

A hand reaching towards a globe, symbolizing global impact or international study.

Wait Time Measuring, Monitoring and Management

A Canadian Medical Association International Stakeholder Study

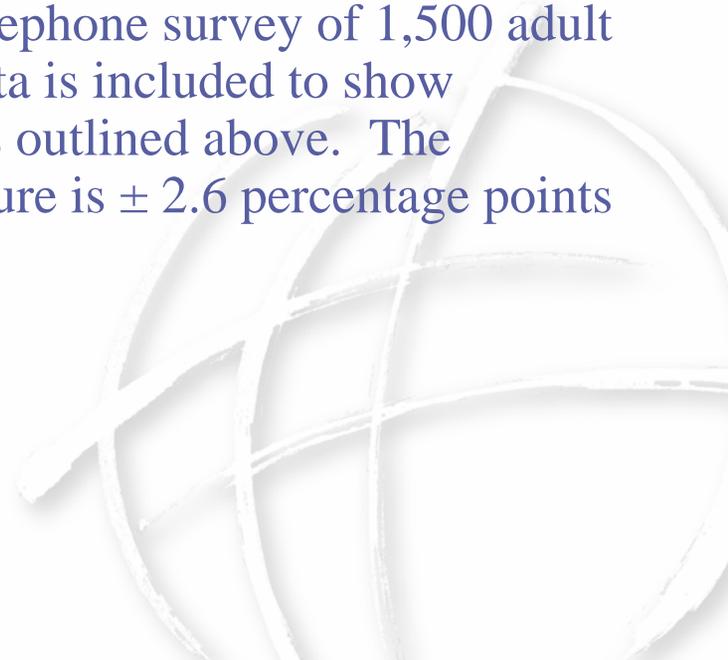
March 31, 2004



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Methodology

- Presentation includes qualitative data from an international study that involved focus groups with healthcare stakeholders in London, UK, Stockholm, Sweden, Sydney, Australia and Auckland, New Zealand. All of these countries have had experience with waiting time guarantees and other policies to reduce wait times.
- The groups took place in December 2003 and were designed to garner a better understanding of international experience with waiting time measurement and management, care guarantees and other related policies.
- Also included are some of the results from a telephone survey of 1,500 adult Canadians conducted in January 2004. This data is included to show Canadian public views with regard to the issues outlined above. The national margin of error for a survey of this nature is ± 2.6 percentage points 19 times out of 20.



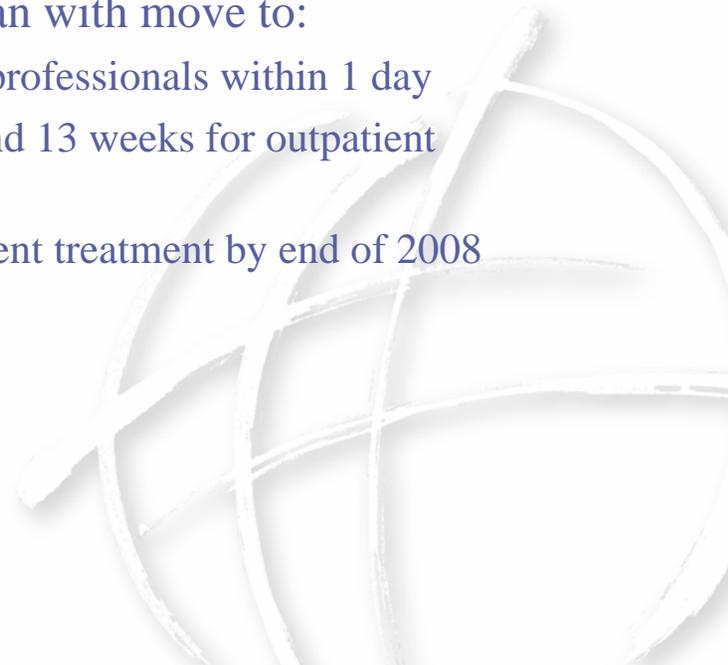
Overview of Country Experience with Wait Time Management

