**Appointment Reminders and Patient Flow**

**INTRODUCTION**

One of the first points of contact for a person visiting a physician office tends to be the appointment reminder call. This interaction sets the stage for what should be an expert performance on behalf of the physician and their staff. The patient appointment reminder call is much more than a friendly reminder. One of the main reasons for the call is, in fact, the friendly and helpful reminder that a patient made an appointment, which is rapidly approaching. Having made said appointment often several weeks or months in the past, even the best patient may well forget. The reminder call serves not just to refresh the patient’s memory, but to also give them a chance to make other arrangements.

A busy physician, especially in a traditional practice, is expected to travel between hospitals and the clinic. Answering pages, admitting patients, rounding, and seeing patients in clinic all demand the doctor’s time throughout their hectic day. Clinic hours are scheduled to best accommodate their busy schedules and allow them to efficiently handle the heavy workload. A patient reminder serves to ensure the patient shows up at their scheduled time so as to make the best use of the doctor’s time.

Missed appointments are missed opportunities. They are missed opportunities for the patient to get the care they need. They are missed opportunities for the practice, expending resources and overhead on patients who don’t show. They are missed opportunities for the physician in three ways. First, they miss the opportunity to treat a sick patient. This missed visit could be crucial for the patients care, and mean the difference between an early diagnosis and un-necessary treatments. Second, they miss the opportunity to be paid for their time spent in the office. Third, they pay the very expensive opportunity cost associated with this missed appointment. Time spent in the office not seeing patients is time which they could otherwise be dedicating to care of other patients either in another outpatient or inpatient setting. In the case of nephrology specialists, one of the specialists in the 10 physician multi-specialty practice in question, rounding at one of the many area dialysis centers.
PROBLEM

In the case of this particular practice, the appointment function was not being utilized to its fullest potential. Workflow within the practice directed all appointment activities to one position. This one employee had the sole responsibility of making appointments and calling to remind patients of their appointments. The job description only included appointment reminders. There were no other duties assigned to the position, and did not require any clinical experience or ability. The problems this workflow posed were numerous.

Being a multi-specialty practice, different physicians had different needs, schedules, and protocols. There was no set protocol throughout the practice as each physician had their own practice style. Making an appointment for a primary care physician could be complicated by the patient’s chief complaint. Ideally, the person making the appointment would have the clinical ability, or know the physician’s preference well enough to make decisions and prioritize with respect to the schedule. Appointment types had an impact on the duration of and slots available for an appointment. Primary care physicians would also require special instructions, such as completion of previously ordered tests prior to a visit. Specialist visits would be complicated by the need for a referral for some patients.

Additional complexity was involved when patient financials became involved. The appointment reminder had become not only a friendly reminder of a visit, but also a friendly reminder of a balance due. While some resources in the industry had recommended this, it was the experience of the practice that the delicate situation was best handled by someone with a level of experience with patient accounts and medical billing. Expecting an appointment scheduler or appointment reminder clerk to be clinical experts as well as billing experts seemed unreasonable.

No one employee could easily embody all the traits and skills necessary to perform all these functions at the level necessary to completely satisfy each and every patient. The best effort at meeting all these needs would likely fall short. Many practice managers may dismiss these small misgivings as acceptable, especially in a function like appointment reminders. Seen as not directly related to the practice’s bottom line, or to clinical care, the position was treated as a formality, or a patient courtesy.
On the contrary, making an appointment is as important to clinical care as any other function in the practice. The appointment reminder is similarly crucial to the bottom line of a successful practice. Improving both would keep schedules full, patients happy, and increase the clinical effectiveness of the practice.

**ALTERNATIVE DECISIONS CONSIDERED**

Three basic alternatives were considered with regard to improving the appointment clerk position. First, the current appointment scheduler position could be improved with training and workflow enhancements. Another option would be for the practice to replace the non-clinical position with a clinical triage function. Lastly, the practice could distribute calls to the receptionists who could make appointments and reminders. While receptionists could schedule appointments, while an automated system could provide reminders. All three options involve modifying the current workflow, whether introducing a clinical triage function, or an automated system. Possibly a mix of these alternatives could be employed. Each option presents benefits and drawbacks.

Redesigning the appointment scheduler position could have several advantages. Having all the workflow, staff, and procedures in place, the change would require the least amount of effort. Rather than pushing dramatic change, it would be possible to make small changes to the appointment scheduling position and measuring the incremental improvement to each change. Several options were available with regard to the workflow.

