

HEALTH-CARE DELAYS ARE ANOTHER SCANDAL



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So much attention has been focused on the sponsorship program in Parliament that one might be led to believe that there is no other public policy issue of concern to Canadians. However, there is one matter on the policy horizon that is likely to become an election issue, whether it is held this spring or this fall. This issue is the length of waiting times in our health-care system.

In the February throne speech, the government highlighted its commitment to reducing waiting time, when the Governor General stated, "the length of waiting times for the most important diagnoses and treatments is a litmus test of our health-care system. These waiting times must be reduced. This will require fundamental reform and improvement in the facilities and procedures of the entire health-care system." More recently, last week in Toronto, Prime Min-

ister Paul Martin signalled that waiting times are one of his many priorities when he said he wanted "reform that ensures timely access to quality services that improve health outcomes."

This concern has headed the list of many health policy activists for some time, so almost 100 interested participants gathered in Aylmer in early April to consider ways to find a workable solution to this high-priority concern. This eclectic group of practitioners, academics, public opinion experts, lawyers, policy researchers and journalists set themselves a most ambitious agenda: to explore best practices in waiting-time measurement in search of ways to help practitioners deal with the problems they face on a daily basis. (See www.cprn.com for more details.)

The conference provided some useful observations. At present, the public accepts that it is reasonable to expect to wait for medical interventions, but there is evidence of growing frustration with increasing delays. Second, to add to the public's mounting concern about waiting time are three different waiting-time legal challenges being played out in our courts. Regardless of the outcome of these actions, the emergence of waiting time issues as charter challenges and class-action suits suggests

that the waiting-time issue has moved from being a straightforward health issue to a broader legal and political one. This development alone should signal how urgent it is that Canadians find a proper new balance in the waiting-time debate.

Next, judging from the presentations of practitioners and experts, it is apparent that Canada is providing the world with interesting ways to improve access to health services through better management of waiting times. It is also clear that, as a general rule, researchers do not have enough information about waiting times to provide a national picture of the current situation. The consensus among participants was that the current quality of waiting time data is "non-existent or poor."

Third, and most important, the experts agreed that there is no magic solution to reducing waiting times and that a mix of policy responses must be used and tailored to meet regional and local needs. In particular, three options appear to have considerable merit: the allocation of funds to increase system capacity and specifically address waiting time needs; increasing the productivity of health-care providers and institutions through incentives and more effective deployment of technology; and better management practices among practitioners such as surgeons, nurses and support staff.

In the short term, the participants agreed that waiting time management should be more patient-oriented than it is at present. The ability of health-care

providers and managers to reorient their thinking around patient needs is likely to be the single most important determinant of whether our health-care system can reduce waiting times for the average Canadian.

We also need to encourage health-care providers to develop more "metrics" around waiting-time issues. What we measure, we can evaluate. So the sooner we begin a national effort to collect more information, the sooner we will be in a position to spend and allocate in areas of greatest need. Since Canada has instituted a number of interesting new practices for improving waiting times, we also need to highlight best practices.

As a final thought, it is not obvious what role government should play in resolving the waiting-time challenge. Money alone does not appear to be the crucial driver. The solution is likely found at the local level where patients interact with their health institutions. Therefore, the task is to challenge the many thousands of health administrators and health-care providers who control access to our health-care system to become more innovative and patient-oriented. If we fashion the debate in this way, we might be able to unleash the institutional changes that we need to solve one of the most pressing and immediate health-care issues in Canada today.

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