
Waiting for care in Canada: Results from 2005 HSAS and beyond....

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Agenda

1. Wait times

- how long patient wait
- level of acceptability of waiting times

2. Burden of waiting

- patients' views
- effects on health status

3. Outcomes

- appropriateness of care



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Health Services Access Survey

- Cross-sectional survey designed to provide comparable national and provincial level estimates of access to care
 - Waiting times
 - Information regarding patient experiences waiting for care
- Specialized services
 - Specialist visits for a new illness or condition
 - Non-emergency surgery
 - Diagnostic tests (MRIs, CT Scans, angiographies)
- Conducted by Statistics Canada in 2001, 2003, and 2005
 - 2005 - Integrated into the Canadian Community Health Survey (CCHS) (n=32,000)



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Health Services Access Survey

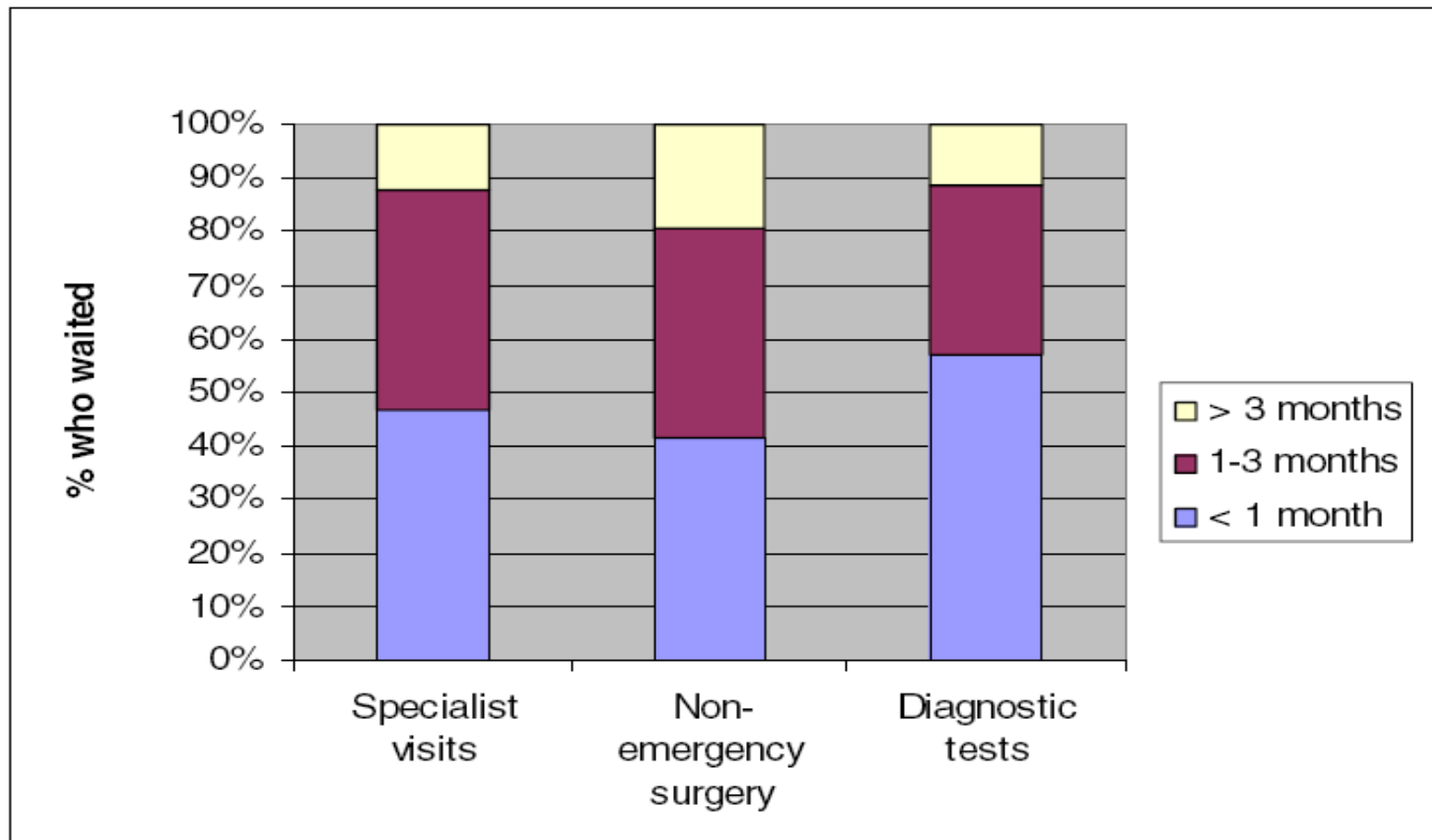
“The development of valid and reliable measures of waiting times must begin with standard definitions of waiting times” ¹

