## Governments must finish the job on wait times

OTTAWA, June 18 /CNW Telbec/ - A Wait Time Alliance (WTA) report card released today shows some spotty progress in cutting wait times in the five clinical areas deemed priorities by governments. However, far too much of the wait-times picture for patients remains shrouded in mystery.

"People can go online and track the progress of a package they shipped from one end of the country to another, yet in many parts of Canada patients still cannot find out how long they can expect to wait for critical medical treatments and procedures," said WTA co-chair Dr. Lorne Bellan. "We need to do a better job of tracking and reporting on the full wait that patients experience to access necessary medical care."

The WTA's fourth annual report card - entitled Unfinished Business to highlight the fact that much more work remains to be done to cut wait times grades the progress of provincial governments in reducing waits compared to last year.

This year's WTA Report Card shows slight improvement over the previous year in wait times for the five priority areas.

New this year, the WTA Report Card includes data on the total wait for an expanded range of specialty services. This includes waits for more procedures under the initial 5 priority specialty areas, as well as for procedures in new specialties, specifically: psychiatry, obstetrics/gynecology,

gastroenterology, plastic surgery, anesthesiology and emergency care.

Unfinished Business also examines wait times from the time a patient is referred by a family physician to the time treatment by the specialist is provided.

"In England, the maximum allowable target time set by the National Health Service for referral by family doctor to the day of treatment is 18 weeks," said Dr. Bellan. "Our study shows that for many medical specialties in Canada that we examined, we don't even come close to that."

For provincial "Trends" in reducing wait times, the 2009 Report Card again shows that some progress has been made over the last year with only a few regressions in some areas. The failure of governments to apply wait-time targets to a broader array of clinical services remains a glaring example of the work that still needs to be completed.

"Five years ago, governments agreed to targets for coronary artery bypass grafting, just one, narrow part of cardiac care," said WTA co-chair Dr. Lorne Bellan. "Since then, there has been no progress in expanding benchmarks, even though the Canadian Cardiovascular Society developed a full set of evidence-based care in 2005."

"While some progress is being made, it only represents a small step toward improving access to timely care for our patients-there remains much unfinished business," added Dr. Bellan.

Media can access the 2009 Report Card and background materials at www.waittimealliance.ca

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