

THE WAIT TIME STRATEGY

Background

Reducing wait times for key health services is one of the McGuinty 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: the lack of consistent management of how patients get access to care. Ontario's Wait Time Strategy is designed to improve access to health care services and reduce the time that 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. These areas are associated with a high degree of disease and disability, and are of particular concern to Ontarians.

Under the strategy, wait times will be improved by expanding capacity through targeted volume increases, greater efficiencies and standardizing medical and administrative "best practices" so that more people can be treated within the same time period. The strategy will make hospitals accountable for managing access to these services. The development of an information system will help achieve this goal. The strategy's success will be tracked through a comprehensive provincial registry and the results made available on a public web site. We will begin collecting data immediately and the registry will report on wait times in all five areas by the end of December 2006. The province's commitment to reduce wait times is also reflected nationally. 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.

Activities

Dr. Alan Hudson has been appointed to advise the government on Ontario's Wait Time Strategy. He is being assisted by Dr. Peter Glynn, a foremost Canadian wait times expert who, most recently, was instrumental in advising the Saskatchewan government about establishing its wait time registry and web site. Many practitioners and organizations are participating in its development. Expert panels are focusing on the five service areas, with three other panels advising on surgical efficiency, information management, and hospital issues. (This latter group is being led by the Ontario Hospital Association.) Human resource requirements will also be receiving attention.

Focus, Solutions and Progress

The strategy focuses on the time period from when the decision is made to order an MRI/CT scan or proceed with surgery to when the scan or surgery is completed. The focus is on building the foundation for achieving and sustaining appropriate wait times for the five selected services by December 2006, and for a broader range of services beyond 2006.

Accountability

No one in Ontario has really been accountable for making sure that patients have appropriate access to services. The strategy makes hospital boards accountable for equitable access to services in their organizations. The government will monitor the performance of hospitals against established targets.

Selected hospitals have been funded to perform the first round of additional cancer, cardiac, cataract, and hip and knee joint replacement surgeries. Hospital boards are accountable for performing these surgeries by the end of March 2005, and providing the government with wait time and quality information.

Access Management

A comprehensive provincial information system is being developed that will help manage and monitor wait times both locally and across the province. Expert panels are identifying wait list management issues, developing methods for prioritizing patients, and advising on quality care in their areas. Under this new system, patients will be treated according to how urgent their condition is rather than where they live, who their physician is, or which hospital they are in. All patients will receive care within generally accepted wait times.

Capacity

Under the strategy, medical and administrative best practices will be standardized so that a hospital's resources – its health care providers, capital equipment and operating funds – will be used as efficiently and effectively as possible, while maintaining quality and safety standards. Sufficient resources will also be put in place to reduce wait times.

Evaluation

Patient outcomes, procedure rates, and the appropriateness and quality of care will be evaluated in each of the five areas. This will enable the government to identify problem areas and potential bottlenecks, and focus on local, regional and provincial solutions. The Institute for Clinical Evaluative Sciences has been funded to develop an access index that will measure rates for procedures, wait times, appropriateness, quality and outcomes for the five areas. The first public report is expected in the spring of 2005.

Communication

A public website has been developed that will eventually report wait time information in the five areas. Patients will be able to ask their physicians to refer them to a particular hospital for treatment, and physicians will be able to use this information to help guide patient-referral decisions. The website is available from the Ministry of Health's homepage, with wait time data being added as it becomes available.

Final Comments

The strategy represents a cultural shift in access management and accountability. Hospitals will now be accountable for managing access to the five services provided in their facilities, and will have to make their wait time information available to the public through the website. The strategy also focuses on the patient. It will create an atmosphere of transparency, so patients can easily understand what is being done to improve wait times and access to care and hold the system to account.

For more information on the government's Wait Time Strategy, visit:

http://www.health.gov.on.ca/transformation/wait_times/wait_mn.html