Western Canada Waiting List Project

Maximum Acceptable Waiting Times:

A Critical Input to National Benchmarks

Tom Noseworthy, MD MSc MPH
Claudia Sanmartin, PhD
Taming of the Queue
March 20-April 1, 2005
Ottawa, Ontario

OUTLINE

- Context around waiting times
- Western Canada Waiting List Project (1999-2005)
- Waiting Time Project
- Inputs, Methods, Results
- Where Next?

WCWL
Western Canada Waiting List Project

Mission of WCWL

…..improve the **fairness** of the system such that access to **appropriate** and **effective** health care is ***timely*** and prioritized on the basis of **need and potential to benefit.**

Western Canada Waiting List Project

WCWL Goals and Phases of Work

- WCWL_1 - Fairness
  (1999-2001) Priority Criteria Scores
- WCWL_2 - Timeliness
  (2002-2005) Maximum Acceptable Waiting Times
- WCWL_3 - Certainty
  (After April 1) TBD

Waiting Time Project

Objective:

To develop maximum acceptable waiting (MAWT) times for one or more procedures for which there exists a valid and reliable WCWL waitlist prioritization tool.

Hip and Knee Replacements; Cataract

WCWL
Western Canada Waiting List Project

MAWT Methodology

- Government Approach: “Political Promise”
  - Patient guarantees – UK, Sweden
  - Access standards – Saskatchewan, Alberta

- Clinical Approach:
  - MAWT for cardiac services – Cardiac Care Network of Ontario
  - MAWT for Hip and Knee Replacement - Ontario
  - Physician survey - Fraser Institute

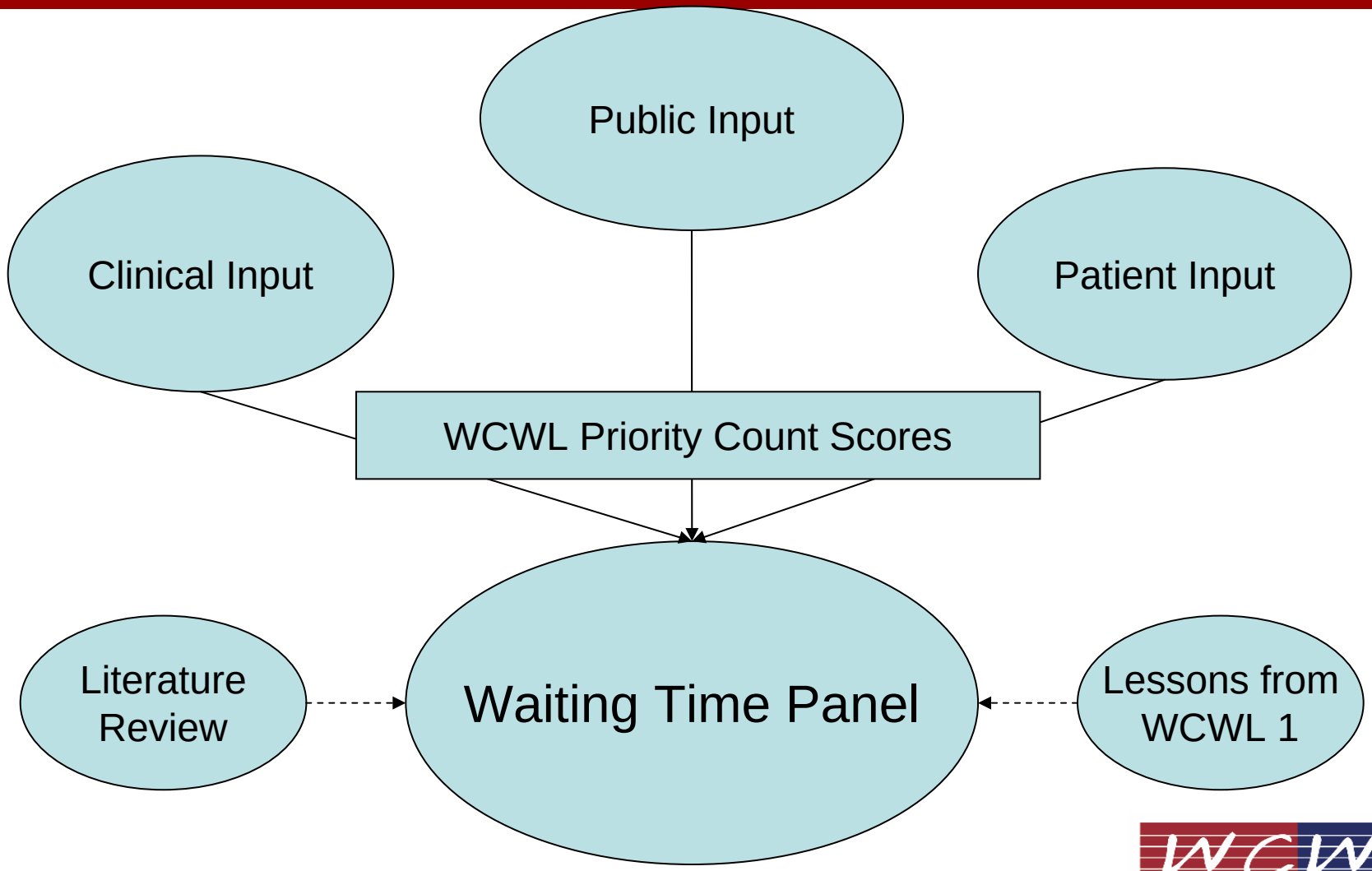
WCWL
Western Canada Waiting List Project

