

Wait time guarantees not likely to reduce waits for joint replacement surgery

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Significant increases in surgical capacity or diverting patients to other jurisdictions are the best ways to deal with excessive wait times for hip and knee replacement surgery – a leading symbol of underfunding in Canada's healthcare system.

Politically popular strategies, such as wait time guarantees, are not likely to have much impact, according to a new study. Instead, the study suggests standardized methods of patient prioritization will ensure that the most urgent patients receive surgery first. Wait-list sharing among surgeons will also help to reduce variation in wait times for patients of similar clinical urgency.

The study, "An Evaluation of Strategies to Reduce Waiting Times for Joint Replacement in Ontario," published in the November issue of *Medical Care*, examines the effectiveness of a number of strategies to reduce wait times for this type of surgery. It compared reducing demand for surgery and increasing the number of surgeries performed, patient prioritization, wait time guarantees and provincewide, instead of regional, wait lists.

The study is authored by Lauren Cipriano, Massachusetts General Hospital; Bert Chesworth, Schulich School of Medicine & Dentistry, The University of Western Ontario; Chris Anderson, Cornell University and Greg Zaric, Richard Ivey School of Business, The University of Western Ontario. It uses a computer simulation model, developed by the researchers, to evaluate the strategies.

Their results show that even if 14 per cent more surgeries are provided each year (twice the historical rate), it will take almost a decade to ensure that 90 per cent of patients receive surgery within recommended wait times. A wait time guarantee for all patients shortens waits for low-priority patients, but makes high-priority patients wait longer.

"Waiting time guarantees do not, on their own, reduce waiting times. They only shuffle the order in which patients are seen, which benefits some patients at the expense of others," said Zaric, Canada Research Chair in Health Care Management Science and Associate Professor at The University of Western Ontario's Richard Ivey School of Business.

"In order for the majority of patients to receive their surgery within clinically acceptable times there must either be substantial diversion to jurisdictions with excess capacity or growth in Ontario's capacity at a much higher level than has been observed historically," said Zaric.

Long waiting times for joint replacement surgery are a problem in many OECD countries (Organization for Economic Co-operation and Development). Many potential solutions have been tried but there is no consensus.

In Ontario, in 2005, the median wait time was five months for total hip replacement and eight months for total knee replacement. Demand for joint replacement surgery is likely to increase due to changing demographics, increasing rates of obesity and arthritis, and an overall increase in people's willingness to undergo surgery.

Waiting times for hip and knee replacement were identified by Canada's First Ministers as a priority area, along with cancer, heart, and sight restoration surgeries.

Source: University of Western Ontario

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