



Waits for family physicians are acceptable to the majority of Canadians, even though they are long by international standards. However, Canadians are more likely to report challenges in waits for specialists.

chapter

Waits for Routine Care

Waits for Routine Care

Waits for Emergency Department Care

Waits for Acute Care

Waits for Specialized Care

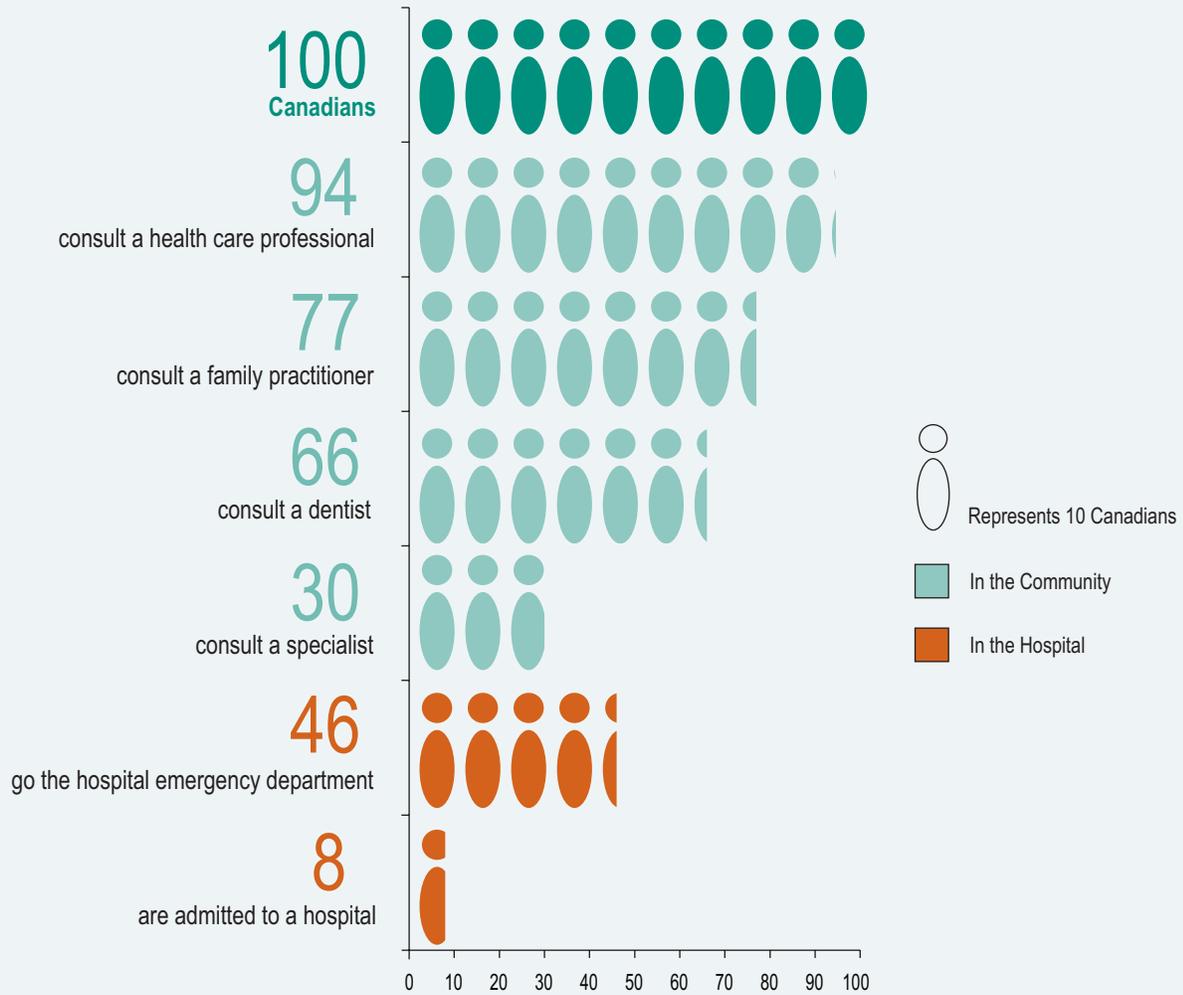
Waiting Across the Continuum

This chapter brings together information on waits Canadians experience when accessing publicly funded health care services in the community, including waits for and access to primary care services (for example, a family physician), referral to specialists, and selected screening and diagnostic testing. Although long by international standards, some waits seem to be acceptable to most Canadians, such as waits for appointments with family physicians: only 15% of Canadians report such waits as unacceptably long. Canadians more often report challenges with other waits, such as those for appointments with specialists.

