Meeting Patient Demand for Appointment Self-Scheduling

A large health care system sought to expand its direct scheduling for patients' return appointments at multiple specialty clinics. The goal was to increase patient satisfaction as well as reduce excess capacity, expand scheduling hours and improve patient access to last-minute appointments.

Problem to Solve

In an era of self-service banking, self-service checkout and even self-service dry cleaning, it is no wonder that patient self-scheduling is poised to explode in popularity. A recent Accenture survey shows 77 percent of patients believe that the ability to book, change or cancel appointments online is important.

Access, quality and affordability are what matters most today to patients (and consumers of all kinds). Patients also prefer privacy and flexibility when scheduling their medical appointments. Our clients have found that patients want the ability to book their appointments when it is convenient, which may be at any time of the day or night. Traditional telephone scheduling does not offer this flexibility – and no one likes to sit on hold! Online scheduling provides patients with an ideal combination of efficiency and confidentiality.

A large health care system sought to expand its direct scheduling for patients' return appointments at multiple specialty clinics, and selected Freed Associates (Freed) to help guide and oversee this complex process. The goal was to increase patient satisfaction as well as reduce excess capacity, expand scheduling hours and improve patient access to last-minute appointments.

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Strategy

A truism in health care (as in life) is that when something appears to be deceptively simple on the surface, it likely means there is considerable complexity behind the scenes. That is the case with patient self-scheduling.

More than two dozen of the health care system's specialty clinics appeared at first blush to be viable candidates for self-scheduling. Freed conducted a comprehensive assessment and analysis of these clinics and quickly found a high degree of service complexity and variability, making self-scheduling a challenge. The ongoing appointment needs of a patient being seen for Type 1 diabetes, for example, are far different from those of a patient requiring, say, the removal of a leg cast.

Based on Freed's analysis and further management discussions, the health care system determined that about 60 percent of its specialty clinics were viable candidates for patient self-scheduling. The next step was to customize this service to the specific needs of each of these clinics' providers and patients.

For example, for physicians whose practices covered multiple clinic locations, each separate location needed to be accounted for and coordinated within the direct scheduling system. The direct scheduling system needed to maintain the brand standards for the health care system overall, and at the same time be customizable to the specific needs and requirements of each patient. Additionally, because this scheduling capability would only be available to repeat patients (not new patients), this distinction needed to be baked into the direct scheduling system.

Results

Through intense coordination between the health care system's information services (IS) department and each participating clinical specialty, Freed established and maintained clinic-specific standards and continuity in the build-out of each clinic's direct scheduling capability. This work entailed considerable meetings, calls and conversations between all of the health care system's IS and clinical participants to ensure needs were met, specific customization requests were covered, and system bugs were fixed before patients used the system.

For example, the varying needs of obstetric patients, who require multiple clinical visits, needed to be carefully considered. How should direct scheduling be set up for OB patients whose primary care provider is unavailable? What about directly scheduling with other care team members, such as a midwife or nurse practitioner? What about patients with high-risk pregnancies? By proactively thinking through and addressing each of these important questions, the health care system's OB clinics were able to offer an online scheduling system that specifically met the needs of OB patients.

Ultimately, the number of clinical departments that went live with direct scheduling and the subsequent number of patients who began using it exceeded the health care system's access goals for this initiative. From a staffing

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standpoint, direct scheduling has allowed the health care system's specialty clinics to re-direct their staff resources toward other, more pressing matters than relying on the prior system of telephone-based scheduling.

Conclusion

Brazilian novelist Paulo Coelho famously wrote "It's the simple things in life that are the most extraordinary." By offering to its repeat patients the seemingly simple technological advance of direct scheduling, this client exponentially improved its patient service, access and loyalty, while reducing its staffing requirements and costs. Based on the success of this initiative, the health care system is investigating additional ways to enhance or offer additional direct scheduling services.

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