



Catalogue no. 82-575-XIE

Access to Health Care Services in Canada

January to December 2005



How to obtain more information

Specific inquiries about this product and related statistics or services should be directed to: Health Statistics Division, Statistics Canada, Ottawa, Ontario, K1A 0T6 (telephone: (613) 951-1746) or by e-mail at hd-ds@statcan.ca.

For information on the wide range of data available from Statistics Canada, you can contact us by calling one of our toll-free numbers. You can also contact us by e-mail or by visiting our website.

National inquiries line	1 800 263-1136
National telecommunications device for the hearing impaired	1 800 363-7629
Depository Services Program inquiries	1 800 700-1033
Fax line for Depository Services Program	1 800 889-9734
E-mail inquiries	infostats@statcan.ca
Website	www.statcan.ca

Information to access the product

This product, catalogue no. 82-575-XIE, is available for free. To obtain a single issue, visit our website at www.statcan.ca and select Our Products and Services.

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner and in the official language of their choice. To this end, the Agency has developed standards of service that its employees observe in serving its clients. To obtain a copy of these service standards, please contact Statistics Canada toll free at 1 800 263-1136. The service standards are also published on www.statcan.ca under About Statistics Canada > Providing services to Canadians.



Statistics Canada
Health Statistics Division

Access to Health Care Services in Canada

January to December 2005

Published by authority of the Minister responsible for Statistics Canada

© Minister of Industry, 2006

All rights reserved. The content of this electronic publication may be reproduced, in whole or in part, and by any means, without further permission from Statistics Canada, subject to the following conditions: that it be done solely for the purposes of private study, research, criticism, review or newspaper summary, and/or for non-commercial purposes; and that Statistics Canada be fully acknowledged as follows: Source (or "Adapted from", if appropriate): Statistics Canada, year of publication, name of product, catalogue number, volume and issue numbers, reference period and page(s). Otherwise, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, by any means—electronic, mechanical or photocopy—or for any purposes without prior written permission of Licensing Services, Client Services Division, Statistics Canada, Ottawa, Ontario, Canada K1A 0T6.

July 2006

Catalogue no. 82-575-XIE
ISSN: 1710-8381

Frequency: Irregular

Ottawa

Cette publication est disponible en français sur demande (n° 82-575-XIF au catalogue).

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued cooperation and goodwill.

Table of contents

Standard symbols	5
Highlights	6
Introduction	7
Methods	7
Data	7
Analytical methods.....	8
Results	8
Waiting for care remains the number one barrier to access.....	8
Median waiting times remain unchanged at the national level – some differences were noted at the provincial level	9
Most patients received specialized services within 3 months.....	9
While most reported waiting times as acceptable – some deemed their waits unacceptably long and some experienced adverse effects.....	10
Limitations	10
Conclusions/Discussion	11
Glossary	11
Data tables	13
Charts	23
References	25

Standard symbols

The following standard symbols are used in Statistics Canada publications:

- . not available for any reference period
- .. not available for a specific reference period
- ... not applicable
- ^p preliminary
- ^r revised
- x suppressed to meet the confidentiality requirements of the *Statistics Act*
- E use with caution
- F too unreliable to be published

Access to health care services in Canada

Waiting times for specialized services (January to December 2005)

Highlights

- Statistics Canada continues to provide information regarding patients' experiences accessing care at the national and provincial levels including how long individuals waited for specialized services.
- The 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.

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 (Health Canada. 2004. 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 (Ministry of Health, B.C. n.d.), (Alberta Health and Wellness. n.d.), (Ministry of Health and Long-Term Care, Ontario. n.d.), (Nova Scotia Department of Health. n.d.).

Statistics Canada has been reporting on patients' experiences waiting for care, including how long they wait, since the introduction of the Health Services Access Survey (HSAS) in 2001 (C. Sanmartin et al. 2001), (C. Sanmartin et al. 2003). 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. Preliminary results from the first 6 months of data collection were reported in January 2006. In this report, we provide updated results on patients' experiences waiting for care based on the full 12 months of data 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 report 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 December 2005.

