

Wait Time Alliance Interim Report Card Technical Backgrounder

Approach and Structure

This report card was developed by the Wait Time Alliance 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*. It is an *interim* report card, reflecting the fact that efforts to reduce wait times are ongoing and that some of the deadlines agreed to in the 2004 agreement are pending. The WTA will issue subsequent report cards to assess progress based on the same template.

Using information and data provided on official government web sites, the report card attempts to answer the following two questions:

- 1) To what extent have governments respected their collective commitments under the 2004 health care agreement?
- 2) How have health care systems been performing – both individually within each province and collectively at the national level – in terms of achieving government-endorsed wait time benchmarks in the 5 priority areas?

The report card is divided into three tables. Table 1 reports on federal-provincial progress in implementing wait time commitments in the 2004 health care agreement. Table 2 provides an overview of system performance at the national level against government approved pan-Canadian and WTA wait time benchmarks. Table 3 provides a breakdown of performance by individual provincial health systems against pan-Canadian wait time benchmarks. The content and grading methodologies used to populate these tables are reviewed in greater detail below.

Limitations

The WTA's interim 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 in November 2006. 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 time generally do not factor in waits for consultation nor the time taken to access family physicians.

Progress in Implementing Wait Time Commitments

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

Table 1 – Progress toward implementing the 2004 First Ministers wait time commitments

Commitment	Grade	Rationale
<u>Access indicators</u> : comparable indicators of access to health professionals, diagnostic and treatment procedures to be developed by December 2005.	INC	No public record of comparable access indicators found.
<u>Benchmarks</u> : Evidence-based benchmarks for medically acceptable wait times for cancer, heart, diagnostic imaging, joint replacements, and sight restoration to be established by December 2005.	B	Benchmarks adopted by governments in December 2005 for 4 of the 5 priority areas (all except for DI).
<u>Targets</u> : Multi-year targets to achieve priority benchmarks to be established by each jurisdiction by December 2007. The new federal government advanced the deadline to December 2006.	D	Only two of 10 provinces have developed target time-frames.
<u>Wait-time reporting</u> : Governments committed to reporting annually to their citizens on their progress.	C	Reporting practices vary greatly across provinces. Few provinces report wait times against the pan-Canadian benchmarks.
<u>Funding</u> : Creation of \$5.5 billion federal Wait Time Reduction Fund to help jurisdictions reduce wait times.	A	Funding commitments have been legislated. Over 75% of funding has been distributed.
<u>Meaningful wait time reductions</u> : Jurisdictions to achieve meaningful reduction in wait times for the 5 priority areas by March 31, 2007.	INC	Deadline has yet to be reached.

Overall System Performance Against Wait Time Benchmarks

Table 2 compares performance across the 5 priority areas against government approved pan-Canadian wait time benchmarks and the WTA’s wait time benchmarks. Grades for the government benchmarks are based on a weighted average of grades from Table 3. An “incomplete” rating is assigned to diagnostic imaging to reflect the fact that there is currently no government-approved pan-Canadian benchmark in this area.

Grades for the WTA benchmark are based on a weighted average of grades for each province. Due to space limitations, details on pan-Canadian and province-specific performance against WTA benchmarks for priority areas other than diagnostic imaging were not included in the interim report card but are available upon request.

The grade for each priority area is calculated by assigning points to grades (A=4, B=3, C=2, B=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.

Table 2 provides a comparison of WTA and provincial government approved pan-Canadian wait time benchmarks. The WTA’s August 2005 final report also included benchmarks for nuclear medicine, a full range of benchmarks for cardiovascular care, benchmarks for consultation to see a specialist (cardiologist, radiation oncologist, orthopaedic surgeon). However, these additional benchmarks are not included in this analysis.

Table 2 – WTA vs provincial government approved pan-Canadian wait time benchmarks

Priority Area	WTA wait-time benchmarks	Provincial Benchmarks
Diagnostic imaging (MRI/CT)	1-4 weeks	Not provided
Joint Replacement (hip, knee)	26 weeks (90 days or 13 weeks for priority 2 patients)	Within 26 weeks
Ophthalmology (cataract removal)	16 weeks	Within 16 weeks for patients who are at high risk
Cancer Care (radiation oncology)	2 weeks	Within 4 weeks
Cardiovascular surgery (bypass surgery)	Urgent: 1-2 weeks Elective: 6 weeks	- level I cases (non-emerg) within 2 weeks - level II cases within 6 weeks - level III within 26 weeks

Provincial Performance Against 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
- Incomplete: for situations where no data is provided or where data does not lend itself to estimates of performance as detailed below.

Performance in the area of diagnostic imaging is assessed against the WTA benchmark, while performance in the other four areas is assessed against provincial government approved pan-Canadian wait time benchmarks.

Reporting of wait times is highly variable from one province to another. Only two 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 is 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 3 and for 6 months, the percentage treated within the benchmark wait time of 4 months is calculated as follows:

$$\begin{aligned} \text{\% treated within 3 months} &= 50\% \\ \text{\% treated in 4th months} &= 24 \div 3 = 8\% \\ \text{total \% treated within 4 months} &= 58\% \end{aligned}$$

- 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 the following function derived from real life wait time distributions:

If median wait is 25% below benchmark ? % treated within benchmark = 60%
If median wait is 40% below benchmark ? % treated within benchmark = 70%
If median wait is 50% below benchmark ? % treated within benchmark = 80%
If median wait is 62.5% below benchmark ? % treated within benchmark = 85%
- In cases where wait time data is presented by region but not aggregated at the provincial level, a weighted average is calculated using data on volume of procedures by region; alternatively, if no data on the volume of procedures is available, a straight average is calculated.
- For priority areas that include more than one procedure (e.g., hip and knee replacement for joint replacement, and MRI/CT for diagnostic imaging), a weighted average is calculated using data on volume of procedures; alternatively, if no data on the volume of procedures is available, a straight average is calculated based on the number of procedures included in the priority area.

About the Wait Time Alliance

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 five priority areas.

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