Setting Priorities for Wait-list/time research in Canada

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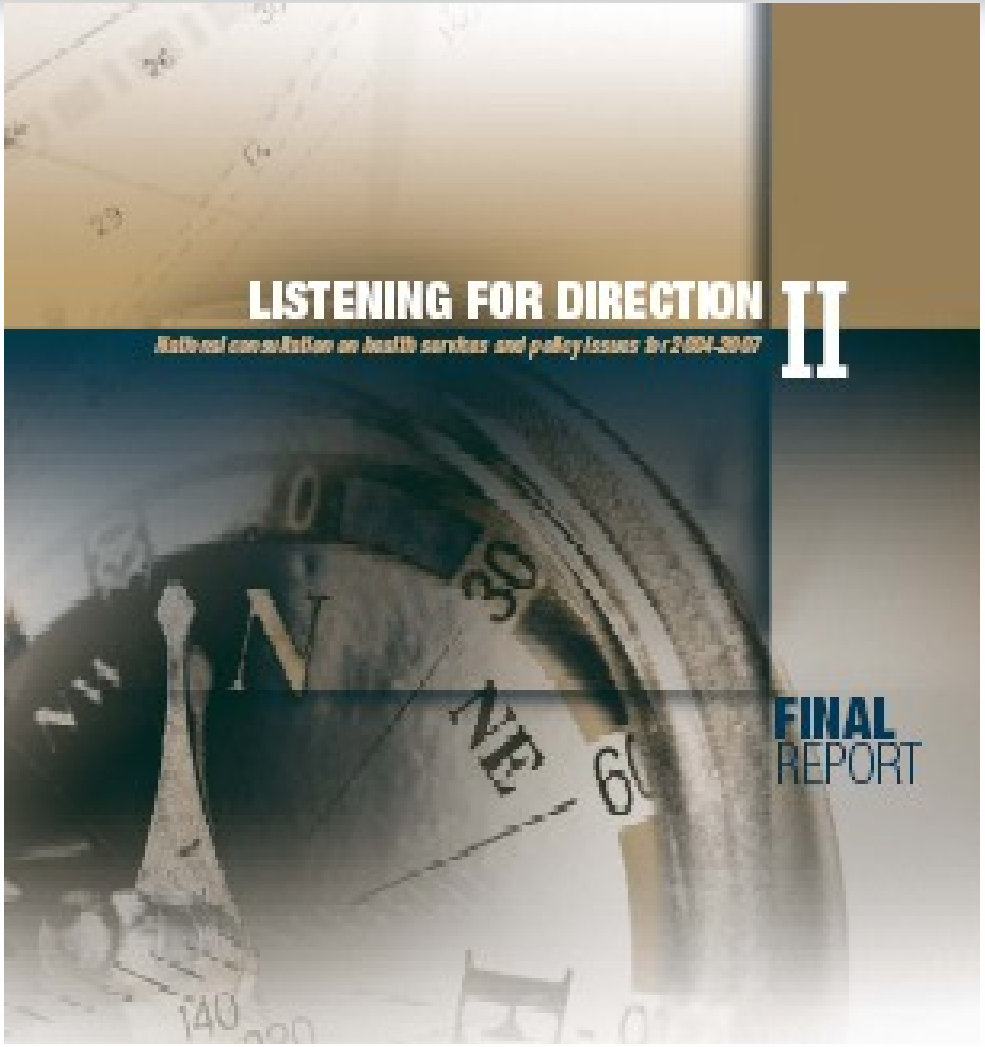

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Listening for Direction II

- Winter/spring 2004
  - "Timely Access to Quality Care for All" emerges as one of 10 priority themes
  - "overarching interest was in improving the timeliness of access to publicly funded necessary and appropriate healthcare services"
  - Some of specifics:
    - relationship of waiting lists and times to system capacity
    - governance and management of wait lists
    - inconsistencies in access across population groups
  - Amongst *LfD II* partners, CIHR and CIHI identified as "leads" on this area

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Since LfD II

- IHSPR has run two synthesis competitions, which have included this theme as an eligible area; 2 of 6 funded projects from June 2004 synthesis competition on wait lists/times (just getting underway now)
- First Ministers' Accord, September 2004
  - "Evidence-based benchmarks for medically acceptable wait times starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration will be established ***by December 31, 2005*** through a process to be developed by Federal, Provincial and Territorial Ministers of Health"

