



TAMING THE QUEUE

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OVERVIEW

◆ Priorities

- Health Council of Canada
- Working Group on Wait Times & Accessibility

◆ Targeting wait times

◆ Defining need

PRIORITIES

HEALTH COUNCIL OF CANADA

“Accelerating Change”

- Health Human Resources
- Aboriginal and First Nations health
- Primary Health Care
- Modernization of health records

PRIORITIES

WORKING GROUP ON WAIT TIMES & ACCESSIBILITY

1. Ensure comprehensiveness *
2. Public information + centralization of data
3. Evaluate outcomes
4. Engage key players – fairness *
5. Align incentives
6. Enhance capacity where needed *

TARGETING WAIT TIMES

Health Accords

2000, 2003, 2004

"Big 5"

Cancer Care

Cardiac Care

Sight Restoration

Major Joint Replacements

Diagnostic Imaging

PROVINCE OF ONTARIO

- ◆ Cancer Surgical Care
- ◆ Cardiac Surgery – bypass
- ◆ Cataract Surgery
- ◆ Hip and Knee Replacement
- ◆ MRI and CT Scanning
 - → \$107 m 4/4 2004-05

THE DILEMMA

Targeting

OR

Comprehensive e.g. SSCN

Continuum of Care e.g. ABJI

KING'S FUND

Lessons From the United Kingdom
"Sustaining Reductions in Waiting
Times: Identifying Successful
Strategies"

Final Report to the Department of Health
January 2005

KING'S FUND

- ◆ Reviewed 9 Trusts
- ◆ Compared 3 Trusts each of
 - ✓ Successful
 - ✓ Variable Performance
 - ✓ Unsuccessful

FINDINGS

Differences

- ❖ understanding whole systems
- ❖ importance of sustained action over time
- ❖ catch up, keep up
- ❖ unexpected shocks
- ❖ clinical ownership & involvement

WHOLE SYSTEM

◆ whole hospital system

◆ wider health economy

“within the hospital itself, elective care is part of a wider system.....of which the most important is emergency care”

“.....the wider health economy is the main source of demand for the hospital elective system”

DEFINING NEED

- ◆ complex issue!
- ◆ essential for predicting capacity
- ◆ supplier-induced demand ?
- ◆ Canadian HCS or FPT jurisdictions
 - No system-wide strategy

Hawker G.A., Wright, J. G., Coyte, P.C. et al.

Differences between Men and Women in the Rate of Use of Hip and Knee Arthroplasty. NEJM 2000; 342: 1016-22. Links

"The numbers of people with a potential need for hip or knee arthroplasty were 44.9 per 1000 among woman and 20.8 per 1000 among men. After adjusting for willingness to undergo the procedure, the numbers were 5.3 per 1000 women and 1.6 per 1000 men."

i.e. "The degree of underuse is more than three times as great in woman as in men"

FURTHER PUBLICATIONS

◆ Hawker Wright et al

- **Arthritis & Rheumatism: 46 (12) p 3331-3339. 2002**
 - greater unmet need among poor, less educated
- **Medical Care: 39 (3) p. 206-216 2001**
 - small area variation
 - range 9% - 15% willing to undergo TJA
 - prevalence & preference important variables

Rates of Major Joint Replacement per 100,000 population

	HIP	KNEE
Countries Without Wait Times	199.8	114.3
Countries With Wait Times	127.1	62.0
Canada	93.1	88.5

From Siciliano and Hurst "Explaining Waiting Times For Elective
Surgery Across OECD Countries". Working Paper #7,
7 October 2003

PHYSICIANS WORK FORCE

Physicians per 1000 Population

	Overall	Specialists
Countries WITHOUT		
Waiting Times (n=8)	2.9	1.9
Countries WITH		
Waiting Times (n=12)	2.6	1.5
Canada	2.1	1.1

From Siciliano and Hurst "Explaining Waiting Times For Elective Surgery Across OECD Countries". Working Paper #7, 7 October 2003

SUMMARY

- ◆ monitor implications of targeting strategy
- ◆ linkage of wait times, HHR, capacity
- ◆ wait times = complexity

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