THE WAIT TIME STRATEGY
December 8, 2004

INTRODUCTION

Reducing wait times for key health services is one of the Ontario government's top priorities and an important part of its strategy to transform the province's health system. Wait times are a symptom of a broader problem: managing how patients get access to care.

On November 17, 2004, the Minister of Health and Long-Term Care, George Smitherman, officially announced Ontario's Wait Time Strategy. The Strategy is designed to improve access to health care services by reducing the time that adult Ontarians wait for services in five areas by December 2006: cancer surgery, selected cardiac procedures, cataract surgery, hip and knee total joint replacements, and MRI/CT scans. The Strategy will result in a comprehensive, patient-centred surgical care system that monitors and manages wait times, improves how efficiently and effectively care is delivered, and makes wait time information available to the public and providers.

The five areas of focus are associated with a high degree of disease and disability, and are of particular concern to Ontarians. These five are just the beginning of an ongoing process to improve access to, and reduce wait times for, a broad range of health care services beyond 2006. The end result will be better patient care for all Ontarians.

This report is the first in a series of documents on the Wait Time Strategy. It presents:

- Background information on why Ontario has a Wait Time Strategy, what wait times are and why they exist;
- A detailed description of the Strategy, methods being used to achieve it, and key issues that will be considered; and
- Progress to date.

BACKGROUND

Why Does Ontario Have a Wait Time Strategy?

Canadians are concerned about waiting for health care services. Opinion polls indicate that:

- Two-thirds of Canadians felt that they waited too long for health care services over the past year (Ipsos-Reid/CMA, February 2004)
- 61% of Canadians reported that waiting times for diagnostic tests seemed worse than they were five years ago (National Pulse, 2002)
- Almost 75% of Ontarians believed that waiting lists were a problem in their community, and 40% were not confident that services for serious medical problems would be available to them if they were needed (March 2003).

Health care providers are also concerned about wait times. In a recent survey, most Canadian physicians reported feeling that their patients face unreasonable delays for orthopedic surgery, diagnostic imaging, cardiac care and cancer treatment (Ipsos Reid/CMA, February 2004).

Although the public and providers are concerned about wait times, no one really knows how long the majority of people wait for most procedures. With a few notable exceptions – the Cardiac Care Network of Ontario and Cancer Care Ontario – Ontario does not have valid and reliable wait time information to help determine where problems exist, how serious they are and what to do about them.[1] Individual physicians manage their own wait lists and decide how urgently a patient needs surgery. Hospitals take the information, allocate blocks of times to surgeons or surgical services, schedule the surgeries, and make sure that operating rooms are appropriately staffed and equipped. How long a patient waits depends predominantly on his or her surgeon, the resources a hospital has available, and whether emergencies occur.

The Ontario government has responded to concerns about wait times, the lack of available information, and accountability for waits in health care, by making wait times a priority. This commitment is also reflected nationally. Ontario Premier Dalton McGuinty played an influential role in promoting a Canadian wait time strategy at the 2004 Annual Conference of Federal-Provincial-Territorial Ministers of Health. In the *National Waiting Times Reduction Strategy*, the First Ministers agreed to achieve meaningful reductions in wait times in at least five key areas by March 31, 2007: cancer, cardiac, diagnostic imaging, joint replacements, and sight restoration. Ontario has set December 2006 as its target date for results.

The Wait Time Strategy is one of Ontario's top priorities in a broader agenda to transform Ontario's health system. The government has established a Health Results Team with leading national and international experts who will reform the system by creating Family Health Teams for primary care, building information systems, developing Local Health Integration Networks, and encouraging greater community involvement in planning.

What Are Wait Times and Why Do They Exist?

