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Access to Health Care Services in Canada

January to June 2005



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Note of appreciation

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Highlights

- Statistics Canada continues to provide information regarding patients' experiences accessing care at the national and provincial levels.
- The preliminary results for 2005 indicate that waiting for care remains the number one barrier for those having difficulties accessing care.
- Median waiting times for all specialized services have remained relatively stable between 2003 and 2005 at 3 to 4 weeks, depending on the kind of care. Most individuals continue to report that they received care within 3 months.
- Patients' views about waiting for care have remained fairly stable between 2003 and 2005. While 70 to 80 percent indicated their waiting time was acceptable – there continues to be a proportion of Canadians who feel they are waiting an unacceptably long time for care.
- There was a significant increase between 2003 and 2005 regarding the percentage of those reporting waiting as a barrier for non-emergency surgery. This may be a result of the increase in the proportion of patients longer than 3 months for selected non-emergency surgery. It may also be the case that patients' perceptions regarding waiting for care may have been influenced in recent years as a result of the intense focus and attention paid to this issue by both policy-makers and the media.
- The results presented in this report are preliminary based on the first 6 months of data collection from the 2005 Canadian Community Health Survey. A fuller analysis, based on 12 months of data will be available in mid-2006.

Access to health care services in Canada, 2005

Introduction

Waiting for care has been and continues to be a major issue in the health care sector. Recently provincial and federal ministries of health have adopted a range of policies and strategies to address lengthy waits for care. In 2004, First Ministers agreed to develop a 10-year plan to improve access and reduce waiting times in several key areas including hip and knee replacements and cataract surgery. The plan called for the establishment of benchmarks for medically acceptable waiting times with regular reporting to track progress towards these targets^{1,2}. In an effort to improve the state of information and to meet reporting requirements, several provincial jurisdictions have developed wait time registries to provide up to date information on waiting for procedures.^{3,4,5,6}

Statistics Canada has been reporting on patients' experiences waiting for care since the introduction of the Health Services Access Survey (HSAS) in 2001.^{7,8} This survey was designed to provide national and provincial level estimates of patients' experiences accessing health care services including waiting times for specialized services. The survey has now been incorporated into the Canadian Community Health Survey and currently represents the only national level information on waiting times. In this report, we provide preliminary results on patients' experiences waiting for care based on the first 6 months of data collection for 2005.

Methods

Data

The report is based on a sub-sample of the 2005 Canadian Community Health Survey (CCHS). It represents approximately 98% of the population of Canadians aged 15 and older living in private dwellings in the 10 provinces. Excluded from this survey are residents of the three territories, those living on Indian reserves or Crown lands, residents in institutions, full-time members of the Canadian Forces, and residents of certain remote regions. The data were collected by personal and telephone interviews between January and June 2005 (first 6 months of data collection).

Since the respondents are a subsample of the CCHS, the same multiple sample frames of its parent survey apply. First, it uses the area frame designed for the Canadian Labour Force Survey (LFS). The sampling plan of the LFS is a multistage stratified cluster design in which the dwelling is the final sampling unit. The CCHS also uses two types of telephone frames: list frames and a random digit dialling (RDD) sampling frame of telephone numbers.

In order to produce reliable estimates at the national and provincial levels, in particular for the estimates of waiting times, a subsample of about 34,000 CCHS respondents was targeted in total for 2005. The subsample was selected using a stratified random sampling technique. This report is based on analysis of the first 6 months of data for 2005, therefore the total number of respondents is approximately half the targeted size (n=17,744). The number of respondents and response rates for the first 6 months of collection is provided in Table 1.

It should be noted that the CCHS aims at producing reliable estimates at the health region level, and the HSAS at the national and provincial levels.

Following the collection and processing of the data, the respondents' records were weighted in order to reflect the sampling and non-response that occurred in the HSAS. Weights were also adjusted to demographic projections by age group and province.