- Australia
 - Performance targets for elective surgery
 - Increase in day surgery and greater use of private health insurance
 - Focus has shifted from numbers on waiting list to length of waiting times
- New Zealand
 - Government policy on waiting times:
 - Surgery within 6 months of assessment
 - 6 month maximum waiting time for a first specialist assessment
 - National equity of access regardless where patients live



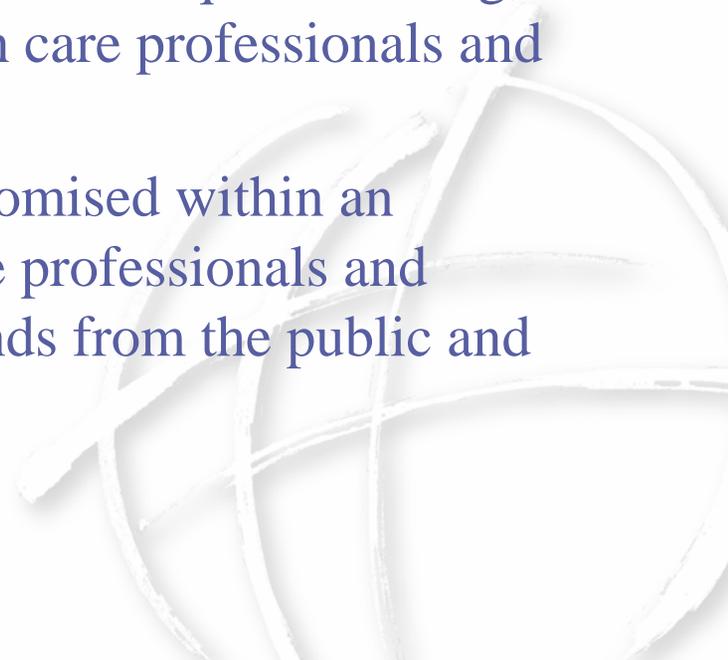
Overview of Country Experience with Wait Time Management

- Sweden
 - 3 month maximum waiting time for 12 surgical procedures abandoned in 1997 replaced by new guarantee for primary care and specialist visits
 - Government is now considering reinstating guarantee for all treatment within 3 months
- United Kingdom
 - “Patient’s Charter” in 1992 replaced by NHS plan with move to:
 - access to GP within 2 working days or other PC professionals within 1 day
 - Maximum of 6 months for inpatient admission and 13 weeks for outpatient appointments
 - 3-month maximum wait for inpatient and outpatient treatment by end of 2008



Health Care Systems In All Four Countries Face a Common Set of Challenges

- Health care systems are unable to keep up with the increasing demand for health care services as new treatments combine with more demanding publics to pressure health systems.
- Access to secondary treatment such as diagnostic services, specialists and surgery is increasingly problematic.
- Access is impeded by a wide range of issues: inadequate funding, outdated infrastructure, a shortage of health care professionals and lack of system capacity.
- Concern that quality of care may be compromised within an environment where overworked health care professionals and administrators must meet increasing demands from the public and timely care targets.



Health Care Systems In All Four Countries Face a Common Set of Challenges

- The need to find innovative ways to increase system capacity (day surgery, portability of care, and privately delivered and/or financed health care).
- The importance of providing patients with increased choice for care (e.g. inter-regionally, out-of-country, private health care system) even if these options only contribute marginally to reducing pressures on local public health systems.
- Finally, all four of the countries have wait lists for health services and a similar set of challenges in managing these lists:
 - Objective clinical assessment. How to determine patient eligibility and prioritisation?
 - Need for accurate information on system resources and capacity.
 - Complying with performance measures when there is a lack of system resources and capacity.

Current Challenges

“Government has put additional money in, but there isn't enough health care staff. Nurses are doing the doctor's job, and now we do creative staffing to meet the gap. Bottom line - there aren't enough health care professionals, meanwhile patients expect more and the population is aging.” London, UK

“There is an insufficient supply of specialists. You can have 10 new patients on the waiting list and you have to meet the waiting list time or you get penalised. Referrals often don't work because we don't have enough health care professionals”. London, UK

Current Challenges

“Health care in New Zealand is rational, it is limited by money, and you can't meet everybody's needs.” Auckland NZ

“Portability of care might be okay for minor and non-invasive operations.” London, UK