Waiting happens when the demand for a service cannot be met immediately. Demand for health services is increasing in Ontario as the population ages and needs more care, diagnostic tests improve, and advances in technology make more conditions treatable. Demand also increases if providers decide to do procedures more often, access to services

[1] The Cardiac Care Network of Ontario has been recognised nationally and internationally for its work on standardizing wait information for cardiac surgery, catheterization, angioplasty and stents. Patient access and wait times are monitored provincially, regionally, locally and within individual hospitals. Each patient has an urgency rating score which identifies a person's urgency for surgery and estimates the maximum time a person can safely wait for surgery. Cancer Care Ontario collects waiting times for radiation, and monitors this information provincially, regionally, locally and within individual hospitals. Although the Ontario Joint Replacement Registry collects surgical and wait time data, it only has information from 70% of physicians who perform these surgeries.

is not appropriately organised, and if there is a shortage of resources such as health care providers, equipment and operating funds. Patients may wait at several points along the care path, including waiting for a primary health care professional, a diagnostic test, a specialist, surgery, rehabilitation, discharge to the community, and home care.

The length of time a patient waits can be influenced by a number of factors. Patients with illnesses that are not considered life threatening may wait longer when emergency cases arise. Long waits for certain physicians may also occur if they get more referrals (e.g., primary care physicians may refer to one specialist as a matter of habit). Patients and referring physicians may not be aware of specialists with shorter waiting lists because this information is not routinely collected and shared.

Waiting for a health care service is not necessarily a bad thing. It becomes a cause for concern, however, if waiting goes beyond a clinically appropriate amount of time and starts to harm a person's health, and social and economic wellbeing.

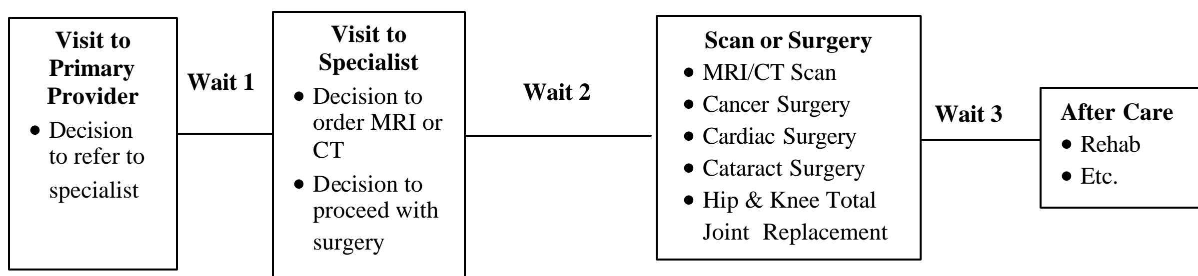
WHAT IS THE WAIT TIME STRATEGY?

The Wait Time Strategy

The Wait Time Strategy will reduce the time that adult Ontarians wait for cancer surgery, cardiac revascularization procedures (cardiac surgery, percuataneous coronary intervention, diagnostic catherization), cataract surgery, hip and knee total joint replacements, and MRI/CT scans, by improving access to those health care services.

Recognising that waiting can occur at many points along the path of care, the Strategy focuses on the time from when the decision is made to order an MRI/CT scan or proceed with surgery, to when the scan or surgery is completed (Figure 1). If the person waiting for an MRI or CT gets test results that indicate the need for surgery, this person will wait "twice."