Putting Care in Context

The figure below illustrates the average number of Canadians in a given year who access different types of health care services, showing the scale of service use in the community, relative to hospital, institutional and post-acute care.

Figure 4: Health Care Services



Notes

Hospital-based statistics represent the total number of visits or admissions, not the total number of patients. They do not account for readmissions or multiple visits, and include obstetric and pediatric cases. Community statistics pertain to those age 15 and older. Data excludes responses of Not stated, Refused and Don't know. Emergency department data includes only those provinces submitting data to the National Ambulatory Care Reporting System.

Sources

Canadian Community Health Survey, 2009–2010 and Census 2010, Statistics Canada; Discharge Abstract Database 2010–2011 and National Ambulatory Care Reporting System 2010–2011, Canadian Institute for Health Information.

Access to Family Physicians

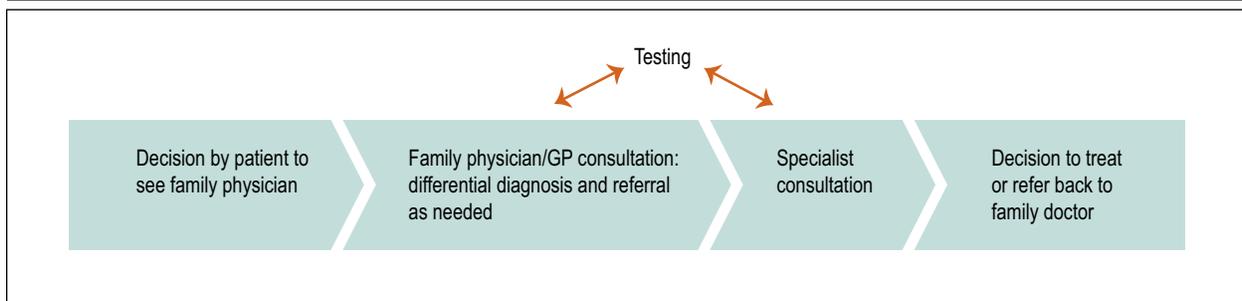
Family physicians are the most common point of first contact for primary health care services. The majority (85%) of Canadians age 12 and older report having a regular family physician but report having to wait an average of two days to see one for routine or ongoing care.¹ Among those with regular sources of primary care who reported access difficulties,

- 45% report having to wait too long for an appointment;
- 32% report having difficulties getting an appointment; and
- 10% report that the time spent waiting in the physician's office before their appointment started is too long.

In a 2010 comparison with other countries, Canada ranked lowest (along with Norway) for wait times to see a doctor or nurse when sick,¹ with only 45% of Canadians reporting having seen a doctor or nurse on the same or next day. Over time, Canada's performance has not improved. In 2004, one in four (25%) Canadians reported waiting six or more days to see a doctor when sick or in need of medical attention;² by 2010, one in three (33%) waited six or more days.¹ Yet only 15% of Canadians reported that waits to see their family physician were unacceptable.³

While many health issues can be dealt with in a family physician's office, some patients require referrals to see a specialist or to undergo additional testing (see Figure 5). Some of the waits for these more specialized services are discussed in the following sections.

Figure 5: Wait Times to See Physicians



Note

GP: general practitioner.

Source

Adapted from a prototype shared by the College of Family Physicians of Canada and from Institute for Clinical Evaluative Sciences (ICES), *Access to Health Services in Ontario*, Fig. 1.1.

i. Wait times based on respondents' self-reporting may be affected by the respondents' capacity to remember the length of time they waited for a specific health service. Because of a lack of definition as to what constitutes the starting point of a wait time, its duration can be difficult to estimate, which can lead to varying responses among respondents.

