Managing wait times in a mixed public-private system – the experience from *down under*

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Presentation to Taming of the Queue IV
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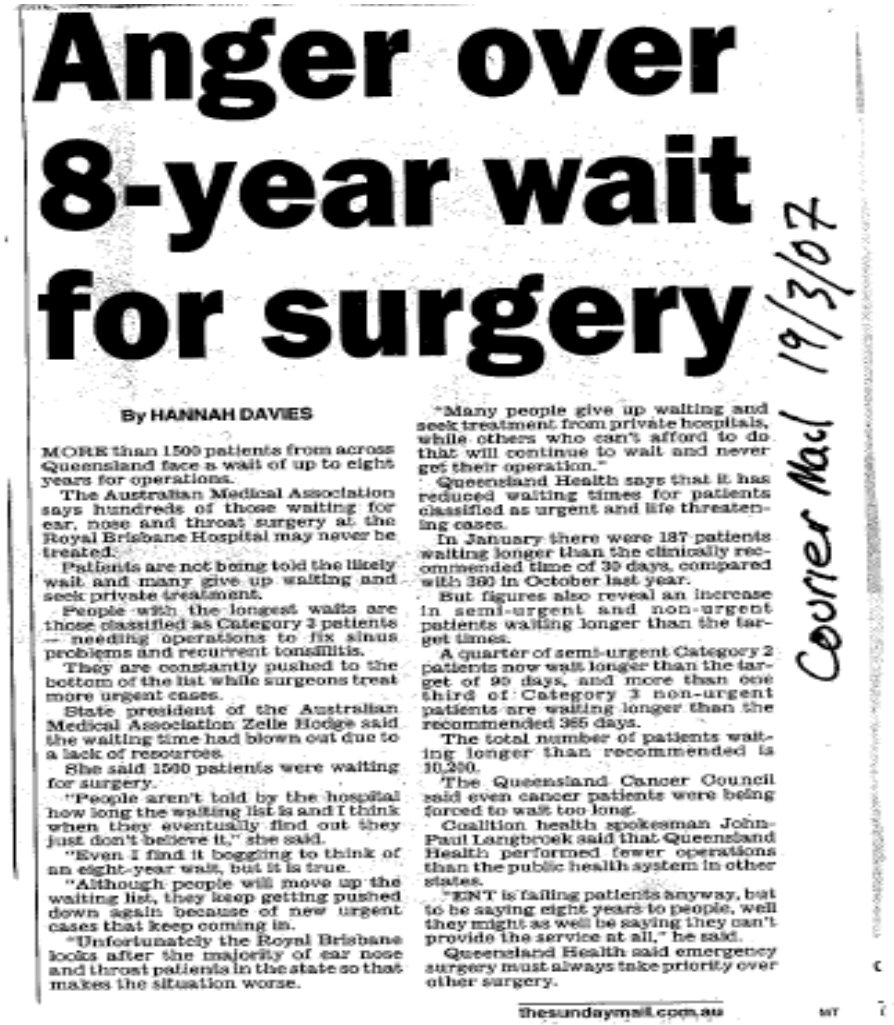
Waiting lists – regularly on the agenda



Anger over 8-year wait for surgery

Courier Mail 19/3/07

By HANNAH DAVIES

MORE than 1500 patients from across Queensland face a wait of up to eight years for operations.

The Australian Medical Association says hundreds of those waiting for ear, nose and throat surgery at the Royal Brisbane Hospital may never be treated.

Patients are not being told the likely wait and many give up waiting and seek private treatment.

People with the longest waits are those classified as Category 3 patients — needing operations to fix sinus problems and recurrent tonsillitis.

They are constantly pushed to the bottom of the list while surgeons treat more urgent cases.

State president of the Australian Medical Association Zelle Hodge said the waiting time had blown out due to a lack of resources.

She said 1500 patients were waiting for surgery.

"People aren't told by the hospital how long the waiting list is and I think when they eventually find out they just don't believe it," she said.

"Even I find it boggling to think of an eight-year wait, but it is true.

"Although people will move up the waiting list, they keep getting pushed down again because of new urgent cases that keep coming in.

"Unfortunately the Royal Brisbane looks after the majority of ear nose and throat patients in the state so that makes the situation worse.

"Many people give up waiting and seek treatment from private hospitals, while others who can't afford to do that will continue to wait and never get their operation."

Queensland Health says that it has reduced waiting times for patients classified as urgent and life threatening cases.

In January there were 187 patients waiting longer than the clinically recommended time of 30 days, compared with 360 in October last year.

But figures also reveal an increase in semi-urgent and non-urgent patients waiting longer than the target times.

A quarter of semi-urgent Category 2 patients now wait longer than the target of 90 days, and more than one third of Category 3 non-urgent patients are waiting longer than the recommended 365 days.

The total number of patients waiting longer than recommended is 10,200.

The Queensland Cancer Council said even cancer patients were being forced to wait too long.

Coalition health spokesman John-Paul Langbroek said that Queensland Health performed fewer operations than the public health system in other states.

"ENT is failing patients anyway, but to be saying eight years to people, well they might as well be saying they can't provide the service at all," he said.

Queensland Health said emergency surgery must always take priority over other surgery.

