

A SNAPSHOT OF THE WAIT TIMES ISSUE

Sonya Norris
Science and Technology Division

6 February 2006

The Parliamentary Information and Research Service of the Library of Parliament works exclusively for Parliament, conducting research and providing information for Committees and Members of the Senate and the House of Commons. This service is extended without partisan bias in such forms as Reports, Background Papers and Issue Reviews. Analysts in the Service are also available for personal consultation in their respective fields of expertise.

**CE DOCUMENT EST AUSSI
PUBLIÉ EN FRANÇAIS**

TABLE OF CONTENTS

	Page
BACKGROUND	1
WHAT ARE BENCHMARKS?	2
BENCHMARKS FOR THE FIVE PRIORITY CLINICAL AREAS	3
NEXT STEPS	4
CONCLUSION.....	5
SELECTED REFERENCES	5



CANADA

LIBRARY OF PARLIAMENT
BIBLIOTHÈQUE DU PARLEMENT

A SNAPSHOT OF THE WAIT TIMES ISSUE

BACKGROUND

In September 2004, Canada's First Ministers reached an accord called the 10-Year Plan to Strengthen Health Care. This agreement included a commitment by jurisdictions (except Quebec, which has its own wait times strategy) to significantly reduce wait times in five priority clinical areas within five years. To this end, the \$41-billion accord included a \$5.5-billion Wait Times Reduction Fund meant to augment existing provincial and territorial investments and assist jurisdictions in their own particular initiatives to reduce wait times. It is to be used primarily for jurisdictional priorities such as training and hiring more health professionals, clearing backlogs, building capacity for regional centres of excellence, and expanding appropriate ambulatory and community care programs and/or tools to manage wait times.

The 10-Year Plan included an agreement between Ministers to collect and provide meaningful information to Canadians on progress made in reducing wait times, as follows:

- Each jurisdiction agreed to establish comparable indicators of access to health care professionals and to diagnostic and treatment procedures, and to develop a report to their citizens by 31 December 2005.
- Evidence-based benchmarks for medically acceptable wait times starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration were to be established by 31 December 2005 through a process to be developed by federal, provincial and territorial Ministers of Health.
- Multi-year targets to achieve priority benchmarks will be established by each jurisdiction by 31 December 2007.
- Provinces and territories will report annually to their citizens on their progress in meeting their multi-year wait times targets.
- The Canadian Institute for Health Information will report on progress on wait times across jurisdictions.

In addition, Budget 2005 provided an additional \$15 million over four years in direct federal funding for wait times initiatives. This investment will support relevant research on patient/provider education, the sharing of best practices, and the facilitation of input on wait times issues from a variety of sources, including decision makers, providers and patients.

In the fall of 2004, the Wait Time Alliance (WTA) was formed as the physicians' response to concerns for Canadians' access to health care. The WTA comprises representation from the Canadian Medical Association and specialty associations relevant to the wait times issue, including the Canadian Association of Nuclear Medicine, the Canadian Association of Radiation Oncologists, the Canadian Association of Radiologists, the Canadian Cardiovascular Society, the Canadian Ophthalmological Society and the Canadian Orthopaedic Association. The WTA issued an interim report in April 2005 and its final report, entitled *It's about time!*, in August 2005.

Also, in July 2005 the Prime Minister appointed a Federal Advisor on Wait Times, reporting to the Prime Minister and the Minister of Health, whose mandate is to work with federal, provincial and territorial governments in order to fulfil the commitments made by First Ministers. On 12 December 2005, provinces and territories established wait times benchmarks in the five stated priority areas.

WHAT ARE BENCHMARKS?

As indicated above, the 10-Year Plan to Strengthen Health Care required evidence-based benchmarks of medically acceptable wait times to be established in five priority areas. Wait times benchmarks are defined by the WTA as "health system performance goals that reflect a broad consensus on medically *reasonable* wait times for health services delivered to patients" (emphasis added). However, the Health Council of Canada issued a background note on benchmarks for wait times in November 2005 in which it defines a benchmark simply as "a recommended *maximum* wait time" (emphasis added), although it is generally accepted that "maximum" means that the wait time is not associated with increased negative outcome.

Benchmarks on their own do not imply that all cases will be handled within the stated timeframe; that is, benchmark is not synonymous with "guarantee." Rather, a benchmark sets out a length of time within which most cases will be handled. The percentage of cases to be handled within the benchmark timeframe is referred to as the target; the higher the target, the

more meaningful the benchmark. The recently established benchmarks do not include targets, which may be interpreted by some to suggest that all cases will be seen within the benchmark timeframe. However, the 10-Year Plan includes a requirement for all jurisdictions to set targets by the end of 2007.

