

Patient Wait Times for Medical Care Often Excessive

Removing barriers to the timely provision of medical care, including excessive wait times for doctor visits, has been identified by the *Institute of Medicine* (IOM) as a key quality goal for healthcare systems.¹ In its 2001 report, entitled “*Crossing the Quality Chasm: A New Health System for the 21st Century*,” the IOM stated that the excess time patients spend waiting for care, which does not convey information or allow for healing, suggests that “*care has not been designed with the welfare of the patient at the center.*”² However, in many healthcare settings, patients today are often still forced to wait for long periods of time before receiving care. In the emergency room context, on average patients are forced to wait anywhere from 17 to 54 minutes before being seen by a physician and receiving care.³ A patient’s entire emergency room visit – from arriving at the emergency room to receiving care and being sent home – can average as long as 191 minutes in some states.⁴ Excessive wait times may cause adverse effects to patients, including injuring patients further.⁵ For this reason, addressing excessive wait times and the costs to patients is crucial to promote efficiency and improve patient outcomes in the healthcare system. This Health Capital Topics article will discuss the causes of excessive wait times in emergency rooms and doctor’s offices, why excessive wait times can lead to adverse patient events, as well as suggest solutions to reduce excessive wait times.

Numerous groups, including the *Centers for Medicare & Medicaid Services* (CMS), IOM and ProPublica, have examined the issue of patient wait times in hospital emergency rooms. According to ProPublica, the national average of time spent in emergency rooms waiting to see a doctor may reach as high as 54 minutes.⁶ CMS has also compiled data pertaining to emergency room wait time, from the time a patient arrives to the time they are seen by a physician, ranging from 21 to 32 minutes.⁷ Additionally, CMS has reported that, nationally, when a physician deems an emergency room patient requires inpatient hospitalization, that patient waits an average of 97 minutes before being transferred from the emergency room to their inpatient room.⁸ ProPublica has also reported excessive wait times of patients waiting to be taken to their inpatient room, ranging from 43 minutes to 270 minutes.⁹ As patients are forced to endure excessive wait times in order to see a physician, serious injuries can result,

including loss of limbs or death.¹⁰ Additionally, patients may become impatient and leave without receiving care, or hospitals may reach capacity and refer patients elsewhere, further delaying care.¹¹

A number of factors may cause the long wait times in emergency rooms faced by patients, including: (1) the triage model of care, which prioritizes treatment for the “*most critically ill or injured patients*” instead of the first patient to arrive at an emergency room;¹² (2) the lack of coordination between peak emergency room staffing times (Monday through Friday between nine a.m. and five p.m.) and peak times for patient visits (evenings, weekends, and holidays);¹³ and (3) the practice of “*boarding*” patients, which involves a hospital emergency department holding an admitted patient in the emergency room until an inpatient hospital bed is available.¹⁴ Overcrowding of emergency rooms may be exacerbated by the implementation of the *Patient Protection and Affordable Care Act* (ACA).¹⁵ Although many provisions of the ACA seek to encourage the utilization of primary care services, including the increase in Medicare reimbursement for primary care services under Section 5501,¹⁶ many patients may still not be able to access primary care physicians due to the large caseloads already faced by many primary care physicians.¹⁷ Patients unable to establish a relationship with a primary care physician often rely on the emergency room to provide them with basic primary care services; if this pattern continues with increased rates of insured patients, emergency room wait times may also rise.¹⁸

In addition to long waits for emergency department care, many patients are experiencing excessive wait times in initially getting an appointment.¹⁹ A survey conducted by Merritt Hawkins examined the average wait time, in 2013, between the date of scheduling and the date of the appointment for patients seeing a new physician across numerous specialties in 15 major U.S. metropolitan areas.²⁰ For appointments with family physicians, patients waited, on average, 19.5 days between the date of scheduling and the date of the appointment.²¹ Patients waited, on average, only 16.8 days for cardiology appointments; however, patients waited, on average, 28.8 days for dermatology appointments.²² However, patients are waiting for shorter periods of time within a physician’s office

before receiving treatment. According to Vitals, an online resource for patients to connect with and review physician profiles online,²³ the national average for patient wait times in physician offices decreased to just over 19 minutes, a decrease of over one minute from the 2014 average.²⁴

Although excessive wait times for medical services are common in many parts of the U.S., many health systems have developed innovative solutions to reduce this burden and patient safety hazard. In response to emergency room wait times, the Cleveland Clinic has developed a split-flow process.²⁵ The split-flow process reduces wait times by: (1) performing more thorough assessments immediately upon check-in; (2) simultaneously registering and accomplishing triage; (3) immediately ordering the diagnostic tests needed; and, (4) administering care based on an acuity level, which accelerates the treatment of relatively healthy patients while also admitting patients needing immediate care more promptly.²⁶ The Cleveland Clinic has also developed protocols to reduce the time patients wait inside a physician's office through an innovative tool: the same-day appointment.²⁷ By allowing patients to see physicians same day, or by utilizing technology to "conduct virtual visits," physicians could reduce the frequency of overbooking patients as well as the number of patients having to make appointments for simple questions. Additionally, the Cleveland Clinic has developed a broader solution to reduce patient wait times and treatment inefficiencies: the Group Practice Model.²⁸ The Group Practice Model streamlines the process for taking care of patients by providing the organizational infrastructure for clinicians to communicate more efficiency with each other regarding a patient's case.²⁹ Also, by allowing physicians to take part in the decision-making process, physicians can take on a leadership role in ensuring the health and welfare of the patients is priority.³⁰

