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Three barriers to timely patient care and how to knock them down

Intelligent Scheduling unlocks patient acquisition and retention

The United States healthcare system faces a combination of internal and external storms, limiting growth and challenging healthcare leaders in ways they have never before experienced.

- Consumer healthcare utilization has not returned to pre-pandemic levels. The U.S. saw a 7.1% decrease in general health services spending in 2021.[1]

- Operating margins are declining year-over-year. In January 2022, margins were down by 24% (vs. January 2021) and 73% (vs. January 2020).[2] This is attributed to:

    - Higher acuity inpatient cases with longer lengths of stay

    - Increasing costs for labor and drugs due to widespread staffing and supply chain issues

    - Patients and providers delaying nonurgent procedures to mitigate viral spread

- 69% of health system leaders gave patient access at their systems a "C" grade or lower.[3]

Burnout and attrition among staff have reached epidemic proportions. As consumers become more activated in their health and healthcare, their expectations for convenience, ease of use, and personalization continue to rise.[4] Successfully navigating workforce challenges and consumerism will be essential for health system growth – and can mean the difference between organizations that continue serving their communities for decades to come and those that are forced to consolidate or close.

Central to jumpstarting growth is uniting the strategic priorities of increasing staff engagement and earning consumer loyalty. Effective self-scheduling can remove these barriers to organizational growth. Consumers appreciate the convenience self-scheduling offers. Staff can spend less time managing scheduling requests and more time helping patients who require higher-touch support. However, the ROI for previous scheduling investments has been constrained by a myopic focus on the experience of one stakeholder group — be it patients, providers, or staff — and the exclusion of others.

Perhaps the most compelling reason to reevaluate self-scheduling? Today's patients have no shortage of convenient and affordable choices when it comes to seeking care. With self-scheduling as a strategic lever, organizations are moving from patient leakage to keepage across the multitude of entry points into the health system.

It is time for leaders to take a closer look at why their status quo scheduling processes underdeliver on ROI – and how they can unlock growth goals with patient self-scheduling.
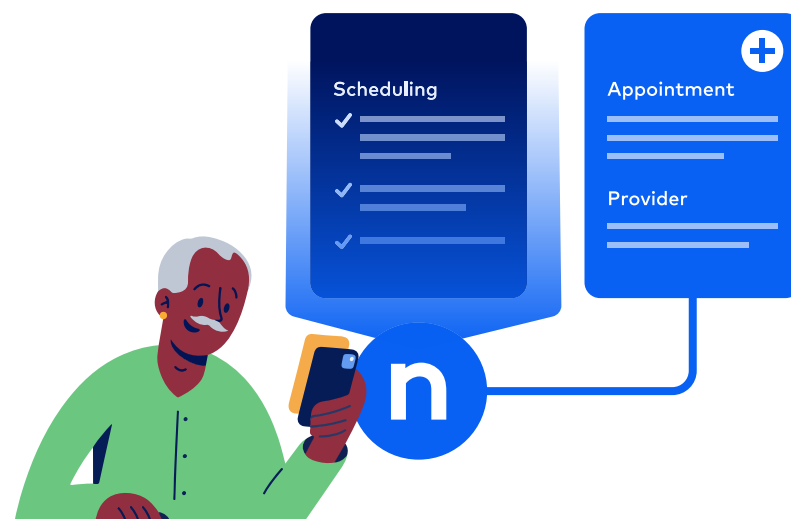
Reliance on patients to initiate care

Here is a scenario that happens all too often: A health system launches a new online scheduling tool with the goal of expanding access to care. Their patients, comfortable with online scheduling in other areas of their lives, try—and fail—to use the new tool to schedule an appointment. When they cannot set an appointment online, they might do one of three things:

1. Call to make their appointments. This might mean two or more calls before they can get an appointment, since 41% of calls do not result in an appointment on the first try.[5]

2. Seek care elsewhere. A full 80% of patients want to schedule appointments online – even if this means less appointment availability.[6][7]

3. Delay or forgo care. This has important implications for health outcomes[8], care continuity, and care coordination.

Patients switch providers in search of convenience[6][7]
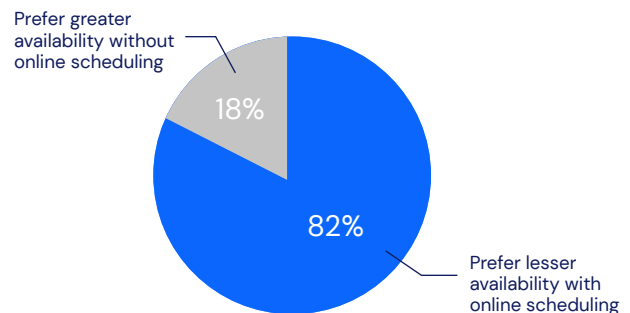
Prefer greater availability without online scheduling 18%

82% Prefer lesser availability with online scheduling

80% of patients want to schedule appointments online, even if this means less appointment availability.

