WAITING TIMES POLICIES IN THE HEALTH SECTOR

What works?

OECD
BETTER POLICIES FOR BETTER LIVES

SECTION 1

WAITING TIMES FOR HEALTH CARE: A CONCEPTUAL FRAMEWORK

Long waiting times for health services are a prominent health policy issue in many OECD countries.

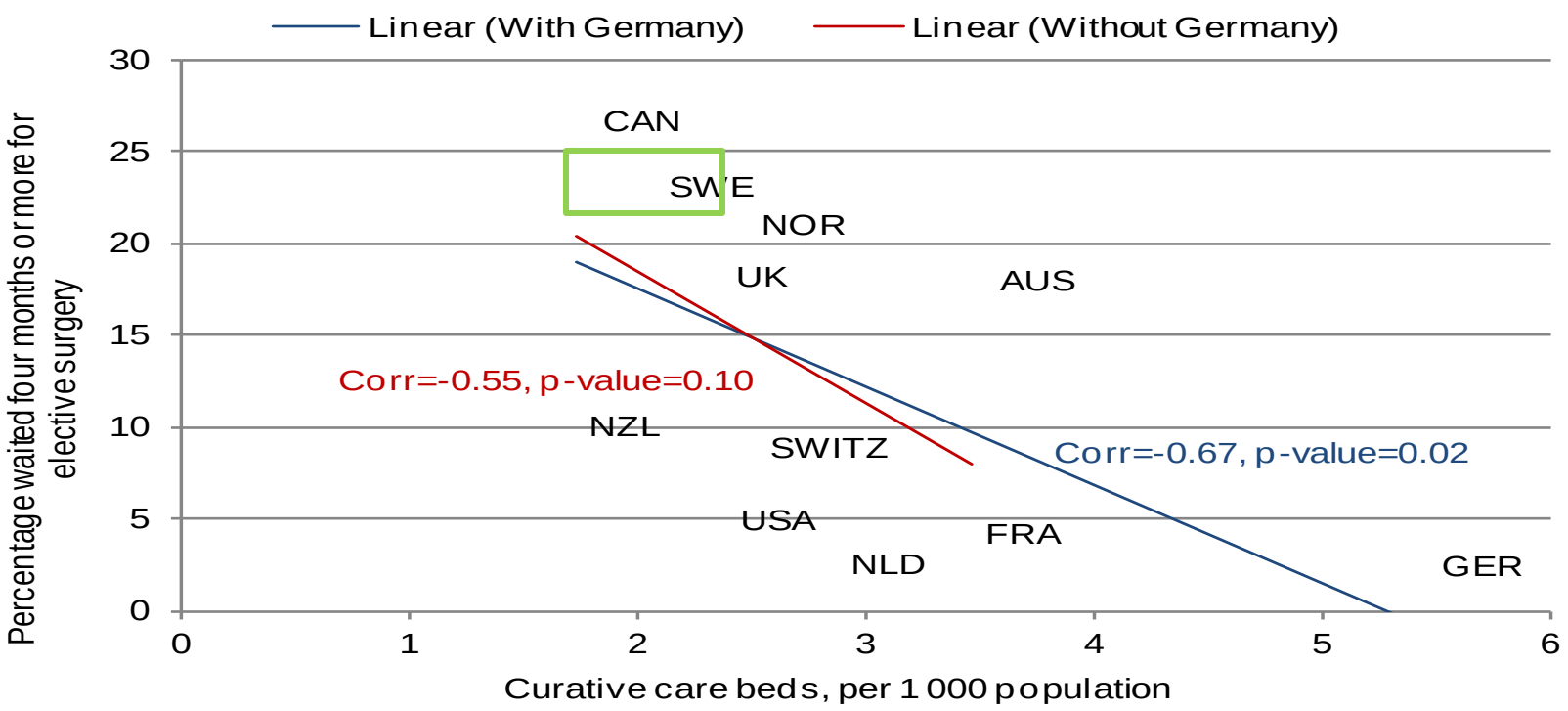
Country	Elective surgery	Emergency departments/ surgery	Primary health care (GPs)	Outpatient speciality care	Long-term care	Cancer care	Currently a national strategy to reduce waiting times
Australia	X	X	X	X	X	X	Yes
Austria	X						Yes
Canada	X	X	X	X	X	X	Yes
Czech Republic	X				X	X	No
Denmark	X	X		X		X	Yes
England	X	X	X	X	X	X	Yes
Finland	X		X	X	X	X	Yes
Germany			X	X		X	No
Iceland	X		X	X	X		No
Ireland	X	X		X	X	X	Yes
Israel	X	X	X	X		X	No
Netherlands	X			X	X		No
Norway	X		X	X	X	X	No
New Zealand	X	X		X		X	Yes
Poland	X			X	X	X	No
Portugal	X	X	X	X	X	X	Yes
Scotland	X	X	X	X		X	Yes
Slovak Rep	X						Yes
Slovenia	X			X	X	X	Yes
Spain		X					Yes
Sweden	X	X	X	X		X	Yes
Turkey	X	X	X	X	X	X	Yes

Source: OECD (2013). Annexe 1A1. Waiting Times Policies in the Health Sector. What Works? Paris, OECD Publishing

Why do some OECD countries experience waiting times and others don't?

Strong negative association between waiting times and the availability of curative care beds.

