



The Waiting Room: A Patient's Worst Nightmare

Being considerate of patients' time pays big dividends.

BY JON A. HULTMAN, DPM, MBA

Two significant areas of concern to patients are: 1) How quickly will I be able to access a doctor when I have an "emergency"? and 2) How much time will I spend waiting once I arrive at the doctor's office? Being aware of and proactively dealing with these two issues related to "time" can provide a medical practice with strategic advantage. Many doctors recognize this need and refer to same day access and short waits as "magnets for attracting new patients." If your practice is seeking to attract new patients, or retain existing ones, addressing these two patient concerns should be a significant part of your focus.

Let's take a look at the "fifteen minute visit." How much time does this visit with the doctor actually take? The answer to this question varies considerably, depending on whom you ask—the patient or the physician. *Medical Economics* editor Marianne Dekker Mattera's "Memo from the Editor" column in the July 7, 2006, issue is entitled, "Your 15 Minutes, My Day." In this memo, Mattera examined a typical patient

visit that, from the doctor's perspective, is represented by a fifteen minute time slot in his/her schedule. From the patient's perspective, however, this "time slot" is longer—possibly even consuming an entire productive day. As a general rule, any

pointment early the next morning so that he can be seen before the weekend (this is a Thursday evening). The particular practice that she calls has the habit of not taking calls before 10:00 am, even though staff arrives at the office much earlier. After leav-

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doctor who understands this "time issue" from the patient's perspective and is able to expedite access and shorten patient waits is likely to achieve better treatment outcomes, higher patient satisfaction, and greater profitability—a true win-win.

In this *Medical Economics* column, Mattera describes the office visit of a patient who has a fever in conjunction with a red, hot, edematous leg. The patient's wife (actually, Marianne Dekker Mattera herself) feels that her husband may have cellulitis and wants to schedule an ap-

ing a phone message—which is not returned—Marianne arrives in person at the office at 9:15 am, scheduling the appointment for 11:45 that same morning. She and her husband arrive early (at 11:15 am) but are not taken into the treatment room until 12:45. The doctor does make a diagnosis of cellulitis and writes a prescription, but he also wants to send Marianne's husband to an imaging center to rule out DVT. The receptionist calls the imaging center, is able to make an immediate appointment, and the pa-

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tient goes directly over. There, the wait is not long, and DVT is ruled out; however, because a “swollen gland” is noted on the scan, the referring doctor now wants the patient to return to his office for blood work. By the time the patient’s blood work is completed, his prescription is picked up at the pharmacy, and he arrives home, it is 4:30. This is the “fifteen minute” appointment from Marianne’s and her husband’s perspective.

This patient’s experience is not as uncommon as it might seem. While a doctor’s appointment may not require a patient’s entire day, the typical visit occupies a great portion of his/her day with the “fifteen minute appointment”, requiring substantially more of the patient’s time than the doctor and his/her staff might realize. Obviously, physicians do not have direct control over the extended time that may be expended by the patient outside of their offices; however, being “sensitive” to the potential for this extended “outside time,” improving the wait time for initial access to their practices, and lessening patient waits experienced when receiving treatment are things within the doctor’s control. Implementing these practices will go a long way towards improving patient treatment satisfaction, treatment outcomes, and as a result, the profitability of medical practices.

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Quick patient access and short waits require streamlined business operations. If you plan to make streamlining changes in your practice, removing all barriers to access is a good place to start. For example, most doctors talk about wanting to grow their practices and attract new patients, but when patients call, it would appear to an outside observer (a role I often find myself in) that their staffs have been instructed to “keep patients

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away”—with patient calls often treated as interruptions, rather than opportunities. Some patients actually have to “talk their way” into appointments on a busy day. This is a significant barrier to practice growth. The negativity with which some doctors react when they see a new patient visit being “squeezed” into the schedule on a busy day assures that it will be even more difficult for the next new “emergency” patient to access the practice in a timely manner.

Consider what goes through a patient’s mind when making an appointment. For starters, because of previous encounters such as the one that Marianne and her husband experienced, the patient knows that a fifteen-minute visit might require a half-day, or more, of his/her time. If the visit to your office is not as “urgent” as the one in this example, the patient will be unlikely to even make an appointment if s/he cannot secure a desirable time slot. The patient also knows that even if s/he manages to schedule at the desired time, it is unlikely that treatment will actually begin anywhere near that scheduled time. When they cannot secure desirable time slots, many patients end up not making appointments at all—or they go elsewhere. A practice incapable of providing same day access for existing and new patients may need to address this problem by adding another doctor, staff person, or treatment room, incorporating greater efficiency into his/her practice, or a combination of all the above. Of course, this assumes that doctors and staff first remove all of their philosophical barriers to access—especially ones related to “ego,” such as the doctor who still believes that when patients scheduling appointments face long waits, this is an indication to them that the doctor must be good. If you are aware that you face this problem in your practice and are ready to make a change, you have already taken the crucial first step towards making change happen. **PM**



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