

# BEAT THE CLOCK: IMPROVE PATIENT WAIT TIMES



How to make waiting a more pleasant experience for patients.

BY JONATHAN MONTOYA

In 1985, David Maister wrote “The Psychology of Waiting Lines” — a fascinating article about waiting lines that I believe is even more relevant today than it was more than 30 years ago, particularly for medical practices.

This increase in relevancy boils down to two factors: 1.) the greater volume of patients a medical practitioner must see to maintain a certain amount of collections, and 2.) the overall “I want it now” mindset of today’s consumer. The convergence of these two factors make the reception area (often called the “waiting area,” appropriately enough) a place ripe for potential customer service pitfalls.

Ahead, we’ll apply some of the principles that Maister discussed in his piece to the reception area in medical practice offices. Maister’s principles include:

1. Occupied Time Feels Shorter Than Unoccupied Time
2. People Want to Get Started
3. Anxiety Makes Waits Seem Longer
4. Uncertain Waits are Longer Than Known, Finite Waits
5. Unexplained Waits are Longer Than Explained Waits
6. Unfair Waits are Longer Than Equitable Waits
7. The More Valuable the Service, the Longer the Customer Will Wait
8. Solo Waits Feel Longer Than Group Waits

## APPLICATION

Most practices (unknowingly) are using some of these principles but are most likely not accomplishing the goal of making wait times more pleasant. Ahead are flaws I see in practices today as it relates to Maister’s principles.

*Occupied time feels shorter than unoccupied time.* The old adage of “a watched pot never boils” captures this first principle. You may have heard about the waiting issue that plagued mid-20th century corporate buildings in metropolitan areas. Long lines formed to get on elevators, and complaints about the wait were very common. The solution employed was the installation of mirrors around the elevators so people waiting could look at themselves and fix their hair, straighten clothing, etc. Coincidentally, the number of complaints decreased. This is a prime example of the first principle in play.

That solution wouldn’t work today, because nobody would even look up to see the mirrors. Instead, eyes would remain glued to the screens of phones and other devices. Our ability to occupy our time with mobile devices can be a blessing to a practice if used correctly. Many medical practices are offering free Wi-Fi for these devices. While that is a great idea, I’ve observed a massive problem with this tactic.

The Wi-Fi provided by offices is usually unable to support all the devices trying to connect to it and generally runs extremely slowly. It’s often slower than the patient’s cellular phone connection, which is very frustrating. This prevents people from getting started (Principle 2). Why would you introduce this “customer service” benefit only to have it immediately frustrate the specific person you are trying not to frustrate? If you offer Wi-Fi or you are planning to offer it, ensure that your connection has enough capacity to handle peak reception area hours.

Another tool used by many practices to occupy patients in

## BOTTOM LINE

**Beyond communicating wait times to patients, have internal policies in place to address instances when patients wait for excessively long periods of time. The front office should notify the back office if a patient has been waiting too long so that the back office personnel and the physician can apologize and sympathize with the patient’s frustration.**

the waiting room is the television. However, I see a massive flaw in the way this tool is being used in waiting rooms—selecting 24-hour news channels for patient viewing. Let's be honest and admit that most of the information coming out of those channels is just meant to scare us, because that is what drives higher ratings. Furthermore, you are going to have to pick one news channel to run constantly, which is inevitably going to anger a significant portion of your patient base. Before clicking on the TV, think about what your patients will see and hear and whether it's going to make their anxiety go up or down (Principle 3).

*Uncertain waits are longer than known, finite waits.* When visiting a restaurant with a line of people waiting, most will ask the hostess how long the wait is. Once the hostess gives the potential patron an estimated wait time, there is a calculation in the potential patron's mind of whether this restaurant is worth the given time (Principle 7). If the individual concludes that the service is worth the wait, then you have essentially "primed" this customer into waiting quietly for the amount of time given. The key word here is "quietly." No (rational) person starts complaining to the hostess after five minutes have passed if he or she is told it will be about a 30-minute wait. This is because the wait has been defined by the hostess from the beginning. Now, the onus is on the restaurant to meet the time standard set by the hostess. However, if the hostess is seasoned in the job, he or she will usually overstate the wait to be seated. So, when the patron's name is called earlier than expected, he or she is pleasantly surprised, and the customer's opinion of the service is elevated.

How does this situation carry over into a medical practice? Most patients know when they arrive at a medical office there is going to be a wait. In fact, vitals.com released a 2012 report that stated the average wait time across the country (and across specialties) is 21 minutes. However, waiting 20 minutes can seem like an eternity for many people. This was confirmed by another survey vitals.com recently performed, asking patients how long they would wait for their doctor. The results, you guessed it—20 minutes! After 20 minutes, a patient's patience starts to wear thin.

Furthermore, there is a correlation between longer wait times and negative online comments and reviews about doctors. My personal favorite is that the provider "only spent five minutes in the room," as if the patient actually had a stopwatch in the room timing the encounter. Most of us realize that this type of comment is based more on perception than reality. However, the patient's reality is what counts here, and practices need to manage that perception.

To help remedy this situation, front office personnel have to communicate to patients when they arrive if their wait time is going to be longer than normal so patients can calculate the value of their wait time to that of seeing their doctor. The good news is that most people put seeing their healthcare provider high on their priority list, so the wait time is usually

deemed worth it. The key is that patients need to be "primed" into sitting quietly for the amount of time provided and accept those terms in the beginning. It behooves the medical practice to have a savvy front office person monitoring the situation—not unlike a seasoned restaurant hostess. If the wait time initially communicated to a patient will not be met, the front office person needs to proactively tell the patient and communicate a new wait time expectation.

Beyond communicating wait times to patients, there must be internal policies in place to address instances when patients end up waiting excessively long periods of time. In those cases, the front office needs to notify the back office that certain patients have been waiting too long by the practice's standards. Back office personnel then may need to help alleviate some of the patient's frustration by communicating how sorry they are for making him or her wait so long and sympathizing with any voiced frustration. Finally, and most importantly, the physician (or treating provider) needs to reiterate how much he or she respects the patient's time and how the practice is always trying to improve the patient experience.

Most people understand that things happen in a medical office, and the chances of a provider being on time 100 percent of the time is not realistic (Principle 6). They just want to know that they are not lost in process, and that you understand that they and their time are important. They will not stand for sitting in the waiting room for 30 minutes with no communication. In addition, patients will not tolerate a medical assistant who treats them as if they are an annoyance, and a physician who seems oblivious to what just happened and "only spends five minutes" in the room.

## WORTH THE WAIT

To make waiting in the reception area a little less bothersome, keep your patients occupied through the proper use of various tools to make the wait seem less obvious. Secondly, communicate regularly with patients about the expected wait time they are facing. This not only makes them feel like you care, but it also allows them to perform mental calculations on whether you are valuable enough to wait for in the reception area...and my guess is you are! ■

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