The wait-time game

Cal Gutkin MD CCFP(EM) FCFP, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

A new party game called Wait-Time Monopoly has recently become a hit. The game begins with each player representing a provincial or territorial government receiving a share of billions of dollars distributed by the federal banker.

Players take turns rolling the dice. They move around the playing surface to various squares. Most of the squares give them opportunities to buy services from hospitals and doctors in what are known as the "Big 5" or highest priority areas: cardiac disease, cancer care, hip and knee replacements, cataract surgery, and magnetic resonance imaging scans. A few squares provide chances to purchase care for patients with medical concerns of supposed lower priority, such as mental illness, emergency presentations, respiratory disease, diabetes, arthritis, child health, and myriad other problems looked after in primary care and family practice.

The object of the game is for players to get all their Big 5 patients attended to within the time allowed. To make things absolutely clear and to help everyone keep score, players are asked to produce regular reports showing how many patients were cared for in the allotted time, how many are still waiting, and how they spent their money.

Recognition is given and penalties avoided whenever players meet the wait-time benchmarks for their patients in the Big 5 categories. On the other hand, squares designated for the lower priority care areas have "Take a chance" emblazoned on them along with game-playing hints, such as "If you use your money to buy this service, some additional patients might win, but you will probably lose."

Players also get chances to pick "Cheat" or "Hide" cards. Cheat cards help players look better than their performance warrants by permitting them to distort the number of successfully treated patients being reported or to change wait-time benchmarks at their own discretion so that they will more closely match what is actually happening. Hide cards allow players to avoid public accountability as to patients treated or money spent. There are also "Bonus" squares that permit the federal banker to change the rules, allowing players to win the game by meeting wait-time benchmarks in just a single area of their own choosing. Before the game ends, all players will usually have received this bonus.

Family physicians need to be key players in all wait-time games. While we are committed to and applaud the progress being made in the care of patients whose needs fall within the Big 5 categories, we are also adamant that the system should not ignore the wait-time concerns of the millions of patients whose problems stem from other diagnoses stretching from primary through quaternary care. Surveys of physicians and patients tell us that these concerns are being ignored.

The initial inattention of Canada's wait-time game to the access problems of patients outside the Big 5 and the subsequent denial by governments of the diversion of resources and the lengthening wait times that have resulted for these patients are not acceptable. Nor is measuring wait times by having the clock start ticking when patients see consultant specialists rather than when the diagnosis has been confirmed and a consultation requested by a family doctor. To measure this way is not a patient-centred approach, and it results in an underestimation of how long people really wait.

Canadians have repeatedly indicated that finding a family physician, waiting for appointments with other specialists to whom they have been referred, and backlogs in emergency departments are among their top wait-time concerns. None of these concerns were identified as priorities in the wait-time game. They have also said they believe that shortages of physicians and nurses are a leading cause of the slowdown in our system. Those who have family doctors have reported better access to and greater satisfaction with all parts of our health care system. Until we get more health care providers, though, we could be whistling into the wind as we try to decrease wait times and improve access to care.

The good news is that a newer version of the wait-time game is being developed to try to expand on the Big 5 so that other players, including family doctors, emergency physicians, and other previously neglected specialists, can join in and give their patients a chance to benefit. The banker, however, will probably not have more money to distribute among this larger pool of players. This could lead to a need for other funding options if patients in both the Big 5 and other areas are to be guaranteed access to care within the benchmarked wait times. Some are excited about this possibility; others think it will destroy the game.

Wait-Time Monopoly has been fun for some, but its rules have been too lax, and it has denied participation to far too many players. This might be resolved with the next version of the game that will be marketed under a new name, Wait-Time Jeopardy. Regardless of what it is called, one thing is certain: if governments decide not to play, everyone will lose.