DECLINE IN PERCEPTIONS OF QUALITY OF CARE MAY BE ENDING

For the past five years, there has been a steady decline in indicators of the public’s perception of the quality of care they believe their provincial healthcare system provides (for example, Quarterly Index, Hospital Quarterly, Summer 2001, p. 76).

The interim results from Survey #23, March 2002, however, suggest a significant decrease in the proportion of users of healthcare who believe the quality of the service they received was only "fair."

Conversely, there has been a significant increase since 2000 in the proportion who believe their healthcare was either "good" or "excellent."

These results are significant because the question – "Overall, how would you rate the quality of healthcare you personally received in the past 12 months, excellent, good, fair, or poor" – has been understood to explore people’s perceptions of the "caring" rather than the "clinical" dimensions of the healthcare they received. Perhaps with some exceptions, clinical care is likely at least as good, if not better, now compared to five years ago. Because of the frequent and heavy media emphasis upon perceived problems with the healthcare system, especially reports of waiting for ER, elective surgery, cancer tests and treatments, and the like, it was reasonable to assume that perceptions of quality of care would continue to decrease in Survey #23. Subsequent surveys will tell us whether Survey #23 results reflect a switch in sentiment or only a pause in the decline in perceptions of quality.

Ease of Access

Despite the many media stories and anecdotal evidence of reduced access to care, users of the healthcare system are more likely today than at any time in at least the past three years to report that their access to health services was "very easy."

There has also been a decrease in the proportion of users reporting it was "somewhat" or "very difficult" to access health services.

Inability to Access Healthcare

In the same vein, the proportion of healthcare users reporting they were unable to access healthcare services when they needed them appears to be unchanged.

Portrait of Inaccessibility

An examination of lack of access provides a useful insight into the dynamics of the national healthcare process.

• A third of those reporting inability to access health services said it was a hospital service,
• About 60% said it was a service outside the hospital, and
• 6% said it was both hospital and non-hospital service.
The Hospital
Of those unable to access a hospital service:
• 52% said it was the ER,
• 46% said it was another hospital service,
• 2% said it was both.

Of those who said it was the ER, 55% reported they received the service.
Of those who reported they could not access other non-ER hospital services, the most frequently mentioned service was “special tests and diagnosis.”
Of this group who said they could not access the non-ER hospital services they needed:
• Two-thirds (65%) reported they eventually received the non-ER services they needed;
• Another 2% reported they received some services but not others.

Non-Hospital Services
Among those reporting they had difficulty accessing health services outside the hospital, the most commonly reported services were family physicians and medical specialists.

Of this group:
• 69% said they eventually received the needed service;
• 24% said they did without the service; and
• 4% said they received some non-hospital services but not others.

As noted above, these results are interim pending the completion of the survey, but are unlikely to change substantially.

The data presented are preliminary and based on interim results from The Berger Population Health Monitor’s Survey #23, with an interim national sample of 2,652 respondents 15 and older in the 10 provinces as well as the three territories. The survey commenced in January and was still underway at the time this Quarterly Index was written. For purposes of comparison, Survey #23 is different in several important respects from previous Monitor surveys reported on this page:
• The Monitor’s sample size has been increased from 2,500 to 4,000 persons 15 and older;
• The three territories are now included in The Monitor’s surveys along with the 10 provinces;
• The survey administration has been improved so that the response rate is now at ±50% compared to ±30% in previous surveys with a resulting improvement in the reliability of the data.

Given the nature of survey research, final data from the complete sample of 4,000 are not likely to vary substantially from the data presented from the sample of 2,652.

Topics in The Berger Population Health Monitor, which continues the Canada Health Monitor, are selected in consultation with subscribers and The Hay Healthcare Consulting Group. For more information contact, Earl Berger, Managing Director of The Monitor, 416-815-6405 or e-mail: Earl_Berger@haygroup.com