Since the respondents are a subsample of the CCHS, the same multiple sample frames of this parent survey apply. The CCHS 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. The total number of respondents is 33,539. The number of respondents and response rates are 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 CCHS. 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, 19% reported that they faced difficulties accessing care. Approximately 6% (1.6 million) reported that they had non-emergency surgery - among them, 13% reported that they had difficulty accessing care. Similarly, 9% of the population 15 years and older (2.2 million Canadians) accessed selected diagnostic tests – among them, 13% 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, 68% indicated that waiting was the problem followed by 32% who indicated that they had difficulties getting an appointment.

Among those who had difficulties accessing non-emergency surgery, 66% indicated that it was because they had to wait too long. Over 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, 59% reported that they waited too long to get an appointment and 36% 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 were 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. (Table 4, Table 5, Table 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 Newfoundland and Labrador rose significantly from 2 weeks in 2003 to 4 weeks in 2005 and in British Columbia median waits rose from 2 weeks to 3 weeks.

Most patients received specialized services within 3 months

The proportion of patients who waited less than 1 month to receive care ranged from 40% for those accessing non-emergency surgery to 56% among those who received a diagnostic test. (Chart 1; Table 7) The proportion waiting between 1 and 3 months ranged from 33% for diagnostic tests to 41% for specialists visits and non-emergency surgery. The proportion waiting longer than 3 months ranged from 10% for diagnostic tests to 19% for non-emergency surgery. The distribution of waiting times was similar between 2003 and 2005.

Approximately 40% of individuals receiving cardiac and cancer related surgery received care within one month (42%). (Table 8) Approximately one in five (19%)

of those receiving joint replacements or cataract or other eye surgery received care within one month.

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 (K.D. Kelly et al. 2001), (H.C. Brownlow et al. 2001), (I.N. Ackerman et al. 2005), (H. Hadjistavropoulos et al. 2001) and/or feel they have simply waited too long for care. The proportion of patients who felt that their waiting time was unacceptable was highest among those who waited for specialist visits (29%) and diagnostic tests (21%) and lowest among those who waited for non-emergency surgery (16%) (Chart 2; Table 9) even though individuals are more likely to wait longer (i.e. > 3 months) for non-emergency surgical care compared with other specialized services. (Table 7) 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 18% of individuals who visited a specialist indicated that waiting for the visit affected their life compared with 11% and 12% for non-emergency surgery and diagnostic tests respectively. (Table 10) Most of those who were affected reported that they experienced worry, stress and anxiety during the waiting period: ranging from 49% among those whose lives were affected by waiting for non-emergency surgery to 71% among those affected by waiting for a diagnostic test. (Table 11) Between 38% and 51% of individuals waiting for specialist services experienced pain and close to 36% of those who were affected by waiting for non-emergency surgery indicated that they experienced difficulties with activities of daily living. Approximately 28% 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.

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 HSAS 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.

Conclusions/Discussion

Statistics Canada continues to provide information regarding patients' experiences accessing care at the national and provincial levels. The 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 type of care. There were some differences noted in selected provinces. 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.

The Canadian Community Health Survey (CCHS) provides valuable information regarding patients' experiences waiting for care. These data will be further exploited to better understand the factors associated with long waits and adverse experiences while waiting for specialized services.

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.

Data tables

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

Province	Number of respondents	Response rate (%)
Newfoundland and Labrador	2,798	85.4
Prince Edward Island	1,882	83.0
Nova Scotia	3,035	83.2
New Brunswick	3,039	83.8
Quebec	4,558	74.6
Ontario	4,692	73.6
Manitoba	3,076	80.7
Saskatchewan	3,199	82.8
Alberta	3,458	79.3
British Columbia	3,802	74.5
Canada	33,539	79.0

Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample 2005

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	2.7 to 3.0
	% of population who accessed care	11.6	11.0 to 12.1	10.9	10.3 to 11.5
	% of individuals who experienced difficulties ²	20.9	18.8 to 22.9	18.7	16.5 to 21.0
Non-emergency surgeries	Number of individuals (millions) who accessed care	1.6	1.4 to 1.7	1.6	1.4 to 1.7
	% of population who accessed care	6.2	5.7 to 6.6	6.0	5.6 to 6.5
	% of individuals who experienced difficulties ²	12.9	10.6 to 15.2	12.5	10.4 to 14.6
Diagnostic tests	Number of individuals (millions) who accessed care	1.9	1.8 to 2.0	2.2 ³	2.1 to 2.3
	% of population who accessed care	7.5	7.0 to 8.1	8.5 ³	8.0 to 9.0
	% of individuals who experienced difficulties ²	15.9	13.3 to 18.4	13.4	11.5 to 15.4
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 significantly different from 2003 estimate (p<0.05).					
Note: Household population aged 15 and over.					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.					

