



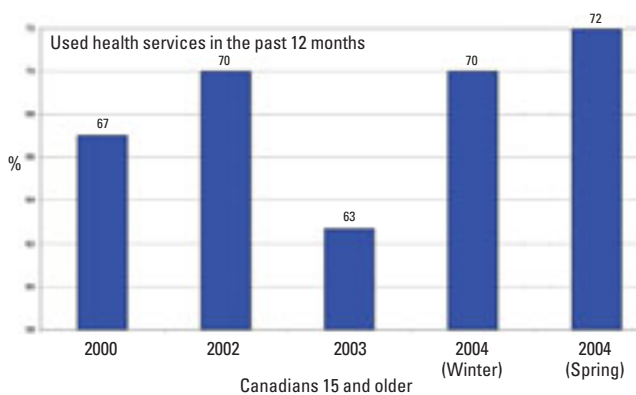
Quarterly Index

USE OF HEALTH SERVICES AND SARS

There was an unexpected decline in the use of health services during 2003. Between 2001 and 2002 the proportion of Canadians who reported they had used health services in the previous 12 months increased by several percentage points to 70%.

Then, in 2003, use of health services dropped precipitously to 63%

FIGURE 1



The most likely explanation is that one of the side effects of SARS was to encourage people to stay away from all health services. As the figure indicates, once SARS has passed, use of health services returned to their typical level. Ontario, which was hardest hit by SARS, shows a definite decline in the use of health services; the sample size, however, is not large enough to produce statistical significance.

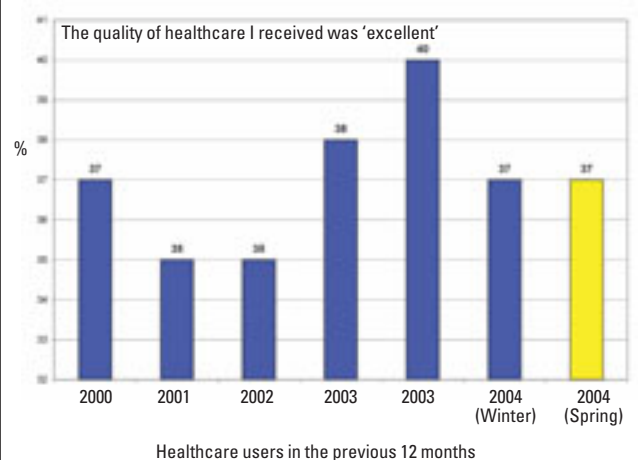
QUALITY OF HEALTHCARE SERVICES PERCEIVED TO REMAIN HIGH

Despite many claims in the media to the contrary, the great majority of Canadians who use health services regard them as "excellent." (See Figure 2).

Another puzzle is why, during 2003, when use of health services was down, and SARS was filling the headlines, there was a substantial jump in the proportion of healthcare users who thought the care they received was excellent. One suggestion has been that SARS kept the "worried well" out of the health care system, leaving more room and resources for those who were truly ill and needed care.

Consistently over the years, despite the many claims to the contrary, 75% to 80% of Canadian healthcare users believe that the quality of healthcare they received was excellent or good.

