

Reducing Wait Times in Five Priority Areas: *Challenges and Opportunities*

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Winnipeg Regional
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À l'écoute de notre santé

Waiting is a trap. There will always be reasons to wait. The truth is, there are only two things in life, reasons and results, and reasons simply don't count.

Robert Anthony

Is a Queue Inevitable?

“Waiting for care is part and parcel of the normal functioning of any health care system.”

(Taming of the Queue: Toward a Cure for Health Care Wait Times, July 2004)

- Differentiate between ‘reasonable’ waiting and excessive waiting
- How long is too long?

Excessive Waiting

- Excessive waiting impacts:
 - Patients
 - Families
 - Health care providers
- Excessive waiting – some of the contributing factors:
 - Changing demographics
 - Patient/provider expectations
 - Availability of resources:
 - Equipment
 - Human resources

Factors that Cloud the Issue

- Inconsistency between jurisdictions in areas such as:
 - Definition of what is being measured
 - When does the 'clock' start
 - What time period is used

A little history....

- Waiting for health care is a long-standing issue that has become more prominent over the last decades – nationally and internationally
- Contributed to the ‘politicization’ of health care in Canada
- Understanding dynamics of waiting critical before underlying causal factors can be addressed

Key Events – Nationally

- September 1998 – *From Chaos to Order: Making Sense of Waiting Lists in Canada*
- Health renewal agendas set by FPT First Ministers in 2000 and 2003
- 2002 – Release of ‘Kirby’ and ‘Romanow’ Reports
- 2004 – Ten Year Plan to Strengthen Health Care
- 2006 – Final Report of the Federal Advisor on Wait Times
- Federal Wait Time Guarantees:
 - November 2006 – Pilot projects: First Nations Prenatal Project and Diabetes Care Projects (2)
 - January 2007 – Pilot project for Children’s Surgery Wait Time Guarantee - \$2.6 million

Other Key Events

- 1999 – 2004: Western Canada Waiting List Projects
- 2004 – First *Taming of the Queue* colloquium focusing on wait time measurement, monitoring and management
- 2007 – **Fourth** *Taming of the Queue* colloquium

The *Ten Year Plan* – What it Offered

- Outlined strategic investments directed toward reducing waiting times for five priority areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration
- Committed to investing **\$5.5 billion over six years**, beginning in 2004/05, through the Wait Times Reduction Fund

What the P/Ts Were Expected to Deliver

- Establish comparable indicators with report to citizens by December 31, 2005
- Establish evidence-based benchmarks by December 31, 2005
- Establish multi-year targets to achieve priority benchmarks by December 31, 2007
- Expectation was to achieve meaningful reductions in wait times in five areas by March 31, 2007

Were we Successful?

- Evidence-based benchmarks announced on December 12, 2005
- Initiatives underway in provinces and territories to meet them by December 2007
- Comparable indicators to measure progress in place as of March 30, 2006
(Final Report of the Federal Advisor on Wait Times, June 2006)
- Measurement undertaken by CIHI and reported to public

Federal Advisor on Wait Times

- Appointed in July 2005 with following mandate:
 - Advance further action to achieve WT reductions
 - Identify and develop consensus on comparative indicators and evidence based benchmarks
 - Assess knowledge gaps and identify ways to address them
 - Encourage adoption of methods and tools to better manage wait times

The Process

- Two Phases:

Objectives of Phase I:

1. Finalize work around benchmarks
2. Develop and promote understanding and definitions for key wait time terminology

Objectives of Phase II:

1. Promotion of strategy to build on benchmarks to develop sustainable wait time management initiatives

Content

- Based on series of consultations with Federal, Provincial and Territorial governments
- Comprehensive list of advisors and contributors – variety of organizations
- Reports
- Extensive qualitative research

Product

- Final report submitted in June 2006
- Report addressed and made recommendations in the following areas:
 1. Benchmarks, indicators and ongoing research
 2. Management and innovation in health care systems
 3. Information technology
 4. Professional roles and responsibilities
 5. Additional issues (Children WT, Surge. HR, etc.)
 6. Public education

Have We made Progress?

