

Public Sector Solutions to Health Care Waits and Delays

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Outline

- What causes queues?
 - Flow – a lens to examine queues
- Public sector solutions
- What are the barriers to better queue management?
- Better health care quality is the solution to Medicare's problems
- Medicare Advocates need to be quality advocates

“I have a good doctor and we’re good friends. And we both laugh when we look at the system. He sends me off to see somebody to get some tests at the other end of town. I go over there and then come back, and they send the reports to him and he looks at them and sends me off some place else for some tests and they come back. Then he says that I had better see a specialist. And before I’m finished I’ve spent within a month, six days going to six different people and another six days going to have six different kinds of tests, all of which I could have had in a single clinic.”

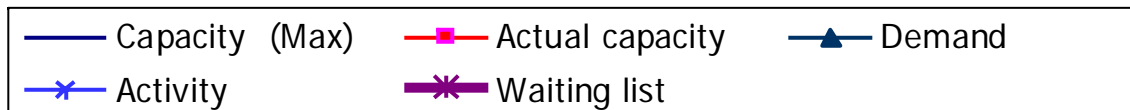
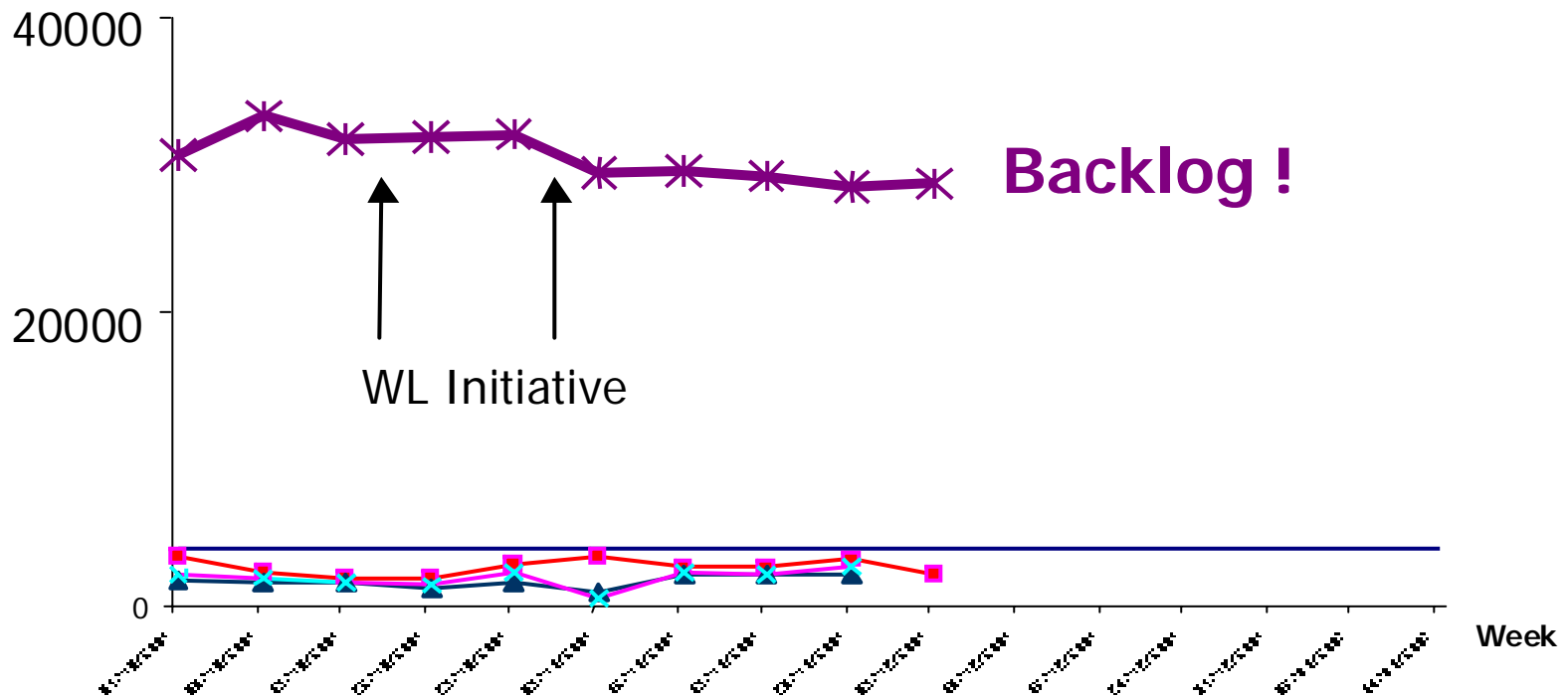
Tommy Douglas

What causes queues?

