Ontario's Access to Care Challenges from My Side of the Gurney and Computer

Chris Simpson, MD
Disclosure

- Chief Medical Information Officer, Novari Health
- Chair, Ontario Quality Standards Committee (HQO)
- Vice-Dean (Clinical) Queen’s Faculty of Health Sciences
- President-elect, Canadian Academy of Health Sciences
- Former Chair, Canadian Wait Time Alliance
- Academic and clinical cardiologist (Heart Rhythm disorders)
TORONTO STAR reports Mr. Charles Coleman suffered heart attack and dies December 1988 (cardiac surgery had been postponed 11 times).
L.S. – 49 year old woman

- Large myocardial infarction (prox LAD) – large anterior scar
- Waiting for primary prevention ICD
- Died suddenly on the waiting list after waiting for almost 6 months
ACCESS TO CARE COMMENTARY

Canadian Cardiovascular Society commentary on implantable cardioverter defibrillators in Canada: Waiting times and access to care issues

CS Simpson MD, BJ O’Neill MD, MM Sholdice BA MBA, P Dorian MD, CR Kerr MD, DB Ross MD, H Ross MD, JM Brophy MD, for the Canadian Cardiovascular Society Access to Care Working Group

ACCESS TO CARE COMMENTARY

Universal access – but when? Treating the right patient at the right time: Access to electrophysiology services in Canada

Christopher S Simpson MD FRCPC, Jeffrey S Healey MD FRCPC, Francois Philippon MD FRCPC, Paul Dorian MD FRCPC, L Brent Mitchell MD FRCPC, John L Sapp Jr MD FRCPC, Blair J O’Neill MD FRCPC, Marcella M Sholdice BA MBA, Martin S Green MD FRCPC, Larry D Sterns MD FRCPC, Raymond Yee MD FRCPC; for the Canadian Cardiovascular Society Access to Care Working Group and the Canadian Heart Rhythm Society
Wait-time benchmarks for cardiovascular services and procedures

Submitted to the Canadian Wait Time Alliance
Submitted by the CCS Access to Care Working Group
Final report
July 27, 2005

Canadian Cardiovascular Society
Wait time guarantees

6 Provinces chose cancer (radiation therapy) as their target of choice and received share of $500m

<table>
<thead>
<tr>
<th>Province</th>
<th>RT guarantee</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEI</td>
<td>8 weeks</td>
</tr>
<tr>
<td>NS</td>
<td>8 weeks</td>
</tr>
<tr>
<td>NB</td>
<td>8 weeks from referral</td>
</tr>
<tr>
<td>Man</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Alta</td>
<td>8 weeks</td>
</tr>
<tr>
<td>BC</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

* CIHI report: Wait Times Tables—A Comparison by Province 2007
The Wait Time Alliance (WTA)
### July 2018

#### All Patients Combined:

95% of patients were treated within the target time

#### Priority 4 Patients:

Patients who should be treated within a **target time of 84 days**
- Waited on average **16 Days**
- 100% of patients were treated within target time

#### Priority 3 Patients:

Patients who should be treated within a **target time of 28 days**
- Waited on average **11 Days**
- 90% of patients were treated within target time

#### Priority 1 and 2 Patients:

Patients who should be treated within a **target time of 7 days**
- Waited on average **1 Day**
- 99% of patients were treated within target time
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Wait Time (HOURS:MINUTES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta Children's Hospital</td>
<td>01:28</td>
</tr>
<tr>
<td>Foothills Medical Centre</td>
<td>01:39</td>
</tr>
<tr>
<td>Peter Lougheed Centre</td>
<td>00:51</td>
</tr>
<tr>
<td>Rockyview General Hospital</td>
<td>01:30</td>
</tr>
<tr>
<td>South Health Campus</td>
<td>01:47</td>
</tr>
</tbody>
</table>

