Winning the Patient Access Game: 7 Ways Provider Groups Can Deliver More for Less with Centralized Scheduling

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Long-term obstacles negatively impacting performance loom large for most healthcare groups and providers. Organizations in the marketplace consistently struggle with how to address one or more of the following:

- **Staffing shortages and provider burnout**
- **The one-two punch of rising costs and lower reimbursement**
- **Growing demand for higher-value care**
- **Greater healthcare consumerism**
- **Increased provider competition**

Given these challenging dynamics, the ability to redefine as well as reimagine the patient experience will be key to success. Providing timely, consistent and convenient access to patients in outpatient care settings is an increasingly important differentiator for provider groups as they navigate the need to drive patient loyalty and operational efficiency at the same time. Additionally, commercially insured patients have a broad array of choices as to where to go for their care, and thanks to innovations in other industries (such as hospitality, transport, and dining) this group has elevated expectations regarding convenience and service. More efficient access is also important in risk-based models such as bundled payments where ensuring access to the lowest-cost setting is imperative for success.

So, how can providers redefine access to offer a more effective approach?

Before we answer that question, we must make clear that redefining outpatient access does not require substantial investments in clinicians, technology, or infrastructure. It does, however, require a change in thinking about how organizations deliver access to care. This, along with existing

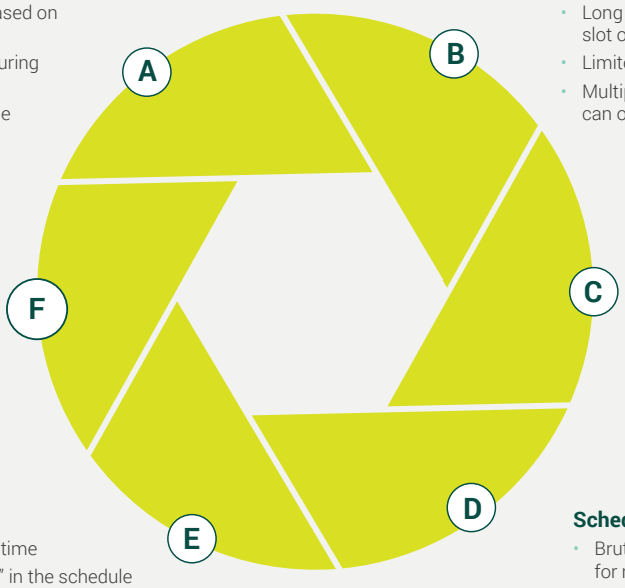
resources or a very modest investment, can often result in a substantial improvement in overall performance in both significant near-term financial returns and an improved patient experience. First, however, we must elaborate on what access for patients is and what it all entails.

What Do We – and Patients – Mean by Access?

Access often is used as a narrow term focused on patient scheduling or check- in. In some cases, it is oriented around revenue cycle functions such as insurance and eligibility verification. We, however, define access more broadly and from a different perspective — it simply includes every step that a patient must go through to engage with a chosen clinician from their point of view (POV). Within that definition we are focused on operational complexity that hinders accessibility.

As shown in Figure 1, the access process remains surprisingly analog, laden with obstacles and challenges. Typically, patients must schedule a visit by calling into the office. From there, staff effort and time are used in coordinating patients across providers and locations, and these barriers

Figure 1: The (Not-So) Virtuous Cycle of Patient Access



A — Patient Searches for a Provider
- Difficulty identifying the right provider based on expertise and availability
- Can't find the phone number or calling during hours when scheduling is not available
- Patient waits a long time for the call to be answered

B — Patient Calls to Schedule an Appointment
- Long call times due to difficulty identifying right slot or provider
- Limited visibility across the network
- Multiple transfers because certain appointments can only be made by clinical staff

C — Scheduler Searches Across Available Inventory
- Frequent scheduling errors due to compexity of provider preference

