

A comparison of the Canadian health care system and customer support services: A retrospective case series analysis

Analysis reveals a greater number of similarities than differences between the two systems.

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ABSTRACT

This observational study compares average user experience within the Canadian health care system to that of customer service support offered by a variety of Canadian wireless communication companies. Analysis reveals a greater number of similarities than differences between the two systems.

The Canadian health care system is frequently (and almost exclusively)¹ compared to its American big brother. Comparisons often draw on radical examples of our southern brethren remortgaging their houses or swimming to Cuba to afford basic medical coverage.² These sensationalist stories attempt to highlight the superiority of our socialist utopia to our neighbor’s litigation-heavy and insurance-restricted system. To date, however, no attempts have been published comparing the experience of entering and navigating our health care system to that of the customer service support offered by some of Canada’s well-known wireless communication companies: Telus, Bell, and Shaw.

Methods

Table 1 contains participant descriptive statistics, with data pooled to ensure confidentiality. Study participants were asked to recall various encounters, real or imaginary, with customer service support from Telus, Bell, or Shaw, and encounters (real or imaginary) with the health care system. To enhance accuracy of recollection, all participants were provided with 750 mL of fermented grape extract (2013 Jackson Triggs Merlot, Niagara Estate).

Results

A comparison of typical encounters at various interaction points within the customer service or the health care system is shown in **Table 2**. Statistical analysis was conducted using SPSS version 20 for Mac. One-way ANOVA test resulted in [error code 1054: please enter n ≥ 1].

Discussion

Detailed analysis of questionnaires revealed that user experience within the two systems was almost indistinguishable. Further investigation of this phenomenon was attempted using a Google search query of “things that are more the same than different.” This yielded 4.17×10^9 search results, of which none were carefully reviewed. Interpretation of results reveals the key interaction point that differentiates customer service and health care experience is inherent in the outcome, with participants either

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Table 1. Descriptive participant data.

Number of study participants (N)	1
Average age	27
Average height	157 cm
Average weight	52 kg plus or minus 9 kg
Years of postsecondary education	7

Table 2. Comparison of typical encounters within the customer support and health care systems.

Experience	Customer support	Health care system
Initial contact	"All agents are currently busy. Your estimated wait time is 116 minutes."	"The next available appointment with your family physician is Tuesday, 2 weeks from today."
Privacy and confidentiality	"This call may be monitored and recorded for quality assurance and training purposes."	Your health care records are private and confidential, accessed only by your primary care physician (and medical students in years 1 to 4, medical residents in years 1 to 5, medical fellows, attending physicians, nurses, and care aides). For quality assurance purposes, your records will be kept for 16 years following your death, during which time they are accessed only by premedical students conducting chart reviews in the deep, dark bowels of hospital health records.
Navigating the system	Customer support: "You'll have to contact technical support for that issue, let me transfer you." After 10 minutes on hold: Technical support: "That problem is actually best handled by our quality and service department, I'll transfer you." After another 10 minutes on hold: Quality and service department: "Thank you for your call, our office is now closed, regular business hours are..."	Family doctor → Laboratory tests → Family doctor → Imaging tests → Family doctor → Referral to specialist → Laboratory tests → Specialist → Imaging test redo by specialist → Inconclusive results → Family doctor for Ativan
Clarity of communication	"Good evening ma'am. Can I have your first and last name, please?" "Csilla Egri" "Shiloh Argeet?" "No, it's spelled c-s-i-l..." "S-e-l..." "No, c, as in Charlie, s, as in..." "All right, so that was s, as in Sharleen?" [Call disconnects]	Family doctor has medical students at the office: Medical student: "Do you smoke, own any birds, or have a history of mushroom farming?" Patient: "No... I'm just here to get my prescription refilled." Medical student: "Okay, I'll just take your blood pressure then."
Direct cost to you	Free. Minus the 116 minutes used out of your 1000-minute cellphone plan.	Free. Minus the \$50 cancellation fee you were charged because you were 15 minutes late to your specialist appointment because your screaming child decided to soil his pants just as he was buckled into the car seat.
Indirect costs paid by you	The 13 hours of life lost annually ³ due to time spent on hold and the maybe/possibly 0.9% ⁴ increased odds of developing cellphone-induced brain cancer.	A knee replacement for example, would cost you up to 258 ⁵ days on the wait list, and result in the 10.5% ⁶ chance of contracting a hospital-acquired infection or the 7.5% ⁷ chance of experiencing a medical error during your hospital stay, with 7% ⁸ increased odds of dying should your surgery be scheduled for a weekend.
Outcome	"This sucks, I should have signed with [insert competitor here]."	"This sucks... but at least I was cared for by some of the most qualified health care professionals in the Western Hemisphere, was treated with dignity and respect, had autonomy in decision making, and was cared for based on need and not my ability to pay."

wishing they were with the other guys or being thankful that they are not with the other guys. The important discoveries in this study warrant further research in the growing warrant field of comparing Canadian health care to random other things.

Disclosure

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