



Ministry of Health Services

# **Achieving Timely Access: Improving Wait Times for Surgery in British Columbia**

March 31, 2005

## Waiting for Care

**“Waiting for care is part and parcel of the normal functioning of any health system.”**

*The Taming of the Queue: Toward a Cure for Health Care Wait Times*

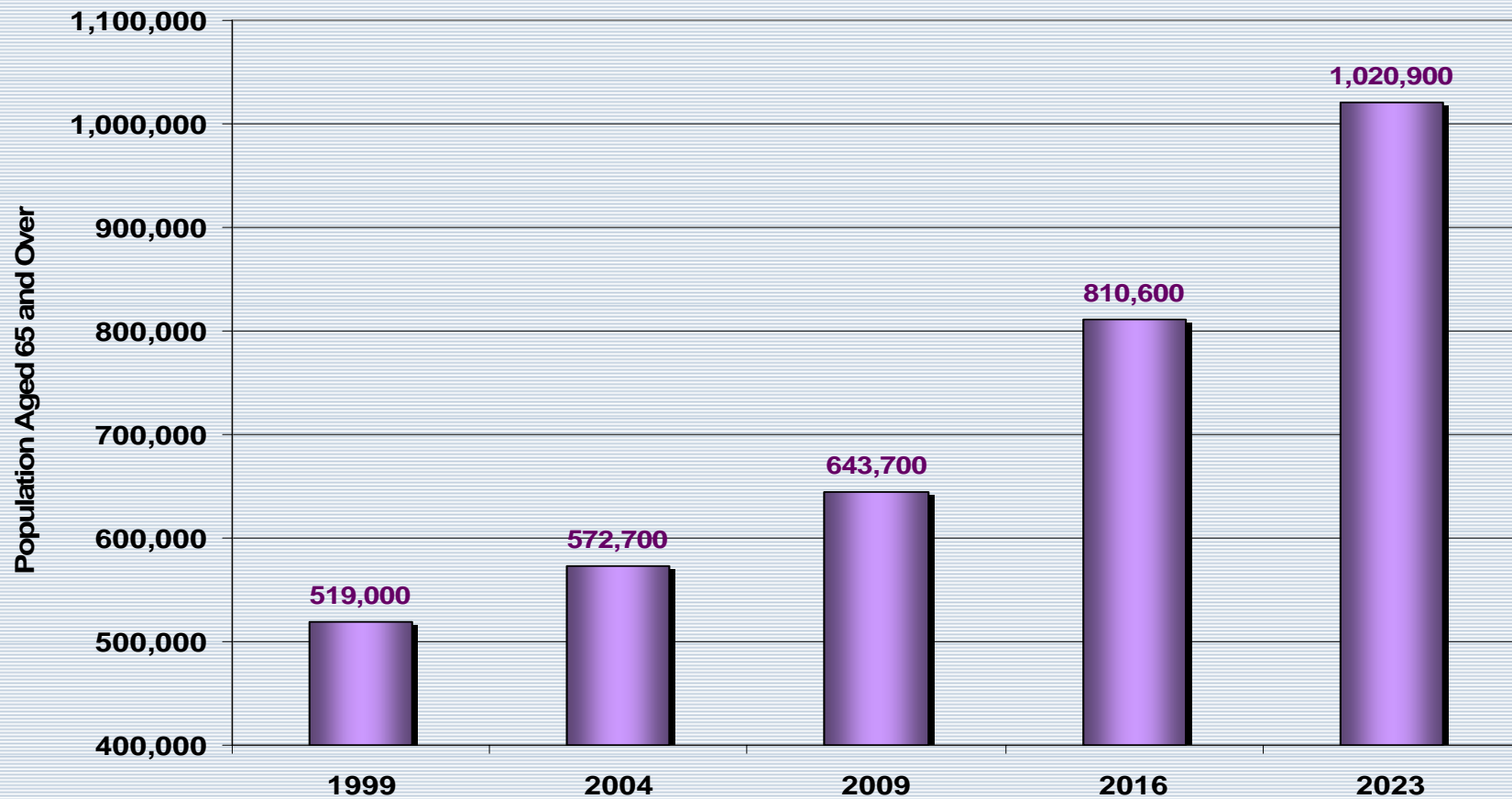
(July 2004, Canadian Medical Association and Canadian Nurses Association)

## **What Drives Wait Lists?**

## Key Drivers

- Better surgical techniques
  - Less invasive
  - Shorter recovery times
  - Lower risk of complication
  
- Aging population
  - Active seniors' lifestyle
  - More 'wear and tear' conditions

