
Care Up Close
The Space Between Care
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Executive summary

A medical appointment is just one step in a much longer care journey. Between appointments, patients and families are often left to manage symptoms, wait for tests and referrals, chase results, coordinate care and navigate uncertainty about what comes next. These periods can be among the most challenging parts of the health-care experience, yet they are often where our system offers the least communication, coordination and support.

In Canada, we measure some aspects of this experience, particularly wait times and care transitions. But we have far less visibility into what patients actually experience between appointments: whether they understand the next steps in their care, know who is responsible for moving things forward, how much of the burden of coordination falls on them and their families, and whether they have the support they need along the way.

The Space Between Care is the latest report in our Care Up Close series exploring healthcare in Canada. It builds on our previous research in Health on Hold, Closing the Care Gap, The Cost of Caring and Living with Complexity.

Taking a deep dive through a new survey of 1,527 Canadians conducted by Maple among members of the Angus Reid Forum, it explores the work Canadians take on, the uncertainty they face and the support they need between health-care interactions.

Our findings show that the challenges Canadians experience while waiting for the next step in care are widespread: 85% of patients and families experienced at least one health-care situation in the last two years that left them waiting, coordinating care for themselves or a family member, managing symptoms or medications or feeling uncertain about the next steps or who they could lean on.

Timely access remains essential, but Canadians also need clear next steps, reliable communication and support from one point of care to the next. Better-connected care means knowing who to contact, who is arranging follow-up and where to turn when symptoms change. These connections can help people manage their health without carrying the full burden of keeping care moving.

This report invites you to meet Canadians in the space between care.

Among respondents with these experiences, 63% felt personally responsible for keeping care moving forward, and 36% did not know who was responsible for arranging the next step. Many also reported emotional strain, ongoing symptoms or worsening health while waiting.



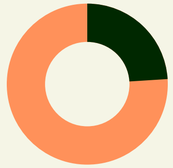
50%

felt worried, stressed or anxious due to the wait between health-care interactions



38%

experienced pain or other ongoing symptoms



24%

said their health condition or symptoms became worse

A letter from our CEO and co-founder

As a physician, I have heard firsthand the frustration and anxiety of Canadian patients and families left waiting for answers. The questions they're asking are ones that we should be able to answer but often cannot: when will the test results come back? When will I finally see a specialist? When can treatment begin? What happens if my condition gets worse while I wait?

To get answers, they sometimes turn to emergency departments like the one where I worked because they cannot access timely support elsewhere, or they often seek answers online when their questions can't wait until a health-care provider is available.

As health care increasingly involves multiple providers and settings, the connections between them become more important. That's because health care doesn't just happen during a single appointment with a single provider. It is a continuous journey that also spans the spaces between initial assessments, tests, specialist consultations and treatments. In those periods, patients and families manage symptoms, coordinate appointments and advocate for care.

We launched this national survey to better understand what Canadians experience during the wait between appointments, providers and care settings. It's a time when consistent patient support is important but often unavailable in a health-care system stretched thin.

Our findings show that patients and families are taking on a substantial burden of responsibility between care interactions. They follow up on results, coordinate appointments and seek answers while managing symptoms and other responsibilities. We need to recognize this and ask how care teams and the organizations supporting patients, including plan sponsors, can share this burden more effectively.

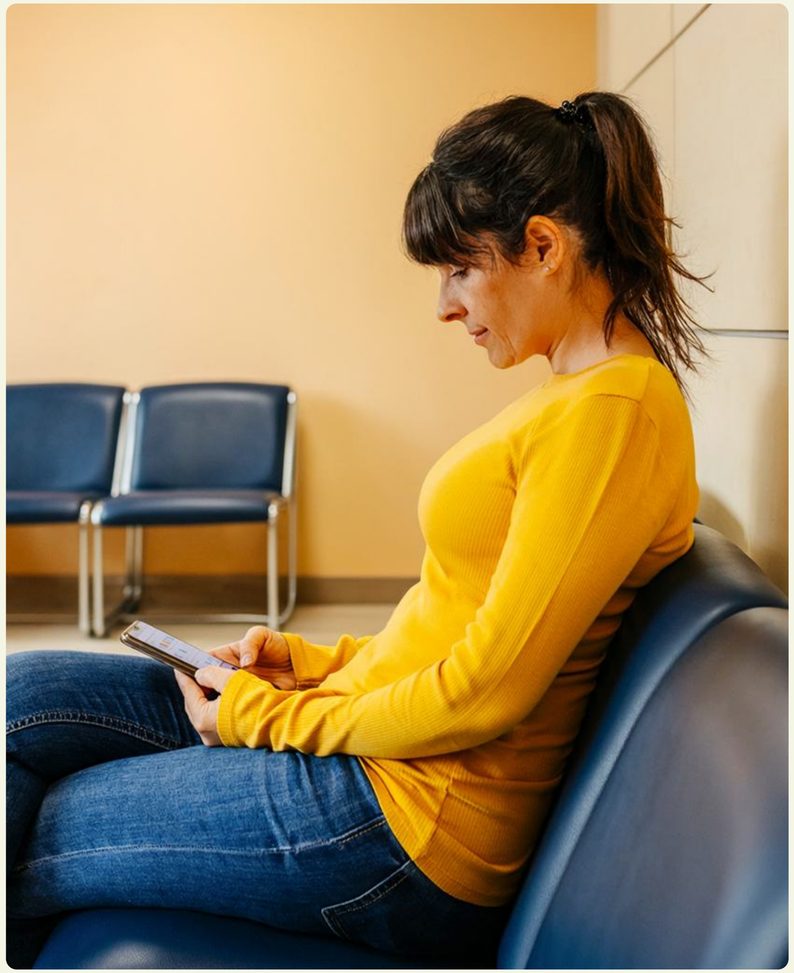
The goal of this report is twofold: to raise awareness about the challenges faced by Canadian patients, families and caregivers across every part of our health care system in the periods between care interactions and to further the conversation about how innovative, technology-forward solutions can improve coordination and continuity of care, helping alleviate the uncertainty and stress that Canadians experience.

Improving timely access to health care must remain a priority. But we don't need to wait to solve our access challenges to make a meaningful difference in patients' lives. By providing better support between care interactions, we can help Canadians feel heard, supported and connected to their care, even while they wait.



Dr. Brett Belchetz CEO and co-founder, Maple





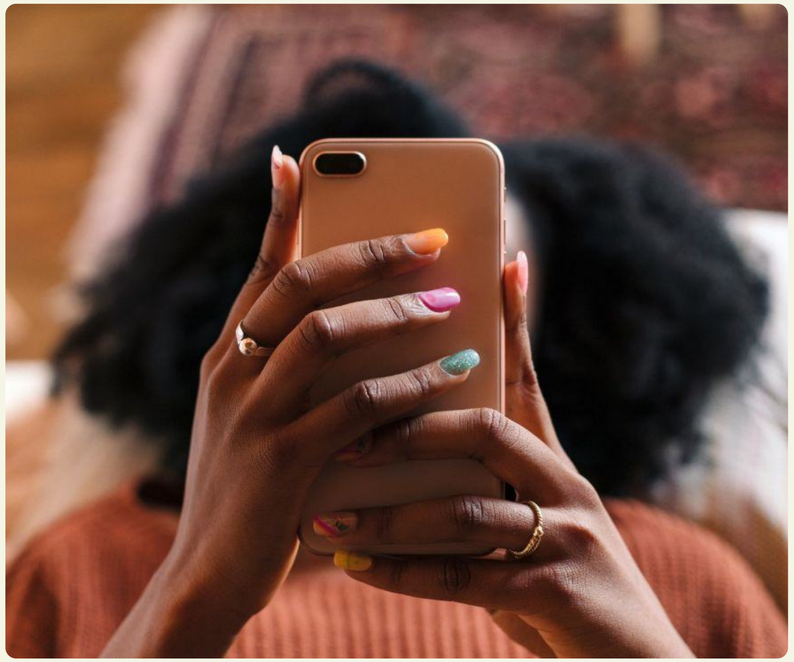
A system filled with waiting and uncertainty

Health care doesn't stop when an appointment ends. In fact, that's often just the beginning, with care and coordination continuing in the space between appointments, tests, referrals and treatments. And that space can be significant.

Our findings show that waiting for health care is not an anomaly. Eighty-five percent of patients and families experienced at least one health-care situation in the last two years that left them waiting, coordinating care for themselves or a family member, managing symptoms or medications or feeling uncertain about the next steps.

Almost half of the respondents report waiting for an appointment for primary care (47%). It's a seemingly simple task that's getting harder to achieve: those who say it's easy for them to get an appointment for primary care within a day or two declined from 24% in 2015 to 15% in 2025.[1] Seventy-four percent of Canadian adults report not being able to get a same-day or next-day appointment for primary care.[2]

For those without consistent primary care, the next step in care can be more difficult to access, which may contribute to the time spent waiting. Specialist care often requires a referral from a health-care provider, and almost one-fifth (17%) of respondents say they have no consistent source of primary care for themselves or someone whose health care they manage. Ten percent rely mainly on walk-in clinics or the ER and 8% have no regular source of health care at all.

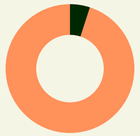


Sources: [1] Angus Reid Institute, 2026: https://angusreid.org/health-care-access-family-doctor-canada-2026/ [2] Canadian Institute for Health Information, 2024: https://www.cihi.ca/en/primary-and-virtual-care-access-emergency-department-visits-for-primary-care-conditions/access-to-primary-care-many-canadians-face-challenges

Yet even with initial care access, wait times can be significant.

