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How my group scaled...online scheduling

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Yosemite Physicians, a pseudonym, rolled out online scheduling across the physician enterprise. Below you'll find details on their approach to getting physicians on board as they took their pilots to scale.

This is one profile in our series offering detailed profiles of key medical group initiatives. You can find previous profiles [here](#). Looking for more information on an initiative you're pursuing? Have additional details you'd like us to include? Email us at mgsc@advisory.com.

Yosemite Physicians is an employed medical group based in the mid-Atlantic.



Steps to support implementation



Detail

Results

- 90% of employed primary care providers and 100% of employed ob-gyn providers offer online scheduling
- To date, 80% of appointments scheduled online were by existing patients; 20% were by new patients

Change in compensation

- Physicians can choose to include online scheduling metrics in their incentive plan
- About 25-30% of physicians have opted in

Change with EHR

No

Change with workflow

Physician workflow changes

- Required to open two appointment slots per four-hour clinical shift for online scheduling

Staff workflow changes

- Must manually build appointment slots in online scheduling platform based on physician's chosen availability

Change in team structure

No

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Communication plan

Physician communication

- Shared statistics about patients acting more like consumers (e.g. digitally driven, less loyal) with physicians
- Provided updates at monthly physician leadership meeting
- Invited physicians to live demonstrations of scheduling platform

Staff communication

- Held weekly meetings with office managers and vendor representatives to discuss current challenges and next steps
 - Mandated training for staff members, with webinars, live demonstrations, educational seminars, and small work groups
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Rollout timing

- Summer 2016: began online scheduling pilot with established patients at two primary care practices
 - Early 2017: scaled online scheduling pilot across primary care and ob-gyn
 - June 2018: phased implementation for self-referring specialties
 - June 2018: opened up online scheduling to new patients
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Most common pushback

Physician will have less control over their schedule

- Mandated only a certain number of slots be opened for online scheduling, rather than physicians' entire schedules
- Physicians allowed to choose which appointment slots to open on online scheduling site
- Invited physicians to attend staff training to learn firsthand how the new technology would impact their schedules

Patients will select the wrong appointment type

- Worked with physicians to standardize appointment types
 - Customized appointment types for new and established patients after receiving feedback from physicians that they were too rigid (e.g. "annual physical" wasn't an option)
 - Staff call new patients to confirm the reason for their visit before the first appointment
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Lessons learned

Engaged physicians are critical partners in the rollout process

- Physicians at one family medicine practice worked with leadership to refine scheduling processes before the full-scale rollout
- Used data and feedback from this group to increase buy-in from other practices

Groups must strike the right balance between mandated access expansion and physician autonomy

- Group mandated that physicians open certain number of slots for online scheduling
- Physicians can choose which slots to open and whether to include online scheduling metrics in their compensation

Most physicians prefer to open appointments for online scheduling at the beginning and end of the day

- Felt that these slots were the least disruptive to physicians and most convenient for patients
 - Ensures that physicians have ample visit time in case appointments run over
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More questions? Contact us at mgsc@advisory.com.