

Twenty-Five Years of Access to Scheduled Services Anything Learned? Anything Change?

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Disclaimer & Professional Activities

- Professor Emeritus, Community Health Sciences, University of Calgary
- No conflicts of interest
- No prior payment from private sector for research, over this 25 years
- Financial support for access research from four Western Provinces, Federal Government and CIHR – IHSPR (first grant 1998, 60 pubs.)
- Board Member currently of Canadian Frailty Network & Beacon Community Services (Vancouver Island)
- Recent part-time appointment to University of Calgary as Academic Director, Centre for Health Policy

Outline

- Anything Learned?
 - Different services – different drivers and dynamics
 - Queue Management 101 – in a Canadian Context
 - Waiting Time Management Strategies – Demand, Supply and Balance
 - Specific and Evidence-based Strategies
- Anything Changed?
 - Measurement and targets
 - Provincial performance
 - COVID impact on scheduled services
- A path forward

Access Background

- Access to services has been an issue from day 1 in Canadian Medicare
- Beyond a period of watchful waiting, delays to receive service is never good for you health, albeit may not necessarily be bad
- Access to primary care & emergency services influenced by other factors & drivers
- Access to scheduled services is about those things for which people are scheduled and for which they (may) line up to obtain service ... often referred to as Elective services
- Waiting lists and waiting times are rationing of healthcare services
- Every health system in the world rations services but do so differently
- Universal health systems - greater challenge with everyone included

Simply:

For any given service, when the arrival rate exceeds the service rate a queue forms

Queue Management 101

- Demand – the arrival rate for the service
- Supply – the service rate
- Balance – match between both & backlogs
- When arrival rate exceeds service rate a queue forms

