

Appointment Types, Scheduling Rules and Definitions

Medical

OPS 326.1

Author(s): Teresa Collins, Joanna Harrison, Shannon Roquemore

Quick Reference: N

Scope: All Clinical Staff, Communications Center, Office Technicians, Clinic Operations Managers

Responsible Director(s): VP of Operations

Approval/Date: March 2015

DESCRIPTION: This policy describes Clinica's protocol relating to oversight, timeliness and management of appointment setting as well as definitions of appointment types and appointment length.

PURPOSE: The purpose of this policy is to clarify and identify the guidelines and protocol for patient appointment setting so to ensure accurate appointment setting and timeliness of access to care.

CLINICA SCHEDULING PHILOSOPHY:

Clinica strives to provide same day access to patients while maintaining a focus on continuity of care. It is the goal of all Clinica scheduling guidelines to ensure the patient has the right to choose their preferred appointment based on their need and desires.

SAME DAY ACCESS:

For the convenience and safety of our patient population, Clinica strives to provide same day access to care via the methods listed below. Regardless of the patient need, acute or well, it is the expectation that all patients are offered access to same day care if that is the patient's preferred date of service. When possible, the same day appointment will be scheduled by the Communication Center staff. When same day capacity is full, it is the expectation that the nurse(s) at the site manage same day appointment demand by collaborating with providers at the site to see additional

patients over and above their scheduled appointment capacity. Nurses are expected to manage incoming messages/task based on the following timeframe:

| Task type | Each attempt must be made within max time: | Task Completed within: |
|---|--|------------------------|
| <ul style="list-style-type: none"> *New tasks should be reviewed within 2 hours to make sure nothing urgent is waiting | *2 hrs | 24hrs- |
| <ul style="list-style-type: none"> Triage from Call Center Tasks from On Call Provider | *4 hrs | 24 hrs |

It is the expectation that providers will accept, at minimum, one same day double book or same day nurse co-visit in their schedule to provide patients access to same day care. At minimum, and based on the time of day the request comes in, requests for same day access to care will be met same day via one of the following:

- In-clinic appointment with the patients PCP
- In-clinic appointment with a provider other than the patient's PCP
- Nurse/Provider Co-Visit
- In-clinic appointment with a Registered Nurse
- Phone care with a Registered Nurse
 - If an appointment is not available same day, nurse triage will be conducted to determine patient need and desire for in-clinic care. If patient prefers to receive same day in-clinic care with a provider or nurse, the nurse will facilitate the scheduling of the same day appointment or an appointment on the day the patient prefers.
 - If patient prefers to receive phone care instead of an in-clinic appointment, phone care will be provided.
- After hours on-call Clinica provider staff can be contacted via a nurse line for same day phone consultation care

Same Day Schedule Blockings:

Clinica offers same day access to all patients all days, however, it is understood that there are times when contingency plans are needed to meet this same day access policy. During high demand season or during events of provider FTE shortage the

following contingency plans will be utilized to protect same day demand access and/or inflate the provider's capacity to meet an increased same day appointment demand:

- **Same Day Appointment Blockings** (aka Master Scheduled Slots): Same Day Appointment blocking is utilized during times of high demand (e.g. cold and flu season, Monday after a long weekend, after provider leave of absence). Blocking during cold and flu season is implemented once cold and flu visits consume 10% or greater of the provider's appointment demand.
- **Same Day Team Appointments** (aka Team Appointments): A shortage of provider FTE results in an increased demand for appointments on the remaining providers. In an effort to manage the increased demand for appointments on a care team during provider FTE shortages, Team Appointments are blocked in the remaining provider's schedules to facilitate same day access (see attached Team Appointment document). When a provider FTE shortage occurs, the Central Scheduler will block Team Appointments that can be utilized for same day access.
- **Nurse Co-Visits:** Nurse Co-Visits are a mechanism used to improve access to same day care. Co-visits are team based care provided by a nurse working together with a provider to help meet demand for appointments. Co-visits are scheduled when provider schedules are all fully booked, allowing patients to be seen same day. All nurses and providers are trained on and expected to offer and provide Nurse Co-Visits to patients daily to facilitate same day access.