Overall, our findings show that in the past two years, just 5% of respondents waited less than a week for the next step in care. A quarter (25%) waited between one and four weeks, while more than half (54%) waited longer than one month. Some are still waiting.





5%

of respondents waited less than a week for the next step in care



25%

waited between one and four weeks



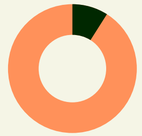
24%

waited 1–3 months



30%

waited longer than 3 months



9%

said they were still waiting



Regardless of the duration, in those days, weeks or months of waiting, patients aren't just sitting idle. They are managing their symptoms, searching for access to care from new sources, waiting for information and trying to understand what happens next. It's a period in which uncertainty reigns: 56% reported not receiving adequate updates while waiting for care, and a third didn't understand what the next step in care would be (35%) or didn't know who was responsible for arranging the next step (36%).



It's not just the amount of time involved that is problematic; Canadians are not feeling supported through the process.

More than a third of respondents say they didn't receive consistent information or advice from the different health-care providers involved (38%). A similar proportion report that their regular health-care provider or care team did not remain involved while waiting for the next step (39%).



50%

were worried, stressed or anxious during the time spent waiting for care



44%

did not feel supported between health-care interactions



36%

lost confidence in the health-care system due to wait times



56%

reported not receiving adequate updates while waiting for care

> ...if everything was well communicated, the patient wouldn't have to chase things down or act as a go-between between specialists. Another stressful burden on a sick individual.
>
> – Survey respondent



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> I have had to become an advocate for my own health.
>
> – Survey respondent

Clear next steps, reliable updates and continued support are important parts of the health-care experience, but Canadians are often left to navigate the system on their own without clear information about what happens next or who will help arrange it.

Navigating care without a map

Patients and families take on a substantial workload to keep care moving. Many feel they don't have a choice.

Patients and families are acting as their own care coordinators. Our findings show that nearly two-thirds (63%) feel personally responsible for keeping care moving forward, while just 13% report that responsibility is shared with their health-care providers. Patients and families are spending time tracking appointments, medication and treatment instructions (63%), following up on appointments or results (52%), advocating for care (46%) and coordinating appointments across providers (39%).

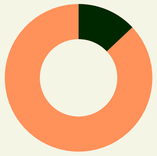


> There is almost too much self-advocacy and follow-up from the patient's end and if you don't, things slip through the cracks and can get missed. Efficiency is one thing, but there needs to be better attention and time spent on the professional's end to catch things early and pay attention to concerns before they grow.
>
> – Survey respondent



63%

feel personally responsible for keeping care moving forward



13%

report that responsibility is shared with their health-care providers



Adults under 55 were more likely to feel personally responsible for managing care: 69% of those aged 18–34 and 68% of those aged 35–54, compared with 55% of those aged 55 and older.

With that responsibility comes a greater need to keep detailed records and seek information in order to connect separate health-care interactions. Thirty-eight percent say they had to repeat their medical history or explain their situation to different providers and 25% had to pass information between health-care providers. A third (33%) had to figure out what the next steps should be.



33%

had to figure out what the next steps should be



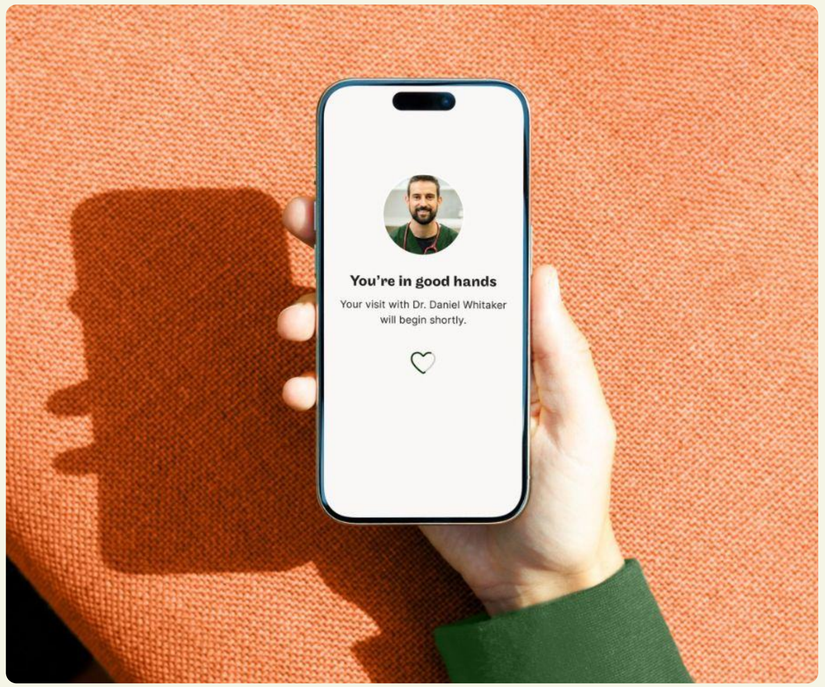
38%

say they had to repeat their medical history or explain their situation to different providers



25%

had to pass information between health-care providers



Canada's primary care physicians are aware that there are issues with health-care coordination and communication between providers, highlighting challenges like poor communication with hospitals upon patient discharge and infrequent notifications when patients receive after-hours care.[3] Nearly half of Canadian physicians indicated that coordinating referrals with specialists is a major problem.[4]



Sources: [3] C.D. Howe Institute, 2025: https://cdhowe.org/publication/troubling-diagnosis-comparing-canadas-healthcare-with-international-peers/ [4] C.D. Howe Institute, 2025: https://cdhowe.org/publication/troubling-diagnosis-comparing-canadas-healthcare-with-international-peers/

To keep their care moving, more than a quarter (28%) of Canadians with these experiences went to an urgent care centre or emergency department for support in the past two years. Some use virtual care to supplement primary care while they wait: 10% of Canadians with these challenges and 12% of those managing care for someone else said they used virtual care to contact a health-care provider other than their regular care provider.



28%

of Canadians with these experiences went to an urgent care centre or emergency department for support in the past two years

Many patients and families just do their best to manage care without professional support: in the past two years, 37% of respondents with these experiences say they have managed symptoms on their own and 33% have continued to wait for their turn in the queue without seeking additional care or support.



37%

of respondents with these experiences say they have managed symptoms on their own

Others turn to the Internet for information and advice while they wait.



> [It would have been easier with] a person acting as a navigator or liaison so I didn't have to do all the cognitive labour on top of the care work.
>
> – Survey respondent

Searching for answers

Faced with more questions than answers due to gaps in communication and wait times between health-care interactions, many Canadians are seeking information and advice online.

> **[Having] a single dedicated person to proactively check in and answer questions between appointments would have made it easier, instead of being left to worry and Google things alone until the next visit.**
>
> – Survey respondent

Our survey found that 33% of respondents used AI or searched online for health information or advice between care interactions. This builds on a pattern identified in Maple's earlier Health on Hold report, which found that 77% of respondents had used Google to check serious health symptoms instead of consulting a health-care professional. In the current survey, online searching or AI use was more common among those managing care for a child (43%) or a parent (45%) than among those managing only their own care (30%).

Why do they do it? The Canadian Medical Association 2026 Health and Media Tracking Survey found that an overwhelming majority of Canadians (80%) seek health information online because they believe it's the fastest way to find an answer, and two-thirds (66%) say it's more convenient than speaking to a health-care professional.[5]



Sources: [5] Canadian Medical Association, 2026: https://digitallibrary.cma.ca/link/digitallibrary1645

But the speed and convenience of finding health information online is marred by the potential risk.

23%

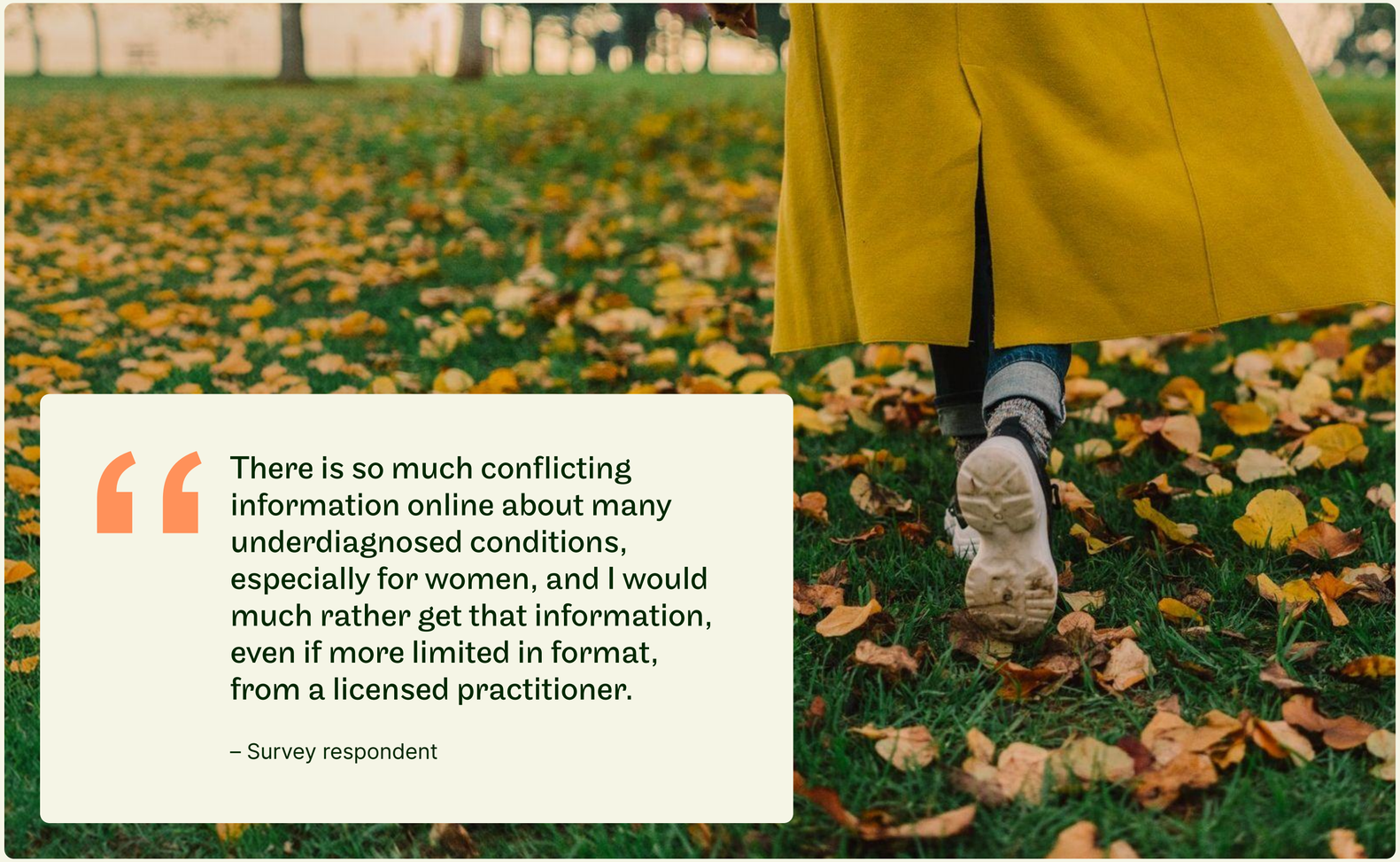
of Canadians say that following online advice led to a negative health reaction