Australia: Days waited by patients admitted from waiting lists, 2003/04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All patients									
Median	32	27	22	27	37	42	46	34	28
90 percentile	222	175	115	200	201	372	373	245	193
Cardiothoracic									
Median	14	6	11	9	20	24	29	n.a.	11
90 percent.	76	49	103	36	89	84	106	n.a.	72
Ophthalmology									
Median	105	31	33	82	62	234	198	134	60
90 percent.	392	162	396	292	212	639	693	375	343

Themes/strategies in Australian elective surgery policy

- The policy context/divide
- Increased/improved capacity
- Improved information
- Prevention/diversion
- Incentives and penalties

The policy context

- Public and private services
- Private services, publically supported
- Most elective surgery undertaken in private sector
- Evidence of interacting incentives (long public queues associated with larger private shares, by state and specialty)
  - S.J. Duckett (2005) 'Private care and public waiting' *Australian Health Review* 29:1 87-93

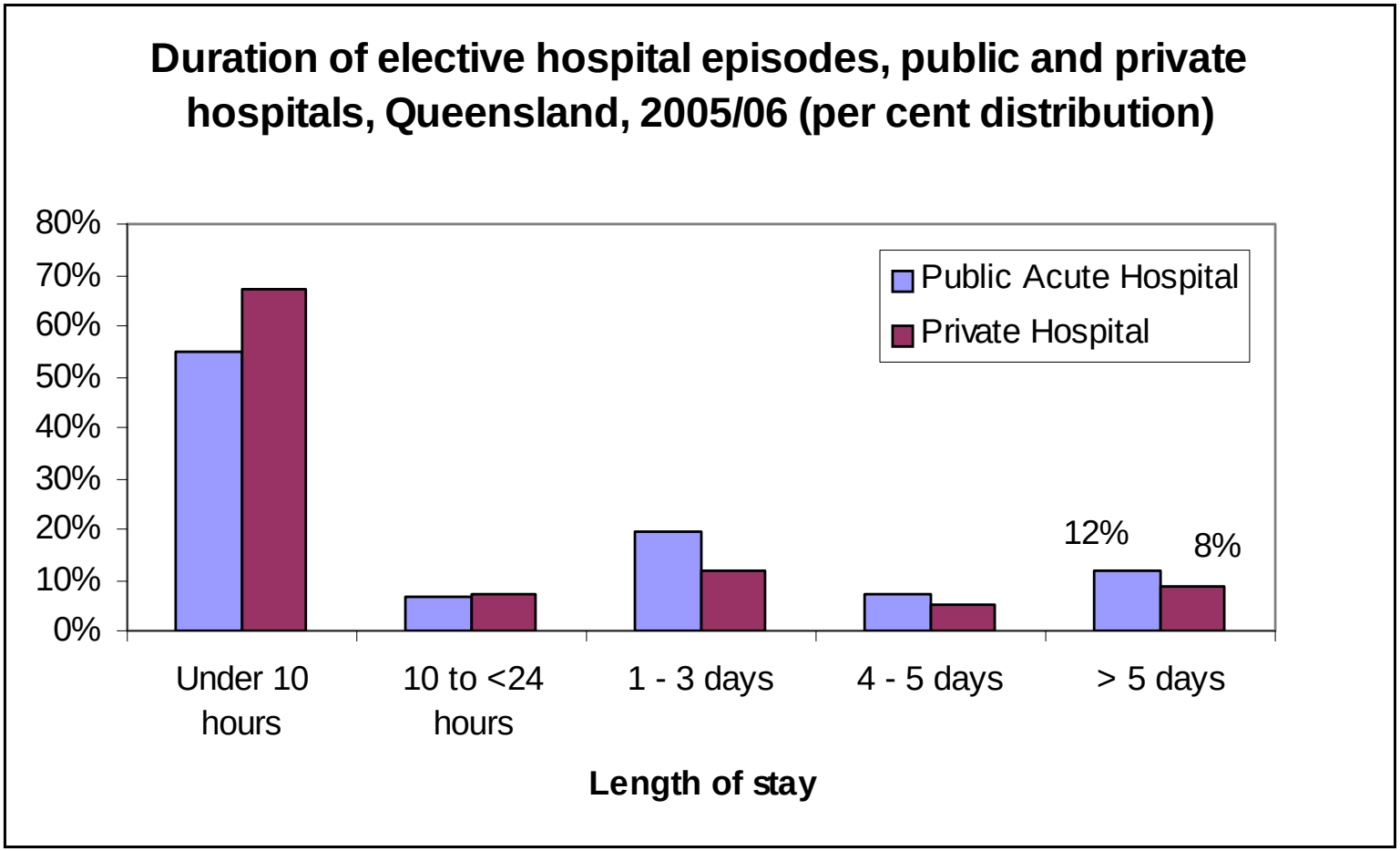
Increased/improved capacity

- Separation of elective and acute
  - Streaming within elective

Separating elective surgery from acute admissions, and streaming within elective

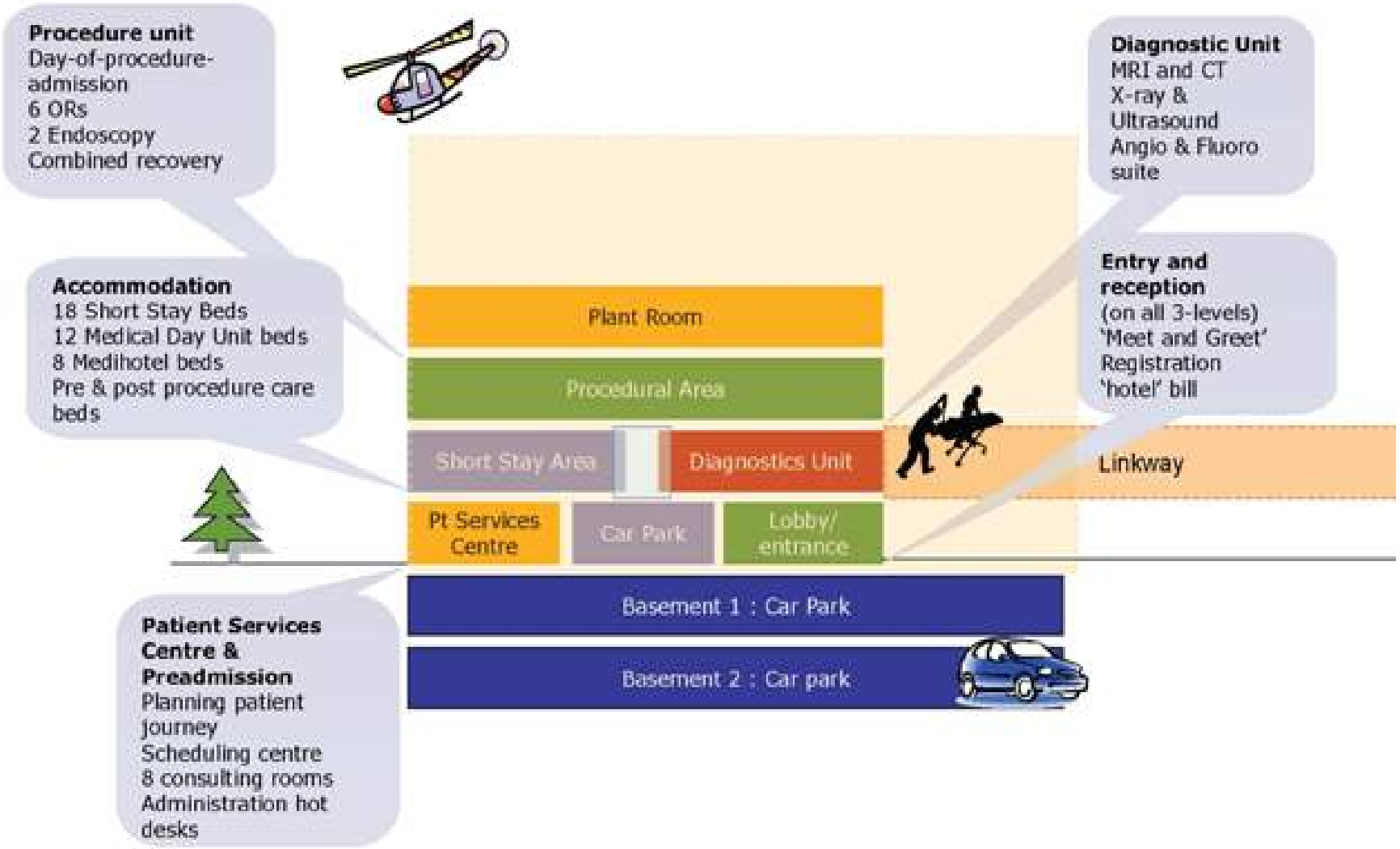
- Day surgery
- 23 hour stays
- <3 day stays
- <5 day stays
- Complex (<5-10%)

Almost 75% of elective admissions stay less than 1 day



The Alfred Centre

The Alfred Centre



Separating elective surgery from acute admissions, and streaming within elective

- Day surgery
- 23 hour stays
- <3 day stays
- <5 day stays
- Complex (<5-10%)

- Each approach has strengths and weaknesses

Increased/improved capacity

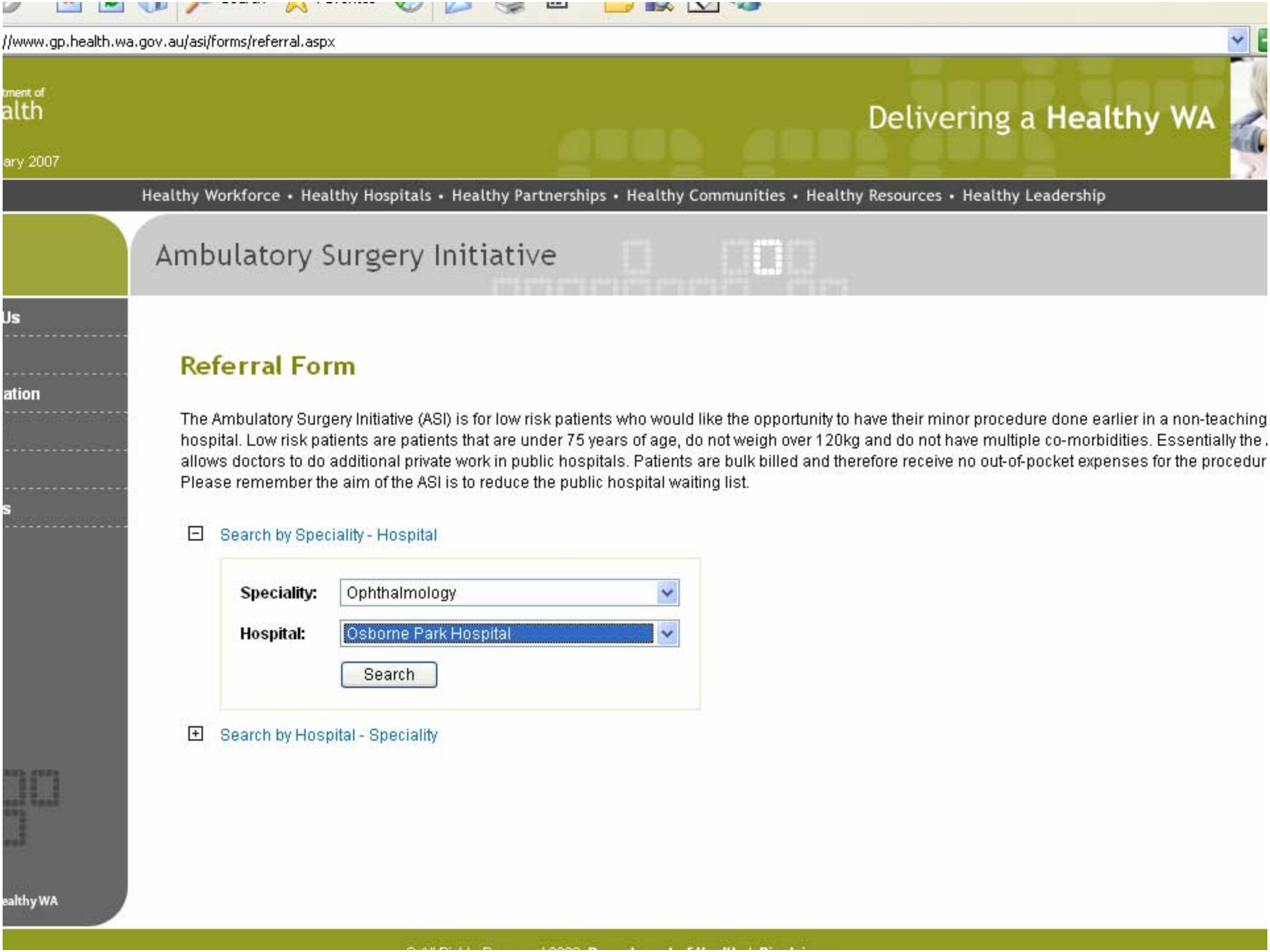
- Separation of elective and acute
  - Streaming within elective
- Efficiency initiatives – the boring hard yards
  - 'Lean thinking', flow management
  - Theatre utilisation
  - (less) workforce reform

