

***“The Case of the Disappearing Patient”***

***by John P. Croce***

There is an air of resentment within physician waiting rooms that is sweeping the land. Why, you ask? Many patients are tired of waiting in your aptly named “waiting room”.

When you make patients wait for what they perceive as too long, you are making the following statements to them:

“My time is more valuable than yours”

“I don’t care what you think or how you feel”

“I don’t care if you remain my patient or not”

Guess what? Before you know it, they have left your practice and you are left shaking your head and asking “Why”?

Did you hear the one about the physician who said “.....***my patients don’t mind waiting for me, regardless of how long they have to wait***”. Don’t delude yourself into thinking that that your patients can’t live without you. If you are not sensitive to ***their*** needs, they can and will leave you!

As a consultant constantly trying to implement methods to increase physicians’ patient volume and, in turn, their revenue, I am as guilty as anyone for pushing doctors to see more patients. At the same time, I won’t do it without finding a way to ***effectively accommodate current and increased volume***. Doctors must have the same attitude toward their patients. If not, ***they will leave and not come back***.

***How do we combat disappearing patients?*** To begin with, let’s rethink the entire patient scheduling process. What should the primary objectives be?

As a consultant, I seek to

?? ***minimize patient “wait time”***

?? ***take advantage of the differences between “the tortoise and the hare”***

?? ***provide easy accessibility***

?? ***accommodate unforeseen delays and communicate delays to patients***

?? ***monitor, adjust, monitor, adjust, monitor, adjust, .....***

***“The Case of the Disappearing Patient”***

***by John P. Croce***

***Page 2***

***Minimizing patient “wait time”***

Is it reasonable to expect that, from the moment a patient arrives in your waiting room until the moment you begin their visit in the exam room or consult room, only five minutes will have elapsed—can you do that? No—how about ten minutes? Fifteen minutes?

For some patients, *any* wait is too long.

If you acknowledge that we can do a better job of minimizing patient’s wait time, you’ll need to evaluate:

- ?? scheduling template(s)
- ?? computer software
- ?? job descriptions of front and back office staff
- ?? check-in and check-out procedures
- ?? office visit volume and hours worked by provider
- ?? office hours
- ?? monitoring system

Accordingly, you cannot expect a patient to wait in your waiting room and then have to endure a wait of the same duration in your exam room. If they are, you need to examine the cause(s). As a consultant, I want you to get your patients out of the waiting room and into the exam or consult room quickly *to be seen, not to hide them or forget about them.*

***Take advantage of the differences between “the tortoise and the hare”***

The tortoise and the hare’s styles are both necessary to meet all of your patients’ needs. Providers work at different speeds and see a different volume of patients over the course of their day. While recognizing their different styles, I try to minimize template variations amongst the providers since this makes the training and scheduling components for the staff as simple and straightforward as possible. Also, computer software is frequently limited relative to the variety of template variations that can be accommodated.

However, it may be necessary at times to create a separate template for each physician if this is the only way to *a)provide a comfort level for the desired pace of their work day b)minimize patients’ waiting time and c)maximize each doctor’s productivity.*

Again, any changes require an understanding of the computer software and the critical need for staff training.

***“The Case of the Disappearing Patient”***

***by John P. Croce***

***Page 3***

***Provide easy accessibility***

Do you offer a reasonable number of office hours to your patients?

Are your office hours convenient *for your patients*? Early morning hours before work?

Evening hours after work? Saturdays?

If you don't meet your patients' needs for flexible hours, your competitors will.

***Accommodating unforeseen delays and communicating the delays***

Problems crop up during the day. A sick provider, family emergencies, power outages, etc. These situations should be dealt with in a professional manner by communicating the cause(s) of the delay to your patients as soon as possible and by providing them with some options (such as seeing another provider or a convenient rescheduling of their appointment). At the same time, don't create delays by overbooking patients or seeing patients *indiscriminately* while “on call”.

If you monitor patient volume and practice hours daily, you will know what patient volume the office can handle. Your triage staff should know your protocol for where they can put “sick” visits in a provider's schedule and the type of visit(s) that can be added. Your staff should be well trained in the areas of “add-ons”, “blocking”, appointment types and rescheduling appointments.

Additionally, seeing patients while “on call” for some specialties is asking for trouble.

If it is financially necessary for your practice to do so, you must have guidelines that your staff can refer to for the type of patients to be seen-ideally, problem or other short visits, not exams or procedures- and how and when the patients are to be notified when you have to leave. Remember, we're talking nothing more than exhibiting common courtesy and sound business policy. Don't make your patients have to ask the front desk what is going on. Be proactive and have the front desk tell ***them*** what is going on. The professionalism and empathy shown by your staff for a patient' needs can greatly diminish or eliminate the patient's anger!

***Monitor, Adjust, Monitor, Adjust, .....***

Every action you take, every strategy you put into place when scheduling patients must be flexible and subject to change. Daily monitoring of what is going on by the practice manager or administrator, discussing details with the provider(s) and changing templates when and where necessary should be part of the patient scheduling process.

I ask you to consider implementing some or all of these measures now, with or without a consultant's help. By doing so, my next article on this subject could read something like ***“Wave of Patient Satisfaction Sweeps Over Medical Community”***.

*The author is the founder and principal of Fairfield Consultants, LLC, a regional management consulting firm that identifies and solves financial and operational problems faced by all medical specialties. He can be reached at 203-257-9784 or e-mail to [jcroce@fairfieldconsultants.com](mailto:jcroce@fairfieldconsultants.com). More information is available at [www.fairfieldconsultants.com](http://www.fairfieldconsultants.com).*