

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



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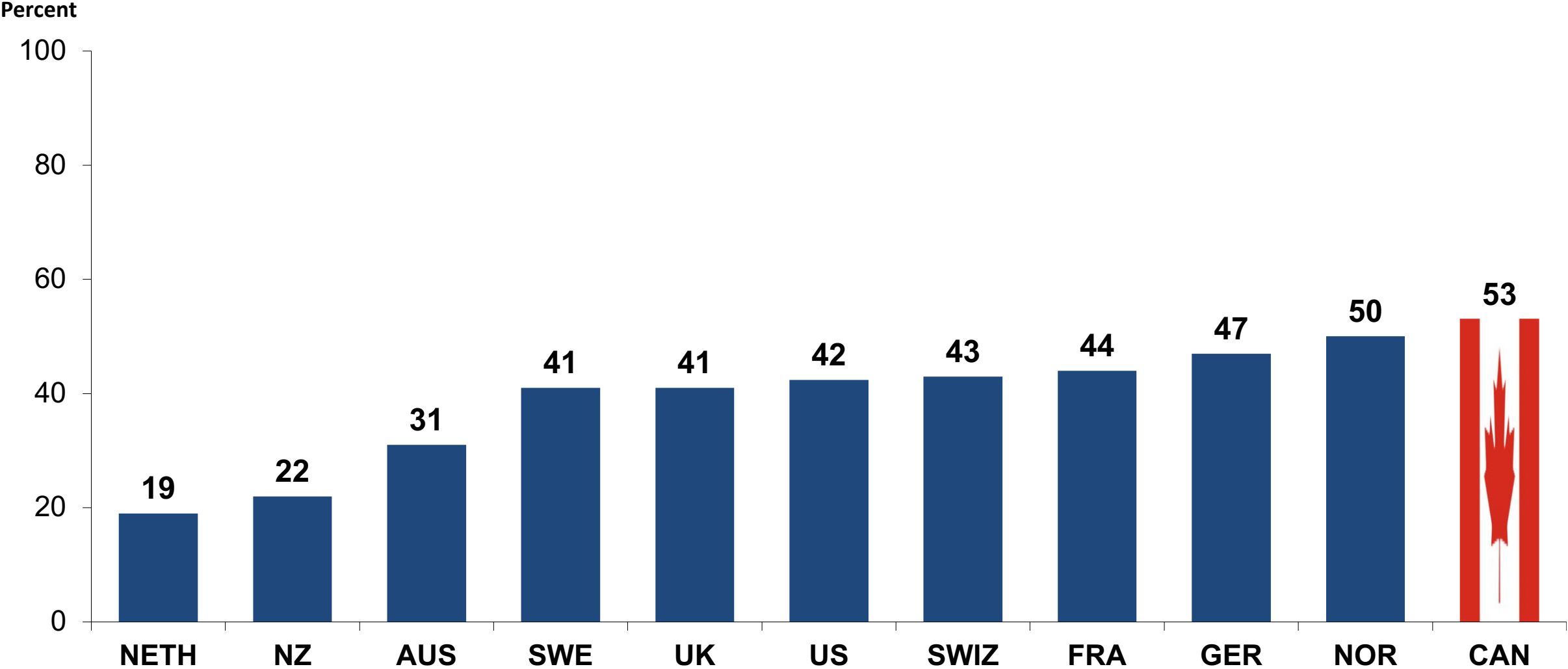
Overview:

- 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

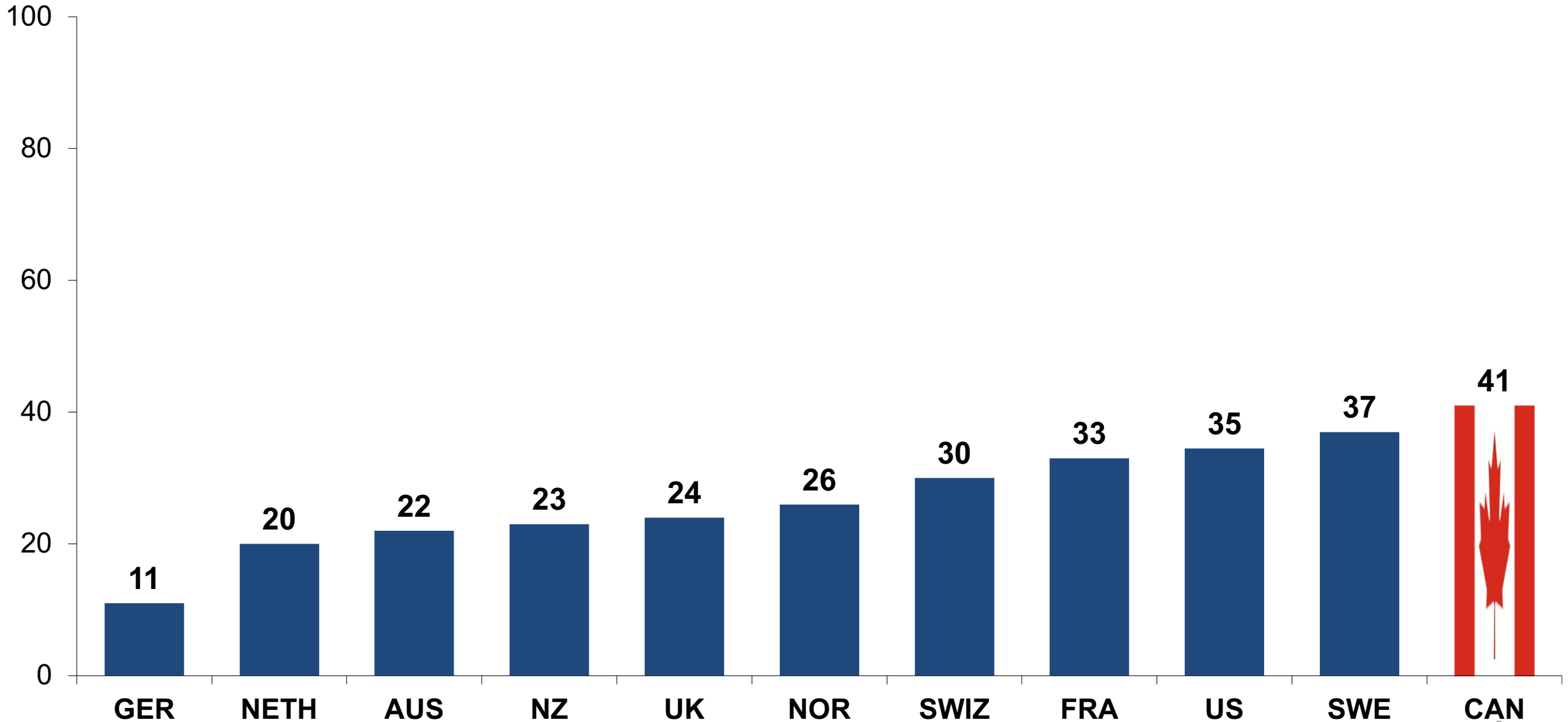


Source: 2016 Commonwealth Fund International Health Policy Survey

Base: Excludes adults who did not need to make an appointment to see a doctor or nurse

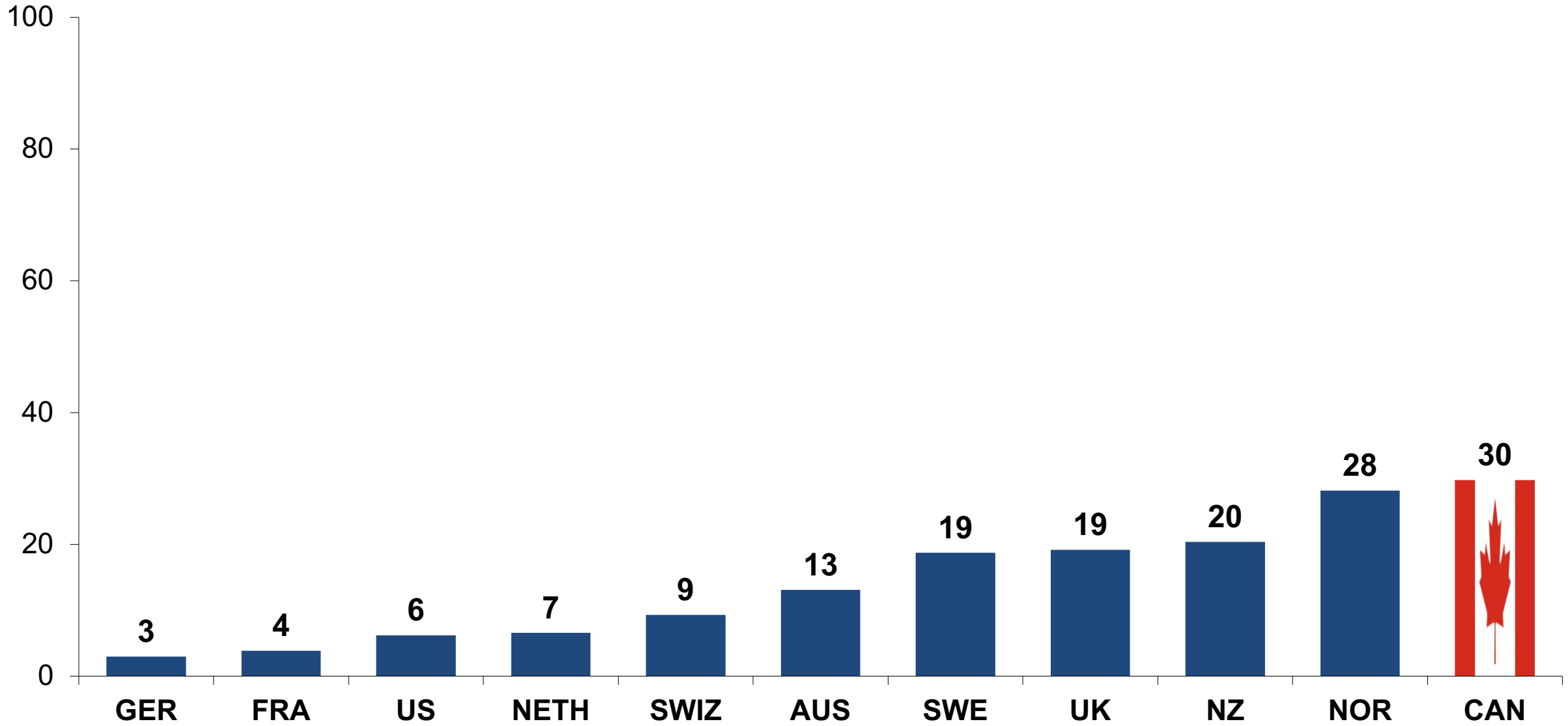
Used the Emergency Department in the Past 2 Years

