PRACTICE MANAGEMENT: SCHEDULE TEMPLATES & STAFFING

Upcoming Sessions:

June 16th: Evaluation of Service Offerings

June 23rd: Vendor Management & Payor Contracting

June 30th: Community Relations & Marketing your RHC

July 14th: RHC-Specific Billing

July 21st: Revenue Cycle Management and Measurement

July 28th: Cost-Report Basics

Thank you to NOSORH for sponsoring this eight-part series on maximizing efficiency and driving operations for independent RHCs. This series is free to all participants and attendees can earn CPE credit for participating.

OVERVIEW
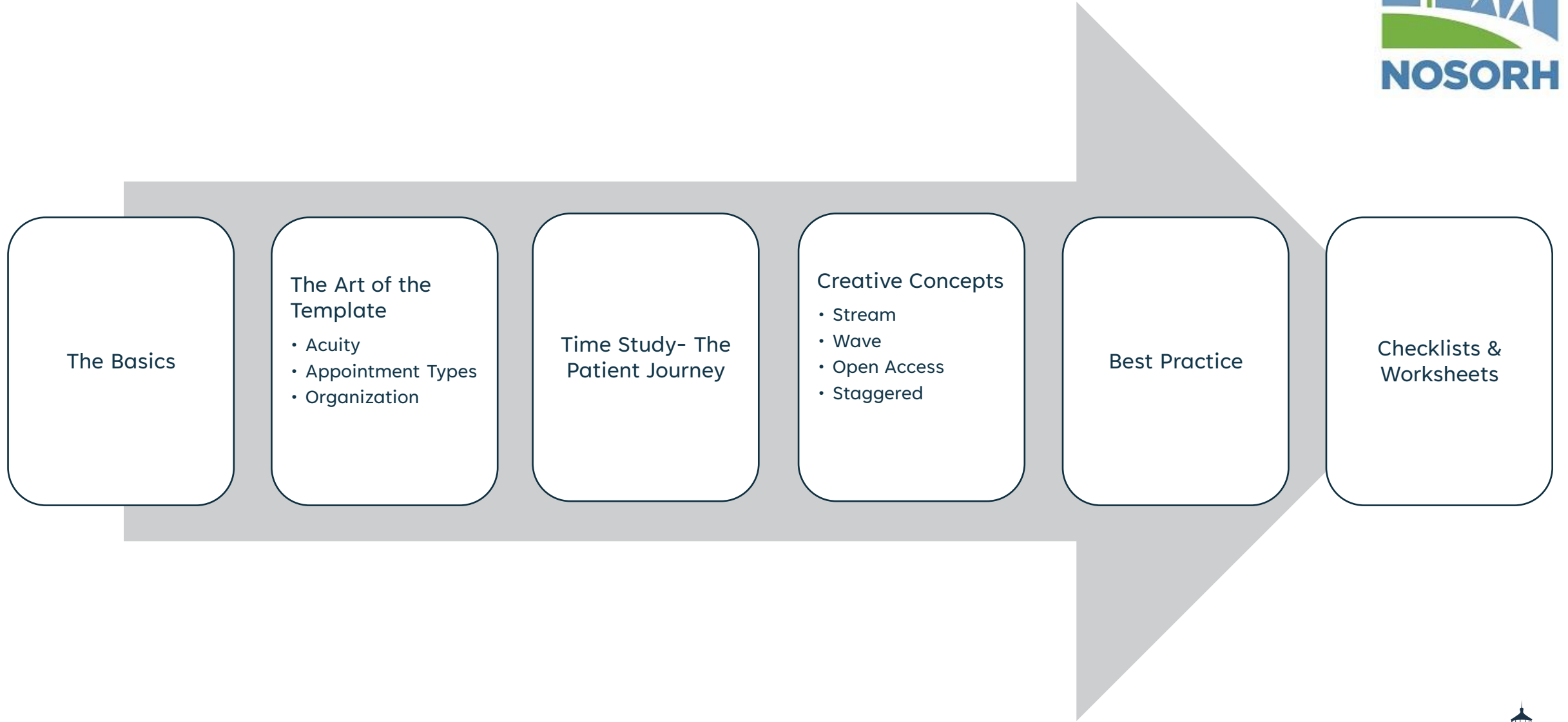
The Basics

The Art of the Template
- Acuity
- Appointment Types
- Organization

Time Study- The Patient Journey

Creative Concepts
- Stream
- Wave
- Open Access
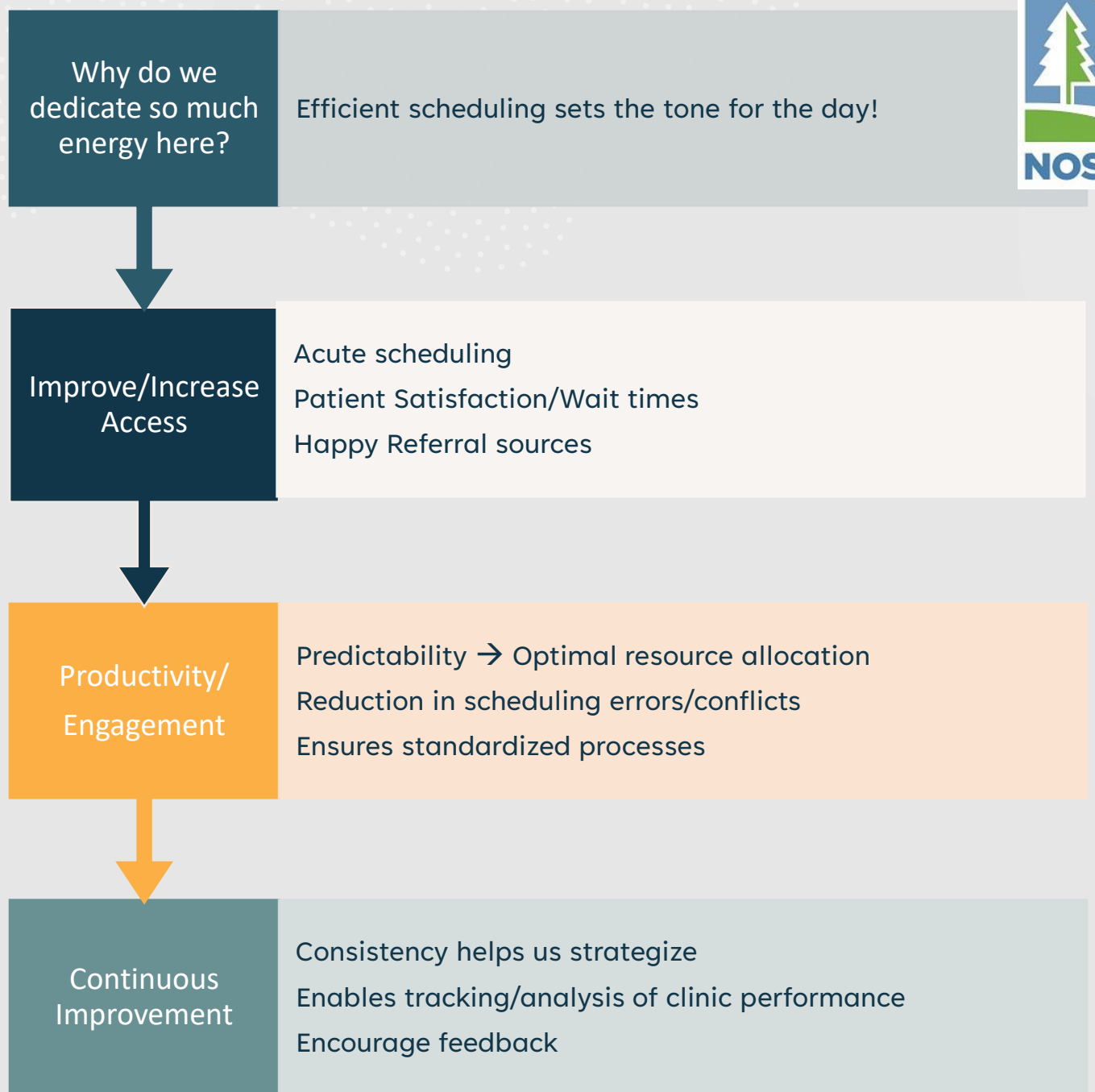- Staggered

