

March 2014



Analysis in Brief

Wait Times for Priority Procedures in Canada, 2014

Types of Care

Canadians have indicated that waiting too long for care is the largest barrier to accessing health services.¹ As a result, policy-makers made reducing wait times and improving access to care a high priority in Canada. It has been a decade since the *10-Year Plan to Strengthen Health Care*ⁱ of 2004 established strategic investments in five priority clinical areas: cancer, heart, diagnostic imaging, joint replacement and sight restoration.^{2,3} As part of the plan, the Canadian Institute for Health Information (CIHI) was asked to report on progress across the country. After 10 years, much has changed.

In 2004, there was little existing information about how long Canadians waited for care. Most of the available wait time information came from surveys on patients' experiences in accessing care. Over the past decade, there have been some major improvements in reporting how long people wait for the five priority clinical areas in all provinces. All jurisdictions now report wait time information on public websites, and some do so at the regional, facility and surgeon levels (see the appendix).

Many provinces also report on areas beyond the priority-area procedures, such as general surgery, chemotherapy and emergency care. However, there are some areas where information gaps continue to be challenging. Measuring and reporting on access to primary health care, specialists, cardiac surgery and diagnostic imaging remain as issues. There is still much work to be done.

Over the past three years, wait times for priority procedures have remained virtually unchanged, while the number of procedures performed has continued to rise. Some patients still wait longer than the recommended time frames in all provinces.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

Federal Identity Program

Production of this report is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

i. In the companion agreement, *Asymmetrical Federalism That Respects Quebec's Jurisdiction*, it was noted that Quebec would apply its own wait time reduction plan in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.



Understanding This Report

This report provides comparative wait time information for procedures in the five priority areas set by the first ministers in 2004. To facilitate comparisons, pan-Canadian benchmarks were also established in 2005. Benchmarks are defined here as “evidence-based goals each province or territory will strive to meet, while balancing other priorities aimed at providing quality care to Canadians. Benchmarks express the amount of time that clinical evidence shows is appropriate to wait for a particular procedure.”⁴ Because not all delays in receiving treatment are directly related to access to care, it may not be reasonable to expect 100% of procedures to be performed within a benchmark time frame. To date, 90% has represented a practical target.

Trends were used in this report to track progress. Trends were determined using the last three years of available data, where measurements have been consistently reported. A trend is an increase or decrease of at least 5 points in the percentage of patients receiving care within the benchmark from the baseline year of 2011. The proportion was considered unchanged with any difference of less than 5 points.



This report provides a snapshot of wait times in Canada. Additional wait time information, including trends from 2008 to 2013 by province and priority area, is available on CIHI’s website (<http://waittimes.cihi.ca/>).

NEW New for 2013: Cancer Surgery Wait Times

Provinces have worked together to develop a common approach to measuring wait times for the surgical treatment of cancer for five body sites: breast, prostate, colon–rectum, lung and bladder. This report provides the first ever snapshot of waits for cancer surgery across Canada.

Wait Times in 2013: Key Findings for Priority Procedures

Wait Times Unchanged Over Past Three Years

Over the past three years, there has been little change in the proportion of people treated within the benchmarks. About 8 out of 10 patients received priority surgical procedures within these targets, while 97% of radiation therapy was delivered within 4 weeks (28 days). Over the same time frame, there was an increase in the number of patients who received care. The largest change was seen in hip replacements, with a 17% increase in the number of procedures performed. Despite the increase in the number of procedures, wait times remained virtually unchanged (Table 1).

Table 1: Change in Percentage Meeting Wait Time Benchmarks and Total Volume, 2011 to 2013, Canada

| Procedure (Benchmark) | Percentage Within Benchmark | | Change in Number of Procedures |
|--|-----------------------------|----------------------|---|
| | April–September 2011 | April–September 2013 | From April–September 2011 to April–September 2013 |
| Hip Replacement (182 Days) | 82% | 82% | 17% |
| Knee Replacement (182 Days) | 75% | 76% | 15% |
| Hip Fracture Repair* (48 Hours) | 79% | 83% | 7% |
| Cataract Surgery† (112 Days) | 82% | 81% | 5% |
| Radiation Therapy (28 Days) | 97% | 97% | 6% |

Notes

* Quebec wait times for hip fracture repair are not included due to methodological differences in the data.