Analytical methods

Weighted distributions and frequencies were produced. Weighted median waiting times were calculated for specialist visits, non-emergency surgery and selected diagnostic tests. Partial or item non-responses accounted for less than 5% of the totals in most analyses; records with item non-responses were excluded from the calculations. The bootstrap technique was used to estimate the variance and confidence intervals to properly account for the complex survey design. This technique fully adjusts for the design effects of the survey. Confidence intervals were established at the level of $p = 0.05$. For counts, ratios and percentiles estimates, pairwise differences between 2003 and 2005 were deemed statistically significant based on a two-tailed test with $p < 0.05$. Where multiple proportions were tested, the significance levels were adjusted using the Bonferroni method.

Results

- **Waiting for care remains the number one barrier to access**

While most individuals who accessed a specialized service did not experience any difficulties – some did. (Table 2) Approximately 11% of those 15 years of age or older (2.8 million Canadians) visited a medical specialist in 2005 - among them, 18% reported that they faced difficulties accessing care. Approximately 6% (1.5 million) reported that they had non-emergency surgery - among them, 11% reported that they had difficulty accessing care. Similarly, 8% of the population greater than 15 years of age (2.1 million Canadians) accessed selected diagnostic tests – among them, 15% reported difficulties accessing care.

Those who reported difficulties were asked about the types of barriers they faced. As in previous surveys, waiting too long for care was cited as the number one barrier among those who experienced difficulties. (Table 3) Among those who experienced difficulties accessing a specialist consultation, 65% indicated that waiting was the problem followed by 37% who indicated that they had difficulties getting an appointment – a significant increase from 25% in 2003.

Among those who had difficulties accessing non-emergency surgery, 79% indicated that it was because they had to wait too long. This was significantly higher than the 62% who identified waiting as a barrier in 2003. One in five individuals reporting difficulties indicated that they experienced difficulties getting an appointment, a rate similar to 2003 results.

Similarly, among those with difficulties accessing diagnostic tests such as an MRI or CT scan, 58% reported that they waited too long to get an appointment and 38% reported that they waited too long to get the test. The results are similar to those reported in 2003.

- **Median waiting times remain unchanged at the national level – some differences noted at the provincial level**

In 2005, the median waiting time was about 4 weeks for specialist visits, 4 weeks for non-emergency surgery, and 3 weeks for diagnostic tests. (Tables 4 to 6)

Nationally, median waiting times remained stable between 2003 and 2005 – but there were some differences at the provincial level for selected specialized services.

Median waiting times for non-emergency surgery were reduced by half in Quebec from almost 9 weeks in 2003 to 4 weeks in 2005. For diagnostic tests, median waiting times in New Brunswick rose significantly from 2 weeks in 2003 to 4 weeks in 2005.

- **Most patients received specialized services within 3 months**

The proportion of patients who waited less than 1 month to receive care ranged from 41% for those accessing non-emergency surgery to 57% among those who received a diagnostic test. (Chart 1; Table 7) The proportion waiting between 1 and 3 months ranged from 32% for diagnostic tests to 41% for specialists visits. The proportion waiting longer than 3 months ranged from 11% for diagnostic tests to 19% for non-emergency surgery. The distribution of waiting times was similar between 2003 and 2005.

Waiting times varied by type of non-emergency surgery. (Chart 2; Table 8) As expected, a greater proportion of individuals receiving cardiac and cancer related surgery received care within one month (42%). Approximately one in five (19%) of those receiving joint replacements or cataract or other eye surgery received care within one month. Conversely, the proportion of those waiting more than three months was 39% for joint replacement or cataract surgery compared with 8% for cardiac or cancer related surgery.

There were some changes in the distribution of waiting times for 2 of the 3 categories of non-emergency surgery. The proportion of cardiac or cancer related surgeries performed within 1-3 months increased significantly from 27% in 2003 to 50% in 2005. There was also a significant increase in the proportion of patients who waited longer than 3 months for joint replacement or cataract surgeries – from 26% in 2003 to 39% in 2005.

