



Waiting-list Web site “inaccurate” and “misleading,” BC doctors complain

Heather Kent

A Web site sponsored by the British Columbia government that documents waiting-list times for surgery appears to have polarized the attitudes of physicians and government officials. Some doctors say the list is inaccurate and misleading, while the government contends that it will help patients choose their surgeon.

The 2-month-old Web site (www.hlth.gov.bc.ca/waitlist) now features data from 33 hospitals; there is also a toll-free (BC only) phone number for people without Internet access. After the government adds 17 more hospitals to the site this summer, 98% of all nonemergency surgery in the province will be covered.

Dr. Neil Fatin, a Ministry of Health consultant who helped create the Web site, says it is “a great incentive for physicians and hospitals to get their data refined — because it is now public.” He said it provides useful information for patients discussing a choice of surgeon with their family doctors. Referring doctors will be able to see the relative length of a surgeon’s waiting list. Although he acknowledges that doctors “tend to have traditional referral patterns,” Fatin says the Web site data provide physicians with pertinent information that they may not have had before.

Dr. Jim Lane, immediate past president of the British Columbia Medical Association (BCMA), disputes the site’s usefulness. He says most family physicians “have a pretty good idea” of surgeons’ waiting lists in their community and will ensure that their patients are referred to the appropriate specialist.

Lane says the Web site waiting lists may also reinforce the false public perception that surgeons with longer waiting lists are more competent. Fatin is unconcerned: “That perception has been around since I have been in medicine.”

Inaccurate times?

The method used to calculate waiting times is also a red flag for some physicians, with some surgeons complaining that the times listed are inaccurate. Fatin says the health ministry is simply collating the information that surgeons and hospitals supply, and “we haven’t made any of this up.” The ministry calculates the waiting time from the date the surgery booking card is received by the hospital to the date that the surgery is performed. Ideally, Fatin wants the date that the decision is made to go ahead with the surgery to be



as close as possible to the date that the card reaches the hospital. Ministry staff are encouraging surgeons to get the booking cards into hospitals faster, but there are delays. “Some physicians get their cards in immediately, while others sit and hoard them for a while.”

At the Vancouver General Hospital the waiting period is calculated from the date the decision is made to schedule surgery. Dr. Jeff Coleman, the hospital’s vice-president of medical affairs, says this is “the most reliable and useful indicator, because there can be considerable time lapse between the decision and the time it gets booked.” Coleman is expecting “a very high level of compliance” with the new system because surgeons are not given operating time unless the appropriate dates are included on their booking forms.

However, Lane says that surgeons sometimes “don’t bother putting a list in to the hospital until it is closer to the [operating] date so that they don’t have to keep rearranging and readministering. There was no standardized way of sending bookings into a hospital.”

Fatin says the health ministry intends to ensure that waiting lists should be based on the time between the family doctor’s referral to a surgeon and the date surgery is performed. These data will eventually be added to the Web site. “We have always argued that waits have to be measured from the time the doctor determines that treatment is necessary, not the time it actually gets booked in a hospital,” says Lane.

Fatin says that putting waiting list data into the public arena is a good opportunity to “get wait-list data sorted out once and for all so that we have a common data set in the province by which the health care system can be managed.”



He would like to avoid having the BCMA and other groups, such as the conservative Fraser Institute, “running out and doing their own thing,” and in the process producing reports on waiting lists that use different methodologies. That, he says, just “confuses the public.” Lane agrees that if waiting-list information is to be useful, everyone must use the same criteria.

Fatin says the Web site is designed to do more than serve the public. It is “one tool for management that we will marry to the utilization rates in the province, then you can start looking at whether people are being overserved or underserved.”

Coleman says the Vancouver General “has been committed for some time to using wait times as a performance indicator. I don’t think there is any reason why facilities shouldn’t be prepared to share their performance indicators with the public. The Web site, inasmuch as it does that, is a very good thing.”

But in terms of helping patients and family doctors in

“juggling between one wait list and another,” Coleman is less enthusiastic. “I personally don’t know whether that’s going to have an impact at all because most primary care providers are already quite familiar with the system. They know who does what, with what expertise and with what waiting [time].”

Lane believes that the Web site will become “a nonissue. Doctors will stop looking at it because it is of no value to them. The most important issue is who is going to be the best person to do the job for you. I think my patients are better served if I am referring to people that I think they will be best served by — that’s a very beneficial service primary care doctors provide.”

However, Fatin maintains that the Web site is for patients’ benefit. “They are the ones who are waiting — it’s not the physicians who are waiting and it’s not the government that’s waiting. It’s the patients who are waiting.”

Heather Kent is a Vancouver journalist

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Substance abuse at the turn of the millennium

The World Health Organization (WHO) initiated a campaign in 1981 to achieve “health for all” by the year 2000. One aim was to significantly reduce “the health damaging consequences of dependence producing substances such as alcohol, tobacco and psychoactive drugs ... in all member states by the year 2000.”

To mark the WHO goals for reducing substance abuse, and the millennium itself, we will publish a special issue of *CMAJ* on substance abuse in early 2000. We are calling for original submissions from physicians and patients to complement a core of invited papers from national and international experts on the many facets of substance abuse. Topics may be as diverse as the range of scholarship or experience will allow. Preference will be given to papers containing original or challenging ideas and those that seek to move both the debate and the solution forward.

Potential authors are invited to contact the Editor-in-Chief (Dr. John Hoey; hoeyj@cma.ca) to discuss ideas for topics. Manuscripts received by August 1, 1999, have the best chance of being included in the issue. For further details, see the editorial in the May 18 issue (*CMAJ* 1999;160(10):1468) or read it online (www.cma.ca/cmaj/vol-160/issue-10/1468.htm).