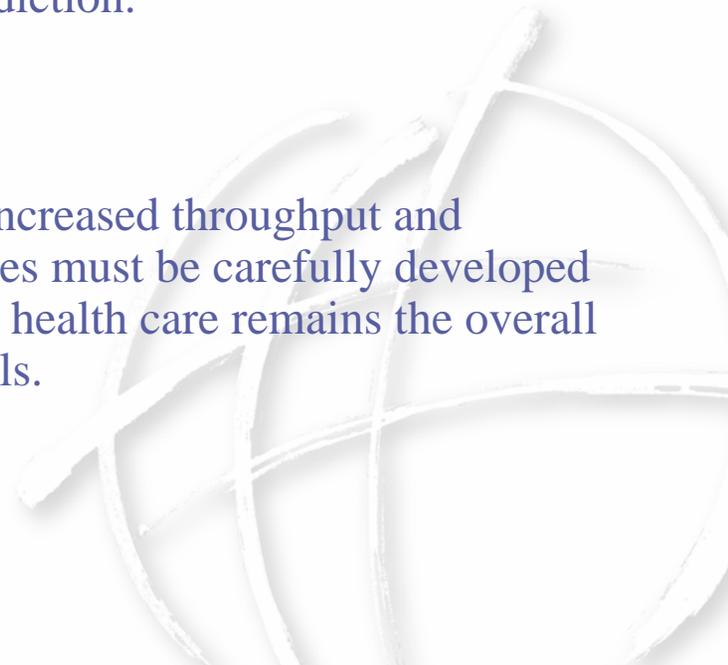
“It is in the patients interest to know exactly where they stand - it's necessary to put it out in front of the public- there is this amount of unmet need- this is what the money isn't buying - to put pressure on [the government] to put more money into the system.” Auckland, NZ

International Views on Wait List Management

- Need for National Systems to Measure and Monitor Performance
 - The starting point for improved management of wait times is a national system that measures and monitors the performance health care resources and the timely delivery of health care services.
- However, Monitoring Wait Lists is Only the First Step
 - Once there is a better understanding of the system, steps need to be taken to address the gaps between supply and demand and to improve outcomes. For most participants real improvements and better access is tied to increases in funding and health care system resources. Conversely, others said that in reality there was likely to be a reduction in services or alternative means of providing health care services.
- No Matter the System, There is a Need to Live Within Means
 - Health care systems should live within their means and avoid creating unrealistic expectations. Under delivering leads to decreased confidence in the system.

International Views on Wait List Management

- Portability of Care:
 - When local service levels and recommended waiting times can not be met, options for care elsewhere should be provided for patients.
 - However, portability of care should be limited to avoid shifting financial, human resources and expertise elsewhere and potentially undermining the capacity of the local health care system.
 - Impact on patients (e.g. continuity of care, family support, etc.) is an important consideration if care is provided in another jurisdiction.
- Performance Incentives:
 - Incentives should be put into place that reward increased throughput and enhanced co-ordination. However these incentives must be carefully developed and monitored to ensure that improved access to health care remains the overall objective rather than meeting administrative goals.



Benefits of Wait List Management

- **An Increase In Public Confidence, Managing Patient Expectations**
 - Wait list monitoring, managing and reporting and “care guarantees” can help in building public confidence in the health care system.
- **An Incentive For Taking Responsibility For Personal Health**
 - Some participants felt that better wait list management and providing accurate waiting time information could act as an incentive for patients to take better care of their health.
- **Better Information to Improve Existing Health Systems**
 - Information provided to administrators is seen as a valuable tool for managing existing resources and finding efficiencies within the system. Most hope that increased efficiencies will lead to improved health outcomes, but this is not a given.

Limitations of Wait List Management

- Continuity of Care
 - When care is provided outside of the local community in order to meet recommended waiting times care should be taken to ensure that primary health care providers are able to monitor the care and have the tools necessary to provide follow up care upon the patients return.
- Reducing the Role for Health Care Providers
 - Where wait list management is done through strict eligibility criteria, the role and influence of healthcare providers can be diminished. Most felt that the clinical judgement of healthcare providers should continue to play a significant role in determining wait list prioritization.
- Limitations of Technology
 - Use of on-line technology to assist healthcare providers in managing wait lists and/or to provide patients with information on their status is only valuable if the on-line information is up to date and accurate and health care professionals and patients have the necessary online skills.

