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ever ophthalmologist has had the experience of running an hour or two behind schedule. It’s a terrible feeling to have a full waiting room and a steadily growing queue of patient names—and we’ve all had the occasional angry patient who became frustrated by the long wait.

We often hear that “the patient’s time is just as important as the doctor’s time,” but do we take that saying seriously? I remember waiting an inordinate amount of time for my young daughter to see an oral surgeon. When I mentioned to the reception staff that I couldn’t stay much longer, I was told that “the doctor is a specialist and he’s in high demand, so patients are happy to wait for him.” The message I heard was that his time was more valuable than mine. I found a different surgeon.

Our workdays are complex and often unpredictable, and our carefully crafted schedules can be thrown off by a challenging case, an urgent consult, or several needy patients. But making a scheduled patient wait isn’t just about convenience: It can impact the person’s satisfaction with the care he or she receives. In a survey of ophthalmology patients, those who were “not completely satisfied” waited twice as long as those who were “completely satisfied.” Length of waiting time had the most impact on the overall satisfaction score.¹

What’s a reasonable amount of time to wait for an ophthalmology exam? When does patient frustration start to spike? Interestingly, this varies considerably. One survey found that 14% of patients experience frustration after less than a 15-minute wait, and 24% are unhappy with a wait time between 16 and 20 minutes. In contrast, 3% of surveyed patients don’t become frustrated until they hit the 40-minute mark.²

I’ve noticed a similar range of expectations among my patients. I have longtime glaucoma patients who plan their entire day around the glaucoma check-up, and it’s like a day on the town. They are happy to spend time in my waiting room, leafing through our library of large coffee table books and drinking the free coffee. Others schedule the pressure check in between a conference call and picking the kids up from school, and they can’t be late.

Taking on the challenge of creating an efficient patient flow requires two basic things:

First, the practice must place a very high value on the patient experience. The ophthalmologist needs to care deeply—not just about providing quality care but also about the patient’s entire experience. When the leader cares about something, then everyone else cares about it, too. One of the most efficient ophthalmologists in our group (who also gets high praise on online reviews) thinks all the time about patient flow. She creates an expectation that every patient should be seen promptly. She’s willing to call a patient herself and check the vision if that moves the schedule along. Because it’s a high value to her, her entire team joins in to make it happen.

Second, since efficient patient flow is impacted by myriad factors, every team member must participate in creating solutions. A formal evaluation process can include an analysis of each step beginning with the schedule template, the telephone encounter, or the patient portal, and then an assessment of each step of the visit. You might consider a “waste walk” through a mock patient encounter with the team (see the December 2016 Practice Perfect article going-lean-part-3-improve-patient-wait-times). Informally, receptionists, technicians, and scribes can be empowered to address inefficiencies. For example, when the technician notices patients who have trouble walking, she might usher them to an exam room proximal to the waiting room.

Running an efficient ophthalmology schedule can feel like mission impossible. But we can meet this challenge—at least most of the time—by setting the expectation and then doing the hard work of refining the patient experience.