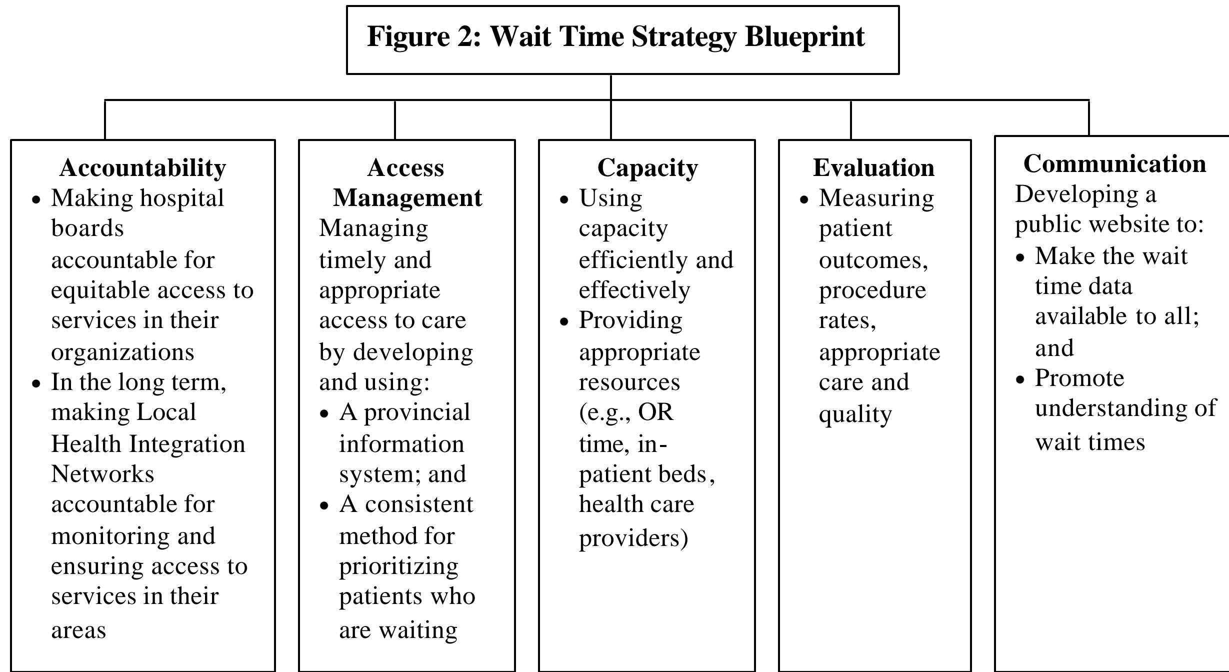
Figure 1: The Wait Time Strategy: The Focus of the Wait



The Strategy will involve a number of solutions to improve access and reduce wait times for the five selected services. These solutions will also build the foundation for achieving

and sustaining appropriate wait times for these services by December 2006, and for a broader range of services beyond 2006.

The Strategy's blueprint includes five elements (Figure 2):



Accountability: Making Hospital Boards Accountable for Equitable Access to Services in Their Organizations and, in the Long Term, Making Local Health Integration Networks Accountable for Monitoring and Ensuring Access to Services in Their Areas

No one in Ontario has really been accountable for making sure that patients have appropriate access to services. Hospitals have not been accountable for measuring or monitoring wait times in their organizations, nor for making sure that patients with the same clinical needs are treated in a similar timeframe. As a result, the Ministry and hospitals do not know how many people are waiting for services, nor do they know how long people have been waiting. This has made it impossible for hospitals to allocate their resources properly based on patient need.

The Wait Time Strategy transforms this situation by making hospital boards accountable for equitable access to services in their organisations. Beginning with the five services, hospitals will collect and submit wait time data to a provincial database. Hospital boards will use this information to govern their organization's access management strategy, as well as assess their hospital's performance compared to other hospitals in the province. Government will monitor the performance of hospitals against established targets, and hold organizations accountable. In the longer term, the 14 Local Health Integration

Networks (LHINs) being established in Ontario, will be accountable for monitoring and ensuring access to services in their areas.
Initially, the Wait Time Strategy will only impact on a fraction of hospitals' total annual operating activity. The initial focus on five service areas will enable Boards and CEOs to gain experience and expertise governing and managing wait times in their hospitals. Eventually, hospital boards will be accountable for equitable access to all operating activity in their organisations.

Access Management: Managing Timely and Appropriate Access to Care by Developing and Using a Provincial Information System, and a Consistent Method for Prioritizing Patients Who are Waiting

One focus of access management is to develop a comprehensive provincial surgical information system, or registry, that initially has detailed wait time information for the five key service areas. Methods will be developed to identify the information that needs to be collected, and how to ensure that it is valid and reliable. The registry will be part of the Ministry's overall information management plan. It will be used to manage wait times locally, as well as monitor access locally, within areas and provincially.

Access management will also focus on treating patients according to how urgent their condition is rather than where they live, who their physician is, or which hospital they are in. Ontarians who are seen to be in greater need for care will be treated before those whose needs are less urgent. All patients will receive care within generally accepted wait times. A consistent method for prioritizing patients in each of the five areas, based on how urgently they need care, will be developed in partnership with healthcare providers.

