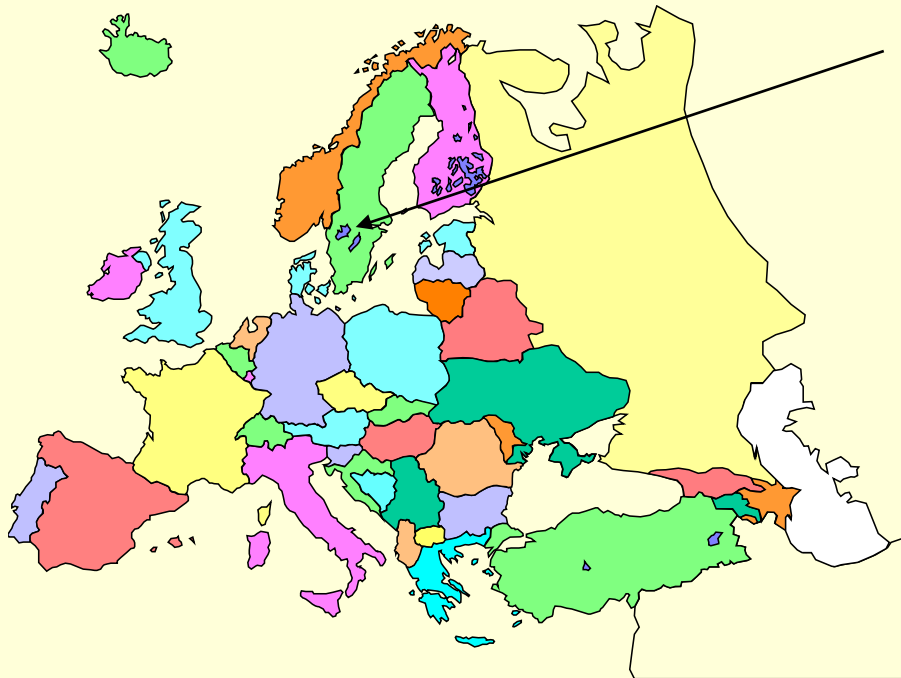


Maximum Waiting time Guarantee - a remedy to long waiting lists?

CAHSPR Conference, Calgary, May 11-14, 2009

Marianne Hanning, Ph D, Department of Public Health and
Caring Sciences, Uppsala University and National Board of
Health and Welfare, Sweden



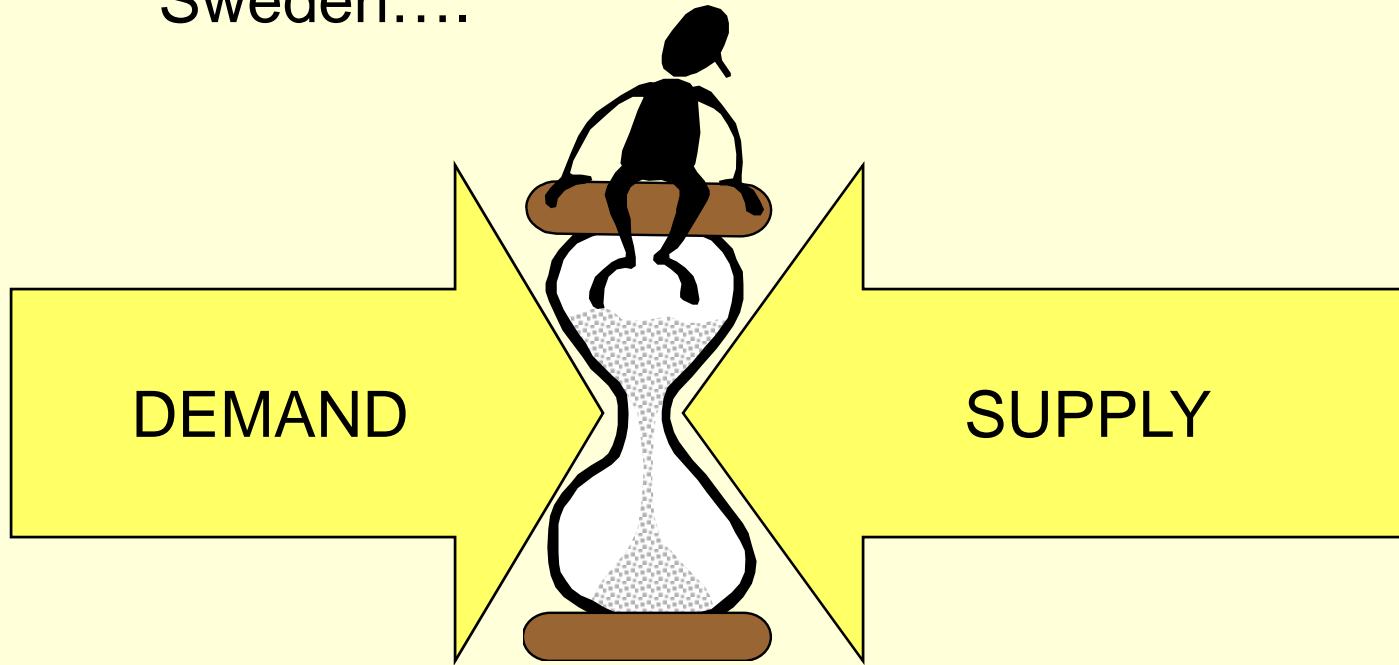
Sweden

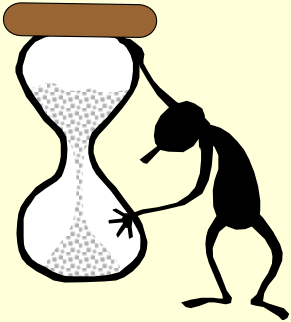
Population, 9 million

Health care services:

- *80% public funding*
- *18 County councils, 3 regions and 1 municipality*
- *87 acute hospitals*

Waiting times in health care the
Achilles' heel of Health Services in
Sweden....



