



The Evolving Role of Canada's Fee-for-Service Family Physicians

1994 to 2003

Provincial Profiles



Canadian Institute
for Health Information

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The Evolving Role of Canada's Fee-for-Service Family Physicians, 1994 to 2003

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Foreword

The Canadian Institute for Health Information (CIHI) is one of Canada's leading sources of quality, reliable and timely health information. More and more,

Canadians are turning to CIHI for information they can trust. CIHI is a not-for-profit, pan-Canadian organization governed by a strong and active 16-member board of directors whose membership strikes a balance among the health sectors and regions of Canada.

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Report Overview

This report updates CIHI's 2004 publication, *The Evolving Role of Canada's Family Physicians, 1992–2001*. The 2004 report gave a broad overview of change factors that have helped to shape family medicine in Canada.

The initial study also offered a first glance at how family doctors themselves have adapted their practice styles over time. The focus was on fee-for-service family physician involvement in a number of clinical practice areas, including office and hospital practice, mental health care and obstetrical care, basic and advanced procedural skills services, as well as surgical care, surgical assistance and anesthesia services. National results described the percentages of family doctors who offered each type of clinical service and the average number of services they provided.

This new study updates and builds on the earlier report. It describes fee-for-service family physicians' involvement in the previously defined clinical practice areas, but for the period from 1994 to 2003. As with the initial study, it looks at the percentages of male–female, younger–older and urban–rural family physicians who provide each type of clinical service. It reports the average number of services provided by family doctors who continue to offer care in each of the clinical practice areas studied. Finally, while the 2004 report combined results for all family physicians in Canada, this update report describes practice patterns within each of the 10 provinces.*

This study helps to describe health care areas where family doctors play an active role throughout Canada, as well as those areas where family doctors are less commonly involved. While a thorough examination of the many ways that family doctors contribute to the health of Canadians is beyond the scope of this study, it does offer a summary of how commonly family doctors provide a range of services and how family practice varies across Canada.

Study results fall into three main categories: breadth of service provision, intensity of service provision and jurisdictional variation.

* Reporting limitations, including small physician numbers for the Yukon Territory and lack of information for Nunavut and the Northwest Territories, are described in Section 2.2, Limitations of the Data.

Family doctors provide care in a wide variety of clinical areas, although some more commonly than others

Results of this study help to describe the broad range of clinical areas that fee-for-service family doctors participate in. Most family doctors provide office-based assessments, basic procedural skills services (allergy tests, suturing wounds, etc.) and mental health care services. In the context of this study, these clinical practice areas help to define a core set of health care services provided by Canada's family doctors.

Also in all jurisdictions, relatively large percentages of family physicians provide hospital inpatient care and services that require advanced procedural skills. To varying degrees, family doctors meet health care needs in other areas, such as surgical services, surgical assistance, anesthesia services and obstetrical care.

Results of this study also show that family practice is not static; it manifests itself differently across place and time and within family physician demographic groups. The percentages of family doctors who provide a variety of health care services are variable across provinces, urban-rural settings and physician age-sex groups.

Other clinical practice areas also present different pictures depending on the physician subgroup being compared. Higher percentages of female family physicians tend to provide mental health care and obstetrical services and, as a result, regional variability in this clinical area is less pronounced when comparing participation rates among female family doctors. Conversely, female family doctors are less likely to provide surgical and anesthesia services. Again, as a result, variability in surgical service participation rates is less pronounced when comparing female family physicians.

In a number of clinical areas, as the percentage of family doctors who provide care decreases, the average number of services per family physician increases

In this study, the most commonly observed practice trend is that of decreased family physician participation, combined with an increase in the average number of services provided by those family doctors who continue to provide care. There are examples of this trend for all clinical practice areas, with the exception of office practice and basic procedural skills services.

Family practice changes have been more marked in some jurisdictions than in others

While results of this study show *how* fee-for-service family physician practice patterns vary, they do not, by themselves, answer questions about *why* they vary. For example, study results show that male family physicians are more likely than females to provide anesthesia services. While this study quantifies these variations, it does not postulate the underlying factors that contribute to the clinical practice choices of female and male family doctors.

Similar lines of inquiry may be drawn for other clinical areas covered by this report. How do birth rates and medical insurance premiums affect family physician participation rates in obstetrical care? How do medical regulations affect family physicians' ability to provide anesthesia services? If psychiatric specialists have become more involved in pharmacological treatments for mental health conditions, have family doctors become more involved in psychotherapy and counselling services? If medical care has become more complex over time, do family medicine graduates feel equally prepared to provide surgical services now as they did in the past?

These may be important questions and well worth further investigation. However, the current report concerns itself with the first step. That is, quantifying the evolving role of fee-for-service family physicians in Canada—providing basic descriptive statistics on how the face of family medicine varies across Canada. This is, in and of itself, a formidable first step and one that is taken by this report.

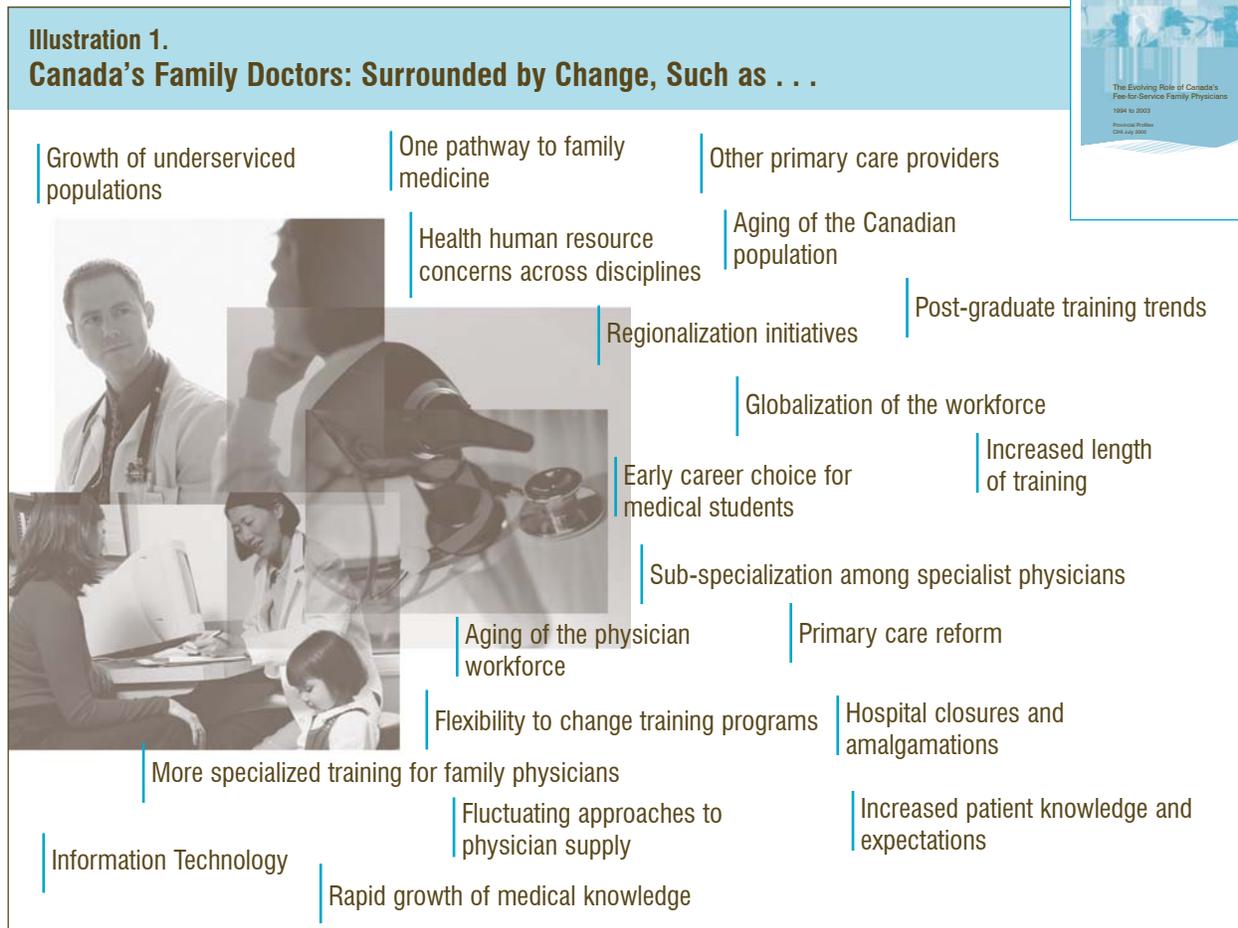
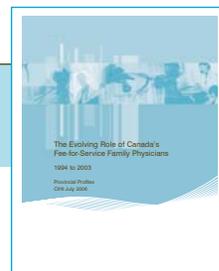


1. Introduction

In November 2004, CIHI published *The Evolving Role of Canada's Family Physicians, 1992–2001*. The 2004 report drew attention to the many areas where

family medicine has undergone change in recent decades. Family doctors have witnessed changes to family medicine training pathways, the demographic composition of the general population and the physician workforce, patient knowledge and expectations regarding health care, primary care reform, the health care team and more (see Illustration I).

Illustration 1.
Canada's Family Doctors: Surrounded by Change, Such as . . .



The 2004 report also looked at how family doctors themselves have changed—the extent to which they continue to practise in a variety of clinical areas and how intensively they do so. In particular, the 2004 study looked at several areas where family doctors have traditionally played a role in meeting health care needs. The areas studied included office assessments and hospital inpatient visits, mental health care, basic procedures (such as suturing and joint injection/aspiration), advanced procedures (like setting broken bones and intensive care/resuscitation), surgical services (such as appendectomies and tonsillectomies), anesthesia services, obstetrical care and assisting in the operating room. While these areas do not cover the full depth and spectrum of care provided by family doctors, they do represent a broad coverage of the health care services they provide.

The current report provides an update to data that were presented in the November 2004 publication. As with the earlier report, this study looks at family physicians' involvement in a variety of clinical areas—the percentages of family doctors that provide service and the average number of services they provide. The updated information covers the 10-year period from 1994 to 2003. CIHI's 2004 report offered results at the national level, for all of Canada's family doctors combined. The current report goes one step further, presenting results for each Canada's 10 provinces.[†]

[†] While this new report updates previously published data trends, it does not describe the broader context of family medicine in Canada. Readers are encouraged to look at the November 2004 *Evolving Role of Canada's Family Physicians* report for this insight.



2. Methodology

2.1 Where the Data Come From

The primary database for this study was CIHI's National Physician Database (NPDB). The NPDB contains physicians' fee-for-service (FFS) claims data provided to CIHI by provincial/territorial medical service plan administrative systems.

NPDB files are submitted to CIHI on a quarterly basis. The files contain, for each physician within each jurisdiction, the total number of clinical services provided and payments made for each fee service code billed. In this report, annual results are based on aggregate data provided over four quarters, starting on April 1 of each year and ending on March 31 of the following year. In order to ease the presentation of results, fiscal years are reported as 1994, 1995, 1996, etc. For example, results for the fiscal period April 1, 1994, to March 31, 1995, are labeled as "1994."

All fee service codes within the NPDB are mapped to a National Grouping System (NGS) category. NGS categories describe health care services within specific clinical service areas. A detailed list of the 120 NGS categories, to which fee service codes are mapped, is given in CIHI's annual National Grouping System Categories Report. NGS categories are further classified under 14 broad clinical service areas, including, but not limited to, consultations and assessments, hospital care days, psychotherapy, major and minor surgery, surgical assistance, anesthesia, as well as obstetrical and other diagnostic/therapeutic services. A detailed description of how NGS categories/strata were used to define clinical service areas in this report is given in Appendix B.

In addition to FFS payment and service data, the NPDB contains physician characteristics information. This study used NPDB data fields describing physicians' medical specialty, date of birth, sex and geographic location.

A second data source used in this study is the 2001 National Family Physician Workforce Survey (NFPWS). The NFPWS, also known as the "Janus Survey," was carried out by the College of Family Physicians of Canada. The 2001 NFPWS database contains a wide range of information, including family physicians' self-reported areas of clinical service provision. NFPWS clinical practice data were used in this study to validate NPDB data and to select provinces for inclusion/exclusion in the analysis of each clinical service area. Comparable data elements within the NPDB and NFPWS are listed in Appendix C, along with provincial exclusion results applied in analyzing each clinical service area.

2.2 Limitations of the Data

The NPDB collects information only on physician activities compensated through FFS payment programs. In recent years, there has been a growth of alternative payment models for physicians, including capitation, salary, hourly wages and combinations of these models.¹ Existing data sources describe alternative payment and FFS payment trends for all physicians, including family doctors and non-family medicine physicians. In 2003, an estimated 19.5% of total clinical payments for all physicians were made through alternative (non fee-for-service) modes. This is up from 13.0% in 2001. Furthermore, in 2004 only a small majority (52.3%) of family physicians reported that 90% or more of their income came from FFS activity.²

Medical service fee schedules, used by physicians, are created in each province/territory through ongoing negotiations between medical associations and provincial/territorial governments. They are, therefore, dynamic lists that differ across the country and over time. While NGS methodologies improve data comparability, payment incentives, the creation of new fee codes, fee code bundling/unbundling and cross-jurisdiction fee schedule variations may influence family physician practice patterns over time and/or across jurisdictions.

Also with respect to NPDB data, while FFS codes may specify a particular act, they do not necessarily specify the service delivery location. For example, simple suturing—whether done in the office, nursing home, emergency room or as part of a home visit—is typically billed under the same fee code. With the exception of office assessment and hospital inpatient services, it is difficult to identify the precise location of service provision.

Cross-jurisdiction variations in licensing regulations regarding foreign-certified or non-certified specialists could influence data trends presented in this report. For example, starting in 2001–2002, NPDB data submitted by Saskatchewan Health coded foreign-certified specialist physicians as medical or surgical specialists. Such physicians were previously coded as family physicians or general practitioners. As a result, Saskatchewan's foreign-certified specialists were included in this study for years prior to 2001–2002, but excluded from 2001–2002 on.

In 2000–2001, Saskatchewan changed its policy allowing physicians granted a locum licence by the College of Physicians and Surgeons of Saskatchewan for more than eleven months to obtain their own billing number. The policy amendment also applied to locums for shorter periods of time where the College indicated the physicians' intent to establish a practice for a period of more than eleven months. This policy was further revised in April 2001, extending to all locums with the intent to practise for a period of more than three months. In previous years, these locum physicians billed through a sponsoring physician who had a billing number.

The current report contains only results for family physicians in Canada's 10 provinces. At present, Nunavut and the Northwest Territories do not submit data to the NPDB. Yukon has submitted NPDB data for the period from 1995 to 2003. The number of family physicians in Yukon's NPDB data ranged from 53 in 1995 to 75 in 2003. Although Yukon data are not included in the current report, aggregate-level results may be included in future report updates.

The current report does not contain billing data obtained under reciprocal billing arrangements. These are the agreements in which all provinces except Quebec agree on how to bill for services provided to out-of-province residents. For the non-Quebec physicians included in this study, reciprocal billing amounted to 0.9% of their money billed.

The 2001 NFPWS was carried out as a self-report, mail survey. A variety of potential limitations apply to survey data, including incomplete response, response bias and subjective interpretation of survey questions. The 2001 NFPWS was conducted as a census survey of family physicians, and the response rate was 51.2%. The resulting database reflects the self-reported activities of half of Canada's family doctors. Full methodological details of the 2001 NFPWS, including provincial/territorial response rates and weighting techniques to adjust for non-response, are available on the College of Family Physicians of Canada website (www.cfpc.ca).

2.3 Who Is Being Studied?

The focus of this report is physicians identified in NPDB as either general practitioners or family doctors. These two groups are analyzed together and referred to as family physicians or family doctors. The initials "FP/GP" may be used as a short form for family physicians/general practitioners.

Physician specialty data within the NPDB is based on data submissions from provincial/territorial administrative payment systems. As noted above, the family/general practitioner category may include non-certified specialists. The term "non-certified specialist" refers to non-family medicine physicians who do not (yet) possess specialty certification credentials awarded by the Royal College of Physicians and Surgeons of Canada or the Collège des médecins du Québec, but who are considered as specialist physicians within their jurisdictions. The proportion of non-certified specialists for 2003 represents 1.7% of Canadian physicians, whereas family physicians represent 50.4%. See Appendix D.

Also as noted above, the NPDB contains only fee-for-service payment data. Thus, physicians were included in the study if they received any fee-for-service payments in a given year, regardless of whether FFS payments or alternative payments were their primary source of income. Furthermore, this study does not compare the practices of FFS and non-FFS physicians. Therefore, the extent to which the results can be generalized to family doctors who practise exclusively as non-FFS physicians is unknown.

In addition, some provinces practise shadow billing as part of their alternative payment regimes. That is, bills with dollar amounts of zero are submitted for services provided under alternative payment plans, as if they were fee-for-service bills, in order to maintain records of which services are being provided. The National Physician Database, being designed exclusively to contain fee-for-service data, does not contain shadow billing information, and thus this type of information is not covered by this report.

2.4 Organization of the Data

This study reports fee-for-service family physician practice patterns between fiscal years 1994 and 2003 in each of the following nine broad clinical service areas:

- 1 office practice, based on office assessment claims
- 2 hospital inpatient care, based on in-hospital visit and assessment claims
- 3 mental health care, based on psychotherapy and counselling claims
- 4 services that require basic procedural skills (BPS) (such as suturing, joint injection/aspiration and IUD insertion)
- 5 services that require advanced procedural skills (APS) (such as setting fractures, performing vasectomies and providing intensive care/resuscitation)
- 6 surgical services (such as appendectomies, hysterectomies and tonsillectomies)
- 7 anesthesia services
- 8 obstetrical services
- 9 surgical assisting

As noted above, the NGS categories and strata used to define these clinical service areas are described in detail in Appendix B. NPDB categories and strata that were unlikely to reflect activities carried out by family physicians at any time during the study period (such as coronary artery bypass) were not used.

Practice patterns are described in relation to physician groups based on age, sex and geographic location. General trends for all family physicians, as well as notable trends for specific subgroups, are presented in the main body of this report.

2.5 Statistical Measures and Definitions

Two main summary measures are used to describe fee-for-service family physician practice patterns in each of the nine clinical practice areas:

- I) **Participation rate.** This measure reports the percentage of family physicians who bill for services within the clinical practice area in a given year. Participation rates are calculated as the number of family physicians who bill for the service divided by the total number of family physicians within the group being described, times 100.
- II) **The average number of services per family physician.** This measure indicates how intensely family physicians provide various types of health care services. It is calculated as the total number of services within a clinical practice area divided by the number of family physicians who billed for those services. Note that the calculation includes only those physicians who actually provide the type of service being reported.

Both of these summary measures are used to describe practice patterns for fee-for-service family physicians in Canada or for subgroups based on age, sex and/or geographic location.

2.6 Defining Geographic Location

Geographic location descriptors used in this study are based on Statistics Canada definitions of census metropolitan areas (CMAs), census agglomerations (CAs) and communities not classified as CAs or CMAs.³ CAs and CMAs are defined by Statistics Canada as “one or more adjacent municipalities centred on a large urban area (known as the “urban core”).⁴ CMAs have populations greater than 100,000, and CAs have populations between 10,000 and 100,000. Non-CMA/CA communities have populations of less than 10,000. In this study, CMAs are referred to as urban communities, CAs are called mid-sized communities and non-CMA/CA communities are referred to as rural communities.

The challenges of defining urban and rural communities are well documented.^{5,6} The CA category spans a large variety of communities—the difference between a town of 10,000 and 100,000 is significant. This approach also does not take into account the distance of a rural community from a mid-sized or urban community. It does not consider other geographic factors, such as average yearly snowfall, that might affect a community’s “rurality.” Furthermore, as communities change population size over time they may change designation. Notwithstanding its limitations, the typology of CMA, CA and non-CMA/CA has been used in past health human resources reports.^{7,8}



3. Results

Results focus on the areas within which Canada's fee-for-service family physicians work. In all of Canada's provinces, more than 60% of family physicians provide

office-based assessments, mental health care services and services that require basic procedural skills (such as wound suturing and allergy tests). In all jurisdictions, more than 40% of family physicians provide hospital inpatient care and services that require advanced procedural skills (such as setting broken bones and providing intensive care/resuscitation services). The health care services encompassed by these clinical practice areas describe a range of services that are commonly provided by Canada's family doctors.

Family physician participation rates decreased in a number of clinical practice areas during the study period, 1994 to 2003. Areas with generally decreased family physician participation include hospital inpatient care, advanced procedural skills services, surgical services, surgical assistance and obstetrical care. While a pattern of decreased family physician participation was recorded in most jurisdictions, there were exceptions.

In clinical areas where family physicians have shown decreased participation, a corresponding increase is recorded in the average number of services provided by family doctors who continue to provide care. Practice areas where this phenomenon occurs most are surgical services, which shows the pattern for Prince Edward Island, Quebec, Ontario, Manitoba and Alberta, surgical assistance, which shows it for Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan and British Columbia, and obstetrical services, which shows it for Prince Edward Island, Nova Scotia, Quebec, Alberta and British Columbia.

