

Management of Wait Times for Hip and Knee Joint Replacements

Policy Options for the Saskatchewan Government

Brenna Bath BScPT, MSc, PhD (C)
Community Health and Epidemiology
University of Saskatchewan

Outline



- Policy problem & background
- Saskatchewan's current strategy
- Provincial policy options
- Implementation recommendations

Policy Problem

- Wait times for hip and knee joint replacement surgery in Saskatchewan are too long.



How long are the waits?

- Saskatchewan has the second longest median total expected wait time (GP to surgery) for orthopedic surgeries in the country (97.3 weeks). (Fraser Institute, 2008)
 - Longest GP to specialist wait (52 weeks)
 - Second longest specialist to surgery wait (45.3 weeks)
- Approximately 48% (1000 people) have waits exceeding the recommended benchmark time (12.4 weeks), the highest among all other provinces. (Centre for Spatial Economics, CMA, 2008)

What are the surgical rates in Saskatchewan?

- In 2005, Saskatchewan had the highest age-standardized rates of knee replacements (120.9 per 100,000 population) and the second highest rate of hip replacements (80.7 per 100,000 population) in Canada. (CIHI, 2006)
- There are currently approximately 800 people awaiting hip joint replacement and 2000 people awaiting knee joint replacement in Saskatchewan (SSCN)

What are the costs of waiting?

- Excessive waits for joint replacement surgery are estimated to be an average of \$26 400 per patient (patient, caregiver and health system costs) (WTA, CMA 2005; Centre for Spatial Economics, CMA, 2008)
- Average costs calculated for people in Saskatchewan awaiting hip and knee joint replacements ranged from \$5000 to \$38 000
 - Higher costs for those waiting longer

Demographic Trends

Aging population (proportion of SK's population >65 yrs is highest in Canada)

(Stats Can, 2002; Stokes, 2003)

+ increasing obesity (SK has higher than national average obesity rates) (Stats Can, 2002)

+ more younger patients receiving surgery

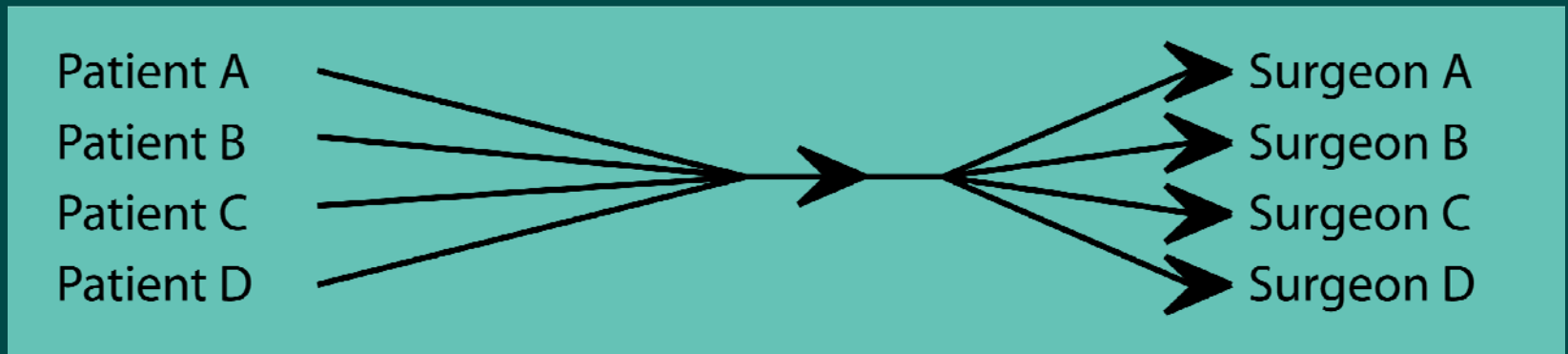
= a greater need for these procedures in the future

Why do wait list occur?

- Road to surgery is complex
 - Analogy of a journey
- Lack of pre-screening for appropriateness
 - Ensure patients socially, psychologically and physically ready
 - “right patient, right procedure, right time”
- Poorly organized systems with lack of consistency and flow
 - Variable surgeon preferences
 - Queue management

Queue-management

- A single wait list that feeds into multiple surgeons has better flow and is fairer than multiple wait lists feeding into multiple surgeons



Saskatchewan's Current Strategy

- Health regions and surgeons independently manage their respective wait lists.
- Most joint replacement surgeries are performed in the Saskatoon (66%) and Regina (27%) health regions. (SSCN, 2008)
- SSCN -online comprehensive system for tracking patients waiting for surgery
 - Reported wait times only account for the time patients are officially waiting for surgery.
 - Time waiting for specialist consultation is not accounted for.

