Wait Time Alliance Report Card
Technical Backgrounder
April 19, 2007

Approach and Structure

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

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

1) To what extent have governments respected their collective commitments under the 2004 *10-year plan*?

2) How have health care systems been performing – both individually within each province and collectively at the national level – in terms of achieving meaningful reductions in wait times in the 5 priority areas as of March 31, 2007 as decreed in the 2004 *10-year plan*?

The report card is divided into three tables. The methodology for each table is described below.

Table 1: Meaningful reductions in wait times and improvements in access in the 5 priority areas

Table 1 provides 2 grades related to wait times:

Wait-Time Benchmark (A national roll-up on provincial performance on meeting provincial wait-time benchmarks)

The "Wait-Time Benchmark" component of Table 1 provides updated national grades from those provided in the WTA's November 2006 interim report card. Grades for the "wait-time benchmark" component in Table 1 are a summary of the letter grades from Table 2 (explained below). A "to be determined" rating is assigned to diagnostic imaging to reflect the fact that there is currently no government-approved pan-Canadian benchmark for this priority area. Such benchmarks should be developed in tandem with appropriateness guidelines.

The national grade for each priority area is calculated by assigning points to provincial 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.

Access Enablers

The "Access Enabler" component under Table 1 is new to this report card. It has been added to reflect the need for a more robust report card that takes into consideration all of the factors that can affect access over time. Inevitably, a patient's wait time is the most important factor for patients but it does not capture any progress that is being made that will ultimately improve wait times in the longer-term (e.g., investing in more equipment or more health human resources, accommodating increased demand, improving the flow such as through appropriateness guidelines and streamlining the steps involved for patients).

The access enabler component is used for each of the five priority areas on a national level. A grade is assigned for each of the 5 priority areas using the following criteria:

1. Has there been an increase in resources directed toward reducing wait times since 2004 for this priority area:
    - In equipment (e.g., diagnostic imaging machines, operating rooms)
    - In labour (physicians, nurses, other health care providers that can affect output)
    - In terms of operating time (e.g., expanded hours)?

2. Have there been any improvements made to improving the flow of patients such as through the use of:
    - illness prevention programs
    - appropriateness guidelines, clinical guidelines
    - the active management and pooling of wait lists, centralized booking systems, prioritization tools
    - activity-based funding, centres of excellence?

3. Are the increases in output in the priority areas since 2004 adequate to meet needs and are they sustainable over the longer-term?

Due to the time lag in collecting data on these factors, very little hard data is available. As a result, medical specialists from the relevant specialties were requested to provide input.

The grading system for the access enablers component in Table 1 is applied as follows:

A: Significant activity/progress dealing with factors affecting wait times
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

Table 2 attempts to answer the question of whether or not there have been meaningful reductions in wait times. This was undertaken given that the *10-year plan* refers to showing meaningful reductions in wait times by March 31, 2007. Assessing meaningful reductions for each province is determined by 2 different means:

1. A provincial snapshot of where wait times are for 4 of the priority areas by province
2. Determining whether we can see a trend over the past year toward reduced wait times for each of the 5 priority areas.

In terms of the snapshot, Table 2 compares performance across the 5 priority areas against government approved pan-Canadian wait time benchmarks:

Priority Area	**Provincial Benchmarks**
Diagnostic imaging (MRI/CT)	To be determined
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 I cases (non-emerg) within 2 weeks - level II cases within 6 weeks - level III within 26 weeks

No grades were assigned to diagnostic imaging since benchmarks have yet to be agreed to by provincial governments.

These grades represent a snapshot in time of where wait-times stand as of March 31, 2007. The provinces were informed that the WTA would be reviewing provincial websites as of April 9, 2007 to allow provinces time to update their websites.

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

- A blank box is assigned for situations where no data are provided or where existing data do not support estimates of performance in terms of the % of patients treated within the benchmark.

Reporting of wait times is highly variable from one province to another. Few provinces explicitly report their performance against the pan-Canadian benchmarks. Other provinces provide 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 3 and 6 months, the percentage treated within the benchmark wait time of 4 months is calculated as follows:

  % treated within 3 months = 50%
  % treated in 4^{th} months = 24 ÷ 3 = 8%
  total % treated within 4 months = 58%

  For provinces that report only median wait times, and where reported median wait times are below the wait time benchmark, an assessment was determined based in consultation with the relevant medical specialty.

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, Regina and Saskatoon for Saskatchewan).

Limitations

The WTA's report card is intended to provide an assessment 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. 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.

B. Assessing change in provincial wait times between 2005 and 2006

Table 2 also includes a coloured square (attached to the letter grade). The coloured square reports on changes in provincial wait times by priority areas between 2005 and 2006. This is also a new feature to the WTA report card. This part of the table relies principally on provincial data provided in 2 CIHI reports:

- CIHI, *Waiting for Health Care in Canada: What we Know and What We Don't Know,* 2006;
- CIHI, *Wait Times Tables—A Comparison by Province*, 2007.

The CIHI reports provide two data points, approximately a year apart that allows one to see if any progress has been made toward reducing wait times over the year. The use of the two CIHI reports allows us to overcome some of the inconsistencies of data collection among the province by 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. In summary, a province's performance is only compared to its performance from the previous year using the same type of measurement.

In a few instances, other data sources were used that could provide a comparison between 2005 and 2006. These other sources included: Cancer Care Ontario, the Government of Prince Edward Island, and the New Brunswick Surgical Care Network.

A colour graded legend is used to report the change (if any) in wait times by each of the five priority areas by province between 2005 and 2006 as follows:

- Green square: a decrease in wait times has occurred over the year
- Red square: an increase in wait times has occurred over the year
- Yellow square: no significant change in wait times occurred over the past year (i.e,. less than 5% change (either increase or decrease in wait times)
- White square: there are insufficient data to make a determination (e.g., only 1 year of data exists).

Details on how the grades and colours were assigned in Table 2 are available in separate tables.

Table 3: Progress Toward Implementing the 2004 First Minister's 10-year Plan to Strengthen Health Care

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). The commitments, grades and rationale are summarized below.

Progress toward implementing the 2004 First Ministers wait time commitments

Commitment	Grade	Rationale
Access indicators: 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.
Benchmarks: 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).
Targets: 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.
Wait-time reporting: 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.

About the Wait Time Alliance

Established in fall 2004, as a result of physicians' concern about Canadians' access to health care, the WTA has been providing 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

The WTA's August 2005 final report also included benchmarks for nuclear medicine, a full range of benchmarks for cardiovascular care, and benchmarks for consultation to see a specialist (cardiologist, radiation oncologist, orthopaedic surgeon). However, these additional benchmarks are not included in this analysis.