



Management Tools for Internists DESIGNING THE PATIENT SCHEDULE

Summary

Smooth and efficient appointment scheduling is critical to patient satisfaction, physician efficiency and staff morale. Obvious signs of a scheduling system in need of reevaluation include: physicians frequently lose time waiting for the next patient to arrive, patients experience long frustrating waits to be seen, and/or staff or physicians miss lunch or cannot leave on time because schedules run late.

The patient scheduling techniques outlined below can be powerful tools. But first the practice must define its particular problems. Scheduling techniques then should be tailored to address the identified problems. The scheduling approach selected must support both physician efficiency and overall patient satisfaction. Neither should take precedence over the other because perfect efficiency can drive patients away while unreasonable attempts to accommodate the wishes of every patient may satisfy a few patients at the expense of everyone

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Table 1

1 If available in the practice, RBRVS or other relative value units may be substituted for visits to provide more detailed targets.	
2 r = total office receipts v = total annual office visits	$r \div v = r/v$
3 f = total funds needed to cover (bv) yearly office operations	$f \div r/v =$ necessary annual visits to break even
4 bv = break even visits n = number of MDs dw = days worked per year	$bv \div n =$ annual visits required per MD $bv/n \div dw =$ visits per day required per MD

If physician compensation varies significantly within a group practice, the above calculation can be performed separately for each physician, using actual compensation expenses

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organizing like visits together is helpful in designing other more complex scheduling approaches, such as a group session or modified wave schedule.

Ten Minute Increments. Internists traditionally design schedules around 15 minute time increments, thus producing standard appointments of 15, 30 and 45 minute durations. In contrast, pediatric practices, and some family practice groups, tend to use 10 minute increments with resulting planned visits of 10, 20, 30 and 40 minutes. If your tracking data indicates that the actual time an internist requires to see patients in your practice is closer to the 10 minute increment pattern, the practice may benefit by changing the scheduling increment.

By calibrating scheduled time closer to actual visit time, physicians can reduce down time and the need for double booking. The issue requires careful study; however, to be sure that time gained in one patient category is not lost in another. For example, when elderly patients are scheduled for 20 minute appointments because they require a bit more time than the standard 10 minute visit, five minutes may be wasted. If this is a frequent occurrence, 15 minute increments may work better. Theoretically, a five minute increment system could eliminate this dilemma by making all time options available. It increases the

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session to prevent the first patient from throwing off the whole day's schedule by arriving late, or not showing at all. It also may be useful during the rest of the day in practice settings where patients tend to be late or the lengths of visits are particularly unpredictable. Visits still overlap, but the workload is spread out somewhat and patients are less aware of double bookings.

Group Meetings Group scheduling is an alternate method of processing patients with similar, often chronic, conditions. By seeing such patients as a group, some physicians have found they can save time, create a highly supportive atmosphere, and devote more time to patient education and health issues than would be possible during traditional office visits.

During group sessions, patients' concerns are addressed and discussed both with the physician and with peers who are experiencing similar problems. Patients see that extensive resources are being devoted to their education and care, and most importantly, that they are not alone. Providers avoid repetitious delivery of the same information. Guest speakers may be invited, and educational tools such as videos and demonstrations may be used. General health issues, such as the need for seasonal flu shots, proper nutrition and exercise can be presented

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Other Problems that Affect Patient Flow

While patient scheduling techniques can correct some problems, they are not a cure-all. Listed below are a number of patient flow problems that generally are not attributable to scheduling design.

