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A background note on

Benchmarks for Wait Times

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Health Council of Canada



Conseil canadien de la santé

T A K I N G T H E P U L S E

What's it all about?

Consistently, Canadians identify long wait times as the number one barrier in accessing health services. In response to this public concern, the First Ministers put wait times front and centre in their agreement on health care in September 2004. Recent media attention has focused on one of the commitments in this agreement – provinces and territories agreed to come up with evidence-based benchmarks of medically acceptable wait times for certain health care services by December 31, 2005. While there has been lots of media attention about benchmarks, Canadians are not necessarily any clearer about what they should expect as a result of the First Ministers commitments. The Health Council of Canada's mandate is to monitor and report on progress made on First Ministers' agreements and to make public reports to Canadians. To help Canadians digest recent events on benchmarks, the Health Council has prepared this background note to offer an unbiased, factual account of current activity.

What's the difference between a benchmark and a target?

Generally "benchmark" refers to a recommended maximum wait time and "target" refers to the expected percentage of patients who are treated or served within that period of time. For example, a government or health care provider could set a benchmark of four months for the completion of routine cataract surgeries and a target of completing 90 per cent of cases within that four-month benchmark.

What were the First Ministers' commitments on benchmarks?

During the June 2004 federal election campaign, a "Five in Five" plan was proposed – a commitment to work with the provinces and territories to reduce wait times within five years in five clinical areas: cancer, heart, diagnostic imaging, joint replacements and sight restoration.

The September 2004 First Ministers' 10-Year Plan to Strengthen Health Care announced an increase in transfer payments to provincial and territorial governments of \$41 billion for renewal efforts, including the establishment of a \$5.5 billion Wait Time Reduction Fund. The 10-Year Plan identifies the same five clinical areas as priorities for action. A key commitment of this plan was to develop, by December 31, 2005, evidence-based benchmarks of medically acceptable wait times and a common way of reporting on wait times that the federal, provincial and territorial governments would use in their reports to citizens. Furthermore, the First Ministers committed to achieving "meaningful reductions" in wait times by March 31, 2007.

What has happened on benchmarks since September 2004?

- A Provincial/Territorial Wait Times Task Group has been working on implementing the commitments in the 2004 First Ministers' Plan including the development of benchmarks in the five clinical priority areas of cancer, heart, diagnostic imaging, joint replacements, and sight restoration. To facilitate this, provincial/territorial deputy ministers of health and the Canadian Institutes of Health Research (CIHR) have funded researchers to identify areas where there is sufficient evidence on wait time benchmarks, what benchmarks are currently in use, and what research is available relating wait times and health outcomes. This work was due to be completed in October 2005.
- In February 2005, the Western Canada Waiting List Project proposed wait time benchmarks for hip and knee replacement and cataract surgery based on their reviews of research evidence as well as input from clinical experts, patients and the public. The proposed

benchmarks ranged from four weeks for the most urgent cases to 12 weeks for the least urgent cataract cases and 20 weeks for the least urgent hip/knee replacement cases.

- In April 2005, the Wait Times Alliance, made up of medical specialists and the Canadian Medical Association, released a report, *No More Time to Wait*, proposing specific wait time benchmarks for the five clinical areas identified by First Ministers. The Alliance's final report, *It's About Time*, issued in August identified benchmarks which reflect clinical consensus and (where available) research evidence as to what is a "medically reasonable" wait time. Examples of benchmarks proposed by the Alliance include:
 - radiation therapy for cancer patients within 10 working days of consultation with an oncologist in routine cases;
 - non-urgent hip and knee replacement surgery completed within six months of first consultation with an orthopaedic surgeon;
 - CT and MRIs within 24 hours for emergency patients;
 - cataract surgery provided for non-urgent treatment within four months;
 - coronary artery bypass graft surgery provided within 48 hours of an emergency and within six weeks for scheduled cases.

- In June 2005, the Supreme Court of Canada ruled that the Quebec government cannot prevent the sale of private insurance for health care procedures covered under the province's public health insurance plan. The majority of judges concluded that some health care wait times are unreasonably long and violate the rights of individual Canadians. The decision raised public interest in the wait times issue and the need for progress towards a solution.

- In July 2005, the Government of Canada appointed Dr. Brian Postl, President and CEO of the Winnipeg Regional Health Authority, as the Federal Advisor on Wait Times. His mandate is to work with governments, providers and researchers to develop a consensus on comparable indicators and evidence-based benchmarks, encourage the use of tools to manage wait times, and to provide advice on best ways to continue working on reducing wait times.

What have provinces and territories done to address the issue?

Most of the activity to actually implement benchmarks has been done by individual provinces or health care providers. In fact, some of this activity predates the September 2004 agreement. For example:

- Patients in **Saskatchewan** who are waiting for surgery can go to the website of the Saskatchewan Surgical Care Network and contact a surgical care coordinator to learn what the target time frame is for their level of clinical priority or urgency. For example, if a patient is told their case is a level 3 priority (out of six levels), they will know that the target is to complete 90 per cent of cases of similar urgency within six weeks. These benchmarks were announced in March 2004. From January to June 2005, over half of all surgical cases (including emergencies) in Saskatchewan were completed within six weeks and 90 per cent of cases were done within a year.

- Cardiac patients in **Ontario** and **Manitoba** are assessed according to clinical guidelines (developed by the Cardiac Care Network of Ontario) and assigned a recommended

maximum wait time of up to 180 days depending on the seriousness of their condition. Care coordinators work with physicians to monitor patients up to the time of surgery. The Cardiac Care Network of Ontario website (www.ccn.on.ca) provides data on the percentage of patients who are treated within their recommended maximum wait time. In Manitoba between April and June 2005, the median wait time for cardiac surgery (including emergencies) was 14.5 days.

