

# Component I: Core

## Module D: Screening and Appointments

### Topic 2: Appointments

#### Statement of Purpose

To prepare the learner with basic knowledge of appointment scheduling.

#### Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. Name and describe different types of scheduling methods.
3. Describe the Medical Assistant's role in creating the appointment record.
4. Describe the referral process.
5. Discuss the most important points to consider in determining appointment scheduling for patients.
6. Identify the guidelines for handling cancellations or no shows.

#### Terminology

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|---|---|
| 1. Cancellations  | 11. Open hours  |
| 2. Categorization   | 12. Practice Management/Electronic Health Record (PM/HER) |
| 3. Clustering   | 13. Primary diagnosis                                     |
| 4. Computerized scheduling                                      | 14. Referral process                                      |
| 5. Demographics   | 15. Reschedule  |
| 6. Double booking   | 16. Single booking  |
| 7. Fasting patient  | 17. Streaming   |
| 8. Flexible wave  | 18. Urgent  |
| 9. Group visits   | 19. Walk-in   |
| 10. Health Insurance Portability and Accountability Act (HIPAA) | 20. Wave  |

#### References

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3. Blesi, M., Wise, B.A., & Kelley-Arney, C. (2012) *Medical Assisting Administrative and Clinical Competencies* (7<sup>th</sup> Ed.) Clifton Park, NY: Delmar, Cengage Learning.
4. Kronenberger, J., Southard D. L., & Woodson, D. (2012). *Comprehensive Medical Assisting* (4<sup>th</sup> Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
5. Larsen, W. (2011). *Computerized Medical Office Procedures: A Worktext Using Medisoft v16* (3<sup>rd</sup> Ed.). Philadelphia, PA: Saunders Elsevier.
6. Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach* (11<sup>th</sup> Ed.). Philadelphia, PA: Saunders Elsevier.
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Content Outline/Theory Objectives	Suggested Learning Activities
<p><b>Objective 1</b>  <b>Spell and define key terms.</b></p> <ul style="list-style-type: none"> <li>A. Review the terms listed in the terminology section.</li> <li>B. Spell the listed terms accurately.</li> <li>C. Pronounce the terms correctly.</li> <li>D. Use the terms in their proper contexts.</li> </ul>	<ul style="list-style-type: none"> <li>A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration.</li> <li>B. Administer vocabulary pre-test and post-test.</li> <li>C. Discuss learning gaps and plan for applying vocabulary.</li> </ul>
<ul style="list-style-type: none"> <li>B. True Wave scheduling involves patients being told their appointment is on the hour and are seen in the order of their arrival <ul style="list-style-type: none"> <li>1. Works for particular specialties.</li> <li>2. Works well in large facilities with several departments giving medical care.</li> <li>3. Does not take into account no-shows and late arrivals.</li> <li>4. Can accommodate worked in appointments.</li> <li>5. Short term flexibility within each hour.</li> </ul> </li> <li>C. Modified wave scheduling has multiple patients on the hour and half hour but seen in the order of their arrival <ul style="list-style-type: none"> <li>1. Variation of the wave.</li> <li>2. Hourly cycle two patients on the hour and one at the half hour.</li> <li>3. Major time-consuming patients seen at the beginning of the hour and minor time consuming patients seen at the half past hour.</li> </ul> </li> <li>D. Grouping procedures or cluster scheduling combines several patients with common complaints or similar procedures in a given time period <ul style="list-style-type: none"> <li>1. Certain types of appointments are scheduled for certain time periods or days.</li> <li>2. Allows maximum use of special equipment or personnel.</li> </ul> </li> <li>E. Double-booking scheduling is a plan where two patients are scheduled at the same time slot <ul style="list-style-type: none"> <li>1. Works well when patients are being sent for diagnostic testing.</li> <li>2. Often causes offices to fall behind schedule and patients to wait.</li> </ul> </li> <li>F. Open Access is also called same day scheduling, same day access or advanced access; it allows most patients to obtain appointments the same day they call.</li> <li>G. Open hours (tidal wave) scheduling is for patients not assigned</li> </ul>	<ul style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> </ul>

