

# THE HEALTHCARE ACCESS PLANNING REPORT



THE COST OF WAITING:  
WHY HEALTHCARE  
ACCESS PLANNING  
IS THE NEXT  
FRONTIER FOR  
CANADIAN ADVISORS

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Healthcare Access Planning™ (ICHAP™)*

## EXECUTIVE SUMMARY

Healthcare wait times in Canada have reached record highs — prompting the emergence of **Healthcare Access Planning** as a proactive, advisor-led solution.

Canada's healthcare system is experiencing unprecedented delays in diagnostics, specialist consultations, medical treatments, and surgical procedures — delays that carry serious health, financial, emotional, and functional consequences for individuals and families.

Traditional planning — encompassing financial, insurance, investment, retirement, education, estate, tax, and succession strategies — addresses objectives such as income protection, wealth accumulation, expense reimbursement, and critical

illness funding. Yet none of these disciplines account for a growing and overlooked risk: delayed access to care, and the cascading impact this risk has on every other aspect of a client's plan.

The **CHAP™ designation** introduces Healthcare Access Planning as a complementary discipline designed to close this gap — integrating healthcare access into the broader framework of financial and insurance protection, ensuring clients are not only financially prepared but also positioned to receive timely care when it matters most.

Every week of delay in diagnosis or treatment can alter a life's trajectory. Healthcare Access Planning empowers advisors to help clients prevent that outcome.

## KEY FINDINGS AND IMPLICATIONS:

These are the five most important findings shaping the future of client protection in Canada:

- **Rising Wait Times:** Median wait times for treatment now exceed **30 weeks**, the longest in Canadian history — a **44% increase** in just five years.
- **Multiple Layers of Risk:** Delays create **medical, financial, emotional, and functional** risks that extend far beyond what traditional insurance products are designed to protect.
- **Coverage Gaps:** Life, disability, and critical illness insurance provide essential financial protection after illness, but none reduce the wait for diagnosis or treatment.
- **Evolving Planning Models:** Healthcare Access Planning introduces a **proactive, access-first approach** — layering traditional insurance with targeted funding strategies to help clients bypass waitlists.
- **Advisor Opportunity:** Advisors who integrate Healthcare Access Planning through the **CHAP™ designation** can differentiate their services, deliver measurable value, and meet growing client demand for solutions that address access risk directly.





## THE REALITY OF DELAYED CARE IN CANADA

Healthcare delays in Canada continue to climb to **record levels**. According to the **Fraser Institute's 2024 report**, the median wait time between referral from a general practitioner and receipt of treatment by a specialist has now reached **30.0 weeks** — the **longest in the survey's 30+ year history**.

These growing delays affect **diagnostic imaging, surgical procedures, and specialist consultations** across nearly every province, leaving Canadians facing longer waits for essential care than ever before.

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### Recent Trends in Median Wait Times (2019–2024)

- **2019:** 20.9 weeks  
(pre-pandemic baseline)
- **2020:** 22.6 weeks  
(first pandemic year increase)
- **2021:** 25.6 weeks
- **2022:** 27.4 weeks
- **2023:** 27.7 weeks
- **2024:** 30.0 weeks  
(longest ever recorded)

### Key Insights:

- Median wait times increased by **9.1 weeks** between 2019 and 2024 — a **44% rise** in just five years.
- The **COVID-19 pandemic accelerated delays**, with the steepest jump occurring between 2020 and 2021.
- **2024 marks the highest wait time ever recorded** by the Fraser Institute, underscoring growing systemic pressures on Canada's healthcare system.

Systemic healthcare delays create a ripple effect that extends far beyond the medical condition itself.

# CONSEQUENCES OF THESE DELAYS

They generate four interconnected consequences — **medical, financial, emotional, and functional** — each capable of compounding the others and eroding overall stability.

For advisors, these impacts are not theoretical. Each statistic represents a real client whose **health, financial security, and quality of life** can be profoundly affected when access to timely care is lost. Understanding these dimensions is essential to developing strategies that protect clients not only from illness itself but from the cost of waiting for care.

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## Medical Risks

The greatest threat is not always the diagnosis, but the **time lost before care begins**. Delayed diagnostics, referrals, and treatments allow conditions to progress unchecked — reducing options, worsening outcomes, and, in some cases, costing lives.

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## Emotional Risks

Uncertainty and lack of answers create prolonged psychological stress. Clients often experience anxiety, helplessness, and frustration as they wait — pressures that strain relationships, reduce productivity, and diminish overall well-being.

