Maximizing Patient Access and Scheduling
An MGMA Research & Analysis Report
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Introduction

Optimizing your medical practice’s patient schedule can be an elusive goal. Leaving too many unfilled openings reduces provider productivity and revenue. Overbooking can lead to employee/provider burnout and, even worse, the potential for patient dissatisfaction – look no further than recent airline issues with overbooking for the kind of damage you can do to your reputation by not handling your customer volume properly.

Frequent inquiries and discussions in the MGMA Member Community, high response rates to MGMA Stat polls and feedback from qualitative interviews on the subject all point to managing patient access and scheduling processes as major challenges for most medical group practices.

To make decisions that will optimize your practice’s handling of those challenges...

*it’s vital to understand what your patients want from you in terms of appointment access*

...as well as your own historical appointment data to assess trends and plan for the future.
THE BIGGEST ISSUES FACING PRACTICES:

Start with your patients and their barriers to access

Medical practice administrators regularly share a similar list of major issues when it comes to filling appointment slots for patients.

- The hours of operation cannot accommodate early and late visit requests.
- Patients opt to use portals primarily for test results and not for setting appointments.
- How to know what is the right amount of same-day appointments to offer to existing patients.
- How to reduce no-shows for appointments without alienating patients with a strict policy or penalty.

If these sound familiar, you’re not alone. Most medical practices in the United States are shouldering a burden as it relates to patient access and what can be done to improve access. The Physicians Foundation reported 81% of physicians described themselves as overextended or at full capacity. Some practices have responded by reducing the number of appointments available or limiting of insurance plans accepted in order to get a handle on how many patients they serve. Coupled with an aging population with a longer lifespan and an increased demand for care, even a well-staffed practice can find itself falling behind. To that end, an April 12, 2016 MGMA Stat poll found more than 50% of respondents changed processes to improve patient access in their practice.
Practices that don't develop strategies for handling increased demand for patient access can become part of a disturbing trend for populations: increasing wait times for scheduling new patient appointments. A Merritt Hawkins survey from 2017 found patients in five medical specialties (cardiology, dermatology, obstetrics-gynecology, orthopedic surgery and family medicine) in 15 major metropolitan areas wait 24.1 days on average to get a new patient appointment — a 30% increase from just three years ago and the longest wait times seen since the survey’s inception.

Equally important is what your current patients are saying about the appointment process. According to the MGMA 2017 Patient Scheduling Survey:

When you show up for your doctor appointment(s), are you aware of the length of the appointment(s)?

- 43.4% Rarely or Never
- 33.6% Often or Always
- 23.1% Sometimes

43.4% of patients rarely or never know the length of their appointment, compared to 33.6% who say they often or always know how long their appointment is.

Would it change your attitude towards doctor appointments if you were aware of the length of the appointment ahead of time?

- 27.4% Yes
- 53.2% No
- 19.4% Sometimes

More than half of patients (53.2%) say being aware of appointment length ahead of time would change their attitude about the appointment.

For more information about the MGMA 2017 Patient Scheduling Survey: See page 20
“Being transparent that a visit may take one hour and holding firm to it will build customer trust,”
said one respondent, who cited a desire to maximize their time during the day around the appointment. Patients surveyed frequently pointed to a better ability to plan their day as an important factor regarding awareness of appointment length. Another respondent noted that 
not knowing appointment length can be a source of anxiety because they are unable to let coworkers or their supervisor at work know when they will be back. That anxiety has caused the patient to “feel rushed” during appointments and not ask the full range of questions about their health.

What’s more, multiple respondents noted that they would adjust their expectations for the appointment with a better understanding of the appointment length. “I will be able to know how much I can talk to my doctor” about various health issues, said one patient surveyed.

<table>
<thead>
<tr>
<th>Why patients miss their appointments:</th>
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<tbody>
<tr>
<td>While most patients surveyed (83.2%) said they did not miss an appointment in the past 12 months, the 15.3% who did cited varying reasons:</td>
</tr>
<tr>
<td><strong>Forgot to attend or cancel the appointment</strong></td>
</tr>
<tr>
<td><strong>Incorrectly noted the appointment time</strong></td>
</tr>
<tr>
<td><strong>Other issues, including traffic, work and other conflicts</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ways practices can help patients keep appointments:</th>
</tr>
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<tbody>
<tr>
<td>Among patients who missed appointments, many reported a variety of ways their practice could have helped them: 38.1% said a reminder via text message, 23.8% said a phone call and 19.0% noted an email reminder could have helped.</td>
</tr>
</tbody>
</table>

For tips on preventing no-shows: See page 9
Managing patient access and scheduling

The patient population of your medical practice may vary in their familiarity with your policies and appointment lengths. Determining the right strategies for your patients begins with asking the right questions on these key areas of patient scheduling and access.