- **While most reported waiting times as acceptable – some deemed their waits unacceptably long and some experienced adverse effects**

Waiting for care is not inherently problematic but may be considered so when patients experience adverse effects^{9,10,11,12} and/or feel they have simply waited too long for care. The proportion of patients who felt their waiting time was unacceptable was highest among those who waited for specialist visits (29%) and diagnostic tests (24%) and lowest among those who waited for non-emergency surgery (17%) even though individuals are more likely to wait longer (i.e. > 3 months) for non-emergency surgical care compared with other specialized services. (Chart 3; Table 9). This points to potential differences regarding thresholds for unacceptable waits across different specialized services – i.e. Canadians appear to be more willing to wait longer for surgery than for a visit to the specialist.

Approximately one in five (19%) individuals who visited a specialist indicated that waiting for the visit affected their life while approximately 13% did so among those who waited for non-emergency surgery and diagnostic tests. (Table 10) Most of those who were affected reported that they experienced worry, stress and anxiety during the waiting period: 52% among those whose lives were affected by waiting for non-emergency surgery to 70% among those affected by waiting for a specialist visit. (Table 11) Approximately half of those affected indicated that they experienced pain and close to 35% of those who were affected by waiting for a specialist visit or non-emergency surgery indicated that they experienced difficulties with activities of daily living. Approximately 35% of those who were affected by waiting for a diagnostic test indicated that it resulted in worry, stress and anxiety for their friends and family members – an increase from 18% in 2003.

Limitations

There are several limitations to the data and the analysis presented in this report. The data are based on self-reported information for both service needs and difficulties accessing services over a 12-month period; as such, the information may be subject to recall bias and has not been clinically validated. To reduce reporting error due to recall bias, questions repeatedly referred to services used in the last 12 months.

Reliable estimates at the national and provincial levels could not be produced for all the variables, given that, in some cases, very few individuals may actually need services or experience difficulties and the survey sample may be too small to detect sufficient cases needed to generate reliable estimates.

There are also several limitations to the data relating to estimates of waiting times for specialist services. Waiting time estimates are retrospective and included only those who completed their waiting periods and received care. The data do not reflect the waiting times of those still waiting at the time of the survey. Respondents could report waiting times in days, weeks or months, and many may have rounded their waiting times. For these reasons, direct comparisons of waiting time estimates presented in these tables with estimates based from other sources, such as waiting time registries, health administrative data and physician reports, should be made with extreme caution.

Finally, the results presented in this report are preliminary based on the first 6 months of data collection for the subsample. A fuller analysis will be available in mid-2006.

Conclusions/Discussion

Statistics Canada continues to provide information regarding patients' experiences accessing care at the national and provincial levels. The preliminary results for 2005 indicate that waiting for care remains the number one barrier for those having difficulties accessing care. Median waiting times for all specialized services have remained relatively stable between 2003 and 2005 at 3 to 4 weeks, depending on the kind of care. Most individuals continue to report that they received care within 3 months.

Similarly, patients' views about waiting for care have remained fairly stable between 2003 and 2005. While 70 to 80 percent indicated that their waiting time was acceptable – there continues to be a proportion of Canadians who feel they are waiting an unacceptably long time for care. There was a significant increase between 2003 and 2005 regarding the percentage of those reporting waiting as a barrier for non-emergency surgery. This may be a result of the increase in the proportion of patients waiting longer than 3 months for selected non-emergency surgery. It may also be the case that patients' perceptions regarding waiting for care may have been influenced in recent years as a result of the intense focus and attention paid to this issue by both policy-makers and the media.

Glossary

Diagnostic test: MRI, CT scan or angiography requested by a physician to determine or confirm a diagnosis; does not include X-rays, blood test, etc.

Non-emergency surgery: Booked or planned surgery provided on an outpatient or inpatient basis; does not refer to surgery provided through an admission to the hospital emergency room as a result of, for example, an accident or life-threatening situation.

Specialist visits: Visit with a medical specialist to obtain a diagnosis for a new illness or condition; does not include specialist visits for ongoing care for a previously diagnosed condition.

Specialized services: Services including specialist visits for a new illness or condition, non-emergency surgery other than dental surgery, and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Waiting times:

Specialist visit: Time between when individuals and their doctor decided that they should see a specialist and the day of the visit.