The collections component could be removed and delegated to patient account representatives. These employees, best trained in patient accounts would be better qualified to give accurate and compassionate assistance with regard to sensitive financial matters. This would also remove a significant burden from the appointment scheduler, allowing better focus on customer service and patient satisfaction. These workflow improvements could also be combined with an improved auto-attendant function to direct patients more accurately to the appointment scheduler and other vital areas.

Training the appointment scheduler in AIDET and other patient satisfaction techniques would improve the practices’ initial patient contact, improve patient satisfaction, and hopefully improve the scheduler’s
morale. AIDET training, introduced by the practice’s local hospital affiliate, is a patient centered service model aimed at improving communication between medical personnel and patients.

The A stands for Acknowledge, in greeting the patient in an acceptable manner. Similarly I stands for Introduce, or provide an introduction. This was a main deficiency in the workflow previously. Patients were greeted curtly and lacked a professional greeting in a welcoming tone. This step alone would dramatically improve the function and patients experience with the process. D stands for duration, and E for explanation. These crucial steps were also neglected in that patients weren’t given an explanation of the process, timeline and what to expect. Patients felt uncomfortable as they were unaware of the appointment process as well as how to proceed with a first visit to a new doctor’s office. Similarly, the scheduler would seem annoyed by explaining these details, further putting off patients. The T stands for Thanks which was another vital deficiency in thanking the patients for their interest in making an appointment with the practice. By improving both the workflow and training it would be conceivable that the position could be improved to an acceptable level.

Improving the old appointment scheduling position also presented several disadvantages. There remained a gap in clinical ability. The main point of contact for the practice had no medical knowledge and ability to handle patients’ needs in a clinical manner. While the scheduler was given each physicians preferences and protocols, they were not able to make the clinical decisions necessary to provide patients with the most appropriate and timely care. It was further, not possible to train the employee in clinical triage as medical experience and judgment would be necessary to be effective.

Also, training and quality improvement all depended on the scheduler and their ability to improve. It continued to leave a major practice lynchpin on one individual, rather than utilizing the collective abilities of the front office and receptionists. Despite AIDET training, there would still be heavy reliance on one individual to make all contact with patients for the practice. This also left issues with coverage if the employee was sick or vacationing. Getting staff also trained adequately for the position was troublesome. As additional training became necessary, either multiple employees would need to be trained anyway, or the position would need to be designed to allow for time off. Training multiple front office staff led more to the idea of distributing calls to the entire front office.
The second option, then, would be to replace the appointment calls with an automated patient reminder system. This would allow the practice the ability to free up a major timely function. The appointment scheduler position could then be eliminated, with the appointment scheduler integrated into the front office as a receptionist or patient service representative. Calls for new appointments could then be distributed across the front office to staff better able to assist with patients' needs, whether they be for appointments or other questions.

Advantages to this would be a reduction in patient confusion, as patients would not need to be transferred multiple times in order to receive someone who could help with their needs. The calls could be directed to and answered by the staff member best able to answer the phone and dedicate the time necessary to assisting the patient. These receptionists would also be more likely to have seen and dealt with patients, and provide both a familiarity and comfort to the patients. The practice would also better be able to utilize staff for higher function work, allowing the automated system to perform the tedious and timely reminder function off site. The patient reminder system would also provide the practice reports of successful calls, which would be almost irrefutable based on the automated nature and exact time of call/status. Knowing if a patient received a call, or if a message was left would allow the staff to better manage patients and follow up with those who couldn't be reached.

Disadvantages could include patients upset over the automated call, and impersonal nature of the automated system. Patients used to receiving a call may be put off by the automated system. It would be possible that a small segment of patients would be upset or confused by the system. Other disadvantages include fragmenting the front office staff, and placing too much burden on them. Finding a fair way to distribute calls based on workflow and ability would be challenging. Another major downside is that the patient scheduling would remain in the hands of non-clinical staff. Now more members of the staff would need to be trained, understand the providers’ protocols and preferences, and still be unable to make clinical decisions.

Another option would be to replace the appointment clerk function with a clinical triage function. The ability to replace the appointment clerk function with a clinical triage function would provide a significant improvement in the way patient needs are handled. Instead of directing patients to the appointment scheduler in order to make a new appointment, the triage nurse would perform this task.
There are significant advantages to adopting a triage function. Rather than simply placing patients into a queue, a triage nurse could best prioritize patients based on their need and the available resources of the practice. Patients with greater need could be treated sooner. Patients would be more satisfied in knowing they are speaking with a nurse. Medically trained triage nurses would also be able to answer patient questions that may arise, and explain the process better. Rather than simply performing the mechanized task of placing patients in open slots, a triage nurse could perform a multitude of functions to make the patients experience more pleasurable. In addition to better priority placement, a nurse could provide basic advise to those not necessarily in need of an office visit. They would have the knowledge and ability to deal with patients questions and provide accurate answers. Seriously ill patients could also be referred for emergency services, thus reducing the clinic’s liability in the event a patient experienced a poor outcome while waiting for an appointment. Clinical staff would have more experience with the medical system and be better able to advise patients, describe the process, and manage expectations.

