Wait Time Alliance

Presentation to the House of Commons Standing Committee on Health

Statutory review of the 10-year plan to strengthen health care

May 2008

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INTRODUCTION

My name is Lorne Bellan, I am Chair of the Department of Ophthalmology at the University of Manitoba and the President-Elect of the Canadian Ophthalmological Society. I am joined today by my colleague Dr. Jean Luc Urbain, who is Chair of Medical Imaging at the University of Western Ontario and the President of the Canadian Association of Nuclear Medicine.

We are pleased to be here today on behalf of the members of the Wait Time Alliance (WTA) to address the Standing Committee on Health as part of its statutory review of the progress in implementing the "*10-Year Plan to Strengthen Health Care*."

The WTA was formed both out of concern for our patients' access to health care and our interest in developing evidence-based benchmarks for medically acceptable wait times in the five priority areas identified in the *10-Year Plan*.

The *10-Year Plan* addresses many areas of health and health care. However, the WTA's focus is wait times and access, so our presentation today will assess the progress made in meeting the commitments under the "*Reducing Wait Times and Improving Access"* section of the *10-Year Plan*.

Our presentation today will cover:

1. **Assessment**: The WTA's overall assessment of the implementation of the *10-Year Plan to Strengthen Health Care*;
2. **Barriers:** Key barriers to making further progress in reducing wait times in these five areas and beyond; and
3. **Moving ahead**: The next steps governments should take to ensure Canadians have timely access to quality health care.

Assessment:

The WTA has devoted considerable time and effort in evaluating how Canadians are faring in terms of receiving care within the established benchmarks. An interim report card was issued in November 2006 followed by report cards in April 2007 and most recently, April 2008.

The 2008 Report Card focuses on: assessing governments' performance on their commitments in the *10-Year Plan* and assessing timely access by Canadians to the five priority areas since the plan came into effect.

The most recent national grades for wait times are listed in Table 1 of the WTA's 2008 Report Card, and include:

- In joint replacement, a "B" for Hips and a "C" for Knees;
- In radiation oncology, an "A";
- In cataract Surgery, a "B"; and,
- In bypass surgery, an "A".

In my own specialty, ophthalmology, there has been significant progress in the timely provision of cataract surgery in Canada since the 2004 First Ministers' Accord. Prior to the Accord we would have ranked wait times for cataract surgery at somewhere between a D and a C nationally. The most recent report assigned cataract surgery a B.

Overall, national grades are just part of the picture in terms of assessing wait times. Therefore the WTA has also provided performance "trends" in the five priority areas. In some instances where wait times are not decreasing, resources are being increased that should either lead to future wait-time reductions or handle surging demand to prevent further increases in wait times.

Some provinces are making great strides toward fully implementing the 2004 *10-Year Plan.* Concerted efforts by governments and other stakeholders can make a difference in reducing wait times and improving access.

While progress is being made to reduce wait times in the five priority areas, more can — and should — be done.

The *10-Year Plan* makes a number of commitments regarding wait times including development of access indicators, benchmarks, multi-year targets, and reporting on progress. In these areas, commitments have been only partially met at best.

While provincial/territorial governments did adopt benchmarks in December 2005, they did not include benchmarks for diagnostic imaging, nor did they honour their commitment for cardiac care. The current benchmark for bypass surgery fails to recognize how medical care for heart patients is provided, and the 6-month benchmark is inappropriate. The Canadian Cardiovascular Society has established benchmarks for the complete continuum of cardiovascular care based on strong evidence. These benchmarks should be used by governments.

The current benchmark of four weeks for radiation therapy — from "ready for treatment" until the start of treatment — differs significantly from the WTA recommendation of two weeks. The benchmark also does not reflect the research evidence that found wait times for beginning radiotherapy for treatment for all types of cancer should be as short as possible.

Some provinces have still not indicated goals for meeting their wait-time benchmarks.

While most provinces are making progress, it is not equal progress across the spectrum of care and we are concerned that some provinces may not have the necessary funding, structures and processes in place to ensure that the reductions can be maintained.

Key Barriers

Moving on to our second area, the WTA has identified three key barriers that continue to undermine the progress being made and our ability to accurately record that progress.

One, clarifying and standardizing wait-time definitions/criteria among provinces,
Two, improving the collection and disseminating wait time information to the public, and
Three, lack of progress in addressing health workforce and infrastructure capacity issues.

Determining the starting point that should be used for measuring wait times is a key issue to clarifying and standardizing wait times' definition and criteria. Currently, governments use different starting points to measure when wait times actually start.

Beyond improving how wait time data is collected, improvements must also be made in how data is publicly reported. There is huge variation in the quality of reporting by governments on wait times, leading to confusion for patients, difficulties in making comparisons and greater uncertainty as to just how long patients are waiting.

The WTA has consistently stated that the number one impediment to providing timely access to care is Canada's health workforce shortage. Improving timely access to care also requires that we urgently address the serious infrastructure gaps in the system. These gaps include acute care hospital beds, alternate level of care beds, operating theatres, diagnostic suites and community services.

Moving Ahead

As we look to move ahead, the establishment of wait time benchmarks in five key areas serves as a good first step. But efforts cannot end there. Wait times reductions must not be limited to only five areas of care. The WTA recently showed the way forward again by expanding to include benchmarks in:

- Emergency Care
- Psychiatric Care
- Plastic Surgery
- Gastroenterology
- Anesthesiology (Pain Management)
- Obstetrics
- Gynaecology

Timely access in these specialty care areas is often poor. For instance, the median wait time from a family physician referral to a full assessment by a gastroenterologist is 16 weeks. Our message is clear and firm, governments need to adopt wait time benchmarks for all areas of specialty care, and begin collecting and reporting patients' access for all medical services.

CONCLUSION

In conclusion, I encourage committee members to consult the enclosed kit to find one-page assessments from each WTA specialty-member on wait times for their specialty and the key issues that need to be addressed to improve access for patients.

No one said it would be easy to tackle growing waiting lists given the complexity of the issues involved. Nor, for that matter, did anyone suggest that a quick solution could be found. Yet Canadians deserve to have timely access to care. We believe that this is an achievable goal.