Innovative scheduling incorporates numerous methods that share the goals of making clinics more accessible to their patients and completing today’s work today.

**Common problems with the traditional scheduling model**

- Most primary care providers have a significant backlog: appointments put off into the future because of lack of space on the schedule.
- Lack of access results in increased use of emergency departments, urgent care facilities, or other providers, diverting billable services, reducing continuity of care, and driving up medical costs.
- Poor access can lead to double-booked appointments creating long waits, and decreased satisfaction for patients and providers alike.
- Unpredictable gaps in the schedule from no-shows lead to wasted provider time and decreased revenue.
- Simply adding appointments to the beginning or end of the day (and/or outside of business hours) leads to increased provider hours and decreased provider satisfaction.

**Outcomes of advanced access from the field**

- Empanelled patients are seen at the right time by the right provider because backlog is reduced
- Improved patient and provider satisfaction
- Increased continuity of care
- Decreased Emergency Department use
- Decreased no-show rates
- Increased number of patient visits and net revenue.

**Steps to enhance access**

- Conduct empanelment, capacity, and supply/demand analyses. Look for trends in demand and supply by days of week, time of day, or seasonal variation.
- Reduce backlog by seeing today’s patients today.
- Simplify appointment types by creating standard scheduling rules.
- Extend the clinic’s hours to better meet the needs of your patients.
- Hire midlevel providers and implement standing orders for efficient team based care.
- Inform patients of extended, weekend, or holiday hours.
- Continue to collect data to track outcomes in patient and provider experience, clinical quality measures, resource use, and care coordination.
# Five Innovative Scheduling Models

**Extended Hours:** Later hours on certain weekdays and/or weekend hours. This is a patient-centered model, especially targeted to adults and caregivers who cannot take time off work. This can be implemented using staggered starts and splitting the hours between multiple providers on the team.

**Advanced Access:** Combination of appointments made in advance and same-day access appointments. This flexible model allows for customization to different clinical settings.

**Open Access Scheduling:** Majority of appointments are same-day, regardless of designation of urgent or routine, allowing patients to see their provider promptly. A portion of appointments are pre-booked, accommodating patients who need or desire a specific appointment time.

**Carve-Out Model:** Appointment slots are either booked in advance or held for same-day urgent care; same-day non-urgent requests are deflected into the future.

**Modified Wave Scheduling:** Double-book the first appointment slot of each hour and leave the final appointment slot open for catch-up. This type of scheduling is successful in smoothing out the ebbs and flows of patient visits and results in less time wasted by the provider.

## Helpful Considerations
- Open more same-day slots based on patient demand and peak seasonal needs (e.g., flu season, sports physicals, allergy season, well-child checks).
- Reduce backlog by seeing today’s patients today. Providers may work through their backlog at different paces. Minimize crossover of patients during this period to ensure continuity of care.
- Use the “pod/care team concept” of smaller care teams within which patients can be scheduled if their provider is unavailable.
- Condition/disease-specific diseases should consider clinics focused on the specific condition.
- Add alternative appointment types: e-visits, clinical advice by telephone, and the use of secure messaging via the patient portal.
- Implement group visits (aka: shared medical appointments) for follow-up appointments for various patient populations.
- Inform and educate your patients about same-day availability and how to appropriately access their care team.
- Hire additional providers and support staff (PAs, NPs, Care Managers) to assist in providing triage, acute care visits, and coordinated care for patients. Utilize nursing staff to increase access for minor acute illness care.
- Shift appropriate pre- and post-visit work responsibilities to MAs and RNs to allow providers to shorten their visit times and add additional clinic time slots.

References Available Upon Request

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Rev. 11/30/2016