

Improving Management of Waiting Times in Western Canada

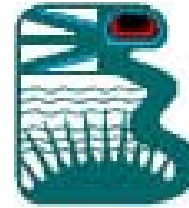
Priority Setting and Maximum Acceptable Waiting Times



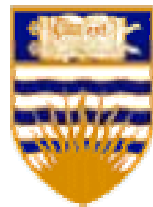
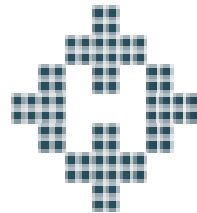
Dr Tom Noseworthy
Wait Time Measurement, Monitoring
and Management
April 1, 2004 - Ottawa

Priority-Setting in Health Care

- Allocation of resources
- Choices between competing demands
- Absence of market forces
- Feature of publicly funded health care
- Variably used in wait-list management
- Who's next?



Saskatchewan Health

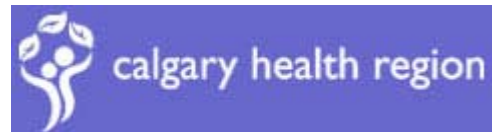


Health Canada

Santé Canada



UNIVERSITY OF CALGARY



Winnipeg Regional Health Authority

Office régional de la santé de Winnipeg



Vancouver Coastal Health Authority
North Shore/Coast Garibaldi, Vancouver & Richmond



WCWL Funding Partners

- **Health Canada**
 - Health Transition Fund (1999 – 2002)
 - WCWL_2 support (2002 – 2004)

- **Four Western Provinces**
 - WCWL_2 Support (2002 – 2004)

WCWL Mission

...improve the **fairness** of the system such that access to **appropriate** and **effective** health care is **timely** and prioritized on the basis of **need and potential to benefit.**

From Mission to Action

OBJECTIVES:

- **Fairness** - *Who's next?*
 - Priority Criteria Scores – specialists & primary care
- **Timeliness** - *How long ought I wait?*
 - Maximum acceptable waiting times
- **Certainty** – *When is it done?*
 - *Booking Systems*
 - *Care/Schedule guarantees*

WCWL Projects

(Completed March 31, 2001)

- **WCWL_1**
 - Waitlist Management Priority Criteria Scores
 - hip & knee joint replacement
 - general surgical procedures
 - children's mental health services
 - cataract removal
 - MRI scanning
 - Public focus groups – 7 cities
 - RHA's environmental scan

WCWL Projects

(In-progress, to be completed
December 31, 2004)

- **WCWL_2**
 - implementation & evaluation of tools
 - regions/provinces
 - adapt tools for primary care
 - making referrals more efficient, less hassle
 - waiting time standards
 - for scheduled services

WCWL_1

OBJECTIVE: FAIRNESS

Develop valid, reliable, practical, and clinically transparent tools – measures of urgency to determine patients' priority for wait-listed services

Priority Tool Overview...

- Model clinician's judgment of urgency
 - Acceptable to and endorsed by clinicians
- Point-count, additive scoring systems
 - Glasgow Coma Scale
- Include social/role & clinical factors
- Urgency score ranges from 0 to 100

WCWL Urgency Rating Tools

	R²	inter-rater	test-retest
hip/knee	62.1	0.73	0.92
mri	36.5	0.38	0.68
cataract	35.6	0.44	0.74
gen surg	51.4	0.83	0.92
mental health	41.7	0.71	0.85

Visual analogue scale (VAS)

Hip & Knee – The Criteria

- Pain on motion (13)
- Pain at rest (11)
- Ability to walk without pain (7)
- Functional (ADL) limitations (19)
- Threat to role, independence (20)
- Abnormal orthopedic findings (10)
- Potential for progression of disease (20)

