

# POLICY BRIEF:

## Use, or Abuse? Examining Frequent Patient Appointments with Doctors in Canada

Colin Craig | June 2026



### Executive Summary

Approximately six million Canadians do not have a family doctor. This can lead to serious consequences for patients when it comes to diagnosing, in a timely manner, critical illnesses and other significant health concerns.

With this in mind, it is important to ensure the resources available in the primary care sector are used responsibly and effectively. Government data obtained by SecondStreet.org suggests this may not be happening right now.

SecondStreet.org filed Freedom of Information (FOI) requests with all provinces to obtain anonymous data on the “top users” of the health system when it came to the highest number of appointments with a general practitioner in 2024. We also sought information on the number of patients with 50 appointments in a single year as well as those with 100 appointments or more.

Some highlights from this research include:

- Quebec’s “top ten” patients had between 295 and 362 visits in 2024. As a group, these numbers were the highest in Canada. However, each province appears to use a slightly different definition of an “appointment” with a general practitioner, making it difficult to compare data among provinces.
- Ontario’s “top ten” patients had between 218 and 347 visits in 2024, the second highest grouping in Canada. A recent auditor’s report in Ontario suggests the province has faced abuse by doctors over excessive billing, including some practitioners who billed the government for more than 24 hours in a single day, multiple times a year.
- Alberta had the highest volume of patients with 50+ and 100+ appointments in a single year, with 25,767 and 9,331 respectively. It is likely, however, that Alberta used a wider definition of “appointments” than other provinces.

Due to patient confidentiality, it is difficult to evaluate the stories behind the numbers. Situations whereby patients have a high volume of “appointments” in a single year are likely a combination of the following: legitimate cases whereby patients require an abnormally high level of care, overuse by patients and abuse by doctors billing the system.

The 2025 Provincial Auditor’s report in Ontario includes several recommendations worth considering when it comes to addressing doctors overbilling the system. On the demand side, educating patients via their online health care portals regarding the costs of the services provided may lead to some using the system more judiciously.

## Introduction

Across the country, millions of Canadians are struggling to access a family doctor. A recent survey by the Canadian Medical Association found 5.9 million adults do not have a regular primary care provider, and only about one in three were able to get a same-or-next-day appointment.<sup>1</sup> Overall, less than 30 percent were satisfied (or very satisfied) with how the primary care system is working. Similarly, data from an Angus Reid poll reveals that about half of respondents either struggle to find (or do not have) a family doctor, with seven in ten reporting the quality of care has worsened over the last decade.<sup>2</sup>

So far, policymakers have typically viewed this as a supply-side issue, arguing that the lack of access is primarily due to a lack of physicians. For example, Canada routinely ranks poorly among developed countries with regard to the total physician-to-population ratio.<sup>3</sup> However, this poor ranking is driven primarily by a relative shortage of specialists. In fact, studies by CD Howe and the Fraser Institute have repeatedly shown that we actually have more family doctors per person than most of our international peers.<sup>4 5</sup> New data from the Organization for Economic Co-operation and Development (OECD) corroborates this. In 2023, Canada ranked ninth (of 35) for generalists per person, and fourth (of 31) for general practitioners (family doctors or GP) per person.<sup>a 6</sup>

So, what explains the persistent lack of access? One under-explored area is patient demand for primary care services. Specifically, intensive demand for family doctors by some patients may result in lack of access for others, despite relatively high numbers of family doctors (per person) practicing within the system. SecondStreet.org decided to test this hypothesis by filing FOI requests across Canada to understand the frequency with which top users access GP services.

## Method

In the fall of 2025, SecondStreet.org filed FOI requests across ten provinces to obtain data on the top ten patients when it came to the most appointments with a GP. We also asked provinces for aggregated data for the number of patients who had more than 50 appointments, and those with more than 100 appointments. We received responses from all ten provinces.

