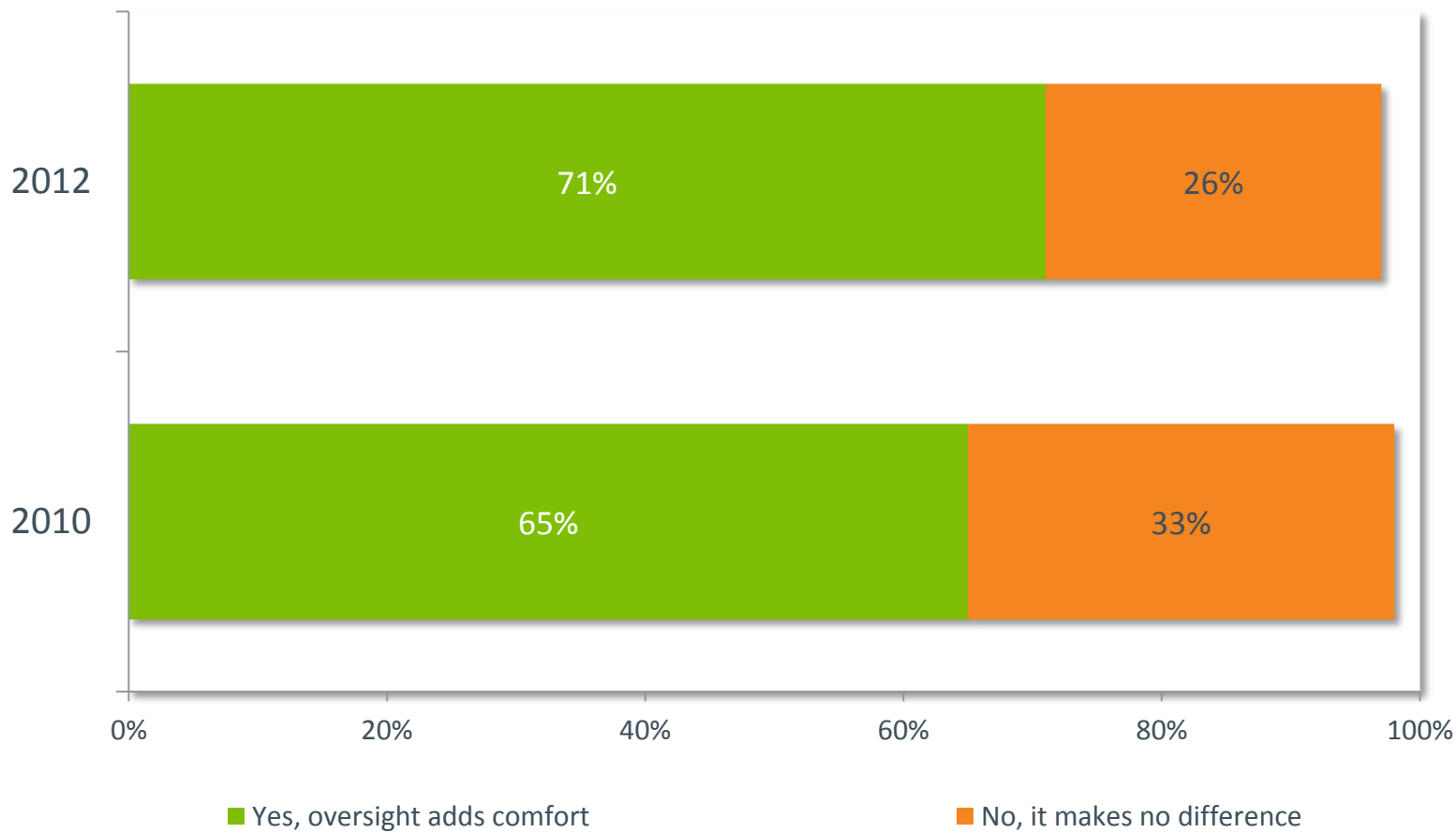


■ I would give my approval or consent ■ I would NOT give my approval or consent ■ Don't Know

Base: All respondents (n=1,010)

# An increase in the number who would be more comfortable with an assessment process

Q30. Would you be more comfortable if you knew that the research project seeking to use identified information would have to go through an assessment process and be approved by an independent agency that would examine the potential risk to your privacy?



