



## PRACTICE MANAGEMENT MATTERS:

### Online Scheduling for Caregivers/Families

#### SYNOPSIS WITH HYPERLINKS

click on [lime green text below](#) to read more about each topic

#### Situation:

In a time when online activity is becoming the way of the world, Cook Children's has the capability of offering our patient families and caregivers the option of scheduling their children's appointments online. Practices and departments in our network have adopted online scheduling in different forms and to varying degrees. As with any change, there are early adopters of the new capabilities just as there are groups reluctant to give up the existing practices of in-person and call-in scheduling. There are also differences between services offered in one department or clinic compared to another which can make online scheduling more complicated. This report is an assessment of what is working well and not so well with online scheduling in hopes of making this a positive and effective tool for all (or at least all open to it).

#### Background:

- [Here our report defines scheduling types and shows the outward facing experience of these scheduling methods](#)
- **DIRECT SCHEDULING** is online caregiver scheduling of **ESTABLISHED** patients via the **MyCookChildrens portal**.
- **OPEN SCHEDULING** is online caregiver scheduling of **NEW** patients through **specific Cook PCP office/physician or specialty department webpages** (NOT through the portal, as these families do not have access to the portal yet).
- [Cook PCP/NHC Experiences with DIRECT SCHEDULING](#), the spectrum of early adopters to those happy without
- [Specialty Services' Experiences with DIRECT SCHEDULING](#), including challenges faced such as errors of visit type, provider, appointment spacing, new v established slots, and last minute additions. Input from Cook ENT, Neurology, Orthopedics, and Psychology specialists.
- [PCP Experiences with OPEN SCHEDULING \(NEW patients scheduling through Cook website\)](#): a walk through some numbers to show how some practices can benefit from open scheduling to build a practice while established practices may not want it (Note that specialists, who get referrals, at this point are not really using this feature).
- [Online scheduling in the Cook Urgent Care Centers](#)
- [How Families and Caregivers feel about Online Scheduling](#)—input from AVP Experience Megan Chavez

#### Assessment:

Online scheduling can be very helpful to physicians and offices in generating business as well as to families and caregivers in offering convenience. However, the potential for errors means office staff must carefully review these appointments and make adjustments as needed. At this point, there are **more challenges** and a greater potential for errors in using online scheduling within our **specialty** departments as compared to our PCP offices. We brought these concerns to our IT team, and there is good news ahead!

#### Recommendations:

- [General summary points about online scheduling to keep in mind](#), including [Front Staff Checklists for Visits](#)
- [Is there a way to "turn off" direct caregiver scheduling for certain patients? YES—see how.](#)
- [Is there a way to take a clinician OFF the list of the choices a caretaker sees in online scheduling?](#)
- [Can we prevent last minute online-appointments from throwing off our morning schedule? Sort of- see how.](#)
- **The Million Dollar Question:** [Can we make online-scheduling more workable for our specialists? Yes. TICKET SCHEDULING is on the way!](#)

# PRACTICE MANAGEMENT MATTERS

## Online Scheduling for Caregivers/Families



### S: Situation (and relevance of the topic)

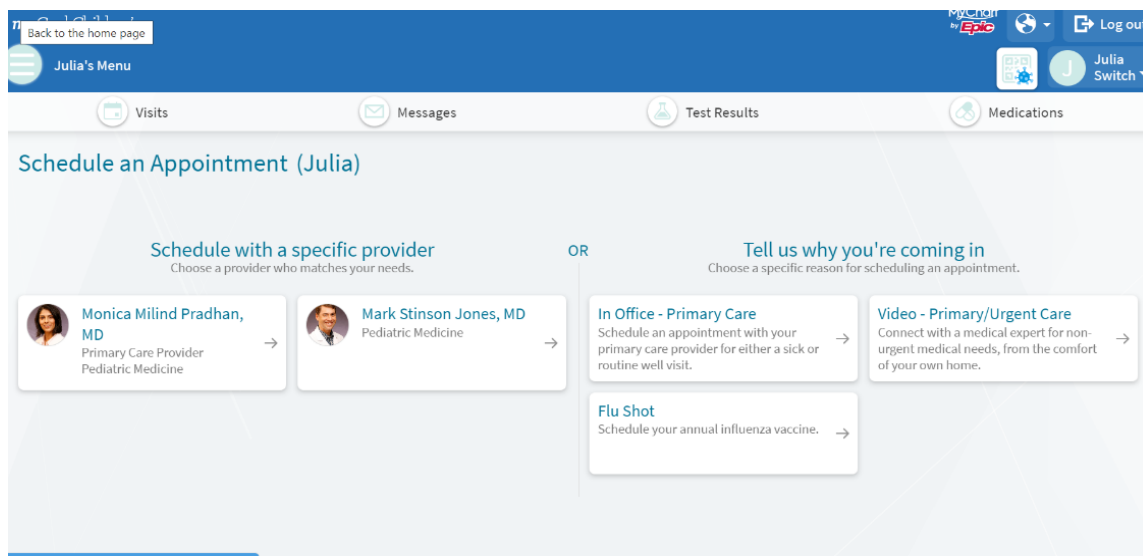
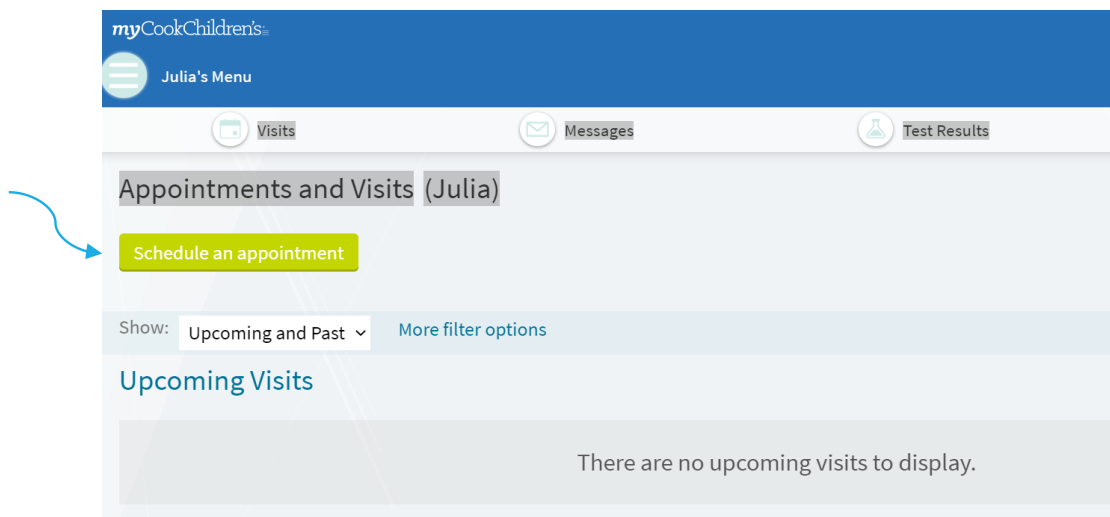
1. We live in a world where people enjoy planning and booking activities and events online.
2. Cook Children's clinics — including specialty, UCC, NHC and PCP clinics— if they so choose, can provide families the option of scheduling their children's appointments online. Our system has the capabilities, but it is up to the groups/physicians whether to use them or not.
3. Practices have adopted online scheduling in different forms and to varying degree throughout Cook. As with any change, there are early adopters of the new capabilities just as there are groups reluctant to give up the existing practices of in-person and call-in scheduling.
4. PCP groups newly joining CCPN, as part of their contractual onboarding agreements, are using online scheduling options for established and new patients.
5. It is important to look at how online scheduling features for caregivers have worked for those groups in our network using them.
6. It is important to discuss lessons learned from the implementation of online scheduling thus far to make transitions smoother now and in the future.