Increased/improved capacity

- Separation of elective and acute
- Efficiency initiatives – the boring hard yards
- Outsourcing
  - Once-off 'blitz'
    - But affected by Public – private competition issues (impact on private health insurance take up)
  - Surge capacity (aka 'winter bed strategy')
  - Ongoing contracts in some markets

Increased/improved capacity

- Separation of elective and acute
- Efficiency initiatives – the boring hard yards
- Outsourcing
- Redirection strategies
  - Consolidation of lists
    - Also links to improved information
  - High volume units/specialisation
    - Day surgery
    - Specialised hospitals/services
      - Cataracts
      - Joint replacement


//www.gp.health.wa.gov.au/asi/forms/referral.aspx
Delivering a Healthy WA
Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy Resources • Healthy Leadership
Ambulatory Surgery Initiative
Referral Form
The Ambulatory Surgery Initiative (ASI) is for low risk patients who would like the opportunity to have their minor procedure done earlier in a non-teaching hospital. Low risk patients are patients that are under 75 years of age, do not weigh over 120kg and do not have multiple co-morbidities. Essentially the allows doctors to do additional private work in public hospitals. Patients are bulk billed and therefore receive no out-of-pocket expenses for the procedur
Please remember the aim of the ASI is to reduce the public hospital waiting list.
Search by Speciality - Hospital
Speciality:
Ophthalmology
Hospital:
Osborne Park Hospital
Search
Search by Hospital - Speciality

Increase/improved capacity

- Separate elective and acute
- Efficiency incentives
- Outsourcing
- Clear guidelines
  - Referrals (inc required diagnostics, and access to diagnostics)
  - Priority setting
  - Timeliness expectations for inpatient and outpatients (+ information provision)
  - what we do and don't do
    - Starting with 'aesthetic surgery'

Increase/improved capacity

- Separate elective and acute
- Efficiency incentives
- Outsourcing
- Clear guidelines
- Manage variation
  - LOS
  - Timeliness
  - Follow up (where, how often)

Improved information

- Consumer information
- Systematic priority setting
- Whole of episode waiting

Information for consumers

- What timeliness data are reported?
  - Cross sectional survey data of experience of those waiting (i.e. not yet admitted) vs
  - Analysis of experience of those admitted to hospital from waiting list: completed wait time distribution
- Doctor level data?
- Level of specificity and presentation

State approaches to waiting list reporting

State	Reporting Approach
NSW	Search engine, By doctor, Completed waits
Victoria	Search engine, By hospital, Completed waits
Queensland	PDF Report, By hospital, Time on list
ACT	Search engine, By doctor, Completed waits
National	Excel Report, By state and sentinel procedure and specialty, completed waits (not category)

Address http://www3.health.nsw.gov.au/wtpro1001/

NSW HEALTH | Directory Assistance | About this site | New on the Site | Search

New Search | Need Help? | Instructions | Home | Select for additional Information:

Refine your search

These are the waiting times for **Total hip replacement** for the location, hospital and doctor you have chosen. The first waiting time column shows the time within which fifty percent (50%) of people waiting were admitted to hospital. The overwhelming majority of people, ninety percent (90%), were admitted by the time shown in the second waiting time column.

For SEMI-URGENT waiting times (usually admitted within 90 days) click here
or for URGENT waiting times (usually admitted within 30 days) click here

Doctor	Hospital	Non-Urgent Waiting Times	
		50% Admitted Within	90% Admitted Within
Dr Rami M Sorial	Mount Druitt Hospital	4 weeks	14 months
Dr Christine E Castle	Mona Vale & District Hospital	5 weeks	2 months
Dr Simon P Coffey	Mount Druitt Hospital	6 weeks	19 months
Dr Mark W Horsley	RPAH Rheumatology & Orthopaedics Instit	7 weeks	3 months
Dr Paul D Stalley	RPAH Rheumatology & Orthopaedics Instit	8 weeks	4 months
Dr Ian L Meakin	Bankstown/Lidcombe HS - Hosp. units	3 months	5 months
Dr Robert P Sew Hoy	Manly District Hospital	3 months	3 months
Dr Anthony K Leong	Wollongong Hospital	3 months	9 months
Dr John S Fox	Westmead (all units)	3 months	6 months
Dr Peter R Holman	RPAH Rheumatology & Orthopaedics Instit	3 months	4 months
Dr Dimitri G Papadimitriou	Ryde Hospital	3 months	4 months
Dr Allan J Pollack	St. Vincent's Public Hospital	3 months	4 months
Dr Rami M Sorial	Penrith DHS - Nepean Hospital	3 months	16 months
Dr Jorgen M Hellman	Maitland Hospital	3 months	5 months

Your hospitals

AN OVERVIEW OF PUBLIC HOSPITAL ACTIVITY

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Time to treatment for patients admitted for surgery, October 2005 to September 2006

Hospitals	Time to treatment for Total hip replacement	
(click on hospital to see contact information)	Category 2	Category 3
Sunshine Hospital	4 weeks	*
Latrobe Regional Hospital	8 weeks	18 weeks
Williamstown Hospital	8 weeks	15 weeks
Western Hospital	10 weeks	11 weeks
Bendigo Health Care Group (Bendigo Hospital)	11 weeks	10 weeks
Maroondah Hospital	11 weeks	53 weeks
Sandringham Hospital	11 weeks	4 weeks
Goulburn Valley Health	12 weeks	*
Ballarat Health Services (Ballarat Base Hospital)	12 weeks	44 weeks
Northern Hospital	15 weeks	*
Box Hill Hospital	15 weeks	*
St Vincent's Hospital	19 weeks	*
Monash Medical Centre	20 weeks	49 weeks
Dandenong Hospital	23 weeks	60 weeks
Alfred Hospital	24 weeks	*