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## Financial Risks

When care is delayed, costs mount quickly. Clients may face income loss, unplanned withdrawals, borrowing, or asset liquidation to fund private options. Even high income households can see years of planning and savings undone within months.

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## Functional Risks

As medical and emotional challenges persist, clients may lose independence and daily functionality. Work, caregiving, and lifestyle routines are disrupted — sometimes permanently — reshaping both immediate stability and long-term quality of life.

## Summary of Risks

- **Medical:** Disease progression, fewer treatment options, higher complication risks
- **Financial:** Out-of-pocket costs, income loss, wealth depletion
- **Emotional/Psychological:** Anxiety, isolation, emotional burnout, loss of control
- **Functional:** Decline in independence, disrupted routines, reduced quality of life

## Bottom Line

A comprehensive risk-management approach must address all four dimensions — ensuring not only **financial protection** but also **timely access to diagnosis and treatment** when public systems cannot keep pace.

# TRADITIONAL PROTECTION STRATEGIES AND EMERGING GAPS

As delayed access to care emerges as a critical risk factor, planning strategies must evolve to reflect this new reality.

Traditional planning — across **financial, insurance, and retirement disciplines** — has long addressed familiar risks through product based solutions designed to protect income, assets, and long-term security.

Historically, protection planning has focused on five standard risk categories:

- **Mortality Risk:** Life insurance to provide income replacement, debt coverage, and estate liquidity
- **Morbidity Risk:** Critical illness insurance to reimburse expenses associated with specific medical diagnoses (typically 4–28 covered conditions)
- **Income Loss Risk:** Disability insurance to replace income during periods of total impairment caused by illness or injury
- **Longevity Risk:** Retirement planning to ensure adequate savings and income for longer life expectancy

- **Health Risk:** Long-term care insurance to fund support in later years, and employee benefit plans to cover preventative and routine healthcare expenses

While these solutions remain essential components of risk management, they share a common limitation: **they respond after an event has occurred**. Each is designed to provide financial relief, but none addresses the growing challenge of **timely diagnosis and treatment** — the access gap that increasingly determines both medical and financial outcomes.

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## LIMITATIONS OF TRADITIONAL PRODUCTS

Traditional insurance products remain indispensable for financial protection, yet they were never designed to solve the problem of **time** — the delay between when illness strikes and when care becomes available.

Each product addresses a specific financial exposure, but together they share a critical limitation: **they pay for the consequences of illness, not for access to care itself.**

- **Life Insurance** provides estate liquidity and income replacement after death but offers no protection during prolonged medical delays that drain family finances.
- **Disability Insurance** replaces a portion of lost income, yet it cannot shorten wait times for diagnostics, specialists, or treatment.
- **Critical Illness Insurance** delivers a lump-sum benefit upon diagnosis, but provides no guidance, navigation, or funding to secure faster medical intervention.
- **Health & Dental Benefits** cover routine or preventative services but exclude the specialized diagnostics, private surgeries, or expedited procedures now essential to timely care.
- **Long-Term Care Insurance** supports care needs in later life, but not the access issues that may accelerate those needs in the first place.

As wait times continue to rise, clients face an emerging **access gap** — a period of vulnerability where they are financially stable on paper but medically stranded in practice. Without proactive planning, even the most comprehensive protection portfolio can collapse under the weight of delayed care. This limitation defines the next frontier of client protection — ensuring that access to care becomes part of the planning conversation.

## HEALTHCARE ACCESS PLANNING: A PROACTIVE APPROACH

As healthcare delays grow longer and more unpredictable, the need for a new layer of protection has become clear. **Healthcare Access Planning (HAP)** introduces an **access-first paradigm** in risk management — one that directly addresses the reality that ***time itself has become one of the greatest threats to client outcomes.***

Traditional financial and insurance strategies protect wealth **only after** an event occurs. Healthcare Access Planning, by contrast, anticipates risk **before** a delay becomes a crisis. It ensures clients have both the **funding and the framework** to access care when public systems cannot deliver it quickly enough.

This approach does not replace traditional planning — it complements it. By aligning insurance solutions, private healthcare options, and strategic funding tools, advisors can create an integrated plan that bridges the gap between illness onset and timely treatment.

In practice, Healthcare Access Planning helps advisors:

- Identify where clients are most vulnerable to healthcare delays
- Align public, private, and employer coverage with personal risk priorities
- Build dedicated funding strategies to support immediate diagnostic or treatment access
- Position existing insurance products within a coordinated, access-driven framework

Through this proactive model, the advisor's role expands from **reactive claim planning to strategic access design** — helping clients maintain control, continuity, and confidence when the unexpected happens.

