

Wait time **success** stories in the public system


Privatization proponents have been touting private clinics as the saviour of public health care. They argue that taxpayer money should be spent on private for-profit clinics to reduce wait times in the public system. But what they aren't telling you about is the growing number of success stories in the public system that highlight innovative ways to reduce surgery backlogs.

Here are some examples of public solutions to wait time problems:

A two year-old project at **Richmond Hospital** in British Columbia offers dedicated hospital rooms for orthopedic surgeries. This has reduced surgery wait times by 75 per cent, and the existing wait list by 27 per cent. By offering dedicated surgery time, standardizing practices and investing in new equipment, doctors are able to see more patients and complete more procedures than they normally would.

At North Vancouver's **Lion's Gate Hospital**, the Joint Replacement Access Clinic offers a one-stop location for pre-operative and post-operative appointments. This dramatically cut waiting times for patients' first meeting with a surgeon from more than 11 months to less than four weeks.

The Cardiac Care Network of Ontario was created in 1990 and presently tracks more than 80,000 patients a year through a variety of cardiac procedures. The program was based on establishing a centralized waiting list to help prioritize patients' needs and help them receive quicker treatment. The network is a partnership between the Ontario government, doctors and hospitals, which are grouped in 20 regional care centres. Once on the list, patients are able to access information on the length of wait times in facilities around the provinces. Cardiac Care Network staff then help facilitate communication between physicians, substantially reducing patients' wait times.



The Queensway Surgicentre in Toronto, a division of the Trillium Health Centre (a public facility), is the largest day surgery centre in North America. By streamlining how patients are referred and cared for, the surgicentre has dramatically reduced wait times for procedures. Another result has been lowered costs, as patients have shorter stays and receive follow-up on an outpatient basis. Money that has been saved is reinvested in patient care.

The Pan-Am Clinic in Winnipeg is another example of a short-stay medical facility that pools resources and streamlines services for patients, getting them seen and cared for faster. It had originally opened as a for-profit facility until the Manitoba provincial government bought it out in 2001. Costs for procedures were lowered under public management, while available services for patients increased. The clinic has been cited as a model for grouping a variety of treatments under one roof, allowing patients same-day access instead of multiple trips to different locations.

The Sault Ste. Marie Breast Health Centre reduced the wait time from mammogram to breast cancer diagnosis by 75 per cent by grouping tests together that were previously done separately. If a woman has a positive mammogram, she often has the ultrasound, and sometimes the biopsy as well on the same day.

The Saskatchewan Surgical Care Network (SSCN) takes a centralized approach, overseeing a province-wide registry that tracks all patients waiting for surgery. The data then leads to the development of standards and tools for prioritizing patients, allowing the SSCN to monitor how quickly patients are getting the care they need. The network has recently set

two new goals: performing 95 per cent of cancer and suspected cancer surgeries within three weeks of assessment, and completing surgical procedures for patients who have been on the waiting list for more than 18 months.

The Alberta Hip and Knee Replacement Project

shortened surgery wait times by 86 per cent by creating a centralized assessment clinic. After streamlining the process, wait times for patients to be seen by specialists, and subsequently scheduled for surgery, were dramatically reduced. On average, patients were assessed 17 days after being referred by their family doctor, and waited only six weeks to see a specialist (compared to the previous average of 35 weeks), and another five weeks for surgery (down from 47 weeks). The Alberta government has recently invested more money in this non-profit project, and is also looking at using it as a model for other health care services.

According to a CBC report, **a community health centre in Laurence Heights**, Toronto used to have four-month wait for people to see a family doctor. The list never got longer, so it wasn't an issue of supply and demand - it was a bottleneck problem. The clinic hired another doctor to get rid of the backlog. Now patients have same-day access to appointments. With some reorganizing, the clinic increased its patient load and used additional funds to hire a pharmacist. Money went back into patient care instead of to private shareholders.

Similarly, the **Saskatoon Community Clinic** serves more than 20,000 patients. In 2004, patients faced a four to six week wait for appointments. The centre increased its staff to clear the backlog, redesigned some of the ways it delivered services to patients, and now provides same-day service.

Profit is not the cure

These examples clearly show that there are public solutions to wait time problems. Contrary to what has been suggested in the provinces of Quebec, Alberta and British Columbia, private for-profit clinics are not needed to reduce backlogs. Private, for-profit health care is more expensive and it drains medical professionals from the public system. Canadians want a strengthened public health care system – not a system that pays profits to shareholders who want to make money off the sick and injured.

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