If you are in need of serious medical attention, please call 911 or go directly to your nearest emergency department.
<table>
<thead>
<tr>
<th>Treatment/service/procedure</th>
<th>NL</th>
<th>PE</th>
<th>NS</th>
<th>NB</th>
<th>QC</th>
<th>ON</th>
<th>MB</th>
<th>SK</th>
<th>AB</th>
<th>BC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Care (radiation therapy, curative care)*</td>
<td>A+</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>?</td>
<td>A+</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>?</td>
</tr>
<tr>
<td>Decision to treat to start of treatment (all body sites combined)</td>
<td>14 days</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>?</td>
<td>A+</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>?</td>
</tr>
<tr>
<td>Cardiac Care (Scheduled cases)*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Chronic Pain (Anesthesiology)</td>
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<td>O</td>
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<td>O</td>
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<tr>
<td>Diagnostic Imaging (non-urgent)</td>
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<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<td>O</td>
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<td>Family Medicine (Same day access)</td>
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<td>O</td>
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<td>O</td>
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<tr>
<td>Gastroenterology (Endoscopy)</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>General Surgery</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>Obsterics and Gynaecology (scheduled cases)</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>Orthopaedics (Joint Replacement)</td>
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<td>O</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Total hip arthroplasty</td>
<td>26 weeks</td>
<td>A+</td>
<td>A+</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>A+</td>
<td>B</td>
</tr>
<tr>
<td>Total knee arthroplasty</td>
<td>26 weeks</td>
<td>A+</td>
<td>A+</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>A+</td>
<td>B</td>
</tr>
<tr>
<td>Pediatric Surgery*</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Plastic Surgery</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Psychiatry (scheduled)</td>
<td>O</td>
<td>O</td>
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<td>O</td>
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<td>O</td>
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<tr>
<td>Rheumatology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Sight restoration</td>
<td>16 weeks</td>
<td>A+</td>
<td>A+</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>A+</td>
<td>C</td>
</tr>
<tr>
<td>Cataract surgery</td>
<td>16 weeks</td>
<td>A+</td>
<td>A+</td>
<td>B</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>B</td>
<td>A+</td>
<td>C</td>
</tr>
</tbody>
</table>
Balloon effect
Dear [Name],

This letter is to inform you that we have received your referral for [Patient Name]. DOB: [DOB]. Our current wait time for a new patient referral is approx [Approximate Wait Time] years. As such, we are unable to book new appointments at this time. We will hold your referral and mail an appointment slip to your patient when one is available. If this delay is unacceptable, alternative referrals should go to the Division of [Division Name] at the Ottawa Hospital or the Toronto Western Hospital.

If you intend to make alternate arrangements for your patient to be seen elsewhere, please let us know as soon as possible so we can void your referral. Thank you.

[Hospital Name]
Kingston, Ontario K7L 2V7
Fax: 613-546

[Signature]
Thank you for the referral on the above client to the JPOCSC Lipid Clinic.

The Lipid Clinic is a regional program within Fraser Health so we see clients from multiple communities. As a result, our referrals have grown significantly. Due to the high volumes of referrals we are now unable to see regular referrals until early 2019.

Please inform your patient that if they do not attend their initial appointment the referral will be cancelled and not rebooked, or if they arrive and their bloodwork is incomplete, then their referral will return to the bottom of the waitlist.

This is a necessary measure in light of our lengthy wait time.
March:

Unit number/Numéro de l’unité:
Account Number/N° de dossier:
Medicare Number/N° d’assurance:

Dear Sir or Madam/Che(r)e Madame ou Monsieur,

As per orders received from The Hospital Emergency Department, you are scheduled for the following appointment(s) on:

| June 10 at 10:00am for HOLTER MONITOR HOOKUP (24 HR) |

Please bring the documentation contained in this envelope with you at the time of your visit.

NOTE: Reminder to please bring your Medicare card with you at time of appointment.

