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New Funding For WCWL

I am pleased to report that the four western provinces and the federal government have agreed to provide financial support to **WCWL** for an 18-month program of applied research building based on the partnership's accomplishments to date. Our administrative centre is situated at the University of Calgary, and much of the work will proceed at participating regional health authorities in Winnipeg, Saskatoon, Regina, Calgary, Edmonton, Vancouver, and Victoria.

The WCWL Role

Over the next 18 months WCWL will play a number of roles consistent with past performance and the new research agenda. The overarching role is to maintain a **community of interest** in wait time management in Canada. At the core of the WCWL project is a partnership of 19 stakeholder organizations including medical associations, ministries of health, regional health authorities, and research centres. As the nature and scope of this work progresses, the community of interest will grow as well.

WCWL will continue to serve as a **clearinghouse** to support information exchange as well as to provide linkage to national and international initiatives and agencies. As implementation moves forward WCWL will continue to provide technical, research, and management **support to the health regions** in aid of their objectives. WCWL offers significant opportunities for economies, shared learning and the potential for reduction of unnecessary duplication of effort.

The Action Research Agenda

Three elements make up the action research programme for WCWL_2. First among these is the **implementation** of the prioritization tools by health regions. WCWL will promote implementation by working with the regions and providing the support required to achieve success. Further, we will undertake an evaluation such that the viability, acceptability, and value to patients and to the system are better known. Implementation, beginning with detailed practicability reviews, is underway in several of the WCWL regional health authorities.

Given the lack of commonly accepted **standards for waiting times** for most planned or elective health care services, we will begin this work consistent with the approach described in the March 2001 Final Report. Definitions for waiting times incorporating measures of urgency are an important step toward improving access to medically necessary health care, and toward accountability.

Discounting the anecdotal evidence, there is little reliable information about the length of time patients wait for a consultation with a specialist following a referral from the family doctor. WCWL will determine which of the five prioritization tools can be adapted for use to assist **primary care** providers in making these referrals, and to provide specialists with a standardized measure of the urgency of the case being referred.

Phase-2 Pilot Workshop

On March 14 and 15 a group of researchers and healthcare managers gathered in Calgary to discuss the results of the five phase-2 pilot projects and to provide advice on how this new knowledge can influence implementation of the prioritization tools in the health regions. Upon completion of the development phase of the project in December 2000 a protocol was developed to subject each of the tools to additional validity and reliability testing in health authority settings. A synopsis of the hip and knee replacement tool is presented here and future newsletters will describe the other tools.

Hip & Knee Replacement

Phase-2 validity testing was carried out on patients waiting for hip and knee replacements in the Capital Health Authority (Edmonton and vicinity). The summed Priority Criteria Score (PCS), the Visual Analogue Scale (VAS) of urgency, the maximum recommended wait time, and patients' actual wait time served as the orthopedic surgeon's assessment of urgency. The patient-completed VAS, maximum desirable wait time, WOMAC, and EQ-5D were used to measure the patient's assessment of urgency and quality of life.

As part of this pilot project, a survey of 16 surgeons in the Capital Health Authority was completed to assess perceived strengths and weaknesses of the hip and knee tool. The keys to successful implementation are reliability, validity, and convenience; the WCWL tool is all of these. Further, this tool by virtue of its transparency and clinical coherence has advantages over the present system to the patient, primary care provider, surgeon, the health region, the provincial government, and the public.

WCWL Publication Update

Since the January 2002 newsletter two of our articles have been published; a copy of each is included with this newsletter. Both articles are accompanied by a commentary.

Derryck H. Smith M.D., David C. Hadorn M.D. and the Steering Committee of the Western Canada Waiting List Project. **Lining Up for Children's Mental Health Services: A Tool for Prioritizing Waiting Lists.** Journal of the American Academy of Child and Adolescent Psychiatry. Volume 41(4). April 2002. pp 367-376. Also available: www.jaacap.com

John McGurran, Tom Noseworthy and the Steering Committee of the Western Canada Waiting List Project. **Improving the Management of Waiting Lists for Elective Healthcare Services: Public Perspectives on Proposed Solutions.** Hospital Quarterly, Spring 2002. Also available: www.longwoods.com/hq/spring02/

Developing the Community of Interest

We've all agreed that not implementing the priority-setting tools developed by WCWL fails to contribute to improving the quality of wait list management in Canada. As we turn to the next phase of WCWL, therefore, the focus of our efforts is on Regional Health Authorities and their commencing the use of tools in western cities. Each environment will be different, hence the richness and challenge of implementing priority-setting systems which begin to shift focus from a predominantly provider-centric to a patient-focused system for scheduled services. Using a common framework for evaluation, local area conditions and critical success factors must be incorporated into detailed approaches to implementation and evaluation. Unlike much of the biomedical research, which is "summative" and starts with a specific question(s) often framed in the form of a hypothesis(es), our work is more of a "formative" nature. The questions change, answers and information work to inform and modify management and policy, which in turn creates or modifies the questions and correspondingly the need for answers, and so on. For now, in short, what works and what doesn't when WCWL tools come to town?

Together with our additional work on developing benchmark-waiting times, and adapting priority-count scores for use by primary health care providers, this next phase of WCWL promises to be at least exciting and informative. We are deeply indebted to Health Canada and the Ministries of Health in Saskatchewan, Alberta, Manitoba and British Columbia for their support and belief that we can collectively make a difference in improving the management of wait lists and times in Canada.

UPDATE

THE UPDATE is the ideally monthly newsletter of the Western Canada Waiting List Project. It is published at the Department of Community Health Sciences, University of Calgary, 3330 Hospital Drive NW, Calgary, Alberta, Canada T2N 4N1. For more information, please contact John McGurran, Project Director, at 403-210-3813 info@wcwl.org or visit our website at <http://www.wcwl.org>

Funding for the Western Canada Waiting List Project is provided by Manitoba Health, Saskatchewan Health, Alberta Health, the British Columbia Ministry of Health and Health Canada under the Health Transition Fund.