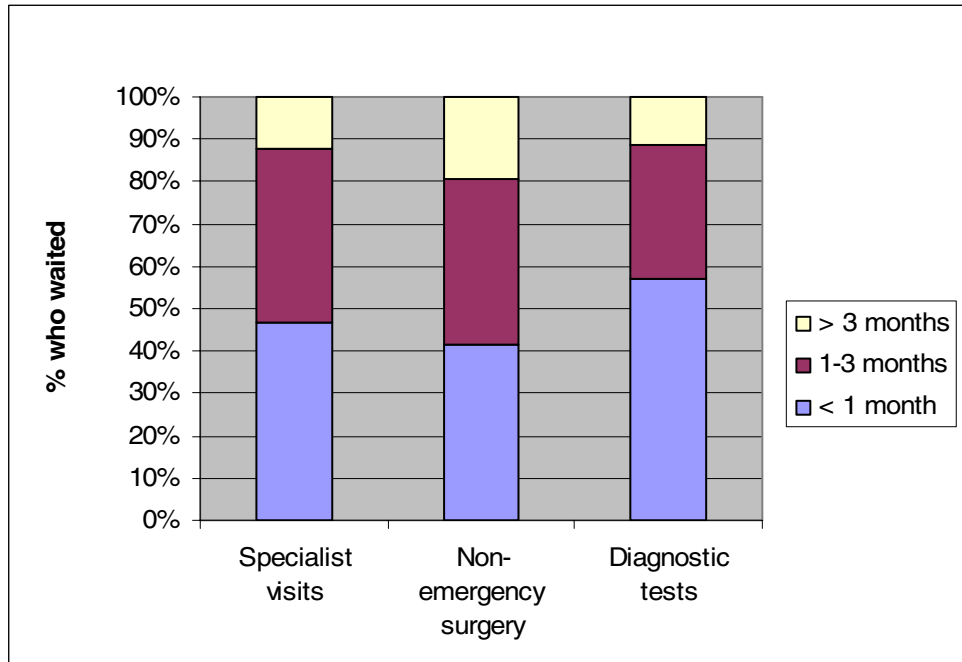
Non-emergency surgery: Time between when individuals and their surgeon decided to go ahead with the surgery and the day of surgery.

Diagnostic tests: Time between when individuals and their doctor decided to go ahead with the test and the day of the test.

Appendix

Charts

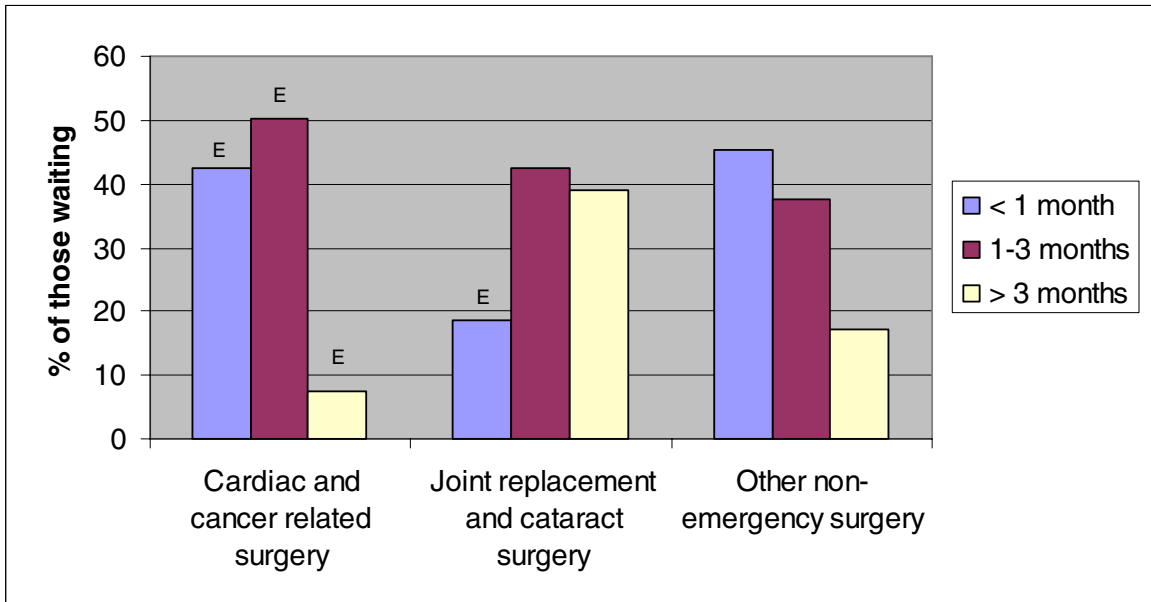
Chart 1
Distribution of waiting times by specialized service, Canada, 2005



