



## **Non-Emergency Appointment Skipping For Specialists**

The problem of prolonged wait times in the US can be reduced with MediSkip which will significantly enhance the quality of patient care, while creating a new revenue stream for Specialists.

**MediSkip**

Powered by MediSkip &  
Bounce the Line Ticketing Inc.

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# Abstract

Many patients face long waits at privatized healthcare systems to receive care from doctors and other health professionals in the United States. Our research shows that the problem of prolonged waiting times is widespread and this reflects a disparity between healthcare demand and the availability of medical services, leading to delayed diagnoses and treatments, and in some cases, worsening health outcomes. This paper addresses the problem of prolonged waiting time in the US and introduces our software solution designed to significantly reduce it through appointment skipping, thereby enhancing the quality of patient care.

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# Introduction

Timely access to healthcare services is a fundamental requirement for effective medical care. However, prolonged waiting times for appointments, consultations and surgeries have emerged as a critical barrier to accessing timely care. This article seeks to provide a thorough analysis of the problem of prolonged patient waiting times, its causes and implications, and MediSkip's solution to it, with the goal of offering an actionable plan for stakeholders in the healthcare industry.

The urgency of addressing this issue cannot be overstated. According to a 2022 survey conducted in 15 metropolitan states by Merrit Hawkins, a healthcare consulting firm, the average wait for an appointment with a physician is 26 days. Specialties with longer wait times include dermatology, orthopedics, and cardiology, where patients may wait for multiple months. Delays in accessing both primary care and specialized services may result in adverse health outcomes, increased morbidity, and mortality. The complexity of the issue is further compounded by its varied manifestations across different healthcare settings, influenced by factors such as healthcare system design, resource allocation, and patient demand.

## Scope of the Problem

This section explores the problem of prolonged waiting time by presenting statistical data on regional disparities, variations across healthcare systems, and identifying the patient demographic most affected by it.

### Regional Statistics

The extent of patient waiting times varies significantly across the globe, with stark differences between and within countries. Developed countries, despite having advanced healthcare systems, are not immune to the challenge of long waiting times. For instance, countries with mixed healthcare systems, like the United States, see disparities in waiting times influenced by insurance coverage and healthcare provider availability.

The type and extent of insurance coverage can significantly affect the waiting time for medical procedures. Individuals with private insurance often experience shorter waiting times compared to those reliant on public insurance programs or the uninsured. This

discrepancy is due to several reasons, including the preferential treatment private insurance patients might receive from healthcare providers and the broader network of medical facilities available to them.

### **Healthcare System Variations**

The design and funding of healthcare systems play a crucial role in determining waiting times. Public healthcare systems often grapple with resource allocation challenges, leading to queues for non-emergency services. In contrast, private healthcare systems, while typically offering quicker access, may not be accessible to all due to cost, leading to a two-tiered system where the ability to pay influences waiting times.

### **Urban vs. Rural Disparities**

Geographic location is another determinant of waiting times. Urban areas, with higher concentrations of healthcare facilities and providers, generally offer better access to care. However, this can lead to increased demand and, consequently, longer waits. Rural areas, meanwhile, suffer from a scarcity of healthcare resources, forcing patients to travel long distances or wait extended periods for care.

### **Affected Patient Populations**

Prolonged waiting time poses a significant challenge for various demographic groups, impacting both those with medical insurance and those without coverage. This issue extends beyond specific subsets of the population, affecting everyone. Among the myriad challenges associated with prolonged waiting times are difficulties in obtaining a family doctor, lengthy waits for specialist consultations even for insured patients, and the lack of accessibility for uninsured individuals seeking specialized care. These problems compound existing concerns within affected patient populations.

Certain demographic groups are particularly vulnerable to the consequences of prolonged waiting times. Elderly patients, who often require more frequent and specialized care, face heightened risks from delayed treatments. Similarly, patients managing chronic conditions like diabetes or heart disease experience exacerbated health outcomes when confronted with extended waits for routine check-ups or specialized medical attention.

