HURRY UP & WAIT

The state of Canadian health care in 2011

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Executive Summary

Canadian health care consumers have been saying since 2002 that they want wait times reduced, access to a family doctor, coordination of care, and "one-stop shopping." In addition to transfer payments to the provinces, the federal government alone has spent over $10-billion on attempts to improve the Canadian health care system. Reports indicate that wait times for specific surgeries have reduced but not for tests (in Ontario), only 7% of Canadians have electronic medical records, 30% of Ontario hospitals are in a deficit position, one-sixth of hospital beds in Ontario are occupied with patients waiting for long-term care placement, and over three-quarters of a million Ontarians have no family doctor. There is increasing attention to private sector provision of health care services – in large part a response to expectations about the quality of public services – and specifically as an addition to, rather than a replacement for, the public health care system.

What Canadian health care consumers want

What bothers them

Hurry up and wait

What governments are doing

What the results are

What Canadians think

The State of Canadian Health Care in 2011

⇨ What Canadian health care consumers want (1)

- Accessibility: People should be able to get timely and appropriate healthcare services to achieve the best possible health outcomes.
- Effectiveness: People should receive care that works and is based on the best available scientific information.
- Safety: People should not be harmed by an accident or mistakes when they receive care.
- Patient-centered care: Healthcare providers should offer services in a way that is sensitive to an individual's needs and preferences.
- Equitability: People should get the same quality of care regardless of who they are and where they live.
- Efficiency: The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas, and information.
- Appropriate resourcing: The health system should have enough qualified providers, funding, information, equipment, supplies, and facilities to look after people's health needs.
- Integration: All parts of the health system should be organized, connected, and work with one another to provide high quality care.
- Focus on population health: The health system should work to prevent sickness and improve the health of the people of Ontario.

What bothers them (1)

- Navigating the system: knowing whom to call, what to ask, how to move from provider to provider and back again, connecting the hospital process with the community process, organizing services in one's home.
- Dealing with repetition, redundancy and delay: repeating medical histories, symptoms, medical records, tests.
- Worrying about communication: wondering whether necessary information has been transferred from one provider to another or one setting to another, not being clear about what happens next in the care process – who is responsible for what.
- Getting lost in the transition: experiencing the problems described above at points of transition from one provider or organization to another, e.g. from hospital to home or a long-term care facility.

⇨ Putting it all together for consumers

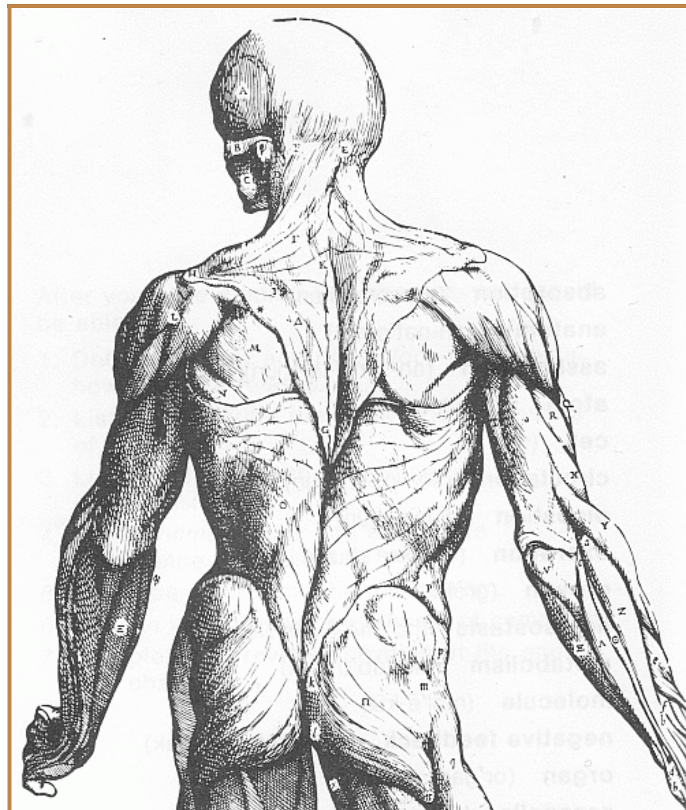
Focus group participants in the study cited above expressed concern for those who are not capable of advocating for themselves or don't have a family member to act for them.