The data used in this study do not confirm what underlies this pattern of decreasing participation combined with increased service provision among those family physicians who continue to provide care. It is possible that as some family physicians cease to provide service in a particular clinical practice area, those who remain involved increase their level of service provision, possibly in response to unmet patient needs. Alternatively, it is also possible that family physicians cease to provide services in clinical practice areas where they were making relatively minor contributions. In this scenario, the family physicians who continue to provide service are those who have always had high service volumes within the clinical practice areas. Either one of these scenarios, or a combination of both, could explain the pattern of decreased family physician participation combined with a measured increase in the average number of services provided by those who continue to provide care. Further investigation is required to better understand this phenomenon.

In contrast to areas of decreased participation, family physicians in most jurisdictions have shown either stable or increasing participation in office practice and mental health care.

A more detailed look at the results by province follows.

Section 3.1: Fee-for-Service Family Physicians— Demographics by Province

This section provides a snapshot of the demographic composition of Canada's fee-for-service family physician workforce in 2003. It provides the reader with summary information on the age, sex and urban-rural distributions of family physicians in each of Canada's ten provinces.

Section 3.2: Ten-Year Overview by Province, 1994 to 2003

This section presents 10-year trends for each province separately. Aggregate-level results are given for each clinical practice area, without further breakdown by physician age, sex and geographic location categories. Standard report tables are presented at the beginning of each provincial section. The text and figures that follow these standard report tables briefly highlight trends within the jurisdiction.

Appendix A: Overview of Clinical Practice Areas, 2003

Additional information on physician participation rates is given in Appendix A. This appendix is organized according to the nine clinical practice areas included in this study. Within each clinical practice area, year 2003 results are presented for each of Canada's 10 provinces. Results are presented for physician age and sex groups as well as for urban, mid-size and rural communities, in both tables and graphs.

3.1: Fee-for-Service Family Physicians— Demographics by Province

For the 10 provinces combined, 35.0% of family physicians were female and 65.0% were male. However, the distribution varied across jurisdictions. In 2003, 72.4% of Saskatchewan's family physicians were male and 27.6% were female. By comparison, 57.9% of Quebec's family physicians were male and 42.1% were female. The provinces of Nova Scotia, New Brunswick and Quebec all had proportionately more female family physicians than the national rate in 2003.

The proportions of family physicians practising in urban and rural communities also varied across jurisdictions in 2003. For the 10 provinces combined, 67.3% of fee-for-service family physicians were practising in urban centres in 2003. In Quebec, Ontario, Manitoba, Alberta and British Columbia the percentage of family physicians practising in urban centres was greater than 60% in 2003. By contrast, 50% or less of family physicians in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick and Saskatchewan were practising in urban centres (that is, communities with populations greater than 100,000). The percentages of family physicians working in rural Canada were lowest in Ontario (10.4%) and British Columbia

(12.8%). While 15.8% of all family physicians worked in rural Canada in 2003, the percentages were markedly higher in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick and Saskatchewan—all higher than 30%.[‡]

In 2003, 60.9% of Canada's fee-for-service family physicians were between the ages of 35 and 54. The percentages of family physicians between the ages of 35 and 54 ranged from 53.1% in Saskatchewan to 65.1% in Quebec. For the 10 provinces combined, 12.9% of family physicians were under age 35 in 2003, but the percentage was lower in Newfoundland and Labrador (12.1%), Nova Scotia (11.7%), Ontario (11.2%) and British Columbia (11.0%). One-quarter (23.9%) of Canada's fee-for-service family physicians were aged 55 or more in 2003.

This percentage ranged from 19.4% in Quebec to 27.7% in Saskatchewan.

Table 3.1.1
Number of Fee-for-Service Family Physicians, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	112	28	358	238	2,944	3,507	281	242	1,027	1,468	10,205
Male	242	73	569	405	4,047	7,230	655	636	1,962	3,174	18,993
Location											
Urban	177	0	414	123	4,876	8,162	607	418	2,002	2,858	19,637
Mid-Size	56	65	208	299	1,014	1,456	85	185	359	1,159	4,886
Rural	121	33	288	220	1,094	1,119	244	275	628	596	4,618
Unknown	0	3	17	1	7	0	0	0	0	29	57
Age Group											
<35	43	17	108	121	1,013	1,206	145	137	466	510	3,766
35–44	107	27	314	195	2,189	3,030	276	264	895	1,460	8,757
45–54	109	29	284	187	2,364	3,137	292	202	961	1,465	9,030
55–64	77	16	160	101	1,099	2,126	131	173	448	878	5,209
65+	11	8	61	27	256	807	76	70	213	261	1,790
Unknown	7	4	0	12	70	431	16	32	6	68	646
Total	354	101	927	643	6,991	10,737	936	878	2,989	4,642	29,198

Source: National Physician Database, CIHI.

‡ CIHI compared the urban–rural distribution of the general population to that of the physician workforce in its January 2006 report, *Geographic Distribution of Physicians in Canada: Beyond How Many and Where*. The report noted that in 2004 just less than 16% of family physicians and 2.4% of specialist physicians worked in rural Canada, where 21.1% of the population lived.

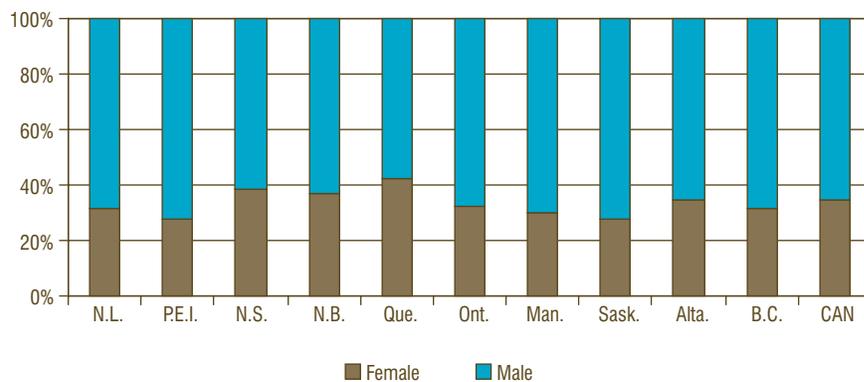
Table 3.1.2
Percent Distribution of Fee-for-Service Family Physicians, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	31.6	27.7	38.6	37.0	42.1	32.7	30.0	27.6	34.4	31.6	35.0
Male	68.4	72.3	61.4	63.0	57.9	67.3	70.0	72.4	65.6	68.4	65.0
Location											
Urban	50.0	0.0	44.7	19.1	69.7	76.0	64.9	47.6	67.0	61.6	67.3
Mid-Size	15.8	64.4	22.4	46.5	14.5	13.6	9.1	21.1	12.0	25.0	16.7
Rural	34.2	32.7	31.1	34.2	15.6	10.4	26.1	31.3	21.0	12.8	15.8
Unknown	0.0	3.0	1.8	0.2	0.1	0.0	0.0	0.0	0.0	0.6	0.2
Age Group											
<35	12.1	16.8	11.7	18.8	14.5	11.2	15.5	15.6	15.6	11.0	12.9
35-44	30.2	26.7	33.9	30.3	31.3	28.2	29.5	30.1	29.9	31.5	30.0
45-54	30.8	28.7	30.6	29.1	33.8	29.2	31.2	23.0	32.2	31.6	30.9
55-64	21.8	15.8	17.3	15.7	15.7	19.8	14.0	19.7	15.0	18.9	17.8
65+	3.1	7.9	6.6	4.2	3.7	7.5	8.1	8.0	7.1	5.6	6.1
Unknown	2.0	4.0	0.0	1.9	1.0	4.0	1.7	3.6	0.2	1.5	2.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Physician Database, CIHI.

Distribution of Fee-for-Service Family Physicians, by Sex and Province, 2003

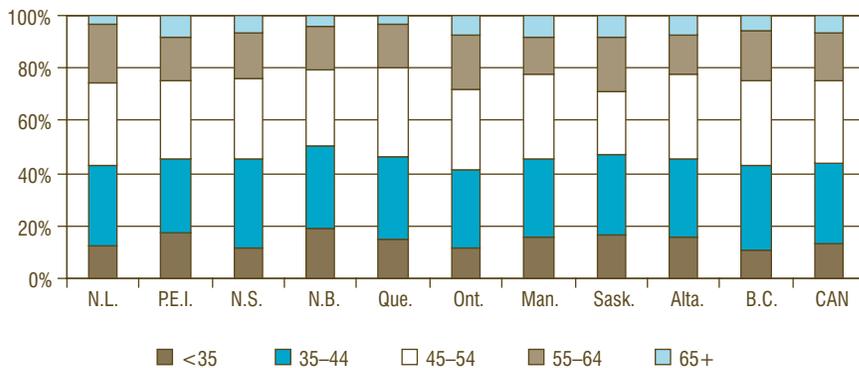
3.1.1



Source: National Physician Database, CIHI.

Distribution of Fee-for-Service Family Physicians, by Age Groups and Province, 2003

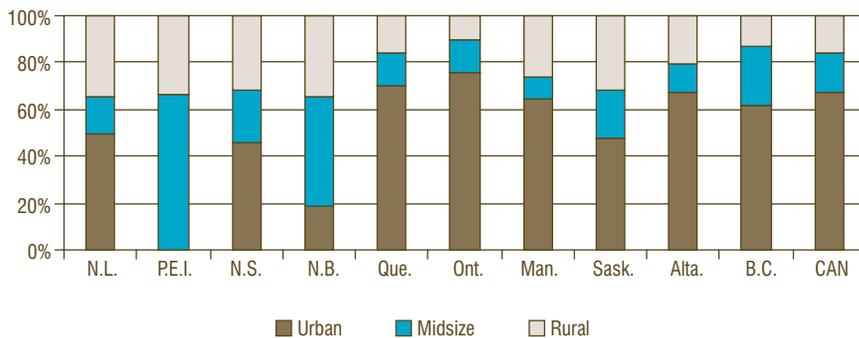
3.1.2



Source: National Physician Database, CIHI.

Distribution of Fee-for-Service Family Physicians, by Urban/Mid-Size/Rural Settings and Province, 2003

3.1.3



Source: National Physician Database, CIHI.

3.2: Ten-Year Overview by Province, 1994 to 2003

In this section, for all provinces, the results are presented as participation rates—that is, the percent of fee-for-service family physicians who provide services in the given clinical practice area. It is frequently useful to know how many fee-for-service family physicians are in the data, to know how susceptible the percent participation rates can be to small changes in the overall data. Therefore the number of fee-for-service family physicians under examination will be given for three years, 1994, 1998 and 2003, at the beginning of each province's section.

3.2.1 Newfoundland and Labrador

For Newfoundland and Labrador, there were 421 fee-for-service family physicians for this study in 1994, 399 in 1998 and 354 in 2003. Therefore, 1% participation represents 4.0 doctors in 1994 and 3.5 doctors in 2003.

Table 3.2.1.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Newfoundland and Labrador, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	88.8%	89.2%	88.8%	87.2%	90.2%	86.6%	92.5%	94.7%	92.1%	92.9%
Hospital Inpatient Care	51.5%	49.9%	48.4%	49.1%	48.1%	52.2%	52.2%	50.4%	44.1%	42.1%
Mental Health Care	71.0%	71.9%	66.2%	62.8%	65.2%	62.9%	65.3%	66.7%	61.1%	60.5%
BPS Services	81.5%	83.9%	82.0%	82.3%	82.5%	79.2%	80.4%	81.8%	81.4%	83.9%
APS Services	76.7%	78.2%	78.3%	77.1%	72.7%	74.2%	74.7%	75.9%	72.1%	76.8%
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	28.0%	30.1%	25.1%	26.4%	26.6%	24.9%	22.6%	19.0%	17.0%	15.5%
Anesthesia Services	8.6%	8.1%	7.8%	6.2%	5.8%	5.7%	4.6%	3.6%	3.0%	2.3%
Obstetrical Services	25.7%	23.7%	21.2%	21.1%	19.5%	16.3%	16.9%	12.3%	10.4%	9.3%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.1.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Newfoundland and Labrador, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	5,250	5,509	5,057	5,032	5,198	5,419	5,259	5,196	4,929	5,238
Hospital Inpatient Care	887	894	853	836	892	837	824	794	955	1,300
Mental Health Care	114	132	126	112	118	147	113	100	100	122
BPS Services	135	126	116	107	92	117	83	81	73	77
APS Services	44	47	54	58	61	73	73	75	73	80
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	34	34	38	35	32	19	16	16	14	10
Anesthesia Services	261	341	229	213	149	345	121	4	7	0
Obstetrical Services	27	31	30	30	21	30	21	24	24	24

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

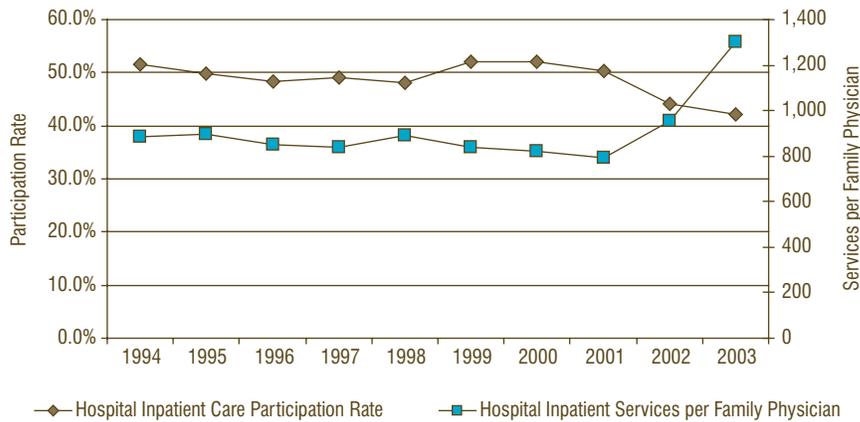
Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Throughout the 10-year period from 1994 to 2003, most Newfoundland and Labrador fee-for-service family physicians have provided office assessments, mental health care services and services that require basic and advanced procedural skills. By contrast, relatively few Newfoundland and Labrador family physicians provided anesthesia services, a clinical area where both participation rates and average number of services have generally declined among family doctors. As with all Canadian provinces, Newfoundland and Labrador family physicians have become less involved in providing obstetrical care over the 10-year period from 1994 to 2003 (see Table 3.2.1.1).

The percentage of Newfoundland and Labrador fee-for-service family doctors who provided hospital inpatient care and surgical assistance decreased between 1994 and 2003. While the two most recent data years, 2002 and 2003, are marked by the lowest hospital inpatient care participation rates, these same two years record the highest average number of hospital inpatient care services among family physicians who continue to provide the service (see Figure 3.2.1.1). With respect to surgical assistance, declining participation rates among family physicians have been coupled with a declining average number of services provided (see Figure 3.2.1.2).

The percentages of Newfoundland and Labrador fee-for-service family physicians providing basic and advanced procedural skills remained stable between 1994 and 2003 (see Table 3.2.1.1). However, trend lines differed for each of these clinical areas with respect to the average number of services provided by family physicians. The average number of advanced procedural skills services provided by family physicians increased steadily, rising from 44 in 1994 to 80 in 2003. The average number of basic procedural skills services provided by family physicians decreased from 135 in 1994 to 77 in 2003 (see Figure 3.2.1.3).

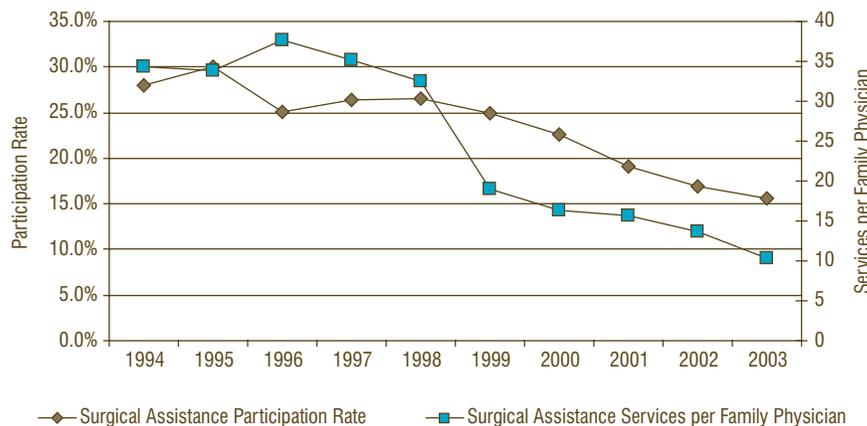
3.2.1.1 Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care and Average Number of Hospital Inpatient Care Services per Family Physician, Newfoundland and Labrador, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.1.2 Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, Newfoundland and Labrador, 1994 to 2003

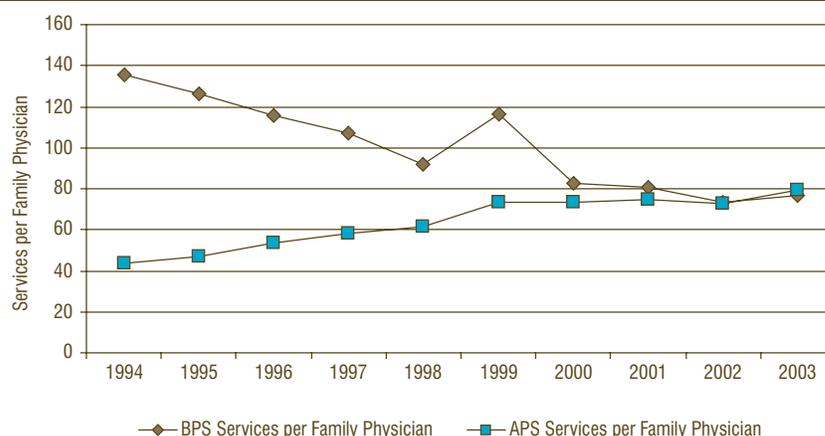


Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Average Number of Basic and Advanced Procedural Skills Services per Fee-for-Service Family Physician, Newfoundland and Labrador, 1994 to 2003

3.2.1.3



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.2 Prince Edward Island

For Prince Edward Island, there were 109 fee-for-service family physicians for this study in 1994, 115 in 1998 and 101 in 2003. Therefore, each 1% of participation represents 1.1 doctors in 1994 and 1.0 doctors in 2003.

Table 3.2.2.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Prince Edward Island, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	83.5%	83.0%	85.0%	84.1%	80.9%	76.9%	80.3%	81.9%	77.6%	79.2%
Mental Health Care	72.5%	62.0%	70.8%	69.9%	73.0%	68.5%	65.0%	63.8%	62.6%	60.4%
BPS Services	85.3%	78.0%	82.3%	80.5%	79.1%	76.2%	78.6%	74.1%	74.8%	68.3%
APS Services	76.1%	69.0%	75.2%	75.2%	67.0%	67.7%	65.8%	68.1%	66.4%	64.4%
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	61.5%	51.0%	57.5%	53.1%	57.4%	50.8%	36.8%	38.8%	30.8%	32.7%
Anesthesia Services	1.8%	3.0%	2.7%	3.5%	2.6%	1.5%	0.0%	0.0%	0.0%	2.0%
Obstetrical Services	23.9%	14.0%	19.5%	14.2%	10.4%	10.8%	8.5%	3.4%	10.3%	7.9%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.2.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Prince Edward Island, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	1,290	348	1,138	1,166	1,221	1,071	1,113	1,018	1,065	1,251
Mental Health Care	118	40	117	113	98	88	96	121	161	255
BPS Services	174	40	157	136	125	102	101	107	108	127
APS Services	57	15	50	62	64	59	65	63	63	60
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	57	13	53	51	42	42	67	63	86	123
Anesthesia Services	6	76	236	204	235	37	N/A	N/A	N/A	41
Obstetrical Services	16	9	20	30	44	25	25	59	18	31

* Province not included in analysis of clinical practice area. See Appendix C.

N/A: Result could not be calculated because participation rate and services are both equal to zero.

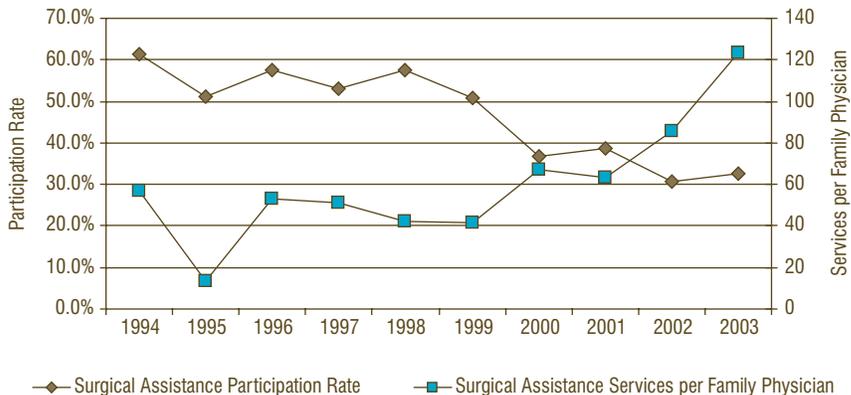
Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Prince Edward Island family physician participation rates for hospital inpatient care and anesthesia services were relatively unchanged between 1994 and 2003. The percentage of family physicians providing hospital inpatient care remained high and relatively stable, ranging from 76.9% in 1999 to 85.0% in 1996. The percentage of family physicians providing anesthesia services fluctuated from year to year, but was virtually the same in 1994 and 2003, 1.8% and 2.0% respectively (see Table 3.2.2.1).