## **Causes of Prolonged Waiting Times**

Prolonged waiting times in healthcare settings stem from a confluence of factors that strain the capacity of healthcare systems to deliver timely care. Understanding these causes is crucial for devising effective strategies to mitigate the issue. The primary factors contributing to extended waiting periods include:

### **Limited Healthcare Resources and Workforce Shortages**

A fundamental challenge facing many healthcare systems is the scarcity of resources relative to the demand for care. This includes a shortage of healthcare professionals, such as doctors, nurses, and specialists, as well as limited hospital beds and medical facilities. For example, hospitals tend to prioritize doctors to perform more revenue-generating services like surgeries than consultations. Workforce shortages are also exacerbated by uneven distribution of healthcare providers, with rural and underserved areas particularly affected.

### **Inefficient Scheduling and Administrative Processes**

Many healthcare providers operate with outdated or inefficient scheduling systems, leading to suboptimal appointment allocations and significant administrative burdens. These inefficiencies can result from manual scheduling processes, inadequate use of technology, and complex referral requirements, contributing to unnecessary delays in patient care.

### **High Demand for Healthcare Services**

The growing prevalence of chronic diseases, alongside aging populations, particularly baby boomers, has significantly increased the demand for healthcare services worldwide. This surge is often more rapid than the capacity of healthcare systems to expand, leading to extended waiting times for appointments and consultations. Over the next 20 years, as baby boomers age, the need for medical assistance will further intensify.

### **Long Waits for High-Demand Expertise**

While the overall demand for healthcare services is rising, the issue becomes even more acute when looking at specialists. These highly trained physicians offer crucial expertise in specific areas, but their availability often lags behind patient needs. According to the AMN Healthcare/Merritt Hawkins 2022 Survey, wait times for new patient appointments with specialists have grown steadily over the past decade. This trend holds true even in major cities with a higher concentration of doctors, highlighting a nationwide challenge. This "specialist bottleneck" creates a frustrating situation for

patients who require specialized care, often leading to delayed diagnoses and treatment plans.

### **Inadequate Healthcare Infrastructure**

In some regions, the healthcare infrastructure is not adequately developed to meet the needs of the population. This includes not only the physical infrastructure, such as hospitals and clinics, but also the technological infrastructure necessary for efficient healthcare delivery, such as electronic health records and telehealth services.

## **Impact of Prolonged Waiting Times**

The consequences of prolonged waiting times for healthcare services extend well beyond mere inconvenience, significantly impacting every facet of the healthcare ecosystem. For patients, these delays can lead to worsening health conditions. Healthcare providers, on the other hand, face increased pressure and workload as the demand for urgent care escalates, potentially compromising the quality of care and leading to burnout among medical staff. This cycle of delayed care and overstretched resources can undermine the effectiveness and efficiency of the healthcare system, resulting in escalated healthcare costs and reduced accessibility. The ripple effects of these prolonged wait times challenge the sustainability of healthcare systems, necessitating urgent reforms to address inefficiencies and improve patient outcomes.

### **On Patients**

- **Health Outcomes:** Delays in receiving medical care can lead to the worsening of medical conditions, delayed diagnoses, and reduced effectiveness of treatments. For patients with chronic conditions or acute medical issues, these delays can result in significant morbidity or mortality.
- **Psychological Impact:** Waiting for healthcare services can be a source of significant stress and anxiety for patients and their families, exacerbating mental health issues or leading to a sense of helplessness and frustration with the healthcare system.
- **Economic Impact:** Prolonged waiting times can also have economic implications for patients, including lost income due to inability to work and increased out-of-pocket expenses for medical care and related services.

### **On Healthcare Providers**

- **Increased Workload and Pressure:** Healthcare providers face increased pressure to manage high caseloads, leading to overwork and burnout. This can affect their ability to provide high-quality care and maintain patient satisfaction.
- **Quality of Care:** The strain on resources and personnel can lead to shortcuts, rushed consultations, and reduced time for patient care, potentially compromising the quality of care provided.

## **On Healthcare Systems**

- **System Inefficiency:** Prolonged waiting times signify inefficiencies within the healthcare system, including misallocation of resources and suboptimal use of healthcare capacity.
- **Increased Healthcare Costs:** Delays in treatment can lead to more advanced and complex medical conditions that are costlier to treat, driving up healthcare costs for both individuals and the system.
- **Public Perception and Trust:** Persistent delays in accessing healthcare services can erode public trust in the healthcare system, impacting patient engagement and satisfaction with healthcare services.