Both the provincial information system and a consistent method for prioritizing patients who are waiting for care will be used to manage access to timely and appropriate care.

Capacity: Using Capacity Efficiently and Effectively, and Providing Appropriate Resources

The resources that make up a hospital's capacity need to be used as efficiently and effectively, as possible. The Strategy will standardize medical and administrative best practices, both of which will be underscored by quality and safety.

Medical best practices will include standards for when surgery is indicated, benchmarks for medically acceptable wait times and patient outcomes that meet or exceed international best practices, best practice follow-up care, and standards for professional education and skills development. Evidence-based benchmarks for medically acceptable wait times are also a commitment of the *National Waiting Times Reduction Strategy*.

Administrative best practices will include standards for buying and upgrading capital equipment such as aging MRI and CTs. Since individual facilities determine their capital budget priorities, they typically do not replace or upgrade such things as aging imaging machines unless they break down. The age of an MRI and CT machine impacts on the

productivity of the equipment. Other administrative best practices include guidelines for treating more patients more efficiently in the operating room, centralised operating room booking systems, better coordination and teamwork among healthcare providers, and standardized referral processes to the community and for rehabilitation services.

In addition to using capacity efficiently and effectively, there is a need to have sufficient resources – health care providers, capital equipment and operating funds – to reduce wait times. Strategically funding more MRI and CT machines, and funding more tests and surgeries will help with the backlog of cases and increase the number of people treated in the short term. The Wait Time Strategy will regularly assess the adequacy of resources.

Evaluation: Measuring Patient Outcomes, Procedure Rates, Appropriate Care and Quality

Evaluation will focus on using the information to measure and monitor wait times for the five areas. Patient outcomes, procedure rates, and the appropriateness and quality of care will be evaluated. This will enable government to identify problem areas and potential bottlenecks, and focus on local, regional and provincial solutions.

Communication: Developing a Public Website to Support Education About, and Information on Wait Times

A public website will be developed that will eventually report wait time information in the five areas. The website will promote greater understanding of wait times, and inform the public of what is being done to improve access. It will dispel common myths about wait times, and answer frequently asked questions. As the wait time data becomes available, it will be posted on the web site, allowing Ontarians to know:

- How many people are waiting for the key services;
- How long they are waiting;
- Where they are waiting; and
- What they need to be aware of while they wait and whom to contact if they have concerns.

A recent opinion poll found that the public wants this kind of information: 88% of Canadians felt that they have the right to know how long they can expect to wait for needed treatments (Ipsos-Reid/CMA, March 2004). The public, as well as providers, will be able to use this information when making decisions about care. For example, based on their knowledge of wait times, patients can ask their physician to refer them to a particular hospital for treatment. Providers can use the standardized, timely and reliable wait time information to help guide patient-referral decisions.

What Methods Are Being Used to Achieve the Strategy?

Dr. Alan Hudson has been appointed to advise the government on Ontario's Wait Time Strategy. He is being assisted by Dr. Peter Glynn. They are part of the Health Results

Team, which is headed by Hugh McLeod, Associate Deputy Minister responsible for the Ministry's Transformation Agenda. They ultimately report to the Minister of Health and Long-Term Care, and the Premier of Ontario, who report to the Ontario public.

A number of methods are being used to achieve the Strategy including expert panels, reviews of wait practices in Ontario and elsewhere, and other activities.

Expert Panels

Expert panels will identify wait list management issues, develop methods for prioritizing patients, and advise on providing quality care in the five areas. The expert panels are being led by practitioners from the field or established organizations that are providing leadership in a particular area. Comprised of clinicians, administrators, researchers and others, the five expert panels are as follows.