For all other clinical practice areas, Prince Edward Island family physician participation rates declined between 1994 and 2003. Decreased participation was most pronounced for surgical assistance and obstetrical care. In 1994, 61.5% of Prince Edward Island family doctors provided surgical assistance and 23.9% provided obstetrical care. These percentages dropped to 32.7% and 7.9% respectively in 2003 (see Table 3.2.2.1). For both surgical assistance and obstetrical care, decreased family physician participation rates were combined with increased numbers of services being provided by those family physicians who remained active in the clinical practice area (see Figures 3.2.2.1 and 3.2.2.2).

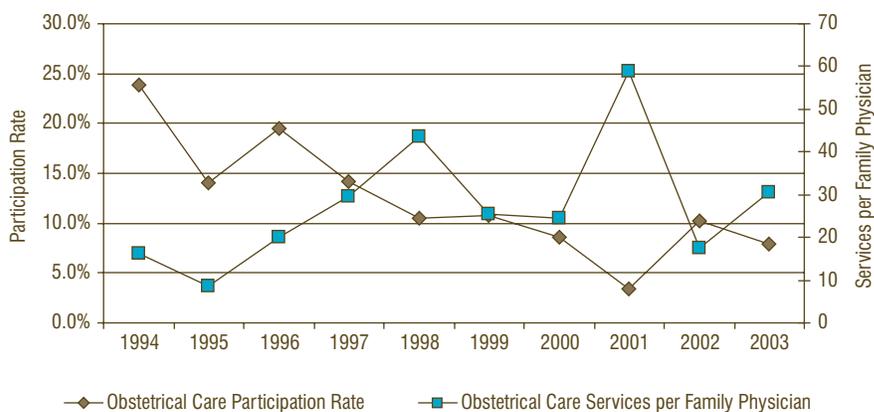
Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, Prince Edward Island, 1994 to 2003 3.2.2.1



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care and Average Number of Obstetrical Care Services per Family Physician, Prince Edward Island, 1994 to 2003 3.2.2.2



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.3 Nova Scotia

For Nova Scotia, there were 993 fee-for-service family physicians for this study in 1994, 869 in 1998 and 927 in 2003. Therefore, each 1% of participation represents 9.9 doctors in 1994 and 9.3 doctors in 2003.

Table 3.2.3.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Nova Scotia, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	92.7%	91.8%	90.6%	87.8%	88.8%	87.6%	90.0%	90.1%	90.0%	89.9%
Hospital Inpatient Care	77.6%	76.0%	73.9%	70.7%	71.3%	69.5%	66.6%	66.4%	64.6%	60.8%
Mental Health Care	82.8%	80.7%	79.8%	75.8%	76.2%	75.3%	73.8%	74.6%	73.8%	72.7%
BPS Services	89.6%	89.1%	88.4%	83.5%	84.0%	82.2%	79.0%	80.3%	82.5%	79.6%
APS Services	79.3%	83.2%	79.0%	62.4%	65.5%	61.4%	57.2%	57.9%	58.3%	55.1%
Surgical Services	11.6%	12.1%	12.5%	9.1%	8.5%	7.3%	6.5%	8.0%	6.6%	5.7%
Surgical Assistance	53.0%	50.5%	47.6%	46.4%	47.8%	45.1%	40.2%	40.1%	36.1%	32.0%
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	40.9%	37.2%	33.8%	30.7%	28.8%	26.7%	24.9%	21.7%	21.3%	17.7%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.3.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Nova Scotia, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	3,866	3,954	3,880	3,962	4,047	4,040	3,815	3,823	3,884	3,767
Hospital Inpatient Care	481	458	449	481	504	527	526	513	507	524
Mental Health Care	137	143	132	137	137	129	122	119	120	110
BPS Services	143	142	123	76	68	61	59	54	51	49
APS Services	38	36	35	26	27	27	26	24	27	25
Surgical Services	34	41	43	44	48	53	50	43	60	71
Surgical Assistance	31	34	32	34	32	35	39	39	42	44
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	19	21	23	23	24	25	23	25	23	26

* Province not included in analysis of clinical practice area. See Appendix C.

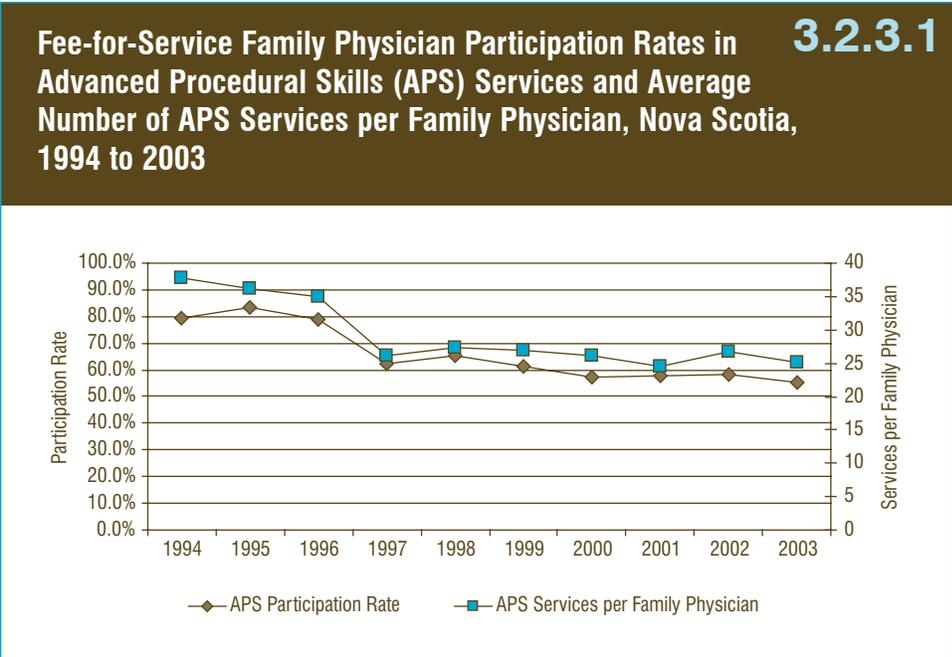
Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

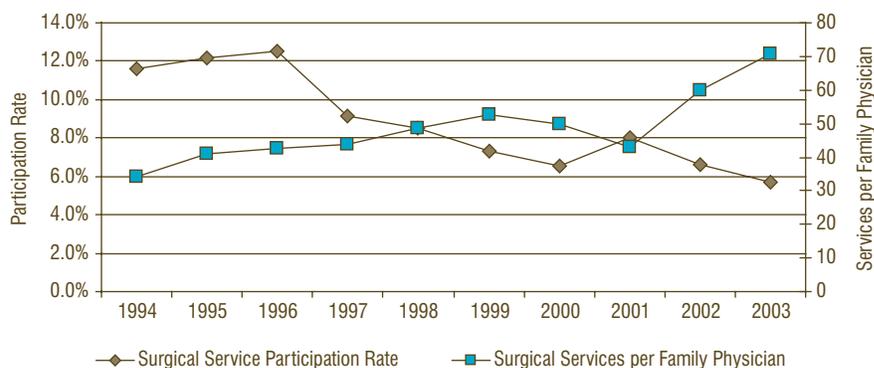
Nova Scotia’s family physicians demonstrated a variety of practice patterns across clinical practice areas between 1994 and 2003. The percentages of family physicians who provide office assessment services and the average number of services they provide remained relatively high and stable (see Tables 3.2.3.1 and 3.2.3.2). Over the same time period, some clinical practice areas experienced decreases, both in terms of the percentages of family physicians who provide care, as well as the average number of services provided. This trend is illustrated for advanced procedural skills services in Figure 3.2.3.1, but applies as well to mental health care services and basic procedural skills services.

The most common practice pattern among Nova Scotia family physicians between 1994 and 2003 was decreasing overall participation rates, accompanied by higher levels of service provision among those family physicians who continue to provide service. This pattern of practice applies to hospital inpatient care, surgical services, surgical assistance and obstetrical care. Figure 3.2.3.2 illustrates Nova Scotia’s 10-year trend for the percentage of family physicians who provide surgical services and the average number of surgical services provided by them.

Overall, Nova Scotia’s family physician participation rates varied more widely than those in other jurisdictions. Figure 3.2.3.3 shows when clinical practice area participation rates were highest and when they were lowest. Over the 10-year period from 1994 to 2003, Nova Scotia’s family physician participation rates varied by more than 20 percentage points for advanced procedural skills services, surgical assistance and obstetrical care; participation rates varied by more than 10 percentage points for basic procedural skills services, mental health care and hospital inpatient care.



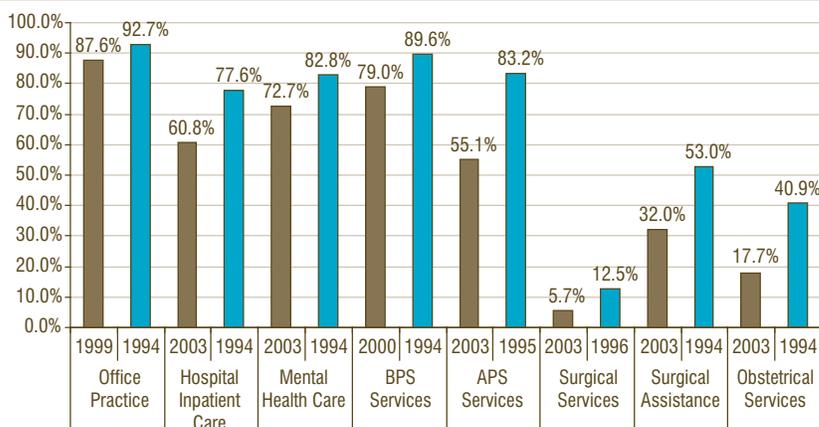
3.2.3.2 Fee-for-Service Family Physician Participation Rates in Surgical Services and Average Number of Surgical Services per Family Physician, Nova Scotia, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.3.3 Minimum and Maximum Fee-for-Service Family Physician Participation Rates, by Clinical Practice Area, Nova Scotia, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.4 New Brunswick

For New Brunswick, there were 579 fee-for-service family physicians for this study in 1994, 596 in 1998 and 643 in 2003. Therefore, each 1% of participation represents 5.8 doctors in 1994 and 6.4 doctors in 2003.

Table 3.2.4.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas,
New Brunswick, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	87.9%	88.9%	87.2%	86.8%	86.4%	87.6%	89.0%	88.2%	84.9%	83.4%
Hospital Inpatient Care	80.8%	82.1%	80.6%	81.8%	79.5%	78.8%	80.7%	79.0%	75.0%	69.8%
Mental Health Care	74.1%	76.1%	75.8%	76.4%	77.5%	79.0%	80.1%	78.5%	76.6%	74.5%
BPS Services	86.0%	84.3%	81.8%	80.6%	82.0%	81.6%	81.1%	78.6%	80.4%	78.4%
APS Services	70.3%	63.9%	60.9%	59.4%	58.4%	53.8%	54.2%	48.4%	46.6%	45.7%
Surgical Services	7.8%	7.0%	5.7%	4.7%	4.2%	6.1%	4.5%	4.0%	5.2%	3.7%
Surgical Assistance	60.8%	59.8%	57.8%	57.0%	52.0%	50.0%	51.0%	47.9%	46.8%	42.6%
Anesthesia Services	5.7%	5.4%	5.0%	4.9%	3.4%	4.0%	4.2%	3.6%	3.2%	2.8%
Obstetrical Services	29.2%	27.4%	27.2%	25.3%	22.7%	20.9%	19.4%	19.1%	15.9%	13.7%

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.4.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice
Area, New Brunswick, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	4,275	4,267	4,274	4,306	4,257	4,191	4,039	3,910	3,853	3,635
Hospital Inpatient Care	958	945	879	899	892	900	881	850	814	828
Mental Health Care	125	128	138	157	138	135	141	135	155	162
BPS Services	232	221	210	214	204	171	174	177	154	167
APS Services	49	54	58	55	49	50	45	45	42	37
Surgical Services	70	66	77	90	84	26	34	11	15	20
Surgical Assistance	40	41	40	41	43	45	45	47	49	51
Anesthesia Services	547	541	549	473	628	341	308	338	301	191
Obstetrical Services	23	25	24	23	25	23	23	20	24	25

Source: National Physician Database, CIHI.

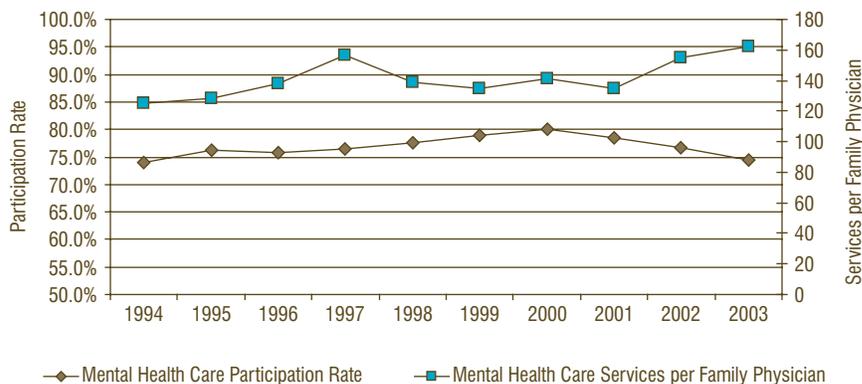
Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Throughout the 10-year period from 1994 to 2003, most of New Brunswick's family physicians provided office assessments, basic procedural skills services, mental health care and hospital inpatient care (see Table 3.2.4.1). Office assessments comprise a large share of family physician services, and in New Brunswick the average number of office assessments provided by family physicians decreased 15%, from 4,275 in 1994 to 3,635 in 2003. Hospital inpatient care participation rates declined steadily from 1994 to 2003, however the rate among New Brunswick family physicians in 2003 (69.8%) was higher than the national rate in that year (57.5%). While participation rates remained relatively high in these four clinical practice areas, the average number of services provided dropped in these four areas—except mental health care, where the average number of services per family physician increased between 1994 and 2003 (see Figure 3.2.4.1).

For most clinical practice areas, New Brunswick family physicians exhibited a pattern of both decreased participation and decreased average number of services between 1994 and 2003. This trend applies to hospital inpatient care, basic and advanced procedural skills services, as well as surgical and anesthesia services. The percentage of New Brunswick family physicians who provided anesthesia services dropped from 5.7% in 1994 to 2.8% in 2003; the average number of anesthesia services provided by family physicians went from 547 in 1994 to 191 in 2003 (see Figure 3.2.4.2).

During the 10-year period from 1994 to 2003 a decreasing percentage of family physicians provided surgical assistance, but the average number of surgical assistance services increased among those family physicians who continued to provide surgical assistance. Family physician surgical assistance participation rates decreased from 60.8% in 1994 to 42.6% in 2003, while the average number of surgical assistance services increased from 40 to 51 over the same time period (see Figure 3.2.4.3).

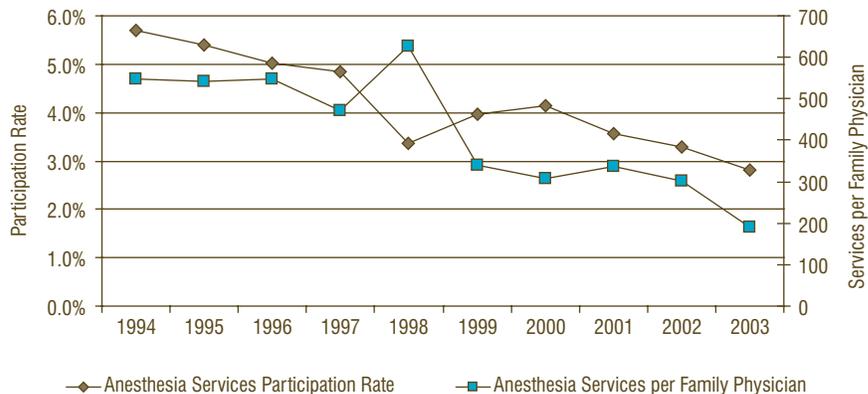
Fee-for-Service Family Physician Participation Rates in Mental Health Care and Average Number of Mental Health Care Services per Family Physician, New Brunswick, 1994 to 2003 3.2.4.1



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

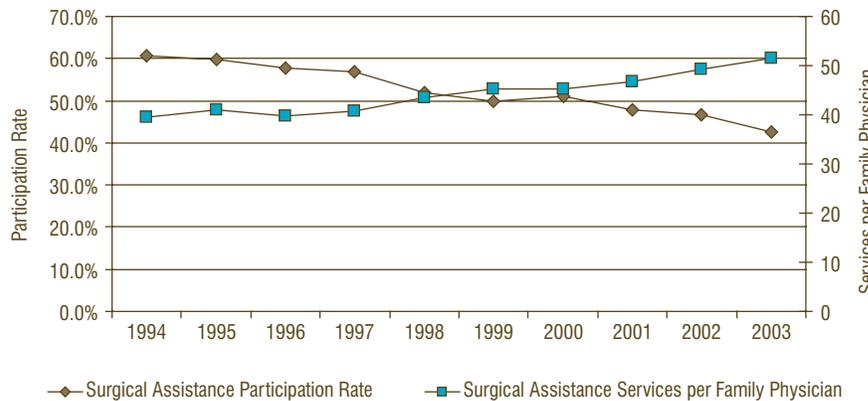
Fee-for-Service Family Physician Participation Rates in Anesthesia Services and Average Number of Anesthesia Services per Family Physician, New Brunswick, 1994 to 2003 3.2.4.2



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, New Brunswick, 1994 to 2003 3.2.4.3



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.5 Quebec

For Quebec, there were 6,293 fee-for-service family physicians for this study in 1994, 6,189 in 1998 and 6,991 in 2003. Therefore, each 1% of participation represents 63 doctors in 1994 and 70 doctors in 2003.

Table 3.2.5.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Quebec, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	85.7%	86.8%	87.4%	87.5%	85.2%	83.4%	81.8%	80.1%	78.6%	76.1%
Hospital Inpatient Care	51.6%	50.1%	46.7%	45.6%	44.9%	43.6%	43.6%	53.1%	55.1%	46.4%
Mental Health Care	83.4%	85.1%	84.6%	85.5%	84.6%	83.9%	83.4%	83.4%	83.0%	79.3%
BPS Services	86.0%	86.8%	83.2%	85.0%	84.3%	82.7%	82.3%	80.8%	79.9%	77.8%
APS Services	*	*	*	*	*	*	*	*	*	*
Surgical Services	7.9%	7.3%	6.9%	6.7%	6.3%	5.7%	6.1%	6.2%	5.9%	5.6%
Surgical Assistance	9.4%	9.1%	8.7%	7.8%	7.1%	6.8%	6.1%	5.9%	5.6%	5.3%
Anesthesia Services	4.0%	3.9%	4.5%	4.6%	3.7%	3.6%	4.0%	4.2%	4.2%	4.1%
Obstetrical Services	11.7%	11.4%	11.2%	10.5%	10.1%	9.1%	8.6%	8.3%	7.7%	7.5%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.5.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Quebec, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	3,153	3,019	2,984	3,006	3,124	3,073	3,030	2,938	2,872	2,802
Hospital Inpatient Care	726	685	669	674	681	693	738	658	713	721
Mental Health Care	239	244	244	270	298	303	302	307	294	285
BPS Services	107	103	86	83	82	80	73	73	73	72
APS Services	*	*	*	*	*	*	*	*	*	*
Surgical Services	42	42	48	52	56	63	57	57	61	61
Surgical Assistance	48	49	43	42	45	44	49	48	48	49
Anesthesia Services	163	156	127	110	133	127	112	122	116	115
Obstetrical Services	75	74	73	77	82	85	86	91	95	98

* Province not included in analysis of clinical practice area. See Appendix C.

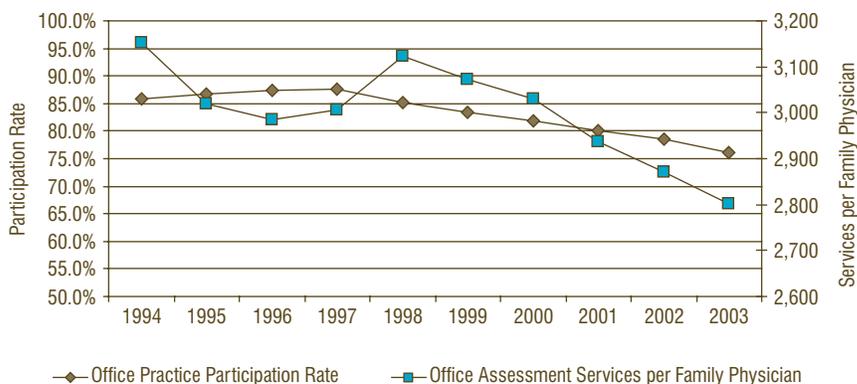
Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Over the 10-year period from 1994 to 2003, a decreasing percentage of Quebec family physicians have provided office assessment services, and the average number of services provided has declined (see Figure 3.2.5.1). In 1994, an average of 3,153 office assessment services were provided by 85.7% of Quebec's family physicians. In 2003, an average of 2,802 office assessment services were provided by 76.1% of Quebec's family physicians.

