SUMMARY

BC Health Coalition

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

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Why Wait?

Public Solutions to Cure Surgical Waitlists

By Alicia Priest, Michael Rachlis and Marcy Cohen

Waiting for elective surgery is the hottest political issue facing Canadian health care today. In fact, it's no exaggeration to say that how waitlists are managed – or not – could seal the fate of Medicare.

The central point of this paper – and the good news – is that better management is happening right now in BC and elsewhere, and as a result waitlists for certain surgical procedures have decreased dramatically. Changes to public health care policies and practices by dedicated health professionals have cut months from wait times while reducing lengths of stay in hospital and increasing patient satisfaction.

Positive information of this nature deserves to be celebrated, especially in these times of health care gloom and doom. The public needs to know that these projects exist; that there are viable, economically achievable solutions, and that they hold great promise for improving Medicare.

- The Richmond Hip and Knee Reconstruction Project, for example, introduced system and surgical innovations that slashed median wait times by 75 per cent. By staggering operations between two dedicated surgical rooms focused on hip and knee reconstruction, standardizing practices, and investing in new equipment, the Richmond project has been able to capitalize on the efficiencies that come with specialization (just like the for-profit clinics), but without public dollars being siphoned off to private owners' profits.

  What's more, operating room efficiency increased by 25 per cent allowing team members to complete 136 per cent more cases. At the same time, average lengths of stay in hospital fell from five days to four for hips and four days to three for knees.

- At North Vancouver's Lion's Gate Hospital, the Joint Replacement Access Clinic – a one-stop, centralized booking service for pre-operative and post-operative appointments – cut times for patients waiting for their first surgical consult from over 11 months to just two to four weeks.

- At Vancouver's Mount Saint Joseph Hospital, operating room efficiencies and investments in technologies have allowed ophthalmologists to perform 50 per cent more cataract surgeries – taking 50 per cent more people off their waitlists – without any increase in operating room time.

The provincial government needs to embrace these successes and make them the rule, not the exception. However, so far, that has not happened. Instead, when Premier Gordon Campbell announced BC's Conversation on Health, he suggested that public involvement in health is no longer financially sustainable, implying that we should consider a larger role for private insurers and private providers. Yet choosing that path flies in the face of evidence showing that private, for-profit care costs society more, is less safe for patients and compromises the public system. There is further reason for concern due to the government's favourable response to Canadian Medical Association president-elect Brian Day's proposal for a competitive market in health care based on recent reforms in the United Kingdom. Based on evidence from Britain, such changes would undermine rather than sustain public health care and undo the very real gains made by the BC waitlist strategies profiled in this report.

The government needs to shift direction and, instead of promoting private solutions, become the champions of public waitlist reforms. Several public sector initiatives in other provinces point out specific actions BC can take to ensure that the innovations already underway in BC are scaled up to a provincial level. For example:

- The Alberta Hip and Knee Replacement Project, where simple, common-sense changes in processes of care cut joint replacement wait times from 19 months to 11 weeks;

- Saskatchewan's Surgical Care Network, a comprehensive, pro-active surgical database used by health authorities in cooperation with surgeons to shorten wait times for surgery; and

- Ontario's Wait Times Strategy, an ambitious, multi-pronged effort aimed at reducing wait times in five high-demand areas by increasing funding, boosting hospital accountability, investing in information technology and improving quality.

The big story that emerges out of all these projects is that better management of waitlists requires two major changes. The first calls on physicians to make the shift from working mainly on their own, to working in teams – with their own specialty group, with other physicians (especially in primary care), and with other health care workers. Doctors play a central role in health care delivery, and their support is critical. When physicians work in high-functioning teams, as in the examples cited in this paper, the system functions more efficiently and waiting lists shrink. For example, access to surgery improves when advanced practice nurses are able to work to their full scope of practice in capacities such as nurse anesthetists.

The second change involves transferring accountability for waitlist management from individual surgeons to health authorities working with groups of surgeons and other health professionals. This involves putting patients on a single, common waitlist rather than on a multitude of individual doctors' lists. However, this reform does not prevent patients from taking advantage of a long-established strength of the Canadian health system: the right to choose a surgeon.

In British Columbia, the Ministry of Health, health authorities and the BC Medical Association (BCMA) recently attempted to create such a common surgical waitlist: the BC Surgical Patient Registry. However, unlike their counterparts in Saskatchewan and Ontario, the government of BC chose to negotiate key terms of the registry with the BCMA. These conditions included how registry information could and could not be used. Instead of supporting physicians such as those featured in this paper who are actively engaged in real system change by, among other things, working in teams, the agreement appears to leave most waitlist management and coordination to individual physicians. It also appears to restrict the ability of health authorities to re-direct patients.

Understandably, such a shift is a huge cultural change that some surgeons may resist. Given that probable opposition, the provincial government needs to take charge because, as this paper consistently shows, there are substantial benefits to patients and the system from team-based care.

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This report concludes that the BC government must make a choice. It can significantly reduce surgical waitlists across the province by building on and scaling up the public sector initiatives already underway. Or it can throw up its hands, declare the system unsustainable, and replace our cherished public system with a private health care market. If it does the latter, waitlists in the public system will only grow longer and the prediction of unsustainability will become a self-fulfilling prophecy.

Recommendations to the Province

- Replicate and expand on the successes achieved in pilot projects in North Vancouver, Richmond, UBC and elsewhere by providing dedicated resources and oversight so that these initiatives become the rule rather than the exception.
- Shift accountability for ensuring smooth surgical flow and waitlist management from individual surgeons to a regional group of surgeons, and from individual hospitals to health authorities.

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About the BC Health Coalition

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The BC Health Coalition is a coalition of more than 70 groups that works to protect and expand public health care. For more information contact: coordinator@bchealthcoalition.ca or call 604.681.7945.