

In September 2004, First Ministers agreed to a *10-Year Plan to Strengthen Health Care*. The agreement included a number of commitments to address wait times for health services, including:

- Development of comparable indicators of access to health professionals, diagnostic and treatment procedures by December 2005 by each jurisdiction.
- Evidence-based benchmarks for medically acceptable wait times starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration to be established by 31 December 2005.
- Multi-year targets to achieve priority benchmarks to be established by each jurisdiction by 31 December 2007, and annual reporting to citizens on progress in meeting targets.
- A meaningful reduction in wait times for the 5 priority areas by 31 March 2007.
- Creation of a \$5.5 billion federal Wait Time Reduction Fund to help jurisdictions reduce wait times.

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

Established in fall 2004, as a result of physicians' concern about Canadians' access to health care, the WTA mission is to provide governments with advice, from the physicians' perspective, on medically acceptable wait-time benchmarks in the 5 priority areas.

Wait Time Alliance

The WTA brings together several national medical specialty societies whose members are directly involved in providing care in the priority areas identified by the first ministers as is comprised of:

- Canadian Association of Nuclear Medicine
- Canadian Association of Radiation Oncology
- Canadian Association of Radiologists
- Canadian Cardiovascular Society
- Canadian Medical Association
- Canadian Ophthalmological Society
- Canadian Orthopaedic Association



CANM
ACMN



Canadian Cardiovascular Society
Société canadienne de cardiologie



ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
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Wait Time Alliance Report Card

Time's up

Achieving meaningful
reductions in wait times
Wait Time Alliance

Wait Time Alliance Report Card

Table 1 Meaningful reductions in wait times and improvements (nationally) in access in the 5 priority areas

Priority area	Wait time benchmark	Access enablers
Diagnostic imaging (DI)		
CT	TBD	B
MRI	TBD	C
Joint replacement (JR)		
Hip	B	B
Knee	C	C
Cancer care (Can)		
Radiation oncology	A	B
Sight restoration (SR)		
Cataract surgery	B	A
Cardiac care (Car)		
Bypass surgery*	A	A

Table 1 and Table 2 Letter grading methodology

Wait time benchmark component (based on provincial Web sites as of 9 April 2007):

- 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

TBD: Benchmarks to be determined pending development of appropriateness guidelines

□: No government benchmark/data not available

Access enablers component: refers to how well the provinces are performing on the key factors necessary for reducing wait times including increasing resources (equipment, health care professionals, OR time) and improvements in efficiencies in treating patients (e.g., using registries, appropriateness guidelines). The grading for this component is as follows:

- A:** Significant progress
- B:** Moderate progress
- C:** Limited progress
- D:** No progress
- F:** Deterioration of factors affecting wait times

Table 2 Provincial breakdowns: performance in the 5 priority areas

Prov.	Priority areas						
	CT	MRI	Hip	Knee	Can	SR	Car*
NL	□	□	A	A	A	A	A
PE	■	■	A	C	A	B	□
NS	■	□	F	F	□	B	□
NB	□	□	C	D	□	C	A
QC	□	□	A	A	A	□	A
ON	■	■	B	C	A	A	A
MB	■	■	B	F	A	C	A
SK	□	□	D	F	□	C	A
AB	■	■	A	B	C	C	A
BC	□	□	B	C	A	A	A

Table 2 Colour grading methodology

This table identifies the change in wait times from 2005 to 2006 for each of the five priorities by province as follows:†

- insufficient data to make determination
- decrease in wait times over the year
- increase in wait times over the year
- no significant change (i.e., + or - < 5% difference) over the year

† Based on the following sources: Canadian Institute for Health Information, Wait Times Tables — A Comparison by Province, 2007; Waiting for Health Care in Canada: What we Know and What we Don't Know, 2006; Government of PEI; New Brunswick Surgical Care Network; Cancer Care Ontario.

*Bypass surgery represents only a small part of the full continuum of cardiac care to patients. Please refer to the Canadian Cardiovascular Society Web site at www.ccs.ca for a full range of benchmarks for cardiovascular services and procedures. All of these benchmarks need to be adopted to meaningfully address wait times.

Table 3 Progress toward implementing the 2004 First Ministers' 10-Year Plan to Strengthen Health Care

Commitment	Grade
Access indicators	INC
Establishing wait-time benchmarks	B
Establishing a time table to achieve benchmarks (targets)	D
Collecting & disseminating wait-time information to the public	C

Table 3 Grading methodology

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

Note

It is recognized that there are wide variations in how governments collect and report wait-time data including the wait-time intervals used, the form of measurement used and the timeliness of data. The WTA has attempted to control for these variations to the greatest extent possible. A grade was not assigned in instances where the data were insufficient to make a reasonable assessment.