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CIHR's Feb. 2005 RFA

- CIHR/IHSPR and CHSRF approached about F/P/T benchmarks commitment in Dec. 2004
- Formal approach to CIHR from P/T group mid-January 2005
- P/T commitment late January
- Agreement struck with CIHR in Feb. 2005
  - Includes RFA and related framework development by CHSRF
- RFA posted end of Feb. 2005
  - 21 registrations
  - Deadline for full applications end of March 2005
  - One-year funding begins early May 2005

The Partnership

- CIHR:
  - writes rapid response RFA, post, advertise, adjudicate (using merit review)
  - Contributes some funding through Institutes
- P/T Ministers of Health
  - Involved in relevance review
  - Fund the competition
  - Set time-lines
- CHSRF
  - Undertakes “framework” piece on nature of evidence, under contract to P/T Ministers, as part of agreement between P/T Ministers and CIHR

Objectives of the RFA

- Synthesis of research evidence
  - on relationships between patient characteristics, health service wait times, and mortality, health status or quality of life
- Summary of wait time benchmarks currently in use
- **Identification of priority areas and questions for future research – the evidence the system needs in this area**

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Objectives of Rest of this session

- **Identification of priority areas and evidence needs**
  - Based on discussions over previous 1.5 days, and own knowledge and experience, provide recommendations to CIHR, CHSRF and other research funding agencies, re: priority wait list/time-related tools and questions
    - Synthesis work
    - Longer-term original research

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The Task in the Framework

- Multiple forms of guidance for the health system, e.g. practice guidelines, benchmarks, standards, expert advisories, and so on.
- What counts as evidence in *evidence*-based guidance (such as in, but not restricted to, "evidence-based benchmarks for medically acceptable wait times.....")

The Approach

- Identify the literatures discussing concepts of evidence (via complex library and database search strategies)
- Focus on contrasts in perspectives, e.g. research producers vs guidance producers; clinical vs social scientists
- 2000+ initial articles; just under 200 screened; 29 directly addressing the topic

Two Concepts of Evidence for Guidance

1. *Colloquial* concept - focus on relevance

- **Identified more with the guidance producers than the research producers**

  "anything that establishes a fact or gives reason for believing something" (Oxford American Dictionary)

- **Contains within it the scientific concept**

  "evidence could therefore be seen to possess two facets: the scientific, factual facet and the more personal, contextual facet" (Zarkovich and Upshur)

Two Concepts of Evidence for Guidance

2. *Scientific* concept, focus on methods

- **Identified more with the research producers than the guidance producers**

  "information or facts that are systematically obtained, i.e. replicable, observable, credible, verifiable, or basically supportable" (Rycroft-Malone and Stetler, 2004)

- **Clearly distinguished from legal concepts**

  "law relies on evidence of the instance; health care relies on evidence of the generalizable" (Eisenberg, 2001)

Two Concepts of Scientific Evidence

1. Context-free

- **Ascribes to science a sense of absolute truth**

"the *philosophical-normative* orientation towards what constitutes evidence is unconstrained by context"

- **Identified with evidence-based medicine**

"[it is] evidence developed through systematic and methodologically rigorous clinical research"

(Dobrow, Goel, Upshur, 2003)

Two Concepts of Scientific Evidence

2. Context-sensitive

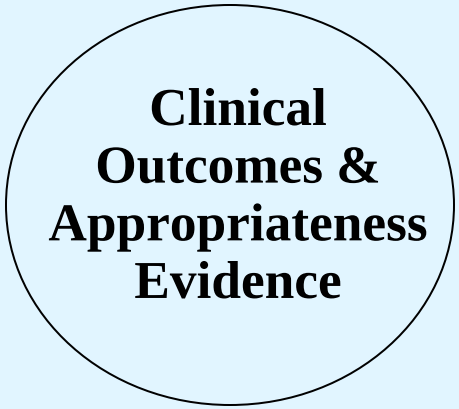
- **'Validity' of science is context-dependent**

"the *practical-operational* orientation to what constitutes evidence is context-based, with evidence defined with respect to a specific decision" (Dobrow, Goel, Upshur)

- **Identified with social science evidence**

"The scientific tools for dissecting the decision-making process are not those of the clinical epidemiologist but those of the sociologist, the psychologist, the qualitative researcher …" (Greenhalgh and Worrall, 1999)