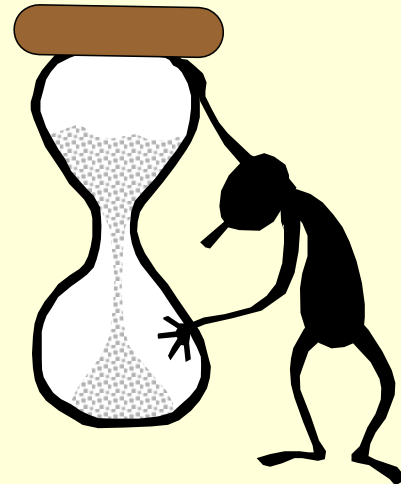


Waiting time – A Key issue of quality with multiple dimensions and many interested parties

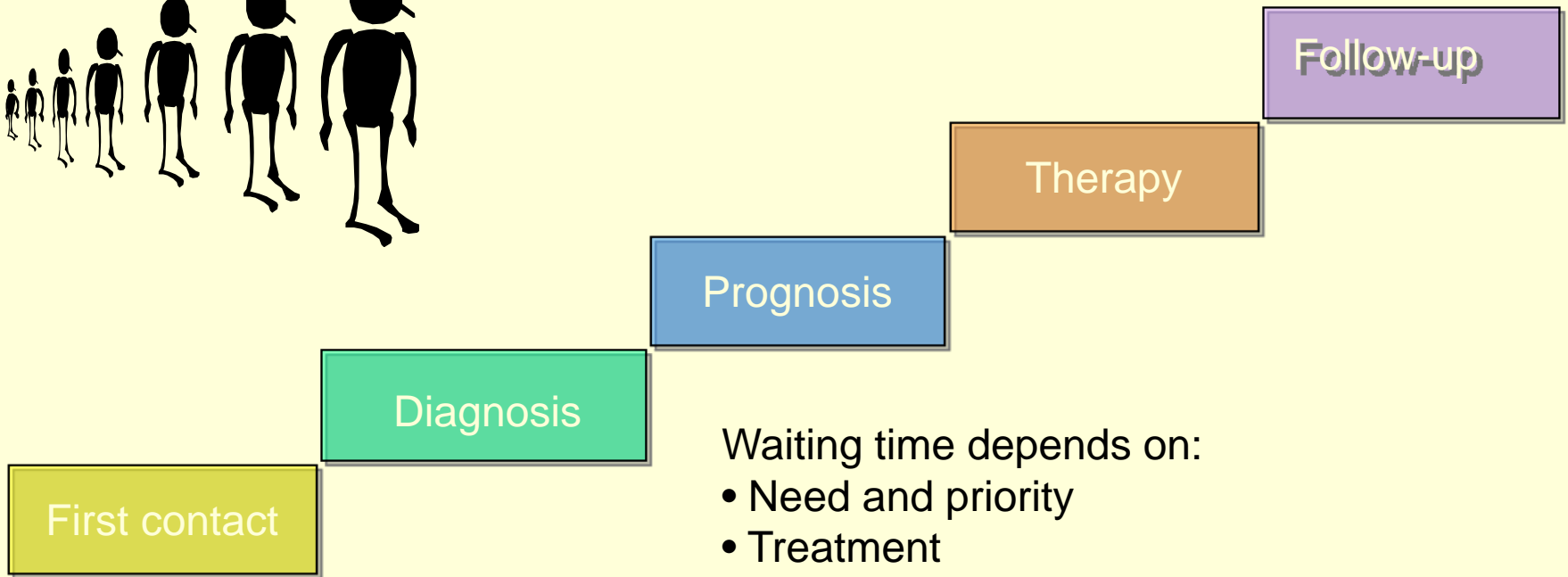
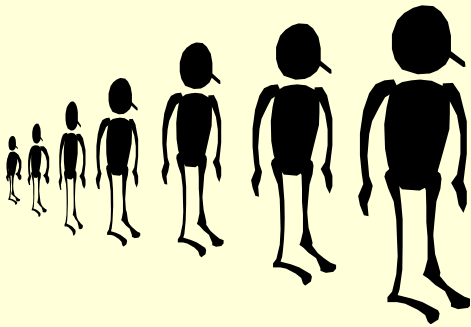
- *Political*
- *Medical*
- *Economic*
- *Managerial*

Reasons for imbalance between demand and supply:

- Lack of resources
- Inefficiency and low productivity
- Variations over time
- Changes in indications



"The Patient's Roadmap"



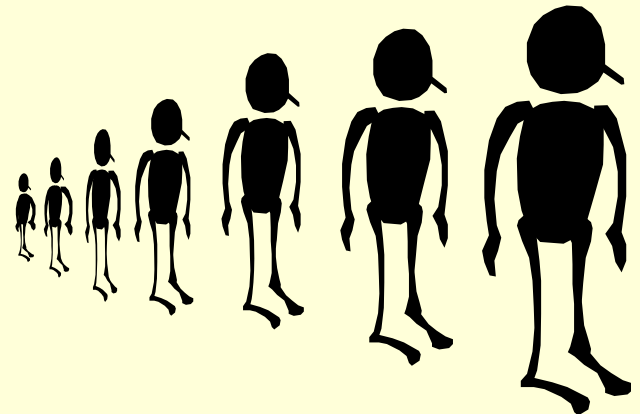
Waiting time depends on:

- Need and priority
- Treatment
- Care giver
- Patients wishes

Maximum Waiting time Guarantee in Swedish health care

- Started with 12 treatments in 1992, was extended to primary care and first visits to specialists in 1996 and was renewed in 2005 to cover all forms of planned specialist care.

