SUCCESS STORIES
IN MEDICARE

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Since last year's CMA debate on the public-private interface, significant progress has been made to reduce wait lists and improve care through system redesign, including use of modernized information systems and queuing theory.

In May 2007, the Canadian Centre for Policy Alternatives released *Why Wait? Public Solutions to Cure Surgical Waitlists* by Alicia Priest, Michael Rachlis and Marcy Cohen, describing system improvements in public facilities across the country.

Among recent innovations:

The Richmond Hip and Knee Reconstruction Project:

- Collaboration between the Provincial Surgical Services Project, the Vancouver Coastal Health Arthroplasty Team, the Provincial Arthroplasty Collaborative, and Vancouver Coastal Health's Centre for Clinical Epidemiology and Evaluation
- Median wait times down by 75 per cent - 20 months to 5 months
- Overall numbers on waitlists shrunk by 27 per cent
- Number of people waiting more than 26 weeks decreased by 63 per cent
- Cases completed increased by 136 per cent
- Average lengths of stay in hospital down by 25 per cent
- Operating room efficiency increased by 25 per cent
- Now an entrenched part of Richmond Hospital.

North Vancouver's Lion's Gate Hospital, the Joint Replacement Access Clinic

- One stop centralized booking service for pre-operative and post-operative appointments cut the time patients waited for their first surgical consult from over 11 months to two to four weeks

Vancouver's Mount Saint Joseph Hospital

- Operating efficiencies and investments in technologies allowed ophthalmologists to perform 50 per cent more cataract surgeries – taking 50 per cent more people off their waitlists without any increase in operating room time

Alberta Hip and Knee Replacement Project,

- Joint effort pilot project by the Alberta Bone and Joint Health Institute, orthopedic surgeons, health regions and the Alberta government
- Model of care built on the concept of stand-alone, community-based care, with central clinics functioning as one-stop shops for assessment, diagnosis and treatment.
- Patients arrive having been partially "worked up" by their family doctors,
- Patients have option of going with first-available surgeon or surgeon of their choice
- Multidisciplinary team assesses patients for their need and/or fitness for surgery; case manager helps navigate them through the system
- Wait times from first referral from a family doctor to a visit with an orthopedic surgeon dropped 80 per cent, from over eight months to just six weeks.
- Wait times from first visit with an orthopedic surgeon to surgery plummeted 90 per cent, from 11 months to 4.7 weeks
- Now the standard of care for hip and knee replacement in the Calgary, Capital and David Thompson health regions

Ontario Wait Time Strategy (WTS)

- Launched in 2004, multipronged effort to reduce wait times
- Targeted five high-demand areas: cardiac revascularization procedures, cancer surgery, cataract surgery, hip and knee joint replacements, and MRI and CT scans
- The strategy's first goal was to reduce times for 90 per cent of patients waiting for treatment by December 2006
- Government states targets for cancer and cardiac bypass surgery have been met

Other successes

Sault Ste. Marie Breast Health Centre

- Waiting time from mammogram to breast cancer diagnosis reduced by 75 per cent by consolidating previously separate investigations of mammogram, ultrasound and biopsy. A woman with a positive mammogram often has the ultrasound - and sometimes even the biopsy - on the same day.

Twillingate, Newfoundland and Labrador

- Hemophilia care improved through the use of primary health care providers - family physicians, nurses and others - providing integrated care right in the community. Consultant specialists' case-conference via video, allowing patients to receive highly specialized care close to home, and ensuring local physicians have access to the resources they need.

Stanton Territorial Health Authority Diabetes Education Program in the Northwest

Territories

- Focuses on a learner-centered approach, encouraging people to find ways to take charge over their own health. Community-based diabetes “mini-clinics” include a family physician, nurse, peer counselors, dietitian, home support worker, and a community pharmacist.

Baycrest

- Renowned long-term care facility in Toronto links nurses, doctors and pharmacists to a computerized prescribing system aimed at reducing medication errors.

These examples illustrate that publicly-funded healthcare provides enormous capacity for innovation and improvement, without compromising efficiency or accessibility, as would be the case in a two-tier insurance system. There are many more.