Percent



Waited 2 Months or Longer For Specialist Appointment

Percent



Base: Saw or needed to see specialist in past 2 years

Source: 2016 Commonwealth Fund International Health Policy Survey



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

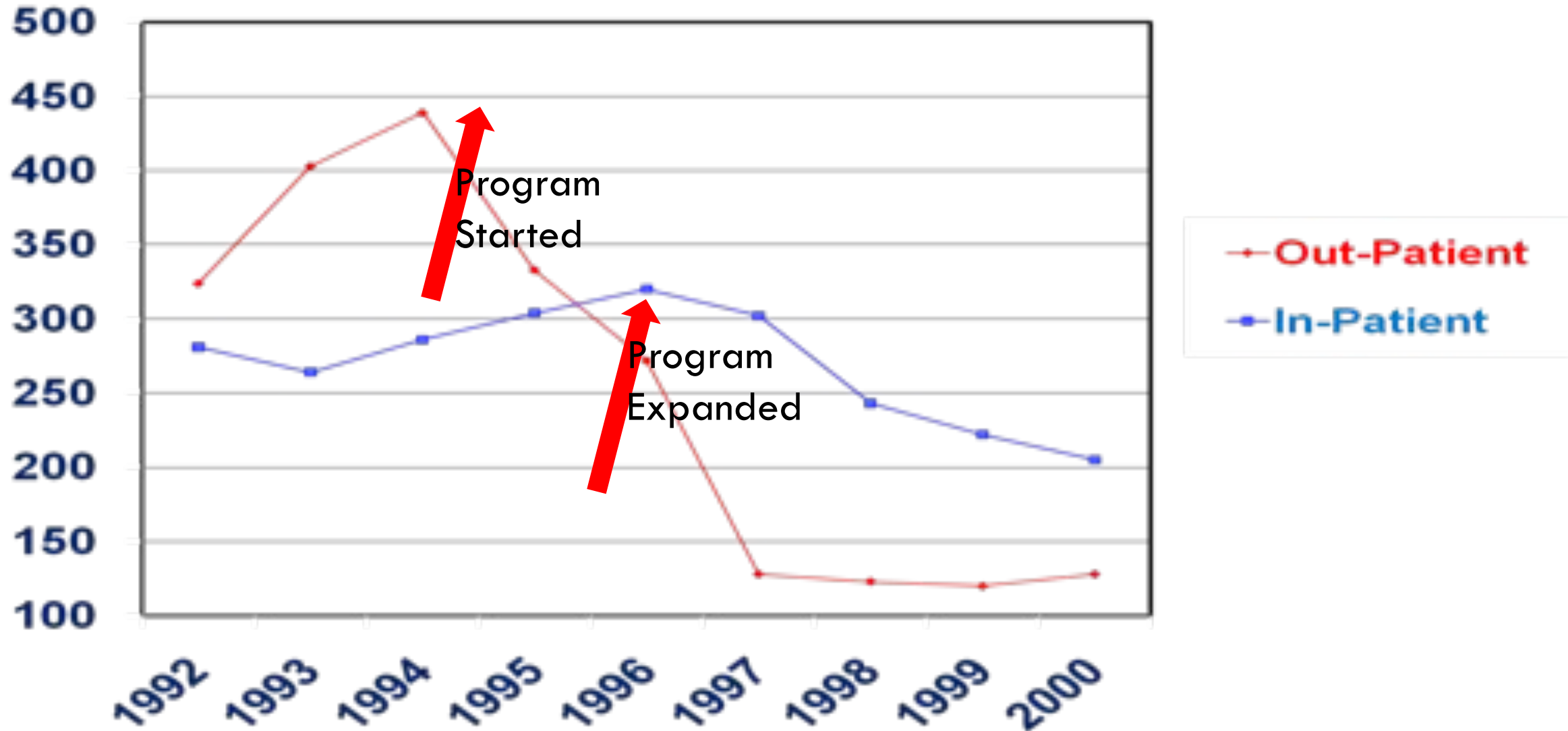


Hamilton Family Health Team

- 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