## Seniors in BC



## **Surgery Begins at 40**

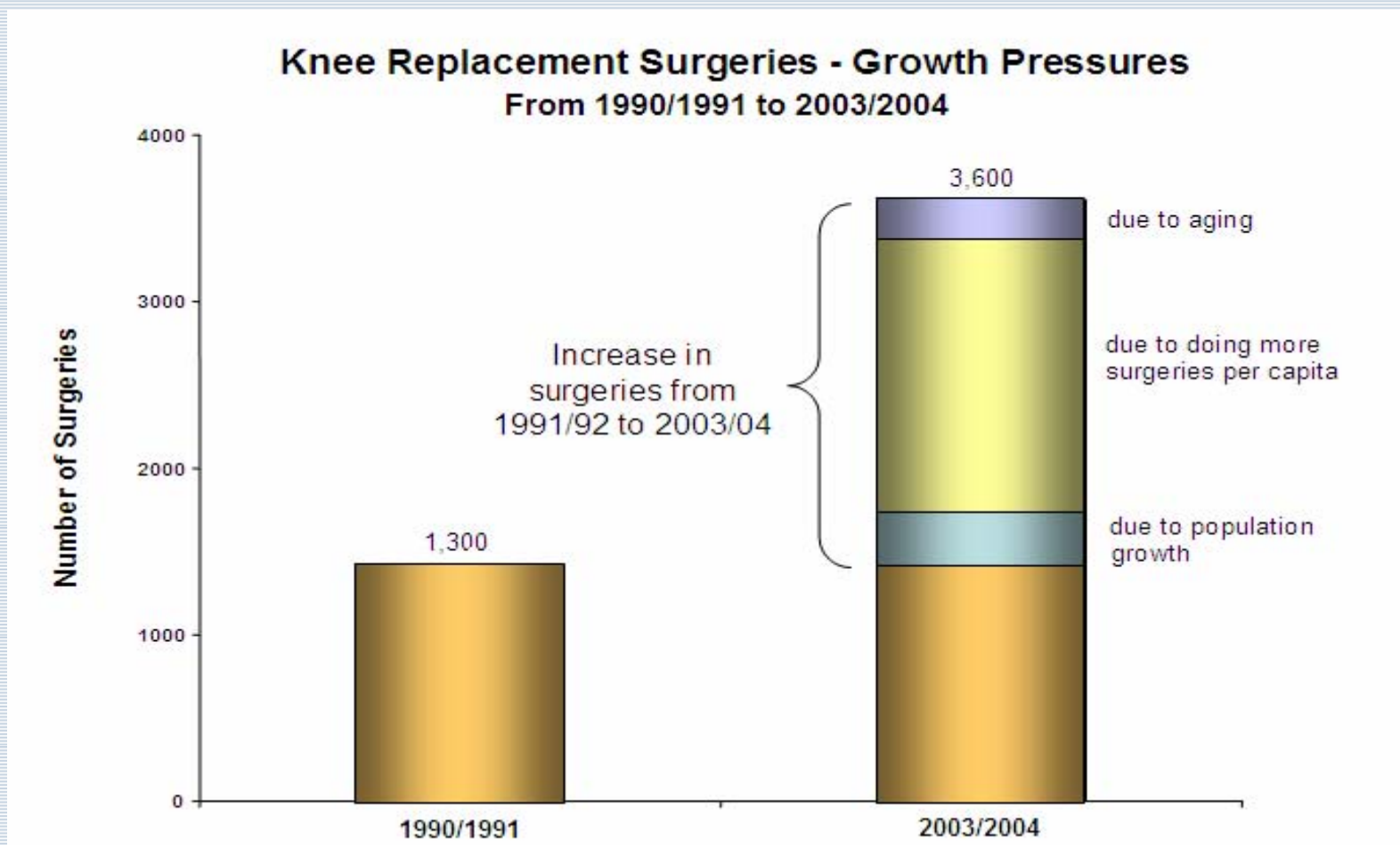
- Many surgeries (heart, joint replacement, cataracts etc) are almost unknown below the age of 40
- Surgery rates rise with age

## Expectations are Rising

- Compared to 1990/91, an 80-year-old British Columbian today is:
  - **Twice** as likely to have a knee replacement
  - **Twice** as likely to have cataract surgery
  - **Twice** as likely to have a coronary bypass
  - **Eight times** as likely to have an angioplasty



