



A Comprehensive Analysis of the Waitlist Issue in Canadian Healthcare-Facts, Evidence and Rationale with Focus on Public Health

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ABSTRACT

In Canada, a major issue that has been seen in medical field is waiting for care. Statistical data provides the information about how long individuals have to wait for specialized services. On Sept. 2002, a discussion was conducted among Canadian surgeons which revealed that there are three basic approaches to measure waiting for care from people-who received care, who need care, who are waiting for care. Over the past years back, lengthened waiting times can be seen and shifted from 9.3 weeks in 1993 to 18.2 weeks in 2013. A time period from 1994 to 2009 showed approximately 662 deaths due to waiting for cardiovascular care. No true data provided by surgeons as waiting lists management system is not properly controlled. Majority of people accepted that waiting time was unacceptable, prolongs suffering and affects the chances and speed of recovery and the quality of life. Waiting in medical care produces negative outcomes in patient's health and may also result in permanent disability. A survey-based report highlights that 56 percent of Canadians and 36 percent of patients in the other countries waited a month for routine care. Data provided by Health Services Access Survey can be compared with that of other countries helps to rank the medical care services of Canada. Present review will provide the information about medical consequences of waiting times in Canadian healthcare system, different disease conditions, reasons of waiting, need or importance for reducing wait times, policies for reducing wait lists.

Keywords: Waitlists, long waiting periods, Public health, Canada.

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INTRODUCTION

There has been a growing concern for increasing waiting times in Canadian healthcare system as waiting has become a defining characteristic of this system. Long waiting times have caused prolonged suffering, disability and even death to many Canadians who needed instant care. Delayed diagnosis and care seem to be very devastating to patients, families and their employers. The increased waiting times have added to the individual expenses of the patients. Daily, media reports indicate that the health care framework of the country is in turmoil. There has been a steep incline in the clashes between health care providers and the government. Canadians are worried about the closure of hospitals, surgery waiting times growing even longer and the issue of doctors leaving the country. There is a need for families and associates to take a bigger share of responsibility as far as home treatment is concerned¹.

THE NEED FOR CHANGE- MEDICAL CONSEQUENCES OF WAITING

Studies based on clinical literature records have revealed that excessively long waiting periods are associated with damage of patient conditions, poor outcomes from treatments and also lead to increasing the risks of adverse events. People who needed a routine coronary angioplasty when faced with long waiting periods had anxiety issues. Delayed diagnosis for appendicitis leads to reduced positive outcomes of appendectomy which is the surgical intervention used to treat this condition. If there are delays in the treatment of cancer, then there is a high risk of cancer spreading to other tissues and this is called as metastasis. Patients who have delayed imaging for carotid in case of stroke are at high risk of developing a fatal condition. Patients with spinal surgeries when faced with incredibly long wait times generally suffer reduced levels of positive outcomes of health after surgical interventions. It has been noticed that Canadians not only wait for elective surgical treatment, however, there are long wait times associated with primary care, emergency care as well².

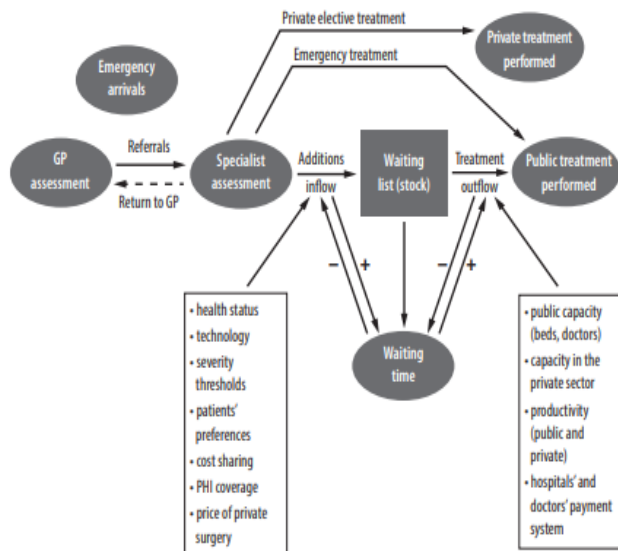
NEED FOR REDUCING WAIT TIMES

A reduction in the wait times would open doors for the healthcare providers to provide efficient treatment for mental and physical disorders. This boosts the stability of



jobs for healthcare providers and allows them to have better spacings between subsequent appointments to avoid the issues of long waitlists and at the same time, reduces their burden by allowing them for organizing things in a better fashion.

