Waiting times for elective surgery

Long waiting times for elective (non-emergency) surgery have been a longstanding issue in a number of OECD countries, postponing the expected benefits of treatment, meaning that patients continue living with pain and disability. The COVID-19 pandemic has further heightened the issue, as non-urgent interventions have often been postponed during peak periods of the pandemic.

Waiting times are the result of a complex interaction between the demand and supply of health services. 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, affects surgical activity rates.

The data presented in this section focus on three high-volume surgical procedures: cataract surgery, hip replacement and knee replacement. In 2019, among 15 countries with comparable data, over 60% of patients remained on the waiting list for cataract surgery for more than three months in Costa Rica, Norway, Estonia and Finland (although waiting times in Norway are overestimated compared with other countries for this and the other two surgical procedures – see the "Definition and comparability" box). The proportion of patients waiting for over three months was relatively low (20% or less) in Hungary, Italy and Denmark (Figure 5.33, left panel). For hip replacement, the share of patients remaining on the waiting list for over three months ranged from 10% in Denmark, and around 30% in Sweden and Italy, to over 70% in Chile, Estonia, Costa Rica and Norway (Figure 5.34, left panel). Similar patterns are observed for knee replacements (Figure 5.35, left panel): in Chile, Estonia, Costa Rica, Portugal and Norway, over 80% of patients remained on the waiting list for over three months, whereas the share was much lower in Denmark (14%) and Italy (28%).

Governments in many countries implemented various measures before the COVID-19 outbreak to reduce waiting times, often supported by additional funding, with mixed success. The most common policy remains the introduction of a maximum waiting time, which can be used to mobilise efforts to bring together supply and demand in a variety of ways (OECD, 2020[27]). For all three surgical procedures, between 2014 and 2019, the share of patients waiting for more than three months either did not change substantively or even increased in the majority of these 15 countries. Exceptions include large improvements in Denmark, Poland and Hungary across the three procedures, and in Finland for hip and knee replacement surgery. Since the end of the 2000s, Denmark has used maximum waiting times, together with patient choice of provider. The waiting time guarantee was reduced from two months to one month in 2007, combined with a 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. In Hungary, specific goals were set to reduce waiting times. To achieve this, the government adopted new laws and regulations on the management of waiting lists; developed an online system to monitor the situation in real time; provided additional payments to reduce selected waiting times; and encouraged reallocation of patients to providers with shorter waiting times. In Poland, additional funding has been provided since 2018, and information on waiting times for different procedures has become more accessible to patients through a dedicated website. More Polish people have also been purchasing private health insurance to obtain quicker access to services in private hospitals (OECD, 2020[27]).

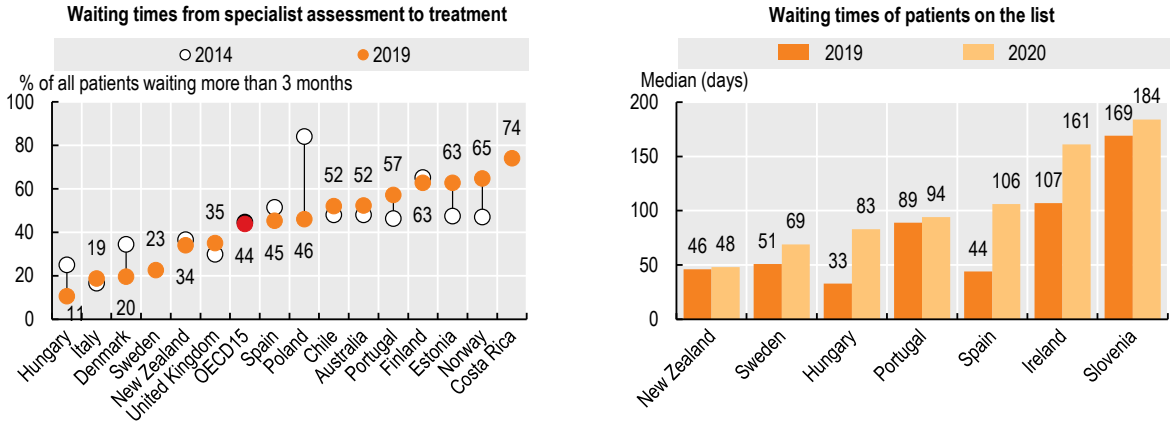
Initial data for 2020 show the adverse impact of the COVID-19 pandemic (Figure 5.33, Figure 5.34 and Figure 5.35, right panels). For all three procedures, waiting times in 2020 increased across all seven countries with available data (New Zealand, Sweden, Hungary, Portugal, Spain, Ireland and Slovenia). In these countries, the median number of days waiting on the list increased by on average 30 days for cataract surgery, 58 days for hip replacement and 88 days for knee replacement, compared to 2019.