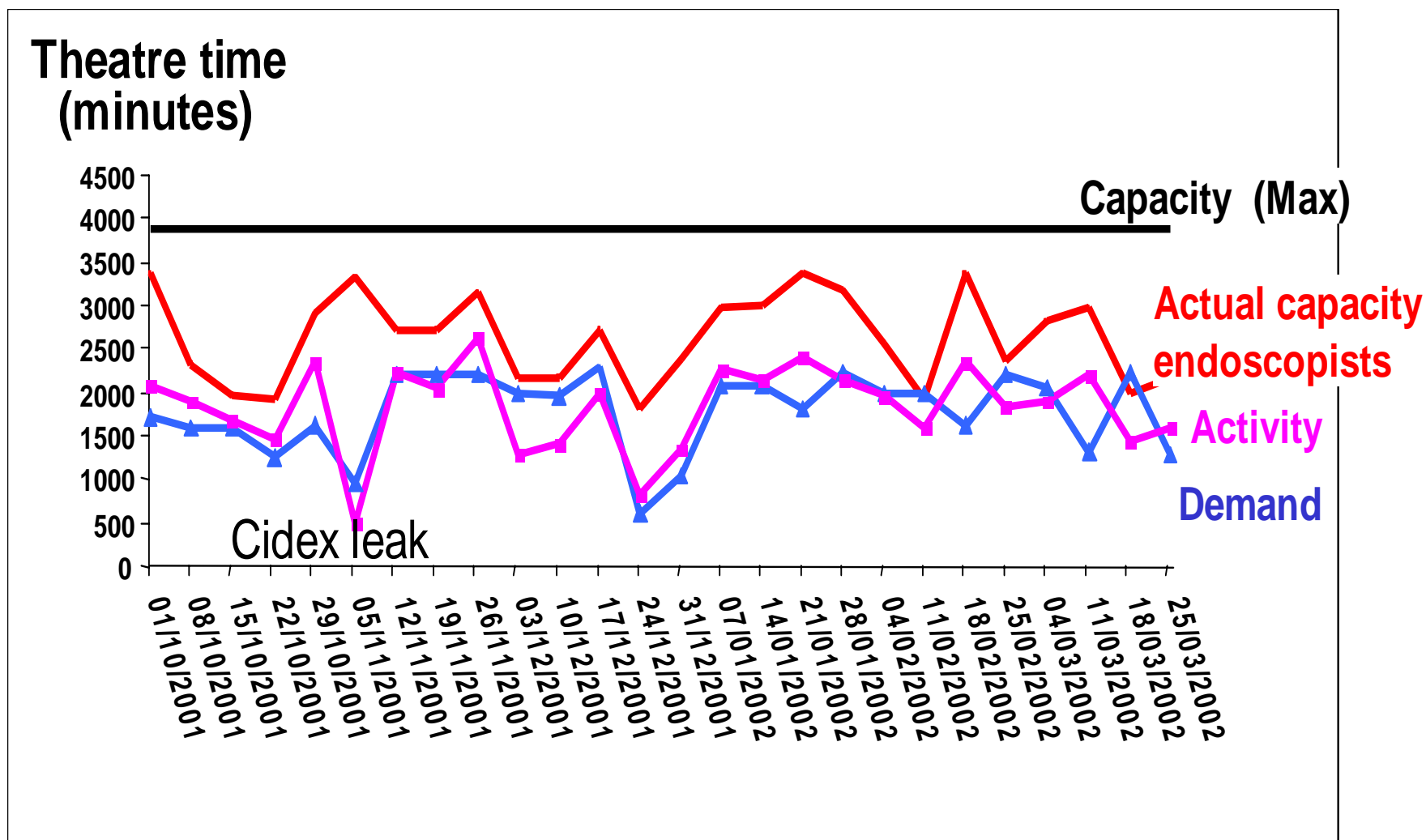
- Often there is enough overall capacity
- Long queues can develop because of temporary capacity demand mismatches

