Appendix: Technical Backgrounder for the 2009 Wait Time Alliance (WTA) Report Card

In the past, the WTA report cards focused largely on Canadians' access to the 5 "priority areas" 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). Provincial and territorial governments were allocated $5.5 billion in a Wait Times Reduction Fund as part of the *10-Year Plan to Strengthen Health Care* and to achieve meaningful reductions in wait times in these areas.

There are 2 major problems with the past approach in assessing wait times:

- Canadians need to know the acceptable maximum wait-time benchmarks for procedures/treatment beyond the 5 priority areas. Serious and unacceptably long waits have developed over years in many areas of medicine in Canada. Governments chose to start by focusing on 5 areas. It was hoped that they would apply the methodology developed in the initial 5 areas to tackle other long waits but this has yet to happen in a systematic fashion.
- Canadians need to know the total wait time they will experience to receive care and not just the wait between the appointment with their specialist and the day they start their treatment.

The first step to assessing progress on meaningful reductions in wait times was to develop maximum wait-time benchmarks so that performance can be measured. The WTA members developed such benchmarks in the summer of 2005 and the provincial/territorial governments released their own, more limited set of benchmarks in December 2005. These benchmarks referred to the maximum wait times that patients should wait for treatment following their specialist consultation (decision to treat). WTA report cards have therefore graded access to care in the 5 priority areas based on the percentage of patients receiving care within the governments' own established benchmarks. The first part of the 2009 WTA report card continues this type of assessment.

This technical backgrounder will review the methodology involved for the two main components of the 2009 WTA report card:

1. The publicly available provincial data that populates the letter and colour grades for the original 5 procedures, as we have presented in previous years in Table 1.

2. Data commissioned by the WTA for 11 National Specialty Societies (NSS) for the purposes of identifying the length of the total wait experienced by patients for select specialty procedures (Table 2 as well as Figures 2-5).

Accordingly, the methodology for the 2009 report card is divided into two sections. The methodology for each section is described below.

Section 1: Report on access in the 5 priority areas

Table 1 grades provinces on 2 levels: (1) a letter grade based on meeting government wait-time benchmarks; and (2) a colour grade to report on provincial performance trends between 2008 and 2009. These letter and colour grades represent a snapshot in time of where wait-times stand as of spring, 2009. WTA national letter grades for 2007, 2008 and 2009 are also provided for comparison purposes.

The provinces were informed that the WTA would be reviewing provincial websites as of May 11, 2009. Provincial wait times were assessed against the government approved pan-Canadian wait-time benchmarks as follows:

Priority Area	**Provincial Benchmarks**
Diagnostic imaging (MRI/CT)	Not yet developed
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 III cases 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 websites, 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 : for situations where no data are provided, are out of date (i.e., older than 6 months) or where data do not lend itself to estimates of performance as detailed below. In addition, "nb" is assigned to diagnostic imaging to

reflect the fact that there are currently no government-approved pan-Canadian benchmarks for these services. Such benchmarks should be developed in tandem with appropriateness guidelines.

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 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:

  % treated within 3 months = 50%
  % treated within months 4 to 6= 24%
  <u>% treated in 4th month = 24 ÷ 3 = 8%</u>
  total % treated within 4 months = 58%

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

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.

Colour grading

The colour grading component of Table 1 relies principally on provincial data used for the grades. The colour grades are independent of the letter grades (i.e., the letter grades refer to how the province is doing in relation to their benchmark as of May 2009, while the colour grade is an assessment in progress/trend over the past year). 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., data not provided on a provincial basis or only 1 year of data provided).

Limitations

The WTA's report card is intended to provide a snapshot of the current wait-time situation with wait times across Canadian jurisdictions for the 5 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 in May 2009. 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.

Section 2: Assessing Canadians' Total Wait Time and Access to Care Beyond the 5 Priority Areas

Introduction to the Physician Diary Study by Ipsos-Reid

For this year's report card, the WTA wished to report on total wait times for an expanded list of specialty interventions—from GP/family physician referral to treatment, procedure or diagnostics.

As a result, the WTA commissioned Ipsos-Reid to conduct a quantitative study of wait times for access to physician specialists within each of the WTA specialties partaking in the study.

Research Purpose

The goal was to gather patient data via physicians that would provide a snapshot of the total amount of time Canadians are waiting to see specialist physicians and then for treatment, procedures or diagnostics. These data were also to serve as a baseline for potential subsequent assessments.