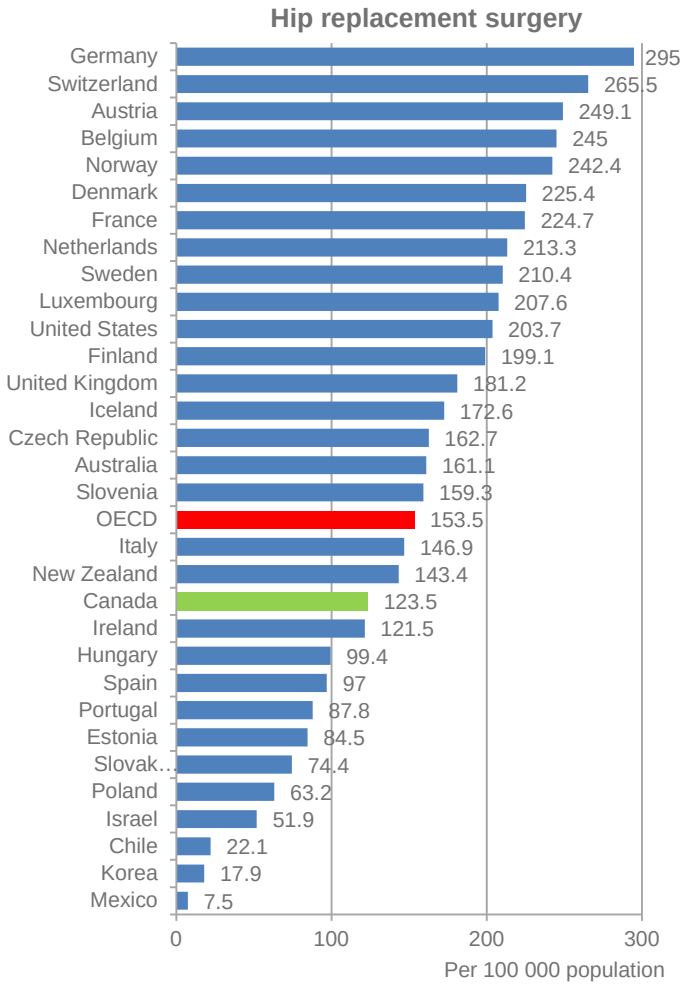
Curative care beds per 1 000 population and percentage waiting four months or more for elective surgery, 2010

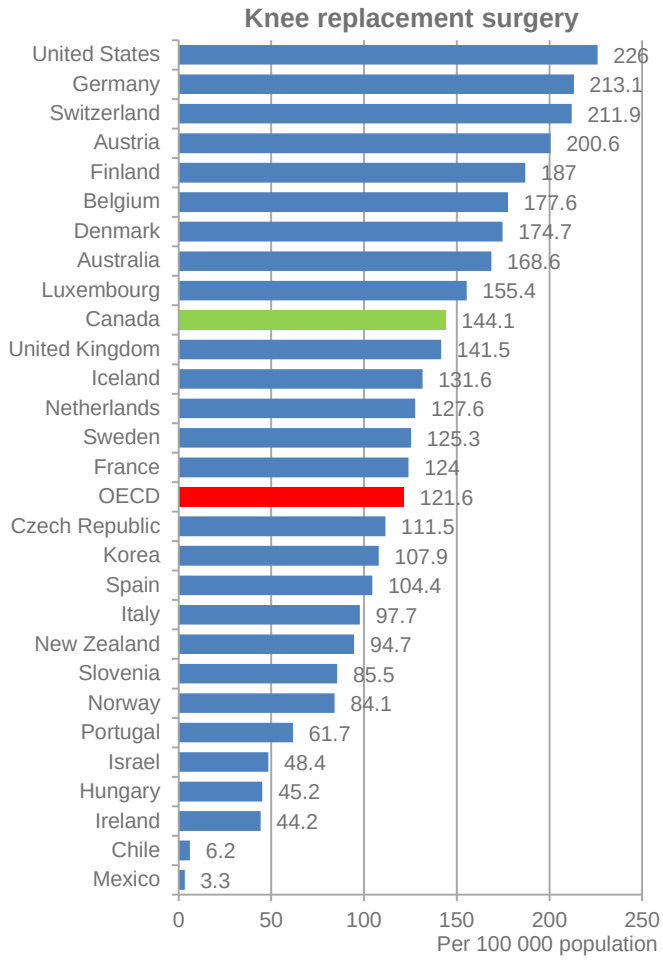


Source: OECD (2012), *OECD Health Data 2012,* OECD Publishing, Paris, DOI: 10.1787/health-data-en; and C. Schoen, R. Osborne *et al*. (2010), "How Health Insurance Design Affects Access to Care and Costs, by Income, in Eleven Countries", *Health Affairs*, Vol. 29, No. 12, pp. 2322-2337.

Large variation in surgical volumes

Hip and knee replacement per 100 000 population, 2010 (or nearest year)





Source: OECD (2012), *OECD Health Data 2012*, OECD Publishing, Paris

Waiting times are not necessarily bad!

- From the standpoint of hospital efficiency, there is a role for some patient waiting time
  - expensive hospital services, like surgical suites, can be used at full capacity
  - The existence of a waiting list decreases the probability that supply exceeds demand, leaving capacity under-utilised
- However, as the waiting lists increases, hospital costs also increase