- Standard definitions: “decision to treat” to receipt of health care service (e.g. non-emergency surgery)
- Comparable wait time information across time and space
- Required for development of performance indicators

¹ McDonald, Short, Sanmartin, Barer, Lewis & Sheps, Health Canada, 1998



Distribution of waiting times for specialized services, Canada, 2005



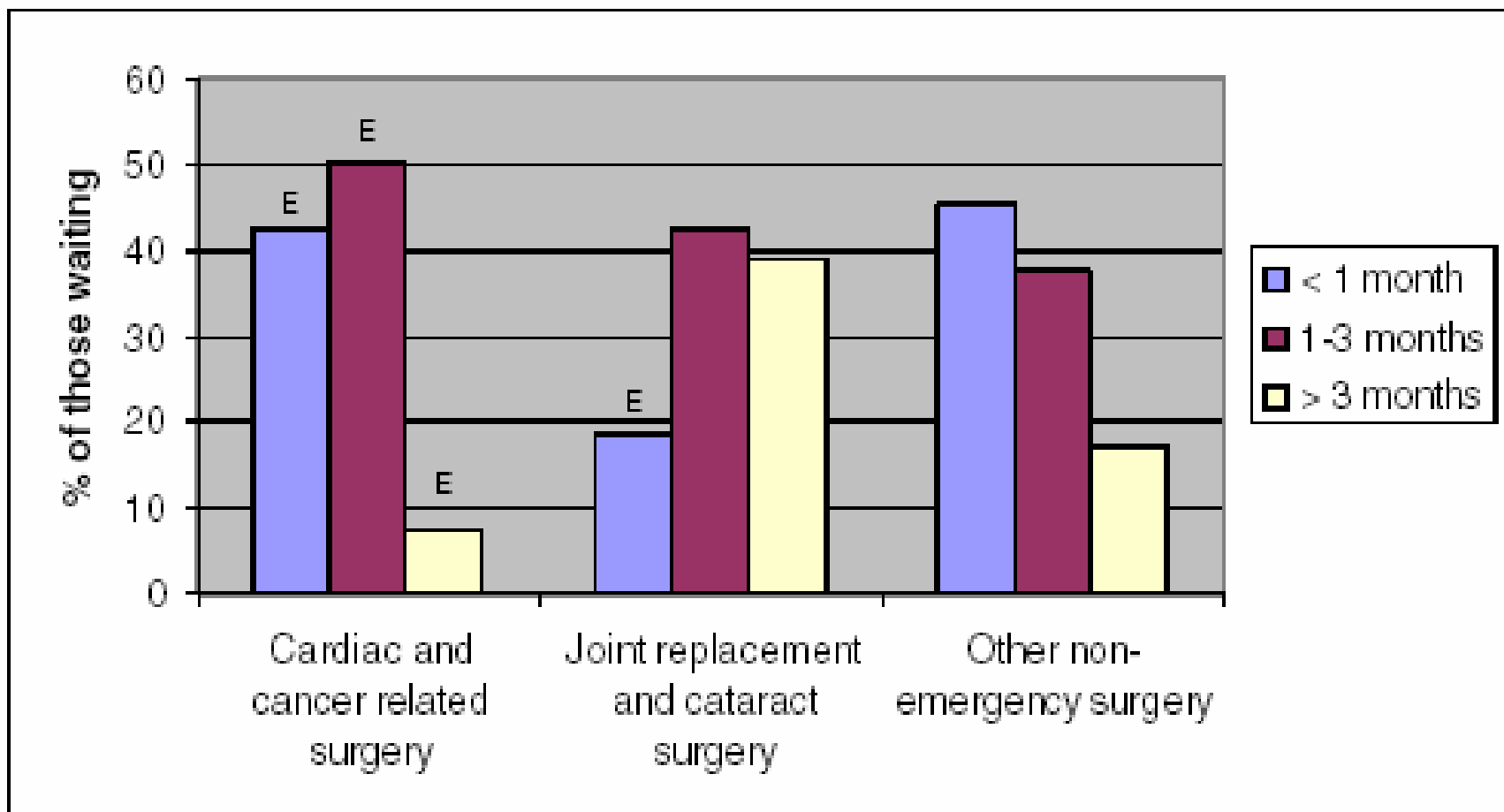
Data Source: Statistics Canada, Health Services Access Survey 2005 (first 6 months)