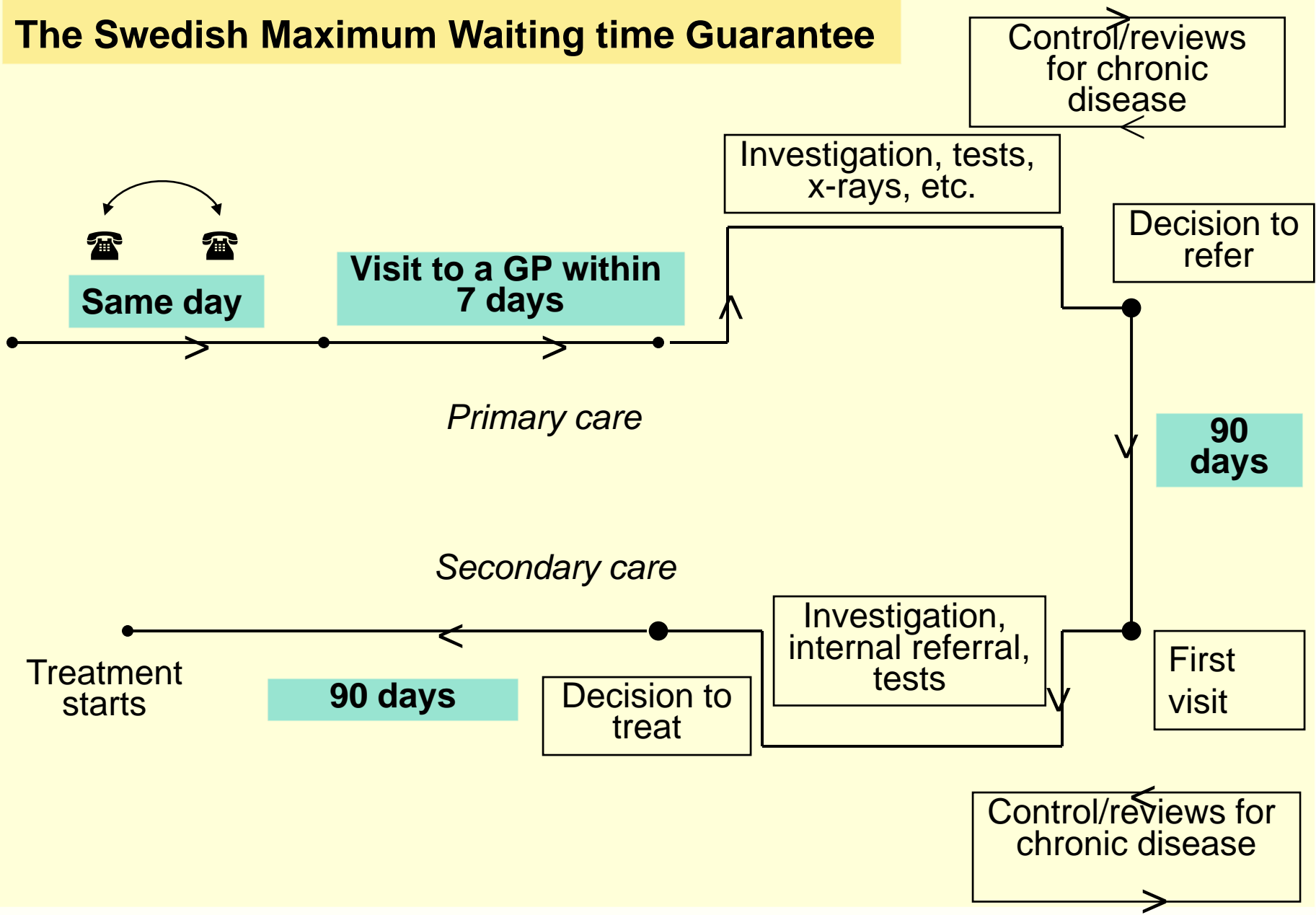
- Is an agreement between the Government and the Swedish Association for Local Authorities and Regions



Maximum Waiting time Guarantee in Swedish health care

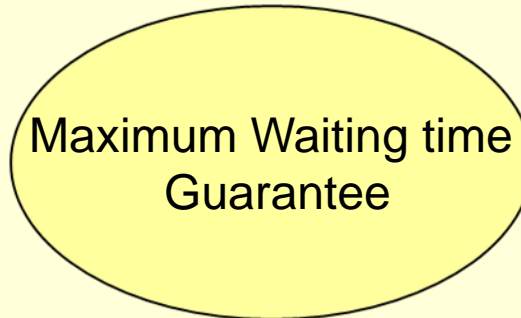
- Stipulates that appointments and treatments that have been decided on must be offered within 90 days, and patients should not wait more than 0 days to get in contact with primary care, 7 days to see a GP and 90 days to be referred to a specialist.
- If the county council is unable to fulfill the guarantee the patient should be assisted to receive care from another provider. The county council shall assist with all contacts and there shall be no extra costs for the patient.

