The Fascinating History of Scheduling Doctor Visits

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Anyone who needs to contact their doctor's office knows that scheduling a medical visit can be both painfully mundane and hugely consequential.

Even though studies show that the length of patient visits has increased in recent decades, the time adults have with their doctors remains far too short and is inequitably distributed. The length and timing of patient visits can affect the quality of care as well. For example, one study found that if a visit were later, rather than earlier, in the day, the patient was more likely to get a new – potentially harmful – prescription for an opioid medication.

The scheduling of physician visits has an intriguing history. A recent article in Annals of Internal Medicine by Michelle-Linh Nguyen, Samuel Schotland and Joel Howell traces that history as far back as the 1800s, when doctors rode horseback to visit patients' homes.

By the 1900s, the authors explain, urbanization and use of telephones and motor cars made it easier for physicians to visit patients at home and allowed patients to travel to doctors as well. After World War II, physician shortages rendered doctors' time more precious and home visits rare. Most doctors switched to seeing patients during set office hours on a first-come first-served basis.

By the 1960s, with increasing demand for visits and for shorter wait times, medical secretaries assigned patients specific time slots customized to physician and patient preferences. One example might be that a patient would prioritize seeing her own doctor over getting a visit sooner – a choice that can lead to better care outcomes. But that ability to customize scheduling faded in later decades, with the shift from solo practices to group practices and health care systems.

I'd add that these days, health care increasingly occurs outside the confines of scheduled visits. Patients and clinicians often communicate through electronic portals, and patients often work with nurses, social workers and other members of their care teams. Clinician workflows (and payment models) need to adapt to these realities.

And there is already one solution, available through commonly used electronic health records: having patients schedule their own visits online. My colleagues and I studied so-called direct scheduling and found that, while there were small but notable disparities by age, race and income in use of this service, direct scheduling also increased patients' chances of seeing their own doctor.

As an internist, I wish I had enough hours in my day to see my patients whenever and for however long they needed me. But while the days of horseback house calls are behind us, the good news is that adaptations like technology and working in teams make it a bit easier to meet our patients' needs.

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