

# Expert Panels and Ontario's Wait Time Strategy<sup>1</sup>: Part 2

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## Introduction

Expert panels have been widely used in healthcare as a way of bringing knowledgeable people together to examine issues and identify solutions in well-defined areas. Various terms have been used to describe these groups of experts such as “consensus panels,” “blue ribbon panels” and “expert committees or panels.”

Regardless of the term used, panels of healthcare experts have a history of providing invaluable advice to policy- and decision-makers. The extent to which this advice results in tangible change depends on whether the advice influences both policy- and decision-makers, and practitioners.

Expert panels are making a significant contribution to the success of Ontario's Wait Time Strategy (Strategy) by shaping the Strategy, creating momentum for widespread change, and impacting on the policies and decisions related to this initia-

tive. Launched in November 2004, the Strategy is designed to improve access to healthcare services in the public system by December 2006, reducing the time that adult Ontarians wait for services in five areas: cancer surgery, cardiac revascularization procedures, cataract surgery, hip and knee total joint replacements, and MRI and CT scans (Trypuc et al. 2006). One of the key elements of the Strategy is a concerted use of expert panels to obtain initial and ongoing advice on improving access and reducing wait times. Not only are the expert panels generating an impressive body of practical expert advice, but government is listening to and acting on many of the changes recommended by these panels. This is resulting in a number of positive consequences that are contributing to the Strategy's success and will contribute to its sustainability over time.

This article examines the use of expert panels created by the Ontario Ministry of Health and Long-Term Care (Ministry) under the umbrella of the Wait Time Strategy.<sup>2</sup> The article presents an overview of these panels, briefly summarizes common themes that have emerged from the deliberations of the clinical panels and reflects on the impact of these panels to date.

1. For Part 1 of Ontario's Wait Time Strategy, see Trypuc, Hudson, MacLeod 2006. <http://www.longwoods.com/product.php?productid=18101>

2. When the Strategy began, the Ontario Hospital Association struck a committee to advise on hospital implementation issues. This committee continues to provide useful advice but is not examined in this paper.

### Overview of the Expert Panels

Within the first few months of launching the Wait Time Strategy, the Ministry established eight expert panels to provide government with clinical and system advice on improving access and reducing wait times to quality services. The following organizing principles were used to guide the creation of the panels.

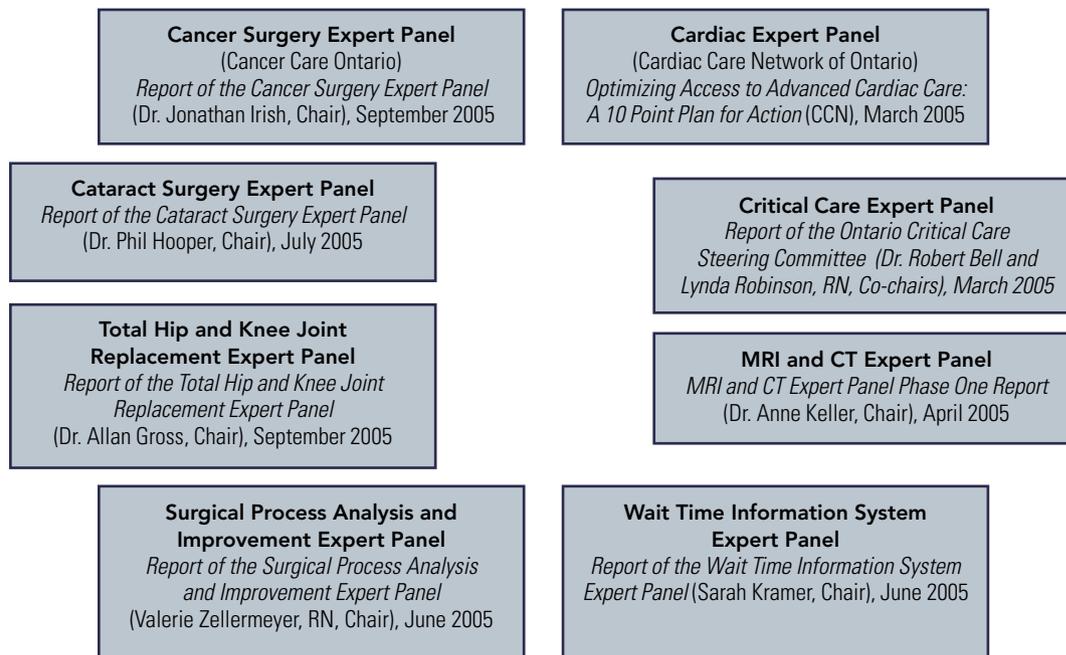
- Panels report to the provincial Lead of Access to Services and Wait Times.
- The provincial Lead appoints the panel chairs, all of whom are regarded as leaders in their field.
- Panel members include clinicians, administrators, researchers and other recognized healthcare leaders.
- Panels advise the government through the Assistant Deputy Minister, Health System Accountability and Performance. Government has the authority to make final decisions. The panels are not advocacy or bargaining agents acting on behalf of personal, professional or organizational interests; rather, the panels are expected to provide their best advice for the benefit of patients.
- Individuals voluntarily participate on the expert panels. Travel expenses are covered.

