

Waiting Lists in Canada: Reality or Hype?
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Introduction

Waiting lists in Canada have been a highly symbolic issue to people on both sides of the U.S.-Canada border. For those who support privatization of the Canadian healthcare system, the waiting lists speak to a vast lack of healthcare delivery capacity in the public system. Such lists, they argue, would be minimized by moving towards a two-tiered system of care in which the public system existed alongside a parallel private system that would allow privately insured patients to "jump the queues" - i.e. get faster access to care. On the other hand, for those who believe in the fundamental principles of equity that the Canadian system is built on, the waiting lists point not to a fundamental flaw in the structure of the Canadian healthcare system but rather to a gross underfunding of the system, which has been triggered largely by reductions in federal funding to provinces for healthcare. The answer, these advocates argue, is to increase funding levels for the current system without moving towards a two-tiered system.

All of this, of course, makes the important assumption that significant waiting lists in Canada exist in the first place. Those who oppose the Canadian single-payer system, including the American health insurance industry, have long used long waiting lists as an argument against single-payer health insurance, citing anecdotal evidence, various surveys, and media reports. Despite this, an objective look at the issue reveals that the evidence for waiting lists is inconclusive. **Indeed, while waiting lists certainly do exist for certain non-emergent procedures, it is not at all clear that the "waiting list crisis" that is so often talked about by the media and opponents of single payer actually exists.**

This primer will attempt to present a balanced view of the evidence for waiting lists in Canada. It is not the objective of this paper to argue for or against Canadian single-payer; such arguments can be found elsewhere. Rather, the objective of this paper is to ensure that the debate around waiting lists in Canada occurs in an informed, rational, and intellectually honest fashion.

Definitions

A "waiting list" is a list that patients are enrolled in once they opt to pursue an **elective** procedure, assuming that they cannot get this procedure performed immediately. In Canada, waiting lists do NOT exist for emergency procedures. It is a myth that Canadians with serious, life-threatening illnesses are enrolled on a waiting list before they can receive life-saving therapies.

"Waiting time" or "wait time" is more difficult to define. A common definition is the length of time between when a patient is enrolled on a waiting list and when the service is received [1]. However, different provinces and organizations define waiting times differently (e.g. time from seeing GP to treatment, time from seeing specialist to treatment, time from being enrolled on hospital waiting list to treatment, etc.). These differences can result in dramatically different measurements of waiting times. Waiting times are a part of every healthcare system; indeed, there are often significant waiting times for elective procedures in American hospitals as well. The difference between countries, of course, is the magnitude of the waiting time.

The lack of good Canadian data on waiting lists

Recently, waiting list data has been monitored and published online by some of the Canadian provincial governments [2].

British Columbia Ministry of Health

www.hlth.gov.bc.ca/waitlist

Alberta Ministry of Health and Wellness

www.health.gov.ab.ca/waitlist/WaitListPublicHome.jsp

Saskatchewan Surgical Care Network

www.sasksurgery.ca

Manitoba Ministry of Health

www.gov.mb.ca/health/waitlist

Cardiac Care Network of Ontario

www.cn.on.ca/access.html

Cancer Care Ontario

www.cancercare.on.ca/access_waitTimes.htm

In an important paper, McDonald et al. issued a scathing analysis of the current data-keeping system for waiting lists by the Canadian provincial governments [1]. The authors write: "With rare exceptions, waiting lists in Canada, as in most countries, are non-standardized, capriciously organized, poorly monitored, and (according to most informed observers) in grave need of retooling. As such most of those currently in use are at best misleading sources of data on access to care, and at worst instruments of misinformation, propaganda, and general mischief...There may be serious problems of excessive waiting times for some procedures in some jurisdictions, at some times; or there may not. We simply have no reliable systems in place with which to assess what are, at the moment, still largely self-reported claims...With few exceptions, our current understanding of the 'wait list situation' in Canada is so totally dependent on data of suspect quality, drawn from a variety of ad hoc sources, based on inconsistent definitions, used for a variety of purposes, and overseen by no one, that it is little wonder that we find so much confusion..."

