

CASE STUDY

How Aurora Implemented a Scheduling Wheel

Creating a predictable, standardized workflow to maximize physician capacity

Article by Physician Executive Council

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Overview

The challenge

Aurora sought to expand access without expanding their number of providers. Between 2013 and 2015, they were slated to have 70 PCPs¹ retire. To proactively address this, Aurora introduced a new scheduling infrastructure that prioritizes both organizational efficiency and physician buy-in.

The organization

Aurora Health Care is a private, integrated, not-for-profit 15-hospital system, operating more than 150 clinics across eastern Wisconsin and northern Illinois with its team of 33,000 caregivers—including 1,800 employed physicians.

The approach

After completing a comprehensive sweep of their practice sites' data and watching providers up close, Aurora designed a way to break up a physician's day into a manageable, predictable workload through its scheduling wheel. Three unique templates provide physicians and APPs with a set number of patients they are to see per hour.

The results

In three years, the group saw more than 32,000 additional visits and a \$4.7 million increase in total net medical revenue.

\$4.7M

Increase in total net medical revenue

1. Primary Care Physician.

Approach

How Aurora designed and implemented its standardized “scheduling wheel”

Aurora Health Care outlined a scheduling template with a set number of visits per hour, with a protected administrative period at the end of each 60 minutes. This “scheduling wheel” offers Aurora’s physicians a predictable, standardized workflow with flexibility to account for miscellaneous tasks and patient visits that may run over time.

The three steps

Aurora reframed an urgent patient access challenge into an opportunity to radically overhaul its scheduling practice, in three moves.

1 Determine why group is inefficient

2 Create a predictable day-to-day

3 Establish critical mass for model

THREE STEPS TO DESIGN AND IMPLEMENT A SCHEDULING WHEEL:

01 Determine why group is inefficient.

Aurora’s process for examining site inefficiencies

Aurora conducted a comprehensive assessment of how different practices managed their schedule and workflows. First, they aggregated data across the group. Next, they performed practice optimization analysis at each practice. For this analysis, Aurora looked at every aspect of operations, including scheduling, check-in, rooming, physician time with patients, and patient exit.



Appointments by scheduled length

- 15 mins
- 30 mins
- 45 mins

Scheduled Appt. Length	# of Appts.	Percentage
15 mins	616	66.7%
30 mins	159	17.2%
45 mins	149	16.1%