Fifty-four percent of people in the survey of Ontarians reported that they were not confident that there was a single, lead person in charge of coordinating their healthcare services. (2)

Forty-one percent of people similarly reported that they do not feel that the health system values their time (not seen at time of appointment, dealing with only one issue in each appointment, short notice for appointments during work hours).

Frequently cited in the research literature were patients having to convey the same information repeatedly, being sent for duplicate tests (either because first results were not available or too much time had passed between the request for a referral, the tests, and seeing a specialist), appointments or treatments being postponed after the patient arrives onsite, rebooking an appointment because the health professional did not have adequate information to undertake an assessment of the patient at the time of the appointment.

The professionals themselves were highly valued but patients believed they are not communicating well with each other. (3)



The study above (1) discussed two themes from its findings

- **Coordination of care**: In today's health care environment patients receive care from a variety of professionals within and across multiple settings. Practice settings, and the health care and other service professionals affiliated with them, most often operate independently with no one single professional or provider coordinating an individual patient's journey through the system. Usually the patient and family caregiver represent the only common threads and, as such, may be left to facilitate their own way through the continuum of care without the skills, support or confidence they need to do so.
- **One-stop shopping**: Those patients receiving their care in integrated clinics or hospital departments expressed a greater degree of satisfaction or less difficulty with respect to ease of navigation than those whose health care professionals and related services were not co-located or were at some distance from one another. The concept of a "one stop shopping model" for services and information came up often as a means of unifying and coordinating services and information for both providers and the patients and caregivers they serve.

The researchers went on to say that

> The literature suggests that patient perceptions related to coordination of care are strongly tied to their observations of the extent to which health care professionals communicate with one another … This lack of informational consistency or continuity can suggest poor clinical oversight, undermining a patient's or caregiver's trust in their own or a loved one's care … What is most disturbing about the experiences that emerged is that the patients in question are not those relatively healthy individuals fortunate enough to put few demands on their health care systems, but those with pervasive, multiple and chronic illnesses that require ongoing care from a variety of health and social care providers in multiple settings … Here we refer, among others, to individuals with chronic illnesses including mental health issues, the elderly, and adults and children with physical disabilities … It is these individuals and their families who are most impacted by the lack of integration in our health care systems.

And concluded by stating

> Integrated care should be about putting the needs and expectations of the patient before those of health care institutions or providers. At the very least, it should involve an acknowledgement that the needs of patients and their families are equally important as the needs of the system. If we want patients to take charge of their care, we need to consider what will best enable them to do so. (1)

