

# **WAIT TIME ALLIANCE**

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**Canadian Association of  
Gastroenterology**

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**Canadian Society of  
Plastic Surgeons**

**Society of Obstetricians  
and Gynaecologists of  
Canada**

## **WAIT TIME ALLIANCE REPORT CARD TECHNICAL BACKGROUNDER 2008**

## Wait Time Alliance Report Card Technical Backgrounder 2008

### Approach and Structure

This report card was developed by the Wait Time Alliance (WTA) to provide an assessment of the performance of federal and provincial governments in meeting their commitments under the 2004 *10-Year Plan to Strengthen Health Care*.

Using information and data provided on official government web sites, the report card attempts to answer the following two questions:

- 1) To what extent have governments respected their collective commitments under the 2004 *10-year plan*?
- 2) How have health care systems been performing – both individually within each province and collectively at the national level – in terms of achieving meaningful reductions in wait times in the 5 priority areas as of March, 2008 as established in the 2004 *10-year plan*?

The report card is divided into three tables. The methodology for each table is described below.

### **Table 1: Meaningful reductions in wait times and improvements in access in the 5 priority areas**

These grades represent a snapshot in time of where wait-times stand as of March, 2008. Grades for 2007 provided in the WTA's 2007 report card are also provided for comparison purposes. The provinces were informed that the WTA would be reviewing provincial websites as of March 1, 2008. Provincial wait times were assessed against the government approved pan-Canadian wait time benchmarks:

<b>Priority Area</b>	<b>Provincial Benchmarks</b>
Diagnostic imaging (MRI/CT)	To be determined
Joint Replacement (hip, knee)	Within 26 weeks
Ophthalmology (cataract removal)	Within 16 weeks for patients who are at high risk
Cancer Care (radiation oncology)	Within 4 weeks
Cardiovascular surgery (bypass surgery)	- level I cases (non-emerg) within 2 weeks - level II cases within 6 weeks - level III within 26 weeks

Grades for the “wait-time benchmark” component in Table 1 are based on a weighted average of letter grades from Table 2. The grade for each priority area is calculated by assigning points to provincial grades for each of the 4 graded procedures (A=4, B=3, C=2, D=1, and F=0), calculating the average, and then grading the average against the following system: A= 3.3-4.0, B= 2.5-3.2, C= 1.7-2.4, D= 0.9-1.6, F= 0-0.8.

### **Limitations**

The WTA’s report card is intended to provide a snapshot of the current situation with wait times across Canadian jurisdictions for the five priority areas identified in the 2004 First Ministers health care agreement. The data used in producing the report card was obtained from official government websites. However, there are wide variations in the manner by which governments report wait time data, including timeliness of data, measurement standards, and use of indicators and benchmarks. Reported wait time generally do not factor in waits for consultation nor the time taken to access family physicians.

### **Table 2: Provincial grades and assessing meaningful reductions in provincial wait times between 2006-07 and 2007-08**

Table 2 attempts to answer the question of whether or not there have been meaningful reductions in wait times including whether we can see a trend over the past year toward reduced wait times. We wanted to capture this feature given that the *10-year plan* identifies the goal of achieving meaningful reductions in wait times.

### **Letter grades**

Table 2 compares performance across the 5 priority areas against government approved pan-Canadian wait time benchmarks. These grades serve as the basis for determining the overall national “wait-time benchmark” grades found in Table 1. A “to be determined” rating is assigned to diagnostic imaging to reflect the fact that there is currently no government-approved pan-Canadian benchmark for this service. Such benchmarks should be developed in tandem with appropriateness guidelines.

Details on pan-Canadian and province-specific performance against the benchmarks and the details on the trends in wait times between 2006 and 2007 are available in separate tables.

Using information provided on the official provincial government web sites, performance relative to wait time benchmarks is graded using a standard university grading system as follows:

- A: 80-100% of population treated within benchmark
- B: 70-79% of population treated within benchmark
- C: 60-69% of population treated within benchmark
- D: 50-59% of population treated within benchmark
- F: Less than 50% of population treated within benchmark
- Incomplete: for situations where no data is provided or where data does not lend itself to estimates of performance as detailed below.

