Estimate of the Situation

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Schedules, Wait Times, and Productivity

As competition for primary care visits continues to develop, non-traditional caregivers are impacting utilization in established "legacy system" private physician practices and hospital owned clinics and satellites.

Non-traditional caregivers, many operating on a cash basis, include clinics staffed with nurse practitioners in CVS, Walgreens, Wal-Mart and other retail locations; concierge physician clinics; and entrepreneurial nurse practitioner offices.

There is a tendency for hospital and physician office people who have spent their careers in the legacy system to believe that non-traditional caregivers will have little impact on their practices because of quality concerns. This is an understandable but potentially fatal mistake. Quality—and perceptions of quality—will definitely influence the public's choice of caregiver. However, patient care involves two distinct quality aspects, clinical quality and service quality. The public takes it as a given that clinical quality will be acceptable. Consequently, its choices of primary caregivers tend to be based upon service quality (for example, accessibility, convenience, and cost).

Time spent waiting is among the greatest service quality dissatisifiers. Unfortunately, too many appointment systems actually create unnecessary wait time. In any clinic, office practice, or hospital-based ancillary service, these critical measures should be carefully monitored because all of them affect service queues, wait times, patient satisfaction, and staff productivity.

1. Patient arrival rate variability (for example, variations in the number of patients arriving each hour).
2. Appointment time and service start time variances (patient arrives at 9:00 AM; not seen until 10:30 AM.)
3. Service interval variances (20 minutes reserved for an exam that consumed 30 minutes = a 10 minute service interval variance).

Although it isn't always practical to deploy the "first come, first served, by the first available server" model to schedule direct physician-patient face time in offices with more than one physician caregiver, that model will still create the shortest queues and the shortest average wait times at any point during the patient visit process.

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