80%

seek health information online because they believe it's the fastest way to find an answer

Twenty-three percent of Canadians say that following online advice led to a negative health reaction and those who followed health advice from AI were five times more likely to experience harm than those who did not.[6]

These findings point to a need for accessible guidance between care interactions. Patients and families need to know where to get reliable answers, how to reach a health-care professional when symptoms change and who will help arrange the next step. Digital services that connect people with professional support can help meet that need.



> There is so much conflicting information online about many underdiagnosed conditions, especially for women, and I would much rather get that information, even if more limited in format, from a licensed practitioner.
>
> – Survey respondent

Sources: [6] Canadian Medical Association, 2026: https://www.cma.ca/about-us/what-we-do/press-room/new-cma-survey-links-lack-access-health-care-growing-health-misinformation-risks

The personal and economic costs of waiting

A significant majority were negatively impacted, with only 20% reporting that the waiting period did not affect them in any way.

Waiting has an impact on the lives of families and patients that goes far beyond mere inconvenience. Respondents to our survey describe worry and stress, ongoing symptoms and worsening health, strain on relationships, reduced productivity and financial consequences.



While Canadians wait for the next step in their care, their symptoms and concerns don't disappear. Two-in-five respondents (38%) endured pain or ongoing symptoms and nearly a quarter reported that their condition or symptoms worsened.



50%

experienced worry, stress or anxiety



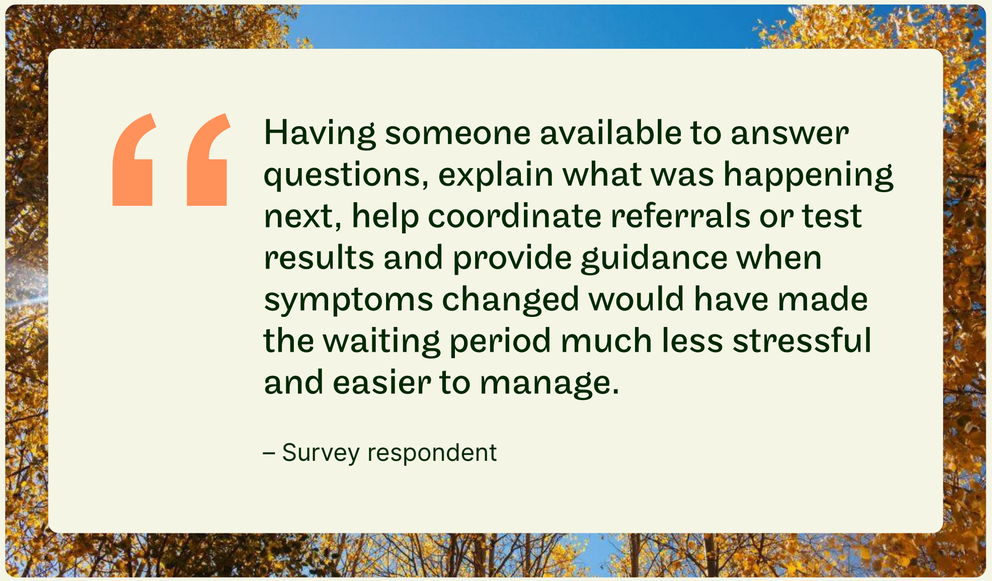
28%

felt alone or unsupported



25%

had difficulty completing everyday activities



> Having someone available to answer questions, explain what was happening next, help coordinate referrals or test results and provide guidance when symptoms changed would have made the waiting period much less stressful and easier to manage.
>
> – Survey respondent

19%

reported the wait affected their family or personal relationships

38%

endured pain or ongoing symptoms

Middle-aged adults (35–54), many of whom are part of the sandwich generation caring for both children and aging parents, are disproportionately affected by waiting for care for themselves or someone whose care they manage. They are more likely than older adults to be worried or stressed (56% vs 46%), and they are more likely than both younger and older adults to experience pain or other ongoing symptoms (44%).

83%

of those who waited more than three months to see a specialist said their life was impacted by the wait



44%

of those who saw a specialist within a month reported that same kind of impact

The longer Canadians have to wait for the next step in care, like an initial consultation with a specialist, the greater the impact of the wait. For example, in a recent Statistics Canada survey, 83% of those who waited more than three months to see a specialist said their life was impacted by the wait, nearly twice as many as those who saw a specialist within a month (44%).[7] Among those whose lives were affected by the wait, 66% reported worry, anxiety and stress, 36% reported pain, 22% reported a deteriorating health condition or deteriorating overall health and 12% experienced other symptoms,[8] findings that echo those of our survey.

And even after an initial specialist consultation, Canadian patients continue to wait. The average time from consultation to treatment is 13.3 weeks, more than a month longer than the 8.8 weeks physicians consider to be clinically reasonable.[9]

The consequences of all that waiting aren't confined to health, well-being and relationships. They extend into work, school and household finances, adding productivity and economic strain to the list of effects Canadian patients and families experience while waiting for the next step in care.



Sources: [7] Statistics Canada, 2025: https://www150.statcan.gc.ca/n1/daily-quotidien/250729/dq250729a-eng.htm [8] Statistics Canada, 2025: https://www150.statcan.gc.ca/n1/daily-quotidien/250729/dq250729a-eng.htm [9] HR Reporter, 2025: https://www.hrreporter.com/focus-areas/payroll/lost-economic-output-medical-wait-times-in-canada-still-at-286-weeks-in-2025/393843

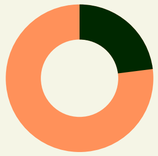
The economic cost of waiting for care

Worry, stress and uncertainty about care, combined with wait times between health-care interactions, during which some patients or informal caregivers may be unable to work, create not only personal financial and productivity implications for individual Canadians but have a broader impact on Canada's workplaces and economy.

Nationally, lost work productivity translates to significant economic cost. A recent study estimated that the wait time from an appointment with a specialist to treatment had an impact of more than $4.2 billion in 2025.[10]

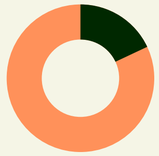
These experiences sit within a broader economic burden associated with illness and caregiving. Deloitte estimates that health-related barriers to workforce participation cost Canada more than $100 billion in economic output in 2025.[11] Its analysis identifies $55.1 billion in lost economic value associated with illness, including time away from work, and $48.5 billion in lost labour income associated with unpaid caregiving.[12] (These estimates describe the wider costs of illness and caregiving; they do not measure the share attributable specifically to waiting for care.)





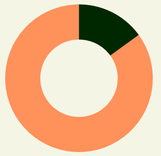
23%

reported being less productive or less able to concentrate at work or school



18%

missed work or school



15%

lost income or incurred additional expenses

Sources: [10] Fraser Institute, 2026: https://www.fraserinstitute.org/sites/default/files/2026-03/private-cost-of-public-queues-for-medically-necessary-care-2026.pdf [11] Deloitte, 2026: https://reports.deloitte.ca/health/health-productivity-gap/the-challenge [12] Deloitte, 2026: https://reports.deloitte.ca/health/health-productivity-gap/the-challenge



The unequal burden of waiting

No one wins in the wait between health-care interactions, but some do carry a heavier burden than others. Uncertainty and the degree of care management and coordination required between health-care interactions are not experienced equally. In particular, those providing care for others such as children or aging parents, women and respondents managing mental health, neurodevelopmental or chronic pain conditions are more likely to report challenges.

Inconsistent support takes a toll on informal caregivers

Coordinating another person's health care involves managing appointments, recording information about symptoms and treatment and following up for updates and referrals, all alongside concern for their well-being. This informal, typically unpaid caregiving is the reality for 36% of respondents overall and 53% of those aged 35–54, the sandwich generation who often care for both children and aging parents concurrently.

Informal caregivers are more likely to have to advocate for the person whose care they manage (53%), arrange appointments with different providers (44%) and repeat medical history or explain the situation to different providers (43%) than those who manage only their own care.