Queue Management 101

Service Basket
Entitlements



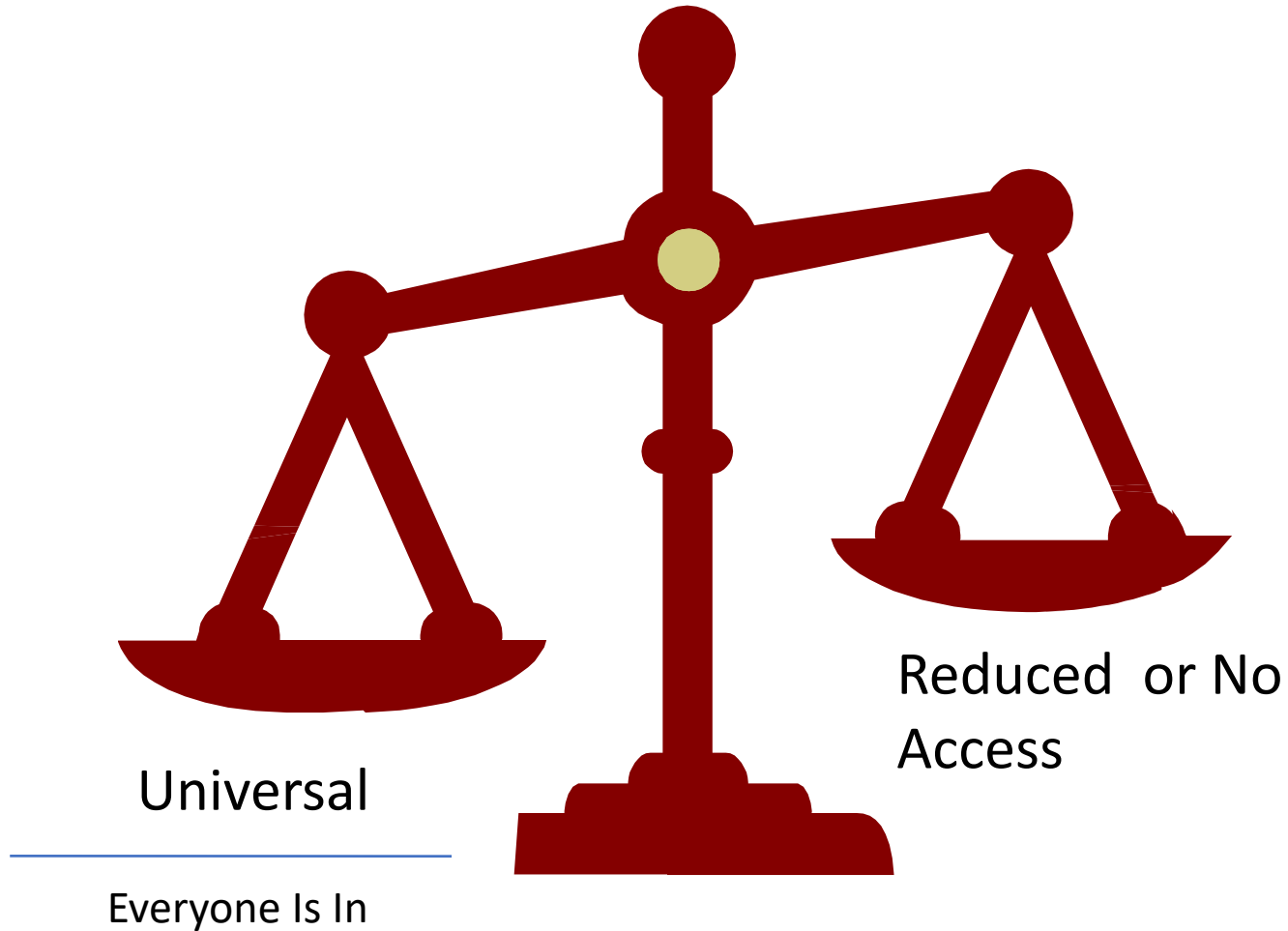
Inclusion

Access

The Ideal System in Balance

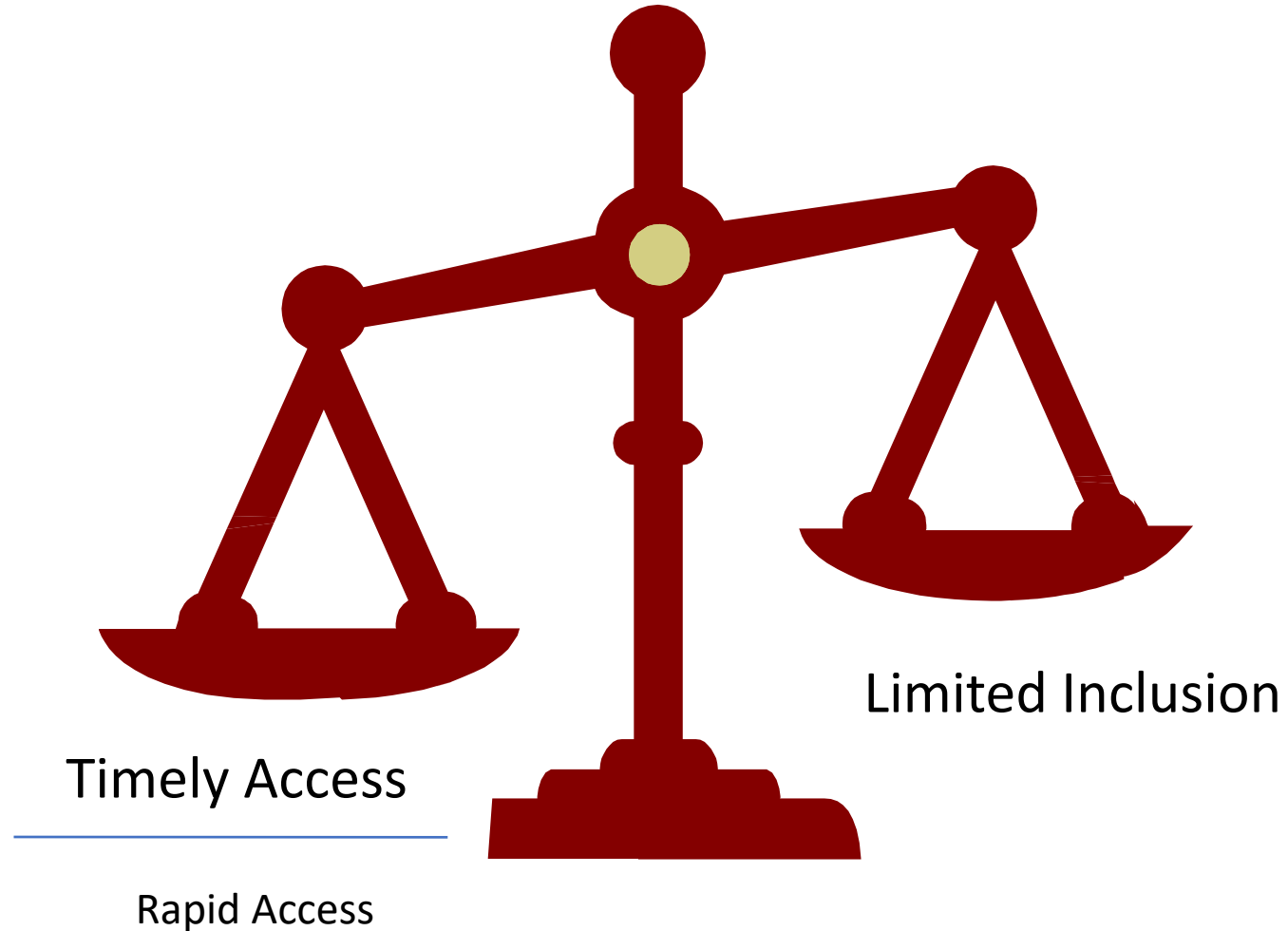
Queue Management 101

Service Basket



Queue Management 101

Service Basket



Waiting Time Management Strategies

- Demand – lessen arrival rate
- Supply – increase service rate
- Match – improve the balance between arrival & service rates
- Operations research - a branch of Industrial Engineering - CORS
- Queue management has a strong theoretical base
- Far more could be learned or applied (S.E.Ms.) from other industries