The three types of wait times tracked were:

I. **For procedures, treatments and/or diagnostics:** gastroenterology, nuclear medicine, ophthalmology, plastic surgery, radiation oncology, obstetrics and gynaecology, orthopaedics, cardiovascular care;

II. **For specialties that consult with patients without conducting surgical/physical interventions or equipment-based diagnostics:** psychiatric care, anesthesiology;

III. For Emergency Medicine.

I. Diagnostics, Treatments and Procedures: In order to collect data that would provide an accurate depiction of wait times for these specializations, the purpose of the research was expanded to include:

i) The type of treatment, procedure, ailment or diagnostic for which the patient was referred;
ii) The time elapsed from initial referral to the first consultation with the specialist;
iii) The time elapsed from the first consultation with the specialist to the date of the decision to treat the patient; and,
iv) The time elapsed from the decision to treat the patient to the date of the actual procedure, treatment or diagnostic.

II. Specialties that consult with patients without conducting surgical/physical interventions or equipment-based diagnostics: For these specialties, the consultation with the specialist physician is also the date of the decision to treat and the first date of treatment. The research objectives for these specialties included:

(i) Collecting data on the time that elapsed between the referral to the specialist and the date of the first consultation with the specialist;
(ii) Collecting information on the outcome of the consultation.

III. Emergency Medicine: The milestones experienced by the patient are quite different here than in other specialties. The research objectives were customized to include the collection of wait times in hours from:

(i) the time of presentation to the time a physician was seen;
(ii) the time a physician was seen to the time a specialist was consulted (if applicable); and,
(iii) the time to discharge or to floor (if admitted).

Narrowed Research Objectives

Rather than simply collecting the wait times experienced from referral to treatment, several WTA members were interested in only certain sub-specializations within their specialties or certain ailments, procedures or treatments. For these specialties, the research objectives were narrowed to focus on:

- Canadian Psychiatric Association: major depression
- Canadian Anesthesiologists' Society: chronic pain management
- Society of Obstetricians and Gynecologists of Canada: pelvic pain, elective sterilization, abnormal premenopausal bleeding, pelvic prolapse and urinary incontinence

- Canadian Orthopaedic Association: hip and knee arthroplasty
- Canadian Association of Nuclear Medicine: thyroid studies and/or consultations, stress tests, isotopes therapy and radio-immunotherapy
- Canadian Ophthalmological Society: corneal transplants and adult strabismus surgery

Overview of Methodology

In order to collect data on wait times experienced by patients for specialist care in Canada, we used an online methodology to survey the memberships of the participating national specialty societies (NSS). Samples for the study were provided by the NSSs in the form of email lists.

The survey instrument was designed in close consultation with the research partners and customized to each specialty's specific research objectives. The online survey instrument was designed to:

- capture demographic information on all specialist physicians;
- collect answers to some broad opinion questions;
- capture actual wait times on up to five patients per specialist physician for the time intervals previously described; and
- collect answers to customized questions for four of the NSS.

The survey instrument consisted of:

- a series of demographic questions;
- a series of opinion questions on wait times in general;
- customized opinion questions where applicable; and
- a customized grid in which specialists entered the dates or times of the various milestones included in the study.

The final section of the online survey instrument was designed to calculate the number of days that elapsed between each date based on the calendar year. Participants who do not provide direct patient care were screened out of the survey after responding to the demographic and opinion questions. The fieldwork for the full study was conducted from February 12th to March 6th, 2009.

Limitations on the Physician Diary Study by Ipsos-Reid

The Wait Time Alliance Physician Diary Study conducted by Ipsos-Reid is the first study of its kind in Canada to survey 11 national specialty societies (NSS) concerning their actual charted wait times as well as expectations for the future, which is a measure of the foundations as well as the sustainability of systems in place. Because this is the first study of its kind the response rate varied across NSS.

Overall in a survey field window of three weeks in February-March of 2009:

- 1,189 specialist physicians were surveyed on their views of wait times in Canada – response rate of 14.6%;
- Wait time data for 2,010 patients were collected including:
    - Wait times (in days) per specialty (in some cases for specific treatments within each specialty) for each time interval were calculated;
    - Wait times (in days) per specialty (in some cases for specific treatments within each specialty) for each time interval were calculated.