EXPLORING NEW RHC SCHEDULING MODELS TO IMPROVE PATIENT ACCESS

38th ANNUAL OREGON RURAL HEALTH CONFERENCE
RURAL HEALTH CLINIC WORKSHOP: OCTOBER 28, 2021

Today's Objectives

- The participant will understand the pros and cons of common scheduling models.
- The participant will recognize how to gain efficiencies in both clinical and administrative workflows.
- The participant will learn how advanced access scheduling models can increase overall productivity and create team-building.

Is booking a patient appointment harder than solving a Rubik’s Cube?

Why Does Scheduling Matter?

Healthcare Consumerism & Patient Satisfaction

<u>Everyone's</u> Time is Important!

Performance Improvement and Job Satisfaction

RHCs must meet Provider Productivity Standards and are Volume-Driven

What does your current scheduling model say about your clinic?

- Provider-centric or Patient-centric focus
- Silo-ed or Team-based
- Controlling or Collaborative
- Static or Dynamic

Do you have same day appointments available? If so, how many?

- Are you being competitive?
- Are you being convenient?
- Are you meeting payer requirements for the next available appointment?
- Are you meeting PCMH requirements?

- If not, why not? If not, what will it take to create a more consumer-oriented practice model.
- Scheduling is a HUGE part of this.

What is the “real” appointment time?

- **Patient Definition**: when to walk in the office door.
- **Front Desk Definition**: when registration is completed
- **Provider Definition**: when patient is roomed and ready to be seen

A look at Scheduling Models

Traditional Models and Innovative Models

Interval Scheduling By Appt Type

Interval scheduling (different time slot per patient) is the most traditional method of scheduling patient appointments.

Patients are scheduled in slots with defined durations usually 15, 30 or 45 minutes depending on the chief complaint or nature of the problem.

Some slots may be based on the type of appointment such as new, established, post-hospital discharge or chronic problem versus acute problem.

RHC SCHEDULE

Tuesday, September 7, 2021

SINGLE INTERVAL

SCHEDULING

	Provider A	Provider B	Provider C	Provider D
9:00	NEW PT	WOMEN WELLNESS	ACUTE	WALK IN
9:15			NEW PT	WALK IN
9:30	ACUTE			WALK IN
9:45	ACUTE	NEW PT COMPLEX	EST PT	WALK IN
10:00	ACUTE		EST PT	WALK IN

Pros and Cons of Interval Scheduling/Appt Type

Pros: Allow providers to establish their own appointment intervals based on practice patterns and seeks to allocate resources based on the anticipated or expected need.

Cons: The burden of discerning the type of appointment needed is placed on the front desk staff which may not have the medical knowledge or expertise to determine the type of appointment needed. The patient may not be fully disclosing the reason for the visit. The front desk may be hesitant to schedule an appointment or may under-book out of fear of any blowback of mis-scheduling. Individual provider or nursing staff may try to influence scheduling outside of the control of management or leadership.

Single (Fixed) Interval Scheduling

A new trend is ***single or fixed interval scheduling*** (same time) is to have all slots be the same 20-minute duration.

The idea is that some appointments will take less time allowing more time to be taken for more complex patients.

This method will allow for 24 patients per day per provider when used for two 4-hour clinic sessions.

RHC SCHEDULE

Tuesday, September 7, 2021

20 MIN INTERVAL

SCHEDULING

	Provider A	Provider B	Provider C	Provider D
9:00	NEW PT	EST PT	ACUTE	WALK IN
9:20	EST PT	WELLNESS	NEW PT	WALK IN
9:40	ACUTE	ACUTE	EST PT	WALK IN
10:00	ACUTE	EST PT	EST PT	WALK IN
10:20	ACUTE	NEW PT	EST PT	WALK IN

Pros and Cons of Fixed Interval Scheduling (20 min)

Pros: The burden of predicting or deciding how much time will be needed to address the problem is not placed on the scheduler. Limited judgement is required when scheduling. Allows for maximum number of appointments per session.

Cons: Clinically, there is limited flexibility in managing patients once they have been roomed. Burden is on the clinical staff to manage workflow.

Provider A	Appt Time	Time Interval	Actual Time
Patient 1	9:00	20.00	35.00
Patient 2	9:20	20.00	10.00
Patient 3	9:40	20.00	15.00
Patient 4	10:00	20.00	25.00
Patient 5	10:20	20.00	15.00
Total Minutes		100.00	100.00

Wave Scheduling

This scheduling method loads four or more patients at the top of each hour or at the same appointment time.

Patients are roomed as they arrive (first come/first serve) and the clinical staff manages all patients within a one-hour period.