Notes: Household population aged 15 and over. Based on population reporting waiting times for "specialized services" accessed in the last 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").

Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).

Chart 2
 Distribution of waiting times for selected non-emergency surgery, Canada, 2005

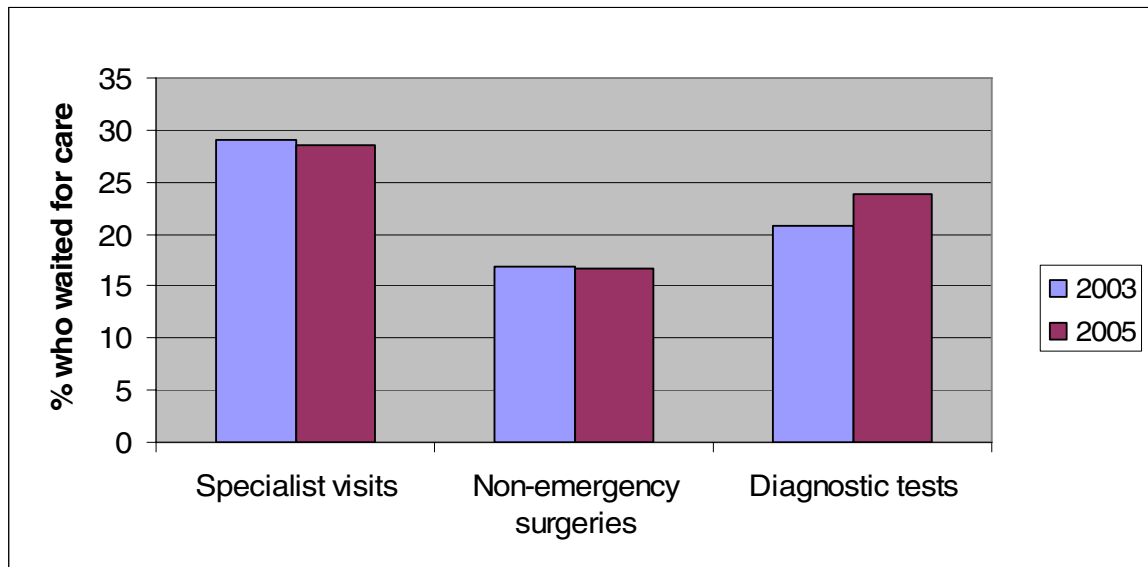


Notes: Household population aged 15 and over. Based on population reporting waiting times for non-emergency surgeries accessed in past 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").

^E use with caution

Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).

Chart 3
Unacceptable waiting times¹ for specialized services², Canada, 2005



Notes: Household population aged 15 and over.

1. Based on population accessing these services in past 12 months.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

2. "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).

Data tables

Table 1
Sample size and response rates for the Health Services Access Subsample, Canada, 2005

Province	Number of respondents (after 6 months of collection)	Response rate (%)
Newfoundland and Labrador	1,433	84.0
Prince Edward Island	1,040	83.0
Nova Scotia	1,726	81.7
New Brunswick	1,708	82.5
Quebec	2,369	71.3
Ontario	2,373	68.7
Manitoba	1,661	78.0
Saskatchewan	1,660	79.8
Alberta	1,836	76.8
British Columbia	1,938	70.9
Canada	17,744	76.3
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample 2005 (first 6 months data).		