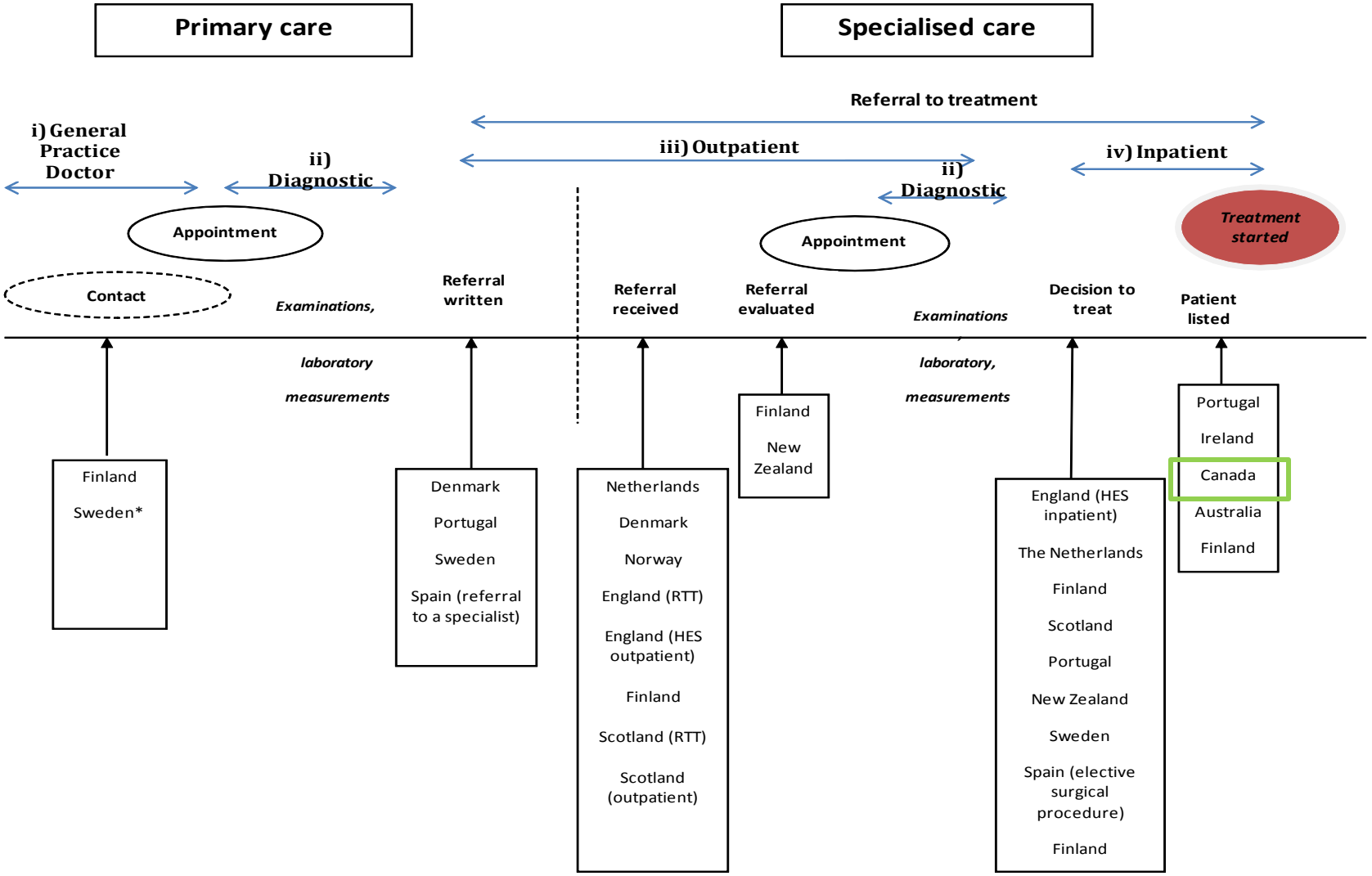
SECTION 2

MEASURING WAITING TIMES ACROSS OECD COUNTRIES

Interested in waiting *times* not waiting *lists*

- Waiting list provides the *stock* of patients to be treated at a point in time
- Waiting time is determined by the time necessary to treat all the patients on the current waiting list through current and future supply of treatments
- From the patients' perspective what matters is the 'time' waited, not the length of the list
- International consensus now around 'time'

When does the patient's waiting time start and finish?



Source: Adapted from SALAR (2011), "Swedish Waiting Times for Health Care in an International Perspective", SALAR, Stockholm, updated by the OECD Secretariat.

Mean vs Median

- Distribution of waiting times positively skewed with a tail of patients waiting very long times.
- Mean influenced by small number of patients with long waits.

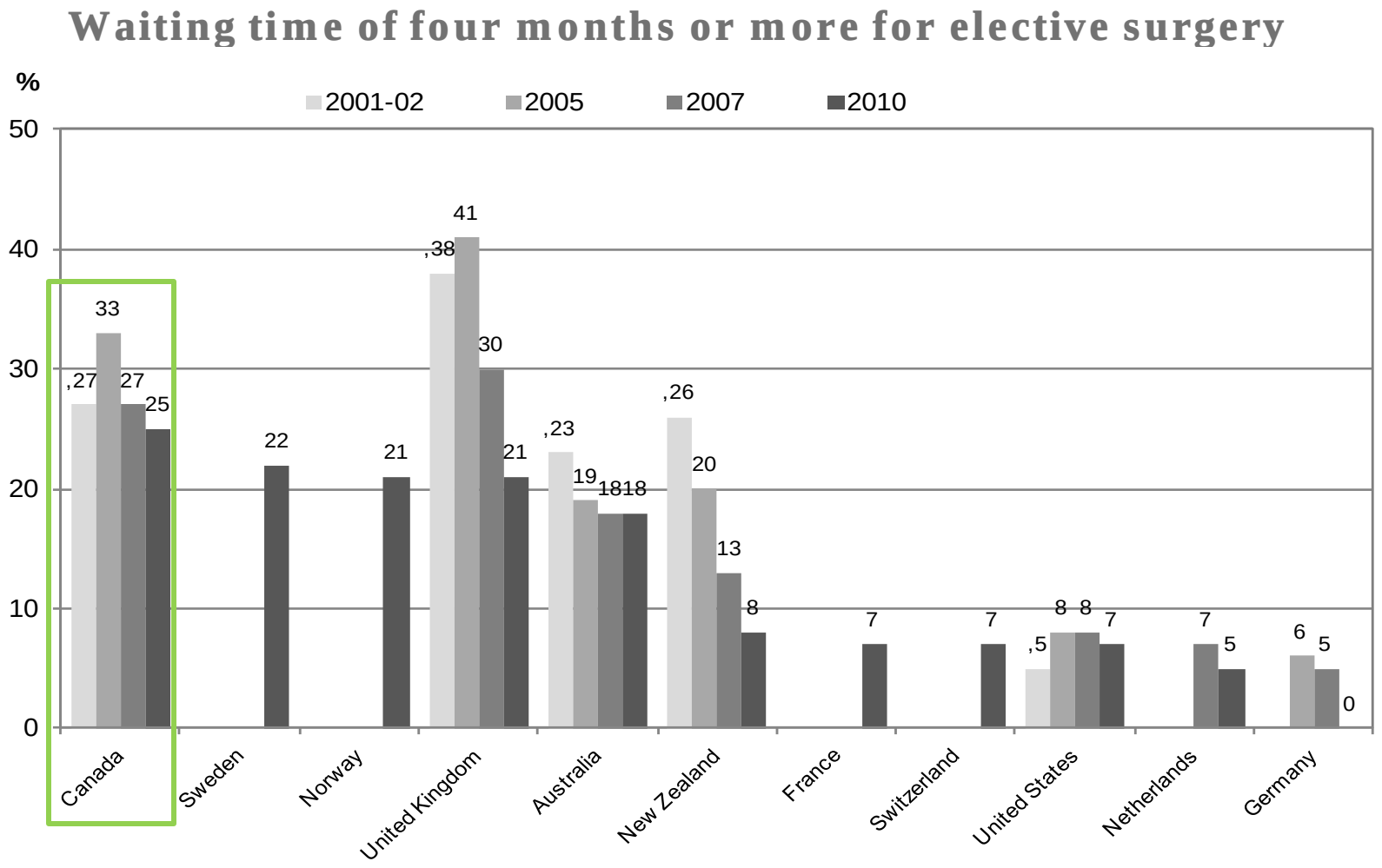
Mean and median inpatient waiting time of patients admitted for treatment (England, 2008-09)			
	Episodes	Mean (days)	Median (days)
Primary Hip Replacement Cemented (HRG H80)	37,207	82	74
Primary Hip Replacement Uncemented (HRG H81)	21,769	87	77
Primary Knee Replacement (HRG H04)	70,813	89	78
Phakoemulsification Cataract Extraction and Insertion of Lens (B13)	313,640	61	56
Source: HES on line; www.hesonline.nhs.uk			