- Ministry resources are used to support the work of the expert panels.

Five clinical expert panels were created to provide advice in the areas of cancer surgery, cardiac surgery, cataract surgery, total hip and knee joint replacement, and MRI and CT (see Figure 1). Expert panel leadership is provided by existing advisory bodies in Ontario for cancer surgery (Cancer Care Ontario) and cardiac surgery (Cardiac Care Network of Ontario). To date, all five panels have developed provincial plans to provide equitable access – regardless of where one lives – to quality procedures in a timely and appropriate manner. Provincial plans include recommendations on patient priority rating and treatment targets, population-based planning targets, standardized best practice and quality improvement targets, information management, human resources, technology, funding and organizing services to meet future demands.

In addition to the five clinical panels, the Ministry created three other expert panels to address wait time-related issues and initiatives (see Figure 1).

Figure 1. Ontario's Wait Time Strategy Expert Panels



►All reports are available at [www.ontariowaittimes.com](http://www.ontariowaittimes.com)

- The Wait Time Information System Expert Panel provides ongoing advice on developing and implementing a Wait Time Information System (WTIS) and Enterprise Master Patient Index (EMPI) for Ontario. This panel's provincial plan assessed available healthcare information and technology, identified wait time information to be collected and reported, and outlined the processes and technology needed to prioritize patients in each area. The panel's advice is resulting in significant information developments that have widespread applications beyond wait times. For example, the WTIS and EMPI are providing the foundation for an electronic health record.
- The Surgical Process Analysis and Improvement Expert Panel provides ongoing advice on improving peri-operative processes (pre-operative, operative and immediate post-operative). This panel's provincial plan provided advice on accountability frameworks, benchmarks and best practice targets, information technology and management, human resources, funding and the organization of regional surgical services to increase efficiencies.
- The Critical Care Expert Panel provides ongoing advice on methods to support a well-functioning critical care system that will minimize surgical delays and cancellations. This panel's advice builds on the work of the Ontario Critical Care Steering Committee, which developed a comprehensive list of innovative recommendations to improve access to safe critical care by organizing services, providing critical care supports, preparing for surges, and targeting efficiencies through better management (Bell and Robinson 2005).

In the first year of the Strategy – when a common objective of each panel was to develop provincial plans to improve access – one consistent person worked with each of the clinical expert panels to bring a common analytical rigour to panel deliberations, ensure that the recommendations of all the panels were aligned and develop final panel reports that focused on practical solutions that could be implemented. Reports were written to be understandable by clinicians and the general public. The Minister of Health and Long-Term Care publicly released the reports of all the expert panels within a few weeks of their being submitted to his office.

The expert panels continue to provide ongoing advice to government on how to implement tangible actions to improve efficiencies and effectiveness in their respective areas. Many of these actions were recommended by the panels in their provincial plans. In addition, the panels for the five service areas continue to advise on wait time funding conditions and the allocation of additional cases.

The membership of the expert panels has evolved since the panels were first created. Initially, the panels were smaller and the process of selecting members was quite focused and purposeful since there was a need to obtain initial advice quickly. The expert

panels have since been reconstituted to include representatives from each of the 14 Local Health Integration Networks in Ontario, representatives from smaller community and rural facilities, and no formal association and organization representatives.

