

WAITING TIMES

Waiting for Personalized Cancer Care

BY PIERRE MAJOR, MD

The word cancer is frightful. When there is a suspicion of cancer, access to timely diagnostic tests and care is important to allay fears and offer the patient some sense of action, control and movement that is away from danger and toward solutions.

This year the CACC team set out to document what patients encounter when faced with a potential diagnosis of cancer. We could not find any reliable information on wait times from the initial referral by family physicians to specialists and definitive diagnostics procedures and treatment. We searched provincial health ministry web sites and government e-publications.

The ministry of health of Ontario has a web site with wait times for several surgical procedures but no comprehensive database is currently available on wait times for cancer diagnostic procedures. Ontario's cancer agency has brought much greater transparency to access times for medical and radiation oncology services. This is an important first step in identifying bottle necks and improving access to diagnostic and surgical services.

All provinces need to bring greater transparency to their cancer care resources. What consistently contrasts the perceptions of physicians and patients on the front line about wait times is the lack of a sense of urgency from health care authorities. This leaves a very unsatisfactory perception that the concerns of the individual patients are lost in the far-removed discussions of administrators.

Information on wait times is important for health care managers/planners. For the individual patient this is less useful. The patient first brings symptoms of concern to their family physician who then has to arrange medical specialist referrals for definitive diagnostic tests and then to a surgeon for treatment. Primary care physicians develop patterns of referral with a limited number of specialists in their geographic areas.

Wait time information throughout a province, as is available in Ontario, does not frequently influence the referral pattern of the family physician. It is only when a surgeon declines a referral because his operating room time constraints would jeopardize timely care that the patient and primary care physician will look for alternatives. This brings uncertainty to the patient; there is also a growing body of information that shows that delays in initiating treatment not only caused patient anxiety but may adversely affect the outcome of treatment for certain cancers.

There is no information on the effect of delays in access to cancer care and outcomes. What we have is information from Europe. When the U.K. decided to investigate the cause of having the worst outcomes from cancer compared to western European countries, delays in accessing cancer care appeared to be the only variable capable of explaining this large disparity. In response, the U.K. has channeled increased resources to cancer care.

Similarly, delayed access to drug therapy in Canada is often caused by the multiple layers of review, from the initial federal review for safety and efficacy, to price reviews that establish an acceptable market price, to the inter-provincial clinical and cost-benefit review and then to the individual provinces for a funding decision. A new drug that is rapidly adopted in the U.S. does not become an insured treatment in Canada until years of this regulatory consideration are completed. And then, as with all aspects of our health system, the patient access will vary from province to province.

The international disparities in access to new medicines for cancer treatment were reported last year by the U.K.'s own Sir Michael Richards, National Cancer Director. The U.K. placed 12th on a list of 14 countries surveyed; Canada placed 13th. The uproar in the U.K. caused an immediate influx of funding for new cancer drugs and dismissal of the drug review committee responsible for rejecting these treatment options.

Canada has relatively fewer hospital beds per population than most European countries and Ontario has the fewest hospital beds for its patients than any other province. This situation is chronic; better productivity of the Canadian hospital system that could explain our lower need for acute care beds is an undocumented assumption that needs to be challenged. Navigating the hospital network is daunting for primary care physicians and detrimental to patient care.

The discourse on the need for patience while hospital administrators look for solutions is of little solace to the patient who needs care now.

The first five priority areas for improved wait times are considered to have been successful. Reporting on the results for 2010, the Canadian Institute for Health Information states that eight out of 10 patients received their priority procedures within the recommended time frames.

It is time for the next step—selecting the next priorities and negotiating the terms of a federal/provincial/territorial agreement on wait times.

Our readers are invited to vote on their own priorities.

Vote on our website, www.canceradvocacy.ca

or email to waittimes@canceradvocacy.ca

with your thoughts on priorities for wait time improvement.

ELECTIONS 2011

Federal Election	May 2, 2011
Newfoundland and Labrador	October 11, 2011
Prince Edward Island	October 3, 2011
Ontario	October 6, 2011
Manitoba	October 4, 2011
Saskatchewan	November 7, 2011
Northwest Territories	October 3, 2011
Yukon	Election possible in 2011