

Allocation of scarce resources: assessment and impact

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Two papers in this issue — by Quan and colleagues (page 34) and by Brackstone and associates (page 57) — look at a similar subject from different perspectives: the relative costs of patients waiting for and undergoing surgery.

Waiting lists are an artificial creation of limited resources. Most surgical waiting lists reflect historical allocations of operating room time and beds and, more currently, budgetary constraints on supplies of resources to support them. Quan's group has approached the challenge from the payer's perspective, examining an administrative database to look at the utilization and costs of health care resources before and after the index surgical procedure. These authors examined 5 commonly performed but disparate operations. However, there are significant issues with their methodology, which applies to all papers derived from the examination of large administrative databases. The data collected reflect the purpose of the database (e.g., data records for the service billed). It does not accurately reflect the point at which the decision to operate is made: that can occur at any time during the maturing of the provider-patient relationship. The database does not collect data on the acuity of the illness and does not address possible stratification of waiting lists by providers (e.g., do more urgent patients get surgery

sooner than others?). There is no good way of assessing these significant modifiers from analysis of such databases. Not all surgical procedures are the same. Recovery from a cholecystectomy should, I am told, be complete at 3 months if performed by laparoscopy. It may take up to 2 years for a full recovery and rehabilitation after total knee arthroplasty. Examination of a database without reference to the natural history of the disease process and expected recovery time diminishes the value of the conclusions drawn from such a study.

If we are to accept that waiting lists for surgery are an inevitable part of the practice of surgery in Canada, we must adopt a methodology that is rigorous in examining the global impact on patients who are on the waiting lists. This includes the impact of pain, effect on activities of daily living, inability to work, and so on. I am not convinced that information drawn from administrative databases is sufficiently reliable to support changes in the way that we practise medicine, particularly as it applies to a problem as complex as waiting lists for treatment.

Brackstone and associates have examined the case-costing methodology for trauma patients in Ontario. They have looked at the Resource Intensity Weighting (RIW) as a way of compensating institutions for the costs of treating the multiply injured patient.

They have identified significant deficiencies in the case-mix groups methodology that are not addressed by the RIW assignment. This means that hospitals are underfunded for each trauma patient they treat; this had a cumulative effect in terms of inadequate global funding for all patients treated in the hospital. Their work highlights the major deficiency that has been well described with the information systems that are currently used in Canadian hospitals. This deficiency is addressed in an excellent paper from the Atlantic Institute for Market Studies, which details the appalling lack of progress in the use of informatics to address the problems of hospital funding.¹ In our institution, outside referring provinces do not appropriately compensate our hospitals for treating patients with complex problems; this not only compounds the lack of resources to treat these patients, but decreases the resources available to treat all patients seen in the hospital. I suspect this problem is common in every hospital in the country, and the lack of information that these 2 papers highlights does not bode well for us for the future.

Reference

1. Crowley BL, Zitner D, Faraday-Smith N. Operating in the dark: the gathering crisis in Canada's Public Health Care System. Available: www.aims.ca/Media/1999/prnov2499.htm (accessed Dec. 19, 2001).

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