- Canadian Institute for Health Information reports on wait time progress across provinces – as per Ten Year Plan
- First ‘scan’ completed in December 2005 and included variety of wait time data as well as wait time contexts
- Scan repeated in December 2006 – summary released in February 2007

CIHI's Findings

- Reporting has improved – more provinces report priority areas wait times on publicly accessible web sites (NL, NB, PE have begun to do so)
- Four provinces (NS, ON, MB and AB) report on all 5 priority areas
- Timeliness of reporting has improved in some areas
- Some provinces reporting against pan Canadian (NL) or provincial benchmarks (Que) or access targets (AB)
- However, variation in reporting methodology remains – comparisons challenging

Who's Reporting What?

Prov.	Cancer	Cardiac	DI	Joints	Sight	All Sites
NL	●	●		●	●	Y
PE	●		●	●	●	Y
NS	●	●	●	●	●	Y
NB		●		●	●	Y
PQ	●	●		●	●	Y
ON	●	●	●	●	●	N
MB	●	●	●	●	●	Y
SK	●	●		●	●	Y
AB	●	●	●	●	●	N
BC	●	●		●	●	N

Source: Wait Times Tables – A Comparison by Province, 2007; CIHI

Note: Only sites funded by Ontario Wait Time strategy are reporting on Provincial site

Comparing Apples to Oranges to Pears

- Significant variation remains in elements associated with measurements:
 - Start time – when does the clock start?
 - Summary measure – mean, median, against benchmark
 - Reporting period – annual, semi-annual, quarterly, monthly
 - Inclusion/exclusion of emergency cases
 - Reporting level (Province/region/site/provider)
 - Most wait times measured retrospectively
 - TWO EXCEPTIONS: MB Diagnostic Imaging and AB Radiation Therapy
- More jurisdictions reporting, but comparisons extremely difficult, except to yourself over time

Have Things Improved?

- Mixed reviews – some successes but challenges remain
- CIHI reported improvements in breadth and depth of reporting
- Process improvements
- Reductions in wait times, increased volumes in all provinces

What's Working? Opportunities for Improvement?

- Recent conference on 'Timely Access to Health Care'
- Provinces further consulted to provide their perspective on individual experience relative to:
 - Successes
 - Innovative approaches that are working
 - Road blocks to success
 - Opportunities for improvement
- Process and outcome

Physicians as Agents of Change

- Physicians are key in ensuring that system transformations that will support improved patient access to care are successful
- Occurring NOW! Many contributing to change processes that are impacting access generally and wait times specifically
- Provinces that have had success in this area have done so with champions

Training for Wait Time Management

- Recognized as necessary for all health care professionals for success on addressing wait time issues
- Require knowledge, tools and support to achieve results

CMA Proposal for WT Training

- CMA recognized physicians' lack of formal training in dealing with wait list issues
- Proposal to establish a provider-designed and delivered program of training in wait time management for physicians and other health professionals :
 - Fundamentals of wait time management
 - Tools and techniques for wait management
 - Redesigning systems to reduce wait times
 - Managing change to reduce wait times
- Estimated annual capacity: 1000 participants
- Faculty with broad experience in medicine, health care, management and system design, and operational research
- Delivered in collaboration with CHSRF

CHSRF: Shorter Waiting & Improved Flows Training Program

- Two objectives:
 1. Train clinicians, managers and policy makers in how to reduce waits
 2. To create ongoing national network of evidence-informed decision makers to facilitate improved access
- Bilingual, incorporating both face-to-face and distance education
- 400-500 graduates 1st year; 60 – 80 per year thereafter
- Across four regions: West, Ontario, Quebec and Atlantic
- Multiple partners nationally and provincially

