RER Policy Brief

Rural Evidence Review

May 2018

Urban to Rural Travel For Surgical Care

The movement of urban patients to rural sites for elective surgical care is a proposed policy solution to support provincial surgical priorities (i.e., shorter waiting times and improved access to care) and rural health service objectives (i.e., sustainable care, closer to home) in British Columbia.

There is a paucity of primary research evaluating urban to rural travel for procedural care. Related literature indicates that patients are willing to accept re-referral or to travel for care to shorten their waiting times. Perceived safety, length of waiting times, and perceived fairness in waiting are potential important determinants of patients' willingness to travel. Clear and definitive communication regarding the length and fairness of waiting times may reduce patient anxiety and improve their satisfaction with care. Transparent and accessible data regarding clinical outcomes, patient reported care quality and waiting times (using specific dates) are required for patients to make informed decisions about their elective surgeries. In addition, urban to rural surgical migration requires system-level interventions, including for example, multi-site care networks, digital technologies, inter-site support through provider networks, and support for patient transport.

Primary research is needed to evaluate the acceptability of urban to rural travel for elective surgical care in British Columbia. However, there are lessons to be gleaned from the related literature and British Columbia should consider encouraging urban to rural travel as a way to shorten waiting times for procedural care.

Background

The Rural Surgical and Obstetrical Networks (RSON) program - an initiative of the British Columbia Ministry of Health and Doctors of BC, funded through the Joint Standing Committee on Rural Issues - aims to support and enhance both rural surgical programs and obstetrical service delivery in British Columbia. The program specifies four 'pillars' to support networked care, including clinical coaching, increased scope and volume, continuous quality improvement and virtual presence technology, with delivery of rural surgical and obstetrical services and documentation and reporting of outcomes guided by a cohesive and synergistic framework.

RSON offers a means to bridge provincial surgical priorities (i.e. to shorten wait-times and improve access to care) and rural health service objectives (i.e. sustainable care, closer to home). Networks of surgical care between small rural sites and regional referral centres support surgical care by Family Physicians with Enhanced Surgical Skills in rural operating rooms, as well as outreach surgery performed by specialists from larger centres, both of which have the potential to positively impact surgical wait-times. This approach has been successfully implemented in Australia and in areas of the United States (1,2,3).

Purpose

This policy brief explores existing research on urban patients' willingness to travel to rural locations for elective surgical care.

Approach

A realist approach to the evidence was used, which considers the mechanisms of desired system outcomes within their rich contexts to identify what works, for whom, in what circumstances, in what respects and how (4). Urban patients have not previously been asked about traveling to lower-volume settings in the same medical authority to have elective surgery. The concept is, fundamentally, a proposed policy solution. This brief existing, related research regarding the necessary context and mechanisms for this solution. Primary research is still needed.

Literature were reviewed according to four thematic areas, including:

(1) Will urban patients travel to rural hospitals for elective surgical care?

o International evidence indicates patient willingness to travel to a more distant hospital for elective surgical care to shorten their waiting time.

o A patient's decision to travel for care requires consideration of distance (or travel time) to care, waiting time and perceived quality of care.

o Clear communication of health system information may reduce patient anxiety regarding waiting time and traveling for care, and increase the likelihood with which patients accept re-referral.

International research indicates patient willingness to accept re-referral or to choose a more distant hospital to reduce their surgical wait-times.

• In the Netherlands, 60% of orthopedic surgical patients with a waiting time greater than six months accepted re-referral in exchange for shorter waiting times (5).

• Research indicates that shorter waiting times is a contributing factor to local hospital bypass in the Netherlands (6), Isle of Wight (7), Australia (8) and the United States (9).

In addition, evidence indicates that distance to care, familiarity with the other city or hospital,

and perceived quality of care are contributing factors in patients' decisions to accept or not re-referral (5).

Moreover, clear communication using specific dates may increase the likelihood that patients accept re-referral and reduce patient anxiety regarding waiting time and traveling for care.

• Considerable research links poor and unclear communication regarding waiting times with anxiety (10,11,12,13).

• Clear communication using specific dates, including language such as "not before date", can reduce anxiety in both waiting and deciding on traveling for care (12).

• Research suggests that when waiting times are communicated using specific dates, patients are more likely to accept re-referral than if wait-times are communicated using estimated intervals (e.g., 4-6 months without re-referral, 2-3 months with re-referral) (5).

