

# Strategic Scheduling Improves Efficiency

Efficiently booking patients increases productivity.

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**N**ext to providing good patient care, which is essential, staying afloat financially has become the next most difficult task in medical practice. Practices are struggling financially. Their reimbursements from insurance companies are down. More patients are renegeing on their financial responsibilities; patients cannot afford their deductibles, co-insurances, and even their copays. When patients do make payments, they are often very small payments over a long period of time.

With this kind of decrease in cash flow, how can practices possibly stay in business? How do they make payroll, and stay current on their bills? The answer is “with great difficulty” and with a lot of forethought.

## Scheduling Patients

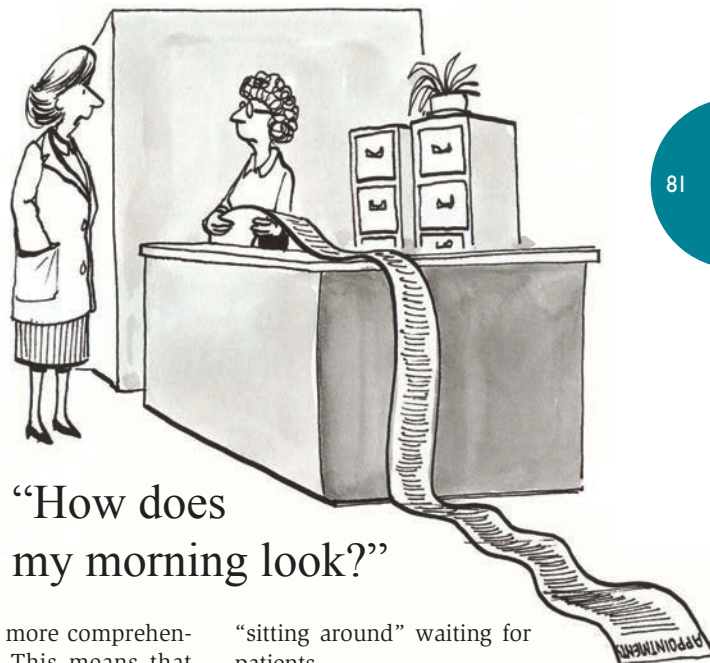
One of the best ways to increase revenue is to look at the office’s scheduling practices and find ways to become more efficient and productive. Take a look at how your practice now schedules and find ways that scheduling can be improved. For example, would it be more efficient to see new patients all on one day? Or does it make sense to spread new patients out in between follow-up visits?

How much time is afforded to new patients and to follow-up pa-

tients? Can you see more patients in an hour and still feel you are giving your patients the appropriate time and quality of care? The answers to these questions affect the coding and billing for the services rendered. Shorter and less comprehensive visits are coded and billed at a

lower rate than the more comprehensive, longer visits. This means that seeing more patients in an hour may not actually bring in more revenue.

It is necessary to look at the patient volume you have, as well as the needs of the patients. Scheduling could then be based on the expectation of how comprehensive you think each visit should be. You may find that having a medical assistant or nurse obtain vitals and input basic information into the patient’s electronic health record (EHR) would save the physician time. The physician would then be able to review the information rather than spend his or her time asking all the basic questions. Looking at your schedule and seeing patients on a regular basis is more efficient than having gaps in the schedule. It is not productive to have the physician



“How does my morning look?”

“sitting around” waiting for patients.

Another aspect to review is how and where patients are inserted in the schedule. Some practices see all their new patients on certain days and follow-up patients on other days. On the one hand, this is an organized approach to scheduling patients. However, if the practice has a couple of last-minute cancellations or no-shows on a “new” patient day, the schedule develops empty spots, which is costly to the practice.

Many practices intersperse new and follow-up patients on the same day. This allows for a mixture of patients each day and a less severe impact if there are cancellations or no-shows.

When a practice has multiple physicians, it is a good idea to stagger the

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start times of patients.<sup>1</sup> This allows the front desk staff to accommodate patients more promptly when they arrive, thereby improving office flow.

the data prior to the visit. It also allows the practice to gain some insight into how comprehensive the issue is and whether additional time will be needed for the visit.

Asking for radiology reports and

how to take control of your calls to achieve the most desired outcomes for your practice.<sup>2</sup> Asking the right questions will allow the staff member to gather the correct, most accurate information and, therefore, best help the patient.

Peller<sup>2</sup> states that there are two types of questions: open-ended and closed-ended. Open-ended questions are broader in nature and usually require a response that is more than one or two words. These questions require answering the question with information.

Closed-ended questions force the person answering the question to either give a yes-or-no answer or a specific choice answer: for example, “Which is better for you, A or B?”

