



## **LEAN CASE STUDY:**

### **FALLON CLINIC ADDRESSES WAIT TIMES**

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Just by communicating with patients about delays, staff members could lose far less otherwise-productive time fielding complaints and apologizing for long wait times. The concept of gate turnover in the airline industry refers to the time the plane rests at the gate between flights. By reducing this interval to roughly 15 minutes from an industry average of about 45 minutes, Southwest's high revenue-producing asset spends significantly more time at work rather than idle.

In a medical practice, your physicians are your 747s. "You want doctors face-to-face with patients and practicing clinical medicine," Samitt says. "When you have inefficient processes in which doctors are not doing doctor work, you have a long gate turnover example." But this doesn't have to translate into physicians seeing more patients, Samitt notes. "I would argue that when you train physicians to be service-oriented, every minute more that they can spend with the patient versus being interrupted or doing other things enhances the brand image of the practice, enhances patient loyalty, and leads to higher revenues."

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At Fallon Clinic, Samitt sought to eliminate waste and inefficiency in its processes using methods such as the "lean" model. Adopted from the automotive industry, lean thinking allows businesses in all industries to do more with what they have, says Larry D. Coté, president and CEO of Lean Advisors Inc. In other words, banishing waste lets practices deliver better service to patients and increase their bottom lines using their current staff members, space, and equipment, he says.

Although many businesses and a handful of physician practices have successfully "gone lean," the concept is not yet wildly popular in healthcare. There are a few reasons. The first reason is lack of knowledge, Coté says. "What they're concerned about is making sure that before they try it that lean does work. And the only way they can do that is by [learning from] the courageous few that have decided to change their way of thinking and proven that it does work." Second, the language used in much of the literature may be off-putting to healthcare professionals. "Why would doctors, nurses, and technicians in the medical field want to take on something that is manufacturing-oriented? They don't look at their patients as a car or a product, nor should they," Coté says. But the concept is not as crass as it sounds. "In healthcare, we talk about the benefit to the patient rather than the customer. We talk about quality," he says. "And there isn't a person in healthcare who isn't trying to do the best job they can to provide the best service and treatment to those patients-that's why they got into healthcare." Finally, those who educate themselves about the lean model quickly realize that repairing broken processes is a big project. Coté acknowledges that the notion may be daunting. "To change anything requires effort, and [healthcare professionals] are working at 100% already," he says. "There are a lot of easy reasons for resisting it, but the motivation is if you can do more with what you have and do it

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better and at less cost, you really have to seriously investigate lean before you ignore it." Coté also notes that implementing a lean model does not change the way doctors practice medicine. "You don't change the science; what you're looking at is the process." Identify broken processes Broken processes are ubiquitous in healthcare. At Fallon Clinic, Samitt and his team identified several problem areas by paying attention to patient and staff member complaints. Although the practice regularly conducted patient satisfaction surveys, employees' concerns surfaced through "a culture of encouraging feedback," Samitt says. For example, doctors complained about the time it took to receive test results or difficulty reaching their colleagues by phone, he says. In addition, the practice hosted a contest to elicit staff member ideas for improving customer service. Several themes, such as long waiting room times, emerged through these channels.

To quantify inefficiency, Coté encourages practices to create an Enterprise Value Stream Map™ (below) illustrating every activity involved in a process or event from end to end. "Then note all the nonvalue activity that goes on from start to finish of an activity: waiting in line, filling out multiple forms, etc., so you can see exactly what the current state looks like." Once you complete the analysis of the current state and identify waste, develop a map for the future state and corresponding implementation plan. The level of nonvalue activity that most facilities discover is staggering—at least 50% throughout the well-known clinics and hospitals with which Coté's firm has worked. In many organizations, staff members may spend closer to 80%-90% of their time on nonvalue work, he says. "If they can remove 30%-40% of that nonvalue, you can imagine how much more pride the staff is going to have in their jobs because they know they're providing the best care possible—what they were trained to do." Begin with

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small changes But the task of slashing waste-analyzing the root of the problem and correcting it-is what overwhelms many practices.

Rather than becoming discouraged, begin with minor changes, Samitt says. For example, consider a staff member whose job involves frequently faxing documents, in an office where the fax machine is 20 feet away from the reception desk. This configuration may force the person to spend perhaps hours per week walking across the room. Not only is it a lot of exercise, but it keeps the staff member away from patients waiting at the desk and on the phone. The simple fix is to move the fax machine to be within arm's reach.

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Eventually, the organization took the next step of addressing the wait time itself by moving to advanced access scheduling-a much more intense transformation. Such undertakings are a burden on physicians and staff member initially, Samitt and Coté agree. But they also both say that the effort improves employees' work life in the long term. "Staff are often inundated with too much work to do in too little time. The goal is to give them more time to do their work," Samitt says. Lean thinking can work in a practice of any size or specialty, Coté says, quoting Albert Einstein: "We can't solve

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problems by using the same kind of thinking we used when we created them.