



# Wait Times Position Statement

## I. Benchmarks, Targets, and Universal Access to Care

- All Canadians should be given an opportunity to have a family doctor to ensure universal access to medically necessary health care services.
- Wait time benchmarks (goals that reflect medically reasonable wait times) and targets (proportion of patients with a given problem who will be treated within the agreed – upon benchmark time limit) should be pan Canadian – i.e. the same for all Canadians. e.g. the wait time benchmark and target for patients needing hip replacements should be the same from one province/territory to the next.
- To achieve equal and universal access to care, efforts must be made to ensure wait time benchmarks are available for all, not just a targeted proportion of Canadians.
- Implementation of strategies to ensure the delivery of care within benchmarked wait times should begin immediately so that targets will be achieved within one year from the time the benchmarks are announced.
- To achieve wait time benchmarks and address the access to care crisis facing Canadians, shortages of family doctors, other medical specialists, nurses, pharmacists and other health care workers must be reversed.
- Wait time benchmarks should be developed for the time it takes for people to find/identify a personal family physician for their ongoing care, for appointments with a family doctor for a given problem, and for appointments for investigations or consultations with other specialists made by family doctors on behalf of their patients.
- Wait time benchmarks and targets should be developed for medical problems well beyond those defined by the First Ministers. Examples include wait times for mental health services or for care in an emergency medical setting (i.e. time to get to an emergency department, time to be assessed and treated in an emergency dept, and time to be discharged home or admitted to a hospital bed from an emergency department).

## II. Jurisdictional Responsibility and Accountability

- Each province/territory must ensure care is provided for its population within the pan-Canadian wait times benchmarks and targets.
- Each provincial or territorial jurisdiction should establish its own strategies for meeting the pan-Canadian wait time benchmarks and targets.
- To achieve the above, consideration must be given to arranging for the provision of medical services outside jurisdictional boundaries if and when such services cannot be delivered within the benchmarked time in a given province or territory.
- All governments, federal, provincial and territorial (FPT) have a responsibility to assure patients of access to and payment for the care they need within benchmarked wait times, regardless of where that care is delivered.
- A pan-Canadian stakeholder group of health care professionals including family doctors, other medical specialists and health care professionals, and representatives of federal, provincial and territorial governments should be established to oversee the ongoing development, research, reporting and accountability related to the implementation of wait time benchmarks.



### III. Measurement

- Standardized pan-Canadian criteria defining eligibility of patients to be entered onto wait lists must be developed by an expert panel, including family physicians.
- Wait times for defined medical problems should be measured from the time the patient's physician indicates the patient meets the eligibility criteria for being entered onto a wait list until definitive investigation or treatment has been carried out.
- There must be rapid expansion of electronic information systems across Canada to facilitate and support the recording, monitoring, and reporting of patient wait times.

### IV. Funding

- The CFPC supports a single payer publicly funded health care system for all medically necessary services for all Canadians.
- A prime goal of introducing and achieving wait time benchmarks and targets should be to strengthen medicare and the single-payer, publicly funded system valued by all Canadians.
- With wait time benchmarks having been defined by the First Ministers for only a limited number of areas, there must be assurance from governments that adequate funding will be available to ensure the provision of other medically necessary services not currently benchmarked.
- FPT governments must ensure funding – and a timely process to approve and flow funding – for patient services that will need to be delivered outside the boundaries of a patient's home province /territory.

### V. Communications and Expectations

- Patients and their physicians must understand that to be added to waiting lists that are guided by benchmarked wait times, patients must first meet pan-Canadian, standardized eligibility criteria.
- Patients should be given a clear explanation of acceptable wait times defined for their problems. Communication of expectation is critical to quality of care.
- Patients must be assured of the best possible care while they wait for and following the completion of – diagnostic tests, consultations, surgeries and other treatments. During these times, appropriate resources must be available for family doctors and other health care providers to enable them to provide high-quality continuing care for their patients.
- While on a wait list, a patient's condition may improve or worsen leading to changes to the patient's status on the wait list.
- Improvement may lead to the patient no longer requiring the medical intervention within the benchmarked time and the patient's name may be moved down or removed from the wait list. Confirmation of complications or worsening of a condition should lead to accelerated medical attention.
- Patients and their physicians should have web-based access to appropriate confidential wait list information regarding the progress being made towards provision of the required medical service.
- Patients must agree to having their names placed on or removed from wait lists and must be assured that wait list information will be private and confidential.