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Distribution of waiting times for selected non-emergency surgery, Canada, 2005



Data Source: Statistics Canada, Health Services Access Survey 2005 (first 6 months)



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Median waiting times for specialized services by province, Canada, 2005

	Specialist Visit	Non-emerg surgery	Diagnostic Tests
Newfoundland and Labrador	4.3	4.3	4.3
Prince Edward Island	3.0	4.3	3.0
Nova Scotia	4.3	4.3	2.0
New Brunswick	4.3	4.3	4.3
Quebec	3.0	4.3	2.1
Ontario	4.0	4.3	3.0
Manitoba	4.3	6.0	3.0
Saskatchewan	4.3	4.3	3.0
Alberta	4.3	4.3	2.0
British Columbia	4.3	4.3	3.0
CANADA	4.0	4.3	3.0

Data Source: Statistics Canada, Health Services Access Survey 2005 (first 6 months)



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What we could know.....

- Wait times for specific procedures (i.e. surgical care, diagnostic tests) at the provincial level – comparable across time and space
- Information for the “other” wait times –
 - To primary care (i.e. general/family practitioner)
 - From GP consultation to specialist consultation



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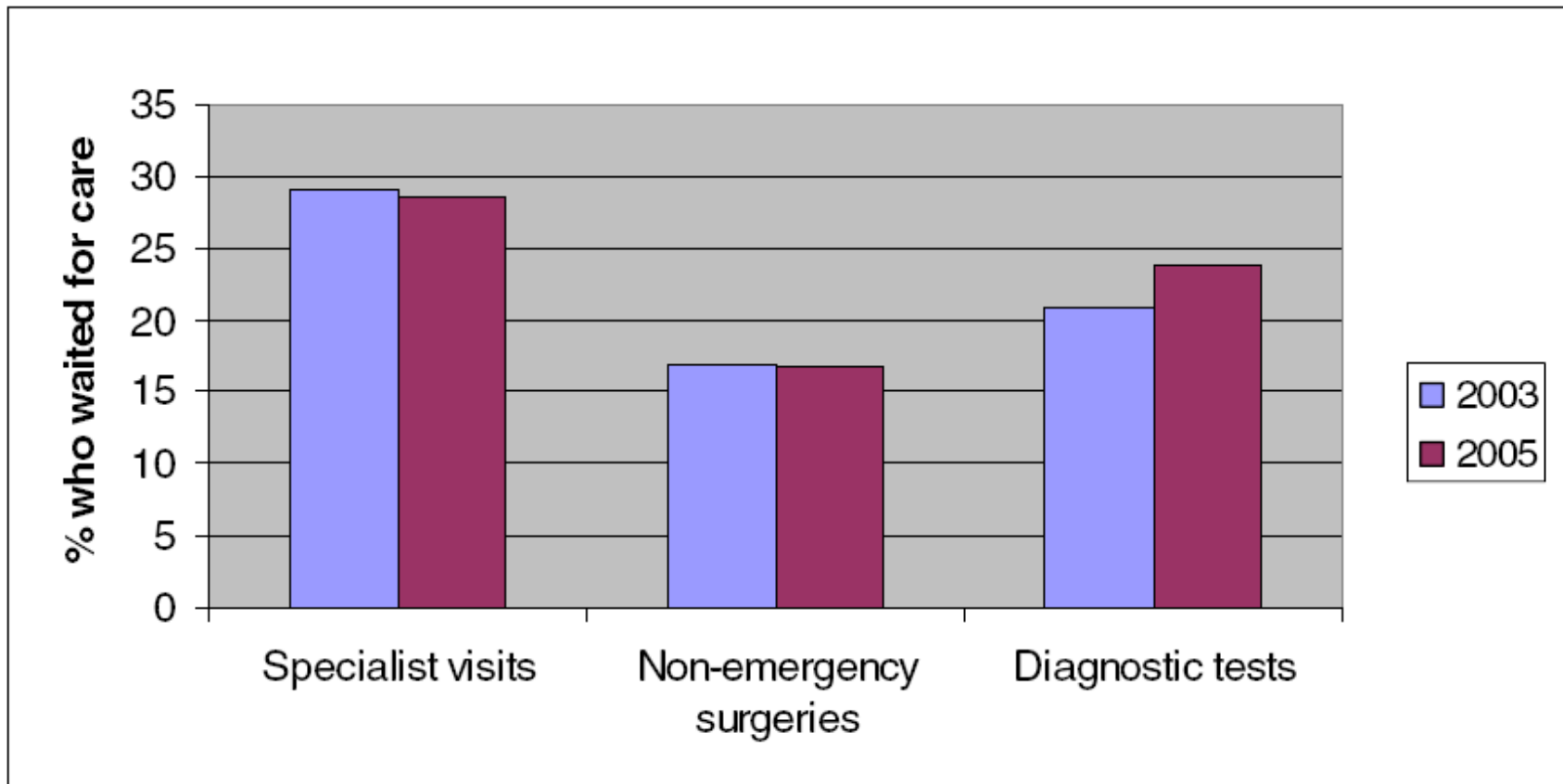
Specific Joint Replacement Surgeries Reported by Province and Reporting Unit¹

