

Wait Times: Managing the Bottlenecks

The Taming of the Queue II
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Wait Times – Managing the Bottlenecks

Presentation

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Overview

Federal Election (June 2004)

- ◆ Federal government introduced *National Wait Times Reduction Strategy* - \$4B new money to provinces & territories to measure, define and reduce wait times

First Ministers' Meeting (September 2004)

- ◆ Agreed to *National Wait Times Reduction Fund* to train & hire more professionals, clear backlogs, build capacity, expand ambulatory & community programs, and track progress through indicator and benchmark development



Wait Times – Managing the Bottlenecks

Overview

Health Council of Canada (January 2005)

It is not waiting lists that should be of concern but waiting that nobody wants – waits that are uncertain, waits that are unfair, and waits that create greater risk for the patient.

In addition ...

We believe strongly that the health care renewal goals established by the First Ministers cannot be achieved without collaborative health human resource planning amongst the jurisdictions.



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Background

Decima Poll (September 2004)

- ◆ 36% of Canadians said governments should measure wait times from the point they first experience a medical problem and seek help *AND* 43% from the time they first see their family doctor.
- ◆ 91% said any plan by governments to address wait times should include strategies to tackle family doctor shortages.
- ◆ 88% said that having a family doctor allows them to feel much more confident in their ability to access appropriate and timely care.



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Background

CFPC News Release (November 2004)

- ◆ The clock starts ticking long before a patient ends up in a specialist's office.
- ◆ Wait times should be focused on the whole patient experience and should therefore be measured from the time patients first experience their health problems and seek care.
- ◆ Canadians believe the link between family doctor shortages and wait times is inextricable.



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The Data - National Physician Survey (2004)

23% of specialists, other than family doctors, indicated they could not see an **urgent** case within one week of referral.

27% of specialists, other than family doctors, indicated they could not see **non-urgent** referrals in less than three months.

*NPS 2004 – Collaborative Project of The College of Family Physicians of Canada, Canadian Medical Association and The Royal College of Physicians and Surgeons of Canada



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The Data - National Physician Survey (2004)

Family doctors rated access to other specialists as fair to poor

- ◆ 33% for **other specialists** in general
- ◆ 66% for **psychiatrists**
- ◆ 48% for **orthopaedic** specialists

Conversely ... 43% of other specialists rated access to **family doctors** fair to poor.



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The Data - National Physician Survey (2004)

In addition ...

Of all physicians in Canada ...

- 54% rated access to **advanced diagnostic services** fair to poor
- 54% rated access to **long-term care beds** fair to poor
- 41% rated access to **hospital care for elective procedures** fair to poor



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Family Medicine in Canada: Vision for the Future

In November 2004,

The College of Family Physicians of Canada released this major policy paper to address the challenges in our health care system.



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Key Messages from *Vision for the Future*

Wait times should be defined from when patients experience a problem and attempt to seek care through being seen by family physicians, through specialist consultation and specialty interventions, until definitive care is carried out.



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Key Messages from *Vision for the Future*

Wait time studies and guidelines should be patient-centred.

- ◆ While it is laudable that the federal government is examining five important areas, i.e. cancer care, heart disease, diagnostic imaging, joint replacements and sight restoration, the patient's experience begins much earlier and should be part of the wait time analysis.
- ◆ A focus on only these five areas could also lead to the neglect of other challenging areas, e.g. wait times in mental health.



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Key Messages from *Vision for the Future*

Wait time standards, benchmarks, and targets should be established for conditions beyond the five areas identified in the September 2004 First Ministers' Accord.

- ◆ Probably one of greatest challenges in assessing wait times is deciding on standards, translating them into benchmarks or targets, and evaluating them through appropriate indicators for ongoing tracking and trending.
- ◆ The need for consistent, reliable and valid data across jurisdictions is not new.



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Key Messages from *Vision for the Future*

Policies addressing the accountability of all players in the system, including governments, should be in place to assure Canadians that their serious medical problems will be attended to within acceptable and safe periods.



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Key Messages from *Vision for the Future*

Guidelines should be developed in Canada to help patients better understand wait times that are acceptable and safe for their medical problems.

- ◆ Patient safety initiatives in Canada should include an evaluation of wait times with a focus on preventing adverse events for patients in the community and hospital.
- ◆ Patients should be able to access information that tells them how long is appropriate and how long they must wait.
- ◆ *Wait times are a normal part of any health care system.*
(Health Council of Canada)



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*Canadians need to have confidence that the high quality system they want will be there for them **when** they need it.*

***Nowadays**, Canadians worry about being able to book an appointment with their family doctor – and , in fact, too many even have trouble finding one.*

The Honorable Pierre Pettigrew, Former Minister of Health, Government of Canada
(Speech, Health Policy Summit, April 20th, 2004)



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*The **wait list challenge** ... will require governments and managers ... to work together to address mismatches in the demand, supply and distribution of health human resources and service delivery capacity.*

*What Canadians **expect** ... is results, not rhetoric; collaboration, not finger-pointing; and, accountability, not excuses.*

Further Remarks from Speech by The Honorable Pierre Pettigrew (April 2004)



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