### B: Background

1. First, let's review the vocabulary, followed by some of the details about the differences:
  - o **DIRECT SCHEDULING** is online caregiver scheduling of **ESTABLISHED** patients via the **MyCookChildrens portal**.
  - o **OPEN SCHEDULING** is online caregiver scheduling of **NEW** patients through **specific Cook PCP office/physician or specialty department webpages** (NOT through the portal, as these new families do not have access to the portal yet).
2. Not to confuse things, but there is another type of scheduling called **FAST PASS SCHEDULING**, which is a feature whereby a patient family on a waitlist in hopes for an earlier specialist

appointment receives an offer via the portal to take such an appointment once available. This is an important scheduling feature, but this document will not be delving into that.

3. There is also a mixed version of direct and open scheduling which is called the **On My Way** EPIC feature and is applicable just to the UCCs. For that, see pg 12.
4. Here below is what **DIRECT SCHEDULING** looks like from the family's perspective (screen shots of my own portal access for my daughter, Julia). As a reminder, think booking of **ESTABLISHED** pts via **the MyCookChildrens portal**. Note that the portal gives the parents the option to schedule with any pediatrician in the office who has seen the patient before, not just the PCP. This ability has led to some visits that should have been PCP visits (chronic or involved concerns other than just acute management) being scheduled instead with a partner.



- 5. Here is what **OPEN SCHEDULING** looks like from the caregivers' perspective—thank you to PCP and PM committee member Dr. Michelle Bailey for being my example. When caretakers Google her and find her Cook webpage, they can schedule a new patient visit online.

Below hers is my own page, showing what it looks like when a provider does not have the OPEN SCHEDULING option for new patients. My webpage directs patients to call. (Important note: please don't think my non-participation means I am against Open Scheduling—keep reading and you will see that such a decision relates to goals about practice growth. Plus, I wasn't recently onboarded, thus Open Scheduling did not happen automatically. And anyway I'm considering it strongly!)

**Michelle Bailey, MD**  
Pediatrician  
Cook Children's Pediatrics McKinney  
1933 N Central Expressway, Ste. 520  
McKinney, TX 75071  
682-303-1000  
682-303-0999  
4.9 out of 5  
Read 151 Verified Patient Reviews  
Language(s): English

Open Scheduling

**Make an appointment**  
First Available - October 10 at 2:15 PM  
**Schedule Now**  
Accepted insurance →

October  
**10**  
2:15 PM

**Daphne Shaw, MD**  
Pediatrician  
Cook Children's Pediatrics Fort Worth - Henderson  
1108 South Henderson St  
Fort Worth, TX 76104  
817-335-3255  
4.8 out of 5  
Read 57 Verified Patient Reviews  
Language(s): English, Spanish, Italian  
Accepting new patients

No Open Scheduling

**Make an appointment**  
**Call To Schedule**  
Accepted insurance →

[Link Should You Wish to Return to Synopsis](#)

## 6. Cook PCP and NHC Experiences with DIRECT SCHEDULING

Many established Cook PCP offices are using **direct caregiver scheduling** in addition to in-person and call-in scheduling.

- **Diving Right In:** Some established PCP physicians have their full schedule accessible to online direct scheduling.



- **PCP Dr. Alice Phillips** very much enjoys providing families the access and flexibility they crave. She is using both Direct Scheduling (for all well visits and most sick visits, leaving a few extra sick slots open just for callers) and Open Scheduling. She feels caretakers like having the ability to schedule and cancel appointments. She admits that the system does require calling and checking on the specifics, and she is not sure if—in the end—online scheduling really cuts down on the number of phone calls. However, overall her experience has been positive. **Dr. Justin Smith** reports he has every appointment on his schedule available for direct scheduling and feels like it is a great asset to his practice. “Parents like the convenience, and I often walk in with a book of patients scheduled from the night before,” he says. He does feel he takes a small burden off the staff who would be taking those call first thing in the morning.
- **NHC:** Per **Dr. Vida Amin**, Director of Cook Neighborhood Clinics, “we use direct portal scheduling for established patients, and it is a requirement for all our providers.” As to whether or not patients and providers are enjoying online scheduling, she said, “I’d probably say it’s a mixed bag, but all and all I think it has growing popularity.”
- **Inching into the Water:** Other established PCP physicians, opting for a more gradual approach, 1) **have only a few visits per day (sick or well) open to online caregiver scheduling** OR 2) **have all well-visit slots open to direct online caregiver scheduling** but no sick visits.



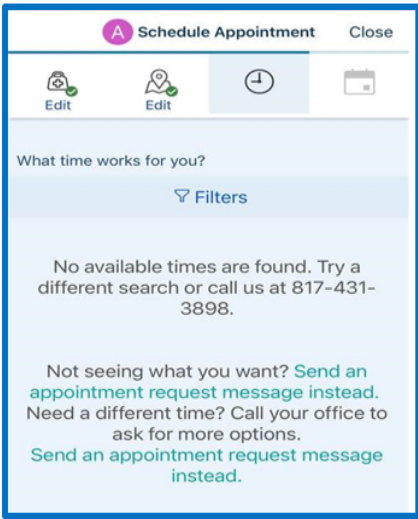
- **Opening a Limited Number of Visits to Direct Scheduling:** Some PCPs have enjoyed the ability to experiment with direct scheduling by just designating a few appointments a day for online booking. They want to watch and observe this new functionality bit by bit before possibility expanding its use. The patient schedule screen on EPIC indicates which appointments were scheduled online by caregivers, so there is an ability for these providers to see how often families choose this way of booking appointments.

