
# *Commentary*

## No Big Bang, But Wait Times Are Improving

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Thanks to the Supreme Court, the issue of waiting times for certain health care services is again a 'hot' political issue. Lots has been said about the implications of the Court's finding that Quebec's ban on private insurance for services covered by medicare violates the province's Charter of Rights. But perhaps most important is what lies behind that decision.

In essence, the Court argued that wait times for certain services are so long in some parts of the country that individuals should have access to private insurance that would allow them to get these services in a private, parallel system.

Although it is true that Canada could use a real debate about the role of the private sector in health care, there is a risk that this debate will divert attention from reforms that are currently improving public services across the country.

Last March in Ottawa, a coalition of health care stakeholders convened the second in what is shaping up as an annual symposium called The Taming of the Queue. Nearly 150 participants – including researchers, government officials and stakeholder representatives – spent two days examining the effects of efforts across the country to manage wait lists more effectively and reduce wait times in key areas.

The symposium demonstrated that change *is* happening and it is having an effect. There is not a single jurisdiction in Canada that is not actively engaged in dealing with the wait time issues it faces. Progress is slower in some parts of the country than in others, but

there is a strong commitment to learning from the experiences of others and applying that knowledge at home.

For example, there is clear evolution from Ontario's Cardiac Care Network to the work of the Western Canada Wait List Project to the creation of the Saskatchewan Surgical Care Network with each building on, expanding and adapting what was learned about wait list management over time. These initiatives have evolved from simply consolidating multiple wait lists in central registries to developing benchmarks and setting maximum wait times for specific procedures.

In Quebec, local pilot projects are using new information technology to streamline cancer care treatments at a number of sites in the province – something that can eventually be rolled out across the province and likely adapted in other parts of the country. Nova Scotia and New Brunswick are on their way to establishing surgical registries to give a clearer picture of who is waiting and how long. Even Prince Edward Island – with fewer than 150,000 residents – has found new ways of managing the flow of patients by reallocating resources so as to end the practice of so-called 'hallway medicine'.

The symposium demonstrated that health reform of any kind is, more often than not, the result of local innovations designed to meet local health needs. These are then communicated outward to others so that they can be adopted and adapted as needed. It is not a 'big bang', but the cumulative effects of a number of little bangs that moves the health care system in new directions and towards new goals.

For some, the fact that change has been so slow and is still uneven across the country will be taken as a sign of failure. But such criticism ignores the complexity of the problem and the challenges involved in getting so many actors – health professionals, unions, professional and regulatory bodies, governments, regional health authorities and others – to row in a single direction.

At the same time, the symposium acknowledged that future challenges are at least as big if not bigger than those already met. Setting appropriate benchmarks for wait times (how long should person X wait for service Y?) and dealing with human resource issues involved (getting the right mix of health professionals in the right place at the right time) are not problems that will be tackled in a day. These are complex problems that need nuanced and flexible solutions. They are problems that will be solved first at the local level, next at the provincial level and, only then, at the national level.

The Supreme Court appears to understand little about how health care solutions are created on the ground, how much change is under way and how disruptive its decision could be for progress to date. That the Court has agreed to put its decision in abeyance for a year may give governments some needed breathing room to get some benchmarks in place.

But the Court's ruling already has health policy analysts turning their attention to one more "big bang" solution – the creation of a parallel private system as a cure-all for the

ills of the present system. This risks ignoring those reforms we know already work down on the ground. Our focus should be on learning how innovations in Edmonton's Capital Health Authority can be made to work in St. John's or Victoria, rather than on worrying about losing the best and brightest practitioners to a private system.

Governments can best respond to the Court's concerns about wait lists by applying the Taming of the Queue lessons. They should ensure that the system has the capacity and resources to innovate locally and replicate nationally. The system needs the capacity and ability to share knowledge effectively about what works and what does not (and, to be sure, some experiments will not pan out), and to translate that knowledge across jurisdictions. This takes a commitment to let go of the cant and rhetoric that has dominated much of the health care debate in recent years. It requires a willingness to find those 'neutral, non-politicized spaces' that allow jurisdictions to learn from one another in a constructive manner.

If governments can commit themselves to this, then the Court's ruling, despite its flaws, will have helped ignite more and faster change where it really happens: from the ground up.

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