Other percentiles of the distribution

Inpatient waiting times for patients admitted from the waiting list, public hospitals (Australia, 2008-09)				
	Admissions	Days waited at 50th percentile (median)	Days waited at 90th percentile	% waiting more than 365 days
Total Hip Replacement	7939	100	364	9.6
Total Knee Replacement	11493	147	393	14.9
Cataract extraction	51436	84	320	3.6
Hysterectomy	9879	48	171	1.2

Source: National Elective Surgery Waiting Times Data Collection, table 10.7, Australian Institute of Health and Welfare 2010. Australian hospital statistics 2008–09. Health services series no. 17. Cat. no. HSE 84. Canberra: AIHW

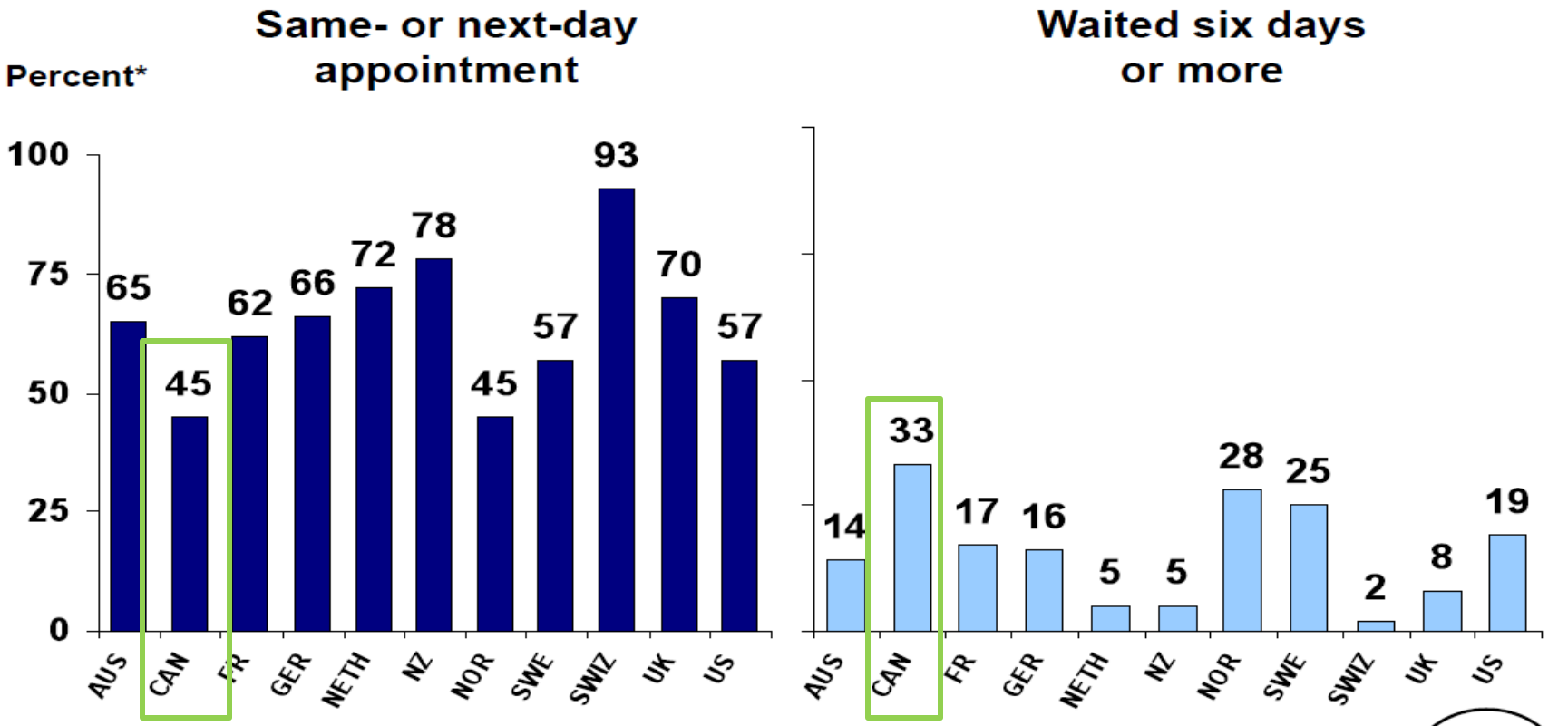
Is there a role for survey data?



