

PULSE ON ACCESS TO HEALTH SERVICES FOR PATIENTS

Respondents to the National Physician Survey 2004 (NPS) were asked to rate patient accessibility to various health services.

Overall, 41% of physicians surveyed believed that patient access to emergency room (ER) services was very good or excellent ([Chart 1](#)). Family practitioners (FPs) appear more optimistic about access to this service with 48% indicating very good or excellent compared to 34% of specialists. There were also varying opinions reported on the degree of accessibility across the age groups with 47% of physicians 44 and under indicating this rating while 40% of physicians 55 and over felt the same.

Fewer than one-half (45%) of all respondents indicated that access to routine diagnostic services is very good or excellent for their patients. Again, FPs were more likely to give this rating (50%) than their specialist colleagues (39%). Where advanced diagnostic services were concerned, however, just 13% rated it very good or excellent. Almost two thirds (64%) of FPs reported that access to advanced diagnostic services for patients was fair or poor compared to 43% of specialists.

Of the services on which only specialists were questioned, their main concern appeared to be patient access to family physicians with 43% indicating such access was fair or poor and 16% indicating very good or excellent.

FPs opinions varied when rating access for their patients to various specialists. Access to pediatricians/pediatric specialists was rated very good or excellent by 36% of FPs while access to orthopedic surgeons and psychiatrists was rated fair or poor by 48% and 66% respectively.

Urban and Rural*

Among physicians with rural practices, 61% believed ER services were very good or excellent compared to 41% of their urban counterparts ([Chart 2](#)).

While 37% of all NPS respondents indicated that access to hospital in-patient care on an urgent basis was very good or excellent and 22% indicated that such access was fair or poor, more than half (54%) rural physicians felt access to urgent in-patient care was very good or excellent while 14% rated it as fair or poor.

Rural physicians were split on access to hospital care for elective procedures with 27% of rural respondents indicating access to this service was very good or excellent while 33% rated it fair or poor. Just 14% of urban physicians gave this service a good or excellent rating.

While NPS respondents in total were relatively split overall (27% very good/excellent; 23% fair/poor) with respect to access to highly specialized services, rural physicians rated it fair or poor in a greater proportion (40%) than their urban colleagues (22%).

Rural and urban physicians' responses also differed with respect to community nursing services. Almost one-third (31%) of rural physicians indicated that access to community nursing services was very good or excellent while 24% indicated fair or poor. Eighteen percent (18%) of urban physicians chose a rating of very good or excellent for access to nursing services while 31% selected fair or poor.

Compared to 2000

A similar question on access was asked of respondents of the Canadian Medical Association's 2000 Physician Resource Questionnaire (PRQ2000). Twenty percent of respondents to the PRQ2000 rated access to palliative care as good or excellent compared to 29% of respondents to the NPS in 2004. Increases in the percentage of respondents indicating very good or excellent were also noted with respect to advanced diagnostic services (7% in 2000, 13% in 2004) and psychosocial support services (11% in 2000, 14% in 2004). There was a decrease in the percentage of respondents reporting a good or excellent rating for the availability of drugs and appliances (34% in 2000, 29% in 2004).

*"Rural" refers to respondents who indicated that the population primarily served by their practice was rural or geographically isolated/remote. "Urban" refers to those indicating inner city, urban/suburban or small town.