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



"Ah, those were great days, The Pre-Accountabilty Era."



“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 through 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

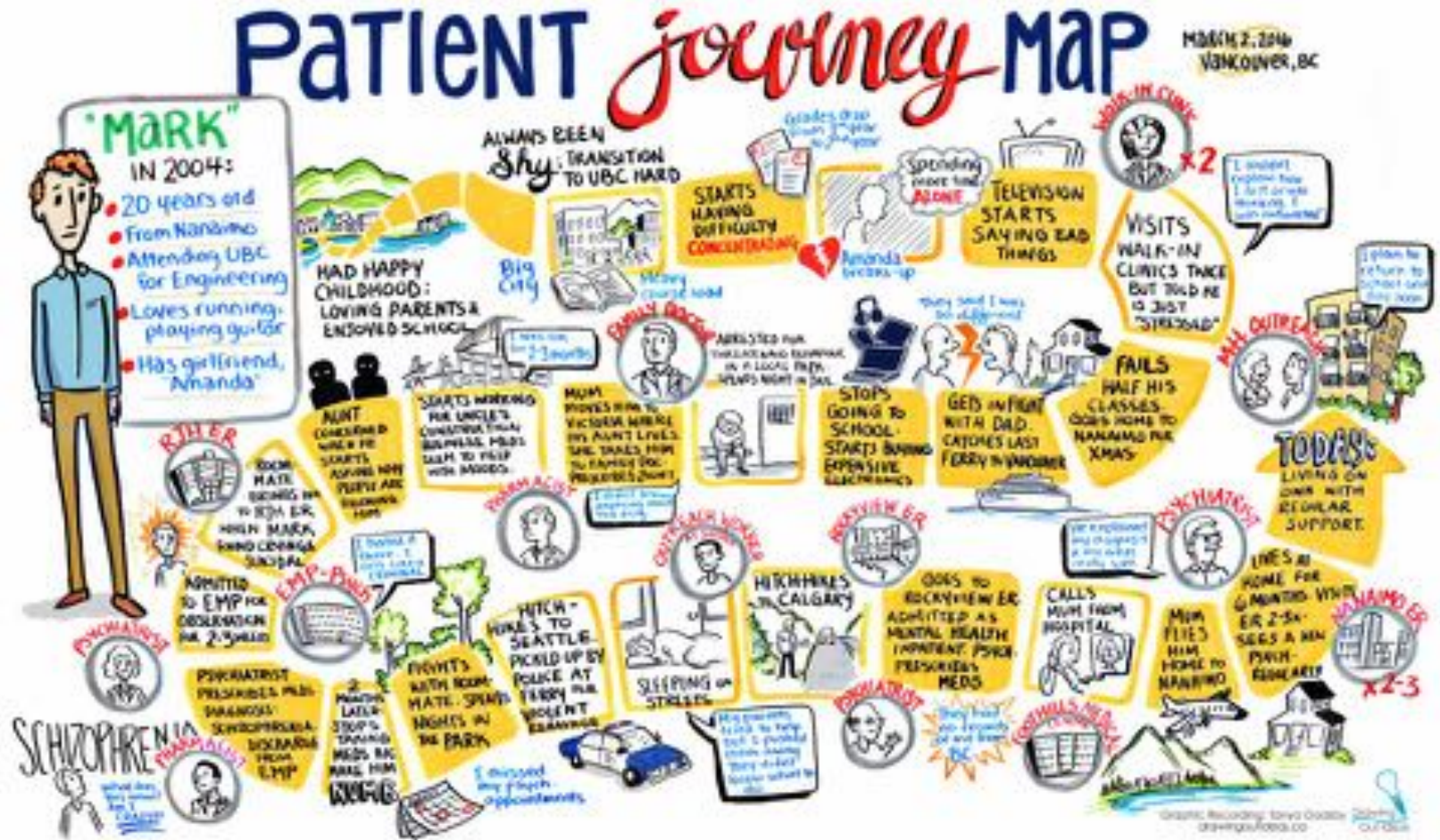
Three procedures in MB – 3 different problems with related causes and solutions

- 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)