

Waiting Room Blues



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Forty-three year-old Dr. Gordon Moore of Rochester, N.Y., has had an epiphany. Either that or he is embroiled in the greatest medical hoo-ha since George Hull perpetrated the Cardiff Giant shenanigan in 1869. Hull, you may recall, sculpted a slab of gypsum into an antediluvian giant 10-feet tall with 21-inch feet. It was secretly buried on a remote farm in upstate New York and "discovered" later by workers while ostensibly digging a well. A gullible public lined up by the hundreds to view the fake at 50 cents a look. Their acceptance of the validity of the hoax was based on their desire to believe it, a faith shared years later by UFO devotees.

This same public, older, but not necessarily wiser, is about to be tested again. The medical profession with its sensitive fingers on the public's pulse has become increasingly aware of the vast dissatisfaction engendered by HMOs, long waits for appointments and even longer ones in reception rooms. According to a dispatch from the Associated Press, Dr. Moore is one of a growing group of doctors nationwide who have adopted the concept of same-day service. The idea, AP reported, is that scheduling patients immediately for even routine physicals will keep them healthier and happier, while at the same time saving them money in the long run. This is known in the industry as "open access." Marie Schall, a training

director at the Boston-based Institute for Healthcare Improvement, concurred. "We've seen it work in every kind of clinic imaginable," she beamed. The American Academy of Family Physicians and the U.S. Department of Veterans Affairs have also adopted open access as their goal.

Open access is an electrifying idea, particularly as a recent survey in 15 cities reports the average wait for a cardiology exam is 19 days. The cooling heels period for a dermatology appointment is 24 days, and 23 days for an obstetrics-gynecology exam.

The changeover to open access isn't

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exactly a piece of cake. Kurt Mosley of Merritt, Hawkins & Associates, a national firm that recruits medical workers, warned: “You have to get rid of the backlog first. You have to stop long-term scheduling cold turkey. Doctors aren’t used to that. You have to have an office manager who takes control and says, ‘You’re *not* going to fill up your schedule on this day!’” Huh? Already the one-on-one time with your personal health provider is variously estimated to be between 45 seconds and five minutes, comparable to the quality time received at Albertson’s checkout line. Inviting the ailing hordes in for instant servicing appears to place the scheduler in an awkward position of writing more names in the margins of the appointment book while at the same time not filling up the doctor’s day.

It seems to us that a 3-year-old chimpanzee could come up with a working hypothesis that might illuminate the problems, if not the solution for this new medical breakthrough. Bonzo, our own primate, delicately fingered the worn keys of his ancient Underwood, offered this:

J. Elwood Goodpants, DMD, Family Practice/Cosmetic/Implants/Braces/Teeth Whitened While-You-Wait, has summoned his team of dedicated auxiliaries to evaluate the initial impact of their new Same-Day Service Open Access scheduling.

Doctor: Everybody clear on this? Patient calls for an appointment, he gets one today, no waiting, no exceptions? Got it?

Marilouanne: Got it! Here’s your schedule for today: 47 patients, no

lunch hour. These people have been led to believe that “same-day service” actually means today! We can close at 9:30 p.m. if there are no more calls. And we’re on the clock for time-and-half after 5.

Anastasia: There are 14 people in the waiting room right now, doctor. They’re saying they like the idea of same-day service, but the two-hour wait to see you stinks! If this “open access” thing includes your private office, they’d like to talk to you.

Doctor: Would you get Dr. Gordon Moore, Rochester, New York, on the phone for me? I have some questions.

So do we, Elwood. Although Dr. Moore said he was tired of working long hours with patients double and triple booked into time slots, he felt the open access plan is working just fine. We must be missing something here.

Marie Schall attempted to clear it up: “It’s all very data driven and based on predictions and having a clear understanding of your supply and demand.” Oh. Nice try, Marie!

Moore agreed, saying he is able to address several needs of patients all at once, rather than refer them to a specialist or schedule a later appointment. Great idea! Who wants to wait 24 days to have a dermatologist sort out your various dermal deficiencies when you can wait right here in this waiting room until they heal spontaneously?

We have, in spite of all this congratulatory evidence, decided to postpone implementing open access in our office until we see how the guy down the hall does with it. This is the same chap who bought Caridex and the Mystique veneers.

Meanwhile, if you are ever find yourself in Cooperstown, N.Y., drop by the Farmer’s Museum where, for a mere pittance, you may have same-day viewing of the Cardiff Giant, on display as “America’s Greatest Hoax.” Until now, anyway.

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