Endoscopy in Birmingham

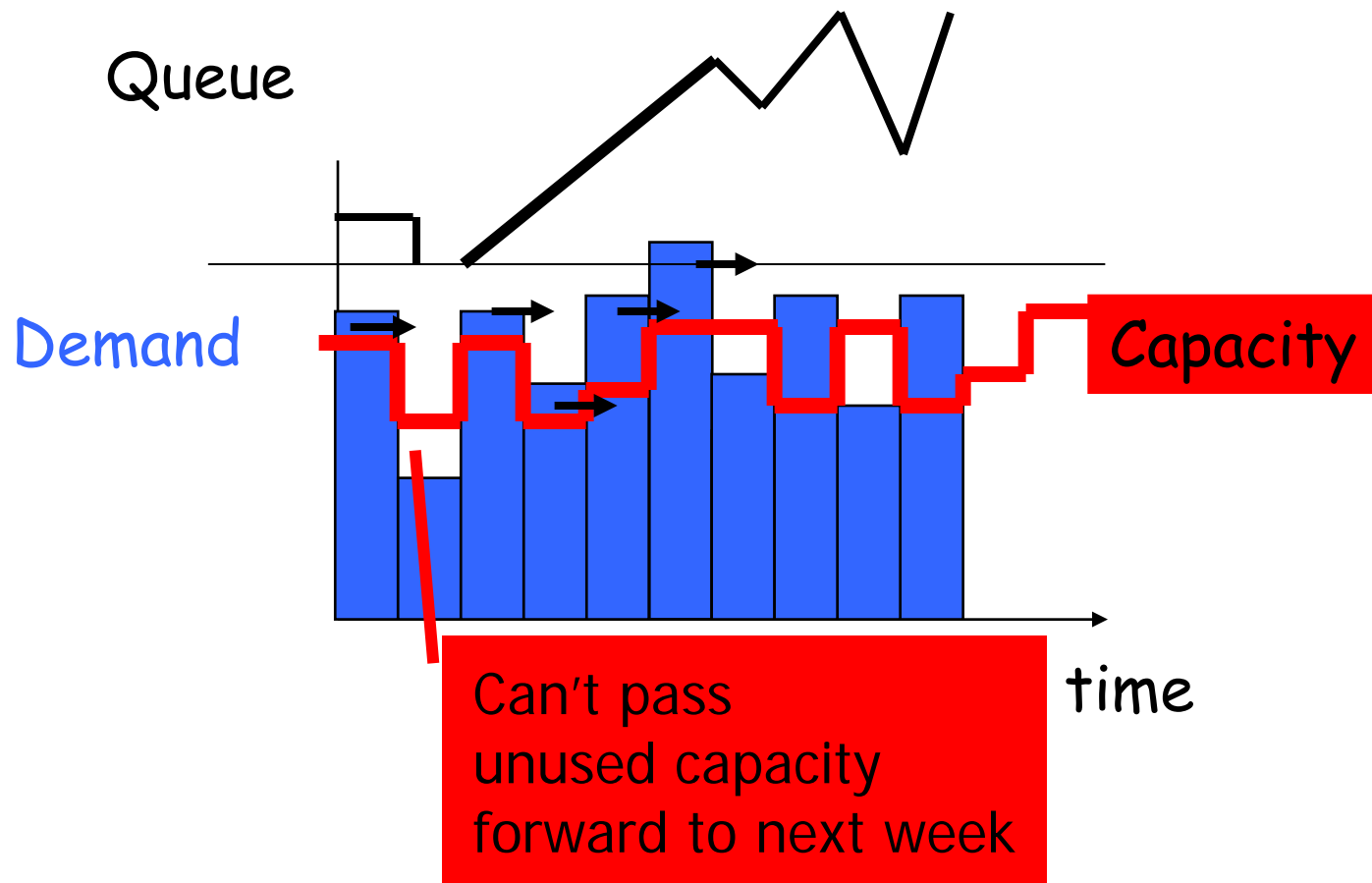
Minutes



Capacity and demand for