

MEDICAL APPOINTMENT ACCESS OPTIMIZATION

Strategies to improve your clinic's appointment scheduling.

Talk to anyone involved in the operations of a medical clinic about their greatest challenges and appointment management is bound to be on their short list. A clinic can only be as productive as their visit pipeline allows; appointment cancellations, no-shows, and double-bookings inevitably lead to waste. It is critical for clinics to optimize their schedule and minimize anomalies to achieve maximum efficiency (and revenue).

Clinic-based care is not the only segment to struggle with appointment management. Hospital-based surgery historically has wrestled with many of the same challenges. In addition to accommodating individual provider schedule preferences and make sure there is as little underutilized time as possible, clinics and operating rooms share a difficult challenge – they serve two different populations simultaneously: pre-scheduled cases and walk-in/emergent care.

In surgery, they have addressed this issue through a method called “surgical smoothing”. This means all cases are split into two separately managed workstreams, one for scheduled cases and one for emergent, unplanned procedures. In addition to being cited by the Institute for Healthcare Optimization, this method also was applied recently in some Canadian hospitals, enabling them to return to performing elective procedures more quickly after the COVID hiatus than many other hospitals in their areas.

In the clinic-based setting, separating scheduled and walk-in workstreams is critical so you can manage them separately but harmoniously, as described below.

STEP 1: SEPARATELY MANAGING SCHEDULED AND WALK-IN APPOINTMENTS

Adopt Open-Access Scheduling: Open-access scheduling means you intentionally leave a portion of the clinic schedule open every day in order to accommodate walk-in visits. The exact amount of the schedule that should be left open is highly variable based on your needs – between 20-70%! You can gradually work up the percentage until you find the right ratio for your clinic. The time not set aside as open in your schedule would be the window used for scheduled visits.

- **Give Open-Access a Chance:** Many clinics approach the open-access concept with trepidation because the fear is visit volume (and revenue) will plummet. However, research from the American Academy of Professional Coders (AAPC) found visit volume actually increased because patients were actually able to get same-day appointments when needed, which resulted in less patient leakage to other healthcare providers (including more costly care, like emergency departments).
- **Change Open-Access Portion Based on Day:** Even after adopting an open-access approach, you don't need to keep the percentage of open time consistent each day. Some days, like the days following a weekend or a holiday, predictably have a higher number of walk-in visits, so you will want to adjust the open percentage higher for those days to accommodate the higher volume of walk-in visits.

STEP 2: FURTHER PRIORITIZE RETAINING EXISTING PATIENTS

Business principles teach us that new customers are harder (and more expensive) to secure than retaining existing customers. Similarly, clinics should focus on retaining their existing patients when planning their appointment management strategies in order to keep their volumes and revenue consistent.

As noted above, open-access scheduling will assist with existing patient retention since they are not forced to find urgent care elsewhere. Once you have implemented open-access scheduling, these are a couple more techniques you can use to further provide access to your established patients:



- **Implement Established Patient Priority Access (EPPA):** This method further prioritizes your established patients by giving them first priority for open appointment times. You will start by choosing a time in the day, say 11am. Prior to that time, only established patients are able to take appointments during the open slots for the day. Any new patients that call can be placed on a callback list based on what is still available for the day after 11am. After 11am, any patient, new or established, can fill the remaining spots for the day.
- **Create Pressure-Value Slots:** Pressure-value slots are second-tier open appointment slots that only become available if the other open appointment times are all filled. When used, these typically are around the clinic's closing time, perhaps an hour before and up to an hour after typical closing. Pressure-value slots are only available for established patients, and as noted previously, only if there are no other options in the day. Pressure-value slots give further assurance that established patients can reliably receive care quickly.

STEP 3: ADDITIONAL EFFICIENCY MEASURES

In addition to the techniques described so far, the following may also help your clinic measure and continue to gain efficiencies:

- **Centralize Scheduling:** For practices with multiple clinics, consider centralizing scheduling. Although this will likely lead to some trade-offs with individual provider preferences, you can significantly reduce variation and complexity in your scheduling practices this way.
- **Reduce Appointment Types:** In one case study¹, a practice was able to reduce their number of appointment types from 400 to 7 as part of their move to a centralized scheduling model. Even if you are not changing your scheduling methodology, you can likely consolidate some appointment types to cover similar needs.
- **Measure and Target Visit Cycle Time:** For each patient, you should aim to have their total in-clinic time (also called visit cycle time) be the higher of the following: 30 minutes or 1.5x the actual time the patient spends with

¹ Cited in *Prescription for the Future* by Ezekiel J. Emanuel

the provider. If you consistently find that you're not hitting this target, diving deeper to understand the barriers is necessary.

- **Cross-Training:** Cross-train your staff to cover tasks outside their typical responsibilities where appropriate. In any industry, having a bottleneck of only 1-2 people able to perform any one task will certainly lead to delays if those resources are unavailable.

From an AAPC case study, instituting some of these measures described in this Trexin Insight Paper resulted in a 50% reduction in no-show appointments. Likewise, Kaiser Permanente Mid-Atlantic reported a 20% drop in no-show appointments². In addition, front desk staff and providers enjoyed reduced work related to appointment management and greater schedule flexibility.

Ultimately, your organization will need to review and decide which levers are most likely to make an impact for your unique challenges, but some of the ideas shared here are sure to have an effect if they are implemented.

For more information on appointment access optimization or assistance implementing some of these best practices, please reach out to Trexin Consulting [here](#).



This TIP was written by Trexin Principal, Emily Ellison. Emily welcomes comments and discussion on this topic and can be reached at emily.ellison@trexin.com.

² Cited in *Prescription for the Future* by Ezekiel J. Emanuel