

# **Our health care system is worth maintaining – and improving**

## **CUPE response to the Final Report of the Federal Advisor on Wait Times**

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The Final Report of the Federal Advisor on Wait Times was released the afternoon of June 30, the Friday before the Canada Day weekend. This timing usually means the government is trying to hide something.

In this case, wait times are supposedly one of the Conservatives' five priorities, and their only health care priority. On the other hand, the Conservative promise is limited to patient wait time guarantees, and the Report of the Federal Advisor on Wait Times doesn't call for guarantees. In fact, Dr. Brian Postl calls for maintaining and improving the public health care system as a way to ensure timely access and fix the wait times problem.

### **Background**

- Wait times have emerged as an important health care issue. Canadians want and deserve timely access to health care services. But wait times are also a political hot potato for politicians, and a convenient excuse for those who want to profit from the privatization of health care.
- In 2004, First Ministers allocated \$5.5 billion to assist provinces and territories to reduce wait times
- In 2005, they established 10 wait time benchmarks for 5 “priority areas”:
  - cancer
  - cardiac
  - diagnostic imaging
  - joint replacement
  - sight restoration
- Dr. Brian Postl was appointed Federal Wait Times Advisor in July of 2005. His mandate was to look at the factors that cause long wait times and discuss solutions with provinces, territories and stakeholders.
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### **Key recommendations of Federal Advisor on Wait Times**

The report calls for:

- Ongoing research to support benchmarking and operational improvements. (While acknowledging that “benchmarks alone will not solve the problem of timely access to health care systems”)

- Adoption of modern management practices and innovations in health systems
- Implementation of information technology (IT solutions)
- Cultural change among health professionals, especially doctors as the “gatekeepers” to the system
- Development of regional surge capacity
- Public education to support transformation of the health care system

## Highlights

- The report gives examples of **public sector success stories** managing wait times. “In every jurisdiction, clinicians and managers are experimenting with innovative ideas and efficiency-seeking practices. We need to harness the initiative and talent that exists in our midst and encourage its further development”. The report calls for wait time champions in each province, capacity building, and the use of innovative wait time management practices such as common wait lists, team based approaches, queue management theories, etc.
- While not part of the initial mandate, Dr. Postl recognizes the need for a **health human resources** strategy. He calls for more team based care as well as wait time coordinators and patient advocates. Health care support staff are key players in initiatives such as these that improve how the health care system works. It is unacceptable that the Conservative government has put billions of dollars into Canada’s military, including expanding military human resources, without putting any new money into the public health care system and the health human resources that provide health care services.
- The report calls for **gender based analysis**, to ensure that changes to the system incorporate information about how wait times (and other aspects of health care delivery) impact differently on men and women. The report includes a report by the Women and Health Care Reform Group that provides a gender analysis of hip and knee replacements – one of the five priority areas. It shows how and why women underuse joint arthroplasty surgery, even though women have twice the rate of osteoarthritis as men, feel greater pain, and are more likely to be disabled by it. It also shows how women of colour and women with lower income are even more disadvantaged. This kind of analysis needs to be included in all health policy development.

- The report also notes some important issues that are being missed in current discussions about wait times. One is that **children's wait times** are not being looked at. Another is that the focus on five "priority areas" (cancer, cardiac, diagnostic imaging, hip and knee replacement and cataracts) is giving rise to what some call "**Cinderella diseases**" (the ones that didn't get invited to the ball). Dr. Postl and many others are concerned that focusing attention on "priority" issues threatens the comprehensiveness of the system because attention and resources are diverted away from other important health issues.
- The report also acknowledges that provincial governments are working on other important health care priorities that are critical to the maintenance of our public health care system. In particular, it mentions **primary health care renewal** and **the management of the prescription drug supply** and new methods of financing drugs.

#### And some areas of caution ....

- Unfortunately, the report does not seem to take into account the evidence that shows that public health care provides better service and is more efficient than private, for-profit care. It says that the alternative of **contracting to private providers might also be considered** to meet wait time guarantees, although only when:
  1. The purchase of private services results in greater advantage to the publicly-funded service than what would be achieved by investing the same public funds in the public system; and
  2. Where contractual conditions clearly specify volumes of care, anticipated outcomes and unit cost.

Any opening of the system to for-profit interests is problematic, given that there is already a recognized lack of reporting under the Canada Health Act on private clinics and services.

- Dr. Postl comments on **patient wait times guarantees** at the end of his report, almost as an afterthought. He refers to European experiences as well as the proposed Quebec legislation and says that guarantees should only be used along with three principles:
  1. Evidence based benchmarks,
  2. System changes to underpin the guarantee, and
  3. Maximum use of existing capacity and strategic development of new capacity.

He also says the Quebec plan to fund the private, for-profit sector to help meet guarantees is “worthy of close attention” during the trial period proposed. In the end, he doesn’t endorse wait time guarantees, but he also doesn’t dismiss them outright, even though the concept is not consistent with the systemic, comprehensive approach he takes to health care delivery throughout his report.

- The report talks about the important role of **information technology** in improving the health care system and ensuring timely access to health care services. While information technology is a key tool, it is important that its development and use be implemented within the public sector. Too often, information technology becomes a way to open public services to the private sector without proper conditions and accountability mechanisms, to the detriment of services and the people who depend on them.
- The report refers to “**many practices that can be adopted from the experience of business and industry**”. It doesn’t go into detail about which practices should be incorporated into the public health care system, but neither does it stress that business and industry practices need to be implemented within, and accountable to, the public system, for reasons of cost effectiveness and service to the public.
- Discussion of human health resources mentions “professionals, para-professionals, managers and policy makers”. There is **no mention of health care support staff** and the important role we play in health care delivery, supporting the work of doctors, nurses and technicians, but also in maintaining safe, clean facilities and providing healthy food.

## Conclusion

The Report of the Federal Advisor on Wait Times is a comprehensive overview of the factors that cause long wait times and systemic solutions to the problem. We hope that the federal Conservatives will pay attention to the evidence and thoughtful recommendations and provide the resources needed to maintain and improve our public health care system.

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