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2021

## Assessing Patient Perceptions of Pre-Visit Methods to Reduce Wait Time and Provider Burden

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# ASSESSING PATIENT PERCEPTIONS OF PRE-VISIT METHODS TO REDUCE WAIT TIME AND PROVIDER BURDEN

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Family Medicine Rotation, Brookfield Primary Care & Pediatrics

July-August 2021

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# Defining the Problem

- Ambulatory healthcare is the most widely used segment of the American healthcare system,<sup>1</sup> comprising approximately 25% of U.S. healthcare expenditures.<sup>2</sup>
- Due to multiple factors, patients at ambulatory settings tend to experience long wait times. Contributing factors include variable arrival times, cumbersome check-in and screening processes, and patient charting.
- In addition to the economic burden incurred by this issue, numerous studies and anecdotal evidence demonstrate its negative impact on patient satisfaction and well-being.



# Defining the Problem

- In a 2013 study at the Florida Department of Health with 262 pre-implementation and 285 post-implementation participants, “a strong and inverse relationship between patient satisfaction and wait times in ambulatory care settings [was] demonstrated.”<sup>3</sup>
- Nearly a quarter of patients [have]...walked out of a waiting room, choosing to reschedule or even cancel rather than wait any longer.”<sup>4</sup> This has a highly negative impact on overall community health.
- Per a 2016-17 study at Keck Medical Center, “Measuring and shortening cycle time has the potential to improve patient experience, staff satisfaction, and patient access by moving more patients through in a shorter cycle time.”<sup>5</sup>

# Community Perspectives

“The process could be improved by offering pre-visit electronic submission of a patient’s past medical history as well as vaccine status. This could be submitted before the visit and ideally imported into the electronic medical record.”

– Laurie Schedgick-Davis, DO

*Family Medicine Specialist at Brookfield Primary Care & Pediatrics*

“Any information that could be gathered ahead of time would greatly expedite the visit. Checking in and gathering data while rooming patients takes up a significant amount of time and often negatively impacts both providers’ schedules and the patients’ experiences.”

– Julia Auerbach, MD

*Family Care Physician at Brookfield Primary Care & Pediatrics*

# Intervention and Methods

## PROJECT AIMS:

- Providers and clinical quality improvement teams have long proposed using pre-visit questionnaires to simplify office visits.
- We will seek to gain insight into patient perspectives regarding these proposals while simultaneously capturing the quantitative factors (such as wait time duration) driving those perspectives.
- We will also seek to collect results that may inform a decision to transition to pre-visit data collection at Brookfield Primary Care & Pediatrics and affiliated clinics.

## INTERVENTION AND METHODS:

- Provide an in-office survey to patients at Brookfield Primary Care & Pediatrics over a set time period. The survey should be conducted prior to physician visits and will (A) collect quantitative data on visit/wait times and (B) assess patient perceptions on pre-visit data collection.
- Organize results and present how patients feel about providing information prior to visits.

# Survey

- 1) What time were you supposed to arrive at your appointment?
- 2) What time did you arrive at your appointment?
- 3) At what time during this visit were you first seen by a physician, resident, or medical student?
- 4) Would you prefer to answer routine health screening information (e.g. vaccinations, medications, operations, etc.) in the office during the visit or at home prior to the visit?
- 5) If at home, how would you prefer to provide information?
  - Digital form
  - Phone call
  - Providing forms in person prior to visit

# Results

- 30 patients participated in the study over a course of four standard clinical days.
- 50% of all patients surveyed said they would prefer to fill out health information ahead of time, and 23.3% said they have no preference either way.
- Of all patients surveyed, 80% noted that, if they were to fill out information ahead of time, it would be through online forms. 6.7% had no preference, 6.7% preferred phone, and the remainder said they would do it in the office only.
- 50% of patients were late to their appointment, with an average late time of 7.6 minutes. On average, pre-screening procedures for patients lasted 15.8 minutes, after which point the patient was seen by a physician.



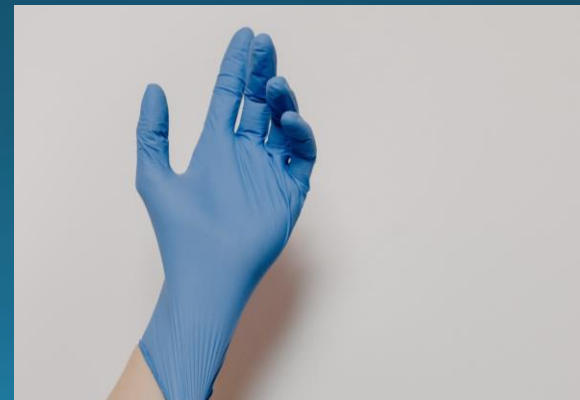
# Effectiveness of Project and Limitations

## *Effectiveness:*

- The project design allowed for in-depth observation of multiple days at the clinic and discussion with patients regarding their viewpoints. This was the most accurate sample of a standard day at the clinic.
- Patients were surveyed in the office directly, allowing for accurate and immediate feedback.
- The office environment allowed for real-time verification of patient check-in and waiting times.

## *Limitations:*

- We could not capture every demographic due to the shorter period of dedicated survey time.
- To maintain focus, the project could not fully explore the subjective driving factors behind each patient's answers.



# Recommendations for the Future

- Given the strong patient support for using online forms to increase visit efficiency, it would be advisable to conduct a formal study with a larger pool of patients over a longer time period.
- Given that these forms would likely reduce wait time for patients who are checking in, it is reasonable to explore transitioning to pre-visit questionnaires and integrating them with the electronic medical record (EMR) at the clinic. A similar solution has been suggested in the *Family Practice Medicine Journal*.<sup>6</sup>
- I would like to use these results as the impetus for further discussions on pre-visit form implementation with providers, administrators, and the clinical technical team in Brookfield, CT. This could potentially lead to a meaningful study during the fourth year of medical school.

# References

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6. Schappert, Susan M., and Elizabeth A. Rechtsteiner. Sinsky, Christine A., Thomas A. Sinsky, and Ellie Rajcevich. "Putting Pre-Visit Planning Into Practice." *Family Practice Management* 22, no. 6 (December 2015): 34–38.

## IMAGES:

<https://www.pexels.com/photo/computer-desk-laptop-stethoscope-48604/>

<https://www.pexels.com/photo/a-person-wearing-blue-surgical-gloves-7723623/>

# Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview, and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Consented: \_\_\_X\_\_\_

Name: Julia Auerbach, MD

Name: Laurie Schedgick-Davis, DO