# THE FOUR CORE PRINCIPLES

Healthcare Access Planning transforms traditional risk management into a **proactive access strategy** — one that ensures clients are prepared well before a healthcare crisis arises. The process is built around four core principles that guide Certified Healthcare Access Planners™ (CHAP™) in designing effective, access-first plans.

## 1 Client Assessment & Risk Profiling

Every plan begins with understanding the client's unique healthcare exposure and priorities.

Advisors clarify what matters most — **speed to diagnosis, continuity of care, income protection, or family responsibilities** — and evaluate how those factors align with lifestyle, values, and tolerance for healthcare-related risk. A comprehensive assessment also includes personal and family medical history, potential risk indicators, and intergenerational considerations that could influence access planning needs.

## 2 Coverage & Resource Audit

Next, advisors conduct a full audit of the client's existing protection layers and available healthcare resources.

This includes reviewing **provincial coverage, employer benefits, individual insurance policies, investment reserves, Health Spending Accounts (HSAs), and regional private care options.**

The objective is to identify **hidden vulnerabilities** — such as payout delays, restrictive policy clauses, or uncoordinated benefits — that can leave clients exposed during critical wait periods.

## 3 Gap & Exposure Analysis

Once all protection layers are mapped, advisors analyze the misalignments that create **access gaps** — such as long waitlists, insufficient funding for private care, or policy limitations that delay treatment.

This step quantifies the potential **financial, medical, and functional impact** of delayed care and helps prioritize where immediate solutions or funding mechanisms are required.

## 3 Strategic Integration

The final step is to design a coordinated plan that blends public, private, and insured solutions into a single, actionable framework. Advisors sequence coverage layers and funding strategies so they work together seamlessly across all scenarios — ensuring clients can move from diagnosis to treatment **without financial disruption or administrative delay.**

This integration transforms healthcare protection from a reactive payout model into a **proactive, access-first system of control.**

## Outcome

By following these principles, CHAP™ Certified Advisors enable clients to stay in control of their care — protecting not only their finances, but their time, choices, and outcomes.

Healthcare Access Planning elevates the advisor's role from insurance provider to comprehensive risk strategist, ensuring clients are prepared for both the cost and the timing of care.

# THE CHAP™ DESIGNATION: A NEW PROFESSIONAL STANDARD

bridges the gap between financial protection and healthcare access — enabling advisors to proactively address one of Canada's most pressing client risks: delayed medical care.

Unlike traditional designations that focus solely on financial outcomes, CHAP™ expands the advisor's role into a new domain — **strategic healthcare access planning** — combining financial acumen, product expertise, and system literacy to deliver measurable impact in clients' real-world experiences.

## Program Highlights

The CHAP™ curriculum delivers both theoretical foundation and applied learning. Participants gain an in-depth understanding of Canada's healthcare environment, private care options, and the financial mechanisms that support timely access to care.

Key learning areas include:

- **Public Healthcare Systems:** History, ideology, structure, legislation, funding, and evolving limitations of Canada's public healthcare model
- **Private Healthcare Landscape:** Structure, funding, restrictions, and innovation within Canada's and international private medical systems
- **Insurance Strategy Integration:** Proprietary access-first planning framework, layered product positioning, and practical application through client case studies
- **Ethics & Compliance:** Professional standards, scope-of-duty boundaries, and responsible advising practices
- **Case-Based Learning:** Real-world examples, planning templates, and applied frameworks for immediate use in client work

## Professional Impact

The CHAP™ designation represents more than a credential — it defines a **new professional standard** in risk management.

Graduates gain the confidence and competence to:

- Identify and quantify healthcare access risks within client portfolios
- Reframe traditional insurance strategies through an access-first lens
- Implement integrated solutions that protect both **financial stability** and **timely care**
- Strengthen compliance, ethics, and transparency in healthcare-related advising

By completing the CHAP™ program, advisors join a growing network of professionals leading the evolution of client protection in Canada — where **access to care** becomes as essential to planning as **access to capital**.



# CASE STUDY: COMPARING OUTCOMES

The following case study illustrates the tangible difference that **Healthcare Access Planning** can make when clients face the same medical crisis — highlighting how proactive design directly affects both health and financial outcomes.

## Scenario 1: Public Care Only

John, a 48-year-old business owner, began experiencing persistent back pain and mobility issues. His family doctor referred him for an MRI through the public system.

**Wait time for MRI:** 4 months.

During this period, John's symptoms worsened significantly. Once the MRI confirmed a serious spinal issue requiring surgery, he faced another **14 months** to see a specialist and an additional **4–6 months** before surgery could be scheduled.

