



NEWS RELEASE

Saskatchewan wait times dramatically reduced due to practical changes like pooling referrals and use of private clinics

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For Immediate Release

VANCOUVER—Saskatchewan has gone from having the longest wait times for medically necessary surgeries to the shortest in Canada based on a set of practical reforms including pooled referrals for treatment, introducing more collaborative decision-making by health care stakeholders, focusing on patients and the use of private for-profit clinics, finds a new study published today by the Fraser Institute, which was written by Professor Janice MacKinnon, former Saskatchewan Finance Minister (1993 – 1997).

In 2010, the Saskatchewan government launched the Saskatchewan Surgical Initiative (SSI) to tackle medical wait times for elective surgery, which included a bold, transparent goal of limiting wait times to three months. The study, [*Learning from the Saskatchewan Surgical Initiative to Improve Wait Times in Canada*](#), cites Government of Saskatchewan statistics from 2014 showing a 75 per cent decline in the number of patients waiting for more than 3 months for medical treatment.

These figures are supported by the Fraser Institute's independent, annual assessment of medical wait times (measures time from a general practitioner referral to treatment), which saw the province's median wait times across 12 medical specialties reduced by almost 50 per cent, from 26.5 weeks in 2010 to 13.6 weeks in 2015.

"By focusing reforms on practical solutions rather than ideological preferences, the Government of Saskatchewan has markedly reduced wait times in a fairly short period of time," concluded MacKinnon.

One of the key reforms was pooling referrals for medical treatment and allowing patients to select physicians on the Internet based in part on the information provided regarding comparative wait times.

"There was also a dramatic change in the culture of decision making: a health care system that had been dominated by providers became focused on patients and the need to provide them with timely care," commented MacKinnon.

Another critical reform was the contracting-out of day surgeries covered by Medicare to private for-profit clinics. No additional fees or charges were permitted, which meant the province and the use of the clinics was within the guidelines of the Canada Health Act.

The use of the private for-profit clinics has also come with reduced costs. On average, the 34 procedures performed in the clinics cost 26 per cent less per procedure than in comparable public hospitals. For example, in 2012, cataract treatment cost the public system \$1,273 at the public Regina Qu'Appelle Regional Health Authority compared to \$618 at the private Surgical Centres Inc.

However, MacKinnon stressed that the government's focus on timely care rather than reducing costs was essential in gaining support for the reforms.

"As provincial and federal leaders across the country struggle with health care budgets and demand for services, which will only increase as our population ages, the Saskatchewan experience shows that success depends on leadership, focusing on patients, collaborative decision-making and valuing results over ideology."

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