Sensible Scheduling Techniques That Improve the Bottom Line

How you deal with this task is critical to practice success.

**By Mark Terry**

No patient wants to wait two hours in a physician’s waiting room. No physician wants a backlog of increasingly irritable patients waiting to be seen. But it happens far too often because many practices fail to implement good scheduling practices. Appointment scheduling is how patients access care. Physicians rely on scheduling to assure maximum efficiency, which should lead to high patient satisfaction, maximized profits, and high job satisfaction.

Lynn Homisak, PRT, CEO and President of SOS Healthcare Management Solutions (Federal Way, WA), says, “The majority of physicians schedule willy-nilly. They’re flying by the seat of their pants. They’re just filling appointments in wherever there’s a slot—they don’t care what the patient is there for, they don’t care how much time it takes for the patient, they don’t understand the reasons the patients are being seen. So they just stick them in anywhere, and that’s what really backs up the schedule.”

**Three Types**

Generally speaking, there are three types of physician scheduling schemes or philosophies.

- **Traditional**—sometimes called standardized, the physician’s schedule is broken into consistent blocks, for example 15 minutes, four per hour. Patients are scheduled into those blocks. The primary problem with this method, which is why it is also sometimes called “cramming,” is that it does not take into account emergency patients, late patients, no-shows, or the fact that some types of procedures might be performed in 5 minutes, while other types of examinations...
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or procedures might require 30 minutes or more.

• Wave—sometimes called steady stream. There are a number of approaches to this, but typically focuses more strongly on sports medicine and injury. “So I have to take a lot of time. It’s just the nature of the practice. If you have a lot of seniors coming in and you’re just cutting nails, that could be a five- to 10-minute visit versus my normal visit of 30 to 60 minutes, depending on the type

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a number of patients, for example, six, are scheduled at the top of every hour. While ancillary staff collect information and vitals from several patients, the physician is seeing others. Sometimes this is modified so the six patients are spread over the hour, with two patients on the hour, two more at 20 minutes after, and 2 more 40 minutes after the hour.

• Modified wave—is very similar to wave, except that the last 15 minutes is intentionally left open to wrap up the patients or any problems that cropped up. Homisak says, “The staff and doctor work with each other to get that patient taken care of, and at the end of that hour, the last 10 or 15 minutes, they can catch up. It really works the best with any kind of office scheduling.”

Evaluating Your Practice

Not all types of podiatry practices are the same and not all podiatrists approach seeing patients in the same way—or want to. Larry Kosova, DPM, with the Family Podiatry Center in Naperville, IL, believes the best approach should be determined by the type of practice. “Not every patient needs 45 minutes as a new patient visit. I think it really comes down to the type of practice and the type of doctor. My approach is I want to spend time with my patients.”

In addition, Dr. Kosova’s practice

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practice and your own style and personality, is scheduling certain types of patients in blocks. For instance, if you know that new patient visits take 30 to 45 minutes, you might consider setting aside a day where that’s all you do. Or schedule follow-ups or surgical follow-ups all in blocks, when you know that most of those patients will only require 5 to 15 minutes.

Homisak says, “It can be tricky when the practice has multiple doctors, because they all work differently. The ideal situation is to find out how long each doc takes for each type of patient. I know that sounds tricky, which is why so many practices don’t do it. But if you take the top 10 foot problems or conditions and assign a time and how long it takes each physician to take care of this condition, then staff can usually schedule those patients in, and schedule all over the page as long as they know how long it takes the doctor to do them.”

Physicians (and staff) also need to be honest with themselves about how they like to approach their day. For some podiatrists, the idea of doing the same type of procedure over and over again all day would be frustrating—they prefer having change from patient to patient. Others want a very specific lunch and break periods, while others will just take a lunch if and when the schedule opens up. One approach isn’t necessarily better than others, but not everyone wants to squeeze a lunch into a five-minute period between patients.

In addition, because practices are businesses, many podiatrists may want to set aside a day or a block of hours in which to handle business-related matters—billing problems, insurance issues, correspondence, continuing medical education, staffing matters, etc. Setting up an effective and efficient scheduling system requires knowing what your practice is like and what you want out of it.

Approaches

If you are using fairly straightforward scheduling approaches, Homisak suggests you have two columns for one doctor. “The first column gets more complicated cases. So if you’re

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Scheduling every 15 minutes, the more complicated cases go in that column. In the second column you put those that are quick returns—a post-op redress, anything that’s going to take 5 or 10 minutes. New patients go into the first column because they’re considered complicated patients. If you are using just one column, you’re probably losing money. You can definitely bounce that doctor back and forth between two columns.”

Some physicians plan to spend only 15 minutes with new patients, with help from their staff, but most new patients typically require 30 minutes, which takes two spots.

Dr. Kosova is an advocate of electronic schedule and online schedule. He makes some suggestions on a variety of options:

- **Online**: On Dr. Kosova’s practice’s website, there is a button for the patient to make an appointment. “Our system goes to a third-party service. The patient logs in; they have their own password so it’s HIPAA compliant. They can fill out their history, get all that done, then pick their timeslots.”