The impact of prolonged waiting times underscores the need for a comprehensive strategy that can help to circumvent these delays. This informed the development of an Appointment Skipping Service by MediSkip to provide an equitable and adoptable solution to prolonged waiting time.

## **Proposed Solution**

MediSkip introduces a concierge healthcare solution designed to significantly reduce patient waiting times for consultations. Our platform provides a balanced approach to managing non-emergency bookings, ethical considerations, promotional activities, and revenue generation for healthcare providers.

### **Key services**

#### **Appointment Skips for Non-emergency Bookings**

MediSkip empowers both patients and in-demand doctors to manage appointment times more effectively. Our platform facilitates rescheduling or skipping non-emergency appointments to accommodate urgent cases. This optimizes the doctor's schedule and



reduces wait times for patients requiring immediate attention. It's important to clarify that MediSkip prioritizes critical surgeries and emergency resources. We aim to improve the healthcare community for both patients and doctors by offering a service that incentivizes doctors to see additional patients during extra time slots.

### **Promotional Awareness through Incentivized Tip-out Model**

While aiming to address inflationary pressures, a new approach is possible: creating a revenue stream that incentivizes hospital staff. Our platform introduces a tip-out model that directly benefits assistant staff by providing them with a percentage incentive. This approach not only tackles the challenge of rising costs but also fosters promotional awareness of MediSkip services and cultivates a more motivated and engaged support staff within healthcare facilities.

### **New Revenue Streams for Healthcare Providers**

MediSkip creates new opportunities for doctors and hospitals to generate revenue from appointments that traditionally yielded lower profits. By prioritizing these appointments through our platform, healthcare providers can uncover new financial benefits without compromising patient care.

## **Benefits**

### **Prioritizing Patient Care**

MediSkip prioritizes both patient access and transparency in healthcare. Our platform streamlines appointment scheduling, allowing doctors to see more patients in need without disrupting existing appointments. This reduces wait times for everyone. Additionally, MediSkip fosters trust by employing a transparent pricing model. Hidden fees are eliminated, and clear cost estimates are provided, minimizing financial anxieties for patients. Furthermore, MediSkip ensures doctors maintain their professional integrity by facilitating a system that prioritizes patient care, not profit. This focus ensures patients receive the attention they deserve.

### **Tech Simplification**

Our startup is dedicated to reducing the technological and IT stress on healthcare providers. With a platform that requires no training for support staff, we make the

transition from patient appointment booking to consultation seamless and straightforward.

### **Integrity and Transparency**

As a third-party service, Mediskip ensures that doctors maintain their professional integrity, avoiding any perception of being driven by profit rather than patient care. Our platform facilitates an equitable and transparent appointment management system.

MediSkip prioritizes both doctor integrity and appointment transparency. As a third-party platform, we ensure a clear separation between a doctor's medical expertise and the ability for patients to access care more quickly. This eliminates any concerns about doctors being influenced by profit motives rather than focusing solely on patient well-being.

Beyond individual appointments, MediSkip fosters a more equitable and efficient healthcare environment for all. The additional revenue generated through our premium service translates into increased support for hospitals and medical practices. This can directly improve healthcare delivery for everyone by allowing for investments in additional staff, improved facilities, and potentially even lower wait times for non-premium patients.

Transparency is paramount. Offering a service like MediSkip under the table could erode trust in the medical profession. However, by making it an open and accessible option, MediSkip becomes a public service that seamlessly integrates into the existing healthcare market. This not only benefits patients seeking faster access to specialists, but also empowers hospitals and doctors to adapt and thrive in a commercially-driven environment.

### **Ethical Considerations**

MediSkip prioritizes long-term goals like a subscription service, similar to how innovative companies like Tesla built a high-end product before offering more affordable options. However, our immediate focus lies in validating the core need and building a strong foundation. This involves collaborating with hospitals, demonstrating the value of our services to patients, and proving its effectiveness in improving healthcare access.

Our approach at MediSkip integrates ethical considerations into the appointment booking process, ensuring that the cost of appointments does not become a barrier to

care. Through our pro bono model, we have devised a system where the doctors receive 90% of the revenue generated from every appointment facilitated, MediSkip retains 9%, and the remaining 1% is allocated to a special fund. This structure allows us to allocate resources. For instance, for every 30 appointments booked, we generate enough in the special fund to offer a fully compensated 'fast pass' appointment. This fast pass enables patients who are unable to endure long waits to skip ahead, thus providing them with immediate relief and a sense of being valued. By implementing this model, MediSkip not only addresses financial and ethical concerns but also demonstrates a profound commitment to patient care, reinforcing the notion that we truly prioritize the well-being of those we serve.

