

Canadian Press
June 30, 2006

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."