Best Practice

Checklists & Worksheets

"*Leadership, at its core, isn't about you. It's about how effective you are at unleashing other people. Full stop. That's it. That's the secret. Leadership is about empowering other people as a result of your presence- and making sure that impact continues into your absence.*"

-Frances Frei & Anne Morriss

THE BASICS

Why do we dedicate so much energy here?

Efficient scheduling sets the tone for the day!

Improve/Increase Access

Acute scheduling

Patient Satisfaction/Wait times

Happy Referral sources

Productivity/ Engagement

Predictability → Optimal resource allocation

Reduction in scheduling errors/conflicts

Ensures standardized processes

Continuous Improvement

Consistency helps us strategize

Enables tracking/analysis of clinic performance

Encourage feedback

THE ART OF THE TEMPLATE: EXPECTATIONS

Defining Expectations

- Is your team on the same page?
  - Immediate = Emergent
  - Urgent = <24 hours
  - Non-urgent = <1 week

- Meeting Patient expectations:
  - <20 min wait time from walking through the door
  - Shorter wait times improve patient **perception** of care quality

THE ART OF THE TEMPLATE: APPOINTMENT TYPES

Appointment Types

- Understand the type and length
- Team on the same page
- Labeling
- Straight-forward/Efficient
- Examples:
  - NP30
  - Est15
  - Acute30, Sameday15
  - Consult15, Consult 30
  - Nurse15
- Narrow this list

THE ART OF THE TEMPLATE: ORGANIZATION

Patient Flow

- Historical Data
- Patient Mix
- Staffing
  - Top of scope
  - Provider nuances
  - Creative scheduling concepts
- What is your team empowered to change?

THE ART OF THE TEMPLATE: TIME STUDY

- Volume/Financial expectations

- Buffer Time

- Administrative Time

- Monitor the patient and provider "journey"

Doctor Session	TIME			PATIENTS	
	Start	Stop	Elapsed (in hrs. & minutes)	Seen	Per Hour
1	9:15	12:30	3:25	12	3.69
2	9:18	12:18	3:00	15	5.00
3	8:55	12:55	3:00	16	5.33
4	9:05	12:45	3:67	10	2.72
5	8:30	12:20	3:83	11	2.87
6	12:45	3:15	2:50	13	5.20
7	12:55	3:50	2:92	14	4.79
8	1:10	5:10	4:00	10	2.50
9	1:05	4:50	3:75	18	4.80
10	1:00	4:20	3:33	15	4.50
AVERAGE			3:32	13.4	4.03
PEAK					5.33

CREATIVE CONCEPTS

- Standard Rotation aka Stream Scheduling
  - Fix time slots every X minutes
    - Pro: avoids long patient waits
  - Con: rigid, doesn't allow for deviation

- Example

	Provider 1		
8:00-8:15	8:00		
8:15-8:30		Urgent/Same Day	
8:30-8:45	8:30		
8:45-9:00			
9:00-9:15	9:00		
9:15-9:30			
9:30-9:45	9:30		
9:45-10:00			
10:00-10:15	10:00		
10:15-10:30			
10:30-10:45	10:30	Urgent/Same Day	
10:45-11:00			
11:00-11:15	11:00		
11:15-11:30			
11:30-11:45	Lunch		
11:45-12:00			
1200-12:15			
12:15-12:30	Urgent/Same Day 12:15		
12:30-12:45	12:30		
12:45-1:00		Urgent/Same Day	
1:00-1:15	1:00		
1:15-1:30			
1:30-1:45	1:30		
1:45-2:00			
2:00-2:15	2:00		
2:15-2:30			
2:30-2:45	2:30		
2:45-3:00			
3:00-3:15	3:00		
3:15-3:30			
3:30-3:45	3:30		
3:45-4:00			
4:00-4:15	4:00		
4:15-4:30			
4:30-4:45			
4:45-5:00			
KEY	New Patient	Urgent Patient	Established Patient