Table 2
 Percentage of Canadians who accessed specialized services¹ and who reported difficulties, by type of service, Canada

Type of specialized service accessed		2003		2005	
		Estimate	95% confidence interval	Estimate	95% confidence interval
Specialist visits	Number of individuals (millions) who accessed care	2.9	2.8 to 3.1	2.8	2.6 to 3.0
	% of population who accessed care	11.6	11.0 to 12.1	10.8	10.1 to 11.6
	% of individuals who experienced difficulties ²	20.9	18.8 to 22.9	18.0	15.2 to 20.8
Non-emergency surgeries	Number of individuals (millions) who accessed care	1.6	1.4 to 1.7	1.5	1.4 to 1.7
	% of population who accessed care	6.2	5.7 to 6.6	6.0	5.4 to 6.6
	% of individuals who experienced difficulties ²	12.9	10.6 to 15.2	10.5	8.3 to 12.8
Diagnostic tests	Number of individuals ('000) who accessed care	1.9	1.8 to 2.0	2.1 ³	1.9 to 2.3
	% of population who accessed care	7.5	7.0 to 8.1	8.3	7.6 to 9.0
	% of individuals who experienced difficulties ²	15.9	13.3 to 18.4	15.2	11.8 to 18.6
Note: Household population aged 15 and over.					
1. "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).					
2. Based on population accessing specialized service in past 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").					
3. Statistically significant different from 2003 estimate ($p < .05$)					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).					

Table 3
Barriers to accessing specialized services, Canada¹

Type of specialized service accessed		2003		2005	
		Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	Waited too long for an appointment	67.8	62.6 to 73.1	64.9	56.5 to 73.3
	Difficulty getting an appointment	24.5	19.8 to 29.2	37.2 ²	28.1 to 46.4
Non-emergency surgery	Waited too long for surgery	61.7	52.8 to 70.7	79.4 ²	71.1 to 87.6
	Difficulty getting an appointment	23.6 ^E	15.3 to 31.9	21.1 ^E	12.6 to 29.5
Diagnostic tests	Waited too long to get appointment	55.0	46.4 to 63.7	58.0	46.1 to 70.0
	Waited too long for test	33.5	25.3 to 41.6	37.6	25.6 to 49.5
	Difficulty getting an appointment	21.8 ^E	13.5 to 30.1	17.9 ^E	7.9 to 27.9
Notes: Household population aged 15 and over. Analysis excludes non-response ("I don't know", "not stated", and "refusal"). Because multiple responses were allowed, totals may exceed 100%.					
^E use with caution					
1. Based on population reporting difficulties accessing these services in past 12 months.					
2. Statistically significant different from 2003 estimate (p < .05)					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).					

Table 4
Median waiting time for specialist visits for new illness or condition, Canada

Province	2003		2005	
	Estimate (weeks)	95% confidence interval	Estimate (weeks)	95% confidence interval
Newfoundland and Labrador	4.3 ^E	1.7 to 6.9	4.3 ^E	2.1 to 6.4
Prince Edward Island	4.0 ^E	2.7 to 5.3	3.0 ^E	1.6 to 4.4
Nova Scotia	4.3	3.0 to 5.6	4.3	3.2 to 5.4
New Brunswick	4.3	4.0 to 4.6	4.3 ^E	2.7 to 5.9
Quebec	3.0 ^E	1.8 to 4.2	3.0 ^E	1.7 to 4.3
Ontario	4.3	3.9 to 4.6	4.0	3.4 to 4.6
Manitoba	4.3	3.7 to 4.9	4.3 ^E	1.4 to 7.2
Saskatchewan	3.0 ^E	1.6 to 4.4	4.3 ^E	2.9 to 5.7
Alberta	3.0 ^E	1.7 to 4.3	4.3	3.3 to 5.3
British Columbia	3.0 ^E	2.0 to 4.0	4.3	3.3 to 5.2
Canada	4.0	3.4 to 4.6	4.0	3.5 to 4.5
Notes: Household population aged 15 and over. Based on population reporting waiting times for these services accessed in the last 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").				
^E use with caution				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).				