## Understanding Increased Capacity

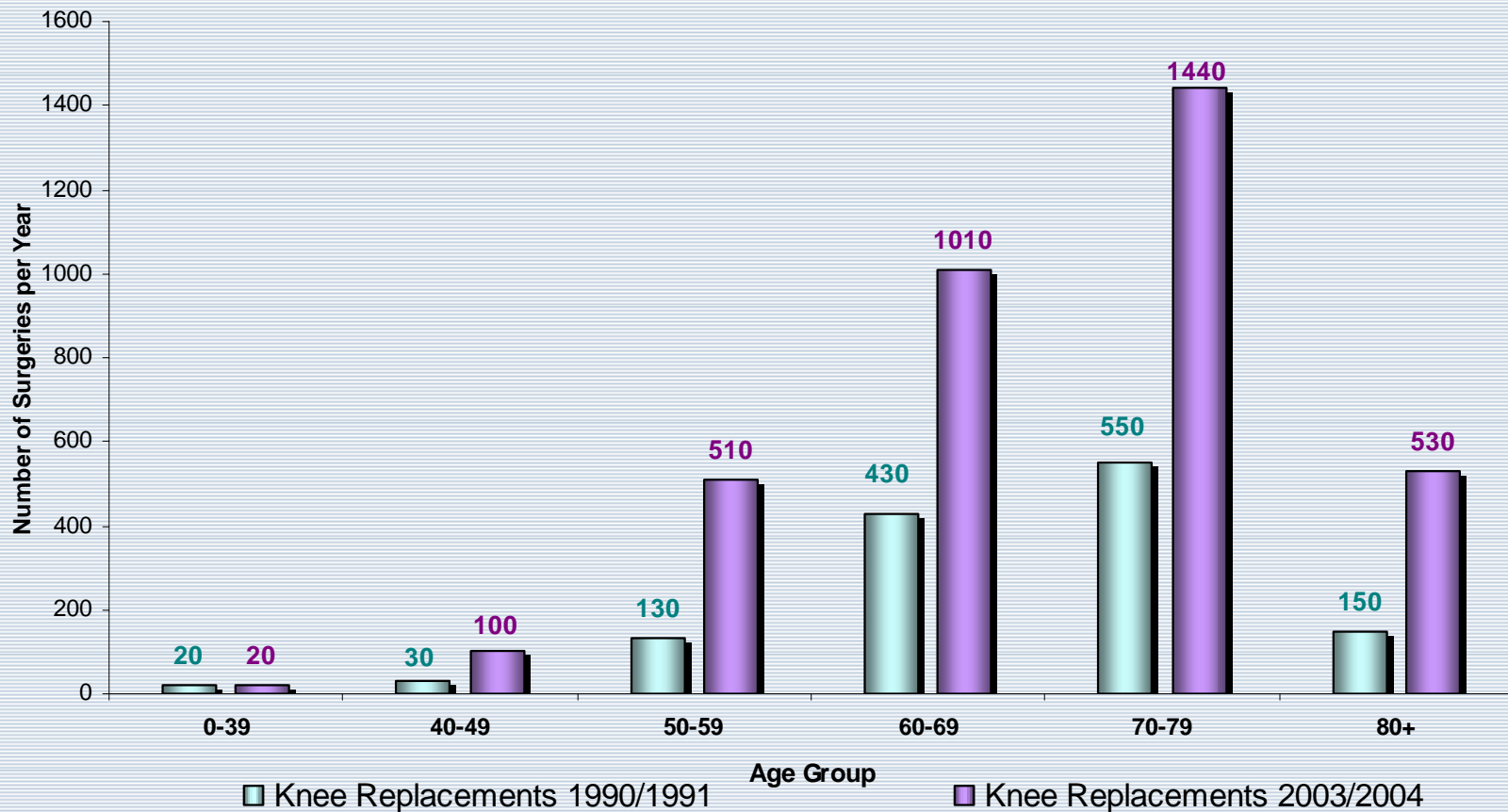




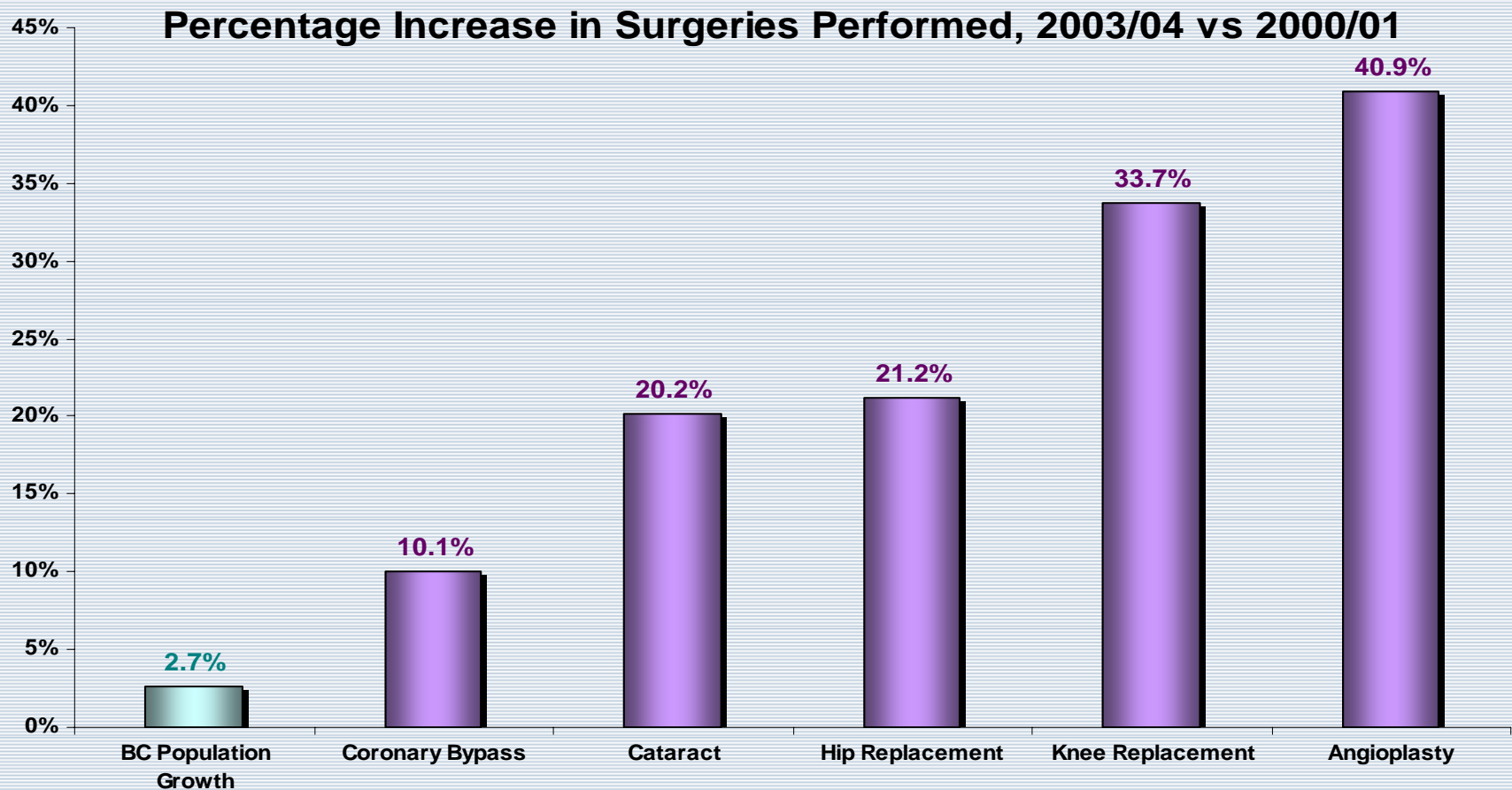
## The Total Impact by 2003/04

- Compared to 1990-91:
  - **Five** times as many angioplasties
  - **Three** times as many knee surgeries
  - **Three** times as many cataract surgeries
  - Substantial increases in other categories