RHC SCHEDULE

Tuesday, September 7, 2021

WAVE

SCHEDULING

Provider A	Patient 1	Patient 2	Patient 3	Patient 4
9:00	NEW PT	EST PT	ACUTE	WELLNESS
10:00	ACUTE	ACUTE	EST PT	WALK IN
11:00	ACUTE	NEW PT	EST PT	WALK IN

Pros and Cons of Wave Scheduling

Pros: Allows for management of late arrivals. Creates some workflow flexibility for clinicians to balance time requirements with treatment needs per patient while working within a fixed time.

Cons: May create longer wait times for patients after being triaged and roomed. Gives the provider more flexibility but puts patient in queue to be treated based on the needs of other patients.

Double-Booking with Mixed Appointment Types

In comparison and contrast to the modified wave method, the double-booking method also schedules multiple patients at the same time.

However, this method mixes long appointments such as a wellness visit or procedure with a short appointment for an uncomplicated acute problem.

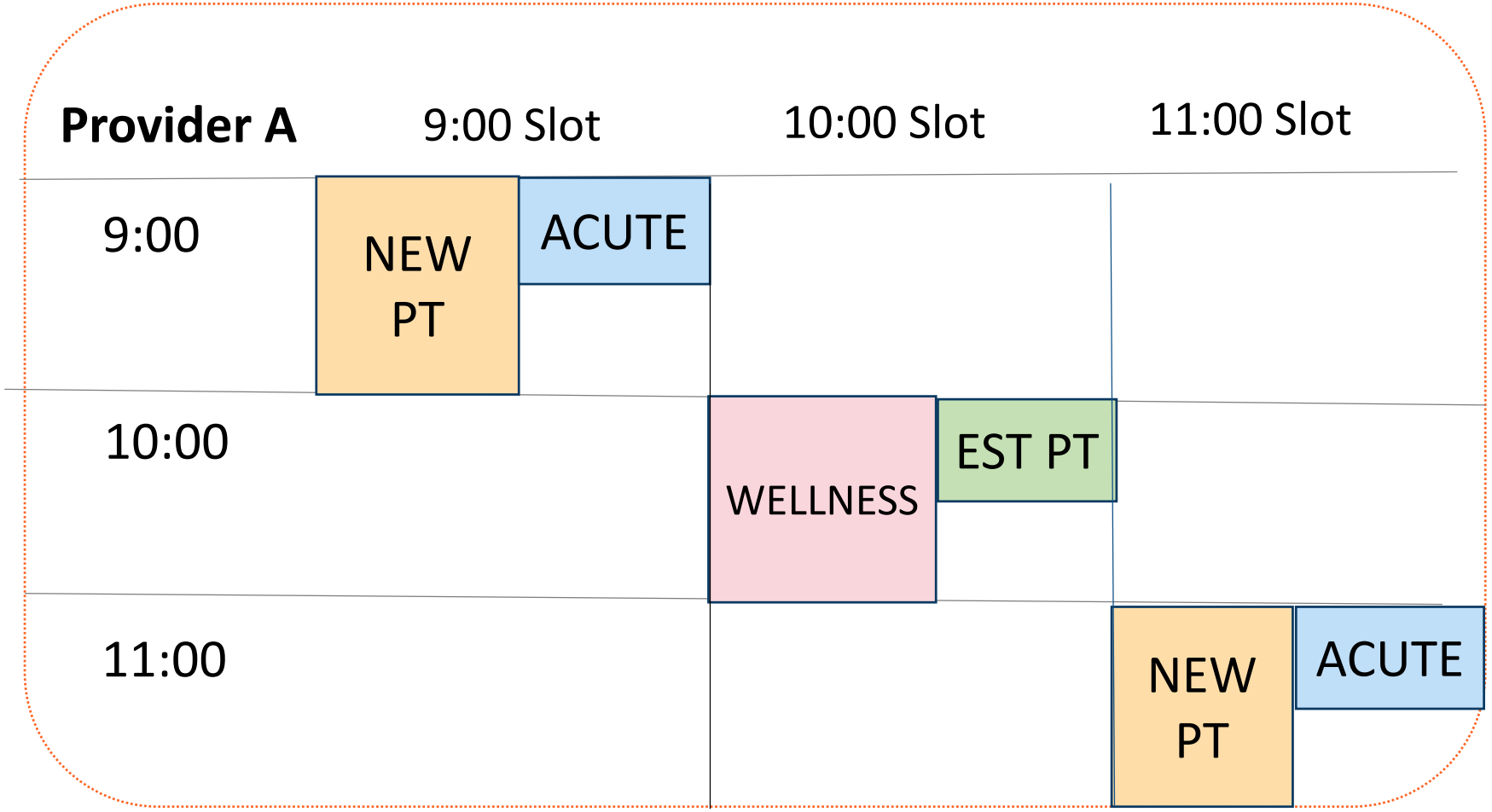
It allows the provider and clinical staff to allocate resources in a staggered approach. The provider can address the less complex problem while the support staff preps the long appointment patient or obtains labs.