- Cancer – Cancer Care Ontario (Dr. Terry Sullivan, President and CEO)
- Cardiac – The Cardiac Care Network of Ontario (Dr. Kevin Glasgow, President and CEO)
- Cataract – Dr. Phil Hooper (Chair)
- Hip and Knee Joint Replacements – Ontario Joint Replacement Registry (Dr. Robert Bourne, Chair)
- MRI and CT scans – Dr. Anne Keller (Chair)

In addition to the five expert service panels, three other groups are focusing on targeted areas:

- The Ontario Hospital Association has struck a committee to provide advice to Dr. Hudson on the Wait Time Strategy (Murray Martin, Chair)
- The Surgical Process Analysis and Improvement Expert Panel is identifying ways to increase patient flow by using more efficient practices (Valerie Zellermeyer, Chair)
- The Information Management Expert Panel is developing the framework and identifying requirements for the province's wait time information system (Sarah Kramer, Chair)

Human resources will also receive focused attention.

Reviews of Wait Practices in Ontario and Elsewhere

Reviews of wait practices in Ontario and elsewhere are being conducted. For example, the Cardiac Care Network of Ontario has been recognized nationally and internationally for its work on urgency rating scores and wait time management. As well, Cancer Care Ontario, the Ontario Joint Replacement Registry, and the Institute for Clinical Evaluative Sciences have made important contributions to wait times. A number of other jurisdictions have developed wait list management strategies. Notable examples include the Western Canada Wait List Project which led to the development of Saskatchewan's Surgical Care Network model.

Other Activities

Other activities are being initiated, as required. For example, the Joint Policy and Planning Committee has been asked to determine costing information for selected procedures to support the funding methodology. As well, the Institute for Clinical Evaluative Sciences is conducting a comprehensive evaluation of access. Its initial report, expected in the spring of 2005, will help set the baseline for how long Ontarians are currently waiting for the five key services.

Key Issues to be Considered

A number of key issues will receive ongoing consideration as the Strategy is developed.

Surgical wait times are complex. They are influenced by, and impact on, most other parts of the healthcare continuum including prevention, screening, primary care, acute care, rehabilitation and home care. For example, effective prevention of chronic diseases and an effective primary care system may help decrease the need for surgical treatment. More timely MRI and CT exams will increase the demand for surgical services which, in turn, will increase the demand for rehabilitation and home care services.

Other Ministry transformation strategies will impact on the success of the Wait Time Strategy. These include developing an effective primary care system, reducing alternative level of care beds, instituting effective primary and secondary prevention for chronic diseases, and increasing critical care capacity. Most importantly, a sufficient number of appropriately qualified health care professionals are needed if the Strategy is to succeed. This includes using innovative approaches to make the best use of valuable human resources (e.g., enhancing, substituting and delegating skills, capitalising on the skills of nursing, promoting the development of interdisciplinary teams, recognising new roles in care).

Increasing the number of patients receiving services does not immediately mean shorter waiting times. More people may become eligible for a procedure due to an aging and growing Ontario population that needs more health services. As well, more effective diagnostics, new clinical indications for treatment, and technological innovations may also increase demand. Improvements to access must outpace these increases in demand in order to reduce current wait times.

The Strategy spotlights five service areas. Care must be taken to make sure that improvements to these five areas do not come at the expense of other hospital services. The Strategy will not have a positive impact on health care if it has a detrimental effect on other services.

The Strategy represents a cultural shift in access management and accountability. Many Canadians mistakenly believe that being on a waiting list means there is a master list managed and coordinated based on how urgently they need a service (Commission on

the Future of Health Care in Canada, November 2002). In fact, physicians typically manage their own wait lists, and determine how urgently a patient needs care. Most hospitals take the information provided by the physician, schedule the surgeries, and make sure that operating rooms are in working order. Emergency and the most urgent cases tend to "bump" less urgent and elective cases. How long a patient waits usually depends on his or her individual surgeon and the resources a hospital has available.

Under the Wait Time Strategy, hospitals will be accountable for managing access to the five services provided in their facilities. CEOs will need to inform their boards what the waiting times are, along with options for how to manage these waiting lists. As well, hospitals will have to make their wait time information available to the public through the website being developed as part of the Wait Time Strategy.

Finally, the Strategy is patient-focused. Most people are willing to wait for service if they know the system is fair and accountable. The Wait Time Strategy will create an atmosphere of transparency, so patients can easily understand what is being done to improve wait times and access to care. The public web site will educate the public by providing general information on wait times, and eventually the data patients need to take a more active role in decisions about their treatment.

