

# The Magic of Scheduling Patients

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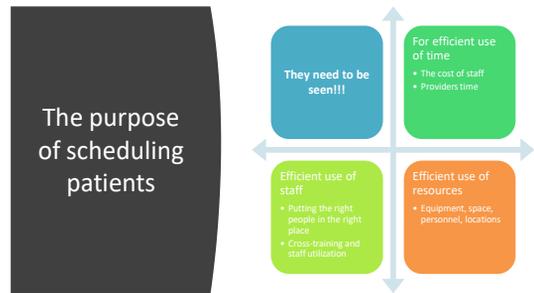
## Objectives

- Be cautious attempting a cookie-cutter approach
- The purpose of scheduling patients
- Appointment types
- Why schedule training is important
- What does a good schedule look like
- Medical versus Vision exams
- Building flexibility into the schedule
- How revenue is impacted by scheduling patients
- How to gain staff buy-in when scheduling patients
- Maximizing revenue with scheduling patients
- Revenue, Resources, and Responsible Patient Care

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## What is the purpose of scheduling patients?

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### Heartbeat of the Practice

- A planned schedule
  - Monitor new growth
- Full Eye Exams
  - Drives testing
  - 16 per day (\$1M)
  - 18 per day (\$1.5M)
  - 20 per day (\$2.0M)
- Know your recall system! (Solution Reach)
- No-shows need to be tracked!
- Billing
  - Closing the charts



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### Appointment Types

- Routine\*
- Medical\* Not glasses
- Vision
- Comprehensive
- New (3 years)
- Established
- Testing
- Follow-up
  - Short
  - Long



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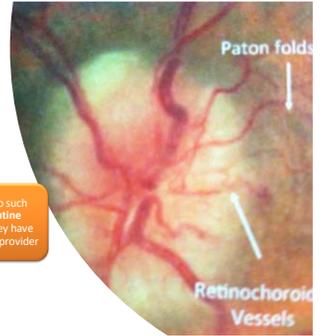
# Why are appointment types important?

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## Routine\*

Appointments based on unknown conditions and patient's chief complaints

There is truly no such thing as a "routine patient" until they have been seen by the provider



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- When the patient has a known condition an is being treated.
- Ocular conditions
- Diseases of the body

Medical

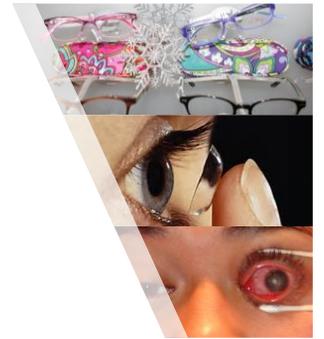
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## Vision

Correction of vision

Spectacle

Contact Lenses



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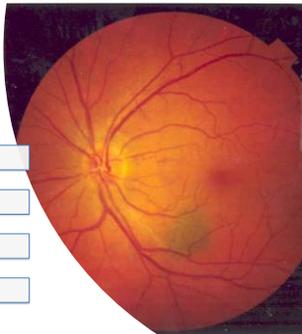
## Comprehensive

An exam that meets the criteria

Adult

Child

Medical VS Vision



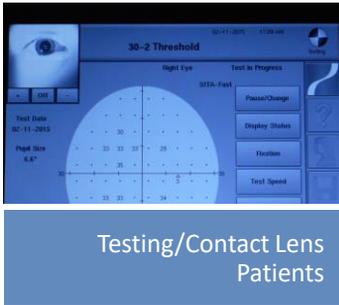
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## New Patient vs Est

- Patient that has not been:
  - Seen in the same practice
  - Under the same tax ID
  - By the same specialty



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- OCT
- VF
- Retinal Photography
- Dry eye evaluations

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### Why training is important

- The entire staff needs to understand the scheduling concept
- Consistency is necessary to track revenue

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30 Min		30 Min	
Comp		Comp	
Est	Est	Est	Est

Clinical and optical earnings are tied up in this process!

### What makes a good schedule

- Why am I working so hard and not seeing the revenue?
- Create a schedule that works, one that you can stick to it
- Adequate resourcing
- How much milk fits into a 16oz glass?