- Patients waiting to see an oncologist at Toronto's University Health Network in Ontario can visit UHN's website and see that a benchmark has been set of 21 days to the first available appointment. In September 2005, wait times at UHN ranged from five to 34 days (depending on the type of cancer). Of the 12 types of cancer reported, 10 were below the target wait time and two were above (24 days for lung cancer and 34 days for myeloma). Monthly data starting from April 2004 are available at www.uhn.ca/patient/wait_times/index.asp

Most provinces have created websites where patients and citizens can find information about how long people in their province or local area currently wait for selected health services. Though most of these websites do not include benchmarks, they can be used to compare actual wait times with the benchmarks that governments plan to announce by December 31, 2005. There is a comprehensive list of these provincial websites at the end of this document.

What's behind the recent debate?

In an effort to meet the December 31 deadline, federal, provincial and territorial governments have been attempting to agree on what wait time benchmarks they will present. At their meeting on October 22-23, 2005, federal, provincial and territorial ministers of health agreed to establish "a first set of evidence-based benchmarks for medically acceptable wait times in all of the five priority areas" by December 31, 2005. As more evidence-based benchmarks are defined, more access targets will be developed. Work on the full range of benchmarks will continue beyond the December 2005 time line.

What do we know now?

Individual provinces are moving ahead with implementing and publicizing wait time benchmarks. Early efforts have focused on different clinical areas in different provinces. Importantly, jurisdictions have shown a willingness to learn from leading examples of wait time management such as the Saskatchewan Surgical Care Network and the Cardiac Care Network of Ontario.

In January 2006, the Health Council of Canada will issue its annual report about progress on health care renewal. This report will cover the area of wait times and the specific commitment about benchmarks. In February 2006, the Canadian Institute for Health Information (CIHI) will report on progress on wait times across jurisdictions. In the interim, you might refer to the following chart to learn what and how provincial governments are currently reporting to their residents on wait times for services in their region.

Provincial Wait Times Websites

Jurisdiction	Information Available
British Columbia	<p>Wait times for 19 surgical specialties or specific procedures (including cardiac surgery, cancer radiotherapy, cataract, hip replacement, knee replacement).</p> <p>Reports median wait time and number of wait-listed patients by urgency level, by facility and by physician. Median wait times are based on surgeries performed over the past three months.</p> <p>www.health.gov.bc.ca/waitlist/</p>
Alberta	<p>Alberta Wait List Registry covers 20 specialties and procedures including cardiac surgery, coronary artery bypass surgery, cataract surgery, CT and MRI scans, hip and knee replacement, radiotherapy and chemotherapy for breast and prostate cancer.</p> <p>Provides data by type of procedure, by facility and by physician. For the 90 days prior to the report date: distribution of actual wait times, median wait time, wait time in which 25%, 50% and 75% of patients are served, number of patients served and number waiting. For cancer care, reports the wait time from referral to appointment and wait time to start treatment compared to targets.</p> <p>www.health.gov.ab.ca/waitlist/WaitListPublicHome.jsp</p>
Saskatchewan	<p>The Saskatchewan Surgical Care Network covers 10 surgical specialties including cardiovascular surgery, ophthalmology and orthopaedics.</p> <p>The Saskatchewan Surgical Care Network reports the distribution of actual waits for care across time intervals corresponding to the six priority levels (I – VI). Also reports the number of patients completed during the preceding six months and the number waiting at the end of the period. This information is provided for each specialty by regional health authority and for each regional health authority by major procedure. The website also reports median wait times for surgeries performed and target time frames.</p>
Manitoba	<p>The Health Services Wait Time Information covers diagnostic imaging tests (CT, MRI, ultrasound, stress MIBI, bone density), cancer radiation therapy and cardiac surgery.</p> <p>The website lists different information depending on the procedure (and source of data). For diagnostic imaging, reports by hospital, the average wait time for the most recent month and the number of procedures completed in the most recent year. For radiation therapy and cardiac surgery, reports median wait time for cases completed in the most recent quarter and number of treatments/cases performed in the most</p>

Jurisdiction	Information Available
	<p>recent year</p> <p>www.gov.mb.ca/health/waitlist/index.html</p>
Ontario	<p>The Wait Times Strategy website covers cancer surgery, cardiac procedures, cataract surgery, hip and knee replacement, and MRI and CT scans.</p> <p>Reports the median and average wait times as well as the time by which 90% of cases were completed. This information can be viewed by hospital or Local Health Integration Network (LHIN)</p> <p>www.health.gov.on.ca/transformation/wait_times/wait_mn.html</p>
Quebec	<p>Covers heart surgery, diagnostic catheterization, angioplasty, cataract surgery, hip and knee replacement, other day and inpatient surgeries.</p> <p>Reports by region and hospital, the number waiting longer than the recommended wait time, and the total number of patients waiting.</p> <p>www.msss.gouv.qc.ca/sujets/listesdattente/</p>
Nova Scotia	<p>Covers referrals to cancer specialists, diagnostic tests (including CT and MRI), cataract surgery, cardiac procedures, hip and knee replacements and cancer radiation therapy.</p> <p>Reports average wait time or percentage of patients treated within a specific period of time (such as 90 days) by facility or by district health authority.</p> <p>www.gov.ns.ca/health/waittimes/default.htm</p>