Managing The System

“You have to cheat to get the patient assessed: admit the patient under the pretence that they are suffering from a higher priority problem.”

London, UK

“In reality it isn't a queue, it's a pool. In that pool, high priority patients get treated promptly and lower priority patients may never get treated...just sit at the bottom of the pool and nothing happens.”

Auckland, NZ



Managing Targets

“We have targets, but we don't have a good measurement for system capacity. [Setting Targets] is like saying the car has to go so fast, but the car can't actually be driven that fast.” Sydney, Aus

“We try to meet the targets, but it doesn't always work.” London, UK

“It is a shame if you have to move your resources from where they are needed to meet targets set by outsiders.” Sydney, Aus

“You just don't want to stick to an 8 month commitment for hip replacement, if something else more urgent comes up.” Sydney Aus

Care Guarantees

- Monitoring and managing wait lists and communicating these wait times to patients has led to the introduction of “care guarantees” in some jurisdictions. As a more formal commitment to patients, participants raised some concerns about care guarantees. For example:
 - Increasing patient expectations that if not met will continue to reduce confidence in the system.
 - The ability of health systems to fulfil the promise of timely care given limited capacity and resources.
 - Sustainability of health systems given the impact of increased demand (aging population) and increased patient expectations (informed patients and improved medical technology) for health care services.
 - Implications for the role of physicians, as clinical prioritisation standards reduce discretion and require adherence to strict eligibility criteria.
 - Systems that work towards administrative targets rather than improving public/individual health outcomes.

Managing With Care Guarantees

“There must be an expected standard of care, but we can't guarantee it.”

London, UK

“There is an accountability issue associated with a care guarantee: who is responsible if something goes wrong?” London, UK

“Guarantees tend to lead to a health care system governed by demand rather than need.” Stockholm, Sweden

“With care guarantees, it is can favour easy diagnosis and disfavour others.” Stockholm Sweden

Final Observations from International Stakeholders

- International participants felt that a national system should be put into place that measures the performance and management of health care resources and the timely delivery of health care.
- Better management of wait lists, care guarantees and/or published waiting lists will, at a minimum, improve public confidence in the health system as the provision of more information to patients allows them to make more informed choices about their personal health.
- Also, these efforts should increase the efficiency of the health care system as administrators gain a better understanding of what does and does not work.

Final Observations from International Stakeholders

- Most feel that the public system must be accountable for how health care services and resources are structured, managed and allocated. They see wait list monitoring and managing as key to achieving accountability.
- However, there are potential challenges including:
 - Weakening physician control and accountability if they have a reduced role in prioritising patients.
 - Raising public expectations because of the term “guarantee”, therefore, need to only promise what can be realistically delivered.
 - Adhering to the system could take up needed financial and human resources to manage the system/bureaucracy rather than to deliver services and help patients.
- Where participants differ:
 - The source of increased system capacity, the reliance on other systems (regions, provinces or countries) vs. a private health care system.
 - How care outside the public system can be funded, fully funded via the public health care budget or via co-payments, user fees or private health insurance.

Final Observations from International Stakeholders

- In light of continued fiscal constraints and shortages of health care professionals, Canada's health care system may improve its efficiencies through the implementation of better wait list monitoring and management, clinical prioritisation guidelines, care guarantees and/or maximum wait times.
- However, these measures will not directly address the issues of increased public expectation and demand for more health services.
- As public demand for more health services continues participants in the international focus groups felt that Canada would be forced to either redefine its health system (to control costs by limiting coverage) or to find significant new revenues (either from the private or public sector).



