

Wait Times: A Snapshot of What We Know

Access to care – particularly wait times – is often the focus of intense media coverage and public debate. Ideally, solid information would inform this debate and the decisions that follow. Imagine knowing how long patients wait for different types of care and how this has changed over time. Or how waits affect the health and well-being of patients and their families. Or what works best to reduce wait times. Now imagine having this type of information for all parts of a patient’s journey – from initial assessment and diagnosis, to treatment, to recovery or management of chronic illness. This would mean no hidden waits and make it more obvious how changing one part of the health system affects others.

The good news is that there is better information on wait times than ever before. As of December 2005, all provinces had reported wait times in at least some of the First Ministers’ priority areas: cancer treatment, sight restoration, joint replacements, cardiac care and diagnostic imaging. Many provinces have enough information now to begin to manage wait-lists. The information can also form a starting point for tracking trends over time, with the longer-term objective of answering the question: Are things getting better or worse?

Nevertheless, while the data picture has improved dramatically in a relatively short time, we still do not have a comprehensive, cross-Canada picture of all waits. Differences exist in defining when the clock starts (e.g., symptom onset, initial assessment or procedure booking), which patients are included and how the data are reported. These differences preclude direct comparison of most wait times among provinces and against national benchmarks. Additionally, most wait times measures focus on waits for surgery, so little data are available about other waits across the spectrum of care. Here, we present selected findings from a recent CIHI publication (Canadian Institute for Health Information 2006), based on data reported in provincial wait times Web sites and reports, surveys, new data and analysis from CIHI, as well as other pan-Canadian and international sources.

Waits May Start Before You Are on “The List”

There has been a focus on measuring and reporting waits for surgery, but patients may experience other waits on their care journey. For example, there may be waits for primary care (whether through a family doctor, in a hospital emergency department or elsewhere), for a

specialist, for diagnostic tests (and their results), as well as for surgery or other treatment. Some patients may also wait for additional care after their surgery or treatment is complete.

The majority of Canadians reported that their waits were acceptable, but of those who said that their waits were not acceptable, a higher percentage indicated specialist visits rather than non-emergency surgery or major diagnostic tests as the source of those waits (Statistics Canada 2005) (Fig. 1).

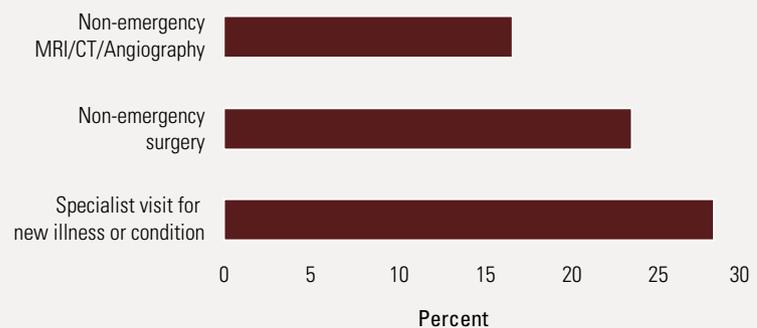
In some areas, such as joint replacements, we are beginning to understand how the wait time is segmented across the spectrum of care from referral to a specialist through to completion of surgery (Fig. 2).

No Average Patient, No Average Wait

“How long is the wait?” is a common question – but analysis of available data shows that it is difficult to give a single answer. Most often reporting focuses on median wait times, or the time within which half of those waiting receive their care. What is less frequently reported is the distribution of waits.

For many procedures and treatments, there are patients who receive care relatively quickly, as well as those who have

Figure 1. Canadians age 15+ who report their waits as unacceptable



Source: Health Services Access Survey 2005 (first 6 months of data), Statistics Canada.

Figure 2. Where are the Waits? Focus on Joint Replacements

The Canadian Joint Replacement Registry reflects submissions from selected orthopedic surgeons in eight provinces. Data from the 1,915 patients entered between April and December 2005 highlight how the time between referral to a specialist and surgery is divided for hip and knee replacement patients, on average.

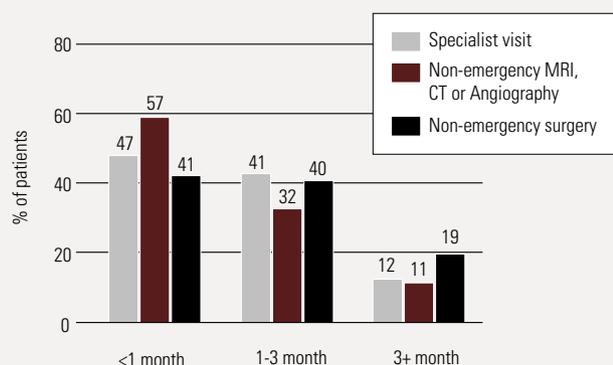


Source: Canadian Joint Replacement Registry, CIHI.

much longer waits. For example, CIHI analysis shows that waits for knee replacements are typically in the range of seven months. But we know that the 10% of patients who receive care most quickly wait less than two months for their surgery, while at the other end of the queue, the 10% with the longest delays wait more than 21 months for surgery. These figures exclude the time a patient was in a queue for an appointment with an orthopedic surgeon or for tests. Data reflect submissions from selected orthopedic surgeons in eight provinces.

Surveys of Canadians who have received non-emergency surgery or major diagnostic services suggest that the waits in 2005 are about the same as they were in 2001 (Statistics Canada 2001; Statistics Canada 2005). However, 2005 data show that within a given year there are some patients who receive care promptly, and others who have much longer waits (Fig. 3).

Figure 3. Distribution of Wait Time by Service, Canada 2005



Source: Health Services Access Survey 2005 (first 6 months of data), Statistics Canada.

What Factors Influence How Long You Wait?

There are several factors that can affect Canadians' waits for healthcare services, making it difficult to describe a typical patient experience across all health conditions. Among these factors are

- *What you're waiting for:* Across the country, wait times in First Ministers' priority areas tend to be longest for knee replacements, followed by hip replacements and cataract surgery. Typical waits for cardiac procedures tend to be shorter.
- *Whose list you are on:* Where comparable data exist, there are often significant variations in waits among care providers. For example, waits for radiation therapy vary across Ontario. In December 2005, for eight of the nine types of cancer, typical waits varied by more than three and a half weeks depending on which treatment centre provided care. Similar variation was found in provinces such as Alberta or British Columbia, where waits are reported by surgeon.
- *How urgently you need care:* Not surprisingly, patients who

are deemed to require care more urgently tend to have shorter waits. For example, most CT exams are for outpatient diagnostic purposes, with typical waits of a few weeks. In contrast, about one in three CT patients are referred for their exam from hospital (in-patient bed or emergency department). These patients typically receive their exam on the same or next day.

- *Special factors related to individual patients or conditions:* Critically ill patients may need to be stabilized before they have surgery. In the case of elective surgery, patients may wish to schedule the procedure to take work or family events into account. Other patients may prefer to wait for a surgeon of their choice. Some wait times measurement systems take these factors into account; others do not.

These findings and others are described in more detail in a recent report by the Canadian Institute for Health Information (CIHI) entitled *Waiting for Health Care in Canada: What We Know and What We Don't Know*. This new report compiles information from various data sources to provide a unique picture of waits for assessment and diagnosis, surgery and post-acute care. For a free copy of the report, as well as links to the most up-to-date provincial and territorial information from government wait times Web sites, please go to www.cihi.ca.

References

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