As a result, informal caregivers feel abandoned by the overburdened system they are helping to prop up, a sentiment uncovered in Maple's The Cost of Caring report. Overall, Canadians who manage care for someone else are more likely to report that they did not feel supported between health-care interactions (50%), that they did not know who was responsible for arranging the next step in care (40%) or they did not understand what the next step in care would be (39%).



Those coordinating care for parents face an especially difficult experience. They are more likely to have to follow up on appointments or results (68% vs. the 56% average for all caregivers) and advocate for the person whose care they manage (61% vs. 53%). Sixty-five percent had the added challenge of helping to manage two or more chronic conditions.



50%

did not feel supported between health-care interactions



40%

did not know who was responsible for arranging the next step in care

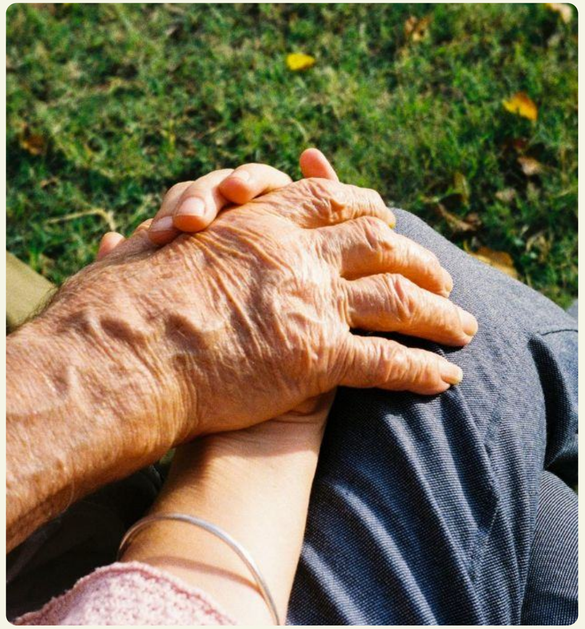


39%

did not understand what the next step in care would be

Amidst this extra workload, those caring for parents are also less likely to know who is responsible for arranging the next step in care compared to the average for all informal caregivers (52% vs. 60%). For help with managing care, 49% visited an ER or urgent care centre and 45% used AI or searched online for health information or advice.

It's taking a toll on their well-being. Seventy percent of those coordinating care for parents reported worry or stress, compared to the 59% average for all informal caregivers. More than half (52%) lost confidence in the health-care system, many more than the average for all informal caregivers (41%).





74%

of those who care for adults reported negative health effects



86%

of sandwich generation caregivers reported negative health effects



49%

of informal caregivers reported experiencing financial strain



In a 2024 Statistics Canada study, 74% of those who care for adults (usually their parents) and 86% of sandwich generation caregivers reported negative health effects such as feeling depressed, anxious or overwhelmed.[13]

Informal caregivers also bear a heavy financial burden, with 49% experiencing financial strain and one in five spending more than $12,000 annually out of pocket.[14] Of the 59% who balance paid work with care responsibilities, 36% suffer productivity and earnings losses and regularly struggle to balance both work and care.[15]

Sources: [13] Statistics Canada, 2024: https://www150.statcan.gc.ca/n1/pub/89-652-x/89-652-x2024002-eng.htm [14] Canadian Centre for Caregiving Excellence, 2026: https://canadiancaregiving.org/wp-content/uploads/2026/05/Caring-in-Canada_web.pdf [15] Canadian Centre for Caregiving Excellence, 2026: https://canadiancaregiving.org/wp-content/uploads/2026/05/Caring-in-Canada_web.pdf

Gender matters: women carry a heavier load

The space between health-care interactions disproportionately affects women. They are more likely to experience longer wait times for the next steps in care: almost half (45%) report wait times of longer than three months for themselves or someone whose care they manage, compared to a third (33%) of men and they bear heavier consequences due to those wait times between health-care interactions. Women are more likely than men to feel stressed (58% vs. 42%). They are more likely to have to follow up on care (56% vs. 48%) and to need to advocate for themselves or others (50% vs. 41%).

Complex care situations compound the burden that women experience: 52% of women manage care for two or more chronic conditions for either themselves or someone else, compared to 36% of men.

This isn't the first time a Maple survey has heard from women experiencing the negative effects of health-care access challenges. Our Closing the Care Gap report heard from women who reported difficulty accessing care and challenges with having their symptoms dismissed when they did.





Our new findings show that women are more likely to feel unsupported between health-care interactions (48% vs. 41% of men), and more likely to say they don't understand what the next step in care is (39% vs. 30% of men) or who is responsible for arranging the next step (39% vs. 33%).

40%

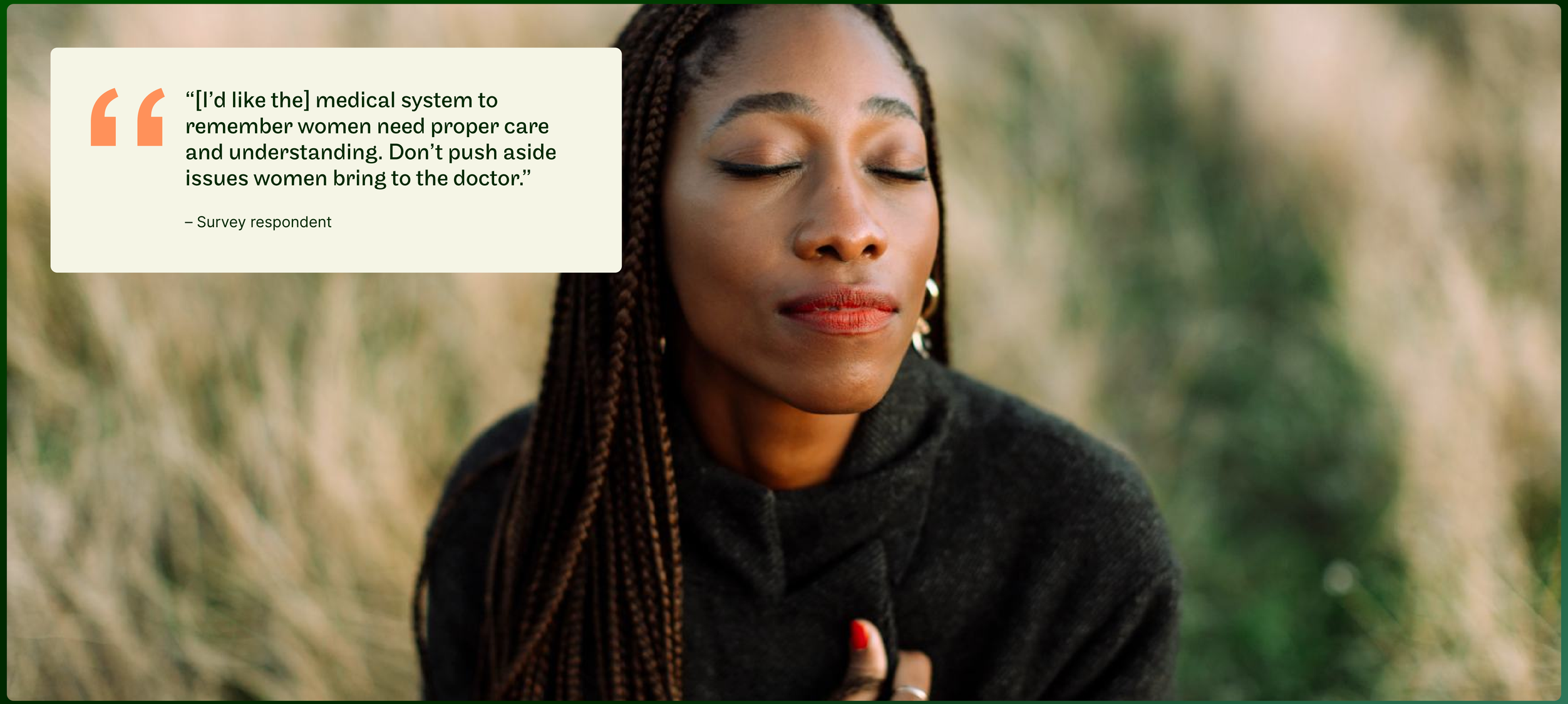
of women said they have lost confidence in the health-care system compared to 32% of men

62%

of women did not receive adequate updates while waiting for the next step in care, versus 50% of men

