

# Scheduling Techniques for Success



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As I was chatting with a busy pediatrician about her priorities for managing her successful practice, I realized how often she mentioned the word, “*schedule*.” Perhaps it’s not a surprise, as the schedule defines the delivery of the practice’s most important asset – in this case, her time, and that of her colleagues. Without an appointment slot, there is no encounter, no CPT code, no bill, no payment. Most importantly, there is no delivery of care to the patient who needs it. The schedule is truly the backbone of the practice, as it is the means to deliver the precious, perishable inventory of a physician’s time.

Let’s explore opportunities to effectively construct a schedule:

***Be intentional.*** Because the schedule represents your inventory, it serves as the basis for achieving the goals for your practice. For example, if your overhead represents \$300,000 per year and you want to bring home \$200,000 per year, you need to come up with a bit more than \$500,000 to be sure to cover your variable costs, such as medical supplies. If you clear an average of \$150 per patient encounter, you need to bill for 3,333 visits annually. If your identified “no show” rate is 10%, you’ll need to build slots for (at least)

3,704 appointments into your template for the year.

In addition to the volume that you need to run your practice, the percentage of new patient appointments is important. How many new patient appointments do you need in the clinic to optimize your surgery schedule (or any subsequent or adjacent service)? Every specialty will have a different lens on this topic of “new” patients— for example, my pediatrician friend embeds newborn appointments into her schedule. It’s an opportune time to consider your schedule as a vital tool in managing practice growth.

***Recognize the importance of every appointment slot.*** Even if the schedule looks really busy, patients may cancel in the days or hours prior to their appointment. Cancellations may be due to scheduling conflicts, cured illnesses, or any host of reasons. Redeploy the slot by implementing an automated waitlist that offers availability through the afternoon before that appointment. Supplement these efforts by assigning a “gap management specialist” or (my favorite!) “chaos scheduler” to review the next day’s schedule each late afternoon as the waitlist stops throttling. Actively work the schedule by calling patients who are scheduled in the days or weeks ahead to determine if they wish to be seen earlier. (Be intentional about the process – for example, provide guidance to your team so that a new patient doesn’t get scheduled into a 10-minute slot.) For many practices, unfortunately, an empty slot is celebrated – start changing the culture today.

***Identify the duality of no-shows.*** Missed appointments have a significant impact – the patient misses their care, but the nonarrival also represents an opportunity cost for the practice. Therefore, missed appointments need to be addressed from the patient’s perspective – and the practice’s perspective. From the patient’s perspective, institute a robust confirmation process to urge the patient to present. Consideration may be given to financial penalties, which may be invoked for frequent offenders. On your end, consider leveraging predictive analytics. At the patient level, you could analyze their likelihood-to-show, and determine whether to overbook the appointment slot. Alternatively, you could build in an extra slot(s) based on your overall nonarrival rate. In sum, address the issue from both perspectives – the patient’s and yours.

***Template construction is vital.*** There are several key methods to build a template. Some opt for an open template where any patient can be put in any slot; others have a very rigid grid with designated attributes (e.g., new patients, post-surgery). The best method is one that works for you – and your patients, but likely falls between these two extremes. One of my favorites is a modified wave schedule. Let’s say you’re an obstetrician. You have a new Ob patient scheduled at 8 a.m. – and she’s likely to spend at least 15 minutes with the pre-visit tasks of urine samples, undressing, vitals etc. Schedule an established patient sick visit at the same time (8 a.m.) and see that patient in those initial 15 minutes.

In addition to the daily construction of the office schedule, be thoughtful about the week and the year. For example, consider holding more sick- and new-visit slots on Mondays (instead of return visits). December is always a high-volume month for elective surgeries as patients scramble to use their post-deductible insurance coverage.

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For many practices, the schedule remains an administrative task that is nearly an afterthought. Being intentional about your schedule can create value for your practice – and your patients.

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