KNOWLEDGE OF NO-SHOW POLICY

Many practices have defined policies regarding patients who do not show for scheduled appointments or want to cancel an appointment within a short time before the appointment. Most no-show policies are intended to reduce unused appointment slots, by potential penalties (such as a fee) assessed on patients who don’t adhere to the policy.

For your no-show policy to work, your patients need to be educated on what it is and what are the potential repercussions. The MGMA 2017 Patient Scheduling Survey found that 41.6% of those surveyed said they were unaware of their doctor’s no-show policy, compared to 47.4% who said they were aware.

Regardless of what your no-show policy looks like, it won’t benefit your practice if patients don’t know what it is.

The MGMA 2016 Practice Operations Report found the no-show rate varied slightly among specialties, with most specialties reporting a median of 5% patient no-shows, and neurology and general surgery higher with an 8% no-show rate.

How does this affect your practice’s bottom line? Take your average number of patients seen in a month, multiply it by your no-show rate, and then multiply that result by your average revenue per appointment. Whatever it adds up to, that’s money that could be gained by maximizing the effectiveness of your no-show policy.

MGMA survey data finds that only about one-fourth of responding practices charge a no-show fee, usually between $25 and $75 depending on the specialty. Practices of any specialty may see improved no-show rates by charging a full or partial appointment fee for missed appointments, though the majority of practices avoid this step – the staff time and resources devoted to enforcement may not be worth the revenue a practice gains from no-show fees.
**No-show procedures**

1. A patient is notified of the no-show policy at the time of his or her initial registration. The no-show policy is provided in writing upon the patient’s arrival with registration forms. The policy is also displayed on the practice’s website and patient portal.

2. A patient’s appointment status is automatically or manually updated by marking the system “N” for no-show when the patient cancels an appointment within 24 hours prior to the scheduled appointment.

3. By the end of the same day the appointment is missed, the clinical assistant and the scheduled provider review the chart of the patient who failed to present for his or her appointment.

4. “No show” is denoted in the patient’s chart. The clinical assistant and the provider determine one of the following actions, which is documented in the patient’s chart in the dropdown menu designated in the system to record the reason for the no-show:
   a. No follow-up necessary.
   b. Follow-up urgent. Locate patient immediately.
   c. Follow-up advised. Contact patient and schedule visit in _____ weeks.

   Date _____ Time _____   Clinical Assistant/Provider ______________________

   Record details of the communication with the patient. ________________________________

5. Action must be taken per the decision of the clinical team reviewing the chart. If necessary, responsibility is assigned for follow-up. If the patient is to be contacted in the future, a recall is generated in the practice management system to alert the practice that the contact should be made in the specified time period. For non-urgent recalls, the practice will send correspondence to the patient via secure e-mail or letter in the following format:

**No-show correspondence**

Name ______________________________________

We noticed that you missed your appointment!

Provider _________________________________  Date _________________________________

Time _________________________________

Your provider has recommended that you return to the practice so that effective healthcare can be provided to you.

Please contact us at 888-888-8888 to schedule another appointment.

Thank you, _________________________________

6. The practice charges each no-show patient a missed appointment fee.

7. A patient who fails to present for his or her scheduled appointment more than once is considered a chronic no-show. This type of patient is only given certain appointment slots (e.g., the last of the morning) and may be required to prepay for certain services and/or to provide a credit card number with an agreement that a service fee is charged if he or she fails to present for an appointment.

8. A patient who fails to present for his or her scheduled appointment three or more times without the requested advanced notification is dismissed from the Practice.

REACHING OUT: PATIENT APPOINTMENT CONFIRMATION

Having a financial penalty to a patient no-show may help your practice recoup costs from an open appointment slot or slightly deter patients from no-showing, but actively engaging patients with some sort of reminder should be part of your strategy to minimize no-shows.

