

## National wait times database needed

As any *CSI: Crime Scene Investigation* enthusiast knows, hard data coupled with brilliant deduction is essential to tracking down the solution to a complex criminal case.

Lead investigator Gil Grissom continually exhorts his team to “follow the evidence” as they scour fictional databases. In a memorable episode where a team member is buried alive on a plantation, the detectives find electronic records of every tree farm near Las Vegas, Nevada, in their efforts to nab the culprit.

It’s a degree of precision and a data-mining capability that Canadian health care experts who hope to reduce patient wait times across the country only wished they had, particularly in light of the variability in provincial and territorial health databases.

Few doubt the reality of wait times. Horror stories of long line-ups in emergency departments and long waits for hip replacements, after all, are easy to find.

Yet, pinning down the precise duration of waits, from province to province, is extraordinarily difficult. Some provinces keep spotty records, while some have a different definition of a “wait time” than others. There appears to be very little methodologic rigour in data collection, making it all but impossible to accurately compare wait times between provinces.

It’s typically Canadian, and a refrain that was often heard during discus-



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Although interprovincial wait time comparisons are often meaningless, 5 new reduction targets have been chosen.

### Ask and ye shall be included

Chance appears to have played as much a role as need in the designation of 5 new priority areas as primary targets in the national effort to reduce lengthy wait times.

The Wait Time Alliance, a coalition of medical specialists operating under the rubric of a Canadian Medical Association umbrella, recommended in late November that wait time benchmarks be established for 5 additional specialties: emergency care, psychiatric care, reconstructive plastic surgery, gastroenterology and anesthesiology.

Yet, adding the 5 areas wasn’t a function of any form of conscious selection of areas in which there are the lengthiest waits for health services, so much as a matter of mere circumstance and fortune, says Dr. Lorne Bellan, co-chair of the alliance and president of the Canadian Ophthalmological Society.

The 5 new specialties simply volunteered to join the 5 specialties — diagnostic imaging, hip and knee replacement, radiation oncology, cataract surgery and cardiac — that were already a part of the alliance, Bellan told a Kingston press conference.

When representatives of 47 specialties attending the semi-annual Canadian Medical Association committee meeting of medical organizations were asked to make their pitch for inclusion in an expanded list of priority areas, “these are the 5 that came forward and said: ‘we can create the benchmarks that are necessary.’”

The Wait Time Alliance urged that the 5 recommended areas be included on the intergovernmental priority list for reduced wait times, which was established in 2004 as part of the 10-year Plan to Strengthen Health Care.

sions surrounding the Wait Time Alliance’s release of new wait time benchmarks for 5 additional medical specialties at a Kingston, Ontario, conference held at Queen’s University from November 26 to 27.

“A national collection system is fundamental in terms of managing good wait lists,” says Jack Tu, a senior scientist at Ontario’s Institute for Clinical Evaluative Sciences. “Without it, you can’t do anything.”

Such was the consensus repeatedly expressed by the broad cross-section of about 100 government policymakers and physicians who argued that data management must be improved if Canada is to ever get wait times under control. But standardizing data collection across 13 jurisdictions has proven a monstrous task. Even in an age when most information is readily available on the Internet, few of these records are put online for the public or policymakers to view.

“It would require a centralized, probably in Ottawa, website that you could access,” says Dr. Colin McMillan, past president of the Canadian Medical

Association. “The current data on the provinces’ and territories’ websites would be centralized through that.” Such a system would make the data easier to compare and put pressure on the provinces who are underperforming to do better, McMillan adds.

The Canada Health Infoway, a not-for-profit organization established to collect electronic health records, would be an ideal place to house such a system, says Duncan Sinclair, past chairman of Infoway’s board and a fellow of Queen’s School of Policy Studies. “[The provincial governments] have to develop a policy-making body that would have an information-management system.”

“There needs to be more agreement about standard measurements” regarding wait times before such a system is possible, says Dr. Lorne Bellan, co-chair of the Wait Times Alliance and President of the Canadian Ophthalmological Society. For example, some jurisdictions do not consider the time waiting for a family doctor in their wait time calculations. — Elizabeth Howell, *CMAJ*

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