† The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk. There is not yet consensus on a definition of “high risk,” so the benchmark is applied across all priority levels.

All-Canada estimates were calculated using the provincially submitted percentages meeting benchmark and 50th and 90th percentile waits, except for hip fracture repair.

There are no pan-Canadian benchmarks for cancer surgery, magnetic resonance imaging scans and computed tomography scans.

As of 2012, the percentage of patients receiving coronary artery bypass graft within the benchmark is no longer reported.

Some Patients Still Not Being Seen Within Benchmarks

Despite efforts to reduce wait times, some patients wait longer than the evidence-based benchmark. For example, although half of patients (50th percentile) received a knee replacement in 104 days, 1 out of 10 (90th percentile) waited 263 days or more for surgery (Table 2). At least 1 out of 10 patients (90th percentile) also did not receive care within the benchmarks for hip replacement, knee replacement, hip fracture repair and cataract surgery.

Table 2: Overview of 2013 Wait Time Measures, April to September 2013, Canada

| | Pan-Canadian Benchmark | All-Canada 50th Percentile Waits | All-Canada 90th Percentile Waits |
|-----------------------------|------------------------|----------------------------------|----------------------------------|
| Hip Replacement | 182 Days | 86 Days | 230 Days |
| Knee Replacement | 182 Days | 104 Days | 263 Days |
| Hip Fracture Repair* | 48 Hours | 24 Hours | 63 Hours |
| Cataract Surgery† | 112 Days | 46 Days | 153 Days |
| Radiation Therapy‡ | 28 Days | 7 Days | 18 Days |

Notes

* Quebec wait times for hip fracture repair are not included due to methodological differences in the data.

† The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk. There is not yet consensus on a definition of “high risk,” so the benchmark is applied across all priority levels.

‡ 50th and 90th percentile radiation therapy estimates exclude Quebec.

All-Canada estimates were calculated using the provincially submitted percentages meeting benchmark and 50th and 90th percentile waits, except for hip fracture repair.

There are no pan-Canadian benchmarks for cancer surgery, magnetic resonance imaging scans and computed tomography scans.

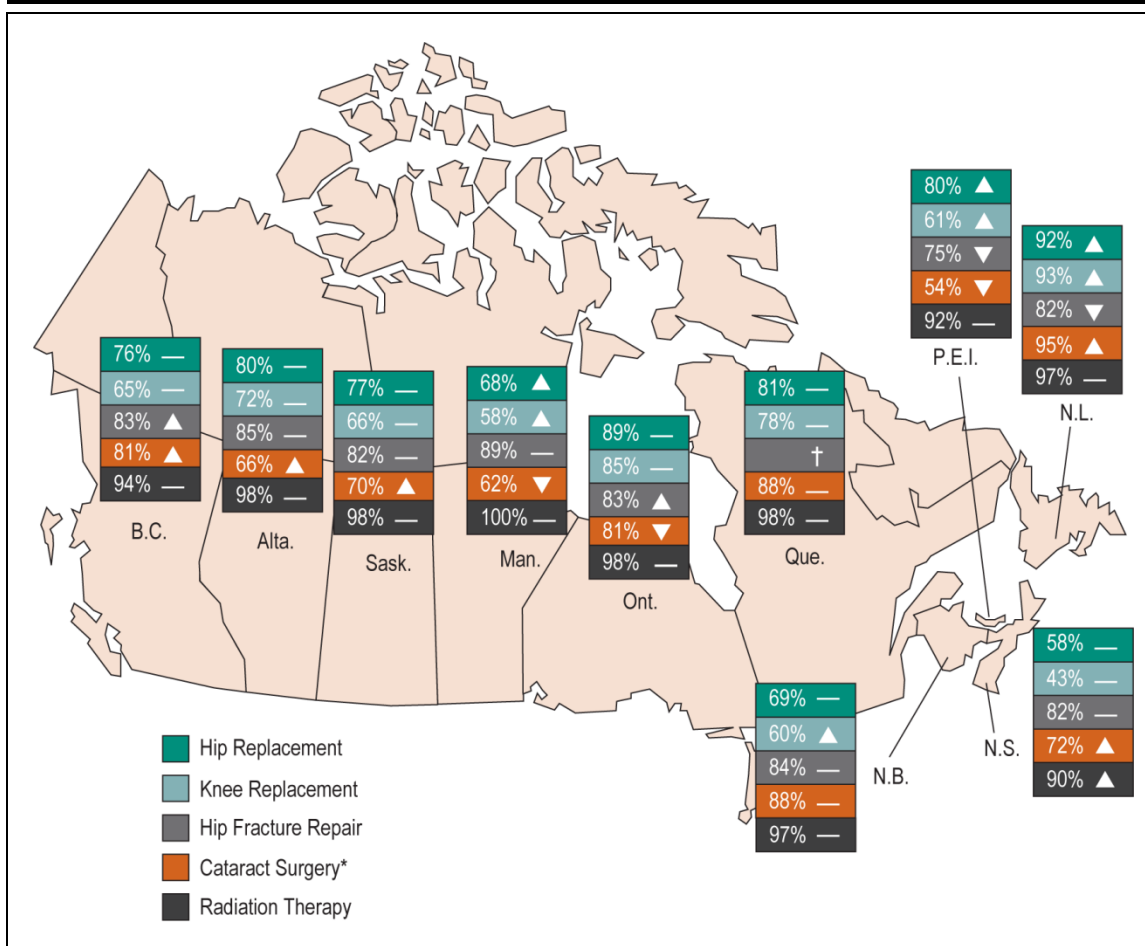
As of 2012, the percentage of patients receiving coronary artery bypass graft within the benchmark is no longer reported.