It can lead to a boost to the health status of Canadians, therefore leading to an increase in the economic growth and overall quality of life. It will also provide more resources and cost compensation to the people and hence, it is very important that efficient measures to reduce waiting times are implemented².



Source: Reproduced, with permission, from Siciliani et al., 2013.

Figure 1: Gliberman, S. (2018), Conceptual framework of waiting lists and waiting times for elective treatment².

<https://www.fraserinstitute.org/studies/reducing-wait-times-for-health-care>

WHY WAIT TIMES EXIST?

The Common reasons for wait times can be the restructuring of hospitals, a shift in the patterns of diseases, limited access to technical equipment, increased aging population and changing demographic trends, lack of funding, unrealistic expectations of patients, shortage of healthcare providers, lack of ability in the past to invest adequately in prevention plans, mismanagement of the current resources at disposal.

SOLUTIONS AND RATIONALE TO OVERCOME THE PROBLEM OF LONG WAIT TIMES

Expanding scopes of practice

There is a need to improve the area of practice in order to deal with the issue of shortage of physicians and there is a need to fill the gap in advanced practice registered nurses as they have master's degrees. Two best methods of achieving improved scope of practice includes incentivizing primary care professionals by making some alterations in the payment rates and expanding the spectrum of practice for non-physician services³.

There is a need for the Governments to renew the social contract

Governments at various levels like federal, regional and local need to remove the fiscal constraints, provide better resources and build better infrastructure and also, implement some initiatives to support the aging population. There is a need for federal funding and local innovations to remove these challenges. There is also a special mention of the need of physician participation at the individual and collective level to minimize specialty care waiting times in an efficient manner⁴.

According to my perspective, some initiatives for reduction of wait times could be improving the infrastructure, diagnostic, therapeutic and facilities for surgeries, directing more funding to solving the issue of waitlists.

The clinical literature records have provided an information pertaining to the waiting times for medical and surgical care and it is surprising to know that Canadians have to wait for long for elective care which includes knee and hip replacement, imaging, outpatient visits. Around 30 percent of Canadians wait for a specialist referral for more than two months and around 18 percent Canadians are facing the waiting time for non-urgent elective surgery which is more than four months. Some health models have been implemented which have led to a reduction in the waiting time for hip and knee replacement from 145 days to 21 days and this model is the Alberta Bone and Joint Health Institute in Calgary. Also, there have been some reduction in waiting times for radiation oncology but no significant improvements are seen in elective MRI wait times⁴.

There is a need to unite the physicians for a common goal and make the provision of adequate institutional support to bring about a reform in the system. Also, there is a high need for better coordination between the federal, provincial and territorial governments to bring effective change to reduce wait times across provincial boundaries⁴.

The evidence for waiting times for the medically required care has shown the increasing durations of waiting times. Ontario has recorded the shortest waiting time of around 15.4 weeks whereas New Brunswick has recorded the longest waiting time of 41.7 weeks. There were around 1040791 procedures in 2017 for which individuals have been in waitlists in Canada and this constitutes 2.9 percent of the total Canadians in the waitlists waiting for adequate treatments. Quebec had a low share of 1.7-5 percent of its population in the waitlist whereas Nova Scotia has a major share of around 7 percent of its population in the waitlist. On an average, it has been recorded that the average waiting times for patients for two consecutive appointments with the same physician is 26.6 weeks and Manitoba have the longest wait time of 26 weeks whereas Ontario has the shortest waiting time of 16 weeks⁵.

Evidence suggests that there has been long waiting times for patients to get diagnostic technology services and such long waiting times for the appropriate diagnosis of the

disease has led to increased pain, death rate and suffering because diagnosis is the preliminary step for treatment plan to come into action and such a lag with diagnosis has definitely added to the troubles of Canadians⁵.