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	67.8	61.9 to 73.7
	Difficulty getting an appointment	24.5	19.8 to 29.2	32.2	25.9 to 38.5
Non-emergency surgery	Waited too long for surgery	61.7	52.8 to 70.7	65.6	57.5 to 73.7
	Difficulty getting an appointment	23.6 ^E	15.3 to 31.9	22.9	15.6 to 30.1
Diagnostic tests	Waited too long to get appointment	55.0	46.4 to 63.7	58.8	51.1 to 66.5
	Waited too long for test	33.5	25.3 to 41.6	36.2	28.5 to 43.8
	Difficulty getting an appointment	21.8 ^E	13.5 to 30.1	17.8 ^E	11.3 to 24.4
1. Based on population reporting difficulties accessing these services in past 12 months.					
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 (Coefficient of variation between 16.6% and 33.3%).					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.					

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	3.3 to 5.3
Prince Edward Island	4.0 ^E	2.7 to 5.3	4.3	3.0 to 5.6
Nova Scotia	4.3	3.0 to 5.6	4.0	2.9 to 5.1
New Brunswick	4.3	4.0 to 4.6	4.3	3.3 to 5.3
Quebec	3.0 ^E	1.8 to 4.2	3.0	2.2 to 3.8
Ontario	4.3	3.9 to 4.6	4.3	4.0 to 4.6
Manitoba	4.3	3.7 to 4.9	6.0 ^E	3.9 to 8.1
Saskatchewan	3.0 ^E	1.6 to 4.4	4.3	3.7 to 4.9
Alberta	3.0 ^E	1.7 to 4.3	4.3	3.2 to 5.3
British Columbia	3.0 ^E	2.0 to 4.0	4.3	3.9 to 4.6
Canada	4.0	3.4 to 4.6	4.3	4.0 to 4.6
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 (Coefficient of variation between 16.6% and 33.3%).			
Data source:	Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.			

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	2.8 to 5.8
Prince Edward Island	4.3 ^E	2.7 to 5.9	4.3	3.3 to 5.3
Nova Scotia	4.3 ^E	1.7 to 6.9	4.3	3.1 to 5.4
New Brunswick	4.3	3.4 to 5.2	4.3	3.7 to 4.9
Quebec	8.6	6.3 to 10.8	4.3 ^{1, E}	2.6 to 6.0
Ontario	4.3	3.7 to 4.9	4.3	3.3 to 5.3
Manitoba	4.3	3.4 to 5.2	6.0 ^E	3.2 to 8.8
Saskatchewan	6.0 ^E	3.1 to 8.9	F	F
Alberta	4.0 ^E	2.5 to 5.5	4.3 ^E	2.2 to 6.3
British Columbia	4.3 ^E	2.8 to 5.7	5.0	3.4 to 6.6
Canada	4.3	3.9 to 4.7	4.3	3.9 to 4.7
1. Statistically significantly different from 2003 estimate (p<0.05).				
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 (Coefficient of variation between 16.6% and 33.3%).				
F too unreliable to be published (Coefficient of variation greater than 33.3%, suppressed because of extreme sampling variability).				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.				