Base: Those who insist on approval or consent before their health information was used or would not give approval for their identified information to be used (n=700)

# There has been an increase in the number of Canadians who would insist on providing consent and say that they would grant it

	Insist on Consent		Prefer Consent		Wouldn't care	
	2012	2010	2012	2010	2012	2010
Would grant	74%	64%	88%	77%	77%	81%
Would not grant	14%	22%	7%	15%	18%	18%
Don't Know	12%	13%	5%	7%	5%	1%

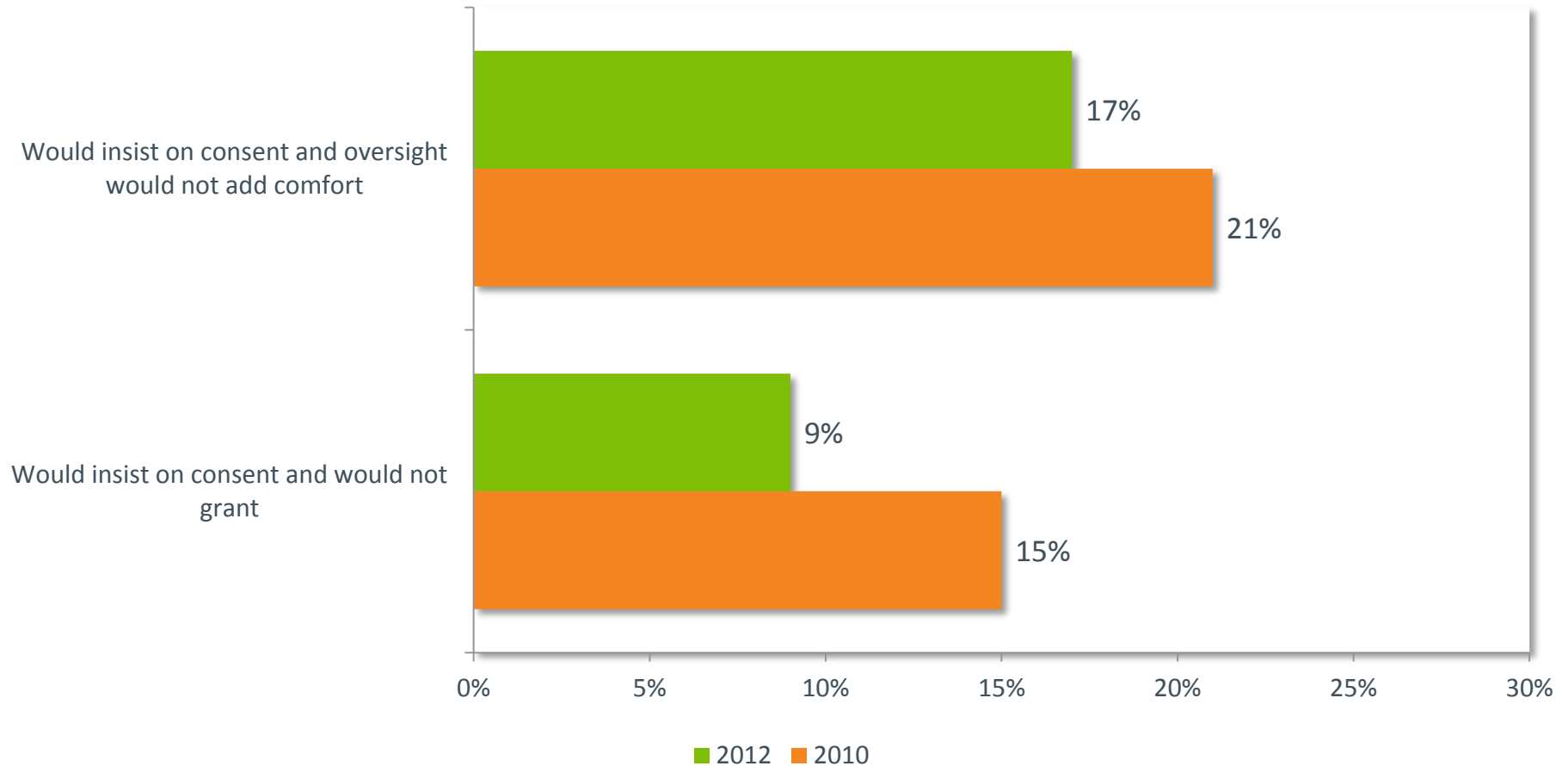
Base: All respondents (n=1,010)

# There is a growing number that views consent as adding comfort

	Insist on Consent		Prefer Consent		Wouldn't care	
	2012	2010	2012	2010	2012	2010
Oversight adds comfort	72%	67%	63%	40%	54%	39%
Makes no difference	25%	31%	37%	55%	42%	57%

