

Waiting times for elective surgery

Long waiting times for elective (non-emergency) surgery cause dissatisfaction for patients, because they postpone the expected benefits of treatment, and pain and disability remain. Waiting times are the result of a complex interaction between the demand and supply of health services, with doctors playing a critical role on both sides. Demand for health services and elective surgeries is determined by the health status of the population, progress in medical technologies (including the simplification of many procedures, such as cataract surgery), patient preferences, and the burden of cost-sharing for patients. However, doctors play a crucial role in the decision to operate on a patient or not. On the supply side, the availability of surgeons, anaesthetists and other staff in surgical teams, as well as the supply of the required medical equipment, affect surgical activity rates.

The measure reported here refers to the waiting time from when a medical specialist adds a patient to the waiting list for the procedure, to the moment the patient receives treatment. Both mean and median waiting times are reported. Since a number of patients wait for very long times, the median is consistently and considerably lower than the mean, and might therefore represent a better measure for the central tendency of this indicator. The significant difference between the two measures, especially in countries such as Chile, Estonia, and Poland, highlights the presence of problematic groups of patients who wait significantly longer than others to receive treatment.

In 2017, the median waiting time for cataract surgery was less than 50 days in Italy, Hungary, Denmark, and Sweden (Figure 5.16). Countries with the largest waiting times include Estonia and Poland, with median waits of about seven months and over a year respectively. Over the past decade, waiting times increased in some countries, such as Canada and Portugal; in Spain waits decreased, while in New Zealand they remained relatively stable.

For hip replacement, the median waiting time was less than 50 days in Denmark and Italy (Figure 5.17). There were very long median waiting times of eight months or more in Estonia, Poland and Chile. Over the past five years, some countries, such as Finland, Hungary and Denmark, observed a decline in median waiting times for hip replacement, while Estonia saw a sharp increase.

Waiting times for knee replacement follows the patterns of hip replacement but with higher waiting times on average, with Estonia, Poland and Chile also having by far the longest waiting times (Figure 5.18). The median waiting time across the OECD sample is 114 days, more than 30 days above those of cataract surgery and 20 days above those of hip replacement. In Australia, median waiting times slightly increased over time to reach 200 days, while Portugal remained relatively unchanged since 2007. Hungary and Denmark saw reductions in the past decade.

Waiting time guarantees have become the most common policy tool to tackle long waiting times in several countries, but these guarantees are only effective if well enforced (Siciliani, Borowitz and Moran, 2013[1]).

Denmark has used maximum waiting times, together with patient choice of provider, to reduce waiting times since the late 2000s. The maximum waiting time guarantee was reduced from two months to one month in 2007, combined with free choice of provider. Under this scheme, if the hospital can foresee that the guarantee will not be fulfilled, the patient can choose another public or private hospital. If the treatment is outside of the region's own hospitals, the expenses are covered by the region where the patient lives.

In Hungary, waiting times for many elective surgeries have also been reduced in recent years. Specific objectives were set to reduce waiting times to under 60 days for minor surgery and under 180 days for major surgery, for all patients. To achieve this, the government adopted new laws and regulations on the management of waiting lists, developed an online waiting list system at the national level to monitor the situation in real-time, provided additional payment to reduce waiting times in selected areas or hospitals, and encouraged a reallocation of patients from providers with longer waiting times to those with shorter waiting times.

Definition and comparability

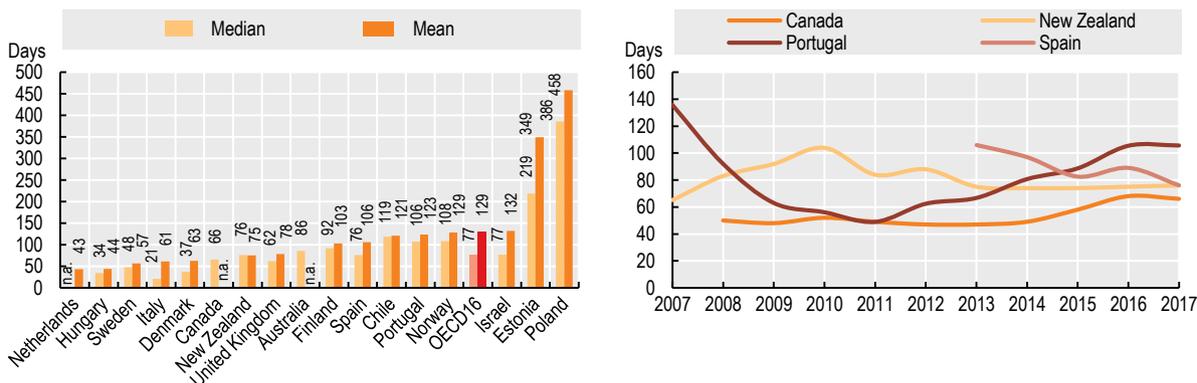
Two different measures of waiting times for elective procedures are commonly used: 1) measuring the waiting times for patients treated in a given period; or 2) measuring waiting times for patients still on the list at a point in time. The data reported here relate to the first measure (data on the second measure are available in the OECD Health Database). Data come from administrative databases rather than surveys.