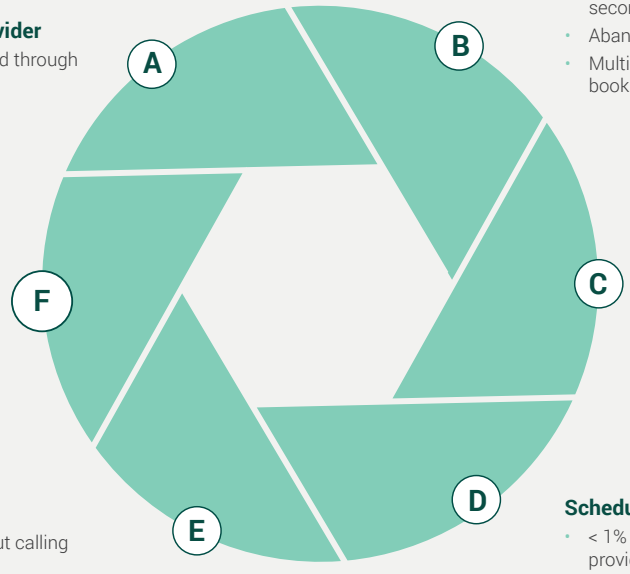
D — Scheduler Makes Appointment
- Brute force double booking to compensate for no-shows and cancels

E — Patient Reschedules or Cancels
- Patient frustrated because of long hold time
- Providers frustrated by "feast or famine" in the schedule

F — Patient Arrives for Appointment
- Extensive paperwork
- Preauthorization or referral may not be in place leading to last-minute reshuffling
- Extensive in-clinic wait times

can cause long hold times for the patient. Throw in limited scheduling inventory based on the different provider scheduling rules and preferences, and suddenly the next available appointment is too far out to accommodate a patient's care needs. All these barriers quickly add up to create patient frustration, and the likelihood becomes high that the patient will explore other provider options. On the contrary, when the overall access experience is simple and convenient, provider groups often see a high degree of loyalty.

Figure 2: What Good Access Looks Like



A — Patient Searches for a Provider
- > 90% satisfaction (measured through post-contact survey)

B — Patient Calls to Schedule an Appointment
- 80% of calls answered by a scheduler within 20 seconds
- Abandonment rate of less than 5%
- Multi-channel access strategy through online booking or appointment request

C — Scheduler Searches Across Available Inventory
- Availability of new/urgent appointments of < 48 hours
- > 70% of cases resolved with only 1 contact

D — Scheduler Makes Appointment
- < 1% scheduler errors (measured through provider surveys)
- > 90% statisfaction with appointment vailability and booking process
- Waitlist to facilitate access when inventory is constrained

E — Patient Reschedules or Cancels
- Ability to cancel and reschedule without calling the practice
- 80% of calls answered by a scheduler with 20 seconds

F — Patient Arrives for Appointment
- < 15 minutes from scheduled appointment to first contact with provider

The "Paradox" and What Centralized Scheduling Can Offer

Despite long wait times for appointments, most health system executives are aware that provider capacity is often underutilized. **Our experience suggests that as much as 10-30% of appointment slots go unfilled each day** – a phenomenon referred to as the "patient access paradox." As one orthopedic surgeon said, "**I always seem to have space on my clinic schedule, but my patients tell me they can't get in. It just doesn't add up**."

This phenomenon is the result of several challenges with scheduling including:

- **Lack of visibility** across both the network and appointment types
- **Overly-complex scheduling templates** that make it difficult to identify open slots for certain patients
- **Static resource allocation** due to difficulty adjusting capacity based on variability in demand
- **Simple calendar-based scheduling systems** that require a high-degree of human knowledge, making scheduling very subjective
- **Inadequate load balancing** leading to mismatched panel sizes across both providers and locations
- **Cancellations and no-shows** that are often difficult to fill
- **Appointment durations** that do not reflect the actual time needed to provide care
- **Limited channels for scheduling** that make it difficult for patients to schedule appointments, especially after hours

Although the access process is far from ideal in most practices, robust access for patients is easy to envision. As shown in Figure 2, a patient's access should principally be measured from their perspective. Although some administrators have expressed concerns that putting too much emphasis on patient-centric measures can backfire with providers, our real-world experience shows the opposite. The access measures in Figure 2 are highly aligned with providers, who are eager to maximize their utilization, increase their income, and deliver an exceptional experience. The challenge for health system executives is to achieve meaningful access results without overly standardizing provider schedules. By framing solutions as a win-win, utilizing physician champions, and leveraging modern technology and analytics, provider group executives can transform patient access and see immediate increases in profitability.

