





OPERATIONAL REDESIGN: SCHEDULING

	Current Process	Improved Process	PMS/EHR System	Transition & Best Practice
PATIENT APPT.				
Patient	Patient Calls to Schedule Appointment		Patient Calls to Schedule Appointment	> Consider adding a secured site patient portal allowing patients to schedule appointments on line.
Scheduler	Receives Call from Patient		Receives Call from Patient	> Investigate Open Access Scheduling.
	Identifies/Documents General Visit Type		Identifies/Documents General Visit Type	Standardize & Minimize Visit Types and Time Allotments
	If Urgent, Identifies/Documents Nature of Complaint		If Urgent, Identifies/Documents Nature of Complaint	
	If Urgent, Identifies/Documents Nature of Complaint		If Urgent, Identifies/Documents Nature of Complaint	
	<i>Revamp current process to capture/update demographic and insurance information at time appointment is made or prior to date of visit.</i>		Verifies/Documents Patient Demographics	> At time of transition, download patient demographic information
			Verifies/Documents Patient Insurance Information Eligibility verification module offered with several EHRs	> Recommend Manually Entering Insurance Information > Consider Purchasing ID Card Scanner That Automatically Populates Patient Record.
	Reminds Patient CoPay Due At Time(s) of Visit		Reminds Patient CoPay Due At Time(s) of Visit	> Automatic alert reminds staff to collect patient CoPay & any additional amounts due at time of check in.
	Reminds Patient To Bring Insurance Card		Reminds Patient To Bring Insurance Card	
				> <i>New Patient: (Optional) One Week Prior to Visit, Mail Pt Health Questionnaire, Registration, Release & HIPAA Forms to Patients Requesting Pt. Complete & Return At Time Of Visit.</i> > <i>If New Patient Has Access to Fax Machine, Ask Patient to Fax Copy of Insurance Card; Attempt To Verify Patient Eligibility Prior To Appointment.</i>
Front Office Staff	Charts For Next Day's Schedule Are Pulled		Chart Pulls No Longer Necessary. Patient Forms & Requisitions Can Be Pulled Up In EHR. SuperBills Automatically Generated In EHR.	Verify Chart Has Been Converted to EHR.
	Check to See That All Required Forms Are In Chart, I.e. New Page For Documentation If Needed. SuperBill Placed In Each Chart.			As Charts Are Converted, Place Sticker or Make Notation On Paper Chart And In PMS/EHR.
	If Unable to Find Chart, Chart Hunt Initiated.			Discontinue Pulling Paper Charts After 6-12 Months. This Will Vary By Practice.
				Keep In Mind, Scanned Information Cannot Be Manipulated For Reports & Registries. Recommend Manually Entering Problem List, Drug List & Allergies. Recommend Only One Year Of Data Be Scanned Into EHR. See Tool - "Scanning and Backloading Tips"
	Reminder Calls Placed to Patients			Consider Programming Patient Reminder Calls. Or Patient E-mail/Portal.