Endoscopy in Birmingham

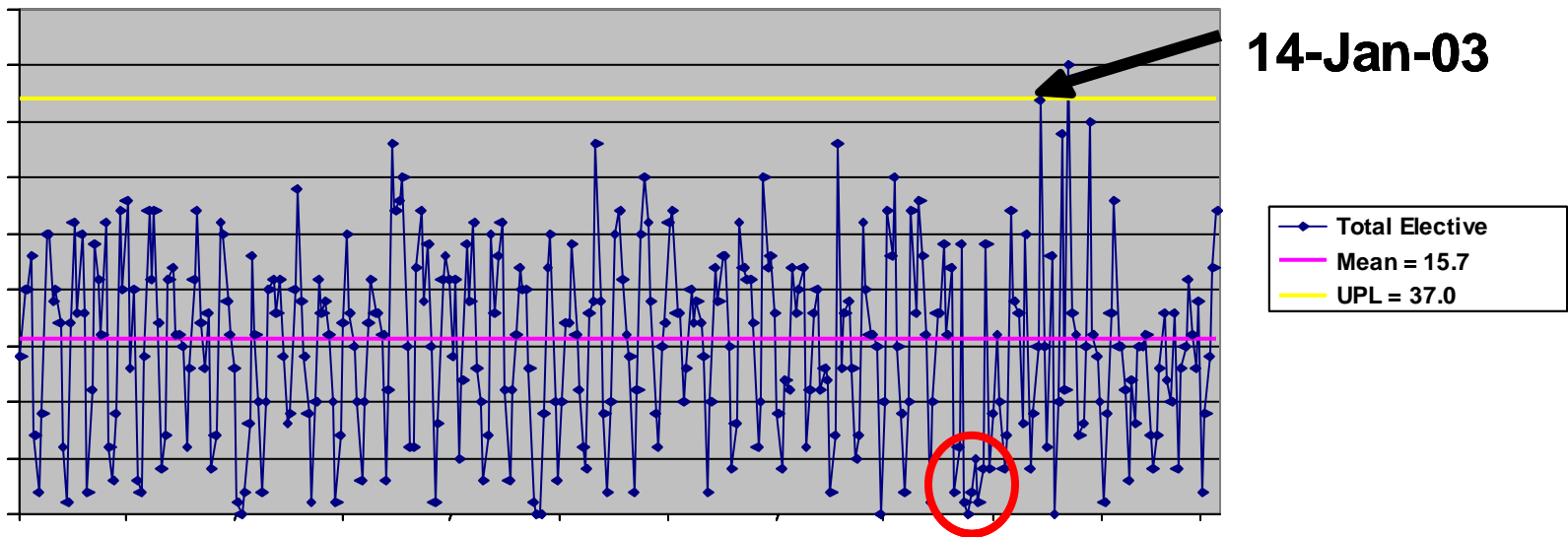
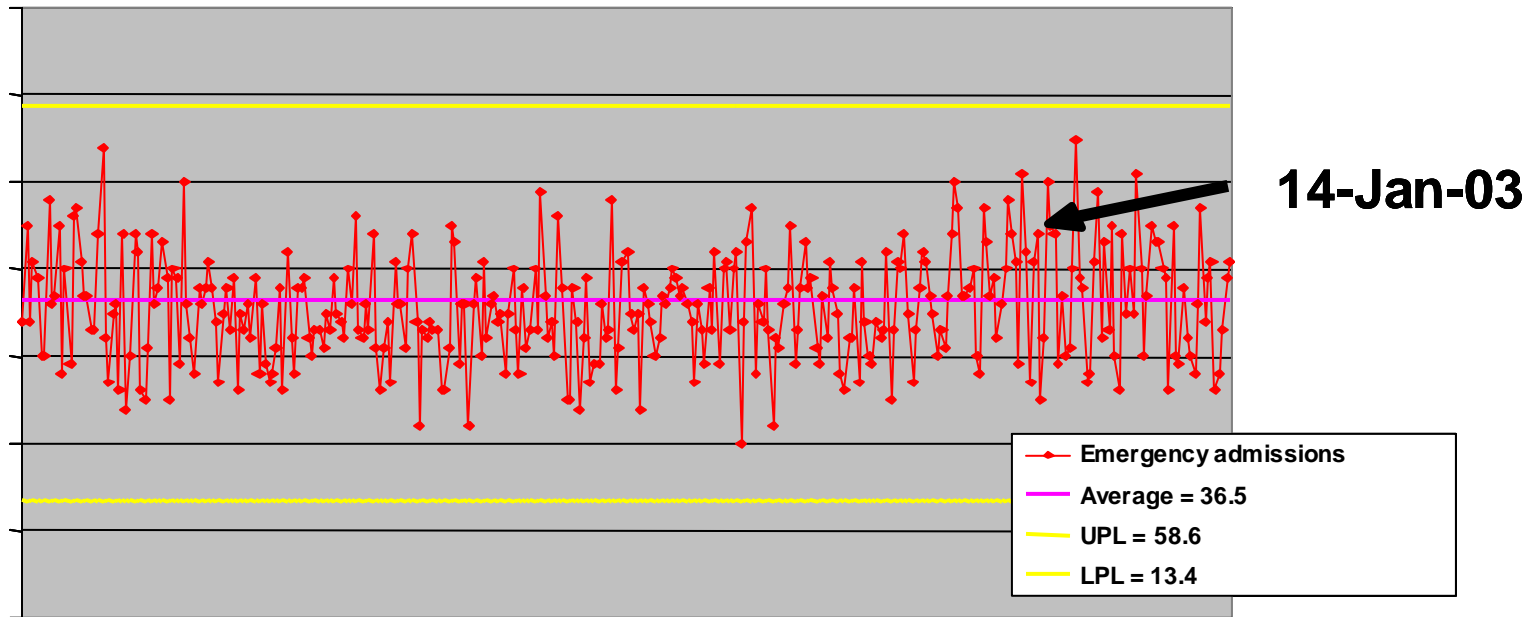