Wait Time Measuring, Monitoring and Management A Canadian Public Perspective

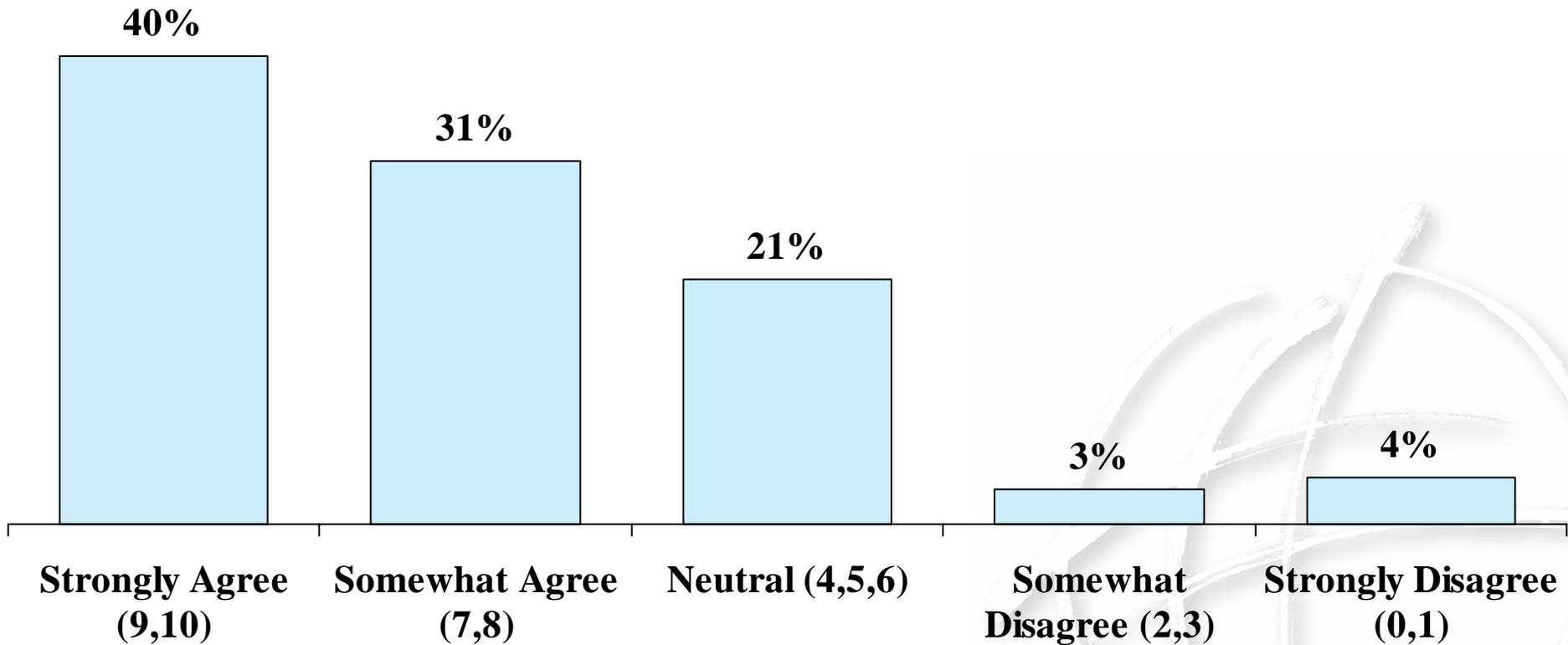


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Canadians See The Need For A National System That Measures Waiting Times

Using a scale of 0 to 10, where 0 means that you strongly disagree and 10 means that you strongly agree, please tell me if you agree or disagree with each of the following statements?

