



29 E. Madison Street, Suite 602
Chicago, IL 60602
Telephone: 312-782-6006
www.pnhp.org | info@pnhp.org

Won't National Health Insurance Create Waits for Care?

Opponents of a national health insurance program for the United States often charge that such a system will result in long waiting times for care. But such claims are spurious: waiting times in the Canadian national health insurance program are far shorter than reported, and studies have shown universal access to care doesn't cause "overuse" of the system. The United States, which spends twice as much per capita on health care as Canada, could implement a national health insurance system with virtually no waits for health services.

Canadian Wait Times: Phony Data

False claims and spurious data about Canadian waiting times are commonplace in even the most widely-read U.S. media.¹ Nearly all the phony waiting time estimates come from the same source: a Canadian group known as the Fraser Institute. The group's most recent report pegs median waits for specialist care and surgery at 17.7 weeks.

Fraser is in reality a highly ideological advocacy organization, and receives funding from many of the same ultra-conservative foundations that finance opponents of evolution² and denials of global warming. In 2003, Exxon-Mobil disclosed \$60,000 in contributions to Fraser's "climate change" program. In September 2006, the national organization of British scientists formally complained to Exxon about their funding of junk science groups like Fraser.³

Fraser's health policy research is likewise designed to serve the interest of its conservative and corporate funders. Staff members bulk-mail a selected group of specialist physicians and ask them to subjectively determine how long they think patients would wait to see them. They are offered a chance to win a \$2,000 cash prize if they respond. Based on a very low 29 percent response rate (Fraser's estimate for urological waiting times in Saskatchewan is based on the reports of two physicians) Fraser simply publishes the data.

The Truth About Waits for Care in Canada

Scientific studies of Canadian wait times arrive at a very different conclusion than the Fraser Institute. An article by the scholarly Canadian Health Services Research Foundation

In Brief:

1) Data showing long waits in Canada are phony.

Reports showing long waits for care in Canada are published by an unscientific extremist think-tank that has been debunked by real researchers.

2) Waits for care in Canada are actually quite short.

There are no waits for most services, including urgent care and emergencies. For the few elective procedures that do have waits, scientific measurement finds the median wait is 3 to 4 weeks, similar to those elsewhere.

3) National health insurance does not cause waits.

Research shows that national health insurance does not result in "overuse" of the system, and privatization actually makes waiting times worse.

Medicare operates with no waiting times. The U.S. spends twice per capita what Canada does. A national health program for the U.S. would have virtually no waits.

compared Fraser's numbers with two scientific studies that had gathered data on patients' actual experiences. While the Fraser report said wait times had increased, the scholarly studies found the opposite. The article concluded that the Fraser report gave an inferior analysis because:

"Waiting times as reported by the Fraser Institute are based on responses from a sample of physicians giving their opinions. The two [scientific] reports use data from hospitals and physicians on actual patient experience."⁴

More recent figures confirm that when waits exist at all, they are mostly very limited. Canada's official statistics agency scientifically measures wait times each year. Median waiting times in 2005 were:

Elective Surgery:	4.0 weeks
Specialist Treatment:	4.0 weeks
Diagnostic Tests:	3.0 weeks⁵

Many waits are far shorter. The Cardiac Care Network of Ontario reported that median waiting time for elective heart surgery in 2006 was 13 days.⁶ Nationally, waiting times were so low that in a recent study Harvard researchers found that only 3.5 percent of Canadians reported they were a problem.⁷

Rationing in the United States

While the limited rationing in Canada is done fairly, with the same short waits for everyone, the United States' continues to ration care based on patients' ability to pay for it:

- 47 million Americans are uninsured. Most are working Americans who cannot get coverage through an employer and cannot afford individual coverage.
- In a recent survey, only 25 percent of clinics and doctors' offices were willing to see an uninsured patient within seven days of an ER visit.⁸
- More than 1 in 4 (28 percent) of insured Americans report going without needed care due to cost. Of the uninsured, 59 percent forego needed care.⁹
- According to the Institute of Medicine's most conservative data, 18,000 Americans die each year due to a lack of coverage.¹⁰

Does National Health Insurance Cause Rationing?

Opponents of national health insurance often claim that public financing of health care leads to waiting times. The most common argument is that providing unrestricted access to health care encourages "unnecessary use" which results in long waiting times.

University of Manitoba researchers tested this hypothesis by examining medical claims in that province by health and socioeconomic status. They found that overuse was virtually nonexistent: most people still consumed little health care, and the healthiest 70 percent of the population used only 10 percent of the care.¹¹

If public financing were the cause of waiting times, then encouraging greater private sector participation in financing and delivery should lead to shorter waiting times in public systems.

However, research has shown that the exact opposite is true. In Australia, politicians offered rebates for private health insurance and encouraged patients to use private care in an

attempt to reduce public sector waiting times. But the policy significantly worsened waiting times because physicians could make more money seeing wealthy private sector patients, and so devoted less time to public practice. While the rich bought quick, high-quality care, those who couldn't afford it were relegated to a worsening second-tier system with longer waiting times.¹²

These examples illustrate an important point: waiting times are the result of inadequate health system capacity, not the way in which the system is financed. The solution to a need for more doctors, hospitals or technology is more investment in those areas, it makes no difference who writes the checks. Privatizing the system doesn't create more capacity; it simply lets the rich buy their way to the front of the line. Canada has found that simple management techniques can reduce waits without additional investment. In a U.S. single-payer system, care delivery would remain private, giving providers a market incentive to increase income by reducing waits.

In contrast to other nations, the United States - which spends twice what Canada does per capita on health care - currently has an excess of capacity: more specialist physicians than necessary, an overabundance of high-tech facilities, and too many operating rooms.¹³ This infrastructure remains unutilized because it would be unprofitable to provide care to those who need it. A rational system could provide care to all Americans without spending any more than we already are.¹⁴ Because of our already-adequate investment, such a system would have virtually no waits for care.

References

1. See for example: "The Waiting Game," Wall Street Journal Editorial, 08/29/06
2. The Scaife Family Foundations, for example, support the well known anti-evolution group The Discovery Institute.
3. Letter from Bob Ward to Exxon's Nick Tomas, Sept. 4, 2006 Esmail and Walker, "Waiting Your Turn," Fraser Institute 2005
4. CHRSF Newsletter, Vol. 4 No. 1, 1998
5. Statistics Canada: "Access to Health Care Services in Canada in 2005" (www.statcan.ca)
6. Cardiac Care Network of Ontario Survey Statistics Feb-Apr. 2006 (www.ccn.on.ca)
7. Lasser, K. et al, "Access to Care, Health Status and Health Disparities in the U.S. and Canada," American Journal of Public Health, Vol. 96 No. 7, July 2006
8. Journal of the American Medical Association 294:1248, 2005
9. Commonwealth Fund Biennial Health Insurance Survey, 2005 Edition
10. Institute of Medicine, "Insuring America's Health," 01/14/04
11. Roos, et al "Does Comprehensive Insurance Encourage Unnecessary Use?" Can. Med. Assoc. J 170(2) 01/20/04
12. Duckett, S. "Private Care and Public Waiting," Australian Health Review 29(1) Feb. 2005
13. Commonwealth Fund "Quality of Care in the U.S. Chartbook," 2002
14. Woolhandler, et al. "Paying for National Health Insurance - And Not Getting It," Health Affairs 21(4); July / Aug. 2002