

**Submission Id:** 5074

**Title**

*Challenges and impacts of specialist care wait times identified by family physicians: Results from a cross-sectional survey*

**Priority 1 (Research Category)**

Survey research or cross-sectional study

**Presenters**

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**Abstract**

Context: Canadians experience longer wait times for specialist referrals compared to other countries, which is a top barrier to health care in Canada and has a negative impact on patient health and quality of life. However, little is known about the impacts on primary care practice.

Objective: To understand primary care provider (PCP) experiences of long wait times for specialist referrals, and the impacts on PCPs.

Study design and analysis: A cross-sectional, linked survey was conducted. Descriptive statistics were computed for demographics, and response frequencies were calculated. Open text fields in the survey were thematically analyzed.

Setting: Surveys were conducted as part of a larger study in Nova Scotia, Canada between 2015 and 2019. Follow-up surveys about specialist wait times were distributed between May and September of 2018.

Population studied: PCP (i.e., family physician and nurse practitioner) respondents from the larger survey who agreed to participate in this follow-up survey.

Instrument: Cross-sectional survey tool.

Outcome measures: How specialist wait times affected primary care practice.

Results: Of the 566 PCPs invited to take part in the initial survey, 98 (17.3%) agreed to participate in the follow-up survey, and 87 (88.78%) responded to the open-text question. Respondents' ages ranged from 32 to 72 years, with representation across gender, provider type, practice type, and rurality. Of the 87 respondents, there were 156 responses to the open text question. We identified nine themes: 1) pervasiveness of problematic specialist wait times; 2) managing beyond scope while waiting for specialist care; 3) consequences for patients due to specialist wait times; 4) managing patient expectations while waiting for specialist care; 5) scheduling repeat visits to meet needs of patients; 6)

“lost time” to manage patients waiting for specialist access; 7) additional work strategizing ways to access specialist care for patients; 8) provider experience of burnout, frustration and stress due to delayed specialist care; and 9) recommendations for accessing specialist care.

Conclusion: Long wait times for specialist care in Nova Scotia have negative impacts on both patients and PCPs. Although PCPs took numerous steps to manage their patients in the interim, system-level changes are needed to reduce problematic wait times. These changes could support the health system across the Quintuple Aim.