Scheduling & Physician/Staff Utilization

Presented By Economedix
Your Partner In Building High Performance Practices™

Today’s Course
Practice Management Seminar Series
First of Four Patient Flow & Marketing Seminars

• Scheduling & Physician & Staff Utilization (CME & CEU)
• Telephone Management (CEU Only)
• Medical Records Management (CME & CEU)
• Marketing Strategies for the Medical Practice (CME & CEU)

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No conflicts were disclosed
Course Outline

Scheduling & Physician / Staff Utilization

• Scheduling Techniques
• Improving Utilization of Physicians
• Creating the Perfect Schedule
• Fixing Scheduling Problems
• Keeping Your Schedule Flexible
• Summary

About the Presenter

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• Chairman & CEO - Economedix, LLC
• Former President of Conomikes Associates, Inc.
• Former Hospital Administrator & founder of a medical billing firm
• BS Degree - Penn State University
• MBA in Health & Hospital Administration from Univ. of Florida
• Professional Memberships - MGMA, HCPMA & American College of Health Care Administrators
• Created and Presented Thousands of Seminars & Workshops on all aspects of Practice Management

What Are The Goals of Efficient Scheduling?

• Maximize physician productivity
• Maximize physical capacity of space and equipment
• Reduce wait times for patients and physicians
• Provide exactly the amount of time each patient needs
A Scheduling Checklist

• How long does it take to get an appointment?
• How long are patients kept waiting in the reception area and the exam area?
• Does the schedule produce the needed revenue?

A Scheduling Checklist

• Is the schedule really full?
• Are you leaving enough time unscheduled time in the day?
• Is work being done at the lowest qualified level of the practice?

A Scheduling Checklist

• What criteria do you have for scheduling? Is it too rigid?
• Are you over your capacity?
• Can the practice benefit from using other providers?
How Long Does It Take to Get an Appointment

- New patients expect to be seen within 5 to 10 days for a routine check-up
- New patients expect to be able to get an appointment within 3 days for a problem.
- New patients expect to get in ASAP for an urgent problem.
- Referring physicians expect to get their patient in ASAP.

How Long Does It Take to Get an Appointment - Established Patient

- Established patients expect to be seen within 30 days for a routine check-up
- Established patients expect to be able to get an appointment within 3-5 days for a problem.
- Established patients expect to get in within 24 hours for an urgent problem.

How Long Are Patients Kept Waiting?

- Waiting too long is most common patient complaint
- Patients should be seen within 15 minutes of scheduled appointment time for good patient relations and,
- Patients should be seen on time to maximize productivity
Does the Schedule Produce the Needed Revenue?

• What is the average revenue per patient visit?
• What is the cost of running the office including physician compensation?
• How many visits does it take to cover this cost?
• What is the gap?

Average Revenue per visit = $60
Cost of running the office and paying the doctor = $240,000 per year
Required number of visits to “break even” = $240,000 ÷ $60 = 4,000 per year

Based on 48 weeks the practice needs to schedule 84 visits per week.
Based on:
  4 days  4.5 days  5 days
  21/day  19/day  17/day
Does the Schedule Produce the Needed Revenue?  
A Surgeons Practice

• What is the average surgical procedure revenue?
• How many patient encounters are required to get one procedure?
• What is the “break even” cost of the practice including the surgeon?
• How many surgeries are required to break even?
• How many patient visits are required?

Average surgical revenue is $1,500
4 encounters for new problems are required to get one surgery.
The cost of running the practice including the surgeon is $300,000
200 surgeries are required to break even

200 surgeries requires 800 patient contacts
800 patient contacts plus 600 post-op follow-up visits are required (1,400 visits) = 29 per week based on 48 weeks

<table>
<thead>
<tr>
<th>3 days/week</th>
<th>3.5/week</th>
<th>4/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 per day</td>
<td>8+ per day</td>
<td>7+ per day</td>
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</table>
Is the Schedule Really Full?

- Review the past six months for each doctor
- How many completed appointments for each day worked?
- What is the physician's capacity?
- What is the gap?

- Over the past six months the doctor worked 220 half days and had 1,650 encounters or 7.5 per half day.
- The doctor prefers to see 3 patients per hour based on a mix of new and established patients
- Capacity per half day (3 hours) is 9
- Schedule is at 83%

Are You Leaving Enough Time Unscheduled Time in the Day?

- Returning phone calls
- Breaks
- Catch-up time
Return Phone Calls

1. Message with name and phone number.
2. If a patient, have the chart (paper or electronic)
3. Let callers know approximately when to expect the call (get a number where they will be at that time)
4. Nursing staff should handle most calls

Return Phone Calls - Physician

- Beginning of office day
- Mid-morning
- End of morning
- Beginning of afternoon
- Mid-afternoon
- End of day

Schedule the time or it won’t happen!

Is Work Being Done at the Lowest Qualified Level of the Practice?

