



Scheduling to Maximize Productivity and Revenue for Pediatrics

Paul D. Vanchiere, MBA

Overview

- Production Management
- Why is Scheduling so Important?
- Financial Impact of a New Patient
- Sample Template
- Scheduling Mindset
- Scheduling Considerations
- Operational Considerations

What is the Standard?

	Visits	250	200	175	150
Mean	4,168	16.67	20.84	23.82	27.79
Std Dev	1,488				
20th %ile	2,985	11.94	14.93	17.06	19.90
Median	4,001	16.00	20.01	22.86	26.67
80th %ile	5,266	21.06	26.33	30.09	35.11
90th %ile	6,050	24.20	30.25	34.57	40.33

*AMGA 2013 Medical Group Compensation and Financial Survey

2013 Report based on 2012 Data

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Production Management

- Capacity Analysis

Overhead cost covered- see 2 more Sick Visits

2 Sick Visits* \$70 per visit * 200 Provider Days =
\$28,000

- Number of rooms, hours/minutes seeing patients, total minutes per visit type, number of visit types

Why is Scheduling so Important?

- Schedule dictates the flow of patients through the office
- Provides consistent patient experience
- Dictates maximum capacity and revenue generation
- Keys to:
 - Patient Satisfaction
 - Provider Satisfaction
 - Employee Satisfaction
 - Budgeting & Financial Management

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Scheduling Formats

- Tidal Wave
- Scheduled Appointments
- Modified Tidal Wave

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Financial Impact of a New Patient

Visits	CPT Code	Revenue Generation*
Newborn	99381	\$ 109.89
Infant	99391	\$ 98.67
1-4 wks	99391	\$ 98.67
2 months	99391	\$ 98.67
4 Months	99391	\$ 98.67
6 Months	99391	\$ 98.67
9 Months	99391	\$ 98.67
12 Months	99391	\$ 98.67
15 Months	99392	\$ 105.47
18 Months	99392	\$ 105.47
2 Years	99392	\$ 105.47
3 Years	99392	\$ 105.47

Visits	CPT Code	Revenue Generation*
4 Years	99392	\$ 105.47
5 Years	99393	\$ 105.13
6 Years	99393	\$ 105.13
7 Years	99393	\$ 105.13
8 Years	99393	\$ 105.13
9 Years	99393	\$ 105.13
10 Years	99393	\$ 105.13
11 Years	99393	\$ 105.13
12 Years	99394	\$ 114.66
13 Years	99394	\$ 114.66
14 Years	99394	\$ 114.66
15 Years	99394	\$ 114.66

\$ 2,522.48

Vaccine Revenue (35 X \$12.58) \$ 440.30

\$ 2,962.78

* Revenue Generation estimate based on 100% of 2013 Medicare fee schedule.

Sick Visits (20 X \$72.04) \$ 1,440.80

\$ 4,403.58

Sample Daily Template and Revenue Generation

Time	Type	CPT Code(s)	Revenue Generation*
8:00 AM	Newborn / Well Check	99381	\$ 98.67
8:10 AM	Sick	99211 - 99215	\$ 72.04
8:20 AM	Sick	99211 - 99215	\$ 72.04
8:30 AM	Sick	99211 - 99215	\$ 72.04
8:40 AM	Well Check	99381	\$ 98.67
8:50 AM	Sick	99211 - 99215	\$ 72.04
9:00 AM	Sick	99211 - 99215	\$ 72.04
9:10 AM	Catch Up & Paperwork		
9:20 AM			
9:30 AM			
9:40 AM			
9:50 AM			
10:00 AM	Sick	99211 - 99215	\$ 72.04
10:10 AM	Well Check	99381	\$ 98.67
10:20 AM	Sick	99211 - 99215	\$ 72.04
10:30 AM	Sick	99211 - 99215	\$ 72.04
10:40 AM	Catch Up		
10:50 AM	Sick	99211 - 99215	\$ 72.04
11:00 AM	Sick	99211 - 99215	\$ 72.04
11:10 AM	Sick	99211 - 99215	\$ 72.04
11:20 AM	Conf. / Well Check		