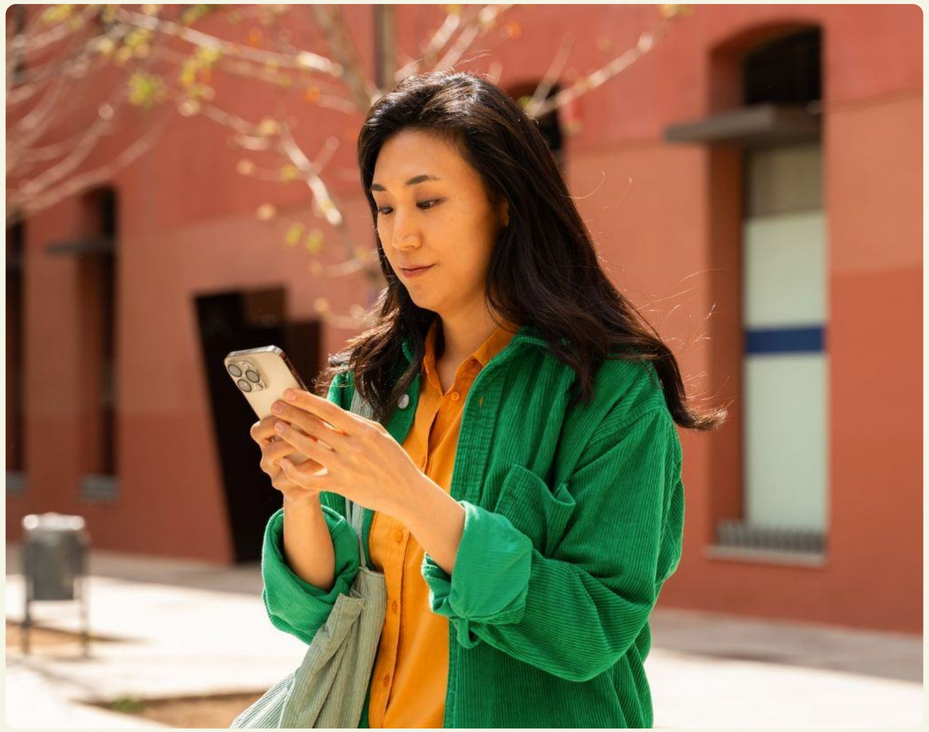
43%

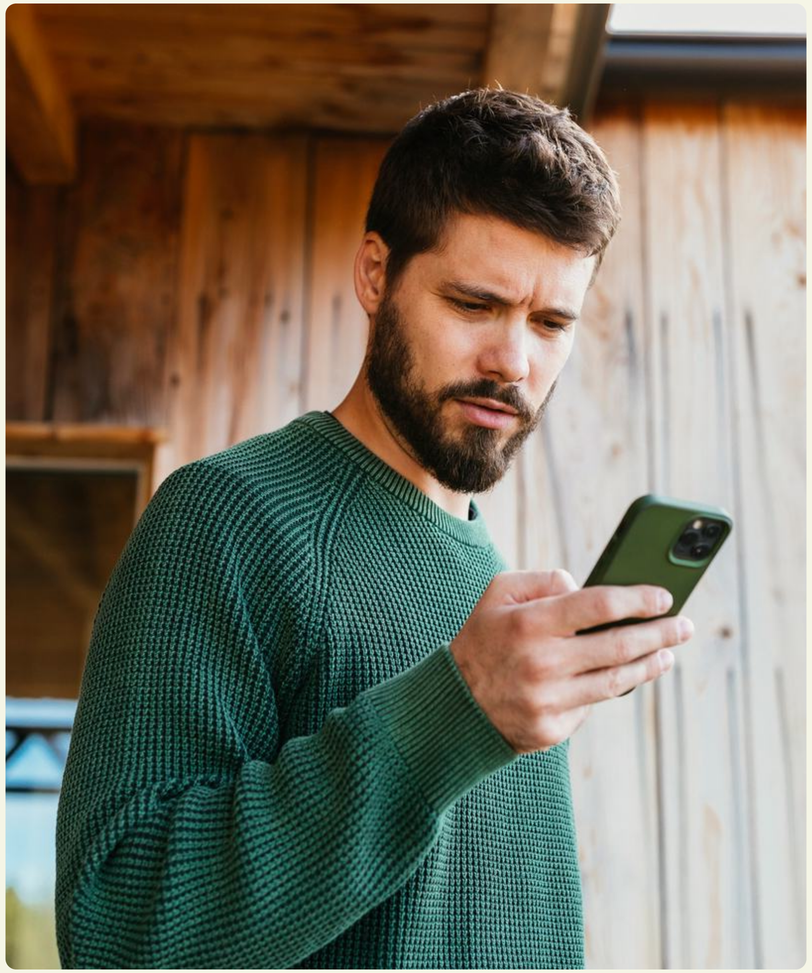
of women had to repeat medical history or explain the situation to different providers, versus 32% of men



> “[I’d like the] medical system to remember women need proper care and understanding. Don’t push aside issues women bring to the doctor.”
>
> – Survey respondent

The wait times for specialist care illustrate the disparity between care for women versus men. According to a Statistics Canada study on access to care for middle-aged and older adults, a higher percentage of women (33%) than men (27%) experienced difficulty accessing a specialist for an initial consultation, with more women than men waiting between six months and a year to see a specialist (13% vs 10%).[16]





> [It would have been easier] having my doctors/ specialists not downplay my symptoms or the impact it had on my life. If doctors actually listened to women, I would've gotten the care I needed years before I actually did.
>
> – Survey respondent

Sources: [16] Statistics Canada, 2025: https://www150.statcan.gc.ca/n1/daily-quotidien/250729/dq250729a-eng.htm

Women are also more likely to experience poor health for a greater amount of time than men do. An analysis of women's health care by the McKinsey Health Institute found that Canadian women spend 24% more time than men in poor health and with varying degrees of disability.[17] It's not just a health issue — it's an economic one. The authors estimate that addressing that gap would result in a $37-billion annual boost to the Canadian economy by 2040.

A 2026 Ipsos survey of Canadian women aged 35 to 60 illustrates how uncertainty can delay effective menopause care.[18] Among respondents who answered the question about time to effective treatment, 33% reported more than two years between first noticing symptoms and receiving effective treatment.

Reported barriers included not recognizing symptoms as related to perimenopause or menopause, uncertainty about where to seek help and having symptoms dismissed or minimized.

The survey also found greater workplace impacts among women diagnosed with ADHD. Ipsos reports that 82% said their symptoms affected their work performance, compared with 60% of those without ADHD. These findings reinforce the need for clearer routes to assessment, treatment and ongoing support.



Sources: [17] McKinsey Health Institute, 2025: https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-canadas-37-billion-dollars-opportunity#/ [18] Ipsos, 2026: https://www.ipsos.com/en-ca/gaps-knowledge-and-difficulty-navigating-treatment-options-keep-women-getting-timely-menopause-care

A closer look at mental health





Mental health conditions are one of the top five disabilities in Canada[19] and they are becoming more prevalent. Almost 30% of adults reported a mental health condition to the Canadian Institute for Health Information in 2023, an increase from the 20% reported in 2016.[20] And yet, Canada's health-care system is not keeping up to meet the needs of those affected. In 2024, two-in-five (41%) Canadian adults with a diagnosed mental health disorder reported that their needs were only partially met or were completely unmet, with younger adults (age 18 to 34) more impacted than adults over 65 (52% vs. 21%).[21]

It's hard for anyone to have their health-care needs met when they have difficulty accessing timely care. Maple's Living with Complexity report found that 80% of those living with a mental health condition didn't feel confident that they could access timely care. Our latest survey bears out that belief: waiting for care is more common than average for respondents managing mental health conditions.



58%

have had to wait for an appointment with a primary care provider (vs. 47%)



66%

have experienced waiting for a medical test or test result (vs. 54%)



63%

have had to wait for an appointment with a specialist (vs. 55%)

Sources: [19] Statistics Canada, 2023: https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm[20] CIHI, 2024: https://www.cihi.ca/en/canadians-report-increasing-need-for-mental-health-care-alongside-barriers-to-access [21] CIHI, 2025: https://www.cihi.ca/en/taking-the-pulse-measuring-shared-priorities-for-canadian-health-care-2025/mental-health-and-substance-use-services-2025/many-canadians-with-mental-health

As a result, many feel they must personally bear more of the responsibility for care. Our findings show that 69% of respondents felt they were primarily responsible for managing their own care or that of someone else, particularly to keep track of appointments, medications or treatment instructions (78%), advocate for care (61%) and follow up about an appointment, referral or test result (59%).

Many report managing the wait time without support or turning to other sources to help manage care.

50%

managed symptoms without additional professional support

40%

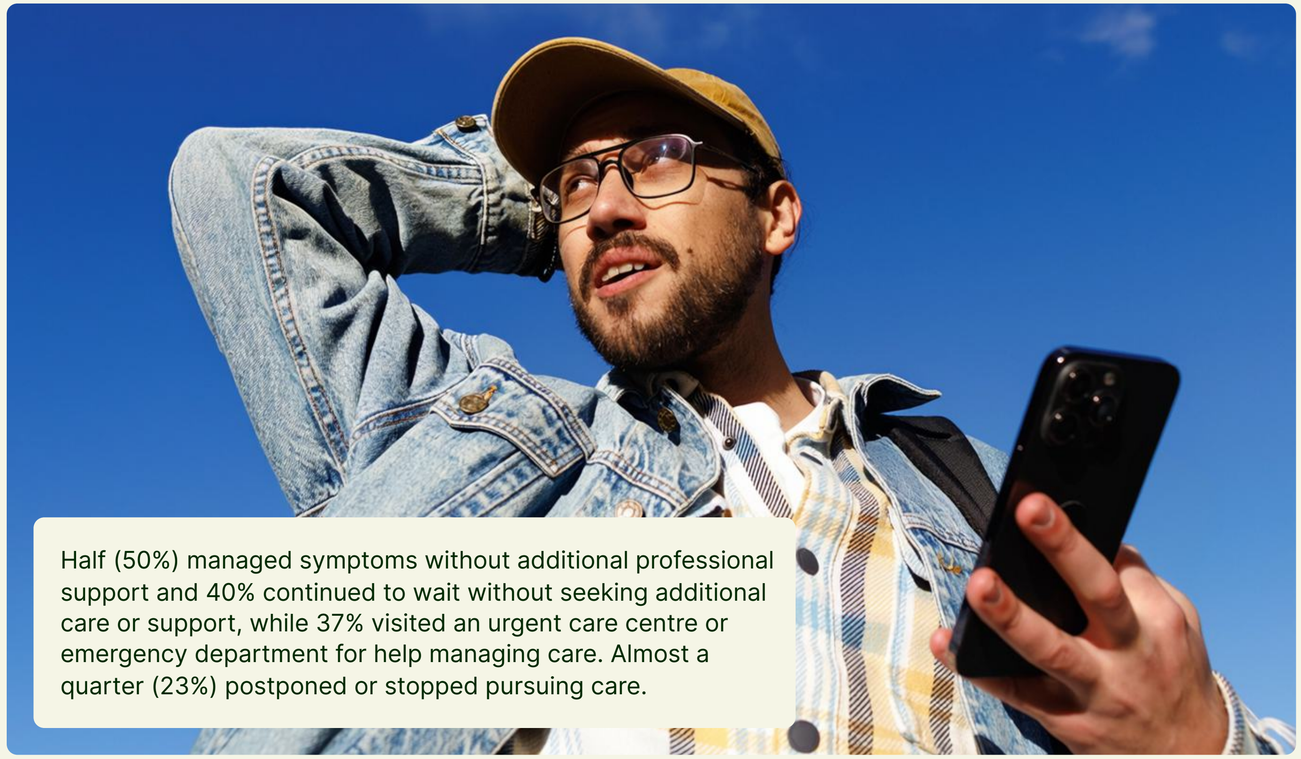
continued to wait without seeking additional care or support