In Several Provinces, More Patients Have Joint Replacement Surgery Within Benchmarks

About four out of five patients received a joint replacement within the benchmark of 182 days. In three provinces (Newfoundland and Labrador, Prince Edward Island and Manitoba), there were improvements in the percentage of patients receiving both hip and knee replacements in the past three years. There were also improvements in New Brunswick’s results for knee replacement (Figure 1).

The provincial improvements in wait times for joint replacements came with an increased number of procedures being performed. In Canada, almost all knee replacements (97%) and more than three-quarters of hip replacements (77%) are a result of degenerative arthritis,⁵ a condition characterized by chronic breakdown of the cartilage in the joints. Degenerative arthritis is becoming increasingly common in the non-senior population, specifically in those age 55 to 65.⁶ With this increased need for joint replacement services, provinces are challenged to establish programs to ensure that most Canadians receive care within the recommended time frames.

Figure 1: Percentage Meeting Benchmark, April to September 2013, by Province



Notes

- ▲ At least a 5-percentage-point *increase* in percentage meeting benchmark since 2011 (after rounding to nearest percent).
 - ▼ At least a 5-percentage-point *decrease* in percentage meeting benchmark since 2011 (after rounding to nearest percent).
 - No substantial change in percentage meeting benchmark since 2011.
 - * The pan-Canadian benchmark specifies cataract surgery within 16 weeks (112 days) for patients who are at high risk. There is not yet consensus on a definition of “high risk,” so the benchmark is applied across all priority levels.
 - † Quebec wait times for hip fracture repair are not included due to methodological differences in the data.
- There are no pan-Canadian benchmarks for cancer surgery, magnetic resonance imaging scans and computed tomography scans. As of 2012, the percentage of patients receiving coronary artery bypass graft within the benchmark is no longer reported.

Wait Times for Cataract Surgery Improve in Some Provinces, Grow Longer in Others

Eight out of 10 provinces have experienced a significant change in the percentage of people being treated within wait time benchmarks for cataract surgery since 2011. Five provinces showed an increase in the proportion of patients receiving cataract surgery within the benchmark (Newfoundland and Labrador, Nova Scotia, Saskatchewan, Alberta and British Columbia), while three provinces saw a decline in this proportion over three years (Prince Edward Island, Ontario and Manitoba). The percentage of patients being treated within the benchmark of 112 days ranged from 54% to 95% among provinces (Figure 1).

All Provinces Achieve Target of 90% of Patients Receiving Radiation Therapy Within Benchmark Time Frames

All provinces were able to provide radiation therapy to at least 9 out of 10 patients within the benchmark time frame of 28 days (Figure 1). Seven out of 10 provinces provided care to at least 95% of patients within the benchmark. Radiation therapy was the only priority area in which Canada reached the 90% target.