Time	Type	CPT Code(s)	Revenue Generation*
1:00 PM	Newborn / Well Check	99381	\$ 98.67
1:10 PM	Sick	99211 - 99215	\$ 72.04
1:20 PM	Sick	99211 - 99215	\$ 72.04
1:30 PM	Well Check	99381	\$ 98.67
1:40 PM	Sick	99211 - 99215	\$ 72.04
1:50 PM	Sick	99211 - 99215	\$ 72.04
2:00 PM	Catch Up & Paperwork		
2:10 PM			
2:20 PM			
2:30 PM			
2:40 PM			
2:50 PM	Sick	99211 - 99215	\$ 72.04
3:00 PM	Sick	99211 - 99215	\$ 72.04
3:10 PM	Sick	99211 - 99215	\$ 72.04
3:20 PM	Sick	99211 - 99215	\$ 72.04
3:30 PM	Well Check	99381	\$ 98.67
3:40 PM	Sick	99211 - 99215	\$ 72.04
3:50 PM	Well Check	99381	\$ 98.67
4:00 PM	Sick	99211 - 99215	\$ 72.04
4:10 PM	Sick	99211 - 99215	\$ 72.04
4:20 PM	Sick	99211 - 99215	\$ 72.04
4:30 PM	Conf. / Well Check	99211 - 99215	\$ 72.04

Total Professional Services Revenue Generated: \$ 2,590
 Vaccine Admin Fees (6 X 2 X \$12.58): \$ 151
 Total Daily Revenue Generation: \$ 2,741
 Annual Revenue Generation (200 Days)**: \$ 548,264

* Revenue Generation estimate based on 100% of 2013 Medicare fee schedule.

** Revenue Generation estimate does not include hospital, procedure or vaccine revenue.

	Provider		Hourly Game Plan*			
	Well	Sick		Clinical Staff	Provider	IM/Nurse Visits
9:00 AM	<3	X		9:00	Room Sick	
9:30 AM	X			9:05	Room Well	F2F Sick
10:00 AM	<3	X		9:10	Sick Lab	F2F Well
10:30 AM	X			9:15		F2F Well X
11:00 AM	<3	X		9:20	Well Ancillary	F2F Sick
11:30 AM	X			9:25	Well Ancillary	
---Lunch---				9:30	Room Well	
1:30 PM	See Below			9:35		F2F Well X
2:00 PM	<3	X		9:40		F2F Well X
2:30 PM	X			9:45		F2F Well X
3:00 PM	<3	X		9:50	Well Ancillary	
3:30 PM	X			9:55	Well Ancillary	
4:00 PM	<3	X		* Flexibility needed to ensure timely flow of patients.		
4:30 PM	X			Additional exam room available for overflow as needed.		
12/13		6/8				
Limits:						
Well Child- Limit face-to-face time to 15 minutes						
Sick Time- Limit face-to-face time to 7 minutes						
Well visit at top of the hour are younger						
Well visit at 1/2 hour are older						
1:30 Slot reserved for Newborns						
If day before still open, make available for Well Check						
If same day still open, make available for sick visit at 1:30 & 1:45						
Multiples						
When requested to see siblings at the same time, consider booking both in one of the timeslots at the beginning of the hour.						

Template Considerations

- Create a template that suits your practice and/or providers
- Once decided, stick to it. If there is a need to continually change the daily schedule, change the template
- Hold everyone accountable, including the providers
- Physician Leaders should counsel providers on effective use of their time

Scheduling Mindset

- Use the *Scheduling Guide* to address scheduling issues
- Designate one person to review schedule hourly and provide feedback as needed (Air Traffic Controller)
- Not simply a clerical function
- Need ability to “see the big picture”
- Need appropriate resources

Set Expectations

- It is imperative that expectations of the staff and physicians be set
- Make mutually agreed changes as needed
- Provide feedback
- Hold accountable

Set Expectations

Set the expectations by developing a game plan.

Everyone needs to know how to accommodate patients the most effective way.

How do I schedule....

Scheduling Guide (Part 1 of 4)

- Are you accepting new patients?
- If not accepting new patients, will you see new siblings of existing patients?
- Will you take a returning patient? (i.e. they moved away and then back to town)
- Will you allow immunizations for a new patient that has not been seen.
- What is the maximum age of new patients you are willing to accept?
- At what age must a patient of the same sex move to another provider?
- At what age must a patient of the opposite sex move to another provider?
- What is the maximum age of a sibling of an existing patient you are willing to accept?
- What time do you prefer new patients?
- What time do you want to see newborns?
- What time do you want prenatal appointments scheduled?
- What time do you want non-ADHD conferences scheduled?
- If a patient transfers physicians within the practice, do you require a Well Child check?
- Will this child be booked as a new patient or considered another regular Well Child visit?
- What is the maximum number of new patients per day?
- If you are scheduled for a New Patient Check Up and a new patient calls in sick before their first visit, will you see them?
- Will you allow a double New Patient Well Check?
- How much time should be allowed for a double New Patient Well Check?
- Do you require a recent Well Child visit before allowing the patient to come in for nurse shots?
- How recent must that Well Child visit be?
- If there is a sick patient who is not with the practice, but is scheduled for a future initial visit with you, will you see them?
- If there is a newborn visit slot open 24 hours in advance, will you allow us to fill it with someone on the waiting list?