They further make the following conclusions regarding waiting lists in Canada:

- **"In Canada at the present time it is impossible either to understand the true magnitude of wait lists or genuinely and rationally manage the patients on those lists.** Few current wait lists in Canada, or elsewhere, are sufficiently defined and standardized to provide inter-temporally consistent and geographically comparable databases..."
- **It is virtually impossible to know how to interpret any particular claims about the length of time patients are currently waiting for any particular procedure.** Reports based (ostensibly) on the same patient populations can produce substantially different estimates of median wait times (as was the case recently in British Columbia). With rare exceptions such as cardiac and cancer care in some jurisdictions, there is an almost total absence of consistently applied criteria (within procedures, let alone across) for determining when patients should be added to wait lists, and how they should be prioritized.
- **Commonly 20-30% of those on wait lists are found in the international literature to be inappropriately placed,** because they have already received the procedure, have died, never knew they were on a list, were placed on the list in the first place for reasons unrelated to medical necessity, or were no longer awaiting the procedure for some other reason." [1]

This paper underscores a few important points. First, the data on waiting times in Canada is incomplete and poorly standardized, despite some recent attempts to standardize the data (e.g. the Western Canada Waiting List Project). For example, waiting times are defined differently

from province to province, and they can be estimated through a variety of methods (retrospective, cohort, cross-sectional, etc.), each of which yield differing results. Second, the number of people on waiting lists may not be an appropriate indicator of access as actual waiting time, since international studies have shown that many people are inappropriately placed on waiting lists or no longer belong there.

Provincial government data on waiting lists

Despite the flaws mentioned above, provincial government data on waiting lists is still the most objective source of information on the topic. The following discussion will highlight a few pertinent examples in order to illustrate some general points about waiting lists:

1. British Columbia [3]

As can be seen by the data from British Columbia, waiting time varies by specialty. For example, the median wait time for orthopedic surgery was 9.3 weeks, whereas the median wait time for vascular surgery was 2.7 weeks. Similarly, the waiting time varies by procedure as well, as evidenced by the waiting times for endarterectomy (3.0 weeks), cataract surgery (9.4 weeks), gall bladder surgery (5.1 weeks), hip replacement (21.8 weeks), and knee replacement (28.3 weeks).

Waiting lists will naturally be influenced by demand for a particular procedure, supply of physicians doing the procedure, availability of appropriate healthcare facilities to do the procedure, density of healthcare facilities in a given geographic region, etc.

2. Manitoba [4]

Manitoba's waiting time information for CT scans illustrates another important point: within provinces, there is great variability for waiting times between hospitals. While the median wait time for CT scans for all Manitoba was 10 weeks, the range was as low as 3 weeks to as high as 18 weeks, depending on the facility.

Non-government data on waiting lists

In the absence of complete, reliable, standardized governmental data, some organizations and researchers have turned to self-report in surveys to paint a picture of waiting lists in Canada.

1. Patient self-report [5-10]

Statistics Canada, a non-partisan organization, has compiled an extensive set of statistics on waiting times based on the Health Services Access Survey of 2003. Important findings include:

- The median wait time for non-emergency (elective) surgeries was 4.3 weeks [95% CI, 3.9- 4.7]. 40.5%, 42.1%, and 17.4% of Canadians in the survey reported waiting less than 1 month, 1-3 months, and more than 3 months for the surgery, respectively. The proportions varied between provinces.
- The median wait time to see a specialist for a new illness or condition was 4.0 weeks [95% CI, 3.4-4.6]. 47.9%, 40.7%, and 11.4% of Canadians in the survey reported waiting less than 1 month, 1-3 months, and more than 3 months to see a specialist, respectively. The proportions varied between provinces.
- The median wait time for selected non-emergency diagnostic tests (CT, MRI, or angiography) was 3.0 weeks [95% CI, 2.1-3.9]. 57.5%, 31.5%, and 11.5% of Canadians in the survey reported waiting less than 1 month, 1-3 months, and more than 3 months to receive these diagnostic tests, respectively. The proportions varied between provinces.

2. Physician estimate [2]

Every year, the Fraser Institute, a prominent free-market think tank, publishes a survey based on physician estimates of waiting times for their patients. In 2004, the survey found the following:

- Median wait time between visiting a general practitioner and consultation with specialist: 8.4 weeks
- Median wait time between visiting a specialist and receiving treatment: 9.5 weeks
- Median wait time for CT: 5.2 weeks
- Median wait time for MRI: 12.6 weeks

Clearly, there are significant differences between the Statistics Canada estimates and the Fraser Institute estimates. These differences may be explained by different definitions of waiting times, differences in perceptions between patients and physicians, and source bias.

The most important point here is that differences in methodology and sources can result in dramatically different results. **The lack of standardized government data on waiting lists makes it difficult to conclude with any certainty the magnitude of waiting lists in Canada.**

What about waiting lists in the U.S.?