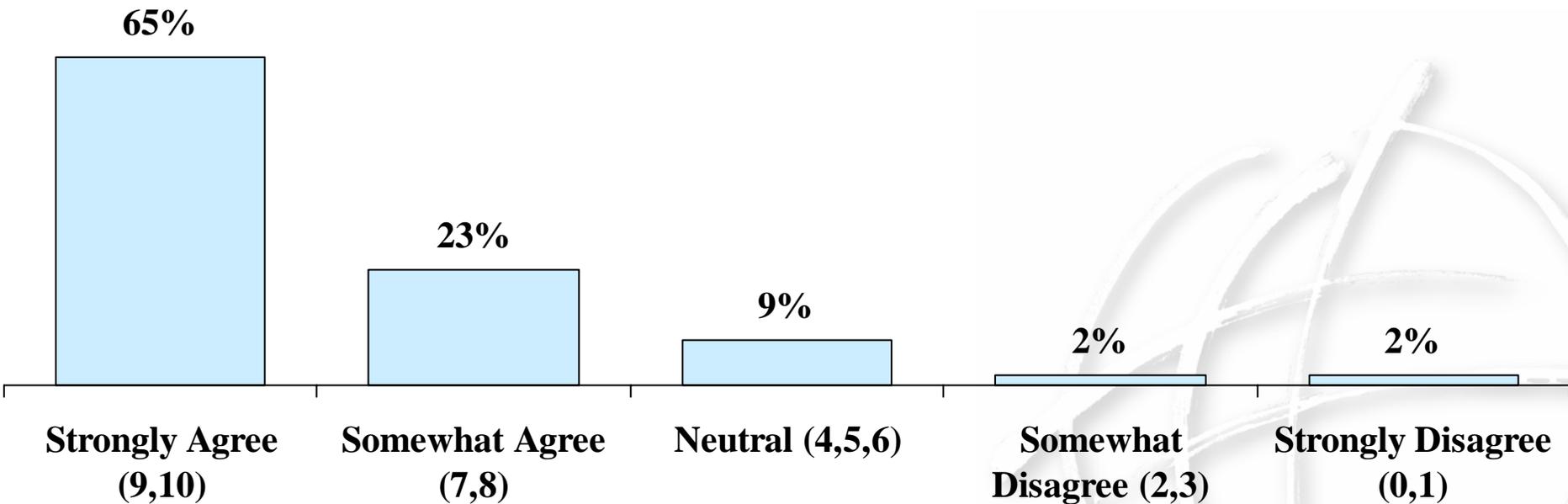
Canada needs a national system that measures waiting times for health treatments and diagnosis in every region of the country.



Canadians Have A Right to Know How Long They Must Wait

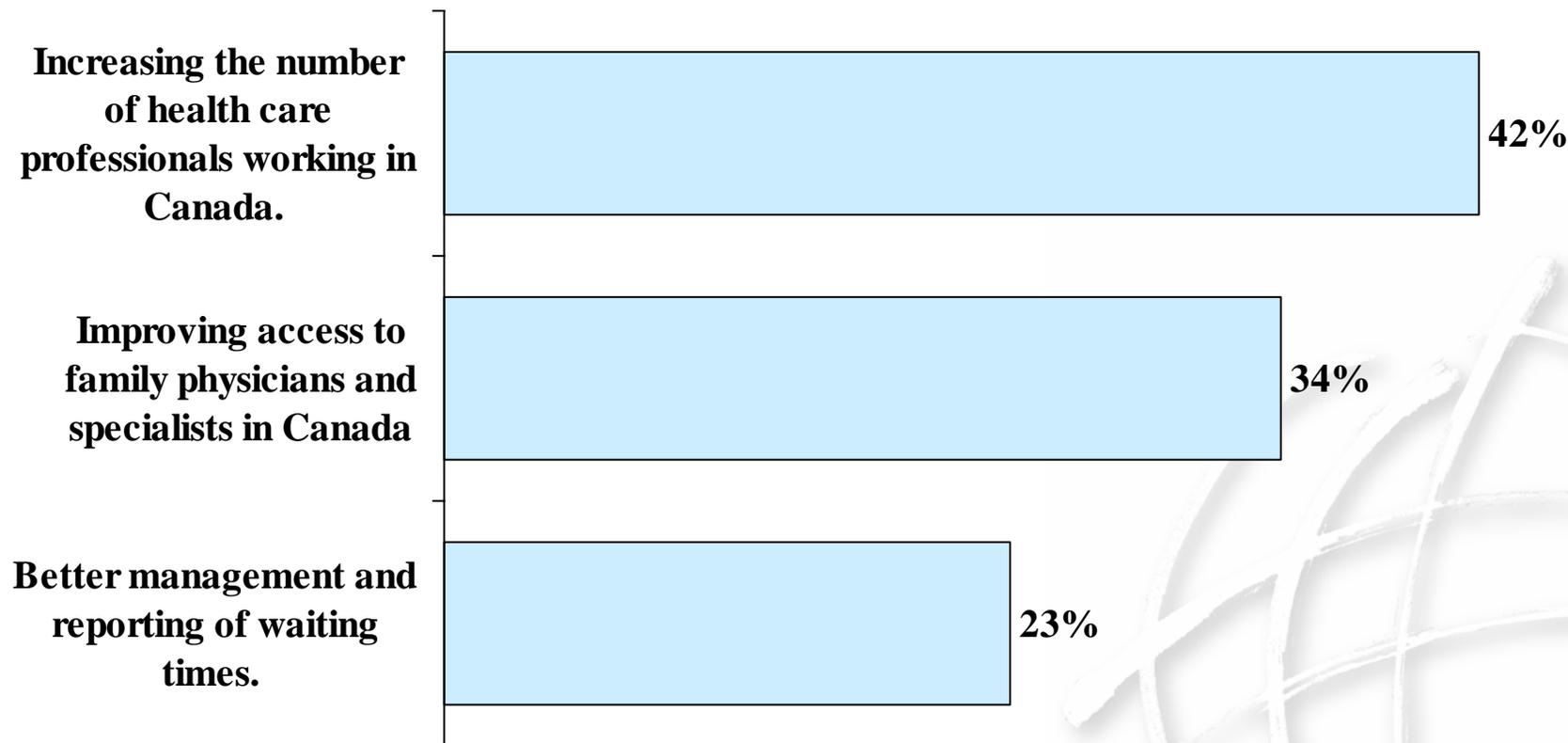
Using a scale of 0 to 10, where 0 means that you strongly disagree and 10 means that you strongly agree, please tell me if you agree or disagree with each of the following statements?