The results? Business as usual: poor patient access, patient leakage, gaps in care, and empty appointment slots.

Far too many health systems rely on patients to initiate their own appointments – but they encounter significant barriers that become opportunities for leakage:

- Patients may try to find and book appointments online, but the provider or specialty they are looking for is not available.
- Call centers with limited business hours restrict access.
- Systems that use a patchwork of call centers and online scheduling tools for different departments can be confusing and challenging to navigate.
- Patients may forget to schedule – or when they try to set an appointment, long hold times and the need to transfer between departments may prompt them to give up.

Typical patient journey presents multiple opportunities for patient leakage

A patient has a routine check-in with his primary care provider
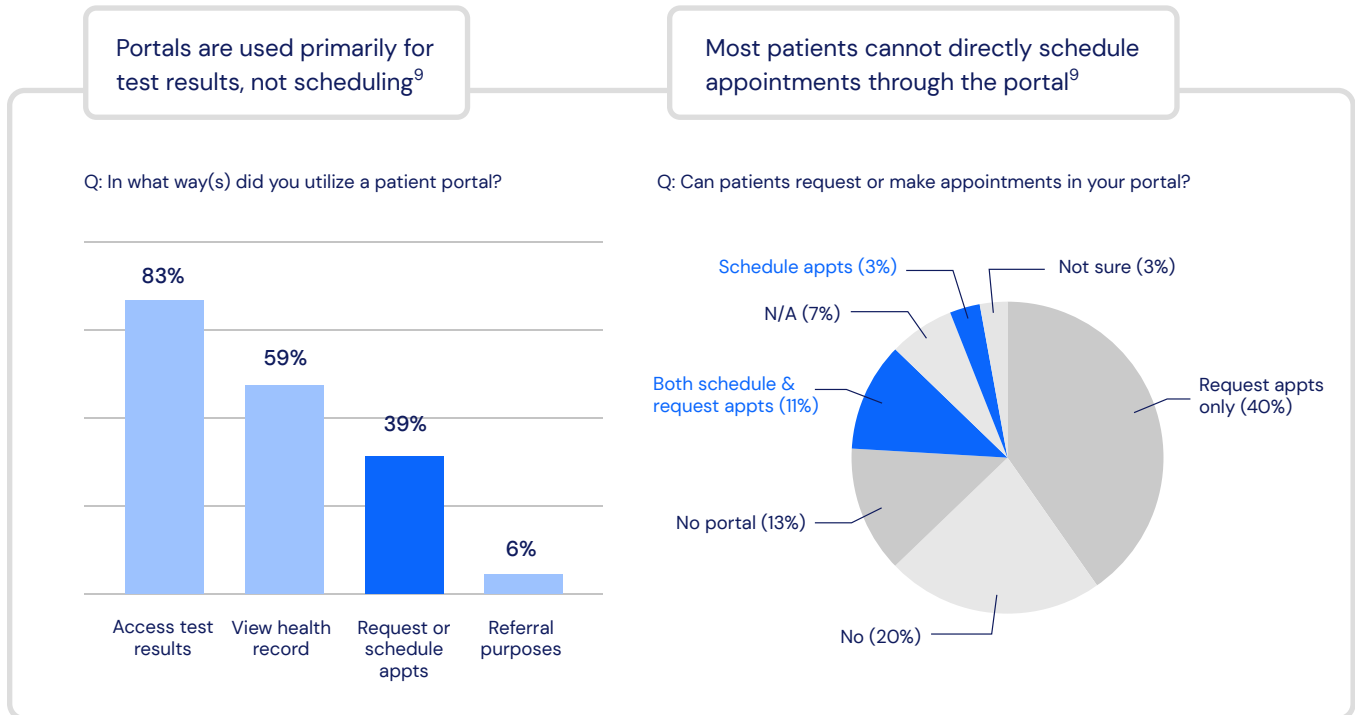
Action Required
Needs to schedule lab testing

Action Required
Needs to schedule follow-up appointment with specialist

Patient usage of portals remains low. One common patient complaint is that portals are difficult to navigate. Portals are used primarily for test results, not requesting or scheduling appointments. Furthermore, most patients cannot directly schedule appointments through the portal. And when they can, their experience is less than optimal.