**Counterargument to this strategy of piecemeal adoption**— Other PCPs caution, however, that having **only a few visits per day** open for online scheduling may give the families the wrong idea that the physician has very few or no openings and is not accessible to them easily. The fear is that patient families, getting the perhaps faulty impression that their physician will not be able to see their child in a timely fashion, might begin to look to other offices or go to a Cook Urgent

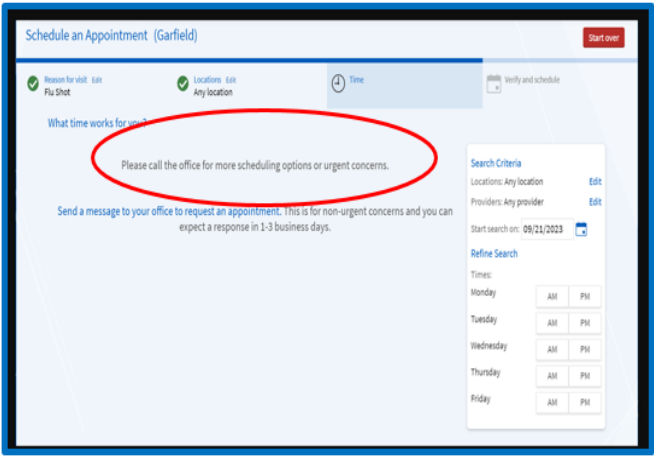
Care. Opening up more visits or the physician's entire schedule can give families a more accurate sense of availability. **That said, Teresa Baker recently implemented new verbiage for the direct scheduling page that makes clear that physicians may have other availabilities and that families should call the office if not seeing a good appointment online option. This is hot off the press and is good news!**

**Cook Children's Physician Network  
MyChart Scheduling (Direct)**

**Previous Notification**



**Revised Notification**



**Cook Children's  
Physician Network**

4

- Opening all Well-visits to Direct Scheduling:** On the other hand, Primary Care Medical Director Tammy Hayward reports that some PCP offices have designated **all and only well visits** to direct online scheduling, as a first and clear-cut step. The logic behind this plan is that expectations and timing for well visits would seem to be more straightforward (that is, following Bright Futures' goals for checking growth and development, providing vaccines, offering screenings) relative to sick visits. Sick visits, some PCPs feel, allows for a greater potential for error. They worry that caregivers may not be able to self-triage the urgency or severity of a sick child's chief complaint, may not understand the amount of time needed for such a visit, and may think it can be booked with another provider in the practice when it would better be a matter for the PCP.

**Counterargument to opening all well visits:** Other PCPs question the logic behind this all well-visit strategy, as well visits are often not straightforward either. With the rise of mental health issues and with



our improved screening for these issues during the course of a well-care visit, a “simple” well care visit can lead to the opening of a huge can of worms (or at least a host of concerns, some of which may require immediate disposition). Unexpected complexities arise during patient visits whether the caregivers or our front staff schedule the visit. However, the fact remains that well visits may not be as straightforward as one may think and might benefit from input from office scheduling staff.

No need to get into the water just yet—we are building sandcastles right now.



If the online scheduling of sick visits is allowed, these bookings **MUST** be reviewed with an eye for potential mistakes, with front staff reaching out to nurses or providers as needed.

- **Opting to not get wet just yet:** other PCP physicians and offices are choosing to hold off on caregiver scheduling and are watchfully waiting. Many of these groups feel like phone scheduling is working well. “If it ain’t broke, don’t fix it.”

[Link Should You Wish to Return to Synopsis](#)

## 7. Specialty Services’ Experiences with DIRECT SCHEDULING

- In general, there has been some reluctance on the part of specialty services to adopt online caregiver scheduling.
  - **ENT:** Dr. Allison Chisholm, a PM Committee member, reports that her ENT partners have discussed online scheduling for caregivers but have agreed not to implement at this point. They feel they already have such a limited number of clinic spots— since they have some days in the OR and others in clinic— that they cannot risk further errors in scheduling. Even as it is, families often call wanting to book appointments for acute ear infections and sinus infections which ideally should be managed through their PCPs. Also, she explains that there can be overlap with other specialties such as pulmonary and allergy, and the ENT nurses are very important in triaging and guiding families to the proper specialist.
- However, as always, there are early adopters who can provide insights for the rest of us. Thanks to the trailblazers for their insights. The boldest among us include the departments of orthopedics, neurology, behavioral health, lactation, and rehabilitation services.
- These groups have tried online caregiver scheduling because of a willingness to provide families with a convenient scheduling option. **However, thus far, their experiences have revealed that there are hurdles existing for specialty groups with respect to online caregiver direct**

scheduling which are less an issue for primary care. These hurdles merit a closer look as opportunities for improvement.

- **Challenges Arising with Direct Scheduling in the Specialty Services:**

**Overview of Challenges with Direct Scheduling in Specialty Setting:**

1. Errors related to VISIT TYPE, when various complex options are available
2. Errors related to PROVIDER
3. Errors in APPOINTMENT SPACING
4. Errors relating to New Patients rescheduling as Established Patients
5. Confusion due to Last Minute Caretaker Scheduling

1. **ERRORS related to VISIT TYPE**

- **Orthopedics:** The Cook orthopedics department has experienced significant difficulties related to caregivers' scheduling patients on the wrong days/half days. Within their department, clinic days and half-days have different clinical areas of focus, including multidisciplinary arrangements. For example, Head of Cook Orthopedics Dr. Matthew Mayfield schedules his patients with cerebral palsy and special needs on set mornings, when he sees them along with a physical therapist, a representative from orthotics, and a special needs coordinator who is an RN. With online caregiver scheduling, many caregivers unwittingly have scheduled appointments in clinic spots when collaborative services were not available. He estimates that 75% of caregiver-scheduled appointments were booked incorrectly and says their department did not have the ability in their office to correct the mistakes easily.
  - Within ortho, however, the Walsh Ranch group has experienced smoother sailing with direct online scheduling. Dr. John Hicks explains that their group does not offer the variety of clinic visit types offered downtown. He estimates that 70% of visits are either newly referred patients from UCC after injuries (not scheduled online by caregivers) or new injuries of established patients (which caregivers can schedule). The scheduling template accommodates any patient in any patient slot. While there is the potential for an established patient to book an appointment for a service not cared for at Walsh Ranch (like hand fractures), he says this has not happened often. His reviewing staff/nurse have been



able to catch these errors. In general, he says, online schedule has been a good thing for his group. “It works really well for patients to be able to reschedule follow up visits if they had to cancel and takes some of that burden off our clinic and phone teams.”

- Related to the point of visit type, Dr. Mayfield reports that there may be a good role for online scheduling in very well- delineated circumstances. He says, “I do think open or direct scheduling may be possible in the case of acute fractures in injuries. We would like to have availability for fracture patients to schedule a same-day or next day appointments. Our plan is to have those clinics with easy access for patients, and using parent portal scheduling may be part of the answer.”