The Swedish Maximum Waiting time Guarantee



Demand side policies

- Priority setting and Scoring systems
- Patients rights
- Free choice of provider



Supply side policies

- More resources
- Increase productivity
- Use of private capacity

Incentives

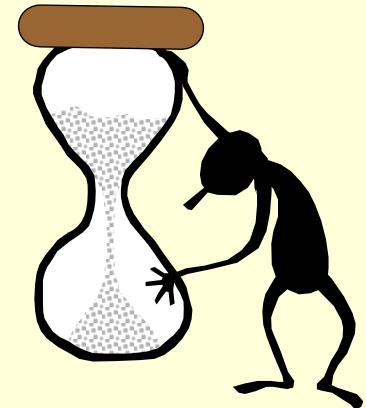
- Financial
- Information

Conclusions in the evaluation of the first Guarantee 1992-1997:

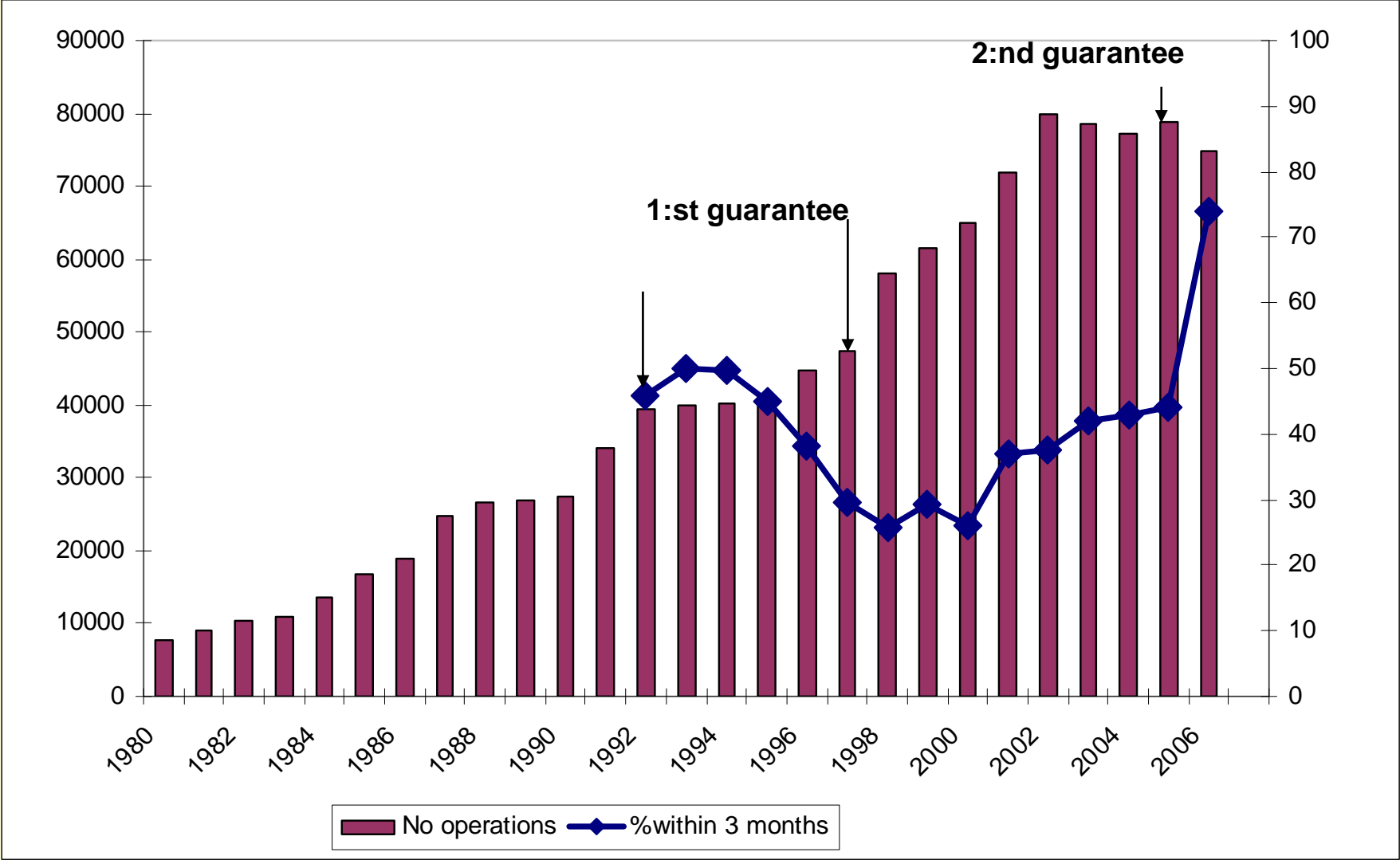
- Waiting lists are a complicated interplay between demand and supply. More resources are not the only answer to a more efficient way of managing waiting lists.
- Too much attention is given to the supply side when there is a need for better knowledge and discussion about the indications and priorities at the clinical level.
- Concentration on one “step” in the care process can create longer waits between other steps in the process, i.e. imposing limits on the waiting-time for treatment can give longer waits for outpatient visits.