All requests for care received 1.5 hours prior to the end of the business day will be considered same day work and will be offered same day access to care. Request for same day care after this designated time will be considered next days work and will be offered phone care by a Registered Nurse. It is understood that during high volume seasons there may be situations where all same day capacity is fully utilized and in these situations phone triage or a nurse visit is provided.

Managing Access to Care for Established Patients:

It is important to Clinica that all established patients have timely access to care. As a means for creating timely access, Clinica utilizes the Advanced Access Scheduling methodology. Clinica reduces bottlenecks to access by reducing scheduling complexity and allowing all appointments to be open for any patient need at any time. Clinica does not limit how/why appointments can be utilized by patients and allows all appointments to be available for any patient need at any time.

Timely access to care for established patients is only possible if the provider's capacity to see patients is in balance with patient demand. This balance is attained by empaneling providers at a rate that does not overburden their in-clinic schedule capacity. Once empaneled, Clinica monitors established patient access to care via the following reports and is held accountable to the following goals:

- **Panel Report:** All Clinica sites will review, at least monthly, the panel report to determine if their providers are under paneled, at panel goal, or over paneled and manage provider panels to ensure they are not beyond capacity (see attached Ops 750.1)
- **Panel Goal:** To ensure access for established patients, providers will be assigned new patients at the rate assigned in procedure Ops 750.1.
- **Time to Third Next Available Measure:** Time to Third Next Available is a measure of the delay Clinica's patients experience in accessing providers for a scheduled appointment. The Time to Third Next Available measure is monitored at least monthly in conjunction with the panel report to ensure appropriate and timely access.
- **Time to Third Next Available Goal:** The goal of Time to Third Next Available goal for all appointment types is:
 - Acute Appointments: One business day
 - All other appointment types: 10 business days

It is understood that part time providers who do not work every day will not meet the Time to Third Next Available goals. In order to manage access to care, the Third to Third Next Available is monitored at both an individual provider level and a site level to determine both the provider and the site's ability to meet patient needs for acute, follow-up, and well care access. If the patient is in need of care and the patients PCP is not available in the indicated timeframe, care is offered with another provider on the patients care team in the designated timeframe. When Time to Third Next Available exceeds the goals listed above, it is an expectation is that the site will utilize nurse support for providers to meet access goals.

Managing Access to Care for New Patients:

It is the policy that Clinica does not put new patients on a wait list. If an open appointment is not available within 14 calendar days of the time of the call the new patient appointment request will be sent to the nurse and access will be facilitated by

the nurse within 14 business days. If a site determines that all providers are fully paneled, patients will be offered care within 14 days at another Clinica location. It is the policy of Clinica to manage access to care for new patients via the following:

- Schedule new patients based on the new patient procedure (see attached Ops 750.1)
- Monitor Time to Third Next Available Appointment report monthly to ensure access to new patients is maintained

Schedule Utilization:

Maximizing schedule utilization is essential to the process of ensuring timely access to care. High no show rates, late arrival for appointments and last minute cancellations that result in unfilled appointments all limit access to appointments for other patients in the practice. Clinica partners with patients to educate them on the importance of cancelling their appointments timely when they are unable to keep the appointment and the importance of timely arrival, and notifies patients of this via the New Patient Handbook that is distributed to them at their first appointment. Clinica monitors and manages the process of no shows and late cancellations by monitoring these events in an operations dashboard monthly. The goal of the practice is to maintain rates at or below the following:

- 12% no show rate
- 2% late cancellation rate (late cancellation is defined as cancellation after the start of the appointment time)
- 4% late arrival rate (late arrival is defined as a patient checking in for their appointment any time after the designated appointment time in the EPM)

The organization monitors no show rates, late cancellation rates and late arrival rates monthly. Patients that are found to abuse any of the above listed are managed via the Managing Patients with Behavior Issues procedure (see attached Clin 360.2), and if found to be excessive may be terminated from the practice.

SCHEDULING RULES AND DEFINITIONS:

- *Always schedule patients with their *Primary Care Provider (PCP)*, unless provider specifies otherwise, or if PCP is on leave; then schedule with another care team member.

