

## ***WAIT TIMES IN QUEBEC'S PUBLIC HEALTHCARE SECTOR MEASUREMENT, CONSEQUENCES, AND APPROACHES TO REDUCING THEM***

**CIRANO note based on a report by Stéphanie Boulenger and François Vaillancourt, October 2013**

This research answers a number of questions: What are wait times? Are they measured accurately? Are the measurements comparable across provinces? How do waiting times in Québec stack up against those of other jurisdictions that devote a comparable share of GDP to healthcare expenditures? Have other countries found a way to curb wait times without affecting the quality of services provided? How? Has any research been conducted into determining an optimal wait time?

Healthcare wait times are often covered by the media, and they are of significant concern to the public. For many individuals, having to wait for medical treatment, diagnoses, or appointments with the family doctor can be a difficult and stressful experience with repercussions for their quality of life, absenteeism from work, and presenteeism and productivity at work or at home. In addition, in informal conversations many firms report that wait times create significant indirect costs when employees need to wait for care and are thus absent from work, are less productive owing to pain or discomfort caused by an untreated illness, or are preoccupied by the health of a loved one. At the level of the whole society, thus, wait times can have consequences and create costs, but just how extensive are they?

Many studies present numerous wait-time measures, depending on the starting point of the wait, its end point, the care for which the wait time is measured, and the indicator chosen. For these reasons, it is very difficult to make comparisons with other provinces or countries. Only a handful of medical interventions are selected when measuring wait times, and these are not always the same across jurisdictions.

Nonetheless, according to CIHI, Quebec is relatively well-positioned in comparison to the other provinces in the matter of wait times for arthroplasty, cataract surgery, and radiotherapy. But data from the Fraser Institute, which is more comprehensive in terms of coverage of the care provided, places Quebec below the Canadian average.

Once wait times have been defined, we turn to assessing their impact on society, in particular on individual incomes, costs to society, and worker productivity—thus, the extent to which wait times constitute a burden on society that must be alleviated.

Finally, our study presents various solutions to reducing wait times. This can involve increasing spending and resources, changing how physicians are compensated and hospitals financed, revising the criteria for surgery, managing waiting lists better, expanding day surgeries, etc. Countries that have addressed the issue of wait times have all draw on these measure to varying degrees. Some have engaged in sweeping reforms of their healthcare systems, while others have tinkered at the margins.

Our research uses quantitative analysis and a review of the literature. This does not include an evaluation of the scientific rigour of the articles referenced. At this stage, our goal was to identify what is available on the subject of wait times and cover the whole array of opinions, conclusions, or approaches to the issue.

The full study is available on CIRANO's Website at:  
<http://www.cirano.qc.ca/pdf/publication/2013RP-17.pdf>