

**Difficulties Accessing Routine or Ongoing PHC  
(Indicator Set: Policy)**

<b>Descriptive Definition</b>	Percentage of population, age 15 and older, who experienced difficulties obtaining required routine or ongoing primary health care (PHC) services.	
<b>Method of Calculation</b>	<b>Numerator</b>	<p>Number of individuals in the denominator who reported experiencing difficulties obtaining required routine or ongoing PHC services for themselves or a family member in the past 12 months.</p> <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• Individual is in the denominator</li> <li>• Individual reported experiencing difficulties obtaining required routine or ongoing PHC services for himself/herself or a family member in the past 12 months</li> </ul> <p><b>Exclusions</b></p> <p>None</p>
	<b>Denominator</b>	<p>Number of respondents age 15 and older.</p> <p><b>Inclusions</b></p> <ul style="list-style-type: none"> <li>• Age of individual is 15 years and older</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>• Individual reported not requiring any routine or ongoing care for himself/herself or a family member<sup>2</sup> in the past 12 months</li> </ul>
<b>Data Source</b>	Canadian Community Health Survey <sup>1</sup>	
<b>Notes</b>	<p><b>Definitions of Terms</b></p> <ul style="list-style-type: none"> <li>• Routine or ongoing health services refer to health care provided by a family or general physician, including an annual check-up, blood tests or routine care for an ongoing illness (for example, prescription refills).<sup>2</sup></li> <li>• Difficulty obtaining routine or ongoing PHC services could include any of the following:<sup>1</sup> <ul style="list-style-type: none"> <li>– Difficulty contacting a physician</li> <li>– Difficulty getting an appointment</li> <li>– Not having a personal/family physician</li> <li>– Waiting too long to get an appointment</li> <li>– Waiting too long to see the doctor (that is, in-office waiting)</li> <li>– Service not being available at the time required</li> <li>– Service not being available in the area</li> <li>– Having transportation problems</li> </ul> </li> </ul>	



**Difficulties Accessing Routine or Ongoing PHC  
(Indicator Set: Policy) (cont'd)**

	<ul style="list-style-type: none"> <li>- Having language problems</li> <li>- Cost</li> <li>- Not knowing where to go (that is, information problems)</li> <li>- Being unable to leave the house because of a health problem</li> <li>- Other</li> </ul>
<b>Interpretation</b>	<ul style="list-style-type: none"> <li>• A low rate for this indicator is interpreted as a positive result.</li> </ul> <p><b>Further Analysis</b></p> <ul style="list-style-type: none"> <li>• This indicator can be restricted to measure specific difficulties that individuals experienced when accessing routine or ongoing PHC services as specified in the response categories within the Canadian Community Health Survey (for example, difficulty contacting a physician, difficulty getting an appointment or waiting too long to get an appointment).</li> <li>• This indicator can be calculated separately for urban and rural areas to identify differences between the two.</li> </ul>
<b>Indicator Rationale</b>	<p>For most Canadians, the first point of contact for medical care is their PHC provider. Research illustrates that increased accessibility to a PHC provider is a hallmark of better health and lower total health care system costs.<sup>3</sup> Continuity of care in PHC has been associated with positive health outcomes, including increased preventive care, decreased hospitalization and fewer emergency department visits.<sup>3</sup> Patients with a regular PHC provider also benefit from increased access to diagnostic tests and referrals to medical specialists, better adherence to treatment and increased patient satisfaction.<sup>2</sup></p> <p>In a survey of experiences with the PHC system, most Canadian adults (86%) and seniors (93%) reported having a regular PHC provider.<sup>4</sup> Of those reporting that they needed routine care or immediate care for a minor health problem, approximately one-quarter reported having difficulty accessing care.<sup>4</sup> The primary reasons given were having had to wait too long for an appointment and difficulty getting an appointment.</p> <p>Several factors affect difficulty accessing routine PHC, including geographic location (urban residence versus rural residence), number of PHC providers in the community, inability of providers to take new patients, language barriers, and availability and cost of transportation. This measure is an important indicator of how easy it is for the population to interact with the health care system. As being able to access routine PHC services when needed is important in maintaining health, preventing health emergencies and preventing the inappropriate use of services (for example, the use of hospital emergency departments for non-emergent care), monitoring this measure is vital to providing comprehensive, quality PHC for all Canadians.<sup>5, 6</sup></p>

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**References**

1. Statistics Canada. Canadian Community Health Survey. [www.statcan.gc.ca/imdb-bmdi/3226-eng.htm](http://www.statcan.gc.ca/imdb-bmdi/3226-eng.htm). Accessed August 1, 2012.
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3. Glazier RH. Balancing equity issues in health systems: perspectives of primary healthcare. [Review] [29 refs]. *Healthcarepapers*. 2007;8:Spec-45.
4. Health Council of Canada. *Canadian Survey of Experiences With Primary Health Care in 2007: A Data Supplement to: Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*. Toronto, Ontario: Health Council; 2008.
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6. van Uden CJ, Crebolder HF. Does setting up out of hours primary care cooperatives outside a hospital reduce demand for emergency care? *Emergency Medicine Journal*. November, 2004;21(6):722-723.

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