



**Ultimately, wait times matter most to the patient.
With the current health accord set to expire in 2014,
policy-makers will have to determine how best to move
forward with understanding and improving wait times.**

Looking Back, Looking Forward

Reducing wait times for surgery and other health services is a prominent policy and service delivery challenge, both in Canada and abroad. While there has been focused attention in Canada since 2004 to reduce waits in five identified priority areas, waits for care and services exist throughout the health care continuum. Waiting for appointments with a family doctor or specialist, waiting in the emergency department (ED), alternate level of care (ALC) stays, accessing mental health services, leaving rehabilitation—the potential to wait for care exists in these and many more points of contact with the health care system. Having a better understanding of these waits is key for those working to improve the overall performance of the health system. Patients and their families would also benefit, as their overall experiences are improved by a better understanding of how long they can expect to wait for services.

Health Care in Canada, 2012: A Focus on Wait Times highlights what is currently known about the waits patients experience in different settings for different types of care. The report identifies areas where measureable progress has been made and explores factors thought to contribute to waits for care. It also looks at some of the barriers to continuing improvement.

Summary of Report Findings

This report opens by positioning wait times within the context of access, and notes Canada's poor performance in comparison with other countries. Wait time measurement has evolved considerably since 2004; its history is summarized to set the stage for future discussion. The remainder of the report centres on analysis of wait time data throughout this period of evolution, and includes data as recent as 2011.

Moving into the discussion about waits across the continuum, the report examines waits for routine care, including primary care services (those provided by a family physician), specialist referral, and screening and diagnostic testing. A 2010 international comparison of 11 countries ranked Canada lowest for wait times to see a doctor or nurse when sick, with Canadians reporting the longest waits for specialist appointments.

Information on waits in EDs and acute care settings is presented next. Data shows that average overall lengths of stay in the ED are just over 4 hours, with 90% of visits completed within 8 hours. Since the focus on reducing waits for priority area surgeries began, many have questioned whether this approach has negatively impacted access to and waits for other surgeries. The analyses presented here show no evidence of this at the national level, but variation exists at the provincial level, likely the result, at least in part, of jurisdictions pursuing different strategies to address local wait time and access to care issues. Waiting for discharge from acute care remains a challenge; those with dementia and those receiving palliative care are among those most likely to wait, followed by those waiting for rehabilitation and convalescence.

Waits for and within specialized care services, such as rehabilitation, mental health care and home care and long-term care, are discussed next. Available data on rehabilitation and mental health suggests that waits for these services are driven mainly by a patient's clinical condition and ultimate discharge destination. Among patients in rehabilitation, the longest waits for discharge were experienced by those transferring to long-term care, with variation by Rehabilitation Client Group. Among those waiting for discharge from mental health care, patients with personality disorders waited longest. The data reveals that the most common discharge setting for mental health patients in ALC is continuing care. To help policy-makers better understand waits for placement in home care and residential care, CIHI's report *Seniors and Alternate Level of Care: Building on Our Knowledge* provides an in-depth look at transitions from acute care to the community for Canadians age 65 and older.