Portals are used primarily for test results, not scheduling[9]

Q: In what way(s) did you utilize a patient portal?

- Access test results: 83%
- View health record: 59%
- Request or schedule appts: 39%
- Referral purposes: 6%

Most patients cannot directly schedule appointments through the portal[9]

Q: Can patients request or make appointments in your portal?

- Schedule appts (3%)
- Not sure (3%)
- N/A (7%)
- Both schedule & request appts (11%)
- Request appts only (40%)
- No portal (13%)
- No (20%)

According to a survey conducted by the Medical Group Management Association,[9] 86% of practice leaders indicated patients could not schedule appointments via their portal. They could only use the portal to submit appointment requests. One patient respondent shared, "My experience is that all these providers force you to [use the] portal, but their staff typically are not effective in using it, so I end up having to call anyway."

Requesting appointments online still requires manual staff processing – and this status quo is not working. When health systems place the onus on patients to find and schedule care, the results are unaddressed care gaps, delays in care, and patient leakage.

Gap 2

Heavy dependence on manual workflows

An online scheduling tool won't work in the long term if it adds more administrative burden for staff members.
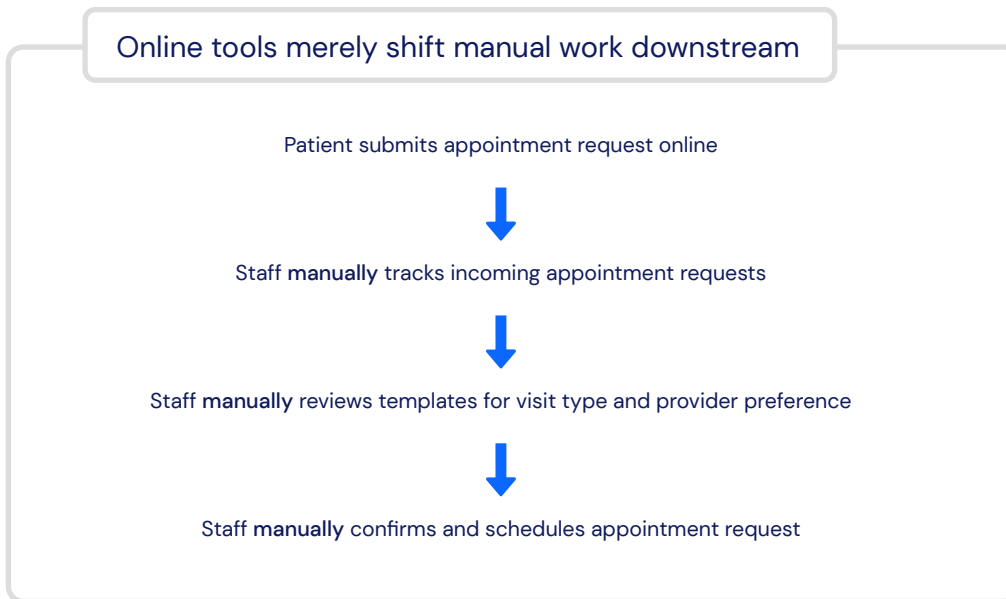
Health systems are facing a workforce crisis, with attrition at record-high levels across essential staff positions. Wage pressures are increasing in a tight labor market, with FTE staffing levels down 5% from January 2021 to January 2022 during the height of the pandemic.[10] But signs of trouble were evident long before the pandemic. Over the past decade, multiple studies have indicated that 35 – 54% of nurses and physicians were feeling burned out.[11] With 18% of healthcare workers quitting their jobs since February 2020 – and 31% considering leaving their employers[12] – burnout has reached epidemic proportions.

When administrative burden increases, burnout inevitably follows.

The appointment scheduling process is built on manual workflows. Inbound call center volume is dominated by scheduling, with some health systems receiving nearly three out of four calls related to appointment scheduling, rescheduling, and cancellations.

