Referral processes and wait times in primary care

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Abstract

Objective To evaluate the response times to requests for consultations from FPs and the wait times for patient appointments.

Design Mailed invitation to participate in a survey about non-FP specialist consultation requests from April 28 to May 9, 2014.

Setting Hamilton, Ont.

Participants All active physicians with community practices from the Department of Family Medicine at St Joseph's Healthcare Hamilton and Hamilton Health Sciences.

Main outcome measures All non-FP specialist consultation requests for a 2-week period.

Results Thirty-four practices (9.6% response rate) collected data on 816 consultation requests. Requests for referrals were most commonly made to the following 5 specialties: dermatology, surgery, gastroenterology, orthopedics, and obstetrics and gynecology. Overall, 36.4% of the requests for consultation received no response from the non-FP specialist's office by the end of the follow-up period. The mean wait time for a patient appointment was 60.1 days (range 23.3 to 168.5 days). Five specialties had particularly lengthy wait times of 105.9 to 168.5 days.

Conclusion Allowing 5 to 7 weeks for a response from a non-FP specialist, there was still a 36.4% nonresponse rate (similar to a pilot survey administered in 2010). Patient and physician frustration is certainly heightened and more office time and energy is expended when no acknowledgment of a referral is received within 7 weeks. This gives our community wait times much longer than those reported by any of the national bodies.

EDITOR'S KEY POINTS

- Waiting for an appointment is frustrating to both patients and physicians. The wait time for a non-FP specialist consultation is a stage of the wait-time continuum that has not been well addressed and is not included in the currently publicized wait-time benchmarks.
- The response time from a non-FP specialist's office to a referral request from an FP has room for improvement, with 36.4% of requests in this study receiving no response within a 5- to 7-week period.
- Better strategies, system changes, and different methods and models for the consultation-referral process need to be explored and instituted in a collaborative manner to ensure timely care for patients.

This article has been peer reviewed.
Can Fam Physician 2017;63:619-24

Demandes de consultation et temps d'attente en soins primaires

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Résumé

Objectif Évaluer les délais de réponse à une demande de consultation par des médecins de famille et les temps d'attente avant que le patient obtienne un rendez-vous.

Conception Une invitation par la poste à participer à un sondage sur les demandes de consultation entre le 28 avril et le 9 mai 2014 auprès de spécialistes autres qu'en médecine familiale.

Contexte Hamilton, en Ontario.

Participants Tous les médecins actifs dans des cliniques communautaires du Département de médecine familiale de St Joseph's Healthcare Hamilton et de Hamilton Health Sciences.

Principaux paramètres à l'étude Toutes les demandes de consultation auprès de spécialistes autres qu'en médecine familiale pendant une période de 2 semaines.

Résultats Trente-quatre cliniques (taux de réponse de 9,6%) ont recueilli des données sur 816 demandes de consultation. Ces demandes de consultation visaient le plus souvent les 5 spécialités suivantes : dermatologie, chirurgie, gastroentérologie, chirurgie orthopédique, et obstétrique et gynécologie. Dans l'ensemble, 36,4% des demandes de consultation demeuraient sans réponse du cabinet du médecin d'une autre spécialité que la médecine familiale à la fin de la période de suivi. Le délai d'attente moyen pour qu'un patient obtienne un rendez-vous était de 60,1 jours (variant entre 23,3 et 168,5 jours). Dans 5 spécialités, les délais d'attente étaient particulièrement longs, se situant entre 105,9 et 168,5 jours.

Conclusion Même en allouant un délai de 5 à 7 semaines pour obtenir une réponse d'un spécialiste autre qu'en médecine familiale, 36,4% des demandes demeuraient toujours sans réponse (des résultats semblables à ceux d'un sondage pilote effectué en 2010). La frustration des patients et des médecins est certainement exacerbée, et le cabinet doit déployer beaucoup de temps et d'énergie lorsqu'aucun accusé de réception de la demande n'est reçu après 7 semaines. Cette situation rallonge de bien plus les temps d'attente de notre communauté par rapport à ce qui est signalé par l'un ou l'autre des organismes nationaux.