### Medical versus Vision Exams

- Medical (**not glasses or contacts**)
  - OCT
  - VF
  - ERG
  - Specular microscopy
  - Disease management or discovery
  - Complications with contacts (ulcers)
- Vision (**glasses and contacts**)\*
  - Capture rate
  - OPTOS (self-pay)
- Contact Lenses
  - Initial fit
  - Annual sales

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- Don't stress yourself or your staff out in the process
- How will you catch up once you get behind?
- How do you get your staff to lunch and home on time

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- Training
- Monthly Reporting
- Reward System
- Provider Capability
- Staff Capabilities
- Minimizes chaos if done properly
- Keeping the schedule filled

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### Maximizing revenue with scheduling patients

- Two tracks
  - Those you have to see
  - Those you need to see
- Managing follow-ups
  - Spread them out
- Monitoring
- **Constant rescheduling of pts is a serious waste of revenue**

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### Calculating Work-Flow

- Resources
  - Personnel
    - Providers
    - Front desk
    - Screening techs
    - Opticians
    - Providers
    - Testing
- Available technology
  - Available space
    - Screening rooms
    - Exam rooms
    - Space in optical



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### Pay Per Schedule Appt Type



- Insurance payers
- High paying insurers
- Cash pay
- Explanation of Benefits
- Authorizations
- Timeline for collection by ins carrier

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### Insurance Requirements

- Authorizations
- Pre-authorizations
- Checklist:
  - Who needs an auth
  - How to get an auth
  - Verifying an auth has been received
  - Auditing day-to-day
  - Staff Reporting
  - Emergency visits protocols



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### Exam Requirements

- Standardize
- Multiple providers
- Adult vs Children
- Testing



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### Necessary Resources Requirements

- Capable EMR
- Room capacity
- Provider capacity
- Staff capacity
- Facility capacity



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**Compliance Requirements**

- HIPAA
- Meaningful Use
- PQRS
- MIPS
- MACRA
- CMS Discrimination notification
- Emergency Numbers posted

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**Patient Appointment Notification**

- When to verify
- What to verify
  - Insurance
  - Copay
- Appointment
  - Date
  - Time
  - Patient is coming
- How to confirm it was done
- How to handle a **no-show**

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### Pre-Appointment vs Recall

- Pre-appoints have a scheduled appointment
- A recall card says "It's time to schedule your appointment"
- Full Exams 1 year plus 1 week out to make sure insurance issues are resolved
- Appointment cards
- Confirmation card completed by the patient in their handwriting
- Caution solely depending on autocalls



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### No-Show Rate

- You need to monitor your no-show rate weekly and monthly
- Understand and know your process for tracking no-shows
- Whenever you change part of the process, re-verify your process
- What is causing the no-show rate?
- Have a great no-show policy, post it



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**Check-in Director of First Impressions**

- Verify appt
- Verify patient with photo ID
- Verify Insurance
- Practice HIPAA
- Notify staff patient is ready

Current info for every visit  
 Authorization is for what we are seeing the patient for  
 Co-pay is collected

Watch your volume  
 Explain NQRP  
 Have patient sign  
 Privacy Statement  
 Ensure family and emergency contacts



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### Checkout – Director of Lasting Impressions

- Additional fees collected
- Set up referrals and tracking
- Schedule next appointment
- Ask the patients to go on-line and comment about their experience



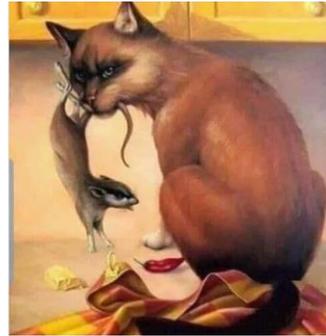
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### Optical Capture Rate

- 16 comps per day
- 12 buying glasses in optical
- Average sale
- Number of multiple sales
- Progressive lens
- AR
- Blue Light
- Computer glasses
- National average: 67%
- Desired goal 75%

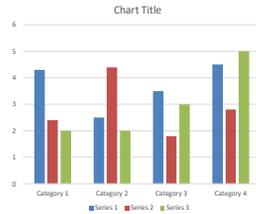
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### Must Remember Tracking

- Profit
- Growth
- Efficiency
- Return On Investment



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Thank You

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