MGMA members in the MGMA Member Community have offered a variety of tips for handling your patient reminder strategy, including:

- Differentiate between landline and cell phone numbers for patients who have opted into the service so that any automated system your practice uses can accommodate a patient’s preference for a call or text message.
- If you have a system for confirming appointments, monitor the confirmation rate regularly and ensure that any email confirmation systems for cancelling an appointment become unusable once the patient is within the no-show policy’s window of incurring a fee.
- If you use a text message reminder, ensure you have a simple script that is easy to read and respond to with a simple “yes” or “no.”
- Consider staggering different types of reminders if you opt for multiple methods. One example includes an email reminder five days prior to an appointment, followed by a phone call three days in advance and a text message a day before or the morning of an appointment.

A March 7, 2017 MGMA Stat poll found that 52% of respondents use multiple methods of patient reminders, while 30% use only a phone call, 4% rely solely on a text message and approximately 1% use email exclusively to remind patients of an upcoming appointment. As for how far in advance a reminder is sent, about half of the respondents said they contact the patient two days before an appointment, and about a quarter send a reminder one day before an appointment.
Each appointment is confirmed via a phone call or electronic communication (with patient’s permission) about 36 hours prior to the scheduled appointment. Phone-based confirmations should be placed between 5 and 7 p.m., and electronic-based confirmations can be transmitted between noon and 5 p.m. The confirmation is documented in the practice management system and/or a manual copy of the schedule.

Employees are instructed to record the time of the confirmation, the person(s) to whom the confirmation is given, if applicable, and any requests for rescheduling. Any automated system for confirmation will allow the patient to cancel or make a request to reschedule.

These requests will be addressed immediately, but no later than noon on the day prior to the appointment, so as to accommodate other patients and fill all appointment slots. If applicable, employees should reschedule cancelled appointments immediately, thus opening appointment slots for other patients who call and/or are on the wait list.

A patient scheduled for a procedure or other service deemed applicable or confirmed by the administrator and providers is contacted two days prior to the appointment. The patient is requested to confirm his or her intention to retain the appointment by 2 p.m. on the day prior to the scheduled time. If the patient does not confirm, a patient on the wait list (based on date) is called to determine if the appointment time in question is convenient. This confirmation policy is provided verbally and in writing to all patients scheduled for services that require a confirmation.

To preserve the patient’s confidentiality, the script for appointment confirmations is: “You have an appointment with Dr. [Provider’s Last Name] on [day of the week and time]. Please call our office at [888-888-8888] if you have any questions or need to reschedule the appointment.” (A similar script is established for electronic communications.) The specialty of the provider is not to be revealed unless the employee speaks directly to the patient, and only then if it is relevant to the conversation. If applicable, information regarding the site of the appointment is provided.

The practice also reminds the patient to bring his or her insurance card(s) and time-of-service payments. If the patient has an outstanding balance, the employee confirming the appointment requests payment to be made before or when the patient arrives for the appointment. The employee confirming the appointment reminds the patient that the Practice would appreciate payment and provides the phone number of the business office to contact with questions.

MGMA Connection Plus has more tips on addressing your no-show rate and how taking the extra steps of reminding patients of appointments and requesting them to confirm an appointment can help reduce no-shows by, as one MGMA member put it, creating “a psychological agreement between the patient and the practice.”

PATIENT ENGAGEMENT VIA A PORTAL

Many medical practices have implemented patient/online portals to enhance the patient experience. The MGMA 2017 Patient Scheduling Survey suggests most patients are taking advantage of such systems when offered: **78.8% of respondents said they have used a patient portal.** Of those patients, the degree to which they used the portal varied:

In what way(s) did you utilize a patient/health portal?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>To fill out forms before my appointment</td>
<td>47.2%</td>
</tr>
<tr>
<td>For referral purposes</td>
<td>5.6%</td>
</tr>
<tr>
<td>To view my personal health record</td>
<td>59.3%</td>
</tr>
<tr>
<td>To request a prescription</td>
<td>31.5%</td>
</tr>
<tr>
<td>To communicate with other staff</td>
<td>22.2%</td>
</tr>
<tr>
<td>To communicate with the doctor</td>
<td>46.3%</td>
</tr>
<tr>
<td>To schedule appointments</td>
<td>38.9%</td>
</tr>
<tr>
<td>To access my test results</td>
<td>83.3%</td>
</tr>
</tbody>
</table>

Whether you can improve patient access with online scheduling truly is dependent on the system you offer to patients. A **July 19, 2016 MGMA Stat poll** found that **54% of respondents offered a patient portal that allows patients to request or make an appointment online.**
• Train practice staff members – both clinical and front-office/administrative – to offer educational material about how to use the patient portal while they are in the practice. Consider writing scripts for them to follow to promote portal usage.