Reporting of wait times is highly variable from one province to another. Not all provinces explicitly report their performance against the pan-Canadian benchmarks. Other provinces provided median wait times and/or some data on the distribution of wait times in their jurisdiction. Some data is available only at the level of the region or institution as opposed to province-wide. Given this reality, the following approach was used to grade performance in jurisdictions that do not report their wait times in relation to pan-Canadian benchmarks:

- A priority area with a median wait time that falls below the pan-Canadian benchmark is graded as an F. (The median wait time is the point at which 50% of patients have been treated, and 50% are still waiting).
- When a province reports on the distribution of wait times for time intervals that straddle the wait time benchmark, the percentage of patients treated within the benchmark is estimated by splitting the time interval straddling the benchmark into smaller intervals and distributing the percentage treated evenly across the smaller intervals. For example, if 50% of patients waiting for cataract surgery are treated within 3 months, and 24% are treated between months 4 to 6, the percentage treated within the benchmark wait time of 4 months is calculated as follows:

$$\begin{aligned} \text{\% treated within 3 months} &= 50\% \\ \text{\% treated within months 4 to 6} &= 24\% \\ \text{\% treated in 4<sup>th</sup> month} &= 24 \div 3 = 8\% \\ \text{total \% treated within 4 months} &= 58\% \end{aligned}$$

For provinces that report only median wait times, and where reported median wait times are below the wait time benchmark, an assessment was determined based in consultation with the relevant medical specialty.

- In provinces where data are presented by region, those centres where the far majority of cases had been treated were used (e.g., Eastern Region for Newfoundland and Labrador, Winnipeg for Manitoba, Regina and Saskatoon for Saskatchewan).

### **Colour grading**

The colour grading component of Table 2 relies principally on provincial data used for the grades supplemented with data captured by CIHI in its two reports:

- CIHI, *Wait Times Tables—A Comparison by Province*, 2008
- CIHI, *Wait Times Tables—A Comparison by Province*, 2007.

To address the inconsistencies among the provinces in how they report on wait-times, the colour grading is based on comparing each province's progress independently, according to how it tracks wait times. For example, if a province only tracks wait times according to median waits, the progress or lack of progress will be based on whether the median wait has increased or decreased in that province between the two years.

In a few instances, other data sources were used that could provide a comparison. These included Cancer Care Ontario and the Saskatchewan Cancer Agency.

A colour graded scale is used to assess provincial performance as follows:

- Green square: increase in the number of patients treated within the wait-time benchmark over the previous year. In instances where the province reports on the percentage of population treated within timeframes, a green colour is awarded for a 5 percentage point increase or more (e.g., the % of patients treated within 6 months increased from 70% to 75%). However, to take into account the fact that it becomes increasingly difficult to improve timely access as provinces get closer to achieving 100% of patients treated within the benchmark (i.e., moving from 90 to 95% of patients treated is more difficult than moving from 50 to 55% of patients treated), a weight is used for instances where provincial grades are above 80% (an increase is multiplied by 1.2 and a decrease is multiplied by 0.2—this 20% factor increase/decrease recognizes the grade of "A" in the top 20% of the set benchmark). By way of example, a given procedure by a province that increases from 82 to 86% of patients treated within the benchmark would lead to an improvement in closing the gap of 6 percentage points. Where a province only reports by median wait times, a green square is given when the median wait time has been reduced by 5% or more.
- Yellow square: no significant improvement in patients being treated within the wait time benchmark over the past year. For provinces that report on the percentage of population treated, a yellow square is given when the increase in patients treated within the benchmarks over the previous year is less than 5 percentage points or has dropped by up to 10 percentage points. For provinces reporting by median wait time, a yellow square is given if the median wait time has dropped by less than 5% or has increased by up to 10% over the previous year.
- Red square: a decrease in the number of people treated within the benchmark by 10 percentage points or more over the previous year. For provinces reporting by median wait times, a red square is issued for an increase in median wait times over the previous year by 10 percent or more.
- White square: insufficient data to make a determination (e.g., only 1 year of data or data not provided on a provincial basis).

**Table 3: Progress Toward Implementing the 2004 First Minister’s 10-year Plan to Strengthen Health Care**

Commitments are graded based on scale ranging from A (fully met), B (substantially met), C (partially met), D (largely unmet) and F (not met at all).

<b>Table 1 – Progress toward implementing the 2004 First Ministers wait time commitments</b>		
<b>Commitment</b>	<b>Grade</b>	<b>Rationale</b>
<u>Access indicators</u> : comparable indicators of access to health professionals, diagnostic and treatment procedures to be developed by December 2005.	C+	While work is underway in this area, progress is slow.
<u>Benchmarks</u> : Evidence-based benchmarks for medically acceptable wait times for cancer, heart, diagnostic imaging, joint replacements, and sight restoration to be established by December 2005.	B	Benchmarks adopted by governments in December 2005 for 4 of the 5 priority areas (all except for DI). However, the benchmarks adopted were in most cases, only one procedure per specialty.
<u>Targets</u> : Multi-year targets to achieve priority benchmarks to be established by each jurisdiction by December 2007.	C+	Few provinces have developed target time-frames and explicitly identify a time line for meeting the benchmarks.
<u>Wait-time reporting</u> : Governments committed to reporting annually to their citizens on their progress.	C+	Reporting practices vary greatly across provinces. Many provinces do not report wait times against the pan-Canadian benchmarks. The good news is that some provinces are reporting on timely access for services beyond the initial 5 priorities.