Developing more systematic priority setting tools

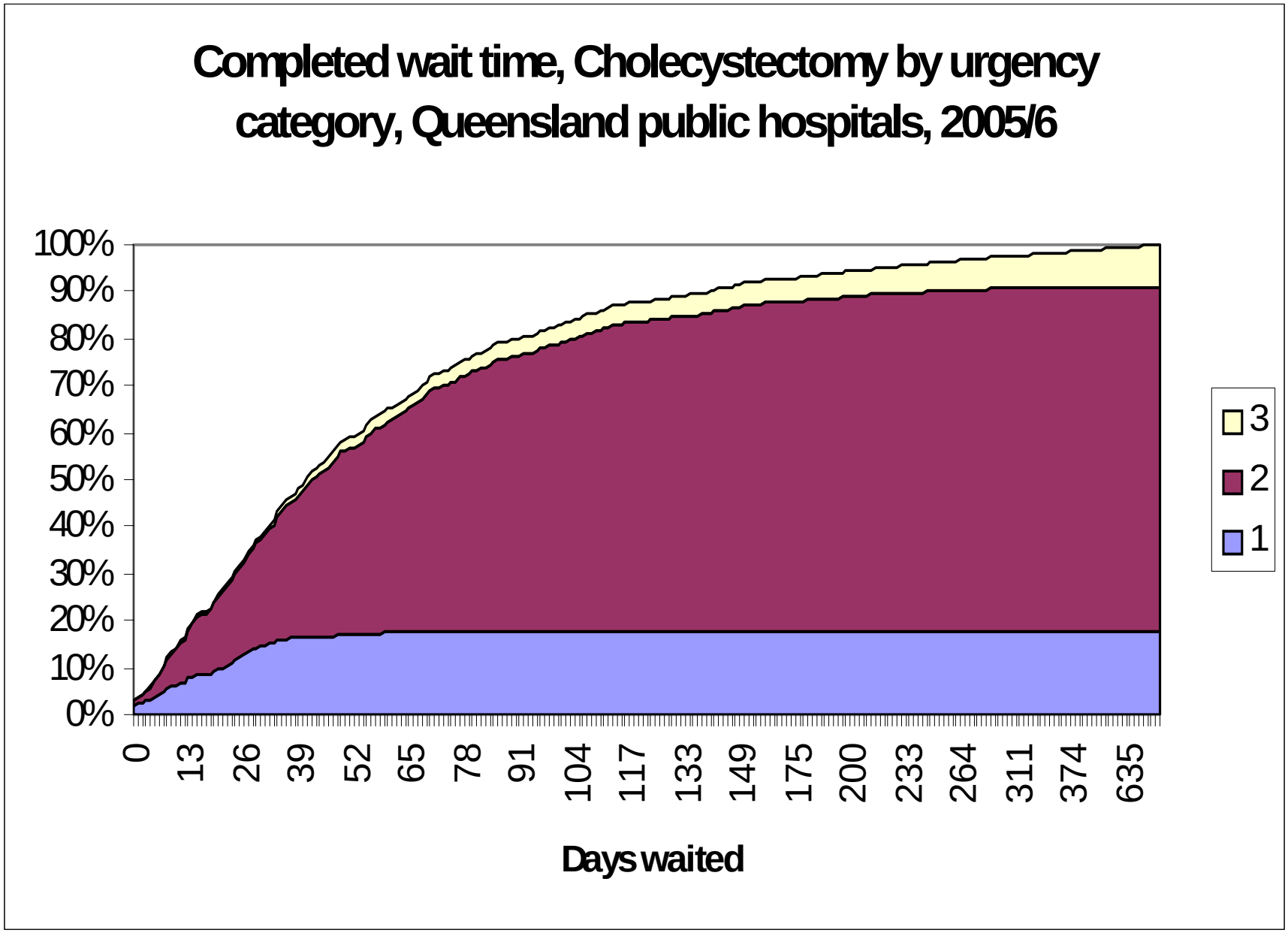
- Categorisation into 1, 2, 3 developed in 1980s
- Targets incorporated partly by definition, partly as political tradeoff