Inbound call center volume dominated by scheduling[13]

Med refills

Provider messaging

General info

>70%

Scheduling, rescheduling, and cancellations
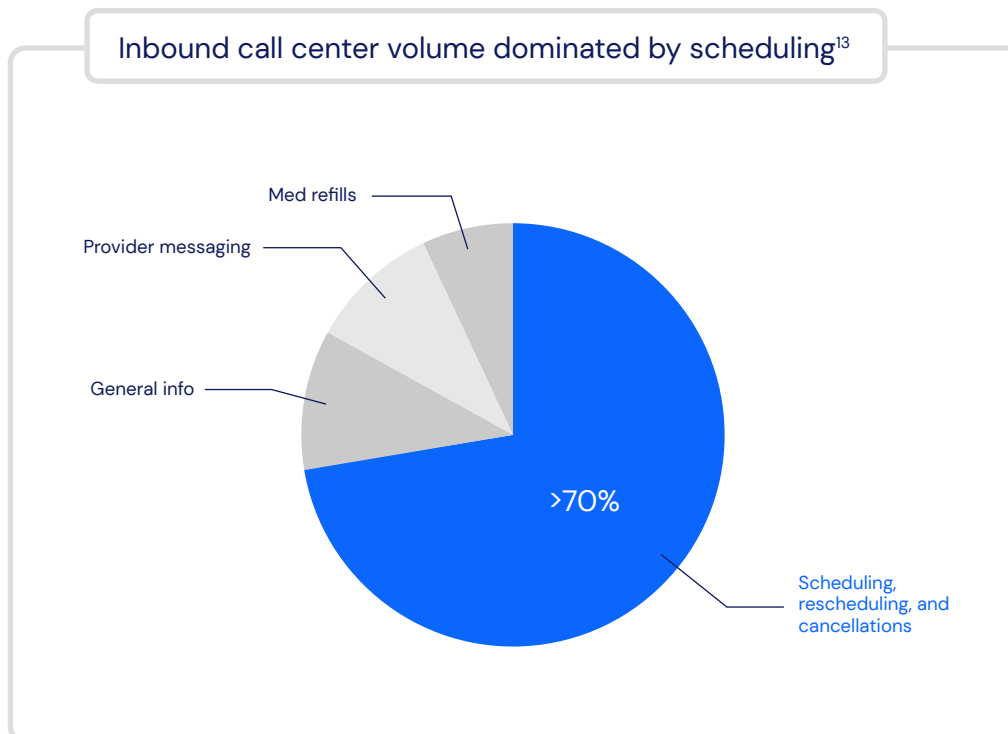
Even when health systems have implemented online tools in an attempt to divert 10% or 20% of call volume, the underlying problem of manual work still persists. When patients click the "Confirm Appointment" button, scheduling requests are kicked to a manual workflow or appointment dashboard for staff to monitor and confirm for quality control – making the process anything but touchless or automated.

Online tools merely shift manual work downstream

Patient submits appointment request online

⬇

Staff **manually** tracks incoming appointment requests

⬇

Staff **manually** reviews templates for visit type and provider preference

⬇

Staff **manually** confirms and schedules appointment request

As a result, staffing levels cannot keep pace with patient demand. Since scheduling continues to depend on manual staff workflows, health systems find themselves in an unsustainable cycle of continually increasing staffing levels to support patient needs. The current tight labor market may eventually subside, but recruiting and retaining staff has become more expensive as health systems try to attract new workers with higher wages and benefits. Compared to 2021, hospitals in January 2022 experienced a 14% increase in total labor expenses and 24% decrease in operating margins.[14] One health system reported $200 million in additional labor costs in the last year due to salary increases, bonuses, and other efforts to recruit and retain staff.[15]

Scheduling processes create administratively burdensome tasks that challenge employee engagement. Staff manually manage multiple point solutions on the backend, processing a huge volume of scheduling, rescheduling, and cancellation requests. As a result, staff do not have the capacity to proactively engage patients and help those who need higher-touch support – compromising patient access and staff engagement.

Gap 3

Limited provider adoption of online scheduling due to lack of flexibility

According to one study, only 58% of providers have made efforts to change their scheduling practices to adapt to new patient preferences.[16] Why are providers resistant to opening their schedules online?

Common provider concerns with online scheduling include:

- Lack of flexibility to handle provider preferences and nuances with patient care
- Fear of more cancellations or no-shows
- Concerns about gathering the right information prior to the appointment
- Disruption to established workflows

Previous investments may have negatively impacted provider confidence in online scheduling. It often takes many months and significant implementation fees to build decision trees that reflect provider practice patterns and requirements. Furthermore, ongoing optimization is often maintenance-heavy and requires a high IT lift.

Despite major time and resources devoted to online scheduling implementation, online scheduling tools have not been able to accommodate the complexity of patient needs or provider practice patterns and preferences. Since existing online scheduling tools do not have the technical capability to accurately route patients to the right appointment, the majority of providers depend on human schedulers for more accurate scheduling. With only a fraction of providers opening their schedules online, patients are unable to find the care they need.

