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What's New?

- March 31 is the date the **WCWL Final Report** will be delivered to the Health Transition Fund, and it will be publicly available one month later. The WCWL Partnership will meet on March 15 & 16 in Calgary to review and discuss the findings and recommendations.
- A group in **Melbourne**, in an attempt to improve upon the existing system of managing waiting for elective hip and knee replacement, will evaluate the WCWL prioritization tool. Three orthopedic surgeons will assess a series of patients with the WCWL tool and this will be compared to a "gold standard" based on a combined ranking by a surgeon, another physician, a physiotherapist, and a social worker. The work will take one year and is expected to begin shortly.
- I am pleased to announce that **Mr. Laurie Thompson**, CEO of the Health Services Utilization and Research Commission (Saskatoon), has joined the WCWL Steering Committee. Laurie replaces Steven Lewis, the former CEO of HSURC, who will remain closely associated with the Project and will undertake some writing (see below).
- Recognizing the value of **public opinion** about the WCWL methods and prioritization tools, a series of focus groups will be held in selected cities in February. If feasible, groups will be of two types: composed of representatives of the general public and composed of people who have had recent direct experience with a waiting list for elective care.
- The **Environmental Scan** mentioned in the November issue of the UPDATE is under way. Interviews in all Partner Regional Health Authorities will be completed by late January. The findings of this survey will be reviewed by the Implementation Panel and the Steering Committee, and a summary report posted on the WCWL website.
- Acknowledging that prioritization across treatment types and case mix is fraught with problems, it continues to be an area that is of interest within the WCWL Partnership. To address this need, Steven Lewis will draft a WCWL White Paper on the conceptual bases and organizational needs for a wait list prioritization process that cuts across the domains for which individual tools have been developed. The intent is to anticipate some of the issues, questions, and directions arising out of the refinement and implementation of the tools developed in Phase I that focus on systemic needs.
- Back issues of the UPDATE are available on our website at www.wcwl.org.

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Project Director

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Upcoming Events

- Feb 12 — WCWL Steering Committee meeting
- Mar 15&16 — WCWL Partners Meeting, Calgary
- Mar 31 — WCWL Final Report Submission to HTF

Elective Services in New Zealand

In New Zealand, demand for publicly funded elective services has long outstripped supply. By June 1996, 89,000 New Zealanders were on waiting lists—with no certainty about if or when they would receive treatment. Patients were not always treated in order of general priority, and waiting times differed considerably around the country.

The Government responded with its expectations for publicly funded elective services. These are:

- a maximum waiting time of six months for first specialist assessment
- following specialist assessment, all patients are told that they will receive treatment within the next six months; or they will be cared for by their specialist and/or general practitioner because publicly funded treatment is not available at that time to people with their level of need

Basically, all patients will know if or when they will receive treatment. Some patients will not be offered treatment because their assessed priority

level is lower than can be met within available resources, but the Government considers it is better that patients know and can pursue other care options.

Referral and assessment guidelines have been developed to help ensure that patients are treated in order of relative priority and in a similar manner throughout New Zealand. Clinical working groups have developed guidelines for all 30 specialties. The three categories of guidelines (available at www.nzgg.org.nz/moh-esg/) are:

- Referral Guidelines to assist primary care referrals to specialist services;
- Access Criteria for First Specialist Assessment for prioritizing referrals from primary care to ensure the most urgent referrals are seen first; and
- Clinical Priority Assessment Criteria to assist clinicians in assessing patient need to help ensure patients with the greatest need receive treatment first.

In time, it is anticipated that localized management guidelines developed by regional primary/secondary working groups will be added to the website.

Regional primary/secondary working groups were set up to develop localized solutions to improve access and enhance care options for patients. The working groups operated on the principles that patients' health problems should be managed predominantly in primary care and that access to specialist services should be managed to ensure the optimum use of these scarce resources.

The local management guidelines developed by the working groups assist general practitioners in such areas as improving access to diagnostics and specialist advice, undertaking follow-up and reassessments, and managing low-priority conditions. Jane Morgan

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Ontario Waiting List Project

In May 1999, the Senior Committee of Ontario's Joint Policy and Planning Committee (www.jppc.org) requested that a review of waiting lists in the province of Ontario be undertaken. The purpose of this review was to develop an understanding of how to effectively manage waiting lists and improve access to health care services. Central to this issue is the development of a methodology that fairly prioritizes patients, ensures timely access to services, is applicable across levels of care, and is acceptable to all stakeholders. In recent months, there has been considerable interest in the management of waiting lists at both the provincial and the national level. Managing queues through waiting lists is important in planning and equitably allocating access to health care; however, the ability to reliably assess waiting list activity is somewhat difficult, as there is considerable variation in definitions, measures, and responses to wait list issues. Measures and tools such as those to be developed in this project will go some way toward showing progress in addressing political and public demands for accountability and transparency in how waiting lists are managed. The OWL project will evaluate three of the WCWL prioritization tools for their applicability in Ontario. The OWL project will focus on the areas of cataract surgery, general surgery, and MRI. WCWL Project Director John McGurran will participate on the OWL Steering Committee. For further information, please contact:

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UPDATE

WESTERN CANADA WAITING LIST PROJECT

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