

Doctor's Digest PODCAST: Time Management "Scheduling Patients"

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The broad range of your professional activities makes it a real challenge to stick to a strict schedule of 15-minute appointments day after day. Fortunately, there is more than one way to schedule your workday. The trick is finding a method that meets your own needs as well as those of your patients.

According to Elizabeth Woodcock, a practice management expert and author who lives in Atlanta, you need to look at your own work style and your patient population when you're deciding how to schedule. If you have a reliable patient population and a reasonable number of no-shows, then a standard 10-, 15-, or 20-minute schedule—depending on your specialty—may work fine. But if you do have a problem with no-shows, she recommends the following system of grouping appointments:

If you comfortably see six patients each hour and experience a 10- to 25-percent no-show rate, she suggests that you start scheduling eight patients per hour instead of six. "Schedule four at the top of the hour," she says, "two more at 15 minutes past the hour, and two more at half past." With this system, you will always have patients to see, and it's unlikely that any patient will have to wait beyond 45 minutes. Then, at the top of each hour, start the process over with eight more scheduled patients.

Ms. Woodcock favors keeping appointment scheduling as simple as possible: "We get too focused on the micro level of scheduling," she says. The objective is to get as many patients in as possible without overwhelming the doctor or compromising quality of care. "I don't believe you need more than two types of appointments," she says: "short and long."

Unless you're in a solo practice with one staff member at the front desk, you'll find that a computerized appointment scheduling system has many advantages: It's efficient, it can be used by many people simultaneously, it helps you gather data about your practice, and it reduces your liability exposure. Ms. Woodcock points out that most scheduling systems allow you to track cancellations, which is a good thing to do from a risk management standpoint. And if you already use a computerized billing system, you probably have an appointment scheduler built in—so if you have it, use it.

However, even the fanciest computer scheduling program won't guarantee efficiency if you and your staff aren't clear on what you want in terms of patient flow. Ms. Woodcock suggests that you hold a "staff huddle" ("Never call it a meeting, or no one will show up," she warns) at the end of each day to troubleshoot and plan for an efficient day to follow. Run through the next day's schedule, looking for problem spots or anything that will require extra attention. If a patient on the schedule has been hospitalized, open up that slot for someone else. If someone is booked for a 15-minute appointment for a quick recheck, that time slot can easily be double-booked. "Efficient physicians look at their schedule for the next day," she says. "It's just part of their natural work process."

But what happens when you do fall behind? The good news is that a study of over 5000 patients found that patients are willing to wait longer without becoming dissatisfied if they feel that, once they finally see the doctor, they aren't rushed through the appointment. One expert offers a way to calm frustrated patients in the waiting room with one simple act: Just step into your reception area and announce, "I'm running behind. I'm sorry. I'll be with you just as soon as

possible.” Patients will be impressed with your attentiveness and may be less likely to give up and walk out without being seen. When you fall behind, make sure your staff is empowered to deal with the situation on their end. They can alert patients to the situation when they arrive for their appointments; and if need be, they can offer to reschedule those who are on a tight schedule. This not only helps the patients; it may also lighten your load and enable you to catch up.