

IMPROVING EFFICIENCY IN THE HEALTHCARE SECTOR

Cutting the wait for patients

A multi-faceted approach could see dramatically reduced waiting times at hospitals and clinics, says one consultant

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SINGAPORE—It's an issue many people are familiar with: Long waiting times at hospitals and clinics. But what if waiting times could be reduced through a combination of factors such as better implementation of technology, utilisation of scale or even changes in legislation?

What if a nurse or a pharmacist could independently prescribe your medication for certain conditions during your next visit to a hospital or polyclinic?

One of the keys to making changes which promote productivity is the often underestimated role played by regulatory bodies, said Dr Jeremy Lim, Partner and Head of Asia Pacific Region, Health and Life Sciences at global management consulting firm Oliver Wyman.

Dr Lim was one of the speakers at the recently held Institute of Service Excellence (ISES) Industry Forum on scalable excellence, where the institute also released its latest Customer Satisfaction Index of Singapore results for the fourth quarter.

THE ROLE OF RULES

Legislation has an important, if often overlooked, role to play in improving efficiency in the healthcare sector. Current regulations do not permit nurses and pharmacists to independently prescribe medicine

to patients. But amending the regulations to allow this for certain ailments could offer several benefits.

It would give nurses and pharmacists the opportunity to take on bigger responsibilities and do more "meaningful, higher-end work".

Secondly, it would give doctors more time for other tasks, ranging from the more complex to a much more basic, but important one — direct patient contact.

"I think we completely underestimate the role that the regulator plays in promoting productivity and allowing what patients really want — which is personal physical contact," said Dr Lim.

THINKING BIG

However, not all patients want or need direct contact with a doctor. Factoring the diverse needs of patients into the healthcare equation presents a huge challenge to the sector. But doing this is one of the keys to reducing waiting times and offering improved healthcare service.

Said Dr Lim: "The important connect is between the health system and the patient in a way that the patient finds meaningful. Scale is important to offer patients a choice of engagement.

"For example, some bank customers prefer going to the bank, some prefer online banking or telephone banking. Scale in a health system allows you to offer multiple ways to engage patients. Fundamentally, if you want to put the patients in the centre, to be patient-centric, then we need to offer choice."

This is because one-size-fits-all solutions work up to a point. Citing the example of neighbourhood clinics,

Dr Lim said that while they have wonderful personal relationships with their patients, "the quality of care over the life cycle of the patient becomes challenging". This will become increasingly difficult for a single practitioner to manage appropriately given the complex nature of medicine.

FACE TIME

Technology, if effectively utilised and implemented, also offers plenty of scope for improving efficiency in the healthcare sector. Reducing the time nurses spend on important but mundane tasks such as record-keeping, like interacting with patients.

"People want to talk to other people. Health starts from such a low technology base that technology can really do wonders, not just at the front end but even in the back-of-house and this very importantly frees up time for a lot of direct patient contact," noted Dr Lim.

"In hospitals, for example, nurses record, probably for medical and legal reasons, copious amounts of notes. And if you flip from day to day, a lot of the notes are actually similar.

"In one nursing home that is a client of ours, we suggested that it switch to electronic records so it can copy the relevant portions daily, and that would free up probably 30 minutes for each nurse so they could spend more time with patients."

LOOKING BACK

In their bid to reduce waiting times, hospitals and clinics should also factor in what happens before the patient sees the doctor.

Waiting 20 minutes in a clinic may



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not sound like a long waiting period at first, but the picture often changes dramatically if the entire journey is factored in.

A patient may, for example, have spent an additional 25 minutes driving to the hospital during rush hour and then another 15 minutes looking for a parking space.

Add in the waiting time at the clinic and what at first seemed like a 20-minute wait is now an hour-long odyssey, meaning that the patient's tolerance threshold "changes very dramatically".

Said Dr Lim: "We as service organisations don't appreciate the entire journey that has led to the point of first contact."