Service	N.L.	P.E.I.	N.S.	N.B. ²	Que.	Ont.	Man.	Sask.	Alta.	B.C.
Services Reported										
Orthopedic Surgery								●		●
Hip Replacement		● ^{3, 4}	●		●	●	● ³	●	●	●
Knee Replacement		● ^{3, 4}	●		●	●	● ³	●	●	●
Level of Reporting										
Province		●	●			●	●	● ⁵	●	●
Geographic Region			●			●		●		
Facility					●	●			●	
Physician									●	●

Sources:

1. Information retrieved from provincial Web sites in December 2005.
2. As of January 2006, New Brunswick will be reporting waits from last major consult to hip and knee replacement by regional health authority.
3. Obtained from the *Comparable Health and Health System Performance Indicators for Canada, the Provinces and Territories*, November 2004: secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=prtwg_2004_e.
4. P.E.I. began reporting booking to surgery wait times on its provincial Web site in late December 2005.
5. Orthopedic surgery only.

Between 17% and 29% considered their waiting times unacceptable



Data Source: Statistics Canada, Health Services Access Survey, 2003 and 2005 (first 6 months)

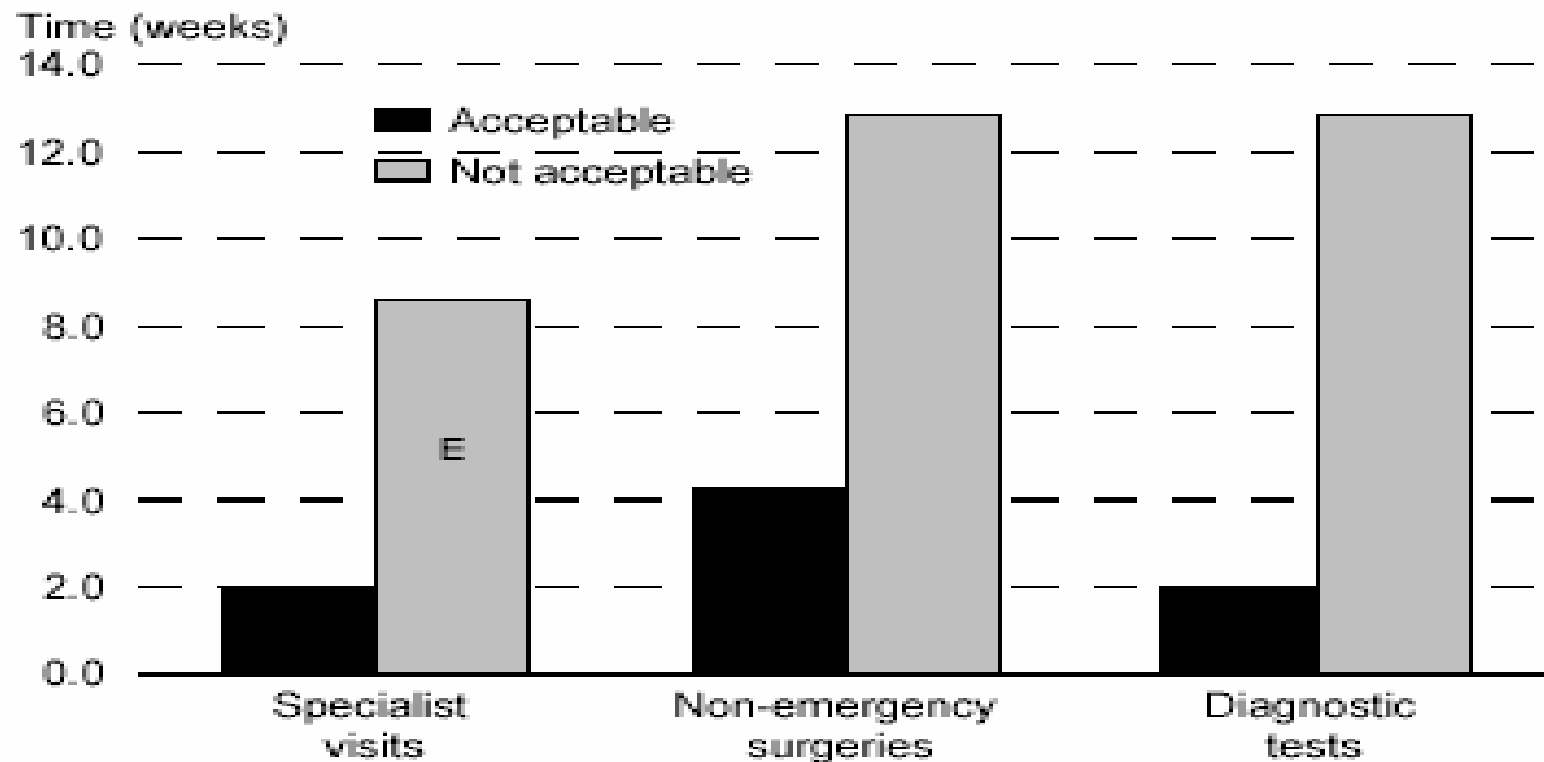


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Those with unacceptable wait times, waited between 8 and 13 weeks for care

Median waiting time for specialized services† by reported acceptability, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003



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What we could know....

- Patients' acceptability of waiting times for specific procedures –
 - Multiple waves of data (2003 and 2005) to increase sample size)
 - More efficient/effectively use of the HSAS sample to focus on survey on those who actually used services
 - Targeted surveys of patients currently on and/or just off wait list registries



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Burden of waiting for care

- Individual reporting their lives were affected by waiting for care:
 - 19% (n=530,000) of individuals who visited a specialist;
 - 12% (n=180,000) of individuals who waited for non-emergency surgery;
 - 13% (n=273,000) of individuals who waited for a diagnostic test;

Data Source: Statistics Canada, Health Services Access Survey 2005 (first 6 months)



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Burden of waiting for care

Type of effects	
Specialist visits	
Worry, anxiety, stress	70.1
Pain	48.9
Problem with activities of daily living	33.1
Non-emergency surgeries	
Worry, anxiety, stress	51.5
Pain	49.1
Problem with activities of daily living	34.7E
Diagnostic test	
Worry, anxiety, stress	67.1
Pain	49.0
Worry, anxiety, stress for family friends	34.5E

Data Source: Statistics Canada, Health Services Access Survey 2005 (first 6 months)



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What we could know....