• Offer instructional videos and other educational material for patients who may not have used patient portal technology in the past.

• Use existing social media channels to promote your patient portal and remind patients of the range of tools it offers them.

While patient adoption of your portal is a step in the right direction, the MGMA 2017 Patient Scheduling Survey revealed a few sentiments that practices should keep in mind about the user experience. One patient noted that her family uses multiple portals for different practices and that not all the providers use it.

If your practice offers a patient portal and you have patients actively using it, make sure your staff continue to use it to minimize the amount of time on the phone with patients. Underutilizing this tool can cost your practice time and leave a less-than-satisfactory impression on patients.

One case study of online scheduling found that new patients represented nearly two-thirds of all bookings on a newly implemented online scheduling system, and that many of them sought near-term appointments. When a practice understands patient behavior, the organization better aligns provider availability to meet demand and patients gain a better sense of control and ownership of the process.

“My experience is that all these providers force you to [use the] portal, but their staff typically are not effective in using it (minus labs), so I end up having to call anyway.”
All secure electronic messages will be responded to within three business hours. Electronic messages are responded to electronically or by telephone, as dictated by the nature of the communication and required response. In the event that a message is received after 4 p.m., the message will be responded to on the following business morning.

Restrict electronic messages for conditions and situations that do not require immediate medical attention.

All secure electronic messages will have a reply acknowledgement and disclaimer that is automatically transmitted to the sender, as such: “Your message has been received by [Practice’s name]. We will attempt to process your request within one business day. If you need immediate assistance, please call the office at [Practice’s telephone number, which includes access to the after-hours answering service if after hours]. In the event that you are experiencing an emergency, please seek care at the closest emergency room.”

The practice assigns responsibility to employees for all inbound electronic messages and requests in writing. Standard workflow is appointment requests being processed by the scheduler, and the triage nurse handling all messages related to clinical advice, and requests for medication renewals and test results notification. In the event of an employee absence, the supervisor must ensure that another employee assumes the role. Inbound messages are checked, at minimum, every 30 minutes.

In the event that a patient is messaging about a request that requires communication with a third party (e.g., a medication renewal with communication to the patient’s pharmacy), the triage nurse is responsible for sending a confirmation message to the patient within the three-business-hour response time.

Establish protocols for messaging etiquette (e.g., do not type a message to a patient in all CAPS) in which all employees and physicians are trained. Reference material is developed about said protocols. As with any form of patient communication and documentation, unprofessional remarks or comments in electronic messages are prohibited. Disciplinary action may be taken in the event of a violation of said protocols.

Confidentiality of patient information is maintained at all times to safeguard the integrity of protected health information (PHI).

All electronic messages are considered part of the patient’s medical record. All electronic messaging is performed and documented in a manner that is consistent with medical and legal prudence.

**RETURN ON INVESTMENT: PATIENT SATISFACTION**

Novant Health’s recent introduction of a patient portal for better engagement and population health management not only provided the organization an effective online system for patients to use, but created a measurable effect on patient satisfaction.

And the new technology isn’t limited to younger generations of patients: Miller boasts that Novant Health currently has 90 patients age 100 or older who actively use the patient portal.

She says that, to be successful in implementing an engaging patient portal, administrators need to work across their organization to understand what the providers and patients need. Take that information back to a vendor and let them know what needs to be included in the system, she says.

**SAME-DAY APPOINTMENTS AND LEAD TIMES/TIME TO APPOINTMENT**

Leaving same-day appointment slots in a provider’s schedule has been a risk that many medical practices have been willing to take in order to meet the needs of patients who feel they cannot wait to be seen by their physician. *MGMA 2016 Practice Operations Report* data points to primary care practices as having the largest percentage of same-day appointments. Of all primary care practices, pediatric practices reported the most at 38%.

“Our Press Ganey scores have improved as far as patient satisfaction; patients feel much more connected to their provider. Across the board, patients say that [the patient portal] has helped tremendously.”