Saskatchewan's Current Situation: SWOT Analysis

- Strengths

- SSCN
- Number of highly trained orthopods
- Availability of multi-disciplinary health care providers
- ADAPT program- tele-health program

- Weaknesses

- Relatively high rates of joint replacements
- Many pts waiting longer than benchmark times
- Limited access to primary care providers
- Inconsistent pre/post surgical care and practices
- Multiple lists managed by individual health regions
- Urgency score determined by surgeon only
- Lack of team-based care

Saskatchewan's Current Situation: SWOT Analysis

- Opportunities

- Inter-professional health education initiatives
- Collaboration with other jurisdictions with successful wait time management strategies
- Expanded/maximizing scope of practice of allied health professionals
- Collaboration with Universities and/or HQC

- Threats

- Aging population
- Trends of more younger patients receiving service
- Professional “turf wars”/ perceived threats to autonomy
- Competition among health regions
- Potential increased demand for procedures with decreased wait times

Policy Options

- A: Ten million dollar transfer to health regions for targeted reduction of wait lists focused on those people waiting longer than recommended wait time.
- B: Provincial legislation to allow private for-profit provision of hip and knee joint replacements in stand alone facilities.
- C: Publicly funded province-wide comprehensive management strategy.

Policy Option: C

- Province-wide multi-pronged collaborative strategy with the following key features:
 - Joint replacement surgeries performed in Saskatoon and Regina health regions only
 - Dedicated surgical facilities to maximize efficiency and consistency of surgical procedures and post-operative care
 - Interdisciplinary team-based care
 - Patients put on a single common province-wide list rather than patients waiting on individual surgeons' lists (people who want to choose their surgeon still can)

Policy Option A

● Pros

- Potential to prevent \$23.9 million of costs (province, pt, caregiver)
- Quick and relatively easy to implement
- Likely supported by health regions, surgeons, pts awaiting surgery

● Cons

- “band-aid” solution
- No incentive to reduce rates
- Does not consider appropriateness

Policy Option B

- Pros

- May result in quick reduction of wait lists within public system (those people willing and able to pay will leave the public queue)
- May be supported by orthopods/ clinicians with vested interest/ ownership in private facilities

- Cons

- Research literature indicates poorer health outcomes
- Potential “cream-skimming” of pts and health professionals
- For profit care costs more

Policy Option C

- Pros

- Similar programs report reduction in wait times & post-op stays, increased pt satisfaction
- Relatively inexpensive
- More equitable access to care
- Potential to improve post-op outcomes with appropriateness screening
- Standardization of screening may moderate high procedure rates

- Cons

- Requires extensive collaboration/ participation of stakeholders
- Longer implementation time
- Perceived loss of autonomy by clinicians/ health region management

Comparison of Policy Options: Evaluation Matrix

Criteria	Option A	Option B	Option C
Cost effectiveness	√	√	√
Sustainability	Not sustainable in long term	√	√
Potential to improve health outcomes	Variable, only those impacted by policy will improve	Evidence indicates potentially poorer health outcomes	√
Fairness	Not fair to pts, regions and other sectors not receiving funding	Only those who can afford to pay can access this option.	√
Time & ease of implementation	√	√	Greater co-ordination and stakeholder consultation required
Responsiveness/ acceptability to stakeholders	Variable	Variable	Variable

Implementation Recommendations

- Establish a provincial joint replacement efficiency committee to facilitate consultation and collaboration with identified stakeholder groups.
- Modify the SSCN to account for total waiting time.
- Pre-assessment core team should include a nurse practitioner, physical therapist and case manager with access to other health care professionals as required.
- Expanded role and scope of practice for certain practitioners should be explored in order to maximize health care personnel efficiency.
- A pilot project should be implemented in one health region to evaluate outcomes and allow gradual buy-in of any reluctant stakeholder groups.

Conclusions

- Reduction of wait times for hip and knee replacements is clearly an important issue for the Saskatchewan government to address.
- High rates of joint replacements and increasing need for these procedures in the future call for innovative and proactive management strategies.
- Recommended policy option is a patient-centered approach that will result in a more efficient system with sustainable reductions in wait times, improved health outcomes and greater patient and health care provider satisfaction.

Questions /Contact

Brenna Bath BScPT, MSc, PhD (c)

Community Health and Epidemiology, U of S

brenna.bath@usask.ca



UNIVERSITY OF
SASKATCHEWAN

Selected References

- (1) Nadeem E, Walker M, Bank M. Waiting Your Turn: Hospital Waiting Lists in Canada 17th edition. The Fraser Institute. [Online]. 2007. [accessed 2008 Mar 10]; Available from: <http://www.fraserinstitute.org>.
- (2) The Centre for Spatial Economics The economic cost of wait times in Canada. Prepared for the Canadian Medical Association. [Online] 2008 [accessed 2008 Mar 10]; Available from: http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/pdf/2008/EconomicReport.pdf
- (3) Canadian Joint Replacement Registry. Annual Report: Hip and Knee Replacements in Canada. Canadian Institute for Health Information. [Online] 2006 [accessed 2008 Mar 10]; Available from: www.cihi.ca.
- (4) Saskatchewan Surgical Care Network [Online] 2007 [accessed 2008 Mar 10]; Available at: <http://www.sasksurgery.ca/>.
- (5) Statistics Canada, Selected age distribution indexes, Canada, provinces and territories. 2001 Census, Profile of the Canadian population by age and sex: Canada ages (2002).
- (6) Stokes, J. Demographic Trends and Socio-Economic Sustainability in Saskatchewan: Some Policy Considerations. Saskatchewan Institute of Public Policy. [Online] 2003 [accessed 2008 Mar 10]; Available from: http://www.uregina.ca/sipp/sipp_pub_pol_papers.html.