Hip & Knee – Publications

- Developing Priority Criteria for Hip and Knee Replacement Surgery: Results from the Western Canada Waiting List Project
 - Can J Surg Vol 46 No. 4, Aug 2003
- Prioritization of Patients on Scheduled Wait Lists: Validation of a Scoring System for Hip and Knee Arthroplasty
 - Can J Surg Vol 47 No. 1 Feb 2004
- Prioritization of Patients on Waiting Lists for Hip and Knee Replacement: Validation of a Priority Criteria Tool
 - Int J Technology Assessment in Health Care (In Press, 2004)
- Determinants of Patient and Surgeon Perspectives on Maximum Acceptable Waiting Times for Hip and Knee Replacement Surgery
 - Journal of Health Services Research and Policy (submitted)

WCWL_2

OBJECTIVE: TIMELINESS

1. Implementation & evaluation of tools
2. Adapt tools primary care
3. Formulate maximum acceptable waiting times

Work-in-progress through December 2004

Monitoring & Evaluation

- Phase 1. Pre-implementation assessment
- Phase 2. Scoring without prioritization
- Phase 3. Scoring and prioritizing the list

Implementation & Evaluation Sites

- General Surgery
 - Cataract Surgery
 - Hip/Knee
 - Children's MH
 - MRI
- SSCN¹ Winnipeg
 - SSCN¹
 - SSCN¹ Calgary, Edmonton
 - Calgary Winnipeg
 - requires revision

¹ province-wide implementation



- t_0

Family
Doctor
And
Referral

Primary Care
Tool Adaptation
($t_0 - t_1$)

- t_1

Specialist
And
Patient
Decision
To
Proceed

WCWL Priority
Criteria Scores
($t_1 - t_2$)

- t_2

Intervention

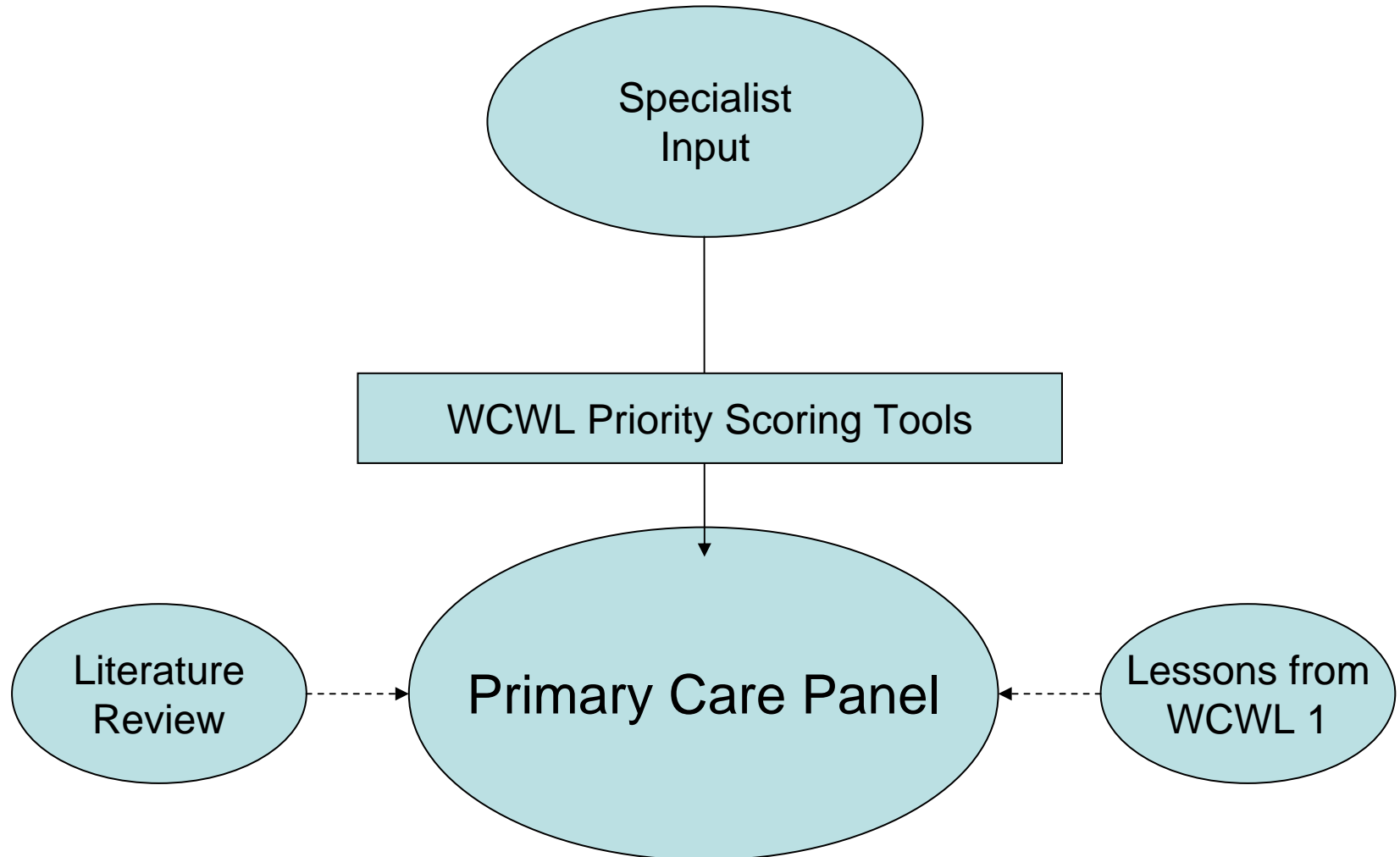
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Outcome