### Consequences:

- Unable to work for over a year, leading to depleted savings and growing personal debt
- Extended recovery due to delayed intervention and limited rehabilitation support
- Emotional strain on his family and staff due to ongoing uncertainty
- Business operations slowed, resulting in long-term revenue and opportunity loss

John's situation represents the typical experience of many Canadians — financially secure on paper but **medically stranded in practice** when public system delays occur.

## Scenario 2: With a Healthcare Access Plan

Now consider the same situation — but this time, John had a **Healthcare Access Plan** developed by a **CHAP™ Certified Advisor**.

When informed of the 4-month public MRI wait, his plan included:

- **Concierge Service Membership:** MRI arranged within one week
- **Planned Funding for Private Diagnostics:** No waitlist delays, no disruption to household budget
- **International Medical Insurance:** Surgery completed within three weeks of diagnosis, enabling rapid recovery
- **Income Protection Coverage:** Replacement income during recovery, allowing his family to focus on health rather than finances

- **Health Spending Account (HSA):** Coverage for rehabilitation, mobility equipment, and out-of-pocket medical expenses

### Results:

- Rapid diagnosis and treatment prevented further medical complications
- Minimal financial disruption — no forced withdrawals or new debt
- Reduced emotional stress and a faster overall recovery
- Business continuity maintained, preserving both revenue and morale

## Outcome Comparison

Category	Public Care Only	With Healthcare Access Plan
MRI Wait	4 months	1 week
Surgery Scheduling	18-20 months	3 weeks
Income Impact	Savings depletion, increased personal debt	Maintained with minimal financial disruption
Health Outcomes	Delayed diagnosis, extended recovery	Early intervention, reduced complications, faster rehabilitation
Family Stress	High anxiety, emotional exhaustion, uncertainty	Minimal stress, confidence in care plan, focus on recovery & well-being

### Key Insight

This comparison demonstrates the measurable impact of **proactive healthcare access planning**. By addressing the timing gap between illness and care, CHAP™ Certified Advisors help clients avoid the hidden costs of waiting — protecting their **health, finances, and overall quality of life**.

## IMPLICATIONS FOR ADVISORS

The growing reality of delayed care has created an emerging frontier in professional planning — one that extends beyond traditional financial and insurance solutions. For advisors, **Healthcare Access Planning** represents not just an opportunity, but an evolution in how client protection is defined and delivered.

As clients face increasing uncertainty around when and how they will receive medical care, advisors who can integrate access-based strategies will stand apart in a rapidly changing marketplace. By adopting a **proactive, access-first framework**, they can bridge the gap between financial preparation and healthcare reality — protecting clients from both the **cost** and the **timing** of care.

Healthcare Access Planning introduces a broader professional role for the advisor:

- **From Product Distribution to Strategic Design:** Moving beyond the sale of individual insurance products to the orchestration of comprehensive, access-focused plans.

- **From Financial Protection to Functional Continuity:** Ensuring that clients not only remain solvent during illness but also maintain control over their healthcare timelines and outcomes.
- **From Reactive Support to Preventative Planning:** Anticipating the delays that could derail a client's recovery, finances, or family stability — and building safeguards in advance.

For advisors seeking to differentiate their practice, this emerging discipline aligns with the highest principles of professional advising: **competence, integrity, and client-centered innovation**. This evolution is not theoretical — it is already reshaping client expectations and advisor value in real time.

Through CHAP™ certification, advisors gain the credibility, structure, and framework to lead this transformation — positioning themselves at the forefront of a new professional standard where **healthcare access becomes an integral part of financial risk management**.

## CONCLUSION

Healthcare delays in Canada have evolved from a systemic inconvenience into a **critical risk factor** affecting health, wealth, and overall well-being. While traditional insurance products remain essential for financial protection, they fail to address the most valuable and limited resource clients have — **time**. The period between illness onset and access to care has become one of the most significant gaps in modern risk management.

**Healthcare Access Planning** closes this gap. By integrating proactive funding strategies, private care options, and coordinated insurance design, advisors can help clients maintain control over their health outcomes, financial stability, and quality of life — even when the public system cannot keep pace.

The **CHAP™ designation** equips advisors with the specialized training, ethical standards, and practical frameworks needed to lead this evolution. Through CHAP™, licensed professionals can expand their expertise beyond financial planning into healthcare access — redefining what it means to protect clients in today's environment.

Ultimately, Healthcare Access Planning transforms protection from a reactive payout model into a proactive system of control — ensuring clients are prepared not only for the cost of illness, but for the cost of time itself.





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