Having “scripts” for employees to follow will allow them to learn the difference and be able to ask the best questions to elicit the best responses from patients. Depending on your

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### **Scheduling Starts With the First Telephone Call**

Scheduling an appointment begins with the first telephone call. It is important to gather as much information as possible at this time. Obtaining the patient’s name, date of birth, reason for the appointment, and insurance information will save the practice time later on. This allows the practice the opportunity to input

CDs and laboratory reports prior to the visit allows the physician to review the information in advance and to determine whether a patient needs to be seen sooner rather than later. This is especially helpful in many of the specialty practices. It allows practices to prioritize the patients and see acute patients more rapidly.

When you are on the telephone with patients, it is important to know

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specialty, the questions may vary, although often the questions try to elicit the same information. “What is the reason for the visit? What are your symptoms? What have you tried in the past? Have you seen any other doctors for this condition?” Staff training is essential for good scheduling.

## **Verify Insurance**

Having insurance information prior to the visit allows the practice to verify the benefits prior to the visit. The office is then able to establish whether a referral is required and what the patient’s financial responsibility may be. This not only saves time at the appointment, but helps to keep the staff and physician on time.

When insurance is not verified until the time of the appointment, there is often a delay. Patients arrive unprepared, thus causing unnecessary stress to both the patient and

the employees. Being prepared helps alleviate problems later on.

Confirmation calls are essential to scheduling. These calls are a simple reminder to the patient that they have an upcoming physician appointment. During confirmation calls, the practice can remind patients to bring their photo identification, insurance cards, referrals, and copays. The

rive for their appointment 15 minutes prior to the time scheduled. This allows for registration and paperwork to be completed prior to the scheduled appointment time.

## **Minimize No-Shows**

No-shows not are only disruptive to the schedule, but often mean no income during that portion of the

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## **Strategic overbooking can increase workflow efficiency.**

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practice also may choose to remind patients of any previous balance due. This allows the patient to bring the appropriate items to the visit. The practice should determine if it is cost-efficient for the staff to make reminder calls or if they should hire a service to do this.

Suggest to patients that they ar-

workday. Eliminating no-shows helps the schedule run more efficiently.

Strategic overbooking can increase workflow efficiency.

Double-booking patients often causes a physician to fall behind and run extremely late. This will upset patients, who now may have to wait

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for long periods of time. However, strategic overbooking can increase workflow efficiency. According to Woodcock,<sup>1</sup> there are times when it is appropriate to double-book patients. Some of these are:

- In highly probable no-show slots;
- For in-office procedures that require prepping by the nurse;
- In practices that have a high no-show rate; and
- At the beginning or end of the day.

In these cases, your practice workflow will have less of an impact on patient flow and should prevent unnecessary down time during the day.

### Collect at the Front Desk

The best way to collect previous balances is to do so face-to-face. Many practices use follow-up appointments to collect on past due accounts. In order for the patient to be prepared, it is a good idea to let him or her know when the appointment is being scheduled that copayments, deductibles, and past due amounts will be expected.

If a patient is unable to pay the full balance due, it is possible at this time to set up a payment plan that works for him or her. Remember that a practice must see pa-

tients in an acute phase or when treatment is ongoing, whether or not there is an outstanding balance. Contact either your malpractice carrier or your attorney if you have any questions regarding this issue.

### Monitor Workflow

Setting a schedule that works for your practice may take some time. If you find that you are not seeing the number of patients you want or need to see in a given day, it is time to look at why this is happening.

The practice should look for ways to tighten the schedule. How many patients can the physician realistically see without falling too far behind? The practice needs to determine the types of patients that are seen in the practice, how long the average patient visit takes, and how best to schedule effectively.

For example, a new patient visit needs a longer time than a follow-up patient. If the practice is surgical, and post-operative patients are seen, the practice needs to look at the length of time that a post-operative patient requires.

Practices should look at sick or emergency visits and determine whether those patients should be “squeezed in” or if, instead, specific slots in the day should be left available for emergencies. If specific slots are left for these types of emergencies, determine whether they are being utilized or left unused. Unused slots and breaks in the schedule mean less billing for the day.

Once the time slots are allotted for the various appointments each day, the practice should monitor the workflow and schedule to determine whether the schedule is working as is or whether it needs modification.

There is no easy way to set a patient schedule. Every practice is unique, as are its patients. EHRs offer a blank screen with time slots for patients. Each practice needs to customize the screen to see the most patients in the most efficient manner.

It is not as simple as a patient calling, requesting an appointment, and typing in their name. Great scheduling includes gathering demographics, clinical information, and insurance information, and determining what is the best time for the patient to be seen. Scheduling is like a jigsaw puzzle. There are many shapes and sizes, and the pieces need to fit together to fill each day completely. Working with staff, offering scripts, and monitoring workflow will help accomplish effective and strategic scheduling. **PM**

### References

<sup>1</sup> Woodcock E. Missed Appointments = Missed Opportunities: Managing Patient No-Shows in your Medical Practice. Phoenix, MD: Greenbranch Publishing, 2012.

<sup>2</sup> Peller S. Own the Phone: Proven Ways of Handling Calls, Securing Appointments, and Growing Your Healthcare Practice. Phoenix, MD: Greenbranch Publishing, 2015.



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