

Select Practice Management

Today's work today and tomorrow.

Scheduling Memo

One of the e3Tools Core Beliefs is to employ a situational perspective. This belief applies to scheduling, as scheduling is the intersection of demand (how many patients want appointments) and capacity (the number of provider openings). The constant change of demand and capacity impact the scheduling situation

An e3Tool to address the change in situation is the Event Cycle Tool that presents change as a cycle of Starting, Maintaining and Changing. Scheduling for patients starting at SFM is pretty simple. SFM is not scheduling new traditional patients. New functional medicine patients can be scheduled based on available new FM slots.

Patients in the “change cycle” are also easy to handle. This would include patients leaving SFM and patients moving from traditional to functional medicine or from functional to traditional medicine.

The most difficult part of the event cycle for scheduling is maintaining established traditional patients. The attached protocols should help to address this challenge given SFM's current limited capacity.

The protocols are only a guideline to gather information necessary to make an informed decision about scheduling a patient. If you are in doubt, take a message, and then consult with coworkers and providers if necessary.

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A Situational Approach to Scheduling

1. ABA slots can be opened to traditional patients 24 hours prior to the appointment.
2. Established patients need to be triaged using the AAFP's Adult Triage Protocol, available on SFM's "Tips" website page.
 - a. Level III, Immediate systems should go to ER or urgent care.
 - b. Same day appointments need to be seen same day OR referred elsewhere.
 - c. 24-72 hour priority appointments need to be seen 2-3 days from PRESENTATION, (i.e. consider if the patient waited two days before scheduling).
 - d. Routine priority provides the most flexibility in scheduling.
3. Consider the patient's activity at SFM.
 - a. Patients who haven't been seen for three years are considered NEW patients.
 - b. Patients who have been seen in the last 12 months are considered "current patients."
 - c. Priority is given to current patients versus established patients who haven't been seen for 13-36 months.
4. Consider SFM's "ownership" of the requested appointment.
 - a. Is the patient wanting to be seen at SFM instead of following up with another provider? For example, a patient may be getting testosterone shots at another clinic.
 - b. Is the patient wanting to be seen for pain management rather than seeing a pain management specialist?
5. Consider the commitment of the requested appointment.
 - a. Annual physicals are an example of an appointment with minimal follow up, (in most cases).
 - b. Newly diagnosed or presenting chronic disease may require significant follow up.
 - c. Any scheduled appointment affects future capacity.

Script for Not Scheduling

"I am sorry, but it doesn't look like I can schedule in the appropriate time frame. The practice is looking to add more providers, but right now, scheduling is very difficult."