Lots of errors,  
unfortunately

- **Neurology:** The neuro department has also opened slots for direct scheduling for established patients. Two of our Practice Management Committee members—Cook neurologists Dr. Ellie Corbin and Dr. Rachelle Herring—recount challenges in their department similar to those of the orthopedics group. “Sometimes,” says Dr. Corbin, “the established patients put themselves in a wrong appointment type – that is, they schedule themselves in a general EST slot, but really should be seen for Botox in a procedure slot or should be seen in multi-disciplinary clinics such as stroke clinic or mito clinic.” She explains that this can be problematic for practice organization and for the efficient delivery of care. “In general, there may be more nuances to specialty scheduling with different multi-disciplinary clinics, procedure clinics, etc.” She adds, “Portal scheduling places a lot of trust in the caregivers/parents to be able navigate these different scenarios.”
- **Psychiatry/Behavioral Health:** Of note, since psychiatry does not offer the varied visit types of other specialties like orthopedics and neurology; direct online scheduling did not worry the group. “We did not meet much resistance to parent scheduling, to be honest,” director Dr. Kristen Pyrc reports, adding, “we only have one appointment type, so that makes it easier.”

## 2. ERRORS related to PROVIDER

- **Neurology:** Dr. Herring recounts an example of referring a child who started as her patient to the multi-disciplinary MDA clinic, with a different neurologic subspecialty provider, for newly diagnosed myasthenia gravis. In the EPIC system, the child

remains her established patient and allows family to schedule a follow-up with her instead. “I might not notice this on my schedule until a couple of days beforehand, then ask our schedulers to reschedule in the correct multidisciplinary clinic, which might not have an opening for months.” She adds that last-minute changes can be very stressful for families who have scheduled time off from work or travel from out of town for a specialty visit.

- **Psychiatry:** In the psychiatry department, psychiatrists do not typically cover for each other’s patients. Therefore, families are given only the option of their own provider in scheduling and are not given the option to book with other providers.



More errors  
unfortunately

### 3. ERROR in appointment spacing (follow-up intervals)

- **Neurology:** Says Dr. Corbin of the PM Committee, “I might see a patient and then see them again in 3 weeks because they scheduled over the portal instead of calling the nursing staff or messaging in the portal, and this may be an inappropriate use of an established time slot, problematic for specialty practices given long wait times.”

### 4. ERROR relating to “established” patients really being NEW patients

- **Neurology:** The neurology service has noted that once a new patient is scheduled for a visit—even if they have not yet been seen by a provider—the caregivers begin to have portal access and can reschedule appointments in an established patient slot. This can be confusing and problematic when new families show up in an established patient slot. Providers might realize at the time of the visit that this is a new patient likely to require more time than predicted.

### 5. Confusion due to last-minute scheduling of appointments

- **Psychiatry:** Dr. Kristin Pyrc explains that a glitch for the psychiatry department is that parents can book these appointments at any time, sometimes so soon before an appointment that a provider is not expecting them. “Last week, a patient booked my first appointment slot at 8 pm the night prior,” she explains, “I happened to check my schedule on the way to work which is not my habit.”

[Link Should You Wish to Return to Synopsis](#)

## 8. PCP Experiences with Open Scheduling (for NEW pts through Cook website)

- **Newly joined Cook offices**, per their onboarding contracts, are **routinely using Open Scheduling**. There are currently **26 PCP offices** within Cook offering this, and we now have measurable outcomes of its success.

For the twelve months between the start of 8/2022 and the end of 7/2023, there were a total of 4,932 appointments scheduled online via open scheduling. A total of 3,000 of these appointments or 60% were confirmed commercial new patients in which a visit was either completed, rescheduled or has a future appointment.

- 4,932 total scheduled appointments
- 2,570 completed with no or minimal interaction from front desk (52%)
- 118 have future scheduled appointments (2.4%)
- 109 no shows (2.2%)
- 2,135 cancelled (43%) – note many of these likely turned into a future appointments but required more interaction with front desk
  - 301 had to be rescheduled
  - 171 were cancelled for insurance/authorization/financial reasons
  - 345 errors – could be existing patients that made an appointment via open scheduling or just scheduled at the wrong location
  - 11 cancelled by the provider and likely rescheduled
  - The remaining cancelled appointments arose from a variety of reasons including weather, feeling better, scheduling conflict, or it was just noted as cancelled per patient or other
- **Established Cook PCP offices** have shown **variable adoption of Open Scheduling**. Per Robert Goodwill, those practices or providers looking to grow their patient panels quickly can benefit tremendously from the Open Scheduling feature. By contrast, busy/full established Cook practices may not want or need to utilize this feature.
- There are some **common fears leading to reluctance** about Open Scheduling, including the following:
  - New scheduling families not having appropriate (or any) insurance
  - New scheduling families having increased no-show and/or cancellation rates.
  - Established patients booking as new patients and creating duplicate charts.

**Perhaps a review of some stats can allay some of these fears.**

- **Let's review some more numbers.** Here is data relating to 3 different providers within Cook using Open Scheduling. Thank you to Teresa Baker, Primary AVP Specialty Services, for providing these examples.
  - **Provider A – new to the system (less than 1 year) and building a panel from scratch.**
    - Had a total of **186** appointments scheduled via open scheduling from late August 2022 until March 2023 (reviewed 100% of appointments).
    - **146** (78%) have been completed or have a future appointment.
    - **13** (7%) ran into insurance/authorization issues (likely Medicaid).



- 9 (5%) resulted in no shows.
- 18 (10%) were cancelled 24 hours+ beforehand (got better or conflict).

**Great result! 146+ new patients acquired through Open Scheduling. Relatively low rate of no-shows.**

▪ **Provider B–physician acquired by the network already with a full panel of patients**

Over the same time frame as Provider A, Provider B had a total of **109** appointments made using open scheduling - reviewed sample of **last 30 patients**.

- 20 (67%) completed or future appointment.
- 4 (13%) established patients erroneously used this method to schedule
- 3 (10%) cancellations greater than 24 hours beforehand –
- 1 (3 %) cancellation for insurance/authorization reasons (likely Medicaid)
- 2 (7%)no shows (one established with partner)

**Scheduling contributing to growth. Good result, presuming the physician is hoping to continue to grow their patient panel.**



▪ **Provider C - established physician with a full panel of patients who moved to a brand new practice and has a new physician partner. 20 patients.**

- 13 (65%) commercial patients were completed (7 were moved to partners schedule by staff)
- 5 (25%) established patients erroneously used this method to schedule.
- 1 (5%) Medicaid patient and visit was completed.
- 1 (5%) patient that had no coverage info that cancelled...likely Medicaid –
- 0 no shows

**This is an example of a physician who may want to close Open Scheduling for a few months, so that their office can direct most new patients help build their partner’s practice. Up to them.**



○ **In summary, some of the “fears” have not proven to be true worries.**

- Insurance Verification –the data shows that in most cases the families scheduling online have good private insurance.
- Medicaid – Cook has found that the number of Medicaid patients attempting online Open Scheduling is relatively low.
- No shows – rates have been lower than many had feared.
- Duplicate charts only occur if a patient puts in a different phone number or email at the time of scheduling. It can happen but is not common. If a

duplicate record is created, it is corrected by the HIMs department rather than the clinic staff.