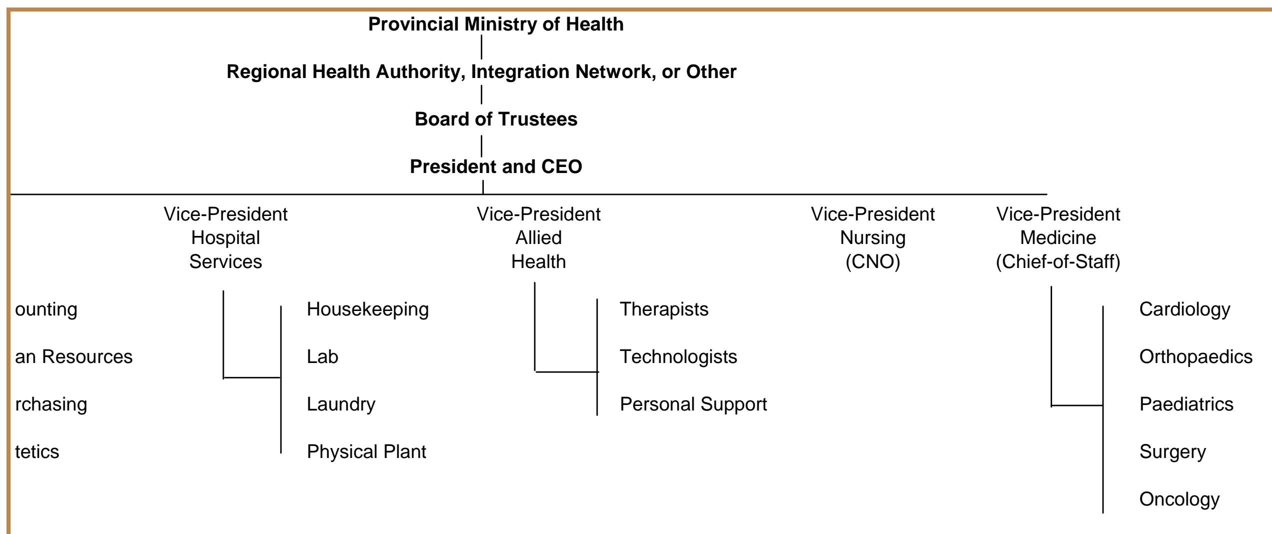


Figure 1: Hospital Hierarchy

What governments are doing (and spending) (4)

At the federal-provincial level:

1. The 2003 First Ministers' Accord on Health Care Renewal, and
2. The 2004 10-Year Plan to Strengthen Health Care.

Since the accords, the provincial and territorial governments have increased their annual health care spending by about $40-billion, from $85-billion in 2004 to a projected $125-billion in 2010. That's an average annual increase of 6.7%, although it varies by province and territory. Over the same period, federal transfer payments for health care have also increased. In 2005, the federal government allocated $19-billion to the Canada Health Transfer for annual cash payments to health care. This transfer has increased by 6% per year, an annual increase the federal government has legislated through 2013/14. (5)

With support from a $5.5-billion Wait Times Reduction Fund, The 2003 First Ministers' Accord on Health Care Renewal created a Diagnostic and Medical Equipment Fund of $1.5-billion to shorten wait times.

The 2007 federal budget included more than $1-billion to be used over three years to help jurisdictions test and implement wait times guarantees. This included a $612-million Patient Wait Times Guarantee Trust – a funding transfer to each province and territory to implement a wait times guarantee for its residents for at least one procedure by March 2010. (It also included $400-million for the Canada Health Infoway and $30-million for pilot projects.)

In 2004, First Ministers announced their intention to develop a National Pharmaceuticals Strategy. It has not gained momentum.

First Ministers agreed to accelerate the development and implementation of electronic health records, including e-prescribing. To this end, First Ministers committed to work with the Canada Health Infoway to realize the vision of the electronic health record through an ambitious plan and associated investment.

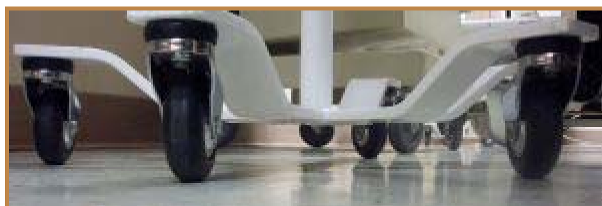
The Canada Health Infoway had invested in nearly 250 projects. Provinces and territories had also invested significantly.

As of March 2008, electronic health records were available for 7% of Canadians – not on track to meet the goal of 50% of Canadians by 2010.

Sixty-four percent of all diagnostic images taken in hospitals and clinics were digital, 30% of published lab test results were available electronically, and 24% of Canadians benefited from drug information systems.