Canadians who need the health system have the right to know how long they can expect to wait for the treatments they need.



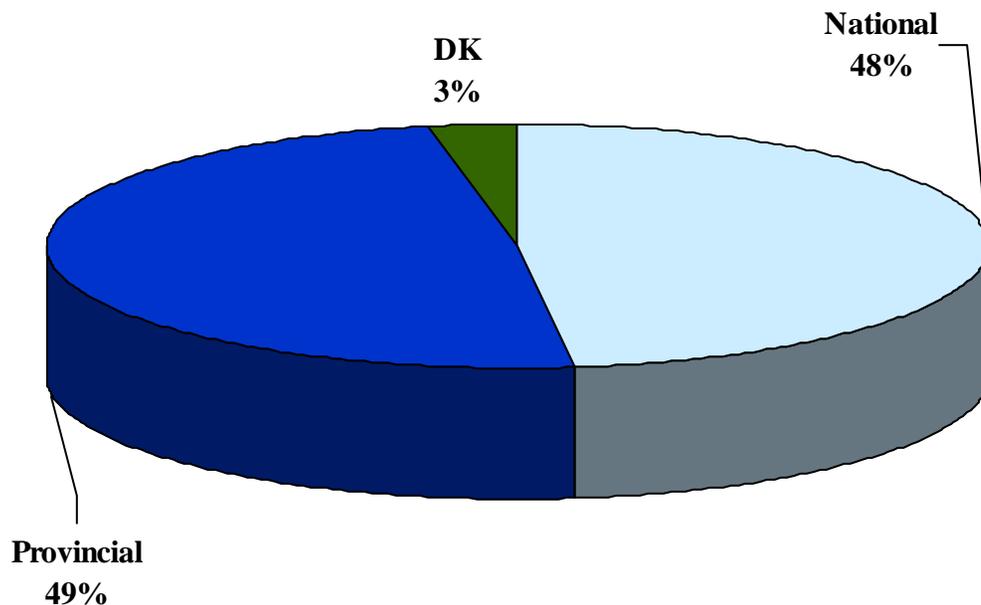
Canadians See “Management of Wait Times” As A Key Initiative To Improve The Health System

Which of these three elements of the national access strategy do you think would have the most positive impact on the health system in Canada?



Canadians Are Divided on Provincial vs. National Standards for Waiting Times

Do you think that there should be national or provincial standards for waiting times for access to health treatments and diagnosis?