Base: Those who insist on approval or consent before their health information was used or would not give approval for their identified information to be used (n=700)

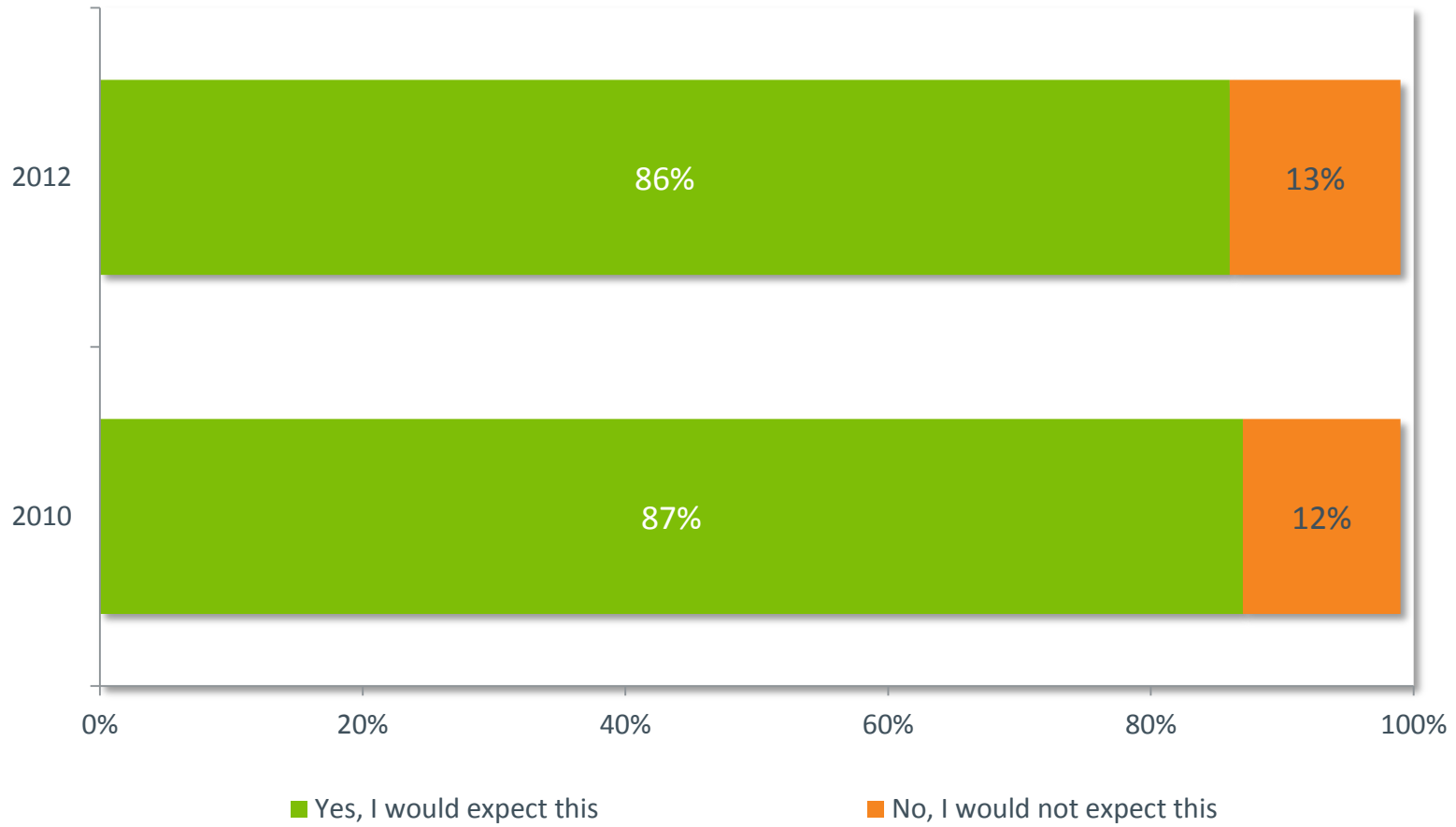
# There has been a decline in the number who would not grant consent



Base: All respondents (n=1,010)

# A strong majority expect their provider to notify them when their information is being used

Q31. Would you expect your doctor or care provider to notify you about when and how your personal information was being used for Health system purposes?