CREATIVE CONCEPTS

- Wave Scheduling
  - X number of patients scheduled for top of the hour, seen on a first-come-first-served basis
    - Pro: Provider and team are consistently busy
    - Con: Long wait times for patients

- Example

	Provider 1		
8:00-8:15	8:00	8:00	8:00
8:15-8:30			
8:30-8:45			
8:45-9:00			
9:00-9:15	9:00	9:00	
9:15-9:30			
9:30-9:45			
9:45-10:00			
10:00-10:15	10:00	10:30	Urgent/Same Day
10:15-10:30			
10:30-10:45			
10:45-11:00			
11:00-11:15	11:00	9:00	9:00
11:15-11:30			
11:30-11:45			
11:45-12:00			
1200-12:15	Lunch	Lunch	Lunch
12:15-12:30			
12:30-12:45			
12:45-1:00			
1:00-1:15	1:00	1:30	Urgent/Same Day
1:15-1:30			
1:30-1:45			
1:45-2:00			
2:00-2:15	2:00	2:00	
2:15-2:30			
2:30-2:45			
2:45-3:00			
3:00-3:15	3:00	3:30	3:30
3:15-3:30			
3:30-3:45			
3:45-4:00			
4:00-4:15	4:00	4:00	
4:15-4:30			
4:30-4:45			
4:45-5:00			
KEY	New Patient	Urgent Patient	Established Patient

CREATIVE CONCEPTS

- Open-Access
  - Leave 50-60% of slots open for same-day or next-day, Remainder used for follow-ups and testing
    - Pro: Urgent issues easily accommodated
    - Difficult for specialties requiring extensive chart prep or coordination of care with other specialists

- Example

Time	Provider 1
8:00-8:15	8:00
8:15-8:30	
8:30-8:45	8:00
8:45-9:00	
9:00-9:15	9:00
9:15-9:30	
9:30-9:45	9:00
9:45-10:00	
10:00-10:15	10:00
10:15-10:30	
10:30-10:45	10:30
10:45-11:00	
11:00-11:15	11:00
11:15-11:30	
11:30-11:45	11:30
11:45-12:00	
1200-12:15	Lunch
12:15-12:30	
12:30-12:45	12:30
12:45-1:00	
1:00-1:15	1:00
1:15-1:30	
1:30-1:45	1:30
1:45-2:00	
2:00-2:15	2:00
2:15-2:30	
2:30-2:45	2:30
2:45-3:00	
3:00-3:15	3:00
3:15-3:30	
3:30-3:45	3:30
3:45-4:00	
4:00-4:15	4:00
4:15-4:30	
4:30-4:45	4:30
4:45-5:00	
KEY	New Patient — Urgent Patient — Established Patient

CREATIVE CONCEPTS

- 1-2-3 Scheduling aka Staggered Scheduling
  a. Staggering visit times in 5/10/15 min increments
    a. Pro: This works well with team based nursing.
    b. Pros: Creates less downtime between patients for providers, increases access
    c. Cons: Can create bottlenecks