Conclusions in the evaluation of the first Guarantee 1992-1997:

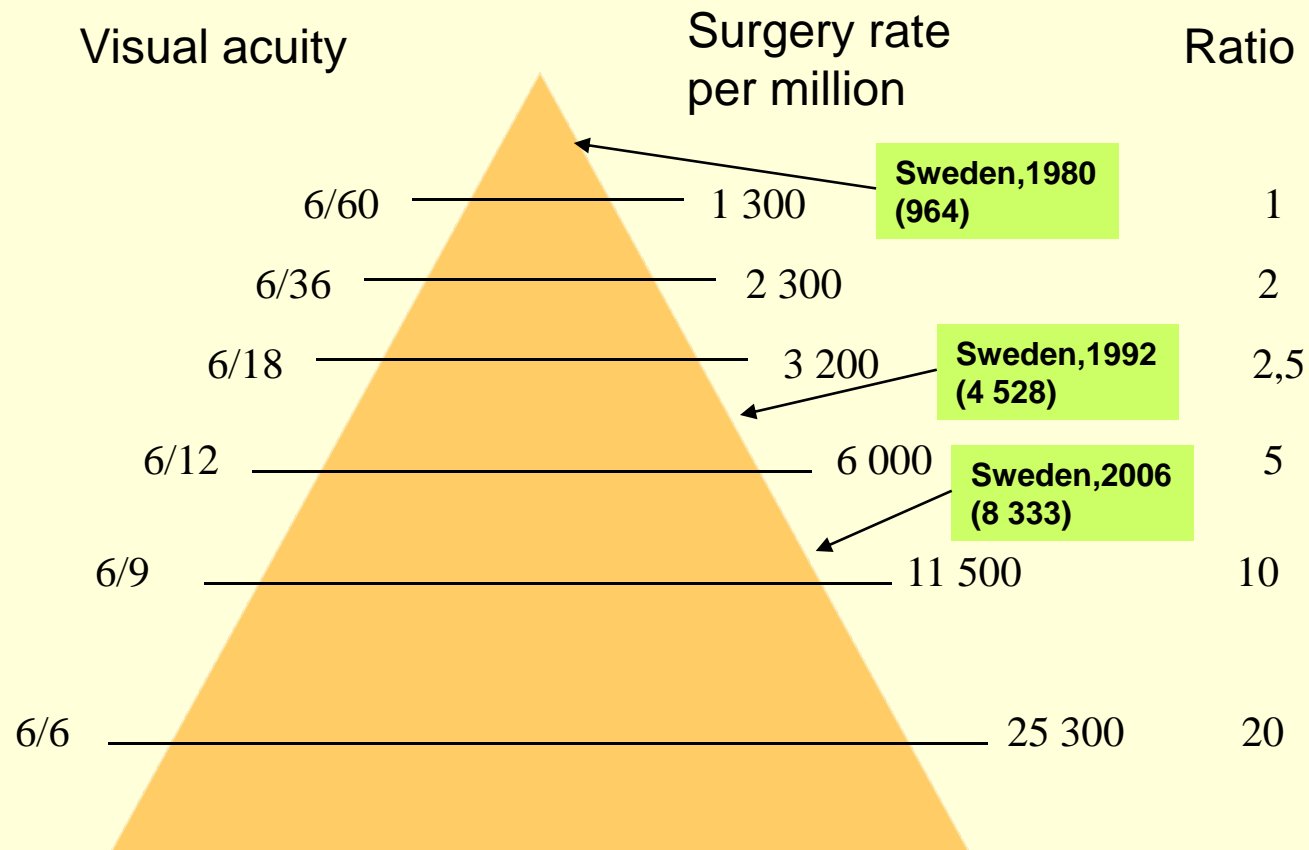
- Patients' influence and freedom of choice have increased, but few patients use the opportunity to change provider.
- There is a lack of common terms and rules for the management of waiting lists and waiting times in Swedish health care.



Cataract operations and waiting times

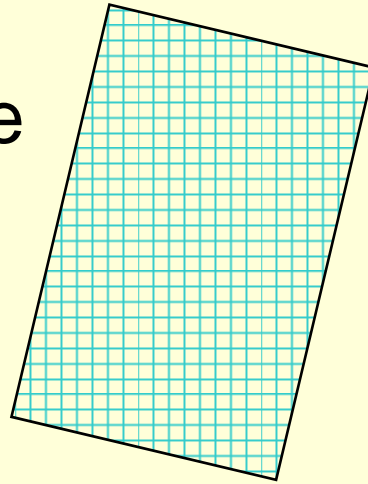


The "golden triangle of ophthalmology": the relation between different thresholds of visual acuity and the cataract surgery rate. Data recorded from the Visual Impairment Project.



National indications for cataract extraction

- Priquest – questionnaire to patients



- NIKE-instrument

The image shows a detailed view of the NIKE-instrument form, titled "Nationell indikationsmodell för Kataraktoperation". The form is structured as follows:

- Header:** "Nationell indikationsmodell för Kataraktoperation" and "NIKE".
- Section 1:** "Evidensbaserad gällande operation för katarakt" with checkboxes for "Ja" and "Nej".
- Section 2:** "1. Både syn och katarakt" with a grid for "Syn" (0-10) and "Katarakt" (0-10).
- Section 3:** "2. Påvisade tecken på glaukom eller översyn av glaukom" with checkboxes for "Ja" and "Nej".
- Section 4:** "3. Står katarakten i vägen för synseendet?" with checkboxes for "Ja" and "Nej".
- Section 5:** "4. Övervakning av katarakten" with checkboxes for "Ja" and "Nej".
- Section 6:** "5. Patientens önskan om operation" with checkboxes for "Ja" and "Nej".
- Section 7:** "6. Patientens önskan om operation" with checkboxes for "Ja" and "Nej".
- Section 8:** "Indikationsgrupp" with a flowchart showing "Indikationsgrupp 1" and "Indikationsgrupp 2".
- Section 9:** "7. Patientens önskan om operation" with checkboxes for "Ja" and "Nej".
- Footer:** "Vårskategori" and "Anmälan för patientregistret".