Definition and comparability

Two different measures of waiting times for elective procedures are presented in this section: waiting times from specialist assessment to treatment, reporting data on the share of patients waiting more than three months; and waiting times of patients who are still on the list at a given point in time, showing the median number of days. Compared with the mean, the median is lower as it minimises the influence of outliers – patients with very long waiting times. Waiting times are overestimated in Norway because they start from the date a doctor refers a patient for specialist assessment for the treatment, whereas in other countries they start only when a specialist has assessed the patient and decided to add them to the waiting list for the treatment.

Data come from administrative databases. Patients who refuse to receive the procedure on several occasions are generally removed from the list, although not in Estonia.

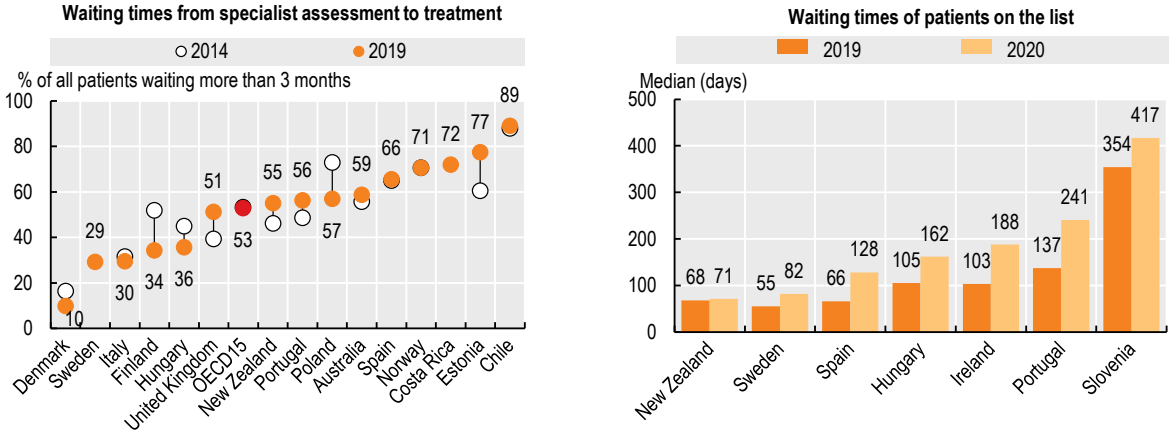
Figure 5.33. **Waiting times for cataract surgery**



Note: Waiting times for Norway are overestimated due to an earlier starting point.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/cniso0

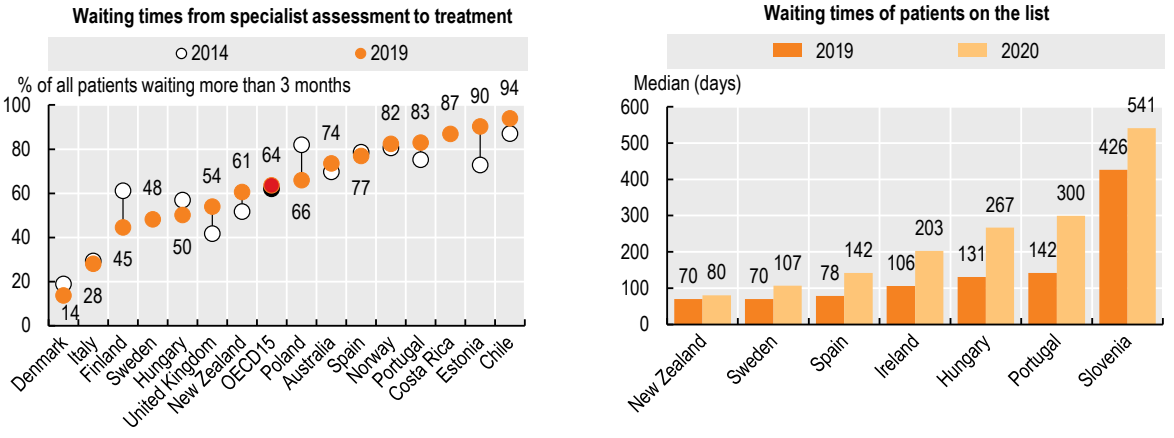
Figure 5.34. **Waiting times for hip replacement**



Note: Waiting times for Norway are overestimated due to an earlier starting point.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/169m3e

Figure 5.35. **Waiting times for knee replacement**



Note: Waiting times for Norway are overestimated due to an earlier starting point.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/6ub1en

References

[22] Choosing Wisely UK (2018), "Clinical Recommendations: Royal College of Physicians", *http://www.choosingwisely.co.uk/*.

[8] Cylus, J., S. Thomson and T. Evetovits (2018), "Catastrophic health spending in Europe: equity and policy implications of different calculation methods", *Bulletin of the World Helath Organization*, Vol. 96/9, *http://dx.doi.org/10.2471/BLT.18.209031*.

