

February/March 2000

IN THIS ISSUE

- What's New?
- Total Joint Replacement Panel in Ontario
- New Research Staff
- WCWL Panel Updates
- Upcoming Events

What's New

- All five clinical panels will continue their pilot testing phase through April. This will allow the accumulation of a larger and more diverse sample.
- A protocol for reliability testing has been developed and work commenced in late March.

John J. McGurran
Project Director
john.mcgurran@ualberta.ca

ICES Multi-stakeholder Consensus Group for Management of Total Joint Replacement Waiting Lists

The Institute for Clinical Evaluative Sciences (ICES) is a non-profit research organization dedicated to conducting research that contributes to the quality, effectiveness, and efficiency of health care in Ontario.

ICES formed the Multi-stakeholder Consensus Group in January 1999 at the request of the Ontario Ministry of Health and Long Term Care. The mandate of the Consensus Group is the development of strategies for managing waiting lists based on ratings of urgency and appropriateness for primary total hip and knee replacements. The Consensus Group has met a number of times and will issue its report in April 2000.

The strategies for management of waiting lists include:

- a standardized referral form to be completed by the primary care physician and sent to the consulting orthopedic surgeon with ratings of patient pain and functioning,
- a standardized consultation report including the clinical condition of the patient, the Western Ontario and McMaster Osteoarthritis Index (WOMAC) for patient ratings of pain, stiffness and function, and appropriateness for surgery, and a decision regarding the booking of surgery,
- collection and assessment of patient WOMAC scores at the time of surgery, and,
- post-operative follow-up, using WOMAC scores at specified time intervals.

The forms are to be part of an information system that will be used to compile data on the number of persons waiting for procedures, waiting time from referral to consultation, waiting time from consultation to surgery by level of pain and functioning, total waiting time for surgery, and outcomes following surgery. The information system is to be part of the Ontario registry for total joint replacement.

The final report and recommendations will be submitted to the Ministry of Health and Long Term Care and to interested stakeholders in the province.

Paula Blackstein-Hirsch
Research Coordinator
Institute of Clinical Evaluative Sciences
paula@ices.on.ca

New Research Staff

Two new research staff members have joined WCWL. Dr. Barbara Conner-Spady is based in Edmonton and will focus on the reliability studies of panels situated in Alberta (Hip and Knee Replacement and MRI Scanning) and B.C. (Children's Mental Health). Ms. Elaine Dunn is based in Winnipeg and will manage the reliability projects of panels hosted in Saskatchewan (Cataract Surgery) and Manitoba (General Surgery).

Panel Updates

In late January, three of our five clinical panels met to review the findings of the initial pilot work. The next UPDATE will review the meetings of the MRI Scanning and Children's Mental Health panels.

The WCWL Hip and Knee Replacement Panel met in Calgary on Saturday, January 29, under the leadership of co-chairs Drs. Gord Arnett and David Hadorn. In light of comments from the orthopedic surgeons who filled out the forms as well as a report on the analysis of the first 156 cases, the panel decided to make some changes to the forms.

The items describing range of motion on examination and abnormal clinical findings were combined. A new item on specific orthopedic comorbidity (e.g. deformity, instability, leg length difference) was added. The panel decided to delete Item 7 (multiple joint disease) and added another item probing the potential for progression of disease (e.g. protrusio, major instability, bone loss significance, component wear, impending fracture). In addition, the number of categories of severity for Items 1 and 2 (pain on motion and pain at rest) was reduced from six to four. With these changes, the form will be reprinted and data collection will continue through April.

The orthopedic panel discussed alternative methods to test the reliability of the tool. With input from the Steering Committee, a protocol will be drafted, and an ethics review will be sought as appropriate.

Under co-chairs Drs. Mark Taylor and David Hadorn, the WCWL General Surgery Panel met in Calgary on Sunday, January 30. Panel members highlighted their experiences with completing the draft priority forms over the previous six weeks. It was generally agreed that the form was accurate in representing how general surgeons actually evaluate and rank-order their patients. The form was easy to use and had brevity on its side.

Medical students and residents were able to use it, and it has potential to be used as a teaching tool. Furthermore, it could be adapted for utilization by family physicians, perhaps in helping to prioritize how quickly surgeons see their referrals.

Results of the analysis of the pilot test data were presented. It was decided that the sample was not large enough and that surgeons would continue to collect one hundred or more additional cases through April. There was some discussion of combining Items 4 and 5 (impairment of role function and impairment of social

activities). However, it was decided that the questions would remain for the remainder of the pilot testing period.

The panel decided to assign weights to each item at a later date when more data is available. Reliability testing of the general surgery procedures form will be undertaken in concert with the other panels.

A meeting of the WCWL Cataract Surgery Panel was convened in Calgary on Monday, January 31, by co-chairs Drs. Ken Romanchuk and David Hadorn. With the exception of reversing the alignment of the first item (visual acuity), no changes were made to the pilot prioritization form. Nevertheless, it was felt that a larger sample was required before the items could be weighted; therefore, data collection will continue through April. Consideration was given to the issue of first eye vs. second eye surgery, and it was agreed that all consecutive cases would be added to the database.

In discussing the design of reliability testing, the panellists considered the merits of using videotapes of interviews with real vs. standardized patients as opposed to written case descriptions. The co-chairs and Steering Committee will determine the course of action to be taken.

Panel members were provided with a cataract surgery literature review and a short questionnaire probing their views of its usefulness and quality. A similar evaluation of literature reviews will be undertaken by members of the General Surgery and Hip and Knee Replacement panels. Results of the evaluation will be presented at the next meetings

Upcoming Events

- March 27 — Steering Committee meeting
- May 28 — Children's Mental Health Panel meeting
- June 2 — MRI Scanning Panel meeting
- November 22-24 — 3rd International Conference on Priorities in Health Care

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>

Funding for the Western Canada Waiting List Project is provided by Health Canada under the Health Transition Fund