

Lack of doctors and beds plagues health system: report

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OTTAWA -- A shortage of specialists and overcrowded waiting rooms remain the biggest challenges to speeding up health care delivery in Canada, according to a report that has set benchmarks for wait times in five new priority areas.

In its fourth annual report, the Wait Time Alliance - a coalition of medical associations that operates under the Canadian Medical Association - says addressing the current and predicted shortage of specialists must be the first step to cutting down wait times.

"Meeting the wait-times benchmarks requires a number of steps but the first step must be to address health workforce shortages," Dr. Lorne Bellan said during a conference call from Kingston, Ont., where a two-day conference on wait times is underway.



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Canadian doctors perform surgery

"These shortages undercut efforts to treat patients in a timely manner."

The lack of other medical professionals, including family physicians, nurses and health-care technicians, is also part of the larger health human resources problem and why the WTA has been calling for a national strategy, the report said.

It also said that infrastructure gaps in areas such as the number of hospital beds, alternative level of care beds, operating rooms and community services also need to be addressed in order to improve timely access to care.

Following a federal-provincial deal signed in 2004, the WTA set benchmark wait times in five key medical areas: diagnostic imaging, hip and knee replacement, cancer care, cataract surgery and cardiac care.

Although wait times in the initial five areas have not been fully resolved, progress has been made which is why in its report released Monday, the WTA has identified benchmarks for "the next five."

The new areas of focus are emergency care, psychiatric care, plastic surgery, gastroenterology, and anesthesiology. The national associations representing those specialties developed the goals and the Canadian Association of Gastroenterology focused on benchmarks in the area of pain management and the anesthesiologist's role as part of a surgical team.

Bellan called the additional benchmarks a "new front in the battle to reduce wait times for Canadians."

"These new benchmarks represent the next critical steps in helping to ensure more patients get the care they need, when they need it," he said.

The alliance calls overcrowding in emergency rooms the most serious issue facing emergency care in Canada.

"Addressing the issue of emergency department wait times is essential to restore patients' confidence in our health care system," said Dr. Mary-Lynn Watson, president of the Canadian Association of Emergency Physicians. The source of overcrowding is not because too many people seek treatment for non-emergency conditions, it's due to a shortage of hospital beds, she said.

"With the shortage of beds, overflow patients are often warehoused in emergency departments, creating a situation where the sickest patients are blocked from accessing timely care," said Watson.

Dr. Ronald Bridges, president-elect of the Canadian Association of Gastroenterology, said it's critical that Canada trains more specialists so that patients aren't blocked from getting timely care. Already Canada has a shortage of gastroenterologists and 15 per cent of that workforce will retire in the next decade, he said.

"The reality is that 50 per cent of patients with alarm signs who should be seen within two weeks are actually not being seen for four months," he said.

The WTA says the benchmarks, available on the group's website, should be viewed as "maximum acceptable" wait times, not as "ideal" wait times.

While the WTA says progress has been made in improving timely access to health care, there is still an "alarming" lack of standardized data available to monitor the progress. Different jurisdictions use different starting points when measuring wait times for example, which means making comparisons is a tricky exercise.

"The lack of comparable data makes monitoring and cross-jurisdiction comparisons extremely difficult and leaves patients and governments largely in the dark as to what progress is being made," the report said. "Greater effort is required by all parties to capture wait-times data to determine with greater certainty whether any progress is being made, given the sizable funding allocations provided by governments."

Monday's report will be passed on to the federal and provincial governments, Bellan said and he added he hopes they take its recommendations seriously.

It calls on governments to follow through on previous commitments, such as the self-imposed deadline of Dec. 31, to announce multi-year targets for meeting the wait time benchmarks for the initial five priority areas.

The WTA went further and said that by Dec. 31 the patient wait-time guarantees should be in place for the five priority areas and they should involve a publicly funded method of recourse for patients facing waits that exceed the benchmarks.

The group of doctors also wants to see regular progress reports from governments, they propose semi-annual reports, on the status of implementing the patient guarantees.

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