Connecting Patients With Family Physicians

Provinces and territories across Canada are working to increase the number of patients with a regular physician. One barrier reported by patients trying to find a regular doctor is difficulty locating a physician in their community who is accepting new patients.⁴ Several innovative programs have been introduced to connect patients with available physicians:

- In 1998, Prince Edward Island established a province-wide program for registering patients.⁵ The Patient Registry Program maintains a list of individuals who do not have a regular doctor and assigns them to appropriate providers as they become available. From 2011 to 2012, more than 6,500 people were assigned to a family physician through this program.
- Introduced in 2009, Ontario's Health Care Connect program allows people without a regular doctor to register for a referral either online or by phone.⁶ Once registered, a nurse or "Care Connector" in the person's community works to find them a physician or nurse practitioner who is accepting patients. Priority is given to those with a greater need for a regular doctor, as determined by a questionnaire. Between February 12 and December 31, 2009, more than 108,000 (68%) people registered with Health Care Connect were referred to a provider, and 80% of high-need individuals were referred.
- The College of Physicians and Surgeons of British Columbia provides an online tool that allows people to search their community for physicians accepting new patients.⁷ Specific criteria can be used to find a physician, including gender and languages spoken. Physician information is collected every year through the Annual License Renewal Form, and physicians are responsible for keeping the college up to date on any changes to the status of their practice throughout the year. Similar systems are in place in Alberta and Newfoundland and Labrador.

Access to Specialist Physicians

The waiting period between when a referral is made and when a specialist consultation occurs has been acknowledged as important by governments and experts alike.^{8,9} Some jurisdictions are now reporting on these wait times for certain specialties. Prince Edward Island, Ontario, Saskatchewan and Alberta report on consultation wait times for the treatment of cancer, with a target wait time of 14 days between referral and consultation. Saskatchewan reports on referral wait times for certain procedures (such as gall bladder or thyroid removal) and Nova Scotia reports on a selection of specialties.

In 2009, half of Canadians age 15 and older reported waiting over a month for a specialist physician visit, with 14% waiting more than three months. While overall reported wait times have remained relatively stable since 2003, the percentage waiting more than three months rose from 10% in 2003 to 14% in 2009.¹⁰ Despite many reported challenges in access to care for those in rural and remote areas, one study found that Canadians in rural areas were 70% less likely than urban residents to report their waits to see specialists as unacceptably long.¹¹ Overall, approximately one-third of Canadians reported unacceptably long waits to see a specialist.¹²

In an international comparison (among 11 countries) of wait times for a specialist appointment, Canadians again reported the longest waits for a specialist appointment. More specifically, 41% of Canadians waited two or more months, while only 7% and 9% of Germans and Americans waited that long.¹

The impact of what may be perceived as prolonged waits goes beyond patient satisfaction. Research shows that delays in seeing specialists do affect patients, often negatively. Nearly one-quarter of Ontarians reported waiting for specialist care in 2009–2010. The reported consequences of these waits included increased worry (73%) and pain (43%), problems carrying out activities of daily living (29%), worrying for family or friends (27%) and deterioration in overall health (26%).⁴

Sometimes a specialist may order diagnostic tests to determine the diagnosis and best treatment plan for the patient. Waits for these diagnostic services can add to the perceived delay. What is known about these waits is discussed in the following section.

Early Detection, Timely Diagnosis, Faster Treatment: Waits for Screening and Diagnostic Testing

Wait Times for Screening Tests

For some conditions, timely access to early screening and detection contributes significantly to positive treatment outcomes. Clinical guidelines recommend specific screening tests, depending on the symptoms, age and health history of the patient.