"I always seem to have space on my clinic schedule, but my patients tell me they can't get in. It just doesn't add up."

How Can Provider Groups Reimagine the Patient Access Experience?

In working with providers across the country, we have identified 7 best practices to optimize patient access that address some of the gaps in scheduling discussed earlier.

1 Create visibility across the network.

In many practices, the process of scheduling remains compartmentalized. Providers may travel between multiple locations that schedulers might not have visibility into. Even when schedulers can see open inventory, they may not have permission to schedule across all locations. This creates an artificial constraint on access. At best, patients must deal with multiple contacts and calls before an appointment can be made. At worst, valuable appointment inventory will go unfilled.

7 Ways To Improve Patient Access and Maximize Your Doctors' Time

1. **Create visibility across the network.**
2. **Standardize templates (but not too much).**
3. **Adjust resource allocation based on metrics.**
4. **Incorporate triage into scheduling.**
5. **Utilize targeted overbooking.**
6. **Offer a waitlist.**
7. **Make it easy to make an appointment.**

To meet and alleviate this challenge, an increasing number of large groups are centralizing their scheduling processes. In this environment, staff can generally schedule across any provider in the network, though there may be different queues for highly specialized appointments such as imaging or transplantation. Centralized scheduling also enables groups to effectively balance patient load. Providers' concerns with centralization are usually centered on their perceived "loss of control." In our experience, however, a combination of newer technology, simple but tailored scheduling rules, and better processes not only eliminates this concern but also leads to increased appointment volume, superior scheduling outcomes, and improved provider and patient satisfaction.

2 Standardized but flexible templates.

In today's provider groups, there are hundreds of customized provider templates and appointment types. This creates multiple queues, leading to unnecessary delays in care and suboptimal capacity utilization. Moreover, these templates actually increase operational complexity, creating scheduling errors and delays. While the need for providers to standardize and streamline templates is important, the risk of over-standardization is a real possibility, as is the risk of over-complicating rules and workflows.

A good starting point is to aggregate data across the group to identify the average recorded appointment length by doctor and visit type. The goal

here is to identify durations that accommodate most visits without creating overwhelming operational complexity. For example, "short" and "long" are easy appointment types to manage, yet still allow sufficient flexibility for most physicians. Unfortunately, since health systems have added levels of complexity, including numerous subspecialties, insurance rules, and objectives for balancing access for new and existing patients, this is generally not enough. The good news is that technological solutions can minimize operational complexity as well as wait times for patients, all while ensuring providers have control over their schedules. This can be done by setting blocks of time for when a provider works, in addition to the number and kinds of patients the provider would like to see.

3 Adjust resource allocation based on metrics.

In many practices, resource allocation (including template design) is treated as a one-time exercise.

In reality, a provider's practice changes over time. It is important to pay close attention to performance metrics and adjust resource allocation as necessary. In particular, groups should pay attention to provider capacity utilization, analyzing data by day of week, location, and time of year. Additionally, patient wait times are a critical driver of satisfaction. A provider who has a high proportion of return visits, and thus high wait times for existing patients, should consider either reducing the number of new patients or adding additional capacity through advanced practice professionals who might be well suited for those patients.

4 Incorporate triage into scheduling.

In many groups, suboptimal scheduling is a function of making incorrect decisions regarding which specialty should see a patient. A patient with hip pain may benefit from a physical therapist or a hip surgeon, depending on clinical characteristics.

As many as 5-10% of appointments are cancelled within 24 hours of the appointment.

Incorporating triage into scheduling can limit unnecessary visits for patients and ensure providers are seeing the kinds of patients they prefer. Triage can also be used to appropriately allocate patients to advanced practice providers, or APPs. For example, one group we spoke with assigns new patients with back pain to APPs based on age and the presence of various comorbidities. The rationale is that those patients are unlikely to benefit from surgery, and may be appropriately seen by a non-surgical provider.

5 Utilize targeted overbooking.

Intelligent overbooking is a strategy that is rarely used by groups but can either immediately unlock additional capacity or reduce in-clinic wait times. Instead, some groups overbook arbitrarily to overcome no-shows or cancellations. Unfortunately, this creates whiplash in the schedule when multiple patients arrive at the same time, generating stress among providers and patients.

