Prospects for Improving Wait Times in a Post Chaoulli World

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Taming the Queue
Ottawa March 31, 2006

Outline

- Access is one dimension of Quality
- Elective surgery and diagnostics are just two dimensions of access
- We could have seamless access
- How do we get seamless access?

Access is one Dimension of Quality

Six values for Quality Improvement (from Crossing the Quality Chasm www.iom.edu)

1. Safety
2. Effectiveness
3. Patient-centredness
4. Timeliness
5. Efficiency
6. Equity

Elective Surgery and Diagnostics are just Two Dimensions of Access

Services

- Acute
  - Procedures
  - Critical care
- Emergency Room
- Long term care
- Home care
- Primary health care
- Medical Specialists
- Pharmaceuticals
- Emergency care
- Diagnostic imaging
- Palliative care
- Rehabilitation
- Mental health
- Etcetera

Populations

- Gender
- Age
- Income
- Education
- Insurance Status
- Disease
- Disabilities
- Geography
- Aboriginal status
- Race
- Ethnic Group
- Language
- Etcetera

There are significant disparities in access between different groups

- Poorer Ontarians have less access to arthroplasty, stroke rehab, and ambulance care for chest pain.
- E. Van Doorslaer et al. Inequalities in access to medical care by income in developed countries. Canadian Medical Association Journal. 2006;174:177-183.

We could have Seamless Access to all Services

Advanced Access in ambulatory care

- Cambridge's Grandview Medical Centre and Toronto's Rexdale and Lawrence Heights Community Health Centres have gone to same day servicing
- Penticton and Prince George
- The Saskatoon Community Clinic (12+ FPs, 20,000 + patients) went on Advanced Access in 2004.
- Saskatchewan is aiming for 16% of PHC on AA this year and 100% by 2010

Reducing waits for specialty care

- The Hamilton HSO Mental Health Program increased access for mental health patients by ***900%*** while *decreasing* referrals to the psychiatry outpatients' clinic by ***70%.***
- Capital Health Edmonton decreased delays for diabetic education from 8 months to 2 weeks by not insisting patients see a diabetologist on the first visit to the centre

Reducing waits for diagnosis

- Toronto East General Hospital reduced the overall time from a suspicious x-ray to definitive diagnosis of lung cancer from 128 days to 31 day – a reduction of 75%

Reducing waits for treatment

- Alberta Orthopedic pilot project
  - From 82 weeks to 11 weeks from family doctor to arthroplasty
- Richmond Hospital Hip and Knee Reconstruction project
  - 63% decrease in those who waited > 24 weeks

What doesn’t work (usually):

- Focus on a limited # of services
- Internet postings of wait times
- Temporarily increasing capacity and clearing backlogs
- Prioritization and carve outs for urgency

How do we move forward?

- We don’t really need many new resources
- Improving efficiency
  - Sticks
  - carrots
- We need to reduce demand
- We don’t need to go for-profit to improve

"Many attribute the quality problems to a lack of money. Evidence and analysis have convincingly refuted this claim. In health care, good quality often costs considerably less than poor quality."

Fyke Report 2001 (Saskatchewan)

Does (Misuse + Overuse) = Underuse?

- **75 MRIs**
  - Capital costs + operating costs = ***$200M/yr***
- **Vioxx**
  - 2003 annual sales = ***$200M/yr***

“Government can’t do it ourselves. We need to team up with doctors, nurses, and other providers.”

Tony Clement

2006

“Innovation and the Canada Health Act go together.”

Tony Clement

2006

“Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is how do we reorganize the health delivery system. We have a health delivery system that is lamentably out of date.”

Tommy Douglas
1982

We need to reduce demand

"Only through the practice of preventive medicine will we keep the costs from becoming so excessive that the public will decide that medicare is not in the best interests of the people of the country."

Tommy Douglas
1979

Summary:

- Access is one dimension of Quality
- Elective surgery and diagnostics are just two dimensions of access
  - We need to look at SES disparities
- We could have seamless access
- Canada is awakening to queueing issues. There are a number of examples of Canadian queue management but so far they are “Islands of Excellence”
- We need to focus on quality (incl. prevention) and quality improvement to improve access

Courage my Friends,
‘Tis Not Too Late to
Make a Better
World!

Tommy Douglas