In 2009, the federal government allocated $500-million to Canada Health Infoway for electronic health initiatives. In total, the federal government has contributed $2.1-billion to the initiative. When matching funds from the provinces and territories are included, the total grows to nearly $4-billion. (5)

In addition to investing in the federal agencies that provide funding for health research, the federal government has invested in independent agencies. It continues to support the Canada Health Infoway, contributing $2.1-billion between 2001 and 2010. The federal government also supports the Canadian Institute for Health Information, the Canadian Agency for Drugs and Technologies in Health, the Canadian Patient Safety Institute, the Canadian Health Services Research Foundation, Genome Canada, and the Canadian Institute for Advanced Research, all of which conduct or support leading-edge research in health-related areas.



Surgery	Can	BC	AB	SK	MB	ON	QC	NB	PE	NS	NL	Benchmark (weeks)
Hip Replacement	84	85	78	69	63	91	88	79	90	57	75	26
Knee Replacement	79	76	69	60	57	89	83	67	73	42	67	26
Hip Fracture Repair	78	80	81	72	82	77		78	74	78		48 (hours)
Cataract	83	79	48	62	70	88	87	89	80	67	80	16
Bypass	99	99	95	100	99	100		100		100	100	26
Radiation Therapy	98	92	94	97	100	97	98	87	97	85	94	4

Table 1: Pan-Canadian Surgical Wait Times Benchmarks (%, CIHI, 2011)

⇨ What the results (in Ontario) are (6)

- Ontario spends more on healthcare than many other industrialized countries – but gets lower scores on several of the selected key quality indicators than eight countries that spend less. When researchers compared Canada's performance to the performance of European countries across a much more detailed list of indicators, they observed that treatment quality in Canada was on par with most European countries, but wait times and patients' rights scored lower. They ranked Canada in last place among 32-nations on the "Bang-for-the-Buck" Index (see Table 2).
- Sixteen percent of hospital beds are designated as Alternate Level of Care (ALC – i.e. containing a patient that requires long-term care) and the problem has grown worse in the last three years.
- Wait times are good for cataract and cardiovascular surgeries and have improved for hip and knee replacements.
- Only one-third of MRI scans are done on time despite having doubled the number of scans in the last six years.
- Ontario lags behind the US for electronic medical records adoption; only 50% of hospitals have electronic patient records and fewer than one in 10 send information electronically to doctors and home care services in the community; 89% of hospitals store and retirieve digital images.
- As of March 2008, electronic health records were available for 7% of Canadians – not on track to meet the goal of 50% of Canadians by 2010. (4)
- Thirty per cent of hospitals are in a deficit position.
- Despite a major increase in long-term care (LTC) beds several years ago, the median wait time is 3.5 months (103 days) … [the] problem of ALC beds in hospitals – one-sixth of hospital beds are occupied by someone who does not need to be there … One in five people placed in LTC could potentially be cared for in alternative settings.
- There has been no change in the past three years in the percentage of Ontarians without a regular family doctor. Roughly 813,000 people are without a doctor, with half of them actively looking.

- Half of the people who are referred to a specialist wait four weeks or longer for an appointment.
- Fewer than 50% of Ontarians can see their doctor on the same day or next day when sick – this standing is the worst among 11-major countries surveyed.
- Only 53% of urgent cancer patients have their surgery within the recommended timeframe. Systemic treatments (e.g. chemotherapy) wait times are too high.
- Even after adjusting for the complexity of cases, the actual cost for a community hospital has increased by over 20% in the last four years.
- The cost for a complex continuing care patient's hospital stay per day is close to $200 more than in other hospitals. Over the last four years, the actual cost for a chronic care hospital stay has increased more than inflation.