Pan-Canadian Cancer Surgery Waits Vary by Cancer Site

NEW There are more than 200 types of cancer, each with a different prognosis and course of treatment.⁷ Consequently, wait times are expected to vary, both by cancer body site and by severity of the cancer. This is true among the five common cancer types reported on here. The shortest pan-Canadian wait times were reported for breast cancer surgery, with half of patients being treated in less than 3 weeks (17 days) and 9 out of 10 being treated within 6 weeks (42 days). Similar wait times were seen for both colorectal and lung cancer surgery (Figure 2).

Of the five common cancers, patients waited the longest to receive prostate cancer surgery. All provinces reported longer waits for prostate cancer surgery than for any other cancer surgery. Due to the nature and treatment of prostate cancer, longer wait times may be expected. In many men, prostate cancer cells grow so slowly that the cancer appears to remain stable over time.⁸ As a result, alternative management protocols for low-risk prostate cancer, such as watchful waiting and active surveillance, are growing in popularity. Evidence shows that some men have similar survival rates with these strategies as with surgery, while avoiding some of the side effects and risks.⁹

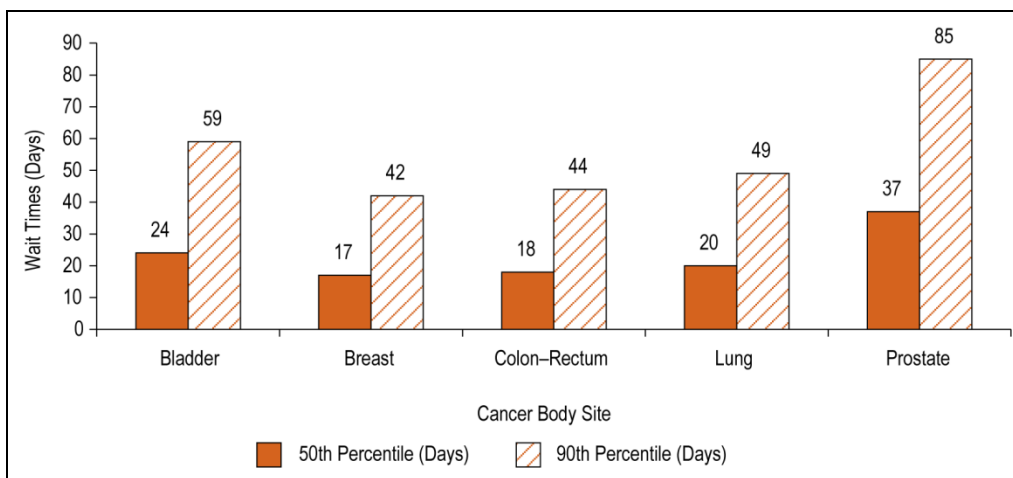
How Are Cancer Surgery Wait Times Measured?

Cancer surgery wait times are measured from the date of booking to the date of surgery.

The booking date is set when the patient and physician agree to a service and the patient is ready to receive it. It excludes any planned delays that are related to specific treatment protocols (such as patients receiving chemotherapy or radiotherapy prior to surgery) or related to patient preference (such as a request for a second opinion).

There are currently no established pan-Canadian benchmarks for cancer surgery wait times, although some provinces and agencies have developed guidelines based on the stage of cancer diagnosis. The cancer surgery wait times in this report include all stages of cancer.

Figure 2: Wait Times for Cancer Surgery by Cancer Site, April to September* 2013, Canada



Notes

* Alberta cancer surgery data was collected between December 2012 and May 2013.

Cancer surgery wait times are measured from the date of booking to the date of surgery.

There are no pan-Canadian benchmarks for cancer surgery.

All-Canada estimates were calculated using the provincially submitted 50th and 90th percentile waits.

Surgical wait time estimates for bladder cancer, colorectal cancer and prostate cancer exclude Manitoba.

No lung cancer surgical procedures were performed in Prince Edward Island.

Wait time reporting for cancer surgery is an important step in understanding the cancer care journey and in measuring the health system's ability to meet the needs of cancer patients. Cancer may grow and spread to other body parts over time; consequently, an inappropriate delay in treatment may mean lost opportunity for recovery. In addition to the medical risk of waiting for surgery, waiting for cancer surgery can result in anxiety for patients and their families. This first year of data on cancer surgery wait times gives a snapshot of performance. That said, it will require several more years of data before any conclusive interpretations can be made.

