



Backgrounder: Waiting Lists

Better management and resources are needed to tackle health care bottlenecks. A comprehensive wait list strategy would include the following:

- **Keep the solutions public.** Evidence from Canada and around the world demonstrates that private health care will not ease wait time pressures – it actually lengthens wait lists and drives up costs.
- **Centralize and coordinate information on wait lists.** This includes coming up with standard definitions and measurements.
- **Keep lists current and valid.** Lists are often unreliable, containing patients who already had the procedure, no longer need it, or have died. Decisions about who gets what surgery often do not follow clinical practice guidelines.ⁱ Removing people who should not be on a list reduces last minute cancellations and allows managers to better plan.
- **Coordinate management of wait lists.** Most lists are kept by individual doctors, and patients are not regularly moved onto the shortest list. Improving data and agreeing on benchmarks is, however, only the first step. Referring patients to shorter lists and integrating care is necessary to reduce the underlying bottlenecks.
- **Centralize booking, expand case management, and improve teamwork.** Dr. Michael Rachlis recommends shared care arrangements, where family doctors consult with specialists to reduce unnecessary referrals.ⁱⁱ Rachlis also points to the success of case managers – hospital staff who specialize in coordinating patient care.ⁱⁱⁱ
- **Consolidate the different steps in diagnosis and treatment.** The Sault Ste. Marie breast health centre reduced the wait time from mammogram to breast-cancer diagnosis by 83 per cent by integrating the diagnostic procedures - mammogram, ultrasound and biopsy.^{iv}
- **Invest in equipment and staffing to clear backlogs, and then coordinate care** to deal with underlying mismatches of capacity and demand. Additional resources can help providers catch up to demand, but we need to better manage the flow of patients through the system for a lasting solution.
- **Utilize health care providers to their full scope of practice, and achieve multidisciplinary collaboration.** Using nurses – RNs, practical nurses, and psychiatric nurses – as well as paramedical professionals and

other practitioners to their full scope of practice will help meet demand. More teamwork between providers is another needed reform.

- **Expand continuing care and primary care**, which will ease pressure on emergency rooms and hospital inpatient wards. Inadequate funding for home care and residential long-term care has increased the burden on the hospital system.
- **Primary care reform** must move faster, although family practice teams and alternatives to fee-for-service have made some headway in recent years. Most provinces have not expanded community health centres, despite their proven success. Investment in prevention and management of chronic disease, multidisciplinary team practice, and community public health programs would improve health outcomes and reduce reliance on the acute care system.

ⁱ Rachlis, M. (2004). *Prescription for Excellence: How Innovation is Saving Canada's Health Care System*. Toronto, ON: HarperCollins, Ch. 11 p. 3. Kennedy, J., Quan H., Gaili W.A., Feasby, T.E. (2004). "Variations in rates of appropriate and inappropriate carotid endarterectomy for stroke prevention in four provinces." *Canadian Medical Association Journal*, 171(5): 455-9. Brownell, M. (2002). "Tonsillectomy rates for Manitoba children: temporal and special variations." *Healthcare Management Forum*, Suppl: 21-6.

ⁱⁱ Rachlis, M. Ch. 11, p. 8.

ⁱⁱⁱ Ibid, pp. 11-12.

^{iv} Ibid, p. 9.