RHC SCHEDULE

Tuesday, September 7, 2021

DOUBLE BOOKING

MIXED APPT TYPES



Pros and Cons of Double Booking/Mixed Appts

Pros: Creates flexibility; minimizes the effect of no-shows especially when the short appointment is the one missed. Prevents the possibility of creating an empty slot that leaves providers with dead time. Allows schedulers to double-book same day or next day uncomplicated acute patients to increase access to care.

Cons: Requires more judgement on the part of the scheduler to determine type of patient appointment; can result inconsistencies in patient workflow. May require more in-room wait time for the acute or same day patient. Required maximum support of nursing staff.

Cluster Scheduling

Cluster scheduling is used to group certain appointments by either diagnosis, reason for the visit, type of appointment or by procedure.

The advantage of cluster scheduling is that efficiencies are gained by the providers and clinical staff because they are not changing gears when moving from exam room to exam room.

It allows for different patients to have similar services that can be staged allowing staff to move from patient to patient based on sequential tasks that can be replicated from patient to patient.

RHC SCHEDULE

Tuesday, September 7, 2021

CLUSTER SCHEDULING

	Provider A: Primary Care		Provider B: Women's Health	
9:00	WELLNESS #1	WELLNESS #2	PROCEDURE	PROCEDURE
10:00	WELLNESS #3	WELLNESS #4	PRENATAL #1	PRENATAL #2
11:00	WELLNESS #5	WELLNESS #6	PRENATAL #3	PRENATAL #4

Pros and Cons of Cluster Scheduling

Pros: Workflow efficiencies are gained because like tasks are being performed for multiple patients simultaneously.

Cons: Backlogging can occur when understaffed or if one encounter ends up being more complex than the others.

Requires teamwork and everyone working at the top of their licensure or skill level and defined processes and procedures.

Advanced Access Scheduling

This is the most sophisticated and progressive method of scheduling. The patient is given choice in when they are seen based on a given number of open visit slots which accommodate same-day or next day scheduling.

The schedule fills up based more on patient demand than a rigid schedule.

Follow-up appointments and some types of appointments remain pre-scheduled with open visit slots distributed among providers based on practice patterns.

RHC SCHEDULE

Tuesday, September 7, 2021

ADVANCED

ACCESS

	Provider A	Provider B	Provider C	Provider D
9:00	NEW PT	EST PT	SAME DAY	WALK IN
9:15		SAME DAY	NEW PT	WALK IN
9:30	SAME DAY	EST PT		WALK IN
9:45	SAME DAY	WOMEN WELLNESS	EST PT	WALK IN
10:00	SAME DAY		EST PT	WALK IN

Pros and Cons of Advanced Access Scheduling

Pros: Patient-centric model; more competitive and convenient; less decision-making for scheduler; takes industry-driven shifts (consumerism and convenience) into consideration; minimizes no-shows.

Cons: Requires staff and providers who are open to change; requires an efficient workflow with team-based care; may feel out of control at first.

Staggered Schedules/Extended Hours

A basic clinic session is a 4-hour duration typically one in the morning and one in the afternoon. By scheduling provider sessions in staggered 15-minute, clinic space can be more efficiently used. Patient flow can also be optimized and equalized.

One provider would start at 7:45 instead of 8:00 and would end the morning clinic session at 11:45.

Additional providers and their supporting clinical staff would be staggered in 15-minute increments. Increasing patient access is another benefit to this model.

Staggered Provider Scheduling

	Provider A	Provider B	Provider C	Provider D
7:00				
8:00				
9:00				
10:00				
11:00	LUNCH			
12:00		LUNCH		
13:00			LUNCH	
14:00				LUNCH
15:00				
16:00				
17:00				
18:00				
19:00				

- Allows extended hours for patient convenience/competitiveness
- Allows more traditional providers to take more traditional blocks.
- Good transition to advanced access scheduling and other patient-centric models.
- Allows for providers and staff to find work-life balance.

Other Considerations

Top Front Desk Challenges

- Practice Management System is not set up correctly or is inflexible.
- There are not clear lines of communication or authority which creates too many voices.
- Front desk staff are tasked with too many other jobs.
- There is redundant paperwork or workflow.
- The front desk and clinical staff are disconnected and fragmented. There may different managers or directors.

What about Call Centers and Centralized Scheduling?

- Seems to be a current trend even for smaller organizations.
- Sometimes implemented to circumvent other operational issues without solving the root problem.
- Rural Health Clinic phone number must be answered in the name of the RHC as enrolled with CMS. Calls should not be answered as operator, scheduling or as the hospital name.
- Should be used to gain other efficiencies and promote teamwork.

