

BACKGROUND

The **Canadian Cardiovascular Society (CCS)** is a member of the Wait Time Alliance (WTA). The WTA was formed in 2005 by the Canadian Medical Association, in response to the First Ministers' commitment to develop benchmarks for medically-accepted wait times in 5 priority areas, including cardiac care. Please see: www.cma.ca for more details about the WTA.

CCS Benchmarks for Access to Cardiovascular Care

The CCS has developed a comprehensive range of patient-centred and evidence-based benchmarks. These benchmarks are published in the CCS report, *Universal Access, but When? Treating the Right Patient at the Right Time*, (see: www.ccs.ca). They were also published in the WTA's August 2005 report, *It's About Time!*

The "Patient's Journey"

The CCS's benchmarks for access to care reflect the many steps that patients take to receive cardiovascular health care services and procedures. The patient's journey is about many steps -- not just one, (such as access to cardiac bypass surgery). The patient journey begins with their first visit to a primary health care provider, then to a specialist, then through many additional steps including testing, procedures and surgery, and finally to completion of rehabilitation and return to a healthy and productive life. Unless *all* steps in a patient's care are addressed, optimal care cannot be provided. For this reason, the CCS stresses that all of its benchmarks must be adopted to truly have a meaningful impact on patients' access to cardiovascular care. This is the "big picture" of cardiac care for patients.

The CCS believes that wait times for most, if not all other areas of care, are also about the patient's journey, (and not just one procedure or service).

Cardiac bypass surgery (CABG), while potentially life-saving and very important for some patients, is a procedure that is necessary for only a small proportion of patients accessing cardiac care in Canada. Most patients require other services. **Angioplasty**, for example, a procedure involving the opening of an artery with a balloon via a catheter, is twice as common as CABG, and is not addressed at all in the WTA report card. Addressing only the wait for CABG (as governments have done) will not address the wait time to see a cardiologist, or to have other required tests (such as a stress test, an echocardiogram, a cardiac catheterization), or a therapeutic procedure for other cardiac conditions.

The CCS is a partner in the development of the Canadian Heart Health Strategy to fight cardiovascular disease in Canada. See: www.phac-aspc.gc.ca