



PROFESSIONAL ASSOCIATION OF RESIDENTS OF BRITISH COLUMBIA

the future face of medicine

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PATIENT WAIT-TIME GUARANTEES

Why wait-times?

As Canadians are aware, that the issue of “timely access has plagued the public health-care system”¹. With the aging population, “a majority of Canadian adults rank a patient wait times guarantee as more important than any other of the...priorities”². Thus, reducing hospital wait times has been crucial to Canadians.

The 2004 federal Throne Speech highlights this need, when it states, “the commitment to a meaningful reduction in wait times for health services...is the key to transforming the health system”³. Furthermore, most “public opinion polls put the length of waiting times for hospital care, access to specialists and waiting times for diagnostic services as major challenges to our medicare system”⁴.

Thus, on April 12th the federal government announced patient wait-time guarantees. The 2007 Budget provides over \$1 billion in funding to assist provinces to implement patient wait time guarantees.

Initiatives

To address the wait list problem, the federal government responded with two major initiatives -

- ◆ First, was the creation of the 10 Year Plan, in 2004, which outlines strategic investments directed towards reducing wait times. This funding stipulated that provinces achieve meaningful reduction in five priority areas.
- ◆ Second, \$4.5 billion over the next six years, beginning in 2004-05, in the Wait Times

¹Myrie, Evelyn. The Hamilton Spectator. Anxiety rises over Health Care.

<http://www.hamiltonspectator.com/NASApp/cs/ContentServer?pagename=hamilton/Layout/Article_Type1&c=Article&cid=1177907212526&call_pageid=1112274691676> April 30, 2007

² Colledge, Mike. Canadians Agree that a Patient Wait-time Guarantee is the most Important Priority for Canada's New Government. <http://www.ipsos-na.com/news/pressrelease.cfm?id=3287>, November 29, 2006

³ 2004 Throne Speech

⁴ Myrie, Evelyn. The Hamilton Spectator. Anxiety rises over Health Care.

<http://www.hamiltonspectator.com/NASApp/cs/ContentServer?pagename=hamilton/Layout/Article_Type1&c=Article&cid=1177907212526&call_pageid=1112274691676> April 30, 2007

Reduction Fund.

According to the federal government, the Wait Times Reduction Fund will augment existing provincial and territorial investments and assist jurisdictions in their diverse initiatives to reduce wait times. It would primarily be used for jurisdictional priorities such as training and hiring more health professionals, clearing backlogs, building capacity for regional centers of excellence, expanding appropriate ambulatory and community care programs and/or tools to manage wait times⁵.

The new commitment of over \$1 billion dollars would be divided between the Patient Wait Times Guarantee Trust, which will provide direct financial support, and the Canada Health Infoway which hopes to implement full digitization of Canadians' health records and a national health information management system.

This funding is built upon other wait times projects already underway⁶ and also adds focus on to improve diabetes care and pre-natal care in First Nations communities.

What area?

Under the provincial plans, patients must be guaranteed timely access to health care in at least one of the following priority areas:

- ◆ cancer care,
- ◆ hip and knee replacement,
- ◆ cardiac care,
- ◆ diagnostic imaging,
- ◆ cataract surgeries
- ◆ primary care.

Each province has selected an area based on their priorities, capacity and different starting points.

Ontario for example, will establish a guarantee for cataract surgery by January 2009 and is getting \$205 million in federal dollars. In Saskatchewan, \$24.8 million in federal funding will go toward a project to establish a guarantee for coronary artery bypass graft surgery by 2010. Manitoba and New Brunswick meanwhile, are targeting wait times for radiation therapy with the federal funds.

British Columbia

⁵ Health Canada <http://www.hc-sc.gc.ca/hcs-sss/qual/acces/wait-attente/index_e.html>

⁶ noted above.

The BC government announced that it will establish a Patient Wait Times Guarantee for Radiation Therapy by March 31, 2010. The government has committed to establishing a radiation therapy wait time guarantee for citizens who are at risk of waiting longer than the province's proposed timeframe of 8 weeks from the date a patient is ready to treat. It will also undertake a pilot project to assist in laying the groundwork for an integrated Surgical Patient Registry, which will aid in the foundation for a Patient Wait Times Guarantee that will support a more efficient health care system within BC.