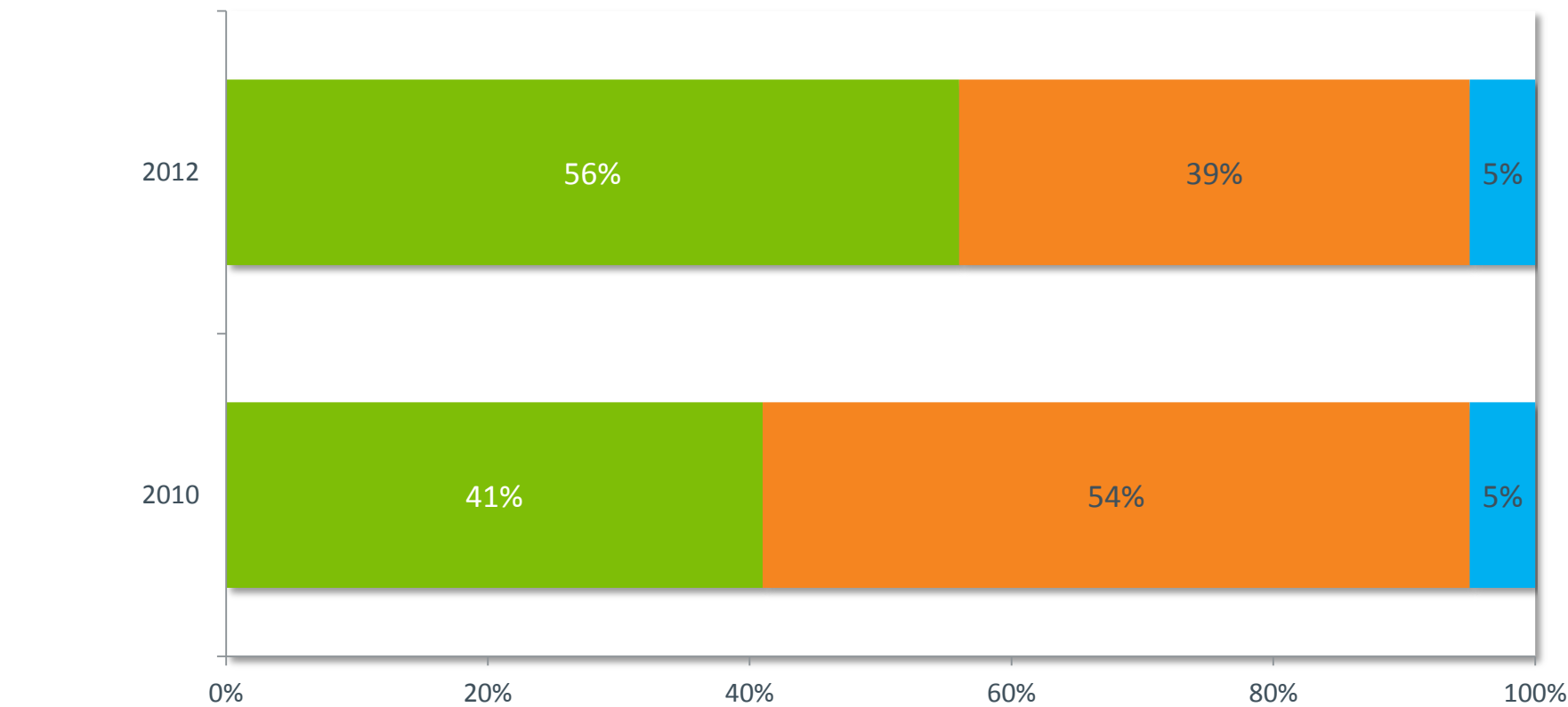


Base: All respondents (n=1,010)



# On balance, half think HSU of de-identified information outweighs privacy concerns

Q32. Overall and on balance, what's more important to you? Protecting the privacy of your health information or being able to use this de-identified information for Health system uses?