## More Knee Replacements Performed 1990/91 vs 2003/04, by Age Group



## Over the Last 3 years: We're Doing More Surgeries

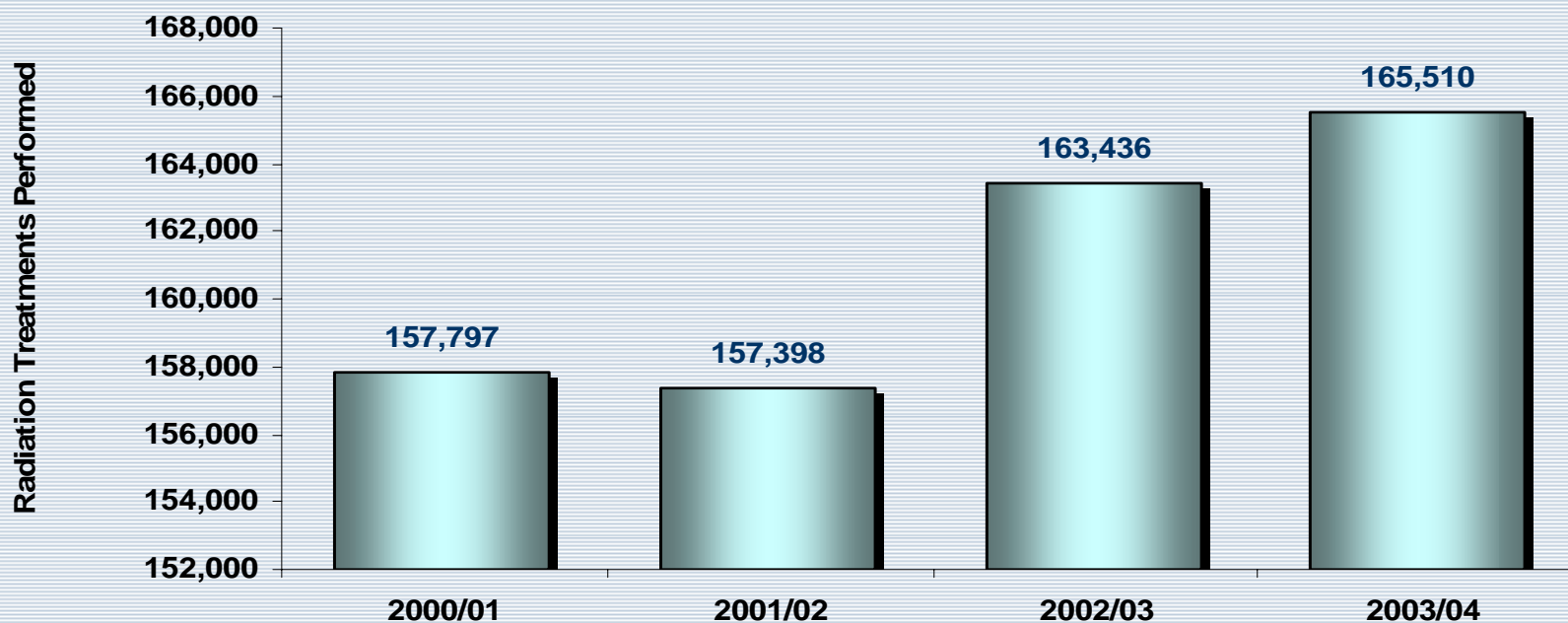


## More MRI and CT Scanners

- 7 new CT scanners (total 38)
  - 312,000 scans projected for 04/05, up 11.5% from 02/03
  - Two additional CT scanners are planned
- 7 new MRI's (total 16)
  - 64,000 scans projected for 04/05, up 27.4% from 02/03
  - Another MRI will be purchased this year
- A PET scanner will be purchased later this year

