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Don't rush wait-times decisions

By MARK SCHACTER

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All in favour of governments demanding shorter wait times for health services? None opposed? The motion passes!

In Monday's election debate, Prime Minister Paul Martin, Conservative leader Stephen Harper and NDP leader Jack Layton all endorsed shorter wait times. A September Ipsos-Reid poll found that three-quarters of Canadians believed wait-time targets would promote lasting improvements in our health system.

No right-minded person wants anyone to wait longer than necessary for care. When loved ones suffer, it's natural to seek easy, quick solutions. Decree wait-time standards, and presto, my father gets a hip replacement, and my sister-in-law her radiation therapy.

But are wait-time targets the magic bullet -- or could they do more harm than good? My work with government departments on the design and implementation of performance measures for public programs has taught me something about the frailty of measures and benchmarks. The lesson is: "Be careful of what your wish for."

When you force public program managers to focus their attention too narrowly, you almost always get what economists call "the law of unintended consequences."

Suppose you're a restaurant manager and the owner starts measuring your performance against the number of customers you cycle through the restaurant in an evening. You cannot increase the number of tables, nor hire more staff. Don't look for another restaurant to manage; every other owner takes the same approach.

Guess what happens next. Forget about letting customers linger after coffee and dessert. Though it's against your nature, you tell waiters to give dirty looks to customers as soon as they take their last bite. The quality of the dining experience drops. Incidence of heartburn rises. Your and your waiters' morale plummets; your job becomes more about treating customers as commodities to be pushed through the restaurant and less about providing attentive service oriented to each diner's needs and wants. With everyone focused on the body count, attention to other management issues (cleanliness, food preparation, accurate order-taking) starts to slip. As the management cliché says: "what gets measured gets done."

Measure the wrong thing, you'll get the wrong result. Here's an example from the health-care world. In the 1990s, New York and Pennsylvania began publishing hospital report cards to improve quality of service. Among other things, they graded hospitals and surgeons on mortality rates for coronary bypass surgery. The result: Hospitals starting doing more bypasses on relatively healthy patients (who could have had cheaper angioplasty surgery) in order to bump up their scores, and became less likely to accept patients who truly needed bypasses. Many wound up back in hospital, sicker than before, and even more expensive to treat.

The move toward wait-time benchmarks is well under way in Canada, so let's think carefully about how to counter the law of unintended consequences. In 2004, Canada and the provinces reached an accord on a 10-year-plan to reduce wait times for certain medical services. If elected, Mr. Harper promises a "patient wait-times guarantee." Last year, Alberta announced that a pilot project had significantly reduced wait times for hip and knee surgery. British Columbia, Manitoba, Nova Scotia and Ontario operate websites showing wait-time statistics for certain health services at hospitals. Push one lever in the health-care machine (wait times) and something else has to give, because time, money and human capacity are limited.

Two issues are critical. For any given type of service -- say, hip replacement or cancer surgery -- is it likely that we'll meet wait-time targets at the expense of other quality measures? Will we push people out of hospital beds too soon? Will we pay less attention to detail? Will hospital staff burn out in the rush to meet targets? Second, what happens to services that that aren't assigned wait-time targets? Do those patients go to the bottom of the pile?

What gets measured gets done. A good measurement system recognizes that waiting isn't the only dimension of the health system. Let's be sure not only that some patients are treated fast, but that all patients are treated well.

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