Managing No-Shows

- Do you really want to be punitive? Isn't the goal to retain patients, grow your panel and meet the needs of your underserved community?
- Reasons for No-shows:
  - The appointment is set too far out.
  - The patient can be seen somewhere else quicker.
  - Life happens! The patient doesn't have transportation, can't get off work, or has a family situation.
  - Poor reminder or recall processes

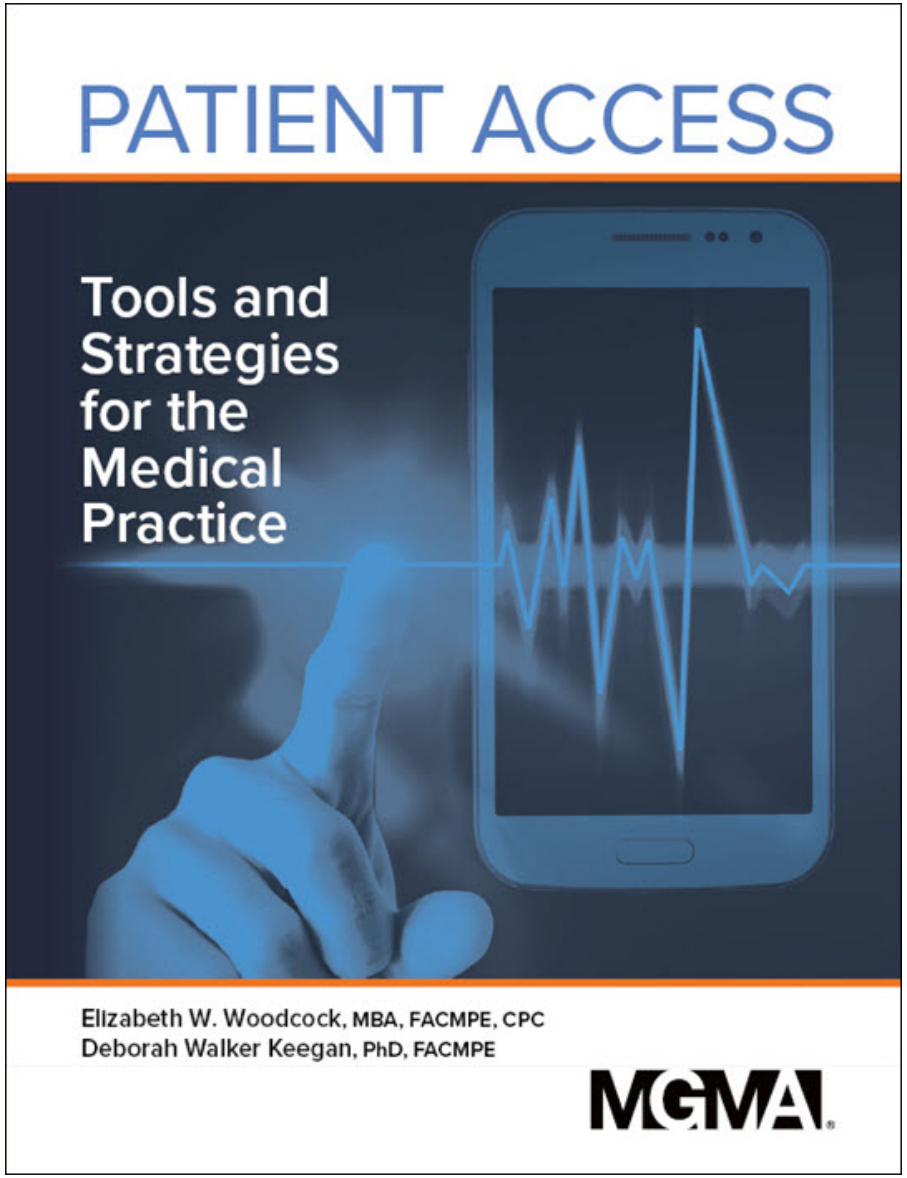
- Have more same day or next day appointments.
- Verify contact information at each registration.
- Do a QAPI project on the reason for no-shows. Then, adjust your scheduling or communication model.

Change your focus on productivity

- Focus on productivity and care management as a team.
- When individual providers are compensated for productivity without there being provisions for team-building, care management, patient-centered medical home and aggregate growth, the RHC becomes silo-ed and the vision and mission are lost.
- Build a team that works collaboratively.
- Maximize the utilization of all resources.
- Incentivize based on not only individual performance but on RHC performance as a whole.
- Involve providers in the recruitment and retention efforts.

For further reading:

- Available on Amazon and from the MGMA Bookstore.



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