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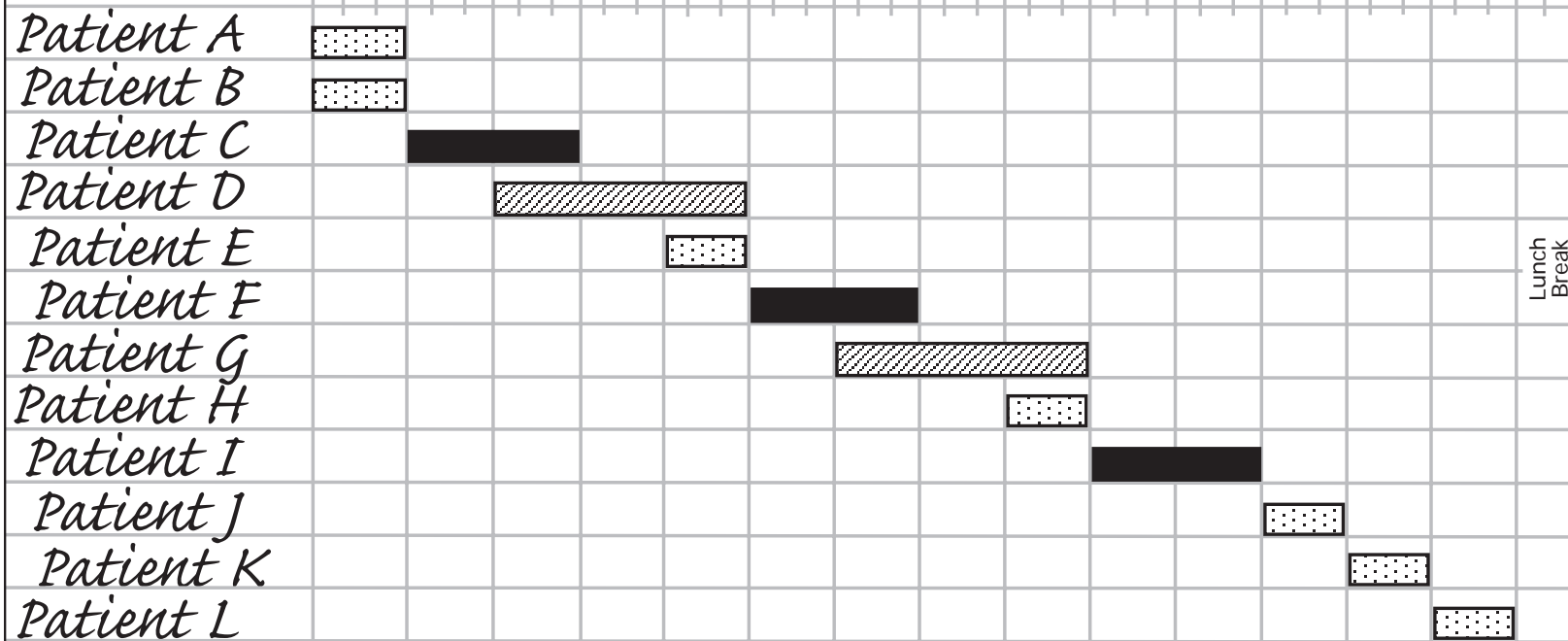
Morning Session (one provider)

Key:

- 15  Short
- 30  Medium
- 45  Long

A.M.

9:00 9:15 9:30 9:45 10:00 10:15 10:30 10:45 11:00 11:15 11:30 11:45 12:00 12:15 12:30



