Scheduling

An Example of Micro Planning[1]

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This brief paper examines the scheduling function in a breast center, and specific initiatives that have been identified to both improve overall process and to achieve high efficiency in patient management.

The Basic Challenge

Screening mammography provides most of the patient volume in a breast center and is the most predictable in terms of its requirements. It is also not physician dependent because most screening exams are "batch" read at a time that is later in time than the patient visit and acquisition of the images. Because the screening mammogram can be very closely planned, it presents the opportunity to engineer efficient delivery processes, as well as to optimize the utilization of equipment and human resources.

Diagnostic studies, on the other hand, are much less predictable, but invariably require more time than screening. There is another difference that affects scheduling, and that is the fact that screening is a preventative service and is thereby not subject to deductibles or copayments that apply to diagnostic studies. There is a financial incentive for patients to schedule a screening exam when they are symptomatic, and they are often aided in this effort by their primary care physicians in the misguided attempt to save money. In an efficient center it is impossible to accommodate a diagnostic mammogram in a screening slot, but mis-characterizing the exam also constitutes Medicare fraud.

In this environment it is not only important to ask the right questions, but experienced schedulers will understand the clues and cues that can help to make certain that the right questions are asked and patients are scheduled for the appropriate exam. Experience tells us that the centralized scheduling systems that are most commonly found in hospitals and large medical groups do not work effectively in scheduling breast patients, and that dedicated schedulers are a prerequisite for effective care.

Fine Tuning the System

To a very large extent the schedule controls both the revenue stream and the cost structure of a breast center. The following are a few examples of sophisticated scheduling techniques that have proven to be effective and that will be utilized in the Center.

Is the scheduling time interval right? As we become more efficient in the delivery of care, the minimum time increment or scheduling "block" needs to reflect an amount of time that is no greater than the minimum time required for any procedure. It is not unusual to find 15-minute time blocks, but it is also increasingly evident that efficient screening programs deliver a screening mammogram in 10

or fewer minutes. We have found that a 10-minute interval allows for the effective use of multiples of that interval for more complex issues (see one size *doesn't* fit all, below).

Schedule screening and diagnostics on separate tracks. A mammography unit should only be used for screening when it can be blocked for screening use for a significant period. This allows the assigned technologist(s) to get into the routine of delivering the exams within a defined and efficient time interval. Keeping to schedule also provides a much better service experience for patients, as there is very little waiting.

One size ***doesn't*** fit all. At the Center we will require physicians interpreting screening exams to designate all BI-RADS 0 (recall) cases using a system that allows the technologist scheduling the diagnostic visit to estimate and reserve the appropriate amount of time, rather than a standard time block. As and example if the physician believes that the anomaly will compress out, he or she would categorize the patient as an A, meaning that the expectation is a single additional view will be required and the patient can be scheduled for 10-minutes. On the other hand, a mass that will require additional mammography, ultrasound and a probable biopsy would be categorized as a D, and given a 60-minute time block.

Own the schedule. Common scheduling technique is to ask the patient: "when would be convenient for you?" This often ends up with a scattered schedule for a given day, and the need to move patients to fill the schedule. A better way, and the way that the Center will operate, is to fill the schedule from front to back as much as possible. With this method, the scheduler addresses the patient with: "I have an appointment available at X:YY tomorrow morning, will that work for you?" Not everyone will accept, but this method allows the schedule to be filled in succession, allowing the most effective planning for staff time.

Create capacity with the schedule. "No shows" are an important cost for every breast center. The Center will track no shows very closely by day of the week and time of day. This will allow us to double book appointments into times and on days where experience shows that high rates of patient no show is a factor. With this methodology it is entirely possible to fill the actual schedule, creating approximately 10% additional capacity in most facilities.

Capital purchases and staffing are derivative to the schedule. Appropriate utilization of imaging equipment and technical staff are critical to financial responsibility, and proper utilization begins with effective scheduling and careful management. Most breast facilities only achieve approximately 50% utilization of technical equipment and staff, but much higher values are easily achievable, without affecting service, through practicing the concepts outlined above.

The foregoing points concerning scheduling are representative of the kind of micro planning that enables the delivery of care that is not only financially effective, but that is also patient effective, eliminating unnecessary delays and annoying waits. Each facet of operations should be subject to an ongoing process of micro planning, working proactively to accommodate changing needs and conditions.

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