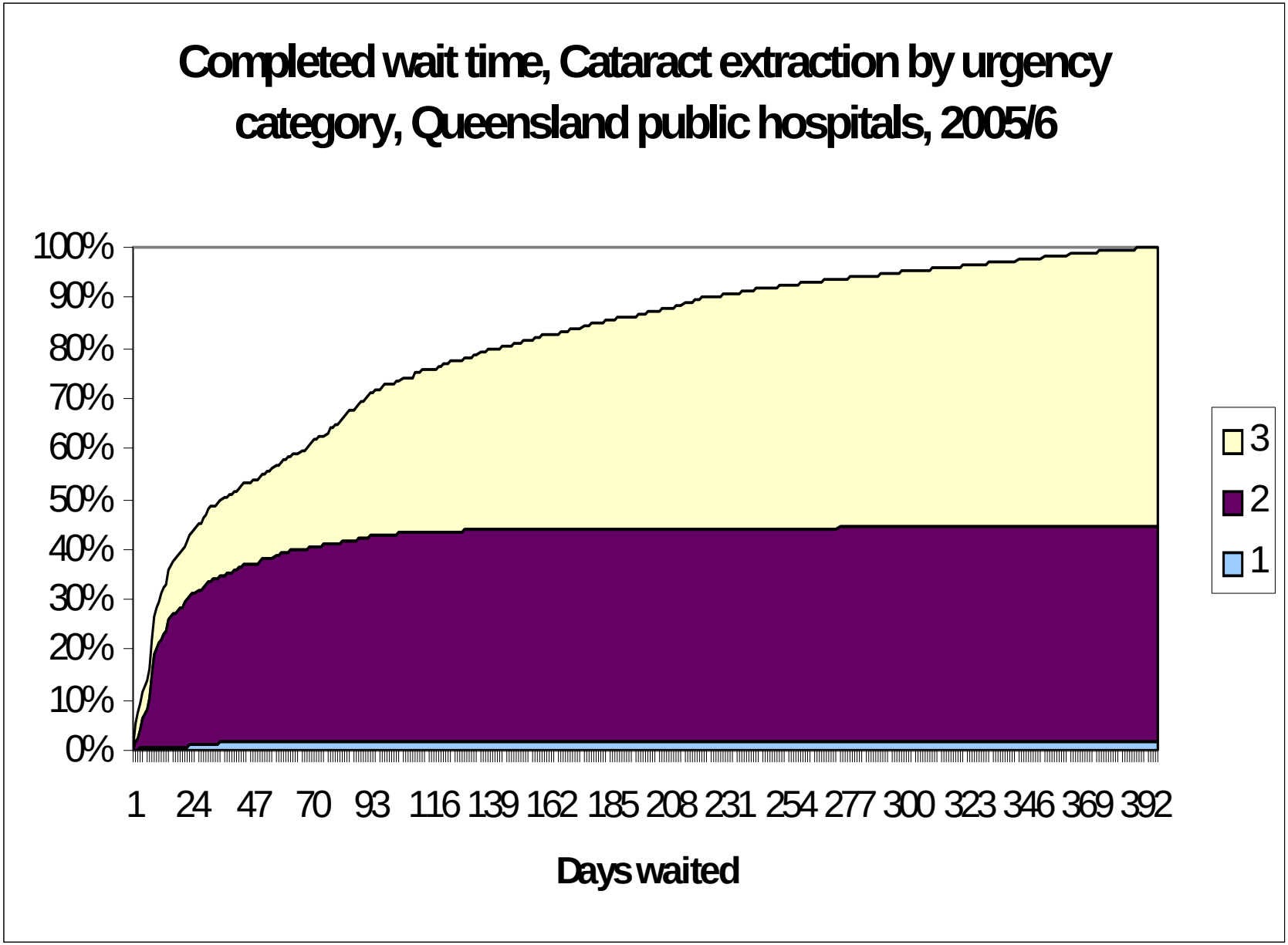
Elective surgery categorisation definitions

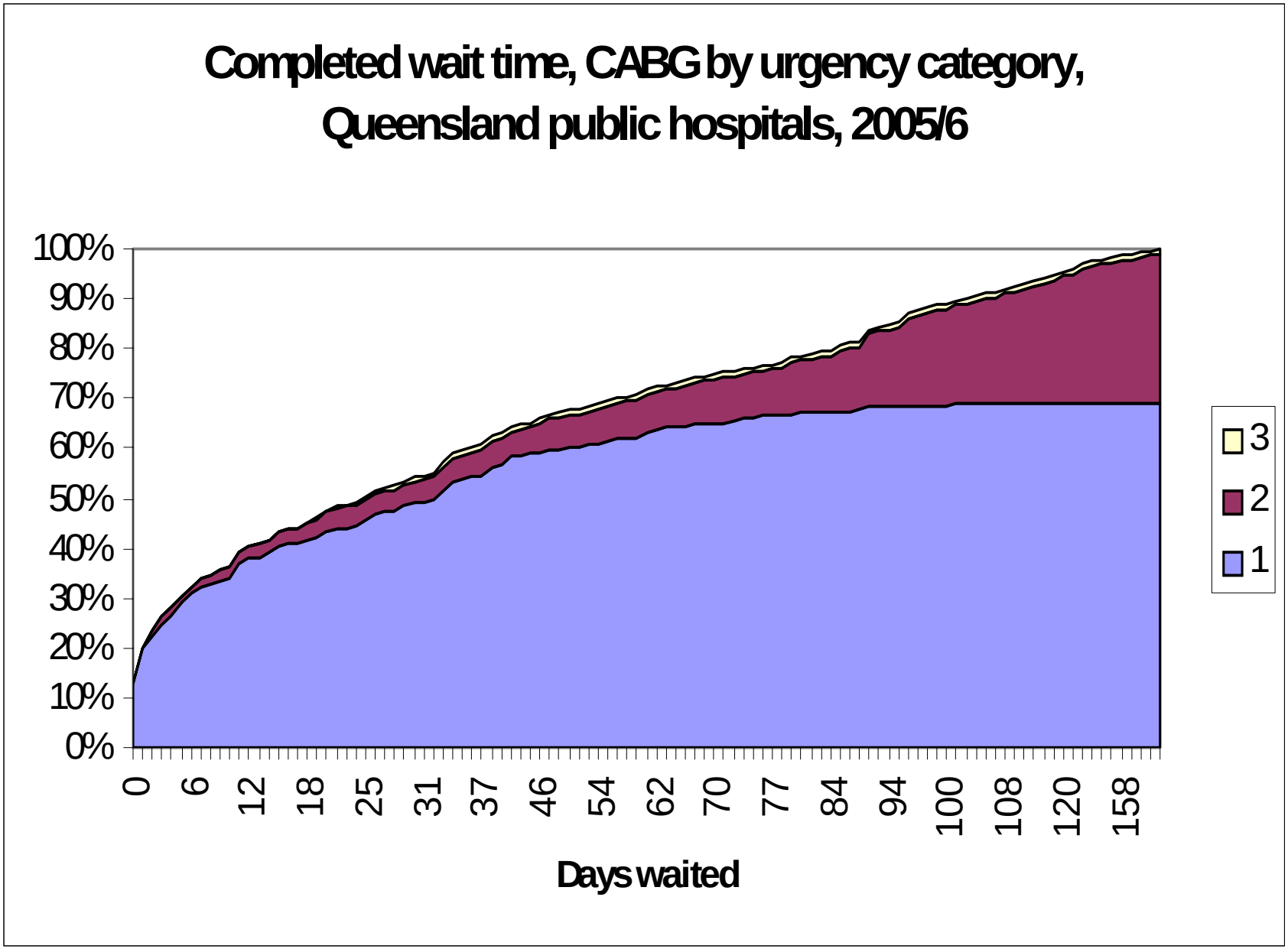
Category 1	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
Category 2	Admission within 90 days desirable for a condition causing some pain, dysfunction, or disability but which is not likely to deteriorate quickly or become an emergency.
Category 3	Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Developing more systematic priority setting tools