Types of Scientific Evidence for Context-Sensitive Guidance



Adapted from Philip Davies, Deputy
Social Scientist, UK Cabinet Office, 2005

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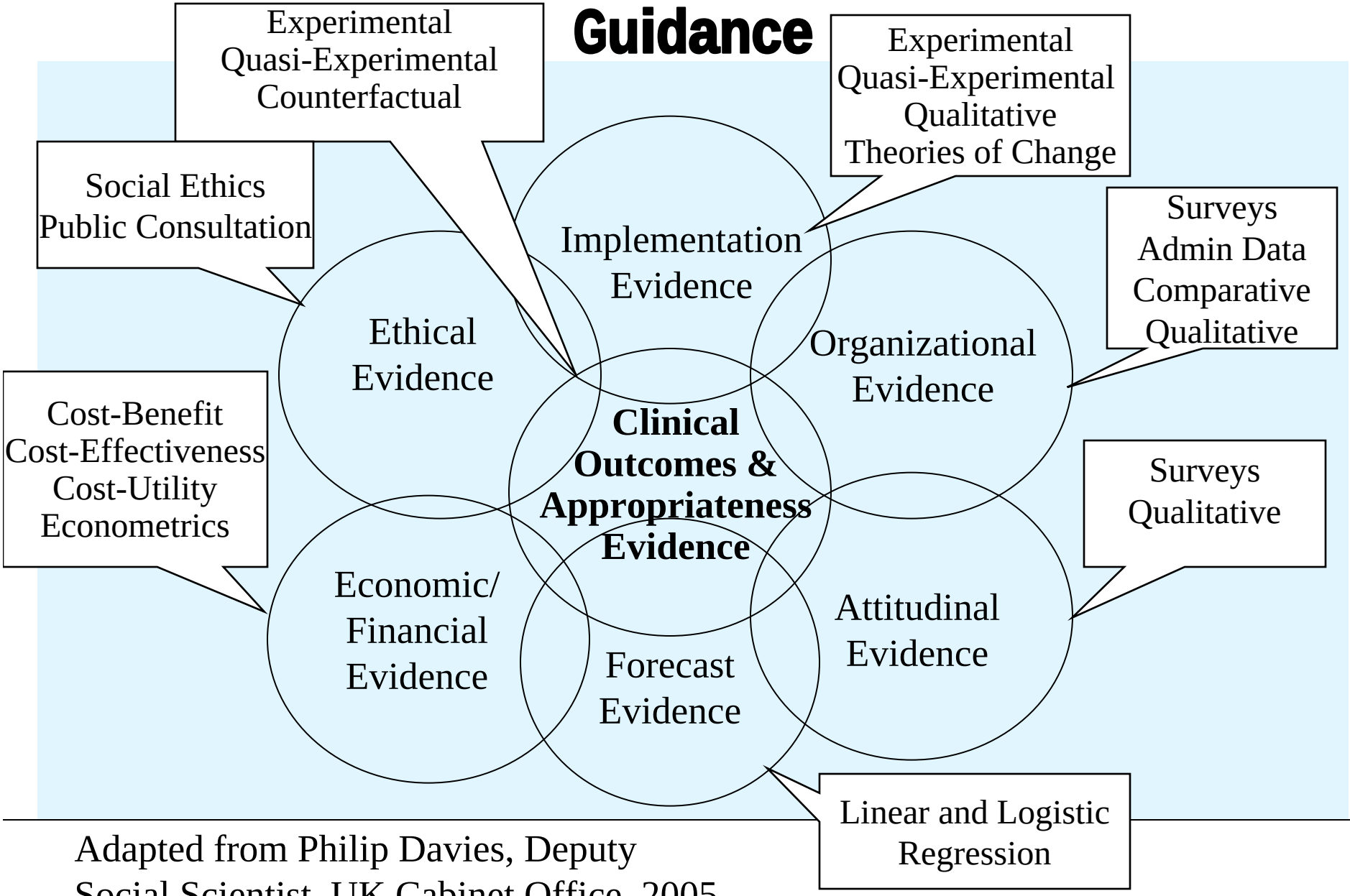

