



CHAC advocacy



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The Problem of Wait Times

Canada, like other countries with public health care systems, continues to struggle with the problem of long waiting times for some treatments. Waits for care have caused Canadians to doubt the quality of their health system. As a result, waiting for care has become the most serious political issue facing Canadian health care.

2004 First Ministers' Health Accord

In response to public pressure, First Ministers, meeting in September 2004, listed timely access to care as their top priority. They agreed to focus on better management of wait times and on reducing waits that are longer than medically acceptable. They committed to achieving “meaningful reductions in wait times in priority areas such as cancer, heart, diagnostic imaging, joint replacements, and sight restoration by March 31, 2007.”



To achieve this goal they agreed to establish evidence-

based benchmarks in these five priority areas by December 31, 2005.

The Challenge of Wait Times

In March 2006 the Canadian Institute for Health Information (CIHI) released its latest report, *Waiting for Health Care in Canada, What we Know and What We Don't Know*. The report concludes that while there is more information on wait times than ever before, there are significant gaps in understanding how waits affect the health and well-being of patients, and what works best to reduce wait times. Added to this is the challenge of gaining consensus about what constitutes a reasonable or excessive wait.

What Governments are Doing

At the federal level, the government has funded research on wait times, established a six-year \$4.5 billion Wait Times Reduction Fund, and appointed a Federal Advisor on Wait Times.

On December 12, 2005, provincial and territorial Health Ministers met their target date, announcing benchmarks have been established, based on clinical evidence, for five types of non-emergency surgery, radiation therapy and cancer screening.

A “Care Guarantee”

On April 4, 2006, in the Speech from the Throne, the federal government announced it will address the problem of waiting times by engaging the provinces and territories on a patient wait times guarantee for medically necessary services. “This guarantee will make sure that all Canadians receive essential medical treatment within clinically acceptable waiting times.”

The idea behind such guarantees is patients would be sent to other provinces or even the United States, expenses paid, if they can't get timely care at home for certain procedures. The federal government says care guarantees would be financed from the Wait Times Reduction Fund in the September 2004 health accord.

However, the 2004 accord makes no mention of care guarantees. Moreover, provincial and territorial health ministers have thoroughly discussed care guarantees over the past year and are all opposed to the idea. In January

“The CHAC believes neither a wait times guarantee alone, nor for-profit delivery and private finance are the solution... In considering ways to tackle the challenge of wait times, it is important to note that there are many examples which show that the benefits of specialization and innovation normally ascribed exclusively to the private sector can be achieved within the public delivery system.”

CHAC letter to all Members of Parliament
April 2006

2006, Manitoba Health Minister Tim Sale was quoted as saying: “I think there was very close to unanimity that the care guarantee was not an appropriate component of a waiting-list strategy.”

Shortcomings of a Care Guarantee Approach

A singular focus on a care guarantee overlooks the potential for reducing wait times through the redesign of health care delivery systems. An example from Alberta illustrates the point.

- In December 2005 it was announced that an Alberta pilot project had dramatically reduced wait times for hip and knee surgeries – patients who normally would have waited an average of 47 weeks for an orthopedic consultation were treated in under five weeks. In Edmonton and Red Deer these dramatic reductions were achieved in public hospitals.

Tackling the wait time problems also requires addressing the issues of inappropriate testing and treatments.

- In January 2006, the Canadian Association of Radiologists reported that Canadians are being subjected to an estimated 3.5 million unnecessary diagnostic tests each year. These needless tests come with a \$500-million annual price tag. If unnecessary tests were eliminated and some less appropriate tests reduced, some 200 radiologists could be freed up to help reduce waiting lists.

Would a Parallel Private System Reduce Waiting Times?

A frequent suggestion to address the problem of long waiting times is to create a parallel private health care system – specifically, allowing private, for-profit facilities to operate alongside public, not-for-profit ones, so that patients who can afford to pay privately do so. Proponents argue that such an approach would increase total spending available for health care and free up places in the queue for public services, thereby ensuring faster treatment for everyone.

The Canadian Health Services Research Foundation (CHSRF) has studied the issue and concludes that there is a “mountain of evidence” showing that parallel private systems do not cut public waiting times. Research evidence shows they appear to lengthen waits for health care in public systems. “A parallel private system can

provide faster care – to those with deeper pockets. However, it seriously compromises access for those waiting for care in the public system...”

Public Solutions to Wait Lists

Health policy analyst, Dr. Michael Rachlis, suggests wait times solutions are readily available within the public system. He highlights the following approaches:

- Establish more specialized short-stay surgical clinics within the public sector to provide the efficiencies that private clinics have capitalized on. Toronto’s Queensway Surgicentre and the Pan-AM Clinic in Winnipeg serve as two examples of such an approach.
- Adopt lessons learned from queue-management practices in other sectors.

Initiatives within Catholic Health Care

Catholic health care organizations are committed to reducing wait times, and enhancing the quality, safety and consistency of patient care. In one such example, in 2005 Hotel Dieu Grace Hospital in Windsor, Ontario, implemented the Toyota Production System as a model to improve care in its emergency department.

Using this process staff were able to identify the most critical bottlenecks and inefficiencies of patient care. By implementing changes to address these inefficiencies flow has improved throughout the entire department, physicians are seeing patients 30 minutes sooner, and walkouts have been reduced by 50%. Not only has the process reduced wait times, the experience has resulted in an environment that encourages problem solving and continuous improvement among staff – all of which has added greatly to patient and staff satisfaction.

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