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 ¹	3.2 to 5.4
Prince Edward Island	4.3 ^E	2.3 to 6.3	3.0 ^E	1.8 to 4.2
Nova Scotia	2.0 ^E	1.2 to 2.8	2.0 ^E	0.9 to 3.1
New Brunswick	2.0 ^E	0.7 to 3.3	3.0 ^E	1.5 to 4.5
Quebec	2.0 ^E	1.2 to 2.8	2.0 ^E	1.0 to 3.0
Ontario	3.0	2.1 to 3.9	3.0	2.2 to 3.8
Manitoba	3.0 ^E	1.4 to 4.6	3.0 ^E	1.4 to 4.6
Saskatchewan	F	F	4.3	3.1 to 5.5
Alberta	3.0 ^E	1.4 to 4.6	2.0	1.6 to 2.4
British Columbia	2.0	1.7 to 2.3	3.0 ¹	2.3 to 3.7
Canada	3.0	2.1 to 3.9	3.0	2.3 to 3.7
1. Statistically significant differently from 2003 estimate (p<0.05).				
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 (Coefficient of variation between 16.6% and 33.3%).				
F too unreliable to be published (Coefficient of variation greater than 33.3%, suppressed because of extreme sampling variability).				
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.				

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	46.0	43.1 to 48.9
	1 to 3 months	40.7	37.9 to 43.5	41.1	38.3 to 43.9
	Longer than 3 months	11.4	9.6 to 13.1	12.9	11.0 to 14.8
Non-emergency surgeries	Less than 1 month	40.5	36.9 to 44.2	40.3	36.8 to 43.7
	1 to 3 months	42.1	38.5 to 45.6	40.7	37.0 to 44.3
	Longer than 3 months	17.4	14.7 to 20.2	19.1	16.6 to 21.5
Diagnostic tests	Less than 1 month	57.5	53.9 to 61.1	56.4	53.2 to 59.6
	1 to 3 months	31.1	27.6 to 34.6	33.3	30.2 to 36.5
	Longer than 3 months	11.5	8.8 to 14.1	10.2	8.5 to 12.0

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.

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	41.8 ^E	27.0 to 56.7
	1 to 3 months	27.2 ^E	17.4 to 37.0	48.6 ^E	31.7 to 65.5
	Longer than 3 months	13.1 ^E	5.3 to 20.9	F	F
Joint replacement and cataract surgery	Less than 1 month	25.4	17.7 to 33.0	19.3	13.5 to 25.2
	1 to 3 months	48.8	39.9 to 57.6	48.7	40.9 to 56.5
	Longer than 3 months	25.8	18.7 to 33.0	32.0	25.2 to 38.8
Other non-emergency surgery	Less than 1 month	41.6	37.3 to 45.8	44.2	40.2 to 48.2
	1 to 3 months	42.4	38.2 to 46.6	38.2	34.0 to 42.3
	Longer than 3 months	16.1	13.0 to 19.1	17.7	14.8 to 20.5

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 (Coefficient of variation between 16.6% and 33.3%).

F too unreliable to be published (Coefficient of variation greater than 33.3%, suppressed because of extreme sampling variability).

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.

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	28.6	26.1 to 31.1
Non-emergency surgeries	16.9	14.2 to 19.7	15.8	13.5 to 18.1
Diagnostic tests	20.9	17.9 to 23.8	20.8	18.2 to 23.4
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).				
Notes: Household population aged 15 and over. 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.				