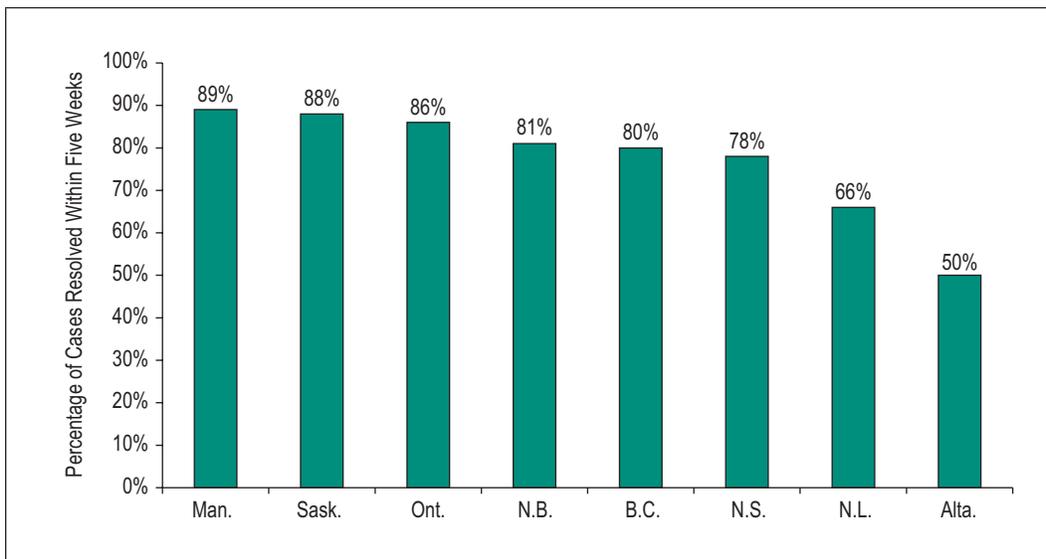
Hani's Story

Hani is 55 years old. He is a new Canadian, recently making his home on Vancouver Island. Like the majority of Canadians, Hani was able to find and make an appointment with a family physician. In addition to needing a general check-up, Hani wanted his doctor to have a look at his increasingly sore knee. Based on Hani's age, his doctor recommended several routine screening tests—including an electrocardiogram, and blood and urine tests—to understand Hani's current health status. Noting a family history of osteoarthritis, Hani's doctor referred him for testing to confirm the source of his knee pain. His doctor also requested a routine X-ray, as well as an MRI (magnetic resonance imaging) test to assess the condition of the soft tissues around his knee.

In general, Canadians do not report that waits for routine health services (blood pressure checks, eye and dental examinations) are an issue.⁴ Most provinces and territories publicly report detailed information on waits for two important screening tests: bone mineral density testing and screening mammography.

1. Bone mineral density testing is recommended for adults over age 50 and is used to detect osteoporosis and predict a higher risk of bone fractures. Timely testing of bone mineral density can help ensure that risk factors are optimally managed.¹³ Pockets of wait time information exist: the Winnipeg Regional Health Authority reports mean wait times of 21 days,¹⁴ while median wait times in Regina are reported as 33 days (for urgent patients),¹⁵ and vary among hospitals in Nova Scotia, ranging from 14 to 91 days.¹⁶
2. Breast cancer is the most common cancer in Canadian women,¹⁷ and mammography can help detect it at an early stage. Among women age 50 to 69 who were asked whether they had received a routine mammogram in 2006 or 2007, mammogram participation varied by province, from 61% in Prince Edward Island to 74% in New Brunswick and Alberta (information was unavailable for Nunavut).¹⁸ The wait time from an abnormal screen to resolution is measured in most provinces (see Figure 6). For women not requiring a tissue biopsy, 90% of cases should be resolved within the target time of five weeks.¹⁹

Figure 6: Percentage of Women Age 50 to 69 Not Requiring Tissue Biopsy, Who Received Resolution of Abnormal Breast Screen Within Target Time of Five Weeks, by Province, 2010



Notes

The target time for resolution of abnormal breast screens for patients who do not require a tissue biopsy is five weeks.

Only provinces with available data are included.

Data for Alberta includes only screen tests (10–12% of screening mammograms in the province).

Data collected is relevant for women receiving mammograms or clinical breast exams through organized provincial breast screening programs. Program enrolment rates vary by province.

Source

Used with permission from the Canadian Partnership Against Cancer.

Timely Diagnosis of Autism Spectrum Disorder

In Canada, autism spectrum disorder (ASD) is the most common neurological disorder affecting children and one of the most common developmental disabilities overall. It is estimated to affect 1 in 200 children nationwide.²⁰ Physicians and psychologists are regulated in most jurisdictions to diagnose ASD.²¹ Although a valid diagnosis can be made as young as age 2, it is often not diagnosed until age 4 or older.²²

Timely access to diagnostic services allows for earlier detection of ASD and for more positive intervention outcomes. Benefits of early diagnosis include timely access to intervention services, which can result in improvements in intellectual functioning and adaptive behaviour.^{23, 24} The optimal age for intervention remains undefined; however, studies demonstrate treatment efficacy in children younger than age 4.²⁵ Early diagnosis can also maximize access to intervention services. For example, the British Columbia government provides up to \$22,000 annually for a child with ASD, until age 6.²⁶

The typical age of diagnosis varies across the country. Analysis from the National Epidemiological Database for the Study of Autism in Canada—of children diagnosed between 1997 and 2005 in six regions—found a range in the median age of diagnosis from 39 to 54 months. In addition, this study examined the impact of certain factors on the age of diagnosis and found that²²

- Neither socio-economic status nor gender greatly influenced age of diagnosis;
- Having an affected sibling was associated with an earlier diagnosis;
- With the exception of Aboriginal children, visible minority children were diagnosed earlier than Caucasian children;
- Foreign-born children were diagnosed later; and
- Asperger's and pervasive developmental disorder were diagnosed considerably later than autism.