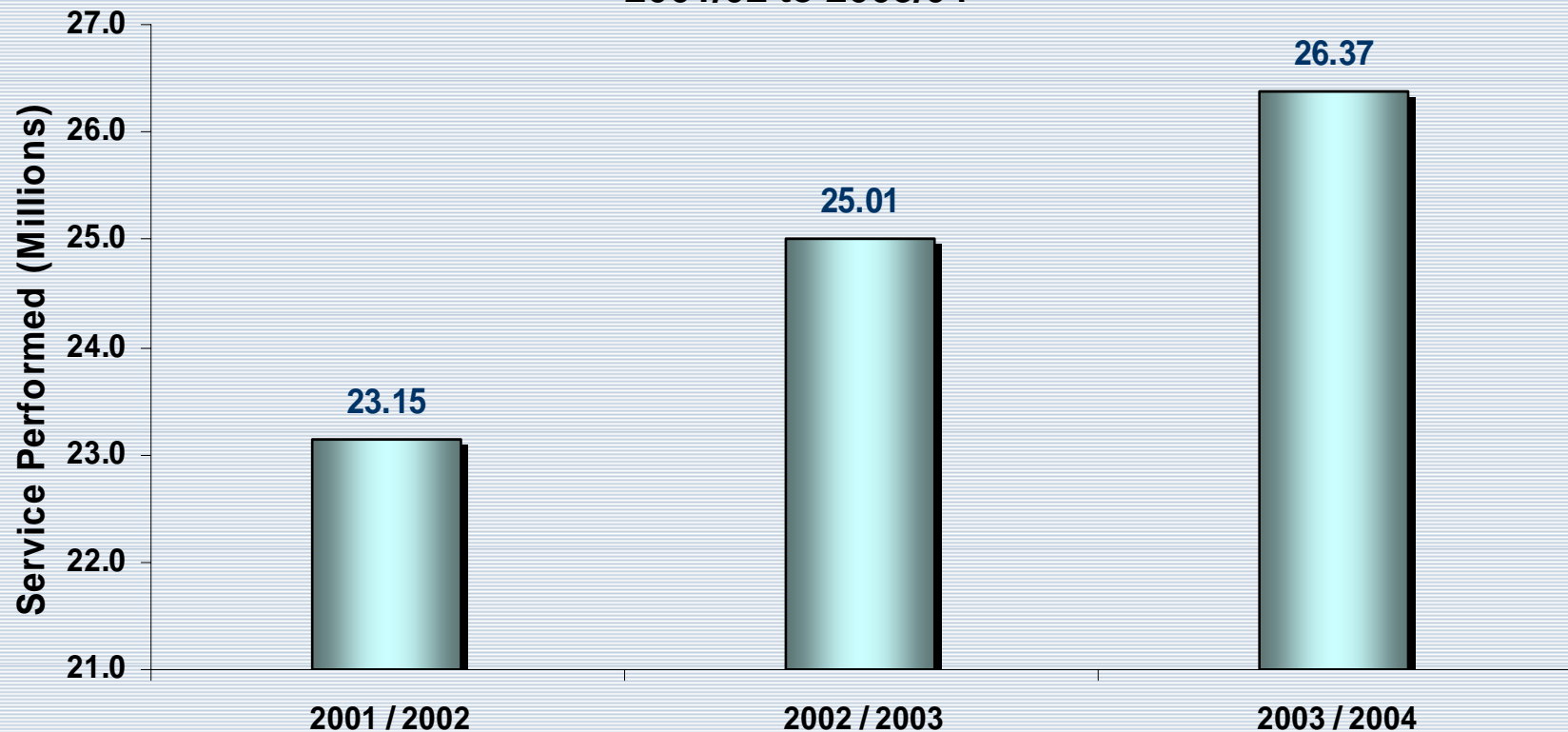
## More Radiation Treatments

### Cancer Radiation Treatments BC 2000/01 to 2003/04



## More Diagnostic Lab Services

Millions of Laboratory Services Performed  
2001/02 to 2003/04



Source: BC Medical Services Plan



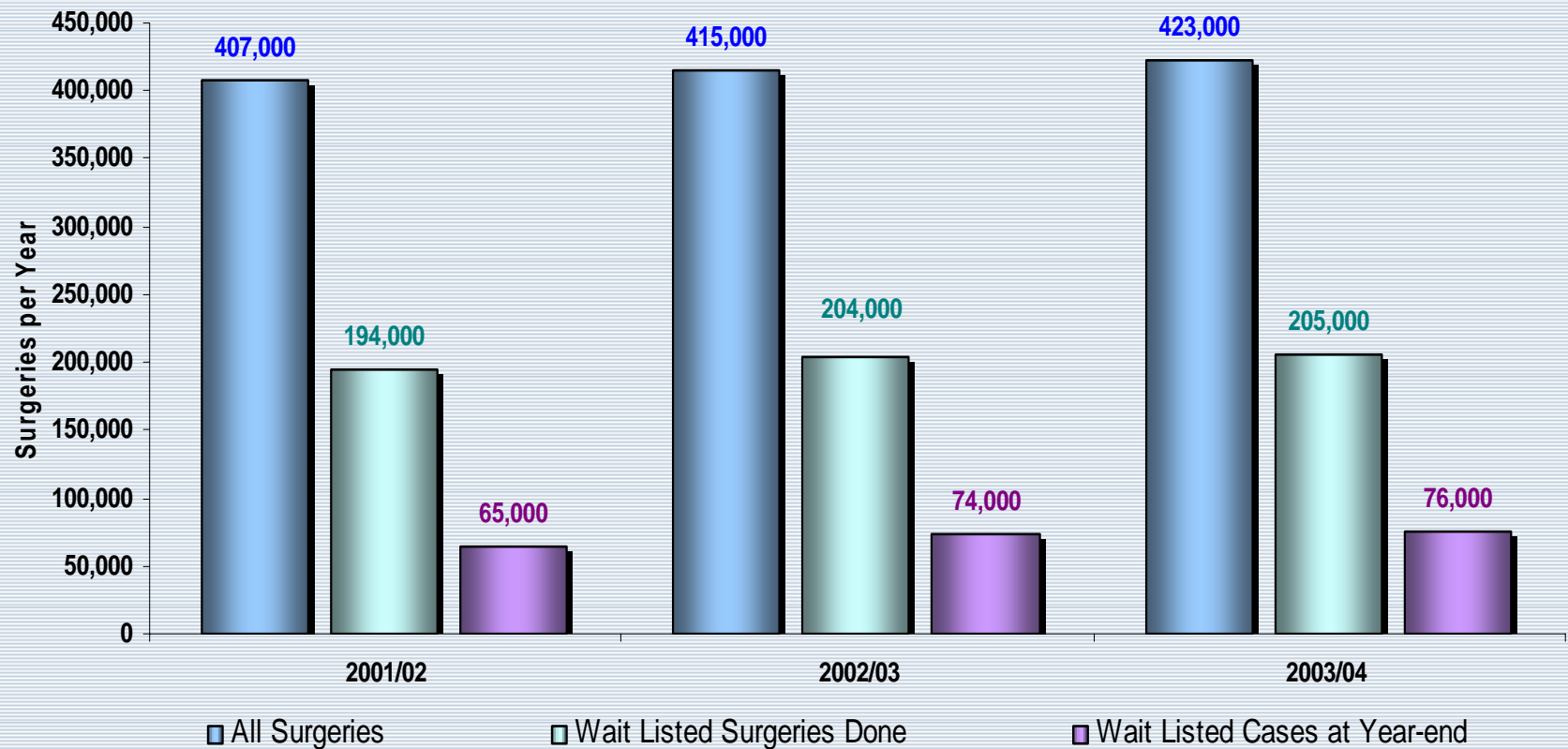


## **BC Wait List Website: Some Realities**

## BC's Approach

- Improved transparency and rigor of wait list information
- Provincial Surgical Services Project
  - priority tools for 12 surgical specialties
  - implementing clinical assessment tools
  - renewed Provincial Surgical Registry
- Population Needs Based Funding and strategically targeted funds to increase capacity:
  - August 2004 - \$5 million – heart surgeries
  - September 2004 - \$20.8 million – hip and knee replacement surgeries and diagnostic procedures

## Half of All Surgeries Aren't Waitlisted



Source: Ministry of Health Services Discharge Abstract Database; Wait List Web Site

