

OPINION



Say what: Canada's Health Minister Tony Clement, pictured on April 4, 2007, in Ottawa. The issue of wait-times, while serious, is not unmanageable within the framework of the current system, argues Tom McIntosh

Photograph by Jake Wright, *The Hill Times*

HOLD THE WAIT TIMES RHETORIC, PLEASE

By TOM MCINTOSH

Many people speculated that something was up when the Prime Minister suddenly appeared as the luncheon speaker at the fourth annual Taming of the Queue conference held in Ottawa this past spring. Sure enough, Stephen Harper had chosen that venue to announce he had secured “wait-time guarantees” with provincial and territorial governments. With that, he figured he had nailed down the last of his government’s five priorities for its first mandate. What he’d actually achieved was to get each government to agree to provide a “guarantee” of access to one medically necessary service, with each province free to choose which service and the specific terms of the guarantee.

The media eventually revealed that the specifics of the announcement fall far short of what the public was expecting. But it was the rare news story that reflected the complexity of the wait times management issue—and rarer still the story that acknowledged the real victories won by individual governments, regional health authorities, and institutions in meeting the challenges wait times present.

It was no small irony that understanding this complexity and charting the real progress is what the Taming of the Queue conferences are all about.

The Taming of the Queue brings together researchers, clinicians, policy analysts, and government officials to take stock of

the progress that governments have made on dealing with excessive waits for key health-care services. And the evidence is clear that progress is indeed being made.

But media coverage of wait times is still focused on parading sick individuals in front of the cameras (or in front of legislatures) with their stories of how the system has failed them. These are real problems that no one (and no health-care system) should ignore. But where are the stories about the individuals who, because of the innovations chronicled every year at the Taming of the Queue conference, now receive their necessary services in a timely manner?

The problem lies in the very nature of the solutions being applied to wait times across the country. Any serious analysis of the issue—from the question of actually defining what it means to wait through to the question of what approaches to reducing wait times work best in what political, economic, and social context—begins with hard data and scientific evidence. The solutions presented at the Taming of the Queue resist the easy rhetoric and quick solutions of those who believe that only more public money or more privatization will solve the problem. And that, it seems, is less newsworthy.

The one consistent message from the four conferences held to date is that the issue of wait times, while serious, is not unmanageable within the framework of the current system. Yes, the system still needs to make reforms in other areas that

would enhance our capacity to deal with wait times more quickly and effectively—progress on primary health care, coordinated health human resource planning, etc.—but even with those areas still acting as barriers to wait time management, progress is being made.

Unfortunately, incremental and admittedly uneven progress is deemed less newsworthy than parading that sick patient who has waited too long in front of the cameras. And reports that describe the system as in a terminal crisis that can only be saved by abandoning its commitment to serving need over ability to pay make better headlines.

What distinguishes the Taming of the Queue conferences is the fact that they have consistently reflected the depth of the challenge that wait time management poses for the system. Long waits are the result of a complex interplay of factors on both the demand and supply side of the equation. The solutions to wait times lie in the complex interplay of initiatives that mix new resources, new data collection, new management techniques, different allocations of human and other resources, and sustained leadership inside governments and the health-care system. And the unfortunate truth is that these changes take time to implement effectively.

None of the participants in the Taming of the Queue conferences have ever denied that long waits are a serious problem that needs to be confronted and not just for the sake of the individuals

waiting. Participants overwhelmingly agree that the issue itself contributes to erosion of public confidence in the system and limits our ability to make progress in other areas of public healthcare reform. Our inability to communicate our success in wait-time management to the public (and our slowness in replicating success across jurisdictions) remains one of our biggest challenges.

In the final analysis, we are likely a long way from being able to say that we have eliminated wait times as an issue for the health system in Canada. And the single-service guarantees announced by the PM will likely do little to bolster public confidence. But we can say that we know more about—and have done more to reduce wait times in the last few years than the system is often given credit for. We are nowhere near achieving the kind of “care guarantee” the government first promised. But then, given that there remains a multitude of questions about how a guarantee gets implemented and what it means for patients, providers, and those who run the health system that may not be a bad thing at this point. In the meantime, the wait times will continue to come down across the country and, rhetoric aside, that is all that matters.

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