Total health care expenditure as % of GDP (2008)	11.2
% of family physicians using EMR (2009)	43
% of adults able to see a doctor the same or next day (2010)	48
% of adults who waited four weeks or more to see a specialist (2010)	51

Table 2: "Bang for the Buck" Index (Ontario, 2011)

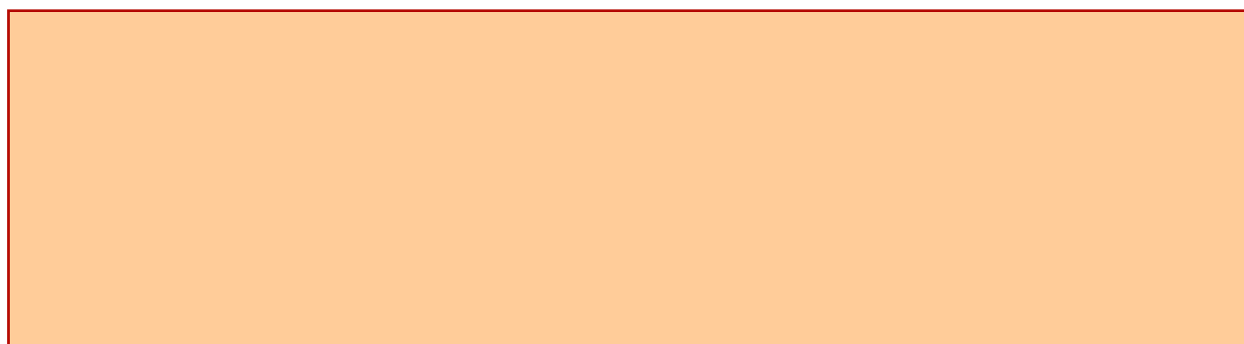
The report cited above went on to discuss that

> Wait times are complex due to local factors and the dynamic nature of supply and demand in health care. [The Canadian Institute for Health Information]'s reporting tells us that eight out of 10 Canadian patients are treated within the pan-Canadian benchmarks announced by governments in 2005 (for hip and knee replacement, hip fracture repair, cataract surgery, radiation, and bypass surgery – See Table 1), but the likelihood of receiving care within these timeframes varies by procedure and by hospital. (7)

And the one cited earlier concludes

> Despite the fact that the 2003 accord created a separate Diagnostic and Medical Equipment Fund of $1.5-billion to shorten wait times, long waits for diagnostic imaging (particularly MRI scans) persist in many jurisdictions, and there is reason to believe that some people waiting in the queues don't medically need to be there. This lack of progress shows that it takes more than money to reduce wait times. A comprehensive strategy, which would include the use of computerized order-entry systems linked to best practice guidelines, should also help physicians order the appropriate tests. (4)

Inbound/Upstream Activities	SOG
Have referral form	Y
Accept telephone referrals	N
Have referral log	Y
Multidisciplinary screening	Y
Home visit as part of screening	N
Standard information sets required	N
Require multi-disciplinary treatment to be necessary	Y
Screen beyond basic criteria	N
Time standard for screening	Y
Prioritize referrals	Y
Have waiting list	Y
Time standard for admission	N
Have brochure	Y
Issue brochure, other info, prior to admission	Y
Offer bilingual services	N
Clerical performs paperwork, makes arrangements	N
Inform family physician	Y



Family doctors	88
Nurse practitioners	11
Registered nurses	712
Registered practical nurses	231
Specialists	99

Table 3: Supply per 100,000 people
(Ontario)

⇨ What Canadians think (8)

Overall ratings of the health care system have improved slightly in recent years, but a large majority of Canadians still believe that the system is unsustainable and urgently in need of substantive change.

There is overwhelming support for increased spending on health care, from both levels of government.

The highest policy priority for Canadians is timely access to care. Quality is also a major concern.

There is increasing attention to private sector provision of health care services, in large part a response to expectations about the quality of public services. Most people interested in private health care view this as an addition to, rather than a replacement for, the public health care system. And support for private care does not preclude support for additional public funding – many support both.