### **Common Themes from the Deliberations of the Clinical Expert Panels**

Each of the clinical expert panels examined the issues within its respective area. Not surprisingly, many common themes emerged when the deliberations of all the clinical panels were reviewed. These themes highlight broader issues that need to be addressed to improve access and reduce wait times for all healthcare services.

### **Wait Time Investments Are Welcomed but Are Only a Part of the Picture**

The expert panels for the five clinical services that receive wait time funding supported and welcomed the additional investments. This was especially true for those services with a significant backlog of cases (e.g., hip and knee joint replacements, cataracts). Although all panels agreed that wait time funding will improve access from the decision to provide a procedure to when the procedure is performed, all the panels noted that targeted funding does not address related issues such as operating room time and resources, staff shortages, lack of services along the continuum of care and waits to see a primary care provider and surgical specialist. Despite the fact that hospitals receive the full operating cost to perform each incremental case, all of the panels expressed concerns that focusing on only five selected procedures might compromise timely access to and the management of all other procedures. For example, the focus on cataract surgery might impact negatively on timely access to services for other ocular diseases.

### **More Robust and Timely Data Are Needed to Allocate Additional Funding**

When asked to provide advice on the criteria to allocate additional wait time cases, the expert panels agreed that more robust and timely data are needed to allocate funding appropriately. Although panels assessed international experience, examined information from available administrative data sources and used their clinical experiences to identify reasonable criteria for allocations, the significant lack of valid, reliable and timely Ontario data was a concern. Panels believed that they could have provided more informed advice on the number and location of additional cases in hospitals and LHINs if they had access to current information on such things as the unmet need for a procedure, procedure rates in relation to standardized population-based planning targets and hospital performance in relation to efficiency targets.

## Efforts Are Needed to Build a Sustainable Healthcare System for the Long Term

Targeted wait time funding has led to a significant number of additional procedures being performed in the five service areas.<sup>3</sup> All the expert panels agree that this heightened level of activity cannot continue as the only way to reduce wait times. Rather, the focus needs to be on building a sustainable healthcare system for the long term. In their deliberations on a provincial plan for their respective areas, the expert panels in the five service areas identified many common elements for a sustainable system.

## Best Practices and Approaches to Support Standardization

All the clinical expert panels agreed that best practices and approaches to support standardization are needed to improve access to consistent, high-quality, safe care.

- *Ontario-specific population-based planning targets* are needed for cancer, cataract, hip and knee replacements, and MRI and CT. The Cardiac Care Network of Ontario developed and recommended minimum procedure target rates a number of years ago for coronary angiography, angioplasty and bypass surgery (Cardiac Care Network 2001). Planning targets in the other four areas would help highlight practice variations that need to be explored, identify potential inequities in access between Local Health Integration Networks and help focus efforts on reducing inappropriate variations in service. The expert panels agreed that research, the experience of other jurisdictions and the expert opinions of clinicians need to be considered when developing planning targets in their respective areas. These targets cannot simply be based on current utilization rates since these do not reflect the disease burden of the population, patient preferences or unmet need.
- The expert panels supported greater *standardization of practices to achieve quality, safety and efficiencies*. It became apparent that many hospitals do not follow standard practices in a number of areas, and do not have appropriate structures in place to promote standardization. Panels identified opportunities for standardization such as pre-operative process efficiency targets, standardization of surgical patient flow, operating targets (e.g., the number of procedures that should be performed in a day), processes to support more effective delivery of anaesthesia and the optimal use of operating room resources, standardized care pathways for immediate and longer-term post-operative care, and standards and guidelines for clinical practices. For the most part,

the expert panel provincial plans did not recommend what the actual standards should be due to the lack of information. Instead the panels recommended which standards need to be developed. One notable exception was the MRI and CT Expert Panel, which recommended efficiency standards for scanners. A survey conducted for the panel indicated that most hospitals were operating their scanners below benchmark capacity with the lowest hospital operating its CT scanner at 38% capacity. Given the enormous capital and operating expenses associated with MRI and CT scanners, the panel recommended a minimum operating standard for MRI and CT operations of 16 hours a day/seven days a week, where human and financial resources permit, with the ultimate goal for MRI scanners of 24 hours a day/seven days a week. Furthermore, the panel recommended efficiency targets based on standard times to perform an adult MRI and CT scan, depending on the part of the body being scanned. The extent to which hospitals meet these efficiency targets is being used as a condition to allocate additional wait time funding. This concept of linking volume funding with increased quality and performance expectations is supported by all the panels.