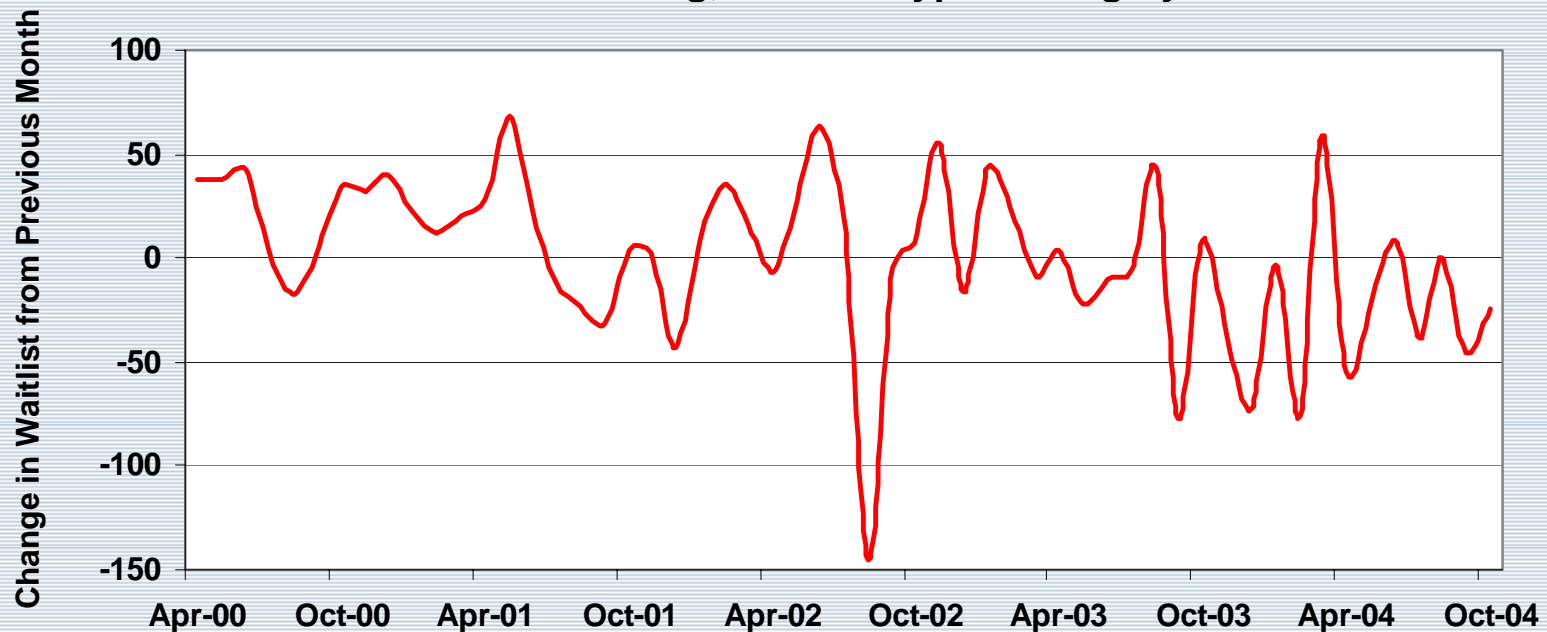
## Short Term Volatility

- Waitlist and wait time numbers are very volatile in the short term
- They can move sharply in response to external factors – work stoppages, SARS, a bad flu season, etc
- We need to look at the data with a fairly long lens to understand what is happening

## Short Term Volatility: Waitlists

### Change in Waitlist by Month

Cases Waiting, Cardiac Bypass Surgery



## Wait Time Realities 2004/05

- Wait times are lower than most people think.  
Currently, across BC:
  - 10% of all waitlisted surgeries are done in less than a week from the day the patient is waitlisted
  - 25% are done in less than two weeks
  - 50% are done by just over a month
  - 75% are done by just over three months
  - 90% are done in less than seven months
- Half of all surgeries are done as emergencies. They are not included in the figures above.



