

## ACCESS TO HEALTH CARE

## Wait Time Alliance first to set benchmarks

Health Minister Ujjal Dosanjh is praising a report by 6 national specialty societies and the Canadian Medical Association that sets out clinically acceptable waiting times for patients requiring urgent and nonurgent care.

The Wait Time Alliance released its report ([www.cma.ca](http://www.cma.ca)) on Apr. 4 recommending medically acceptable benchmarks for treatment in the areas of cardiac procedures, cancer treatment, diagnostic imaging, joint replacement and sight restoration.

Among other benchmarks, the report states that:

- in routine cases, cancer patients should receive radiation therapy within 10 working days of consultation with an oncologist;
- nonurgent hip and knee replacement surgery should be done within 10 months of the patient seeing an orthopedic surgeon;
- emergency patients should receive needed CT and MRIs within 24 hours;
- cataract surgery should be provided for routine treatment within 4 months; and
- coronary artery bypass graft surgery should be provided within 48 hours of an emergency and within 42–180 days for routine cases.

Dosanjh said in a statement that “While there are no quick fixes or magic bullets, the Wait Time Alliance tells us we need a pan-Canadian approach led by federal, provincial and territorial Ministers of Health. I agree. This is what Canadians expect if we are to tackle this problem

successfully and within the frameworks established by First Ministers.”

Under last year’s federal-provincial deal to strengthen health care, provincial and territorial health ministers promised to achieve “meaningful” reductions in the 5 priority areas examined by the Wait Time Alliance.

The ministers will report on wait times in their jurisdictions in September. Later in the fall, the Alliance will issue another report, finalizing benchmarks in some areas and presenting ways to reduce wait times.

The Alliance thought it was critical to issue this interim report quickly, in order to frame the wait times debate around patient needs, says Normand Laberge, CEO of the Canadian Association of Radiologists (CAR). “We’re the first ones out of the gate. Nobody [else] has done their homework, and it was our homework to do,” he said. “The minister agrees that it is preferable to have physicians determining wait time benchmarks, than governments.”

The Alliance is comprised of the CMA, CAR, the Canadian Association of Nuclear Medicine, the Canadian Association of Radiation Oncologists, the Canadian Cardiovascular Society, the Canadian Ophthalmological Society and the Canadian Orthopaedic Association.

Although the federal government has allocated \$5.5 billion to the Wait Times Reduction Fund, more money will not au-

tomatically result in shorter queues, the Alliance stresses. Human resource shortages will take longer to resolve, while, in the intermediate term, opening new operating room beds and buying new equipment should help relieve some of the crunch, says Dr. Ruth Collins-Nakai, president-elect of the CMA.



**Pick up the pace: The Alliance has set medically acceptable benchmarks.**

In the short term, Collins-Nakai says, the Alliance is looking at changing health care delivery strategies. When the US Veterans Health Administration made ... systemic changes, they saw dramatic decreases in just 6 months, she says.

Both Laberge and Collins-Nakai stress that next steps involve consultations with governments, patient groups, hospitals and regional health authorities.

“We want to work in sync with governments. The only way the wait time issue is going to be solved is when the governments and providers work together on solving it, instead of being on two different sides,” says Laberge. — *Laura Eggertson, CMAJ.*