Lauren Miller, MS, MGMA member | operational engagement project manager | Novant Health, Winston-Salem, North Carolina

More Resources:

**On-demand webinar**: Improving patient engagement by digitizing patient access

**On-demand sessions**: Engaging and Informing Today’s Patient (Daniel Soteldo) and Improving the Patient Experience in Patient-Centered Healthcare (Ron Howrigon)

**MGMA Connection Plus**: Using patient portal technology to connect for better care outcomes
Faced with this data, the provider updated schedule templates with defined new patient appointment slots, improved appointment screening processes and added both a nephrologist and an advanced practice professional to the care team.

To improve patient access, first benchmark your appointment lead times. Time to third next available appointment is one of several access-performance benchmarks of efficient medical practice operations, indicating both customer service and quality of care. Because it measures the balance between service supply and demand – that is, patients’ access to practice services – the amount of time that a patient has to wait to receive services may indicate potential staffing or operational issues.

In Mastering Patient Flow, Elizabeth W. Woodcock, MBA, FACCME, CPC, writes that there is no single solution to improving patient access. Access problems may involve a complex array of issues requiring process improvement, including waste, poor design or sloppy execution. Woodcock advocates for developing an access performance dashboard. It calls for tracking appointment lag time and appointment no-show rate, bump rate, new patient appointments, cancellation conversion rate and “fill rate” (number of patients seen vs. number of patients for which you had the capacity to see within a period).4

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**Lead time for new patient appointments** – the calendar days between when an appointment is made and the appointment date – can have a big effect on patient satisfaction. One case study of a provider found an average lead time of 30 days for new patient appointments, and that patient no-shows and cancellations varied greatly depending on how short the actual lead time was.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>25%</td>
<td>Appointments with a lead time of less than a week had a 25% no-show or cancellation rate.</td>
</tr>
<tr>
<td>46%</td>
<td>Appointments with a one- to two-week lead time had a 46% no-show or cancellation rate.</td>
</tr>
<tr>
<td>53%</td>
<td>Appointments with a lead time of more than three weeks had a 53% no-show or cancellation rate.</td>
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</tbody>
</table>
In *Mastering Patient Flow*, Woodcock outlines strategies to reduce appointment lag times:

- **Simplify appointment types:** The fewer appointment types, the simpler the scheduling – will the provider be present? Is it a return visit for the patient? These considerations should help standardize appointment length and provide clarity for the practice schedule.

- **Implement modified wave scheduling:** Front-loading each hour with two patients in the first time slot can help minimize wasted time, with a catch-up period at the end of the hour. It may slightly increase waiting time for some patients, but it can minimize wasted time by the physician.

- **Cluster appointment types:** Booking a cluster of shorter appointments (such as patient return visits) can help other patients scheduled in an hour to wait less to see a provider.

- **Offer group visits:** These visits can be especially helpful for chronic-care patients with similar issues, and patients may feel a sense of support in knowing they are not alone in dealing with certain problems or conditions.

- **Perform online consultations:** Patients spend no time traveling to the practice or sitting in your waiting room if you have staff dedicated to offer online consults.

- **Introduce advanced access:** If you have minimized your appointment wait time backlog, advanced or open access slots for patients to request an appointment with the physician of their choice – rather than a covering physician – can meet patients’ demand for immediate attention at their normal practice rather than seeking out an urgent care facility.

- **Remind patients of their appointments:** Whether via phone, email, patient portal or a combination, no-show rates can be reduced by this simple outreach strategy.

- **Manage patient cancellations and no-shows:** Regularly reviewing cancellations and no-shows can be a first step toward moving toward open access/same-day appointments to fill empty appointment slots.

- **Extend office hours:** More appointment time slots with extended hours can spread your patient appointment times to not overload traditional practice hours, but not without additional costs for more hours worked by staff.

- **Improve provider efficiency:** Lean and Six Sigma tools can help maximize productivity in the practice.

- **Hire additional staff to support the physicians:** Whether non-clinical support staff or another physician or nonphysician provider, additional staff can help alleviate the patient workload for physicians. Check national benchmarks for physicians’ patient visits to see if there is reason to consider additional staff.

**More Resources:**

- 2017 MGMA DataDive Cost and Revenue
- 2017 MGMA DataDive Practice Operations
- RETHINK Patient Flow Case Study: Learn how RTLS technology helped one clinic cut patient wait times by 94% while improving provider productivity and satisfaction.