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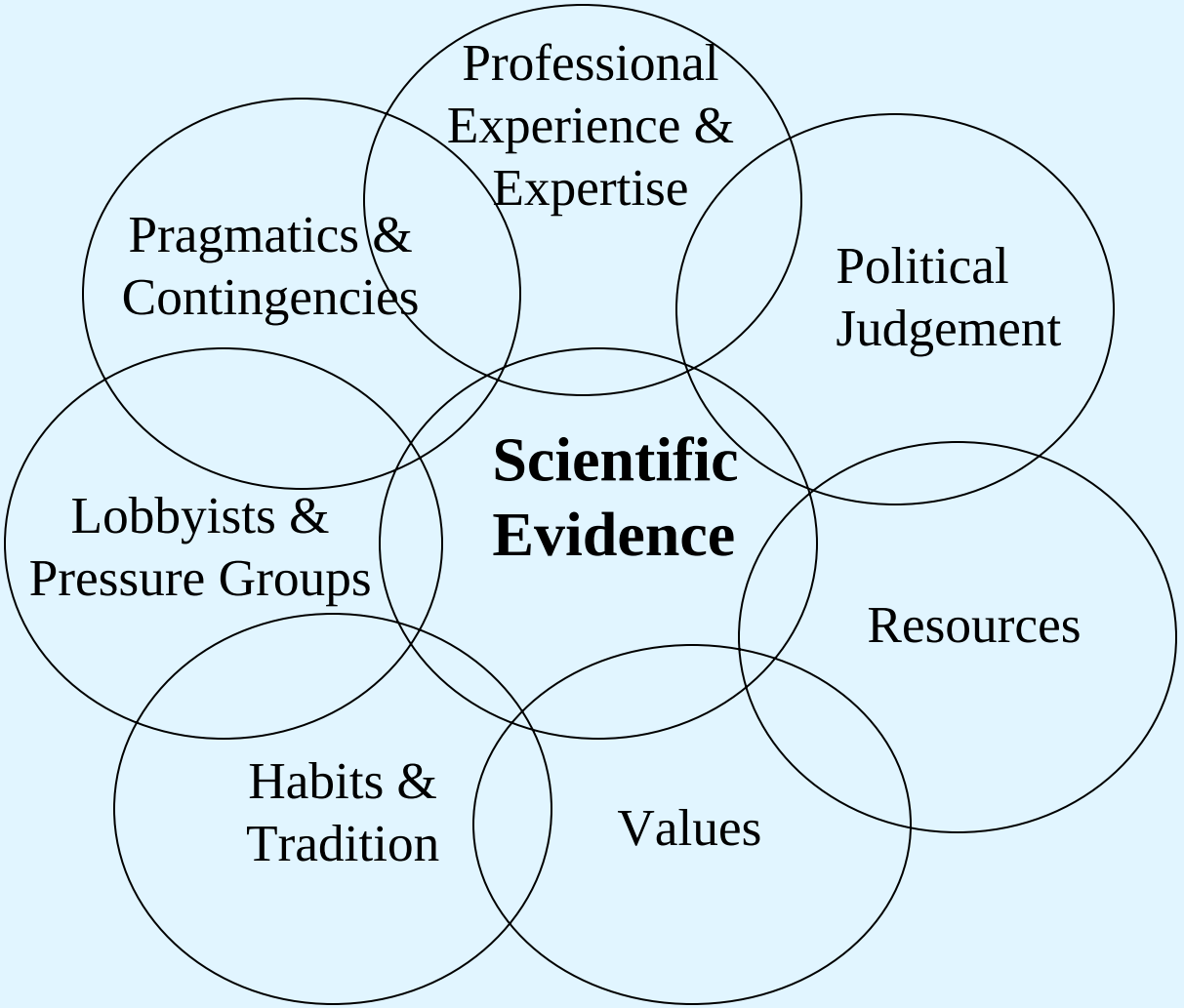
Types of Colloquial Evidence for Context-Sensitive Guidance

Adapted from Davies, 2005

Types of Colloquial Evidence for Context-Sensitive Guidance



Adapted from Davies, 2005

A few examples heard over past 1.5 days

- Evaluation of impact of waiting on health status and quality of life – ***clinical outcomes evidence***
- Development and validation of appropriateness screens for placing patients on lists – ***clinical appropriateness evidence***
- Side effects of waiting (e.g. personal costs borne by patients and families, associated with job loss, income loss, dislocation due to regionally consolidated care, etc.) – ***economic evidence***
- Jack Tu's "cannibalism" – ***ethical evidence***

Types of Scientific Evidence for Context-Sensitive Guidance

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