

## HIGHLIGHTS – REPORT CARD 2005

### Waiting times

- ▶ The concept of elapsed time to care may provide a more accurate and politically neutral definition that may help clarify this entire field of investigation.
- ▶ Ideally, wait times for care should be linked directly to outcomes but this has been very difficult, due to the highly variable clinical situations, even within specific disease sites.
- ▶ The absence of complete data does not excuse the absence of motivated action to expand resources in order to minimize the physical, emotional and situational chaos that all cancer patients experience prior to, at, and following diagnosis.
- ▶ Recent data from two separate groups suggests poorer disease-free survival in breast cancer patients if waiting time to adjuvant chemotherapy exceeds 20-28 days from surgery
- ▶ Update of Rayson study (CMAJ 170:957-61, 2004) included in Report Card 2005
  - In 1999, breast cancer patients in Nova Scotia waited a median of 91 days from detection of cancer to receiving adjuvant chemotherapy. In 2004, this had increased to 102 days. These prolonged waiting times have resulted in establishment of Nova Scotia Breast Cancer Link Program

### The provinces

- ▶ Unresolved issues in wait times data
- ▶ An array of definitions is used to describe various types of waiting, making comparison impossible between provinces, or even over time,
  - “Wait” time is being distinguished from “elapsed” time, a manipulation of terminology that does not serve patients well.
  - The evidence used to predict a connection between wait time and outcome is being variously interpreted depending on which body of experts does the review.
  - Benchmarks are not crafted to fit each stage of each cancer; we still have one-size-fits-all benchmarks.
  - Standards for determining urgency of care are not transparent to the public.
  - Claims that patient-initiated delays distort the accuracy of wait time reports.