



## Topic Brief: Clinic Wait Times

**Date:** 4/6/2022

**Nomination Number:** 0971

**Purpose:** This document summarizes the information addressing a nomination submitted on 4/2/2022 through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

**Issue:** The nominator is concerned about reducing the length of clinic waiting times to improve patient reviews.

**Findings:** The EPC Program will not develop a new evidence product. While timely healthcare is one of the domains for quality healthcare,<sup>1</sup> the information provided by the nominator was too limited to develop further.

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### Background

In a 2017 study of national electronic health records of 21 million outpatient visits, the median patient wait time to be seen by a health provider was 4 minutes. One-fifth of the wait times were longer than 20 minutes, and 10% were over 30 minutes. Overall, wait times were longer for early morning appointments, younger patients, and larger practices.<sup>2</sup>

The median wait time for privately-insured patients was 4.1 minutes, and 4.6 minutes for Medicaid. Medicaid patients were 20% more likely than privately insured patients to wait longer than 20 minutes, due mainly to differences in the practices and providers they saw. Wait time for Medicaid patients relative to privately-insured patients was longer in states with relatively lower Medicaid reimbursement rates.<sup>2</sup>

In another study of wait times in the private versus public sectors, wait times in the US Department of Veterans Affairs Medical Centers were similar to those in the private sector in 2014, and improved by 2017.<sup>3</sup> Longer wait times have been shown to be associated with decreased patient satisfaction,<sup>4</sup> and shorter primary care appointment wait times have been associated with higher patient ratings of timeliness of primary care appointments.<sup>5</sup>

### Related Resources

We identified additional information in the course of our assessment that might be useful.

A 2018 systematic review indicated that strategies including resource realignment, operational efficiency, and process improvement can improve wait times.<sup>6</sup>

A 2017 scoping review showed that transfer of services from secondary to primary care, and strategies aimed at changing referral behavior of primary care clinicians can improve effectiveness and efficiency of outpatient services by reducing outpatient referrals and increasing appropriateness of referrals. Availability of specialist advice to primary care practitioners by email or phone and use of store-and-forward telemedicine also show potential for reducing outpatient referrals and reducing costs.<sup>7</sup>

A 2017 systematic review demonstrated that open-access scheduling is the most commonly used intervention to reduce wait times for primary care appointments. Dedicated telephone calls for follow-up consultation, presence of nurse practitioners on staff, nurse and general practitioner triage, and email consultations also helped reduce wait times.<sup>8</sup>

A 2016 scoping review showed that telehealth interventions such as electronic consultations and image-based triage can reduce waiting times for specialist outpatient services such as dermatology, ophthalmology, and otolaryngology.<sup>9</sup>

## References

1. Institute of Medicine Committee on Quality of Health Care in A. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US) Copyright 2001 by the National Academy of Sciences. All rights reserved.; 2001.
2. Oostrom T, Einav L, Finkelstein A. Outpatient Office Wait Times And Quality Of Care For Medicaid Patients. *Health Aff (Millwood)*. 2017 May 1;36(5):826-32. doi: 10.1377/hlthaff.2016.1478. PMID: 28461348.
3. Penn M, Bhatnagar S, Kuy S, et al. Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers. *JAMA network open*. 2019;2(1):e187096-e. doi: 10.1001/jamanetworkopen.2018.7096. PMID: 30657532.
4. Prentice JC, Davies ML, Pizer SD. Which outpatient wait-time measures are related to patient satisfaction? *Am J Med Qual*. 2014 May-Jun;29(3):227-35. doi: 10.1177/1062860613494750. PMID: 23939488.
5. Mayo-Smith M, Radwin LE, Abdulkerim H, et al. Factors Associated With Patient Ratings of Timeliness of Primary Care Appointments. *J Patient Exp*. 2020 Dec;7(6):1203-10. doi: 10.1177/2374373520968979. PMID: 33457566.
6. Naiker U, FitzGerald G, Dulhunty JM, et al. Time to wait: a systematic review of strategies that affect out-patient waiting times. *Aust Health Rev*. 2018 Jun;42(3):286-93. doi: 10.1071/ah16275. PMID: 28355525.
7. Winpenney EM, Miani C, Pitchforth E, et al. Improving the effectiveness and efficiency of outpatient services: a scoping review of interventions at the primary-secondary care interface. *J Health Serv Res Policy*. 2017 Jan;22(1):53-64. doi: 10.1177/1355819616648982. PMID: 27165979.
8. Ansell D, Crispo JAG, Simard B, et al. Interventions to reduce wait times for primary care appointments: a systematic review. *BMC Health Services Research*. 2017 2017/04/20;17(1):295. doi: 10.1186/s12913-017-2219-y.
9. Caffery LJ, Farjian M, Smith AC. Telehealth interventions for reducing waiting lists and waiting times for specialist outpatient services: A scoping review. *J Telemed Telecare*. 2016 Dec;22(8):504-12. doi: 10.1177/1357633x16670495. PMID: 27686648.

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**Conflict of Interest:** None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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