POINTS DE REPÈRE DU RÉDACTEUR

- Il est frustrant, tant pour les patients que pour les médecins, d'attendre pour obtenir un rendez-vous. Les délais pour obtenir une consultation avec un médecin d'une autre spécialité que la médecine familiale représentent une étape, dans le continuum de l'attente, qui n'a pas été réglée adéquatement et n'est pas incluse dans les paramètres d'attente actuellement rendus publics.

- Le temps de réponse à la demande de consultation d'un médecin de famille auprès d'un autre spécialiste mérite d'être amélioré, considérant que 36,4 % de demandes demeurent sans réponse après 5 à 7 semaines, comme le rapporte cette étude.

- Il faut explorer et mettre en œuvre en collaboration de meilleures stratégies, des changements systémiques, et divers modèles et méthodes pour les demandes de consultation afin d'assurer des soins en temps opportun aux patients.

Cet article a fait l'objet d'une révision par des pairs.
Can Fam Physician 2017;63:619-24

Research on the wait-time continuum in primary care has identified 4 components: the patient's access to an FP; the patient's initial wait to see the FP and for the subsequent investigations for the concern; the wait time to a non-FP specialist appointment; and the wait time to a non-FP specialist elective procedure or other investigation. The final report of the College of Family Physicians of Canada (CFPC) and Canadian Medical Association (CMA) partnership on primary care wait times states that the wait time to a non-FP specialist consultation is a stage of the wait-time continuum that has not been well addressed and is not included in the currently publicized wait-time benchmarks.[1] Current benchmarks measure and reflect only the wait starting from a non-FP specialist's decision to treat a patient to the time the patient receives treatment.[2]

Currently there is no mechanism for measuring the second phase of wait times: the time from the FP's decision to refer, to obtaining a specialist referral, and to the other specialist consultation taking place.

A group of FPs (Committee on Utilization, Review, and Education [CURE]) in the Department of Family Medicine at St Joseph's Healthcare Hamilton in Ontario noted increasing frustration among their colleagues and complaints from their patients owing to the difficulty of getting a timely non-FP specialist consultation. They identified another wait-time parameter rarely noted elsewhere: the time for a non-FP specialist's office to respond to a consultation request. In 2010 CURE members invited their colleagues from the Department of Family Medicine to participate in a study to determine the time for a non-FP specialist to respond to a referral request. Family practices were asked to log every referral during a 2-week period, include the referring physician's determination of the urgency of the referral, and then record when the non-FP specialist office responded to the request. During the 2-week period, 39 practices made 855 eligible referrals for non-FP specialist consultation. Of all referral requests, 21% went unanswered, even when allowing 7 weeks for a response. Identifying the request as urgent made no difference to the response rate from the non-FP specialists. At the end of this study, CURE developed a referral template[3] to increase the efficiency of making a referral request.

The participation rate in 2010 was relatively low, so the 21% nonresponse rate has uncertainty associated with it. Therefore, CURE repeated the 2010 study, inviting a larger sample of physicians to determine whether the length of time required for a non-FP specialist office to respond to a request for a referral had improved in the intervening 4 years.

METHODS

All active physicians from the Department of Family Medicine at St Joseph's Healthcare Hamilton and Hamilton Health Sciences with community practices were invited to participate. For a 2-week period from April 28 to May 9, 2014, each office was asked to log all the referrals made to non-FP specialists. The log sheet used to record the data for each referral is available at **CFPlus**.* All log sheets were faxed back to the research office after June 7, 2014.

Sample size was computed using the results of the previous study, in which 21% of the referrals did not receive a response from the non-FP specialist's office within 5 weeks. Using the total population of 355 for the number of FPs in Hamilton, 95% CIs, and a 5% margin of error, the minimum required sample size was 148.

Categorical variables were summarized using proportions; continuous variables were reported using means and 95% CIs. Analyses using χ^2 statistics and 1-way ANOVA (analysis of variance) were done using SPSS, version 22.

This study received ethics approval from the Hamilton Integrated Research Ethics Board.