Successes

- Success can be measured in different ways –
 - Wait times (mean, median 90th Percentile, against benchmark)
 - Increased volume,
 - Improved service delivery
 - Improved reporting/measuring process
- All jurisdictions reporting improvement and progress in outcome and/or process
- Following are some examples of those successes
(Note: Not comprehensive)

British Columbia

- Most median wait times are falling or have stabilized
- Implemented Surgical Patient Registry – standardized patient prioritization for timely and appropriate access
- Strategic investments to improve access and maximize capacity: Example: \$25 Million to Centre for Surgical Innovation to address hips/knees
 - As at Dec 06, 569 hips and 478 knees completed
- Increased funding to address higher volumes
- Stronger links established between policy and management to focus service delivery more on patients and enhanced capacity
- Wait time strategy linked to performance expectations of health authorities

Alberta

- Comprehensive web site provides 13 month trend data for variety of measures, including volume, median wait time, 90th Percentile wait time and number waiting
- Info updated monthly
- Reductions in median wait times for :
 - CABG (4 wks to 2 wks)
 - Hip Replacement (16 wks to 12 wks)
 - Knee Replacement (24 wks to 16 wks)between Feb/06 and Feb/07

Saskatchewan

- Establishment of **Saskatchewan Surgical Care Network** in 2002 as per *Action Plan for Saskatchewan Health Care (2001)*
- Included Surgical Patient Registry
- Mandate:
 - Planning and process improvements
 - Target Time Frame development and management
 - Information analysis and reporting
 - Real time monitoring and evaluation
- Surg wait list down from ~ 30,000 (Dec 2004) to ~ 27,000 (Dec 2006) for 7 largest regions and decline is continuing
- 50% of surg within 3.7 weeks; 84% within 6 months
- 880 fewer long waiter cases compared to 9 months ago

Manitoba

- Produces monthly 'Dashboard' basis that compares current month to previous month and previous year on several key wait list measures – facilitates intervention.
- CIHI cites Manitoba as leader on wait time for bypass surgery and radiation therapy
- WRHA has reduced wait times in all five key areas, while increasing capacity
- Noteworthy: backlog in joint replacement reduced through multi-faceted strategy
- Focus on 'long-waiters' – but impacts on wait times

Ontario

- Noted cooperation from Ontario Health Care system - Boards, clinicians, hospitals – key to success enjoyed
- Three key initiatives:
 - Established ‘Expert Panels’ – 14 including ‘Big 5’
 - Working to expand Wait Time information to all surgery and developing WT information strategy for Pediatric Surgery
 - Capacity/efficiency measurement of ORs and Critical Care
- Between Aug/Sept 2005 and Dec/06 - Jan/07, Ontario has reported reductions in wait times in all five priority areas (Based on 90th percentile)
- Reductions in wait times range from 1 day (bypass) to 133 days (knee replacement), with % changes between 2% (bypass) to 50% (angiography)

Quebec

- Noted need for standardized information for each 'domain':
 - Number waiting
 - Site specific
 - Provider specific
- Information must be accessible by public
- Issue of 'sign off' on time zero – patient/physician or patient/facility -
- Recognize variation in size of wait list by physicians – short term shift may be necessary, but impact to be minimized

Quebec cont'd

- Website provides site specific information for several surgeries - % performed within recommended time frame
- Significant improvements since 2003 in radiation oncology, cardiology, orthopedic surgery and cataract surgery:
 - In **2003** - 44, 000 residents waited longer than 6 months for specialized medical interventions;
 - In **2006** – 34,000 waited more than 6 months.

Quebec Wait Time Targets

- Service Access Management System - a priority level to every request for service, based on criteria: type of procedure, patient condition, patient availability, and various individual circumstances. Targets for defined services:
 - Radiotherapy – 90% within 4 wks
 - Cardiac surgery – P1: 24 hours; P5: 3 months
 - Knee and Hip Replacement – 6 months
 - Cataract – 6 months barring other considerations

Quebec Wait Time Guarantee Plan

- The plan guarantees access to elective surgery for knee and hip replacements and cataracts with a wait of no longer than six months. After six months, the province would provide a second offer for surgery elsewhere in the public system.