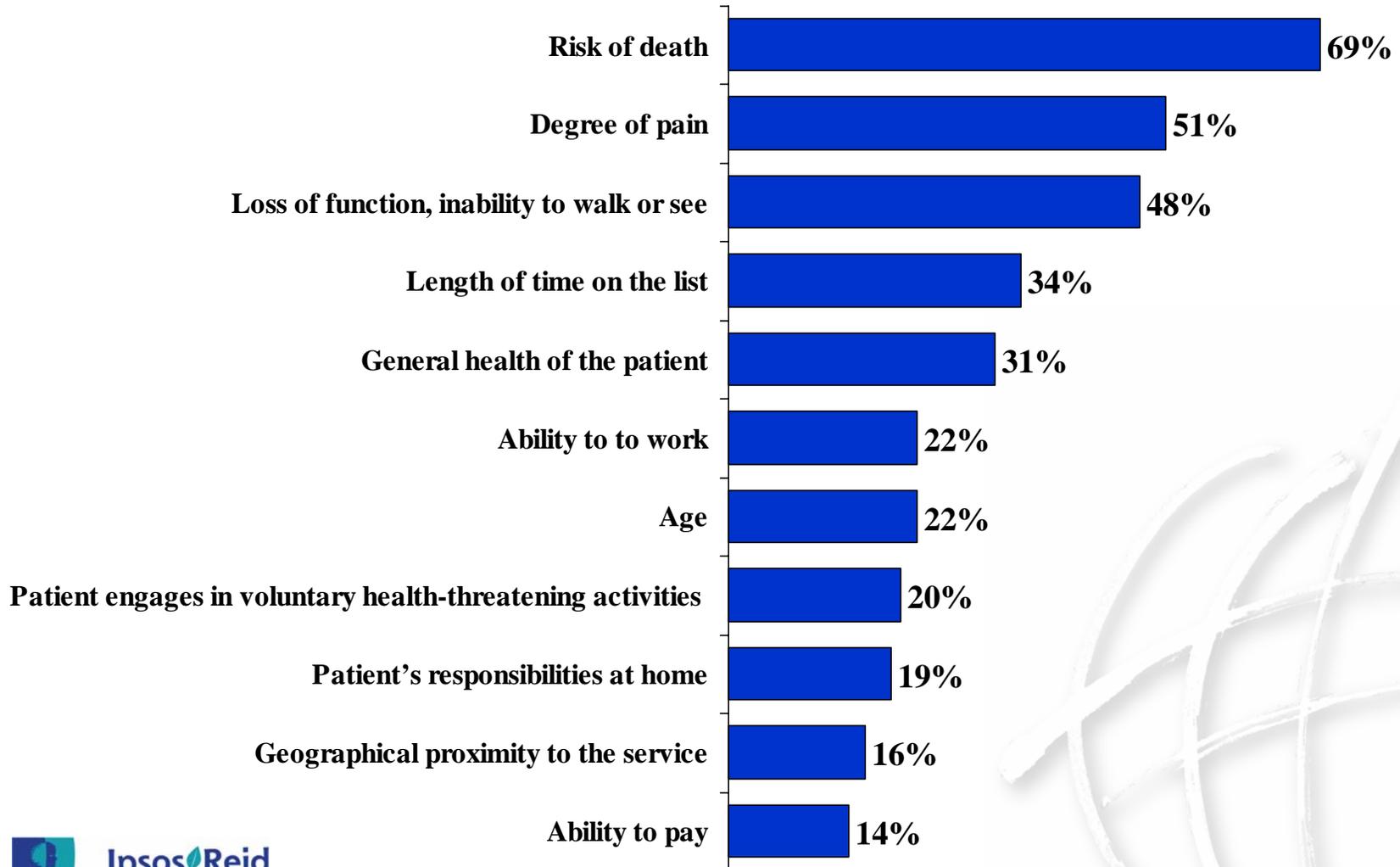


- Majorities in B.C. (57%), Alberta (51%) and Ontario (55%) favour “national standards”.
- In the face of stalemate about national standards for waiting times, the majority of Canadians (62%) believe that the Federal government should proceed unilaterally.

Canadians Support Prioritizing Access to Waiting Lists

If a system of waiting lists was established in your community, would you agree or disagree with the following being used to rank the priority of patients on the list?

% Strongly Agree (9,10)



A Final Comment On Moving Forward

“We must have a way to offer patient choice, whatever we end up doing.. make it a permanent system - set the care guarantee and the maximum waiting times - then let us know because we need a guarantee from the government on what to expect.” London, UK



A hand pointing at a globe, symbolizing international focus or research.

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