1 Providers have complex appointment templates to accommodate their practice patterns

Preferences

Dr. Al
Unavailable: Before Noon

Dr. Johnson
Unavailable: 2 appointments in the afternoon

Dr. Smith
Unavailable: Only sees new patients from 3-4pm

Visit Types

AWV — 20 mins

Physical — 30 mins

Office Visit — 20 mins

Modifiers

Add 15min for 65+ female

Add 10min for office visit with Dr. Al

Add 5min for office visit with Dr. Smith

2 Insufficient online tools force providers to resort to human schedulers

3 With only a fraction of providers opening their schedules online, patients cannot find the care they need

Limiting patient access to care →

Online scheduling solutions have failed to resolve these concerns. If health systems are to solve the scheduling problem, providers need a solution that will ensure patients schedule the right appointment with the right provider for their care needs *every time*.

Best practices for self-scheduling

To achieve the full potential of self-scheduling in securing better patient, staff, and provider outcomes, leading health systems have leveraged these best practices:

1. Lead with a convenience–first scheduling process

In the age of consumerism, health systems that use self-scheduling as a tool to expand patient access, deliver on convenience at every touchpoint along the care continuum, and simplify complexity stand to gain a strong competitive advantage over organizations that stick with the status quo.

Requiring patients to navigate a patchwork of call centers and digital tools is more than a dissatisfier; it negatively impacts health outcomes, care continuity, and revenue cycle. Health systems should design their self-scheduling process for the convenience of all patient populations they serve – not just those who are already digitally engaged.

Since patient portal adoption remains low, relying on portals for self-scheduling does not address the core challenge of expanding access. Ultimately, lowering barriers to care starts with meeting your patients where they are. The following patient questions can help guide a baseline assessment of self-scheduling preferences:

- What communication channels do you use to schedule appointments? Why are these your preferred communication channels?
- How do you find providers?
- How do you schedule follow-up care that is recommended by your provider, such as referrals or labs?
- What are the easiest aspects of the self-scheduling process? What are the frustrating aspects of the self-scheduling process?

2. Provide patients with a connected experience

Patients perceive scheduling, registration, and clinical intake as one continuous process – yet most health systems have not been able to connect these essential steps of the pre-care journey for decades. Beyond creating poor experiences, this can impact patient confidence that their providers have the right information to care for them.

As the entry point for patients seeking care, scheduling represents the beginning of the patient intake process and the first opportunity to create high-satisfaction patient experiences. It is also the workhorse of patient activation and ongoing engagement after a patient's initial episode of care. By connecting these steps into an easy-to-navigate patient experience, health systems can end the fragmentation that often stunts patient access.
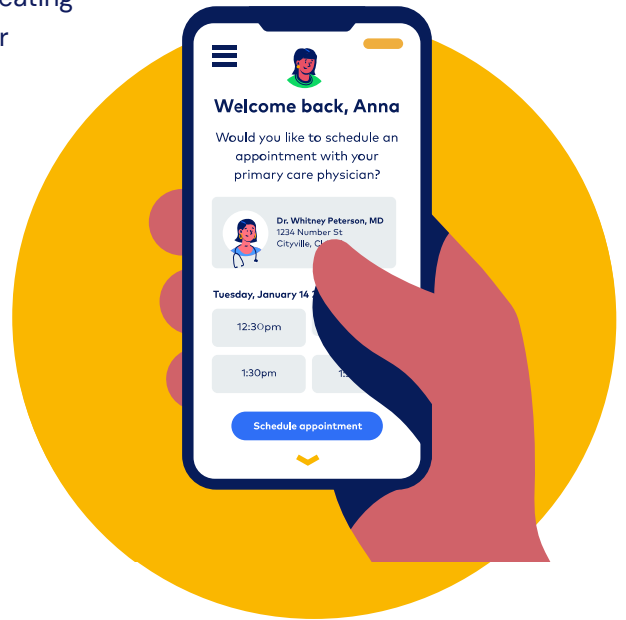
3. Anticipate patient needs throughout their health journey

By nudging patients to schedule the right care at the right time and place, health systems can help patients stay on top of their health today and in the years to come. In doing so, they can earn patient trust as long-term partners in health – and thereby build patient loyalty and increase retention.

To understand the end-to-end patient experience and identify areas for improvement, start by mapping the entire patient journey across the continuum of care. Patient journey maps should feature the following elements using both qualitative and quantitative data:

- **Patient Communication**: Consider the message content, channel (in-person, online, and over the phone), and timing.

- **Internal Influences**: Consider factors that shape the patient journey as a result of the health system's operations (such as long wait times to schedule referrals due to limited staff capacity).

