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WHAT'S NEW?

Saskatchewan's Surgical Care Network including prioritization tools is presently being pilot tested in Moose Jaw SK. Look for details in the newsletter.

WCWL has a new administrative assistant; Ann Marie McInnis has joined the staff at the University of Calgary and can be reached at (403) 210-3813 and ammcinni@ucalgary.ca

SENATE COMMITTEE'S CARE GUARANTEE

In October 2002, the Standing Senate Committee on Social Affairs, Science and Technology chaired by Senator Michael Kirby released its final report entitled, "The Health of Canadians - The Federal Role," the culmination of a two-year study of the state of the Canadian health care system.

One of the more controversial recommendations in the report was to enact a health care guarantee that would ensure patients receive treatment within a specified maximum amount of time for major hospital or diagnostic procedures. If the waiting time is exceeded, the health care guarantee would require the insurer/government to pay the cost of the patient receiving the necessary service in another jurisdiction or another country. The guarantee would be based on an assessment of when a patient's health or quality of life is at risk of deteriorating significantly as a result of further waiting. Scientific bodies using clinical, evidence-based criteria would establish the maximum waiting times.

This recommendation was based on the belief of the Committee that solving the problem of waiting time or timely access to care is critical if Canada is to preserve the single insurer model of the publicly funded health care system. The report brings forth an argument based on Section 7 of the Charter of Rights and Freedoms ("the right to life, liberty and security of the person ..."). This argument states, in part, "when timely access to appropriate care is not available in the publicly funded health care system, the prohibition of private payment for health services becomes increasingly, if not impossible, difficult to justify."

The Committee believes it is essential that Canada develop accurate data on waiting lists and needs-based service criteria for people waiting for care. The Cardiac Care Network of Ontario (CCN) and WCWL are described in the report as two excellent examples of objectively prioritized waiting lists in Canada. The report further states that developing appropriate standards and criteria to determine acceptable waiting times for patients, at different levels of priority of need, is now necessary.

SASKATCHEWAN'S SURGICAL CARE NETWORK (SSCN)

Saskatchewan is one step closer to the implementation of a province-wide Surgical Patient Registry. Regional administration, staff, physicians and patients in the Five Hills Health Region are currently participating in a pilot initiative that is testing the registry's business processes, policies, procedures and clinical prioritization process.

As outlined in the Action Plan for Saskatchewan Health Care, the SSCN is guiding the development of a province-wide computerized surgical patient registry that will track all patients needing surgery in the province.

The registry, along with a new prioritization process, will help to ensure that surgical patients in Saskatchewan are ordered fairly on the wait list and will have their procedures completed in a timely manner, according to need.

Regional Health Authorities (RHAs), physicians, and Saskatchewan Health will use information from the Registry to assist in making their decisions regarding wait list issues and capacity requirements.

New Prioritization Process Developed for the Province

The SSCN, Regional Health Authorities, and specialists in Saskatchewan are moving toward implementation of a new prioritization process that includes:

- a common understanding of the "urgency" of specific surgical procedures performed in the province; and,
- a common method of determining patients' priority need for those procedures.

Developing Standardized Procedures and Urgency

The SSCN and Saskatchewan Health, in close consultation with specialists across the province, have developed a draft list of standardized surgical procedure names and associated "clinical acuity scores." These scores describe the range of "urgency" for individual procedures.

Determining Patient Need within the Procedure's Timeframe

The second aspect of the prioritization process involves the use of prioritization tools in all surgical specialties in the province. Saskatchewan plans to use existing WCWL tools for general surgery, orthopaedics and ophthalmology. The WCWL general surgery tool was used as a template for other surgical specialties. WCWL is closely involved with the evaluation of the tools that are being implemented.

Education sessions for physicians and Health Regions on the new prioritization process are planned for April with province-wide implementation of the tools to begin in May 2003.

SSCN Sub-Committee Working to Establish Maximum Wait Time Targets

The SSCN has established a Clinical Services Subcommittee to focus on a range of issues regarding provision of surgical services in the province. The subcommittee is comprised of various surgical specialists and senior administration representatives from the Health Regions and Saskatchewan Health. Chaired by Dr. Rob Weiler, this committee will propose maximum waiting time targets by fall 2003.

Work undertaken by the WCWL will serve to further refine these targets over time.

WCWL PUBLICATION UPDATE

Since the May 2002 newsletter two of our articles have been published; a copy of each is included with this newsletter.

Tom Noseworthy, John McGurran, David Hadorn and the Steering Committee of the Western Canada Waiting List Project. **Waiting for Scheduled Services in Canada: Development of Priority-Setting Scoring Systems.** Journal of Evaluation in Clinical Practice. 9(1). 2003. 23-31.

David Hadorn and the Steering Committee of the Western Canada Waiting List Project. **Setting Priorities on Waiting Lists: Point-Count Systems as Linear Models.** Journal of Health Services Research & Policy. 18(1). 2003. 48-54.

UPCOMING MEETINGS

March 26-28, 2003 - Meeting Patient Needs- Managing Hospital Demand, Melbourne, Australia.

April 28, 2003 - WCWL Steering Committee Teleconference

May 6-7, 2003 - meetings of the WCWL Research Committee and Implementation Panel, University of Calgary.

May 15-16, 2003 - meeting for the OECD, Waiting Time Project, Paris, France.

June 15-18, 2003 - The International Health Economics Association - Global Health Economics: Bridging Research and Reforms, San Francisco, USA.

June 22-25, 2003 - International Society of Technology Assessment in Health Care, Canmore, AB - Annual Meeting

UPDATE

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