Chapter 59
Waiting for Health Care Services

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ABSTRACT

Waiting for health care services have impact on people from several perspectives. First of all, seen from patients' point of view, due to psychologically and physically burden short waiting times are an indication of quality. Second, seen from health care systems' point of view, short waiting times can be a competitive advantage for health care providers. Finally, short-waiting times can contribute to a more effective system applied in health care. In this chapter, the impact of waiting times of patients are analyzed on all three levels based on quantitative and qualitative study carried out by the authors as well as on the foregoing literature review. The situation of patients and their requirements are shown, strategies to reduce waiting times are presented by also considering the role of information and communication technologies, and several relevant questions raised are answered.

INTRODUCTION

A new kind of patient has entered the healthcare sector (Carpman, Grant, & Simmons, 1986; Marberry, 2006; Marsh, 1993), an active one who wants to participate directly in healthcare decisions and is therefore increasingly responsible for his or her own health (Wallner, 2013). At the same time, this new patient demands service quality and person-centred care that causes a paradigm shift in the understanding of healthcare and in the definition and perception of services provided for it. One of the impacts is to move the focus of healthcare in many western societies from a paternalistic approach to a shared decision making process, in which the needs of the patient are central (Emanuel & Emanuel, 1992; Gillon, 1994). In such a setting patient-participation and informed consent are fundamental rights (Kizer, 2001). Another impact is creating a more patient-friendly environment in hospitals and at resident physicians (Mangold, Peintinger, & Kopetzki, 2010).

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Increasing requirements to service quality and focusing on person-centred services have also impact on the healthcare sector as any other business sector. In healthcare patients – in this context they are the consumers – demand the right to safety, to information, to choose among alternatives, and the right to be heard (Kennedy, 1962). However, healthcare is different than the other business areas; it is a highly complex field. It is not always easy for consumers to contract or consent, sometimes because of their current health condition (e.g., in case of mentally ill patients or patients in a coma), sometimes because of the complexity of the medical situation and related diagnosis or treatment procedures.

Nevertheless, patients' autonomy has become more important in the last few decades. The US-Institute of Medicine, for example, states patient-centeredness as one of the six aims for increasing general healthcare quality provided (Adams, Greiner, & Corrigan, 2004). The World Health Organization World Alliance for Patient Safety (2005) highlights the determinant of including patients and their family into the healthcare decisions (Pittet, Allegranzi, Storr, & Donaldson, 2005). Increasing patient participation in processes and health-related decision-making as well as the changing role of patients to consumers can improve the quality of care and through this the healthcare system in general (Longtin et al., 2010; Lancet, 2005). In the "Vienna Recommendations on Health Promoting Hospitals" from 1997, the WHO, sub-organisations, and their member states announced official documents that confirmed the same statement and furthermore claimed that it would also improve the efficiency of healthcare systems (World Health Organization [WHO], 1997; Committee on Patient Safety and Quality Improvement, 2005; General Medical Council [GMC], 2013; Nursing & Midwifery Council [NMC], 2015; Brink-Muinen et al., 2006). About 15 years after "Vienna Recommendations", the Austrian government has included "patient empowerment" in the on-going healthcare reform (Grazie & Wimmer-Puchinger, 2014). One of its ten targets is to increase health literacy by improving the involvement of the citizens in their own health issues.

Due to the demographic changes in Europe, the frequency of the use of healthcare services increases (Statistik Austria, 2015a, 2015b). Putting the needs of patients in the centre, Austria shows good numbers in the quality and quantity of healthcare services provided. On the one hand, 7.7 hospital beds and 4.75 doctors per 1,000 inhabitants as well as a life expectancy of 80 years paint a favourable picture of a high quality healthcare system in Austria[1] (Mundi Index, 2012). Looking at the number of healthy life years (60 years)[2] and the health expenditure of 10.8% of the GDP (Gross Domestic Product)[3], the Austrian healthcare system is in the midfield of the European Union (WHO, 2015). But, there is further place for improvement. Several surveys show the most potential for improvement lies in the waiting times in hospitals and at resident doctors: The main problem is still the waiting for meeting a physician and a "two-tier healthcare system"[4]. The question is how to reduce the waiting times, how to focus on health instead of illness, and how to strengthen the patient-centred approach (Deloitte, 2011).

So far, waiting for healthcare services have got only little public attention in Austria. There is almost no data available. A questionnaire published in 2009 showed that the average waiting time at general practitioners (GP) is 34 minutes and at specialists 28 minutes (Fischer, 2009). The question whether electronic appointment systems lower waiting times of patients was not studied. This chapter aims to evaluate and analyse waiting process and waiting environment on an organisational and structural level, and tries to find solutions to decrease waiting times as they have negative impact on citizens (Bailey, 1952), support infections (Eck, DeBaun, & Pugliese, 2001), and are a financial burden for patients, clinics, and the Austrian healthcare and economy system in general (Fleischer, 2011).