RESULTS

Referrals

Thirty-four physician offices (a participation rate of 9.6%) returned completed log sheets. There were 961 referrals recorded and 816 fell within the 2-week study period. Referrals for diagnostic and specific tests (ie, radiology, cardiology, and gastroenterology) were excluded because no consultation is required for these tests to occur. Removing these types of referrals left 770 referrals to 27 different specialties. A total of 1.8% of these referrals included a doctor-to-doctor telephone call resulting in 1 referral being sent directly to the nearest emergency department. There were 17 (2.2%) referrals that did not have recorded dates for when the non-FP specialist office replied to the request or when the patient appointment would occur. Twelve referrals (1.6%) were made to offices that required the patient to contact the consulting office directly to request an appointment or for which the non-FP specialist office would contact the patient directly without contacting the referring FP. These records were included in the overall response rates but were excluded when determining response rates within a certain time frame (2 weeks) or mean time for the patient appointment calculations.

As shown in **Table 1**, the requests for referrals were most frequently made to the following 5 specialties: dermatology, surgery, gastroenterology, orthopedics, and obstetrics and gynecology.

*The **referral log sheet** is available at **www.cfp.ca**. Go to the full text of the article online and click on the **CFPlus** tab.

Table 1. Requests for referrals

SPECIALTY	TOTAL REFERRALS, N (%)	REFERRALS WITH NO RESPONSE, N (%)
Overall	770 (100.0)	280 (36.4)
All surgeons	95 (12.3)	36 (37.9)
Allergy	54 (7.0)	13 (24.1)
Audiology	10 (1.3)	1 (10.0)
Bariatric	9 (1.2)	4 (44.4)
Cardiology	39 (5.1)	11 (28.2)
Dermatology	117 (15.2)	14 (12.0)
Endocrinology	7 (0.9)	3 (42.9)
ENT	55 (7.1)	25 (45.5)
Gastroenterology	73 (9.5)	32 (43.8)
Geriatrics	1 (0.1)	1 (100.0)
Hematology	7 (0.9)	3 (42.9)
Infectious diseases	2 (0.3)	0 (0.0)
Internal medicine	6 (0.8)	3 (50.0)
Nephrology	5 (0.6)	3 (60.0)
Neurology	25 (3.2)	9 (36.0)
OB-GYN	57 (7.4)	24 (42.1)
Ophthalmology	9 (1.2)	5 (55.6)
Orthopedics	58 (7.5)	25 (43.1)
Pain management	6 (0.8)	5 (83.3)
Palliative care	1 (0.1)	1 (100.0)
Pediatrics	24 (3.1)	14 (58.3)
Physical medicine	21 (2.7)	12 (57.1)
Psychiatry	7 (0.9)	5 (71.4)
Respiratory	21 (2.7)	13 (61.9)
Rheumatology	21 (2.7)	3 (14.3)
Sleep clinic	8 (1.0)	4 (50.0)
Urology	32 (4.2)	11 (34.4)

ENT—ear, nose, and throat; OB-GYN—obstetrics and gynecology.

Response from non-FP specialists

Out of all referrals, 36.4% (varying from 0.0% to 100.0% depending on specialty, n = 280) received no response from the non-FP specialist's office before the June 9 deadline. Of those who did respond, 82.8% (0.0% to 100.0% depending on specialty) did so within 2 weeks. The best responders (having a nonresponse rate ≤ 10%) were audiology specialists and infectious diseases specialists (**Table 1**). Worst responders (having a nonresponse rate ≥ 60%) were geriatric specialists, pain clinics, psychiatrists, respirologists, nephrologists, and palliative care specialists. Mean time to respond to a referral request was 7.8 days but varied by specialty from 1.0 to 41.0 days, with some very wide 95% CIs.

Patient appointments

Of the 770 referrals, appointments were made for 464 (60.3%) patients. The reasons for patients not receiving an appointment date are listed in **Table 2**.

Table 2. Outcome of referral

OUTCOME	VALUE, N (%)
Positive	
• Patient received appointment	464 (60.3)
• Patient went to ED	1 (0.1)
• Total	465 (60.4)
Negative	
• No response to request	280 (36.4)
• Referral declined	13 (1.7)
• Patient to contact office, or office to contact patient	12 (1.6)
• Total	305 (39.6)

ED—emergency department.

