

WAIT TIME ALLIANCE

Lack of Data Impeding Wait Times Progress

Ottawa, April 17, 2008 – A Wait Time Alliance (WTA) report card released today shows progress continues in cutting wait times in the five clinical areas deemed priorities by governments, but a lack of comparable data is undermining efforts.

“Spring is typically when students need to buckle down and take their grades seriously,” said WTA co-chair Dr. Lorne Bellan. “Governments need to do the same by improving the collection and reporting of comparable wait-time data, not only for the five priority areas, but for other types of medical care as well.”

The WTA grades released today coincide with the start of the Parliamentary Review of the 10-Year Plan to Strengthen Health Care by the House of Commons Standing Committee on Health.

This year’s Report Card shows no change from the 2007 report card in terms of grades for reduction in wait times nationally for the five priority areas.

Significant changes from last year’s WTA Report Card on progress toward implementing the 2004 10-Year Plan to Strengthen Health Care are:

- Access indicators: the grade changed from an “incomplete” in 2007 to a C+ in 2008
- Benchmark targets: the grade increased from a D in 2007 to a C+ in 2008.
- Wait time information: the grade increased from a C in 2007 to a C+ in 2008.

The grade for establishing wait time benchmarks in all five priority areas remains a B because there continues to be no national benchmark in the area of Diagnostic Imaging. Overall the grading for the implementation of the 10-Year Plan to Strengthen Health Care is the C range, meaning “partially met.”

The WTA first graded governments on their progress to reduce wait times in November 2006. In April 2007, the WTA issued its second Report Card which showed some significant improvements in the areas of sight restoration and joint replacement.

For provincial “Trends” in reducing wait times, the 2008 Report Card again shows that some progress is being made over the last year with only a few regressions in some areas. Overall bypass surgery and cancer has the strongest grades while a knee replacement receives the poorest.

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“Some provinces have made great strides towards fully implementing the 2004 10-Year Plan,” said WTA co-chair Dr. Lorne Bellan. “However, on the whole, governments are not fully living up to the commitment they made to Canadians back in 2004.”

With the start of the Parliamentary Review of the 10-Year Plan to Strengthen Health Care, the WTA recommends the Committee closely examine three issues:

- Clarifying and standardizing wait-time definitions/criteria among provinces,
- Improving the collection of and disseminating wait time information to the public, and
- Expanding wait time reduction efforts and the creation of wait time benchmarks in other areas of care.

“While we are far from finishing the job in the original five areas, Canadians want their governments to look ahead,” said Dr. Bellan. “Wait times reductions must not be limited to only five areas of care.” To that end, the 2008 WTA Report Card has provided governments with an expanded set of wait time benchmarks in seven other critical areas of care, those being:

- Emergency Care
- Psychiatric Care
- Reconstructive Surgery
- Gastroenterology
- Anesthesiology
- Obstetrics
- Gynaecology

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Media can access the 2008 Report Card and background materials at <http://www.waittimealliance.ca>.

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