This initiative will be supported by \$76.4 million in federal funding and also be eligible to benefit from the \$400 million in new funding for Canada Health Infoway, and the \$30 million for pilot projects⁷.

BC's share of the Wait Times Reduction Fund will total approximately \$715 million over the entire ten years of the plan. It is unclear how the provincial government plans to spend its share of the federal funds allocated for wait time reductions.

Along with individual provincial and Health Authority initiatives to reduce wait times, BC has collaborated with the other western provinces through the Western Canada Waiting List Project. The \$2.1M Health Transition Fund funded project, developed pilot tools to standardize prioritized access to care for select procedures which are children's mental health, cataract surgery, general surgery, hip/knee replacements, and MRI scanning, using clinical and research expertise. The federal Health Transition Fund funds this project and had the goal of developing tools that provide a clinically transparent method of prioritizing patients for wait listed services⁸.

Critics

Dr. Gordon Guyatt, a professor of medicine at McMaster University and a spokesperson for the Medical Reform Group of Ontario points out two key flaws in wait-time guarantees.

First, it does not attempt to address the underlying problems within the healthcare system. According to him, Canada has the fewest practicing doctors per capita of any G7 countries⁹. His solution would be to train and retain more doctors within Canada in order to reduce wait times.

The second major problem with wait times is that they give rise some certain "Perverse incentives"¹⁰. At present treatment is given based on need. Guaranteed wait times introduce another factor on to the decision – how long you have been on the list. He explains that this factor would be acceptable if there was a one-to-one relation between need and length of wait. However, this is not the case. With guaranteed wait-times patients have a strong incentive to get on the list early if the problem is trivial. The earlier one is on the list the earlier your time starts

⁷ Health Canada <http://www.hc-sc.gc.ca/hcs-sss/qual/acces/wait-attente/index_e.html>

⁸ *ibid.*

⁹ Guyatt, Gordon. Wait time Guarantees are a Misguided Solution. Toronto Star, Op-Ed Article. Feb. 9, 2006.

¹⁰ Guyatt

and the earlier you will get treatment. Time on the list tends to lose any relation to the need.

These two limitations — failure to address the underlying problem and the perverse incentives they introduce — are the explanation for failed experiments with guaranteed wait times in Europe. Where they persist, they create an unhealthy tension between treating according to need and treating according to time on the list.

Guyatt is skeptical about these guarantees and asks “could the introduction of these guarantees be an excuse for establishing investor-owned, for-profit facilities that would bail out current delivery systems when patients exceed wait times”? He points out that this bad deal for Canadians could get worse if the clinics represent a step toward user pay American-style medicine.

However, he cautions that it is important to distinguish between guarantees, which are likely to prove destructive, and wait time targets associated with rigorous monitoring. Setting guidelines for acceptable wait times, and keeping close track of how we are doing in achieving them, is highly desirable.

Guyatt gives the example for Ontario, where an easily accessed website will tell you waits for cataract surgery, joint replacements, CT and MRI scans, cardiac procedures and cancer surgery in your region. This sort of monitoring is ideal and allows a check on how we are doing in implementing the sensible, needed strategies and investment for reducing waiting times in publicly funded, not-for-profit delivered care.

In addition, he lists other shortfalls; he points out that Canada has so far failed to take full advantage of efficiencies that could shorten waiting times. Computerized information for patient history is still not implemented successfully in Canada. Also, Canada has failed to effectively apply queue-management theory. By and large, for instance, individual doctors keep their own waiting lists. Regional groups keeping a communal waiting list could facilitate quicker access to care. The government should greatly expand short-stay surgical clinics for procedures such as joint and cataract surgery.

Thus, we see that while Wait-time Guarantees maybe a Band-Aid solution to a bigger problem, utilizing latest computerized technology to provide current patient information, managing communal wait-lists and, more importantly, monitoring wait time guarantees to evaluate the current system would go a long way to improving our current public healthcare system.