More Than Half of Provinces Now Able to Provide Diagnostic Imaging Wait Times

Six out of 10 provinces submitted comparable wait time data for computerized tomography (CT) and magnetic resonance imaging (MRI) scans in 2013. Among these six provinces, the typical wait (50th percentile) for an MRI scan in 2013 ranged from 23 to 80 days, and was 2 to 6 times longer than the typical wait for a CT scan (Table 3). The 90th percentile ranged from 33 to 66 days for CT scans and from 60 to 247 days for MRI scans.

Table 3: Provincial Wait Times (Days) for CT Scans and MRI Scans, April to September 2013, by Province

| | CT Scans | | MRI Scans | |
|---------------|-----------------|-----------------|-----------------|-----------------|
| | 50th Percentile | 90th Percentile | 50th Percentile | 90th Percentile |
| P.E.I. | 23 | 45 | 58 | 135 |
| N.S. | 20 | 66 | 47 | 136 |
| Ont. | 7 | 33 | 23 | 60 |
| Man. | 18 | 47 | 70 | 127 |
| Sask. | 13 | 51 | 28 | 88 |
| Alta. | 13 | 43 | 80 | 247 |

Note

Wait times for CT scans and MRI scans were unavailable for Newfoundland and Labrador, New Brunswick, Quebec and British Columbia.

Wait Time Reduction Programs: International and Canadian Perspectives

Canada is by no means the only country to experience issues with access to care.¹⁰ Around the globe, a wide range of strategies has been implemented to reduce wait times and improve access. A recent study by the Organisation for Economic Co-operation and Development (OECD) reviewed a sample of these programs in several countries and highlighted three common strategies:¹⁰

- **Increased funding:** Added funding to health providers is often used to clear backlogs and improve a system's capacity to treat patients, thereby reducing wait times. However, the OECD concluded that this increase in funds "has almost invariably been unsuccessful in bringing down waiting times over the long term." The funding often leads to a short-term reduction in wait times, but the effect tends to last only until the funding ends. In Australia, additional funding was provided to reduce wait times for elective surgical procedures. After four years, many additional procedures had been completed; however, wait times had not been reduced.
- **Wait time guarantees:** These provide a maximum wait time for certain procedures, with sanctions for providers if the targets are not met and alternative ways for patients to receive timely care. Guarantees put pressure on system managers and physicians to provide care within the target time frame. The OECD found that guarantees were most effective when enforced. In Portugal, for example, once patients have waited three-quarters of the guaranteed time, they are provided with a voucher allowing them to transfer to another provider. Consequently, the original provider loses the funding associated with treating these patients.

- **Clinical prioritization tools:** These tools appear to be a promising approach. They allow patients to be triaged based on need, ensuring that timely care is provided to those who need it most, and they allow for more effective wait list management and improved public transparency. Countries like New Zealand and Norway have successfully introduced such tools, which triage patients based on both objective and subjective clinical criteria.

Understanding the successes and failures of international strategies may inform efforts to improve access to care. Across Canada, there have been many programs and strategies for reducing waits in the acute care sector and beyond. Though many have shown promising results, they have often been pilots that were not formally evaluated.

Examples of Wait Time Reduction Strategies in Canada

Prioritization Programs

Central intake models: Provide one location for patients to access care.

- An orthopedic referral system in Newfoundland and Labrador refers patients to the next available surgeon depending on their level of urgency.

Wait list management: Manages and prioritizes wait lists to provide timely care.

- A province-wide initiative in Saskatchewan aims to provide surgery to all patients within three months of their booking date. The initiative involves targeted funding, development of patient pathways, pooling of surgical referrals and additional training for operating room nurses.
- The Surgical Access Management Strategy was adopted in New Brunswick to provide recent wait time data to health authorities and practitioners to manage wait times for surgery patients.
- Nova Scotia is currently piloting an e-referral project to improve waits for specialist care.

Efficiency Programs

Lean programs: Systematically eliminate inefficiencies in health care.

- Health PEI has developed an advanced clinical access (ACA) program to reduce wait times for a family physician. It also established collaborative teams that offer services such as education, health promotion and chronic disease prevention/management.

Operating room efficiency: Allows more patients to be treated in less time.

- Ontario has developed performance indicators related to surgical process efficiency that are reported by every hospital.
- British Columbia has launched a province-wide perioperative care initiative to improve surgical care. The goals of the project include better and safer care for patients and improved efficiency through better perioperative practices and processes.

