

Report shows waits part of larger issue

BY ANDRE PICARD

When a government releases a report on Friday afternoon of a long weekend -- as it did with the final report of the federal adviser on medical-treatment waiting times -- it is indicative of a distinct lack of enthusiasm for its content.

So, what is in Brian Postl's report that the government of Stephen Harper doesn't want you to know?

First and foremost, it should be said that there are no blockbuster revelations that the Tories are trying to cover up.

Dr. Postl's principal sin, it would seem, is having been appointed by the previous Liberal government. That is enough to warrant the dreaded Friday afternoon treatment.

It's too bad, because the 76-page report is the most thorough and level-headed analysis of the waiting-times issue that has been done to date. It should be required reading for politicians and policy-makers alike.

Still, there are a lot of inconvenient truths contained in Dr. Postl's report.

Chief among them is that, however important the issue of waiting times might be, dealing with them in isolation will have little impact.

"Wait times are a symptom of a larger problem," said Dr. Postl, who is also chief executive officer of the Winnipeg Regional Health Authority. "In order to create a more efficient and effective health-care system, Canadians need to support a transformation that puts patients at the centre of the system."

The larger problem he alludes to is that the health-care system too rarely operates for the greater good of patients. Far too often, politics -- including partisan politics, concerns of health professionals and institutional convenience -- trump patient care.

There is no more striking example of this than waiting times. While waiting times for some surgical and medical procedures are unacceptable, truth be told, the issue is largely overblown. The five priority areas identified in the 2004 Health Accord -- joint replacement, cardiac care, cancer, cataracts and diagnostic imaging -- are not necessarily the most pressing, either.

Worse yet, the issue of waiting times is too often portrayed as one with simple solutions.

During the recent federal election campaign, the Conservatives promised waiting-time guarantees -- that patients would be treated within a set time frame or shipped off to another jurisdiction where care would be provided promptly.

Dr. Postl makes clear that care guarantees are not realistic given the current state of the system.

That is certainly not music to the ears of a government that made care guarantees a central election promise.

The waiting-time adviser argues persuasively that investing in information technology, and electronic health records in particular, should be a priority.

Only then can waiting lists be centralized and properly managed. Right now, many of the lists are informal affairs that are managed by individual hospitals and that doctors keep in their hip pockets.

Dr. Postl argues that each health region should have a single, common waiting list, and that each province should have a waiting-time champion. He says the public also needs some basic education -- to know, among other things, that all waits are not necessarily bad and that the overall situation is not near as grim as it may seem.

Waiting-time benchmarks developed for the five priority areas were sound and evidence-based, but the attention focused on the five has led to the neglect of other areas where waits are as bad, if not worse. It is time for benchmarks to be established for a broad range of procedures.

Dr. Postl's report notes that there are no waiting-time benchmarks for children, even though timing of interventions can be particularly critical. A child needing spinal surgery, for example, can be left permanently disabled, if it is not done promptly. The waiting times for children needing mental-health services are also among the most lengthy and tragic.

The waiting-time adviser also draws attention to gender issues -- that women often wait longer than men for care -- and that there are reasons to believe that aboriginal people may not be getting care as promptly as others.

"The issue of wait times is a systemic problem that requires a systemic solution," Dr. Postl concludes. He also reminds the political bosses that the \$5.5-billion allocated to resolve waiting times will run out long before waits do.

The reality is that, until politicians, policy-makers, health professionals and administrators embrace a culture that encourages and rewards quality, efficiency and constant improvement, patients will continue to be frustrated by bottlenecks and long waits.

That's a guarantee -- the kind elected officials don't really want you to ponder.

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Wait-times adviser says neglected "Cinderella diseases" need attention

BY DENNIS BUECKERT

OTTAWA (CP) - First ministers have created a crop of neglected "Cinderella diseases" by focusing on just five priority areas for faster care, says federal wait times adviser Brian Postl.

In his final report released Friday, Postl says wait-time benchmarks should be developed across the board, not just in five areas named by first ministers in the 2004 health accord - joint replacement, cardiac care, cancer, sight restoration and diagnostic imaging.

"Cinderella diseases' are the ones that did not get invited to the ball," says Postl, who was named to his post by the former Liberal government.

"The fear is, and the danger is, that the five conditions that figured prominently in the (first ministers') agreements will starve out all other for attention, resources and technology. It is not appropriate for our health care systems to be so focused on limited areas that we neglect others."