- Patient escort
- History
- Examination
- Returning calls
- Injections
- Phlebotomy
- Diagnostic tests
Testing Your Knowledge

1. Maximum capacity can vary from one doctor to another. True or False
2. The least efficient way to get the work done is to have the lowest qualified person doing the work. True or False
3. Generally, patients would rather wait to speak with a doctor rather than have a nurse take the call sooner. True or False
4. Revenue can be predicted based on numbers of patient encounters. True or False
5. A new patient will generally wait up to 30 days to get an appointment with a doctor. True or False

What Criteria Do You Have for Scheduling? Is It Too Rigid?

Examples of rigid scheduling policies and procedures
- Only see new patients in morning
- Only available two days per week
- Only allow doctor to take history
- Doctor returns all calls
- Every patient gets same amount of time

Are You Over Your Capacity?

Signs and Symptoms
- Doctor runs late
- Doctor is ready but no available room
- Patient complaints
- Staff not available to doctor
- Appointments not available
Increasing Capacity

Solutions
• Lengthen the day
• Add more days
• Delegate work to others
• Move non-clinical work off-site and convert space

Testing Your Knowledge

1. The office may be over its capacity if the doctor is always running late. True or false
2. Adding more days to the schedule will not help increase capacity. True or False
3. Not enough staff limits capacity. True or false
4. Rigid scheduling protocols limit scheduling flexibility. True or false

Creating The Perfect Schedule

The Week

The Day

The Hour
Creating The Perfect Schedule

The Week:

• How many days are needed to meet patient, financial and physician needs?

• What restrictions are created with other doctors, hospitals and equipment/room needs?

Creating The Perfect Schedule
The Week:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Office</td>
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<td>Office</td>
<td>Office</td>
<td>Office</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

Creating The Perfect Schedule
The Day:

• Each day can be scheduled differently
• Leave time for breaks including lunch
• Leave time for return phone calls
• Leave time for work-ins
• Forward / Reverse schedule the beginning of the day
Creating The Perfect Schedule

The Day:

- 8:30 - 9:30
- 9:30 - 10:30
- 10:30 - 11:30
- 11:30 - 12:15
- 12:30 - 1:30
- 1:30 - 2:30
- 2:30 - 3:30
- 3:30 - 4:30
- 4:30 - 5:00

Lunch

Forward / Reverse Schedule the Beginning of the Day

- Schedule out-of-office (surgery) from first to last
- Schedule office schedule in morning from last to first

Out of office

- Surgery 1
- Surgery 2
- Surgery 3

In the office

- Appointment 1
- Appointment 2
- Appointment 3

Creating The Perfect Schedule

The Hour

- Modified Wave Schedule
  - More patients at beginning of hour and fewer at end
  - Accommodates no-shows, running late and work-ins
- Allow for breaks
Creating The Perfect Schedule

The Hour

9:00 - 9:15  Short appointment
9:00 - 9:15  Short appointment
9:00 - 9:15  Short appointment
9:15 - 9:30  Medium appointment
9:15 - 9:30  Medium appointment
9:30 - 10:00 Long appointment

10:00 - 10:15 Short appointment
10:00 - 10:15 Short appointment
10:00 - 10:15 Short appointment
10:15 - 10:45 Long appointment
10:45 - 11:00 Work-In
10:45 - 11:00 No appointment

11:00 - 11:15 Short appointment
11:00 - 11:15 Short appointment
11:00 - 11:15 Short appointment
11:15 - 11:30 Medium appointment
11:15 - 11:30 Work-In
11:15 - 11:30 Work-In
11:15 - 11:30 Work-In
11:30 - 12:00 New patient & phones

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Creating The Perfect Schedule

Scheduling Definitions

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<th></th>
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<th>Internal Medicine</th>
<th>Surgery</th>
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<tbody>
<tr>
<td>Short</td>
<td>10 minutes</td>
<td>15 minutes</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Medium</td>
<td>15 minutes</td>
<td>20 minutes</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Long</td>
<td>30 minutes</td>
<td>30 minutes</td>
<td>20-30 minutes</td>
</tr>
<tr>
<td>Extra Long</td>
<td>45-60 minutes</td>
<td>60 minutes</td>
<td>30-45 minutes</td>
</tr>
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</table>

Defining the visit type

- **Short** – follow-up visits, resolving existing problem
- **Medium** – New minor problem, non-resolving existing problem
- **Long** – New patient, new problem-complex, surgical consult
- **Extra long** – procedures, exams with tests involving doctor

Example:
- Post-op visit, uncomplicated – short.
- Post-op visit with stated problem – medium.
- New patient referred for surgery – long.
Testing Your Knowledge

1. Which time periods are critical to proper scheduling?
   a) The week
   b) The day
   c) The hour
   d) All of the above

2. The modified wave schedule puts all the patients at the beginning of the day. True or False

3. Patients with short visits can be double or even triple booked. True or false

4. Lengths of visits are determined by:
   a) The CPT code
   b) How much time the doctor has available
   c) The problems the patient has
   d) The time of day

Typical Scheduling Problems

- Working in patients
- Patient has more problems than time scheduled
- Doctor is unaware of time
- Inefficient circulation in exam areas
- Patient reminders
- Late arrivals, no-shows and cancellations

Working in Patients

Emergencies, walk-ins, same-day requests, contractual obligations, etc.

