MMA
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Appointing into the Future

(The “Sweet Spot” for Scheduling Return Appointments)

The observation that the longer a patient waits for an appointment, the higher likelihood of no show, is true. Because of this observation, some groups contend then that their patients are so unreliable that they cannot be trusted to make and keep appointments. So they just don’t make any future appointments and, instead, have all their patients “call back on the day that they want to be seen.” I label this as **access by denial.** The desire here to get future “open schedules" is a strong one. This desire comes from the recognition that if we want to give patients what they want when they want it we need to be open. But this strategy is getting open by denial. The schedules are open into the future, not by working down backlog and catching up to the work but by denying that the demand exists. Many practices use the strategy of not future appointing past a set short future date as a way to get open past that date. This allows them to pretend that they are open and allows them to avoid the hard work of backlog reduction. The risk is, of course, that the practice will lose patients to follow-up, that natural variation in daily demand will cause occasional or frequent telephone or workload problems or that the practice will have to renege on its promise of same day service. Other practices, for the same reasons, restrict making future appointments past some other arbitrary future date (i.e. 1 week or 2 weeks). This choice tends to increase the number of visits that coalesce around that future threshold date due to provider concern about patient condition and not wanting to risk not having enough appointments available on that needed slightly more distant future date.

There is a distinct tension then - if we make appointments out into the future, some patients will not show and, just as importantly, we will not show (cancels, late changes). On the other hand, if we only make appointments restricted too close to the index day, then there are telephone, workload, return visit rate and overflow consequences.

There is a “sweet spot"- the point at which the rework on the phones, booking at the margin and the lost promises are minimized against the high no show and provider cancel rate. It is not a day. It is not a year. I think it is about three to four months, even in "unreliable" environments. For some practices, the sweet spot will be closer to three months and for others closer to four. The strategy of course is to test this with some logic and intention rather than just making an assumption.

How to appoint up to the sweet spot:

We want to do today’s work today. We want to have enough “open space” each day in order to respond to all the external demand. We could get enough space to meet external appointment demand by overloading full schedules, by carving out daily same-day space or by finishing all the work each day. At the same time, there is a tension between the proportions of internal and external demand space on the daily schedule. If these two demand streams do not have distinct appointment types, we need strategies to monitor that tension:

- One alternative, of course, is to control the return demand by negotiation: we can “sell” the early morning appointments and the appointments late in the week, through negotiation. This will level the future workload.
- Look at the future schedule before you appoint the returning patient. Most scheduling systems only look for the three next available appointments. But we have to look at the future pattern. Find the day where there is more room/space and appoint there. Avoid bunching the returns on any one day.
- Give schedulers permission to look for the openings and find the day with the most room. Don't make return visits rigid - that is, if the return request to the scheduler says "a week" this means about a week. If the request says December 8. It means exactly December 8.
- Set thresholds in the computer for warnings about pre-book "limits.” For example, if tomorrow is 50% pre-booked, I am not worried, but if three weeks from now is 50% pre-booked, I am worried. So set computer thresholds for green (all clear), yellow (early caution), orange (late, extreme caution) and red (stop). These thresholds are not straight lines but diagonal and are not rigid limits or appointment types, but guidelines for pre-book percentages.
- Work with the entire staff about your intentions. “I will see all my patients who call and none will get delayed.“ Then get serious about group/team plans to achieve this.

What do we do about work that needs to be done after the sweet spot?

There is follow up work we know needs to be completed but the follow up need exists past the three to four month sweet spot. Successful groups will develop methods to monitor and track those patients with needs past this time frame. Some groups call this a “tentative” appointment. Others call this the “X-files.” There are various methods to keep track of these patient needs. Some will “appoint” tentatively into the future month using a reminder list and then working off that list, call patients to remind them. Others will wait for the month to pass and call those patients who have not called for the recommended follow up.