If you have any questions regarding your appointment, contact the Central Scheduling Department of The

If the person named on this computer-generated letter is deceased, please accept our sincere apologies.
If patients/clinicians send me examples of long waits in ER, for referrals, elective surgery, etc, I will compile. Use hash tag #CanadaWAITS

Mary Lou Robertson @ml_robertson
@picardonhealth We need to start a new hashtag for people to respond with their wait-time length. Only way this will be tracked nationally!
Median wait time by province in 2016 (weeks)

- Wait from GP to specialist
- Wait from specialist to treatment

Access to care equity

Inequalities in waiting times by socioeconomic status

Luigi Siciliani

Abstract
Waiting times for elective care are a major health policy issue in many developed countries. Recent empirical studies suggest that inequalities in waiting times by socioeconomic status are present within publicly-funded systems in several countries. In this short commentary I discuss alternative approaches regarding data, methods and interpretation of results. Further work in this research area is needed.
Today, one-third of my patient appointments were virtual. It’s convenient for them and more efficient for me.

0
Wait
Wait time for a primary care appointment (physical or virtual)

1
Wait
Wait time for referrals from primary care to specialists, clinic, imaging, etc. and eConsults

2
Wait
Wait time for surgeries, endoscopies, etc.

3
Wait
Wait time for post acute care discharge referrals, ALC rehab, CCC, LTC, community care etc.

On a mobile device, I conveniently saw my family physician without taking time off from work or driving across town.
Using Novari eRequest, I showed Sam his referral options, then sent his referral electronically to an appropriate surgeon with all of the necessary information.

Wait 0: Wait time for a primary care appointment (physical or virtual).

Wait 1: Wait time for referrals from primary care to specialists, clinics, imaging, etc. and eConsults.

Wait 2: Wait time for surgeries, endoscopies, etc.

Wait 3: Wait time for post acute care, discharge referrals, AIC, rehab, CCC, LTC, community care, etc.

For my referral to a specialist, my doctor discussed my referral options including wait times.

Virtual Care
Novari Access to Care Platform™

My office received, triaged and accepted Sam’s referral electronically while automatically informing his primary care physician of Sam’s referral status.

Wait 0
Wait time for a primary care appointment (physical or virtual)

Wait 1
Wait time for referrals from primary care to specialists, clinics, imaging, etc. and eConsults

Wait 2
Wait time for surgeries, endoscopies, etc.

Wait 3
Wait time for post-acute care discharge referrals, AIC, rehab, CCC, LCC, community care, etc.

When I had my appointment with the surgeon, he added me to his Novari wait list software and accurately estimated my date of surgery.

Virtual Care
After seeing Sam and deciding to proceed to surgery, we simply moved him onto our Novari surgical wait list. A few months later, using our Novari ATC system, we “eBooked” him into the hospital scheduling system.

With the Novari system, my surgeon kept track of me while I waited for surgery and made sure I was scheduled in accordance with provincial wait time targets.
Sam's referral and all of our eReferrals are always complete and can be accepted with a click of a button.

After surgery and a brief stay in hospital, the hospital staff used the Novari system to send and track my rehab referral.
The Novari eRequest® module can manage both “direct” and “central intake” access models.

A direct or point-to-point system.

or

A central intake or single point of entry system.
Appropriateness
Health services are relevant to user needs and are based on accepted or evidence-based practice

Safety
Mitigate risks to avoid unintended or harmful results

Efficiency
Resources are optimally used in achieving desired outcomes

Accessibility
Health services are obtained in the most suitable setting in a reasonable time and distance

Acceptability
Health services are respectful and responsive to user needs, preferences and expectations

Effectiveness
Health services are provided based on scientific knowledge to achieve desired outcomes
Current State: Point to Point Faxed Referrals
Primary Care to Specialist Care

Surgical
- Unique Form
  - ENT
  - General surgery
  - Gynecology
  - Orthopedics
  - Urology
- Generic Form
  - Anesthesiology
  - Cardiac/thoracic surgery
  - Critical care
  - Dermatology
  - Gastroenterology
  - General medicine
  - Hematology
  - Infectious disease
  - Neurology
  - Neurosurgery
  - Ophthalmology
  - Oral surgery
  - Plastic surgery
  - Pulmonary
  - Radiation oncology
  - Rheumatology
  - Urology

