

MMAP NEWS



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Physician Office Appointments and Scheduling

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INTRODUCTION

A common source of patient dissatisfaction in the physician office setting is waiting time. We know that dissatisfaction clearly correlates with the patient's increased likelihood to lodge a professional liability suit. As such, the prudent physician office practice will be mindful of his/her ability to achieve sound scheduling practices and/or institute improvements where they are warranted.

Efficient patient appointment/scheduling processes will significantly enhance the productivity of the practice, reduce office staff stress and increase patient satisfaction. This article discusses the attributes that comprise a sound appointment/scheduling continuum. The following aspects are addressed::

- Appointment/scheduling basics
- Tips for improving the efficiency of appointment scheduling
- Patient registration arrival process
- Missed (no-show) & cancelled appointments
- Waiting Time
- Patient exits the office

APPOINTMENT / SCHEDULING BASICS

Key Objectives

Key objectives of a sound appointment/scheduling process are:

- Reasonable patients access to medical care (timeframe for scheduling appointments)
- Reasonable physician office waiting times
- Responsiveness in a manner that correlates with the urgency of patient need
- Prudent and effective use of physician time/practice resources

TIPS FOR IMPROVING THE EFFICIENCY OF APPOINTMENT/ SCHEDULING INCLUDE:

- Placing reminder telephone calls to patients on the day prior to their appointment
- Instructing, orienting and setting new patients at ease during their first visit
 - Send an appointment confirmation
 - Request that the new patient bring:
 - A list of all current medications
 - Current insurance card
 - Provide map/directions to the office
 - Develop a first visit handout that acquaints the patient with the practice



- Scheduling extra time to enable new patients to complete first visit paperwork
- Blocking out sufficient time to address the needs of walk-in patients
- Developing a “Today’s Visit” form to be completed by the patient. This is a simple form provided for the purpose of having the patient take a “time out” to consider and write out the health concerns he/she wants to bring to the physician’s attention. This form inquires about the main reason for the patient’s visit and any other concerns the patient would like to discuss (prescription refill, school/work excuse, referral, etc). The form is then provided to the physician in the examination room. This process reduces telephone calls to the practice for the purpose of addressing unresolved health concerns not raised during the visit.
- Categorizing appointments in a manner which correlates with the approximate amount of time anticipated (i.e. physicals, lab work, new patient, follow-up visit for a previously seen complaint, etc)
- As patient satisfaction closely correlates with access and appointment systems, periodically monitor this through the use of questionnaires designed to gauge levels of “positive” and “negative” feelings about medical encounters. Sample questions as the following might be used:
 - During my medical visit, I am always allowed to say everything that I think is important?
 - It’s hard for me to get medical care on short notice?
 - The office hours are convenient (good) for me?
 - The office should be open more hours than it is?.
 - I have to wait too long for medical care in my doctor’s office?

PATIENT REGISTRATION AND FLOW

A standardized check-in process should be in place to ensure that appropriate and consistent steps are taken to register patients in a timely and efficient manner. Upon the patient’s arrival, he/she is greeted and asked to print his/her name on a sign-in card (not sheet). For confidentiality purposes, a card is completed and handed directly to the

receptionist. The registrar then calls the patient and proceeds with the registration process to obtain, verify and/or update demographic information. Additionally, the registrar will ensure that the patient’s insurance has been verified for the office visit.

Patient Flow

- All patients are scheduled according to their medical complaint(s)
- The patient is provided with appropriate health education materials while waiting to see their provider.
- The nurse/medical assistant guides the patient into the treatment room and takes height, weight, and vital signs.
- A reminder note is completed to alert the clinician to any areas needing to be addressed with the patient.

MISSED (NO SHOW) and CANCELLED APPOINTMENTS

Missed or cancelled appointments, although inevitable, may also be a symptom of patient dissatisfaction. It is not uncommon for patient dissatisfaction to lead to a patient being a “no show”. Patient “no shows” have a cascading impact on the practice. Of course, there is associated lost revenue and time wasted in preparation for the patient appointment. Clinically, the patient is deprived of needed care. From a professionally liability perspective, there may be exposure to the practice if the patient’s condition worsens.

An office practice is strongly encouraged to have a written protocol for missed (NO SHOW) appointments. The protocol should address the points delineated below.

Follow-up of missed/cancelled appointments

A process should be developed to initiate contact with patients who fail to present for a scheduled appointment or who cancel and do not reschedule.

Missed Appointments:

- All missed appointments are brought to the attention of the physician
- All missed appointments are documented in the patient’s record. Chart is



- prominently noted that the patient was a “NO-SHOW”.
- Telephone contact is initiated with no-show patients as soon as feasible but all are done within 72 hours to reschedule an appointment. Every effort should be made to learn the reason for the missed appointment.
 - Where telephone contact is not successful, written contact is initiated. This could be in the form of a card requesting the patient to contact the physician’s office within a specific period to make a new appointment. The need for care continuity should be emphasized.
 - Should neither the phone nor the card achieve the desired result, in circumstances where warranted, a certified letter should be sent emphasizing the need for care continuity, and prompt patient response. Documentation of the attempt and certified mail receipts should be maintained in the patient’s record.
 - If merited by the patient’s condition, local authorities should be requested to assist in locating the patient.
 - Again, documentation of all phone calls initiated and a copy of all correspondence is maintained in the patient’s record

Cancelled Appointments (Not rescheduled at the time of cancellation)

- Appropriate staff members comprehensively document reasons provided by the patient for cancellation
- Patient’s who call the practice to cancel an appointment are asked to reschedule at the time the original appointment is cancelled
- All patients who do not reschedule at the time of cancellation are brought to the attention of the physician
- All cancelled appointments are documented in the patient’s record.
- Telephone contact is initiated with the patient as soon as feasible but all are done within 72 hours in an attempt to reschedule an appointment.
- Where telephone contact is not successful, a second (written) contact is initiated. This could be in the form of a card requesting the patient to contact the physician’s office within a specific period to make a new appointment. The need for care continuity should be emphasized.

