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Technology can help with Canada's chronic wait times problem

BY DR. CHRIS SIMPSON

"Never waste a good crisis", the change management experts say. As the COVID-19 pandemic continues, and we reflect on the massive disruption it has caused, I have found myself searching for opportunities for healthcare transformation amongst the chaos.

Many have said that this crisis has not really generated new problems so much as it has exacerbated old ones. One good example of this is the Canadian healthcare system's chronic wait time problem. Waiting for medical care is as Canadian as maple syrup and poutine. But now, thanks to COVID-19, things have gotten a whole lot worse.

Even before the pandemic, Canada was a poor wait times performer; finishing at or near the bottom of the list of peer countries when it comes to access to primary care, specialist care, tests, procedures and surgeries.

Now, as we look back over the past few months, we see that the problem has worsened, with backlogs in surgeries and procedures (let alone the backlog of other kinds of medical care) estimated to be in the hundreds of thousands across the country.

As with any complex issue, the answer is never easy, nor is there a single "silver bullet". One highly effective but underutilized solution may just be ready for prime time. We have always known it works, but maybe we just needed a crisis to move to widespread implementation. I'm speaking, of course, of single entry models (SEM), also known as central intake.

Recall your last trip to Walmart. When you go to pay for your purchases, you'll notice that there aren't 12 lineups for 12 cashiers. There is one line up for 12 cashiers. Whoever gets to the front of the line first goes to the next available checkout. That's a single-entry model. And Walmart does it this way for a reason: you can get more people through faster.

The same principles apply for queues of patients waiting for a medical service, like hip replacement, a consultation with a psychiatrist, access to addiction services, or a diagnostic test, like an MRI. It is far more efficient for patients to wait in one queue, and go to the first available provider, than if they form numerous queues for those same providers.

Common intake is cost effective, more equitable, and it drives down wait times. The goal is simply to get the right patient in front of the right provider at the right time.

Too often, still, referring doctors are not aware of the referral options out there for the myriad of clinical services available, and they default to the people and services they know and have known, usually with little idea what the wait times are.

The result is that a patient waiting for a medical service may find themselves waiting for months longer than another patient down the street for the same service, simply because the referring provider doesn't have the tools available to "comparison shop".

But there are some areas that are doing great work in this space. The Mississauga Halton region of Ontario has perhaps one of the widest implementations of a single point-of-entry system. Managed by the Mississauga Halton Central Intake program, the program reviews, triages and routes referrals for diabetes, foot care, mental health, addictions and hip and knee referrals for a population of 1.2 million.

While the benefits of single-entry models and common intake seem intuitive enough, it is also readily apparent that this can't be done with papers piled on the corner of the physician's desk. And certainly, a regional model intending to serve many patients can't be paper-based, fax-based or spreadsheet-based. The clerical requirements would be huge and unmanageable. An enabling technology is needed.

Novari eRequest is one such enabling technology – a 3-in-1 system with referral management, central intake, and workflow management capabilities. Importantly, it is customizable to each client and each clinical service's unique needs.

It can be implemented in an organization like a hospital, across a region or even province wide, as it recently was in Saskatchewan, where Novari eRequest is serving as the technology behind the province's successful COVID-19 testing and assessment program.

For individual hospitals and regions, setting up a single entry for all inbound referrals, then electronically routing them to the appropriate clinic or provider has many benefits, like real-time tracking of referrals, real-time data on internal wait times, identification of bottlenecks, no lost paper/fax referrals and automated feedback to the sender of the referral on the status on the referral.

Dr. Chris Simpson

The deferral of care experienced by hundreds of thousands of patients across Canada as a result of the COVID-19-associated slowdown in services has exposed in the starkest way possible our country's chronic access-to-care problem.

Clearing the backlog and getting wait times down to acceptable levels will take a lot of work by a lot of people. Many solutions will need to be devised and implemented. But some solutions are already ready to go.

Central intake, and the enabling technology to make it happen are already in play and have been proven to work. The transparency and efficiency of a professionally managed wait list facilitated by the appropriate enabling technology will go a long way to demonstrating that our healthcare system truly is worthy of Canadians' confidence and trust.

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