Medicare Can’t Wait: How to wrestle down wait times without liberalizing private finance

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Overview:

• Canada’s health system has average costs and overall average performance
• There are practice solutions that are near cost neutral
  – The key is to understand our demand and capacity
• Up until now, it has been difficult/impossible to develop policies to support these new practices
• If Canadian Courts do rule against governments (as in Cambie) or require remedies from governments, we should have our policy proposals ready for them
  – Some of them are being implemented
Canada has excellent acute care, worse than average waits for most primary and secondary medical care and average to less than average access to elective surgery such as joint replacement.
Did Not Get Same- or Next-Day Appointment Last Time Needed Care

Source: 2016 Commonwealth Fund International Health Policy Survey

Base: Excludes adults who did not need to make an appointment to see a doctor or nurse
Used the Emergency Department in the Past 2 Years

Source: 2016 Commonwealth Fund International Health Policy Survey
Waited 2 Months or Longer For Specialist Appointment

Source: 2016 Commonwealth Fund International Health Policy Survey

Base: Saw or needed to see specialist in past 2 years
Why do Canadians wait for care?
Is supply sufficient to meet demand?
Long waiting lists can develop even when there is enough capacity to meet demand.
This means re-engineering and re-designing our processes of care
Hamilton Family Health Team

• 150 family physicians
• 340,000 patients
• 70% of the population of Hamilton
• 80 different practices
• Interdisciplinary teams including 50+ FTE counsellors and 4.5 FTE psychiatrists
Referrals to the Hamilton Psychiatric System

- Program Started
- Program Expanded
Access to radiotherapy is a success across most of Canada

• 97% start within the recommended 28 days
We need to change the way we deliver services

“Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is how do we reorganize the health delivery system. We have a health delivery system that is lamentably out of date.”

Tommy Douglas 1982
Up until now, it has been difficult/impossible to develop policies to support these new practices.
“Doctors said that although the approach is still experimental, it may prove an effective weapon in the fight against health-care reform.”
If Canadian Courts do rule against governments, we should have our policy proposals ready for them.
The Manitoba Wait times Task Force Priority Procedures committee approach: Due diligence, good government

- Analyze the patient’s journey though the eyes of the patient and family
  - Including the barriers they may face
- Analyze the true demand for service
  - Factored for appropriateness and equity
- Ensure cost-effective, patient-centred care is provided to meet the appropriate demand for service

Three procedures in MB – 3 different problems with related causes and solutions

• Hips and knees
  – The true demand is almost certainly more than existing capacity
  – Many people who do not need surgery are referred to surgeons
  – Superb quality assurance and quality improvement

• Cataracts
  – The true demand is almost certainly more than existing capacity
  – Not much existing quality assurance

• MRIs
  – The true demand could likely be met with existing capacity
    • MB added nearly 20% to its MRI capacity in 2017
  – There is virtually no quality assurance for the ordering of MRIs and many unnecessary scans are ordered
MB Wait Times ancillary recommendations

- Patient and Public Participation
- Clinical Governance
- Physician Remuneration
- Information Technology
- Understanding Socio Economic Risk and the Burden of Under Treatment
Some provinces have some tactics but not nearly all. Looking forward to seeing BC’s details.
Overview:

• Canada has worse than average waits for most primary and secondary medical care and average to less than average access to elective surgery such as joint replacements

• There are practice solutions that are cost neutral or relatively low cost
  – The key is to understand our demand and capacity

• Up until now, it has been difficult/impossible to develop policies to support these new practices

• If Canadian Courts do rule against governments (as in Cambie) or require remedies from governments, we should have our policy proposals ready for them
Courage my Friends, it is Not Too Late to Make a Better World!

Tommy Douglas
(paraphrasing Tennyson)