Medical
- Unique Form
  - Cardiology
  - Clinical Immunology/allergy
  - Dermatology
  - Endocrinology
  - Geriatric medicine
  - Gastroenterology
  - Hematology
  - Infectious disease
  - Medical genetics
  - Neurology
  - Nephrology
  - Neurosurgery
  - Ophthalmology
  - Otolaryngology
  - Oncology
  - Pediatrics
  - Physical medicine & rehab
  - Radiation oncology
  - Respiratory
  - Rheumatology
  - Urology

Diabetes
Diagnostic imaging
Mental Health
Addictions
Cardiac Rehab
CCC
HealthLink
AXE THE FAX!
How are waits for different services perceived?
Patients should not wait excessively for important medical care.

**Tumour Doubling Time (weeks) by Primary Cancer Site**

128 studies of 8071 cases
Patients usually don’t mind waiting…..

• If they are confident that it is safe to wait
• If they are confident that they haven’t been forgotten
• If they have confidence in the integrity of the triage
• If there is good communication and good concurrent care during the wait
eRequest Pathways

Mental Health
Addictions
Foot Care
Diabetes
ISAEC (Spine)

MSK (Hip & Knees)
Diagnostic Imaging
Rehab / CCC
Pharmacy Orders
Cardiac Services

Health Links
Clinics
Ophthalmology
Surgery
Pediatrics
# Healthcare System Performance Rankings

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
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</thead>
<tbody>
<tr>
<td><strong>OVERALL RANKING</strong></td>
<td>2</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Care Process</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>10</td>
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<td>Access</td>
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<td>6</td>
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<td>3</td>
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<td>Administrative Efficiency</td>
<td>1</td>
<td>6</td>
<td>11</td>
<td>6</td>
<td>9</td>
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<td>Equity</td>
<td>7</td>
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<td>11</td>
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<td>Health Care Outcomes</td>
<td>1</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: Commonwealth Fund analysis.
We offer three kinds of service:
GOOD - CHEAP - FAST
You can pick any two
GOOD service CHEAP won’t be FAST
GOOD service FAST won’t be CHEAP
FAST service CHEAP won’t be GOOD
What is the problem?

Example 1:
ED visits for schizophrenia per age standardized 100,000 residents, by Ontario census area

Source: CIHI Portal NACRS
What is the problem?

Example 2:
Hysterectomies per age standardized 100,000 women residents, by LHIN

Source: CIHI Portal DAD & NACRS
What is the problem?

Example 3:

Percentage of long-term care home residents 65 years or older using an antipsychotic medication, by individual home (ordered lowest to highest) on March 31, 2013, in Ontario

Source: Looking For Balance: Antipsychotic Medication Use in Ontario Long-Term Care Homes, Health Quality Ontario (2015)
Why are these problems?

While some of these variations reflect differences in patient needs and/or preferences, others do not. Instead, they are due to other factors, such as variations in medical practice styles or unequal access to health care services.

This variation raises concern about the quality of healthcare, especially the equity and the efficiency of health systems.

Geographic variations in health care: What do we know and what can be done to improve health system performance? OECD (2014)
Each quality standard focuses on a certain health care issue and consists of:

- Clinical Guide
- Recommendations for Adoption
- Patient Guide
- Information and Data Brief
- Data Infographic
Choosing Wisely Canada
In partnership with the Canadian Medical Association
4 things we need to amplify

• Common wait lists
• Wait list management, consult and referral e-tools
• Appropriateness and quality guidelines (Choosing Wisely, HQO quality standards, etc)
• Public reporting / wait time benchmarks / robust triage
Patients who need to wait

- Communication, communication, communication
  - respectful
  - personalized
- Formal and informal touchpoints
- Transparency, honesty and authenticity
OUR HIGHEST PRIORITY IS SATISFYING OUR CUSTOMERS... EXCEPT WHEN IT IS HARD... OR UNPROFITABLE... OR WE'RE BUSY.