The Taming of the Queue Colloquium
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Towards standardized definitions of wait times & measurement considerations

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Overview of presentation

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Canadian Institute for Health Information

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CIHI

The Canadian Institute for Health Information (CIHI) is an independent, pan-Canadian, not-for-profit organization working to improve the health of Canadians and the health care system by providing quality, reliable and timely health information.

CIHI's Mandate

- Established jointly by federal and provincial/territorial ministers of health:

- To coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada.

CIHI's Mandate (cont'd)

- To provide and coordinate the provision of accurate and timely data and information required for:
  - Establishing sound health policy.
  - Effectively managing the Canadian health system.
  - Generating public awareness about factors affecting good health.

CIHI's Core Functions

- To identify and promote national health indicators.

- To coordinate and promote the development and maintenance of national health information standards.

- To develop and manage health databases and registries.

- To conduct analysis and special studies and participate in research.

- To publish reports and disseminate health information.

- To coordinate and conduct education sessions and conferences.

Key Messages

- Good management and monitoring of wait times requires good measurement.

- Good measurement requires consistent and relevant definitions.

- The wait time data must be accurate, timely and comparable.

- The wait time data must be perceived to be unbiased and credible.

Key Messages (cont'd)

- The data should be able to pass an audit.
  - This requires proper documentation of data quality and data limitations.
- Wait time measurement initiatives can be designed to inform management and policy decisions and the public.
- Good wait time measurement requires collaboration across multiple sectors.
  - WCWL, Cardiac Care Network
  - Canadian Joint Replacement Registry
  - CIHI and Statistics Canada

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Background

- This presentation focuses on the nationally comparable wait time definitions developed for the Performance Indicators Reporting Committee (PIRC) and the PIRC reports released in 2002.

- This example illustrates some of the challenges of defining and measuring wait times across Canada.

- The are many other measurement acitivities underway or evolving across Canada.

PIRC History

- First Ministers' Communique (FM 2000) was released in September, 2000.
- It decribed the FM agreement to report on nationally comparable indicators in 14 areas by September, 2002.
  - Wait times listed under one of the 14 areas.
- A Performance Indicators Reporting Committee (PIRC) was created to coordinate this reporting process.
- November, 2001 Conference of Deputy Ministers approved PIRC reporting plan for 2002.

PIRC History (cont'd)

- Working groups were formed to focus on specific areas, including wait times.
- CIHI and Statistics Canada were invited to participate given our roles in collecting health data and producing health indicators.
- It was agreed that wait times reporting would focus on:
  - Coronary Artery Bypass Surgery (CABG)
  - Hip and knee replacement surgery
  - Radiation therapy for breast and prostate cancer.

PIRC Wait Time Definitions

- Important to note that these were developed to satisfy the FM 2000 reporting requirements for September, 2002
  - Wait times measurement was one of the least developed of the 14 areas and many jurisidcitions were not able to report.
  - PIRC definitions were the minimum required, more was allowed.
  - Statistics Canada carried out a national survey (Health Services Access Survey), produced a national report and made HSAS data available to provincial/terrritorial reports
    - Claudia will present on this next.

PIRC Wait Time Definitions

- CABG wait times:
  - Months to clear the wait list
  - Median wait for surgery
  - Distribution of wait times

CABG wait time definition for: Months to clear the list

8a. Wait times for cardiac surgery
Jurisdictions will report, to the extent possible, on: the number of months to clear the current wait list for CABG; the median wait in days for CABG surgery and, the distribution of CABG wait times.

8a(i). Months to clear wait list
Indicator name: Estimated number of months to clear current wait list for CABG

Technical Specifications:
Numerator: Total # of adults (aged 20 and over) who have received cardiac catheterization and been designated by a physician as needing CABG surgery, but have not yet received their surgery on the last day of the period in question
Denominator: The average number of CABGs completed per month within the specified period.
• Include only "isolated" CABG cases, uncomplicated by any other procedure (e.g. valve repair or replacement)
• Because of differences in urgency rating processes across the country, include all emergent and non-emergent CABG cases. If only non-emergent cases are tracked, report the percent of total CABG cases that they represent in the period in question in addition to the indicator.
• Report data for patients resident in the jurisdiction, regardless of where surgery occurs. If non-residents cannot be separated, report the percent of total CABG cases that they represent in the period in question in addition to the indicator
• Where possible, individuals should not be counted in the numerator if a decision has been made, either by the individual or his/her physician, not to proceed with surgery or to delay surgery for medical or other reasons.

CABG definition (cont'd)

Requirements for indicator presentation

- Report the numerator and denominator as well as the result

- Report quarterly for 2001/2002 or latest available data

Optional reporting guidelines for cardiac surgery wait times
Jurisdictions may add contextual information in order to support interpretation of these cardiac surgery wait time indicators. Examples are:
- Age standardized rate of CABG surgery per 100,000 population, aged 20 and older
- Percentage distribution of CABG cases for adults (aged 20 and over) performed in the period in question by urgency category (i.e., emergent, urgent, elective). Jurisdictions should specify how urgency categories are defined, as definitions may vary across jurisdictions.
- Median wait time (as described in indicator #2) by urgency category (i.e., emergent, urgent, elective). Again, jurisdictions should specify how urgency categories are defined.

PIRC Wait Time Definitions

- Hip replacement surgery wait times:
    - Months to clear the wait list
    - Median wait for surgery
    - Distribution of wait times
- Knee replacement surgery wait times:
    - Months to clear the wait list
    - Median wait for surgery
    - Distribution of wait times

PIRC Wait Time Definitions

- Radiation therapy for breast cancer:
  - Weeks to clear the wait list
  - Median wait for surgery

- Radiation therapy for prostate cancer:
  - Weeks to clear the wait list
  - Median wait for surgery

PIRC Wait Time Definitions

- From Statistics Canada's Health Services Access Survey (supplement to CCHS)
- Reported wait times for specialist physician visits
- Reported wait times for diagnostic services
- Reported wait times for surgery
  – Median wait time for visit, service or surgery
  – Distribution of wait times

PIRC Reports on Wait Times in 2002

- Not all jurisdictions could report on wait times in September, 2002
- Reporting wait times for CABG:
  - NL, NS, ON, MB, SK, AB, BC
- Reporting wait times for hip and knee replacement surgeries:
  - MB, SK, AB, BC
- There were issues of comparability between jurisdictions that did report.
  - This was expected and accepted.
- Links to all reports available from CIHI's web site (www.cihi.ca) via the Health Indicators section.

Considerations for Definitions and Measurement of Wait Times

- Develop useful working definitions that can be used across multiple jursidictions.

  - multiple indicators needed for each area to provide information required by health care providers, funders, policy makers and the public.

- Need to agree on when the waiting starts and stops

  – Referral to Specialist to time of service vs. decision to treat to time of service

Considerations for Definitions and Measurement of Wait Times

- Consider including risk adjustment, severity and functioning measures.
  - WCWL has made good progress here.
- Consider personal circumstances and patient experience ?
- Focus on cut-offs that are clinically relevant for specific patients
  - Generalizations can provide misleading information
- Leverage electronic health record developments with Infoway.
- Start small and ensure success.

Considerations for Definitions and Measurement of Wait Times

- Good management and monitoring of wait times requires good measurement.

- Good measurement requires consistent and relevant definitions.

- The wait time data must be accurate, timely and comparable.

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Thank You

For further information:

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