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THE OFFICE

Open Access Scheduling

In my practice, the open access scheduling system allows a patient to be seen the same day they call for any reason whatsoever. That means if a patient calls at 3 p.m., I'll see that patient that day.

Patients obviously love this because they have their needs met quickly and efficiently. There are no hoops for them to jump through to get an appointment. And when you see them, they still have the problem that prompted their call for an appointment. How many times have you seen a patient who says that the problem they called about last week has gone away? My theory is that these patients keep their appointments because there is a general sense that physician appointments are difficult to get. Open access systems eliminate this sense of scarcity, while at the same time make it easier to meet the needs of our patients.

I love this system because it virtually eliminates the no-shows that cost a practice money. Revenue increases as the workload decreases. How does this occur? When today's work gets done today, there's no backlog, which all too often creates its own set of inefficiencies that lead to extra work. The advantages carry over. In seeing a patient for strep throat, you may notice that his prescription for Lipitor is about to run out. Writing that script when the patient is in front of you prevents phone calls and chores later.

Of course I set limits. I don't do physicals at 10 p.m. I make sure that I have a life after work hours. Most patients don't call late in the day, but often I can see such folks. This prevents unnecessary emergency department visits, which cost more and waste time as well as money. The patient who calls after 5 p.m. can often be managed by a telephone consultation. The goal is to give my patients unfettered access to me, and 99% of the time I am able to meet their needs one way or another. If a patient needs to be seen after 5 p.m., I have found that it's always easier to do so than to put it off until the next day. Doing "today's work today" ultimately decreases a physician's workload.

I do tend to work longer hours during the flu season, but I'm not in burnout mode. And when patient volume is lighter in the summer months, I have a shorter day, which I prefer.

The key to doing open access scheduling is figuring out supply and demand. About 0.75% (or a bit fewer than 1%) of patients in a practice's panel will call on any given day to request an appointment. If the practice does not prebook more than a third of the schedule ahead of time, then patients who call to be seen that day can be easily accommodated.

The trick is knowing when to close the practice to new patients. This requires a look at a number of factors: How many providers are in the practice? What is their practice style? Do they tend to take a lot of time with patients, or are they highly efficient? Is there a staff to whom tasks can be delegated? What percentage of the panel population has complex, chronic conditions that are likely to require longer visits?

I micromanage my practice. I answer the phone and listen to my voice mail during specific breaks in the workday. As a result, I'm able to assess the amount of time a visit is likely to take, and my patients have grown confident that I will get back to them to meet their needs. I have a simple, reliable system that builds confidence. This eliminates the need for patients to make multiple calls to see if their requests were met. In addition, the system can provide better continuity of care, which is higher quality of care. My patients see me—and only me—and they see me on time.

Larger practices have different issues in setting up open access scheduling, but there are many references about successful implementations in various settings.

Open access scheduling and unfettered access to doctors is paradigm-busting work. By reducing waste, we can increase revenues, increase access for patients, decrease time on the phone and evening calls—and, oh yeah, it is really wonderful to be nice to patients. ■

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