The mean wait time for the patient appointment was 60.1 days (95% CI 54.7 to 65.5; range 23.3 to 168.5 days) (**Table 3**). Looking at the mean wait times for a patient appointment, only 2 specialties (7.4%) had wait times within 1 month (≤ 30 days) of the referral request. This number increases to 14 specialties when wait times of 2 months (≤ 60 days) are included. There were 5 specialties (18.5%) that had mean wait times for a patient appointment greater than 3 months (ranging from 105.9 to 168.5 days).

DISCUSSION

The 36.4% nonresponse rate to a referral request is an increase compared with our 2010 study, but this result is still associated with uncertainty because of the low participation rate. The CMA drafted a policy statement regarding challenges accessing non-FP specialist care that was based on a survey of FPs and other specialists.[4] The 2011 survey was unpublished but the CMA reported highlights of the results, and the FPs reported a referral nonresponse rate of 34%. Their study also had a low participation rate. The specialties in our study that were the worst responders (≥ 60% nonresponse rate) were pain clinics, nephrologists, geriatricians, psychiatrists, respirologists, and palliative care specialists. Patient and physician frustration is certainly heightened and more office time and energy is expended when no acknowledgment of a referral is received within 7 weeks. This gives our community wait times much longer than those reported for Ontario by the Fraser Institute.[2]

The 4 specialties most frequently receiving requests for referrals (ie, dermatology, surgery, orthopedics, and gastroenterology) have some overlap with those reported in the results of the unpublished CMA survey (ie, orthopedics, gastroenterology, general surgery, cardiology, and dermatology).

We reported mean wait times for patient appointments for gastroenterology and orthopedic consultations of

Table 3. Time asking question to response and appointment

SPECIALTY	RESPONSES WITHIN 2 WEEKS, N (%)	MEAN (95% CI) DAYS TO RESPOND	MEAN (95% CI) DAYS TO PATIENT APPOINTMENT
Overall	375 (82.8)	7.8 (6.9 to 8.6)	60.1 (54.7 to 65.5)
All surgeons	51 (100.0)	6.8 (4.4 to 9.2)	63.3 (45.8 to 80.8)
Allergy	40 (100.0)	4.2 (3.1 to 5.2)	105.9 (80.7 to 131.0)
Audiology	9 (100.0)	3.6 (1.6 to 5.6)	48.3 (21.8 to 74.9)
Bariatric	4 (100.0)	10.0 (-26.6 to 46.6)	23.3 (-24.0 to 70.6)
Cardiology	22 (84.6)	6.5 (4.5 to 8.6)	38.8 (28.2 to 49.4)
Dermatology	94 (95.9)	4.9 (3.8 to 6.0)	41.0 (31.8 to 50.1)
Endocrinology	4 (100.0)	4.5 (-2.7 to 11.7)	61.3 (4.4 to 118.1)
ENT	21 (70.0)	11.3 (6.6 to 16.0)	81.4 (59.2 to 103.5)
Gastroenterology	30 (75.0)	41.0 (0.0 to 148.0)	54.5 (41.3 to 67.6)
Geriatrics	0 (0.0)	No data	No data
Hematology	4 (100.0)	21.3 (5.4 to 37.1)	106.0 (-19.5 to 231.5)
Infectious diseases	2 (100.0)	5.0	168.5 (-1654.8 to 1991.8)
Internal medicine	1 (33.3)	No data	42.0
Nephrology	0 (0.0)	28.0	167.0
Neurology	6 (42.9)	15.4 (8.9 to 21.8)	110.0 (59.0 to 161.0)
OB-GYN	16 (57.2)	14.8 (10.1 to 19.5)	69.1 (47.3 to 90.9)
Ophthalmology	4 (100.0)	2.8 (-1.0 to 6.5)	32.0 (14.7 to 49.3)
Orthopedics	25 (75.8)	7.5 (4.6 to 10.5)	37.7 (27.4 to 48.0)
Pain management	0 (0.0)	No data	No data
Palliative care	0 (0.0)	No data	No data
Pediatrics	7 (77.8)	6.4 (-0.04 to 12.9)	43.4 (7.3 to 79.6)
Physical medicine	5 (71.4)	6.5 (0.6 to 12.4)	29.3 (14.3 to 44.4)
Psychiatry	2 (100.0)	1.0	42.0
Respiratory	6 (100.0)	4.2 (-1.6 to 10.0)	38.6 (-6.6 to 83.5)
Rheumatology	12 (70.6)	10.2 (6.5 to 13.9)	57.9 (35.9 to 79.8)
Sleep clinic	0 (0.0)	32.5 (0.7 to 64.3)	48.5 (16.7 to 80.3)
Urology	18 (90.0)	5.5 (1.9 to 9.1)	64.0 (40.0 to 88.4)