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(2) Under what circumstances or conditions?

o Assurances of safety are critical to the movement of urban patients to rural hospitals for elective surgical care.

o Clear and understandable data on clinical outcomes, patient experiences, location and waiting times are necessary for patients to make informed decisions about their elective surgeries.

o Research indicates that existing biases are important to patients in decision making,but can be resolved with access to clear clinical data (19).

Perceived safety is a key consideration of whether patients will or should travel for elective care.

• Research indicates that rural maternity patients choose safety over locality as the key factor of care (15).

• Evidence suggests that the reputation of a surgeon and their hospital are critical factors in a patient's choice of surgeon, although the reputation of both were often determined through anecdotal sources and pre-existing biases (16).

However, a broad pattern emerges from the literature which suggests that safety becomes more important when making decisions on behalf of others, while patients prioritize different features of care for themselves and are more tolerant of hypothetical risk to their own health.

• Personal care preference factors include respect, trust, potential for shared decision making and multidisciplinary care (17).

• Evidence indicates that as many as one-fifth of American patients are willing to

accept an operative mortality rate six-times higher for themselves to have local operative care rather than travel for a whipple procedure (18).

(3) What are the enablers of patient satisfaction with this process?

o Patients experience and express their satisfaction with waiting times based on factors other than length of waiting time.

o Waiting times should be communicated using specific dates to allow patients to compare waiting times across institutions.

o Canadians place strong cultural importance on fairness in healthcare and are therefore, more willing to wait when the reasons for their waiting times (or changes to their waiting times) are communicated clearly.

Length of waiting time has become a key indicator of patient satisfaction with care and an easily quantified indicator of system efficiency. However, recent Canadian and international research has shown that patient satisfaction with longer waiting times can be achieved through more effective communication regarding the length of wait expected and the fairness of that wait, and through acknowledgement of the emotional and physical hardships of waiting.

Areas of potential impact on patient satisfaction with waiting times, regardless of changes to the lengths of waiting times, include definitive communication of waiting times (10,11,12), robust communication regarding changes to waiting times due to the emergency use of resources (11), and a sense of control by patients through active choice (14,21). In addition, improved access to provincial data and consolidation of the referral system into a more transparent patient choice framework may also improve the perceived fairness in waiting.

Where patients can see waiting times in other facilities and communities together with other usage and quality data, their perception of fairness within their own community may improve.

There is growing evidence to suggest that additional factors, beyond those most commonly reported (i.e., survival and quality of life indicators), may influence patient satisfaction with their experience of surgery, including patients' interpersonal experiences of feeling listened to, cared for and supported (20,16).

(4) What system-level features are required for urban patients to travel to rural centres for care?

o *Provider networks ensure high-quality care across sites.*

o Urban specialists traveling to rural hospitals for operating time may schedule urban patients in rural hospitals, allowing for continuity of care among urban patients and more efficient use of rural hospital facilities.

o Support for patient transport is necessary for patients traveling for care.

Although patient choice and their satisfaction with care are critical components of a high functioning patient-oriented healthcare system, several system-level changes are required to support the movement of urban patients to rural sites for elective surgical care.

Despite there being a dearth of research examining urban migration to rural sites, there is data on multi-site care networks, which connect urban specialists with rural patients and facilities, in order to make more efficient use of rural hospital facilities and to improve care across the patient journey (22).

Urban specialists traveling to rural hospitals for operating time may also schedule urban patients in rural hospitals, allowing for continuity of care among urban patients. Support for patient transport will be necessary for those patients traveling for care.

Another initiative with the potential to improve care outcomes and to reduce waiting times involves leveraging digital technology to both efficiently communicate with patients and to connect otherwise siloed hospitals across the province.

In addition, surgical networks of specialist and general surgeons offer inter-site support for rural surgical teams, which is necessary to ensure best practice and continuity of care (23).

Summary

Although direct evidence on the acceptability of urban patient travel to rural settings to reduce surgical wait times does not exist, contiguous literature suggests:

• Patients on elective surgical waitlists are willing to travel for care to shorten waiting times;

• Patients require transparent and accessible data regarding clinical outcomes, patient reported care quality and waiting times (using specific dates) to make informed decisions that balance distance to care, waiting times and risk.

• System-level interventions that may facilitate urban-to-rural surgical migration include multi-site care networks, digital technologies, inter-site support through provider networks, and support for patient transport.

Recommendations

- *British Columbia should consider shortening waiting times for common procedures by encouraging urban to rural travel.*

- *Primary research is necessary to evaluate the acceptability of urban patient travel to rural settings for procedural care in British Columbia.*

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