- Each of the expert panels examined methods to prioritize patients based on how urgently they need care, and *developed standard clinical assessment criteria and priority levels with associated wait time targets* to guide timely access to services. The expert panel chairs provided further advice on developing consistent priority levels across the five service areas. Each area has four priority levels ranging from Level I (immediate) to Level IV (least urgent) with associated wait time targets. The Ontario Minister of Health and Long-Term Care announced these targets in December 2005.
- The expert panels examined the issue of *appropriateness* in various ways. For example, the Hip and Knee Expert Panel concluded that joint surgeries appear to be performed appropriately in Ontario at this time, but that the importance of appropriateness targets will become more apparent when the backlog of patients who need joints is reduced. The Cancer Expert Panel concluded that research on the impact of the number of cancer surgeries on outcomes is inconclusive with the exception of highly complex surgeries. For this reason, the cancer panel advised that Wait Time Strategy funding for highly complex cancer surgery cases be allocated to high volume centres. Finally, the MRI and CT Expert Panel noted that there is the perception that MRI and CT scans are being

3. From November 2004 to March 31, 2006, additional investments of \$189 million have enabled hospitals to perform 8% more CT scans, 11% more cancer surgeries, 16% more cataract surgeries, 17% more selected cardiac procedures, 32% more hip and knee joint replacements, and 42% more MRI scans.

used unnecessarily or inappropriately, and that referring physicians – specialists and non-specialists – are not sufficiently informed about the appropriate clinical use of MRI and CT. The panel concluded that the extent to which this may or may not be occurring is unclear since evidence-based standards do not exist in Ontario for the appropriate use and the appropriate rate of these procedures, by population. The panel recommended that Ontario adopt and implement appropriateness guidelines for MRI and CT scans.

### Information and Information Management

All the expert panels highlighted the importance of information and information management. Some panels underscored the importance of providing information to the public, patients and providers. For example, the Cardiac Expert Panel recommended that all stakeholders, including the public, be provided with more timely information on wait times for cardiac services. The Hip and Knee Expert Panel supported the development of information to enable primary care providers to play a more active role in assessing and diagnosing joint problems, and supporting patients who have musculoskeletal problems.

All the panels highlighted the importance of information to monitor performance, identify where bottlenecks exist and support ongoing quality improvements. This includes using standard definitions that everyone supports and collecting a standard minimum data set with relevant indicators to help monitor performance. The MRI and CT Expert Panel highlighted the importance of sharing patient diagnostic imaging information for quicker diagnosis and treatment through the use of PACS (Picture Archive and Communication System) and, eventually, through a common provincial electronic patient record. The panel also advised that order entry and scheduling systems be put in place for physicians to order MRI and CT scans.

### Human Resources

All the expert panels emphasized the need for a sufficient number of appropriately qualified human resources to reduce wait times. This includes increased training positions for specialists – such as radiologists, ophthalmologists, orthopaedic surgeons and cancer surgeons – and strategies to improve the recruitment and retention of these providers in Ontario. Panels also commented on the need to increase the use of non-physician providers such as medical radiation technologists and anaesthesiology extenders. In the latter instance, all the clinical expert panels identified the lack of appropriate anaesthesiology coverage as a barrier to improving access and reducing wait times. Generally, all the panels supported the use of extenders to complement and expand anaesthesia services currently provided by anaesthesiologists.

### Technology

The expert panels addressed technology in various ways. For example, a number of the panels supported a comprehensive approach to guide the introduction of new technologies based on evidence. The Cancer Expert Panel highlighted the need to introduce new technologies in a controlled fashion so that patient harm is minimized. The MRI and CT Panel underscored the importance of optimal highly technical equipment for high-quality imaging results and effective and efficient MRI and CT operations. The panel called for standards to guide decisions about the type of scanners that hospitals need to have depending on their size and the level of care they provide.