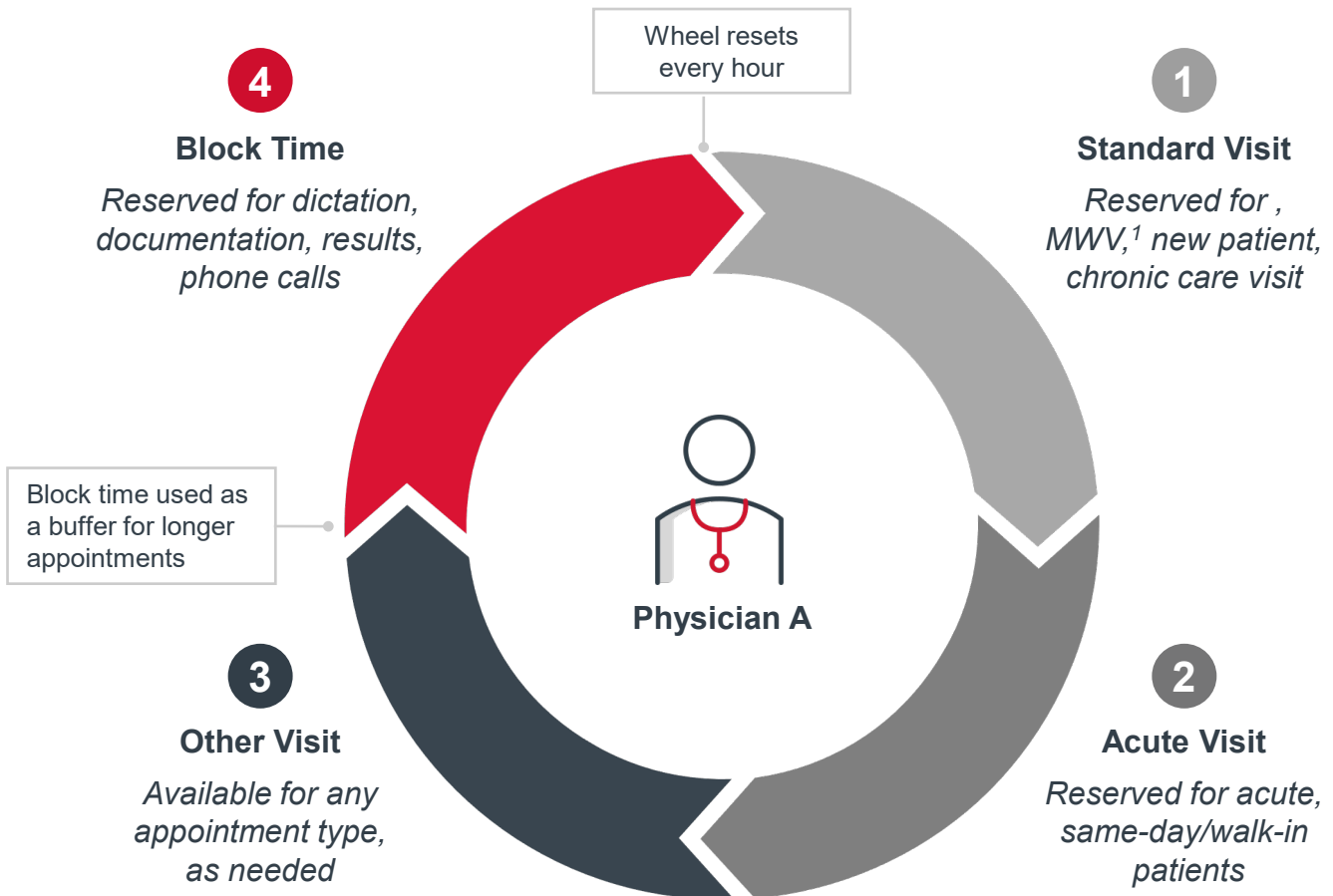
Additional findings from Aurora’s practice optimization

- Low patient no-show rate
- Physicians and nurses spend a lot of time walking back and forth, due to the layout of clinic
- Physicians often wait for nurses to finish rooming patients; higher rates than what is seen in other clinics
- Nurses called into exam room on occasion to give patient instructions on exiting
- Randomly added Medicare Wellness Visits lead to delays

02 Create a predictable day-to-day.

Aurora identified three standard appointment types in their practice optimization: Standard visits, acute visits, and 'other visits'. In this sample wheel for an Aurora primary care physician, every hour of the day is broken into four 15-minute sections. The last, 'block time', period serves as a buffer to accommodate visits running over, and gives physicians time to fulfill a number of responsibilities.