Table 5
Median waiting time for non-emergency surgeries, Canada

Province	2003		2005	
	Estimate (weeks)	95% confidence interval	Estimate (weeks)	95% confidence interval
Newfoundland and Labrador	4.0 ^E	2.4 to 5.6	4.3 ^E	1.8 to 6.8
Prince Edward Island	4.3 ^E	2.7 to 5.9	4.3 ^E	2.0 to 6.5
Nova Scotia	4.3 ^E	1.7 to 6.9	4.3	3.5 to 5.0
New Brunswick	4.3	3.4 to 5.2	4.3	3.2 to 5.4
Quebec	8.6	6.3 to 10.8	4.3 ^{1, E}	2.7 to 5.8
Ontario	4.3	3.7 to 4.9	4.3 ^E	2.1 to 6.5
Manitoba	4.3	3.4 to 5.2	6.0 ^E	1.4 to 10.6
Saskatchewan	6.0 ^E	3.1 to 8.9	4.3 ^E	0.6 to 8.0
Alberta	4.0 ^E	2.5 to 5.5	4.3 ^E	1.8 to 6.8
British Columbia	4.3 ^E	2.8 to 5.7	4.3 ^E	2.2 to 6.4
Canada	4.3	3.9 to 4.7	4.3	3.9 to 4.7
Notes: Household population aged 15 and over. Based on population reporting waiting times for these services accessed in the last 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").				
^E use with caution				
1. Statistically significant different from 2003 estimate (p < .05)				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).				

Table 6
Median waiting time for diagnostic tests, Canada

Province	2003		2005	
	Estimate (weeks)	95% confidence interval	Estimate (weeks)	95% confidence interval
Newfoundland and Labrador	2.0 ^E	1.1 to 2.9	4.3 ^E	2.0 to 6.6
Prince Edward Island	4.3 ^E	2.3 to 6.3	3.0 ^E	1.2 to 4.8
Nova Scotia	2.0 ^E	1.2 to 2.8	2.0 ^E	0.8 to 3.2
New Brunswick	2.0 ^E	0.7 to 3.3	4.3 ^{1, E}	2.5 to 6.0
Quebec	2.0 ^E	1.2 to 2.8	2.1 ^E	1.3 to 3.0
Ontario	3.0	2.1 to 3.9	3.0 ^E	1.9 to 4.1
Manitoba	3.0 ^E	1.4 to 4.6	3.0 ^E	0.9 to 5.1
Saskatchewan	2.0 ^E	0.6 to 3.4	3.0 ^E	0.9 to 5.1
Alberta	3.0 ^E	1.4 to 4.6	2.0	1.4 to 2.6
British Columbia	2.0	1.7 to 2.3	3.0 ^E	1.8 to 4.2
Canada	3.0	2.1 to 3.9	3.0	2.1 to 3.9
Notes: Household population aged 15 and over. Based on population reporting waiting times for these services accessed in the last 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").				
^E use with caution				
1. Statistically significant different from 2003 estimate (p<.05)				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).				

Table 7
Distribution of waiting times by type of service, Canada

Type of specialized service accessed	Waiting period	2003		2005	
		Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	Less than 1 month	47.9	45.0 to 50.8	46.5	42.6 to 50.4
	1 to 3 months	40.7	37.9 to 43.5	41.3	37.6 to 44.9
	Longer than 3 months	11.4	9.6 to 13.1	12.2	9.7 to 14.8
Non-emergency surgeries	Less than 1 month	40.5	36.9 to 44.2	41.3	36.2 to 46.4
	1 to 3 months	42.1	38.5 to 45.6	39.5	34.7 to 44.4
	Longer than 3 months	17.4	14.7 to 20.2	19.2	15.5 to 22.8
Diagnostic tests	Less than 1 month	57.5	53.9 to 61.1	57.1	52.6 to 61.5
	1 to 3 months	31.1	27.6 to 34.6	31.7	27.5 to 35.9
	Longer than 3 months	11.5	8.8 to 14.1	11.2	8.4 to 13.9
<p>Notes: Household population aged 15 and over. Based on population reporting waiting times for "specialized services" accessed in the last 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").</p>					
<p>Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).</p>					