### Funding

The panels addressed various aspects of funding such as capital, operating and physician payment, the need for appropriate levels of funding and incentives that are appropriately aligned to support wait time goals. All the panels identified the difficulty of quickly aligning the various incentive streams to support the Strategy. Some current incentives support surgical inefficiencies; for example, physicians who fulfill surgical and anaesthesia roles generally bill the Ontario Health Insurance Plan for their services. As a result, these physician costs remain “invisible” to the hospital even though they may cost the system significantly more than using appropriately trained alternate providers. Hospitals may be reluctant to support these alternate providers in innovative team models since they must be paid out of hospital global budgets. Another example was identified by the Hip and Knee Expert Panel. It appears that some hospitals have discouraged certain in-patient joint surgeries being done on an out-patient basis because incentives are higher for in-patient care.

### The Organization of Services in the Future

All the expert panels acknowledged the significant role that Local Health Integration Networks will play in planning services regionally and monitoring and ensuring access to services in the future. The expert panels provided overarching advice on meeting future demands in their respective areas at both the provincial and LHIN levels. For example, the Cataract Expert Panel recommended that current capacity for cataract surgery be maximized before more capacity is added. The approach used to add cataract surgery capacity would depend on the needs of the local community and could include: (1) cataract surgery in high-volume, free-standing facilities; (2) surgery in dedicated hospital suites; (3) surgery within a multipurpose operating room facility; (4) surgery in very small or remote hospital communities using satellite surgery sites. The MRI and CT Expert Panel also recommended three approaches on where to situate scanners in the future, depending on the needs of the local community: (1) non-hospital-based diagnostic imaging

centres equipped with multiple MRI and CT scanners located in high density population areas; (2) additional scanners placed in hospitals that currently have these scanners to consolidate equipment and maximize operational efficiencies; (3) single scanners only in geographically isolated communities far from large population centres where access is a major concern and there is sufficient critical patient mass.

### Reflections on the Impact of the Expert Panels

Government established the expert panels because it needed clinical and system advice from practitioners to help shape the Wait Time Strategy and identify practical initiatives to reduce wait times. Government took a very open and transparent approach by releasing expert panel reports within two weeks of their being submitted, making them available on the public wait times Web site, and bringing them to the attention of major associations such as the Ontario Hospital Association and the Ontario Medical Association. More importantly, government is seriously listening to the advice of the expert panels as it makes wait time policy decisions. Not only are the expert panels influencing policies, decisions and practice, they are also resulting in a number of secondary benefits, which include strengthening the working relationship between government and healthcare practitioners, developing wait time champions across Ontario and highlighting the value of expert advice to support effective stewardship of the healthcare system.

### Influencing Policies, Decisions and Practice

Without a doubt, the expert panels have actively influenced healthcare policies and decisions in Ontario. When the panels were established, not only were they asked to discuss particular issues, they were also asked to identify concerns that needed to be addressed. All the panels actively identified problems in their respective areas but, more important, they have also recommended policy solutions for government as well as healthcare practice solutions for their colleagues. The tangible influence of their advice is reflected in the following selected examples.

- In December 2005, the Minister of Health and Long-Term Care announced Ontario's wait time targets for each of the five service areas. The five clinical expert panels developed these targets and the priority ratings, which were adopted by the Ministry.

**ALL THE PANELS ACTIVELY IDENTIFIED PROBLEMS IN THEIR RESPECTIVE AREAS BUT, MORE IMPORTANT, THEY HAVE ALSO RECOMMENDED POLICY SOLUTIONS FOR GOVERNMENT AS WELL AS HEALTHCARE PRACTICE SOLUTIONS FOR THEIR COLLEAGUES.**