Source: OECD (2011), *Health at a Glance 2011 – OECD Indicators*, OECD Publishing, Paris, based on the Commonwealth Fund Survey (Schoen *et al.*, 2010).

Is there a role for survey data?

Access to Doctor or Nurse When Sick or Needed Care



* Base: Answered question.

Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.

THE COMMONWEALTH FUND

OECD Waiting times pilot data collection

- **OECD pilot data collection**
  - Waiting times data collected as part of 2013 OECD data collection → OECD Health at a Glance 2013
  - Seven elective surgical procedures e.g. Hip replacement, knee replacement, cataract surgery...
  - Canada has submitted this data (thanks...)

Section 3

POLICIES TO TACKLE WAITING TIMES: LESSONS FROM OECD COUNTRIES

Policies to address waiting times can target the supply side, the demand side, or both

Policies		Commonly used	Potential effect on waiting times
Supply-side policies	1. Increased production in the public sector by funding extra activity	6/13 countries	Weak
	2. Contracting with private sector	6/13 countries	Weak
	3. Sending patients abroad	3/13 countries	Weak
	4. Increased productivity by introducing activity-based financing (DRGs)	3/13 countries	Medium
	5. Increased choice of providers	5/13 countries	Medium
	6. Improved management of waiting lists		Medium
Demand-side policies	1. Explicit guidelines to prioritise patients	7/13 countries	Medium
	2. Subsidise private insurance	5/13 countries	Weak
Combined policies	1. Waiting-time guarantees	13/13 countries	Weak
	2. With sanctions	3/13 countries	Strong
	3. With choice and competition	6/13 countries	Strong

Source: Based on OECD Secretariat assessment of 13 case studies and review of the literature.

Increased funding to reduce waiting times

- Almost every country has tried increasing funding … with little effect
  - UK, Australia, Sweden, Portugal, etc
- Initial decrease in waiting times, but then they raise again
- Often perverse incentives with added funding
- Supply increase is usually limited and not sustained

Learning from the experience of other OECD countries

- Targets and Terror
- Waiting Times Guarantee
- Introducing Competition
- Demand-side Management

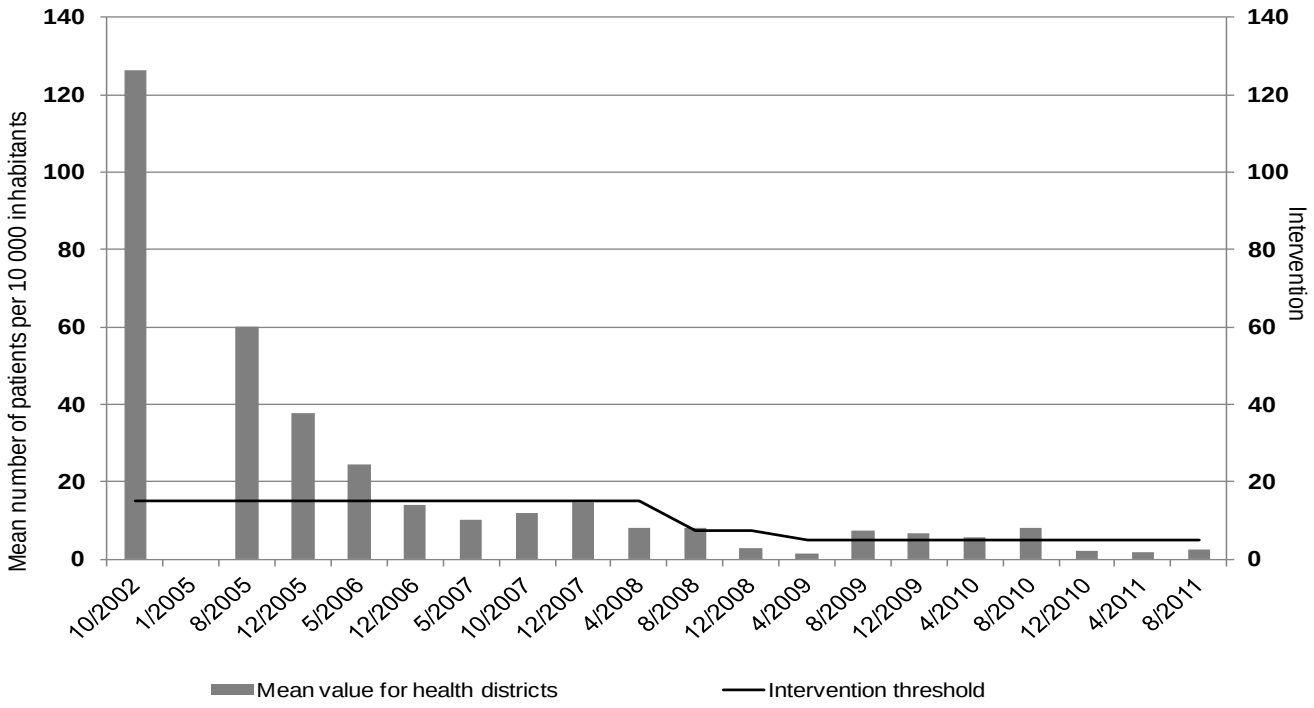
Targets and Terror in the UK

- UK model had very concrete target regime that was ratcheted to 18 weeks; inpatient waiting time reduced in England

Source: OECD (2013). Chapter 16: United Kingdom. Waiting Times Policies in the Health Sector. What Works? Paris, OECD Publishing

Finnish Waiting-time Guarantee

Number of patients waiting longer than 180 days for specialist care per 10 000 inhabitants, Finland, October 2002 to April 2011



Source: National Institute for Health and Welfare in Finland (2012).