Demand Strategies

- **Reduce prevalence**
 - Tend to be longer-term and public health focus
 - May be outside the focus of the health system
 - ACL injuries in young women & knee replacements
 - Better sun protection to reduce cataracts
 - Vascular risk reduction for heart disease and stroke
- **Maximize appropriateness**
 - Increasing supply risks increasing inappropriate services – supply-induced demand
 - Appropriateness criteria are few and far between
 - RAND/UCLA method commonly used and focuses on net ‘clinical’ benefit
 - For preference-sensitive interventions, patient criteria are centrally important
- **Priority-setting for admission to the queue**
 - Point count scores that reflect relative urgency
 - Does not change overall waiting times but improves flow and w/t for most urgent cases

Supply Strategies

- Add more resources without other change
 - Usual political response and system expectation
 - Has a light switch effect but rarely results in long-term improvement in w/t
- Waiting time care guarantees
 - Used in the UK & Scandinavia successfully
 - Politically established and may/may not be influenced by evidence
 - Solid evidence for optimal intervention often lacking & 'preference' sensitive
 - Canada's waiting times 2005 e.g. hip and knee, cataracts
- Single-entry models
 - Cardiovascular surgery has always operated this way
 - Pool arrivals, standardize the criteria for service, pool the service delivery
 - Widespread in other industries – single line to multiple service providers
 - Best strategy in the tool kit but is uncommonly used
 - Requires pooling of lists and service delivery
 - Disrupts traditional referral lines
 - Patients may want to choose for themselves – offer no preference and provider-preference

Balancing Supply and Demand

- Eliminate backlogs
 - Always requires an injection of new resources
 - Do the math to fix the problem
 - May not be only the money & be limited by human and material resources
 - Alberta & BC dealt with COVID surgical backlogs using publicly purchased private delivery
- Operations research tools to balance supply with demand
 - Markov modelling still in use
 - Discrete Event Simulation
 - Systems dynamics modelling
- Winging it doesn't get you far

Macro Policy Options for Waiting Time Management

- Demand
 - Insurability & coverage: Medicare and Medicaid rules – United States
Affordable Care Act
 - Priority-setting mechanisms: Financially sustainable thresholds – New Zealand
Point count scores for relative urgency - Canada
- Supply
 - Increase resources - Capital, financial & human – standard approach all governments
 - Waiting Time Targets – Canada 2005 (H&K, Cataract)
 - Waiting Time Care Guarantees – UK (Blair Government)
- Balance
 - Resource infusions for backlogs – Alberta & BC April 2022
 - Enlist private sector resources

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Commonwealth Fund Annual Survey (2021)

Health Care System Performance Rankings (11)

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Overall	3	10	8	5	2	6	1	7	9	4	11
Access	8	9	7	3	1	5	2	6	10	4	11
Care Proc	6	4	10	9	3	1	8	11	7	5	2
Ad Effici	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Outcome	1	10	6	7	4	8	2	5	3	9	11

Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries (Commonwealth Fund, Aug. 2021). <https://doi.org/10.26099/01DV-H208>

Measurement and Targets

- More attention is being paid to measuring & reporting waiting times
- Length of waiting times is the target not the number on the list
- Comparative performance assessment now possible
- No meaningful work on establishing targets for procedures
- Governments need to establish and enforce maximally acceptable waiting time targets & hold service providers responsible
- Nieve to believe that access problems can be permanently eradicated

Provincial Performance

- Canada performs poorly in access – not only to scheduled care
- Access is & always has been our Achilles Heel
- Federal Government has next to no influence (NHS & UK)
- Provincial Governments are not working together to resolve this
- Most initiatives are supply side only & involve resource infusions
- Resource infusions alone seldom provide long-term solutions
- WTs have not improved with time
- COVID made all WTs worse, particularly scheduled services
- **Opinion:** COVID may have improved receptivity to SEMs

Path Forward

- Needs to become a sustained Provincial & Federal joint policy priority
- Long waiting times can be fixed and should be
- COVID placed a bright light on this necessity
- Deal with the backlogs first – this requires an additional, calculable infusion of resources
- Use Operations Research tools to match supply and demand
- Add calculated resources to re-engineered care to retain balance
- Widespread adoption of single-entry models
- For the most stubborn queues develop appropriateness criteria and consider priority-setting tools

A scenic sunset over a body of water. The sky is a mix of blue and orange, with the sun low on the horizon. A sailboat is visible on the water. The foreground shows some dark foliage on the left side.

Thank You (tnosewor@ucalgary.ca)

Questions?