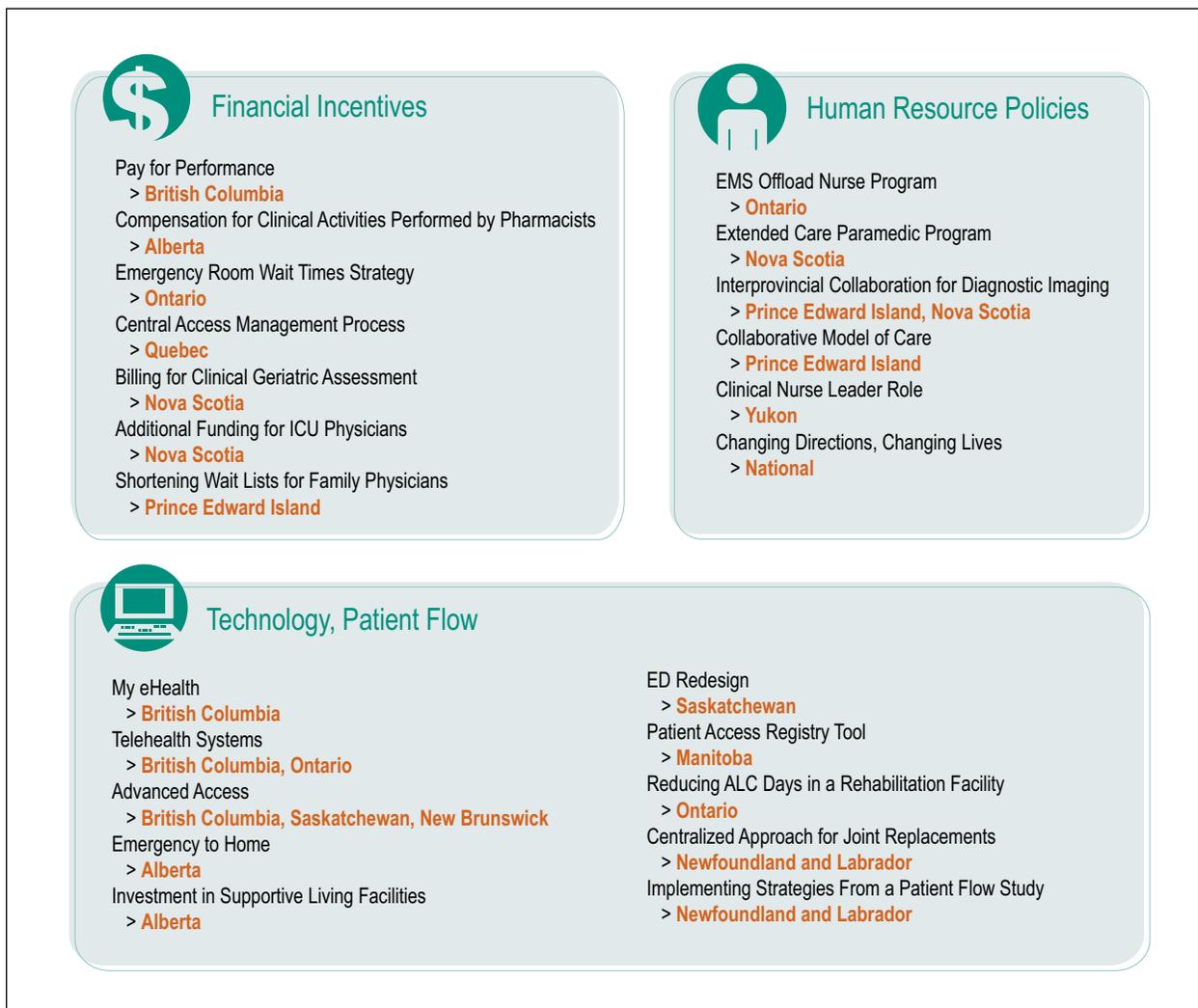
Issues on the Horizon

Health Care in Canada, 2012: A Focus on Wait Times brings together what is currently known about waiting for health care in Canada. While definite progress has been made in specific areas since 2004, it is now time to consider what the best next steps may be in continuing to address wait time challenges. Findings from this report and a review of available literature suggest four key areas where system decision-makers could focus.

1. Implementing Proven Strategies to Help Address Known Waits

Examples of strategies and pilot programs aimed at improving wait times were profiled throughout this report—some in their infancy, others having yielded sustained success in lowering wait times. These programs and others exist across the country. Figure 15 illustrates the breadth of programs that were highlighted in this report.

Figure 15: Programs and Strategies Used to Lower Wait Times Across Jurisdictions



One key to building on successful pilot programs is concrete adoption strategies; new initiatives should benefit from what was learned during the pilot. Successful wait time reduction programs share a number of other common factors, including being evidence-based, having a champion, having strong stakeholder support and involving front-line staff from the development phase onwards.

2. Collecting and Reporting on Comparable Data Across the Continuum, and Evaluating Waits Against Benchmarks

When the 10-Year Plan to Strengthen Health Care was introduced, no comprehensive wait time data was available to compare performance across jurisdictions. At that time, care providers, system managers and government policy-makers were wrestling with questions about who was waiting, what to measure and how long was too long to wait.¹ Today, those same decision-makers are anticipating a fifth year of comparable data in selected priority areas. Adding to the available wait time information is the establishment of agreed-upon definitions for patients waiting, common measures of progress and evidence-based benchmarks in all but one of the priority areas.¹

Following the 2004 First Ministers' Accord, CIHI highlighted several areas of health care where little was known about wait times. Since then, progress has been made toward improving understanding in many of these areas, but in several others, no clear progress can be demonstrated:

- Under what circumstances do longer or shorter waits for one service contribute to longer or shorter waits for another service?
- Are waits for routine care, assessment and diagnostic services increasing or decreasing? What strategies are effective in reducing waits for these types of care?
- How does the length of waits for surgery affect post-operative outcomes, subsequent health care services and health care costs?
- How many patients have multi-step waits for different types of care? How significant are different segments of the wait?

One way to expand the breadth and depth of information collected on wait times is to take better advantage of existing technology. Changes to CIHI's ED data collection system are an example of how existing technology can be used to acquire additional information in a timely manner. Through an interface between CIHI and existing hospital information systems, the majority of data elements are collected at the time of service, which provides hospitals with a lower cost mechanism to collect and submit ED data to CIHI. This results in more timely data and reports, such as the measures of ED wait times discussed in Chapter 2. Electronic medical records (EMRs) have the capacity to collect a wealth of wait time information; the approach used for ED data collection may be one means of populating EMRs in the future.

