



Executive Summary

Access to care—particularly wait times—is often the focus of intense media coverage and public debate. Although still far from perfect, the information available on wait times today is much better in terms of quality and quantity than in early 2006 when CIHI released its last overview report on the subject. *Health Care in Canada, 2012: A Focus on Wait Times* presents what is known about wait times in Canada, within the context of access, across the continuum of care.

The report opens by acknowledging that Canada's current wait time performance is poor compared with that of other countries, and presents a brief history of the evolution of wait time measurement in Canada. A discussion about waits for routine care follows. Although access to primary care is important for preventing and managing most conditions, Canada fares poorly when compared with other countries. For example, a 2010 comparison of 11 countries showed that Canada ranked lowest for wait times to see a doctor or nurse when sick. Canadians also reported the longest waits for a specialist appointment, with 41% reporting waits of two or more months. Despite access to and waits for family physicians in Canada being long by international standards, most Canadians report that their wait times are acceptable. It is access to and waits for specialists where Canadians were more likely to report challenges.

Despite the best preventive efforts, many people still require care in hospitals. The report next presents information on waits in emergency departments (EDs) and acute care settings. Waits in Canadian EDs are longer compared with those in other countries, and compared with ideal response times recommended by the Canadian Association of Emergency Physicians. Among 11 international comparators, Canada has the largest proportion of adults waiting in the ED for 4 hours or more before being treated (19% higher than the international average). Overall lengths of stay in the ED are just over 4 hours, with 90% of visits completed within 8 hours.

Turning to acute care, trends since the introduction of wait time priority areas are examined next. There is little evidence at the national level that the focus on priority area surgeries has crowded out other surgeries. 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. Challenges also persist for patients waiting for discharge from acute care, with the national rate of alternate level of care stays in acute beds stable at roughly

5% since 2008–2009. Across Canada, people who are most likely to wait include those with dementia and those who receive palliative care, followed by those waiting for rehabilitation and convalescence.

The report moves on to discuss waits experienced for and in specialized care, including rehabilitation and mental health services. Based on available information, clinical condition and discharge destination appear to be the main factors affecting waits for both rehabilitation and mental health services. Those patients in rehabilitation awaiting residential care tend to wait longest for discharge, with variation by Rehabilitation Client Group. Similarly, patients with personality disorders tend to have the longest waits for discharge from mental health care. The most common discharge setting for mental health patients in alternate level of care is continuing care. The accompanying report *Seniors and Alternate Level of Care: Building on Our Knowledge* provides information on patients waiting for placement in home care and residential care.

Looking Back, Looking Forward

Since it was recognized as a priority area in 2004, wait times has been at the forefront of health care planning. Significant investments have been made to increase resources and improve knowledge—all with the ultimate goal of reducing waits experienced by patients for health care services. Progress has been made in the five priority areas identified in 2004, but much work remains to be done, both here and in other sectors of the health care system. This report can help system decision-makers by facilitating a better understanding of the current landscape and informing prioritization for the future.

Strategies and pilot programs used to reduce wait times are profiled throughout the report. The conclusion of *Health Care in Canada, 2012: A Focus on Wait Times* summarizes these programs and highlights what makes such programs successful—key information for those looking to implement similar programs in their jurisdictions. Wait time knowledge can be improved with better data, and technology can play a role in improving the timeliness and quality of the data collection. The use of benchmarks has proven successful in reducing specific wait times; suggestions are made regarding some areas that would benefit from implementing further benchmarks. Taking a broader perspective, reducing demand for health care services through prevention efforts would help to lower wait times overall. In considering any strategy for improving wait times, it is helpful to keep the patient perspective in mind. To this end, *Health Care in Canada, 2012* underscores the patient experience throughout and closes with this thought.