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Scheduling Guide (Part 2 of 4)

- If there is a newborn visit slot open 48 hours in advance, will you allow us to fill it with a check up?
- If a check up is put in the newborn slot, do we have to stay below the check up limit?
- Will you allow a sick visit at the same time as a newborn visit at 9:00?
- Will you allow a sick visit at the same time as a newborn visit at 1:30?
- How many check ups do you want in the mornings?
- What are the times you want the morning check ups?
- How many check ups do you want in the afternoons?
- What are the times you want the afternoon check ups?
- What time do you want twin and triplet Well Check scheduled?
- How much time do you want allocated for the twins?
- How much time do you want allocated for the triplets?
- When do you prefer to have your conferences?
- For ADHD Conference, do you want to complete the initial assessment or have another provider complete it?
- If another provider, who do you prefer?
- If you will complete the assessment, how much time do you need?
- What is the maximum number of ADHD conferences you will see in a day?
- For a medication check on an existing ADHD patient, do you want that in a Sick or Well Child slot?
- For ADHD Conference, do you want the appointment before or after the consultation?
- Is the Conner Scale acceptable to schedule an appointment?
- What time do you want the medication check appointments?
- Will you do ear piercing?
- Will you do ear piercing for other physicians within the group?

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Scheduling Guide (Part 3 of 4)

- Will you treat/excise ingrown toenails?
- Will you do wart removals in the office?
- Will you allow appointments for Saturday to be scheduled in advance?
- Will you allow Check Ups for Saturday to be scheduled in advance?
- If patient calls and is running late, how late can they be, in minutes, before we tell them they need to reschedule a check up?
- If patient calls and is running late, how late can they be, in minutes, before we tell them they need to reschedule a sick visit?
- If a patient shows up late for their appointment, how many minutes need to pass before we tell them to reschedule their check up?
- If a patient shows up late for their appointment, how many minutes need to pass before we tell them to reschedule their sick visit?
- If your newborn slots are full for the week, what time do you want the additional newborns seen?
- How much time do you want allocated for double checkups?
- For existing patients, what age do you require they transfer to a physician of the opposite sex?
- If a patient has been seen by another provider at a different location in the past week, will you see them? This question applies to practices with multiple locations.
- What is the youngest age a sick visit can occur without a parent?
- What is the youngest age a check up can occur without a parent?
- What is the youngest age a vaccination can occur without a parent?
- If the parent did not come with the child for their vaccinations, will you agree to a verbal consent with their parent(s)?
- What is the youngest age a person can pick up a regular prescription?
- What is the youngest age a person can pick up a controlled substance prescription?
- If there are patients "hopping" between other practice locations and you, do you want to schedule them?
- Do you want to be notified if the patient is "hopping"?
- During a sick visit, how many siblings will you allow to be added on?
- During a check up, how many siblings will you allow to be added on?

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Scheduling Guide (Part 4 of 4)

- Use questions above to create a guide to use in your practice:

	Physician 1	Physician 2	Physician 3	Physician 4
1 Are you accepting new patients?	Yes	No- Newborns only	Yes	Yes
2 If not accepting new patients, will you see new siblings of existing patients?	Yes	Yes	Yes	Yes
3 Will you take a returning patient? (i.e. they moved away and then back to town)	Yes	Yes	Yes	Yes
4 Will you allow immunizations for a new patient that has not been seen.	Yes, if they are healthy	Yes, if they are healthy	Will make exceptions on an individual basis.	No
5 What is the maximum age of new patients you are willing to accept?	14 Years Old	Newborns Only	N/A	18 Years Old
6 At what age must a patient of the same sex move to another provider?	18 Years Old	18 Years Old	22 Years Old	
7 At what age must a patient of the opposite sex move to another provider?	18 Years Old	18 Years Old	22 Years Old	
8 What is the maximum age of a sibling of an existing patient you are willing to accept?	up to 18 years old	17 Years Old	18 Years Old	18 Years Old
9 What time do you prefer new patients?	First or last time slot in am or pm	11:30 assuming no appointments	End of Morning or end of	Not after 4:00 pm

