

SUMMARY OF KEY ELEMENTS

Canadian Health Coalition summary of the Final Report of the Advisor on Wait Times, Dr. Brian Postl

June 2006

- **Benchmarks, indicators & research**: broaden the scope of benchmark research to include costing and appropriateness criteria and identify areas in which additional benchmarking is required or desirable to improve patient outcomes. Establish multidisciplinary, collaborative panels (including researchers, clinicians and government representatives) to review evidence and recommend additional benchmarks. (Ch 2)
- **Improved management and innovation**: including use of single common waiting lists; an approach that permits patients to be referred to a specialty service that prioritizes the patient by acuity and offers the first available slot for intervention; use of queuing theories; innovative case management; team based care; and pre-habilitation programs to ensure fitness for surgery. (Ch 3)
- **Electronic health records**: accelerated implementation of system-wide electronic health record for all Canadians. (Ch 4)
- **Professional Roles and Responsibilities**: physicians need to shift from individual contributions to team involvement and problem solving. Professional and ethical standards are required and professional practice should be monitored with respect to physician management of wait times. FPT work on Health Human Resources initiatives should focus on re-defining professional clinical roles to enable health care professionals to work at their full potential and to offer innovations in health care, which are economical and sustainable. (Ch 5)
- **Children's wait times**: Benchmarks specifically directed to interventions for children were not included in the decisions of the First Ministers in 2004. Yet the timing of interventions may be particularly critical for children for two reasons. First, there may exist in the normal development of a child a limited window of opportunity in which an intervention can have the most beneficial effect. Second, the delay of an intervention can cause normal growth and development to be impeded. We need to ensure that wait times for children are given due consideration. (Ch 6.1)

- **Surge capacity**: Surge capacity is additional care capacity that is available when and if required. Surge capacity is discussed in this report to encourage collaboration on the need for specific regional and national capacities to address wait times and to enable systems to accommodate stress or overload within Canada's borders. (Ch 6.2)
- **Health human resources**: Shortages of family physicians, anesthesiologists, nurses or other specialists and health care professionals have added to the stresses and pressures on the health care system. Shortages can add to the problem of wait times and prevent the implementation of solutions. All levels of government are working together on a pan-Canadian strategy to recruit and retain additional health care professionals. At the same time there is an effort underway to work toward innovative use of health human resources by maximizing the use of skills that various health professionals have acquired and by promoting team-based care.
- **Gender-based analysis**: adopt a broad approach to gender-based analysis in order to ensure that the issues of gender are considered thoroughly in wait time research. Gender-based analysis (GBA) provides a different set of questions about decision and policies in the practice of health care. GBA could study how men and women are differentially affected by waiting for care and could also be applied to additional questions that are associated with the choice of conditions, the effect of benchmarking and the outcomes of benchmarked care compared to care that is delayed further. GBA recognizes that there are significant differences in access and use of health services that are affected by gender and takes this into consideration when providing advice to policy-makers. (Ch 6.4)
- **Cinderella diseases**: the danger is that the five conditions that figured prominently in FMM agreements (joint replacement, cardiac, cancer, sight restoration and diagnostic imaging) will starve out all others for attention, resources and technology. It is not appropriate for our health care systems to be so focused on limited areas that we neglect others. Care must be taken to transform the system so that the efficiencies are experienced *across* our health care systems and not just within the five areas in which benchmarks have been set. Success for one area should not come at the expense of another. (Ch 6.5)
- **Public health and prevention**: ensure that public health and prevention efforts are resourced to do the job that we require of them. Demands on health care systems that could have been prevented make poor use of resources in the acute care sector and add to wait time problems. (Ch 6.6)
- **Public education**: the growing perception that long wait times are pervasive and that little can or is being done to improve them is eroding Canadians' confidence in the system's future. As we move forward with efforts to address wait times and implement system transformation initiatives, the Canadian public must not only understand why change is necessary but be fully informed of changes as they occur. (Ch 7)

- **Care guarantees**: the process of identifying wait time guarantees, defining their scope and term, predicting their effect, must be done with care. We need to understand associated risks, benefits and costs of wait time guarantees before taking on more in the short term that we can reasonably support in the long term. Three principles necessary to a discussion of wait time guarantees: 1. evidence-based benchmarks are critical; 2. system transformation as described in this report are a prerequisite; and 3. maximum use of existing capacity and strategic development of new capacity is essential. (Ch 8.1)

In order to achieve the level of performance that a Patient Wait Time Guarantee implies, we will need to take all steps necessary to maximize the system's efficiency and effectiveness. (Executive Summary)

- **Presumption against contracting out**: the alternative of contracting to private providers should occur: 1) only when the purchase of private services results in greater advantage to the publicly-funded service than what would be achieved by investing the same public funds in the public system and 2) where contractual conditions clearly specify volumes of care, anticipated outcomes and unit cost. (Ch 8.1)
- **Risks associated with Quebec's care guarantee**: the decisions taken in Quebec, that permit the province to pay publicly for services provided in the private sector, are worthy of close attention. The Quebec plan allows for a period of trial, of a guaranteed wait time on a limited basis, with attention paid to the effects that such decisions have on the integrity of the system as a whole. (Ch 8.1)
- **Primary health care renewal**: early identification of illness and risk factors and to provide the comprehensive care that patients deserve. Management of the prescription drug supply and new methods of financing drugs will be critical to sustaining our health care system. We must move on these fronts as well. (Ch 8)

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