Primary Care Project

- Long waits to see specialist
- Improve communication between primary care and specialist
- Standardize referral process
- Adapt existing tools for more efficient and effective referrals to specialists
- Based on urgency + clinical/referral information

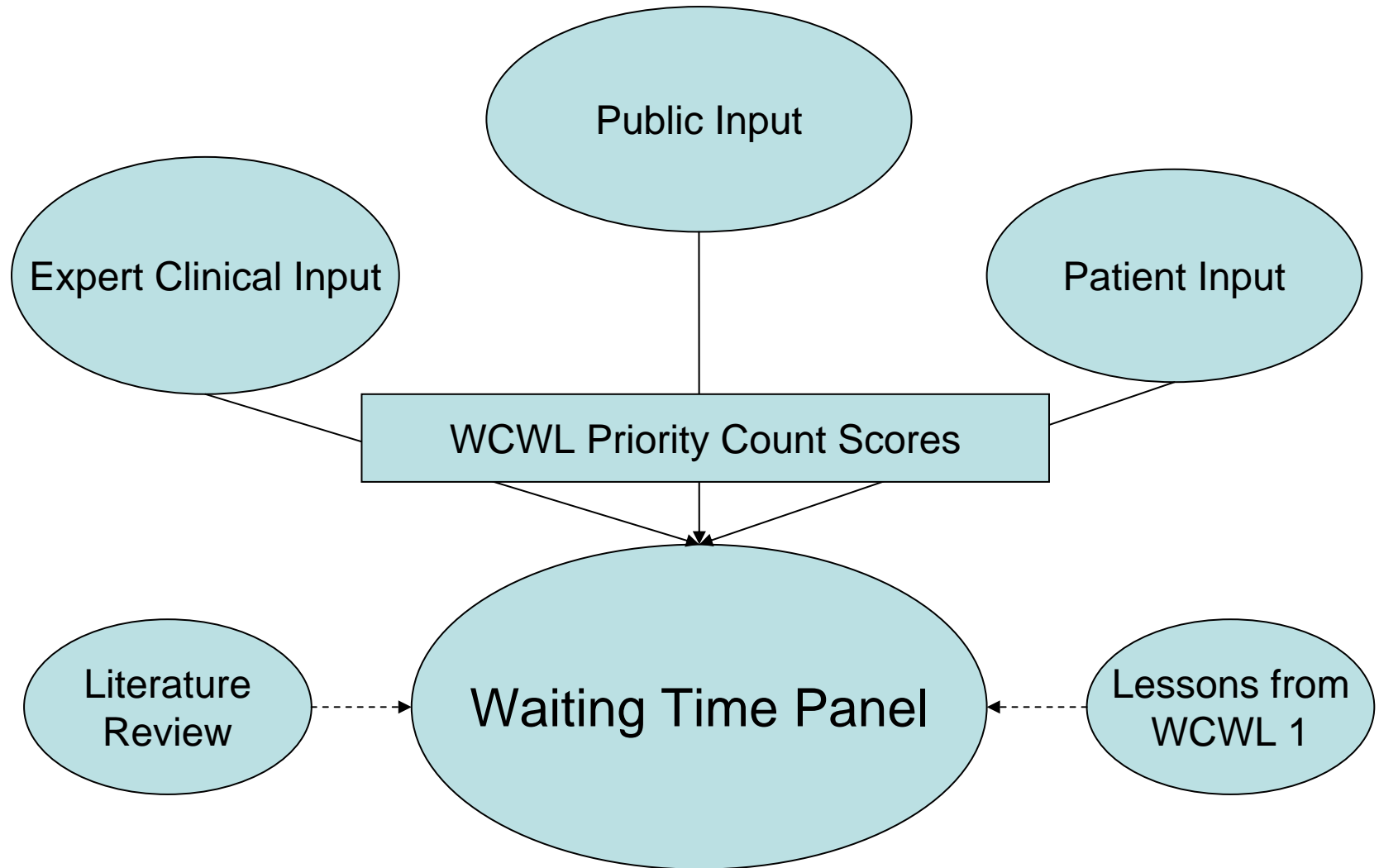
Primary Care Project Overview



Waiting Times Project

- Priority scores necessary but not sufficient
- Develop maximum acceptable waiting time associated with score on a WCWL tool
- Contribute to standard of practice
- Used for planning within and among regions
- Required for national health system reporting
- Essential prerequisite to wait time guarantees

Waiting Time Project Overview



Issues & Challenges

- Maintaining partnership
- Speed of W/T work in relation to need
- Integrating with Provinces' plans
- Effecting change in Regions: Implementation
- Resources vs opportunities/expectations
- Consulting Partners on next work



Western Canada Waiting List Project

PROJECTS

[ABOUT WCWL](#)

[TOOLS/PRIORITY FORMS](#)

[IMPLEMENTATION & EVALUATION](#)

[WAITING TIMES PROJECT](#)

[PRIMARY CARE PROJECT](#)

[LIBRARY](#)

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Access to elective health care in Canada, as in other countries with publicly funded health care systems, remains problematic for the patients, the providers, and for governments. The causes underlying lengthy waiting lists and times are many, varied, and changeable. So, too, must be the solutions.