- **External Influences**: Consider factors that are outside the organization's control (such as a patient moving out of state).

- **Barriers to Care**: Consider obstacles that limit the patient's ability to get the care they need (such as cost pressures, limited appointment availability, and access challenges related to the social determinants of health).

Next, take a closer look at the specific touchpoints in the patient journey when an appointment is needed.

- Why is the appointment needed?
- Who initiates the scheduling process?
- What are the steps in the scheduling process?
- What is the lead time for appointments (calendar days between when an appointment is made and the appointment date)?
- What happens if the appointment is not scheduled?
- What happens when patients cancel an appointment?

These questions can reveal situations in which the health system is reactively waiting for patients to schedule their care – which can often result in delayed or forgone appointments. Instead of deferring the responsibility to patients, high-performing health systems are proactively engaging patients to schedule recommended care.

Lastly, identify opportunities to make it easier for patients to find and schedule the care they need. These scheduling touchpoints may include:

- Primary and specialty care providers
- Clinical orders
- Referrals
- Preventive screenings
- Walk-in or urgent care

By improving patient access at every touchpoint in the care journey, health systems can accelerate patient keepage.
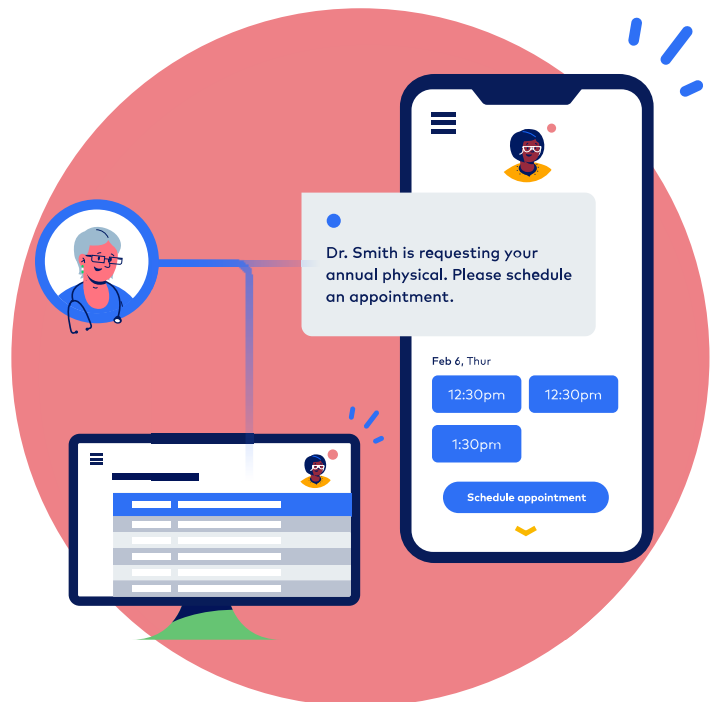
4. Solve the complexity of scheduling for providers and staff

Patients, staff, and providers must be treated as equal constituents in the self-scheduling process. Some online scheduling tools can introduce more administrative overhead than traditional call-based workflows. Only when self-scheduling directly addresses the administrative burden that staff endure – and the sophistication that providers need – will health systems be able to drive the ROI they expect.

- Give providers the confidence to open their schedules online. Capture provider practice patterns and preferences accurately to ensure patients schedule the right visit with the right provider every time.

- Eliminate the need to manually process appointments. Divert scheduling-related call center volume and decrease administrative burden with technology that addresses interoperability limitations.

Finding the right partner for self-scheduling

When exploring new technology partners, there are a few key factors to help your organization get the most out of your investment in self-scheduling.

Measure what matters

Start by defining the outcomes your team wants to achieve. Choosing the right metrics will enable your team to quantify and track the impact of your self-scheduling initiative. Consider both operational and business metrics, such as:

Operational metrics

- Percentage of appointments scheduled online for new and existing patients
- Percentage of provider participation in self-scheduling
- Call volume related to scheduling
- Time between appointment request and appointment scheduled

Business metrics

- Patient acquisition
- Patient retention
- Patient satisfaction
- FTE capacity
- Late cancellations
- No-shows
- Empty appointment slots

Evaluation criteria

Selecting the right scheduling partner for your organization's needs can be challenging. With so many options available, accurately assessing the real benefits and potential pitfalls of each option is critical.

Selecting the wrong partner will have long-lasting implications for all stakeholders. For health systems that have already dabbled in online scheduling, the consequences of the wrong choice can be devastating. Patients, staff, and providers may already be conditioned by previous efforts to expect frustrations with any new technology. The risk of failure is high.