## Wait List Data Quality Issues

- Nearly 11,000 cases (out of 80,000 reported) should not be on list (data check: hospital discharge data (DAD) and Vital Statistics)
  - Most have already received surgery
  - Approximately 1000 have died
  - Other issues
- Wait list data difficult to compare over time (more hospitals reporting since start of website in 2000)
- Report times are inconsistent from month to month
- Doctors and hospitals can be delayed in reporting cleared cases

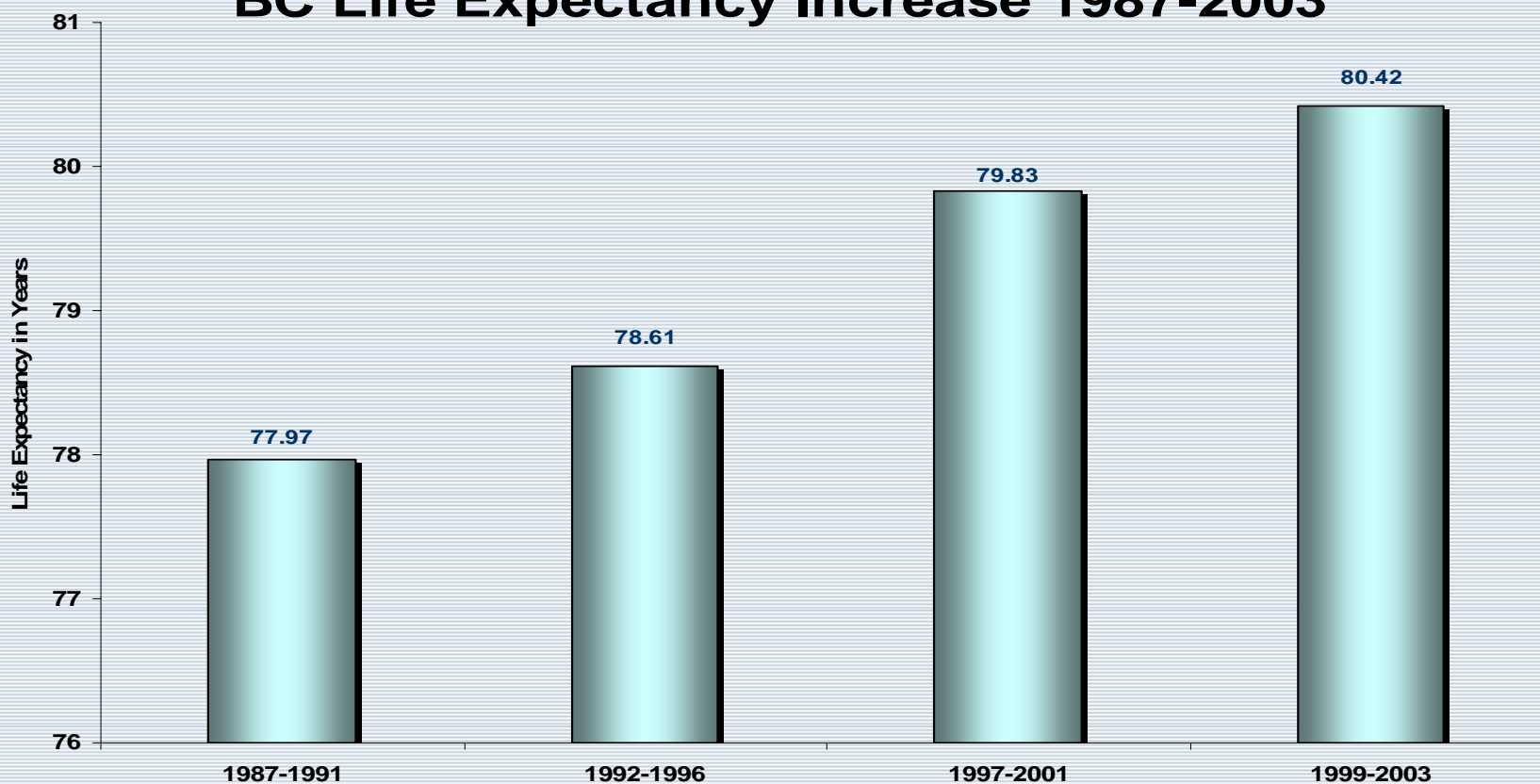
## Wait List Data Quality Issues

- Other jurisdictions have identified similar issues
- These reporting errors can be large enough to distort funding and resource decisions
- BC is working to clean up its existing database