MAWT Methodology

- Patient Approach:
  - Patient surveys: Ontario for hip and knee replacement
  - "Willingness-to-pay": Manitoba for cataract replacement
  - Health Services Access Survey (HSAS) – Statistics Canada
- "Evidence-based" approach:
  - Consider effects of waiting on patients both during the waiting period and on outcomes.

WCWL
Western Canada Waiting List Project

WCWL Methodology



WCWL
Western Canada Waiting List Project

WCWL WT Research Team

- **Research Team**
  - Tom Noseworthy, WCWL
  - Claudia Sanmartin, Statistics Canada
  - Barb Spady, WCWL Researcher
  - Gillian Currie, University of Calgary
  - Marjon van der Pol, University of Calgary
  - Glenys Godlovitch, University of Calgary
  - John McGurran, WCWL
  - Ann Marie McGinnis, WCWL
  - Glen Short, Consultant
- **Report to: WCWL Steering Committee**

WCWL
Western Canada Waiting List Project

WCWL Waiting Time Panel

Providers

Dr. Heather Clarke (BC)
Dr. Clayne Steed (AB)
Dr. Tony Field (AB)
Dr. Tom Noseworthy (AB)
Dr. Jack Reilly (SK)
Dr. Heather Mould (MB)

Public

Ms. Barbara Brink (BC)
Mr. Art Philips (BC)
Mr. Les Young (AB)
Mr. Howard Waldner (AB)
Ms. Darlene Eberle (SK)
Ms. Jeanne Brown (SK)
Mr. Tom Carson (MB)
Ms. Chasity Remillard (MB)

WCWL
Western Canada Waiting List Project

Literature Review – Effects of Waiting for H&KR

- The impact of the length of time a patient waits on HRQL is not clear
- The impact of waiting on outcomes has also shown mixed results.
- There is some evidence to show that patients with worse preoperative functional status may have comparatively worse pain and function up to two years following arthroplasty.