Quebec family physician participation rates in mental health care and anesthesia services remained relatively stable over the 10-year study period. The percentage of family doctors who provided mental health care remained at or above 83%, except in the most recent data year, 2003, when the rate dropped to 79.3%. The percentage of Quebec family physicians who provided anesthesia services fluctuated between a low of 3.6% in 1999 to a high of 4.6% in 1997. While the percentages of family doctors providing these two types of clinical services remained fairly stable between 1994 and 2003, the average number of mental health care services provided by family physicians increased and the average number of anesthesia services provided decreased. (see Figure 3.2.5.2)

Fee-for-Service Family Physician Participation Rates in Office Practice and Average Number of Office Assessment Services per Family Physician, Quebec, 1994 to 2003 3.2.5.1

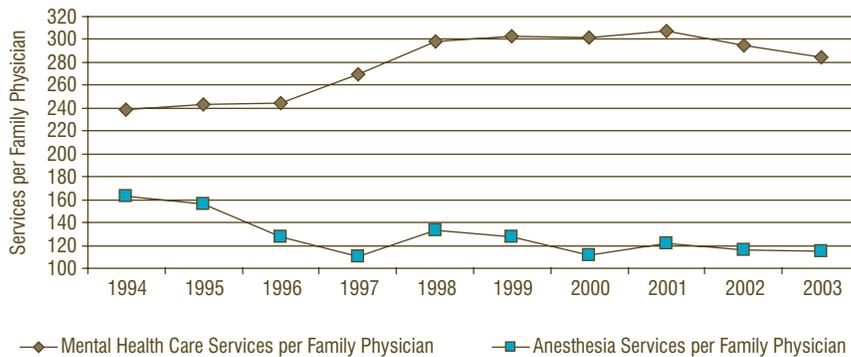


Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Average Number of Mental Health Care and Anesthesia Services per Fee-for-Service Family Physician, Quebec, 1994 to 2003

3.2.5.2



Source: National Physician Database, CIHI.

Note: Includes fee-for-service family physicians only. Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.6 Ontario

For Ontario, there were 10,748 fee-for-service family physicians for this study in 1994, 10,390 in 1998 and 10,737 in 2003. Therefore, each 1% of participation represents 107 doctors in 1994 and 107 doctors in 2003.

Table 3.2.6.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Ontario, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	69.9%	69.7%	69.1%	68.6%	66.5%	64.9%	63.0%	61.1%	58.7%	54.9%
Mental Health Care	89.1%	89.6%	90.1%	91.1%	90.3%	90.1%	90.3%	89.9%	90.0%	89.9%
BPS Services	88.4%	88.5%	89.2%	89.7%	89.4%	89.2%	89.3%	89.0%	88.8%	89.1%
APS Services	72.0%	72.1%	72.1%	72.4%	70.0%	69.8%	68.3%	68.0%	66.9%	66.4%
Surgical Services	10.2%	10.2%	9.7%	9.6%	10.2%	10.3%	10.3%	9.4%	9.0%	8.4%
Surgical Assistance	38.7%	38.1%	36.2%	35.3%	32.5%	30.4%	28.6%	27.2%	25.3%	23.5%
Anesthesia Services	5.7%	6.1%	5.9%	6.2%	6.3%	7.4%	7.4%	8.0%	8.9%	8.8%
Obstetrical Services	19.2%	18.5%	17.0%	15.9%	14.4%	13.2%	12.5%	11.5%	11.0%	10.4%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.6.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Ontario, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	636	645	621	625	649	664	680	721	756	820
Mental Health Care	439	472	489	513	439	437	435	415	397	382
BPS Services	341	348	339	343	309	297	278	276	267	254
APS Services	47	53	54	59	56	60	63	66	66	68
Surgical Services	25	25	27	31	34	37	40	46	42	40
Surgical Assistance	40	42	45	48	50	52	51	53	63	72
Anesthesia Services	203	194	193	186	179	129	134	121	125	125
Obstetrical Services	25	26	27	26	26	27	25	26	27	28

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

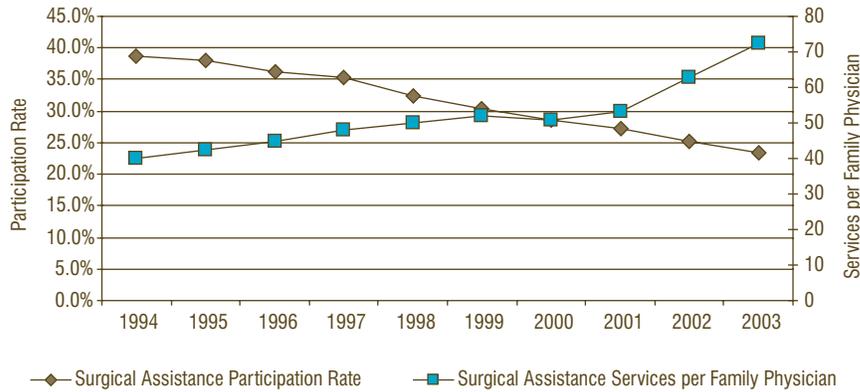
Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Ontario's family physicians demonstrated a variety of practice patterns across clinical practice areas during the period from 1994 to 2003. The percentages of family physicians who provide basic procedural skills services and mental health care remained relatively high and stable over the study period. In each of these clinical practice areas, the average number of services provided by family physicians has decreased (see Tables 3.2.6.1 and 3.2.6.2).

There has been a general decline in the percentages of Ontario family physicians providing hospital inpatient care, advanced procedural skills services, obstetrical care, surgical services and surgical assistance (see Table 3.2.6.1). For example, the percentage of Ontario family physicians providing hospital inpatient care dropped from 69.9% in 1994 to 54.9% in 2003. Similarly, the participation rate for surgical assistance went from 38.7% in 1994 to 23.5% in 2003.

Anesthesia service practice patterns contrast with those of other clinical practice areas. While participation rates in most clinical practice areas declined over the study period, an increasing proportion of Ontario family physicians provided anesthesia services between 1994 and 2003. Also, in a number of clinical practice areas where participation rates declined, the average number of services provided by the family physicians who remained involved increased. Figure 3.2.6.1 illustrates this pattern for surgical assistance. In contrast, while anesthesia service participation rates increased, the average number of anesthesia services provided by Ontario family physicians decreased (see Figure 3.2.6.2).

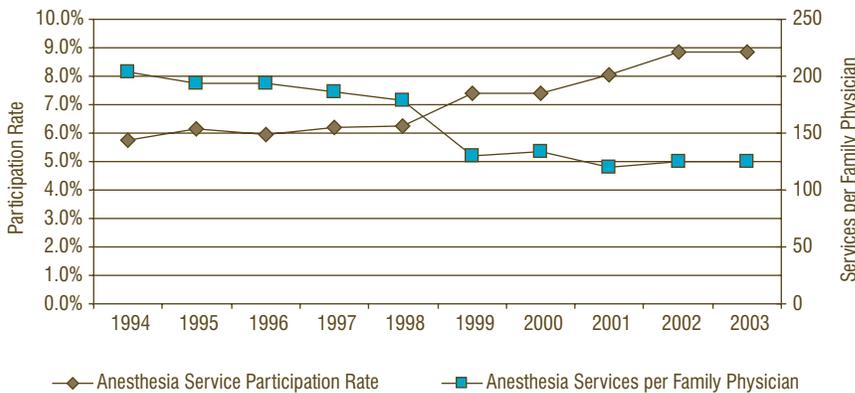
Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, Ontario, 1994 to 2003 3.2.6.1



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Anesthesia Services and Average Number of Anesthesia Services per Family Physician, Ontario, 1994 to 2003 3.2.6.2



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.7 Manitoba

For Manitoba, there were 1,000 fee-for-service family physicians for this study in 1994, 880 in 1998 and 936 in 2003. Therefore, each 1% of participation represents 10 doctors in 1994 and 9.4 doctors in 2003.

Table 3.2.7.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Manitoba, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	95.0%	94.6%	95.2%	95.9%	94.8%	95.3%	95.8%	95.8%	95.7%	94.7%
Hospital Inpatient Care	57.0%	60.9%	59.8%	59.7%	58.9%	56.9%	61.1%	59.8%	55.8%	53.7%
Mental Health Care	41.1%	43.2%	44.6%	45.3%	50.0%	55.8%	56.3%	59.7%	60.0%	62.0%
BPS Services	85.6%	84.3%	86.0%	86.1%	83.1%	80.2%	78.4%	80.4%	79.3%	78.7%
APS Services	72.3%	71.7%	72.4%	74.3%	72.7%	69.8%	65.5%	68.7%	69.0%	68.2%
Surgical Services	21.4%	18.6%	17.3%	16.3%	14.8%	12.4%	11.5%	10.8%	10.4%	10.7%
Surgical Assistance	52.8%	53.1%	52.9%	51.3%	52.5%	46.1%	43.1%	41.1%	40.6%	35.4%
Anesthesia Services	9.8%	9.8%	9.1%	9.4%	8.4%	10.0%	11.7%	10.2%	9.5%	7.9%
Obstetrical Services	26.7%	26.3%	24.6%	24.0%	22.4%	21.2%	21.7%	22.6%	22.7%	22.6%

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.7.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Manitoba, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	4,288	4,165	4,349	4,292	4,487	4,261	4,169	4,127	4,194	4,221
Hospital Inpatient Care	768	679	727	740	769	754	698	761	785	918
Mental Health Care	66	66	77	70	72	72	68	64	70	81
BPS Services	163	156	155	148	164	161	163	155	163	172
APS Services	32	31	34	34	38	37	38	39	47	45
Surgical Services	23	25	27	32	39	64	67	74	72	60
Surgical Assistance	31	30	33	33	34	38	40	44	44	47
Anesthesia Services	163	155	171	174	217	277	219	253	274	321
Obstetrical Services	27	27	29	29	27	25	27	25	28	27

Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

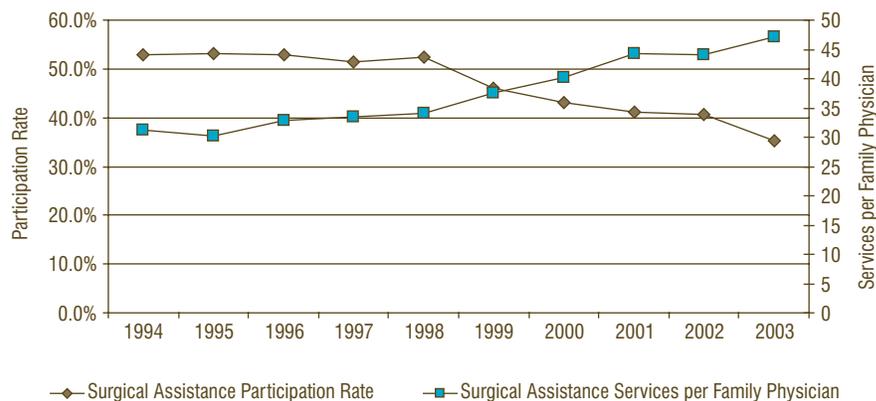
Throughout the 10-year study period, 1994 to 2003, Manitoba family physicians maintained relatively stable participation rates in office practice, hospital inpatient care, advanced procedural skills services, anesthesia services and obstetrical care. For all of these clinical practice areas, the percentage of family physicians providing service in 2003 was within five percentage points of the 1994 figures (see Table 3.2.7.1).

Declining percentages of Manitoba family physicians provide surgical and surgical assistance services. In 1994, 21.4% of family physicians provided surgical services, compared to 10.7% in 2003; 52.8% of family physicians provided surgical assistance in 1994, compared to 35.4% in 2003. However, while participation rates declined, the average number of surgical and surgical assistance services provided by Manitoba family physicians, increased over the 10-year study period (see Figure 3.2.7.1 for surgical assistance trend).

The percentage of Manitoba family physicians who provide mental health care increased each year from 1994 to 2003 (see Table 3.2.7.1). In 1994, 41.1% of family physicians provided mental health care compared to 62.0% in 2003. While mental health care participation rates were increasing among Manitoba family physicians, so too was the average number of mental health care services provided (see Figure 3.2.7.2).

Manitoba's family physicians displayed the most stable pattern of obstetrical care delivery over the 10-year period from 1994 to 2003 (see Figure 3.2.7.3). Manitoba's decrease in family physician obstetrical care participation rates was modest in comparison to most other jurisdictions. For example, the percentage of Saskatchewan family physicians who provided obstetrical care dropped from 47.8% in 1994 to 25.3% in 2003. This is compared to Manitoba's decline from 26.7% in 1994 to 22.6% in 2003. The average number of obstetrical care services provided by Manitoba family physicians was the same in 2003 as it was in 1994 (27). In fact, Manitoba family physicians provided, on average, 27 obstetrical care services in 5 out of 10 years during the period from 1994 and 2003.

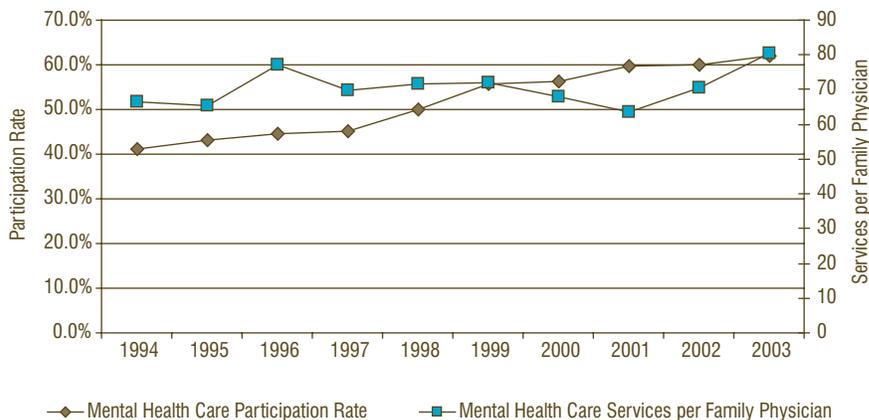
Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, Manitoba, 1994 to 2003 3.2.7.1



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

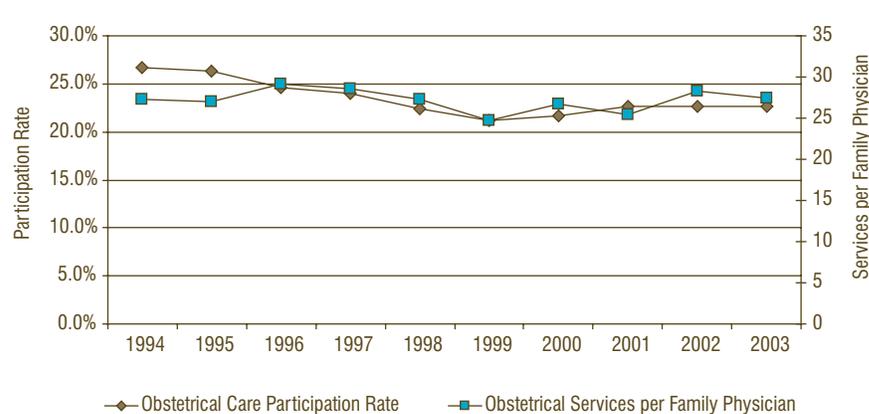
3.2.7.2 Fee-for-Service Family Physician Participation Rates in Mental Health Care and Average Number of Mental Health Care Services per Family Physician, Manitoba, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.7.3 Fee-for-Service Family Physician Participation Rates in Obstetrical Care and Average Number of Obstetrical Care Services per Family Physician, Manitoba, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.8 Saskatchewan

For Saskatchewan, there were 881 fee-for-service family physicians for this study in 1994, 833 in 1998 and 878 in 2003. Therefore, each 1% of participation represents 8.8 doctors in 1994 and 8.8 doctors in 2003.

Table 3.2.8.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Saskatchewan, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	82.1%	81.5%	79.8%	79.1%	75.3%	74.3%	73.7%	73.0%	74.5%	74.8%
Mental Health Care	87.6%	86.6%	85.8%	85.9%	82.8%	81.8%	81.5%	85.7%	85.2%	84.1%
BPS Services	93.1%	92.6%	89.7%	90.5%	87.5%	89.0%	89.0%	89.7%	89.8%	86.8%
APS Services	83.7%	82.8%	81.5%	81.0%	78.4%	76.1%	76.7%	76.0%	75.9%	75.2%
Surgical Services	24.4%	22.1%	18.4%	18.2%	15.8%	13.9%	12.3%	10.2%	9.7%	9.0%
Surgical Assistance	50.7%	52.0%	48.8%	49.5%	48.7%	43.3%	41.3%	39.6%	39.3%	41.5%
Anesthesia Services	12.3%	10.4%	10.3%	10.4%	8.5%	8.4%	9.0%	7.7%	6.0%	7.6%
Obstetrical Services	47.8%	46.8%	45.3%	41.0%	38.5%	37.9%	32.8%	30.9%	29.8%	25.3%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.8.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Saskatchewan, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	902	841	845	854	831	776	726	686	705	762
Mental Health Care	129	142	166	173	166	165	153	156	145	153
BPS Services	336	324	355	358	345	328	308	293	279	285
APS Services	36	36	38	40	41	41	41	36	34	35
Surgical Services	39	39	51	47	50	51	64	49	39	34
Surgical Assistance	45	46	52	54	54	56	56	62	66	69
Anesthesia Services	205	232	234	244	279	233	225	183	212	167
Obstetrical Services	22	22	23	24	23	21	21	21	20	21

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

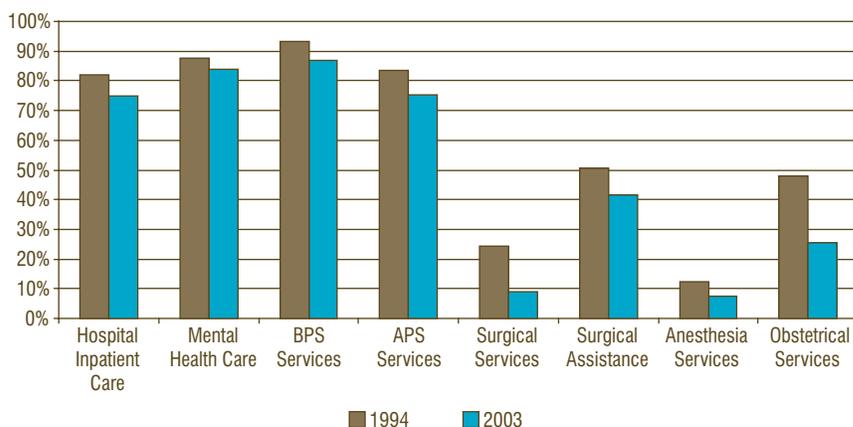
Relatively high percentages of Saskatchewan family physicians provided hospital inpatient care, mental health care and basic and advanced procedural skills services throughout the 10-year period from 1994 to 2003 (see Table 3.2.8.1). While some of these clinical practice areas experienced decreased participation rates, results (in Appendix A of this report) show that Saskatchewan family physicians are generally more likely to provide these services compared to family physicians in other jurisdictions.

All clinical practice areas showed decreasing participation rates among Saskatchewan family physicians during the period from 1994 to 2003 (see Figure 3.2.8.1). The decreases were steepest for surgical services and obstetrical care. In 1994, 24.4% of Saskatchewan family physicians provided surgical services, compared to 9.0% in 2003; 47.8% of family physicians provided obstetrical care in 1993, compared to 25.3% in 2003 (see Table 3.2.8.1).

The 10-year trend for average number of services provided by Saskatchewan family physicians has varied across clinical practice areas. The average number of services provided was similar in 2003 and 1994 in the areas of advanced procedural skills, surgical and obstetrical services (see Table 3.2.8.2). The average number of mental health care and surgical assistance services provided by family physicians was greater at the end of the study period (see Figure 3.2.8.2). Although the average number of hospital inpatient care services provided by Saskatchewan family physicians increased in the two most recent data years (2002 and 2003), the pattern within the clinical practice area has been one of general decline over the study period (see Figure 3.2.8.2).

Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Saskatchewan, 1994 to 2003

3.2.8.1

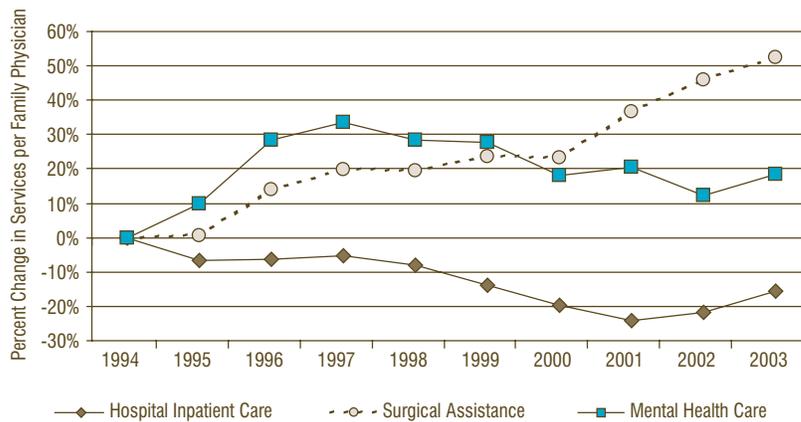


Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Percent Change in Average Number of Services per Fee-for-Service Family Physician Compared to 1994—Hospital Inpatient Care, Surgical Assistance and Mental Health Care, Saskatchewan, 1994 to 2003

3.2.8.2



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.9 Alberta

For Alberta, there were 2,527 fee-for-service family physicians for this study in 1994, 2,538 in 1998 and 2,989 in 2003. Therefore each 1% of participation represents 25 doctors in 1994 and 30 doctors in 2003.

