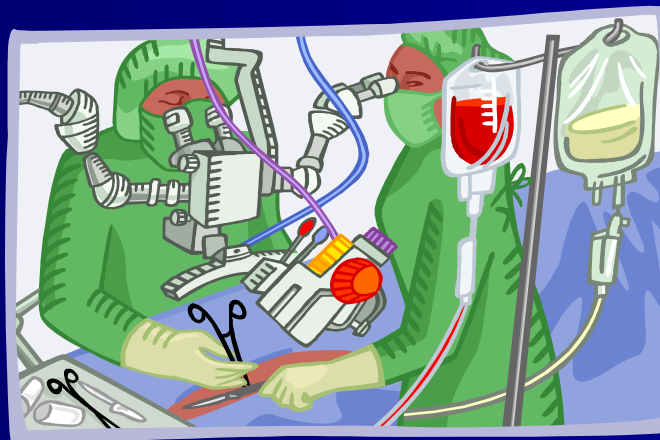


# Improving Access to Specialized Services in Québec : Assessment and Outlook



(Elective Surgery)

# Presentation Outline

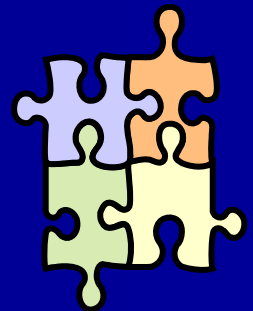
- Imperatives
- Explanation of Access Mechanism
- Segmentation of Wait Time
- Single Priorities Grid and Form
- Working Groups
- Scoreboard
- Wait List Information System

# Background: Supreme Court Decision

- Quebec's response
  - Institute a process ensuring access time
  - Make institutions accountable for access to services
  - Establish a new partnership with physicians

# Imperatives

- Passage and coming into force of Bill 33
- Personalized follow-up on waiting patients and dates management
- Implementation of the central mechanism
- Designation of local and regional officials



# Access Mechanism (Elective Surgery)

1

Consultation of family physician, optometrist, etc by patient  
Referral to a multidisciplinary clinic (if one exists) needed?

{ Patient receives information on wait time, depending on medical specialist

2

Referral to a medical specialist  
Evaluation of need for surgery

**Decision to operate**  
1) Surgery requisition signed by physician  
2) Accompanied by patient's written consent  
Registration on wait list  
**Day 0** : Preliminary date of operation given

3

{ Pre-op examinations and preparation

30th day Verification

Alternative offer

Second offer within required time:  
1 Same institution, different physician  
2 Different institution, same region  
3 Outside the region

4

Special procedures

Confirmation of surgery within required time

Target: pre-booking 3 months before end of wait time

{ Pre-op examinations and preparation

**SURGERY WITHIN REQUIRED TIME**

# Segmentation of Wait Time



Segment #1	Segment #2	Segment #3	Hospital stay	Post-hospital phase
Wait for consultation with family physician	Referral to medical specialist for evaluation and referral to the required service	Patient listed in <b>central access mechanism</b> and <b>start of wait</b> for required service	Service received and end of wait	Post-hospital to home, rehabilitation or institution of origin, depending on corridor required

# Single Priorities Grid and Form (Elective Surgery)

Priority Level	Access Time (Within)
Level 1	7 days (1 week)
Level 2	28 days (4 weeks)
Level 3	90 days (3 months)
Level 4	182 days (6 months)
Level 5	272 days (9 months)
Level 6	365 days (1 year)
Level 7	18 months

- Need for surgery, signature and date (MD) + surgery requisition
- Patient's signature and date
- Receipt of request at institution (date)

# Working Groups

- Committee of Access Management: Access managers/physicians (local, regional and ministerial): every 2 weeks
- Committee of experts (once a month)
- Informatics committees (executive director, users, Canadian Classification of Interventions)



# Wait List Information System



- Web-based
- Flexible, easy-to-use, progressive and intuitive
- Necessary for local management and for regional and national accountability
- Population information (data collection and reporting)

# Conditions for Success

- Gradual implementation, field by field, starting with surgery
- Clear process
- Clear responsibilities: hospital and physicians
- Role and collaboration of physicians
- Real wait list
- Close follow-up on patients
- Strong computer support
- Referral pathways ensured (second offer)

# Conclusion

- Obligation to succeed to preserve the public health services system