  He notes that the practice needs to block out times for online appointments. “The patients never see our real schedule. They only see the times we leave open for them to see.” The schedule is color-coded, with certain colors for online appointments, other colors for appointments put in by the office, etc. “If a patient wants to make their own appointment at 4:30 with me and the time’s not there, the program will say, Dr. Kosova has 4:00, 5:00 and 6:00 open. They will get a thank you and a reminder a couple days ahead of time if the appointment wasn’t for the same day.”

  Dr. Kosova notes that if the patient really needs to make an appointment and there’s nothing available on the schedule, they can call the office and the staff will try to get the patient in. “The nice thing about online is that they can fill out their medical history and it all gets linked to our billing service and our billing software. It’s all in real-time, so the second they make the appointment, it gets back into the electronic health record (EHR) and most of the front-end things are done.”

  The staff, however, double-checks the records and appointments for mistakes, because people type in the wrong things. Dr. Kosova says, “I can literally get patients into a room quicker because that 15-20 minutes of filling out paperwork is already done.”

- **Scheduling Software**: Dr. Kosova’s practice notes that their scheduling software has pre-allotted times. “If, for example, they are new patients, the software will automatically set it up for, say, 45 minutes. If they’re coming in to pick up orthotics, but can’t because their kid is playing soccer, they can re-schedule an appointment. But we know an orthotic check is about 10 minutes, so that time is pre-allotted.”

  In terms of conflicts, which Dr. Kosova says happens no matter what system you use, office staff just calls patients and politely asks if they can move it back or forward or on a different day. He also points out that the scheduling program in your EHR might not be adequate for your needs. There is a tendency to use it because it’s there, but if it doesn’t do what you want it to do, you should shop for one that does.

- **Scheduling Linked to Answering Service**: Dr. Kosova points out that this is a little bit unusual, but they have the schedule linked to their answering service. “We have a very hi-tech answering service and they’re totally into this. When we’re closed, we have a 24/7 answering service. If somebody calls in, the service has a link to our actual schedule and they actually do what my staff does, which is fill in the times. Everything is pre-set in real-time, so when we come into the office in the morning, it’s all ready. It’s a bit unique, but we have seen our referral and acceptance rates go up. I wouldn’t say dramatically, but enough to see the difference. And our no-show rate is extremely low.”

Recalls

Homisak notes that most of the systems she sees don’t allow patients to schedule their own appointment,

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but typically do include a patient reminder. That’s good, because, she says, “A lot of offices don’t do recall. The ones that are doing it are basically doing it as a postcard. They can use their automated system to bring up the people who haven’t been seen in six months or whatever, but more are sending the card or giving a call. Not many are using email.”

Homisak does say, however, that a number of practices are using texting as part of their reminder and recall efforts, or including it with a phone call and an email. She says, “I have take polls on how many people are using automated systems for reminders and recall reminders. It breaks about half and half, but the ones who don’t want to have anything to do with it are really against it, saying it’s not personal.” Homisak’s response is to ask how often they get a real person as opposed to voicemail or an answering machine when phoning. The answer is: not many.

Although more and more people are adopting online scheduling appointment systems, Homisak points out the importance of the staff checking the system first thing in the morning. Even if the websites don’t allow patients to schedule, they often have email that allows patients to say, “I want to make an appointment. Call me.” The caveat is that the staff absolutely must check the messages and the scheduling system (in both cases) first thing in the morning. “As long as the staff person looks that up first thing it works great. If they let it sit, like many offices do, then it doesn’t. They’re not getting those appointments in.”

Although a multi-platform recall/reminder system is probably the way to go, given how most people utilize their smartphones for emails, calls, and texts, keep in mind the value of a postcard. Although somewhat anecdotal, a busy person may not necessarily respond immediately to an email or text (and certainly not to a postcard). What they WILL do with a postcard, however, is stick it on their refrigerator, on their bulletin board, or at their computer as a reminder to deal with it as soon as possible.

**Buy-In**

Both Homisak and Dr. Kosova emphasize the importance of having staff and physician buy-in. Whatever system is used, it needs to be used by everybody, and used consistently. Dr. Kosova says, “One hundred percent of the staff needs to be in on it, because who’s really doing the scheduling? They are. I know some doctors who do their own scheduling; everything goes to their cell phone, but I think your staff really needs to be in tune to how you practice, and how much time is required for each event.”

Homisak agrees, saying, “I always tell doctors and staff that you have to schedule by fact, not by guesswork. Don’t guess what the patient needs. The staff needs to triage that patient when they call, find out what they’re coming in for, and then the office has to have some type of realistic system to assign time to that particular treatment.”

Have a scheduling policy in place based on how your practice runs and have everyone involved follow that policy. Have the policy include what to do with emergencies, late patients, and unexpected problems. And remember, having control of your schedule can lead to a happy, relatively stress-free work environment, which is good for everybody, and can maximize time, efficiency, and as a result, profitability. PM

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