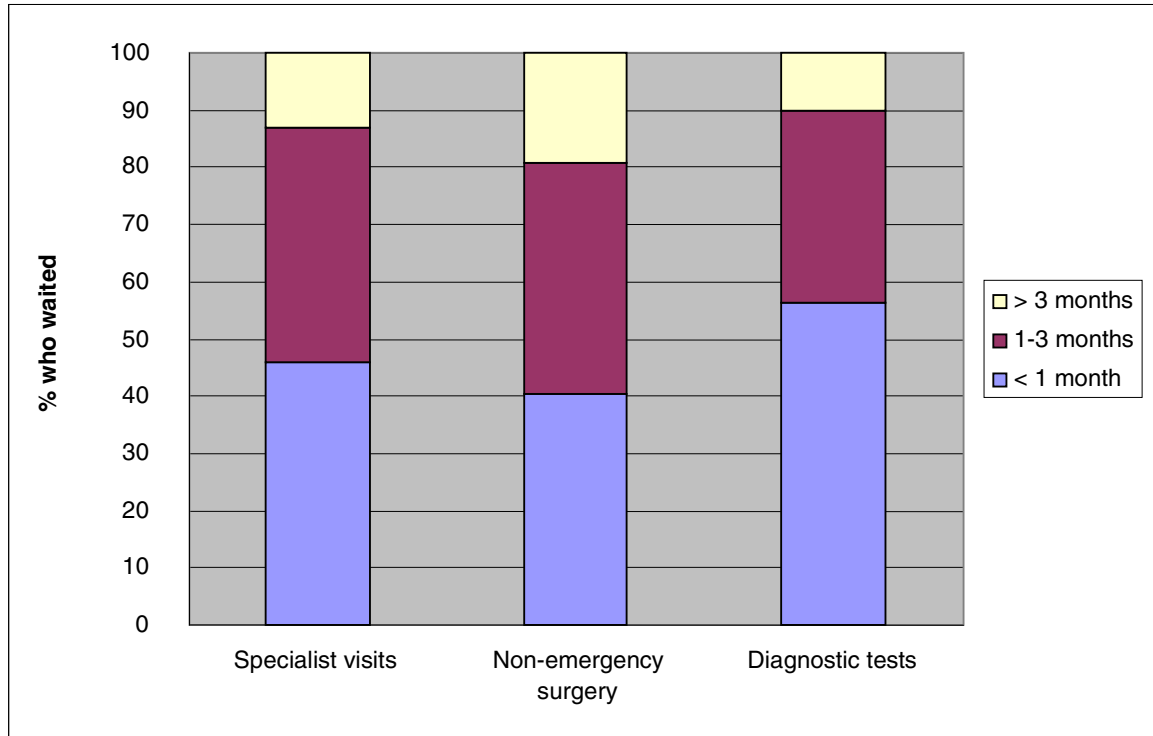
Table 10
Percentage of Canadians accessing care who were affected by waiting, by type of specialized service¹, Canada²

Type of specialized service accessed	2003		2005	
	Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	18.5	16.5 to 20.5	17.7	15.6 to 19.9
Non-emergency surgeries	9.8	7.8 to 11.8	11.0	8.9 to 13.1
Diagnostic tests	13.6	10.9 to 16.4	12.2	9.8 to 14.7
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.				
Notes: Household population aged 15 and over. 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.				

Type of specialized service		2003		2005	
		Estimate %	95% confidence interval	Estimate %	95% confidence interval
Specialist visits	Worry, anxiety, stress	71.9	65.9 to 78.0	67.8	60.9 to 74.7
	Pain	45.3	38.4 to 52.1	39.7	33.0 to 46.5
	Problem with activities of daily living	24.8	19.1 to 30.6	25.4	19.8 to 31.1
Non-emergency surgeries	Worry, anxiety, stress	59.8	49.1 to 70.6	49.2	38.9 to 59.5
	Pain	50.5	40.1 to 60.9	51.3	41.5 to 61.0
	Problem with activities of daily living	30.7	21.5 to 39.8	35.8	25.8 to 45.9
Diagnostic test	Worry, anxiety, stress	61.3	50.7 to 71.8	70.8	61.7 to 79.8
	Pain	54.8	44.4 to 65.1	37.7 ³	27.8 to 47.5
	Worry, anxiety, stress for family friends	18.2 ^E	12.1 to 24.3	28.3 ^E	18.7 to 37.9
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).					
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 (Coefficient of variation between 16.6% and 33.3%).					
Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.					