- If another care team member appointment is not available send a task to the following care team member with notice that patient is requesting an appointment and a PCP/care team appointment is not available.
 - Nurse - Patient requesting an acute appointment and nothing is available same day. The nurse will contact the patient and facilitate same day urgent care needs within 24 hours.
 - Medical Assistant (MA) - If no MA visit appointments available within two weeks.
 - Office Tech (OT) – Patient request a non-acute appointment and nothing is available within the next two weeks.
- It is the expectation that the staff member that receives the task will reach out to the patient within 24 business hours.
- Do not schedule the MA portion of an *INS physical* appointment on Thursdays (cannot place PPD).
- After scheduling an appointment, *always review* the appointment in “Make Appointment” or “Find Appointment” to assure it is booked correctly.
- An appointment can be canceled right up until the appointment time.
- All procedure appointments are scheduled by the MA. If a patient contacts the Communications Center for a procedure appointment inform the patient that a message will be sent to the MA, who will reach out to the patient for scheduling.

*does not apply to Communications Center

APPOINTMENT TYPES/DEFINITIONS

See page three.

ATTACHMENTS: N/A

REVIEW DATES:

6/12/02

2/27/15

MEDICAL APPOINTMENT TYPES/DEFINITIONS

| <u>EVENT (APPT) TYPE</u> | <u>DEFINITION</u> | <u>LENGTH (minutes)</u> | <u>RULES/COMMENTS/USE</u> |
|--------------------------|-------------------------|-------------------------|---|
| ACU | Acute | 20 | Scheduled same day. Excludes cold & flu symptoms. Use the CF event type when scheduling a patient who is reporting cold & flu symptoms (see CF event type below). |
| BRF | Brief | 20 | For general/non-urgent appointments (e.g., med consult). |
| CCM | Complex Care Management | 20 | Use when scheduling a patient with a Case Manager to review the Service Coordination Plan. |
| CF | Cold & Flu | 20 | Refer to cold & flu scheduling parameters Cold and Flu Scheduling Parameters |
| CNF | Confidential | 20 | Use when scheduling confidential teens 12- 17 years old. Anyone can schedule these appointments. The type of appointments that can be made for confidential teens are: <ul style="list-style-type: none"> ▪ Pregnancy tests ▪ Prenatal care, delivery, and post-delivery medical care for herself related to the intended live birth of a child ▪ Pregnancy decision counseling ▪ Birth control including condoms, pills, IUD, depo, etc. ▪ Annual physical exam needed to prescribe birth control ▪ Exams related to these specific services ▪ Diagnosis and treatment of sexually transmitted diseases ▪ Substance abuse and related issues counseling by provider and/or Behavioral Health <ul style="list-style-type: none"> ○ Note that confidential alcohol abuse 'treatment' is not allowed under current Colorado law ○ You may enter a diagnosis of substance abuse and can counsel the patient, but the patient should be referred out for treatment |
| CON | Consult | 20 | Use when a specialty appointment is scheduled for a non-PCP appointment when the PCP is not able to perform the procedure being scheduled (e.g., retinal eye exam, ultrasound, etc...) |
| CRC | Circumcision | 40 | Use when scheduling a circumcision procedure. |
| DC | Homeless Drop In Clinic | 20 | Found in the People's clinic schedules only. Used on Tuesday mornings and Thursday afternoons in the People's Drop-in Clinic blocked appointment slots. Appointments are scheduled by a clinic nurse and occur when a homeless patient walks into the clinic for care. |
| DED | Diabetes Education | 40 | Use when scheduling any diabetic patient with a Dietician. Patients who have pre-diabetes, type 1 or type 2 diabetes. Appointment can be scheduled by anyone. See "Nutrition" and "OB Nutrition" for other Dietician scheduling options. |
| DEP | Depression | 20 | Use when scheduling a patient for a depression appointment. |