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EXTENDED HOURS OF OPERATION

Extending hours of operation at your practice is a simple method to boost patient access, but not without financial costs and other requirements, such as requiring buy-in from the providers who would staff the practice during those hours. The MGMA 2016 Practice Operations Report found that few practices report having extended hours on weekends: 26% are open on Saturdays and 11% on Sundays. Of those practices with weekend hours, nearly all are either primary care or multispecialty practices with just a handful of surgical specialty practices.

When it comes to extended weekday hours, only about one-fourth of all practices surveyed by MGMA open before 8 a.m., and less than one-third close after 5 p.m., with most of the extended afternoon coverage associated with primary care and multispecialty practices.

An April 2017 MGMA Connection Plus article points to staffing providers into two shifts to allow a practice to operate on a 14-hour workday. The article also suggests that offering a day off to providers the week before and after a weekend shift can be a positive way to introduce a Saturday or Sunday shift to practice staff.

When considering extended hours of operation, practice leaders must conduct a cost/benefit analysis of the financial cost to keep the facility open longer and staff at an appropriate level versus the potential revenue gained.

CONSIDER PARTNERSHIPS FOR RETAIL URGENT CARE

If your practice already operates near an optimal level and you are hesitant to invest in expanded hours or hire additional providers, consider partnering with a nearby retail clinic. Retail clinics have grown in popularity among patients. An Accenture forecast in late 2015 put the number of retail clinics nationwide in the range of 2,800, a nearly 50% increase from the approximately 1,900 retail clinics that were in operation in 2014. Medical group practices that partner with retail clinics can retain some healthcare consumers who prefer the “one-stop shopping” experience of treatment and prescriptions.

Medical practices pursuing a partnership with a retail clinic can help offload some of the low-acuity patient visits that don’t necessarily require a physician. This type of partnership can free up staff in your current facilities to see more high-acuity – and often higher reimbursement – patient visits.

Practices should evaluate what model works best for them. Provider-driven models in which an organization purchases and develops real estate into a retail clinic offers complete control over the clinical direction of the facility, but requires a large capital investment. Practices also can look into a jointly managed model in which the practice leases a retail clinic space inside an existing store (such as Walgreens) and shares marketing with that store’s brand. On the other end is a retailer-driven model, in which a practice needs little to no financial investment, similar to the CVS MinuteClinic model. While less expensive, it offers limited control on clinical direction, and there are little protections for a retail partner to seek out a new provider if they are unhappy with the arrangement.
GO WITH THE FLOW: OPTIMIZED ROOM SCHEDULING IN THE PRACTICE

Even with the adoption of telehealth and the ability to see patients remotely, your practice is still likely missing opportunities for filling your patient schedule if your office has unused rooms available. If you need an easy way to see whether you might be under-utilizing patient rooms, just look in your waiting area.

Keeping exam rooms filled will optimize your office provider rotation. Organizing that schedule, however, requires a great deal of attention. Done improperly, it can result in staff wasting time trying to identify available rooms for waiting patients.

In addition to a traditional wheel scheduling model (that is, scheduling patient visits in increments with documentation and other tasks planned near the end of each hour), some practices seek out technology such as real-time locating solutions (RTLS) that facilitate communication of where different patients, providers and staff are in the office at a given time.

Cheryl Becker, RHIA, CPHQ, MGMA member, manager, clinic operations, Aurora Children’s Health + UW Health at Aurora Baycare Medical Center, Green Bay, Wis., specifically used RTLS to help drive design of a new pediatric clinic that eliminates the waiting room altogether while building onstage/offstage areas that allow providers to have “behind-the-scenes” conversations in private, staff-only areas while patients navigate public hallways. The benefits are lower wait times and increased provider productivity – both of which help boost patient satisfaction. “In fact,” Becker wrote, “patient comments on the CG-CAHPS survey rave” about the new process for room scheduling.

RTLS technology also helps break from the idea of one specific room being tied to any one provider, which increases room utilization. Rodney Haas, organizational improvement management principal, University of Minnesota Physicians, cites the new M Health Clinics and Surgery Center as an example where RTLS is used to assign rooms dynamically to providers on a “first up” basis. This flexible care model allows 1,500 staff members and 37 specialties to accommodate 2,400 unique visits per day in only 178 exam rooms.