Consider an approach that aims to identify patients who are at high risk for no-show. Although numerous parameters are predictive, the parameters that are the principal drivers include a patient's history of no-show, insurance, age, and marital status. In our experience, a customized model can achieve accuracy rates as high as 80-90%, depending on the data that is collected at the time of scheduling.

67%

of patients would like the ability to schedule or reschedule healthcare appointments online or via an app, however

37%

of patients reported the ability to do this using their providers' current technology solutions

6 Offer a waitlist.

Experience shows that 5-10% of appointments are canceled 24 hours or less before the scheduled time of the appointment. These are often difficult to fill. At the same time, there could be a substantial number of patients who are not pleased with a delay to see the provider, with wait times sometimes exceeding two weeks.

For these patients, a waitlist can improve access and dramatically boost satisfaction. While waitlists are in some cases still handled manually and can be operationally challenging, today's solutions can be used to automate this function, leading to immediate return on investment (ROI).

7 Make it easy to make an appointment.

As discussed previously, the current process of obtaining an appointment can be extremely frustrating. Groups should review current processes and work to eliminate any bottlenecks. Consider one example of how it should not be done: at one practice, schedulers were required to send emails to clinical staff to access same-day appointment inventory, regardless of whether the appointment was available.

Groups can make the appropriate investments to transform their patient access departments into high-performing customer service centers through better alignment of incentives, training, and dashboards. For groups not yet

willing to make the necessary changes in-house, there is an opportunity to outsource this function in ways that may be cost beneficial.

An increasingly popular strategy is to move away from phone calls altogether. By leveraging online and mobile channels, groups can meet patients where they are. This is not too different from the travel industry, which has aggressively pushed online booking and chat. A recent KLAS report found that 67% of patients would like the ability to schedule or reschedule healthcare appointments online or via an app. However, only 37% of patients reported the ability to do this using their providers' current technology solutions – this represents a large gap (and opportunity) for healthcare organizations, which will need to implement new tools in the coming years to meet these patient expectations. From a financial perspective, patients who self-schedule tend to be younger and commercially insured. Moreover, self-scheduling often improves both accuracy and the patient experience, as they can enter their own demographic and insurance information, explore times that work best for them on their own terms, and book appointments after regular business hours.

Some groups remain concerned about the accuracy of online appointment booking. However, modern technologies can accommodate complex provider preferences, including those based on insurance and clinical factors. Given an average cost of $5-8 per new patient appointment scheduling call, online scheduling technology is comparatively more affordable. It can not only generate positive ROI through improved provider utilization, but also deliver long-term cost savings, and help optimize provider schedules while cutting down on administrative time and tasks – a vital necessity for many healthcare organizations, given the ongoing challenges related to staff shortages and burnout.

Reimagining Access: A Strategic Priority

As we have discussed, reimagining patients' access while enhancing their experience is more than a "nice to have" in today's environment for provider groups. The good news for most groups is that improving access does not require a large investment. An emphasis on process, physician engagement, and cost-effective technologies can result in stronger patient loyalty – and substantial ROI.

About the Authors

Arun Mohan, MD, MBA, is President at Relatient. Previously, Dr. Mohan was President and Chief Medical Officer for Hospital Medicine and Population Health at ApolloMD, where he led one of the largest independent medical groups in the country with over 300 physicians practicing in 30+ locations. Earlier in his career, Dr. Mohan held senior roles at Emory Healthcare and Emory University School of Medicine. Dr. Mohan is a frequent presenter at national conferences and his writing has appeared in numerous journals, including the New England Journal of Medicine, JAMA, and American Journal of Managed Care, among others. Dr. Mohan earned his medical and business degrees at Emory University, and completed his residency in internal medicine at Harvard Medical School.

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About Relatient

Relatient, Inc. is a leading patient scheduling and engagement technology company that utilizes a mobile-first approach to improving access to care. On behalf of medical practices and health systems across the U.S., Relatient engages with over 50 million unique patients per year. Relatient's self-scheduling, patient messaging, chat, digital registration, and payment solutions drive operational efficiency, increased appointments, reduced no-shows, faster patient payments and improved patient satisfaction, all while supporting better health and care quality initiatives. For more information, visit www.relatient.com.