

Technical Backgrounder for the Wait Time Alliance Report Card – June 2010

The Wait Time Alliance
June 2010
Ottawa, Ontario

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Introduction: why a technical backgrounder on wait times now, still

A technical backgrounder is needed for this report card because there are still no national standards for consistently measuring wait times across Canada. This document describes the methodology involved for three parts of the report card. First, the publicly available provincial data that populates the colour coded grades chart for the original five procedures, as we have presented in previous years (Table 1). Second, it presents the methodology used to grade the WTA member wait time benchmarks included in Table 3 of the report. The third section presents the methodology used to evaluate public reporting on wait times by provincial governments (Table 5).

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 and beyond. The data used in producing the report card were obtained from official government websites in May 2010. 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 times generally do not factor in waits for consultation nor the time taken to access family physicians.

I. Table 1: Methods used to derive the grades in the original five priority areas

Table 1 grades provinces on two levels: (1) a letter grade based on meeting wait-time benchmarks; and (2) a colour grade to report on provincial performance trends between 2009 and 2010. These letter and colour grades represent a snapshot in time of where wait-times stand as of spring, 2010. National letter and colour grades for 2007 to 2009 are also provided for comparison purposes.

The provinces were informed (in January 2010) that the WTA would be reviewing provincial websites as of April 1, 2010. Provincial wait times were assessed against the government approved pan-Canadian wait time benchmarks as follows:

Table 1 The original five provincial wait time benchmarks

| Priority Area | Provincial Benchmarks |
|---|---|
| MRI/CT (Diagnostic imaging) | To be determined |
| Hip, knee (Joint Replacement) | Within 26 weeks |
| Cataract removal (Ophthalmology) | Within 16 weeks for patients who are at high risk |
| Cancer Radiation Therapy | Within 28 days |
| Coronary artery bypass surgery CABG (Cardiovascular surgery) | Level III within 26 weeks |

Letter grades

Table 1 compares performance across the 5 priority areas against government pan-Canadian wait time benchmarks. 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

na: No data are provided or data do not lend themselves to estimates of performance as detailed below. The diagonal line/ in white squares indicates that the service is not provided i.e., Coronary Artery Bypass Graft surgery in PEI.

nb: 'No benchmarks' – benchmarks for diagnostic imaging in Canada have not yet been established. Where provinces have reported wait times a colour grade is assigned to note progress made over the last 12 months.

National letter grades are based on a weighted average of provincial letter grades. 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.

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 are 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 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.
- In provinces where data are presented by region, those centres where the notable majority of cases had been treated were used e.g., Winnipeg for Manitoba.

Weighting wait time distributions

For provinces that report only median wait times, and where reported median wait times are below the wait time benchmark, the percentage of patients treated within the wait time benchmark was estimated using a function derived from real life wait time distributions.¹

Colour grades are independent of the letter grades

The colour grading component of Table 1 relies on provincial data used to assign the letter grades. 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.

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.
- Orange square: insufficient data to make a determination (e.g., only 1 year of data or data not provided on a provincial basis).

¹ Distribution of Wait Times in Saskatchewan
http://www.sasksurgery.ca/pdf_files/Median%20wait%20times%20surgery%20performed/median.pdf

II. Table 3: Provincial Wait Times Compared to Select WTA Benchmarks *Criteria used to expand the tracking of treatments/procedures/interventions*

This year's report card features expanded reporting of wait times beyond the original five priority areas (see Table 3) listed in the 2004 First Ministers Agreement: joint replacement (hip and knee); sight restoration (cataract surgery); heart (coronary artery bypass graft); diagnostic imaging (MRI and CT) and cancer care (radiation therapy).

WTA members were asked to provide their top three treatments to be included in the WTA 2010 report card. Recognizing that all of the procedures and treatments are important, WTA members provided their top three treatments that, at this time, are deemed to merit the most attention.

In selecting the top three treatments the following criteria were considered:

1. A treatment that has the highest volume and or greatest return on investment.
2. A treatment whose wait time could be significantly reduced with a simple and direct capacity increase of some piece of technology or personnel.

It is important to note that Wait Time Alliance members now have a list of over 1,000 treatments benchmarked. The grades assigned for these benchmarks follow the same methodology used in assigning grades to the provincial wait time benchmarks.

- 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

The 'glasses' symbol was assigned for treatments/services/procedures where a province reported wait times but the data were not specific to one of the priorities selected by the WTA members. A "?" was assigned where a treatment/service/procedure was not publicly reported.

III. Table 5: Criteria used to grade provincial government reporting on wait times

Provincial wait-time reporting methods were assessed according to five categories:

1. **Timeliness**
2. **Comprehensiveness**
3. **Patient-friendliness/Accessibility**
4. **Performance orientation**
5. **Quality/reliability**

Scoring for the WTA Grading of Provincial Wait-Time Reporting (Table 5)

There is a maximum of 5 points for each of the 5 criteria: total perfect score = $25 \div 5 = 5$ composite score.

