REDUCING SURGICAL WAIT TIMES

THE CASE FOR PUBLIC INNOVATION AND PROVINCIAL LEADERSHIP

By Andrew Longhurst, Marcy Cohen and Dr. Margaret McGregor

APRIL 2016

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

SUMMARY

Summary

THE CROSSROADS IN SURGICAL CARE

OVER THE LAST 10 YEARS, a number of successful initiatives in BC have offered excellent examples of how to solve the problem of long wait times. Yet these initiatives—led by local groups of surgeons, health authority administrators and practitioners—have not been scaled up province-wide due to a lack of provincial leadership.

Since 2010, surgical wait times have increased significantly for three out of four key surgical procedures and BC's waits are now among the longest in the country.

We are now at an important crossroads in the future of surgical care in BC. Since 2010, surgical wait times have increased significantly for three out of four key surgical procedures (hip replacement, knee replacement and cataract surgery) and BC's waits are now among the longest in the country.

The provincial government's most recent response to the problem is a 2015 policy paper, *Future Directions for Surgical Services in British Columbia*. While the paper includes many good ideas, the government proposes to move in two contradictory directions at the same time:

- **On the one hand, the report is the first comprehensive discussion of the need for more provincial leadership to reduce surgical wait times.** The report includes some very positive recommendations that mandate the province to take greater leadership on data management and coordination, and strategies to improve patient flow. However, there is no concrete plan for how local efficiency improvement initiatives will be scaled up province-wide.

- **On the other hand, the report makes a firm recommendation to extend the length of stay in private surgical facilities for up to three days—a direction that the College of Physicians and Surgeons of BC recognizes would sanction a for-profit hospital sector.** BC would become the first province to allow three-day stays in for-profit facilities, putting it on the forefront of health care privatization (currently, private clinics are only allowed to perform day surgeries). This proposal comes at a time when we are already seeing a significant contracting out of surgical services. In April 2015 the Vancouver Island Health Authority announced plans to contract out 55,000 day procedures over the next five years—a move that will give the for-profit surgical sector a greater foothold in BC.

The problem with going in these two directions at once is that it undermines the urgency of public sector innovation and takes us farther down the road of health care privatization.

THE PROBLEMS WITH PRIVATE, FOR-PROFIT DELIVERY OF SURGICAL SERVICES

The BC government knows that for-profit health care delivery destabilizes our universal health care system. In fact, the government is drawing on a large body of international research evidence and expert testimony in its defense of BC's public health-care system against a Charter challenge involving Brian Day—a vocal proponent of privatization and the co-owner of the for-profit Cambie Surgery Centre. A large body of international research shows that the problems with private, for-profit delivery of surgical services include:

- **Private, for-profit delivery is more expensive.** This is a result of higher administrative costs, the requirement to return profits to investors, and additional costs associated with creating and enforcing regulations for private providers.
- **Private, for-profit delivery is lower quality and less safe.** For-profit facilities often cut corners to reduce costs—typically through lower staffing levels of skilled personnel—leading to lower quality care and higher mortality rates.
- **Private, for-profit delivery can lead to more inappropriate surgeries.** When physicians have a financial stake in for-profit facilities, medical decision-making is susceptible to conflict of interest leading to inappropriate surgeries that do not provide a health benefit, are risky or result in a patient's health status declining. But as the BC government knows from its audit of Brian Day's clinics, for-profit providers' operations are often shrouded in secrecy, making it difficult to effectively monitor surgical appropriateness.
- **Private, for-profit delivery destabilizes the public system.** The BC government's proposal for up to three-day stays in private hospitals will likely give multinational corporations, specifically US hospital chains, a foothold in BC. Doctors of BC warns that contracting out "easy" procedures to the private sector may destabilize the public system.

A large body of international research shows the problems with private, for-profit delivery of surgical services.

Methodology

This study provides an extensive review of Canadian and international policy literature and peer-reviewed evidence on the problems with private, for-profit surgical delivery. It also draws on 18 key-informant interviews with surgeons, health authority administrators and health policy experts. The policy recommendations build on best practices from BC and Saskatchewan as well as Scotland—a global leader in public sector wait-time solutions.

A BETTER WAY FORWARD: BECOME A LEADER IN PUBLIC INNOVATION

BC can learn from other jurisdictions in Canada and abroad, such as Scotland's ambitious work to significantly reduce wait times and improve health outcomes over the past two decades. The Canadian Wait Time Alliance—comprised of 18 national medical organizations—identifies Scotland as a global leader in developing long-term public sector wait-time solutions while also improving the quality of care patients receive.

The Saskatchewan Surgical Initiative—a four-year program (2010–2014) to reduce surgery wait times to three months from surgery booking to completion—also shows how public sector innovation can reduce waits and improve care.

How does BC compare?

- In Saskatchewan in 2015, 99 per cent of knee replacement patients received surgery within 26 weeks of booking the procedure. In BC, only 47 per cent of knee replacement patients received surgery within this time period.
- In Scotland in 2015, wait times were even shorter: 90 per cent of all trauma and orthopaedic surgery patients[1] were treated within 12 weeks.
- Scotland has an integrated approach to tracking three different wait times—the time from family doctor referral to seeing a specialist, the time from surgery booking to completion, and the time from referral to receiving diagnostic tests (e.g. MRI scan). BC only reports one waiting period that patients encounter—surgery booking to completion.

This study revisits the state of innovative public sector initiatives from BC that have been effective at reducing wait times to see specialists and receive surgery.