An example of the language used in the FOIs for most provinces is included below:

*[Please provide the following] Data on the top ten patients in the province for 2024 when it comes to the most appointments with a general practitioner. Data on the number of patients in the province for 2024 that had more than 50 appointments with a general practitioner and the number that had more than 100 appointments (Date Range for Record Search: From 1/1/2024 to 12/31/2024).*

## Research Findings

Responses were received from all ten provinces and are briefly summarized below:<sup>b</sup>

**British Columbia:** 14,497 patients had 50-99 appointments with a general practitioner, and 241 patients had more than 100 appointments.<sup>c</sup> The frequency with which the top ten users visited a GP ranged from 147 to 209 visits. Physician claims include those providing general services, anesthesia and emergency medicine. However, the following locations are excluded: hospital emergency rooms (unscheduled patients), hospital day care (for surgery), and hospital inpatient locations.

a) Data for Sweden and the United States is from 2022.

b) All government responses for all provinces can be viewed in the June 2026 news release for this report at SecondStreet.org

c) It is unclear whether the patients with more than 50 appointments includes patients with more than 100 appointments in this province.

It is worth noting that the data assumes that each patient has, at most, one GP visit per day, thereby capping the total number of visits that can be recorded in a particular day.

**Alberta:** 25,767 patients had 50-99 visits with a general practitioner, and 9,331 patients had more than 100 visits. Unlike other provinces, the Alberta government did not provide a “Top Ten” list (anonymous listing of patients with the highest number of appointments). The FOI states that “Visits” are determined as health service codes in the “V”. Publicly available documentation suggests this is a very broad category that may include services not included by other provinces that use a narrower definition.<sup>7</sup>

**Saskatchewan:** 31 patients had 51-100 services, while only one patient had over 100 services. The frequency with which the top ten users received GP services ranged from 61 to 199 services. Data from Saskatchewan explicitly pertains to GPs (not primary care workers, more generally) for services billed in-province at an office location, and includes 25 fee codes (see FOI for more details).

**Manitoba:** 560 patients had over 50 appointments, and 40 patients had over 100 appointments. The frequency with which the top ten users had an appointment with a GP ranged from 188 to 252 appointments.

**Ontario:** 2,269 patients had 50-99 visits with a GP, while 184 patients had 100 or more visits. Data is explicitly for Ontario physicians and covers 25 fee codes (see FOI for details) but does not include Workers Compensation Board (WCB) claims. It is worth noting that virtual care services are included. As well, six of the top ten users received Hyperbaric Oxygen Therapy, courses which typically involve almost daily visits for four-to-eight weeks.<sup>8</sup> Ontario’s “top ten” patients had between 218 and 347 visits in 2024.

**Quebec:** 11,586 patients had between 51 and 100 contacts with a GP, while 1,611 patients had more than 100 contacts. Data covers persons insured by the provincial plan (RAMQ) for GPs and includes patient-physician contacts for all GP fee-codes and locations (including clinics, hospitals, and long-term care facilities). It includes both physicians with a practice in Quebec as well as those practicing outside Quebec. It is worth noting here that a person may have more than one visit on the same day if they saw more than one physician on that day. Quebec’s “top ten” patients had between 295 and 362 visits in 2024.

**New Brunswick:** 634 patients had over 50 appointments, and 61 patients had over 100 appointments. The frequency with which the top ten users had an appointment with a GP ranged from 136 to 182 appointments.

**Prince Edward Island:** 91 patients had between 50 and 99 appointments. The frequency with which the top ten users had an appointment with a GP ranged from 49 to 78 appointments.

**Nova Scotia:** 91 patients had over 50 appointments, and one patient had over 100 appointments. The frequency with which the top ten users visited a GP ranged from 68 to 123. Data explicitly excludes visits to Nurse Practitioners

**Newfoundland and Labrador:** 153 patients had over 50 appointments, and three patients had over 100 appointments. The frequency with which the top ten users visited a GP ranged from 81 to 142 appointments.

Data Summary			
Province	#Patients with 50+ Appointments	#Patients with 100+ Appointments	# Visits by top-ten users (range)
British Columbia	14,497	241	147-209
Alberta	25,767	9,331	n/a
Saskatchewan	31	1	61-199
Manitoba	560	40	118-252
Ontario	2,269	184	218-347
Quebec	11,586	1,611	295-362
New Brunswick	634	61	136-182
Nova Scotia	91	1	68-123
Prince Edward Island	9	0	49-76
Newfoundland and Labrador	153	3	81-142

Based on the responses provided, it appears that each province used a unique definition of “appointments” when responding to the FOI requests filed by SecondStreet.org. Further, in some provinces it is unclear whether the patients with more than 50 appointments also include patients with more than 100 appointments. For that reason, one cannot simply compare the figures among provinces.