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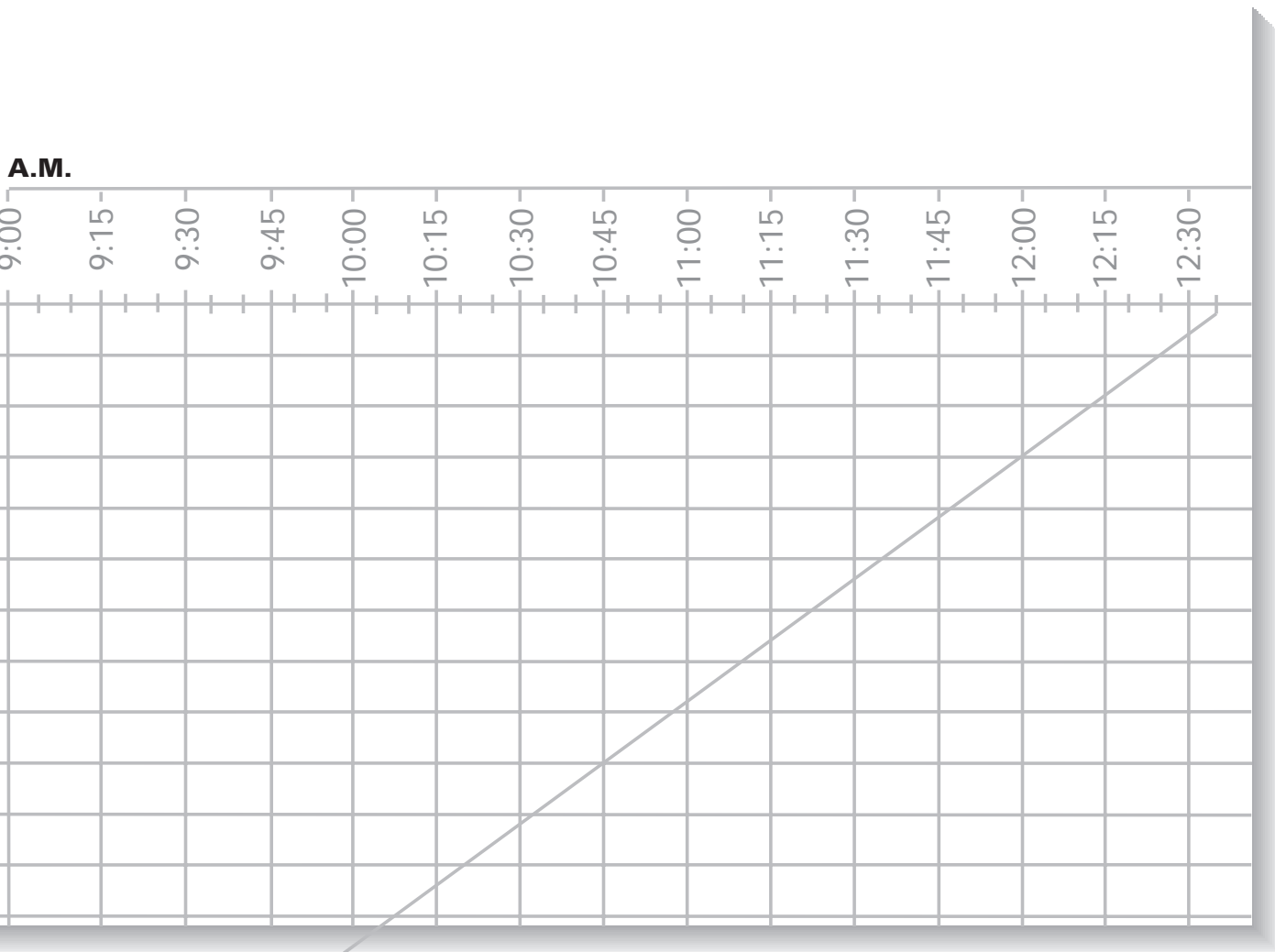