To evaluate and improve performance, high-quality, comparable data is required. So are benchmarks and targets. The most effective targets are evidence-based, regularly renewed and have clinical buy-in. For example, the appropriateness of testing and use of evidence-based guidelines for diagnostic imaging has received significant attention.²⁻⁶ There is some evidence that referring physicians, whether specialists or non-specialists, are not sufficiently informed about appropriate clinical use of MRI and CT. As a result, they may at times order scans that are not appropriate.⁶ The Canadian Association of Radiologists estimates that between 10% and 20% of referral requests for diagnostic imaging do not meet their referral guidelines.⁷

As shown by the progress made since 2004 in reducing waits in the five identified priority areas, having clear priorities and targets works. The next step is the identification of the next set of waits where better and more comparable data is needed to evaluate and improve current performance. Developing agreed-upon, evidence-based benchmarks will follow. Some groups, such as the Wait Times Alliance, have made specific suggestions for added focus on waits for pediatric surgery, mental health services, gastroenterology and cancer care.⁸

3. Promote Prevention as a Means of Reducing Demand for Health Care Services

Research has shown that initiatives that encourage and support all aspects of healthy living may reduce the demand for health care and other support services, through cost avoidance or shifts to lower-cost sectors.⁹ Protecting healthy people from developing disease in the first place (primary prevention), slowing or reducing the burden of illness once a disease is already present (secondary prevention), and focusing on helping people manage complicated, long-term health problems (tertiary prevention) all play a role in reducing the demand for health care services.

The Canadian Task Force on Preventive Health Care, established with the support of the Public Health Agency of Canada, is a collaborative body developed to make recommendations on preventive measures based on evidence and best practices. Its prevention and screening guidelines may be an important resource in the development and promotion of a more consolidated strategy for prevention efforts and policies that focus on promoting the health of the population as a whole. Improving the health of the population now will contribute to significant cost and time savings for the system in the future.

4. Taking a Patient-Centred Focus and Improving Coordination of Care Across the Continuum

The notion of patient-centred care is not new, nor is its application to understanding and tackling wait times. Following the introduction of the 10-Year Plan to Strengthen Health Care, many stakeholders (such as the College of Family Physicians of Canada and the Wait Times Alliance) agreed that wait times should be measured from the patient's perspective.¹⁰

To date, patient-centred care has not been well defined. The World Health Organization views patient-centered care as “a means to improve services in relation to access, quality, user satisfaction and efficiency.”¹¹ Researchers have also identified some of its key attributes. One is respect for patients' values, preferences and expressed needs;¹² another is coordination and integration of care.¹² As patients often wait during the transitions between care settings, better integration of health care services may reduce wait times and improve patient experiences. The recently struck First Ministers' Health Care Innovation Group identified several team-based models of care that have been shown to improve access and reduce wait times through better integration of services across care sectors, and with resultant greater patient satisfaction.¹³

Advanced access scheduling, discussed in several sections of this report, is an example of a successful patient-centred approach to reducing wait times. When patients of a clinic using the advanced access model call to see their physician, they are offered an appointment the same day, regardless of whether their care needs are routine or urgent.¹⁴ And patients whose regular physician is not available are given the option of seeing another physician that same day or waiting to see their regular physician later in the week.¹⁴ This allows individuals to make a choice, based on what is of more value to them: immediate access or continuity of care.¹⁴ Through balancing supply and demand, reducing backlogs, developing contingency plans for unusual circumstances and working to adjust demand profiles, advanced access improves access to primary care.¹⁵ This ultimately benefits the patient, who is seen earlier in the course of his or her illness, which may in turn result in better outcomes of care.¹⁶

Communication is a key aspect to keeping patients' perspectives at the core of their care delivery. For them, understanding how long they are likely to wait can help reduce their stress and anxiety, and facilitate planning for the interim. The more informed patients are, the more confidence patients and their families will have in the system. Communication of information to the patient, in a form that is easily understandable, and with appropriate frequency, would help accomplish this. For example, through CIHI's Canadian Hospital Reporting Project web-based, interactive tool, hospital decision-makers, policy-makers and patients alike can access clinical and financial indicators measuring clinical effectiveness, patient safety, appropriateness of care, accessibility and financial performance. Hospitals in Ontario and Alberta have begun using websites and smartphone applications as a means of communicating to patients the estimated wait times for ED care. These are updated frequently throughout the day to ensure that patients have the most up-to-date information on which to base their care decisions.

Putting the Pieces Together

Health Care in Canada, 2012: A Focus on Wait Times has provided information on many of the waits Canadians experience across the health care continuum. It has shown how much has been learned since 2004, what improvements have been made, and where further work is still required to improve understanding and to continue lowering wait times. On this latter point, this report has drawn together a series of strategies and pilot programs developed across Canada to reduce wait times.

Throughout this report, the patient experience has been highlighted, as it is the patient for whom wait times ultimately matter most. With the current health accord set to expire in 2014, policy-makers will be faced with how best to move forward with understanding and improving wait times. In addition to providing suggestions for consideration, this report has also emphasized the importance of bringing the patient perspective to the forefront of future decisions on wait times.

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