Health Care in Canada
2003—A Sample

2003
www.cihi.ca
Last year we asked readers what kinds of information they would most like to see in our sample of findings from *Health Care in Canada 2003*. This brochure reflects what we learned. For example, our readers told us that they were concerned about whether they have to wait for treatment and for how long; whether Canada has enough health care providers; whether care is available when it is needed; what they themselves can do to prevent illness; and why Canada is spending more on health care than ever before.

These are some of the questions that are addressed in *Health Care in Canada 2003*, the new report from the Canadian Institute for Health Information (CIHI). This is the fourth in an annual series of reports about the health care system that is produced with the help of Statistics Canada. The main focus this year is primary health care: what it is, how it is changing, and some of the ideas proposed for reforming it. However, the report also looks at other new topics, and, as always, offers updated information on topics of ongoing importance to Canadians. That includes data on patient care and outcomes of treatment.

The aim of the brochure is to provide an attractive and easy-to-understand glimpse of what’s included in *Health Care in Canada 2003*. We hope that it will lead readers to have a look at the full report, which is available free online in both official languages at our Web site: www.cihi.ca. You can also order a print copy online or by using the form at the back of this brochure.
Spending

DID YOU KNOW...

The total amount Canada spends on health is increasing and where it goes is changing.

[Diagram showing trends in health care spending from 1975 to 2002, with projections for 2003.]

Where the Money Went in 1975 vs. 2000

[Bar chart comparing the distribution of health expenditures in 1975 and 2000, broken down by category: Capital, Other institutions, Other professionals, Public health and other health spending, Physicians, Drugs, Hospitals.]

Source: National Health Expenditure Database, CIHI.
What is it?
Ill health costs Canada more than what we spend to treat disease. The economic burden of illness is made up of both direct and indirect costs. The figures below were calculated for 1998.

**Direct costs:** $83.9 billion
... include costs of disease prevention, treatment, and rehabilitation.

**Indirect costs:** $75.5 billion
... include costs resulting from premature death and from short- and long-term disability.

Other costs not part of the calculation include: the cost of time away from work spent caring for friends and family; the burden of pain and suffering; and the psychosocial consequences of illness.

**Top 3 highest-cost diseases in Canada:**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease (e.g. stroke)</td>
<td>$18.5</td>
</tr>
<tr>
<td>Musculoskeletal disease (e.g. arthritis)</td>
<td>$16.4</td>
</tr>
<tr>
<td>Cancer</td>
<td>$14.2</td>
</tr>
</tbody>
</table>

Primary health care is first-contact care. It is provided by a variety of different health professionals in various settings, including family doctors’ offices, community clinics, pharmacies, and emergency departments. Since the 1970s, various reforms have been proposed for this part of the health care system. Recent government health commission reports have recommended the expansion of 24/7 access, more focus on disease prevention, greater use of health care teams, the introduction of electronic health records, and other reforms. Below are a few examples of professionals who may provide primary health care.

- Pharmacists
- Nurses/Nurse Practitioners
- Dieticians
- Family Doctors
- Dentists
- Optometrists
- Chiropractors
- Physiotherapists
The chart below shows where Canadians aged 15 and older are most likely to seek routine care and immediate care for minor health problems for themselves or a family member during:

- **Daytime** (9am to 5pm, Monday to Friday)
- **Evenings** (5pm to 9pm) and weekends
- **Night** (after 9pm)

### Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Routine or On-going Care</th>
<th>Immediate Care for Minor Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family doctor’s office</td>
<td>80%</td>
<td>49%</td>
</tr>
<tr>
<td>Walk-in clinic</td>
<td>12%</td>
<td>23%</td>
</tr>
<tr>
<td>Hospital or emergency department</td>
<td>4%</td>
<td>23%</td>
</tr>
<tr>
<td>Community Health Centre/Other</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Notes:** Figures may not add up to 100% due to rounding or non-response. * Interpret with caution due to high sampling variability. ** Data unreliable due to high sampling variability.

### How many family doctors in Canada are currently accepting new patients?

- 68% in some cases
- 24% completely open
- 5% not at all
- 3% not indicated

**Source:** National Family Physician Workforce Survey 2001, The College of Family Physicians of Canada.
Counting the number of family doctors in Canada is relatively easy—in 2001 there were just over 29,600, about half (51%) of all physicians in the country. But numbers are only one factor affecting Canadians access to care. Where they practice, the types of patients they see and care they provide, how many hours they work, what other services are available, and many other factors also matter.

The supply of GP/FPs varies across regions in Canada.

- In 2000 there was an average of 95 GP/FPs per 100,000 population.
- The number of GP/FPs ranged from 22 to 168 GP/FPs per 100,000 population in different areas.
- Regions with large urban areas such as Toronto, Montreal, and Vancouver tend to have more family doctors per capita.

Source: Southam Medical Database, CIHI.
Nurses work in hospitals and other settings such as family doctors’ offices, community clinics, and outpost stations. They bring a unique set of skills and perspective to their work as health care providers. For some, the scope of practice is changing. For example, some registered nurses (often called “nurse practitioners”) now perform additional primary care tasks complementary to those of physicians, such as ordering tests, diagnosing illness, and writing prescriptions. All provinces and territories have enacted or are considering legislation that recognizes a broader scope of practice for nurse practitioners.