Introducing supply-side competititon - lifting the cap The Netherlands

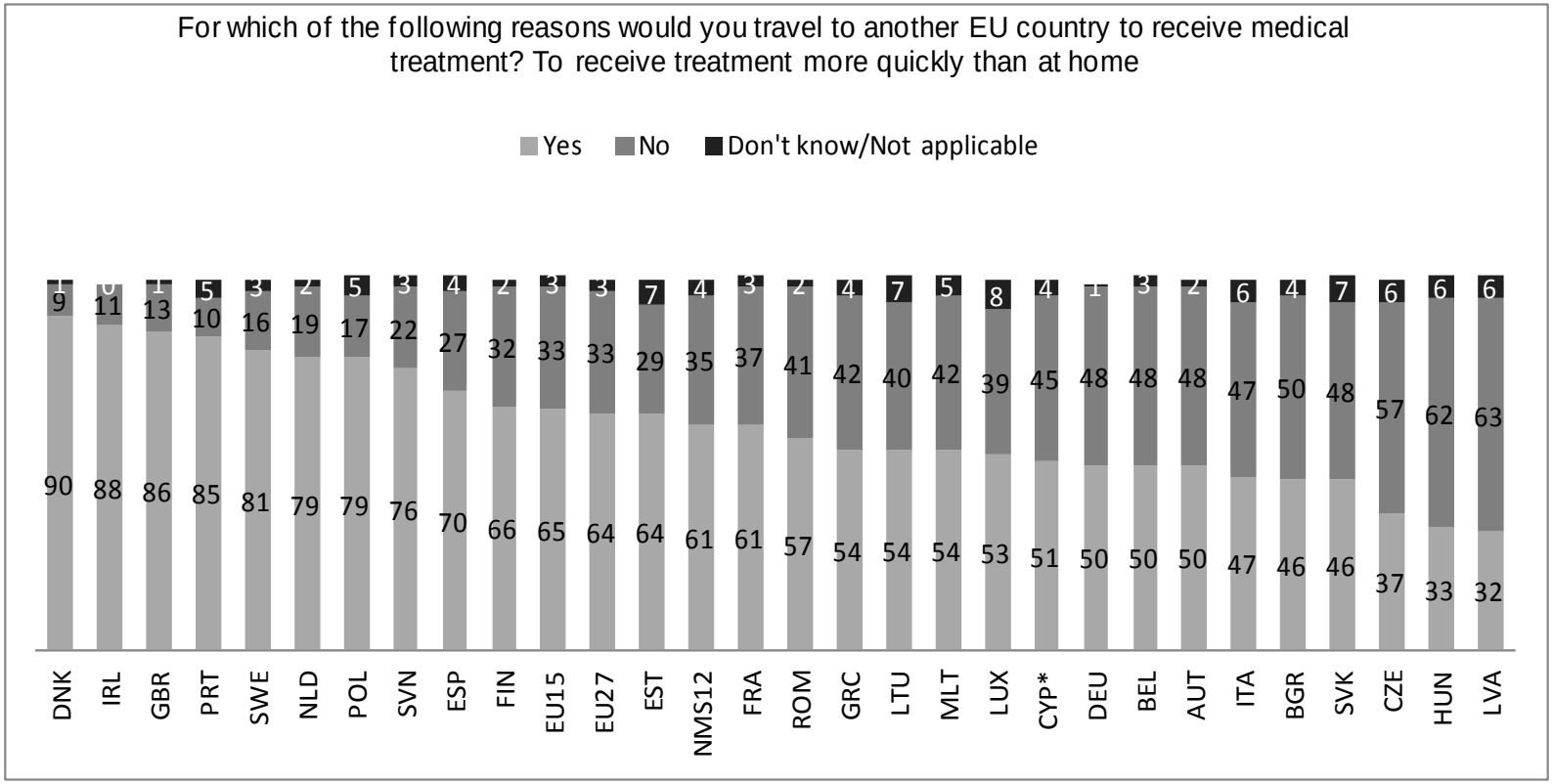
Mean waiting time (weeks) of patients admitted by surgical procedure in Dutch hospitals, 2000 2011

Surgical procedure[2]	2000	2006	2007	2008	2009	2010	2011
Cataract surgery	16	7	7	6	5	5	5
Varicose veins	15	7	6	5	5	5	4
Hip replacement	14	8	8	8	8	7	6
Knee replacement	12	10	8	8	8	8	6
Inguinal and femoral hernia	11	5	4	4	5	5	5
Cholecystectomy	10	4	4	4	5	5	5
Hysterectomy	9	5	5	5	5	5	5
Prostatectomy	9	5	5	5	5	5	5
PTCA	3	2	2	3	3	3	2
CABG	n.a.	4	5	5	4	3	4

Source: Siciliani, L. and J. Hurst (2003), "Explaining Waiting Times Variations for Elective Surgery across OECD Countries", OECD Health Working Papers, No. 7, OECD Publishing, Paris, NZa (2012), *Marktscan medisch specialistische zorg: weergave van de markt 2006-2011*, Dutch Healthcare Authority, Utrecht.

