

# Waiting-list project struggles under weight of expectations

Steven Wharry

The Western Canada Waiting List Project (WCWL) is taking its act on the road in an attempt to correct some politicians' and physicians' inflated expectations.

Dr. Tom Noseworthy, the Alberta internist who chairs the project, is telling anyone who will listen what the WCWL is doing, but he says the more important message deals with what the project is not doing.

"The tools developed by this project will not tell us what is an appropriate time to wait for a particular treatment," Noseworthy said. "It will set up the process by which we can gather the necessary evidence to assess the need and potential benefit of a treatment and prioritize patients in a standardized manner."

The project was launched with great fanfare by federal Health Minister Allan Rock during the CMA's 1998 annual meeting. A little more than a year later, Noseworthy and his WCWL ([www.wcwl.org](http://www.wcwl.org)) colleagues were horrified when Rock promised that the project would provide a "stepwise plan" to manage waiting lists in Canada by early summer. Rock raised the promise of the WCWL results as a reason for Alberta Premier Ralph Klein to hold off on the contracting out of some surgical services to private facilities.

"His comments could have broken the deal," said Noseworthy, who wrote a letter to Rock explaining the scope of the project more clearly. "My hope is that no minister anywhere mentions this project again."

Despite the political imbroglios, Noseworthy appears more concerned with the misconceptions held by his medical colleagues. "I heard one VP medical say 'once this report is in we'll be able to use to manage our OR.' Some of our administrative colleagues obviously also have a flawed idea of what this project will accomplish."

So what is the project? The WCWL comprises representatives from the

Canadian, British Columbia, Alberta and Saskatchewan medical associations, governments and regional health authorities. The project has been broken down into 5 panels, which are measuring need and potential benefit in the areas of magnetic resonance imaging, general surgery, cataract surgery, hip and knee surgery, and children's mental health. The panels are working to produce a standard set of explicit criteria for each clinical area. This in turn would lead to a specific "urgency score" that would help determine the patient's relative status.

That the WCWL is uncharted waters is an understatement. The only other project that comes close to it in scope is the Cardiac Care Network in Ontario (CCN). Launched in 1990 after 2 years of extensive groundwork, the CCN coordinates cardiac services in all 14 Ontario hospitals that perform adult cardiac catheterization or cardiac surgery. The CCN is widely recognized as a world leader in measuring and managing waiting lists for cardiac surgery, but its success didn't happen overnight. That lesson is not lost on Noseworthy or other participants in the waiting-list project.

"It is unduly optimistic for anyone to suggest that the project's report will be a panacea for Alberta or other jurisdictions," cardiac surgeon Hugh Scully, the CMA president, says of the project. "The essential next steps in this process will be those of benchmarking appropriate and acceptable waiting times, and then measuring, monitoring and managing clinical outcomes."

The waiting-list project received \$2.18 million from the federal Health Transition Fund in February 1999 and was given until September 2000 to complete its work. Project participants are currently collecting and analysing preliminary data to determine how well the criteria are working in the 7 urban areas in which they are being tested.

Although Noseworthy served as chair of the National Forum on Health 4 years

ago and is not new to the political issues surrounding health care in Canada, he is already cautiously looking toward the project's next steps. He sees issues such as clinical benchmarks and the integration of waiting lists across specialties as logical next steps in what he hopes will be the progression of the project.

"I don't think this ends in the fall," he said. "If we don't say anything about integration, then we are sticking our heads in the sand."

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