In spring 1988, 65% of Canadians believed the federal government was doing a "good job" at "improving health care;" in spring 2005, 67% believed the federal government was doing a "poor job."

[In a] 2002 poll … The highest priority, which 63 per cent of respondents viewed as a top priority, was reducing waiting lists for diagnostic services like MRIs and CAT scans.

Just after the 2004 meetings, respondents were asked to rank the 13-items in the 10-Year Plan to Strengthen Health Care. Again, the item receiving the most support was "reduce waiting times."

Canadians are increasingly giving serious consideration to privately-run health care services.

Ekos has asked if respondents agree that "individuals should be allowed to pay extra to get quicker access to health care services." The percentage agreeing has risen from 23% to 40% over the last eight years, while the percent disagreeing has dropped from 67% to 48%. In his report for the Romanow Commission, Mendelsohn distinguishes between (a) attitudes about the public health care system and (b) attitudes about individuals being able to make their own decisions about what they do with their money. The distinction is an important one – there is greater support in response to questions about what individuals are allowed to pay for than there is for private health care.

Canadians appear torn between acknowledging some potential benefits of a parallel private system, while being strongly supportive of a universal [one].

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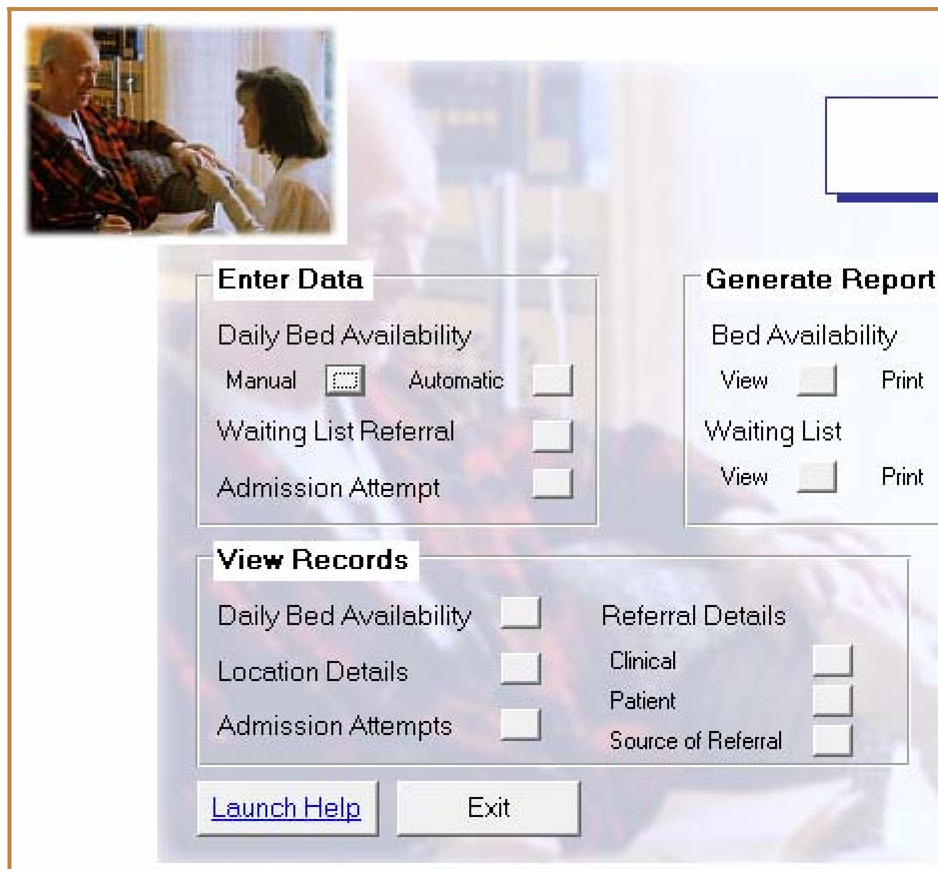

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