There are a number of other solutions available to healthcare providers to assist in reducing patient wait times. In the emergency room context, a clinician, in conjunction with a nurse or other mid-level provider, could meet patients upon arrival to conduct triage and registration simultaneously.³¹ If beds are available, a nurse could bring the patient to an exam room immediately; from there an evaluation would take place to determine the acuity of the patient which helps the physician become aware of the patient's situation.³² In the physician office context, the administrative staff of an office can send patients any intake or registration forms required to be completed before the appointment, which may reduce one reason why patients wait in physician offices.³³ Further, offices should more strictly enforce policies covering late or no-shows (which may include charging cancellation fees), which may deter patients from arriving late to appointments.³⁴

- 1 "Opportunity Costs of Ambulatory Medical Care in the United States" By Kristin N. Ray, M.D. et al., *The American Journal of Managed Care*, Vol. 21, No. 8, (August 2015), p. 567.
- 2 "Crossing the Quality Chasm: A New Health System for the 21st Century" Institute of Medicine, Washington, D.C.: National Academy Press, 2001, p. 51.
- 3 "ER Wait Watcher" By Lena Groeger, et al., ProPublica, December 19, 2014, <https://projects.propublica.org/emergency/> (Accessed 10/9/15).
- 4 *Ibid.*
- 5 "Crossing the Quality Chasm: A New Health System for the 21st Century" Institute of Medicine, Washington, D.C.: National Academy Press, 2001, p. 51.
- 6 Lena Groeger, et al., December 19, 2014.
- 7 "Timely and Effective Care – National" Data.Medicare.Gov, 2015, <https://data.medicare.gov/Hospital-Compare/Timely-and-Effective-Care-National/isrn-hqyy> (Accessed 10/13/15). Data is based on an analysis from all Medicare hospitals of the survey question "Average time patients spent in the emergency department before they were seen by a healthcare professional" between 1/1/2014 and 12/31/2014 and incorporates the range of scores reported to CMS. Under CMS's methodology, the "score" for each measure is based on the number of minutes waiting before being seen by a healthcare professional.
- 8 *Ibid.*
- 9 Lena Groeger, et al., December 19, 2014.
- 10 "Don't Die Waiting in the ER" By Sabriya Rice, CNN, January 13, 2011, <http://www.cnn.com/2011/HEALTH/01/13/emergency.room.ep/> (Accessed 10/9/15).
- 11 "Emergency Department Wait Times, Crowding and Access Fact Sheet" American College of Emergency Physicians, 2014, <http://newsroom.acep.org/index.php?s=20301&item=29937> (Accessed 10/9/15).
- 12 *Ibid.*
- 13 *Ibid.*
- 14 ACEP, 2014.
- 15 "The Ethics of Health Care Reform: Issues in Emergency – Medicine – An Information Paper" American College of Emergency Physicians, 2014, <http://www.acep.org/Physician-Resources/Practice-Resources/Professionalism/Ethics/The-Ethics-of-Health-Care-Reform--Issues-in-Emergency---Medicine---An-Information-Paper/> (Accessed 10/9/15).
- 16 "Patient Protection and Affordable Care Act" Pub. L. No. 111-148, § 5501, 124 Stat. 119, 652 (March 23, 2010).
- 17 "The Ethics of Health Care Reform: Issues in Emergency – Medicine – An Information Paper" American College of Emergency Physicians, 2014, <http://www.acep.org/Physician-Resources/Practice-Resources/Professionalism/Ethics/The-Ethics-of-Health-Care-Reform--Issues-in-Emergency---Medicine---An-Information-Paper/> (Accessed 10/9/15).
- 18 *Ibid.*
- 19 "The Health Care Waiting Game" By Elisabeth Rosenthal, *The New York Times*, July 5, 2014, http://www.nytimes.com/2014/07/06/sunday-review/long-waits-for-doctors-appointments-have-become-the-norm.html?_r=0 (Accessed 10/9/15).
- 20 "2014 Survey: Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates" Merritt Hawkins, 2014, <http://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Surveys/mha2014waitsurvPDF.pdf> (Accessed 10/19/15), p. 4. The survey is based on 2013 data.
- 21 *Ibid.*, p. 6.
- 22 *Ibid.*, p. 5.
- 23 "About Us" Vitals, 2015, <http://www.vitals.com/about> (Accessed 10/19/15).
- 24 "Wait Times for Doctors Decrease, Even as More Americans Enter Health Care System" By Gina Larson, Vitals, March 31, 2015, <http://www.vitals.com/about/posts/press-center/press-releases/wait-times-doctors-decrease-even-americans-enter-health-care-system> (Accessed 10/19/15).

