Ontario wait time strategy

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IIncrease focus has been given to surgical wait times for oncology. The Ontario government has initiated a system to track and measure wait times for cancers including urological tumors. This strategy was initiated 1.5 years ago and has accomplished a great deal in its infancy. Along with an information technology strategy, targeted funding has successfully increased the numbers of cases done in the province. In time, outcome data will be required. Approaches such as these have occurred throughout Canada and are encouraged in order to improve access to the public health care system.

Key Words: wait time, urology, Canada

The Ontario wait time strategy was initiated approximately 1.5 years ago, and has been very successful. A public website displays hospital wait times for the "Big Five", as well as giving other information about the Wait Time Strategy.[1] The material is refreshed every 2 months, Figure 1. Simultaneously, an electronic near real time program is being installed across Ontario so that we will shortly know how many patients are waiting, and for how long they have been waiting.

The governance responsibility and accountability point has been fixed at the Chair of the board of every hospital. That board is responsible for access management to that institution.[2] Targeted full cost funding allows significant case increase at hospitals, and this money is dispensed with conditionality, which includes providing wait time data and various forms of quality data. In time, outcome data will be required. The Ontario government looks to expert panels to provide advice regarding wait time targets, and a variety of other critical dimensions.

Ontario reports on wait times for surgical oncology. The electronic system includes four wait times, according to urgency, but currently we are reporting wait times with reference to the fourth category only. Hospitals can compare their performance to other hospitals in their local networks and to provincial averages and targets.

Urologists are to be commended on focusing on the wait time issue. In the cancer wait time reporting, we believe that a very significant proportion of the reported "tail" is populated by prostate cancer patients. Experts reading this journal are fully aware of the complexities and sophistications surrounding this diagnosis, and we are looking seriously at the concept of "ready to treat" as opposed "decision to treat" as a starting point for these measurements. In time, the "wait to see the specialist" will be reported.

The Ontario government regards Cancer Care Ontario as the cancer "expert panel" and surgeons across the province have worked very hard in getting us to our current situation.[3] The government is planning the initiation of new programs as of January 2007, and are considering expanding reporting to include conditions other than surgical cancer. In the fullness of time, this will include the important non-malignant aspects of urological surgery.

We would also be particularly interested to hear from urological experts what they consider the ideal system is for caring for patients suffering from

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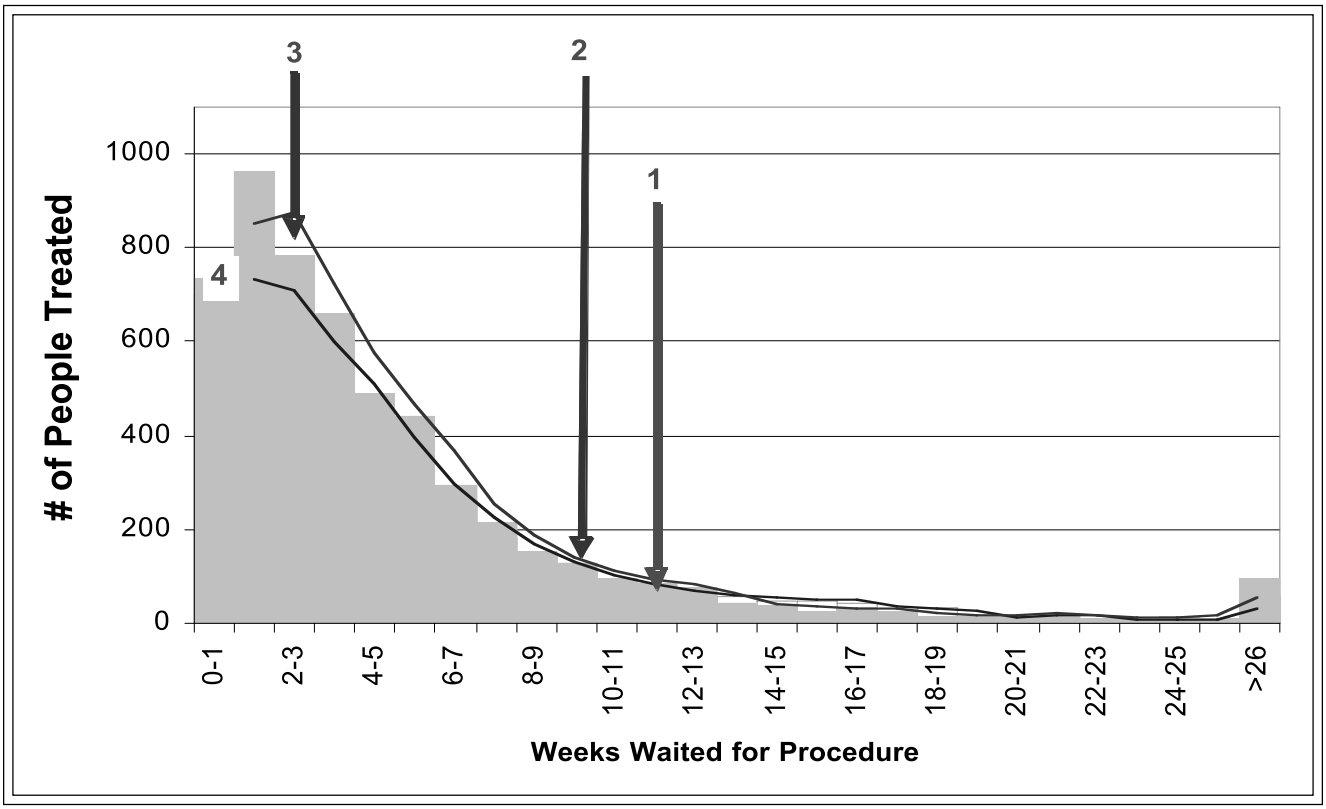

Figure 1. Ontario Surgical Oncology. Data reports "decision to treat" to "treat".
1. Ontario target for 90th percentile completion.
2. Current 90th percentile completion.
3. Current median.
4. Baseline at inception

urological disease. In particular, we are exploring the provision of services by non-MD health care providers, thereby improving the efficient use of highly-trained and skilled urological surgeons. We are also particularly interested in reviewing system approaches which incorporate protocols and appropriate triage of cases, with the appropriate IT support to identify choke points in the system.

The Ontario government looks to expert groups for advice on best practice and, in particular, to the adoption of modern systems, techniques and measurements.[4] The absolute criterion is that of improving the care of the patient and plans that smack of self-interest or improving the lot of the provider are very rapidly discarded. In providing advice, it is essential that the advice be described as based on good scientific evidence, a consensus panel of experts, or individual opinion. It is anticipated that any opinion based on a consensus panel will also include a very thorough review of the existing world literature, pertinent to the point of discussion. □

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