

POSTER ABSTRACTS

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Evaluating Care Delivery 40

Ambulatory Care Visits: Squeezing 22 Minutes Into A 19 Minute Visit?

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Background: Balancing patient and provider demands for time during an ambulatory visit represents a significant clinical and economic challenge. The study examines actual visit times, patient satisfaction with time spent with the physician, and time perceptions of patients and physicians.

Methods: We collected video and post-visit questionnaire data from a convenience sample of patients and primary care physicians. We examined the time perceptions of how long physicians were in the exam-room, stratified by whether patients felt they had adequate time with the physician. Using a mixed linear model, we evaluated differences in time-estimates between the patient, physician, and a researcher watching the video.

Results: There were 192 patient-subjects, who tended to be female (61%) and non-white (59%), with a mean age of 63 years. The 61 physician-subjects tended to be male (59%), and have 10+ years experience in the health system. Overall, 84% of patients strongly felt that their physician spent enough time with them during their visit. On average, these patients estimated physicians spent 22 minutes in the exam-room, while physicians estimated 19 minutes; and the actual mean time was 19 minutes. In visits where patients were less-satisfied, on average the patients estimated physicians spent 19 minutes in the exam-room, while physicians estimated 20 minutes; and the actual mean time was 18 minutes. After adjusting for age, gender, and clustering by physician, highly satisfied patients reported significantly more time spent with the physician on average, compared with physicians' estimates or with actual measured time (difference=2.6 minutes and 2.4 minutes respectively, $p < 0.01$). There were no statistically significant differences in actual visit times by patient satisfaction or between physician estimates and actual times.

Conclusions: Patients who are highly-satisfied perceive spending significantly more time with the physician than actually occurred. In contrast, less-satisfied patients' time estimates did not differ from actual times, nor did physician time estimates. Similarly, there were no detectable differences in actual time between visits with varying patient satisfaction. These preliminary results suggest that there may be methods to help patients feel that they have spent an adequate amount of time with their physician within the current visit-time constraints.