Referring physicians and MR imaging centers in Canada could substantially reduce wait times by
sticking to standard rules dictating scanning priorities and appropriate clinical indications. Trouble is,
according to a study from the University of Calgary, those guidelines already exist but few pay
heed.

As the U.S. enters its first serious debate on healthcare reform in more than a decade, comparisons
with other developed nations inevitably crop up. Though generally praised for its overall access, the
healthcare system of our neighbor to the north is hardly flawless. Canada lags behind other countries
in the number of diagnostic imaging devices, and its MR imaging facilities deal with long wait lists,
said senior investigator Dr. Tom Feasby, dean of medicine at the University of Calgary.

Prioritizing MRI requests effectively rather than buying more machines could solve the problem,
according to Feasby.

"This study shows there are important deficiencies in the current system. We hope this research will
help health system decision makers and managers improve the provision of this important service,"
he said.

To find out how MRI requests are handled, Feasby and colleagues sent surveys to all 122 publicly
funded MRI centers in Canada. Sixty-five percent of them replied.

The investigators found that even though most facilities had rules in place to decide who received
priority for the exams, fewer than half documented what guidelines were followed. None used quality
assurance methods to make sure they were followed or checked if ordered tests were actually
necessary.

Researchers also noted that, despite wait times of up to several years in some facilities, the
strategies to reduce wait times were diverse, uncoordinated, and largely ineffective. They published

Procedures were so inconsistent across the board that patients who urgently need a scan might get
the test done within 24 hours at one place and within a month at another, according to reports by the
Canadian Press, a multimedia news service. For lower-priority scans, patients faced wait lists
ranging from 28 days to three years.

Improvement in wait list management will be necessary for better access, fairness, and quality in the
provision of MRI services in Canada, said principal investigator Dr. Derek Emery, an associate
professor of radiology at the University of Alberta.

"We do not currently know the extent of inappropriate overuse of MRI, nor do we know the extent of
inappropriate underuse," Emery said.

The Canadian Association of Radiologists provides appropriateness criteria guidelines for MRI and
other diagnostic imaging tests. Whether these are enforced is a different matter, Feasby said.

For more information from the Diagnostic Imaging and SearchMedica archives:
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