

Study evaluates how to eliminate telemedicine's virtual waiting room

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UC San Diego Health is expanding the “telemedicine untethered” option into various high-volume primary and surgical care clinics in Summer 2022. Credit: UC San Diego Health Sciences

Your virtual visit with your doctor is at 1:00 p.m. It's now 1:20 p.m. and your physician has not yet logged in. Do you call the clinic? Hang up and

log back in? Groan in frustration?

Being stuck in a virtual waiting room and staring at a blank computer or device screen is a huge dissatisfier among telemedicine patients. To respect patients' time, and provide the optimal experience, UC San Diego Health conducted a 10-week quality improvement study to evaluate how text messaging a link to a patient when their doctor is ready provides a way to connect patients and doctors most efficiently, without relying on the virtual waiting room.

Results of the study published in the May 27 online issue of *Quality Management in Health Care*.

"Borrowing from the airline and restaurant industries, we tested whether we could contact patients via text to log into their appointment when their doctor is ready. The goal of the feasibility study was to determine if this flexibility lead to improved perception of waiting time and an enhanced experience, while assessing for time saving for both patients and providers," said Brett C. Meyer, MD, neurologist, co-director of the UC San Diego Health Stroke Center, and clinical director of telehealth at UC San Diego Health.

"We stepped back and asked, 'Do we need a virtual waiting room at all? Can we let patients know when their provider is available instead of making them wait online?'" said Emily S. Perrinez, RN, MSN, MPH, study co-author and director of telehealth operations at UC San Diego Health. "The reality is that [wait times](#) and lack of timely communication both correlate with patient experience. Real-time text notification that the provider is ready improved patient satisfaction and this experience is the kind of feedback we love to see."

Twenty-two patients at a stroke clinic participated in the two-and-a-half month study. Patients chose to either receive a text, which included a

visit link when their provider was ready for their visit or the standard telehealth routine of logging in at a scheduled time and waiting in front of a camera in a virtual waiting room.

Results showed that zero patients were seen late, while fifty-five percent of the patients were seen early. On average, there was a 55-minute time savings in clinic operations due to patients being seen early. Study metrics also included demographics, visit rates, and satisfaction surveys.

"Providers are extremely interested in making clinic visits better and easier for our patients—especially in the event we are running late," said Meyer. "Our old patient-communication strategy was complicated by the fact that the device that we would call to inform of a delay was often the same device they were actively using for their video visit."

During the pandemic, UC San Diego Health saw a 1000-fold increase in the rate of telemedicine visits. The current volume of telemedicine encounters remains high, with more than 550,000 ambulatory telehealth visits seen at UC San Diego Health since the start of the pandemic, for all types of medical and surgical care needs.

"Overall, the text method makes life so much easier for patients. As long as a patient has a smartphone handy, they can go about their day rather than waiting for the provider to join the video visit," said Meyer. "For the provider, it definitely increases flexibility and may even increase throughput. Additionally, texting decreases the anxiety of a provider who may be running late. Knowing that we are not keeping a patient waiting is, in my mind, the most important thing. We respect that [patients](#) have obligations and their time is precious as well, and we don't want to keep them waiting."

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2022.

More information: Brett C. Meyer et al, Tele-Untethered: Telemedicine Without Waiting Rooms, *Quality Management in Health Care* (2022). [DOI: 10.1097/QMH.0000000000000380](https://doi.org/10.1097/QMH.0000000000000380)

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