Table 3.2.9.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, Alberta, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	92.8%	93.1%	94.1%	93.0%	92.7%	91.6%	91.1%	90.7%	90.4%	89.3%
Hospital Inpatient Care	68.8%	69.2%	70.0%	70.0%	68.8%	67.6%	66.4%	64.8%	64.1%	62.9%
Mental Health Care	76.9%	79.7%	82.1%	84.7%	86.2%	86.4%	86.3%	86.9%	85.7%	85.2%
BPS Services	92.3%	91.7%	91.7%	91.2%	90.7%	90.4%	89.7%	89.2%	88.1%	87.6%
APS Services	81.0%	77.9%	78.8%	77.8%	77.1%	76.4%	75.6%	74.1%	73.7%	71.0%
Surgical Services	19.1%	16.6%	15.6%	15.2%	16.2%	15.1%	15.0%	14.4%	14.9%	13.2%
Surgical Assistance	31.3%	30.7%	30.6%	29.7%	29.5%	29.6%	29.4%	28.5%	27.9%	25.5%
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	36.4%	35.1%	34.2%	32.7%	32.3%	30.5%	28.4%	26.5%	25.0%	23.5%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.9.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, Alberta, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	4,292	4,154	4,233	4,352	4,356	4,407	4,243	4,082	4,010	3,850
Hospital Inpatient Care	657	607	636	657	663	686	692	592	573	570
Mental Health Care	170	201	222	280	280	269	296	283	277	248
BPS Services	145	128	126	130	121	116	107	103	101	93
APS Services	37	36	41	51	57	62	74	78	81	74
Surgical Services	26	29	33	35	34	38	41	45	41	41
Surgical Assistance	57	39	39	42	42	43	46	47	48	49
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	32	33	33	35	40	42	44	46	53	55

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

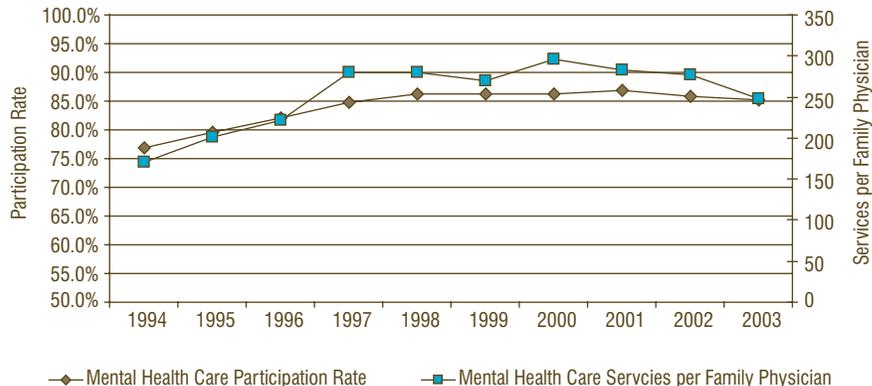
Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Throughout the 10-year period from 1994 to 2003, a majority of Alberta family physicians provided office assessments, hospital inpatient care, mental health care and basic and advanced procedural skills services (see Table 3.2.9.1). Family physician participation rates declined by more than 5 percentage points in a number of clinical areas, including hospital inpatient care, advanced procedural skills services, surgical services, surgical assistance and obstetrical care.

The percentage of Alberta family physicians providing mental health care services rose from 76.9% in 1994 to 85.2% in 2003. The average number of mental health care services provided by family doctors increased from 170 to 248 during the same time period (see Figure 3.2.9.1).

In a number of clinical practice areas where family physician participation rates declined, the average number of services increased among those family physicians who continued to provide service. This pattern appeared for obstetrical care, surgical services and advanced procedural skills services. The trend for advanced procedural skills services is illustrated in Figure 3.2.9.2.

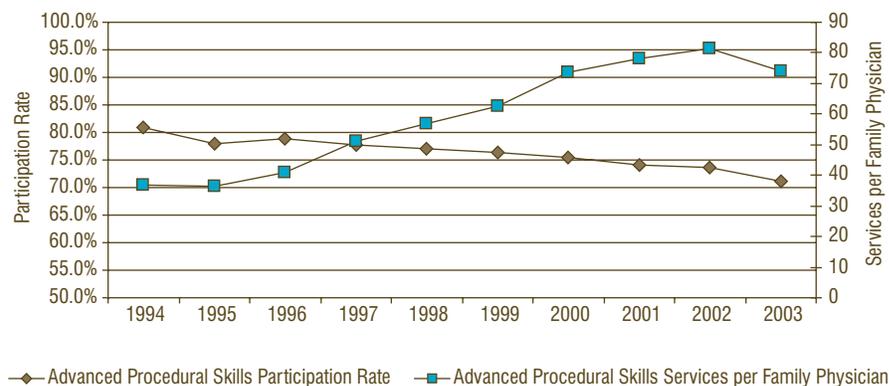
3.2.9.1 Fee-for-Service Family Physician Participation Rates in Mental Health Care and Average Number of Mental Health Care Services per Family Physician, Alberta, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.9.2 Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills Services and Average Number of Advanced Procedural Skills Services per Family Physician, Alberta, 1994 to 2003



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

3.2.10 British Columbia

For British Columbia, there were 4,205 fee-for-service family physicians for this study in 1994, 4,348 in 1998 and 4,642 in 2003. Therefore, each 1% of participation represents 42 doctors in 1994 and 46 doctors in 2003.

Table 3.2.10.1
Fee-for-Service Family Physician Participation Rates in Clinical Practice Areas, British Columbia, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	86.5%	85.3%	84.3%	84.8%	83.0%	81.2%	79.3%	77.1%	74.9%	72.5%
Mental Health Care	90.3%	89.5%	89.2%	89.6%	90.8%	90.8%	90.1%	89.6%	89.5%	88.2%
BPS Services	93.1%	92.9%	92.0%	92.6%	93.3%	93.1%	92.4%	92.1%	91.9%	91.0%
APS Services	84.7%	86.2%	86.8%	87.1%	87.8%	87.3%	87.1%	87.0%	86.4%	85.3%
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	67.1%	64.4%	61.6%	61.8%	59.5%	57.4%	53.8%	49.0%	46.0%	43.2%
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	48.8%	45.5%	41.3%	40.4%	36.4%	33.4%	30.3%	26.5%	24.5%	22.4%

* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Table 3.2.10.2
Average Number of Services Provided by Fee-for-Service Family Physicians, by Clinical Practice Area, British Columbia, 1994 to 2003

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Office Practice	*	*	*	*	*	*	*	*	*	*
Hospital Inpatient Care	366	356	349	337	340	347	339	329	323	355
Mental Health Care	127	129	127	124	123	124	121	129	113	100
BPS Services	144	137	131	114	116	120	117	116	115	113
APS Services	26	26	25	22	21	22	21	21	22	22
Surgical Services	*	*	*	*	*	*	*	*	*	*
Surgical Assistance	26	45	44	43	46	51	51	55	59	64
Anesthesia Services	*	*	*	*	*	*	*	*	*	*
Obstetrical Services	18	18	19	19	20	21	21	23	25	27

* Province not included in analysis of clinical practice area. See Appendix C.

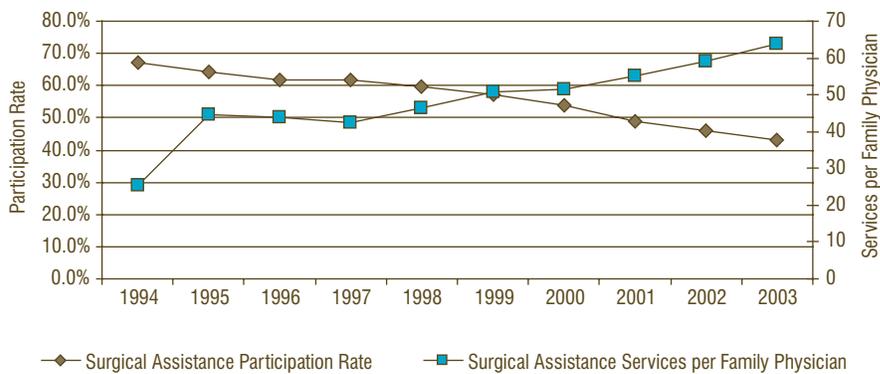
Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Throughout the 10-year study period, British Columbia family physicians maintained high and steady levels of participation in providing basic and advanced procedural skills services, as well as mental health care services (see Table 3.2.10.1). During the same period, significantly decreasing percentages of family physicians provided hospital inpatient care, surgical assistance and obstetrical care.

In two of the clinical areas where family physician participation rates decreased—surgical assistance and obstetrical care—the average number of services provided by family physicians increased over the study period. The average number of surgical assistance services provided by British Columbia family physicians went from 26 in 1994 to 64 in 2003; the average number of obstetrical care services provided by family doctors went from 18 in 1994 to 27 in 2003 (see Table 3.2.10.2 and Figure 3.2.10.2).

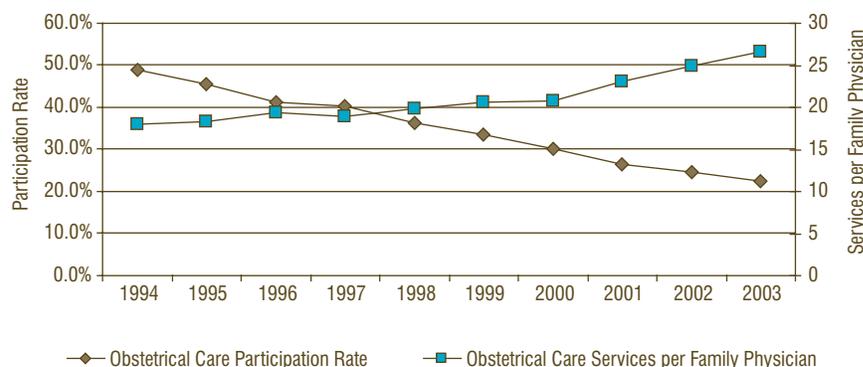
Fee-for-Service Family Physician Participation Rates in Surgical Assistance and Average Number of Surgical Assistance Services per Family Physician, British Columbia, 1994 to 2003 3.2.10.1



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care and Average Number of Obstetrical Care Services per Family Physician, British Columbia, 1994 to 2003 3.2.10.2



Source: National Physician Database, CIHI.

Note: Includes only services provided through fee-for-service programs. See Appendix B for definitions of clinical service areas.



4. Summary

In reviewing the results of this report, it is important to bear in mind the study limitations noted in Section 2. Fee-for-service systems are developed, maintained and administered at the provincial/territorial level, and there are significant differences across the country. Comparing fee-for-service data across jurisdictions is an ongoing challenge.

Furthermore, the data used in this study represent only the fee-for-service activities of family physicians. Family doctors who practise outside of fee-for-service systems are not reflected in the data. Perhaps more importantly, it is possible that some family physician activities are reflected in fee-for-service data, but not others. For example, growing numbers of family doctors may be primarily remunerated through salary or capitation programs, performing only specialized services through fee-for-service care. Changes of this sort could result in seeming reductions of office assessment services, combined with stable, increasing or decreasing provision of specialized services.

Nevertheless, the data used in this study help to describe the breadth of work of the provinces' family fee-for-service doctors as well as their evolving role in the health care system.

The current study confirms a family physician practice trend reported in CIHI's *The Evolving Role of Canada's Family Physicians*. That is, in those clinical areas where family physicians have shown decreased participation, a corresponding increase is recorded in the average number of services provided by family doctors who continue to provide care. This pattern appears in all provinces, sometimes for more than one clinical practice area.

While there continues to be a decline in participation in nearly all clinical areas, family physicians in most jurisdictions have shown either stable or increasing participation in office practice and mental health care.

Having provided a more up-to-date picture of Canada's fee-for-service family physicians, this report can do no better than echo words written by Dr. Joshua Tepper in his 2004 report, *The Evolving Role of Canada's Family Physicians*:

One of the classic pictorial representations of the family physician is of a doctor, black bag in hand, standing beside a horse-drawn carriage. The family physician is ready to travel wherever patients need to be seen, and in the black bag is whatever equipment and medications the visit requires.

It is a powerful picture that implies some core concepts about the nature of family medicine. If the contribution of some physicians is their mastery of a focused area of medicine, then the hallmark of family physicians is their complementary role as doctors whose knowledge spans a wide breadth of clinical medicine.

While it is tempting to view the study results negatively, this may be an unnecessary response. The evolution of a discipline can be a natural and healthy process resulting from a variety of innate and environmental pressures. Readers are encouraged to view the data, not as painting a negative picture, but as presenting a window of opportunity to help redefine, reinforce and renew the roles of family doctors in healthcare throughout Canada. Change and evolution can be embraced and possibly bring new excitement to family practice.



Appendix A

Overview of Clinical Practice Areas, 2003

This appendix is arranged along the nine clinical practice areas of this study. Within each clinical practice area, year 2003 results are presented for each province. Results are presented for physician age and sex groups, as well as for urban, mid-size and rural communities, as both tables and graphs.

A.1 Office Practice

What's included in this clinical practice area?

- Major in-office assessments
- Other in-office assessments

Table A.1.1
Fee-for-Service Family Physician Participation Rates in Office Practice, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	93.8%	*	95.0%	84.5%	71.0%	*	94.3%	*	91.2%	*	79.4%
Male	92.6%	*	86.6%	82.7%	79.7%	*	94.8%	*	88.3%	*	84.2%
Location											
Urban	94.4%	*	88.9%	82.1%	75.3%	*	94.6%	*	87.5%	*	80.9%
Mid-Size	91.1%	*	88.9%	77.9%	83.4%	*	97.6%	*	90.0%	*	85.2%
Rural	91.7%	*	93.4%	91.4%	72.9%	*	93.9%	*	94.7%	*	84.9%
Age Group											
<35	86.0%	*	83.3%	76.0%	55.4%	*	95.2%	*	90.3%	*	70.6%
35-44	89.7%	*	88.5%	82.1%	72.2%	*	92.8%	*	87.5%	*	79.3%
45-54	94.5%	*	93.7%	86.1%	84.0%	*	95.9%	*	90.7%	*	87.4%
55-64	98.7%	*	92.5%	92.1%	86.0%	*	96.9%	*	91.7%	*	89.3%
65+	100.0%	*	83.6%	77.8%	75.4%	*	92.1%	*	83.1%	*	81.2%
Total	92.9%	*	89.9%	83.4%	76.1%	*	94.7%	*	89.3%	*	82.3%

* Province not included in analysis of clinical practice area. See Appendix C.

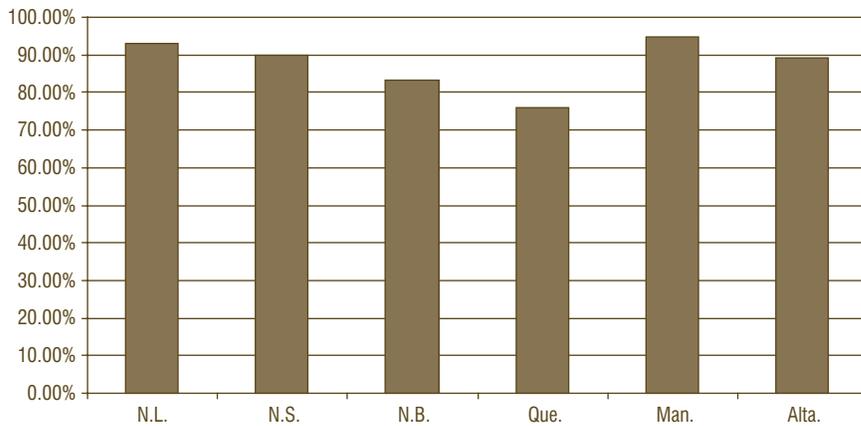
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Office Practice, by Province, 2003

A.1.1

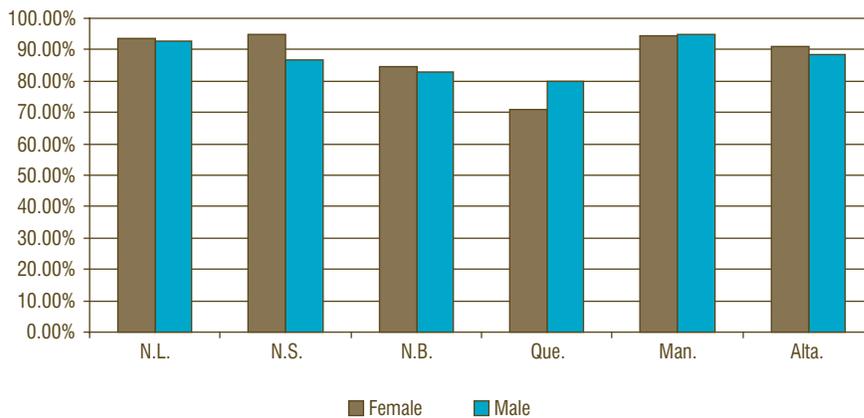


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Office practice results are based on data for all provinces, with the exception of Prince Edward Island, Ontario, Saskatchewan and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Office Practice, by Province and Sex, 2003

A.1.2

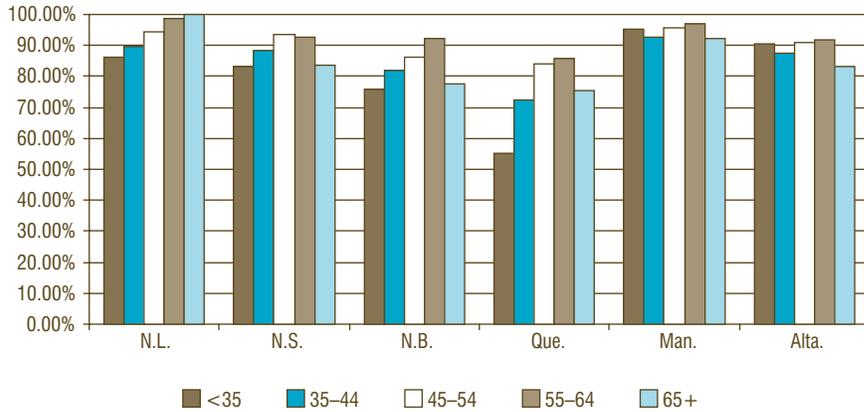


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Office practice results are based on data for all provinces, with the exception of Prince Edward Island, Ontario, Saskatchewan and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Office Practice, by Province and Age, 2003

A.1.3

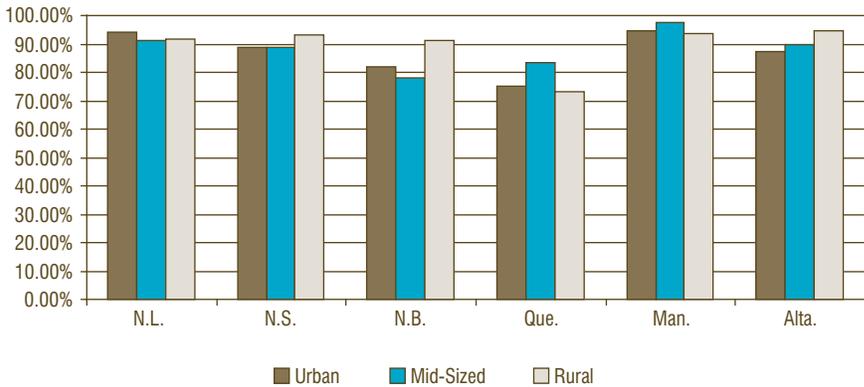


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Office practice results are based on data for all provinces, with the exception of Prince Edward Island, Ontario, Saskatchewan and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Office Practice, by Province and Location, 2003

A.1.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Office practice results are based on data for all provinces, with the exception of Prince Edward Island, Ontario, Saskatchewan and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

A.2 Hospital Inpatient Care

What's included in this clinical practice area?

