

# Wait Time Alliance Interim Report Card

**Table 1** Progress toward implementing the 2004 First Ministers' 10-Year Plan to Strengthen Health Care.

Commitment	Grade
Access indicators	<b>INC</b>
Establishing wait-time benchmarks	<b>B</b>
Establishing a time table to achieve benchmarks (targets)*	<b>D</b>
Collecting & disseminating wait-time information to the public	<b>C</b>
Funding	<b>A</b>
Meaningful reductions in wait-times†	<b>INC</b>

\* Original deadline of December 2007 moved up to December 2006 by new federal government.

† 31 March 2007 deadline.

**Table 2** Performance in the 5 priority areas.

Priority area	Gov't grade	WTA grade
Diagnostic imaging (DI) CT-MRI	<b>INC</b>	<b>F</b>
Joint replacement (JR) Hip-Knee	<b>C</b>	<b>C</b>
Cancer care (Can) Radiation oncology	<b>A</b>	<b>B</b>
Sight restoration (SR) Cataract surgery	<b>C</b>	<b>C</b>
Cardiac care (Car) Bypass surgery	<b>A</b>	<b>C</b>

**Table 3** Provincial breakdowns: performance in the 5 priority areas.\*

Prov.	Priority areas				
	DI	JR	Can	SR	Car
NL	<b>INC</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>
PEI	<b>F</b>	<b>D</b>	<b>A</b>	<b>F</b>	<b>INC</b>
NS	<b>INC</b>	<b>D</b>	<b>INC</b>	<b>B</b>	<b>INC</b>
NB	<b>INC</b>	<b>C</b>	<b>INC</b>	<b>D</b>	<b>A</b>
QC†	<b>INC</b>	<b>A</b>	<b>A</b>	<b>INC</b>	<b>B</b>
ON	<b>C</b>	<b>B</b>	<b>C</b>	<b>C</b>	<b>A</b>
MB	<b>F</b>	<b>D</b>	<b>A</b>	<b>D</b>	<b>A</b>
SK	<b>INC</b>	<b>F</b>	<b>INC</b>	<b>D</b>	<b>A</b>
AB	<b>D</b>	<b>B</b>	<b>INC</b>	<b>C</b>	<b>A</b>
BC	<b>INC</b>	<b>C</b>	<b>A</b>	<b>A</b>	<b>A</b>

\* The benchmark used to assess performance in diagnostic imaging is provided by the WTA. Performance in the other 4 areas is assessed against provincial government approved pan-Canadian benchmarks.

† Quebec's cardiac care grouping includes CABG and valve surgery.

**Table 1** Grading methodology

Commitments graded based on scale ranging from

<b>A</b>	Fully met
<b>B</b>	Substantially met
<b>C</b>	Partially met
<b>D</b>	Largely unmet
<b>F</b>	Not met at all
<b>INC</b>	Unable to determine

**Table 2** Grading methodology

Government grades are based on a weighted average of grades from Table 3 for priority areas where a provincial benchmark exists.

The WTA grade is based on provincial performances against WTA's benchmarks (not shown in Table 3 except for diagnostic imaging).

**Table 3** Grading methodology

<b>A</b>	80–100% of population treated within benchmark.
<b>B</b>	70–79% of population treated within benchmark.
<b>C</b>	60–69% of population treated within benchmark.
<b>D</b>	50–59% of population treated within benchmark.
<b>F</b>	Less than 50% of population treated within benchmark.
<b>INC</b>	Data incomplete or not applicable.

**Note:** In cases where the provinces provide median wait times only, the grade is based on an estimate of the percent of patients treated within the benchmark.

## Note

Provinces do not count wait times at exactly the same time intervals and can vary according to procedure. For example, many provinces begin counting from the decision-to-treat by the specialist to the date of surgery. Others use the date of booking the surgery as the starting point.

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



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Canadian Cardiovascular  
Society  
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de cardiologie  
Communauté. Connaissances. Leadership.



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# Showing Promise

## Reducing Wait Times and Achieving Benchmarks

### Wait Time Alliance

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