

Medical Office Scheduling



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Medical Management Ingenuity

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What's so difficult about patient scheduling?

Scheduling, like medicine, is both a science and an art.

Scheduling for a physician's office seems like it should be so simple. Patients want to see their doctor, so they call and the receptionist fits them in. What's so difficult about that?

Plenty, according to most medical practices in my ten years of observation as a medical management consultant. First, not all appointments are alike. Some require ten to twenty minutes, others a half-hour or more. And patients aren't all alike. Some are on time, others aren't. Some come in with a secret list of problems they didn't bother to share with the scheduler for fear of embarrassment or for some other reason. Still others may take less time than they should, only to leave your office without any intention of complying with your well-intended prescriptions and advice. At any rate, here they are in your exam room, oblivious to the rest of your schedule, and fully expecting your undivided attention for whatever they want to talk about.

And that's not even mentioning the interviewing skills or cleverness of the scheduler, or the seasonal variations that may impact your patient load. And then there's the communication level and the mood of everyone in the office that day to consider.

Let's face it. People are square pegs that don't fit into the round holes of a perfect schedule.

But scheduling, like medicine, is both a science and an art. It need not be dependent on the whim of the scheduler or the ambiguity of the patient. A good schedule is usually at the heart of an efficient and effective practice. It is worth a little study and experimentation to try to balance physicians' interests with patients' interests. The result can be seen in tangible rewards and intangible satisfaction for everyone involved in the medical transaction.

Here are a few guidelines:

- Begin by classifying all types of appointments into four simple categories:
 1. Acute – must be seen today for appropriate intervention
 2. Follow-up – can be scheduled within a week for post-surgical care or other critical management of care
 3. HME – Health Maintenance Exams
 4. Routine – new non-urgent medical needs
- Assign consistent time periods to be scheduled for each of the four categories. For example, acute needs can usually be seen in ten minutes, while HMEs might require 30 minutes. Resist the temptation to set different sub-categories with different time periods, based on gender, age or other nuance. Let your experience inform your assignments of time initially, with the understanding that you will periodically review and refine your planned interval estimates.

Categorize appointments into 4 different types.

Track the number of appointments per type.

A weekly review of your scheduling experience is worth more than most scheduling seminars.

- Designate a portion of the schedule each day for each of the four types of appointments. This is the tricky part. To optimize your schedule, you will want to estimate the demand for acute care appointments, and reserve just enough time slots, but not too many, to be scheduled for same-day service. Follow-up appointments should be reserved up to one week ahead according to the demand for them in the same manner as same-day appointments. I recommend planning for one or two HMEs per half-day for primary care physicians, and filling in the rest of the time with the fourth priority – routine appointments.
- Monitor the demand for acute and follow-up appointments by tracking how many requests you get for each type of appointment each day. Record the demand for each type continuously, then analyze the data periodically to try to predict the number of appointments you need to reserve for each of these two time-critical types of appointments. Notice the differences in demand by day of the week and season of the year, and begin to adjust your schedule according to your demand predictions. Use a computer spreadsheet to track the information and to graph it for your quick and easy understanding.
- Next, commit to a regular review of your experience with scheduling. I recommend that each physician get together with assigned schedulers and nurses at least once a week for a ten minute review of what worked and what didn't work. Use that forum to learn from each other about the effects of each team member's decisions, making sure that everyone is retaining the goal of balancing excellent patient care and excellent service. Some offices meet at the beginning of the day to anticipate and refine the flow, then again at the end of the day to see the effects of their choices.

CAUTION: It is extremely common to find schedulers who see their main job as trying to protect their doctors rather than balance patients' and doctors' needs. That attitude of protection is usually borne of a perception that if they don't give enough time, the doctor will get angry about being chronically behind. The tendency, I believe, is for schedulers and doctors to be conservative with time, which can lead to other serious problems like diminishing revenues and patients unwilling to wait weeks or months for a routine appointment or HME.

- When the time to schedule a routine, non-urgent appointment consistently exceeds four weeks (I call this the backlog), this is a signal that the demand for appointments exceeds the supply, and it may be time to consider adding more physicians to the practice. The backlog isn't the only sign, and it may fluctuate with seasonal variations, but the backlog is something to consider along with population trends, changes in competitors, and the unique value your practices offers to its community.
- A weekly review of your scheduling experience is worth more than most scheduling seminars, but don't ignore what might be learned from other offices. Watch for appropriate seminars to send schedulers to for the latest ideas and tips about balancing patients' needs with the office needs. Ideas are the science, but communication within the office is the art of scheduling. Look for ways to mix wave-style appointments with designated times, and to manage no-shows and chronic abusers of the office's goodwill.
- Consider designing scripts to help your schedulers improve their discernment about what patients want and need when they call for appointments. Here are some general examples:

"What shall I tell the doctor you need for this appointment?"

Scheduling medical appointments can make the difference between an enjoyable practice and a cumbersome one.

"I've scheduled you for a ten-minute appointment. Is there anything else we can help you with?"

"We'd like you to come ten minutes early for your health maintenance exam, so we can have you prepared for the optimal time with the doctor."

"Our typical appointments are designed for one person, presenting one medical issue. Will a typical appointment time be sufficient for your need?"

Scheduling for medical appointments can make the difference between an enjoyable practice and a cumbersome one, between profitability and inefficiency. Sound scheduling takes discipline, communication and flexibility, complemented by experienced interviewing methods and a discerning mind. Give it the attention it deserves, and you can expect your professional satisfaction to rise along with the pleasure and good health of your patients.