

Best Practices for Scheduling Patient Appointments



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Many medical practices do not consider the impact that appointment scheduling can have on patient experience. Patient-centered appointment scheduling considers the patient's needs and preferences, offers flexible and easy access to your providers, and intentionally attempts to create access to the practice's providers. Effective and efficient patient scheduling is critical to practice's success.

The role of a scheduler is not limited to a transaction; it is indeed a marketing position. Consider implementing these best practices for improving patient access and provider productivity:

*Lean into **scarcity**.* For empty schedules (new provider, for example), don't just list off the appointment times to a patient calling to schedule an appointment. For example, "Tomorrow, Dr. Suarez has 10:00 am, 10:05 am, 10:10 am, 10:15 am, 10:20 am, etc." That conveys that the appointment duration is only five minutes in length and that the patient on the line may be the only one brave enough to schedule an appointment with Dr. Suarez. Start with one slot, saying: "We have a 10:00 a.m. appointment available would that work

for you, Ms. Woodcock?" (If the patient responds in the negative, train your team to go to the next *half*-hour slot or try a different day.) It's important to convey that the patient's needs are important, and you want to assist them.

Fill the morning onward. When you offer the patient an appointment date and slot, there is a high probability that they will accept it. If the patient doesn't express a preference, schedule the earliest appointment available. Offer the morning first; the earlier the better. Why? An open morning slot has very little hope of filling once the day starts, but an afternoon appointment is more likely to be snagged that day.

Make trade-offs palatable. If patients are calling for your practice's Dr. Famous (a fictitious name for a "popular" physician), it's vital for your team to have good scripting in place. To maintain the patient within Dr. Famous' team, say: "The first appointment that we have available for Dr. Famous is [five months from now]; however, his care team has a slot open on Monday." Let the patient show interest in the possibility. "Joe Ryan, the nurse practitioner on Dr. Famous' team has a 10:00 am slot open on Monday;" or, "Dr. Famous' colleague, Dr. Farwa, is available next week." Don't say "junior associate" or "our brand-new physician." Plus, avoid the use of "midlevel," "non-physician" or "extender" as all of those convey to the patient that they are not getting a similar product.

Deploy arrival times. For clinics to run on time, it's important to recognize that there is a difference between the patient's arrival and the encounter with the physician. The 15-minute gap (give or take) is filled with registration, clinical intake, and, possibly, standing orders. Decide what the schedule represents in your practice. If you want the slots to be when the physician is walking in the exam room door, then offer earlier arrival times to patients. For an 8:00 am clinic, "Ms. Woodcock, your arrival time is 7:45 am." That's the time that should be emphasized with patients. (However, if a provider notoriously runs behind, use caution when having patients arrive early.)

Fill unused slots Integrate an automated waitlist for your practice, pushing out notices about open slots to patients who are scheduled in the future. Consider asking every patient, including new patients, to join the list; the more you have, the more likely you are to fill the slot. Further, consider the services your patients need that you may be able to proactively offer. For an Internal Medicine practice, patients who are eligible for a Medicare Annual Wellness Visit, for example, could be maintained on a list for your team to call when slots open a day or two in advance. How delighted would a patient be to hear from you? "Ms. Woodcock, thank you for trusting us with your care. We noticed that you have a wonderful medical benefit from Medicare that hasn't yet been used. There is no cost for this wellness visit, and it really helps us take care of you. We happen to have an opening tomorrow, because another patient just cancelled. Would you be interested in coming in?" This same technique can be used for any care gap, although the pitch and timing may vary. Consider collapsing specialty lines when appropriate. For example, if you have the specialties of Family Medicine, Med/Peds, and Internal Medicine in your practice – and a 22-year-old new patient calls for an appointment in Family Medicine, the patient can be booked in any of the three specialties if the original request can't be filled.

Review Current Scheduling Templates and Guidelines. Many practices won't schedule appointments when patients call, by protocol. This may be in the name of verifying insurance or reviewing records. Someone in authority has told the schedulers that appointments need to be vetted before being scheduled. Years later, no one is sure who or why the workflow ended up in its current state. Scheduling staff should not be afraid to speak up and question the process if it is no longer working in the best interest of patients or the practice. Respect the opportunity for appointments to be reviewed but make every attempt to schedule the patient when they call. If you don't, rest assured that your competitor will. Suffering from emotional sickness related to anxiety and fear of waiting, the patient wants to have the reassurance of an appointment.

Appointment scheduling isn't rocket science, but we can make changes as needed to improve our scheduling process – for our practice *and* our patients.

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