-
- 25 “New Process and Redesign Help Reduce Wait Times in the Emergency Department” Medina Hospital, The Cleveland Clinic, 2014, http://my.clevelandclinic.org/ccf/media/files/Regional_Locations/Medina/emergency-department-fact-sheet.pdf (Accessed 10/9/15).
- 26 *Ibid.*
- 27 “The Cleveland Clinic Way” By Toby Cosgrove, MD, OH, McGraw Hill Education, 2014, p. 124-25.
- 28 “Op-ed: How the Group Practice Model Can Save U.S. Health Care” By Toby Cosgrove, M.D.. U.S. News, September 12, 2014, <http://health.usnews.com/health-news/hospital-of-tomorrow/articles/2014/09/12/op-ed-how-the-group-practice-model-can-save-us-health-care> (Accessed 10/9/15).
- 29 *Ibid.*
- 30 *Ibid.*
- 31 “How 6 Easy Changes Can Reduce ED Wait Times” By Paula Knowlton, iVantage Health Analytics, January 31, 2014, <https://www.ivantagehealth.com/how-6-easy-changes-can-reduce-ed-wait-times/> (Accessed 10/27/15).
- 32 *Ibid.*
- 33 “8 Ways to Reduce Patient Wait Times” By Teresa Iafolla, eVisit, January 13, 2015, <http://evisit.com/reduce-patient-wait-times/> (Accessed 10/9/15).
- 34 *Ibid.*



(800) FYI - VALU

*Providing Solutions
in the Era of
Healthcare Reform*

Founded in 1993, HCC is a nationally recognized healthcare economic financial consulting firm

- [HCC Home](#)
- [Firm Profile](#)
- [HCC Services](#)
- [HCC Experts](#)
- [Clients & Projects](#)
- [HCC News](#)
- [Upcoming Events](#)
- [Contact Us](#)
- [Email Us](#)

HEALTH CAPITAL CONSULTANTS (HCC) is an established, nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, Missouri, with regional personnel nationwide. Founded in 1993, HCC has served clients in over 45 states, in providing services including: valuation in all healthcare sectors; financial analysis, including the development of forecasts, budgets and income distribution plans; healthcare provider related intermediary services, including integration, affiliation, acquisition and divestiture; Certificate of Need (CON) and regulatory consulting; litigation support and expert witness services; and, industry research services for healthcare providers and their advisors. HCC's accredited professionals are supported by an experienced research and library support staff to maintain a thorough and extensive knowledge of the healthcare reimbursement, regulatory, technological and competitive environment.



Robert James Cimasi, MHA, ASA, FRICS, MCBA, CVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Master in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Institution of Chartered Surveyors (FRICS – Royal Institution of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “*Accountable Care Organizations: Value Metrics and Capital Formation*” [2013 - Taylor & Francis, a division of CRC Press], “*The Adviser’s Guide to Healthcare*” – Vols. I, II & III [2010 – AICPA], and “*The U.S. Healthcare Certificate of Need Sourcebook*” [2005 - Beard Books]; and, “*Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services*” was published by John Wiley & Sons in 2014. Mr. Cimasi is the co-author of the soon-to-be released “*Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious “*Shannon Pratt Award in Business Valuation*” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 20 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 1,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of the soon-to-be released “*Adviser’s Guide to Healthcare – 2nd Edition*” [2015 – AICPA], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: *The Accountant’s Business Manual* (AICPA); *Valuing Professional Practices and Licenses* (Aspen Publishers); *Valuation Strategies; Business Appraisal Practice*; and, *NACVA QuickRead*. Additionally, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators and Analysts (NACVA); Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).



John R. Chwarzinski, MSF, MAE, is Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**. Mr. Chwarzinski holds a Master’s Degree in Economics from the University of Missouri – St. Louis, as well as, a Master’s Degree in Finance from the John M. Olin School of Business at Washington University in St. Louis. Mr. Chwarzinski’s areas of expertise include advanced statistical analysis, econometric modeling, as well as, economic and financial analysis.



Jonathan T. Wixom, MBA, is Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**. Mr. Wixom holds a Master of Business Administration degree from Washington University, a Bachelor of Arts in Economics from St. Louis University, and a Bachelor of Science in Business Administration from St. Louis University. Mr. Wixom’s areas of expertise include valuation consulting, financial analysis, due diligence, and financial modeling. He is a member of the St. Louis Chapter of the American Society of Appraisers, as well as a Level III Candidate in the Chartered Financial Analyst Program.



Jessica L. Bailey-Wheaton, Esq., is Senior Counsel of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she conducts project management and consulting services related to the impact of both federal and state regulations on healthcare exempt organization transactions and provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services. Ms. Bailey is a member of the Missouri and Illinois Bars and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law, where she served as Fall Managing Editor for the *Journal of Health Law & Policy*.



Kenneth J. Farris, Esq., is a Research Associate at **HEALTH CAPITAL CONSULTANTS (HCC)**, where he provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services, and tracks impact of federal and state regulations on healthcare exempt organization transactions. Mr. Farris is a member of the Missouri Bar and holds a J.D. from Saint Louis University School of Law, where she served as the 2014-2015 Footnotes Managing Editor for the *Journal of Health Law & Policy*.