**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 and a new evidence product. While timely healthcare is one of the domains for quality healthcare, 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.2

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.2

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 2017.3 Longer wait times have been shown to be associated with decreased patient satisfaction,4 and shorter primary care appointment wait times have been associated with higher patient ratings of timeliness of primary care appointments.5

**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.6
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.\(^7\)

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.\(^8\)

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.\(^9\)

References
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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.

Acknowledgements
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This report was developed by the Scientific Resource Center under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. HHSA 290-2017-00003C). The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. No statement in this article should be construed as an official position of the Agency for Healthcare Research and Quality or of the U.S. Department of Health and Human Services.

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