

fee-for-service basis. This accounts for about 95% of the cost of insured medical services nationally. Other arrangements include salary, sessional payments, contract services, capitation and monetary incentives to settle and remain in medically underserved areas.

3.2.3 Health services

Canadians seeking health care have access to a comprehensive range of services from a broad spectrum of health care workers and organizations.

Institutional services. Under the Canada Health Act, hospitals provide full hospital and medical services to all in-patients through the provincial health insurance plans. These include standard ward services, and all approved and available diagnostic, treatment and rehabilitation services. Thus, in-patients have access at no charge to the full range of services available in hospitals, according to accreditation standards and appropriate to the hospital's level of specialization and range of programs.

Hospital services are provided through a network of over 1,048 general, teaching, pediatric, and allied specialty hospitals with an approved bed complement of over 170,700 or approximately 6 to 7 beds per 1,000 of the Canadian population. Of these, nearly one-half are short-term medical and surgical beds, while nearly one-quarter are for extended care (including chronic care) in long-term care units of these public general hospitals; over half of the hospitals have under 100 beds each.

General health services. Physician services under the provincial health insurance plans include the full range of required medical and surgical services. All community services for ambulatory care as well as necessary medical follow-up services for all patients discharged from hospitals are available through their own personal physicians. Medical services to Canadian residents are provided by almost 52,000 physicians (including interns and residents), or approximately one physician for every 491 population.

For non-hospitalized patients, hospitals in all provinces normally provide medically required diagnostic laboratory and radiological services, physiotherapy, occupational therapy, social work counselling, emergency services where available in the particular hospital, and clinical out-patient services where approved by the provincial plan. Out-patient services covered by the plans may also include, depending on the availability at the particular hospital and provincial approval, speech therapy and audiological services,

psychiatric therapy, psychiatric day care and/or night care, diabetic day care, day care surgery, cancer therapy, dietetic counselling, inhalation therapy, ambulance services, hemodialysis, medical orthoptics, electrocardiograms, electroencephalograms, and many other ambulatory services.

In addition to these community health care benefits provided through provincial health insurance plans, provinces have the option to provide additional benefits, and, in fact, many provinces do provide a wide range of additional benefits at no charge to eligible patients. It should be noted, however, that provinces are under no obligation to provide additional benefits on a universally accessible basis, so these benefits are frequently provided on a restricted basis, such as age-restricted dental services for children, or chiropractic services to a prescribed maximum. Additional benefits under some provincial plans include the services of dentists, optometrists, psychologists, chiropractors, podiatrists, naturopath physicians, osteopaths as well as home care services, drugs, and general preventive medical services. In order to be eligible for health insurance coverage of these additional benefits, patients must normally be referred by a medical doctor. Canadians may also purchase, on an individual fee-for-service basis, any of these health services or other alternate therapies not available through their particular provincial plan.

Health service networks. Health care services are extended across Canada with provinces relying on a number of strategies to provide services to all Canadians, including those in remote areas. These include, for example, regional flying ambulance services; in some areas flying health teams consisting of a variety of specially trained health professionals; training programs for community health aides; and extensive health promotion, accident prevention and health education programs.

These decentralized community and outreach services are integrated with networks of basic and specialized medical and hospital services, organized regionally under provincial co-ordination. Smaller hospitals typically provide the core hospital services of medical/surgical, obstetrics, pediatrics, and possibly intensive care and psychiatric services. Secondary and tertiary referral hospitals, providing a broader range of specialized and intensive services, are most frequently located in larger population centres. Hospitals providing services requiring close affiliation with research and advanced technology are generally affiliated with university health sciences centres. Health professionals similarly