

## Wait Times and Patient Care Guarantees

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### BCMA Position

- Patients must be treated within established wait time benchmarks for all major diagnostic, therapeutic, and surgical services.
- In the event that treatment cannot be provided within established wait time benchmarks at the usual public facility, the provincial government must offer a care guarantee whereby treatment will be offered within the benchmark wait time at another public facility, in or out of the province, or in a private facility, at no cost to the patient.
- A BC Wait Times Commission, comprised of representatives from the BCMA, BC Nurses Union, Ministry of Health, health authorities and the public, should be established to monitor government compliance with respect to wait time benchmarks and to ensure that patients receive care within these established benchmarks. This commission should report quarterly on the provincial government's performance in this area.
- A comprehensive approach to the management and reduction of wait lists should include additional areas beyond the five priority areas identified by the First Ministers in 2004 (e.g., sight restoration, cancer care, cardiac care, joint replacements, and diagnostic imaging), address system capacity issues (e.g., health human resources, infrastructure, technology), and plan for enhanced information systems (e.g., centralize waiting lists, mechanisms to share wait time information publicly).

### Background

Accessibility is one of the five principles of The Canada Health Act (CHA, 1984), which states that:

*In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly, whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons.*

However, the CHA does not clearly define what constitutes "reasonable access." Consequently, there are no legislative means to enforce minimum access standards in Canada.

A care guarantee implies that, in cases where care cannot be provided within the agreed-upon timeframe at the usual public facility, recourse is available for individual patients to ensure that they receive timely treatment. For example, in response to the 2005 Chaoulli decision, the Quebec Government in 2006 announced a plan to introduce care guarantees for cataract surgery and hip and knee replacements. Under the proposed plan, patients waiting more than six months could be sent for treatment at a public facility in another part of the province, while after nine months patients could be sent for care out of province, outside of

Canada or at a Quebec-based private clinic. In each case, the Quebec Government would pay the bill.<sup>1</sup>

As part of the 2004 Health Accord, provincial and territorial governments agreed to establish wait time targets in five priority areas: cardiac surgery, cataract surgery, hip and knee replacements, cancer radiation therapy, and diagnostic imaging. Diagnostic imaging remains the only priority where no wait time targets have been established.<sup>2</sup>

Since 2007, individual jurisdictions have used federal funding to initiate wait time guarantees in one of the priority areas of their choosing, such as cataract surgery (Ontario and Quebec), hip and knee replacements (Quebec), cardiac bypass surgery (Saskatchewan), and cancer radiation therapy (Alberta, BC, Manitoba, New Brunswick, PEI, and Nova Scotia).<sup>3</sup> However, such care guarantees are not consistent across Canada, nor are they comprehensive. Canadians' access to timely care beyond the priority areas is often poor.

Comprehensive care guarantees supported by legislation exist in a number of countries including the UK, Sweden, Denmark, and Finland. The UK has the longest record of care guarantees, dating back to 1991. Currently, the UK offers a maximum wait time guarantee of 18 weeks from date of referral to treatment for non-urgent conditions as well as guarantees for other specific conditions.<sup>4</sup>

Sweden has supported care guarantees since 1992, with the current policy being that a doctor visit is guaranteed within seven days and if the patient is referred to a specialist this visit must take place within 90 days, with eventual treatment within a further 90 days. If the time limit expires, patients are offered care elsewhere; the cost, including any travel costs, is then paid by their own county council.<sup>5</sup> Denmark currently has a wait time guarantee of one month,<sup>6</sup> while Finland sets out a “three days, three weeks, and three months” guarantee for patients to be examined and treated at primary health care centres and hospitals.<sup>7</sup>

The Canadian Medical Association (CMA) and the Wait Time Alliance have recommended the establishment of a “Health Access Fund” to enhance the portability of care for patients and their families by reimbursing the cost of care when services are not available provincially within the accepted wait time benchmark.<sup>8</sup>

According to the 2005 Statistics Canada Health Services Access Survey, between 49% (non-emergency surgery) and 71% (diagnostic tests) of those who were affected reported that they experienced worry, stress, and anxiety during the waiting period. Approximately 50% of those who were affected by waiting for non-emergency surgery and 40% of those who were affected by waiting for a specialist visit or diagnostic test indicated that they experienced pain.<sup>9</sup>

According to the 2007 Health Care in Canada Survey, 74% of Canadians supported increasing the implementation of wait time guarantees for critical tests and treatments. Fifty-eight percent of Canadians supported providing access to private clinics if wait time guarantees are not met for critical tests and treatments.<sup>10</sup>

In 2007, 57% of Canadian physicians reported that access to health care services worsened over the past two years. Only 37% of Canadian physicians believed that Canadians’ access to timely, quality health care services would improve over the next five years.<sup>11</sup>

## References

<sup>1</sup> “Quebec Makes Way for Private Health Care.” CBC News. February 16, 2006. <http://www.cbc.ca/montreal/story/qc-healthque20060216.html>. Accessed April 26, 2006.

<sup>2</sup> Wait Time Alliance (2011) Time Out! Report Card on Wait Times in Canada. Retrieved on January 9, 2012 from <http://www.waittimealliance.ca/>

<sup>3</sup> Norris S. The Wait Times Issue and the Patient Wait Times Guarantee (2009) Retrieved January 9, 2012 from <http://www.parl.gc.ca>

<sup>4</sup> UK National Health Service (2011) Waiting Times. Retrieved on January 10, 2012 from <http://www.nhs.uk>

<sup>5</sup> Health Care in Sweden (2009). Swedish Institute. Retrieved January 10, 2012 from <http://www.sweden.se/>

<sup>6</sup> Denmark Ministry of Health and Prevention. (2008). Health Care in Denmark. Retrieved on January 10, 2012 from <http://www.im.dk/English/Health.aspx>

<sup>7</sup> Finland Ministry of Social Affairs and Health. (2010). The Status and Rights of Clients and Patients. Retrieved on January 10, 2012 from [http://www.stm.fi/en/social\\_and\\_health\\_services/client\\_rights](http://www.stm.fi/en/social_and_health_services/client_rights)

<sup>8</sup> Canadian Medical Association (2007) *It's Still About Access: Medicare Plus*.

<sup>9</sup> Sanmartin, C., Pierre, F., and S. Tremblay. *Waiting for Care in Canada: Findings from the Health Services Access Survey*. Healthcare Policy, 2006. 2(2): p. 43-51.

<sup>10</sup> Pollara. *10<sup>th</sup> Annual Health Care in Canada Survey (2007): Summary of findings*. [http://www.hcic-sssc.ca/index\\_e.asp](http://www.hcic-sssc.ca/index_e.asp). Accessed on Sept. 10, 2008.

<sup>11</sup> Pollara. *10<sup>th</sup> Annual Health Care in Canada Survey (2007): Summary of findings*. [http://www.hcic-sssc.ca/index\\_e.asp](http://www.hcic-sssc.ca/index_e.asp). Accessed on Sept. 10, 2008.