- Triage policies – keep a list of problems that require a same day appointment
  - Forward problems to a nurse if unclear
  - Forward all emergencies to a nurse or doctor
  - May need to go to ER
Working in Patients

• Same-day appointment requests
  - What is the problem? If on the “list” schedule the appointment. If not, refer to a triage nurse
  - Tell patient there will be a wait once they arrive but they will be worked in as quickly as possible
  - Patient records should be maintained to see if individuals abuse this system

Working in Patients

• Walk-ins
  - Emergency? Urgent for same-day?
  - Might instruct the patient to make an appointment
  - May instruct patient to go to ER
  - May have triage nurse see patient
  - Keep record of patients to see if system is being abused

Patient Has More Problems Than Time Scheduled

• Patient stated a simple problem at time of appointment request
  - Patient presents with multiple problems and needs more time
  - Urgent: may need to work in the same day
  - Emergency: may need to be taken care of at that time
  - Non-urgent: have the patient reschedule
Patient Has More Problems Than Time Scheduled

Avoid the problem
• Ask patient if they have anything else they need to see the doctor about when making appointment. Ask again
• Keep track of “problem” patients
• Doctor discipline: taking care of one person may inconvenience a dozen others that day

Doctor Is Unaware of Time

• Clocks in exam rooms
• Reminder “knocks” from nurses
• Intercom and buzzer systems
• Light systems

Inefficient Circulation in Exam Areas

• Insufficient rooms – take histories at nurse station, extend hours, blood draw and lab area at nurse station, education at nurse station
• Where next? Flag or light system for next patient or specific needs such as x-ray, lab, room availability and status
• Escort – physician directs patient to cashier and moves on to next patient
Patient Reminders

- Goal: Reduce “no-shows”
  - Phone calls one to two days in advance
  - No detailed message left on machines or voice mail (privacy issues)
  - “This is Doctor Smith’s office. This is to remind you of your appointment at 2pm on Wednesday. Please call us at 555-1234 if you cannot make the appointment at that time.”
  - Keep list of calls and any notes
  - Remind patients of things they need to bring with them

Patient Reminders

- Mailed reminders
  - Flap postcard or envelope
  - Mail in month prior to month of appointment
  - If patient needs to call for a specific day and time keep a list of patients who need this. Contact those who do not comply by phone at end of month in which appointment was to have occurred

Late Arrivals, No-shows and Cancellations

- Late arrivals should be seen as work-ins and not given next appointment slot over an on-time patient
- Cancellations should be rescheduled in first available time-slot. Problems should be referred to the nurse.
- No-shows should be contacted. Review of chart by doctor and may need to send letter.

Keep track of all records and attempts to contact patients
Have a Flexible Schedule

- The number of cancellations, work-ins and no-shows can be predicted.
- Review schedule for past ten weeks and record number of work-ins, cancellations and no-shows each day.
- Determine number of net work-in appointments needed each day of the week.

Calculating Net Work-Ins

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<th>Work-Ins Each Day</th>
<th>Minus Cancellations and No-Shows</th>
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<td>Cancellations</td>
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<tr>
<td>Net Work-ins</td>
<td>=2</td>
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Net Work-Ins

<table>
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<td>3.6</td>
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<td>3.9</td>
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</table>
Keeping Room For New Patients

- Determine needed number of new patients each day.
- Spread this number through the daily schedule.
- Policy to keep these slots open until the day nears.
- Release unfilled slots for work-ins and follow-up visits

Example
- Four new patients needed per day
- Four slots created. 2 in AM and 2 in PM
- Release one slot if not filled 3 days prior
- Release second slot 2 days prior
- Release third slot 1 day prior
- Release last slot that day
Staff Training

• Medical Terminology
  - Specific to physician's specialty
  - Particularly procedure names
  - Basic anatomy unique to physician's specialty
  - Incremental learning and testing

Staff Training

• Practice Policies
  - Emergency protocol on phone and at office
  - Scheduling Triage priorities
• Physician Requirements
  - Short, medium and long definitions
  - Interruptions for patients, friends/family, business, other

Staff Training

Physician Interruption Recommendation

“The doctor is with a patient right now. Would you like me to interrupt?”
This message is only given to friends/family, known business associates and other doctors. All others: take a message.
Test Your Knowledge

1. Late arriving patients should be seen as soon as they arrive to stay on time. True or False.
2. The doctor should review the chart of patients who were “no-shows” each day. True or False.
3. All patients should have appointments or not be seen. True or False.
4. Available work-in slots should not be scheduled near beginnings of clinic sessions. True or False.

Thank you for participating in this seminar presentation from Economedix!

Please go to ...
http://YourMedPractice.com/evaluation.html
To complete the Evaluation then you can proceed to the Quiz to Complete the CME / CEU Process.