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Patient A
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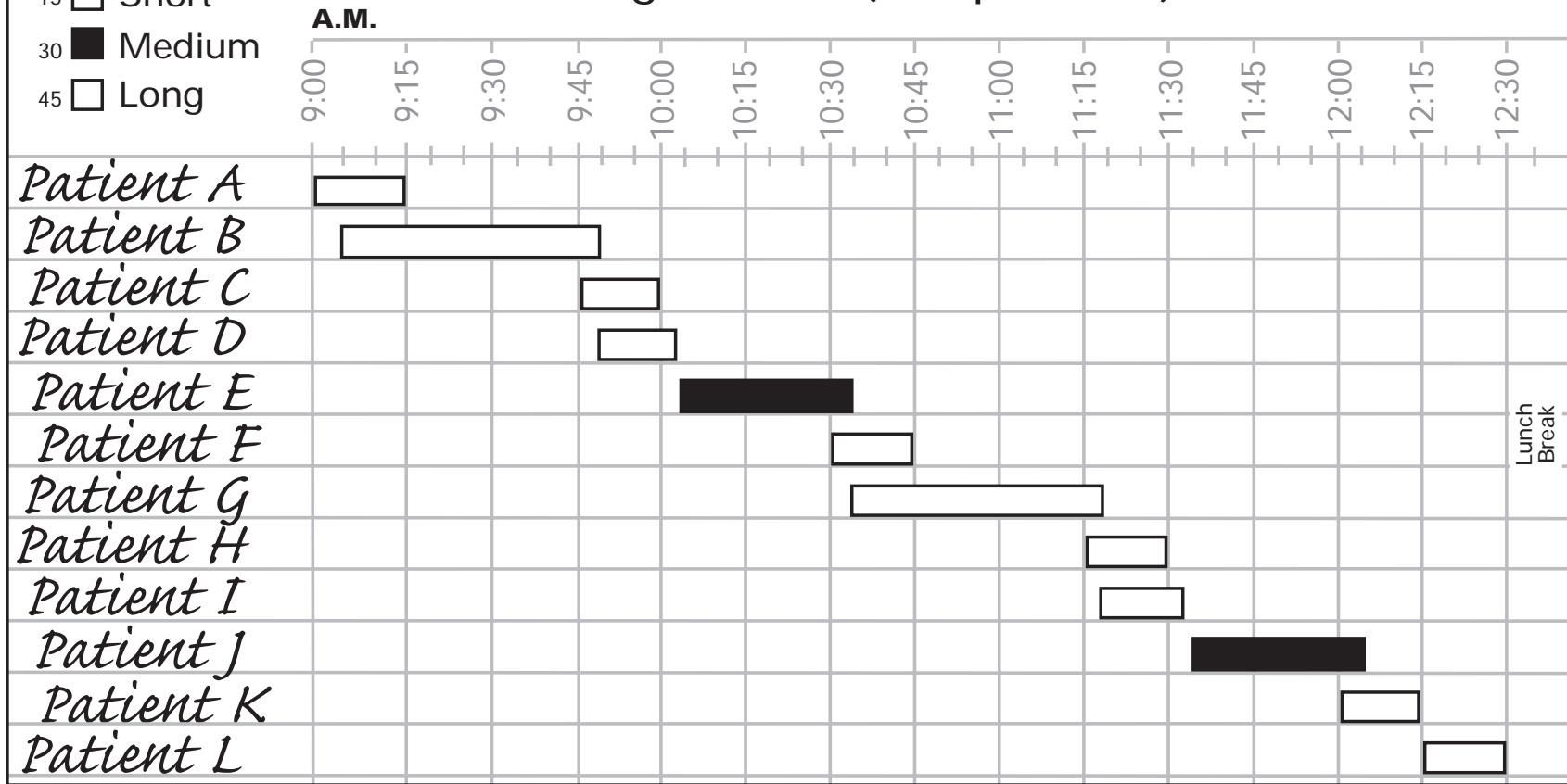


