

Scrubbing the Schedule & other Tactics for Moderating Demand

- Print a copy of the scheduling template for the next two weeks (at least).
- Look for the following situations in the schedule you printed:
 - Patients who are in the schedule and where recently seen (as a walk-in appointment) ask if the appointment is still needed.
 - Chronic offenders – these are patients who repeatedly schedule appointments and then don't show. Stop giving them appointments.
 - For OB/Gyn clinics where appointments are scheduled on a particular timeline (1 month, 2 week, 1 week) look for patients who may have delivered recently and take them out of the schedule.
 - Unnecessary follow up appointments – which depending on the circumstances could include a child that had the flu, a baby with diaper rash or an adult with an ingrown toenail. Consider the necessity of the appointment.
 - Extend appointment intervals if appropriate for such things as medication refills or blood pressure checks on well-controlled patients.
 - Eliminate provider generated interval follow-ups for planned care. For example, scheduling appointments as a way of managing patients with a chronic condition. Instead consider the medical necessity for such follow up, as well as the implications for patients (financial, transportation, mobility and time).
 - For preventive tests such as yearly physicals or age-specific immunizations, when appropriate tell patients when they should return for their next visit and to call for an appointment then. This allows patients to schedule the appointment on a day and time that's convenient for them instead of weeks or months in advance.
 - Consider handling a patient's care in a different way such as compressing multiple follow-ups into one visit (max packing).
 - When appropriate consider conducting traditional provider/patient visits in alternative ways like over the phone, by email, or in a face-to-face group setting. For example:
 - Use telephone contact, initiated either by the clinic or the patient, to check up on patient status in lieu of an appointment.
 - For patients who may need a follow-up appointment, develop a system where the nurse checks in with the patient by phone two weeks prior to when the follow-up appointment would have occurred. If the patient's condition warrants

a visit, the appointment can be scheduled at that time. Otherwise, an additional follow-up contact with the patient can be made by phone.

- Create an alternative way for patients to refill medications (e.g., pharmacy clinic) or receive lab results (e.g., nurse calls patients with results).
 - Physicians can conduct telephone consults with patients. These consults can be pre-scheduled, or planned at the end or beginning of each day.
 - Nurses can staff telephone advice lines. If home care is appropriate, nurse interaction with a patient can save a visit to the provider.
 - Email, telemedicine, and Internet communication between physicians or nurses and patients can be used to manage patients with chronic conditions such as diabetes, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF).
 - Nurse clinics can be used to manage patients with chronic conditions such as hypertension and diabetes, and for certain procedures such as sigmoidoscopies and stress tests.
 - Group visits in which several patients meet together with a provider and/or the care team can be conducted. Group visits are an effective method not only for reducing demand but also for providing increased continuity of care and a supportive social network for patients. In a group visit, the physician might meet briefly with the group, but the patient receives all the services of a traditional visit by utilizing other members of the care team.
- The interval for a return appointment depends on the individual patient's needs and on the discretion of the provider. Physicians should consider what is really necessary for the management of the patient, rather than "the usual" return visit interval. When medically appropriate, extending intervals for return appointments adds supply to the system because fewer future appointment slots are filled.
 - Eliminate automatic return visits at standard intervals (e.g., all patients come back in one month). Instead, base the clinical decision of return interval on each patient's clinical condition. Patients should be given a return appointment when it is needed and at an interval that is clinically meaningful. One way to reduce the variation among providers who see the same types of patients is to share information about return intervals as a means to promote discussion and dialogue, not as a way to impose and standardize arbitrarily.
 - Max-packing is a good option especially when the schedule is on time or ahead due to cancellations, no-shows, or unexpectedly short visits. Use a checklist of preventive care to anticipate a patient's future needs, and take care of those needs today whenever possible.