Charts

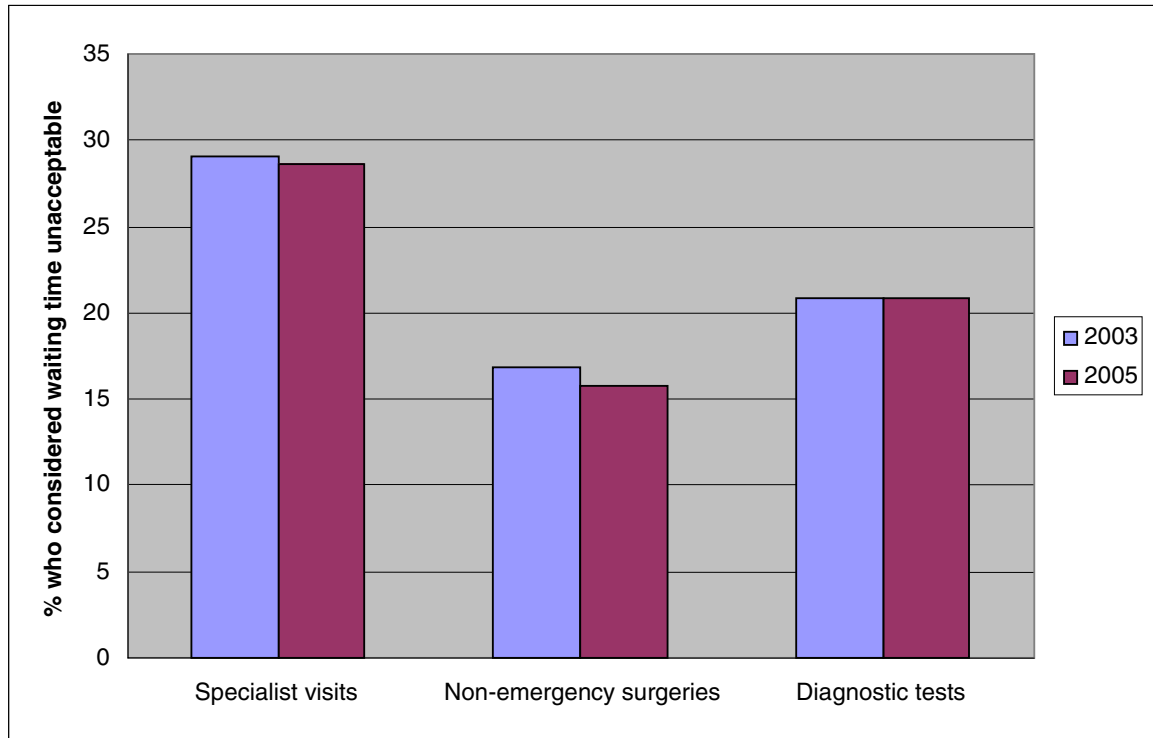
Chart 1
Distribution of waiting times by specialized service, Canada, 2005



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, 2005.

Chart 2
Unacceptable waiting times for specialized¹ services², Canada, 2003 and 2005



1. Based on population accessing these services in the 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).

Notes: Household population aged 15 and over.

Data source: Statistics Canada, Canadian Community Health Survey, Health Services Access Subsample, 2003 and 2005.

References

Ackerman I.N., S.E. Graves, I.P. Wicks et al. Severely compromised quality of life in women and those lower socio-economic status waiting for joint replacement surgery. *Arthritis Rheum* 2005; 53(5):653-658.

Alberta Health and Wellness. Alberta Waitlist Registry.
(www.health.gov.ab.ca/waitlist).

Brownlow H C., S. Benjamin, J.G. Andrew and P. Kay. Disability and mental health of patients waiting for total hip replacement. *Ann R Coll Surg Engl* 2001; 83(2):128-133

Federal/Provincial/Territorial First Ministers. A 10-year plan to strengthen health care. Ottawa: Health Canada; September 2004.

Hadjistavropoulos H., B. Snider and T. Hadjistavropoulos. Anxiety in older persons waiting for cataract surgery: Investigating the contributing factors. *Canadian Journal on Aging* 2001; 80(1):97-111.

Kelly K.D., D.C. Voaklander, D.W. Johnston, S.C. Newman, and M.E. Suarez-Almazor. Change in pain and function while waiting for major joint arthroplasty. *J Arthroplasty* 2001; 16(3):351-359.

Ministry of Health (British Columbia). Surgical Wait Times.
(www.healthservices.gov.bc.ca/waitlist).

Ministry of Health and Long-Term Care (Ontario). Ontario Wait Times Strategy. (www.health.gov.on.ca/transofmration/wait_time)

Nova Scotia Department of Health. Nova Scotia Wait Times.
(www.gov.ns.ca/health/waaitimes).

Sanmartin C., C. Houle, J M. Berthelot and K. White. Access to Health Care Services in Canada, 2001. Ottawa: Statistics Canada. Catalogue 82-575-XIF, 2002.

Sanmartin C., F. Gendron, J M. Berthelot and K. Murphy. Access to Health Care Services in Canada, 2003. Ottawa : Statistics Canada. Catalogue 82-575-XIE, 2004.