Wait Times for Diagnostic Imaging

Another tool often employed by physicians is diagnostic imaging. Measuring waits and improving access to diagnostic imaging services such as computed tomography (CT) and magnetic resonance imaging (MRI) were identified as priorities in the 2004 health accord. However, as of 2012, there are no pan-Canadian wait time benchmarks established for these services. Some provinces have established their own targets:

- Ontario: Immediately for priority I (emergency); within 48 hours for priority II (potential for deterioration); within 10 days for priority III (semi-urgent); and within 4 weeks for priority IV (non-urgent).²⁷
- Prince Edward Island: 48 hours for emergency patients; 14 days for urgent patients; 28 days for semi-urgent patients; and 84 and 56 days (MRI and CT scans, respectively) for non-urgent or routine patients.⁵

Among jurisdictions reporting wait time information (Table 1), waits were generally longer for MRI scans than for CT scans. In most provinces, the majority of CT scans were done in about five weeks, compared with nine out of ten MRIs carried out within three to eight months. As of March 2012, available data indicates that waits for MRIs have shortened in the last three years, while waits for CT scans have remained stable or decreased for most patients.

Table 1: Provincial Wait Times (Median and 90th Percentile) for CT and MRI Scans

Jurisdiction	Diagnostic Imaging					
	CT Scans			MRI Scans		
	50th Percentile (Median)	90th Percentile	Other Summary	50th Percentile (Median)	90th Percentile	Other Summary
Newfoundland and Labrador*	N/A	N/A	Ranges from 1 day to 2 weeks based on body site and facility	N/A	N/A	Ranges from 3 weeks for an MRI of the abdomen/pelvis to 10 weeks for an MRI of the extremity/joint
Prince Edward Island†	8 days	29 days		32 days	86 days	
Nova Scotia†	20 days	74 days		52 days	135 days	
Ontario†	7 days	34 days		34 days	94 days	
Manitoba†	16 days	35 days		55 days	119 days	
Saskatchewan†	10 days	39 days		48 days	148 days	
Alberta†	13 days	37 days		51 days	235 days	
British Columbia‡	N/A	N/A	88% meeting wait time benchmark	N/A	N/A	66% meeting wait time benchmark

Notes

* The Western Health region for Newfoundland and Labrador reports by facility and body site for both CT and MRI scans. Based on non-urgent outpatient examinations. Reported wait times are as of July 9, 2012.

† Denotes data collected by CIHI. The time frame for both CT and MRI scans is April 1 to September 30, 2011.

‡ Data is regional level, as reported on the Vancouver Island Health Authority's website. Regional data retrieved on May 24, 2012. Stat, urgent and semi-urgent cases are not included.

N/A: not applicable.

As with many areas where wait time data is relatively new, there are important considerations for interpreting the information. For more detail on the specific measurements reported here, please see the data sources below.

50th percentile: Half the patients wait less time and half wait more time than the number of days indicated in the column.

90th percentile: 90% of patients wait less time and 10% of patients wait more time than the number of days indicated in the column.

Sources

Wait times for priority procedures in Canada, 2012, Canadian Institute for Health Information.

Performance measures, Vancouver Island Health Authority.

Medical (Diagnostic) Imaging Services, Western Health Region.



Hani's Story

Although Hani now has an appointment scheduled for his MRI, he must wait for that appointment—as of December 2011, the Vancouver Island Health Authority (VIHA) reported that 66% of patients received their MRIs within 91 days of referral—and then Hani's doctor must wait for the test results to make a confirmed diagnosis of the source of his knee pain. Even so, there are options to help manage the pain he is currently experiencing, including prescribing analgesics.

Diagnostic ultrasound is another type of diagnostic imaging used for visualizing body structures, including organs, tendons, muscles and joints. Three provinces publicly report on wait times for diagnostic ultrasound:

- In Newfoundland and Labrador, wait times varied by hospital and by anatomical location, with highest waits reported for the pelvis (29 weeks in one hospital).²⁸
- In Nova Scotia hospitals, median wait times for diagnostic ultrasounds range from 2 weeks to 18 weeks.²⁹
- Manitoba average wait times are 11 weeks but range from 2 to 16 depending on the facility.³⁰

Strategies for Reducing Waits

Preventing the conditions for which health care services are needed is one way to help minimize the waits for those requiring care (read more about prevention in the report's conclusion). A key component of prevention and health promotion is timely access to primary health care services. Strategies for improving access to primary health care include the following:

Financial Incentives

- As part of a three-year deal for Prince Edward Island physicians in 2007, new incentives were designed to ease shortages in the medical system, including a \$150 bonus for taking a patient off the list of people waiting for a family physician; a higher fee-for-service for radiology to address delays in CT scans, MRIs, ultrasounds and X-rays; and bonuses for rural practice (physicians with at least 1,200 patients were eligible). Four months after the incentives were offered, more than 350 people had been taken off Prince Edward Island's patient registry.³¹
- Under a compensation package developed by the Alberta government, in collaboration with the Alberta Pharmacists' Association, pharmacists would be compensated for clinical services such as developing yearly care plans for patients with chronic conditions; conducting medication reviews; injecting medications; adapting prescriptions; and assessing patients in need of medication renewals, medication in an emergency and new prescriptions. Increased access to primary care services (especially in rural areas) and improved medication management are among the potential benefits of this approach.³²

Human Resource Policies

- When Prince Edward Island experienced a shortage of radiologists in 2009, a collaborative initiative between diagnostic imaging staff in Prince Edward Island and a radiology group in Halifax served as a temporary solution. A teleradiology project was created, in which images taken in Prince Edward Island could be sent via secure link to an onsite server in Nova Scotia. The Halifax-based radiologists interpreted a predefined number of scans each day (X-ray, CT, MRI and nuclear imaging) and committed to a specified turn-around time for reports. Staff in Prince Edward Island had access to radiologists in Nova Scotia

if consultation was needed. This partnership allowed an increase in the number of scans that could be performed, as well as provided support to diagnostic imaging staff in Prince Edward Island. Decreases in wait times for CT and MRI also ensued.³³



Technology, Patient Flow

- Telehealth systems can be beneficial to patients outside urban settings. In 2010, there were about 94,000 Telehealth consults in rural and remote areas of Canada. Videoconferencing that eliminates the need for travel has been shown to reduce wait times for specialist consultations anywhere from 20–90%. Telehealth activity across Canada has resulted in an estimated annual system cost avoidance of \$55 million and personal travel cost savings of \$70 million.³⁴ Due to implementation of Teledermatology programs in Ontario, wait times for a dermatologist consultation are no more than 10 days compared with the Canadian average wait time of 7.1 weeks for the initial visit and 5.3 weeks for a follow-up. Another example from Ontario is the Teleophthamology program; with its implementation, the average wait time for a diabetic patient to obtain retinal screening from a specialist was reduced from six months to four weeks.³⁴ In British Columbia, the implementation of the Interior Health's Telenephrology service resulted in a reduction in wait times from 212 to 156 days (a 26% decrease) due to the Telerenal System.
- Queuing theory, the mathematical and statistical theory of queues and waiting lines,³⁵ has been applied in several industries.^{36–38} Experts suggest that applying it to the health care system can result in a significant reduction in waits, without adding resources.³⁹ One known application of queuing theory in the health care system is advanced access scheduling, also called open access or same-day scheduling.³⁹ Advanced access has received endorsement from the College of Family Physicians of Canada and the Institute for Healthcare Improvement^{40, 41} and has been applied in several jurisdictions across a variety of health care sectors (see Chapter 3 for examples). One application in British Columbia resulted in half of participating general practitioners experiencing a reduction in wait times for urgent appointments (from 2.2 days to 0.2 days, on average), while three-quarters of the same physicians saw reduced wait times for regular appointments (from 6.8 days to 2.2 days, on average).⁴² Of the participant physicians, 64% were able to reduce their patient backlog and 61% were able to start and end their day on time.⁴²

Conclusion

This chapter described what is known about several different elements of routine health care services that affect Canadians, not only when they become ill, but in their daily lives. It showed that Canada continues to fare poorly compared with other countries on access to primary care. Similarly, access to a specialist remains a challenge, with more Canadians waiting longer than three months for an appointment in 2009 than in 2003. This chapter also provided information on waits for selected screening and routine tests.

In some areas, wait times for diagnostic scans such as MRIs and CTs are improving. Knowledge of waits is increasing in several other areas; many jurisdictions are now reporting information on waits for early detection and screening and for referral to certain specialist consults. More information on access to health care services offered by other health care professionals, including pharmacists, physiotherapists and speech therapists, would be

valuable in examining the totality of waits that patients experience outside of hospital settings. The next chapters explore what is known about waits experienced by patients in those care sectors.

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