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When evaluating self-scheduling solutions, the following questions can help guide your team to find the best partner to accelerate patient acquisition and retention, eliminate scheduling-related administrative burden, and increase provider adoption of online scheduling:

☐ Does the solution allow your organization to initiate outbound scheduling? Examples include nudging patients to complete clinical orders, close care gaps, and schedule referrals.

☐ How does the solution ensure that patients are scheduling the right visit with the right provider at the right time?

☐ Can the solution be configured to meet the exact practice patterns and preferences of your providers?

    ☐ Does the solution utilize the established scheduling rules in your electronic health record?

    ☐ Does the solution book the correct appointment slots (without creating additional appointment types that require downstream reconciliation)?

☐ Does the solution require staff to manually monitor and confirm appointment requests on the backend?

☐ How does the solution support patient reconciliation?

    ☐ How does the solution handle new patients?

    ☐ Can the solution recognize and match existing patients to their electronic health record in real-time?

☐ Does the solution provide eligibility verification in real-time to reduce denials and delayed payment?

☐ Does the solution allow patients to schedule care using their preferred channel of engagement? Examples include your website, mobile app, and patient portal.

☐ How is the solution integrated into the patient journey? Examples include engaging patients to complete all pre-visit requirements and pending post-visit items.

☐ What is the solution's implementation approach? Consider the additional time and costs needed to develop decision trees for each specialty.

☐ Will the solution take a consultative approach to automating complex scheduling needs?

By assessing potential solutions based on their responses to these questions, your team is better equipped to choose the right catalyst for growing market share and sustaining operational impact.

Expanding patient access by 2.5x within six weeks at North Kansas City Hospital

North Kansas City Hospital (NKCH) is an acute care facility that provides the largest network of provider practices in the Northland region of Kansas City, Missouri. Through its Meritas Health subsidiary, NKCH employs more than 140 primary and specialty care physicians in 30 locations, and its medical staff of 550 physicians represents 46 medical specialties.

In the wake of the COVID-19 pandemic, NKCH and Meritas Health maximized their vaccine throughput by automating patient registration, check-in, and follow up for inbound appointment bookings as well as outbound follow ups and reminders. As a result, 85% of the almost 100,000 patients who scheduled vaccine appointments also completed their consent form and health questionnaire documentation digitally through Notable, prior to arriving for their vaccination.

Fast forward one year later, NKCH and Meritas Health expanded their automated scheduling capabilities to all primary care providers and specialists.

Prior to Notable, NKCH and Meritas Health patients were increasingly frustrated with the online scheduling experience through their online patient portal. Staff were also frustrated, as the portal merely put a hold on providers' calendars. This gap created a large volume of duplicative work, with staff having to manually confirm each appointment.

By expanding their use of Notable's Intelligent Scheduling, NKCH and Meritas Health aimed to increase the number of appointments scheduled directly by patients, improve patient satisfaction, and reduce inbound calls related to inbound and outbound scheduling.

"By investing in intelligent automation, we are removing the burden on the patient to determine when they need to be seen for care. At the same time, we are enabling the provider to take a more proactive approach with each of their patients."

Kristen Guillaume,
Vice President and Chief Information Officer,
North Kansas City Hospital and Meritas Health

Today, Notable's Intelligent Scheduling replaces the patient portal, a move that has garnered a 96% patient satisfaction rating. Within the first six weeks of going live, scheduled appointments for the same number of available providers jumped from 5.7% to 14%, with an average of more than 400 online appointments booked per week.

NKCH and Meritas Health patient feedback:

"This made scheduling easier than waiting for a live person to talk to while I am at work."

"So fast! Love scheduling this way!"

"Since I have had to sadly reschedule twice now, this gives me the option to see what is available without having to ask for multiple time windows and dates."

"Very easy to navigate for a technically-challenged individual like myself."

"So easy. I was disconnected 3 times when I called the office number to schedule. Never spoke to a person. So this worked much faster"

"I was not able to call today, but the fact that you can just get online and make an appointment within less than 5 minutes is amazing. It was very convenient and on top of that, it was super easy! Thank you so much!"

Power patient self-scheduling with Notable

With Notable's Intelligent Scheduling, health systems can address the full array of scheduling needs for patients, staff, and providers:

- **Increase patient retention** by proactively engaging patients in the care they need throughout their healthcare experience, including establishing care for the first time and following up on a referral to a specialist provider. Patients are automatically engaged to complete all pre-visit requirements and follow up with pending post-visit items.
- **Increase staff capacity** by removing scheduling-related administrative burden. Staff are freed from manually monitoring and confirming incoming appointment requests on the backend.
- **Increase provider acceptance** by automating the complexity of appointment templates with predefined appointment rules that precisely capture provider availability and individual preferences. Providers can have full confidence in opening their schedules online with easily customized provider templates that ensure patients are correctly scheduled with the best providers for their care needs every time.