ENT—ear, nose, and throat; OB-GYN—obstetrics and gynecology.

54.5 days and 37.7 days, respectively. These times are shorter than the wait times reported in the 2009 CFPC-CMA report (75 days and 82 days, respectively).[1] The Fraser Institute[2] reports median patient wait times for 3 specialties that we also collected data for: gynecology, general surgery, and urology. Our reported mean patient wait times for appointments with these 3 specialties are all longer than those reported by the Fraser Institute: 69.1, 63.3, and 64.0 days for gynecology, surgery, and urology, respectively, compared with 88, 65, and 42 days. The 2010 Fraser Institute report[2] also mentions a small study[5] in which some specialists tracked the time from family doctor referral to their specialized treatment or procedure for their 5 most recently referred patients. The reported proportions of patients waiting longer than 18 weeks ranged from 43% to 91%. Another study reported median wait times to see medical specialists ranging from 39 to 76 days and surgical specialists ranging from 33 to 66 days.[6] This study also noted that patient age and illness urgency were not consistently related to wait times.

Long wait times also have adverse consequences for patients. For example, Kulkarni et al reported that the wait time for a cystectomy in Ontario was a statistically significant predictor of overall survival.[7] The adjusted hazard ratio of 1.001 (95% CI 1.000 to 1.002) represents an increased hazard of death for each day a patient waits for cystectomy. The Wait Time Alliance similarly points out the human costs of waiting often include deterioration of health, lost work time, and additional health care system spending on drugs, as well as possible complications ensuing from the wait or treatment no longer being an option.[8]

The Wait Time Alliance stated in its 2013 report[9] that the best way to make sustained reductions in wait times is to implement structural changes in how wait times are mitigated, measured, monitored, and managed. The CMA policy paper[4] and the accompanying toolbox[10] highlight strategies to improve the consultation process. In our community, as in others, some of these and other innovative strategies are being put into place: telemedicine, e-mail consultations, rapid-access internal

medicine clinics, central booking systems for the first available consultant, and preassessment at joint clinics, where an initial review is done and treatments such as physiotherapy are quickly accessed before an actual surgical consultation, which might then not be necessary. Another important structural change in Ontario is the development of health links and family health teams, in which team care, coordinated care, and patient navigators use other specialists in different manners. For example, patient navigators for those with lung lesions have structured care paths and criteria that give direct access to chest surgeons, bypassing the FP referral. Family health teams might have psychiatrists attached to the team for direct consultation or management advice. However, wait times for pain clinics and psychiatry remain problematic and lengthy.

Many factors contribute to prolonged wait times for access to care including a shortage of non-FP specialists, limitations on a family doctor's ability to order certain tests, a shortage of hospital resources, and higher demands on the health care system, possibly owing to a population surviving with complex and multiple chronic diseases, differing family doctor competencies, and consultant expectations. The CFPC-CMA report[1] and the more recent CMA policy paper[4] explore some of these complex issues in primary care wait times in all 4 areas of the wait continuum. When they focus on the referral component, they suggest that improved communication between primary care and other specialist providers is essential and also describe some innovative strategies used in some provinces and in other countries that are establishing guaranteed time frames from family doctor referral to consulting another specialist.