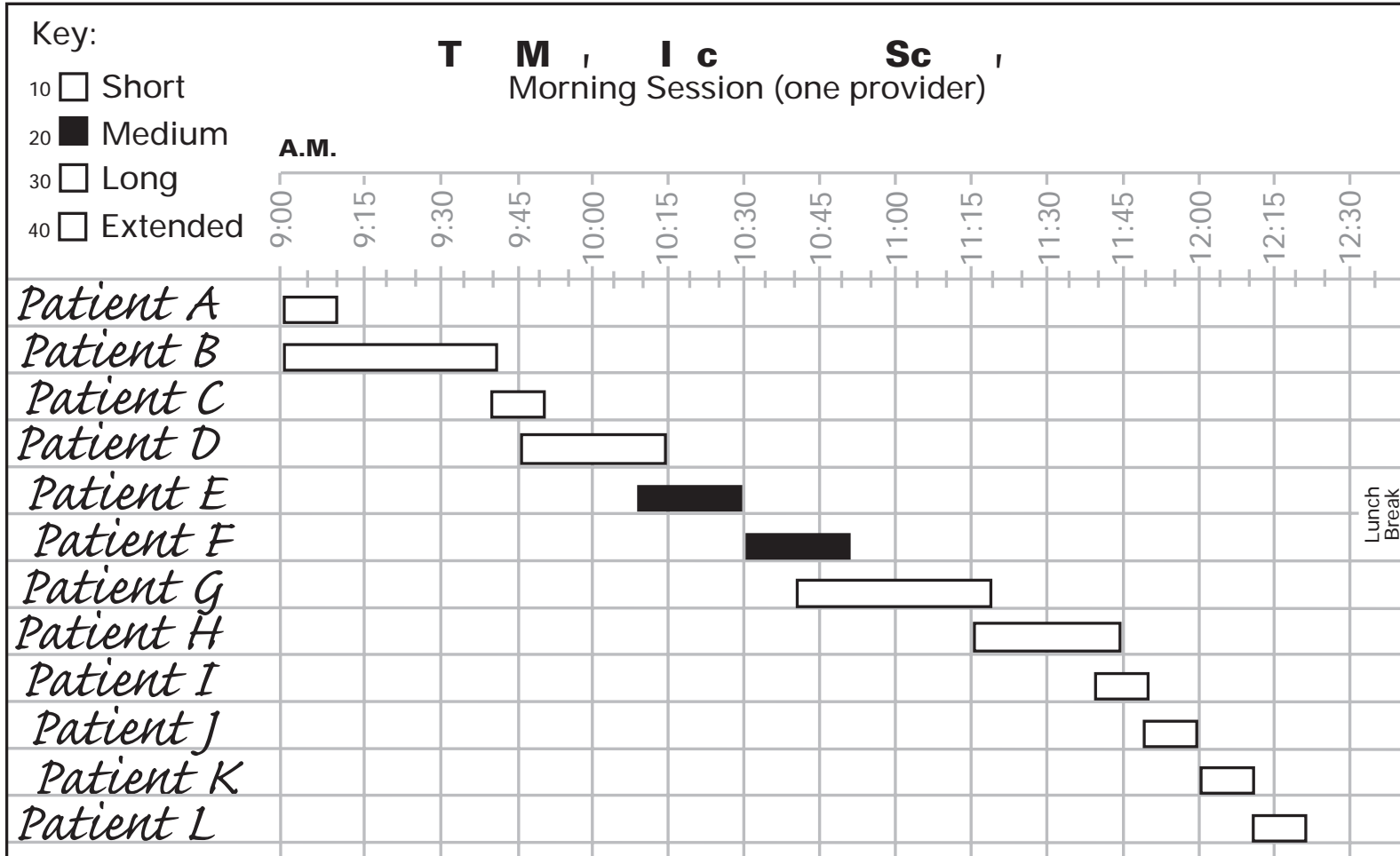
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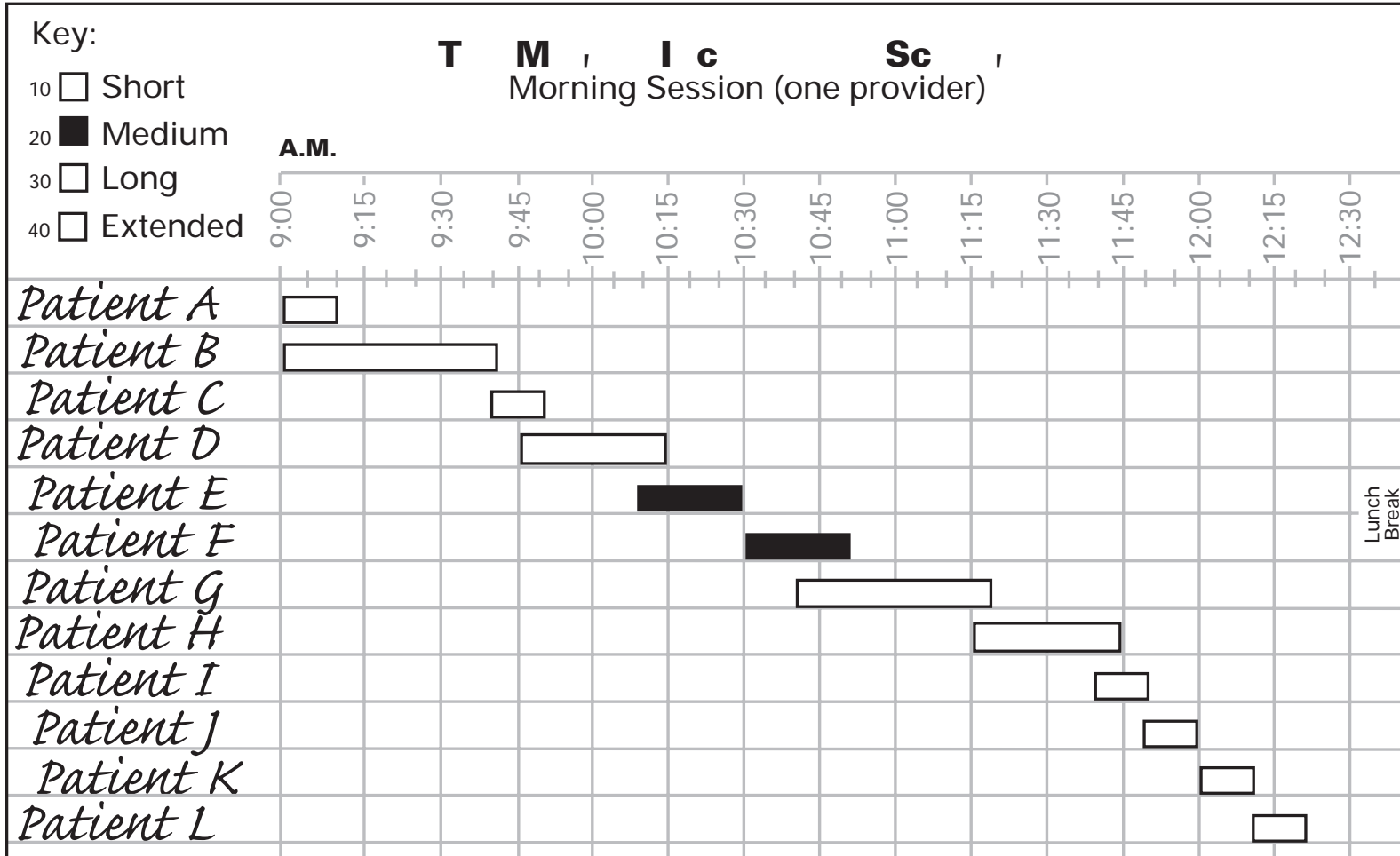
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Patient A

Sample Problems List*

(using ten minute increments)

Abdominal Pain	(Triage) 30 minutes
Blood Pressure Follow-up	20 minutes
Chest Pain	(Triage) 20 minutes
Cholesterol/Counseling Follow-up(Direct to NP)	20 minutes
Constipation	20 minutes
Cyst	10 minutes
Depression	30 minutes
Diabetes Follow-up	20 minutes
Diarrhea	20 minutes
Dizzy	(Triage) 20 minutes
Ear Ache	10 minutes
Ear Irrigation	20 minutes
Edema	20 minutes
Fatigue	30 minutes
Fever	(Triage) 30 minutes
Flexible Sigmoidoscopy (Include DS or ET last 20 min for Tmg)	40 minutes
Hair Loss	20 minutes
Headache	20 minutes
Hemorrhoids (Initial)	20 minutes
(Follow-up)	10 minutes
Lump	20 minutes
Missed Period	(Triage) 30 minutes
Mole Evaluation	10 minutes
Mole Removal (Must be done by Dr. at end of day)	30 minutes
New Patient--Get Acquainted	20 minutes
New Patient--With Problem	30 minutes
Pain (General)	(Triage) 20 minutes
Palpitations	30 minutes
Pelvic/Pap	30 minutes