On average, U.S. citizens experience some of the shortest wait times for non-emergency surgeries among industrialized countries, although the waiting times vary considerably by procedure [11]. Furthermore, the short waiting times apply mainly to those who have insurance; for those who do not, the waiting line is arguably infinite. Finally, the short waiting lists in the U.S. should be tempered with the realization that the lack of universal healthcare in the U.S. means less demand for the system. If there were universal healthcare without an expansion of capacity, one might see how waiting lines in the U.S. could increase [12].

In a cross-national survey of sick adults in five countries, 40% of people in the U.S. said it was either very difficult or somewhat difficult to see a specialist, compared with 53% in Canada. Of the U.S. respondents indicating it was difficult to see a specialist, 40% cited long waiting times (vs. 86% in Canada), 31% cited being denied a referral or having to wait for a referral (vs. 10% in Canada), and 17% cited not being able to afford private insurance (vs. 3% in Canada). 14% of U.S. respondents indicated they had a "big problem" with long waits to get an appointment with their regular doctor, compared with 24% in Canada. Based on this data, more Canadians than Americans report that waiting lines are a problem when trying to see their physicians, although some Americans experience this problem as well. Also, more Americans report problems with obtaining referrals and cost of care as obstacles to seeing specialists [13].

Canadians coming to the U.S. for care: a "health care zombie"

Opponents of the Canadian healthcare system commonly conjure up the image of hordes of Canadians crossing the border to receive healthcare in the U.S. due to long waiting lists. Yet, the studies that have been done on this issue do not support the legitimacy of this idea.

Katz et al [14] developed a multi-faceted strategy to study this issue, drawing upon 1) Surveys of ambulatory clinics in three large U.S. cities near the Canada border (Detroit, Buffalo, Seattle); 2) State hospital discharge data from Michigan, New York, and Washington State; and 3) Surveys of the U.S. News and World Report "America's Best Hospitals", where Canadians might be thought to go to for care.

- 136 ambulatory healthcare facilities in Detroit, Buffalo, and Seattle responded to the survey. In 1997-1998, 52 of these facilities reported seeing no Canadians, 56 reported seeing fewer than 10, 21 reported seeing 21-25, and 7 reported seeing more than 25.

- From 1994 to 1998, 2,031 Canadians were admitted to hospitals in Michigan, 1,689 to hospitals in New York, and 825 to hospitals in Washington. During this period, these hospitalizations represented only 0.23% of all the hospitalizations that occurred in the three provinces bordering these states.
- Finally, responses from eleven of America's Best Hospitals generally indicated that the number of Canadian patients seen at the hospitals was low.

Katz also drew upon several Canadian sources of data for the study:

- **Federal and provincial government surveys of the citizenry.** Only 90 of 18,000 respondents to the 1996 Canadian National Population Health Survey indicated they had received health care in America in the past year, and only 20 of these had gone to the U.S. specifically for that purpose.
- **Canadian contracts with U.S. healthcare facilities.** Some Canadian provinces have contracted with nearby U.S. hospitals for radiation therapy for cancer, although this is a relatively small proportion of patients. For example, Ontario contracted with Michigan, New York, and Ohio healthcare facilities in 1999 for breast and prostate cancer treatment. During the period lasting from March 1999 to October 2000, the number of Ontario citizens treated in America with radiation therapy for breast and prostate cancer was only 8.5% of the total number of Ontario citizens that were treated with radiation therapy for prostate and breast cancer during the same time interval.
- **Pre-approval of experimental therapies.** Finally, there are some Canadians who apply for approval to come to the U.S. for treatments not yet available in Canada, such as gamma knife therapy for intracranial pathology and brachytherapy for prostate cancer. Again, however, the numbers are small; for example, Quebec approves about 100 requests per year from Canadians wishing to go the U.S. for such treatments.

In sum, the number of Canadians receiving care in the U.S. appears to be extremely low compared to the amount of care that Canadians receive in Canada. There does exist a group of Canadians who come to America 1) To receive therapies not approved in Canada; 2) To avoid long waiting lines; and 3) Because of limited capacity in Canada in certain technologies. However, these Canadians are by far the exception, not the rule.

The idea that Canadians flock to the U.S. specifically for healthcare loses even further legitimacy when one considers that the number of Canadians treated in the U.S. does not just include people who specifically go to the U.S. for healthcare; it also includes care given to Canadians traveling in the U.S., Canadians working in the U.S. on business travel, and Canadians who move to the U.S. during the winter to avoid the cold ("snowbirds"). Finally, in some rural areas of Canada, it is more convenient to go to the U.S. than to travel long distances to healthcare facilities due to simple proximity [14].