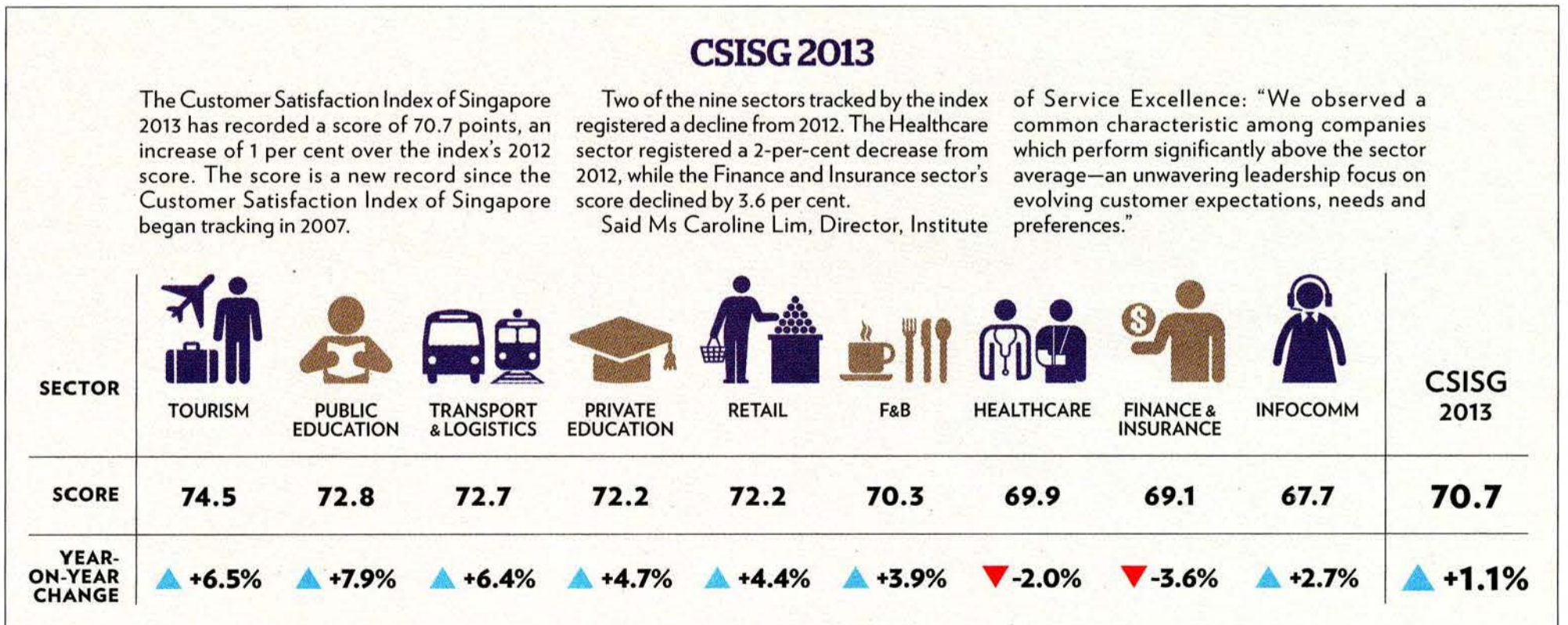
So before investments are made in new technologies and building up scale, the sector should first cater to one fundamental requirement—giving patients what they need.

Drawing an analogy to the Immigration and Checkpoints Authority and how it effectively meets the needs of its customers, Dr Lim said: "You don't really want to go to the ICA but you want to get your passport to travel.

"And if that is the mindset—how I can help the customer do what the customer wants—then the technology and all the other enablers become relevant."

ISES' Industry Forum on scalable excellence was held on March 28. The other speakers were Dr David Chan, Director, Behavioural Sciences Institute, Singapore Management Institute and Mr Peter Huber, CEO, Zurich Global Life.

This report is a collaborative project between TODAY and the Customer Satisfaction Index of Singapore.



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