- Population level measures of the burden of waiting for care
 - Measures of health related quality of life (HRQofL) (e.g. HUI) at various points during the waiting period –

Morbidity (YERF) = Incidence X Duration X Health utility
(Number waiting) X (Waiting time) X Health utility

Mortality (YLL) = Remaining life expectancy at age of death

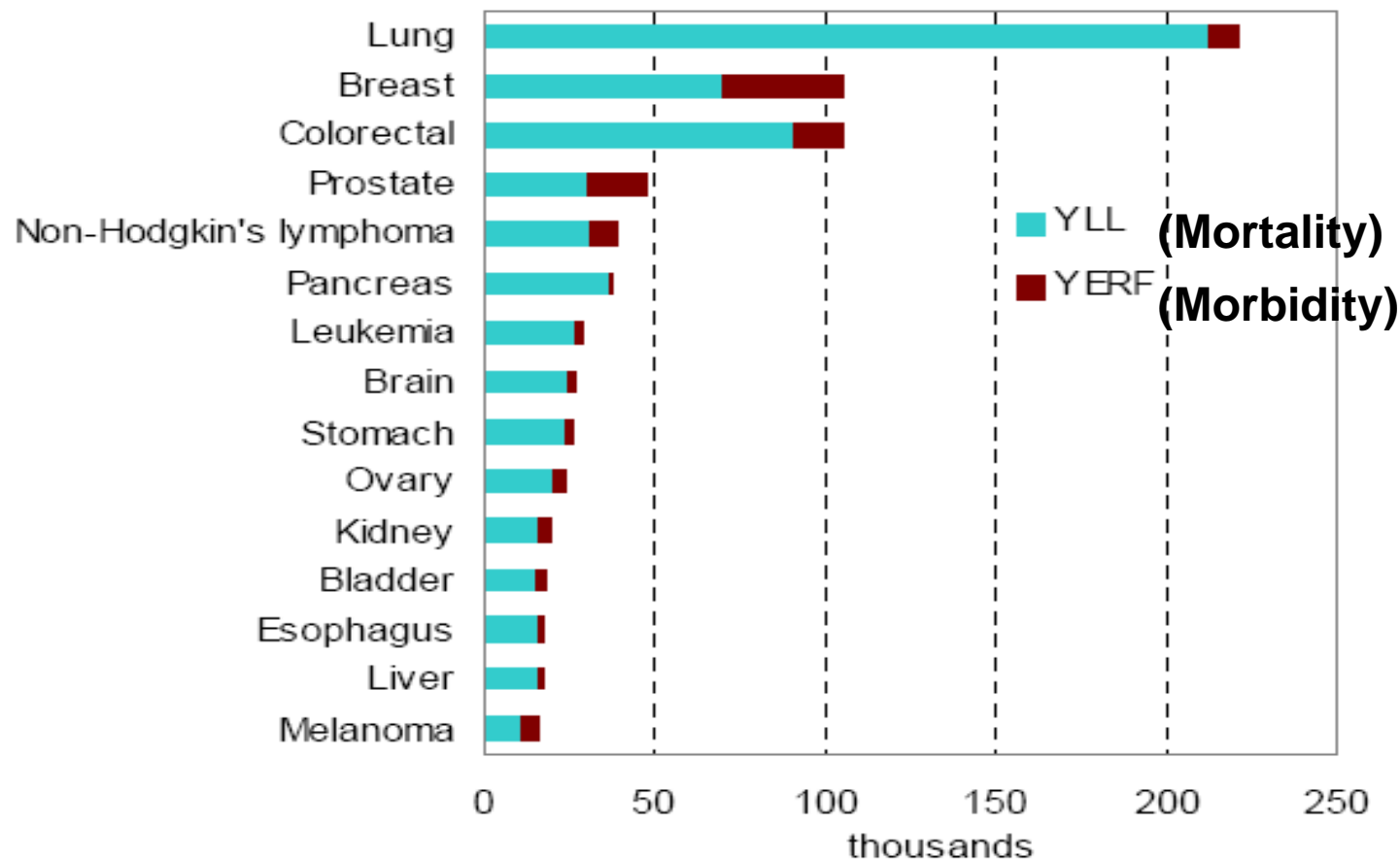


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Population level measure of the burden of cancer

Cancers with highest impact, Canada, 2001



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What we could know....