Table 8
Distribution of waiting times by type of non-emergency surgery, Canada

Type of surgery	Waiting period	2003		2005	
		Estimate %	95% confidence interval	Estimate %	95% confidence interval
Cardiac and cancer related surgery	Less than 1 month	59.7	48.2 to 71.2	42.4 ^E	22.9 to 62.0
	1 to 3 months	27.2 ^E	17.4 to 37.0	50.1 ^{E,1}	29.8 to 70.3
	Longer than 3 months	13.1 ^E	5.3 to 20.9	7.5 ^E	0 to 15.1
Joint replacement and cataract surgery	Less than 1 month	25.4	17.7 to 33.0	18.6 ^E	9.7 to 27.5
	1 to 3 months	48.8	39.9 to 57.6	42.4	33.4 to 51.5
	Longer than 3 months	25.8	18.7 to 33.0	39.0 ¹	29.3 to 48.6
Other non-emergency surgery	Less than 1 month	41.6	37.3 to 45.8	45.3	39.3 to 51.2
	1 to 3 months	42.4	38.2 to 46.6	37.6	32.0 to 43.2
	Longer than 3 months	16.1	13.0 to 19.1	17.2	12.9 to 21.4
Notes: Household population aged 15 and over. Based on population reporting waiting times for non-emergency surgeries accessed in past 12 months. Analysis excludes non-response ("I don't know", "not stated", and "refusal").					
^E use with caution					
1. Statistically significant difference between 2003 and 2005 estimates ($p < 0.05$).					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).					

Table 9

Percentage of Canadians accessing care who considered waiting time unacceptable¹, by type of specialized service², Canada

Type of specialized service accessed	2003		2005	
	Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	29.1	26.6 to 31.5	28.5	25.0 to 32.0
Non-emergency surgeries	16.9	14.2 to 19.7	16.7	13.1 to 20.2
Diagnostic tests	20.9	17.9 to 23.8	23.8	19.8 to 27.9
Notes: Household population aged 15 and over. Analysis excludes non-response ("I don't know", "not stated", and "refusal").				
1. Based on population accessing these services in past 12 months.				
2. "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).				

Table 10
 Percentage of Canadians accessing care who were affected by waiting, by type of specialized service¹, Canada²

Type of specialized service accessed	2003		2005	
	Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	18.5	16.5 to 20.5	18.9	15.7 to 22.1
Non-emergency surgeries	9.8	7.8 to 11.8	12.1	8.9 to 15.4
Diagnostic tests	13.6	10.9 to 16.4	12.9	9.8 to 16.1
Notes: Household population aged 15 and over. Analysis excludes non-response ("I don't know", "not stated", and "refusal").				
1. "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).				
2. Based on population accessing these services in past 12 months.				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).				

Table 11
Effects of waiting for specialized services¹ by type of service, Canada²

Type of specialized service accessed		2003		2005	
		Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	Worry, anxiety, stress	71.9	65.9 to 78.0	70.1	60.6 to 79.5
	Pain	45.3	38.4 to 52.1	48.9	39.3 to 58.5
	Problem with activities of daily living	24.8	19.1 to 30.6	33.1	23.9 to 42.3
Non-emergency surgeries	Worry, anxiety, stress	59.8	49.1 to 70.6	51.5	36.5 to 66.4
	Pain	50.5	40.1 to 60.9	49.1	34.3 to 63.8
	Problem with activities of daily living	30.7	21.5 to 39.8	34.7 ^E	20.3 to 49.1
Diagnostic test	Worry, anxiety, stress	61.3	50.7 to 71.8	67.1	53.8 to 80.3
	Pain	54.8	44.4 to 65.1	49.0	36.3 to 61.8
	Worry, anxiety, stress for family friends	18.2 ^E	12.1 to 24.3	34.5 ^{3,E}	20.7 to 48.3
Notes: Household population aged 15 and over. Analysis excludes non-response ("I don't know", "not stated", and "refusal"). Because multiple responses were allowed, totals may exceed 100%.					
^E use with caution					
1. "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).					
2. Based on population who were affected by waiting for care in past 12 months.					
3. Statistically significant difference between 2003 and 2005 estimates ($p < 0.05$).					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005 (first 6 months data).					

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