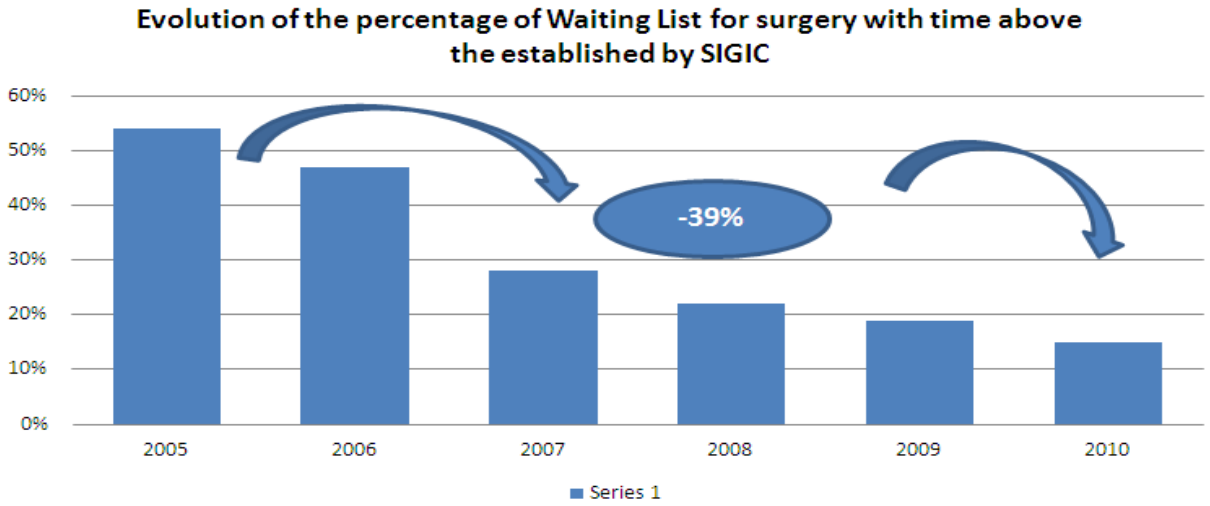
Introducing supply-side competititon - European Union directive on patients' rights in cross-border health care

Patients willing to travel to another EU country because of long waiting times



* Note on Cyprus:
1) Footnote by Turkey: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of United Nations, Turkey shall preserve its position concerning the "Cyprus issue".
2) Footnote by all the European Union Member States of the OECD and the European Commission: The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.
Source: European Commission (2007) ""Eurobarometer: Cross-border Health Services in the EU Analytical report", Reaxys Database Information.

Portugal: IT solution, with competition



Waiting times (days)

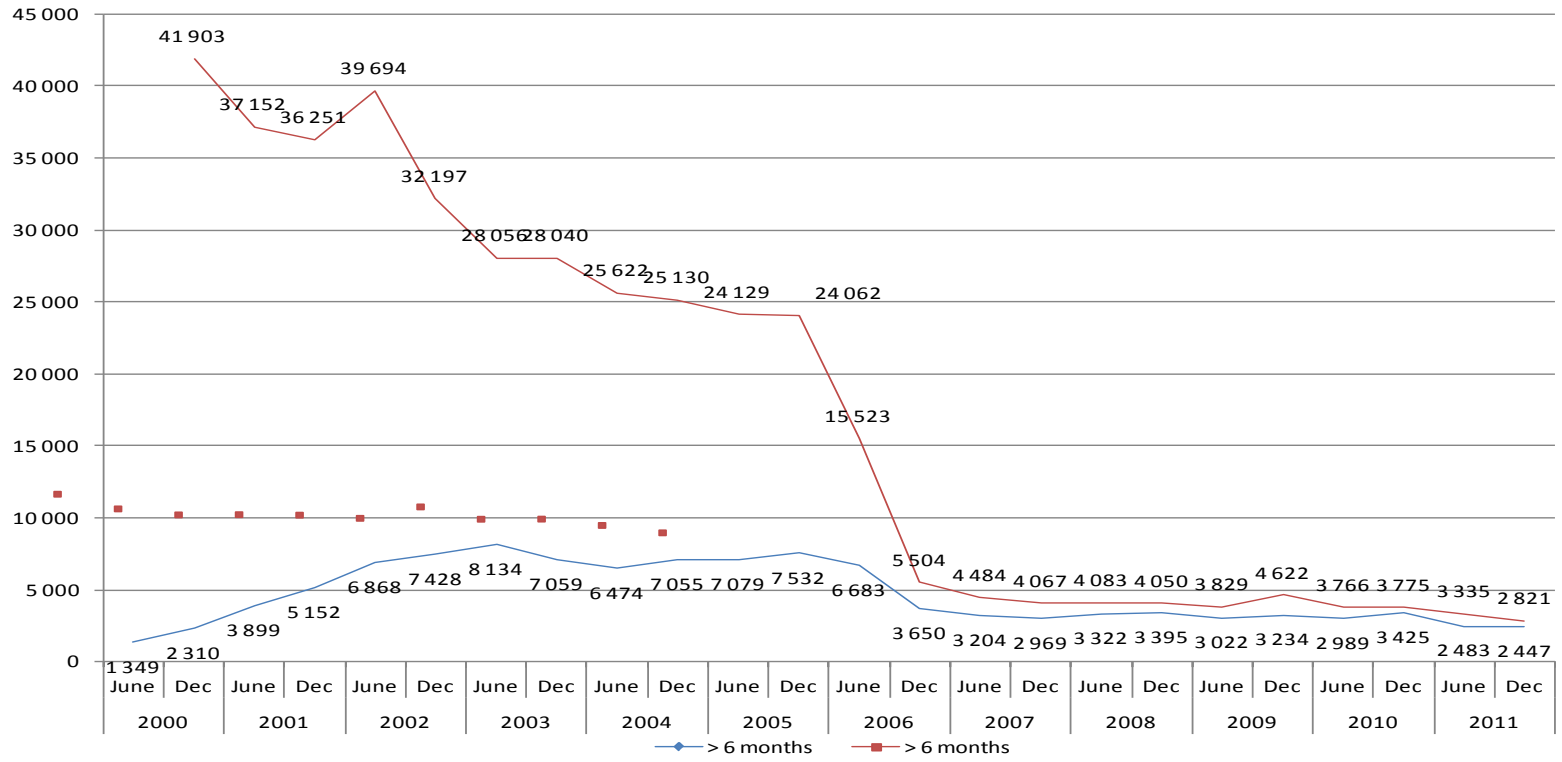
Hip procedures		Hernia		Vein litigation		Carpal tunnel release		Eye procedures		Cholecystectomy		CABG	
(DRG 209, 210,211)		(DRG 160, 162)		(DRG 119)		(DRG 6)		(DRG 39)		(DRG 195, 196, 198,493, 494)		(DRG 107, 109)	
Year	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median
2006	137.53	83	152,81	101	253,78	257	122,28	88	195,96	171	142,44	99	19,32	2
2007	147,35	107	140,03	88	230,54	235	107,64	69	171,82	142	141,36	91	24,53	2
2008	124,02	90	116,01	77	200,17	191	97,09	63	101,32	75	126,51	85	42,50	6
2009	110,85	67	113,22	77	172,41	152	91,73	61	77,69	60	118,42	85	26,88	3