[29] General Directorate of Health Services (2019), "Health Statistics Yearbook 2019".

[21] INAMI/RIVIZ (2019), "Medical Practice Variations", *https://www.healthybelgium.be/en/medical-practice-variations*.

[18] Lorenzoni, L. and A. Marino (2017), "Understanding variations in hospital length of stay and cost: Results of a pilot project", *OECD Health Working Papers*, No. 94, OECD Publishing, Paris, *https://dx.doi.org/10.1787/ae3a5ce9-en*.

[20] Lorenzoni, L. et al. (2019), "Health Spending Projections to 2030: New results based on a revised OECD methodology", *OECD Health Working Papers*, No. 110, OECD Publishing, Paris, *https://dx.doi.org/10.1787/5667f23d-en*.

[11] Maier, C., L. Aiken and R. Busse (2017), "Nurses in advanced roles in primary care: policy levers for implementation", *OECD Health Working Papers*, Vol. 98, *http://dx.doi.org/10.1787/a8756593-en*.

[24] McPherson, K., G. Gon and M. Scott (2013), "International Variations in a Selected Number of Surgical Procedures", *OECD Health Working Papers*, No. 61, OECD Publishing, Paris, *https://dx.doi.org/10.1787/5k49h4p5g9mw-en*.

[16] NICE (2018), "Bed Occupancy", *https://www.nice.org.uk/guidance/ng94/evidence/39.bed-occupancy-pdf-172397464704*.

[13] Oderkirk, J. (2021), "Survey results: National health data infrastructure and governance", *OECD Health Working Papers*, No. 127, OECD Publishing, Paris, *https://dx.doi.org/10.1787/55d24b5d-en*.

[6] OECD (2021), "Adaptive Health Financing: Budgetary and Health System Responses to Combat COVID-19", *OECD Journal on Budgeting*, *https://dx.doi.org/10.1787/69b897fb-en*.

[5] OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/a92adee4-en*.

[27] OECD (2020), *Waiting Times for Health Services: Next in Line*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/242e3c8c-en*.

[4] OECD (2019), *Health for Everyone?: Social Inequalities in Health and Health Systems*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/3c8385d0-en*.

[12] OECD (2019), *Health in the 21st Century: Putting Data to Work for Stronger Health Systems*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/e3b23f8e-en*.

[19] OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264266414-en*.

[1] OECD (2016), *OECD Reviews of Health Systems: Mexico 2016*, OECD Reviews of Health Systems, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264230491-en*.

[25] OECD (2014), *Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264216594-en*.

[3] OECD/European Observatory of Health Systems and Policies (2019), *Ireland: Country Health Profile 2019*, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels, *https://doi.org/10.1787/2393fd0a-en*.

[14] OECD/European Union (2020), *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris, *https://dx.doi.org/10.1787/82129230-en*.

[7] OECD/Eurostat/WHO (2017), *A System of Health Accounts 2011: Revised edition*, OECD Publishing, Paris, *https://doi.org/10.1787/9789264270985-en*.

[10] Oliveira Hashiguchi, T. (2020), "Bringing health care to the patient: An overview of the use of telemedicine in OECD countries", *OECD Health Working Papers*, No. 116, OECD Publishing, Paris, *https://dx.doi.org/10.1787/8e56ede7-en*.

[28] Ono, T., M. Schoenstein and J. Buchan (2014), "Geographic Imbalances in Doctor Supply and Policy Responses", *OECD Health Working Papers*, No. 69, OECD Publishing, Paris, *https://dx.doi.org/10.1787/5jz5sq5ls1wl-en*.

[15] Phua, J., M. Hashmi and R. Haniffa (2020), "ICU beds: less is more? Not sure", *Intensive Care Medicine*, Vol. 46/8, pp. 1600-1602, *http://dx.doi.org/10.1007/s00134-020-06162-8*.

[17] Sze, S. and P. al (2021), "The need for improved discharge criteria for hospitalised patients with COVID-19--implications for patients in long-term care facilities.", *Age and Ageing*, Vol. 50/1, *https://doi.org/10.1093/ageing/afaa206*.

[2] United States Census Bureau (2018), *Health Insurance Coverage in the United States*.

[26] Wallace, I. et al. (2017), "Knee osteoarthritis has doubled in prevalence since the mid-20th century", *Proceedings of the National Academy of Sciences*, Vol. 114/35, pp. 9332-9336, *http://dx.doi.org/10.1073/pnas.1703856114*.

[23] WHO (2014), *Chronic Rheumatic Conditions, Fact Sheet*, World Health Organization, *http://www.who.int/chp/topics/rheumatic/en/*.

[9] WHO Regional Office for Europe (2019), *Can people afford to pay for health care? New evidence on financial protection in Europe*, WHO Regional Office for Europe, Copenhagen, *https://apps.who.int/iris/handle/10665/332516*.