- Hospital care days, up to 28 to 42 days
- Hospital care days, greater than 28 to 42 days
- Hospital care days, other
- Hospital inpatient major assessment, newborn
- Hospital inpatient major assessment, other
- Hospital inpatient other assessment

Table A.2.1
Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	36.6%	71.4%	65.1%	78.2%	48.2%	50.5%	47.0%	71.5%	53.0%	69.8%	54.3%
Male	44.6%	82.2%	58.2%	64.9%	45.1%	57.1%	56.6%	76.3%	68.1%	73.7%	59.2%
Location											
Urban	29.9%	**	47.3%	43.9%	40.2%	47.0%	37.4%	65.1%	50.7%	65.0%	48.2%
Mid-Size	80.4%	80.0%	78.4%	74.6%	70.9%	76.9%	82.4%	77.8%	88.3%	86.5%	78.9%
Rural	42.1%	84.8%	68.8%	77.7%	51.8%	83.9%	84.4%	88.0%	87.3%	81.7%	74.4%
Age Group											
<35	41.9%	70.6%	55.6%	73.6%	71.9%	58.4%	62.1%	75.9%	72.5%	68.0%	66.1%
35-44	35.5%	74.1%	55.1%	70.3%	55.9%	54.6%	50.7%	75.0%	63.6%	69.5%	59.0%
45-54	45.9%	82.8%	67.3%	75.9%	37.8%	60.1%	56.8%	73.3%	64.8%	78.0%	58.3%
55-64	51.9%	93.8%	68.1%	69.3%	29.8%	56.3%	55.0%	82.7%	57.4%	76.1%	55.6%
65+	27.3%	62.5%	50.8%	33.3%	24.2%	41.6%	36.8%	67.1%	41.8%	62.1%	43.1%
Total	42.1%	79.2%	60.8%	69.8%	46.4%	54.9%	53.7%	74.9%	62.9%	72.5%	57.5%

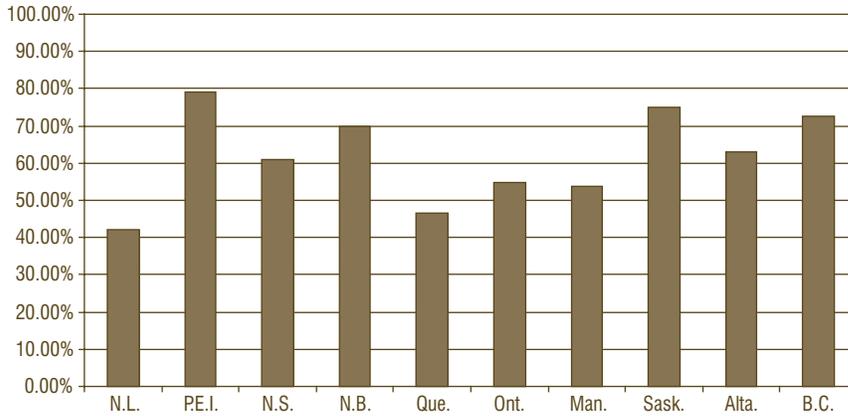
** There are no family physicians in this category.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care, by Province, 2003

A.2.1

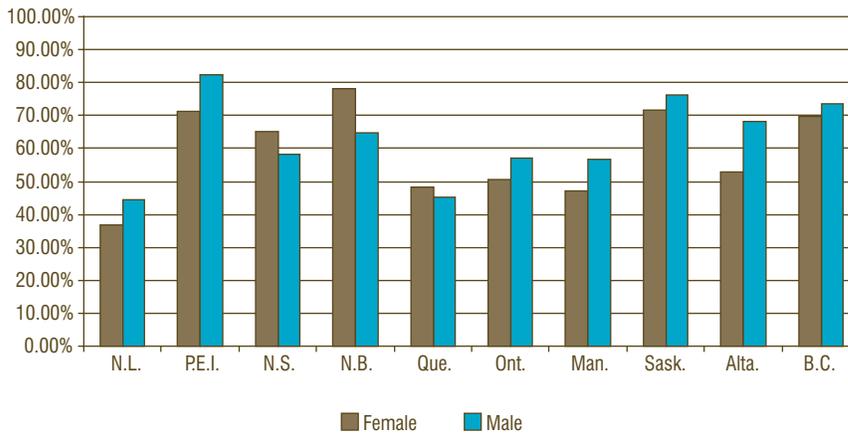


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care, by Province and Sex, 2003

A.2.2



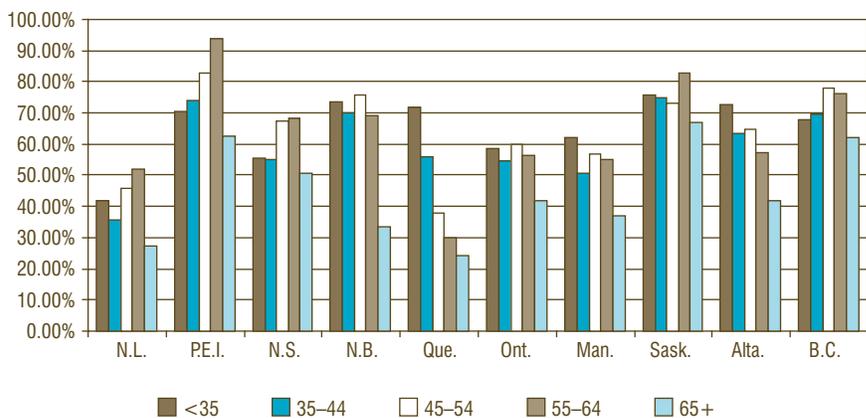
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care, by Province and Age, 2003

A.2.3

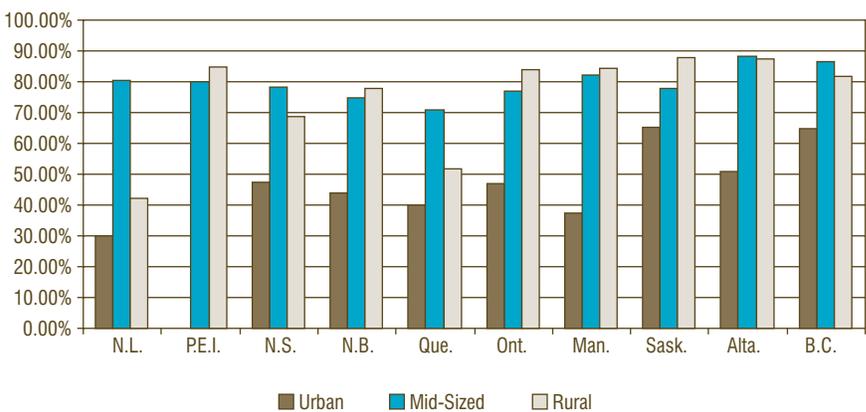


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Hospital Inpatient Care, by Province and Location, 2003

A.2.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

A.3 Mental Health Care

What's included in this clinical practice area?

- Counselling
- Group/family psychotherapy
- Individual psychotherapy

Table A.3.1
Fee-for-Service Family Physician Participation Rates in Mental Health Care, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	79.5%	60.7%	82.4%	81.9%	79.8%	93.8%	64.8%	86.4%	90.6%	91.2%	87.2%
Male	51.7%	60.3%	66.6%	70.1%	78.9%	88.0%	60.8%	83.2%	82.4%	86.8%	82.6%
Location											
Urban	67.8%	**	77.1%	70.7%	77.7%	89.8%	56.5%	85.9%	86.4%	87.6%	84.4%
Mid-Size	55.4%	67.7%	63.9%	72.6%	86.4%	88.3%	67.1%	77.3%	81.6%	89.0%	84.1%
Rural	52.1%	51.5%	73.6%	79.1%	80.2%	92.5%	73.8%	85.8%	83.4%	90.1%	83.5%
Age Group											
<35	58.1%	35.3%	63.9%	75.2%	79.4%	93.0%	64.1%	79.6%	90.1%	86.3%	84.4%
35-44	61.7%	70.4%	74.2%	72.8%	82.0%	91.3%	60.9%	86.7%	89.7%	87.3%	85.6%
45-54	62.4%	62.1%	79.2%	79.1%	82.7%	92.8%	68.5%	88.1%	86.2%	90.4%	87.0%
55-64	61.0%	100.0%	72.5%	81.2%	76.0%	90.5%	60.3%	84.4%	79.9%	91.0%	84.5%
65+	54.5%	12.5%	50.8%	48.1%	48.8%	80.5%	40.8%	75.7%	62.9%	81.2%	70.2%
Total	60.5%	60.4%	72.7%	74.5%	79.3%	89.9%	62.0%	84.1%	85.2%	88.2%	84.2%

** There are no family physicians in this category.

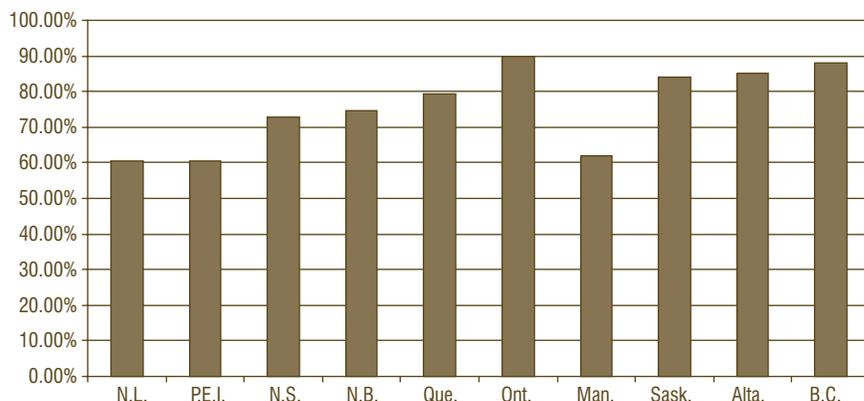
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Mental Health Care, by Province, 2003

A.3.1

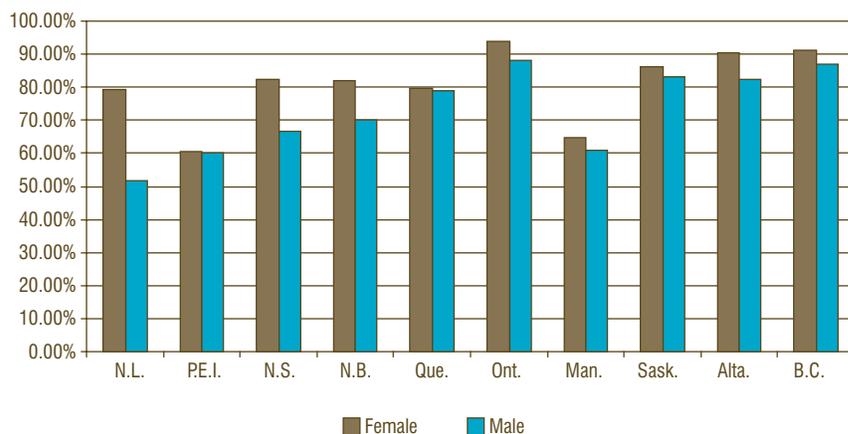


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Mental Health Care, by Province and Sex, 2003

A.3.2

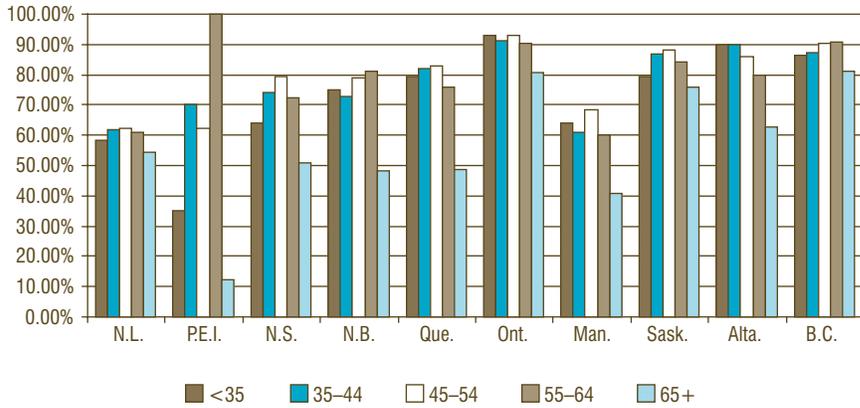


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Mental Health Care, by Province and Age, 2003

A.3.3

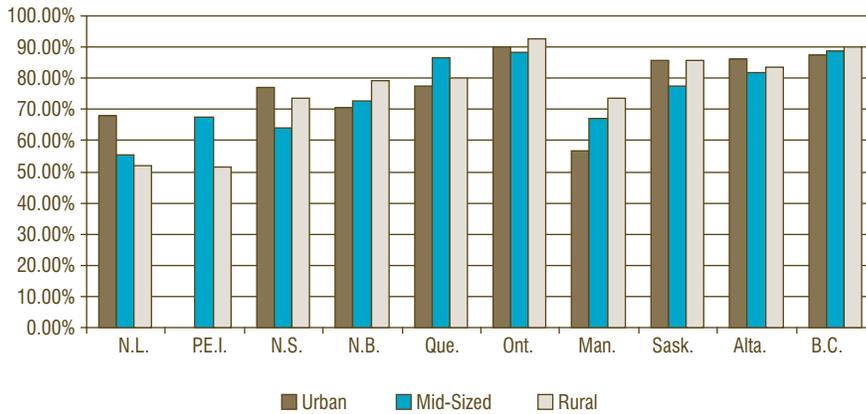


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Mental Health Care, by Province and Location, 2003

A.3.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

A.4 Basic Procedural Skills (BPS) Services

What's included in this clinical practice area?

- Insertion of IUD
- Biopsy
- Cryotherapy
- Electrocardiogram
- Injection/aspiration of joint
- Allergy/hyposensitization test
- Excision of nail
- Wound suture
- Removal of foreign body
- Incision, abscess, etc.

Table A.4.1
Fee-for-Service Family Physician Participation Rates in Basic Procedural Skills Services,
by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	82.1%	67.9%	77.4%	79.0%	71.1%	88.2%	71.9%	86.8%	84.8%	89.7%	81.9%
Male	84.7%	68.5%	81.0%	78.0%	82.8%	89.6%	81.7%	86.8%	89.0%	91.6%	87.4%
Location											
Urban	79.7%	**	77.1%	61.8%	75.1%	88.1%	75.9%	86.4%	85.3%	88.8%	83.8%
Mid-Size	85.7%	70.8%	82.2%	77.6%	85.2%	91.8%	84.7%	83.8%	90.0%	94.7%	88.9%
Rural	89.3%	66.7%	82.6%	88.6%	83.2%	93.5%	83.6%	89.5%	93.3%	94.6%	89.2%
Age Group											
<35	83.7%	41.2%	72.2%	76.9%	82.7%	95.7%	76.6%	81.0%	91.8%	92.2%	88.3%
35-44	82.2%	77.8%	79.0%	77.4%	82.0%	93.0%	75.7%	89.4%	89.4%	92.2%	88.1%
45-54	84.4%	72.4%	85.2%	81.8%	77.7%	91.7%	80.1%	88.1%	87.7%	93.0%	86.8%
55-64	88.3%	93.8%	82.5%	84.2%	74.2%	87.1%	84.0%	89.0%	87.5%	89.7%	84.7%
65+	72.7%	50.0%	62.3%	59.3%	50.4%	76.8%	78.9%	85.7%	70.0%	82.4%	72.6%
Total	83.9%	68.3%	79.6%	78.4%	77.8%	89.1%	78.7%	86.8%	87.6%	91.0%	85.5%

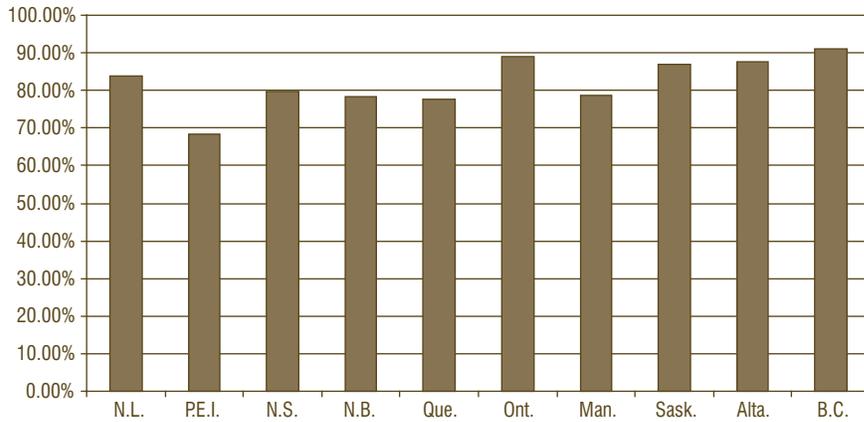
** There are no family physicians in this category.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Basic Procedural Skills (BPS) Services, by Province, 2003

A.4.1

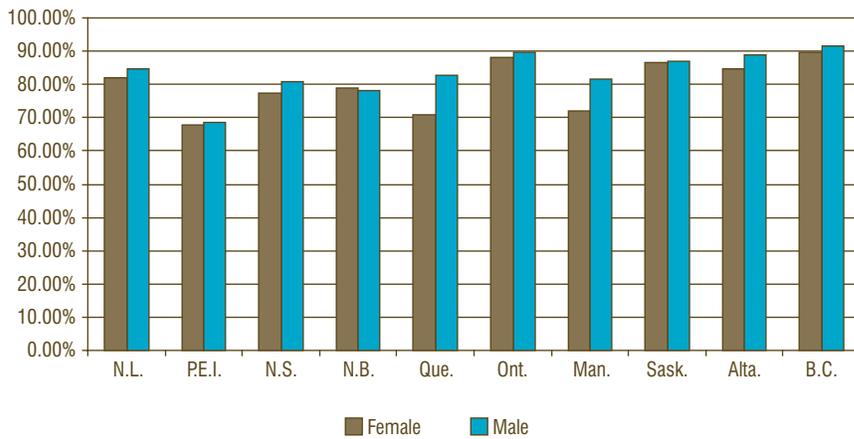


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Basic Procedural Skills (BPS) Services, by Province and Sex, 2003

A.4.2

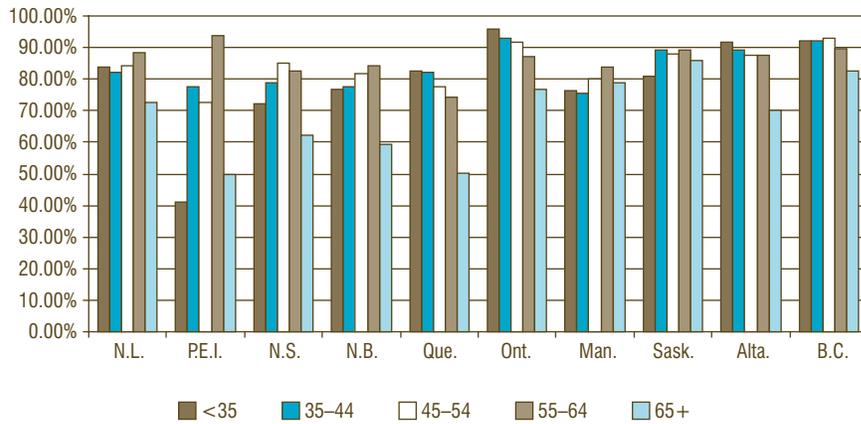


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Basic Procedural Skills (BPS) Services, by Province and Age, 2003

A.4.3

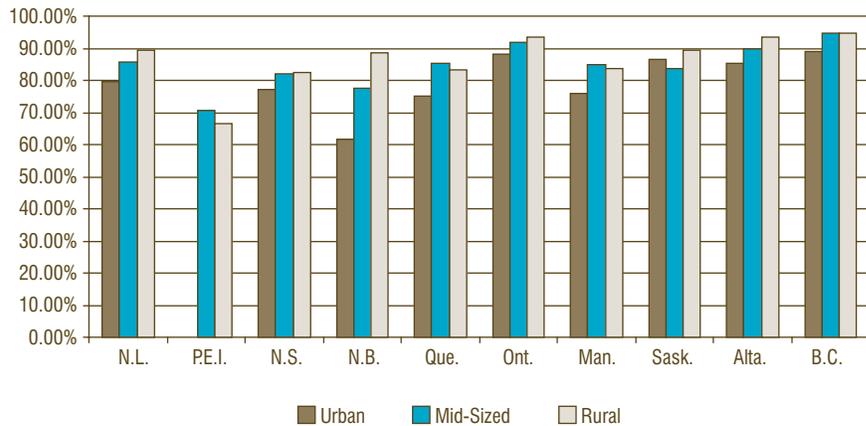


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Basic Procedural Skills (BPS) Services, by Province and Location, 2003

A.4.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

A.5 Advanced Procedural Skills (APS) Services

What's included in this clinical practice area?

- Sigmoidoscopy
- Intensive care/resuscitation
- Nerve blocks
- Minor fractures
- Chalazion
- Tumour excision
- Vasectomy
- Varicose veins
- Rhinoplasty
- Fractures

Table A.5.1
Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills Services, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	76.8%	57.1%	48.9%	34.0%	*	59.3%	64.8%	68.6%	58.9%	79.6%	62.8%
Male	76.9%	67.1%	59.1%	52.6%	*	69.8%	69.6%	77.7%	77.4%	87.9%	74.2%
Location											
Urban	77.4%	**	45.9%	30.1%	*	62.0%	61.9%	68.4%	65.5%	81.0%	65.8%
Mid-Size	82.1%	66.2%	63.9%	34.1%	*	77.1%	77.6%	74.6%	78.3%	93.6%	77.9%
Rural	73.6%	66.7%	63.5%	70.0%	*	84.5%	80.3%	85.8%	84.4%	89.6%	82.0%
Age Group											
<35	69.8%	47.1%	44.4%	29.8%	*	79.1%	75.9%	71.5%	73.8%	87.1%	75.3%
35-44	79.4%	66.7%	52.9%	48.7%	*	71.4%	65.2%	79.2%	73.6%	86.0%	73.5%
45-54	78.0%	72.4%	60.6%	48.7%	*	68.7%	71.2%	75.2%	72.6%	87.2%	72.9%
55-64	80.5%	87.5%	59.4%	61.4%	*	62.6%	66.4%	79.2%	70.1%	83.8%	69.1%
65+	54.5%	37.5%	49.2%	33.3%	*	49.2%	53.9%	68.6%	48.4%	77.4%	54.7%
Total	76.8%	64.4%	55.1%	45.7%	*	66.4%	68.2%	75.2%	71.0%	85.3%	70.5%

* Province not included in analysis of clinical practice area. See Appendix C.