New Zealand: Demand management

- 20 year history of introducing clinical prioritization tools (CPAC)
- Categorises patients into 3 classes: booked; guarantee; sent back to GP
  - Very difficult to operationalise
  - Multiple criteria
    - Severity, benefit, multi-dimensions of quality
    - Includes both clinical and economic threshold
  - Clinical ownership of tools—initially led by MoH
- Currently, 30 National Tools covering 67% of cases and 57 nationally recognised local tools cover 31%

New Zealand: demand side management

Numbers of people waiting more than six months for treatment and first specialist assessment, New Zealand, 2000 to 2011



Section 4

POLICIES TO TACKLE WAITING TIMES: CANADA'S EXPERIENCE

Policies to address waiting times can target the supply side, the demand side, or both

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Source: Based on OECD Secretariat assessment of 13 case studies and review of the literature.

Waiting times in Canada

- Pre-2004: long waiting times in Medicare; many Canadian provinces had started exploring their own solutions
- 2004: 10-Year Plan to Strengthen Health Care
- 2007: $1 billion Patient Wait Time Guarantees
  - Standardisation of outcome indicators
  - Annual wait times report from 2007

Waiting times in Canada

- 10-Year Plan to Strengthen Health Care (2004)
  - Plan made between federal, provincial and territorial governments
  - Focused on priority area: cancer, heart, diagnostic imaging, joint replacement, sight restoration
  - Promise by the provinces to deliver evidence-based waiting time benchmarks and measurable waiting times reductions in five priority areas
  - All provinces have developed public websites with waiting times data.
  - New federal funding. Benchmarks for waiting times were reduced; **BUT** no financial penalty if waiting time is not met.

Waiting times in Canada

- Each province and territory pursued its own path towards improved performance
  - British Columbia provincial strategy: governance, organisational structure, patient management, accountability.
    - In 2007 Ministry established operational waiting times targets requiring an average of 90% of patients treated within national benchmarks
    - Improving practice in management
    - Patient registry with assessments for urgency with real-time data
    - Annual performance agreements between ministry and health authorities
  - Ontario province:
    - Ontario Cardiac Care Network (CCN) established in 1990 as a province-wide cardiac surgical patient registry
    - An urgency rating system and waiting time guidelines to inform patient prioritisation

Health Council of Canada, Progress Report 2011

- *'Despite the fact that the 2003 accord created a separate Diagnostic and Medical Equipment Fund of $1.5 billion to shorten wait times, long waits for diagnostic imaging (particularly MRI scans) persist in many jurisdictions, and there is reason to believe that some people waiting in the queues don't medically need to be there'.*
- *'This lack of progress shows that it takes more than money to reduce wait times. A comprehensive strategy, which would include the use of computerized order-entry systems linked to best practice guidelines, should also help physicians order the appropriate tests'.*

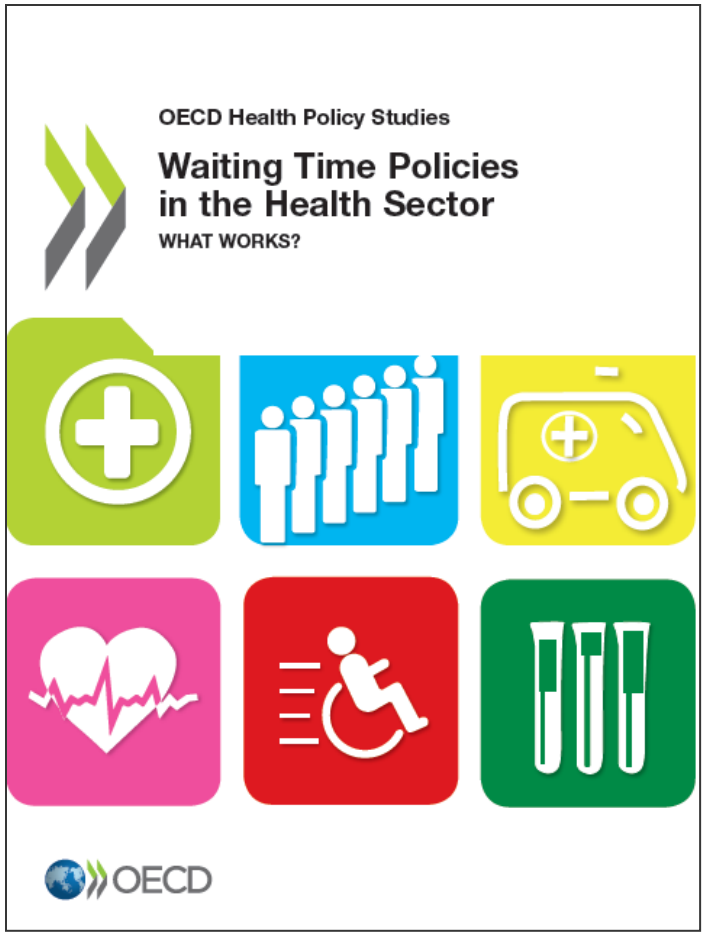
Conclusions

- Standardisation of benchmarks is a considerable achievement
- Reporting could be expanded
  - Second review of the 10-Year Plan (2012) by the Senate Committee recommended the development of benchmarks on waiting times for all specialty medical care, hospital emergency departments, and long-term care
- Reporting on public websites could be improved
- Definition of waiting time to be expanded?

Conclusions

- Learning from other OECD countries
  - A waiting time guarantee?
  - Clinical prioritisation for certain procedures
  - For longer term sustainability in intervention: consider competition

Thanks for listening!



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http://www.oecd.org/els/health-systems/waitingtimepolicies.htm