- Rescheduling of appointments occurs whether appointments are scheduled online, in person, or on the phone. It does not seem to be more common with online scheduling. Often rescheduling comes at the request of the provider. The more restrictions physicians place on how their day should flow, the more likely it is that staff will have to reschedule patients.

[Link Should You Wish to Return to Synopsis](#)

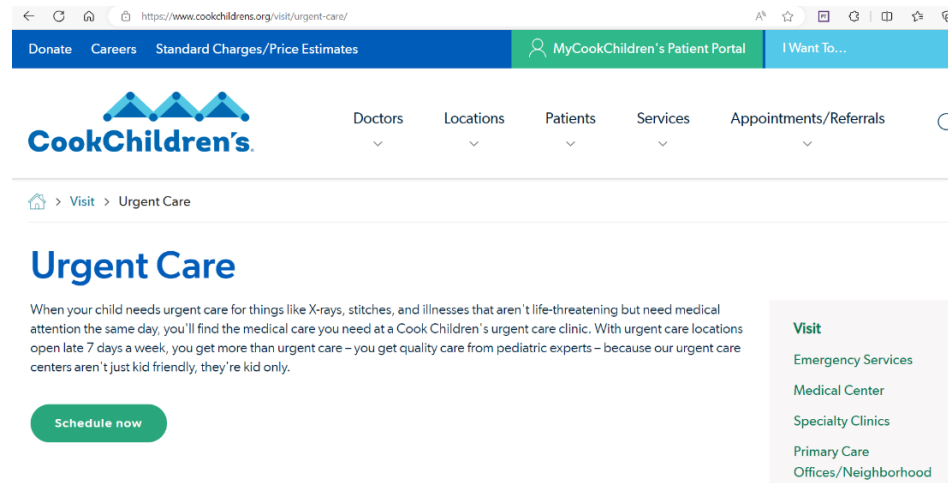
## 9. Specialty Experiences with OPEN SCHEDULING

- The specialties have yet to initiate Open Caregiver Scheduling. Most families coming to see a specialist are established patients within some part of the Cook system and/or are referred to Cook. As of yet, specialists are not making way for new patients to book through their Cook website.

## 10. Cook's Urgent Care Centers and Online Caregiver Scheduling

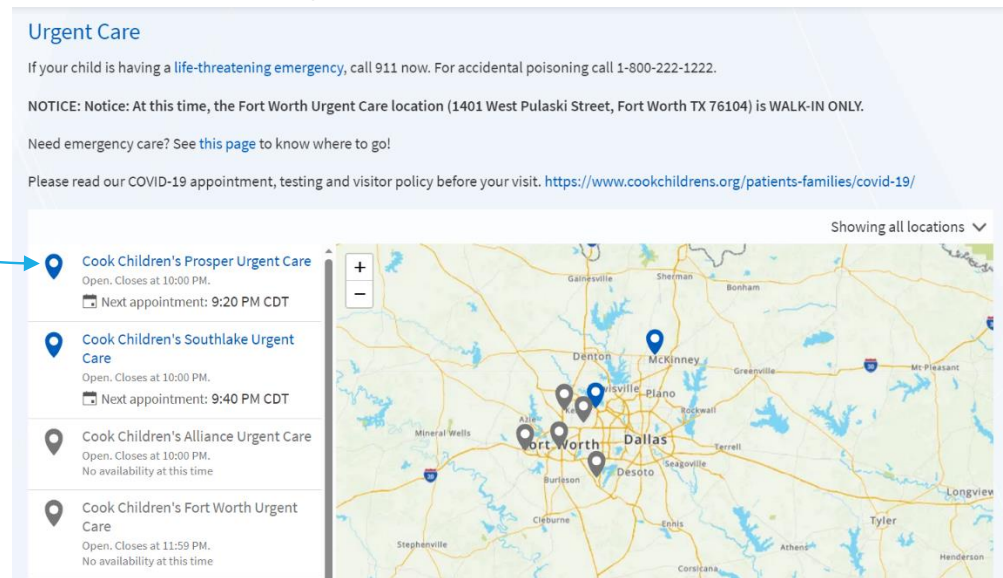
- With the exception of the UCC near Cook Children's downtown location, Cook UCCs use online scheduling, and director Dr. Kara Starnes says it has been working great. The scheduling of appointments allows for some control and some "spreading out" of patients, so that a large group does not show up all at once, when least expected.
- Patients are still able to walk in if they have an acute concern. "We still save space for walk-ins every hour and still take any and every "red flag" (higher acuity) patient or any patient with an injury within the past 24 hrs," says Dr. Starnes, "so we are very much a hybrid of online scheduling and walk ins at the outlying UCC locations."
- The Fort Worth Urgent Care Center downtown does not offer online scheduling for several reasons including the following:
  - The worry that caretakers seeing no or few appointments listed might bring their child to the Cook ED instead of walking in to UCC
  - The concern that the population near the FW UCC may not be as apt to use online caregiver scheduling anyway
- **ON MY WAY scheduling:** The scheduling for Urgent Care appointments utilizes both OPEN and DIRECT scheduling. This combination is the EPIC "On my way" feature. Families who have never brought their child to Cook Children's may schedule an appointment through the Cook webpage. On the other hand, families who are already a part of the patient portal can book their child an Urgent Care appointment through the portal, either by way of cookchildrens.org (which connects them to MyCookChildrensPatientPortal) or directly from the portal website or phone app.
- Here is what it looks like when families Googling "Cook Urgent Cares near me" arrive at cookchildrens.org. Of note, to prevent erroneous scheduling of patients who

should really be going to the Cook ED, there are helpful charts to help families know where to go.