New Brunswick

- Established Surgical Access Management Strategy
 - Established Surgical Care Network to develop solutions to address access and wait time issues - EG: development of patient registry, target times by priority established
- Monthly data posted on public website
 - Notes % of surgeries completed within defined time frame
 - For 2005/06:
 - Cataract: 58% within 3 months
 - Knees: 28% within 3 months
 - Hips: 40% within 3 months
 - CABG: 88% within 3 months
- Implementation of 'Telehealth' initiative that resulted in increased access and reduced wait times, with patient satisfaction ranging between 80% and 100%

Newfoundland Labrador

- Reported that ‘wait times have generally improved in three regions of the province...’
- Mostly achieving 80% - 100% of service delivery within benchmarks
- January 2007 - Implemented patient urgency classification system to identify ‘at risk’ cataract patients
- Provincial wait time management team with regional wait time ‘champions’
- Regional wait list reviews in two areas completed that resulted in reduction of wait list and/or wait time

Prince Edward Island

- Noted that information is critical in order to identify issues as well as successes
- Focus on electronic health record to facilitate addressing WT issues
- Orthopedic surgery – recruitment of additional physician - impact on wait time/wait list for hips/knees
- Recruitment of radiation therapists

Northern Canada (Territories)

- Face unique challenges as a consequence of geography and topography
- Reliant on other jurisdictions for service
- Role of 'patient navigators' critical to ensure access to appropriate care
- Need for investment in prevention and health promotion

CIHI Finding

- Focus on priority surgical areas has not had a negative impact on access to other types of surgery

Continuing Challenges – “Opportunities for Improvement”

- Each province and territory in Canada continues to struggle with various aspects of wait time/wait list issue
- Nationally comparable data is not yet available – can compare to ourselves over time, to targets, but not to each other
- Culture change – service providers/patients
- Downstream as well as upstream investment
- Not just timely but appropriate
- Communication critical between **all** stakeholders
- Accountability and transparency

Wait Time Guarantees

- Referenced by Mr. Harper in December 2005:
“....a new Conservative government will work with the provinces to develop a Health Care Guarantee that ensures patients receive essential medical treatment within clinically acceptable waiting times.”
- Reference in Budget 2006:
A Patient Wait Times Guarantee for medically necessary services, developed with provincial and territorial governments.
- Four Federal Pilot Projects recently announced:
 - First Nations Prenatal Care
 - First Nations Diabetes Care (2 projects)
 - Children’s Surgery

Patient Wait Time Guarantees: April 2007

- \$612 Million made available to provinces to put **one** guarantee in place by 2010 – must choose from ‘Big 5’
- \$400 million from Health Canada Infofway to support IT requirement in those provinces who have implemented guarantees and signed MOU
- \$30 million over 3 years for pilot projects to advance WT initiatives
 - MB T1 – T2 – T3 as an example
 - Reduce wait time between consultation, decision to treat, treatment, and discharge back to GP

The Provincial Commitments:

- NL: Cardiac
- NS: Radiation Therapy
- PEI: *Announcement Pending*
- PQ: Hips/Knees/Cataract Surgery
- ON: Cataract Surgery
- NB: Radiation Therapy
- MB: Radiation Therapy
- SK: Cardiac
- AB: *Announcement Pending*
- BC: *Announcement Pending*

Operating Principles

- Two key components:
 - Service within defined time frame
 - Alternatives should that time frame be exceeded

Provincial/Territorial Accountability

Participating provinces and territories agree to:

1. Report to their citizens how they are using their allocation of the PWTGT and the expected impact on wait times
2. Acknowledge contribution of federal Patient Wait Times Guarantee Trust
3. Reiterate their commitment to report on health system performance, including wait times, as per 2004 First Ministers Health Accord

CMPA Information Letter: *Wait-time benchmarks – Medico-legal considerations*

- Circulated to all CMPA members
- Wait time benchmarks - against which performance can be measured
- “Significant from a medic-legal standpoint, particularly if an adverse event is considered to have occurred when wait time exceeded goal.”