| | | | | |
|-----|-----------------------------------|---|--|---|
| | | | For “depression” appointments with the BHP, use the “MH” event type. | |
| DIA | Diabetic | 20 | Diabetes check-up with the PCP. | |
| DG | Diabetes Group Visit | 20 | Use when scheduling a patient into a Diabetes group visit. | |
| E+3 | Established + 3 years | 20 | Use when a patient is re-establishing care and has not been seen at Clinica in 3 or more years. | |
| ERH | ER/Hospital follow-up | 20 | Use when scheduling a patient who is following up with Clinica after an ER or hospital visit. Include the name of the hospital in the appointment details. | |
| ENT | Ear, Nose & Throat | 20 | Use when scheduling a patient with an ENT specialist. Specialist appointments are scheduled and managed by the Referral Case Manager (RCM) at the site. | |
| FG | Flu Shot Group Visit | 20 | Use when scheduling a patient into a flu shot group visit. These groups are for flu shots only. This is not a “cold & flu” group. | |
| GV | Group Visit | 20 | Use when scheduling a patient into a group visit (e.g., retinal eye exam) | |
| HV | Home Visit | 60 | Use when provider is doing a home visit. Provider to specify length of appointment. Typically scheduled by the ACO Scheduler. | |
| IG | Initial Prenatal Group Visit | 20 | An appointment for patient’s who are reporting they are pregnant and who agree to attend the INP group visit. INP group visit length is longer than 20 minutes. | |
| INP | Initial Prenatal Exam | 40 | If patient refuses the INP group visit, schedule a 40 minute appointment in the MA schedule. | |
| | | 20 | OR 1 st OB appointment with provider after completing the INP group visit or 40 minute MA INP visit. | |
| INS | Immigration Physical | 20 | See INS procedure for specifics on scheduling (must pay before scheduling appointment). Do not schedule INS appointment on Thursdays. Can only be scheduled with a Civil Surgeon: CFHS Civil Surgeons | |
| IW | Initial Wellness | 20 | Use when scheduling the first wellness exam for a Medicare patient. Appointment can be scheduled by the MA or CCA. | |
| | | | Initial Preventive Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient. |
| | | | Annual Wellness Visit, Initial | At least 1 yr after the “Welcome to Medicare” exam. |
| | Annual Wellness Visit, Subsequent | Once a year (more than 1 yr + 1 day after the last Wellness Visit). | | |
| MMS | Mammo Screening | 20 | Use when scheduling a patient into the mammo mobile schedule. | |
| MAV | MA Visit | 20 | Use when scheduling any of the following appointments into the MA visit schedule: <ul style="list-style-type: none"> Lab visits | |

| | | | |
|-----|--------------------------------------|--------------------|---|
| | | | <ul style="list-style-type: none"> ▪ Ear cleaning/lavage ▪ PPD placement (any day Except for Thursday) ▪ Shots (e.g., depo/vaccines) ▪ First half INS – 40 min ▪ First half INP – 40 min ▪ PPD reading (done 48-72 hours after placement) ▪ 1 or 3 hour GTT |
| MH | Mental Health | 40 | Use when scheduling an appointment in the BHP schedule. |
| NP | New Patient | 20 | Use when scheduling a new patient for their first visit at Clinica. Exception: Use “INP” for new patients who are pregnant. |
| NB | Newborn | 20 | Use when scheduling mom and/or newborn baby’s first medical appointment after delivery. |
| NG | Newborn Group Visit | 20 | Mom and baby’s first appointment after delivery in a group setting. |
| NV | Nurse Visit | 20 | <p>Appointment with an RN, or LPN</p> <ul style="list-style-type: none"> ▪ BP checks ▪ Injections ▪ Suture/staple removal ▪ Urinary Tract Infection for adult patients ▪ Conjunctivitis (red/pink eye) ▪ Lice/scabies ▪ Wound care (follow up visit for wound) <p>If no Provider slot available:</p> <ul style="list-style-type: none"> ▪ Baby weight checks ▪ Thrush (white stuff in baby’s mouth) ▪ Bilirubin check ▪ Emergency Contraception (MAP) ▪ Ear pain ▪ Wound care (initial wound care never addressed before at Clinica) |
| NTR | Nutrition | 40 | Nutrition counseling for weight gain/loss, or diabetics. Includes glucose meter education. |
| OB | Obstetric | 20 | Up to 28 weeks, patient seen once a month. 28 – 35 weeks, patient seen every 2 weeks. 36 weeks thru delivery, patient seen every week. |
| OBG | OB Group Visit (Centering Pregnancy) | 20 | Use when scheduling a patient into a Centering group visit. |
| OBN | OB Nutrition | 40 | Use when scheduling an OB patient with the Dietician. |
| PKU | PKU Check | 20 | A PKU needs to be completed 7-14 days after birth. Use when scheduling baby for a PKU recheck in the provider, MA or nurse schedule. |
| PM | Pain Management Group Visit | 20 | Use when scheduling a patient into a pain management group visit. |
| PP | Post Partum | 20 | Mom should return 6 weeks after delivery for physical. |
| PRO | Procedure | See procedure list | Use when scheduling procedures that do not have their own specific event type and are not considered a “Consult”. See procedure list for which provider does what procedures |

