Facing heightened consumer demands for access and availability, many medical groups are revamping their scheduling infrastructure to improve in-office efficiency. Unfortunately, groups often start the process of scheduling redesign by building a call center, without considering the more elementary process changes that make that call center worth the investment. This infographic outlines the foundational steps every medical group can take to ensure that they realize the full benefit of infrastructure investments in scheduling.

### Common Pitfalls

**A Few Drawbacks of Investment without Process Change**

- Practices use disparate scheduling protocols
- EMR not updated with proper protocols for each practice
- Clinicians block off time; rationale unclear to scheduler
- Multiple appointment types for each practice confuse schedulers

### Enable Network-Wide Capacity Visibility

**Goals**

- Clear understanding of actual physician, facility time needed for office visits
- More accurate thresholds: Physician visits/day, Patient appts/room/day

**Key Technology Capabilities**

- Track Calendars: EMR-agnostic, cloud-based tool that tracks all clinician calendars across the network
- Map Availability: Maps patient requests to availability with guaranteed results within 30 seconds
- Create Opportunities: Converts cancellations and no-shows into opportunities by prioritizing closest available appointment

**Key Benefits**

- Spurs new patient acquisition
- Reduces scheduling expense
- Minimizes no-shows, cancellations
- Increases practice revenue

**Evidence-Based Benefits**

- Incorporates administrative tasks into appointment length
- Prevents documentation from being deoptimized until after-hours
- Improves wait time accuracy
- Enables leadership to benchmark physician cohort more accurately
- Relieves concerns about unrealistic productivity expectations

### Implement Principled Clinician Availability Standards

**Successful medical groups set high thresholds for minimum availability, but physicians may balk at the loss of autonomy. Implement availability standards that balance physician ownership over their schedules with the group’s need for consistency.**

**More Physician Autonomy**

- Physicians create, enter highly specialized appointment types
- Minimum standard set for same-day availability
- Physicians simplify their templates to shorten scheduler learning time
- System prohibits schedule blocking by physicians

**More Consistency**

- Consistent scheduling standards across physician network
- More accurate thresholds: Physician visits/day, Patient appts/room/day
- Improved wait time accuracy
- Prevents documentation from being deprioritized until after-hours
- Increases practice revenue

### Streamline Appointment Types

**Cross-network scheduling is not possible if every physician has a unique approach to scheduling patients. Reducing the total number of appointment types allows schedulers to manage a broader panel of physician schedules.**

**Streamlining by Eliminating “Designer” Appointments**

- Sample “Designer” Appointments
  - OB/GYN physical appointment
  - Transition of care physical
  - “Welcome to Medicare” appointment

**Goals**

- Single set of appointment templates for use
- Less confusion for scheduler, patient on needed appointment type

### Incremental Approaches

#### Three Case Studies

- **Centralizing by Specialty**
  - Start by converting paper guidelines into EMR-based instructions
  - Centralize one specialty at a time to ensure sustained success

- **Centralizing by Region**
  - Divide broader market into several sub-markets
  - Gradually pull local schedulers into regional or shared sites

- **Remote Scheduling**
  - Schedulers connect remotely to appointment system via EMR
  - Requires robust platform with cloud-based access