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What's New?

This new monthly column will highlight the key project activities since the last issue of THE UPDATE.

- The initial meetings of the five multidisciplinary clinical panels were held in Calgary from October 14 through 18, 1999.
- The Steering Committee met immediately following the panel sessions.
- Draft prioritization tools have been developed by each panel; pilot testing will begin in November and extend to late December.
- An international meeting on the scientific basis of health care (Closing the Loop) was held in Toronto in mid-October. Among the WCWL participants making presentations were Morris Barer, David Hadorn, Steven Lewis, John McGurran, and Sam Sheps.
- Look for an updated WCWL website (<http://www.wcwl.org>) in early November.

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The Chair's Report

From October 14 through 18, 1999, the Western Canada Waiting List Project entered its next phase with the activation and first interactions of the five clinical panels. These first meetings were meant to advance the project from strategy and conceptual planning to actualizing this

work and developing clinically coherent scoring systems for assigning priority to access joint arthroplasty, cataract and general surgery, MRI and children's mental health. Besides making substantial progress in these areas, insights were also gained as to how we may approach a cross-cutting scoring system to assist in priority-setting across all surgical cases.

Beyond the main focus of developing draft criteria for each case type, participants devoted thought to pilot testing these criteria, as a means of ensuring that they reflect clinician's perspectives of what factors are important in priority-setting. At the same time, these criteria will be assigned "weights," which reflect the relative importance of each individual criterion. Criteria and weights will be further reviewed and modified, as needed, at subsequent meetings of the panels.

At this point, steps are being considered for operationalizing these tools. Clearly, there will need to be further work directed at evaluating the scoring systems' ability to accurately predict clinical benefit. Tools will be modified as necessary.

I believe that this collaborative Western Canadian partnership of 19 organizations will successfully complete this work, on time and on budget and will, beyond this, set a course and agenda to further evaluate and improve accessibility to Canada's health care system.

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Vancouver/Richmond Research Synopsis

Waiting lists and waiting times for surgery are topics of great interest to the media and to the public. Much of the generalized public perception is based on television and newspaper coverage. When asked, organizations such as the BC Medical Association, the Fraser Institute, the Ministry of Health, and Regional Health Authorities will provide estimated waiting times that differ significantly from one another. Given the widespread interest in this

subject matter, a Sub-Committee of the Vancouver/Richmond Health Board Review of Acute and Rehabilitation Services indicated its interest in a study of the perception of patients who are on waiting lists for total hip replacement and cataract surgery. This study looked at a sample of patients waiting for these procedures at three hospitals in the Vancouver/Richmond (V/R) Health Region.

The investigators sought the 30 patients waiting the longest for these two procedures at the three hospitals, for a total of 180 patients. Seventy-six (84%) total hip replacement and 77 (86%) cataract surgery interviews were obtained. The study was unable to obtain the full 180 for a variety of reasons: language barriers; not enough patients on waitlists at each hospital; much too long a time needed to obtain additional patient data; patients not available for interview, etc.

Generally, the study did not reveal any surprises with respect to waitlist management. It was clear at the outset that each hospital had its own method for compiling waiting lists that differed vastly from that of the other hospitals in the V/R Health Region. At each hospital, the accuracy of the waitlist was highly dependent on surgeon compliance with the hospital system, indicating a discrepancy between what surgeons considered their waitlist and what the hospital could report as its waitlist. In addition, the system for wait-listing cataract patients could be different than that for hip patients, within the same hospital.

With respect to patient responses, some (but not all) interesting findings included:

- 25% of hip patients and 21% of cataract patients had undergone their surgery at the time of interview;
 - 7% of hip and 31% of cataract patients were unaware of being on a waitlist for surgery;
 - 3% of hip and 12% of cataract patients had their surgery at a hospital other than the one at which they were waitlisted;
 - 73% of hip and 71% of cataract patients waited three months or less for a referral to a specialist;
 - 12% of hip and 5% of cataract patients had been given a date that had been subsequently cancelled;
 - 22% of hip and 23% of cataract patients had been offered a date that they could not accept;
 - 51% of hip and 71% of cataract patients had never been given a specific reason for having to wait;
- 95% of hip and 54% of cataract patients whose surgery was not completed at the time of study continued to want the surgery;
 - for both types of surgery, the patients' desire for surgery did not seem to be dependent on the perceived urgency of the need for surgery; and
 - hip replacement patients seemed overall to express more concern about having to wait than cataract patients, mainly due to concerns about pain and loss of functionality.

The findings of this modest study seem to confirm those of larger international initiatives. Waiting lists have been found to be inconsistent in terms of the appropriateness of the placement; individuals are not always aware of being on waiting lists; and there are disparities between what hospitals, surgeons, and patients consider to be the wait time.

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Upcoming Events

- November 11, 1999 - Prioritising Patients for Treatment: what can scoring systems contribute? Royal College of Surgeons, London, UK. Telephone: 44-121-414-7050
- November 17, 1999 - Meeting of the WCWL Steering Committee (teleconference)
- November 21, 1999 - Meeting of the Children's Mental Health Services Panel
- November 22-24, 2000 - Third International Conference on Priorities in Health Care, Amsterdam.
<http://www.healthpriorities.net>

UPDATE

WESTERN CANADA WAITING LIST PROJECT

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