| | | | | | | | | | |
|---|---|--------------------|--|---|---|--------------------------------|---|-----------------------------------|---|
| | | | and the length (procedures have different lengths). Must book patient with a provider and the procedure room. Privileges Spreadsheet | | | | | | |
| RE | Recheck | 20 | Follow-up appointment for any visit that patient has already been seen for. (For follow-up from the hospital/ER, use “ER/Hospital” event type). | | | | | | |
| RHE | Rheumatology | 40 | Use when scheduling a patient with Rheumatologist. Rheumatology appointments are scheduled and managed by the Referral Case Manager (RCM) at the site. | | | | | | |
| SW | Subsequent Wellness | 20 | Use when scheduling Medicare patients who have already received their “Welcome to Medicare” visit and initial wellness exam with Clinica. Appointment can be scheduled by the MA or CCA. <table border="1"> <tr> <td>Initial Preventive Physical Exam (IPPE)</td> <td>“Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient.</td> </tr> <tr> <td>Annual Wellness Visit, Initial</td> <td>At least 1 yr after the “Welcome to Medicare” exam.</td> </tr> <tr> <td>Annual Wellness Visit, Subsequent</td> <td>Once a year (more than 1 yr + 1 day after the last Wellness Visit).</td> </tr> </table> | Initial Preventive Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient. | Annual Wellness Visit, Initial | At least 1 yr after the “Welcome to Medicare” exam. | Annual Wellness Visit, Subsequent | Once a year (more than 1 yr + 1 day after the last Wellness Visit). |
| Initial Preventive Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient. | | | | | | | | |
| Annual Wellness Visit, Initial | At least 1 yr after the “Welcome to Medicare” exam. | | | | | | | | |
| Annual Wellness Visit, Subsequent | Once a year (more than 1 yr + 1 day after the last Wellness Visit). | | | | | | | | |
| US | Ultrasound | See procedure list | Used for ultrasounds that are not considered a “Consult”. See procedure list for which provider does what ultrasounds and the length of the ultrasound. Must book patient with a provider and the procedure room. Privileges Spreadsheet | | | | | | |
| WEL | Well Adult Exam | 20 | Yearly physical for adult males or females. Use when scheduling only a pap or a re-pap. | | | | | | |
| WCC | Well Child Check Exam | 20 | Physical exam and immunizations for children up to 18 years old. | | | | | | |
| WCG | Well Child Check Group Visit (Centering Parenting) | 20 | Used when scheduling a child into a Centering Parenting group visit or Back to School group visit | | | | | | |
| WTM | Established/Welcome to Medicare | 40 | Schedule with PCP only and ask patient to bring any paperwork with them. Send a task to the “CC welcome to Medicare task group” and include the Site/PCP/Date/Time of appointment in the task. <table border="1"> <tr> <td>Initial Preventive Physical Exam (IPPE)</td> <td>“Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient.</td> </tr> <tr> <td>Annual Wellness Visit, Initial</td> <td>At least 1 yr after the “Welcome to Medicare” exam.</td> </tr> <tr> <td>Annual Wellness Visit, Subsequent</td> <td>Once a year (more than 1 yr + 1 day after the last Wellness Visit).</td> </tr> </table> | Initial Preventive Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient. | Annual Wellness Visit, Initial | At least 1 yr after the “Welcome to Medicare” exam. | Annual Wellness Visit, Subsequent | Once a year (more than 1 yr + 1 day after the last Wellness Visit). |
| Initial Preventive Physical Exam (IPPE) | “Welcome to Medicare” is only for new Medicare patients. This must be done in the 1st year as a Medicare patient. | | | | | | | | |
| Annual Wellness Visit, Initial | At least 1 yr after the “Welcome to Medicare” exam. | | | | | | | | |
| Annual Wellness Visit, Subsequent | Once a year (more than 1 yr + 1 day after the last Wellness Visit). | | | | | | | | |