Waiting times are reported in terms of both the mean and the median. The median is the value that separates a distribution in two equal parts (i.e. half the patients have longer waiting times, the other half have shorter waiting times). Compared with the average (mean), the median minimises the influence of outliers, i.e. patients with very long waiting times. Waiting times are over-estimated in Norway because they start from the data when a doctor refers a patient for specialist assessment up to the treatment, whereas in other countries they start only when a specialist has assessed the patient and decided to add the person on the waiting list up to the treatment.

References

- [2] National Research Council (US); Institute of Medicine (US) (2013), *U.S. Health in International Perspective*, National Academies Press, Washington, D.C., <http://dx.doi.org/10.17226/13497>.
- [1] Siciliani, L., M. Borowitz and V. Moran (eds.) (2013), *Waiting Time Policies in the Health Sector: What Works?*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264179080-en>.

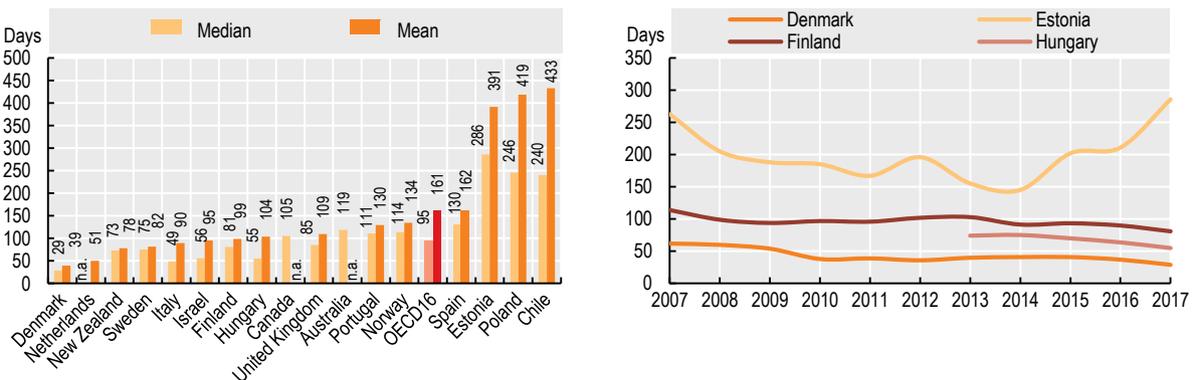
Figure 5.16. Cataract surgery waiting times, averages and selected trends, 2017



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934015904>

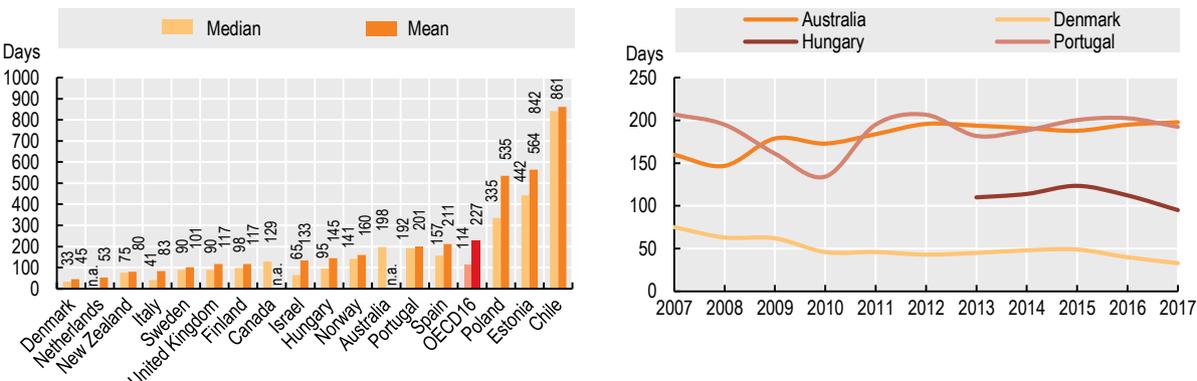
Figure 5.17. Hip replacement waiting times, averages and selected trends, 2017



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934015923>

Figure 5.18. Knee replacement waiting times, averages and selected trends, 2017



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934015942>



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