- Categorisation into 1, 2, 3 developed in 1980s
- Targets incorporated partly by definition, partly as political tradeoff
- 'Inter-rater reliability' perceived to be weak
- Although broadly reflect expectations and clinical reality (some exceptions)


Completed wait time, Cholecystectomy by urgency category, Queensland public hospitals, 2005/6
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0
13
26
39
52
65
78
91
104
117
133
149
175
200
233
264
311
374
635
Days waited
3
2
1


Completed wait time, Cataract extraction by urgency category, Queensland public hospitals, 2005/6
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1
24
47
70
93
116
139
162
185
208
231
254
277
300
323
346
369
392
Days waited
3
2
1


Completed wait time, CABG by urgency category, Queensland public hospitals, 2005/6
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0
6
12
18
25
31
37
46
54
62
70
77
84
94
100
108
120
158
Days waited
3
2
1

Key domains relevant to prioritisation

1. Pain
1.1. Sleep disturbance
1.2. Rest pain
1.3. Pain related to movement

2. Limitations to daily activities
2.1. Impairment of mobility
2.2. Ability to self-care
2.3. Level of domestic support
2.4. Carer roles

3. Psychosocial health impact
3.1. Psychological effect of disability
3.2. Social effect of disability

4. Economic impact
4.1. Interference with ability to work
4.2. Financial provider for others

5. Recent deterioration

6. Conservative treatment

3. Do you have hip or knee pain that limits your walking?

- ☐ My walking is not limited by hip or knee pain
- ☐ I can walk for at least 30 minutes before pain stops me
- ☐ I can walk for about 10 to 15 minutes before pain stops me
- ☐ I can only walk for a short time (such as walking from one room to another room)
- ☐ I am not able to walk at all because of my hip or knee pain

THE UNIVERSITY OF MELBOURNE

The Hip and Knee Questionnaire

ID

Instructions:
For the following questions, think about how your hip or knee has been affecting you over the last 3 months when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails). Please tick one box ☑ only for each question.

1. **Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?**
   - ☐ None or mild pain
   - ☐ Moderate pain
   - ☐ Severe pain
   - ☐ Extremely severe pain
   - ☐ The pain is so severe that I cannot bear it

2. **Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?**
   - ☐ No or rarely
   - ☐ I have pain that sometimes stops me going to sleep
   - ☐ I have pain that often stops me going to sleep
   - ☐ I have pain that stops me going to sleep most of the time
   - ☐ I have pain that stops me going to sleep all the time

3. **Do you have hip or knee pain that limits your walking?**
   - ☐ My walking is not limited by hip or knee pain
   - ☐ I can walk for at least 30 minutes before pain stops me
   - ☐ I can walk for about 10 to 15 minutes before pain stops me
   - ☐ I can only walk for a short time (such as walking from one room to another room)
   - ☐ I am not able to walk at all because of my hip or knee pain

4. **Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?**
   - ☐ No, I can look after myself → **Go to Question 6 (over the page)**
   - ☐ There are some things I cannot do for myself
   - ☐ There are many things I cannot do for myself
   - ☐ I cannot do most things for myself
   - ☐ I cannot look after myself because of my hip or knee

5. **Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?**
   - ☐ I get as much help as I need
   - ☐ Most of the time I get enough help
   - ☐ Some of the time I get enough help
   - ☐ I rarely get enough help
   - ☐ I do not get enough help with looking after myself

Please answer the questions over the page

6. **Does your hip or knee affect your enjoyment of life?**
   - ☐ No, or only a little
   - ☐ It makes it moderately difficult for me to enjoy my life
   - ☐ It makes it very difficult for me to enjoy my life
   - ☐ It makes it extremely difficult for me to enjoy my life
   - ☐ I cannot enjoy my life at all because of my hip or knee

7. **Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?**
   - ☐ No, it does not cause difficulties with my relationships
   - ☐ It sometimes causes difficulties with my relationships
   - ☐ It often causes difficulties with my relationships
   - ☐ Most of the time it causes difficulties with my relationships
   - ☐ All of the time my hip or knee causes difficulties with my relationships

8. **Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?**
   - ☐ No, it does not affect my household finances
   - ☐ It makes it slightly difficult to manage financially
   - ☐ It makes it moderately difficult to manage financially
   - ☐ It makes it extremely difficult to manage financially
   - ☐ My household cannot manage financially at all because of my hip or knee

9. **Have you been in paid work in the last 6 months?**
   - ☐ No
   - ☐ Yes, my hip or knee does not make it difficult for me to work
   - ☐ Yes, but it is moderately difficult for me to continue to work because of my hip or knee
   - ☐ Yes, but it is very difficult for me to continue to work because of my hip or knee
   - ☐ Yes, but I have had to stop work because of my hip or knee
   - ☐ Yes, but working is difficult for me for **other reasons**

10. **Do you need to look after people who require your care (such as a sick or disabled partner or family member)?**
    - ☐ No
    - ☐ Yes, my hip or knee does not make it difficult for me to look after them
    - ☐ Yes, but it is moderately difficult for me to look after them because of my hip or knee
    - ☐ Yes, but it is very difficult for me to look after them because of my hip or knee
    - ☐ Yes, but I am unable to care for them because of my hip or knee
    - ☐ Yes, but it is difficult for me to look after them for **other reasons**

11. **Overall, is your hip or knee problem different now compared with how it was 6 months ago?**
    - ☐ It is better now
    - ☐ It is about the same now
    - ☐ It is a little worse now
    - ☐ It is moderately worse now
    - ☐ It is very much worse now

CLINICAL PRIORITY ACCESS CRITERIA

Service Category: ORTHOPAEDICS	Clinic Type: Outpatients (Assessment)