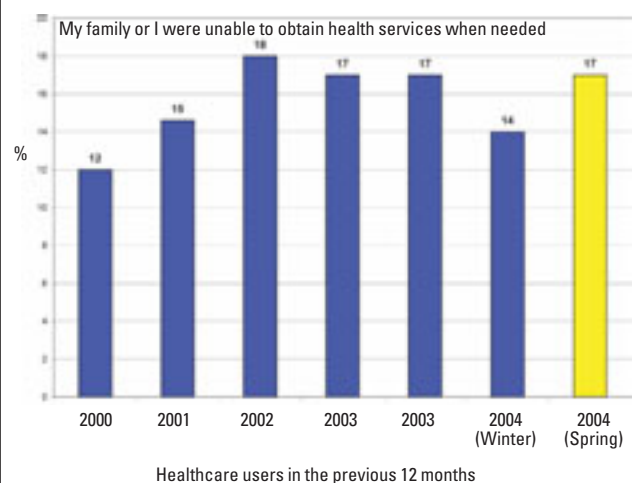
FIGURE 2



ACCESS TO HOSPITAL SERVICES SHIFTING

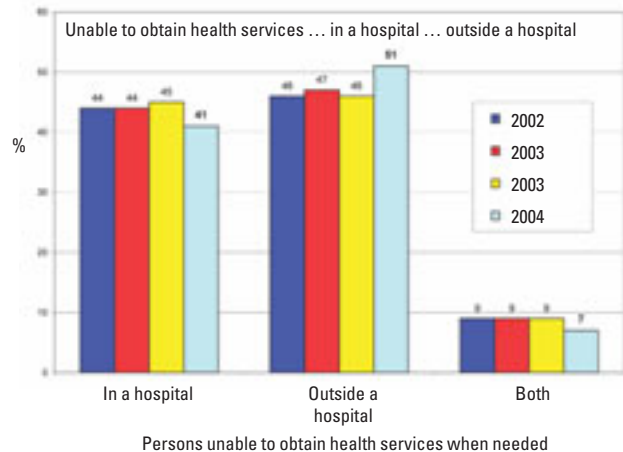
Some 17% of healthcare users reported they were unable to obtain healthcare services when needed – up from 12% in 2000.

FIGURE 3



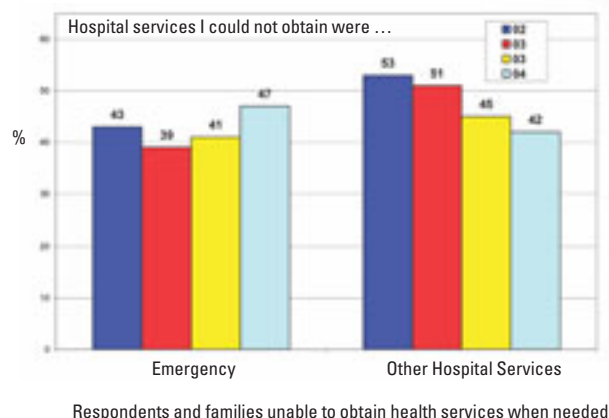
Of these people, over the past few years a decreasing proportion report that they could not obtain hospital services, and a growing proportion report they were unable to obtain non-hospital – i.e. community health services. (See Figure 4).

FIGURE 4



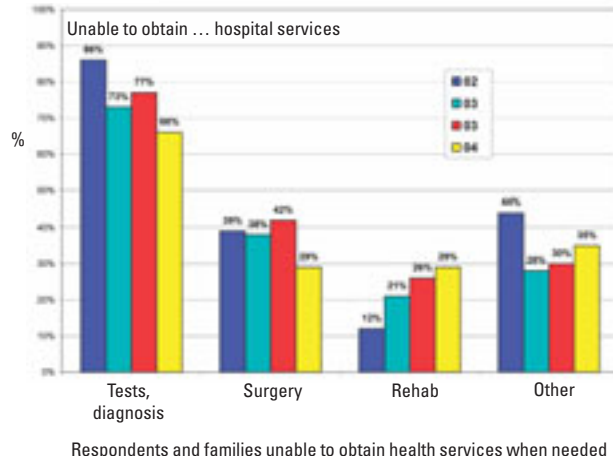
Within the hospital, a growing percentage reported that ER services were not available to them when needed. (See Figure 5).

FIGURE 5



Among the “other” (non-ER) services people were unable to obtain when needed, the most common were “tests and diagnoses” followed by surgery. Accessibility to these services appears to be improving, but access to rehabilitation services seems to be getting more difficult. (See Figure 6).

FIGURE 6



Topics in *The Berger Population Health Monitor* are selected in consultation with subscribers, the Hay Health Care Consulting Group and the Canadian Fitness and Lifestyle Research Institute (CFLRI) in Ottawa. *The Berger Population Health Monitor* monthly national surveys are conducted jointly with the *Physical Activity Monitor* of the CFLRI and administered by the Institute for Social Research, York University. This report includes results from Survey #27-2 which includes the monthly surveys conducted during April to June 2004 consisting of respondents 15 and older totaling 2,520 persons. For more information contact, Earl Berger, 416-815-6405 or e-mail: Earl_Berger@haygroup.com.



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