The Western Canada Waiting List Project (WCWL) is founded on the assumption that fairness in access to health care would be enhanced if there were a transparent and standardized way to assess the urgency and priority of patients on waiting lists. By extension, there ought to be standard maximum waiting times which correspond to patient urgency.

The overarching WCWL Mission is to improve the fairness of the Canadian health care system such that access to appropriate and effective health care is timely and prioritized on the basis of need and potential to benefit.

WCWL is a Partnership of medical associations, ministries of health, regional health authorities, and health research centres. The head office is situated at the University of Calgary in the Department of Community Health Sciences.

WCWL News

WCWL Presentation to ACHDHR
2004-02-23

WCWL is scheduled to make a presentation to the Advisory Committee on Health Delivery and Human Resources (ACHDHR) on Thursday March 4 in Toronto. The ACHDHR is a Federal/Provincial/Territorial advisory body which reports to the Council of Deputy Ministers (CDM). Its mandate is to provide policy and strategic advice to the CDM on the planning, organization and delivery of health services including health human resources issues. Its membership consists of senior representatives from each province and territory, and Health Canada, supplemented by external experts. The purpose of the WCWL presentation is to highlight, for a national body, the products of this unique research collaboration that are meant to directly influence priority setting for patients and the length of time they should wait for elective interventions.

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