

For Immediate Release
December 12, 2005

PROVINCES AND TERRITORIES ESTABLISH WAIT TIME BENCHMARKS

Substantial progress is being made to improve access to health care across Canada. Canadians now have more information than ever before about wait times in their communities and today governments are establishing a first set of evidence-based benchmarks for selected health services.

Provinces and territories are committed to establishing benchmarks for diagnostic imaging, such as MRI and CT scans, but there is not yet enough clinical evidence currently available. To fill this gap, provinces and territories are seeking advice from some of Canada's leading experts. While new evidence is being produced, each jurisdiction can set its own access targets, including some for MRI and CT scans. Benchmarks for breast and cervical screening are also being established because of the important contribution they make to detecting cancer and keeping people healthy.

Commitments in the 10-Year Plan

The 10-Year Plan to Strengthen Health Care, reached by First Ministers in September 2004, commits jurisdictions to reduce wait times in priority areas, recognizing the different starting points, priorities and strategies across the country. One of the main commitments is to establish evidence-based wait time benchmarks for cancer and heart treatments, diagnostic imaging, joint replacement and sight restoration. Multi-year targets to work towards the benchmarks will be established by each jurisdiction by the end of 2007. A second commitment is for each jurisdiction to establish comparable indicators of access to health care professionals, diagnostic procedures, and medical treatments.

As described in the agreement entitled "Asymmetrical federalism that respects Quebec's jurisdiction," which accompanies the 10-Year Plan, Quebec applies its own wait time reduction plan in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.

What is a benchmark?

Wait time benchmarks are evidence-based goals that each province and territory will strive to meet, while balancing other priorities aimed at providing quality care to Canadians. Benchmarks express the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. They are not care guarantees or legal obligations to individual patients. For provinces and territories as the managers of Canada's health systems, benchmarks are policy tools that can help to identify pressures affecting the delivery of care, to assess priorities for improving care, and to inform decisions about how best to allocate resources. The ultimate objective is timely and appropriate care for Canadians.

Urgency levels

The benchmarks for cardiac bypass surgery reflect three urgency levels that have been well validated by clinicians. For example, a Level I patient could have been admitted to a hospital with a small to moderate heart attack and be at risk of another larger attack. A Level II patient could have been admitted for a small to moderate heart attack and have a low to moderate risk of a recurrent attack. A Level III patient could have mild to moderate symptoms that are stable.

The benchmark for cataract surgery does not apply to all patients – only those individuals who are at high risk. For example, cataracts may be impairing the ability to treat other eye diseases or significantly impairing the ability to function without assistance.

As each province and territory works towards the common benchmarks for cardiac bypass surgery and cataract surgery, they will refine criteria for the various urgency levels to reflect their own situations.

In all cases, emergency patients will continue to be seen as soon as possible.

What is a target?

While evidence-based benchmarks apply to the whole country, targets are set by each province and territory. As agreed to in the 10-Year Plan, they are the interim goals set over a period of time to guide jurisdictions as they work towards the benchmarks.

What is a wait time?

To establish benchmarks, measurements are needed – we need to know when the clock starts and stops.

A wait time begins with the booking of a service, when the patient and the appropriate physician agree to a service and the patient is ready to receive it. The appropriate physician is one with the authority to determine the needed service. A wait time ends with the commencement of the service.

Using benchmarks along with other steps to improve access

Benchmarks will allow Canadians to see how well their provinces are improving access to selected health services, but they are not a cure for reducing wait times. Other changes are needed to enhance how wait times are measured, monitored and managed.

Provinces and territories are working to meet these benchmarks by:

- Using information technology to collect data on wait times and measure progress;
- Improving the way services are delivered to make them more efficient and patient-focused;
- Managing access using consistent ways to assess the needs of patients and how urgently they require care;
- Clarifying how health service organizations and health providers are responsible for enhancing access to care;
- Evaluating access to health services and health outcomes to help determine where resources should be directed for the most effective results; and
- Communicating clear information to the public so that Canadians can track wait times for services that affect them and measure the progress that all jurisdictions are making.

Illnesses covered by the benchmarks

Some benchmarks set goals for procedures that address one illness, such as repairing hip fractures or removing cataracts. The hip and knee replacements help patients with degenerative osteoarthritis and those with inflammatory conditions, such as rheumatoid arthritis. Cardiac bypass surgery treats patients with blocked arteries that deliver oxygen to the heart. Patients with tobacco-related coronary artery disease and complications of diabetes will also benefit from the cardiac benchmarks. The single benchmark for radiation therapy applies to a long list of cancers, including breast, lung, brain, cervical, prostate, and thyroid cancer as well as leukemia. The two benchmarks for breast and cervical cancer screening acknowledge the important contribution played by early detection. Altogether, the 10 benchmarks being established today deal with illnesses that affect millions of Canadians and their families.

What is a comparable indicator?

Indicators are used to measure how well a health system is performing. Comparable indicators have the additional benefit of allowing comparisons across health systems.

Provinces and territories are establishing comparable indicators, along with the Canadian Institute for Health Information, to track how well they are improving access to care. The focus is on the health services that now have common benchmarks, such as cardiac bypass surgery, radiation therapy for cancer, and cataract surgery.

Using these indicators, each province and territory will be able to report on access to selected health services. For example, each jurisdiction will be able to identify wait times for hip and knee replacements, and the public will be able to compare results across Canada.

What does this work mean for patients?

Provinces and territories have made many of the system-wide changes required to improve access to care. Faced with the growing demand for health care services as a result of population growth, aging, new drugs, technologies and incidence of chronic diseases, governments continue to renew their health care systems to provide quality, patient-centred care. For example, Canadians are benefiting from new models of care that make providers more accessible as well as innovative initiatives designed to prevent illness and promote healthy life styles. Benchmarks will add to these achievements by giving Canadians a way to track the steady progress that each province and territory is making.

What can patients do?

Patients can become informed about their options, speak with their health providers about changes that can affect the timing of their treatment or access to health services, be prepared for surgery on short notice in case an earlier opening becomes available, and make healthy choices to prevent the need for care and improve the results of medical procedures.