Variation mismatch = queue

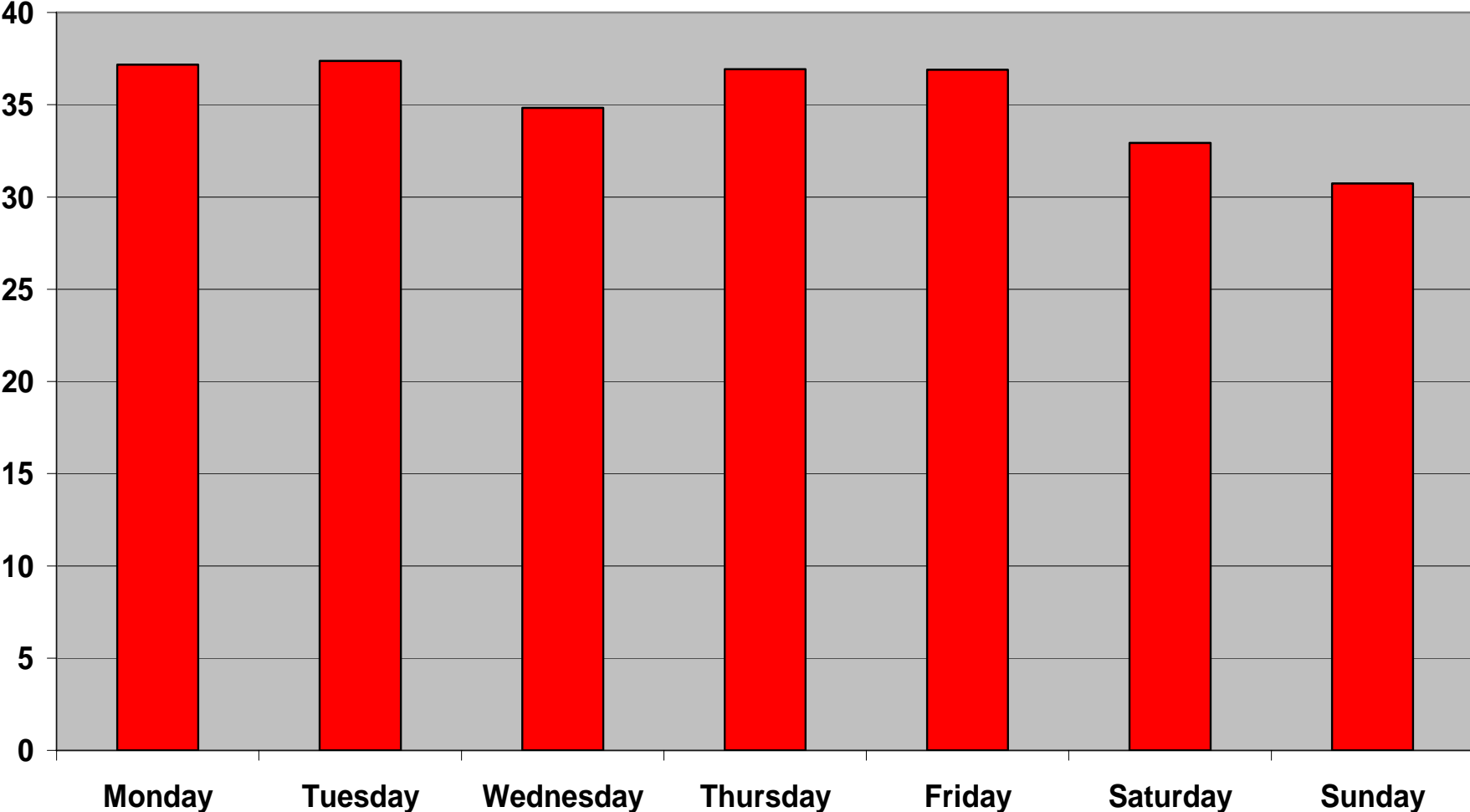


**But, isn't Health
Care Demand Too
Unpredictable to
Match to Capacity?**

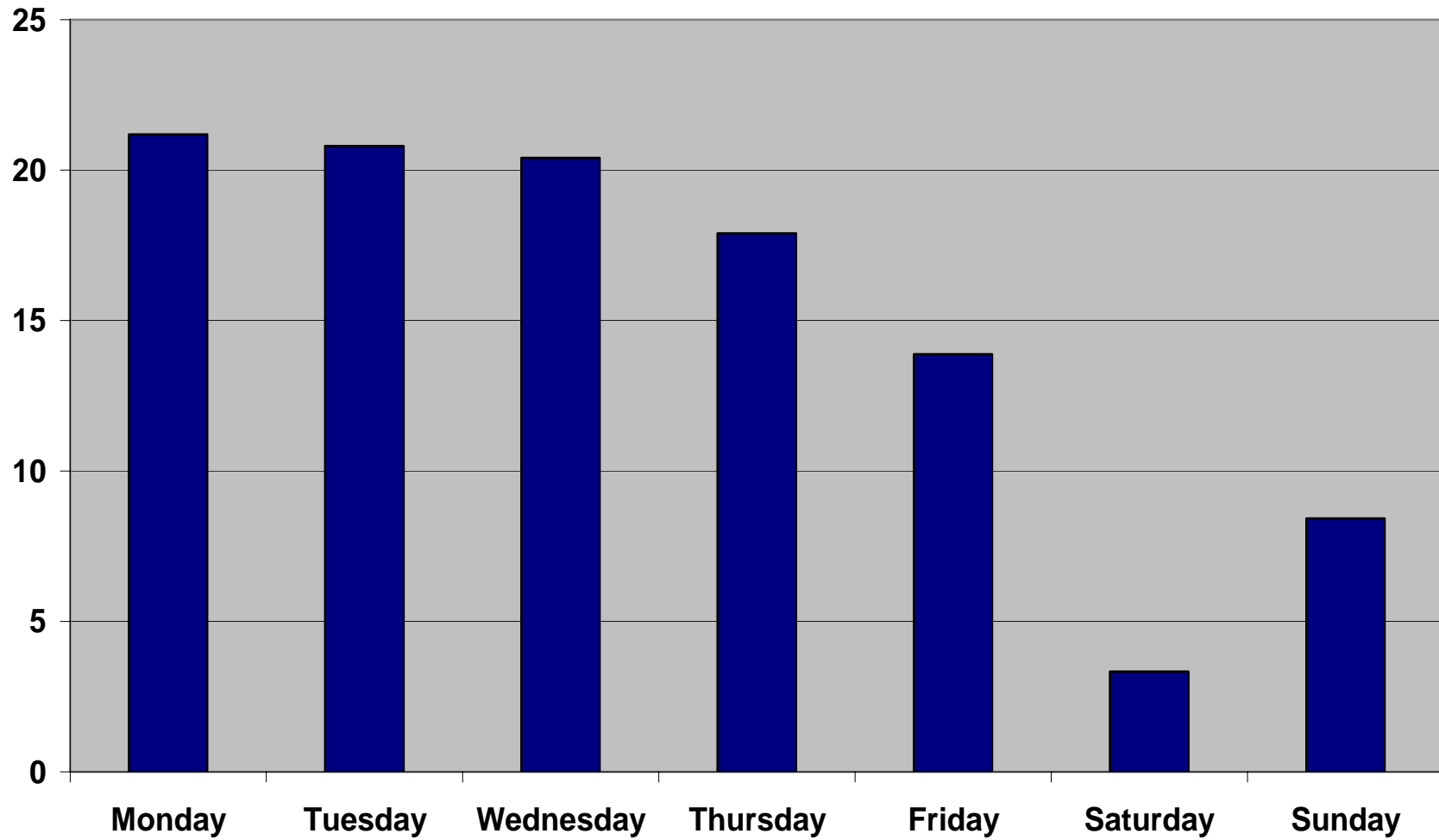
Emergency & Elective Admissions



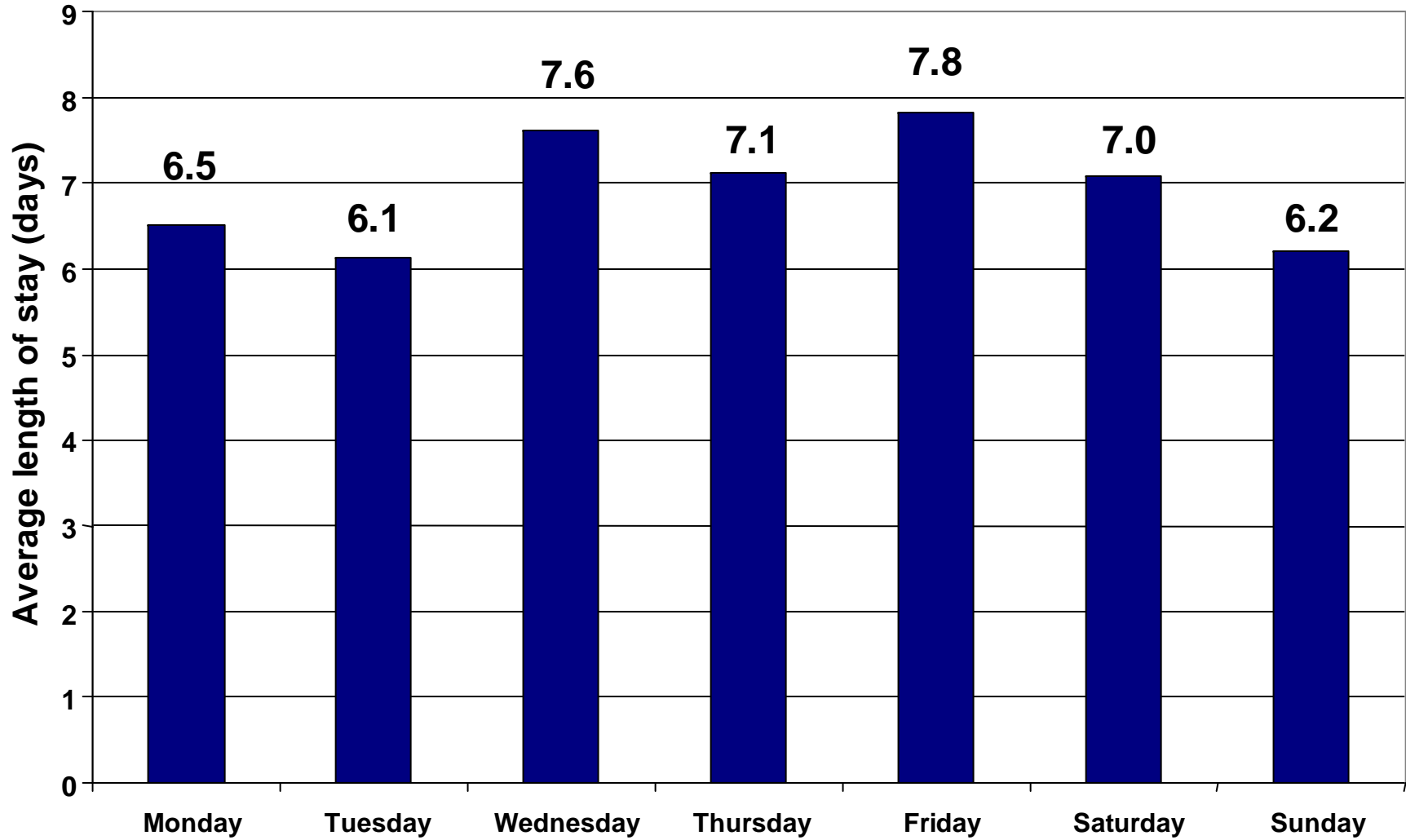
Average Daily Emergency Admissions



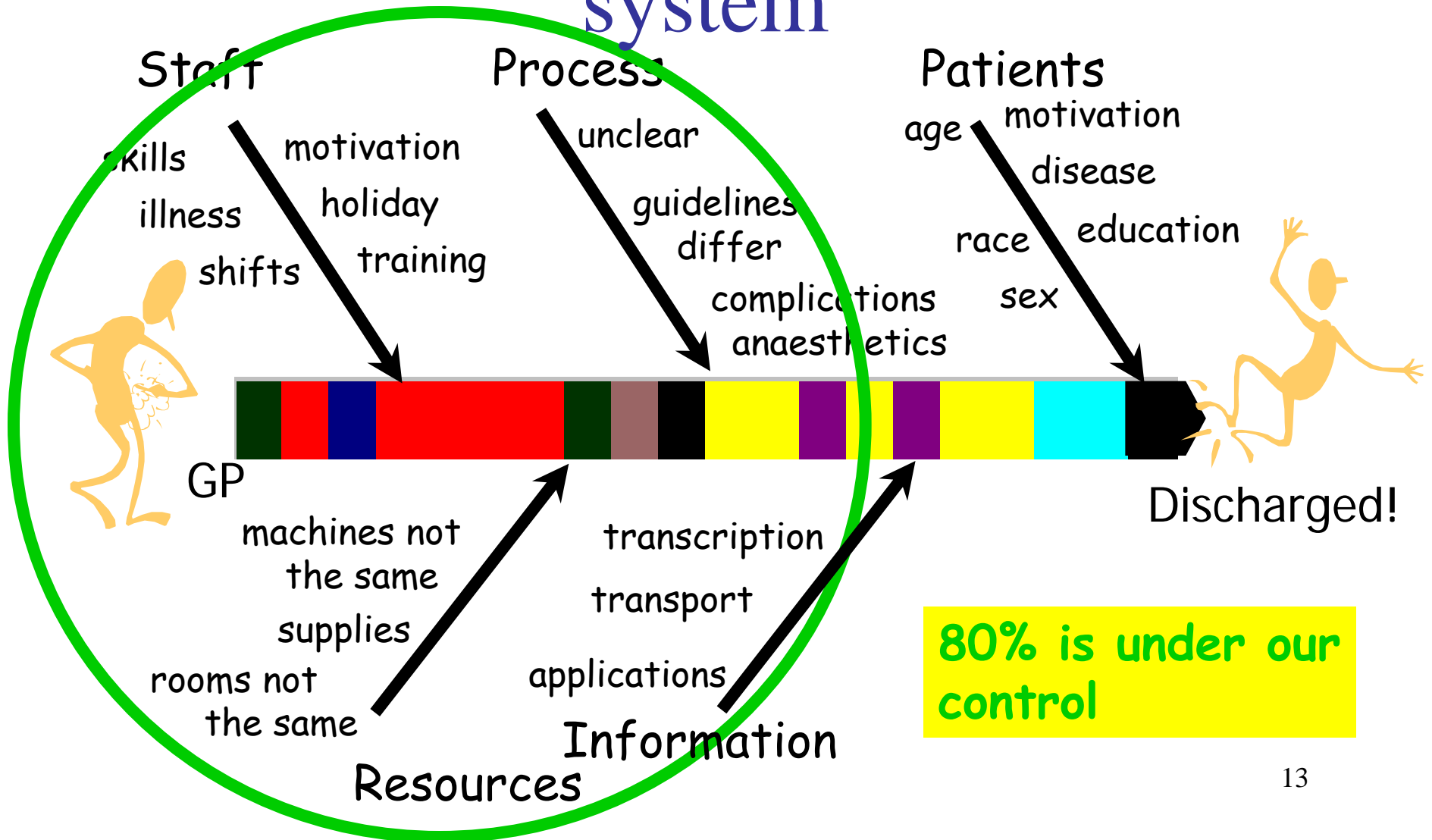
Average Daily Elective Admissions



**Average length of stay by day of admission
Medical admissions April to September 2002**



Sources of variation in a clinical system



What doesn't work?

- Focus on a limited # of services
- Internet postings of wait times
- Temporarily increasing capacity and clearing backlogs