IMPLEMENTATION PROGRESS TO DATE (AS OF DECEMBER 2, 2004)

A great deal of progress has been made on developing and implementing the Wait Time Strategy.

Accountability

- Hospital boards and CEOs, and the provider community offering services within the five key areas have supported the Strategy, in principle.
- The conditions for funding have been developed, clearly identifying that hospitals will be accountable for managing access in their facilities.
- The Ontario Hospital Association's wait time committee is providing advice on the Strategy and how hospitals can fulfill their role.
- The capacity of selected hospitals to perform cancer, cardiac, cataract, and hip and knee total joint replacement surgeries is being increased. Hospital boards will be accountable for meeting increased volume targets in these areas by the end of March 2005, and providing the Ministry with information on wait times and quality measures.

Access Management

- Expert panels have been established for the five service areas. Panels are collecting information, and beginning their discussions on priority rating tools and best practices.
- An information management expert panel is being struck. In consultation with the field, a Wait Time Information Management framework is being developed. Recommendations for the design of the registry is expected in December 2004.

- On November 17, 2004, the Minister of Health and Long-Term Care announced funding to support needed infrastructure to monitor and manage wait times including a comprehensive provincial registry to track wait times in the five areas by 2006.

Capacity

- The funding required to increase capacity in the short-term while reinforcing longer-term goals was announced on November 17, 2004. A total of $107 million will focus on increasing the number of procedures performed in the five areas. This includes full operational funding in 2004/2005 for:
  - 1,680 additional hip and knee replacements;
  - 2,000 more cataract procedures;
  - over 1,700 new cancer surgeries; and
  - $4 million in funding to offset the high supply costs associated with cardiac valve surgery in 2004/05.

- In addition, the announcement also established a $50 million equipment fund to replace old equipment such as MRI and CT scanners with newer, more efficient equipment. An additional $5 million will be invested to extend the hours of operation of existing MRIs.

- The Ministry has also made recent investments in homecare and community-based care, recognising the broader continuum of care in which the Strategy operates. Investments have included:
  - $406 million in additional funding for long term care;
  - $103 million for home care;
  - $65 million more for community-based mental health services;
  - $29 million more for community support services;
  - $190 million more for public health programs;
  - $21 million in additional funding for community health centers; and
  - $600 million will be invested in primary care to help support 150 family health teams across Ontario.

Evaluation

- The Institute for Clinical Evaluative Sciences has been funded to develop an Access Index that will measure cost rates for procedures, wait times, appropriateness, quality and outcomes for the five service areas. The first public report is expected in the spring of 2005.

Communication

- On November 17, 2004, the Minister of Health and Long-Term Care announced funding to support needed infrastructure to monitor and manage wait times including the establishment of a province-wide website to mark the progress of the wait time

strategy. The website is expected to go live in December 2004, with wait time data being added as it becomes available.

- Communications to date have targeted the provider community (e.g., hospitals, provider groups, associations, etc.).

IN CONCLUSION

The Wait Time Strategy is one of Ontario's top priorities in a broader agenda to transform Ontario's health system. In fact, transformation is at the core of the Strategy. It will result in a comprehensive, patient-centred surgical care system characterised by:

- Hospital boards being accountable for equitable access to services in their organizations, and in the long term, Local Health Integration Networks being accountable for monitoring and ensuring access to services in their areas;
- Timely and appropriate access supported by a provincial information system, and a consistent method for prioritizing patients who are waiting;
- The efficient and effective use of appropriate levels of capacity;
- Measures of patient outcomes, procedure rates, appropriate care and quality; and
- A public website that makes wait time data available to all and promotes understanding of wait times.

There is every confidence that the Wait Time Strategy will meet its targets by December 2006. The advice and support provided by the Ontario Hospital Association and its members will contribute significantly to the success of the Strategy.

Acknowledgement
We would like to thank Dr. Joann Trypuc for producing this briefing note.

Alan R. Hudson, OC
Peter Glynn, PhD