** There are no family physicians in this category.

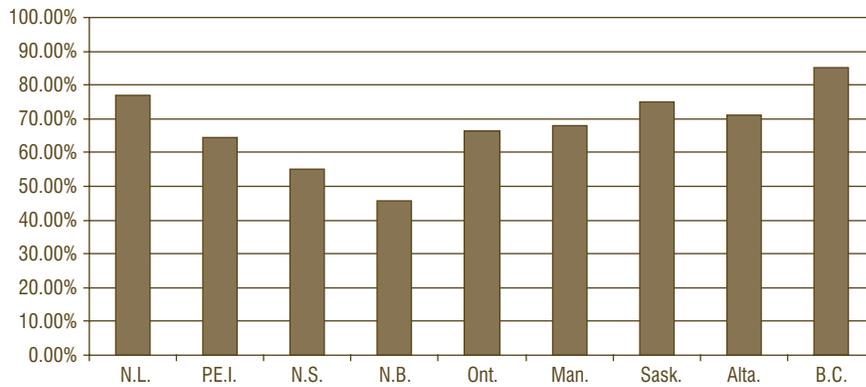
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills (APS) Services, by Province, 2003

A.5.1

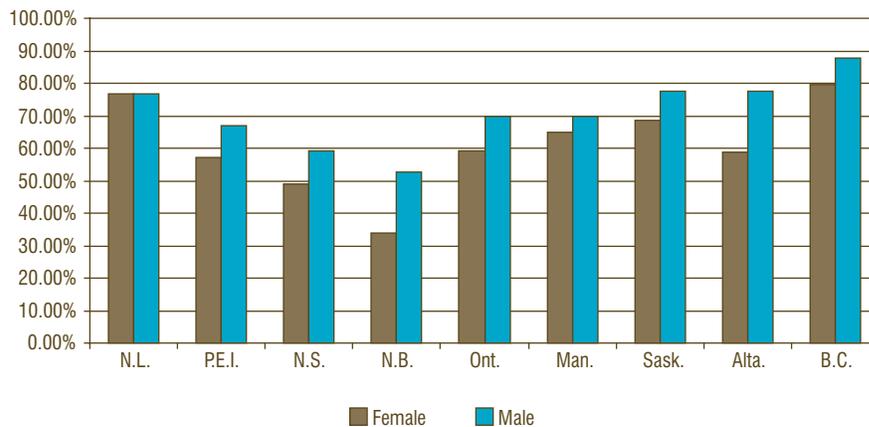


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Advanced procedural skills services results are based on data for all provinces, with the exception of Quebec. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills (APS) Services, by Province and Sex, 2003

A.5.2

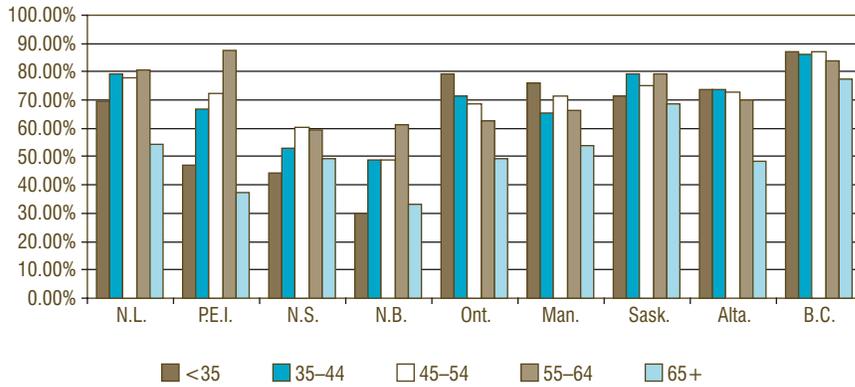


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Advanced procedural skills services results are based on data for all provinces, with the exception of Quebec. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills (APS) Services, by Province and Age, 2003

A.5.3

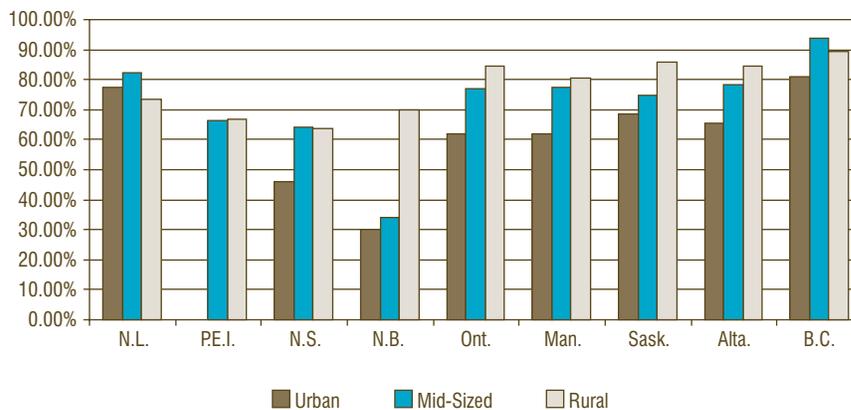


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Advanced procedural skills services results are based on data for all provinces, with the exception of Quebec. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Advanced Procedural Skills (APS) Services, by Province and Location, 2003

A.5.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Advanced procedural skills services results are based on data for all provinces, with the exception of Quebec. See Appendix C for details on provincial inclusion/exclusion criteria.

A.6 Surgical Services

What's included in this clinical practice area?

- Dilatation and curettage
- Cystoscopy
- Colonoscopy
- Laryngo/bronchoscopy
- Esophago/gastroscopy
- Therapeutic abortion
- Caesarean section
- Sterilization
- Hysterectomy
- Hemorrhoidectomy
- Colectomy
- Inguinal/femoral hernia
- Tonsillectomy
- Cholecystectomy
- Laparotomy
- Appendectomy
- Breast excision

Table A.6.1
Fee-for-Service Family Physician Participation Rates in Surgical Services, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	*	*	5.0%	3.8%	5.2%	6.3%	5.0%	6.2%	5.2%	*	5.6%
Male	*	*	6.2%	3.7%	5.9%	9.5%	13.1%	10.1%	17.4%	*	9.4%
Location											
Urban	*	*	3.6%	3.3%	6.2%	7.1%	4.6%	3.3%	9.3%	*	6.8%
Mid-Size	*	*	8.7%	3.0%	4.4%	10.6%	17.6%	8.6%	12.5%	*	8.4%
Rural	*	*	6.9%	5.0%	3.9%	15.1%	23.4%	17.8%	26.0%	*	13.2%
Age Group											
<35	*	*	3.7%	3.2%	9.2%	13.9%	9.0%	6.6%	13.7%	*	11.1%
35-44	*	*	6.1%	4.1%	7.1%	9.8%	9.8%	9.5%	13.4%	*	9.1%
45-54	*	*	5.6%	3.7%	3.6%	8.4%	11.3%	7.4%	14.2%	*	7.5%
55-64	*	*	5.0%	3.0%	4.5%	6.4%	13.7%	12.7%	12.9%	*	7.0%
65+	*	*	9.8%	3.7%	3.5%	3.3%	10.5%	8.6%	6.1%	*	4.6%
Total	*	*	5.7%	3.7%	5.6%	8.4%	10.7%	9.0%	13.2%	*	8.1%

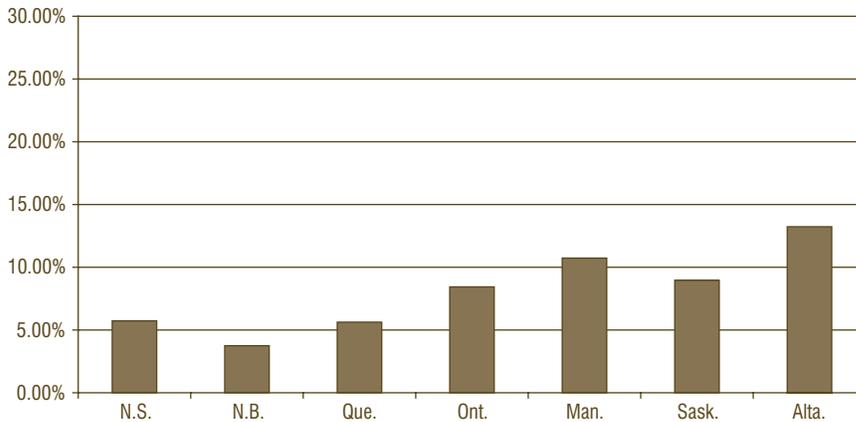
* Province not included in analysis of clinical practice area. See Appendix C.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Surgical Services, by Province, 2003

A.6.1

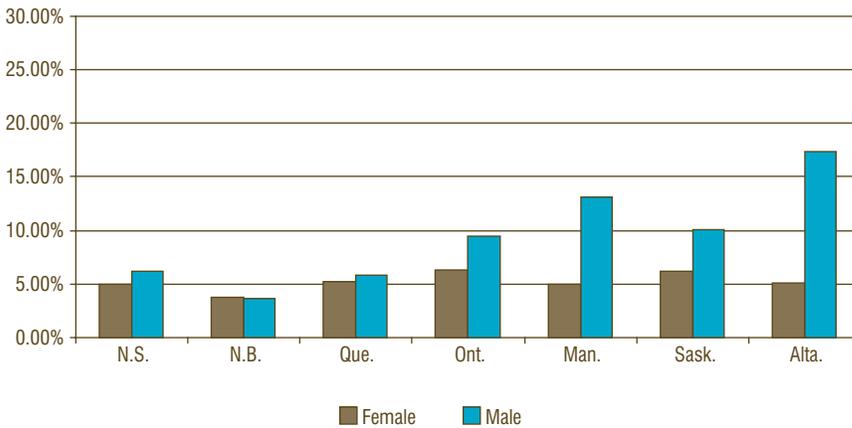


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Surgical service results are based on data for all provinces, with the exception of Newfoundland and Labrador, Prince Edward Island and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Surgical Services, by Province and Sex, 2003

A.6.2



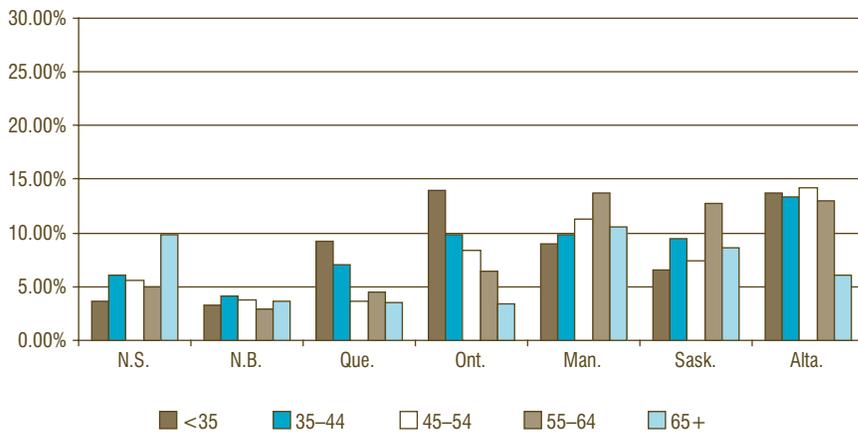
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Surgical service results are based on data for all provinces, with the exception of Newfoundland and Labrador, Prince Edward Island and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.



Fee-for-Service Family Physician Participation Rates in Surgical Services, by Province and Age, 2003

A.6.3

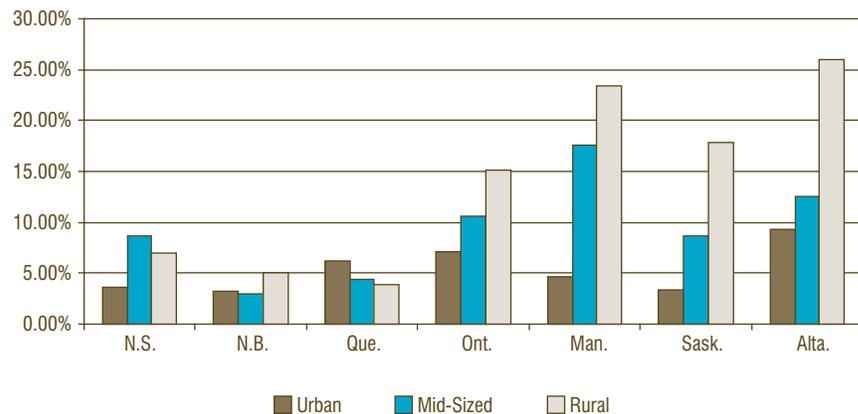


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Surgical service results are based on data for all provinces, with the exception of Newfoundland and Labrador, Prince Edward Island and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Surgical Services, by Province and Location, 2003

A.6.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Surgical service results are based on data for all provinces, with the exception of Newfoundland and Labrador, Prince Edward Island and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

A.7 Anesthesia Services

What's included in this clinical practice area?

- Anesthesia services (excluding nerve blocks)

Table A.7.1

Fee-for-Service Family Physician Participation Rates in Anesthesia Services, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	2.7%	0.0%	*	1.3%	3.9%	4.8%	3.2%	5.4%	*	*	4.3%
Male	2.1%	2.7%	*	3.7%	4.3%	10.8%	9.9%	8.5%	*	*	8.2%
Location											
Urban	2.3%	**	*	4.1%	4.7%	6.4%	4.9%	2.2%	*	*	5.6%
Mid-Size	5.4%	1.5%	*	0.7%	2.7%	15.3%	9.4%	10.8%	*	*	9.0%
Rural	0.8%	3.0%	*	5.0%	3.1%	18.1%	14.8%	13.8%	*	*	10.4%
Age Group											
<35	0.0%	0.0%	*	0.8%	8.2%	15.4%	6.9%	10.9%	*	*	11.0%
35–44	2.8%	0.0%	*	2.6%	4.8%	11.0%	7.2%	7.6%	*	*	8.0%
45–54	2.8%	6.9%	*	4.8%	2.5%	7.8%	9.2%	7.4%	*	*	5.7%
55–64	2.6%	0.0%	*	2.0%	3.4%	6.3%	8.4%	8.7%	*	*	5.4%
65+	0.0%	0.0%	*	3.7%	1.6%	4.5%	7.9%	2.9%	*	*	3.9%
Total	2.3%	2.0%	*	2.8%	4.1%	8.8%	7.9%	7.6%	*	*	6.8%

* Province not included in analysis of clinical practice area. See Appendix C.

** There are no family physicians in this category.

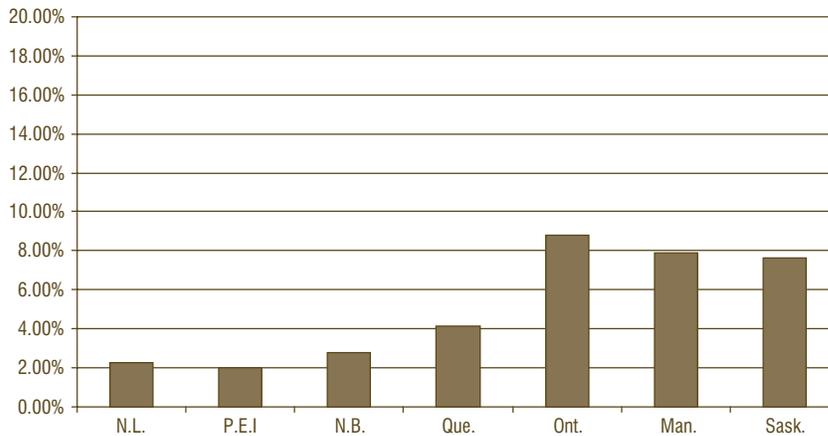
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Anesthesia Services, by Province, 2003

A.7.1

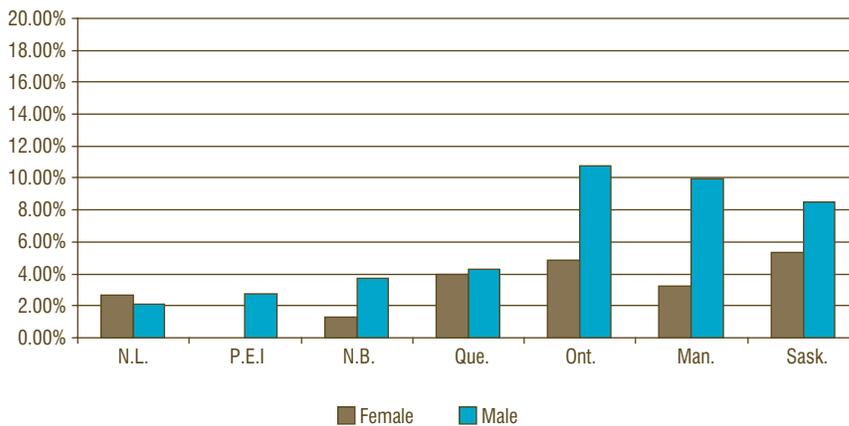


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Anesthesia service results are based on data for all provinces, with the exception of Nova Scotia, Alberta and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Anesthesia Services, by Province and Sex, 2003

A.7.2

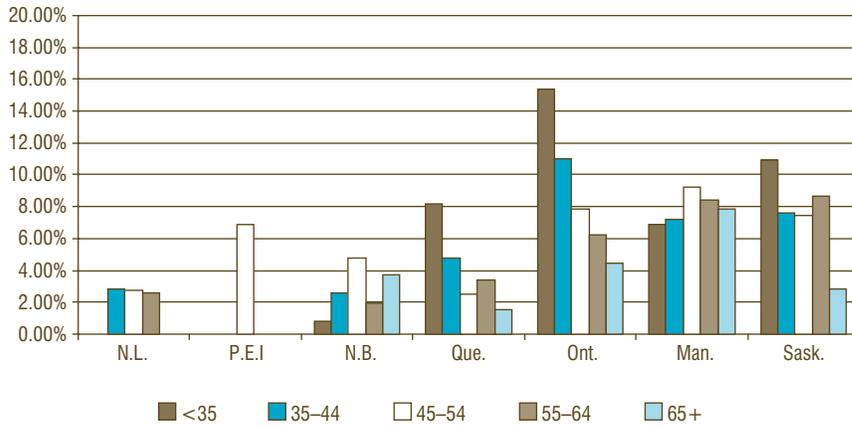


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Anesthesia service results are based on data for all provinces, with the exception of Nova Scotia, Alberta and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Anesthesia Services, by Province and Age, 2003

A.7.3

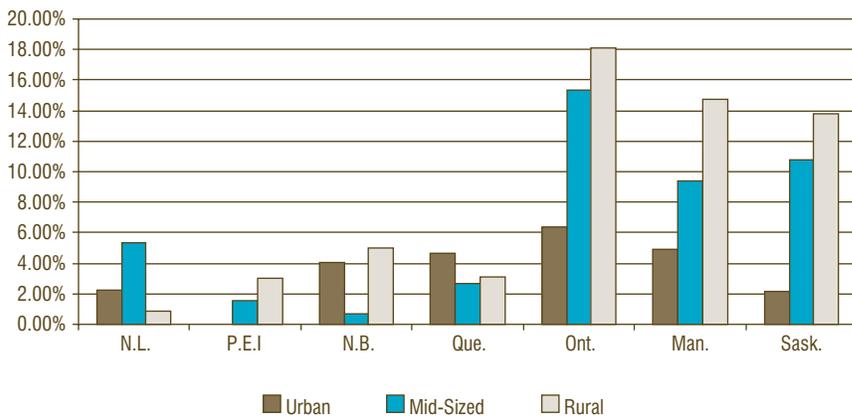


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Anesthesia service results are based on data for all provinces, with the exception of Nova Scotia, Alberta and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

Fee-for-Service Family Physician Participation Rates in Anesthesia Services, by Province and Location, 2003

A.7.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas. Anesthesia service results are based on data for all provinces, with the exception of Nova Scotia, Alberta and British Columbia. See Appendix C for details on provincial inclusion/exclusion criteria.

A.8 Obstetrical Care

What's included in this clinical practice area?