The efforts of a triage nurse would also be seen in better office operations all around. Schedules would be filled better and more efficiently. Patients would receive more appropriate services based on their needs and feel better about the process. Overall, allowing staff with greater knowledge to take on the triage task, the appointment scheduling workflow would move to the next level and improve the practice.

There are also downsides to replacing the appointment scheduler with a triage function. Financial constraints would be one of the main barriers. Replacing the appointment scheduler with a nurse would cost significantly more. Additionally, there would still be the need to automate or make appointment reminder calls. Keeping a non-clinical employee to make calls would be redundant and costly, and expecting a clinical staff member to make reminder calls would be a waste of resources. As automating would be the only logical choice, the downsides to automation would also apply to the triage/automation option.
The process of choosing the most ideal path was not a step by step process. Management evaluated the strengths and weaknesses of the Appointment Schedules (both the employee and position). Training and continuing improvement was provided in order to assess where the employee stood and how our staff could best fit an optimal solution going forward.

It was clear that none of the options could be done without a more adequate phone system. While the implementation of the system could be its own whitepaper, the practice and physicians (owners) decided to make the investment both in the employees and in a new phone system. The new system allowed the practice better ability to direct patients in an appropriate manner. It included the options for ring groups where several phones could ring the same call, allowing multiple people the option to answer a directed call. It also allowed the ability to create users and log in ability whereas employees available for phone duty could sign in to accept calls. The upgraded auto attendant feature gave patients more specific options to better reach the staff members they needed. This afforded the practice the flexibility to try different options to see what would fit the needs of the practice best.

Initially, the Appointment scheduler was brought along and trained to work better with patients. This option met with some success prior to the employee leaving for another job. Faced with the choice of hiring and training a new employee, or re-working the call flow, it was decided that the practice would in the interim direct scheduling calls to the receptionists. Additional staff was utilized when possible to make appointment reminder calls. This greatly reduced downtime across the practice and utilized all employees much more efficiently.

The practice worked to implement an automated patient reminder system. This was done by the IT Manager and Administrator working with the practices’ PM (Practice Management) Software vendor. The system worked much better than expected. A staff member was designated to upload daily schedule reports, and another employee was given the task of reviewing daily call reports and following up as necessary. Very few patients were concerned with the system, and even those quickly adjusted without concern. In hindsight, the idea that patients would leave the practice based on a robo-call was unrealistic and the downside was minimal. The costs were significantly less than that of an employee calling patients from our office.
Having the automated reminders in place, the practice was better able to delegate staff toward clinical outcomes, rather than procedural tasks. As staff left or retired, it became possible for the practice, in a compassionate way, to replace non-clinical positions with Medical Assistants or Registered Nurses better able to handle more complex clinical functions.

The practice implemented a Nurse Triage position just over a year later, which worked very well. The incremental cost for a clinical employee was less than expected and the return on investment was large. Minor space adjustments were made to allow for two clinical staff members to attend to a triage line. This line, designated for patients looking to make an appointment, was directed to nurses able to handle the patient’s needs. Prior to the implementation of the triage line, many patients complained about the phone menu, having a hard time reaching the appropriate party. Having the triage line allowed patients to talk directly to a clinical staff member, rather than being told their question needed to go to a nurse, and transferred to the back office anyway.

LESSONS LEARNED

In Hindsight, it seems unwise to run a physician practice with non-clinical staff making first contact with patients. It seems unreasonable that a practice could run efficiently when a patient’s first contact is with someone lacking medical knowledge. Having implemented a triage function, it seems clear just how efficiently patients could be handled. The change has increased employee morale, increased patient satisfaction, and addressed many of the issues AIDET and other quality training initiatives hope to take on. Patients are treated uniformly, given the proper expectations, and provided knowledge throughout the process.

Faced with the situation described though, the transition would likely not have been successful without the process the practice encountered. Forcing change in any direction would likely have caused friction with the staff and physicians (who are also the owners). Allowing the staff to realize the need through the process of awareness and improvement increased buy-in and improved morale.

Faced with a similar situation, other managers should most of all keep an open mind. Removing expectations of how a solution may work opens up possibilities to improve substantially. Understanding
that even a poor decision is a successful trial of a wrong option makes progress possible. Ignoring the possibility of failure and abandoning the status quo is essential to good leadership.