Postl suggests the system is not ready to deliver "care guarantees." Those guarantees would fund costs for patients to travel to another province or abroad if they can't get timely care at home. Care guarantees are one of the Conservatives' major election promises.

"System transformations as described in this report are necessary to underpin guarantees of any kind," he says.

The report was released late Friday before a long weekend, the traditional timing for release of information that governments do not wish to highlight.

Health Minister Tony Clement said the report "reaffirms the course all governments are taking, particularly to invest in research, information technology and better utilization of health human resources. These are the building blocks of the patient wait times guarantee."

Clement has had a hard time selling the notion of care guarantees to the provinces. The proposal would give priority to hip and knee joint replacements, cancer care and cataract surgery.

Postl's 76-page report offers numerous recommendations for improving the efficiency of the health system:

- Each province should have a wait-time champion to prod politicians and care providers to do a better job.

- Each region should have a single, common wait list rather than have a multitude of lists managed by hospitals and doctors.

- Multidisciplinary panels should be formed to recommend additional wait-time benchmarks beyond the five priority areas.

- A public awareness program should be carried out to make people have realistic expectations, and understand that some waiting is necessary.

- There should be much greater use of information technology, including electronic patient records.

- Health administrators should use the latest techniques developed by industry to manage complex systems, including a branch of mathematics known as "queuing theory."

"I think the real theme of all this is we have to change the whole way we do business," said Postl in an interview. "The old ways of managing wait lists out of doctors' offices and hip pockets just doesn't cut it any more."

He said Canada's health care system is potentially strong and there is no need for the negativity surrounding it in many quarters. He said close attention should be paid to Quebec's system of limited care guarantees.

Switch focus to patients, waiting-list adviser says Changes recommended to shorten queues

BY GLORIA GALLOWAY

OTTAWA -- The man responsible for examining the lengthy queues for certain medical procedures says Canada's health system will have to change its focus before those lines significantly shorten.

"The whole system has to get more focused on what it's like as a patient to experience the system," Brian Postl, appointed national waiting-times adviser by the previous Liberal government, said yesterday in releasing his final report.

On the whole, Dr. Postl is positive about the move to reduce waiting times for five key procedures identified two years ago in a federal-provincial health-care accord: cardiac bypass surgery, radiation for cancer patients, hip and knee replacements, cataract surgery and diagnostic imaging.

"In those five areas that were defined in the first ministers accord, I think there's been a huge effort across the country," said Dr. Postl, who is also the chief executive officer of the Winnipeg Regional Health Authority. "Certainly every province has increased the volume of work that gets done in the areas."

Canadians tend to be more pessimistic than they should be about the national health-care system, he said. One of the recommendations in his report is that the public be kept better informed about the improvements that are being made.

But there was a set amount of \$5.5-billion over four years included in the accord for waiting-time reduction. That funding will eventually end, Dr. Postl said.

"So it really is incumbent upon the system to change itself so it can manage within the funding base and keep the wait lists down where they need to be."

Specifically, he said, patients should be placed on common, regional waiting lists for procedures rather than on lists kept by individual doctors.

And "there should be some system of navigation to assist patients while they are on wait lists and to ensure that they don't get lost while they are waiting for services, that people know where they are and what their needs are while they are waiting," he said.

Dr. Postl's report also identifies a demand for better computer technology that would effectively distribute treatment information as well as manage electronic registries of patients and provide people in remote areas with faster diagnoses.

He said this would have to happen despite disputes between the two levels of government -- "this stuff isn't going to happen unless somebody gets this funded," he said.

Dr. Postl also recommends teaching physicians across the country the skills they need to better reduce waiting lists and ensuring that waiting-list management is taught in medical schools.

Federal Health Minister Tony Clement has been frustrated by the reluctance of the provinces to comply with his demand for guarantees on waiting times, promises that they will pay for treatments outside their jurisdictions when they are not available locally in a timely manner. He praised Dr. Postl's work.

"It reaffirms the course all governments are taking, particularly to invest in research, information technology and better utilization of health human resources," Mr. Clement said in a statement.

Yesterday was also the deadline spelled out in the 2004 accord for the receipt of a report of a ministerial task force that was asked to develop and implement a national pharmaceuticals strategy. That report did not materialize.

"Federal, provincial and territorial officials are in the final phases of report preparation, after which health ministers must review and sign off on the report before it is transmitted to first ministers," Robin Walsh, Mr. Clement's director of communication, explained. "The decision as to when the report might be made public will be made by first ministers."