What Else is Needed?

“.....Stable, predictable funding is required in addition to better information, knowledge sharing and cross-Canada collaboration.”

Minister Tony Clement, Conference on Timely Access to Health Care

Can We Tame the Queue?

- Complex multi-dimensional issue
- Success requires collaboration, joint strategies, coordinated and complementary initiatives
- Resources important – but not a panacea

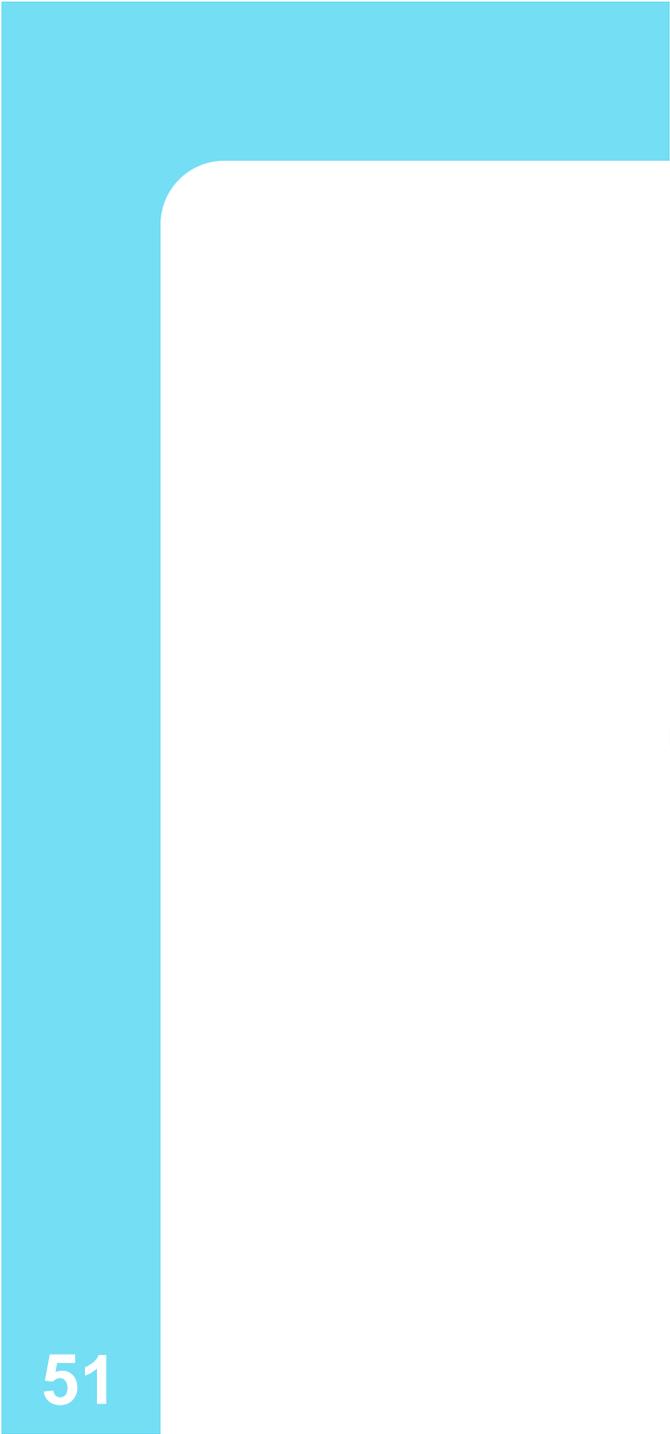
We're all running – we have to make the running count.

Dr. Luis Oppenheimer

People count up the faults of those who keep them waiting.

Author: [French Proverb](#)

Let's not look for fault – let's focus on continuing to address wait time issues in collaborative and complementary ways, sharing our insight and successes with one another.



Thank you