- Prioritization and carve outs for urgency

Carve out

| | | Surgeon 1 | | | | Physician 1 | | | | Radiologist | | | | Number of specialists |
|-------------|---------|-----------|---|---|---|-------------|---|---|---|-------------|---|---|--|-----------------------|
| | | 2 | 3 | 4 | 2 | 3 | 4 | 5 | | | | | | |
| Flexi-sig | urgent | X | X | X | X | X | X | X | X | | | | | |
| | soon | X | X | X | X | X | X | X | X | | | | | |
| | routine | X | X | X | X | X | X | X | X | | | | | |
| Colonoscopy | urgent | | | | | | | | | X | X | | | |
| | soon | | | | | | | | | X | X | | | |
| | routine | | | | | | | | | X | X | | | |
| OGD | urgent | X | X | X | X | X | X | X | X | | | | | |
| | soon | X | X | X | X | X | X | X | X | | | | | |
| | routine | X | X | X | X | X | X | X | X | | | | | |
| ERCP | urgent | | | | | | | | | | | X | | |
| | soon | | | | | | | | | | | | | |
| | routine | | | | | | | | | | | | | |

Appointment types

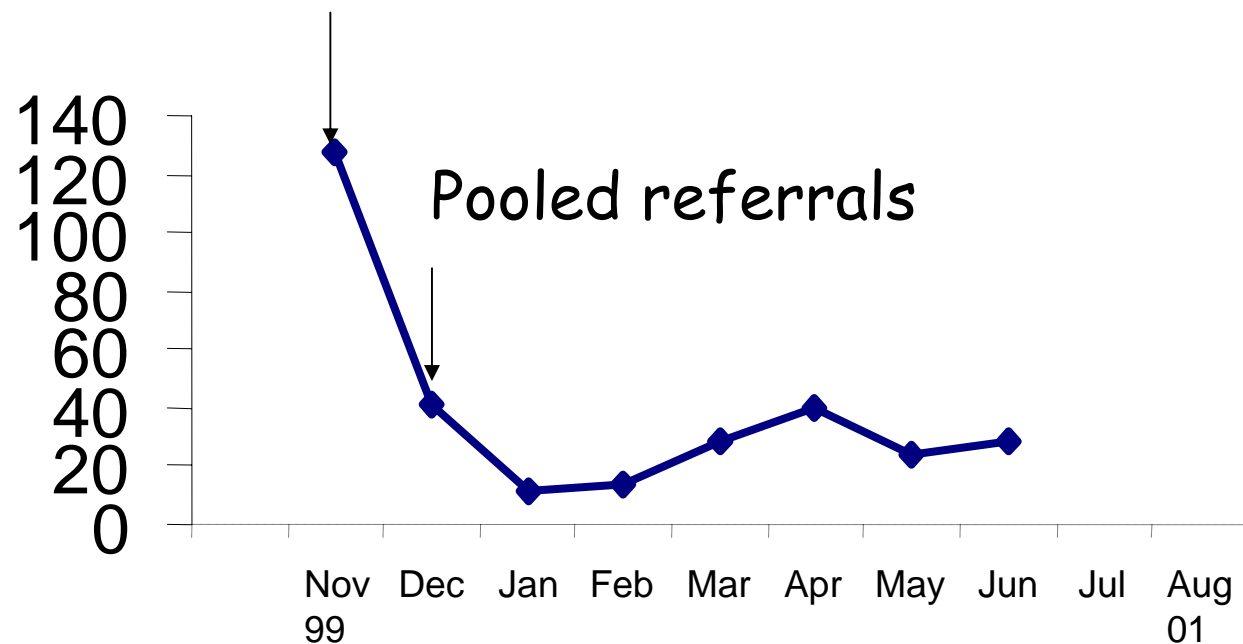
73 queues

Pooling referrals reduces waits

Ovarian cancer pathway Birmingham:

Average time
in days
from GP
referral to
1st definitive
treatment
Ca Ovary.
(laparotomy)

Referrals to specific consultants



**What techniques
should we use to
remedy queues?**

What techniques should we use to remedy queues?