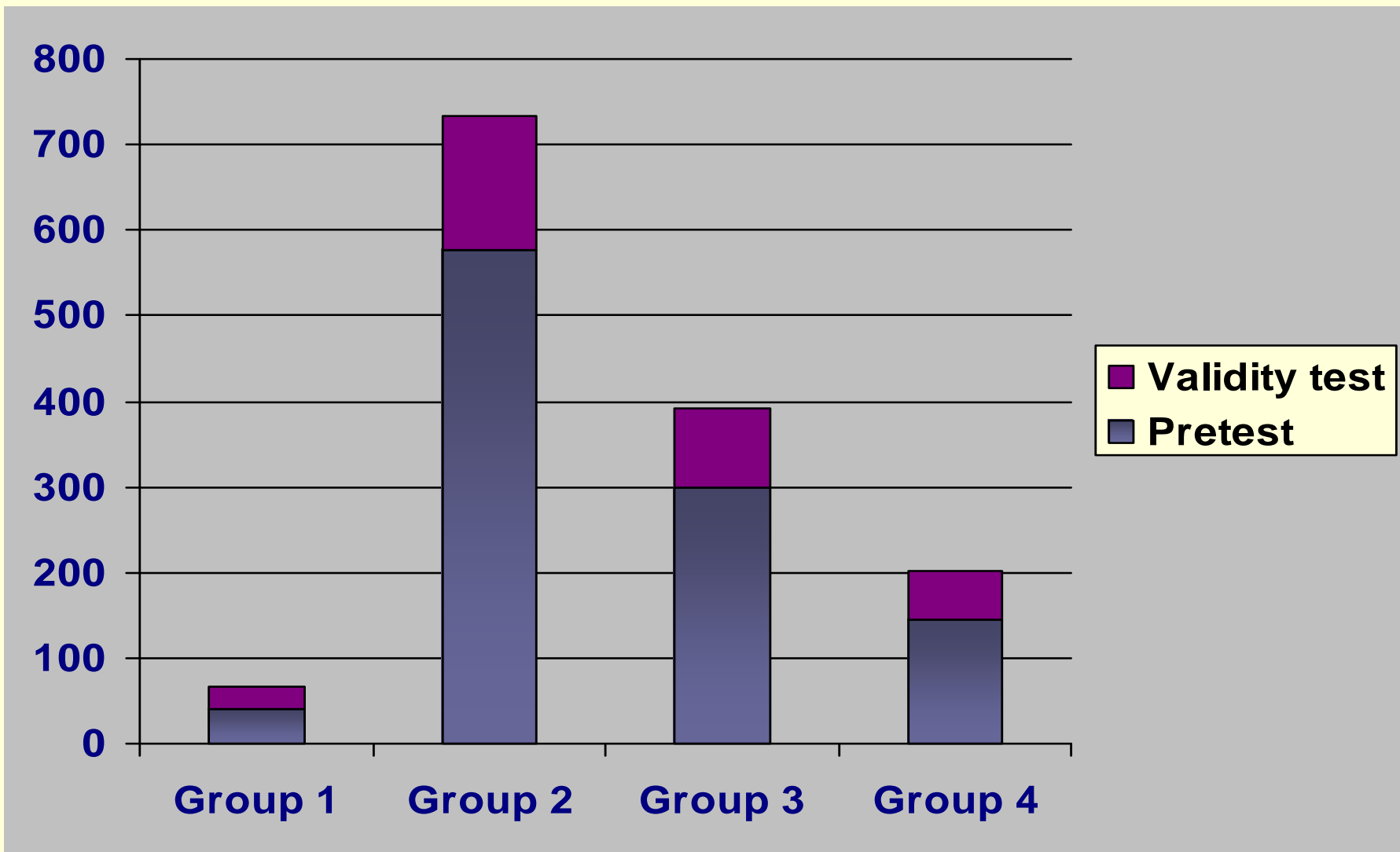
National indications for cataract surgery

