

Canadian Cardiovascular Society - Wait Time Alliance of Canada
KEY MESSAGES
To the Parliamentary Standing Committee on Health, May 13, 2008

Government action in addressing wait times for access to care

1. It's about the patient - not the procedure.

Governments still need to do more and focus on the patient journey to access care. By continuing to focus on just one procedure such as cardiac bypass surgery (CABG) for which access was already an "A", wait times are NOT being meaningfully addressed.

Wait times for access to care must focus on the patient and their journey through the continuum of cardiovascular care -- from the onset of symptoms through to rehabilitation. Addressing only one procedural component of this care continuum (such as cardiac bypass surgery) does not have a meaningful impact on the patient's total wait time for access to care.

Approx. 1 in 3 respondents to a 2007 CCS national survey of cardiac care centres are "not very satisfied" or "not satisfied at all" with government action over the past 2 years to address wait times. The highest level of dissatisfaction (38%) is with the Federal Government's actions

*Despite monitoring wait times for more than five years, **less than one-half** of cardiac centres rate access as "excellent" or "very good".*

2. The CCS Benchmarks for Access to Cardiovascular Care need to be adopted by Governments and Cardiac Care Centres across the country.

Almost all respondents to a 2007 CCS National Survey believe that adoption of the CCS benchmarks is feasible within the next 2 years. The CCS benchmarks were also seen by most as being "highly" or "very" credible.

"Very important": Almost all CCS national survey respondents also believe that access targets need to be adopted along the broad continuum of cardiac care. This is also known as the "Patient Journey" to access care.

3. **The CCS wants to work with Governments to address barriers to improving access to cardiovascular care.**

Respondents to the 2007 CCS National Survey indicated that the following are (in order of severity) the top barriers to patients' ability to access cardiovascular care:

- *Human resources,*
- *Physical resources,*
- *Funding, and*
- *Data collection and availability.*