<p>any specific appointment time and is governed by the needs of the people in the area. They are asked to come in during office hours and are seen in order of their arrival on a first-come, first-served basis.</p> <ol style="list-style-type: none"> <li>1. Effective time management is almost impossible.</li> <li>2. Facilities may be overloaded at some times and empty at other times.</li> <li>3. Charts must be pulled and prepared as each patient arrives.</li> <li>4. Patients may have to wait a considerably long time       <ol style="list-style-type: none"> <li>a. Emergency or Urgent Care Clinics.</li> <li>b. Laboratories.</li> <li>c. Imaging Facilities.</li> </ol> </li> </ol> <p>H. Time-specified or Stream scheduling is time allocated depending on the reason for the visit</p> <ol style="list-style-type: none"> <li>1. This is the most common type of scheduling.</li> <li>2. A drawback is that not enough information may be given to the scheduler, resulting in appointments being too short for patient's needs.</li> <li>3. Important to list Chief Complaint (which helps to select the appropriate time slot).</li> </ol> <p>I. Practice-Based Scheduling is a customized system based on the health care practitioners needs with specified times for certain procedures.</p> <p>J. Appointment Scheduling within Practice Management (PM) and Electronic Health Record (EHR) systems</p> <ol style="list-style-type: none"> <li>1. Any of the above scheduling techniques could be used electronically and could be designed specific by the software vendor for the practice.</li> <li>2. PM/EHR makes it easy to Make, Reschedule, Cancel or indicate No Show (NS).</li> </ol>	
<p><b>Objective 3</b>  <b>Describe the Medical Assistant's role in creating the appointment record.</b></p> <p>A. Fully integrated PM/EHR appointment</p> <ol style="list-style-type: none"> <li>1. Enter demographic information.</li> <li>2. Enter Chief Complaint.</li> <li>3. Select Physician.</li> <li>4. Schedule Appointment (or template) based on Chief Complaint and length of time allotted.</li> </ol> <p>B. Appointment book</p> <ol style="list-style-type: none"> <li>1. Set up blocked times (with reasons) on schedule when physician is not available.</li> <li>2. Set up specific slots for New Patient vs. Established Patient (usually no more than 4 new in a day).</li> <li>3. Gather demographics (fill in form for chart).</li> <li>4. List Chief Complaint.</li> <li>5. Estimated time for visit.</li> <li>6. Schedule appointment.</li> <li>7. Before visit, create paper chart.</li> </ol>	<p>A. Lecture/Discussion          B. Assigned Reading</p>

<p>C. Legal record</p> <ol style="list-style-type: none"> <li>1. Both computerized appointment data and appointment book.</li> <li>2. Appointment books archived for seven years.</li> <li>3. HIPAA laws apply to both the computerized and hard copy appointment systems.</li> </ol>	
<p><b>Objective 4</b>  <b>Describe the referral process.</b></p> <p>A. When making appointments for a referred patient (coming from their primary care physician)</p> <ol style="list-style-type: none"> <li>1. Be certain the practice participates in the patient’s insurance.</li> <li>2. Be certain the referral is for the correct physician.</li> <li>3. Try to fit the patient into the schedule as soon as possible as a courtesy.</li> </ol> <p>B. When making appointments for a patient you are referring from the primary care physician office</p> <ol style="list-style-type: none"> <li>1. Review physician’s documentation on type of referral necessary <ol style="list-style-type: none"> <li>a. Check to see if formal referral has been done in the Electronic Health Record.</li> <li>b. Check to see if formal paper referral was given to the patient (in a manual “paper chart” office).</li> </ol> </li> <li>2. If qualified physician names were given but no formal referral was done, instruct the patient on the process. If working with a preferred provider list, give patient two physician names, including phone numbers and addresses, to choose from. If desired, make the appointment for the patient.</li> </ol>	<p>A. Lecture/Discussion  B. Assigned Reading  C. Collaborative group instruction</p>
<p><b>Discuss the most important points to consider in determining appointment schedule for patients.</b></p> <p>A. When scheduling an appointment with patient/client be patient, cordial and assure clarity.</p> <p>B. New Patient</p> <ol style="list-style-type: none"> <li>1. Patient who has not been established at the medical practice.</li> <li>2. Most often arranged over the phone.</li> <li>3. Demographic information is important: their name, address, their daytime phone number and date of birth.</li> <li>4. New patients should be told to arrive 20-30 minutes early to complete history and insurance forms (unless the office has a patient portal whereby the patient can submit this online).</li> </ol> <p>C. Fasting patients</p> <ol style="list-style-type: none"> <li>1. Coming to office for procedure or test.</li> <li>2. Schedule early in day for their convenience.</li> </ol> <p>D. Diabetic patients</p> <ol style="list-style-type: none"> <li>1. Schedule early morning rather than close to lunch or dinner.</li> <li>2. If physician sees several diabetic patients, consider</li> </ol>	<p>A. Lecture/Discussion  B. Assigned Reading</p>

<p>clustering their visits.</p> <p>E. Repeat visits</p> <ol style="list-style-type: none"> <li>1. Patients, such as prenatal checkups, should be scheduled the same time each month or week.</li> <li>2. Establishing a routine helps patient remember their appointments.</li> </ol> <p>F. Late arrivals</p> <ol style="list-style-type: none"> <li>1. Routinely late <ol style="list-style-type: none"> <li>a. When gentle reminders do not help.</li> <li>b. Book at end of day after most appointments have been seen.</li> <li>c. Document their lateness and after third or fourth time have a discussion regarding their lateness with the goal of finding a solution.</li> </ol> </li> </ol> <p>G. Walk-ins</p> <ol style="list-style-type: none"> <li>1. Arrivals without an appointment.</li> <li>2. Handling varies based on office policy.</li> </ol> <p>H. Urgent medical needs.</p>	
<p><b>Objective 6</b>  <b>Identify the guidelines for handling cancellations or no shows.</b></p> <ol style="list-style-type: none"> <li>A. Note in the patient chart or Electronic Medical Record.</li> <li>B. Notify the physician.</li> <li>C. Try to contact patient to reschedule <ol style="list-style-type: none"> <li>1. Chart action taken and what the result was <ol style="list-style-type: none"> <li>a. Left message.</li> <li>b. Rescheduled.</li> </ol> </li> </ol> </li> <li>D. Alternative, mail letter regarding missed appointment.</li> </ol>	<ol style="list-style-type: none"> <li>A. Lecture/Discussion</li> <li>B. Assigned Reading</li> </ol>