

FIVE THINGS YOU SHOULD KNOW

The enemies of medicare – those who want to put profit ahead of public health care – have used growing concern about wait times to push for private financing and for-profit health care delivery. They argue that allowing people to pay for medical services will reduce wait times by removing patients from the public system. Federal politicians jumped into the fray by making wait times a major issue of debate in the recent federal election, offering up wait time “guarantees,” ignoring the real problems in Canada’s health care system that are causing longer wait times.



HERE ARE FIVE THINGS YOU SHOULD KNOW ABOUT WAIT TIMES:

1 There are no accurate statistics about wait times. According to leading health policy analyst Dr. Michael Rachlis, there is very little information available on wait times. Some provinces have made efforts to establish Internet-based lists, but these numbers are typically provided by doctors and are not independently verified. Doctors, in general, keep individual wait lists and there is no coordinating body to help share this information.

2 Canada has a serious shortage of health care providers. One of the main reasons for longer wait times in Canada is the fact that we do not have enough doctors, nurses, radiologists and other health care providers. In some areas of the country, 60 per cent of people have no family doctor, and the problem is worse in rural areas. The proposed use of for-profit private clinics would pull health care providers into the private system, making wait times even longer in the public system, as shown recently at Winnipeg’s Maples Surgical Centre. The centre is now offering MRI scans for \$695, and these are being done by two technologists who left jobs at the public Health Sciences Centre in Winnipeg to work at Maples.

3 “Guarantees” are no guarantee. Prime Minister Stephen Harper has promised the government will “work with the provinces” on a health care guarantee so patients can receive essential medical treatment within clinically acceptable waiting times. If they don’t get care within that time, they could go to another province, to the United States or to a private clinic – and the government would pick up the tab. But at a recent conference organized by the Canadian Health Coalition, Manitoba

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ABOUT HEALTH CARE WAIT TIMES

Health Minister Tim Sale said the provinces have already spent a year discussing health care guarantees and have concluded they can't meet guarantees without addressing other problems in the public system. Dr. Brian Postl, Federal Wait Times Advisor, also confirmed that moving patients from one province to another, or into private clinics, only displaces the problem.

4 Money alone won't solve the problem. The 2004 First Ministers' Health Accord committed \$41 billion to improving Canada's health care system, including \$5.5 billion over 10 years to reduce wait times. Benchmarks were established in December 2005 in five key health care areas that have been prone to longer waiting times. But Dr. Postl cautions that simply putting money in the system isn't enough. He says that creating centralized wait lists, using electronic technology rather than a paper system to share information, and addressing the staffing shortage as well as the facility and equipment shortages, are all key to reducing wait times.

5 Wait lists can be reduced in the public system. There are many examples of how wait times can be addressed in the public system. The Alberta Hip and Knee Replacement Project is one of them. Because centralized assessment clinics were set up, patients were seen, on average, 17 days after referral from a family physician. Wait times to see a specialist were decreased from 35 weeks to 6 weeks, and wait times for surgery went from 47 weeks down to fewer than 5 weeks. Patients also experienced shorter stays, with coordinated follow-up by their family physicians. Evidence has shown that sending patients to private clinics only costs more and often results in inferior care.

SUCCESSSES IN THE PUBLIC SYSTEM

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 the ways in which patients are referred and cared for, the surgicentre has dramatically reduced waiting times for procedures. Another result has been lowered costs, as patients have shorter stays and receive follow-up on an out-patient basis. Money that has been saved is re-invested 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, but 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 waiting time from mammogram to breast cancer diagnosis by 75 per cent, by grouping tests that were previously done separately. If a woman tests positive during a mammogram at the clinic, she often has the ultrasound, and sometimes the biopsy as well, on the same day.

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.

For more information on The Council of Canadians' health care campaign, visit www.canadians.org or call 1-800-387-7177.

PROFIT IS NOT THE CURE

Contrary to what the private health care advocates would argue, wait times are not the problem, and pouring public dollars into private health care is definitely not the solution. Addressing doctor, nurse and other health care professional shortages, creating centralized waiting lists, and building on "success

stories" like the Alberta Hip and Knee Replacement Project are all ways to strengthen Canada's public health care system. The solutions to wait lists are readily available in the public system. What is needed is the political will to implement them.

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