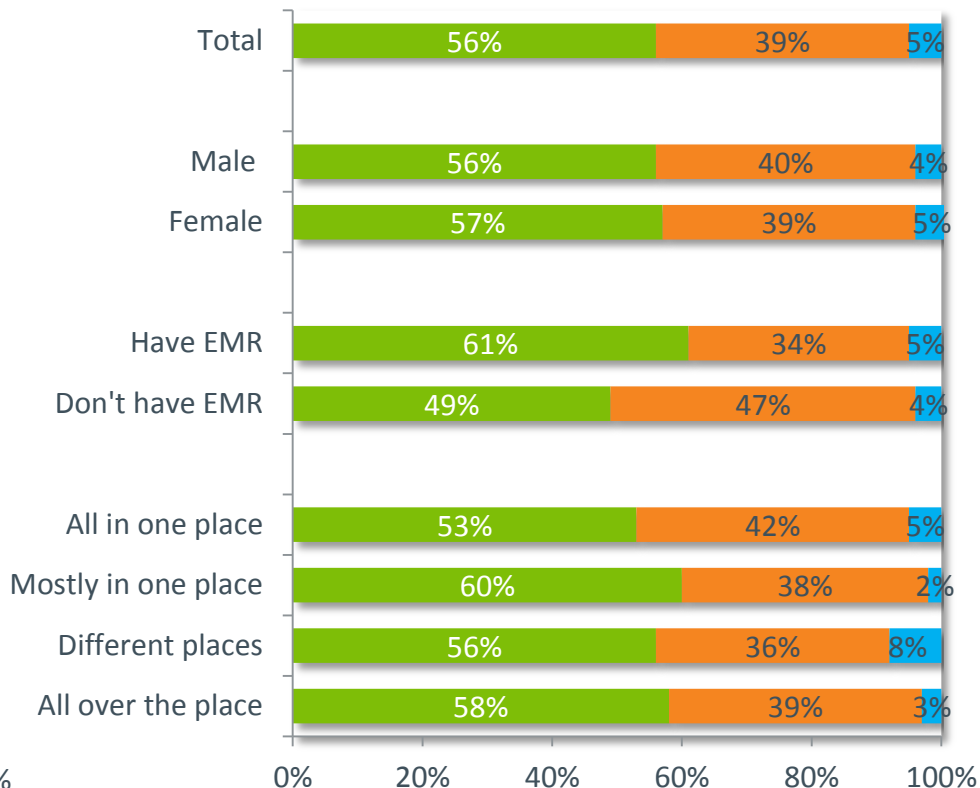
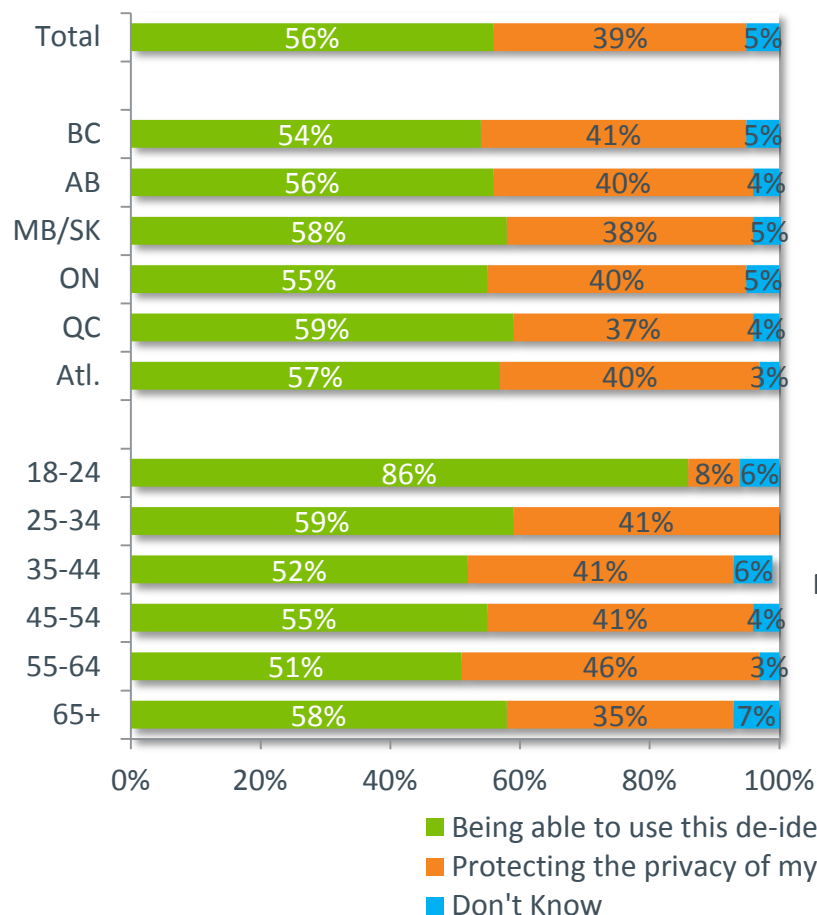


■ Being able to use this de-identified information for Health system uses ■ Protecting the privacy of my health information ■ Don't Know

Base: All respondents (n=1,010)

# 18 to 24 year olds most apt to place more importance on using de-identified information for health system uses than on privacy

Q32. Overall and on balance, what's more important to you? Protecting the privacy of your health information or being able to use this de-identified information for Health system uses?



Base: All respondents (n=1,010)



Thank you.