37%

visited an urgent care centre or emergency department for help managing care

23%

postponed or stopped pursuing care

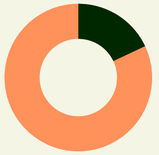


Half (50%) managed symptoms without additional professional support and 40% continued to wait without seeking additional care or support, while 37% visited an urgent care centre or emergency department for help managing care. Almost a quarter (23%) postponed or stopped pursuing care.



39%

used AI or searched online for health information or advice



18%

used a virtual health-care service

More than two-thirds (68%) were worried or stressed, 52% experienced ongoing symptoms and a third (35%) said their condition or symptoms became worse. Almost half (43%) lost confidence in the health-care system.

Waiting took a greater toll on their work, school and relationships, with more than a third (39%) reporting they were less productive or able to concentrate at work or school or had difficulty completing everyday activities, while 29% had to miss school or work. Thirty-two percent said it affected family or personal relationships. A quarter (25%) lost income or had additional expenses.





68%
were worried or stressed



43%
lost confidence in the health-care system



35%
said their condition or symptoms became worse

A recent report showed that long-term disability claims involving mental health are the most common, totalling 40 per cent of all claims in 2024.[22]



Among respondents managing mental health conditions, 64% believe technology-enabled care would improve navigation and coordination of providers, 59% believe it would make it easier to be proactive about care and 47% believe it would improve mental health and emotional well-being support.

Related findings from the Mental Health Commission of Canada suggest that many people already find digital mental health support helpful: three out of four people who used AI and virtual mental health services reported that they were effective for their well-being.[23]

Continuity of care may help alleviate the burden felt by those managing mental health conditions. A 2023 systematic review found stronger relational continuity may be associated with better clinical and functional outcomes for people with serious mental illness, although more evidence is needed.[24]

Sources: [22] Sun Life, 2025: https://www.sunlife.ca/content/dam/sunlife/regional/canada/documents/gb/ltd-claim-trends-report-tl1185.pdf [23] MHCC, 2026: https://mentalhealthcommission.ca/news-releases/millions-of-people-in-canada-are-finding-ai-enabled-support-for-mental-health-effective-amid-ongoing-questions-around-trust/ [24] Springer Nature, 2023: https://link.springer.com/article/10.1186/s12888-023-05440-1

A closer look at ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is more complex than its name suggests. It's not simply a lack of focus or ability to sit still, and it impacts different people in different ways. One of the most common neurodevelopmental conditions in Canada, affecting about 5% of adults, ADHD involves impairment in regulating attention, including difficulty staying focused, switching focus or prioritizing focus or even becoming overfocused when something is particularly interesting or stimulating.[25]

Executive functions may also be impaired in those with ADHD, which might cause difficulty with time management, problem solving, starting tasks, regulating emotions and working memory.[26]



ADHD often co-occurs with other conditions, which makes care more complicated. Eighty-five percent of adults with ADHD have a comorbid condition like a mood disorder, an anxiety disorder or a sleep-related disorder.[27]

This complexity contributes to challenges accessing health care that meets the needs of people with ADHD. Maple's Living with Complexity report demonstrated these gaps in care: 65% reported it is not easy or convenient to see a provider who understands their condition, 86% don't feel confident that they can access timely care to manage their condition, 83% say managing ongoing care creates significant mental or emotional strain and 67% have felt dismissed or not taken seriously when seeking a diagnosis.

Our new findings show that their struggles to access timely care continue, with many being more likely than average to report wait times between health-care interactions.



69%

experienced waiting for a medical test or test result



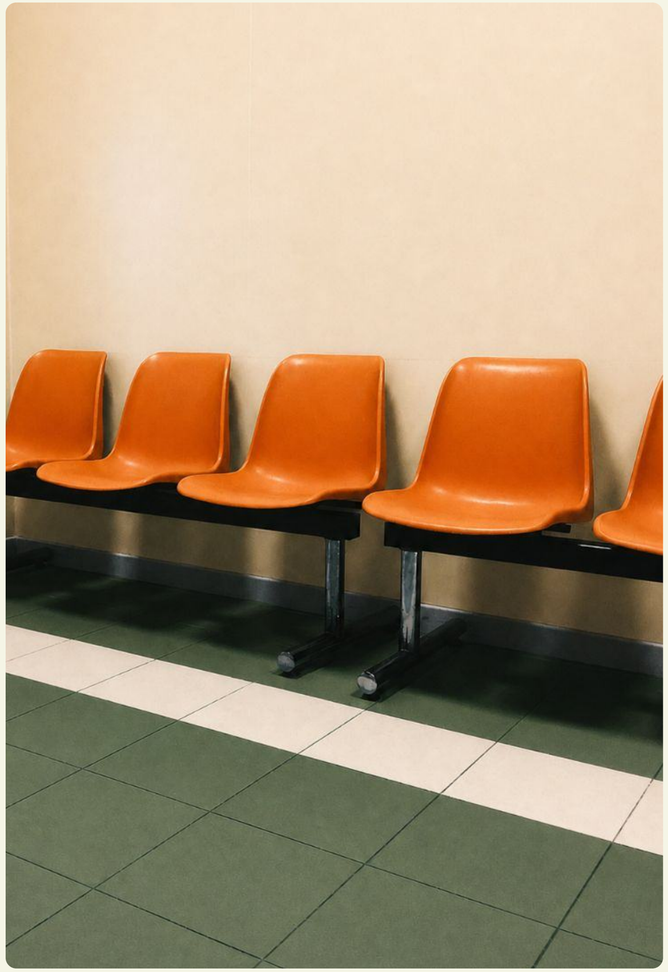
66%

had to wait for an appointment with a specialist



62%

waited for an appointment with a primary care provider



Sources: [25] Centre for ADHD Awareness, Canada: https://caddac.ca/about-adhd/ [26] Centre for ADHD Awareness, Canada: https://caddac.ca/wp-content/uploads/What-You-Need-to-Know-About-ADHD_Final.pdf [27] Centre for ADHD Awareness, Canada, 2014: https://caddra.ca/pdfs/caddraGuidelines2011Chapter02.pdf

61%

had to manage symptoms or medications between appointments

50%

were unsure what was supposed to happen next

Untreated ADHD can present a host of other challenges that include an increased risk of car accidents, injuries, cardiovascular disease, obesity and financial health concerns.[28] Mental health impacts of common ADHD issues like low self-esteem are also a concern when left untreated, and depression is three times more prevalent in adults with ADHD compared to adults without ADHD.[29]

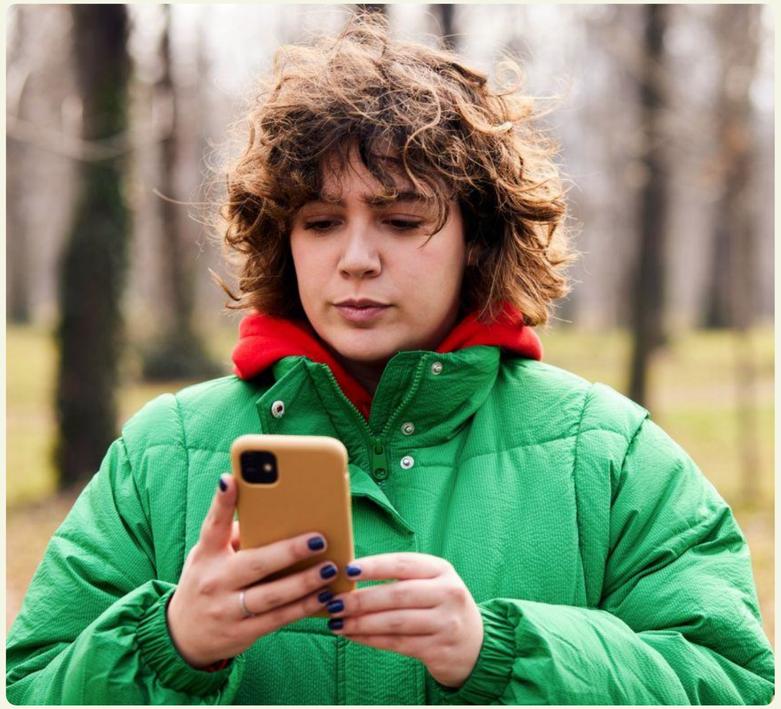
And yet, when asked how long they've had to wait, on average, between health-care interactions in the past two years, 12% said they are still waiting for care.