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Scheduling Considerations

Disclaimers

- Scheduling system functionality
- Practice Management System
- Dedicate Appointment Schedulers?
- What works for one practice does not work for another

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Scheduling Considerations

- Give schedulers the tools to succeed.
- Trust the schedulers- provider feedback as needed
- Start at 8:00 – 5 more sick visits per day = \$64,836 ($\$72.04 \times 5 \times 180$) 99213 @ 100% Medicare Allowable. If not getting 100% of Medicare, should be more of an incentive to start early.
- ADHD & New Mom Conferences- During Lunch or beginning of the day.
- New Mom / Conference Appointments- End of Morning or Afternoon
- Identify chronically ill patients- book their times accordingly.
- Practice Offer Online scheduling? Limit to check-ups at least 3 days out and review balances.
- Everyone in practice needs same template (by provider type) unless good reason not to.
- Do not schedule sick visits after school until after 11:00am that day
- Each provider has their own schedule
- Keep nurse visit / “Shots Only” visits on separate schedule
- Each morning and afternoon have blank slot(s) for flex time

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Scheduling Considerations

- On call doctor- reduce or eliminate check ups
- Block holidays in advance
- Tell patient to schedule follow up before leaving appointment
- Computer Scheduling
 - Computers can select the best appointment time based on the information entered about the patient.
 - The length of time needed for various procedures can be entered in advance, and when that procedure is scheduled, the correct time will be automatically allotted.
- Start on Time
- No check ups first day back
- Balancing Act
 - Overbooking
 - Scheduling too many patients
 - Provider falls behind
 - Stressful for staff
 - Underbooking
 - Gaps in schedule
 - Try to schedule another appointment in cancelled time slot

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Operational Considerations (1 of 3)

- Adopt portal for vaccine record access
- Educate the patient on how to access the information
 - Set Up PC in office
 - If come in for vaccine records- help them with PC
 - If patient is in a hurry, give them the records along with brochure
 - Sell the portal!!!
- Well child- verify insurance and benefits in advance of the appointment. It is your most expensive visit (time and vaccines), make sure you will be paid.
- Specimen collection- then ask physician if want test run
 - Sore throat and fever- get swabbed
 - Flu testing- A/B test
 - Urinary complaints- collect specimen
- Verify Vaccine schedules and inventory in advance
- Consider a scribe for the provider
- Print off VIS in advance
- Give support/medical staff everything they need close at hand. MMR/Varivax can be in central location but make sure other vaccines are close by.

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Operational Considerations (2 of 3)

- Verify in advance of provider seeing child
 - Weight
 - Medication List
 - Pharmacy Name/Location
 - Measurements
- Post paperwork online
- Resolve past due balance prior to scheduling
 - 3 days before- review balances and resolve.
 - 2 Days before- call mom and ask if planning resolve balance that day in order to keep the appointment. If not resolved, cancel apt and review standby list. DO NOT call patients with private balance or leave message about opening of apt- keep going down the list until actually talk with someone. You don't want to double book a check up.
- Keep standby list for those who do not resolve balance before check up

Operational Considerations (3 of 3)

- Late arrivals are “Teachable Moments”
 - Sick- Next open slot
 - Well Child- to next available date/time
- Each provider normally sees their own patients- if running behind, offer apt to alternative provider.
 - Should be professional enough to ask for help when needed.
 - Motivates providers to stay on time- if no consequence, they will maintain poor habits.
 - Track when patients are seeing alternative provider
- “Ear Rechecks”- Easy breezy- RoS, Document and send them home! Not time to visit because it was completed so quickly. Maximize your time!
- Weigh need for assurance/practice promotion with the appointment becoming a social event. In the long run, patients will appreciate a doctor who is on time!
- Asthma and Obesity Action Plans
 - Takes more time to do it right.
- Triple checks- beginning or end of session. Start 15 minutes early. Or have come on a Saturday morning to be seen first.
- Saturday- be seen first. Some have events but others CAN come to start the day.
- Vaccine counseling
- Procedure room- don’t tie up room with inhalation therapy...
- Schedule Nurse visits during flu vaccine season
 - Keeps it orderly
 - Review balances
 - Ensures inventory on hand to meet demand
 - Dedicate a person to this task if needed.

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Additional Resources:

www.PediatricManagementInstitute.com

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