DIG INTO YOUR APPOINTMENT DATA

Building out the data reports to manage your appointments and the future of your patient scheduling is one of the underlying components of a strong patient access strategy. Nate Moore, CPA, MBA, FACMPE, MGMA member, president, Moore Solutions, Inc., Centerville, Utah, advocates the use of pivot tables in Microsoft Excel as tools to address a wide array of patient access issues.

With a bit of automation, Moore recommends that practices create a list of problems that could affect patient appointments and have them checked against a list of rules – from patients whose insurance appears to be out-of-network to patients who owe a balance or have a significant no-show history. The report generated from this sort of examination gives practices the opportunity to reach out and fix potential appointment problems before they happen.

More Resources:

Better Data, Better Decisions – the SQL: Business Intelligence for Medical Practices, by Nate Moore

MGMA Connection Plus:

Three ways to manage the future using appointment data

Reinventing the care experience
CONCLUSION

Medical practice administrators face a multifaceted challenge in optimizing patient access and scheduling – it’s not as simple as selling tickets for a flight and moving people from Point A to Point B. A rising trend of increased consumer interest in healthcare has put greater attention on patient-centered care when developing practice strategies for appointment scheduling, access to test results and even the clinical time spent between patient and provider. Simultaneously, administrators also must consider their staffing levels, workload on providers and a shifting reimbursement landscape that forces practice executives and physicians alike to look at the traditional fee-for-service models they have operated under for years and how to shift toward value-based care.

The answers for your patient population may vary from the MGMA 2017 Patient Scheduling Survey in this report, yet the foundation of your strategy for patient access and scheduling begins by asking the right questions about what healthcare consumers in your area want and need from a medical practice. With that patient feedback and the tools put forward by MGMA, you can start process improvements in the areas that are most vital to achieving better patient satisfaction and practice performance.

MGMA thanks Versus Technology, Inc. for their generous support in helping us deliver this Research & Analysis report.

Versus Technology, Inc., a Midmark company, helps health systems RETHINK patient flow. Using real-time locating system (RTLS) technology and lean workflow consulting, Versus helps you understand and align operations. How long do processes take? Where are your bottlenecks? How can you improve throughput? Designed specifically for ambulatory environments, the Advantages™ Clinic automated patient flow system provides real-time and retrospective operational data for sustainable performance improvement. We’ve helped medical groups eliminate their waiting rooms, expand capacity and access up to 75%, increase provider productivity by 88%, and improve both provider satisfaction and the patient experience by more than 200%. As part of a full suite of enterprise solutions for workflow automation, asset tracking, staff safety, hand hygiene and more, Versus provides the tools, data and expert support to meet healthcare’s many challenges at every touchpoint in the care continuum. Learn more about the technology and our client successes at versustech.com.
**QUESTIONNAIRE**

All questions marked with an asterisk (*) were required.

1. Do you currently work in healthcare?*
   - Yes  
   - No

2. Did you schedule a doctor appointment for yourself in the past year?*
   - Yes  
   - No

3. How do you typically prefer to schedule a doctor appointment?*
   - Phone call
   - Email
   - Patient portal
   - Other, please specify:

4. When you show up for your doctor appointment(s), are you aware of the length of the appointment(s)?*
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

   Would it change your attitude towards doctor appointments if you were aware of the length of the appointment ahead of time?*
   - Yes  
   - No  
   - Maybe

5. Please explain your answer choice. How would your attitude towards doctor appointments change if you were aware of the length of the appointment ahead of time?

6. Did you miss a doctor appointment in the past 12 months?*
   - Yes  
   - No  
   - Not sure

7. Please indicate why you missed the appointment. (Please check all that apply.)*
   - I forgot to attend or cancel
   - I felt better
   - I incorrectly noted the appointment time
   - I was anxious or afraid about my appointment
   - I chose a different doctor or practice
   - Other, please specify:

8. Could your practice have done anything to make sure you didn’t miss the appointment? * (Please check all that apply.)
   - Send a reminder via email
   - Send a reminder via text message
   - Phone call to remind me
   - Provide more education about the appointment (expectations e.g. length of appointment, procedures, etc.)
   - Share relevant patient stories
   - No
   - Other, please specify:
9. Have you ever used an online patient/health portal?* (A patient/health portal is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection)
   ○ Yes
   ○ No
   ○ Not sure
   ○ I don’t know if I have access to one