- In 2001, 7% of family doctors reported working with a nurse practitioner in their main practice setting.
- About 60% of nurses in the Northwest Territories and Nunavut work in expanded roles in primary health care settings.
- Nurse practitioners can now practice autonomously in some jurisdictions.
- 54% of Canadians polled in 2000 were willing to consult a general or specialized nurse for routine care.
Telephone triage services are phone helplines staffed by trained nurses that are typically available 24 hours/day, 7 days/week.

These services have been set up throughout British Columbia, Manitoba, Ontario, Quebec, New Brunswick, and in Edmonton and Calgary.

There are plans underway to expand existing services or offer additional ones in some of these provinces and in other parts of the country.

What kind of advice is given by Telehealth Ontario?

- 43% self-care advice
- 35% advised to visit physician
- 14% referred to emergency department*
- 2% connected to 911 services
- 2% referred to pharmacist info line
- 4% other

*Includes triage-directed referrals and referrals when no other options to access a physician exist.

Source: Ontario Telehealth Database
Calls made between December 1, 2001 to June 30, 2002.
Data about who is waiting for what and for how long, are emerging, helping us better understand factors affecting wait times. Examples include:

**Where you are waiting and Whose list you are**
Wait lists are usually managed at the regional, hospital, or physician level. For example, in British Columbia in December 2002 some surgeons doing hip replacements had median wait times of less than 3 weeks, while for others it was over a year.

**What type of care you need**
For example, in British Columbia, while ophthalmology and orthopedic surgeries have the longest median wait times, general and gynecology have the shortest.

**When you are waiting**
For example, wait times in hospital emergency departments often vary by time of the day, day of the week, and season of the year.

**How urgently you need care**
For example, in Ontario, open heart surgery wait times are tracked by urgency level. Between 1999 and 2002, wait times averaged 3 days for urgent cases, about 9 days for semi-urgent cases, and 36 days for non-urgent cases.

**How a wait is measured**
For example, inconsistencies in calculating wait times affect the ability to compare and determine acceptable waits.

**And special factors for individual patients or conditions**
For example, critically ill patients need to be stabilized before surgery while those having elective surgery may wish to take work or family events into account. Wait times may also depend on other factors, e.g. transplants depend on the availability of appropriate organs.

*Sources: BC Surgical Wait List Registry (2002); Cardiac Care Network of Ontario (2002)*
How long do Canadians wait for care?
If you live in Ontario, British Columbia, Saskatchewan, or Alberta (Spring 2003), check out the Web sites below for details about wait times for various procedures. In some places in other parts of the country, residents can access similar information from health regions or hospitals.

**British Columbia**
www.healthservices.gov.bc.ca/waitlist/provdata.html
- wait times for cancer treatment, corneal transplants and organ transplants available at the provincial level
- wait times for a variety of procedures available at the provincial, hospital, and physician level

www.transplant.bc.ca
- wait times for organ replacements at the provincial level

**Alberta**
www.health.gov.ab.ca
- Spring 2003: Alberta Wait List Registry
- will report wait times on various surgeries and diagnostic procedures
- data will be available for urban and rural hospitals

**Ontario**
www.ccn.on.ca/access/waittimes.html
- wait times for cardiac catheterization, angioplasty, and cardiac surgery
- data available at the provincial and regional levels and by hospital

**Saskatchewan**
www.sasksurgery.ca
- wait times for cardiovascular, dental, general, neurosurgery, urology, obstetrics & gynaecological, eye, orthopaedic, ear, nose, & throat, and plastic surgery is available at the provincial level and through the regional health authorities
Let’s take a closer look at prevention...

According to the Canadian Task Force on Preventive Health Care (CTFPHC) there is good evidence to recommend that certain procedures be carried out as part of regular check ups. Below are some examples:

- childhood immunizations for infants and children
- annual flu shots for high risk groups and seniors
- screening mammography to prevent breast cancer for women aged 50–69
- counseling on folic acid supplementation to prevent neural tube defects for women capable of becoming pregnant
- drug treatment for high blood pressure
- HIV/AIDS voluntary screening and prevention counseling for those at high risk

The frequency with which these recommendations are followed can vary significantly.
Visit www.cihi.ca to:

• Download free copies of the full report and insert in English and French.

• Sign-up to receive regular updates via e-mail.

• View the data on which the graphs were based.

About CIHI
The Canadian Institute for Health Information is an independent, national, not-for-profit organization. We aim to provide accurate and timely information to advance Canada’s health policies, improve the health of the population, strengthen our health care system, and assist leaders in our health sector to make informed decisions.

About Statistics Canada
Statistics Canada is authorized under the Statistics Act to collect, compile, analyze, abstract, and publish statistics related to the health and well-being of Canadians.

Photo Credits
Reproduced with the permission of the Minister of Public Works and Government Services Canada, 2003.