1. Timeliness - How recent are the reported wait times – both in terms of how recent are the data reported and how often are the data updated?

- 5 points: Real time (patients can see current wait times)
- 4 points: Data updated every 2 months or less; latest data less than 2 months old
- 3 points: Data updated every 2 months; but data older than 2 months
- 2 points: Data updated every 3-4 months
- 1 point: Data updated every 5-6 months
- 0 points: Data older than 6 months

2. Comprehensiveness – How comprehensive is the range of procedures/treatments reported?

- 5 points: A wide range of procedures/services are reported, as well as sub-specialties, emergency department wait-times; and/or specialist consultations
- 4 points: A wide range of procedures/services are reported, as well as a limited number of sub-specialties and/or emergency department wait-times
- 3 points: A wide range of procedures/services are reported but data not broken down by sub-specialty, emergency wait-times not provided
- 2 points: Limited number of procedures beyond the 5 priority areas (between 5-10 procedures) and data not broken down by sub-specialty
- 1 point: Data only provided for the 4-5 priority areas (i.e., might not include diagnostic imaging since no pan-Canadian benchmarks were agreed upon)

3. Patient-friendliness/Accessibility - Is the information on wait times easy to find for the public and for providers? 5 dimensions are assessed:

- Website link is found on either government opening page or Ministry of Health opening page (1 point)
- All information is found at one site or there are clear and visible links to other sites (e.g., emergency department, cancer care) (1 point)
- Information is presented in a public/patient-friendly format (1 point)
- Information is available on a local, regional, site or specialty basis (1 point)
- Background information on how waits are defined and calculated is provided along with other information to assist patients (e.g., frequently asked questions) (1 point).

4. Performance orientation – How are we doing?

Information reported includes:

- Multiple ways to assess performance (e.g., median wait time, 95% treated within target, average wait time) (1 point)
- Links to actual wait times to pan-Canadian or provincial performance targets (1 point)
- The number of patients waiting for treatment (1 point)
- The number of procedures performed (1 point)
- Trend data (1 point)

5. Quality/Reliability – What assurances are there that the data are accurate and reliable?

Criteria are as follows:

- A trusted 3rd party has reviewed/audited data gathering processes (1point)
- Data sources are provided (1 point)
- Limitations are identified (1 point)
- An explanation is provided on how the data are to be used/interpreted (1 point)
- Contact information is provided on the website to submit comments and/or ask questions (1 point).

In some cases half points were awarded where a province partially met the criteria.

Comments and Analysis for Table 5 of WTA Report Card

| Province | Comments |
|----------|--|
| ON | <ul style="list-style-type: none"> + Leader when it comes to reporting on emergency department wait times and for its attention to timeliness and quality/reliability + Very clear to assess performance in relation to targets - Would like to see info on # of surgeries performed and the number of people waiting |
| SK | <ul style="list-style-type: none"> + Reports multiple ways to assess performance + Good in categories of comprehensiveness, patient-friendliness and quality/reliability - Data need to be updated more frequently |
| NB | <ul style="list-style-type: none"> + Very user-friendly + Very strong performance reporting - Would like to see more frequently reported data |
| BC | <ul style="list-style-type: none"> + Very user-friendly and data are timely + Wide array of procedures reported - Would like to see multiple ways of reporting performance - Would like to see ER wait times reported |
| NS | <ul style="list-style-type: none"> + Leader when it comes to the comprehensiveness of procedures reported (e.g., includes consultation wait times for some specialties) + Very patient-friendly - Would like to see more reporting on performance and consistency of reporting methods |
| MB | <ul style="list-style-type: none"> + Timely data reported + Patient-friendly - Would like to see multiple ways of reporting performance |
| PEI | <ul style="list-style-type: none"> + Patient-friendly website + Good performance reporting - Would like to see an expanded list of procedures reported |
| QC | <ul style="list-style-type: none"> + Patient-friendly + Quebec is the only province to provide details on its wait-time guarantees - Need to have more timely data (i.e., for all reported procedures) |
| AB | <ul style="list-style-type: none"> + Alberta reports on ER wait times - Reported data is older than 6 months - Alberta used to have one of the better wait-time websites, reporting on a broad array of services but this no longer exists |
| NL | <ul style="list-style-type: none"> + Quarterly releases are helpful - Reported data is older than 6 months - The province should have a public webpage that reports on access to medical care |

- Most provincial wait-time websites have improved considerably over the past 5 years
- Only 4 provinces provide timely reports on wait times (within the past 2 months): Ontario, BC, Manitoba and Quebec (for some procedures only)
- Only 2 provinces report on emergency department (ER) wait times: Ontario and Alberta
- Some provinces report on a very wide array of procedures—notably Nova Scotia, BC and Saskatchewan. Why can't all provinces do the same?
- Six of the provinces report on performance; that is they compare the wait-time data to access targets. These provinces include: New Brunswick, Ontario, PEI, Saskatchewan, Quebec and Alberta.