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## Back-peddalling on benchmarks puts health plan in jeopardy

*Ottawa, October 13, 2005*—The Wait Time Alliance (WTA) is dismayed and disappointed to learn today that governments at both the federal and provincial levels are abandoning patients and failing Canadians by choosing not to produce wait time benchmarks for accessing health care services.

“It is inconceivable that our leaders are back-peddalling on this first, critical test of political will. In effect they are saying they cannot work together on a solution to ease the angst of our patients,” said CMA President and WTA spokesperson, Dr. Ruth Collins-Nakai. “This is particularly troubling since the Wait Time Alliance has already produced exactly what governments say is unobtainable.”

Last September Canada’s First Ministers reached a \$41-billion, 10-year plan for health care with Prime Minister Paul Martin. Among other components, the plan said:

- “Each jurisdiction agrees to establish comparable indicators of access to health care professionals, diagnostic and treatment procedures with a report to their citizens to be developed by all jurisdictions by December 31, 2005.”
- “Evidence-based benchmarks for medically acceptable wait times starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration will be established by December 31, 2005....”

“A deal was reached, but if the Premiers and the federal government didn’t intend to follow through on their promises they shouldn’t have signed,” said Normand Laberge, Executive Director of the Canadian Association of Radiologists and WTA spokesperson. “They made a promise to Canadians, they need to live up to that promise and act. For governments to say that wait times is not an issue is quite shortsighted in light of the recent Chaoulli ruling by the Supreme Court.”

The Wait Time Alliance has produced maximum acceptable medically agreed upon system performance goals based on the best scientific evidence available for the five key treatment and diagnostic areas and an implementation plan that governments could use immediately.

“Why is it that six national medical organizations and the CMA can come together, take on the professional risk, and produce the best available evidence and then have government officials decide it can’t be done,” asked Dr. Collins-Nakai. “This was the first test of the 10-year health plan, and our leaders are failing Canadians.”

A recent poll done for the CMA by Ipsos-Reid shows that over eight in ten (86 per cent) of those asked said that Canadians should have the same wait time standards regardless of which province or territory they live in. The same poll shows strong support (88 per cent) for the federal government to go ahead and work with health professionals to establish national benchmarks without the provinces, should they fail to meet their commitments.

The WTA recognizes that different provinces are at different stages of readiness in being able to meet performance goals in the five priority areas. That is why the WTA provide appropriate flexibility for provinces to be able to build on their strengths and obtain help in areas where they have challenges.

“The WTA has offered to meet with the federal/provincial/territorial health ministers at their meeting next week to help bring in wait time benchmarks for our patients,” said Dr. Collins-Nakai. “The WTA, and health care providers generally, remain willing to do our part and to work with various levels of government to get the job done for the sake of our patients.

“However, we have yet to receive a response to our request even though we have a plan ready to go, today, all we need to do is the political will to implement it.”

The Wait Time Alliance of Canada (WTA) is comprised of the Canadian Medical Association, the Canadian Association of Radiologists, the Canadian Association of Nuclear Medicine, the Canadian Association of Radiation Oncology, the Canadian Cardiovascular Society, the Canadian Ophthalmological Society, and the Canadian Orthopaedic Association.

For more information:  
Carole Lavigne, Media Relations  
Tel: (613) 731-8610 or 1(800) 663-7336 ext. 1266  
Cell: (613) 447-0866