In the wait between health-care interactions, more than two-thirds (68%) of people with ADHD were worried or stressed, 53% experienced ongoing symptoms and more than a third (38%) said their condition or symptoms became worse. Almost half (45%) said they felt alone or unsupported.



Sources: [28] Manulife, 2023: https://www.manulife.com/ca/en/business/news/group-benefits/increasing-ADHD-claims [29] Manulife, 2023: https://www.manulife.com/ca/en/business/news/group-benefits/increasing-ADHD-claims

Many take care into their own hands during the wait, turning to online sources, the ER and urgent care clinics or simply managing their symptoms without support from a health-care provider.







55%

managed symptoms without additional professional support



41%

used AI or searched online for health information or advice



39%

continued to wait without seeking additional care or support



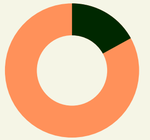
35%

visited an urgent care centre or emergency department for help managing care



29%

postponed or stopped pursuing care



17%

used a virtual health-care service

A closer look at chronic pain

One in five Canadians live with chronic pain.[30]



Chronic pain is pain that lasts longer than three months. Sometimes its cause is known, as with surgery, an injury or illness; sometimes its cause is unknown. It can also occur alongside another health concern like arthritis, cancer, endometriosis or fibromyalgia.[31]

The Canadian Pain Task Force Report noted that long waits for specialists can delay diagnosis and treatment, potentially increasing disability, impairing daily functioning and contributing to mental health challenges and despair.[32]

Our findings show that people managing chronic pain experience among the highest rates of waiting between health-care interactions compared to other chronic conditions.



73%

experienced waiting for a medical test or test result



73%

had to wait for an appointment with a specialist



67%

waited for an appointment with a primary care provider



Sources: [30] Health Canada, 2021: https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html [31] Health Canada: https://www.canada.ca/en/public-health/services/diseases/chronic-pain/about-chronic-pain.html
[32] Canadian Pain Task Force, 2019: https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2019.html

Uncertainty is common, too. Half (52%) were unsure what was supposed to happen next. What's more, 65% say they didn't receive adequate updates, while more than half (54%) felt unsupported while waiting for the next step in care.

That uncertainty can impact the ability of people managing chronic pain to make decisions about their care. Chronic pain is complex and sometimes there is no one best option for managing the pain. A report in Nature showed that a third (33.7%) of people with chronic pain experience clinically significant decisional conflict, or "a state of uncertainty about the course of action to take" when they do not receive the support and information they need.[33]



A study in the Canadian Journal of Pain notes that chronic pain has detrimental effects on quality of life when not effectively managed, and long wait times for specialists, diagnostic testing and treatments can negatively affect physical and mental health.[34] Between 52% and 63% of adults affected by chronic pain said it increased worry and limited their ability to carry out daily activities and participate in usual social activities "quite a bit" or "extremely"[35], results that are echoed in our recent findings.



70%

had to manage symptoms or medications between appointments



69%

experienced ongoing symptoms

67%

said they had to advocate for care

66%

were worried or stressed

48%

had difficulty completing everyday activities

41%

said their condition or symptoms became worse

Managing chronic pain impacts work, school and relationships as well. Forty-one percent of those doing so reported they were less productive or able to concentrate at work or school, 24% had to miss school or work and 38% said it affected family or personal relationships.

Sources: [33] Nature, 2025: https://www.nature.com/articles/s41598-025-28803-y [34] Canadian Journal of Pain, 2024: https://www.tandfonline.com/doi/full/10.1080/24740527.2024.2345612#abstract [35] Canadian Journal of Pain, 2024: https://www.tandfonline.com/doi/full/10.1080/24740527.2024.2345612#abstract

Behind these findings are people whose daily lives have been disrupted by pain and the search for care. Alberta tradesman Brandon Loney is one of them. Global News reported that after a year and a half of persistent pain, he could no longer work, while the medications he had been prescribed left him feeling dazed.[36]

Long wait times between care have left nearly two-thirds (65%) of respondents feeling that they were personally responsible for managing their own care or that of someone whose care they manage. Many seek answers in the digital realm, with 45% using AI or searching online for health information or advice and 16% using a virtual health-care service. Others managed symptoms without additional professional support (56%), continued to wait without seeking additional care or support (38%) or visited an urgent care centre or emergency department for help managing care (44%). A quarter (24%) postponed or stopped pursuing care altogether.



65%

of respondents have been left feeling that they were personally responsible for managing their own care or that of someone whose care they manage

More than half with chronic pain (51%) said that technology-enabled care would support them in managing their condition and 41% believe it would improve mental health and emotional well-being support.

An Action Plan for Pain in Canada recommends using technology to expand access to a continuum of pain care, including self-management programs and support from clinicians.[37]

The action plan also recommends exploring measures like enhanced health benefits to address untreated pain in the workplace, an approach that may help to narrow current gaps that limit the effectiveness of benefits plans.



Sources: [36] Global News, 2026: https://globalnews.ca/news/11749188/alberta-man-tarlov-cyst-health-care-delays/ [37] Health Canada, 2021: https://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021-rapport/report-rapport-2021-eng.pdf

The gap between coverage and access

Extended benefit plans have a role to play in ensuring Canadians can access timely care, although coverage doesn't always grant easier access. While 64% have benefits beyond provincial coverage, overall only 43% of those with benefits said their coverage makes timely care easier to access, while 45% said they make no difference. And there are gender-related differences in how ease of access is experienced: men are more likely than women to report that their health benefits make it easier for them or their family to get timely care (49% vs. 36%).

64%

have benefits beyond provincial coverage

43%

of those with benefits said their coverage makes timely care easier to access

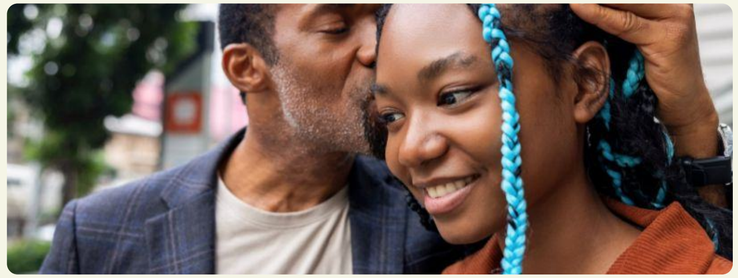
45%

said benefits make no difference



More men managing mental health conditions reported using health-care services available through a workplace, insurance or benefits plan (32% vs. 22% of women). Among those with chronic conditions who have access to extended benefits, those with chronic pain stand out: just 37% report that their benefits make timely care easier to access. Meanwhile, those with ADHD or a neurodevelopmental condition are more likely than average to report having extended benefits available (71%) and that those benefits translate to easier access to timely care (47%).

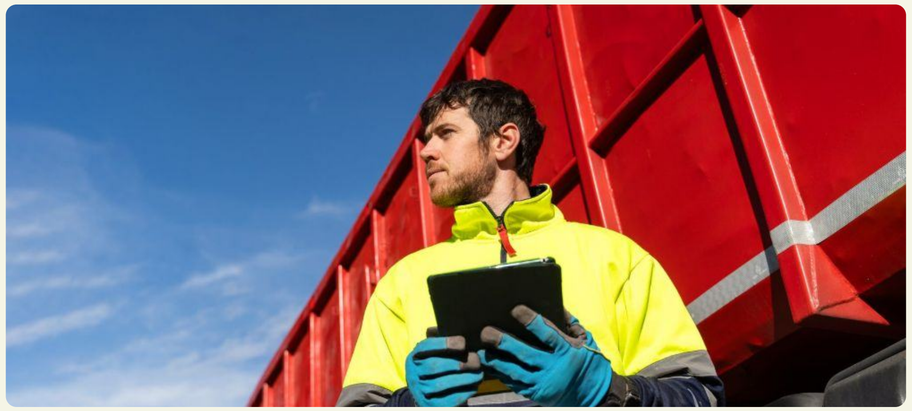
Age plays a factor as well. Canadians aged 55 and older are twice as likely (45%) to lack extended health benefits compared to their younger counterparts (23% of those 18–34 and 21% of those 35–54). Canadians 18–34 are more likely to say their health benefits make it easier for them or their family to get timely care (54%) than older adults (39% of those 35–54 and 37% of those 55+).



These differences point to an opportunity for employers, insurers and other organizations offering extended benefits to consider how well their plans support people at different stages of life and with different care needs. Coverage is an important starting point, but helping people connect with appropriate care is essential to realizing its value.

In the workplace, better communication with employees may be part of the solution, as is increased employer investment in well-being. Worldwide, employer spending on well-being benefits has dropped significantly in recent years, falling by 13% between 2022 and 2025.[38] However, just 5% of Canadian workers with access to employer-provided benefits identify them as their 'go-to' for support of their well-being needs.[39] Some (26%) either do not have or are unsure if they have employer-provided benefits, but an equivalent number who do (24%) say they don't know much about their coverage.[40]

Employers can help close this gap through clear, regular communication about the support available and practical guidance on how to access it. Understanding where employees still struggle to find care can also help employers identify whether changes to their offerings are needed.





37%

report that their benefits make timely care easier to access



45%

of Canadians over 55 lack extended health benefits

Sources: [38] HR Reporter, 2026: https://www.hrreporter.com/focus-areas/compensation-and-benefits/canadian-health-benefits-are-stale-and-workers-are-paying-the-price-expert/394305 [39] HR Reporter, 2024: https://www.hrreporter.com/focus-areas/compensation-and-benefits/just-1-in-20-canadian-workers-access-employer-provided-benefits-for-well-being-survey/388457 [40] HR Reporter, 2024: https://www.hrreporter.com/focus-areas/compensation-and-benefits/just-1-in-20-canadian-workers-access-employer-provided-benefits-for-well-being-survey/388457



For plan sponsors, these findings suggest that coverage and timely access should be assessed separately. Alongside the services a plan covers, employers and insurers should consider whether people understand how to use their benefits and whether those benefits help them find appropriate support and reach the next step in care. The opportunity is to make benefits a more useful source of support during the periods when people are waiting, managing symptoms or unsure where to turn.