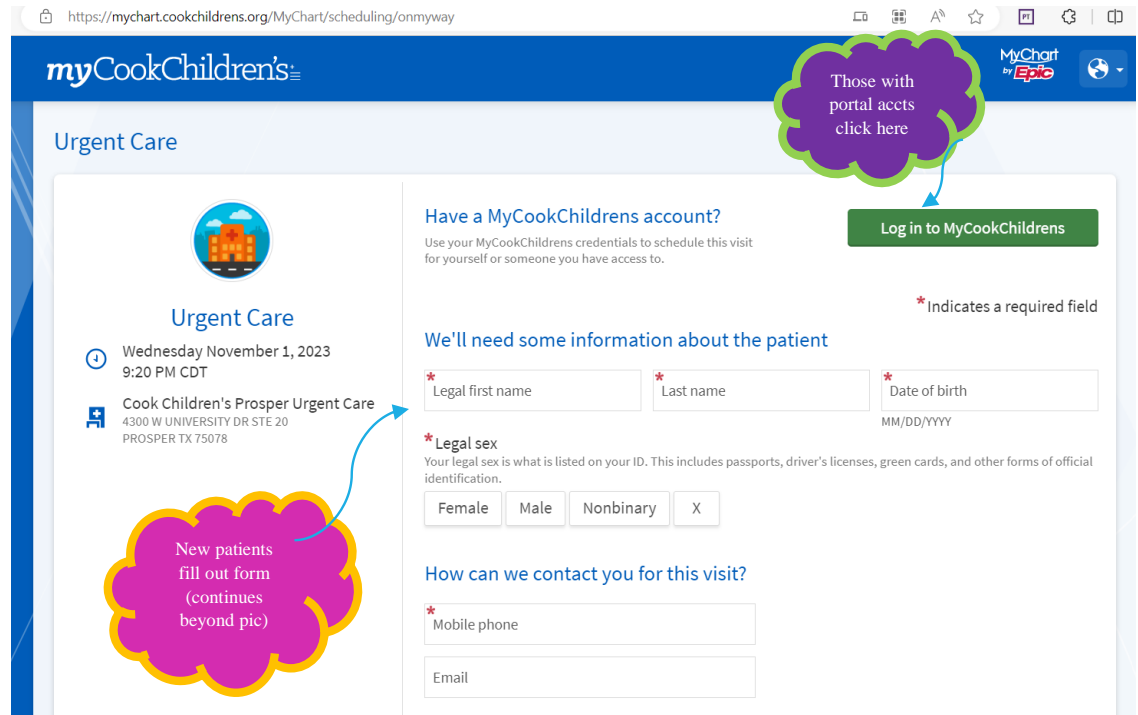
- The next screen offers options of locations and times:

Let's say we choose this



- Finally, once caretakers have chosen an appointment time, they arrive at a screen which either collects their information if the child is a NEW patient through OPEN scheduling OR directs established families to the MyCookChildrens portal for DIRECT scheduling. And their appointment is made—voila!





- Of note, once a new patient’s caretaker enters information– provided it does not match an existing patient– Epic will create a new patient record for the appointment and schedule it. This patient record is not creating a myCookChildren’s account at this time–that step happens when the new families are seen in-person.

[Link Should You Wish to Return to Synopsis](#)

## 11. How Families and Caregivers feel about Online Scheduling

- **Megan Chavez, Cook Vice President of Patient and Family Experience**, reports that in the last 12 months, the most common negative theme from patients/families about our CCPN visits are about “reliability and scheduling.” They want greater reliability and ease in scheduling.
  - Here is a sampling of some of those comments:
    - “I wish it was easier to make appointments with the doctor more often, especially as a returning patient“Sometimes it takes one up to half an hour on the phone to talk to a receptionist”
    - “I love having the app, but I hate that I can’t schedule a visit through the app. I end up having to call because it always says the appointment times are unavailable, no matter what day or time I choose. I’ve tried different combinations of providers, days and times with no luck.”
  - **Online scheduling is visible to our patients and families as an option, and with availability, Chavez reports, the patient experience goes up. Without availability, it becomes a point of dissatisfaction.**



- **Benefits of online scheduling**
  - **Fewer no shows**—Despite fears of the opposite, our patients are less likely to no-show for an appointment booked online than one that scheduled over the phone. Over the 6 months prior to 10/2023, the no-show rate for all staff-scheduled appointments was **4.3%** as compared to **2.9%** for online self-scheduled appointments. (Note these are from a wider data collection and illustrate lower rates than we saw for the sampling of our three providers using open scheduling above)
  - Many prefer online vs phone call. New patients looking for a new doctor will choose those with online appointment availability first
  - Increased patient experience scores
  - Reduction in lost referrals
  - Reduced call volumes into the clinic (maybe)
  - Improved follow-up compliance
  - Increased access for culturally and linguistically diverse families
- In a recent study of our community, families report that ease and convenience drive their decision to use Cook Children’s as their preferred provider. The office environment is less impactful.

Monigle Study:

Ease and convenience for the parent drive greater intent to use Cook Children’s, while environmental interactions for the child are less impactful

EXPERIENCE METRICS – INTENT

	PHASE	WHAT DRIVES INTENT TO USE	
An online portal allows you to save and view medical history, minimizing forms to be filled out	Decision and scheduling	+12	▲ CREATE EASE AND CONVENIENCE
Quiz-style "symptom checker" to help decide what actions to take and where to go	Trigger	+10	
Access to medical history portal that can set reminders for check-ups, yearly appointments, and log questions	Trigger	+9	
ER or Urgent Care visits can add name to waitlist so when you arrive you're already in line	Decision and scheduling	+8	
Easy appointment booking via "scheduling wizard" that offers available times at multiple locations	Decision and scheduling	+7	
When a handoff occurs, you are introduced to staff who will be your main point of contact	Clinical care	+7	▼ TOUCHPOINTS FOR THE CHILD
A special volunteer group of parents of former patients offer support to families through the process	Clinical care	-8	
Upon departure, parents receive a "care package" to help them relax after a stressful experience	Discharge and departure	-8	
Take a break in the rooftop or on-site garden, where your child can learn about healthy eating	Clinical care	-9	
Before your child departs, they draw a picture for future children who will visit	Discharge and departure	-9	
When your child departs, they "leave their mark" by adding a sticker to a "color by number" mural	Discharge and departure	-12	
When your child meets a new provider, they receive a baseball-style card with a picture and fun facts	Consultation	-13	

[Link Should You Wish to Return to Synopsis](#)

## A: Assessment

1. The data is in and shows that online scheduling—both Direct Scheduling for established patients and Open Scheduling for new patients—can be very helpful to physicians and offices, as well as to families and caregivers. Says Teresa Baker about Open Scheduling, “it is not a perfect tool but is a great way to generate new business, decrease (not eliminate) some work at the front desk, and be a patient and family satisfier.”

2. While having these merits, there is a potential for errors in scheduling, and—for these tools to work—office staff must carefully review new appointments and call patients when they spot problems.
3. At this point, it does seem that there are more challenges and a greater potential for errors in applying these online caregiver scheduling functionalities within our **specialty** departments as compared to our PCP offices. We brought these concerns to our IT team. Please see their responses in the next section.