BENCHMARKS FOR THE FIVE PRIORITY CLINICAL AREAS

In the 10-Year Plan, First Ministers made a commitment to establish evidence-based benchmarks in five priority areas, and these were issued on 12 December 2005. Table 1 lists the benchmarks suggested by the WTA (August 2005) and provincial and territorial governments (December 2005) for scheduled cases (non-emergency, non-urgent). As indicated below, only the WTA has included benchmarks for access to specialist care (consultation) and only in some instances.

Table 1: Wait Times Benchmarks

Procedure	Wait Time Alliance	Provincial/Territorial Governments
	August 2005	December 2005
Radiation therapy for cancer	A) Consultation within 10 working days B) Treatment within 10 working days of consultation	Within 4 weeks of patients being ready to treat
Hip/knee replacement	A) Consultation within 3 months B) Treatment within 6 months of consultation	Within 26 weeks (6 months)
Cataract surgery	Within 16 weeks (4 months) of consultation	Within 16 weeks (4 months)
Cardiac bypass surgery	Within 6 weeks	Within 6 weeks for Level II and 26 weeks (6 months) for Level III
Diagnostic imaging	A) Cardiac nuclear imaging within 14 days B) Other imaging within 30 days	None given, although screening guidelines for breast and cervical cancer were proposed

The benchmarks proposed by the WTA are somewhat similar to those announced by the provincial governments, but significant differences are apparent for cancer radiation therapy, cardiac bypass surgery and diagnostic imaging. The 12 December 2005 news release indicated that First Ministers had fulfilled their commitment to the 10-Year Plan with respect to setting benchmarks despite the absence of benchmarks for diagnostic imaging. A backgrounder accompanying the 12 December announcement states that “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.” Until such time as these benchmarks are announced, jurisdictions will set their own access targets.

The WTA, however, pointed out in a letter to the Honourable George Smitherman, Minister of Health for Ontario, that wait times for diagnostic imaging were part of the First Ministers’ 10-Year Plan, and that the commitment had therefore not been fulfilled. In addition, the WTA suggested that the absence of benchmarks for diagnostic imaging may well render irrelevant those benchmarks in other areas where imaging may be required for diagnoses.⁽¹⁾

NEXT STEPS

The next commitment that must be met by the First Ministers is to establish multi-year targets for achieving the benchmarks that were announced in December 2005. In September 2004, First Ministers had agreed that this must be carried out by 31 December 2007. In its election platform, the Conservative Party proposed moving that deadline ahead to the end of 2006. The 10-Year Plan, however, does not specify a deadline by which time each jurisdiction must meet those targets.

In order for the provinces and territories to establish the multi-year targets, there must be a reliable mechanism for measuring wait times and managing the wait lists. At present there is no national system for tracking wait times. Several provinces have databases that record such information, but there may be inconsistency between jurisdictions. Other considerations that should be included when trying to minimize wait times for all medical interventions, not just the five priority areas identified in the 10-Year Plan, include:

- Capacity – is there sufficient operating theatre space, clinic space and equipment for the number of procedures?;

(1) Wait Time Alliance, Letter to the Honourable George Smitherman, 20 December 2005, available on-line at: www.csnm.medical.org/Letter_to_Smitherman.pdf.

- Operating costs – funding must include the cost of operating the equipment and keeping the operating theatres and clinics running;
- Human resources – are there sufficient personnel, both health care professionals and support staff, for the system to run at full capacity?;
- Appropriateness of referrals – can lead to unnecessarily long waits; and
- Efficiency of communication between health care providers – can lead to repeats of tests and extra delays.

CONCLUSION

The issue of wait times is a complex problem that will require more than the simple infusion of extra dollars. Working within the constraints of federal/provincial jurisdictional issues under the umbrella of health care, health care professionals, economists and administrators will have to work collaboratively with all levels of government before Canadians can expect significant reductions in their wait for specialized health care services.

SELECTED REFERENCES

- Health Canada. “Mandate of the Federal Advisor on Wait Times.” Backgrounder. 21 July 2005.
http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_81bk3_e.html.
- . “First Ever Common Benchmarks Will Allow Canadians To Measure Progress In Reducing Wait Times.” News release. 12 December 2005.
http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/nr_121205.html.
See also the related backgrounder at
http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2005/2005_81bk1_e.html.
- Health Council of Canada. “A background note on Benchmarks for Wait Times.” November 2005.
http://healthcouncilcanada.ca.c9.previewyoursite.com/docs/papers/2005/BenchmarksPrimer_E.pdf.
- Wait Time Alliance. *It's about time!* Final report. August 2005.
www.waittimealliance.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/pdf/2005/wta-final.pdf.