

The rising burden of urological diseases: A concern for healthcare resource planning

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In a report published by Health Quality Ontario in 2016, it was shown that growth in emergency department (ED) visits was outpacing population growth.¹ Authors showed that despite a 6.2% increase in the province's population over a period of seven years, the number of annual visits to EDs increased 13.4%. This growth was felt to be due to visits by older and more medically complex patients. In this issue of the *CUAJ*, Czajkowski et al show a similar rising burden of acute urological diseases at the University Health Network (UHN) in Toronto, Ontario.²

Czajkowski et al showed that over a period of 10 years (when the population of Ontario increased approximately 10%), the total ED visits to the UHN increased by 58%. In that same period, the number of urological ED visits increased by 154%. Comprising the majority of urological ED visits, renal colic visits increased nearly five-fold, whereas presentations for gross hematuria and acute urinary retention nearly doubled. A 2020 study by Kinnaird et al showed a similar increase in urology ED consults in Alberta, Canada.³ In addition to this increase in urological ED visits, the Ontario study also found longer wait times for urology clinic followup.

The results of the Toronto study are startling. Despite previous literature showing that ED visits increased by 13.4% in Ontario in a similar time frame,¹ ED visits to the UHN increased by 58% in this study. The reasons for this disproportionate increase are unclear. Could a possible reason for this increase be partly due to high-density housing in the "downtown core" of Toronto, accounting for a possible disproportionate increase in population when compared to healthcare resources?

Another hypothesis proposed by the authors is a shortage of primary care physicians in the Greater Toronto Area. According to the Ontario Medical Association, more than

1 million Ontarians do not have a family physician.⁴ With a lack of primary care providers, patients may present directly to the ED despite not having a need for emergency care. While a potential fix would be to attract and employ more primary care providers, it may be worthwhile considering development of disease-specific patient education resources to prevent inappropriate ED visits as a temporizing measure.

Finally, the authors suggested allocating more resources to establish more urology outpatient clinics. While establishing more urology clinics would help decrease the wait time for a urology clinic visit and possible re-visits to the ED, it may not help decrease the rates of initial ED visit. Additionally, simply establishing more outpatient clinics would do little without also hiring more urologists to staff these clinics. Perhaps I'm a bit biased as a trainee who ultimately will stress about the job market (Hosier & Touma showed that most of my predecessors were stressed too⁵) but having more urologists to manage this increase in burden of urological disease would likely be of more benefit than spreading the currently employed urologist even thinner.

Competing interests: The author does not report any competing personal or financial interests related to this work.

References

1. Health Quality Ontario. Under Pressure: Emergency department performance in Ontario. Toronto: Queen's Printer for Ontario. 2016.
2. Czajkowski S, Lajkosz K, Koziaz A, et al. The rising burden of acute urologic disease at an urban, academic hospital network. *Can Urol Assoc J* 2022;16:401-7. <http://dx.doi.org/10.5489/cuaj.7909>
3. Kinnaird, A, Zemp L, Rasmussen A, et al. Balancing patient care with resident well-being: Analysis of changes to urology resident inpatient workload in a universal healthcare system over a decade. *Urol Pract* 2020;7:319-21. <https://doi.org/10.1097/UPJ.0000000000000101>
4. Ontario Medical Association | Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care. October 26, 2021.
5. Hosier GW, Touma NJ. Attitudes of graduating Canadian urology residents on the job market: Is it getting better or are we just spinning our wheels? *Can Urol Assoc J* 2017;12:104-9. <https://doi.org/10.5489/cuaj.4765>

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