10. In what way(s) did you utilize a patient/health portal?* (Please check all that apply.)
   ○ To access my test results
   ○ To schedule appointments
   ○ To communicate with the doctor
   ○ To communicate with other staff at the practice
   ○ To request a prescription or refill
   ○ To view my personal health record
   ○ For referral purposes
   ○ To fill out forms before my appointment
   ○ For patient education (e.g. read articles, watch videos, etc.)
   ○ Other, please specify:

11. Are you aware of your doctor’s no-show policy?*
   ○ Yes
   ○ No
   ○ Sometimes
   ○ I don’t know what a no-show policy is

12. Do you have any additional feedback to share regarding appointment scheduling?

DEMOGRAPHICS

13. What is your age?
   ○ Under 18 years old
   ○ 18-24 years old
   ○ 25-34 years old
   ○ 35-44 years old
   ○ 45-54 years old
   ○ 55-64 years old
   ○ 65-74 years old
   ○ 75 years old or older
   ○ Prefer not to disclose

14. To which gender identity do you most identify? (Open-ended response)

15. What is the highest level of education you have completed?
   ○ High school or less
   ○ Some college
   ○ Associate degree or equivalent
   ○ Bachelor’s degree or equivalent
   ○ Master’s degree or equivalent
   ○ PhD, JD, EdD or equivalent
   ○ MD, DO or DDS
   ○ MD, DO or DDS with advanced degree
   ○ Prefer not to disclose

16. How many people live in your household (including yourself)?
   ○ 1
   ○ 2
   ○ 3-5
   ○ 6 or more

17. In general, you would say that your health is:
   ○ Excellent
   ○ Very good
   ○ Good
   ○ Fair
   ○ Poor
RESOURCES

INTERACT

• MGMA Career Center: Find job descriptions and post open positions. mgma.org/careercenter

• MGMA DataDive and Survey Reports: Benchmark with the most trusted and comprehensive benchmarking data in the industry. mgma.org/data
  • For more information about MGMA data products, contact the Data Solutions Department at survey@mgma.org or 877.275.6462, ext. 1895.

• MGMA Knowledge Center: Find answers to your practice management questions.
  • Contact the MGMA Knowledge Center at info@mgma.org or 877.275.6462, ext. 1887.

CONTRIBUTE

• MGMA Stat: Participate in weekly industry polls. mgma.org/stat

• MGMA Surveys: Participate in annual benchmarking surveys. mgma.org/participate

READ

• Better Data, Better Decisions – the SQL: Business Intelligence for Medical Practices, by Nate Moore, CPA, MBA, FACMPE (Item 9059)

• Mastering Patient Flow, 4th edition, by Elizabeth W. Woodcock, MBA, FACMPE, CPC (Item 8780)


• MGMA Connection Plus: mgma.org/connection-plus

• MGMA Government Affairs: Stay up to date with the latest regulations. mgma.org/government-affairs

• MGMA Research & Analysis Reports: mgma.org/research-analysis

• RETHINK Patient Flow Case Study: info.versustech.com/nor-lea-clinic-efficiency-case-study

SEARCH

• “3 perspectives on no-show fees” by Amber Taufen, MA

• “Reinventing the care experience” by Cheryl Becker, RHIA, CPHQ

• “Three ways to manage the future using appointment data” by Nate Moore

• “The benefits of offering extended hours” by Shannon Geis, MA

• “Timely patient access affects appointment retention” by Michelle Corn, MBA, CHAM

• “Using multiple forms of communication to lower no-show rates” by Shannon Geis, MA

• “Using online appointment scheduling to improve patient engagement” by Shannon Geis, MA

• “Using patient portal technology to connect for better care outcomes” by Shannon Geis, MA

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RESOURCES

NETWORK

• MGMA Conferences: Network and interact face-to-face with peers and industry experts. mgma.org/conferences
• MGMA Member Community: community/mgma.org/home

WATCH

• Missed Appointments Equal Missed Opportunities, featuring Elizabeth W. Woodcock, MBA, FACMPE, CPC (Item 8546)

ONLINE COURSES:

• Maximizing the Value of MGMA Data (Item S17DATACERT)

WEBINARS:

• J07 Engaging and Informing Today’s Patient – on demand (Item ANN16J07)
• I08 Improving the Patient Experience in Patient-Centered Healthcare – on demand (Item ANN16I08)
• Improving Patient Engagement by Digitizing Patient Access – on demand
• MGMA DataDive monthly webinars: online.mgma.org/data-dive-monthly-webinars

SOURCES