- At its first meeting in June 2005, the Critical Care Expert Panel reviewed the 33 recommendations made by the Ontario Critical Care Steering Committee and identified the initiatives that should receive priority funding. On the panel's advice, in January 2006, approximately \$90 million was allocated to support critical care response teams, adult intensive care and chronic assisted ventilator care beds, critical care training for nurses and community hospital physicians, training positions for intensive care physicians, staff retention initiatives, an electronic critical care performance measurement system and ethical and quality improvement initiatives.<sup>4</sup>
- The expert panels highlighted the need for more efficient and effective use of operating rooms and resources. In response to this advice, government has established peri-operative coaching teams made up of hospital administrators and clinicians with experience in effectively managing peri-operative resources. Teams will coach peri-operative staff on improving surgical efficiencies. A provincial surgical efficiencies program is also being developed to assess the surgical efficiency of hospitals and target areas for improvement.
- The expert panels highlighted the critical importance of information management to improve access not only for the five wait time areas but for all healthcare services. With government's support, significant progress has been made on developing the Wait Time Information System and the Enterprise Master Patient Index or Client Registry. These systems will significantly advance the development of the electronic health record and the integration of services by enabling the flow of patient information across organizational silos.<sup>5</sup> All the expert panels continue to provide invaluable advice on the development and implementation of these information systems, especially as they relate to each of the five service areas.
- The expert panels highlighted the need to address human

4. The third article in this series (forthcoming in *Healthcare Quarterly*) will feature the work of the critical care and surgical improvement expert panels.

5. On March 16, 2006, Canada Health Infoway approved full funding to implement the Ontario EMP/client registry. The financial support of Infoway is gratefully acknowledged.

resource issues. These matters have been taken under advisement by the newly-appointed Assistant Deputy Minister of Human Resources. In addition, efforts are being made to support the development of expanded practice roles with anaesthesia skills, anaesthesia teams and anaesthesia assistants.

### **Strengthening the Working Relationship between Government and Healthcare Practitioners**

The fact that government has acted on the advice of the expert panels and implemented many panel recommendations has helped strengthen the working relationship between government and healthcare practitioners. These tangible outcomes are sending a clear message that the work of the expert panels is valued and is making a difference. It is also sending the message that practitioners – who are responsible for implementing change – are an intrinsic part of the process of identifying what those changes should be.

Strengthening the working relationship between government and practitioners has been challenging, especially in the early days of the expert panels. Initially, some practitioners were cynical about the process and questioned whether their input would make a difference. There was also a tendency by some to focus on issues of self-interest and to criticize government by emphasizing only the negative aspects of healthcare. In the words of Eldridge Cleaver, “you’re either part of the solution or part of the problem,” expert panels were challenged to focus on solving problems with tangible, realistic solutions. This healthy debate is resulting in feasible system solutions to improve access.

### **Developing Wait Time Champions across Ontario**

The expert panels have helped develop wait time champions across Ontario in a number of ways. As noted earlier, panels are chaired by leaders in the field who are natural wait time champions. These individuals are valuable resources when urgent issues arise that need immediate advice. In addition, all panel members have become wait time champions since they, as a group, actively identify problems and propose solutions to policy-makers in government and to their clinical colleagues. Members are championing improvements by communicating with their colleagues in the field and seeking their input on issues as they arise.

### **Highlighting the Value of Expert Panels to Support Effective Stewardship of the Healthcare System**

Ontario’s Ministry of Health and Long-Term Care is emphasizing its role as stewards of the healthcare system. The expert advice of practitioners will be crucial for supporting this stewardship role. Expert panels – as they have been structured to support the Wait Time Strategy – are invaluable since they are helping to depoliticize government policy decisions. The initia-

tives noted in this paper all originated from the advice of the expert panels. Increasingly, difficult clinical and health system issues are referred to the expert panels for their advice, and additional panels are in the process of being created to provide ongoing advice in other areas (e.g., primary care/family practice wait times, trauma).

### **Conclusion**

The Wait Time Strategy’s expert panels have generated an impressive body of practical expert advice. More importantly, government is listening to and acting on many of the changes recommended by these panels. The work of these groups will become increasingly important as they turn their attention to such issues as anticipating major technological changes and their impact on the system, and incorporating quality and safety measures within the Strategy’s pay-for-performance approach to improving access.

Ontario’s Wait Time Strategy has benefited substantially from the expert advice and input of hundreds of healthcare leaders and providers who have voluntarily participated on the expert panels. Since the Strategy began in November 2004, the wait times for all five procedures have decreased. This significant achievement would not have been possible without the Strategy’s expert panels.

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