- In circumstances where serious consequences could surface as a result of lack of follow-up, a third attempt in the form of a certified letter should be sent. This correspondence should outline possible clinical ramifications that may arise from not having a medical professional evaluate and/or treat their condition.
- Again, documentation of the cancelled appointment, each phone call initiated, copies of all correspondence and the date of each are maintained in the patient’s record

Monitor the types of visits for which appointments are not kept

The practice gain insight as to how to reduce no shows and cancellations through analyzing related patterns. The practice should maintain a log of Missed/Cancelled appointments that reflect the following captions:

- Patient Name
- Date of Appointment
- Day of the Week
- Time of Appointment
- No Show /Cancellation (check one)
- Reason for Appointment
- Physician Comment/Action (physician to initial)

Through an analysis of the above grid, the types of visits associated with missed appointments can be determined. Additionally, any patterns of factors that could be contributing to these appointment issues can be identified and potentially addressed.

Establish a practice “Tolerance Level” for patients who miss/cancel appointments

“Tolerance level” in this context refers to the number of missed/cancelled appointments that trigger the practice’s determination that the patient should formally be designated as noncompliant. Patients in this category are then considered for termination of the patient/physician relationship.

WAITING TIME

As stated previously, time spent waiting is a significant source of patient dissatisfaction. This includes the amount of time spent in the waiting and examination rooms... Long waiting times may



be construed as a signal to the patient that the physician places a low value on the patient's time. When coupled with a visit that appears to the patient to be hurried or interrupted, the potential for a lawsuit increases should there be a suboptimal outcome. Ideally, the scheduling of office visits should enable the physician to keep patient waiting time to a minimum.

The following are steps that office can initiate to diffuse patient anger in circumstances where waiting for an unreasonable period past their appointment time is unavoidable:

- When delays occur, inform patients how long they can expect to wait. Give them an opportunity to reschedule a routine visit.
- If possible, call patients in advance if a long delay can be expected.
- Allow the patient to run an errand in the interim
- Keep patients apprised of delays (provide the reason for the delay)
- Let patients know beforehand that the doctor could be called away on an emergency (e.g., include this information in your practice brochure)

Initiation of steps such as these demonstrates respect for patients. It is often helpful if the physician acknowledges the wait and apologizes when seeing the patient.

Waiting Area Variables

Pleasant Environment

Studies reveal that patients with long waiting times (greater than 20 minutes) were more satisfied if they also found the waiting area to be comfortable and pleasant

The "Occupied" Patient.

Patients are found to be less likely to be dissatisfied with waiting times if they were able to occupy their time with activities such as reading a newspaper/magazines or watching television.

A number of physician groups report that placing a computer in the waiting room can help educate patients, improve medical care, free up staff time and boost patient satisfaction. Computers in the office are being used by patients to complete their

medical history and registration forms. The computers are often programmed to dispense patient education material on a wide variety of subjects.

Given that the patient is a captive audience in the waiting room, the computer can be used for a number of functions. Indeed, through the benefits of computer technology, the patient may not even notice that they have been waiting for 20 minutes or longer.

PATIENT EXITS THE OFFICE

Discharging the patient from the exam room is a relatively routine but important step. This may entail the following steps:

- Instructing patients on ancillary studies to be performed in the office.
- Scheduling ancillary studies to be performed outside the office.
- Instructing patients about their next visits. A follow-up visit is scheduled if the patient is to have off-site testing or exams
- Providing written aftercare instructions to the patient
- Routing the patient to the scheduler.
- Routing the patient to the cashier.



M MAP PROGRAM CHANGES

The following are changes that have recently been made to the Mississippi Medical Malpractice Availability Plan (M MAP). The Mississippi Tort Board continues to monitor the program to ensure it is a financially strong option for health care providers in the State of Mississippi.

- **New To Practice Physician Discount** - This discount is available to physicians completing a residency or fellowship. A premium discount of 40% is available during the first year of private practice, followed by a 20% premium discount in the second year and 15% in the third year of private practice.
- **Loss Free Discount** - This discount is available to physicians that have not had claims or incidents reported against them in the previous five years. The discount begins with a 10% premium discount and increases over the next five years as long as the physician maintains a loss free history.

The schedule is as follows:

5 years	10%
6 years	11%
7 years	13%
8 years	15%
9 years	17%
10 years	19%

- **Longevity Credit** - Once a physician has been insured with the Mississippi Malpractice Availability Plan for three complete years, a 3% discount will be given the fourth year of coverage, increasing 1% each year up to a maximum of 5%.

- **Prior Acts** - M MAP now offers prior acts coverage to all risks that meet underwriting criteria and have been claims free for preceding five years. The prior acts date can not precede the inception date of the program, April 27th 2003. Prior Acts will be offered to physicians, hospitals and facilities
- **Slot Rating (FTE Rating)** - M MAP will now offer full-time equivalency (FTE Rating). This alternative rating method allows for one premium to be charged for a position staffed by two or more part-time medical practitioners performing identical Professional Services for one job description, with their cumulative hours equivalent to one full-time medical practitioner. This rating method is used for emergency room staffing and urgent care staffing. FTE Rating is available for certain multi-physician groups. Prior Acts will not be offered on FTE rating. For more information on this new rating method, contact your program agent or the Program Administrator.