Successful local innovations suffer from a lack of provincial leadership to make them standard practice province wide. This study revisits the state of innovative public sector initiatives from BC originally featured in the CCPA's 2007 report, *Why Wait? Public Solutions to Cure Surgical Waitlists*, that have been effective at reducing wait times to see specialists and receive surgery:

- By moving day surgeries into specialized procedure rooms, the **Mount Saint Joseph Hospital Cataract and Corneal Transplant Unit**, has seen continued improvement, with the average wait time at eight weeks, down from 12 to 16 weeks in 2007. Status: Operational and successful, yet not scaled up.
- The **Osteoarthritis Service Integration System**—a team-based clinic with nurses and occupational and physical therapists—quickly assesses patients' appropriateness for surgery, preventing patients who aren't suited to surgery from filling waitlists, and allowing surgeons to focus on the most urgent patients. Status: At risk.
- **Richmond Hip and Knee Reconstruction Project**—an operating room efficiency initiative—brought median wait times for hip and knee replacement surgery down by 75 per cent, from 20 months to five months. Status: Terminated.

The following features of successful public sector innovations are supported by the international research evidence and build on best practices implemented in Scotland:

- **Maximize surgical capacity and optimize operating room performance in the public system.** Eighteen per cent of operating rooms in public hospitals are not regularly staffed, primarily because of inadequate funding, and none have extended hours. Doctors of BC—and even the BC government—state that existing public sector capacity should be fully utilized.
- **Actively manage waitlists through a centralized "first available surgeon" referral system.** Wait times vary widely across surgeons and specialty areas. BC should move to centralized management of these waitlists by health authorities to give patients more choice by allowing family doctors to refer them to the first available surgeon.

1 This represents the closest comparison available.

- **Teamwork** allows patients to receive specialist consultation and surgery faster. When health professionals—nurses, physical and occupational therapists, etc.—working in multidisciplinary teams are supported to work to their full scope of practice, it can free surgeons' time to perform additional surgeries and consult with patients who have the most urgent need.

- **Reduce inappropriate surgeries** by supporting physicians to implement shared decision-making in their practice so patients are actively involved in the decision to undergo surgery or pursue non-operative therapies based on the best available evidence.

- **Modernize and integrate information systems** to support data-driven waitlist management strategies and quality improvement innovations. Like Scotland, BC should accurately monitor and report on the entire patient journey, including wait times for specialist consultation, diagnostic testing and surgery completion.

- **Improve access to community and home care.** Better access to affordable, high quality residential care and home health care, especially for seniors, will reduce hospital bed shortages, cancellations of elective surgeries and, ultimately, wait times for all patients.

- **Better align physician compensation to reduce wait times and support system change.** The dominant compensation model in BC—self-employed physicians working as fee-for-service contractors—is a barrier to implementing changes that would reduce wait times and improve patient outcomes (a centralized "first available surgeon" referral system, teamwork, etc.).

BC should accurately monitor and report on the entire patient journey, including wait times for specialist consultation, diagnostic testing and surgery completion.

But for these public sector innovations to be implemented in BC, there must be provincial leadership and commitment to:

- **Establish an on-going and provincially coordinated process for improving publicly delivered surgical services.** Scotland has been working in a consistent direction for 20 years providing national leadership to regional authorities to support front-line providers making on-the-ground quality and efficiency improvements.

- **Create improvement teams provincially to work with local providers to spread system-wide best practices.** Improvement teams play a critical role in promoting and entrenching effective local innovations system-wide.

- **Fully commit to investing in the public services and infrastructure necessary to reduce surgical wait times to take the pressure off overcrowded hospitals.** More residential care beds and home health care are required to support frail seniors and others who occupy hospital beds because community alternatives are not available.

REDUCING SURGICAL WAIT TIMES

The Case for Public Innovation and Provincial Leadership
SUMMARY

By Andrew Longhurst, Marcy Cohen and Dr. Margaret McGregor
April 2016

ABOUT THE AUTHORS

ANDREW LONGHURST, MA is a policy researcher based in Vancouver, BC. He researches health and social policy, poverty and inequality, labour market restructuring, and urban and regional policymaking.

DR. MARGARET MCGREGOR, BA, MD, CCFP, MHSC is a family physician and clinical associate professor at the University of British Columbia, Department of Family Practice.

MARCY COHEN is a research associate with the Canadian Centre for Policy Alternatives and an adjunct faculty member in Health Sciences at Simon Fraser University. She has co-authored a number of research and policy studies looking at public solutions to the current challenges in our health care system, including the 2007 CCPA publication *Why Wait? Public Solutions to Cure Surgical Waitlists.*

ACKNOWLEDGEMENTS

The authors are grateful to all participants in this study (please see list of interviewees in Appendix A). They would also like to thank Shannon Daub, Colleen Fuller, Iglika Ivanova, Adam Lynes-Ford, Sarah Leavitt and two anonymous reviewers for their helpful comments and suggestions. Thanks also to the Hospital Employees' Union and Health Sciences Association for contributing funding towards this study.

The opinions and recommendations in this report, and any errors, are those of the authors, and do not necessarily reflect the views of the publishers and the funders of this report.

Copyedit: Maja Grip
Layout: Susan Purtell
ISBN: 978-1-77125-277-5

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

The Canadian Centre for Policy Alternatives is an independent, non-partisan research institute concerned with issues of social, economic and environmental justice. Founded in 1980, it is one of Canada's leading progressive voices in public policy debates.

CCPA-BC Office
1400 – 207 West Hastings Street
Vancouver, BC V6B 1H7
604.801.5121
ccpabc@policyalternatives.ca

www.policyalternatives.ca