Unfortunately, the image of Canadians crossing the border will continue to be conjured up despite the fact that such images are based purely on anecdotal evidence. As Katz writes: "Despite the evidence presented in our study, the Canadian border-crossing claims will probably persist. The tension between payers and providers is real, inevitable, and permanent, and claims that serve the interests of either party will continue to be independent of the evidentiary base. Debates over health policy furnish a number of examples of these "zombies" - ideas that, on logic or evidence, are intellectually dead - that can never be laid to rest because they are useful to some powerful interests. The phantom hordes of Canadian medical refugees are likely to remain among them" [14]. In the end, the image of Americans crossing the border to obtain Canadian drugs may be more realistic than the image of Canadians crossing the border to obtain American healthcare.

Summary

What is clear from this analysis is that Canadian waiting lists are undoubtedly a problem for many Canadians on certain elective procedures. What is not clear, however, is the magnitude of the problem, and it is certainly not necessarily true that there is a Canadian "waiting list crisis."

- The lack of quality data on waiting lists from the Canadian government, coupled with the limitations of surveys (e.g. differing methodologies), makes it very difficult to conclude with any certainty the size of the true waiting list problem.
- The Canadian experience with waiting times will necessarily be uneven, as waiting times vary by specialty, procedure, province, and region. That is, any given individual Canadian will have different experiences with waiting times. This may partly explain the existence of anecdotal reports of intolerable waits from certain individual Canadians (such stories often are dramatized in the media), juxtaposed with the denial of the problem from other Canadians.
- The U.S. does not experience problems with waiting lists as much as Canada does, although the problem does exist for some Americans.
- There is a small minority of Canadians who receive care in the U.S., and even a smaller minority who specifically come to the U.S. to receive care. The idea that hordes of Canadians cross the border to avoid waiting lists is a myth.

[Note: For an exhaustive review of how certain countries have dealt with the problem of waiting lists, please see:

Hurst J and Siciliani J. Tackling Excessive Waiting Times for Elective Surgery: A Comparison of Policies in Twelve OECD Countries. Online at www.oecd.org/dataoecd/24/32/5162353.pdf]

References [Note: All references are available online, including the *Health Affairs* articles].

1. McDonald P et al. "Waiting Lists and Waiting Times for Health Care in Canada: More Management!! More Money??" Health Canada, July 1998. Online at http://www.hc-sc.gc.ca/english/media/releases/waiting_list.html
2. Esmail N and Walker M. Waiting Your Turn, Hospital Waiting Lists in Canada (14th Edition). Fraser Institute, October 2004. Online at <http://www.fraserinstitute.ca/admin/books/chapterfiles/wyt2004.pdf>
3. Government of British Columbia Health Media site. Online at <http://www.healthservices.gov.bc.ca/cpa/mediasite/waittime/median.html>
4. Government of Manitoba Health Wait Time Information Site. Online at <http://www.gov.mb.ca/health/waitlist/>
5. Statistics Canada. "Median waiting times for non-emergency surgeries, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at007_en.htm
6. Statistics Canada. "Non-emergency surgeries, distribution of waiting times, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at008_en.htm
7. Statistics Canada. "Median waiting times for specialist visits for a new illness or condition, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at009_en.htm
8. Statistics Canada. "Specialist visits for a new illness or condition, distribution of waiting times, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at010_en.htm
9. Statistics Canada. "Median waiting times for selected diagnostic tests, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at011_en.htm
10. Statistics Canada. "Selected diagnostic tests, distribution of waiting times, household population aged 15 and over, Canada and provinces, 2003." Online at http://www.statcan.ca/english/freepub/82-401-XIE/2002000/tables/html/at012_en.htm
11. Anderson G and Hussey P, Commonwealth Fund. "Multinational Comparisons of Health System Data, 2000." Online at http://www.cmwf.org/usr_doc/comp_chartbook_431_files.pdf
12. Blendon R et al. "Confronting Competing Demands To Improve Quality: A Five-Country Hospital Survey." *Health Affairs*, May/June 2004; 23(3): 119-135.
13. Blendon et al. "Common Concerns Amid Diverse Systems: Health Care Experiences In Five Countries." *Health Affairs*, May/June 2003; 22(3): 106-121.
14. Katz S et al. Phantoms in the snow: Canadians' use of health care services in the United States. *Health Affairs*, May/June 2002; 21(3): 19-31.