4 Indication groups based on:

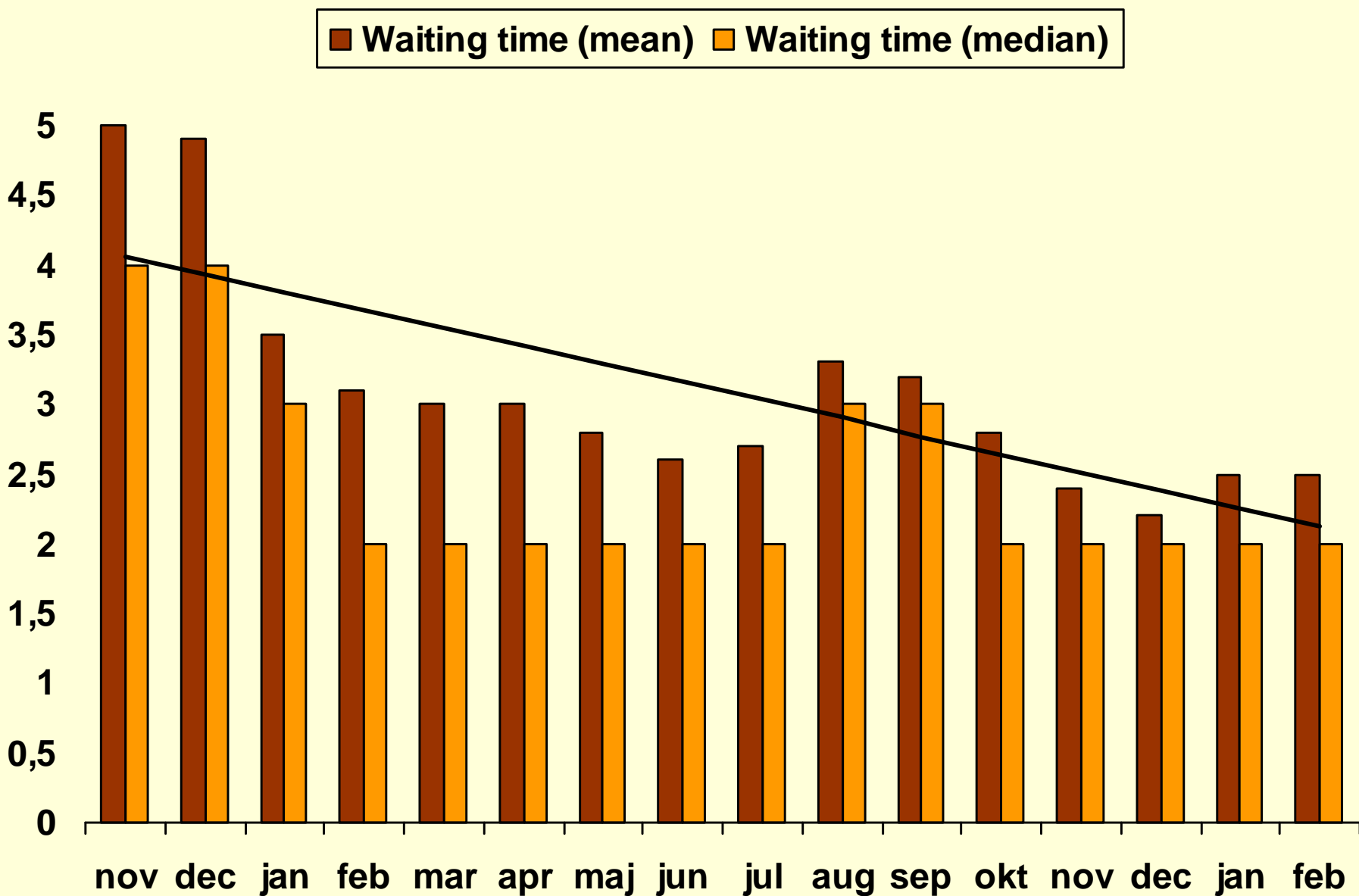
- Visual acuity in both eyes (NIKE-tool)
- Difficulties in day-to-day activities as a consequence of the cataract (Priquest)
- Cataract symptoms (glare, difference between the eyes) (Priquest)
- Ability to live independently (work, homecare, car driving, etc.) (Priquest)
- Medical/ophthalmic reasons for urgent surgery

Indication groups – distribution in pretest and validity test.

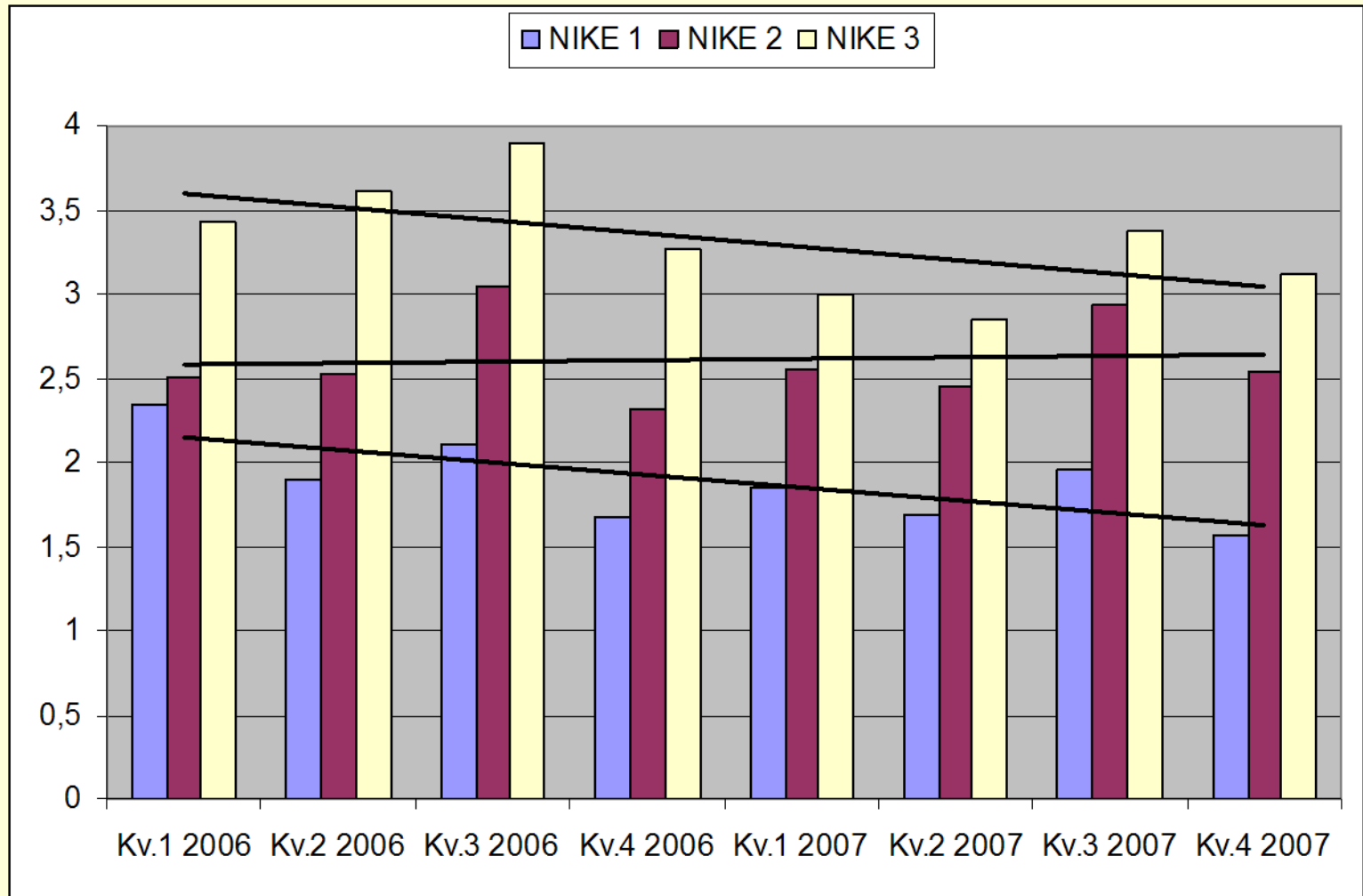
N= 1 413.