## R: Recommendations

- Be aware of the online scheduling options available to Cook providers through our websites and through the portal.
- Realize that the data shows that online caregiver scheduling options can be very helpful in attracting new patients, contributing to patient and family satisfaction, and possibly even in cutting down on some of the work of the front office staff.
- Know of the favorable response families have to online scheduling and that it is a bigger bang for your buck (that is, a bigger satisfier) than even office environment, per Cook data.
- If adopting some of this online scheduling functionality, **the entire team must be on the lookout for errors and there should be some back-up planning in place. Please see the Pro-Tips below.**
- Know that—if you are a specialist holding some fears or misgivings about online caregiver scheduling (whether or not you have actually tried it)—you are not alone! There are indeed challenges in online caregiver scheduling for specialties that are not present for PCPs.
- For the time being, **specialists can best utilize online caregiver scheduling if there is not a lot of variability in the type of appointments being booked.** See above, but psychiatry and Walsh Ranch Ortho offer appointment slots that are virtually interchangeable and therefore a good match for online scheduling.
- **We took concerns relating specialty use of online scheduling to our Cook IT/EPIC folks (who already knew of some of these sticking points). They have our back, and there are projects in the works to help! Keep reading.**

### Pro Tips from PCPs about utilizing online scheduling by caregivers



#### 1. Advise families to CALL if needed.

We (providers and our office teams) must teach and encourage caregivers to call the office if unable to book for the days or weeks they want, if running into other obstacles, or if finding themselves with questions while trying to schedule online. As we speak, the wording shown at the time of searching appointments through online scheduling is being adjusted. The intention is to be absolutely clear to scheduling families that the absence of an appointment slot does NOT mean the provider is fully booked and advising that they call the office to schedule.

Online scheduling can be convenient, but there are situations in which **talking to a person is necessary (or at least extremely helpful)** for managing specific circumstances or concerns and for working outside of a template.

2. **Advise front staff to review all caregiver-booked appointments.**



Office staff at PCP offices will receive an alert that a caregiver has booked an online appointment. **They must carefully review the appointment for possible errors.** Being human and not being medical, the truth is that they will not always be able to catch every mistake, but they can help tremendously. A careful review is essential for smooth office functioning.

a. For **well visits**, here is a **CHECKLIST** for front staff verification.

**FRONT-STAFF CHECKLIST for WELL-VISITS**

**VERIFY THAT:**

- The patient has covered/valid insurance
- The booking is with correct provider/PCP
- The scheduled visit follows the correct timing interval for well-care (as per periodicity schedules and/or insurance plan coverage, since some insurances will not cover a well-care visit if within a year of prior well-care visit)
- The visit falls reasonably in the schedule for that day—for example making sure two siblings are not scheduled with sick visits in between (in which case some calling and rearranging could help).
- There are not too many well-care visits booked by one family for one day, if applicable. Many physicians limit to 2 siblings, but parents may try to book all 5 of their children.
- “Notes” attached to appointment are reviewed. A family, for example, may have booked a well visit but then noted “concerns for depression.” This would merit a call to family from clinical staff to determine severity and timing for the visit, as well as to decide true classification as well or sick visit.

- b. For **sick visits**, here is a **CHECKLIST** for front staff verification.

**FRONT-STAFF CHECKLIST for SICK-VISITS**

**VERIFY THAT:**

- The patient has covered/valid insurance
- The booking is with the correct provider (either PCP or covering provider)
- There is a reasonable chief complaint for the visit scheduled. When in doubt, involve clinical staff! Front staff, although usually non-clinical, must be educated on certain medical concerns that could require ED or urgent visits. Some offices provide the front staff with a list of starred chief complaints—like fever in babies 2 months old or younger, neck pain, or testicular pain-- to pass along to clinical staff. If families try to book appointments for these reasons (online or by phone), front staff should consult a member of the clinical staff. For example, if front staff notes a caregiver-scheduled visit for testicular pain for an appointment later today (or worse--two days from now), front staff should alert clinical staff, who then must make contact with this family and triage/advise appropriately.

- c. In addition to using checklists, some offices may want to modify their procedures to collect more information prior to the appointment. Through on-line scheduling, the system captures the name, DOB, phone number, home address, email, guarantor info, coverage plan, group number and member ID during scheduling. Many practices call ahead to gather further details in order to speed up the check-in the day of the visit.
- d. Note that for specialty clinics, the checklists for front staff will be longer, as front staff will need to make sure patients are coming not only to the correct provider but for the correct visit type.

2. **PCPs, should consider applying some greater uniformity and simplicity to their schedule template design.** This may require tweaking their vision of how the day may run (for example, they may have to make do with a teen well-care visit mid-day, when they previously preferred those visits at the end of the morning or afternoon for more time). Fewer rules and restrictions will lead to fewer calls and less rescheduling later. It is their decision, but approaching a schedule with greater flexibility might allow them to enjoy the benefits of online scheduling with fewer frustrations. **We might learn from our Neighborhood Clinics on this front, as some of the ways streamlining has worked for the NHCs may also apply to an office or department trying to implement online scheduling.**
- **NHC: Dr. Vida Amin explains that the NHCs have used a schedule template with 15-minute appointment slots since before she became director, and she says it is a topic often revisited. There is some (but limited) flexibility for blocking longer visits for new**

foster care patients or behavioral health visits. However, she says, “it has been useful in simplifying scheduling protocols across a department of 7 clinics and an operation of over 200 employees, where each unit/clinic doesn’t really have a single “owner” but rather depends on us as leaders to ensure that things are operating smoothly and efficiently.” She further explains that we must “keep in mind that we do have to resort to sharing staffing when we have call-ins, and having highly customized templates/approaches creates potential safety issues for patients and frustrations for staff.”

3. **Establish workflows to CONFIRM appointments made online as they approach.** This will cut down on no-shows.

[Link Should You Wish to Return to Synopsis](#)

## QUESTIONS AND CONCERNS WE BROUGHT TO THE EPIC PATIENT ACCESS TEAM

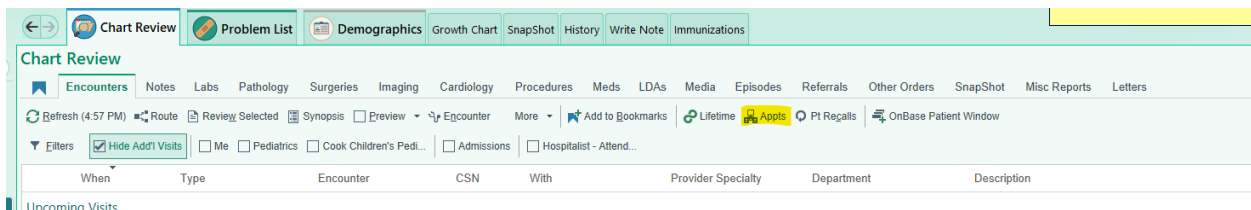
Thank you, Tamara Tobin and team!

- **QUESTION 1:** Is there a way to “turn off” direct caregiver scheduling for certain patients who might be more complex in their needs or more problematic in their prior-demonstrated use of online scheduling (“frequent offenders” such as no-showing a lot, consistently scheduling with the wrong provider, etc)?