### **Community Ecosystem**

MediSkip fosters a community hub of doctors, creating an ecosystem that collaborates to solve common problems. Within this network, patients can easily find the best specialists for their needs. This ecosystem not only facilitates the search for specialists but also empowers patients to compare appointment costs, thus providing options for varying budgets.

### **Simplified Hospital Management**

Our single-site solution enables hospitals to manage doctor profiles, availability, and appointment skips effortlessly. This centralized approach streamlines operations and improves the scheduling process for all parties involved.

## **Integration into Appointment Systems**

MediSkip understands the critical role of existing medical appointment software in today's healthcare landscape. We are not here to compete, but rather to complement these solutions by offering a valuable add-on feature.

Our goal is to integrate seamlessly with your existing appointment software, enabling a more streamlined workflow. In the meantime, MediSkip adheres to all relevant medical system standards and regulations. Integration is facilitated through our comprehensive training resources, ensuring a smooth onboarding process.

## **Streamlined Support for Healthcare Professionals**

We understand the importance of efficient support for busy healthcare professionals. MediSkip offers a variety of resources designed for easy access and quick resolution:

- Walk-through instructional videos: Clear and concise video guides explain how to utilize MediSkip effectively.
- FAQs documentation: A comprehensive library of FAQs addresses common questions and provides step-by-step guidance.
- Support email with 12-hour response: Our dedicated support team is available via email, ensuring prompt responses to your inquiries within 12 hours.
- Premium phone support (optional): Upgrade to premium support and gain access to a direct phone line for immediate assistance.

## **Simplified Support for Patients**

MediSkip's user interface is designed for intuitive navigation, making it easy for patients to manage their MediSkip profiles. Should they require assistance, our patient support system offers:

- Email support: Patients can reach our support team directly via email for any questions or concerns.

By focusing on seamless integration and comprehensive support, MediSkip empowers healthcare providers to optimize their workflows and deliver exceptional patient care.

To augment our patient acquisition efforts, we will deploy a dual-pronged approach. Firstly, we will initiate generic, low-budget marketing campaigns aimed at creating widespread awareness of MediSkip. These campaigns will leverage various digital platforms to maximize reach and engagement. Secondly, we will partner with influential figures within the medical community. These influencers will act as brand ambassadors, leveraging their credibility and networks to promote MediSkip among potential patients. A cornerstone of our strategy to drive patient adoption of MediSkip is the innovative tip-out model. This model is designed to incentivize hospital support staff, such as those handling calls, appointments, and check-ins, to promote MediSkip actively. By offering a small commission, ranging from 1-2%, for each successful referral, we aim to motivate these staff members to recommend MediSkip to patients. This approach not only aids in patient acquisition but also ensures that our service is recommended by trusted healthcare professionals, thereby increasing the likelihood of adoption.

## Case Studies

The adoption of appointment skipping services represents a significant step forward in the evolution of patient-centered healthcare. This system not only streamline appointment booking processes but also enhance patient satisfaction, reduce no-show rates, and optimize resource utilization. Below, we present case studies from systematic reviews that exemplify the transformative impact of such services in healthcare settings.

### **Case Study 1: Web-based medical appointment systems: a systematic review**

The systematic review conducted by Zhao et al. in the Journal of Medical Internet Research evaluates the impact of web-based medical appointment scheduling systems on healthcare delivery. These systems align with the shift towards patient-centered care, empowering patients in managing their appointments. The findings indicate several benefits, including improved patient outcomes such as reduced no-show rates, decreased waiting times, and increased satisfaction. Web-based systems offer patients greater control and flexibility in scheduling appointments, contributing to a more patient-centered approach. However, challenges such as concerns over cost, safety, and patient reluctance hinder widespread adoption. Despite these challenges, the study highlights the potential of web-based scheduling systems to enhance patient satisfaction and operational efficiency, emphasizing their importance in modern healthcare practices.