## **The Most Important Indicator: Patient Outcomes**

## Greater Life Expectancy

### BC Life Expectancy Increase 1987-2003



Source: BC Stats, Ministry of Management Services

## Better Heart Disease Outcomes

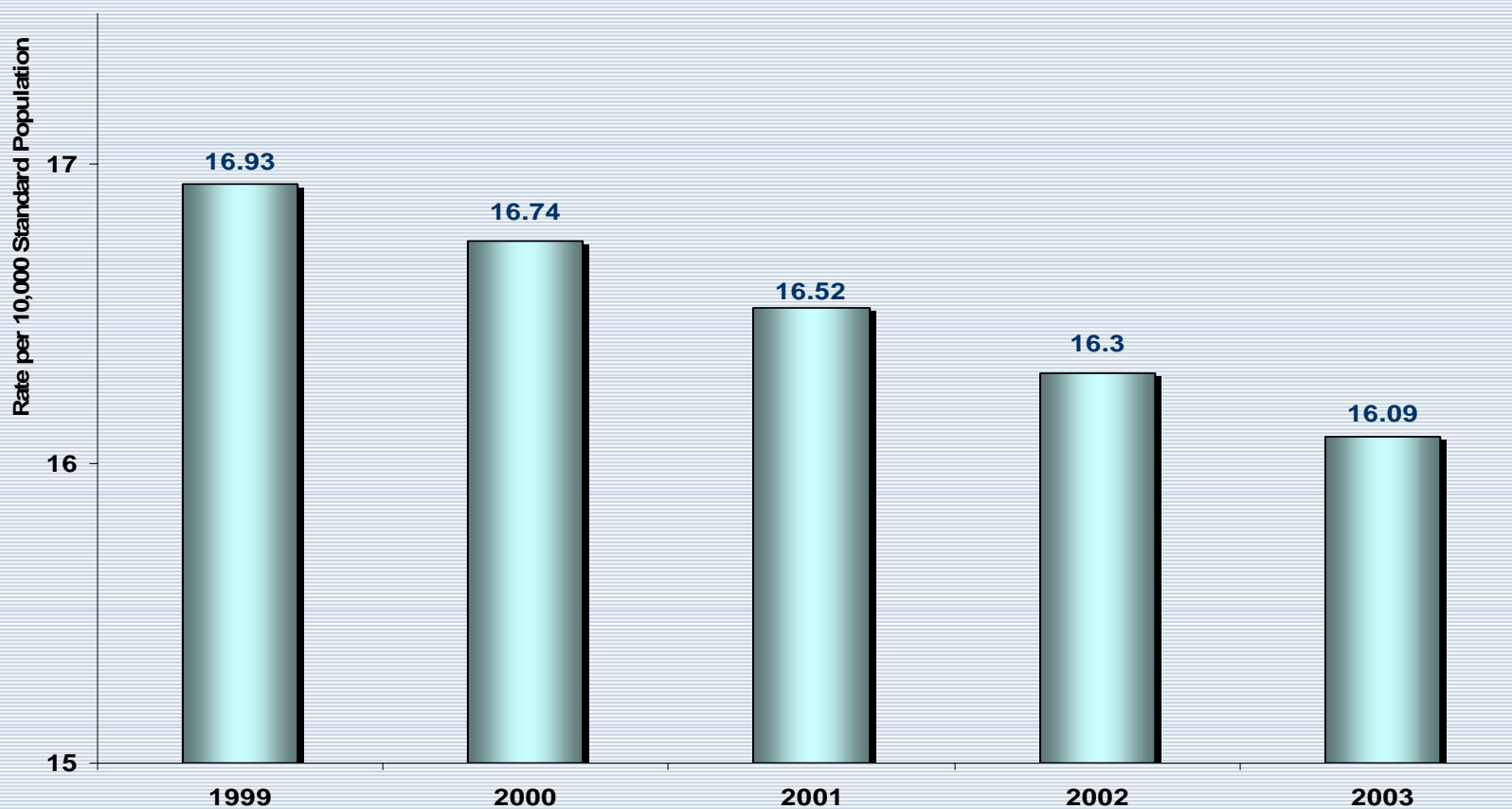
Age Standardized Mortality Rate, Ischemic Heart Diseases,  
British Columbia, 1999-2003



Source: British Columbia Vital Statistics Agency

## Better Cancer Outcomes

5 Year Age-Standardized Mortality Rate, Malignant Neoplasms, 1999-2003



Source: BC Vital Statistics Agency



## A National Challenge

- Governments across Canada are combining their efforts to improve health system performance on wait times and other issues
- On wait times, British Columbia is working with:
  - Other provinces and territories, CIHR, CHSRF, CIHI to develop indicators
  - Western provinces through the Western Canada Waitlist Project to develop standardized tools for assessing patients
  - BC health authorities, hospitals and providers through the Provincial Surgical Services Project to improve access

## Enablers to Improve Access to Care

- Improve data quality and analysis to understand how we are meeting needs and impact on outcomes
- Invest in key infrastructure: HHR, IT, capital
- Provide better tools to help providers match patients' urgency of need with access
- Enhance change management capacity

## Guiding Principles for Increasing Access

- “Access to appropriate care when needed”
- Priorities for improving access relate to:
  - Population health status
  - Burden of disease
  - Health outcomes
  - Prioritized access based on clinical need
  - Need assessed by standardized methodology

## **Sustained Access: Requires Investment across Continuum of Care**

- Prevention/ protection/ promotion
- Comprehensive primary care
- Robust public drug plan
- Community/ambulatory programs
  - population specific (eg: mental health, frail seniors, children with special needs, addictions, palliative, etc);Diagnostics
- Pre-hospital emergency care (BCAS)
- Acute hospital based care; specialty programs
- continuum of home care, supportive housing, assisted living, residential care

## **Sustained Access**

- Target investments where outcomes are poor or gaps in services are identified
- Modernize/transform care delivery across the continuum to maximize capacity (use both public and private sector)