By harnessing artificial intelligence and a unique integration approach that combines API and RPA, Notable's Intelligent Scheduling is the only digital solution that helps patients self-schedule appointments based on their desire for care or guidance from a provider – eliminating the need for phone calls.

With Notable's outcomes-driven partnership approach, leading health systems have achieved results such as:

97%

Patient
satisfaction rating

223k

Calls eliminated
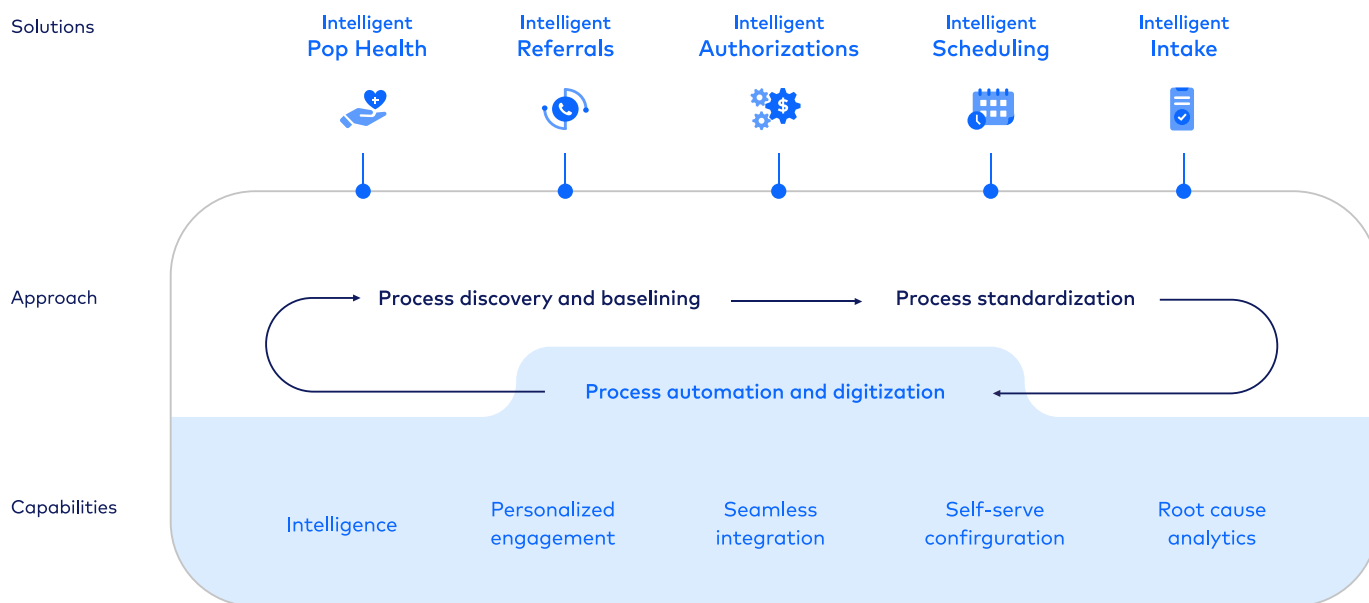per year

55%

Decrease in
no-show rates

To explore how Intelligent Scheduling can help your organization unlock growth goals by accelerating patient acquisition and retention with self-scheduling, request a demo with a Notable product specialist here.

"By leveraging intelligent automation, we can develop efficient workflows that can be tailored based on the unique needs of each of our patient populations. Notable gives us the insights we need in order to ensure patients receive the exceptional care they need, right when they need it."

Mark Thiel,
Vice President of Primary Care,
ThedaCare

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Notable: The leading provider of intelligent automation for healthcare

Intelligent Scheduling is built on Notable's platform, which combines artificial intelligence, automation, and patient engagement technologies to perform manual and repetitive work on behalf of staff and clinicians. We enable health system leaders to operate with the personalization, precision, and simplicity required to reach their strategic goals.

Solutions

Intelligent Pop Health · **Intelligent Referrals** · **Intelligent Authorizations** · **Intelligent Scheduling** · **Intelligent Intake**

Approach

Process discovery and baselining → Process standardization

Process automation and digitization

Capabilities

Intelligence · Personalized engagement · Seamless integration · Self-serve confirguration · Root cause analytics

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