- Outcomes of care – how can we use existing surveys and registries to collect population level information on outcomes of care – comparable across time and place
 - Patient satisfaction
 - Outcomes of care
 - Waiting times
 - Health status outcomes
 - Effects of waiting for care
 - Appropriateness of care

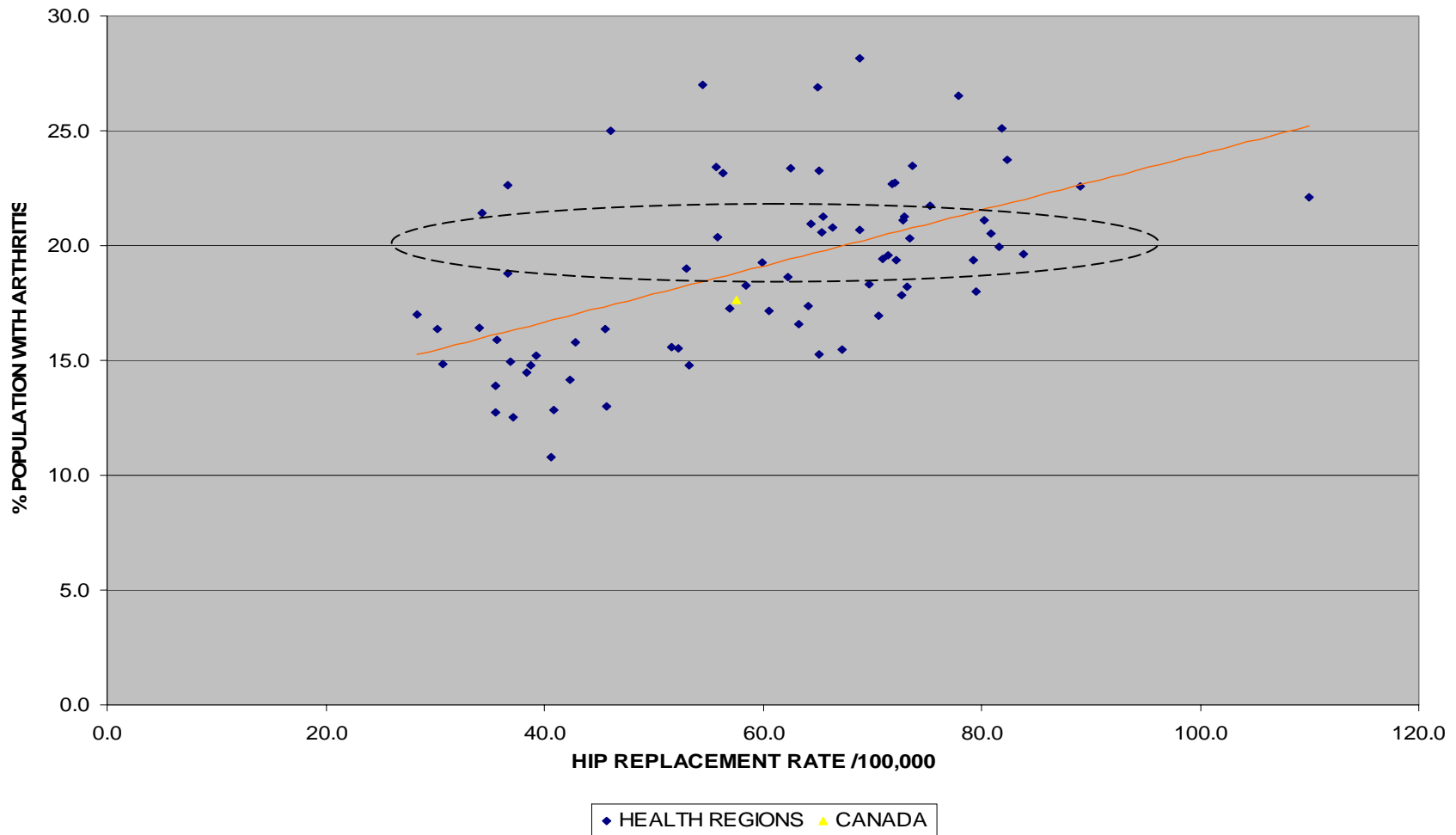


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Rate of hip replacements and arthritis, by health region, Canada, 2003

(age/sex adjusted)



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Summary

- Made progress in several key areas
 - Comparable wait time data at the national and provincial level – specific procedures
 - National level information on acceptability of waiting times
 - Prevalence measures of the effects of waiting for care
- Need to move toward
 - Information at the procedure level
 - Better measures of the burden of waiting
 - Outcomes, outcome, outcomes



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