- Example

Time	Room 1	Room 2	R
8:00-8:15		8:00	
8:15-8:30			
8:30-8:45	8:30		
8:45-9:00			
9:00-9:15		9:00	
9:15-9:30			
9:30-9:45	9:30		9:30
9:45-10:00			
10:00-10:15		10:00	
10:15-10:30			
10:30-10:45	10:30		10:30
10:45-11:00			
11:00-11:15		Lunch 2	
11:15-11:30			
11:30-11:45	Lunch 1		11:30
11:45-12:00			
1200-12:15		Team Meeting	
12:15-12:30	12:15		
12:30-12:45			12:30
12:45-1:00		12:45	
1:00-1:15			
1:15-1:30	1:15		
1:30-1:45			1:30
1:45-2:00		1:45	
2:00-2:15			
2:15-2:30	2:15		
2:30-2:45			
2:45-3:00		2:45	
3:00-3:15			
3:15-3:30			
3:30-3:45			
3:45-4:00		3:45	
4:00-4:15			
4:15-4:30			
4:30-4:45			
4:45-5:00			
KEY	Intake	Provider	Discharge

BEST PRACTICE

Leverage Automation

Continuous Improvement

Schedule follow-ups

Check Eligibility/Prior Authorization

Pay attention to credentialing/scope

Integrate telemedicine (if applicable)

State Guidelines: Use this link to understand requirements in your state in response to the end of the COVID Public Health Emergency: https://medicaid.ncdhhs.gov/End-of-PHE

THANK YOU

CHECKLISTS & WORKSHEETS

CREDENTIALING & COLLABORATION

Credentialing

- What is it?
  - This is how your health system ensures that new providers have the required licenses, certifications, and skills to properly care for patients
- Who needs it?
  - All physicians go through credentialing- and it can take 90-120 days!
- Why does this matter?
  - When a provider is waiting for insurance approval of credentials, they won't be reimbursed by the insurance company for seeing patients who have that insurance.
- What is your role? How can you help expedite this?
  - Liaison between credentialing department and provider

Collaboration Agreements/Requirements

- State-specific!
- Most states require:
  - Collaborating Physician-contract signed
  - Chart Reviews
  - Collaboration meetings with APP
  - Documentation showing compliance

ALTERNATIVE CREATIVE CONCEPTS

1. Double booking
   a. Pros: eliminates "holes" in the schedule from no-shows/cancellations/reschedules
   b. Cons: may create the need for clinicians to "catch up" to finish on time, may be frustrating to patients if it increases their wait time
2. Modified Wave
   a. Appointments overlap so that when one patient is arriving, or a visit finishes early, another patient is waiting to be seen by the provider.
   b. Appointments are clustered to create heavier volume at the beginning of the hour. Initial overlapping tapers off toward the end of each hour- so that any backlog of patients is relieved before the next wave starts.
   c. Pros: can lead to shorter patient wait times and increased access if it goes smoothly
   d. Cons: based on patient conditions, may create bottlenecks and longer wait times
3. Grouping Like-Visits
   a. Pros: decreased setup time, continuous workflow
   b. Cons: dependent on visit type and clinician style, may not always be appropriate or convenient for the patient
4. Schedule Wheel
   a. Designed to manage a set number of patients per hour (not a single appointment slot)
      i. Example: New Patient, Acute/Add-On, Admin block, other (equal parts)
         1. The first appointment of the hour is always a physical or new patient (or the most complex visit type) to allow for bottlenecks
         2. The admin block is built in to accommodate bottlenecks, phone calls, dictation, etc.
      ii. The intent is to "reset" the schedule at the top of the hour
      iii. The number of appointment slots in the hour is determined based on the current average time spent per appointment

- Standardize the patient flow from sign-in to rooming to scheduling the next visit

- Basic checklists will move mountains for hitting quality metrics P

- Policies will make no impact if they are not enforced – perform regular audits to make sure policies are sticking (particularly if turnover is a problem)

- Example: Scheduling

  - Practice manager should work with the providers to have a set scheduling template (number of scheduling blocks dependent on the number of rooms and staff per provider)

  - Policy must address the following:

    - Creating an appointment
    - Deleting an appointment – cancellation and no-show policies
    - Waiting list
    - Appointment reminders
    - Appointment prep (required signatures, payments, waivers, insurance verification)

    - Delinquent balances
    - Patient wait time monitoring
    - Walk-ins
    - Follow-up appointments
    - Same-day appointments