### **Case Study 2: Paid patient appointment scheduling: A Viable Business Model for (Some) Physicians of the Future**

This case study, authored by Justin M. Ko, Hector P. Rodriguez, David G. Fairchild, Angie Mae C. Rodday, and Dana G. Safran, compares patient experiences in practices where appointments are expedited by upfront payment with a traditional general medicine practice. Through the survey data analysis of 344 participants, the study reveals that patients who expedited appointments by paying upfront reported better care coordination, access to care, and interactions with office staff. While physician-patient interactions did not differ significantly, patients in the expedited appointment group were more satisfied with the time spent in clinical encounters.

### **Case Study 3: Keeping candles lit: The role of concierge medicine in the future of primary care**

This case study authored by David P. Paul 3rd and Michaeline Skiba examined the viability of paid expedited appointment scheduling as a business model for future

physicians. Expedited appointment scheduling, characterized by increased autonomy for physicians, limited patient loads and highly personalized care for patients, has gained popularity among both physicians and patients seeking alternatives to traditional practice models. Overall, the case study emphasizes the need for further exploration and dialogue to understand the benefits of expedited appointment scheduling in shaping the future of healthcare delivery.

## **Questions and Answers**

### **What key specialists and target markets are we focusing on, and what constitutes a perfect fit for us?**

We prioritize partnering with key specialists who share our dedication to personalized and proactive healthcare, particularly those in specialties known for long waiting times such as dermatology, psychiatry, gastroenterology, orthopedics, and others. Our target market encompasses both insured and uninsured patients, and we seek specialists who prioritize patient-centric care and collaboration as ideal fits for our platform.

### **Does our service cater to those without healthcare, and how do we ensure access for all?**

Our concierge healthcare service is accessible to all individuals, regardless of their insurance status or ability to pay. We offer flexible payment options, including a pro bono model for eligible patients, ensuring that no one is denied essential medical care due to financial constraints.

### **Is charging corrupt or not for a doctor, and how does our solution mitigate worries related to this?**

Charging for medical services is necessary to sustain quality care delivery, but our transparent pricing model ensures fair and equitable billing practices. By eliminating hidden fees and providing clear cost estimates, we foster trust and reduce worries about financial exploitation.

Our service does not advocate for doctors to cancel any appointments. Instead, it enables them to add an extra appointment at the beginning, middle, or end of their day to ensure that all patients with non-emergency conditions are attended to.

### **What are the regulatory and compliance issues, and why do they not conflict with our solution?**

We engage in continuous improvement processes on HIPAA compliance measures by regularly reviewing and updating security practices that keep patient data protected.

### **How do we integrate with healthcare systems while complying with regulations?**

We regularly review and update our Business Associate Agreements (BAAs) to ensure compliance with evolving HIPAA regulations and secure handling of Protected Health Information (PHI) by all partners.

## **Conclusion**

MediSkip possesses a distinctive insight into the factors that impact both the quality of healthcare and the duration of patient waiting times. Our software solution is curated to expedite your bookings and connect you with healthcare providers who prioritize your well-being. We understand the profound impact the right doctor can have on you and your family, which is why each MediSkip profile provides comprehensive information on a doctor's qualifications. Leveraging a blend of experience data, hospital quality metrics, and patient feedback, we ensure you have a holistic understanding before making healthcare decisions.

The current healthcare landscape often creates a hierarchy where timely access to specialists is dictated by factors like wealth or insurance status. MediSkip disrupts this model. Our innovative scheduling platform empowers patients to take control of their well-being by facilitating convenient appointment booking, regardless of insurance status. This ensures unimpeded access to vital healthcare services, creating a more equitable system where a patient's health needs, not their connections, symptoms, past appointments or insurance status effect their priority scheduling of key appointments. MediSkip believes in the transparency, awareness and accessible available for all is the just and appropriate route forward for our future.

Physicians also benefit from this transformative system. MediSkip ushers in a sustainable revenue stream, enabling them to dedicate their focus to providing exceptional patient care. Data security remains sacrosanct, with MediSkip adhering to the most rigorous HIPAA regulations to safeguard sensitive patient information.

Patient-centricity lies at the heart of MediSkip's philosophy. By streamlining the scheduling process, we strive to bridge the gap in healthcare access and foster a healthcare ecosystem built on equality for all.

Contact us today at [JoinNow@MediSkip.com](mailto:JoinNow@MediSkip.com) to learn more and integrate MediSkip in your practice.

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