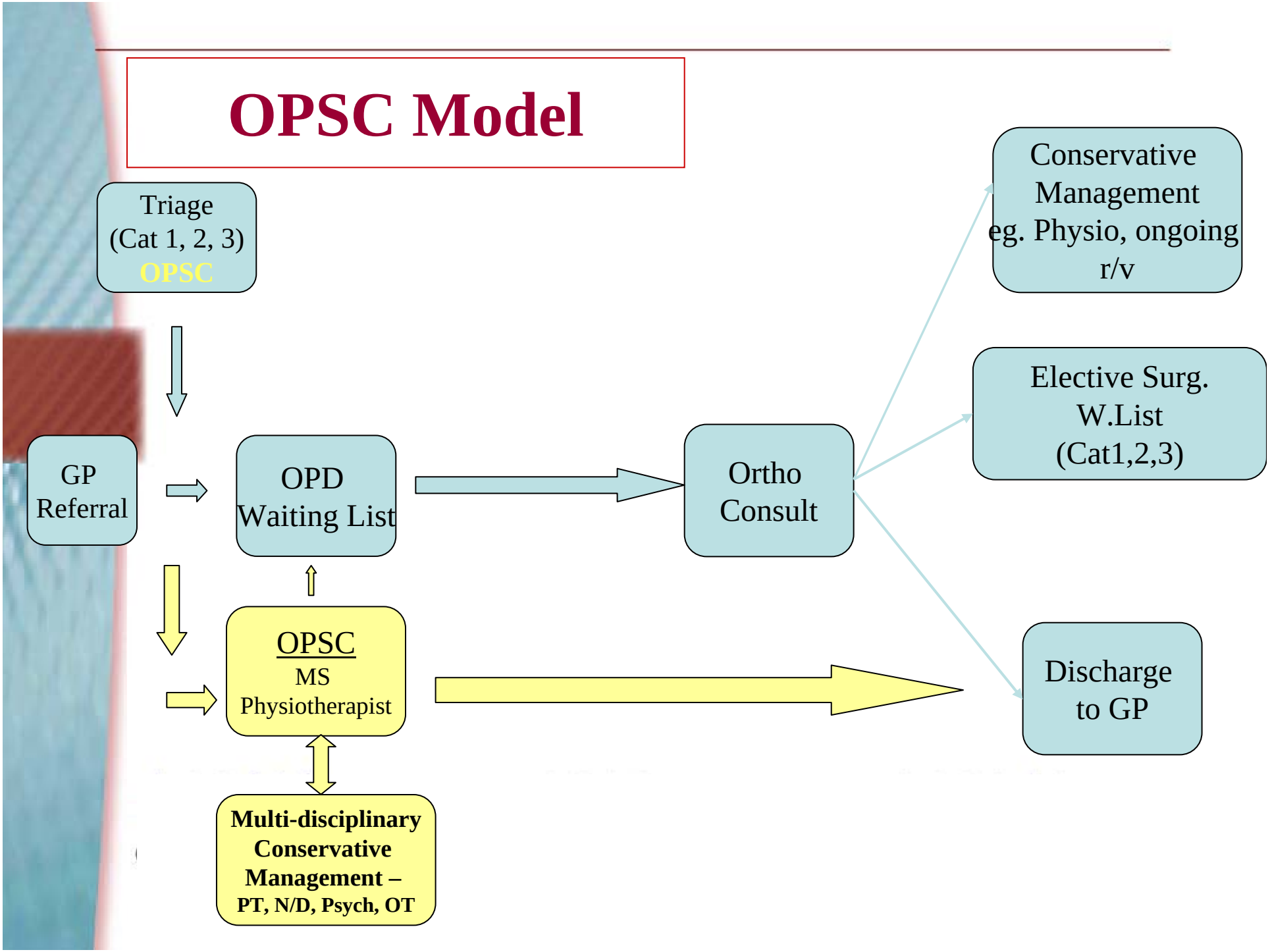
Category Definitions:	1. **Immediate** – *Treatment immediately or within 24 hours* 2. **Urgent** – *Seen within 2 weeks* 3. **Semi Urgent** – *Seen within 1 month* 4. **Non-urgent/Routine** – *Seen within 2 months*

Category	Criteria	Examples (not an exhaustive list)
1. Immediate *Treatment immediately or within 24 hours*	• All trauma requiring inpatient care and/or operative management.	• Open fractures and multiple major fractures. • Severed limbs. • Significant soft tissue injury. • Major joint dislocations. • Closed fractures requiring inpatient operative management. • Locked knee. • Spinal fracture.
	• Acute or significant functional impairment.	• Cauda equina. • Compartment Syndrome. • Ruptured/severed tendons. • Joint replacement infection. • Failed internal fixation.
	• Infection.	• Osteomyelitis. • Septic Arthritis

Prevention/diversion

- Focussing of prevention efforts
  - 'Hospital Admission Reduction Program'
  - 'Avoidable hospital admissions' as focus of National/state/regional reporting
- Diversion strategies
  - Orthopaedic physiotherapy screening clinics
    - » Negotiation with orthopaedic surgeons
    - » Knees, hips, spine, shoulder pain seen 1st by physio
    - » Aim to reduce outpatient waiting list, possibly also reduce progression to surgery

OPSC Model


Triage
(Cat 1, 2, 3)
OPSC
GP
Referral
OPD
Waiting List
Ortho
Consult
Conservative
Management
eg. Physio, ongoing
r/v
Elective Surg.
W.List
(Cat1,2,3)
OPSC
MS
Physiotherapist
Discharge
to GP
Multi-disciplinary
Conservative
Management –
PT, N/D, Psych, OT

Themes in elective surgery policy

- Incentives and penalties
  - Victoria longest tradition - current version:
    - Severe penalties Cat 1 > 30 days
    - Access to additional 'bonus' funding relating to achievement of
      - improvement in cat 2 > 90 days, cat 3 > 365 days
      - Improvement in Hospital initiated postponements (<8%)

- Summary:
  - Lots of initiatives
  - No ‘magic bullet’
  - Problem not fixed
- Any questions?

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