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What's New?

- Happy New Year! We made it unscathed into the new millennium (or not, depending on how you count) and it's business as usual at WCWL.
- Pilot testing in hip/knee replacement, MRI, general surgery, and cataract surgery continues. More than fifty physicians across the four western provinces are participating in this work.
- The Children's Mental Health panel began piloting in mid-January, and will continue into March.
- The WCWL website (www.wcwl.org) now contains current versions of all priority forms. Results of the literature search and data analysis will be added soon.
- The second round of panel meetings will be held over the next few weeks. They will focus on the results of pilot testing and on preparing for the next empirical phase dealing with the reliability of tools.

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Good News with a Cautionary Note

We hardly need to tell you that waiting list concerns are hot media topics these days, and what's in the media is also in the minds of the public. The litany of ER crowding, bed access problems, privatization, and a host of other woes, has created even more interest in the WCWL project than we had anticipated. We are pleased that the audience for our work grows ever larger and keener. We are optimistic about delivering valuable tools to help solve real problems. But we need to remind those on the edge of their seats—as well as ourselves—that while we are laying the cornerstone of Rome, it will not be built in a day, or even a year. Let us clarify what we can realistically accomplish by the end of the year.

It is worth recalling that the project arose from recognition that waiting lists, especially for elective procedures, were neither standardized, nor comprehensive, nor fair. These are monumental problems, which must be tackled in sequence. The first task, eagerly embraced by our 19 Partners, and particularly by the clinical panels, is to develop or adapt tools for assessing need in order of priority. This work is well underway and we are now at the pilot testing phase in several areas. If the pilots prove successful and the tools are well-validated, they will contribute greatly to overcoming the frustrations experienced by patients, clinicians, and managers in the areas of hip and knee replacements; MRI scanning; children's mental health; cataract surgery; and general surgical procedures.

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Upcoming Events

- January 25, 2000 — WCWL Steering Committee meeting (teleconference)
- January 29, 2000 — Hip & Knee Replacement Panel meeting in Calgary
- January 30, 2000 — General Surgery Panel meeting in Calgary
- January 31, 2000 — Cataract Surgery Panel meeting in Calgary
- February 10, 2000 — MRI Scanning Panel meeting in Calgary
- February 18, 2000 — WCWL Steering Committee meeting in Edmonton
- March 12, 2000 — Children's Mental Health Panel meeting in Vancouver
- November 22-24, 2000 — Third International Conference on Priorities in Health Care, Amsterdam. <http://www.healthpriorities.net>

The clinical panels are appropriately working within their own areas first. If they coalesce around certain common conceptions of need and priority setting, we may have the beginnings of insight into how the tools might be applied across procedures. If a citizen is to be served fairly, it should not matter whether she needs a hip replacement or a hernia repair: those in greatest need should be served first and access should not depend on the nature of the disability. We are not promising definitive progress on this second step, but we will take it as far as we can, at least conceptually.

Just as carpenters need many tools to build a house, so too do decision-makers need an array of policies and complementary mechanisms to solve problems such as access and dissatisfaction, and to set performance benchmarks. The WCWL project aims to strengthen the foundation on which better decision-making can take place. It does not address issues such as overall resource requirements of the system, nor will it reach conclusions on appropriate wait times or intervention thresholds. In the future, we hope that the use of our tools will inform the answers to these other very important questions.

These long-awaited and important developments do not speak directly to implementation, and it goes without saying that producing good tools does not guarantee their use. We are hopeful that the broad and committed partnership overseeing the project will on its own create momentum towards implementation once the tools have proved their worth. We may have some strategic advice on implementation based on our experiences at the pilot phase, but obviously we are in no position to make these kinds of decisions. The WCWL job is to produce the goods; we are not in charge of the market at the other end.

In short, we are working on parts of a much larger puzzle, and we are delighted to have the opportunity to address issues that have defied solution for decades. If we do our job well, we are hopeful that the tools that pass muster will become standard repertoire sooner rather than later. Realistically, we will make more headway in areas where we are adapting work begun elsewhere than in areas where we are starting from scratch. We will not solve all of the health system's problems, but solutions to some very important ones will be a lot closer at hand than when we launched the process.

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Additions to the Team

A number of individuals have joined the WCWL team over the past few months, many contributing specific skills on a contractual basis. Anne-Marie Pedersen, based in Edmonton, is co-ordinating the pilot testing of the prioritization tools. Carolyn Nilsson is doing the medical coding. KC Carriere and NGN Prasad at the University of Alberta are involved with statistical data analysis and related issues. Cheryl Martin and Annmarie Banchy are completing reviews and syntheses of the clinical literature with David Hadorn, WCWL Research Director. Karim Dymond Kerfoot, Janine Davies, and Leanne Kmet, graduate students at the University of Calgary, support the clinical panels. Helen Roman-Smith, also a graduate student in Calgary, supports the Children's Mental Health panel and is participating in the literature review.

Dissemination & Planning

Developing a strategy and format for communicating the findings of this project to the partners and the public will be undertaken with the assistance of a panel of communications staff from the partner agencies. This group has been involved with WCWL for its duration; they know the project, their constituents, and their communities.

Among the elements being considered to supplement the formal report to the Health Transition Fund are a major academic conference, intra-provincial meetings, and articles for the health care and general interest literature and the news media.

Getting the word out is one important element; WCWL will also address the "uptake" or the extent to which the findings of this project might influence policy and practice.

UPDATE

WESTERN CANADA WAITING LIST PROJECT

THE UPDATE is the monthly newsletter of the Western Canada Waiting List Project. It is published at the Department of Public Health Sciences, 13-103 Clinical Sciences Building, University of Alberta, Edmonton, Alberta, Canada T6G 2G3. For more information, please contact John McGurran, Project Director, at 780-492-2647 or john.mcgurran@ualberta.ca visit our website at <http://www.wcwl.org>

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