Building continuity between appointments

Better-connected care requires clear next steps, identifiable responsibility and reliable support between health-care interactions.

Health-care providers and governments can both strengthen follow-up, communication and information sharing, while employers, insurers and other plan sponsors can help people navigate and access care through their benefits. Technology can enable these efforts, with success measured by whether people feel better supported and spend less time coordinating care themselves.

Both government and plan sponsors have a role to play in the solution

The findings point to practical responsibilities between care interactions. Patients should know the next step, who will arrange it, when to expect an update and whom to contact if symptoms change. Providers and care teams can make these responsibilities clearer and establish easier follow-up processes when a referral, result or appointment remains unresolved. Governments can better support communication and information sharing across care settings.



Legislation can help to improve coordination and continuity of care. According to Health Canada, only 29% of primary care providers in Canada currently share patient information electronically outside their practice. Bill S-5 (the proposed Connected Care for Canadians Act) can help ensure patient records follow patients across care settings and improve health-care coordination by mandating common interoperability standards.[41] Putting those standards into practice requires collaboration across governments, providers and care partners. Plan sponsors can support that effort by choosing services that securely share relevant health information with patients' other providers, helping reduce the burden of repeating medical histories and relaying information between care settings.

One of the biggest economic impacts can be achieved by easing the caregiving burden on families and informal caregivers. Almost eight million Canadians provide unpaid care, and most who balance this care with paid work report that they've had to reduce their work hours and have seen their earnings or opportunities for advancement impacted. Deloitte's Health Productivity Gap framework estimates that reducing the caregiving burden on families and informal carers by 25% could lead to economic gains of over $12 billion.[42]

Employers, insurers and plan sponsors can help fill gaps by providing more opportunities to access timely care and help people understand and use the support available through their benefits. Navigation services should help connect people with appropriate care and clarify how that support fits with their existing providers.

For example, a Harvard Business School study of employers that offered a Care Concierge Benefit, which helped employees find services, coordinate care and navigate the system, found that it reduced absenteeism by up to half and prevented almost a third (30%) from having to take time off or leave their job entirely.[43]





29%

of primary care providers in Canada currently share patient information electronically outside their practice



30%

of employees with a Care Concierge Benefit avoided taking time off or leaving their jobs entirely

Sources: [41] Health Canada, 2026: https://www.canada.ca/en/health-canada/news/2026/02/the-government-of-canada-introduces-legislation-to-build-a-more-connected-health-care-system.html [42] Deloitte, 2026: https://reports.deloitte.ca/health/health-productivity-gap/the-cost-of-illness [43] Deloitte, 2026: https://reports.deloitte.ca/health/health-productivity-gap/the-cost-of-illness

Technology to support navigation and follow-up

Technology can support continuity by helping patients reach health-care professionals, follow referrals and access information about their care. Shared records, virtual consultations and navigation services offer different forms of support, and their value should be assessed against the specific gaps patients experience between appointments.

Canadians overwhelmingly say that technology-enabled care would help them manage the wait between health-care interactions, with the strongest perceived benefits being for system navigation and coordination, timeliness of care and convenience.

Canadians believe that technology would be most helpful in coordinating providers, prescriptions and results (63%), helping people be proactive (56%), and improving timeliness and convenience (55%). Half (50%) believe that technology would give patients agency over their health care.



> A centralized, shared digital health record accessible by both patients and all providers is the single form of support that most effectively eases the gap between health-care visits.
>
> – Survey respondent

Respondents also believe technology-enabled care could help them feel more supported, with 52% saying it would improve ongoing support and continuity of care, while 49% said it would improve support in managing chronic conditions and 44% said it would improve mental health and emotional well-being support.



81%

believe reliable 24/7 technology-enabled care would help reduce the burden between appointments

46%

said it would both provide better access to care for dependents (aging parents, children) and better access to specialists

63%

believe technology would be most helpful in coordinating providers, prescriptions and results

56%

believe technology would help people be proactive

55%

believe technology would be most helpful in improving timeliness and convenience

52%

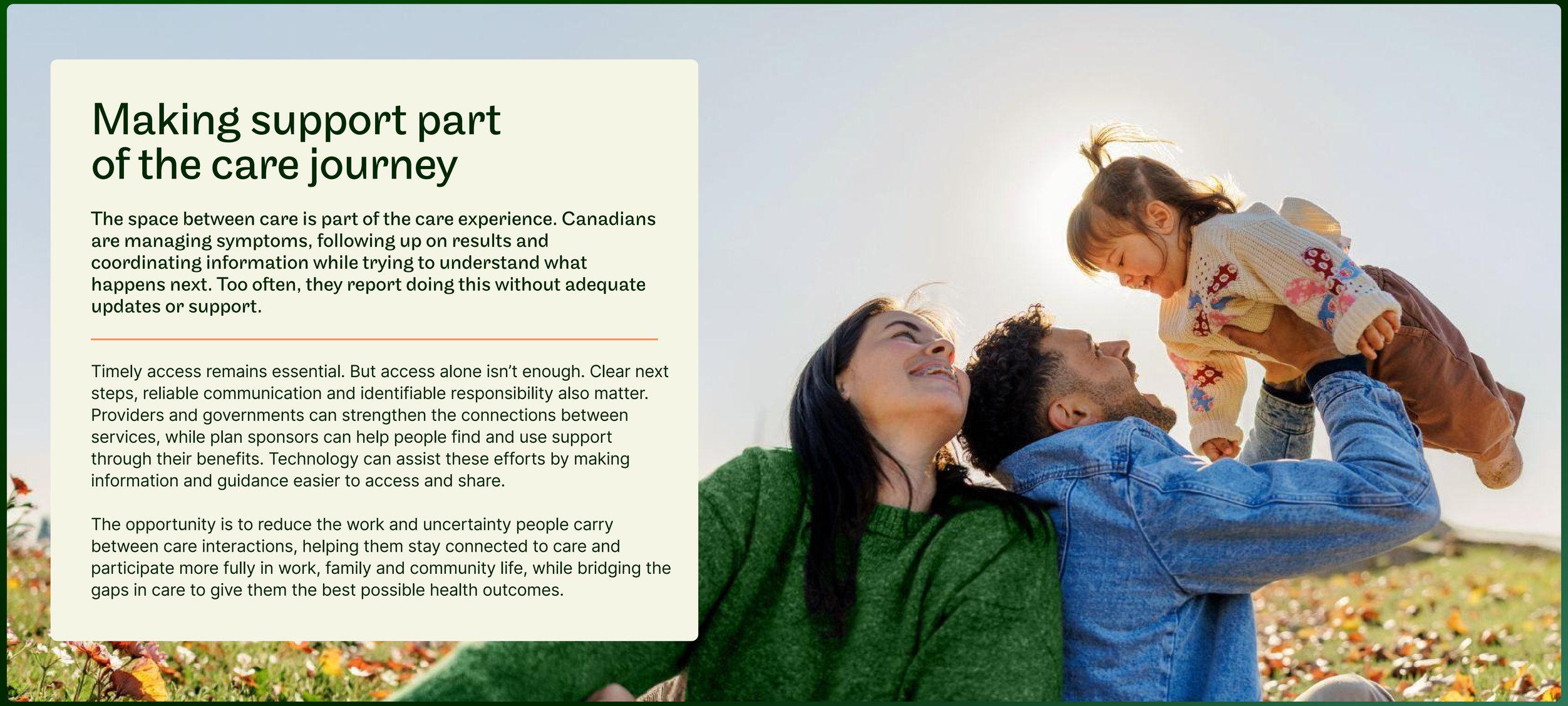
said it would improve ongoing support and continuity of care

Making support part of the care journey

The space between care is part of the care experience. Canadians are managing symptoms, following up on results and coordinating information while trying to understand what happens next. Too often, they report doing this without adequate updates or support.

Timely access remains essential. But access alone isn't enough. Clear next steps, reliable communication and identifiable responsibility also matter. Providers and governments can strengthen the connections between services, while plan sponsors can help people find and use support through their benefits. Technology can assist these efforts by making information and guidance easier to access and share.

The opportunity is to reduce the work and uncertainty people carry between care interactions, helping them stay connected to care and participate more fully in work, family and community life, while bridging the gaps in care to give them the best possible health outcomes.



About Maple

Maple is Canada's leading on-demand health-care platform, built to connect patients with Canadian-licensed doctors and nurse practitioners anytime, anywhere. Since 2015, we've been guided by our purpose to meet the world's health care needs. Today, we're proud to give over eight million people access to same-day, proactive and ongoing care via secure text, audio or video. We provide care directly to patients through our membership and one-off specialty visits, and through our network of more than 7,000 business and government partners to deliver scalable, secure and integrated programs. Our growing network also includes Beyond ADHD, a virtual ADHD assessment and treatment provider acquired by Maple in 2025. Maple is proudly headquartered in Toronto, Canada.

Survey methodology

These findings are from a survey conducted by Maple from September 11 to 16, 2026, among a representative sample of 1,527 online Canadians who are members of the Angus Reid Forum. The survey was conducted in English and French. For comparison purposes only, a probability sample of this size would carry a margin of error of +/-2.5 percentage points, 19 times out of 20.

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