



SUMMARY OF WAIT TIMES FOR ACCESS TO GI CARE

Summary of Wait Times for Access to GI Care

People should not have to wait too long in order to see a specialist who treats bowel diseases. Some waiting is inevitable. The amount of time which a person might be prepared to wait depends on the problem. If, for example, a patient wanted to see a bowel specialist to discuss whether they should have a scope test to screen for cancer, then there is really no urgency about the appointment and a wait time of several months might be appropriate. On the other hand someone with a flare of Crohn's or colitis or a bleeding ulcer needs to be seen quickly and wait times should be very short.

The Canadian Association of Gastroenterology, with input from patient groups and other specialists, developed benchmarks for appropriate wait times at a consensus conference in 2005. We felt that emergency cases should be seen within twenty-four hours, urgent cases should be seen within two weeks, semi-urgent cases should be seen within two months, and no one should wait longer than six months under any circumstances.

It is all very well to set targets, but it is also necessary to see if those targets are being met. In November of 2008, we measured what was actually happening. Gastroenterologists from across Canada were asked to complete a questionnaire on five new patients coming to their practice, and five patients who are having endoscopic procedures performed.

Two hundred and twenty-six physicians out of an estimated 550 gastroenterology specialists in the country participated. There was representation from all the provinces and from the Northwest Territories. Half of those who participated

were from large teaching hospitals, and the others were from community based hospitals and other institutions.

We collected data on nearly 2000 new patient visits, and a little over 1000 procedures. We had sufficient data on twenty common reasons for referral to allow us to make a reasonable estimate of what the actual wait times were.

The results paint a very worrisome picture of access to care. The longest wait times were for screening colonoscopy with a total wait time of over six months. This, however, may not be so much of a problem as there really is nothing urgent about this. On the other hand, wait times for people who likely have cancer based on x-rays were nearly three months. This is a very long time to wait wondering if you have an underlying bowel or liver cancer. People who are having difficulty swallowing their food, or very painful swallowing, were also waiting nearly three months. People with indigestion symptoms which might be suggestive of underlying stomach cancer or other serious illness waited over three months.

Worrisomely, compared to 2005 wait times have actually increased. On average, people waited four months in 2005 to see a GI specialist. That has now increased to over five months.

Overall, wait times for people needing to see a GI specialist continue to exceed targets and their trend is in the wrong direction. People are actually waiting longer in 2008 than in 2005.

GI CARE WAIT TIMES SUMMARY

There are many reasons behind this. We have a very low number of doctors compared to other countries. There are limitations on endoscopy time and other constraints in the system which sometimes seems more designed to limit access than to make sure that people get seen in a timely way.

We have urged provincial colleagues and provincial ministries of health to engage in the debate with the Canadian Association of Gastroenterology and the CDHF and other health care providers to make sure that people get access to care in a timely and appropriate way.

Important: This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances. More information is available at www.CDHF.ca

Desmond Leddin, MB FRCP MRCPI MSC

ABOUT CDHF

Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:



REDUCE

the incidence and prevalence of digestive disorders



IMPROVE

understanding of digestive health issues



SUPPORT

those suffering from digestive disorders



ENHANCE

quality of life for those living with digestive disorders

For more information about your digestive health, please visit www.CDHF.ca