Example scheduling wheel, primary care

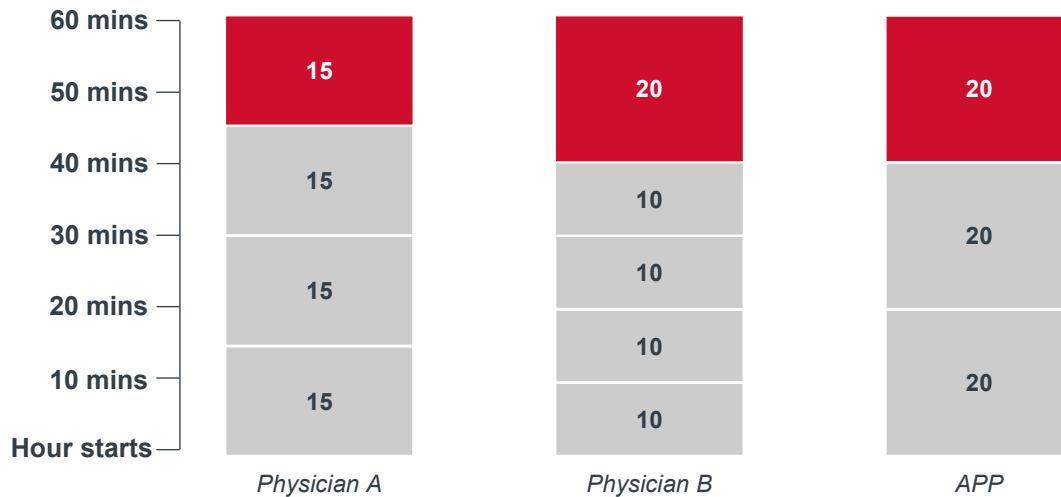


1. Medicare Wellness Visit.

SOLUTION – STEP 2

Three standard templates

Beyond the sample wheel we covered on the previous page for Physician A, Aurora offers two extra, specialty-agnostic scheduling wheel options. All three templates fix the number of appointments per hour (grey) and account for administrative tasks (red) which otherwise would be completed after normal hours. Physicians are to spend the appropriate amount of time with each patient, but Aurora's data suggests that 45 minutes is sufficient to complete three visits.



Who’s holding physicians accountable in each model?

Each of Aurora’s three scheduling wheel options are designed to wrap up and restart, uniformly, at the 60 minute mark. How does Aurora keep all their physicians operating on time? Aurora smartly utilizes their nurses as ‘gatekeepers’ for the model, ensuring the practice is staying on top of schedule.

Nurses room the first scheduled patient, before the top of the hour. At the end of the hour, the nurse also check-ins with physicians to confirm that the necessary documentation, dictation, and related phone calls are completed.

1. Medicare Wellness Visit

03 Establish critical mass for model.

When Aurora first introduced the wheel in 2012, they encouraged existing providers to opt-in but made the template mandatory for new providers. Two years later, more than 100 providers were using the wheel. Here's how Aurora ensured successful buy-in and roll-out for their scheduling wheel.

Address inefficiencies ahead of go-live date

As part of Aurora's practice optimization analysis, they deliver to participating providers a document identifying internal improvement areas. From there, a go-live date is selected based on the provider's existing schedule as to limit potential impact on patients. Then, the site leadership team works to address internal inefficiencies before the go-live date.

Attract existing providers by supporting them

Aurora developed a training session for their clinical and clerical staff, and provided physicians with training material to review so that everyone was aware of the new expectations. In addition to this, they ensured Operations Representatives were on-hand during the first three days. These individuals facilitated morning, noon, and evening huddles, and answered questions live on-site. After 30 days and 90 days of being on the wheel, Aurora generated progress reports for each provider and presented them in a 30-minute meeting. This time was also used to allow necessary adjustments to the schedule. In all, Aurora estimates that it takes approximately 60 hours of training to bring a provider onto the wheel.

Is onboarding worth the opportunity cost?



Assuming a net medical revenue of \$150 per visit, I can pay for this process with 20 additional visit from my provider...[A] pre-wheel physician regularly sees 16–18 patients during a 7-hour clinic, but after the wheel, she can see 21 patients...[These] physicians tell me, ‘I know I’m seeing more patients, but it feels like I’m seeing less.’

Karen Bowman-Dillenburg

Manager of Operations Improvement at Aurora Medical Group

Results

Reaping benefits from the scheduling wheel

Two years following the introduction of the scheduling wheel in 2012, more than 100 providers were actively participating in the model. From 2012 to 2014, the new scheduling template yielded tremendous results across Aurora Health Care..

30%

Increase in number of patients seen during office hours, at one pilot site

32K








Increase in total number of visits across the system

\$4.7M

Increase in total net medical revenue across the system

1. Inpatient admissions from the ED decreases from 54% to 30%.
2. The rate of unscheduled returns of geriatric patients who return to the hospital within 30 days for the same illness or injury dropped from 20 percent to less than one percent.

Related

-  **BLOG**
How Aurora Medical Group reinvented the scheduling wheel
<https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2014/september/aurora-scheduling-wheel>
-  **RESEARCH BRIEFING**
10 Steps to Centralized Scheduling
<https://www.advisory.com/research/medical-group-strategy-council/white-papers/2016/10-steps-to-centralized-scheduling>
-  **Q&A**
FAQ: How can your group implement Aurora's scheduling wheel
<https://www.advisory.com/research/medical-group-strategy-council/practice-notes/2015/april/aurora-scheduling-wheel-faq>
-  **STRATEGY**
How to reduce patient no-shows
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