

**Technical Backgrounder for the
Wait Time Alliance Report Card – June 2011**

The Wait Time Alliance
June 2011
Ottawa, Ontario

Table of Contents	page
Introduction – why a technical backgrounder on wait times now, still?	3
I. Methods used to derive the grades in the original five priority areas (Table 1)	4
▪ Letter grades	4
▪ Weighting wait time distributions	5
▪ Colour grading	6
II. Provincial Wait Times Compared to Select WTA Benchmarks (Table 3)	
<i>Criteria used to expand the tracking of treatments/procedures/interventions</i>	7
III. Criteria used to grade provincial government reporting on wait times (Table 4)	8
• Notes on provincial reporting performance	

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. The first section outlines the methodology used for grading the publicly available provincial data for the original five procedures, as we have presented in previous years (Table 1). The second section 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 4).

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 between March and May 2011. 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. Methods used to derive the grades in the original five priority areas (Table 1)

Table 1 grades provinces on two levels: (1) a letter grade based on the percentage of patients treated within the maximum accepted wait-time benchmarks; and (2) a colour grade to report on provincial performance trends between 2010 and 2011. These letter and colour grades represent a snapshot in time of where wait times stand as of spring, 2011.

The provinces were informed in January 2011 that the WTA would be reviewing provincial websites as of March 1, 2011. 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 approved 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. However, where provinces have reported wait times for diagnostic imaging, 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., Eastern Region for Newfoundland and Labrador, and 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.

Table 2

WTA national letter grades for 2007 to 2011 are provided in Table 2 for comparison purposes. The 5-year grades for Table 2 were calculated by using the midpoint for each of the letter grade point intervals outlined above as follows:

A= 3.65
B= 2.85
C= 2.05
D= 1.25
F= 0.4.

A calculation of WTA grades over this 5-year period provides an overall grade of “B” for the 5 priority areas.

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). 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 decreased by 0 to 9 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 from 0 to 9% 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).

II. Provincial Wait Times Compared to Select WTA Benchmarks (Table 3)

Criteria used to expand the tracking of treatments/procedures/interventions

The 2011 WTA report card features expanded reporting of wait times beyond the original five priority areas (see Table 3).


WTA members were asked to provide their treatments to be included in the WTA 2011 report card. Recognizing that all of the procedures and treatments are important, WTA members selected their treatments for table 3 based on the following criteria:

- Treatments that have the highest volume and or greatest return on investment.
- Treatments 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 nearly 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 ? symbol is assigned if the province does not report wait times for the particular treatment/service.

The ‘’ glasses symbol indicates that the province tracks wait times for this specialty but not for the specific procedure in a manner that would permit it to be graded by WTA measures.

III. Criteria used to grade provincial government reporting on wait times (Table 4)

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

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).

Note: Determine whether wait time information is publicly available by a source other than website (e.g., phone service).

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 (1 point)
- 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.