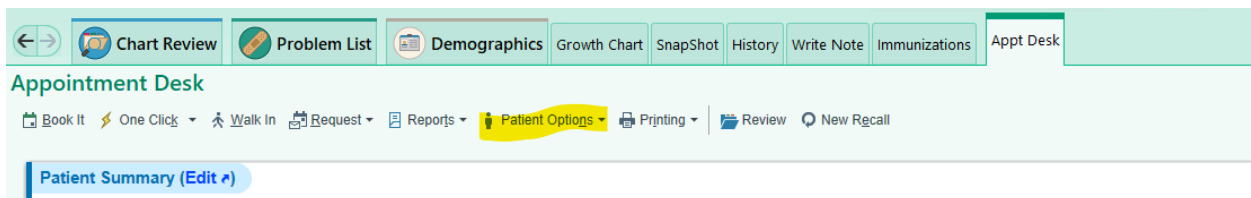
**ANSWER:** Yes! This is a QUICK WIN, as you already have this capability today.

**Here is that path.** It is a pathway that specifies whether or not a patient can access online scheduling and, if so, with which providers.

1. Starting within the patient’s chart, go to the **Appointment Desk (Appts).**



2. Under Appts, select **Patient Options:**



3. In the drop-down list under Patient Options, select the last option called **Visit Type Modifier (VT Modifier).**



4. A VT Modifier tab opens, and then you choose **Select Visit Type**. Start to type type (and then select) “Est well portal” or “est patient portal.”
5. Then go across the row. Begin to type the health care provider’s name under “Provider” until it appears and can be selected. Then, under “Allow Scheduling,” select “Do not allow scheduling.”

Visit Type	Provider	Allow Scheduling?	Add/Subtract/Replace	Length
EST SICK PORTAL	SHAW, DAPHNE NIZZA [16896]	Do Not Allow Scheduling		
EST WELL PORTAL	SHAW, DAPHNE NIZZA [16896]	Do Not Allow Scheduling		

6. Repeat for other providers in the group you hope to block from online scheduling. VOILA!

Keep in mind that this is done on a patient-by-patient basis.



- **QUESTION 2:** Given that all physicians who have ever seen a patient (not just the PCP or main specialty-care clinicians) will appear as options for families to select in online scheduling, is there a way to take a clinician OFF the list of choices so that, for example, the PCP/primary specialist in the group is the only choice?

**ANSWER:** YES, but on a patient-by-patient basis, using the same path as described above, in the previous question.

It is true that by default all physicians/APPs who have seen the patient appear as clinician options when a family is set to book an appointment. A caretaker might unwittingly book with another clinician, even on a day that their PCP is in the office ready and waiting to see his/her own patients.

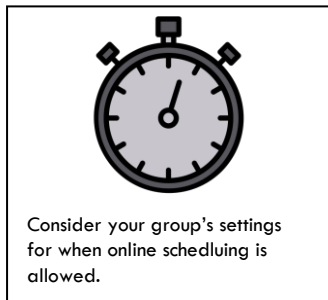
This is the type of error which ideally would be caught and corrected before the appointment by front staff. However, as long as the error is caught at some point, front staff or clinicians themselves can –albeit after-the-fact–go into the patient’s chart and use the pathway explained in the prior question above to remove the other partners from the list of choices.

[Go back to last question to see that EPIC pathway](#)

- **QUESTION 3:** Is there a way to prevent families’ scheduling last minute for a first-AM appointment for the next day?

**ANSWER:** Sort of yes (although this may require consensus with your team)

Overall the advice from our EPIC team was that—if your template starts at let’s say 8:30am—you may want to plan on being at work every day at that time rather than assuming that your current empty appointment space will hold. The reason for this tip is that, in most cases, departments/groups have a setting for online scheduling which allows families to schedule before midnight the day before the appointment. So, if you had hoped for more time with your kids before school, you might arrive later and find a patient waiting.



That said, different departments as a whole (and even sub-sections, such as specialists in Mansfield rather than downtown) CAN change the setting of when online schedulers can book. Here are examples of settings:

- PCPs’ setting allows the scheduling of sick visits 0-3 days in advance
- NHCs’ setting allows the scheduling of sick visits 0-1 day ahead
- Specialties’ setting often allows the scheduling of sick visits 1-100 days ahead (The “1” still allows for scheduling the next day if before midnight).

So—if you want to prevent the surprise first morning visit—there is the option of your department’s choosing 2-100-day scheduling.

[Link Should You Wish to Return to Synopsis](#)

- **QUESTION 4: THE MILLION DOLLAR QUESTION:** Can we make online scheduling more feasible for our specialists? In other words, is there a way to clearly specify appointment needs for individual patients so as to prevent errors in scheduling?

**ANSWER:** NOT YET BUT COMING in the form of

### TICKET SCHEDULING FOR OUR SPECIALISTS



The **great news** is that there is a **Visit-Type Refinement Project** in the IT department's queue, which will serve to address many of the concerns of specialists in this report. This was a project identified as worthy prior to COVID, but then it was deferred due to the more pressing concerns of the pandemic. Now, its kick-off is set for January, but it will likely not be user-ready for another year. Tamara explains that it will involve a **system-wide culture shift**, mostly affecting specialty groups.

The system of the not-too-distant future will involve the use of **TICKET SCHEDULING** as opposed to DIRECT SCHEDULING, and, in turn, direct scheduling for the specialists will be eliminated. Ticket Scheduling will allow providers to make "appointment requests" in Wrap-Up that will be very specific in terms of follow-up visit type, dates and times needed. These appointment requests will then be used to generate online scheduling tickets with very specific parameters. Using smart text, offices will send the ticket via MYCHART to patient caretakers so that they can schedule within the strict limitations set. Offices will be able to update or even revoke tickets if needed.

New patients calling the office can trigger the formation of tickets as well, as can referral orders from primary care.

Though there will almost surely be a learning curve, the ultimate result should be great! It will allow Cook specialists to better use online scheduling functionality to help our patients.

#### Take Home Points:

- There is growing data showing that, once in place, online scheduling tools can be very helpful in attracting new patients, offering convenience to families, and possibly even decreasing the workload of office staff.
- However, there are challenges, particularly relating to errors in scheduling most common within our clinical specialties. We must seek workarounds and welcome opportunities for improvement in this area. There is great news on that front —much luck to the team set to do the Visit-Type Refinement Project and to bring our specialists TICKET SCHEDULING!

Document written/compiled by Daphne Shaw, MD, Chair of Practice Management Committee 2022-2024, with significant help from Teresa Baker, Cook AVP of Primary and Specialty Services, and Megan Chavez, system Vice President of Cook Children's Experience. Thanks so much to the people sharing their experiences with online scheduling, including Dr. Rachele Herring, Dr. Ellie Corbin, Dr. Ketan Patel, Dr. Allison Chisholm (all members of PM Committee), and also Dr. Matt Mayfield, Dr. John Hicks, Dr. Krysten Pyrc, Dr. Alice Philips, Dr. Diane Arnout, Dr. Justin Smith, Dr. Vida Amin, and Dr. Kara Starnes. Thanks so much to Tamara Tobin of our EPIC Patient Access Team for helping me to understand the good news of EPIC's future state with regard to online caregiver scheduling! Thanks so much to Dr. Carl Shaw for his help in editing this big document.

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