Limitations

One of the limitations of our surveys was the low participation rates, which contributed to the low number of referrals to some of the specialties. This might overestimate the mean wait time for a patient appointment for these specialties, shown by the large CIs. We chose the end of April to the beginning of May to avoid holidays, which might have led to poor response in the earlier study, which collected data in June. Also, all practices invited to participate in our study are part of the larger McMaster University research community; therefore, they might be dealing with survey overload as primary care reform continues.

Conclusion

The response time from a non-FP specialist's office to a referral request from an FP has room for improvement, with 36.4% of requests in our study receiving no response within a 5- to 7-week period. The finding that there appeared to be no improvement during the 4 intervening years between our surveys was distressing. Published wait times and benchmarks are misleading because they do not take into account all the components of the wait-time continuum, particularly the second phase between family doctor referral and other specialist consultation. Not responding to a consultation request within 7 weeks extends this wait time even longer. Our survey suggests better strategies, system changes, and different methods and models for the consultation referral process need to be explored and instituted in a collaborative manner to ensure timely care for our patients.

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Contributors

Dr Neimanis was responsible for the conception and design of the study and interpretation of the data, drafted the article, and gave final approval of this version of the article. **Ms Gaebel** contributed to the conception and design of the study, collected the data, performed the analysis, revised the article for critically important intellectual content, and gave final approval of this version of the article. **Drs Dickson, Levy, Goebel, Zizzo, Woods,** and **Corsini** contributed to the conception and design of the study, interpreted the data, revised the article for critically important intellectual content, and gave final approval of this version of the article.

Competing interests

None declared

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References

1. Primary Care Wait Time Partnership. *The wait starts here. Final report.* Mississauga, ON: College of Family Physicians of Canada; 2009. Available from: **www.cfpc.ca/uploadedFiles/Resources/Resource_Items/ENGLISH20PCWTP20FINAL20-20DECEMBER202009.pdf**. Accessed 2017 Jun 15.
2. Barua B, Rovere M, Skinner BJ. *Waiting your turn. Wait times for health care in Canada.* 20th ed. Vancouver, BC: Fraser Institute; 2010.
3. Neimanis I, Gaebel K, Dickson RC, Levy R, Goebel C, Zizzo AJ, et al. Committee on Utilization, Review, and Education common referral form. *Can Fam Physician* 2014;60:916.
4. Canadian Medical Association. *Streamlining patient flow from primary to specialty care: a critical requirement for improved access to specialty care.* Ottawa, ON: Canadian Medical Association; 2011. Available from: **http://policybase.cma.ca/dbtw-wpd/policypdf/pd15-01.pdf**. Accessed 2016 Apr 5.
5. Armstrong D, Barkun AN, Chen Y, Daniels S, Hollingworth R, Hunt RH, et al. Access to specialist gastroenterology care in Canada: the Practice Audit in Gastroenterology (PAGE) wait times program. *Can J Gastroenterol* 2008;22(2):155-60.
6. Jaakkimainen L, Glazier R, Bamsley J, Salkeld E, Lu H, Tu K. Waiting to see the specialist: patient and physician characteristics of wait times from primary to specialty care. *BMC Fam Pract* 2014;15:16.
7. Kulkarni GS, Urbach DR, Austin PC, Fleshner NE, Laupacis A. Longer wait times increases overall mortality in patients with bladder cancer. *J Urol* 2009;182(4):1318-24. Epub 2009 Aug 14.
8. Wait Time Alliance. *Time to close the gap. Report card on wait times in Canada.* Ottawa, ON: Wait Time Alliance; 2014. Available from: **www.waittimealliance.ca/wta-reports/2014-wta-report-card**. Accessed 2015 Jan 3.
9. Wait Time Alliance. *Canadians still waiting too long for health care. Report card on wait times in Canada.* Ottawa, ON: Wait Time Alliance; 2013. Available from: **www.waittimealliance.ca/wp-content/uploads/2014/05/2013_Report_Card.pdf**. Accessed 2017 Jun 15.
10. Canadian Medical Association. *Referrals and consultation. Referral and consultation process toolbox.* Ottawa, ON: Canadian Medical Association. Available from: **www.cma.ca/En/Pages/referrals-consultation.aspx**. Accessed 2016 Apr 5.