



Open Access Scheduling

Try this prescription for patient satisfaction and practice growth.

BY JON A. HULTMAN, DPM, MBA

When you call your doctor, do you want to wait days, weeks, or even months for an appointment? Such delays have become so routine that for many, they are expected. Most physicians accept delayed access and long waits as a given—an insurmountable problem and, yet, a mark of their “excellence.” Professionals in all types of service industries—from restaurants and hotels to banks and airlines—have faced “scheduling” complexities

in one form or another, and most have handled the challenge far better than physicians. This leads our

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patients to ask, “Why do doctors routinely make their patients wait?”

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wait lists or whose patients faced long delays in the waiting room considered themselves to be “exceptional” physicians. They saw delays as the “natural consequence” of high demand. The reality is that patients see waits very differently. They value immediate access and short waits—don’t you when you are the patient? Booking weeks in advance is not the “sign of excellence” that some doctors have felt it to be; rather, this tends to indicate either that 1) the practice is not managed effectively, or 2) the doctor neither cares about them nor values their time. Today’s families have “complicated” schedules, little free time, and value flexibility. For this reason, doctors seeking growth and long-term success must change their perception about wait lists, address the challenge to shorten them, and improve access to their practices.

In spite of the fact that access to medical treatment becomes a bigger problem each year, a process proven to fix delayed access and patient backlogs was identified almost two

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decades ago. This process has been labeled *open access*, *advanced access*, or *same-day scheduling*. Dozens of papers have been published over the years showing the positive results that practices around the country have achieved by adopting this type of scheduling. Many first became aware of the significant advantages offered by same day appointments when Dr. Mark Murray and his colleague, consultant Catherine Tantau, published a paper reporting the results of their experience with same day appointments in the September, 2000, issue of *American Academy of Family Physicians*. Tantau runs a California healthcare consulting group that helps practices make the switch to open-access scheduling. She believes that when it comes to addressing medical issues, “There is rarely any value in delay. The gold standard of care is to offer an appointment *today*. The key word here is ‘offer’ because the patient can take it or not.” Note that patients are not forced to schedule same day appointments; if they want, they can continue to make traditional, long-range appointments.

today’s work to some future date because they feel overwhelmed by the fact that “today’s schedule” is overloaded. The only reason the schedule is “overloaded,” however, is because it is filled with appointments made long ago. These appointments scheduled far in advance are often the reason for reduced productivity, limited

concerns impacting a patient’s level of satisfaction: 1) accessibility to the office, 2) the amount of time s/he spends waiting during an office visit, 3) the thoroughness with which the doctor listens and explains, and 4) the efficiency and courtesy of office staff. All of these issues are “time”-related, and all are depen-

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growth, and high cancellation rates. Significantly, another Kaiser Permanente study reported that no-shows dropped from twenty percent to nearly zero with open-access scheduling. Of those no-shows, most were new patients.

Managing an appointment schedule that includes same-day access requires a well-designed appointment book. A doctor’s “book” is used to manage the most important resource s/he has—his/her time. A doctor’s time is limited, and the way it is utilized impacts all areas of a

dent on an efficient workflow—one which requires an effective patient scheduling process.

The policy of offering same-day appointments presents practices with several advantages. You may be surprised how much of a staff’s time is saved by not having to explain to prospective patients how busy you are—and why there are no appointments available on the days, or at the times, that work best for them. Obviously, this type of dialogue will not grow any practice and may even be a prescription for decline. When 65% of an “appointment book’s” time slots are “open,” conversations with patients calling in to schedule change to, “What time would you like to come in?” Again, this not only helps create growth but, for both patients and staff, eliminates the typical stress associated with scheduling. Better treatment outcomes are another significant advantage of same-day appointing. Long waits are not only frustrating for patients, but also create treatment delays during which time conditions often worsen. With this new scheduling strategy, staff are now happier. They can feel good about meeting patient needs—which is likely the reason they went into medicine in the first place.

Unlike the more common policy of offering same day appointments only to those with “urgent” conditions (sometimes forcing patients to make “problems” appear more urgent than they actually are), open

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The optimum for most practices is to have 65% of appointments made for the day a patient calls the office and 35% scheduled for later dates. In podiatric practices, the patients that are typically scheduled for future dates tend to be those appointing for procedures, wound care, or post-op visits.

Following implementation of same day scheduling, Dr. Murray’s average patient wait for an appointment at his Kaiser Permanente clinic was reduced from 55 days to just one! Murray and Tantau describe same-day scheduling as “doing today’s work today.” In reality, most doctors do the opposite—they defer

practice, including: the quality of treatment, the level of productivity, costs, the success of treatment outcomes, and patient satisfaction. Of these areas, patient satisfaction is the most important to the overall growth of the practice. The value-based reimbursement programs currently being promoted by third party payers look especially hard at this issue of patient satisfaction—the factor that patients and employers value the most. For any practitioner wanting to improve his/her patient satisfaction ratings, it is important to recognize that surveys conducted over the past thirty years have confirmed the following as the top four



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access draws no distinction between urgent and non-urgent visits—assuming that even routine visits can be seen on short notice when the patient so desires. Open slots, at various times, on all days, also make it easier for patients who choose the convenience of making their own appointments online through e-scheduling. Such scheduling offers a marketing advantage and requires no staff time. E-scheduling, when coupled with decentralized return visit scheduling that is done by clinical personnel in treatment areas, further reduces the classic front desk bottleneck.

Those doctors who fear the implementation of same day appointment scheduling often feel greater security in seeing a “full” schedule weeks ahead and do not completely understand the degree of demand for their services. Because they track the patients they see, but do not include the ones who wanted an appointment but did not obtain one, they do not know what potential numbers they might ultimately see. Patients who cannot get quick appointments often find other doctors who are able to accommodate their schedules.

My first experience with open-access scheduling was in 2001 with Dr. Steven Mallard and his partner, Dr. Balas—both pediatricians at Jefferson County De-

partment of Health in Birmingham, Alabama. Even though they practiced at a county health department, I saw the results of their switch to open access as being highly relevant to private practices. Dr. Mallard stated, “I would never go back to the traditional scheduling model. The old-style schedule owns you; it ties you down, and you can never get ahead of it or have con-

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trol.” Prior to his implementation of open access, Dr. Mallard was finding that he was not enjoying work. He related that as a direct result of open access, he not only enjoyed his work again but was excited about it. After full implementation of the new scheduling procedures—a process which required about six months—Dr. Mallard stated that there were two additional outcomes he had not expected: 1) productivity increased significantly and 2) the new scheduling process turned out to be a “magnet for growth.” Practices that have switched to open access also report higher quality of clinical care, greater patient satisfaction and, even, lower costs.

Most doctors are under the illusion that the appointment book gives them control over their schedules. The fact, however, is that when using a traditional scheduling process, the schedule actually controls the doctor—who, eventually, becomes a slave to the appointment book. Doctor concerns regarding open access run the gamut—from concern that they will be “flooded” with patients to a fear that their schedules will be “empty.” Experience has shown that neither of these fears is valid. Patient demand is fairly predictable and is based on the size of a practice’s patient population. In my experience, if there is anything to “fear,” it is that a practice adopting this method will grow over the long-term and may have to consider adding doctors. If you are concerned that open access might suddenly overload your schedule, you might consider conducting a controlled test. Keep a limited number of appointment slots set aside for patients who call in, requesting same-day appointments. If this trial shows promise, you can take it as a signal that you should adopt this as a permanent policy. Now, you can begin preparing for growth! **PM**



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