It is also unclear why some patients may have such a high frequency of appointments with a physician. Patient confidentiality makes it difficult to investigate these cases. SecondStreet.org’s hypothesis – something that officials with one provincial government agreed with – is that the high-volume cases likely represent one of three scenarios:

- Legitimate cases whereby patients with rare or chronic conditions require an abnormally high volume of appointments;
- Patients overusing the system (e.g. hypochondriacs, people seeing their doctor due to loneliness, etc.); and
- Doctors abusing the system (taking advantage of their ability to bill the system frequently).

After SecondStreet.org released some of the data contained in this report in early 2026, many users on social media discussed the situation. One user on Facebook noted:

*“In the clinic i [sic] worked at in Edmonton... there are patients that come in once a week to see this doctor. The doctor went on medical leave and they still come in once a week. And when u [sic] ask why they are there... they shrug and say they just come in every week to “check in”.”*

Others shared similar comments indicating they were aware of patients abusing the system.

In terms of doctors abusing the system, a 2025 report by Ontario’s provincial auditor noted several cases where doctors took advantage of their ability to bill the government, “... one physician billed more than 24 hours of services on 98 days between May 2021 and April 2022. On one of these days, this physician billed 114 hours of services.”<sup>9</sup>

The report went on: “the Ministry’s post-payment audit found that the physician’s clinical records failed to show start and stop times for services provided. The Ministry identified almost

\$1.4 million in overpayments.” The same report also noted: “Another physician billed over 24 hours of services on 15 days within a six-month period in 2020-21.”

Finally, it is worth noting that one provincial government official that SecondStreet.org spoke with raised a fourth possibility – fraud. This raised the question – are patients selling their health cards or sharing them with uninsured people?

## Policy Considerations

Canada’s health care system does not allow user fees for medically necessary services covered by the provincial insurance plan. Patients are entitled to meet with GPs without facing a bill, and doctors’ offices then bill the government after the appointment is complete. Thus, there is an “honour system” in place – the government depends on patients to use the system responsibly and for doctors to not take advantage of their ability to bill the system or direct patients to seek additional visitations without merit.

Considering there are over 40 million Canadians and thousands of doctors billing the system, it is obvious that some on both sides will not abide by this honour system.

Some analysts have recommended user fees as a solution to curb unnecessary demand, inducing patients to use the system more judiciously. This policy is a common feature of better-performing universal health systems around the world – Sweden, Germany, France, Switzerland and Japan to name a few. Despite widespread adoption of user fees by our international peers, public opinion research procured by SecondStreet.org in 2025 found that 59% of Canadians oppose even a relatively small user fee of \$10 per visit (with an annual cap of \$100).<sup>10</sup> Considering the current political climate, where the cost of living is a top issue for Canadians, user fees are currently an unrealistic policy option for legislators.

On the demand side, educating patients could be a worthy pilot project. Electronic patient records systems could be modified to display the cost to the system for various services patients receive. Thus, when a patient with a high number of doctors’ appointments logs in, they could see that their usage results in a substantial cost to the system, causing some to reconsider unnecessary visits in the future.

On the supply side, the Ontario government’s auditor’s report includes some interesting solutions. These include using data analytics to flag when doctors are billing for an abnormally high volume of appointments as well as auditing those cases and then following up to make sure the physicians involved change their behaviour. Provinces that have not audited doctor billing in the recent past may also find it useful to have their auditors examine the system and assess whether supply-side abuse is occurring.

Finally, another option to consider would be for provinces that have a higher number of patients with excessive usage to liaise with provinces that have far fewer cases of extreme use. There may be other policies in place that help reduce abuse.

## Conclusion

The data obtained by SecondStreet.org, the Ontario’s Auditor’s Report, and anecdotal evidence all suggests that there is in fact some level of abuse in our health care system.

Provincial governments would be wise to examine their billing systems more closely and consider policy options to curb excessive demand. If abuse is identified and addressed, then the system will have more resources to help patients with legitimate health problems.

## About the Author

**Colin Craig** is President of SecondStreet.org. He has an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective and prepare for the nation's aging population. Most recently, Colin authored several chapters for the eBooks, *Life After COVID: What's next for Canada?* And *Healthcare Choice in Canada*. He has contributed to public policy changes at the federal, provincial and municipal levels in Canada. In 2022, he was awarded the Queen Elizabeth II's Platinum Jubilee medal for his work on improving public policy in Canada.

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