1. Specialized Public Clinics for diagnoses and procedures
2. A six step process for queue management

1. Specialized Public Clinics for diagnoses and procedures

- The largest same day surgical centres are in the public sector – Queensway in Toronto and Pan-Am in Winnipeg
- Alberta Orthopedic Clinics reduced wait times from family doctor through to surgery from 82 weeks to 11 weeks
- Richmond Hospital reduced waits for artificial joints from 19 to 7 months

2. A six step process for queue management – there's no time for 12

- Map the process
- Eyeball the map
- Eliminate redundant stages
- At each stage measure demand and capacity
- If Capacity $>$ demand...
- If Capacity $<$ demand...

1. Map the process

- Follow the patients through the process using their eyes
- Don't miss the informal stages
- Measure time at each stage

2. Eyeball the map

- Are there redundant stages?
- This is the time for creativity
- Remember it's a complex system
 - Small changes may have big consequences AND vice versa

3. Eliminate redundant stages

- Capital Health Edmonton decreased delays for diabetic education by > 90% by not insisting patients see a diabetologist on the first visit to the centre
- Sault Ste. Marie decreased delays from mammogram to definitive diagnosis by 75% collapsing visits for mammogram, ultrasound, and biopsy

4. At each stage measure demand and capacity

- Demand should be measured prospectively with regard for appropriateness
- Capacity should be identified with regard to the actual length of procedures
- Measure variation

5. If Capacity > demand...

- Work down the backlog
- Identify temporary capacity/demand mismatches
- Reduce variation to eliminate or decrease capacity/demand mismatches
 - Smooth capacity
 - Shape demand

6. If Capacity < demand...

- Identify temporary capacity/demand mismatches
- Reduce variation to eliminate or decrease capacity/demand mismatches
 - *Smooth* capacity
 - *Shape* demand

6A. If Capacity now $>$ demand...

- Go to Step 5

6B. If Capacity still $<$ demand...

- Which resources are the constraint
 - Capital
 - Human
 - Other operating resources
 - Private
- Add appropriate new resources
- Find the new bottleneck
- Continue to chase the bottleneck

Better access through better designed services

- Dr. Russell Goldman of the Mt Sinai Temmy Latner Palliative Care Service now manages 100 patients instead of 60 because he's working in a team with 2 nurses
- The Saskatoon Community Clinic and Toronto's Rexdale and Lawrence Heights community health centres have gone to same day servicing

Better access through better designed services

- The Hamilton HSO Mental Health Program increased access for mental health patients by 900% while *decreasing* referrals to the psychiatry outpatients' clinic by 70%.

Barriers to Queue Management

- Limited understanding of queueing
 - Lack of measures for capacity and demand
- MDs mainly control lists and OR time
- Pressure for 95%+ utilization
 - Better throughput at 85-90% utilization
- Lack of quality assurance and AUDIT
- Need for progressive labour adjustment policies
- Capital for same-day surgical clinics for low variation cases
 - Is capital the problem?

Limited understanding of queueing

“This virtual monopoly, on the evidence results in delays in treatment that adversely affect the citizen’s security of the person.”

Chief Justice McLachlin (for the Majority)

Chaoulli 2005

“They (wait lists) are the inevitable result of a public system that can consequently offer universal access to health services within the limits of sustainable public spending.”

Supreme Court Minority

Chaouilli 2005

It's Time for Medicare's 2nd Stage

“Removing the financial barriers between the provider of health care and the recipient is a minor matter, a matter of law, a matter of taxation. The real problem is how do we reorganize the health delivery system. We have a health delivery system that is lamentably out of date.”

Tommy Douglas

Let's Focus on Better Quality Care

“Many attribute the quality problems to a lack of money. Evidence and analysis have convincingly refuted this claim. In health care, good quality often costs considerably less than poor quality.”

Saskatchewan Fyke Report 2001

Big quality problems in Canada -- but no bigger than other countries

- **Misuse**
 - Canadian Adverse Events Study
 - Vioxx anyone?
- **Overuse**
 - Psychoactive drugs and the elderly
- **Under use**
 - Pain control, artificial joints, chronic disease management

Is Misuse + Overuse >, =, or < Underuse?

- **70+ MRIs**
 - Capital \$ + Operating \$ \leq *\$200M/yr*
- **Vioxx**
 - 2003 annual sales \sim *\$200M/yr*

Medicare Advocates need to be Quality Advocates

**High performing health systems
don't have waits and delays!**

Medicare Advocates need to be Quality Advocates

- We can't let the right appear to be the champion of access and innovation
- We can't win the debate for public finance and non-profit delivery without highlighting public sector solutions
- We can't lose when we demonstrate that Medicare is being renewed!

Summary:

- We should be thinking of flow when we examine queues
 - Most queues are not due to capacity lack
- Managing capacity variation is a key queue management technique
- Ignorance and interests are the main barriers to queue management
- Let's spread these best practices *ASAP*

Courage my friends.

**‘Tis not too late to
make a better world!**

Tommy Douglas