WCWL
Western Canada Waiting List Project

Literature Review – MAWT for H&KR

- Some consensus across studies
- Some consensus across patient and physicians
- Most urgent 4 – 6 weeks
- Least urgent 12 – 24 weeks (upper limit 12 months)

WCWL
Western Canada Waiting List Project

Clinical Input

Methods:

- Review of “paper cases” – clinically valid representing full range of PCS scores (0-100)
  - 32 paper cases
  - “Descriptor Guide” for case interpretation
- Clinician participation:
  - 20 of 26 clinicians reviewed the cases (Response rate: 77%)
  - Provincial representation:
    - BC: 7
    - AB: 9
    - SK: 2
    - MB: 2
- Sample size: 640

WCWL
Western Canada Waiting List Project

Clinical Input

Example Paper Case #33:

Individual waiting for knee or hip replacement is experiencing the following:

- Severe pain on motion (e.g. walking, bending)
- Moderate pain at rest (e.g. while sitting, lying down or sleeping)
- Able to walk less than 1 block without significant pain
- Severe functional limitations – unable to perform most activities
- Severe abnormal findings on physical exam related to affected joint
- Severe potential for progression of disease documented by radiographic findings
- Ability to fulfill their role and independence in society is immediately threatened or they are unable to fulfill their role

WCWL
Western Canada Waiting List Project

Patient Input

Methods:

- 16 orthopaedic surgeons assessed patients waitlisted for arthroplasty at 2 large tertiary care centres in Alberta.
- Patients assessed using the WCWL priority tool
- 233 consecutive patients
- Following consultation, patients were asked their perspectives on MAWT:

“In your view, what should the maximum acceptable waiting time be for you or a person like yourself waiting for (hip/knee) replacement surgery? “

WCWL
Western Canada Waiting List Project

Public Input

- Method:
  - Discrete Choice: involves trade-offs
  - Perspective: Individual
  - Review of WCWL based paper cases and waiting time scenarios
    - » 20 choices
    - » “Descriptor Guide” for interpretation
    - – Vancouver = 51 participants
    - – Calgary = 54 participants
    - – Regina = 56 participants
    - – Winnipeg = 60 participants
    - – Sample size = 221

WCWL
Western Canada Waiting List Project

Summarizing the Inputs

	Clinical Input	Patient Input	Public Input
Hip and Knee Replacement			
Urgency I (Least urgent)	26	12	147
Urgency II	13	8	87
Urgency III (Most urgent)	4	4	28

WCWL
Western Canada Waiting List Project

Integrating the Inputs

- Role of the WCWL Waiting Time Panel:
  - Consolidation & Synthesis
    - No methodology exists
    - Triangulation – patient, public and clinical inputs
    - Other inputs – literature and findings from WCWL_1
    - Develop maximum waiting times
    - Tied to bands of WCWL priority scores

WCWL
Western Canada Waiting List Project

Integrating the Inputs

- Considerations:
  - Integrated MAWT may not reflect the estimates of any single group;
  - Differential use of inputs permitted
- Decision rules:
  - Single value versus a range
  - Use of all inputs
  - Outlier or extreme values excluded
- Consideration of options:
  - 4 options considered
  - Method selected prior to calculation of final MAWTs

Integrating the Inputs: Final MAWTs

	Hip and Knee Replacement	Cataract Removal
Urgency I	20 weeks	12 weeks
Urgency II	12 weeks	8 weeks
Urgency III	4 weeks	4 weeks

WCWL
Western Canada Waiting List Project

Where Next? (I)...

- As input to the development of benchmark waiting times:
  - Need to continue to develop methodology
  - Need better information on effects of waiting
  - Need to consider availability of resources
  - Need to understand impact on other clinical services

WCWL
Western Canada Waiting List Project

Where Next? (II)…

- Implementation of any waiting time standards should include:
  - Valid and reliable waiting time data
  - Patient prioritization by urgency
  - Maximum acceptable waiting times by urgency
  - Standards for appropriateness of care
  - Understanding the demand/supply gap
  - Simulation modeling, scheduling systems and other operations research techniques

WCWL
Western Canada Waiting List Project

WCWL Goals and Phases of Work

- WCWL_1 - Fairness
  (1999-2001) Priority Criteria Scores
- WCWL_2 - Timeliness
  (2002-2005) Maximum Acceptable Waiting Times
- WCWL_3 - Certainty
  (After April 1) TBD