



Overbooking underperforming? 5 tips to unstick your schedule

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Patient encounters

Overbooking patient encounters is an open secret in practice management. But it can be tricky to get the mix of expected no-shows and available provider slots right. Experts suggest some tech fixes, and also alternatives that may, at least to some extent, make the balancing act easier.

Technological advances have made many aspects of medical practice smoother and easier to operate, but appointment scheduling seems to be an outlier. A big part of the reason is demand. In a 2022 study, for instance, Merritt Hawkins made appointments at a variety of practices in 15 large markets to see how long it took to see a provider, something the company had also done in years past. The 2022 average was 26 days, which Merritt Hawkins reports was “up from 24.1 days in 2017, an 8% increase, and up from 20.9 days in 2004.”

Between that and an understandable desire to keep providers' schedules full, practices tend to overbook and even double-book appointments. Patty Riskind, CEO of Orbita.ai, a provider of virtual assistants for healthcare in Boston, says “overbooking is accepted to a certain degree because patients encounter it in a variety of areas — for example, travel and lodging.”

The problem, Riskind acknowledges, is that overbooking doesn't always work out to the patient's advantage, and “we all want our time to be treated with as much respect as a physician's.” And sometimes providers don't get what they want out of it, either.

Why don't they show?

The basis for overbooking is an awareness that some patients simply aren't going to show up, meaning there will always be an open appointment space or two or three. The trick is figuring out how much open space you can count on.

There are plenty of old saws about no-shows and certain days, times of year and weather conditions. Thomas Jankowski, CEO of the Canadian medical booking company Medimap, confirms some of these: His research finds “no-shows tend to be up to two times higher during the summer and around major holidays,” and “highest on Mondays and Fridays and around bad weather events — even gloomy days will see no-shows jump by 10% [or more] versus sunny days, but add in any inclement weather and this skyrockets.”

Jankowski also finds that the patient's reason for booking can be a good predictor of attendance. For example, appointments “with naturally low delay and high urgency will tend to have a very low number of no-shows — for example, an ankle sprain — and should not be overbooked by a lot, while long-term follow-ups or chronic care check-ins will be on the other end of the spectrum.”

5 ways to settle the schedule

1. **Get doctor and booker consensus.** You may be thinking of appointments as something management totally owns, but Gerda Maissel, M.D., CEO of My MD Advisor in New York City, reminds you that “physicians watch their schedules very closely — so for them and practice managers to have good relationships there should be complete transparency around booking.”

Maissel has heard from doctors who feel they aren't given enough time to work by the bookers, including one she spoke to recently who was backed up in the morning but looked forward to a break at lunch, only to learn that the front desk had replaced his lunch hour with a fill-in appointment. On the other hand, she knows doctors who “love to be double- and even triple-booked. Some people thrive on that kind of thing.”

Maissel recommends an independent assessment of the thoughts and feelings of clinical and appointment staff — but not via a group meeting. “If you put a doctor in a room with a front desk person,” she says, “that front desk person is not going to say ‘Boo.’ So you've got to get the front desk person alone and talk to a couple of different people and try to find out what the real scoop is.”

2. **Program it.** Keeping no-shows to a minimum narrows the overbooking window and can make scheduling less chaotic. Plenty of companies specialize in automated appointment coordination and reminder services that can help. Jankowski describes one such program with a “a 24/7 cancellation voicemail hotline that gets checked every

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couple of hours,” for example, coupled with email reminders three months, one month, two weeks, and one week out from the appointment, then a call 48 hours before and text messages 24 hours and three hours before. He mentions that some software vendors “are working [on] dynamic appointments, which reward habitually well-behaving patients with non-overbooked, on-time appointments, while pushing habitual no-show patients to the end of the queue.”

You might explore advanced booking programs that use artificial intelligence (AI). Sameer Bhat, vice president of sales and co-founder of eClinicalWorks, says with his company’s AI-based healow no-show prediction model, their client Urban Health Plan (UHP) was able to “identify which patients were at high risk for missing an appointment and recommend automated reminders or a telehealth appointment to make sure the patient was still seen by a provider,” which “reduced the no-show rate by 50% among the high-risk no-show group.”

- 3. Ask why they didn’t show.** In addition to the day-season-weather factors, patients will have their own reasons for not making their appointments, and these may affect their future attendance. “Is there a lack of provider communication on the importance of a follow up?” asks John Guiliana, DPM, medical director of podiatry at the ModMed consultancy in Boca Raton, Fla. “Is it due to financial burdens? Or are patients just forgetting? ... A follow-up phone call should be made to ascertain the reason. This is not only an important part of good process management, but it is also essential for continuity and quality of care.”
- 4. Vary appointment times.** Guiliana says a good way to maximize appointment time is “actually scheduling patients for the amount of time that they truly need. For example, booking an established patient for a 15-minute time slot when, in reality, they need only five minutes is an inefficient use of the schedule.”
- 5. Let patients book on their own.** It’s important to give patients the schedule they want, but “it’s worth discussing how important self-scheduling has become to consumers,” Riskind says. “One provider recently told me he is astounded that you can book travel around the world without interacting with a person, but you can’t schedule your next physical on your own. The technology is certainly available and patients say they prefer self-scheduling.” In fact, a recent survey by strategy and market research company Eliciting Insights finds 76% of millennial respondents would be more likely to choose a new health care provider who offers online scheduling. — Roy Edroso (redroso@decisionhealth.com) ■

Resources

- Merritt Hawkins, 2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates: www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Articles/mha-2022-wait-time-survey.pdf
- Press release, “Eliciting Insights Announces Results of Survey on Online Appointment Scheduling in Healthcare,” March 14, 2023: www.wspa.com/business/press-releases/accesswire/743485/eliciting-insights-announces-results-of-survey-on-online-appointment-scheduling-in-healthcare/



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