Tuohy et al. stated that introducing private care leads to reduction and shortage of money in the public system. Shortening wait times in the public sector is typically done most efficiently by increasing the amount of government spending⁶.

The provinces and territories need to take several actions to strengthen healthcare by partnering with healthcare providers in partnership. Although the Canada Health Act speaks of fair access to healthcare, there is a need to recognize that there is a need to facilitate the transition to relatively timely treatment that will be effective in the long run⁷.

In a paper that acquired extensive media attention, Wright and colleagues addressed the wait for child surgery in Canada. They reported that more than a fifth of children wait longer than the cumulative permissible waiting duration for treatment. The largest numbers of operations performed have been past goals in dentistry, ophthalmology, plastic surgery, cancer surgery, neurosurgery, and cardiac surgery⁸.

Another evidence is the statistics from ten provinces reveal that there are around 1,082,541 procedures for which people had to wait in 2018 and this makes up the 2.9% of the total Canadian population in the waitlists. 1.7 percent in Quebec to 6.2 percent in Nova Scotia is the range that represents the population facing the issue of waiting times. The waiting times for magnetic resonance imaging scan MRI is 10.6 weeks and for ultrasound it is 3.9 weeks. It has been commonly reported that waiting times are really long for accessing the diagnostic technologies and there is a need to increase health spending to reduce wait times⁹.

Canadians are increasingly concerned about the issue of waiting in the healthcare system as this has become a major feature of the healthcare. The issue of waitlists has added to the misery of many Canadians. A delay in the diagnosis and treatment plan is detrimental for the recovery and adds to the stress to family members as well as employers as they face with the issue of absenteeism and a lack of productivity if their employee suffers bad health. Waiting for health care often entails substantial personal costs and, even though brief, includes some amount of discomfort. 30 percent of the Canadians are waiting for specialist referral and this makes Canada to suffer from the largest waiting time periods in comparison to 11 other nations of Commonwealth Fund. It has been reported that around 18 percent Canadians have waited for longer than 4 months to obtain elective non-urgent surgery care. There have been around 1082541 procedures for which patients have been waiting in around 18 provinces in the year 2018. The population waiting for treatment in Quebec is low whereas in Nova Scotia, it is high and is around 1.7% and 6.2% respectively⁹.

Reduction in wait times will help to improve the health status in Canada, this will lead to a boost in the economic prosperity and a relief to people suffering from physical or mental illness^{9,10}. This can be done by widening the dimensions of practice for non-physician facilities and also by raising the payment rates of physicians to drive in and encourage more professionals to work. There is a need to set up a benchmark for wait time and also know the exact time that people have been waiting for^{9,10}.

In order to ensure that today's challenges do not continue tomorrow, the time for greater coordination has come for us to address the problem of long waiting times in Canadian health care. There's no more time to wait.

CONCLUSION

For Canadians to see significant improvements in wait times and the way waitlists are handled, urgent action is required. This transition can only take effect if the government and stakeholders work together to establish a holistic strategy for both resolving the current crisis and preparing for the future. One move is to increase the system's funding. Additional funding will decrease waitlists if distributed efficiently. However, the policy on funding must be sustainable and part of a holistic plan. Accountability on the part of doctors, patients, and the government must be followed by support. Developing wait time benchmarks and reliable monitoring on how long patients are currently waiting are the key to transparency. To establish and enforce waitlist management tools such as patient prioritization systems, volume incentives for hospitals, and enhanced information technology, support, and dedication from government, health authorities, and physicians is required. Also, it is important to increase the use of information technology to promote the creation of central waitlist registries and to enhance current waitlist management tools. In Canada, acute and long-term care beds are in short supply, operating rooms are underused, there is a shortage of testing facilities, emergency department lines are too long and there are too few doctors and other health professionals. With government commitment to a long-term plan and concentrated investment, all these problems can be resolved. The time for greater collaboration has come to ensure that the issues of today do not persist tomorrow. There is no time to wait anymore.

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