- Delivery (excluding C-section)
- Services at time of delivery (such as laceration repair, removal of retained placenta)
- Other obstetrical services (such as stress test, fetoscopy)

Table A.8.1
Fee-for-Service Family Physician Participation Rates in Obstetrical Care, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	6.3%	7.1%	26.3%	20.6%	10.2%	11.4%	21.0%	30.6%	21.6%	26.7%	15.7%
Male	10.7%	8.2%	12.3%	9.6%	5.4%	9.9%	23.4%	23.2%	24.5%	20.5%	13.2%
Location											
Urban	3.4%	**	17.1%	8.1%	5.8%	6.7%	8.1%	17.7%	10.9%	14.3%	8.5%
Mid-Size	28.6%	6.2%	27.9%	12.4%	14.0%	16.2%	45.9%	29.7%	40.9%	38.1%	24.1%
Rural	9.1%	12.1%	11.5%	18.6%	8.8%	29.7%	50.8%	33.8%	53.7%	31.7%	27.3%
Age Group											
<35	9.3%	5.9%	12.0%	18.2%	12.1%	15.5%	30.3%	25.5%	25.5%	30.2%	18.6%
35-44	8.4%	0.0%	18.8%	17.9%	9.8%	12.2%	23.2%	28.4%	27.2%	25.4%	16.4%
45-54	11.9%	17.2%	23.9%	12.3%	5.5%	11.8%	24.3%	29.7%	24.2%	24.3%	14.7%
55-64	9.1%	6.3%	11.3%	6.9%	4.7%	7.5%	19.8%	26.6%	19.2%	16.5%	10.5%
65+	0.0%	12.5%	9.8%	3.7%	0.8%	3.0%	7.9%	7.1%	8.9%	4.2%	4.2%
Total	9.3%	7.9%	17.7%	13.7%	7.5%	10.4%	22.6%	25.3%	23.5%	22.4%	14.1%

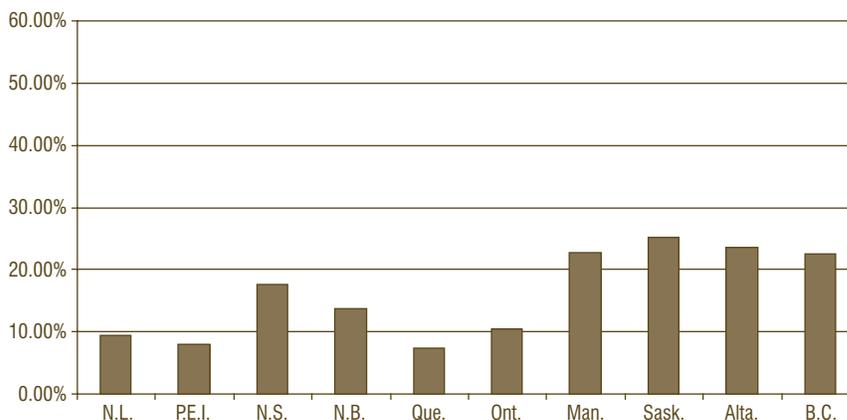
** There are no family physicians in this category.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care, by Province, 2003

A.8.1

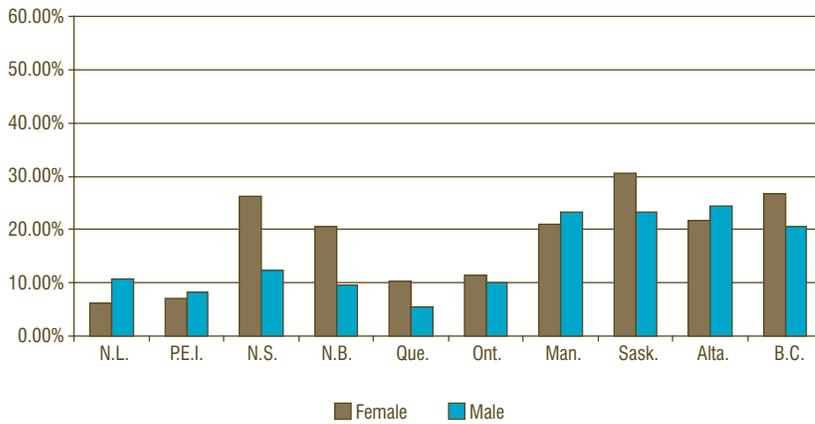


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care, by Province and Sex, 2003

A.8.2

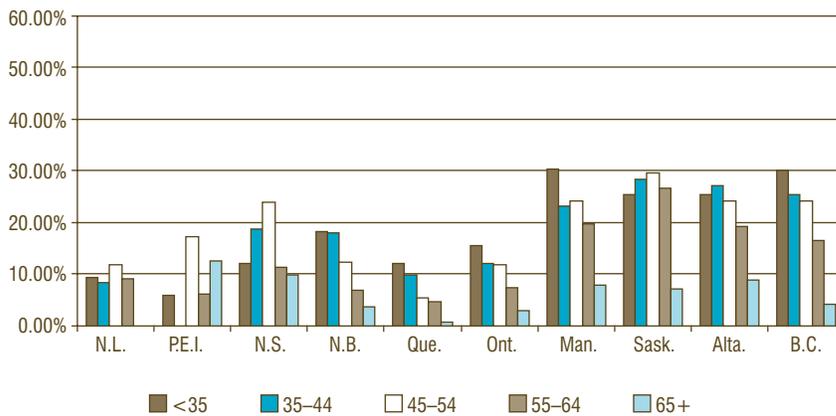


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care, by Province and Age, 2003

A.8.3

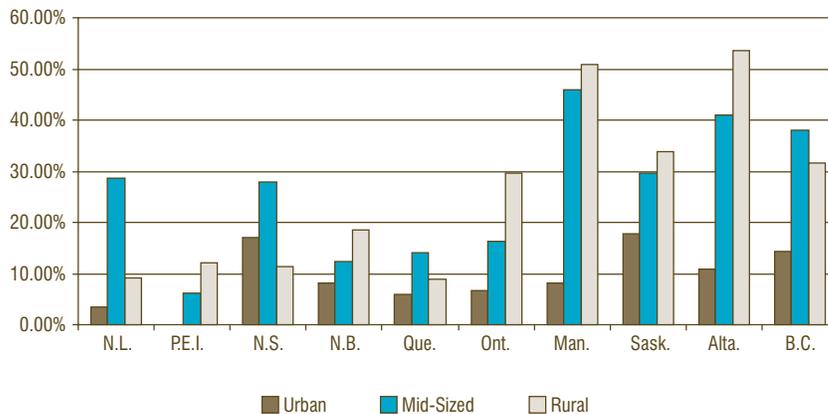


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Obstetrical Care, by Province and Location, 2003

A.8.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

A.9 Surgical Assistance

What's included in this clinical practice area?

- Surgical assistance

Table A.9.1

Fee-for-Service Family Physician Participation Rates in Surgical Assistance, by Province, Sex, Location and Age Group, 2003

	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	CAN
Gender											
Female	11.6%	32.1%	29.6%	42.4%	6.9%	19.8%	32.4%	36.8%	22.0%	40.9%	20.9%
Male	17.4%	32.9%	33.6%	42.7%	4.1%	25.2%	36.6%	43.2%	27.4%	44.3%	25.7%
Location											
Urban	5.6%	**	16.9%	22.8%	3.8%	17.2%	26.0%	40.9%	15.4%	35.5%	17.1%
Mid-Size	57.1%	43.1%	66.3%	51.8%	11.4%	45.2%	64.7%	59.5%	51.5%	61.1%	44.7%
Rural	10.7%	15.2%	30.2%	41.4%	6.1%	40.7%	48.4%	30.2%	43.0%	47.0%	31.8%
Age Group											
<35	11.6%	29.4%	28.7%	45.5%	8.0%	25.1%	36.6%	48.9%	30.5%	39.4%	25.0%
35-44	14.0%	11.1%	29.9%	51.8%	6.3%	24.4%	33.3%	40.5%	29.5%	43.8%	25.0%
45-54	22.0%	44.8%	38.0%	40.1%	4.3%	25.1%	38.0%	42.1%	24.3%	45.9%	24.5%
55-64	14.3%	56.3%	31.3%	31.7%	3.5%	22.0%	37.4%	43.4%	19.0%	42.8%	22.9%
65+	0.0%	37.5%	23.0%	29.6%	3.1%	19.3%	25.0%	31.4%	17.4%	34.1%	19.9%
Total	15.5%	32.7%	32.0%	42.6%	5.3%	23.5%	35.4%	41.5%	25.5%	43.2%	24.0%

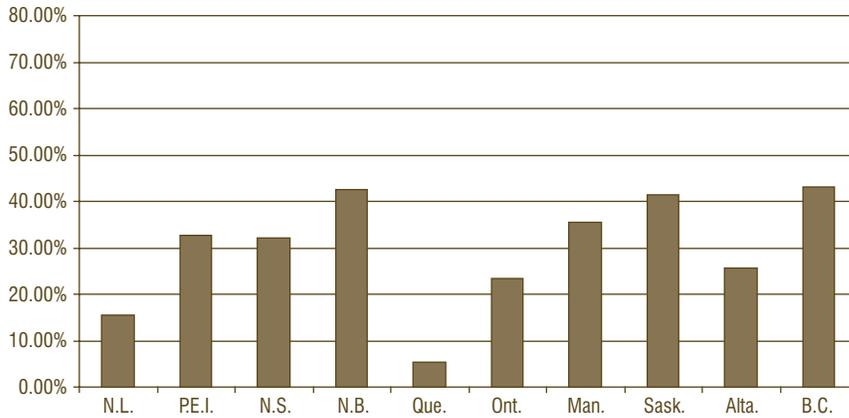
** There are no family physicians in this category.

Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Surgical Assistance, by Province, 2003

A.9.1

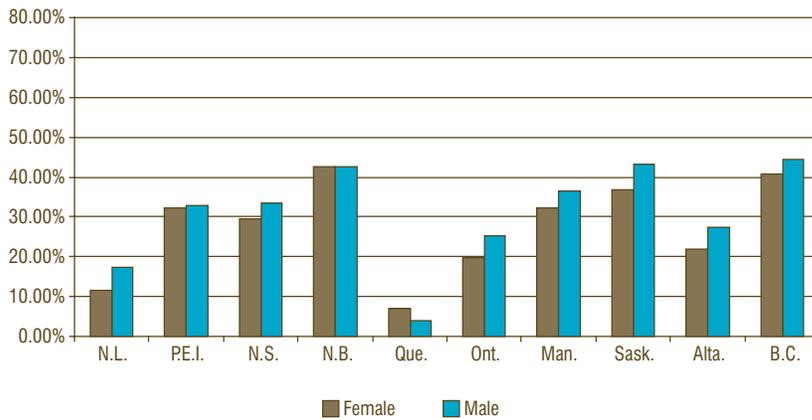


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Surgical Assistance, by Province and Sex, 2003

A.9.2



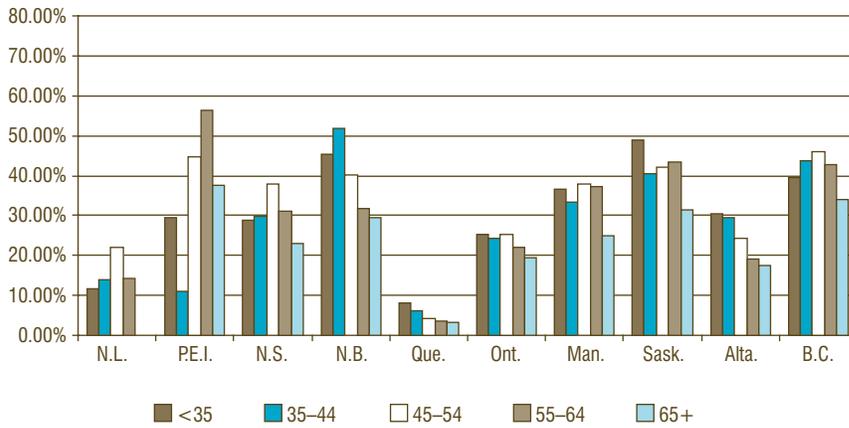
Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Fee-for-Service Family Physician Participation Rates in Surgical Assistance, by Province and Age, 2003

A.9.3

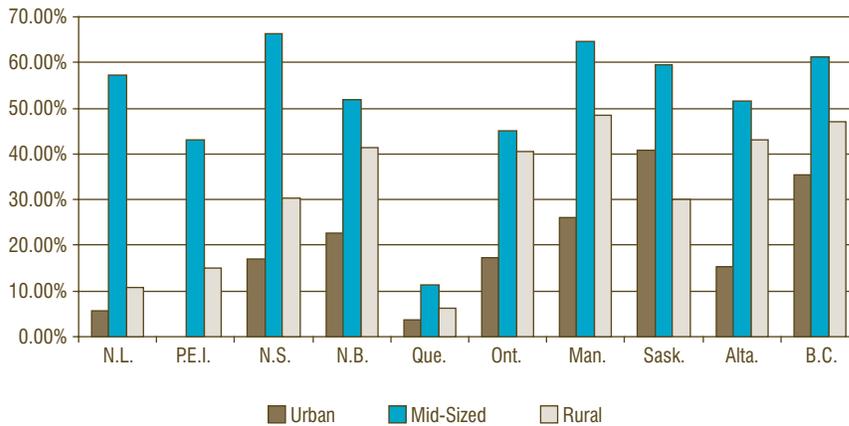


Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.

Fee-for-Service Family Physician Participation Rates in Surgical Assistance, by Province and Location, 2003

A.9.4



Source: National Physician Database, CIHI.

Note: See Appendix B for definitions of clinical service areas.



Appendix B

National Grouping System (NGS) Strata and Categories Used to Define the Study Clinical Practice Areas

CIHI's National Grouping System (NGS) methodology provides a means to describe provision of physician services across provinces and time. The NGS methodology assigns all provincial/territorial fee-for-service billing codes to 120 categories that describe medical procedures and types of clinical service. These 120 categories are further grouped to the level of broad clinical service areas or strata (for example, obstetrics, major surgery, diagnostic and therapeutic services). Table B1 lists the NGS categories and strata that were used to define clinical practice areas presented in this report.

In addition to mapping fee codes to NGS categories/strata, the NGS methodology adjusts for provincial variations in service billings. In so doing, the NGS methodology standardizes fee code-level data to facilitate analysis of payment and service-count data at the level of the NGS category/stratum. Detailed NGS descriptions and methodologies, as well as payment and service statistical summaries, are published in CIHI's annual National Grouping System Categories Report.⁹

**Table B1:
Definition of Study Clinical Practice Areas Based on National Grouping System Categories**

Study Clinical Practice Area	NGS Category Description	NGS Category ID
Office practice	Major assessment, office	003
	Other assessment, office	010
Hospital inpatient care	Hospital care days, up to 28–42 days	017
	Hospital care days, greater than 28–42 days	018
	Hospital care days, other	019
	Hospital inpatient major assessment, newborn	004
	Hospital inpatient major assessment, other	005
	Hospital inpatient other assessment	011
Mental health care	Counselling	024
	Group/family psychotherapy	023
	Individual psychotherapy	022
Basic procedural skills	Insertion of IUD	117
	Biopsy	113
	Cryotherapy	111
	Electrocardiogram	100
	Injection/aspiration of joint	099
	Allergy/hyposensitization test	098
	Excision of nail	068
	Suture wound	067
	Removal of foreign body	065
	Incision, abscess, etc.	064

Table B1
Definition of Study Clinical Practice Areas Based on National Grouping System Categories

Study Clinical Practice Area	NGS Category Description	NGS Category ID
Advanced procedural skills	Sigmoidoscopy	105
	Intensive care/resuscitation	097
	Nerve blocks	074
	Minor fractures	071
	Chalazion	069
	Tumour excision	066
	Vasectomy	053
	Varicose veins	040
	Rhinoplasty	034
	Fractures	028
Surgery	Dilatation and curettage	109
	Cystoscopy	104
	Colonoscopy	103
	Laryngo/bronchoscopy	102
	Oesophago/gastroscopy	101
	Therapeutic abortion	079
	Caesarean section	078
	Sterilization	057
	Hysterectomy	056
	Haemorrhoidectomy	049
	Colectomy	048
	Inguinal/femoral hernia	047
	Tonsillectomy	046
	Cholecystectomy	045
	Laparotomy	044
	Appendectomy	043
Breast excision	026	
Anesthesia	Anesthesia services (excluding nerve blocks)	075
Obstetrical care	Delivery (excluding C-section)	077
	Services at time of delivery (e.g. laceration repair, removal of retained placenta)	076
	Other obstetrical services (e.g. stress test, foetoscopy)	080
Surgical assistance	Surgical assistance	073



Appendix C

Clinical Practice Area Provincial Exclusions Based on National Physician Database and National Family Physician Workforce Survey Data Comparisons

National Family Physician Workforce Survey (NFPWS) data was used in this study to cross-validate results based on National Physician Database (NPDB) billing data. The proportions of family doctors who bill for each clinical practice area according to NPDB data were compared to the proportions of family doctors who, through the NFPWS, indicated they provide similar services. Comparisons were made at the provincial level. Cross-validation was carried out to improve the comparability of results based on fee schedule billing information across provinces, as well as provincial variations in service coverage through alternative payment programs.

The NFPWS data elements used for cross-validation purposes are reported, along with provincial inclusion/exclusion results in Table C1. Detailed information on the NPDB National Grouping System (NGS) categories used for the comparative analysis is reported in Appendix B.

Office assessment fee codes are not uniquely identified in the fee schedules of Prince Edward Island, Ontario, Saskatchewan and British Columbia. In these provinces, office assessments are remunerated using fee codes that cover service delivery in multiple settings (such as private offices, nursing homes and group homes). These provinces were, therefore, excluded from the analysis of office practice in this study.

All other provincial exclusions, based on NFPWS–NPDB comparisons, are reported in Table C1. For these clinical practice areas, the participation rates calculated using NPDB data were compared to those calculated using NFPWS, and Pearson’s correlation coefficient was calculated. NPDB–NFPWS provincial correlation coefficients <0.90 were classified as low. Also, the data sources were considered discrepant if the 95% confidence interval of the mean difference did not include the value 0.

Provinces were only excluded from the analysis of a particular clinical service area if the correlation coefficient was low, the average proportions estimated by the two data sources were discrepant or if the NPDB overestimated the proportion of physicians providing service. By excluding provinces where physicians providing service are overestimated, the results presented in this report will not suggest that a population health care need is being met when, possibly, it is not.

**Table C1
Clinical Practice Areas, National Family Physician Workforce Survey Data Elements and Study Inclusion/Exclusion Results**

Study Clinical Practice Area	NFPWS Data Elements Used for Comparison	Provincial Inclusion/Exclusion Results
Hospital inpatient care	Hospital inpatient care—respondent had to indicate some number of hours per week spent providing hospital inpatient care	Include all provinces
Mental health care	Psychotherapy/counselling services provided to regular and/or other patients	Include all provinces
Basic procedural skills	IUD insertion, skin biopsy, suturing	Include all provinces
Advanced procedural skills	Flexible/rigid sigmoidoscopy, vasectomy/tubal ligation, mole removal, skin lesions, lumps and bumps, cysts, casting/splinting	Exclude Quebec; include all other provinces
Surgery	Performing major surgery in hospital (e.g. appendectomies, C-sections, hysterectomies, D. and C. aspiration, cystoscopy, colonoscopy, gastroscopy, bronchoscopy, C-section as primary surgeon)	Exclude Newfoundland and Labrador, Prince Edward Island and British Columbia; include all other provinces
Anesthesia	Anesthesia services provided to regular and/or other patients	Exclude Nova Scotia, Alberta and British Columbia; Include all other provinces
Obstetrics	Intrapartum care	Include all provinces
Surgical assistance	Surgical assistance services provided to regular and/or other patients	Include all provinces

Appendix D



Family/General Practitioners and Specialist Physicians as a Percentage of Total Physicians, by Province, 2003

	N.L. ¹	P.E.I. ^{2,3}	N.S. ^{2,4}	N.B. ²	Que. ⁵	Ont. ²	Man. ⁶	Sask. ²	Alta. ⁷	B.C. ⁸	Total
Family/General Practitioners	49.1%	46.4%	50.2%	48.5%	49.1%	48.9%	52.8%	54.5%	50.8%	56.7%	50.4%
Specialists	50.9%	53.6%	49.8%	51.5%	50.9%	51.1%	47.2%	45.5%	49.2	43.3%	49.6%
Certified Specialists	37.2%	44.5%	46.4%	48.6%	NA	50.6%	NA	35.0%	NA	NA	47.9%
Non-Certified Specialists	13.7%	9.1%	3.4%	2.9%	NA	0.4%	NA	10.5%	NA	NA	1.7%

List of provincial data sources used for the above table:

1. *2003 Registrar's Report to the Medical Board*, Registrar, Newfoundland Medical Board. Results are based on physician counts in June 2003.
2. Based on data provided by provincial and territorial ministry of health representatives of CIHI's Expert Group on Physician Databases. Results are based on physician counts in December 2003.
3. Provincial data source results for P.E.I. are based on full-time equivalent physician counts.
4. Non-certified specialist data for Nova Scotia reflect physicians' functional specialties. A physician's functional specialty is the self-reported specialty of the physician and/or the specialty reported by district health authorities. Functional specialty may also be determined by the department of health, where the physician's specialty corresponds to the area of practice that accounts for the majority of his or her time.
5. Collège des médecins du Québec, <http://www.cmq.org/CmsPages/PageCmsSimpleSplit.aspx?PageID=33673f17-316a-46b4-b854-7b0cf3e512a8#765> (accessed July 2004). Results are based on physician counts in December 2003.
6. College of Physicians and Surgeons of Manitoba, http://www.cpsm.mb.ca/physician_info/directory (accessed July 2004). Results are based on physicians listed in the online medical directory. Only physicians with a registration number who had an address in Manitoba are included.
7. College of Physicians and Surgeons of Alberta, http://cpsa.ab.ca/physicianregistration/physician_statistics.asp (accessed July 2004). Results are based on physician counts in December 2003.
8. *MSP Information Resource Manual Fee-for-Service Payment Statistics, 2002/2003*, British Columbia Ministry of Health Services; (MSP: Medical Service Plan), <http://www.healthservices.gov.bc.ca/msp/paystats/index.html> (accessed July 2004). Only fee-for-service physicians registered with the MSP and who were paid >\$0.00 by the MSP in 2002/2003 are included. Specialty assignment is based on "most recent specialty."

Note: NA = data not available from provincial/territorial data sources at the time of publication. Province-specific specialty exclusion and grouping criteria were applied to SMDDB data to improve comparability with data provided by provincial data source. Rounding may produce sub-group percentages that do not add to 100%.



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