

Taking control of your appointment schedule

Part 1: Reconciling income expectations with patient visits

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Many physicians find one of the most difficult areas of their practices to control is their appointment schedules. All too often, doctors feel overworked and overwhelmed by the increasing demands of providing proper patient care. If you are willing to spend some time analyzing your personal goals and your current appointment scheduling system, however, you can reduce many of the stresses of day-to-day practice.

Questions to ask

A good question for physicians to ask themselves before reviewing their appointment schedules is: Who should the appointment system serve? Some would answer that the appointment system exists to serve patients by minimizing the time they must spend waiting in the physician's office. Others would say the appointment system allows doctors to smooth out the peaks and valleys of patient flow and gain some control over professional demands. In our experience, the most successful appointment systems serve both physicians' and patients' needs for predictability and efficiency.

Though appointment schedules serve both doctors and patients, they are controlled by doctors. Unfortunately, most Canadian doctors think that patient pressure and staff desires to accommodate patients are what truly dictate their scheduling realities. This creates a sense of powerlessness, which in turn prevents us from reflecting on what we want out of our medical practices and how to create a scheduling system that meets our personal needs. Physicians should consider two questions:

- How much do I want to work?
- How much money do I want to make?

Incompatible answers

In speaking with our colleagues across the country, we have learned that most problems with appointment scheduling systems arise from incompatible answers to these two questions. In the current environment of decreasing practice revenues, most physicians have not adapted to the fact that it now takes longer to make the same amount of money they earned a decade ago. Consequently, most continue to

limit the number of patient visit hours while trying to fit in extra patients to maintain previous incomes. Inevitably, this leads to unhappiness for both harried doctors and poorly served patients. Though none of us enjoys facing the fact that our desire for both enough personal time and sufficient disposable income are incompatible, reconciling income expectations with hours worked is absolutely crucial to creating a successful scheduling system.

In addition to determining your core personal values and needs, two other essential issues must be examined when planning your appointment schedule. First, you must recognize your individual practice style. If you prefer to take more time with patients, it makes no sense to schedule six visits each hour in the hope that the pressure of extra people in the waiting room will somehow entice you to work more quickly. Similarly, if you like to be able to offer same-day visits to your patients, you must be willing to block off part of your day and risk having some slots go unfilled.

The other issue to examine is your actual availability. If you do hospital rounds every day or serve on committees, you must be realistic about when you can actually get to the office to start seeing patients. Scheduling your afternoon to begin at 1:00 and invariably arriving after 1:30 will keep your patients waiting unnecessarily and put you under undue pressure for the remainder of the day.

Developing a template

Once you have carefully considered personal needs, practice style, and availability, you can move on to developing a weekly template for your office schedule. First, you must block off all the time you will be working outside the office: hospital, nursing home, emergency, surgical assisting, and so forth. Next, you should decide whether you want to limit how many longer visits (for complete physicals, psychotherapy and counseling sessions, and procedures) you will offer. Some physicians prefer to schedule certain tasks in specific slots, such as putting complete physical examinations first thing in the morning. Finally, you should dedicate a block of time each day for last-minute urgent situations.

No matter how well you and your staff are juggling daily variations in patient flow, you will find it easier to run your scheduling system if you adhere to your weekly template and anticipate time away from your practice. Avoid the temptation to book a patient's return visit next week at a time reserved for last-minute fill-ins, or to accommodate an extra physical examination on Tuesday afternoon after a long weekend. If commitments sometimes require you to cancel a day at the last minute, create "hold" days—normal days that you block off completely, so that you can easily transfer patients whose visits are scheduled for the day that is canceled at the last minute to the hold day. Finally, try to plan vacations and continuing education events well in advance and then be certain that you inform your staff to adjust your appointment schedule accordingly.

Following the rules

Each workday brings its own scheduling challenges. You can optimize patient flow and minimize office stress if you follow a few simple rules. First, start on time. Many of us have developed a habit of arriving just before the first patient's appointment and then must deal with necessary administrative tasks before seeing the patient. Second, keep a copy of the day's

schedule at your workstation so you can see if you have fallen behind and can anticipate what lies ahead. Third, minimize interruptions: it is much more efficient for your staff to leave you written messages and for you to reply in writing than for them to break your work flow whenever something comes up. Finally, keep your staff informed if unexpected problems arise and train them both to communicate delays to patients in the waiting room and to offer anyone waiting the opportunity to rebook for later.

Once you have assessed your core values, planned your weekly template, and developed policies for you and your staff, you will have addressed many of the problems of family practice appointment schedules. In the second part of this series, we will examine how to introduce your revised system to patients and how to use computers to further improve your scheduling system. ❖

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