Beyond Acute Care Strategies

Reducing ED wait times: Serves to reduce the total backlog in the system.

- In 2010, Alberta Health Services began the Emergency to Home: A Senior's Journey to the Right Care initiative, which assessed seniors to determine if their care could be delivered at home.

Primary health care improvements: Prevent and treat conditions before they require acute care, thus increasing capacity.

- In Quebec, about 300 family medicine groups have been established across the province to increase the availability of family physicians and improve patient follow-up.
- Manitoba's Cancer Patient Journey Initiative aims to reduce waits for cancer treatment and improve the patient's experience. Using Lean methodologies to increase efficiencies, cancer journey improvements are under way in the areas of primary care, diagnostics, specialty care, IT support and communication.

Wait Time Challenges: The Road Ahead

Ensuring that all patients receive priority procedures in a timely manner will continue to be a concern in the years ahead, especially since the number of patients continues to grow. Without benchmarks, tracking and comparing these waits is challenging. There are currently no wait time benchmarks for cancer surgery and diagnostic imaging services. The Canadian Association of Radiologists suggested benchmarks following a pan-Canadian consultation process in 2013; however, the suitability of these benchmarks has not been tested in each province.¹¹ Comparing wait times for coronary artery bypass graft (CABG) surgery also remains a challenge. The benchmark time frames for CABG were established based on the urgency level of a patient's condition; however, there is no consensus across provinces on how physicians should prioritize patients needing CABG surgery. The way forward will require the engagement and collaboration of provinces and clinicians.

Canadians also experience waits for procedures beyond the priority areas set by the first ministers. Understanding these waits is just beginning. Many unknowns still remain, such as how long Canadians wait to see a family physician, to have a diagnostic test, for results or for a specialist appointment. Some sources suggest that Canada lags behind other countries when it comes to these waits.¹² To improve our knowledge of the complete care journey for patients with cancer, CIHI and the provinces are currently working on reporting intravenous chemotherapy wait times that can be compared by jurisdiction.

Conclusion

More Canadians are receiving priority procedures than in previous years; however, pan-Canadian wait times have remained virtually unchanged in the past three years. While Canada's overall performance has remained steady, several jurisdictions saw improvements in waits for joint replacements. This year, all provinces achieved the 90% target for radiation therapy; however, this target was rarely met for other priority procedures. For the first time, provinces reported wait time data for cancer surgery. This data represents an important step in understanding the care journey of a patient with cancer.

Today, progress continues to be made in understanding and tracking wait times in Canada. All provinces are undertaking a variety of approaches to improve wait time performance, ranging from prioritization and efficiency to non-acute strategies. Though many of these programs are small-scale and have not been evaluated, jurisdictions can learn from each other and from other countries to build on the considerable progress that has occurred over the past decade.

For More Information

This Analysis in Brief is part of CIHI's ongoing program of work related to access to care, including wait times. This area was identified as a priority through consultations leading up to the development of CIHI's strategic directions. Specific topics for analysis were selected based on subsequent focused consultations on priorities for better information about access to care.

This document is available free of charge in both official languages on CIHI's website, at www.cihi.ca.

Wait time information, including trends from 2008 by province and priority area, is available on CIHI's website, at <http://waittimes.cihi.ca>.

Acknowledgements

CIHI would like to acknowledge and thank the many individuals and organizations that contributed to the development of this Analysis in Brief.

Production of this analysis involved many people throughout CIHI. The editorial committee consisted of Kathleen Morris and Tracy Johnson. Special thanks go to the Emerging Issues team for its contribution to this report.

This analysis could not have been completed without the generous support and assistance of several other organizations, including access and wait time representatives from the provincial ministries of health.

Appendix: Provincial Wait Time Websites

| Province | Wait Time Website |
|----------|---|
| N.L. | http://www.health.gov.nl.ca/health/wait_times/index.html |
| P.E.I. | http://www.healthpei.ca/waittimes |
| N.S. | http://waittimes.novascotia.ca/ |
| N.B. | http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx |
| Que. | http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp |
| Ont. | http://www.health.gov.on.ca/en/pro/programs/waittimes/ |
| Man. | http://www.gov.mb.ca/health/waittime/index.html?/index.html |
| Sask. | http://www.sasksurgery.ca/ |
| Alta. | http://waittimes.alberta.ca/ |
| B.C. | http://www.health.gov.bc.ca/swt/# |

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