Cataract surgery – waiting times Nov 2005- Feb 2007

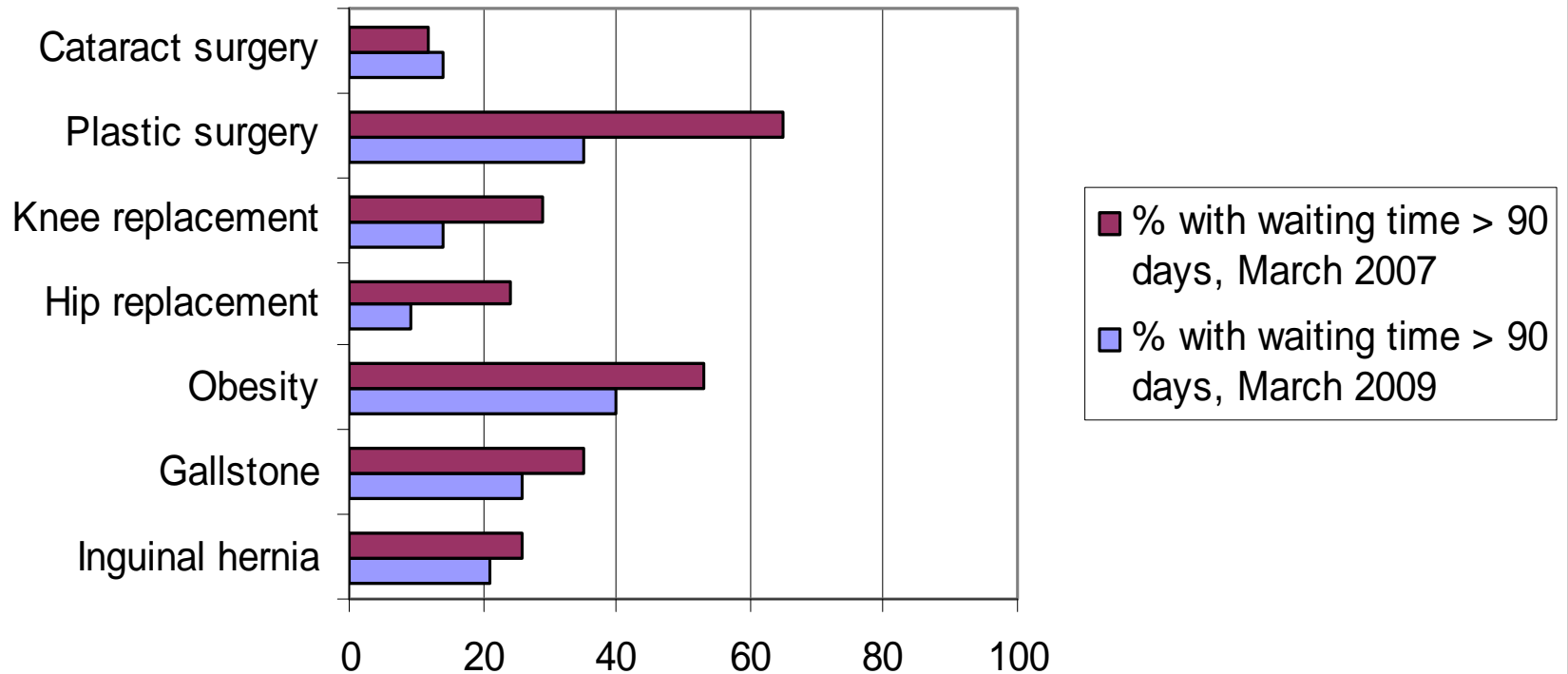


Cataract Surgery - waiting time (mean) in months per priority group 2006-2007.



Maximum Waiting time Guarantee - a success at last

Waiting for treatment - March 2007 vs. March 2009



Care Guarantee 2005

- a national co-operation for timeliness in health care

